Secure Provider Portal Reference Guide

EpicCare Link

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Getting Started

EpicCare Link is an online portal where Providers can access clinical or managed care data. By granting Network Providers and other Users access to Epic over the web the amount of paper authorizations, manual claim status requests, and customer service calls are reduced. Receiving this data electronically allows Users to spend less time transcribing them into Epic!

Terms and Conditions

All healthcare personnel have a legal obligation to protect patient information. In fact, with very few exceptions, essentially all patient information is considered highly confidential. In general, no employee should look up patient information, including relatives, without a job-related reason or disclose patient information without proper authorization.

All jobs or roles must be evaluated to determine what Protected Health Information (PHI) access is required. If you do not have a job-related reason to access PHI, you must not access it. Access includes PHI that is on paper, in electronic form and spoken verbally.

As a portal User, you are required to review, agree upon and adhere to the Terms and Conditions. Site Admin Users are responsible for ensuring portal Users are not viewing patient information without a job-related reason. Access to the Secure Provider Portal is monitored by our Protenus system. Inappropriate use of the portal will result in corrective action from the health plan, which will include outreach from the health plan to determine appropriate use or misconduct.

Please ensure you are only accessing information needed to complete your job responsibilities.
- Accessing your child or relatives eligibility
- Accessing your child or relatives claims
- Accessing your child or relatives medical records
- ***Using your child or relative to train yourself or others on the portal***

Patients and Families can access their information via the myCookChildren's patient portal.

Compatibility:

The Secure Provider Portal is compatible with Microsoft Edge and Chrome. If you are not using one of these web browsers, please switch as soon as possible.

New Account Requests

Check with your office or practice manager to ensure you do not already have portal access established for the office

- Site Administrators will determine the type of access to request
  - If the office has established access, request the Site Administrator (Site Admin) for your office to submit your access request
- If the office has not established access the office or practice manager should select a Site Admin
  - Each Office/Group/Practice must have a Site Admin
  - You may have more than one Site Admin
  - The Site Admin User is responsible for maintaining the Users associated with the Office/Group/Practice such as adding new Users and deleting Users who are terminated or resigns
- Access requests received from individuals not listed as a Site Admin will be denied

Adding a New User and a New Site (new Tax ID)

Site Administrators will use this option when requesting initial access for the office to the Secure Provider Portal.

- From the initial login screen, click **Request New Account**

- o If you select **Request New Account** you MUST select create a New Site
  - – Choose the first option to add a new Health Plan Account
- o DO NOT select add Users to an existing site

o Fill in your Site information including your Tax ID in the comments field

Health Plan Account

1. Site Information 2. Users 3. Verification

Site Information

☐ Non-U.S. credentials

🛑 Site name: [_____]

🛑 Phone: [_____]   ⚠ Fax: [_____]

🛑 Site NPI #: [_____]

Address

Address: [_____]

City: [_____]

State: [_____ ∨]   ZIP: [_____]

County: [_____ ∨]

Country: [_____ ∨]

Other

PLEASE ENTER YOUR ORGANIZATION'S TAX ID NUMBER WITHIN THE COMMENTS SECTION

🛑 Comments: [_____]

o Add User

- The Site Admin will add themself

  - The Site Admin should select the appropriate level of access needed for the User to perform the functions of their job

New Account Request ▸ Health Plan Account ▸ Users ▸ Add User

Please choose one of the following options to add a user to your site

Physician or Advanced Practice Provider (HP) — **Request access for a new Provider or Advanced Practice Provider**

Clinic RN or LVN, RN Case Manager or Social Worker (HP) — **Request access for a new clinical staff member**

Non-Clinical User (HP) — **Request access for a new non-clinician**

Out of Network Providers/Organization (HP) — **Request access for a new user from an Out of Network Provider/Organization**

CareNet Healthcare (HP) — **Request access for a new user from CareNet Healthcare**

– Not all Users will need Clinical access

   ▪ Since we are an integrated Health System, anyone with clinical access will have access to clinical information for Cook Children's Health Plan Members and Cook Children's Healthcare System patients

– If selecting the Provider/Advanced Practice Provider please note the User Name must match the name associated with the National Provider Identifier (NPI)

   ▪ If the NPI does not match the User Name, the request will be denied

User Information

Name [Last,First]: ⛔

Basic Information

Work e-mail: ⛔   **Work phone:**

User Address:
- **Address:**
- **City:**
- **State:**   **ZIP:**
- **County:**
- **Country:**

Associated Providers: List the providers this user works with

⚠️ **Provider name:**   [Add]

Other

Comments:

Site Administrator

A site administrator is the person responsible for maintaining a site's records. These responsibilities include verifying that user accounts are current, deactivating the accounts of users who are no longer active at the site, and submitting requests to activate new user accounts. Every site must have at least one administrator.

☐ Make this user a site administrator

✔ Accept   ✖ Cancel

- Complete the required data elements for the User
  - The field requirements vary depending on the User's role
  - The Site Admin should enter each NPI the User should be linked to in the Comments field
  - At least one User must be marked as the Site Admin or the request will be denied
  - Each User should have a unique business email address
    - Users with email addresses for Yahoo, Hotmail and Gmail will not be approved
    - The User will receive their User ID and temporary password via Secure email to the email address they were registered with
- We do not recommend offices share email addresses

– Click **Accept**

– Print the confirmation page

Adding a New Site (Tax ID) with Existing Users

- Site Admin Users should login to the Secure Provider Portal and click on the **Admin** tab on the homepage

- The Site Admin User must submit this request using the Admin function
  - Do not submit this request from the Request New Account link on the initial login screen
- Select the Account Requests tab, and click + Request New Account

- Select the first option, Health Plan Account

New Account Request

If you need to create a new site with multiple users...

Health Plan Account — Request access for a new Health Plan portal account

If you need to add users to an existing site...

Physician or Advanced Practice Provider (HP) — Request access for a new Provider or Advanced Practice Provider

Clinic RN or LVN, RN Case Manager or Social Worker (HP) — Request access for a new clinical staff member

Non-Clinical User (HP) — Request access for a new non-clinician

Out of Network Providers/Organization (HP) — Request access for a new user from an Out of Network Provider/Organization

- Complete the new Site information, including the Tax ID in the comments field and click **Next**

New Account Request ▸ Health Plan Account

1. Site Information   2. Users

Site Information

☐ Non-U.S. credentials

🔴 Site name: [   ]

🔴 Phone: [   ]   ⚠ Fax: [   ]

🔴 Site NPI #: [   ]

Address

Address: [   ]

City (or ZIP): [   ]

State: [▼]   ZIP: [   ]

County: [▼]

Country: [▼]

Other

PLEASE ENTER YOUR ORGANIZATION'S TAX ID NUMBER WITHIN THE COMMENTS SECTION

🔴 Comments: [   ]

- Add User
  - The Site Admin will add themself
    - The Site Admin should select the appropriate level of access needed for the User to perform the functions of their job

- The Site Admin will enter each current User ID that should be associated with this New Tax ID in the Comments field
- Check the Make this user a site admin box
- Click **Accept**

- Print the confirmation page

New Account Request ▸ Confirmation

Reference #: 60890

Thank You for Submitting Your Account Request

Please print this page as your account request confirmation. It can take 3 to 5 business days for our administrators to review your information, and we may contact you if we have additional questions. Once complete, you will receive your access information via email.

Once you receive your username and password, there will be a URL in the email where you can login with your credentials. You will be prompted to change your password the first time you log in. Be sure to set your challenge questions in case you forget your password.

Adding a New User to an Exisiting Site

- Site Admin Users must login to the Seucre Provider Portal and click on the **Admin** navigation tab on the homepage
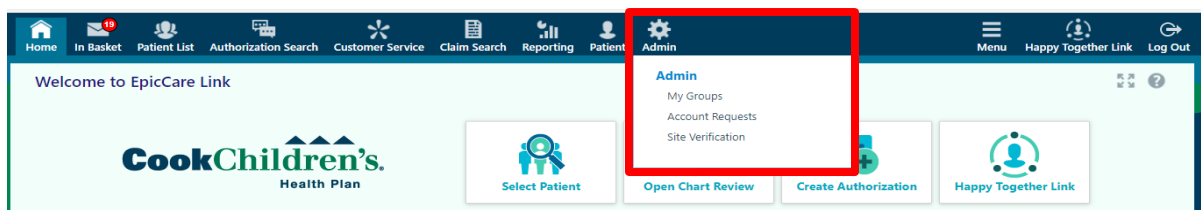
- o Do not submit this request from the Request New Account link on the initial login screen
- Select the Account Requests tab, and click + Request New Account

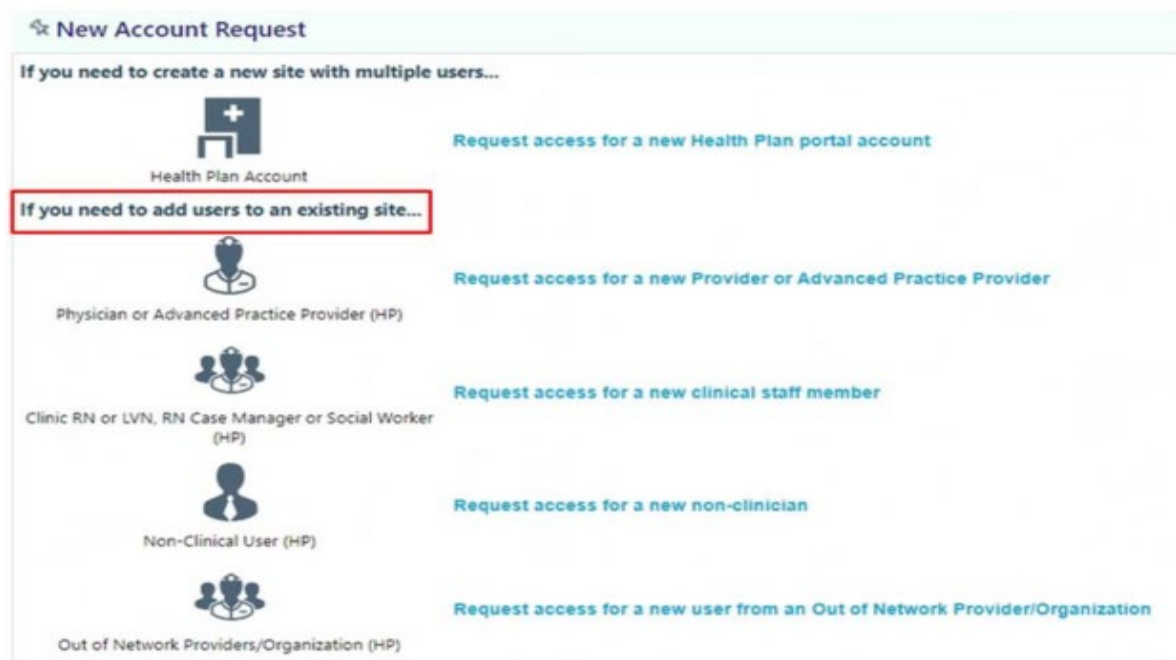- o You will be able to submit one User per request at a time

- Select the type of User you are requesting access for

- o Site Admin's should select the appropriate level of access needed for the User to perform the functions of their job
  - – Not all Users will require clinical access
  - – Since we are an integrated Health System, anyone with clinical access will have access to clinical information for Cook Children's Health Plan Members and Cook Children's Healthcare System patients

- If selecting the Physician orAdvanced Practice Provider (HP)APP please note the User Name must match the name associated with the National Provider Identifier (NPI)
  - If the NPI does not match the User Name, the request will be denied
- Complete the required data elements for the User
  - The field requirements vary depending on the User's role

  - Indicate if the User should be a Site Administrator
    – If yes, check the box
    – If no, leave the box blank
- Click **Submit Request**

- Print the confirmation page

Site Verification

The Site Admin has the ability to view the list of Secure Provider Portal Users for the office/group.

- Login and select the Admin navigation tab from the homepage
- Click the **Site Verification** tab
  - o View list of site(s)/group(s) on the left side bar
  - o You can choose to activate or deactivate a User
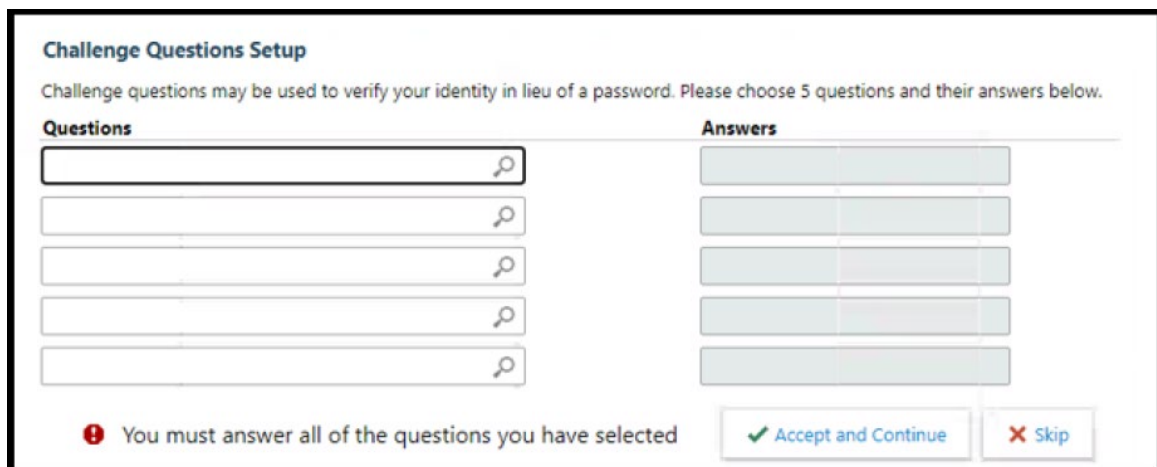
Logging in to EpicCare Link for the First Time

- Navigate to cookchp.org, select the Provider's tab, select Secure Provider Portal

- Enter the User ID and password that you received for the Secure Provider Portal

  o Each User will receive his/her own unique login

- You may be required to verify via 2 Factor Authentication

  o Click the **Remember Me** checkbox for the system to remember you for 30 days

    – Please note this check box only works if you are using the same browser

Challenge Questions Setup

- Upon logging in for the first time the User will be promoted to answer five challenge questions

- o Although the User can choose to "skip" the challgene questions we recommend the User complete the set up so that the User is able to reset the password should it be forgotten

- If the User chooses to "skip" the challenge questions set up the User will be prompted to answer them each time they log in until it has been completed

- Once the Challenge Questions have been set, the User can update them by clicking on Menu, User Setting, Challenge Questions

- Once the challenge questions are set, if the User forgets their password, they can click "Forgot password?" on the EpicCare Link login page to reset it

Reviewing the Secure Provider Portal Homepage

The Secure Provider Portal Homepage provides an overview of the application. It displays quick links to other documents and buttons to take you to your most frequently used activities.

- The main toolbar takes you to multiple activities
- Speed buttons allow you to access and view specific patient information; as well as create or review authorizations
- Reporting provides Users access to Membership, Claims and Authorizations reports
- Quick Links provide resource information that will help you as you use EpicCare Link

Additional items: such as newsletters and webcast, may be found on the homepage from time to time.

Navigating in EpicCare Link

While logged in to EpicCare Link, navigation tools are available to assist Users while moving around the system. Some of the tools are only available within a specific activity.

Navigation Tabs: These tabs are found on the main toolbar. Use these tabs to open various activities in EpicCare Link. Each tab contains one or more related activities. When you click a tab, the default activity for that tab opens.

- **Home:** Takes the User back to the Homepage

- **In Basket**: Epic's task management system used to securely send and receive Customer Service messages

- **Patient List**: Displays a list of all patients the User has access to based on a claim, authorization, or Primary Care Provider relationship with the patient. The User will have access to all patients for which their entire organization has a relationship with, based on Tax ID and NPI

- **Authorization Search**: Allows the User view authorizations for the Providers they are linked to based on Tax ID and NPI

- **Customer Service**: Allows you to send secure messages and forms directly to Cook Children's Health Plan

- **Claims Search**: Allows the User to view claim information and status for Providers they are linked to based on Tax ID and NPI

- **Reporting**: Allows Users to access the dashboard, run reports, view the results of their reports and export the reports to excel

CCHP Tapestry Link Reports	Results	Status
Report Name		
CCHP Tapestry Link - AP Claims		Ready to run
CCHP Tapestry Link - Disease Management Notification Report		Ready to run
CCHP Tapestry Link - Members		Ready to run
CCHP Tapestry Link - Prior Authorization		Ready to run

- **Patient**: Once you open a patient, this will show you the patient's record you are currently viewing

- **Admin**: Allows Site Administrators to perform administrative actions like handling account requests and maintaining Users

- To deactivate a User the Site Administrator will select Admin from the homepage, My Groups, locate the User Name and select the red minus sign to deactivate the User

Action Options: Use these buttons, located on the top right of the screen, to see all of your available activities, view the Happy Together Link or to log out.
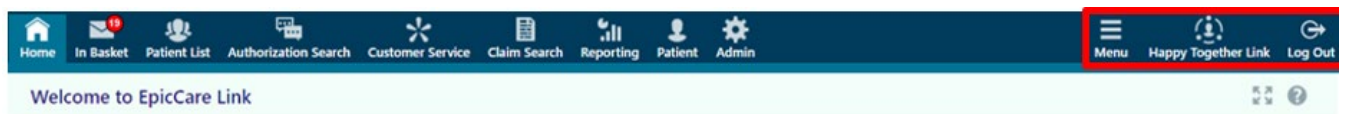
- **Menu:** Use this menu to open the various activities that are contained in the selected navigation tab.
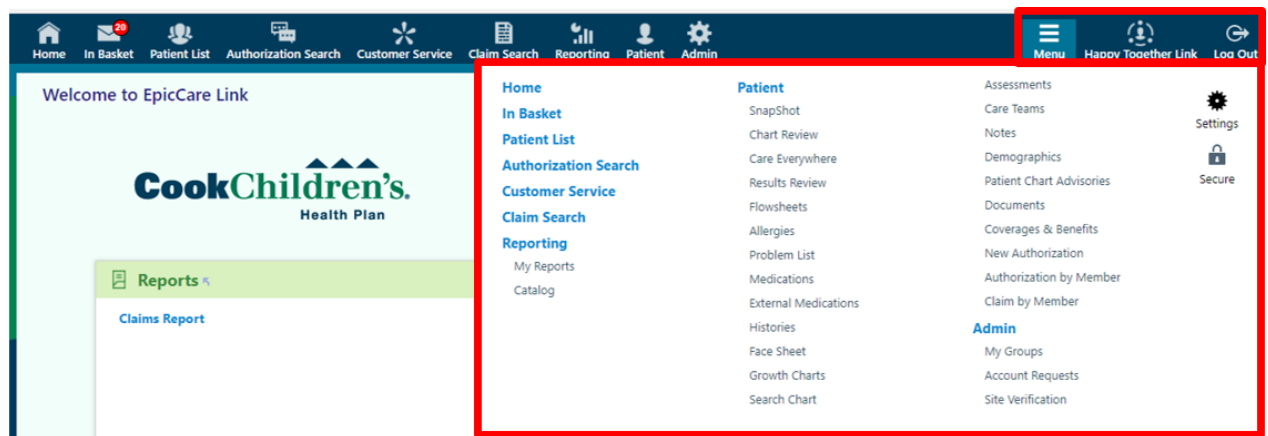
- **Happy Together Link:** Use this to access all your Link accounts.

- **Log out:** Use this to log out of the Secure Provider Portal.

Speed Buttons: Users can also navigate the Secure Provider Portal by using the Speed Buttons on the homepage.

- **Select Patient:** This activity allows the User to select a patient's chart from a list of current patients and takes the User to the patient's SnapShot

- **Open Chart Review:** This activity takes the User directly to Chart Review after selecting a patient
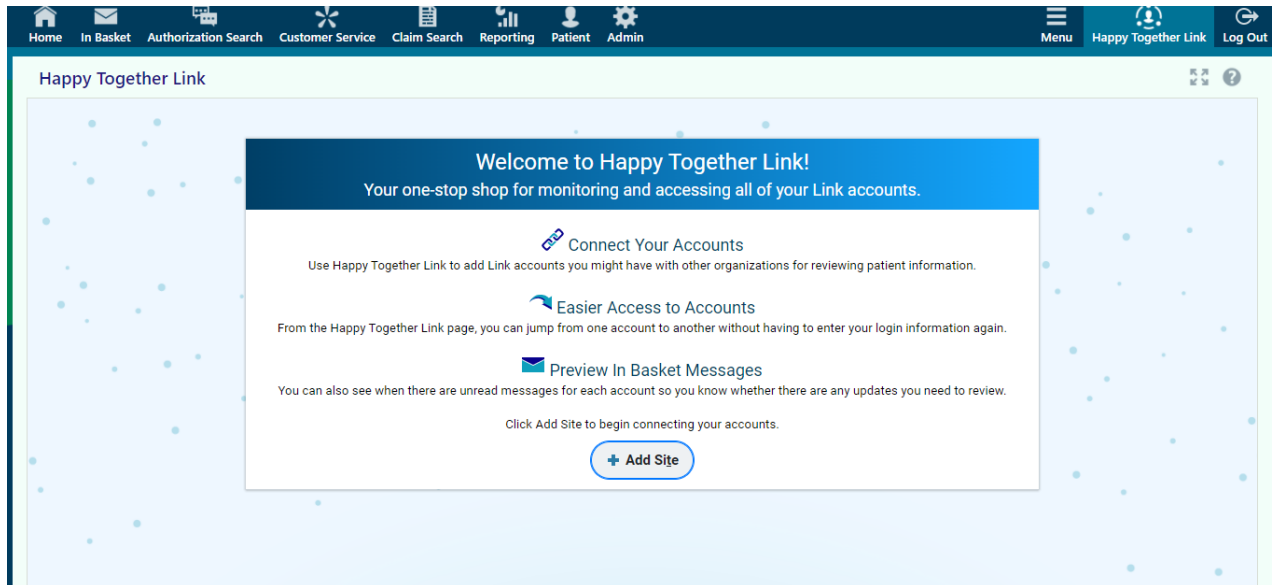   - o Note: Not all Users will have access to the Member's chart

- **Create Authorization:** This activity allows the User to create an authorization after selecting a patient

- **Happy Together Link**: This activity allows Users to access all of their EpicCare Link, Tapestry Link, and Healthy Planet Link accounts from one location

    - o Users who have Link accounts with more than one organization can log into one of those Link accounts and access their other Link accounts from the Happy

Together Link activity without having to reenter multiple usernames and passwords

Adding a Link account to Happy Together Link

- Click the Happy Together Link speed button from the homepage
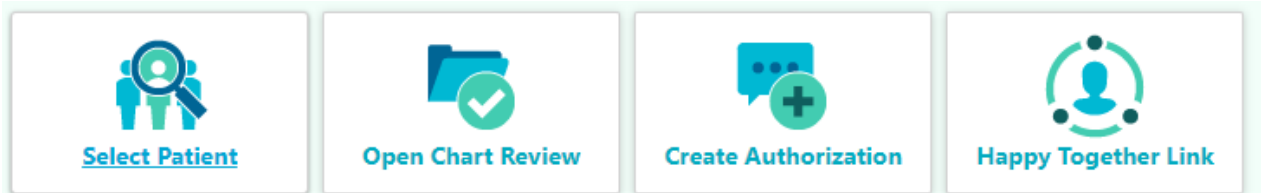
- o Open the activity for the first time
  - – Users will see a welcome message with information about how to use Happy Together Link
- Search for the Organization Name, website name, or postal code that hosts the website
- Click the account from the search results that will open a separate window
  - o Users will prompted to enter account credentials for that website
  - o After logging into the website to verify your credentials, the account is added to the Happy Together Link activity
  - o Users will be able to quickly access their linked accounts within Happy Together Link going forward without needing to enter your credentials again
- Note: If you have trouble locating the organization you are searching for you will need to contact that organization for trouble shooting

Accessing Patient Charts

Selecting a Patient already on the Patient List tab

Patients that have been previously accessed by a User in EpicCare Link, had eligibility verified or have a claim or authorization submitted by the Provider office will display on the Patient List tab based on the User/Provider's associated Tax ID.

- Click Patient, Patient List or the Select Patient speed button to navigate to the **My Patients** tab

- **My Patients** is sorted in alphabetical order by last name making it easy to locate the patients on your list

  - If you have access to many patients, your patients might appear on more than one page

  - To search for a patient on your list, enter the patient's name (last name, first name) in the **Name or MRN** field

  - Once the patient is located, click a patient's name to open the record

- You can select **Additional Search Criteria** and enter a partial first and last name or search by sex, SSN and date of birth to Search My Patients

o   If a match is found, the system will prompt you to review the search results and choose the appropriate patient

Viewing Primary Care Patients

Primary Care Providers can view a list of their Primary Care Patients via the **Patient List** activity.

- Click the dropdown arrow in the **Filter by PCP** field and select the Provider's name

Patient List (14 patient records)

Patient Name	MRN	Patient Status	Sex	DOB	Street Address
Ambulatory, Rafe	202438	Alive	M	10/10/1950	134 Elm Street, Madison WI 53706
Brown, Snoopy	203632	Alive	M	4/25/2010	5678 Charlie Way THIS IS AN EDIT, Fort Worth TX 76104
External, Echo	M1002043	Alive	F	1/11/2012	1234 Orchards Blvd, Cleburne TX 76033
Muppet, Animal	M1001618	Alive	F	7/11/2010	
Muppet, Nicole	M1002062	Alive	F	11/1/2002	32 Happy, TULSA OK 74106
Referrals, Cashew	M1001512	Alive	F	5/24/2010	750 8th Ave, Fort Worth TX 76104
Tapestry, Aaron	202565	Alive	M	2/1/1982	123 WONDER WAY, MADISON WI 53717
Tapestry, Carter	M1001984	Alive	M	1/2/2015	155 However rd, Southlake TX 76092
Tapestry, Dan	202571	Alive	M	3/27/2010	900 test, DE FOREST WI 53532
Tapestry, McNv	M1002066	Alive	M	1/10/2013	
Tapestry, Paul	M1001604	Alive	M	5/23/2009	1234 Anywhere St, Ft. Worth TX 76036
Taptraining, Allison	M1001725	Alive	F	8/20/2007	6514 Walter Blvd, DALLAS TX 75222
Taptraining, Frank	M1001903	Alive	M	10/22/2013	2444 Hallow Way, DALLAS TX 75222
Taptraining, Kristen	M1002069	Alive	F	12/12/2002	

Filter by PCP:
Andrew Rutherford
Obinna Uzowulu
Pharmacist Tapestry, Pha...D
Physician Epiccare Link, MD
Steven Reiman
Tanya Pletin

- Once the list has been filtered, the list will only show the Primary Care Patients for that Provider

Patient List (1 patient records)

Filter by PCP: Physician Epiccare Link, MD

Patient Name	MRN	Patient Status	Sex	DOB	Street Address
Brown, Snoopy	203632	Alive	M	4/25/2010	5678 Charlie Way THIS IS AN EDIT, Fort Worth TX 76104

Locating a Patient Not Found on the My Patients tab

If a Patient does not appear on the **My Patients tab** or the **Patient List,** the User can search for the patient by clicking **Search All Patients** located on the bottom of the page.

Search All Patients

- To gain access to the patient, enter one of the following sets of data for the patient:
  - Name, DOB and Sex
  - Medicaid ID and Name
  - Medicaid ID and DOB

Patient Select

Name (Last, First):	Sex
taptraining, frank	Male
Birth date (mm/dd/yyyy):	Last 4 digits of SSN:
10/22/2013	
Medicaid ID/MRN:	ZIP Code
⚠	

🔍 **Search**   🧹 **Clear**

- Click **Search**
- Verify that the correct patient has been located
  - If the correct patient has not been found, click **Cancel** and modify your search criteria
- Click **Select**
- To gain access to the patient, enter a reason for accessing the patient must be entered
  - You will not be able to proceed without a reason

> ⑦ **Patient Select Confirmation**
>
> To gain access to this patient/member, click the Accept button. In the "Reason" field at the bottom of the bottom of the page, please select your relationship to the patient. If none of the relationships apply, please enter a description in the "Comment" field.

Tapestry, Ayaza - M2033322

🎂 Born 12/3/2014
   6 y.o. Male
🏠 555 W ada
   FRISCO Texas 75033

SSN: xxx-xx-3137
📞 No phone numbers on file
✉ No e-mail address on file

Reason		Comment
	🔍	

Title	Number
Access Needed by Patient's PCP	1
Emergency Care	2
Hospital Care Team	4
Other (please specify)	5
Referring Physician	3
Transport Team	6

e looking for?

ain

- Click **Select**
  - o Users with clinical access will be able to view the **Snapshot**

Patient SnapShot

From the **Snapshot**, you can review available clinical information on file for the Member; including recent visits and medication.

- Only Users with Clinical access will be able to view this clinical data
  - o The Site Admin determines who should have clinical access
    - – A User should only have clinical access if it is needed to perform the functions of their job

Clinical View

Non-Clinical View

Care Management

Open the Plan Of Care (POC)

- Open a Member's chart

    o Click **SnapShot**

- Click **Plan Of Care** on the report toolbar to view the report

- You can view Allergies, Social Determinants of Health, OP Medications, and Care Team information

View the Member's Care Team

This activity can be accessed from either the POC or the toolbar activity.

Access Care Teams via POC

- Click the **Care Teams** Link

Access Care Teams from the Toolbar Activity

- Click the ellipses to review the full menu
- Select **Care Team** located under the Care Management section of the menu
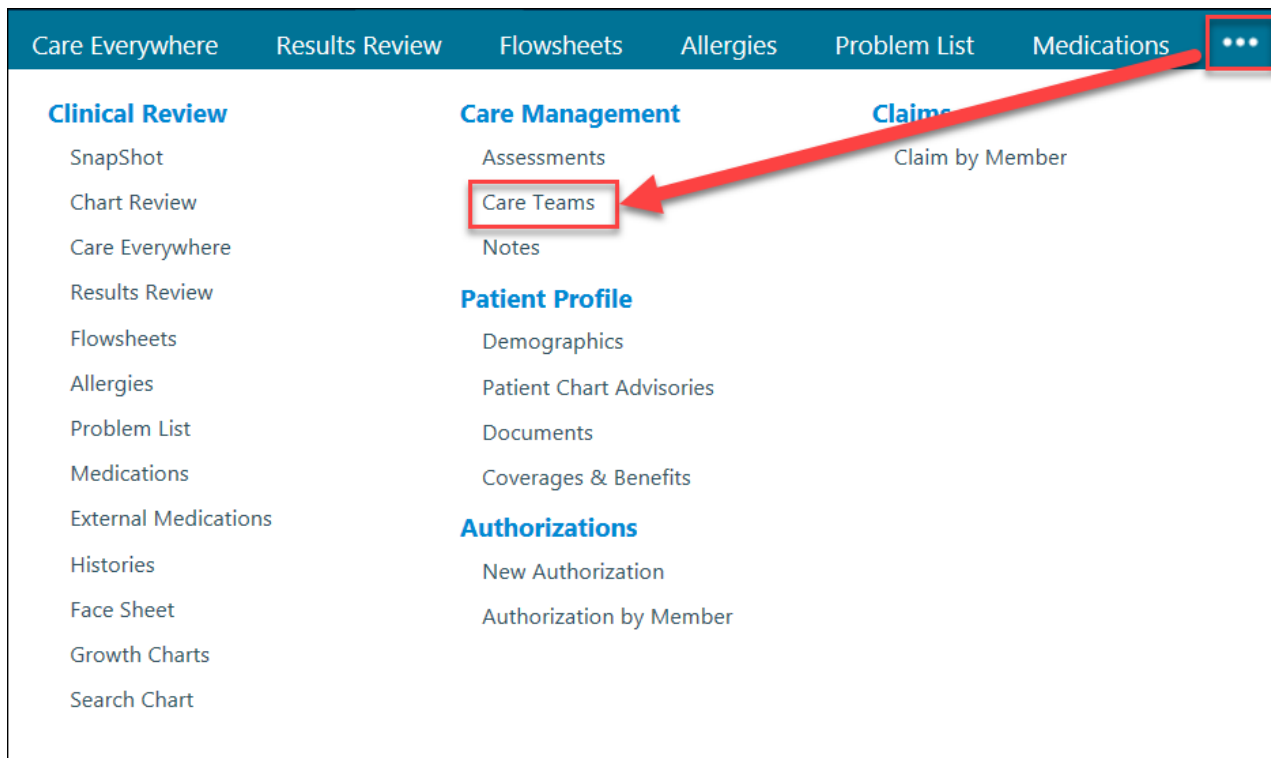
Adding Yourself to the Care Team

- Once the **Care Teams** activity is opened, click or **Add Team Member**
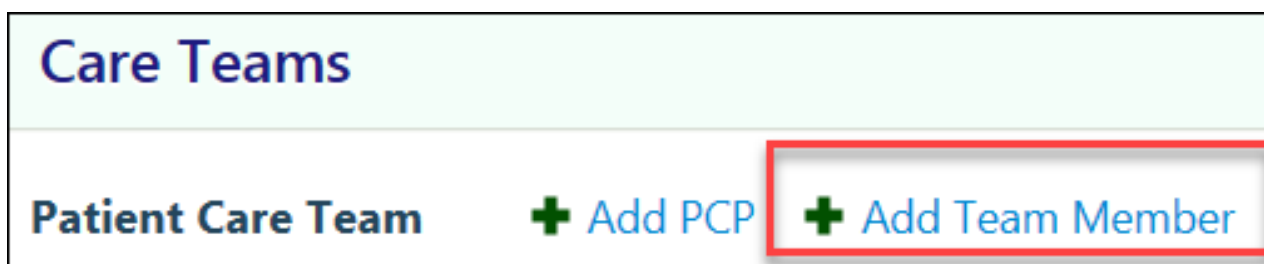
- Add yourself as the **Provider** and indicate the appropriate **Relationship**

- Once you have populated the fields, click **Accept**

Locating the Assigned LTSS Service Coordinator

The LTSS Service Coordinator can be found on the **Patient SnapShot** or selecting **Plan Of Care** for the Care Team activity.

- Patient SnapShot

- Plan of Care

Documenting Delivery Notifications

Users can access the **Delivery Notification** assessment through the **Assessments** activity.

> **!** *This is not an authorization for service. If an authorization is required you must submit a prior authorization request.*

Creating a New Assessment

- Locate the Patient
- Click the ellipses, under Care Management select Assessments

- Click **+New**
- Complete the assessment in it's entirety including the following required fields:
  - Delivery Facility
  - Member ID #
  - Baby A Gender
  - Delivery Date
  - Delivery Type

Delivery Notification ⌃

Delivery Facility

Facility Contact

Phone #

OB Name

OB Phone #

Member Name

Member ID #   DOB

Member Phone #

Other Health Insurance?

| Yes | No |

Does baby require authorization from extended stay? If yes, please go to the Menu to submit a New Authorization.
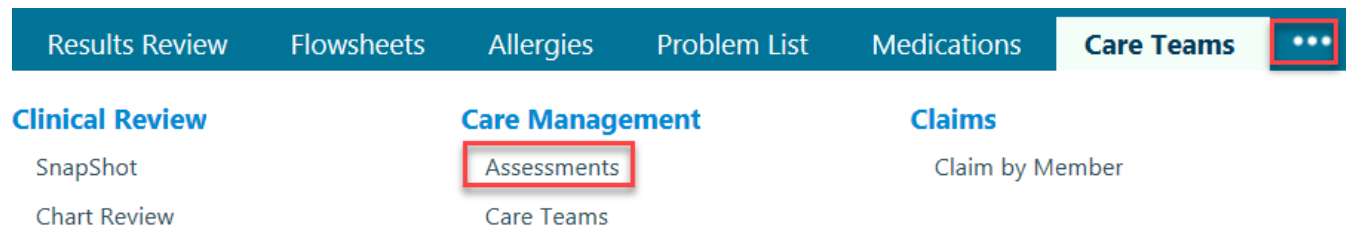
| Yes | No |

Admit Date:

- Click **Accept and New**

✓ Accept   ✓ Accept and New   ✗ Cancel

Documenting High Risk Pregnancy Notifications

Users can access the **High Risk Pregnancy Notification** assessment through the **Assessment** activity.

| Results Review | Flowsheets | Allergies | Problem List | Medications | Care Teams | ••• |

Clinical Review
SnapShot
Chart Review

Care Management
Assessments
Care Teams

Claims
Claim by Member

> ❗ *This is not an authorization for service. If an authorization is required you must submit a prior authorization request.*

Creating a New Assessment

- Locate the Patient
- Click the ellipses, under Care Management select Assessments

The following assessments have been assigned to you for this patient.

Assessment	Last Time Taken			
Delivery Notification	No recent completions	➕ New	✏ Modify	🗐 View History
HIGH RISK PREGNANCY NOTIFICATION	No recent completions	➕ New	✏ Modify	🗐 View History

- Click **+New**
  - If an assessment has already been assigned to you, click the actual assessment
- Complete the assessment in it's entirety

Provider Information

OB Name

OB Phone

OB Fax

OB Office Contact

Perinatologist Office Contact

Perinatologist

Perinatologist Phone/Fax

Expected Delivery Facility

Member Information

Member Name

DOB

ID

Member Phone

EDC (Due Date)

- Click **Accept and New**

✓ Accept   ✓ Accept and New   ✗ Cancel

Viewing External & Internal Medication Reports

You can view internal medications using the **Medications** tab and external medications within the **External Medications** tab. You can also access these functions under the clinical review section of the full menu.

External Medication

- You can view external medications inside the activity as shown below:

If you click on the external medication hyperlink you will see a med report as shown below:

- The Medication Report indicates how the information was received

Medication Dispense Information

AMINOACETIC ACID 1.5 % IR SOLN

Dispensed:	2/11/2020 12:00 AM
Unit strength:	1.5 %
Days supply:	170
Quantity:	40
DAW:	Yes
Pharmacy:	None
Authorizing provider:	Krueger, Amanda, MD
	201 Northern Lights
	VERONA,WI 53704
	Phone: 608-781-1234
	Fax: 608-555-4789
Received from:	External Claim (Payer Claim)
Brand or Generic:	Generic

Internal Medication

For internal medications, you can access the medication report by clicking on the report icon as shown below:

★ Medications

☐ Show History

Medication	Start Date	End Date ▾	Last Administration		
amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet Take 10 mg by mouth 1 (one) time each day.	11/20/2018				

The internal medication report will look like this:

Order Details		
Ordering User: Amanda Pollak		
Pharmacy Comments: --		
Fill quantity remaining: --	Fill quantity used: --	Next fill due: --

Reported Sig History
Number of updates: 1
Reported Sig History

Warnings History
No Interaction Warnings Shown

Order Audit Trail
Number of times this order has been changed since signing: 1
Order Audit Trail

Pharmacist Clinical Review History
This prescription has not been clinically reviewed.

Order Reconciliation Actions
Order Reconciliation Actions

Patient Information

Patient Name	Sex	DOB
Tapestry, Dan (202571)	M	3/27/2010

Patient Demographics

Address	Phone	E-mail Address
123 MyChart Test DE FOREST WI 53532	903-647-1311 (M)	resha.singh@cookchildrens.org

Original Prescription: amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet [1448474]

11/20/19 1733 - Original Entry by Amanda Pollak — Authorizing Provider: Historical Provider, MD

Name: amphetamine-dextroamphetamine (ADDERALL) 10 mg tablet	Start date: 11/20/18	End date: --
Medication: DEXTROAMPHETAMINE-AMPHETAMINE 10 MG TABLET [9081]		
Dose: 10 mg	Route: oral	Frequency: Daily
Sig: Take 10 mg by mouth 1 (one) time each day.		

Working with Authorizations in EpicCare Link

Providers who have access to EpicCare Link have the ability to enter prior authorizations electronically.

- All requests for Prior Authorization must be submitted via the Secure Provider Portal
- You can only create Authorizations for Members that have an active Managed Care coverage

Create a New Authorization

- Click the **Create Authorization** speed button on the homepage
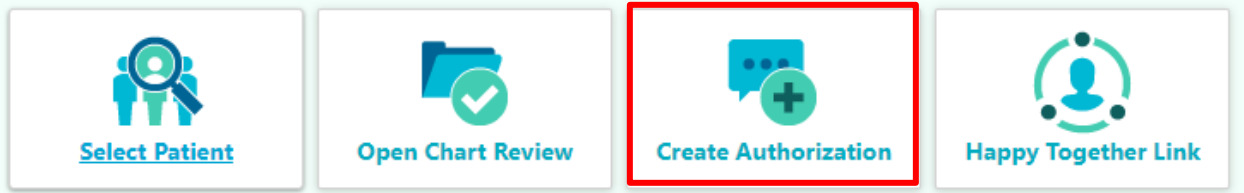
- Locate the patient requiring an authorization
  - Users can also create an authorization from inside a patient's record that is already open by clicking **New Authorization**
- Enter the primary procedure, and then click **Next**

  - Additional procedure codes can be added on the Services form within the authorization
  - If the authorization is for an admission, select an Admission type

- After the primary procedure is entered, the authorization then prompts Users to collect basic information about the type of service being requested, where the request came from, where it is going and the authorization's priority
- All of the fields with red stop signs are required and must have a value entered before the authorization can be submitted

General Information Section

- The **Priority** field defaults to Routine, but can be modified by clicking the magnifying glass and selecting the appropriate priority
  - Routine authorization requests will be processed within three working days
  - Urgent authorization requests will be processed within one working day
    – Requests submitted as urgent that are not urgent in nature, but rather submitted as urgent based on the delay in Provider submission will be processed as a routine authorization request
- The **Type** field is used to identify the type of service being requested
  - Example: Private Duty Nursing, Acute Physical Therapy (<120 days from onset of injury), Physical Therapy (>120 days from onset of injury)
- The **Class** field is used to indicate if the authorization is going to a Cook Children's Health Care System Provider or to a Provider outside of the Cook Children's Health Care System
  - Select the appropriate **Class**

- Enter the requested **Start date** and **Expiration Date**

Authorization By Section

- Enter the name of the Referring Provider in the **Provider** field
  - Click the magnifying glass to select the **Provider**
    - Users can only select Providers in the **Provider** field that they are linked to
    - If the Referring Provider is not in your office enter the Provider name in the "**Other provider**" field

- The Location/POS and Provider address fields are not required but can be populated if needed

Authorization To Section

- Enter the name of the Authorized To Provider in the **Provider** field
  - If the name of the Provider is not found, enter the default Provider, Tapestry Generic PCP (47080)

    - When entering the name of the Provider, the system may prompt you to select the Provider from a search results

- Select the appropriate Provider along with the associated location you would like the patient to be seen, then click **Accept**

- You may receive a pop-up message; this is an internal system warning. To bypass the Place of Service warning, click **Yes**

- If the **Location/POS** did not populate from the previous step, then enter the location where the patient will be seen in the **Location/POS** field, if it is known
  - o If the location is known, you can type a partial name and click enter for a list of locations meeting your search criteria
  - o You can also click the magnifying glass to search for a location

- Click the name of the location to select it

- If the **Location/POS type** did not populate from one of the steps above then enter the **Location/POS type**, then click **Next**

- If the **Provider address** did not populate from one of the steps above, click the magnifying glass in the address field, then select the appropriate address

The Authorization To section is now complete.

Authorization To

Provider
THORNTON, PAUL S. [18503]

Location/POS
ONE SOURCE MEDICAL GROUP [3304]

Location/POS type
Office [11]

Provider address
1500 Cooper St Floor 2 Fort Worth TX 76104

Diagnoses Section

- Enter the coded diagnoses
  - o You can type text in the coded diagnosis field to search for a list of related diagnoses
  - o Click **+ Add** to add additional diagnosis codes

Diagnoses

Diagnoses (free text)

Diagnoses (coded)
Heart murmur, systolic [661540]

+ Add

- Code to the highest specificity
  - o Avoid using unspecified diagnoses
    - ▪ Especially R69, Illness Unspecified

Services Section

- The service code entered at the beginning of the authorization populates the **Services** field.
  - o To add additional services click **+ Add**
    - – Please make sure the codes you select in the Procedure field are valid CPT or HCPCS codes
    - – If you enter an invalid code you will receive the following error message

Contact Information and Signature Confirmation

You entered an Invalid Code. (Please make sure the codes you select are a CPT or HCPCS code type in the Services/Procedure section) ❗

[Yes] [No]

- You are required to indicate the number of visits, units or procedures needed for these services

- If modifiers are needed, enter all appropriate modifiers in the **Modifiers** field
   - Separate multiple modifiers using a comma. (Ex: 59, 25, 91)

Services (coded)

| 99245 - PR OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN | | Modifiers ❗ | 1 | Unit type ❗ 🔍 |

➕ Add

- Select the appropriate **type** (visit, unit)

Questionnaire

Questionnaire

Is the authorization for DME, Medical Supplies, Formula or Oxygen? ❗

[Yes] [No]

Note: If your response is "Yes", please enter the duration & frequency for each procedure code (Example = B4160 200 units/month x 6 months). If your response is "No", just enter N/A and proceed.

[_____❗_____]

If Hospital Inpatient Admission, please include the Admission Date:

[_____🗓]

Name of Individual Submitting Prior Authorization:

[_____❗_____]

Referred By Provider Phone Number:

[_____❗_____]

Referred By Provider Fax Number:

[_____❗_____]

Referred To Provider Phone Number

[_____❗_____]

Referred To Provider Fax Number

[_____❗_____]

SIGNATURE - ENTERING YOUR NAME IN THIS FIELD CONSTITUTES A LEGAL SIGNATURE

[_____❗_____]

- If your response is "Yes", enter the duration & frequency for each procedure code
- If your response is "No", enter N/A and proceed.
- Enter an Admission Date if there is an applicable Hospital Inpatient Admission
- Enter the Name of the Individual submitting the Authorization
- Enter the Referring Provider's phone number
- Enter the Referring Provider's fax number
- Enter the Referred to Provider's phone number
- Enter the Referred to Provider's fax number
- Sign the Authorization

Notes Section

The **Notes** section is used to send additional communication regarding the authorization such as orders, notes, etc.

- You can add any supporting clinical documentation by clicking **Add File**
- This section will allow you to attach one document/file up to 100 MB

> ❗ *When attaching a document to an authorization the User must enter a Note in the Note Summary. If not, the User will receive an error.*

Click **Request Authorization** to submit the authorization.

Authorization Details

- You are now viewing a summary of the submitted authorization
- If additional notes or attachments are needed after the authorization is submitted click **Add Note/Attachments** to add the information

> **!** *When attaching a document to an authorization the User must enter a Note in the Note Summary. If not, the User will receive an error.*

- If you make a mistake or need to make changes to an authorization you submitted you will need to add a note to the original authorization

Reviewing Authorizations

- Navigate to the patient's chart

- Click the ellipses and select **Authorization by Member**

- A list of the patient's active authorizations is displayed

  – To see all of the patient's authorizations, select **Show All Authorizations** in the

    View Options field

  – The status of the authorization can be viewed from this screen

- To get additional information regarding the authorization, click on the ID number

  link

Authorization by Member

View Option: Show All Authorizations

Click on the authorization ID to view more information about that authorization

Search Results: 1 authorizations found

ID	Payor	Authorized By	Authorized To	Status	Start Date	Expiration Date	Creation Date
12755	COOK CHILDREN'S HEALTH PLAN STAR KIDS	TAPESTRY GENERIC PCP	A ONE PLUS HOME HEALTH CARE AGENCY LLC	AUTH	10/01/2019	09/30/2020	07/07/2020
14436	COOK CHILDREN'S HEALTH PLAN STAR KIDS	KENNEDY, ROSEMARY	CLASSIC REHABILITATION INC	PEND	08/27/2021	08/31/2021	08/24/2021

- Click the **Status History** link to see an audit trail for this authorization

Referral

Referral # 12755

Patient-Friendly Report
Display patient-friendly referral report for printing

Patient Information

Patient Name	Legal Sex	DOB	SSN
Sai, Leigh	Female	5/1/2012	xxx-xx-6000

Referral Information

Referral #	Creation Date	Referral Status	Status Update
12755	07/07/2020	Authorized	07/07/2020: Status History

Reviewing Referral Letters

- Navigate to the **In Basket**

- Only the Referred By and the Referred to Providers (Physicians, Therapists, etc.) will receive the authorization in their **In Basket**

- Click the **Referral Notification Letter** folder to review authorization or denial letters associated with the authorizations
  - This will display letters where the Provider is listed as the Referred By or Referred To Provider on the authorization

Allow Other Users to Access the Your In Basket

The Provider might want a staff member to have access to the Authorization Letters that are sent to their **In Basket**.

- In this case, the Provider has the ability to "attach" an In Basket to another User
- The Provider must first "grant" access to the User requesting access, then that User will be able to access the Provider's In Basket

To "grant' access for another User to access your **In Basket**, follow the steps below.

- When you are logged in as the Provider, navigate to the **In Basket**

- Click on the **Attach** button

- Click the **Grant Access** tab

- Choose the User(s) you would like to grant access for
    - To choose a User, start typing their name in the **Grant Access** to field or click the magnifying glass to select from a list of Users

- Once the User has been selected, click **Save**

Attach another Users' In Basket to your account

Once the above steps are complete, follow the steps below to "attach" the Provider's **In Basket** to yours.

- Login with your own User, and navigate to the **In Basket**

- Click on the **Attach** button

- Under **Persistent Attachments,** find the Provider whose **In Basket** you would like to attach

- The selected Provider will populate the User field

- Click **Save**

- You can now view that Provider's In Basket within your In Basket

Eligibility Review in EpicCare Link

Review Coverage and Benefits

EpicCare Link can be used to review a Member's coverages and benefits

- Click **Select Patient**

- Locate your patient

- Navigate to the **Coverages and Benefits** tab
  - You may need to click the ellipses to see it

| Care Everywhere | Results Review | Flowsheets | Allergies | Problem List | Medications | ••• |

Clinical Review
- SnapShot
- Chart Review
- Care Everywhere
- Results Review
- Flowsheets
- Allergies
- Problem List
- Medications
- External Medications
- Histories
- Face Sheet
- Growth Charts
- Search Chart

Care Management
- Assessments
- Care Teams
- Notes

Patient Profile
- Demographics
- Patient Chart Advisories
- Documents
- Coverages & Benefits

Authorizations
- New Authorization
- Authorization by Member

Claims
- Claim by Member

- Select **View all coverages on file**

Coverages & Benefits

Coverages on File   ○ View available coverages as of 10/18/2021   ● View all coverages on file

📖 Benefits Summary   📄 Coverage Detail Report

Payor/Plan	Eff. Date	Term. Date	Member ID	Employer Group	Filing Order
◉ COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL	12/02/2019		E5663501	CHIP 151 to 186 FPL	2

  - From here, you can view a Member's current and past coverages
- Click **Benefits Summary** to see the benefits for the selected coverage

Coverages & Benefits

Coverages on File   ● View available coverages as of 11/11/2020   ○ View all coverages on file

📖 Benefits Summary   📄 Coverage Detail Report

Payor/Plan	Eff. Date	Term. Date	Member ID	Employer Group	Filing Order
◉ COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL	06/14/2020		654554477	CHIP 151 to 186 FPL	1

o   Review the benefit categories, then click the plus sign to expand that section of the benefits list

o   You can also enter a partial topic in the **Jump to** field, then the select the category to expand that section of the benefits list

- Click **Back** to exit **Benefits Summary**

- Click the **Coverage Detail Report** to view more information about the coverage and the subscriber

Eligibility Information as of 11/22/2021 SAI,CHERIE [M2033149]

Eligibility

Employer Group	Benefit Plan	Carrier	Payer
STAR Kids MDCP [164000004]	CCHP STAR KIDS MDCP [1643116002]	TEXAS HHSC [164000000] View Carrier's Website	COOK CHILDREN'S HEALTH PLAN STAR KIDS [1640003116]

Service Area	Networks	Primary Location	PCP
	CCHP-IN NETWORK CCHP-OUT OF NETWORK		

Coverage Information

Covered Flag	Type	Effective From	Effective To
Covered	Managed Care	07/01/2019	
Relationship to Subscriber	Member Number	Patient Application Date	Patient Late Enrollment
Self - Self	572450006		No

Subscriber Level Information

Subscriber ID	Subscriber Name	Employment Date	COBRA Status	COBRA Date
572450006	Sai,Cherie			

Other Health Insurance Information

Insurance Company Name	Insurance Contact Number	Insurance Group Name	Insurance Group/Policy Number

Name of Insured	Relationship to Insured	Coverage Effective Date	Coverage Termination Date

- o **LAR** contact phone numbers can be viewed

⚜ Coverages & Benefits ▸ Coverage Detail Report

Sai, Leigh
Legal Name: Leigh Sai
Gender: Female
Legal Sex: Female
DOB: 5/1/2012 (9 y.o.)
SSN: xxx-xx-6000

1717 Brown Bend
FORT WORTH Texas 76104

Home Phone 214-111-1111
Mobile   903-111-1234

Guardian Demographics

Custodial Parent
Mother Test
123 test dr   Home Phone   214-000-1111
fort worth TX

Responsible Party
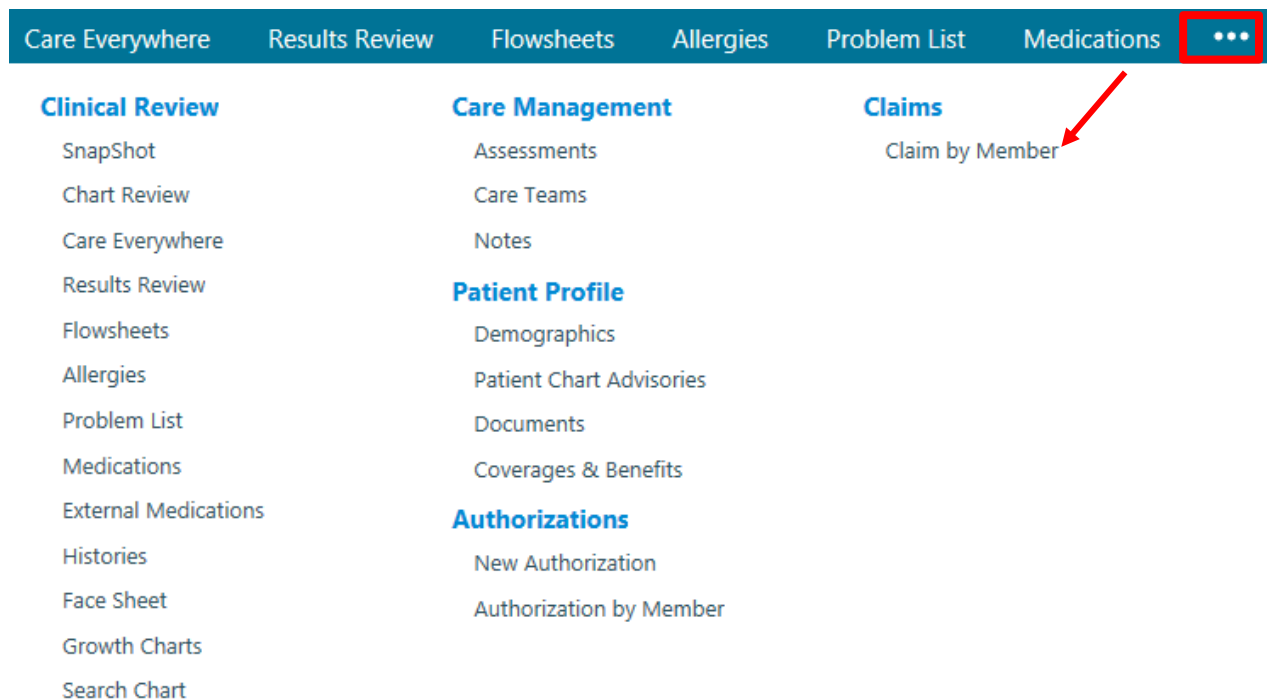Father Tapestry (Responsible Party)

Claims Review in EpicCare Link

Review AP Claims

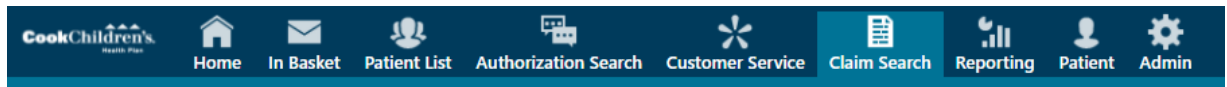EpicCare Link can be used to review claims submitted by your organization. There are two ways to search for a claim

Claims Search by Member

- Click **Select Patient**
- Locate your patient
- Click the **Claim by Member** tab
  - You may need to click the ellipses to see it

Claim Search

- Click **Claim Search**

- Search by vendor, tax ID, Provider, Member ID, or claim ID
- As you enter the number, the drop down value should be selected depending on the information you enter

- The **Advanced Search** option can be used to drilldown your search by specific claim details including billed amount, Claim ID, Claim Type and check number
  - Claim Search by Claim ID. You will need to enter Cook Children's Health Plan claim number under the Claim ID field
  - The date range defaults to one year, but can be updated if needed
  - Select the appropriate **Claim #**

- To review the details of the claim, click the **Claim #** link

o This will display the details related to the status such as

– payment amount

– associated coverages

– authorizations

– applicable claim codes

Reviewing and Printing Remittance Advices

> **!** *This is currently in development. The functionality will be available soon.*

Customer Service

Customer Service is a communication tool between you and the health plan's Customer Service team. Customer Service Request (CSR) are created to provide or request information regarding various topics such as appeals, other health insurance and claim status.

Creating a Customer Service Request

- Click **Customer Service** on the homepage

- Select the appropriate **Topic** from the dropdown

New Customer Service Request

Topic:

Summary:

Associated Site

Site:

Priority
- ○ High
- ● Routine
- ○ Low

Link - Request for Provider Relations Outreach

Link - Education - Navigation of System

Link - Technical Assistance

Link - Submit a Claim Appeal

Link - Submit a Claim Reconsideration

Link - Request to Join Network

Link - Credentialing

Link - Provider Demographic Changes

Link - Cultural Competency Attestation

Link - Therapy Notification - Term CCHP Agreement

Link - Therapy Notification - Closing Practice to New Patients

Link - Therapy Notification - Patients on Waitlist

- Fill in the required fields

New Customer Service Request

Topic: Link - Submit a Claim Reconsideration

Summary:

Priority
- ○ High
- ⦿ Routine
- ○ Low

Claim Details

🔴 Provider Name

🔴 Provider NPI

🔴 Provider Tax ID

🔴 Member Name

🔴 Member ID

🔴 CCHP Claim Number

🔴 Date of Service

🔴 Reason for Submission

Details

🔴 Details:

Additional Documents

Documents:

Add files

100.0 MB Total Allowed   0 Files ⓘ

- Attach any accompanying documentation (if applicable)

- Click **Submit**

  - Your message has been sent

- Click **OK**

- **An acknowledgement is sent to your In Basket and a Customer Relationship Management (CRM) number is provided**

Reviewing Customer Service Responses

When the health plan responds via the Secure Provider Portal, the reply shows up in the User's In Basket. In Basket is a quick and easy way to review and respond to messages from the health plan's.

- Click **In Basket** on the main toolbar
- Navigate to the **Customer Service Reply** folder to review your received messages
- Click the message you want to review
- Scroll down to the Notes section to review the response

- Click **Reply** on the toolbar to respond to the message (if needed)
- If a reply is needed, enter your comment in the **Note** section, then click **Send Message**

Login Issues or Password Reset

Login Issues

- Please call the Provider Support Services hotline 888-243-3312 and request to speak with the Network Development Department

- Or email CCHPNetworkDevelopment@cookchildrens.org

Password Reset

- User can reset their password by clicking **Forgot password**

- Users will be prompted to answer two of the five challenge questions on file

- Users will be prompted to set new challenge questions every two years

- If the User is unable to correctly answer the challenge questions, the User should email CCHPNetworkDevelopment@cookchildrens.org and provide their User ID and request their password be reset

- The User will receive a Secure Email in 1-3 business days with their new temporary password

Glossary

Site Admin – User has the ability to add and remove Users on behalf of their Organization

Affiliate – Participating Provider

AP – Accounts Payable

Clinical – Users granted access to view a patient's clinical chart information

CRM – Customer Relationship Management (CRM) allows the User to submit a message directly to the health plan

CSR – Customer Service Request (CSR) allow the User to submit a message directly to the health plan

Coverage – Eligibility

DOB – Date of Birth

EpicCare Link – Secure Provider Portal

External Medication - Referring to medications ordered/entered in Epic by other Providers or via claims

ID – Identification

In Basket – Messages

Internal Medication – Referring to medications ordered/entered in Epic by Cook Providers

Location – Physical Place of Service (Physical address)

POC – Plan of Care

MRN – Medical Record Number (Cook Specific)

OB – Obstetrics or Obstetrician

Patient – Cook Children's Health Plan Member

PCP- Primary Care Provider

Physician/APP – Medical Provider assigned an National Provider Number

POS – Place of Service Type (Office, Inpatient Hosp, etc.)

Procedure Code – HCPCS/CPT code

Referrals – Authorizations

SnapShot – High level overview of Member's clinical chart

SSN – Social Security Number