Secure Provider Portal Training

Revised: 090822

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Agenda

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- Adding a New Site

- Logging In

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- Navigating in EpicCare Link

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- Accessing Patient Charts

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- External and Internal Medication Reports

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Agenda

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- Claims

- Electronic Claim Submission

- Remittance Summary

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- Customer Service Request

- User Deactivation

- Login Issues

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Secure Provider Portal

Cook Children's Health Plan offers a Secure Provider Portal where Providers can access clinical or managed care data.

By granting Providers access to EpicCare Link the amount of paper authorizations, manual claim status requests, and customer service calls are reduced.

Having access allows you to:
• Verify Member eligibility
• Submit prior authorizations
• Check claim status
• Submit claim reconsiderations and claim appeals
• View Provider reports

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Secure Provider Portal

Each Provider office must have a Site Administrator.

- The Site Admin will be responsible for submitting account requests for each staff member who requires access and deactivating users who resign or are terminated

- Each staff member must have their **own** unique user name and password

Need assistance in navigating the Secure Provider Portal?

- Register for a webinar by visiting the Provider Relations page located on cookchp.org, select the Provider Training Webinar Schedule

  - Review the calendar and follow the instructions to register for the webinar of your choice

- To request for one on one Secure Provider Portal Training send an email to CCHPProviderRelations@cookchildrens.org

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Terms and Conditions

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.

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Terms and Conditions

As a portal User you are required to review, agree upon and adhere to the Terms and Conditions.

Site Admins 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.

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Inappropriate Use

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 *my*CookChildren's patient portal.

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Glossary

Glossary

- **Affiliate** – Participating Provider
- **AP** – Accounts Payable
- **Authorization By** – Requesting/Ordering Provider
- **Authorization To** – Servicing/Rendering Provider
- **Clinical** – Users granted access to view a patient's clinical chart information
- **Coverage** – Eligibility
- **CRM** – Customer Relationship Management (CRM) allows the User to receive a message directly from the health plan
- **CSR** – Customer Service Request (CSR) allows the User to submit a message directly to the health plan
- **DOB** – Date of Birth
- **EpicCare Link** – Secure Provider Portal
- **External Medication** - Referring to medications ordered/entered in Epic by other Providers or via claims

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Glossary

- **ID** – Identification
- **In Basket** – Messages
- **Internal Medication** – Referring to medications ordered/entered in Epic by Cook Providers
- **Location** – Physical Place of Service (Physical Address)
- **LAR** – Legal Authorized Representative
- **MRN** – Medical Record Number (Cook Specific)
- **OB** – Obstetrics or Obstetrician
- **Patient** – CCHP Member
- **PCP**- Primary Care Provider
- **Physician/APP** – Medical Provider assigned an National Provider Number
- **POC** –Plan of Care
- **POS** – Place of Service Type (Office, Inpatient Hosp., etc)
- **Procedure Code** – HCPCS/CPT code

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Glossary

- **Referrals** – Authorizations
- **Referred By** – Requesting/Ordering Provider
- **Referred To** – Services/Rendering Provider
- **SnapShot** – High level overview of Member's clinical chart
- **SSN** – Social Security Number
- **Site Admin User** – User has the ability to add and remove Users on behalf of their Organization

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Compatibility

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Compatibility

The Secure Provider Portal is compatible with Microsoft Edge and Chrome.

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New Account Requests

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Getting Started

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

- If the office has established access, request the Site Administrator submit your access request by adding a New User to an Existing Site

- 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 is responsible for maintaining the Users such as adding new Users and deleting Users who are terminated or resigns

    - The Providers office must approve access for their Billing Staff

  - The Site Admin will submit the access request by adding a New User/New Site

- Access requests received from individuals not listed as a Site Administrator will be denied

Adding a New User and a New Site

Initial Login Screen
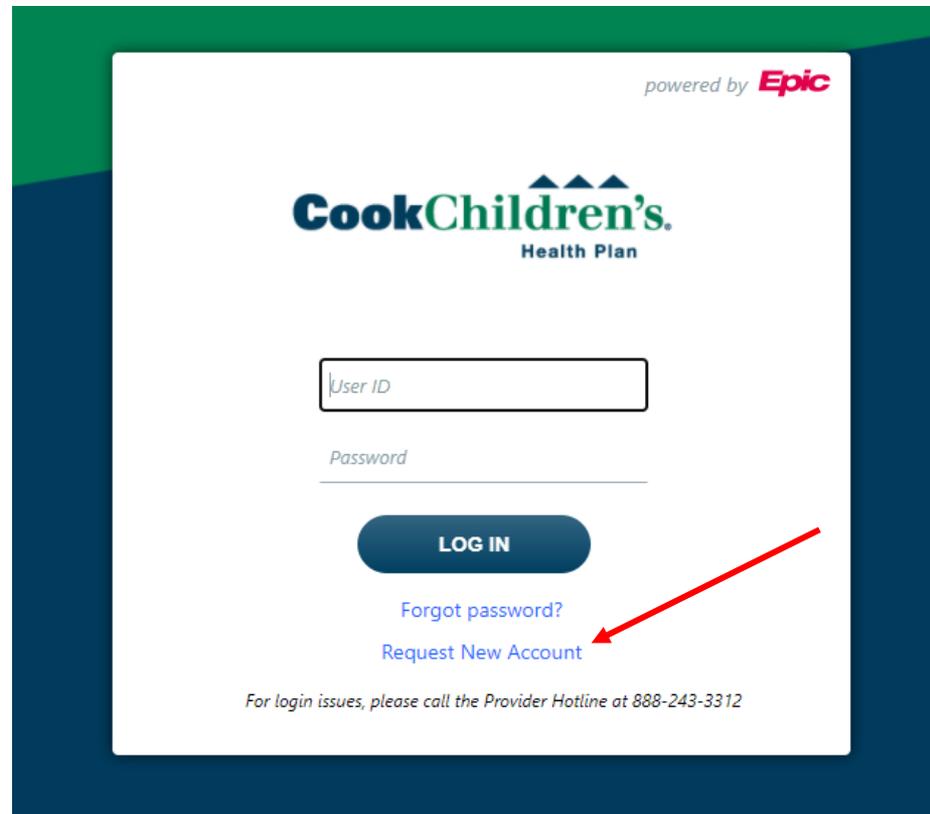
New Health Plan Portal Account

- If you select **Request New Account** you MUST select "create a New Site"
- Choose the first option to add a New Health Plan Account for multiple users
  - **DO NOT** select add Users to an existing site

New Site Information

New Site Information

- Fill in your Site information

- Your Tax ID is **required** and must be entered in the comments field

  – Your access request will deny if you forget to add the Tax ID in the comment field

  – Once prompted, add ALL Users that need access as part of this same request

- If you have more than one NPI associated with the Tax ID you must enter all NPIs associated with the Tax ID in the comments field

  – User will only be able to see claim status, prior authorizations, etc. for those Tax IDs and NPIs they are linked to

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Selecting the User

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

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

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Selecting the User

- Select the type of User you are requesting access for
- Select the appropriate level of access needed for the User to perform the functions of their job
  - 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 (APP) please note the User name must match the name associated with the National Provider Identifier
  - If the NPI does not match the User name the request will be denied

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User Information

User Information

🛑 Name [Last,First]: [   ]

Basic Information

🛑 Work e-mail: [   ]   Work phone: [   ]

User Address: Address: [   ]

                     City: [   ]

                     State: [▾]   ZIP: [   ]

                     County: [▾]

                     Country: [▾]

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]

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User Information Data Elements

- Complete the required data elements for the User
  - The field requirements vary depending on the User's role
- 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
  - Users who share an office email will not be approved

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Site Administrator

- At least one User for the office must be a Site Administrator (Site Admin)
- Indicate if the User you are adding should be a Site Administrator
  - If yes, check the box
  - If no, leave the box blank
- Click **Submit Request**

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

✔ Submit Request   ✗ Cancel

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Confirmation

- A confirmation page will appear
  - Please make note of you reference number or print the confirmation page
  - The User will receive a secure email in three (3) to five (5) business days with their unique User ID and temporary password

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Adding a New User to an Existing Site

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Initial Login Screen

Adding a New User to an Existing Site

- Once logged in the Site Admin will click on Admin in the toolbar on the homepage
  - Do not submit this request from the Request New Account link on the initial login screen
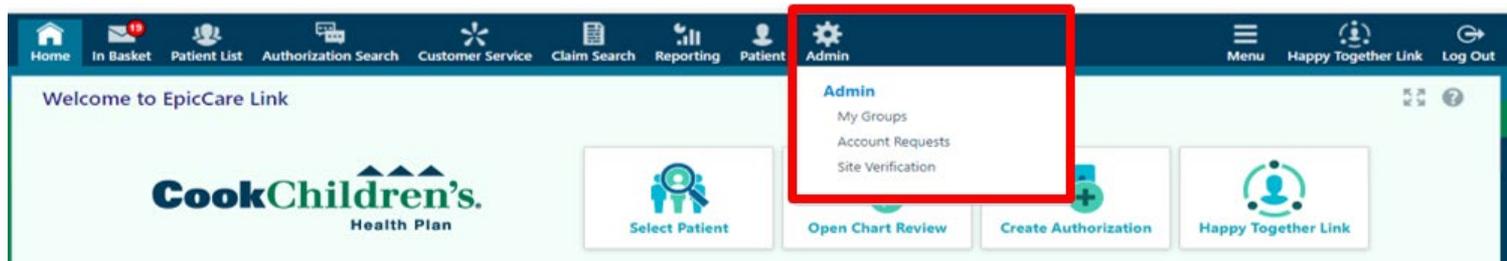
- Click the Account Requests tab and click Request New Account

Selecting the User

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

CareNet Healthcare (HP)

Request access for a new user from CareNet Healthcare

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Selecting the User

- Select the type of User you are requesting access for
- Select the appropriate level of access needed for the User to perform the functions of their job
  - 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 patients
- If selecting the Physician/APP please note the User Name must match the name associated with the NPI
  - If the NPI does not match the User Name the request will be denied

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User Information

User Information Data Elements

- Complete the required data elements for the User
    - The field requirements vary depending on the User's role
    - Please provide information specific to the User
- 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

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Submit Request

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

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User Verification

The Site Administrator will need to verify the User entered.

- Select the User

- Select Verification

User Verification

Read and agree to the Terms and Conditions and complete the required fields.

- Submit the request.

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Confirmation Page

- A confirmation page will appear
  - Please make note of you reference number or print the confirmation page
  - The User will receive a secure email in three (3) to five (5) business days with their unique User ID and temporary password

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Adding a New Site

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Initial Login Screen

Adding a New Site

- Once logged in the Site Admin will click on Admin in the toolbar on the homepage
    - Do not submit this request from the Request New Account link on the initial login screen
    - The Site Admin must submit this request using the Admin function
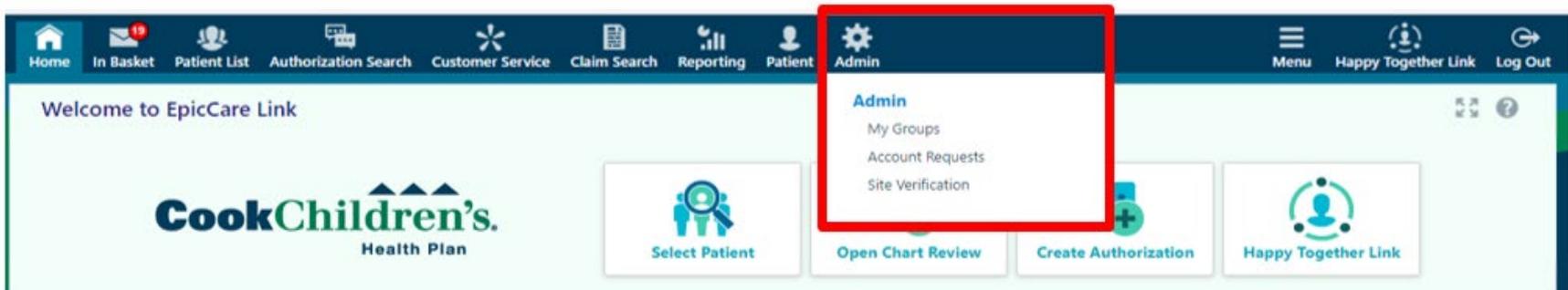
Adding a New Site
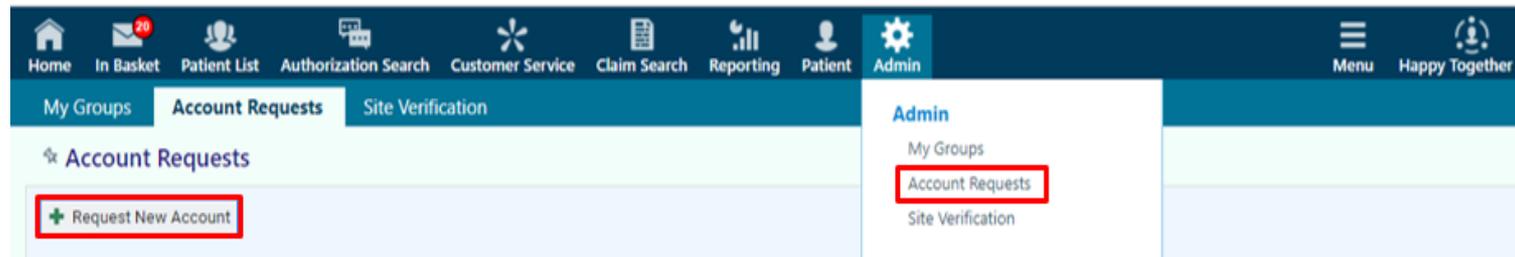
- Select the first option, Health Plan Account
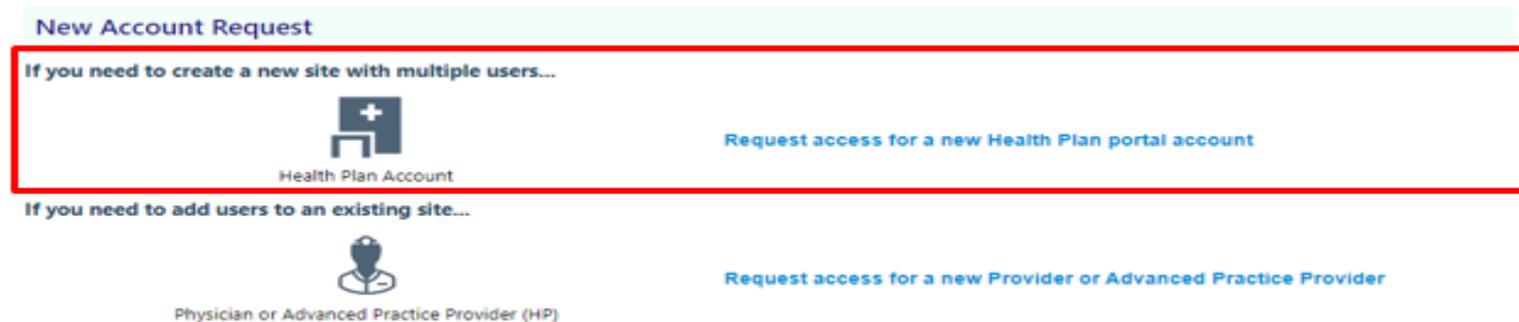
Site Information

Site Information

- Complete the New Site Information

- Your Tax ID is **required** and must be entered in the comments field and click **Next**

  – Your access request will deny if you forget to add the Tax ID in the comment field

- If you have more than one NPI associated with the Tax ID you must enter all NPIs associated with the Tax ID in the comments field

  – User will only be able to see claim status, prior authorizations, etc. for those Tax IDs and NPIs they are linked to

- In the comments field enter the User ID for each User that should be associated with this new Tax ID

  – Even if a User already has a portal account, they must be linked to the Tax ID in order to see claims, create authorizations, etc. for that Tax ID

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Select Users Access Type

User Information

My Groups	**Account Requests**	Site Verification

✧ New Account Request ▸ Health Plan Account ▸ Users ▸ Add User ▸ Non-Clinical User (HP)

User Information

❗ Name [Last,First]: [_____]

Basic Information

❗ Work e-mail: [_____]   Work phone: [_____]

User Address: Address: [_____]

                       City (or ZIP): [_____]

                       State: [_____ ⌄]   ZIP: [_____]

                       County: [_____ ⌄]

                       Country: [_____ ⌄]

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

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User Information

- The Site Admin will add themself
    - Only complete the 🛑 fields
    - The Site Admin will enter their User ID in the comments field
    - Check the Make this user a site admin box
- Click **Accept**

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User Verification

The Site Administrator will need to verify the User entered.

- Select the User

1. Site Information **2. Users** 3. Verification

Users

✚ Add   ✎ Edit   ━ Delete

Name	User Type	NPI	E-mail	Site Administrator
◉ Test User	Non-Clinical User (HP)		testuser@cookchildrens.org	No

- Select Verification

← Site Information   → Verification   ✕ Cancel Request

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User Verification

Read and agree to the Terms and Conditions and complete the required fields.

- Submit the request

Confirmation Page

- Print the confirmation page

    Reference #: 60890

    Thank You for Submitting Your Account Request

- Click OK
    - The User will receive a secure email in three to five (3-5) business days with their unique User ID and temporary password

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Logging In

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Logging In

Logging In For The First Time

- Navigate to cookchp.org and select the Provider's tab
    - From there select Secure Provider Portal
- Enter the User ID and password that you received for the **Secure Provider Portal**
    - Each User will receive his/her own unique login
    - Do not share User IDs or Passwords
        - This is a HIPAA violation and a security violation with the health plan
- You may be required to verify via 2 Factor Authentication
    - Click the **Remember Me** checkbox for the system to remember you for thirty (30) days
        - Please note this check box only works if you are using the same browser

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Challenge Questions

- Upon logging in you will be prompted to answer five challenge questions
- Although you can choose to "skip" this task, you will be prompted to do this every time you log in until they are set
- You will be prompted to set new challenge questions every two (2) years

Challenge Questions Setup

Challenge questions may be used to verify your identity in lieu of a password. Please choose 5 questions and their answers below.

Questions   **Answers**

⚠ You must answer all of the questions you have selected   ✔ Accept and Continue   ✕ Skip

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Challenge Questions Update

- If you need to update your answers to the Challenge Questions
    - Login to the Secure Provider Portal
        - From the homepage select Menu, Settings, and Challenge Questions

Password Resets

- Once you've set your challenge questions, if you forget your password, you can click "Forgot password?" on the login page
- In order to reset your password you will be required to answer two (2) of your five (5) challenge questions on file

Secure Provider Portal Homepage

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Secure Provider Portal Homepage

Secure Provider Portal Homepage

- The main toolbar takes you to multiple activities via the navigation tabs **1**

- Speed buttons allow you to access and view specific patient information

  – As well as create or review authorizations **2**

- Reports provide Users access to Membership, Claims and Authorizations reports **3**

- Quick Links provide resource information that will help as you use EpicCare Link **4**

- Additional items may be found on the homepage from time to time **5**

  – Such as Provider News, Secure Provider Portal Reference Guide and the Webinar Schedule

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Navigating in EpicCare Link

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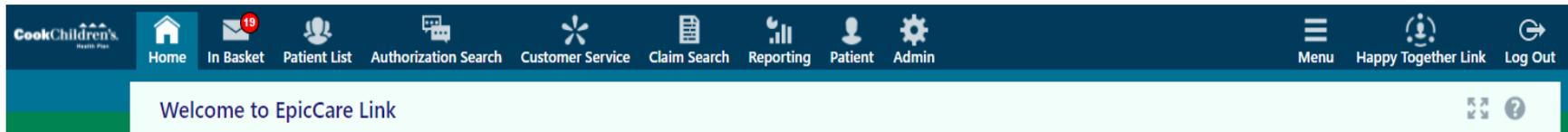
These tabs are found on the main toolbar. Use these tabs to open various activities in EpicCare Link. Each tab contains one or more related activities. When you click a tab, the default activity for that tab opens.

- **Home**
  - Takes you 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 your patients you have access to based on a claim, authorization, or Primary Care Provider relationship with the patient

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Navigation Tabs
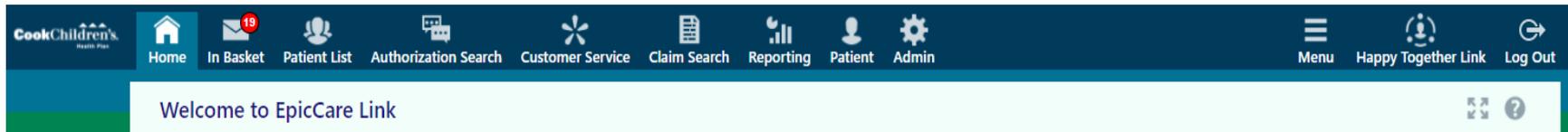
- You will have access to all patients for which your entire organization has a relationship with, based on your Tax ID

- **Authorization Search**
  - Allows you to look up authorizations sent by or to the Providers you are linked to based on Tax ID and NPI

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

- **Claim Search**
  - Allows you to view your patient's claim information and status

Navigation Tabs
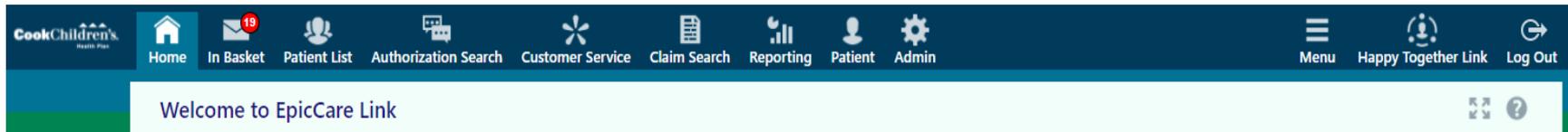
- **Reporting**
  - Allows Users to access the dashboard, run reports, view the results of their reports and export the reports to Excel
- **Patient**
  - Once you open a patient, this will show you the patient's record you are currently viewing
- **Admin**
  - Site Administrator's will see an additional tab for "Admin" on the homepage
  - This allows the Site Admin to add, remove, and maintain the Users that are a part of their organization

Reporting

- Select Reporting from the homepage

- Select Dashboards

  – Do not use My Reports

  – If you receive the message "You have no default dashboard defined" click on "Click here to open My Dashboards"

- Select Show Catalog

- Select the report you'd like to run

  – CCHP Primary Care Provider Incentive Program

    o BMI Measurement, Nutrition Counseling, and Physical Activity Counseling

    o Follow-up care for children prescribed ADHD medication

    o Immunizations for Adolescents (IMA)

    o Preventive Care Visits for Adolescents and Young Adults 3 – 21 Years of Age

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Reporting

- – CCHP Tapestry Link
  - o Claims
  - o Disease Management Notification Report
  - o Membership
  - o Prior Authorization
- Run the Report
  - – Results will populate on the screen
- Export the results to Excel
- Select Export to export the results to Excel
  - – For HIPAA compliance the User will be required to enter a password to export the results
  - – The User will be required to use that same password to open the Excel file

Action Options
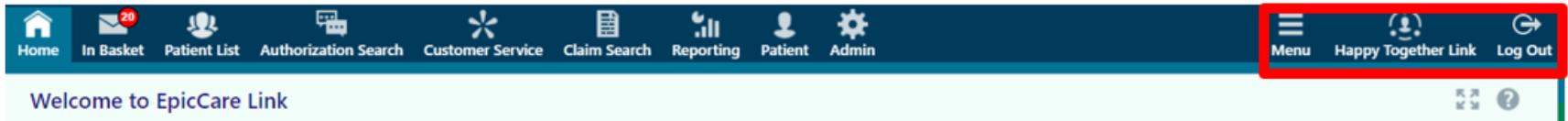
Use these buttons, located on the top right of the screen, to see all of your available activities, view the Happy Together Link or to log out.

Action Options

Use the **Menu** to open the various activities that are contained in the selected navigation tab (Home, In Basket, Patient List, Authorization Search, Customer Service, Claim Search, Reporting, Patient, Admin).

Speed Buttons

You can also navigate the Secure Provider Portal by using the **Speed buttons** on the homepage.

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

- **Open Chart Review**
  - This activity takes you directly to Chart Review after selecting a patient
    - Only clinical User will have access to the Member's chart, Users should only have clinical access if it is needed to perform the functions of their job

Speed Buttons

- **Create Authorization**
  - This activity allows you 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

Happy Together Link

Happy Together Link

- How to Add a Link account to Happy Together Link
  - Click the **Happy Together Link** speed button from the homepage
    - ○ 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
    - ○ You will be prompted to enter your account credentials for that website
    - ○ After you log into the website to verify your credentials, the account is added to the Happy Together Link activity

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Happy Together Link

- o Users will be able to quickly access their linked accounts within Happy Together Link going forward without needing to enter your credentials again
- If you have trouble locating the organization you are searching for you will need to contact that organization for trouble shooting

Accessing Patient Charts

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Selecting a Patient
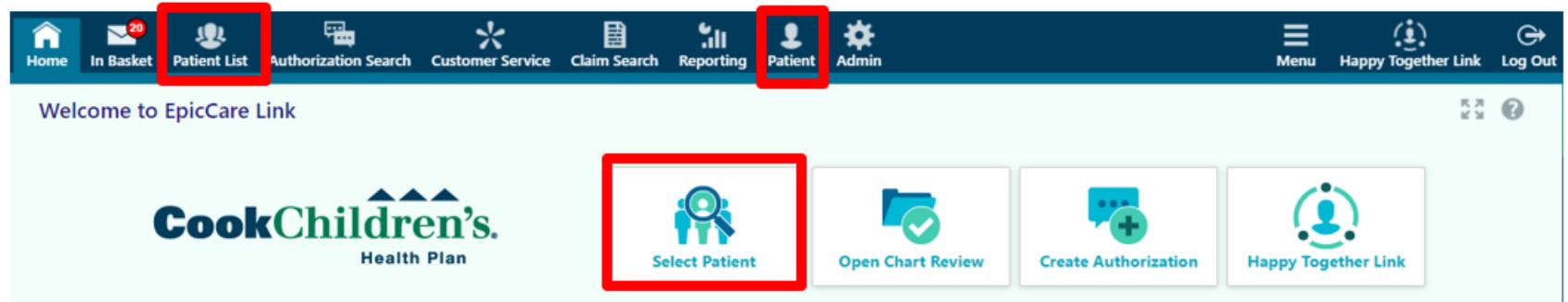
Patients that have been previously accessed by a User in EpicCare Link or have a claim or authorization submitted by a Provider will display on the Provider's **My Patients** tab.

- Click on Patient List or Patient in the Navigation tab or the Select Patient speed button to navigate to **My Patients**

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

- Once your patient is found, click on the name to open the records

My Patients

Patient Search

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
  - You can select **Additional Search Criteria** search by sex, SSN and date of birth

Patient Search Results

My Patients | Recent

%	Patient Name	MRN	Patient Stat...	Sex	DOB
84.92	Tapestry, Ayaz	M2033254	Alive	M	12/3/2007
84.92	Tapestry, Ayaza	M2033322	Alive	M	12/3/2014
76.83	Tapestrybenefits, Four Star Adult	M2033654	Alive	F	11/18/1998
79.21	TapestryTestAP, BE Benefit Carryover A AP	M2034571		F	3/3/2013

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

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Viewing Primary Care Patients

Primary Care Providers can view a list of their primary care patients via the **Patient List** navigation tab on the homepage.

- Click [Patient List icon] on the main menu

Viewing Primary Care Patients

- If your Group has more than one Primary Care Provider click the dropdown arrow in the **Filter by PCP** field and select the Provider's name
- Once the list has been filtered, the list will only show the primary care patients for that Provider

Locating a Patient Not Found

If a Patient you are looking for does not appear on your My Patients tab or the Patient List you can search for them by clicking on Search All Patients.

- Insert all the additional information for a more accurate match
    - If a match is found, the system will prompt you to review the search results and choose the appropriate patient

Locating a Patient Not Found

To gain access to the patient you are searching for enter one of the following sets of data for the patient:

- Name, Date of Birth and Sex

- Medicaid ID and Name

- Medicaid ID and Date of Birth

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**

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Patient Select Confirmation

Patient Select Confirmation

To gain access to the patient

- You must enter a reason for accessing the patient record

  – You will not be able to proceed without a reason

- Click **Accept**

Patient SnapShot

To get to the Patient SnapShot function click Patient, Select Patient, Open Chart Review or Create Authorization.

- A list of patients associated with your Tax ID will populate
  - These patients are pulled from the eligibility verifications performed, authorizations requested and claims submitted under your Tax ID
    - o You can access the patient by clicking on the Patient Name
    - o If the patient you need to view is not listed simply click Search All Patients
- If there are more activities than can fit on the screen, hover over the ellipsis on the far right of the menu to see all the activities contained in the tab

Patient SnapShot

You can click to pin an activity so it appears first in the menu

- If you pin multiple activities, they appear in the order that you pinned them
    - Click and drag pinned activities in the menu to change their order
        - Pinning activities will change the view of this menu

Patient SnapShot – Clinical View

Patient SnapShot – Clinical View

From the Patient **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
        - Your 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
        - 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 patients

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Patient SnapShot – Non Clinical View

Care Management

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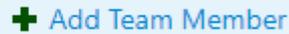
Plan of Care

To view the Plan of Care:

- Locate the Patient, select the **SnapShot** tab
- From the Patient SnapShot select **Plan of Care** on the report toolbar
  - You can view Allergies, Social Determinants of Health, OP Medications, and Care Team information

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Adding a Provider to the Care Team

- Open a Member's chart
- Click **SnapShot**
- Click **Plan of Care**
- Click **Care Team**
- Click   **+ Add PCP** | **+ Add Team Member**
- Add the **New PCP** or **Team Member** and indicate the appropriate **Relationship**
- Click   ✔ **Accept**

You can also access the Care Teams from the Toolbar Activity

- Once you are in the Member's Chart click on the ellipses to view the full menu
- Select **Care Teams** under the Care Management section of the menu

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Locating the Service Coordinator

- The LTSS Service Coordinator can be found on the Plan of Care as indicated above or the Care Team activity as indicated below

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Delivery Notification

The **Delivery Notification** feature is utilized by Hospitals to notify the health plan of a newborn delivery.

- You can access the **Delivery Notification** assessment through the **Assessment** activity

Delivery Notification

- Select **Delivery Notification**
- Select **New or View History**

Delivery Notification	No recent completions	✚ New	✎ Modify	▤ View History

- **Delivery Notification Method**
  - Select Provider Portal

Delivery Notification   ≪

Notification Method: Providers, please select the Portal option.

Provider Portal	Phone	Fax	Member	▯

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Delivery Notification

- Document the Member's delivery with the following required fields
    - Delivery Facility
    - Member ID #
    - Baby Gender
    - Delivery Date
    - Delivery Type
- Click Accept and New
- The **Delivery Notification** is not an authorization for extended stay
    - If the newborn requires an authorization for an extended stay you must create and submit a prior authorization request

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High Risk Pregnancy Notification

The **High Risk Pregnancy Notification** feature is utilized by OB Providers to notify the health plan's Care Management team of a pregnant Member with risk factors.

- You can access the High Risk Pregnancy Notification assessment through the **Assessment** activity

High Risk Pregnancy Notification

- Select **High Risk Pregnancy Notification**
- Select **New or View History**
  - If the assessment has already been assigned to you, click the actual assessment instead creating a new one
- Document the assessment
  - Provide as much information as possible
- Click Accept and New to submit the notification to the health plan
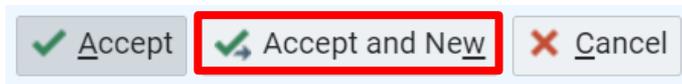
- If you click Accept it will save your information, but will not submit to the health plan

External and Internal Medication Reports

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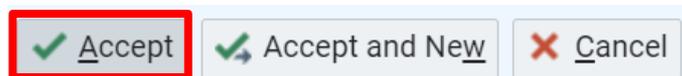
Medication Reports

You can view internal medications using the **Medications** tab from the Patient SnapShot.

- Internal Medication
  - Medications ordered/entered in Epic by Cook Health System Providers
- External Medication
  - Medications ordered/entered in Epic by other Providers or obtained via claims submitted to the health plan

Medication Reports
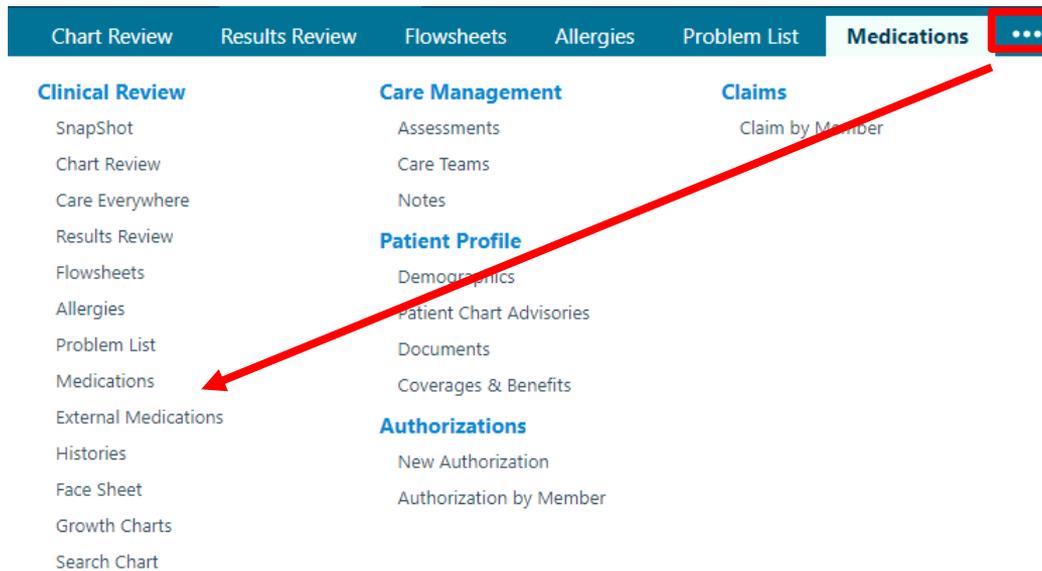
You can also access these functions by clicking the ellipses in the upper right corner and reviewing the **Clinical Review** section of the full menu
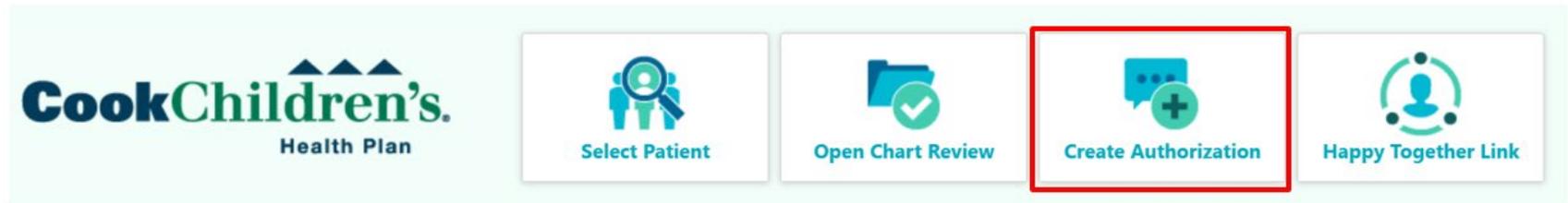
- Select **Medications** or **External Medications**

Authorizations

Create Authorization

All requests for prior authorization must be submitted via the Secure Provider Portal.

- You can only create authorizations for Members that have active Managed Care coverage with the health plan

- Click the Create Authorization quick button on the homepage
- Click the name of the patient requiring an authorization

Create Authorization

You can also create an authorization from inside a patient's record that you already have open by hoovering over the patient name and clicking **New Authorization.**

Entering the Authorization Request

If submitting a prior authorization for a Provider, enter the primary procedure code (HCPC/CPT Code), click the magnifying glass for the code to populate and then click **Next.**

Entering the Authorization Request

If the prior authorization is for a facility, under the Admission Type enter the primary procedure code (HCPC/CPT Code), click the magnifying glass for the code to populate and then click **Next.**

Entering the Authorization Request

- Additional procedure codes can be added on the services form within the authorization

- After the primary procedure or admission type is populated, the authorization then prompts Users to collect basic information about the type of service being requested

    - Where the request came from (Referring Provider)

    - Where it is going (Rendering Provider)

    - 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

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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 (3) business days
    - Urgent Authorization Requests will be processed within one (1) business day

General Information Section

Note: 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.

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Authorization Type

The **Type** field is used to identify the **type of service** being requested.

Type

Consultation [3]

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Authorization Type

Common prior authorization types:

- Acute Occupational Therapy

  – Occupational therapy < 120 days from onset of injury

- Acute Physical Therapy

  – Physical Therapy < 120 days from onset of injury

- Acute Speech Therapy

  – Speech Therapy < 120 days from onset of injury

- Office Visit

  – Outpatient Office Visit

- Physical Therapy

  – Chronic Physical Therapy

- Private Duty Nursing

  – Private Duty Nursing Services

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General Information Section

The **Class** field is used to indicate if the authorization is going to Cook Children's Health Care System or outside of the health system.

- Select the appropriate **Class**

Class

✓ To Cook Health System   Outside of Cook Health System

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

Start date   Expiration date

1/21/2020   1/20/2021

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Authorization By Section

- In the **Authorization By** section enter the Referring Provider under **Provider**
  - If your office is not the Referring Provider you will need to click the magnifying glass and select **Other Provider** and search for the Provider name

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

Authorization To Section

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

Provider Search Selection

Provider Search

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

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

Provider Search Selection Warning

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

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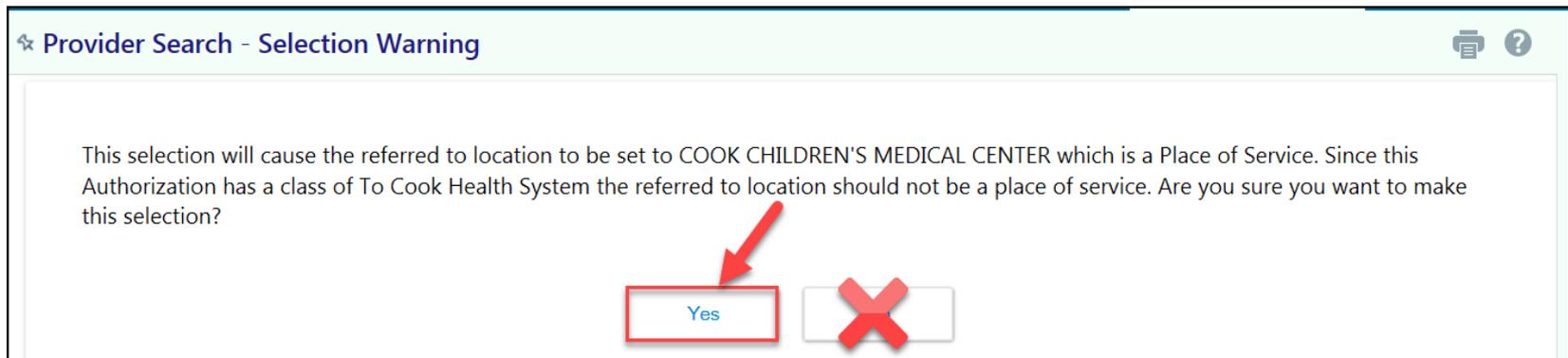
Location/POS

- 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
  - If the location is known, you can type a partial name and click enter for a list of locations meeting your search criteria
- You can also click the magnifying glass to search for a location
  - Enter your search criteria, then click **Search**
- Click the name of the location to select it

Location/POS Type

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

Provider Address

If the **Provider address** did not populate from one of the previous steps

- Click the magnifying glass in the address field
  - Select the appropriate address

Please make a selection

Authorization to provider address: [   ] [Search]

Search Matches:

Name

1500 Cooper St Floor 2 Fort Worth TX 76104

ENDOCRINE FORT WORTH TX 76104

Authorization To Section Complete

Once the Provider, Location/POS type, and Provider address has been entered the Authorization To section is complete:

Diagnoses Section

- Enter the coded diagnoses
  - You can type text in the coded diagnosis field to search for a list of related coded diagnoses
  - Click ➕ Add to add additional diagnosis codes
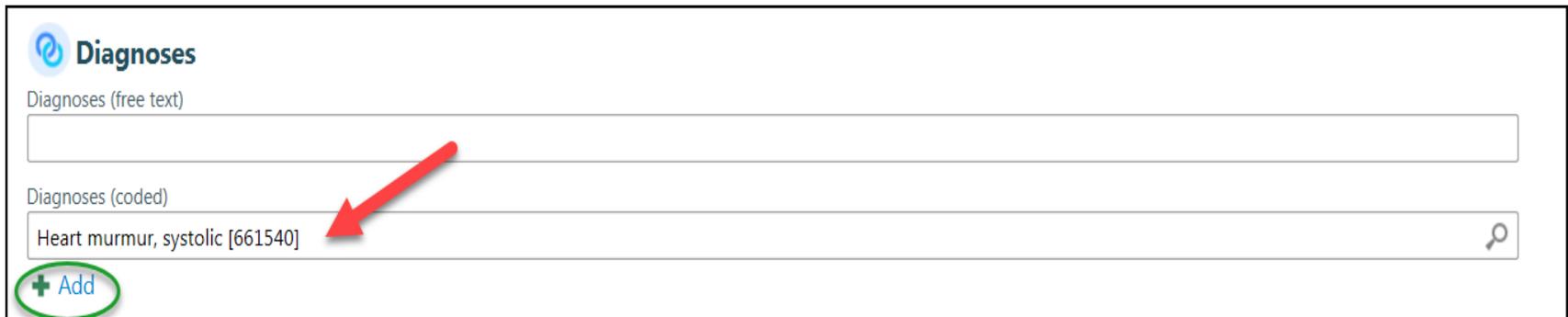
  - Code to the highest specificity
  - Avoid using unspecified diagnoses
    - Especially R69 Illness, Unspecified

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Services Section

- The service code entered at the beginning of the authorization request populates in the Services field
  - To add additional services click ➕ Add
  - Please make sure the codes you select in the Services/Procedure section 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

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Services Section

- You are required to indicate the number of visits, units or procedures needed for these services
  - Select the appropriate **type** (unit, visit, etc.)
- If the service code you entered has a required modifier you must enter the modifier on the authorization request 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 ❶ | 1 | Unit type ❶ 🔍 |

➕ Add

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Questionnaire

Please identify the Authorization Request Type to ensure the authorization request routes to the appropriate reviewer.

Questionnaire

In the **Authorization Request Type** field click on the magnifying glass to select from one of the options listed below:

- Initial

  – Prior authorization request for initiation of new services for a Member

- Concurrent

  – A method of reviewing Member care and services during an inpatient hospital stay to validate the necessity of care and to explore alternative to inpatient care

- Extension

  – A process for extending an existing authorization for the same frequency and amount initially approved, but for an extended timeframe

- Recertification

  – Process for obtaining ongoing prior authorization following a change or renewal in Members orders and/or plan of care

Questionnaire

In order to determine if the authorization request requires a duration or frequency please identify if the request is for DME, Medical Supplies, Formula or Oxygen.

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

| Yes | No |

- If your response is **"Yes",** enter the duration & frequency for each procedure code

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 your response is **"No",** enter N/A and proceed

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Questionnaire

- If the authorization request is for a Hospital Inpatient Admission please enter the admission date

If Hospital Inpatient Admission, please include the Admission Date:

- Complete the remaining required fields

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

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Contact & Signature Confirmation

- Enter an Admission Date if there is an applicable Hospital Inpatient Admission
- Enter the Name of the Individual creating the authorization request
- 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

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Notes Section

- The **Notes** section is used to send additional communication regarding the authorization
  - Such as orders, medical records, visit notes, etc.
- You can add any supporting clinical documentation by clicking **Add File**
  - You can attach one document/file up to 100 MB
  - If you add a file you must add a comment in the Note summary field
- Click Request Authorization

Authorization Details

Once you submit the authorization request the authorization details will be displayed.

- Please make note of the Referral #

Add Note/Attachments

- If additional notes or attachments are needed after the authorization is submitted
    - Click **Add Note/Attachments** to add the information

- You may also email CCHPPriorAuthorizations@cookchildrens.org if you have a question regarding an authorization or need to modify your request

Reviewing Authorizations

The easiest way to check the status of an Authorization request is to:

- Navigate to the patient's snapshot
- Click the ellipses and select **Authorization by Member**

Authorization by Member

- A list of the Member's active Authorizations is displayed
- To see all of the Member'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

Status History

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

Referral   Referral # 10922

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

Patient Information

Patient Name	Sex	DOB	SSN
Taptraining, Allison	Female	8/20/2007	

Referral Information

Referral #	Creation Date	Referral Status	Status Update
10922	01/21/2020	Pending Review	01/21/2020: Status History

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Authorization Determination

- Only the Authorization By and the Authorization To Providers (Physician, Therapists, etc.) will receive the authorization in their **In Basket**
  - Prior authorization determination letters will not be faxed
- Providers can view the authorization letter by navigating to the **In Basket**
  - Click the **Referral Notification Letter** folder to review the authorization determination letters associated with your authorization requests

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Grant Access

Each User has the ability to **Attach** an **In Basket** to another User.

- To "grant' another User access to your **In Basket** follow these steps
  - When you are logged in navigate to the **In Basket**
  - Click on the **Attach** button
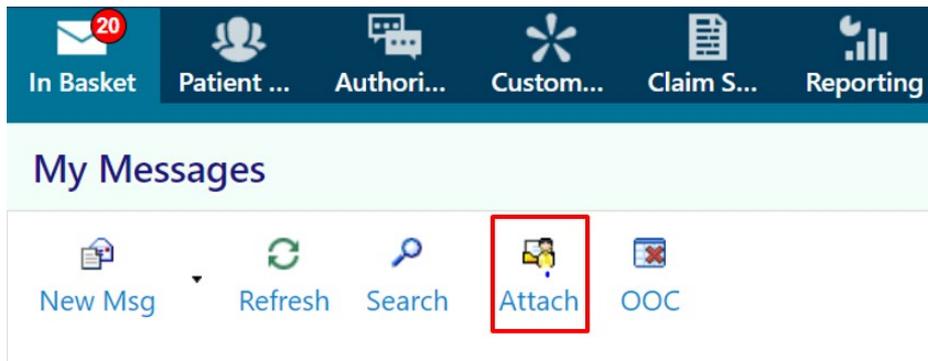
Grant Access

- Click the **Grant Access** tab
  - Choose the User(s) you would like to grant access to
  - 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

Grant Access

- Once the User has been selected
- Click **Save**

Attach a Users' In Basket to Yours

- Once the previous steps have been completed the User will need to follow the steps below to "attach" the **In Basket** to theirs
  - The User will log in to the Secure Provider Portal and select **In Basket** from the homepage
  - Click on the **Attach** button
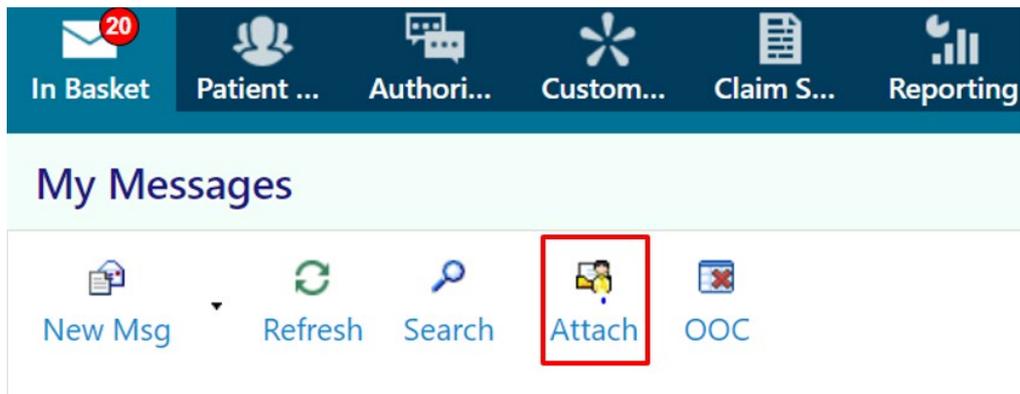
Attach a Users' In Basket to Yours

- Under **Persistent Attachments** find the User whose In Basket you would like to attach to yours
  - The selected User will populate in the User field
  - Ensure the Show in In Basket is selected
  - Click **Save**

Eligibility

Review Coverage & Benefits

To review a Member's coverages and benefits:

- Click **Select Patient**
- Locate your patient
- Navigate to the Patient Profile and select **Coverages and Benefits**
  - You may need to click the ellipses to locate it
- Select **View all coverages on file**

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Benefits Summary

- Click **Benefits Summary** to see the benefits for the selected coverage
- Review the benefit categories
  - Click the plus sign to expand that section of the benefits list

- 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**

Coverage Detail Report

- Click the **Coverage Detail Report** to view specific eligibility information about the subscriber including Other Health Insurance

- The **Guardian/Legally Authorized Representative** name and contact phone numbers will be displayed under the Guardian Demographics
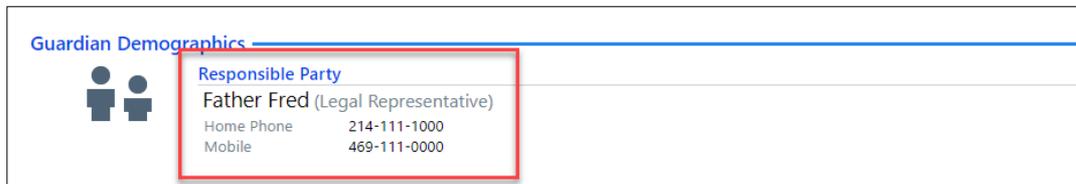
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Coverage Detail Report

✥ **Coverages & Benefits** ▸ **Coverage Detail Report**   🖨 ❓

Eligibility Information as of 08/03/2021 TAPESTRY,TESTTHREE [M2032686]

Eligibility

Employer Group	Benefit Plan	Carrier	Payer
STAR Kids [164000003]	CCHP STAR KIDS [1643116001]	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		HAYWARD, TAMARA

Coverage Information

Covered Flag	Type	Effective From	Effective To
Covered	Managed Care	04/01/2020	
Relationship to Subscriber	**Member Number**	**Patient Application Date**	**Patient Late Enrollment**
Self - Self	101010109		No

Subscriber Level Information

Subscriber ID	Subscriber Name	Employment Date	COBRA Status	COBRA Date
101010109	Tapestry,Testthree			

Other Health Insurance Information

Insurance Company Name	Insurance Contact Number	Insurance Group Name	Insurance Group/Policy Number
TEST BCBS	214-111-1111		111111111

Name of Insured	Relationship to Insured	Coverage Effective Date	Coverage Termination Date
Testthree Tapestry		1/1/2021	9/30/2022

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Claims

Claims Search by Member

User can check claim status for claims submitted by the linked organizations. There are two ways to search for a claim.

Claims Search by Member

- Click **Select Patient**
- Locate your patient
- Click **Claim by Member**
  - You may need to click the menu or ellipses and locate **Claims** to locate the Claim by Member option

Claims Search by Member

- To review the details of the claim, select the appropriate **Claim #**
- The date range defaults to one year, but can be updated if needed

Claims Search

- Select the **Claims Search** button from the home page

- Search by vendor, Tax ID, Provider, Member ID, or Claim ID

  - The drop down value must be selected depending on the information you enter

- Enter the date of service

Advance Search

The **Advanced Search** option can be used to drilldown your search by specific claim details including Member ID, Claim ID, claim type and check number. You must select one of the following:

- Vendor

- Tax ID

- Provider

- Member ID

- Claim ID

    - You will need to enter Cook Children's Health Plan claim number under

Claims Status Details

Click on the **Claim #** link to review the details of the claim. This will display the details related to the status such as:

- Payment amount
- Associated coverages
- Authorizations
- Applicable claim codes

Claim # ▼	CRR #	Svc Frm Dt	Clm Rcv Dt	Status
99865		09/11/2020	09/14/2020	Processing
99864		09/06/2020	09/14/2020	Processed
99863		09/13/2020	09/14/2020	Processed

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Claims Status

Electronic Claim Submission

Cook Children's Health Plan has partnered with Availity and is pleased to provide a secure platform where Providers can submit single claims at no cost.

You can register or login to Availity's portal by visiting Availity.com

- Register
- Login

For questions, you can call Availity Client Services at 800-282-4548

Cook Children's Health Plan Payor Identification:

- CHIP Payer ID: CCHP1
- STAR/STAR Kids Payer ID: CCHP9

Remittance Summary Search

The Remittance Summary Search and Remittance Summary Report functions are now available.

- From the homepage select **Claims**
  - **Remittance Summary**
- This is a summary only and is not the official remittance advice
- Providers must obtain the official remittance advice from Availity

Electronic Remittance Advice

Providers must elect to receive Electronic Remittance Advice (ERA) through Availity.

- Register for ERA by logging into the <u>Availity</u> Portal
    - If you are not an Availity client click on the Register tab
- Call Availity Client Services at 800-282-4548

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Customer Service Request

Customer Service Request

Customer Service is a communication tool between you and the health plan. Customer Service Requests (CSR) are created to provide or request information regarding various topics such as claim appeals, other health insurance, technical assistance, etc.

Users are able to choose from a variety of topics to communicate directly with the health plan. Each topic will route to the appropriate department.

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Create a Customer Service Request

- Click **Customer Service** on the homepage
- Select the appropriate **topic** from the dropdown menu
- Fill in the required fields
- Attach any accompanying documentation (if applicable)
- Click **Submit**
  - Your message has been sent
- Click **OK**
  - An acknowledgement of receipt is sent to your In Basket and a Customer Relationship Management (CRM) number is provided for tracking purposes

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Create a Customer Service Request

New Customer Service Request

Topic:

Summary:

Associated Sit

Site:

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 Patient

Link - Therapy Notification - Patients on Waitlist

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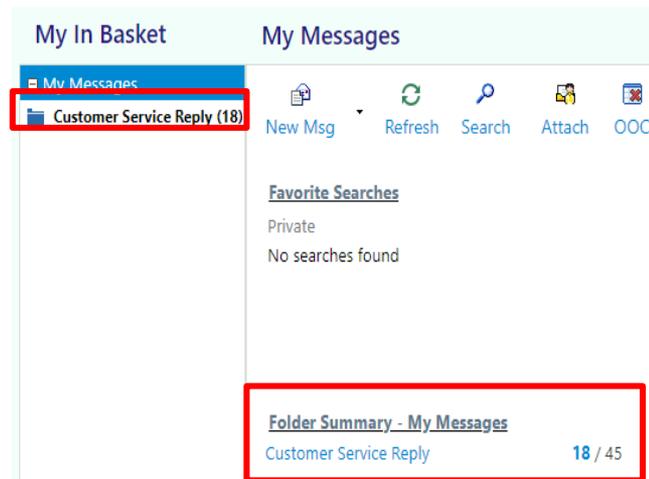Health Plan

Create a Customer Service Request

Customer Service Response

When the health plan replies to a **Customer Service Request** the reply shows up in the User's **In Basket**. To view messages click In Basket on the homepage.

Customer Service Response

- 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

Replying to Customer Service

- Click **Reply** on the toolbar to respond to the message
- Enter your comment in the **Note** section
- Click **Send Message**

User Deactivation

Secure Provider Portal Users must log in once every ninety (90) days to avoid deactivation.

- If a User is deactivated the Site Administrator will need to:
    - Submit a Customer Service Request
        - o Topic: Technical Assistance
        - o Please include the User's Name, User's ID number and User's Email
- The User will receive a secure email in three (3) to five (5) business days with their new temporary password

Login Issues

If you need technical assistance please submit a Customer Service Request, topic: Technical assistance or call Provider Support Services at 888-243-3312.

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Password Resets

- If a User is unable to correctly answer the challenge questions
  - The User must email CCHPNetworkDevelopment@cookchildrens.org, provide their User ID and request their password be reset
- The User will receive a secure email in three (3) to five (5) business days with their new temporary password