

# Secure Provider Portal Training

# Agenda

- Terms and Conditions
- Glossary
- Compatibility
- New Account Requests
- Adding a New User and a New Site
- Adding a New User to an Existing Site
- Adding a New Site
- Logging In
- Secure Provider Portal Homepage
- Navigating in EpicCare Link
- Happy Together Link
- Accessing Patient Charts
- Care Management
- External and Internal Medication Reports

# Agenda

- Authorizations
- Eligibility
- Claims
- Electronic Claim Submission
- Remittance Summary
- Electronic Remittance Advice
- Customer Service Request
- User Deactivation
- Login Issues
- Password Resets

# 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

# 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](http://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 [CCHPPProviderRelations@cookchildrens.org](mailto:CCHPPProviderRelations@cookchildrens.org)

# 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.

# 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.

# 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 [myCookChildren's](#) patient portal.

# 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

# 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

# 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

# Compatibility

# Compatibility

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

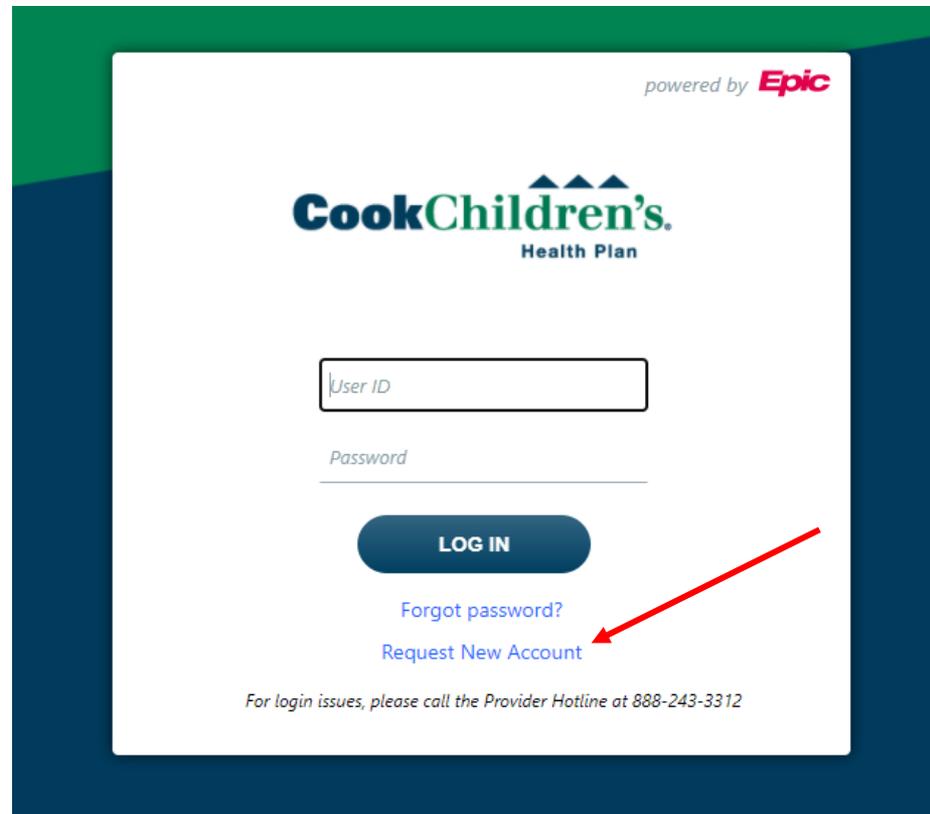
# New Account Requests

# 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 Account Request

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

 Request access for a new Health Plan portal account

Health Plan Account

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

 Request access for a new Provider or Advanced Practice Provider

Physician or Advanced Practice Provider (HP)

 Request access for a new clinical staff member

Clinic RN or LVN, RN Case Manager or Social Worker (HP)

 Request access for a new non-clinician

Non-Clinical User (HP)

 Request access for a new user from an Out of Network Provider/Organization

Out of Network Providers/Organization (HP)

 Request access for a new user from CareNet Healthcare

CareNet Healthcare (HP)

# New Site Information

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:

# 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

# 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

# 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

# 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

# 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

# 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

# Confirmation

- A confirmation page will appear
  - Please make note of your 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

# Adding a New User to an Existing Site

# Initial Login Screen

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**CookChildren's.**  
Health Plan

User ID

Password

**LOG IN**

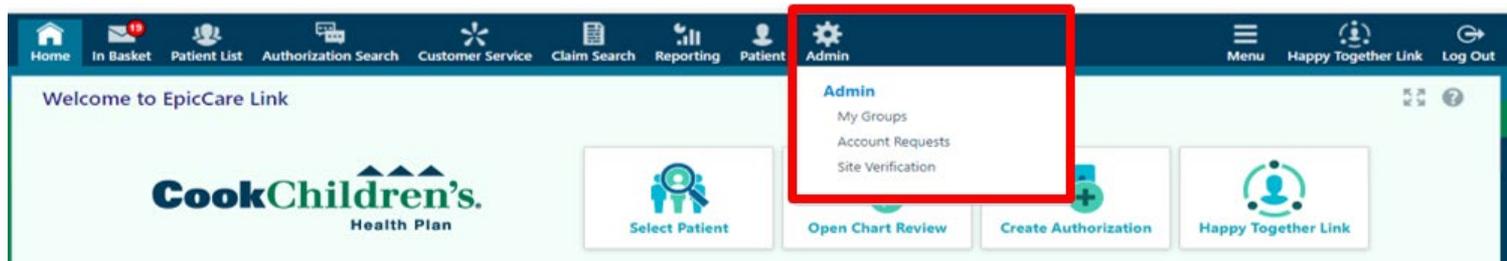
[Forgot password?](#)

[Request New Account](#)

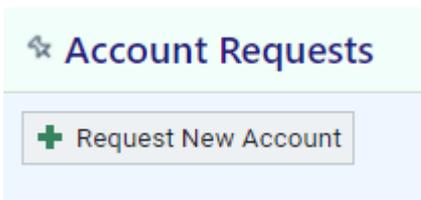
*For login issues, please call the Provider Hotline at 888-243-3312*

# 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

# 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

# User Information

## User Information

**!** Name (Last,First):

## Site Information

**!** User group:

## Basic Information

**!** Work e-mail:  Work phone:

User Address:

Address:

City (or ZIP):

State:  ZIP:

County:

Country:

## Associated Providers: List the providers this user works with

**!** Provider name:

## 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

# 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

# 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**

**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

# User Verification

The Site Administrator will need to verify the User entered.

- Select the User

New Account Request > Health Plan Account > Users

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

Users

+ Add Edit Delete

Name	User Type	NPI	E-mail	Site Administrator
<input checked="" type="radio"/> Test User	Non-Clinical User (HP)		testuser@cookchildrens.org	No

- Select Verification

[← Site Information](#) [→ Verification](#) [✕ Cancel Request](#)

# User Verification

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

**Verification**

**Terms and Conditions:** EpicCare Link: Terms & Conditions of Use  
Cook Children's is committed to protecting the privacy and security of its patients' medical records and other health information. Cook

I agree to the Terms and Conditions above.

**Verification:**  I'm not a robot  reCAPTCHA  
Privacy - Terms

**Requested by:**

- Submit the request.

# 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

# Adding a New Site

# Initial Login Screen

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**CookChildren's.**  
Health Plan

User ID

Password

**LOG IN**

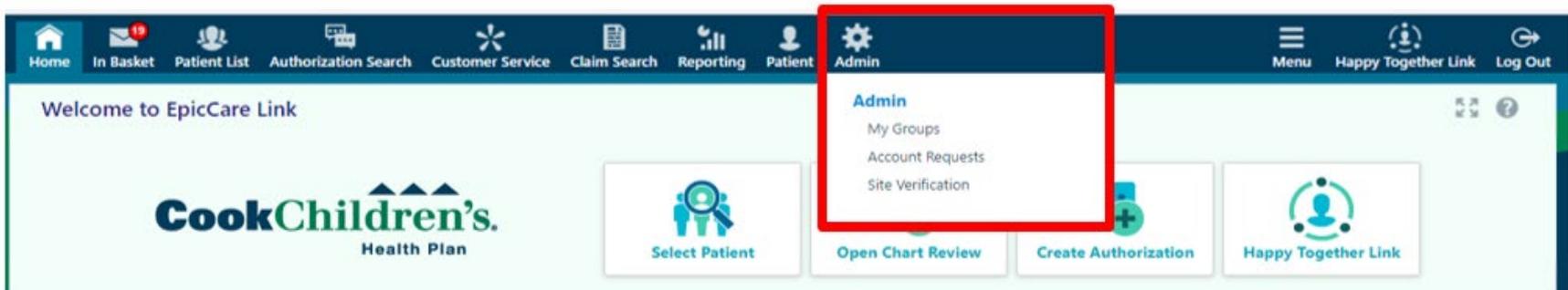
[Forgot password?](#)

[Request New Account](#)

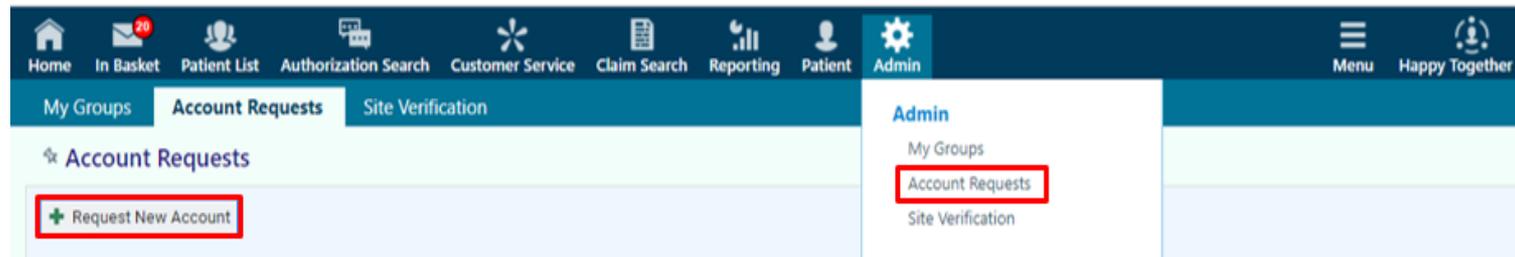
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# Adding a New Site

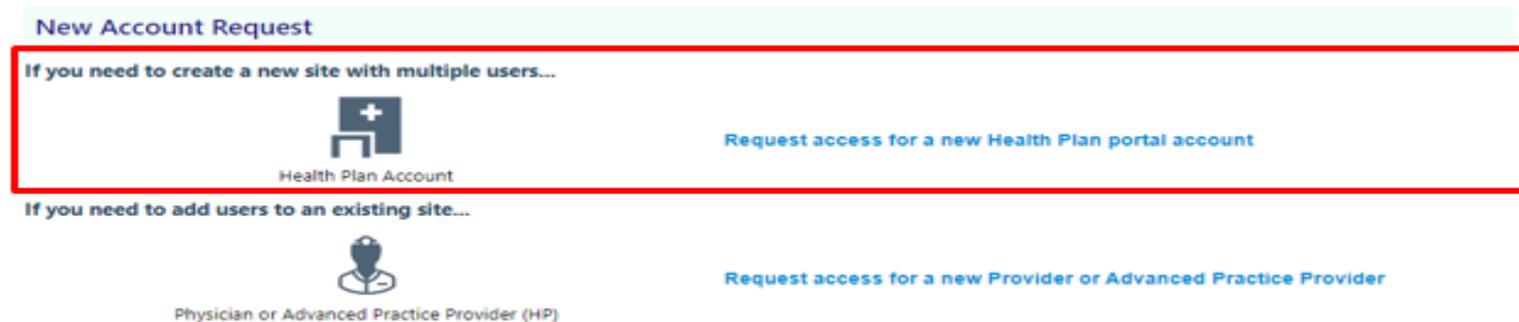
- Once logged in the Site Admin will click on Admin in the toolbar on the homepage
  - Do not submit this request from the Request New Account link on the initial login screen
  - The Site Admin must submit this request using the Admin function



# Adding a New Site



- Select the first option, Health Plan Account



# Site Information

## 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:

# 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

# Select Users Access Type

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](#)

# 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

# User Information

- The Site Admin will add themselves
  - 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**

# User Verification

The Site Administrator will need to verify the User entered.

- Select the User

New Account Request > Health Plan Account > Users

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

Users

+ Add Edit Delete

Name	User Type	NPI	E-mail	Site Administrator
<input checked="" type="radio"/> Test User	Non-Clinical User (HP)		testuser@cookchildrens.org	No

- Select Verification

[← Site Information](#) [→ Verification](#) [✕ Cancel Request](#)

# User Verification

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

**Verification**

**Terms and Conditions:** EpicCare Link: Terms & Conditions of Use  
Cook Children's is committed to protecting the privacy and security of its patients' medical records and other health information. Cook

I agree to the Terms and Conditions above.

**Verification:**  I'm not a robot   
reCAPTCHA  
Privacy - Terms

**Requested by:**

- 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

# Logging In

# Logging In

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**CookChildren's**  
Health Plan

User ID

Password

**LOG IN**

[Forgot password?](#)

[Request New Account](#)

*For login issues, please call the Provider Hotline at 888-243-3312*

# Logging In For The First Time

- Navigate to [cookchp.org](https://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

# 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

<input type="text"/>	<input type="text"/>

### Answers

<input type="text"/>	<input type="text"/>

 You must answer all of the questions you have selected

 Accept and Continue

 Skip

# 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

The screenshot shows a 'User Settings' page with several sections. The 'Challenge Questions' section is highlighted with a red border. The sections and their descriptions are as follows:

- User Settings**
  - Change Password**: Change the password that you use to log in.
  - My Demographics**: Update your demographics.
  - Challenge Questions**: Set challenge questions so that if you forget your password, you can reset it by answering the questions correctly.
  - Reset Additional Authentication**: Set up a new way to get passcodes.
  - Patient Selection Preferences**: Specify the patient selection method that you would like to use by default.
  - Set Default Page**: Choose the page that appears by default when you log in or select a patient.
  - Notification Preferences**: Choose which In Basket message types you would like to receive real-time notifications for.
- Event Monitor Settings**
  - Event Settings**: Manage your Event Monitor settings.
- About**
  - Copyright**: View additional copyrights and legal notices.

# 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

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**CookChildren's**  
Health Plan

User ID

Password

**LOG IN**

[Forgot password?](#)

[Request New Account](#)

*For login issues, please call the Provider Hotline at 888-243-3312*

# Secure Provider Portal Homepage

# Secure Provider Portal Homepage

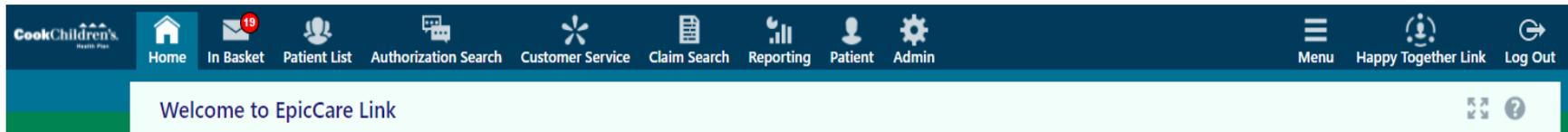
The screenshot displays the Secure Provider Portal Homepage for Cook Children's Health Plan. The interface includes a top navigation bar with icons for Home, In Basket, Patient List, Authorization Search, Customer Service, Claims, Reporting, Patient, and Admin (labeled 1). On the right side of the navigation bar are Menu, Happy Together Link, and Log Out. Below the navigation bar, the text "Welcome to EpicCare Link" is displayed. The main content area features the Cook Children's Health Plan logo on the left. To the right of the logo is a row of four action buttons: Select Patient, Open Chart Review, Create Authorization, and Happy Together Link (labeled 2). Below these buttons are two side-by-side panels. The left panel, titled "Reports" (labeled 3), contains a "Claims Report" link. The right panel, titled "Quick Links" (labeled 4), lists several links: Cook Children's Health Plan Home Page, Provider Directory, Provider Credentialing, Appeals for recoupments due to HHSC retro-eligibility, Availity - Electronic claim submission / ERA, Navitus - Pharmaceutical, Beacon - Behavioral Health, NVA - Vision, Texas Medicaid Fee Schedule, and TMHP Provider Information Management System. At the bottom of the page, there is a row of three news items (labeled 5): "Provider News" with a sub-headline "Stay informed on the latest news from Cook Children's Health Plan." and a "Read more" link; "Provider Portal Training Guide" with a sub-headline "Access our training guide to help navigate our new Provider Portal." and a "Read more" link; and "Attend a Provider Training Webinar" with a sub-headline "Visit our Provider Relations page to register for an upcoming webinar." and a "Read more" link.

# 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

# Navigating in EpicCare Link

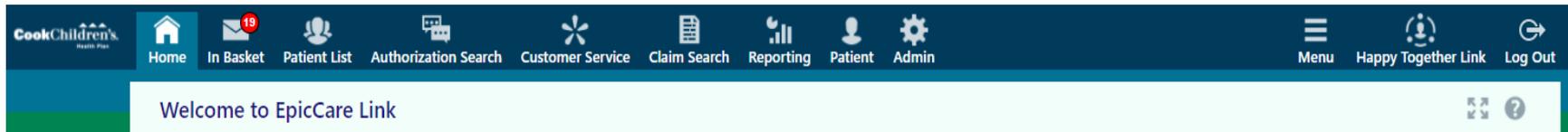
# Navigation Tabs



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.

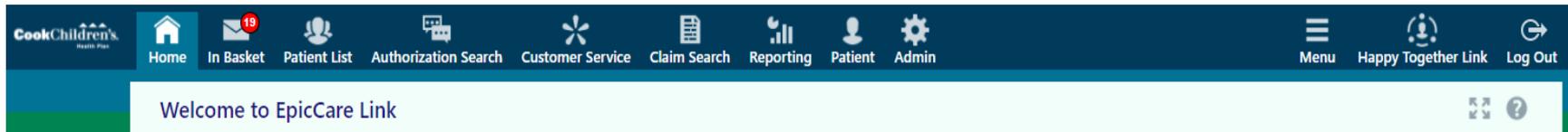
- **Home**
  - Takes you back to the Homepage
- **In Basket**
  - Epic's task management system used to securely send and receive Customer Service messages
- **Patient List**
  - Displays a list of all your patients you have access to based on a claim, authorization, or Primary Care Provider relationship with the patient

# 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

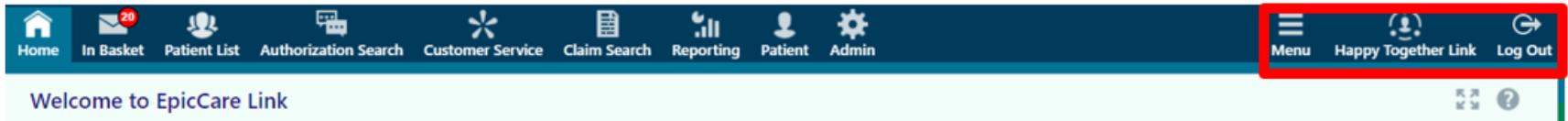
# Reporting

- 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
    - BMI Measurement, Nutrition Counseling, and Physical Activity Counseling
    - Follow-up care for children prescribed ADHD medication
    - Immunizations for Adolescents (IMA)
    - Preventive Care Visits for Adolescents and Young Adults 3 – 21 Years of Age

# Reporting

- CCHP Tapestry Link
  - Claims
  - Disease Management Notification Report
  - Membership
  - 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).

The screenshot displays the EpicCare Link interface. At the top, a dark blue navigation bar contains icons and labels for Home, In Basket (with a red notification badge), Patient List, Authorization Search, Customer Service, Claims, Reporting, Patient, and Admin. On the right side of this bar are icons for Menu, Happy Together Link, and Log Out. Below the navigation bar, the main content area shows a 'Welcome to EpicCare Link' message and the 'Cook Children's Health Plan' logo. A 'Reports' dropdown menu is open, showing 'Claims Report'. A red-bordered box highlights the expanded 'Menu' options, which are organized into columns:

Home	Patient		
<b>Home</b>	<b>Patient</b>	Face Sheet	Authorization by Member
<b>In Basket</b>	SnapShot	Growth Charts	Claim by Member
<b>Patient List</b>	Chart Review	Search Chart	<b>Admin</b>
<b>Authorization Search</b>	Care Everywhere	Assessments	My Groups
<b>Customer Service</b>	Results Review	Care Teams	Account Requests
<b>Claims</b>	Flowsheets	Notes	Site Verification
Claim Search	Allergies	Demographics	
Remittance Advice Search	Problem List	Patient Chart Advisories	Settings
<b>Reporting</b>	Medications	Documents	Secure
Dashboards	External Medications	Coverages & Benefits	
My Reports	Histories	New Authorization	

# 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

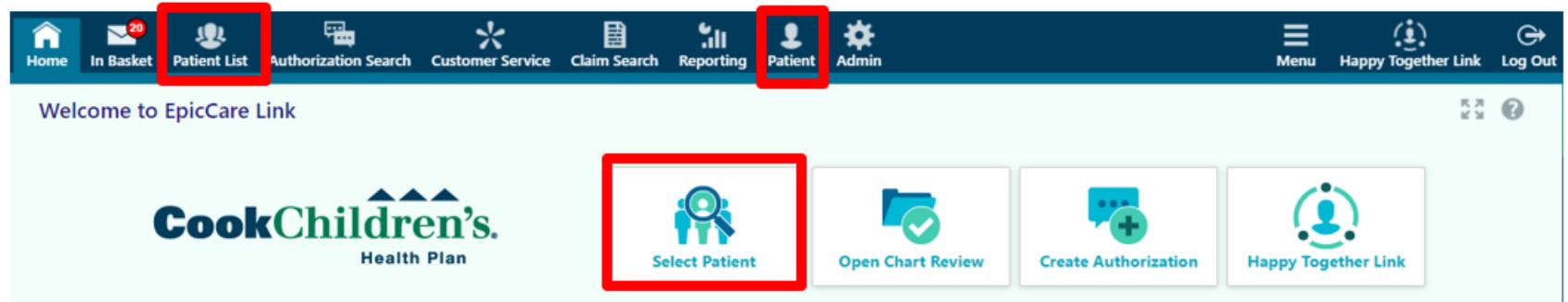
- How to Add a Link account to Happy Together Link
  - Click the **Happy Together Link** speed button from the homepage
    - Open the activity for the first time, Users will see a welcome message with information about how to use Happy Together Link
  - Search for the Organization Name, website name, 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

# Happy Together Link

- 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

# 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





[Additional search criteria](#)
 My Patients

 Recent

Patient Name	MRN	Patient Status	Sex	DOB	Street Address	SSN	Phone
Ambulatory, Abraham	202428	Alive	M	8/5/1956	157 Maple Street, Madison WI 53706	xxx-xx-3071	608-213-5806
Benefits, Chip Fifteen	M2034001	Alive	F	9/14/2005	750 8th Ave, FORT WORTH TX 76104	xxx-xx-8561	817-123-4567
Sai, Cherie	M2033149	Alive	F	4/5/2011	4567 Price Place, FORT WORTH TX 76104	xxx-xx-4900	
Sai, Leigh	M2033160	Alive	F	5/1/2012	1717 Brown Bend, FORT WORTH TX 76104	xxx-xx-6000	214-111-1111
Tapestry, Ayaz	M2033254	Alive	M	12/3/2007		xxx-xx-5456	
Tapestry, Ayaza	M2033322	Alive	M	12/3/2014	555 W ada, FRISCO TX 75033	xxx-xx-3137	
Tapestry, Dan	202571	Alive	M	3/27/2004	9245 COACHMAN DR., DE FOREST WI 53532	xxx-xx-4173	608-778-1233
Tapestry, Testthree	M2032686	Alive	F	1/1/1990	1000 Disney Dr, Fort Worth TX 76177		214-111-1111
Tapestrybenefits, Four Star Adult	M2033654	Alive	F	11/18/1998	750 8th Ave, FORT WORTH TX 76104		
Tapestrybenefits, Three Chip	M2033564	Alive	F	11/18/2014	750 8th ave, FORT WORTH TX 76104		

# Patient Search

**Search My Patients**      **Search All Patients**

Name or MRN

[Additional search criteria](#)

**My Patients**   Recent

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.

# 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  on the main menu

# Viewing Primary Care Patients

Patient List (14 patient records)

Refresh Filter by PCP:

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, PhD
- Physician Epiccare Link, MD
- Steven Reiman
- Tanya Pletin

- 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

 Search My Patients  Search All Patients 

To gain access to a patient/member, fill out either the **Name, DOB, and Sex**, OR the **Medicaid ID + either the Name or DOB**. Enter additional information for a more accurate match.

To comply with the Terms & Conditions of Use, you should only access a medical record as part of your job-related responsibilities. MyCookChildren's patient portal is available and should be used if you want to access your child's medical information.

**Patient Select**

Name (Last, First):  

Sex:   

Birth date (mm/dd/yyyy):   

Last 4 digits of SSN:

Medicaid ID/MRN:  

ZIP Code:

 Search  Clear

# 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**

# Patient Select Confirmation

## 🔍 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.

**Sai, Leigh - M2033160** 

 Born 5/1/2012  
10 y.o. Female

 1717 Brown Bend  
FORT WORTH Texas 76104

SSN: xxx-xx-6000

 214-111-1111 (H)  
903-111-1234 (M)

 CCHPServiceDelivery@cookchildrens.org

---

Reason   

Comment

 Select

# 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
    - You can access the patient by clicking on the Patient Name
    - 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

SnapShot

Chart Review

Care Everywhere

Results Review

Flowsheets



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

**SnapShot**
Chart Review
Care Everywhere
Results Review
Flowsheets
Allergies
Problem List
Medications
Histories
...



**Snoopy Brown**  
Male, 9 y.o., 4/25/2010  
MRN: E3925  
Preferred Language: Spanish

Search Chart

**Physician Epiccare Link, MD**  
PCP - General

**ALLERGIES**

Shellfish Derived

Latex

**Active Treatment/Therapy Plans**

**ACCESS ENDS**  
(Never)

Change patient

**Patient SnapShot**

[Patient SnapShot](#)
[Plan of Care](#)
[Immunizations](#)
[Asthma Action Plan](#)

No other patient care team members

Recipients of Past 8 Communications

Office Visit - 1/6/2020	Physician Epiccare Link, MD	Mail
Office Visit - 10/2/2019	Snoopy Brown	MyChart
Hospital Encounter - 8/8/2019	Physician Epiccare Link, MD	11/6/2019 Mail
Hospital Encounter - 6/6/2019	Tamara Hayward, MD	8/9/2019 In Basket
Hospital Encounter - 4/17/2019	Tamara Hayward, MD	5/15/2019 In Basket
Telephone - 12/14/2018	Tamara Hayward, MD	In Basket
Orders Only - 4/18/2018	Paul S. Thornton, MD	4/18/2018 Fax
Office Visit - 3/13/2017	Snoopy Brown	Pending Mail

**Problem List**

**Hospital**

Abdominal pain

**Non-Hospital**

Encounter for routine child health examination without abnormal findings

Infliximab (Remicade) long-term use

Bilateral intra-abdominal testicle

Anxiety

Mass in neck

ADHD, predominantly inattentive type

Lymphoma malignant, large cell (CMS/HCC)

---

**Medications (Admitted on 12/11/2019)** Prior Authorizations

**Hospital Medications**

acetaminophen (TYLENOL eq.) liquid 10 mg/kg (Dosing Weight) (MAR Hold)

ceFAZolin (ANCEF eq.) 100 mg/ml injection 25 mg/kg (Dosing Weight) (MAR Hold)

morphine 1 mg/mL injection 0.05 mg/kg (Dosing Weight)

**Outpatient Medications**

acetaminophen (TYLENOL) 100 mg/mL solution

albuterol HFA 90 mcg/actuation inhaler

loratadine (CLARITIN) 5 mg/5 mL syrup

methylphenidate ER (CONCERTA) 18 mg 24 hr tablet

---

**Immunizations/Injections**

DTaP 5/22/2016, 4/27/2015

DTaP 5 3/4/2018, 7/12/2017

Influenza Preservative Free 4/11/2017, 3/14/2017

# 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

# Patient SnapShot – Non Clinical View

Demographics						Documents	Coverages & Benefits	New Authorization	Authorization by Member	Claim by Member																																																																						
 <p><b>Snoopy Brown</b> Male, 10 y.o., 4/25/2010 MRN: 203632</p> <p><b>Physician Epiccare Link, MD</b> PCP - General</p> <p><b>ALLERGIES</b> Shellfish Derived Latex</p> <p><b>Active Treatment/Therapy Plans</b></p> <p><b>ACCESS ENDS</b> (Never)</p>						<p>✧ Demographics</p> <p><b>Basic Demographics</b></p> <table border="1"> <tr> <td>Name</td> <td>MRN</td> <td>SSN</td> <td>Sex</td> <td>Date of Birth</td> </tr> <tr> <td>Brown, Snoopy</td> <td>203632</td> <td>xxx-xx-4899</td> <td>Male</td> <td>4/25/2010 (10 yrs)</td> </tr> <tr> <td>Ethnic Group</td> <td>Marital Status</td> <td>Patient Status</td> <td></td> <td></td> </tr> <tr> <td>Not Hispanic/Latino(a)</td> <td>Single</td> <td>Alive</td> <td></td> <td></td> </tr> </table> <p><b>Contact Information</b></p> <table border="1"> <tr> <td>Address</td> <td>Phone</td> <td>E-mail Address</td> </tr> <tr> <td>5678 Charlie Way THIS IS AN EDIT Fort Worth TX 76104</td> <td>817-682-0304 (Home) 817-458-7265 (Work) 817-658-4567 (Mobile)</td> <td>snoopy@gmail.com</td> </tr> </table> <p><b>Additional Info</b></p> <table border="1"> <tr> <td>Preferred Language</td> <td>Interpreter Needed</td> </tr> <tr> <td>English</td> <td>No</td> </tr> </table> <p><b>Patient Ethnicity &amp; Race</b></p> <table border="1"> <tr> <td>Ethnic Group</td> <td>Patient Race</td> </tr> <tr> <td>Not Hispanic/Latino(a)</td> <td>Black or African American</td> </tr> </table> <p><b>PCP and Center</b></p> <table border="1"> <tr> <td>Primary Care Provider</td> <td>Phone</td> <td>Center</td> </tr> <tr> <td>Physician Epiccare Link, MD</td> <td>555-555-5555</td> <td>EHS CLINIC</td> </tr> </table> <p><b>Pharmacy Preferences</b></p> <p>Pharmacy CVS PHARMACY # 2991 - FORT WORTH, TX - 6431 MCCART AVE.</p> <p><b>Employment Information</b></p> <p>Status Not Employed</p> <p><b>Administrative</b></p> <table border="1"> <tr> <td>Signature on File</td> <td>Date Filed</td> </tr> <tr> <td>Yes</td> <td>None on file</td> </tr> <tr> <td>Power of Attorney</td> <td>Date Asked</td> </tr> <tr> <td>No</td> <td>None on file</td> </tr> <tr> <td>Advance Directive</td> <td>Date Asked</td> </tr> <tr> <td>No</td> <td>None on file</td> </tr> </table> <p><b>Patient Contacts</b></p> <table border="1"> <tr> <th>Name</th> <th>Relation</th> <th>Home</th> <th>Work</th> <th>Mobile</th> <th>Preferred Language</th> </tr> <tr> <td>Brown, Diana</td> <td>Mother (Guardian)</td> <td>817-682-0304</td> <td>972-555-2233</td> <td>817-658-4567</td> <td></td> </tr> <tr> <td>Brown Sr, Snoopy</td> <td>Father (Guardian)</td> <td>817-682-0304</td> <td></td> <td>214-433-9686</td> <td></td> </tr> </table> <p><b>Primary Coverage</b></p>					Name	MRN	SSN	Sex	Date of Birth	Brown, Snoopy	203632	xxx-xx-4899	Male	4/25/2010 (10 yrs)	Ethnic Group	Marital Status	Patient Status			Not Hispanic/Latino(a)	Single	Alive			Address	Phone	E-mail Address	5678 Charlie Way THIS IS AN EDIT Fort Worth TX 76104	817-682-0304 (Home) 817-458-7265 (Work) 817-658-4567 (Mobile)	snoopy@gmail.com	Preferred Language	Interpreter Needed	English	No	Ethnic Group	Patient Race	Not Hispanic/Latino(a)	Black or African American	Primary Care Provider	Phone	Center	Physician Epiccare Link, MD	555-555-5555	EHS CLINIC	Signature on File	Date Filed	Yes	None on file	Power of Attorney	Date Asked	No	None on file	Advance Directive	Date Asked	No	None on file	Name	Relation	Home	Work	Mobile	Preferred Language	Brown, Diana	Mother (Guardian)	817-682-0304	972-555-2233	817-658-4567		Brown Sr, Snoopy	Father (Guardian)	817-682-0304		214-433-9686	
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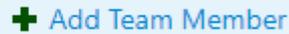
# Care Management

# 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

# Adding a Provider to the Care Team

- Open a Member's chart
- Click **SnapShot**
- Click **Plan of Care**
- Click **Care Team**
- Click  
- 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

# 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

★ Care Teams				
Patient Care Team    + Add PCP    + Add Team Member				
Team Member	Relationship	Specialty	Start Date ▼	End Date
<a href="#">Service Coordinator Serthp</a>	Health Plan Service Coordinator		06/11/2020	<a href="#">End Now</a>

# 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

The screenshot shows a navigation menu with the following structure:

- Chart Review
- Results Review
- Flowsheets
- Allergies
- Problem List
- Assessments** (highlighted)
- ...

Under the **Assessments** menu item, there are three main categories:

- 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** (highlighted with a red box)
  - Assessments** (highlighted with a red box)
  - Care Teams
  - Notes
- Patient Profile**
  - Demographics
  - Patient Chart Advisories
  - Documents
  - Coverages & Benefits
- Authorizations**
  - New Authorization
  - Authorization by Member
- Claims**
  - Claim by Member

# 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 📄

# 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

# 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

The screenshot shows a navigation menu with the following structure:

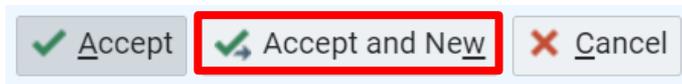
- Chart Review
- Results Review
- Flowsheets
- Allergies
- Problem List
- Assessments** (highlighted with a red box)
- ...

Under the 'Assessments' menu item, there are three main categories:

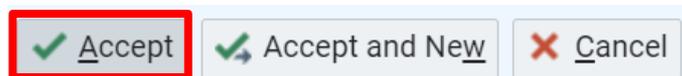
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  - SnapShot
  - Chart Review
  - Care Everywhere
  - Results Review
  - Flowsheets
  - Allergies
  - Problem List
  - Medications
  - External Medications
  - Histories
  - Face Sheet
  - Growth Charts
  - Search Chart
- Care Management**
  - Assessments** (highlighted with a red box)
  - Care Teams
  - Notes
- Patient Profile**
  - Demographics
  - Patient Chart Advisories
  - Documents
  - Coverages & Benefits
- Authorizations**
  - New Authorization
  - Authorization by Member
- Claims**
  - Claim by Member

# 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



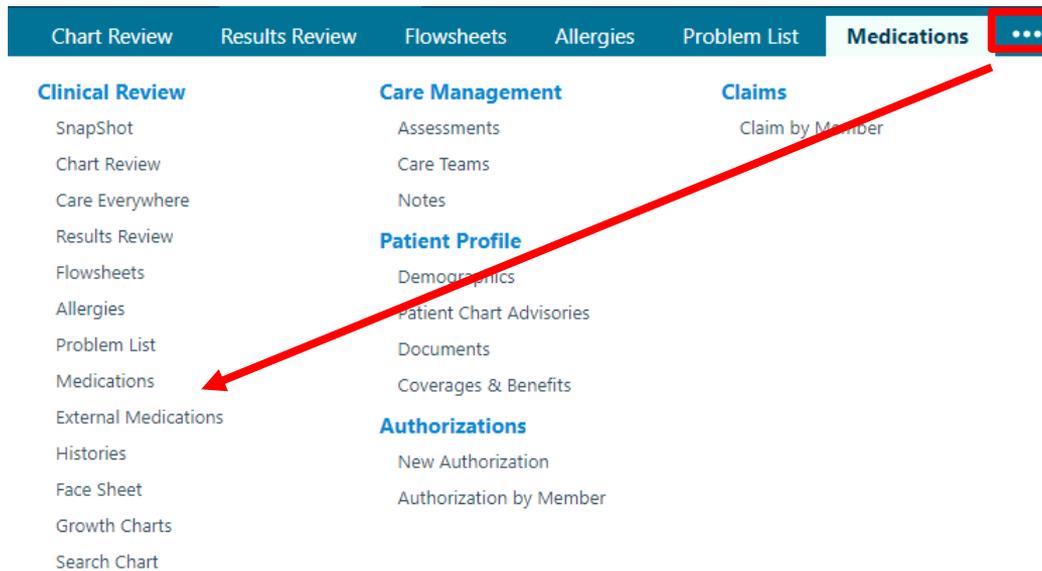
# External and Internal Medication Reports

# 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

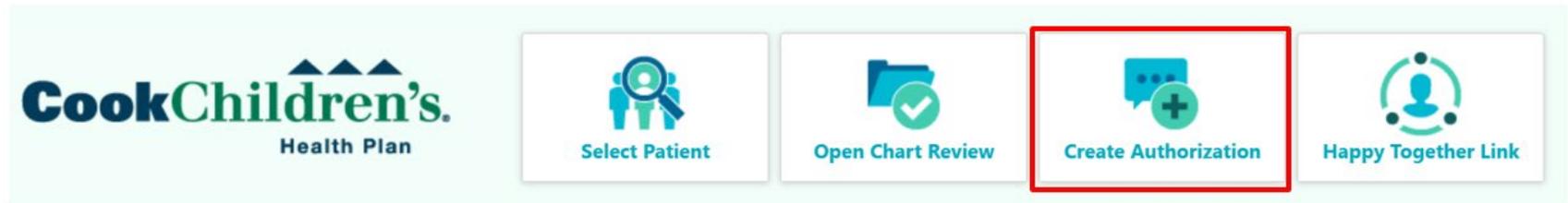
- Select **Medications** or **External Medications**

# 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 hovering over the patient name and clicking **New Authorization**.

The screenshot displays the patient record for Abraham Ambulatory. The interface includes a top navigation bar with icons for Home, In Basket, Patient, Authori..., Custom..., Claim S..., Reporting, Ambula..., Admin, Menu, Happy T..., and Log Out. Below this is a secondary navigation bar with tabs for Snapshot, Chart Review, Care Everywhere, Results Review, Flowsheets, Allergies, Problem List, and Medications. The main content area is divided into several sections: Patient Snapshot, Clinical Review, Care Management, and Claims. The Patient Snapshot section shows the patient's name, age, gender, and MRN, along with a search chart button. The Clinical Review section lists various review types like Snapshot, Chart Review, Care Everywhere, Results Review, Flowsheets, Allergies, Problem List, Medications, External Medications, Histories, Face Sheet, Growth Charts, and Search Chart. The Care Management section includes Assessments, Care Teams, Notes, Patient Profile, Documents, and Coverages & Benefits. The Claims section shows Claim by Member. A red arrow points to the 'New Authorization' option under the Authorizations section.

**Abraham Ambulatory**  
Male, 65 y.o., 8/5/1956  
MRN: 202428

Search Chart

COOK CHILDREN'S HEALTH PLAN  
CHIP / CCHP CHIP 151 TO 186 FPL  
Effective: 12/2/2019  
Rel to Sub: Self  
Member ID: E5663501

PCP: None

ACCESS ENDS  
11/16/2021

**Patient Snapshot**

Patient Snapshot Plan of

**Demographics**

Abraham Ambulatory  
65 year old male  
8/5/1956  
Comm Pref: 📞 📧

**Significant History/D**

Smoking Never Ass  
Smokeless Tobacco Unknown  
Alcohol Not on Fi

**Family Comments**

**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**

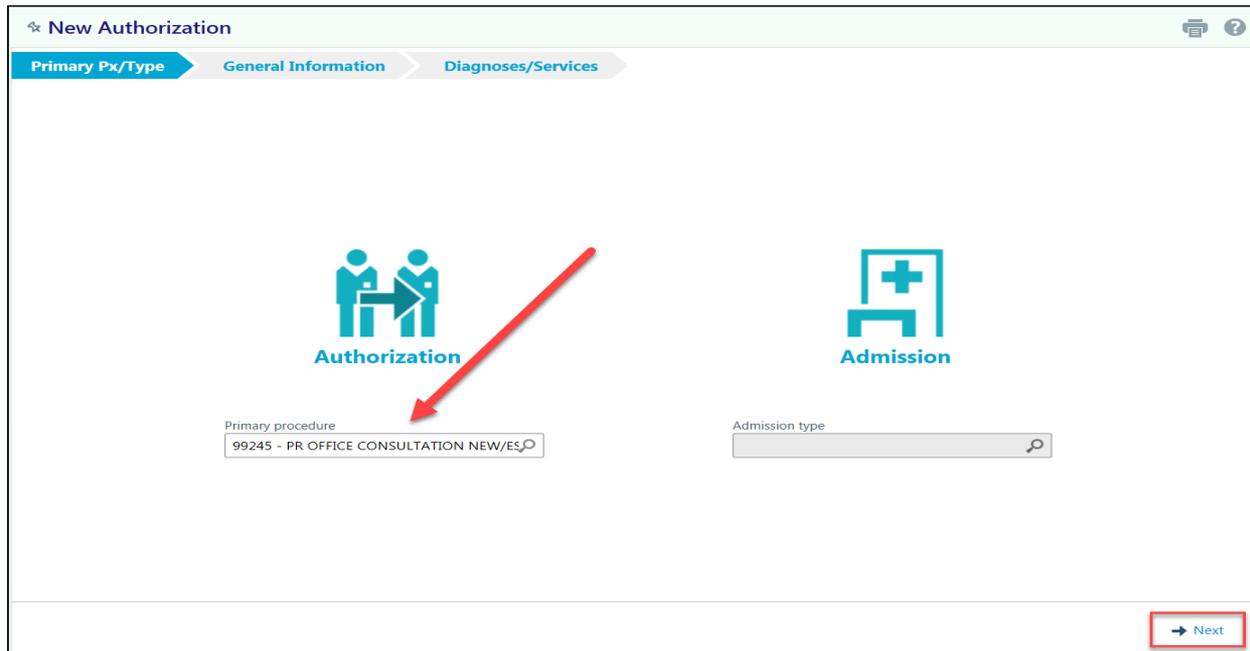
New Authorization  
Authorization by Member

**Claims**

Claim by Member

# 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**.



The screenshot shows a web form titled "New Authorization" with three tabs: "Primary Px/Type", "General Information", and "Diagnoses/Services". The "Primary Px/Type" tab is active. There are two main sections: "Authorization" and "Admission". The "Authorization" section has an icon of two people and a red arrow pointing to a search field labeled "Primary procedure" containing the text "99245 - PR OFFICE CONSULTATION NEW/ES". The "Admission" section has an icon of a hospital building and a search field labeled "Admission type". At the bottom right, there is a "Next" button with a right-pointing arrow, which is highlighted with a red box.

# 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**.

The screenshot shows a web application window titled "New Authorization". At the top, there are three tabs: "Primary Px/Type", "General Information", and "Diagnoses/Services". The "Diagnoses/Services" tab is active. Below the tabs, there are two main sections: "Authorization" and "Admission". The "Authorization" section has an icon of two people and a "Primary procedure" input field. The "Admission" section has an icon of a hospital building and an "Admission type" input field containing "Emergency Services [B6]". A red arrow points from the "Admission" icon to the "Admission type" input field. At the bottom right, there is a "Next" button with a right-pointing arrow, which is highlighted with a red box.

# 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

# General Information Section

**General Information**

**Priority**  
Routine [1]

**Type**  
Consultation [3]

**Class**  
 To Cook Health System  Outside of Cook Health System

**Start date** **Expiration date**  
1/21/2020 1/20/2021

Precertification #  
Authorization #

- 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.

# Authorization Type

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



Type

Consultation [3]

# 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

# 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 

# 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 screenshot shows a form titled "Authorization By" with a speech bubble icon. It contains four search fields:

- Provider:** A dropdown menu with "Other Provider" selected. A red arrow points to this option. Below it, a search result "OGUNMOLA, NICHOLAS A. [350]" is highlighted with a red box.
- Location/POS:** An empty search field.
- Provider address:** A search field containing "GASTROENTEROLOGY FORT WORTH TX 76104".

- 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)

The screenshot shows a form titled "Authorization To" with a back arrow icon. It contains three input fields, each with a search icon on the right and a status icon in the center. The "Provider" field is highlighted with a red border and contains a red exclamation mark icon. The "Location/POS" field contains a yellow warning triangle icon. The "Location/POS type" field contains a red exclamation mark icon.

Field Name	Status Icon
Provider	Red exclamation mark
Location/POS	Yellow warning triangle
Location/POS type	Red exclamation mark

# Provider Search Selection

Provider Search
🖨️ ?

**Search Criteria**

**Search Results: 6 providers found** (Next Level) (All In-Net Levels) (All Providers)

[Map Provider Locations](#)

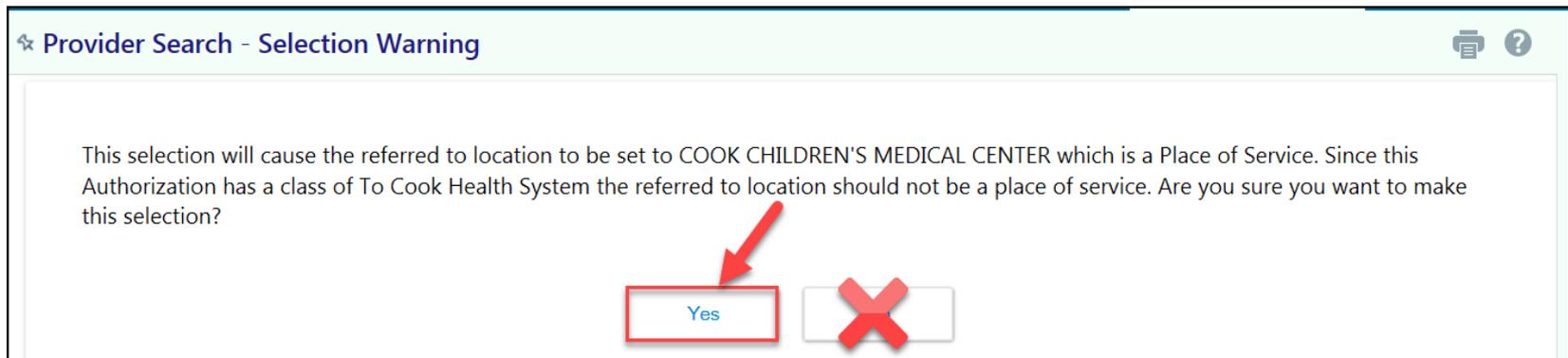
Name	City ▲	State	ZIP	Provider Specialties	Languages	Department Specialties	Location/Place of Service	Location/Place of Service Address
<input type="radio"/> LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	COOK CHILDREN'S MEDICAL CENTER	801 7TH AVE FORT WORTH TX 76104-2733
<input type="radio"/> LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	PEDIATRIC SURGICAL ASSOCIATES OF FT. WORTH, P. A.	901 7TH AVE FORT WORTH TX 76104-2722
<input type="radio"/> LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	CCMC URGENT CARE	10601 NORTH RIVERSIDE DR FORT WORTH TX 76244
<input type="radio"/> LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	PEDIATRIC SURGICAL ASSOCIATES OF FT. WORTH, P. A.	901 7TH AVE FORT WORTH TX 76104-2722
<input type="radio"/> LAUREN C CUNNINGHAM, MD	FORT WORTH	Texas	76104	Otolaryngology		Otolaryngology	Northeast Hospital OP	6316 Precinct Line Rd Hurst TX 76054-2766

# 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**



# 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

Please make a selection

Authorization to location/POS:

**Search Matches:**

%	Number	Name	Type of Loc	Address
88.8%	100106	<a href="#">CARDIOLOGY ARLINGTON</a>	Location	3121 S. CENTER ST ARLINGTON TX 76014-2007
88.8%	100116	<a href="#">CARDIOLOGY ARLINGTON (ESTIMATES ONLY)</a>	Location	3121 South Center Street Arlington TX 76014-2007

# 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**

 **Authorization To**

Provider  
CUNNINGHAM, LAUREN CHRISTINE [4425] 

Location/POS  
COOK CHILDREN'S MEDICAL CENTER [1395] 

Location/POS type  
Office [11] 

[← Back](#) [→ 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 Matches:**

Name
1500 Cooper St Floor 2 Fort Worth TX 76104
ENDOCRINE FORT WORTH TX 76104

# Authorization To Section Complete

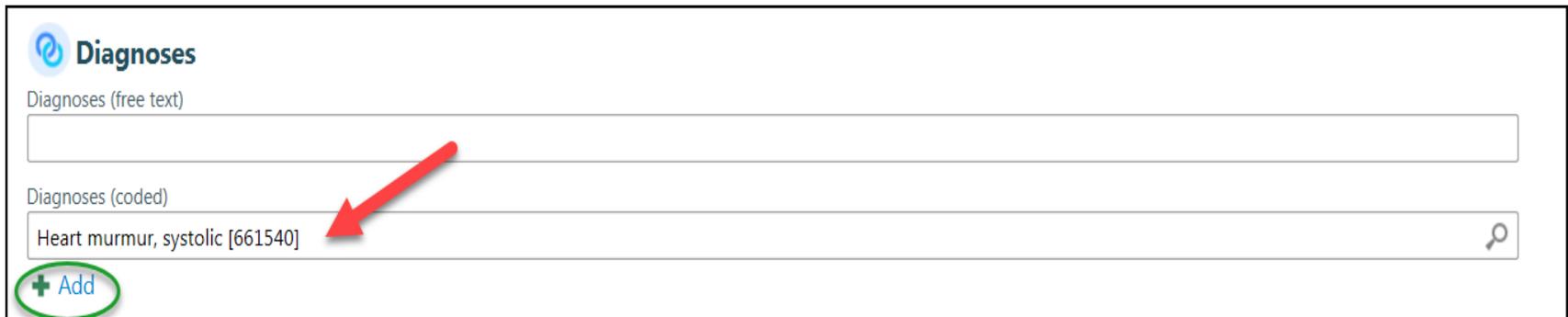
Once the Provider, Location/POS type, and Provider address has been entered the Authorization To section is complete:

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



 **Diagnoses**

Diagnoses (free text)

Diagnoses (coded)


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

# Services Section

- The service code entered at the beginning of the authorization request populates in the Services field
  - To add additional services click 
  - 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

# 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



1

Unit type



+ Add

# Questionnaire

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



## Questionnaire

Authorization Request Type

# 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

# 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

# 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

# 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

**Notes**

Note type  
HP Link Provider Comments [164000125]

Note summary

Attachment

Add file

100.0 MB Total Allowed

← Back   ✓ Request Authorization   ✗ Cancel Request

# Authorization Details

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

- Please make note of the Referral #

## Referral

Referral # 12983

### Patient-Friendly Report

[Display patient-friendly referral report for printing](#)

### Patient Information

Patient Name Tapestry, Dan	Sex Male	DOB 3/27/2010	SSN xxx-xx-4173
-------------------------------	-------------	------------------	--------------------

### Referral Information

Referral # 12983	Creation Date 05/19/2020	Referral Status Pending Review	Status Update <a href="#">05/19/2020: Status History</a>
Status Reason Needs Medical/RN Review	Referral Type Out of Network Office Visit	Referral Reasons Specialty Services Required	Referral Class To Cook Health System
To Specialty none	To Provider William Bryant, MD	To Location/Place of Service none	To Department none
To Vendor none	Referred By Physician Epiccare Link, MD	By Location/Place of Service none	By Department none
Priority Routine	Start Date 05/19/2020	Expiration Date 05/19/2021	Referral Entered By Andrew Rutherford
Visits Requested 1	Visits Authorized	Visits Completed	Visits Scheduled

### Procedure Information

Procedure	Modifiers	Revenue Code	Provider	Requested	Approved	Unit type
99245 (CPT®) - PR OFFICE CONSULTATION NEW/ESTAB PATIENT 80 MIN	None	None		1	1	Visit/Day

### Diagnosis Information

Diagnosis L70.5 (ICD-10-CM) - Acne excoriee
--

# Add Note/Attachments

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



Authorization by Member > Authorization Details

**Add Note/Attachment**

**Referral** Referral # 12983

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

**Patient Information**

Patient Name	Sex	DOB	SSN
Tapestry, Dan	Male	3/27/2010	xxx-xx-4173

**Referral Information**

Referral #	Creation Date	Referral Status	Status Update
12983	05/19/2020	Pending Review	05/19/2020: Status History
Status Reason	Referral Type	Referral Reasons	Referral Class
Needs Medical/RN Review	Out of Network Office Visit	Specialty Services Required	To Cook Health System

- You may also email [CCHPPriorAuthorizations@cookchildrens.org](mailto: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**

The screenshot displays the patient snapshot interface for Abraham Ambulatory. The top navigation bar includes tabs for SnapShot, Chart Review, Care Everywhere, Results Review, Flowsheets, Allergies, Problem List, Medications, and a menu icon (three dots) highlighted with a red box. The main content area is divided into several sections:

- Patient Snapshot:** Includes a search bar, patient name (Abraham Ambulatory), demographics (Male, 65 y.o., 8/5/1956, MRN: 202428), insurance information (COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL), and PCP information (None).
- Demographics:** Shows patient name, age, gender, date of birth, and communication preferences.
- Significant History/D:** Lists smoking status (Never Ass), smokeless tobacco (Unknown), and alcohol use (Not on Fi).
- Family Comments:** Currently shows 'None'.
- Clinical Review:** Lists various review types such as SnapShot, Chart Review, Care Everywhere, Results Review, Flowsheets, Allergies, Problem List, Medications, External Medications, Histories, Face Sheet, Growth Charts, and Search Chart.
- Care Management:** Lists Assessments, Care Teams, and Notes.
- Patient Profile:** Lists Demographics, Patient Chart Advisories, Documents, and Coverages & Benefits.
- Authorizations:** Lists New Authorization and Authorization by Member, with a red arrow pointing to the latter.
- Claims:** Lists Claim 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

✦ Authorization by Member 🖨️ ?

View Option: [Show Active Authorizations](#)  
[Show All Authorizations](#)

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

**Search Results: 2 Authorizations found**

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
<a href="#">10922</a>	AETNA	UZOWULU, OBINNA	CARDIOLOGY ARLINGTON	PEND	01/21/2020	01/20/2021	01/21/2020
<a href="#">10803</a>	AETNA	EPICCARE LINK, PHYSICIAN	DERMATOLOGY FORT WORTH	PEND	01/07/2020	01/06/2021	01/07/2020

- 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
<a href="#">10922</a>	01/21/2020	Pending Review	01/21/2020: <a href="#">Status History</a>

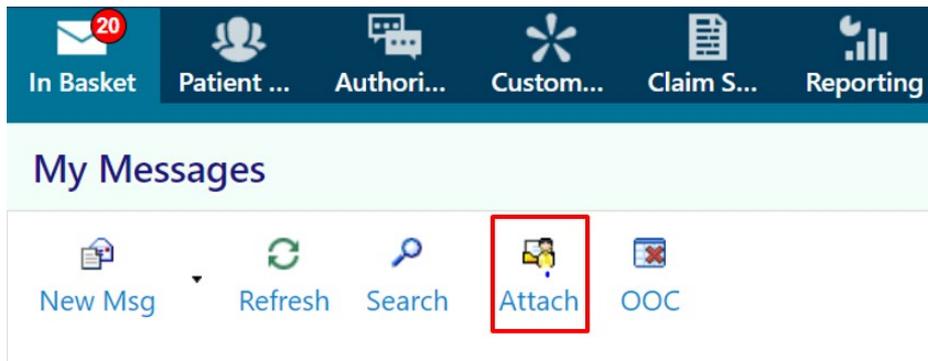
# Authorization Determination

- 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

# 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

In Basket ▸ Grant Access

Attach

Grant the following users access to my In Basket

Grant access to:

# Grant Access

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

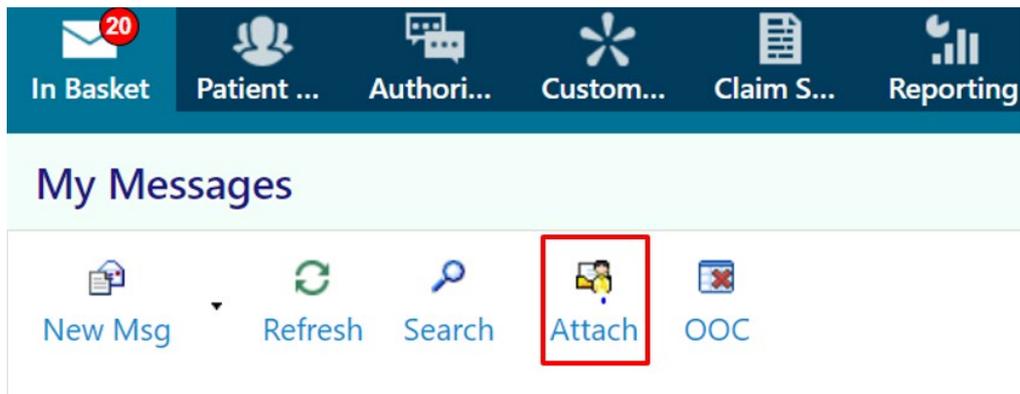
Grant the following users access to my In Basket

Grant access to:

GU, HP TAP LINK GENERIC USER TWO

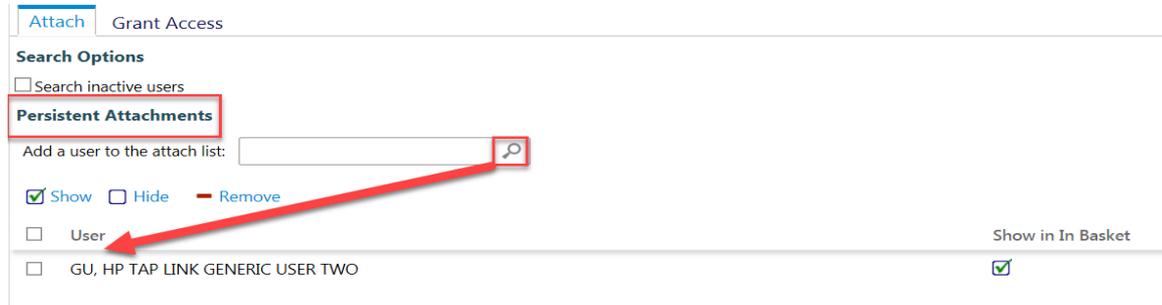
# Attach a Users' In Basket to Yours

- 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**



Attach Grant Access

**Search Options**

Search inactive users

**Persistent Attachments**

Add a user to the attach list:

Show  Hide

<input type="checkbox"/> User	Show in In Basket
<input type="checkbox"/> GU, HP TAP LINK GENERIC USER TWO	<input checked="" type="checkbox"/>

# 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**



The screenshot shows the 'Coverages & Benefits' section of a web application. At the top, there is a header 'Coverages & Benefits' with a star icon on the left and a printer and help icon on the right. Below the header, there is a section titled 'Coverages on File'. To the right of this title, there are two radio buttons: 'View available coverages as of' followed by a date selector showing '10/18/2021' and a calendar icon, and 'View all coverages on file' which is selected and highlighted with a red box. Below the radio buttons, there are two links: 'Benefits Summary' and 'Coverage Detail Report'. A table is displayed below the links with the following columns: 'Payor/Plan', 'Eff. Date', 'Term. Date', 'Member ID', 'Employer Group', and 'Filing Order'. The table contains one row of data: 'COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL', '12/02/2019', an empty cell, 'E5663501', 'CHIP 151 to 186 FPL', and '2'. The first cell of the row is selected with a radio button.

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

# 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

✦ Coverages & Benefits Print ?

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

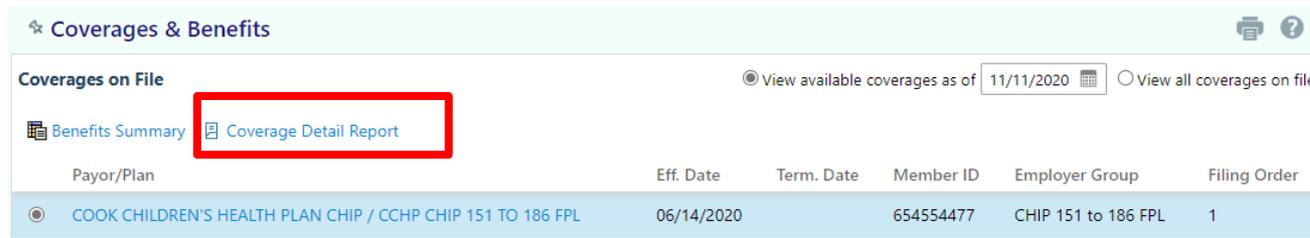
**Benefits Summary** Coverage Detail Report

Payor/Plan	Eff. Date	Term. Date	Member ID	Employer Group	Filing Order
<input checked="" type="radio"/> COOK CHILDREN'S HEALTH PLAN CHIP / CCHP CHIP 151 TO 186 FPL	06/14/2020		654554477	CHIP 151 to 186 FPL	1

- 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



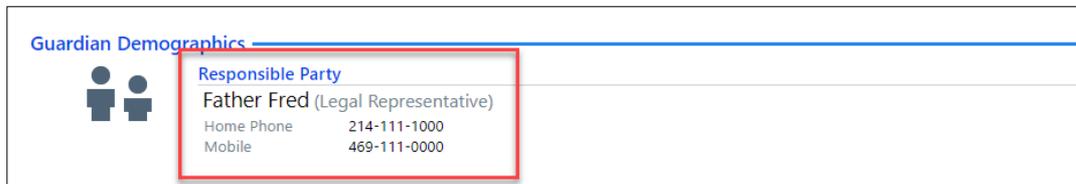
★ Coverages & Benefits

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

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



Guardian Demographics

 **Responsible Party**  
Father Fred (Legal Representative)  
Home Phone 214-111-1000  
Mobile 469-111-0000

# 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] <a href="#">View Carrier's Website</a>	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
<b>Covered</b>	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

# 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

Claim by Member

Claims Inquiry

Search for vendor, tax ID, provider, claim ID...

From date: 10/19/2020 To date: 10/19/2021

Advanced Search

Claim #	CRR #	Svc Frm Dt	Clm Rcv Dt	Status
21092000002		07/17/2021	08/01/2021	Processing
21092000001		07/10/2021	07/20/2021	Processing

# 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

Claim Search 🔍 🖨

12345
Additional Criteria
Submitted ID: 12345
Claim ID: 12345
Check Number: 12345
Member ID: 12345

From date	To date
9/24/2021	10/8/2021

on ID, Submitted ID, or Check Number.

# 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

<a href="#">Claim # ▼</a>	CRR #	Svc Frm Dt	CIm Rcv Dt	Status
<a href="#">99865</a> 		09/11/2020	09/14/2020	Processing
<a href="#">99864</a>		09/06/2020	09/14/2020	Processed
<a href="#">99863</a>		09/13/2020	09/14/2020	Processed

# Claims Status

☆ Claims Inquiry ▶ Claim Details
🖨️ ?

**CMS Claim #4125**

---

**Status**

Denied

---

**Adjudication**

Billed for **\$250.00**

Allowed: \$0.00

Patient Total: - \$0.00

---

**Net Payable: \$0.00**

Interest: + TBD

Penalty: + TBD

---

**Total Payment: ⓘ \$0.00**

**Coverage**

No coverage was used to adjudicate the claim.

**Referrals**

No referral information is available.

**Diagnoses**

#	Code	Diagnosis	Qualifier
1	487	Influenza	

**Billing Info**

Vendor	Place of Service	Provider
FRIO REGIONAL HOSPITAL [1952308132] 200 S I H 35 8303343617 PEARSALL TX 78061	FRIO REGIONAL HOSPITAL 200 S I H 35 PEARSALL TX 78061	Frio Hospital Association [1952308132]  Specialty Clinic/Group Practice
Supervising Provider		
—		

**Claim Codes**

DCR01 - Duplicate Claim - Deny

DEE01 - No Coverage Found - Deny

← Back

# 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](https://www.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 [Availity](#) Portal
  - If you are not an Availity client click on the Register tab
- Call Availity Client Services at 800-282-4548

# 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.

# 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

# Create a Customer Service Request

## New Customer Service Request

Topic:

Summary:

Associated Site:

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

# Create a Customer Service Request

## New Customer Service Request

Topic:

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:

100.0 MB Total Allowed 0 Files 

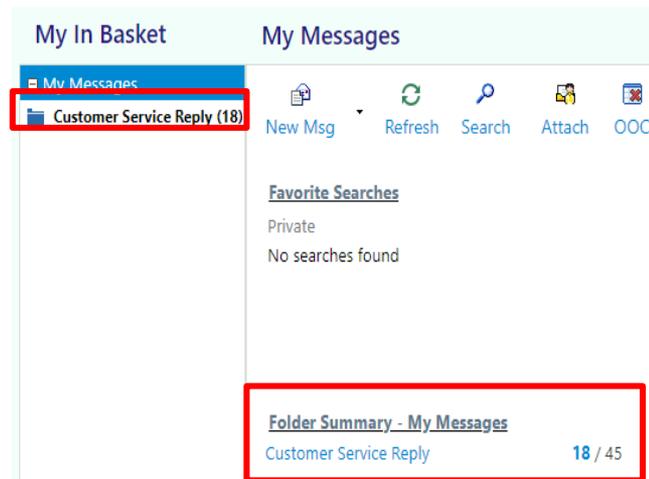
# Customer Service Response

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**

Reply to Customer Service Reply Message

To: TAPESTRY, AP CLAIM EXAMINER  
Subject: RE: Claim Appeal  
Patient: (none)

Priority  
 High  
 Routine  
 Low

Note:

Existing notes (read only):  
----- Message -----  
From: Ap Claim Examiner Tapestry  
Sent: 1/24/2020 9:57 AM CST  
To: Hp Tap Link Generic User Gu  
Subject: Claim Appeal  
Your claim appeal has been received and is currently being reviewed.

Send Message Cancel

# 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
    - Topic: Technical Assistance
    - 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.

# Password Resets

- If a User is unable to correctly answer the challenge questions
  - The User must email [CCHPNetworkDevelopment@cookchildrens.org](mailto: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