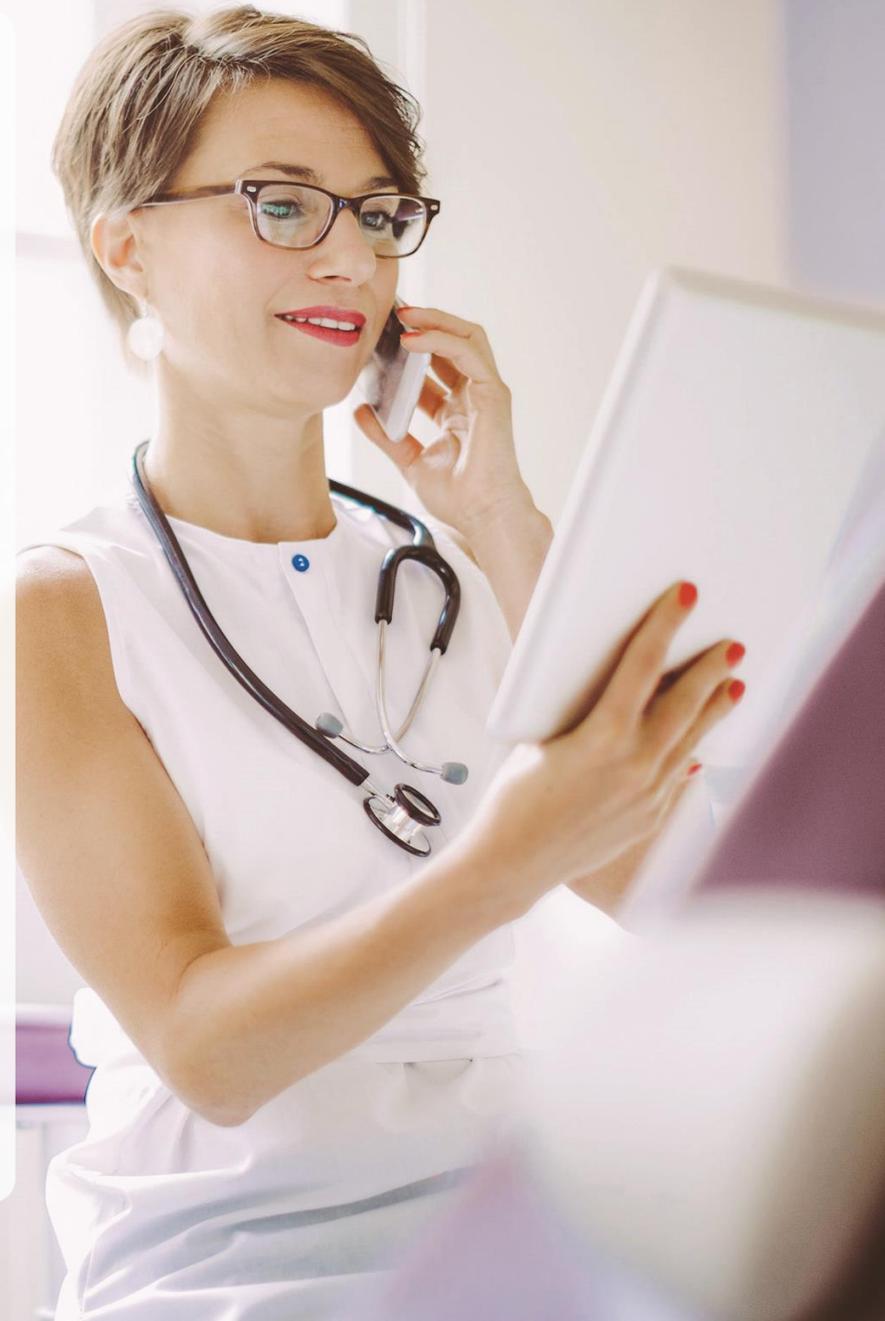




Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

Availity appeals and Interactive Care Reviewer

2020 Indiana Health Coverage
Programs roadshow



Agenda

Availity* appeals

- How to submit an appeal
- How to filter authorization requests

Interactive Care Reviewer (ICR)

- Submitting a request for prior authorization
- Viewing a decision
- Inquiry feature
- Updating a request
- Behavioral health submission

Important information

It is a violation of *HIPAA* regulations to share credentials to a system that contains personally identifiable information (PII)/personal health information (PHI). Please do not share an Availity user ID with others.

Information exchange and access

- When you use the Availity Portal, results and data come from payer systems. Results can vary by payer, plan, product, member and user permissions.

Compliance

- In training, screen images and demonstrations are from a demo environment containing preloaded generic, de-identified information.

Access

- Your organization's Availity administrator sets up your user ID and assigns permissions.

Important information (cont.)

Supported internet browsers

- Google Chrome
- Mozilla Firefox®
- Internet Explorer 11®
- Safari

Clear your temporary internet files often.

Allow pop-up windows:

- apps.availity.com
- <https://www.availity.com>
- <https://availitylearning.learnupon.com>
- Any third-party websites accessed from the Availity Portal such as a payer's website

Note: Also allow JavaScript and allow images to load automatically.

Appeals definition

A dispute begins when a provider is dissatisfied with a payer's decision on a claim.

This process includes two steps:

- Reconsideration
- Claim payment appeal

Permission requirements

To use the appeals application, your organization's Availity administrator must assign the Claim Status role to your user account.

Contact your administrator(s) to get more or different permissions.

In My Account Dashboard, select **My Administrators** to find administrators for your business.

My Account page

My Account page is all about the user and the organization. Use it to:

- Change the avatar.
- Update user information.
- Find organization administrator information.
- Manage support tickets.
- Set up a learning plan.
- Check claim status.
- Follow up.

Organization administrators can also manage business and team information.

PARITAL EXAMPLE OF MY ACCOUNT DASHBOARD

The screenshot displays the 'My Account' dashboard for a user named Michelle Mabelle. The interface includes a top navigation bar with links for Home, Notifications, My Favorites, and various system functions like Patient Registration and Claims & Payments. The main content area is divided into several sections: 'About Me' with options for My Avatar, My Password and Security, My Administrators, and My Info; 'My Business' showing details for 'TEST - Demo Org - Provider' including Customer ID and Application ID; 'My Training' with a list of courses like 'Complimentary & Premium Training Courses' and 'HIPAA Training Courses'; 'My Tickets' indicating no recent support tickets; 'My Enrollments' with an Enrollments Center link; and 'My Team' featuring a pie chart showing active and locked team members.

Demonstration

1. Select **Claims and Payments**.
2. Select **Claim Status Remittance Inquiry**.

The screenshot displays the Availity web application interface. At the top, the navigation bar includes the Availity logo, Home, Notifications (2), My Favorites, Help & Training, Marty's Account, and Logout. Below the navigation bar, the main menu is visible, with 'Claims & Payments' selected and highlighted. A red circle with the number '1' is placed over the 'Claims & Payments' menu item. The main content area is divided into several sections: 'Claim Status & Payments', 'Claims', 'Manage File Transfers', and 'Patient Payments'. The 'Claim Status & Payments' section is expanded, showing a list of tools: 'Claim Status Inquiry' (CS), 'Claim Status and Remittance Inquiry' (CS), 'Remittance Viewer' (RV), 'Claim Reconciliation Tool' (CRT), and 'Appeals' (A). A red circle with the number '2' is placed over the 'Claim Status and Remittance Inquiry' tool. The 'Claims' section includes 'Professional Claim' (PC), 'Facility Claim' (FC), 'Medical Attachments' (MA), 'Secure Messaging' (SM), and 'Attachments - New' (MA). The 'Manage File Transfers' section includes 'Send and Receive EDI Files' (EDI), 'File Restore' (FR), 'EDI Reporting Preferences' (EDI), and 'FTP and EDI Connection Services' (FTP). The 'Patient Payments' section includes 'Collect Payment' (CP), 'Pre-Authorization Forms' (PAF), 'Card on File' (CF), and 'Payments Administration' (PA). A notification center on the left side of the screen shows messages from Florida Blue providers and reminders about quarterly submissions and new reports. At the bottom of the screen, there is a footer with the BlueCross logo and other navigation icons.

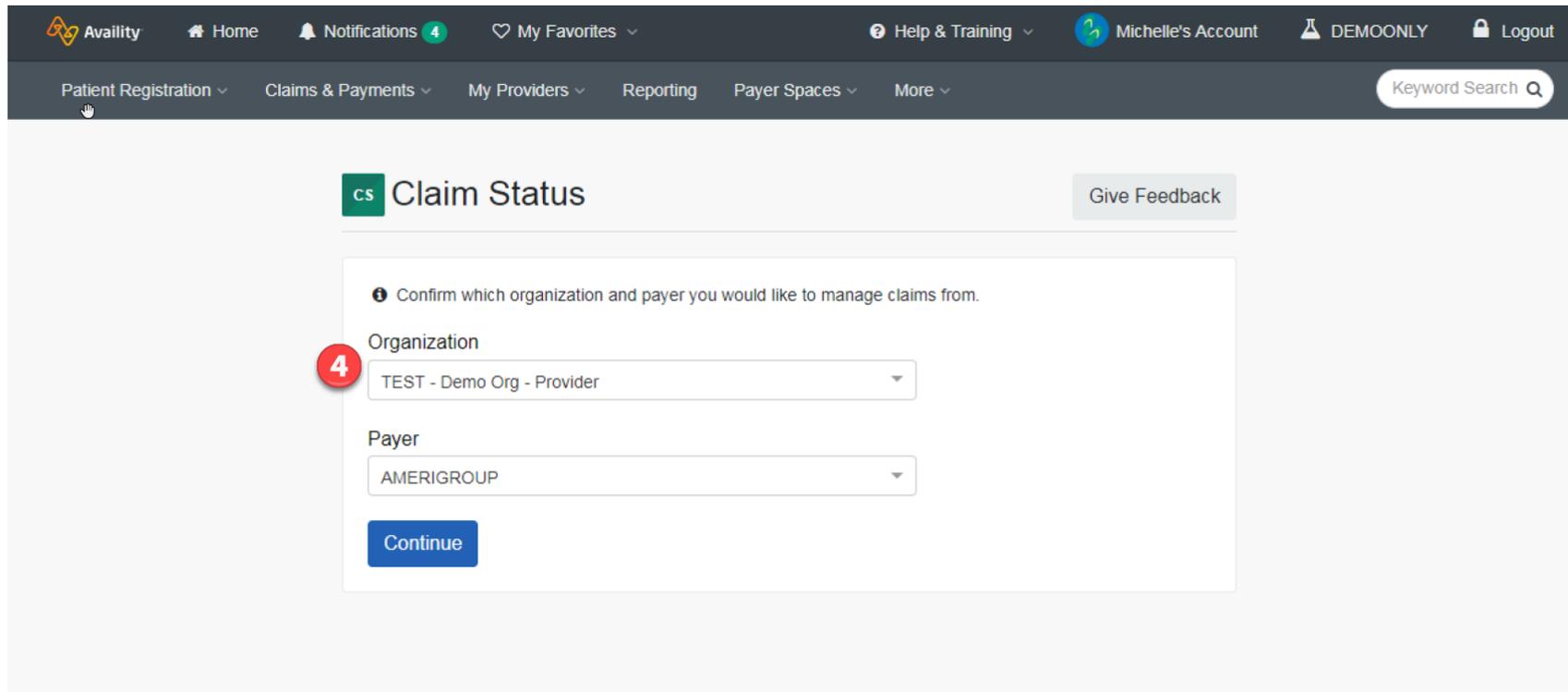
Demonstration (cont.)

3. Select Claim Status.

The screenshot displays the Availity web application interface. At the top, there is a navigation bar with the Availity logo and several menu items: Home, Notifications (with a green badge showing '2'), My Favorites, Help & Training, Marty's Account, and Logout. Below this is a secondary navigation bar with links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search field. The main content area is titled 'Claim Status & Remittance Inquiry' with a 'Give Feedback' button. Underneath, there is a section for 'Multi-payer Claim Status Inquiry & Remittance' containing two main options: 'Claim Status' (with a green 'CS' icon and a red circle with the number '3') and 'Remittance Viewer' (with a green 'RV' icon). Both options have a heart icon for favoriting.

Demonstration (cont.)

4. Select the drop down, then select your organization and payer.

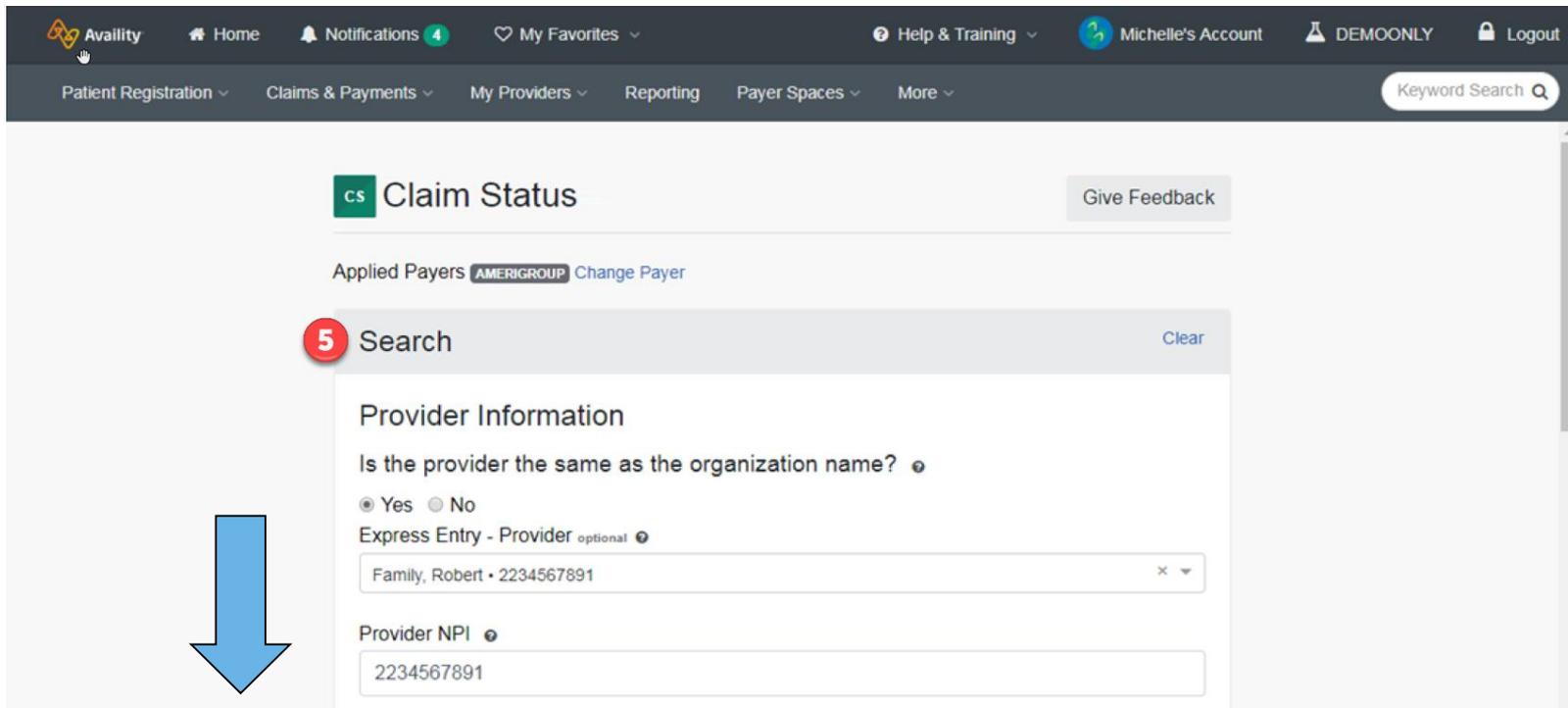


The screenshot shows the Avallity web application interface. The top navigation bar includes the Avallity logo, Home, Notifications (with a 4 badge), My Favorites, Help & Training, Michelle's Account, DEMOONLY, and Logout. Below the navigation bar is a secondary menu with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A Keyword Search box is located on the right side of the secondary menu.

The main content area displays the "Claim Status" page. The page title is "cs Claim Status" with a "Give Feedback" button. Below the title is a form titled "Confirm which organization and payer you would like to manage claims from." The form contains two dropdown menus: "Organization" (selected: TEST - Demo Org - Provider) and "Payer" (selected: AMERIGROUP). A red circle with the number "4" is positioned to the left of the Organization dropdown. A blue "Continue" button is located below the Payer dropdown.

Demonstration (cont.)

5. Fill out the required fields on this form.



The screenshot displays the Avallity web application interface. The top navigation bar includes the Avallity logo, Home, Notifications (4), My Favorites, Help & Training, Michelle's Account, DEMOONLY, and Logout. Below the navigation bar, there are menu items for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search field.

The main content area shows the "Claim Status" section with a "Give Feedback" button. Underneath, it indicates "Applied Payers: AMERIGROUP" with a "Change Payer" link. A red circle with the number "5" highlights the "Search" section, which contains a "Clear" button. The "Search" section is expanded to show the "Provider Information" form. A blue arrow points to the "Search" section.

5 Search Clear

Provider Information

Is the provider the same as the organization name? ⓘ

Yes No

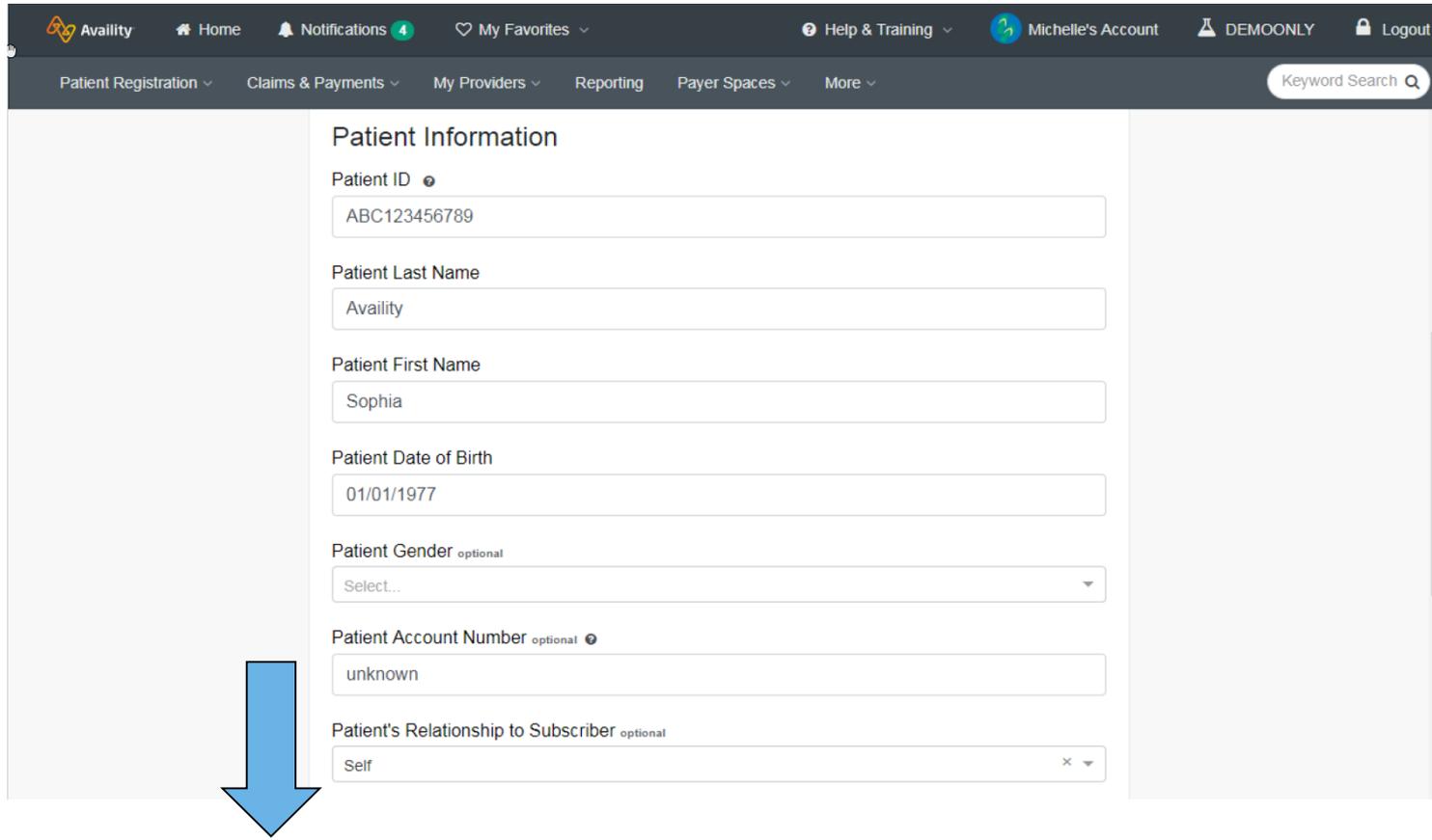
Express Entry - Provider optional ⓘ

Family, Robert • 2234567891 × ▼

Provider NPI ⓘ

2234567891

Demonstration (cont.)



The screenshot shows the Availity web application interface. The top navigation bar includes the Availity logo, Home, Notifications (4), My Favorites, Help & Training, Michelle's Account, DEMOONLY, and Logout. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search field. The main content area is titled "Patient Information" and contains several form fields:

- Patient ID: ABC123456789
- Patient Last Name: Availity
- Patient First Name: Sophia
- Patient Date of Birth: 01/01/1977
- Patient Gender (optional): Select...
- Patient Account Number (optional): unknown
- Patient's Relationship to Subscriber (optional): Self

A large blue arrow points to the "Patient's Relationship to Subscriber" field.

Demonstration (cont.)

The screenshot shows the Availity web application interface. The top navigation bar includes the Availity logo, Home, Notifications (with a green indicator), My Favorites, Help & Training, Michelle's Account, DEMOONLY, and Logout. Below this is a secondary navigation bar with links for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search box. The main content area displays a form with the following fields:

- Patient Account Number** (optional): A text input field containing the value "unknown".
- Patient's Relationship to Subscriber** (optional): A dropdown menu with "Self" selected.
- Claim Information** section:
 - Date Range**: A date range selector showing "05/16/2018" to "05/16/2018" with a calendar icon.
 - Claim Number** (optional): An empty text input field.
 - Claim Amount** (optional): A text input field containing the value "0".
 - Institutional Bill Type** (optional): An empty text input field.

At the bottom of the form is a dark grey **Submit** button.

After all required fields are completed, click **Submit.**

Demonstration (cont.)

6. Select Dispute Claim.

The screenshot shows the Availity web application interface. The top navigation bar includes the Availity logo, Home, Notifications (4), My Favorites, Help & Training, Michelle's Account, and Logout. Below the navigation bar are menu items for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More, along with a Keyword Search field.

The main content area is titled "Claim Status" and includes buttons for "Give Feedback" and "New Request". The transaction ID is 423508004, dated August 9th, 2018, at 12:07 pm.

The subscriber information is AVAILITY, SOPHIA. The patient ID is ABC123456789, and the provider is JAMES MATERNITY. The patient's DOB is 03/01/1961, and the provider ID is 1234567893. A PAYER LOGO is also displayed.

The claim details for Claim 123456 (Processed 04/14/2012) are as follows:

Check Number	000012345	Billed	\$118.50
Check Date	04/14/2012	Paid	\$15.36
Patient Account #	12345678		

The status as of 04/13/2012 is FINALIZED. The adjudication cycle has completed, and the claim has been processed according to contract provisions. The entity is the Provider.

Additional claim details include:

Dates	04/03/2012 - 04/03/2012	Billed	\$77.50	Coinsurance ¹	N/A	Paid	\$5.73
Procedure Code	82043	Allowed ¹	N/A	Copay ¹	N/A		

A red circle with the number 6 highlights the "Dispute claim" link.

Demonstration (cont.)

7. You will see a claim pop up. Select **Go to Appeals**.

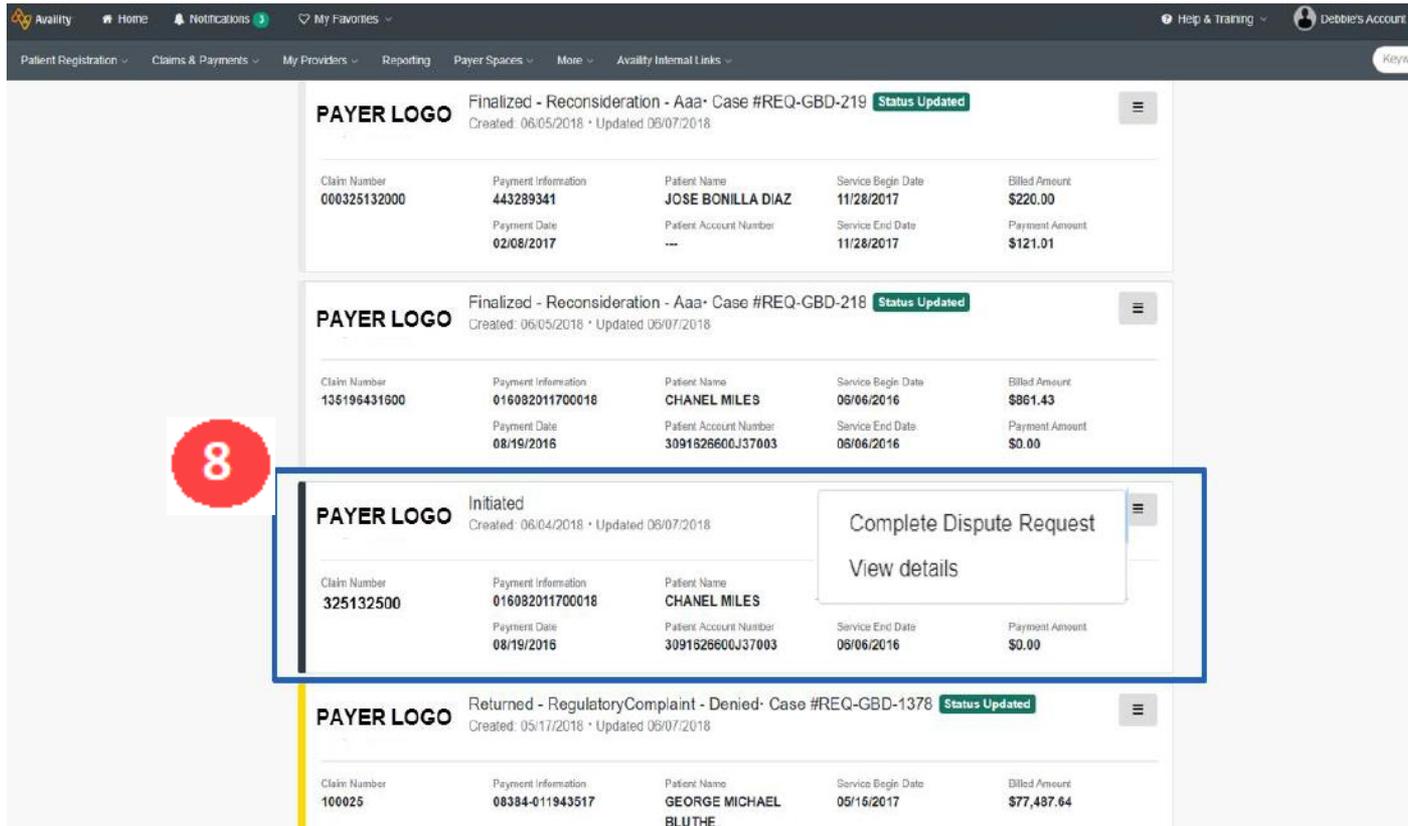
The screenshot displays a web application interface for a user named Michelle. The top navigation bar includes links for Home, Notifications (4), My Favorites, Help & Training, Michelle's Account, and Logout. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the navigation bar.

The main content area is titled "Claim Status" and features a "Give Feedback" link and a "New Request" button. A pop-up notification is centered on the screen, titled "Claim 325132500 successfully added to your worklist". The notification contains the following text: "Look for this request in your worklist to complete and send it to the payer. You can review your status of your appeals from your worklist." Below this text, it specifies "Claim: 325132500" and "Status: Initiated". A red circle with the number "7" is overlaid on the notification. At the bottom of the notification are "Close" and "Go to Appeals" buttons.

In the background, the "Claim Status" page shows details for a claim with Patient ID ABC123456789 and DOB 03/01/1961. The claim is for AVAILITY, SOPHIA S. The status is "FINALIZED" and was processed on 04/14/2012. The billed amount is \$118.50 and the paid amount is \$15.36. The patient account number is 12345678. The status as of 04/13/2012 is "Finalized". The adjudication cycle is complete, and the claim was processed according to contract provisions. The entity is the Provider. The dates are 04/03/2012 - 04/03/2012, billed \$77.50, and allowed \$5.73. The procedure code is 82043, and the coinsurance and copay are N/A.

Demonstration (cont.)

- When you locate your claim in your workgroup, select the box with the three lines, then select **Complete Dispute Request**.



The screenshot displays the Avelity web application interface. The top navigation bar includes 'Avelity', 'Home', 'Notifications', 'My Favorites', 'Help & Training', and 'Debbie's Account'. Below the navigation bar, there are several tabs: 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', 'More', and 'Avelity Internal Links'. The main content area shows a list of claims. The third claim is highlighted with a blue box, and a red circle with the number 8 is placed over it. A dropdown menu is open for the highlighted claim, showing 'Complete Dispute Request' and 'View details' options.

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
000325132000	443289341	JOSE BONILLA DIAZ	11/28/2017	\$220.00
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	02/08/2017	---	11/28/2017	\$121.01

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
135196431600	016082011700018	CHANEL MILES	06/06/2016	\$861.43
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091526600J37003	06/06/2016	\$0.00

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
325132500	016082011700018	CHANEL MILES	06/06/2016	\$0.00
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091526600J37003	06/06/2016	\$0.00

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
100025	08384-011943517	GEORGE MICHAEL BLUTHE	05/16/2017	\$77,487.64

Demonstration (cont.)

9. Complete your dispute request and select **Submit**.

Complete Dispute Request Claim# [REDACTED]

This Amerigroup dispute was initiated on 02/14/2019

Request Reason
Select Reason

Please explain the supporting rationale for your request

02/2000

This issue has impacted claims for other members. Please re-evaluate claims on file.

This issue has impacted additional claims for this member. Please re-evaluate claims on file.

Contact Information
Web

Upload Supporting Documentation

IMPORTANT: Individual file size can not exceed 50MB.
Supported file types include MS Word, MS Excel, .jpg, .pdf, .tif, .txt, and .csv.
NOTE: File names cannot contain spaces or special characters with the exception of "_" and "-".

➔ Add File

Cancel Submit Request

9

Demonstration (cont.)

Complete Dispute Request Claim#: 12345678

This Amerigroup dispute was initiated on 03/07/2019

Request Reason
Claim Payment Issue

Please explain the supporting rationale for your request
Here is a detailed explanation of why I am disputing the amount paid on this claim.

This issue has impacted claims for other members. Please re-evaluate claims on file.
 This issue has impacted additional claims for this member. Please re-evaluate claims on file.

Contact Information
Web

Upload Supporting Documentation
IMPORTANT: Individual file size can not exceed 50MB.
Supported file types include MS Word, MS Excel, .jpg, .pdf, .tif, .txt, and .csv.
NOTE: File names cannot contain spaces or special characters with the exception of "_" and "-".

Your request does not contain supporting documentation that may be needed for processing.

I understand that by submitting this dispute without attachments it may delay processing.

Claim Number	Payment Info	Payment Date	Status	Billed Amount	Payment Amount
000325132000	44328934	02/08/2017	Finalized - F	\$220.00	\$121.01
135196431600	016082011	08/19/2016	Finalized - F	\$881.43	\$0.00
325132500	016082011	08/19/2016	Initiated - Re		
100025	08384-011		Returned - F	\$77,487.64	

Demonstration (cont.)

The screenshot displays the Avelity web application interface. At the top, there is a navigation bar with links for Home, Notifications, My Favorites, Help & Training, and the user's account (Debbie's Account). Below the navigation bar, there are tabs for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area shows a list of claims. A modal window is open in the center, displaying a success message: "Success" with a green checkmark icon. The message text reads: "Your request was successfully sent to the payer and the current request status can be found in your worklist for processing. Please allow up to 30 business days." The modal has "Close" and "View Details" buttons. The background shows three claim entries, each with a "PAYER LOGO" header and a "Status Updated" badge. The first claim is "Finalized - Reconsideration - Aaa- Case #REQ-GBD-219" with claim number 000325132000. The second claim is "Returned - RegulatoryComplaint - Denied- Case #REQ-GBD-1378" with claim number 100025. The third claim is partially visible with claim number 325132500. A table of payment information is visible for the third claim.

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
325132500	016082011700018	CHANEL MILES	06/06/2016	\$861.43
	08/19/2016	3091626600J37003	06/06/2016	\$0.00

Demonstration (cont.)

Avality Home Notifications 3 My Favorites Help & Training Michelle's Account

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword

Home > Appeals Need Help? Watch a demo for Appeals

A Appeals Give Feedback

Filter

« Prev 1 2 3 4 5 6 7 8 Next »

PAYER LOGO Submitted - Reconsideration - InProgress- Case #REQ-GBD-246 **Status Updated**
Created: 06/06/2018 · Updated 06/07/2018

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
135196431700	016082011700018	CHANEL MILES	06/08/2016	\$3,772.66
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091820500J37003	06/08/2016	\$0.00

PAYER LOGO Finalized - Reconsideration - Approved- Case #REQ-GBD-1678 **Status Updated**
Created: 05/31/2018 · Updated 06/07/2018

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
135196431600	016082011700018	CHANEL MILES	06/06/2016	\$861.43
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091626600J37003	06/06/2016	\$0.00

Demonstration (cont.)

View Details



PAYER LOGO		INITIATED			☰
		Created: 01/10/2018 · Updated 01/30/2018			
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount	
325132600	08384-011943517	Jose Bonilla Diaz	12/28/2017	\$50.00	
	Payment Date	Policy Number	Service End Date	Payment Amount	
	10/11/2017	126473467011	12/28/2017	\$50.00	

PAYER LOGO		SUBMITTED - DISPUTE · Case #877364372443			☰
		Created: 05/18/2018 · Updated 05/31/2018			
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount	
10009	78867587685	Budapest Hungary	05/12/2017	\$34428.65	
	Payment Date	Policy Number	Service End Date	Payment Amount	
	10/11/2017	12647346709	05/15/2017	\$34428.65	

PAYER LOGO		Finalized - Reconsideration - Approved · Case #REQ-GBD-235			Status Updated	☰
		Created: 05/18/2018 · Updated 06/07/2018				
Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount		
10006	08384-011943517	Oslo Norway	05/15/2017	\$77,487.64		
	Payment Date	Patient Account Number	Service End Date	Payment Amount		
	10/11/2017	12647346706	05/15/2017	\$34,428.65		

Demonstration (cont.)

The screenshot displays the Avallity web application interface. At the top, there is a navigation bar with the Avallity logo, Home, Notifications (3), My Favorites, Help & Training, and Michelle's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area shows a breadcrumb trail for Home > Appeals and a link to Watch a demo for Appeals. A section header for Appeals is followed by a Filter button and a pagination control showing page 1 of 8. Two case cards are displayed, each with a PAYER LOGO, status, and case number. The first card is for Case #REQ-GBD-23, and the second is for Case #REQ-GBD-246, which has a 'Status Updated' badge. Each card contains a table of key information.

Home > Appeals Need Help? Watch a demo for Appeals

Appeals Give Feedback

Filter

« Prev 1 2 3 4 5 6 7 8 Next

PAYER LOGO Submitted - Reconsideration - InProgress - Case #REQ-GBD-23
Created: 01/10/2018 • Updated: 01/30/2018 View details

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
325132500	08384-011943517	Jose Bonilla Diaz	12/28/2017	\$50.00
	Payment Date	Policy Number	Service End Date	Payment Amount
	10/11/2017	126473467011	12/28/2017	\$50.00

PAYER LOGO Submitted - Reconsideration - InProgress - Case #REQ-GBD-246 Status Updated
Created: 06/06/2018 • Updated: 06/07/2018

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
135196431700	019082011700018	CHANEL MILES	06/08/2016	\$3,772.65
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091820500J37003	06/08/2016	\$0.00

Demonstration (cont.)

The screenshot displays the Availity web application interface. At the top, there is a navigation bar with the Availity logo, Home, Notifications (3), My Favorites, Help & Training, and Michelle's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is visible on the right side of this bar.

The main content area shows the breadcrumb "Home > Appeals" and a link to "Need Help? Watch a demo for Appeals". A green "A" icon is next to the "Appeals" heading, and a "Give Feedback" button is on the right.

A "Filter" button is located on the left side of the main content area.

The central focus is a card for a specific appeal case: "Submitted - Reconsideration - InProgress- Case #REQ-GBD-250" with a "Status Updated" badge. It was created on 06/04/2018 and updated on 06/08/2018. The card contains a table with the following data:

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
325132500	016082011700018		06/06/2016	\$50.00
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	10/11/2017	3091626600J37003	06/06/2016	\$0.00

Below the table, the "Dispute Request Reason" is "Claim Payment issue". The "Message to Payer" is "payment incorrect". Other fields include "Tracking Id" (REQ-GBD-250), "Other Claim Numbers", and "Subscriber ID" (975246022).

At the bottom of the card, there is an "ATTACHMENTS" section.

Demonstration (cont.)

Availity **Notifications 4** **My Favorites** **Help & Training** **Michelle's Account** **DEMOONLY** **Logout**

Patient Registration **Claims & Payments** **My Providers** **Reporting** **Payer Spaces** **More**

Notification Center

- Don't let errors in your provider information stop patients from finding you.** 10/25/2018 2:06 am
Let us know whether your providers or locations have changed - or not. [Take Action](#)
- provider directory - We have not received your Q4 verified information. Please submit!** 10/22/2018 2:23 am
Quarterly submissions build trust with patients that your information is correct and reliable. [Take Action](#)
- An appeal request you submitted was finalized by the health plan** 10/3/2018 10:48 am
Review the details of the decision in your appeals queue.

Showing 3 of 4 [View All](#)

Messaging

Unread
Pending
Recently Resolved

My Account Dashboard

- My Account
- My Administrators
- Maintain User
- Add User
- Maintain Organization
- 'How To' Guide for Dental Providers
- Enrollments Center
- EDI Companion Guide
- FTP and EDI Connection Services

Michelle Mabelle
Practice Manager

My Top Applications

- CS**
Claim Status (New)
- EB**
Eligibility and Benefits Inquiry
- Anthem SCBS Dental**
Access Anthem Learning and
- EC**
Enrollments Center

Better patient payments for dental practices

Request another review

The screenshot shows the Avallity web application interface. At the top, there is a navigation bar with the Avallity logo, Home, Notifications (3), My Favorites, Help & Training, and Michelle's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is visible on the right side of the navigation bar.

The main content area shows the breadcrumb "Home > Appeals" and a link "Need Help? Watch a demo for Appeals". Below this is a section titled "Appeals" with a "Give Feedback" button. A "Filter" button is also present.

A pagination control shows "« Prev 1 2 3 4 5 6 7 8 Next »", with "1" highlighted.

The main content area displays a case card for "Finalized - Reconsideration - Dismissed Case #REQ-ABC-1234". The card includes a "PAYER LOGO" placeholder, the case title, and creation/update dates: "Created: 07/02/2018 · Updated 07/25/2018".

Claim Number 000123456789	Payment Information	Patient Name BLUE DAHLIA	Service Begin Date 12/31/2017	Billed Amount \$365.00
	Payment Date	Patient Account Number 98765	Service End Date 12/31/2017	Payment Amount \$17.29

Request another review (cont.)

The screenshot shows the Availity web application interface. At the top, there is a navigation bar with the Availity logo, Home, Notifications (3), My Favorites, Help & Training, and Michelle's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is on the right.

The main content area is titled 'Home > Appeals' and includes a 'Need Help? Watch a demo for Appeals' link. A 'Give Feedback' button is in the top right. A 'Filter' button is on the left. A pagination control shows page 1 of 8.

The main card displays the following information:

- PAYER LOGO**
- Finalized - Reconsideration - Dismissed Case**
- Created: 07/02/2018 • Updated 07/25/2018

Claim Number 000123456789	Payment Information	Patient Name BLUE DAHLIA	Service Begin Date 12/31/2017	Billed Amount \$365.00
	Payment Date	Patient Account Number 98765	Service End Date 12/31/2017	Payment Amount \$17.29

On the right side of the card, there are two buttons: 'Request another review' (highlighted with a red box) and 'View details' (highlighted with a blue box). A menu icon is also visible next to these buttons.

Request another review (cont.)

Availity Home Notifications 3 My Profile

Patient Registration Claims & Payments My Provider

Home > Appeals

Appeals

Filter

PAYER LOGO Finalized - Rejected
Created: 07/02/2019

Claim Number: 000123456789

Payment Information

Payment Date

Complete Dispute Request Claim#

This Amerigroup dispute was initiated on 02/14/2019

Request Reason
Select Reason

Please explain the supporting rationale for your request

0/2000

This issue has impacted claims for other members. Please re-evaluate claims on file.

This issue has impacted additional claims for this member. Please re-evaluate claims on file.

Contact Information
Web

Upload Supporting Documentation

IMPORTANT: Individual file size can not exceed **50MB**. Supported file types include **MS Word, MS Excel, .jpg, .pdf, .tiff, .txt, and .csv**.

NOTE: File names cannot contain spaces or special characters with the exception of "." and "-".

Add File

Cancel Submit Request

Help & Training Michelle's Account

Need Help? Watch a demo for Appeals

Give Feedback

« Prev 1 2 3 4 5 6 7 8 Next

C-1234

Invoice Date	Billed Amount
7/17	\$365.00
Payment Date	Payment Amount
7/17	\$17.29

Request another review (cont.)

The screenshot shows the Avallity web application interface. At the top, there is a navigation bar with the Avallity logo, Home, Notifications (3), My Favorites, Help & Training, and Michelle's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area is titled 'Home > Appeals' and includes a 'Need Help? Watch a demo for Appeals' link. A 'Filter' button is visible on the left. A central success message reads: 'Success: Your request was successfully sent to the payer and the current request status can be found in your worklist for processing. Please allow up to 30 business days.' Below the message are 'Close' and 'View Details' buttons. The background shows a table with columns for PAYER LOGO, Finalized, Created: 07, Claim Number (000123456789), Payment Info, Payment Date, Patient Account Number (98765), Service End Date (12/31/2017), Billed Amount (\$365.00), and Payment Amount (\$17.29). A pagination control shows 'Prev 1 2 3 4 5 6 7 8 Next'.

Avallity Home Notifications 3 My Favorites Help & Training Michelle's Account

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More

Home > Appeals Need Help? Watch a demo for Appeals

Appeals Give Feedback

Filter

Success

Your request was successfully sent to the payer and the current request status can be found in your worklist for processing.

Please allow up to **30 business days.**

Close View Details

PAYER LOGO Finalized Created: 07

Claim Number 000123456789 Payment Info

Payment Date Patient Account Number 98765 Service End Date 12/31/2017

Billed Amount \$365.00

Payment Amount \$17.29

Prev 1 2 3 4 5 6 7 8 Next

Filter disputes

1. Select the **Claims & Payments** drop down.
2. Select **Appeals**.

The screenshot displays the Availity web application interface. At the top, the navigation bar includes the Availity logo, Home, Notifications (2), My Favorites, Help & Training, and Marty's Account. The main navigation menu is open, showing options like Patient Registration, Claims & Payments (highlighted with a red circle and '1'), My Providers, Reporting, Payer Spaces, and More. A search bar is located on the right side of the navigation bar.

The main content area is divided into several sections:

- Notification Center:** Contains messages such as "Florida Blue provider Please submit! Quarterly submission More..." and "Don't forget to do New reports are available More...".
- My Top Applications:** A section with a red circle and '2' highlighting the "A" icon for Appeals.
- Claim Status & Payments:** Includes links for Claim Status Inquiry (CS), Claim Status and Remittance Inquiry (CS), Remittance Viewer (RV), and Claim Reconciliation Tool (CRT).
- Claims:** Includes links for Professional Claim (PC), Facility Claim (FC), Medical Attachments (MA), Secure Messaging (SM), and Attachments - New (MA).
- Manage File Transfers:** Includes links for Send and Receive EDI Files (EDI), File Restore (FR), EDI Reporting Preferences (EDI), and FTP and EDI Connection Services (FTP).
- Patient Payments:** Includes links for Collect Payment (CP), Pre-Authorization Forms (PAF), Card on File (CF), and Payments Administration (PA).

At the bottom of the main content area, there are four large green buttons: "Claim Status and Remittance Inquiry" (CS), "Appeals" (A), "Professional Claim" (PC), and "Remittance Inquiry" (with a BlueCross logo). A survey banner is also present at the bottom right, asking "Do you work with electronic remittance advice (ERA) for reconciliation and posting?" with a "Take Our Survey Now" button.

Filter disputes (cont.)

3. Select Filter.

The screenshot shows the Avallity web application interface. At the top, there is a navigation bar with the Avallity logo, Home, Notifications (3), My Favorites, Help & Training, and Michelle's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main content area is titled 'Home > Appeals' and includes a 'Need Help? Watch a demo for Appeals' link. A 'Give Feedback' button is also present. A 'Filter' button is highlighted with a red circle containing the number 3. Below the filter button, there are two case cards, each with a 'PAYER LOGO' and a table of details.

Home > Appeals Need Help? Watch a demo for Appeals

Give Feedback

Filter **3**

« Prev 1 2 3 4 5 6 7 8 Next »

PAYER LOGO Submitted - Reconsideration - InProgress - Case #REQ-GBD-246 Status Updated

Created: 06/06/2018 • Updated 06/07/2018

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
135196431700	016082011700018	CHANEL MILES	06/08/2016	\$3,772.66
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091820500J37003	06/08/2016	\$0.00

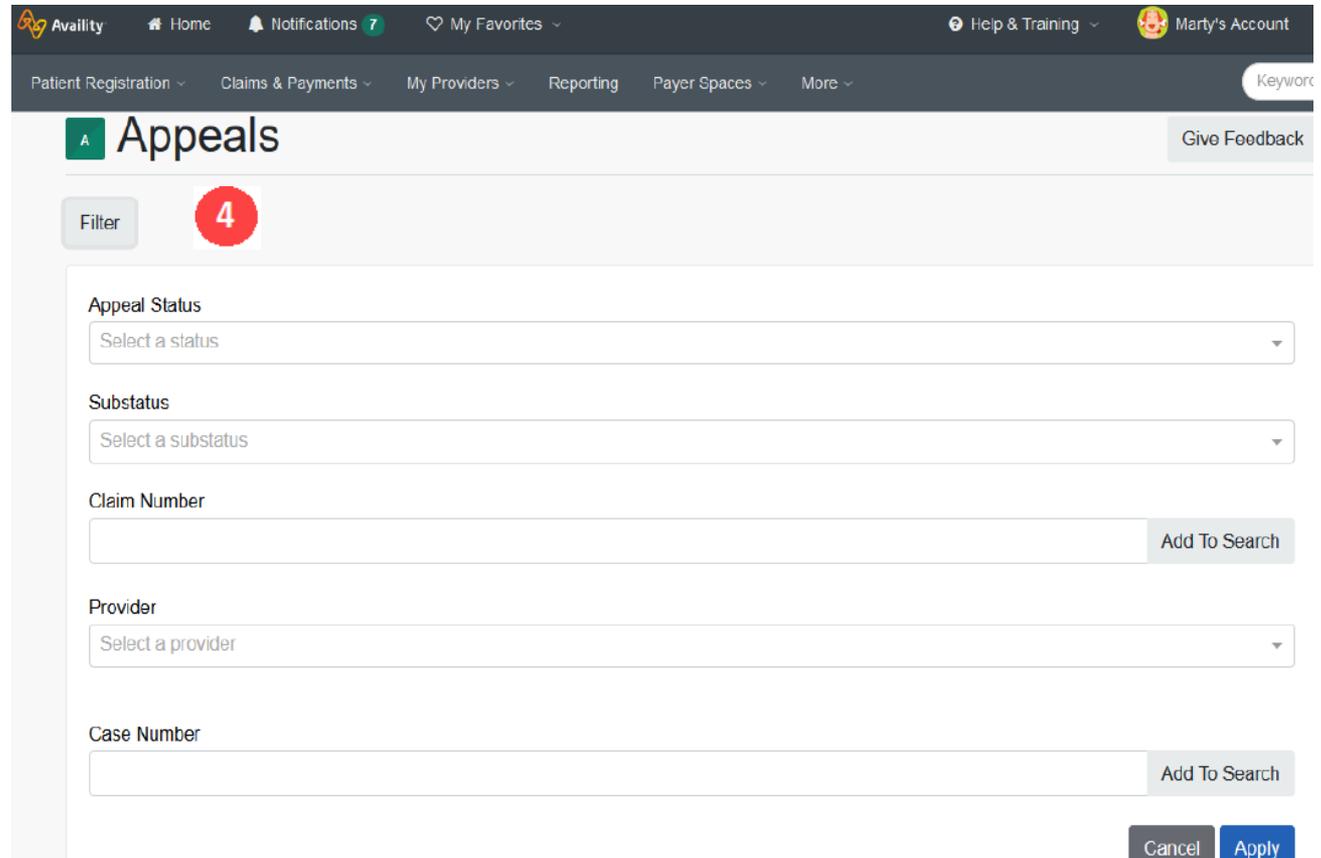
PAYER LOGO Finalized - Reconsideration - Approved - Case #REQ-GBD-1678 Status Updated

Created: 05/31/2018 • Updated 06/07/2018

Claim Number	Payment Information	Patient Name	Service Begin Date	Billed Amount
135196431600	016082011700018	CHANEL MILES	06/06/2016	\$861.43
	Payment Date	Patient Account Number	Service End Date	Payment Amount
	08/19/2016	3091626600J37003	06/06/2016	\$0.00

Filter disputes (cont.)

4. Select the appeal status that you want to filter by. The other fields will help to narrow the search.



The screenshot shows the Availity web application interface for filtering appeals. The top navigation bar includes the Availity logo, Home, Notifications (7), My Favorites, Help & Training, and Marty's Account. Below the navigation bar, there are menu items for Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. The main heading is "Appeals" with a "Give Feedback" button. A "Filter" button is highlighted, and a red circle with the number "4" indicates the number of filtered results. The filter form includes the following fields:

- Appeal Status:** A dropdown menu with the placeholder text "Select a status".
- Substatus:** A dropdown menu with the placeholder text "Select a substatus".
- Claim Number:** A text input field with an "Add To Search" button.
- Provider:** A dropdown menu with the placeholder text "Select a provider".
- Case Number:** A text input field with an "Add To Search" button.

At the bottom right of the filter form, there are "Cancel" and "Apply" buttons.

Filter disputes (cont.)

The screenshot shows the Availity web application interface for filtering appeals. At the top, there is a navigation bar with the Availity logo, Home, Notifications (7), My Favorites, Help & Training, and Marty's Account. Below this is a secondary navigation bar with Patient Registration, Claims & Payments, My Providers, Reporting, Payer Spaces, and More. A search bar is visible on the right side of the navigation bar.

The main content area is titled "Appeals" with a "Give Feedback" button. Below the title is a "Filter" section. The "Appeal Status" filter is currently open, showing a dropdown menu with the following options: "Select a status", "Initiated", "Submitted", and "Finalized". Below the dropdown is an "Add To Search" button. The "Provider" filter is a dropdown menu with "Select a provider" as the current selection. Below it is another "Add To Search" button. The "Case Number" filter is a text input field with an "Add To Search" button. At the bottom right of the filter section are "Cancel" and "Apply" buttons.

Filter disputes (cont.)

Availity Home Notifications 7 My Favorites Help & Training Marty's Account

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keywo

Filter

Appeal Status
Select a status

Substatus
Select a substatus
Cancelled
Completed
Dismissed
In Progress
Need Additional Info

Case Number
Add To Search

STATUS : INITIATED SUBSTATUS : IN PROGRESS PROVIDER : AVAILITY TEST ORG

Cancel Apply

Filter disputes (cont.)

Availity Home Notifications 3 My Favorites Help & Training Michelle's Account

Patient Registration Claims & Payments My Providers Reporting Payer Spaces More Keyword

Home > Appeals Need Help? Watch a demo for Appeals

A Appeals Give Feedback

Filter

Applied Filters: **STATUS: INITIATED** Clear All

« Prev 1 2 Next »

PAYER LOGO	Initiated Created: 09/28/2018 • Updated 09/28/2018			
Claim Number 000123456789	Payment Information 011234567890123	Patient Name POLLY PEONY	Service Begin Date 09/07/2018	Billed Amount \$1,401.00
	Payment Date 09/21/2018	Patient Account Number 01X87654321-2	Service End Date 09/07/2018	Payment Amount 0

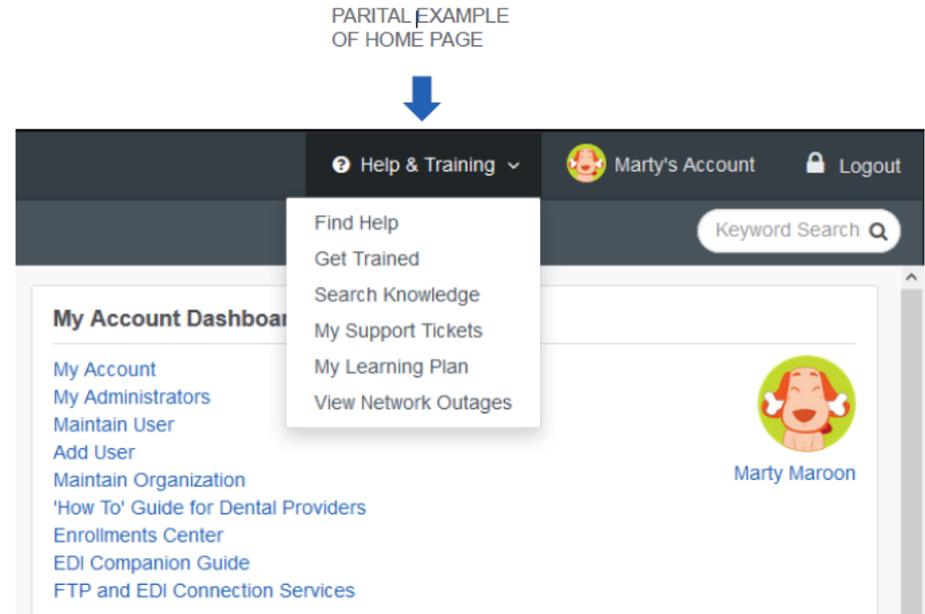
PAYER LOGO	Initiated Created: 09/28/2018 • Updated 09/28/2018	
-------------------	--	---

Help and training

Select **Help & Training** and then select an option:

- Find Help
- Get Trained
- Search Knowledge
- My Support Tickets
- My Learning Plan
- View Network Outages

New to Availity? Select **Help & Training > My Learning Plan** to plot a custom learning journey. Check out onboarding programs for new administrators and new users.



Secure provider message

Select **Actions** and, in the drop down, select **Secure Messaging**.

The screenshot shows the Availity web interface. At the top, there is a navigation bar with 'Availity' logo, 'Home', 'Notifications 2', 'My Favorites', 'Help & Training', and 'Michelle's Account'. Below this is a secondary navigation bar with 'Patient Registration', 'Claims & Payments', 'My Providers', 'Reporting', 'Payer Spaces', and 'More'. A search bar labeled 'Keyword' is on the right.

The main content area is titled 'Claim Status' with a 'cs' icon. It includes buttons for 'Give Feedback', 'New Request', and 'Actions'. The 'Actions' dropdown menu is open, showing options: 'Edit', 'Secure Messaging', 'Print', and 'Remittance Viewer'. 'Secure Messaging' is highlighted.

Transaction ID 11511207 As of

SUNFLOWER, SARA Subscriber
Patient ID ABC123D45678 Provider LMN Group
DOB 01/01/1970 Provider ID 1234567890

12345JK6789
01/13/2018 - 01/13/2018
FINALIZED
Processed 11/11/2018
Billed \$1,500.00
Paid \$100.00

Claim 12345JK6789 (Processed 11/13/2018) [Verify Eligibility Information](#)

Check Number	9876543210	Billed	\$1,500.00
Check Date	12/20/2018	Paid	\$100.00
Claim Receipt Date ¹	11/12/2018		
Patient Account #	UNKNOWN		

Status as of 11/13/2018

- Finalized/Payment The Claim/Line has been paid
- Processed according to contract provisions (Contract refers to provisions that exist between the Health Plan and a Provider of Health Care Services)

[Dispute claim](#)

Secure provider message (cont.)

Disclaimer

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

By clicking "Accept" below, you confirm that you acknowledge and accept the foregoing Terms of use.

Cancel

Accept

Secure provider message (cont.)

Previous Messages for Claim # 18293HJ5211

No previous secure messages have been submitted for this claim.

Send/Compose

I have a question about this medical claim.

* Denotes a Required Field

Member ID:

Patient Name:

Patient Account Number: UNKNOWN

Claim Number:

Date of Service: 01/16/2018

Provider NPI:

Provider Name: AVAILITY TEST ORG

Total Charge Amount: 150

Detailed Question:

Message: *

Why is this claim denied?

Why is this claim pending?

What additional information is needed for this claim?

This claim has been overpaid.

I need to file an accident date for this claim.

I need to file a diagnosis change for this claim.

IMPORTANT UPDATE:

From the Detailed Question menu, "This claim has been underpaid" option has been removed.

Please return to the Claim Status Inquiry screen and select the "Dispute this claim" link to submit the reconsideration.

Resources

Question

There's so much to remember and explore. How can I learn more information?

Answer

Don't be afraid to explore and click buttons and links—you can't break anything and its all at no cost to you—and of course, use Availity Help!

Click **Help & Training | Find Help**. Availity Help displays in a separate window or tab. Under **Contents**, click **Overpayments and Appeals**, or search by keyword such as **Appeals**.

Click **Help & Training | Get Trained**. The Availity Learning Center (ALC) Portal products learning center opens in a separate window or tab.

Click your account name and then **Open a Ticket or Live Chat** to send an issue our way to Availity Client Services (ACS).

Interactive Care Reviewer (ICR)

Physicians and facilities can submit medical and behavioral health outpatient and inpatient prior authorization requests for members covered by Anthem Blue Cross and Blue Shield (Anthem).

Ordering and servicing physicians and facilities can use the inquiry feature to find information about any prior authorization to which their tax ID/organization is affiliated. This feature is available for prior authorization requests previously submitted via phone, fax, ICR or other online tool.

Products and services not included on ICR at this time:

- Requests involving transplant services
- Services administered by AIM Specialty Health®*

Advantages to using ICR

- To determine if a prior authorization is needed: Enter patient, service and provider details, and receive a message indicating whether or not a prior authorization is required for most requests.
- Automated routing from the Availity Portal: Seamless routing to ICR to initiate prior authorization requests. There is no need to remember specific prefixes affected or migration dates to do an online prior authorization.
- Reduces the need to fax: Submit online prior authorization requests without the need to fax medical records. The ICR allows text details, phone and image attachments to be submitted along with the request.

Advantages to using ICR (cont.)

- No additional cost — You get access to a no-cost solution that's easy to learn and even easier to use.
- Access almost anywhere — Submit your requests from any computer with internet access. Use Internet Explorer 11, Chrome, Firefox or Safari for optimal viewing.
- Comprehensive View will detail all prior authorization requests — You have a complete view of your utilization management requests submitted online. The case now includes a visual copy of the associated letters.

Managing authorization requests online

- Surveyed providers indicate managing authorization requests via ICR saves significant time.
- Average time savings are 15 minutes per case (versus fax or phone) and an average of 4 to 5 hours per week.

15 minutes
savings per
case

4 to 5 hours
savings per
week

Accessing ICR

The screenshot displays the Availity portal interface. At the top, the navigation bar includes the Availity logo, Home, Notifications, and My Favorites. Below this, a secondary navigation bar contains Patient Registration, Claims & Payments, Reporting, Payer Spaces, and More. The main content area is titled 'Home > Authorizations & Referrals'. On the left sidebar, there are two main links: 'Eligibility and Benefits Inquiry' (EB) and 'Authorizations & Referrals' (A&R). The 'Authorizations & Referrals' link is highlighted with a black border and a blue arrow pointing to a callout box. The callout box contains the text: 'To access ICR from the Availity Portal, choose **Authorizations & Referrals** under the *Patient Registration* link at the top of the navigation bar.' The main content area shows a section for 'Multi-Payer Authorizations & Referrals' with two sub-links: 'Auth/Referral Inquiry' (AR) and 'Referrals' (R). At the bottom, there are links for 'Specialty Health (Anthem Indiana)' and 'Online Batch Management'.

Availity Home Notifications My Favorites

Patient Registration Claims & Payments Reporting Payer Spaces More

EB Eligibility and Benefits Inquiry

A&R Authorizations & Referrals

Tell us what you think.

Auth/Referral Inquiry View Payers

Referrals

Specialty Health (Anthem Indiana) Online Batch Management

Home > Authorizations & Referrals

A&R **Authorizations & Referrals**

Multi-Payer Authorizations & Referrals

AR Auth/Referral Inquiry View Payers

R Referrals

Specialty Health (Anthem Indiana) Online Batch Management

To access ICR from the Availity Portal, choose **Authorizations & Referrals** under the *Patient Registration* link at the top of the navigation bar.

Accessing ICR (cont.)

The screenshot shows the Availity web application interface. At the top, there is a navigation bar with the Availity logo, a home icon, and links for Notifications and My Favorites. On the right side of the navigation bar, it shows the user's location as Indiana, a Help & Training link, and the user's name Matthew's Account with a Logout option. Below the navigation bar, there are several menu items: Patient Registration, Claims & Payments, Reporting, Payer Spaces, and More. A search bar labeled 'Keyword Search' is located on the right side of this menu.

The main content area is titled 'Home > Authorizations & Referrals'. Below this, there is a section header 'Authorizations & Referrals' with an 'AR' icon. Underneath, there is a sub-section 'Multi-Payer Authorizations & Referrals' which contains three tiles: 'Auth/Referral Inquiry' (with an 'AR' icon and a 'View Payers' link), 'Referrals' (with an 'R' icon and a 'View Payers' link), and 'Authorizations' (with an 'A' icon and a 'View Payers' link). The 'Authorizations' tile is highlighted with a black border. Below this section, there is another sub-section 'Additional Authorizations & Referrals' which contains three links: 'AIM Specialty Health (Anthem Indiana)', 'Online Batch Management', and 'Prior Authorization Request Form (CC Sipa)'. At the bottom of the page, there is a note with a glasses icon: 'Looking for provider portals? Check under the "Payer Spaces" menu.'

A blue callout box with a white border and a large blue arrow pointing upwards is positioned over the 'Authorizations' tile. The text inside the callout box reads 'Select Authorizations.' in white font.

Accessing ICR (cont.)

Payer Spaces ▾ More ▾

Authorizations

[Learn More >>](#)

* indicates a required field

* Payer: ?

* Transaction Type:

* Organization:

Request Information [Show Optional Fields](#)



Accessing ICR (cont.)

Authorizations

[Learn More >>](#)

Includes notification, pre-certification, pre-authorization and prior approval

* indicates a required field

* Payer: ?

* Organization:

Select your organization.

Request Information

* Member Prefix: ?

Enter YRH for HHW¹/HCC² or YRK for HIP³ in the *Member Prefix* box.

* Service Date: ? From / / To / /
MM DD YYYY MM DD YYYY

Expected date of service or earliest anticipated date the service will be performed

Enter service dates.

Choose Submit.

1. Hoosier Healthwise
2. Hoosier Care Connect
3. Healthy Indiana Plan

Accessing ICR (cont.)

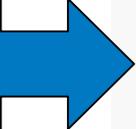
Authorizations

Payer: ANTHEM MEDICAID

To access General Pharmacy authorizations please visit [CoverMyMeds](#) or submit to perform Medical Request.

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

Select
Submit
again.



Accessing ICR (cont.)



Interactive Care Reviewer Terms of Use and Disclaimers

We have developed this online system to allow providers to request utilization management determinations, to assist in assembling required information, and to view an advance determination with information regarding review of coverage for a requested service.

All treatment decisions, and the consequences and outcomes thereof, are the responsibility of the health care provider and the patient, not the Plan. Please note that based on the member's plan, the following may apply:

- Plan deductibles and co-payments apply before final payment can be made.
- Plan maximums and limitations will apply before payment can be made.
- Plan benefits may change upon renewal.

Health care providers will continue to receive a formal written notice of the Plan determinations, which will include specific additional information regarding the administration of benefits for the requested service.

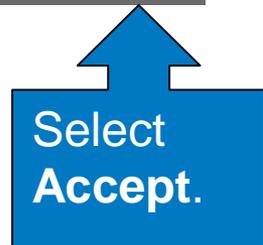
The data provided by this system is protected health information ("PHI") and must be treated with the same care as other PHI that is exchanged during the normal course of business. PHI shall only be used as necessary for patients currently receiving treatment. Health care providers using this system must ensure that use of PHI is subject to the provider's own policies and procedures, in compliance with applicable law. Such use shall further be subject to the terms and conditions of the Provider's agreement with the Plan.

Access, use, or disclosure of information related to certain sensitive medical services is strictly limited by federal and state laws. Sensitive medical services may include, but are not limited to, treatment for: substance use disorders, sexually transmitted illnesses or mental conditions. Such information may only be accessed, used, or disclosed with the authorization of the patient or for treatment purposes. Accessing sensitive service information outside of these requirements is prohibited.

Drug and alcohol abuse treatment records may only be accessed, used, or disclosed with the consent of the patient or to the extent necessary to respond to a bona fide medical emergency.

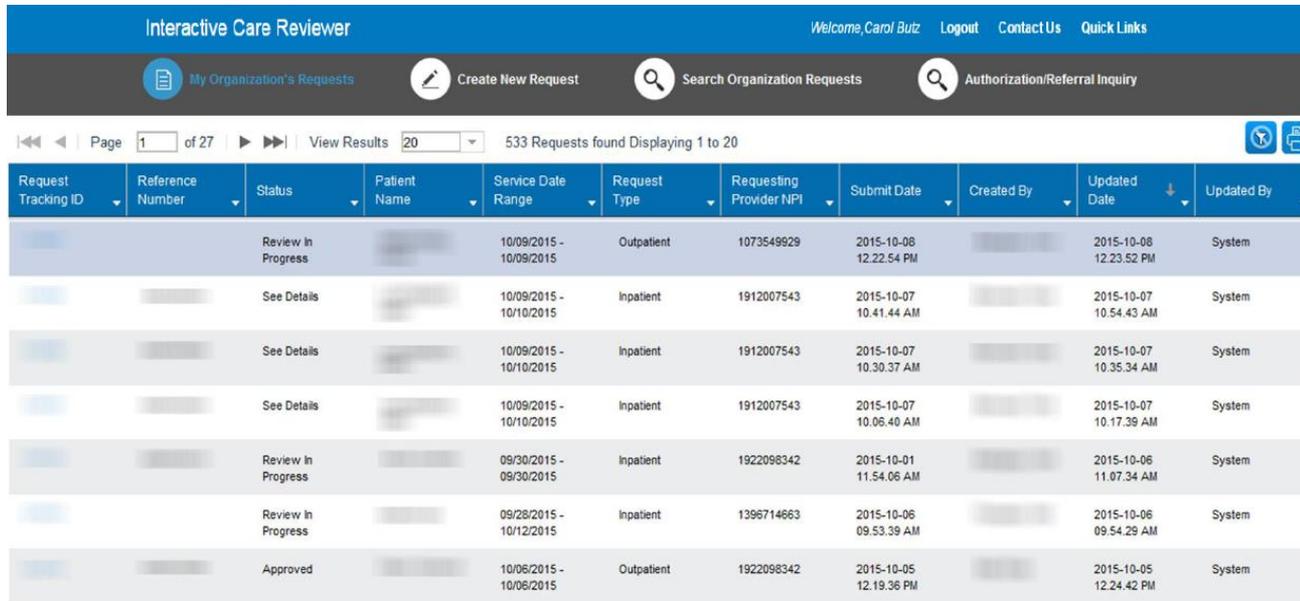
By selecting 'Accept', you acknowledge that you have read and you agree to these Terms of Use/Disclaimer.

[Accept](#)



Accessing ICR (cont.)

The dashboard displays submitted requests, requests not yet submitted, cases requiring additional information and cases where a decision has been rendered.



The screenshot shows the 'Interactive Care Reviewer' dashboard. At the top, there is a navigation bar with the title 'Interactive Care Reviewer' and user information 'Welcome, Carol Butz'. Below this is a secondary navigation bar with icons and labels for 'My Organization's Requests', 'Create New Request', 'Search Organization Requests', and 'Authorization/Referral Inquiry'. The main content area displays a table of request tracking information. The table has columns for Request Tracking ID, Reference Number, Status, Patient Name, Service Date Range, Request Type, Requesting Provider NPI, Submit Date, Created By, Updated Date, and Updated By. The table shows 533 requests found, with the first 20 displayed. The first row shows a request in 'Review In Progress' status, submitted on 10/09/2015, by provider 1073549929. The second row shows a request in 'See Details' status, submitted on 10/09/2015, by provider 1912007543. The third row shows a request in 'See Details' status, submitted on 10/09/2015, by provider 1912007543. The fourth row shows a request in 'See Details' status, submitted on 10/09/2015, by provider 1912007543. The fifth row shows a request in 'Review In Progress' status, submitted on 09/30/2015, by provider 1922098342. The sixth row shows a request in 'Review In Progress' status, submitted on 09/28/2015, by provider 1398714663. The seventh row shows a request in 'Approved' status, submitted on 10/08/2015, by provider 1922098342.

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
		Review In Progress		10/09/2015 - 10/09/2015	Outpatient	1073549929	2015-10-08 12:22:54 PM		2015-10-08 12:23:52 PM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:41:44 AM		2015-10-07 10:54:43 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:30:37 AM		2015-10-07 10:35:34 AM	System
		See Details		10/09/2015 - 10/10/2015	Inpatient	1912007543	2015-10-07 10:06:40 AM		2015-10-07 10:17:39 AM	System
		Review In Progress		09/30/2015 - 09/30/2015	Inpatient	1922098342	2015-10-01 11:54:06 AM		2015-10-06 11:07:34 AM	System
		Review In Progress		09/28/2015 - 10/12/2015	Inpatient	1398714663	2015-10-06 09:53:39 AM		2015-10-06 09:54:29 AM	System
		Approved		10/08/2015 - 10/08/2015	Outpatient	1922098342	2015-10-05 12:19:36 PM		2015-10-05 12:24:42 PM	System

Accessing ICR (cont.)

Tabs across the top of the dashboard:

- My Organization's Requests displays the dashboard and is the homepage for the application.
- Create New Request is used to start a new inpatient or outpatient request.
- Search Organization Requests allows the ability to search for any ICR case requested by your organization or a request that your organization is associated with. This includes requests with a status of *review not required*.
- Authorization/Referral Inquiry allows the ability to view any cases submitted that are associated with the tax ID(s) on the request. It includes submissions by phone, fax, etc.

In order to view the authorization/referral, the case must be associated with the tax ID listed under the organization you selected in Availity.



My Organization's Requests



Create New Request



Search Organization
Requests



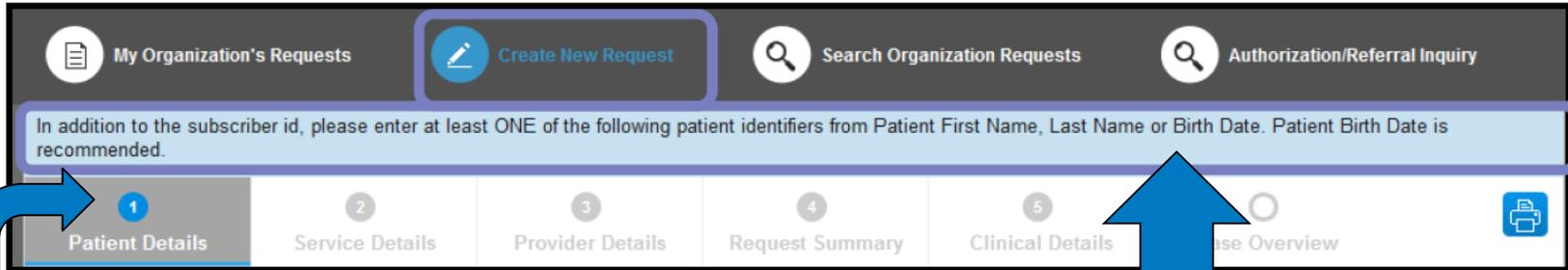
Authorization
/Referral Inquiry

A photograph of a female doctor with long dark hair, wearing a white lab coat over a light purple shirt, smiling warmly while using a stethoscope on the arm of a young girl. The girl has long dark hair and is wearing a blue and white striped sleeveless top. The background is a blurred clinical setting with white walls and some medical equipment. A large blue semi-transparent rectangle is overlaid on the left side of the image, containing white text.

Submitting inpatient and outpatient requests

Starting a new request

Select **Create New Request**.



The menu bar shows where you are.

Watch the blue bar for messaging. An error will turn this box red.

Patient details

Select **Request Type** and **Case Type** or **Profiles**. The date fields will appear on the screen after request type is populated. If the case is urgent, you can't enter a future date. After all required information is complete, select **FIND PATIENT**.

Required fields have a red asterisk.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

In addition to the subscriber ID, please enter at least ONE of the following patient identifiers from patients First Name, Last Name or Birth Date. Patient Birth Date is recommended.

Required Fields *

 Profiles ▶

Request Type * Case Type * Service From * Service To * Expected date of service or Earliest anticipated date the service will be performed

Outpatient Select One MM/DD/YY MM/DD/YY

This field is required

Subscriber ID * Patient Date of Birth Patient Last Name Patient First Name

MM/DD/YYYY

ID must be entered exactly as it appears on the members ID card.

FIND PATIENT

Profile templates

Select the check mark to select a standard profile. This action will populate the mandatory *Request Type* and *Case Type* fields on the *Patient Details* screen. It will also populate *Place of Service*, *Type of Service* and *Level of Service* on the *Service Details* screen.

The screenshot shows a 'Select Profile' dialog box with the following data:

Standard Profile	Profile Type (Inpatient, Outpatient, Lab Only, Office, DME, BH)	View / Select
IP Medical-Emergency	Inpatient	<input checked="" type="checkbox"/>
IP Surgical	Inpatient	<input checked="" type="checkbox"/>
OP Surgery	Outpatient	<input checked="" type="checkbox"/>
ASC Surgery	Outpatient	<input checked="" type="checkbox"/>
OP Diagnostic	Outpatient	<input checked="" type="checkbox"/>
OP Medical Care	Outpatient	<input checked="" type="checkbox"/>
OP Hosp Diagnostic X-ray	Outpatient	<input checked="" type="checkbox"/>
Lab Diagnostic	Lab Only	<input checked="" type="checkbox"/>
Office Surgery	Office	<input checked="" type="checkbox"/>

The background form includes the following fields:

- Patient Details** (Section Header)
- In addition to the Birth Date is required* (Note)
- Required Fields *** (Section Header)
- Request Type *** (Field with 'Select One' dropdown)
- Subscriber ID *** (Field)
- FIND PATIENT** (Button)

Patient details

1 Patient Details	2 Service Details	3 Provider Details	4 Request Summary	5 Clinical Details	6 Case Overview
-------------------	-------------------	--------------------	-------------------	--------------------	-----------------

A message in the blue bar will indicate if the member's prior authorization cannot be completed using the ICR.



Subscriber ID VZT12345678	Name Doe, Joe	Patient Date of Birth 12/12/1966	Gender Male
Eligibility Coverage Active Coverage	Coverage Period 06/01/2006 - 12/31/9999	Interchange Control No. 12345678	Relationship Self
Group Number 12345678	Group Name Kristen's Boutique	Request Type Outpatient	Case Type Medical
Service Date From 11/08/2016	Service Date To 11/08/2016		

Membership can be authorized through the end of the member's current benefit period.

Select **Confirm Patient** to move to the *Service Details* screen.

CLICK TO FIND PATIENT

CONFIRM PATIENT

Service details: Inpatient

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

Diagnosis Length of Stay Services

* Required Fields More Information

Place of Service	Type of Service	Procedure Code(s)	Description	Primary
Inpatient Hospital	Medical Care	30520 CPT	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	<input type="radio"/>

Service Date * Quantity * Total

Requested 11/29/2016 1 Unit(s) 1 Unit(s)

Add Service +

Outpatient Service Details has two required screens: Diagnosis and Services.

Inpatient Service Details has three required screens: Diagnosis, Length of Stay and Services.

The *Services* screen is optional for urgent medical admissions.

Select + after completing all fields.

Provider details

The screenshot shows a web form with a horizontal navigation bar at the top containing six tabs: 1 Patient Details, 2 Service Details, 3 Provider Details (active), 4 Request Summary, 5 Clinical Details, and Case Overview. Below the tabs, the form has a header section with a red asterisk and the text '* Required Fields' on the left, and an information icon with 'More Information' on the right. In the center of this header is a blue callout box with the text 'Complete required fields for all sections.' Two red arrows point from this box to two input fields: 'Add Requesting Provider' and 'Add Servicing Provider'. On the right side of the header, there are icons for a list, a prohibition sign, 'Hx', and a printer. Below these icons is the text 'Add from Favorites or Search for Provider'. At the bottom right of the header is a checkbox labeled 'Same as Requesting Provider' which is checked. To the right of the checkbox are two vertical buttons: one with a star icon and one with a magnifying glass icon. At the bottom right of the form is a 'Next' button.

Complete required fields for all sections.

Search for all providers.
Select the magnifying glass icon or favorites that have been saved. Select the star icon.

Shortcut: Check **Same as Requesting Provider** box if servicing provider is the same as the requesting provider.

Ordering provider

- The Ordering Provider Information section appears only for some specific outpatient requests.
- Examples include: Place of Service — Home or Type of Service — Diagnostic Lab, Dialysis, DME, Home Health Care, Physical Therapy, Radiation Therapy.

The screenshot shows a multi-step process for ordering a provider. The steps are: 1. Patient Details, 2. Service Details, 3. Provider Details (currently active), 4. Request Summary, 5. Clinical Details, and Case Overview. Below the steps, there are utility icons for required fields, more information, and document actions. The main section contains three rows for adding providers: 'Add Requesting Provider', 'Add Servicing Provider', and 'Add Ordering Physician'. Each row has a search icon and a checkbox for 'Same as Requesting Provider'. The 'Add Servicing Provider' and 'Add Ordering Physician' rows have their checkboxes checked. A 'Next' button is located at the bottom right.

1	2	3	4	5	
Patient Details	Service Details	Provider Details	Request Summary	Clinical Details	Case Overview

* Required Fields [More Information](#)

[Add from Favorites or Search for Provider](#)

Add Requesting Provider	<input type="checkbox"/> Same as Requesting Provider	<input type="checkbox"/>
Add Servicing Provider	<input checked="" type="checkbox"/> Same as Servicing Provider	<input checked="" type="checkbox"/>
Add Ordering Physician	<input checked="" type="checkbox"/> Same as Requesting Provider	<input checked="" type="checkbox"/>

Next

Provider details

1

Search Close X

Practitioner Provider Group Facility

Last Name * First Name * City State * Zip Code

full city name has to be exact match 5 digits only

or search by NPI

NPI

2

Page 1 of 1 View Results 25 Displaying 1 to 20 of 20 Requests Found

Name	NPI	Specialty	Address	Telephone	
Doe, Delores	1234567890	Cardiovascular Disease	123 Main ST, GREENFIELD, OH, United States, 12345	(555) 555-5555	<input checked="" type="checkbox"/> <input type="checkbox"/>
Doe, Delores	1234567890	Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	(999) 999-9999	<input checked="" type="checkbox"/> <input type="checkbox"/>

If you are unable to locate your provider, please [click here](#) to manually enter your information

Provider search option: Complete the required fields, then select **Search**. Select the location to populate fields. The star will save it to favorites. Populating fields manually is an option.

Favorites

Number of providers that can be saved as favorites:

- 10 Requesting
- 15 Servicing
- 10 Facility DME
- 15 Referring

Select + to save the provider/location as a favorite.

Select Favorite

Name	NPI	Medicare ID	Specialty	Address		
Doe, Delores	1234567890		Cardiovascular Disease	123 Main ST, GREENFIELD, OH, United States, 12345	×	+
Doe, Delores	1234567890		Cardiovascular Disease	456 Sunset Ave, Niceville, OH, United States, 12345	×	+

Provider details: Contact information

1 Patient Details 2 Service Details **3 Provider Details** 4 Request Summary 5 Clinical Details 6 Case Overview

* Required Fields 1 More Information

Add from Favorites or Search for Provider

Requesting Provider

Provider Type	Last Name	First Name	Speciality
Practitioner	Doe	Delores	Cardiovascular Disease

NPI
1234567890

Address 1	Address 2	City	State	Zipcode
123 Main St		Greenfield	OH	45215 1448

Country
United States

Contact Last Name *	Contact First Name *	Contact Telephone *	Ext	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="(NNN) NNN-NNNN"/>

By inputting a fax number above, you agree to accept Personal Health Information (PHI), including diagnoses, lab tests, and procedures, to the fax number. Please insure it to receive PHI.

Email Address Please add your e-mail address if you want to receive e-mail notification.

Please note, the email notification will only reference the case tracking number and not the specific member details.

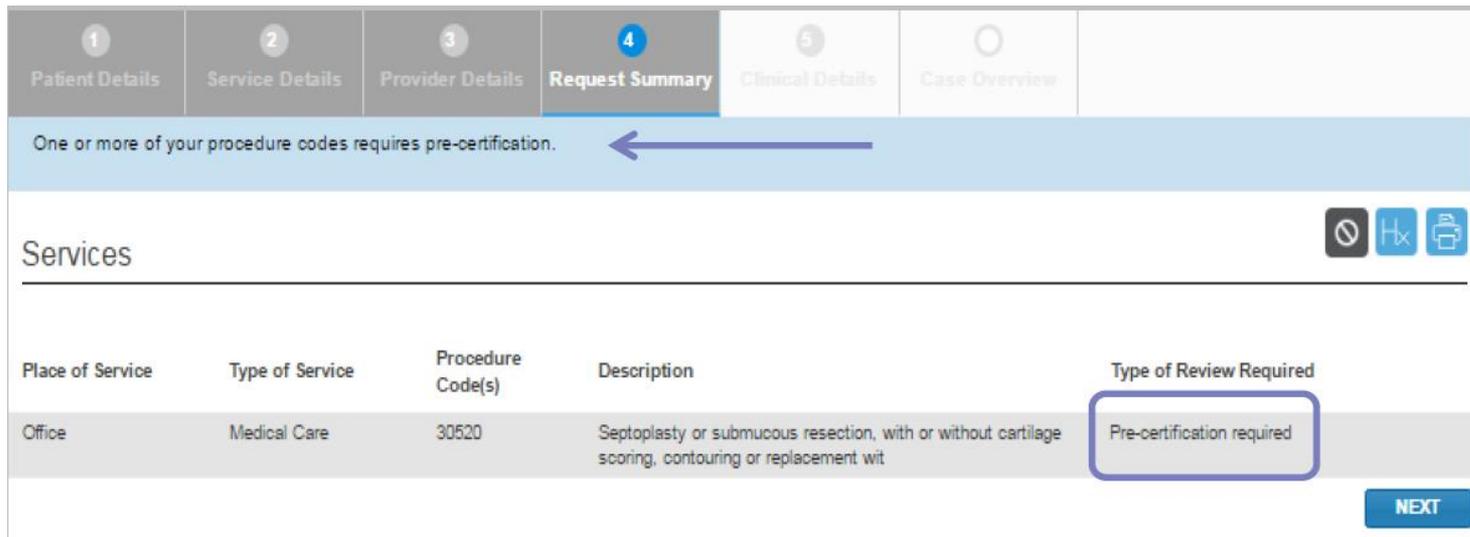
Add Servicing Provider Same as Requesting Provider

Check the provider details populated fields for accuracy. Contact information is required.

Type in your email address if you want to be notified of a status change on a case.

Request summary

The Request Summary Page is where you will be able to verify whether the service requires prior authorization. If the services do not require prior authorization, you can note the tracking ID and close out the request. Later, if you need to, you can search for the request by the tracking ID or the patient information.



The screenshot displays a multi-step navigation bar at the top with tabs: 1 Patient Details, 2 Service Details, 3 Provider Details, 4 Request Summary (active), 5 Clinical Details, and Case Overview. Below the navigation bar, a light blue banner contains the text "One or more of your procedure codes requires pre-certification." with a blue arrow pointing left. The main content area is titled "Services" and includes a table with the following data:

Place of Service	Type of Service	Procedure Code(s)	Description	Type of Review Required
Office	Medical Care	30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement wit	Pre-certification required

Navigation icons (back, forward, print) are located in the top right of the Services section. A "NEXT" button is positioned at the bottom right of the page.

Clinical details: Provider form

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

Required Fields * Information Tool Tip

Based on the code 30520 requested, please complete the provider form by checking all clinical that applies to this request. If the Guideline on this form does not apply to the request, please enter clinical information in the clinical notes section. In order to submit a request, clinical information must be entered.

Skip Form

Septoplasty - CG-SURG-18

This data collection tool is for medical necessity review of request for the septoplasty procedure. This document may also be used to review the septoplasty component of procedures which combine septoplasty and rhinoseptoplasty. Septoplasty is a surgical procedure performed to correct airway obstruction related to the nasal septum. These obstructions can be caused by structural deformity, disease or trauma. Medically necessary criteria for the rhinoplasty component of the combined procedure and relevant coding instructions can be found in ANC.00008 Cosmetic and Reconstructive.

- Request is for a Nasal Septoplasty procedure.
(If checked, mark all of the following that apply to the individual)
 - Individual has completed an appropriate and reasonable trial of conservative management (allergy evaluation and therapy, etc)
 - The trial of conservative management has failed
 - Individual has symptomatic septal deviation or deformity
(If checked, mark all of the following that apply to the individual)
 - Individual has distressing symptoms of nasal obstruction with documentation of the abs symptoms (for example, nasal polyps, tumor, etc)
 - Individual has persistent epistaxis
 - Individual has recurrent epistaxis
 - Individual has chronic recurrent sinusitis
 - The individual has an asymptomatic deformity that prevents surgical access to other intranasal areas
 - Surgical access to intranasal areas or sinuses is required
 - The procedure is for the treatment of snoring, in the absence of other symptoms or conditions

Disclaimer *

I confirm that the information entered on this form is accurate and complete based on the records available at the time of this request. I understand the health plan or its designees may request medical documentation to verify the accuracy of the information reported on this form.

Clinical information is mandatory for all prior authorization requests.

Exception:
It is not required for inpatient concurrent cases that are urgent or emergent.

Clinical notes: Task field and additional attachments

The screenshot shows a web interface for entering clinical notes. At the top, there is a navigation bar with tabs: Patient Details, Service Details, Provider Details, Request Summary, Clinical Details (selected), and Case Overview. Below the navigation bar, there are icons for Required Fields, Information Tool Tip, and other utility icons. The main section is titled 'Clinical Notes' and contains a large text area for entering notes. Below this text area is an 'Add Note' button. At the bottom of the form, there is a section for 'Attachments, Images and Photos' with a 'Choose File' button, a text input for 'Description', and an 'Upload' button. A table at the bottom shows a list of notes with columns for 'Description' and 'Type'. A 'Next' button is located at the bottom right of the form.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

Required Fields * Information Tool Tip 1

Clinical Notes *

In order to submit a request, clinical information must be entered. Only Pertinent clinical information for the request should be included in the clinical note. You can copy and paste from your file. Note: If you made clinical selections using the Provider Tool displayed prior to this page, you are not required to enter additional clinical information in the clinical note section below.

Complete the *Clinical Details* section if the form is not available or if you choose to skip the form.

Select **Add Notes** after manually typing information in the field.

Please verify you have uploaded clinical information for the correct patient before clicking on 'Add Note'.

Attachments, Images and Photos

Please attach only documentation that contains the minimum necessary personal health information (PHI) to support the review for this request. Please verify you are attaching image(s) for the correct patient before clicking upload.

Choose File Max files size 10mb. Allowed file types .jpeg|.jpg, .bmp, .tif, .pdf, .gif, .doc, .docx, .xls, .xlsx, .rt

Description Upload

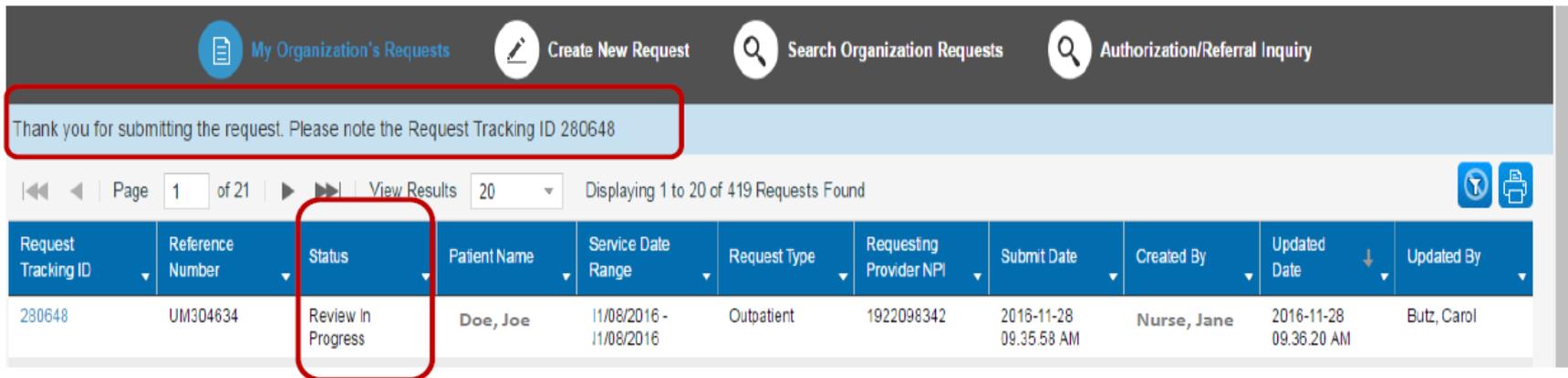
Description	Type
Notes Added on - November 11, 2016 - 08:29:27 AM - Butz, Carol	Clinical Note

Next

Option to upload attachments, image and photos to support notes

Submitted request in ICR

Once a request has been submitted, the dashboard will appear and the new request will be viewable at the top with a status of Review in Progress. Confirmation that it was submitted and the tracking ID will be viewable in the blue bar.



The screenshot displays a dashboard with a dark header bar containing navigation icons and text: "My Organization's Requests", "Create New Request", "Search Organization Requests", and "Authorization/Referral Inquiry". Below the header is a light blue confirmation message: "Thank you for submitting the request. Please note the Request Tracking ID 280648". Underneath is a pagination bar showing "Page 1 of 21" and "View Results 20", with the text "Displaying 1 to 20 of 419 Requests Found". The main content is a table with the following columns: Request Tracking ID, Reference Number, Status, Patient Name, Service Date Range, Request Type, Requesting Provider NPI, Submit Date, Created By, Updated Date, and Updated By. The first row of data shows a request with ID 280648, Reference Number UM304634, Status Review In Progress, Patient Name Doe, Joe, Service Date Range 11/08/2016 - 11/08/2016, Request Type Outpatient, Requesting Provider NPI 1922098342, Submit Date 2016-11-28 09:35:58 AM, Created By Nurse, Jane, Updated Date 2016-11-28 09:36:20 AM, and Updated By Butz, Carol. Red boxes highlight the confirmation message and the Status column header and value.

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280648	UM304634	Review In Progress	Doe, Joe	11/08/2016 - 11/08/2016	Outpatient	1922098342	2016-11-28 09:35:58 AM	Nurse, Jane	2016-11-28 09:36:20 AM	Butz, Carol

Viewing a decision

Submitted requests will go to a status of Review in Progress. Users putting in an email address on the provider details page will receive an email notifying of activity on a case. Look for cases that are last updated by System and where status is no longer Review in Progress. Those cases that have updates or a decision can be viewed by selecting **Request Tracking ID**.

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280772	UM304398	Approved	Mouse, Mick	1/14/2016 - 1/14/2016	Outpatient	1982718490	2016-11-14 03:31:46 PM	Jackson, Jill	2016-11-14 03:31:51 PM	Jackson, Jill
280771	UM304397	Approved	Sick, Patience	11/14/2016 - 11/14/2016	Outpatient	1225158454	2016-11-14 03:19:04 PM	Nurse, Jane	2016-11-14 03:19:09 PM	System
280765	UM304391	Review In Progress	Doe, John	11/11/2016 - 11/11/2016	Outpatient	1922098342	2016-11-11 06:13:24 PM	Jackson, Jill	2016-11-11 06:13:29 PM	Jackson, Jill
280764	UM304390	Partial Decision	Duck, Donald	11/11/2016 - 11/11/2016	Outpatient	1871558510	2016-11-11 06:02:15 PM	Smith, Sally	2016-11-11 06:02:21 PM	Smith, Sally
280468		Not Submitted	Test, Mary	10/19/2016 - 10/21/2016	Inpatient	1487776985		Nurse, Jane	2016-11-11 05:48:21 PM	Nurse, Jane
280680		Not Submitted	Frozen, Elsa	11/29/2016 - 11/30/2016	Inpatient			Smith, Sally	2016-11-11 05:46:14 PM	Smith, Sally

Viewing a decision: Request for additional information

To view status details, select the tracking number from the dashboard and select **Expand All** to allow the case information to be viewable. You can view decision letters associated with your requests.

This Authorization request has been approved, as certification requirements have been met. No further action is required unless the services performed are different than those requested. You will be receiving an authorization letter.

Case has been updated, please expand Service Details section to view details.

1 Patient Details 2 Service Details 3 Provider Details 4 Request Summary 5 Clinical Details Case Overview

Frozen, Elsa Reference Number UM304372 YRP824M55529 Status Approved Created By Request Tracking ID 280724

Case Overview Transaction History

Expand All Cancel Case Update Clinical Update Case

- Letters Summary
- Patient Details
- Service Details
- Provider Details
- Clinical Details

REMOVE FROM DASHBOARD

Viewing a decision

Look at the *Service Details* section to view a decision or to see if additional information is needed or the case is pending for other reasons.

The screenshot displays a 'Case Overview' interface. At the top, there is a 'Transaction History' button. Below it, an 'Expand All' button and three action buttons: 'Cancel Case' (red), 'Update Clinical' (yellow), and 'Update Case' (yellow). The main content is organized into sections: 'Letters Summary', 'Patient Details', and 'Service Details' (which is expanded). The 'Service Details' section contains a summary table with the following data:

Request Type	Case Type	Service Date	Level of Service
Outpatient	Medical	12/01/2016 To 12/31/2016	Elective

Below this is a 'Diagnosis Code(s)' section with a table:

Diagnosis Codes	Description	Primary
M54.5 - ICD10	Low back pain	<input checked="" type="checkbox"/>

The 'Services' section contains a table with the following data:

Type of Service	Procedure Code	Service Description	Decision
Durable Medical Equipment Rental	E0748 - HCPCS	Osteogenesis stimulator, electrical, noninvasive, spinal applications	Request approved

A photograph of a doctor and a patient. The doctor, on the left, is a man with a beard and glasses, wearing a white lab coat and a stethoscope. He is looking down at a smartphone held in his hands. The patient, on the right, is a man with a beard and dreadlocks, wearing a red shirt. He is also looking at the smartphone. They are sitting at a desk with a laptop and some papers. The background is a bright window with green foliage outside. A blue semi-transparent box is overlaid on the left side of the image, containing white text.

**Inquiring on inpatient
and outpatient
authorization requests**

User access to ICR authorization/referral inquiry

Home > Authorizations & Referrals

A&R Authorizations & Referrals

Multi-Payer Authorizations & Referrals

AR Auth/Referral Inquiry [View Payers](#)

R Referrals

To inquire on any prior authorization submitted by phone, fax or ICR for any member covered by Hoosier Healthwise, Hoosier Care Connect or Healthy Indiana Plan, choose **Authorization/Referral Inquiry** under the *Authorizations and Referrals* link. Then choose the payer and organization.

Authorization/Referral Inquiry

* indicates a required field

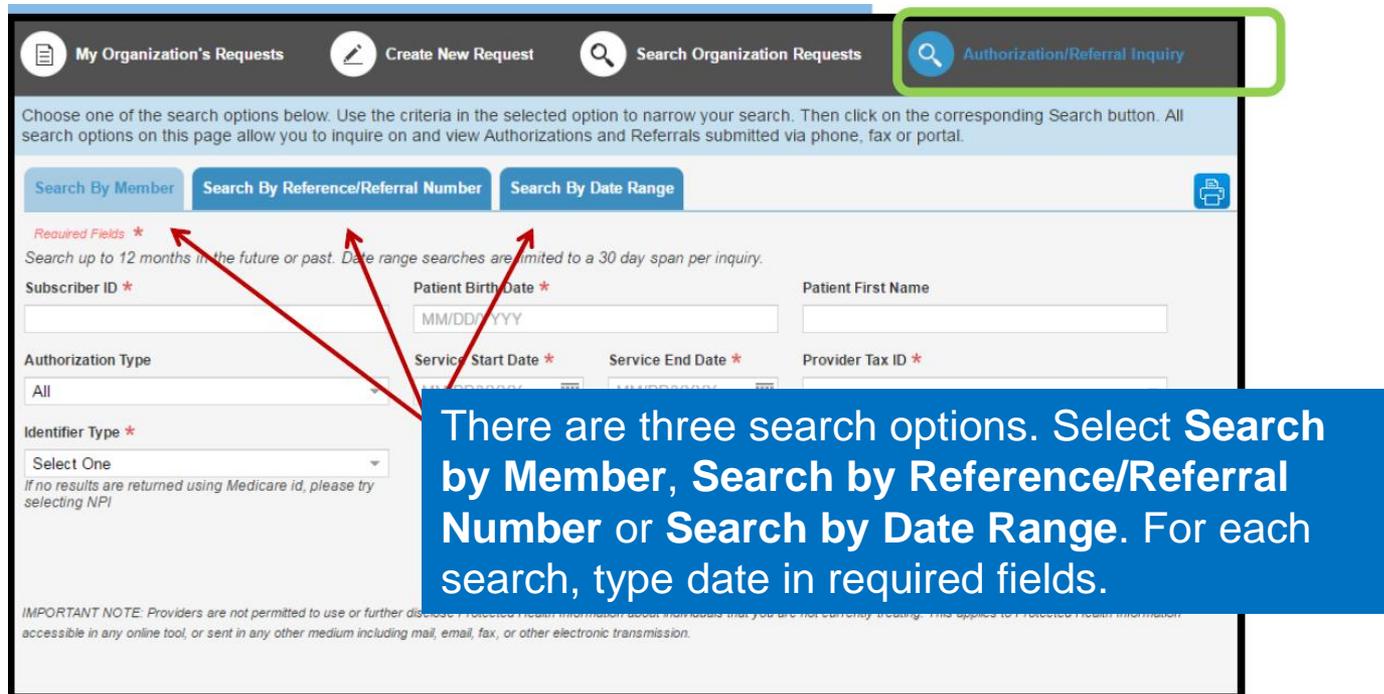
* Payer: ?

* Organization:

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.

Search by member

Ordering and servicing physicians and facilities can make an inquiry to view the details for the services using the Authorization/Referral Inquiry option.



My Organization's Requests Create New Request Search Organization Requests Authorization/Referral Inquiry

Choose one of the search options below. Use the criteria in the selected option to narrow your search. Then click on the corresponding Search button. All search options on this page allow you to inquire on and view Authorizations and Referrals submitted via phone, fax or portal.

Search By Member Search By Reference/Referral Number Search By Date Range

*Required Fields **
Search up to 12 months in the future or past. Date range searches are limited to a 30 day span per inquiry.

Subscriber ID * Patient Birth Date * Patient First Name
MM/DD/YYYY

Authorization Type Service Start Date * Service End Date * Provider Tax ID *

Identifier Type *
Select One
If no results are returned using Medicare id, please try selecting NPI

There are three search options. Select Search by Member, Search by Reference/Referral Number or Search by Date Range. For each search, type date in required fields.

IMPORTANT NOTE: Providers are not permitted to use or further disseminate Protected Health Information (PHI) through any means, including but not limited to, email, fax, or other electronic transmission.

Search organization requests

Functions under the *Search Organization Requests* tab:

- Locate a request that has a status of Review Not Required.
- Locate a request that is not submitted.
- Locate a request that has been archived.
- Update a request.

My Organization's Requests Create New Request **Search Organization Requests** Authorization/Referral Inquiry

Search results will be limited to requests associated or submitted for your organization on Interactive Care Reviewer. For all other requests such as phone or fax, please use the Authorization/Referral Inquiry tab. Only requests submitted on Interactive Care Reviewer by your organization can be updated using this tool. For all other updates, please follow your normal process.

Only display cases submitted by organization Display all cases associated with my organization

Request Tracking ID Reference No Subscriber ID

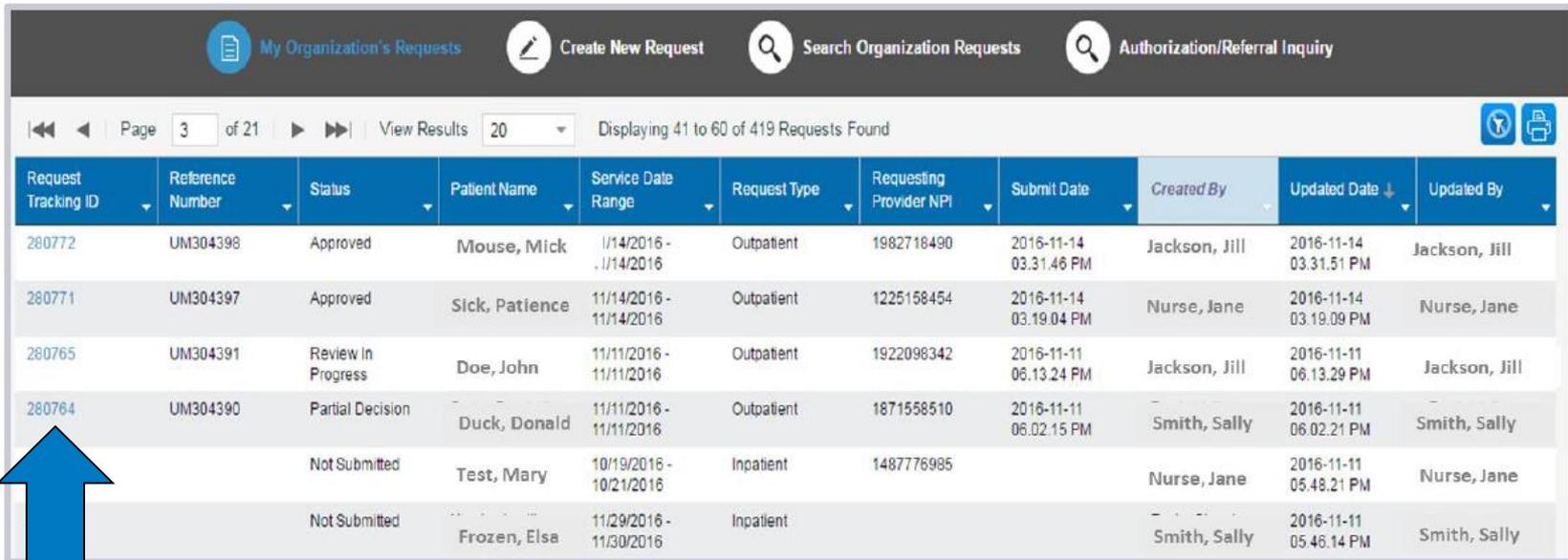
Patient Last Name Patient First Name Patient Birth Date

Request Type Service Date From Service Date To Requesting or Servicing Provider / Facility NPI

Clear Search

Option to select *Only display cases submitted by organization* or *Display all cases associated with my organization*.

Updating a submitted request



My Organization's Requests Create New Request Search Organization Requests Authorization/Referral Inquiry

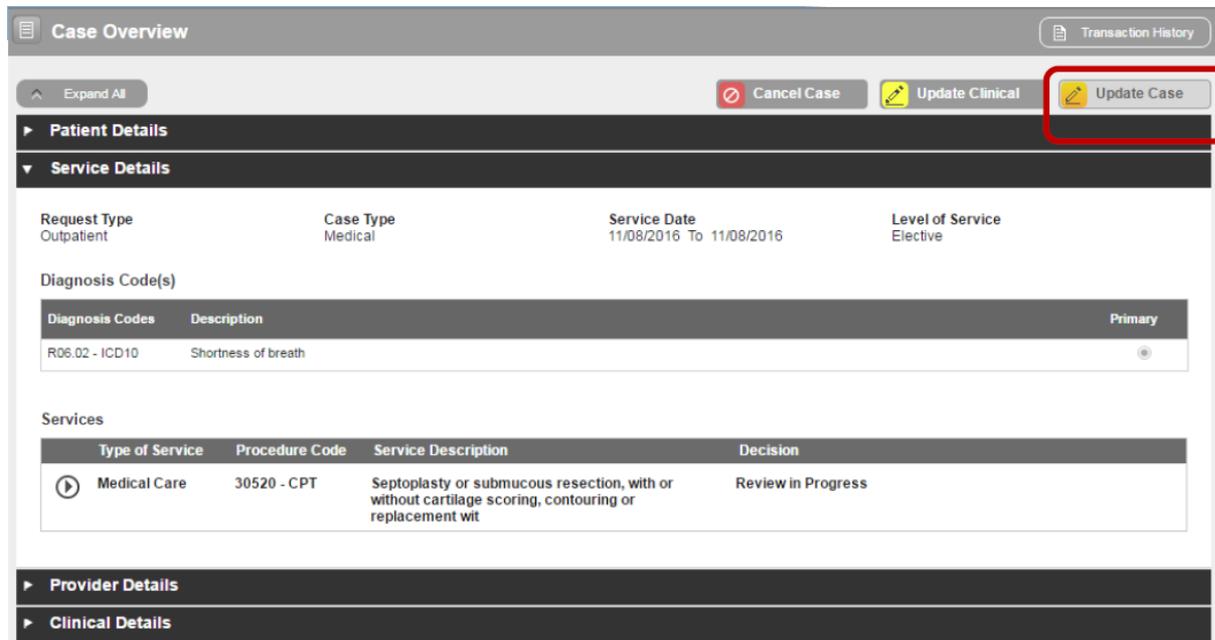
Page 3 of 21 View Results 20 Displaying 41 to 60 of 419 Requests Found

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280772	UM304398	Approved	Mouse, Mick	11/14/2016 - 11/14/2016	Outpatient	1982718490	2016-11-14 03:31:46 PM	Jackson, Jill	2016-11-14 03:31:51 PM	Jackson, Jill
280771	UM304397	Approved	Sick, Patience	11/14/2016 - 11/14/2016	Outpatient	1225158454	2016-11-14 03:19:04 PM	Nurse, Jane	2016-11-14 03:19:09 PM	Nurse, Jane
280765	UM304391	Review In Progress	Doe, John	11/11/2016 - 11/11/2016	Outpatient	1922098342	2016-11-11 06:13:24 PM	Jackson, Jill	2016-11-11 06:13:29 PM	Jackson, Jill
280764	UM304390	Partial Decision	Duck, Donald	11/11/2016 - 11/11/2016	Outpatient	1871558510	2016-11-11 06:02:15 PM	Smith, Sally	2016-11-11 06:02:21 PM	Smith, Sally
		Not Submitted	Test, Mary	10/19/2016 - 10/21/2016	Inpatient	1487776985		Nurse, Jane	2016-11-11 05:48:21 PM	Nurse, Jane
		Not Submitted	Frozen, Elsa	11/29/2016 - 11/30/2016	Inpatient			Smith, Sally	2016-11-11 05:46:14 PM	Smith, Sally

To update a case, select the tracking number from the dashboard.

Updating a submitted request (cont.)

If the case is eligible to update, the update button will appear within the *Service Details* section. This includes requests submitted by phone/fax.



The screenshot displays a 'Case Overview' interface. At the top right, there is a 'Transaction History' link. Below the header, there are three buttons: 'Cancel Case' (with a red stop icon), 'Update Clinical' (with a yellow pencil icon), and 'Update Case' (with a yellow pencil icon). The 'Update Case' button is highlighted with a red rectangular box. Below the buttons, there are expandable sections for 'Patient Details', 'Service Details', 'Provider Details', and 'Clinical Details'. The 'Service Details' section is expanded and contains the following information:

Request Type	Case Type	Service Date	Level of Service
Outpatient	Medical	11/08/2016 To 11/08/2016	Elective

Diagnosis Code(s)

Diagnosis Codes	Description	Primary
R06.02 - ICD10	Shortness of breath	<input type="radio"/>

Services

Type of Service	Procedure Code	Service Description	Decision
Medical Care	30520 - CPT	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement wit	Review in Progress

Updating a submitted request (cont.)

After submitting a modified request, you will be navigated back to the dashboard where that request will be viewable in a Review in Progress status and the Updated By and Updated Date fields will reflect the changes.

Request Tracking ID	Reference Number	Status	Patient Name	Service Date Range	Request Type	Requesting Provider NPI	Submit Date	Created By	Updated Date	Updated By
280648	UM304634	Review In Progress	Doe, Joe	11/08/2016 - 11/08/2016	Outpatient	1922098342	2016-11-28 09:35:58 AM	Nurse, Jane	2016-11-28 10:14:31 AM	Nurse, Jane

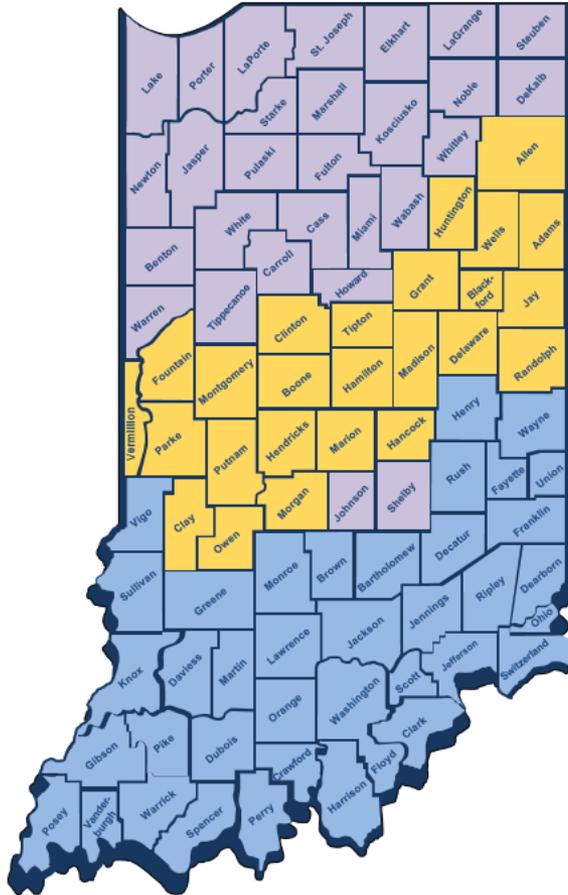
Behavioral health PA submission highlights

Behavioral health services requiring prior authorization

- Acute inpatient stays
- Residential and rehabilitation stays
- Intensive outpatient and partial hospitalization programs
- Electroconvulsive therapy
- Transcranial magnetic stimulation
- Applied behavioral analysis
- Psychiatric testing

Templates allow you to enter clinical detail previously provided via phone. Update cases or request an extension within the ICR tool.

Behavioral Health contact information

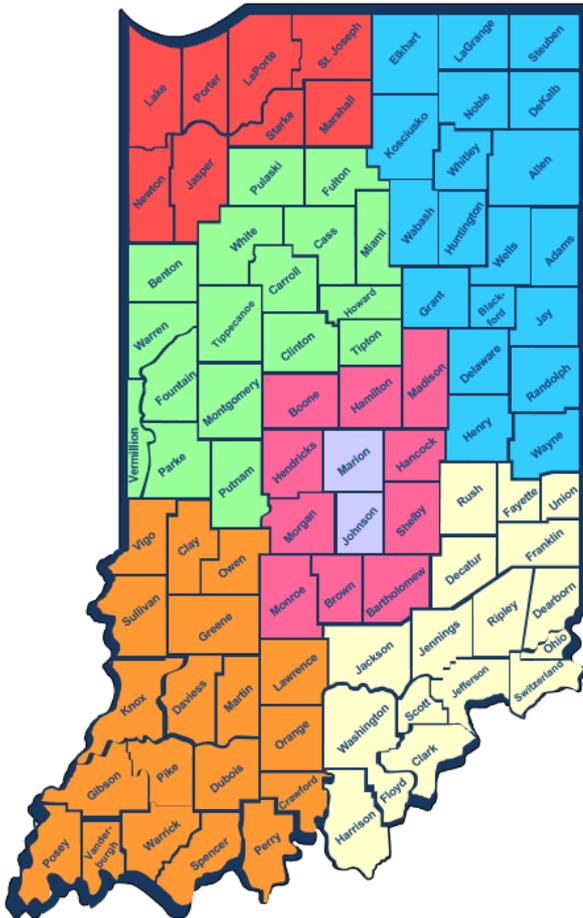


Michele Weaver
Network Relations Consultant, Sr.
michele.weaver@anthem.com
1-317-601-3031

Alisa Phillips
Network Relations Consultant Mgr.
alisa.phillips@anthem.com
1-317-517-1008

Matthew McGarry
Network Relations Consultant, Sr.
matthew.mcgarry@anthem.com
1-463-202-3579

Physical Health contact information



Northwest Region	
Jessi Earls Network Relations Consultant, Sr. jessica.wilkerson-earls@anthem.com 1-317-452-2568	
West Central/St. Vincent	
Angelique Jones Network Relations Consultant, Sr. angelique.jones@anthem.com 1-317-619-9241	
Southwest Region/Deaconess	
Jonathan Hedrick Network Relations Consultant, Sr. jonathan.hedrick@anthem.com 1-317-601-9474	
Central Region/IU Health	
Matt Swingendorf Network Relations Consultant Manager matthew.swingendorf@anthem.com 1-317-306-0077	
Marion, Johnson Counties/Eskenazi	Out-of-State Providers, Franciscan
Marvin Davis Network Relations Consultant, Sr. marvin.davis@anthem.com 1-317-501-7251	Nicole Bouye Network Relations Consultant, Sr. nicole.bouye@anthem.com 1-317-517-8862
Northeast Region/Parkview	Management/Community Health
David Tudor Network Relations Consultant, Sr. david.tudor@anthem.com 1-317-447-7008	Jacquie Marsalis – Manager jacqueline.marsalis@anthem.com
Southeast Region	Indiana Provider Network Solutions
Sophia Brown Network Relations Consultant, Sr. sophia.brown@anthem.com 1-317-775-9528	1-800-455-6805



Anthem Blue Cross and Blue Shield
Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

* AIM Specialty Health is an independent company providing benefits management services on behalf of Anthem Blue Cross and Blue Shield.
Availity, LLC is an independent company providing health care claims clearinghouse services on behalf of Anthem Blue Cross and Blue Shield.

www.anthem.com/inmedicaidoc

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative

AINPEC-2504-20 April 2020