Cascade Health Alliance

User Guide

Authorization Management Provider Portal

8-16-2017

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Using This Guide

This document is intended as a training supplement and resource for using the Cascade Health Alliance Authorization Management Provider Portal (CHAAMPP, or PP).

This blue ribbon indicates Best Practices. Helpful hints and tricks can be found after these ribbons.

This warning symbol brings your attention to important information. If instructions are not followed correctly, there may be unintended consequences.

Signing In

To sign in to the Provider Portal, follow these instructions:

1. Navigate to https://pro.cascadehealthalliance.com/Essette/Login.aspx in your web browser.

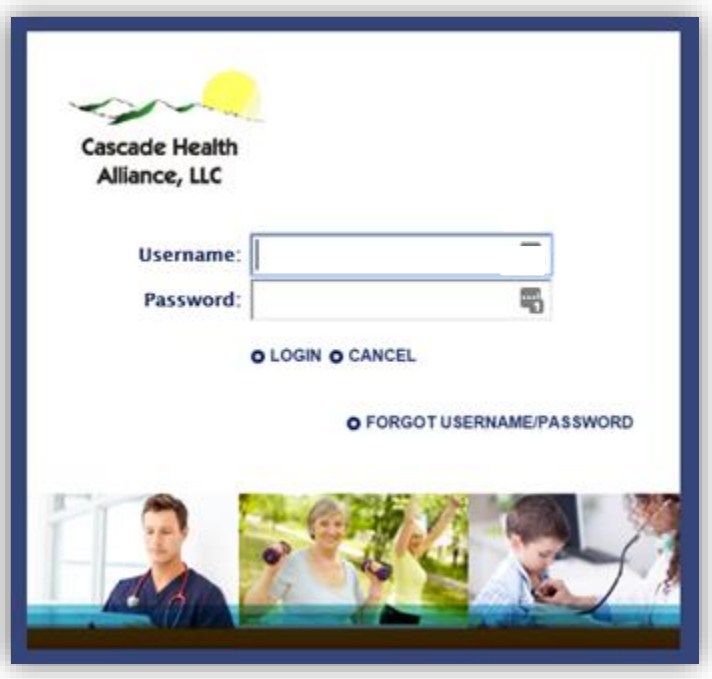


Figure 1: Login Screen

We recommend Google Chrome or Mozilla Firefox for best portal results.

2. Enter your username and password in the appropriate boxes.
3. Click “Login”.

Provider Portal Navigation

When you first log in, you will automatically land on the Submit Authorization page; however, you have other navigation options. The navigation bar at the top has several options:

Portal

From the Portal navigation menu, you can access your authorization requests as well as submit new authorizations.

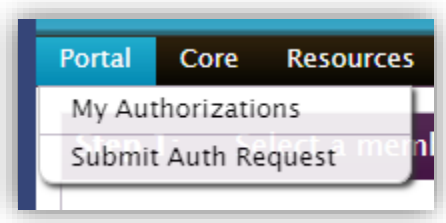


Figure 2: Portal Navigation

Core

The Core navigation menu has several options.

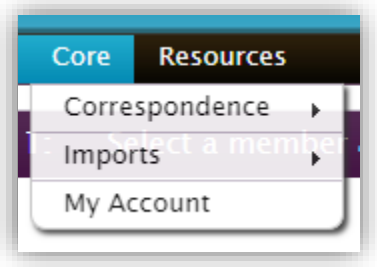


Figure 3: Core Navigation

In general, the only option that will be of use to you is “My Account”, where you can manage your personal information we have on file. This is also where you will change your password.

Resources

The resources library is full of useful information, including links to guidelines, local resources, and general information.

My Authorizations

In My Authorizations, you can search for authorizations you've submitted using the portal. This is particularly useful for information that might not always be included on the auth summaries you are faxed upon auth determination.

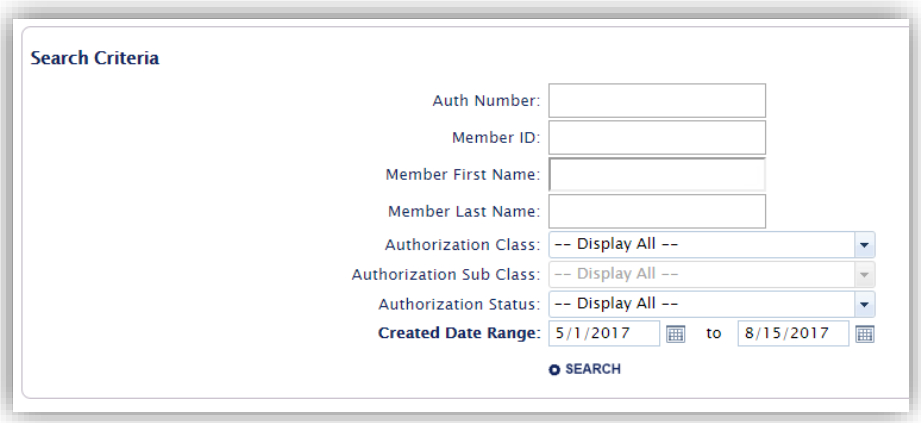


Figure 4: My Authorizations Search Criteria

To search for an authorization, follow the instructions below:

1. Navigate to "My Authorizations" using the Portal navigation menu.
2. Enter search criteria in the available fields.

Only the "Created Date Range" is a required field; all others are optional for searching.

3. Click the blue Search text at the bottom of the box.

Your search results will show all authorizations that match your criteria.

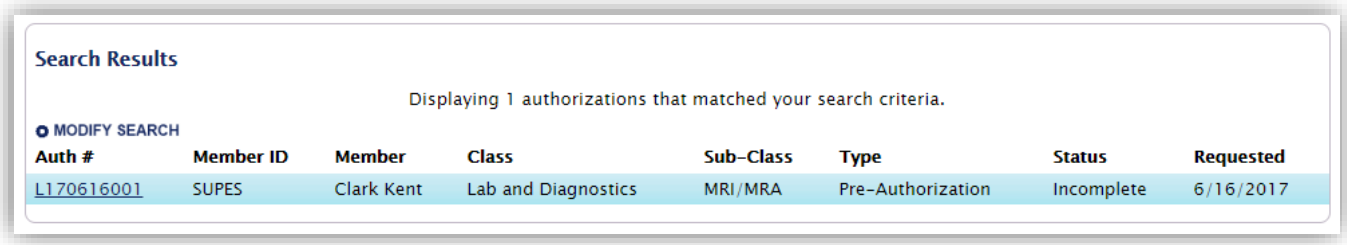


Figure 5: My Authorizations Search Results

4. Click on the hyperlinked Auth # to open a popup window of the Authorization Summary.

Authorization Summary

The online Authorization Summary on the My Authorization search screen is nearly the same as the Auth Summary you get faxed with some distinct differences:

- The online Authorization Summary does not show the expiration date of the auth.
- The online Authorization Summary includes determination assessments.
- The online Authorization Summary includes authorization notes.
- The online "authorization date" will not populate if the authorization is not approved.

Two commonly used features of the online Authorization Summary are the EZCAP Auth # and Export to PDF.

EZCAP Auth

While we are still transitioning to other systems, we must utilize two authorization numbers to effectively process authorizations – one for authorization management, and one for billing. The EZCAP Auth # is the one you should submit for billing. When a Reviewer processes an auth, they immediately generate a faxed Auth Summary which is automatically sent to the number on file for providers. This Auth Summary is missing the EZCAP Auth # and has the following text to help you remember to look in the Portal when you're ready to submit the bill:

Below is a summary of the authorization you requested. Please note that the auth number displayed here will not be the one you submit for claims. The Billing and Claims Auth Number will be generated in approximately 24 hours, then can be accessed on the Provider Portal.

Figure 6: Faxed Authorization Summary

While the EZCAP Auth # may be generated the morning after the determination is made on an authorization, the portal cannot update until all users are off the system the following night.

Opening the online Authorization Summary shows the EZCAP Auth # as the second line of Authorization Info. As soon as this number is populated, you can use it to submit your claim to us.

Figure 7: Unpopulated EZCAP Auth #

Export to PDF

At the top right of the online Authorization Summary is a button to Export to PDF.

Figure 8: Export to PDF

This exports the full summary, including assessments and notes, for your records.

Submit Auth Request

This portal simplifies the process of requesting an auth and, if done correctly, reduces processing time as well. The Submit Auth Request window is also useful for more than "just" submitting an auth. This section covers the actual auth request as well as a few ways to get additional information you may need.

REMEMBER: Only access information on your own patients, and only information you require to provide care. This portal offers access to more data, but must be used responsibly. CHA audits patient data access regularly for adherence to HIPAA and other privacy regulations.

Auth Requests

Submitting an auth request may seem simple, but doing it successfully is important. For the best results:

1. Navigate to "Submit Auth Request" using the Portal navigation menu.

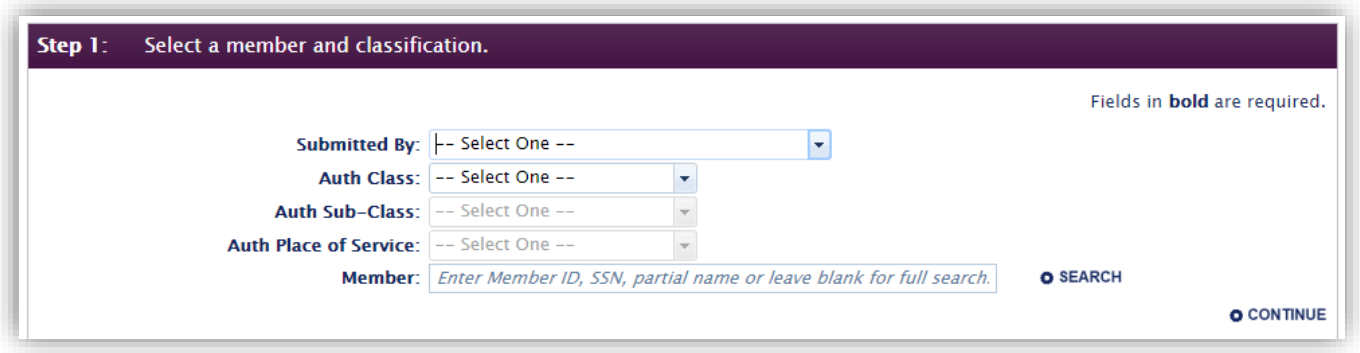


Figure 9: Submit Auth Step 1

2. Select the provider who is requesting the authorization in the "Submitted By" section.
   This list is limited to those providers on the list you provided us with your access request form.
3. Select the appropriate Auth Class from the dropdown menu.

The Auth Class cannot be changed after the auth is created. If an auth is submitted with the wrong class, it cannot be worked and must be voided. You will be contacted to start the process over.

4. Select the appropriate Auth Sub-Class from the dropdown menu.

   In some cases, you may have been provided a "workaround" as a temporary sub-class. Always check for the <u>correct</u> Sub-Class first.

5. Select the appropriate Place of Service from the dropdown menu.

In most cases, this will be 11 – OFFICE. The Place of Service should always correspond to the service(s) you are requesting.

6. Enter any part of the first or last name, or member ID into the Member box.
7. Click "Search" to find the desired member.

If the search finds only one result, the member will automatically populate instead of giving you a form to select the member.

You may also click “Search” without entering anything.
The alternate search form will have these search options available for members:

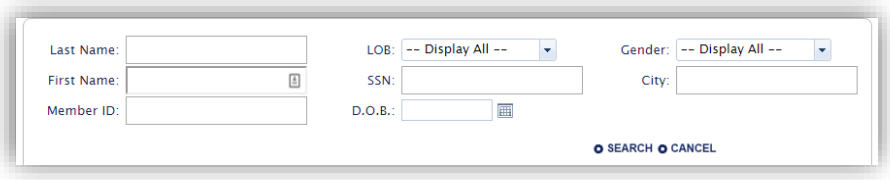


Figure 10: Member Search Box

a. Locate the correct person in the results set.
b. Click on the small magnifying glass to see the Member 360 for more information about the member.

If the member is ineligible, his/her information will be red (Disenrolled). If he/she is eligible, the information is black (Active). If the member appears Disenrolled, check in MMIS to verify.

Essette’s eligibility files run approximately 1-2 days behind. It’s important to check in MMIS to be sure that a member is truly off the plan.

Essette will display auths *of the same Auth Class* that were created in Essette for this member during the past year in a pink Duplicate Auth box.

8. Click “Continue” to move to Step 2.

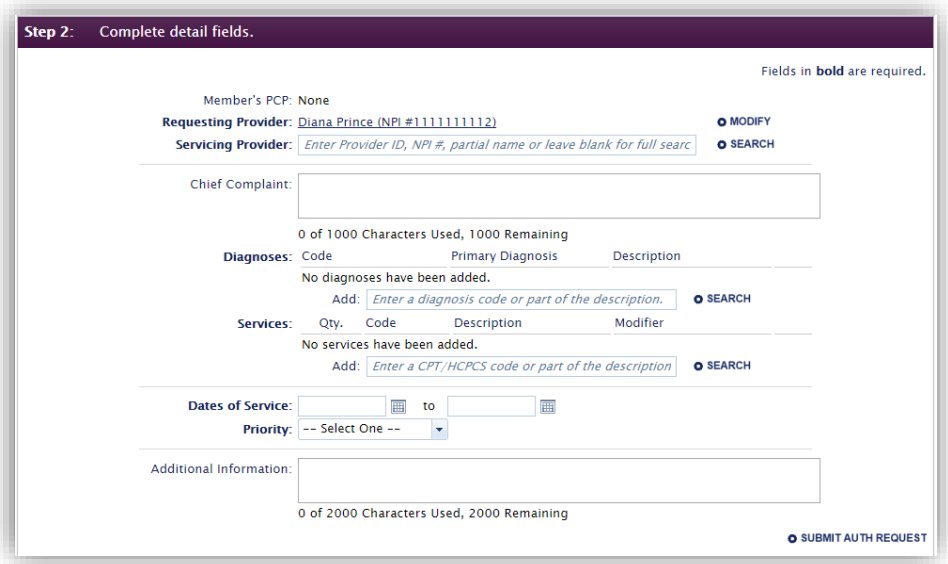
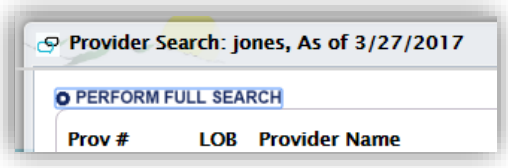


Figure 11: Step 2

9. Search for servicing providers the same way you searched for the member:
   a. Enter the provider/vendor/facility information if you know it,
   b. Enter part of the information to get a narrowed-down list, or
   c. Click “Search” without providing any information for a more detailed search screen.

If you search but don't find the provider you are looking for, enter the full search window by clicking "Perform Full Search" in the upper left corner of the search result window.



12: Perform Full Search Option

NPI's don't always work. If you are having a hard time finding the provider you're looking for, feel free to email essetteadmin@cascadecomp.com for assistance in your search terms. If you know a provider's DMAP number, those have a much higher success rate.

10. Enter the chief complaint in the text box labeled "Chief Complaint".
    This step is not required, but may be helpful when making a determination.
11. Add a diagnosis code(s) to the auth with the text field
    a. Enter in part or all of the diagnosis code, or
    b. Enter in part or all of the diagnosis description
    c. Click "Search"

Ensure that you are selecting ICD-10 codes. One easy way to get to ICD-10 codes is to click the Code column header twice inside the Diagnosis Search results.

12. Add a service or procedure code to the auth with the text field:
    d. Enter in part or all of the service or procedure code, or
    e. Enter in part or all of the service or procedure description
    f. Click "Search"

You can keep adding services and procedure codes.

13. Enter the quantity of services requested in the "Qty." field.

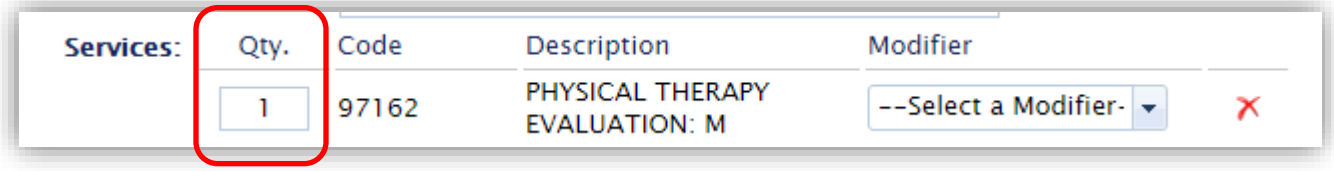


Figure 13: Services List

14. Select dates of service (or an expected window) using the calendar picker, or enter them.
15. Select a priority for the auth.
    Auths are ONLY expedited (urgent) under the following conditions:
    - Patient is at risk for irreversible harm or death if not processed within 72 hours
    - The service has not already been performed

    Please prioritize carefully.

16. If necessary, enter additional information about the authorization in the “Additional Information” box.

Some options include if you were instructed to enter a “non-provider” in the servicing provider field or if you want to clarify the quantity of a service you are requesting. It saved as a note in the auth.

This is NOT where you will enter chart notes or clinical information. Please do not copy and paste chart notes or other supporting documentation here.

17. Click “Submit Auth Request” at the bottom of the Step 2 window.
    Step 2 is now completed, and the authorization form will take you to Step 3, where you can submit supporting documentation.

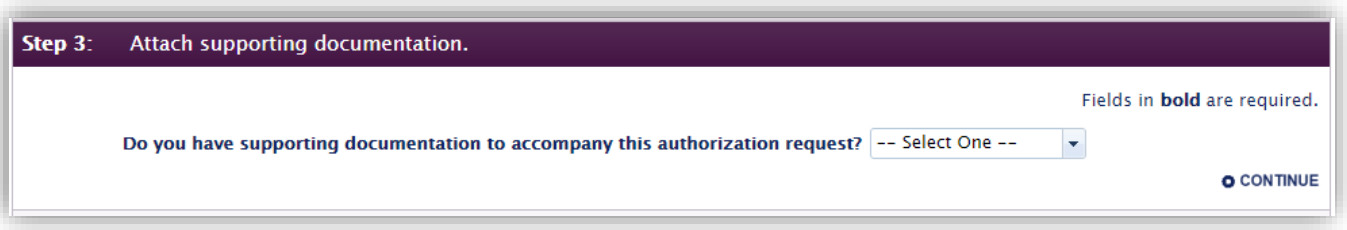


Figure 14: Step 3

18. Select the appropriate response to the documentation.

If you will have supporting documentation to fax later, select “Yes” and “Paper” in later steps. Generally, every authorization request should be supported with clinical information and chart notes.

19. Select the type of documentation from the next drop down that appears.
    The window below shows the result if you select “both”

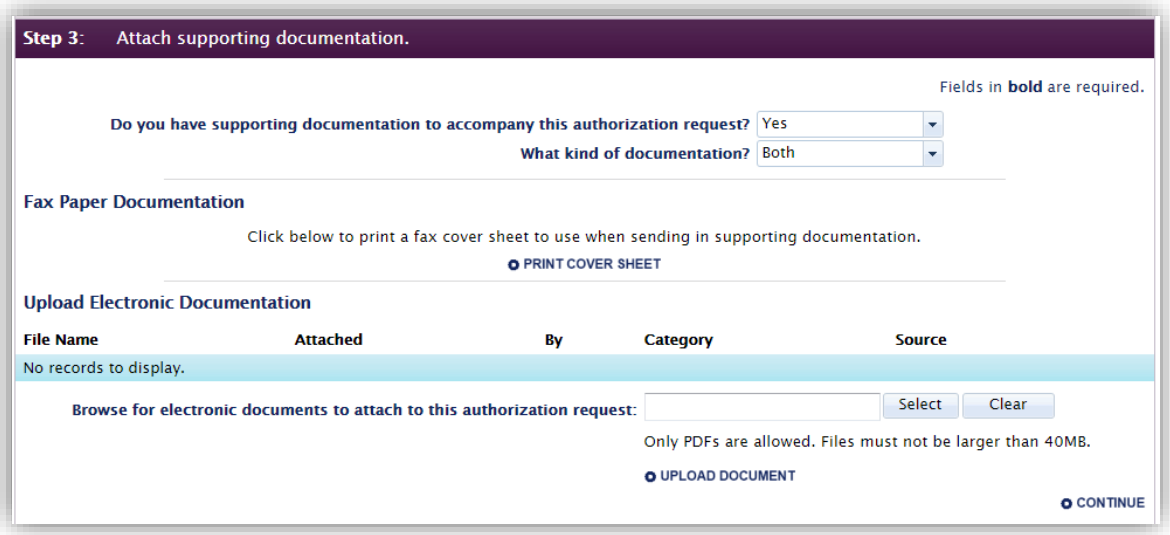


Figure 15: Supporting Documentation

Electronic files must be in PDF format. Submitting files in any other format will result in an error. Contact your IT support for the best way to generate PDF files from your EHR.

20. Follow the displayed instructions to print a cover sheet or upload electronic documentation.

If uploading a PDF electronically is available to you, this will help ensure your authorization is processed as quickly as possible. We cannot process an authorization without supporting documentation.

21. Click “Continue” to finish the auth submission process.

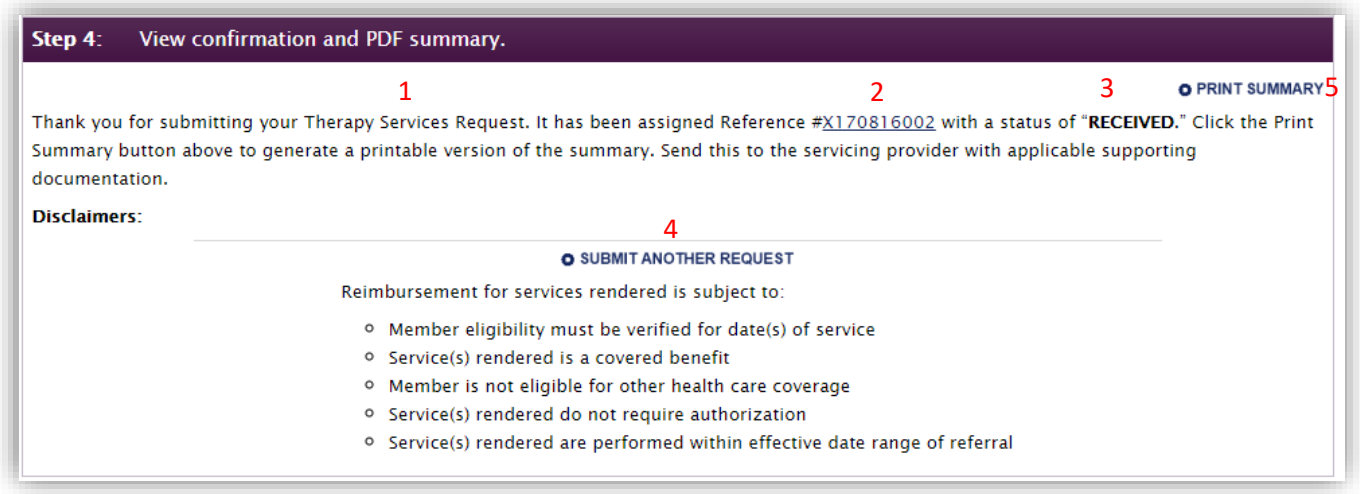


Figure 16: Confirmation

In this confirmation you will find the Auth SubClass (1) as well as the Essette Auth # (2) and a status of RECEIVED (3). Other statuses include:

- Incomplete – being reviewed for supporting documentation
- Requested – documentation has been attached and auth is in the queue to be processed
- Approved – all services have been approved
- Denied – all services have been denied
- Modified – some but not all services have been approved
- Canceled – the auth has been canceled (reason will be in auth notes)

From this screen, you may submit another request (4) if desired, print a summary of the auth you just submitted (5) or navigate to other areas of the portal.

Non-Auth Uses

The following instructions can be utilized to see CHA's data on a member.

1. Navigate to the Submit Auth Request page.
   Don't start entering an auth!
2. Enter any part of the first or last name, or member ID into the Member box.
3. Click "Search" to find the desired member.
   a. If you get search results, click on the magnifying glass toward the right.

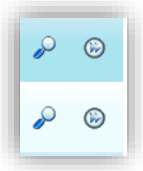


Figure 17: Search Results Magnifying Glass

   b. If you used the member ID and it populated the "auth request" form, click their hyperlinked name/ID.

   This opens the Member 360, which contains nearly all information we have stored on each member.

Portal access is currently unlimited for member view. Audits are performed regularly on data access. Only access information you require to provide quality care for your patients. Some of these ribbons may not be visible due to permissions settings.

Figure 18: Member 360 Ribbons

4. Scan down the Member 360 until you see the ribbon you need to view.

   In general, the only ribbons you should utilize are:

   - Authorizations
   - Claims
   - Eligibility
   - PM Campaigns

5. Click the desired ribbon to expand it.

To access the approval period (including the start and expiration dates) of an auth and the EZCAP Auth #, look under the Authorizations ribbon. The Dates of Services column shows the approval period for the authorizations. The "to" date is the expiration date of the auth.

When you are finished, close the pop up window to return to the main portal screen.

Frequently Asked Questions

Your feedback is essential for us to develop the best user guide possible. When you have a problem that cannot be solved with this user guide, please contact essetteadmin@cascadecomp.com for assistance. This email goes to several people who will respond appropriately as soon as possible.

Here are some comments we've received.

How do I find a servicing provider?

If you are not able to find the provider you want to send your patient to, try looking up different combinations of the provider's name or clinic name. Sometimes clinic names are abbreviated in the system as well, so a partial name search may be effective. Contact essetteadmin@cascadecomp.com for ideas, and if we determine that the requested provider is not in the system, we'll give you advice for how to proceed.

Where is the explanation of payment?

We are unable to add the explanation of payment for claims in this system. If you do not receive EOBs from CHA, please contact the claims department.

Why don't I have access to all the providers I work with?

When we receive your access request, we look up and assign providers based on the NPIs you submit with your access request form. If any of those are incorrect or missing, we don't have the information to add the provider. If you believe we are missing a provider in error, please contact essetteadmin@cascadecomp.com with the provider name, NPI, and DMAP number if you know it.

I'm sure this member is eligible but your system says it's not. Why?

This portal's eligibility files run approximately 48 hours behind our files from the state. First, the files must be imported using an automated process that can take quite some time. Then those files must be validated and entered into multiple systems. As we continually improve our systems, this lag time will get shorter.

The portal says no auths have been created for this patient in the last year. Why?

When checking the auths for the past year, the portal only looks at auths that have been entered and processed in this system, not the older system. In addition, it only looks at auths for the class and sub-class you are working with. If you DO see a pink box with a flagged auth, don't ignore it as this may be evidence of potential duplication of services.

Why do I get an error when I try to upload chart notes?

When you are given the option to upload electronic chart notes, those notes must be in PDF format. If they are, and you are still getting an error, please contact your IT department. Your network may have rules that prevent you from uploading documents to websites.

Where is the expiration date? It's not on the Auth Summary!

In the Member 360, under Authorizations, an auth's approved "dates of service" are the "open" dates of the auth. Look for the second date here to find the expiration date.

Authorizations							
Auth #	EZCAP Auth #	Class	Priority	Dates of Service	Status	Denial Code	Created By