



**Gold Coast
Health Plan**SM
A Public Entity

Provider Portal Authorizations Guide

July 2024

Network Operations Department
Provider Relations

Integrity

Accountability

Collaboration

Trust

Respect

Introduction

The objective is to go over where the **Authorization** tab is located and its features.

System Requirements

The GCHP Provider Portal is a secure web-based platform to be accessed using Edge, Safari, Firefox, or Google Chrome. Each browser should be updated to the most recent version available for optimal performance.

Accessing the Portal

You will need to start by creating a GCHP Portal account which will allow you to return to the portal at any time to view eligibility, benefits, coverage, and claim information for GCHP members.

Authorizations

How to view authorizations via TruCare

Follow these step-by-step instructions to be redirected to TruCare ProAuth to view and submit authorizations.

Before you Begin

Login to the GCHP provider portal and start from the Provider Dashboard. Select the **Authorization Request** menu from the **Authorizations** tab.

Agree to the GCHP Terms of use

You must check the “I agree” checkbox and button to be redirected to TruCare third-party site. If you select “I Disagree” you will be redirected to the Dashboard.

Important

ProAuth will display authorizations for all NPIs submitted from the portal even if the NPI is shared by more than one location.

The screenshot displays the TruCare ProAuth interface. At the top, a dark blue navigation bar contains the following menu items: Dashboard, Patient Eligibility, Authorizations (highlighted in yellow), Claims, My Practice, Account Management, and Tools and Resources. A dropdown menu is open under 'Authorizations', showing 'Authorization Request'. Below the navigation bar, the page title is 'AUTHORIZATIONS'. The main content area is titled 'TruCare ProAuth' and contains the following text: 'The provider must agree to the below acknowledgement in order to be redirected to ProAuth.' Below this is a checkbox that is checked, followed by a paragraph of disclaimer text: 'You will now leave the Gold Coast Health Plan (GCHP) website. If you choose to agree with these disclaimer conditions by clicking the "I Agree" button, a TruCare ProAuth website will open in a new window. GCHP has no control over the content or the availability of the site and is not responsible for the privacy practices or the content of such Website (s). GCHP has provided links and pointers to Internet sites maintained by third parties ("third party sites") and may from time to time provide third party materials on this site. The third-party materials in this site and the third-party sites are provided "as is" and without warranties of any kind either expressed or implied.' Below the text is a line of instructions: 'Click "I Agree" to continue to the third party site. If you do not wish to leave the Gold Coast Health Plan Website, click "I Disagree" instead.' At the bottom of the form are two buttons: 'I Disagree' (light blue) and 'I Agree' (dark blue).

Authorizations

TruCare ProAuth opens to the dashboard where you can locate members and work with authorization

On the dashboard you can start a member search, begin the workflow for an authorization request and view or filter an authorization summary or a list of providers.

As you move through the application, you can return to the main dashboard page by selecting **Dashboard** in the upper left.

Match the numbers on this illustration with the numbers in the following slides for an explanation of the functional areas of the dashboard.

The member in this example is fictional.

The screenshot shows the TruCare ProAuth dashboard interface. On the left is a navigation sidebar with a 'Dashboard' link (1) and a member profile for 'Johnson, Kathy' (2). The main content area has a top navigation bar with 'PROVIDER FILTER (0/83)' (3) and buttons for 'CREATE INPATIENT AUTHORIZATION' (4) and 'CREATE SERVICE/PROCEDURE AUTHORIZATION'. Below this is a filter section (5) and an 'Inpatient Authorizations Summary' table (6) with buttons for 'EXTEND' (7), 'VIEW AUTH DETAILS' (8), and 'VIEW CORRESPONDENCE' (9). The table lists three entries for 'Johnson, K...' with a pagination bar (10). Below is a 'Service / Procedure Authorizations Summary' section (11) with buttons for 'ADD/EXTEND SERVICE' (12), 'VIEW AUTH DETAILS', and 'VIEW CORRESPONDENCE'. The table below lists four entries for 'Johnson, Kathy F' with a pagination bar (13).

Member Na...	Authorizati...	Determinat...	From Date ...	To Date	Servicing F...	Diagnosis C...	State
Johnson, Ka...	IP0000001...	Pending	06/05/2018	06/07/2018	Dallas Medi...	001.1	Open
Johnson, Ka...	IP0000001...	Pending	06/03/2018	06/05/2018	Dallas Medi...	001.1	Open
Johnson, K...	IP0000001...	Pending	06/01/2018	06/03/2018	Dallas Med...	001.1	Open

Member Name	Authorization # ...	Determination S...	Start Date	End Date	State
Johnson, Kathy F	OP000002495	Pending	06/05/2018	06/07/2018	Open
Johnson, Kathy F	OP000002350	Pending	06/03/2018	06/05/2018	Open
Johnson, Kathy F	OP000002276	Pending	06/01/2018	06/03/2018	Open
Johnson, Kathy F	OP000004000	Partially Approved	01/01/2017	01/01/2030	Open

Functional areas of the dashboard

Number	Function	Description
1	Navigation Pane	<p>A designated space for links to other web pages and for data on a selected member.</p> <p>Select Dashboard to restore the default page.</p> <p>Select Member Search to find a member. For more information about finding a member, see Finding a member [11].</p>
2	Provider Filter	<p>A tool for searching and filtering providers associated with your user account.</p>
3	References	<p>Name of the user currently signed in.</p> <p>Select Help to download the User Guide.</p> <p>Select About to display the ProAuth version.</p>
4	Create authorization request buttons/menus	<p>Use the buttons or menus to begin creating an inpatient or service/procedure authorization request. If behavioral health is enabled for IP or SP authorizations, there is a dropdown instead of the button.</p>

Functional areas of the dashboard

Number	Function	Description
5	Filter	A tool that controls what displays in the dashboard summary tables.
6	Inpatient Authorizations Summary	A table of inpatient authorizations for providers associated with your user account. You use the dashboard's Filter to populate the summary table with authorization requests.
7	Extend	Use to extend an open IP authorization request. This workflow starts at the dashboard with the selection of the authorization to be amended.
8	View Auth Details	Use to access to the Authorization Details page. Select an authorization, then select View Auth Details .

Functional areas of the dashboard

Number	Function	Description
9	View Correspondence	<p>Use to view the Correspondence Summary. From there you can open Letter History to view, share, or print letters sent to the member.</p> <p>Select an authorization, then select View Correspondence.</p>
10	Page controls	Displays the current page on view and the controls for moving to first, previous, next, or last page and for setting the number of table rows to view on each page.
11	Service/Procedure Authorizations Summary	A table of service/procedure authorizations for providers associated with your user account. You use the dashboard's Filter to populate the summary table with authorization requests.
12	Add/Extend Service	Use to add a service to or extend a service on an existing SP authorization request. This workflow starts at the dashboard with the selection of the authorization to be amended.
13	Line Item	By member, each distinct service request that is submitted for authorization. The line item comprises parameters such as service date range, primary diagnosis and procedure codes, place of service, servicing provider, stay level or service type, and authorization status.

Populating the dashboard

You can populate the TruCare ProAuth dashboard with authorizations related to a specific member or providers.

When you launch the application, all dashboard fields are blank except the Date of Service From Date in the Filter By section. The value in this field defaults to seven days prior to the current date.

You can display authorizations in summary tables on the dashboard. There is more than one way to display authorization requests and you can use filters to narrow the search for authorizations.

To populate a dashboard summary table with authorizations, use one of the following options:

- Provide a Member ID or Authorization Number in one of those fields and select Filter.
This search process checks all of your associated providers and displays all matching authorizations in a summary table.
You can narrow the search results using the following additional filtering options in the Filter By area:
 - Select providers from the Provider Filter.
 - Use the filtering options in Filter By.
- Select at least one provider from the Provider Filter and provide values in the Date Range, Service Type, and Diagnosis Type (if available) fields.
This search process displays all matching authorizations associated with the provider in a summary table.
Your filter can also include closed authorizations (Include Closed check box) or authorizations that only you have requested (Requested By Me check box). These options are in the Filter By area.

Populating the dashboard

Any authorizations matching your search are displayed in summary tables.

Dashboard CREATE INPATIENT AUTHORIZATION CREATE SERVICE/PROCEDURE AUTHORIZATION

Filter By ⓘ Include Closed: No | From Date: 07/19/2018 | Member ID: M1000060000

Inpatient Authorizations Summary EXTEND VIEW AUTH DETAILS

Member Name	Authorization #	Determination Stat...	From Date	To Date	Servicing Facility	Diagnosis Code	State
Contreras, Naomi	IP0000001399	Pending	11/01/2018	11/09/2018	Brooks, Douglas	707.13	Open
Contreras, Naomi	IP0000001193	Pending	10/14/2018	10/28/2018	Dallas Medical Cent...	436	Open
Contreras, Naomi	IP0000001037	Pending	08/29/2018	08/31/2018	Dallas Medical Cen...	436	Open
Contreras, Naomi	IP0000001872	Partially Approved	08/02/2018	08/05/2018	Brooks, Douglas	006.4	Open
Contreras, Naomi	IP0000001637	Pending	08/01/2018	08/02/2018	Brooks, Douglas	006.4	Open
Contreras, Naomi	IP0000000676	Pending	07/25/2018	07/31/2018	Brooks, Douglas	017.10	Open
Contreras, Naomi	IP0000000753	Pending	07/24/2018	07/29/2018	Gooding, Lisa W	014.83	Open
Contreras, Naomi	IP0000000882	Pending	07/24/2018	08/07/2018	Brooks, Douglas	014.83	Open

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Service / Procedure Authorizations Summary ADD/EXTEND SERVICE VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	Start Date	End Date	State
Contreras, Naomi	OP0000001725	Approved	08/01/2018	08/01/2018	Open
Contreras, Naomi	OP0000000929	Approved	07/24/2018	07/27/2018	Open

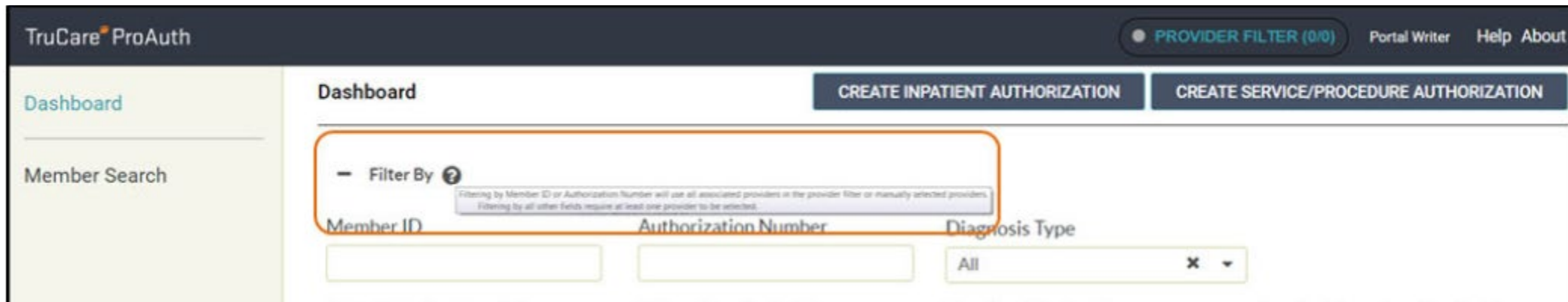
Selecting Reset removes all values and entries on the dashboard. The value of the Date of Service From Date field is restored to the default.

Populating the dashboard

Filtering options

You can use filtering options to display authorizations of interest.

In addition to using a provider list filter, you can use the filters in **Filter By** area of the dashboard to narrow the authorization search results.



The screenshot displays the TruCare ProAuth dashboard interface. At the top left, the logo "TruCare ProAuth" is visible. On the top right, there is a "PROVIDER FILTER (0/0)" button and links for "Portal Writer", "Help", and "About". Below the header, the main content area is titled "Dashboard" and contains two buttons: "CREATE INPATIENT AUTHORIZATION" and "CREATE SERVICE/PROCEDURE AUTHORIZATION". A "Filter By" section is highlighted with an orange box, featuring a minus sign and a help icon. A tooltip is visible over this section, stating: "Filtering by Member ID or Authorization Number will use all associated providers in the provider filter or manually selected providers. Filtering by all other fields require at least one provider to be selected." Below the "Filter By" section, there are three input fields: "Member ID", "Authorization Number", and "Diagnosis Type". The "Diagnosis Type" field is currently set to "All" and includes a clear button (x) and a dropdown arrow.

Finding a member

You can search for a member to work on member-specific tasks, such as viewing member authorization requests or creating a new authorization request for a member.

You can perform the member search using one of two methods: by member ID or by name and date of birth.

The screenshot shows a web interface for member search. On the left is a navigation sidebar with a 'Member Search' button. The main content area is titled 'Member Search' and contains two search options:

- Search by ID:** This option is selected. It features a text input for 'Member ID' with a placeholder 'Enter 11 characters OR 9 characters and date of birth' and a date input for 'Date of Birth' with a placeholder 'MM/DD/YYYY' and a calendar icon.
- Search by Name and Date of Birth:** This option is unselected. It features three text inputs: 'First Name' (placeholder: 'Enter at least 2 characters'), 'Last Name' (placeholder: 'Enter at least 2 characters'), and 'Date of Birth' (placeholder: 'MM/DD/YYYY' with a calendar icon).

At the bottom of the form are two buttons: 'SEARCH' and 'RESET'.

In general, you search for a member before you begin the workflow for creating an authorization request. But if you select the button for creating an authorization first, the member search comes next. Once the Member Search screen is open, the steps for finding a member are the same.

Searching by member ID

Use the member ID to locate the member in TruCare ProAuth.

When searching by member ID, you need to provide the member ID required by your organization.

Your organization might allow you to provide the member's date of birth with part of the member ID. If so, the Date of Birth field appears with the Member ID field.

At any point during a member search you can use Reset to clear the fields and start new search.

To search by member ID, use the following steps:

1. Select **Member Search** on the navigation pane.
The Member Search page opens.

Searching by member ID (cont.)

2. Select **Search by ID**.

If search by Member ID is the only search option, Search by ID is not displayed and you can skip this step.

3. Enter the member's ID in the Member ID field, using the instructions specified on the screen.

In this example, follow the specification to enter the 11-character member ID or the first 9 characters of the member ID and the member's date of birth.

The instructions used by your organization might be different. You might be prompted to enter a member ID that is within a specified numeric range (for example, an ID with a length between 5–9 characters) or from a list of specified numbers (for example, an ID with a length that is 5, 7, 9, or 11 characters).

Member Search

Search by ID

Member ID **Date of Birth** 

Enter 11 characters OR 9 characters and date of birth *MM/DD/YYYY*

Search by Name and Date of Birth

First Name **Last Name**

Enter at least 2 characters *Enter at least 2 charac*

Searching by member ID (cont.)

- If using date of birth, enter the member's date of birth.
Use the mm/dd/yyyy format. You must include the forward slash symbol (/). Or, you can use the date picker to complete the entry.
- Select Search.

If the search results include only one member, the results appear below the search area.

Member Search

Search by ID

Member ID Date of Birth
Enter 11 characters OR 9 characters and date of birth MM/DD/YYYY

Search by Name and Date of Birth

First Name Last Name Date of Birth
Enter at least 2 characters Enter at least 2 characters MM/DD/YYYY

▼ Member Search Results

	Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
👁	M1000020000	Abbott, Robert C	05/02/1942	Male	Yes	11/01/2005 - 12/17/2025

Searching name and date of birth

Use the member name and date of birth to locate the member in TruCare ProAuth.

Search for member's by first name, last name, and date of birth. All three fields are mandatory.

Use at least two characters in the two name fields. You can use wildcards in first and last names for searches. The date of birth is still required in a wildcard search. For example, you can search for mi*, b*, 05/02/1954.



NOTE

The recommended search method is the use of full first name and last name.

Searching name and date of birth (cont.)

To search for a member by name and date of birth, use the following steps:

1. Select **Member Search** on the navigation pane.
The Member Search page opens.
2. Select **Search by Name and Date of Birth**.
3. Enter the member's first name in the **First Name** field.
4. Enter the member's last name in the **Last Name** field.
5. Enter the member's date of birth.
Use the mm/dd/yyyy format. You must include the forward slash symbol (/). Or, you can use the date picker to complete the entry.
6. Select Search.

Searching name and date of birth (cont.)

If the search results include only one member, the results appear below the search area.

Member Search

Search by ID

Member ID Date of Birth

Enter 11 characters OR 9 characters and date of birth

Search by Name and Date of Birth

First Name Last Name Date of Birth

Enter at least 2 characters Enter at least 2 characters MM/DD/YYYY

▼ Member Search Results

	Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
	M1000040000	Bertram, Michael E	05/02/1954	Male	Yes	11/01/2005 - 12/17/2025


Member search results

A successful member search returns key information about a member.

The member search returns the member ID, member name, date of birth, gender, active eligibility, and eligibility effective dates.


Member Search

Search by ID

Member ID Date of Birth 

Enter 11 characters OR 9 characters and date of birth MM/DD/YYYY

Search by Name and Date of Birth

First Name Last Name Date of Birth 

Enter at least 2 characters Enter at least 2 characters MM/DD/YYYY

▼ Member Search Results

	Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
☑	M1000040000	Bertram, Michael E	05/02/1954	Male	Yes	11/01/2005 - 12/17/2025
	Policy #	Product	Group #	Eligibility Start Date	Eligibility End Date	
	PN1000040000	WL_TANF	943424243	11/01/2005	12/17/2025	

Member search results (cont.)

As long as you have the current member active (or selected), the data on this member displays as the point of focus in the navigation pane. Any authorization requests that are created and submitted relate to this specific member. When you need to create an authorization request for a different member, start by selecting Member Search in the navigation pane.

Dashboard

Member Search

Bertram, Michael

Member ID
M1000040000

Date of Birth (Age)
05/02/1954 (63 years)

Gender
Male

Active Eligibility

Member Search

Search by ID

Member ID Date of Birth

Search by Name and Date of Birth

First Name Last Name Date of Birth

▼ Member Search Results

Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
M1000040000	Bertram, Michael E	05/02/1954	Male	Yes	11/01/2005 - 12/17/2025

Policy #	Product	Group #	Eligibility Start Date	Eligibility End Date
PN1000040000	WI_TANF	943424243	11/01/2005	12/17/2025

Viewing a member summary

You can view details of a selected member in order to take further actions for that member.

After a member search, you can access more details about the member.

To see a member summary:

1. If you have more than one member in the search results, select the member you want to work with (otherwise, skip to the next step).
2. At the bottom of the Member Search page, select View Summary.

The screenshot displays the 'Member Search' interface. On the left is a sidebar with navigation links: Dashboard, Member Search, Bertram, Michael, Member ID (M1000040000), Date of Birth (Age) (05/02/1954 (53 years)), Gender (Male), Active Eligibility (Yes), Policy # (PN1000040000), Product (WL_TANF), Group # (943424243), and Eligibility Effective Dates (11/01/2005 - 12/17/2025). The main area is titled 'Member Search' and has two search options: 'Search by ID' (selected) and 'Search by Name and Date of Birth'. Under 'Search by ID', the Member ID field contains 'M10000400' and the Date of Birth field contains '05/02/1954'. Under 'Search by Name and Date of Birth', the First Name, Last Name, and Date of Birth fields are empty. Below the search fields are 'SEARCH' and 'RESET' buttons. The 'Member Search Results' section shows a table with one result for Michael E. Bertram. Below the table are three buttons: 'VIEW SUMMARY' (highlighted with an orange box), 'CREATE INPATIENT AUTHORIZATION', and 'CREATE SERVICE/PROCEDURE AUTHORIZATION'.

Member Search

Search by ID

Member ID: Date of Birth:

Search by Name and Date of Birth

First Name: Last Name: Date of Birth:

SEARCH **RESET**

Member Search Results

	Member ID	Name	Date of Birth	Gender	Active Eligibility	Eligibility Effective Dates
<input checked="" type="checkbox"/>	M1000040000	Bertram, Michael E	05/02/1954	Male	Yes	11/01/2005 - 12/17/2025

Policy #	Product	Group #	Eligibility Start Date	Eligibility End Date
PN1000040000	WL_TANF	943424243	11/01/2005	12/17/2025

VIEW SUMMARY **CREATE INPATIENT AUTHORIZATION** **CREATE SERVICE/PROCEDURE AUTHORIZATION**

Viewing a member summary (cont.)

The Member Summary page opens.

TruCare[®] ProAuth PROVIDER FILTER (78/78) Portal Writer Help About

Dashboard

Member Search

Bertram, Michael

Member ID
M1000040000

Date of Birth (Age)
05/02/1954 (62 years)

Gender
Male

Active Eligibility
Yes

Policy #
PN100004

Product
WL_TANF

Member Summary

[CREATE INPATIENT AUTHORIZATION](#) [CREATE SERVICE/PROCEDURE AUTHORIZATION](#)

Member ID M1000040000	Name Bertram, Michael E	Date of Birth (Age) 05/02/1954 (62 years)	Gender Male
Primary Language Tagalog	Secondary Language Portuguese	Medicaid # 654548365	Medicare # 003624542465
Employer Advanced Network Technologys	PCP Name Dr Lima Waposs Samuels Senior	PCP Phone # (507) 321-2321	

Eligibility

Rank	Policy #	Group #	Product	Carrier	Effective Dates
0	PN100004	943424243	WL_TANF	Dallas Medical Care	11/01/2005 - 12/17/2025

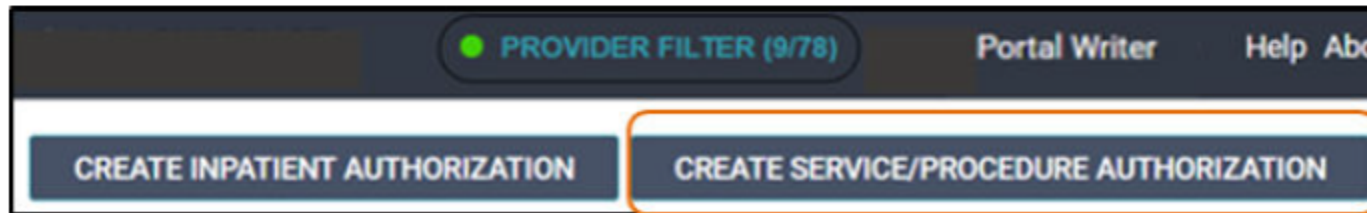
Creating an Authorization Request (Outpatient)

Starting an SP authorization request

Initiate an SP authorization request on the dashboard.

Use one of the following actions on the dashboard to start creating an SP Authorization request. The available actions depend on whether behavioral health is enabled in TruCare ProAuth.

- If behavioral health is not enabled, select **Create Service/Procedure Authorization** (to create a medical authorization).



The Prescreen page opens. Now you can add information for preliminary evaluation.

Creating an Authorization Request (Outpatient)

Completing the SP authorization prescreening

Complete the prescreening to learn the classification of an SP authorization request immediately.

In the first part of the authorization request process you provide prescreen information.

Create Service/Procedure Authorization

Progress: Prescreen (Active), Authorization Details, Services, Confirmation

* Service Type: Diagnostic Lab

* Place of Service: Inpatient Hospital

* Primary Diagnosis: BENIGN NEOPLASM OF HEART (ICD9: 212.7) [CLEAR]

* Primary Procedure Code: THERAPEUTIC ULTRASOUND OF HEART (ICD9: 00.02) [CLEAR]

* Requested Units: 1

* Unit Type: Days

* Start Date: 01/17/2019

* End Date: 01/17/2019

* Member's Applied Eligibility: WI_TANF

* Servicing Provider: Dallas Medical Center (NPI: 4000000230) [CLEAR]

ⓘ Servicing Provider selected is out of network.

Provider Specialty: General Practice

[NEXT] [CANCEL]

Creating an Authorization Request (Outpatient)

To complete the Prescreen section:

1. Select the service type from the **Service Type** menu.
2. Select the place of service from the **Place of Service** menu.
3. Specify the primary diagnosis using the following steps:
 - a. Enter a minimum of two characters in the **Search by Diagnosis name** or **Search by Code**, optionally choose a code set from the drop-down menu, and select Search.
Use precise criteria to get the best search results; only 50 data entries are shown per search. If the characters you enter match a single record, the fields are filled in automatically and you can skip the next step.
If your search did not result in a match, a slider opens with search results. To refine your search, select **Name contains** or **Name starts with**, enter your new search term in **Search by Diagnosis name** or **Search by Code**, optionally select a code set, and select Search.
 - b. Choose the correct record (diagnosis name, code, code set) in the search results, scrolling through the list if needed.

The code set includes the diagnosis coding schemes defined in TruCare.

If necessary, select Clear to start over.

You might see a message about a diagnosis code being expired.

Creating an Authorization Request (Outpatient)

4. Specify the primary procedure using the following steps:

a. Enter a minimum of two characters in the **Search by Procedure name** or **Search by Code**, optionally choose a code set from the drop-down menu, and select Search.

Use precise criteria to get the best search results; only 50 data entries are shown per search. If the characters you enter match a single record, the fields are filled in automatically and you can skip the next step.

If your search did not result in a match, a slider opens with search results. To refine your search, select **Name contains** or **Name starts with**, enter your new search term in **Search by Procedure name** or **Search by Code**, optionally select a code set, and select Search.

b. Choose the correct record (procedure name, code, code set) in the search results, scrolling through the list if needed.

The code set includes the procedure coding schemes defined in TruCare.

If necessary, select Clear to start over.

Creating an Authorization Request (Outpatient)

5. In the **Requested Units** field, type the number of requested units or use the scroll arrows to enter requested days.
The count must be at least 1 (one).
6. From the **Unit Type** menu, make a selection.
7. Enter the service start date in the format mm/dd/yyyy or use the date picker.
8. Enter the service end date in the format mm/dd/yyyy or use the date picker.
9. From the **Member's Applied Eligibility** menu, make a selection.
This field auto-completes when the member's eligibility is on record.
10. Specify the servicing provider using the following steps:
 - a. Enter a minimum of two characters in the **Search by Provider name** or **Search by Provider NPI** and select Search.
If the characters you enter have a unique match, the fields are filled in automatically and you can skip the next step.
This search is checked against the full TruCare provider database. If you search using the dashboard provider filter, you are limited to only those facilities associated with your user account.
 - b. Select the provider from the list.
 - c. Select the provider specialty from the drop-down list (optional).
If the provider does not have a specialty, this field is not displayed. If the provider has only one specialty, the field is automatically populated with it.
If necessary, select Clea Yesr to start over.
11. Select Next.

Creating an Authorization Request (Outpatient)

The prescreen information is processed. If you can proceed with the authorization request, you automatically continue to the Authorization Details page, where you can add more details.

You might see a message with additional information about the request. Click Next again to continue to the Authorization Details page.

Sometimes the results of the prescreen evaluation prevent you from continuing with the authorization request, for one of the following reasons:

- Duplicate request
- Review needed by a third party
- Member ineligibility

Select **Cancel** and then respond to the prompt to discard changes. Select Yes to return to the dashboard; select No to stay in the Prescreen page.

Creating an Authorization Request (Outpatient)

Providing the SP authorization details

After completing the prescreen evaluation, provide SP authorization request details on the Authorization Details page.

When the Authorization Details page opens, you will see the prescreen entries displayed as view only near the top.

The screenshot shows the 'Create Service/Procedure Authorization' page. At the top, there is a progress bar with four steps: Prescreen, Authorization Details, Services, and Confirmation. The 'Prescreen' step is currently active. Below the progress bar, there is a table of authorization details.

Prescreen			
Start of Service 01/17/2019	End of Service 01/17/2019	Primary Diagnosis BENIGN NEOPLASM OF HEART (212.7)	Member's Applied Eligibility WI_TANF
Servicing Provider Dallas Medical Center	Primary Procedure THERAPEUTIC ULTRASOUND OF HEART (00.02)	Requested Units 1 Days	Service Type Diagnostic Lab
Place of Service Inpatient Hospital			

Below the table, there is a section for 'Authorization Details'.

If you need to edit something in the Prescreen section, you have to go back to the Prescreen page to enter the change. Select **Back to Prescreen**. After any change, prescreen runs again when you select Next to determine whether authorization is required.

Complete the authorization details fields in the rest of the Authorization Details page.

Creating an Authorization Request (Outpatient)

Create Service/Procedure Authorization ADD NOTE ADD ATTACHMENT (0)

Progress: Prescreen (Active) | Authorization Details | Services | Confirmation

Authorization Details

Level of Urgency
Urgent ✕ URGENCY DEFINITION

*** Out of Network Reason**
Provider Request ✕

Treatment Type
Service/Procedure ✕

*** Requesting Provider**
Brooks, Douglas 1234567893 CLEAR
Search by Provider name (OR) Search by Provider NPI

*** Requesting Provider Contact Name**
Douglas Brooks

*** Requesting Provider Contact Number**
+ 1 (201) 555-1234 x9999

*** Requesting Provider Fax Number**
+ 1 (201) 555-1222

Servicing Provider Contact Name
[Empty]

Servicing Provider Contact Number
+ 1 (999) 999-9999 x9999

Servicing Provider Fax Number
+ 1 (999) 999-9999

Secondary diagnosis
[Empty] [Empty] [Empty] SEARCH +
Search by Diagnosis name (OR) Search by Code

NEXT BACK TO PRESCREEN CANCEL

Creating an Authorization Request (Outpatient)

To provide authorization details:

1. From the **Level of Urgency** list, select the urgency level.
If **Urgency Definition** is available, select it to see your organization's guidance on choosing urgency levels.
Your organization may require an attestation (acknowledgement that the selection is in compliance with the urgency definition). If so, an attestation window will display. Select **Yes** to attest. If you select No, TruCare ProAuth will revert your selection to your organization's configured value or back to blank.
2. From the **Out of Network Reason** menu, select the reason for requesting a facility that is out of network.

Creating an Authorization Request (Outpatient)

3. From the **Treatment Type** menu, select the type of treatment being requested.
4. Specify the requesting provider using the following steps:
 - a. Enter a minimum of two non-wildcard characters in the **Search by Provider name** or **Search by Provider NPI**.

The requesting provider is the entity that is requesting/ordering the service or admission for a member.

By default searches include only providers associated with your user account. You may have the option to search all available providers by selecting **Search All Providers**. When using the **Search All Providers** option, use precise criteria to get the best search results; only 50 data entries are shown per search.
 - b. Select **Search**.

If the characters you enter have a unique match, the fields are filled in automatically and you can skip the next step. Do an advanced search, if necessary.
 - c. Select the provider from the list.

Creating an Authorization Request (Outpatient)

5. In the **Requesting Provider Contact Name** field, enter the contact name specified by the provider.
6. Enter the requesting provider contact number for the authorization, including the country code and extension, if any.
7. Enter the requesting provider fax number, including the country code.
8. In the **Servicing Provider Contact Name** field, enter the contact name specified by the provider.
9. Enter the servicing provider contact number for the authorization, including the country code and extension, if any.
10. Enter the servicing provider fax number, including the country code.
11. Specify a secondary diagnosis (or more than one) if needed, using the following steps:
 - a. Enter a minimum of two characters in the **Search by Diagnosis name** or **Search by Code** and select Search.

Use precise criteria to get the best search results; only 50 data entries are shown per search. To refine your search, select **Name contains** or **Name starts with**, enter your new search term, then select Search.

If the characters you enter match a single record, the fields are filled in automatically and you can skip the next step.
 - b. Choose the correct record (diagnosis name, code, code set) in the search results, scrolling through the list if needed.

Creating an Authorization Request (Outpatient)

12. If you need to add a note or attachment, do so now.

If you try to submit the request without adding a required note or attachment, a message that a note or attachment is required appears on the screen.

13. If you need to add clinical criteria, do so now.

If you try to submit the request without adding required clinical criteria, messages that clinical criteria are required appear on the screen.

14. Select Next and you are moved to the Services page to review services.

Creating an Authorization Request (Outpatient)

Adding or editing a service

You can add a new service or edit a prescreened service when creating an SP authorization request.

When adding or editing a service from the Services page, you are returned to the Prescreen page. The additional service or change to a prescreened service is subject to evaluation to determine if authorization is required. Complete the entries and, if authorization is required, advance to the Authorization Details page.

To add or edit a service:

1. On the Services page, select Add Service or Edit.
You may have already done this and are on the Prescreen page, in which case you can ignore this step.
The Prescreen page opens.
2. Complete the required fields.
3. Select Next.

Creating an Authorization Request (Outpatient)

4. On the Authorization Details page, provide details as follows:
 - a. From the **Level of Urgency** list, select a value.
If **Urgency Definition** is available, select it to see your organization's guidance on choosing urgency levels.
Your organization may require an attestation (acknowledgement that the selection is in compliance with the urgency definition). If so, an attestation window will display. Select **Yes** to attest. If you select No, TruCare ProAuth will revert your selection to your organization's configured value or back to blank.
 - b. From the **Treatment Type** menu, select a value.
 - c. If required, from the **Out of Network Reason** menu, select a value.
This is required if an out-of-network servicing provider was originally selected.
5. When you are done, select Next.

Creating an Authorization Request (Outpatient)

You proceed to the Services page, where you can review the services and submit the authorization.

In this example, a second service has been added. (Note that only one service can be expanded at a time.) After you add one or more services, you can edit all of the services and remove all but one service.

Create Service/Procedure Authorization

Progress: Prescreen → Authorization Details → **Services** → Confirmation

Service Type: Consultation	Procedure Code: REPAIR UNSPEC SEPTAL DEFECT HEART W/TISSUE GRAFT (35.60)
Service Type: Diagnostic Lab	Procedure Code: THERAPEUTIC ULTRASOUND OF HEART (00.02)

Start Date: 01/17/2019 End Date: 01/17/2019 REMOVE EDIT

Start Date 01/17/2019	End Date 01/17/2019	Requested Units 1 Days	Member's Applied Eligibility WI_TANF
Primary Procedure THERAPEUTIC ULTRASOUND OF HEART (00.02)	Service Type Diagnostic Lab	Servicing Provider Dallas Medical Center	Servicing Provider OON Reason Provider Request
Primary Diagnosis BENIGN NEOPLASM OF HEART (212.7)	Level of Urgency Urgent	Place of Service Inpatient Hospital	Treatment Type Service/Procedure

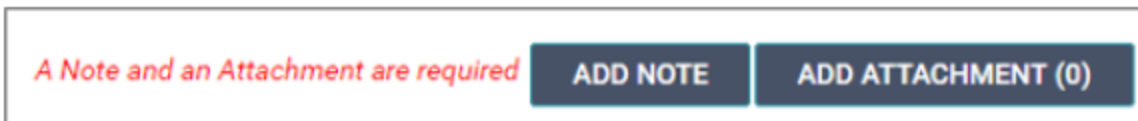
ADD SERVICE SUBMIT CANCEL

Creating an Authorization Request (Outpatient)

Adding notes and attachments to authorization requests

Sometimes you need to add a note or an attachment to an authorization request.

If configured by the payer for the selected stay level (for IP authorization requests) or selected service type (for SP authorization requests), the text "A note is required" or "An authorization is required" (there might be a custom message) is displayed in red to the left of the Add Note button. If an attachment is also required, the text for both note and attachment is combined.



You cannot advance to the next page if you do not add the required note or attachment.

Creating an Authorization Request (Outpatient)

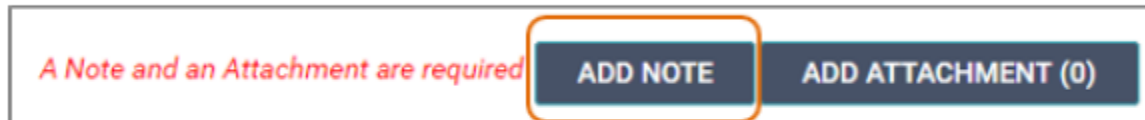
Adding a note

You can add a note on the Authorization Details page.

You might be informed that a note is required for the authorization request that you are creating. Add it on the Authorization Details page before submitting the request.

To add a note, use the following steps.

1. Select Add Note.



The Add Note dialog opens.

2. Enter content in the text box.
3. Select Save.

Creating an Authorization Request (Outpatient)

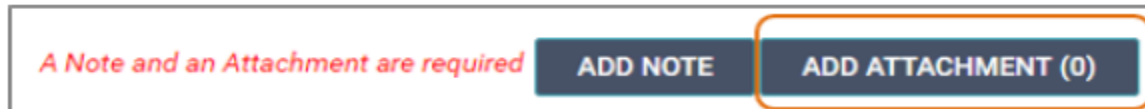
Adding an attachment on Authorization Details page

If a note is required for the authorization request that you are creating, add it on the Authorization Details page before submitting the request.

On the Add Attachment button, the count (in parenthesis) indicates the number of documents attached.

To add an attachment on the Authorization Details page:

1. Select Add Attachment to add an attachment.



The Add Attachment slider opens.

2. Select Browse to navigate to the file location, select the file, and select Open.
3. Select a document type.
4. Type a comment if needed.
5. Select Add.

The file is listed in the Attached Files section. The document type that you chose is displayed on the line item after the file is attached.

To discard the file, select the line item and select Remove.

Inpatient Authorization Requests

Inpatient authorization request submission types are utilized to submit prior authorization for the following services.

- Skilled nursing facilities
- Long Term Care
- ICF facilities

Note: If requesting prior authorization of a services or procedure to be completed at an acute inpatient facility, submit request utilizing the “Create Service/Procedure Authorization” function.

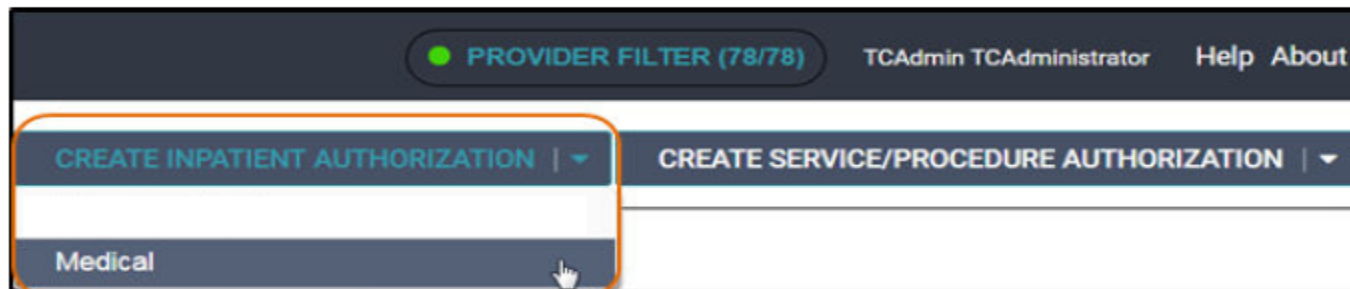
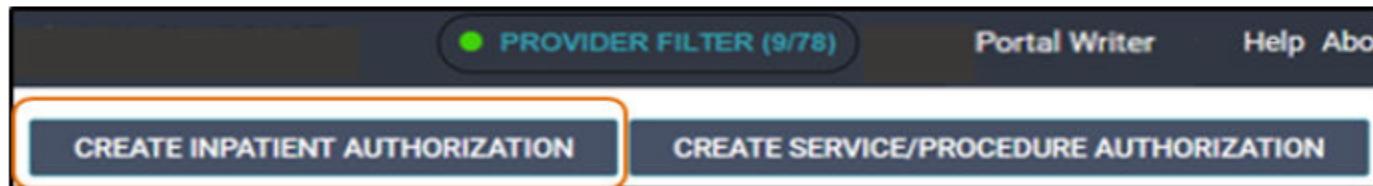
Creating an Authorization Request (Inpatient)

Starting an IP authorization request

Initiate an IP authorization request on the dashboard.

Use one of the following actions on the dashboard to start creating an IP Authorization request. The available actions depend on whether behavioral health is enabled in TruCare ProAuth.

- If behavioral health is not enabled, select **Create Inpatient Authorization** (to create a medical authorization).



Creating an Authorization Request (Inpatient)

Completing the IP authorization prescreening

Complete the Prescreen page fields to learn the classification of an IP authorization request immediately. This is part of the standard Inpatient workflow.

In the first part of the authorization request process, you provide prescreen information.

Create Inpatient Authorization

Progress: Prescreen (Active) | Authorization Details | Authorization Confirmation

*** Admission Date**
02/11/2019 MM/DD/YYYY

*** Member's Applied Eligibility**
TX_HMO

*** Servicing Facility**
Dallas Medical Center Search by Provider name | 400000230 (OR) Search by Provider NPI **CLEAR**

⚠ Servicing Facility selected is out of network.

*** Primary Diagnosis**
HYPERTENSIVE HEART DISEASE UNSPEC W/HEART FAIL Search by Diagnosis name | 402.91 (OR) Search by Code | ICD9 **CLEAR**

Primary Procedure
THERAPEUTIC ULTRASOUND OF HEART Search by Procedure name | 00.02 (OR) Search by Code | ICD9 **CLEAR**

*** Stay Level**
Medical *** Requested Days**
3 **Service Type**
Medical Care

NEXT **CANCEL**

Left Sidebar:
Dashboard
Member Search
IP Configuration
SP Configuration
Global Configuration
Abbott, Robert
Member ID: M1000020000
Date of Birth (Age): 05/02/1942 (76 years)
Gender: Male
Active Eligibility: Yes
Policy #: PN100002
Product: TX_HMO
Group #: 43274243

Creating an Authorization Request (Inpatient)

To complete the Prescreen section:

1. Enter the admission date in the format mm/dd/yyyy or use the date picker.
2. From the **Member's Applied Eligibility** menu, make a selection.
This field auto-completes when the member's eligibility is on record. There is only one active eligibility for the date of service.
3. Specify the servicing facility:
 - a. Enter a minimum of two characters in the **Search by Provider name** or **Search by Provider NPI** and select
If the characters you enter have a unique match, the fields are filled in automatically.
 - b. Select the facility from the list.
This search is checked against the full TruCare provider database. If you search using the dashboard provider filter, you are limited to only those facilities associated with your user account.
If necessary, select Clear to start over.
4. Specify the primary diagnosis:
 - a. Enter a minimum of two characters in **Search by Diagnosis name** or **Search by Code**, optionally choose a code set from the drop-down menu, and select Search.

Creating an Authorization Request (Inpatient)

5. Specify the primary procedure:

a. Enter a minimum of two characters in the **Search by Procedure name** or **Search by Code**, optionally choose a code set from the drop-down menu, and select Search.

Use precise criteria to get the best search results; only 50 data entries are shown per search. If the characters you enter match a single record, the fields are filled in automatically and you can skip the next step.

If your search did not result in a match, a slider opens with search results. To refine your search, select **Name contains** or **Name starts with**, enter your new search term in **Search by Procedure name** or **Search by Code**, optionally select a code set, and select Search.

b. Choose the correct record (procedure name, code, code set) in the search results, scrolling through the list if needed.

The code set includes the procedure coding schemes defined in TruCare.

If necessary, select Clear to start over.

6. From the **Stay Level** menu, make a selection.

7. In the **Requested Days** field, type the number of requested days or use the scroll arrows to enter requested days.

Creating an Authorization Request (Inpatient)

8. From the **Service Type** menu, make a selection.
9. Select Next.

The prescreen information is processed. If you can proceed with the authorization request, you automatically continue to the Authorization Details page, where you can add more details.

You might see a message with additional information about the request. Click Next again to continue to the Authorization Details page.

Sometimes the results of the prescreen evaluation prevent you from continuing with the authorization request, for one of the following reasons:

- Duplicate request
- Review needed by a third party
- Member ineligibility

Creating an Authorization Request (Inpatient)

Providing the IP authorization details

After completing the prescreen evaluation, provide IP authorization request details on the Authorization Details page.

When the Authorization Details page opens, you see the prescreen section where there is a collapsible dash indicating entries to view (see image below). You might see an entry for Requested Days that you did not make. This entry is configured by the payee and is displayed automatically when criteria are met.

The screenshot shows the 'Create Inpatient Authorization' page. At the top right, there are buttons for 'ADD NOTE' and 'ADD ATTACHMENT (0)'. A progress bar indicates the current step is 'Authorization Details', with 'Prescreen' and 'Authorization Confirmation' as previous and next steps, respectively. Below the progress bar, a table displays the following information:

Prescreen			
Admission Date	Member's Applied Eligibility	Stay Level	Requested Days
02/12/2019	TX_HMO	Medical	3
Primary Diagnosis	Primary Procedure	Servicing Facility	Service Type
MALIGNANT NEOPLASM OF HEART (164.1)		Dallas Medical Center	Medical Care

Below the table, the section 'Authorization Details' is visible.

If you need to edit something in the Prescreen section, you have to go back to the Prescreen page to enter the change. Select **Back to Prescreen**. After any change, prescreen runs again when you select **Next** to determine whether authorization is required.

Complete the authorization details fields in the rest of the Authorization Details page.

Creating an Authorization Request (Inpatient)

Create Inpatient Authorization ADD NOTE ADD ATTACHMENT (0)

Prescreen Authorization Details Authorization Confirmation

Authorization Details

* Admission Type: Urgent ✕

* Admission Source: Physician Referral ✕

* Place of Service: Inpatient Hospital ✕

Target Discharge Date: 09/11/2019 MM/DD/YYYY

Level of Urgency: Non-Urgent ✕ URGENCY DEFINITION

* Out of Network Reason: Continuity of Care ✕

* Requesting Provider: Brooks, Douglas 1234567893 CLEAR
Search by Provider name (OR) Search by Provider NPI

* Requesting Provider Contact Name: John Doe

* Requesting Provider Contact Number: +1 (203) 444-5656 x9999

* Requesting Provider Fax Number: +1 (203) 444-5677

Servicing Provider Contact Name:

Servicing Provider Contact Number: +1 (999) 999-9999 x9999

Servicing Provider Fax Number: +1 (999) 999-9999

Primary Procedure: THERAPEUTIC ULTRASOUND OF HEART 00.02 ICD9 CLEAR
Search by Procedure name (OR) Search by Code

Secondary diagnosis: SEARCH +
Search by Diagnosis name (OR) Search by Code

BACK TO PRESREEN SUBMIT CANCEL

Creating an Authorization Request (Inpatient)

While filling in the authorization details, if you return to the Prescreen page before you select Submit, but make no changes to the entries, you can return to Authorization Details without any loss of data. The entries you made remain intact.

To provide authorization details:

1. From the **Admission Type** menu, select the type of admission being requested.
2. From the **Admission Source** menu, select the admission source.
3. From the **Place of Service** menu, select the type of facility in which the service will be performed.
4. Enter the target discharge date in the format mm/dd/yyyy or use the date picker.
Depending on the configuration set by the payer, this field may be required or optional.
5. From the **Level of Urgency** list, select the urgency level.
If **Urgency Definition** is available, select it to see your organization's guidance on choosing urgency levels.
Your organization may require an attestation (acknowledgement that the selection is in compliance with the urgency definition). If so, an attestation window will display. Select Yes to attest. If you select No, TruCare ProAuth will revert your selection to your organization's configured value or back to blank.
6. From the **Out of Network Reason** menu, select the reason for requesting a facility that is out of network.

Creating an Authorization Request (Inpatient)

7. Specify the requesting provider:
 - a. Enter a minimum of two non-wildcard characters in the **Search by Provider name** or **Search by Provider NPI**.

The requesting provider is the entity that is requesting/ordering the service or admission for a member.
8. In the **Requesting Provider Contact Name** field, enter the contact name specified by the provider.
9. Enter the requesting provider contact number for the authorization, including the country code and extension, if any.
10. Enter the requesting provider fax number, including the country code.
11. In the **Servicing Provider Contact Name** field, enter the contact name specified by the provider.
12. Enter the servicing provider contact number for the authorization, including the country code and extension, if any.
13. Enter the servicing provider fax number, including the country code.

Creating an Authorization Request (Inpatient)

14. Specify the primary procedure using the following steps:

- a. Enter a minimum of two characters in the **Search by Procedure name** or **Search by Code** and select Search.

Use precise criteria to get the best search results; only 50 data entries are shown per search. To refine your search, select **Name contains** or **Name starts with**, enter your new search term, then select Search.

If the characters you enter match a single record, the fields are filled in automatically and you can skip the next step.

- b. Choose the correct record (procedure name, code, code set) in the search results, scrolling through the list if needed.

The code set includes the procedure coding schemes defined in TruCare.

If necessary, select Clear to start over.

Creating an Authorization Request (Inpatient)

15. If you need to add a note or attachment, do so now.

If you try to submit the request without adding a required note or attachment, a message that a note or attachment is required appears on the screen.

16. If you need to add clinical criteria, do so now.

If you try to submit the request or navigate to the next page without adding required clinical criteria, messages that clinical criteria are required or optional appear on the screen.

Viewing an Authorization Request

You can view authorizations linked to your user account in summary tables on the dashboard.

Authorization summaries are view-only. In the summary tables, you can view information on all the authorizations linked to your user account for any or all members.

The following summary tables appear on the dashboard.

- Inpatient Authorization Summary
- Service/Procedure Authorization Summary
- Service Request Summary (if your organization configures this to display)

Each row of a table represents one authorization. Expand a row to view line items.

Viewing an Authorization Request

This example shows the IP and SP Summary tables expanded.

Dashboard

CREATE INPATIENT AUTHORIZATION CREATE SERVICE/PROCEDURE AUTHORIZATION

+ Filter By ⓘ Include Closed: No | From Date: 07/19/2018 | Member ID: M1000060000

- Inpatient Authorizations Summary

EXTEND VIEW AUTH DETAILS

Member Name	Authorization #	Determination Stat...	From Date	To Date	Servicing Facility	Diagnosis Code	State
Contreras, Naomi	IP0000001399	Pending	11/01/2018	11/09/2018	Brooks, Douglas	707.13	Open
Contreras, Naomi	IP0000001193	Pending	10/14/2018	10/28/2018	Dallas Medical Cent...	436	Open
Contreras, Naomi	IP0000001037	Pending	08/29/2018	08/31/2018	Dallas Medical Cen...	436	Open
Contreras, Naomi	IP0000001872	Partially Approved	08/02/2018	08/05/2018	Brooks, Douglas	006.4	Open
Contreras, Naomi	IP0000001637	Pending	08/01/2018	08/02/2018	Brooks, Douglas	006.4	Open
Contreras, Naomi	IP0000000676	Pending	07/25/2018	07/31/2018	Brooks, Douglas	017.10	Open
Contreras, Naomi	IP0000000753	Pending	07/24/2018	07/29/2018	Gooding, Lisa W	014.83	Open
Contreras, Naomi	IP0000000882	Pending	07/24/2018	08/07/2018	Brooks, Douglas	014.83	Open

10

- Service / Procedure Authorizations Summary

ADD/EXTEND SERVICE VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	Start Date	End Date	State
Contreras, Naomi	OP0000001725	Approved	08/01/2018	08/01/2018	Open
Contreras, Naomi	OP0000000929	Approved	07/24/2018	07/27/2018	Open

Dashboard

Member Search

Contreras, Naomi

Member ID

M1000060000

Date of Birth (Age)

Gender

Female

Active Eligibility

Dashboard

CREATE INPATIENT AUTHORIZATION

CREATE SERVICE/PROCEDURE AUTHORIZATION

+ Filter By ⓘ Include Closed: No | From Date: 07/19/2018 | Member ID: M1000060000

- Inpatient Authorizations Summary

EXTEND

VIEW AUTH DETAILS

Member Name	Authorization #	Determination Stat...	From Date	To Date	Servicing Facility	Diagnosis Code	State
Contreras, Naomi	IP0000001399	Pending	11/01/2018	11/09/2018	Brooks, Douglas	707.13	Open
Contreras, Naomi	IP0000001193	Pending	10/14/2018	10/28/2018	Dallas Medical Cent...	436	Open
Contreras, Naomi	IP0000001037	Pending	08/29/2018	08/31/2018	Dallas Medical Cen...	436	Open
Contreras, Naomi	IP0000001872	Partially Approved	08/02/2018	08/05/2018	Brooks, Douglas	006.4	Open
Contreras, Naomi	IP0000001637	Pending	08/01/2018	08/02/2018	Brooks, Douglas	006.4	Open
Contreras, Naomi	IP0000000676	Pending	07/25/2018	07/31/2018	Brooks, Douglas	017.10	Open
Contreras, Naomi	IP0000000753	Pending	07/24/2018	07/29/2018	Gooding, Lisa W	014.83	Open
Contreras, Naomi	IP0000000882	Pending	07/24/2018	08/07/2018	Brooks, Douglas	014.83	Open

10

- Service / Procedure Authorizations Summary

ADD/EXTEND SERVICE

VIEW AUTH DETAILS

Member Name	Authorization #	Determination Status	Start Date	End Date	State
Contreras, Naomi	OP0000001725	Approved	08/01/2018	08/01/2018	Open
Contreras, Naomi	OP0000000929	Approved	07/24/2018	07/27/2018	Open

Viewing correspondence

You can view correspondence relating to UM authorizations from the IP or SP summary dashboard, using **View Correspondence**.

To view correspondence:

1. In the authorization summary table on the dashboard, select the authorization for which you wish to view correspondence.
2. Select View Correspondence.

The Correspondence Summary page for the selected authorization opens. You can view the letter history for any letter in Complete status.

Viewing correspondence (cont.)

Correspondence summary

The Correspondence Summary appears when you select an authorization on the member dashboard and select View Correspondence. On the summary you can select correspondence to view details about or return to the member dashboard by selecting Back to Dashboard.

Correspondence Summary

Authorization Number
IP0001004553 [BACK TO DASHBOARD](#)

Correspondence Page Instructions

Correspondence is available once completed by 'health plan'. When printing correspondence kindly remember to print applicable pages as there may be multiple copies of the letter with different recipients. If you have questions on Correspondence contact 1-800-555-1200.

Letter Name	Status	Date Generated
SP AuthApproval	Complete	12/01/2022 1:41 PM

« ‹ 1 › »

Viewing correspondence (cont.)

View letter history

Letter history provides additional information on a letter. It also allows you to view a PDF of the letter, from which you can download or print the letter.

To view letter history from the Correspondence Summary:

1. Select the letter in the Correspondence Summary grid by clicking on the corresponding line. The line turns blue and a chevron appears in the first column.
2. Select the chevron. The Letter History appears within the Correspondence Summary.