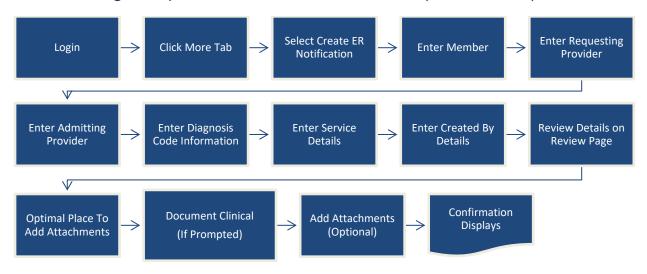


# Provider Portal – Emergent Inpatient Admission Notifications

Quick Reference Guide (QRG)



This Quick Reference Guide (QRG) will provide an overview of the Provider Portal – Emergent Inpatient Admission Notifications (Notifications).



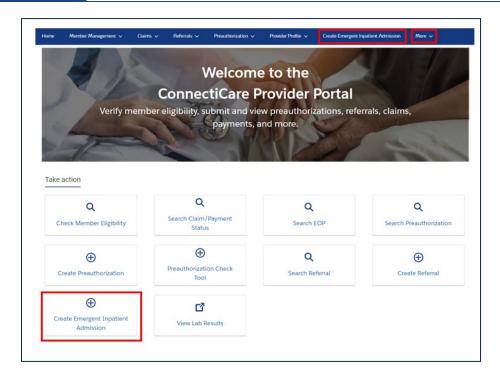
### Purpose: To Create a Notification.

Let us look at the steps in detail to create a Notification.



From **Provider Portal Home** screen, select **Create Emergent Inpatient Admission** from the top menu or the **Take action** box.

**Note:** Click **More** to view **Create Emergent Inpatient Admission**, if it is not seen on the menu tab.



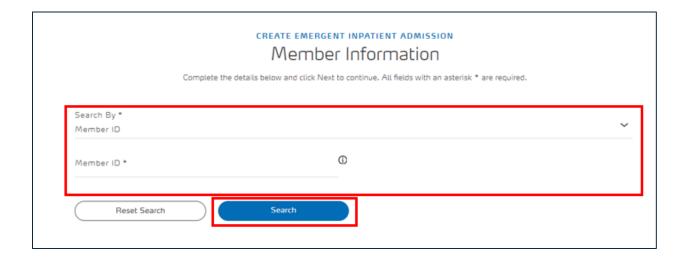




1. If you are searching by **Member ID**, enter the Member ID in the relevant field.

**Note:** You can also search using the member's name by using the down arrow to switch the **Search By** method.

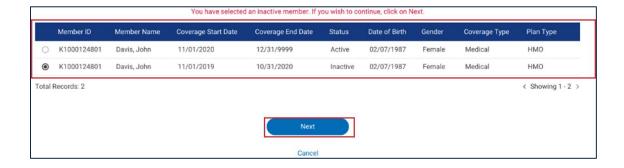
2. Click Search to view the member details.





The member's details, including plan and coverage type, display. If the member's coverage is inactive, a warning message will display.

Click Next to proceed.





### 2. Requesting Provider



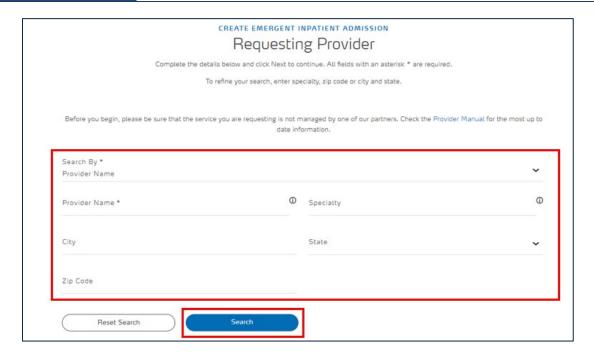
Step 4:

 The Requesting Provider screen displays. Enter Provider Name, Specialty, City, State, and ZIP Code. The Requesting Provider should be the inpatient facility where the member is being admitted.

**Note:** The fields **Specialty, City, State,** and **ZIP Code** are optional. You can enter the details in these fields if you want the search result to be more accurate.

2. Click Search.

**Note:** In the **Provider Name** field, you can search by entering at least two characters of the first or last name. In the **Specialty** field, you can do a partial search by entering four letters.





Step 5:

- 1. The provider's details for the search displays.
- 2. You can use **Filter By** to target the required provider from the search results.







Select the applicable inpatient facility from the search results table and click Next.





- Step 7:
- 1. The Alert dialog box appears if you select out-of-network provider.
- 2. Click **Next** to continue with the selected out-of-network provider or **Cancel** to go back.





### 3. Admitting Provider



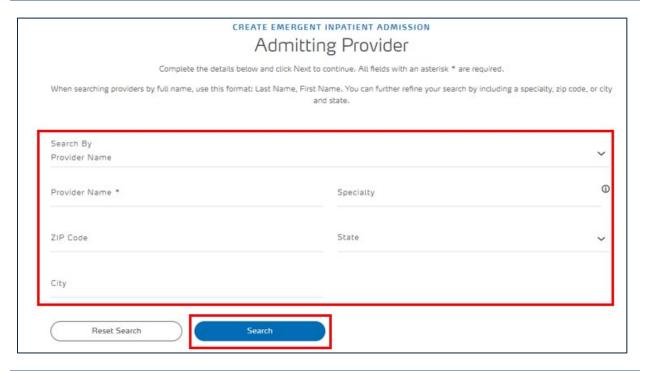
Step 8

 If you are searching by Provider Name, fill in the relevant details in the fields Provider Name, Specialty, City, State, and ZIP Code. The Admitting Provider is the doctor or practitioner who is responsible for the member's care.

**Note:** The fields **Specialty, City, State,** and **ZIP Code** are optional. You can enter the details in these fields if you want the search result to be more accurate.

Click Search.

**Note:** In the **Provider Name** field, you can search by entering at least two characters of the first or last name. In the **Specialty** field, you can do a partial search by entering four letters.





Step 9:

Providers matching your search criteria will display. If the results do not show expected results, click **Cancel** to return to the **Admitting Provider** search screen.







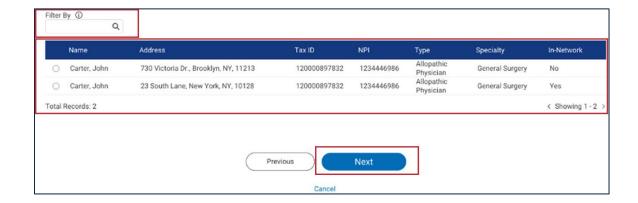
The **Alert** dialog box displays. If you click **Yes**, you will lose all the information you have entered.





**Step 11:** 

- 1. Providers matching your search criteria will display. Select the applicable provider from the search results table.
- 2. You can use **Filter By** to target the required provider from the search results.
- 3. Click Next.

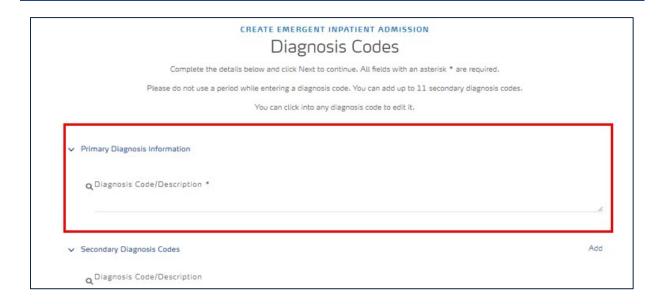




# 4. Diagnosis Codes



In the **Primary Diagnosis Information** section, Click **Diagnosis Code/Description**.

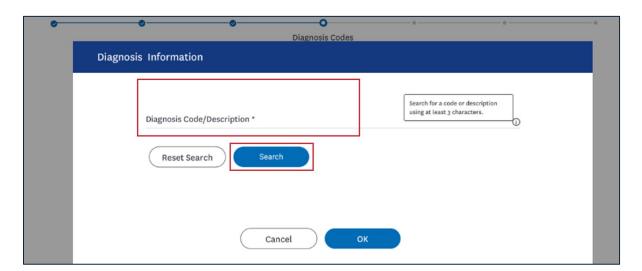




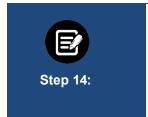
**Step 13:** 

The **Diagnosis Information** dialog box displays. Enter the **Diagnosis Code/Description** and click **Search**.

**Note:** In the **Diagnosis code/ Description** field, you may search by using at least three characters.



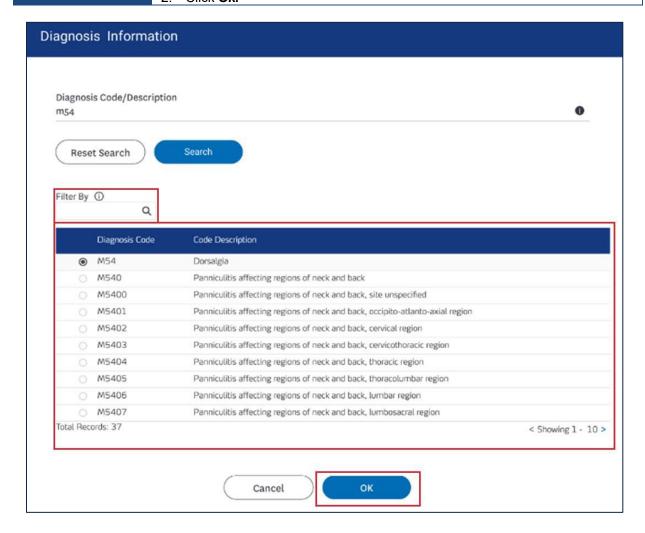




1. **Diagnosis Codes** and **Code Descriptions** matching the search criteria will display. Select the applicable diagnosis code from the search results.

**Note:** You can use **Filter By** to target the required code from the search results.

2. Click Ok.







Step 15

If there are no secondary diagnoses, click Next.

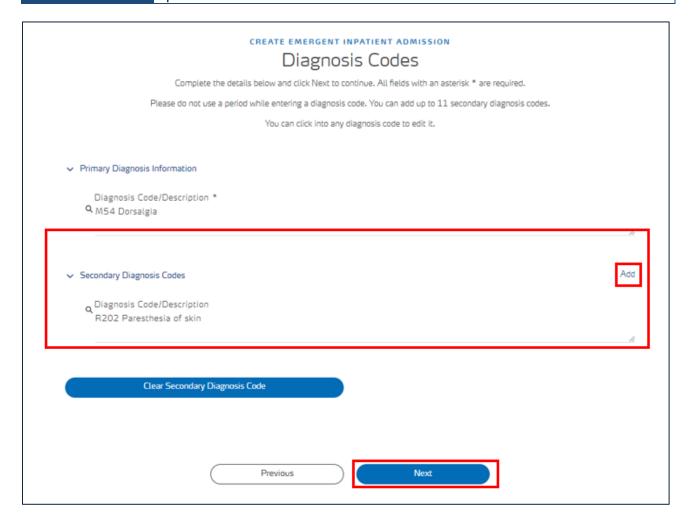
Use the **Secondary Diagnosis Codes** section following the same steps shown above to search for and add secondary diagnoses.

1. Between diagnoses, click **Add** to enter the next code.

**Note:** You can add up to 11 secondary diagnosis codes.

2. Click **Next** to proceed once you add the primary and secondary diagnosis codes.

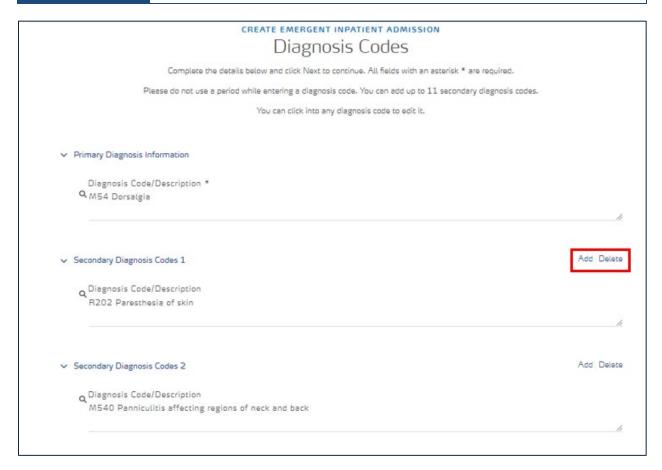
**Note:** Primary diagnosis code is mandatory while secondary diagnosis codes are optional.







Click **Delete** to delete the **Secondary Diagnosis Code** if wrong item selected.





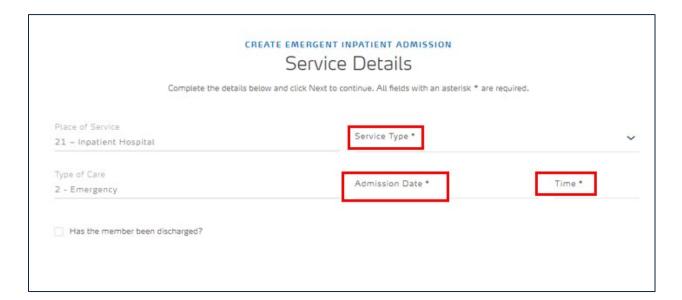
### 5. Service Details



Step 17:

The Service Details screen displays. Enter the Service Type, Admission Date, and Time.

**Note:** The fields **Place of Service** and **Type of Care** are prepopulated and non-editable.





Step 18:

Select the option from the **Service Type** drop-down.

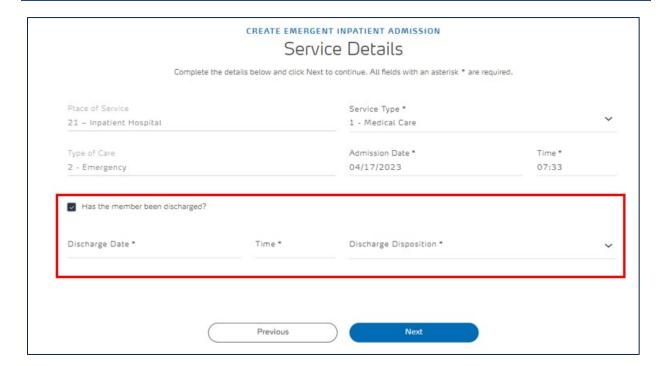






**Step 19:** 

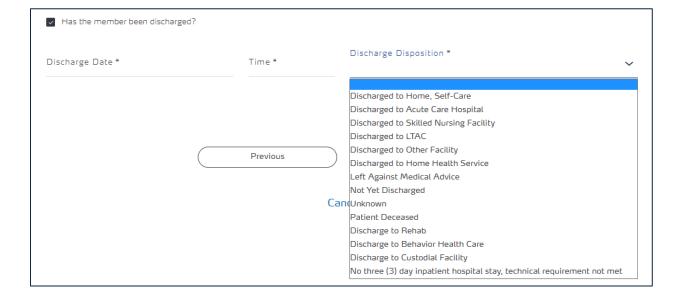
Check the box if the member has already been discharged and enter the other required details.





**Step 20:** 

1. Select the appropriate option from the **Discharge Disposition** drop-down.







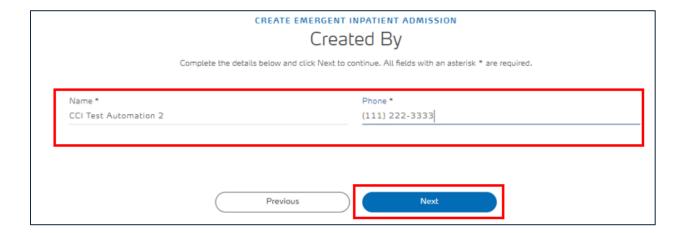




# 6. Created By



- The Created By screen displays. Enter the details in the Name and Phone fields.
- 2. Click Next.



### 7. Review Details



Step 23:

- 1. The **Review Details** screen displays. You can review the details of all the sections you have completed.
- 2. Click **Edit** if you need to change any information in the respective section.





### 8. Add Supporting Documents



Step 24

The Add Supporting Documentation screen displays.

To optimize the automated processing of this request, we ask you to add medical records or other supporting documentation at this point in the transaction.

- 1. Click and locate your file.
- 2. Once uploaded, you will see a "Congratulations!" message indicating the document has been added, and a prompt to add another document.
- 3. Once you have uploaded all supporting documents (up to five), click **Next**.

# CREATE EMERGENT INPATIENT ADMISSION Add Supporting Documentation You can attach documents now, or later by going to the Search Preauthorizations section, and searching for the Emergent Inpatient Admission using the Reference ID. Attach Documents 1. Allowed file types are doc, docx, pdf, xls, ppt, jpg, jpeg, png, bmp, gif, bxt 2. File limit of 4 MB for each attachment 3. Maximum 5 attachments Upload



### 9. Notification Confirmation



Step 25:

Your notification confirmation will appear at the top of the screen. You will see a reference number that you can use to look up the case in the future.



### 10. Add Clinical Information For Concurrent Review



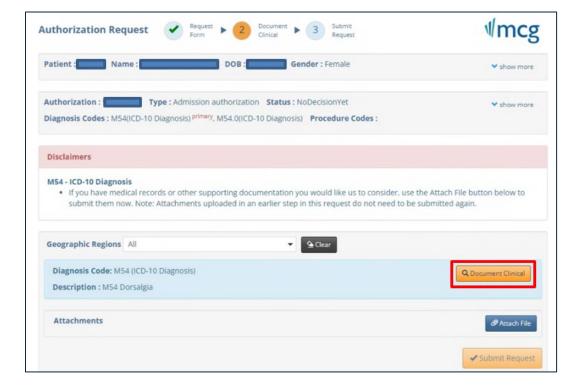
Step 26:

Click Document Clinical.

**Note:** You can click the **show more** to see additional prepopulated information.

**Note:** The diagnosis code you previously entered will prepopulate and will determine if additional clinical information is needed. If it is, you will see the **Document Clinical** button. Otherwise, the **Submit Request** button will be active.

This example will show how to submit additional clinical information.





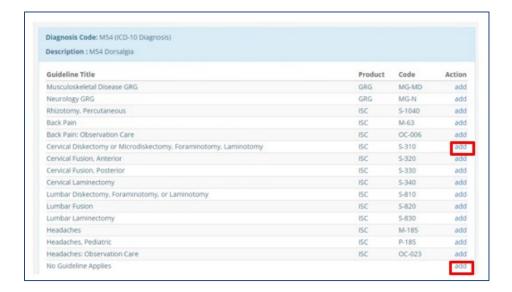


**Step 27:** 

In this example, we will look at the diagnosis M54 Dorsalgia where the **Cervical Diskectomy or Microdiskectomy, Foraminotomy, Laminotomy** guideline applies.

Click add in the Action column for the Guideline Title that applies.

**Note:** If you don't see an applicable guideline or are unsure of which guideline to choose, click **add** in the **Action** column for "**No Guideline Applies**". This will display a notes screen similar to the one shown in **Step 29** below. Enter at least one character and click **Save**. This will then activate the **Submit Request** button.

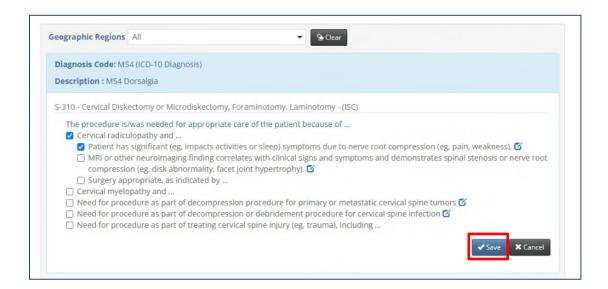




**Step 28:** 

If a guideline is selected, you will be shown criteria that could apply.

- 1. Click all the boxes that apply to your patient. When selected, you will see a white check mark in a blue box as shown below.
- 2. If you see this **Add Notes** symbol ' , it means you can click it to see a pop-up screen where you can add notes. See **Step 32** below.
- 3. Once all criteria have been selected and notes entered, click the **Save** button.

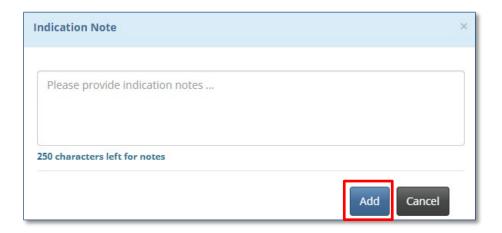






**Step 29:** 

If you have clicked the **Add Notes** symbol , you will see a pop-up box where you can add your own notes. Once the notes are complete, click the **Add** button to attach them to the case.



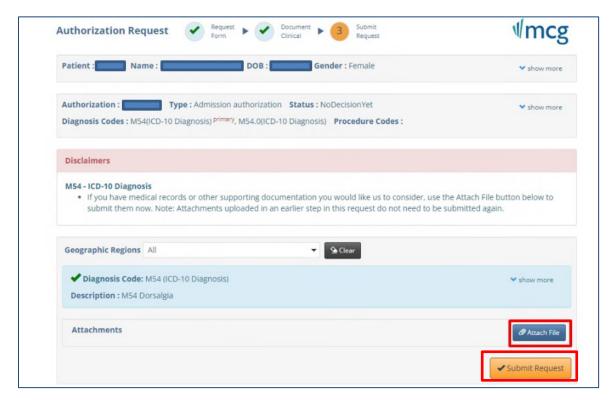


Cton 20.

Once the clinical information has been saved, you will return to this screen.

- 1. You will have the opportunity to attach additional medical records or supporting documentation using the **Attach File** button.
- 2. When you are done, click the **Submit Request** button.

**Note:** Failure to click **Submit Request** will automatically cause the concurrent review to pend. Using the **Submit Request** button may result in completion of the initial concurrent review.





### 11. Confirmation



- The Concurrent Review Status screen displays. In some cases, the
  information submitted will be sufficient to meet the initial concurrent review.
  Additional information may be needed for extended stay requests and
  discharge planning. Other cases may pend for concurrent review.
- 2. To exit, click Done.

# Concurrent Review Status

Your inpatient admission has been pended for concurrent review. We may reach out to you for additional information. Payment is contingent on the member's continued eligibility and contractual benefit limits. To give our systems a chance to fully update, it may take up to four hours before you will be able to see the inpatient case in the portal.

Done

