

Post-Acute Care Utilization Management Program



Post-Acute Care Utilization Program for Healthfirst Medicare Advantage Members in Queens, Brooklyn and Nassau Counties



Agenda

- **Post-Acute Care Program Overview**
- **Pre-Authorization Requirements**
- **Denial and Appeals Process**
- **Pre-Authorization Submission**
- **Post-Acute Care Provider Resources**
- **Provider Web Portal - Overview**
- **Q & A Session**

eviCore healthcare Authorization for Members - Overview

eviCore healthcare manages all Inpatient Post-Acute Care (PAC) and Home Health Care (HHC) prior authorizations the following Healthfirst Members:

- Members enrolled in Healthfirst Medicare Advantage Plans
- Members living in New York State who will receive services from post-acute care facilities located in Brooklyn, Queens or Nassau counties

Providers should verify member eligibility and benefits on:
www.healthfirst.com, using the secured provider log in section

Once the patient is discharged from the post-acute facility, the patient will be referred back to Healthfirst for continued care management services

eviCore healthcare Post-Acute Care Program Overview

eviCore healthcare began accepting prior authorization requests for PAC and HHC services on **August 31, 2017** for dates of service beginning **September 1, 2017** for the following provider service types:

- **Inpatient PAC Services**

- Skilled Nursing Facilities (SNF)
- Inpatient Rehabilitation Facilities (IRF)

- **Outpatient Services**

- Home Health Services (Skilled Nursing/PT/OT/ST/Social Worker and HH aides) requested following an inpatient post-acute facility stay
- Hospitals are responsible to submit the **initial** post-acute care prior approval requests for members being discharged to a SNF or IRF
- PAC Facilities (SNF and IRF) are responsible to submit **concurrent** review requests and all **new** (initial) prior approval requests for community referrals
- Home Health Agencies are responsible to submit **concurrent** review requests
- The **initial** HHC request for patients discharging from a PAC facility may be submitted by either the admitting HHC Agency or discharging PAC facility

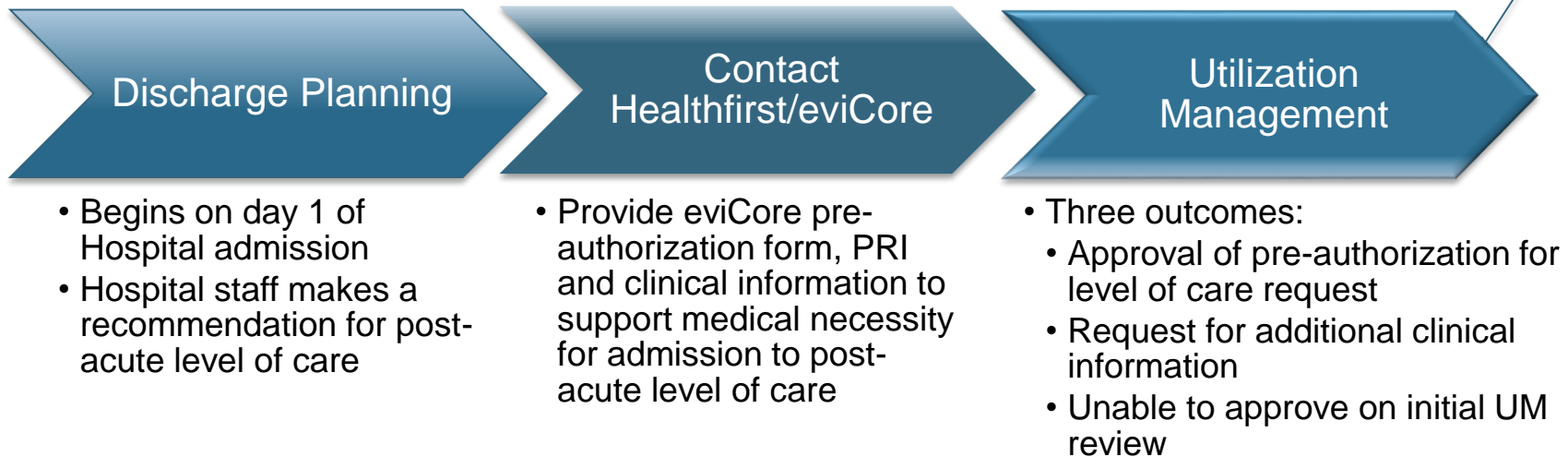
Initial Post-Acute Care Admission Requests

Pre- Authorization Overview

Hospital initiates pre-authorization requests:

- The hospital is responsible to submit the Patient Review Instrument (PRI) with the eviCore pre-auth form to Healthfirst via fax: 212-601-6950 or secure email: PRISubmit@healthfirst.org
- eviCore requests that you start the process as soon as possible to facilitate a timely pre-authorization determination

Determinations will be made within 1 business day, once clinical information is received.



Post-acute care pre-authorization forms are available on our web site: <https://www.evicore.com> and implementation web site: <https://www.evicore.com/healthplan/healthfirst>

Date extension (PAC concurrent review) Requests

Overview

- The PAC facility is responsible to submit date extension (concurrent review) requests
- eviCore requests that you start the date extension review process as soon as possible to facilitate a timely 'extension of pre-authorization' determination

Determinations will be made within 1 business day, once clinical information is received.

Plan of Care & Discharge Planning

- Begins on day 1 of Post-Acute Care admission
- Care management team completes evaluations and begins to develop a plan of care

Contact eviCore

- Provide pre-authorization form and clinical information to support medical necessity for post-acute level of care

Utilization Management

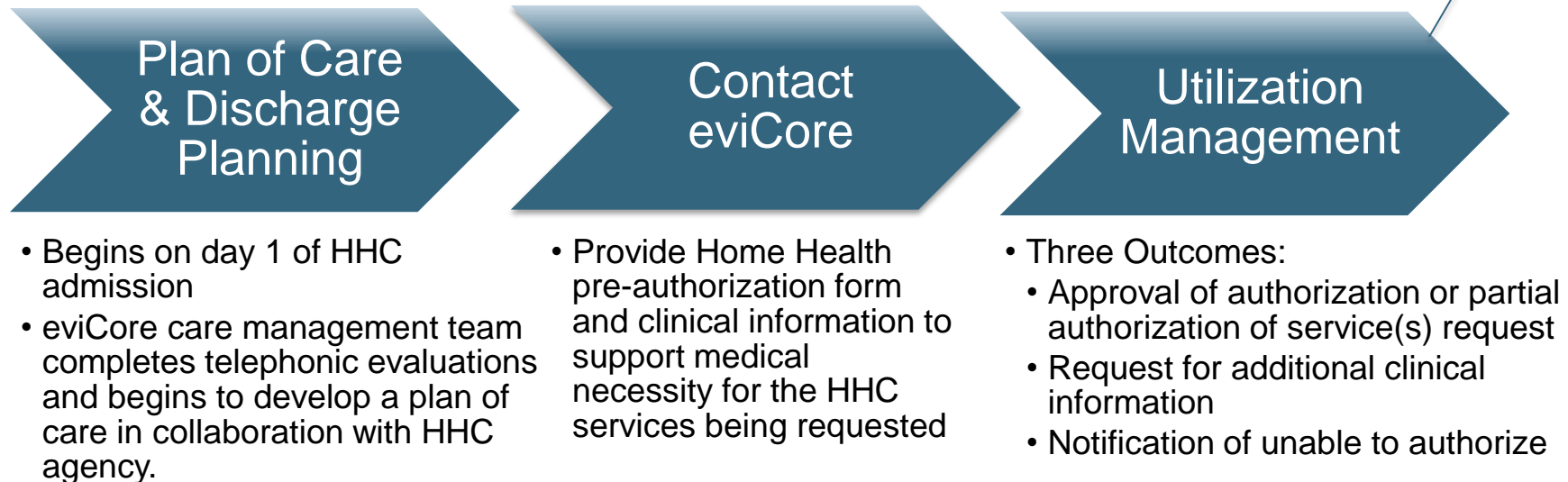
- Outcomes:
 - Approval of pre-authorization for level of care request
 - Request for additional clinical information
 - Unable to extend authorization

Important: SNF Facilities should submit clinical for date extension (PAC concurrent review) pre-authorization requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. eviCore will issue the NOMNC form to the provider. The provider is responsible to have it signed and then returned to eviCore.

Home Health Requests Overview

- The initial HHC request for patients discharging from a PAC facility may be submitted by either the admitting HHC Agency or discharging PAC facility
- HHC agency is responsible to submit the concurrent review request.
- eviCore will provide recurring outreach to the member and provider until HHC services end
- **Important:** Individual requests for each discipline may cause a delay in authorization determinations. eviCore recommends that ALL home health disciplines be requested at the same time.

Plan to receive a pre-authorization notification for initial and continued stay requests within one business day, once clinical information is received



HHC agencies should submit clinical for date extension (concurrent review) pre-authorization requests 72 hours prior to the last covered day to allow time for Notice of Medicare Non-Coverage (NOMNC) to be issued. eviCore will issue the NOMNC form to the provider. The provider is responsible to have it signed and then returned to eviCore.

Post-Acute Care Facility Pre-Authorization Overview

eviCore will provide pre-authorizations by facility type in the following ways:

Pre-Authorization	Skilled Nursing Facility	Inpatient Rehab Facility
Initial	5 calendar days	5 calendar days
Concurrent	Up to 7 calendar days	Up to 7 calendar days

➤ Pre-Authorization Expiration

- The initial pre-authorization expires 7 days from the date of issue
- If the patient is not discharged within this time frame, a new pre-authorization is required

➤ Once Determination is Complete:

- A written notification of approval will be communicated to the requesting provider and the member
- Servicing providers may obtain information on authorizations that have been approved via the eviCore web portal or by calling eviCore at: **1-877-773-6964**

➤ Post-Acute Care Pre-Authorization Criteria includes, but is not limited to:

- The applicable benefit plan manual and McKesson InterQual® Criteria
- Medicare Benefit Policy Manuals & Clinical Findings

Home Health Care Pre-Authorization Overview

eviCore will provide pre-authorizations by service type in the following ways:

Pre-Authorization	Skilled Nursing	Home Health Aide Social Worker	PT/OT/ST
Initial	7 calendar days	N/A	7 calendar days
Concurrent	14 calendar days	14 calendar days	14 calendar days

➤ **Pre-Authorization Expiration**

- The initial pre-authorization expires 7 days from the date of issue
- If the patient is not discharged within this time frame, a new pre-authorization is required

➤ **Once Determination is Complete:**

- A verbal and written notification will be provided to the requesting provider
- Servicing providers may obtain information on authorizations that have been approved by calling eviCore at: 877-773-6964

➤ **Home Health Care Pre-Authorization Criteria includes, but not limited to:**

- The applicable benefit plan document, McKesson IQ Guidelines, other Evidence-Based Tools along with Clinical Findings

eviCore healthcare Post-Acute Care Authorization Required Information for

**Healthfirst Medicare Advantage Members
in Queens, Brooklyn and Nassau
Counties**

Required Information for Initial PAC Pre-Authorization

Admission Details

- Facility type being requested
- Accepting Facility demographics
- Patient demographics
- Start of care date

Clinical Information

- Patient Review Instrument (PRI)
- PAC admitting diagnosis
- History & Physical
- Progress Notes, i.e. Attending physician, Consults & Surgical (if applicable)
- Medication list
- Wound or Incision/location and stage (if applicable)

Mobility and Functional status

- Prior and Current level of functioning
- Home environment
- Therapy evaluations PT/OT/ST
- Therapy progress notes including level of participation

Please note: Pre-Authorization forms are required for all Post-Acute Care pre-authorization requests

Required Information for Date Extensions (PAC concurrent review requests)

Pre- Authorization Details

- Facility type and demographics
- Patient demographics
- Number of days and dates requested
- PAC physician demographics
- Anticipated date of discharge

Clinical Information

- PAC admitting diagnosis and ICD10 code
- Clinical Progress Notes
- Medication list
- Wound or Incision/location and stage (if applicable)
- Discharge summary (when available)

Mobility and Functional status

- Prior and Current level of functioning
- Focused therapy goals: PT/OT/ST
- Therapy progress notes including level of participation
- Discharge plans (include discharge barriers, if applicable)

Please note: Authorization forms are required for all
Post-Acute Care authorization requests

Required Information for Home Health Requests

Pre-Authorization Details

- Site of Care demographics
- Patient demographics
- Services requested (Skilled Nursing/OT/PT/ST/SW/HHA)
- Home Health physician demographics
- Anticipated date of discharge

Clinical Information

- PAC admitting diagnosis and ICD10 code
- Clinical Progress Notes
- Medication list
- Wound or Incision/location and stage (if applicable)
- Discharge summary (when available)

Mobility and Functional status

- Prior and Current level of functioning
- Focused therapy goals: PT/OT/ST
- Therapy progress notes including level of participation
- Discharge plans (include discharge barriers, if applicable)

Once the patient is discharged from the HHC agency, the PCP is notified by eviCore and the patient will be referred back to Healthfirst for care management

eviCore healthcare Post-Acute Care Denial and Appeals Process

**Healthfirst Medicare Advantage Members
in Queens, Brooklyn and Nassau
Counties**

Unable to Pre-authorize Initial Request • Denial • Appeals Process

eviCore Process

Cases that do not meet Medical Necessity on Initial UM Nurse review will be sent to 2nd level MD for review and determination

If potential adverse determination is made by MD, outreach is made to the requesting provider and a Peer to Peer Review is offered

Initial Pre-Authorization Request

- Once received Peer to Peer (P2P) and additional clinical information that supports medical necessity is reviewed, the determination made within 1 business day.

Authorization Denial

- If the P2P process does not result in a reversal of the recommendation of denial, eviCore will issue a denial letter. The physician reviewer may suggest an alternate level of care and/or the appeals process.

Appeals Process

- Once a service has been denied, members and providers must file an appeal with Healthfirst to have the request re-reviewed.
- Appeals should be submitted in writing to the following address:
Healthfirst Medicare Plan
PO Box 5166
New York, NY 10274
- Members requesting to appeal a denial for initial PAC services should contact Healthfirst. Instructions are provided on the denial letter.

Unable to Extend PAC Authorization • NOMNC • Appeals Process

eviCore Process

Cases that do not meet Medical Necessity on concurrent UM Nurse review will be sent to 2nd level MD for review and determination if the provider or attending PAC Physician are in disagreement with the decision to end skilled care

Inpatient Rehabilitation Facility (IRF) Date Extensions	<ul style="list-style-type: none"> • Provider only denial letter will be issued
SNF Date Extensions (PAC concurrent review requests)	<ul style="list-style-type: none"> • The Notice of Medicare Non-Coverage (NOMNC) will be issued no later than 72 hours prior to the discontinuation of coverage. The third calendar day will not be covered unless the decision is overturned or the NONMC is withdrawn
Home Health Care (HHC)	<ul style="list-style-type: none"> • The Notice of Medicare Non-Coverage (NOMNC) will be issued no later than 2 calendar days prior to the discontinuation of coverage. The third calendar day will not be covered unless the decision is overturned or the NONMC is withdrawn.
Member Appeals Process	<ul style="list-style-type: none"> • Members requesting to appeal the decision to end skilled care in a SNF facility or HHC should follow the QIO process as outlined on the NOMNC and contact Healthfirst. • Members requesting to appeal a denial based on the decision to end skilled care for concurrent IRF services should contact Healthfirst. Instructions are provided on the letter.

Pre-Authorization Submission Methods for Post-Acute Care for

Healthfirst Medicare Advantage Members in Queens, Brooklyn and Nassau Counties



Pre-Authorization Status Requests for Post-Acute Care Hours of Operation

Following submission of PRI to Healthfirst; eviCore offers two methods to determine authorizations :

1. eviCore Post-Acute Care Provider Web Portal
<https://www.evicore.com/pages/providerlogin.aspx>
2. Fax:
Clinical documentation can be faxed to **855-826-3724**.
Please send information for one patient per fax.



Authorization
Call Center



What we need

Hours of Operation that eviCore staff is available:

8 a.m. to 7 p.m. EST Monday through Friday
(normal business hours)

Afterhours and on call coverage is available for urgent issues, including weekends and holidays

eviCore healthcare

Provider Resources

Provider resources and contact information

For provider program related questions or concerns, please email: clientservices@evicore.com

To check on a case status, please log into our web portal at <https://www.evicore.com/pages/providerlogin.aspx>

To reach a customer service representative, please call our authorization center: 1-877-773-6964 and follow the phone prompts.

For more information regarding the eviCore PAC program and reference documents, please visit our implementation site:

<https://www.evicore.com/healthplan/healthfirst>



Provider Resources



Provider Services
Department:

eviCore healthcare Post-Acute Care Provider resources Implementation Site

Below are provider resources available on our implementation site:

<https://www.evicore.com/healthplan/healthfirst>

- Webinar training schedules with details on how to register
- Pre-authorization forms
- Quick reference guide (QRG)
- Frequently asked questions (FAQ) document
- Training documents and program presentations

Skilled Nursing Facility Provider Survey:

The implementation site includes a link to complete our Provider Survey. The Provider Survey is designed for eviCore to receive information and capabilities about your facility.



Provider
Resources



Provider Services
Department:

Post-Acute Care Provider Web Portal



Web-Based
Services



Pre-Authorization
Status

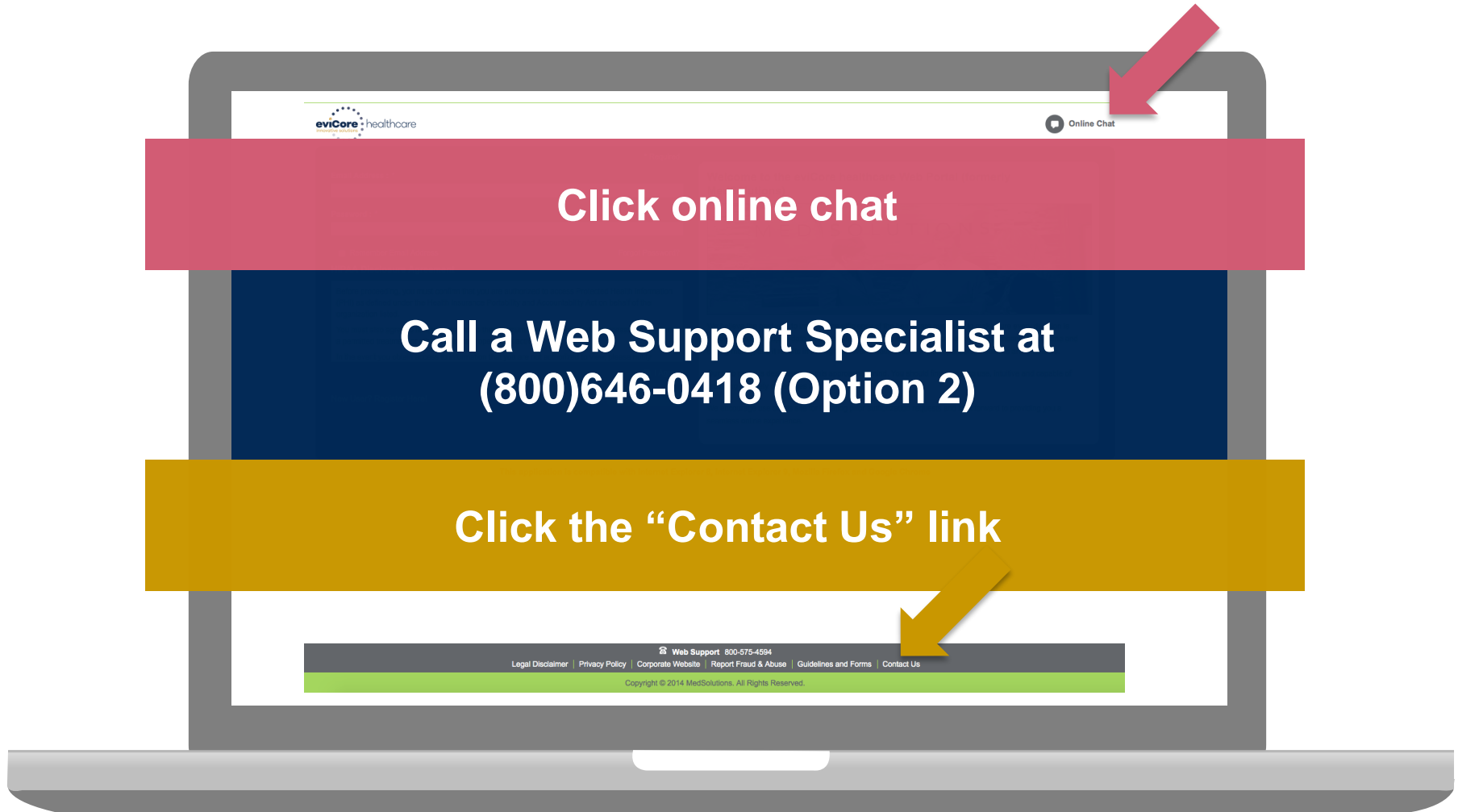
The eviCore PAC Portal is available for access 24/7 and allows providers to:

- Submit clinical for concurrent stay authorization requests
- View real-time case status and authorization details
- View eviCore announcements and notifications
- Review up to five cases simultaneously
- View multiple cases for providers registered with affiliated Tax ID numbers

Link to PAC web portal:

<https://www.evicore.com/pages/providerlogin.aspx>

Web Portal Services-Assistance



Web Portal Services-Available M-F 7am-6pm CST

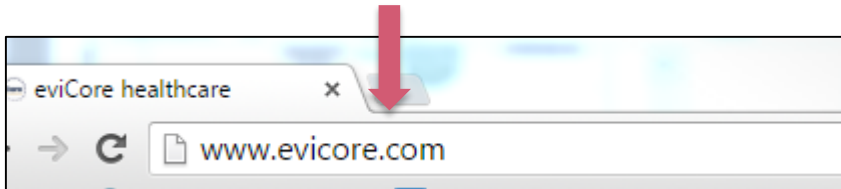
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Provider Web Portal

Portal Registration

eviCore healthcare website

- Point web browser to evicore.com



- Click on the “Providers” link



- Login or Register

Providers Delivering Medical
Solutions That Benefit **Everyone.**

UserID

Password

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".
Please also make sure your pop up blocker is turned off or set to allow for this site.

I Agree to [HIPAA Disclosure!](#)

LOGIN

[ForgotUserName](#) | [Password?](#) | [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Select Default Portal and Account Type

The screenshot shows a registration form for eviCore healthcare. It is divided into three main sections: Web Portal Preference, User Information, and Provider Information. Red annotations highlight specific fields: a red arrow points to the 'Medsolutions' dropdown in the 'Default Portal' field; a red circle highlights the 'Facility' dropdown in the 'Account Type' field; another red circle highlights the 'Tes' text in the 'Facility Name' field; and a final red circle highlights the 'FIND' button at the bottom right of the form.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.

Default Portal*:

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*: Address*: Phone*:
Email*: Ext:
Confirm Email*: City*: Fax*:
First Name*: State*: Zip*:
Last Name*: Office Name:

Provider Information

Please Select the Facility that you represent. A notification will be sent to the organization regarding this registration

Facility Name*:
Street Address:
Zip Code: Tax ID*: NPI:

Account Type*:

 Select **Medsolutions** as the Default Portal and **Facility** as the Account Type.
For Provider Information, complete first 3 letters of Facility Name and Tax ID **ONLY**

Submit Registration



Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use to submit cases over the web.

Default Portal:

User Registration

UserName:	TestFacility1	Address:	123 Main Street	Phone:	999-999-9999
Email:	testfacility@test.com	City:	Test	Ext:	
Account Type:	Facility	State:	TN	Zip:	99999
First Name:	Test	Office Name:		Fax:	999-999-9998
Last Name:	Facility				

Provider Information

Facility Name:	TEST1 FACILITY	Street Address:	123 MAIN ST	Zip Code:	77506	Tax ID:	****6789
NPI:							

Please read below to sign up as an appropriate user:
Physician: An Individual Practitioner, A Medical Group Practice or an assistant of a Physician who would create and check status of a Pre-authorization.
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility who would create and check status of a Pre-authorization.
Billing Office: A billing Office who can check the status of Pre-Authorization, claims and payments. If you represent multiple Tax IDs, please register with your Primary Tax ID. You can tie additional preferred Tax IDs after your initial login.
Health Plan: A Health Plan representative who can check the status of Pre-Authorization and Claims.

[Back](#) [Submit Registration](#)



Review information provided, and click **“Submit Registration.”**

User Registration Successful



Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your password. Please close the browser.

Your password must be at least
8 characters and contain the following:

- ➔ Uppercase letter
- ➔ Lowercase letter
- ➔ Number
- ➔ Character (e.g. , ! ? *)

➔ You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

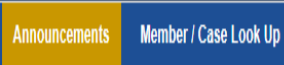
Announcements

The screenshot shows the eviCore healthcare web portal. The top navigation bar is dark blue with a yellow highlight on the 'Post Acute Care' link. The second navigation bar is blue with a yellow highlight on the 'Announcements' link. The main content area has a yellow header for 'News' and a white box containing a news item titled 'PORTAL ENHANCEMENTS_TRAINING- Posted on: 03 Jul 2017'. The news item text includes: 'Recent Enhancements Recent enhancements have been made to the eviCore healthcare web portal. The new functionality allows providers to submit an initial PAC admission pre-authorization request and also allows Post-Acute Care providers to submit concurrent review requests via the web portal. Portal Webinar Sessions Anyone wishing to attend one of the online portal webinar sessions must register in advance. Each webinar session will last approximately one hour. We hope you find one or more of the times listed below convenient. How to Register Please read the following instructions carefully to register for and participate in a session: 1. Once you have chosen a date and time, please go to <http://eviCore.webex.com/> 2. Click on the "Training Center" tab at the top of the Web page 3. Click on the "List of Sessions" on the left hand side of the page 4. Find the date and time of the session you wish to attend by clicking the "Upcoming" tab. All of the portal webinar training sessions will be named "BCBS PAC Web Portal Overview" 5. Click "Registration" 6. Complete the registration information 7. After you have registered for the webinar, you will receive an e-mail with the webinar details

Once you have logged in to the site, you will be directed to the main landing or Announcement page.

**** Make sure to choose Post Acute Care ****

Account Settings



The **Options Tool** allows you to access your Account Settings to update information:

- Change password
- Update user account information (address, phone number, etc.)
- Set up preferred Tax ID numbers of Facilities and view summary of cases for providers with affiliated Tax ID numbers

Adding **Preferred Tax ID numbers** will allow you to view the summary of cases submitted for those providers:

- Search for a Tax ID by clicking **Physician** or **Facility**.
- Confirm you are authorized to access PHI by clicking the check box, and hit Save.

Concurrent Review Process

Concurrent Reviews

Once a case has been authorized, Post-Acute Care facilities can continue with concurrent authorizations via the portal. Access the Member/Case Look Up tab and enter the Case ID to search. If you do not know the Case ID, you can do a member search and it will show in the Patient History.

The screenshot displays the 'Post Acute Care' portal interface. At the top, there is a navigation bar with tabs for 'Announcements', 'Home', 'Search/Start Case', 'Claim Search', 'Payment Status', 'CareCore National Portal', and 'Post Acute Care'. Below this, a secondary navigation bar highlights 'Member / Case Look Up'. The main interface is divided into a left sidebar and a main content area.

Left Sidebar:

- PATIENT & CASE LOOKUP:** Contains search filters for 'Insurer*', 'Date of Birth*', and 'Member ID'. Below these are fields for 'First Name' and 'Last Name', along with 'Reset' and 'Search' buttons.
- Case/Auth Lookup:** Features radio buttons for 'Case ID' (selected) and 'Auth Number'. A search input field contains '11429' and a 'Search' button.

Main Content Area:

- CASE DETAIL:** A yellow header with a search icon and a help icon. Below it is a 'Patient Search Result(s)' section with a table of search results.
- Patient Detail Information:** A yellow header with a large empty text area below it.
- Patient History - 1 Records found:** A yellow header with icons for navigation and a 'Clear Filters Refresh Data' link. Below it is a table of search results.

Table 1: Patient Search Results

Patient Name	Date Of Birth	Gender	Address	Plan Code	Insurance Effective Date	Insurance Term Date

Table 2: Patient History

Case ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Version
11429	SNF	ASNF15505001	6/14/2017	AUTHORIZED	6/16/2017	06/21/2017	Not Provided	Not Provided

Attaching Updated Clinical Notes

At this point, you should **attach** the most current authorization request form and clinical documents.

Once you **Save** and **Submit**, you will get a pop-up message which will verify your Case has been submitted to eviCore for review and authorization determination.

PATIENT & CASE LOOKUP

Patient Lookup

Insurer: *

Date of Birth: *

Member ID:

or

First Name:

Last Name:

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

CASE DETAIL

Member **Insurer:** **Member ID:** TEST0001 **Health Plan/Program:**

First Name: TEST **Last Name:** MEMBER **Date of Birth:** 01/01/2001 **Gender:** MALE

Services **Total Services:** 1

Notes & Attachments

Attachments

Warning: Please be sure and review that the attachments or notes apply to this case. Adding clinical information to the wrong case could result in a HIPAA violation.

Please upload the following applicable documentation: eviCore prior authorization form, Face Sheet, PMH, H&P, Diagnostic test, Labs results, Consult, Therapy notes, Discharge summary, Medication list, Notes

File Name
PAC Prior Auth Form.pdf

Clinical Notes

Note Text

Maximum Character limit on each note is 1000.

TEST NOTES

Detail Information

TEST0001

TEST MEMBER

h: 01/01/2001

Plan Code:

Insurance Effective Date:

Insurance Term Date:

Case submitted successfully.

Search an Authorization Status

Search Case – Member Lookup

On the Home Page you will start with **Member/Case Look Up**



Announcements Home Search/Start Case Claim Search Payment Status CareCore National Portal Post Acute Care

Announcements Member / Case Look Up

PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Lookup

Insurer:*

Date of Birth:*

Member ID:

or

First Name:

Last Name:

Reset Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Case/Auth Lookup

Case ID Auth Number

Search

Choose the appropriate Healthplan

To conduct a **Patient Lookup**, enter the *Member ID* or *First Name, Last Name* and *Date of Birth* for the result to be returned. Make sure to follow the MM/DD/YYYY format.

Search Case – Case Lookup

Once you have submitted a case, you can check the pre-authorization status.

Follow the member look up steps and the patient demographic details will show. Also shown will be cases associated with that patient and REAL TIME status of each case with Authorization Number(s).

Announcements **Member / Case Look Up**

PATIENT & CASE LOOKUP

Patient Search Result(s)

Patient Name	Date Of Birth	Gender	Address	Plan Code	Insurance Effective Date	Insurance Term Date
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Patient Detail Information

Member ID: _____ Gender: _____
Name: _____ Address: _____
Date of Birth: _____ Insurer: _____

Patient History - 1 Records found

Case ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
11478	SNF	ASNf15613001	7/11/2017	AUTHORIZED	7/9/2017	07/18/2017	A40.0	10

Clear Filters Refresh Data

Case/Auth Lookup

Case ID Auth Number

Search

*Select the Insurer, Date of Birth and Member ID or Patient First Name and Last Name

Reset Search

If there are cases associated with the patient, they will populate once the patient is selected. Double click on a case ID in the Patient History to open that case.

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Search Case – Case Lookup – Active

The Case Summary screen will open with the Authorization details and Decision Status with either:

- Active – Actively working the case and no decision has been made
- Authorized – Authorization is complete and approved
- Denied – Request has been denied

Case/Authorization			
Case ID: 20567	Authorization Number: N/A	Service Requested: SNF	Start of Care Date: 11/18/2016
Authorization Expiration Date: N/A	Total Days: N/A	Decision Date: N/A	Decision Status: ACTIVE
Post Acute Care Facility Discharge Date: N/A	Ordering Physician: TEST PHYSICIAN		

Case/Authorization			
Case ID: 20567	Authorization Number: ASNF11739001	Service Requested: SNF	Start of Care Date: 11/18/2016
Authorization Expiration Date: 11/25/2016	Total Days: 8	Decision Date: 11/19/2016	Decision Status: AUTHORIZED
Post Acute Care Facility Discharge Date: N/A	Ordering Physician: TEST PHYSICIAN		

Case/Authorization			
Case ID: 20567	Authorization Number: N/A	Service Requested: SNF	Start of Care Date: 11/18/2016
Authorization Expiration Date: N/A	Total Days: N/A	Decision Date: N/A	Decision Status: DENIED
Post Acute Care Facility Discharge Date: N/A	Ordering Physician: TEST PHYSICIAN		

Print Authorization Details

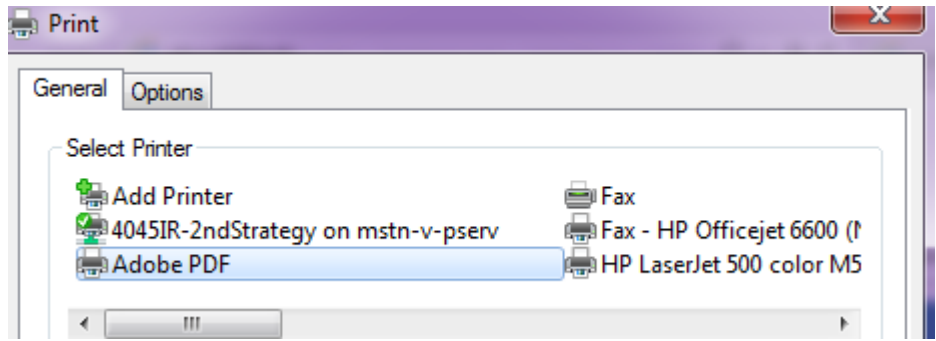
If you need to “print” authorization details for your records:

- Select Patient History
- Select the Printer icon
- Print to “Adobe PDF”
- Pdf with Auth details will open, then you can print the pdf document with all details

Patient History - 1 Records found

Clear Filters Refresh Data

Case ID	Service Requ...	Auth Number	Submit Date	Decision Status	Start of Care...	Authorization End Date	ICD
11429	SNF	ASNF15505001	6/14/2017	AUTHORIZED	6/16/2017	06/21/2017	Not F



Patient History

Case ID	Service Requested	Auth Number	Submit Date	Decision Status	Start of Care Date	Authorization End Date	ICD Codes	ICD Verison
11429	SNF	ASNF15505001	6/14/2017	AUTHORIZED	6/16/2017	06/21/2017	Not Provided	Not Provided

14-06-17 12:24

Thank you!

