

## Authorization Simplification – Provider Portal Enhancements

### Overview

CareCentrix recently introduced enhancements to our Provider Portal to streamline the service request/service authorization process and facilitate a faster turnaround time for certain requests. Benefits of the enhancement include:

- The multi-screen format has been changed to a single screen format. This change in format applies to original authorizations/service requests, re-authorization requests and add-on service requests.
- Fewer required information fields on certain requests reducing provider data entry.
- Warning notices that identify possible discrepancies in the information supplied with a request. These notices give the provider an opportunity to correct the discrepancy prior to submitting the request which can facilitate faster processing of requests.

### Best Practices

If you experience an occurrence where our Portal is not responding and you are unable to move forward or a button is not visible (e.g. [+]), please check the following:

- Ensure that Java Script is up to date
- Use Internet Explorer version 8 or higher (other search engines (e.g. Google Chrome or Firefox) cannot be used)
- Clear cache and cookies using internet options

Contact your IT Department if you need further assistance with these requirements.

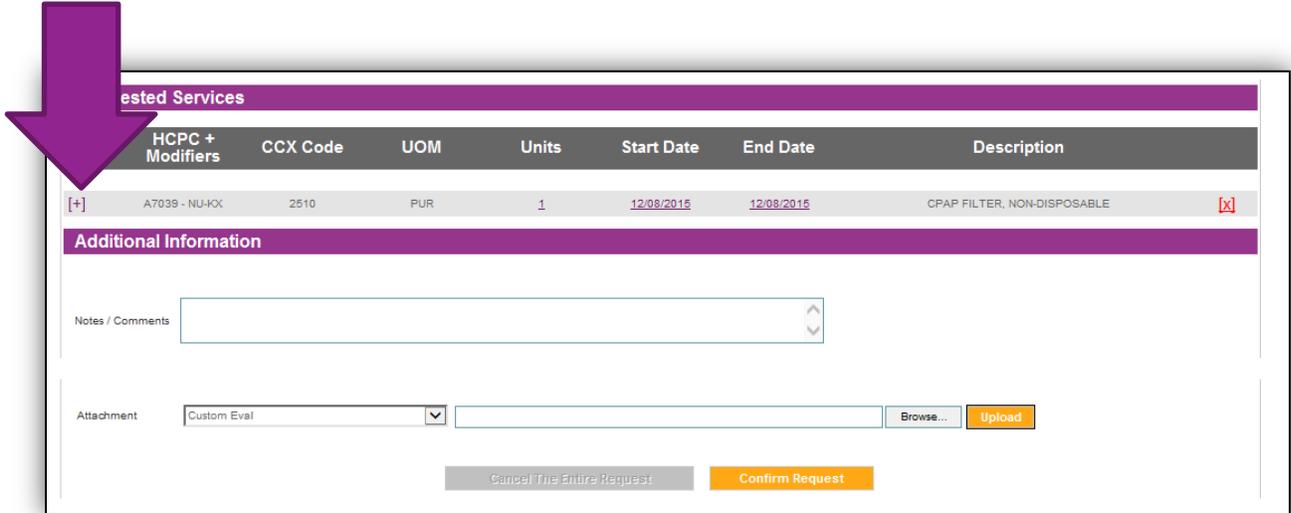
### Summary of Portal Changes and Error Messages

Below is a listing of some of the changes in our Provider Portal, including an explanation of some of the error messages that you may encounter when you submit a request and tips on how you can resolve the identified error.

### Diagnosis/Physician

The option to edit a diagnosis code and ordering physician is now located under the Requested Services section and only appears **AFTER** the addition of a service. To edit or add a diagnosis code and/or ordering physician, click on the plus sign [+] to the left of the HCPC. Please remember that it is critical that you always supply CareCentrix with the current and correct referring physician information with all

requests. Providing incorrect referring physician information can result in an unauthorized disclosure of a patient's protected health information.



Requested Services							
HCPC + Modifiers	CCX Code	UOM	Units	Start Date	End Date	Description	
[+]	A7039 - NU-KX	2510	PUR	1	12/08/2015	12/08/2015	CPAP FILTER, NON-DISPOSABLE [X]

**Additional Information**

Notes / Comments:

Attachment: Custom Eval

## Error Messages

HCPC + Modifiers	CCX Code	UOM	Units	Start Date	End Date	Description	Provider	
[-]	94660 -	7930	VI	1	11/02/2015	11/10/2015	RESPIRATORY THERAPIST - CPAP HOME VISIT	[X]

 The requested service and/or service dates overlap with a previously authorized same or similar service. 
  
 This service is bundled with another authorization issued for this patient. 

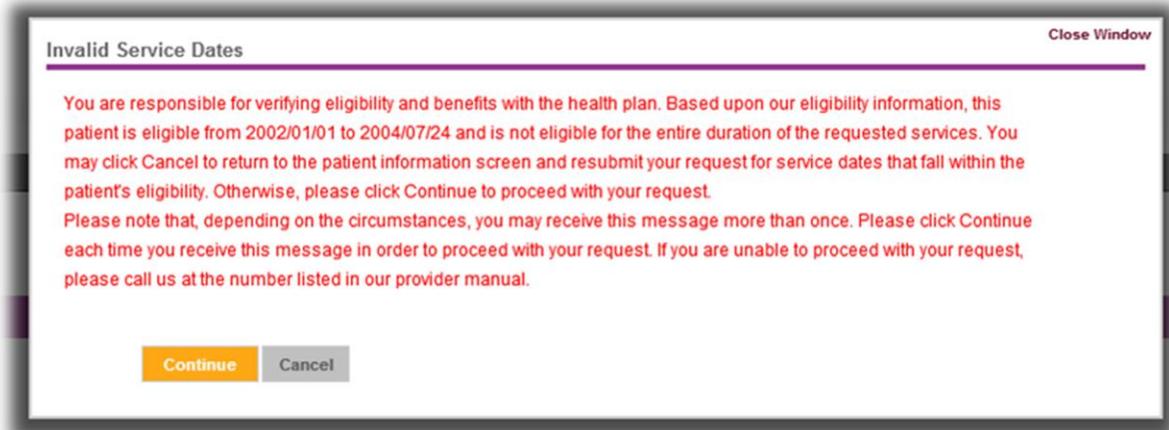
Physician [Edit](#)

Steps	Actions				
1.	Click "Confirm Request" and if there are any errors with the request, the specific errors will show on the next screen.				
2.	Hover over the  next to each statement to view the details of the error.				
3.	Read the message carefully and follow the directions to resolve the issue.				
	<table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>The statement has a  symbol.</td> <td>The error must be resolved in order to continue</td> </tr> </tbody> </table>	If	Then	The statement has a  symbol.	The error must be resolved in order to continue
If	Then				
The statement has a  symbol.	The error must be resolved in order to continue				

	<p>The statement has a  symbol.</p>	<p>The error is a warning. Attempt to resolve the issue if appropriate. If you do not resolve the issue, you will be asked to acknowledge that you are submitting with the warning when you get to the confirmation screen.</p>														
<p><b>Warning : The requested service and/or service dates overlap with a previously authorized same or similar service.</b></p> <table border="1"> <thead> <tr> <th>HCPC</th> <th>Service Code</th> <th>UOM</th> <th>DESCRIPTION</th> <th>Start Date</th> <th>End Date</th> <th>Provider</th> </tr> </thead> <tbody> <tr> <td>A7034</td> <td>7508</td> <td>PUR</td> <td>MASK, CPAP GEL OR SILICONE</td> <td>11/10/2015</td> <td>02/07/2016</td> <td></td> </tr> </tbody> </table> <p>* <input type="checkbox"/> I've Reviewed the warnings and choose to submit the request</p> <p style="text-align: right;"> <input type="button" value="Previous"/> <input type="button" value="Save &amp; Exit"/> <input type="button" value="Submit AddOn Service"/> </p>			HCPC	Service Code	UOM	DESCRIPTION	Start Date	End Date	Provider	A7034	7508	PUR	MASK, CPAP GEL OR SILICONE	11/10/2015	02/07/2016	
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A7034	7508	PUR	MASK, CPAP GEL OR SILICONE	11/10/2015	02/07/2016											

**Notice: Pictures shown in the guide are examples only; some variations will apply in the Provider Portal.**

## Eligibility Error



This error occurs because, based on the eligibility information we receive from the patient's health plan, this patient does not appear to be eligible for the full duration of the services you are requesting. We will provide the patient's eligibility information (from and through dates) based on the information received from the patient's health plan so that you can review it against the requested service start and end dates that you have entered.

Steps	Actions														
1.	<p>Validate with the patient's health plan that the patient is eligible for the requested dates of service.</p> <table border="1" data-bbox="324 451 1347 577"> <thead> <tr> <th data-bbox="324 451 803 483">If</th> <th data-bbox="803 451 1347 483">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="324 483 803 577">You wish to change the service request dates to match the eligibility information provided in the Portal</td> <td data-bbox="803 483 1347 577">Edit the service details and adjust the dates to fall within the patient's eligibility. This will resolve the error.</td> </tr> </tbody> </table>	If	Then	You wish to change the service request dates to match the eligibility information provided in the Portal	Edit the service details and adjust the dates to fall within the patient's eligibility. This will resolve the error.										
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You wish to change the service request dates to match the eligibility information provided in the Portal	Edit the service details and adjust the dates to fall within the patient's eligibility. This will resolve the error.														
2.	<p>If you wish to proceed with your request but you do not wish to change the service request dates to match the eligibility information provided in the Portal AND:</p> <table border="1" data-bbox="324 682 1347 1344"> <thead> <tr> <th data-bbox="324 682 803 714">If</th> <th data-bbox="803 682 1347 714">Then</th> </tr> </thead> <tbody> <tr> <td data-bbox="324 714 803 871">           The health plan <b>IS</b> Horizon or FL Blue:   <i><b>Note:</b> Could include some services with other plans.</i> </td> <td data-bbox="803 714 1347 871">           You will <b>NOT</b> be able to proceed with your request through the Provider Portal. Contact CareCentrix at the number indicated in our Provider Manual to submit your request.         </td> </tr> <tr> <td data-bbox="324 871 803 1207">           The health plan is <b>NOT</b> Horizon or FL Blue:         </td> <td data-bbox="803 871 1347 1207">           You may proceed with your request. Click 'Confirm Request' and continue to Step 4.   <i><b>NOTE:</b> By continuing, you are confirming that you understand that you are responsible for verifying the patient's eligibility and benefits with the patient's health plan and that, if the patient is not eligible or does not have a benefit for the service, payment will be denied.</i> </td> </tr> <tr> <td data-bbox="324 1207 803 1344">           3. You do NOT want to proceed with the request:         </td> <td data-bbox="803 1207 1347 1344">           Click 'Cancel the Entire Request'   <i><b>NOTE: Cancelling the entire request will result in a cancellation of the entire portal interaction.</b></i> </td> </tr> </tbody> </table>	If	Then	The health plan <b>IS</b> Horizon or FL Blue:  <i><b>Note:</b> Could include some services with other plans.</i>	You will <b>NOT</b> be able to proceed with your request through the Provider Portal. Contact CareCentrix at the number indicated in our Provider Manual to submit your request.	The health plan is <b>NOT</b> Horizon or FL Blue:	You may proceed with your request. Click 'Confirm Request' and continue to Step 4.  <i><b>NOTE:</b> By continuing, you are confirming that you understand that you are responsible for verifying the patient's eligibility and benefits with the patient's health plan and that, if the patient is not eligible or does not have a benefit for the service, payment will be denied.</i>	3. You do NOT want to proceed with the request:	Click 'Cancel the Entire Request'  <i><b>NOTE: Cancelling the entire request will result in a cancellation of the entire portal interaction.</b></i>						
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4.	<p>Check the box to confirm that you understand the warning and are choosing to submit the request.</p> <div data-bbox="324 1449 1404 1701" style="border: 1px solid gray; padding: 10px;"> <p><b>Warning : The patient does not appear to be eligible for the duration of the requested services.</b></p> <table border="1" data-bbox="324 1554 1404 1627"> <thead> <tr> <th data-bbox="324 1554 454 1585">HCPC</th> <th data-bbox="454 1554 617 1585">Service Code</th> <th data-bbox="617 1554 763 1585">UOM</th> <th data-bbox="763 1554 974 1585">DESCRIPTION</th> <th data-bbox="974 1554 1104 1585">Start Date</th> <th data-bbox="1104 1554 1234 1585">End Date</th> <th data-bbox="1234 1554 1404 1585">Provider</th> </tr> </thead> <tbody> <tr> <td data-bbox="324 1585 454 1627">E0143</td> <td data-bbox="454 1585 617 1627">2029</td> <td data-bbox="617 1585 763 1627">PUR</td> <td data-bbox="763 1585 974 1627">WALKER FOLDING, WHEELED, W/OUT SEAT</td> <td data-bbox="974 1585 1104 1627">10/26/2015</td> <td data-bbox="1104 1585 1234 1627">11/13/2015</td> <td data-bbox="1234 1585 1404 1627">AMERICAN HOME PATIENT</td> </tr> </tbody> </table> <p data-bbox="324 1627 747 1659">* <input type="checkbox"/> I've Reviewed the warnings and choose to submit the request</p> <p data-bbox="828 1659 1153 1701"> <input type="button" value="Previous"/> <input type="button" value="Save &amp; Exit"/> <input type="button" value="Submit Auth Edit"/> </p> </div>	HCPC	Service Code	UOM	DESCRIPTION	Start Date	End Date	Provider	E0143	2029	PUR	WALKER FOLDING, WHEELED, W/OUT SEAT	10/26/2015	11/13/2015	AMERICAN HOME PATIENT
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## Benefit Exclusion

**“This service appears to fall within a benefit exclusion of the patient's health plan”**

This error occurs because, based on the benefit information we receive from the patient's health plan, this service appears to fall within a benefit exclusion of the patient's plan

Steps	Actions														
1.	Validate with the patient's health plan that the patient has a benefit for the service.														
2.	<p>If you have validated with the patient's health plan that the patient does have a benefit, you wish to proceed with your request, AND:</p> <table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td> <p>The health plan <b>IS</b> Horizon or FL Blue:</p> <p><b>Note:</b> <i>Could include some services with other health plans.</i></p> </td> <td> <p>You will <b>NOT</b> be able to proceed with your request through the Provider Portal. Contact CareCentrix at the number indicated in our Provider Manual.</p> </td> </tr> <tr> <td> <p>The health plan is <b>NOT</b> Horizon or FL Blue:</p> </td> <td> <p>You may proceed with your request. Click 'Confirm Request' and continue to Step 4.</p> <p><b>NOTE:</b> <i>By continuing, you are confirming that you understand that you are responsible for verifying the patient's eligibility and benefits with the patient's health plan and that, if the patient is not eligible or does not have a benefit for the service, payment will be denied.</i></p> </td> </tr> </tbody> </table>	If	Then	<p>The health plan <b>IS</b> Horizon or FL Blue:</p> <p><b>Note:</b> <i>Could include some services with other health plans.</i></p>	<p>You will <b>NOT</b> be able to proceed with your request through the Provider Portal. Contact CareCentrix at the number indicated in our Provider Manual.</p>	<p>The health plan is <b>NOT</b> Horizon or FL Blue:</p>	<p>You may proceed with your request. Click 'Confirm Request' and continue to Step 4.</p> <p><b>NOTE:</b> <i>By continuing, you are confirming that you understand that you are responsible for verifying the patient's eligibility and benefits with the patient's health plan and that, if the patient is not eligible or does not have a benefit for the service, payment will be denied.</i></p>								
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E0189	2177	PUR	PAD, LAMBSWOOL SHEEPSKIN, ANY SIZE	11/10/2015	12/05/2015										

## Benefit Limit

### “It appears that this request exceeds the patient's benefit limit”

This error occurs because, based on the benefit information we receive from the patient's health plan, this patient may have exceeded the benefit limit for this service

Steps	Actions														
1.	<p>Validate with the patient's health plan that the patient has a benefit for the service.</p> <table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>You wish to modify the units requested.</td> <td>Edit the service details to adjust the units. This will resolve the error.</td> </tr> </tbody> </table>	If	Then	You wish to modify the units requested.	Edit the service details to adjust the units. This will resolve the error.										
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HCPC	Service Code	UOM	DESCRIPTION	Start Date	End Date	Provider									
B4155	8220	PUR	FORMULA, INCOMPLETE/MODULAR, 100 CAL=1 UN	11/21/2015	12/21/2015										

## Bundled Service

“It appears that this service should be bundled with the previously authorized service below. To resolve this issue, remove the service by clicking the X button next to the service or to cancel the entire request, click ‘Cancel the Entire Request’. If you wish to continue without changing your request, please note that the requested services may not be paid for this reason. To continue, please click “Confirm Request” to proceed to the confirmation page.”

This error occurs because this service is bundled with a previously authorized service.

Steps	Actions	
1.	<b>If</b> You want to resolve the error.	<b>Then</b> Remove the service by clicking the X button next to the service and click ‘Confirm Request’.
	You want to cancel the entire request.	Click ‘Cancel The Entire Request’  <b>NOTE: Cancelling the entire request will result in a cancellation of the entire portal interaction.</b>
	You wish to continue without changing your request	Click ‘Confirm Request’ to proceed  <b>NOTE: The requested services may not be paid for this reason.</b>

## Physician Orders

“A physician's order is missing for this service.”

This error occurs because an order is required for this service and you indicated that you do not have a physician's order.

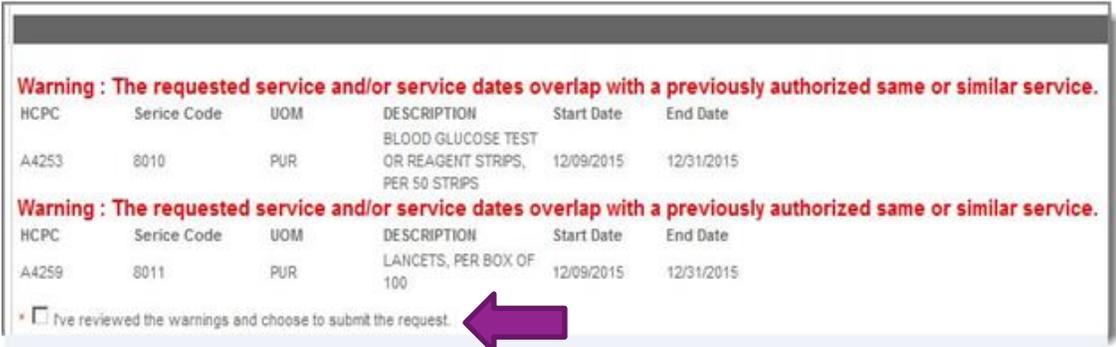
Steps	Actions	
1.	<b>If</b> You have an order.	<b>Then</b> Edit the service details to update your previous answer.
	You do not have an order.	Remove this service by clicking the X button next to the service, or, to cancel the entire request, click ‘Cancel The Entire Request’. Obtain an order from the ordering physician and resubmit your request.

		<p><b>NOTE:</b> <i>Cancelling the entire request will result in a cancellation of the entire portal interaction.</i></p>	
<p><b>NOTE:</b> <i>Remember to answer the physician order question in the Provider Portal.</i></p>			

## Like/Overlap Error

“The requested service and/or service dates overlap with a previously authorized same or similar service.”

This error occurs because the requested service and/or service dates overlap with a previously authorized same or similar service.

Steps	Actions												
1.	<table border="1"> <thead> <tr> <th>If</th> <th>Then</th> </tr> </thead> <tbody> <tr> <td>You want to make a change to this request.</td> <td>Edit the service details to change the dates.</td> </tr> <tr> <td>You want to make a change to your previous request.</td> <td>Go back to Edit an Authorization and then resubmit this request.</td> </tr> <tr> <td>You want to remove the service.</td> <td>Click the X button next to the service.</td> </tr> <tr> <td>You want to cancel the entire request.</td> <td>Click ‘Cancel the Entire Request’  <b>NOTE: Cancelling the entire request will result in a cancellation of the entire portal interaction.</b></td> </tr> <tr> <td>You want to proceed with the request with no changes.</td> <td>Click ‘Confirm Request’ and continue to Step 2 to submit your request.</td> </tr> </tbody> </table>	If	Then	You want to make a change to this request.	Edit the service details to change the dates.	You want to make a change to your previous request.	Go back to Edit an Authorization and then resubmit this request.	You want to remove the service.	Click the X button next to the service.	You want to cancel the entire request.	Click ‘Cancel the Entire Request’  <b>NOTE: Cancelling the entire request will result in a cancellation of the entire portal interaction.</b>	You want to proceed with the request with no changes.	Click ‘Confirm Request’ and continue to Step 2 to submit your request.
If	Then												
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You want to make a change to your previous request.	Go back to Edit an Authorization and then resubmit this request.												
You want to remove the service.	Click the X button next to the service.												
You want to cancel the entire request.	Click ‘Cancel the Entire Request’  <b>NOTE: Cancelling the entire request will result in a cancellation of the entire portal interaction.</b>												
You want to proceed with the request with no changes.	Click ‘Confirm Request’ and continue to Step 2 to submit your request.												
2.	<p>Check the box with * to confirm that you understand the warning and are choosing to submit the request.</p> 												

## Carve Out

**“The member or services requested are not managed by CareCentrix.”**

This error occurs because the request you have submitted is for a member or service that is not managed by CareCentrix.

Steps	Actions
1.	Please contact the member's health plan for instructions for how to handle this request.

## Summary

Benefits of the enhancement include:

- The current multi-screen format has been changed to a single screen format. This change in format applies to original authorizations/service requests, re-authorization requests and add-on service requests.
- Fewer required information fields on certain requests reducing provider data entry.
- Warning notices that identify possible discrepancies in the information supplied with a request. These notices give the provider an opportunity to correct the discrepancy prior to submitting the request which can facilitate faster processing of requests.

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