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Provider Secure Web Portal Authorization Redesign – July, 2019

*Quality Healthcare is at the Heart of
What We Do*

6/6/2019

Web Authorization Redesign – Provider Request



Before

This screenshot shows the 'Before' version of the web authorization interface. The top navigation bar includes the Home State Health logo, a search bar, and tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. Below the navigation bar, there's a section for 'Viewing Authorizations For' with a dropdown menu set to 'Home State Health Plan' and a 'GO' button. To the right are 'Smart Sheets' and 'Create Authorization' buttons. The main content area is split into two panels. The left panel, titled 'Authorization For', shows fields for 'DOB' and 'MEDICAID NBR'. Below these fields is a large text box containing a disclaimer: 'After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 855-894-4883 for after-hours urgent admission, inpatient notifications or requests.' The right panel, titled 'Enter Authorization', shows a section for '1. PROVIDER REQUEST' with a dropdown menu labeled 'Select a Service Type'.

After

This screenshot shows the 'After' version of the web authorization interface. The top navigation bar is similar to the 'Before' version but includes a user profile dropdown for 'Kishia Alexander'. The 'Viewing Authorizations For' section remains the same. The main content area is also split into two panels. The left panel, titled 'Authorization For', shows the same 'DOB' and 'MEDICAID NBR' fields. Below these fields is a large text box with the same disclaimer as in the 'Before' version. Below this text box is a new input field labeled 'Please select Service Type.' The right panel, titled 'Enter Authorization', shows a section for '1. PROVIDER REQUEST' with a dropdown menu labeled 'Select an Authorization Type' and a 'NEXT >' button.

Web Authorization Redesign



The 1st drop-down, is no longer Service Type-driven. With the web auth redesign, the options are Authorization Type-driven.

To begin a web authorization request, users will select Inpatient Medical or Outpatient Medical.

Before

Enter Authorization

1. PROVIDER REQUEST

- Select a Service Type ▼
- Medical Outpatient
 - Auditory Services
 - Cochlear Implants & Surgery
 - DME
 - Drug Testing
 - Experimental/Investigational
 - Genetic Testing & Counseling
 - Home Health
 - Hospice
 - Inpatient Services (S&P)
 - Observation
 - Office Visit
 - Outpatient Services
 - Outpatient Surgery
 - Pain Management
 - Sleep Study
 - Therapy
 - Transport

After

Enter Authorization

1. PROVIDER REQUEST

- Select an Authorization Type ▼
- Select an Authorization Type
 - Inpatient Medical
 - Outpatient Medical
 - Biopharmacy and Vaccines
 - Dental Services
 - Vision Services

Invalid Request Notice



Enter Authorization

1. PROVIDER REQUEST

Select an Authorization Type ▼

Select an Authorization Type

Inpatient Medical

Outpatient Medical

Biopharmacy and Vaccines

Dental Services

Vision Services

If a user selects Biopharmacy and Vaccines, Dental Services, or Vision Services a pop-up displays advising these services cannot be requested via the portal, and provides the link to the appropriate websites.

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Eligibility Patients Authorizations Claims Messaging Kisha Alexander

Invalid Request



You are attempting to enter a prior authorization request that must be submitted through another website. Please use the links below to complete your request.

[Submit Biopharmacy and Vaccines request](#)

[Submit Vision Services request](#)

[Submit Dental Services request](#)

Provider Request – Inpatient Medical



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When a user selects Inpatient Medical, they must indicate if the request is surgical or non-surgical, which drives the options in the Service Type drop-down.

Enter Authorization

1. PROVIDER REQUEST

Inpatient Medical ▼

Surgical?

☒ Yes

☐ No

Choose Service Type ▼

Choose Service Type

C-Section Delivery

Surgical Inpatient

Transplant

Vaginal Delivery

Enter Authorization

1. PROVIDER REQUEST

Inpatient Medical ▼

Surgical?

☐ Yes

☒ No

Choose Service Type ▼

Choose Service Type

Long Term Acute Care

Medical

Neonate

Rehab Inpatient

Skilled Nursing

Sub Acute

[CODE LOOKUP](#)

NEXT >

Inpatient Medical – Surgical Examples



Enter Authorization

1. PROVIDER REQUEST

Inpatient Medical ▼

Surgical?

☒ Yes

☐ No

C-Section Delivery ▼

Requesting Provider

[Redacted]

NPI: [Redacted]

TIN: *****3611

Name: [Redacted] Kelly

Primary Diagnosis

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: [ICD-10](#)

NEXT >

Enter Authorization

1. PROVIDER REQUEST

Inpatient Medical ▼

Surgical?

☒ Yes

☐ No

Surgical Inpatient ▼

Procedure Code

42821

TONSILLECTOMY & ADENOIDECTOMY, AGE
12/OVER

[CODE LOOKUP](#)

Requesting Provider

[Redacted]

NPI: [Redacted]

TIN: *****3611

Name: [Redacted] Kelly

Primary Diagnosis

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: [ICD-10](#)

NEXT >

A Procedure Code is required
on Surgical Inpatient and
Transplant requests

Inpatient Medical – Non-Surgical Example



Enter Authorization

1. PROVIDER REQUEST

Inpatient Medical ▼

Surgical?

☐ Yes

☒ No

Long Term Acute Care ▼

Requesting Provider

NPI:

TIN: *****3611

Name: Kelly

Primary Diagnosis

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: [ICD-10](#)

NEXT >

Provider Request – Outpatient Medical



Enter Authorization

1. PROVIDER REQUEST

Outpatient Medical ▼

Requesting Provider

[Redacted]

NPI: [Redacted]

TIN: *****3611

Name: [Redacted] Kelly

Primary Diagnosis

J0301

ACUTE RECUR STREP TONSILLITIS

CODE LOOKUP: ICD-10

NEXT >

Service Line – Outpatient Medical

non-surgical



The Service Line displays required fields, based on the Service Type selected in the 1. Provider Request.

The image displays three side-by-side screenshots of the "Enter Authorization" form for "Outpatient Medical". Each form has a blue header bar with the service type: "Medical", "LTC", and "Acute".

Medical Form: Shows fields for "Facility" (NPI or Last Name), "Start Date", and "End Date". A "NEXT >" button is at the bottom.

LTC Form: Shows fields for "Facility" (NPI or Last Name), "Start Date", "End Date", and "Select a Place Of Service" (dropdown). Below these is a "Primary Procedure" section with a "Procedure Code" field. A "NEXT >" button is at the bottom. A red dashed line indicates a required field, and a dropdown menu is open for "Select a Place Of Service" with options: "Inpatient Hospital", "Nursing Facility", and "Skilled Nursing Facility".

Acute Form: Shows fields for "Facility" (NPI or Last Name), "Start Date", and "End Date". A "NEXT >" button is at the bottom. A red dashed line indicates a required field, and a dropdown menu is open for "Select a Place Of Service" with options: "Custodial Care Facility" and "Nursing Facility".

Service Line – Outpatient Medical



On the Service Line, users can add additional Procedure Codes and a new Service Line.

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 **Kelly**
Primary Diagnosis: J0301: ACUTE RECUR STREP TONSILLITIS
NPI: [REDACTED]
TIN: [REDACTED]
Phone: [REDACTED]
If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

Click here to add Procedure Code(s) to this Service Line

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider

NPI or Last Name

Start Date – End Date

Units/Visits/Days

Select a Place Of Service

Primary Procedure

Procedure Code

[CODE LOOKUP](#)

+ Add Additional Procedures

+ Add New Service Line

[NEXT](#)

2. SERVICE LINE

Select a Place Of Service

- Select a Place Of Service
- Ambulatory Surgical Center
- Assisted Living Facility
- Birthing Center
- Custodial Care Facility
- End-Stage Renal Disease Treatment Facility
- Group Home
- HOMELESS SHELTER
- Home
- Independent Clinic
- Independent Lab
- Inpatient Hospital
- Mobile Unit
- Off Campus - Outpatient Hospital
- Office
- Outpatient Hospital
- Public Health Clinic
- Rural Health Clinic
- Temporary Lodging
- Urgent Care Facility

Click here to add Service Line(s)

Completed Service Line(s) will still display in the left pane, but will also include:

- Provider's network participation
- Auth Req'd
- Review Needed
- Review Completed

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

PROVIDER REQUEST

 [REDACTED] **Kelly**
 Primary Diagnosis: J0301: ACUTE RECUR STREP TONSILLITIS
 NPI: [REDACTED]
 TIN: [REDACTED] 3611
 Phone: [REDACTED]

SERVICE LINES
 If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

Service Line 1

 [REDACTED] **Kelly**
 Dates: 05/23/2019 - 05/25/2019
 Units: 2
 Place Of Service: Office
 NPI: [REDACTED]
 TIN: *****3611
 Participating: No
 Phone: [REDACTED]

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Outpatient Surgery	 Yes	 Yes	 No

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

CONTACT IQC

Kishia Alexander

Phone

(512) 404-1000

Fax

(512) 404-2000

Email

kialexander@cenpatico.com

 Add Comments

 **Note:**
 When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

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Finish Up



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The Contact information will still auto-populate the user's information.

Authorization For

DOB: MEDICAID NBR:

PROVIDER REQUEST

 **Kelly**
Primary Diagnosis: J0301: ACUTE RECUR STREP TONSILLITIS
NPI:
TIN: 3611
Phone:

SERVICE LINES
If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

Service Line 1

 **Kelly**
Dates: 05/23/2019 - 05/25/2019
Units: 2
Place Of Service: Office
NPI:
TIN: *****3611
Participating: No
Phone:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Outpatient Surgery	Yes	Yes	No

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

CONTACT IQC

Kishia Alexander

Phone

(512) 404-1000

Fax

(512) 404-2000

Email

kialexander@cenpatico.com

 Add Comments

 **Note:**
When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

Finish Up – Non-Participating Provider



If a non-participating provider is selected on a Service Line, users must provide a comment explaining the Non-PAR selection.

Authorization For

DOB: [REDACTED] | MEDICAID NBR: [REDACTED]

These are questions specific to .

 **Note:** When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

Additional Information:

[CLOSE COMMENTS](#)

Enter Authorization

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

CONTACT IQC

Phone

Fax

Email

 Add Comments

 **Note:**
When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

Finish Up – Attachments



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The Attachment functionality has not changed. Users can still attach up to five (5) documents with their web auth submissions.

Authorization For

DOB: MEDICAID NBR:

SERVICE LINES

If you need an authorization for an out-of-network provider, please contact 1-855-694-4663.

Service Line 1

+

Kelly

Dates: 05/28/2019 - 05/31/2019
Units: 2
Place Of Service: Outpatient Hospital

NPI: TIN: *****3611
Participating: No
Phone:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
42821	Outpatient Services	☒ Yes	☒ Yes	☒ No

Service Line 2

+

Kelly

Dates: 05/28/2019 - 05/31/2019
Units: 1
Place Of Service: Outpatient Hospital

NPI: TIN: *****3611
Participating: No
Phone:

Procedure Code	Service Type	Auth Req'd?	Review Needed?	Review Completed?
54160	Outpatient Surgery	☒ Yes	☒ Yes	☒ No

Enter Authorization

1. PROVIDER REQUEST

2. SERVICE LINE

3. FINISH UP

Add Comments

Note:

When selecting a Non-Participating Provider, you must include a comment about that selection. If you feel you have chosen a Non-Participating Provider in error you may edit your service line selection.

Attachment:

Upload any relevant attachments. (5Mb limit)
Attachment name cannot contain any spaces or special characters.

Choose File

No file chosen

Attach

SUBMIT

6/6/2019

Confidential and Proprietary Information

Web Auth Confirmation



The web auth confirmation will display all of the Service Lines entered on the web auth request. The Authorization # will display on successful Service Line submissions.

This Service Line will load to TruCare for processing

These Service Lines will **NOT** load to TruCare

Authorization Summary

DOB: [REDACTED]
Medicaid #: [REDACTED]
Date: May 21, 2019 11:25:28 AM CDT

Submitted Service Lines			
Authorization #	Procedure Code	Service Type	Status
OP0141970157	42821	Outpatient Surgery	Pending

Non-Submitted Service Lines (Not Required)	
Procedure Code	Description
P9056	This is not a covered service
72149	Vendor The service requested is administered by a vendor
1662	NO AUTHORIZATION IS REQUIRED