



Authorizations - Care Affiliate Training Manual

Checking the Status of an Authorization





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Welcome to HAP's online authorization platform—CareAffiliate!

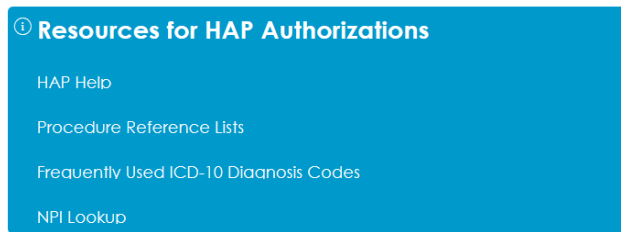
The initial launch of CareAffiliate was July 2015. In November 2016, a new release was implemented which is reflected in this training manual. **While functionality is the same, existing users will notice the following changes:**

| | |
|---------------------------------|---|
| New colors | Blue and orange throughout the application |
| Authorizations Home Page | After you log in at hap.org and select <i>Authorizations</i> you will have two choices: 1. <i>Search Existing Records</i> (formerly Status module). You can search for existing authorization requests. 2. <i>New Authorization</i> – select to enter a new authorization request. |
| Required Fields | White and outlined in orange |
| Procedure | You will select <i>Edit</i> (if available) or <i>Add Procedure</i> (if <i>Edit</i> is not available). Note: if <i>Edit</i> or <i>Add Procedure</i> are not available, then procedure code is not required |

Important

Training

- There are several helpful tools to assist you with CareAffiliate.
- Log in at **hap.org** and select the *CareAffiliate Help* link under *Quick Links*. You will find help guides, training manuals and other helpful resources.
- You can also find this information on the CareAffiliate home page.



Logout - do not “X” out

- When logging out of the application, always select **Log Out** and not the X.

Important Phone Numbers

| Issue | Contact | Hours |
|--|--|---|
| Help with Authorizations application-CareAffiliate including: <ul style="list-style-type: none"> • Authorizations missing from home page • Password resets • System lockout | Provider Services (866) 766-4708 or prelweb1@hap.org | Monday-Friday 8:00 a.m. to 4:30 p.m. |
| Help with Authorizations application-CareAffiliate for: <ul style="list-style-type: none"> • Emergent Admissions/Transfers after 4:30 p.m. | (313) 664-8833, option 3 | 7 days a week; 24/7 |



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Steps for Checking the Status of an Authorization

- Log in at **hap.org**.
- Check Procedure Reference Lists to see if an authorization is required.
- Select *Authorizations*.

The screenshot shows the HAP website dashboard with the heading "Working toward a healthier Michigan." and a photo of a doctor. The dashboard is organized into several sections:

- My Tools:** A grid of tools including:
 - Authorizations:** Create and manage outpatient, inpatient, and medical drug authorizations. This tool is highlighted with a red box.
 - Claims:** View claims and remittance advice or submit appeals.
 - Coordination of Benefits:** Notify HAP of other coverage.
 - Member Eligibility:** View member benefit and coverage information.
 - Admissions and Discharges - View Only:** View admissions created before 7/13/2015.
 - Code Editing Explanation:** Review claim editing rules.
 - Health Engagement:** Submit a Member Qualification Form.
 - Member Health Manager:** View health services and screenings that are overdue.
 - Benefit Admin Manual:** Search our 800 page benefit manual.
 - Contracts, Benefit Guides & Riders:** View members' plan documents.
 - Lab Data Entry:** Enter lab results.
- Announcements:** Register for the May 2016 HAP Provider Town Hall meetings [more](#); Cigna Claims Change [more](#); Eff. 4/1 - Change in member eligibility verification [more](#); **CareAffiliate Users - NEW Enhancements!** [more](#)
- Quick Links:** Billing Manual; CareAffiliate Help; Clinical Information Forms; Fee Schedules; HCM On-Call Schedule; ICD-10 Compliance; Medication Request Forms; Payment Integrity Department; Procedure Reference Lists; Provider Newsroom



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CareAffiliate Home Page

- Select *Authorizations*

- You are at the search screen. See next page for search tips.

| Reference # | Member ID | Member Name | Member DOB | Status | Diagnosis |
|-------------|-----------|-------------|------------|--------|-----------|
|-------------|-----------|-------------|------------|--------|-----------|



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You can search for an authorization(s) by one of the options below:

- Enter *Reference #*
- *Member ID or Name*

For any of the searches below, you must enter dates in either the *Service Dates From* and *To* or the *Submission Dates From* and *To* (note: you can only enter a 30 day span of time)

- *Requesting Provider ID or Name*
- *Servicing Provider ID or Name*
- *Servicing Facility ID or Name*

After you enter information, select *Search Existing Records*

Member ID

Name Format: Last, First M.I.

Requesting Provider ID

Name Format: Last, First M.I.

Requesting Group ID

Name Format: Last, First M.I.

Location

Include location as criteria

Servicing Provider ID

Name Format: Last, First M.I.

Servicing Group ID

Name Format: Last, First M.I.

Location

Include location as criteria

Servicing Facility ID

Name

Location

Include location as criteria

Reference #

Diagnosis Code Description

Procedure

Place of Service (Any)

Service

Service Dates From To

Submission Dates From To

Status (Any)

Search Existing Records New Authorization Clear

| Reference # | Member ID | Member Name | Member DOB | Status | Diagnosis |
|-------------|-----------|-------------|------------|--------|-----------|
|-------------|-----------|-------------|------------|--------|-----------|



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Outpatient Authorization Scenario

For illustration purposes, search using *Member ID*

- After you enter information, select *Search Existing Records*

Home | Authorizations | Messages (45) | Help

Welcome | Log Out

Authorizations

Search Existing Records | New Authorization | Clear

Member ID: 1000000001

Name: DOE, JANE

Requesting Provider ID: [Field]

Requesting Group ID: [Field]

Servicing Provider ID: [Field]

Servicing Group ID: [Field]

Servicing Facility ID: [Field]

Reference #: [Field]

Diagnosis: [Code] [Description]

Procedure: [Field]

Place of Service: (Any)

Service: [Dropdown]

Service Dates From: [Field] To: [Field]

Submission Dates From: [Field] To: [Field]

Status: (Any)

| Reference # | Member ID | Member Name | Member DOB | Status | Diagnosis |
|-------------|-----------|-------------|------------|--------|-----------|
|-------------|-----------|-------------|------------|--------|-----------|

- To see additional details, select the chevron next to the *Reference #*

Home | Authorizations | Messages (45) | Help

Welcome MARIBETH KNIGHT | Log Out

Authorizations

Search Existing Records | New Authorization | Clear

Member ID: 1000000001

Name: DOE, JANE

Requesting Provider ID: [Field]

Requesting Group ID: [Field]

Servicing Provider ID: [Field]

Servicing Group ID: [Field]

Servicing Facility ID: [Field]

Reference #: [Field]

Diagnosis: [Code] [Description]

Procedure: [Field]

Place of Service: (Any)

Service: [Dropdown]

Service Dates From: 08/01/2016 To: 08/26/2016

Submission Dates From: [Field] To: [Field]

Status: (Any)

| Reference # | Member ID | Member Name | Member DOB | Status | Diagnosis |
|-------------|------------|-------------|------------|--------|--|
| 60095684 | 1000000001 | DOE, JANE | 01/01/1960 | Pended | H02.001 : Unspecified entropion rt uppr eyelid |
| 60095684 | 1000000001 | DOE, JANE | 01/01/1960 | Pended | H02.001 : Unspecified entropion rt uppr eyelid |

| Service From | Server End | Service Reference # | Place of Service | Service | Procedure(s) | Servicing Provider | Servicing Facility |
|--------------|------------|---------------------|------------------|---------|--------------|----------------------|--------------------|
| 07/29/2016 | 01/25/2017 | 60095684-001 | Office | Surgery | | KUCZYNSKI, BARBARA M | (None) |



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- Select *Service 1*
- Review *Status Reason*

DOE, JANE - FEMALE - 56 years - Reference # 600095684 - (Pended)

Home Authorizations Messages (45) Help

Welcome MARIBETH KNIGHT | [Log Out](#)

[Return To Search](#)

Authorization Request

- Service 1 - (Pended) Office/Surgery
- Notes (0)
- Assessment (1)
- Attachments (1)

Service #1 - Surgery (Pended)

Status Reason: **Requires Review**

Place of Service: Office

Service: Surgery

Service From: 07/29/2016

To: 01/25/2017

Provider: 912981234 - KUCZYNSKI, BARBARA M.

Procedure Information

| Type | Procedure | Total Qty | Primary |
|------|-----------|-----------|---------|
| | | 1 | ✓ |



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Inpatient Authorization Scenario

For illustration purposes, search using *Requesting Provider ID and Service Dates*

- After you enter information, select *Search Existing Records*

hap Home Authorizations Messages (1752) Help

Welcome | Log Out

Authorizations **Search Existing Records** New Authorization Clear

Member ID

Name Format: Last, First M.I.

Requesting Provider ID 1689653305

Name BEAUMONT HOSPITAL - ROYAL

Requesting Group ID

Name Format: Last, First M.I.

Location 3601 W 13 MILE RD, ROYAL

Include location as criteria

Servicing Provider ID

Name Format: Last, First M.I.

Servicing Group ID

Name Format: Last, First M.I.

Location

Include location as criteria

Servicing Facility ID

Name

Location

Include location as criteria

Reference #

Diagnosis Code Description

Procedure

Place of Service (Any)

Service

Service Dates From 09/07/2016 To 09/09/2016

Submission Dates From To

Status (Any)

| Reference # | Member ID | Member Name | Member DOB | Status | Diagnosis |
|----------------------------------|-----------|-------------|------------|--------|-----------|
| There are no records to display. | | | | | |



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- You will obtain any records that meet the search criteria.
- Click on the chevrons to obtain additional details

| Reference # | Member ID | Member Name | Member DOB | Status | Diagnosis |
|-------------|-------------|----------------|------------|--------|-------------------------------------|
| 60095799 | 10000000002 | DOE, WILLIAM J | 01/01/1960 | Pended | R17 : Unspecified jaundice |
| 60095801 | 10000000002 | DOE, WILLIAM J | 01/01/1960 | Pended | R10.84 : Generalized abdominal pain |
| 60095802 | 10000000001 | DOE, JANE | 01/01/1960 | Pended | R10.84 : Generalized abdominal pain |

Additional details displayed. Note: Under *Place of Service*:

- **Inpatient Hospital** are requests that require a discharge date from facilities.
- **On-campus-Outpatient Hospitals** are observation requests. HAP enters the discharge date.

| Reference # | Member ID | Member Name | Member DOB | Status | Diagnosis | | |
|--------------|-------------|---------------------|---------------------------------|--------------|-------------------------------------|--------------------|-------------------------------|
| 60095799 | 10000000002 | DOE, WILLIAM J | 01/01/1960 | Pended | R17 : Unspecified jaundice | | |
| Service From | Server End | Service Reference # | Place of Service | Service | Procedure(s) | Servicing Provider | Servicing Facility |
| 09/07/2016 | | 60095799-001 | Inpatient Hospital | Medical Care | | CANNON, MICHAEL E | BEAUMONT HOSPITAL - ROYAL OAK |
| 60095801 | 10000000002 | DOE, WILLIAM J | 01/01/1960 | Pended | R10.84 : Generalized abdominal pain | | |
| Service From | Server End | Service Reference # | Place of Service | Service | Procedure(s) | Servicing Provider | Servicing Facility |
| 09/07/2016 | | 60095801-001 | On Campus - Outpatient Hospital | Medical Care | | CANNON, MICHAEL E | BEAUMONT HOSPITAL - ROYAL OAK |
| 60095802 | 10000000001 | DOE, JANE | 01/01/1960 | Pended | R10.84 : Generalized abdominal pain | | |
| Service From | Server End | Service Reference # | Place of Service | Service | Procedure(s) | Servicing Provider | Servicing Facility |
| 09/07/2016 | | 60095802-001 | On Campus - Outpatient Hospital | Medical Care | | CANNON, MICHAEL E | BEAUMONT HOSPITAL - ROYAL OAK |