



Altruista/Guiding Care Prior Authorization Guide

The information on the following slides is meant to provide you with a guide to assist when requesting an authorization through the Altruista/Guiding Care platform.



Provider Portal - Submitting a Prior Authorization (PA) Request

1. Log into the Provider Portal
2. Select 'Request Preauthorization' at the top menu

The screenshot shows the 'Request Preauthorization' page. At the top, a dark blue navigation bar contains the following menu items: 'Request Preauthorization', 'Authorizations', 'Claims', 'Claim Reprocessing Inquiries', and 'Attach To Member'. Below the navigation bar, the page title 'Request Preauthorization' is displayed in bold. The main content area is divided into two sections. The first section is titled 'Do I Need to File?' and contains a link: 'Look up the member to view Preauthorization Lists'. The second section is titled 'Filing Options' and features two logos side-by-side. On the left is the Altruista Health logo, which consists of a blue stylized 'A' followed by the text 'altruista' and 'HEALTH' below it, with a link 'File at Altruista' underneath. On the right is the eviCore healthcare logo, which features a circular arrangement of dots in blue and orange, with the text 'eviCore' and 'healthcare' to its right, and 'innovative solutions' in smaller text below 'eviCore', and a link 'File at eviCore' underneath. Below the logos, there is a heading: 'What if I get into Altruista or eviCore and the Procedure Code says NOT available or Covered or Not Covered for the member I'm working with?' followed by a paragraph: 'If the member's Preauthorization Lists OR the Customer Service representative indicates that the procedure requires a referral/preauth then notify [Health Alliance](#) that the member's Altruista or eviCore information is incorrect.'

3. The provider's office must first attach to a member, then enter the CPT code in question. Use the 'Do I Need to File?' search to look up if you should file your prior authorization at Altruista Health or eviCore.

4. Follow the on-screen directions to file requests with these forms. Then the website will direct you to the appropriate PA portal to proceed with the PA process.

Altruista Health	eviCore
Pharmacy	Lab Management
Inpatient	Medical Oncology Pathways
Outpatient:	Musculoskeletal Management
DME	Radiation Therapy Management Program
Referrals	Radiology and Cardiology
Procedures	Sleep Management


[Request Preauthorization](#) [Authorizations](#) [Claims](#) [Claim Reprocessing Inquiries](#) [Attach To Member](#)

Request Preauthorization


Do I Need to File?

[Look up the member](#) to view Preauthorization Lists

Filing Options



[File.at.Altruista](#)



[File.at.eviCore](#)

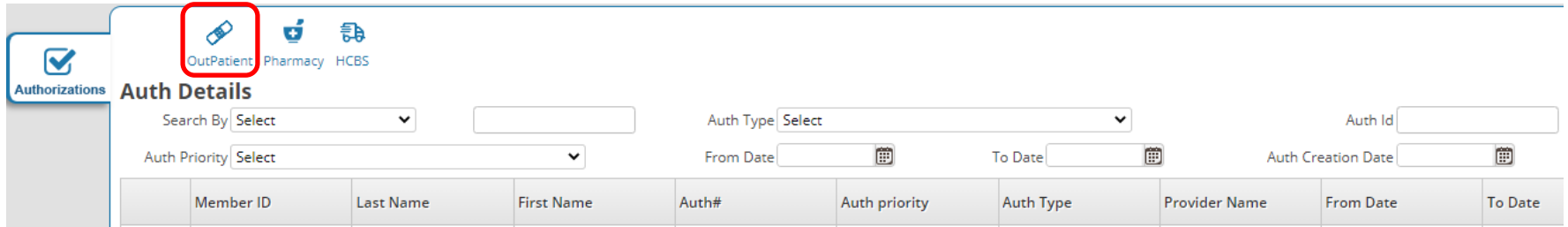
What if I get into Altruista or eviCore and the Procedure Code says NOT available or Covered or Not Covered for the member I'm working with?

If the member's Preauthorization Lists OR the Customer Service representative indicates that the procedure requires a referral/preauth then notify [Health Alliance](#) that the member's Altruista or eviCore information is incorrect.

5. The 'Authorizations' tab of the main menu lets you search for authorizations by the authorization's info, the provider's info or the member's info.

Select an Auth Type

Once you've chosen Altruista from the Request Preauthorization tab, you'll be taken to your Altruista dashboard. Choose the appropriate Auth Type. In this training document we'll be focusing on the Outpatient Auth Type:



The screenshot shows the Altruista dashboard interface. On the left, there is a sidebar with a checkmark icon and the text 'Authorizations'. The main content area is titled 'Auth Details'. At the top of this area, there are three icons: a bandage icon labeled 'OutPatient', a pharmacy icon labeled 'Pharmacy', and a truck icon labeled 'HCBS'. The 'OutPatient' icon is highlighted with a red box. Below the icons, there are several search and filter options: 'Search By' with a dropdown menu set to 'Select', a text input field, 'Auth Type' with a dropdown menu set to 'Select', 'Auth Id' with a text input field, 'Auth Priority' with a dropdown menu set to 'Select', 'From Date' with a calendar icon, 'To Date' with a calendar icon, and 'Auth Creation Date' with a calendar icon. At the bottom, there is a table with the following columns: Member ID, Last Name, First Name, Auth#, Auth priority, Auth Type, Provider Name, From Date, and To Date.


Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider Name	From Date	To Date
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Search for a Member

Type in the member's ID and last name and click 'Find Member':

Request Authorization ✕

Member Search

Member DOB 

Member First Name

* Member Id

* Member Last Name

Member Name

	Altruista ID	Last Name	First Name	Gender	Birth Date
<input checked="" type="radio"/>	ALT283681	BOGUS	SLOTHA	Male	02/22/1986

Click the radio button next to the member's Altruista ID. Note: the Altruista ID is an internal identifier and will not match the member's ID on their ID card.

Enter Prior Authorization Request Details

In the Eligibility Verification section, you can review and confirm the member's coverage. The member's ID will be located in the bottom left-hand corner of this box.

Make a note of the member's Plan Type code (outlined in red) and Entity code (outlined in green). You'll need that information in the upcoming step.

Eligibility Verification

Select Eligibility and Auth Template

Active Inactive

<input type="radio"/>	Plan Type PREFERRED PROVIDER ORGANIZATIO Code P	Status Active Start Date 04/01/2016 End Date 12/31/2099
	Entity BOGUS ENTITY Code BOG	Group Code HCFA BILLING Code HCFA04
	Plan Code Bogus Plan File -PPO Code PPO	Subgroup HCFA BILLING Code HCFA04_001
	Additional Details Member ID 94092123301	

Select the eligibility record to attach the prior authorization request to by clicking on the corresponding radio button to the left of the correct entry. Click on the Care Setting/Auth Type drop down menu to select the correct auth template. The Auth Types may have different fields and/or drop down values.

The Care Setting/Auth Type options for Outpatient requests are:

- Outpatient – DME
- Outpatient – Referral
- Outpatient – Procedures

Once the Auth Type is selected, more sections will appear below.

Provider Details

In order to search for a provider, you must click on the magnifying glass outlined in red. Clicking on the magnifying glass will pull up the Advanced Provider Search.

Provider Details

Where Are Requested Services Performed?

Referred By Provider Name	Referred By Provider Phone	Referred By Provider Alternate Phone	Referred By Provider Fax
<input type="text" value="Provider Name"/> ▼	<input type="text" value="Phone"/> *	<input type="text" value="Alternate Phone"/>	<input type="text" value="00000-0000"/> *
<input type="text" value="Begin typing name or code to select"/> Q *	<input type="text" value="Phone"/> *	<input type="text" value="Alternate Phone"/>	<input type="text" value="000-000-0000"/> *
Referred To Provider Name	Referred To Provider Phone	Referred To Provider Alternate Phone	Referred To Provider Fax
<input type="text" value="Provider Name"/> ▼	<input type="text" value="Phone"/> *	<input type="text" value="Alternate Phone"/>	<input type="text" value="000-000-0000"/> *
<input type="text" value="Begin typing name or code to select"/> Q *	<input type="text" value="Phone"/> *	<input type="text" value="Alternate Phone"/>	<input type="text" value="000-000-0000"/> *

If an outpatient procedure Prior Authorization is requested, an additional field for Facility information will populate in this section.

Provider Type ▼

Select ▼

Provider Identifier ▼

Note: Search by **Starts With** and **Exact Match** Only.
Enter min of 3 characters.

Provider Code

Index Name

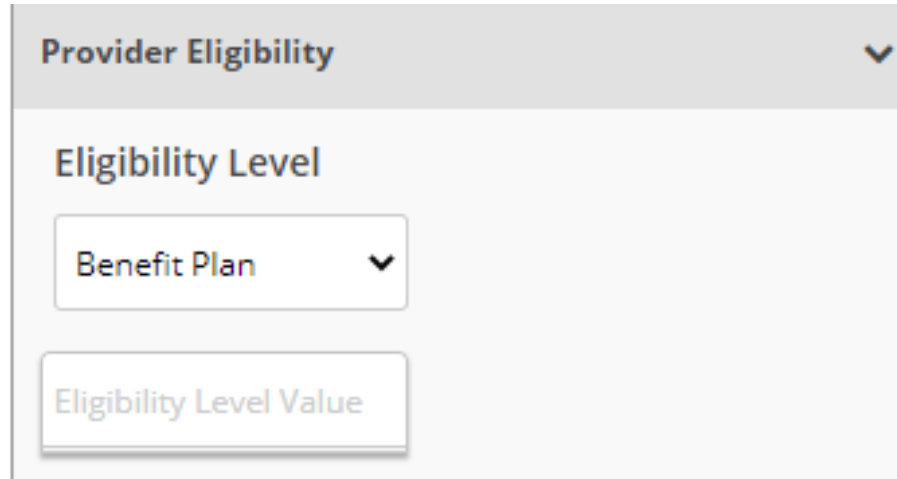
Index Value

Advanced Provider Search

In order to accurately identify whether or not the provider (rendering or referring) is in-network, scroll down to the Provider Identifier section. Click the drop down next to Index Name and select 'NPI 1'. In the box next to Index Value, type the provider's NPI number.

Scroll down to the Eligibility section. Use the information you made a note of based off the member's eligibility (Play Type code and Entity code).

Select Benefit Plan as the Eligibility level and type in the 3-digit Entity code (the code in the green box from the Eligibility Verification step) into the Eligibility Level



The image shows a screenshot of a web form titled "Provider Eligibility". Under the heading "Eligibility Level", there is a dropdown menu with "Benefit Plan" selected. Below this is a text input field labeled "Eligibility Level Value".

If the search results display more than 1 value, select the option that matches the member's Plan Type code (the code in the red box from the Eligibility Verification step). Then click Search.

Eligibility Level

Benefit Plan ▼

eah

Select All

C-FEDERALLY QUALIFIED HMO (C) >> EAH-STATE OF ILLINOIS FI NETWORK (EAH)

E-EXCLUSIVE PROV ORG ONE/TWOTIER (E) >> EAH-STATE OF ILLINOIS FI NETWORK (EAH)

X-TRIPLE OPTION PLAN POS (X) >> EAH-STATE OF ILLINOIS FI NETWORK (EAH)

Select ▼

Clear Search

0 20 ▼

A list of provider records will appear to the right. If the Network Status is 'P', that means the provider is in-network for this member's coverage. If the Network Status is 'N', that means the provider is out-of-network for this member's coverage.

After confirming the correct rendering address, select the appropriate provider record by clicking on the radio button next to the provider's name.

The provider's information should now pre-populate in the authorization. If the provider cannot be found within the Advanced Provider Search, leave the Eligibility information blank and search for a provider using the Provider Identifier section with a Provider Code of 'NOPROV'. Select the provider record.

Find Provider

Provider Identifier ▼

Note: Search by **Starts With** and **Exact Match** Only. Enter min of 3 characters.

Provider Code

Index Name

Index Value

	Provider Name	Provider Type	Clinic Name	Provider Code	NPI	Tax ID	Address
<input type="radio"/>	NO PROVIDER NUMBER ON FILE	Facility	NO PROVIDER NUMBER ON FILE	NOPROV	0	999999999	3310 FIELDS SOUTH DR,CHAMPAIGN,IL,618223

Auth Basic Details

The Auth Basic Details section contains the necessary information for the prior authorization request.

Auth Basic Details

Where Are Requested Services Being Performed?

Notification Date and time *

Auth Priority * Is Extension

Treatment Type *

Request Received *

Notification Date and time

Type 't' then tab to populate this field with the current date and time.

Auth Priority

The Auth Priority dictates the turn-around-time Health Alliance has in order to process your request. Select UM Urgent for an urgent/expedited request.

Treatment Type

Select the best described treatment from the drop-down menu.

Request Received

Select 'Web Portal.'

Diagnosis and Service Codes

In the Diagnosis and Service Codes section, you will enter in the diagnosis and procedure OR medication codes being requested.

To search for a diagnosis code, type in the first 3 letters/numbers of either the diagnosis description or the code and press the down arrow on your keyboard.



Click on the option you wish to select and it will automatically populate both the diagnosis code and description.

Use the same approach to searching for a procedure or medication code by typing in the first 3 characters of the code or description and pressing the down arrow on your keyboard.

Diagnosis and Service Codes

Diagnosis Codes

ICD Version:

Diagnosis Description Diagnosis Code

Description	Code
P1 HEADACHE	R51

Procedure Description Procedure Code Unit Type From Date To Date Requested Approved

Please indicate the first and last name of the referring and/or rendering provider in the Notes field at the bottom of the screen.

Additional Details


Service Dates Discharge Details

Additional Information Details

Additional Information Requested Date	Additional Information Received Date	Is Complete	Notes
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>	<input type="text"/>

Notes

Notes



Unit Type

Select the most appropriate Unit Type.

From Date

Type 't' and then tab to populate this field with the current date and time.

To Date

The 'To Date' field is the requested end date for the prior authorization request. Type 't+' the number of days you would like the authorization to be valid and then tab to populate this field. This date will be reviewed and approved by Health Alliance.

Requested

Enter in the number of requested units. Click the plus icon to add another procedure code to this prior authorization request.

Additional Details

Do not populate any fields in this section, it is for Internal Use Only.

Notes

You are required to enter in notes for the prior authorization request.

Submit the Prior Authorization

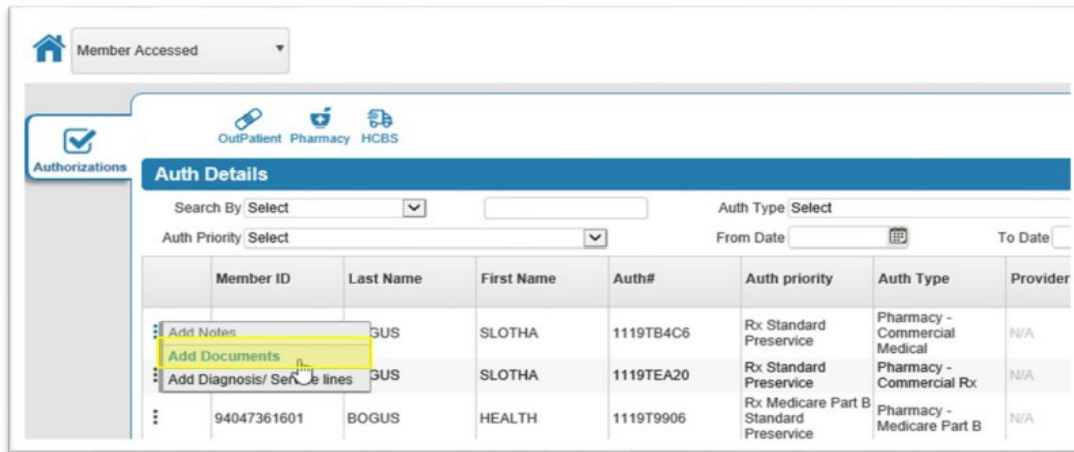
Click Save to submit the prior authorization.

System Notifications

Once you submit the prior authorization, you will get a notification to attach clinical documentation.

Other notifications you may get include:

- Prior authorization request may be a duplicate.
- Prior authorization request has been automatically approved.



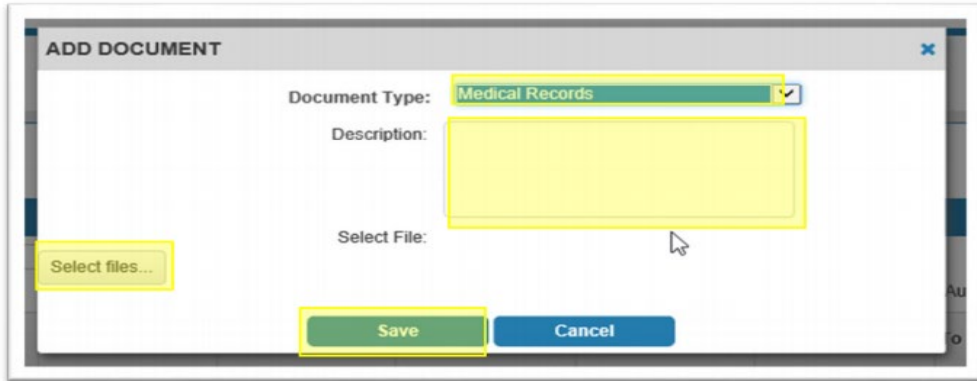
The screenshot shows a web application interface for managing authorizations. At the top, there is a 'Member Accessed' dropdown menu. Below it, there are navigation icons for 'OutPatient', 'Pharmacy', and 'HCBS'. The main section is titled 'Auth Details' and contains search filters for 'Search By', 'Auth Type', 'Auth Priority', 'From Date', and 'To Date'. Below the filters is a table with the following data:

Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider
	GUS	SLOTHA	1119TB4C6	Rx Standard Preservice	Pharmacy - Commercial Medical	N/A
	GUS	SLOTHA	1119TEA20	Rx Standard Preservice	Pharmacy - Commercial Rx	N/A
94047361601	BOGUS	HEALTH	1119T9906	Rx Medicare Part B Standard Preservice	Pharmacy - Medicare Part B	N/A

Attaching Clinical Documentation

After submitting the prior authorization request, you will be brought back to the authorization summary page. Click on the three dots next to the auth that you just submitted and select 'Add Documents.'

Include a description of the clinical information you are submitting in the Description section. Click on 'Select Files' to choose the files you wish to attach to the prior authorization request, then press Save.



The screenshot shows a dialog box titled "ADD DOCUMENT". It contains the following elements:

- Document Type:** A dropdown menu with "Medical Records" selected.
- Description:** A large, empty text area.
- Select File:** A button with a yellow highlight and a mouse cursor over it.
- Save:** A green button with a yellow highlight.
- Cancel:** A blue button with a yellow highlight.

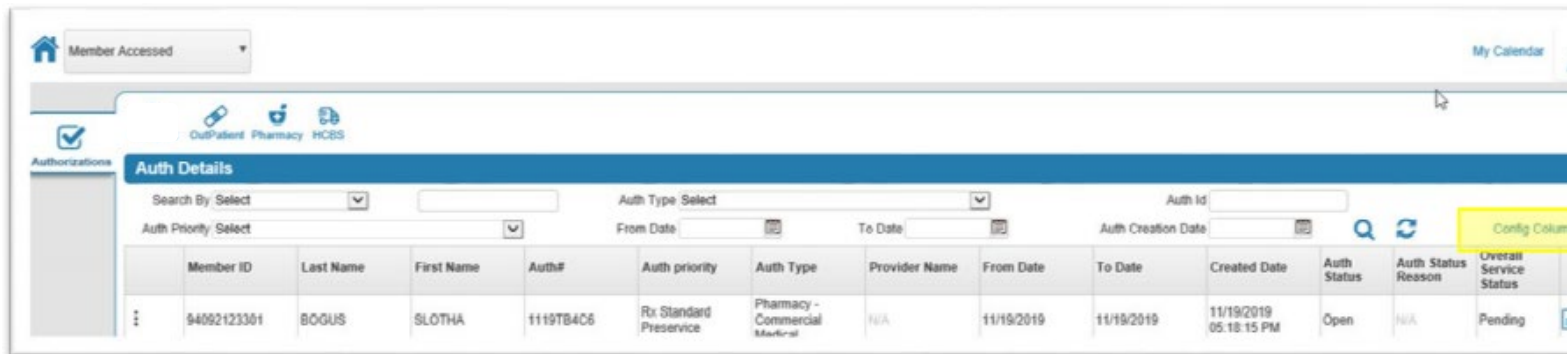
Monitor the Altruista page in the event that additional clinical information is requested.

Click on the Service Details icon to see a note from Health Alliance regarding what information is needed.



Configure Columns

To see additional information about the authorization requests that you have submitted, click on 'Config Columns.'



The screenshot shows a web application interface for 'Auth Details'. At the top, there is a navigation bar with a home icon, a 'Member Accessed' dropdown, and a 'My Calendar' link. Below this is a toolbar with icons for 'OutPatient', 'Pharmacy', and 'HCBS'. The main content area is titled 'Auth Details' and contains search filters: 'Search By Select', 'Auth Type Select', 'Auth Id', 'Auth Priority Select', 'From Date', 'To Date', and 'Auth Creation Date'. A 'Config Columns' button is highlighted in yellow. Below the filters is a table with the following data:

	Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider Name	From Date	To Date	Created Date	Auth Status	Auth Status Reason	Overall Service Status
⋮	94092123301	BOGUS	SLOTHA	1119TB4C6	Rx Standard Preservice	Pharmacy - Commercial Market	N/A	11/19/2019	11/19/2019	11/19/2019 05:18:15 PM	Open	N/A	Pending

You can select any columns you would like, however please select the following at the minimum:

- Req. (units requested)
- Appr. (units approved)
- Auth Status
- Auth Reason

Thank you for attending today's presentation.

If you have any questions about this presentation,
please reach out to your Provider Relations Specialist.