Health Alliance™

Altruista/Guiding Care Prior Authorization Guide

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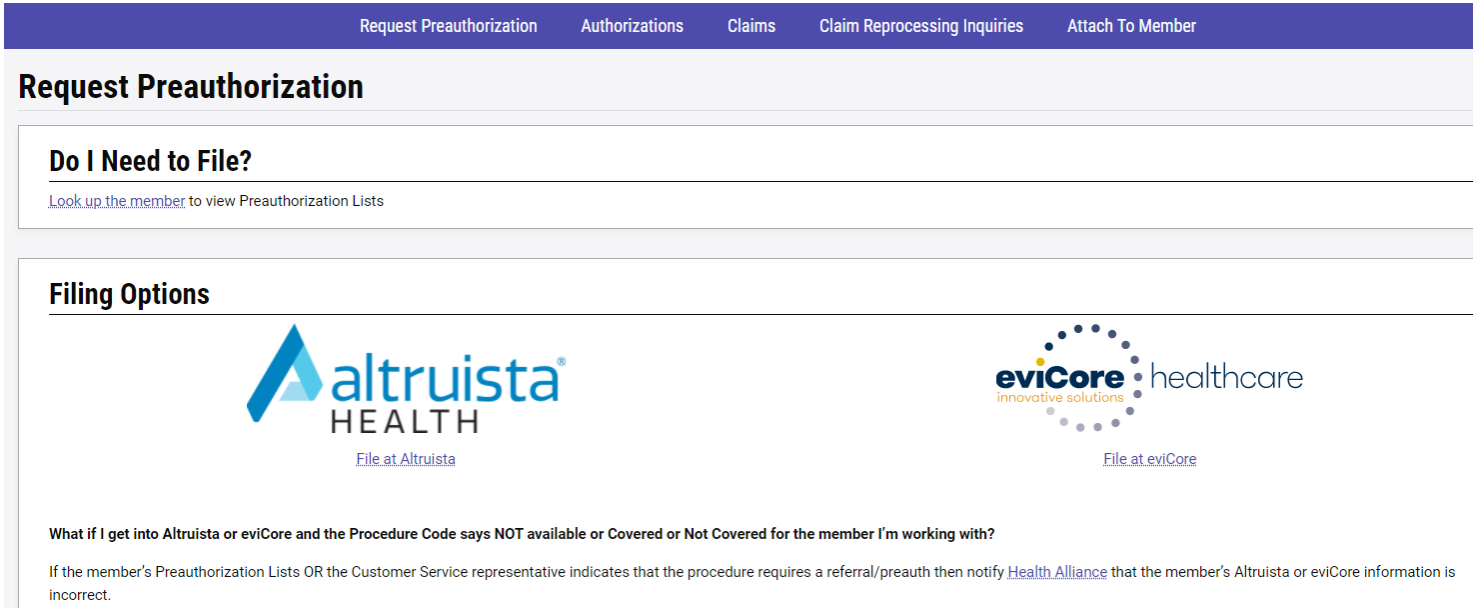
The information on the following slides is meant to provide you with a guide to assist when requesting an authorization through the Altruista/Guiding Care platform.

Provider Portal - Submitting a Prior Authorization (PA) Request

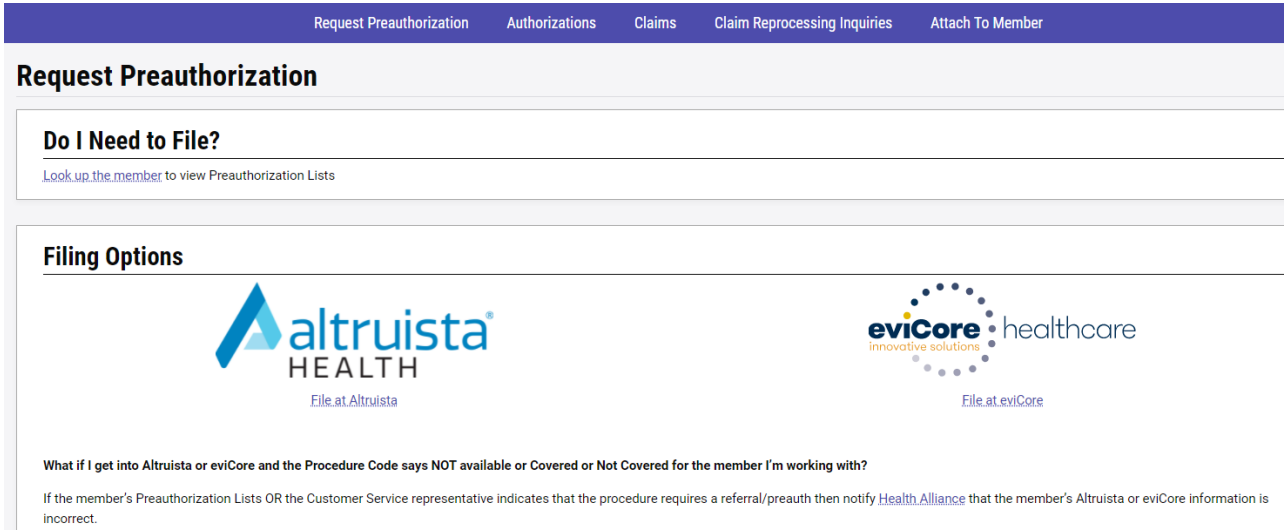
1. Log into the Provider Portal
2. Select ‘Request Preauthorization’ at the top menu



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.

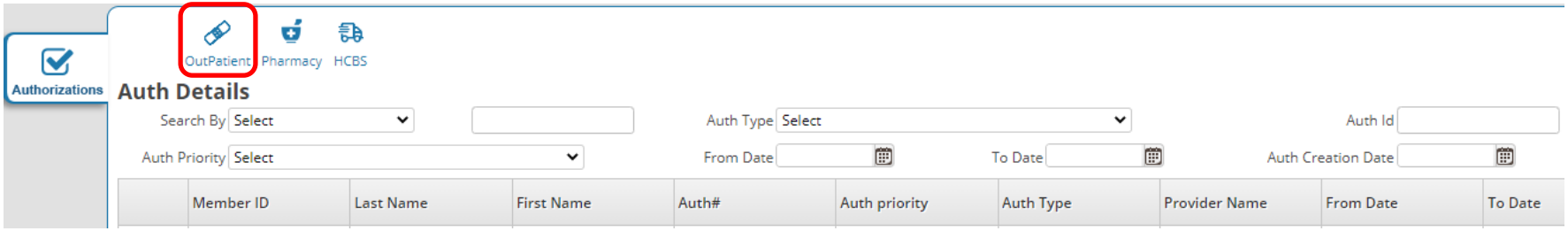
Altruista Health	eviCore
Pharmacy	Lab Management
Inpatient	Medical Oncology Pathways
Outpatient:	Musculoskeletal Management
DME	Radiation Therapy Management Program
Referrals	Radiology and Cardiology
Procedures	Sleep Management



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.

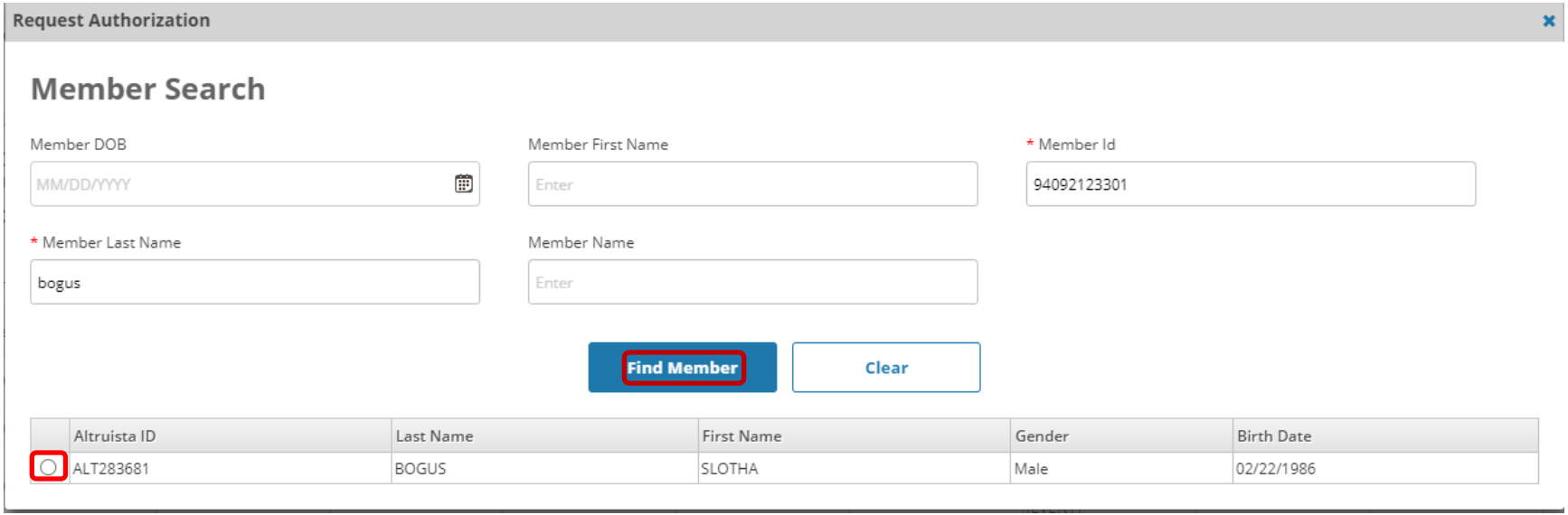
Select an Auth Type

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:



Search for a Member

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

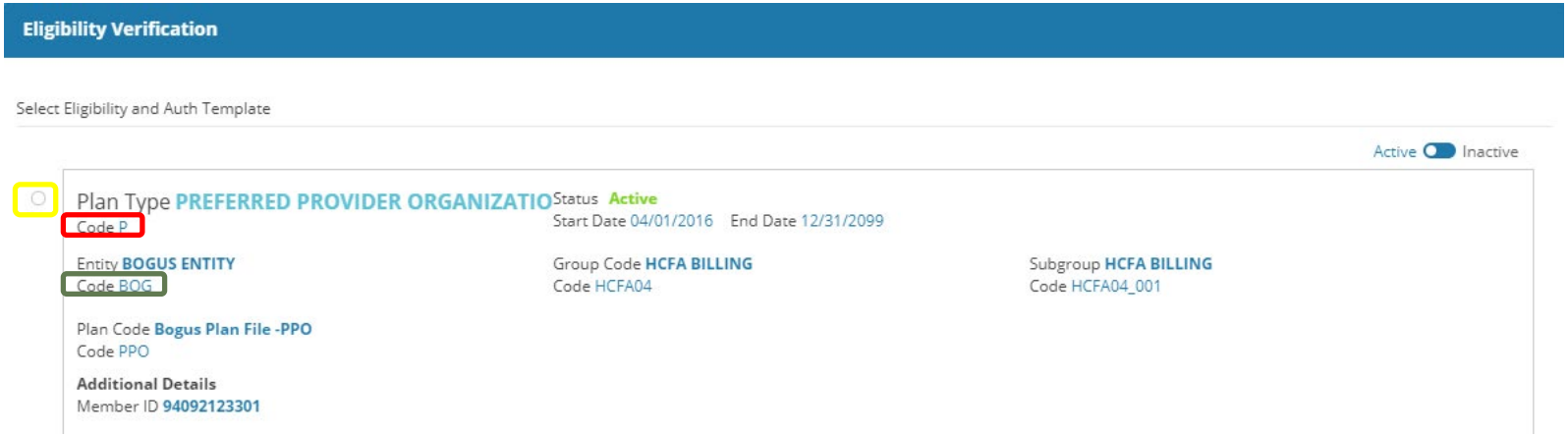


Click the radio button next to the member's Altruista ID. Note: the Altruista ID is an internal identifier and will not match the member's ID on their ID card.

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.



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.

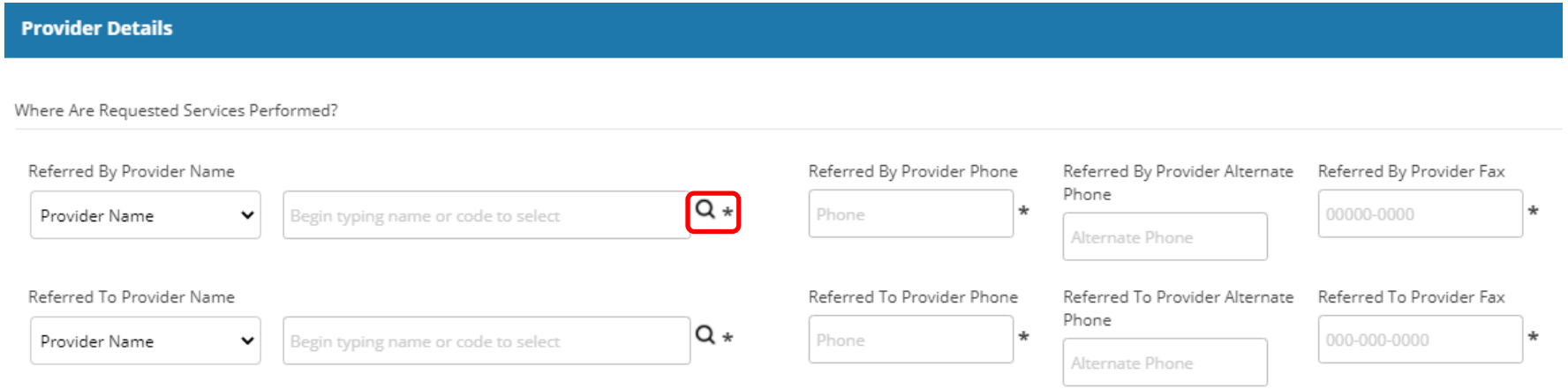
The Care Setting/Auth Type options for Outpatient requests are:

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

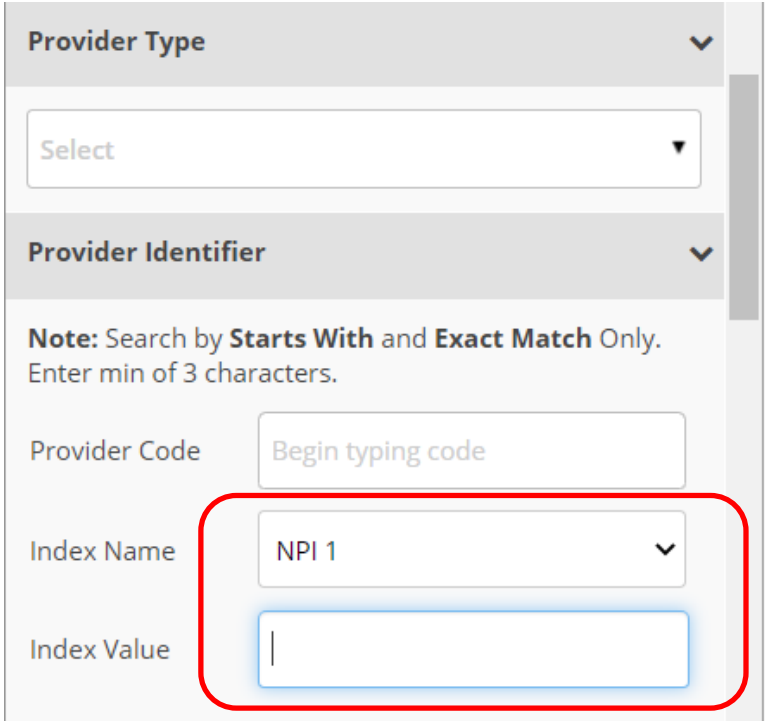
Once the Auth Type is selected, more sections will appear below.

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.



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

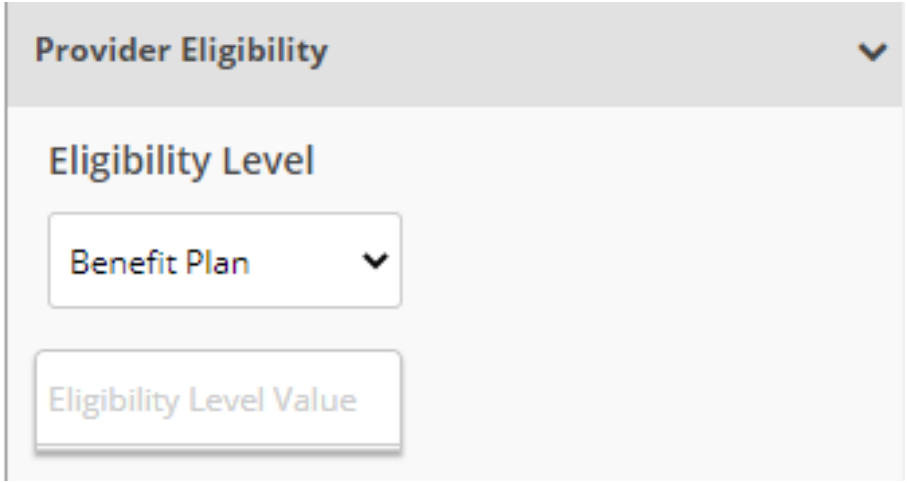


Advanced Provider Search

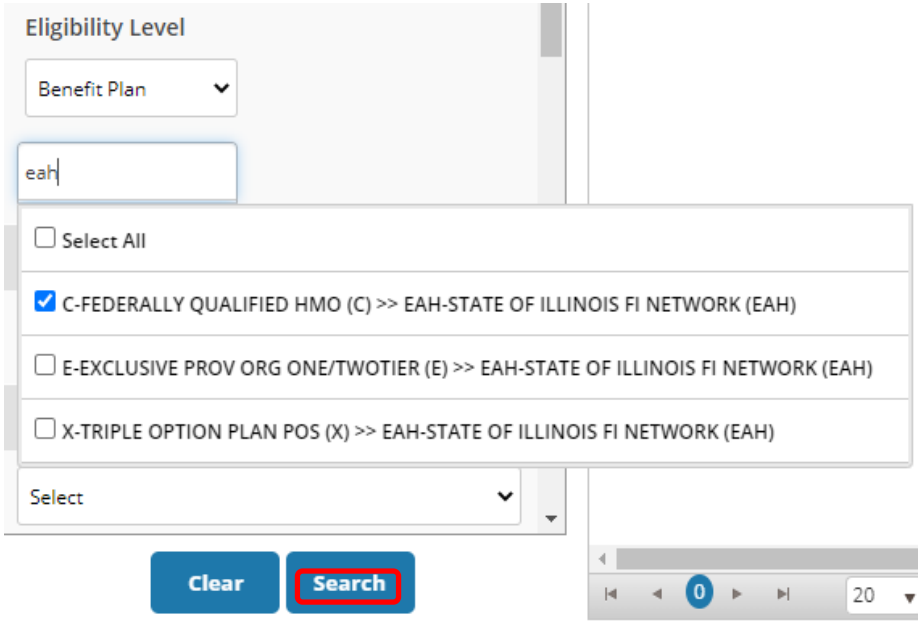
In order to accurately identify whether or not the provider (rendering or referring) is in-network, scroll down to the Provider Identifier section. Click the drop down next to Index Name and select ‘NPI 1’. In the box next to Index Value, type the provider’s NPI number.

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



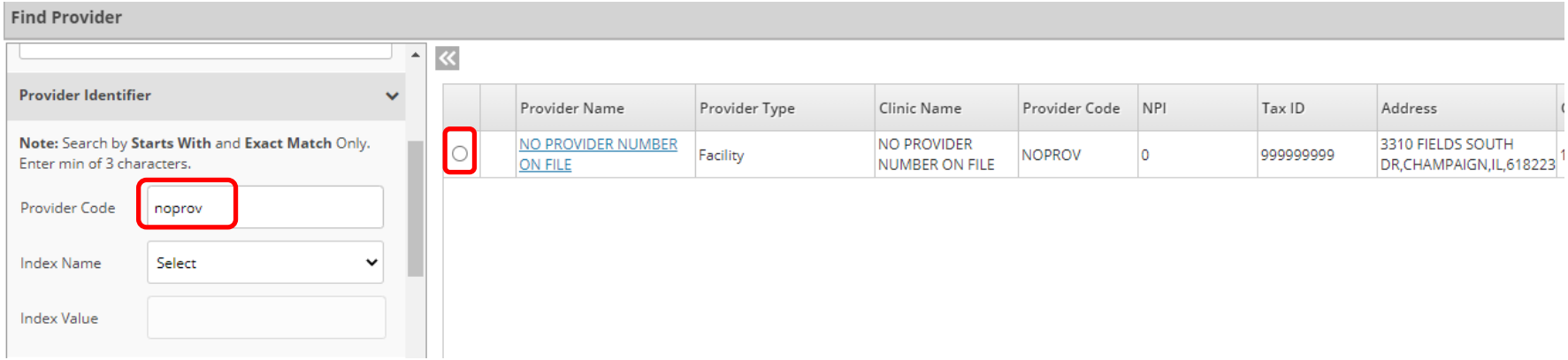
If the search results display more than 1 value, select the option that matches the member's Plan Type code (the code in the red box from the Eligibility Verification step). Then click Search.



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.

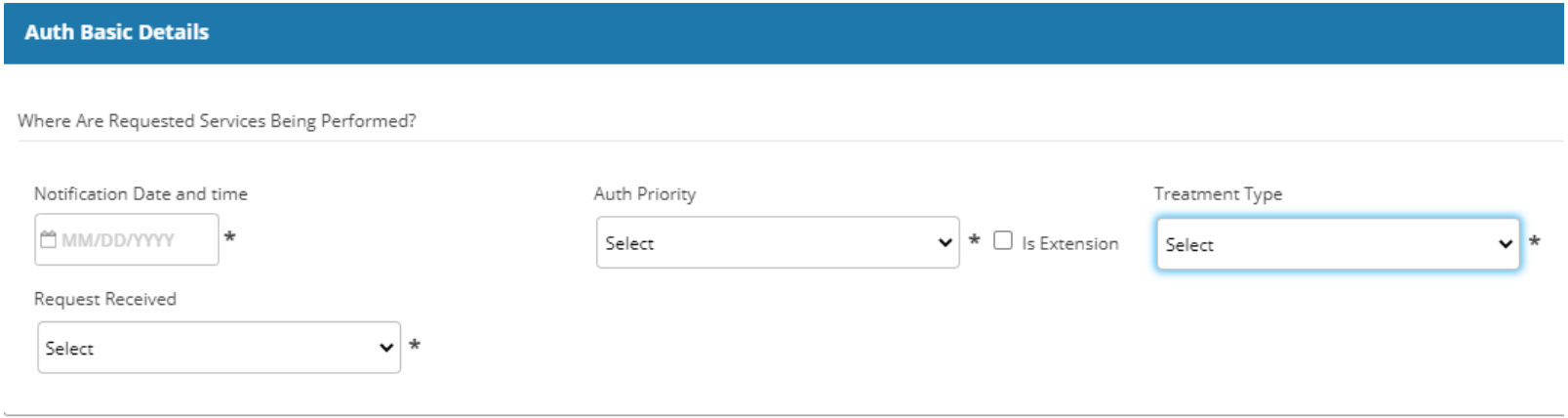
After confirming the correct rendering address, select the appropriate provider record by clicking on the radio button next to the provider's name.

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.



Auth Basic Details

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



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.’

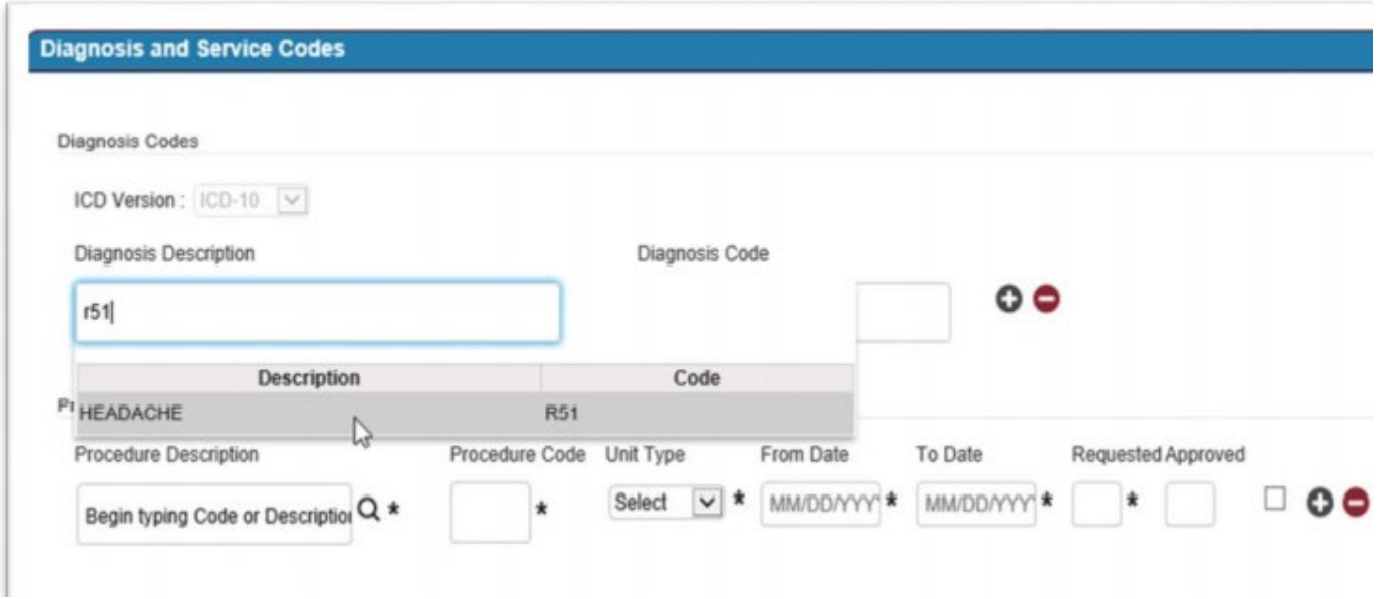
Diagnosis and Service Codes

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

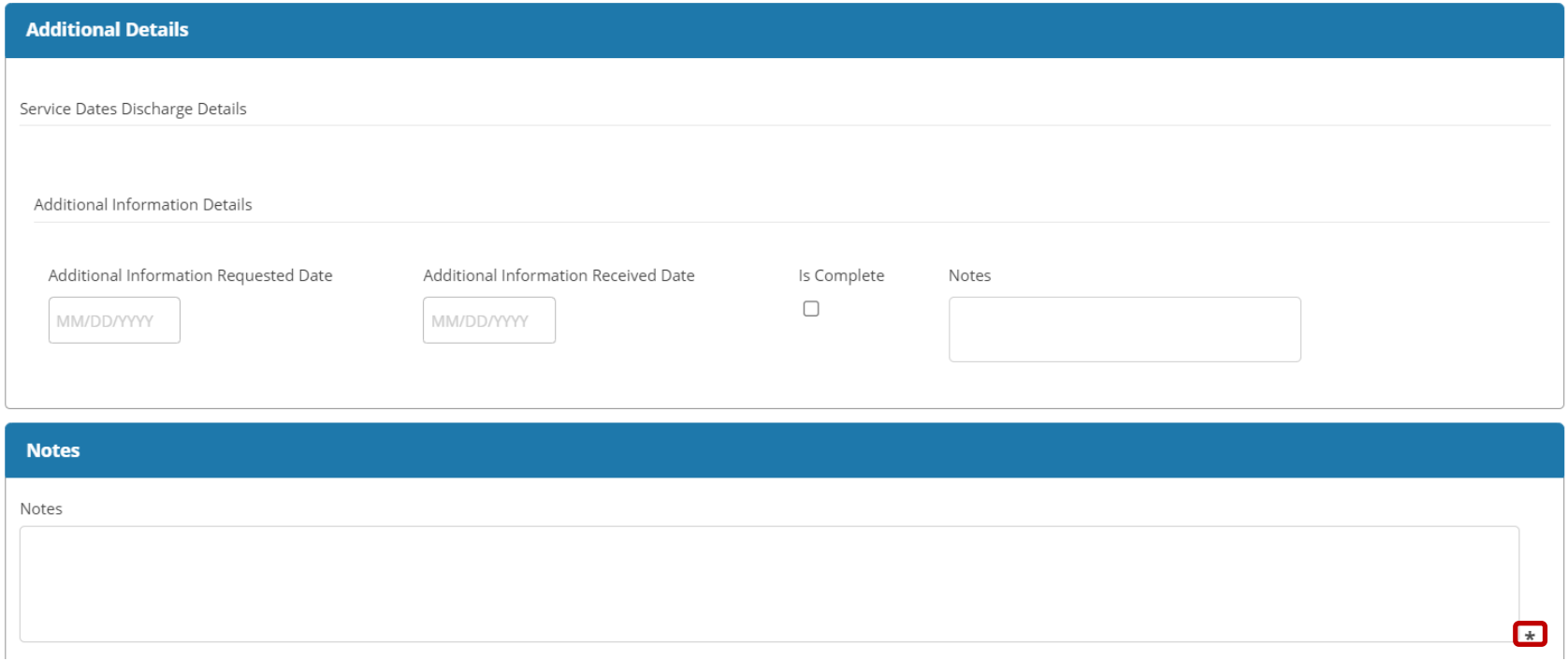
To search for a diagnosis code, type in the first 3 letters/numbers of either the diagnosis description or the code and press the down arrow on your keyboard.

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.



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



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.

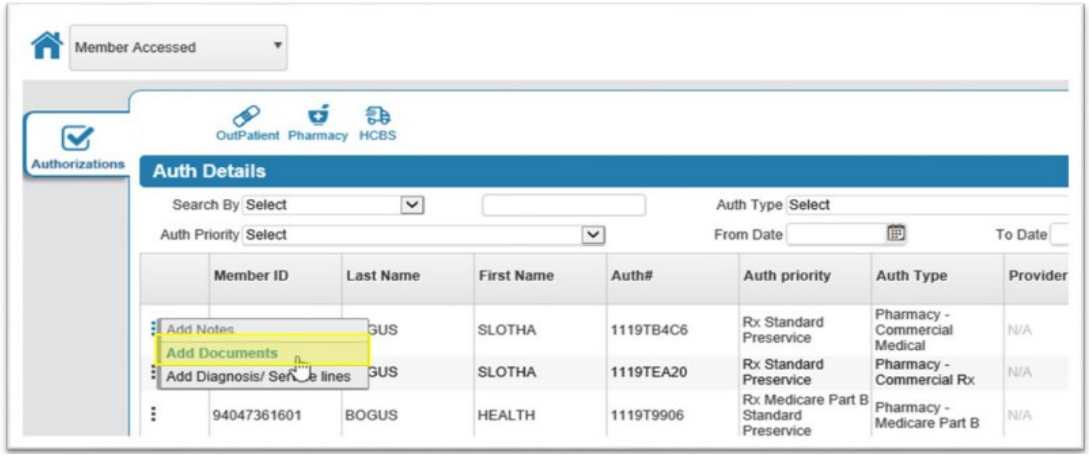
Submit the Prior Authorization
Click Save to submit the prior authorization.

System Notifications

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

Other notifications you may get include:

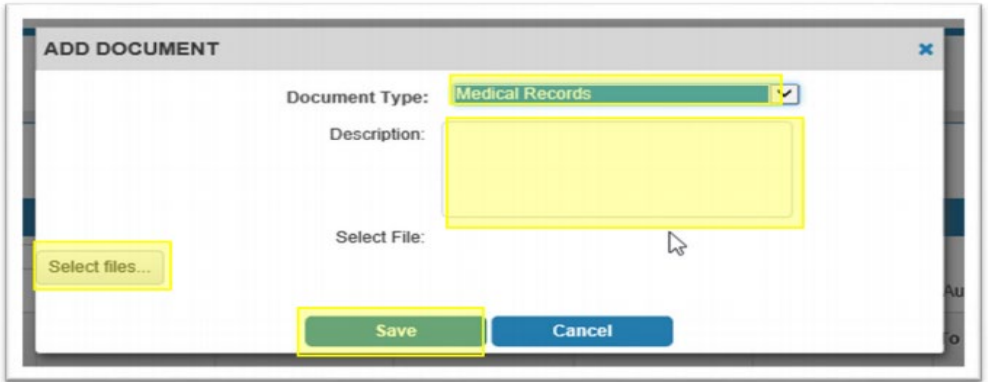
- Prior authorization request may be a duplicate.
- Prior authorization request has been automatically approved.



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.

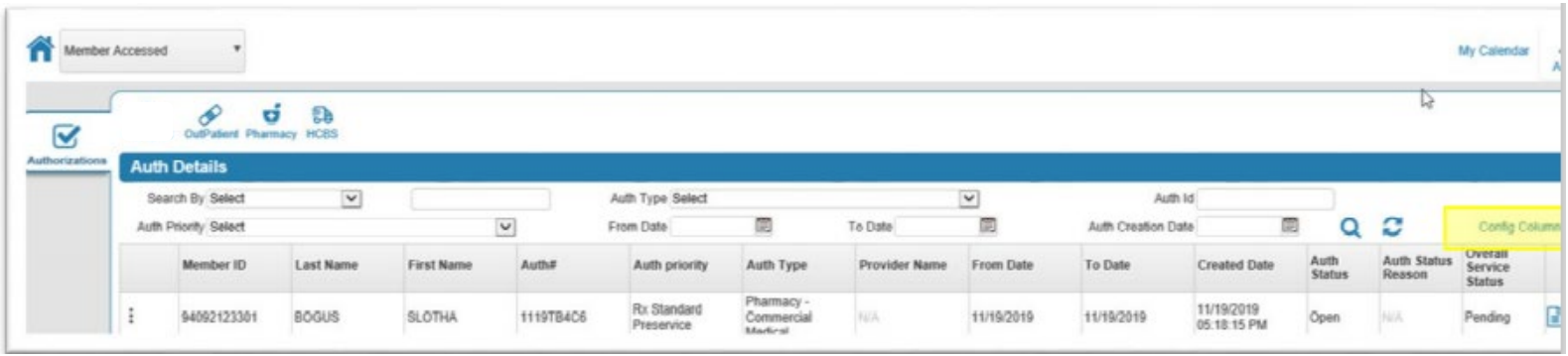


Monitor the Altruista page in the event that additional clinical information is requested.

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.’



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.