# AUTHORIZATION PORTAL FOR PROVIDERS

MDwise, Inc

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### Introduction to the Authorization Portal

MDwise currently offers different ways to submit a prior authorization including fax, email, and telephonically. We are now offering online submission through our Authorization Portal located in our Provider Portal.

Phone	Phone Call 1-800-356-1204, request to set up
	a prior authorization over
	the phone.
Fax	HHW EXCEL- 1-888-465-5581
	HIP EXCEL-1-866-613-1642
Email	padept@mdwise.org
Portal	myMDwise Provider Portal

This guide will allow you to set up your account to submit your prior authorization as well as track those authorizations you submitted on the portal. If you are unable to locate your member by Member ID, please contact MDwise at 1-800-356-1204.

#### Account Setup and Registration

Step	Action
1	Locate the MDwise Provider Portal through the following link: <u>myMDwise Provider Portal</u> .
2	Locate and click the hyperlink "View our sign-up guide for additional help" at the bottom of the page and follow the instructions for account set up and registration.
	Create a New Account Providers must complete the sign-up process to gain access. Users are required to create individual accounts. Visit the myMDwise provider login page and click on the link which reads "Request New Account."
	You will need the following information: <ul> <li>Provider NPI and TIN.</li> <li>An email address.</li> </ul> View our sign-up guide for additional help.
3	<ul> <li>For troubleshooting issues with creating Provider Portal account, please email providerservices@mdwise.org.</li> <li>If you are unable to locate your member by Member ID, please contact MDwise at 1-800-356-1204.</li> </ul>

## Initiating a "New" Outpatient Prior Authorization

• For troubleshooting issues with setting up a prior authorization, please email: padept@mdwise.org.

Step	Action
1	Enter the Authorization Portal from the MDwise Provider Portal following the MDwise Provider Portal link:
	myMDwise Provider Portal
2	Click the blue "Login to myMDwise" button.
3	myMDwise Provider Portal         The myMDwise provider portal allows registered providers to view member eligibility information securely online for the MMB/Micelaid.         Under the following online features:         • View member claims information.         • View member cla
	Username Password
	Log in     Create account       Forgot your password?
	<ul> <li>***If you already registered through MProvider Connect, please use the same username and password.</li> <li>Important to Note: If a login account has not been created, the sign-up process must be completed. See Account Setup and Registration section.</li> </ul>

4	Once logged in, locate and click on the "Prior Authorizations" tab in the navy-blue banner near the top of the page.
	Home Verify Eligibility PMP Central Claims & Payment Find a Provider Bright Futures Quality Reports Prior Authorizations More 🗸
5	The webpage will automatically redirect into the Authorization Portal (Jiva) to the "My Dashboard" screen.
	Jiva" & Dashboard 🗮 Menu D Memory List 🗎 Calendar 🗳 1 My Dashboard O Last Updated - 0 mn ag
	Image: Constraint of the state of the st
	0     Further Information Required       Why Requests     Pending Decision       0     Gaps in Care
	Requests by Type  Processed Pending Submission Further Information Required Pending Decision  Decisions Made Today  Decisions Made Today  Decisions Made Today
6	Click on "Menu"; Choose "New Request" from the dropdown.
	Bashboard
	Provider My Members
	New Request Provider Profile Search Request
	Survey
7	Enter the Member ID. Click the blue "Search" button.
	Member ID *

8	The member will appear. Locate the "Action" column on the far right of screen. Click on the "Add Reques dropdown and choose the appropriate type of request (Outpatient or Behavioral Health Outpatient).					
	Action					
	Add Request Behavioral Health Inpatient Behavioral Health Outpatient Inpatient Outpatient					
9	Complete the "Episode Details" section:					
	Click on the "Request Type" dropdown a	nd choose the appropriate request type.				
	Request Type *Select One	~				
	Select One concurrent Preservice Retrospective					
	Request Type	Description				
	Preservice	<ul> <li>Initial medical and behavioral health outpatient services.</li> <li>Concurrent medical outpatient services.</li> </ul>				
		<ul> <li>Concurrent IOP, ABA, Psych testing, and Neuropsych testing services.</li> </ul>				
	Concurrent	Continuation of a SUDRT/PHP service already submitted.				
	Retrospective	"Retro" use only after services have been rendered completely				
10	Click on the "Request Priority" dropdown	and choose the appropriate request priority.				
	Request Priority * Standard Select One	~				
	Standard Urgent					
1						

	Initial and Concurrent Medical Preservice	Standard 5 BD (Business Days)				
	Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing	Standard 5 BD (Business Days)				
	Initial and Concurrent PHP/SUDRT/Urgent Medical OP Preservice	Urgent 48 hours				
	Retrospective	Standard 30 CD (Calendar Days) use only after services have been rendered completely.				
	Important to Note: Priority may be chang Urgent.	ged by MDwise if the request does not meet the definition of				
11	Complete the "Diagnosis" section: Type in the Diagnosis code. Wait for Jiva that appears.	to populate the code with description. Click on the code/description				
	Code Type ICD10	Step 1 Diagnosis * N49.2 Q Step 2 N49.2-Inflammatory disorders of scrotum				
12	Complete the "Providers" section:					
	Click the blue "Attach Providers" button.					
	<ul> <li>Providers</li> </ul>					
	Attach Providers					
13	Enter in the NPI and Tax ID for the facility the right.	only. Click the blue "Search" button. Search Results will appear to				

		Provide	er Last Name	ovider Last Name	Q	Searc	ch Results	
		Provide	er First Name	ovider First Name	Q		Provider ID	Provider
			NPIN 15	38195169		0	200365010A1538195169352144671	CENTER
			Provider ID			284		FOR SPECIAL
			Tax ID 35	2144671				LLCnull
			Group *	HHW-Wishard	~			
			s	Advanced Search		۵	200365010A200365010A	CENTER FOR SPECIAL SURGERY
	In ai	n <mark>po</mark> nd fa	<b>rtant to Not</b> acility are O(	<b>e:</b> If you have an out of network ON, enter in the OON facility.	(OON	) provi	der/facility, enter in the OOM	N. If both provider
14	Fi	nd t	he provider	with the correct Name and loca	tion.			
		•	Verify yo	u are choosing the provider with	the N	1DW p	refix in the Provider ID colum	nn.
			Provider ID					
		-	2040045702000000					
		¢	2010815702009990	608				
		٥	MDW_843937974- 1790044055					
		¢	MDW_932648762- 1790044055					
		•	Verify "Se	ervicing", under the Provider Ro	e Colu	mn, is	selected.	
		Pro	vider Role					
		A	Servicing V					
		A	Attending PCP					
		F	Referring Servicing					
			reading					

15	Click the	cogwheel next	to the provider ID of I	the facility yo	u have chos	en. Click "Sing	le Attach". You will be
	realrecte	а раск to the р	previous screen.				
	Dr	ovidor ID					
	FI						
	<b>\$</b> 10	0270200A10735501333	51461805				
	O Sing	gle Attach					
	O Mult	tiple Attach					
	O Add	Address					
16	Complete	e the "Service F	Request" section:				
	Choose t	he most appro	priate options depend	ling on the ty	pe of outpat	tient case, for t	he following
	dropdow	ns:					
	•	service Type	Coo Annondiy A. CDC	(Cada Cata)			
	• (	Lode Type (SPC	-see Appendix A: SPC	-code sets)			
		Start Date					
	•	End Date					
	• •	Requested #					
	Sarviro/Szaciałły Down						
	Request	Senice Type *	-Select Ose-	Primary Modifier	Primary Modifier	Q	
		Cade Type *	-5880 084- V	Start Date 🛎		4	
		Senvice Code *	Search Service Code	End Date *		=	
		,	Advanced Search	Requested #	1		
			Optional Fields				
			Add				
					<i>с</i> .		
	Importar	it to Note: SPC	Code sets help stream	nline the proc	cess of prior	authorization	requests. If multiple
	code set	needs to be ad	Ided SPC Code sets sh	nzation and t	ne coues an	appear in the	providers
	coue set					ig guiuance by	
17	Click the	blue "Add" but	tton.				
		Optional Fie	lds				
		Add					
		Add					
18	Complete	e the "Docume	nts" section:				
	Type in t	he document's	title in the "Documen	ıt Title" box.			

	Click the green "E	srowse" button to	add documer	nts.				
	Documents	Document Title Document Type Select Document	Other Browse No File Selected	v		Document Description		*
	Important to not	e: Documents ner	ed to include (	clinicals and	PA form	1.		
19	Complete the "No	otes" section.						
	In the "Note Text	" box include:						
	Requestor Name							
	Requestor Phone	Number:						
	Requestor Fax Nu	ımber:						
	Additional/releva	nt information ne	eded to proce	ess the reque	est (reas	on for expec	lited).	
	Notes Note Type	Select One	v	Note Encounter Date	12/18/2019		=	
	Note Text	File - Edit - View - Format - 1	innis <del>-</del>	Note Encounter Time	15	~ @	v	
		B Z ⊻ ⇒ ©	unu -					
		<u> </u>	1					
20	Click the green "S	ubmit" button to	complete the	request.				
	Submit	Cancel						
	Important to Not	e: It must be subr	nitted for MD	wise to proc	ess the r	request.		

## Initiating a "New" Inpatient Prior Authorization Request

• For troubleshooting issues with setting up a prior authorization, please email: padept@mdwise.org.

Step	Action				
1	Enter the Authorization Portal from the MDwise Provider Portal following the MDwise Provider Portal link:				
	myMDwise Provider Portal				
2	Click the blue "Login to myMDwise" button.				
	myMDwise Provider Portal         The myMDwise provider portal allows registered providers to view member eligibility information securely online for IHCP/Medicaid.         Included are the following online features:         • View member eligibility information.         • View member daims information.         • View member PMP information.         • Submit requests for care management programs.         • Request access to Member Health Profile.         • Submit requests for provider Relations online.         • Submit request for provider Relations online.         • Digin to myMDwise >				
3	If a login account has already been created, sign into your account by inputting your Username and Password. Click the blue "Log in" button. Sign in to your account				
	Username				
	Password				
	Log in Create account				
	Forgot your password?				
	myMDwise Provider Porta Up Guide ***If you already registered through MProvider Connect, please use the same username and password.				
	Important to Note: If a login account has not been created, the sign-up process must be completed. See Account Setup and Registration section.				

4	Once logged in, locate and click on the "Prior Authorizations" tab in the navy-blue banner near the top of the page.
	Home Verify Eligibility PMP Central Claims & Payment Find a Provider Bright Futures Quality Reports Prior Authorizations More 🗸
5	The webpage will automatically redirect into the Authorization Portal (Jiva) to the "My Dashboard" screen.
	Jiva"     Ab Dashboard     E Mency Lat     Calendar       My Dashboard     Image: Calendar     Image: Calendar
	O     Alorits       O     Alorits       O     Mensages       Pending Submission       Further Information Required       Pending Decision
	Caps in Care  Requests by Type  Decisions Made Today
	Processed Pending Submission Further Information Required Pending Decision
6	Click on "Menu"; Choose "New Request" from the dropdown.
7	
7	Enter the Member ID. Click the blue "Search" button.
	Member ID *
8	The member will appear. Locate the "Action" column, on the far right of screen. Click on the "Add Request" dropdown and choose the appropriate type of request (Inpatient or Behavioral Health Inpatient).

	Action Add Request Behavioral Health Inpatient Behavioral Health Outpatient Inpatient Outpatient Own.	
9	Complete the "Episode Details" section:	
	Click on the "Request Type" dropdown a	nd choose the appropriate request type.
	Request Type *Select One	~
	-Select One- concurrent Preservice Retrospective	
	Request Type	Description
	Preservice	Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)
	Concurrent	Continuation of a medical or behavioral health service already submitted.
	Retrospective	"Retro" use only after the member has been discharged.
10	Click on the "Request Priority" dropdowr	and choose the appropriate request priority.
	Request Priority * Standard Select One Standard Urgent	~
	Request Type	CHOOSE:
	Initial and concurrent Preservice (Acute Medical and Behavioral Health and Next Level of Care)	Urgent -48 hours
	Preservice- (Scheduled Admits)	Standard- 5 BD (Business Days)
	Retrospective- use only after the member has been discharged.	Standard -30 CD (Calendar Days)

11	Complete the "Diagnosis" section:								
	Type in the Diagnosis coc appears.	le. Wait for Jiva to populate th	e code wit	h description. Click on c	ode/description that				
	Code Type ICD10	Step 1	Diagnosis * N4	9.2	Q				
		Step 2		449.2-Inflammatory disorders of scrotum					
12	Diagnosis codes will appe Keep the primary code (s	ear below. Continue to add ead hown with orange star next to	th diagnosi <i>it</i> ) as the c	s code on the Prior Auth code in DX1 box on PA fo	norization (PA) form. orm.				
		Code Type		Diagnosis					
	*	ICD10		N49.0Inflammatory disord	ers of seminal vesicle				
	*	ICD10		N25.0Renal osteodystroph	Ŋ				
13	Complete the Providers s	ection:							
	Click the blue "Attach Pro	oviders" button.							
	- Descrident								
	<ul> <li>Providers</li> </ul>								
	Attach Providers								
14	Enter in the NPI and Tax right.	D for the facility only. Click the	e blue "Sea	irch" button. Search Res	ults will appear to the				
	Provider Last Name Provider Last Na	me Q	Search Res	ults					
	Provider First Name Provider First Na	ame Q	Pro	vider ID	Provider				
	NPIN 1538195169		<b>2</b> 00	1365010A1538195169352144671	Name				
	Provider ID		age 200		FOR SPECIAL				
	Tax ID 352144671				SURGERY LLCnull				
	Group * HHW-Wishard	~							
	Search	vanced Search	<b>\$</b> 200	365010A200365010A	CENTER FOR SPECIAL SURGERY				
			_						
	Important to Note: If you	I have an out of network (OON	l) provider,	/facility, enter in the OC	ON. If both provider				
15	Find the provider with the								
12	Find the provider with th	e correct name and location.							

	<ul> <li>Verify you ar</li> </ul>	re choosing the provider with the MDW prefix in the Provider ID column.
	Provider ID	
¢	201081570200999060B	
¢	MDW: 843937974- 1790044055	
¢	MDW_932648762- 1790044055	
Click	Servicing V Admitting Attending PCP Referring Servicing Treating	ext to the provider ID of the facility you have chosen. Click "Single Attach". You will t he previous screen.
Ju	Provider ID	
۰	100270200A10735501	133351461805

17	Complete the "Stay Request" section:
	Choose the most appropriate options depending on the type of inpatient case for the following dropdowns:
	Service Type
	Actual Admit Date
	Senice Type *
	-Select One
18	Click on the blue "Optional Fields" link.
	•
	Optional Fields
19	Click on the "Requested Level of Care" dropdown and choose the most appropriate depending on if request is
	Behavioral Health or Medical.
	Permented Level Of Care *
	Select One
	Please enter a value in this field.
20	Type in LOS (Length of Stay) Requested.
	LOS Remested
21	Complete the "Documents" section:
	Type in Document Title.
	Click the green Browse button to add documents.
	Document Title Document Description
	Document Type Other ~
	Select Document Browse No File Selected
	Important to note: Documents need to include clinicals and PA form.

22	Com	plete the "No	tes" section. In the "	Note Text"	box includ	e:			
	Requ	uestor Name:							
	Requ	lestor Phone	Number:						
	Requ	lestor Fax Nu	mber:						
	Addi	tional/releva	nt information neede	ed to proces	s the reque	est (reason for	expedite	ed).	
	Notes	Note Type	-Select One	~	Note Encounter Date	12182019		=	
	- Ì				Note Encounter Time	15 V	03	Y	
		Note Text	File + Edt + View + Format + Tools +						
								î	
23	Click	the green "S	ubmit" button to con	nplete the r	equest.				
		C							
		Submit	Cancel						
	Impo	ortant to Not	e: It must be submitt	ed for MDw	vise to proc	ess the reques	st.		

# Requesting Concurrent Review or an extension for a Prior Authorization

• For troubleshooting issues with setting up a prior authorization, please email: padept@mdwise.org.

Step	Action
1	Enter the Authorization Portal from the MDwise Provider Portal following the MDwise Provider Portal link:
	myMDwise Provider Portal
2	Click the blue "Login to myMDwise" button.

	myMDwise Provider Portal
	The myMDwise provider portal allows registered providers to view member eligibility information securely online for IHCP/Medicaid.
	Included are the following online features:
	View member eligibility information.
	View member claims information. View member PMP information
	Submit requests for care management disease management programs.
	Contact MDwise Provider Relations online.
	Submit requests for prior authorization.
	Login to myMDwise >
3	If a login account has already been created, sign into your account by inputting your Username and Password
5	Click the blue "Leg in" button
	Sign in to your account
	Sign in to your account
	Username
	Password
	Log in Create account
	Forgot your password?
	myMDwise Provider Porta Up Guide
	***If you already registered through MProvider Connect, please use the same username and password.
	Important to Note: If a login account has not been created, the sign-up process must be completed. See
	Account Setup and Registration section.
4	Once logged in, locate and click on the "Prior Authorizations" tab in the navy-blue banner near the top of the
	nage
	p.80.
	Home Verify Elieibility PMP Central Claims & Payment Find a Provider Bright Futures Quality Reports Prior Authorizations More 🗸
5	The webpage will automatically redirect into the Authorization Portal (Jiva) to the "My Dashboard" screen.

	Jiva"     there     Image: Second se
	Image: Second Secon
6	From the "Dashbaard" arroon click on the blue "Neu Daguaste" link that is leasted in the tay left widget
6	10 My Requests
7	Locate the filters and filter, as needed, to locate the initial request that needs an extension/concurrent added.
	My Requests
8	Once the member is located, click on the cogwheel in the "Actions" column of the member. Choose "Open".  Actions Episode Type BH-IP BH-IP View Episode Abstract Important to Note: There may be authorizations that are too old for an extension. The user will see a notification from the system that the episode is closed and can only be viewed.
9	Please contact MDwise directly for these extensions. Click the checkbox to the left of the "Initial" or the last "Extension" added
-	for the desired line item(s).

	<ul> <li>Stay Request</li> </ul>		
		Service Type	
	Initial	Inpatient	
10	Click the white "Extension	n" button that ap	pears above the Stay/Service Request line.
	Extension		
	<ul> <li>Stay Request</li> </ul>		
		Service Type	L
	Initial	Inpatient	II.
11	For Medical IP and BHIP: request. Then Skip to step	Enter in the requ #13.	uired details (dropdowns with a red asterisk "*") for the extension
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 09/07/2023	Enter in the requ 9 #13.	uired details (dropdowns with a red asterisk "*") for the extension
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 09/07/2023 Request Received Time * 12	Enter in the request of #13.	LOS Requested # * Requested Level Of Care
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 09/07/2023 Request Received Time * 12 Request Type * -Select One- Request Priority * Center Con-	Enter in the request of #13.	LOS Requested #*
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 09/07/2023 Request Received Time * 12 Request Priority *Select One- Request Priority *Select One- Time Request	Enter in the request of #13.	LOS Requested # * Requested Level Of Care NPBH-Template-Inpatient Behavioral Health
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 09/07/2023 Request Received Time * 12 Request Type *Select One- Request Priority *Select One- Time Request Due Date	Enter in the request of #13.	LOS Requested # * 0 Requested Level Of Care  INPEH-Template-inplate-i
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 09/07/2023 Request Received Time * 12 Request Type * -Select One- Time Request Due Date Request Type	Enter in the requ	LOS Requested #*  Cos Requested #* Cos Requested #* Cos Requested #* Cos Requested #* Cos Requested Level Of Care Cos Ca
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 090772023 Request Received Time * 12 Request Type *Select One- Request Type *Select One- Time Request Due Date Request Type Preservice	Enter in the requ	Los Requested #*  Intial medical and behavioral health inpatient services (unscheduled and scheduled admits)
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 0907/2023 Request Received Time * 12 Request Priority *Select One- Request Priority *Select One- Time Request Due Date Request Type Preservice Concurrent	Enter in the requ	Los Requested #*  Interplate-inpatient Behavioral Health          Description         Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)         Continuation of a medical or behavioral health service already submitted.
11	For Medical IP and BHIP: request. Then Skip to step request. Then Skip to step request. Then Skip to step request Date * 0907/2023 Request Prooff * 12 -Select One- Request Type * -Select One- Time Request Due Date Preservice Concurrent Retrospective	Enter in the requ	Description     Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)   Continuation of a medical or behavioral health service already submitted.   "Retro" use only after the member has been discharged.
11	For Medical IP and BHIP: request. Then Skip to step Requested Date * 090772023 Request Provide * 12 Request Type *Select One- Request Type *Select One- Time Request Due Date Request Type Preservice Concurrent Retrospective	Enter in the requ	Description   Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)   Continuation of a medical or behavioral health service already submitted.   "Retro" use only after the member has been discharged.

	Initial and concurrent Preservice (Acute Medical and Behavioral Health and Next Level of Care)	Urgent -48 hours								
	Preservice- (Scheduled Admits)	Standard- 5 BD (Business Days)								
	Retrospective- use only after the member has been discharged.Standard -30 CD (Calendar Days)									
12	For Medical OP and BH OP: Enter in the re	equired details (dropdowns with a red asterisk "*") for the extension								
	Requested Date * 01/28/2024 Request Received Time * 15 15 Request Type * -Select One Request Priority * -Select One Time Request Due Date	m								
	Request Type	Description								
	Preservice	<ul> <li>Initial medical and behavioral health outpatient services.</li> <li>Concurrent medical outpatient services.</li> <li>Concurrent IOP, ABA, Psych testing, and Neuropsych testing services.</li> </ul>								
	Concurrent	Continuation of a SUDRT/PHP service already submitted.								
	Retrospective	"Retro" Use only after services have been rendered completely								
	Request Type	CHOOSE:								
	Initial and Concurrent Medical Preservice	Standard 5 BD (Business Days)								
	Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing	Standard 5 BD (Business Days)								
	Initial and Concurrent PHP/SUDRT/Urgent Medical OP Preservice	Urgent 48 hours								

	Retrospective	Standard 30 CD (Calendar Days) Use only after services have been rendered completely.						
	Important to Note: Priority may be chang	ed by MDwise if the request does not meet the definition of Urgent.						
13	Click the green "Save" button to complete	the request.						
	Save Cancel							

## Reviewing the Prior Authorization Dashboard

The dashboard in the Authorization Portal is comprised of several widgets that quickly display data related to the individual assigned provider.

My Dashb	oard															O Las	t Updated : 7 min ago	0
$\wedge$	0				Î	Work in Progress												
<u> </u>	Alerts				- 11					Today	1 Day	2 Days	3 Days	>3 Days				
	O Messages					Pending Submission												
	10				- 10	Further Information Required												
	My Requests					Pending Decision					7						3	
<b>&amp;</b>	0 Gaps in Care				Ļ		0	1	2	3		4	5	6	7	8	9	10
Reques	sts by Type											î	Decisions N	Made Today				
			Processed	Pending Submission	Furthe	er Information Required	nding Decision								Approved	Denied	Partial Denial	
BH-IP				3				3										
BH-OP		8	1															
IP				ß				3										
OP				8				3										
	0		1			2		3				Ŧ						

My Activities O Interventions S O Activities

Alerts	Alerts are system generated messages to the assigned user that will present
	important information about specific requests. These messages will only
	pertain to requests by the assigned provider.

Step	Action
1	View message (Choose "All" or "Unread").
	Jiva <sup>™</sup> Bashboard ≡ Menu
	Message
	Unread 🗸
	All Unread
2	Choose any message to read.
	Episode T/p Member Name         From         Sollaject         Date
	TEST, MEMBER Manasoni, Chrissy Test Message 01/05/2020 15:45:01
2	To respond to a message, type the response in the text field her
3	To respond to a message, type the response in the text field box.
3	To respond to a message, type the response in the text field box. Test Message Message Children Message Fadure IP Provide Partial
3	To respond to a message, type the response in the text field box. Test Message Messed Critery Test Message Fature Product Product Test Message Fature Product Product Test Message Fature Product Product
3	To respond to a message, type the response in the text field box.  Test Message  Test Message Fault is Provide Fluid
3	To respond to a message, type the response in the text field box.  Tet Message  Tet Message Tet Message Future Product Prod  Tet Message Future Product Prod  Tet Message Future Product Prod  Tet Message Tet Message Future Product Prod  Tet Message Future Product Prod  Tet Message Tet Message Future Product Prod  Tet Message Tet
3	To respond to a message, type the response in the text field box.  Tet Message  Tet Message Tetra Message Funce Proder Pure  Mesh File Cet+ Vee+ Format + Tool+  Mesh File Deve  Tetra Message Texter Texter  Tetra Message Texter  Tetra Message Texter  Texter  Texter  Texter Message TexteFer  Texter Message Texter  Texter
3	To respond to a message, type the response in the text field box.  Tet Message  Tet Message  Tet Message Future Product Puter  Futer Puter Puter  Future Puter Puter  Futer Puter  Futer Puter Puter  Futer Puter Puter  Fut

My Requests	Any new requests created by a provider are grouped, and can be accessed, using this link					
	Step	Action				
	1	Click the "My Requests" link.				
	2	Locate the different filter options.				
		All V Filter by Date 07/08/2023				
	3	Filter by Episode Type.          All         Behavioral Health Inpatient         Behavioral Health Outpatient         Case Management         Disease Management         Inpatient         Outpatient         All         Important to Note: This is optional, as an individual request can be selected from the list.				
	4	Filter by status.				
	5	Click the "cogwheel" in the "Actions" column to the left of the Episode Type for the desired request. Select the "Open" option.				

Actions	BH-IP			
	pen /iew Episode Abstract			
Important viewed, b screen as	to Note: Episodes th ut not modified. The a warning. Click the '	it have a 'Proces iser will see a po )K' button to	sed' status can be p-up	

Gaps in Care	Gaps in memb conditi	n Care is a system-generated message designed to notify whether a er is following treatment guidelines that are appropriate to a specific ion or disease process.	
	Step	Action	
	1	Click the "Gaps in Care" link.	
	2	Filter by drop down options below: Gaps in Care Un resolved Un resolved Resolved Deactivated	
	3	Click the "cogwheel" to the left of the "Member Name" column. Member Name Dummy, Delivery Woody, Sheriff	
	4	Choose the desired option.	

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