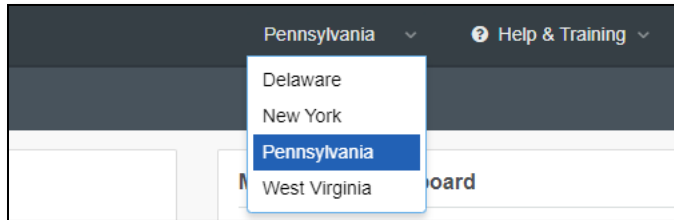
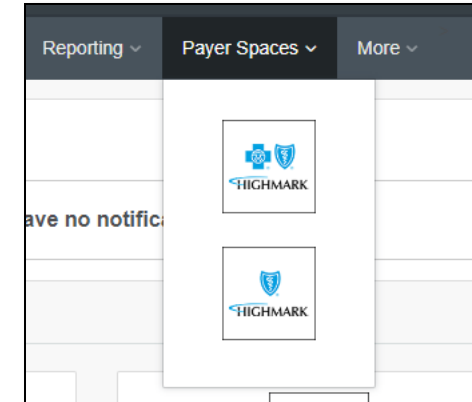


# Availity® Provider Portal Inpatient Authorization Submission

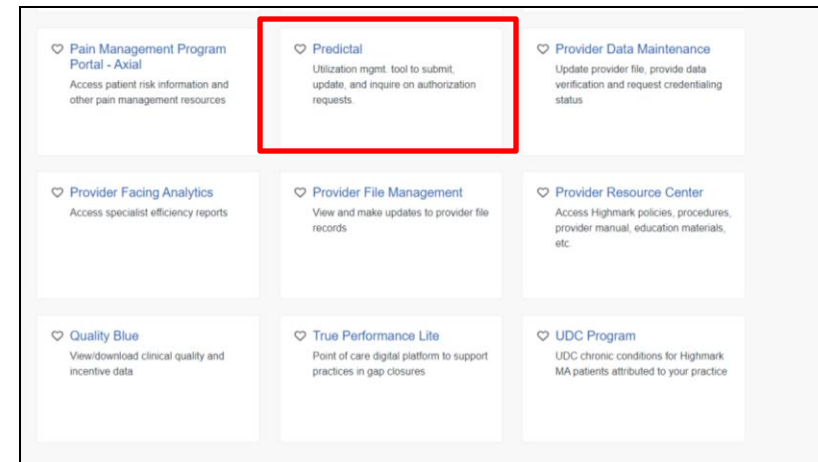
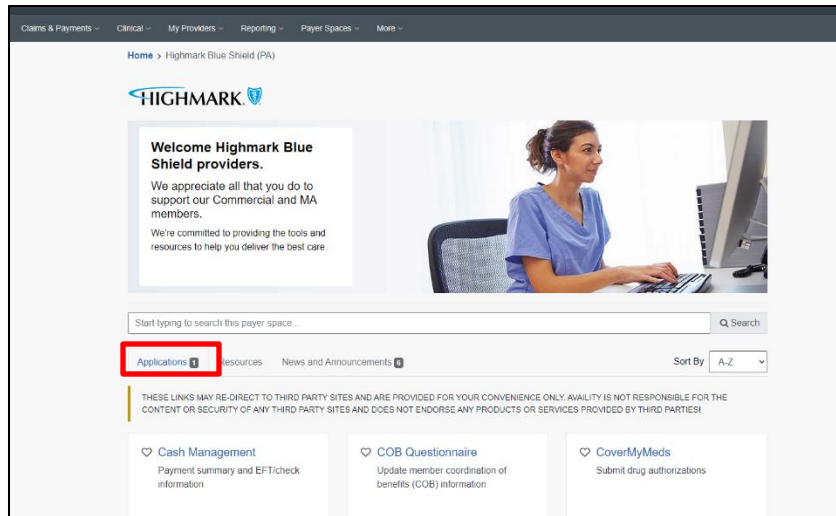
After logging into Availity, first choose the appropriate state for your practice/facility.



Next, select **Payer Spaces** for the appropriate Health Plan.



Within **Payer Spaces**, look under **Applications** and select **Predictal**.



Authorization requests for the following inpatient services may be completed within the Predictal Auth Automation Hub:

- Inpatient – Urgent
- Inpatient – Newborn
- Inpatient – Chemotherapy
- Inpatient – Planned Surgical
- Inpatient – Planned Medical
- Inpatient – Large Joint Procedures (Highmark Managed only)
- Inpatient – Spine Surgery Procedures (Highmark Managed only)

- Inpatient Transfer – Skilled Nursing Facility
- Inpatient Transfer – Acute Rehab
- Inpatient Transfer – Long Term Acute Care

- Select your provider **Organization**

**\*Note, for inpatient services, skip **Select a Provider (Optional)** and leave that field blank.**

- Click **Submit** to get to a new tab.

The screenshot shows a web interface titled "Predictal". It contains a form with two dropdown menus. The first dropdown is labeled "Select an Organization" and has a red border with a red background, indicating it is required. Below it, the text "This field is required." is displayed. The second dropdown is labeled "Select a Provider (Optional)" and has a white border. At the bottom of the form, there are two buttons: a grey "Cancel" button and a green "Submit" button.

You will be taken to the home page of the Auth Automation Hub.

The home screen has links to the Prior Authorization List, Cover My Meds submission, and a view into authorizations that have not been completed.

**predictal™** Auth Automation Hub Exit AAH

### Highmark Welcomes

#### Helpful Links


- List of Procedures and DME Requiring Authorization
- List of FEP Standard and Basic Procedures Requiring Prior Approval
- List of FEP Blue Focus Procedures and DME Requiring Prior Approval
- Request a prescription drug authorization request through CoverMyMeds

#### Information you will need to submit an authorization:

- Member Demographics
- Procedure/Service Details
- Diagnosis Details
- Provider Details
- Clinical Criteria

[New Auth Submission](#)

#### My Unsubmitted Auths

Member Name	DOB	Start of Care Date	Authorization Type	Service Type	Last updated by	Actions
 No Items						

The left side navigation panel includes links to the functions available within Predictal.

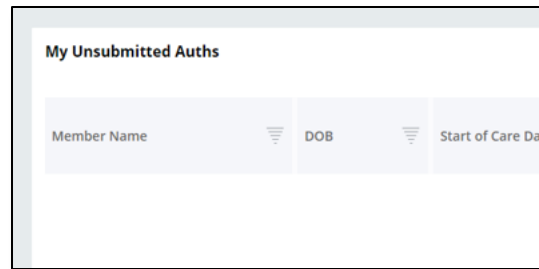
Select **New Auth Submission** to initiate a new request.

Select **Auth Inquiry** to do any of the following:

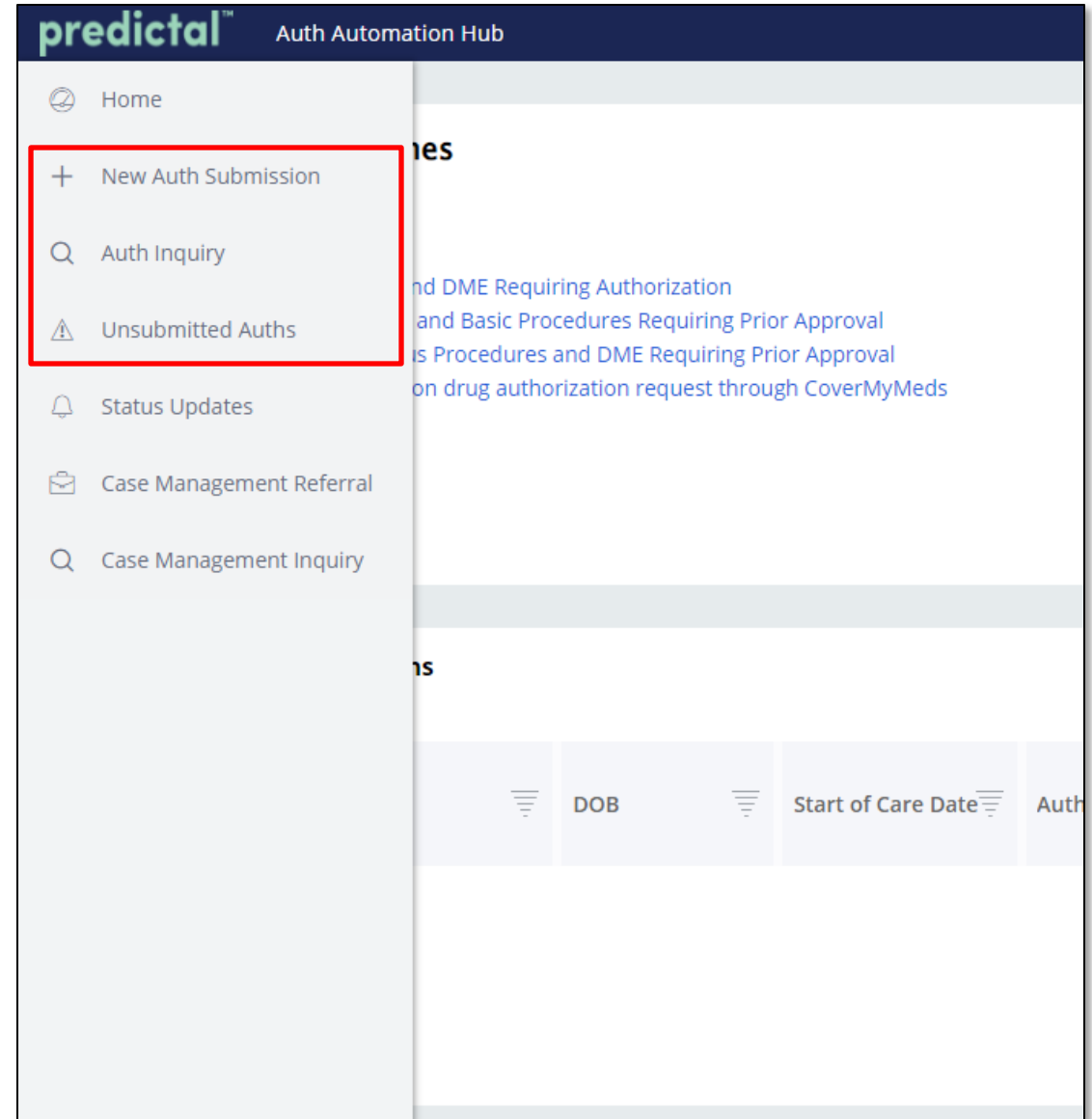
1. Check Authorization Status
2. Change/Update Start of Care Date
3. Review Approval and Denial Letters
4. Discharge Planning
5. Concurrent Review
6. Respond to a Request For Additional Information

Select **Unsubmitted Auths** to view an authorization request that was started but not yet submitted.

You can also view your **Unsubmitted Auths** on the Predictal homepage.



My Unsubmitted Auths		
Member Name	DOB	Start of Care Date



predictal™ Auth Automation Hub

- Home
- New Auth Submission**
- Auth Inquiry
- Unsubmitted Auths**
- Status Updates
- Case Management Referral
- Case Management Inquiry

Auth Automation Hub

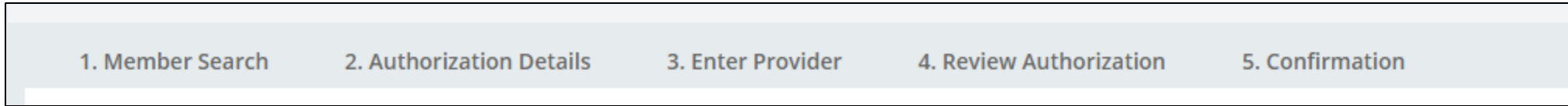
and DME Requiring Authorization  
and Basic Procedures Requiring Prior Approval  
is Procedures and DME Requiring Prior Approval  
on drug authorization request through CoverMyMeds

Auth Automation Hub

	DOB	Start of Care Date	Auth

# New Authorization Submission

The top menu bar in the Predictal Auth Automation Hub will walk you through the steps of the electronic authorization submission process.

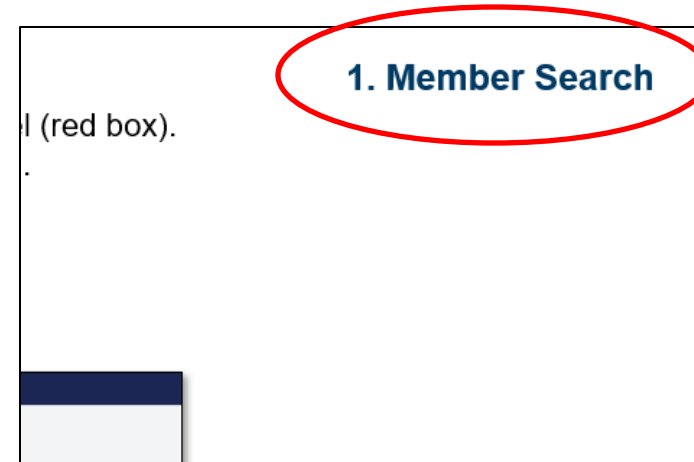


After each step listed in the top menu bar, you will be asked to hit **Submit**. Your authorization will not be submitted to Highmark until the final **Submit** on the Confirmation screen (Step 5 above.)

Throughout the authorization process, you will have the opportunity to **Save** your work without submitting. Hitting **Save** at the bottom of the screen will move the authorization request into your **Unsubmitted Auths** queue.

There is also a **Back** button that will allow users to go back and make any corrections to information that is incorrect.

In the upper right-hand corner of the following slides, we've noted where you are in the submission process.



For a new Authorization Request:

1. Select **New Auth Request** from the left side navigation panel (red box).
2. Select the **Ordering/Attending Provider** from the dropdown.

Search the Member ID.

Fill in the Start of Care Date.

Select Search.

The screenshot shows the Predictal Auth Automation Hub interface. At the top, there is a navigation bar with the Predictal logo and 'Auth Automation Hub'. Below this is a header for 'Authorization Request' with a red box around a '+' icon. The main content area is divided into five steps: 1. Member Search, 2. Authorization Details, 3. Enter Provider, 4. Review Authorization, and 5. Confirmation. The 'Ordering/Attending Provider' section is active, showing a dropdown menu for 'Select provider \*'. Below this is a search section with a warning icon and instructions: 'To select a member, click on the search results table to expand the desired member. Then, highlight the correct Group Number/LOB row to select and continue'. The search section includes a 'Search For' dropdown set to 'Member', a 'Search for member \*' field with a 'Member ID' dropdown, a 'Start of Care Date \*' field with a date picker set to '11/30/2023', a 'Member UMI \*' field, and a blue 'Search' button. Below the search fields, it says 'Search Result: 4 matches found...' and displays a table with columns: Member ID, First Name, Last Name, Date of Birth, and Gender. The first row shows a member with a date of birth of 07/20/1985 and gender FEMALE.



# 1. Member Search

When results return, to select the appropriate member, you will need to complete the following steps to select the specific member.

- Click on the **widget** to highlight the **member** and open the **additional information** about the member.
- Click on the **member** you wish to submit an authorization to highlight the row.

Doing this will select the member on the policy that the authorization will be submitted for.

You can then select **Submit** to move to the next step.

The screenshot displays a web interface for member search. At the top, there is a radio button labeled "Member". Below it are search filters: "Search for member \*" with a dropdown menu set to "Member ID", "Start of Care Date \*" with a date input field containing "11/30/2023", and "Member UMI \*" with an empty input field. A blue "Search" button is positioned to the right of the UMI field. Below the search filters, it says "Search Result: 4 matches found...". There are two tables. The first table has columns: Member ID, First Name, Last Name, Date of Birth, and Gender. The second table has columns: UMI, Client Name, Group Name, Group Number, LOB, COB, Start Date, End date, and Relationship. Red arrows point to the first cell of the first table and the first cell of the second table.

Member ID	First Name	Last Name	Date of Birth	Gender
[REDACTED]	[REDACTED]	[REDACTED]	07/20/1985	FEMALE

UMI	Client Name	Group Name	Group Number	LOB	COB	Start Date	End date	Relationship
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	PPO	[REDACTED]	01/01/2021	[REDACTED]	EMPLOYEE

## 2. Authorization Details

After you have completed the member information, can you move on to the following steps:

3. Select the Authorization Type
4. Select the Place of Service
5. Select the Service Type

Fill in the appropriate case information and indicate if this is an Emergent or NICU admission.

The screenshot displays the Predictal Auth Automation Hub interface. At the top, it says "predictal™ Auth Automation Hub". Below this is a header for "Authorization Request" with a table of member information:

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Inpatient	---

Below the table is a progress bar with five steps: 1. Member Search, 2. Authorization Details (current), 3. Enter Provider, 4. Review Authorization, and 5. Confirmation.

The main form area is divided into two columns:

- Case Information:**
  - Authorization Type \*
    - Medical-Inpatient
    - Medical-Outpatient
    - Behavioral-Inpatient
    - Behavioral-Outpatient
    - Pharmacy
  - Case Type
    - Prior Authorization
  - Is this an ER or NICU admission ? \*
    - Yes
    - No

- Request Information:**
- Start of Care Date \*
  - 10/31/2023

The "Detail Information" section contains two dropdown menus:

- Place of Service \***: A dropdown menu with "Select..." and a downward arrow.
- Service Type \***: A dropdown menu with "Select..." and a downward arrow.

As you scroll down on the page you will complete the **Diagnosis Information** and **Procedure Information**.

The type of authorization you are seeking will determine whether the **Procedure Information** is a required field.

**Note:** Procedure codes are NOT required for an inpatient urgent authorization request; however, they are required for inpatient planned admissions.

**Auth Automation Hub** BA

### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Inpatient	Non-Urgent	Medical Care

**Diagnosis Information** \*

Code Set Type *	Code *	Description *
ICD 10 v	Enter Code/Description	

Add Remove

**Procedure Information** \*

Add

**Indicate Location of Clinical Information**

Add

**Caller Information**

Contact name *	Phone Number *	Ext.
	(###) ###-####	ext.

Please enter any additional information \*

If clinical documentation is not added as an attachment, please include the relevant clinical documentation here.  
If clinical documentation is added as an attachment, please indicate so here.

## 2. Authorization Details

In the **Diagnosis Information** section - entering a partial diagnosis code or description will populate a list of codes for you to select from. You must include the **decimal point** when entering your **diagnosis**.

The screenshot displays the 'Auth Automation Hub' interface. At the top, there is a header with the text 'Auth Automation Hub' and a user profile icon labeled 'BA'. Below the header is the 'Authorization Request' section, which contains a table with the following columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type (with sub-headers 'Prior' and 'Authorization'), Authorization Type (with sub-headers 'Medical-Inpatient' and 'Non-Urgent'), Urgency, and Service Type (with sub-headers 'Medical Care').

The main content area is titled 'Diagnosis Information'. It features a table with three columns: 'Code Set Type\*', 'Code\*', and 'Description\*'. The 'Code Set Type' column has a dropdown menu currently set to 'ICD 10'. The 'Code\*' column contains the text '183.'. The 'Description\*' column is empty. To the right of the 'Code\*' input is a 'Remove' button.

Below the table, there are four sections, each with an 'Add' button:

- Procedure Information**
- Indicate Location of C**
- Caller Information**

The 'Caller Information' section includes a 'Contact name\*' field. At the bottom, there is a text area labeled 'Please enter any additional information' with a sub-label 'If clinical documentation is required'. A dropdown menu is open from the 'Code\*' input, displaying a list of ICD 10 codes and their descriptions:

- 183.001 VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OF THIGH
- 183.002 VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OF CALF
- 183.003 VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OF ANKLE
- 183.004 VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OF HEEL AND MIDFOOT
- 183.005 VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OTHER PART OF FOOT
- 183.008 VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OTHER PART OF LOWER LEG
- 183.009 VARICOSE VEINS OF UNSPECIFIED LOWER EXTREMITY WITH ULCER OF UNSPECIFIED SITE

If you have entered an incorrect code, you can click the **Remove** link to delete that diagnosis from the request. Select the **Add** link to add additional diagnosis codes.

**Auth Automation Hub** BA

### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Inpatient	Non-Urgent	Medical Care

Medical Inpatient | Medical Care

#### Diagnosis Information

Code Set Type*	Code*	Description*	
ICD 10	83.019	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH ULCER OF UNSPECIFIED SITE	<a href="#">Remove</a>

[Add](#)

#### Procedure Information

CPT/HCPCS Disclaimer: Current Procedural Terminology (CPT®) is copyright 2020 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use. Current Dental Terminology © American Dental Association. All rights reserved. Service provider acknowledges that the information being provided is based on data currently available. Processing of all claims is subject to medical policy, a determination of the member's benefit program and eligibility at the time of service.

[Add](#)

#### Indicate Location of Clinical Information

[Add](#)

## 2. Authorization Details

When entering the **Procedure Information** – you **must** select the appropriate **Code Set Type**. If this is not selected, your procedure code will not be found.

The screenshot shows the 'Auth Automation Hub' interface. At the top, there's a header with the logo and 'Auth Automation Hub' text. Below that, a blue bar contains 'Authorization Request' and a user icon 'BA'. The main content area has a table with columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type. The 'Case Type' column has values 'Prior' and 'Authorization'. Below the table is a section for 'Procedure Information' with a disclaimer. The 'Code Set Type' dropdown is open, showing 'CPT' and 'HCPCS' options. Other fields include 'Code', 'Description', 'Through', 'Number of days', and 'Requested units'. There are also 'Add' buttons and a 'Unit Type' dropdown.

Note: A **CPT** Code is a 5-digit numeric code.

A **HCPCS** is a 5-digit code that begins with an alphanumeric value.



Once you have selected the **Code Set Type**, enter a partial procedure code or description to see a list of codes you can select.

Next, complete the remaining required fields.

Like the **Diagnosis** section, you can select **Remove** if you have entered something incorrectly. Click **Add**, if you need to authorize more than one procedure code.

**Note:** There is no limit to the number of procedure codes that can be added.

The screenshot displays the 'Auth Automation Hub' interface. The main area shows a list of procedure codes with their descriptions:

Code	Description
33647	REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE
36470	INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)
36471	INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG
36473	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANO-CHEMICAL; FIRST VEIN TREATED
36474	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS, MECHANO-CHEMICAL; SUBSEQUENT VEIN(S) TREATED IN A SINGLE EXTREMITY, EACH THROUGH SEPARATE ACCESS SITES (LIST SEPARATELY IN ADDITION TO CO
36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY; FIRST VEIN TREATED
36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS RADIOFREQUENCY

Below the list, there are input fields for 'From \*' (12/09/2021), 'Through \*', and 'Number of days \*'. There is also a 'Requested units \*' field and a 'Unit Type \*' dropdown menu with a 'Remove' button. An 'Add' button is located at the bottom left of the list area.

The **Recent Attachments** section will allow you to send attachments with an authorization by clicking on the **+ icon**.

The screenshot shows the 'Auth Automation Hub' interface. At the top, there's a header with the logo and 'Auth Automation Hub' text. Below that, the 'Authorization Request' section contains a table with columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type (Prior Authorization), Authorization Type (Medical-Inpatient), Urgency (Non-Urgent), and Service Type (Surgical). Below the table are four steps: 1. Authorization Details, 2. Enter Provider, 3. Review Authorization, and 4. Confirmation. The 'Recent attachments (0)' section is highlighted with a red box and contains a plus icon and two buttons: 'Attach File' and 'Attach URL'. Below this, there are two sections: 'Case Information' with 'Authorization Type \*' set to 'Medical-Inpatient' and 'Request Information' with 'Start of Care Date \*' set to '12/11/2021'.

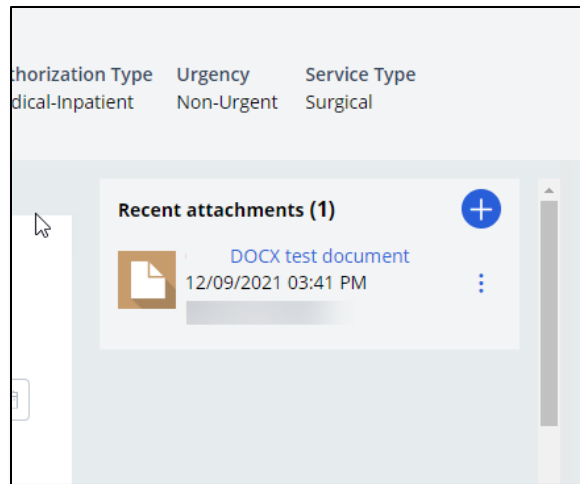
You can also attach a file or a URL in the **Recent Attachments** section.

The screenshot shows the 'Attach file(s)' dialog box. It has a close button (X) in the top right corner. Inside, there's a dashed box with a paperclip icon and the text 'Drag and drop files here'. Below this is a blue button labeled 'Select file(s)'. At the bottom, there are 'Cancel' and 'Attach' buttons. The background shows a blurred view of the authorization form.

The screenshot shows the 'Attach a link' dialog box. It has a close button (X) in the top right corner. It contains two input fields: 'Name \*' and 'URL \*'. Below the 'URL \*' field is a dropdown menu for 'Attachment Category' with a list of file types: DOC, DOCX, JPG, PDF, PNG, PPT, PPTX, TXT, URL, XLS, and XLSX. A blue 'Submit' button is located at the bottom right. The background shows a blurred view of the authorization form.

**Note:** If your authorization is for urgent inpatient admission, you will have the opportunity to utilize MCG criteria later in the workflow. Utilizing MCG criteria and attaching any supporting documentation will greatly reduce response time as well as provide additional clinical to support the inpatient request.





When a document has been attached in the **Recent Attachment** section, you should complete the **Indicate Locations of Clinical Information** section to provide additional information about the attachment such as:

- The type of attachment
- Select the attachment being referenced.
- Enter any comments that will assist those reviewing the attachment in finding necessary information.
  - For example – Clinical notes found on page 3 of attachment

A screenshot of the 'Auth Automation Hub' interface. The main heading is 'Authorization Request'. Below it are fields for Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Prior Authorization, and Service Type (Medical Care). The 'Indicate Location of Clinical Information' section has a table with columns for Clinical Document Type, Found in, and Comment. A dropdown menu is open under 'Clinical Document Type', listing various document types such as '77-Support Data for Verification', 'AS-Admission Summary', 'B2-Prescription', 'B3-Physician Order', 'B4-Referral Form', 'CT-Certification', 'DA-Dental Models', 'DS-Discharge Summary', 'EB-EOBs (Explanation of Benefits)', 'MT-Models', 'NN-Nursing Notes', 'OB-Operative Note', 'OZ-Support Data For Claim', 'PN-Physical Therapy Notes', 'PO-Prosthetics or Orthotic Certification', 'PZ-Physical Therapy Certification', 'RB-Radiology Films', and 'RR-Radiology Reports'. A 'Remove' button is visible next to the 'Found in' field.

Complete the **Caller Information** section by:

- Noting any additional clinical information (there is a 255-character limit)
- If information isn't added in an attachment, include the necessary clinical information here.
- If the clinical information is added as an attachment, please note that here (this is a mandatory field).

**NOTE:** The phone number field format is (XXX) XXX-XXXX. However, if you enter only the numeric portion it will automatically format.

When all fields are complete, click **Submit**.

Auth Automation Hub

**Authorization Request**

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type  
Medical Care

Add

**Caller Information**

Contact name \*    Phone Number \*    Ext.

Please enter any additional information \*

★ If clinical documentation is not added as an attachment, please include the relevant clinical documentation here.  
If clinical documentation is added as an attachment, please indicate so here.

Value cannot be blank

Exit    **Save**    **Submit**

### 3. Enter Provider

The **Provider Details** page will automatically populate with the **Ordering/Attending Practitioner** that was selected previously.

Select **Search** to choose the ordering/attending provider's location.

When results return, to select the appropriate ordering/attending practitioner, you will need to complete the following steps.

- Click on the **widget** to highlight the **Ordering/Attending Practitioner** and open to view additional information.
- Click on the **address line** to highlight the address

Doing this will select the ordering/attending practitioner that will be submitted with the auth request.

You can then move on to the next field.

The screenshot shows the 'Authorization Request' form. At the top, there are fields for Member Name, Member ID, Date of Birth, Client Name, Plan Type (Commercial), Case Type (Prior Authorization), Authorization Type (Medical-Inpatient), and Service Type (Surgical). Below this is the 'Ordering/Attending Provider' section, which includes a 'Select provider \*' dropdown menu and a 'Search' button. A red box highlights the 'Search' button. Below the search results, it says '1 match found'. A table lists the provider details: Facility / Vendor NPI, Facility / Vendor Name, Facility / Vendor Address, Facility / Vendor City, State, and Zip code. A red arrow points to the first row of the table. Below the table is an 'Addresses' section with fields for Tax ID and BSID. Another table lists address details: Address type, Facility / Vendor Address, Facility / Vendor City, State, Zip code, and Contact Details. A red arrow points to the first row of this table.

Here you will find the **Copy As Servicing Facility/Vendor** and **Copy As Performing Provider** buttons which will allow you to copy the **Ordering/Attending Practitioner** information into the **Servicing Facility/Vendor** and **Performing Provider** information.

**Auth Automation Hub** BA

#### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type  
Medical Care

1. Authorization Details   2. Enter Provider   3. Review Authorization  
4. Confirmation

#### Provider Details

##### Ordering/Attending Practitioner

1 match found

Facility / Vendor NPI	Facility / Vendor Name	Facility / Vendor Address	Facility / Vendor City	State	Zip code
XXXXXXXXXX	GENERAL HOSPITAL	Street Address	City	PA	15212

**Copy as Servicing Facility/Vendor**   **Copy as Performing Provider**

#### Servicing Facility/Vendor

Recent attachments (0) +

If you do not use the copy links, you can:

Search for the **Servicing Facility/Vendor** by the following mandatory fields:

- Provider ID (using NPI or Blue Shield ID)
- Name (Facility/Vendor)

Auth Automation Hub

### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type
					Prior Authorization	Medical-Inpatient

Urgency: Non-Urgent | Service Type: Medical Care

Copy as Servicing Facility/Vendor | Copy as Performing Provider

#### Servicing Facility/Vendor

Search for

Facility / Vendor

Search by

Provider ID |  Name

Search for

NPI or BSID

NPI or BSID \*

Search

Search for the **Performing Provider** by:  
Practitioner using:

- Provider ID (using NPI or BlueShield ID)
  - Name
- (or) Practice Group using:
- Provider ID (using NPI, Blue Shield ID or Tax ID)
  - Name

### 3. Enter Provider

Auth Automation Hub

### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type
					Prior Authorization	Medical-Inpatient

Urgency: Non-Urgent | Service Type: Medical Care

#### Performing Provider

Search for

Practitioner |  Practice Group

Search by

Provider ID |  Name

NPI or BSID

Search

Authorization Request Submitted By \*

Select...

Back | Save | Submit

When results return, to select the appropriate facility/vendor, you will need to complete the following steps to select the specific facility/vendor.

- Click on the **widget** to highlight the **facility/vendor** and open the **additional information** about the facility/vendor.
- Click on the **address line** to highlight the address

Doing this will select the facility/vendor that will be submitted with the auth request.

You can then move on to the next field.

The screenshot shows the 'predical Auth Automation Hub' interface. At the top, there's a header with the logo and 'Auth Automation Hub'. Below that is the 'Authorization Request' section with a table of request details. The main part of the form is divided into two sections: 'Servicing Facility/Vendor' and 'Performing Provider'. Both sections have search filters and a search button. The 'Servicing Facility/Vendor' section shows search results for 'GENERAL HOSPITAL' with a table of addresses. A red arrow points to the 'Main' address line. The 'Performing Provider' section is currently empty. At the bottom, there are 'Back', 'Save', and 'Submit' buttons.

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency	Service Type
					Prior Authorization	Medical-Inpatient	Non-Urgent	Surgical

Facility / Vendor NPI	Facility / Vendor Name	Facility / Vendor Address	Facility / Vendor City	State	Zip code
xxxxxxxxxx	GENERAL HOSPITAL	Street Address	City	PA	12345

Tax ID	BSID	DRG	Address type	Facility / Vendor Address	Facility / Vendor City	State	Zip code	Contact Details
*****		<input type="radio"/> Yes <input type="radio"/> No	Main	Street Address	City	PA	12345	Phone Fax Fax

NPI or BSID	Authorization Request Submitted By
	Select...

### 3. Enter Provider

Select the provider who is requesting the authorization in the **Authorization Request Submitted By** drop down.

Click **Submit** when all information has been completed.

Auth Automation Hub

#### Authorization Request

Member Name   Member ID   Date of Birth   Client Name   Plan Type   Case Type: Prior Authorization   Authorization Type: Medical-Inpatient   Urgency: Non-Urgent

Service Type: Medical Care

Search for:  
 NPI or BSID    Tax ID

NPI or BSID:  **Search**

Authorization Request Submitted By \*  
Select...  
Select...  
Ordering/Attending Practitioner  
Servicing Facility/Vendor  
Performing Provider

Back   **Save**   **Submit**



**Inpatient Urgent** authorization submissions will require additional clinical criteria. To add the criteria, select **Invoke Criteria**, then **Launch MCG**.

The screenshot shows the 'Review Guidelines' section of the Predictal Auth Automation Hub. A table lists available criteria, with 'Invoke Criteria' highlighted in red. Below the table are 'Save' and 'Submit' buttons.

ID	Name*	Status	
Invoke Criteria		New	Remove

Complete the MCG Criteria by saving before submitting.

The screenshot shows the 'Invoke Clinical Criteria' section. The 'Launch MCG' button is highlighted in red. Below this is a 'CLINICAL CRITERIA' table with columns for 'Authorization request', 'Provider', and 'Member'. The table contains summary and detail information for a request.

Authorization request	Provider	Member
<b>Summary</b> Request date: 2/24/2023	Authorization type: Medical-Inpatient	Contact Channel: Provider Portal
<b>Detail</b> Service Type: 01 Requested length of stay: ---	Place of Service: Inpatient Hospital	Admission date: 2/22/2023
<b>Diagnosis information</b>		

The screenshot shows the 'Invoke CareWebQIR Guidelines' dialog box overlaid on the 'Invoke Clinical Criteria' page. The dialog box contains a progress bar, a 'Submit Request' button, and fields for 'Authorization', 'Diagnosis Codes', and 'Geographic Regions'. The 'Submit' button is highlighted in blue.



After submitting the **Provider Details**, users will be taken to the **Review Authorization Details** page to review all information submitted to this point.

Scrolling to the bottom will allow users to **Submit**. This is the **final submission** which will send your authorization request for review.

**Auth Automation Hub** BA

### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type  
Medical Care

1. Authorization Details   2. Enter Provider   3. Review Authorization   4. Confirmation

Recent attachments (0) +

#### Review Authorization Details

**Case Information**

Authorization Type	Urgency
Medical-Inpatient	Non-Urgent

**Request Information**

Start of Care Date	12/09/2021
--------------------	------------

**Member Information**

First Name	Member ID
Last Name	Date of Birth

**Auth Automation Hub** BA

### Authorization Request

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Urgency
					Prior Authorization	Medical-Inpatient	Non-Urgent

Service Type  
Medical Care

HOSPITAL

**Servicing Facility/Vendor** SUBMITTED BY THIS PROVIDER

Provider ID	XXXXXXXXXX	Provider Name	GENERAL HOSPITAL
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**Performing Provider**

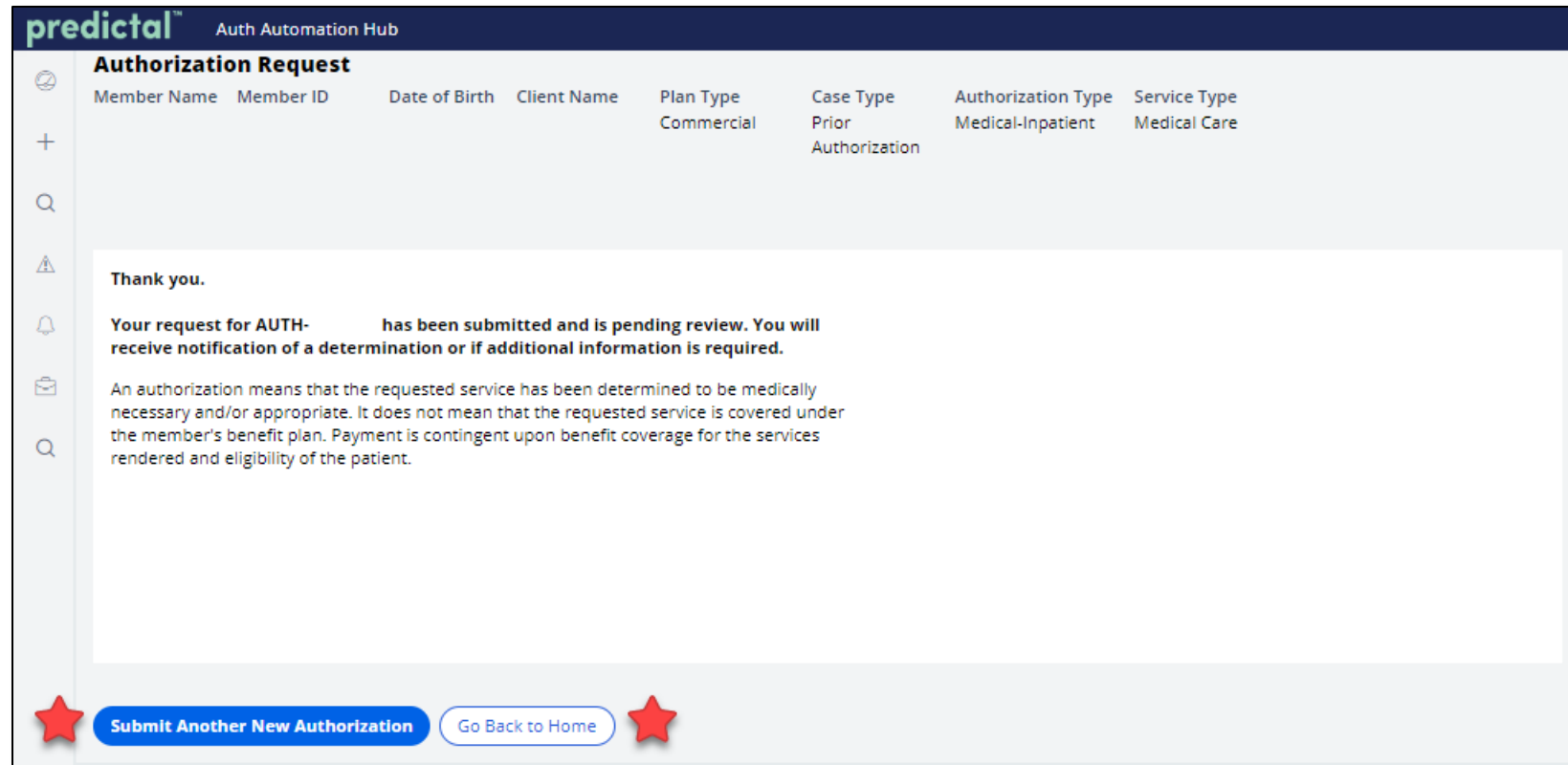
Provider ID	XXXXXXXXXX	Provider Name	GENERAL HOSPITAL
-------------	------------	---------------	------------------

Back   Save   Submit

## 5. Confirmation

When the authorization is submitted, a confirmation will be displayed on the page with the **Authorization Number**.

From here, you can select to submit another **Authorization Request**, or return to the Predictal home screen.



The screenshot displays the Predictal Auth Automation Hub interface. At the top, the header reads "predictal™ Auth Automation Hub". Below this is a section titled "Authorization Request" which contains a table with the following data:

Member Name	Member ID	Date of Birth	Client Name	Plan Type	Case Type	Authorization Type	Service Type
				Commercial	Prior Authorization	Medical-Inpatient	Medical Care

Below the table, a confirmation message is displayed in a white box with a light gray border. The message reads:

**Thank you.**

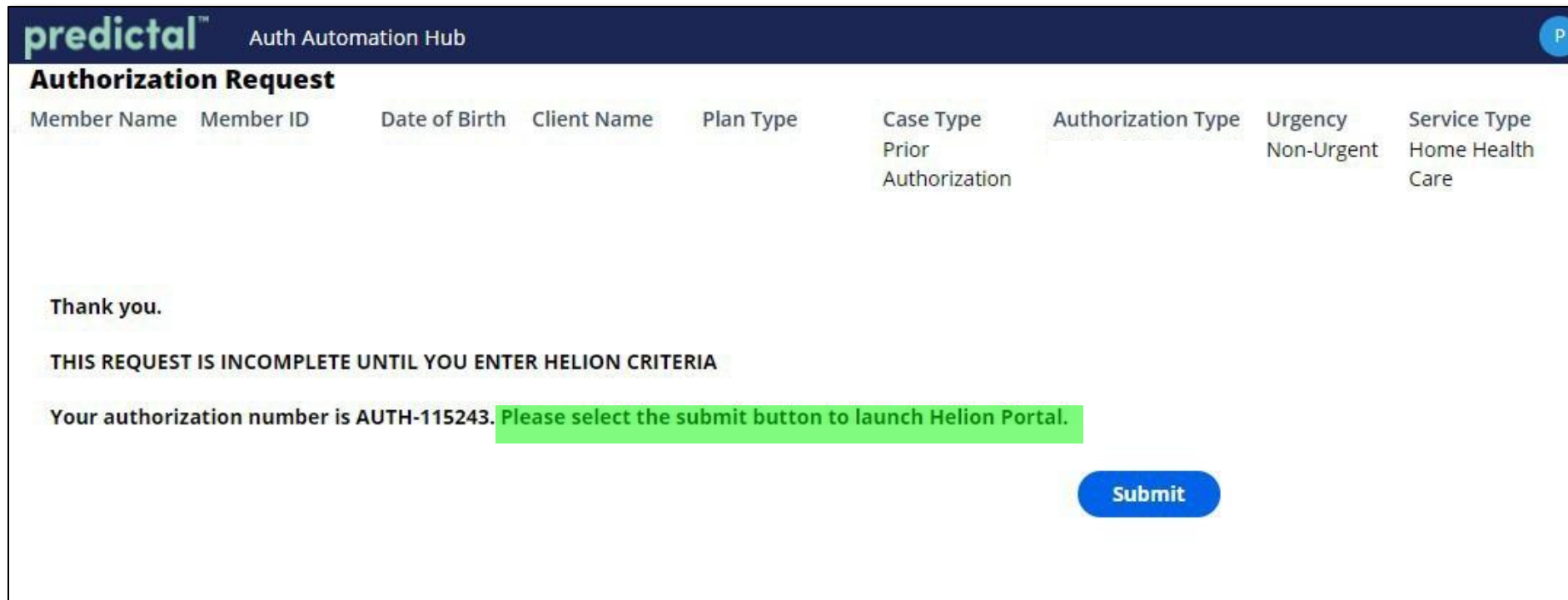
**Your request for AUTH- [redacted] has been submitted and is pending review. You will receive notification of a determination or if additional information is required.**

An authorization means that the requested service has been determined to be medically necessary and/or appropriate. It does not mean that the requested service is covered under the member's benefit plan. Payment is contingent upon benefit coverage for the services rendered and eligibility of the patient.

At the bottom of the interface, there are two buttons: "Submit Another New Authorization" (highlighted in blue) and "Go Back to Home" (in white with a blue border). Both buttons are flanked by red star icons.

**Please note:** When submitting Inpatient Transfer – Skilled Nursing Facility, Acute Rehab or Long-Term Acute Care requests, be sure to click **Submit** to launch to the Helion Portal.

Additional information Helion Arc begins on the next page of this guide.



The screenshot displays the Predictal Auth Automation Hub interface. At the top left is the Predictal logo and the text "Auth Automation Hub". A blue circle with the letter "P" is in the top right corner. The main heading is "Authorization Request". Below this is a table with the following columns: Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type (with sub-items "Prior" and "Authorization"), Authorization Type, Urgency (with sub-item "Non-Urgent"), and Service Type (with sub-items "Home Health" and "Care"). The main content area contains the text "Thank you.", "THIS REQUEST IS INCOMPLETE UNTIL YOU ENTER HELION CRITERIA", and "Your authorization number is AUTH-115243. Please select the submit button to launch Helion Portal." A blue "Submit" button is located at the bottom right.

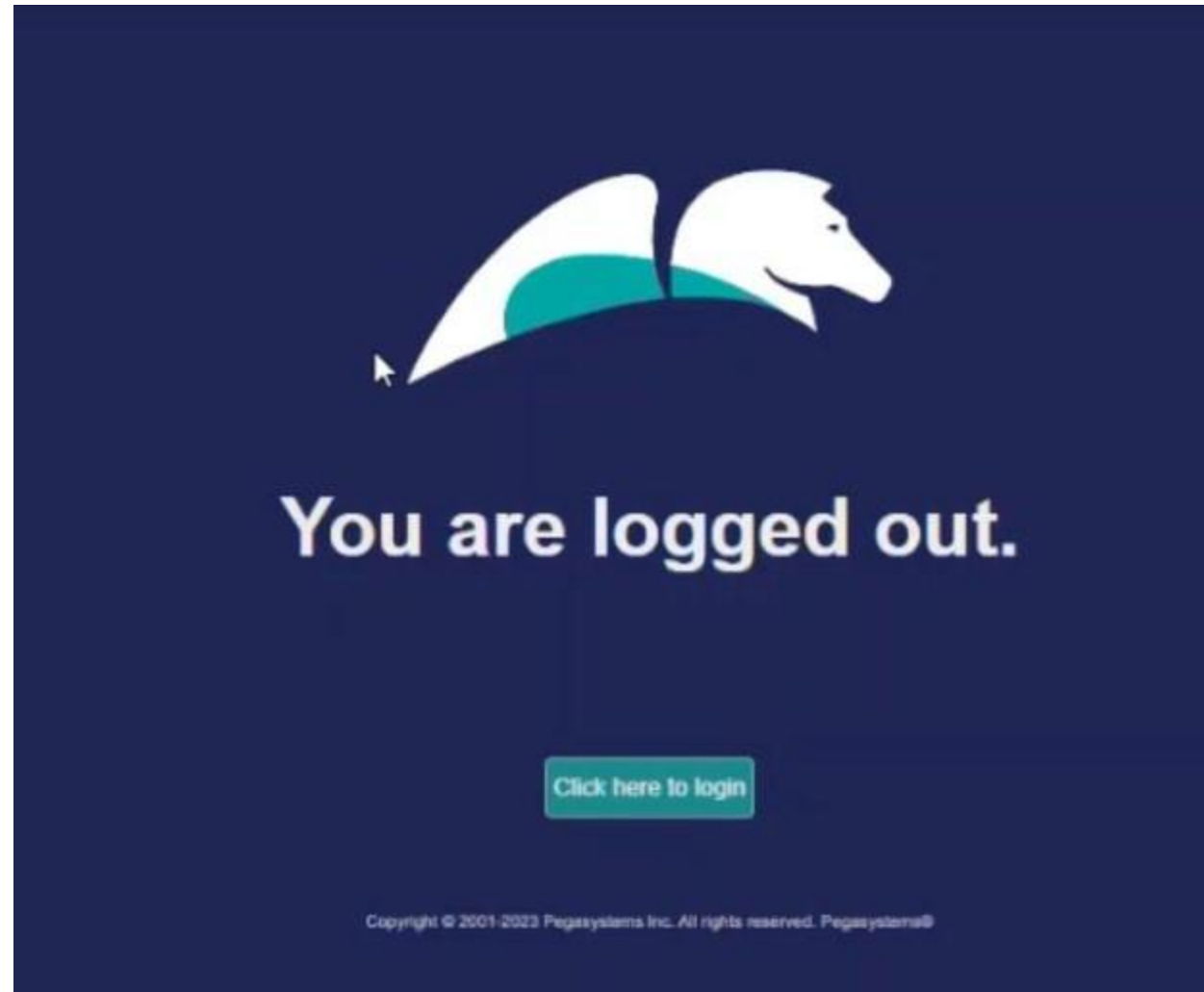
# Helion Arc Authorization Submission

If you are submitting a request for an Inpatient Transfer – Skilled Nursing Facility, Acute Rehab or Long-Term Acute Care - You will get a notification that the request is incomplete until Helion criteria is entered.

Hit **Submit**.

The screenshot shows the 'predical Auth Automation Hub' interface. At the top, there is a header with the 'predical' logo and 'Auth Automation Hub' text. Below the header, the page title is 'Authorization Request'. A table with columns for Member Name, Member ID, Date of Birth, Client Name, Plan Type, Case Type, Authorization Type, Urgency, and Service Type is visible. The Plan Type is 'Commercial', Case Type is 'Prior Authorization', and Authorization Type is 'Authorization'. Below the table, a message reads: 'Thank you. THIS REQUEST IS INCOMPLETE UNTIL YOU ENTER HELION CRITERIA. Your authorization number is AUTH-111902. Please select the submit button to launch Helion Portal.' A blue 'Submit' button is highlighted with a red border. Below this, the 'Review Authorization Details' section is expanded, showing 'Case Information' (Authorization Type, Urgency: Non-Urgent), 'Request Information' (Start of Care Date: 02/08/2023), 'Member Information' (First Name, Last Name, Member ID), 'Group Information' (collapsed), and 'Detail Information' (Place of Service: Home, Service Type: Home Health Care).

You will be automatically logged out of the Predictal Auth Automation Hub and taken directly to Helion Arc.



Once in Helion Arc, you will receive a message regarding the **Authorization Request Time Limit**, which indicates you have 90 minutes to complete and submit the authorization.

Click **Continue**.

(Content may differ between requested services)

The screenshot displays the Helion Arc user interface. At the top, a progress bar shows five steps: 1. Documents, 2. Status, 3. Requested Services, 4. Review, and 5. Results. Below this, a table lists patient information:

Patient Name	Date of Birth	Patient ID	Auth ID	Request Type	Method
Miller, Emma	09-Jan-1948	--	20231129150600	Initial	Fee for Service

Below the table, a 'Documents' section is visible. A modal dialog box titled 'Authorization Request Time Limit' is centered on the screen. The dialog contains the following text:

90-minute time limit

Please be aware, you have 90 minutes to complete and submit this authorization request. If more time is needed you may cancel the request and start over when you have dedicated time.

Don't show again. **CONTINUE**

At the bottom of the dialog, there is a 'Drop PDF file here, or click to select.' area with a cloud icon. Below the dialog, a 'Supporting Documents' section is partially visible. At the bottom of the screen, there are navigation buttons: 'CANCEL', '← BACK', and 'NEXT →'. On the right side, a timer shows '89 min 48 sec Time Limit' and a help icon (question mark).

You can upload your **Plan of Care**. This can be uploaded as a PDF file.

The screenshot shows a multi-step submission process with five numbered steps: 1. Documents, 2. Status, 3. Requested Services, 4. Review, and 5. Results. Step 1 is currently active. Below the step indicators, there is a section for 'Plan of Care' with a red 'Required' label. The text asks for an updated plan of care and specifies a maximum file size of 10MB. A table below shows a file upload area with the text 'no file chosen' and a 'REMOVE' button. A dashed box at the bottom contains a cloud upload icon and the text 'Drop PDF file here, or click to select.'



This is a review screen. You can edit any information using the **Edit** button located in each section. If all information looks correct, hit **Submit**

Documents Status Requested Services **Review** Results

Patient Name Date of Birth Patient ID Auth ID Request Type Method  
Start Of Care Fee for Service

Review

Note: After submitting to see Results you will NOT be able to make edits to this request.

Documents ✓ 3 of 3 Required Items Complete **EDIT**

Assessment	✓ ^
OASIS XML File	
Filename	
Valid OASIS-E SOC.xml	
Supplementary Assessment Items	✓ ^

CANCEL ← BACK **SUBMIT**

22 min 33 sec Time Limit ?

The request will be “Approved” or “Pended.”

If the authorization does **not** meet medical necessity through Helion Arc, it will be pended to a clinician at the Health Plan for review. You will be notified of the final determination via the provider portal.

Click “Submit To Insurer.”

The screenshot displays a web interface for submitting an authorization request. At the top, a progress bar shows five steps: Documents, Status, Requested Services, Review, and Results. The 'Requested Services' step is currently active. A disclaimer is visible at the top, stating that approval is based on the information provided and does not guarantee payment. A blue note box instructs the user to click the 'Submit to Insurer' button to finalize the request. Below this, the 'Requested Services' section shows 'Skilled Nursing' with a green checkmark and 'Approved: 2 visits'. A field for 'Requested visits' contains the number '2'. At the bottom center, a blue button labeled 'SUBMIT TO INSURER' is highlighted with a red box. In the bottom right corner, there is a timer showing '18 min 26 sec Time Limit' and a help icon.

You will be directed to the Helion Arc dashboard, where you can view all active authorization requests. Clicking the arrow will open the patient and request information.

The screenshot displays the Helion Arc dashboard interface. On the left is a navigation sidebar with options: Dashboard, Conversations, Authorization Requests, Patients, and Surveys. The main content area is titled 'Dashboard' and features a search bar at the top with the placeholder text 'Search by patient name, auth ID, or member ID...'. Below the search bar, the text 'DEFAULT TEST TENANT' is visible. The primary section is 'Active Authorization Requests' with a notification badge '1'. It includes filters for 'ALL STATUSES' and 'SUBMIT DATE: NEWEST'. A descriptive note states: 'Active Authorization Requests includes any authorization request that has one or more pending services or is within a payment period that has not ended.' A sub-section titled 'HOME HEALTH' with a '1' badge is active. A card displays a request for '10-Feb-2023' with a green checkmark icon circled in black. Below this, a green bar indicates '1 service approved'. A table shows 'Approved Services' and 'Visits Approved' with the entry 'Skilled Nursing' having '3' visits. At the bottom of the card, two buttons are circled in black: 'VIEW PATIENT' and 'VIEW REQUEST'. The footer contains 'Privacy Policy | User Agreement' and a help icon.

Clicking on either **View Patient** or **View Request** will open the **Authorization Request Details**.

You can see the Auth number at the top, as well the Requested Services, Status, and any Documentation that has been uploaded.

helion | arc

Search by patient name, auth ID, or member ID... DEFAULT TEST TENANT TASKS

Dashboard > Authorization Requests > Auth ID: AUTH-1

Auth ID: AUTH-1

Care Setting	Request Type	Product	Servicing Provider	Reimbursement Method
Home Health	Start Of Care			Fee for Service

**Authorization Request Details**  
View requested service(s), reason(s) for care, and additional details for this authorization request.

**REQUESTED SERVICES** 1 STATUS DOCUMENTS

**Skilled Nursing** [START CONVERSATION](#)

✓ This requested service has been approved. See additional information below.

Visits Approved	Visits Requested	Last Covered Date	Proposed Date of Service
3	3	05-Apr-2023	08-Feb-2023

**Reasons For Care**

**Oncoina Assessment Needs**

**Patient Details**

Patient Name: [REDACTED]  
Date of Birth: [REDACTED]  
Patient ID: [REDACTED]

**Submission Details**

Submission Date: 10-Feb-2023  
Submission Time: 14:39  
Submitter: [REDACTED]

Authorization Request Activity

The panels on the right-hand side of the screen show you Patient Details, Submission Details, and an audit history under 'Authorization Request Activity.'

The screenshot displays the Helion Arc interface for an authorization request. The top navigation bar includes the Helion Arc logo, a search bar, the current tenant 'DEFAULT TEST TENANT', and a 'TASKS' button. A left sidebar contains navigation options: Dashboard, Conversations, Authorization Requests, Patients, and Surveys.

The main content area is titled 'View requested service(s), reason(s) for care, and additional details for this authorization request.' It features three tabs: 'REQUESTED SERVICES' (with a notification badge), 'STATUS', and 'DOCUMENTS'. The 'DOCUMENTS' tab is active, showing a table of requested services:

Type	Name	Date Added
OASIS Assessment	<a href="#">Valid OASIS-E SOC.xml</a>	10-Feb-2023
Plan of Care	testfax.pdf	10-Feb-2023

Below the table is a 'Processing Files' section with an information icon and the text: 'The following files are processing: • testfax.pdf'. At the bottom of the main area is a 'SUPPORTING DOCUMENTS' section with a header table:

Name	Date Added
No documents uploaded	

Below this table is a dashed box containing a cloud upload icon and the text: 'Drop PDF, DOC, or DOCX file here, or click to select.' At the bottom left of the main area are links for 'Privacy Policy' and 'User Agreement'.

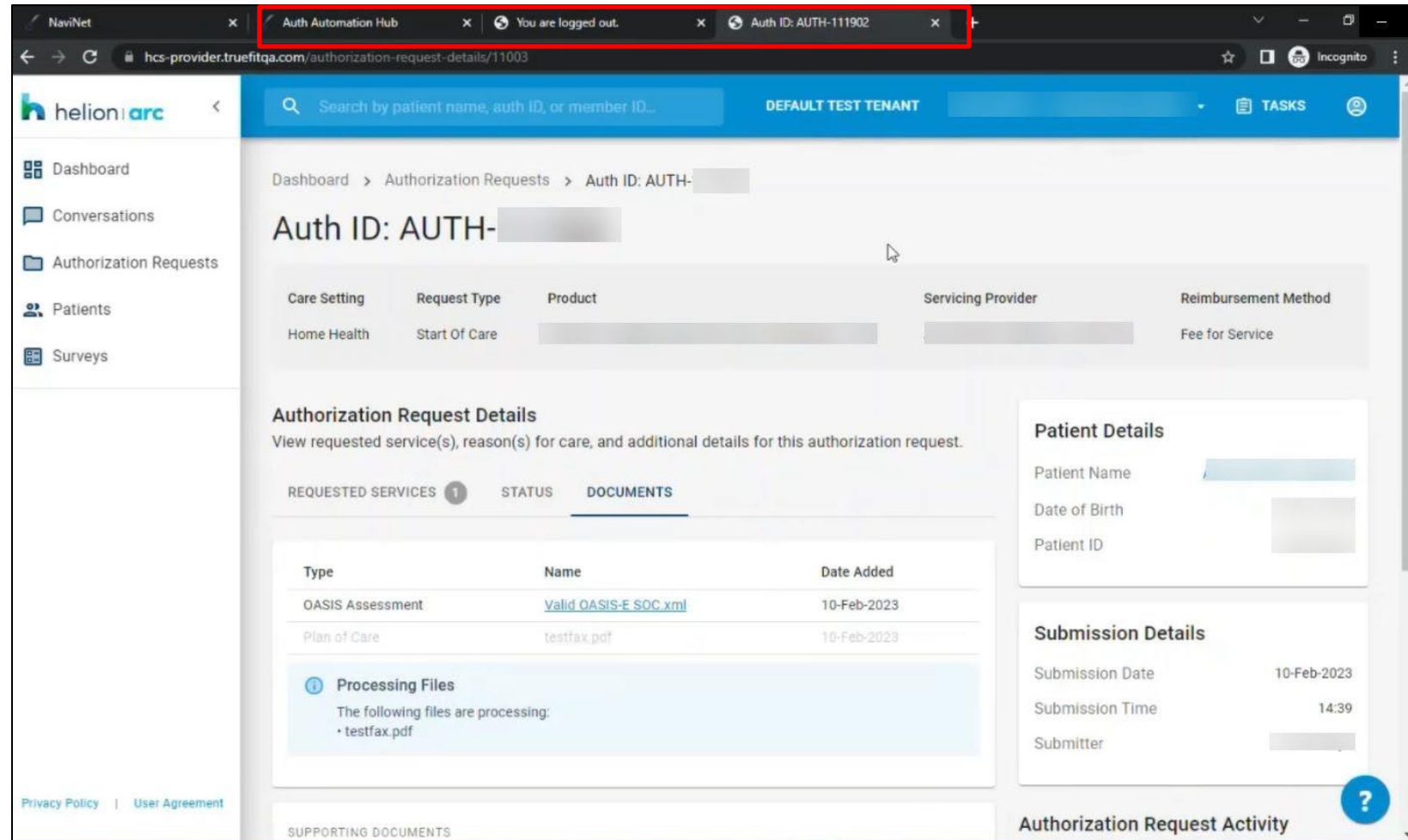
On the right-hand side, there are three panels:

- Patient Details:** Shows fields for Patient Name, Date of Birth, and Patient ID.
- Submission Details:** Shows Submission Date (10-Feb-2023), Submission Time (14:39), and Submitter.
- Authorization Request Activity:** Contains the text 'Stay up to date on status changes specific to this authorization request.' and a vertical timeline of events:
  - Approved by Insurer (Approved Skilled Nursing)
  - Request Submitted by Provider

At the bottom right of the right-hand panels are two circular buttons: an upward arrow and a question mark.

This completes the submission process for a request through Helion Arc.

You can now close out of any browser tabs as needed using the 'X' on each tab.



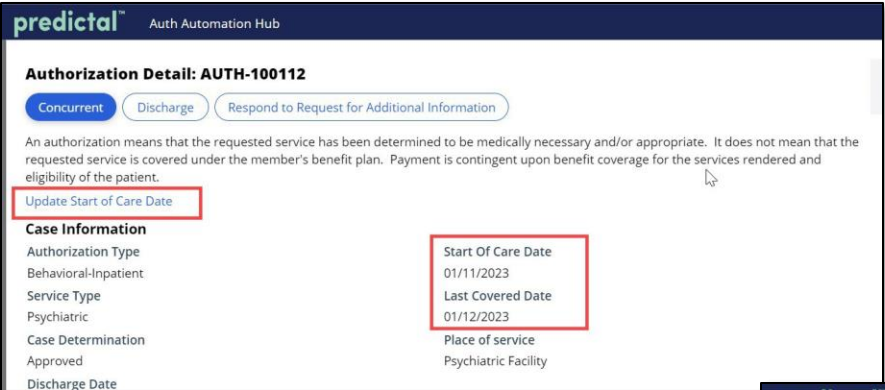
# Availity Provider Portal - Predictal Authorization Inquiry



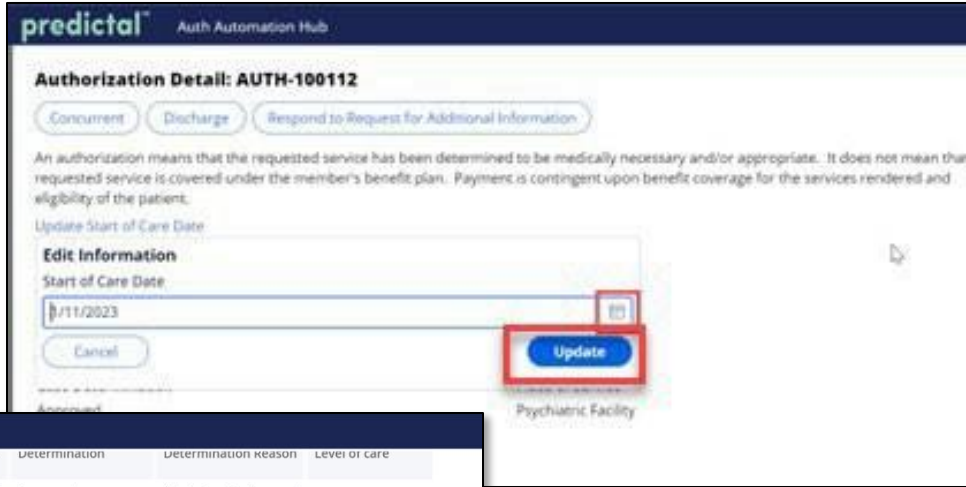
To update the Start of Care Date after the authorization is submitted:

1. Go to **Auth Inquiry**
2. Click the **Update Start of Care Date** hyperlink.
3. Click the calendar in the **Edit Information** field, select the appropriate Start of Care Date, and click **UPDATE**.  
**IMPORTANT:** This date must be within 7 days prior to the original Start of Care Date that was selected or within 30 days in the future of the original Start of Care Date.
4. **Save** your changes.

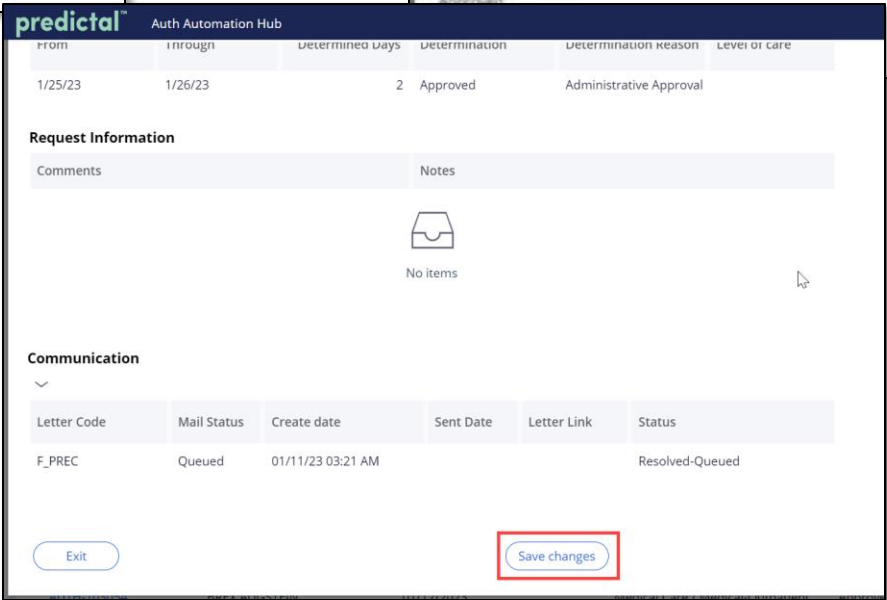
Step 1



Step 2



Step 3





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