



GuidingCare Authorization Portal Provider User Guide



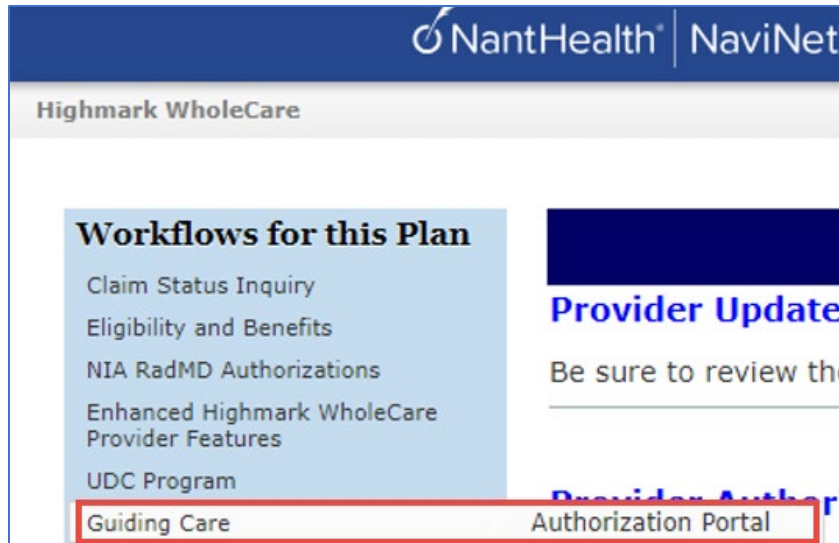
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Introduction

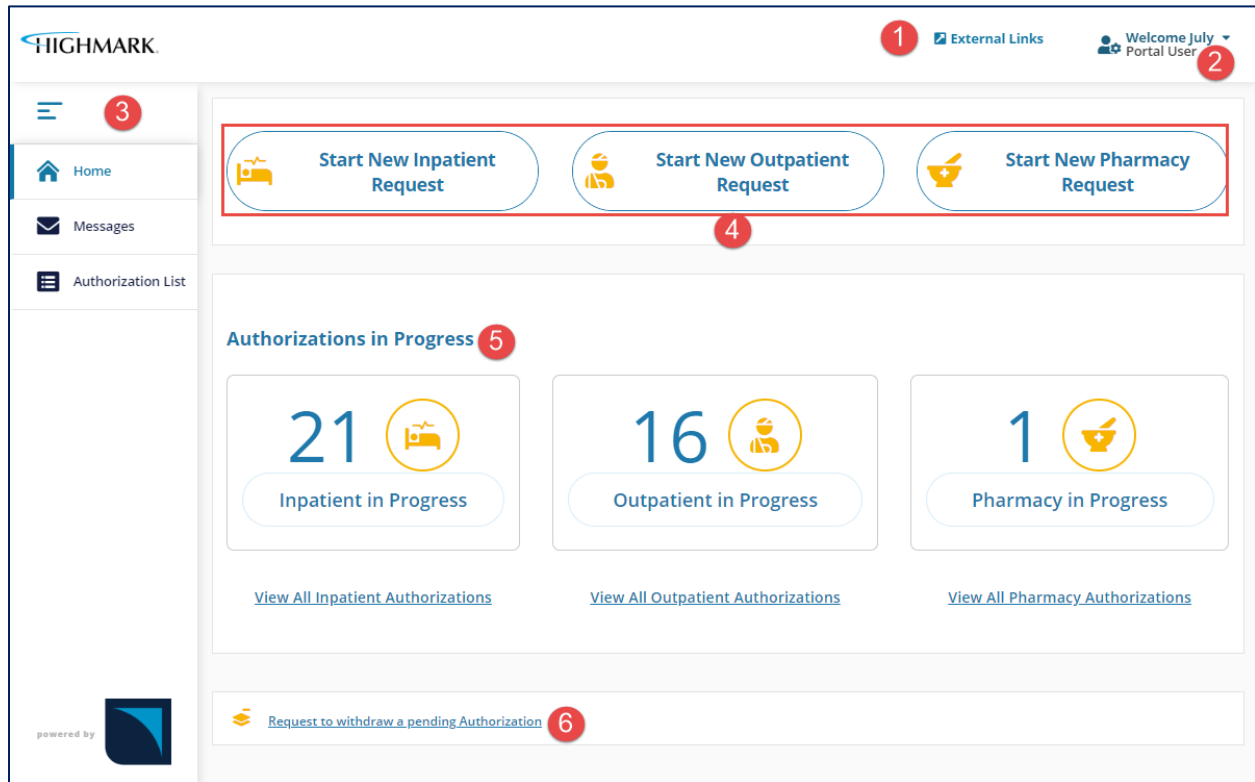
The Authorization Portal integrates with GuidingCare and is a tool for providers to electronically submit authorizations and receive automated responses and real-time updates. Providers can check the status of authorizations, add supporting documentation, withdraw requests, and make updates on authorizations in one easy-to-use interface.

Highmark Wholecare Providers will access the Authorization Portal through NaviNet SSO (Single Sign-On) functionality. From the Health Plans drop-down select Highmark Wholecare and then **GuidingCare > Authorization Portal** from the Plan Workflows menu.



Home Page

Upon accessing the Authorization Portal, you will see the Home page. From the Home page you will be able to start a new authorization, view authorizations in progress, and withdraw a pending authorization. There is a count of Authorizations in progress by the authorization request type.



1. External Links. When the Provider clicks on External Links they can view and access links to external resources.
2. Logged in Providers name/ log out.
3. Navigation Bar.
 - When Collapsed the Navigation Bar will display the icons for each of the tabs.
 - When expanded the icon and name of the tab are visible.
4. Start a New Request.
5. Authorizations in Progress section
6. Request to Withdraw a pending Authorization.

Authorization Request Process

The first section on the Home page contains buttons that allow you to create an Authorization request by navigating through a 5-step process.



Step 1: Member Search

Step 2: Member Eligibility

Step 3: Authorization Basics

Step 4: Additional Details

Step 5: Results

Create a New Authorization Request

The navigation is the same for all the Authorization classes and types.

From the Home page, click on one of the three buttons for the proper auth class of the request:

- Start New Inpatient Request
- Start New Outpatient Request
- Start New Pharmacy Request

STEP 1: Member Search

Required fields are indicated with an asterisk (*).

The Member can be identified by First and Last name and date of birth OR by their Member ID.

Once the search is started with the Member ID or the Name and DOB fields, the other set of fields will become inactive.

Authorization Request Process

Once the appropriate information is entered in the fields, the **'Find Member'** button will become active.

* Indicates required field

Member Search

1 Member Search

2 Member Eligibility

3 Authorization Basics

4 Additional Details

5 Results

Collapse

Questions? Call Provider Services, Monday-Friday, 8 a.m. to 5 p.m.
Delaware – 1-844-325-6251
Pennsylvania/West Virginia – 1-800-392-1147

*First Name

First Name

*Last Name

Last Name

Date of Birth

MM/DD/YYYY

*Member ID

Find Member

Clear

Click **'Find Member'** and a tile or list of tiles will display with member demographic information.

Select the appropriate member from the list.

1 Member Search

2 Member Eligibility

3 Authorization Basics

4 Additional Details

5 Results

Questions? Call Provider Services, Monday-Friday, 8 a.m. to 5 p.m.
Delaware – 1-844-325-6251
Pennsylvania/West Virginia – 1-800-392-1147

Collapse

*First Name

First Name

*Last Name

Last Name

Date of Birth

MM/DD/YYYY

*Member ID

Find Member

Clear

Member ID	Carrier Member ID :	First Name	TUser	Last Name	IUser	Date of Birth	01/01/1986
Phone Number		Primary Insurance	N/A	Secondary Insurance	N/A	Address	15 Corporate Dr. SLIPPERY ROCK, PA, 16057

STEP 2: Member Eligibility

Member Eligibility will be the first section that needs to be chosen for the request. The members' eligibility will determine which authorization types are available for the request.

Choose from the members current '**Active Eligibility**' or '**Inactive Eligibility**' radio button and once selected, click on the eligibility area to place the eligibility into view.

Eligibility Select an eligibility

Filter by
☒ Active Eligibility ☐ Inactive Eligibility

Sub-Company	WHOLECARE	Code	WHOLECARE	Status	Active
Line of Business	MEDICAID	Product	PA MEDICAID	Benefit Plan	HEALTH CHOICES ADULT
Code	MEDICAID	Code	PA MEDICAID	Start Date	01/01/2019
				End Date	12/31/2099

Additional Details

ACCOUNT_CODE PA-Medicaid ACCOUNT_NAME PA-Medicaid Eligibility ID [REDACTED]

STEP 3: Authorization Basics

- The Authorization Type field will be available on the Authorization Basics section.

* Authorization Type

Select ▼

- The Authorization Basics section will contain the fields configured for the Authorization Type (template).
- Once the Authorization Type is chosen the fields needed to make the request will generate.
- Select the Auth Priority and this list is based on the Authorization Type template.

Provider Search and Advanced Search

The Providers, and their corresponding data that will be available, are from the Highmark Wholecare list of Providers in GuidingCare.

The Provider or Facility can be chosen using the following options:

- Provider Name (default value)
- Provider Code
- NPI
- Tax ID

Type the name in the field to start the search. Once the field is clicked on it will provide instructions to **Press the Down Arrow** on your keyboard after entering the first 3 characters to enable search.

Authorization Request Process

Provider Search Results

Use the Tab or Shift-Tab key to navigate search results with keyboard

Provider Name	Provider Type	Provider Code	NPI	Tax ID	Network	Network Status	Address	Contract Start Date	Contract End Date
Allegheny General Hospital	Supplier Location	S005290_...	1285667...	N/A	PA Medicaid	PAR	20 E NORTH AVENUE, PITTSBURGH, PA, 15212	01/01/2019	12/31/2099
Allegheny General Hospital	Supplier Location	S005290_...	1285667...	N/A	PA Medicaid	PAR	320 E North Ave, Pittsburgh, PA, 15212	01/01/2019	12/31/2099
Allegheny General Hospital	Supplier Location	S005290_...	1285667...	N/A	PA Medicaid	PAR	320 E North Ave, Pittsburgh, PA, 15212	01/01/2019	12/31/2099
Allegheny General Hospital	Supplier Location	S005290_...	1285667...	N/A	PA Medicaid	PAR	320 E North Ave, Pittsburgh, PA, 15212	01/01/2019	12/31/2099

'Please note that the above list include top 10 providers with active addresses. Please use advanced search for active and inactive providers.'

Provider Name

Allegheny Genera

Press Enter after typing 3 characters to search

If the Provider is not found in the quick search, you can click the magnifying glass next to any of the provider fields to do an advanced search. The advanced search opens in a new window. In this window, you can use several additional search options to find a provider.

Find Provider

Provider Information

Provider Name

☒ Contains
☐ Exact Match
☐ Starts With

ocypok

Specialty

Select

Provider Type

Select

Provider Code

Begin typing

ZIP / Postal Code

Begin typing

In Miles

Radius

Language Spoken

Select

Clear
Search

Provider Name	Provider Type	Provider Code	NPI	Tax ID	Address
Select ELIZABETH OCZYPOK	A physician who provides long-term, comprehensive care in the office and the hospital, managing both	P026976	1386170918	N/A	200 Lothrop S South Tower; 3880,Pittsbur 15213
Select ELIZABETH OCZYPOK	A physician who provides long-term, comprehensive care in the office and the hospital, managing both	P026976	1386170918	N/A	3459 5th Ave South,Pittsbu A,15213
Select MATTHEW PAUL OCZYPOK	An emergency physician focuses on the immediate decision making and action necessary to	P068383	1962935387	N/A	5515 Peach St,Erie,PA,165

1
20 items per page
1 - 17 of 17 items

Authorization Request Process

Enter the **Treatment, Diagnosis and Procedure** information.

* Treatment Type Select		* Place Of Service Select	
* Diagnosis Description Begin typing at least 3 characters		* Diagnosis Code Begin typing code	+ Primary Diagnosis
* Procedure Description Begin typing at least 3 characters		* Procedure Code Begin typing code	
Modifier ⓘ 	* From Date MM/DD/YYYY	* To Date MM/DD/YYYY	* Unit Type Select
* Req. 			

For Inpatient Admission:

- Auth Priority: **Urgent Concurrent (PA)**.
- Diagnosis: Enter the description or the code. This is a mandatory field.
- Procedure Code: Enter Revenue Code **0120**
- Procedure Description: **Room & Board-Semiprivate (Two-Beds)-General**
- Unit Type: **Days**

MSRP for Miscellaneous Codes for DME

Please ensure that you enter a manufacturer's suggested retail price (MSRP) for miscellaneous codes for DME authorization requests.

Disclaimer Message

A disclaimer message is configured for the Authorizations Basics section. Users are required to acknowledge the disclaimer before proceeding to the next step. Read the disclaimer and select the check box to continue. The **Next** button will remain disabled until you select the disclaimer check box.

Click **Next** to go to the Additional Details section.

☒ Payment is contingent upon the member's eligibility on the date of service. Authorization is not a guarantee of benefit or payment. No payment will be made for services furnished by a provider excluded or disenrolled in Medicare or Medicaid Services. Medicaid services must be performed by an enrolled and validated Medicaid provider. Medicare Assured payments will not be made to providers who have opted out of participation from the Medicare program.	Next	Reset	Cancel
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Notes for Authorization Portal request:

- While on the Authorization Basics section, you can change the Eligibility for the Member or Authorization Type available for the Class you have chosen. Any information entered will be clear.
- The workflow moves forward through the steps, and you cannot go back or edit a section once you have moved to the next step.

- The Authorization request is not official until the **Submit** button is clicked on the Additional Details section. If you cancel the Authorization request at any point before you click on Submit, there is no Authorization or record of the request.

STEP 4: Additional Details

Scripts/ Internal Guidelines

Scripts or Internal Guidelines were configured for several Authorization Types and will guide you through additional questions in order determined by the script's workflow.

Click **Next** at the end of each question to move to the next question.

You can click **Reset** to clear the responses and return to the first question of the assessment.

If you click **Cancel** it will cancel the request and the assessment and will return to the Member Search page. Canceled assessment responses will not be recorded. A confirmation message will be displayed before you can reset or cancel an assessment.

Questions? Call Provider Services, Monday-Friday, 8 a.m. to 5 p.m.
Delaware – 1-844-325-6251
Pennsylvania – 1-800-392-1147

PA: Prior Authorization Durable Medical Equipment (DME) Request Form

*** 1. Please see below regarding authorization requests that are submitted during after-hours. Please read and select the check boxes to proceed.**

☐ Highmark Wholecare business hours are Monday through Friday 8:30am-4:30pm. Our office accepts authorization requests seven days a week, including holidays. If your after-hours authorization request is for an acute inpatient admission, your request will be serviced on the same or next calendar day. For all other authorization types, a Highmark Wholecare utilization review will be conducted per the regulatory service level agreements. Observation services do not require an authorization.

☒ Acknowledge

[Reset](#)

[Next](#) [Cancel](#)

Notes

On the Additional Details section there are options to add notes and attachments. You can either type in this field or copy and paste text or images. Image limitations are listed in a tooltip that displays when you point to the field.

Providers/Facilities must submit medical records with authorization requests.

Add Note

*** Image & Notes**
Image size allowed in notes is 5 MB per image and image types allowed in notes are jpeg, png, jpg, bmp and gif.

Add Attachments

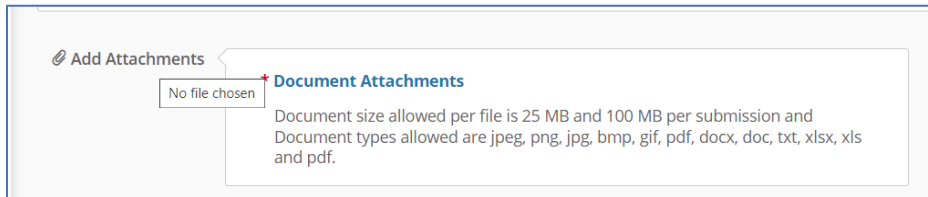
*** Document Attachments**
Document size allowed per file is 25 MB and 100 MB per submission and Document types allowed are jpeg, png, jpg, bmp, gif, pdf, docx, doc, txt, xls, xlsx and pdf. Unsupported special characters will be removed in the filename while saving.

[Submit](#) [Cancel](#)

Documents/ Attachments

Click on **Add Attachments** to add documentation.

Attachment limitations are listed in a tooltip when you point to the **Add Attachments** link.



If the upload fails, a failure message displays with a list of attachments that failed to upload. You can try to upload the failed attachments again. Some of the reasons your attachment(s) might fail to upload include:

- File size too large (>100 MB)
- File size is 0.
- Wrong file type (accepted file types are listed in the tooltip)
- Corrupted file

If your attachment fails to upload, an **Upload Attachments** button displays only to you in the authorization line so that you can try and upload the attachment(s) again. Please note that other users will not be able to see the **Upload Attachments** button. The system will try and upload the document three times before displaying a failure message along with the **Upload Attachments** button.

Once the Auth Entry, Note and Documents are complete, click **Submit**.

InterQual

If InterQual is required, the application will launch. Complete the medical review to continue.

Note: Users will need to accept an end user agreement in order to move to the medical review.

1. The medical code you entered in the authorization is prepopulated in the Medical Codes field.
2. Click **Begin Medical Review**.
3. Answer the questions/ select the appropriate clinical information by expanding each answer by clicking the plus sign (+).
4. Click **Complete** to finalize the review.
5. The system will pend the request for a Utilization Management Review.

If you are not confident about entering accurate clinical information, select **Other clinical information**. This will end the review with a status of **Not Recommended**. Save and complete the review. The system will Pend for UMR review.

The image shows a form titled 'Rehabilitation services required. Choose all that apply: [≥ Two, except Other clinical information (add comment)] Required'. It has two input fields: 'Documented illness, injury, or condition resulting in decreased level of function, skills, or physical abilities' and 'Rehabilitation potential based on prior level of function with expectation for clinical or functional improvement'. Below these is an 'Or' section with a green checkmark and the text 'Other clinical information (add comment)'.

Authorization Request Process

Recommendations

Not Recommended Evidence does not support requested service

Why didn't a requested intervention meet criteria? ?

PREVIOUS SAVE REVIEW COMPLETE REVIEW SUMMARY

Bypass InterQual for Non-clinicians

1. Enter all member and provider information, including the DME codes.
2. Move as usual through the Acknowledgement and contact question screens. When finished, click **Submit**.

Questions? Call Provider Services, Monday-Friday, 8 a.m. to 5 p.m.
Delaware – 1-844-325-6251
Pennsylvania – 1-800-392-1147

PA: Prior Authorization Durable Medical Equipment (DME) Request Form

* 1. Please see below regarding authorization requests that are submitted during after-hours. Please read and select the check boxes to proceed.

☐ Highmark Wholecare business hours are Monday through Friday 8:30am-4:30pm. Our office accepts authorization requests seven days a week, including holidays. If your after-hours authorization request is for an acute inpatient admission, your request will be serviced on the same or next calendar day. For all other authorization types, a Highmark Wholecare utilization review will be conducted per the regulatory service level agreements. Observation services do not require an authorization.

☒ Acknowledge

Next Cancel

PA: Prior Authorization Durable Medical Equipment (DME) Request Form

* 5. Please see documentation requirements below. Please select Acknowledge and proceed. Please include Clinical documentation in the 'Attachments' screen.

☒ Include or attach any clinical/office notes, prescription/order, pertinent imaging/lab reports, trial of requested item, quote sheet(including HCPC codes, item description, quantity, cost), documentation member has been instructed on item requested, home evaluation, make/model/DOP/serial number of item being repaired, justification for items being requested, compliance report for ongoing request as applicable to support medical necessity.

☒ For Medicare items: Please also include face to face evaluation, financial attestation, RESNA certified evaluation, Written Order Prior to Delivery, signed written order, prescription with legible signature

☒ Acknowledge

3. The InterQual screen opens. Select the most up to date version.

Wheelchairs, Manual

! Please confirm or change subset version below.

	Version	Release Date
☐	InterQual 2023, July 2023 Release	07/07/2023
☐	InterQual 2023, Mar. 2023 Release	03/31/2023

REVIEW PROCESS (PDF)

Informational Note

- Click to start the Medical Review.

☒	InterQual 2023, July 2023 Release	07/07/2023
☐	InterQual 2023, Mar. 2023 Release	03/31/2023

REVIEW PROCESS (PDF)

Informational Note

A manual wheelchair is a folding chair with a seat width and back height available in a range of sizes. The typical seat width back height ranges are available to accommodate for the tall patient. Patient size should support any special request for a n may include the following:

- swingaway detachable footrests versus fixed footrests
- detachable arms
- pelvic seat belts
- brake extensions
- rear anti-tip or rollb equipment

MEDICAL REVIEW **BOOK VIEW** **FULL SUBSET** **SMARTSHEETS**

- Choose as appropriate.

Choose one: *Required*  

Initial wheelchair request

Replacement wheelchair request

- Select **Other clinical information (add comment)**. This will end the medical review.

Mobility limitation cannot be met with a cane or walker

Mobility limitation can be met with a manual wheelchair 

Home provides adequate access and maneuvering space for requested manual wheelchair 

Patient is willing to use a manual wheelchair in the home 

Or *(Selecting an answer that follows will clear other selections)*

✓ **Other clinical information (add comment)**

NEXT  Choose one or more answers, and then click Next to continue

- Click **View Recommendations**.

Or

✓ **Other clinical information (add comment)**

No remaining questions. Click View Recommendations to continue.

PREVIOUS **VIEW RECOMMENDATIONS** 

Privacy Notice

8. Click **Complete**.

9. Click **Complete Review** in the Warning box.

10. This will then return the user to the Provider Portal with the authorization in a pending status for the utilization department to review.

STEP 5: Results

Authorization Summary

A message appears with the system-generated authorization request number and lets you know the status of the authorization. The full details of the authorization are displayed below the message.

The **Click to print** link produces a printer-friendly/downloadable version of the authorization details.

Additional Authorization Portal Features

Messages

The **Messages** page displays any messages sent from the Utilization Management reviewers. Reviewers may send messages to request additional information. These messages are currently created in GuidingCare within the authorization and are read-only in the Authorization Portal.

If you have any unread messages, a red indicator of the unread message count displays on the **Messages** tab in the menu.

Click a message on the left to open the full text in a reading pane on the right, along with some details about the authorization. The Auth ID link opens Additional Information about the authorization. Refer to the details listed above for adding a note or attaching documents.

A closed envelope icon indicates an unread message, and an open envelope icon indicates a read message.

Click on the message to open the detail section.

- The message will be visible and on the right-hand side the Auth Details will display.
- Click on the hyperlink of the Authorization ID# to add the additional details.
- The Additional Details functionality will open, and you can enter notes and add attachments as required.

The screenshot shows the 'Messages' section of the portal. On the left, there's a list of messages. The selected message is from 'Sent by Clinical Reviewer' with Authorization ID #0519F5F4T, dated 05/19/2023 at 10:54:43 AM. The message content is 'test msg to provider'. On the right, the 'Auth Details' section is visible, showing the Authorization ID #0519F5F4T, Member ID, Medicaid No: 12345, Service Date 05/20/2023, and Service Provider by Practitioner de medicaid. A button 'Click to Add Additional Details' is present next to the Authorization ID.

Authorization Lists

The **Authorization List** contains grids with information about the authorizations related to or submitted by your organization. You can use the menu to navigate to the **Authorization List**.

The **Authorization List** is automatically filtered by **Authorization Created Date** for the past one year from the current date.

The **Authorization List** is split into tabs for each authorization template. Depending on the tab you select, the grid may display different columns. The following example is for outpatient authorizations.

Inpatient

Outpatient

Pharmacy

Member Id

Filters

Download Results

Choose Columns

Authorization Created Date

Clear All

	Authorization ID#	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Provider
	1113MXDXZ	Nov 13, 2023	AUser MUser	WHOLECARE	Nov 13, 2023	Durable Medical Equipment	Pending	N/A	HELPING HANDS MEDICAL SUPPLY, LLC.
	1102TLMJ9	Nov 02, 2023	RUser OUser	WHOLECARE	Nov 02, 2023	Durable Medical Equipment	Pending	N/A	Alen Medical Supp Inc.
	1101WWR4J	Nov 01, 2023	AUser MUser	WHOLECARE	Nov 01, 2023	Durable Medical Equipment	Partially Approved	N/A	HELPING HANDS MEDICAL SUPPLY, LLC.

The **Authorization List** grid consist of the following columns:

Column	Description
Authorization ID #	The unique, system-generated ID number assigned to the authorization.
Created Date	The date on which the authorization was created.
Member Name	The first and last name of the member for which the authorization was created.
Plan Type	The members plan type is associated with the authorization.
Admission Date (Inpatient)	For inpatient services, this is the date of admission.
Procedure Date (Outpatient and Pharmacy)	For outpatient and pharmacy services, this is the date of the procedure.
Type	This column lists the type of authorization.
Status	The overall authorization status: ▪ Pending – The authorization has been submitted and a decision is pending. ▪ Denied – The authorization has been denied. ▪ Approved – The authorization has been approved for payment. ▪ Partially Approved – Only some service lines in the authorization have been approved.
Next Review Date	For Denied, Pending, Void or any other status, the Next Review Date column will be N/A. The date in the Next Review Date column will always be the date next to the End Date of the approved authorization and will always automatically populate. This column can be added via Choose Columns.
Service End Date	The maximum end date in all service lines. This column can be added via Choose Columns.
Referred By Provider	The name of the referring provider. The referring provider is the provider who requested the service. This column can be added via Choose Columns.
Facility	The name of the facility provider.
Service Provider	The name of the service provider.

Authorization List Grid Navigation

You can sort any of the columns in ascending or descending order by clicking on the column headers. An up arrow (▲) next to the column header indicates ascending order while a down arrow (▼) indicates descending order.

The bar at the bottom of the grid provides additional navigational tools:

Authorization List Filters

You can use the **Member Id** field to filter the list by member. Click **Filters** for more filter options.

Filter configurations you use frequently can be named and saved for future use.

The screenshot displays the 'Filters' modal in the Authorization List Grid. At the top, there is a 'Member Id' search bar and a 'Filters' button. Below this, the modal is divided into three main sections. The first section, 'Select Saved Filter', contains a dropdown menu labeled 'Select' and an 'Apply Filter' button. The second section, 'Name and Save Your Filter', contains a text input field labeled 'Enter filter name' and a 'Save Filter' button. The third section contains three columns of filter categories: 'Status' (Approved, Denied, Partially Approved, Pending, N/A), 'Authorization Created Date' (From Date, To Date), 'Admission/Service Date' (From Date, To Date, Service End Date), and 'Type' (Acute, Acute Inpatient, Assisted Living Facility, Behavioral Health, Behavioral Health Inpatient, Elective, Elective Inpatient, Inpatient - Advanced Cardiac Imaging, Inpatient - Molecular Lab, Inpatient - Musculoskeletal (MSK), Maternity, Maternity Inpatient, Musculoskeletal (MSK) Inpatient, NF Bed Holds, Nursing Facility Custodial/Residential Stay, Post-Acute, Post-Acute Inpatient, Respite Care). Each category has a list of checkboxes for selection.

Filter	Description
Select Saved Filter	You can select any filters you have saved and click Apply Filter .
Name and Save Your Filter	If you want to save your filter to use later, first select the filters you want to save and then enter a name for the filter in the Name and Save Your Filter field and click Save Filter .
Status	Filter the list by status: Approved, Denied, Partially Approved, Pending or N/A .

Additional Authorization Portal Features

Filter	Description
Authorization ID #	You can use this filter to find the exact authorization by entering the unique ID number.
Facility Provider	Filter the list by the facility provider name.
Service Provider	Filter the list by service provider name.
Referred By Provider	Filter the list by referred by provider name.
Member Name	Filter the list by member name.
Authorization Created Date	Enter a date range for the authorization created date to filter the list.
Admission/ Service Date	Enter a date range for the admission/service date to filter the list.
Type	Select a type or types of authorizations by which to filter the list.

Once you apply filters, they display as individual labels above the list. You can click the **X** to remove each filter individually or click **Clear All** to clear all the filters at once.

Authorization List

Inpatient
 Outpatient
 Pharmacy

Authorization Created Date

Download Results

Click **Download Results** to export the grid to an Excel spreadsheet.

Member Id

Filters
 Download Results
 Choose Columns

Auth Details

You can click to expand an authorization in the grid to view additional information and options. The options that display depend on the status of the authorization.

0622WPRW0 Jun 22, 2022 HIGHMARK N/A Elective Approved Union Hospital Family Physicians Union Hospital Family Physicians

Auth Details

Primary Diagnosis: N/A Requesting Provider Name: Practitioner (

Notification Date: 06/22/2022 Referred By Provider Fax: 111-111-

Decision Date: 09/21/2022 Referred By Provider Phone: 302-

Medicaid No: 44

View & Print Auth
 View Notes
 View Docs
 View Letter
 View Guidelines
 View Discharge Plan
 View Extension Guidelines

+ Discharge Information + Extension

The following options are available on each authorization, depending on status:

Option	Description
View & Print Auth	View a summary of the authorization in a printer-friendly/downloadable format.
View Notes	View any authorization notes, extension notes, or discharge notes associated with the authorization. You can view all notes or view the latest notes using the options.
View Docs	View any documents associated with the authorization in a new window.
View Letter	View any letters associated with the authorization in a new window.
View Guidelines	View and/or print assessment responses. If there are no assessments run on an authorization, the system will display “Guidelines not found”.
View Discharge Plan	View a grid with discharge plan responses. If there are no discharge plans run on the authorization, the system will display “Discharge Plan not found”.
View Extension Guidelines	This link is only visible on Approved and Partially Approved authorizations. View a grid with extension guideline responses. If no extension guidelines have been run on the authorization, the system will display “No records found”.

Add Discharge Information

This option is available when an authorization is in any status except **N/A**.

1. Click **+Discharge Information**.

Auth Details

Primary DiagnosisNONST ELEVATION NSTEMI MYOCARDIAL INFARCTION
Notification Date04/20/2023
Decision DateN/A
Medicaid No : 57B
Member ID : 12775

Requesting Provider NamePractitioner
Referred By Provider FaxN/A
Referred By Provider Phone302-602-5454

View & Print Auth
View Notes
View Docs
View Letter
View Guidelines
View Discharge Plan

+ Discharge Information

+ Additional Information

2. Select the **Discharge Date** from the calendar.
3. Select the location to **Discharge To** from the drop-down list.
4. Select the **Discharge Type** from the drop-down list.
5. Click **Run Discharge Plan** to save the discharge information to the authorization.

To cancel adding discharge information at any point, click **Cancel**. A confirmation message is displayed to prevent accidental cancelation.

6. If there is a discharge plan assessment configured to the **Discharge Type**, the **Run Discharge Plan** button will be enabled. You must click the button to begin the guided assessment questions. Once you answer one question, click **Next** and the subsequent question in the assessment displays. Once you complete the discharge assessment, the notes and attachment fields will be displayed.
7. Enter the note text in the **Add Note** field.
8. Click **Add Attachments** to add any relevant attachments to the discharge plan.
9. Click **Submit**.

Add Additional Information

Additional Information can be entered on the Authorization. The option to add additional information is always active when available. There is **no dependency on the status** of the Authorization.

1. Click **+ Additional Information**.

The screenshot displays the 'Auth Details' section of the Authorization Portal. It includes fields for Primary Diagnosis (N/A), Notification Date (04/19/2023), Decision Date (N/A), Medicaid No (12345), Requesting Provider Name (Practitioner), Referred By Provider Fax (570-871-6749), and Referred By Provider Phone (610-361-1060). Below these fields is a row of action buttons: View & Print Auth, View Notes, View Docs, View Letter, View Guidelines, and View Discharge Plan. At the bottom of the section are two buttons: '+ Discharge Information' and '+ Additional Information'. The '+ Additional Information' button is highlighted with a red rectangle.

2. Enter additional information text in the **Enter Note** box.
3. Click **Add Attachments** to add attachments.
4. Click **Submit** to save the additional information.

Request an Extension

You can request an extension to authorizations with statuses of **Partially Approved** or **Approved**.

1. Click **+Extension**.

Auth Details

Primary Diagnosis	DERMATOCHALASIS OF LEFT UPPER EYELID	Requesting Provider Name	St Francis Family Practice
Notification Date	07/18/2023	Referred By Provider Fax	570-871-6749
Decision Date	07/19/2023	Referred By Provider Phone	302-575-8040
Member Id	N/A		

View & Print Auth
 View Notes
 View Docs
 View Letter
 View Guidelines
 View Discharge Plan

View Extension Guidelines

+ Discharge Information

+ Extension

If there are no services eligible for extension, a message displays:

There are no services eligible for extension. Please click [Cancel](#) to exit.

2. For each service line, select the requested end date from the **Extend Start Date** calendar.
3. Select the requested end date from the **Extend End Date** calendar.
4. When the **Unit Type** is **Days**, once you select the **Extend End Date**, the **Total Extended Units** field auto populates.

If the **Unit Type** is anything other than **Days**, you will need to calculate and manually enter the **Total Extended Units** value.

5. Enter note text in the **Enter Note** text box.
6. If there is an assessment configured to the extension, a **Run Guidelines** button will be enabled. You must click the button to begin the guided assessment questions. Once you answer one question, click **Next** and the subsequent question in the assessment displays. Once you complete the extension assessment, the notes and attachment fields will display.
7. Click **Add Attachments** to add attachments.
8. Click **Submit** to save the extension request.
9. The status changes to **Partially Approved**.
10. The **Additional Information** button is added.

View & Print Auth
 View Notes
 View Docs
 View Letter
 View Guidelines
 View Discharge Plan
 View Extension Guidelines

+ Discharge Information

+ Extension

+ Additional Information

Withdraw a Pending Authorization

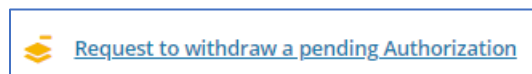
You can withdraw one or more service lines on an authorization request after it has been submitted, but it has not yet been decided. This ensures that there is no unnecessary processing of authorizations if they are no longer needed for the members.

When you withdraw one or more lines on an authorization request, the system updates the authorization service status to **Void**, marks the status reason to **Request withdrawn** and requested units are set to **0**. When part of the authorization is withdrawn, the authorization status remains as is. If the entire authorization is withdrawn, the authorization status is set to **Closed and Cancelled**.

If the authorization is assigned to a work queue but not accepted by any staff in the work queue, the system should remove the work queue details once the authorization is withdrawn. The owner's details will be the provider details as saved already.

To withdraw a pending authorization:

1. Click **Request to withdraw a pending Authorization** on the **Home** page.



Once you start typing in any of the search fields, the **Find Authorization** button becomes active.

2. Enter one or more search criteria to find the authorization and click **Find Authorization**. A grid of search results displays. The results only display pending authorization records.
3. Select the pending authorization of which you want to withdraw one or more service lines. The **Withdraw Request** window displays.

A summary of the pending authorization details is displayed at the bottom of the window.

4. Select the service line(s) you want to withdraw.
5. Enter note text in the **Add Note** field.
6. Add any relevant documentation using **Add Attachments**.
7. Click **Submit**.

Withdraw Request

Test Patch25
Authorization ID #0718T0181

☒	Service Code	Service Description	Unit Type	Requested Units	Start Date	End Date	Status
☒	0120	SEMI PRIVATE ROOM	Days	8	07/18/2023	07/25/2023	Pending

* Add Note

Begin typing

Add Attachments

Submit

Cancel

A success message will be displayed.

Select **Click to print** to open a printer-friendly version of the authorization withdraw request.

NaviNet® is a separate company that provides an internet-based application for providers to streamline data exchanges between their offices and Highmark Wholecare such as routine eligibility, benefits and claims status inquiries.

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association ("Highmark Wholecare").