



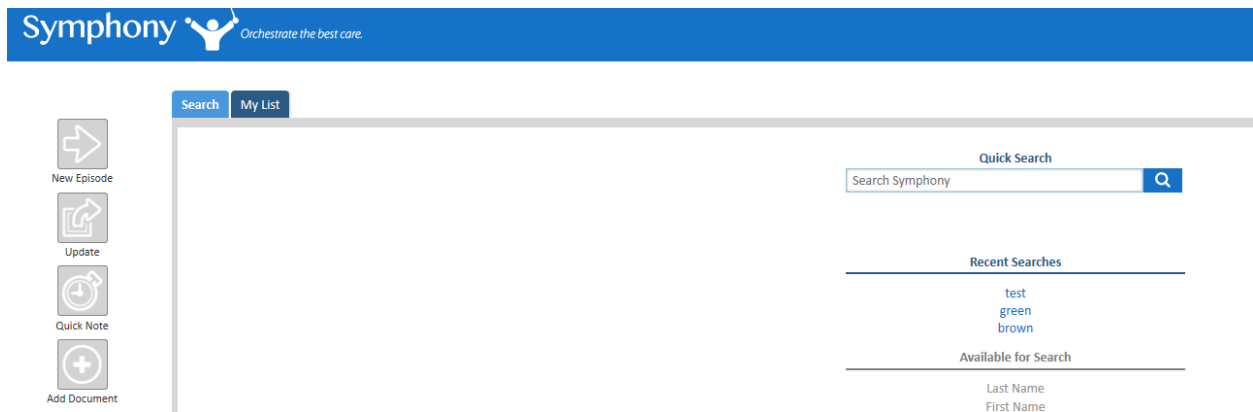
SYMPHONY PROVIDER PORTAL TRAINING GUIDE





Understanding the Provider Portal Home Screen

This is the provider portal home screen; it is the first thing you will see when logging in to submit a request for authorization. From this screen you can look up the status of authorizations previously submitted or submit a new request.



Submitting a New Request for Authorization

- Search for your member- you can search by Last Name, First Name, Date of Birth (MM/DD/YYYY) or Member ID (MBR ID)
- Enter the search criteria and then click on the magnifying glass



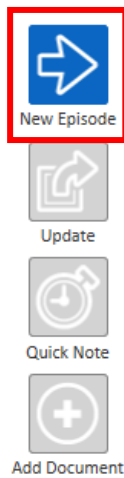


A list of members matching that criteria will display.

| Search | | My List | | | |
|------------------------------------|-----------|------------|--------|-----------------|-------------|
| Test, KC | | | | | |
| TAT | Last Name | First Name | MBR ID | DOB | Episode Id |
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> 13.2 days | Test | KC | KC3456 | 60 (01/03/1960) | UM00005863 |
| <input type="checkbox"/> DONE | Test | KC | KC3456 | 60 (01/03/1960) | KSU00005258 |
| <input type="checkbox"/> DONE | Test | KC | KC3456 | 60 (01/03/1960) | NEU00005386 |
| <input type="checkbox"/> | Test | KC | KC3456 | 60 (01/03/1960) | |
| <input type="checkbox"/> | Test | KC | KC3456 | 60 (01/03/1960) | UM00005834 |
| <input type="checkbox"/> | Test2 | KC | KC3561 | 19 (01/01/2001) | NEU00005378 |

Showing 1 of 6

- Check the box to the left of the member that you want to submit a request for and then click on New Episode on the top left of your screen



| Search | | My List | | | |
|-------------------------------------|-----------|------------|--------|-----------------|--|
| Test, K | | | | | |
| TAT | Last Name | First Name | MBR ID | DOB | |
| <input type="checkbox"/> | | | | | |
| <input type="checkbox"/> 13.2 days | Test | KC | KC3456 | 60 (01/03/1960) | |
| <input type="checkbox"/> DONE | Test | KC | KC3456 | 60 (01/03/1960) | |
| <input type="checkbox"/> DONE | Test | KC | KC3456 | 60 (01/03/1960) | |
| <input checked="" type="checkbox"/> | Test | KC | KC3456 | 60 (01/03/1960) | |
| <input type="checkbox"/> | Test | KC | KC3456 | 60 (01/03/1960) | |



- Select the type of request you'd like to submit and then click Next

Today's Encounter

All Favorites

Authorization Request (Inpatient & Outpatient)

Authorization Request (Part B Drugs)

Discard Next

- Select the Requested Priority- Standard or Expedited. If the request is expedited, please enter the clinical justification for expediting the request
- Select the Request Type- Preservice, Concurrent or Retrospective
- Select Inpatient or Outpatient

Provider Portal Entry

Requested Priority: Standard ... Expedited ...

Reason given for Expedited request:

For reporting purposes: EXPEDITED

Request Details

Request Type:

Service Type: Inpatient ... Outpatient ...



If **Inpatient** is selected, you will be prompted to:

- Select the Place of Service
- Enter the Authorization Type- you can search by number of alphas
- Enter the Admission Type- Emergent, Urgent or Elective
- Enter the date range for the admission being requested
- Enter the number of days requested
- For a precerted request, enter the planned admission date. For a member that is already admitted, enter the admission date

| INPATIENT REQUEST DETAILS | |
|---------------------------|--|
| Place of Service: * | <input checked="" type="radio"/> Inpatient Hospital ... <input type="radio"/> LTAC ... <input type="radio"/> SNF ... <input type="radio"/> Inpatient Rehab ... |
| Service Location: | 21: Inpatient Hospital Service Type: INPATIENT |
| Authorization Type: | 1: Medical Care |
| Level of Care: | --None-- |
| Admission Type: | URGENT |
| Requested Stay Dates: | 11/23/2020 to 11/24/2020 |
| Requested # of Units: | 2 Days |
| Estimated Admission Date: | 11/23/2020 |
| Admission Date: | mm/dd/yyyy (time optional) |

If **Outpatient** is selected, you will be prompted to:

- Enter the Service Start and End Date Range
- Enter the Service Location- you can search by number of alpha
- Enter the Authorization Type- you can search by number of alpha

| OUTPATIENT REQUEST DETAILS | |
|---------------------------------|--------------------------------------|
| Service Type: | OUTPATIENT |
| Estimated Service Date (range): | 11/19/2020 to 01/19/2021 |
| Service Location: | 22: On Campus- Outpatient Hospital |
| Authorization Type: | 18: Durable Medical Equipment Rental |



- Enter the Providers that will delivering the care. An **Inpatient** authorization requires 4 providers- Requesting, Servicing Facility, Treating and Admitting. An **Outpatient** authorization requires 3 providers- Requesting, Servicing Facility and Treating
- Click on [Search](#)

Providers

REQUESTING PROVIDER

[Search](#) Please use this Search link to populate the fields below. Do not type directly.

Last Name: First Name:

City: State:

Provider ID: NPI:

Phone Number: Fax:

Provider Relationship: PAR Non-PAR

You may search by Last Name, Provider ID, NPT or Tax ID.

- Enter the preferred information and click on the magnifying glass

Find Provider

A list of matching providers will display.

- Click anywhere on the line of your chosen provider, then click Select

Results

| Last Name | First Name | Provider # | NPI | Tax ID | Address | Address ID |
|-----------|------------|------------|------------|------------|------------|------------|
| Test 1 | Provider | 0000000001 | 0000000001 | 0000000001 | 111 Street | |
| Test 2 | Provider | 0000000002 | 0000000002 | 0000000002 | 222 Street | |
| Test 3 | Provider | 0000000003 | 0000000003 | 0000000003 | 333 Street | |

The provider will now populate under Requesting Provider.



REQUESTING PROVIDER

[Search](#) Please use this Search link to populate the fields below. Do not type directly.

Last Name: First Name:

City: State:

Provider ID: NPI:

Phone Number: Fax:

Provider Relationship: PAR Non-PAR

- Repeat these steps for the remaining providers. If the Requesting and Treating Providers are the same, click on [Same as Requesting](#) and they will populate for you

TREATING PROVIDER

[Search](#) [Same as Requesting](#) [Same as Facility](#) Please use this Search link to populate

Last Name: First Name:

City: State:

Provider ID: NPI:

Provider Relationship: PAR Non-PAR

- Enter the Diagnosis by entering the code and clicking on the magnifying glass. The Primary Diagnosis goes in the 1st box, but you can add as many additional codes as needed under Secondary Diagnosis

Diagnosis and Procedure Codes

Reminder: ensure that all codes have been "loaded" by pressing the green (Add) button.

| ICD-10 | Description |
|------------------------------------|------------------------------------|
| None Available | |
| <input type="text" value="E11.9"/> | <input type="button" value="Add"/> |

| ICD-10 | Description |
|-----------------------------------|--|
| E11.40 | Type 2 diabetes mellitus with diabetic neuropathy, unspecified |
| <input type="text" value="Code"/> | <input type="button" value="Add"/> |



- For an Inpatient authorization, enter the Procedure Code by entering the code and clicking on the magnifying glass

PROCEDURE CODES

| Procedure Codes | Description |
|------------------------------------|--|
| None Available | |
| <input type="text" value="99222"/> | <input type="button" value="x"/> <input type="button" value="Q"/> <input type="button" value="Add"/> |

To remove a code entered in error, click on the **X** at the end of the description and enter the desired code.

- For an Outpatient authorization, enter the Procedure Code by entering the code and clicking on the magnifying glass.

PROCEDURE CODES

| Health Services | Description |
|------------------------------------|--|
| None Available | |
| <input type="text" value="K0003"/> | <input type="button" value="x"/> <input type="button" value="Q"/> <input type="button" value="Add"/> |

A larger box will open.

- Enter the Start and End Date for your request
- Select the Days, Units or Visits applicable to your request
- If you select days, it will add the Value for you. For Units and Visits, please enter the number being requested

| Health Services | Description | | | | | | | | |
|---|---|---|--------------------------------|-------|-------|---|---|---|--------------------------------|
| K0003 Lightweight wheelchair | | | | | | | | | |
| | <table border="1"><thead><tr><th>Start Date</th><th>End Date</th><th>Units</th><th>Value</th></tr></thead><tbody><tr><td><input type="text" value="11/19/2020"/> <input type="button" value="calendar"/></td><td><input type="text" value="01/19/2021"/> <input type="button" value="calendar"/></td><td><input type="text" value="Units"/> <input type="button" value="v"/></td><td><input type="text" value="1"/></td></tr></tbody></table> | Start Date | End Date | Units | Value | <input type="text" value="11/19/2020"/> <input type="button" value="calendar"/> | <input type="text" value="01/19/2021"/> <input type="button" value="calendar"/> | <input type="text" value="Units"/> <input type="button" value="v"/> | <input type="text" value="1"/> |
| Start Date | End Date | Units | Value | | | | | | |
| <input type="text" value="11/19/2020"/> <input type="button" value="calendar"/> | <input type="text" value="01/19/2021"/> <input type="button" value="calendar"/> | <input type="text" value="Units"/> <input type="button" value="v"/> | <input type="text" value="1"/> | | | | | | |
| Requested | | | | | | | | | |
| Approved | | | | | | | | | |
| <input type="text" value="Code"/> | <input type="button" value="Q"/> <input type="button" value="Add"/> | | | | | | | | |

You can continue to add codes by repeating the steps above.



Attach your documentation

- Click on the box. You also have an option to add a comment if needed

Attach Clinical Documentation

Ready to attach clinical documentation: ...

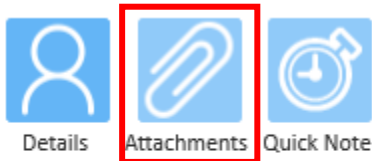
Attach Clinical Documentation

Ready to attach clinical documentation: ...

Use the Attachments button in the upper left of the screen. Multiple files can be attached.

Additional Comments:

- Click on the Paperclip on the top left of your screen



- Click on + Add file, then click on OK

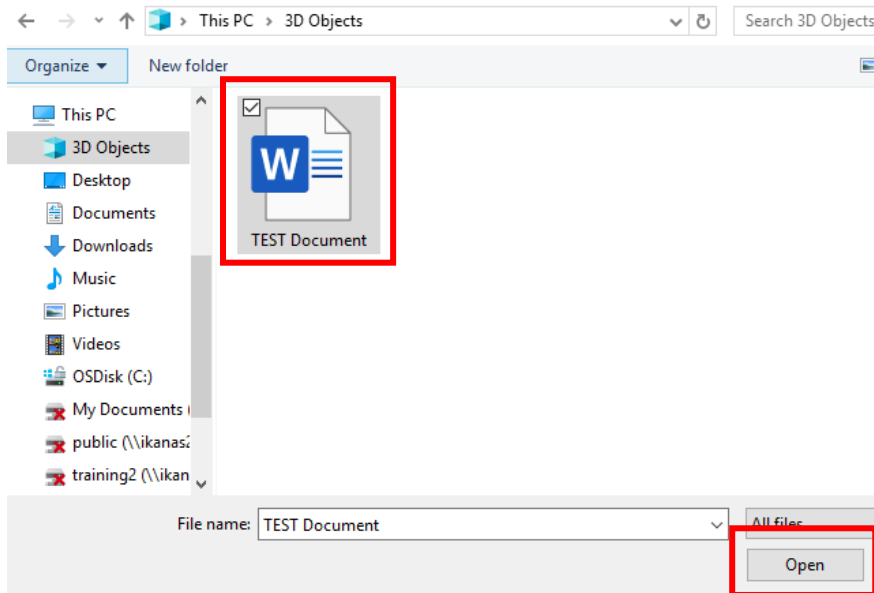
Attachments

| Type | File |
|---|------|
| <input type="button" value="+ Add file"/> | |

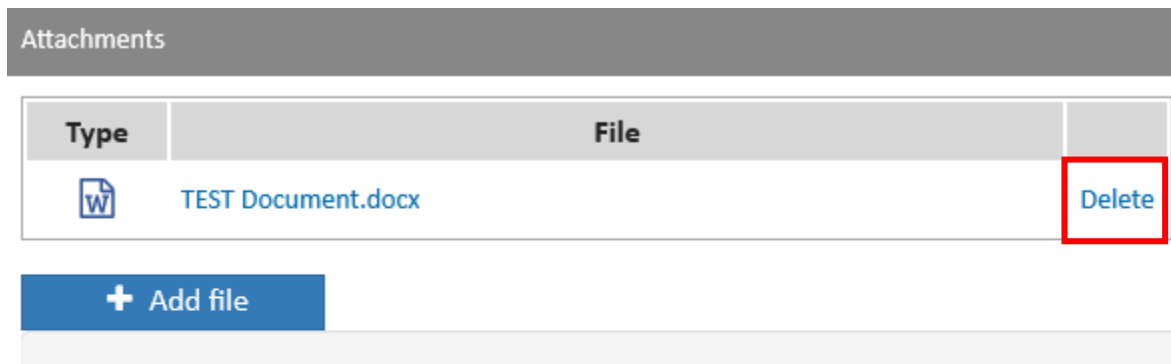




- Select your document to upload and click Open



The document has now been attached to your authorization request. If you uploaded the incorrect document, you can delete by clicking on Delete. To attached additional documents, repeat these steps.





Submitting the Request

- Click the box next to Ready to Submit

Provider Portal Submission

Ready to Submit

- Verify that the information entered is correct and click the check box

Provider Portal Submission

Ready to Submit *

Status: PENDING RN REVIEW Forward to: RN

Verify the above information is correct, then select to submit. 11/19/2020 14:19

- Click Next

Discard Finish Later **Next**

- Click Finish

Discard Finish Later **Finish**

You will now see the summary screen which confirms your request has been submitted.

Symphony *Orchestrate the best care.*

Home
Details
Amend
Print
Letters
New Episode
Quick Note

Authorization ID: XXUM00005902
Enrollment Date: Disenrollment Date:
Created: 11/19/2020 13:06 | Started: 11/19/2020 13:06

Provider Portal Entry
Requested Priority: Standard
For reporting purposes: STANDARD

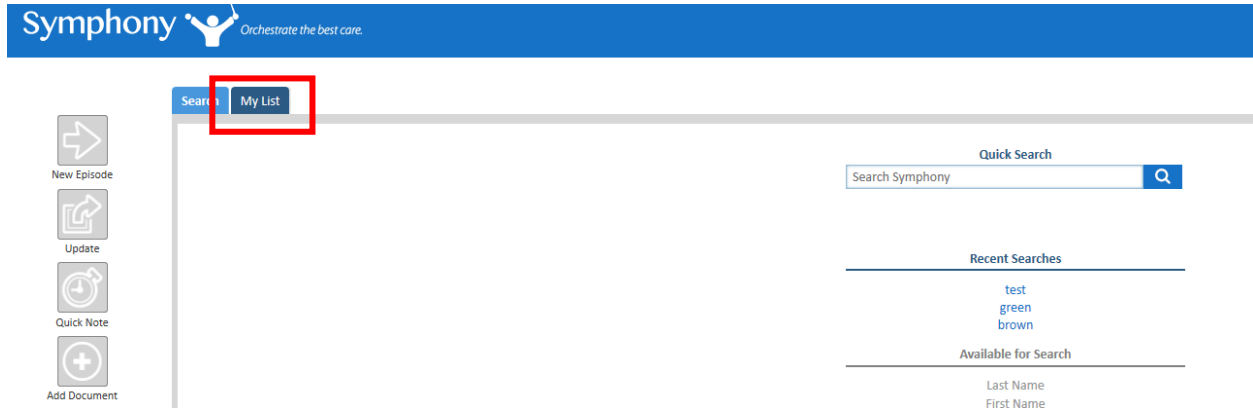
Request Details
Request Type: PRESERVICE
Service Type: Inpatient
Inpatient Type: All other Inpatient

INPATIENT REQUEST DETAILS
Place of Service: * Inpatient Hospital
Service Location: 21: Inpatient Hospital | Service Type: INPATIENT
Authorization Type: 1: Medical Care
Level of Care:
Admission Type: URGENT
Requested Stay Dates: 11/19/2020 to 11/21/2020
Requested # of Units: 3 Days



Checking the Status of a Previous Request

- On the Provider Portal Home Screen, click on My List



The display will show you all your previous requests

| TAT | Last Name | First Name | MBR ID | DOB | Episode Id | Auth status | Auth Category |
|--------------------------------------|-----------|------------|-----------|-----------------|--------------|-------------------|---------------|
| <input type="checkbox"/> -112.0 days | Test | Laura | 222222222 | 19 (01/01/2001) | KSOD0005169 | DENIED | INPATIENT |
| <input type="checkbox"/> -105.1 days | Test | Laura | 222222222 | 19 (01/01/2001) | KSOD0005172 | APPROVED | OUTPATIENT |
| <input type="checkbox"/> -97.1 days | Test | Laura | 222222222 | 19 (01/01/2001) | KSOD0005179 | PENDING MD REVIEW | OUTPATIENT |
| <input type="checkbox"/> 12.0 days | Test | KC | KC3456 | 60 (01/03/1960) | UM00005868 | | OUTPATIENT |
| <input type="checkbox"/> 14.0 days | Test | KC | KC3456 | 60 (01/03/1960) | XXUM00005902 | PENDING RN REVIEW | INPATIENT |
| <input type="checkbox"/> | Test | KC | KC3456 | 60 (01/03/1960) | | | |
| <input type="checkbox"/> | Test | KC | KC3456 | 60 (01/03/1960) | XXUM00005892 | | |

- To find a specific request, you can utilize this search feature and search by Last Name, First Name, Date of Birth (MM/DD/YYYY,) Member ID (MBR ID) or Episode number

The Auth Status column will identify the status of the request

| TAT | Last Name | First Name | MBR ID | DOB | Episode Id | Auth Status |
|------------------------------------|-----------|------------|--------|-----------------|--------------|-------------------|
| <input type="checkbox"/> | | | | | | |
| <input type="checkbox"/> 14.0 days | Test | KC | KC3456 | 60 (01/03/1960) | XXUM00005902 | PENDING RN REVIEW |