

CareAffiliate — Accessing Letters: Instructions for Intermountain Caregivers

Users within the Intermountain network can save time by accessing preauthorization letters as soon as they are created. This allows the provider to quickly submit additional information (if requested) or appeal the denied request.

Follow the steps below to quickly access preauthorization letters:

1. Click on the **Authorizations** tab.

2. Enter desired information to locate the authorization. The simplest search option is by “Reference #” (if available), which is the same as the “Authorization #.”

The screenshot shows the CareAffiliate web application interface. At the top, there is a navigation bar with the Select Health logo, 'CareAffiliate®', and 'UAT02-4.5.1.0_01'. The 'Authorizations' tab is selected and highlighted. Below the navigation bar, there are buttons for 'Search Existing Records', 'New Authorization', and 'Clear'. The 'Search Existing Records' button is highlighted with a red box. The search criteria section includes fields for Member ID, Name, Requesting Provider ID, Name, Servicing Provider ID, Name, Servicing Facility ID, Name, Diagnosis, Code, Description, Procedure, Place of Service, Service, Service Dates From, To, Submission Dates From, To, and Status. The Reference # field is highlighted with a red box and contains the value '123456789'. Below the search criteria, there is a table with the following data:

Reference #	Member ID	Policy ID	Member Name	Member DOB	Requesting Provider	Status	Diagnosis
123456789	0123456789	100000000-00	XZTEST, POWERTRAILONE D	01/01/1999	JONES, HENRY	Certified in Total	Z01.89 : Encntr preprocedural examinations

3. Click on **Search Existing Records** to generate a result.

4. Locate the search result in the lower section of the screen. Click on the **Reference #** (in blue), which takes you to the summary screen.

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5. In the summary screen, click on **Attachments**.

Select Health CareAffiliate® UAT02-4.5.1.0_01 Home Authorizations

XZTEST, POWERTRAILONE D • FEMALE • 31 years • Reference # 240125893 • (Certified in Total) Print

[Return To Search](#)

Authorization Request

Service 1 - ((h) Approved (Complete) - With Letter) Office/Surgical

Notes (0)

Survey (1)

Attachments (1)

General Information

[Member ID](#) 0123456789

Name XZTEST, POWERTRAILONE D

Request Type Eye Procedures - Office

Requester

Contact Name Jones, Jim

Contact Phone 801

[Requesting Provider/Facility](#) 987654321 - Jones, Henry

Diagnoses

[Diagnosis](#) ICD10 - Z01.89 - Encounter for other specified special examinations

6. Locate the letter (the blue link under "File Name"), and click on this link to view the letter.

Select Health CareAffiliate® UAT02-4.5.1.0_01 Home Authorizations

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File Name	CDA Title	Date/Time Attached	File Size	Status
UMAPRIPOPMB		04/01/2024 15:06	N/A	Attached

Description: [Redacted]

Authorization Request

Service 1 - ((h) Approved (Complete) - With Letter) Office/Surgical

Notes (0)

Survey (1)

Attachments (1)

Questions? Please contact CareAffiliate Information Services at 801-442-4566.

