CareAffiliate®
Frequently Asked Questions (FAQs)

Where can I access the CareAffiliate portal?

Access CareAffiliate via the Select Health provider website. In the **CareAffiliate** area, current users can directly access this portal, check for updates, or find out how to get started if new to this tool.

What should I do if I get an error while logging in?

Contact the Help Desk (available 24/7) at either **800-442-7979** or **CareAffiliate@selecthealth.org**. Describe the error message you're receiving. If using email, send screenshots of the error and explain in what area of CareAffiliate the error occurred.

How do I request access for additional clinic staff?*

- **Intermountain Medical Group staff** – Submit a request through AccessHUB by:
  — Logging in using your master user ID and password.
  — Clicking on **Request Access** if requesting access for yourself. Or, **Request Access For Others** if you are a manager requesting access for an employee.
  — Typing "**CareAffiliate**" In the search box on the top right of the **Applications** page. Once found in the list below, click **Add to Cart**.

  NOTE: If you have not done so already, you will also need to request access to the Provider Benefit Tool for CareAffiliate to work properly. Instructions can be found on **page 3** of this document.

- **Affiliates** – Using CareAffiliate requires a secure login account.* **For new accounts,** complete and submit **BOTH** the:
  — **Information Technology Services Agreement (ITSA)**
  — **Login Application**

  For a new user on an existing account, submit **ONLY** the Login Application (see above).

How do I send an expedited/urgent request?

To expedite an authorization or mark it "urgent," indicate the appropriate reason in the assessment/survey.

To open the assessment/survey, select the **Assessment/Survey** link on the left-hand side of the screen, and click the **Launch Assessment/Survey** button. Then, check the box that best describes the reason for expediting your request.

How do I check the status of authorizations I've previously submitted?

The preferred method is to click on the **Authorizations** link in the upper right-hand corner, then select the filters. This will retain your previous search results.

Alternatively, you can search for the member using **Member Search** on the site's home page and review the **Authorizations Displayed** in the **Search Results**; however, this will not retain previous search results.

How do I select a member for an authorization request?

On the **Member Search** box, click on the **Look Up** button on the **Member Search** screen. Enter the member's date of birth and one other search parameter, such as last name, universal Intermountain identification number (EMPI), or policy ID. If you have trouble finding a member, try adding additional fields to the search criteria.

If you only have a partial name, you can use wildcard characters (*, %). For example, to search for Samantha Samuelson, you can type "sam*" in the first and last name fields along with the date of birth.

How do I know which request type to select?

Authorizations are specific to the request type. It's important to select the correct type to avoid processing delays.

To find the request type, begin typing the description of the service you're searching for into the **Request Type** field. The type-ahead feature will display results similar to what you've typed. **NOTE**: Some request types are specific to a member's plan (e.g., a request type for a Select Health Medicare member will end in "MEDICARE").

If you can't find the right request type using type-ahead, click on the magnifying glass to bring up the **Request Type** search dialog box. Click on the **Search** button to bring up all available request types. Access the complete **Request Type List** along with descriptions found under "Resources" in the **CareAffiliate** area of the website.

How do I populate a provider in the "Requesting Provider/Facility field"?

You can search by pressing the magnifying glass next to the **Requesting Provider/Facility** field to bring up the search dialogue; enter the NPI or the provider name.

You can also use the type-ahead feature to find providers associated with your profile. Type in any part of the provider's name in the **Requesting Provider/Facility** field and available providers will be displayed.

NOTE: The type-ahead feature will only work if the user has previously submitted a request for the specific requesting provider/facility. This would not work when entering the provider for the first time.

If you still don't see your provider, please contact the Help Desk at **800-442-7979, option 2** to make sure your account is correctly associated to the provider you're searching for.

Is there another way to find a facility than by name?

Yes. You can also search by NPI.

How do I add a procedure code when the Add Procedure button is disabled in the service lines?

To add a procedure code, click on the **Edit** link. Enter the procedure information where indicated.

How can I add more than one procedure code per service line?

Each service line is configured to hold only one procedure code. The default number of service lines is determined by the request type selected. To add more procedure codes, click on the **Copy Service Line** tab, which appears on the top right of the screen. This will copy the procedure code from the service line. Click on **Edit** to change this to the desired procedure.

Why do I need to add CPT codes as new service lines, especially when some requests require so many?

The preauthorization request only accepts one CPT per service line, so each applicable code requires a separate line. Though this may feel burdensome, there are five key reasons that this approach is more efficient than submitting preauthorization requests via email or fax:

1. Requests submitted through CareAffiliate require fewer steps overall.
2. The CareAffiliate process eliminates duplicative efforts and potential errors of a Select Health staff member entering the information from a paper form.
3. Eliminating manual input decreases response time.
4. Preauthorization requests submitted through email or fax may be missing important information, requiring follow-up calls and delaying a decision. Requests submitted through CareAffiliate will be rejected immediately if information is missing, alerting you sooner that corrections are needed.
5. With CareAffiliate, many procedures can be automatically reviewed. If all information is complete, a decision can be rendered within minutes based on whether criteria are met.

Select Health

What should I put in the **Notes** field?

Put any additional information that you believe we need to know to make a determination (e.g., hardware details, assistant surgeon NPI#, etc.). Do not copy and paste clinical information in this field. Clinical notes should be included as an attachment.

Do I need to submit clinical information as an attachment?

Yes. We need this information to review the request.

How do I know if the code requires preauthorization?

Please refer to the "Code Lists" in the **CareAffiliate** section of our provider website for information on non-covered codes and codes that require preauthorization review. Please do not enter codes that do not require preauthorization. This can delay the processing of your request.

If you still have questions, call Member Services at **800-538-5038**.

Intermountain Caregiver Instructions for Requesting Access

Download the following instructions:

- **Intermountain Caregiver Access**
- **Intermountain Nevada Caregiver Access**
- **Copying iCentra to CareAffiliate Instructions**

Remember, you must request access to BOTH the Provider Benefit Tool and CareAffiliate for the tools to work properly.

* Access to online preauthorization, claims, and eligibility information is available to participating provider only. Noncontracted providers can call Member services at **800-538-5038** for benefits, eligibility, and claims information.

Select Health