

# CareAffiliate<sup>®</sup>

## Quick Guide

### FOLLOW THESE STEPS TO ENTER AN AUTHORIZATION REQUEST:

- Log in using compatible browser (Google Chrome recommended).
- **Authorizations** — View previous authorizations submitted for this member by clicking the one you need.
- Click on the **Look Up** button.
- Enter **Name** and **Date of Birth** OR **Identifier** and **Date of Birth**. Then click **Search**.
- Click on displayed record.
- Click on **Clear** to clear member search results.
- Click on **New** link to start a new authorization request.
- Under **Request Type**, begin typing to search favorites. If you click on the **Magnifying Glass** icon, a subsequent **Search box** appears. Choose from the available options.

**NOTE:** Be sure to select the appropriate request type as the assessment or survey questions are related (reference the current [Care Affiliate Request Type List](#)).

- Enter the **Contact Phone** number.
- Under **Requesting Provider/Facility**, enter the provider's name to search favorites, or click on the **Magnifying Glass** icon to enter **NPI OR Name**.
- Click on **Use for all Requested Services** if the Requesting Provider is also the Service Provider.
- Under **Diagnosis**, enter correct ICD-10 code(s) OR use the **Magnifying Glass** icon to search for the necessary code.

The table below highlights steps for entering a request for one versus two service lines. **NOTE:** All steps are the same for either scenario except for step 2.

Steps	For 1 Service Line	For 2 Service Lines
1	<ul style="list-style-type: none"> <li>• Click on <b>Service 1</b>.</li> <li>• Enter <b>Service From</b> and <b>To</b> dates.</li> </ul>	
2	<ul style="list-style-type: none"> <li>• <b>Provider:</b> Begin typing to search favorites, or click on the <b>Magnifying Glass</b> icon to enter NPI or name;</li> <li><b>OR</b></li> <li>• <b>Facility:</b> Begin typing to search favorites or click on the <b>Magnifying Glass</b> icon to enter NPI or name (<b>If both the Provider and Facility fields display, only populate one of them</b>).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Facility:</b> Begin typing to search favorites, or click on the <b>Magnifying Glass</b> icon to enter NPI or name.</li> <li>• <b>Procedure:</b> If <b>Site</b> displays under <b>Type</b>, check to see if a value in the quantity field needs to be entered.</li> <li>• Click on <b>Service 2</b>.</li> <li>• Enter <b>Service From</b> and <b>To</b> dates.</li> <li>• <b>Provider:</b> Begin typing to search favorites, or click on the <b>Magnifying Glass</b> icon to enter NPI or name.</li> </ul>
3	<ul style="list-style-type: none"> <li>• <b>Procedure:</b> If <b>Site</b> displays under <b>Type</b>, check to see if a value in the quantity field needs to be entered.               <ul style="list-style-type: none"> <li>— Click on <b>Edit</b>.</li> <li>— Leave the check in the <b>Primary</b> box.</li> <li>— <b>Procedure:</b> Enter code or description.</li> <li>— <b>Modifiers:</b> Enter information in this field, if applicable</li> <li>— <b>Quantity:</b> Enter or change information in this field as needed. The <b>Qualifier</b> field defaults to <b>Units</b> and can be changed if needed.</li> <li>— Click <b>OK</b>.</li> <li>— Click on <b>arrow</b> to view or <b>Edit</b> to change above information.</li> </ul> </li> </ul>	
4	<ul style="list-style-type: none"> <li>• Click on <b>Copy Service Line</b> on the last service line to add more service lines for additional procedure codes. Fields display information from previous service line, so click on <b>Edit</b> to delete and enter desired information.</li> </ul>	
5	<ul style="list-style-type: none"> <li>• Click on <b>X</b> to delete an unneeded service line. After 4 procedure codes are entered, the service lines move to another page. Click on the buttons to move between pages.</li> </ul>	

# CareAffiliate® Quick Guide, Continued

To finish a request submission, click on the following (items in bold type):

- **Notes** to enter any additional information. This is not a substitute for submitting clinical information, but this field can be used to notify us of a potential date of service, facility changes, hardware details, or assistant surgeon and NPI#.
- Either **Survey** and **Launch Survey** OR **Assessment** and **Launch Assessment**. There is a question where you can indicate if a request is urgent/expedited. Other questions (if displayed) are specific to the requested service and must be completed to process the review. Click **Complete** or **Done**.
- **Attachments** to attach any clinical information needed for the review. Then, click on **Add File**, label the file in the **Description** field if needed, and then click on **Upload Files**. (**NOTE:** Clinical information is required to complete the review.)
- **Submit**.
- **Refresh icon** to update and review the summary screen.
- **Print** (if desired).

## FOLLOW THESE STEPS TO CHECK THE STATUS OF A SUBMITTED AUTHORIZATION REQUEST:

- Click on **Authorizations**.
- Enter desired search parameter information.
- Click on **Search Existing Records**.

Most common search parameters include:

- **Reference #**
- **Member** and **Date of Birth**
- **Requesting Provider** plus either **Service Dates Range** or **Submission Dates Range**

Once you have search results, there are two ways that you can access authorization details and status (**see table below** for details of what each status means):

1. Click on the ► **by the Reference # link** to open an overview of authorization information (e.g., service line, requesting provider, codes, status, etc.).
2. Click on the **Reference # link itself** to view the original screens for submitted information and request status. In this view, you also have the option of printing these screens by clicking on the **Print button** in the upper right-hand corner of the screen.

Status	Meaning
(a) <b>Approved (Complete)—No Letter</b>	Authorization approved with no further review anticipated. No notification letter sent.
(b) <b>Approved (In Progress)—No Letter</b>	Authorization approved with further review needed as service is still in place. No notification letter sent.
(c) <b>Denied—No Letter</b>	Authorization denied. No notification letter sent.
(d) <b>Partial (Complete)—No Letter</b>	Part of the requested service approved and part denied. No further review anticipated. No notification letter sent.
(e) <b>Partial (In Progress)—No Letter</b>	Part of the requested service approved and part denied. Further review needed as service is still in place. No notification letter sent.
(f) <b>Void—No Letter</b>	Authorization voided. No notification letter sent.
(g) <b>Pend</b>	Authorization request pending for review.
(h) <b>Approved (Complete)—With Letter</b>	Authorization approved with no further review anticipated. Notification letter sent.
(i) <b>Approved (In Progress)—With Letter</b>	Authorization approved with further review needed as service is still in place. Notification letter sent.
(j) <b>Denied—With Letter</b>	Authorization denied. Notification letter sent.
(k) <b>Partial (Complete)—With Letter</b>	Part of the requested service approved and part denied. No further review anticipated. Notification letter sent.
(l) <b>Partial (In Progress)—With Letter</b>	Part of the requested service approved and part denied. Further review needed as service is still in place. Notification letter sent.
(m) <b>Void—With Letter</b>	Authorization voided. Notification letter sent (Medicare only).

