Care Management Provider Portal Frequently Asked Questions
Volume 2

About 90-Day Auto-Approval

Question: Why do referrals only auto-approve for 90 days? Will this be changing to where we can request a referral for more than 90 days?

Answer: You can request a referral for more than 4 visits in 90 days. However, this then becomes a UM (Utilization Management) Outpatient request and will not auto-approve, but will be sent to a Community Health Plan UM work queue for approval. There will need to be documentation added to the request as to why more than 4 visits in 90 days is required. The 4 visits in 90 days, however, will auto-approve. If the member needs additional visits after that, you can enter another Outpatient referral for another 4 visits in 90 days.

Question: What if the member needs the 4 visits over a 5-month period; say they will be having an appointment once a month up to a total of 4 visits?

Answer: Depending on issues that arise from some of UM's decisions, UM can change the auto-processing rules in the future if this is a prevalent problem. However, this is industry standard for most managed care entities.

Looking Up Referrals for Nonparticipating Providers

Question: I work for a nonparticipating provider. I need referrals for Community Health Plan patients to see our physicians. Is there any way I can look online to see if there is or isn't a referral loaded?

Answer: Yes. If you register to use the Care Management Provider Portal, you will be able to enter referrals, as well as see referrals for members to which you are the rendering provider.

Invalid Tax ID Number Error

Question: I am trying to sign up my clinic for the Care Management Portal by using our Tax ID number, but it says the information is invalid. Why isn't it working?

Answer: There is a chance your provider data has not yet been entered into Community Health Plan's Care Management system. To speak with a representative who can help register you, please call 1-800-440-1561, and select option # 6. Or, you can send an email to customercare@chpw.org.

How to Enter the Name of the Group You Are Referring to

Question: When entering a referral and selecting a provider, there is not a field to enter a group name for the provider we are referring the member to. How do I enter a group name instead of an individual provider?

Answer: You may enter the group name in the **Provider Last Name** field. If the group is not in the Care Management Portal, select an individual physician in that group.

If neither the group or an individual doctor is available, please use one of the below provider names as a temporary placeholder. Then, enter a note in step 6 of the request, indicating who the correct group is.

Search Results

Select	Provider Name	Address	Provider Type	Speciality	Tax ID	NPIN	ZIP Code
○	AUTH, PROVIDER	720 OLIVE WAY, SUITE 300 SEATTLE, WA, 98101, USA	PHYSICIAN	FAMILY MEDICINE			98101
○	AUTHFACILITY	720 OLIVE WAY, SUITE 300 SEATTLE, WA, 98101, USA	HOSPITAL	HOSPITAL			98101

Deactivate Modify

Temporarily, you will need to need to manually enter the group's name on the authorization letter to send to the group. We are working as quickly as possible to add providers to our database from the claims system. However, this may take several days.

Form Entry Issues

Question: On the **Provider Admin** tab, can we enter providers to whom we want to refer a patient?

Answer: No. You can use the **Provider Admin** tab to perform functions such as add new users, modify user accounts, and reset passwords. To add providers to a request, complete step 3 (Add Providers) of the referral request on the **Provider** tab.

Question: I am trying to submit my request in the Care Management Provider Portal, but cannot get past Step 7: Add Documents. What if I cannot access the documents I want to attach?

Answer: To get access to the documents:

a. In the member's **Demographics** panel (to the right of the left navigation tabs), click the blue hyperlink for the **Group**.
b. In the pop-up window, click the **FAX COVERSHEET** hyperlink.
c. Open this Fax Coversheet and then save it to your desktop (or another location where you may easily locate it).

After you complete these steps, you may then upload this document to satisfy the "add documents" requirement in step 7.

You may also copy and paste the reference number of the request in the Care Management Portal into the fax coversheet, and print the cover sheet to fax the documents to Community Health Plan.

Question: I'm not getting a response back on my request. What do I do now?

Answer: Make sure that you have actually submitted the request and that you clicked the **Submit Request** button in Step 8. To verify that you have submitted the request:

a. Click the **Provider** tab, and then click the **Search Request** hyperlink.
b. Enter the member's name (or any other search criteria) into the **Search Request** fields, and then click the **Search** button.

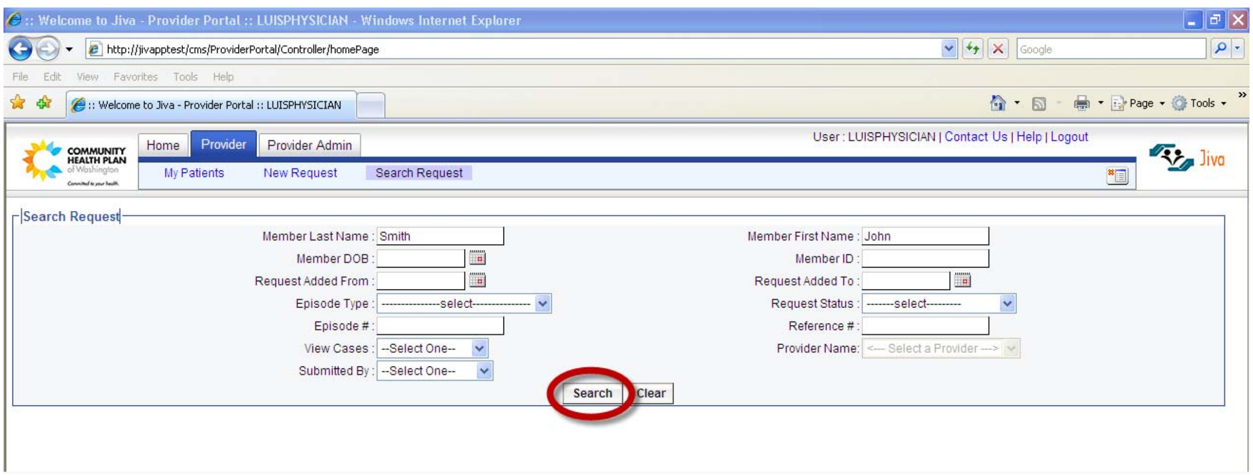

Figure 1: Search for the Member

c. In the **Search Results** area, look at the Status column. If the status is "Pending for submission," then you have not completed the request. You will need to complete the request for Community Health Plan to process it. To complete the request, click the blue, six-digit hyperlink in the Episode ID column.

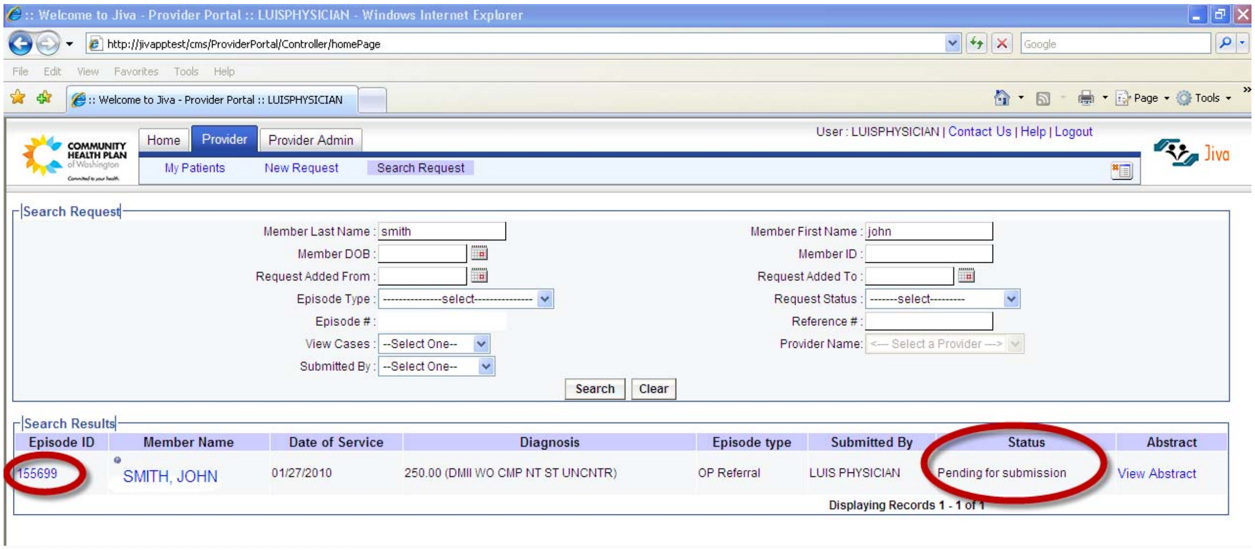

Figure 2: Status and Episode ID

d. Complete the left navigation tab steps (Steps 1 through 8), and then click the **Submit Request** button on Step 8.

- In Step 1, in the **Signs and Symptoms** text box, add your name and phone number as a contact. Also, add the fax number of the provider to whom the request is going.

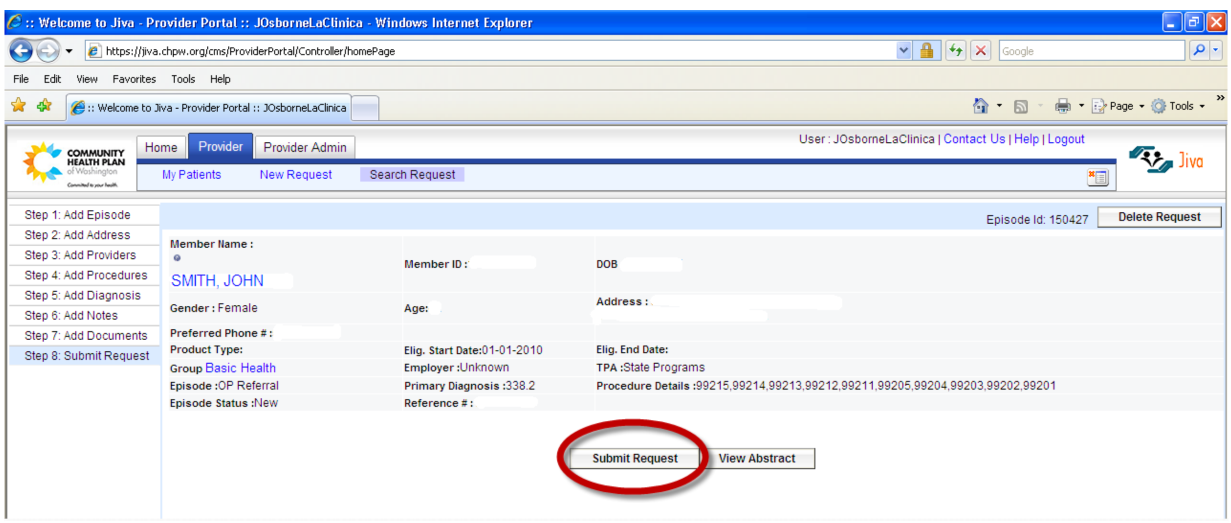

Figure 3: Submit Request

- After you have submitted the request, if successfull you will see the message, "Request has been submitted successfully."

  If you have not submitted successfully, you will see a thin, red box outlining a step on the left to be completed. You will need to complete that step and resubmit the request. Follow the training manual sections for clearing red boxes.