

HCHB Utilization Review Information: Adding Pending Authorization or Verification On Call/After Hours



Home Health Foundation

The Leaders in Home Health and Hospice Care

Order vs Authorization Driven Payers

Tips for Scheduling Issues

Order-Driven vs Authorization-Driven Payors

Order-driven payors (e.g., Medicare) in order to schedule visits, the physician's orders must have adequate visits to fulfill the schedule.

- Scheduling warning: “insufficient authorization - review orders”.

Verify that there are sufficient number of orders for the visits requested.

A new calendar order may need to be entered by the scheduler/on call clinician.

Authorization-driven payors require authorization for scheduling. When scheduling, you may receive an “insufficient authorization - add visits” warning if the authorization needs to be adjusted. Most common issues can be solved with dummy auths (see later slides).

- **Example 1: PRN Visit Scheduling for a Payor that Requires Authorization:**

Authorizations are attached to scheduled visits - it may be necessary to unassign a scheduled future visit to enable PRN scheduling.

Once PRN is scheduled, UR will receive a workflow to obtain an additional authorization for the visit that was unassigned.

- **Example 2: Changing Service Codes:**

Non-billable phone visits cannot be changed to a billable visit without entering a calendar order for the change.

Completing Insurance Verification and/or Adding Pending Authorizations for After Hours, Weekends, and Evenings

- ▶ The Revenue Cycle Eligibility team is now working (on call) 7 days per week. There still may be a need to push workflow for Insurance Verification and Authorization in order to schedule a visit - this is called On Call.
 - ▶ Always access the tasks from the On Call workflow tasks. This is essential, as it drives follow up workflow to the authorization/verification teams.
- ▶ Do not bypass authorization or eligibility workflows during hours of coverage without first contacting the UR/Eligibility Team for assistance in completing outstanding workflows. You can utilize the on call bypass after hours.
 - ▶ Weekdays 7:30AM-5:00PM
 - ▶ Weekends: 7:00AM-7:00PM
 - ▶ Eligibility Phone #: 978-258-8400 with ext. 5165
- ▶ If the authorization/verification team is not available and there is an urgent need to schedule a visit, use the following instructions to verify insurance and/or add a pending authorization.

On-Call (after hours & Weekends) - Completing Insurance Verification & Adding Dummy Auths (p. 5-23)

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Please note that not all of the above will be applicable to every scenario. Patients can be in any workflow stage or require a new auth at any time. If encountering a scheduling error, refer to the workflow first to ensure the patient is not held up there, and add a dummy auth if applicable through the workflow or through the patient chart if no workflow is applicable.

Instructions: On-Call Task “Obtain Additional Authorization”

Note: If this task is not cleared, scheduling will not be enabled!

Step 1: Click on “+” to the left of “Obtain Additional Authorization”



The screenshot displays a software interface with a left-hand sidebar and a main content area. The sidebar contains several filter sections: 'Branches' (BNH - BEDFORD | LAW-), 'Teams' ((ALL)), 'Patients' ((ALL)), 'Events' ((ALL)), 'Stages' ((ALL)), 'Patient Status' ((ALL)), 'Workers' ((ALL)), and 'AR Groups' ((ALL)). The main content area features a table with columns: Patient Name, Stage, Due, Payor Type, and Pa. Below the table is a list of tasks. The task '+ Task : OBTAIN ADDITIONAL AUTHORIZATION (1 item)' is highlighted with a red rectangular box. Other tasks in the list include 'COMPLETE INSURANCE VERIFICATION (11 items)', 'DETERMINE IF REAUTHORIZATION NEEDED FOR NEW ORDER (3 items)', 'ENTER MEDICAID EFFECTIVE DATE - REQ EVAL 11/24/2020 (1 item)', 'OBTAIN INSURANCE VERIFICATION - REQ EVAL 11/24/2020 (3 items)', 'OBTAIN INSURANCE VERIFICATION - REQ EVAL 12/07/2020 (1 item)', 'OBTAIN REAUTHORIZATION (31 items)', 'REVIEW ENTITLEMENT VERIFICATION REPORT (2 items)', 'REVIEW ON DEMAND ELIGIBILITY ALERT (1 item)', 'UPDATE PENDING AUTH WITH ACTUAL AUTH INFO (35 items)', and 'VERIFY MSP ELIGIBILITY (1 item)'.

Instructions: On-Call Task “Obtain Additional Authorization”

Step 2: Double click on the patient’s name.

The screenshot displays a software interface with a left-hand navigation pane and a main content area. The navigation pane includes filters for Branches, Teams, Patients, Events, Stages, Patient Status, Workers, and AR Groups, each with a search icon and a dropdown arrow. The main content area shows a table with columns: Patient Name, Stage, Due, Payor Type, and Pa. The table contains one row with a patient name (partially obscured by a black box), the stage 'OBTAIN ADDITIONAL AUTHORIZATION', a due date of '11/24/2020 12:00 PM', and a payor type of 'COMMERCIAL INSURANCE'. Below the table, a list of tasks is displayed, including 'COMPLETE INSURANCE VERIFICATION (11 items)', 'DETERMINE IF REAUTHORIZATION NEEDED FOR NEW ORDER (3 items)', 'ENTER MEDICAID EFFECTIVE DATE - REQ EVAL 11/24/2020 (1 item)', 'OBTAIN ADDITIONAL AUTHORIZATION (1 item)', 'PAYOR SOURCE: ALLWAYS HEALTH PARTNERS COMMERCIAL (1 item)', 'SOC DATE: 11/09/2020 (1 item)', 'OBTAIN INSURANCE VERIFICATION - REQ EVAL 11/24/2020 (3 items)', 'OBTAIN INSURANCE VERIFICATION - REQ EVAL 12/07/2020 (1 item)', 'OBTAIN REAUTHORIZATION (31 items)', 'REVIEW ENTITLEMENT VERIFICATION REPORT (2 items)', 'REVIEW ON DEMAND ELIGIBILITY ALERT (1 item)', 'UPDATE PENDING AUTH WITH ACTUAL AUTH INFO (35 items)', and 'VERIFY MSP ELIGIBILITY (1 item)'. The task 'OBTAIN ADDITIONAL AUTHORIZATION' is highlighted in blue.

Instructions: On-Call Task “Obtain Additional Authorization”

Step 3: Click on the blue area in “Add/Edit Authorizations”

Payor Source: TUFTS PUBLIC HEALTH (PRIMARY)

- [Print Authorization Summary](#) 
- [Add/Edit Authorizations](#)
- [Print Authorization Request](#) 
- [Edit/View Orders](#)
- [View Calendar](#)
- [Print Supporting Documents](#)
- [Add Coordination Note](#)

Authorization Status

- [Authorization Obtained](#)
- [Pending Auth Request Submitted](#)
- [Authorization Denied - Change Payor](#)

[No Authorization Required](#) [Cancel](#) 

Instructions: On-Call Task “Obtain Additional Authorization”

Step 4: Click on “Expand All”

Discipline	Ordered	Authorizations	Insufficient	Scheduled	Open Requests
SN	3	9	0	2	0
PT	1	8	0	1	0
OT	1	8	0	0	0

Add Payor Source + **View Electronic Eligibility** **Payor Benefits** **Change Payor / Authorization**

Collapse All **Expand All** **Generate PDGM HIPPS**

Drag a column header here to group by that column.

Payor Sources

Order	Payor Type	Payor Source	Episode Timing
⊕ PRIMARY	COMMERCIAL INSURANCE	1 - ALLWAYS HEALTH PARTNERS COMMERCIAL	

Instructions: On-Call Task “Obtain Additional Authorization”

Step 5: Click on “Save & Close” in the right-hand corner.

View Electronic Eligibility Payor Benefits Change Payor / Authorize

Generate PDGM HIPPS

column header here to group by that column.

Sources

Order	Payor Type	Payor Source	Episode Timing	Active	On Hold	HICN	
Authorizations							
Program Name	Pending	Authorization By	Authorization No.	Active	Start Date	End Date	
LL VISITS	N	NO AUTH REQUIRED	AUTHORIZED	Y	11/09/2020	01/07/2021	
Authorization Details							
Unit Type	Budget Type	Billing Code	Qty per Period	Qty per Day	Qty per Week	Qty per Month	Qty per Year
VISITS	DISCIPLINES	SN	8				
VALUATION-STANDARD	N	DUMMY AUTH	AUTHORIZED	Y	11/09/2020	01/07/2021	
Authorization Details							
Unit Type	Budget Type	Billing Code	Qty per Period	Qty per Day	Qty per Week	Qty per Month	Qty per Year
VISITS	JOB DESCRIPTIONS	OT	8				
VALUATION-STANDARD	N	DUMMY AUTH	AUTHORIZED	Y	11/09/2020	01/07/2021	
Authorization Details							
Unit Type	Budget Type	Billing Code	Qty per Period	Qty per Day	Qty per Week	Qty per Month	Qty per Year

Click to add text

Attachments - Print Patient Info Save & Continue → **Save & Close** Cancel

Instructions: On-Call Task “Obtain Additional Authorization”

Step 6 - Final: you will return to this pop-up window. The “Authorization Status” section should now have one blue option to click: “Authorization Obtained” or “Pending Auth Request Submitted”. Click the blue area in either of these fields: this will process the workflow.

<input checked="" type="checkbox"/>	Add/Edit Authorizations
<input type="checkbox"/>	Print Authorization Request 
<input type="checkbox"/>	Edit/View Orders
<input type="checkbox"/>	View Calendar
<input type="checkbox"/>	Print Supporting Documents
<input type="checkbox"/>	Add Coordination Note

Authorization Status

Authorization Obtained	Pending Auth Request Submitted
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Instructions: “Obtain Insurance Verification”

Please note that if a discipline is added immediately after this step is complete, no workflow will appear anywhere. If you are aware of an additional discipline, please add it via a “Dummy Auth” (p. 18).

Step 1: Click on “+” to the left of “Obtain Insurance Verification” to expand the list until you can see patient names. Once you see the patient that needs a visit, double click on the patient name.

The screenshot displays a software interface with a left-hand navigation pane and a main content area. The navigation pane includes filters for Branches (BNH - BEDFORD | LAW -), Teams (ALL), Patients (ALL), Events (ALL), Stages (ALL), Patient Status (ALL), Workers (ALL), and AR Groups (ALL). The main content area is a table with columns for Patient Name, Stage, Due, and Payor Type. A task 'OBTAIN PAYOR SOURCE VERIFICATION' is highlighted in red, with a due date of 11/23/2020 11:25 AM and a payor type of MANAGED MEDICARE. The table also lists various other tasks and payor sources.

Patient Name	Stage	Due	Payor Type
[Redacted]	[Redacted]	=	[Redacted]
+ Task : COMPLETE INSURANCE VERIFICATION (11 items)			
+ Task : DETERMINE IF REAUTHORIZATION NEEDED FOR NEW ORDER (3 items)			
+ Task : ENTER MEDICAID EFFECTIVE DATE - REQ EVAL 11/24/2020 (1 item)			
+ Task : OBTAIN ADDITIONAL AUTHORIZATION (1 item)			
- Task : OBTAIN INSURANCE VERIFICATION - REQ EVAL 11/24/2020 (3 items)			
+ Payor Source : FALLON SENIOR PLAN - FFS AKA FALLON MEDICARE PLUS (1 item)			
- Payor Source : TUFTS MEDICARE PREFERRED (1 item)			
- SOC Date: (1 item)			
[Redacted]	OBTAIN PAYOR SOURCE VERIFICATION	11/23/2020 11:25 AM	MANAGED MEDICARE
+ Payor Source : UNITED MEDICARE ADVANTAGE (1 item)			
- Task : OBTAIN INSURANCE VERIFICATION - REQ EVAL 12/07/2020 (1 item)			
+ Payor Source : BC/BS OF MASSACHUSETTS (1 item)			
- Task : OBTAIN REAUTHORIZATION (31 items)			
+ Payor Source : ALWAYS HEALTH PARTNERS MCF (52 items)			
+ Payor Source : ANTHEM BCBS NH (1 item)			
+ Payor Source : AUTO GENERIC (3 items)			
+ Payor Source : BC/BS OF MASSACHUSETTS (4 items)			
+ Payor Source : BLUE BENEFIT ADMIN OF MASSACHUSETTS (1 item)			
+ Payor Source : BLUE CARE 65 (2 items)			
+ Payor Source : BLUE CROSS OUT OF STATE (1 item)			

Instructions: “Obtain Insurance Verification”

Step 2: Click in the blue area of “Enter Payor Source Verification Information”

The screenshot displays a software interface with a sidebar on the left and a main content area. The sidebar contains several filterable sections: Branches (BNH - BEDFORD | LAW -), Teams (ALL), Patients (ALL), Events (ALL), Stages (ALL), Patient Status (ALL), Workers (ALL), and AR Groups (ALL). The main content area features a table with columns for Patient Name, Stage, Due, and Payor Type. Below the table, a modal dialog titled "Obtain Payor Source Verification for [Redacted] - [Redacted]" is open. The dialog shows a "Payor Source" field with the value "TUFTS MEDICARE PREFERRED (PRIMARY)". A blue button labeled "Enter Payor Source Verification Information" is highlighted with a red rectangle. At the bottom of the dialog, there are three buttons: "Stage Completed Prior to Obtaining All Required Info", "Stage Completed", and "Cancel".

Patient Name	Stage	Due	Payor Type
[Redacted]	[Redacted]	=	[Redacted]
+ Task : COMPLETE INSURANCE VERIFICATION (11 items)			
+ Task : DETERMINE IF REAUTHORIZATION NEEDED FOR NEW ORDER (3 items)			
+ Task : ENTER MEDICAID EFFECTIVE DATE - REQ EVAL 11/24/2020 (1 item)			
+ Task : OBTAIN ADDITIONAL AUTHORIZATION (1 item)			
- Task : OBTAIN INSURANCE VERIFICATION - REQ EVAL 11/24/2020 (3 items)			

Obtain Payor Source Verification for [Redacted] - [Redacted]

Payor Source: TUFTS MEDICARE PREFERRED (PRIMARY)

Enter Payor Source Verification Information

Stage Completed Prior to Obtaining All Required Info Stage Completed Cancel

+ Payor Source : ALWAYS HEALTH PARTNERS MCF (52 items)
+ Payor Source : ANTHEM BCBS NH (1 item)
+ Payor Source : AUTO GENERIC (3 items)
+ Payor Source : BC/BS OF MASSACHUSETTS (4 items)
+ Payor Source : BLUE BENEFIT ADMIN OF MASSACHUSETTS (1 item)
+ Payor Source : BLUE CARE 65 (2 items)
+ Payor Source : BLUE CROSS OUT OF STATE (1 item)

Instructions: “Obtain Insurance Verification”

Step 3: click on “Save & Close”

The screenshot shows a web-based form for insurance verification. At the top, there is a blue header with a logo that has been redacted with black scribbles. Below the header, the form is divided into several sections:

- Verification Obtained By:** PAMELA JANACKAS
- Date Obtained:** 11/23/2020
- Last Name:** [Redacted]
- First Name:** [Redacted]
- MR No:** MAL00003669301
- SSN:** - -

The **Payor Source Information** section includes:

- Payor Source:** TUFTS MEDICARE PREFERRED
- Plan Type:** [Redacted]
- Network Name:** [Redacted]
- Person Contacted:** [Redacted]
- Phone:** () - [Redacted]
- Ext:** [Redacted]
- Claims Submitted Through the Bluecard Program (if out-of state BCBS)

The **Filing Information** section includes:

- File HH Claims On:** [Redacted]
- File Pharmacy Claims On:** [Redacted]
- Filing Limit For Claims:** [Redacted]
- Electronic Billing

At the bottom, there is a **Documentation Required With Claim:** [Redacted]

At the bottom of the form, there are three buttons: **Print Payor Source Verification Report**, **Save & Close** (highlighted with a red box), and **Cancel**.

Instructions: “Obtain Insurance Verification”

Step 4 - click “Stage Completed Prior to Obtaining all Required Info”

This allows you to schedule a dummy auth without verifying the insurance

DO NOT CLICK ON STAGE COMPLETED AS THAT WILL IMPACT FUTURE WORKFLOWS

The screenshot displays a software interface with a modal dialog box. The dialog is titled "Obtain Payor Source Verification for [redacted]". It shows the "Payor Source" as "TUFTS MEDICARE PREFERRED (PRIMARY)". A checkbox is checked, and a button labeled "Enter Payor Source Verification Information" is highlighted with a dashed border. At the bottom of the dialog, three buttons are visible: "Stage Completed Prior to Obtaining All Required Info" (highlighted in blue), "Stage Completed", and "Cancel".

The background interface includes a sidebar with filters for "HOME HEALTH", "Branches", "Teams", "Patients", "Events", "Stages", "Patient Status", "Workers", and "AR Groups". The main area shows a table with columns for "Task", "Payor Source", and "SOC Date". The table lists several tasks, including "COMPLETE INSURANCE VERIFICATION", "DETERMINE IF REAUTHORIZATION NEEDED FOR NEW ORDER", "ENTER MEDICAID EFFECTIVE DATE - REQ EVAL 11/24/2020", "OBTAIN ADDITIONAL AUTHORIZATION", and "OBTAIN INSURANCE VERIFICATION - REQ EVAL 11/24/2020". A "MANAGED MEDICARE" button is also visible on the right side of the interface.

Instructions: “Obtain Insurance Verification”

Step 5: Click “Yes”

The screenshot displays a software interface with a left-hand navigation menu and a main content area. The navigation menu includes sections for Branches (BNH - BEDFORD | LAW), Teams (ALL), Patients (ALL), Events (ALL), Stages (ALL), Patient Status (ALL), Workers (ALL), and AR Groups (ALL). The main content area shows a table with columns for Patient Name, Stage, Due, and Payor Type. A modal dialog box is overlaid on the table, titled 'Obtain Payor Source Verification for [redacted]'. The dialog contains the text: 'Stage Completed Prior To Obtaining Required Info' and 'Proceeding will complete this stage, even if all required Payor Source Verification Information has not been entered. Proceed?'. Below the text are two buttons: 'Yes' and 'No'. The 'Yes' button is highlighted with a red rectangular box. The background table lists various tasks and payor sources, including 'COMPLETE INSURANCE VERIFICATION (11 items)', 'DETERMINE IF REAUTHORIZATION NEEDED FOR NEW ORDER (3 items)', and 'OBTAIN ADDITIONAL AUTHORIZATION (1 item)'. A 'MANAGED MEDICARE' button is also visible on the right side of the interface.

Note: This warning states that authorization is being added without verifying the insurance eligibility or coverage.

Instructions: “Obtain Insurance Verification”

Step 6: Click “Add/Edit Authorizations”

Branches:
BNH - BEDFORD | LAW -

Teams:
(ALL)

Patients:
(ALL)

Events:
(ALL)

Stages:
(ALL)

Patient Status:
(ALL)

Workers:
(ALL)

AR Groups:
(ALL)

Patient Name	Stage	Due	Payor Type
		=	
			MANAGED MEDICARE

Obtain Initial Authorization for B... N...

Payor Source: THETS MEDICARE PREFERRED (PRIMARY)

Add/Edit Authorizations

Print Authorization Request

Add Coordination Note

Authorization Status

Authorization Obtained Pending Auth Request Submitted

Non-Admit Authorization Denied - Change Payor

No Authorization Required **Cancel**

Payor Source: BLUE BENEFIT ADMIN OF MASSACHUSETTS (1 item)

Payor Source: BLUE CARE 65 (2 items)

Instructions: “Obtain Insurance Verification”

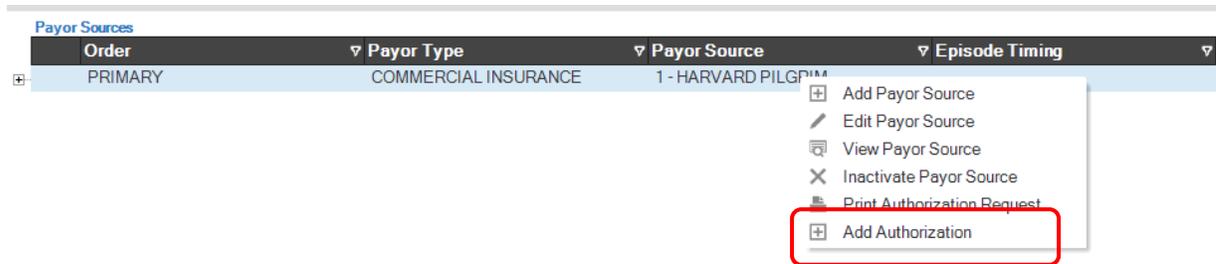
Step 7: Right click on the name of the insurance (ex “Tufts Medicare Preferred” below). This is in the middle of the screen.



The screenshot shows a web application interface with several buttons and a table. At the top left, there is a button labeled "Add Payor Source" with a plus sign. Below it are "Collapse All" and "Expand All" buttons. To the right, there are buttons for "View Electronic Eligibility", "Payor Benefits", "Change Payor / Authorization", and "Generate PDGM HIPPS". Below these buttons is a grey bar with the text "Drag a column header here to group by that column." Below this is a table with the following columns: "Order", "Payor Type", "Payor Source", and "Episode Timing". The first row of the table has the following values: "PRIMARY", "MANAGED MEDICARE", "1 - TUFTS MEDICARE PREFERRED", and a dropdown arrow. The "Payor Source" cell is highlighted with a red box.

Order	Payor Type	Payor Source	Episode Timing
PRIMARY	MANAGED MEDICARE	1 - TUFTS MEDICARE PREFERRED	

The below image will then pop up. Select “Add Authorization”



The screenshot shows a context menu for a Payor Source. The menu items are: "Add Payor Source", "Edit Payor Source", "View Payor Source", "Inactivate Payor Source", "Print Authorization Request", and "Add Authorization". The "Add Authorization" option is highlighted with a red box.

Order	Payor Type	Payor Source	Episode Timing
PRIMARY	COMMERCIAL INSURANCE	1 - HARVARD PILGRIM	

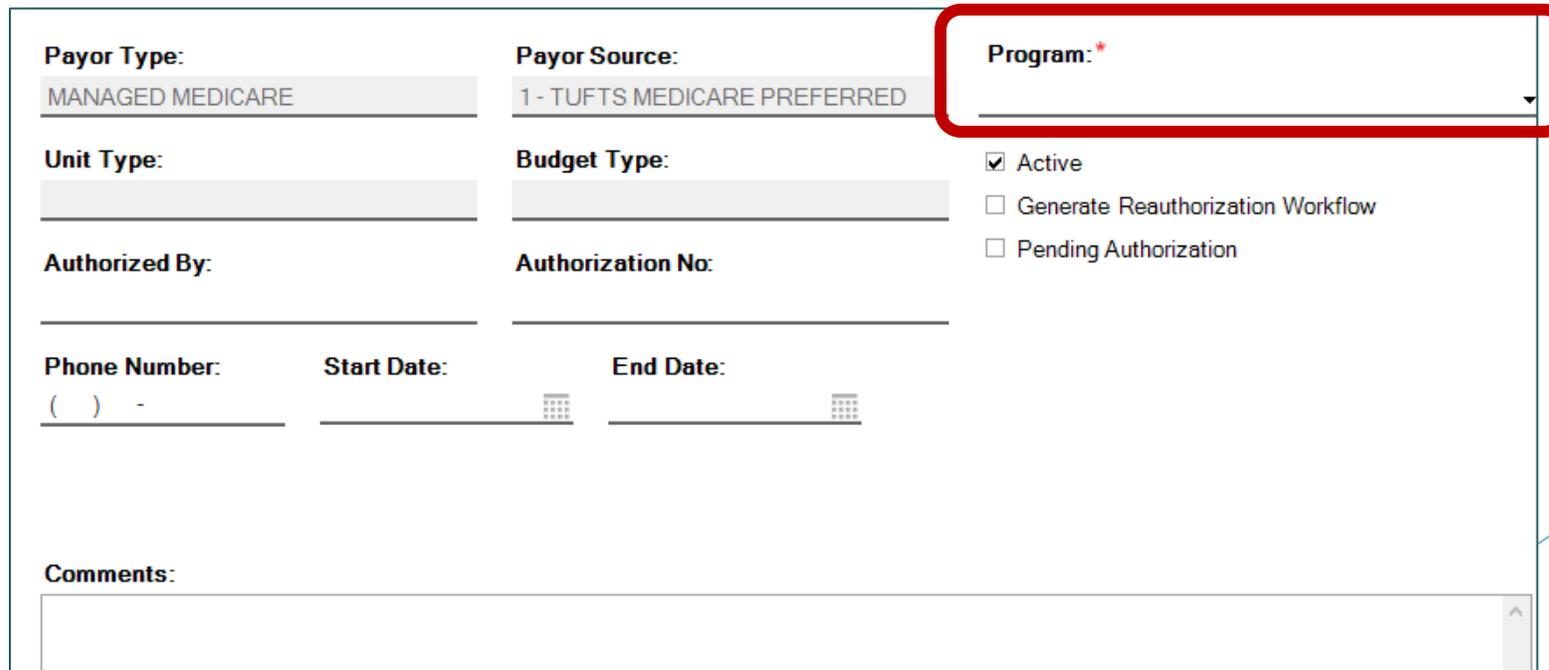
- Add Payor Source
- Edit Payor Source
- View Payor Source
- Inactivate Payor Source
- Print Authorization Request
- Add Authorization

Adding a “Dummy Auth”

Step 1: Once here, you must choose the discipline you need to schedule.

Under “Program”, click the down arrow and select the program with the “All Visits...” prefix.

- Most common examples are “All Visits - All Visits” & “All Visits S (or G)-codes intermittent”
- You may also see “Eval, 31+, etc.” Please ONLY choose the “all visits” options.



The screenshot shows a form with several fields. A red rectangular box highlights the "Program:" dropdown menu, which currently shows "1 - TUFTS MEDICARE PREFERRED". Below the dropdown are three checkboxes: "Active" (checked), "Generate Reauthorization Workflow" (unchecked), and "Pending Authorization" (unchecked). Other fields include "Payor Type:" (MANAGED MEDICARE), "Payor Source:" (1 - TUFTS MEDICARE PREFERRED), "Unit Type:", "Budget Type:", "Authorized By:", "Authorization No:", "Phone Number:" (with a format () -), "Start Date:", "End Date:" (with calendar icons), and "Comments:" (with a text area).

Payor Type: MANAGED MEDICARE	Payor Source: 1 - TUFTS MEDICARE PREFERRED	Program:* 1 - TUFTS MEDICARE PREFERRED
Unit Type: 	Budget Type: 	<input checked="" type="checkbox"/> Active
Authorized By: 	Authorization No.: 	<input type="checkbox"/> Generate Reauthorization Workflow
Phone Number: () -	Start Date: 	End Date:
Comments: 		

Adding a “Dummy Auth”

Step 2:

- Write “dummy auth” in “Authorized By”. In comment section, put the date and your initials, as well as a note indicating that you put in a dummy to schedule.
- Then, put in a **follow-up date of today** (date entering the auth). **This is important, as this is the safety net in case this does not come to the workflow through clinical documentation completion.**
- Lastly, click on “Job Codes” located in the bottom left. See next slide for Job Code assignment.

The screenshot shows a software interface for adding a dummy authorization. The form includes the following fields and options:

- Payor Type:** WORKERS COMP
- Payor Source:** 1 - WORKERS COMP GENERIC
- Program:** ALL VISITS G-CODES - ALL VISITS
- Unit Type:** VISITS
- Budget Type:** DISCIPLINES
- Authorized By:** Dummy auth (circled in red)
- Authorization No.:** PENDING
- Phone Number:** () -
- Start Date:** 03/17/2021
- End Date:** 03/30/2021
- Follow Up Date on Pending Authorization:** 03/17/2021 (circled in red)
- Comments:** 3/17/21 - VA: ADDED DUMMY AUTH FOR SCHEDULING
- Buttons:** Job Codes (circled in red), Save & Close, Cancel

At the bottom of the form, there is a status bar with the following text: ALL VISITS G-CODES, V, DUMMY AUTH, PENDING, V, 03/16/2021

Adding a “Dummy Auth”

Step 3: This below image will appear after you hit “Job Code”. You need to choose the discipline you want to schedule.

Each “Dummy Auth” must only contain one discipline, so please only select one discipline per authorization. Repeat the following process per discipline:

Click on the desired discipline, and then click the top arrow to move the discipline. This adds the discipline to the auth. Hit “Save & Close” here, and once again in the previous auth screen (you will return to that screen once the below is complete).

The screenshot shows a software interface for adding a discipline to an authorization. It features two main columns: "Excluded:" and "Included:".

- Excluded:** This column contains a list of five disciplines: HOME HEALTH AIDE - AIDE, MEDICAL SOCIAL WORKER - MSW, OCCUPATIONAL THERAPIST - OT, PHYSICAL THERAPIST - PT, and SPEECH THERAPIST - ST.
- Included:** This column contains one discipline: SKILLED NURSE - SN.

Between the two columns are four blue buttons with white arrows, used for moving disciplines between the lists:

- The top button has a right-pointing arrow (>) and is circled in red.
- The second button has a left-pointing arrow (<).
- The third button has two right-pointing arrows (>>).
- The bottom button has two left-pointing arrows (<<).

Adding a “Dummy Auth”

Step 4: This is the last screen for “Initial Auth Request”.
Click on “Pending Auth Request Submitted”.

Payor Source: TUFTS MEDICARE PREFERRED (PRIMARY)

- [Add/Edit Authorizations](#)
- [Print Authorization Request](#) 
- [Add Coordination Note](#)

Authorization Status

Authorization Obtained	Pending Auth Request Submitted
Non-Admit	Authorization Denied - Change Payor

Adding a “Dummy Auth”

Step 5: Click “OK” to process the workflow.

Payor Source: TUFTS MEDICARE PREFERRED (PRIMARY)

Add/Edit Authorizations

Print Authorization Request

Obtain Initial Authorization for [REDACTED]

i Please be sure to update the pending authorization with the actual authorization information.

OK

Non-Admit **Authorization Denied - Change Payor**

Instructions: “Obtain Insurance Verification”

Step 6: Add an “Incomplete Insurance Verification” coordination as follows:

Note Date: 11/23/2020 11:36 PM **Note Type:** INCOMPLETE INSURANCE VERIFICATION Active

Include Note On Episode Detail Report Include Note On Episode Summary Report Include Note On Discharge-Transfer Summary Report

Note Details:
VERIFICATION WAS NOT COMPLETED FOR THIS PATIENTS INSURANCE