

AmeriHealth Administrators – iExchange Training

Inpatient Request Tip Sheet





Getting Started

- » Login information is case sensitive
 - » User ID, iExchange ID and Password are required
 - » Users will be prompted to change passwords every 30 days

- » System time out
 - » If there is no activity for a period of 60 minutes, users will be “timed out” of iExchange and you will received the below message:
 - » "Your session has expired. Please, login again."

- » Do not use the “Back” button to navigate in iExchange
 - » At the bottom of most pages you will see buttons (such as “Cancel”, “Back”, or “New Search”) that allow you to return to previous pages
 - » You can click the “Starting point” block in the upper left hand corner at anytime to return to the main page

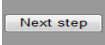






Request Submission

» Each request has three stages


1. Request Entry (pages 5 and 6)

- » All fields should be completed unless marked as **(optional)**
- » System administrators can add frequently used providers, diagnoses and procedures to facilitate data entry
- » Additional Notes (Reviewer Notes) text box at the bottom of the page should be used to provide additional clinical information and comments
- » Users will click  at the bottom of the screen to proceed to the Preview page

2. Request Preview

- » Allows user to review request information a final time before submitting
- » Displays Outcome Status of the request if it is submitted as is
- » Allows user to return to entry page and edit if necessary – click  at the bottom of the screen
- » Users can click  if no edits are needed

3. Request Confirmation

- » Displays the Outcome Status and request ID
- » Displays same information as Preview page
- » User able to open print friendly version of this page – click  [Print friendly version](#)
- » User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request





Starting point	Inpatient	Other	Referral	Search
Payer selected: AmeriHealth Administrators Train Select a different payer	New inpatient request Extend inpatient request			

Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

▶ [New inpatient request](#)

Click the **New inpatient request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

▶ [Extend inpatient request](#)

Click the **Extend inpatient request** link, above. You will first see a list of inpatient requests you wish to extend.

Select New inpatient request

A Note before you begin: if you selected the wrong payer (you selected a payer other than AmeriHealth Administrators Train) click the **Select a different payer** link above, to return to the **Starting point** page and select the correct payer.



Inpatient request entry

Once you enter the General information and Services information click **Next step**. iExchange evaluates your inpatient request and displays the Inpatient request preview page.

Payer Notice:

Any notification of certification/approval is not a determination of eligibility or a guarantee of payment.

1 General information

Use the General information section to record the member ID (click Member search to verify eligibility), providers (submitting and servicing) as well as diagnostic information.

Notification date	03/15/2016 (mm/dd/yyyy)
Member ID Enter or Search for ID	You must search for a member. <input type="button" value="Member search"/>
Submitting provider	<input type="text"/> Submitting provider summary
Facility Select facility from the list or search for ID	<input type="text"/> <input type="button" value="Provider search"/> Facility summary
Treatment setting	<input type="text"/>
Treatment type	<input type="text"/>
Review type	<input type="text"/>
Admit date	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Is this an emergency?	<input type="text"/>
Primary diagnosis Enter Diagnosis code or Select from Short list	ICD10 <input type="text"/> <input type="text"/> <input type="button" value="Diagnose"/>
Secondary diagnosis (optional)	ICD10 <input type="text"/> <input type="text"/> <input type="button" value="Diagnose"/>
Secondary diagnosis (optional)	ICD10 <input type="text"/> <input type="text"/> <input type="button" value="Diagnose"/>
Secondary diagnosis (optional)	ICD10 <input type="text"/> <input type="text"/> <input type="button" value="Diagnose"/>
Requested length of stay	<input type="text"/>
Attending physician Select attending physician from the list or search for ID	<input type="text"/> <input type="button" value="Provider search"/> Attending physician summary
LOS bed type (optional)	<input type="text"/>
IEXCHANGE Submitter's Name (required)	<input type="text"/>
IEXCHANGE Submitter's Phone Number (required)	<input type="text"/>

1. Click on Member search
2. Enter Member ID or Name and Date of Birth
3. Select Submit search
4. Click View existing requests to view previously submitted requests
5. If no potential duplicate requests are found, select Return to member search
6. Click on Select to return to the request entry page

When entering your diagnosis information, please select the appropriate coding scheme



2 Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

Principal service (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date
[] / [] / [] (mm/dd/yyyy)

Servicing provider
Select a servicing provider from the list or search for ID

Service 2 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date
[] / [] / [] (mm/dd/yyyy)

Servicing provider
Select a servicing provider from the list or search for ID

Service 3 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date
[] / [] / [] (mm/dd/yyyy)

Servicing provider
Select a servicing provider from the list or search for ID

Service 4 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date
[] / [] / [] (mm/dd/yyyy)

Servicing provider
Select a servicing provider from the list or search for ID

Service 5 (optional)

Procedure
Enter Procedure code or Select from Short list

Scheduled date
[] / [] / [] (mm/dd/yyyy)

Servicing provider
Select a servicing provider from the list or search for ID

Additional notes (optional)

Change Notes

Next step Cancel

Procedure search

Provider search

Procedure search

Provider search

Procedure search

Provider search

Procedure search

Provider search

Procedure search

Provider search

Add up to 5 procedure codes by using the drop down list OR search by description by clicking Procedure search.

NOTE: when requesting multiple units for a procedure. the procedure code, scheduled date, and servicing provider must be entered separately for each unit.

After completing all required fields, click Next Step at the bottom of the page



Provider Test Group
User, Test [log out](#)
test log in: 05/31/2011 05:45 AM EDT

HELP | PREFERENCES

Starting point: Inpatient | Other | Referral | Search

Payer selected: AmeriHealth Administrators
[Select a different payer](#)

1. New inpatient request
2. Amend inpatient request

Informational
Pending to RN for review clinical information has Patient Care Manager the member's identical! If the length of stay is posted, 1 day will be pending.

Info / Medical Policy. If stay please contact the toll free number on

Inpatient request preview
Review your inpatient request information here. If everything is correct, click the Submit button to save your request and open the Inpatient request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click Edit to make the necessary modifications.

The status of this inpatient request was current when you clicked Next step. However, the status may change when you click Submit if eligibility or other data changed in the interim. The request reference number will be assigned when you click Submit.

Payer Notice:
Any notification of certification/approval is not a determination of eligibility or a guarantee of payment.

Summary		
LOS start/end date	Days	Projected status
03/16/2016 - 03/17/2016	1	PEND

Inpatient request information

Member
Member ID: KBITH, AMANDA
03133563-02
Date of birth: 12/10/1983
Age: 32
Group ID: 104881
Group name:
Subscriber ID:
Subscriber name:

Submitting provider
Provider MCO ID:
Specialty:
Address: PO Box 8500 8395 Philadelphia PA 19178-0001

Facility
Provider MCO ID: CROZER TAYLOR SPRINGFIELD
0047
Specialty:
Address: 1 Medical Center Blvd Crozer PA 19013-3902

Attending physician
Specialty: Deasi, Raahimkant S
Provider MCO ID: 9734058

LOS request information
Treatment setting: Inpatient
Notification date: 03/15/2016
LOS bed type:
Admission dates: 03/16/2016 - 03/17/2016
Length of stay: 03/16/2016 - 03/17/2016 - 1 Days - PEND
Primary diagnosis: 150.9 - Heart failure, unspecified

General information

iEXCHANGE Submitter's Name: Tom
iEXCHANGE Submitter's Phone Number: 2155551212
iExchange Notes:
Review type: Routine - Service not started
Is this an emergency?: No

[Edit](#) [Submit](#) [Cancel](#)

Preview page – includes projected status of the request and allows the user to verify the accuracy of the information prior to final submission

Request can be edited, submitted or cancelled – click Submit to proceed to the confirmation page



[Print friendly version](#)

Inpatient request confirmation

This page contains inpatient request information including the request ID and status (authorized or pending), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iExchange re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Payer Notice:
Any notification of certification/approval is not a determination of eligibility or a guarantee of payment.

Request ID: **1607500001** [Attach file](#)

Summary		
LOS start/end date	Days	Status
03/16/2016 - 03/17/2016	1	PEND

Inpatient request information

Member	KEITH, AMANDA
Member ID	03133963-02
Date of birth	12/10/1983
Age	32
Group ID	104651
Group name	IBEV
Subscriber ID	0313
Subscriber name	
Submitting provider	ARI/
Provider MCO ID	0133
Facility	CRO
Provider MCO ID	0047
Attending physician	Desai, Rashmikant S
Provider MCO ID	P734058
LOS request information	
Treatment setting	Inpatient
Notification date	03/15/2016
LOS bed type	
Admission dates	03/16/2016 - 03/17/2016
Length of stay	03/16/2016 - 03/17/2016 - 1 Days - PEND
Primary diagnosis	I50.9 - Heart failure, unspecified

Request Attachments

Attach new file

Allowable file type(s): PDF, JPG

Title:

Attachment:

General information

iEXCHANGE Submitter's Name	Tom
iEXCHANGE Submitter's Phone Number	2155551212
iExchange Notes	
Review type	Routine- Service not started
Is this an emergency?	No

[New payer](#) [Top of page](#)

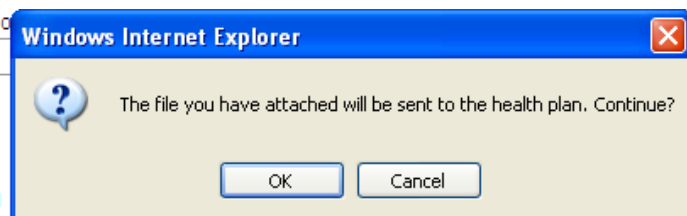
Confirmation page includes the Request ID and allows the user to attach additional required information to support the request



» Users can attach documents to any existing authorization request in iExchange

» Follow the below steps to add attachments

1. User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request
2. Enter a title for the document to be attached
3. Click to select locate the file to be attached
4. Click to add the document
5. Click OK in the popup window to continue or cancel if the attachment was selected in error



6. Information message will appear at the top of the page to indicate that the file has been successfully attached