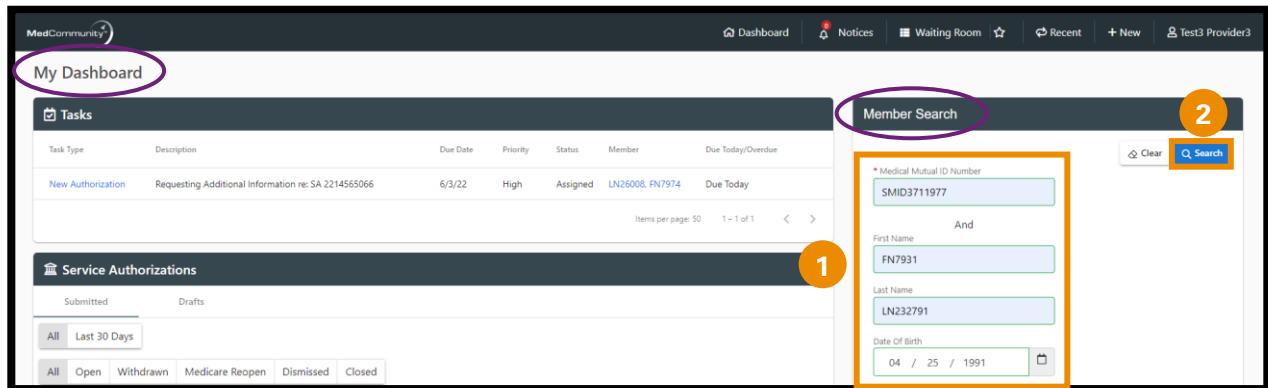


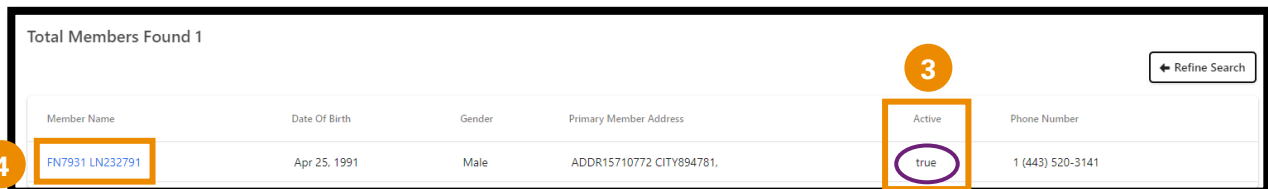
MedCommunity Reference Guide:

Submitting a Service Authorization Request

STEP 1 – Search for Member on My Dashboard:



- Under Member Search, complete all fields with Subscribers information. (1)
 - **Note:** Medical Mutual ID Number, First Name, Last Name, DOB are all required fields to begin Member search.
- Click Search. (2)



Member Name	Date Of Birth	Gender	Primary Member Address	Active	Phone Number
FN7931 LN232791	Apr 25, 1991	Male	ADDR15710772 CITY694781.	true	1 (443) 520-3141

- Review Active column for Subscribers active eligibility: (3)
 - True = active eligibility
 - False = no active eligibility
 - Please contact Customer Care (located on Subscriber's Medical Mutual ID card) with question and to verify eligibility.
- Click Member Name [blue](#) hyperlink (4) to be directed to the Coverage Verification screen.

STEP 2 – Verify Member’s Coverage:

MedCommunity

Dashboard Notices Waiting Room Recent + New Test3 Provider3

Coverage Verification

FN7931 LN232791

Date Of Birth	Age	Gender	Current Primary Address	Current Phone Number
Apr 25, 1991	31y	Male	ADDR15710772 CITY894781, ZIP887929	(443) 520-3141

Disclaimer: Coverage for services is not guaranteed. Providers should contact the member's primary Carrier to determine if coverage is still/currently in force.

Current Active Coverage

Effective Date	Termination Date	Subscriber ID	Subscriber Name	Line of Business	Plan	Group
Jan 1, 2020	N/A	SMID1680767	SN9259226	Fully Insured - Commercial	Mars Electric	MARS ELECTRIC

is available for this member (click to create a new service auth):

Inpatient

- Review Member’s Current Active Coverage. (1)
 - **Note:** Member must have had active coverage on the day of admission.
- Click Inpatient button (2) to begin the Service Authorization.

STEP 3 – Complete Service Auth Tab:

The screenshot shows the 'Service Auth' tab in the MedCommunity system. The form is divided into several sections:

- Member Information:** ID: SMID3711977, Name: FN7931 LN232791, DOB: Apr 25, 1991, Age: 31y, Gender: Male, Eligibility: Fully Insured - Commercial.
- Authorization Details:**
 - Authorization Number: N/A
 - Auth Type: Inpatient
 - Date Received: 10 / 09 / 2022
 - Time Received: 02 : 01 PM
 - Authorization Status: Open
 - Status Detail: Initial Clinical Review
 - Status Date: 10 / 09 / 2022
 - Status Time: 02 : 01 PM
 - Intake Method: Web/Portal
 - Discharge Date: mm / dd / yyyy
 - Auth Category: -Select-
- Eligibility:** SUPERMED PLUS - Fully Insured - (highlighted with box 2)
- Admit/Effective Date:** 10 / 06 / 2022 (highlighted with box 3)
- Requesting Provider Details:**
 - Provider Type: -Select- (highlighted with box 4)
 - Provider: (highlighted with box 5)

Numbered callouts: 1 (Save as Draft button), 2 (Eligibility dropdown), 3 (Admit/Effective Date field), 4 (Provider Type dropdown), 5 (Provider search field).

- You will note the tabs along the left side of the screen, which will be completed as outlined below.
- Under the Service Authorization tab, there are several fields that are grayed out. These fields are auto-filled and are not available for editing.
- All fields with a red asterisk must be completed before moving to the next tab.
- You may use the Save as Draft button (1) at any time during the submission process to complete the service authorization later.
 - **Note:** When the Save as Draft button is clicked, the Service Authorization is saved in draft format until all fields are completed.
 - **Note:** A service authorization in draft status is not visible to Medical Mutual.
 - To complete a service authorization request in Draft status, see page 23.
- Confirm eligibility field (2) matches Member's current active coverage from the Coverage Verification screen.
- Complete the Admit/Effective Date field. (3)
- Under Requesting Provider Details, complete the Provider Type field.
 - Provider Type = Servicing/Requesting. (4)
 - **Note:** The Institutional (Facility) Provider will always be entered on this tab. The Professional (Physician) Provider will be added on the Provider's tab.

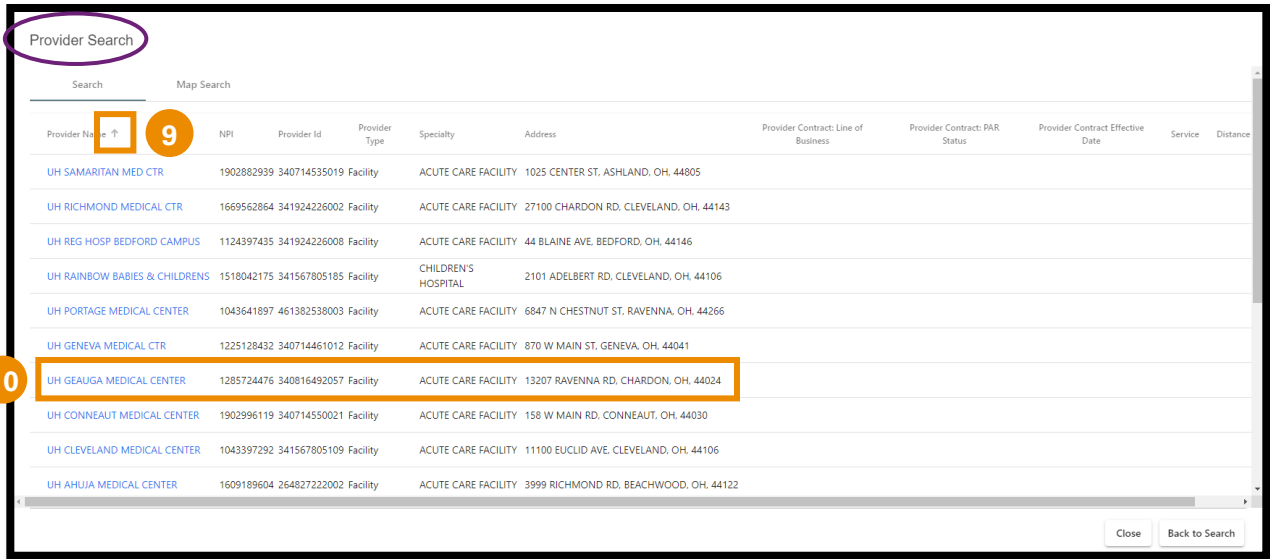
- **Note:** Each Service Authorization submission must have an Institutional Provider.
- Complete the Provider field.
 - To search for the Institutional Provider, click the magnifying glass icon to be directed to the Provider Search screen. (5)
 - **Note:** Temporary Providers MAY NOT be added as the Institutional Provider.

The screenshot shows the 'Provider Search' window. At the top left, the title 'Provider Search' is circled in purple. Below the title are two tabs: 'Search' and 'Map Search'. The main area is divided into several sections:

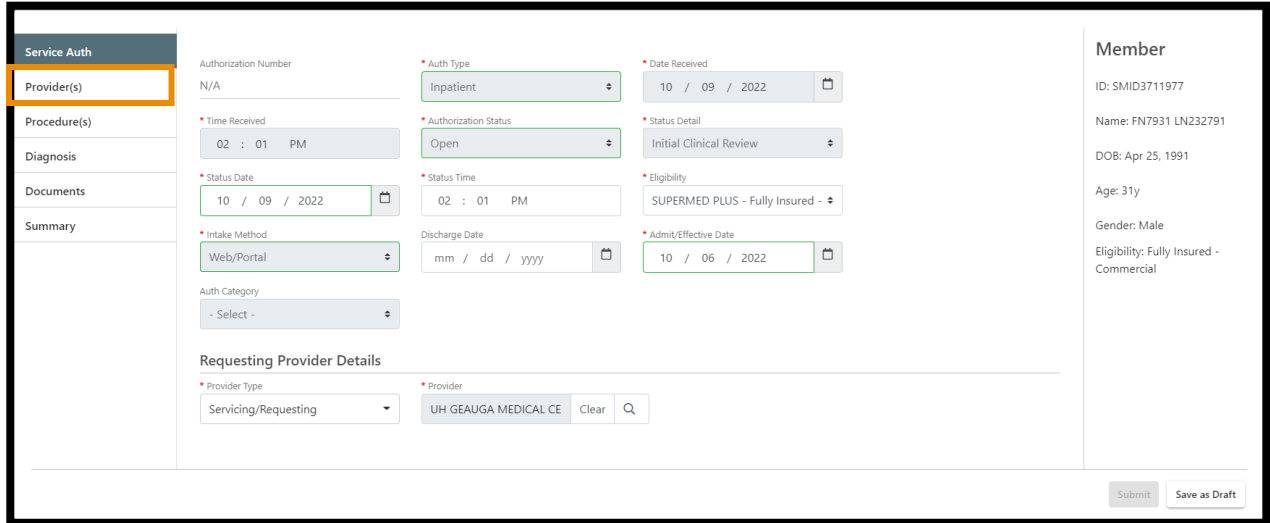
- Narrow by Location:** Contains a 'Zip' field with 'ZIP88' entered, highlighted by an orange box and a callout '7'. Below it are dropdown menus for 'Distance', 'Area Served - State', 'Area Served - County', and 'Area Served - Location'.
- Narrow by Organization Details:** Contains fields for 'Organization Name', 'Last Name', 'First Name', 'Organizational Affiliation', 'Provider Id', 'NPI', 'Federal Tax Id', 'Phone Number', 'City', 'State', and 'Zip'.
- By Type, ISP, Network or LOB:** Contains dropdown menus for 'Provider Type' and 'Specialty'.
- Include Non-Par and Inactive Providers:** A toggle switch is shown in the 'Yes' position, highlighted by an orange box and a callout '6'.
- Search Undefined Providers:** A toggle switch is shown in the 'No' position.

At the bottom right, there are three buttons: 'Close', 'Clear', and 'Search', with the 'Search' button highlighted by an orange box and a callout '8'.

- Verify the toggle to the left is moved to Yes (6) to to include Non-Participating (Non-Par) and Inactive Providers.
- Delete the Zip field. (7)
- Click Search (8) to view a complete list of Institutional Providers that are associated with your Provider Group.



- Locate the correct Institutional Provider.
- Click Facility [blue](#) hyperlink (9) to add the Institutional Provider.
 - **Note:** Make sure to choose an Institutional Provider with a listed address
 - **Note:** Hover next to the column headers (10) to sort list by preference.



- After reviewing all information on the Service Auth tab, click Providers tab. (11)

STEP 4 – Complete Providers Tab:

The screenshot shows the 'Coverage Verification' page in MedCommunity. At the top right, a green notification box says 'Saved!' with a checkmark and a close button, labeled with a circled '1'. The main content area has a 'Providers' tab selected, with a '+ Add Provider' button labeled with a circled '2'. A star icon points to the left sidebar. The right sidebar shows member information: ID: SMID3711977, Name: FN7931 LN232791, DOB: Apr 25, 1991, Age: 31y, Gender: Male, Eligibility: Fully Insured - Commercial. At the bottom are 'Submit' and 'Save as Draft' buttons.

- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- On this screen, you will add the Professional (Physician) Provider(s) associated with the Member's inpatient stay.
- Click +Add Provider button. (2)

The screenshot shows the 'Provider(s)' form. The 'Provider Type' dropdown (4) is set to 'Servicing'. The 'Provider' search field (5) has a magnifying glass icon. A star icon points to the left sidebar. The right sidebar shows the same member information as the previous screenshot. At the bottom are 'Submit' and 'Save as Draft' buttons.

- Use dropdown to complete Provider Type field.
 - Provider Type = Servicing. (4)
 - **Note:** Each Service Authorization submission must have at least one Professional Provider.
- Click the magnifying glass icon (5) to be directed to the Provider Search screen to search for the Professional Provider.

Provider Search

Search Map Search

Narrow by Location

Zip: ZIP88

Distance: - Select -

Area Served - State: - Select -

Area Served - County: - Select -

Area Served - Location: - Select -

Include Non-Par and Inactive Providers: No Yes

Search Undefined Providers: No Yes

Narrow by Organization Details

Organization Name: - Select -

Organizational Affiliation: - Select -

Provider Id: - Select -

City: - Select -

State: - Select -

Zip: - Select -

By Type, ISP, Network or LOB

Provider Type: - Select -

Specialty: - Select -

Or: - Select -

Last Name: Hejal

First Name: Rana

NPI: 1568488765

Federal Tax Id: -

Phone Number: -

Close Clear Search

- Verify the toggle to the left is moved to Yes (6) to include Non-Participating (Non-Par) and Inactive Providers.
- Add the Professional Provider's Name (7) if known enter NPI or Provider ID number. (8)
 - **Note:** To broaden the search, delete Zip field. (9)
 - **Note:** If Professional Provider is not displaying in search results, refer to adding an unknown/not found Professional Provider on page 9.
- Click Search. (10)

Provider Search

Search Map Search

Provider Name	NPI	Provider Id	Specialty	Address	Provider Contract: Line of Business	Provider Contract: PAR Status	Provider Contract Effective Date	Service	Distance
RANA HEJAL, MD	1568488765	297881462010	Practitioner	11100 EUCLID AVE # F, CLEVELAND, OH, 44106					
RANA HEJAL, MD	1568488765	297881462011	Practitioner	8901 SUPERIOR AVE, CLEVELAND, OH, 44106					
RANA HEJAL, MD	1568488765	297881462012	Practitioner	11100 EUCLID AVE, CLEVELAND, OH, 44106					

Items per page: 50 1 - 3 of 3

Close Back to Search

- Click Professional Provider [blue](#) hyperlink (11) to add the Provider.
 - **Note:** If the list displays multiple results, click the [blue](#) hyperlink on the Provider that is associated with the Member's inpatient stay.
 - **Note:** You can use the sort arrows (12) next to the column headers to sort list by preference.

- Click the + Add Provider button (13) to add additional Professional Providers.
- If needed, you may remove any Providers that have been added. (14)
- After adding all Professional Providers, click the Procedure(s) tab. (15)

If Professional Provider Does Not Display in Search Results:

- In the Provider Type field, use the dropdown menu to select Servicing. (1)
- In the Provider field, click on the magnifying glass icon (2) to be directed to the Provider Search screen.

Provider Search

Search Map Search

Narrow by Location

Zip: ZIP88

Distance: - Select -

Area Served - State: - Select -

Area Served - County: - Select -

Area Served - Location: [Empty]

Include Non-Par and Inactive Providers

No Yes

Search Undefined Providers

No Yes

Narrow by Organization Details

Organization Name: [Empty]

Organizational Affiliation: - Select -

Provider Id: [Empty] NPI: [Empty] Federal Tax Id: [Empty] Phone Number: [Empty]

City: [Empty] State: - Select - Zip: [Empty]

By Type, ISP Network or LOB

Provider Type: - Select - Or Specialty: - Select -

Close Clear Search

- Verify the toggle to the left is moved to Yes (3) to to include Non-Participating (Non-Par) and Inactive Providers.
- Delete the Zip field. (4)
- Last Name = Provider (5)
- First Name = Temporary (6)
- Click Search. (7)

Provider Search

Search Map Search

Provider Name	NPI	Provider Id	Provider Type	Specialty	Address	Provider Contract: Line of Business	Provider Contract: PAR Status	Provider Contract Effective Date	Service	Distance
Temporary Provider		999999999999	Practitioner							

Items per page: 50 1 - 1 of 1 <

- Click **blue** hyperlink (8) to add Temporary Provider to the Providers tab.

STEP 5 – Complete Procedures Tab:

MedCommunity

Dashboard Notices Waiting Room

✓ Saved! 1

Coverage Verification

FN7931

Service Auth

Provider(s)

Procedure(s)

Diagnosis

Documents

Summary

Request Received On: 10 / 09 / 2022

Request Received Time: 02 : 04 PM

Request Type: Concurrent

Priority: Standard/Non-Urgent

Place of Service: Inpatient Hospital

Requestor-Contact Name

Contact Phone: +1

Requestor Faxback: +1

Service Type: ATTENTION!!! SELECT A VALUE

Procedure Code Type: Revenue Code

Procedure Code: 000

Procedure Description: Room & Board

Request Start Date: 10 / 06 / 2022

Request Start Time: 12 : 00 AM

End Date: mm / dd / yyyy

End Time: hh : mm --

Member

ID: SMID3711977

Name: FN7931 LN232791

DOB: Apr 25, 1991

Age: 31y

Gender: Male

Eligibility: Fully Insured - Commercial

Submit Save as Draft

- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- There are several fields that are grayed out. These fields are auto-filled and are not available for editing.
- All fields with a red asterisk must be completed before moving to the next tab.

Service Auth

Provider(s)

Procedure(s)

Diagnosis

Documents

Summary

Request Received On: 10 / 09 / 2022

Request Received Time: 02 : 04 PM

Request Type: Concurrent

Priority: Standard/Non-Urgent

Place of Service: Inpatient Hospital

Requestor-Contact Name

Contact Phone: +1

Requestor Faxback: +1

Service Type: ATTENTION!!! SELECT A VALUE

Procedure Code: 000

Procedure Description: Room & Board

Request Start Time: 12 : 00 AM

End Time: hh : mm --

Member

ID: SMID3711977

Name: FN7931 LN232791

DOB: Apr 25, 1991

Age: 31y

Gender: Male

Eligibility: Fully Insured - Commercial

Submit Save as Draft

- Complete the Requestor-Contact Name and Contact Phone fields. (2)
- Use dropdown (3) to complete Service Type field.
 - **Note:** For a successful Service Authorization submission, this field **MUST** be populated with the Service Type you are requesting.

The screenshot shows a web form for Service Authorization. The left sidebar has tabs for Service Auth, Provider(s), Procedure(s), Diagnosis, Documents, and Summary. The main form area includes fields for Requestor-Contact Name (Sally), Contact Phone (+1 (216) 555-1234), Requestor Faxback (+1), Service Type (Emergency), Procedure Code Type (Revenue Code), Procedure Code (000), Request Start Date (10 / 06 / 2022), Request Start Time (12 : 00 AM), End Date, and End Time. A Comments field contains the text "Relevant clinical information is added here." At the bottom, there is a "Save and Add Another" button. A Member profile is visible on the right side of the form.

- Every inpatient submission must have a Room & Board revenue code, including Request Start Date and Request Time.
 - **Note: DO NOT** edit any information populated in the Revenue Code fields. (4)
- Type or copy/paste relevant clinical information into the Comments section. (5)
 - **Note:** Relevant clinical documentation is required to support the Service Authorization request and must be added prior to submission.
 - Send only information that is relevant to your submission.
 - Sending extra information may cause a delay in processing your request.
 - **Note:** Clinical information may be added to the Comments section and/or attached on the Documents tab.
 - If the clinical information will be attached only, please type “See Attachments” in the Comments section.
 - See Step # 7 to attach documents to the Service Authorization request.
 - **Note:** If “Temporary Provider” was populated on the Providers tab, add information related to unknown Provider in the Comments section. (ex: Provider name, address, NPI, etc.)
 - **Note:** Comment field allows a maximum of 3000 characters.
- To add medical/surgical procedures that have been completed during this inpatient stay, click Save and Add Another button. (6)
 - **Note:** After clicking Save and Add Another button, a *duplicate* procedure screen will display.

This screenshot shows a duplicate procedure screen. A star icon points to the 'Procedure(s)' tab in the left sidebar. Two orange boxes highlight specific fields, both labeled with a circled '7':

- The top box highlights the 'Request Received On' (10 / 09 / 2022), 'Request Received Time' (02 : 04 PM), 'Request Type' (Concurrent), 'Priority' (Standard/Non-Urgent), 'Place of Service' (Inpatient Hospital), 'Requestor-Contact Name' (Sally), 'Contact Phone' (+1 (216) 555-1234), and 'Service Type' (Emergency).
- The bottom box highlights the 'Request Start Date' (10 / 06 / 2022), 'Request Start Time' (12 : 00 AM), 'End Date' (mm / dd / yyyy), and 'End Time' (hh : mm --).

Other visible fields include 'Revenue Code' (000), 'Procedure Code' (000), and 'Procedure Description' (Room & Board). A 'Member' sidebar on the right shows details for SMID3711977. Buttons for 'Submit' and 'Save as Draft' are at the bottom right.

- On this *duplicate* procedure screen, **DO NOT** edit any of these fields. (7)

This screenshot shows a procedure screen. A star icon points to the 'Procedure(s)' tab. Four orange boxes highlight specific fields, labeled with circled numbers:

- Box 8: 'Procedure Code Type' dropdown menu, with 'CPT Procedure Codes' selected.
- Box 9: 'Procedure Code' field (000) and 'Request Start Time' (12 : 00 AM).
- Box 10: Magnifying glass icon next to the 'Procedure Code' field.
- Box 11: 'Comments' field containing the text 'Relevant clinical information is added here.'

Other visible fields include 'Request Type' (Concurrent), 'Priority' (Standard/Non-Urgent), 'Place of Service' (Inpatient Hospital), 'Requestor-Contact Name' (Sally), 'Contact Phone' (+1 (216) 555-1234), 'Service Type' (Emergency), and 'Revenue Code' (000). A 'Member' sidebar on the right shows details for SMID3711977. Buttons for 'Remove', 'Submit', and 'Save as Draft' are at the bottom right.

- Use dropdown to select CPT Procedure Code Type. (8)
- In the Procedure Code field:
 - Free type procedure code if *known*. (9)
 - If procedure code is *unknown*, click on the magnifying glass (10) to search for a procedure code (see page 14).
- The Comments field will display a duplicate of the comments added previously. (11) Additional comments are not needed.

The screenshot shows a web form for entering medical procedures. On the left is a navigation menu with tabs: Service Auth, Provider(s), Procedure(s), **Diagnosis** (highlighted with callout 14), Documents, and Summary. The main form area contains several input fields: Requestor-Contact Name (Sally), Contact Phone (+1 (216) 555-1234), Requestor Faxback (+1), Service Type (Emergency), Procedure Code Type (CPT Procedure Codes), Procedure Code (31615), Procedure Description (TRACHEOB RNCHSC THRU EST TRACHS), Request Start Date (10 / 06 / 2022), Request Start Time (12 : 00 AM), End Date, and End Time. A Comments field contains the text "Relevant clinical information is added here." and has a "Remove" button (callout 13). At the bottom left is a "Save and Add Another" button (callout 12). At the bottom right are "Submit" and "Save as Draft" buttons.


- Click Save and Add Another button (12) to add additional medical/surgical procedures.
- If needed, you may remove any of the medical/surgical procedure that you added. (13)
- After all required information is completed on the Procedure(s) tab, click the Diagnosis tab. (14)

To Search for Procedures:

The screenshot shows a "CPT QUERY" search form. It includes a header with the text: "If you enter a Procedure Code or Procedure Description you cannot search for a Service Group. If you enter a Service Group you cannot search by Procedure Code or Procedure Description. Use the Clear button if you need to remove a value from any field." The form has several input fields: Procedure Type (CPT Procedure Codes), Procedure Code, Description (*intubation, callout 1), Service Group Code, and Service Group Name. At the bottom right are "Close", "Clear", and "Search" buttons (callout 2).

- In the Description field, type an asterisk (*) followed by the procedure description. (1)
- Click Search (2) to view CPT code list.

CPT QUERY

Procedure Code	Procedure Co.  4	DrgGlos	DrgGAlos	DrgRelWts	DrgMdc
31615	TRACHEOBRNCHSC THRU EST TRACHS INC				
31614	TRACHEOSTOMA REVJ CPLX W/FLAP ROTATION				
31613	TRACHEOSTOMA REVJ SMPL W/O FLAP ROTATION				
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NJX				
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH				
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS				

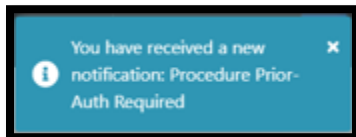
Items per page: 50 1 - 6 of 6 < >

Close Back to Search

- If the list displays multiple results, click the **blue** hyperlink (**3**) on the correct procedure.
 - **Note:** You can use the sort arrows (**4**) next to the column headers to sort list by preference.

Adding Procedures That Require Prior Authorization:

Note: If you add a procedure code that required Prior Authorization, you will receive a pop-up notification that Prior Authorization was required.



MedCommunity

Dashboard Notices Waiting Room Recent

Inbox > Message

Procedure Prior-Auth Required
5/16/22, 9:02 PM

! This message was sent with High importance.
FN7931 LN232791 > Service Authorization Line

From: MedCompass InruleActionAPI

To: Test3 Provider3

Attachments

- The “Prior-Auth Required” notification can be found in your Inbox.
- Note Medical Mutual response in body of notification.

The procedure 43881 for member FN7931 LN232791 indicates prior authorization is required. If prior authorization is not on file, your request will be returned with no decision until prior authorization approval is obtained.

STEP 6 – Complete Diagnosis Tab:

MedCommunity

Dashboard Notices Waiting Room

Coverage Verification

FN7931
Date of Birth: Apr 25, 1991

Service Auth

Provider(s)

Procedure(s)

Diagnosis

Documents

Summary

* Code

Diagnosis Description: N/A

+ Add Another Diagnosis

Member

ID: SMID3711977

Name: FN7931 LN232791

DOB: Apr 25, 1991

Age: 31y

Gender: Male

Eligibility: Fully Insured - Commercial

Submit Save as Draft

- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.

Service Auth

Provider(s)

Procedure(s)

Diagnosis

Documents

Summary

* Code

J12. 2

Diagnosis Description: N/A

J12.2 - Parainfluenza vir...

J12.81 - Pneumonia due...

J12.82 - Pneumonia due...

J12.1 - Respiratory sync...

J12.9 - Viral pneumonia,...

3

- If diagnosis code is *known*, enter the code with the decimal point. (2) Similar codes will auto-display. Click appropriate diagnosis code.
- If the diagnosis code is *not known*, click the magnifying glass (3) to search for diagnosis
 - **Note:** To search for diagnosis, see page 17.

Service Auth	* Code	Diagnosis Description
Provider(s)	J12.89	Other viral pneumonia
Procedure(s)	4 + Add Another Diagnosis	
Diagnosis		
Documents		
Summary		

- Click +Add Another Diagnosis button (4) to add additional diagnoses.

Service Auth	* Code	Diagnosis Description	5 Remove
Provider(s)	J12.89	Other viral pneumonia	
Procedure(s)	* Code	Diagnosis Description	Remove
Diagnosis		N/A	
6 Documents	+ Add Another Diagnosis		
Summary			

- Click Remove to delete any incorrect diagnosis codes. (5)
- After all diagnoses are added, click the Documents tab. (6)

To Search for Diagnosis:

The screenshot shows a web interface with a sidebar on the left containing menu items: Service Auth, Provider(s), Procedure(s), Diagnosis (highlighted), Documents, and Summary. The main area has a search bar with a magnifying glass icon and a 'Diagnosis Description' field containing 'N/A'. Below the search bar is a '+ Add Another Diagnosis' button. A 'Diagnosis Search' modal is centered on the screen. It has three input fields: 'Diagnosis Description' with the text '*viral pneumonia' (callout 2), 'Diagnosis Code Type' with a dropdown menu showing 'ICD10' (callout 1), and 'Diagnosis Code' (callout 3). At the bottom of the modal are 'Close', 'Clear', and 'Search' buttons. On the right side of the interface, there is a 'Member' profile section with the following information: ID: SMID3711977, Name: FN7931 LN232791, DOB: Apr 25, 1991, Age: 31y, Gender: Male, and Eligibility: Fully Insured - Commercial. At the bottom right of the main interface are 'Submit' and 'Save as Draft' buttons.

- First, select the Diagnosis Code Type from the dropdown. (1)
- Next, in the Diagnosis Description field add an asterisk followed by the diagnosis description. (2)
- Click Search (3) to display search results.

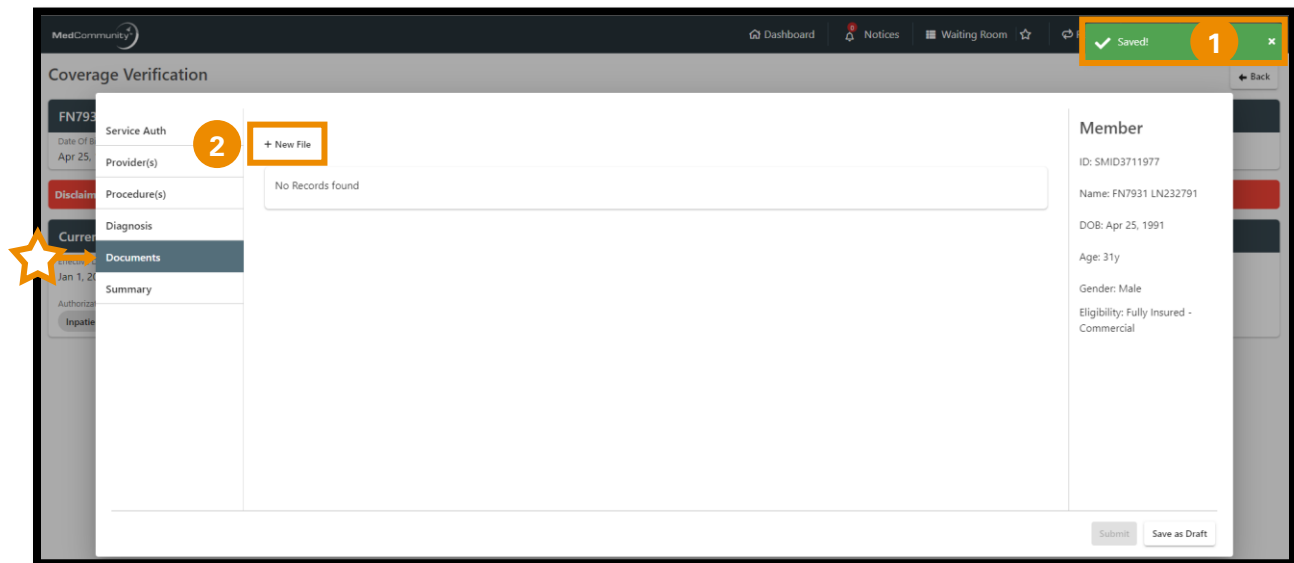
The screenshot shows the same web interface as the previous one, but the 'Diagnosis Search' modal now displays search results in a table. The table has four columns: 'Diagnosis Code', 'Diagnosis Description', 'Diagnosis Code Type', and 'Sensitive Diagnosis'. The first row is highlighted with a blue border and a callout (4) pointing to the 'Diagnosis Code' cell. The table contains the following data:

Diagnosis Code	Diagnosis Description	Diagnosis Code Type	Sensitive Diagnosis
J12.9	Viral pneumonia, unspecified	ICD10	No
J12.89	Other viral pneumonia	ICD10	No
J12.0	Adenoviral pneumonia	ICD10	No

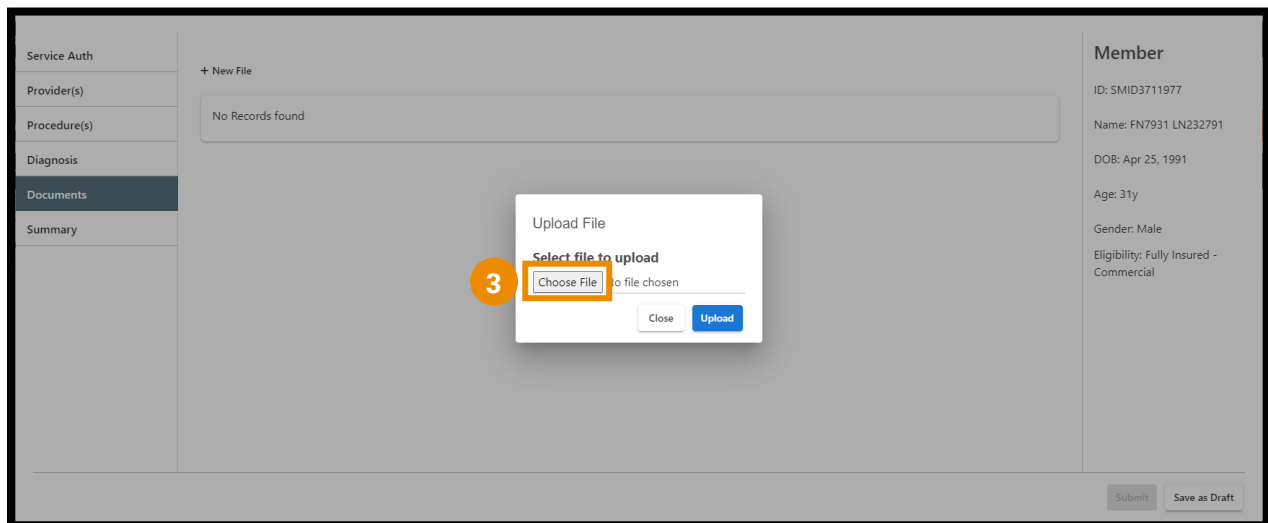
At the bottom of the table, it says 'Items per page: 50' and '1 - 3 of 3' with navigation arrows. Below the table are 'Close' and 'Back to Search' buttons. The rest of the interface remains the same as in the previous screenshot.

- Click [blue](#) hyperlink (4) on correct diagnosis to populate Code field.

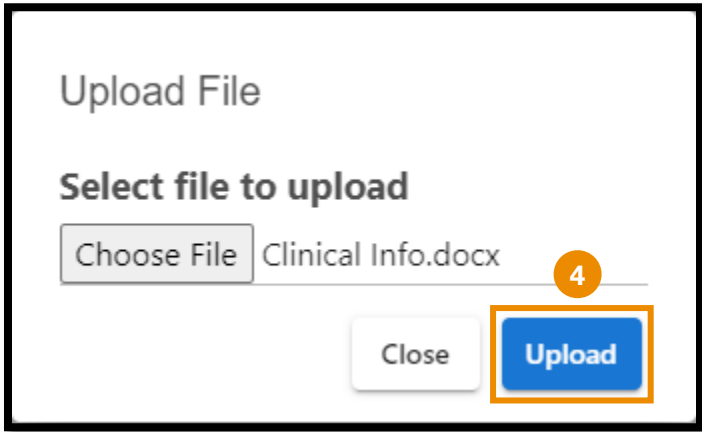
STEP 7 – **Optional** - Upload Documents Under Page Resources:



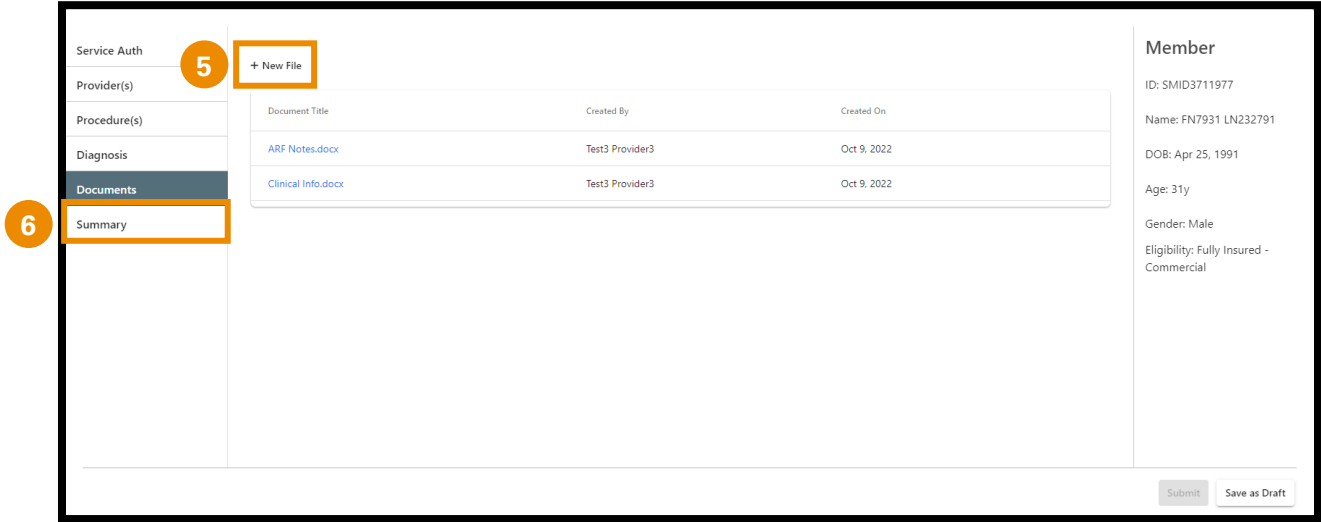
- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- Click + New File (2) to upload a relevant clinical document.
 - **Note:** Attaching documentation is not required if you added clinical information in the Comments section on the Procedure(s) tab.



- Click Choose File (3) to select and upload a document from your computer.



- After choosing file, click Upload (4) to upload your file.



- Click + New File (5) to add *additional relevant* clinical documents.
- After all documents have added, click the Summary tab. (6)

STEP 8 – Review Summary Tab:

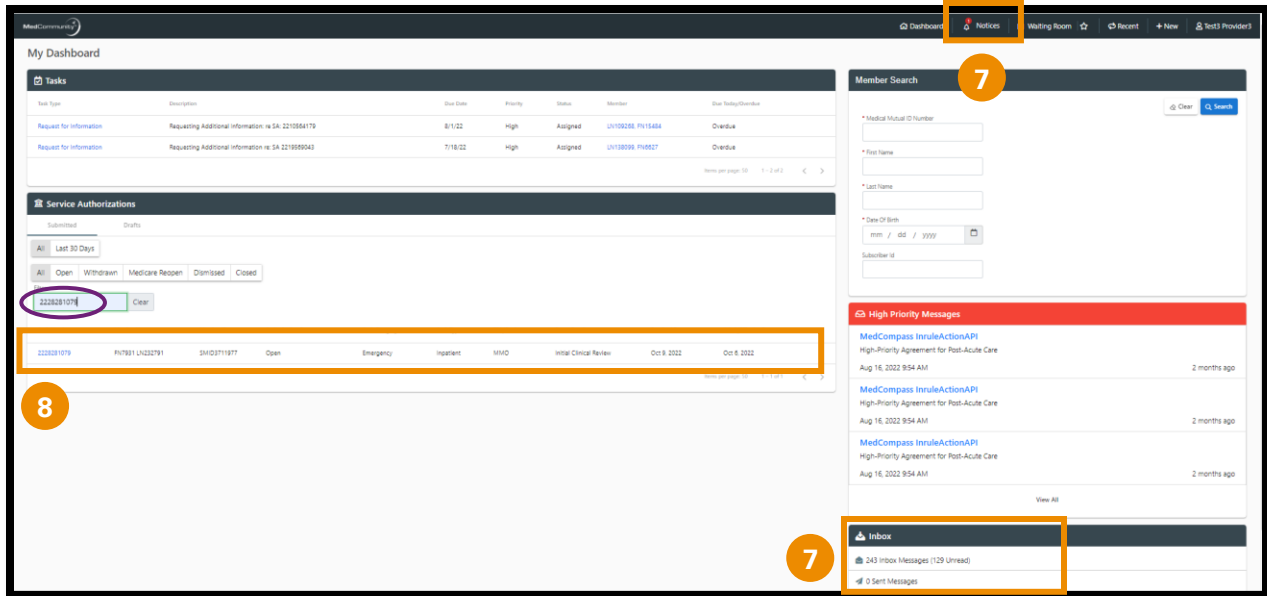
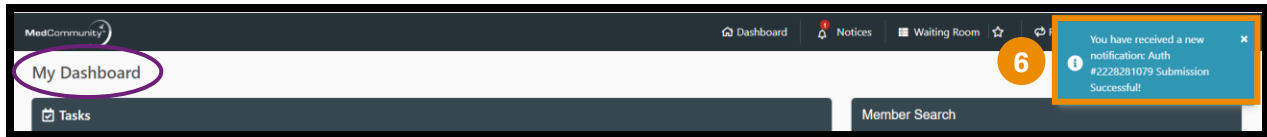
The screenshot shows the 'Coverage Verification' interface in MedCommunity. The 'Summary' tab is selected in the left-hand navigation menu, indicated by a star icon and a callout '3'. The main content area displays a form with the following fields and callouts:

- Callout 1:** Points to the 'Authorization Number' field, which contains the value '2228281079'.
- Callout 2:** Points to a vertical scroll bar on the right side of the Summary tab, indicating that the form content can be scrolled.
- Callout 3:** Points to the 'Summary' tab in the left-hand navigation menu.
- Callout 4:** Points to the 'Save as Draft' button at the bottom right of the form.
- Callout 5:** Points to the 'Submit' button at the bottom right of the form.

The form fields include:

- Service Auth: Date of Service (Apr 25)
- Provider(s)
- Procedure(s)
- Diagnosis
- Documents
- Summary (selected)
- Auth Type: Inpatient
- Auth Status: Open
- Date Received: 10 / 09 / 2022
- Status Detail: - Select -
- Time Received: 02 : 01 PM
- Status Date: 10 / 09 / 2022
- Status Time: 02 : 01 PM
- Intake Method: Web/Portal
- Discharge Date: mm / dd / yyyy
- Auth Category: Emergency
- Eligibility: SUPERMED PLUS - Fully Insured
- Admit/Effective Date: 10 / 06 / 2022
- Requesting Provider Details: Provider Type (Servicing/Requesting), Provider (UH GEAUGA MEDICAL CENTER)
- Member Information: ID: SMID3711977, Name: FN7931 LN232791, DOB: Apr 25, 1991, Age: 31y, Gender: Male, Eligibility: Fully Insured - Commercial

- The assigned Authorization Number will display on the Summary tab. (1)
- Use scroll bar (2) to review all fields in the Summary tab.
- If changes are needed to any fields, click appropriate left hand tab to correct appropriate field. (3)
- If your information is incomplete, or you need to come back to it later, click the Save as Draft button (4) to complete submission at a later time.
- If your service authorization request is complete, click Submit. (5)



- A pop-up notification will appear (6) to advise that service authorization submission was successful.
 - **Note:** Submission notification can be accessed in Notices (7) on the global navigation bar or in the Provider's Inbox. (7)
- To locate the Service Authorization, use filter to search. (8)
 - **Note:** With the Shared Provider Dashboard feature, you may access any service authorization that was submitted by you or any other user in your Submitter Group.

To Complete a Service Authorization Request in Draft Status:

The screenshot displays the MedCompass My Dashboard. At the top, there are navigation links for Dashboard, Notices, Waiting Room, Recent, and New. The main content area is divided into several sections:

- Tasks:** A table with columns for Task Type, Description, Due Date, Priority, Status, Member, and Due Today/Overdue. A single entry is visible: "New Authorization" with description "Requesting Additional Information re: SA 2214565066", due date "6/3/22", priority "High", status "Assigned", member "LN26008, FN7974", and due date "Due Today".
- Service Authorizations:** A section with tabs for "Submitted" and "Drafts" (circled in purple). Below the tabs is a filter field (labeled '1') containing "2215465200" and a "Clear" button. A table lists service authorizations with columns: Auth Number, Member Name, Member ID, Auth Category, Authorization Status, Auth Type, Status Detail, Received Date, Admit/Effective Date, and Action. The second row is highlighted in orange (labeled '2') and has an "Edit" button circled in purple.
- Member Search:** A sidebar with search fields for Medical Mutual ID Number, First Name, Last Name, Date of Birth, and Subscriber ID.
- High Priority Messages:** A red banner at the bottom right with the text "High Priority Messages" and "MedCompass InruleActionAPI".

- When the “Save as Draft” button is clicked, the Service Authorization is saved in drafts format until all fields are completed.
 - **Note:** A service authorization in draft status is not visible to Medical Mutual.
- To complete the service authorization submission, use filter function (1) under Draft header to search for the incomplete service authorization.
 - **Note:** Enter either the Authorization Number, Member Name, or Medical Mutual ID Number in filter field to search.
 - **Note:** With the Shared Prover Dashboard feature, you may access any service authorization that was placed in draft status by you or any other user in your Submitter Group.
- Once the correct line is found, click Edit (2) to open service authorization request screen to complete missing information.