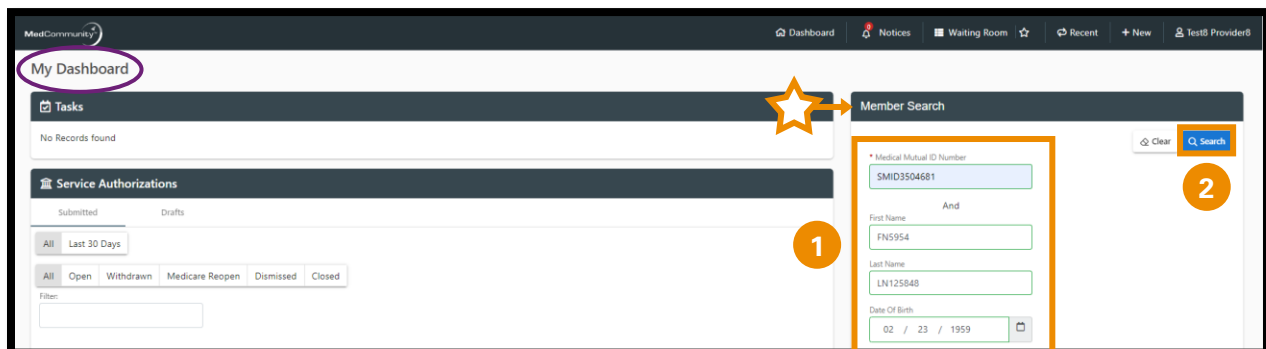


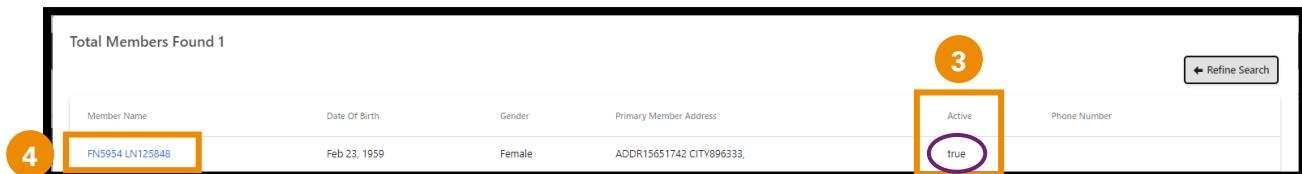
MedCommunity Reference Guide:

Submitting a Retrospective Review

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
FNS954 LN125848	Feb 23, 1959	Female	ADDR15651742 CITY896333	True	

- Review Active column for Subscribers active eligibility: (3)
 - True = active eligibility
 - False = no active eligibility
 - Please contact Customer Care (located on Subscriber's MMO 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 Test@ Provider@

Coverage Verification

FN5954 LN125848

Date Of Birth	Age	Gender	Current Primary Address	Current Phone Number
Feb 23, 1959	63y	Female	ADDR15551742 CITY896333, ZIP888094	N/A

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

1 Current Active Coverage

Effective Date	Termination Date	Subscriber ID	Subscriber Name	Line of Business	Plan	Group
Jan 1, 2017	N/A	SMID1528333	SN9121342	Self Insured	SUPERMED PLUS	-

2 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.

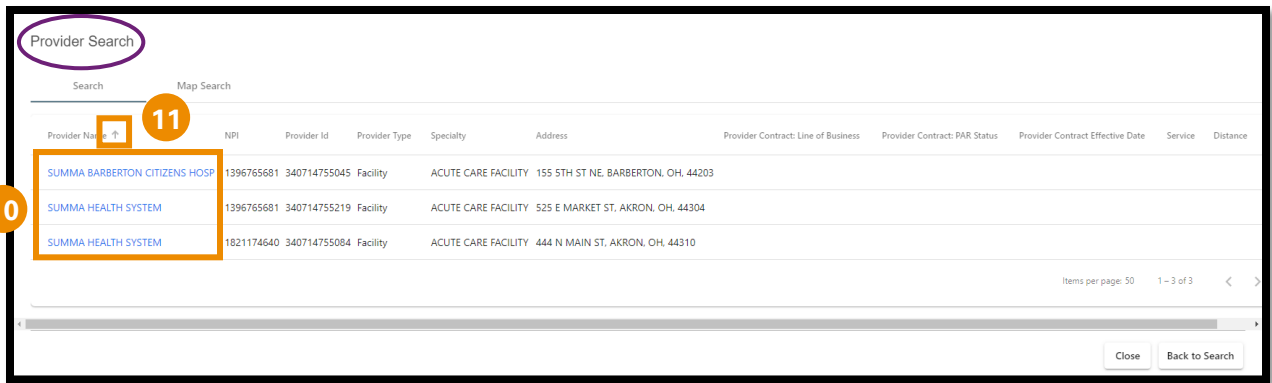
STEP 3 – Complete Service Auth Tab:

- 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 22.
- Confirm eligibility field (2) matches Member's current active coverage from the Coverage Verification screen.
- Complete the Admit/Effective Date field. (3)
- Complete the Discharge Date field. (4)
 - **Note:** A Retrospective review **MUST** include the discharge date.
 - **DO NOT ADD** Discharge Date to the Comments section without completing the Discharge Date field.
 - **Note:** Admit date and Discharge date **may not** be in the future.

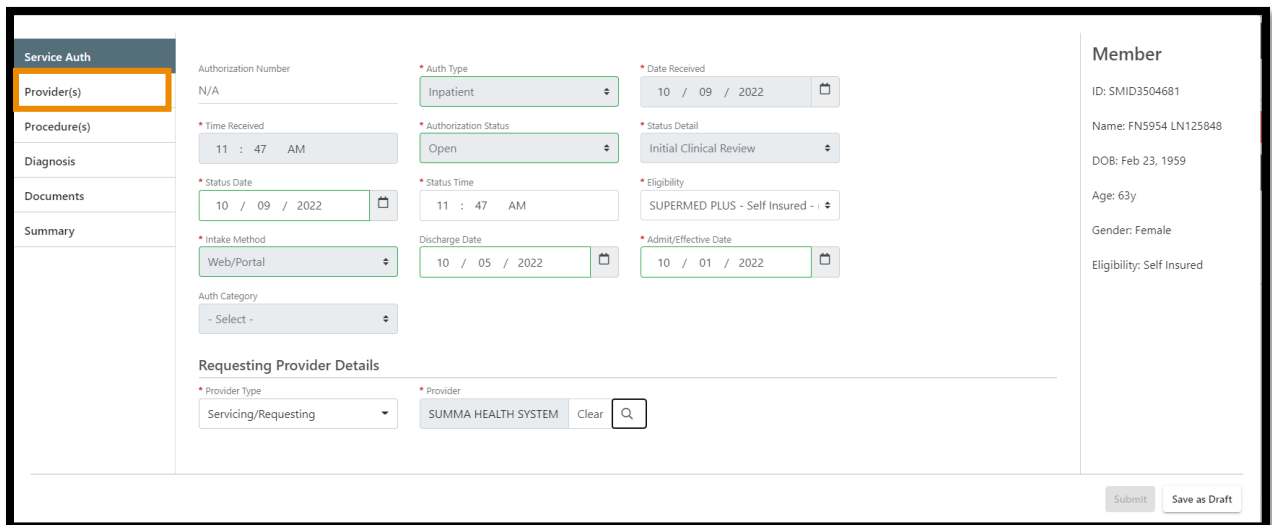
- **Note:** You will add the discharge destination (ex: Home, SNF, Home with Home Health Care, etc.) in the Comments section on the Procedures tab.
- Under Requesting Provider Details, use dropdown to complete the Provider Type field.
 - Provider Type = Servicing/Requesting. (5)
 - **Note:** The Institutional (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. (6)
 - **Note:** Temporary Provider MAY NOT be used for the Institutional Provider.

The screenshot shows the 'Provider Search' interface. At the top left, the title 'Provider Search' is circled in purple. Below it are 'Search' and 'Map Search' tabs. The form is divided into two main sections: 'Narrow by Location' on the left and 'Narrow by Organization Details' on the right. In the 'Narrow by Location' section, the 'Zip' field contains 'ZIP88' and is highlighted with an orange box and a callout '8'. Below it are dropdown menus for 'Distance', 'Area Served - State', 'Area Served - County', and 'Area Served - Location'. In the 'Narrow by Organization Details' section, there are input fields for 'Organization Name', 'Last Name', 'First Name', 'Organizational Affiliation', 'Provider Id', 'NPI', 'Federal Tax Id', 'Phone Number', 'City', 'State', and 'Zip'. At the bottom of the form, there is a section 'By Type, ISP, Network or LOB' with a 'Provider Type' dropdown and a 'Specialty' dropdown. On the far left, there is a toggle for 'Include Non-Par and Inactive Providers' which is currently set to 'Yes' and is highlighted with an orange box and a callout '7'. At the bottom right, there are 'Close', 'Clear', and 'Search' buttons, with the 'Search' button highlighted in orange and a callout '9'.

- Verify the toggle to the left is moved to Yes (7) to include Non-Participating (Non-Par) and Inactive Providers.
- Delete the Zip field. (8)
- Click Search (9) to view a complete list of Institutional Providers that are associated with your Provider Group.



- Locate the correct Institutional Provider.
- Click Facility [blue](#) hyperlink (10) to add the Institutional Provider.
 - **Note:** Make sure to choose a Institutional Provider with a listed address.
 - **Note:** Hover next to the column headers (11) to sort list by preference.



- After reviewing all information on the Service Auth tab, click Providers tab. (12)

STEP 4 – Complete Providers Tab:

The screenshot shows the 'Coverage Verification' page in MedCommunity. At the top right, a green notification box says 'Saved!'. On the left, a sidebar has tabs for 'Service Auth', 'Provider(s)', 'Procedure(s)', 'Diagnosis', 'Documents', and 'Summary'. The 'Provider(s)' tab is selected and highlighted with a star and a circled '2'. Below the tabs is a '+ Add Provider' button, also highlighted with a circled '2'. On the right, a 'Member' profile is visible with details like ID, Name, DOB, Age, Gender, and Eligibility. At the bottom right 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)

This close-up shows the 'Provider(s)' tab. The 'Provider Type' dropdown menu is open and set to 'Servicing', highlighted with a circled '4'. To its right is a search field with a magnifying glass icon, highlighted with a circled '5'. Below the dropdown is a '+ Add Provider' button. On the right, the 'Member' profile is visible. At the bottom right are 'Submit' and 'Save as Draft' buttons. A star points to the 'Provider(s)' tab in the sidebar.

- 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: 71P88

Area Served - State: - Select -

Area Served - County: - Select -

Area Served - Location: - Select -

Include Non-Par and Inactive Providers: Yes

Search Undefined Providers: Yes

Accepts New Patients: Yes

Narrow by Organization Details

Organization Name: - Select -

Organizational Affiliation: - Select -

Provider Id: - Select -

City: - Select -

State: - Select -

Zip: - Select -

Phone Number: - Select -

By Type, ISP, Network or LOB

Provider Type: - Select -

Specialty: - Select -

Service Category: - Select -

Service: - Select -

Line of Business: - Select -

Network: - Select -

Language: - Select -

Close Clear Search

- Verify the toggle to the left is moved to Yes (6) to to include Non-Participating (Non-Par) and Inactive Providers.
- Add the Professional Provider's Name (7) if known enter NPI number 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 8.
- Click Search. (10)

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
WISSAM ALAJAJI, MD	598172330	159817233002	Practitioner	CARDIOVASCULAR DISEASE	60 NORTH AVE, TALLMADGE, OH, 44278					
WISSAM ALAJAJI, MD	598172330	159817233001	Practitioner	CARDIOVASCULAR DISEASE						
WISSAM ALAJAJI, MD	598172330	159817233003	Practitioner	CARDIOVASCULAR DISEASE	95 ARCH ST STE 240, AKRON, OH, 44304					

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.

Service Auth

Provider(s) **15**

Procedure(s)

Diagnosis

Documents

Summary

* Provider Type **13**

Servicing

* Provider

WISSAM ALAJAJI, MD Clear **14** Remove

+ Add Provider

Member

ID: SMID3504681

Name: FNS954 LN125848

DOB: Feb 23, 1959

Age: 63y

Gender: Female

Eligibility: Self Insured

Submit Save as Draft

- 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:

Service Auth

Provider(s) **2**

Procedure(s)

Diagnosis

Documents

Summary

* Provider Type **1**

Servicing

* Provider

Remove

+ Add Provider

Member

ID: SMID3504681

Name: FNS954 LN125848

DOB: Feb 23, 1959

Age: 63y

Gender: Female

Eligibility: Self Insured

Submit Save as Draft

- 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: 21203

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

Accepts New Patients

No Yes

Narrow by Organization Details

Organization Name: - Select -

Or

Last Name: Provider

First Name: Temporary

Organizational Affiliation: - Select -

Provider Id: - Select - NPI: - Select - Federal Tax Id: - Select - Phone Number: - Select -

City: - Select - State: - Select - Zip: - Select -

By Type, ISP, Network or LOB

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

Service Category: - Select - Service: - Select - Line of Business: - Select - Network: - Select - Language: - 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.
 - **Note:** If Professional Provider was unknown on Providers tab, add information related to unknown Provider in the Comments section. (ex: Provider name, address, NPI, etc.)

STEP 5 – Complete Procedures Tab:

- 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.

- 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-based form for submitting a request. On the left is a navigation menu with tabs: Service Auth, Provider(s), Procedure(s) (highlighted with a star), Diagnosis, Documents, and Summary. The main form area contains several sections:

- Request Type:** Post-Service
- Priority:** Standard/Non-Urgent
- Place of Service:** Inpatient Hospital
- Requestor-Contact Name:** Sally
- Contact Phone:** +1 (216) 555-1234
- Requestor Faxback:** +1
- Service Type:** Emergency (circled with a '4')
- Procedure Code Type:** Revenue Code
- Procedure Code:** 000 (circled with a '4')
- Request Start Date:** 10 / 01 / 2022
- Request Start Time:** 12 : 00 AM
- Procedure Description:** Room & Board
- Comments:** Relevant clinical information is added here. (circled with a '5')
- Buttons:** Save and Add Another (circled with a '6'), Submit, Save as Draft

 On the right side, there is a 'Member' profile section with details: ID: SMID3504681, Name: FN5954 LN125848, DOB: Feb 23, 1959, Age: 63y, Gender: Female, Eligibility: Self Insured.

- 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:** Include where Member discharged to (ex:: Home, SNF, Home with Home Health Care, etc.).
 - **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 Retrospective Review 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.

The screenshot shows a procedure form with a star icon on the left. Two orange boxes highlight specific fields, each with a circled '7'. The first box highlights the Request Type (Post-Service), Priority (Standard/Non-Urgent), Place of Service (Inpatient Hospital), Requestor-Contact Name (Sally), Contact Phone (+1 (216) 555-1234), and Requestor Faxback (+1). The second box highlights the Request Start Date (10 / 01 / 2022) and Request Start Time (12 : 00 AM). The form also includes fields for End Date, End Time, Procedure Code Type (Revenue Code), Procedure Code (000), Procedure Description (Room & Board), and a Comments field. A 'Save and Add Another' button is visible at the bottom left.

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

The screenshot shows the same procedure form, but with a dropdown menu open for the Procedure Code Type field. The dropdown is highlighted with a circled '8' and shows options: CPT Procedure Codes (selected), HCPCS/CDT, ICD 10 Procedure Code, Revenue Code, and Service Code. The Procedure Code field is highlighted with a circled '9'. The magnifying glass icon next to the Procedure Code field is highlighted with a circled '10'. The 'Save and Add Another' button is highlighted with a circled '11'. The form also includes fields for Post-Service, Standard/Non-Urgent, Inpatient Hospital, Requestor-Contact Name (Sally), Contact Phone (+1 (216) 555-1234), Requestor Faxback (+1), Service Type (Emergency), Request Start Time (12 : 00 AM), End Time, Procedure Description (Room & Board), and a Comments field. A 'Remove' button is visible next to the Comments field. A star icon is on the left.

- 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 13).
- The Comments field will display a duplicate of the comments added previously. (11) Additional comments are not needed.

The screenshot shows a medical request form with several tabs on the left: Service Auth, Provider(s), Procedure(s), Diagnosis, Documents, and Summary. The Procedure(s) tab is currently active. Callout 14 points to the Diagnosis tab. Callout 12 points to the 'Save and Add Another' button at the bottom left. Callout 13 points to a 'Remove' button next to a procedure entry. The form contains fields for Request Type (Post-Service), Priority (Standard/Non-Urgent), Place of Service (Inpatient Hospital), 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 (TRACHEOBRNCHSC THRU EST TRACHE), Request Start Date (10 / 01 / 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 right, there are 'Submit' and 'Save as Draft' buttons. On the right side, there is a 'Member' profile with details: ID: SMID3504681, Name: FN5954 LN125848, DOB: Feb 23, 1959, Age: 63y, Gender: Female, Eligibility: Self Insured.

- 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' form. Callout 1 points to the 'Description' field containing '*intubation'. Callout 2 points to the 'Search' button. The form includes a dropdown for 'Procedure Type' (CPT Procedure Codes), a 'Procedure Code' field, a 'Description' field, and 'Service Group Code' and 'Service Group Name' fields. At the bottom right, there are 'Close', 'Clear', and 'Search' buttons. A note at the top reads: '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.'

- 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 Code	DrgGlos	DrgGALos	DrgRelWts	DrgMdc
31615	TRACHEOBRNCHSC THRU EST TRACHS INC				
31614	TRACHEOSTOMA REVI CPLX W/FLAP ROTATION				
31613	TRACHEOSTOMA REVI SMPL W/O FLAP ROTATION				
31612	TRACHEAL PNXR PRQ W/TRANSTRACHEAL ASPIR&/NIX				
31611	CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH				
31610	TRACHEOSTOMY FENESTRATION W/SKIN FLAPS				

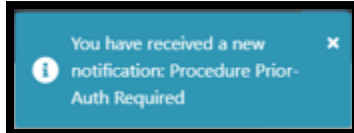
Items per page: 50 1 - 6 of 6 < >

Close Back to Search

- **Note:** 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 1 Saved!

Coverage Verification

FN5954
Date of Bill: Feb 23, 2019
Service Auth
Provider(s)
Procedure(s)
Diagnosis
Documents
Summary
Authorized Inpatient

* Code
Diagnosis Description
N/A

+ Add Another Diagnosis

Member
ID: SMID3504681
Name: FN5954 LN125848
DOB: Feb 23, 1959
Age: 63y
Gender: Female
Eligibility: Self Insured

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
I50. 2
I50.21 - ACUTE SYSTOLI... 3
I50.41 - Acute combine...
I50.31 - Acute diastolic (...
I50.43 - Acute on chroni...
I50.33 - Acute on chroni...

Diagnosis Description
N/A

- 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.

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

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

To Search for Diagnosis:

Diagnosis Search

Diagnosis Description: *viral pneumonia

Diagnosis Code Type: ICD10

Diagnosis Code:

Close Clear Search

- 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.

Diagnosis Search

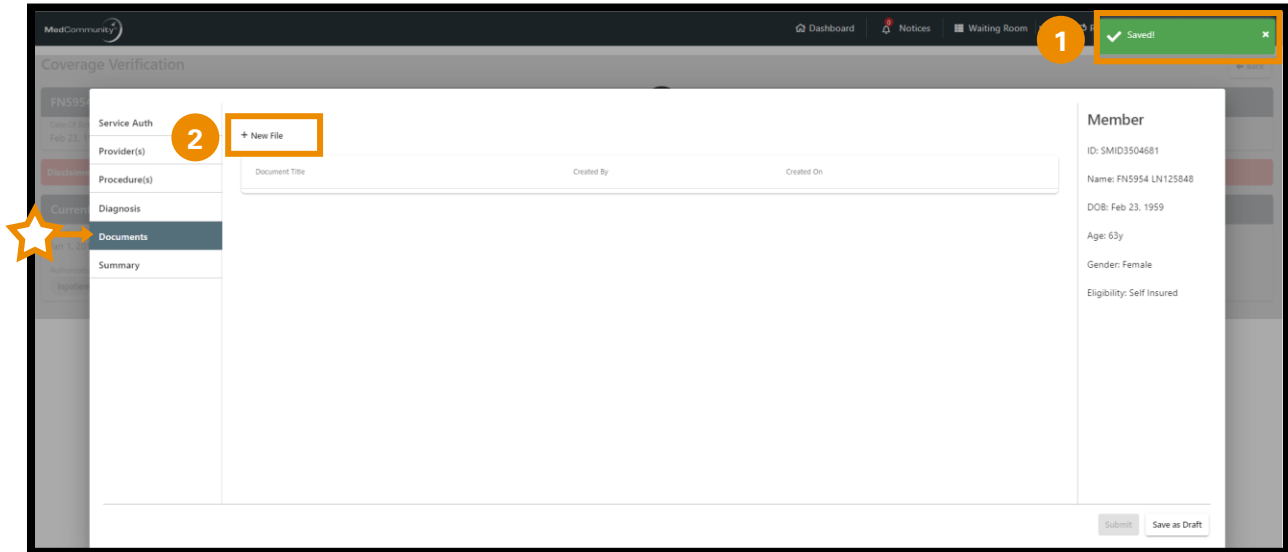
Diagnosis Code	Diagnosis Description	Diagnosis Code Type	Sensitive Diagnosis
J12.9	Viral pneumonia, unspecified	ICD10	No
J12.89	Other viral pneumonia	ICD10	No
J12.0	Adenoviral pneumonia	ICD10	No

Items per page: 50 1 - 3 of 3 < >

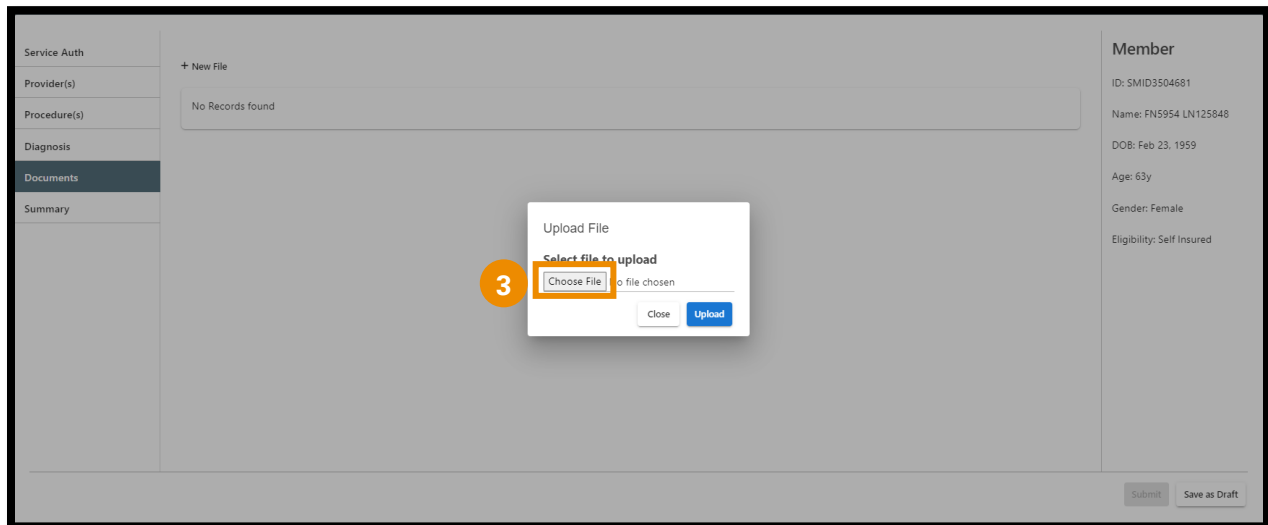
Close Back to Search

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

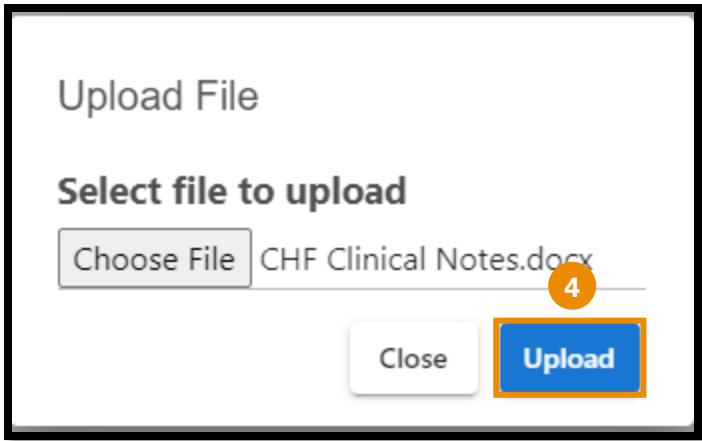
STEP 7 – **Optional** - Upload Documents:



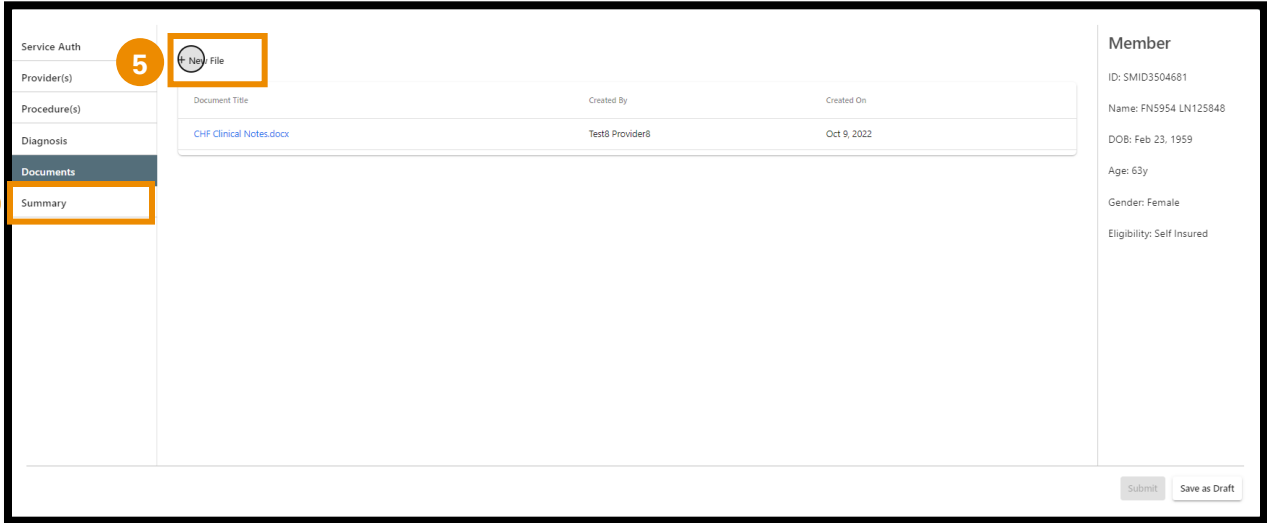
- A pop-up notification (1) will appear indicating that the information on the previous tab has been saved.
- Click + New File (2) to upload a relevant clinical document.
 - **Note:** Attaching documentation is not required if you added clinical information in the Comments section on the Procedure(s)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



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



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



- 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:

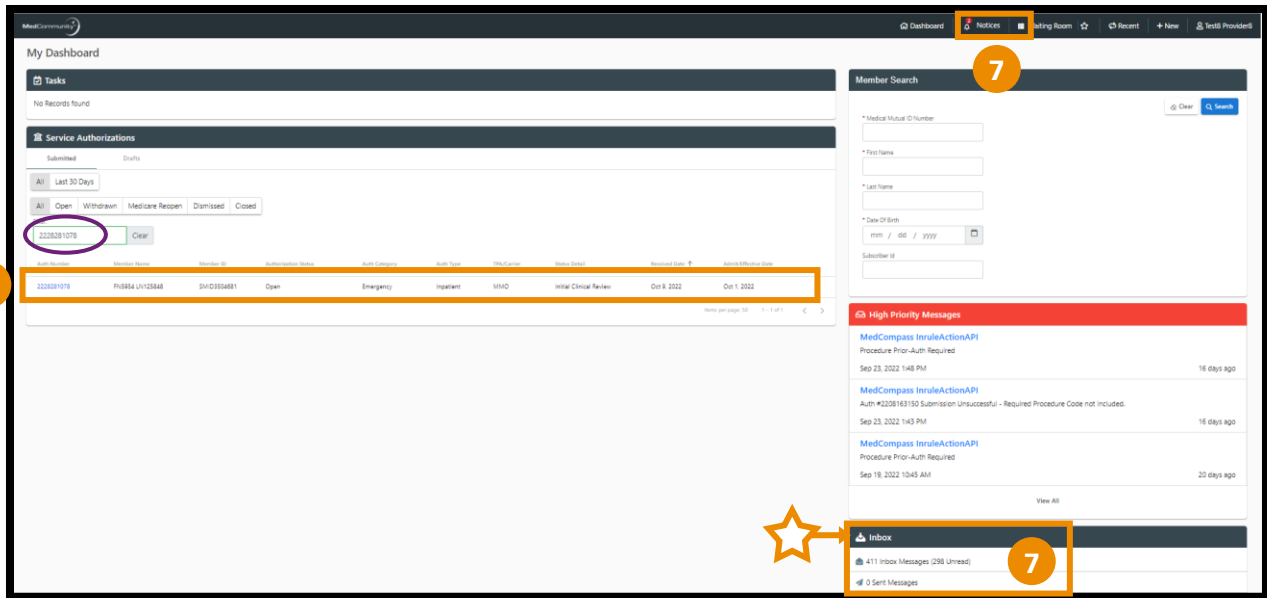
The screenshot shows the MedCompass Coverage Verification interface. The 'Summary' tab is selected, displaying the following information:

- Member:** ID: SMID3504681, Name: FN5954 LN125848, DOB: Feb 23, 1959, Age: 63y, Gender: Female, Eligibility: Self Insured.
- Summary:** Authorization Number: 2228281078 (circled with callout 1).
- Auth Type:** Inpatient.
- Date Received:** 10 / 09 / 2022.
- Time Received:** 11 : 47 AM.
- Status Detail:** - Select -.
- Status Date:** 10 / 09 / 2022.
- Status Time:** 12 : 34 PM.
- Eligibility:** SUPERMED PLUS - Self Insured.
- Intake Method:** Web/Portal.
- Discharge Date:** 10 / 05 / 2022.
- Admit/Effective Date:** 10 / 01 / 2022.
- Auth Category:** Emergency.
- Requesting Provider Details:** Provider Type: Servicing/Requesting, Provider: SUMMA HEALTH SYSTEM.
- Provider(s):** Provider Type: Servicing, Provider: WISSAM ALAJAJIL, MD.

Callouts in the image:

- 1:** Points to the Authorization Number field.
- 2:** Points to the vertical scroll bar on the right side of the Summary tab.
- 3:** Points to the 'Summary' tab in the left-hand navigation menu.
- 4:** Points to the 'Save as Draft' button at the bottom right.
- 5:** Points to the 'Submit' button at the bottom right.

- 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 shows the MedCommunities dashboard with the following elements:

- My Dashboard**: Includes a **Tasks** section with "No Records found" and a **Service Authorizations** section.
- Service Authorizations**: Has tabs for "Submitted" and "Drafts" (circled in purple). Below are "All" and "Last 30 Days" filters.
- Filter**: A search box (1) containing "2213453490" and a "Clear" button.
- Table**: A table with columns: Auth Number, Member Name, Member ID, Auth Category, Authorization Status, Auth Type, Status Detail, Received Date, Admit/Effective Date, and Action. The first row is highlighted in orange and has an "Edit" button (2) circled in purple.
- Member Search**: A sidebar with fields for Medical Mutual ID Number, Last Name, Date of Birth (mm / dd / yyyy), and Subscriber ID, along with "Clear" and "Search" buttons.

- 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 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.