Table of Contents

Training ........................................................................................................................................... 3
Logout - do not “X” out...................................................................................................................... 3
Coordinated Behavioral Health Management ................................................................................... 3
eviCore............................................................................................................................................ 3
Important Phone Numbers.............................................................................................................. 3
When not to use CareAffiliate ......................................................................................................... 4
Time Saving Tips!............................................................................................................................. 5
Helpful Tips ..................................................................................................................................... 6
  Adding/Copying another service ................................................................................................. 6
  Adding providers to your drop down ............................................................................................ 6
  Assessments ............................................................................................................................... 6
  Attachments ............................................................................................................................... 6
  Copy/pasting into fields .............................................................................................................. 6
  Default Provider ......................................................................................................................... 6
  In-line Messages ....................................................................................................................... 6
  Messages .................................................................................................................................... 7
  Reference Number ..................................................................................................................... 7
  Request Types ............................................................................................................................ 7
  Search using the Wild Card......................................................................................................... 7
  Submission Outcomes ................................................................................................................ 7
Alert Messages................................................................................................................................. 8
Steps for Entering a New Authorization ........................................................................................ 10

Note: The member data found in this Training Manual is fictitious data.
Welcome to HAP’s online authorization platform—CareAffiliate!

The initial launch of CareAffiliate was July 2015. In November 2016, a new release was implemented which is reflected in this training manual. While functionality is the same, existing users will notice the following changes:

<table>
<thead>
<tr>
<th>New colors</th>
<th>Blue and orange throughout the application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorizations Home Page</td>
<td>After you log in at hap.org and select Authorizations you will have two choices: 1. Search Existing Records (formerly Status module). You can search for existing authorization requests. 2. New Authorization – select to enter a new authorization request.</td>
</tr>
<tr>
<td>Required Fields</td>
<td>White and outlined in orange</td>
</tr>
<tr>
<td>Procedure</td>
<td>You will select Edit (if available) or Add Procedure (if Edit is not available). Note: if Edit or Add Procedure are not available, then procedure code is not required</td>
</tr>
</tbody>
</table>

### Important

#### Training
- There are several helpful tools to assist you with CareAffiliate.
- Log in at hap.org and select the CareAffiliate Help link under Quick Links.
- You can also find this information on the CareAffiliate home page.

#### Logout - do not “X” out
- When logging out of the application, always select Log Out and not the X.

### Coordinated Behavioral Health Management
- Check the CBHM Outpatient Authorization Requirement List under Procedure Reference Lists.
- PCPs should call CBHM for authorizations at (800) 444-5755.
- Behavioral type specialists/facilities will only enter outpatient authorizations in CareAffiliate. Call CBHM for all other authorization requests.
- Behavioral/substance abuse admissions will not be entered in CareAffiliate.

### eviCore
Cardiac imaging, musculoskeletal procedures, radiation therapy, high-tech radiology services and sleep studies require clinical review and prior authorization from eviCore at eviCore.com.

### Important Phone Numbers

<table>
<thead>
<tr>
<th>Issue</th>
<th>Contact</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help with Authorizations application-CareAffiliate including: Authorizations missing from home page</td>
<td>Provider Services at: (866) 766-4708 OR <a href="mailto:prelweb1@hap.org">prelweb1@hap.org</a></td>
<td>Monday-Friday 8:00 a.m. to 4:30 p.m.</td>
</tr>
</tbody>
</table>
When not to use CareAffiliate

Do Not Use CareAffiliate for:
- Boarder Babies
- Denied cases where you need to provide additional clinical information
- Location Transfers
- Peer to Peer
- Level of care transfers – if a member requires a higher level of care at another facility

Please continue to call HAP’s Admissions and Transfers Team at (313) 664-8833, option 3.

Do Not Use CareAffiliate for:
- Inpatient Rehabilitation at Hospitals
- Long-term Care at Hospitals
- Skilled Nursing Facilities
- Sub-Acute Rehabilitation

You can contact (313) 664-8800 to inquire about a request that is currently being processed for placement or questions regarding the precertification process.
Time Saving Tips!

Following the tips below will save you time!

1. **Check to see if the service/procedure needs an authorization**
   - Log in at hap.org
   - Select Procedure Reference Lists under Quick Links
   - Select appropriate list under Prior Authorizations Lists

   ![Procedure Reference Lists](image)

   - Check the column - **Prior Auth Required**

   ![Services that require Prior Authorization List](image)

   **Note:** Prior authorization is always required:
   - For services that are out of network when the member is in an integrated delivery system
   - When a member in an integrated delivery system or an open delivery system wants to see a non-participating provider

2. **Choose the correct Request Type** – see tips in this manual

3. **Submit complete information**
   - Ensure all required fields outlined in orange are completed
   - The more information you provide upfront, the better your chances of receiving a quick determination

The fastest and most efficient way of submitting authorizations and checking status is online! It is not quicker to call it in.
## Helpful Tips

<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Adding/Copying another service** | From Service 1 screen, after you finish entering the first service:  
- Select *Copy Service* and make the appropriate changes |

<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adding providers to your drop down</strong></td>
<td></td>
</tr>
</tbody>
</table>
- The first time that you request an authorization from each individual provider in your site, you will need to search by clicking the magnifying glass icon.  
- Once the provider is selected, the Requesting Provider/Facility field will populate.  
- For all future authorizations, you will no longer need to search. Begin typing the NPI or name and the provider will appear for you to select.  
- If you cannot find one of your providers, please contact the Provider Services at (866) 766-4708 or prelweb1@hap.org. |

<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessments</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Complete all required fields outlined in orange.  
- Complete white field with appropriate information.  
- Complete *Assessments* with as much information as possible. Responding with N/A or incomplete information will cause a delay in the turnaround time of your request. |

<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attachments</strong></td>
<td></td>
</tr>
</tbody>
</table>
- You can attach external files (PDF, Word, Excel, etc.) to a maximum of 32 MB that provide clinical support for your request.  
- Electronic files, including faxes, must be HIPAA compliant and only contain information for one specific member. |

<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copy/pasting into fields</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Do *not* paste directly into a field from a document or application.  
- Field types must match (i.e., cannot copy text into a date field, etc.).  
- All of the formatting must be removed from your document. You can do this via Notepad or a similar application if you are not using a Microsoft based system. Simply:  
  - Copy document/item from your system/file (Epic, Word, etc.)  
  - Open Windows Notepad and paste the document/item into the Notepad  
  - Copy text from Notepad  
  - Paste it into the appropriate field in *Assessments or Notes*  
  **Important:**  
  - There is a 2,000 character (including spaces) limitation for each field. There is no warning — any characters exceeding the limit will be cut off. |

<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Default Provider** | From the Service 1 screen:  
- Select the magnifying glass to search by NPI or Name; if Provider or Facility does not return, **uncheck “Contract Only”** and search again. If no records return, enter Provider NPI AUTH999999999 (AUTH9*), or Facility NPI FAC999999999 (FAC99*) and select the record – Provider, Default  
- Select Note link in left panel and enter provider and/or facility complete name, NPI or Out of Country Code, address, phone, fax and specialty.  
- You can also select the for instructions. |

<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-line Messages</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Fields with this icon contain instructions on the information that should be entered. Select it to see details. |
<table>
<thead>
<tr>
<th>Tip</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Messages</strong></td>
<td>• Messages or statuses on authorization requests will appear in Messages. &lt;br&gt;• Requests for additional information for a request will appear in your Messages. &lt;br&gt;• It's important to check your Messages daily. &lt;br&gt;• You cannot reply to Messages.</td>
</tr>
<tr>
<td><strong>Reference Number</strong></td>
<td>When you submit an authorization, you will receive a Reference Number. It does not indicate approval. You need to refer to the submission outcome.</td>
</tr>
<tr>
<td><strong>Request Types</strong></td>
<td><strong>Outpatient Authorizations</strong></td>
</tr>
<tr>
<td></td>
<td>It is helpful to think about: &lt;br&gt;• The setting–where is the procedure being performed (outpatient, inpatient, in the office). &lt;br&gt;• The type of service. There are some Request Type profiles for specific services (e.g., bariatric surgery and breast reductions, along with many other service specific profiles).&lt;br&gt;Note: If you can't find a specific Request Type for the service/item, use a general profile (e.g., office other medical services).</td>
</tr>
<tr>
<td><strong>Search using the Wild Card</strong></td>
<td><strong>For Member and Provider Names</strong> &lt;br&gt;Type 5 characters and <em>&lt;br&gt;Example: Johns</em> or Lee___*&lt;br&gt;(note if a last name has less than 5 letters, use spaces)</td>
</tr>
<tr>
<td></td>
<td><strong>For Diagnosis and Procedure Code/Description</strong> &lt;br&gt;Use the * before and after the first 3 characters of a code/description.&lt;br&gt;Example: <em>123</em> OR <em>bar</em></td>
</tr>
<tr>
<td></td>
<td><strong>For Request Type Description</strong> &lt;br&gt;use the * before and after the first 3 letters of a description&lt;br&gt;Example: <em>inp</em></td>
</tr>
<tr>
<td><strong>Submission Outcomes</strong></td>
<td>• No Action Required: Indicates no authorization required for the request.&lt;br&gt;• Certified in Total: Indicates authorization approved &lt;br&gt;• Pended: Indicates requires review &lt;br&gt;• Not Certified: Denied</td>
</tr>
</tbody>
</table>
Alert Messages

You can find Alert messages under the navigation bar or as pop-up messages. They indicate a potential issue with your authorization request. Read the warnings carefully as some:
- Will not allow the authorization to be submitted and will provide instructions to correct
- Are missing required information
- Are informational only and will allow submission

<table>
<thead>
<tr>
<th>Alert Message</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Fields</td>
<td>There are required fields that must be completed before you can submit the request. You can return to the Authorization Request or Service 1 screens to find the missing data.</td>
</tr>
<tr>
<td>Potential Duplicate Authorization</td>
<td>The authorization request may have already been submitted for the member. (Note – if you want to proceed, you will need to select Submit twice.)</td>
</tr>
<tr>
<td>A more specific diagnosis code exists for the condition specified</td>
<td>There may be a more specific diagnosis for the procedure/service.</td>
</tr>
<tr>
<td>Authorization required from eviCore</td>
<td>The authorization request must be submitted to eviCore.</td>
</tr>
<tr>
<td>Authorization required from Pharmacy Advantage</td>
<td>The medication is included in the Specialty Drug Program requests for coverage. It must be faxed to Pharmacy Advantage.</td>
</tr>
</tbody>
</table>
| Timing Out                                         | • After 29 minutes of inactivity you will receive a warning that your session will time out in 1 minute.  
• You will lose any information that has not been submitted.  
• Select OK to continue working. |
The following pages illustrate entering a new authorization.

- For demonstration purposes, the scenario below is used.

  - Request Type: Panniculectomy
  - Diagnosis code: E65
  - Procedure code: 15830
Steps for Entering a New Authorization

- Log in at hap.org
- Check Procedure Reference Lists to see if an authorization is required
- Select Authorizations
• Select Authorizations

 Resources for HAP Authorizations
- HAP Help
- Procedure Reference Lists
- Frequently Used ICD-10 Codes
- NPI Lookup

• Select New Authorization

There are no records to display.
• Complete all required fields outlined in orange (See table below for details on what to enter in each field).

<table>
<thead>
<tr>
<th>Field</th>
<th>What you should enter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
<td>11-digit Member ID Number; TAB and Member Name will auto populate</td>
</tr>
<tr>
<td>Name</td>
<td>Member name; TAB and Member ID will auto populate (you can enter 5 characters and a wild card *) or click magnifying glass icon to search</td>
</tr>
</tbody>
</table>
| Request Type   | The Request Type is essentially the place of service and service combined. It determines what fields auto populate throughout the authorization—less data entry for you!  
  • To search for a Request Type:  
    • Click on the magnifying glass next to Request Type  
    • Place your cursor in the Request Type Description field  
    • Use a wildcard * before and after the first three letters of a word in the description column (do not search on the procedure code)  
    • Click Search  
    • Review details if present  
    • Choose appropriate Request Type |

Note: If you realize you have entered the wrong Request Type:  
• Select Home (from the navigation bar)  
• Answer Yes to confirm you want to lose all changes  
• Start over

After you enter the Request Type, the screen will change – see next page.
Complete all required fields outlined in orange (See table below for details on what to enter in each field).

<table>
<thead>
<tr>
<th>Field</th>
<th>What you should enter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Classification</td>
<td>Appropriate field from drop down menu (sometimes it auto populates)</td>
</tr>
<tr>
<td>Case Type</td>
<td>Nothing, it will auto populate.</td>
</tr>
<tr>
<td>Contact Name</td>
<td>Enter the name of person entering authorization</td>
</tr>
<tr>
<td>Contact Phone</td>
<td>The best phone number HAP can contact you with questions</td>
</tr>
<tr>
<td>Requesting Provider/Facility</td>
<td>The name or NPI of the physician/facility you logged in with</td>
</tr>
<tr>
<td>Requesting Group</td>
<td>Leave blank</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>The ICD-10 DX code with or without a decimal; TAB and the description auto populates. You can also search for the code by clicking on the magnifying glass. See searching tips in this manual.</td>
</tr>
</tbody>
</table>

See next page for screen shot of all fields completed.
Screen shot of *General Information, Request and Diagnosis fields completed.*
- Next, select *Service 1*
• Complete all required fields outlined in orange (See table below for details on what to enter in each field).

### Field | What you should enter
---|---
**Service From**
The date the service will begin and end. Note: typically this is auto populated with today’s date through 90 days. You can change the date if necessary.

**Provider**
The physician or facility providing the service. Note: since we used a facility request type, we need to complete the *Facility* field.

**Provider Specialty**
Optional unless you are entering a pharmacy request

**Provider Role**
Optional

**Procedure Information**
The appropriate procedure code:
- Select **Edit** and either enter the code in the *Procedure* field or select the magnifying glass to search. See search tips in this manual.
- Enter appropriate quantity and unit type.

See next page for screen shot of all fields completed.
Screen shot of Service 1 fields completed

- If you have another service to add, select Copy Service and make the appropriate changes.
- Next, select Assessment

Procedure Information

- Select Launch Assessment
• Complete all required fields outlined in orange. Complete white fields with appropriate information.
• When finished entering all the fields, select Complete.
• You will receive an Assessment Summary.

Important! Complete Assessment with as much information as possible. Responding with n/a or incomplete information will cause a delay in the turnaround time of your request.

• Review summary and make any corrections or additions in Additional Notes.
Attachments (if you have any)
- Select Attachments
- Select Add File
- Search for your file and select it

- Select Upload File

File attached
**Notes (optional)**
A free text field where you can add details about the authorization that will help HAP with the decision-making process for the request. It could be additional information that you haven’t included with the request and this is your last chance before you submit.

- Select *Notes* and add text

• If you are finished with request, click *Submit*.

• You will receive the *Confirm* message below. If you are ready to submit, select *Yes*.

---

**Enter text here**
You will obtain a submission outcome and a Reference #. Note: the Reference # does not mean the request is approved. Refer to the status outcome.

You can print the authorization by selecting the Print icon.

If you need to enter more authorizations, select Home. If you are finished, select Log Out.