## Table of Contents

- Training .......................................................................................................................... 3
- Logout - do not “X” out.................................................................................................... 3
- Changes in an authorization after it is submitted.............................................................. 3
- Important Phone Numbers............................................................................................... 3
- When not to use CareAffiliate ....................................................................................... 4
- Time Saving Tips! ............................................................................................................. 5
- Helpful Tips ..................................................................................................................... 6
  - What you need to have available before you begin entering the authorization ............ 6
  - CareAffiliate or Pharmacy Advantage ....................................................................... 6
  - Adding/Copying another service ................................................................................. 7
  - Adding providers to your drop down............................................................................ 7
  - Assessments ................................................................................................................. 7
  - Attachments ................................................................................................................ 7
  - Copy/pasting into fields ............................................................................................... 7
  - Default Provider .......................................................................................................... 7
  - In-line Messages ......................................................................................................... 8
  - Messages ....................................................................................................................... 8
  - Profile Validation message ......................................................................................... 8
  - Reference Number ........................................................................................................ 8
  - Request Types ............................................................................................................. 9
  - Search using the Wild Card ....................................................................................... 9
  - Submission Outcomes ................................................................................................. 9
- Alert Messages ............................................................................................................... 10
- Steps for Entering a New Authorization ........................................................................ 12

---

**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 will find help guides, training manuals and other helpful resources.
- You can also find this information on the CareAffiliate home page.

![Resources for HAP Authorizations](image)

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

#### Changes in an authorization after it is submitted
- Change in dose: call HAP’s Pharmacy Care Management department
- Change in medication: enter new authorization

### Important Phone Numbers

<table>
<thead>
<tr>
<th>Issue</th>
<th>Contact</th>
<th>Hours</th>
</tr>
</thead>
</table>
| Help with Authorizations application-CareAffiliate including:  
  - Authorizations missing from home page  
  - Password resets  
  - System lockout | Provider Services  
(866) 766-4708 or prelweb1@hap.org | Monday-Friday  
8:00 a.m. to 4:30 p.m. |
| Pharmacy questions | Pharmacy Care Management  
Phone: (313) 664-8940  
Fax: (313) 664-5338 | Monday-Friday  
8:00 a.m. to 4:30 p.m. |
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 and how to submit it (CareAffiliate or Pharmacy Advantage)**
   - Log in at hap.org
   - Select Procedure Reference Lists under Quick Links
   - Select appropriate list under Prior Authorizations Lists

   - The **Prior Auth Required** column shows if an authorization is required
   - The **Key** column shows special submission instructions (refer to legend at the beginning of the list)
   - The **Rider Requirement** refers to HAP benefit riders as appropriate
   - The **Product Lines** shows the authorization requirements for HAP products

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Prior Auth Required</th>
<th>Key</th>
<th>Rider Requirement</th>
<th>Product Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>C8827</td>
<td>INTRAVENOUS INFUSION FOR THERAPY</td>
<td>No</td>
<td>PCM/NDC</td>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td>C9295</td>
<td>Injection, amoxycillin, 5 mg</td>
<td>Yes</td>
<td>SPC/NDC</td>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td>C9296</td>
<td>Injection, amoxycillin, 1 mg</td>
<td>Yes</td>
<td>SPC/NDC</td>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td>C9297</td>
<td>Injection, penicillin, 1 mg</td>
<td>Yes</td>
<td>PCM/NDC</td>
<td></td>
<td>ALL</td>
</tr>
<tr>
<td>C9313</td>
<td>INJECTION, PANTOPRAZOLE SODIUM, 1</td>
<td>No</td>
<td>NDG</td>
<td></td>
<td>ALL</td>
</tr>
</tbody>
</table>

**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>
| **What you need to have available before you begin entering the authorization** | • Patient’s name and ID number  
• Prescriber/ordering physician name and NPI number  
• Diagnosis code  
• Procedure code  
• Brand, generic or chemical name. Note: You will need the generic or chemical name when you check the Services that Require Prior Authorization list.  
• Drug dose, units and frequency  
• Patient’s chart/medical history |
| **CareAffiliate or Pharmacy Advantage** | • Check the Services that Require Prior Authorization List under Procedure Reference Lists when you log in at hap.org.  
• You will need the generic or chemical name. Look in the “Key” and if you see:  
  - **PCM**  
    - Denotes HAP’s Pharmacy Care Management  
    - Submit request for authorization through CareAffiliate  
    - Select appropriate Request Type based on type of medication, condition, and place of service  
    - Request Types for medications are configured as “Drug – XXXXX-xxxx”, where “XXXXX” corresponds to specific medication category and “xxxx” to place of service.  
  - **SPC**  
    - Denotes Specialty Medication  
    - FOR COMMERCIAL MEMBERS: call Pharmacy Advantage for authorization at (800) 456-2112 or FAX to (888) 400-0109.  
    - FOR MEDICARE ADVANTAGE MEMBERS: Submit request for authorization through CareAffiliate. Please select the appropriate Request Type based on medication type and place of service. Request Types for medications are configured as “Drug – XXXXX-xxxx”, where “XXXXX” corresponds to specific medication category and “xxxx” to place of service. |
## Authorizations - CareAffiliate Training Manual

---

### Tip | Details
---|---
### Adding/Copying another service | From *Service 1* screen, after you enter the first service:
- Select *Copy Service* and make the appropriate changes

### Adding providers to your drop down | • 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.

### Assessments | • 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.

### Attachments | • Medical records to support your request must be submitted via the Attachments link. **Note:** Faxing attachments to HAP’s Pharmacy Care Management slows down processing time significantly and therefore should only be used if you do not have an electronic file or your file exceeds the size limit (32 MB).
- Electronic files, including faxes, must be HIPAA compliant and only contain information for one specific member.

### Copy/pasting into fields | • 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.

### 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.](#)
## Tip

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-line Messages</td>
</tr>
<tr>
<td>Messages</td>
</tr>
</tbody>
</table>

## Profile Validation message

You will see this message after you enter the Request Type. If you can’t electronically attach medical records then do not enter request in CareAffiliate. Instead, go to www.hap.org/MRF and complete the appropriate form.

### Profile Validation

Service #1 in the request profile “DRUG-IVIG-INFUSION CENTER admin” has caused the following service-level validation message:

**Place of Service / Service Alert:** 1. **CRITICAL MESSAGE**: Use to request approval for medication that will be administered by a healthcare provider and billed as a medical claim. 2. **ATTENTION:** YOU MUST ATTACH A SCANNED OR AN ELECTRONIC COPY OF THE MEDICAL RECORD TO THIS REQUEST**. If you are using paper records and do not have a scanned copy, please STOP and go to www.hap.org/MRF to fill out a form and FAX to 313-664-5338 along with a copy of medical records. Please note this may delay processing.

Do you wish to continue using this request profile?

| Yes | No |

## Reference Number

When you submit an authorization, you will receive a Reference Number. It does not indicate approval. You need to refer to the submission outcome.
### Tip

**Request Types**
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 help you determine the appropriate Request Type, think about the following:**
- What kind of provider (specialty) is prescribing the medication? (i.e., oncology, pulmonary disease)
- What is the diagnosis code?
- Will the drug be administered in the office or at a facility/infusion center as outpatient (use an infusion center Request Type for outpatient hospital settings)

**To search for a Request Type:**
- Click on the magnifying glass next to Request Type
- Place your cursor in the Request Type Description field
- Enter *drug* and click Search and you will receive all drug Request Types (about 4 pages of results)
- Scan through the list and details and choose the appropriate Request Type

All Request Types begin with Drug (note: there are some requests that should only be selected by specific groups/providers)

### Details

#### Search using the Wild Card

**For Member and Provider Names**
Type 5 characters and *
Example: Johns* or Lee__ __*
(note if a last name has less than 5 letters, use spaces)

**For Diagnosis and Procedure Code/Description**
Use the * before and after the first 3 characters of a code/description
Example: *123* OR *bar*

**For Request Type Description**
use the * before and after the first 3 letters of a description
Example: *inp*

### Submission Outcomes
- No Action Required: Indicates no authorization required for the request
- Certified in Total: Indicates authorization approved
- Pended: Indicates requires review
- Not Certified: Denied
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><strong>Required Fields</strong></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><strong>Potential Duplicate Authorization</strong></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><strong>A more specific diagnosis code exists for the condition specified</strong></td>
<td>There may be a more specific diagnosis for the procedure/service.</td>
</tr>
<tr>
<td><strong>Authorization required from eviCore</strong></td>
<td>The authorization request must be submitted to eviCore.</td>
</tr>
<tr>
<td><strong>Authorization required from Pharmacy Advantage</strong></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: IVIG at an infusion center
  - Diagnosis code: D84.9
  - Procedure code: J1559
  - Dosage: 200 mg per every 1 week for 2 weeks
Steps for Entering a New Authorization

- Log in at hap.org.
- Check Procedure Reference Lists to see if an authorization is required and how to submit—CareAffiliate or Pharmacy Advantage
- Select Authorizations.
• Select Authorizations

Resources for HAP Authorizations

- HAP Help
- Procedure Reference Lists
- Frequently Used ICD-10 Diagnosis 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 (you can enter 5 characters and a wild card *) or click magnifying glass icon</td>
</tr>
<tr>
<td>Request Type</td>
<td>The appropriate Request Type (see tips on page 9)</td>
</tr>
</tbody>
</table>

Note: 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>Select either Pre-Service or Pre-Service Urgent</td>
</tr>
<tr>
<td>Case Type</td>
<td>Nothing, it will auto populate.</td>
</tr>
<tr>
<td>Contact Name</td>
<td>The name of the NPI that you logged in with will default here. Change the name to the prescriber/ordering physician.</td>
</tr>
<tr>
<td>Contact Phone</td>
<td>Contact phone of the prescriber/ordering physician</td>
</tr>
<tr>
<td>Requesting Provider/Facility</td>
<td>Enter the NPI or name of the logged in provider/facility (or someone who is set up in the same site). You may have to use the magnifying glass to search. (Note: if you are a physician office referring to an infusion center, you will enter the infusion center as the Facility on the Service screen)</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).

<table>
<thead>
<tr>
<th>Field</th>
<th>What you should enter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service From/To</td>
<td>The start and end date for the drug treatment</td>
</tr>
<tr>
<td>Facility</td>
<td>Location where the drug will be administered</td>
</tr>
<tr>
<td>Provider Specialty</td>
<td>Specialty of prescriber/ordering physician. Begin typing the provider’s specialty and</td>
</tr>
<tr>
<td>Procedure Information</td>
<td>options will appear for selection.</td>
</tr>
<tr>
<td></td>
<td>The appropriate procedure code:</td>
</tr>
<tr>
<td></td>
<td>• Select <strong>Edit</strong> and either enter the code in the <strong>Procedure</strong> field OR</td>
</tr>
<tr>
<td></td>
<td>• Select magnifying glass. Type a wild card * and at least 3 letters of the <strong>chemical</strong></td>
</tr>
<tr>
<td></td>
<td>drug name in the <strong>Description</strong> field and another wild card * and click <strong>Search</strong></td>
</tr>
</tbody>
</table>

See next page for remainder of screen
### Field | What you should enter
--- | ---
Quantity | Enter the **billable quantity** by:
- Referring to the *Procedure* field for the number of units
  - Take the prescribed dose and divide it by the number of units

For illustration purposes:
200 mg per every 1 week for 2 weeks

<table>
<thead>
<tr>
<th>Prescribed Dose</th>
<th>200</th>
<th>MG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity</td>
<td>2</td>
<td>Units</td>
</tr>
<tr>
<td>per every</td>
<td>1</td>
<td>Week</td>
</tr>
<tr>
<td>for</td>
<td>2</td>
<td>Weeks</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Prescribed dose: 200 mg
Units: 100 mg
Quantity = 2 (200 divided by 100)

**per every** | Duration and appropriate length of time from drop down
**for** | Duration and appropriate length of time from drop down
**Total** | Auto populates

See next page for screen shot of all fields completed.
Screen shot of Service 1 fields completed
• Next, select Assessment

- Select Launch Assessment

- An assessment has not been completed for this request. To perform one, click the "Launch Assessment" button below.
• 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.
Authorizations - CareAffiliate Training Manual
Pharmacy

Attachments
- Select Attachments
- Select Add File
- Search for your file and select it

Attachments

<table>
<thead>
<tr>
<th>File Name</th>
<th>Date/Time Attached</th>
<th>File Size</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are no records to display.

- Select Upload File

Attachments

<table>
<thead>
<tr>
<th>File Name</th>
<th>Date/Time Attached</th>
<th>File Size</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy attachment.docx</td>
<td>07/31/2016 7:30 AM</td>
<td>12 KB</td>
<td>Attached</td>
</tr>
</tbody>
</table>

- 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’s 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.
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 a copy by selecting the print icon.

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