



Home Health Care User Guide

Allwaysprovider.org

AllWays Health Partners includes AllWays Health Partners, Inc.,
and AllWays Health Partners Insurance Company



Introduction

AllWays Health Partners online provider portal, AllwaysProvider.org is a web-based tool used to submit referrals for special visits and authorization requests for specific services, and to receive real updates on the status of those requests. To submit a referral, notification (i.e. for skilled nursing eval) or authorization request, the AllwaysProvider.org user must have the appropriate permissions and the patient must have active AllWays Health Partners' eligibility.

The following table shows referral/ authorizations that can be created in AllwaysProvider.org, with a brief description:

AllwaysProvider.org	Brief Description
Referral	Allows user to create and send a real-time referral request to AllWays Health Partners
Outpatient (includes Observations and Surgical)	Allows user to create and send a real-time outpatient authorization request to AllWays Health Partners
Admission	Allows user to create and send a real-time admission (inpatient) certification request to AllWays Health Partners
Home Health Care	Allows user to create and send a real-time Home Health Care request to AllWays Health Partners

Helpful Hints

- Members and providers need to verify member's benefits and eligibility.
- If a referral is required verify that one is in place before submitting the Prior Authorization request.
- AllWays Health Partners' systems are updated for maintenance on the third weekend of every month starting Friday at 5:00pm until Monday morning. You will be able to enter Referrals or Authorizations during this time, but you will not receive a status report until Monday morning.
- Please contact your site User Administrator if you need access to submit authorizations.
- Error notification: If required fields have not been entered, one or more error messages will show immediately after hitting the **Submit button**. You will be able to return to the original screen and complete the fields.
- If the **Revise Authorization** screen does not appear after clicking on Revise Request, user should press Ctrl + F5 to refresh their browser.
- The following services remain fax requests to (617-586-1700):
 - **Individual Consideration** (*Services beyond the member's benefit*)

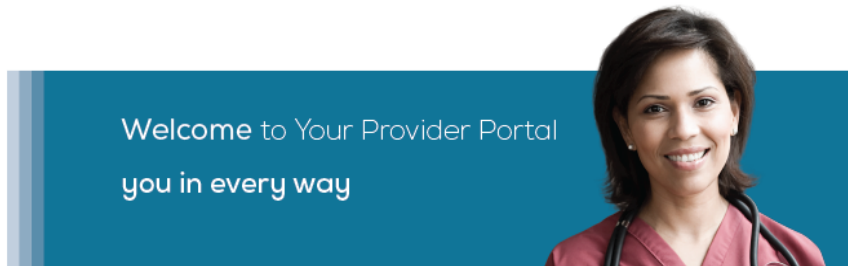
■ **Authorization Status**

AllWaysProvider.org	Edit Functionality
APPROVED	Yes
CLOSED	No
MEDREVIEW	Yes
PEND	No
DENIED	No

- The following services should continue to be requested through AllWays Health Partners’ vendor sites:
 - **Sleep Studies – CareCentrix**

Logging into AllwaysProvider.org to Submit Home Health Care Authorization Requests:

- Log onto the AllWays Health Partners Provider Portal at <https://allwaysprovider.org>



AllWays Health Partners Resources For Providers

On January 1, 2019, NHP became AllWays Health Partners. Learn more about AllWays Health Partners, as well as our Partners HealthCare Employee Plans.

[Provider Resources](#)

[Claims Information](#)

Log in to the Provider Portal

Username [Forgot Your Username?](#)

Password [Forgot Your Password?](#)

Need an Account?

If you currently have a login for NHPNet, those credentials will work here. There is no need to re-register.

If you meet the appropriate criteria and have read the instructions you may sign up for an account.

Are you an Aetna Signature Administrators or Optum Provider?

Find claims and contact information, and more.

[Learn more](#)















- If you encounter issues with login, searching for an authorization or attaching a file in AllwaysProvider.org, please contact AllWays Health Partners' Provider Customer Service department at prweb@allwayshealth.org
- Single-site access or multi-site access exists. Users with multi-site access may update the site for which they are submitting the request by selecting it from the current site drop down.

Click on the **Submit new request** button:

The screenshot displays the Allways Health Partners website interface. At the top left is the logo for Allways Health Partners. To its right is a search bar with a "Go" button. Below this is a horizontal navigation bar with buttons for Home, E-Business, Reports, User Admin, PNM Admin, Resources, and My Account. The main content area is divided into three columns: "News & Announcements" (with a link to "Backdating Referrals" and a "More" button), "Eligibility" (with a search form for Member Id, Name, or Date of Birth), and "Authorizations & Referrals" (with a "View/Edit Request" form, a "Search" button, and a "Submit new request" button). A red arrow points to the "Submit new request" button.

Referrals and Authorizations

Fields marked with  are required.

1. Select Authorization/Referral Type: 
2. Patient Search (Member ID/Name) 
3. Requesting Provider 
4. Contact Name 
5. Contact Phone 
6. Requested Service 
7. Servicing Facility (Name/NPI) 
8. Contact Name 
9. Contact Phone 
10. Diagnosis 
11. Procedure Code 
12. Start Date 
End Date 
- Remarks (limited to 255 characters)
13. 

Required fields are denoted with small orange sphere (●)

Steps to create a home Health Care request:

1. **Authorization/Referral Type:** select *Home Health Care*.
2. **Patient search:** Enter member’s AllWays Health Partners’ ID or last Name in the patient Search and click **Lookup**.
 - a. Click *Select* to choose the correct member.

*Effective dates in **red** indicate member is terminated.

3. **Requesting provider:** Will auto populate with Current Site name. Users with access to multiple sites can update selection in the Current Site fields at the top of the page.
4. **Contact name and phone number:** Will auto populate based on user login, however, both fields can be edited.
5. **Requested Service:** Select appropriate service type from drop down.
 - o Each discipline must be submitted separately. For example: if you are requesting both Home PT and Home Skilled Nursing, you must enter an authorization for both.

Requested Service	Comments
Home health Aide (HHA)	
Home Health Aide - ADL	My care family (MVACO) members ONLY
Home Infusion	
Home Skilled Nursing Evaluation-Notification	Used for Home Skilled Nursing evaluation visit only. Separate authorization required for actual treatment. Each re-eval requires a new notification.
Medical Social Worker (MSW)	
Medical Administration Visit (MAV)	My Care Family (MVACO) members only
Occupational/ Physical Therapy	My Care Family (MVACO) members only, Evaluation: Add 1 visit to total visits request and note in Remarks “1 visit for evaluation.”
Private Duty Nursing	
Skilled Nursing Care	Use for Skilled Nursing Visits (SNV)
Speech Therapy	My Care Family (MVACO) members only

6. **Servicing Facility/Provider:** Enter the name or NPI or the facility/ provider and click **Search**. Click select next to the appropriate facility/ provider name.
7. **Contact name and phone number:** Enter contact information. (Area code is required).
8. **Diagnosis:** Enter description or ICD10 code, click Search, and select appropriate diagnosis from list. Up to six diagnoses can be entered, however, the primary diagnosis should be entered first.
9. **Procedure code:** Enter code and click search. Click select next to the appropriate procedure. (Refer to the table below for specific coding requirements).

Service Type	Additional Code Requirements
Home health Aide (HHA)	Revenue Code 0572
Home Health ADL	CPT/HCPCS Code G0156 UD
Skilled Nursing (for HHA, ADL only)	CPT/HCPCS code G0493
Home infusion	CPT/HCPCS Code
Home Skilled Nursing Evaluation-Notification	Revenue Code 0551
Medical Social Worker (MSW)	Revenue Code 0561
Medical Administration Visit (MAV)	CPT/HCPCS Code T1502
Occupational / Physical Therapy (MassHealth members Only)	Occupational Therapy Revenue Code 0431
Private Duty Nursing	Revenue Code 0552/0989
Skilled Nursing Care	Revenue Code 0551
Speech Therapy (MassHealth Members)	Revenue Code 0441

10. **Units/Visits:** this field will appear after a procedure code has been selected
11. **For Home skilled Nursing Evaluation:** Only 1 visit is allowed.
12. **Start Date and End date: Enter requested date range.**
 - For OT/PT Evaluation: Add 1 visit to total visits request and note in remarks “1 visit for Evaluation”
 - If a member is receiving HHC services and is admitted to a facility, the HHC provider does not have to submit a new HHC authorization once the member has been discharged. Provider can submit revision if within 60 days from the last service date of existing authorization.

Remarks: Use for brief clinical or other information. There is a 255-character limit. If you are attaching a document in AllwaysProvider.org, please indicate so the remarks section.

13. Submit.

- For Hospice Services – Please see Allwaysprovider.org Online User Guide - Hospice

Response Screen

- Once you complete an authorization, you will receive a real-time response that includes the authorization number and status.

The screenshot shows the Allways Health Partners website interface. At the top left is the logo for Allways Health Partners. To its right is a search bar with a 'Go' button. Below the logo is a navigation bar with buttons for Home, E-Business, Reports, Resources, and My Account. The main content area is titled 'Authorization & Referrals Viewer'. Below the title, there is a red message: 'You may upload supporting documentation now if needed. For Pended requests, please check your authorization referral status at a later time (generally 4 hours or by the following morning)'. A list of fields follows: Authorization/Referral ID, Member, Member ID, Member Date of Birth, Authorization/Referral Status, Refer From, Refer To, Service Start, Service End, Type of Request, Units/Visits, and Message. Below these fields are two buttons: 'Submit Document' and 'Fax Document'. Underneath is a section titled 'Authorization Documents' with a table. The table has columns for Description, Document, Size, and Uploaded, and it displays the message 'No data available in table'. At the bottom of the page is a 'CONTACT US' section with contact information: Customer Service - 1-855-444-4647, Email - prweb@allwayshealth.org, and a copyright notice: © 2019 AllWays Health Partners.

- If your submission request doesn't provide a real-time response, the following message will be displayed:

Your request has been received and will be processed at a later time. Please check back in 4 hours or by the following morning to see your updated status. In the interim, you can fax your clinical notes to us at 617-586-1700. Please include the date/time of your online submission on your fax cover sheet. Otherwise, you can wait until the request is in our system and upload clinical notes at that time.

- Click on **Submit Documentation** button to upload clinical information.
- Click on **Browse** to search and attach a file. Enter a description and click **Submit Document**.

Upload Authorization Document

Upload Authorization Document

You can upload documents up to 5 MB in size.

Description:

File: [Browse...](#)

- Click on **fax Document** if you are unable to submit your documentation electronically. This will generate a fax cover sheet referencing the corresponding authorization number of your request and other pertinent information. You will need to print this cover sheet and include this as part of your fax.



To: AllWays Health Partners
Fax Number: 617-566-1700
Auth Id:
From:
Site:
NPI:
Phone:
Date:



Notice of Confidentiality:

This transmission is intended only for the addressee listed above and may contain information that is confidential and/or legally privileged. If you are not the addressee, any use, disclosure, copying or communication of the contents of this transmission is prohibited. If this message was received in error, please telephone us immediately at 617-772-5500 and we will arrange for the return to us of the original document at no cost to you.

- Once a document is attached, it will appear at the bottom of the authorization viewscreen. More documents may be attached at any time. Please note: When submitting clinical information via fax (*selecting the fax document button*) the upload will be automatically named with the Auth ID#, Date and Time.

Authorizations & Referrals Viewer

Revise Request

Authorizations/Referral Information

Authorization/Referral ID:	19164R00145	Member:	
Member ID:		Member Date Of Birth:	
Product:	ASO	Member PCP:	TEPPERBERG, SARA A. (1104816123) CODMAN SQUARE HEALTH CENTER
Referred By:	BOSTON MEDICAL CENTER (1346218294)	Referred To:	BOSTON MEDICAL CENTER (1346218294)
Inpatient/Outpatient:	Inpatient	Pay To:	BOSTON MEDICAL CENTER (1346218294)
Diagnosis Code:	S82.891B	Diagnosis Description:	OTH FX RT LOWER LEG INIT ENC OPEN FX TYPE III
Authorization/Referral Status:	APPROVED A -General Medicine	Authorization/Referral Date:	06/13/2019
Service Start Date:	06/12/2019	Service End Date:	06/15/2019

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	APPROVED				Inpatient Stay	3	0

Authorization/Referral Supporting Documentation



Description	Document	Size	Uploaded	
Clinical information rcvd 06/13/2019	19164R00145-1.pdf	349KB	06/13/2019 01:49:PM	Download
Clinical information rcvd 06/13/2019	19164R00145.pdf	228KB	06/13/2019 10:30:AM	Download

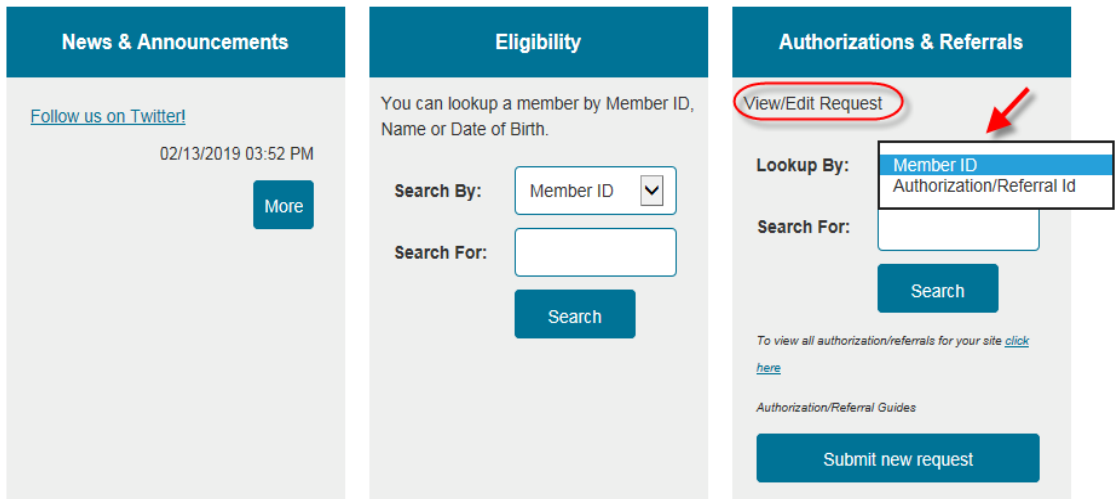
Submit Document

Fax Document

Revisions

Edit an Existing Service Request

- A Service request may only be edited when the referral or authorization is in the Approved or Medreview status.
- Re-evaluations are not allowed to be revised; A new notification will need to be submitted.
- On the main AllwaysProvider.org screen, under Authorizations and Referrals, use the Authorization/referral ID or Member ID lookup field and click search.



- If member ID is selected, choose the specific authorization number you want to revise and click view.

Authorizations & Referrals

[Submit new request](#)

View Authorizations & Referrals By: ▼
 OR [View Authorizations & Referrals for This Site](#)

Enter Member ID or [Lookup member ID](#)

Show Authorizations/Referrals: ▼

Diagnosis Code:

[Go](#)

Quick Summary for COM

Click on View to open up Authorization/Referral detail.


	Auth/Referral ID	Request Type	Created	Diagnosis Code	Status	Service Start Date	Service End Date
View	19164R00145	Prior Auth	06/13/2019	S82.891B	APPROVED	06/12/2019	06/15/2019

- If **Authorization/ Referral ID** is selected, type in the authorization number and click on **Search**, it will automatically bring you to the authorization.

The image shows a side-by-side comparison of two search interfaces. The left panel, titled 'Eligibility', allows users to search for a member by Member ID, Name, or Date of Birth. It features a 'Search By' dropdown menu currently set to 'Member ID', an empty 'Search For' text box, and a blue 'Search' button. The right panel, titled 'Authorizations & Referrals', is for viewing or editing requests. It includes a 'View/Edit Request' section with a 'Lookup By' dropdown menu set to 'Authorization/f', a 'Search For' text box containing the ID '19164R00148' with a clear 'X' button, and a blue 'Search' button. A red arrow points to the 'Search' button. Below the search fields, there is a link to view all requests and a link to authorization/referral guides. At the bottom of the right panel is a blue button labeled 'Submit new request'.

- Click **View** on the authorization you want to revise.
- Click on **Revise Request**. (if the revise Authorization screen does not appear, user should press **Ctrl + F5** to refresh the browser).

Authorizations & Referrals Viewer

[Revise Request](#) 

Authorizations/Referral Information

Authorization/Referral ID:	19164R00148	Member:	
Member ID:		Member Date Of Birth:	
Product:	ASO GIC	Member PCP:	MANASSEH, CHRISTOPHER S. (1407820673) BOSTON UNIVERSITY FAMILY MEDICINE, INC
Referred By:	BOSTON MEDICAL CENTER (1346218294)	Referred To:	BOSTON MEDICAL CENTER (1346218294)
Inpatient/Outpatient:	Inpatient	Pay To:	BOSTON MEDICAL CENTER (1346218294)
Diagnosis Code:	N17.9	Diagnosis Description:	ACUTE KIDNEY FAILURE UNSPECIFIED
Authorization/Referral Status:	APPROVED A -General Medicine	Authorization/Referral Date:	06/13/2019
Service Start Date:	06/12/2019	Service End Date:	06/15/2019

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	APPROVED				Inpatient Stay	3	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded	
Clinical information rcvd 06/13/2019	19164R00148.pdf	255KB	06/13/2019 11:20:AM	Download

[Submit Document](#)

[Fax Document](#)

- Enter additional requested units, add a procedure or enter remarks.
- Click on **Submit Revision Request**.

[Revise Authorization](#)

Revise Authorization

19164R00148


Add Units

<input type="text" value="0121"/>	<input type="text" value="Room & Board - SEMI-2BD Med/Surg/Gyn"/>	Units/Visits <input type="text" value="0"/>
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Add Procedures

[Procedure Lookup](#)

Remarks:

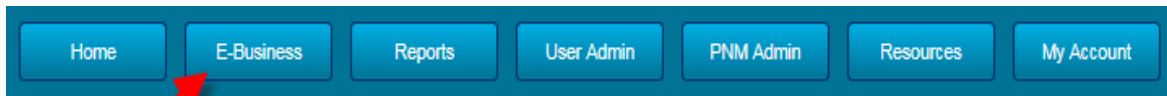
[Submit Revision Request](#) 

Authorization Revision (Concurrent Review) Rules

- Incorrect Service Request Type Submitted: If incorrect Service Type was requested (example: Private Duty Nursing vs. Skilled Nursing Care), user will need to enter a new authorization and enter the following in the remarks section:
 - “Incorrect Service type in authorization # _. Please close this auth.”
 - AllWays Health Partners will close the incorrect authorization and process new request.
- Requesting a date extension: Enter the date in the remarks section.
- Requesting a date change for Inpatient surgery: Enter the date in the remarks section.
- Requesting additional procedures: Click on procedure lookup, choose procedure and add requested units.
 - AllWays Health Partners will not accept corrected procedure codes through AllWaysProvider.org. Please submit a revision and put the corrected code in the remarks.
- Remarks: Use for status change, clinical information, corrected procedure code, corrected dates, date extensions, etc.

View Authorizations

- Click on **E-Business** and choose **Authorizations and Referrals**.



Authorizations & Referrals

Submit new request

View Authorizations & Referrals By:

Authorization/Referral Id

Enter Member ID or [Lookup member ID](#)

Show Authorizations/Referrals:

Diagnosis Code:

User may view an authorization by:

- Authorization or Referral ID.
- Viewing Authorization and referrals for a member
- Viewing Authorization and Referrals for this site.