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:

<table>
<thead>
<tr>
<th>AllWay Provider.org</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Allows user to create and send a real-time referral request to AllWays Health Partners</td>
</tr>
<tr>
<td>Outpatient (includes Observations and Surgical)</td>
<td>Allows user to create and send a real-time outpatient authorization request to AllWays Health Partners</td>
</tr>
<tr>
<td>Admission</td>
<td>Allows user to create and send a real-time admission (inpatient) certification request to AllWays Health Partners</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>Allows user to create and send a real-time Home Health Care request to AllWays Health Partners</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>AllWaysProvider.org</th>
<th>Edit Functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVED</td>
<td>Yes</td>
</tr>
<tr>
<td>CLOSED</td>
<td>No</td>
</tr>
<tr>
<td>MEDREVIEW</td>
<td>Yes</td>
</tr>
<tr>
<td>PEND</td>
<td>No</td>
</tr>
<tr>
<td>DENIED</td>
<td>No</td>
</tr>
</tbody>
</table>

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
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:
Referrals and Authorizations

Fields marked with (*) are required.

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

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.
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.
   - 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.

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

*Effective dates in **red** indicate member is termed.*
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).

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.

- 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](image)

**Upload Authorization Document**

You can upload documents up to 5 MB in size.

- **Description:**
- **File:**

  ![Upload Interface](image)

- 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.

![Fax Cover Sheet](image)

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

**Authorization/Referral Information**

<table>
<thead>
<tr>
<th>Authorization/Referral ID:</th>
<th>19164R00148</th>
<th>Member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID:</td>
<td></td>
<td>Member Date Of Birth</td>
</tr>
<tr>
<td>Product:</td>
<td>A30 YIC</td>
<td>Member PCP: MANASSEM, CHRISTOPHER S. (1407520673) BOSTON UNIVERSITY FAMILY MEDICINE, INC</td>
</tr>
<tr>
<td>Referred By:</td>
<td>BOSTON MEDICAL CENTER (1346215201)</td>
<td>Referred To: BOSTON MEDICAL CENTER (1346215201)</td>
</tr>
<tr>
<td>Inpatient/Outpatient:</td>
<td>Inpatient</td>
<td>Pay To: BOSTON MEDICAL CENTER (1346215201)</td>
</tr>
<tr>
<td>Diagnosis Code:</td>
<td>N17.9</td>
<td>Diagnosis Description: ACUTE KIDNEY FAILURE UNSPECIFIED</td>
</tr>
<tr>
<td>Authorization/Referral Status:</td>
<td>APPROVED A.-General Medicine</td>
<td>Authorization/Referral Date: 08/13/2019</td>
</tr>
<tr>
<td>Service Start Date:</td>
<td>06/12/2019</td>
<td>Service End Date: 09/13/2019</td>
</tr>
</tbody>
</table>

**Authorization/Referral Service Lines**

<table>
<thead>
<tr>
<th>Line</th>
<th>Status</th>
<th>Code</th>
<th>Code Type</th>
<th>Modifier</th>
<th>Description</th>
<th>Total Units</th>
<th>Used Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APPROVED</td>
<td></td>
<td></td>
<td></td>
<td>Inpatient Stay</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

**Authorization/Referral Supporting Documentation**

<table>
<thead>
<tr>
<th>Description</th>
<th>Document</th>
<th>Size</th>
<th>Uploaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical information rcvd 09/13/2019</td>
<td>19164R00148.pdf</td>
<td>259KB</td>
<td>09/13/2019 11:20 AM</td>
</tr>
</tbody>
</table>

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

User may view an authorization by:

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