**Introduction**

AllWays Health Partners online provider portal, AllwaysProvider.org, is a web-based tool used to submit referrals for specialist visits and authorization requests for specific services, and to receive real updates on the status of these requests. To submit a referral or authorization request, the AllwaysProvider.org user must have the appropriate provider permissions and the patient must have active AllWays Health Partners eligibility.

The following table shows authorizations that can be created in AllWays Health Partners online provider portal with a brief description of each referral link available:

<table>
<thead>
<tr>
<th>AllWaysProvider.org Referrals/PA</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice</td>
<td>Allows user to create and send a real-time hospice authorization 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, please 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 field.
- If the **Revise Authorization** screen does not appear after clicking on **Revise Request**, user should **press Ctrl + F5** to refresh their browser. This only needs to be done once.
- Fax requests for the following services can be sent to: **(617-586-1700)**
  - Individual Consideration (Services beyond the members benefit plan)

**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>MED REVIEW</td>
<td>Yes</td>
</tr>
<tr>
<td>PEND</td>
<td>No</td>
</tr>
<tr>
<td>DENIED</td>
<td>No</td>
</tr>
</tbody>
</table>
Logging into AllwaysProvider.org to Submit Hospice 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 Relations 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.

Home Health Care Authorization Instructions

For hospice care, please refer to the Hospice Authorization User Guide.

Each discipline must be submitted separately.

For example: if you are requesting both Home PT and Home Skilled Nursing, you must enter a separate authorization for each.

1. Select Authorization/Referral Type:
   - Home Care

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
    - 02/25/2019

13. End Date
    - 05/26/2019

14. Remarks (limited to 255 characters)

*Required fields are denoted with small orange sphere (•)
Steps to Create a Home Care – Hospice Request & Inpatient Hospice Request

1. **Authorization/ Referral Type:**
   - Select **Home care** if request is for the home or outpatient hospice.
   - Select **Admission** if the request is for inpatient hospice.

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.

   ![Member Lookup](image)

   *Effective dates in red indicate member is termed.

3. **Requesting provider:** Will auto populate with **Current Site** name. Users with access to multiple sites can update selection in the Current Site field 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 **Hospice** as the service type from drop down.

6. **Servicing Facility:** Enter the name or NPI or the facility where the services are being rendered and click Search. Click select next to the appropriate facility.

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). *Please submit appropriate code based on service type.*
### Service Type and Code Requirements

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Code Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospice (Home/Outpatient)</td>
<td>Revenue Code (0651 Routine, 0652 Continuous)</td>
</tr>
<tr>
<td>Hospice (Inpatient)</td>
<td>Revenue Code: (0659 &amp; 0651 for Hospice when member is in SNF)</td>
</tr>
<tr>
<td></td>
<td>Revenue Code: (0656 for Acute Care Facility or Inpatient Hospice)</td>
</tr>
</tbody>
</table>

10. **Units/Visits:** This field will appear after a procedure code has been selected.

11. **Start Date and End date:** Enter requested date range.

12. **Remarks:** Use for brief clinical or other information (See below). There is a 255-character limit. If attaching or faxing clinical, please make a note in the remarks.

13. **Submit**

**Response Screen**

- Once you complete an authorization, you will receive a real-time response. (Screen will vary depending on whether request is for Home Respite or Inpatient Respite.)
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 Document** button to upload clinical information.
- Click on **Browse** to search and attach a file. Enter a description and click **Submit Document**.
- 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.
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

### Authorizations/Referral Information

<table>
<thead>
<tr>
<th>Authorization/Referral ID:</th>
<th>09154R00145</th>
<th>Member:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Date Of Birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product:</td>
<td>ASO</td>
<td>Member PCP: TEPPERBERG, SARA A. (1104818122)</td>
</tr>
<tr>
<td>Referred By:</td>
<td>BOSTON MEDICAL CENTER (1348218294)</td>
<td>Referred To: BOSTON MEDICAL CENTER (1348218294)</td>
</tr>
<tr>
<td>Inpatient/Outpatient:</td>
<td>Inpatient</td>
<td>Pay To:</td>
</tr>
<tr>
<td>Diagnosis Code:</td>
<td>S82.89B</td>
<td>Diagnosis Description: 0TH FX RT LOWER LEG INIT ENG OPEN FX TYPE III</td>
</tr>
<tr>
<td>Authorization/Referral Status:</td>
<td>APPROVED</td>
<td>Authorization/Referral Date: 09/13/2019</td>
</tr>
<tr>
<td>Service Start Date:</td>
<td>08/12/2019</td>
<td>Service End Date: 08/15/2019</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 rovd 08/13/2019</td>
<td>19154R00145-1.pdf</td>
<td>349KB</td>
<td>08/13/2019 01:49:PM</td>
</tr>
<tr>
<td>Clinical information rovd 08/13/2019</td>
<td>19154R00145.pdf</td>
<td>228KB</td>
<td>08/13/2019 10:30:AM</td>
</tr>
</tbody>
</table>

[Submit Document] [Fax Document]
Revisions

Edit an Existing Service Request (Use for Concurrent Review)

- A Service request may only be edited when the referral or authorization is in the Approved or Medreview status.
- On the main AllWaysProvider.org screen, 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.
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: Home Health vs. Hospice), 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, level of care change, corrected procedure code, corrected dates, etc.
View Authorizations

- Click on **E-Business** and choose **Authorizations & Referrals** from the drop down.

- User may view an authorization by:
  - Authorization or Referral ID
  - Viewing Authorization and Referrals for a member
  - Viewing Authorization and Referrals for this site