



Hospice Authorization 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 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:

AllWaysProvider.org Referrals/PA	Brief Description
Hospice	Allows user to create and send a real-time hospice authorization request to AllWays Health Partners

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:

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

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

Please follow the step-by-step instructions in the [Home Health Care Authorization User Guide](#).

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.

Home Care

1. Select Authorization/Referral Type: ●

2. Patient Search (Member Id/Name) ●

3. Requesting Provider ●

4. Contact Name ●

4. Contact Phone ●

5. Requested Service ●

6. Servicing Facility (Name/NPI) ●

7. Contact Name ●

7. Contact Phone ●

8. Diagnosis ●

9. Procedure Code ●

11. Start Date ●

11. End Date ●

12. Remarks (limited to 255 characters)

13.

***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

You can enter a partial name or ID.

Member Name/Id: X Lookup

Patient Name	Gender	Effective Dates	Date of Birth	Member Id	Select
SMITH, MICHAEL	Male	01/01/2019-12/31/2078	8/15/1958	COM	Select
SMITH, MICHAEL	Male	01/01/2019-12/31/2078	6/24/1959	COM	Select

*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	Code Requirements
Hospice (Home/ Outpatient)	Revenue Code (0651 Routine, 0652 Continuous)
Hospice (Inpatient)	Revenue Code: (0659 & 0651 for Hospice when member is in SNF) Revenue Code: (0656 for Acute Care Facility or Inpatient Hospice)

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.)

The screenshot shows the AllWays Health Partners web application 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 notice: 'You may upload supporting documentation now if needed. For Pending 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. At the bottom of this section are two buttons: 'Submit Document' and 'Fax Document'. Below this is a section titled 'Authorization Documents' which contains a table with columns for Description, Document, Size, and Uploaded. The table is currently empty, displaying 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 for © 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 Document** button to upload clinical information.
- Click on **Browse** to search and attach a file. Enter a description and click **Submit Document**.

Upload Authorization Document

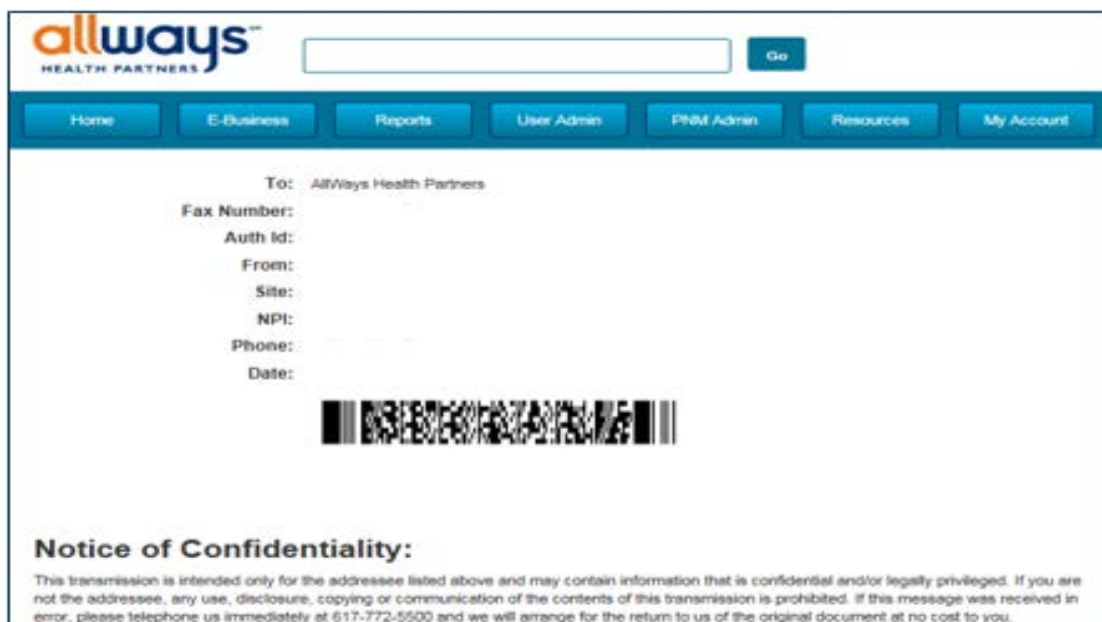
Upload Authorization Document

You can upload documents up to 5 MB in size.

Description:

File:

- 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

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

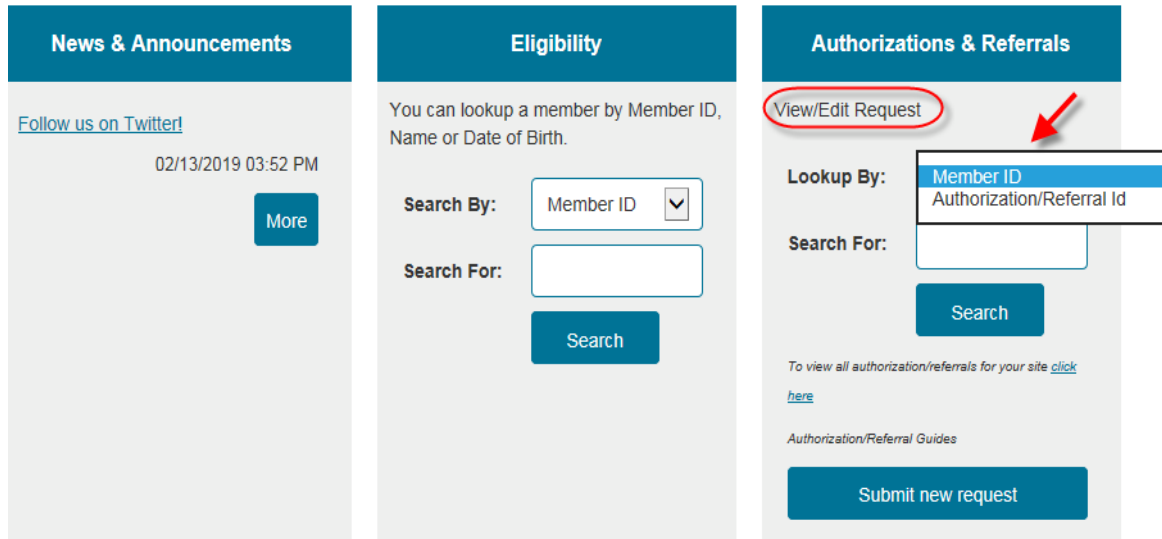
Submit Document

Fax Document

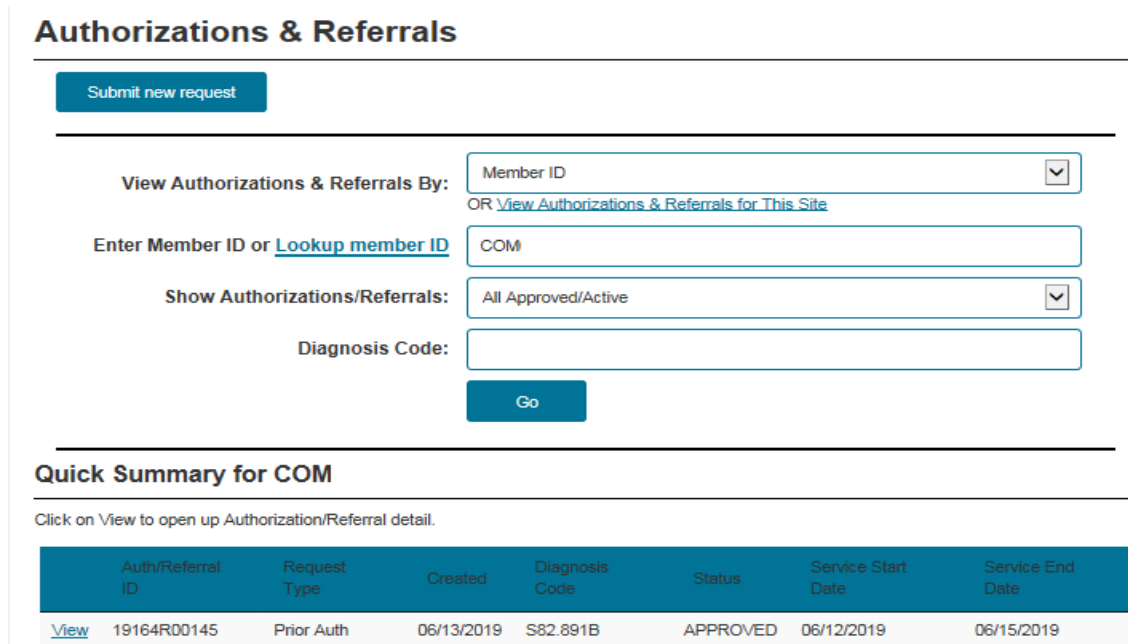
Revisions

Edit an Existing Service Request (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.



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.

Eligibility

You can lookup a member by Member ID, Name or Date of Birth.

Search By:

Search For:

Authorizations & Referrals

View/Edit Request

Lookup By:

Search For:

To view all authorization/referrals for your site [click here](#)

[Authorization/Referral Guides](#)

- 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

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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	<input type="button" value="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

0121	Room & Board - SEMI-2BD Med/Surg/Gyn	Units/Visits	0
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Add Procedures

Procedure Lookup

Remarks:

Submit Revision Request

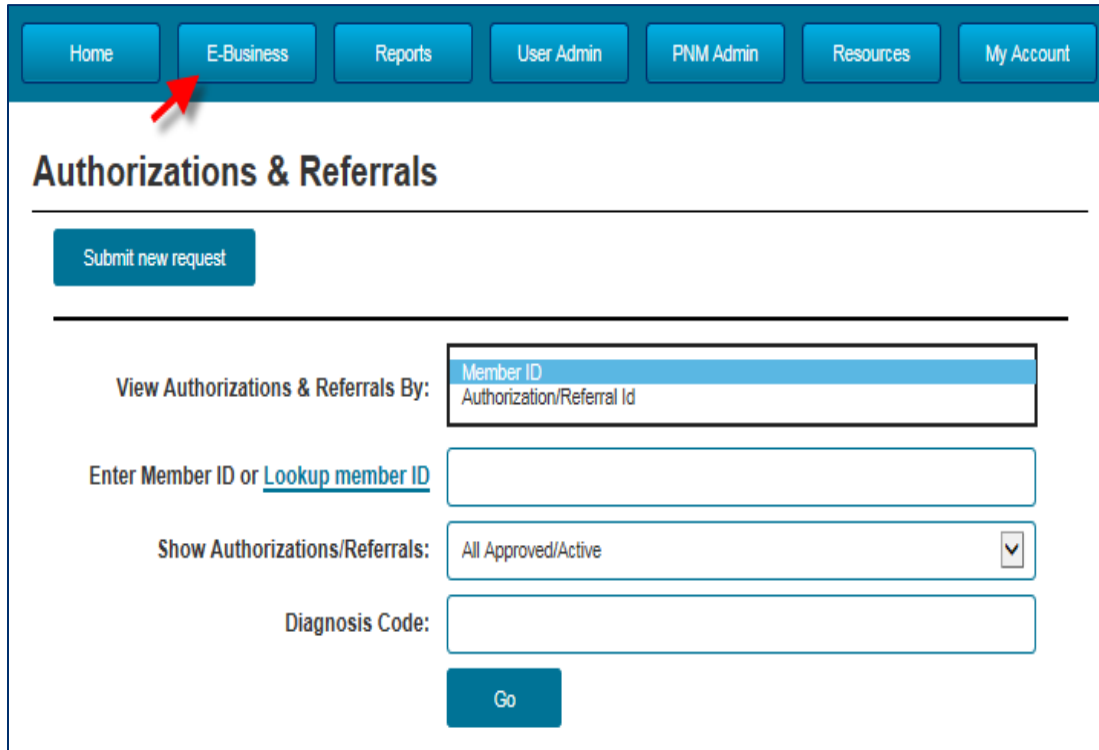
←

Authorization Revision (Concurrent Review) Rules

- **Incorrect service request type submitted:** If incorrect service type was requested (example: 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.



Home E-Business Reports User Admin PNM Admin Resources My Account

Authorizations & Referrals

Submit new request

View Authorizations & Referrals By: Member ID
Authorization/Referral Id

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

Show Authorizations/Referrals: All Approved/Active

Diagnosis Code:

Go

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