

Online Referrals 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 AllWays Health Partners user must have the appropriate provider 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 Referrals/ PA Types	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 certification request to AllWays Health Partners.
Status	Allows user to search and view all Referral/Authorization responses.

Helpful Hints

- Members and providers need to verify member's benefits and eligibility.
- 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 or access to a specific Referral link/feature.
- **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 should continue to be requested through AllWays Health Partners vendor sites:
 - Sleep Studies: CareCentrix
 - Outpatient (High Tech Radiology) MRI's, CT, and PET imaging studies - eviCore

Referral Status:

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

Logging into AllwaysProvider.org to Submit a Referral Request:

- Log onto the AllWays Health Partners Provider Portal- <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:



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

News & Announcements	Eligibility	Authorizations & Referrals
<p>Backdating Referrals</p> <p>01/16/2019 10:14 AM</p> <p><input type="button" value="More"/></p>	<p>You can lookup a member by Member Id, Name or Date of Birth.</p> <p>Search By: <input type="text" value="Member Id"/></p> <p>Search For: <input type="text"/></p> <p><input type="button" value="Search"/></p>	<p>View/Edit Request</p> <p>Lookup By: <input type="text" value="Member Id"/></p> <p>Search For: <input type="text"/></p> <p><input type="button" value="Search"/></p> <p>To view all authorization/referrals for your site click here</p> <p>Authorization/Referral Guides</p> <p><input type="button" value="Submit new request"/></p>



Referrals and Authorizations

Fields marked with  are required.

Specialty Referral Instructions

Please follow the step-by-step instructions in the [Specialist Referral User Guide](#).

If you need to add additional visits to an existing referral


- Open existing referral in the provider portal and click on "Revise Request" at the top.


If you need a referral for dates outside of an existing referral


- Enter a new request below. Ensure your date span is different than an existing referral.


Specialist Service


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 Referral request:

1. **Authorization/ referral Type:** select **Specialty Referral**.
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	
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 terminated.

3. **Requesting provider:** Will auto populate with **Current Site** name. Referrals must be submitted by the member's PCP site. 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 **Consultation** within the drop down.
6. **Servicing Provider:** Enter the **Individual doctor, Group or NPI** and click **Search**. Click **Select** next to the appropriate provider. If the individual provider is associated with more than one group, be sure to select the correct provider site to ensure claims payment.
7. **Contact name and phone number:** Enter contact information for the Specialist. (Area code is required.)
8. **Diagnosis:** Enter description or ICD10 code, click **Search**, and select appropriate diagnosis from the list. Up to six diagnoses can be entered, however, the primary diagnosis should be entered first.
9. **Procedure code:** Enter any consultation code in the range 99201 – 99215. The exact consult code that the specialist will be submitting on their claim is not required.
10. **Units/Visits:** this field will appear after a consultation code has been selected.
 - a. Enter the number of requesting visits/days/units.

11. **Start Date and End date:** Enter requested date range.
12. **Remarks:** Use for brief clinical, modifiers, and other information. There is a 255-character limit.
13. **Submit.**

Response Screen

- Once you complete the referral you will receive a real-time response.

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Go

Home E-Business Reports Resources My Account

Authorization & Referrals Viewer

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).

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:
Message:

Submit Document Fax Document

Authorization Documents

Description	Document	Size	Uploaded
No data available in table			

CONTACT US
Customer Service - [1-855-444-4647](tel:1-855-444-4647)
Email - prweb@allwayshealth.org

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- 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:

- 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:
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 01:40:PM	Download
Clinical information rcvd 06/13/2019	19164R00145.pdf	228KB	06/13/2019 10:30:AM	Download

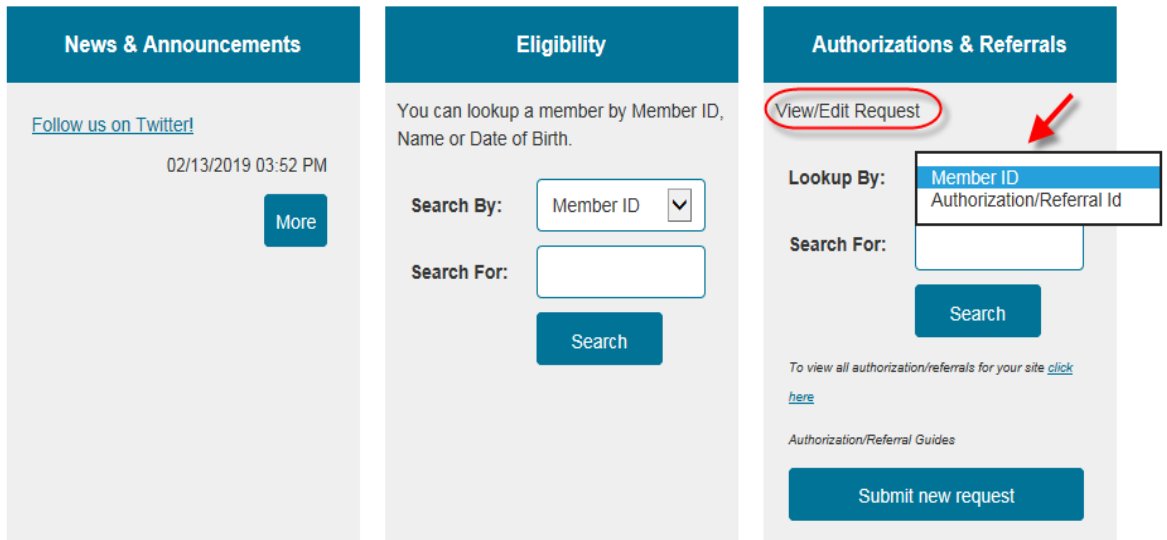
Submit Document

Fax Document

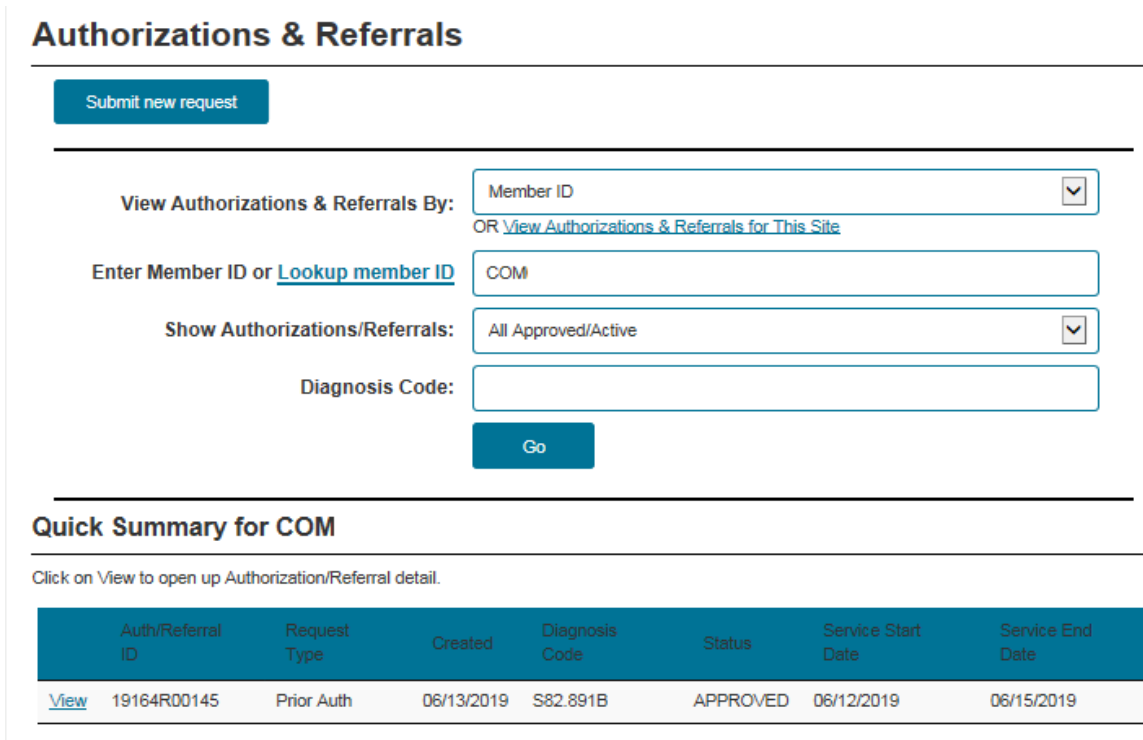
Revisions

Edit an Existing Referral Request

- A Referral request may only be edited when the referral is in the Approved or Medreview status.
- On the main AllWaysProvider.org screen, use the Authorization/Referral ID or Member ID and click **Search**.



- If **Member ID** is selected, choose the specific referral number you want to revise and click **View**.



- If **Authorization/Referral ID** is selected, type in the referral 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 on **Revise Request**. If the **Revise Authorization** screen does not appear, user should press **Ctrl + F5** to refresh the browser.

Authorizations & Referrals Viewer

←

Authorizations/Referral Information

Authorization/Referral ID:	19161R00569	Member:	
Member ID:		Member Date Of Birth:	
Product:	ASO	Member PCP:	NUTT, ANN T. (1346225281) HARBOR HEALTH SERVICES, INC. (DANIEL J. DRISCOLL HEALTH CTR)
Referred By:	HARBOR HEALTH SERVICES, INC. (DANIEL J. DRISCOLL HEALTH CTR) (1881692366)	Referred To:	BOSTON MEDICAL CENTER (1346218294)
Inpatient/Outpatient:	Specialist – NHP	Pay To:	BOSTON MEDICAL CENTER (1346218294)
Diagnosis Code:		Diagnosis Description:	
Authorization/Referral Status:	APPROVED	Authorization/Referral Date:	06/10/2019
Service Start Date:	06/10/2019	Service End Date:	06/09/2020

Authorization/Referral Service Lines

Line	Status	Code	Code Type	Modifier	Description	Total Units	Used Units
1	APPROVED				A-SPECIALTY REFERRAL - NHP	6	0

Authorization/Referral Supporting Documentation

Description	Document	Size	Uploaded
No data available in table			

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

Revise Authorization

Revise Authorization


19161R00569

Add Units

<input type="text" value="99212"/>	<input type="text" value="OFFICE/OUTPATIENT VISIT EST"/>	Units/Visits <input type="text" value="0"/>
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Add Procedures

Remarks:

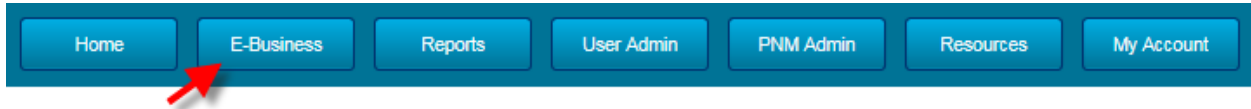


Referral Revision Rules

- Only the following fields can be edited in a Referral:
 - Requested units
 - Remarks
- Before you begin, print the approved transaction to have a record of the services and date range already authorized.
- When requesting additional units (visits), the original units must be deleted in the Requested Units field and populated with **only** the additional units requested.

View or Attach Documentation

- Click on **E-Business** and choose **Authorization & Referrals**



Authorizations & Referrals

Submit new request

View Authorizations & Referrals By:

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.