**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/authorization that can be created in AllwaysProvider.org, with a brief description:

<table>
<thead>
<tr>
<th>AllWaysProvider.org Referrals/PA Types</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 certification request to AllWays Health Partners.</td>
</tr>
<tr>
<td>Status</td>
<td>Allows user to search and view all Referral/Authorization responses.</td>
</tr>
</tbody>
</table>

**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:**
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:
Referrals and Authorizations

Fields marked with • are required.

Specialty Referral Instructions

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: [Specialty Referral]

2. Patient Search (Member ID/Name)

3. Requesting Provider

4. Contact Name

5. Contact Phone

6. Requested Service

5. Servicing Facility (Name/NPI)

7. Contact Name

8. Contact Phone

9. Diagnosis

10. Procedure Code

11. Start Date

12. End Date

13. Remarks (limited to 255 characters)

13. Submit

13. Cancel

*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.

*Effective dates in red indicate member is termed.

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.)
   b. **Diagnosis:** Enter description or ICD10 code, click **Search**, and select appropriate diagnosis from the list, (if COVID related, search for applicable diagnosis/ICD 10 code).
8. 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.
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**.

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**Upload Authorization Document**

You can upload documents up to 5 MB in size.

- **Description:**
  - 

- **File:**
  - 

- **Upload**
- **Cancel**

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- 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.

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**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

**Authorizations/Referral Information**

<table>
<thead>
<tr>
<th>Authorization/Referral ID</th>
<th>Member ID:</th>
<th>Member Date Of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>19168R00145</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product:</th>
<th>Member PCP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASO</td>
<td>TEPPERBERG SARAA, (1104928123) CODMAN SQUARE HEALTH CENTER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referred By:</th>
<th>Referred To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON MEDICAL CENTER (1348218204)</td>
<td>BOSTON MEDICAL CENTER (1348218204)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient/Outpatient:</th>
<th>Pay To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>BOSTON MEDICAL CENTER (1348218204)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis Code:</th>
<th>Diagnosis Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$82.99A</td>
<td>0TH FX RT LOWER LEG INIT ENC OPEN FX TYPE III</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization/Referral Status:</th>
<th>Authorization/Referral Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVED</td>
<td>08/13/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Start Date:</th>
<th>Service End Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/12/2019</td>
<td>08/15/2019</td>
</tr>
</tbody>
</table>

### Authorization/Referral Service Lines

<table>
<thead>
<tr>
<th>Line</th>
<th>Status</th>
<th>Code Type</th>
<th>Code Modifier</th>
<th>Description</th>
<th>Total Units</th>
<th>Used Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APPROVED</td>
<td>Inpatient Stay</td>
<td></td>
<td></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 08/13/2019</td>
<td>19168R00145-1.pdf</td>
<td>349KB</td>
<td>08/13/2019 01:49 PM</td>
</tr>
<tr>
<td>Clinical information rcvd 08/13/2019</td>
<td>19168R00145.pdf</td>
<td>228KB</td>
<td>08/13/2019 10:30 AM</td>
</tr>
</tbody>
</table>
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.

  ![Image of AllwaysProvider.org screen with Referral Request details]

- 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.

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**.

**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

![E-Business menu]

**Authorizations & Referrals**

Submit new request

**View Authorizations & Referrals By:**

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Authorization/Referral ID</th>
</tr>
</thead>
</table>

**Enter Member ID or Lookup member ID**

**Show Authorizations/Referrals:** All Approved/Active

**Diagnosis Code:**

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**User may view an authorization by:**

■ Authorization or Referral ID.

■ Viewing Authorization and Referrals for a member.

■ Viewing Authorization and Referrals for this site.