



# Creating SNF Request Using iExchange

# Inpatient Request Entry Screen

- Section 1 – General Information
- Section 2 – Services Information
- Additional Notes

Starting point	<b>Inpatient</b>	Other	Referral	Search
Payer selected: <b>Network Health Plan</b> <a href="#">Select a different payer</a>	<b>New inpatient request</b> New inpatient behavioral health request Extend inpatient request			

**Inpatient request entry**  
Once you enter the General information and Services information click **Next step**. iExchange evaluates your inpatient request and displays the Inpatient request preview page.

**Payer Notice:**  
Please note this authorization is not a guarantee of payment. Benefits are always subject to the terms and limitations of your plan policy at the time services are received.

## 1 General information

Use the General information section to record the member ID (click Member search to verify eligibility), providers (submitting and servicing) as well as diagnostic information.

<b>Notification date</b>	12/29/2020 (mm/dd/yyyy)
<b>Member ID</b> Enter or Search for ID	You must search for a member. <input type="text"/> <input type="button" value="Member search"/>
<b>Submitting provider</b>	<input type="text" value="AGNESIAN HEALTH SHOPPE - 1912972613"/> <input type="button" value="Submitting provider summary"/>
<b>Facility</b> Select facility from the list or search for ID	<input type="text"/> <input type="button" value="Facility summary"/> <input type="button" value="Provider search"/>
<b>Treatment setting</b>	<input type="text"/>
<b>Treatment type</b>	<input type="text"/>
<b>Admit date</b>	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
<b>Is this an emergency?</b>	<input type="text"/>
<b>Primary diagnosis</b> Enter Diagnosis code or Select from Short list	<input type="text"/> <input type="button" value="Diagnosis search"/>
<b>Secondary diagnosis (optional)</b>	<input type="text"/>
<b>Requested length of stay</b>	<input type="text"/>
<b>LOS bed type (optional)</b>	<input type="text"/>
<b>Name of the person completing form (required)</b>	<input type="text"/>
<b>Contact phone number (required)</b>	<input type="text"/>
<b>Contact fax number (required)</b>	<input type="text"/>
<b>Additional Contact Information (optional)</b>	<input type="text"/>

- Click the green Inpatient box
- Select New Inpatient Request (click either of the 2 links)
- You are now on the Inpatient Request Entry Screen
  - Part I is General Information and must be completed
  - Part II is Services Information and is never completed
- Field Completion
  - Notification Date—will default to today's date
  - Member ID—will display as the MB number once the member is selected
  - Submitting Provider—name of SNF completing request & is found in the dropdown list, if not auto-populated
  - Facility—name of SNF where member is at
  - Treatment Setting—Skilled Nursing Facility
  - Treatment Type—Skilled Nursing Care
  - Admit Date—Date admitted (must be within 24 hours of admit)
  - Is This an Emergency—No
  - Primary Diagnosis—only space for 5, but can put additional in the iExchange Note for PHS I to manually enter
  - Requested Length of Stay—enter a # between 1 and 9
  - LOS Bed Type—leave blank, don't even click in it—if system senses there's something in this field, it will prevent the user from submitting this request & they will have to start over
  - Name of Person Completing Form—First Name & Last Initial
  - Contact Phone Number—direct line to reach person
  - Contact Fax Number—direct fax # to fax approval/denial ltrs
  - Additional Contact Information—someone else who is knowledgeable about this auth request

## 2 Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

### Principal service (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**  
 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

### Service 2 (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**  
 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

### Service 3 (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**  
 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

### Service 4 (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**  
 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

### Service 5 (optional)

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**  
 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

This section is never to be filled out for a SNF admit.

### Additional notes (optional)

#### iExchange Note

Who is ordering physician?  
Where are they being discharged from?  
Being admitted on Hospice and requesting denial?  
Transportation lined up for 2 pm  
Currently at St. Agnes ER department & being admitted

Next step Cancel

This is not required to be completed; however, it is highly encouraged.

The information within the screenshot are just some examples of what SNF's should be including in the Note.

They are not to be putting in clinical information.

If there are more than 5 ICD-10 diagnosis codes, they are to list them here and the PHS I will manually enter them when they work the request.

SNF can also indicate if there would be EMR access for the initial request only.

If the SNF needs to request this urgently, they need to indicate this in the Note.

# Searching for a Member

- Search Methods
  - Search by Member ID
  - Search by Last Name/Date of Birth

### Member search

Use this page to search for members. You will be able to search by Member ID or, depending on the payer you have selected, by Last name/Date of birth. After you enter your search criteria, if the search you perform identifies more than one member meeting the search criteria or does not identify any members meeting the search criteria then you will be prompted to value the optional fields. When you have entered the necessary information, click **Submit search**.  
If member search by Last name/Date of birth does not identify any members meeting the search criteria, depending on the payer you selected you may be prompted to add a new member.

#### Search by member ID

The Member ID field is mandatory. The Date of birth and First name fields are optional. You may be instructed to value the Date of birth and/or First name field(s) if the member search you perform returns more than one member record matching the search criteria you entered.

#### A Member ID search

##### Member ID

Enter the ID of an individual member

##### Date of birth

optional

Enter the member's date of birth

 /  /  (mm/dd/yyyy)

##### First name

optional

Enter the first name of the member

#### Search by last name/date of birth

When you search by last name/date of birth, you must value the Last name and Date of birth fields. The First name field is optional. You may be instructed to value the First name field if the Last name and Date of birth you have entered matches more than one member record.

#### Last name/date of birth search

##### Last name

Enter the last name of the member

##### Date of birth

Enter the member's date of birth

 /  /  (mm/dd/yyyy)

##### First name

optional

Enter the first name of the member

#### Informational

It is recommended that you view existing requests for a member prior to selecting a member.

#### Member search result

Click [View details](#) to see individual member records. Click [New search](#) if you would like to search for a different member.

	Member name	Date of birth	Health Plan Member ID
<input type="button" value="Select"/>	<a href="#">View details</a> <a href="#">View existing requests</a>	ZZZTEST, QUALITY CARE	01/01/1990

Click the gray Member Search button on the Inpatient Request Entry Screen to search for correct member

The Member Search Screen appears

Search by Member ID (quickest & easiest)

Enter the member/subscriber ID

Click Submit search button

Search by Last Name/Date of Birth

Enter the member's last name

Enter the member's DOB

Click Submit search button

If this is the correct member, click Select button which will take you back to the Inpatient Request Entry Screen and will display as the MB #

SNF can also click the View Existing Requests, but will only be able to see requests for that facility.

# Searching for a Facility

- Search Methods
  - Search by Facility Name (default option)
  - Search by National Provider ID (NPI, preferred method)

### Provider search

Use this page to search for providers. First select the search type and provider type. Then enter your search criteria. Then click **Submit search**.

#### 1 Select a search type and a provider type

Search type   
Provider type

#### 2 Enter search criteria

Enter the search criteria and click **Submit search** to find providers.

Facility name

### Provider search result

This page lists the providers meeting your search criteria. Use the **previous** and **next** links to view the prior or next set of providers meeting your search criteria.

	Name	NPI	Address	Specialty	Phone
<input type="button" value="Select"/>	EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES	1275847543	EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES 3151 EDEN OSHKOSH WI 54904	SKILLED NURSING FACILITY (SNF)	(920)651-4000
<input type="button" value="Select"/>	EDENBROOK LAKESIDE	1053803031	LAKE TERRACE NURSING AND REHAB LLC 2115 E WOODSTOCK PL MILWAUKEE WI 53202	SKILLED NURSING FACILITY (SNF)	(414)271-1020
<input type="button" value="Select"/>	EDENBROOK OF APPLETON	1194355909	EDENBROOK ON MEADE NURSING AND REHAB LLC 2915 N MEADE ST APPLETON WI 54911	SKILLED NURSING FACILITY (SNF)	(920)993-6800
<input type="button" value="Select"/>	EDENBROOK OF FOND DU LAC	1316422025	EDENBROOK OF FOND DU LAC 265 S NATIONAL AVE FOND DU LAC WI 54935	SKILLED NURSING FACILITY (SNF)	(920)922-7342
<input type="button" value="Select"/>	EDENBROOK OF GREEN BAY	1104394758	PARKVIEW NURSING AND REHAB LLC DBA EDENBROOK OF GR 2961 ST GREEN BAY WI 54311	SKILLED NURSING FACILITY (SNF)	(920)468-0861
<input type="button" value="Select"/>	EDENBROOK OF PLATTEVILLE	1124503834	EDENBROOK OF PLATTEVILLE 1300 N WATER ST PLATTEVILLE WI 53818	SKILLED NURSING FACILITY (SNF)	(920)922-7342
<input type="button" value="Select"/>	EDENBROOK OF WISCONSIN RAPIDS	1881126977	STRAWBERRY LANE NURSING AND REHAB LLC 130 STRAWBERRY LN WISCONSIN RAPIDS WI 54494	SKILLED NURSING FACILITY (SNF)	(715)424-1600

The Facility and Submitting Provider are to be the same entry.

To change the Search Type field, click the down arrow and select National Provider ID and then can search by the NPI #.

The Provider Search Result Screen will appear regardless of the search method used. Click the Select button next to the entry desired.

**NOTE:** *If a facility has more than one entry with the same NPI #, there is no way the provider will know which entry to pick. The entries that appear in the iExchange search do not necessarily match what is found within Aerial, so the provider may pick an invalid entry unknowingly. So, if the SNF picks a wrong entry, the request could come over as OON, even though it's not.*

# Searching for a Diagnosis Code

- Search Methods
  - Manual entering of code (if known)
  - Search by code description (only way to see an invalid code)

## Primary diagnosis

Enter Diagnosis code or Select from Short list

 

Diagnosis search

Manually enter ICD 10 with the letter and “.” and is not case specific.

The yellow triangle means it's an invalid diagnosis code and provider should be selecting a code that doesn't display that triangle as it will prevent the auth from feeding over to QNXT for claims processing. Click the Save button to return to the Inpatient Request Entry Screen.

**Diagnosis Search**  
Use this page to search for a diagnosis and select. You may search for a diagnosis by description or by code.

**Search for a diagnosis by description (A) or code (B).**

To search for a diagnosis by description (A), enter the description and click **Search**. To search for a diagnosis by code (B), enter the code and click **Add**.

**A Search for diagnosis by description**

Description  
Enter the diagnosis description

**Search**

**B Search for diagnosis by code**

Code  
Enter the diagnosis code

**Add**

**Diagnoses**

Delete	Diagnosis code	Diagnosis description	Primary
<b>Delete</b>	M17.11	Unilateral primary osteoarthritis, right knee	<input checked="" type="radio"/>

**Warning**  
Your search returned more than 40 results. You may need to refine your search criteria.

**Search result**  
This page lists the diagnoses meeting your search criteria. Click the **Select** button next to the diagnosis you want.

**Diagnosis : pneumonia**

**Diagnosis**

- Select** Pneumonia in diseases classified elsewhere
- Select** Pneumonia due to other specified infectious organisms
- Select** Pneumonia due to other specified bacteria
- Select** Other pneumonia, unspecified organism
- Select** Pneumonia, unspecified organism
- Select** Other specified interstitial pulmonary diseases
- Select** Salmonella pneumonia
- Select** Congenital pneumonia 

**Diagnoses**

Delete	Diagnosis code	Diagnosis description	Primary
<b>Delete</b>	M17.11	Unilateral primary osteoarthritis, right knee	<input checked="" type="radio"/>
<b>Delete</b>	J18.9	Pneumonia, unspecified organism	<input type="radio"/>

**Save** **Cancel**

# Inpatient Request Preview Screen

**Warning**  
Facility provider EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES is not in the member's network. Selected provider is Out of Network for this member. null

**Inpatient request preview**  
Review your inpatient request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.  
The status of this inpatient request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request reference number will be assigned when you click **Submit**.

**Payer Notice:**  
Please note this authorization is not a guarantee of payment. Benefits are always subject to the terms and limitations of your plan policy at the time services are received.

Summary		
LOS start/end date	Days	Projected status
12/30/2020 - 01/06/2021	7	PEND

Inpatient request information	
<b>Member</b>	ZZZTEST, QUALITY CARE
Date of birth	01/01/1990
Age	30
Gender	Male
Line of business	NHP_MA_PPO
Coverage dates	01/01/2020 - 01/01/2029
Group ID	H5212-011
Group name	Network PlatinumChoice (PPO)
Subscriber ID	T6622
Subscriber name	ZZZTEST, QUALITY CARE
Plan	Network PlatinumChoice (PPO)
PCP name	
PCP NPI	
<b>Submitting provider</b>	EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES
NPI	1275847543
Phone	(920)651-4000
<b>Facility</b>	EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES
NPI	1275847543
Phone	(920)651-4000
<b>Attending physician</b>	
NPI	
Phone	
<b>LOS request information</b>	
Treatment setting	Skilled Nursing Facility
Notification date	12/29/2020
LOS bed type	
Length of stay	12/30/2020 - 01/06/2021 - 7 Days - PEND
Primary diagnosis	M17.11 - Unilateral primary osteoarthritis, right knee
Secondary diagnosis	J18.9 - Pneumonia, unspecified organism

General information	
iExchange Note	Who is ordering physician? Where are they being discharged from? Being admitted on Hospice and requesting denial? Transportation lined up for 2 pm Currently at St. Agnes ER department & being admitted
Treatment type	Skilled Nursing Care

This screen is a summary of what was entered on the previous screen.

If you need to change something, click the Edit button and make the changes and then click Next Step button to return to this screen.

If everything is correct, click the Submit button.

The Projected Status will always be PEND as NHP has not yet made a determination.

The red Warning message may or may not appear depending on LOB. MSA members are not attached to facilities, so they will always display a message. If the SNF gets any type of error message regarding AF#, I need to work with IT and MED to resolve.

# Inpatient Request Confirmation Screen

[Print friendly version](#)

**Inpatient request confirmation**  
 This page contains inpatient request information including the request ID and status (authorized or pending), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, Exchange re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

If the SNF wants a paper copy of request, they can click the Print Friendly Version hyperlink.

**Payer Notice:**  
 Please note this authorization is not a guarantee of payment. Benefits are subject to the terms and limitations of your plan policy at the time services are received.  
**Please attach pertinent clinical information for review ...**  
[more information](#)

The auth # is known as the Request ID

**Request ID: 20201229-000145** [Attach file](#)

Summary		
LOS start/end date	Days	Status
12/30/2020 - 01/06/2021	7	PEND

To attach initial clinicals, click the Attach File hyperlink to the right of the Request ID and it will take you to the Request Attachments section at the bottom of the screen.

**Inpatient request information**

<b>Member</b>	ZZZTEST, QUALITY CARE
Date of birth	01/01/1990
Age	30
Gender	Male
Line of business	NHP_MA_PPO
Coverage dates	01/01/2020 - 01/01/2029
Group ID	H5212-011
Group name	Network PlatinumChoice (PPO)
Subscriber ID	T6622
Subscriber name	ZZZTEST, QUALITY CARE
Plan	Network PlatinumChoice (PPO)
PCP name	
PCP NPI	
<b>Submitting provider</b>	EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES
NPI	1275847543
Phone	(920)651-4000
<b>Facility</b>	EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES
NPI	1275847543
Phone	(920)651-4000
<b>Attending physician</b>	
NPI	
Phone	
<b>LOS request information</b>	
Treatment setting	Skilled Nursing Facility
Notification date	12/29/2020
LOS bed type	
Length of stay	12/30/2020 - 01/06/2021 - 7 Days - PEND
Primary diagnosis	M17.1 - Unilateral primary osteoarthritis, right knee
Secondary diagnosis	J18.9 - Pneumonia, unspecified organism

Title: Clinical (system will auto add characters)  
 Attachment: Click Choose File and go search on their computer system to where the clinicals are saved; highlight the file; click Open button; click Attach button. When the system has attached it, SNF can click the OK button and they are done.

**Request Attachments**  
 Attach new file  
 Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX  
 Title: Clinical  
 Attachment: GIF Clinical.gif  
 Upload in Progress: 0%

nexalignexchange.meddecision.com says  
 The file you have attached will be sent to the health plan. Continue?

**Informational**  
 The file selected has been successfully attached and will be sent to the health plan.

**Request Attachments**  
 Attach new file  
 Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX  
 Title:   
 Attachment:  No file chosen

**General information**  
 Treatment type: Skilled Nursing Care  
[New payer/Top of page](#)

**Inpatient request confirmation**  
 This page contains inpatient request information including the request ID and status (authorized or pending), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, Exchange re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

# Additional Processes

- Check Status of Request
- Attach Additional Clinicals/Signed NOMNCs

Starting point	Inpatient	Other	Referral	Search
Payer selected: <b>Network Health Plan</b> <a href="#">Select a different payer</a>				<a href="#">Treatment search</a> <a href="#">Provider search</a> <a href="#">Member search</a> <a href="#">Treatment update search</a>

### Search instructions

Use this page to perform various searches. Treatment search allows you to view existing inpatient, other and referral requests. Provider search allows you to view detailed information about a provider. Member search allows you to view detailed information about a member. Treatment update search allows you to view treatment updates for providers in your group.

#### Treatment search

Click the **Treatment search** link, above. The Treatment search entry page appears. You can search by member ID, treatment range, request ID or, depending on the selected payer, by clinical review for treatment information.

#### Provider search

Click the **Provider search** link, above. The Provider search entry page appears. You can search by provider ID or provider name for provider information.

#### Member search

Click the **Member search** link, above. The Member search entry page appears. You can search by member ID or, depending on the payer you selected, by last name/date of birth to view detailed member information. If member search by Last name/Date of birth does not identify any members meeting the search criteria, depending on the payer you selected you may be prompted to add a new member.

#### Treatment update search

Click the **Treatment update search** link, above. The Treatment update search entry page appears. You can search for treatment updates by member ID, date range, and update type.

**A Note before you begin:** if you selected the wrong payer (you want to submit this request to a different payer) click the **Select a different payer** link above, to return to the **Starting point** page and select the correct payer.

The SNF can check the auth status 24/7/365 without ever contacting UM.

Click the purple Search button  
 Click Treatment Search (click either of the two links)

**Treatment search**  
 Use this page to search for existing inpatient requests, other requests and/or referral requests for a member(s) associated with an authorized provider in your group. This association may include submitting providers, servicing providers, facility providers, attending providers and/or the member's PCR.

**Payer Notice:**  
 If you are requesting an authorization extension, please attach pertinent clinical information for review in the Request Actions drop down.

**1 Select a search type**

Search type: Member ID

---

**2 Enter search criteria**

Member ID: [ ] Member search

Start date: 11 / 29 / 2020 (mm/dd/yyyy)

End date: 1 / 28 / 2021 (mm/dd/yyyy)

Request type: Show Inpatient, Other, Prior Auth and Referral treatments

All requests  Open requests

Authorized provider(s): All providers

Name	MCO ID	NPI ID	Additional info	Remove
All providers				X

Submit search Clear form Cancel

On the Treatment Search Screen:

Change the Search Type in Section 1 to Request ID

Type or paste the Request ID/Auth # in the Request ID field

Click Submit button

It will bring SNF right to that auth # on the Treatment Search Details Screen

Starting point: Inpatient, Other, Referral, Search

Payer selected: Network Health Plan  
Select a different payer

Treatment search details

Request ID - 20201229-000145

LOS start/end date	Days	Status	Extend
12/30/2020 - 01/06/2021	7	PEND	Extend

**Inpatient request information**

Member: ZZTZTEST, QUALITY CARE  
 Date of birth: 01/01/1990  
 Age: 30  
 Gender: Male  
 Line of business: NHP\_MA\_PPO  
 Coverage dates: 01/01/2020 - 01/01/2029  
 Group ID: H5212-011  
 Group name: Network PlatinumChoice (PPO)  
 Subscriber ID: T61622  
 Subscriber name: ZZTZTEST, QUALITY CARE  
 Plan: Network PlatinumChoice (PPO)  
 PCP name: PCP NPI

**Submitting provider**  
 EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES  
 NPI: 1275847543  
 Phone: (920)651-4000

**Facility**  
 EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES  
 NPI: 1275847543  
 Phone: (920)651-4000

**Attending physician**  
 NPI:  
 Phone:

**LOS request information**  
 Treatment setting: Skilled Nursing Facility  
 Notification date: 12/29/2020  
 LOS bed type:  
 Length of stay: 12/30/2020 - 01/06/2021 - 7 Days - PEND  
 Primary diagnosis: M17.11 - Unilateral primary osteoarthritis, right knee  
 Secondary diagnosis: J18.9 - Pneumonia, unspecified organism

**Request Attachments**

Attach new file  
 Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX  
 Title:  
 Attachment: Choose File No file chosen  
 Attach

**Attached Files**

Attachment	Title	Received by health plan
GIP-Clinical-iEXCHANGE-TS-20-12-29-15.41.51.701.gf	Clinical	12/29/2020 - 03:42 PM

**General information**  
 iExchange Note: Who is ordering physician? Where are they being discharged from? Being admitted on hospice and requesting gien? Transportation lined up for 2 pm Currently at St. Agnes ER department & being admitted  
 Add to notes

Back New search

To check auth status on this screen, the SNF can look here:

Pend = no determination has yet been made by NHP

Approve = approved

Denied = denied

Void = withdrawn (will no longer be visible in iExchange even if it was created via iExchange)

Request ID - 20201229-000145

Request actions ▾

### Summary

View or add to notes

Attach new file

LOS start/end date	Days	Status	
12/30/2020 - 01/06/2021	7	PEND	<a href="#">Extend</a>

### Request Attachments

#### Attach new file

Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCX, XLSX

Title:

Attachment:  No file chosen

#### Attached Files

Attachment	Title	Received by health plan
GIF-Clinical-EXCHANGE-TS-20 20-12-29-15.41.51.701.gif	Clinical	12/29/2020 - 03:42 PM

To attach additional clinicals/signed NOMNC once the auth has been created, the SNF will bring up the request and click the Request Actions button to the right of the Request ID and select Attach New File. It will then take them to the Request Attachments section and follow the same steps as above.

Request ID - 20201229-000145 Request actions ▼

Summary			
LOS start/end date	Days	Status	
12/30/2020 - 01/06/2021	7	PEND	<a href="#">Extend</a>

**General information**

iExchange Note

Who is ordering physician? Where are they being discharged from?  
 Being admitted on Hospice and requesting denial? Transportation  
 lined up for 2 pm Currently at St. Agnes ER department & being  
 admitted  
[Add to notes](#)

**Add to notes**  
 Use this page to add notes to the request. Once you add additional notes, click Save.  
 iExchange will save the notes you have added to the request and return you to the  
 Treatment search results page.

**Add request notes**

Enter additional request notes

Request ID - 20201229-000145 Request actions ▼

Summary			
LOS start/end date	Days	Status	
12/30/2020 - 01/06/2021	7	PEND	

**General information**

iExchange Note

test note.  
[View all notes](#) | [Add to notes](#)

To add an iExchange Note once the auth has been created, the SNF will click the Request Actions button to the right of the Request ID and select View or Add Notes. It will then take the SNF to the General Information section and click the Add to Notes hyperlink.

The Add to Notes Screen appears. The SNF will type in their note (up to 4000 characters) and then click the Save button.

The General Information Screen will change to this.

Informational

Request 20201229-000145 has been updated.

### Treatment search details

This page lists the treatment you selected including the request ID, member data, and all services. When applicable and if supported by the payer, additional functionality is available under Request actions and within the Summary table. Click Request actions to access the following: View patient clinical summary, View clinical documents, View or add to notes, Attach new file, Enter discharge date and disposition, Edit admit date for inpatient request, Reopen request or Add services to other request. Links available in the Summary table are: Extend, Clinical review, and Questionnaire. Click the New search button, to search for treatments using different search criteria.

Request ID - 20201229-000145

Request actions

#### Summary

LOS start/end date	Days	Status	Extend
12/30/2020 - 01/06/2021	7	PEND	<a href="#">Extend</a>

#### Inpatient request information

**Member**  
ZZZTEST, QUALITY CARE  
Date of birth 01/01/1990  
Age 30  
Gender Male  
Line of business NHP\_MA\_PPO  
Coverage dates 01/01/2020 - 01/01/2029  
Group ID H5212-011  
Group name Network PlatinumChoice (PPD)  
Subscriber ID T6622  
Subscriber name ZZZTEST, QUALITY CARE  
Plan Network PlatinumChoice (PPD)  
PCP name  
PCP NPI

**Submitting provider**  
EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES  
NPI 1275847543  
Phone (920)651-4000

**Facility**  
EDEN REHABILITATION SUITES AND GREEN HOUSE HOMES  
NPI 1275847543  
Phone (920)651-4000

#### Attending physician

NPI  
Phone

#### LOS request information

Treatment setting Skilled Nursing Facility  
Notification date 12/29/2020  
LOS bed type  
Length of stay 12/30/2020 - 01/06/2021 - 7 Days - PEND  
Primary diagnosis M17.11 - Unilateral primary osteoarthritis, right knee  
Secondary diagnosis J18.9 - Pneumonia, unspecified organism

#### Request Attachments

##### Attach new file

Allowable file type(s): PDF, DOC, XLS, JPG, GIF, TIF, DOCK, XLSX

Title:

Attachment:  No file chosen

#### Attached Files

Attachment	Title	Received by health plan
GIF-Clinical-IEXCHANGE-TS-20-12-29-15.41.51.701.gif	Clinical	12/29/2020 - 03:42 PM

#### General information

IEExchange Note: test note.  
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The Treatment Search Details Screen will then have a new red Informational Message alerting the SNF that they have updated this request.