

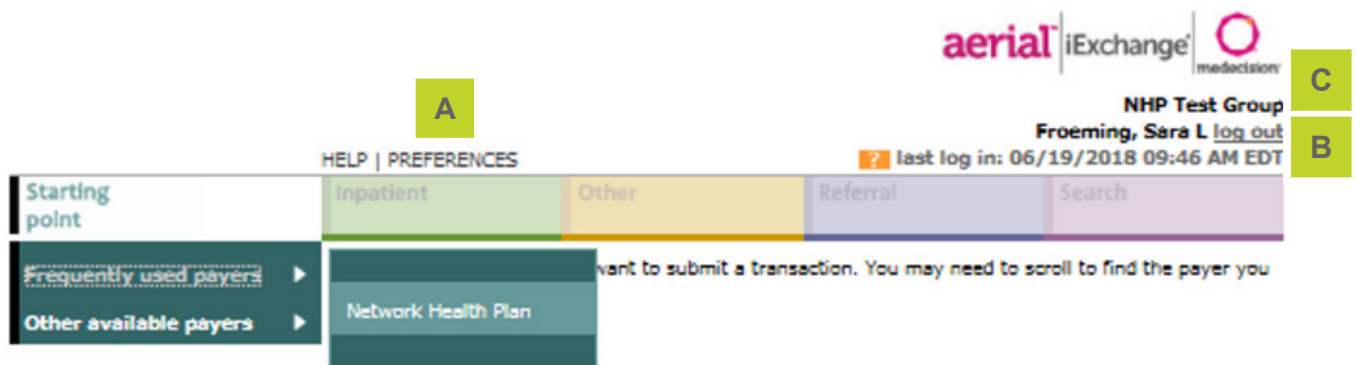
Aerial iExchange IP Training Materials

1. From networkhealth.com, log in to iExchange and select **Network Health** as the payer.
2. You will see the main dashboard for iExchange with the following elements.

A Click **Preferences** to change your iExchange Password.

B Click **Log Out** to gracefully log out of iExchange.

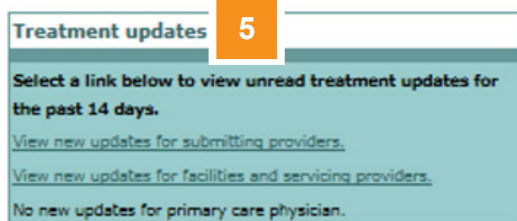
C This is your **provider group ID number** and is unique to each office location and set of providers/staff.



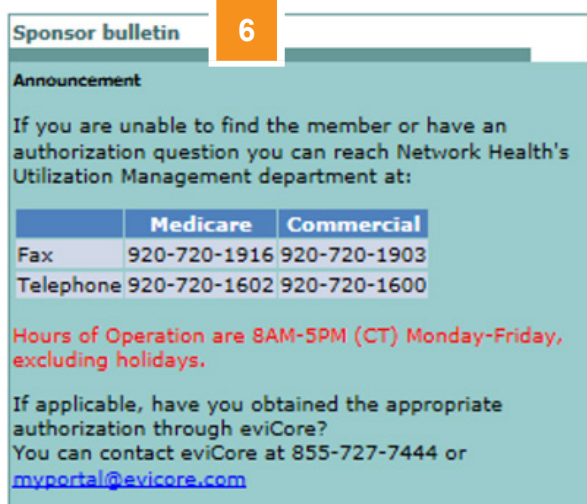
The screenshot shows the Aerial iExchange dashboard. Callout A points to the 'HELP | PREFERENCES' link. Callout B points to the 'log out' link. Callout C points to the 'NHP Test Group' and 'last log in' information.



The screenshot shows the Aerial iExchange dashboard with callouts 1 through 7. Callout 1 points to the 'Select a different payer' link. Callout 2 points to the 'Inpatient' tab. Callout 3 points to the 'Other' tab. Callout 4 points to the 'Search' tab. Callout 5 points to the 'Treatment updates' section. Callout 6 points to the 'Sponsor bulletin' section. Callout 7 points to the 'Starting point' tab.



The screenshot shows the 'Treatment updates' section. It contains links to view new updates for submitting providers, facilities and servicing providers, and primary care physicians.



The screenshot shows the 'Sponsor bulletin' section. It contains an announcement about reaching the Network Health's Utilization Management department at 920-720-1916 (Fax) or 920-720-1602 (Telephone). It also includes hours of operation and contact information for eviCore.

1 Click **Select a different payer** hyperlink and choose Network Health Plan from the list.

2 Click **Inpatient** if creating an Inpatient request.

3 Click **Other** if creating an Outpatient request (therapies, DME, home health, dental, outpatient surgeries, etc.)

4 Click **Search** to search by authorization request ID number, member name or treatment updates.

5 **Treatment Updates** section contains new information providers need to know for authorization requests.

6 **Sponsor Bulletin** section contains additional information regarding authorizations and Utilization Management.

7 Click **Starting Point** to start a new request on existing member or a new member.

Inpatient Request

HELP | PREFERENCES

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer	New inpatient request 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.

Notification date	1	06/22/2018 (mm/dd/yyyy)
Member ID Enter or Search for ID	2	You must search for a member. Member search
Submitting provider	3	HOLY FAMILY MEMORIAL MEDICAL CENTER - 170099 Submitting provider summary
Facility Select facility from the list search for ID	4	<input type="text"/> Facility summary Provider search
Treatment setting	5	<input type="text"/>
Treatment type	6	<input type="text"/>
Admit date	7	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Is this an emergency	8	<input type="text"/>
Primary diagnosis Enter Diagnosis code or S from Short list	9	<input type="text"/> Diagnosis search
Secondary diagnosis (optional)	10	<input type="text"/>
Secondary diagnosis (optional)		<input type="text"/>
Secondary diagnosis (optional)		<input type="text"/>
Secondary diagnosis (optional)		<input type="text"/>
Requested length of stay	11	<input type="text"/>
LOS bed type (optional)	12	<input type="text"/>

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)	13	<input type="text"/>	14	<input type="text"/>	Procedure search
Procedure Enter Procedure code or Select from Short list		<input type="text"/>			
Scheduled date	15	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)			
Servicing provider Select a servicing provider from the list or search for ID	16	<input type="text"/>			Servicing provider summary Provider search

17 Additional notes (optional)

iExchange Note

[Next step](#) [Cancel](#)

Entering an Inpatient Medical/Surgical Request

A

Click on the green **Inpatient** button at the top of the screen or under the **Inpatient** instructions header. Either option will bring you to the **New inpatient request** entry page

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer	New inpatient request New inpatient behavioral health request Extend inpatient request			

Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

New inpatient request

Click the **New inpatient request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

New inpatient behavioral health request

Click the **New inpatient behavioral health request** link, above. A blank inpatient behavioral health request entry page appears. You can add a member ID and all request information for this member.

Extend inpatient request

Click the **Extend inpatient request** link, above. You will first search for the inpatient treatment you wish to extend.

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.

General Information Section

B

****Read Payer Notice** for valuable information regarding authorization requests**

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer	New inpatient request 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 Notices

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 Notification Date

Notification date 06/22/2018 (mm/dd/yyyy)

- **Notification Date** will be today's date by default
- **Member/Subscriber ID—must search for a member first** by clicking the **Member Search** button which will bring you to the **Member Search** screen on next page.

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.

Notification date	06/22/2018 (mm/dd/yyyy)
Member ID	You must search for a member. Member search
Submitting provider	HOLY FAMILY MEMORIAL MEDICAL CENTER - 1700998 Submitting provider summary
Facility	<input type="text"/> Facility summary Provider search
Treatment setting	<input type="text"/>
Treatment type	<input type="text"/>
Admit date	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Is this an emergency?	<input type="text"/>

You will now leave this page and go to Member Search

2 Member ID

Member ID
Enter or Search for ID

You must search for a member.

Member search

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

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/subscriber ID

- A** Member/Subscriber ID number is required
- B** Date of Birth is optional
- B** First name is optional

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 **A**

Date of birth
optional / / (mm/dd/yyyy) **B**

First name
optional **C**

Enter the first name of the member

Search by member last name/date of birth

- A** Last name of member is required
- B** Date of birth is required
- C** First name is optional

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.

B Last name/date of birth search

Last name
Enter the last name of the member **A**

Date of birth
Enter the member's date of birth / / (mm/dd/yyyy) **B**

First name
optional **C**

Enter the first name of the member

Click **Submit Search** button for results

Member Search Result

Informational

It is required 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.


- Click **View Existing Requests** on the Member Search Result screen—**must do this before you can click the Select button**

- Click **Select** button

- Please note: The **Select** button will bring up the **Treatment Type 6** screen shot (shown on page 5), so you can confirm this is not a duplicate request.

	Member name	Date of birth	Health Plan Member ID
View details			
View existing requests			
View health summary			

3 Submitting Provider

Submitting provider HOLY FAMILY MEMORIAL MEDICAL CENTER - 1700998697 

[Submitting provider summary](#)

Click the drop down arrow to select from the list of providers in your provider group

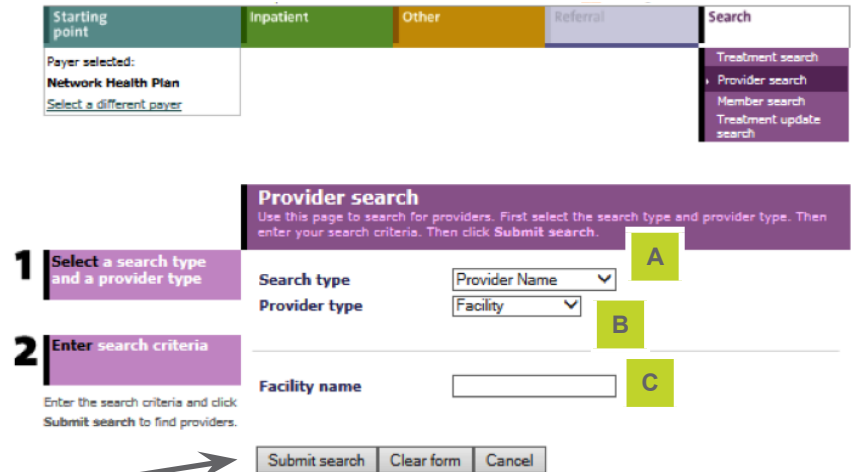
4 Facility

Will need to indicate the hospital that the member will be admitted to by clicking the **Provider Search** button

A **Search Type**—Search by Provider Name or by National Provider ID (NPI #)

B **Provider Type**—Facility or Practitioner

C **Facility Name or National Provider ID**—Enter the facility name or the NPI # depending on what you selected in the Search Type

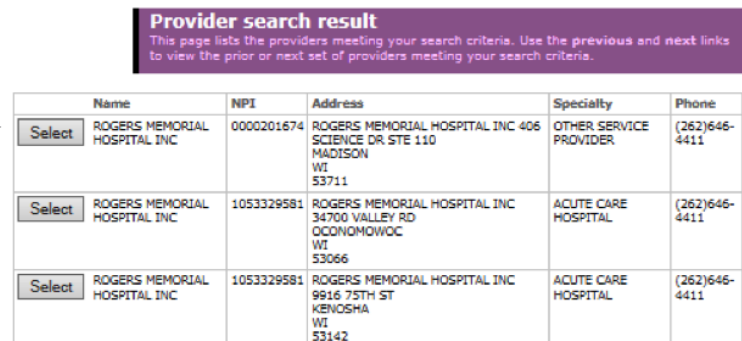


The screenshot shows the 'Provider search' form. At the top, there are tabs for 'Starting point', 'Inpatient', 'Other', and 'Referral', with a 'Search' button. Below these is a 'Payer selected:' dropdown menu showing 'Network Health Plan' and a link 'Select a different payer'. To the right is a sidebar with links: 'Treatment search', 'Provider search', 'Member search', and 'Treatment update search'. The main form area has a title 'Provider search' and a subtitle 'Use this page to search for providers. First select the search type and provider type. Then enter your search criteria. Then click Submit search.' Below this are two steps: '1 Select a search type and a provider type' and '2 Enter search criteria'. Step 1 has two dropdowns: 'Search type' (set to 'Provider Name') and 'Provider type' (set to 'Facility'). Step 2 has a text input field for 'Facility name'. At the bottom are three buttons: 'Submit search', 'Clear form', and 'Cancel'. Annotations A, B, and C point to the 'Search type' dropdown, the 'Provider type' dropdown, and the 'Facility name' input field, respectively.

Click **Submit Search** button for results

Provider Search Result

Click **Select** button next to the provider you want to use



The screenshot shows the 'Provider search result' page. It has a title 'Provider search result' and a subtitle '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.' Below this is a table with 5 columns: 'Name', 'NPI', 'Address', 'Specialty', and 'Phone'. There are three rows of data, each with a 'Select' button in the first column. Annotations A, B, and C point to the 'Select' buttons, the 'NPI' column, and the 'Address' column, respectively.


	Name	NPI	Address	Specialty	Phone
Select	ROGERS MEMORIAL HOSPITAL INC	0000201674	ROGERS MEMORIAL HOSPITAL INC 406 SCIENCE DR STE 110 MADISON WI 53711	OTHER SERVICE PROVIDER	(262)646-4411
Select	ROGERS MEMORIAL HOSPITAL INC	1053329581	ROGERS MEMORIAL HOSPITAL INC 34700 VALLEY RD OCONOMOWOC WI 53066	ACUTE CARE HOSPITAL	(262)646-4411
Select	ROGERS MEMORIAL HOSPITAL INC	1053329581	ROGERS MEMORIAL HOSPITAL INC 9916 75TH ST KENOSHA WI 53142	ACUTE CARE HOSPITAL	(262)646-4411

5 Treatment Setting

Treatment setting 

- Select **Inpatient Hospital** if it's a hospital or LTACH
- Select **Comprehensive Inpatient Rehabilitation Facility**
- Select **Skilled Nursing Facility**

6 Treatment Type

Treatment type 

- If you selected **Inpatient Hospital** in step 5 above, please pick the appropriate **Treatment Type** from the drop down list
- If you selected **Comprehensive Inpatient Rehabilitation Facility** in step 5 above, please pick the appropriate **Treatment Type** from the drop down list
- If you selected **Skilled Nursing Facility** in step 5 above, please pick the appropriate **Treatment Type** from the drop down list

7 Admit Date

Admit date / / (mm/dd/yyyy)

Enter the **Admit date** or inpatient DOS using mm/dd/yyyy format

8 Is this an Emergency?

Is this an emergency? ☐

Select Yes or No

9 Primary Diagnosis

Primary diagnosis
Enter Diagnosis code or Select
from Short list

Diagnosis search

Enter correct ICD 10 code or click the **Diagnosis Search** button

A Search for **diagnosis by description**—
type in description and click **Search** button

B Search for **diagnosis by code**—type in
code and click **Add** button

C Click **Save**

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**.

Diagnosis Search

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

A Search for diagnosis by description

Description

Enter the diagnosis description

Search

A

B Search for diagnosis by code

Code

Enter the diagnosis code

Add

B

Diagnoses

Delete	Diagnosis code	Diagnosis description	Primary
Delete	M25.551	Pain in right hip	<input checked="" type="radio"/>

10 Secondary Diagnosis (optional)

Secondary diagnosis
(optional)

Secondary diagnosis
(optional)

Secondary diagnosis
(optional)

Secondary diagnosis
(optional)

You can add up to 4 additional diagnosis codes. **NOTE:** If you have more than five (5) diagnosis codes, please type all additional codes in the **Additional Notes 17** section at the bottom of this screen

11 Requested Length of Stay

Requested length of stay

- You must indicate how many inpatient days you are requesting

12 LOS Bed Type

LOS bed type
(optional)

- Leave blank, as we are not currently using

13 Principal Service (optional)

Principal service (optional)

Procedure
Enter Procedure code or Select from Short list

Procedure search

- Only needed if this is a surgical admission

A

You can add up to 4 additional CPT/ procedure codes

B

NOTE: If you have more than five (5) diagnosis codes, please type all additional codes in the Additional Notes section at the bottom of this screen.

C

Click **Save** button to put this procedure code on the inpatient request

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

Procedure Search

Use this page to search for a procedure and select. You may search for a procedure by description or code.

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

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

A Search for procedure by description

Description

Enter the procedure description

Search

A

If you type in a description, you will need to click the **Select** button next to the procedure(s) that will be performed.

B Search for procedure by code

Code

Enter the procedure code

Add

B

Procedures

Delete	Procedure code	Procedure description
Delete	27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

C

Save Cancel

17 Additional Notes (optional)

- Any other non-clinical information that you want Utilization Management to know regarding this admission, please include it in this iExchange Note.

Additional notes (optional)

iExchange Note

The Evicore auth #A25874691 and is valid from 6-14-18 to 8-13-18.

Next step

Cancel

- Click **Next Step** button to continue with the inpatient request

You will now be taken to the Inpatient Request Preview Page

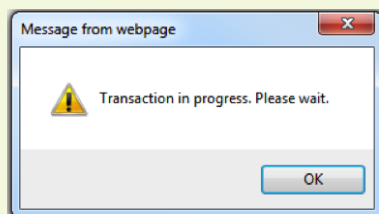
Prior to submitting the inpatient surgical request, an evicore authorization must be obtained and approved, if applicable.

Inpatient Request Preview

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer	New inpatient request New inpatient behavioral health request Extend inpatient request			

- 1 Watch for any **Warning** messages that may appear...these need to be fixed before it will allow you to submit the request to Utilization Management.
- 2 Watch for any **Payer Notices** from Utilization Management (these notices can contain different information depending on the page you are on)
- 3 Tells you the **Projected Status** is PEND for the hospital stay
- 4 Tells you the **Projected Status** is PEND for the procedure portion
- 5 **Inpatient Request Information** section is a summary of all the information that was entered for the inpatient admission.
- 6 **General Information** reflects any notes that you included for this admission.
- 7 Click **Edit** if you need to make changes to this request
- 8 Click **Submit** if everything looks good and all errors have been fixed

If you click the **Submit** button more than once, you will get the following



1

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**.

2

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	
06/18/2018 - 06/21/2018	3	PEND	3

Service	Code	Scheduled date	Units	Projected status	
Principal	45390	06/18/2018	1	PEND	4

Inpatient request information

Member

Date of birth
Age
Gender
Line of business
Coverage dates
Group ID
Group name
Subscriber ID
Subscriber name
Plan
PCP name
PCP NPI

Submitting provider

NPI
Phone

Facility

NPI
Phone

Attending physician

NPI
Phone

LOS request information

Treatment setting
Notification date
LOS bed type
Length of stay
Primary diagnosis

Principal service

Scheduled date
Service dates/Units/Status
Serving provider
NPI
Phone

5

General information

iExchange Note
Treatment type

Admit through ER.
Internal Medicine

7

8

Edit

Submit

Cancel

Inpatient Request Confirmation Page

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer	New inpatient request New inpatient behavioral health request Extend inpatient request			

1

[Print friendly version](#)

1

You can print off a **Print Friendly Version** of this admission

2

Watch for any **Payer Notices** from Utilization Management (these notices can contain different information depending on the page you are on)

3

You will be given the **Pending** auth # for this admission for your files

4

You will need to attach all **Relevant and Pertinent Clinicals to Support this Admission**

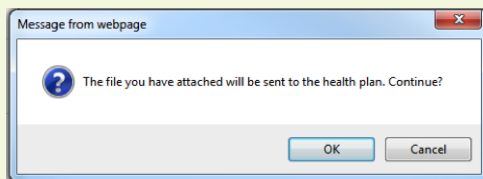
5

Request Attachments

a) **Title:** Enter the word Clinical

b) **Attachment:** Browse your computer for the **Relevant and Pertinent Clinicals** and then click the **Attach** button (the only allowable file formats are PDF, DOC, XLS, JPG, GIF, TIF, DOCX, or XLSX).

c) When you click the Attach button, you will see the following screen, just click OK.



d) Once you click **OK**, you will get the next informational message on the **Inpatient Request Confirmation Page** that states the file has been successfully attached and sent to the health plan.

Sponsored by network health

aerial | iExchange

NHP Test Group

HELP | PREFERENCES

Starting point: Inpatient | Other | Referral | Search

Payer selected: Network Health Plan
[Select a different payer](#)

last log in: 06/13/2018 12:28 PM EDT

[New inpatient request](#)
[New inpatient behavioral health request](#)
[Extend inpatient request](#)

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

[Print friendly version](#)

Inpatient request confirmation

Inpatient request confirmation

This page contains inpatient request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iExchange 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.

2

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.

3

Request ID:

[Attach file](#)

4

Summary

LOS start/end date	Days	Status
06/01/2018 - 06/02/2018	1	PEND

Inpatient request information

Member

Date of birth
Age
Gender
Line of business
Coverage dates
Group ID
Group name
Subscriber ID
Subscriber name
Plan
PCP name
PCP NPI

Submitting provider

HOLY FAMILY MEMORIAL MEDICAL CENTER
NPI: 1700998697
Phone: (920)320-8648

Facility

ROGERS MEMORIAL HOSPITAL INC
NPI: 1053329581
Phone: (262)646-4411

Attending physician

NPI
Phone

LOS request information

Treatment setting: Inpatient Hospital
Notification date: 06/22/2018
LOS bed type
Length of stay: 06/01/2018 - 06/02/2018 - 1 Days - PEND
Primary diagnosis: K92.2 - Gastrointestinal hemorrhage, unspecified

5

Request Attachments

Attach new file

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

Title:

Attachment: [Browse...](#)

[Attach](#)

General information

Treatment type: Internal Medicine

Check Status of Inpatient Request

To check on the status of an authorization via iExchange, you can do this through the **Search** button and selecting **Treatment Update Search**

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

Treatment update search

Use this page to search for treatment updates. Treatment updates inform you when the payer or a provider has updated an existing or added a new treatment request associated with an authorized provider in your group. This may include updates for submitting providers, servicing providers, facility providers, and/or the member's PCP.

Enter search criteria
 Enter the search criteria and click Submit search to search for treatment updates.

Search for **1**
 Member ID optional **2**
 Authorized provider(s) **3**
 Date range **4**
 Treatment update type **5**
 Show only unread treatment updates **6**
 Submit search **7**

☒ Updates for submitting providers
☐ Updates for facilities and servicing providers
☐ Updates for Primary Care Physician

Member search

Name	MCO ID	NPI ID	Additional info
HOLY FAMILY MEMORIAL MEDICAL CENTER	AF00210075	1700998697	

Date range: Today, Yesterday, Past 2 days
 Treatment update type:
 Show only unread treatment updates: ☐
 Submit search Clear form Cancel

- 1 Search for**—click the appropriate radial button to reflect how you would like to search for updates
- 2 Member/Subscriber ID Number**—optional
- 3 Authorized Provider(s)**—select the name of the submitting provider for this request
- 4 Date Range**—specify how far back you want to search for treatment updates
- 5 Treatment update type**
- 6 Show only unread treatment updates**—leave box unchecked
- 7 Click Submit Search** button
- 8** If there are no updates, you will get the following message

Sponsored by **network health**

aerial | iExchange | **medication**

NHP Test Group
 Froeming, Sara L [log out](#)
 last log in: 06/13/2018 12:28 PM EDT

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer				Treatment search Provider search Member search Treatment update search

Informational
 No treatment updates found matching the search criteria

Request Inpatient Extension

If you need to extend a patient's stay beyond the last approved date, you must request an extension with clinical to support the extension.

HELP | PREFERENCES

Starting point Inpatient Other Referral Search

Payer selected: **Network Health Plan**
[Select a different payer](#)

1

Treatment search
 Provider search
 Member search
 Treatment update search

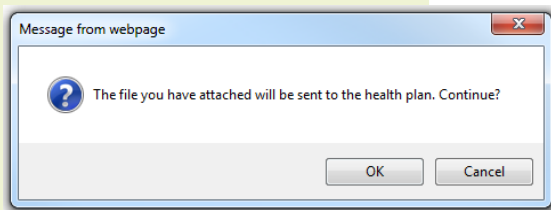
1

Click **Search**, then Treatment Search and search by Authorization Number which will bring up the **Treatment Search Details** page

2

Click **Request Actions/Attach New File** (this process is already in the document)

This screen appears when properly attached



3

Click **Request Actions/View or Add Note**

This screen appears

General information

iExchange Note [more days please](#)
[View all notes](#) | [Add to notes](#)

4

Click appropriate hyperlink and **Add Note**

5

Add your note and click **Save**

6

This screen appears and lets the user know it's been successfully submitted.

7

User clicks the **Extend** button and then gets the **Inpatient Request Extension Entry** page

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.

2

Request ID - 20180626-

Request actions

Summary

LOS start/end date	Days	Status	Extend
06/26/2018 - 06/29/2018	3	APPROVE	Extend
06/29/2018 - 07/01/2018	2	APPROVE	
07/01/2018 - 07/03/2018	2	PEND	

3

Request Attachments

Attach new file

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

Title:

Attachment: [Browse...](#)

[Attach](#)

Attached Files

Attachment	Title	Received by health plan
Friday-JPEG-iEXCHANGE-TS-2018-06-26-09:31:14.134.jpg	clinical	06/26/2018 - 09:31 AM

4

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.

iExchange Note

5

[Save](#) [Cancel](#)

Informational

Request 20180626- has been updated.

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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 - 20180626-

Request actions

Summary

LOS start/end date	Days	Status	Extend
06/26/2018 - 06/29/2018	3	APPROVE	Extend
06/29/2018 - 07/01/2018	2	APPROVE	
07/01/2018 - 07/03/2018	2	PEND	

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Inpatient Request Extension Entry

- 1 The **Extension Start Date** will autofill based on the last approved date of the existing authorization
- 2 Enter **Additional units requested**
- 3 Click **Next Step** button.

Starting point	Inpatient	Other	Referral	Search
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Payer selected:
Network Health Plan
[Select a different payer](#)

New inpatient request
New inpatient behavioral health request
Extend inpatient request

Inpatient request extension entry

Use this page to extend an inpatient request. Once you enter the appropriate information click Next step. iExchange evaluates your inpatient request extension and displays the Inpatient request extension 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.

Request being extended

Member	ASCENSION NE WISCONSIN ST ELIZABETH HOSPITAL OSHKO	Facility ID	0F00196734
Admit date	06/18/2018	To date	06/21/2018
Treatment setting	Inpatient Hospital		

[View request details](#)

1 Extension information

Select the submitting provider, extension primary diagnosis, and enter the additional requested length of stay units. You may select a procedure, if applicable.

Submitting provider: [ASCENSION NE WISCONSIN ST ELIZABETH HOSPITAL OSHKO - 1407803638](#)
[Submitting provider summary](#)

Is this an emergency? **Yes**

Extension primary diagnosis: **K92.2**
Enter Diagnosis code or select one from the list [Diagnosis search](#)

Secondary diagnosis (optional):
Secondary diagnosis (optional):
Secondary diagnosis (optional):
Secondary diagnosis (optional):

Additional requested LOS units:

LOS bed type (optional):

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.

Extension service 1 (optional)

Procedure:
Enter Procedure code or Select from Short list [Procedure search](#)

Scheduled date: (mm/dd/yyyy)

Servicing provider:
Select a servicing provider from the list or search for ID [Servicing provider summary](#) [Provider search](#)

Extension service 2 (optional)

Procedure:
Enter Procedure code or Select from Short list [Procedure search](#)

Scheduled date: (mm/dd/yyyy)

Servicing provider:
Select a servicing provider from the list or search for ID [Servicing provider summary](#) [Provider search](#)

Extension service 3 (optional)

Procedure:
Enter Procedure code or Select from Short list [Procedure search](#)

Scheduled date: (mm/dd/yyyy)

Servicing provider:
Select a servicing provider from the list or search for ID [Servicing provider summary](#) [Provider search](#)

Extension service 4 (optional)

Procedure:
Enter Procedure code or Select from Short list [Procedure search](#)

Scheduled date: (mm/dd/yyyy)

Servicing provider:
Select a servicing provider from the list or search for ID [Servicing provider summary](#) [Provider search](#)

Extension service 5 (optional)

Procedure:
Enter Procedure code or Select from Short list [Procedure search](#)

Scheduled date: (mm/dd/yyyy)

Servicing provider:
Select a servicing provider from the list or search for ID [Servicing provider summary](#) [Provider search](#)

Additional notes (optional)

iExchange Note

3 [Next step](#) [Cancel](#)

Request Inpatient Extension Preview

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer	New inpatient request New inpatient behavioral health request Extend inpatient request			

Warning

Facility provider [REDACTED] is not in the member's network. Selected provider is Out of Network for this member.

Inpatient request extension preview

Review your inpatient extension request information here. If everything is correct, click the **Submit** button to save your extension and open the Inpatient request extension 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 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 status 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
06/26/2018 - 06/29/2018	3	APPROVE
06/29/2018 - 07/01/2018	2	APPROVE
07/01/2018 - 07/03/2018	2	APPROVE
07/03/2018 - 07/06/2018	3	PEND

Inpatient request extension information

Member	
Date of birth	[REDACTED]
Age	[REDACTED]
Gender	[REDACTED]
Line of business	[REDACTED]
Coverage dates	[REDACTED]
Group ID	[REDACTED]
Group name	[REDACTED]
Subscriber ID	[REDACTED]
Subscriber name	[REDACTED]
Plan	[REDACTED]
PCP name	[REDACTED]
PCP NPI	[REDACTED]
Submitting provider	
NPI	COHEN, BERNARD A 1780623884
Phone	(262)834-0033
Facility	
NPI	ASCENSION NE WISCONSIN ST ELIZABETH HOSPITAL OSHKO 1407803638
Phone	(920)628-9000
Attending physician	
NPI	
Phone	
LOS request information	
Treatment setting	Inpatient Hospital
Notification date	06/28/2018
LOS bed type	
Length of stay	06/26/2018 - 06/29/2018 - 3 Days - APPROVE 06/29/2018 - 07/01/2018 - 2 Days - APPROVE 07/01/2018 - 07/03/2018 - 2 Days - APPROVE 07/03/2018 - 07/06/2018 - 3 Days - PEND
Primary diagnosis	Q07.02 - Arnold-Chiari syndrome with hydrocephalus

General information

IXchange Note	more days
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Edit Submit Cancel

Request Inpatient Extension Confirmation

If you are finished with this request click on **Starting Point** at the top left hand corner to be brought back to the home page"

Starting point	Inpatient	Other	Referral	Search
Payer selected: Network Health Plan Select a different payer	New inpatient request New inpatient behavioral health request Extend inpatient request			

 [Print friendly version](#)

Inpatient request extension confirmation

This page contains inpatient request extension information including the request ID and status, the member's name and ID, and the extended procedures. The procedure information includes the procedure description, length of stay units and the status of the inpatient request extension.

When you clicked the **Submit** button, iExchange re-evaluated the data that appeared in the Preview. The inpatient extension request status may have changed if eligibility or other data changed in the interim.

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.

Request ID: **20180626-**

Summary

LOS start/end date	Days	Status
06/26/2018 - 06/29/2018	3	APPROVE
06/29/2018 - 07/01/2018	2	APPROVE
07/01/2018 - 07/03/2018	2	APPROVE
07/03/2018 - 07/06/2018	3	PEND

Inpatient request extension information

Member

Date of birth
 Age
 Gender
 Line of business
 Coverage dates
 Group ID
 Group name
 Subscriber ID
 Subscriber name
 Plan
 PCP name
 PCP NPI

[Redacted Member Information]

Submitting provider

COHEN, BERNARD A
 NPI: 1780623884
 Phone: (262)834-0033

Facility

ASCENSION NE WISCONSIN ST ELIZABETH HOSPITAL OSHKO
 NPI: 1407803638
 Phone: (920)628-9000

Attending physician

NPI
 Phone

LOS request information

Treatment setting: Inpatient Hospital
 Notification date: 06/28/2018
 LOS bed type
 Length of stay: 06/26/2018 - 06/29/2018 - 3 Days - APPROVE
 06/29/2018 - 07/01/2018 - 2 Days - APPROVE
 07/01/2018 - 07/03/2018 - 2 Days - APPROVE
 07/03/2018 - 07/06/2018 - 3 Days - PEND
 Primary diagnosis: Q07.02 - Arnold-Chiari syndrome with hydrocephalus

General information

[New payer](#) | [Return to treatment search results](#) | [Top of page](#)