

# Aerial iExchange OP Training Materials

1. From [networkhealth.com](http://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 <b>Preferences</b> to change your iExchange Password.  |
| B | Click <b>Log Out</b> to gracefully log out of iExchange.   |
| C | This is your <b>provider group ID number</b> and is unique to each office location and set of providers/staff. |



Sponsored by 

aerial | iExchange |  **C**

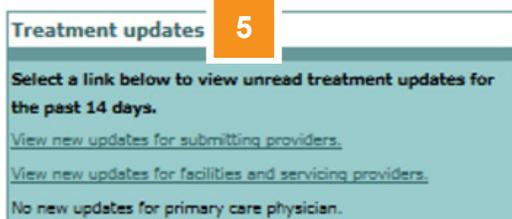
NHP Test Group  
 Froeming, Sara L [log out](#) **B**  
 last log in: 06/22/2018 10:47 AM EDT

HELP | PREFERENCES **A**

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



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



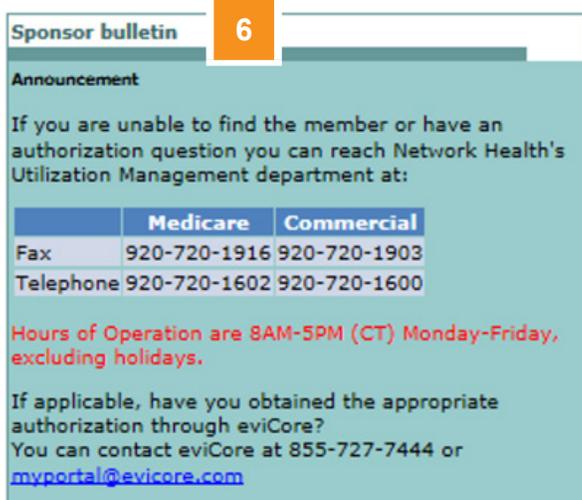
**Treatment updates** **5**

Select a link below to view unread treatment updates for the past 14 days.

[View new updates for submitting providers.](#)

[View new updates for facilities and servicing providers.](#)

No new updates for primary care physician.



**Sponsor bulletin** **6**

**Announcement**

If you are unable to find the member or have an authorization question you can reach Network Health's Utilization Management department at:

	Medicare	Commercial
Fax	920-720-1916	920-720-1903
Telephone	920-720-1602	920-720-1600

Hours of Operation are 8AM-5PM (CT) Monday-Friday, excluding holidays.

If applicable, have you obtained the appropriate authorization through eviCore?  
 You can contact eviCore at 855-727-7444 or [myportal@evicore.com](mailto:myportal@evicore.com)

- |   |  |
|---|--|
| 1 | Click <b>Select a different payer</b> hyperlink and choose Network Health Plan from the list.                          |
| 2 | Click <b>Inpatient</b> if creating an Inpatient request.   |
| 3 | Click <b>Other</b> if creating an Outpatient request (therapies, DME, home health, dental, outpatient surgeries, etc.) |
| 4 | Click <b>Search</b> to search by authorization request ID number, member name or treatment updates.                    |
| 5 | <b>Treatment Updates</b> section contains new information providers need to know for authorization requests.           |
| 6 | <b>Sponsor Bulletin</b> section contains additional information regarding authorizations and Utilization Management.   |
| 7 | Click <b>Starting Point</b> to start a new request on existing member or a new member.                                 |

# Outpatient Request

1	Notification Date
2	Member/Subscriber ID number is required
3	Submitting Provider
4	Facility
5	Servicing Provider
6	Treatment Setting
7	Primary Diagnosis
8	Secondary Diagnosis
9	Procedure
10	Units
11	Treatment Type
12	Start Date
13	End Date
14	Additional Notes

HELP | PREFERENCES

Starting point: **Inpatient** | Other | Referral | Search

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

|  |

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

**Payer Notice:**  
Please note the authorization is not a guarantee of payment. Benefits are always subject to the terms and limitations of your plan. (If no time services are received.)

**1 General information**

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

Notification date: 06/22/2018 (mm/dd/yyyy) **1**

Member ID: Enter or Search for ID **2**

Submitting provider: **HOLY FAMILY MEMORIAL MEDICAL CENTER - 1700968897** **3**  
[Submitting provider address](#)

Facility (optional):  **4**  
Select facility from the list or search for ID.

Servicing provider (optional):  **5**  
Select a servicing provider from the list or search for ID.

Treatment setting:  **6**

Primary diagnosis: Enter Diagnosis code or Select from Short list.  **7**

Secondary diagnosis (optional):  **8**

Secondary diagnosis (optional):

Secondary diagnosis (optional):

Secondary diagnosis (optional):

**2 Services information**

Enter or select procedure codes and modifiers, each one with requested units/visits as well as start date and end date. You must have at least one procedure. You may have as many procedures as there are areas to enter them.

**Service 1**

Procedure: Enter Procedure code or Select from Short list.  **9**

Unit(s):  **10**

Treatment type:  **11**

Start date:    (mm/dd/yyyy) **12**

End date:    (mm/dd/yyyy) **13**

**14 Additional notes (optional)**

iExchange Note

# Entering an Other (Outpatient) Request



**A** Click on the gold **Other** button at the top of the screen or under the **New other request** instructions header. Either option will bring you to the **Other request entry page**



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

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

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

**Extend other request**  
Click the **Extend other request** link, above. You will first search for the other 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\*\***

**Other request entry**  
Once you enter the General information and Services information click **Next step**. Exchange evaluates your other request and displays the Other 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 Notification Date**  
Notification date 06/22/2018 (mm/dd/yyyy)

**1 General information**  
Use the General information section to report the member ID (click Member search to verify eligibility), submitting provider, servicing provider as well as diagnostic information.

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

Member ID:  **You must search for a member.**

Submitting provider:

Facility (optional):

Servicing provider:

Treatment setting:

Primary diagnosis:

- **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.

**You will now leave this page and go to Member Search**

## 2 Member/Subscriber ID

**Member ID**  
Enter or Search for ID

You must search for a member.

Member search

Starting point	Inpatient	Other	Referral	Search
Payer selected: <b>Network Health Plan</b> <a href="#">Select a different payer</a>				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  
Enter the member's date of birth  /  /  (mm/dd/yyyy) **B**

**First name**  
optional  
Enter the first name of the member  **C**

### 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  
Enter the first name of the member  **C**

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.

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

### 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
<a href="#">View details</a>			
<a href="#">View existing requests</a>			
<a href="#">View health summary</a>			

### 3 Submitting Provider

Submitting provider:  

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

### 5 Servicing Provider

Will need to indicate the person or facility that the member will be receiving services through by clicking the **Provider Search** button

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

- 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

**1** Select a search type and a provider type

**2** Enter search criteria

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

**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.

Search type:  **A**

Provider type:  **B**

Facility name:  **C**

Submit search | Clear form | Cancel

Click **Submit Search** button for results

### Provider Search Result

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

**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"/>	ROGERS MEMORIAL HOSPITAL INC	0000201674	ROGERS MEMORIAL HOSPITAL INC 406 SCIENCE DR STE 110 MADISON WI 53711	OTHER SERVICE PROVIDER	(262)646-4411
<input type="button" value="Select"/>	ROGERS MEMORIAL HOSPITAL INC	1053329581	ROGERS MEMORIAL HOSPITAL INC 34700 VALLEY RD OCONOMOWOC WI 53066	ACUTE CARE HOSPITAL	(262)646-4411
<input type="button" value="Select"/>	ROGERS MEMORIAL HOSPITAL INC	1053329581	ROGERS MEMORIAL HOSPITAL INC 9916 75TH ST KENOSHA WI 53142	ACUTE CARE HOSPITAL	(262)646-4411

### 6 Treatment Setting

- A** Select the appropriate option from the dropdown list depending on what the request is for. The main options will be **Ambulatory Surgical Center, Home, or Office**.

Treatment setting:  **A**

## 7 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

**A**

**Search**

---

**B Search for diagnosis by code**

Code  
Enter the diagnosis code

**Add** **B**

---

**Diagnoses**

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

**C** **Save** **Cancel**

## 8 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 14** section.

## 9 Procedure

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

You can add up to 4 additional CPT/HCPCS

**NOTE:** If you have more than five (5) procedure codes, please type all additional codes in the **Additional Notes 14** section.

Click **Save** button to put this procedure code on the other (aka outpatient) request

**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**.

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

**A Search for procedure by description**

Description  
Enter the procedure description

**Search**

---

**B Search for procedure by code**

Code  
Enter the procedure code

**Add**

---

**Procedures**

Delete	Procedure code	Procedure description
<b>Delete</b>	44388	Colonoscopy through stoma; diagnostic, including collection of specimen (s) by brushing or washing, when performed (separate procedure)

**Save** **Cancel**

## 10 Units

Required

## 11 Treatment Type

A

Pick the appropriate Treatment Type from the drop-down list provided

Unit(s)	<input type="text"/>
Treatment type	A <input type="text"/>
Start date	<input type="text"/> <input type="text"/> <input type="text"/> (mm/dd/yyyy)
End date	<input type="text"/> <input type="text"/> <input type="text"/> (mm/dd/yyyy)

## 12 Start Date

Enter the **Start date** using mm/dd/yyyy

## 13 End Date

Enter the **End date** using mm/dd/yyyy

## 14 Additional Notes (optional)

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

### Additional notes (optional)

iExchange Note

Looking for a retro auth as the person who completes our auths was on vacation and no one covers for her.

Next step Cancel

- Click **Next Step** button to continue with the **Other Request**

You will now be taken to the Other Request Preview Page

# Other Request Preview Page

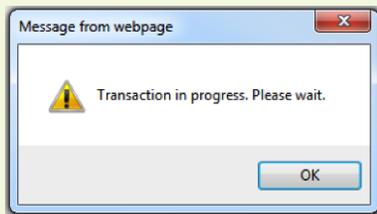
Starting point: Inpatient | Other | Referral | Search

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

New other request  
 New other behavioral health request  
 Extend other 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 procedure portion.
- 4 **Other Request Information** section is a summary of all the information that was entered for the request.
- 5 **General Information** reflects any notes that you included for this request.
- 6 Click **Edit** if you need to make changes to this request.
- 7 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

**Other request preview**

Review your other request information here. If everything is correct, click the **Submit** button to save your request and open the Other 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 other 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.

If supported by the payer, you have an option to select to add additional services to the request. Click the **Submit and add services** button to save your request with the services already entered and open the Additional other services entry page.

2

**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.

**Summary**

Service	Code	Start/end date	Units	Projected status
1	11200	05/31/2018 - 05/31/2018	6	PEND

3

**Other 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

**Servicing provider**

HORAN, DOUGLAS B  
 NPI: 1063406965  
 Phone: (920)727-8153

**Attending physician**

NPI  
 Phone

**Service 1**

Procedure: 11200 - Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions  
 Treatment type: Surgical Care  
 Service start/end dates: 05/31/2018 - 05/31/2018  
 Service dates/Units/Status: 05/31/2018 - 05/31/2018 - 6 Units - PEND  
 Servicing provider: HORAN, DOUGLAS B

**Submitting provider**

HORAN, DOUGLAS B  
 NPI: 1063406965  
 Phone: (920)727-8153

4

**General other information**

Treatment setting: Office  
 Notification date: 06/22/2018  
 Exchange Note: Looking for a retro auth as the person who completes our auth was on vacation and no one covers for her.

[Edit](#) [Submit and add services](#) [Submit](#) [Cancel](#)

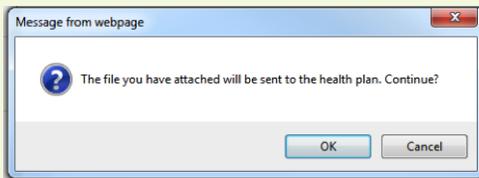
6 7

# Other Request Confirmation Page

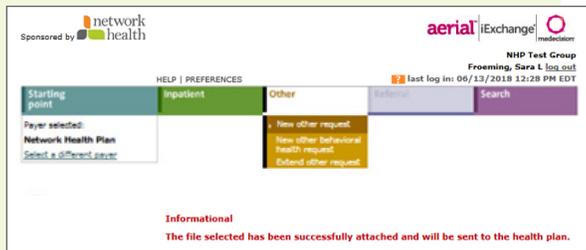
- 1 You can print off a **Print Friendly Version** of this request.
- 2 Watch for any **Payer Notices** from Utilization Management (these notices can contain different information depending on the page you are on).
- 3 You will be given the **Pending** auth # for this request for your files.
- 4 You will need to attach all **Relevant and Pertinent Clinicals** to Support this Request.
- 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 **Other Request Confirmation** page that states the file has been successfully attached and sent to the health plan.



[Print friendly version](#)

1

**Other request confirmation**  
This page contains other 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 other request status may have changed if eligibility or other data changed in the interim.

2

**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.

3

Request ID:  [Attach file](#)

**Summary**

4

Service	Code	Start/end date	Units	Status
1	11200	05/31/2018 - 05/31/2018	6	PEND

**Other 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

**Servicing provider**  
NPI: 1063406965  
Phone: (920)727-8153

**Attending physician**  
NPI  
Phone

**Service 1**  
Procedure: 11200 - Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions  
Treatment type: Surgical Care  
Service start/end dates: 05/31/2018 - 05/31/2018  
Service dates/Units/Status: 05/31/2018 - 05/31/2018 - 6 Units - PEND  
Servicing provider: HORAN, DOUGLAS B

**Submitting provider**  
NPI: 1063406965  
Phone: (920)727-8153

5

**Request Attachments**

Attach new file

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

Title:

Attachment:

**General other information**

Treatment setting: Office  
Notification date: 06/22/2018

# Treatment Update Search Page

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



- 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

**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**  Updates for submitting providers  
 Updates for facilities and servicing providers  
 Updates for Primary Care Physician

**Member ID optional**

**Authorized provider(s)**  
Select one, multiple, or all authorized providers in the list. The providers in the list are providers in your group who have been approved by the payer you have selected for use in treatment search.

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

**Date range**  
Specify the date range for your treatment update search.

**Treatment update type**  
Specify the type of treatment updates you want to search for.

**Show only unread treatment updates**

