



CIM Care Types

For Providers

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Version 1.1

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INTRODUCTION

Care Types is a new and improved workflow for submitters when entering requests on behalf of patients and providers to Health Plans. This new workflow uses a wizard guided entry for submitting Care Types, pre-authorizations, referrals, provider reconsiderations (coming soon). The selections for type are now filtered to align with the care type the submitter selects.

CARE TYPES DEFINED

Pre Authorization

Allow the submission of requests for prior approval of services for a member.

Referral

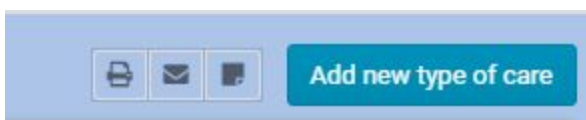
Allows providers, (PCP) to request a member be seen for a specific medical service by a specific provider (specialist).

Provider Reconsideration *(coming soon)*

Allows a provider to request the Health Plan reconsider a claim payment or authorization that has previously been denied or not approved as submitted. This process will allow the provider to submit supporting documentation for the reconsideration. Reconsiderations can be used prior to filing a formal appeal.

PRIOR AUTHORIZATION SUBMISSION PROCESS

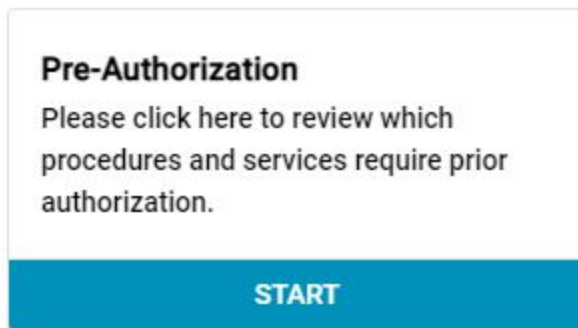
Care type entry may be accessed in CIM from **Member Search**. Search and locate the patient you wish to submit a Prior Authorization for service. Once you have located the patient, select the corresponding enrollment record and use the **Add new type of care** button located in the upper right corner of the results screen.



This button will launch the Care Type workflow allowing the submitter to select and enter a prior authorization through the guided steps.

Step 1 - Care Type Pre-Authorization

Select the Pre-Authorization tile to launch the Pre-Authorization workflow.



Step 2 - Care Subtype & Dates

In this step you will select the appropriate Care Subtype and dates for the pre-authorization you are entering. Health Plans have the ability to configure different subtypes of care, such as separating pre-authorizations for Medical, Behavioral Health, and Pharmacy. In the example below, this pre-authorization process has the care subtype of Medical. If a care subtype is not defined, you will see pre-authorization.

Submit Care Type



Care Type
Pick a starting point



Care Sub-Type & Dates
Narrow down your options

1 Mo

2 Mo

3 Mo

6 Mo

1 Yr

From Date
03/04/2021



To Date
03/04/2022



Medical

Submit a Medical Prior Authorization

START

[BACK](#)

Step 3 - Care Details - Pre-Auth Type and Providers

The next step will allow the submitter to select the Type of pre-authorization, urgency, and providers for the request.

Submit Care Type



 **Care Sub-Type & Dates**
Narrow down your options

 **Care Details**
Providers, types & more

4 **Services & Limits**
Setup services & limits

Select an Auth Type 

Urgency
Standard 

 Referring Provider

Minimum 2 characters to trigger autocomplete

[Advanced Search](#)

 Delivering Provider

Minimum 2 characters to trigger autocomplete

[Advanced Search](#)

 Facility

Minimum 2 characters to trigger autocomplete

[Advanced Search](#)

CONTINUE

BACK

Step 4 - Diagnosis, Services and Limits

Step four consists of adding the diagnosis, services and limits for the pre-authorization that you are requesting the Health Plan to review and authorize.

Submit Care Type



Care Details
Providers, types & more

Services & Limits
Setup services & limits

5 **Additional Information**
Comments, documents, etc.

Diagnosis Codes (Allows multiple entries)
Type to search diagnosis codes

Minimum 2 characters to trigger autocomplete

Services & Limits

Add Service

Procedure Code Group

From Date
03/04/2021

To Date
09/04/2021

Max Dollars

Max Units
1

CLEAR

ADD

Services

<input type="checkbox"/>	Code Group	Procedure Code	Service Dates	Limits
--------------------------	------------	----------------	---------------	--------

No data available

CONTINUE

BACK

Step 5 - Supporting Documents

Add allows the submitter to attach supporting documentation and add comments to help Health Plan review and process the request.

✓ **Services & Limits**
Setup services & limits

✎ **Additional Information**
Comments, documents, etc.

6 **Tracking Data**
Data, Codes, etc.

Attach Documents

Max 20MB per file



Drag and drop documents or click the plus button to add files

Comments

Step 6 - Review and Submit

This is the final set of submitting the pre-authorization to the plan. The submitter has the ability to review and edit the request prior to submission. Once they are ready to submit, selecting the **Finish** button at the bottom of the page will submit the request to the Health Plan for processing.

Submit Care Type



 **Additional Information**
Comments, documents, etc.

 **Tracking Data**
Data, Codes, etc.

 **Review & Submit**
Finish it up

Care Type and Dates

[EDIT](#)

From Date
03/04/2021

To Date
09/04/2021

Care Type
Pre-Authorization

Care Sub-Type
Medical

Care Details

[EDIT](#)

Auth Type

Urgency

Receipt of Submission

After the pre-authorization has been submitted a Receipt will appear allowing the submitter to retain acknowledgement of the submission of request. The submitter can print the receipt, view the submission, and/or request to be notified via email when the status of the requests changes.

Received

Reference ID: 1281219

Authorization #: None

Final Status: Received

Notify me of Auth status changes

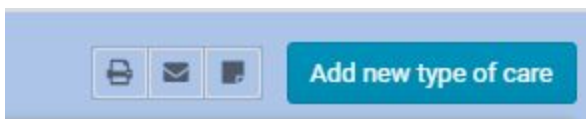
REVIEW REFERRAL/AUTH

PRINT THIS RECEIPT

CLOSE

REFERRAL SUBMISSION PROCESS

Care type entry may be accessed in CIM from **Member Search**. Search and locate the patient you wish to submit a referral for a member to a provider. Once you have located the patient, select the corresponding enrollment record and use the **Add new type of care** button located in the upper right corner of the results screen.



This button will launch the Care Type workflow allowing the submitter to select and enter a referral through the guided steps.

Submit Care Type



1 Care Type
Pick a starting point

2 Care Sub-Type & Dates
Narrow down your options

3 Care Details
Providers, types & more

Pre-Authorization

Please click here to review which procedures and services require prior authorization.

START

Referral

Generally Primary care providers do not need to get pre approval to submit referral.

START

Step 1 - Care Type Referral

Select the Referral tile to launch the Referral workflow.

Referral

Generally Primary care providers do not need to get pre approval to submit referral.

START

Step 2 - Care Subtype and Dates

In this step you will select the appropriate Care Subtype and dates for the referral you are entering. Health Plans have the ability to configure different subtypes of care, such as separating referrals for Medical, Behavioral Health, and Pharmacy.

Submit Care Type



Care Type
Pick a starting point



Care Sub-Type & Dates
Narrow down your options



Care Provi

1 Mo

2 Mo

3 Mo

6 Mo

1 Yr

From Date
03/04/2021



To Date
03/04/2022



Referral

A referral for care to specialists, consultation or review. Used in most cases.

START

[BACK](#)

Step 3 - Referral Type and Providers

The next step will allow the submitter to select the Type of referral, urgency, and providers for the request.

Submit Care Type



 **Care Sub-Type & Dates**
Narrow down your options

 **Care Details**
Providers, types & more

4 **Services & Limits**
Setup services & limits

Select an Auth Type 

Urgency
Standard 

 Referring Provider

Minimum 2 characters to trigger autocomplete

[Advanced Search](#)

 Delivering Provider

Minimum 2 characters to trigger autocomplete

[Advanced Search](#)

 Facility

Minimum 2 characters to trigger autocomplete

[Advanced Search](#)

CONTINUE

BACK

Step 4 - Diagnosis

The next step allows the submitter to enter the diagnosis supporting the need for the referral to a new provider.

Submit Care Type



 **Care Details**
Providers, types & more

 **Services & Limits**
Setup services & limits

5 **Additional Information**
Comments, documents, etc.

Diagnosis Code Groups

- ALL DX Codes (000-ZZZ.ZZZZ)
- Diagnostic (...)
- Office Visit (...)

Limits

Max Dollars

Max Units
1

CONTINUE

BACK

Step 5 - Supporting Documentation

Add allows the submitter to attach supporting documentation and add comments to help Health Plan review and process the request.

✓ **Services & Limits**
Setup services & limits

✎ **Additional Information**
Comments, documents, etc.

6 **Tracking Data**
Data, Codes, etc.

Attach Documents

Max 20MB per file



Drag and drop documents or click the plus button to add files

Comments

Step 6 - Review and Submit

This is the final set of submitting the referral to the plan. The submitter has the ability to review and edit the request prior to submission. Once they are ready to submit, selecting the **Finish** button at the bottom of the page will submit the request to the Health Plan for processing.

Submit Care Type



Additional Information
Comments, documents, etc.



Tracking Data
Data, Codes, etc.



Review & Submit
Finish it up

Care Type and Dates

[EDIT](#)

From Date
03/04/2021

To Date
03/04/2022

Care Type
Referral

Care Sub-Type
Referral

Care Details

[EDIT](#)

Receipt of Submission

After the referral has been submitted a Receipt will appear allowing the submitter to retain acknowledgement of the submission of request. The submitter can print the receipt, view the submission, and/ or request to be notified via email when the status of the requests changes.

Received

Reference ID: 1281219

Authorization #: None

Final Status: Received

Notify me of Auth status changes

[REVIEW REFERRAL/AUTH](#)

[PRINT THIS RECEIPT](#)

[CLOSE](#)
