



Independence Administrators – iExchange Training – Inpatient Admissions

Inpatient Request Tip Sheet



Proprietary and Confidential

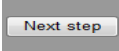
Getting Started

- » Login information is case sensitive
 - » User ID, iExchange ID and Password are required
 - » Users will be prompted to change passwords every 30 days
- » System time out
 - » If there is no activity for a period of 60 minutes, users will be “timed out” of iExchange and you will received the below message:
 - » "Your session has expired. Please, login again."
- » Do not use the “Back” button to navigate in iExchange
 - » At the bottom of most pages you will see buttons (such as “Cancel”, “Back”, or “New Search”) that allow you to return to previous pages
 - » You can click the “Starting point” block in the upper left hand corner at anytime to return to the main page



Request Submission

» Each request has three stages


1. Request Entry (pages 5 and 6)

- » All fields should be completed unless marked as **(optional)**
- » System administrators can add frequently used providers, diagnoses and procedures to facilitate data entry
- » Additional Notes (Reviewer Notes) text box at the bottom of the page should be used to provide additional clinical information and comments
- » Users will click  at the bottom of the screen to proceed to the Preview page

2. Request Preview

- » Allows user to review request information a final time before submitting
- » Displays Outcome Status of the request if it is submitted as is
- » Allows user to return to entry page and edit if necessary – click  at the bottom of the screen
- » Users can click  if no edits are needed

3. Request Confirmation

- » Displays the Outcome Status and request ID
- » Displays same information as Preview page
- » User able to open print friendly version of this page – click  [Print friendly version](#)
- » User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request

Starting point	Inpatient	Other	Referral	Search
Payer selected: Independence Administrators Train Select a different payer	New inpatient 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.

▶ [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 (or you selected a different payer) click the **Select a different payer** link on the starting point page and select the correct payer.

Select New
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:

Any notification of certification/approval is not a determination of eligibility or a guarantee of payment.

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 03/15/2016 (mm/dd/yyyy)

Member ID You must search for a member.

Submitting provider

Facility Select facility from the list or search for ID

Treatment setting

Treatment type

Review type

Admit date / / (mm/dd/yyyy)

Is this an emergency?

Primary diagnosis Enter Diagnosis code or Select from Short list ICD10

Secondary diagnosis (optional) ICD10

Secondary diagnosis (optional) ICD10

Secondary diagnosis (optional) ICD10

Requested length of stay

Attending physician Select attending physician from the list or search for ID

LOS bed type (optional)

IEXCHANGE Submitter's Name (required)

IEXCHANGE Submitter's Phone Number (required)

- Click on Member search
- Enter Member ID or Name and Date of Birth
- Select Submit search
- Click View existing requests to view previously submitted requests
- If no potential duplicate requests are found, select Return to member search
- Click on Select to return to the request entry page

When entering your diagnosis information, please select the appropriate coding scheme

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 [Servicing provider summary](#)

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 [Servicing provider summary](#)

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 [Servicing provider summary](#)

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 [Servicing provider summary](#)

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 [Servicing provider summary](#)

Additional notes (optional)

Add up to 5 procedure codes by using the drop down list OR search by description by clicking Procedure search.

NOTE: when requesting multiple units for a procedure, the procedure code, scheduled date, and servicing provider must be entered separately for each unit.

After completing all required fields, click Next Step at the bottom of the page

Provider Test Group
 User, Test [log out](#)
 last log in: 05/31/2011 05:45 AM EDT

HELP | PREFERENCES

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

Payer selected: **Amerihealth Administrators**
[Select a different payer](#)

New inpatient request
 Extend inpatient request

Informational
 Pending to RN for review of clinical information against Criteria / Medical Policy. If clinical information has not been provided with this length of stay please contact Patient Care Management to provide clinical information using the toll free number on the member's identification card.
 If the length of stay is posted, 1 day will be pended.

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:
 Any notification of certification/approval is not a determination of eligibility or a guarantee of payment.

Summary

LOS start/end date	Days	Projected status
03/16/2016 - 03/17/2016	1	PEND

Inpatient request information

Member
 Member ID
 Date of birth
 Age
 Group ID
 Group name
 Subscriber ID
 Subscriber name

Submitting provider
 ARIA HEALTH
 Provider MCO ID: 0133
 Specialty
 Address: PO Box 6500 6595 Philadelphia PA 19178-0001

Facility
 CROZER TAYLOR SPRINGFIELD
 Provider MCO ID: 0047
 Specialty
 Address: 1 Medical Center Blvd Chester PA 19013-1902

Attending physician
 Deazi, Rashmikant S
 Provider MCO ID: P734058

LOS request information
 Treatment coding: Inpatient
 Notification date: 03/16/2016
 LOS bed type
 Admission dates: 03/16/2016 - 03/17/2016
 Length of stay: 03/16/2016 - 03/17/2016 - 1 Days - PEND
 Primary diagnosis: I50.9 - Heart failure, unspecified

General information

iEXCHANGE Submitter's Name: Tom
 iEXCHANGE Submitter's Phone Number: 2155551212
 iExchange Notes
 Review type: Routine - Service not started
 Is this an emergency?: No

[Edit](#) [Submit](#) [Cancel](#)

Preview page – includes projected status of the request and allows the user to verify the accuracy of the information prior to final submission

Request can be edited, submitted or cancelled – click Submit to proceed to the confirmation page

 [Print friendly version](#)

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.

Payer Notice:
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Request ID: **1607500001** [Attach file](#)

Summary

LOS start/end date	Days	Status
03/16/2016 - 03/17/2016	1	PEND

Inpatient request information

Member

Member ID
 Date of birth
 Age
 Group ID
 Group name
 Subscriber ID
 Subscriber name

Submitting provider ARIA HEALTH
 Provider MCO ID 0133

Facility CROZER TAYLOR SPRINGFIELD
 Provider MCO ID 0047

Attending physician Desai, Rashmikant S
 Provider MCO ID P734058

LOS request information

Treatment setting Inpatient
 Notification date 03/15/2016
 LOS bed type
 Admission dates 03/16/2016 - 03/17/2016
 Length of stay 03/16/2016 - 03/17/2016 - 1 Days - PEND
 Primary diagnosis I50.9 - Heart failure, unspecified

Request Attachments

Attach new file

Allowable file type(s): PDF, JPG

Title:

Attachment:

General information

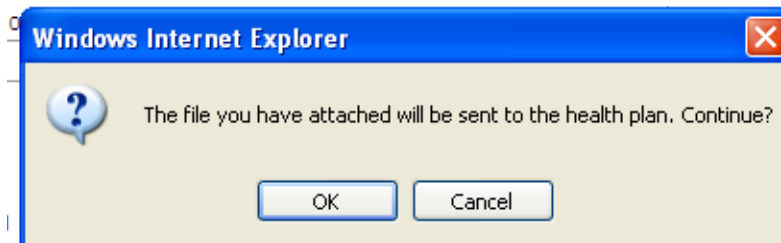
IEXCHANGE Submitter's Name Tom
 IEXCHANGE Submitter's Phone Number 2155551212
 IExchange Notes
 Review type Routine- Service not started
 Is this an emergency? No

[New payer](#) [Top of page](#)

Confirmation page includes the Request ID and allows the user to attach additional required information to support the request

Request Attachments

- » Users can attach documents to any existing authorization request in iExchange
- » Follow the below steps to add attachments
 1. User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request
 2. Enter a title for the document to be attached
 3. Click to select locate the file to be attached
 4. Click to add the document
 5. Click OK in the popup window to continue or cancel if the attachment was selected in error



6. Information message will appear at the top of the page to indicate that the file has been successfully attached