



SECUR

CALYPSO LYTE PORTAL

SECUR Health Plan User Guide

This document is used to guide on how to navigate through the Calypso Lyte Portal.

Version – 1.0

Contents

1 – Introduction	2
1.1 – Login to Calypso Lyte Portal	2
1.2 – Reset Password	3
2 – Member House	4
2.1 – UM Search Member	4
2.1.1 – Key Features	4
2.1.2 – Usage Instructions	5
3 – Member Profile	5
3.1 – Profile	6
3.1.1 – Provider Info	6
3.1.2 – Address Info	7
3.1.3 – Membership Info	7
3.1.4 – Notes	8
3.1.5 – Contacts	9
3.1.6 – Attachments	10
3.1.7 – ICE	12
3.2 – Create An Auth	16
3.2.1 – Attachments	21
3.2.2 – Notes	21
3.2.3 – Contacts	25
3.2.4 – Authorization Summary	27
3.3 – Auth History	27
3.4 – Plan Documents	29
4 – Provider Bridge.....	30
4.1 – Search Provider	30
4.2 – Add Provider/Facility.....	30
5 – Queue	31
5.1 – Own Queue	32
5.2 – Portal Queue	33
6 – Reports	33
6.1 – Global Report	33
7 – Creating an Authorization for Out-Patient.....	34
8 – Creating an Authorization for In-Patient.....	39
9 – Pend/Request an Auth	43

1 – Introduction

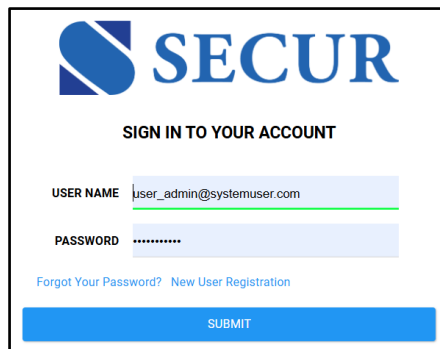
The **Calypso Lyte** portal allows user to create authorizations for health plans including for *Part B* services. The authorizations created in this portal are available in Calypso **INTAKE QUEUE**. Documents are uploaded and attached to cases. The portal maintains *Auth Summary* which allows end users to complete a quality check.

Calypso Lyte is a streamlined and simplified version of the Calypso module. It is a *PCP portal* for *eligibility verification* and *authorization submission* with real time authorization status updates. Focuses on core utilization management functionalities without the advanced features of Calypso Lyte. It has *basic user permissions and roles* and *limited workflow customization*.

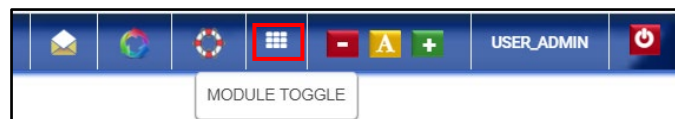
1.1 – Login to Calypso Lyte Portal

Once the user gets registered through the authentication module, follow the steps to log into the Calypso Lyte Portal:

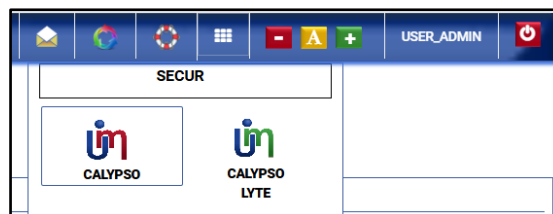
1. Open the *Calypso Portal* website URL.
2. Enter your **USER NAME** and **PASSWORD** to log in.



3. Select the **SUBMIT** button.
4. Select the **MODULE TOGGLE** icon.



5. Select **CALYPSO LYTE** portal.



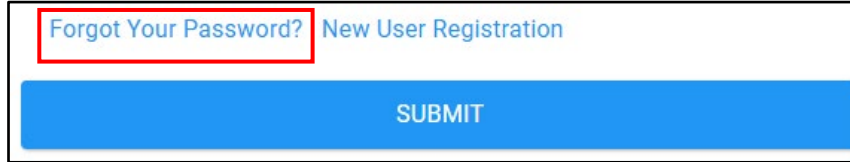
6. You can view the **CALYPSO LYTE UM SEARCH MEMBER** page.



1.2 – Reset Password

Follow the steps to reset your password for the Calypso Lyte Portal:

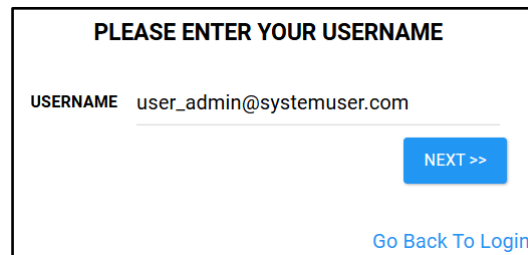
1. Open the *Calypso portal* website URL.
2. Select **Forgot Your Password?**



Forgot Your Password? New User Registration

SUBMIT

3. Enter your **USERNAME**, then select **NEXT**.



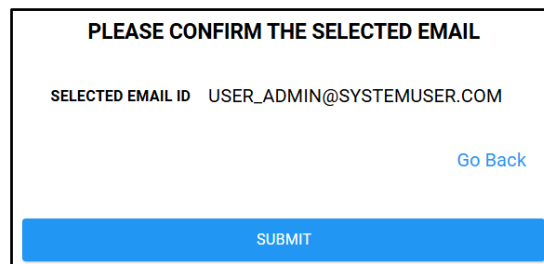
PLEASE ENTER YOUR USERNAME

USERNAME user_admin@systemuser.com

NEXT >>

[Go Back To Login](#)

4. Confirm your **EMAIL ID**, then select **SUBMIT**.



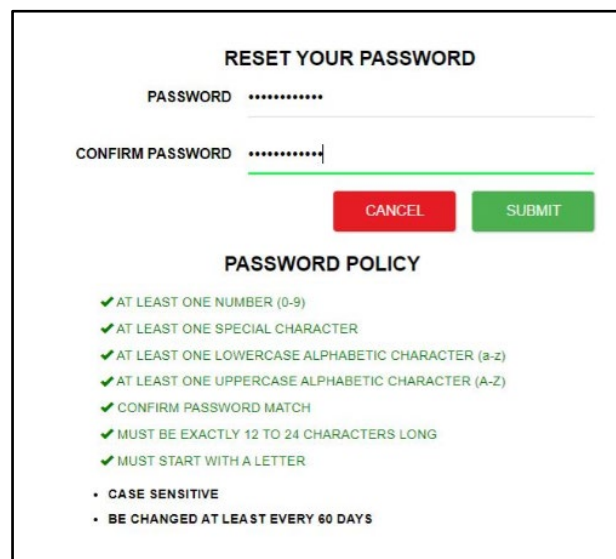
PLEASE CONFIRM THE SELECTED EMAIL

SELECTED EMAIL ID USER_ADMIN@SYSTEMUSER.COM

[Go Back](#)

SUBMIT

5. To that mail address, a reset link is sent. Click on **here** in the email.
6. Enter a new **PASSWORD** and **CONFIRM PASSWORD**, then select **SUBMIT** to change the password.



RESET YOUR PASSWORD

PASSWORD

CONFIRM PASSWORD

CANCEL SUBMIT

PASSWORD POLICY

- ✓ AT LEAST ONE NUMBER (0-9)
- ✓ AT LEAST ONE SPECIAL CHARACTER
- ✓ AT LEAST ONE LOWERCASE ALPHABETIC CHARACTER (a-z)
- ✓ AT LEAST ONE UPPERCASE ALPHABETIC CHARACTER (A-Z)
- ✓ CONFIRM PASSWORD MATCH
- ✓ MUST BE EXACTLY 12 TO 24 CHARACTERS LONG
- ✓ MUST START WITH A LETTER

- CASE SENSITIVE
- BE CHANGED AT LEAST EVERY 60 DAYS

Note: To create a new password, follow the below conditions:

- The password must start with a Letter.
- The password must be exactly 12 to 24 characters long.
- The password must contain at least one upper case character, one lower case character, one number, and one special character (! @ # \$ % &).
- The password is case-sensitive.
- The password must be changed at least every 60 days.
- The New Password must match the Confirm Password.

7. You will receive a mail on successful update.

2 – Member House

The **UM SEARCH MEMBER** page in the Calypso Lyte system helps you to search and manage the member information which are mapped to that user within the Mirra Health Care platform. This interface allows you, such as healthcare administrators and case managers, to easily find member details using various search parameters.

2.1 – UM Search Member

You can view the **UM SEARCH MEMBER** screen.



2.1.1 – Key Features

1. Navigation and Layout:

Navigation Panel: This is located on the left pane of the screen. This panel provides quick access to various sections of the Calypso Lyte system including Member House, Provider Bridge, Queue, Global report (visibility depends on individual privileges).

2. Search Fields:

- **Reference ID / Plan Authorization:** This is a unique id which is generated for each authorization created. It is either *9-digit or 10-digit number*. Enter the complete reference ID or plan authorization number to search for a member authorization.
- **Subscriber ID:** This allows you to enter the subscriber ID associated with the member. You can search member either by passing complete or partial Subscriber ID.
- **Member Last Name:** This allows you for searching by the member's last name. You can search member either by passing complete or partial Last Name.
- **Member First Name:** This allows you for searching by the member's first name. You can search member either by passing complete or partial First Name.
- **Phone:** This allows you to search for a member by passing the first 3-digit of the phone number.
- **Date of Birth (DOB):** This allows you to search for a member by entering the member's date of birth in the MM/DD/YYYY format.

3. Action Buttons:

- **Search Button:** This button allows you to initiate the search, based on the entered criteria.
- **Clear Button:** This button allows you to reset all search fields to their default state. Also clears the searched result as well.

4. User Information:

- This is displayed at the top right corner; this shows your user ID and next to it you have power button which provides options to log out of the system.
- When you select your User ID, you have the options like:
 - To Change password.
 - To Add/Modify insert text.

2.1.2 – Usage Instructions

1. Accessing the Search Page:

- This allows you to navigate to the **UM SEARCH MEMBER** section from the main navigation panel on the left pane of the screen.

2. Performing a Search:

- This allows you to fill in one or more of the available search fields with the relevant information. For example, enter the member's last name and date of birth to narrow down the search results.
- Tap on the magnifying glass icon (Search Button) to execute the search.

3. Clearing the Search Fields:

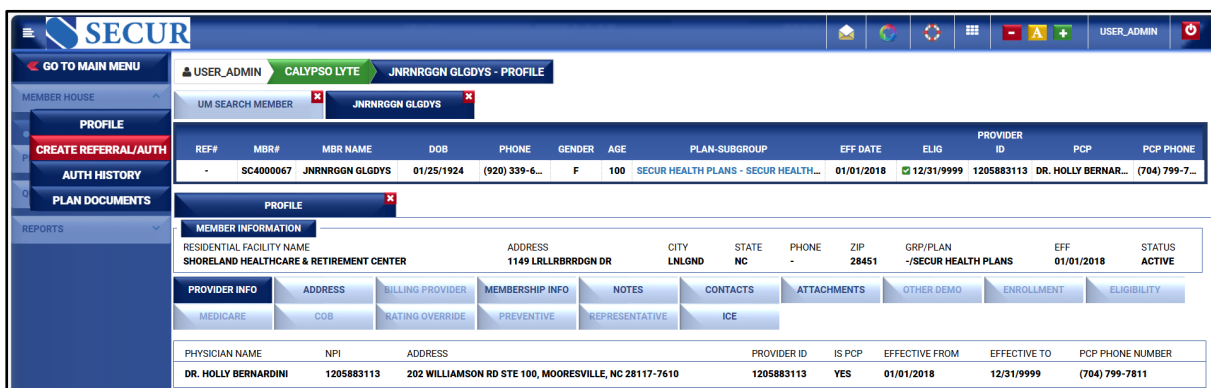
- This allows you to clear all input fields, tap on the red cross icon (Clear Button). This will reset the form to its initial state, allowing for a new search to be conducted.

4. Reviewing Search Results:

- After performing a search, the system will display a list of members matching the entered criteria. You can then select a member from the list to view more detailed information or perform further actions as required.

3 – Member Profile

The Member page in the Calypso Lyte portal provides detailed information about a selected member. This page is crucial for accessing and managing member data. This allows healthcare professionals to access, and maintain detailed records, and it includes several interactive tabs that allow you to view different aspects of the member's profile. Only ICE Info can be edited/deleted.



REF#	MBR#	MBR NAME	DOB	PHONE	GENDER	AGE	PLAN-SUBGROUP	EFF DATE	ELIG	PROVIDER ID	PCP	PCP PHONE
-	SC4000067	JNRNRGGN GLGDYS	01/25/1924	(920) 339-6...	F	100	SECUR HEALTH PLANS - SECUR HEALTH...	01/01/2018	12/31/9999	1205883113	DR. HOLLY BERNAR...	(704) 799-7...

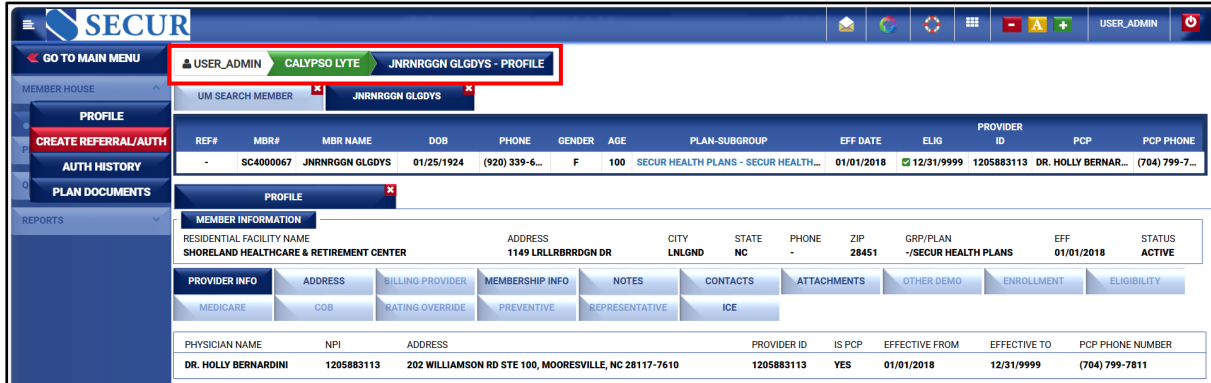
PROVIDER INFO	ADDRESS	BILLING PROVIDER	MEMBERSHIP INFO	NOTES	CONTACTS	ATTACHMENTS	OTHER DEMO	ENROLLMENT	ELIGIBILITY
MEDICARE	COB	RATING OVERRIDE	PREVENTIVE	REPRESENTATIVE	ICE				

PHYSICIAN NAME	NPI	ADDRESS	PROVIDER ID	IS PCP	EFFECTIVE FROM	EFFECTIVE TO	PCP PHONE NUMBER
DR. HOLLY BERNARDINI	1205883113	202 WILLIAMSON RD STE 100, MOORESVILLE, NC 28117-7610	1205883113	YES	01/01/2018	12/31/9999	(704) 799-7811

3.1 – Profile

Header Section

- **Navigation Breadcrumbs:** This indicates the current location within the portal.




REF#	MBR#	MBR NAME	DOB	PHONE	GENDER	AGE	PLAN-SUBGROUP	EFF DATE	ELIG	PROVIDER ID	PCP	PCP PHONE
-	SC4000067	JNRNRGGN GLGDYS	01/25/1924	(920) 339-6...	F	100	SECUR HEALTH PLANS - SECUR HEALTH...	01/01/2018	12/31/9999	1205883113	DR. HOLLY BERNAR...	(704) 799-7...

PHYSICIAN NAME	NPI	ADDRESS	PROVIDER ID	IS PCP	EFFECTIVE FROM	EFFECTIVE TO	PCP PHONE NUMBER
DR. HOLLY BERNARDINI	1205883113	202 WILLIAMSON RD STE 100, MOORESVILLE, NC 28117-7610	1205883113	YES	01/01/2018	12/31/9999	(704) 799-7811

- **Go To Main Menu Button:** This tab allows you to return to the main menu.
- **Other Icons:** This includes notifications, settings, and logout options.
- **Member Reference Information:** This displays key details such as Reference ID, Member ID, Name, Date of Birth, Phone Number, Gender, Age, Plan Subgroup, Effective Date, Eligibility, Provider ID, PCP (Primary Care Physician), and PCP Phone number.
- **Profile (Selected by Default):**
 - **Member Information Section:**
 - **Address:** This displays the member's address.
 - **City:** This displays the city where the member resides.
 - **State:** This displays state where the member resides.
 - **Phone:** This displays the member's phone number.
 - **Cell:** This displays the member's cell number.
 - **Email:** This displays the member's email address.
 - **Zip Code:** This displays the postal code of the member's address.
 - **Group/Plan:** This displays the member's group or plan.
 - **Effective Date:** This displays the start date of the member's plan.
 - **Status:** This indicates whether the member's plan is active or inactive.

3.1.1 – Provider Info

When the **PROVIDER INFO** tab is selected, the detailed information about the member's primary care provider (PCP) is displayed at the bottom of the page. This includes the physician's name, NPI, address, provider ID, PCP status, effective dates, and contact number. The **PROVIDER INFO** tab is part of a series of tabs for detailed member information. Other tabs include **ADDRESS**, **MEMBERSHIP INFO**, **NOTES**, **CONTACTS**, **ATTACHMENTS**, **ICE** and more.



PHYSICIAN NAME	NPI	ADDRESS	PROVIDER ID	IS PCP	EFFECTIVE FROM	EFFECTIVE TO	PCP PHONE NUMBER
DR. HOLLY BERNARDINI	1205883113	202 WILLIAMSON RD STE 100, MOORESVILLE, NC 28117-7610	1205883113	YES	01/01/2018	12/31/9999	(704) 799-7811

The **PROVIDER INFO** section includes the following columns:

- **Physician Name:** This displays the name of the PCP.
- **NPI:** This displays the NPI (National Provider Identifier) number of the PCP.
- **Address:** This displays the address of the PCP.
- **Provider ID:** This displays the ID associated with the provider.
- **Is PCP:** This indicates whether the provider is the primary care physician (Yes/No).
- **Effective From:** This displays the start date of the PCP's association with the member.
- **Effective To:** This displays the end date of the PCP's association with the member.
- **PCP Phone Number:** This displays the contact number of the PCP.

3.1.2 – Address Info

The **ADDRESS** page in the Calypso Lyte portal allows you to view and manage the various addresses associated with a member. This page provides detailed information about the member's mailing and primary addresses, ensuring accurate and up-to-date contact information. This ensures that all communications are directed to the correct addresses and helps in efficient member management.

When the **ADDRESS** tab is selected, the detailed information about the member's address information is displayed at the bottom of the page. This includes the type, address, city, state, zip, phone, and fax.

PROVIDER INFO		ADDRESS		BILLING PROVIDER		MEMBERSHIP INFO		NOTES		CONTACTS		ATTACHMENTS		OTHER DEMO		ENROLLMENT		ELIGIBILITY		
MEDICARE		COB		RATING OVERRIDE		PREVENTIVE		REPRESENTATIVE		ICE										
TYPE	ADDRESS	CITY	STATE	ZIP	PHONE	FAX														
MAILING	1149 LRLLRBRDDGN DR	LNLGND	NC	28451	-	-														
RESIDENTIAL	1149 LRLLRBRDDGN DR	LNLGND	NC	28451	(920) 339-6343	-														

The **ADDRESS** tab includes the following columns:

1. **Type:**
 - This specifies the type of address, such as Mailing or Residential.
2. **Address:**
 - This shows the street address of the member.
3. **City:**
 - This shows the city where the member resides.
4. **State:**
 - This shows the state where the member resides.
5. **Zip:**
 - This shows the postal code for the member's address.
6. **Phone:**
 - This shows the phone number associated with the address, if available.
7. **Fax:**
 - This shows the fax number associated with the address, if available. In this case, the fax numbers are not provided.

3.1.3 – Membership Info

The **MEMBERSHIP INFO** page in the Calypso Lyte portal provides comprehensive details about a member's insurance and plan information. This page is essential for understanding the member's coverage, plan history, and related details. This ensures that healthcare providers and administrators have access to essential coverage details for effective member management.

When the **MEMBERSHIP INFO** tab is selected, the detailed membership information is displayed at the bottom of the page in a tabular format with specific fields for subscriber ID, names, relationship, policy number, payer name, plan name, effective dates, PCP name, preference, address, and phone number.

PROVIDER INFO		ADDRESS		BILLING PROVIDER		MEMBERSHIP INFO		NOTES		CONTACTS		ATTACHMENTS		OTHER DEMO		ENROLLMENT		ELIGIBILITY	
MEDICARE		COB		RATING OVERRIDE		PREVENTIVE		REPRESENTATIVE		ICE									
SUBSCRIBER ID	LAST NAME	FIRST NAME	RELATIONSHIP	POLICY NUMBER	PAYER NAME	PLAN NAME	PLAN EFF DATE	PLAN TERM DATE	PCP NAME	PREFERENCE	ADDRESS	PHONE NUMBER							
SC4000067	JNRNRGGN	GLGDYS	SELF	XXXXXXXXXXXX	SECUR H...	H3048 S...	01/01/2018	12/31/9999	BERNARDI...	PRIMARY	1149 LLLLLRRRDG...	(920) 339-...							

The **MEMBERSHIP INFO** section includes the following columns:

1. **Subscriber ID:**
 - This shows the unique identifier of the subscriber.
2. **Last Name:**
 - This shows the member's last name.
3. **First Name:**
 - This shows the member's first name.
4. **Relationship:**
 - This shows the member's relationship to the subscriber.
5. **Policy Number:**
 - This shows the policy number associated with the member's insurance. In this case, it is not provided (denoted by **xxxx**).
6. **Payer Name:**
 - This shows the name of the payer organization.
7. **Plan Name:**
 - This shows the name of the insurance plan.
8. **Plan Effective Date:**
 - This shows the start date of the member's plan.
9. **Plan Term Date:**
 - This shows the end date of the member's plan.
10. **PCP Name:**
 - This shows the name of the primary care provider associated with the plan.
11. **Preference:**
 - This indicates whether this is the primary plan.
12. **Address:**
 - This shows the address associated with the membership.
13. **Phone Number:**
 - This shows the phone number associated with the membership.

3.1.4 – Notes

The **NOTES** page in the Calypso Lyte portal is designed to capture and display various types of notes related to a member's profile. It is an essential feature for documenting and tracking all pertinent communications and updates related to a member. These notes can include updates, reviews, and important communications, ensures that all team members have access to the latest information, facilitating coordinated and efficient member management.

When the **NOTES** tab is selected, the detailed notes information is displayed at the bottom of the page in a tabular format. It allows users to filter and view notes based on specific criteria and timeframes.

- Notes added during Auth process will be visible below **AUTHORIZATION NOTE** header.
- Notes added in Member Profile will be visible above **AUTHORIZATION NOTE** header.

PROVIDER INFO	ADDRESS	BILLING PROVIDER	MEMBERSHIP INFO	NOTES	CONTACTS	ATTACHMENTS	OTHER DEMO	ENROLLMENT	ELIGIBILITY
MEDICARE	COB	RATING OVERRIDE	PREVENTIVE	REPRESENTATIVE	ICE				

NOTES		FROM: 07/20/2024	TO: 01/16/2025		
DATE TIME	NOTE TYPE	CREATED BY	SUBJECT	NOTE	ACTION

The **NOTES** section includes the following:






1. **Filters in Notes**
 - **Date Range Filter**
 - From: This shows the start date to filter notes.
 - To: This shows the end date to filter notes.
2. **Table in Notes**
 - **Date Time:**
 - This shows the date and time when the note were created.
 - **Note Type:**
 - This shows the type of note, indicating the context or category of the information.
 - **Created By:**
 - This shows the name of the person who created the note.
 - **Subject:**
 - This provides a brief description or subject line for the note.
 - **Note:**
 - This provides a summary or full text of the note.
 - **Action:**
 - This Action buttons are used for viewing the note.
 - Icons such as the eye symbol indicate options to view the full note.
3. **Usage Instructions**
 - **Filtering Notes:**
 - You can use the checkbox filters to select the types of notes you want to view.
 - You can enter a date range in the **From** and **To** fields to filter notes within a specific timeframe.
 - You can add a new note, use the system's functionality to enter the note details and save them.

3.1.5 – Contacts

The **CONTACTS** page in the Calypso Lyte system is designed to log and display all communications related to a member. This includes calls, faxes, and other forms of contact, ensuring all interactions are documented and accessible for review.

When the **CONTACTS** tab is selected, the detailed notes information is displayed at the bottom of the page in a tabular format. This section allows you to filter and view contacts based on specific criteria.

- Contacts added during Auth process will be visible below **AUTHORIZATION CONTACT** header.
- Contacts added in Member Profile will be visible above **AUTHORIZATION CONTACT** header.

PROVIDER INFO	ADDRESS	BILLING PROVIDER	MEMBERSHIP INFO	NOTES	CONTACTS	ATTACHMENTS	OTHER DEMO	ENROLLMENT	ELIGIBILITY
MEDICARE	COB	RATING OVERRIDE	PREVENTIVE	REPRESENTATIVE	ICE				
CONTACTS									
DATE AND TIME OF CALL	ENTITY	CONTACT NAME	CONTACT TYPE	CONTACT DETAIL	DIRECTION	OUTCOME TYPE	NOTE	CREATED BY	ACTION
12/04/2024 11:54:50	PCP	AUTH DEPARTMENT	ELECTRONIC	-	OUTBOUND	SUCCESSFUL	PCP REQU...	ADMIN CLONE USER	
12/04/2024 06:07:49	PCP	AUTH DEPARTMENT	ELECTRONIC	-	OUTBOUND	SUCCESSFUL	PCP REQU...	ADMIN CLONE USER	
12/03/2024 07:38:25	PCP	AUTH DEPARTMENT	ELECTRONIC	-	OUTBOUND	SUCCESSFUL	PCP REQU...	ADMIN CLONE USER	
12/03/2024 03:49:14	PCP	AUTH DEPARTMENT	ELECTRONIC	-	OUTBOUND	SUCCESSFUL	PCP REQU...	ADMIN CLONE USER	
07/15/2024 08:16:44	PCP	AUTH DEPARTMENT	ELECTRONIC	-	OUTBOUND	SUCCESSFUL	PCP REQU...	ADMIN CLONE USER	

The **CONTACTS** section includes the following:

1. Table in Contacts

- **Date and Time of Call:**
 - This shows the date and time when the contact was made.
- **Entity:**
 - This shows the entity involved in the contact.
- **Contact Name:**
 - This shows the name of the contact person or department.
- **Contact Type:**
 - This shows the type of contact, such as fax or telephone communication.
- **Contact Detail:**
 - This shows the details of the contact, such as phone number or fax number.
- **Direction:**
 - This indicates whether the contact was inbound or outbound.
- **Outcome Type:**
 - This shows the outcome of the contact.
- **Note:**
 - This provides a brief note or summary of the contact.
- **Created By:**
 - This shows the name of the person who logged the contact.
- **Action:**
 - This Action buttons are used for viewing the contact details.
 - Icons such as the eye symbol indicate options to view the full contact details.

2. Usage Instructions

- **Viewing Contacts:**
 - The contacts page lists all relevant contacts in a clear and organized manner. You can quickly see the history of communications related to the member.




3.1.6 – Attachments

The **ATTACHMENTS** page in the Calypso Lyte portal is designed to manage and display all documents related to a member's profile. This includes authorization forms, case records, and other pertinent documents. The page ensures that all necessary documentation is stored and easily accessible.

When the **ATTACHMENTS** tab is selected, the detailed notes information is displayed at the bottom of the page in a tabular format. This section allows you to filter and view attachments based on specific criteria.

- Attachments added during Auth process will be visible below **AUTHORIZATION ATTACHMENT** header.
- Attachments added in Member Profile will be visible above **AUTHORIZATION ATTACHMENT** header.

PROVIDER INFO	ADDRESS	BILLING PROVIDER	MEMBERSHIP INFO	NOTES	CONTACTS	ATTACHMENTS	OTHER DEMO	ENROLLMENT	ELIGIBILITY
MEDICARE	COB	RATING OVERRIDE	PREVENTIVE	REPRESENTATIVE	ICE				

ATTACHMENTS				
CREATED DATE	DOCUMENT NAME	DOCUMENT TYPE	CREATED BY	FILE
01/15/2025 12:16:43	PORTAL AUTHORIZATION	PORTAL AUTHORIZATION	ADMIN CLONE USER	
01/15/2025 10:47:21	PLAN AUTHORIZATION	PLAN AUTHORIZATION	ADMIN CLONE USER	
01/15/2025 10:25:53	PLAN AUTHORIZATION	PLAN AUTHORIZATION	ADMIN CLONE USER	

The **ATTACHMENTS** section includes the following:

1. Table in Attachments







- **Created Date:**
 - This shows the date and time when the document were uploaded.
- **Document Name:**
 - This shows the name of the document.
- **Document Type:**
 - This shows the type of document, indicating the context or category.
- **Created By:**
 - This shows the name of the person who uploaded the document.
- **File:**
 - This Action buttons for viewing or downloading the document.
 - Icons such as the document symbol indicate options to view or download the attachment.

2. Usage Instructions

- **Viewing Attachments:**
 - The Attachments Page lists all relevant documents in a clear and organized manner. You can quickly access necessary documentation related to the member.
- **Viewing/Downloading Attachments:**
 - To view or download an existing document, select the file icon next to the document name.

3.1.7 – ICE

The **ICE** (*In Case of Emergency*) page in the Calypso Lyte system is designed to manage and display emergency contact information for a member. This page ensures that critical contact information is readily available in case of emergencies.

PROVIDER INFO	ADDRESS	BILLING PROVIDER	MEMBERSHIP INFO	NOTES	CONTACTS	ATTACHMENTS	OTHER DEMO	ENROLLMENT	ELIGIBILITY
MEDICARE	COB	RATING OVERRIDE	PREVENTIVE	REPRESENTATIVE	ICE				
ICE INFORMATION +									
NAME	RELATIONSHIP	PRIMARY ICE	PRIMARY ADDRESS	PRIMARY CONTACT	CONTACT INFO	LANGUAGE	LAST MODIFIED DT	LAST MODIFIED BY	ACTION
JERNIGAN GLA...	SELF	YES	1149 LILLIBRIDGE DR, ...	HOME	(910) 564-6414	SPANISH; C...	02/21/2023	UM TEAM	  
ICE HISTORY									
FULL ADDRESS	COUNTY	PRIMARY	PRIMARY CONTACT	CONTACT INFO	COMMENT	STATUS	LAST MODIFIED DT	LAST MODIFIED BY	
1149 LILLIBRIDGE D...	-	YES	HOME	(910) 228-5232	-	INACTIVE	-	-	
JERNIGAN GLA...	SELF	YES	1149 LILLIBRIDGE DR, ...	MAIL_HOME...	(910) 822-0515	SPANISH; C...	02/21/2023	UM TEAM	  

1. ICE Information Section

- **Add New Entry:** Use the green (+) button to add a new ICE entry.
- **ICE Details Table:** This displays current ICE information for the member.

2. Columns in the ICE Information Section:

- **Name:**
 - This shows the name of the emergency contact.
- **Relationship:**
 - This shows the relationship of the contact to the member.
- **Primary ICE:**
 - This indicates if this is the primary emergency contact.
- **Primary Address:**
 - This shows the primary address of the emergency contact.
- **Primary Contact:**
 - This shows the primary contact method, typically phone or email.
- **Contact Info:**
 - This shows the contact information for the primary contact method.
- **Language:**
 - This shows the preferred language of the emergency contact.
- **Last Modified Date:**
 - This shows the date when the ICE information was last modified.
- **Last Modified By:**
 - This shows the name of the person who last modified the ICE information.
- **Action:**
 - This Action buttons for editing, viewing, or deleting the ICE entry.
 - Icons include:
 - ❖ **Edit:** Pencil icon.
 - ❖ **View:** Eye icon.
 - ❖ **Delete:** Trash can icon.

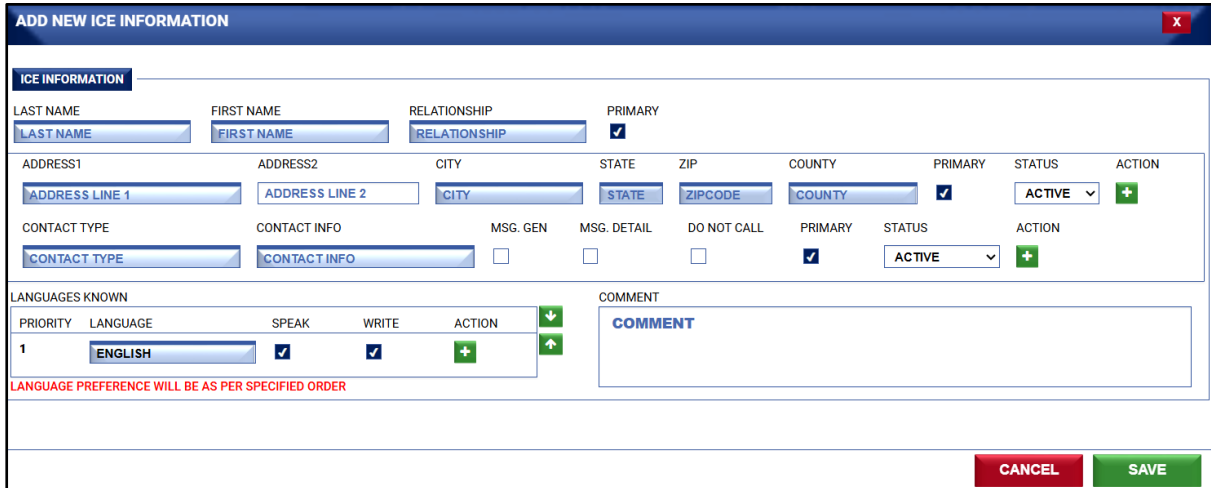
3. ICE History Section

- **Full Address:**
 - This shows the complete address of the emergency contact.
- **County:**
 - This shows the county of the emergency contact.
- **Primary:**
 - This Indicates if this is the primary address.
- **Primary Contact:**
 - This shows the primary contact method.
- **Contact Info:**
 - This shows the contact information for the primary contact method.
- **Comment:**
 - This shows any additional comments or notes about the emergency contact.
- **Status:**
 - This shows the status of the ICE entry.
- **Last Modified Date:**
 - This shows the date when the ICE history was last modified.
- **Last Modified By:**
 - This shows the name of the person who last modified the ICE history.

4. Usage Instructions

- **Viewing All ICE Information:**
 - The ICE Information section lists all emergency contacts with their details.
- **Editing ICE Information:**
 - Select the pencil icon next to an entry to edit the ICE information.
- **Viewing ICE Information:**
 - Select the eye icon next to an entry to view detailed ICE information.
- **Deleting an ICE Entry:**
 - Select the trash icon next to an entry to delete the ICE information.
- **Reviewing ICE History:**
 - The ICE History section provides a log of all past emergency contact details, allowing you to track changes over time.

- **Adding a New ICE Entry:**
 - Select the green (+) button to add a new ICE entry. Fill in the necessary fields and save the information.
 - The **Add New ICE Information** pop-up form is designed to capture ICE contact details. Here is a detailed breakdown of the fields and their purposes:



ADD NEW ICE INFORMATION

ICE INFORMATION

LAST NAME: [LAST NAME] FIRST NAME: [FIRST NAME] RELATIONSHIP: [RELATIONSHIP] PRIMARY:

ADDRESS1: [ADDRESS LINE 1] ADDRESS2: [ADDRESS LINE 2] CITY: [CITY] STATE: [STATE] ZIP: [ZIPCODE] COUNTY: [COUNTY] PRIMARY: STATUS: [ACTIVE] ACTION: [+]

CONTACT TYPE: [CONTACT TYPE] CONTACT INFO: [CONTACT INFO] MSG. GEN: MSG. DETAIL: DO NOT CALL: PRIMARY: STATUS: [ACTIVE] ACTION: [+]

LANGUAGES KNOWN

PRIORITY	LANGUAGE	SPEAK	WRITE	ACTION
1	[ENGLISH]	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	[+]

COMMENT: [COMMENT]

LANGUAGE PREFERENCE WILL BE AS PER SPECIFIED ORDER

[CANCEL] [SAVE]

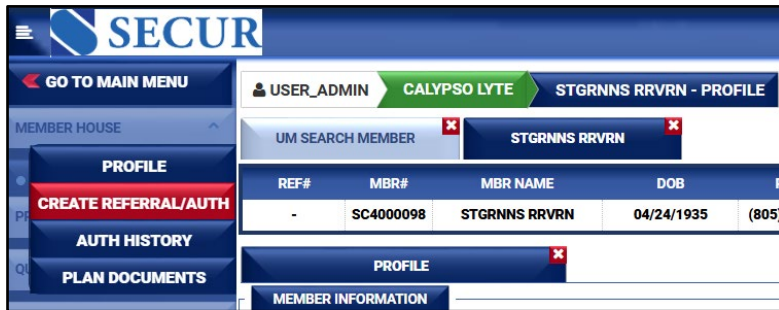
5. ICE Information Bottom Section

- **Last Name:**
 - This field allows you to input the last name of the emergency contact.
- **First Name:**
 - This field allows you to input the first name of the emergency contact.
- **Relationship:**
 - This field allows you to specify the relationship of the emergency contact to the individual (e.g., spouse, parent, friend).
- **Primary:**
 - This checkbox indicates if this is the primary emergency contact.
- **Address 1:**
 - This field allows you to input the first line of the contact's address.
- **Address 2:**
 - This field allows you to input the second line of the contact's address.
- **City:**
 - This field allows you to input the city where the contact resides.
- **State:**
 - This field allows you to input the state where the contact resides.
- **ZIP Code:**
 - This field allows you to input the ZIP code of the contact's address.
- **County:**
 - This field allows you to input the county where the contact resides.
- **Primary Contact:**
 - This checkbox indicates if this is the primary address for the emergency contact.

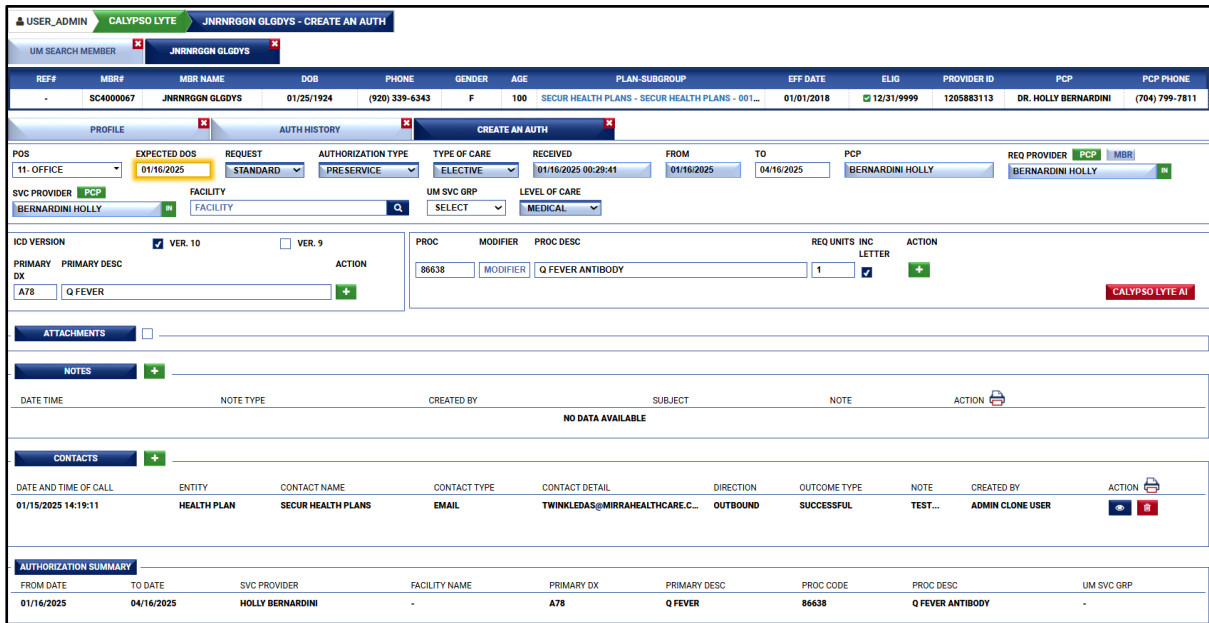
- **Status:**
 - This dropdown menu allows you to select the status of the address (e.g., active, inactive).
 - **Contact Type:**
 - This dropdown menu allows you to specify the type of contact (e.g., home phone, mobile phone).
 - **Contact Info:**
 - This field allows you to input the contact information (e.g., phone number, email address).
 - **Message Generation:**
 - This checkbox indicates if messages should be generated for this contact.
 - **Message Detail:**
 - This checkbox indicates if detailed messages should be sent to this contact.
 - **Do Not Call:**
 - This checkbox indicates if this contact should not be called.
6. **Languages Known Section**
- **Priority:**
 - This number indicates you the priority order of languages known by the contact.
 - **Language:**
 - This dropdown menu allows you to select the language known by the contact.
 - **Speak:**
 - This checkbox indicates if the contact can speak the selected language.
 - **Write:**
 - This checkbox indicates if the contact can write in the selected language.
 - **Action:**
 - This green plus (+) icon to add a new language entry.
7. **Comment Section**
- **Comment:**
 - This field allows you to input any additional comments about the emergency contact.
8. **Buttons**
- **Cancel:**
 - This button allows you to cancel the entry of ICE information.
 - **Save:**
 - This button allows you to save the ICE information entry.

3.2 – Create An Auth

The **CREATE AN AUTH** page is designed for creating authorization requests, and it contains several fields with dropdown options. Below is a comprehensive explanation of each section and its dropdown options, along with an explanation of inpatient and outpatient settings as per CMS standards.



The first page contains field **POS** where we are provided a dropdown option to choose POS. Once we select POS, the below page appears:



REF#	MBR#	MBR NAME	DOB	PHONE	GENDER	AGE	PLAN-SUBGROUP	EFF DATE	ELIG	PROVIDER ID	PCP	PCP PHONE
-	SC4000067	JNRRNCGN GLGDYS	01/25/1924	(920) 339-4343	F	100	SECUR HEALTH PLANS - SECUR HEALTH PLANS - 001...	01/01/2018	12/31/9999	1205883113	DR. HOLLY BERNARDINI	(704) 799-7811

FROM DATE	TO DATE	SVC PROVIDER	FACILITY NAME	PRIMARY DX	PRIMARY DESC	PROC CODE	PROC DESC	UM SVC GRP
01/16/2025	04/16/2025	HOLLY BERNARDINI	-	A78	Q FEVER	86638	Q FEVER ANTIBODY	-

1. Header Information:

- **REF#:** This field indicates the Authorization reference number.
- **MBR#:** This field indicates the Member number or Subscriber ID.
- **MBR Name:** This field indicates the Member's name.
- **DOB:** This field indicates the Member's date of birth.
- **Phone:** This field indicates the Member's phone number.
- **Gender:** This field indicates the Member's gender.
- **Age:** This field indicates the Member's age.
- **Plan-Subgroup:** This field indicates the Member's plan and subgroup details.
- **EFF Date:** This field indicates the Effective date of the plan.
- **Elig:** This field indicates the Eligibility status.
- **Provider ID:** This field indicates the ID of the primary provider.
- **PCP:** This field indicates the Primary Care Physician.
- **PCP Phone:** This field indicates the Phone number of the PCP.

2. Main Form Sections:

- **Authorization Details**

- **POS (Place of Service):** The POS field allows you to specify the setting in which the service is provided.

- **Inpatient Settings Options** (Care provided where the patient is admitted to a facility):

- 21 - IP HOSPITAL
- 31 - SNF
- 32 - NURSING FACILITY
- 34 - HOSPICE
- 41 - LAND EMS
- 42 - AIR - EMS
- 51 - IP PSYCH
- 52 - PHP
- 61 - IRF
- 62 - CORF
- 65 - ESRD
- 61 - IRF
- 65 - ESRD

- **Outpatient Settings Options** (Care provided without patient admission):

- 11 - OFFICE
- 12 - PATIENT HOME
- 22 - OP HOSPITAL (if concurrent initial is chosen, it will work as per inpatient flow)
- 24 - ASC
- 25 - BIRTHING CENTER
- 50 - FQHC
- 53 - CMHC
- 71 - PUB HEALTH
- 72 - RHC
- 81 - INDEPENDENT LAB
- 01 - PHARMACY
- 19 - OFF CAMPUS OP

Special Note:

- ❖ For *Inpatient* settings like POS 21, 31, 34, 62, 25 and for *IRF* and *LTAC* settings like POS 61, 31 the **Authorization Type** dropdown has two values: *Pre-Service* and *Retrospective Initial*.
- ❖ For *Outpatient* settings like POS 11, 12, 24, the **Authorization Type** dropdown has two values: *Pre-Service* and *Retrospective*.
- ❖ For *Observation POS* like POS 22 the **Authorization Type** dropdown has 2 values: *Pre-Service* and *Retrospective*.

- **Expected DOS:** This Date of Service field in MM/DD/YYYY format.
- **Request:** This Request field specifies the urgency of the authorization request. There are two types:
 - **Standard:** Regular processing time.
 - **Expedited:** Faster processing time due to urgent need.
- **Authorization Type:** This Authorization Type field defines the type of authorization being requested.

- **Pre-Service:** Authorization before the service is provided.
- **Retrospective Initial:** Authorization requested after the service has been provided (Inpatient only).
- **Retrospective:** Authorization requested post service (Outpatient only).
- **Type of Care:** This Type of Care field indicates whether the care is planned or urgent. There are two types:
 - **Elective:** Planned care.
 - **Emergency:** Urgent, Immediate care.
- **Received:** This field indicates the timestamp for when the authorization was received.
- **From:** This Date field indicates you the start date of service.
- **To:** This Date field indicates you the end date of service.
- **SVC Provider:** Service provider dropdown.
- **ATT Provider:** The Attending Provider field refers to the primary healthcare provider responsible for the patient's care during their hospital stay or treatment period. This is usually the physician or healthcare professional who oversees the patient's treatment plan, makes medical decisions, and coordinates with other healthcare providers.
- **ADM Provider:** The Admitting Provider field is the healthcare professional or physician who is responsible for admitting the patient to the healthcare facility. This provider typically conducts the initial assessment, determines the need for hospitalization, and officially admits the patient to the facility.
- **Surgeon:** The Surgeon field denotes the specific surgeon who will be performing or has performed a surgical procedure on the patient. This is applicable when the patient's treatment plan includes surgical intervention as part of their care.
- **Level of Care:** The Level of Care field defines the intensity of medical care required.
 - Dropdown Options:**
 - **Select:** Default option.
 - **Medical:** General medical care.
 - **Surgical:** Surgical care.
 - **Maternity:** Maternity care.
- **Review:** The Review field specifies the stage of the review process for the authorization.
 - Dropdown Options:**
 - **Select:** Default option.
 - **Admission:** Review at the time of admission.
 - **Concurrent:** Ongoing review during care.
 - **Discharge:** Review at the time of discharge.
 - **Preadmission:** Review before admission.
- **Next Review Date:** This field indicates the next scheduled date for reviewing the patient's case. It is typically used in ongoing or concurrent review scenarios to track when the next assessment of the patient's treatment plan, progress, or need for continued care will occur.
- **Days Used/Benefit:** This field represents the total number of days already utilized by the patient under the specific benefit period or plan. It tracks how many inpatient days, or other covered days have been used.

- **Remaining Days:** This field shows the number of days left under the patient's current benefit plan for inpatient or other specific services. It is the difference between the total benefit days allowed and the days already used.
- **Facility:** The facility field indicates where the service is provided.
- **Req. Provider:** The requesting provider field indicates who is requesting the authorization.
- **PCP:** Primary Care Physician.
- **UM SVC GRP:** This Dropdown for the Utilization Management service group.
 - **Select:** Default option.
 - **TKA:** Total Knee Arthroplasty.

3. Diagnosis Details:

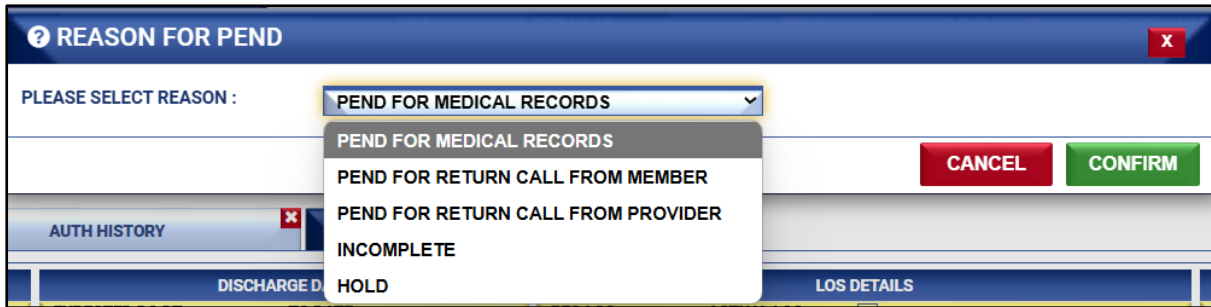
- **ICD Code Selection**
 - **ICD Version:** This section allows you to select the ICD (International Classification of Diseases) version used for coding the diagnosis. You can choose between the following:
 - **Ver. 10:** ICD-10, the 10th revision of the ICD, which is the current standard.
 - **Ver. 9:** ICD-9, the previous version of the ICD, which is still used in some legacy systems.
 - **Primary DX (Primary Diagnosis):** This field is used to enter the primary diagnosis code. It is a critical field as it identifies the main condition for which the patient is being treated.
 - **Primary Desc (Primary Description):** This field provides a description of the primary diagnosis based on the ICD code entered.
 - **ICD Code Search:** You can search for ICD codes by entering keywords (e.g., *fever*) and selecting the appropriate code from the dropdown list. This helps in ensuring the correct diagnosis code is entered.
 - **Action:** This field is likely for adding or modifying the diagnosis code in the system.
- **CPT Code Selection**
 - **Proc (Procedure):** This field is for entering the CPT code.
 - **Modi (Modifier):** This field allows for the addition of modifiers to the CPT code, which provide additional information about the procedure.
 - **Proc Desc (Procedure Description):** This field provides a description of the procedure based on the CPT code entered.
 - **CPT Code Search:** Like the ICD code search, you can search for CPT codes by entering keywords (e.g., *fever*) and selecting the appropriate code from the dropdown list. This ensures the correct procedure code is entered.
 - **Action:** This field is likely for adding or modifying the procedure code in the system.
 - **Medicare Toggle:** This toggle allows you to indicate whether the procedure is covered by Medicare. It ensures compliance with Medicare billing requirements. It will be disabled in Create an Auth page and can be changed from View Auth page only with certain conditions.

4. Action Buttons:

- **PEND:** This button allows you to pend the authorization.
- **REQUEST:** This button allows you to request the authorization.



When **PEND** is selected, the below pop up appears, you can cancel or confirm at the bottom right corner of the pop up.



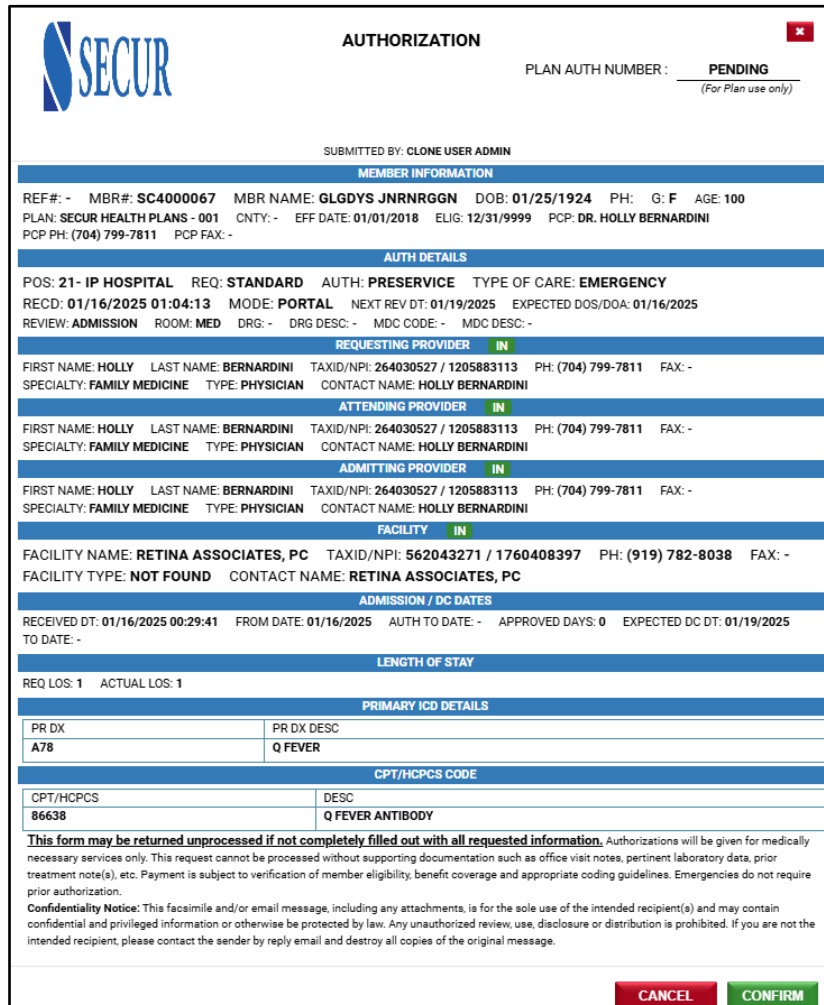
REASON FOR PEND

PLEASE SELECT REASON :

- PEND FOR MEDICAL RECORDS
- PEND FOR RETURN CALL FROM MEMBER
- PEND FOR RETURN CALL FROM PROVIDER
- INCOMPLETE
- HOLD

CANCEL **CONFIRM**

When **REQUEST** is selected, the below pop up appears, you can cancel or confirm at the bottom right corner of the pop up.



SECUR AUTHORIZATION

PLAN AUTH NUMBER : **PENDING**
(For Plan use only)

SUBMITTED BY: CLONE USER ADMIN

MEMBER INFORMATION

REF#: - MBR#: **SC4000067** MBR NAME: **GLDYS JNRNRGGN** DOB: **01/25/1924** PH: G: F AGE: 100
 PLAN: **SECUR HEALTH PLANS - 001** CNTY: - EFF DATE: **01/01/2018** ELIG: **12/31/9999** PCP: **DR. HOLLY BERNARDINI**
 PCP PH: **(704) 799-7811** PCP FAX: -

AUTH DETAILS

POS: **21- IP HOSPITAL** REQ: **STANDARD** AUTH: **PRESERVICE** TYPE OF CARE: **EMERGENCY**
 RECD: **01/16/2025 01:04:13** MODE: **PORTAL** NEXT REV DT: **01/19/2025** EXPECTED DOS/DOA: **01/16/2025**
 REVIEW: **ADMISSION** ROOM: **MED** DRG: - DRG DESC: - MDC CODE: - MDC DESC: -

REQUESTING PROVIDER **IN**

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

ATTENDING PROVIDER **IN**

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

ADMITTING PROVIDER **IN**

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

FACILITY **IN**

FACILITY NAME: **RETINA ASSOCIATES, PC** TAXID/NPI: **562043271 / 1760408397** PH: **(919) 782-8038** FAX: -
 FACILITY TYPE: **NOT FOUND** CONTACT NAME: **RETINA ASSOCIATES, PC**

ADMISSION / DC DATES

RECEIVED DT: **01/16/2025 00:29:41** FROM DATE: **01/16/2025** AUTH TO DATE: - APPROVED DAYS: **0** EXPECTED DC DT: **01/19/2025**
 TO DATE: -

LENGTH OF STAY

REQ LOS: **1** ACTUAL LOS: **1**

PRIMARY ICD DETAILS

PR DX	PR DX DESC
A78	Q FEVER

CPT/HCPCS CODE

CPT/HCPCS	DESC
86638	Q FEVER ANTIBODY

This form may be returned unprocessed if not completely filled out with all requested information. Authorizations will be given for medically necessary services only. This request cannot be processed without supporting documentation such as office visit notes, pertinent laboratory data, prior treatment note(s), etc. Payment is subject to verification of member eligibility, benefit coverage and appropriate coding guidelines. Emergencies do not require prior authorization.

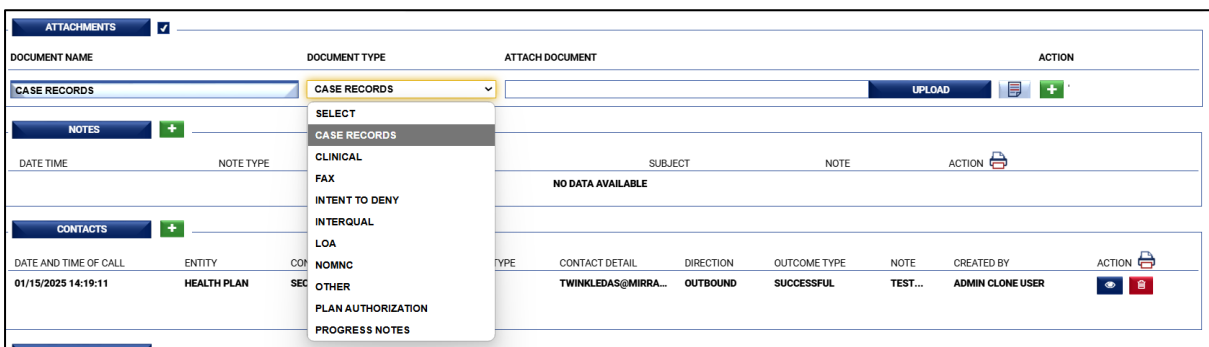
Confidentiality Notice: This facsimile and/or email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

CANCEL **CONFIRM**

3.2.1 – Attachments

The attachments section has the following fields:

- **Attachments Section:** This checkbox indicates if attachments are included.
 - **Document Name:** This field indicates the name of the document.
 - **Document Type:** This dropdown indicates the type of document (such as Case Records).
 - **Attach Document:** This button allows you to upload a document.
- **Adding New Attachments:**
 - To add a new attachment, select the green (+) button and upload the document. Enter the document name and select the document type, then save it.
 - Below image will show the dropdown for fields **DOCUMENT TYPE**.




3.2.2 – Notes

The notes section has the following fields:

- **Notes Section:**
 - **Date/Time:** This field indicates the date and time the note was created.
 - **Note Type:** This field indicates the type of note.
 - **Created By:** This field indicates who created the note.
 - **Subject:** This field indicates the subject of the note.
 - **Note:** This field indicates the detailed note content.
 - **Action:** This field indicates the actions to be taken (such as View).

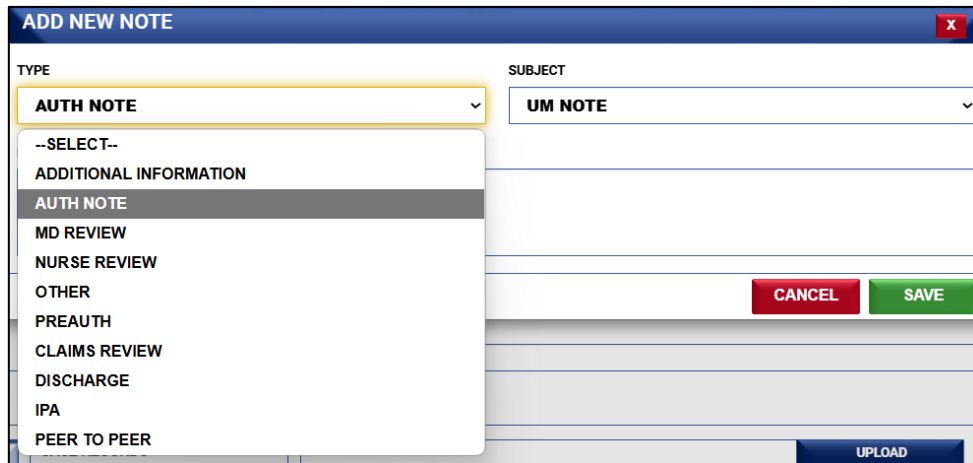
- **Add New Note Form:**

When you select the green (+) icon, a new form appears where you can input the details of the note.



The form includes the following fields:

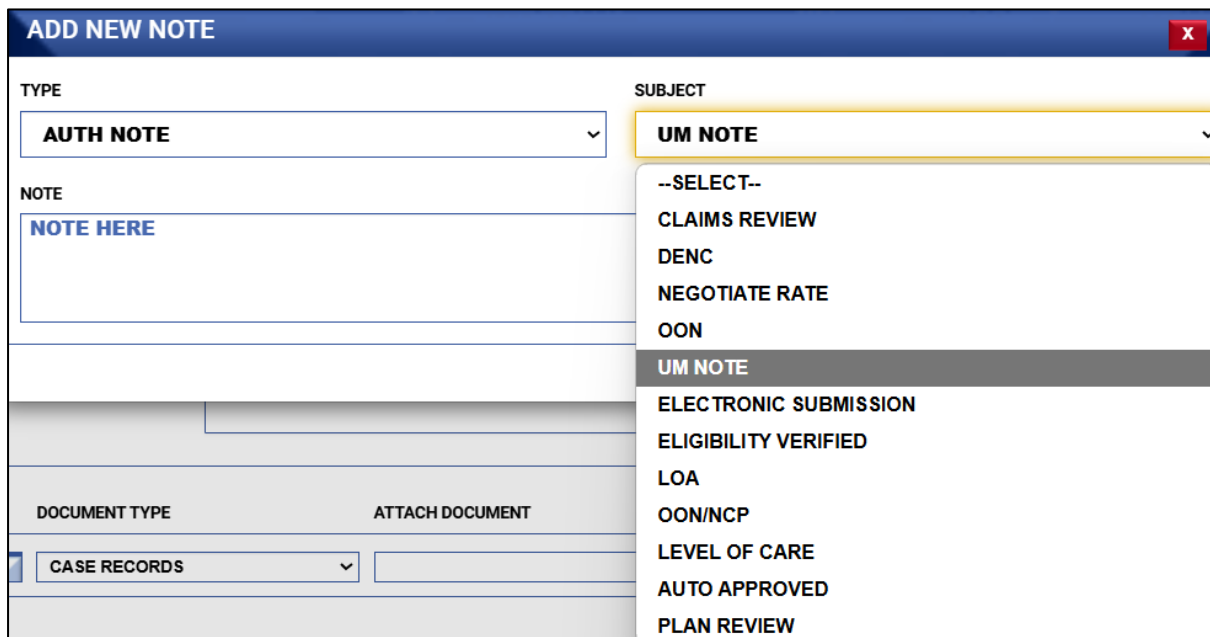
- **Type:** A dropdown menu to select the type of note.



The screenshot shows a window titled "ADD NEW NOTE" with a close button (X) in the top right. It features two dropdown menus: "TYPE" and "SUBJECT". The "TYPE" dropdown is open, showing a list of options: "--SELECT--", "ADDITIONAL INFORMATION", "AUTH NOTE", "MD REVIEW", "NURSE REVIEW", "OTHER", "PREAUTH", "CLAIMS REVIEW", "DISCHARGE", "IPA", and "PEER TO PEER". The "SUBJECT" dropdown is set to "UM NOTE". Below the dropdowns is a text area for the note content. At the bottom right, there are "CANCEL" and "SAVE" buttons, and at the very bottom, an "UPLOAD" button.

- **Options include:**
 - Additional Information
 - Auth Note
 - MD Review
 - Nurse Review
 - Other
 - Preauth
 - Claims Review
 - Discharge
 - IPA
 - Peer to Peer

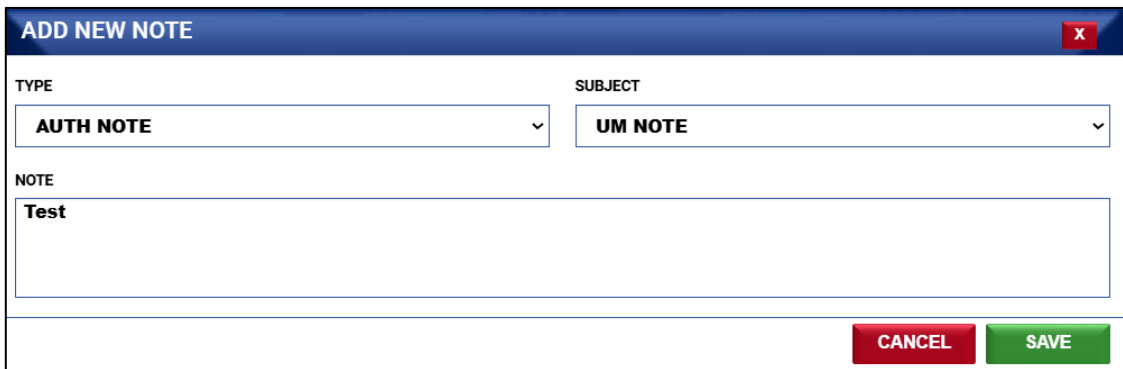
- **Subject:** A dropdown menu to select or input the subject of the note.



The screenshot shows the same "ADD NEW NOTE" window. The "TYPE" dropdown is now set to "AUTH NOTE". The "SUBJECT" dropdown is open, showing a list of options: "--SELECT--", "CLAIMS REVIEW", "DENC", "NEGOTIATE RATE", "OON", "UM NOTE", "ELECTRONIC SUBMISSION", "ELIGIBILITY VERIFIED", "LOA", "OON/NCP", "LEVEL OF CARE", "AUTO APPROVED", and "PLAN REVIEW". The "NOTE" text area contains the placeholder text "NOTE HERE". Below the note area, there is a "DOCUMENT TYPE" dropdown set to "CASE RECORDS" and an "ATTACH DOCUMENT" button.

- **Options include:**
 - Claims review
 - Denc
 - Negotiate rate
 - UM Note
 - Electronic submission
 - Eligibility verified
 - LOA
 - OON/NCP
 - Level of care
 - Auto approved
 - Plan review

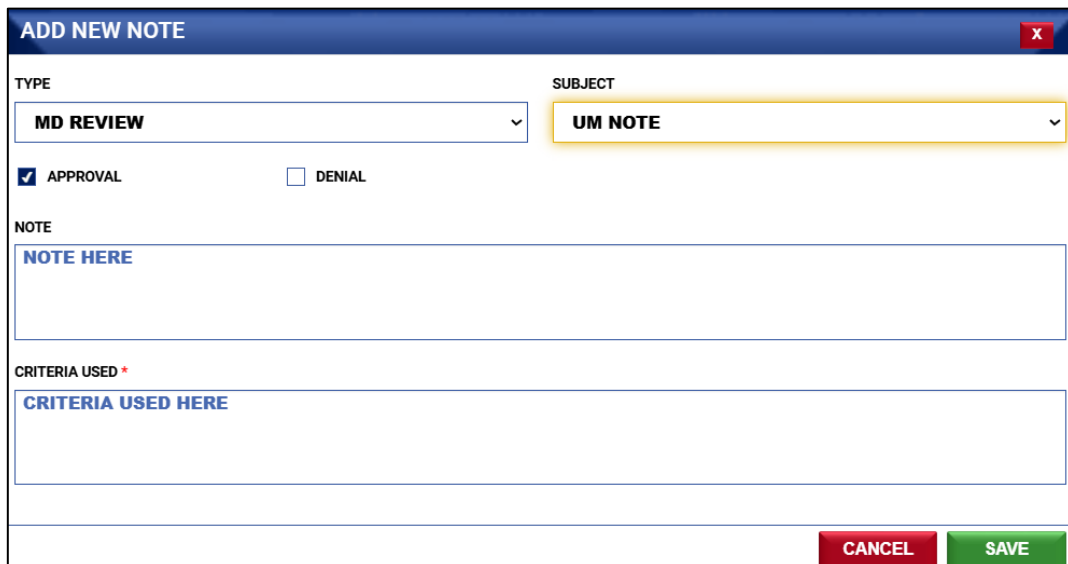
- **Note:** A text area to input the details of the note.



The screenshot shows a window titled "ADD NEW NOTE" with a close button (X) in the top right corner. It contains two dropdown menus: "TYPE" set to "AUTH NOTE" and "SUBJECT" set to "UM NOTE". Below these is a text area labeled "NOTE" containing the word "Test". At the bottom right are "CANCEL" and "SAVE" buttons.

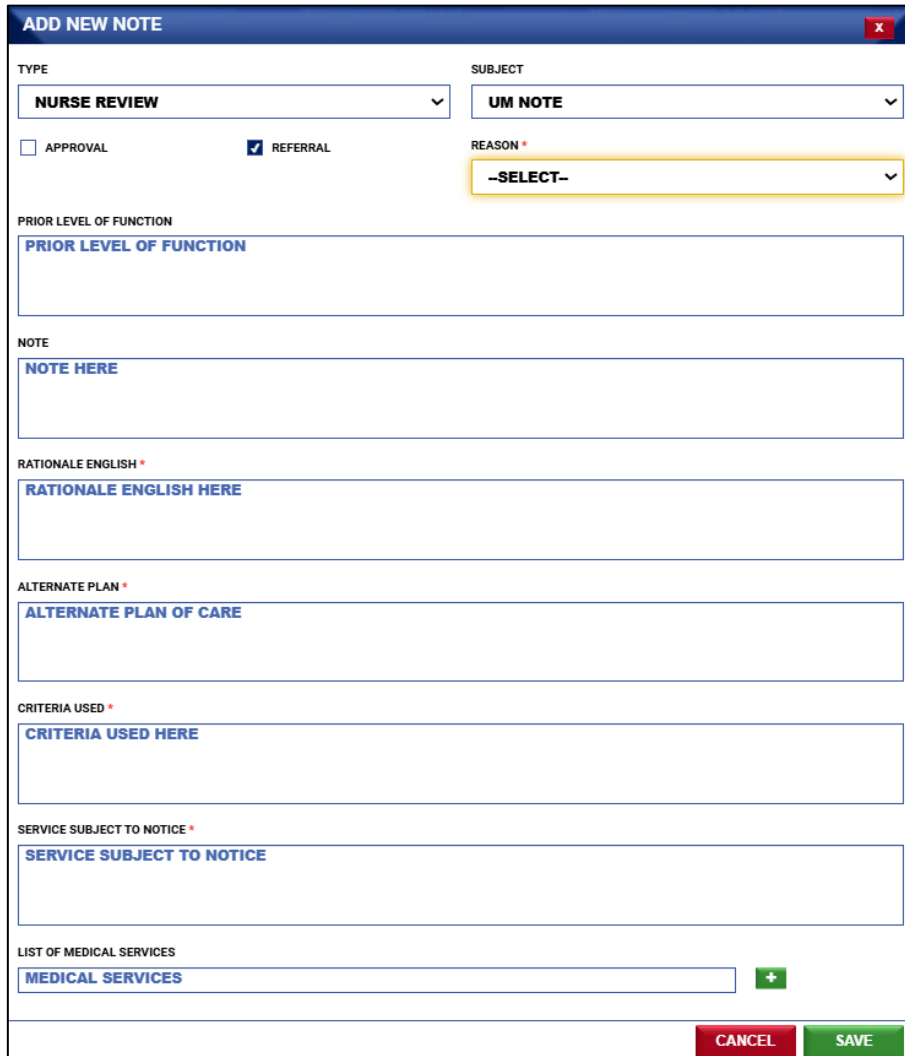
- **Special Cases:**

- If you select **MD Review** from the **Type** dropdown menu, the below form will be displayed compared to other note types.



The screenshot shows a window titled "ADD NEW NOTE" with a close button (X) in the top right corner. It contains two dropdown menus: "TYPE" set to "MD REVIEW" and "SUBJECT" set to "UM NOTE". Below these are two checkboxes: "APPROVAL" (checked) and "DENIAL" (unchecked). There are two text areas: "NOTE" with the placeholder "NOTE HERE" and "CRITERIA USED" with the placeholder "CRITERIA USED HERE". At the bottom right are "CANCEL" and "SAVE" buttons.

- If you select **Nurse Review** from the **Type** dropdown menu, the below form will be displayed compared to other note types.



ADD NEW NOTE

TYPE: **NURSE REVIEW** (dropdown)

SUBJECT: **UM NOTE** (dropdown)

APPROVAL REFERRAL

REASON: **--SELECT--** (dropdown)

PRIOR LEVEL OF FUNCTION: **PRIOR LEVEL OF FUNCTION** (text area)

NOTE: **NOTE HERE** (text area)

RATIONALE ENGLISH: **RATIONALE ENGLISH HERE** (text area)

ALTERNATE PLAN: **ALTERNATE PLAN OF CARE** (text area)

CRITERIA USED: **CRITERIA USED HERE** (text area)

SERVICE SUBJECT TO NOTICE: **SERVICE SUBJECT TO NOTICE** (text area)

LIST OF MEDICAL SERVICES: **MEDICAL SERVICES** (text area with + button)

CANCEL **SAVE**

- **Prior Level of Function:** Enter the member's prior level of function.
- **Note:** Provide detailed note information.
- **Rationale English:** Enter the rationale for the note in plain English.

Rationale refers to the reasoning or justification behind a decision, recommendation, or action taken. The rationale is important for explaining why a specific treatment, procedure, or intervention is being recommended or why a certain decision was made.

In the context of adding a Nurse Review note **Rationale English** field would contain a clear and concise explanation of why a particular course of action is being recommended. This could include reasons such as the patient's medical history, current symptoms, diagnostic results, or evidence from medical literature.

For example, if the patient has a history of chronic obstructive pulmonary disease (COPD) and is currently experiencing an acute exacerbation. Based on current clinical guidelines and the patient's symptoms, it is recommended to initiate corticosteroid therapy to reduce inflammation and improve lung function.

- **Alternate Plan:** Provide an alternate plan of care if applicable.

An Alternate Plan refers to a secondary or backup plan of care or treatment that can be implemented if the primary plan is not feasible or effective. This ensures that there are contingency measures in place to address the patient's needs, providing flexibility and continuity in care.

In medical case management, an alternate plan might be developed for various reasons:

- ❖ The primary treatment plan may not be effective or suitable for the patient.
- ❖ The patient may have adverse reactions to the primary treatment.
- ❖ There may be barriers to implementing the primary plan, such as availability of resources or patient preferences.

In the context of adding a Nurse Review note **Alternate Plan** field would include a description of an alternative course of action that can be taken if the initial plan does not work out. This could involve different medications, therapies, procedures, or other interventions that could achieve the desired health outcomes.

For example, if the patient does not respond to corticosteroid therapy within 48 hours, consider initiating a nebulized bronchodilator treatment and reassess the patient's condition. If necessary, admit the patient to the hospital for further evaluation and management.

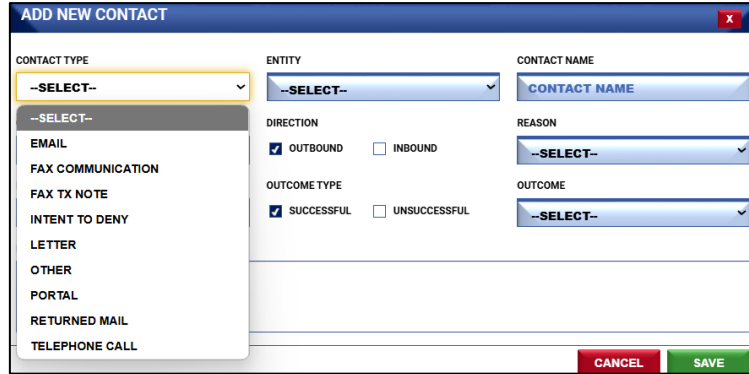
- **Criteria Used:** Specify the criteria used for the note.
- **Service Subject to Notice:** Enter the service subject to the notice.
- **List of Medical Services:** Add any relevant medical services.
- **Saving or Cancelling:**
 - **Save:** Select the **SAVE** button to save the new note.
 - **Cancel:** Select the **CANCEL** button to discard the note and return to the previous screen.

3.2.3 – Contacts

The contacts section has the following fields:

- **Contact Fields:**
 - **Date and Time of Call:** This field indicates when the call was made.
 - **Entity:** This field indicates the entity involved in the contact.
 - **Contact Name:** This field indicates the Name of the contact.
 - **Contact Type:** This field indicates the Type of contact.
 - **Contact Detail:** This field indicates the Details of the contact.
 - **Direction:** This field indicates the Direction of the call (such as Inbound, Outbound).
 - **Outcome Type:** This field shows the outcome of the call (such as Successful, Unsuccessful).
 - **Note:** This field describes the call outcome.
 - **Created By:** This field indicates who created the contact information.
 - **Action:** You can view or delete the contact information.

- **Adding New Contacts:**
 - To add a new contact, select the green (+) icon, below form will appear. Below four images will show the dropdown for fields like **CONTACT TYPE**, **ENTITY**, **REASON** and **OUTCOME**.



ADD NEW CONTACT

CONTACT TYPE: --SELECT-- (dropdown open showing: EMAIL, FAX COMMUNICATION, FAX TX NOTE, INTENT TO DENY, LETTER, OTHER, PORTAL, RETURNED MAIL, TELEPHONE CALL)

ENTITY: --SELECT--

CONTACT NAME: CONTACT NAME

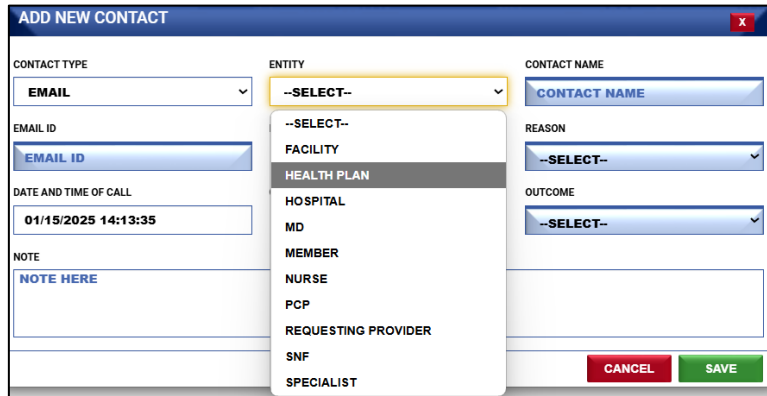
DIRECTION: OUTBOUND INBOUND

OUTCOME TYPE: SUCCESSFUL UNSUCCESSFUL

REASON: --SELECT--

OUTCOME: --SELECT--

CANCEL SAVE



ADD NEW CONTACT

CONTACT TYPE: EMAIL

ENTITY: --SELECT-- (dropdown open showing: FACILITY, HEALTH PLAN, HOSPITAL, MD, MEMBER, NURSE, PCP, REQUESTING PROVIDER, SNF, SPECIALIST)

CONTACT NAME: CONTACT NAME

EMAIL ID: EMAIL ID

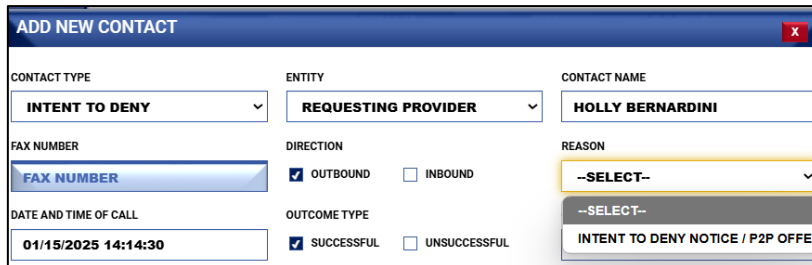
DATE AND TIME OF CALL: 01/15/2025 14:13:35

NOTE: NOTE HERE

REASON: --SELECT--

OUTCOME: --SELECT--

CANCEL SAVE



ADD NEW CONTACT

CONTACT TYPE: INTENT TO DENY

ENTITY: REQUESTING PROVIDER

CONTACT NAME: HOLLY BERNARDINI

FAX NUMBER: FAX NUMBER

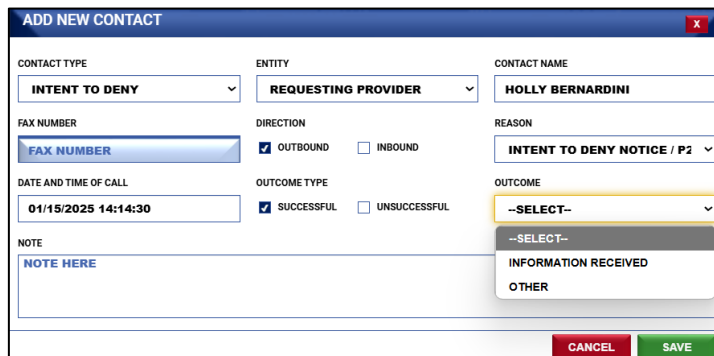
DATE AND TIME OF CALL: 01/15/2025 14:14:30

DIRECTION: OUTBOUND INBOUND

OUTCOME TYPE: SUCCESSFUL UNSUCCESSFUL

REASON: --SELECT-- (dropdown open showing: INTENT TO DENY NOTICE / P2P OFFER)

CANCEL SAVE



ADD NEW CONTACT

CONTACT TYPE: INTENT TO DENY

ENTITY: REQUESTING PROVIDER

CONTACT NAME: HOLLY BERNARDINI

FAX NUMBER: FAX NUMBER

DATE AND TIME OF CALL: 01/15/2025 14:14:30

DIRECTION: OUTBOUND INBOUND

OUTCOME TYPE: SUCCESSFUL UNSUCCESSFUL

REASON: INTENT TO DENY NOTICE / P2

OUTCOME: --SELECT-- (dropdown open showing: INFORMATION RECEIVED, OTHER)

NOTE: NOTE HERE

CANCEL SAVE

CONTACTS	+											
DATE AND TIME OF CALL	ENTITY	CONTACT NAME	CONTACT TYPE	CONTACT DETAIL	DIRECTION	OUTCOME TYPE	NOTE	CREATED BY	ACTION			
01/15/2025 14:19:11	HEALTH PLAN	SECUR HEALTH PLANS	EMAIL	TWINKLEDAS@MIRRA...	OUTBOUND	SUCCESSFUL	TEST...	ADMIN CLONE USER				

- **Saving or Cancelling**
 - **Save:** Select the **SAVE** button to save the new contact.
 - **Cancel:** Select the **CANCEL** button to discard the contact and return to the previous screen.

3.2.4 – Authorization Summary

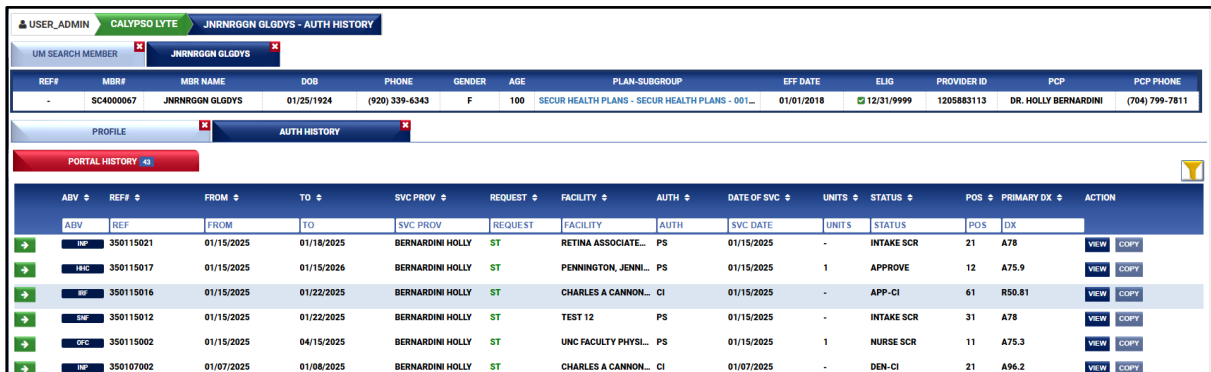
AUTHORIZATION SUMMARY								
FROM DATE	TO DATE	SVC PROVIDER	FACILITY NAME	PRIMARY DX	PRIMARY DESC	PROC CODE	PROC DESC	UM SVC GRP
01/16/2025	04/16/2025	HOLLY BERNARDINI	-	A78	Q FEVER	86638	Q FEVER ANTIBODY	-

The authorization summary section has the following fields:

- **From Date:** This field indicates the start date of the authorization.
- **To Date:** This field indicates the end date of the authorization.
- **SVC Provider:** This field indicates the service provider.
- **Facility Name:** This field indicates the name of the facility.
- **Primary DX:** This field indicates the primary diagnosis code.
- **Primary Desc:** This field indicates the primary diagnosis description.
- **PROC Code:** This field indicates the procedure code.
- **PROC Desc:** This field indicates the procedure description.
- **UM SVC GRP:** This field indicates the Utilization Management service group.

3.3 – Auth History

This detailed view of the **AUTH HISTORY** page helps you to manage and review historical authorizations related to the member efficiently, ensuring that all relevant information is easily accessible and actionable. Each entry contains detailed information about the authorization.



REF#	MBR#	MBR NAME	DOB	PHONE	GENDER	AGE	PLAN-SUBGROUP	EFF DATE	ELIG	PROVIDER ID	PCP	PCP PHONE
-	SC4000067	JNRRNRRGN GLGDYS	01/25/1924	(920) 339-6343	F	100	SECUR HEALTH PLANS - SECUR HEALTH PLANS - 001...	01/01/2018	12/31/9999	1205883113	DR. HOLLY BERNARDINI	(704) 799-7811

ABV	REF#	FROM	TO	SVC PROV	REQUEST	FACILITY	AUTH	DATE OF SVC	UNITS	STATUS	POS	PRIMARY DX	ACTION
ISP	350115021	01/15/2025	01/18/2025	BERNARDINI HOLLY	ST	RETINA ASSOCIATE...	PS	01/15/2025	-	INTAKE SCR	21	A78	VIEW COPY
ISC	350115017	01/15/2025	01/15/2026	BERNARDINI HOLLY	ST	PENNINGTON, JENNI...	PS	01/15/2025	1	APPROVE	12	A75.9	VIEW COPY
ISP	350115016	01/15/2025	01/22/2025	BERNARDINI HOLLY	ST	CHARLES A CANNON...	CI	01/15/2025	-	APP-CI	61	R50.81	VIEW COPY
ISF	350115012	01/15/2025	01/22/2025	BERNARDINI HOLLY	ST	TEST 12	PS	01/15/2025	-	INTAKE SCR	31	A78	VIEW COPY
ISC	350115002	01/15/2025	04/15/2025	BERNARDINI HOLLY	ST	UNC FACULTY PHYSI...	PS	01/15/2025	1	NURSE SCR	11	A75.3	VIEW COPY
ISP	350107002	01/07/2025	01/08/2025	BERNARDINI HOLLY	ST	CHARLES A CANNON...	CI	01/07/2025	-	DEN-CI	21	A96.2	VIEW COPY

Here is a detailed description of each field and its significance:

1. Top Panel

- **Profile Information:**
 - **REF#:** -
 - **MBR#:** SC4000067
 - **Member Name:** JNRRNRRGN GLGDYS
 - **DOB:** 01/25/1924
 - **Phone:** (920) 339-6343
 - **Gender:** F
 - **Age:** 100
 - **Plan Subgroup:** SECUR HEALTH PLANS - SECUR HEALTH PLANS - 001
 - **Effective Date (EFF DATE):** 01/01/2018

- **Eligibility (ELIG):** 12/31/9999
- **Provider ID:** 1205883113
- **PCP:** DR. Holly Bernardini
- **PCP Phone:** (704) 799-7811

2. PORTAL History Tab:

- This tab displays a list of historical authorization entries related to the member. Each entry contains detailed information about the authorization.

3. Authorization History Table

- **Columns and Details:**

- **ABV (Abbreviation):** This field indicates the Type of service, such as INP (Inpatient), OFC (Office).
- **REF#:** This field indicates the Reference number of the authorization.
- **FROM:** This field indicates the Start date of the authorization period.
- **TO:** This field indicates the End date of the authorization period.
- **SVC PROV (Service Provider):** This field indicates the Name of the service provider, such as Holly Bernardini.
- **REQUEST:** This field indicates the type of request, such as ST (Standard).
- **FACILITY:** This field indicates the Facility where the service is provided.
- **AUTH #:** This field indicates the Authorization number.
- **DATE OF SVC:** This field indicates the Date of service.
- **UNITS:** This field indicates the Number of units authorized.
- **STATUS:** This field indicates the Status of the authorization, such as APPROVE.
- **POS (Place of Service):** This field indicates the Place of service code.
- **PRIMARY DX:** This field indicates the Primary diagnosis code.
- **ACTION:** This field indicates the available actions, such as VIEW, COPY(copy button is disabled).

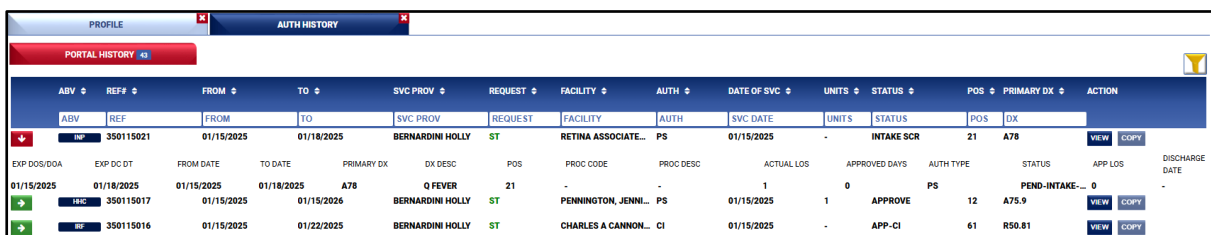
4. Filter and Search Options:

- The page likely includes options to filter and search through the historical authorization records based on various criteria, such as date range, provider, status, and so on.

5. Action Buttons:

- **VIEW:** This button opens the detailed view of the authorization.

When you select the *green-coloured arrow* next to any authorization entry in the Auth History table, the portal expands the selected row to display additional details about that specific authorization.



ABV	REF#	FROM	TO	SVC PROV	REQUEST	FACILITY	AUTH	DATE OF SVC	UNITS	STATUS	POS	PRIMARY DX	ACTION
INP	350115021	01/15/2025	01/18/2025	BERNARDINI HOLLY	ST	RETINA ASSOCIATE...	PS	01/15/2025	-	INTAKE SCR	21	A78	VIEW COPY
INP	350115017	01/15/2025	01/15/2026	BERNARDINI HOLLY	ST	PENNINGTON, JENNI...	PS	01/15/2025	1	APPROVE	12	A75.9	VIEW COPY
INP	350115016	01/15/2025	01/22/2025	BERNARDINI HOLLY	ST	CHARLES A CANNON...	CI	01/15/2025	-	APP-CI	61	R50.81	VIEW COPY

3.4 – Plan Documents

This section is designed to provide detailed information about the specific healthcare plans and the associated documents required for authorizations. By providing access to crucial plan-specific information, it helps ensure compliance with plan policies, improves the accuracy of submissions, and reduces the likelihood of denied requests due to non-covered items or incorrect submission procedures.

Here is a detailed description of each item within the **PLAN DOCUMENTS** section:

- **Formulary:** A list of medications covered by the health plan. When entering a medication under the **DIAGNOSIS DETAILS** or **PROCEDURE CODES** section, you can refer to the formulary to confirm if the medication is covered.
 - **Purpose:** To check whether the prescribed medications are covered under the patient's plan, ensuring compliance with the plan's drug formulary.
- **Quick Reference Guide:** A summary document providing an overview of the most frequently referenced plan information. While filling out the **AUTHORIZATION DETAILS** section, you might need quick access to plan-specific policies and contact details, which are provided in this guide.
 - **Purpose:** To provide quick access to important plan details such as common procedures, contact information, and coverage policies.
- **No Auth Required:** A list of services and procedures that do not require prior authorization. Before initiating an authorization request, you can check this list to determine if the requested service requires authorization, potentially saving time.
 - **Purpose:** To streamline the authorization process by identifying services that can be provided without the need for prior approval, reducing administrative burden.
- **Authorization Overview:** A comprehensive guide detailing the authorization process for the plan. This document provides step-by-step guidance on completing the authorization form correctly, ensuring all necessary fields and documents are included.
 - **Purpose:** To outline the steps, requirements, and criteria for obtaining authorizations, ensuring that providers understand the process and comply with plan rules.
- **Items Not Covered:** A list of services, procedures, and medications that are excluded from coverage under the plan. By referring to this list, users can immediately know if the requested service or medication is excluded, which can prevent unnecessary authorization requests and denials.
 - **Purpose:** To inform providers and members about the exclusions, helping to avoid claims for non-covered items and ensuring transparency about plan limitations.

4 – Provider Bridge

The **PROVIDER BRIDGE** section is a key part of the Calypso Lyte system, designed to facilitate the search and management of provider information. It includes one subsection **Search Provider**.

4.1 – Search Provider

You can view the **SEARCH PROVIDER** screen.

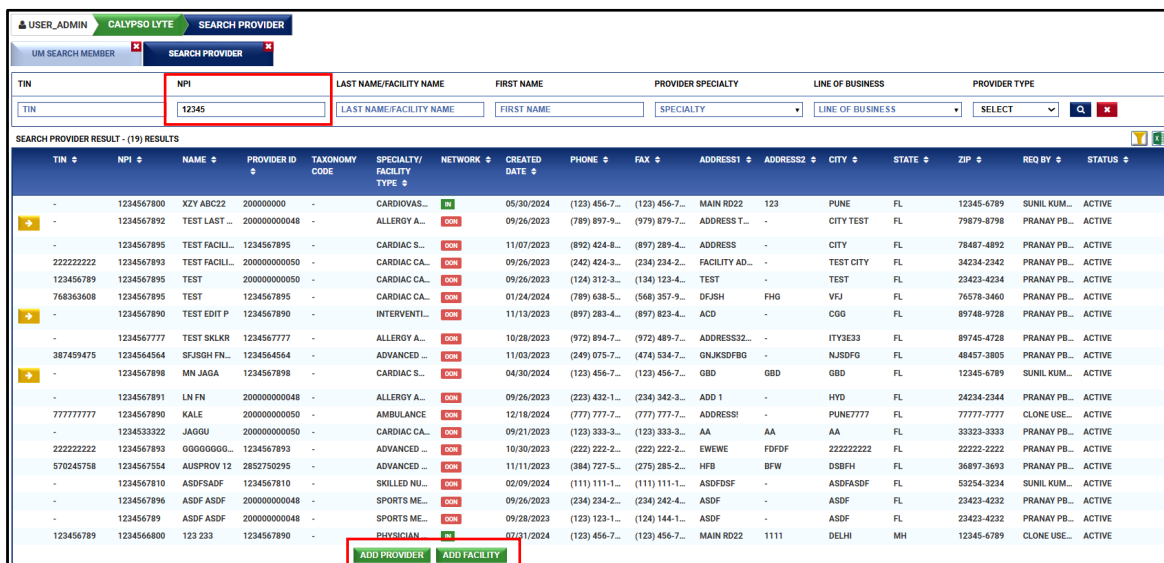


The **Search Provider** section allows you to search for specific providers using various search criteria. The search fields available are:

- **TIN (Tax Identification Number):** This field allows you to enter the provider's TIN to narrow the search.
- **NPI (National Provider Identifier):** This field allows you to use the NPI for a more precise search.
- **Last Name/Facility Name:** This field allows you to input the provider's last name or the facility name to find matching records.
- **First Name:** This field allows you to enter the provider's first name for additional filtering.
- **Provider Specialty:** This field allows you to select the provider's specialty from a dropdown list.
- **Line of Business:** This field allows you to choose the relevant line of business from a dropdown menu.
- **Provider Type:** This field allows you to select the type of provider (such as facility, practitioner) from a dropdown list.

4.2 – Add Provider/Facility

If you search a non-existing provider/facility, you will get Add Provider/ Add Facility button to add them.



TIN	NPI	NAME	PROVIDER ID	TAXONOMY CODE	SPECIALTY/FACILITY TYPE	NETWORK	CREATED DATE	PHONE	FAX	ADDRESS1	ADDRESS2	CITY	STATE	ZIP	REQ BY	STATUS
-	1234567800	XZY ABC22	2000000000	-	CARDIOVAS...	DR	05/30/2024	(123) 456-7...	(123) 456-7...	MAIN RD22	123	PUNE	FL	12345-6789	SUNIL KUM...	ACTIVE
-	1234567892	TEST LAST ...	200000000048	-	ALLERGY A...	DR	09/26/2023	(789) 897-9...	(979) 879-7...	ADDRESS T...	-	CITY TEST	FL	79879-8798	PRANAY PB...	ACTIVE
-	1234567895	TEST FACIL...	1234567895	-	CARDIAC S...	DR	11/07/2023	(892) 424-8...	(897) 289-4...	ADDRESS	-	CITY	FL	78487-4892	PRANAY PB...	ACTIVE
22222222	1234567893	TEST FACIL...	200000000050	-	CARDIAC CA...	DR	09/26/2023	(242) 424-3...	(234) 234-2...	FACILITY AD...	-	TEST CITY	FL	34234-2342	PRANAY PB...	ACTIVE
123456789	1234567895	TEST	200000000050	-	CARDIAC CA...	DR	09/26/2023	(124) 312-3...	(134) 123-4...	TEST	-	TEST	FL	23423-4234	PRANAY PB...	ACTIVE
768363608	1234567895	TEST	1234567895	-	CARDIAC CA...	DR	01/24/2024	(789) 638-5...	(568) 357-9...	DFJSH	FHG	VFJ	FL	76578-3460	PRANAY PB...	ACTIVE
-	1234567890	TEST EDIT P	1234567890	-	INTERVENT...	DR	11/13/2023	(897) 283-4...	(897) 823-4...	ACD	-	CGO	FL	89748-9728	PRANAY PB...	ACTIVE
-	1234567777	TEST SKLKR	1234567777	-	ALLERGY A...	DR	10/28/2023	(972) 894-7...	(972) 489-7...	ADDRESS32...	-	ITY3E33	FL	89745-4728	PRANAY PB...	ACTIVE
387459475	1234564564	SFJSHG FN...	1234564564	-	ADVANCED	DR	11/03/2023	(249) 075-7...	(474) 534-7...	GNJKSDFBG	-	NJSDFG	FL	48457-3805	PRANAY PB...	ACTIVE
-	1234567898	MN JAGA	1234567898	-	CARDIAC S...	DR	04/30/2024	(123) 456-7...	(123) 456-7...	GBD	GBD	GBD	FL	12345-6789	SUNIL KUM...	ACTIVE
-	1234567891	LN FN	200000000048	-	ALLERGY A...	DR	09/26/2023	(223) 432-1...	(234) 342-3...	ADD 1	-	HYD	FL	24234-2344	PRANAY PB...	ACTIVE
777777777	1234567890	KALE	200000000050	-	AMBULANCE	DR	12/18/2024	(777) 777-7...	(777) 777-7...	ADDRESS!	-	PUNE7777	FL	77777-7777	CLONE USE...	ACTIVE
-	1234533322	JAGGU	200000000050	-	CARDIAC CA...	DR	09/21/2023	(123) 333-3...	(123) 333-3...	AA	AA	AA	FL	33222-3333	PRANAY PB...	ACTIVE
22222222	1234567893	GOGGOGGG...	1234567893	-	ADVANCED	DR	10/30/2023	(222) 222-2...	(222) 222-2...	EWEE	FDPDF	22222222	FL	22222-2222	PRANAY PB...	ACTIVE
570245758	1234567554	AUSPROV 12	2852750295	-	ADVANCED	DR	11/11/2023	(384) 727-5...	(275) 285-2...	HFB	BFW	DSBFH	FL	36897-3693	PRANAY PB...	ACTIVE
-	1234567810	ASDFSADF	1234567810	-	SKILLED NI...	DR	02/09/2024	(111) 111-1...	(111) 111-1...	ASDFDSF	-	ASDFASDF	FL	53254-3234	SUNIL KUM...	ACTIVE
-	1234567896	ASDF ASDF	200000000048	-	SPORTS ME...	DR	09/26/2023	(234) 234-2...	(234) 242-4...	ASDF	-	ASDF	FL	23423-4232	PRANAY PB...	ACTIVE
-	123456789	ASDF ASDF	200000000048	-	SPORTS ME...	DR	09/28/2023	(123) 123-1...	(124) 144-1...	ASDF	-	ASDF	FL	23423-4232	PRANAY PB...	ACTIVE
123456789	1234566800	123 233	1234567890	-	PHYSICIAN	DR	07/11/2024	(123) 456-7...	(123) 456-7...	MAIN RD22	1111	DELHI	MH	12345-6789	CLONE USE...	ACTIVE

This comprehensive table allows you to view and manage provider information effectively. Additionally, there are filtering options to view specific types of providers (such as facility, practitioner).

Overall, the **PROVIDER BRIDGE** section is essential for managing provider data, ensuring accurate and efficient access to provider information within the Calypso Lyte portal.

5 – Queue

This section describes the flow of the member authorization form. In the Calypso Lyte portal, you have two queues:

- **OWN QUEUE:** All Authorizations that are created by user and processed by user will be listed here. All *PEND*, *REQUEST*, *DECISIONED*, and *COMPLETED* authorizations will be available in this queue.
- **PORTAL QUEUE:** All *PEND* Authorizations before requesting will be listed here.

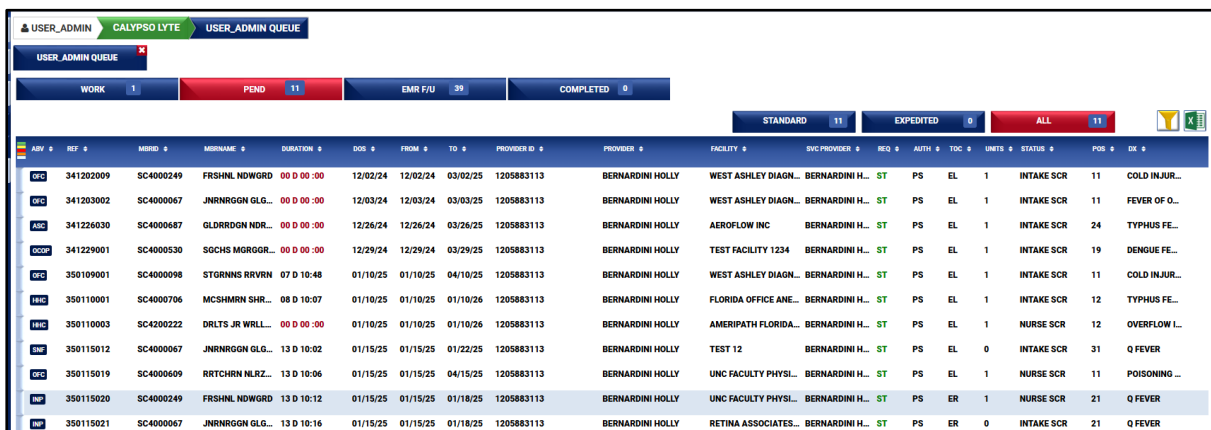
On each queue, you can filter the authorizations according to the request type like:

- **STANDARD:** It displays the number of authorizations the queue contains.
- **EXPEDITED:** It displays the number of authorizations the queue contains.
- **ALL:** It displays both the standard and expedited number of authorizations the queue contains.



ABV #	REF #	MSRID #	MBRNAME #	DURATION #	DOS #	FROM #	TO #	PROVIDER ID #	PROVIDER #	FACILITY #	SVC PROVIDER #	REQ #	AUTH #	TOC #	UNITS #	STATUS #	POS #	DK #
-	-	SC4000249	FRSHNL NDWGRD	-	07/15/24	07/15/24	10/13/24	1205883113	BERNARDINI HOLLY	CHARLES A CANNON...	BERNARDINI H...	ST	PS	EL	1	PEND-MR	11	LASSA FEVER

- You can export the list of authorizations each queue contains in a spreadsheet.
- You can filter the latest data using the funnel icon.



ABV #	REF #	MSRID #	MBRNAME #	DURATION #	DOS #	FROM #	TO #	PROVIDER ID #	PROVIDER #	FACILITY #	SVC PROVIDER #	REQ #	AUTH #	TOC #	UNITS #	STATUS #	POS #	DK #
341202009		SC4000249	FRSHNL NDWGRD	00 D 00 :00	12/02/24	12/02/24	03/02/25	1205883113	BERNARDINI HOLLY	WEST ASHLEY DIAGN...	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	11	COLD INJUR...
341203002		SC4000067	JNRRNGN GLG...	00 D 00 :00	12/03/24	12/03/24	03/03/25	1205883113	BERNARDINI HOLLY	WEST ASHLEY DIAGN...	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	11	FEVER OF O...
341226030		SC4000687	GLDRRDGN NDR...	00 D 00 :00	12/26/24	12/26/24	03/26/25	1205883113	BERNARDINI HOLLY	AEROFLOW INC	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	24	TYPHUS FE...
341229001		SC4000530	SOCHS MORGGR...	00 D 00 :00	12/29/24	12/29/24	03/29/25	1205883113	BERNARDINI HOLLY	TEST FACILITY 1234	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	19	DENEGUE FE...
350109001		SC4000098	STGRNNS RRVRN	07 D 10 :48	01/10/25	01/10/25	04/10/25	1205883113	BERNARDINI HOLLY	WEST ASHLEY DIAGN...	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	11	COLD INJUR...
350110001		SC4000706	MCSHMRN SHR...	08 D 10 :07	01/10/25	01/10/25	01/10/26	1205883113	BERNARDINI HOLLY	FLORIDA OFFICE ANE...	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	12	TYPHUS FE...
350110003		SC4200222	DRLTS JR WRLL...	00 D 00 :00	01/10/25	01/10/25	01/10/26	1205883113	BERNARDINI HOLLY	AMERIPATH FLORIDA...	BERNARDINI H...	ST	PS	EL	1	NURSE SCR	12	OVERFLOW L...
350115012		SC4000067	JNRRNGN GLG...	13 D 10 :02	01/15/25	01/15/25	01/22/25	1205883113	BERNARDINI HOLLY	TEST 12	BERNARDINI H...	ST	PS	EL	0	INTAKE SCR	31	Q FEVER
350115019		SC4000609	RRTCHRN NLRZ...	13 D 10 :06	01/15/25	01/15/25	04/15/25	1205883113	BERNARDINI HOLLY	UNC FACULTY PHYSI...	BERNARDINI H...	ST	PS	EL	1	NURSE SCR	11	POISONING ...
350115020		SC4000249	FRSHNL NDWGRD	13 D 10 :12	01/15/25	01/15/25	01/18/25	1205883113	BERNARDINI HOLLY	UNC FACULTY PHYSI...	BERNARDINI H...	ST	PS	ER	1	NURSE SCR	21	Q FEVER
350115021		SC4000067	JNRRNGN GLG...	13 D 10 :16	01/15/25	01/15/25	01/18/25	1205883113	BERNARDINI HOLLY	RETINA ASSOCIATES...	BERNARDINI H...	ST	PS	ER	0	INTAKE SCR	21	Q FEVER

You can search or filter the authorizations using the fields like:

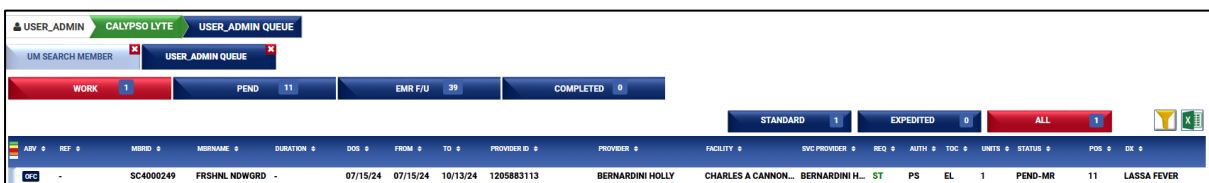
- Abbreviation (ABV)
- Reference Number (REF)
- Member ID (MSRID)
- Member Name (MBRNAME)
- Duration:

- Standard:
 - Retrospective Initial – 3 days
 - Preservice – 14 days
 - Expedited:
 - Retrospective Initial – 1 day
 - Preservice – 3 days
 - CPT PART B (Standard):
 - Retrospective Initial – 1 day
 - Preservice – 3 days
 - CPT PART B (Expedited):
 - Retrospective Initial – 1 day
 - Preservice – 1 day
- Date of Service (DOS)
 - From
 - To
 - Provider ID
 - Provider
 - Facility
 - SVC Provider
 - Request Type
 - Authorization
 - Type of Care (TOC)
 - Units
 - Status
 - Place of Service (POS)
 - DX

5.1 – Own Queue

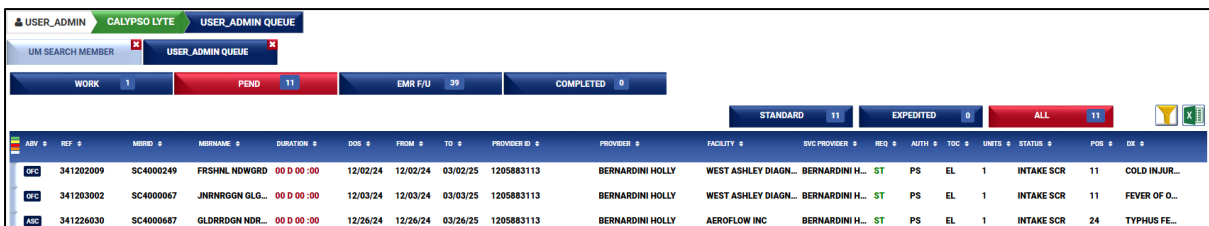
You can find your own queues in this queue.

- **WORK:** All the authorizations **PEND** by you, will be available in the **WORK** tab.



ADV #	REF #	MSRD #	MRNAME #	DURATION #	DOS #	FROM #	TO #	PROVIDER ID #	PROVIDER #	FACILITY #	SVC PROVIDER #	REQ #	AUTH #	TOC #	UNITS #	STATUS #	POS #	DX #
SC4	-	SC4000249	FRSHNL NDWGRD	-	07/15/24	07/15/24	10/13/24	1205883113	BERNARDINI HOLLY	CHARLES A CANNON...	BERNARDINI H...	ST	PS	EL	1	PEND-MR	11	LASSA FEVER

- **PEND:** All the authorizations requested by you which are not yet decided, will be available in the **PEND** tab.



ADV #	REF #	MSRD #	MRNAME #	DURATION #	DOS #	FROM #	TO #	PROVIDER ID #	PROVIDER #	FACILITY #	SVC PROVIDER #	REQ #	AUTH #	TOC #	UNITS #	STATUS #	POS #	DX #
SC3	341202009	SC4000249	FRSHNL NDWGRD	00 D 00:00	12/02/24	12/02/24	03/02/25	1205883113	BERNARDINI HOLLY	WEST ASHLEY DIAGN...	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	11	COLD INJUR...
SC3	341203002	SC4000067	JNRRRGN GLG...	00 D 00:00	12/03/24	12/03/24	03/03/25	1205883113	BERNARDINI HOLLY	WEST ASHLEY DIAGN...	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	11	FEVER OF O...
SC3	341226030	SC4000687	GLDRRDGN NDR...	00 D 00:00	12/26/24	12/26/24	03/26/25	1205883113	BERNARDINI HOLLY	AEROFLOW INC	BERNARDINI H...	ST	PS	EL	1	INTAKE SCR	24	TYPHUS FE...

- **EMR F/U:** All the authorizations which are decided by you, will be available in the **EMR F/U** tab.

ABV	REF	MBRD	MIRNAME	DURATION	DOS	FROM	TO	PROVIDER ID	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TOC	UNITS	STATUS	POS	DX	
SCC	340712001	SC4000067	JNRNRGN GLG...	10 D 15:43		07/12/24	07/12/24	10/10/24	1205883113	BERNARDINI HOLLY	-	BERNARDINI HOLLY	ST	PS	EL	1	APPROVE	11	Q FEVER
SCC	341202007	SC4000249	FRSHNL NDWGRD	03 D 00:00		12/02/24	12/02/24	03/02/25	1205883113	BERNARDINI HOLLY	WEST ASHLEY DIAGNOS...	BERNARDINI HOLLY	ST	PS	EL	1	APPROVE	11	COLD INJUR...
SCC	341203001	SC4000067	JNRNRGN GLG...	03 D 00:00		12/03/24	12/03/24	12/03/25	1205883113	BERNARDINI HOLLY	WEST ASHLEY DIAGNOS...	BERNARDINI HOLLY	ST	PS	EL	1	APPROVE	12	FEVER OF O...

- **COMPLETED:** All the authorizations completed by you under EMR F/U, will be available in the **COMPLETED** tab.

ABV	REF	MBRD	MIRNAME	DURATION	DOS	FROM	TO	PROVIDER ID	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TOC	UNITS	STATUS	POS	DX	
SCC	350115022	SC4000098	STGRNNS RRVRN	00 D 00:00		01/15/25	01/15/25	04/15/25	1205883113	BERNARDINI HOLLY	-	BERNARDINI H...	ST	PS	EL	1	APPROVE	11	HEADACHE, ...

5.2 – Portal Queue

In this queue, you can find the authorizations which are created and **PEND** by you.

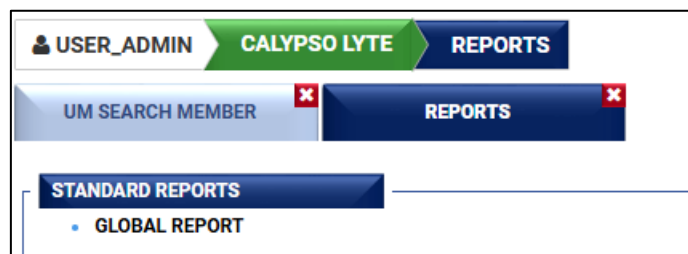
ABV	REF	MBRD	MIRNAME	DURATION	DOS	FROM	TO	PROVIDER ID	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TOC	UNITS	STATUS	POS	DX	
SCC	-	SC4000249	FRSHNL NDWGRD	-		07/15/24	07/15/24	10/13/24	1205883113	BERNARDINI HOLLY	CHARLES A CANNON...	BERNARDINI H...	ST	PS	EL	1	PEND-MR	11	LASSA FEVER

The authorization will be also available in the **WORK** tab of **OWN QUEUE**.

ABV	REF	MBRD	MIRNAME	DURATION	DOS	FROM	TO	PROVIDER ID	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TOC	UNITS	STATUS	POS	DX	
SCC	-	SC4000249	FRSHNL NDWGRD	-		07/15/24	07/15/24	10/13/24	1205883113	BERNARDINI HOLLY	CHARLES A CANNON...	BERNARDINI H...	ST	PS	EL	1	PEND-MR	11	LASSA FEVER

6 – Reports

In the **Reports** section of the **Calypso Lyte** portal, you can access **GLOBAL REPORT** under **STANDARD REPORTS**.



6.1 – Global Report

This report offers a comprehensive overview of all activities and cases within the system, providing a high-level summary.

7 – Creating an Authorization for Out-Patient

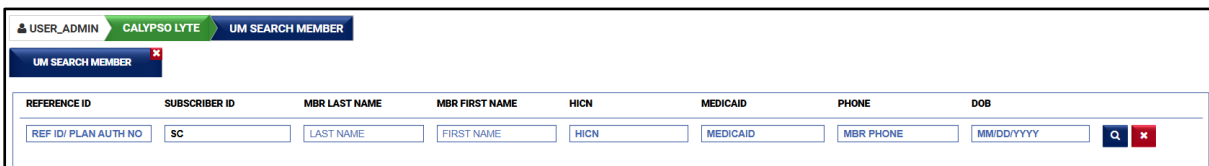
You can use the Calypso Lyte portal to create, process, and manage the medical authorization according to the role assigned. This portal is used to enter all the member medical information in the authorization form for pre-authorization. The fields in blue are mandatory that must be filled out.

For **Out-Patient** you can select the following **POS**:

- 11 - Office
- 12 – Patient Home
- 24 - ASC

You can create an authorization using the following steps:

1. On **UM SEARCH MEMBER**, enter the search criteria.
2. Select the **Search** icon.



The screenshot shows the 'UM SEARCH MEMBER' search interface. It includes a breadcrumb trail: USER_ADMIN > CALYPSO LYTE > UM SEARCH MEMBER. Below the breadcrumb is a search bar with the following fields: REF ID / PLAN AUTH NO, SUBSCRIBER ID (containing 'SC'), MBR LAST NAME (containing 'LAST NAME'), MBR FIRST NAME (containing 'FIRST NAME'), HICN, MEDICAID, MBR PHONE, and DOB (containing 'MM/DD/YYYY'). A search icon and a close icon are located to the right of the search bar.

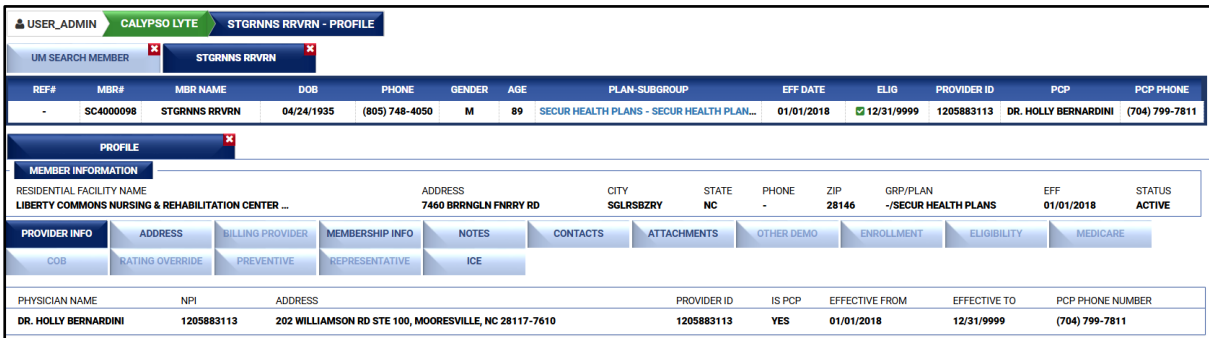
3. From **SEARCH MEMBER RESULT**, select the member.



The screenshot shows the 'SEARCH MEMBER RESULT - (36) RESULTS' table. The table has columns for SUBSCRIBER ID, LAST NAME, FIRST NAME, DOB, GENDER, PROVIDER ID, PCP, PCP PHONE, PLAN, EFF. DATE, ADDRESS, CITY, ST, and ZIP. The first three rows of data are as follows:

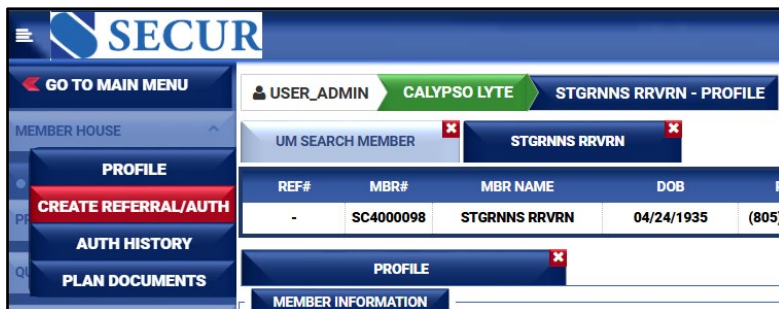
SUBSCRIBER ID	LAST NAME	FIRST NAME	DOB	GENDER	PROVIDER ID	PCP	PCP PHONE	PLAN	EFF. DATE	ADDRESS	CITY	ST	ZIP
SC4000067	JNRRRGGN	GLGDYS	01/25/1924	F	1205883113	BERNARDINI,HO...	(704) 799-7811	SECUR HEALTH PL...	01/01/2018	1149 LRLLRBRDRG...	LNLGND	NC	28451
SC4000098	STGRNNS	RRVRN	04/24/1935	M	1205883113	BERNARDINI,HO...	(704) 799-7811	SECUR HEALTH PL...	01/01/2018	7460 BRRNGLN FN...	SGLRSBZRY	NC	28146
SC4000249	FRSHNL	NDWGRD	03/07/1948	M	1205883113	BERNARDINI,HO...	(704) 799-7811	SECUR HEALTH PL...	01/01/2018	101 CGRMLRNN GVN	WNLDMN	NC	27890

4. You can view the member information in **PROFILE**.



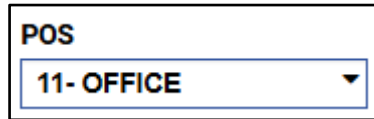
The screenshot shows the 'STGRNNS RRVN - PROFILE' page. It includes a breadcrumb trail: USER_ADMIN > CALYPSO LYTE > STGRNNS RRVN - PROFILE. Below the breadcrumb is a search bar with the text 'UM SEARCH MEMBER' and 'STGRNNS RRVN'. The main content area shows member information for member SC4000098, STGRNNS RRVN, DOB 04/24/1935, and phone number (805) 748-4050. The page is divided into several sections: PROFILE, MEMBER INFORMATION, PROVIDER INFO, and PHYSICIAN NAME. The MEMBER INFORMATION section shows the residential facility name 'LIBERTY COMMONS NURSING & REHABILITATION CENTER ...' and address '7460 BRRNGLN FNRRY RD, SGLRSBZRY, NC'. The PHYSICIAN NAME section shows 'DR. HOLLY BERNARDINI' with NPI 1205883113 and address '202 WILLIAMSON RD STE 100, MOORESVILLE, NC 28117-7610'.

5. Select **CREATE REFERRAL/AUTH** to create an authorization.



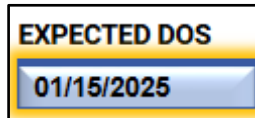
The screenshot shows the SECUR portal interface. The breadcrumb trail is USER_ADMIN > CALYPSO LYTE > STGRNNS RRVN - PROFILE. The search bar contains 'UM SEARCH MEMBER' and 'STGRNNS RRVN'. Below the search bar is a table with columns REF#, MBR#, MBR NAME, and DOB. The first row of data is: REF# -, MBR# SC4000098, MBR NAME STGRNNS RRVN, and DOB 04/24/1935. Below the table is a 'PROFILE' section. On the left side of the page, there is a navigation menu with the following items: GO TO MAIN MENU, MEMBER HOUSE, PROFILE, CREATE REFERRAL/AUTH (highlighted in red), AUTH HISTORY, and PLAN DOCUMENTS.

6. You can view the **CREATE AN AUTH** form.
7. On the **CREATE AN AUTH** form,
 - a. Select **POS**.



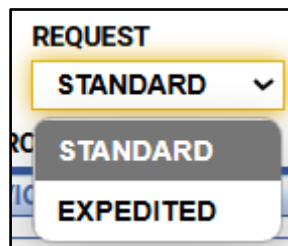
A screenshot of a dropdown menu titled "POS". The selected option is "11- OFFICE".

- b. Enter **EXPECTED DOS**.



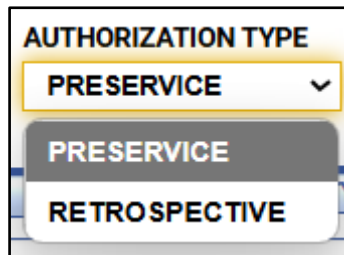
A screenshot of an input field titled "EXPECTED DOS" containing the date "01/15/2025".

- c. Select the **REQUEST** type.



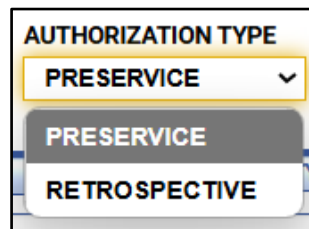
A screenshot of a dropdown menu titled "REQUEST". The selected option is "STANDARD". The dropdown list shows "STANDARD" and "EXPEDITED".

- d. Select **AUTHORIZATION TYPE**.



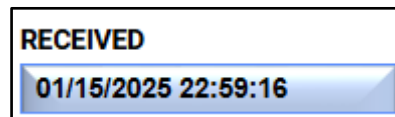
A screenshot of a dropdown menu titled "AUTHORIZATION TYPE". The selected option is "PRESERVICE". The dropdown list shows "PRESERVICE" and "RETROSPECTIVE".

- e. Select **TYPE OF CARE**.



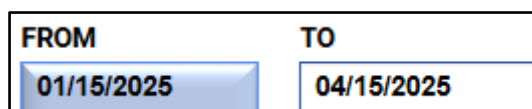
A screenshot of a dropdown menu titled "AUTHORIZATION TYPE". The selected option is "PRESERVICE". The dropdown list shows "PRESERVICE" and "RETROSPECTIVE".

- f. You can view the authorization received date and time.



A screenshot of an input field titled "RECEIVED" containing the date and time "01/15/2025 22:59:16".

- g. Select the **FROM** and **TO** date.



A screenshot of two input fields. The "FROM" field contains "01/15/2025" and the "TO" field contains "04/15/2025".

h. The **PCP** and **REQ PROVIDER** are auto-populated if available in the UM database.

PCP	REQ PROVIDER PCP MBR
BERNARDINI HOLLY	BERNARDINI HOLLY IN

i. Search and select **SVC PROVIDER**.

Note: If PCP and SVC provider are same, select **PCP**.

SVC PROVIDER PCP
BERNARDINI HOLLY IN

j. Select **LEVEL OF CARE**.

LEVEL OF CARE
MEDICAL ▼
SELECT
MEDICAL
SURGICAL
MATERNITY

k. On the **ICD VERSION**, search and select **PRIMARY DX** and **PRIMARY DESC**.

ICD VERSION	<input checked="" type="checkbox"/> VER. 10	<input type="checkbox"/> VER. 9
PRIMARY DX	PRIMARY DESC	ACTION
R51.9	HEADACHE, UNSPECIFIED	+

l. On **PROC** and **PROC DESC**, enter the CPT codes.

PROC	MODIFIER	PROC DESC	REQ UNITS	INC LETTER	ACTION
86638	MODIFIE	Q FEVER ANTIBODY	1	<input checked="" type="checkbox"/>	+


m. On the **ATTACHMENTS** section:

- i. Select the checkbox.
- ii. Enter the document name.
- iii. Select the document type.
- iv. Browse the case records.
- v. Select **UPLOAD**.

Note: Select the add icon, to add more documents.

ATTACHMENTS <input checked="" type="checkbox"/>			
DOCUMENT NAME	DOCUMENT TYPE	ATTACH DOCUMENT	ACTION
CASE RECORDS	CASE RECORDS	EQW.JPG	<input type="button" value="UPLOAD"/> +

n. On the **NOTES** section, select the add icon.

NOTES							
DATE TIME	NOTE TYPE	CREATED BY	SUBJECT	NOTE	INC FAX	ACTION 	
NO DATA AVAILABLE							

i. On the **ADD NEW NOTE** window:

- A. Select the **TYPE**.
- B. Select the **SUBJECT**.
- C. Enter the **NOTE**.
- D. Select **SAVE**.

Note: Select **CANCEL**, if you do not want to add a note.

ADD NEW NOTE
X

TYPE

AUTH NOTE

SUBJECT

UM NOTE


NOTE

NOTE HERE

CANCEL

SAVE

o. On the **CONTACTS** section, select the add icon.

CONTACTS										
DATE AND TIME OF CALL	ENTITY	CONTACT NAME	CONTACT TYPE	CONTACT DETAIL	DIRECTION	OUTCOME TYPE	NOTE	CREATED BY	INC FAX	ACTION 
NO DATA AVAILABLE										

p. On the **AUTHORIZATION SUMMARY** section, all the entered information is displayed.

AUTHORIZATION SUMMARY									
FROM DATE	TO DATE	SVC PROVIDER	FACILITY NAME	PRIMARY DX	PRIMARY DESC	PROC CODE	PROC DESC	UM SVC GRP	
01/15/2025	04/15/2025	HOLLY BERNARDINI	-	R51.9	HEADACHE, UNSPECIFIED	-	-	-	

PEND

REQUEST


q. On the bottom pane, select the **Request** button after entering the mandatory fields.

PEND

REQUEST

8. You can view the authorization form.

Note: There is no plan authorization number on the preview authorization form.



REFERRAL

PLAN REFERRAL NUMBER : _____
(For Plan use only)

✖

SUBMITTED BY: CLONE USER ADMIN

MEMBER INFORMATION

REF#: - MBR#: **SC4000098** MBR NAME: **RRVRN STGRNNS** DOB: **04/24/1935** PH: **G: M** AGE: **89**
 PLAN: **SECUR HEALTH PLANS - 001** CNTY: - EFF DATE: **01/01/2018** ELIG: **12/31/9999** PCP: **DR. HOLLY BERNARDINI**
 PCP PH: **(704) 799-7811** PCP FAX: -

AUTH DETAILS

POS: **11- OFFICE** REQ: **STANDARD** AUTH: **PRESERVICE** TYPE OF CARE: **ELECTIVE**
 RECD: **01/15/2025 22:59:16** MODE: **PORTAL** FROM: **01/15/2025** TO: **04/15/2025** EXPECTED DOS: **01/15/2025**

REQUESTING PROVIDER IN

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

SERVICING PROVIDER IN

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

PRIMARY ICD DETAILS

PR DX	PR DX DESC
R51.9	HEADACHE, UNSPECIFIED

CPT/HCPCS CODE

CPT/HCPCS	DESC	UNITS
86638	Q FEVER ANTIBODY	1

This form may be returned unprocessed if not completely filled out with all requested information. Authorizations will be given for medically necessary services only. This request cannot be processed without supporting documentation such as office visit notes, pertinent laboratory data, prior treatment note(s), etc. Payment is subject to verification of member eligibility, benefit coverage and appropriate coding guidelines. Emergencies do not require prior authorization.

Confidentiality Notice: This facsimile and/or email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

CANCEL
CONFIRM/PRINT TO FAX

9. Select **CONFIRM/PRINT TO FAX** if the information is correct.

10. You will be navigated to **OWN QUEUE**.

USER_ADMIN
CALYPSO LYTE
OWN QUEUE

UM SEARCH MEMBER ✖
STGRNNS RRVRN ✖
USER_ADMIN QUEUE ✖

WORK 1
PEND 11
EMR F/U 39
COMPLETED 0

COMPLETE
STANDARD 39
EXPEDITED 0
ALL 35

ABV	REF	MBRD	MBRNAME	DURATION	DOS	FROM	TO	PROVIDER ID	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TOC	UNITS	STATUS	POS	DX	
<input type="checkbox"/>	350115	350115022	SC4000098	STGRNNS RRVRN	13 D 11:12	01/15/25	01/15/25	04/15/25	1205883113	BERNARDINI HOLLY	-	BERNARDINI HOLLY	ST	PS	EL	1	APPROVE	11	HEADACHE, ...

8 – Creating an Authorization for In-Patient

You can use the Calypso Lyte portal to create, process, and manage the medical authorization according to the role assigned. This portal is used to enter all the member medical information in the authorization form for pre-authorization. The fields in blue are mandatory that must be filled out.

For **In-Patient** you can select the following **POS**:

- 21 – IP Hospital
- 31 – SNF
- 61 – IRF
- 61 – LTAC

You can create an authorization using the following steps:

1. On **UM SEARCH MEMBER**, enter the search criteria.
2. Select the **Search** icon.

The screenshot shows the 'UM SEARCH MEMBER' search interface. It includes a breadcrumb trail: USER_ADMIN > CALYPSO LYTE > UM SEARCH MEMBER. Below the breadcrumb is a search bar with the following fields: REF ID/PLAN AUTH NO, SUBSCRIBER ID (containing 'SC'), LAST NAME, FIRST NAME, HICN, MEDICAID, MBR PHONE, and MMDD/YYYY. A search icon and a close icon are located to the right of the search bar.

3. From **SEARCH MEMBER RESULT**, select the member.

The screenshot displays the 'SEARCH MEMBER RESULT - (36) RESULTS' table. The table has columns for SUBSCRIBER ID, LAST NAME, FIRST NAME, DOB, GENDER, PROVIDER ID, PCP, PCP PHONE, PLAN, EFF DATE, ADDRESS, CITY, ST, and ZIP. The first three rows of data are visible:

SUBSCRIBER ID	LAST NAME	FIRST NAME	DOB	GENDER	PROVIDER ID	PCP	PCP PHONE	PLAN	EFF DATE	ADDRESS	CITY	ST	ZIP
SC4000067	JNRRGGN	GLGDYS	01/25/1924	F	1205883113	BERNARDINI,HO...	(704) 799-7811	SECUR HEALTH PL...	01/01/2018	1149 LRLLRBRD...	LNLGND	NC	28451
SC4000098	STORNNS	RRVRN	04/24/1935	M	1205883113	BERNARDINI,HO...	(704) 799-7811	SECUR HEALTH PL...	01/01/2018	7460 BRRNGLN FN...	SGLRSBZRY	NC	28146
SC4000249	FRSHNL	NDWGRD	03/07/1948	M	1205883113	BERNARDINI,HO...	(704) 799-7811	SECUR HEALTH PL...	01/01/2018	101 CGRMLRNN GVN	WNLDMN	NC	27890

4. You can view the member information in **PROFILE**.

The screenshot shows the 'PROFILE' page for member JNRRGGN GLGDYS. It includes a breadcrumb trail: USER_ADMIN > CALYPSO LYTE > JNRRGGN GLGDYS - PROFILE. The page is divided into several sections:

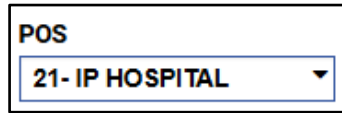
- MEMBER INFORMATION:** Includes residential facility name (SHORELAND HEALTHCARE & RETIREMENT CENTER), address (1149 LRLLRBRDGN DR), city (LNLGND), state (NC), phone, zip (28451), GRP/PLAN (-/SECUR HEALTH PLANS), and status (ACTIVE).
- PROVIDER INFO:** Includes a table for physician information.

PHYSICIAN NAME	NPI	ADDRESS	PROVIDER ID	IS PCP	EFFECTIVE FROM	EFFECTIVE TO	PCP PHONE NUMBER
DR. HOLLY BERNARDINI	1205883113	202 WILLIAMSON RD STE 100, MOORESVILLE, NC 28117-7610	1205883113	YES	01/01/2018	12/31/9999	(704) 799-7811

5. Select **CREATE REFERRAL/AUTH** to create an authorization.

This screenshot shows the same member profile page as above, but with a navigation menu on the left side. The 'CREATE REFERRAL/AUTH' button is highlighted in red. The breadcrumb trail remains: USER_ADMIN > CALYPSO LYTE > JNRRGGN GLGDYS - PROFILE. The search bar at the top shows the member's details: REF#, MBR#, MBR NAME, DOB, and PHONE.

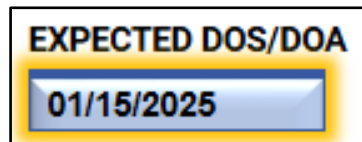
6. You can view the **CREATE AN AUTH** form.
7. On the **CREATE AN AUTH** form,
 - a. Select **POS**.



A screenshot of a dropdown menu titled "POS". The selected option is "21- IP HOSPITAL".

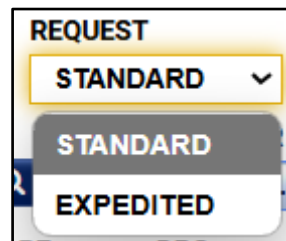
Note: For In-Patient, you can select below POS:

- 21 – IP Hospital
 - 31 – SNF
 - 61 – IRF
 - 61 – LTAC
- b. Enter **EXPECTED DOS/DOA**.



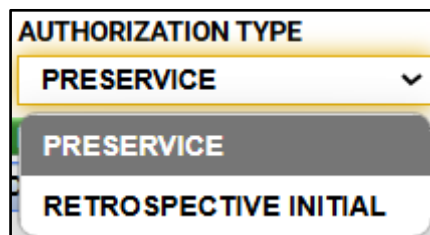
A screenshot of a text input field titled "EXPECTED DOS/DOA" containing the date "01/15/2025".

- c. Select the **REQUEST** type.



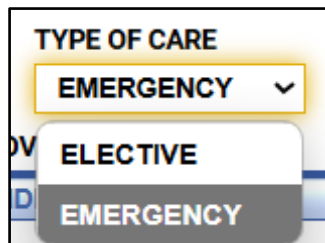
A screenshot of a dropdown menu titled "REQUEST". The selected option is "STANDARD". The dropdown list shows "STANDARD" and "EXPEDITED".

- d. Select **AUTHORIZATION TYPE**.



A screenshot of a dropdown menu titled "AUTHORIZATION TYPE". The selected option is "PRESERVICE". The dropdown list shows "PRESERVICE" and "RETROSPECTIVE INITIAL".

- e. Select **TYPE OF CARE**.



A screenshot of a dropdown menu titled "TYPE OF CARE". The selected option is "EMERGENCY". The dropdown list shows "ELECTIVE" and "EMERGENCY".

f. You can view the authorization received date and time.

RECEIVED
01/15/2025 22:36:13

g. The **PCP** is auto-populated if available in the UM database.

PCP
BERNARDINI HOLLY

h. Search and select **FACILITY**.

FACILITY
RETINA ASSOCIATES, PC
<input type="button" value="IN"/> <input type="button" value="Q"/>

i. The **REQ PROVIDER** is auto-populated if available in the UM database.

REQ PROVIDER	<input type="button" value="PCP"/>	<input type="button" value="MBR"/>
BERNARDINI HOLLY	<input type="button" value="IN"/>	

j. Search and select **ATT PROVIDER**.

ATT PROVIDER	<input type="button" value="PCP"/>
BERNARDINI HOLLY	<input type="button" value="IN"/>

k. Search and select **ADM PROVIDER**.

ADM PROVIDER	<input type="button" value="PCP"/>
BERNARDINI HOLLY	<input type="button" value="IN"/>

l. Select the **REVIEW** and **NEXT REVIEW DATE**.

REVIEW	NEXT REVIEW DATE
ADMISSION <input type="button" value="v"/>	01/18/2025

m. On the **ICD VERSION**, search and select **PRIMARY DX** and **PRIMARY DESC**.

ICD VERSION	<input checked="" type="checkbox"/> VER. 10	<input type="checkbox"/> VER. 9
PRIMARY DX	PRIMARY DESC	ACTION
A78	Q FEVER	<input type="button" value="+"/>

- n. On the **ATTACHMENTS** section:
 - i. Select the checkbox.
 - ii. Enter the document name.
 - iii. Select the document type.
 - iv. Browse the case records.
 - v. Select **UPLOAD**.

Note: Select the add icon, to add more documents.

- o. On the **NOTES** section, select the add icon.
 - i. On the **ADD NEW NOTE** window:
 - A. Select the **TYPE**.
 - B. Select the **SUBJECT**.
 - C. Enter the **NOTE**.
 - D. Select **SAVE**.

Note: Select **CANCEL**, if you do not want to add a note.

- p. On the **CONTACTS** section, select the add icon.
- q. On the **AUTHORIZATION SUMMARY** section, all the entered information is displayed.


AUTHORIZATION SUMMARY										
EXP DOS/DOA	EXP DC DT	FROM DATE	TO DATE	ATT PROVIDER	FACILITY NAME	PRIMARY DX	PRIMARY DESC	PROC CODE	PROC DESC	APPROVED DAYS
01/15/2025	01/18/2025	01/15/2025	-	HOLLY BERNARDINI	RETINA ASSOCIATES, PC	A78	Q FEVER	-	-	0

- r. On the bottom pane, select the **REQUEST** button after entering the mandatory fields.



- 8. You can view the authorization form.

Note: There is no plan authorization number on the preview authorization form.



AUTHORIZATION

PLAN AUTH NUMBER: **PENDING**
(For Plan use only)

SUBMITTED BY: CLONE USER ADMIN

MEMBER INFORMATION

REF#: - MBR#: SC4000067 MBR NAME: GLGDYS JNRNRGGN DOB: 01/25/1924 PH: G F AGE: 100
 PLAN: SECUR HEALTH PLANS - 001 CNTY: - EFF DATE: 01/01/2018 ELIG: 12/31/9999 PCP: DR. HOLLY BERNARDINI
 PCP PH: (704) 799-7811 PCP FAX: -

AUTH DETAILS

POS: 21- IP HOSPITAL REQ: STANDARD AUTH: PRESERVICE TYPE OF CARE: EMERGENCY
 RECD: 01/15/2025 22:36:13 MODE: PORTAL NEXT REV DT: 01/18/2025 EXPECTED DOS/DOA: 01/15/2025
 REVIEW: ADMISSION ROOM: MED DRG: - DRG DESC: - MDC CODE: - MDC DESC: -

REQUESTING PROVIDER IN

FIRST NAME: HOLLY LAST NAME: BERNARDINI TAXID/NPI: 264030527 / 1205883113 PH: (704) 799-7811 FAX: -
 SPECIALTY: FAMILY MEDICINE TYPE: PHYSICIAN CONTACT NAME: HOLLY BERNARDINI

ATTENDING PROVIDER IN

FIRST NAME: HOLLY LAST NAME: BERNARDINI TAXID/NPI: 264030527 / 1205883113 PH: (704) 799-7811 FAX: -
 SPECIALTY: FAMILY MEDICINE TYPE: PHYSICIAN CONTACT NAME: HOLLY BERNARDINI

ADMITTING PROVIDER IN

FIRST NAME: HOLLY LAST NAME: BERNARDINI TAXID/NPI: 264030527 / 1205883113 PH: (704) 799-7811 FAX: -
 SPECIALTY: FAMILY MEDICINE TYPE: PHYSICIAN CONTACT NAME: HOLLY BERNARDINI

FACILITY IN

FACILITY NAME: RETINA ASSOCIATES, PC TAXID/NPI: 562043271 / 1760408397 PH: (919) 782-8038 FAX: -
 FACILITY TYPE: NOT FOUND CONTACT NAME: RETINA ASSOCIATES, PC

ADMISSION / DC DATES

RECEIVED DT: 01/15/2025 22:36:13 FROM DATE: 01/15/2025 AUTH TO DATE: - APPROVED DAYS: 0 EXPECTED DC DT: 01/18/2025
 TO DATE: -

LENGTH OF STAY

REQ LOS: 1 ACTUAL LOS: 1

PRIMARY ICD DETAILS

PR DX	PR DX DESC
A78	Q FEVER

CPT/HCPCS CODE

CPT/HCPCS	DESC
-	-

This form may be returned unprocessed if not completely filled out with all requested information. Authorizations will be given for medically necessary services only. This request cannot be processed without supporting documentation such as office visit notes, pertinent laboratory data, prior treatment notes(s), etc. Payment is subject to verification of member eligibility, benefit coverage and appropriate coding guidelines. Emergencies do not require prior authorization.
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CANCEL
CONFIRM

9. Select **CONFIRM** if the information is correct.
10. You will be navigated to **OWN QUEUE**.

ADV	REF	MRBR	MBRNAME	DURATION	DOS	FROM	TO	PROVIDER ID	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TOC	UNITS	STATUS	POS	DX
SNF	350115012	SC4000067	JNRRRGGN G...	13 D 10:44	01/15/25	01/15/25	01/22/25	1205883113	BERNARDINI HOLLY	TEST 12	BERNARDINI ... ST	PS	EL	0	INTAKE SCR	31	Q FEVER	
CPC	350115019	SC4000609	RRTCHRN NL...	13 D 10:49	01/15/25	01/15/25	04/15/25	1205883113	BERNARDINI HOLLY	UNC FACULTY PH...	BERNARDINI ... ST	PS	EL	1	NURSE SCR	11	POISONIN...	
IMP	350115020	SC4000249	FRSHNL NDW...	13 D 10:54	01/15/25	01/15/25	01/18/25	1205883113	BERNARDINI HOLLY	UNC FACULTY PH...	BERNARDINI ... ST	PS	ER	1	NURSE SCR	21	Q FEVER	
IMP	350115021	SC4000067	JNRRRGGN G...	13 D 10:58	01/15/25	01/15/25	01/18/25	1205883113	BERNARDINI HOLLY	RETINA ASSOCIA...	BERNARDINI ... ST	PS	ER	0	INTAKE SCR	21	Q FEVER	

9 – Pend/Request an Auth

1. On **UM SEARCH MEMBER**, enter the search criteria.
2. Select the **Search** icon.

REFERENCE ID SUBSCRIBER ID MBR LAST NAME MBR FIRST NAME HICN MEDICAID PHONE DOB

REF ID/ PLAN AUTH NO SC LAST NAME FIRST NAME HICN MEDICAID MBR PHONE MM/DD/YYYY [Q] [X]

3. On the **CREATE AN AUTH** form, enter the required details.

USER_ADMIN CALYPSO LYTE JNRRRGGN GLGDYS - CREATE AN AUTH

REF# MBR# MBR NAME DOB PHONE GENDER AGE PLAN-SUBGROUP EFF DATE ELIG PROVIDER ID POP POP PHONE

- SC4000067 JNRRRGGN GLGDYS 01/25/1924 (920) 339-6343 F 100 SECUR HEALTH PLANS - SECUR HEALTH PLAN... 01/01/2018 12/31/9999 1205883113 DR. HOLLY BERNARDINI (704) 799-7811

POS: 31- SNF EXPECTED DOS/DOA: 01/15/2025 REQUEST: STANDARD AUTHORIZATION TYPE: PRESERVICE TYPE OF CARE: ELECTIVE RECEIVED: 01/15/2025 20:02:52 PCP: BERNARDINI HOLLY

FACILITY: TEST 12 REQ PROVIDER: BERNARDINI HOLLY ATT PROVIDER: BERNARDINI HOLLY ADM PROVIDER: BERNARDINI HOLLY SURGEON: SURGEON

UM SVC GRP: LEVEL 1 LEVEL OF CARE: REHAB RUG: RUG DESC: MDC CODE: MDC CLASSIFICATION DESC: REVIEW: ADMISSION NEXT REVIEW DATE: 01/22/2025

ADMISSION DATE: 01/15/2025 APP DAYS: 0 EXPECTED DC DT: 01/22/2025 TO DATE: CUSTODIAL DT: REQ LOS: 1 ACTUAL LOS: 1 CO-MANAGEMENT OBTAINED: INTERIM BILLING DATE: MM/DD/YYYY

ICD VERSION: VER 10 PRIMARY DX: A78 PRIMARY DESC: Q FEVER ACTION: +

PROC: MODI PROC DESC: FIER: ACTION: MEDICARE: [ON]

ATTACHMENTS: NOTES: +

DATE TIME NOTE TYPE CREATED BY SUBJECT NOTE ACTION

4. Select the **PEND** button.

EXP DOS/DOA	EXP DC DT	FROM DATE	TO DATE	ATT PROVIDER	FACILITY NAME	PRIMARY DX	PRIMARY DESC	PROC CODE	PROC DESC	APPROVED DAYS	LEVEL/RATE
01/15/2025	01/22/2025	01/15/2025	-	HOLLY BERNARDINI	TEST 12	A78	Q FEVER	-	-	0	LEVEL 1

[PEND] [REQUEST]

5. On **REASON FOR PEND**, select the reason.

6. Select the **CONFIRM** button.

7. You will be navigated to the **OWN QUEUE**.

8. In **USER_ADMIN QUEUE**, on the **WORK** tab, you can find the **PEND** authorization.

ABV	REF	MRID	MEMBER	ATION	DOS	FROM	TO	PROVIDER ID	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TDC	UNITS	STATUS	POS	DX
SPC	-	SC400024	JNRRN RGGN GLGDYS		07/15/24	07/15/24	10/13/24	1205883113	BERNARDINI HOLLY	CHARLES A CANN...	BERNARDINI ... ST	PS	EL	1		PEND-MR	11	LASSA FE...
SNF	-	SC400067	JNRRN RGGN G...		01/15/25	01/15/25	01/22/25	1205883113	BERNARDINI HOLLY	TEST 12	BERNARDINI ... ST	PS	EL	0		PEND-MR	31	Q FEVER

Note: For **PEND** authorization, **REF#** is not allotted.

9. Open the **PEND** authorization.

REF#	MR#	MR NAME	DOB	PHONE	GENDER	AGE	PLAN-SUBGROUP	EFF DATE	ELIG	PROVIDER ID	PCP	PCP PHONE
-	SC400067	JNRRN RGGN GLGDYS	01/25/1924	(920) 339-6343	F	100	SECUR HEALTH PLANS - SECUR HEALTH PLAN...	01/01/2018	12/31/9999	1205883113	DR. HOLLY BERNARDINI	(704) 799-7811

POS: 31-SNF	EXPECTED DOS/DOA: 01/15/2025	REQUEST: STANDARD	AUTHORIZATION TYPE: PRESERVICE	TYPE OF CARE: ELECTIVE	RECEIVED: 01/15/2025 20:02:52	PCP: BERNARDINI HOLLY
FACILITY: TEST 12	REQ PROVIDER: BERNARDINI HOLLY	ATT PROVIDER: BERNARDINI HOLLY	ADM PROVIDER: BERNARDINI HOLLY	SURGEON: SURGEON		
UM SVC GRP: LEVEL 1	LEVEL OF CARE: REHAB	RUG: RUG	RUG DESC: RUG DESC	MDC CODE: MDC CODE	MDC CLASSIFICATION DESC: MDC CLASSIFICATION DESC	REVIEW: ADMISSION
DAYS USED/BENEFIT: 0	REMAINING DAYS: 100					NEXT REVIEW DATE: 01/22/2025

ADMISSION DATE	DISCHARGE DATE	LOS DETAILS	INTERIM BILLING DATE
FROM DATE: 01/15/2025 APP DAYS: 0	EXPECTED DC DT: 01/22/2025 TO DATE: MM/DD/YYYY	REQ LOS: 1 ACTUAL LOS: 1	INTERIM BILLING DATE: MM/DD/YYYY

ICD VERSION: VER. 10	ADD CPT RANGE
PRIMARY: A78 (FEVER)	PROC: CPT CODE, MC, DESCRIPTION



10. Select the **REQUEST** button.

AUTHORIZATION SUMMARY											
EXP DOS/DOA	EXP DC DT	FROM DATE	TO DATE	ATT PROVIDER	FACILITY NAME	PRIMARY DX	PRIMARY DESC	PROC CODE	PROC DESC	APPROVED DAYS	LEVEL/RATE
01/15/2025	01/22/2025	01/15/2025	-	HOLLY BERNARDINI	TEST 12	A78	Q FEVER	-	-	0	LEVEL 1/150

CANCEL
PEND
REQUEST

11. You can view the authorization form.

AUTHORIZATION

✕

PLAN AUTH NUMBER: **PENDING**
(For Plan use only)

SUBMITTED BY: CLONE USER ADMIN

MEMBER INFORMATION

REF#: - MBR#: **SC4000067** MBR NAME: **GLGDYS JNRNRGGN** DOB: **01/25/1924** PH: G: **F** AGE: **100**
 PLAN: **SECUR HEALTH PLANS - 001** CNTY: **HVUIH** EFF DATE: **01/01/2018** ELIG: **12/31/9999** PCP: **DR. HOLLY BERNARDINI**
 PCP PH: **(704) 799-7811** PCP FAX: -

AUTH DETAILS

POS: **31- SNF** REQ: **STANDARD** AUTH: **PRESERVICE** TYPE OF CARE: **ELECTIVE** RECD: **01/15/2025 20:02:52**
 MODE: **PORTAL** NEXT REV DT: **01/22/2025** EXPECTED DOS/DOA: **01/15/2025** REVIEW: **ADMISSION** LEVEL/RATE: **LEVEL 1**
 RUG: - RUG DESC: - MDC CODE: - MDC DESC: -

REQUESTING PROVIDER IN

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

ATTENDING PROVIDER IN

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

ADMITTING PROVIDER IN

FIRST NAME: **HOLLY** LAST NAME: **BERNARDINI** TAXID/NPI: **264030527 / 1205883113** PH: **(704) 799-7811** FAX: -
 SPECIALTY: **FAMILY MEDICINE** TYPE: **PHYSICIAN** CONTACT NAME: **HOLLY BERNARDINI**

FACILITY IN

FACILITY NAME: **TEST 12** TAXID/NPI: **00000000 / 3546576543** PH: **(344) 365-7645** FAX: **(345) 645-7453**
 FACILITY TYPE: **DIAGNOSTIC TESTING** CONTACT NAME: **TEST 12**

SVC / SVC TO DATES

RECEIVED DT: **01/15/2025 20:02:52** FROM DATE: **01/15/2025** AUTH TO DATE: - APPROVED DAYS: **0** EXPECTED DC DT: **01/22/2025**
 TO DATE: - CUSTODIAL DT: -

LENGTH OF STAY

REQ LOS: **1** ACTUAL LOS: **1**

PRIMARY ICD DETAILS

PR DX	PR DX DESC
A78	Q FEVER

CPT/HCPCS CODE

CPT/HCPCS	DESC
-	-

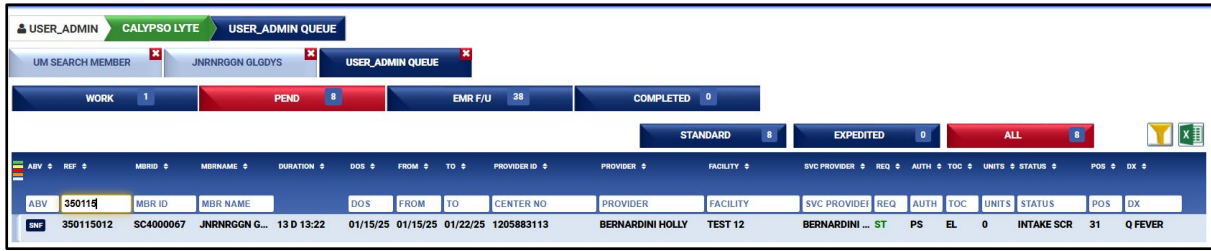
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CANCEL
CONFIRM

12. Select the **CONFIRM** button.

13. In **USER_ADMIN QUEUE**, on the **PEND** tab, you can find the request authorization.



The screenshot shows the 'USER_ADMIN QUEUE' interface. At the top, there are tabs for 'WORK' (1), 'PEND' (8), 'EMR F/U' (28), and 'COMPLETED' (0). Below these are filters for 'STANDARD' (8), 'EXPEDITED' (0), and 'ALL' (8). A search bar contains 'UM SEARCH MEMBER', 'JNRRGGN GLODYS', and 'USER_ADMIN QUEUE'. The main table displays a list of requests with the following data:

ABV	REF	MBRID	MBRNAME	DURATION	DOS	FROM	TO	CENTER NO	PROVIDER	FACILITY	SVC PROVIDER	REQ	AUTH	TOC	UNITS	STATUS	POS	DX
350114		SC4000067	JNRRGGN G...	13 D 13:22	01/15/25	01/15/25	01/22/25	1205883113	BERNARDINI HOLLY	TEST 12	BERNARDINI ...	ST	PS	EL	0	INTAKE SCR	31	Q FEVER