

Fast Facts

APRIL SPECIAL EDITION 2024

News for Providers from HealthPartners
Provider Relations & Network Management

Administrative

Change Healthcare outage update

REMITTANCE ADVICE FILES FOR AFFECTED PROVIDERS

HealthPartners Provider Portal will soon offer a consumable version of the ANSI 835 remittance advice files for providers affected by the Change Healthcare outage. In preparation, please ensure all individuals who will need to access these files through the Remittance Inquiry application have a Provider Portal account.

Individuals who need a HealthPartners Provider Portal account should contact their site delegate (*click here to find your delegate* healthpartners.com/findmydelegate) or register their organization by visiting healthpartners.com/provider and clicking on “Register Here” or healthpartners.com/providerregistration.

For now, this option will only be available to providers affected by the Change Healthcare outage. The 835 remittance advice files will continue to be available to all providers as a downloadable PDF through the Provider Portal. We’ll share more information on the consumable version as soon as that option is available.

Medical and Behavioral Health authorizations

IMPORTANT UPDATE

Beginning April 1, 2024, prior authorization requests for medical and behavioral health services are now submitted via CareAffiliate, HealthPartners new platform for online prior authorizations. Just log into your Provider Portal account as always to start your authorization request, and you will be automatically routed to the CareAffiliate application. Authorizations are still managed by HealthPartners Utilization Management team, and there are no changes in how authorization decisions and communications occur.

Current **training materials** on how to use CareAffiliate are available as well as FAQ/tips for commonly asked questions:

- [CareAffiliate Frequently Asked Questions \(FAQS\)](#)
- [Review the CareAffiliate User Guide](#)

A HealthPartners Provider portal account is required to access online prior authorizations. If you do not have a HealthPartners Provider Portal account, please register by visiting healthpartners.com/provider and clicking on “[Register Here.](#)”

The 4/18/24 CareAffiliate User Guide has been included on subsequent pages for your convenience. However, this resource is updated frequently, and we recommend using the links above for the most current guidance.

INSIDE THIS ISSUE

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Administrative Information

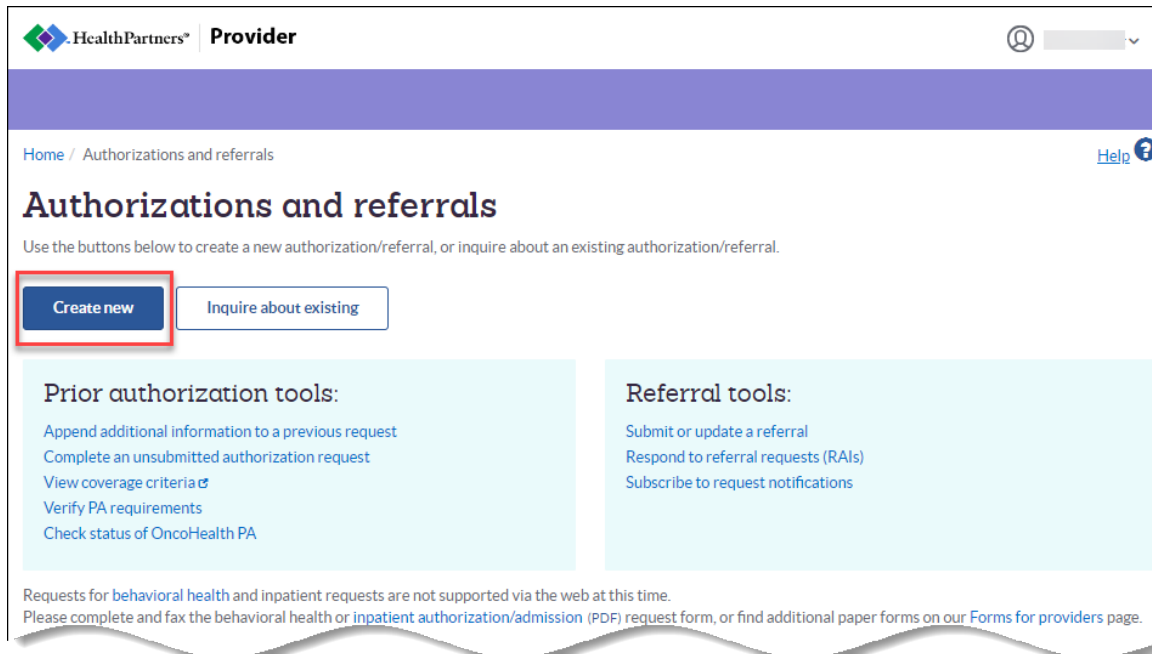
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Submitting authorization requests via CareAffiliate

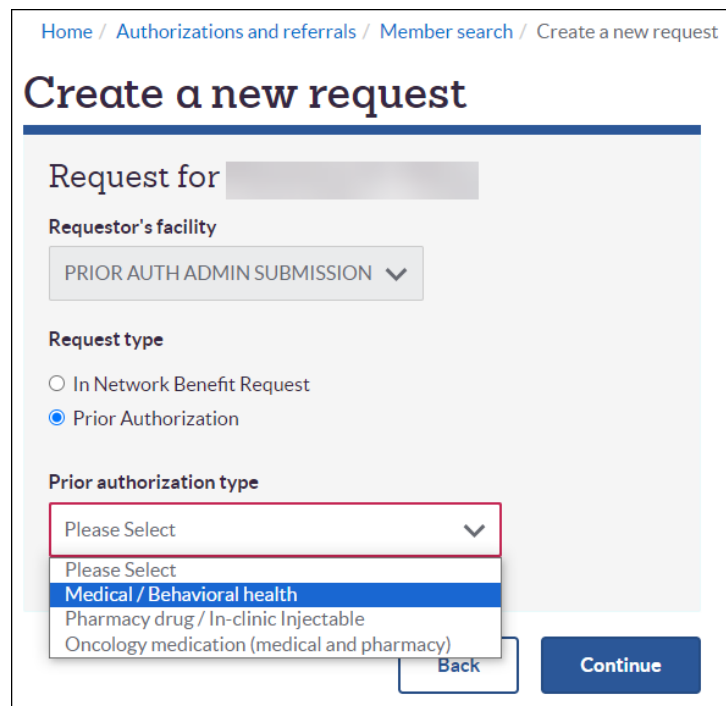
CREATE A NEW REQUEST

HealthPartners provider portal landing page

- Select **Create New**



- Select appropriate **Request Type**.
 - For Prior Authorization, select **Medical / Behavioral Health** and click continue.



MEMBER SEARCH

- Start by entering a **Member ID** or **Member Name**.
- Click **Look Up**.

Member Search

Member ID

Name

- If exact match is not found, Member Search pop-up window will open with search results.
- Verify the correct member result is displayed.

Member Search

Member ID

Name

Birth Date

5 records matched your criteria. Please choose a record from the grid below.

Member ID	Name	Gender	Birth Date
44444444	TEST, BB1	OTHER	1/1/2000
88888888	TEST, DARLA	OTHER	1/1/2000
22222222	TEST, WANDA	OTHER	6/23/2000

- If the correct member is found, click on the member's record line to continue.
- If the member is incorrect or cannot be found, conduct another search by clicking on **Clear**.
- You may search by Member ID, Name, and Birth Date.

- Click **New** to add a new authorization request for the selected member.

Member Search

Member ID

Name

Search Results

[Clear](#)

▶ [Authorizations \(1\)](#) [New](#)

GENERAL INFORMATION

Some options are DME, Genetic Testing, Sacroiliac Joint Procedure, Spine Surgery, Skilled Nursing Facility, Residential Treatment.

- **Member ID and Name** – This field will populate from your member search.
- **Request Type** – Enter a request type or click the Lookup icon to open the Request Type Selection window for more search options.

Note: Required fields will be outlined in orange.

General Information

Member ID: 44444444

Name: TEST, BB1

Request Type: spin

Requester:

Contact Name:

Spinal Cord Stimulation

Spine Surgery/Procedures

Spinal Decompression

- **Request Type Selection** – Search by description or select from the grid. If there is not a specific request type for the procedure you are requesting, select **Procedures**.

*Note: Do not search by **Containing Procedure**. This tool is not functional.*

Request Type Selection

Request Type Description:

Containing Procedure:

Search Clear Cancel

34 records matched your criteria. Please choose a record from the grid below.

Code	Description	Details
CA KNEE	Knee Surgery/Procedure	This request type is used for knee surgery/procedures
CA MH PHP	MH Partial Hospitalization Program	This request type is used for MH Partial Hospitalization Program
CA MH RES	MH Residential	This request type is used for MH Residential services
CA MED DENT	Medical Dental	This request type is used for any medical dental service
CA PROC	Procedures	This request type is used when there isn't a specific profile listed for the procedure you are requesting
CA SUD RES	SUD Residential	This request type is used for SUD Residential services

1 2 3 4

REQUESTER

Requester

Contact Name: Engine, Job

Contact Phone: [Empty]

Requesting Provider/Facility: *Begin typing to search favorites* [Search] ⓘ

Requesting Group: *Begin typing to search favorites* [Search]

Use for all Requested Services

Requesting Provider
Selecting the requesting entity. The available entities are based on user account.

Note: For some there will be many records to select from while others may just have one.

- **Contact Name** – This field will populate with requestor’s name.
- **Contact Phone** – Enter contact’s phone number.
- **Requesting Provider/Facility** – Enter the facility submitting the request (where the requesting clinician practices) or click on the Lookup icon to open the **Provider Location Search** window for more search options.

Provider Location Search

ID Type: Tax ID

Other ID: 20-0034003

Name: [Empty]

[Search]

1 records matched your criteria. Please choose a record from the grid below.

Provider ID	Provider Name	Street
20-0034003	TRIA ORTHOPEDICS AT TRIA RINK ST PAUL	400

*Note: If searching by Tax ID, enter the nine-digit number in the following format:
XX-XXXXXXX*

*You **must** include the hyphen.*

- **Requesting Group** – Leave this field blank.
- **Use for all Requested Services** check box – Select this if you want to use the same contact and facility information for all services associated with the request.

Note: Do not check this box if you will be adding a provider/servicing professional on the service line.

DIAGNOSIS CODE(S)

Enter **diagnosis** information related to the authorization request.

Diagnoses

Diagnosis	Code	Description
[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]
[Empty]	[Empty]	[Empty]

Diagnosis
Enter diagnoses pertaining to this request.
Enter the primary diagnosis first.

SERVICE # PROCEDURES

Services appear in numerical order in a panel on the left side of the page. Click **Service 1** to continue.

General Information

Member ID: 44444444
Name: TEST, BB1
Request Type: Hip Surgery

Requester
Contact Name: Engine, Job
Contact Phone:

Enter Service # - Procedure details:

- **Service From** – Enter start date.
 - **To** – Enter end date.
 - **Provider** (if applicable) – Enter the servicing professional.
 - **Facility** – Enter the clinic associated with the servicing professional.
- If searching by Tax ID, enter the nine-digit number in the following format: XX-XXXXXXX.

Service #1 - Procedures

Copy Service Line Delete Service Line

Place of Service: Outpatient
Service: Procedures
Service From:
To:
Provider:
Facility:

Note: The servicing facility is entered on the Survey page.

ADD PROCEDURE

Click **Add Procedure** to open the Add Procedure dialog box.

Procedure Information

+ Add Procedure

Type	Procedure	Primary
There are no records to display.		

Note: Only one procedure is allowed per service line.

Enter the following **Procedure Information**:

- **Procedure** – Enter procedure code.
- **Modifiers** (if applicable) – Enter up to three modifiers per procedure code.
- **Quantity** – Enter quantity.
- **Quantity qualifier** – Select quantity qualifier from the drop-down menu.

Add Procedure

Procedure: 64490

INJ PARAVERT F JNT C/T 1 LEV [EFF_DT: 01/01/1980] (CPT - 64490)
Submit only procedure codes that require prior authorization

Modifiers: [] [] []

Quantity: []

Quantity Qualifier: (None) [v]
Days
Hours
Minutes
Months
Units
Visits

Add Cancel

ADDING ADDITIONAL PROCEDURES

- Click **Copy Service Line** to add a new service line to the authorization.
Note: you can add up to 12 service lines per auth request.

Service #1 - Procedures

Place of Service: Outpatient
Service: Procedures

Copy Service Line Delete Service Line

- From the new service line, click **Edit** to change the procedure code, modifier, quantity, and quantity qualifier.

Service #2 - Procedures

Authorization Request

Service 1: Outpatient/Procedures
Service 2: Outpatient/Procedures

Notes (0)
Survey (0)
Attachments (0)

Place of Service: Outpatient
Service: Procedures
Service From: 02/07/2024
To: 02/07/2024
Provider: [Search]
Facility: FAC642F - TEST(NOT APPLICABLE XX MN 00000)

Procedure Information

Type	Procedure	Primary
CPT	98940 - CHIROPRACT MANJ 1-2 REGIONS [EFF_DT: 01/01/1980]	✓

Add Procedure Delete Selected

DELETING A PROCEDURE

- Select the service line # from the left side panel you want to delete.
- Click **Delete Service Line**. This will remove the service from the authorization request.

Note: Always have at least one service line entered in the auth request. If you accidentally delete all the service lines, you will need to refresh your web browser and start the request from the beginning.

NOTES

Click **Notes** from the left side panel to add notes.

The screenshot shows a sidebar on the left with a menu containing 'Authorization Request', 'Service 1 Outpatient/Procedures', 'Notes (0)', 'Survey (0)', and 'Attachments (0)'. The 'Notes' item is highlighted. The main content area is titled 'Notes' and features a large text input field with an 'Add' button above it.

SURVEY

Survey allows you to assess information relevant to the member and the member's authorization request.

- Click **Survey** from the left side panel.
- Click **Launch Survey** to open the survey associated with the selected request type.

The screenshot shows the 'Survey' section. The sidebar on the left has 'Survey (0)' highlighted. The main content area is titled 'Survey' and contains a message: 'To complete a postponed survey or perform a new one, click the "Launch Survey" button below.' A 'Launch Survey' button is highlighted with a red box. Below this, it says 'There are (1) Active Surveys.' and shows a table with columns 'Date/Time Initiated', 'Date/Time Completed', and 'Status'. The table content is 'There are no records to display.'

- Complete the survey and click **Done** when you are finished.

The screenshot shows a survey form titled 'UM CareAffiliate Test Survey'. At the top right, there are three buttons: 'Done' (highlighted with a red box), 'Postpone', and 'Cancel'. The survey content includes:
1. Enter a fax number for the prior authorization decision letter

2. Will waiting the standard review time seriously jeopardize member's health, life, or ability to regain maximum functioning?
 Yes
 No

PRINT/PREVIEW SURVEY

- Click **Print** in the survey row to print or preview the survey in a separate browser window.

UM CareAffiliate Test Survey		Member Name: TEST, BB1
Member ID: 44444444	Date Initiated: 02/08/2024	Date Completed:
Criteria: Met		
1. Will waiting the standard review time seriously jeopardize member's health, life, or ability to regain maximum functioning?	Answered	
Yes		
No ✓		
No Answer		
2. Clinical reason for urgency (not scheduling issues)	Answered	
N/A		
3. Enter a fax number for the prior authorization decision letter	Answered	
222222222		
A. Name	Answered	
Testing Clinic		
B. Tax ID	Answered	
99999999		
C. NPI	Unanswered	
5. Medical Notes documenting the following, when applicable:	Unanswered	
Upon request, we may require the specific diagnostic image(s) that show the abnormality for which surgery is being requested, which may include MRI, CT scan, X-ray, and/or bone scan, consultation with requesting surgeon may be of benefit.		

ATTACHMENTS

- Click **Attachments** from the left side panel.
- Click **Add File**. Select the file that you want to upload and click **Open**.
 - You can add up to 10 attachments with a total file size of no more than 200MB.
 - The accepted file types you can upload are bmp, doc, docx, gif, jpeg, jpg, pdf, png, psd, rtf, tif, tiff, txt, xls, xlsx and xml.

Authorization Request	Attachments + Add File										
Service 1	<table border="1"> <thead> <tr> <th>File Name</th> <th>CDA Title</th> <th>Date/Time Attached</th> <th>File Size</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td colspan="5">There are no records to display.</td> </tr> </tbody> </table>	File Name	CDA Title	Date/Time Attached	File Size	Status	There are no records to display.				
File Name	CDA Title	Date/Time Attached	File Size	Status							
There are no records to display.											
Outpatient/Procedures											
Notes (0)											
Survey (0)											
Attachments (0)											

- The file will appear in the Attachments section.
- You may enter details about the attachment in the **Description** field (optional).
- Click **Upload File(s)**.

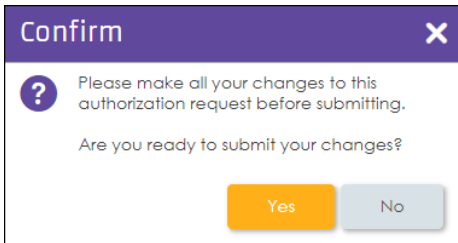
Attachments	File Name	CDA Title	Date/Time Attached	File Size	Status	Actions
	CA Note.docx			18 KB	Pending Attachment	Delete
	Description: <input type="text"/>					

SUBMIT

When the request is complete, click **Submit**.

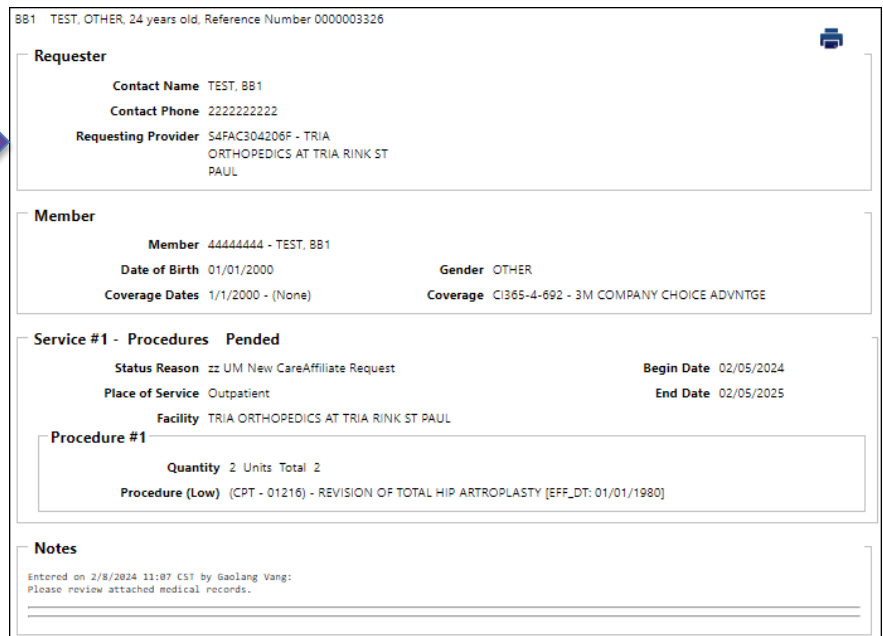
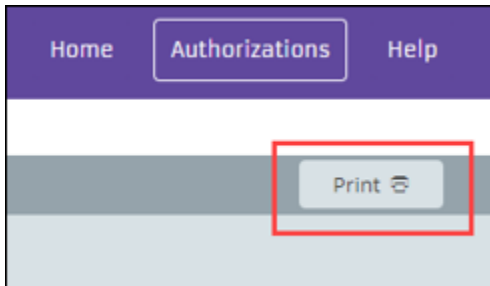


- Click **Yes** to confirm submission.



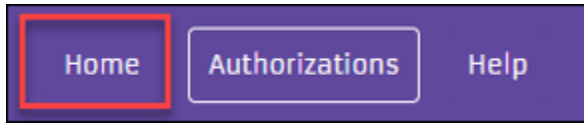
PRINT

You can display and print a report of an authorization or referral request in a new browser window, by clicking the **Print** button on the main toolbar.



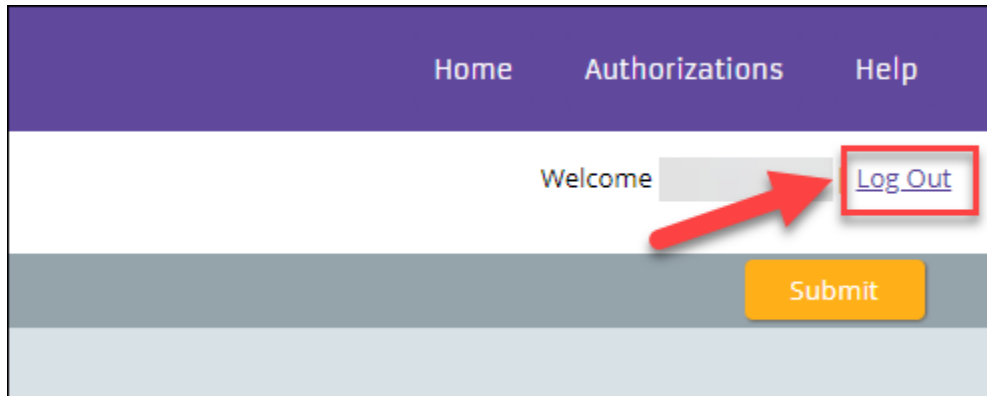
HOME

Click on **Home** to start a new request.



LOGGING OUT

When you are done requesting authorization(s), click **Log Out** to close your session in CareAffiliate.



SEARCH TIPS

- Click the Lookup icon next to a field to open the Search dialogue box.
- Searches are not case sensitive.
- Use the asterisk (*) as a wild card when typing partial information in a field.

PRIOR AUTHORIZATION TOOLS

Prior authorization tools and resources can be found on the **Home** page. For assistance on submitting your request, refer to this section:

A screenshot of a purple box containing several links and information. It starts with an information icon and the text 'Coverage criteria policies' followed by 'Coverage criteria policies | HealthPartners'. Below that is 'Verify PA requirements' followed by 'HealthPartners - Provider Prior-Authorization'. Then 'Check eligibility, benefits, and enrollment status' followed by 'Link to the 270/271 transactions'. Next is 'Medical prior authorization' followed by '952-883-6333 / 888-467-0774'. Then 'Behavioral health prior authorization' followed by '952-883-7501 / 866-669-3856'. Finally, 'Hospital admission/discharge notification' followed by 'Please complete the [Hospital Admission/Discharge Form](#) for any acute inpatient hospital admissions.'

VIEW COVERAGE CRITERIA

Coverage criteria allows you to view which services require health plan review and prior authorization.

HealthPartners

Coverage criteria policies

HealthPartners has Medical Policies that contain coverage criteria that describe how we make coverage decisions for certain health care services and items. Which coverage criteria apply to your plan depends upon the state in which the plan was purchased, which is not necessarily your state of residence. For a customized experience, log on to [myHealthPartners](#). For questions, call the Member Services number on the back of your member identification card.

The information regarding coverage guidelines is regularly updated and is subject to change without notice. [Read more...](#)

Medical Policy Updates

Medicare plans
For Medicare coverage criteria, [click here](#).

For a list of services requiring Medicare prior authorization, [click here](#).

If unsure of the keyword spelling, enter the first three letters of the word followed by an asterisk (*). Example: enter acu* to locate the acupuncture policy.

Policy search filters

Keywords

Prior authorization required

Product

Policy category

[Search](#) [Clear search filters](#)

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [All](#)

Viewing 33 of 340 policies

Policy name	Policy category	Product	Prior authorization required
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VERIFY PRIOR AUTHORIZATION REQUIREMENTS

Is a Prior Authorization (PA) required?

CPT/HCPCS Code

[Search](#)

Results
as of 02/08/2024

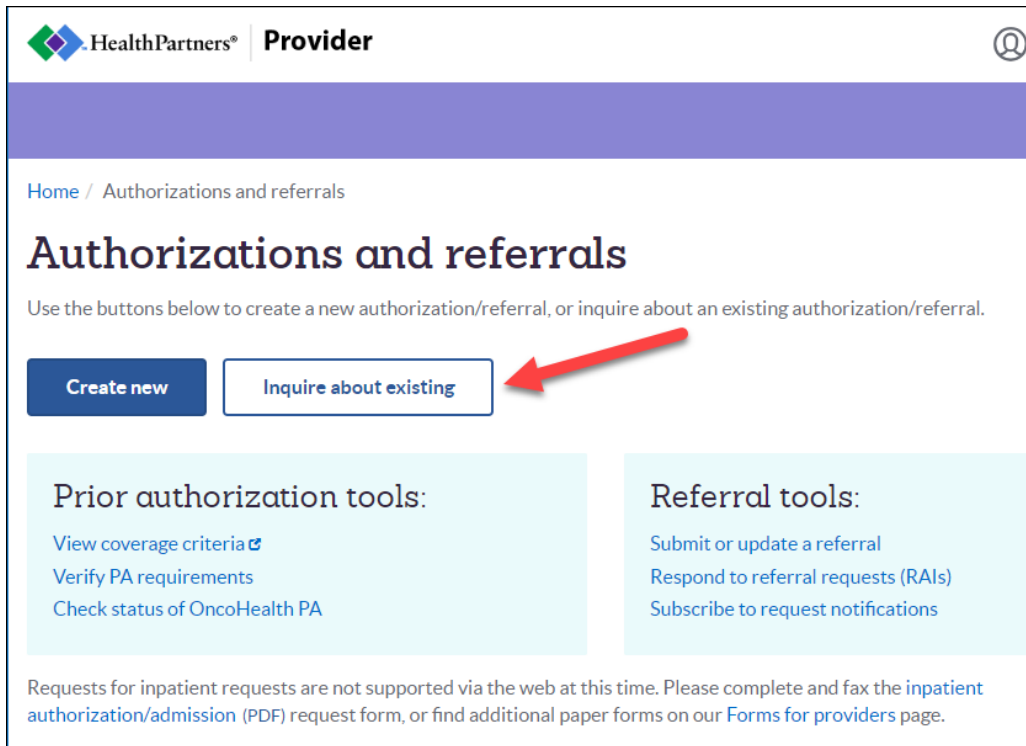
Codes	PA required?
E0199 DRY PRESSURE PAD FOR MATTRES	Yes See Pressure reducing support surfaces 🔗

INQUIRE ABOUT EXISTING AUTHORIZATION

This feature allows you to review previously submitted prior authorization requests, in-network requests and referrals kept on file. From this function you can see the status, referred and authorized services, dates and more.

Inquiring about existing prior authorizations, referrals and in-network benefits is especially helpful for the clinician's office the member was sent to. The office can see the services that have been authorized before providing care.

Note: For assistance with this application use the Application Help link in the lower left corner of the Help Center.



The screenshot shows the HealthPartners Provider portal interface. At the top left is the HealthPartners logo and the word 'Provider'. A purple header bar is below the logo. The main content area has a breadcrumb trail 'Home / Authorizations and referrals' and a title 'Authorizations and referrals'. Below the title is a sub-header: 'Use the buttons below to create a new authorization/referral, or inquire about an existing authorization/referral.' There are two buttons: 'Create new' (dark blue) and 'Inquire about existing' (white with a blue border). A red arrow points to the 'Inquire about existing' button. Below the buttons are two light blue boxes. The left box is titled 'Prior authorization tools:' and contains three links: 'View coverage criteria', 'Verify PA requirements', and 'Check status of OncoHealth PA'. The right box is titled 'Referral tools:' and contains three links: 'Submit or update a referral', 'Respond to referral requests (RAIs)', and 'Subscribe to request notifications'. At the bottom of the page, there is a note: 'Requests for inpatient requests are not supported via the web at this time. Please complete and fax the inpatient authorization/admission (PDF) request form, or find additional paper forms on our Forms for providers page.'

If you have questions regarding the content of this newsletter, please contact the person indicated in the article or call your HealthPartners Service Specialist. If you don't have his/her phone number, please call **952-883-5589** or toll-free at **888-638-6648**. This newsletter is available online at healthpartners.com/fastfacts.

Fast Facts Editor: Mary Jones

Quick Guide: how to allow pop-ups for a specific URL

Microsoft Edge

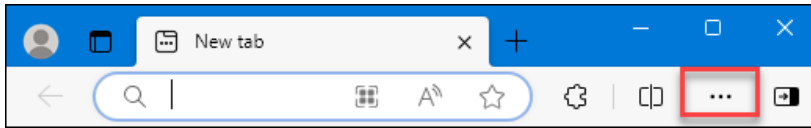
1. Click on the three dots (•••) in the upper-right corner of the browser.
2. Select **Settings**.
3. Under Settings, select **Cookies and site permissions**.
4. Under **All permissions**, select **Pop-ups and redirects**.
5. Go the **Allow** section, and then select **Add**.
6. Enter the site URL [<https://cahpprd.exlservice.com/CareAffiliate/>] and click **Add**.

Google Chrome

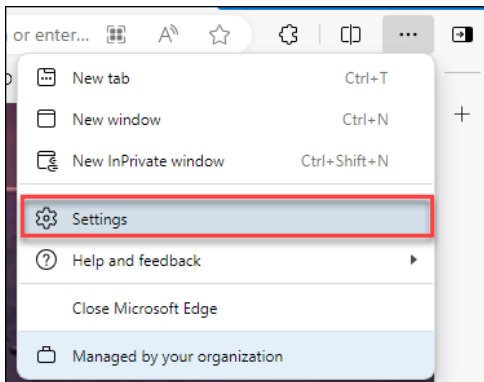
1. Click on the three dots (⋮) in the upper-right corner of the browser.
2. Select **Settings**.
3. Under Settings, select **Privacy and security**.
4. Under Privacy and security select **Site Settings**.
5. Under **Content**, select **Pop-ups and redirects**.
6. Go the **Allowed** section, and then select **Add**.
7. Enter the site URL [<https://cahpprd.exlservice.com/CareAffiliate/>] and click **Add**.

Microsoft Edge with screenshots

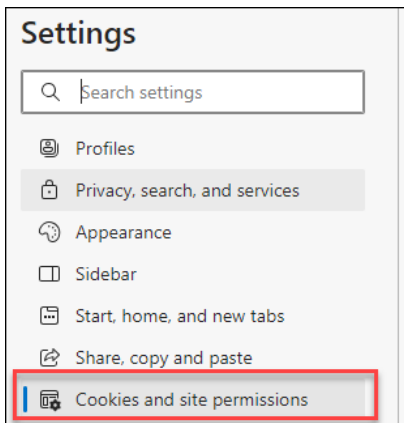
1. In Edge, click on the three dots (...) in the upper-right corner of the browser.



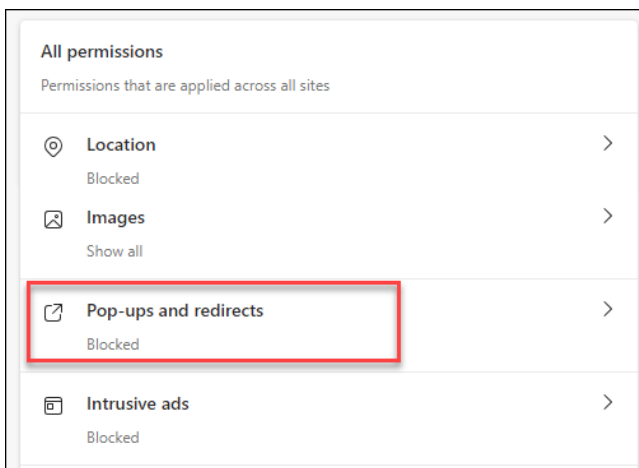
2. Select **Settings**.



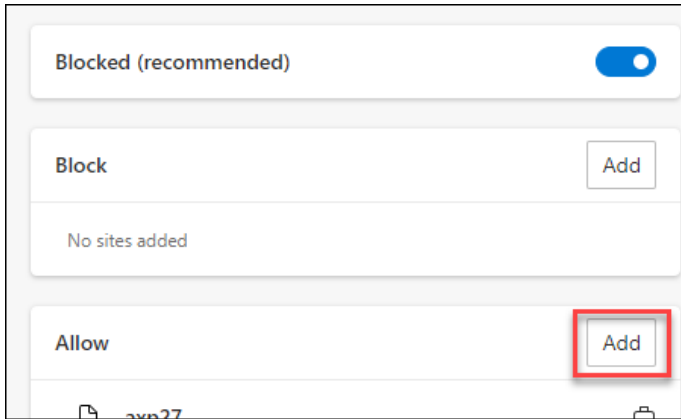
3. Under Settings, select **Cookies and site permissions**.



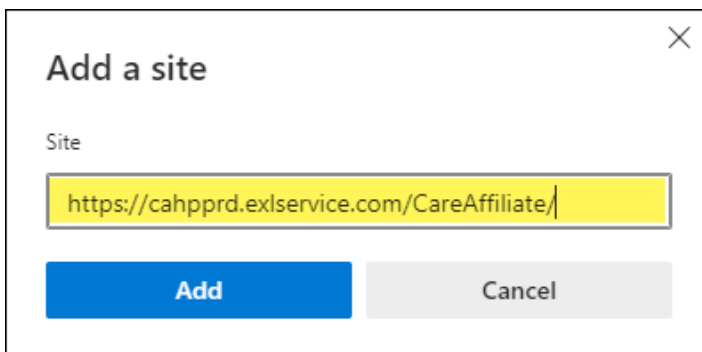
4. Under **All permissions**, select **Pop-ups and redirects**.




5. Go the **Allow** section, and then select **Add**.

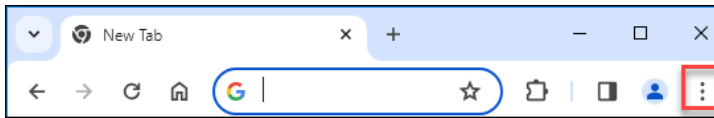


6. Enter the site URL (<https://cahpprd.exlservice.com/CareAffiliate/>) and click **Add**.

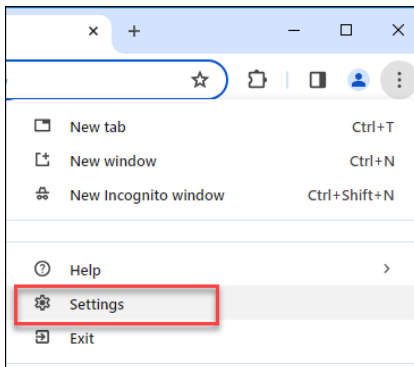


Google Chrome with screenshots

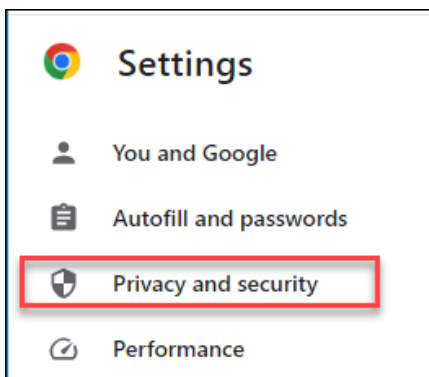
1. In Chrome, click on the three dots () in the upper-right corner of the browser.



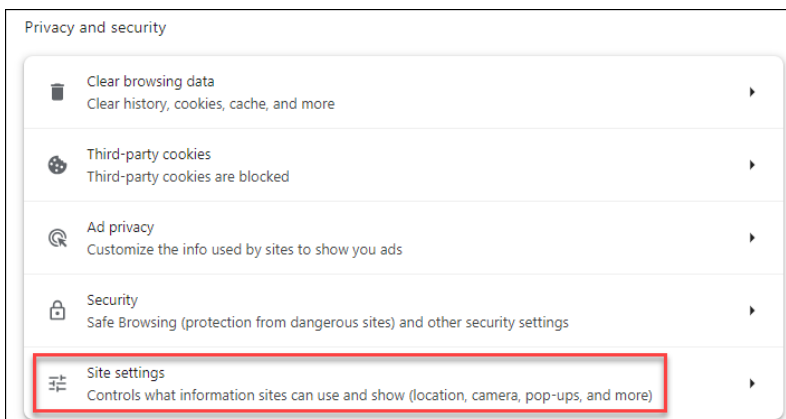
2. Select **Settings**.



3. Under Settings, select **Privacy and security**.



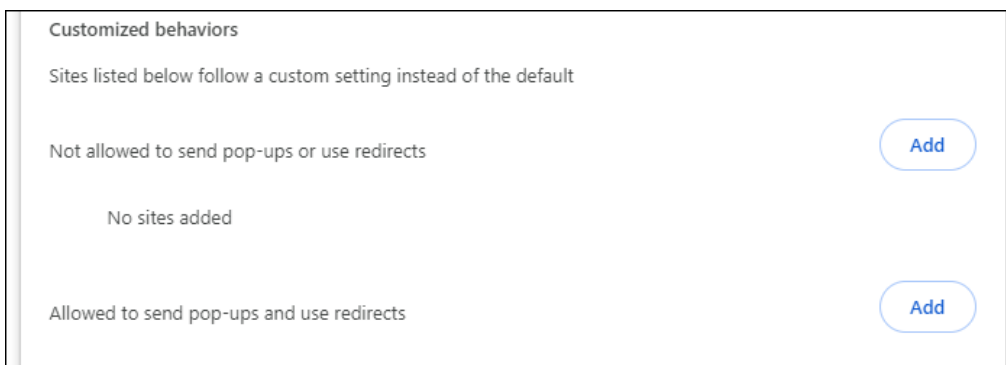
4. Under Privacy and security select **Site Settings**.



5. Under **Content**, select **Pop-ups and redirects**.



6. Go the **Allowed** section, and then select **Add**.



7. Enter the site URL (<https://cahpprd.exlservice.com/CareAffiliate/>) and click **Add**.

