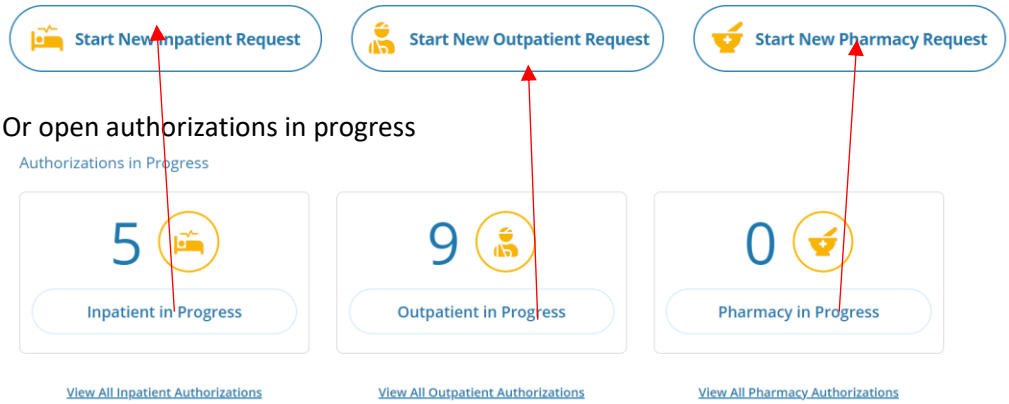
Chorus Community Health Plans

Authorization Provider portal Submitting an Authorization for Guiding care
03/07/2023 updated 05/06/2024

Purpose: Provider instruction to enter an authorization request in Guiding Care.

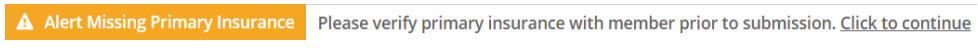
1. After registration, Sign in with SSO sign in instructions and Guiding care Production URL
2. Navigates to Home screen to start Authorization
3. Click on appropriate request button to submit authorization



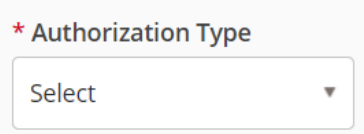
   a.
   b. Or open authorizations in progress
   c. Or request withdrawal of an authorization that has already submitted

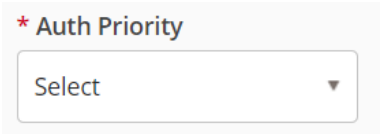
<u>Starting a New inpatient authorization request</u>

1. Click the Starting a New Inpatient Request button
2. Navigate to member search and Enter
   a. First name
   b. Last name
   c. Date of Birth
   d. Click find member button
      OR
   e. Date of Birth
   f. Member ID
   g. Click find member button

3. Will be prompted to choose member from list
   a. Choose active eligibility that will be used by clicking on the box with member information
   b. Maybe prompted to verify insurance and Click to continue
   c. 

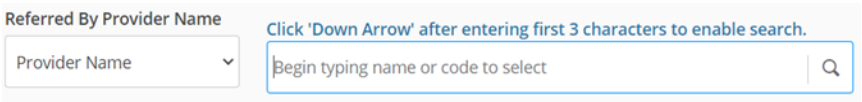
   d. Click on Member information box to choose Active Eligibility
4. Start to document Authorization request-All mandatory fields are marked with a red *
   a. Choose Authorization Type from dropdown (Inpatient, Outpatient or Pharmacy type)



b. 

Urgent concurrent or Urgent Concurrent Medicaid(Inpt), Post service(all types), Urgent preservice (Outpt and Pharmacy will decision within 72 hours if meets urgent criteria), Preservice (Outpt and Pharmacy)

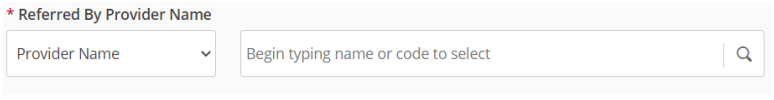
c. Enter provider information



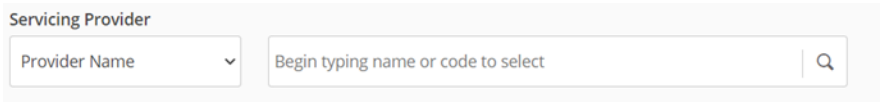
1) Begin typing to choose from generated
2) Click down arrow after entering first 3 characters to enable search.
   OR
3) Search for provider by clicking on the Search glass.
4) Navigate to provider search
5) Enter Name in the left upper field
6) Search
7) Choose from list
8) Check Address
9) Line of business
10) Other identifiers-TIN/NPI

Providers to document

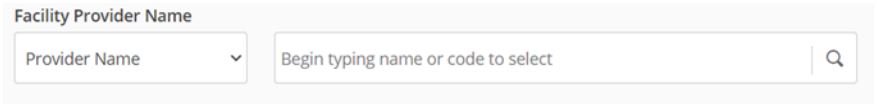
1) Referred by Provider –PCP or ordering Physician

a. 

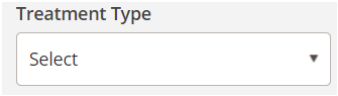
2) Servicing Provider-This would be the billing entity-Facility, Dr or Company
   a. Choose Servicing provider -This is the provider that will be billing provider for example -inpatient stay R/E Facility

b. 

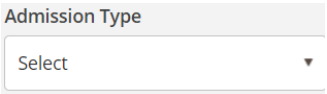
3) Facility Provider Name-Facility, Company, office

a. 

5. Fill in Actual admission Date and time field.
   a. Can use T with tab for current date and time. Use T+ or – to set days before or after today's date. Or use calendar and time to document

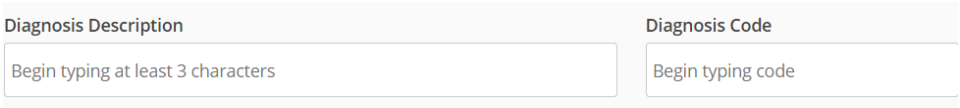
6. Fill in Treatment type from dropdown 

7. Fill in Place of service from dropdown

8. Fill in Admission Type from dropdown 

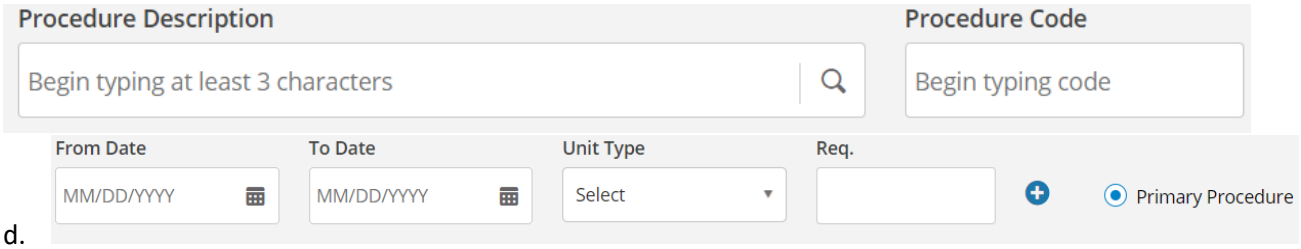
Used for inpt

9. Fill in Diagnosis Description or Diagnosis code

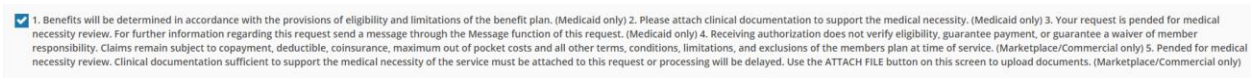


   a. type the first 3 characters in the box
   b. use the down arrow on your key board to search and accept diagnosis & the code
   c. Must Choose from dropdown choices to fill in field
   d. to add more than 1 ICD-10 code use the Plus sign to open a new line

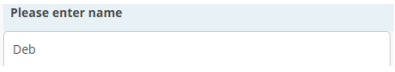
10. Fill in procedure code
    a. Inpatient Physical health 0120 and Behavioral health 0124 REV codes only
    b. Outpatient CPT or HCPCS code
    c. Pharmacy –Drug CPT code, Procedure CPT code



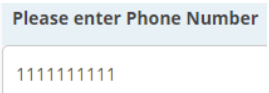
    d.
    e. Fill in start date-use calendar
    f. Fill in anticipated end date-use calendar
    g. Choose days from drop down for inpatient stay or Units as appropriate
    h. Req –number of days requested will auto fill for Inpt, fill in for outpatient
    i. Check box to accept disclaimer.



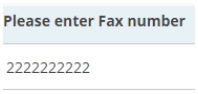
    j. Click Next button when the page is completed.

11. UM Contact Details (Must fill in all fields)
    a. UM Name 

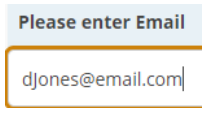
Next

    b. UM Phone Number 

Next

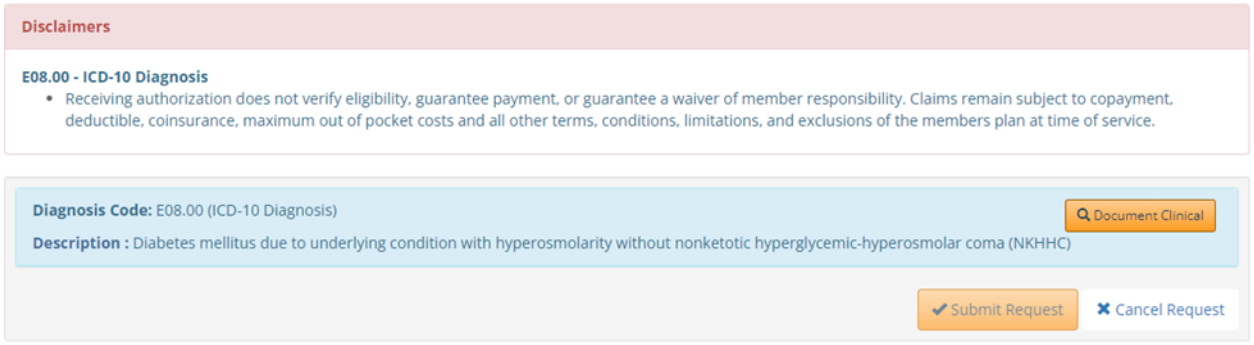
    c. UM Fax Number 

Next

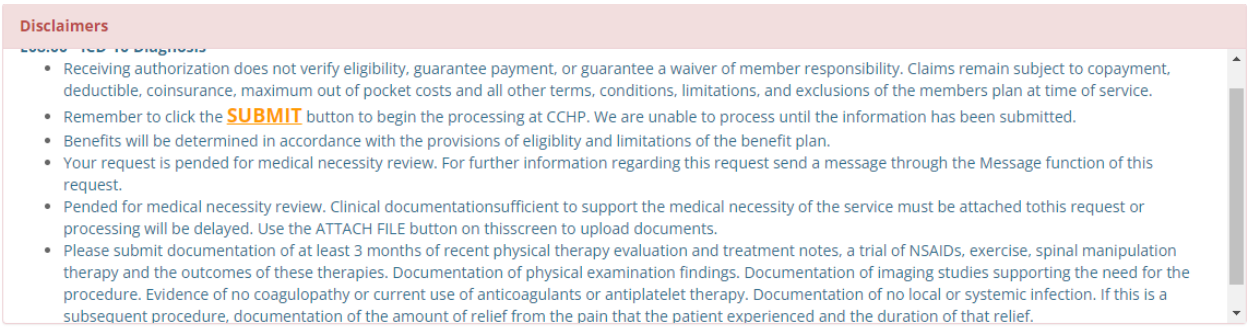
d. UM Email 

Next

12. Navigates to next page to add Notes & Attachments
    a. Add Note-Type notes in field
    b. Add attachments
    c. Click Add Attachments to attach clinical documents.
    d. Disclaimer sample displays



    e. Prompted to document clinical information in MCG Guideline and will bring up MCG guideline choices.
    f. Add guideline if applicable.
    g. Document in guideline and



    h.

13. **Must Click** the submit button to Submit authorization request.
    a. **Click submit** button even if the authorization is No Prior auth required.
    b. **Click submit** button even if you need to come back to Add clinical
    c. **Click submit** button to have an Authorization notification for Not a covered benefit code
    d. **Click submit** button to get a notification that the authorization in pended