

Provider Portal Guide

Sign up for a portal account at www.clinicalspecialties.com

- Once your Network contract is effective you can sign up for your account
- Under Login choose “*click here to request an account*”
- Complete the form and submit your account request
- You will receive a verification call to activate your account
- Once active you will receive an email link to follow and assign a password to your account

Submitting a New Referral

1. **Click on the Online Referral Tab**
2. **Complete all asterisk fields on this page as well as below fields to initiate an online referral**
 - **Patient Information** – Be sure to fill in anticipated Start of Care date (not asterisk); authorization process does not begin until SOC is confirmed. Absence of this information may delay processing of the referral
 - **Home Bound Status**- Can be left N/A. All Medicare Advantage Plans require patient to be homebound. CSI does not verify home bound status on Commercial Plans unless requested
 - **Therapies** – Select therapies based on home care needs. Use the “other” box to designate RN(G0299)/LPN(G0300) for SN services. Once your therapies are checked, you can free type in the “Other” box if needed for visit frequency and date range, additional information can also be free text in “Therapy/MD orders” box.
 - **Benefit Check ONLY** box can be used if benefit verification is needed to know if your agency can accept a case, no authorization is obtained with Benefit Check Only. Note-CSI automatically checks benefits on all new referrals.
 - **Medical Information** – Provide ICD-10 diagnosis code(s) relevant to home care A minimum of 4 Dx codes are needed
 - **Insurance** – Provide Insurance name, Subscriber name and ID # and all available payer sources including Medicare and Medicaid
 - **Physician** – Provide Physician name, NPI number, Phone number, and address including state
 - **Copy of Insurance ID Card** – Upload copies of the front/back of the insurance card under *File Attachments*
 - **File Attachments** – Upload any clinical documentation that may be required, i.e. orders, disciplines needed, number of visits, and date range
 - **Click “Submit” at the bottom of the page.** (make sure your pop-up blocker is turned off)
3. **The Online Referral Submission confirmation will pop up** – print or save this page for your records
4. **On the portal under the Patient List**, that case will show as *IN-PROCESS*. While a case is in process you are not able to upload additional clinical or submit requests. If additional information needs submitted, it will need to be faxed or submitted on an escalation request
5. **CSI will process your referral**, when completed your agency will receive a Provider Authorization Form or Fax containing the patients benefit and eligibility summary and information regarding authorization requirements
6. **The Provider Authorization Form** will provide information regarding a benefit check, pending authorization, no auth required, or auth approved for a period with information on when to submit for ongoing
7. **Under the Patient List in the portal**, the patient status will now show *ACTIVE*. From the active case you are now able to make ongoing requests, upload clinical documentation, send a mail message, or view authorizations. View authorizations by going to the action drop down box. You can view a list of your authorization or click on the link to view the PDF form

****For any plans that Carelon manages authorizations for (Aetna MA/Anthem MA) submit your referral directly to Carelon, your agency does not need to submit via the CSI portal. Please remember to select CSI as the Provider Network (tab 4) on the Carelon portal for these cases. CSI will obtain the referral information form Carelon and verify benefits/eligibility and send to your agency****

Requesting Benefits and Eligibility

- **For a new referral**
 - Benefits and eligibility will be automatically verified for all **new** referrals. You can also request “Benefit Check” in the Therapies section when entering a new referral (see above instructions on how to enter a new referral)
 - If Benefit Check only is requested on a new referral, once you are ready to move forward with the case, follow the process below for requesting initial and ongoing authorizations
 - CSI makes every effort to process new referrals within 24-48hrs, when needed sooner, an escalation form can be completed and emailed to the addresses listed on the form, after the referral is submitted on the portal
- **For an active case**
 - Under the patient list tab, locate the patient you need updated benefits and eligibility for
 - Select the *mail* action under the drop-down menu in Actions
 - Select *Request Benefit Re-verification* or *Notification of Insurance Change* from the category drop down menu
 - In the Message box, indicate what is needed
 - Attach updated documents for new insurance or updated insurance information if needed

Requesting Authorizations

- **Refer to the Authorization Guide to confirm payers that are currently requiring authorizations and required documentation needed for authorization requests**
- **On the CSI Portal, go to the ACTIVE case**
 - Under the patient list tab identify the patient
 - Select *Request Add'l Auth* from the Actions drop down menu
 - You can request authorizations for existing services and/or add a new service
 - Complete the fields to indicate number of visits, frequency, and service dates, and click submit
 - A new screen will pop up with fields to update on clinical status- it is **not** required to complete these fields- simply scroll to the bottom of the page and click the *browse* button to upload required documentation for authorization requests
 - Click *submit*
 - A Home Health Service Authorization form will pop up showing the authorization request, print or save this form for your records
 - After an authorization request is processed and CSI has secured authorization from the payer, a Provider Authorization Form will be faxed to your agency and available on the CSI Portal to view.

***Carelton authorizations are not currently viewable on the CSI Portal as your agency communicates directly with Carelon to obtain an authorization for most Aetna Medicare Advantage and Anthem Medicare Advantage Plans.**

Authorization Status

- **To view an authorization**
 - Under the patient list tab, identify the patient
 - Select *View Auth* under the Actions drop down menu
 - A sub file of the patient with any authorizations that have been sent will appear
 - Click on the PDF link to view, save or print a PDF file of the authorization
- **Tracking Authorizations**
 - Authorizations are tracked expiring by service and are based on the authorization period end date
 - Locate the *Auth Status* column in the patient list, to view expiring authorizations
 - The first notification is 7 days prior to an authorization expiring, expiring date will be in yellow
 - The second notification is the day the authorization expires, **expiring** date will be in red
 - You need to take an action of requesting additional authorization or discharge a service for this to properly track the most current end date of an authorization
 - An email is also sent to any individual email accounts for the portal notifying when authorizations are expiring
- **The portal will not reflect an interim authorization update. To check the status of a pending authorization, please contact the Authorization Department at 440-717-1700 option 1, option 2**

CSI preferred method for ongoing authorization requests is through the CSI portal. If that is not possible you can fax to 440-550-8835, Please include on the cover sheet the patient's name, insurance information, disciplines with the number of visits needed along with the date range with the clinical documentation.

Sending a Mail Message

- Under the patient list tab, identify the patient
- Select the Mail option under the Actions drop down menu
- Select the category pertaining to the message, you can choose from below categories:
 - Request a benefit reverification
 - Notification of insurance change
 - Auth
- Type your message
- Attach documents if needed
- Click send
- The message is sent securely through the portal to internal Clinical Specialties staff
- The CSI Portal does not allow for Clinical Specialties staff to reply to a message on the portal
- CSI staff communicates by sending a FAX when information is needed from your agency

Using the Search/Filter Functions

- The Search/Filter function is in the upper left corner of the patient list
- This function allows you to search through the patient list for active, discharged, cancelled, and in process cases
- Enter the search criteria for the patient you need to locate
- Click Search button

Alphabetizing Patient List

- On the patient list, at the top of the page under categories, hover over the word *name* and select ascending or descending order
- This will allow you to see if the patient has more than one entry

Discharging Services

- Under the patient list tab, identify the patient
- Choose *Discharge Services* from the Actions drop down menu
- Select the services to discharge and click the calendar icon to enter a date
- Each service must be discharged separately
- Click submit
- You are unable to reactivate a patient from the discharge tab. You will need to do a new online referral to open/start a new case
- You still can view all authorizations associated with a discharged case and send a mail message for this case by going to the *search/filter* (under patient list) enter the patient's name and click on the status box and choose discharge. THIS INFORMATION IS ALSO LOCATED UNDER THE SEARCH/FILTER FUNCTION

CSI does not discharge patients unless notified by an agency *Please be sure to discharge services when care is complete.*

PORTAL TIPS

- You can have as many users as needed for your agency. Each user must have an individual email address
- If you have forgotten your password – simply call the Network Department or choose “*Click here to request an account*” under the login and complete form and resubmit
- Please notify the Network Department if you have a change or need to delete a user

For help on using the portal or portal issues, please contact our Network Department at 440-717-1700 option 6

CSI System Conversion

CSI is in the process of converting to a new operating system, with this conversion we have noted some unexpected changes with our current Portal. CSI will be moving to a new operating system for our Portal, however until we transition agencies to the new operating system, we wanted to note below changes you might experience that have affected the current portal.

- Once the online New referral is completed by following the instruction on this portal guide, prior to clicking on submit be sure your pop-up blocker is turned off to allow the Online Referral Submission page to show or take a screen shot of the page before clicking on submit. Once the case is submitted you are not able to go back to that page or into the case as it has moved to an in-process status.
- While the case is in the *in-process* no additional activity can be started. If needed, you can fax any additional information to 440-550-8835 or complete an escalation request form to be emailed to the addresses on the form. Be sure if you're faxing or emailing an escalation request, CSI is given clear information on what is needed in the case.
- Once the case is processed by a CSI team member, a Provider Form will be created and released back to the agency through the portal providing information on the case. The case has now moved to an Active status.
- When you log onto the portal you might notice in-process cases are listed first, then the active cases. With our conversion, a case that moved to active status might have an in-process case as well. For this reason, it is best to alphabetize this list to capture if any case shows multiple entries.
- Select the entry that shows Active and use this case moving forward for this patient for all your communication to CSI. Now you can use all functions on the portal with this active case.
- While we work through our conversion challenges if you find a New referral is still in-process past 2-3 days, we ask that you contact us by using the escalation form with the patient's information for further review. This form can also be used if you find an ongoing pended case for authorization approval passed 14 days.
- Our Auth Guide is a very useful resource to provide the different payer's requirements for initial and ongoing authorization.

Thank you in advance for your support and understanding with these challenges until we move to a new portal platform!



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Clinical Specialties Network Department

440-717-1700 Option 6