

What is Clear Coverage™?

- McKesson's Clear Coverage is a web-based system that provides an automated method for providers and health plans to manage authorizations for services at the point of care. Clear Coverage enables automated authorization, notification, eligibility and direction of members to in-network service providers.
- The automation incorporates Eligibility, Benefit information and Medical Necessity criteria.
- It employs an interactive question and answer medical review feature powered by InterQual® or payer-specific clinical criteria to automatically support treatment choices or recommend alternatives.
- The automation allows payer-specific business rules to generate an authorization based on the outcome of the medical review, allowing for exception based utilization management.

Benefits Include:

Automatic Authorization:

- Provides immediate proof-of authorization
- Flexibility to submit requests 24/7
- Minimal need for phone calls or faxes
- Ability to attach Medical Records
- Printable confirmation with authorization number

Training Point:

- Emphasize message most applicable to the Provider Type
- Review Molina Provider Communication

Clinical Decision Support:

- Interactive tool with InterQual® Criteria
- Confirms evidence basis for requested services
- Transparency to medical necessity criteria

Integrated Coverage Determination:

- Eligibility check
- Benefit information; rules are embedded in application if an authorization is required for a specific service
- In-network steerage and confirmation

Contents

- Logging in
- Authorization Request Workflow
- Adding Service Details
- Completing the Medical Review
- Adding Additional Notes / Attachments and Faxes
- Saving / Submitting your authorization request
- Searching for an Authorization
- Accessing Support

Logging into Clear Coverage

On the Web Portal login screen, enter your User ID and Password then click Accept & Login.

Welcome to the Web Portal
The Web Portal is a secure area that provides multiple services now available to all Molina Providers both Medicaid and Medicare. In the Web Portal, you will be able to do the following:

- Check member eligibility and benefits
- Search and manage your service request/authorizations
- Search and manage claims
- View other information helpful to you

Register today to access our on-line services. A video will guide you through the easy on-line registration process.


Provider Self Services

User ID:
 Password:


[New Provider Registration](#)
[Request Access for New User](#)
[Send Message](#)
[Minimum System Requirements](#)
[View FAQs](#)
[Contact Us](#)
 For technical assistance with this website please call 1-866-449-6048

Web Portal Overview

ACKNOWLEDGEMENT OF TERMS OF USE: Use of Molina Healthcare, Inc.'s Provider Online Access Program ("E-Access") is subject to the terms and conditions of the Provider Online User Agreement. Use of E-Access is limited to only Authorized Users designated by a Provider who has executed the Provider Online User Agreement. Authorized User acknowledges that as an agent of said Provider s/he is bound by the terms of the Provider Online User Agreement. HIPAA COMPLIANCE: Authorized User will comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").


MCKESSON

Logging into Clear Coverage



MOLINA
HEALTHCARE

Provider Self Services

Aug 23 2012 1:04:51 PM
Admin User : knoccomhoosp

Home | Member Eligibility | Claims | **Service Request/Authorization** | Provider Search | Eligibility Listing | Download | Account Tools | Logout

Newsletters

- Create Service Request/Authorization
- Open Incomplete Service Request/Authorization
- Create Service Request/Authorization Template
- Create Service Request/Authorization Clear Coverage ←

Messages

No New Message

Medicare is available for Member Eligibility searches, Service Request/Authorization Submission, Service Request/Authorization Inquiry, Claim Submission and Claim status Inquiry. Please click **Contact Molina** to locate the Molina Medicare Member Services telephone numbers.

Recent Service Requests/Authorizations*

Show All

* Displays the last 30 days' most recent Service Requests/Authorizations.

Recent Claims *

Show Recent Claims

* Displays the last 30 days' most recent 5 Claims based on Date of Service.

Recent Claim Files

You have no claim files in last 30 days. [View more Claim files](#)

Nurse Advice Reports

You have no Nurse Advice Reports in last 30 days. [View more Nurse Advice Reports](#)

Welcome
KNOX COMMUNITY HOSPITAL
- 0362129


- Contact Molina
- View PDCs
- NPI Submission
- What's New Xpress
- Training Materials

Links

- Prior Authorization Step
- Cases when administered
- Provider office
- Prior Authorization
- Provider Technical
- Manuals
- UCR's and NCR's
- State Billing Guidelines


Under the Service Request/Authorization tab, click Create Service Request/Authorization Clear Coverage.


Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 5


MCKESSON



Creating a New Request

Select "New Authorization" to begin your authorization request





Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 6



Searching for a Patient

Authorization Request


Patient Search

Last Name	First Name	Subscriber / Card	Date of Birth	Gender	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="select"/>	<input type="button" value="Search"/> <input type="button" value="Clear"/>


Search Results: Patients

- Search Criteria is exact match on:
Last Name, First Name, Date of Birth. 
- Why can't I locate a member?
**Member exclusions include:
COB, delegated UM members and
retroactive disenrollment.** 

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 7



Patient Selection

	Name	DOB	Gender	Subscriber	Card Id	Default Pay Type	Carrier	Eligibility	Expiration Date
 <input type="button" value="select"/>	TESTPATIENT LOH	01/01/1995	Female	SUBSCRIBERS	Details		mcuo	Eligible	12/31/2078

To Select a Member:

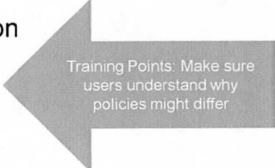
- Click 'Select' button

To View Member Demographics:

- Click on Member Name

To View Member Coverage:

- Click on the Carrier Name

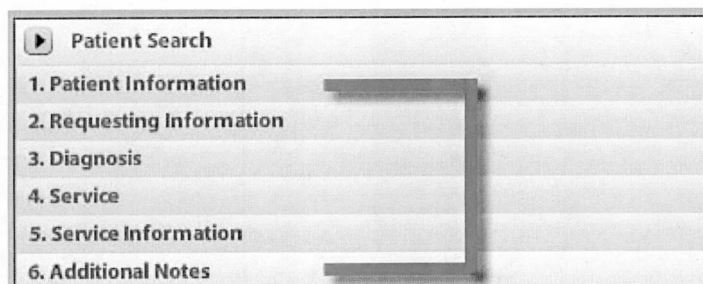
- Results will appear with all matches.
- If a member has dual membership, select based on Subscriber ID.
- Authorization policy is based on the member's coverage. 

Training Points: Make sure users understand why policies might differ

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 8

Navigation

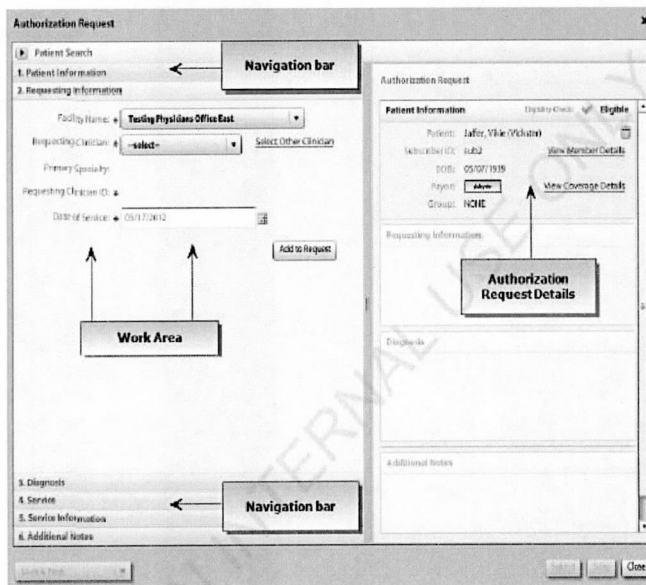
Clear Coverage is arranged in an “accordion” structure with each accordion representing a step to complete in the Authorization Request workflow.





Layout

The Authorization Request has two panes side-by-side.

- The *left pane* is your work area where you enter or select information.
- The *right pane* displays the details of the request as you build it. We call it “the cart.”



Adding a Patient

1. Patient Information

First Name: **TEST** MI: Last Name: **TEST**

DOB: **01/01/1980** Gender: **Male**

Pay Type

Health Plan: **Healthcare**

Designated Processor:

Subscriber: **800**

Effective Date: **01/01/2007**

Member ID: **00**

Relationship to Subscriber: **Self**


Group: **999999**

Plan: **TEST**

[Add to Request](#)

Authorization Request

Patient Information Eligibility Check: **Eligible**

Patient: **TEST TEST** 

Subscriber ID: **800** [View Member Details](#)

DOB: **01/01/1980**

Payor: **Healthcare** [View Coverage Details](#)



Group: **999999**

Patient Information Accordion

- Review and verify member information
- To add the patient to the request, click "Add to Request"

Use the trash can icon to remove a member. Use Member and Coverage hyperlinks to view additional information.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 11

Enter Requesting Information

2. Requesting Information

1 Facility Name: * **Requesting Provider Test** ▼

2 Requesting Clinician: * **CLINICIAN1, SAMPLE** ▼ [Select Other Clinician](#)

Primary Specialty:

Requesting Clinician ID: * NPI:123456789 **3**



Date of Service: * 08/09/2013 **4**

Training Points

- Items marked with a red asterisk (*) are required.
- Rules may be based on Requesting Clinician.

1. Facility Name defaults to the Facility of your web portal sign-on
2. **Select Requesting Clinician**
 - Drop down will be empty until you add clinicians to your **Preferred Clinician List** (next section)
3. The NPI will display for the selected clinician (Non-Type 1 NPI, Unable to locate a provider) Training Points
4. **Select Date of Service** and then **Click Add to Request**
 - Requests cannot be backdated
 - Requests can be for up to 30 days in the future

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 12

Select Other Clinician

Clinician Search ✕

Last Name: First Name: ID Type: ID:

In-Plan



Clinician Name	NPI	Primary Sp	In-Network	Network
<input type="checkbox"/> CLINICIAN1_SAMPLE	123456789		In-Network In-Plan	In-Network

Add Selected to Preferred Clinician List

- Enter criteria to narrow the search results
 - Select **Show In-Network** or **In-Plan** to speed search (optional)
- Select the radio button next to the clinician you want to add
- If you want to save this clinician to your preferred list for future use, check **Add Selected to Preferred Clinician List**.
- Select **Use Selected**

Training Point: Explain the definition of In-Network vs. In-Plan

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 13

Diagnosis Selection

3. Diagnosis



ICD-9 Lookup:

ICD-9	Description	Billable	
<input type="checkbox"/> 307.81	TENSION HEADACHE	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 339	OTHER HEADACHE SYNDROMES	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 339.0	CLUSTER HEADACHES AND OTHER TRIGEMINAL AUTONOMIC CEPHAL	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 339.1	TENSION TYPE HEADACHE	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 339.2	POST-TRAUMATIC HEADACHE	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 339.3	DRUG INDUCED HEADACHE, NOT ELSEWHERE CLASSIFIED	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 339.4	COMPLICATED HEADACHE SYNDROMES	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 339.8	OTHER SPECIFIED HEADACHE SYNDROMES	<input type="checkbox"/>	<input type="button" value="Add"/>
<input type="checkbox"/> 784.0	HEADACHE	<input type="checkbox"/>	<input type="button" value="Add"/>

- 1 • Enter **Diagnosis Code** or **Description**
- 2 • Select a **Billable Diagnosis** - click arrow to expand subset
- 3 • Click **'Add'** button - repeat steps 1 thru 2 to add additional diagnoses
- 4 • Click **'Next'** button to continue

Training Point: explain in detail

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 14

Service Selection

4. Service

Service Lookup:

Show service specific to selected diagnoses only

Search Results: Services

Service	Product	CPT*	Coverage	
ANAL SEPTAL DEFECT (USQ) Repair	Procedures	33641	Medical Review Required	Add to Request
Septoplasty	Procedures	30620	Medical Review Required	Add to Request
INCISION OF ANAL SEPTUM	—	46070	No Authorization Required	Add to Request
INSERT NASAL SEPTAL BUTTON	—	30220	No Authorization Required	Add to Request
Nasal septal anesthesia	—	L8047	Authorization Required	Add to Request
TREAT NASAL SEPTAL FRACTURE	—	21317	No Authorization Required	Add to Request
TREAT NASAL SEPTAL FRACTURE	—	21316	No Authorization Required	Add to Request
carton hert septal hert cart hert septum carton	—	93532	No Authorization Required	Add to Request
carton hert septal hert cart hert septum carton	—	93533	No Authorization Required	Add to Request

[Next >>](#)


Enter a description or CPT/HCPCS code in the **Service Lookup** field.

- Product column defines the InterQual product, when applicable.
- Coverage column shows the authorization policy for that service.
- Select the most applicable service. Click **Add to Request** to add.
- You can add more than one service to the request.



Each service will result in separate authorization request with individual reference numbers and determinations.

Non-Covered benefits and no authorization required services will not be able to be submitted.

This page can be printed for proof of "no auth required"



Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 15

Service 1 ✕

Description: **Septoplasty**

Product: Procedures

Coverage: **Medical Review Required**

Auth Dates:

Primary ICD-9: 212.0

NDC:

Medical Review: Required to Submit

Recommendation:


Version:

Service Provider:

Phone:

- Once the service is added to the cart, the authorization policy will display, next to the **Coverage** section.
- The policy may change based on information indicated on the Service Detail accordion.
- As additional service information (e.g., Servicing Facility, POS, etc.) is added, be sure to check the cart for final authorization policy prior to submitting.


Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 16


Clear Coverage™
McKESSON

"Coverage" Label

Non Covered Benefit	This is not a covered benefit. Note: Some services may allow you to submit for review based on Molina business rules.
No Authorization Required	Service does not require an authorization. Submitters can not add these to the cart for submission.
Medical Review Required	Requires medical review before submitting. After completing Medical Review, the submission may auto-authorize, unless an additional authorization policy is required.
Authorized Instantly	Authorization is required and will be instantly generated on submission. No medical review is required.
Authorization Required	Authorization is required and submission will pend for review. Does not require InterQual® review.
Authorization May Be Required	This label will reflect the rule based on additional service details. Requester should review the "cart" for updated Coverage information.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries.
17


Clear Coverage™
McKESSON

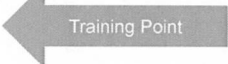
Adding Service Information

5. Service Information


Priority:	Diagnosis:	Service Facility:
Abdominal Aortic Aneurysm (AA) Normal ▼	346.2 ▼	▼ Change
Medical Review:	NDC:	Modifi...
Required to Submit		Modifiers
CPT:	Details:	
34830	Details	

- Add specific details for each requested service
- If more than one service was added to the 'cart' you may have a detail section for each service.

Many rules are based off of these fields, which may change the authorization policy (Coverage) seen in the cart.



Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries.
18


Clear Coverage™
MCKESSON

Priority

Priority:

Normal

Normal


Urgent

Emergent

Priority Definitions

- Normal: most services should be Normal.
- Urgent: Contact Molina for submission
- Emergent: Should be used for Medicare Expedited only.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 19


Clear Coverage™
MCKESSON

Service Facility

Service Facility:

Change

Service Facilities Available ✕

Current Service Facility:

Name: Filter Clear In-Plan



Search Results: Service Facilities 1

Service Facility Name	Service Facility Address	Network	Phone Num
1ST MEDICAL LLC	1404 E YESLER WAY STE A SEATTLE, WA 98122	STE A, SEATTLE	In-Plan 2063027220

Searching for a Servicing Facility

- Select **Change**
- Type in search criteria and filter by network **ste** for a quicker search
- **Select In-Plan, whenever possible:**
 - In-Plan: Participating Provider for that member's plan or product
 - In-Network: Provider is affiliated with Molina
- Select the radio button to add the **Servicing Facility** to the request

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 20

Medical Review

Medical Review:

Required to Submit

If a medical review is **Required to Submit**, you will be prompted to complete the review. The format is a question and answer workflow.



- Click the **Required to Submit** button to launch the medical review.
- Note: Completing the Medical Review does not complete the request.

Medical Review:

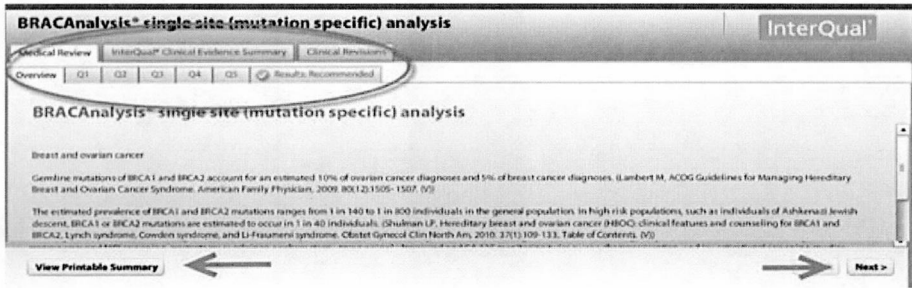
Completed

Training Point

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 21



Medical Review Tabs



The Medical Review tabs:

- Medical Review Overview** – provides an overview of the service
- InterQual® Clinical Evidence Summary** – not available on all services
- Clinical Revisions** – updates or changes to the guideline
- Questions and Results** - Questions are arranged in numbered tabs, with each tab containing one question. Responses may lead to another question or to the Results tab.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 22

Medical Review

Question 4: **Answer a question by selecting an option.**

≥ 4 episodes of rhinosinusitis per year within 1 year

≥ 1 episode rhinosinusitis documented by CT

Other clinical information (add comment)

Click Next to move to the next question.

Indicates Not Applicable

Indicates Suggested

Question 4 Comments (0)

Add a Comment



Type here to enter comments...

Add Comments that relate to the question.

Date	Time	Author
All Comments		

- Questions are arranged in tabs, with each tab containing one question.
- Select the appropriate option(s).
- Optional - enter **Comments**, related to the question response.
- Continue answering each question by selecting the **Next** button until you reach the **Results Tab**.


Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 23

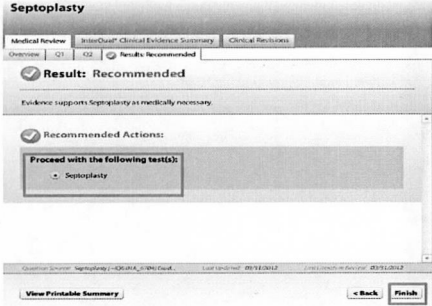
InterQual® Medical Review Results

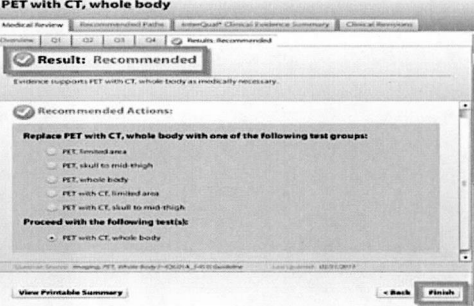
Outcome	Meaning	Action
Recommended	Current evidence supports the medical necessity of the service.	Service may auto-authorize
Not Recommended	Current evidence does not support the medical necessity of the service.	Requestor is directed to remove the service. If they continue with the alternate action, it can result in an authorization being pended.
Conditionally Recommended	Based on current evidence, more than one test is recommended for this clinical scenario.	Requestor is directed to select the appropriate service. If they continue with the alternate action, it can result in an authorization being pended.
Needs Review	Not enough evidence to recommend a service, but there is enough evidence to suggest that medical necessity be reviewed and determined by Molina medical staff.	Request will pend - requires Secondary Review.
Limited Evidence	There is limited evidence to support this recommendation.	Request will pend - requires Secondary Review.
Off Label	A prescription medication used to treat a condition other than that for which the drug was FDA approved	Request will pend - requires Secondary Review.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 24


MCKESSON

Medical Review Results: Recommended






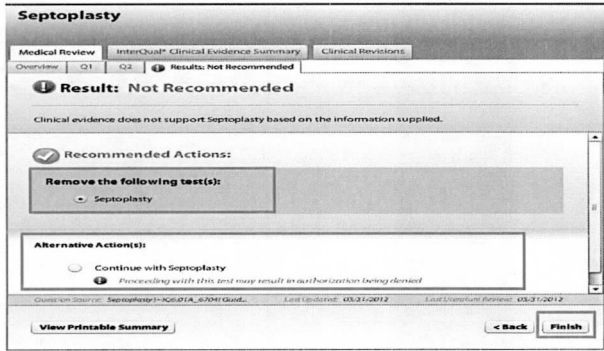
The Results tab for a Recommended request will have 2 sections:

- **Result:** Recommended
- **Recommended Actions:**
 - *Proceed with the following service(s), OR*
 - *Replace with one of the following test groups or add additional service to the request*
- Select **Finish** to continue with the request.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 25


MCKESSON

Medical Review Results: Not Recommend





Training Points:

- Provider can return to Accordion 4 to select a different service.
- If proceeding, submit clinicals and/or other supporting documentation
- Stress that this is NOT a denial. It is informing requester that service will pend for review.

Results tab for a **Not Recommended** request will have 3 sections:

- **Result:** Not Recommended.
- **Recommended Action:** Remove the following service(s):
- **Alternative Action:** Continue with requested service.
- Select **Finish** to continue with the request.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 26

Medical Review Results: Payer Review Required

Home care authorization request

Medical Review | Recommended Paths | InterQual® Clinical Evidence Summary | Clinical Revisors

Q18 | Q19 | Q20 | Q21 | **Results: Payer Review Required**

Result: Payer Review Required

Home care authorization request requires additional review.

Recommended Actions:

Proceed with the following test(s):



- Home care authorization request

Question Source: Home Care Authorization Request [---06.01A_7172] Guidelines


[View Printable Summary](#) [Back](#) [Finish](#)

- **Result:** Payer Review Required
- **Recommended Action:** *Proceed with the following service(s):*
- Select **Finish** to continue with the request.


Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 27

Completing the Medical Review

- Have the medical chart available and assemble documented clinical indications for requested service (e.g., review history/physical, any testing conducted prior to service, treatment plan, etc.)
- Review notes  - they serve as a valuable resource, providing clarity and additional information.
- Save and Consult, when needed.
- Respond fully to questions, especially when a question states "select all that apply."
- If a response choice is not presented, you can select "Other" and add a comment. Note: Selecting "Other" will result in a pended authorization request requiring health plan review and will not lead to an auto-authorization.
- Use the "Comments" section to add additional information, when applicable.
- Submit additional clinical information on Accordion 6, if you plan to proceed with a "Not Recommended" service.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 28


Clear Coverage™
MCKESSON

Modifier Selection

Modif...

Modifiers 1

Modifiers for Adult size brief/diaper sm

Age Indicator: 3 or older: # -select-

No - Patient is younger than 3

Yes - Patient is 3 or Older


OK Cancel

- When Modifiers are requested, the Modifier selection is required to complete the submission.
- Modifiers are used to gather additional information on the request to apply the authorization policy.
- Modifier fields in Clear Coverage are for authorizations only and may NOT be the standard CMS modifiers. They are not intended to be included with claims submissions.
- Refer to hand-outs or contact Molina for state-specific information on modifiers.

Training Point:

- Deliver more information about Modifiers tailored to the Provider Type and state healthplan rules

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries.
29


Clear Coverage™
MCKESSON

CPT Selection

CPT:

74181 ▼


74181

74182

74183


- Select the **billable CPT** to be submitted with the request from the drop down list.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries.
30


MCKESSON

Details

Details:

 Details

←

Training Points

Details for Digitized speech device

Place of Service: * --select--

Referral Provider: 11 - Office

Referral Number: 12 - Home

Requested Number Of Units: * 13 - Assisted Living Facility

Requested Unit Type: * 14 - Group Home

Frequency: 15 - Mobile Unit

The following fields may be required to submit:

- Place of Service = always required. (POS 21 is not allowed)
- Requesting # Units = **TOTAL**
- Requested Unit Type = Select from the drop-down menu.

Details for Digitized speech device

Place of Service: * --select--

Referral Provider: --select--


Referral Number:

Requested Number Of Units: *

Requested Unit Type: * --select--

Frequency: Units

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 31


MCKESSON

Add Additional Notes / Attachments

6. Additional Notes

Additional Notes:

Additional information can be entered here. Maximum number of characters that can be entered is 4000.

Attachments (0): Browse



101 of 4000 Add Note / Attachments

- To Add Notes:**
 - Type or cut and paste in text field
 - Click "Add Note/Attachment" to add
- To Upload Documents:**
 - Click Browse
 - Select document
 - Type in text field "See attached" (text must be added)
 - Click "Add Note/Attachment" to add
 - Check the icon within notes to ensure attachment was successful.

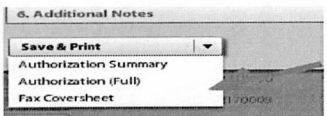
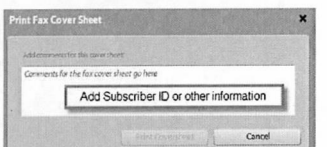

- Add up to 4000 characters
- Cut and paste from EMR
- Upload accepts almost all document and image files (MSOffice, .pdf, .gif, .png and many others)
- Maximum file size for attachments is 5MB per file attached.

Note: Some services may have a mandatory "Note/Attachment" requirement.


Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 32


Clear Coverage™


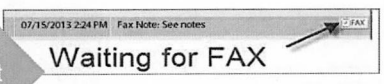

Attachment of a Fax



- 1) Print this page.
- 2) Use page as a cover sheet for the documents to be faxed.
- 3) Fax cover sheet and associated pages to (866) 893 - 7795



- Select **Save & Print**
- Select **Fax Coversheet**
 - A fax coversheet will be generated that contains the special glyph and the comments you entered in the text box.
- You **MUST** send the fax to the number printed on the coversheet.
- When the fax is received, it is attached to the request and available to view in the additional notes section of the authorization.
- Be sure to confirm the fax has been successfully attached!** (The icon changes from a clock to a paperclip.)

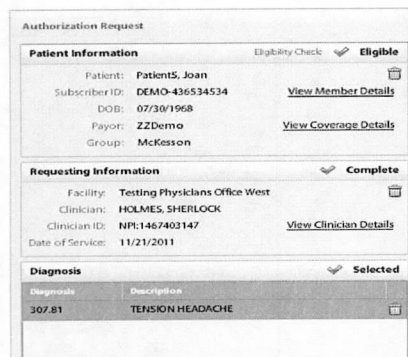



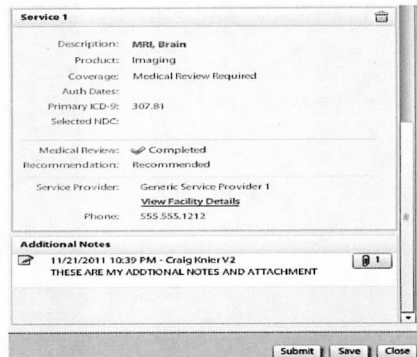
Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 33


Clear Coverage™


Save / Submit an Authorization

Prior to submitting a Request, verify the details in the Right Panel







Make any necessary changes. *Confirm the final "Coverage" (Authorization Policy) and make sure you have completed the Medical Review, if needed.*

- If the **Submit** or **Save** button is grayed out, hover over it for information.
- Select **Submit** to send to Molina.
- Select **Save** if you are not ready to submit. You can return to the request from the Authorization Search Tab.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 34

Request Confirmation

Request

The following requests have been submitted. They can now be accessed from the search screen.

Group	Service	Reference #	Payer Authorization#	Request Status	Expires
	AMPUTATE UPPER ARM & IMPLANT	130361300002		Auth Pending	

[View Request \(PDF\) >>](#)

Would you like to create another Authorization Request?

Include Requesting Information

Include Diagnoses

I have read the disclaimer on the authorization PDF



Select the hyperlink to:

- View and print the Request in PDF
- Begin another Request


Upon completion, a Request confirmation will be generated, including:

- **Reference #:** Created when a request has been saved
- **Payer Authorization #:** Created once a determination has been made.
- **Request Status:** Status of the request
- **Expires:** The "to" date of the request (for approved requests)

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 35

Request Summary - PDF



Authorization Request Overview

Payer Authorization Number: PENDING
 External Reference Number: 122550700008
 Current Authorization Status: PENDING
 ADM Reference Number: 122550700008
 Authorization Priority: Normal
 Date of Service: 09-11-2012
 Authorization Effective Dates: 09-11-2012 - 11-09-2012
 Provider Submission Date: 09-11-2012
 Payer Disposition Date: 09-11-2012

Patient Information

Patient: Teapotant, Jim
 DOB: 01-01-1970
 Insurance Company: Insurance Company Name
 Group: GROUP
 Plan: SUBSCRIBER
 Subscriber ID: ELIGIBLE
 Eligibility Status: ELIGIBLE

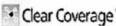
Insurance Company Details

Name: Insurance Company Name
 Website: http://www.insurancecompany.com

Requesting Provider Details

Requesting Physician: Test MD
 NPI: 111111111
 Provider Specialty: FAMILY PRACTICE
 Ordering Facility: Sample Practice for xxxxx
 Facility ID: xxxxx Provider ID: 1234567890
 Address: 123 Sample Street
 123 Sample Street

MCKESSON | Copyright © 2012 McKesson Corporation | 09/12/2012
2 of 2



Service Facility Details

Service Facility: 11111111 - SERVICE FACILITY
 Network Status: OUT_NETWORK

Diagnosis

ICD Code	ICD Description
429.4	FUNCTIONAL DISTURBANCES FOLLOWING CARDIAC SURGERY

Service Request


Code	Description
37215	TRANSCATHESTENT CCA W/EP5
CPT Code	Description
37215	TRANSCATHESTENT CCA W/EP5

Disclaimer

These documents contain information from "Insurance Company Name" that may be confidential or privileged. This information is intended to be shared with and for the use of the individual(s) or entity(ies) named above. If you are not the intended recipient, be aware that copying, disclosure, or distribution is strictly prohibited. The approval is based on medical necessity and is not a guarantee of payment. Payment is based on eligibility and benefit at the time of service.

MCKESSON | Copyright © 2012 McKesson Corporation | 09/12/2012
2 of 2


Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 36

 **Clear Coverage™**
MCKESSON

Disclaimer Statement

This is confirmation of medical necessity only. This authorization is subject to the benefit plan limitations, exclusions and conditions as well as member's eligibility on the date that services are rendered. This is not an approval for claim payment. Claims will be reviewed for correct coding and edits may be applied.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 37

 **Clear Coverage™**
MCKESSON

Authorization Search Tab

Authorization Search

Date Created	Status	Payer	Subscriber/Card	Requesting Clinician	Reference Type	Reference Number
Last 60 Days	All				All	

	Date Created	Reference #	Payer Assigned #	Status	Priority
Detail	03/28/2013	130870800000		Pending	Normal
Detail	03/25/2013	130841200004			
Detail	03/21/2013	130806900018			
Detail	03/20/2013	130791100001			
Detail	03/20/2013	130791100000			
Detail	03/19/2013	130780800017			

Status

All

All

Authorized

Auth Denied

Auth Canceled

Payer Notified

Incomplete

Pending



Expired

Training Point:
 Search tab is the best place for Provider to look up updates in Status, but not for notification if a Payer added a note.

- Browse and Search by Patient
- Filter your search using select criteria:
 - Date Created:** All, Last Day, Last 7, 15, 30, 60, 90, 120, 180, 365 days.
 - Status:** Authorized, Auto-Authorized, Auth Denied, Auth Canceled, Payer Notified, Auth Incomplete, Auth Pending, Auth Expired
- Search results columns can be sorted.

NOTE: Make sure you have no Incomplete requests. These requests have not been submitted to Health Plan.

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 38










Home Tab

Home

Most Recent Activity For: Last 7 Days

Search Results: Activities

	Reference #	Payer Assigned #	Status	Activity	Activity Date	Date of Service	Patient	Requesting Clinician
 Detail	13080900018		Auth Denied	Payer Added Note	Thu Mar 21 13:36:29 GMT-0400 2013	Thu Mar 21 00:00:00 GMT-0400 2013	.	.
 Detail	13080900018		Auth Denied	Payer Added Note	Thu Mar 21 13:34:45 GMT-0400 2013	Thu Mar 21 00:00:00 GMT-0400 2013	.	.
 Detail	13081100005		Auth Incomplete	Requester Added Note	Fri Mar 22 12:36:58 GMT-0400 2013	Fri Mar 22 00:00:00 GMT-0400 2013	.	.
 Detail	13087800000		Auth Pending	Requester Added Note	Thu Mar 28 08:14:27 GMT-0400 2013	Thu Mar 28 00:00:00 GMT-0400 2013	.	.
 Detail	13080900018		Auth Denied	Payer Added Note	Thu Mar 21 13:35:04 GMT-0400 2013	Thu Mar 21 00:00:00 GMT-0400 2013	.	.
 Detail	13080900018		Auth Denied	Payer Denied	Thu Mar 21 13:44:46 GMT-0400 2013	Thu Mar 21 00:00:00 GMT-0400 2013	.	.

Home is an activity-driven page. Here is where you would:



- Complete an incomplete request - a request that had been saved but not submitted.
- View the final determination (approve/deny) of a previously Pending request.

- Select your date filter from the **Most Recent Activity For:** drop down menu
- Select **Refresh Data**
- Select **Detail** to access and complete/view a request

Note: The Home tab contains system generated notes based on activity.

Training Point: Make sure users understand how to check for payer notes.

Proprietary and Confidential. Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 39

Q & A

Proprietary and Confidential All Rights Reserved. Copyright © 2013 McKesson Corporation and/or one of its subsidiaries. 40