

GUIDINGCARE 101

# GuidingCare quick start guide

All the basics you need to know, no matter  
your authorization type.

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# Access GuidingCare

## Browser type

We highly recommend you use the **latest version Google Chrome** to access GuidingCare for the best possible experience. No matter what web browser or version you use, you must **allow pop-ups from [priorityhealth.com](https://priorityhealth.com)** for GuidingCare to work correctly.

[Download Google Chrome](#)

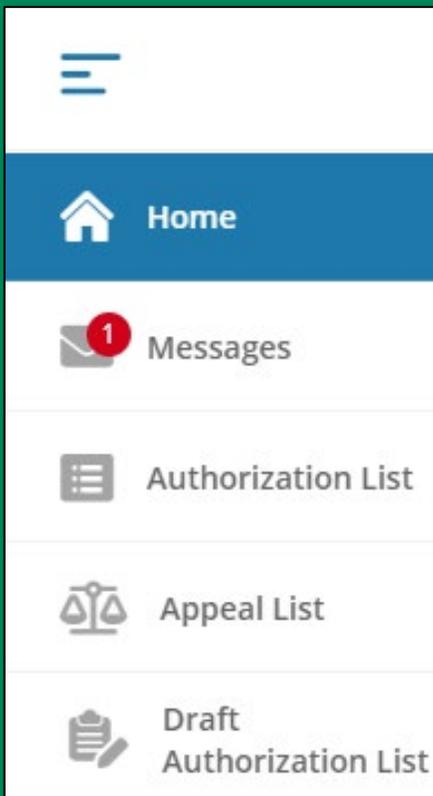
[Allow pop-ups in Google Chrome](#)

## Log into GuidingCare

1. [Log into your prism account.](#)
2. Select the **Authorizations** menu.
3. Click **Request an Auth.**
4. Begin entering your authorization information as outlined under [How to submit an authorization request](#) on page 4.

# Navigate GuidingCare

Use the navigation pane, found on the left side of your screen once you reach the Member Search screen, to move around GuidingCare.



→ Click to expand the **navigation pane**

→ Click to go to the **home screen**

→ Click to see **messages** from our team

→ Click to see a list of your **existing authorizations**

→ Click to see a list of your **existing appeals**

→ Click to see your **draft authorizations**

# How to submit an authorization request

When you're ready to submit an authorization request, **you must first determine your authorization type.**

Use the grid below to determine the correct authorization type for your request, then [click the underlined authorization type](#) to open specific instructions for submitting your request.

## INPATIENT

Use when the member is receiving services in a facility under an inpatient or post-acute level of care setting

<u>Acute</u> 	<u>Behavioral Health</u>	<u>Elective</u>	<u>Post-Acute</u>
Urgent/emergent admissions, conversions from outpatient/observation to inpatient	MH inpatient or residential, psychiatric intensive care, ECT (inpatient), SUD detox, SUD res/rehab	Non-emergent, planned admissions	Long-term acute care, inpatient rehabilitation, subacute rehabilitation

## OUTPATIENT

Use for all other requests, including services provided in a facility but as an outpatient or ambulatory-level of care setting

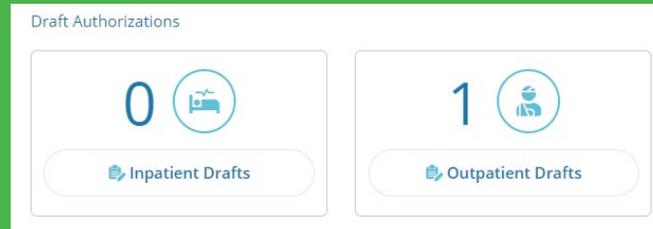
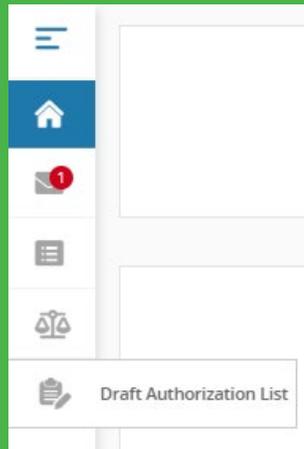
<u>Behavioral Health</u>	<u>DME</u>	<u>Home Health</u>	<u>Outpatient</u>
Mental health partial hospitalization program, substance use disorder partial hospitalization program, trans magnetic stimulation (TMS), applied behavioral analysis (ABA)	All equipment necessary for treatment, mobility, accessibility and safety within the home. I.e., wheelchairs, hospital beds, CPAPs, wound pumps and supplies	Health care services provided wherever the member calls "home." I.e., home infusion, wound care, palliative care, home physician visits, nursing, therapy and services provided by home health agencies	Services provided to a patient outside of an inpatient setting. I.e., doctor's office visits, off-campus hospital, ambulatory surgery center and outpatient therapy

# Using the Drafts feature

If you start a new authorization request and need to come back to it another time or need someone else on your team to enter information, you can save it as a Draft by clicking the **Save as Draft** button in the bottom right corner of the browser window.

Anyone associated in GuidingCare with your provider group will be able to access and edit your Drafts.

Find your Drafts from either the navigation pane or the home screen:



## When & how to change an auth request

### Changes to a diagnosis, servicing provider or facility code

Submit these via a change request using [the procedure outlined in our Provider Manual](#).  
**Don't submit a new authorization request for these changes.**

### Changes to the treatment of services

Follow the [Request an extension process](#). Don't submit a new authorization for these changes.

## When & how to cancel an auth request

Submit a cancellation request when services or treatments:

- ✓ Are **no longer needed**
- ✓ Were **originally submitted for the wrong member**. This applies to both inpatient and outpatient authorization requests.

1. Scroll to the bottom of the GuidingCare home screen.
2. Click **Request to withdraw a pending auth.**
3. Enter the Authorization ID or Member ID.
4. Click **Find Authorization.**
5. Add a note and click **Submit.**

Verify we've received your change request and implemented the change using the [How to check the status of your authorization requests](#) steps on page 6.

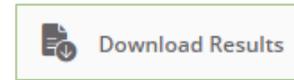
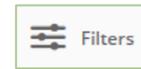
# Check the status of your auth request

To see your existing authorization requests and check their status, you'll need to access the Authorization List screen in GuidingCare. You can get there through a few areas within the tool:

1. **From the Request an authorization screen:** Click the **Check authorization** button, then click Look Up
2. **From the Home screen:** Click the **Inpatient** or **Outpatient** link to see the relevant authorizations
3. **From anywhere else:** Click the **Authorization List** icon in the navigation pane

Once you see a list of your authorization requests you can:

- ✓ Click **Inpatient** or **Outpatient** to view only that type of authorization request
- ✓ Sort the information on view by clicking the **column headers**
- ✓ Filter the information on view by clicking the **Filter icon**
- ✓ View the full details for a specific authorization request by clicking the **blue arrow** by the Auth ID #
- ✓ Download your results into an Excel file by clicking **Download Results**



## Check your authorization appeals

### To check an existing appeal

Click the **Appeal List** icon in the navigation pane

### To submit a new appeal

Submit appeals through prism directly (not through GuidingCare). Refer to our Provider Manual for details.

[See our reviews & appeals process](#)

# Use search & advanced search

Throughout GuidingCare, there are many fields that allow you to perform a search by:

1. Entering 3+ characters into the search field
2. Pressing the down arrow on your keyboard to initiate the search

It's important to note that pressing Enter on your keyboard won't work.

## Advanced search

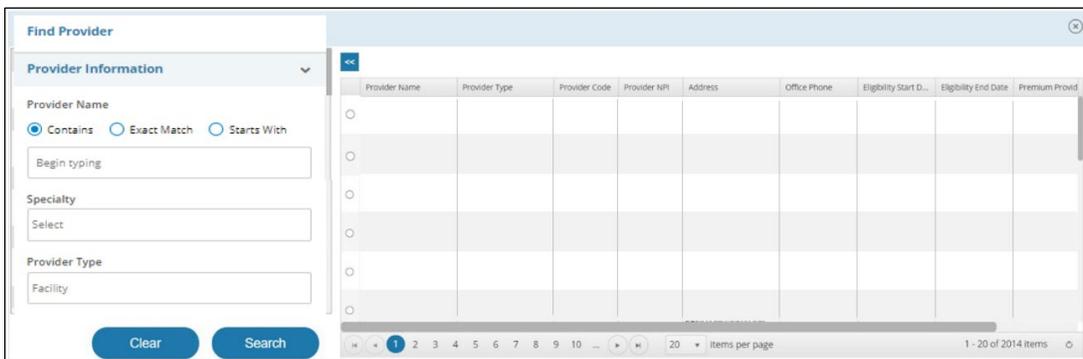
GuidingCare's advanced search feature is helpful when you can't find the provider name or procedure description you need.

To access advanced search, click the magnifying glass in the right side of the search bar:



\* Procedure Description

The window below will open on your screen:



Find Provider

Provider Information

Provider Name

Contains  Exact Match  Starts With

Begin typing

Specialty

Select

Provider Type

Facility

Clear Search

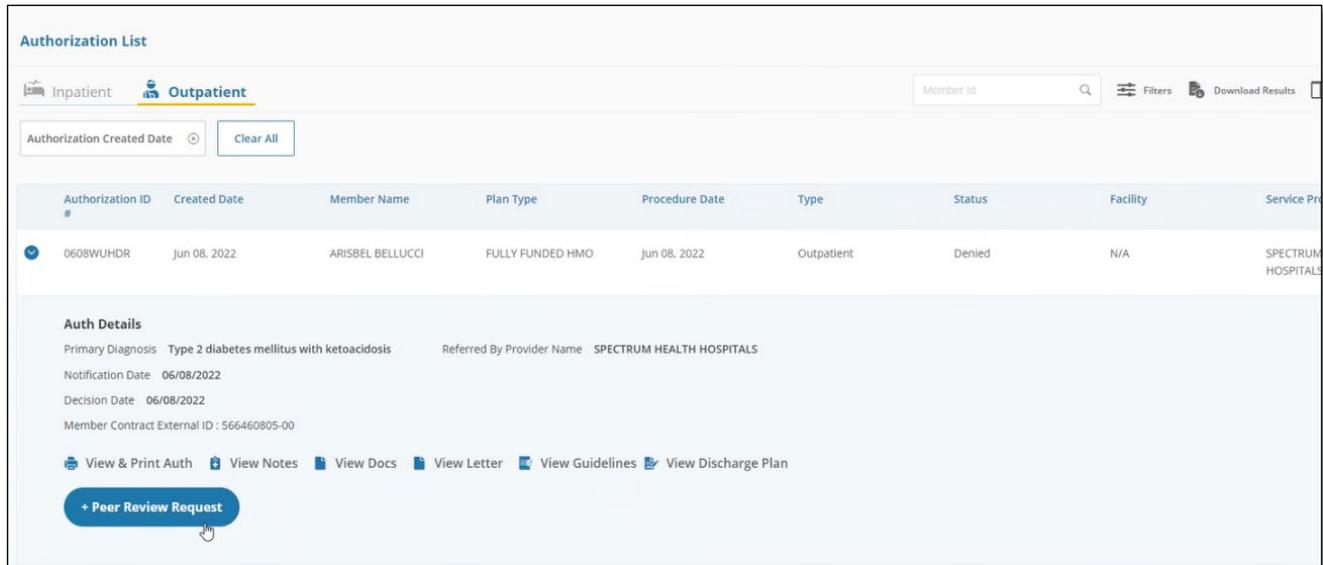
Provider Name	Provider Type	Provider Code	Provider NPI	Address	Office Phone	Eligibility Start D...	Eligibility End Date	Premium Provid

1 2 3 4 5 6 7 8 9 10 ... 20 Items per page 1 - 20 of 2014 items

1. Enter your search parameters on the left side of the screen.
2. Click **Search**. Your results will appear on the right.
3. Click the **radio button** to the left of the correct entry to select it. This will return you to the Authorization Basics screen to continue your authorization request.

# Request a Peer Review

In many cases, if you're denied an authorization, you can request a Peer Review with one of our Medical Directors. If the option is available to you, the Peer Review Request button will appear under the Authorization Details.



The screenshot shows the 'Authorization List' interface. At the top, there are tabs for 'Inpatient' and 'Outpatient', with 'Outpatient' selected. A search bar for 'Member ID' and buttons for 'Filters' and 'Download Results' are visible. Below the search bar is a date filter for 'Authorization Created Date' with a 'Clear All' button. The main table lists authorization details:

Authorization ID #	Created Date	Member Name	Plan Type	Procedure Date	Type	Status	Facility	Service Pr
0608WUHDR	Jun 08, 2022	ARISBEL BELLUCCI	FULLY FUNDED HMO	Jun 08, 2022	Outpatient	Denied	N/A	SPECTRUM HOSPITALS

Below the table, the 'Auth Details' section is expanded, showing:

- Primary Diagnosis: Type 2 diabetes mellitus with ketoacidosis
- Referred By Provider Name: SPECTRUM HEALTH HOSPITALS
- Notification Date: 06/08/2022
- Decision Date: 06/08/2022
- Member Contract External ID: 566460805-00

At the bottom of the details section, there are several view buttons: 'View & Print Auth', 'View Notes', 'View Docs', 'View Letter', 'View Guidelines', and 'View Discharge Plan'. A blue button labeled '+ Peer Review Request' is highlighted with a mouse cursor.

## To initiate a Peer Review request:

1. Click the **Authorization List** icon in the navigation menu
2. Find the authorization you'd like to request a Peer Review for and click the **Auth ID** to open the details screen like the one above.
3. Click the blue **Peer Review Request** button
4. In the notes field on the resulting screen, enter:
  - a. Your contact information
  - b. The name of the MD that'll participate in the peer review on behalf of your facility or group
  - c. The MD's direct phone number
  - d. The MD's availability – include several times

Someone from our team will contact you to schedule the Peer Review.

## For inpatient authorizations:

- ✓ You must request the Peer Review within 5 days of denial
- ✓ We're not obligated to review new clinical documentation during the Peer Review

## Exceptions:

- **Medicare post-acute:** Use our phone line to request Peer Reviews
- **All other Medicare:** Medical Peer Reviews not offered
- **Behavioral health:** Peer review process remains the same

# Request an extension

Authorization type	Line of business
<b>Inpatient</b>	<b>All</b> – Follow the instructions outlined in this section
<b>Outpatient</b>	<b>Medicare</b> <ul style="list-style-type: none"> <li>- Additional units: Follow the steps outlined in <a href="#">When &amp; how to change an auth request</a> above</li> <li>- Additional days: Follow the instructions outlined in this section</li> </ul>
	<b>Non-Medicare</b> – Follow the instructions outlined in this section

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
0511M0349	May 11, 2020	PANI PETER	MEDICARE	May 12, 2020	Post acute	Pending	ORTHOGSPORT PT ATHL REHAB	N/A
0511M6159	May 11, 2020	EDOE JOHN	FULLY FUNDED HMO	May 11, 2020	Elective	Pending	SPECTRUM HEALTH HOSPITALS	ORTHOGSPORT PT ATHL REHAB
0511M8985	May 11, 2020	PIPER PIED	FULLY FUNDED HMO	May 11, 2020	Behavioral Health	Approved	SPECTRUM HEALTH BIG RAPIDS HOSPITAL	DONALD C JONES
0511M9658	May 11, 2020	FLINTSTONE FRED	FULLY FUNDED HMO	May 11, 2020	Elective	Approved	SPECTRUM HEALTH BIG RAPIDS HOSPITAL	DONALD C JONES
0511M8932	May 11, 2020	FALMSON PETER	FULLY FUNDED HMO	May 11, 2020	Elective	Pending	SPECTRUM HEALTH BIG RAPIDS	DONALD C JONES

1. Navigate to the **Authorization List** screen.
2. Click the **blue carrot icon** to the left of the authorization request you'd like an extension for.

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
<b>Auth Details</b> Primary Diagnosis: PNEUMONIA UNSPECIFIED ORGANISM Notification Date: 06/06/2020 Decision Date: 06/06/2020 Member Contract External ID: 12345678-00 View & Print Auth   View Notes   View Docs   View Letter + Discharge Information   + Extension								

3. Click the **Extension** button to open the Request Extension screen.

Service Code	Service Description	Unit Type	Start Date	End Date	Approved Units	Denied Units	Extend Start Date	Extend End Date	Total Extended Units
110	Room & Board - Private	Days	07/26/2020	07/31/2020	6	0	08/01/2020	08/11/2020	11

Enter Note  
Begin typing

Add Attachment

Submit Cancel

4. For outpatient, enter the starting date of the requested extension under **Extend Start Date**.
5. For inpatient and outpatient, select the **Extend End Date**.
6. If the request is additional days, the **Total Extended Units** field will auto-populate. If requesting units, enter the number requested in this field.
7. Enter any additional information in the **Enter Note** field.
8. Upload any attachments using the **Add Attachment** feature. Be sure to upload clinical documentation here. Priority Health can't make a determination on your request without it. Failure to upload will cause processing delays.
9. Click **Submit**.

**Behavioral health:** If you're requesting inpatient ECT at the same time as an inpatient stay extension, you must upload both the clinical documentation supporting the ECT authorization and the information that supports the inpatient days extension request.

# Enter inpatient discharge information

1. Locate the authorization in your **Authorizations List** screen.
2. Click the **blue carrot icon** to the left of the authorization you need to enter discharge information for.

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
0511M0345	May 11, 2020	PAN PETER	MEDICARE	May 12, 2020	Post-acute	Pending	ORTHOSPORT PT ATHL REHAB	N/A
0511M0159	May 11, 2020	DOE JOHN	FULLY FUNDED HMO	May 11, 2020	Elective	Pending	SPECTRUM HEALTH HOSPITALS	ORTHOSPORT PT ATHL REHAB
0511M0985	May 11, 2020	PYPER PELD	FULLY FUNDED HMO	May 11, 2020	Behavioral Health	Approved	SPECTRUM HEALTH BIG RAPIDS HOSPITAL	DONALD C JONES
0511M9658	May 11, 2020	FINSTONE FRED	FULLY FUNDED HMO	May 11, 2020	Elective	Approved	SPECTRUM HEALTH BIG RAPIDS HOSPITAL	DONALD C JONES
0511M8932	May 11, 2020	FUMPHAN PETER	FULLY FUNDED HMO	May 11, 2020	Elective	Pending	SPECTRUM HEALTH BIG RAPIDS	DONALD C JONES

3. Click the **Discharge Information** button to expand the record.

**Auth Details**  
Primary Diagnosis: Unspecified psychosis not due to a substance or known physiological condition  
Notification Date: 06/30/2020  
Decision Date: 06/30/2020  
Member Contract External ID: 549000086-01

[View & Print Auth](#) [View Notes](#) [View Docs](#) [View Letter](#)

[Discharge Information](#) [Extension](#)

Auth ID #	Created Date	Member Name	Plan Type	Admission Date	Type	Status	Facility	Service Provider
0511M0345	Jun 30, 2020	BENHARD BINSTOCK	MEDICARE	Jun 30, 2020	Acute	Approved	SPECTRUM HEALTH HOSPITALS	N/A

4. Select the **Discharge Date**.
5. Select the **Discharge To** location from the dropdown menu. This is also known as the discharge disposition.
6. Enter any additional information in the **Add Note** field. Provide the name and phone number of the individual in your office who's managing this case. We'll use this information if we have questions.
7. Upload any documentation through the **Add Attachments** field.

**Discharge Information**

JANE DOE Authorization ID: 0630TEA81

\* Discharge Date: MM/DD/YYYY  \* Discharge To:

\* Add Note:

@ Add Attachments:

# Understand pop-ups

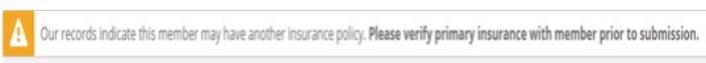
Below are a few pop-up messages you may see as you enter your authorization requests.

1  An authorization cannot be processed for this service. Please refer to the Priority Health website for information on services that require prior-authorization.

- **When you'll see it:** If the procedure code you're requesting doesn't require an authorization or the dates requested are outside of the effective dates.
- **What to do:** Select the "x" to return to the Authorization Basics page and change your code or service dates.

2  An authorization cannot be processed for this service. Please refer to the Priority Health website for information on services that require prior-authorization. [Click to Continue](#)

- **When you'll see it:** For Medicare, this message will appear if the code you're requesting doesn't require an authorization.
- **What to do:** Select the "x" to return to the Authorization Basics page and change your authorization details. Or select "Click to Continue" to proceed with the authorization, pushing the request to Pend.

3  Our records indicate this member may have another insurance policy. Please verify primary insurance with member prior to submission.

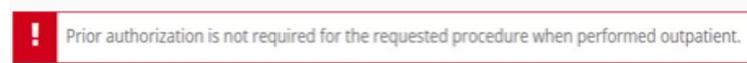
 **Alert Missing Primary Insurance** Please verify primary insurance with member prior to submission. [Click to continue](#)

 Authorization request must be submitted under member's primary insurance.

- **When you'll see it:** These pop-up messages indicate that the member may have a primary insurance policy. Please verify the member's policy information before submitting the authorization.
- **What to do:** If "Click to Continue" appears in the pop-up, click it to proceed with the authorization request. If not, you must select "x" and start over with a new policy selected.

4  Please restart your request. The requested service must be requested in eviCore. Follow this link to access the eviCore user manual: [priorityhealth.com/provider/manual/auth](http://priorityhealth.com/provider/manual/auth)

- **When you'll see it:** When the requested service cannot be submitted through GuidingCare.
- **What to do:** Request the authorization through eviCore.

5  Prior authorization is not required for the requested procedure when performed outpatient.

- **When you'll see it:** When submitting an authorization request as outpatient for a service that doesn't require authorization when done outpatient.
- **What to do:** Proceed with scheduling or completion of the procedure.