

## Creating a New Case

From the Home page, click **Create Case**

**NOTE:** Some, or all, information on this page will auto populate.

If **Case Type** does not prepopulate, select **UM**.

Select appropriate **Case Contract**, if not auto populated



Select "Inpatient"  
**Request Type**, if  
not prepopulated

Click **Go to  
Consumer**

**NOTE: Go to  
Consumer will  
remain greyed out  
until all required  
fields are  
completed**

Step 1 Step 2  
Case Parameters Consumer Information

Case Parameters / Choose Request Type

Case Type \*

☒ UM

Case Contract \*

Arkansas UM

Request Type \*

☒ Inpatient ☐ Outpatient

Cancel Go To Consumer Information

Enter **Consumer  
Information**

Click **Search**

Step 1 Step 2 Step 3  
Case Parameters Consumer Information Create Case

Consumer Information/ Search Consumer

SUBSCRIBER ID \* LAST NAME \* FIRST NAME (MIN 1ST LETTER) \* DATE OF BIRTH \*

MM/DD/YYYY

Cancel Search

**NOTE: All fields are required, as indicated by \*, or with note indicating search requirements, such as Subscriber ID or Last Name and DOB.**

Review search  
results.

Click **Choose** to the  
select the  
appropriate  
consumer.

New UM Case Requesting Provider Outpatient

Step 1 Step 2 Step 3  
Case Parameters Consumer Information Create Case

Consumer Information/ Search Consumer/ Results

CONSUMER ID LAST NAME FIRST NAME DATE OF BIRTH

test 09/14/1989

\*Combination of DOB and Last Name or Member ID

Cancel Search

Name	DOB	Address	Consumer ID	Contract	Case Count	Action
Member Test	09/14/1989	123 Somewhere Street	TEMP001302022111400000	Minnesota	5	Choose

Review previous  
submitted requests  
to ensure no  
duplicates.

If no duplicates are  
found, click **Create  
Case**

Step 1 Step 2 Step 3  
Case Parameters Consumer Information Create Case

Consumer Information/ Search Consumer/ Consumer Cases

Member ID/Plan \*

Select One

Submitted Requests Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case Level Member ID / CaseID: / Pending Case ID									
Request 01	Un-Submitted		Outpatient	N/A	012 - Vision Care	10/2/2021 - 10/2/2021	View Procedures	No letters available	Actions -
- Case Level Member ID / CaseID: / Pending Case ID									
Request 01	Un-Submitted		Outpatient	N/A	015 - DME		View Procedures	No letters available	Actions -

Cancel Create Case



Review the disclaimer stating that the case will be created but not submitted.

Click **Create Case**

Once requesting, servicing, and/or attending physicians are added, enter fax number if not auto populated, which is required. Click **Go to Service Details**

Select appropriate options from drop downs.

Click **Go to Diagnosis**

Select appropriate **Code Type**

Enter Diagnosis code or description in search box to select appropriate Diagnosis Code

Click **Go to Requests**

**Note:** enter at least 3 characters to populate the diagnosis code search results

Repeat these steps to add all necessary diagnosis codes. To set a primary diagnosis, you can drag and drop to the top of the list.

Select **Request Type**

**Note:** You can add a Note here if applicable



<p>Click <b>Go to Procedures</b></p>	
<p><b>Code Type</b> will default to CPT but will need to be changed to <b>REV</b>.</p> <p>Enter <b>0114</b> as the "code or description".</p>	<div data-bbox="386 212 1507 506"></div> <p><b>Note:</b> enter at least 3 characters to populate the diagnosis code search results</p>
<p>Click into the <b>LOS</b> field.</p> <p>Enter <b>Requested Start Date</b>, <b>Requested End Date</b>, and <b>Requested Quantity</b></p> <p>Entries will autosave</p>	<div data-bbox="375 684 1528 1010"></div>
<p>Click <a href="#">here</a> to skip to Submit instructions</p>	<p><b>Note:</b> At this point, you can click <b><i>Jump to Submit</i></b> if you do not need to provide any attachments or communications. (No Questionnaires are required for Inpatient Hospitalization requests.)</p> <div data-bbox="537 1289 1365 1398"></div>
<p>Click through Questionnaires (these aren't needed for Inpatient requests) Then, click <b>Go to Attachments</b></p>	<div data-bbox="386 1444 1511 1682"></div>



To upload supporting documentation, click **Upload a Document**

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details

Attachments/Documents

No documents have been added yet.

Upload a document

1) Select the appropriate **Document Type**

2) Add the document by dragging and dropping or clicking **Browse**

3) Click **Upload**

Upload a document

Max File Size: 4 MB

Allowed File Types: doc, docx, jpg, jpeg, mdi, pdf, tif, tiff, xls, xlsx, xps

REQUEST \*  
R01

Document Type \* 1  
Select One

Drag And Drop Or Browse Your Files. 2

All files uploaded will be encrypted and stored in a secure location in accordance with HIPAA standards, please do not password protect or personally encrypt any files you wish to upload.  
Larger files will take longer to upload/download. Please be patient.

Cancel Upload 3

**NOTE:** You can drag and drop or select multiple files when browsing to attach all documents at one time. Documents do not need to be attached individually **UNLESS** the Document Type varies per document.

Once all supporting documentation is uploaded, click **Go to Communications**

Step 3 Create Case Step 4 Additional Providers Step 5 Service Details Step 6 Diagnoses Step 7 Requests Step 8 Questionnaires Step 9 Attachments Step 10 Communications Step 11 Submit Case

Attachments/Documents

Upload a document

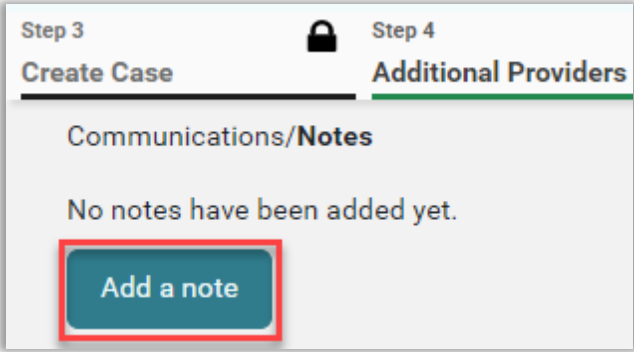
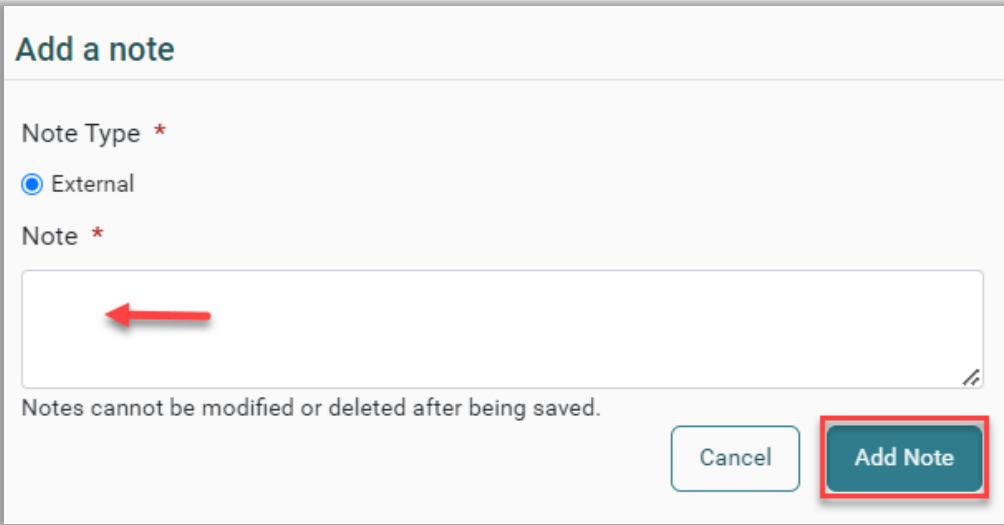
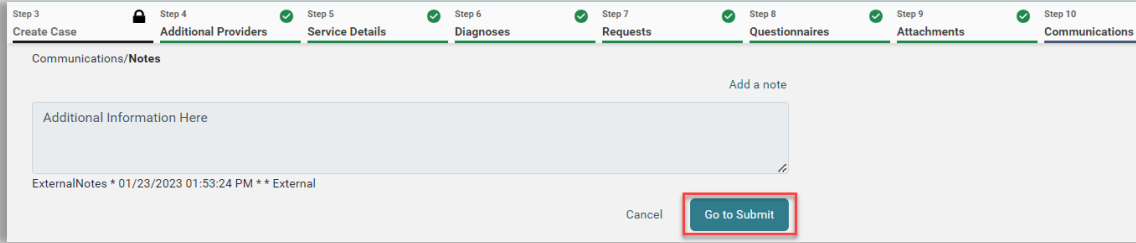
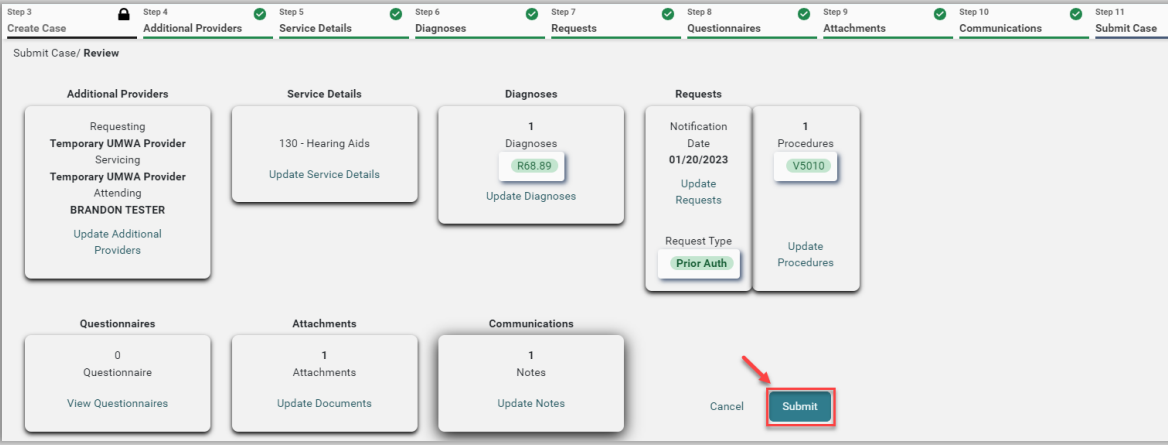
Request	File Name	Document Type	Received On	Action
R01	Test.docx	Appeal Document	1/23/2023 1:51:30 PM	Remove

Showing 10 of 1

Add a Note

Jump to Submit Cancel Go to Communications



<p>To add additional information, click <b>Add a Note</b></p> <p>If additional information is not needed, click <b>Go to Submit</b>.</p>	
<p>To enter additional supporting information, enter note in the text box and click <b>Add Note</b> to save.</p>	
<p>Click <b>Go to Submit</b></p>	
<p>The Review page will display cards of all information entered.</p> <p>If needed, click <b>Update</b> on the appropriate card to edit a specific section.</p> <p>Once complete, click <b>Submit</b></p>	



Read the disclaimer and click **Agree**.

## Disclaimer

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Once you click **Agree**, a case number will be assigned and you will be taken to that case.

Cancel

Agree

The system will submit the case, and the submitted case will display.

Note the Case ID which is specific to this request and can be used for tracking status.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID
MEMBER TEST	F	09/14/1989 (33 Yrs)	TEMP001302022111400000
CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE SRV
SUBMITTED 230260017	Outpatient		01/26/2023
UM-OUTPATIENT			
CASE SUMMARY			
ACTIONS * COPY EXTEND EXPAND ALL			
Consumer Details	Location: 123 Somewhere Street Anywhere Minnesota;		
Provider/Facility	Requesting : Provider Test/9999999994 Servicing : ROTECH /1346220969		
Clinical	Service Type : 032 - DME Request Type : Prior Auth Notification Date : 01/26/2023 Notification Time : 12:58 PM		
Questionnaires			
Attachments	Document-4 Letters- 0		
Communications	Most Recent Note date:		