User Guide:

AmeriBen iExchange Provider Portal

The iExchange Provider Portal is our platform for providers to submit authorization requests for review.

Providers can submit new inpatient and other (outpatient) requests, request extensions for inpatient and other (outpatient) procedures, and search for treatments, providers, and treatment update.

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Urgent Requests

If you need to submit an urgent request, please contact us by phone using the precertification number on the back of the members ID card to ensure we expedite your request.

First Time Logging into iExchange?

First time users will need to request access for myameriben.com. Please refer to the AmeriBen IExchange Provider Portal New User Requesting Access Guide found on myameriben.com

Signed up already? How do I access iExchange?

Once provider has logged into Myameriben.com, select **Prior Authorization Requests**



What information is required when submitting a new inpatient request?

When submitting a new inpatient request, providers must enter the member ID, submitting provider, facility, treatment setting, treatment type, review type, admit date, primary

diagnosis, requested length of stay, attending physician, and submitter information. Providers can also enter up to 4 diagnoses and indicate if the request is an emergency.

What information is required when submitting a new outpatient request?

When submitting a new outpatient request, providers must enter the member ID, submitting provider, facility, servicing provider, attending provider, treatment setting, primary diagnosis, and submitter information.

How to get started

To add, view or update any request, you must first set up your submitting providers in your preferences . (REQUIRED STEP)

How to add your submitting Provider in the Preferences:

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1. Go to Preferences (top of screen)

You MUST set your submitting providers in your preferences.

If you see your Providers NPI but No Name (unknown, unknown), you must update your provider with Name and Address in your preferences.

Note: Once you have added your provider with Name and Address Please delete the Unknown Unknown Provider from your list.

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2. Go to Exchange Administration, then to Submitting Providers



iExchange Administration

To perform administrative maintenance for your provider group, select the **iExchange**® **Administration** link on the **iExchange**® preferences page. The **iExchange**® Administrator page displays.

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The **iExchange**® Administrator page allows you to edit your provider group and maintain your provider group's user accounts, submitting providers, frequent providers, frequent procedures, and frequent diagnosis.



Adding Providers

To add providers, do the following:

- 1. From the Submitting provider summary page, click **Add provider**. A provider status of 'Inactive' indicates that iExchange was unable to locate the MCO ID for the provider in the payer's system. Inactive providers do not display in the provider list for treatment request entry or for treatment search for the payer.
- 2. **Refresh** providers that have an Inactive status.
- 3. Use **Delete** to remove providers that still have an Inactive status after the refresh.

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	Provider	MCO ID	NPI	Additional information	Payer	Approved	Status
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С	Jones, Edward S	PRACT- 100002	1116621102		ABC Insurance	Approved	Active
С	Jones, Jane E	PRACT- 100001	1116621101		ABC Insurance	Approved	Active
С	Lathiris, MaryBeth V	123000	1234569878		ABC Insurance	Approved	Active
С	McKay, Franklin G	8291104	9988822203		ABC Insurance	Approved	Active
С	Miller, MaryBeth S	123000	1234569878		ABC Insurance	Approved	Active
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The Provider search page displays.

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- 4. Click the **Payer** drop-down menu and select a payer.
- 5. Click the **Provider type** drop-down menu and select a provider type. The three provider types available are Practitioner, Facility and Group Practice.
- 6. For additional information on how to perform a Provider Search, see the Provider Search section.
- 7. Click Submit search.

The Provider search result page displays listing the providers meeting your search criteria.

8. Click **Select**, located next to the provider name, to select a provider. The Submitting provider details page displays.

Click **New search** to perform a new search.

Click Cancel to return to the Submitting provider summary page.

- 9. Click the **Yes** radio button if you want this provider to be the default provider.
- 10. Enter Additional information to help differentiate providers with the same name. (optional)
- 11. Click **Save** to save your entry. The Frequent provider summary page displays stating that the provider has been updated.



Editing Providers

To edit providers, do the following:

- 1. From the Submitting provider summary page, click the radio button next to the provider's name that you want to edit.
- 2. Click **Edit**, located at the bottom of the Submitting provider summary page. The Submitting provider details page displays.
- Enter the appropriate changes and click Save.
 The Submitting provider summary page displays stating that the provider has been updated.

How to start a request (precertification)

1. Select either the **Inpatient (green box) or Outpatient (gold box)**, then select the specific type of request you want to start.

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2. Search for the member

Providers must search for the member when submitting a request in order to select the member. Providers must also review previous requests before being able to select the member.





Prior Auth Request - General Information

	Prior auth request e Once you enter the General in iEXCHANGE evaluates your pr preview page.	formation and Services info formation and Services info ior auth request and display.	mation click Next step. a the Prior auth request		
	Payer Notice: For Prior Auths Entry, each payer HTML formatting for line breaks, <u>underlining</u> , <i>italics</i> , and b displayed that a more information	notice (on main application p olding. If the notice is more	ages and popup) supports basic than 256 characters, a link is		
General information	Notification date	11/29/2012 (mm/dd/yyyy)		
•	Member ID Enter or Search for ID		Member search		
Use the General information section to record the member	Submitting provider	1BPract, Practitioner B -	¤001B - 1101101100		•
verify eligibility), submitting provider, servicing provider as well as diagnostic information.	Facility (optional) Select facility from the list or search for ID	Submitting provider summa	Provider search		
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	Attending physician (optional) Select attending physician from the list or search for ID	Attending physician summa	Provider search		
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The Notification date defaults to the current date and cannot be edited.

Note:

Each payer to whom you submit a request can include payer specific fields used to collect additional data. Since these fields can vary in name and function by payer, some are not in this guide. Below is a list of descriptions and steps on how to complete the more commonly prompted fields. Completion of each field is required unless labeled as optional.

- Enter the Member ID or click Member search to find the member's identification number. For additional information on how to perform a member search see Member search. Depending on the payer you selected, you may be required to perform a member search to value the Member ID. In this case, you are presented with a message indicating that you must search for the member whom you wish to use, and the Member ID text box is not displayed.
- 2. Click the **Submitting provider** drop-down arrow and select the appropriate submitting provider.
- 3. Click the **Submitting provider summary** link to view identification and demographic information for the selected provider.
- 4. Click the **Servicing provider** drop-down arrow and select the appropriate servicing provider. If servicing provider is not listed, click Provider search to find the provider. For additional information on how to perform a provider search, see Accessing Provider Search from the Navigation Menu.



- 5. Click the **Servicing provider summary** link to view identification and demographic information for the servicing provider.
- 6. Click the **Treatment setting** drop-down arrow, and select the treatment setting. This field displays only if treatment setting is enabled for the selected payer.
- 7. Enter a Primary diagnosis or click **Diagnosis search** to find a primary diagnosis. You search for a diagnosis as an ICD 9 or ICD 10 code. For additional information on how to perform a diagnosis search, see **Diagnosis Search**.
- 8. Enter or select a **Secondary diagnosis**. This field is optional.



Prior Auth Request - Service Information

	Procedure					×
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Prior Auth Request - Service Information

1. In the **Service 1 Procedure** section, you can do one of the following:

Enter a Procedure

Select a code from the procedure code drop-down list.

Select Procedure search to search for a procedure code.

Enter a procedure modifier in the Procedure modifiers You can enter up to four procedure modifiers. These fields are optional and display only if procedure modifiers are enabled. Depending on the payer selected you may have the ability to enter or search for a ICD 9, ICD 10, HCPCS, or CPT procedure code. For additional information on how to perform a Procedure search, review the Procedure Search section.

- 2. Enter the number of **Units of service**. **Note**: You are able to add multiple service lines with the same procedure code with different date ranges that do not overlap. This allows you to review and authorize the same code for a member over an extended period of time.
- 3. Click the **Treatment type** drop-down arrow, and select the appropriate treatment type. This field displays only if treatment setting is valued in the General Information pane. The field displays for each service. This is a required field.
- 4. Click the **Review type** drop-down arrow, and select the appropriate review type. This field displays only if review type is enabled for the selected payer. The field displays for each service and is a required field.



- 5. Enter a Start date.
- 6. Enter a **End date**.

The current date defaults in both fields.

Additional Notes

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- 1. Enter any notes in the additional notes section. This field is optional.
- 2. Click Next step.

Note:

When you click **Next step**, iExchange evaluates the entered request data before displaying the Prior auth request preview page. If a data error is displayed on the entry page, you must correct the error before the preview page displays. If you cannot correct the error immediately, you can print a print-friendly copy of the request to keep on the patient's chart.

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Service	Code	Start/end date		Units	Projected status	Additional criteria
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PEND

2

Access CareWebQI

99503 12/15/2010 - 12/16/2010

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Prior Auth Preview



Summary/Additional Criteria

The Summary/Additional criteria section contains:

- The Service number.
- The procedure Code.
- The Start/end date.
- The number of Units.
- The Projected status for the requested service.
- The **Additional criteria** link displays if the additional criteria can affect the review outcome status of the service.

Note:

Preview the entire request before accessing the additional criteria link. Once you access and complete the additional criteria for a service, the edit function is disabled for the request.

Prior auth request information

The Prior auth request information section contains the Member information, Servicing provider, Submitting provider, Facility and Service information entered on the request entry page.



Note:

The Service information and General other information sections display the procedure and diagnosis ICD 9 or ICD 10 codes and descriptions depending on the payer selected.

General prior auth information

This section lists general information about the prior authorization such as Primary diagnosis and Notes. Other options available:

- 1. Click Edit to return to the request entry page to make changes.
- 2. Click **Submit** to send the request to the payer for consideration and display the confirmation page.
- 3. Click **Cancel** to cancel the request entry.

Prior Auth Confirmation



- 1. Click the **Print friendly version** link. The print friendly version of the request confirmation displays. The print friendly page contains all of the information presented on the confirmation page.
- 2. Click **Print this page**. The confirmation page prints to the user's designated printer.
- 3. Click **Close** to leave the page. The Prior auth request confirmation introduction section and the system assigned **Request ID** number display.
- Click the Attach file link (depending on the payer selected). The system scrolls down to the Request Attachments section. For additional details on how to attach a file to a request see Request Attachments.

Summary

The Summary section contains:

- The Service number.
- The procedure **Code**.
- The service Start/end date.



- The number of **Units**.
- The Status of each service.

Prior authorization request information

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E (EG,

The Prior auth request information section contains (depending on the payer) the

Member information, **Servicing provider**, **Attending provider**, **Service** and **Service information** entered on the request entry page.

Request Attachments



Request Attachments	
Attach new file	
llowable file type(s): PDF, XLS, DOC, JPG	
Title:	
Attachment:	Browse
	Attach

The Request Attachments section enables the user to attach a file to the request.

Can providers view status updates for requests?

Yes, providers can view status updates for authorized providers in their group, view any notes that have been added to requests submitted, and request extensions on requests.

HELF PROPERENCES Over Guide			k/7AQ Inst log in: 04/15/2024 05:05 PM EDT			
Starting	Inpatient	Other	Referrat	Search		
Payer selected: AmoriBon Select a different payer	/					
Treatment updates	-	Ci	nical review			
Select a link below to it the past 14 days. When new underso for order view new underso for facil two new updates for primar	ew unread treatment up nition providers. Eles and setvicine, erprisers ry care physician.	dates for 16	requests anaiting clinical re	otex.		
Sponsor bulletin						
Announcement Vielcome to Exchange and Elechange is sponsored by authorization requests. Provident: If you do not as submitting for, please follo You can submit your Outpu procedure codes. Note: of etcp, then colect "Submit 5 AmeriBen is available to of questions requering listohunumber on the back of the providers and 6 for provid questions only.)	I thank you for using this ap AmeriBen and is used to ov a the NPC of the provider yo w link at top of page "User ritient (Other) request with for entering first 5 codes, se and add services" for assistance and atsever 1 inge. Please call procertifics members ID card, select o in portal. (This is for tachel-	aplication, upport prior GuiderFAQT, up to 25 sect Next sectinical tion prior 2 for cal				
Confirmation of the provid required. Within the reque option available under each	en/facility name and addres at, click on the summary hy h facility or requesting/subr	s is perfink nitting				

What are the different ways you can search for a request?

Providers can search for request by using Treatment search, Provider search, Member search, or Treament update search (to view status updates for authorized providers in their group, view any notes that have been added to requests submitted, and request extensions on requests).



Can providers request extensions on requests?

Providers can request extensions on current inpatient requests by entering the review type, attending physician, and additional length of stay units. Providers must also enter the procedure, scheduled date, and servicing provider information.

Summary				
LOS start/end date	Days	Status		Extend
03/06/2024 - 03/08/2024	2	APPROVE		Extend
03/08/2024 - 03/09/2024	1	APPROVE		
03/09/2024 - 03/10/2024	1	APPROVE		
03/10/2024 - 03/11/2024	1	PEND		
Service	Code	Scheduled date	Units	Status
Principal	DIRAD	03/06/2024	1	APPROVE

second in the second se	HELP PREFERENCE	2 User Guide	VFAQ	In last log bir	04/18/2024 12:22 PH	601
Starting point	Inpatient	Other			Search	
Peper selectad Arcenillen Belast a diferent canar	New Inputient rep New Inputient Defensional health response Extend Inputient Imputent Inputient cleanal					
	Inpatient Use the provide that Next May Input wet resur-	nequest autorid en in discharge au discharge au	extension antel regare. O actuality your role actuality page	entry	n califorda	
	Request being	extended				
	Hernitar	N, 8		Marthur 37	KEM007637	203
	Partity Name 882 HOX22		ITTLL.	Paninty Of	141282	
	Admit date Treatment setting View request details	03/36/203 Inpetient /	se Acirte Mospitel	2 the	02/11/202	
Extension information	Review Type		<u> </u>	•		
Select the solarithing provides achieves to primary diagnosis, and	Submitting provider		BSA HOSPIT	AL - 241282 - 140 Mec ostrono	v	
atter the additional requirated						

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Medecision, Inc. 500 N. Akard Street Suite 1400 Dallas, TX 75201 Attn: Documentation

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