



# iExchange Training

Inpatient Tip Sheet



Proprietary and Confidential

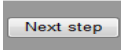
# Getting Started

- » Login information is case sensitive
  - » User ID, iEXCHANGE ID and Password are required
  - » Users will be prompted to change passwords every 30 days
- » System time out
  - » If there is no activity for a period of 60 minutes, users will be “timed out” of iEXCHANGE and you will received the below message:
    - » "Your session has expired. Please, login again."
- » Do not use the “Back” button to navigate in iExchange
  - » At the bottom of most pages you will see buttons (such as “Cancel”, “Back”, or “New Search”) that allow you to return to previous pages
  - » You can click the “Starting point” block in the upper left hand corner at anytime to return to the main page


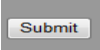
# Request Submission

» Each request has three stages


## 1. Request Entry

- » All fields should be completed unless marked as **(optional)**
- » System administrators can add frequently used providers, diagnoses and procedures to facilitate data entry
- » Additional Notes (iExchange Provider) at the bottom of the page should be used to indicate if documents will be attached to the request
- » Users will click  at the bottom of the screen to proceed to the Preview page

## 2. Request Preview

- » Allows user to review request information a final time before submitting
  - » Displays Outcome Status of the request if it is submitted as is
  - » Allows user to return to entry page and edit if necessary – click  at the bottom of the screen
- at the bottom of the screen or if no additional services are required users will click 

## 3. Request Confirmation

- » Displays the Outcome Status and request ID
- » Displays same information as Preview page
- » User able to open print friendly version of this page – click  [Print friendly version](#)
- » User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request

Starting point	Inpatient	Other	Referral	Search
Payer selected: <b>WPS and Arise Health Insurance</b> <a href="#">Select a different payer</a>	New inpatient request New inpatient behavioral health request Extend inpatient request Inpatient clinical review			

## Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

- ▶ **New inpatient request**

Click the **New inpatient request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.
- ▶ **New inpatient behavioral health request**

Click the **New inpatient behavioral health request** link, above. A blank inpatient behavioral health request entry page appears. You can add a member ID and all request information for this member.
- ▶ **Extend inpatient request**

Click the **Extend inpatient request** link, above. You will first search for the inpatient treatment you wish to extend.
- ▶ **Inpatient clinical review**

Click the **Inpatient clinical review** link, above. You will first search for the inpatient treatment you wish to review.

Select  
New  
Inpatient  
Request

**A Note before you begin:** if you selected the wrong payer (you want to submit this request to a different payer) click the **Select a different payer** link above, to return to the **Starting point** page and select the correct payer.

## Inpatient request entry

Once you enter the General information and Services information click **Next step**. iExchange evaluates your inpatient request and displays the Inpatient request preview page.

Payer Notice:

**Diagnosis codes must be entered with capital letters**

### 1 General information

Use the General information section to record the member ID (click Member search to verify eligibility), providers (submitting and servicing) as well as diagnostic information.

Notification date	02/21/2017 (mm/dd/yyyy)
Member ID Enter or Search for ID	You must search for a member. <input type="button" value="Member search"/>
Submitting provider	DEAN CLINIC - DODGEVILLE SPECIALTY SERVICES - 39112861600Q - 1053358846 <input type="button" value="Submitting provider summary"/>
Facility Select facility from the list or search for ID	<input type="text"/> <input type="button" value="Facility summary"/> <input type="button" value="Provider search"/>
Treatment setting	<input type="text"/>
Treatment type	<input type="text"/>
Review type	<input type="text"/>
Admit date	<input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy)
Is this an emergency?	<input type="text"/>
-----	
Primary diagnosis Enter Diagnosis code or Select from Short list	<input type="text"/> <input type="button" value="Diagnosis search"/>
Secondary diagnosis (optional)	<input type="text"/>
Secondary diagnosis (optional)	<input type="text"/>
Secondary diagnosis (optional)	<input type="text"/>
Secondary diagnosis (optional)	<input type="text"/>
Secondary diagnosis (optional)	<input type="text"/>
Requested length of stay	<input type="text"/>
Attending physician Select attending physician from the list or search for ID	<input type="text"/> <input type="button" value="Attending physician summary"/> <input type="button" value="Provider search"/>
LOS bed type (optional)	<input type="text"/>
Enter Contact Name and Phone Number (required)	<input type="text"/>

Click on Member search to verify eligibility for your patient

When providing diagnosis codes you can select from a list of frequently used codes or click on Diagnosis search to search by description

All fields must be completed unless marked as optional

## 2 Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

### Principal service (optional)

#### Procedure

Enter Procedure code or Select from Short list

Procedure search

#### Scheduled date

 /  /  (mm/dd/yyyy)

#### Servicing provider

Select a servicing provider from the list or search for ID

[Servicing provider summary](#)

Provider search

### Service 2 (optional)

#### Procedure

Enter Procedure code or Select from Short list

Procedure search

#### Scheduled date

 /  /  (mm/dd/yyyy)

#### Servicing provider

Select a servicing provider from the list or search for ID

[Servicing provider summary](#)

Provider search

### Additional notes (optional)

#### iEXCHANGE Communication

#### iEXCHANGE Clinical Information

#### iEXCHANGE Diagnostic Results

Procedure code is optional and only needs to be entered if applicable

Notes can be added to provide additional information

Click Next step to continue

Next step

Cancel

**Servicing provider**  
Select a servicing provider from the list or search for ID

  
[Servicing provider summary](#) 

**Service 3 (optional)**

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**

 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

  
[Servicing provider summary](#) 

**Service 4 (optional)**

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**

 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

  
[Servicing provider summary](#) 

**Service 5 (optional)**

**Procedure**  
Enter Procedure code or Select from Short list

**Scheduled date**

 /  /  (mm/dd/yyyy)

**Servicing provider**  
Select a servicing provider from the list or search for ID

  
[Servicing provider summary](#) 

Click Next step to continue

**Additional notes (optional)**

**iExchange Provider**

### Inpatient request preview

Review your Inpatient request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient request confirmation page. If you need to make any changes, scroll down to the bottom of the page and click **Edit** to make the necessary modifications.

The status of this Inpatient request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The request reference number will be assigned when you click **Submit**.

#### Summary

LDS start/end date	Days	Projected status
02/21/2017 - 02/22/2017	1	PEND

#### Inpatient request information

<b>Member</b>	SENISCH, ANTHONY A
Member ID	00000049401
Date of birth	08/27/1973
Age	43
Gender	Male
Line of business	
Coverage dates	
Group ID	
Group name	
Subscriber ID	
Subscriber name	
Plan	
Client	WPS_Ariac Emp
PCP name	
PCP MCO ID	
PCP NPI	

<b>Submitting provider</b>	DEAN CLINIC - DODGEVILLE SPECIALTY SERVICES
NPI	1053358545
Provider MCO ID	39112861500a
Specialty	Clinic or Other Group Practice
Address	800 COMPASSION WAY STE 135 DODGEVILLE WI 53531-9555
Phone	(608)937-7000

<b>Facility</b>	UW HEALTH PARTNERS
NPI	1992778041
Provider MCO ID	391030310F01
Specialty	
Address	
Phone	

<b>Attending physician</b>	TESTA, ROBERT
NPI	1356443923
Provider MCO ID	000183309P01
Specialty	Physician Assistant
Address	1519 SRD ST SE STE 102 PUYALLUP WA 98372-3742
Phone	(253)841-8939

<b>LDS request information</b>	
Treatment setting	Inpatient
Notification date	02/21/2017
LDS bed type	
Admission dates	02/21/2017 - 02/22/2017
Length of stay	02/21/2017 - 02/22/2017 - 1 Days - PEND
Primary diagnosis	163.00 -

#### General information

Enter Contact Name and Phone Number	2155551212
EXCHANGE Communication	
EXCHANGE Clinical Information	
EXCHANGE Diagnostic Results	
Treatment type	Medical
Review type	Non Urgent Prospective
Is this an emergency?	No

Edit Submit Cancel

Request can be edited, submitted, or cancelled

Preview page – includes projected status of the request and allows the user to verify the accuracy of the information prior to final submission



 [Print friendly version](#)

### Inpatient request confirmation

This page contains inpatient request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iExchange re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

#### Payer Notice:

The confirmation number indicates you have informed us of these services as required by your program protocols. We can only make a benefit decision when we receive all necessary claim information in accordance with the provisions of the health plan. This ... [more information](#)

Request ID: **17052-A001** [Attach file](#)

Summary		
LOS start/end date	Days	Status
02/21/2017 - 02/22/2017	1	<b>PEND</b>

### Inpatient request information

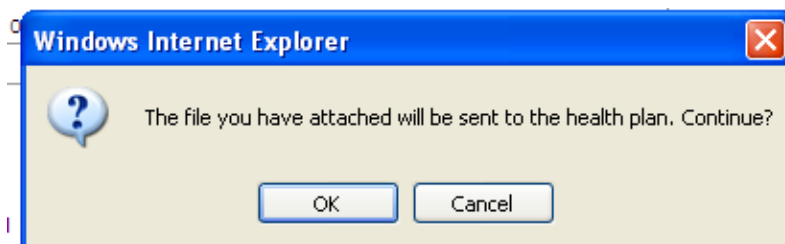
<b>Member</b>	BENISCH, ANTHONY A
Member ID	00008849401
Date of birth	08/27/1973
Age	43
Gender	Male
Line of business	
Company name	
Employer	WPS_Arise Emp
Service provider	DEAN CLINIC EAST PT/OT THERAPY SERVICES
Service ID	1578570974
Phone	39112861600q
	Clinic or Other Group Practice
	1821 S STOUGHTON RD
	MADISON
	WI
	537162257
	(608)260-6004

Confirmation page can be printed by clicking the Print friendly version link at the top of the screen

Confirmation page includes the Request ID and allows the user to attach additional required information to support the request

# Request Attachments


- » Users can attach documents to any existing authorization request in iExchange
- » Follow the below steps to add attachments
  1. User can click [Attach file](#) to the right of the Request ID if a document needs to be attached to the request
  2. Enter a title for the document to be attached
  3. Click  to select locate the file to be attached
  4. Click  to add the document
  5. Click OK in the popup window to continue or cancel if the attachment was selected in error



6. Information message will appear at the top of the page to indicate that the file has been successfully attached

# Request Attachments – Confirmation page

1

 [Print friendly version](#)

## Inpatient request confirmation

This page contains inpatient request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Request ID: **A111460001** [Attach file](#)

Summary		
LOS start/end date	Days	Status
07/15/2011 - 07/18/2011	3	PEND

Click Attach file

2 and 3

## Request Attachments

Attach new file

Allowable file type(s): PDF, DOC, XLS, JPG

Title:

Attachment:

Enter a document title and select Browse to select a document

# Request Attachments – Confirmation page

4

**Request Attachments**

Attach new file

Allowable file type(s): PDF, DOC, XLS, JPG

Title: Patient Medical Record

Attachment: C:\Users\tmalseed\Documents\iEXCHANGE refe

Click Attach

5

**LOS request information**

- Treatment setting
- Notification date
- LOS bed type
- Admission dates
- Length of stay
- Primary diagnosis

**Request Attachments**

Attach new file

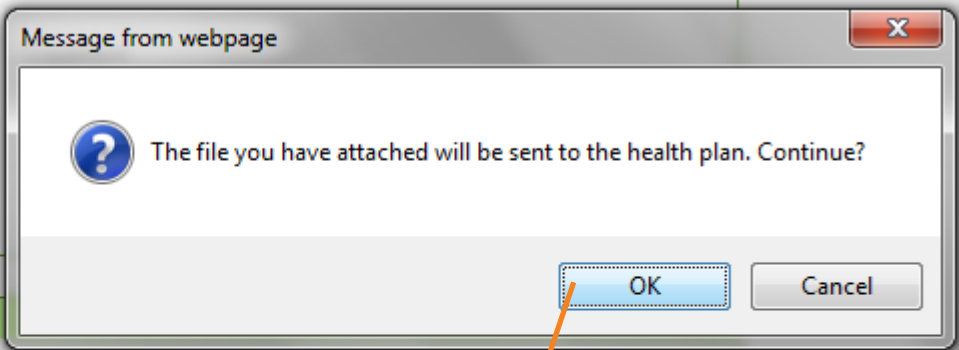
Allowable file type(s): PDF, DOC, XLS, JPG

Title: Patient Medical Record

Attachment: iEXCHANGE-referral---auth-notes.doc

Upload in Progress: 100%

Click OK to attach the document to the request



# Request Attachments – Confirmation page

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 [Print friendly version](#)

## Informational

The file selected has been successfully attached and will be sent to the health plan.

### Inpatient request confirmation

This page contains inpatient request information including the request ID and status (authorized or pending), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iExchange re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Request ID: **20150515-000003** [Attach file](#)

Summary		
LOS start/end date	Days	Status
05/15/2015 - 05/16/2015	1	<b>PEND</b>

Message at the top will confirm the attachment as been sent or is in progress