

# SOURCE Search and File Attachment

## Purpose

SOURCE providers have access to a comprehensive search functionality in order to find and view Level of Care and Placement information for previously submitted requests associated with their provider ID. Providers may also attach documents to SOURCE Level of Care and Placement requests that have a status of *Pending*.

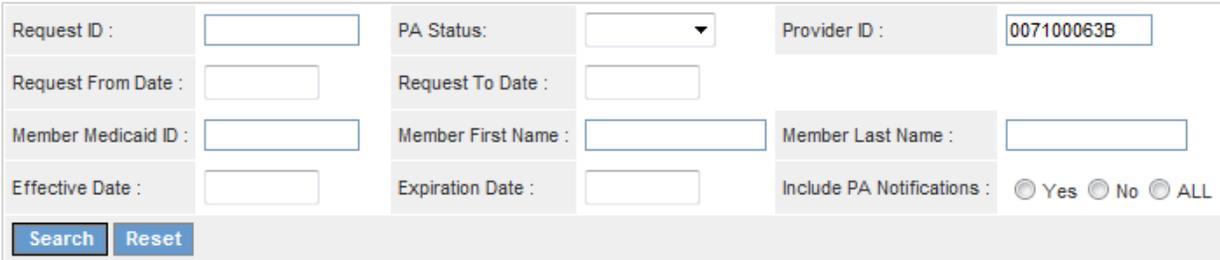
Providers may search using any of the following parameters.

- **Request ID:** The unique 12 digit number assigned by the system to every request entered in the Prior Authorization (PA) system.
- **PA Status:** The overall status of the request, which may be Pending, Approved, or Denied.
- **Provider ID:** The Provider ID populated by the system based on web portal login credentials; or based on the Provider ID 'switched to' after the provider logs into the portal.
- **Request 'From' Date and Request 'To' Date:** Request Date is the date that the PA was entered into the PA system. Search by these date parameters to find PAs entered within a specified time period.
- **Member Medicaid ID:** The Member's Medicaid ID number.
- **Member First Name and Last Name:** The Medicaid recipient's first name and last name.
- **Effective Date:** The Effective Date is the date that the authorization period begins.
- **Expiration Date:** The Expiration Date is the date that the authorization period ends.
- **PA Notifications:** Notifications regarding PA status posted to the Level of Care/Placement Review Request page. Yes = request with a notification; No = no notification; All = all requests with and without a notification.

## Search Instructions

1. Open the *Provider Workspace*.
2. Click **Search, Edit or Attach Documentation to Requests**.
3. The *Prior Authorization Request Search* page opens. The Provider ID is populated by the system based on the provider's portal login.

**Note:** Be sure the provider ID that the system inserts matches the provider ID on the LOC and Placement that is the subject of the search. If it doesn't match, the search will not return any results.

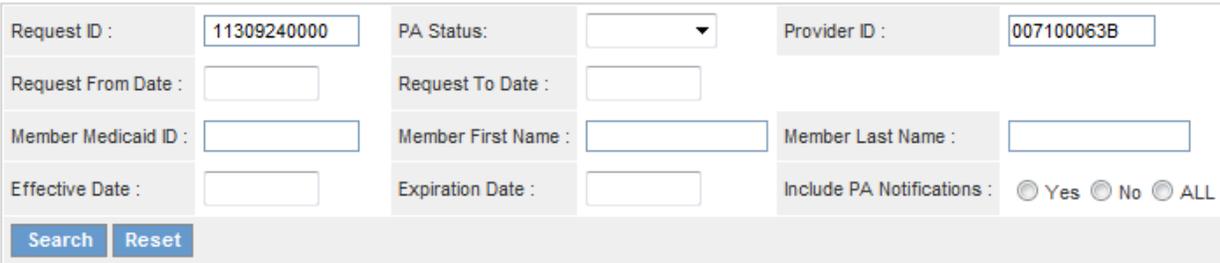


**Prior Authorization Request Search**

Request ID :	<input type="text"/>	PA Status:	<input type="text"/>	Provider ID :	<input type="text" value="007100063B"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>	Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Figure 1

4. Enter the 12 digit system assigned request number in the 'Request ID' box. This is the quickest way to search and the preferred method.
5. Don't enter any other data.



**Prior Authorization Request Search**

Request ID :	<input type="text" value="11309240000"/>	PA Status:	<input type="text"/>	Provider ID :	<input type="text" value="007100063B"/>
Request From Date :	<input type="text"/>	Request To Date :	<input type="text"/>		
Member Medicaid ID :	<input type="text"/>	Member First Name :	<input type="text"/>	Member Last Name :	<input type="text"/>
Effective Date :	<input type="text"/>	Expiration Date :	<input type="text"/>	Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Figure 2

- Click **Search** to activate the search. The Level of Care and Placement will display below the search fields.

**Prior Authorization Request Search**

Request ID :	<input type="text" value="113092400001"/>	PA Status:	<input type="text" value=""/>	Provider ID :	<input type="text" value="007100063B"/>
Request From Date :	<input type="text" value=""/>	Request To Date :	<input type="text" value=""/>		
Member Medicaid ID :	<input type="text" value=""/>	Member First Name :	<input type="text" value=""/>	Member Last Name :	<input type="text" value=""/>
Effective Date :	<input type="text" value=""/>	Expiration Date :	<input type="text" value=""/>	Include PA Notifications :	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ALL
<input type="button" value="Search"/> <input type="button" value="Reset"/>					

Request ID	Member ID	Last Name	First Name	Request Date	Effective Date	Expiration Date	Status
<a href="#">113092400001</a>	333000000400	TEST	JOANNE	9/24/2013 9:26:36 AM	09/24/2013	09/23/2014	Pending

**Figure 3**

**Note:** If for some reason, the ‘Request ID’ is not available, a search may be conducted using other parameters but the search may return multiple results depending on the search parameters used (refer to the search parameter definitions). For example, a search may be conducted using the ‘Provider ID’ and ‘Request From Date’. Since the request date is the date the level of care/placement was entered via the portal; the search will return all cases entered on the request from date and forward that are associated with the specific provider ID. To limit the results, add the member’s Medicaid ID as a search parameter.

- To access the Level of Care and Placement listed in the search results, click the **Request ID**, underlined and in blue font. This action opens the Level of Care and Placement *Review Request* page.

## Attach File Instructions

Files may be attached from the *SOURCE Level of Care and Placement Review Request* page. Some general attachment guidelines apply:

- Individual records/files up to 20 MB may be attached. Large files may need to be divided into two or three files and attached separately.
- Multiple files may be attached but each file must be attached separately.
- The following file types may be attached: TXT, DOC, DOCX, PDF, TIF, TIFF, EXCEL, JPG, JPEG, and JPE.
- Do not include the following symbols in the file name: / \ # < > ‘ “
- Do not include periods in the file name, except before the file type (as in .PDF).
- If more than one file is attached for the same member, the file names must be different.

- To attach a document, click the **Attach File** button.

Prior Authorization - Source Level of Care and Placement Review Request

Request Information			
Request ID :	113092400001	Case Status :	Pending
		Case Status Date :	09/24/2013
Member ID :	333000000400		
Provider ID :	007100063B - Physician Demo		CMO PA Request ID :
Admission Date :	09/24/2013	Discharge Date :	
Effective Date :	09/24/2013	Expiration Date :	09/23/2014
Denial Reason :			

Diagnosis			
ICD-9 Code	ICD-9 Description	ICD-9 Date	Primary
344.04	QUADRIPLÉGIA, C5-C7, INCOMPLETE	09/24/2013	Yes



[Edit Request](#)   [Withdraw Request](#)   [Enter Change Request](#)   [Attach File](#)   [Return To Search Results](#)   [Return to Provider Workspace](#)   [Contact Us](#)

[Return to the Auth Request Page](#)

Figure 4

2. On the page that opens, go to the **Create an Attachment** section. This section includes checkboxes that correspond to required documents. The purpose of the checkboxes is to associate the actual file attached with a specific document type. One file may be attached for all the document types or separate files may be attached for each document type.

Request ID : 113092400001 Status : Pending

Appendix F- Level of Care and Placement Instrument Form document is missing.  
Appendix I – Level of Care Justification for Intermediate Nursing Facility Care document is missing.  
Appendix S-MDS-HC Form document is missing.  
Appendix C-SOURCE Assessment Addendum document is missing.  
Medication Record document is missing.  
Case Notes document is missing.  
DON-R Screening Tool document is missing.

Member Information					
Member ID :	33300000400	First Name :	JOANNE	MI :	A
		Last Name :	TEST	Suffix :	
Date of Birth :	12/02/1979	Social Security Number :	132-54-9678	Gender :	F

Service Provider Information			
Provider ID	Name and Address	Phone	Taxonomy (Specialty)
007100063B	Physician Demo 120 Demo Lane Tucker, 30084	555-555-5555	-

**Create an Attachment**

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Until all required documents are attached, GMCF will not accept this case for review and the turn-around-time for the review will not begin.

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents	
SOURCE-INITIAL	<input type="checkbox"/> Appendix F- Level of Care and Placement Instrument Form	<input type="checkbox"/> Medication Record
	<input type="checkbox"/> Appendix I – Level of Care Justification for Intermediate Nursing Facility Care	<input type="checkbox"/> Case Notes
	<input type="checkbox"/> Appendix S-MDS-HC Form	<input type="checkbox"/> DON-R Screening Tool
	<input type="checkbox"/> Appendix C-SOURCE Assessment Addendum	

Figure 5

3. Select the checkboxes applicable to the file to be attached; or check all the boxes if one file is to be attached for all the document types.

**Note:** It is not necessary to check a box in order to attach a file but a checkbox or boxes should be selected when attaching the specific required documents.

**Create an Attachment**

If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".

Until all required documents are attached, GMCF will not accept this case for review and the turn-around-time for the review will not begin.

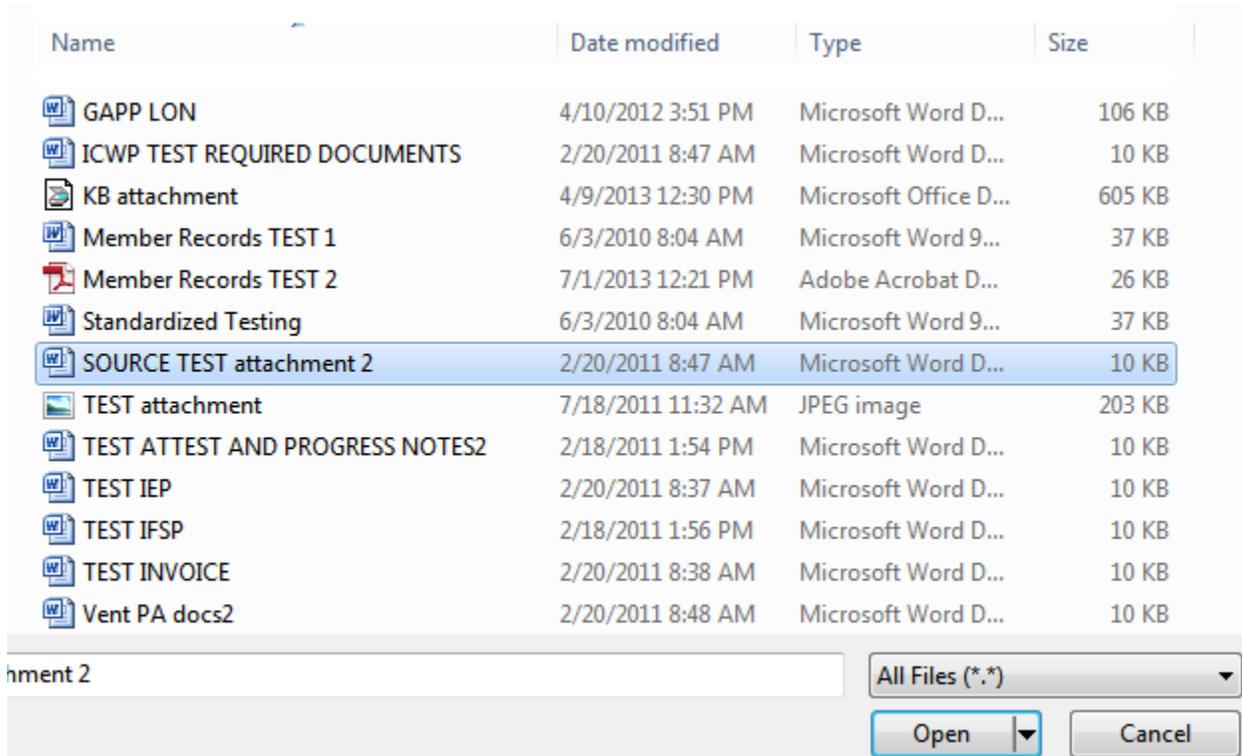
Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents	
SOURCE-INITIAL	<input checked="" type="checkbox"/> Appendix F- Level of Care and Placement Instrument Form	<input checked="" type="checkbox"/> Medication Record
	<input checked="" type="checkbox"/> Appendix I – Level of Care Justification for Intermediate Nursing Facility Care	<input checked="" type="checkbox"/> Case Notes
	<input checked="" type="checkbox"/> Appendix S-MDS-HC Form	<input checked="" type="checkbox"/> DON-R Screening Tool
	<input checked="" type="checkbox"/> Appendix C-SOURCE Assessment Addendum	

Figure 6

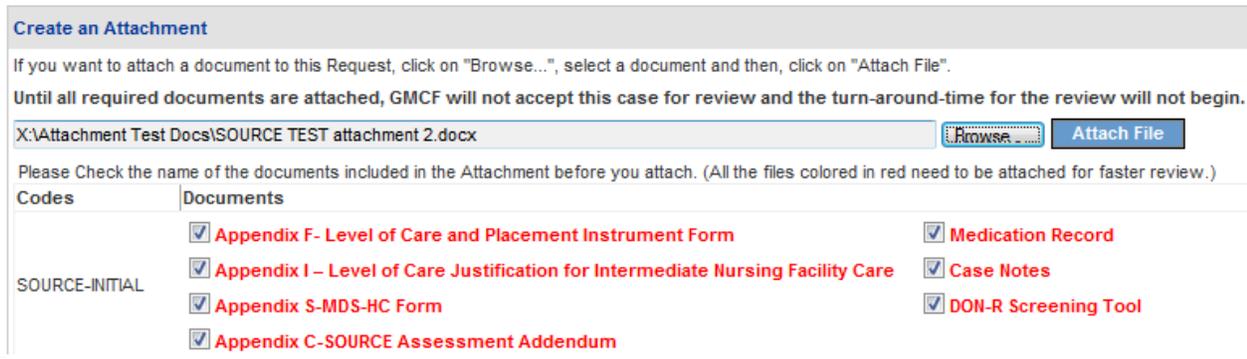
4. Click **Browse** to open the file directory.

- Find the file that is to be attached. Select the file by double clicking the file, or highlight the file and then click **Open**.



**Figure 7**

- Once the file is selected, the file name/path displays in the box next to browse.



**Figure 8**

- Click the **Attach File** button. If the file is uploaded, the 'File uploaded successfully' message displays; and the attached document displays in the **Attached Files** table and is associated with the document checkbox selected.

**File uploaded successfully.**

Please Check the name of the documents included in the Attachment before you attach. (All the files colored in red need to be attached for faster review.)

Codes	Documents
SOURCE-INITIAL	<input type="checkbox"/> Appendix F- Level of Care and Placement Instrument Form
	<input type="checkbox"/> Appendix I – Level of Care Justification for Intermediate Nursing Facility Care
	<input type="checkbox"/> Appendix S-MDS-HC Form
	<input type="checkbox"/> Appendix C-SOURCE Assessment Addendum
	<input type="checkbox"/> Medication Record
	<input type="checkbox"/> Case Notes
	<input type="checkbox"/> DON-R Screening Tool

**Attached Files**

File	Type	Code	Document Name	Size	User	Date	
<a href="#">SOURCE TEST attachment 2.docx</a>	Web Upload	SOURCE-INITIAL	Appendix C-SOURCE Assessment Addendum	10 KB	LUMA1	9/24/2013 9:34:51 AM	DELETE
<a href="#">SOURCE TEST attachment 2.docx</a>	Web Upload	SOURCE-INITIAL	Appendix F- Level of Care and Placement Instrument Form	10 KB	LUMA1	9/24/2013 9:34:51 AM	DELETE
<a href="#">SOURCE TEST attachment 2.docx</a>	Web Upload	SOURCE-INITIAL	Appendix I – Level of Care Justification for Intermediate Nursing Facility Care	10 KB	LUMA1	9/24/2013 9:34:51 AM	DELETE
<a href="#">SOURCE TEST attachment 2.docx</a>	Web Upload	SOURCE-INITIAL	Appendix S-MDS-HC Form	10 KB	LUMA1	9/24/2013 9:34:51 AM	DELETE
<a href="#">SOURCE TEST attachment 2.docx</a>	Web Upload	SOURCE-INITIAL	Case Notes	10 KB	LUMA1	9/24/2013 9:34:51 AM	DELETE
<a href="#">SOURCE TEST attachment 2.docx</a>	Web Upload	SOURCE-INITIAL	DON-R Screening Tool	10 KB	LUMA1	9/24/2013 9:34:51 AM	DELETE
<a href="#">SOURCE TEST attachment 2.docx</a>	Web Upload	SOURCE-INITIAL	Medication Record	10 KB	LUMA1	9/24/2013 9:34:51 AM	DELETE

**Figure 9**

8. To attach other files, repeat the same attachment procedure.
9. To return to the main Review Request page, click **Back** at the bottom of the page.