

(IHCS)Fallon Health Training Guide

*Durable Medical Equipment
Provider Training
(Fallon Health)*

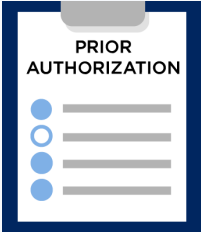


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IHCS & Fallon Health Program Overview



Fallon Health Prior Authorization Services



Integrated Home Care Services will begin accepting prior authorization requests for Durable Medical Equipment (DME) and Home Health Services beginning July 1, 2025.

Prior-Authorizations will apply to:

- Durable Medical Equipment
- Home Health Services



Applicable Memberships:

Fallon Health Members

- Fallon Medicare Plus (Medicare Advantage)
- NaviCare
- Fallon 365 Care
- Berkshire Fallon Health Collaborative
- Fallon Health-Atrius Health Care Collaborative
- Community Care
- Medicare Plus Central

Plans excluded are as follows:

PACE Program

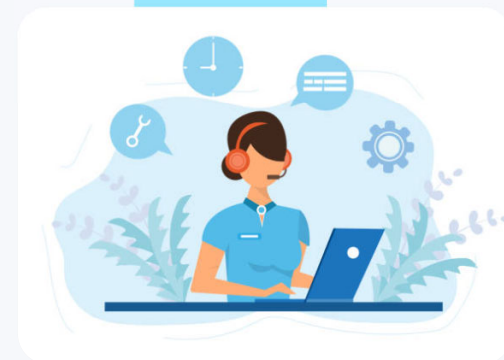
- Summit Elder Care
- Fallon Health Weinberg



What will change on July 1, 2025

Effective July 1, 2025:

- ✓ Referral Sources (Hospitals and Physicians) will send all requests for DME and Home Health Services directly to IHCS
- ✓ IHCS will review orders and apply clinical criteria
- ✓ IHCS will identify the appropriate Provider in Fallon's network to issue authorization to
- ✓ IHCS will coordinate care and ensure services are provided in a timely manner
- ✓ DME and Home Health Providers will be trained to access MedTrac — IHCS's proprietary tracking system — to view/obtain authorizations (authorizations will also be sent via fax/email to Providers)
- ✓ ***Beginning June 1, 2025, IHCS will provide detailed training on how to submit requests for services, obtain authorizations for new and existing patients, request authorization extensions and submit appeals for denied services***
- ✓ For patients who are currently receiving DME and/or Home Health Services, effective July 1, 2025 the following process will be implemented :
 - Patients receiving home health services will not need an authorization through IHCS until they complete their current Plan of Care. Additional services or continuation of services in excess of their current Plan of Care will need to be submitted to IHCS for review
 - Patients in possession of DME items considered "CAP Rental" will not need an authorization by IHCS for the remaining rental period
 - Patients receiving recurring DME and/or Respiratory supplies, who already have an authorization in the system for these items would not need a new authorization until the current authorization expires



Excluded Services – Orthotics, Prosthetics, PERS, Diabetic Supplies, Cochlear Implants, CPAP and BiPAP

Scope of Services

Durable Medical Equipment

- Mobility Aids
- Bath Safety Devices
- Beds and Support Surfaces
- Ostomy, Urological and Wound Care Supplies
- Wheelchairs and Power Mobility
- Enteral Nutrition
- Oxygen and Nebulizers
- Adult and Pediatric Respiratory

Note: Orthotics, Prosthetics, PERS, Diabetic Supplies, Cochlear Implants, CPAP and BiPap Equipment and Supplies are excluded and will not be authorized by IHCS. Please follow your current process with Fallon Health.

Home Health Care

- Skilled Nursing Services
- Physical Therapists
- Occupational Therapists
- Speech Therapists
- Home Health Aides
- Licensed Social Services

Additional Services for ACO and NaviCare Members

- Medical Administration Visits
- Long Term Home Care Services



Authorization Extension Process

Keys to a successful Authorization Extension

To obtain an authorization extension request via the MedTrac Portal, the provider submitting the request will need to gather three (3) categories of the following information:

1. Participant Information

Medicaid/Medicare/ACO ID Participant name Date of Birth (DOB)

2. Referring Physician

Physician name
National provider identifier (NPI) Tax Identification Number (TIN) Phone & Fax number

3. Supporting Clinical Information

Current physicians order/script Current clinicals relating to request ([see examples below](#))
patient history, progress notes and physical exams, most recent plan of care, valid prescription)
Current medical order listing all requested equipment for DME orders

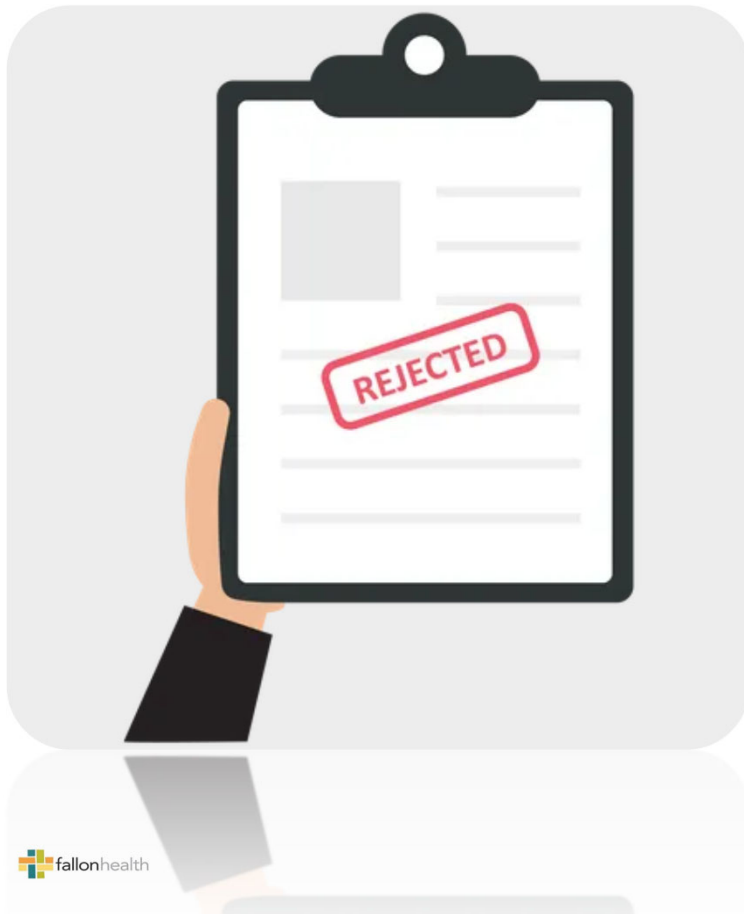
Authorization Extension Request Approval

Approved Requests

- Standard requests are processed within 2 business days after receipt of all necessary clinical information
- Purchases and daily rentals are usually valid for 90 days
- DME HCPCS code list is subject to change so please refer to our provider resources site and any Durable Medical Equipment announcements we send out.
- Monthly rentals are usually valid how many units/months approved plus one additional month



Authorization Extension Request Outcomes & Denied Requests



Based on evidence-based guidelines, an adverse determination is made and the request is denied

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member

Determination letters can be requested on demand from IHCS by calling: 844-215-4264

Request status can also be checked online using the MedTrac Portal

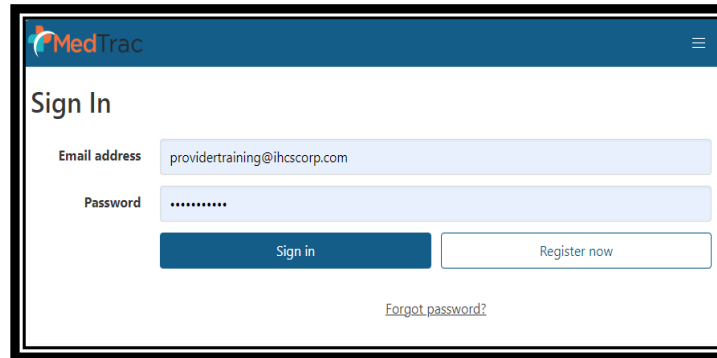
Benefits of the IHCS MedTrac Provider Portal

Benefits of the IHCS MedTrac Provider Portal

Did you know that most providers are already saving time submitting re-authorization/authorization extension requests online?

The following are some benefits and features:

- Saves time: Quicker process than phone re-authorization requests
- Available 24/7: You can access the portal any time and any day
- Upload additional clinical information: No need to fax in supporting clinical documentation. It can be uploaded on the portal to support a new request or when additional information is requested
- Check case status in real-time
- View and print authorization(s)

A screenshot of the MedTrac Sign In page. The page has a dark blue header with the MedTrac logo on the left and a menu icon on the right. Below the header, the text "Sign In" is displayed. There are two input fields: "Email address" with the value "providertraining@ihccorp.com" and "Password" with masked characters "*****". Below these fields are two buttons: "Sign in" (dark blue) and "Register now" (light blue). At the bottom, there is a link "Forgot password?".

- To speak with a Portal Specialist, call 844.215.4264 (Option #4) or email providertraining@ihccorp.com

Provider Portal for DME User Guide

HOME PAGE

Once a user is signed in, they will be directed to the **Home Page**.

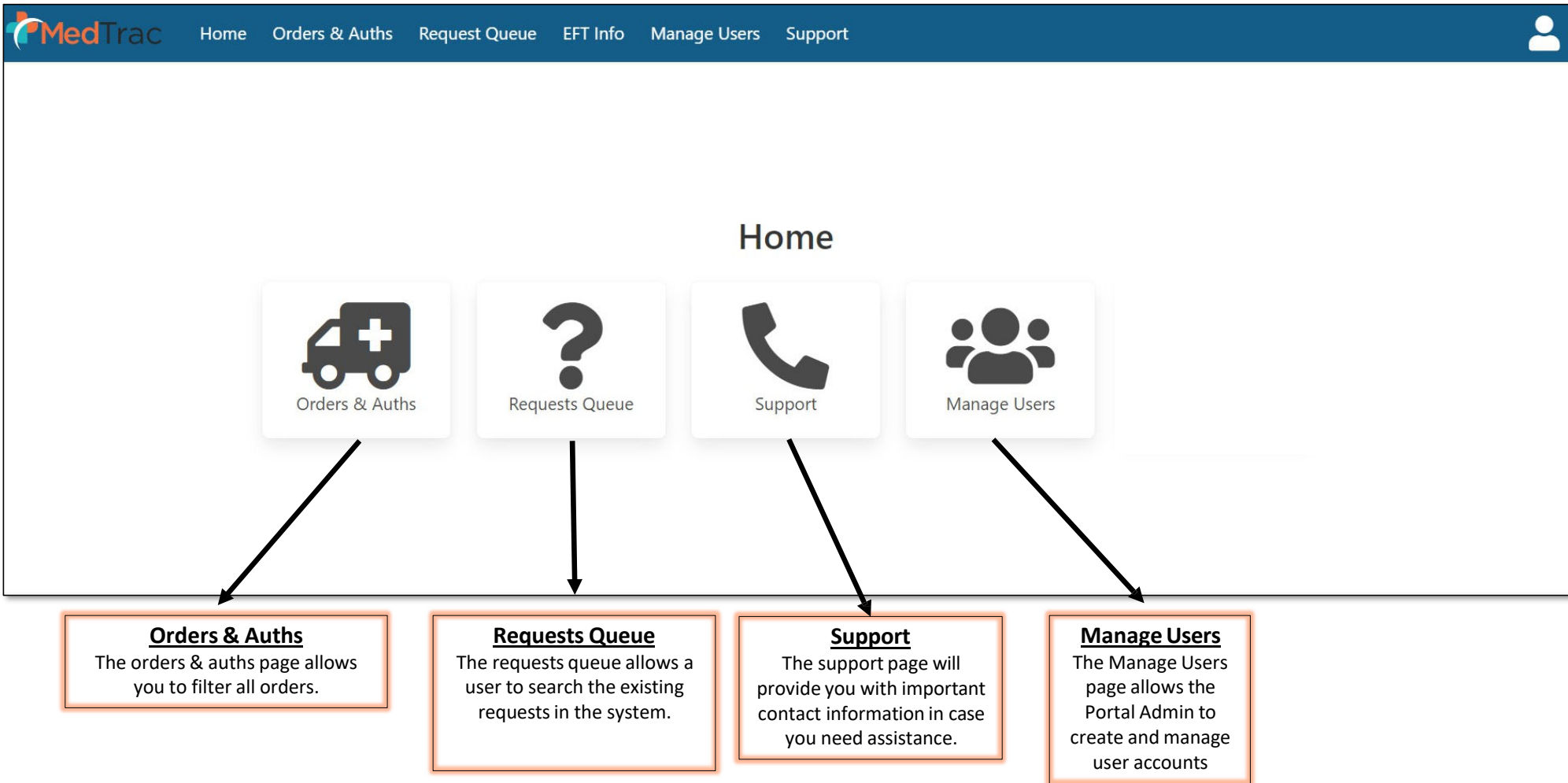
Depending on their access group – **STANDARD PORTAL USER** or **PORTAL ADMIN**, a user may not see all tiles and menu options.

PORTAL ADMINS:

- Orders & Auths
- Requests Queue
- Support
- Profile
- Manage Users

STANDARD PORTAL USERS:

- Orders & Auths
- Requests Queue
- Support
- Profile



ORDERS & AUTHS



AUTHORIZATION DETAILS

Auth #: 202205170158

Authorization Details

Faxes:
202205170158.pdf attached by mbustillo 05/17/2022
202205170158_2.pdf attached by mbustillo 05/17/2022

Auth Span: 03/28/2022 - 03/29/2022

Issued By: Juan Mendez

Referring Doctor: JEREMY TEST

Patient Name: TEST3 MENDEZ

Phone Number: 954-381-7970


Email: JMENDEZ@IHCSCORP.COM

Home Address:
14101 COMMERCE WAY
MIAMI LAKES, FL 33016

Print

Return To QA

Request Auth Extension

 **Delivery Details**

Delivery Phone Number: 954-381-7970

Delivery Address:
14101 COMMERCE WAY
MIAMI LAKES, FL 33016

Validated by USPS

Scheduled Delivery Date:
04/18/2022

Delivery Instructions:
04/18/2022 11:10:58 pm - Test Delivery instructions - Jen Close

Add Delivery Instructions

Add

Once you click on the **Details** button on the authorization, you will come to page that includes the following information:

- **AUTH NUMBER:** Links to the Subcontractor Form
- **FAXES:** Links to Orders received – RX, Clinicals, etc.
- **AUTH SPAN:** This is your authorization date range
- **ISSUED BY:** Person that issued the authorization
- **REFERRING DOCTOR**
- **PATIENT NAME** and **CONTACT INFORMATION**

On the right side you will find 3 buttons:

- **PRINT:** Allows you to download a pre-filled delivery receipt template.
- **RETURN TO QA:** Allows you to complete a short form to return the order to MedTrac in case something needs to be adjusted. *This button will not display once the delivery has been completed.*
- **REQUEST AUTH EXTENSION:** Allows you to request an extension to the authorization date range.

Print

Return To QA

Request Auth Extension


DELIVERY DETAILS

In the **DELIVERY DETAILS** section, you'll find:

- **DELIVERY PHONE NUMBER**
- **DELIVERY ADDRESS**
- **DELIVERY INSTRUCTIONS**
- **SCHEDULED DELIVERY DATE**
- **COD INFORMATION, IF APPLICABLE**

If the delivery address has been validated by USPS, there will be a green flag below the address indicating that the address has been validated.

Validated by USPS

 **Delivery Details**

Delivery Phone Number: 954-381-7970

Delivery Address:
14101 COMMERCE WAY
MIAMI LAKES, FL 33016

Validated by USPS

Scheduled Delivery Date:

04/18/2022

Add

Delivery Instructions:
04/18/2022 11:10:58 pm - Test Delivery instructions - Jen Close

Add Delivery Instructions

REQUESTS QUEUE



REQUESTS QUEUE

The **REQUESTS QUEUE** allows a user to search the existing requests in the system.

Filters include:

- Location
- Start Date
- End Date
- Last Name
- First Name
- MedTrac ID
- Member ID
- Request Type
- Status

Request Queue

Location

Advance Care Solution - Alford - 6751402432

Start Date

01/28/2022

End Date

mm/dd/yyyy

Last Name

First Name

MedTrac ID

Member ID

Request Type

Status

Search

PATIENT PROPERTIES PAGE

Once **SEARCH** is selected, a grid will populate with results.

If there are no results, a message will display letting the user know that no results were found.

Search					
Request Date	Type	Order Number	Status	Patient	Details
03/09/2022	DME Auth Extension Request	202203070003	Cancelled	ALAN TEST	Details
03/09/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Auth Extension Request	202107040003	New	ALAN TEST	Details
03/10/2022	DME Update Patient Request		Cancelled	ALAN TEST	Details
03/10/2022	DME Update Patient Request		New	ALAN TEST	Details

The user can click on [Details](#) to get details of the request. They can also click on the **PATIENT NAME** hyperlink to go to the **PATIENT DETAILS** page.

AUTH EXTENSION REQUEST

You can access the **AUTH EXTENSION REQUEST** page from the **AUTHORIZATION DETAILS** page.

From the **ORDERS & AUTHS** page, find the authorization you would like to request an extension for and click the details button.

On the **DETAILS** page, you will see the button to **REQUEST AUTH EXTENSION**.

Authorization Details

Auth #: 202204130002

Auth Span: 04/13/2022 - 05/07/2022

Issued By: Jen Close

Referring Doctor: ABRAHAM TESTA

Patient Name: HOWDY FRED

Print

Return To QA

Request Auth Extension

PATIENT PROPERTIES PAGE

After you arrive at the **REQUEST AUTH EXTENSION** page, you will see the **ORDER NUMBER, PATIENT ID/NAME, CURRENT AUTH EXPIRATION DATE**, and a list of items.

In order to request a new date, the date and notes field are required. You can also upload supporting documents by clicking the browse button.

Request Auth Extension

Order Number: 202204040002

Patient ID/Name: 10001024/ALAN TEST

Current Auth Expiration Date: 05/07/2022

Rental/Sale	Item	Quantity
Sale	A6445 STERILE CONFORMING BANDAGE PER YARDS	1
Sale	A6454 SELF-ADH BANDAGE,#1584 PER YARD	1

New Auth Expiration Date

Add Note

Supporting Documents

Once you have added the **NEW AUTH EXPIRATION DATE, NOTE**, and **UPLOADED SUPPORTING DOCUMENTS**, click **Submit Request** to save. You will see a success message display and the fields will display as *read only*.

CANCEL REQUEST

To cancel a request, select **CANCEL REQUEST**.

Request Details

Order Number: 202204040002

Patient ID/Name: 10001024/ALAN TEST

Current Auth Expiration Date: 05/07/2022

Requested Auth Expiration Date: 06/15/2022


Item	Quantity	Status
------	----------	--------

Request Submitted Successfully

Add Note

test

Supporting Documents

 Browse

doctor-request.pdf

Update Request

Cancel Request

If you wish to add notes or documents after you have cancelled a request, you can navigate to the **REQUEST QUEUE** tab in the blue bar at the top of the page and search.

When you click the **DETAILS** button in the grid, you'll see the request you created.

UPDATE REQUEST

Any updates to the request require a note and an optional supporting document.

When you select **UPDATE REQUEST**, you will see the **new note and document along with a success message.**

View Auth Extension Request

Request Details

Order Number: 202204040002

Patient ID/Name: 10001024/ALAN TEST

Current Auth Expiration Date: 05/07/2022

Request Created On: 04/05/2022

Requested Auth Expiration Date: 06/15/2022

Request Status: New

Item	Quantity	Status
A6445 STERILE CONFORMING BANDAGE PER YARDS	1	New
A6454 SELF-ADH BANDAGE,#1584 PER YARD	1	New

Notes

04/05/2022 12:44:59 pm - test - test 000

Add Note

Supporting Documents

Browse

doctor-request.pdf- Network Provider Portal 04/05/2022 12:44:59 pm

Update Request

Cancel Request

Notes

04/05/2022 12:49:53 pm - test 2 - test 000

04/05/2022 12:44:59 pm - test - test 000

Request Updated Successfully

Add Note

Supporting Documents

Browse

PatientDocument (1).pdf

doctor-request.pdf- Network Provider Portal 04/05/2022 12:44:59 pm
PatientDocument (1).pdf- Network Provider Portal 04/05/2022 12:49:53 pm

Update Request

Cancel Request

If you must cancel your request, select **CANCEL REQUEST**.

The status will changed to **CANCELLED**.



Adding and Managing Users



ADDING & MANAGING USERS

Once you have been given **PORTAL ADMIN** access to the MedTrac portal, you will be able to add:

- **Standard User**
- **Portal Admin**

Sign in to the MedTrac Portal with your **PORTAL ADMIN** username and password.

IHCS MedTrac Portal

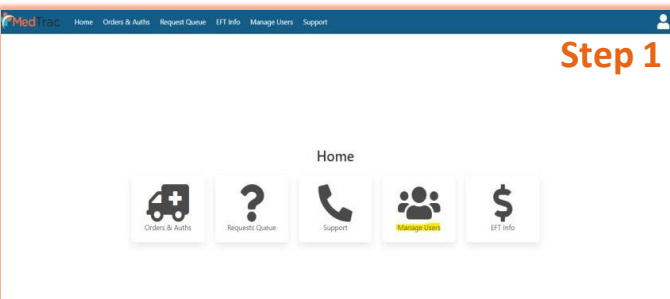
<https://providers.ihcscorp.com/#/sign-in>

If you have forgotten your password, click **Forgot Password** for reset.

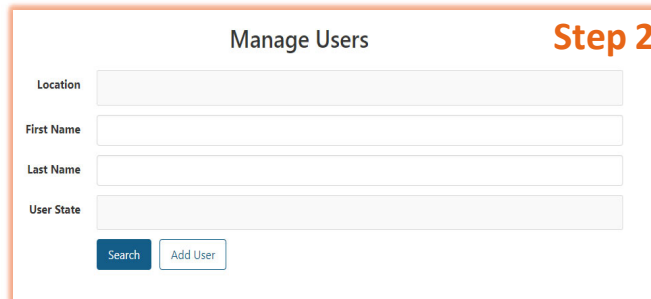
If you need additional assistance, please email
Provider Relations at

PR-Passwordsupport@ihcscorp.com

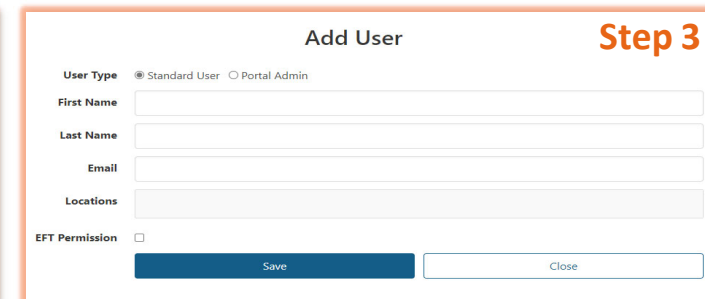
The screenshot shows the MedTrac portal's sign-in interface. At the top left is the MedTrac logo. On the right, it says "Step 1". The main heading is "Sign In". Below it are two input fields: "Email address" and "Password". Under the "Password" field are two buttons: "Sign in" (dark blue) and "Register now" (light blue). Below the buttons is a link that says "Forgot password?".



Step 1



Step 2



Step 3

Step 1 - Select the **Manage Users**

Step 2 - Enter your **Location**, then click **SEARCH**; Once location appears select **ADD USER**

Step 3 – Complete form: Add First Name, Last Name, Email, Locations, and EFT permissions

- You will be able to select if the user will have **Standard User** access or **Portal Admin** access
 - Portal Admin access will allow that user to *create* and *manage* additional users
- Click **SAVE**

The new **Standard User** or **Portal Admin** will receive a verification link via email.

*** Please note the link will expire in 1 hour ***

If the link expires, you will need to resubmit.

IHCS needs you to complete your registration process in order to access their Provider Portal. Please click the link below to verify. This link will expire in 1 hours.

<https://localhost:44325/#/registration?token=b12c6ed1-c208-44c5-b939-58c397484f8c&email=medsupplycabine@test.com>

Once registration has been verified via the link, the User will be required to input a new password.

MedTrac Provider Portal Registration

To complete registration, please enter a password below. If you need support, please contact your company administrator.

Password must contain the following:

- ✗ A lowercase letter
- ✗ A capital (uppercase) letter
- ✗ A number
- ✗ A special character
- ✗ Minimum 8 characters

Password

Confirm Password

[Continue](#)

User password must contain the following:

Password must contain the following:

- ✓ A lowercase letter
- ✓ A capital (uppercase) letter
- ✓ A number
- ✓ A special character
- ✓ Minimum 8 characters

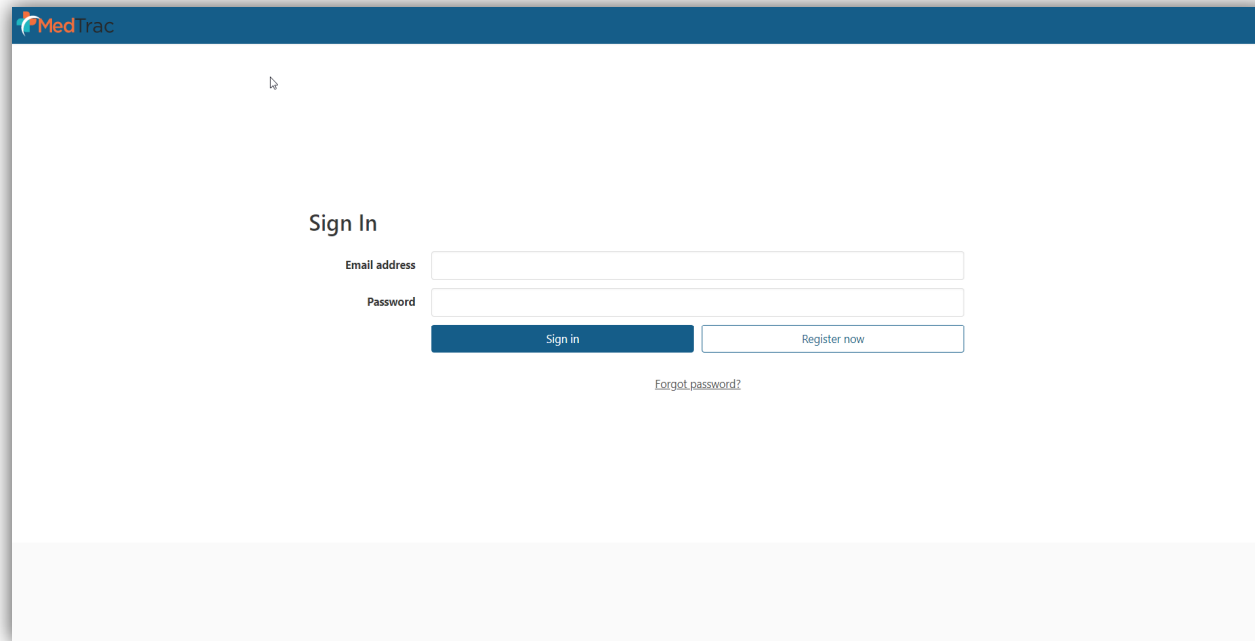


Once the new password is accepted, the User will be redirected to the portal sign-in page.

MedTrac Provider Portal Registration

You have successfully registered your portal account. Press Continue in order to sign in.

Continue



The image shows a web browser window displaying the MedTrac Sign In page. The browser's address bar shows the URL "https://medtrac.fallonhealth.com/". The page has a dark blue header with the MedTrac logo. The main content area is white and features a "Sign In" heading. Below the heading are two input fields: "Email address" and "Password". To the right of each field is a small eye icon for toggling password visibility. Below the input fields are two buttons: a dark blue "Sign in" button and a white "Register now" button with a blue border. At the bottom of the form, there is a link that says "Forgot password?".

MedTrac

Sign In

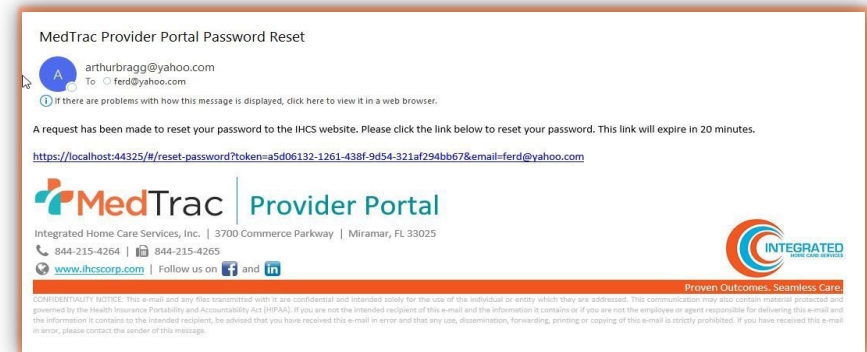
Email address

Password

[Forgot password?](#)

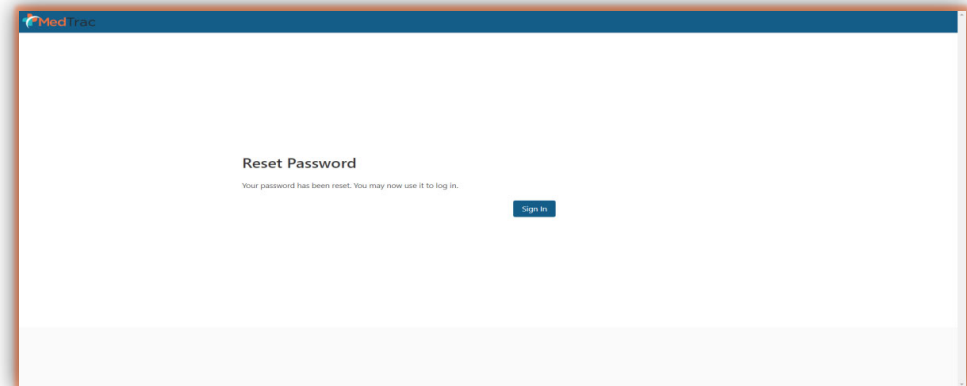
[Sign in](#) [Register now](#)

- Please note, after **5** incorrect password attempts, the account will be locked.
- If account is locked due to incorrect password, User must click on the **Forgot Password** hyperlink to reset their password. An email will be sent to the User's registered email with a reset link.



Once the password is reset, the user will be directed to login with the new password.

The screenshot shows the 'Reset Password' form in the MedTrac interface. It includes a list of password requirements: 'Password must contain the following: * A lowercase letter, * A capital (uppercase) letter, * A number, * A special character, * Minimum 8 characters'. Below these are two input fields labeled 'New Password' and 'Confirm New Password', and a blue 'Reset Password' button at the bottom.





EDITING/UPDATING & REVOKING USERS



Portal Admins have access to the Manage Users feature:



The **Manage Users** page allows searching for users associated with the Network Provider

Select **EDIT USER**:

Manage Users

Location: Ability Medical Supply, Inc. - 1457365355

First Name:

Last Name:

User State:

Results

Total Users: 2

Name	Email	User Type	Location	User State	Edit User
Arthur Bragg	Art@yahoo.com	Portal Admin	Multiple	Account Active	<input type="button" value="Edit User"/>
Frank Farkel	Frank@Farkel.com	Standard User	Ability Medical Supply, Inc.	Waiting On Email Invitation	<input type="button" value="Edit User"/>

The **Portal Admin** can edit the user and also change the user state, in this case the user can be **REVOKED**. Once a user is **REVOKED**, the Admin will see a **“Resend RegistrationEmail”** button, this is the only way a **REVOKED** user can be re-activated.

Note: A **PORTAL ADMIN** has two important restrictions:

1. They cannot make themselves a “Standard User”
2. They cannot Revoke their own account

Edit User

User Type: ☒ Standard User ☐ Portal Admin

First Name:

Last Name:

Email:

Locations:

User State:

EFT Permission: ☒

History

Date	User Status	Event	Email	Changed By
2022-04-13T17:51:18.413Z	Waiting On Email Invitation	Registration Email Sent	Frank@Farkel.com	Network Provider Portal User
2022-04-13T17:51:18.4Z	Waiting On Email Invitation	Verify Email Token Created	Frank@Farkel.com	Arthur Bragg
2022-04-13T17:51:18.4Z	Waiting On Email Invitation	State Change		Arthur Bragg

If the **PORTAL ADMIN** changes/updates a User's email address, the following confirmation dialog appears:

Edit User

User Type ☒ Standard User ☐ Portal Admin

First Name

Last Name

Email You have edited the user's email address - this will cause a verification email to be sent to the user. Continue? Yes No

Locations Ability Medical Supply, Inc. - 1457365355

User State Waiting On Email Invitation

EFT Permission ☒ Save Revoke User Close

History

Date	User Status	Event	Email	Changed By
2022-04-13T17:51:18.413Z	Waiting On Email Invitation	Registration Email Sent	Frank@Farkel.com	Network Provider Portal User
2022-04-13T17:51:18.4Z	Waiting On Email Invitation	Verify Email Token Created	Frank@Farkel.com	Arthur Bragg
2022-04-13T17:51:18.4Z	Waiting On Email Invitation	State Change		Arthur Bragg

ADD USER brings up the Edit page in New User mode:

Add User

User Type ☒ Standard User ☐ Portal Admin

First Name

Last Name

Email

Locations

EFT Permission ☐ Save Close

History

No results found.

If **PORTAL ADMIN** is selected you will no longer see the LOCATION dropdown. PORTAL ADMINS are given automatic access to all locations within the TIN.

Email addresses are checked for duplicates:

Last Name

Email The Email Address is already used.

Locations Ability Medical Supply, Inc. - 1457365355

Add User

User Type ☐ Standard User ☒ Portal Admin

First Name

Last Name

Email

EFT Permission ☐ Save Close

History

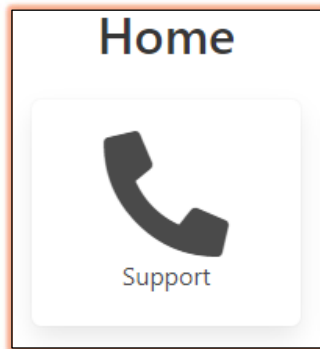
No results found.



SUPPORT & PROFILE



The **SUPPORT** page is accessed by clicking the support tile or the support item in the menu. All users have access to the support page.



Support

Contact Number for Provider Relations and Services: 844-215-4264 - Option 4

Email:

PR-PasswordSupport@ihcscorp.com - To be used when submitting password issues.

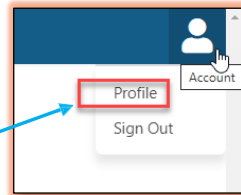
EOP@ihcscorp.com - To be used when related to EOB and EOP issues.

EFT@ihcscorp.com - To be used when submitting new EFT requests.

Thank you.

IHCS PR Team

A user can update their email address or password using the **PROFILE** page. To access the **PROFILE** page, a User can hover over the person icon on the top right of the screen, and select **PROFILE**.



This will take the user to the **PROFILE** page.

Profile

Enter your new password or email below.

Current Email

providertraining@ihcscorp.com

New Email Address

providertraining@ihcscorp.com

Password must contain the following:

✓ A lowercase letter

✓ A capital (uppercase) letter

✓ A number

✓ A special character

✓ Minimum 8 characters

New Password

.....

Confirm New Password

Update Profile

After the User enters their changes, they click **UPDATE PROFILE** and will receive a message with instructions on how to proceed.

Account Settings

Your credentials have been updated. You'll need to sign back in. If you've changed your email address, please check your email for validation instructions first.

Sign in

IMPORTANT LINKS

- **MEDTRAC:** <https://providers.ihcscorp.com/#/sign-in>
- **IHCS:** <https://ihcscorp.com/provider-portal/>

Contact Us

Provider Relations: (844) 215-4264 –Option 4

Authorization Requests/Inquiries: (844) 215-4264

Main Fax Line: (844) 215-4265

Email:

Provider Services: Providerservices@ihcscorp.com

Password Reset: PR-PasswordSupport@ihcscorp.com

Provider Training: Providertraining@ihcscorp.com



Thank You

