

# (IHCS) Fallon Health Training Guide

*Home Health 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



# Auth Extension/Concurrent Review Process

# Keys to a successful Authorization Extension/Concurrent Review Request

To obtain an authorization extension/concurrent review 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

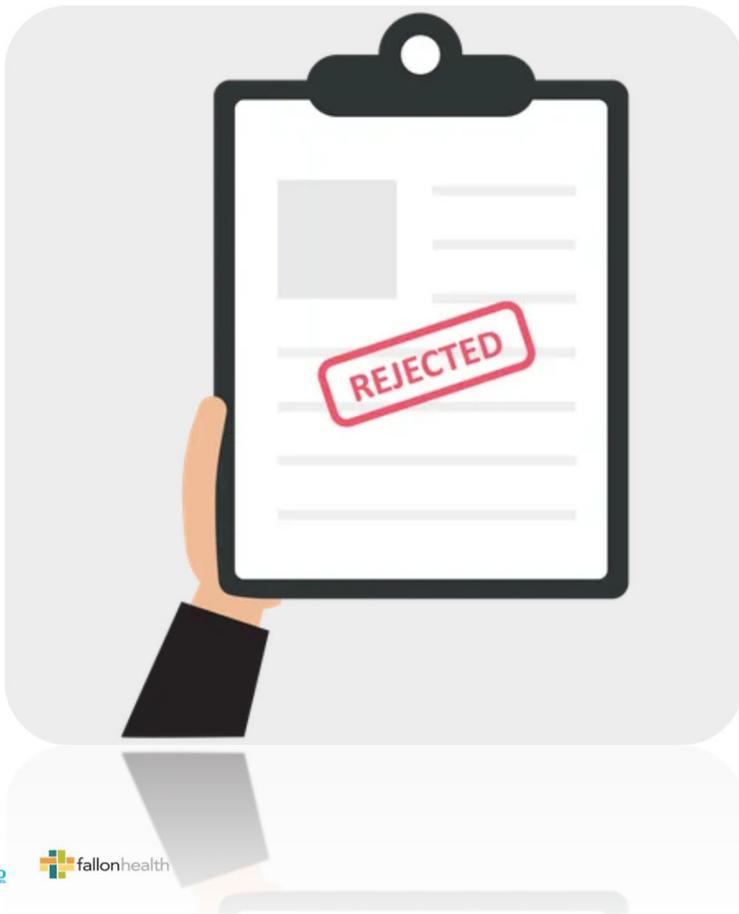
# Authorization Extension/Concurrent Review Request Approval

## 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/Concurrent Review 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

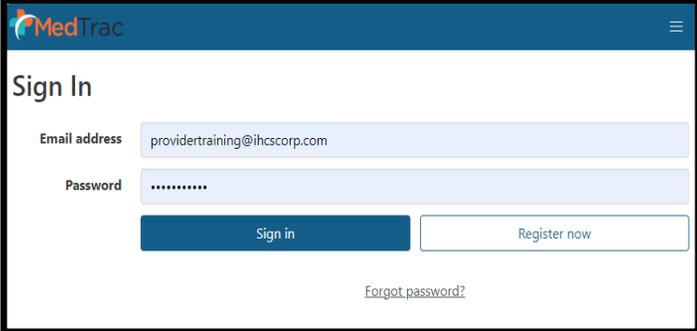


# Benefits of the IHCS MedTrac Provider Portal

**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)



The screenshot shows the MedTrac Sign In page. At the top left is the MedTrac logo. Below it is the heading "Sign In". There are two input fields: "Email address" with the value "providertraining@ihscorp.com" and "Password" with a masked password "\*\*\*\*\*". Below the password field are two buttons: "Sign in" and "Register now". At the bottom right, there is a link "Forgot password?".

- To speak with a Portal Specialist, call 844.215.4264 (Option #4) or email [providertraining@ihscorp.com](mailto:providertraining@ihscorp.com)

# Provider Portal for Home Health User Guide



# HOME PAGE

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

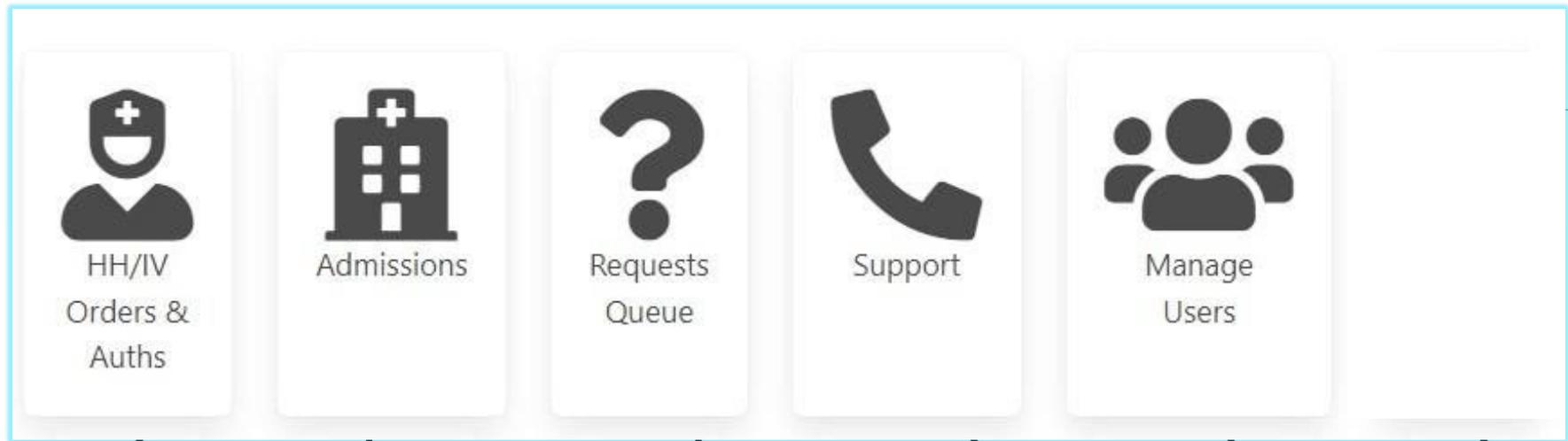
Depending on their access group – **STANDARD PORTAL USER** or **PORTAL ADMIN**, a user may not see all tiles and menu options.

## PORTAL ADMINS:

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

## STANDARD PORTAL USERS:

- Orders & Auths
- Admissions
- Requests Queue
- Support



**Orders & Auths**  
The orders & auths page allows you to filter all new orders.

**Admissions**  
The admissions page allows you to work your admissions/orders (Enter SOC, concurrent reviews, authorization extensions, and discharges)

**Requests Queue**  
The requests queue allows a user to search the existing requests in the system.

**Support**  
The support page will provide you with important contact information in case you need assistance.

**Manage Users**  
The Manage Users page allows the Portal Admin to create and manage user accounts

# HH/IV ORDERS & AUTHS



The **HH/IV ORDERS & AUTHS** page allows you to filter all orders

The screenshot shows a web interface titled "HH/IV Order and Auth Management" with a subtitle "Filter orders:". The interface includes several filter fields: "State", "Location", "Date From" (set to 01/13/2023) and "To" (set to 03/13/2023), "Auth Number", "Patient First Name", "Patient Last Name", "Member ID", "Order Status" (with "New" and "Pending" selected), and "Category" (with "Home Health" and "Pharmacy" selected). A "Search" button is located at the bottom of the filter section.

- **SERVICE DATE FROM:** By default, field will be set to 30 days before
- **SERVICE DATE TO:** By default, field will be set to 30 days in the future

The **ORDER STATUS** field will be set by default to return orders that have been:

- **NEW:** i.e., newly assigned orders to your agency;
- **PENDING:** i.e., cases pending to be staffed;
- **COMPLETE/STAFFED:** i.e., orders that have been staffed/order has been reviewed and completed.

You can also filter by:

- **STATE**
- **LOCATION**
- **AUTH NUMBER**
- **PATIENT FIRST/LAST NAME**
- **MEMBER ID**
- **CATEGORY**

## HH/IV Order and Auth Management

Filter orders:

State

Location

Date From  To

Auth Number

Patient First Name

Patient Last Name

Member ID

Order Status New Pending

Category Home Health Pharmacy

[Search](#)

### Results

Total orders: 3

Location	ID	Status	Category	Patient	Created	Details
Denver - 9263330901	H-202302050132	New	Home Health	TEST 1 TRAINER 1 954-111-1111	02/05/2023	<a href="#">Details</a>

Once you've set your filters, click **SEARCH** and the results will display below.

Clicking on the **ID NUMBER** will download the **Subcontractor Form**.

Clicking the **PATIENT NAME** will bring you to the patient's demographic details.

Clicking on the **DETAILS** button will bring you to the authorization details.

# AUTHORIZATION DETAILS

### Authorization Details

Auth #: H-202406270802  
Auth Span: 06/27/2024 - 07/27/2024  
Auth Type: Pre-Service  
NPI: 9263330901

[Request Auth Extension](#)  
[Request Concurrent Order](#)

**Faxes:**  
202406270802.pdf attached by hhtraining 06/27/2024

Issued By: HH Training  
Order Type: Initial

Admission Number: 463938  
Admission Status: New  
Admission Create Date: 06/27/2024

Primary Care Provider: JEREMY TEST - 303-648-6674  
Referring Doctor: JEREMY TEST - 303-648-6674

Patient: TEST 2, TRAINER 2  
Member Number: 123M45678

**Order Status**  
Order Status: New  
[Update Status](#)

**Services**

Service	Quantity	Quantity Approved
G0299 - RN VISIT	6	6

**Order Instructions**  
6/27/2024 12:34:49 PM hhtraining Member Notification of Approval Patient 954-394-3545 test Self Contact 6/27/2024 by hhtraining 6/27/2024 by hhtraining Notified member of approved services and advised on the duration of the authorization period.

**Order Notes**  
06/27/2024 12:34:23 pm - HH Training - Status changed from Referred to UM Delegation  
06/27/2024 12:32:48 pm - HH Training - test

Add New Order Note  
  
[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.
- **SERVICES:** Services approved for member
- **ORDER NOTES:** To view order instructions
- **ORDER STATUS:** Select Pending or Complete/Staffed
- **PATIENT NAME** and **CONTACT INFORMATION**

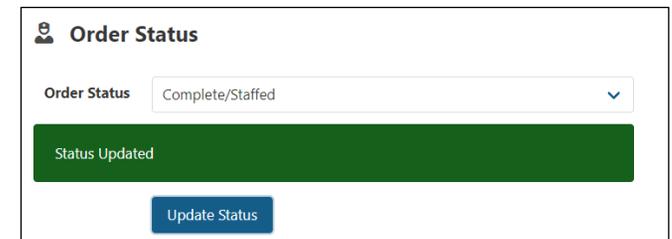
# ORDER STATUS



The screenshot shows the 'Order Status' section of a user interface. It features a dropdown menu currently set to 'New'. The dropdown is open, showing three options: 'New', 'Pending', and 'Complete/Staffed'. Below the dropdown, the text 'COD Owed: \$0.00' is visible.

In the **ORDER STATUS** section, you'll find:

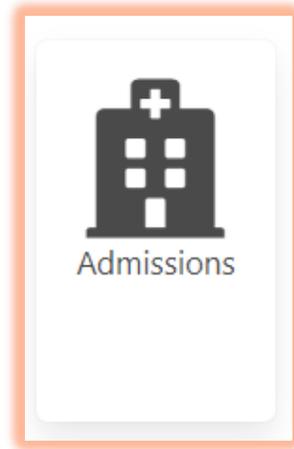
- **NEW** – Newly assigned order to your agency
  - **PENDING** – Pending to be staffed
  - **COMPLETE/STAFFED** – Reviewed order for accuracy and are ready to render services
- You **MUST** select **UPDATE STATUS** to save your selection



The screenshot shows the 'Order Status' section after the status has been updated. The dropdown menu is now set to 'Complete/Staffed'. A green notification bar at the bottom of the section displays the text 'Status Updated'. Below the notification bar is a blue button labeled 'Update Status'.

Once status has been changed to Complete/Staffed it will be transferred to the **ADMISSIONS** tab as a **NEW ORDER**.

# ADMISSIONS



# ADMISSIONS

The **HOME HEALTH ADMISSIONS** tab allows you to search for patients via the following:

- State
- Location
- Created From Date
- Start of Care From Date
- Admission Number
- Order Number
- First Name
- Last Name
- Member ID
- Admission Status

### Home Health Admissions

Filter Admissions:

State

Location

Created From  To

Start of Care From  To

Admission Number

Order Number

Patient First Name

Patient Last Name

Member ID

Admission Status

**Admission Status**

New × Active × Discharged × NTUC × Non-Admit ×

Search

You can search Admission Status by category below:

- **New** - Newly assigned orders to agency by IHCS
- **Active** – Orders that have been assigned a Start of Care date by the provider
- **Discharged** – Rendered services have been completed; member has been discharged
- **NTUC** – Not Taken Under Care
- **Non-Admit** – Member not serviced (i.e., member refusing services, expired, etc.)

# NEW ORDERS

**Admission Status** New ×

Search

**Results**

Total admissions: 4

Location	Admission #	Status	Patient	Created On	Start of Care	Details
Denver - 9263330901	340127	New	TEST 5 TRAINER 5 305-305-9111	02/05/2023		<a href="#">Details</a>
Denver - 9263330901	340129	New	TEST 1 TRAINER 1 954-111-1111	02/05/2023		<a href="#">Details</a>
Denver - 9263330901	340130	New	TEST 1 TRAINER 1 954-111-1111	02/05/2023		<a href="#">Details</a>
Denver - 9263330901	340131	New	TEST 1 TRAINER 1 954-111-1111	02/05/2023		<a href="#">Details</a>

Once you enter **NEW** as your **Admission Status** and select Search, your **New** order results will populate.

Select **Details** button to access Admission Details.

**Admission Details include:**

- Entering Start of Care (**SOC**) date to activate your admission (*this field is mandatory*)
- File concurrent requests.
- File authorization extension requests.
- Discharge admission.
- Patient update request (change in patient demographics)

# Home Health Admission Details

## Home Health Admission Details

Admission Number: 463940

Admission Status: New

Admission Create Date: 06/27/2024

Start Date: 06/27/2024

Patient ID/Name: 264453 / TEST 3 TRAINER 3

Start of Care Date

Notes

Save Start of Care

Non-Admit

Notes

Set Non-Admit

### Associated Orders

Referral Number	Auth From	Auth Expiration	Is Initial	Status	Created	Auth Extension
H-202406270821	06/27/2024	07/27/2024	true	New	06/27/2024	Request

### Notes History

### Admission Status History

You will have the option to input the **START OF CARE** date or process a Non-Admission.

Once you have entered the **START DATE**, and any applicable notes, click **SAVE START OF CARE** and the status will change to **ACTIVE**.

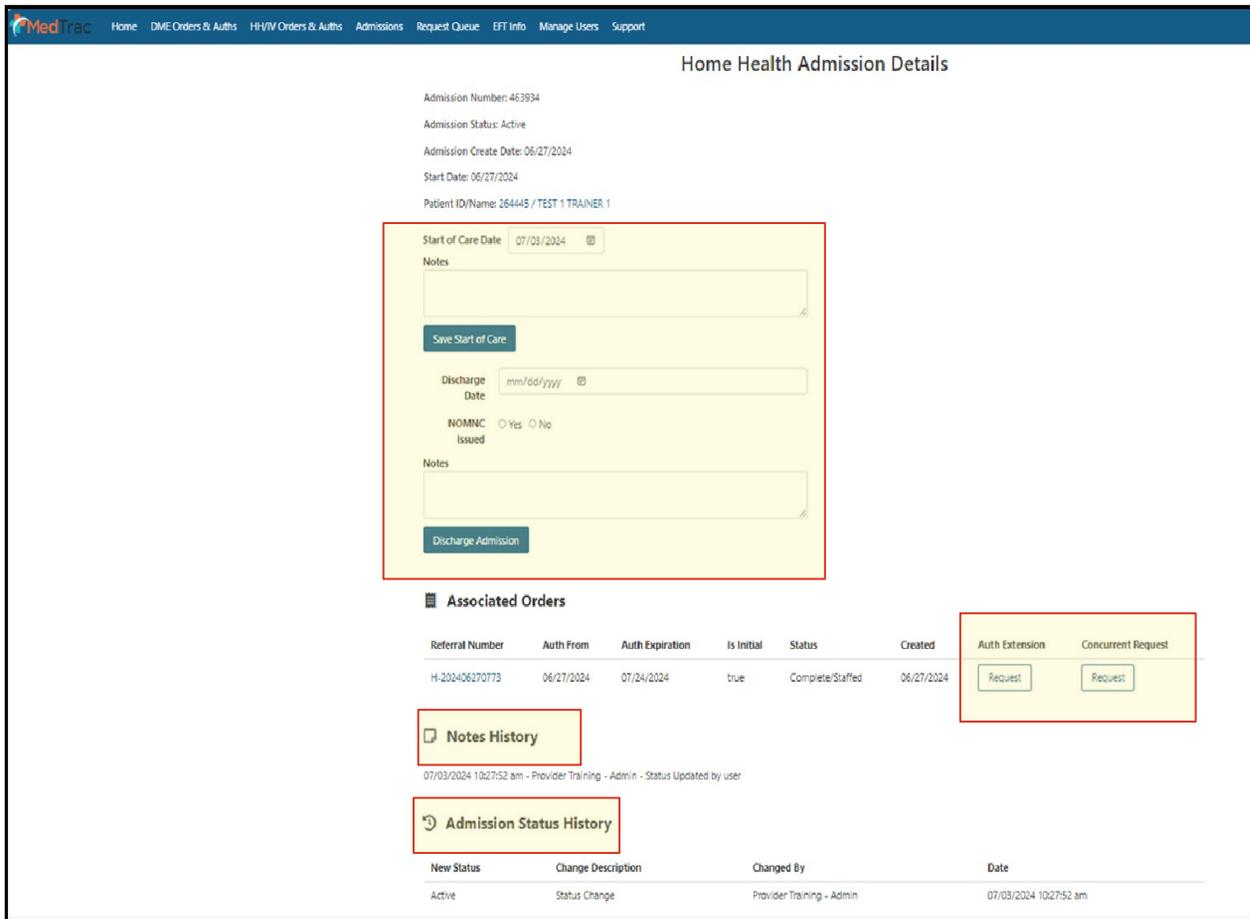
Start of Care Date

Notes

Start of care updated successfully

Save Start of Care

# Home Health Admission Details Cont'd.



MedTrac Home DME Orders & Auths HI/VW Orders & Auths Admissions Request Queue EFT Info Manage Users Support

### Home Health Admission Details

Admission Number: 463934  
Admission Status: Active  
Admission Create Date: 06/27/2024  
Start Date: 06/27/2024  
Patient ID/Name: 264445 / TEST 1 TRAINER 1

Start of Care Date: 07/03/2024

Notes

Save Start of Care

Discharge Date: mm/dd/yyyy

NOMNC Issued:  Yes  No

Notes

Discharge Admission

#### Associated Orders

Referral Number	Auth From	Auth Expiration	Is Initial	Status	Created	Auth Extension	Concurrent Request
H-202406270773	06/27/2024	07/24/2024	true	Complete/Staffed	06/27/2024	<input type="button" value="Request"/>	<input type="button" value="Request"/>

#### Notes History

07/03/2024 10:27:52 am - Provider Training - Admin - Status Updated by user

#### Admission Status History

New Status	Change Description	Changed By	Date
Active	Status Change	Provider Training - Admin	07/03/2024 10:27:52 am

Once an order is **ACTIVE** and you have entered the **START OF CARE** date, this will allow you to request **NEW CONCURRENT ORDER, AUTH EXTENSION, or DISCHARGE ADMISSION.**

You will also be able to upload a **NOMNC**, if issued to the patient or health plan.

# Home Health Admission - Auth Extension

An **AUTHORIZATION EXTENSION** can be requested by clicking on the Auth Extension Request button.

By clicking on the **AUTH EXTENSION** you will be directed to the **NEW AUTH EXTENSION REQUEST** page.

Associated Orders							
Referral Number	Auth From	Auth Expiration	Is Initial	Status	Created	Auth Extension	Concurrent Request
H-202406270773	06/27/2024	07/24/2024	true	Complete/Staffed	06/27/2024	<input type="text"/>	<input type="button" value="Request"/>

### Request Auth Extension

Order Number: 202302050129      Admission Number: 340127  
Patient ID/Name: 264458/TEST 5 TRAINER 5      Admission Start: 02/11/2023  
Current Auth Expiration Date: 03/10/2023

Item	Quantity	Quantity Approved
T1030 REGISTERED NURSE VISIT	7	7
G0151 PHYSICAL THERAPY VISIT	7	7

**New Auth Expiration Date**

**Add Note**

**Supporting Documents**

# Home Health Admission Auth Extension Cont'd

### Request Auth Extension

Order Number: 202302050129      Admission Number: 340127  
Patient ID/Name: 264458/TEST 5 TRAINER 5      Admission Start: 02/11/2023  
Current Auth Expiration Date: 03/10/2023

Item	Quantity	Quantity Approved
T1030 REGISTERED NURSE VISIT	7	7
G0151 PHYSICAL THERAPY VISIT	7	7

**New Auth Expiration Date**

**Add Note**

**Supporting Documents**

On the **NEW AUTH EXTENSION REQUEST** page, you can enter a **NEW EXPIRATION DATE** (Extension) with a note specifying the reason for the extension.

Documents can be uploaded by clicking **BROWSE**.

To save your request, select **SUBMIT REQUEST**.

Request saved successfully.

**Please note, you must enter a New Auth Expiration Date prior to uploading a document.**

# Home Health Admission Concurrent Request

To submit a concurrent order, select **NEW CONCURRENT ORDER REQUEST**, **please note:** a concurrent order request will only be available after "**ACTIVATING YOUR ADMISSION BY ENTERING YOUR START OF CARE DATE (SOC)**" and the concurrent order request feature will be available and tied to the initial authorization for the patient .

Associated Orders							
Referral Number	Auth From	Auth Expiration	Is Initial	Status	Created	Auth Extension	Concurrent Request
H-202406270773	06/27/2024	07/24/2024	true	Complete/Staffed	06/27/2024	<a href="#">Request</a>	<a href="#">Request</a>

### Concurrent Order Request

**Patient Info**

Patient ID/Name: 264458 / TEST 5 TRAINER 5      Address: 5555 N19 AVENUE  
 Date of Birth: 04/01/1950      JACKSONVILLE, FL 32216  
 Member ID: 123W88888

**Request Info**

Admission Number: 340127  
 Admission Start: 02/13/2023

**Assessment**

Auth Start Date:

Is Patient Homebound?  Yes  No

What specific skilled service is being performed (explain)?

Is the patient/caregiver being taught?  Yes  No

**Services**

Add a service:

HCPC Code:

Quantity:

[Add Service](#)

**Documents**

[Submit Request](#)   [Cancel](#)

# Home Health Admission Concurrent Request

When submitting **RE-AUTHORIZATION/CONCURRENT** requests you must first enter the **AUTH START DATE** and answer each question and please provide a detailed explanation in order to avoid delays/denial.

Please enter the services and quantities you are requesting.

**Once these have been completed, it is mandatory for you to upload your PDF documents, verifying the need for these additional visits.**

**NOTE: THE NEW AUTH START DATE REQUEST NEEDS TO BE APPROVED BY IHCS HOME HEALTH AND THE HEALTH PLAN. UNTIL APPROVED, IT WILL SHOW AS PENDING AUTH REQUEST. ONCE APPROVED, THE STATUS WILL SHOW AS APPROVED.**

You will see a success message once saved.

Request saved successfully.

[View Request](#)

# Home Health Admission Concurrent Request: How to Modify/Edit

**Services**

Item	Quantity	
S9140 - LPN DIABETIC VISIT	5	Remove

**Add a service:**

HCPC Code

Quantity

**Add Service**

After selecting the service (HCPC Code), you have the option to **EDIT** and/or **REMOVE**. Please note once a request has been submitted, it cannot be modified. You will need to cancel your request and submit as new.

# PATIENT PROPERTIES PAGE

You can navigate to the **PATIENT PROPERTIES** page by clicking on the patient's name from the grid on the **ORDERS & AUTHS** and **ADMISSIONS** page.

### Orders & Auths:

Location	ID	Status	Category	Patient	Created	Details
Denver - 9263330901	H-202302050132	New	Home Health	TEST 1 TRAINER 1 954-111-1111	02/05/2023	<a href="#">Details</a>

### Admissions:

Location	Admission #	Status	Patient	Created On	Start of Care	Details
Denver - 9263330901	336948	Active	TEST 5 TRAINER 5 305-305-9111	01/24/2023	02/02/2023	<a href="#">Details</a>

# PATIENT PROPERTIES PAGE

## Patient Comments

Includes comments added by the IHCS team.

## Insurance Information

Includes details about the patient's insurance – Health Plan, Effective Date, Primary Insured, Primary Insurer and Secondary Insurer.

## Medical Details

Includes medical details about the patient – ICD-10, Directions/Instructions, Allergies, Oxygen, Diabetes, and Enteral Nutrition information.

## Physician Details

Includes details about the patient's PCP. Information related to the referring physician for an order will be found on the authorization details. Information included will be the name, address, phone, fax and email for the doctor, their federal Tax ID #, UPIN #, PR #, NPI #, and PECOS details.

## Patient Notes

Includes a history of notes about the patient with the most recent at the top. This section will also allow the network provider to enter notes. Once you enter a new note, it will display at the top of the section.

# REQUESTING PATIENT UPDATE

Here you can find **demographic information** about the patient, including:

- Name
- Mailing Address
- Billing Address
- Phone Number
- Emergency Contact Information
- Patient Representative Information
- Preferred Language
- Date of Birth
- Height
- Weight
- Gender

**i Patient Information**

Patient Name: ALAN TEST

Preferred Language: English

[Request Patient Update](#)

**To request an update to patient's demographic, select *REQUEST PATIENT UPDATE***

Select the **LOCATION** and a request of what needs to be updated on the patient's demographic profile.

***Both location and request are required fields.***

**Request Patient Update**

MedTrac ID/Name: 10001024 / ALAN TEST

Member ID: A3434343434

Date of Birth: 11/24/2019

Location:

Request:

[Submit Request](#)

Once you click **SUBMIT REQUEST**, you will receive verification that the request was submitted successfully.

**Request saved successfully.**

MedTrac ID/Name: 264445 / TEST 1 TRAINER 1

Member ID: 123W45678

Date of Birth: 12/08/1961

Location: Denver - 9263330901

Request: Please update member's last name spelling.

# HOME HEALTH ADMISSIONS - DISCHARGE

If a NOMNC was issued, select **YES**. A **NOMNC Issue Date** will generate along with an **UPLOAD NOMNC DOCUMENT** option.

**Home Health Admission Details**

Admission Number: 336948  
 Admission Status: Active  
 Admission Create Date: 01/24/2023  
 Start Date: 01/24/2023  
 Patient ID/Name: 264458 / TEST 5 TRAINER 5

Start of Care Date:

Notes:

Discharge Date:

NOMNC Issued:  Yes  No

Notes:

**IF A NOMNC WAS ISSUED, YOU MUST UPLOAD!**

Discharge Date:

NOMNC Issued:  Yes  No

NOMNC Issue Date:

Upload NOMNC Document:

Notes:

In order to **DISCHARGE** your patient, input the **Discharge Date**.

Discharge Date:

NOMNC Issued:  Yes  No

Reason:

Notes:

Reason dropdown menu options:  
 RN Eval Only  
 PT Hospitalized  
 PT Refused Further Services  
 Other

If a **NOMNC** was **NOT** issued select a reason from the drop-down menu.

- Include applicable notes
- Click **SUBMIT** to complete the **DISCHARGE** process

# HOME HEALTH ADMISSIONS - NOMNC DISCHARGE for Medicare Providers

Providers are required to comply with state and federal laws. With respect to Medicare patients who are discharged from home health care, CMS requires Providers to timely issue a Notice of Medicare Non-Coverage (NOMNC) to the patient. The following are some steps Providers should take to ensure compliance with this NOMNC requirement:

- **Prior to discharging patient** from home health services, determine whether the patient is a Medicare Advantage member.
- **If the patient is a Medicare Advantage member**, provide the patient with a NOMNC form at least 48 hours prior to discharge. Please note the patient or the patient’s authorized representative must sign and date the notice.
- **Utilize the approved CMS NOMNC Form template** and complete as directed by CMS.
- **Providers are required to upload completed (dated/signed) NOMNC** in the MedTrac Portal.
- **The required NOMNC forms** are audited quarterly

While this NOMNC form is generated automatically with the authorization and easily accessible in the MedTrac portal, it is the responsibility of the care team to verify its accuracy and relevance to the specific patient scenario.

For more information on the proper steps regarding the processing of a NOMNC form please attended our regularly schedule MedTrac Portal training sessions for our Home Health providers.

Test HH Agency  
123 test st Denver, CO 81010  
343-567-5645

**Notice of Medicare Non-Coverage**

Patient name: TEST 5 TRAINER 5      Patient number: 123W88888

**The Effective Date Coverage of Your Current Services Will End:**

- Your Medicare provider and/or health plan have determined that Medicare probably will not pay for your current Home Health services after the effective date indicated above.
- You may have to pay for any services you receive after the above date.

**Your Right to Appeal This Decision**

- You have the right to an immediate, independent medical review (appeal) of the decision to end Medicare coverage of these services. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the independent reviewer will each receive a copy of the detailed explanation about why your coverage for services should not continue. You will receive this detailed notice only after you request an appeal.
- If you choose to appeal, and the independent reviewer agrees services should no longer be covered after the effective date indicated above;
  - o Neither Medicare nor your plan will pay for these services after that date.
- If you stop services no later than the effective date indicated above, you will avoid financial liability.

**How to Ask For an Immediate Appeal**

- You must make your request to your Quality Improvement Organization (also known as a QIO). A QIO is the independent reviewer authorized by Medicare to review the decision to end these services.
- Your request for an immediate appeal should be made as soon as possible, but no later than noon of the day before the effective date indicated above.
- The QIO will notify you of its decision as soon as possible, generally no later than two days after the effective date of this notice if you are in Original Medicare. If you are in a Medicare health plan, the QIO Number: **1-888-317-0751 or via Facsimile: 1-844-878-7921, TTY: 711** generally will notify you of its decision by the effective date of this notice.
- Call your QIO at: **1-888-317-0751 or via Facsimile: 1-844-878-7921, TTY: 711** to appeal, or if you have questions.

**See page 2 of this notice for more information.**

Form CMS 10123-NOMNC (Approved 12/31/2011)      OMB approval 0938-0953

If You Miss The Deadline to Request An Immediate Appeal, You May Have Other Appeal Rights:

- If you have Original Medicare: Call the QIO listed on page 1.
- If you belong to a Medicare health plan: Call your plan at the number given below.

**Plan contact information:**

Simply Healthcare  
877-577-0115  
TTY users: 711

**Additional Information (Optional):**

Please sign below to indicate you received and understood this notice.

I have been notified that coverage of my services will end on the effective date indicated on this notice and that I may appeal this decision by contacting my QIO.

Signature of Patient or Representative \_\_\_\_\_ Date \_\_\_\_\_

Form CMS 10123-NOMNC (Approved 12/31/2011)      OMB approval 0938-0953



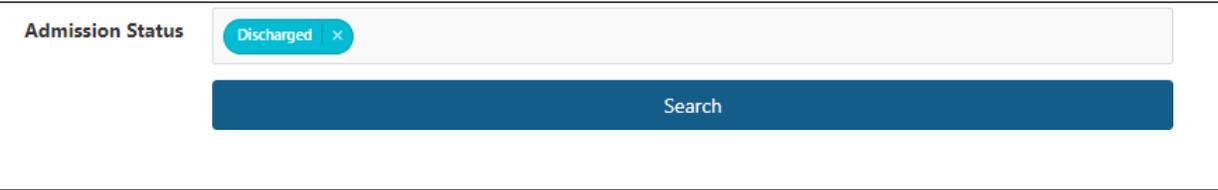
# HOME HEALTH ADMISSIONS - DISCHARGE

## Home Health Admission Details

Admission Number: 339365  
**Admission Status: Discharged**  
Discharge Date: 02/13/2023  
Admission Create Date: 02/02/2023  
Start Date: 02/07/2023  
Start of Care: 02/10/2023  
Patient ID/Name: 264453 / TEST 3 TRAINER 3

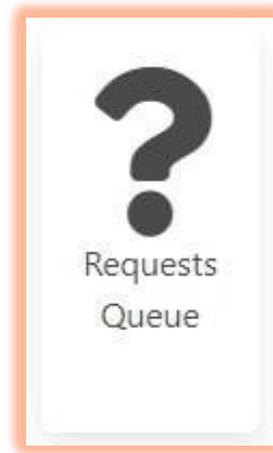
Once Discharge Date is entered, you will confirm the Discharge Status under **ADMISSION STATUS**.

You can view your **Discharged** patients by selecting Discharge in the Admission Status field.



The screenshot shows a search interface with a filter for 'Admission Status' set to 'Discharged'. Below the filter is a blue 'Search' button.

# REQUESTS QUEUE



# REQUESTS QUEUE

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

## Filters include:

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

### Request Queue

State

Location

Start Date  End Date

Last Name

First Name

MedTrac ID

Member ID

Admission Number

Request Type

Status

# VIEWING REQUEST STATUS

You can view your **Request Status** by selecting your Request Type and Status.

Under **Request Type** you will be able to view:

- Home Health Auth Extension Request
- Home Health Update Patient Request
- Home Health Concurrent Request

Under **Status** you will be able to view:

- New
- Pending
- Processed
- Cancelled
- Partially Processed
- Auto Approved

Location	Request Date	Type	Admission Number	Order Number	Status	Patient	Details
Denver - 9263330901	02/13/2023	Home Health Update Patient Request			New	TEST 1 TRAINER 1	<a href="#">Details</a>
Denver - 9263330901	02/13/2023	Home Health Concurrent Request	340127		Cancelled	TEST 5 TRAINER 5	<a href="#">Details</a>
Denver - 9263330901	02/13/2023	Home Health Concurrent Request	340127		Cancelled	TEST 5 TRAINER 5	<a href="#">Details</a>
Denver - 9263330901	02/13/2023	Home Health Auth Ext Request	340127	202302050129	New	TEST 5 TRAINER 5	<a href="#">Details</a>
Denver - 9263330901	02/13/2023	Home Health Auth Ext Request	340127	202302050129	New	TEST 5 TRAINER 5	<a href="#">Details</a>

# UPDATING AND CANCELLING REQUESTS

Admission Number

Request Type Home Health Auth Ext Request Home Health Update Patient Request Home Health Concurrent Request

Status New Pending Processed Cancelled Partially Processed Auto Approved

Search

Location	Request Date	Type	Admission Number	Order Number	Status	Patient	Details
Denver - 9263330901	02/13/2023	Home Health Concurrent Request	340127		New	TEST 5 TRAINER 5	<a href="#">Details</a>
Denver - 9263330901	02/13/2023	Home Health Auth Ext Request	340127	202302050129	New	TEST 5 TRAINER 5	<a href="#">Details</a>
Denver - 9263330901	02/13/2023	Home Health Update Patient Request			New	TEST 1 TRAINER 1	<a href="#">Details</a>

Any updates to the request(s) require a note and supporting document.

To update or cancel your request, select **DETAILS**.

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

## Concurrent Order Request

### Patient Info

Patient ID/Name: 264458 / TEST 5 TRAINER 5  
Date of Birth: 04/01/1950  
Member ID: 123W88888

Address:  
5555 N19 AVENUE  
JACKSONVILLE, FL 55555

### Request Info

Admission Number: 336948  
Admission Start: 02/13/2023  
Created By: Provider Training - Admin  
Created On: 02/13/2023

Assigned To:  
Date From: 02/15/2023  
Status: New  
Order Number:

### Assessment

Is Patient Homebound?: Yes  
Skilled Service: Test 1 2 3

Is patient/caregiver being taught?: Yes

### Services

Item	Quantity	Quantity Approved	Status
99343 - LPN VISIT	5		New

### Documents

Adding and Managing Users - MedTrac Portal.pdf - 02/13/2023 08:40:31 pm - Provider Training - Admin

 Upload Supporting Documentation (PDF)

### Request Notes History

02/13/2023 03:40:31 pm - Provider Training - Admin - New Concurrent Request created by user Provider Training - Admin.

Add Note

Update Request

Cancel Request

Any updates to the request(s) require a note and supporting document.

- To update or cancel your request, select **UPDATE REQUEST** or **CANCEL**.
- When you select **UPDATE REQUEST**, you will see the **new note and document along with a success message.**

## View Auth Extension Request

### **i** Request Details

Order Number: 202302020278

Admission Number: 339365

Patient ID/Name: 264453/TEST 3 TRAINER 3

Admission Start: 02/07/2023

Current Auth Expiration Date: 03/07/2023

Request Created On: 02/13/2023

Requested Auth Expiration Date: 02/24/2023

Request Status: New

Item	Quantity	Quantity Approved
T1030 REGISTERED NURSE VISIT	7	7
G0151 PHYSICAL THERAPY VISIT	7	7

### **📄** Notes

02/13/2023 03:43:49 pm - Requesting additional visits due to wounds - Provider Training - Admin

Add Note

Supporting Documents

 Browse (PDF)

Adding and Managing Users - MedTrac Portal.pdf- Network Provider Portal User 02/13/2023 03:43:49 pm

Update Request

Cancel

Any updates to the request(s) require a note and supporting document.

To update or cancel your request, select **UPDATE REQUEST** or **CANCEL**.

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

## View Patient Update Request

### Request Details

MedTrac ID/Name: 264456 / TEST 4 TRAINER 4

Member ID: 123M45688

Date of Birth: 01/01/1945

Request Created On: 02/13/2023 03:45:37 pm

Request Assigned To:

 **Status:** New

 **Change Requested**

Test 02132023

 **Notes**

02/13/2023 03:45:37 pm - Patient Update Request Submitted - Provider Training - Admin

Add Note

Add Note

Cancel

Any updates to the request(s) require a note and supporting document.

To update or cancel your request, select **UPDATE REQUEST** or **CANCEL**.

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

### Request Details

Request cancelled successfully

# CANCEL REQUEST

To cancel a request, select **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.

### View Patient Update Request

**i Request Details**

Request cancelled successfully

MedTrac ID/Name: 264456 / TEST 4 TRAINER 4

Member ID: 123M45688

Date of Birth: 01/01/1945

Request Created On: 02/13/2023 03:45:37 pm

Request Assigned To:

**🕒 Status:** Cancelled

**📄 Change Requested**  
Test 02132023

**🗨 Notes**  
02/13/2023 03:45:37 pm - Patient Update Request Submitted - Provider Training - Admin



# 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**

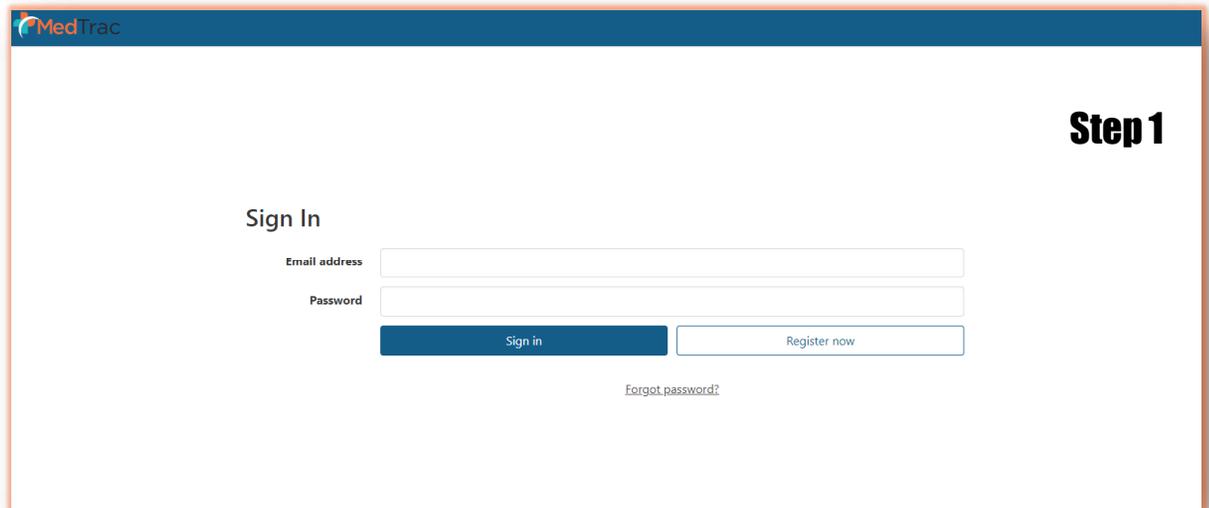
Sign in to the MedTrac Portal with your **PORTAL ADMIN** username and password.

IHCS MedTrac Portal

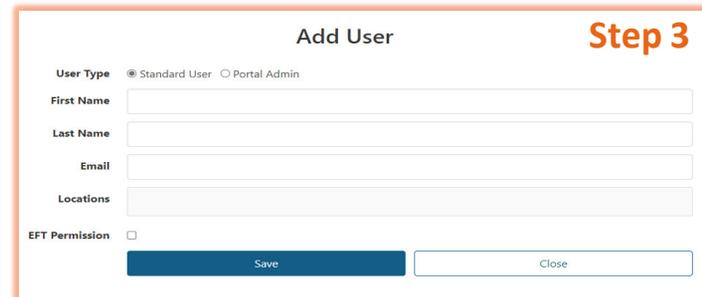
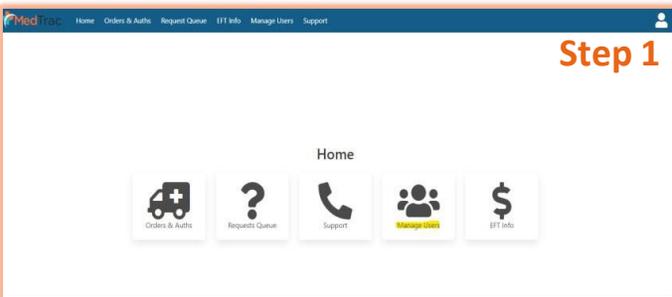
<https://providers.ihcscorp.com/#/sign-in>

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](mailto:PR-Passwordsupport@ihcscorp.com)



The screenshot shows the MedTrac Sign In page. At the top left is the MedTrac logo. In the top right corner, it says "Step 1". The main heading is "Sign In". Below this are two input fields: "Email address" and "Password". Under the "Password" field is a "Sign in" button and a "Register now" button. At the bottom center, there is a link for "Forgot password?".



**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

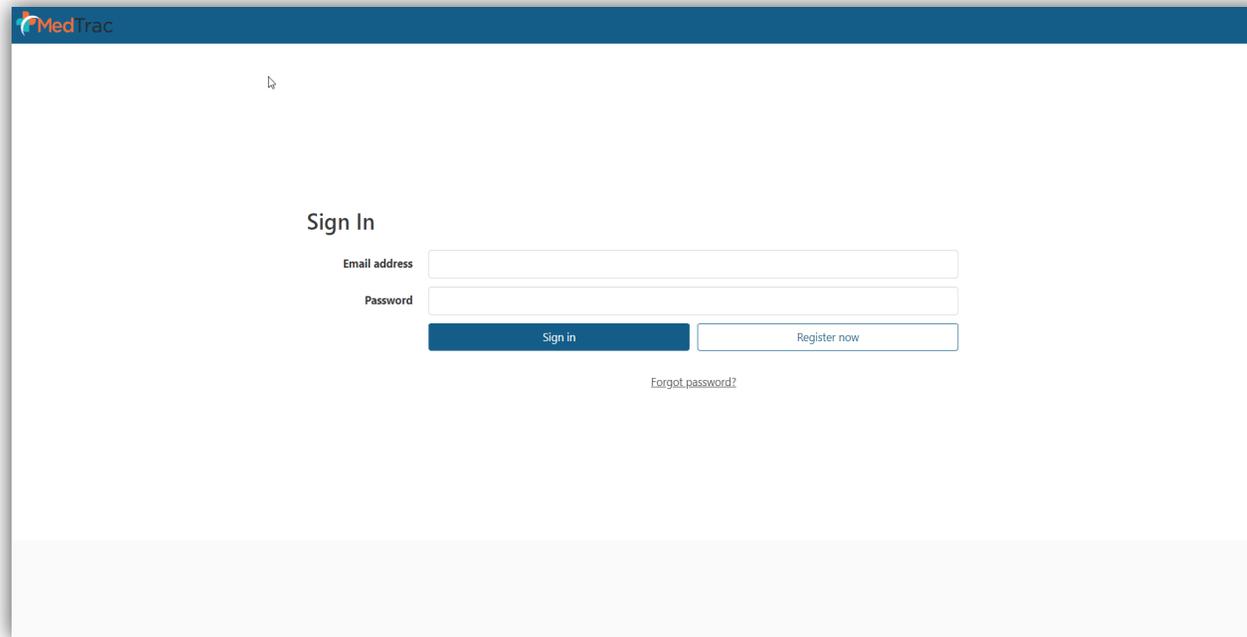


Once the new password is accepted, the User will be redirected to the portal sign-in page.

## MedTrac Provider Portal Registration

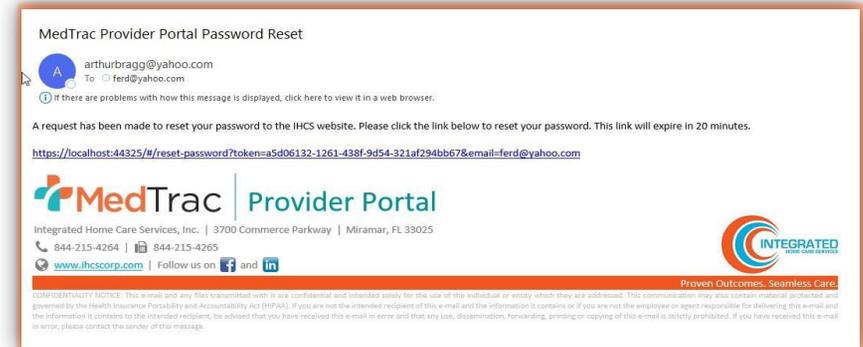
You have successfully registered your portal account. Press Continue in order to sign in.

Continue

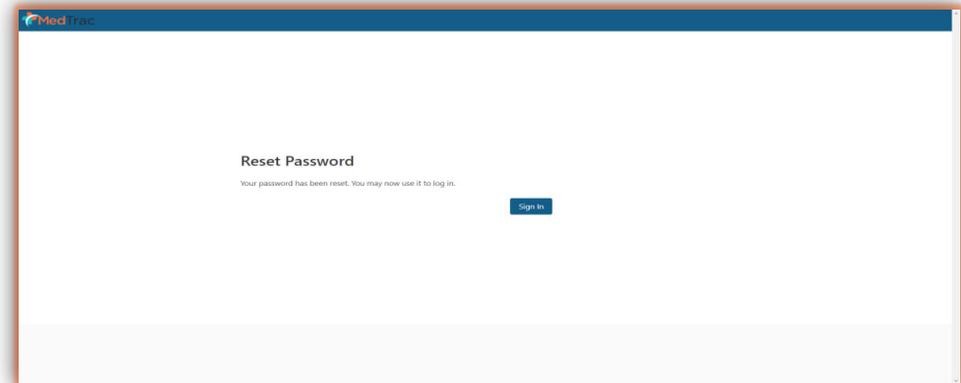
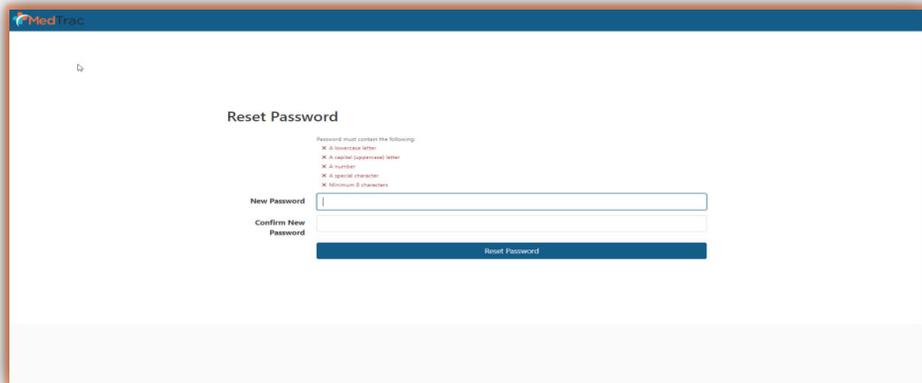


The screenshot shows the MedTrac Sign In page. At the top left, the MedTrac logo is visible. The main heading is "Sign In". Below this, there are two input fields: "Email address" and "Password". To the right of the "Email address" field is a blue "Sign in" button, and to the right of the "Password" field is a white "Register now" button. Below the buttons, there is a link for "Forgot password?".

- 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.

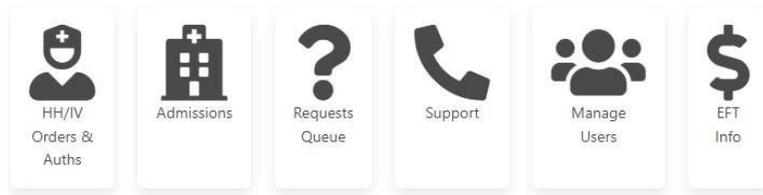




# EDITING/UPDATING & REVOKING USERS



## 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 Registration Email”** 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

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

**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

**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:

**Add User**

User Type  Standard User  Portal Admin

First Name

Last Name

Email

The Email Address is already used.

Locations

**Add User**

User Type  Standard User  Portal Admin

First Name

Last Name

Email

EFT Permission

**History**

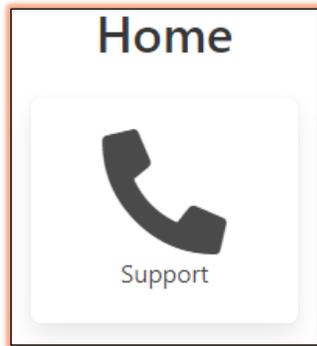
No results found.



# 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**

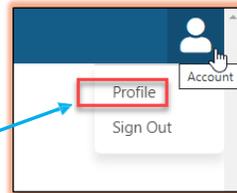
Contact Number for Provider Relations and Services: 844-215-4264 - Option 4

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**

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

**Fax:** (844) 215-4265

## Email:

**Provider Services:** [Providerservices@ihscorp.com](mailto:Providerservices@ihscorp.com)

**Password Reset:** [PR-PasswordSupport@ihscorp.com](mailto:PR-PasswordSupport@ihscorp.com)

**Provider Training:** [Providertraining@ihscorp.com](mailto:Providertraining@ihscorp.com)



Thank You

