

## Web precertification status and appeals tutorial

### Precertification status and appeals

Use the Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) provider self-service website to check the status of a precertification request, review the status of an appeal request, and submit requests for Simply to change a decision made on a partial or full precertification request denial.

### Things to remember

1. A red asterisk (\*) indicates a required field.
2. If an entry is incorrect, an error message with instructions will appear.
3. If you cannot correct an error or need assistance, please call Provider Services:
  - Medicaid: **1-844-405-4296**
  - Medicare: **1-844-405-4297**
4. You must be logged in to Availity to follow the steps in this guide.

### Check precertification status

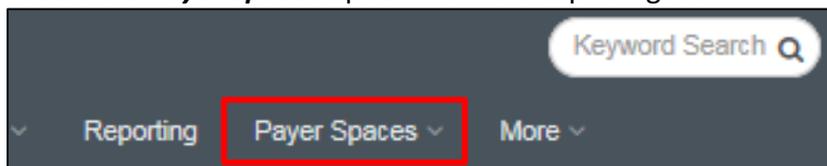
#### From the Availity website

If you are navigating to the precertification tool from <https://www.availity.com>:

1. Click Log in and enter your Availity ID and password.

A screenshot of the Availity login page. The page has a dark header with the Availity logo. Below the header, there are two input fields: "User ID:" and "Password:". Below the password field is a checkbox labeled "Show password as I type". At the bottom left, there is a link "Help! I can't log in!". At the bottom right, there is a yellow "Log in" button with a red border.

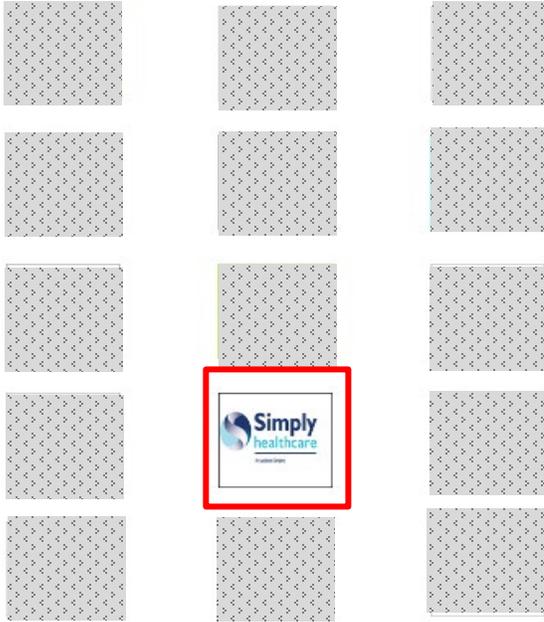
2. Access the **Payer Spaces** option from the top navigation.



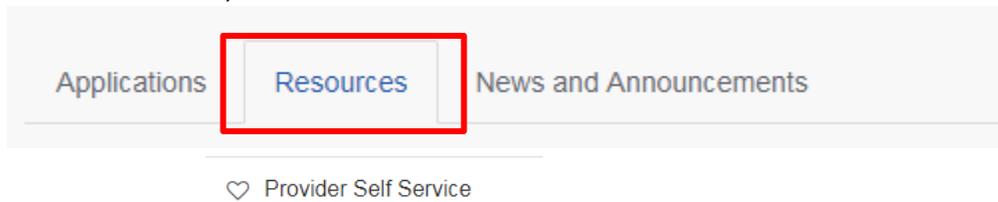
[www.simplyhealthcareplans.com/provider](http://www.simplyhealthcareplans.com/provider) | [www.clearhealthalliance.com/provider](http://www.clearhealthalliance.com/provider)

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Medicare-contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

3. Choose **Simply Healthcare Plans, Inc.** from the *Payer Spaces* drop-down box.



4. Select **Resources**, then select **Provider Self Service**.



5. From the *Precertification* tab, select **Check Percertification Status and/or File an Appeal**.



- Click the *ID Type* drop-down menu and select the specific ID type or **All ID Types**.
- Enter the ID number type that corresponds with the ID type selected.
- Enter the date of service for which the authorization was submitted in the *Select a date* field.
- Choose the appropriate *Service Type* radio button.
- Select the **Check Status** button.

## Check Status of a Precertification

### Search Criteria

Complete the form. You must have selected a valid member to complete a precertification status check.

ID Type:

Member ID:  [Find Member](#)

Select a date:

Select a Service Type  Inpatient  Non-Inpatient

6. The authorizations that meet the search criteria entered will display.

The following inpatient authorizations were found for:

- Member: Brown, Joe (123456789)
- Date of Service: 10/01/2012

Ref ID	Auth Status	Denial Reason	Procedure Code/ Service Group	Start Date of Auth	Servicing Provider
<a href="#">10000001</a>	Approved		Gastrointestinal Services	10/01/2012	Dr. Jane Smith
<a href="#">10000001</a>	Denied	Not Medically Necessary	Gastrointestinal Services	10/01/2012	Dr. Jane Smith
	Pended		Nuclear Cardiac Imaging	10/04/2012	Dr. Jane Smith

7. Click the **Ref ID** link next to the appropriate status you want to review. Details about the authorization decision will display.

- If the authorization was denied, click the **Appeal Auth** button to appeal the denial. Refer to *Submit an Authorization Appeal*.
- Click **Return to Results** to return to the main search results.
- If no authorizations are found, try your search again to be sure the information was entered correctly or try using different information.
  - If you continue to have issues, please call Simply's Provider Services:
    - Medicaid: **1-844-405-4296**
    - Medicare: **1-844-405-4297**

UM Ref ID: 1001 Auth Status: Denied

< Disclaimer >

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Member: Brown, Joe (123456789)  
 Member Date of Birth: 12/07/1987

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Submission Date: 10/1/2012  
 Admissions Date: 10/2/2012  
 Authorization Type: Inpatient  
 Place of Service: 21 - Inpatient Hospital  
 Procedure Code / UMBO: 43235 - Gastrointestinal Services

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Requesting Provider: Smith, Jane  
 Tax ID: 123412341  
 NPI: 5432154321

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Servicing Facility: Memorial Health System  
 AGP Facility ID:  
 Primary Address: 123 Main Street  
 Kansas City, KS 66105

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Diagnosis Code: 530.81 - GERD  
 Type of Admission: Medical  
 Surgical Date: 10/05/2012  
 Expected Discharge Date: 10/10/2012

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## Submit an authorization appeal

If the authorization was denied, select the **Appeal Auth** button to appeal the denial.

1. The *Authorization Appeals* screen will open, and the authorization request details submitted by the provider will automatically populate in the *Authorization Appeal* section.
2. Type the reason for the appeal in the *Summary of Appeal* dialogue box.
3. Enter the contact information in the *Authorization Appeal Contact Information* section.
4. Select **Browse** and locate any files you wish to submit that support your request for authorization appeal. The file path will display in the field. You can attach up to five files for a total file size of 25MB. Acceptable file formats are Microsoft Word, Microsoft Excel, PDF and TIFF.
5. Repeat these steps until all necessary supporting files are attached to the request.
6. Review and edit the information you entered for the appeal request.
7. Choose the **Submit Appeal** button when you're ready to submit your appeal request. You will receive a confirmation when your appeal is successfully submitted.
8. Keep a copy of the confirmation number. You will need this number if you have to follow up on your request.

**Authorization Appeals**

<<Descriptive Text??>>

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Authorization Appeal

Servicing Provider ID: 112345456	Provider Name: Turner, Joseph P	
Provider Address: 3901 Rainbow Boulevard		
Provider City: Kansas City	Provider State: KS	Provider Zip: 66160
Member ID Number: 1122334455		
Member Last Name: Mitchell	Member First Name: Dennis	
Member Address: 627 Elm Street		
Member City: Hlsedde	Member State: KS	Member Zip: 66036
Member DOB: 10/04/1959		
Date of Service From: 02/15/2012	Date of Service From: 02/15/2012	

Authorization Type: Outpatient

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Please describe the reason for this appeal below

Summary of Appeal \*

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Authorization Appeal Contact Information

First Name \*

Last Name \*

Street Address \*

City \*

State \*

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Supporting Files (25MB Maximum, tif, tiff, pdf, xls, doc, docx Format Only)

1.	<input type="text"/>	<input type="button" value="Browse"/>
2.	<input type="text"/>	<input type="button" value="Browse"/>
3.	<input type="text"/>	<input type="button" value="Browse"/>
4.	<input type="text"/>	<input type="button" value="Browse"/>
5.	<input type="text"/>	<input type="button" value="Browse"/>

**Authorization Appeals**

Appeal request for Amerigroup to change a decision made on an authorization, which has resulted in a denial or partial denial.

Your appeal has been submitted  
Confirmation #: KS21123

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Authorization Appeal

Servicing Provider ID: 112345456	Provider Name: Turner, Joseph
Provider Address: 3901 Rainbow Boulevard	
Provider City: Kansas City	Provider State: KS

## Review authorization appeal status

From the *Precertification* tab, select **Check Status of an Appeal**.

The screenshot shows a navigation menu on the left with the following items: Home, Claims, Precertification, Check Precertification Status and/or File an Appeal, and Check Status of an Appeal (highlighted with a red box). To the right is a 'News & Announcements' section with a welcome message and a 'Viewing' dropdown menu set to 'Simply Health Care'.

1. Choose **Select a Provider** and select the appropriate provider ID.
2. Enter the appeals submission date range in the *Start Date* and *End Date* fields. Use date format mm/dd/yyyy or quick select 7, 14 or 30 days.
3. Enter the ID number type that corresponds with the ID type selected in the *Member ID* field.
4. Select the *ID Type* drop-down menu and select the specific ID type or **All ID Types**.
5. Choose **Search**.
6. Review the search results to verify the status of your appeal request.

## Check Status of an Appeal

To get started:

Select

[Select a Provider](#)

Date of submitted appeal(s):

Date Range:

From

To

Member ID

ID Type:

[Reset Form](#)

- If no appeals are found, select the **Revise Search** button to try again.
- If you still don't find a record of your appeal, call our Provider Services team:
  - Medicaid: **1-844-405-4296**
  - Medicare: **1-844-405-4297**

### Appeals

Our appeals status tool allows you to check the status of your submitted appeals.

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Appeals Status

Our appeals status tool allows you to check the status of your submitted appeals.

- Provider ID of 123456789 - Turner, Joseph
- Member: Mitchell, Dennis (1122334455)
- Appeals Submission Date Range of [02/12/2012](#) to [02/20/2012](#)

Revise Search

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Search Results

Results (3)    <<<    Page 1    of 1    >>>    Results per page 10

APPEAL #	STATUS	DECISION RATIONALE	APPEAL LEVEL	MEMBER #	AUTH#	CLAIM #	DATE SUBMITTED	DECISION DATE
1001	In Process		Fair Hearing	1122334455		111560848200	02/14/2012	
1023	Upheld	Benefits limit reached	Fair Hearing	1122334455		111560848200	02/15/2012	02/20/2012
1098	Overturned	Medically Necessary	Level 2	1122334455		111560848100	02/18/2012	02/22/2012