

VillageCareMAX-Altruista Health Provider Authorization Portal

The Provider Authorization Portal integrates with GuidingCare Care Management and is a tool for providers to electronically submit authorizations, step through criteria and receive automated responses and real-time updates. Providers can check on the status of authorizations, add supporting documentation for authorizations, update authorizations with discharge information and submit appeals on authorizations in one easy-to-use interface.

How do I sign up?

- » Visit <https://vcm.guidingcare.com/AuthorizationPortal/>
- » Click Request Access link to display Provider Portal Registration page.
- » Select ID type from drop-down list, Enter ID in text field, and click Search.
- » Enter Provider First and Last Name, User Name, Password, and Email, then Click Register.

Features of the Portal

- Once registered, providers will be able to do the following electronically:
- » Request new authorizations, and check status of all authorizations.
 - » Update, add additional info, discharge info, request extensions, withdraw, or appeal authorization requests.
 - » View messages regarding authorizations.

Access full user guide: <https://vcm.guidingcare.com/AuthorizationPortal/Account/DownloadGuide>

Request Authorization

- » From **Home** page, under **Start a New Request**, click **New Inpatient Request** or **New Outpatient Request**, and the Member Search page displays.
- » Search by 1) **Member ID** or by 2) **First and Last Name**, and **Date of Birth**, then **Find Member**.
- » Select Member from list, then Member Eligibility from the **Authorization Basics** page (click **Show Active** drop-down to see active eligibilities only).
- » Select **Authorization Type/Priority**, enter Provider information, and select or enter authorization info, as applicable e.g. Admission/Discharge Date and Time, Type/Place of Service, Diagnosis/Procedure Descriptions, Codes, Modifiers, Service Start/End Dates, Units, and Notes (for text or images).
- » Click **Add Attachments** if applicable, and click **Submit**. Message will appear with system-generated authorization number and status.
- » **Service Authorization Timeframes**: Standard within 3-14 calendar days; Expedited within 72 hours.
- » For **Home Health Care requests**, Initial visit must occur within 24 hours of request.
- » For **Social Adult Day Care requests**, placement must occur within 14 days of request
- » Once an authorization is closed, a new service request must be submitted; a retro authorization is not applicable.

Check Authorization Status

From **Home** page, you can see the count of in-progress authorizations. Click **Inpatient** or **Outpatient Auth in Progress** or **View All Inpatient** or **Outpatient Authorizations** to view your **Authorization List**. Use **Member ID** field to filter list.

Add Discharge Planning Details

Option available when inpatient authorization is in any status **except N/A**. Click blue circle with arrow to expand authorization, click **+Discharge Information**, select **Discharge Date**, location to **Discharge To**, and click **Submit** to save.

Add Additional Information

Option available for authorizations with statuses of **Approved**, **Pending**, or **Appeal Overturned** from the **Authorization List** or **Messages**. To add information or request a modification to an existing service, expand authorization, click **+Additional Information**, and **Enter Note** or **Add Attachments**. Click **Submit** to save.

Request an Authorization Extension

To request an extension on a service, click the **Home** button to be redirected to the **Home** page. Please refer to above Request Authorization to submit a New Request.

Messaging Center

From **Home** page, click envelope icon on left menu to view **Messages** from reviewers to providers. Unread messages will have a red indicator with count of unread messages on icon. Click message on left to open full text in reading pane on right. **Auth ID** link opens additional information.

Appeal an Authorization Determination

Claims Appeals or payment disputes must be submitted in writing to: ILS – VillageCareMAX, Provider Services Department, P.O. Box 21516. In-network Providers may submit requests via provider portal 24 hours a day, 7 days a week at <https://secure.healthx.com/villagecareprovider>

For authorization questions, please call 1-800-469-6292.
For Assistance or Training of Provider staff on using Portal, please email
ProviderRelations@villagecare.org or call 718-517-2783.