VILLAGECAREMAX

VillageCareMAX Managed Long Term Care (MLTC)
VillageCareMAX Medicare Total Advantage Plan (HMO D-SNP)
VillageCareMAX Medicare Health Advantage Plan (HMO D-SNP)
VillageCareMAX Medicare Health Select Advantage Plan (HMO)

altruista HEALTH

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: » VillageCareMAX Claims, P.O. Box 3238, Scranton, PA 18505

For authorization questions, please call appropriate number based on the member's Plan:
Medicare: 1-855-296-8800   Medicaid Managed Long Term Care: 1-800-469-6292.
For Assistance or Training of Provider staff on using Portal, please submit your inquiry at
www.villagecaremax.org/providersupport.