

Altura MSO Connect: Altura's secure referral portal

IPA USER GUIDE



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CONNECT is Altura MSO's secure, HIPAA compliant web portal for electronic transactions. You can use it to verify member eligibility, submit authorizations, check claims, and view capitation reports.

To use Altura MSO CONNECT, your computer must be set up properly. You will need:

- JavaScript and pop-ups enabled on your browser
- Chrome 89 or higher, Firefox 77 or higher, Microsoft Edge 89 or higher and Safari 13 or higher
- Latest Adobe Reader version available to download in the login page

To register as a new provider:

You must be a registered user to access Altura MSO CONNECT.

- 1. Click **Register** on the Home page and select **PROVIDER**.
- 2. Complete all the required fields on the Registration Form.
- 3. Read and accept the HIPAA regulations and User Access Agreement at the bottom of the form.
- 4. Click the **Submit** button at the bottom of the form to complete the registration process.
- 5. On the next screen, click the button to print the form. Sign the form and FAX it to the number listed on the page. Altura's Web Portal team will contact you within 48 hours.

To log into your PROVIDER account:

- 1. Go to https://connect.alturamso.com
- 2. On top page, click **Login** and select **PROVIDER**.
- 3. Enter your username and password.
- 4. Enter the CAPTCHA verification.
- 5. Click **Login**.

As a registered user, you can change personal information such as your email, password and other information associated with the account.

Creating a New User Account - as a Group Administrator:

1. Click on username on top right and select Manage Group.



- 2. Click + ADD NEW USER
- 3. Enter User Profile First and last name, username, password, etc.
- 4. Select User Roles
 - **Eligibility** Allows a user to check member eligibility.
 - Authorization & Consult Submission Allows user to submit new authorizations or consults.
 - Authorization & Consult Search Allows user to search for authorizations or consults.
 - Claims Allows user to search for claims.
 - Capitation Reports Allows user to access capitation reports.
 - Admin Gives administrator privileges to a user.
- 5. Assign Provider
 - Click to assign a provider.
 - Click All+ to assign all providers.
 - Click to unassign provider from a user.
- 6. Click CREATE USER

NOTE: HIPAA regulations require you to change your passwords every 90 days. The system will alert you to change your password. Altura CONSULT allows providers to coordinate the care of a patient through the online exchange and review of clinical data. Please contact your Provider Rep for more details.

Editing a User as an Administrator:

- 1. Click on username on top right and select **Manage Group**.
- 2. Under Group Users, select the user you want to edit by clicking on User's Name.
- 3. Edit user profile, role, or assigned providers.
- 4. To inactivate a user, uncheck the Active checkbox.
- 5. Click **SAVE CHANGES**.

Editing a User as an Administrator:

- 1. Click on username on top right and select **Edit Profile**.
- 2. Edit user profile, role, or assigned providers.
- 3. Click SAVE CHANGES.

Editing a User as an Administrator:

- 1. Click on username on top right and select **Edit Profile**.
- 2. Edit user profile. Regular user cannot modify role or assigned providers.
- 3. Click **SAVE CHANGES**.

NOTE: A user's password or security answer and question cannot be edited by an admin. An administrator can initiate the reset password process for a user, however, by clicking Reset Password.

Dashboard

The Dashboard will be the first screen a user sees once they login. It will display the following types of messages:

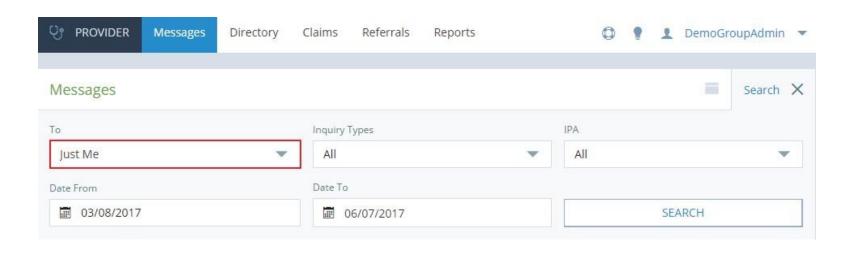
- Maintenance System outages due to maintenance or emergency fixes will always be displayed on top.
- Announcements will be displayed beneath maintenance messages.
- Action items Displays attestations, unfinished auths/consults, and unread inquiries.

Messages

Click Messages to view correspondence sent by you or any user in your group.

To search for a message:

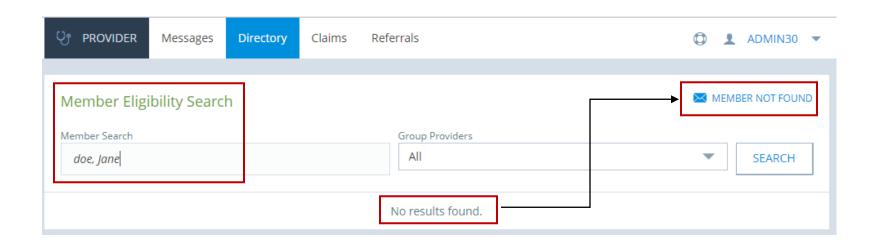
- 1. Click the **Messages** tab on the top of the page
- 2. Click Search
- 3. Filter your search by inquiry type, IPA, and date. The inquiry types are Auth, Claim, Member, Provider, and General. Change from Just Me to My Group to display inquiries from other users in your group.



How to Submit Inquiries

Type of inquiries Auth, Claim, Member, Provider, and General. You will be able to send inquiries throughout the different tabs in the Portal, perform your usual search, and if "No results found", you will see the link to submit an inquiry pertaining to your search.

1. **If you are checking eligibility** under Directory tab and Member is not Found, you can send an inquiry to the Eligibility department to check if patient is eligible by clicking on the MEMBER NOT FOUND Link.

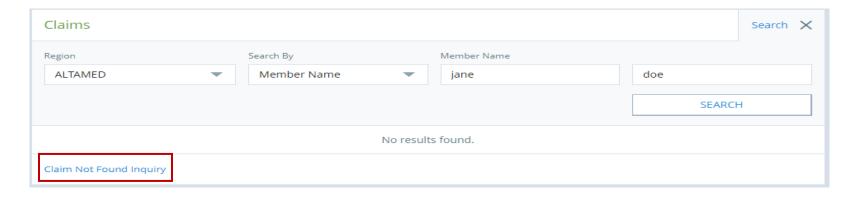


NOTE: If you are unable to locate a member, and you Need to Submit Authorization, please go to Referrals Tab, then click on BEGING NEW AUTH SUBMISSION, perform member search, then click the <u>Submit a member Details Manually</u> link. You can then continue with Auth submission.

If you are unable to locate Auth, submit inquiry by clicking on "Auth Not Found Inquiry" Link

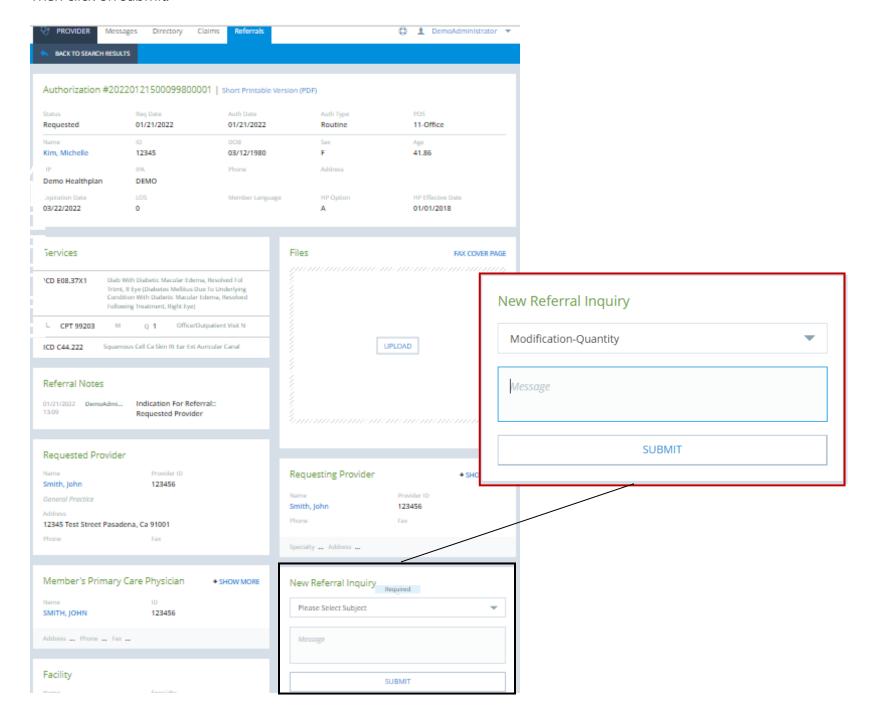
Recently Submitted Referrals			Simple Advanced X	
Region	Search By	Member Name		
ALTAMED	Member Name	jane	doe	
• Any Processed Pending			SEARCH	
No results found.				
Auth Not Found Inquiry				

If you are unable to locate Claim, submit inquiry by clicking on "Claim Not Found Inquiry" Link

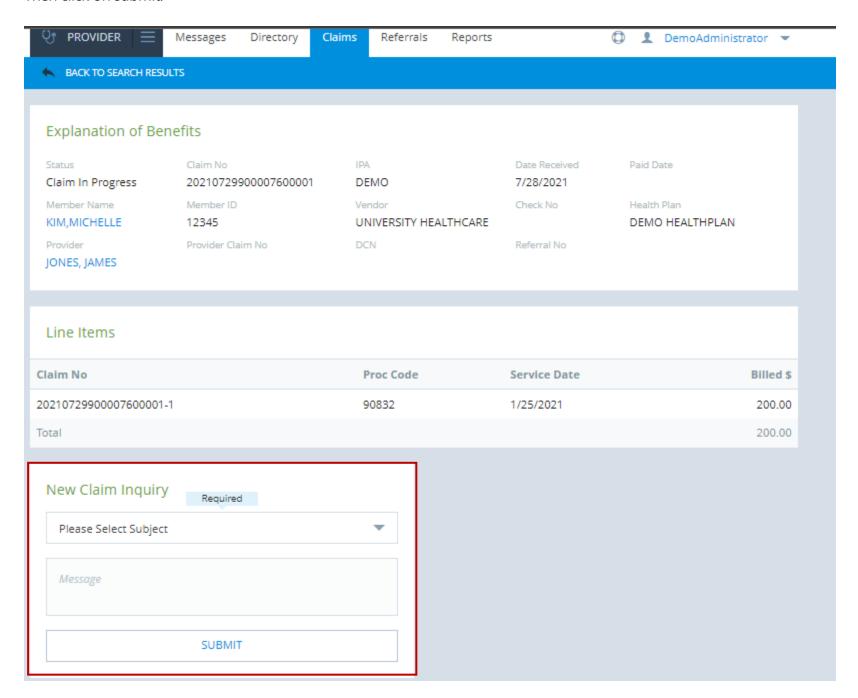


NOTE: You can also submit inquiries for specific Claims and Auths. Perform claim or auth search then click on the Auth or claim number, In the Details screen section, submit New Auth or Claim Inquiry, see next page for details

In the Authorization Details screen you can also submit different type of inquiries including Modification Requests Please scroll down to the bottom of the page, you will find New Referral inquiry form. Select correct Subject enter message Then click on submit.



In the Claims Details screen you can also submit different type of inquiries including Provider Dispute Requests Please scroll down to the bottom of the page, you will find Claim inquiry form. Select correct Subject enter message Then click on submit.



Directory

The directory will allow you to verify a member's eligibility, search for providers, search for ICD/CPTs, and view your most recent Member and/or Provider Not Found submitted inquiries.

To verify a member's eligibility:

- 1. Under the Directory Member Eligibility Search, search by the member's name, ID, or DOB.
- 2. Click **SEARCH** to display the results.
- 3. Click on the Action items on the right + to start a new authorization or @ Q to search for an authorization/claim.

To search for a provider:

- 1. In the Directory page, Under Provider Lookup, search by the provider's name, ID, City, or Specialty.
- 2. Click **SEARCH** to display the results.

To lookup an ICD or CPT:

- 1. Under ICD/CPT Reference, select the ICD or CPT radio button.
- 2. Enter the code or description.
- 3. Click **SEARCH** to display the results.

To view your Recently Submitted Provider or Member Not Found Inquiries:

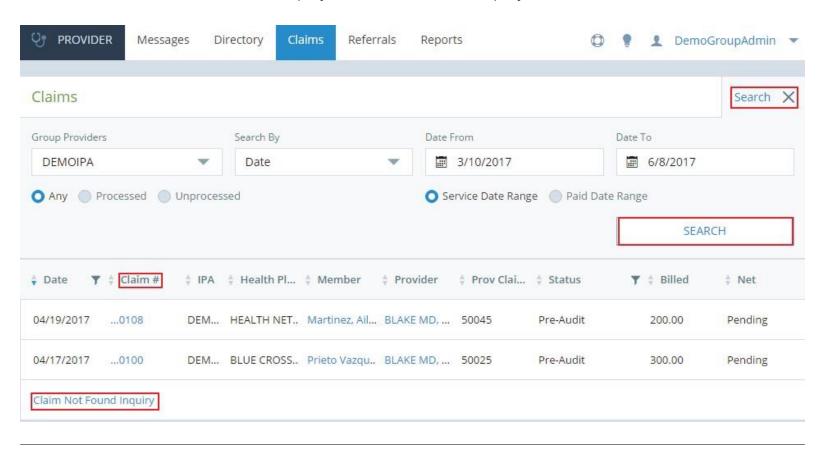
1. Under Recently Submitted Inquiries, select the message you want to view.

NOTE: Click MEMBER NOT FOUND/PROVIDER NOT FOUND to send an inquiry about a missing member/provider. Click the provider name and View Provider Details to display additional information or send an inquiry about the provider.

Claims

To search for a claim:

- 1. Click **Claims** tab on the top of the page.
- 2. Click the **Search** on the right side of the page to start a search.
- 3. Enter your search parameters and click **SEARCH**.
- 4. Click on the claim number to display details or send an inquiry about the claim.



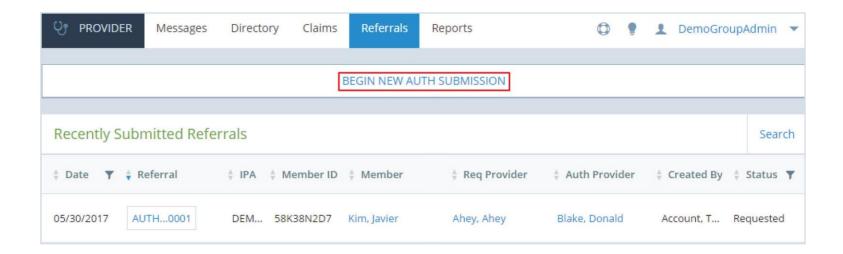
NOTE: Click Claim Not Found Inquiry to send an inquiry about a missing claim.

Referrals

The Referrals tab on the AlturaMSO CONNECT dashboard enables you to manage data and information related to authorizations. You can submit new authorizations and search for existing authorizations.

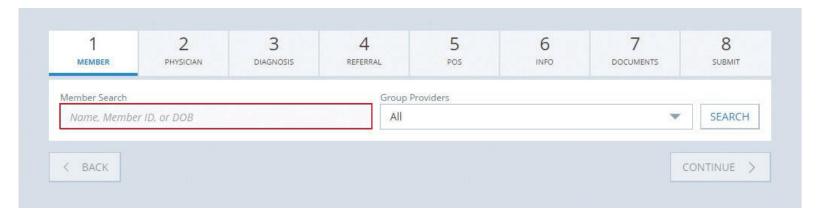
To verify a member's eligibility:

1. Under **Referrals** tab, Click the **BEGIN NEW AUTH SUBMISSION** to begin the Authorization wizard.



NOTE: If you are unable to locate a member, click the <u>Submit a member Details Manually</u> hyperlink. You can then continue with Auth submission.

- 1. Search for the member's information by entering Last Name or Full Name, Member ID, or DOB.
- 2. Click the **SEARCH** button. The system displays a list of members matching your search. If a red dot appears next to member, it indicates that the member is not currently enrolled.

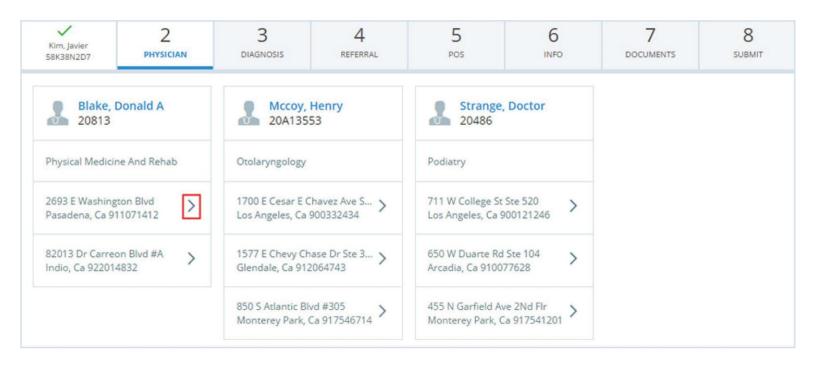


3. Click the arrow to select a member. The system will proceed to the next step.



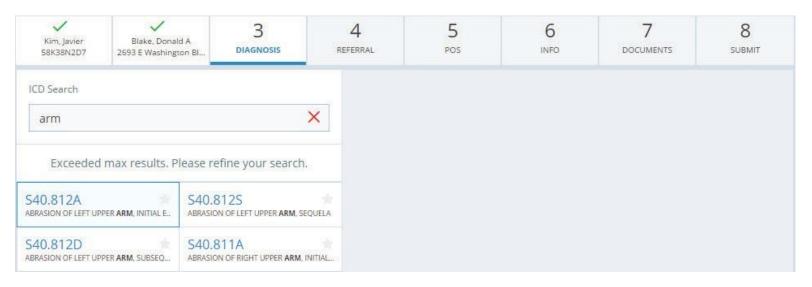
NOTE: If you are unable to locate a member, click the **Submit a member Details Manually** hyperlink. Complete the form and an inquiry will be sent to the eligibility team to update the member status along with your Authorization request.

1. Select the referring or ordering physician from the Default List by clicking the green arrow beside their name.



NOTE: The wizard will usually skip this step and automatically choose the member's assigned Primary Care Physician (PCP). If the provider is not automatically selected, please follow the instructions and choose the appropriate provider.

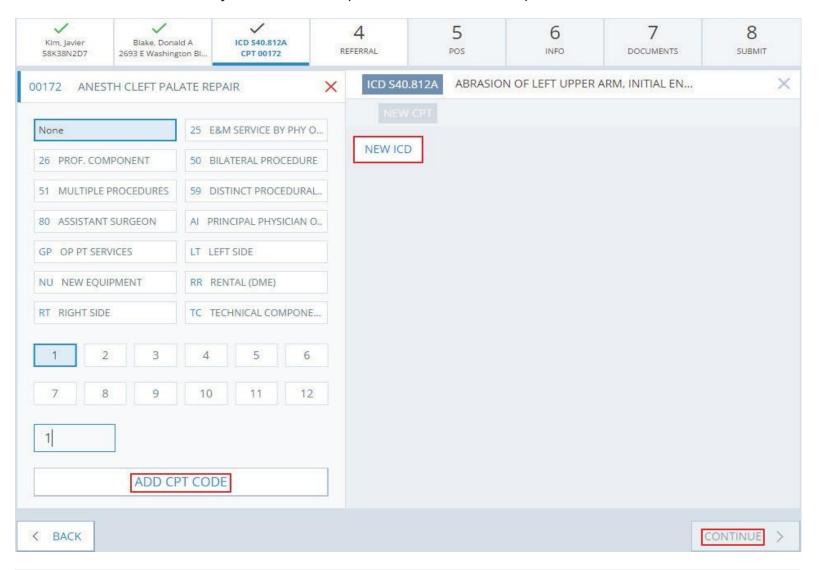
1. Search for an ICD by code or description, then select the appropriate code.



2. Search for the CPT by code or description.

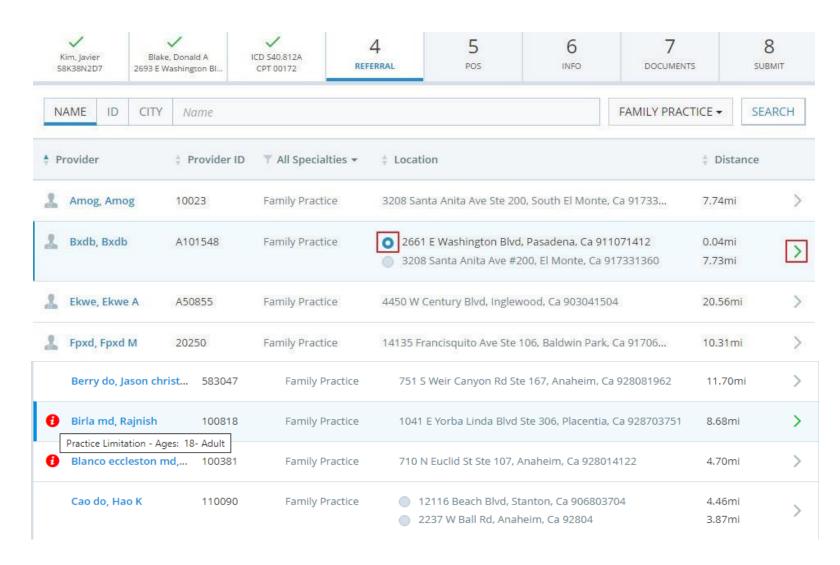


- 3. Select the modifier and quantity.
- 4. Click ADD CPT CODE.
- 5. Continue to add CPTs to your current ICD or add a new ICD by clicking **NEW ICD**.
- 6. Click **CONTINUE** once you are done to proceed to the next step.

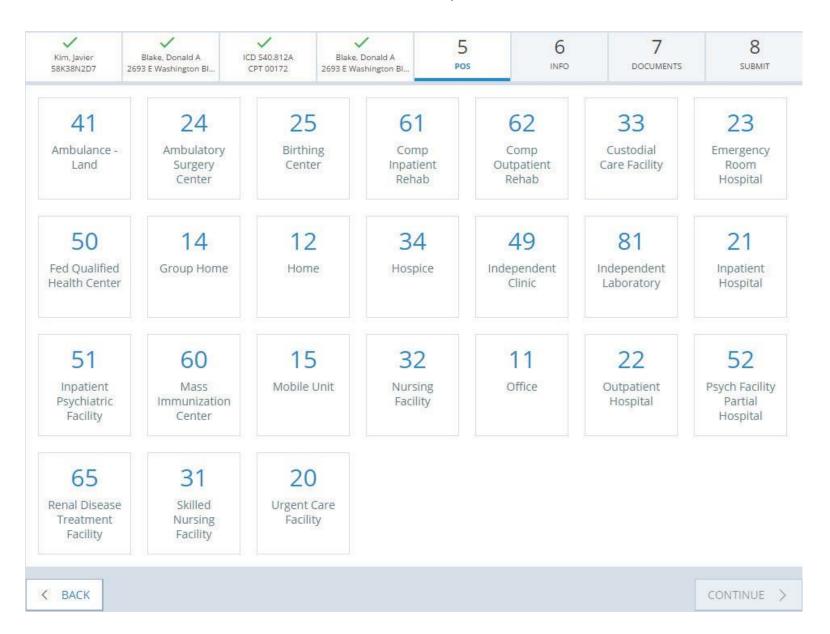


NOTE: Frequently used diagnosis codes may be added to your favorites list by selecting the star icon in CPT/ICD search. Click EDIT CODES to delete or rearrange your selections.

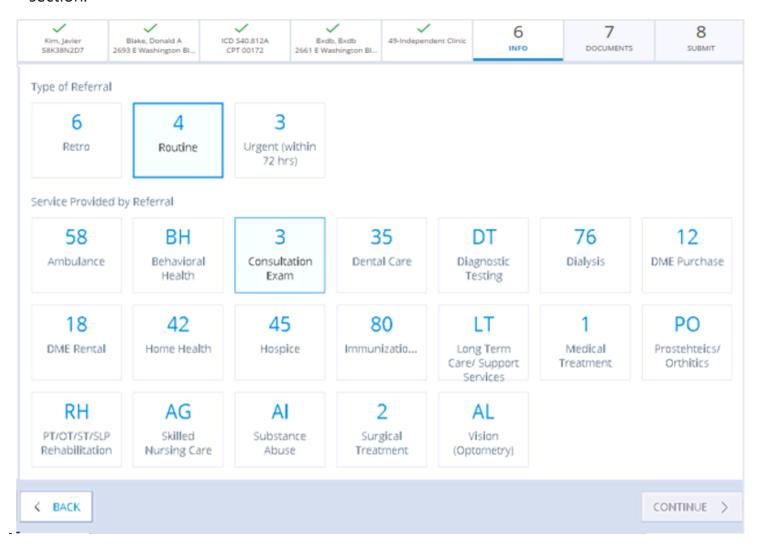
- 1. Select the provider/facility you are referring the patient to. You can search by name, Provider ID, city, or specialty.
- The red symbol in front of Provider Name indicates the provider has practice limitations.
 Before selecting provider and avoid any delays in patient care, please click on this red symbol to view practice limitations noted in Provider's Profile.
- 3. If provider has more than one location or specialty, select the circle in front of the address and/or the specialty then click the arrow to complete provider selection.



1. Select the Place Of Service or location where the requested service will be rendered.



1. Select the type of referral and the type of services requested. Please include notes in the Notes section.

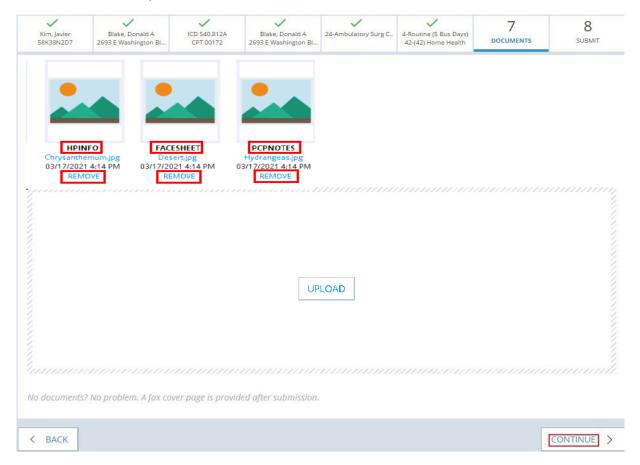


<u>NOTE</u>: You MUST select both **Type of Referral** and **Service Provided by Referral**. Justification is required for urgent requests. Please explain why a routine request would seriously jeopardize the life or health of the member.

Ensure to upload additional documentation for your authorization request. **This is crucial for the timely process** of the authorization.

- 1. This may be done by selecting UPLOAD, select document type and then locate necessary documents. Compatible document formats include doc, docx, pdf, jpg, gif, bmp and tiff.
- 2. Once document is uploaded, you will see **Doc type**, file name and option to **REMOVE** file if needed.
- 3. Documents may also be faxed to support your authorization request. A fax cover sheet will be provided after you submit the authorization.

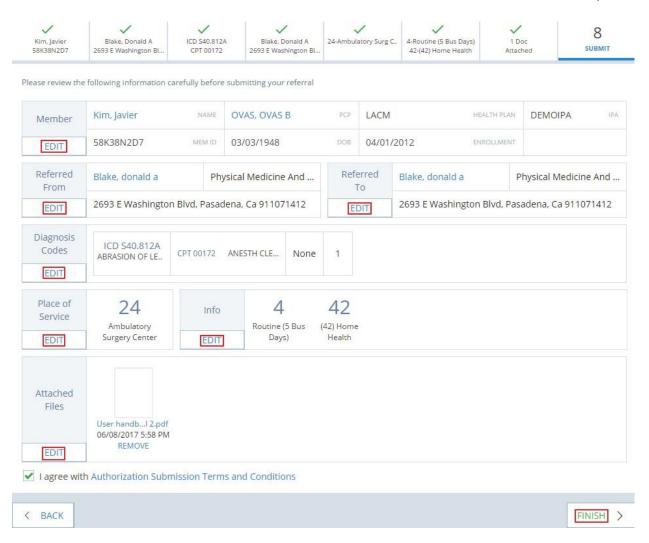
Once all documents have been uploaded, click CONTINUE.



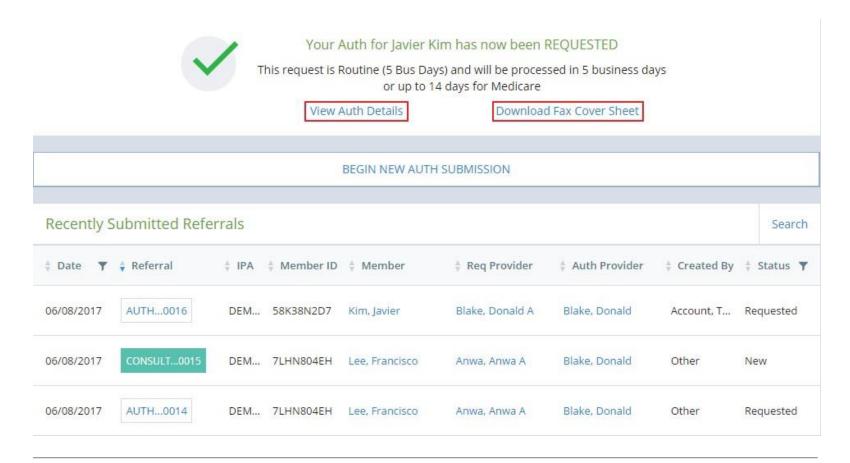
<u>NOTE</u>: If you choose to FAX the medical records, you must use the FAX cover page on the authorization details page by clicking the **Download Fax Cover Sheet**. This unique FAX cover page contains an important number linking the additional documents to the specific case. Do NOT substitute this unique cover page with another or your authorization may not be processed.

All information inputted in Steps 1-7 may be reviewed at this step.

- 1. Corrections may be made by clicking any of the **EDIT** buttons or the corresponding step on the navigation bar.
- 2. Once completed, click **CONTINUE** to return to Step 8.
- 3. When a review is completed, check the I agree with Authorization Submission Terms and Conditions box and click **FINISH** to submit the authorization request.



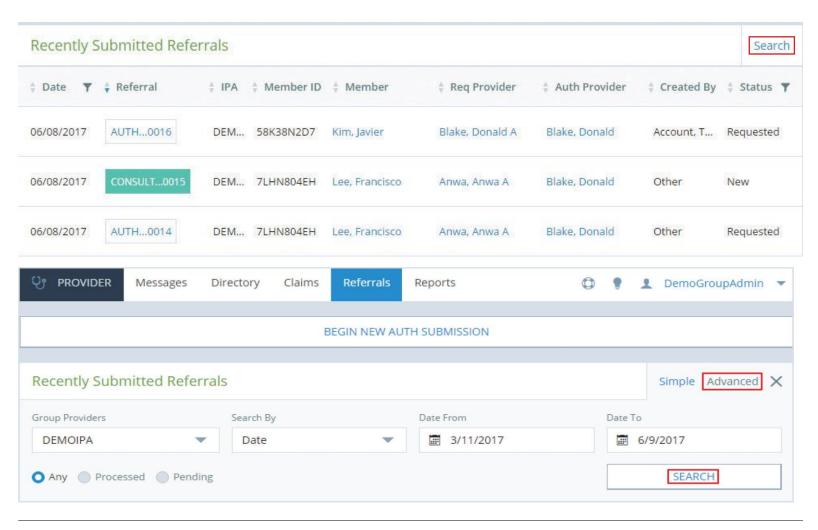
Upon submission, you will receive the following notification. Click **View Auth Details** to view the details of the authorization. Click **Download Fax Cover Sheet** to download a fax cover sheet if you choose to fax in medical records. You can also find a link to the fax cover sheet on the authorization details page. Your submitted authorization request will be displayed under Recently Submitted Referrals.

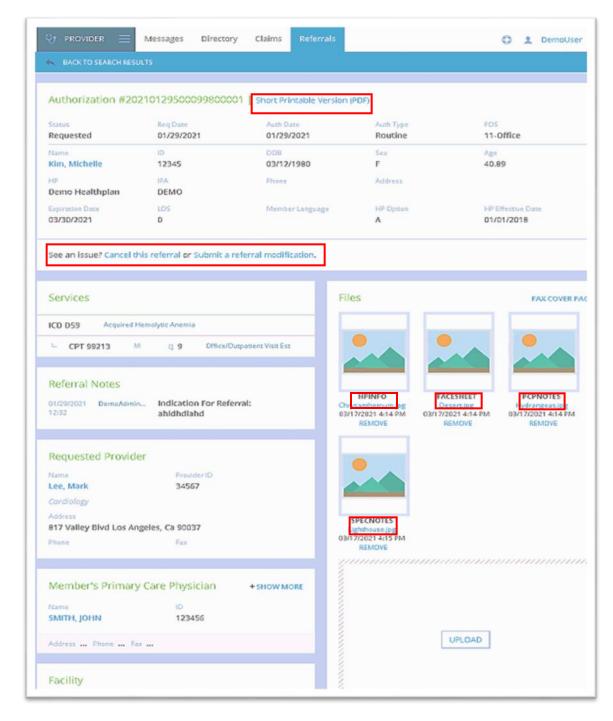


NOTE: Recently Submitted Referrals section displays the 20 most recent authorization requests sorted by date.

To search for an authorization:

- 1. Click the **Referrals** tab on the top of the page.
- 2. Enter your search parameters and select IPA/Region when applicable
- 3. Click **SEARCH**.
- 4. Click on the authorization number to display details or submit an inquiry about the authorization, see next page with more details





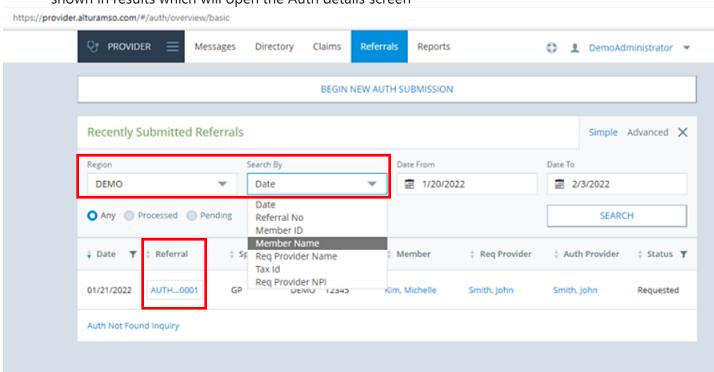
- In the Authorization Details Screen shown here, you can find different features:
- a) Click on **Short Printable Version** to print or save a copy of the authorization
- Options to cancel or submit referral modifications are found in this Details screen.
- Submit inquiry at the bottom of the page by Selecting subject option from the drop-down menu, then type your Message and click on SUBMIT.
 You can then Manage all your inquiries in the Messages tab
- d) Does your Specialty office need Medical Records from PCP?

You can find uploaded documents in the **Files** section, please see next page for more details. **APPROVED REFERRAL/AUTHORIZATON NOTICES** will be accessible on Altura MSO's Provider Connect Portal. What does this mean to you and to your practice; you and your staff will be able to view and have an option to print of all approved referral/authorization documents. Attached documents are available in this portal 2 calendar days before scheduled patient's visit. Hence, we will no longer be faxing these documents to your practice.

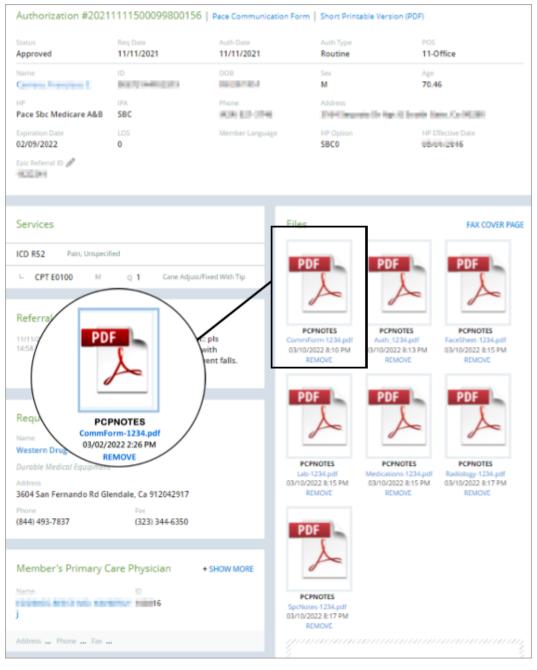
The PACE Program patients will have PCP records attached to the authorization file, including PCP notes, PACE Communication Form, laboratory results, relevant radiology records. Please look in the CONNECT authorization file prior to calling PACE staff for records.

To view Attached Documents/Medical Records for an authorization and/or UPLOAD post-visit notes for the PCP, please do the following:

- 1. Login to Connect Portal then Click the **Referrals** tab on the top of the page.
- 2. Enter your search parameters and select IPA/Region when applicable. Click on **Search By/Date** dropdown menu to see additional options; then Click **SEARCH**.
- 3. Locate the Patient's Authorization number you need to review; then Click on the last 4 digits of the Auth Number shown in results which will open the Auth details screen



4. In the Auth Details Screen shown below you can find medical records from the PCP office



- a) If you are specialty office, in the Auth details Files section, please look for document type like
 PCPNOTES (any files uploaded with this doctype
 are documents that PCP has uploaded for your
 review and are available in this portal 2 calendar
 days before scheduled patient's visit)
- b) Then Check for pertinent documents by File name starts with

Auth - Authorization

CommForm – Communication Form that needs to be completed and uploaded in Connect by the Specialist at the <u>end of visit</u>.

FaceSheet – PACE Face Sheet showing a snapshot of a participant's information (Demographics, Insurance or responsible party information, Contact details, etc.)

Lab – Laboratory Results

Medications – Medication Record

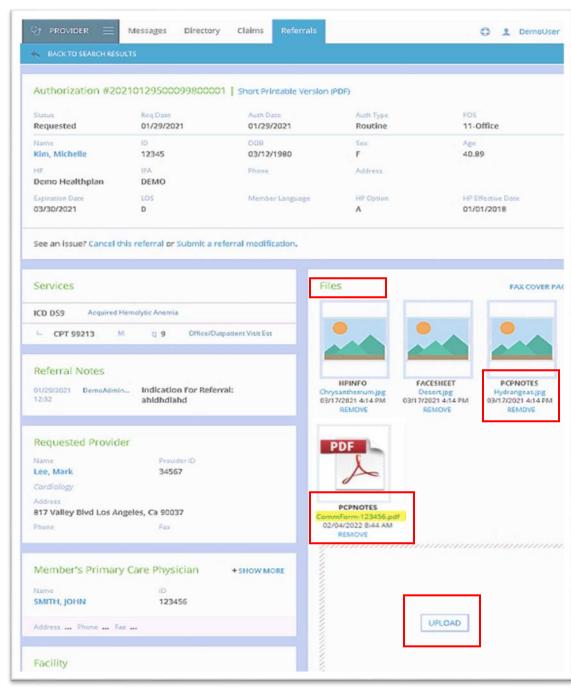
Radiology – Radiology results (e.g. CT/CAT scan, Mammogram, Ultrasound, MRI, PET scan, etc.)

SpcNotes – Notes from other Specialists (if requested)

PaceEnctr – PACE Encounter Report shows Patient Demographics, Active Medications, Medical Problems, Medical History on file, etc.

- c) Click on the document name.
- d) Open file then **Print** or **Download** by saving file in your computer.
- e) You can also UPLOAD your post-visit Notes in this section, see next page for more details.

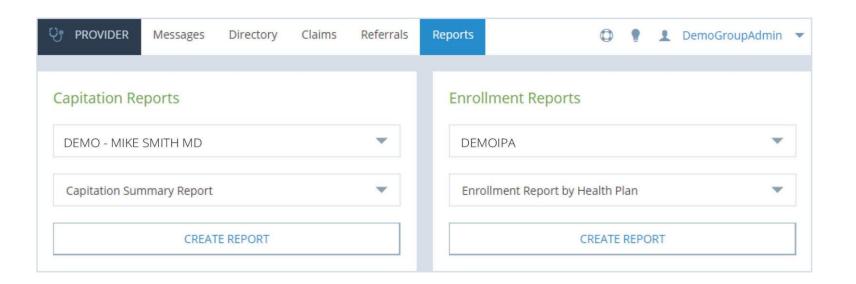
6. In the Auth Details screen shown below, To UPLOAD Post-Visit notes for the PCP:



- a) Click on **UPLOAD** button, then select Attachment type "Specialist Notes for the PCP", then enter Date of Service (the Date of Service must be in MM/DD/YYYY format), select correct file from your computer, then click OPEN or SAVE button. Your document will then appear in the file section with doctype **SPECNOTES** for the PCP to review.
- b) If this is PACE program patient, you can find the PACE Communication form in this section of the authorization, please look for document name starts with CommForm
- c) Click on the file Name to open document, fill out the PACE communication form then scan and upload it to the Authorization as SPECNOTES as described above

To access your capitation and member enrollment reports:

- 1. Click on the **Reports** tab on the top of the page.
- 2. Select the IPA/provider you want the report to be run for.
- 3. Select the type of report.
- 4. Click **CREATE REPORT**.



Click the support symbol next to your username to view Announcements, Contacts, Provider Resources, and Tutorials.

- **ANNOUNCEMENTS** Click to view all announcements including items you've hidden on the dashboard.
- **CONTACT US** Click to view phone numbers for various departments at AlturaMSO. You can also submit a general inquiry or an inquiry about a missing authorization, claim, member, or provider.
- **PROVIDER RESOURCES** Click to view helpful guides and forms to help providers manage healthcare.
- TUTORIALS Click to view tutorials on PROVIDER.

