



Clear Coverage™

McKESSON
Empowering Healthcare



Clear Coverage™

Inpatient Precertification Training Guide



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About this Guide

This guide provides information about submitting an Inpatient Authorization Request through Clear Coverage. The Clear Coverage Service connects payors and hospitals to improve the efficiency of conducting an Authorization. There are three (3) functions within the Authorization Service:

1. Search Authorization Requests
2. Create a New Authorization Request
3. Administration

What is Auto Authorization?

Clear Coverage offers the ability to submit an Authorization Request to a specific patient's Health Plan for a hospital admission, as well as receive an immediate, real-time response to that request. The Clear Coverage Auto-Authorization Service combines critical components required to carry out an Authorization: an Eligibility check and a Medical Appropriateness check.

What's in this guide?

This guide contains the following sections:

- Introduction Overview
- Requesting a New Authorization
- Medical Review Details
- Medical Review Outcomes
- Creating a Continued Stay Review
- Creating a Discharge
- Changing the admission date

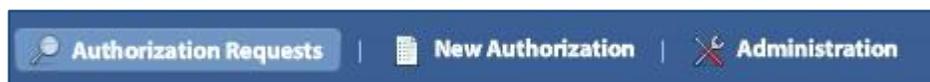
New Authorization Request Workflow

There are 6 **steps** in creating a new Authorization Request:

Steps	Information
1. Select the Patient	Who is the patient who requires this admission
2. Select the Admitting Physician	Who is the physician who is requesting the admission
3. Select Diagnosis (ICD-10) code(s)	What are the primary diagnoses for this admission for this patient
4. Select the Admission Criteria	Which admission criteria is applicable
5. Perform the Medical Review	Provide answers to questions to determine medical necessity of the admission
6. Add Additional Notes/Documentation	Additional information about the admission

Clear Coverage Tabs

Once logged on, various tabs will appear on the top window. Below is a sample of tabs that will appear:

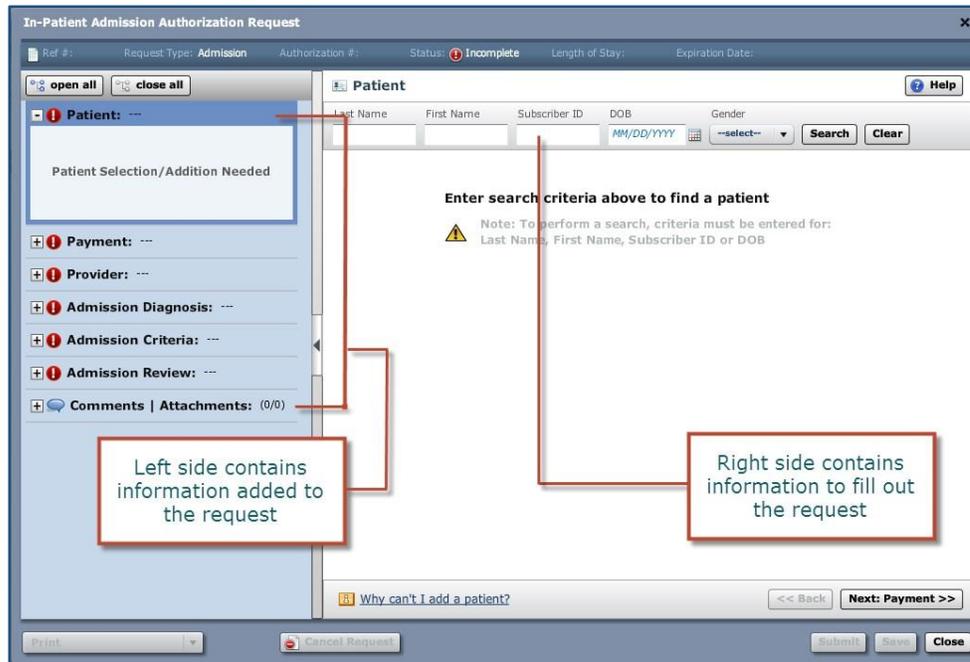


- ***Search Authorization Requests***
- ***New Authorization Requests***
- ***Administration***

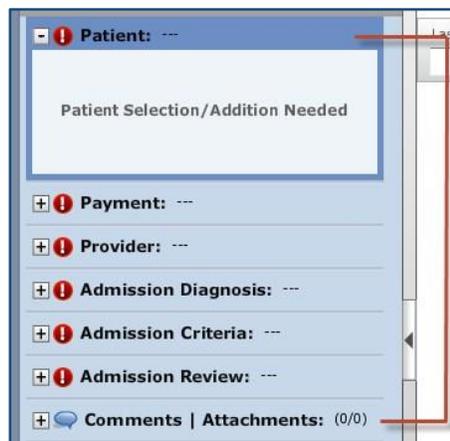
New Authorization Request Overview

The “**New Authorization**” Tab consists of 2 sides:

- The **left side** contains the information that has been added to the authorization request.
- The **right side** contains information to search for patients, providers, and diagnoses.



Click on the Tabs on the left to switch from area to area.



Creating a New Authorization Request

Click on the “**New Authorization**” tab to open the workflow available on this tab

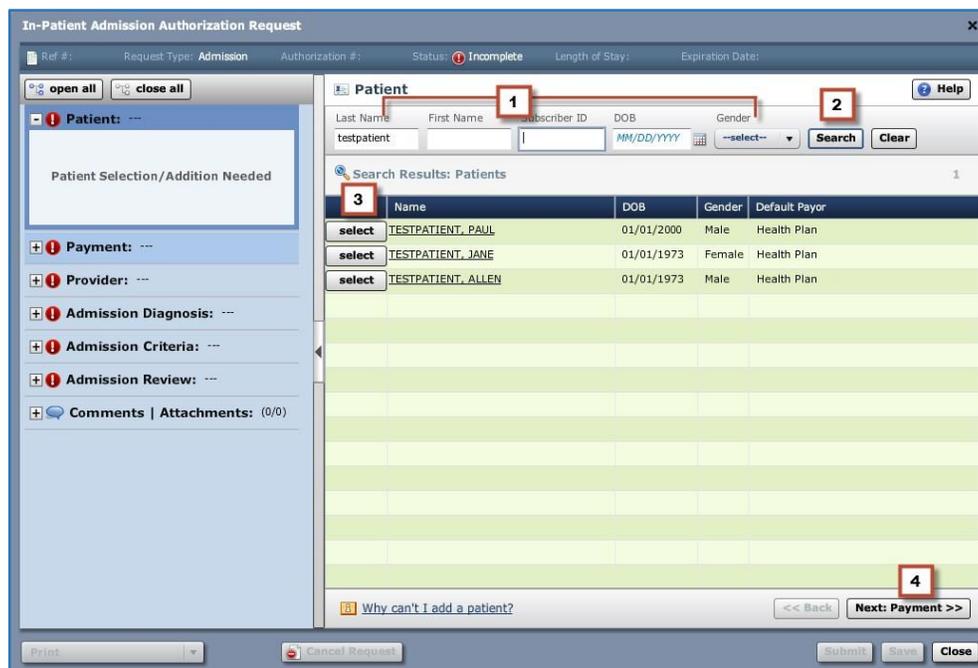


Step 1: Patient Search

Creating an authorization request starts with selecting the Patient.

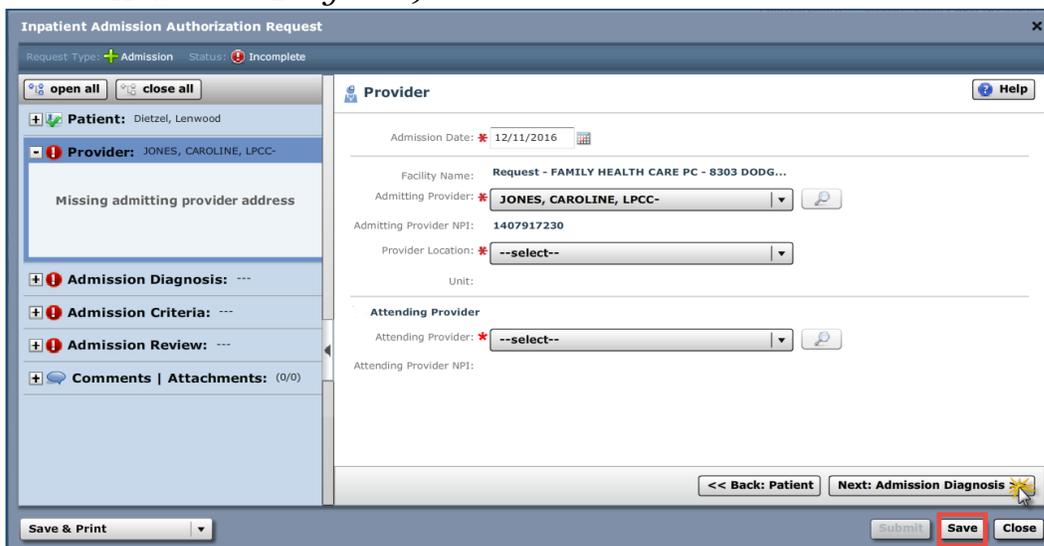
Using the Search function, a Patient can be found by entering their last name, first name and date of birth or enter the members Identification number with alpha prefix. The same search criteria options that are used for Outpatient also apply to Inpatient.

1. **Enter search criteria**
2. Click on the “**Search**” button.
3. Click the “**Select**” button on the patient for whom the admission being requested.
 - a. The selected patient’s information is added to the authorization request on the left side of the window.
 - b. Verify the patient information, eligibility, or search for another patient.
4. Click on the “**Next: Provider**” button.



Step 2: Provider Information

1. Enter the **Admission Date** - *** **Note:** You can click on the Calendar  icon adjacent to the field and click on a date, or enter the date in the form MM/DD/YYYY, e.g. 09/15/2010.***
2. The **Facility Name** will automatically default to the facility the user is assigned too.
3. Click on the **Admitting Provider** drop down menu and select the Clinician requesting the Authorization. (The “**Admitting Provider ID**” will automatically populate once the “**Admitting Provider**” is selected).
4. If Admitting Provider drop down is blank or to add another clinician click **the search icon** . In the Provider Search enter Last Name or an ID Type, click **Search** and once located you can “**Add Selected to Preferred Clinician List**”.
5. Select the unit from the Unit dropdown, if applicable.
6. Add “**Attending Provider**” – Attending and Admitting providers can be the same.
7. Select the Attending Provider from the drop down or use the search button to search.
8. Click on the “**Next: Admission Diagnosis**” button.
9. (This moves the Provider Information into the Authorization Request, and moves you to the next tab – Admission Diagnosis).



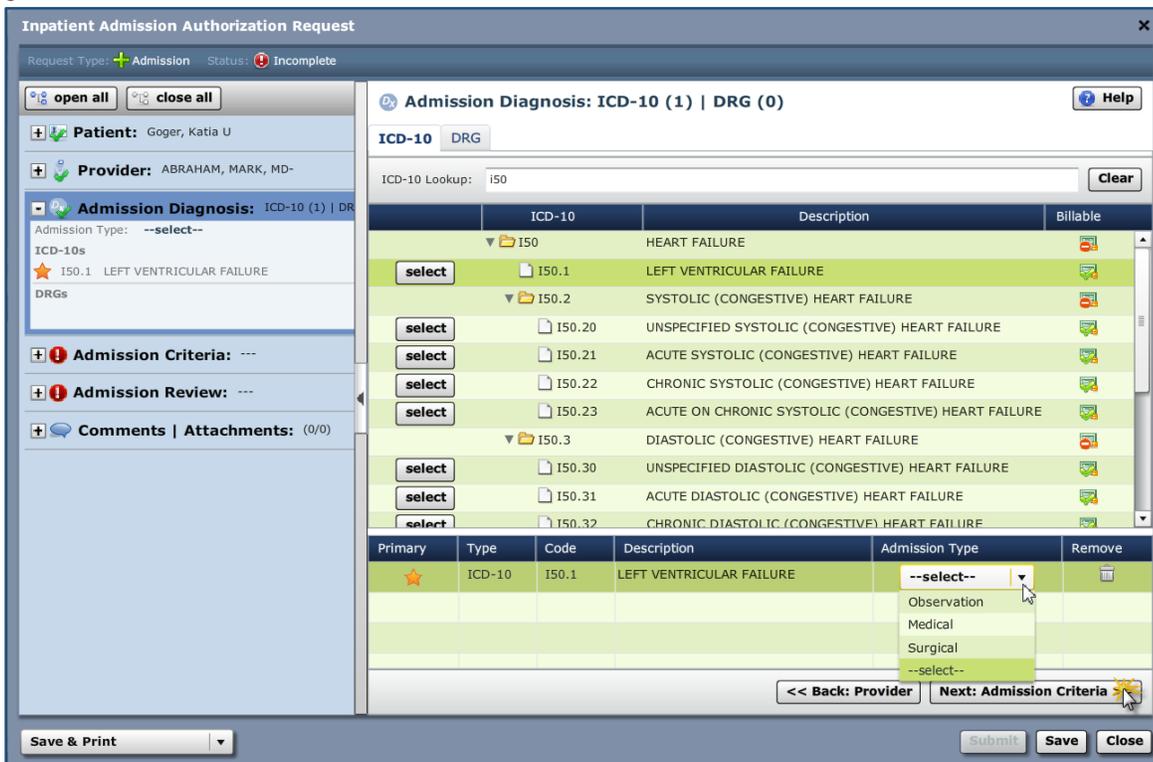
Please note: At this point in the admission process the **Save** button has been enabled, allowing users save progress and return to the landing page. The entry will show as **Incomplete** in the status field on the landing page and is available for modification by another user or the current user to finalize admission criteria.

Authorization Requests									
Date Created	Status	Request Type	Payer	Subscriber/Card	Admitting Provider	Reference Type	Reference Number	Search	
12/07/2016	All	All	All			All			
Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product		
12/07/2016	Uljevic, Dorthea	Blue Cross Blue SJ	12/02/2016	12/04/2016	Admission	Authorized	Adult: Medical		
12/07/2016	Goger, Katia U	Blue Cross Blue SJ	12/07/2016		Admission	Incomplete	Adult: Medical		
12/06/2016	Gabak, Larry F	Blue Cross Blue SJ	12/06/2016	12/12/2016	Cont. Stay	Authorized	Adult: Medical		

Step 3: Admission Diagnosis

The Diagnosis tab allows you to choose one or more admission diagnoses for the requesting Authorization.

1. Search for the diagnosis using one of the following methods:
 - a. Part of the clinical diagnosis description (e.g. “Heart Failure”)
 - b. ICD-10 or DRG code (e.g. “I50.22”)
2. When you find the appropriate diagnosis code, click the “**select**” button next to the diagnosis.
(The Diagnosis is added into the Authorization Request on the right-hand side).
3. The first chosen Diagnosis will be the Primary one for the admission, information will load in the bottom half of the screen. Select the Admission Type by using the “**Admission Type**” drop down. Admission options are **Observation**, **Medical** or **Surgical**.
4. Repeat Procedure steps 1-2 to include additional diagnoses if desired.
5. Click the “**Next: Admission Criteria**” button to move to the next tab.



The screenshot shows the 'Inpatient Admission Authorization Request' window. The 'Admission Diagnosis' tab is active, displaying a search for ICD-10 code 'I50'. A list of heart failure diagnoses is shown with 'select' buttons. The first diagnosis, 'I50.1 LEFT VENTRICULAR FAILURE', is selected and its details are shown in a table below. The 'Admission Type' dropdown menu is open, showing options: Observation, Medical, Surgical, and --select--.

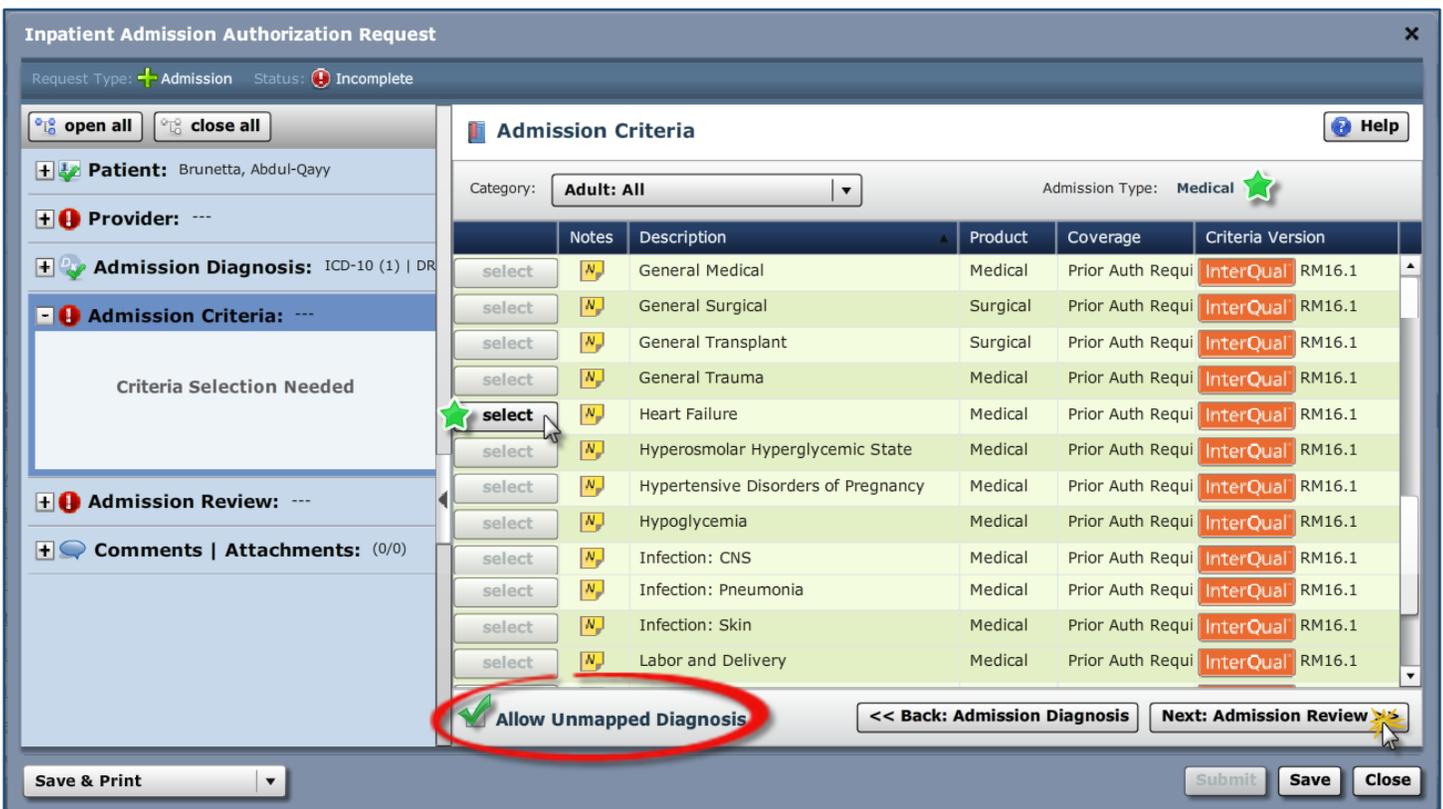
ICD-10	Description	Billable
150	HEART FAILURE	
I50.1	LEFT VENTRICULAR FAILURE	
I50.2	SYSTOLIC (CONGESTIVE) HEART FAILURE	
I50.20	UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE	
I50.21	ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE	
I50.22	CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	
I50.23	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE	
I50.3	DIASTOLIC (CONGESTIVE) HEART FAILURE	
I50.30	UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE	
I50.31	ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE	
I50.32	CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE	

Primary	Type	Code	Description	Admission Type	Remove
★	ICD-10	I50.1	LEFT VENTRICULAR FAILURE	--select--	

Step 4: Admission Criteria

The Admission Criteria tab allows you to select the criteria for the admission event for which you are submitting an Authorization Request.

1. Select the criteria for your review
 - a. Criteria that is mapped to the diagnosis code will be enabled. ***If you want to use a condition that has not been enabled go to the bottom of the screen and click the box labeled **Allow Unmapped Diagnosis**. This will allow all **Admission Criteria** types will be enabled.
 - b. The criteria is based on the Admission Criteria chosen on the **Admission Diagnosis** tab.
2. Click “**Select**” next to the admission description to begin the **Authorization Review**.
 - a. If you select the wrong admission criteria, click “**Change Selected Criteria**” to delete the selection from your request and choose again.
3. Click the “**Next: Admission Review**” to begin the InterQual process.



Inpatient Admission Authorization Request

Request Type: + Admission Status: ! Incomplete

Admission Criteria Help

Category: **Adult: All** Admission Type: **Medical** ★

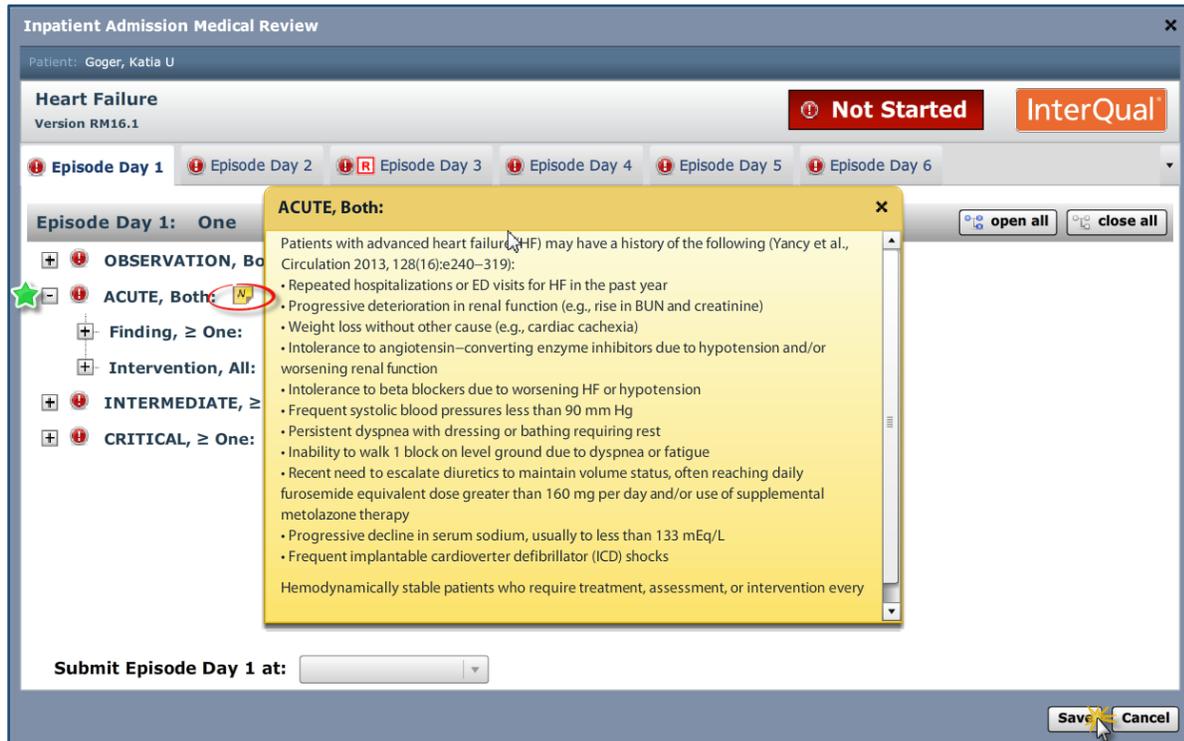
	Notes	Description	Product	Coverage	Criteria Version
<input type="button" value="select"/>		General Medical	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		General Surgical	Surgical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		General Transplant	Surgical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		General Trauma	Medical	Prior Auth Requi	InterQual RM16.1
<input checked="" type="button" value="select"/>		Heart Failure	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		Hyperosmolar Hyperglycemic State	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		Hypertensive Disorders of Pregnancy	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		Hypoglycemia	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		Infection: CNS	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		Infection: Pneumonia	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		Infection: Skin	Medical	Prior Auth Requi	InterQual RM16.1
<input type="button" value="select"/>		Labor and Delivery	Medical	Prior Auth Requi	InterQual RM16.1

Allow Unmapped Diagnosis Submit Save Close

Step 5: Perform Admission Review

Clear Coverage will display the InterQual criteria for the care, this is very similar to information found in the InterQual publications.

1. Click on the “**Next: Admission Review**” button to launch the Medical Review.
2. Click on the “**Launch: Medical Review**”.
3. Tabs are selectable to enter the patient’s health details for each day. Select **Episode Day 1**.
4. Open the Dropdown Criteria for your admission; for example if admission is Acute hit the Plus sign to the Left of the Acute.
5. Provide the appropriate responses for your specific patient and clinical situation. The yellow sticky notes  can be clicked on to provide greater detail a condition. The blue sticky notes  can be clicked on to address Intervention of a condition.



Inpatient Admission Medical Review

Patient: Goger, Katia U

Heart Failure
Version RM16.1

Not Started **InterQual**

Episode Day 1 | Episode Day 2 | Episode Day 3 | Episode Day 4 | Episode Day 5 | Episode Day 6

Episode Day 1: One

- OBSERVATION, **Bo**
- ACUTE, Both:** 
- Finding, **≥ One:**
- Intervention, **All:**
- INTERMEDIATE, **≥**
- CRITICAL, **≥ One:**

ACUTE, Both:

Patients with advanced heart failure (HF) may have a history of the following (Yancy et al., Circulation 2013, 128(16):e240–319):

- Repeated hospitalizations or ED visits for HF in the past year
- Progressive deterioration in renal function (e.g., rise in BUN and creatinine)
- Weight loss without other cause (e.g., cardiac cachexia)
- Intolerance to angiotensin-converting enzyme inhibitors due to hypotension and/or worsening renal function
- Intolerance to beta blockers due to worsening HF or hypotension
- Frequent systolic blood pressures less than 90 mm Hg
- Persistent dyspnea with dressing or bathing requiring rest
- Inability to walk 1 block on level ground due to dyspnea or fatigue
- Recent need to escalate diuretics to maintain volume status, often reaching daily furosemide equivalent dose greater than 160 mg per day and/or use of supplemental metolazone therapy
- Progressive decline in serum sodium, usually to less than 133 mEq/L
- Frequent implantable cardioverter defibrillator (ICD) shocks

Hemodynamically stable patients who require treatment, assessment, or intervention every

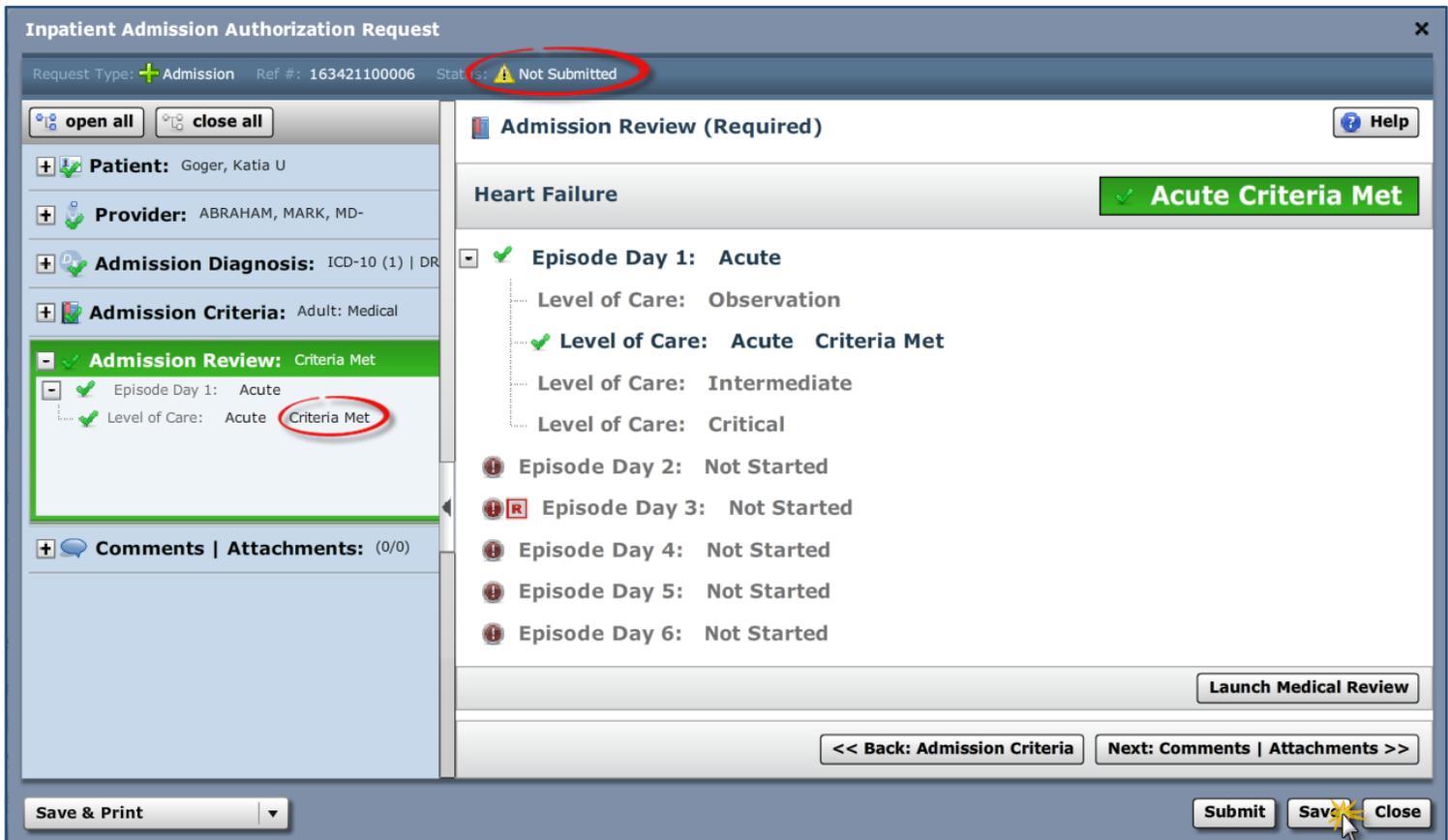
Submit Episode Day 1 at:

Save Cancel

6. Upon completion of the Medical Review, you will receive an outcome on the medical appropriateness of the admission based upon the best current evidence available:



7. Click **Save**.



*** **Note:** If the Submit button is not enabled, hover over the submit button to determine what information is missing from your request.

Step 6: “Save” or “Submit” an Authorization

1. Verify all **6 Sections** of the Authorization Request are filled out and complete.
2. Is **Medical Review** complete? Make sure you have provided all details of the patient’s condition and care that the Medical Review contained. Once a review has been submitted you are unable to alter your responses in the criteria.
3. If you need to come back to Medical Review or if you are not sure about information within the authorization Click on the “**Save**” button.
4. **IMPORTANT!** If the review is not submitted to Blue Cross and Blue Shield of Nebraska the care is not authorized and there is no record of the review being completed.
5. If you are confident in the authorization information Click on the “**Submit**” button.
 - a. You will be asked to enter your contact information if this option is turned on.

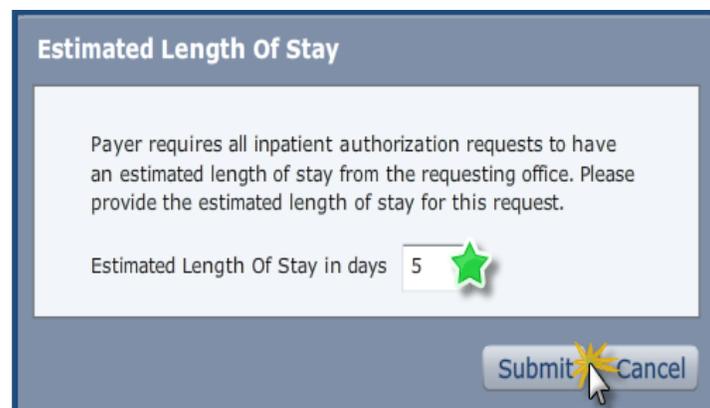


Contact details are required for all submitted authorizations. Please provide contact details (a name and a phone number) below and press submit to finish the request.

First Name: Last Name:

Phone Number: e.g. (555) 555-1212
() - Ext

- b. You will then be asked to input an estimated length of stay if you have this option turned on.



Estimated Length Of Stay

Payer requires all inpatient authorization requests to have an estimated length of stay from the requesting office. Please provide the estimated length of stay for this request.

Estimated Length Of Stay in days 

- c. Click “**Submit**”.



d. You will then receive an Automatic response to the request:

- 1) *Your request will show **Authorized***
- 2) Clear Coverage will record the Request with an **Internal Reference #**, a 12 digit number (Ex. “163421100006”).
- 3) If approved, you will see an Approved length of Stay.
- 4) If approved you will see the Next Review Date
- 5) There will be a printable/viewable PDF –click to view document.
- 6) The disclaimer must be acknowledged – check the box
- 7) Close the review for the patient.

Authorization Submitted

Reference #:	163421100006
Payer Certification #:	CC2016120700001
Authorization Status:	Authorized
Admission Date:	12/07/2016
Category:	Adult: Medical
Criteria:	Heart Failure
Approved Length of Stay:	4 days
Estimated Length of Stay:	5 days
Next Review Date:	12/11/2016

[View Request \(PDF\) >>](#)

I have read the disclaimer on the authorization request PDF

[Close](#)

6. Viewing an authorization can be done from the Landing page (Search Authorization Requests tab).

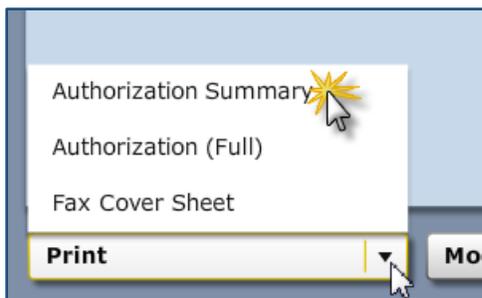
1. To view the authorization, click the “Open Detail” button.



2. Displayed is the completed authorization with the selected criteria used, days approved and the next review dates. Further details of the options selected can be viewed by expanding the tabs.



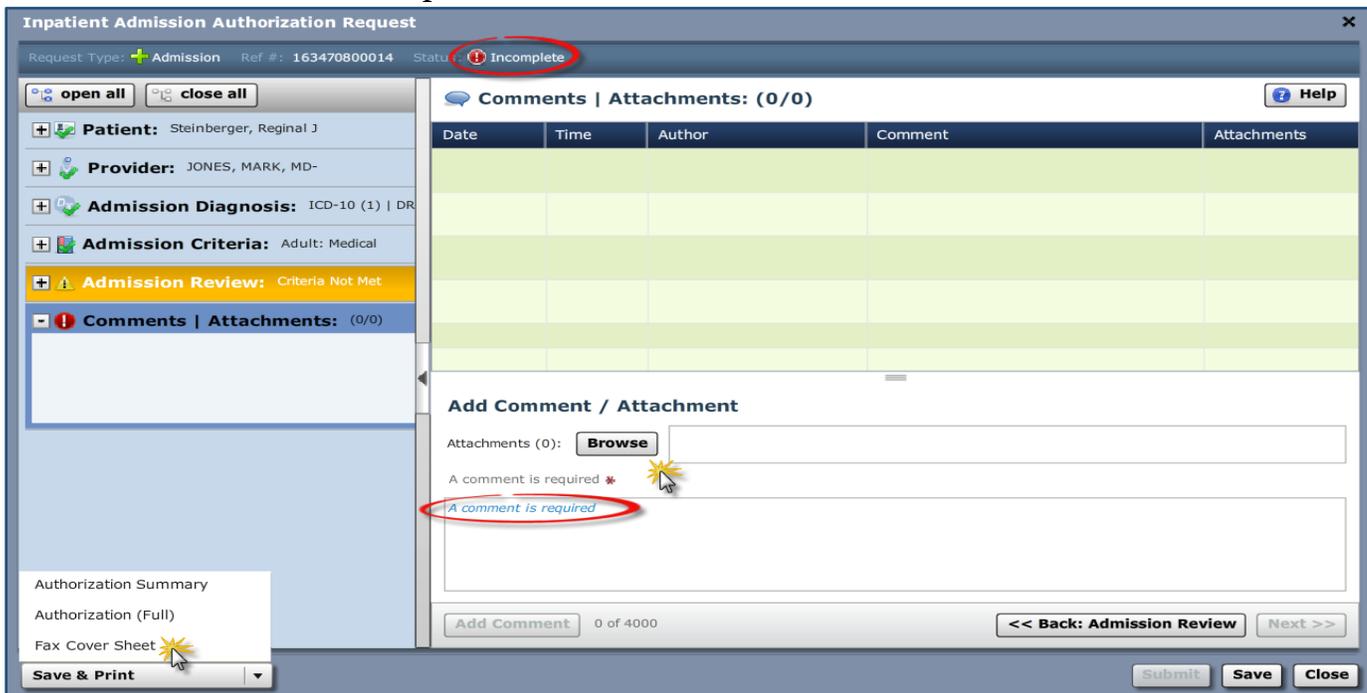
3. Printing a copy of the Authorization can be done from this screen. Go to the bottom left of the screen and click on **Print**. From here you can select the Authorization Summary or the Authorization Full.



Step 7: Adding a Comment or Document – **Criteria Not Met**

The **Comments | Attachments** section allows you to provide any additional notes to support your Authorization Request.

1. In the **Add Comment** box make a note to enable the system to upload medical records. Add any additional notes to support the request (additional medical evidence, etc.) **This is required.**
2. Click the **“Browse”** button to attach a file from your desk top computer.
3. Click the **“Add Comment”** button to submit the comments and records.
4. If unable to electronically send medical records go to the **Save & Print** box create a unique **Fax Cover Sheet** for the patient.



Inpatient Admission Authorization Request

Request Type: Admission Ref #: 163470800014 Status: **Incomplete**

open all close all

Patient: Steinberger, Reginal J

Provider: JONES, MARK, MD-

Admission Diagnosis: ICD-10 (1) | DR

Admission Criteria: Adult: Medical

Admission Review: Criteria Not Met

Comments | Attachments: (0/0)

Date	Time	Author	Comment	Attachments

Add Comment / Attachment

Attachments (0): **Browse**

A comment is required *

A comment is required

Add Comment 0 of 4000

<< **Back: Admission Review** **Next** >>

Save & Print Submit Save Close

Creating a Continued Stay Review

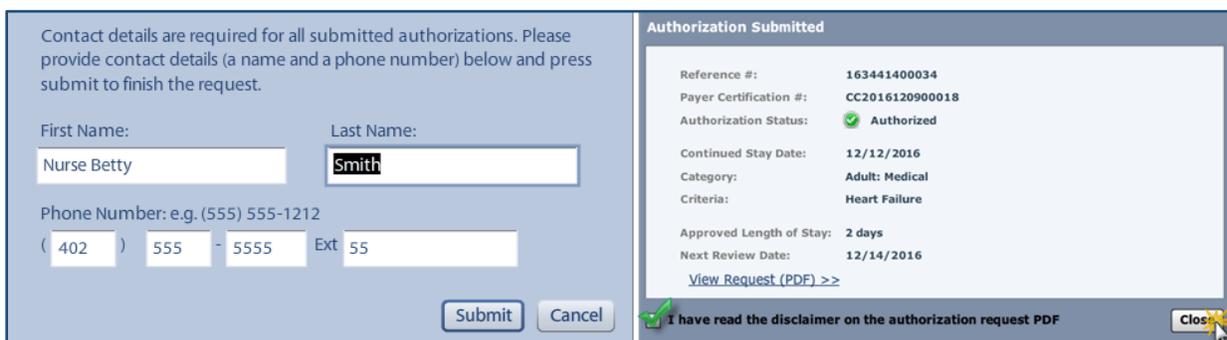
If on or before the next Review Date it is determined that the patient will need continued care it is necessary to create a Continued Stay. This can be also used to transition an Observation Admission to an Inpatient Admission.

1. On the Landing page locate the patient.
2. Click the **“Action”** button next to the patient and select **“Add Cont. Stay”** from the drop down menu.



Action	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status
Open Detail	12/09/2016	Larmett, Chikako	Blue Cross Blue SI	12/12/2016	12/12/2016	Admission	Authorized
Add Cont. Stay	9/2016	Thie, John W	Blue Cross Blue SI	12/09/2016		Admission	Pending
Add Discharge	12/09/2016	Irizarry, Salvadore P	Blue Cross Blue SI	12/09/2016		Admission	Pending

3. If applicable you can enter a new Diagnosis if different from the original, or continue on to the **Cont. Stay Criteria**.
4. **Launch Medical Review** following the previous processes.
5. Choose the appropriate Episode Day for the care. Complete the InterQual Review.
6. Review may or may not meet Medical Criteria.
7. If criteria not met add any comments/attachments.
8. Save the review.
9. Click **“Submit”**.
10. Provide Contact information and **Submit**, acknowledge the disclaimer and close the request.



Contact details are required for all submitted authorizations. Please provide contact details (a name and a phone number) below and press submit to finish the request.

First Name: Last Name:

Phone Number: e.g. (555) 555-1212
 (402) 555 - 5555 Ext 55

Authorization Submitted

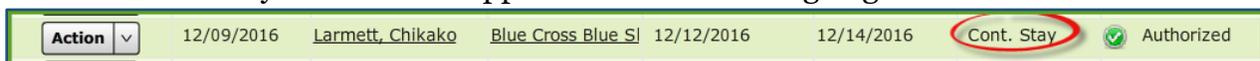
Reference #: 163441400034
 Payer Certification #: CC2016120900018
 Authorization Status: ✔ Authorized

Continued Stay Date: 12/12/2016
 Category: Adult: Medical
 Criteria: Heart Failure

Approved Length of Stay: 2 days
 Next Review Date: 12/14/2016
[View Request \(PDF\) >>](#)

I have read the disclaimer on the authorization request PDF

The Continued stay will show as Approved on the Landing Page:

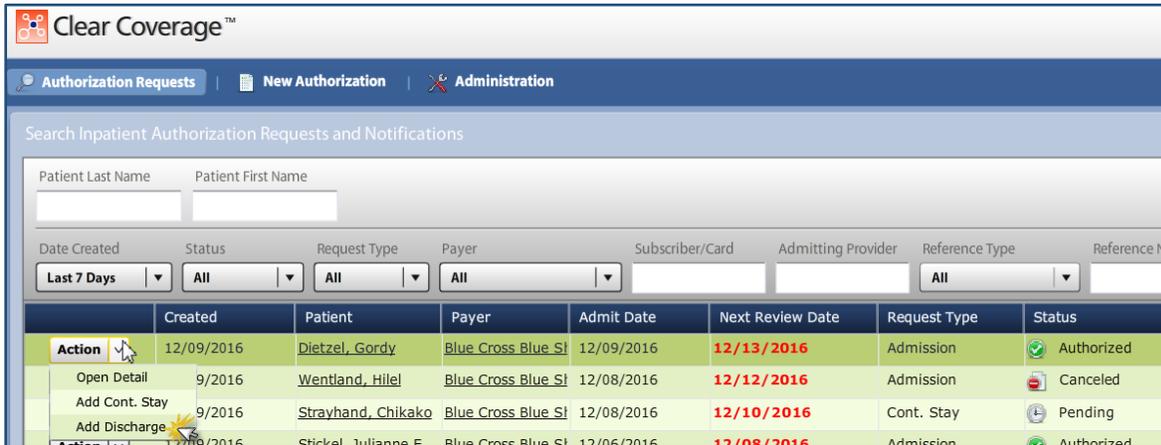


Action	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status
Open Detail	12/09/2016	Larmett, Chikako	Blue Cross Blue SI	12/12/2016	12/14/2016	Cont. Stay	Authorized

Creating a Discharge

Locate the patient on the “**Authorization Request**” tab.

1. Click the “**Action**” button next to the patient and select “**Add Discharge**” from the dropdown menu.

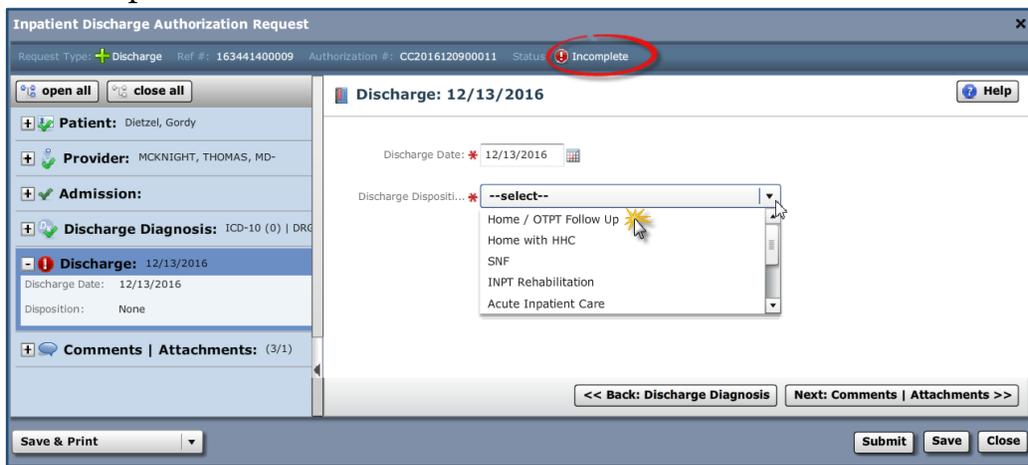


2. Screen will open with **Discharge Diagnosis**. If primary diagnosis has changed you can update the Clear Coverage now.
3. Click the **Next: Discharge** button.
4. Enter the **Discharge Date**.
5. Use the drop-down menu to select the “**Discharge Deposition**”.

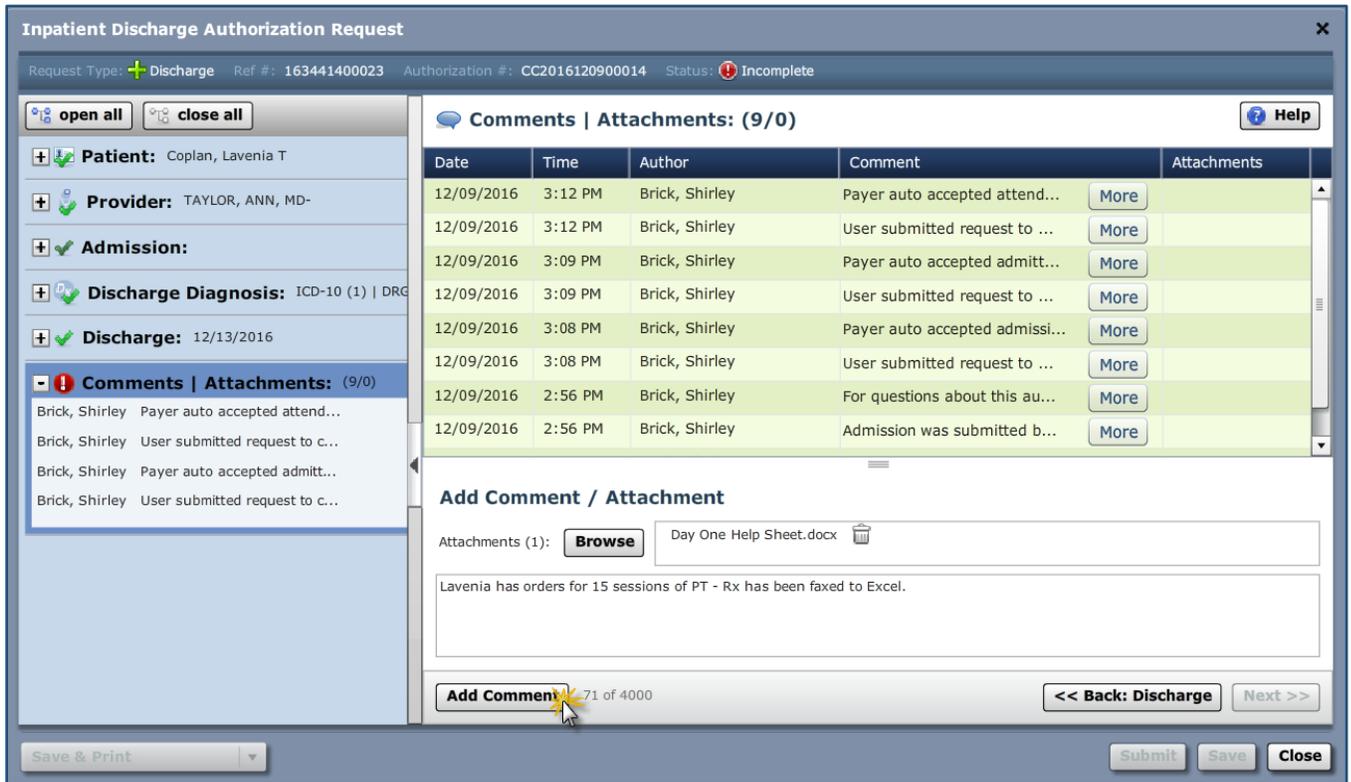
Discharge Disposition Options are:

- a. Home/OTPT Follow Up
- b. Home with HHC – Home Health Care
- c. SNF – Skilled Nursing Facility
- d. INPT Rehabilitation
- e. Acute Inpatient Care

6. Once a disposition is selected the Submit button is enabled. Click “**Save**” or “**Submit**”



7. Discharge follow-up or continued care for the patient can be added to the notes. Also records could be loaded to the authorization for continued case management for the patient. Add Comment will send the data to BCBSNE.



Inpatient Discharge Authorization Request

Request Type: + Discharge Ref #: 163441400023 Authorization #: CC2016120900014 Status: ! Incomplete

Comments | Attachments: (9/0)

Date	Time	Author	Comment	Attachments
12/09/2016	3:12 PM	Brick, Shirley	Payer auto accepted attend...	More
12/09/2016	3:12 PM	Brick, Shirley	User submitted request to ...	More
12/09/2016	3:09 PM	Brick, Shirley	Payer auto accepted admitt...	More
12/09/2016	3:09 PM	Brick, Shirley	User submitted request to ...	More
12/09/2016	3:08 PM	Brick, Shirley	Payer auto accepted admissi...	More
12/09/2016	3:08 PM	Brick, Shirley	User submitted request to ...	More
12/09/2016	2:56 PM	Brick, Shirley	For questions about this au...	More
12/09/2016	2:56 PM	Brick, Shirley	Admission was submitted b...	More

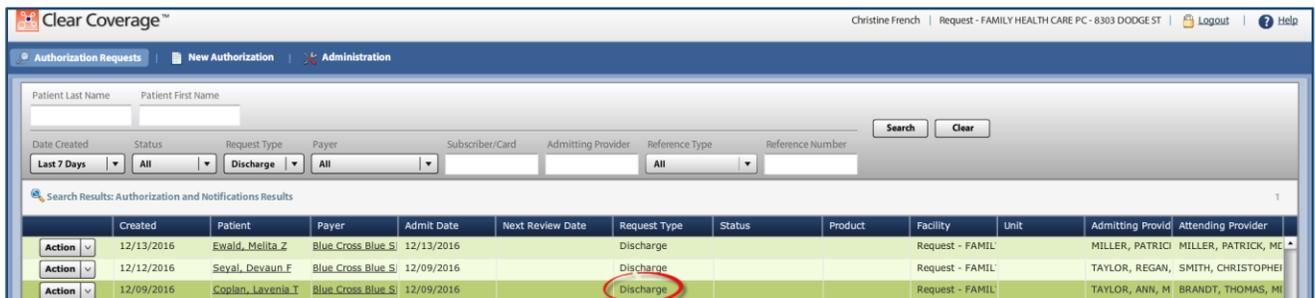
Add Comment / Attachment

Attachments (1): Day One Help Sheet.docx

Lavenia has orders for 15 sessions of PT - Rx has been faxed to Excel.

71 of 4000

8. Once the Add Comment is loaded the documents upload and the Submit button is enabled. Submit the Discharge. System updates itself, changing the Status of the Authorization to Discharge.



Clear Coverage™ Christine French | Request - FAMILY HEALTH CARE PC - 8303 DODGE ST | Logout | Help

Authorization Requests | New Authorization | Administration

Patient Last Name: _____ Patient First Name: _____

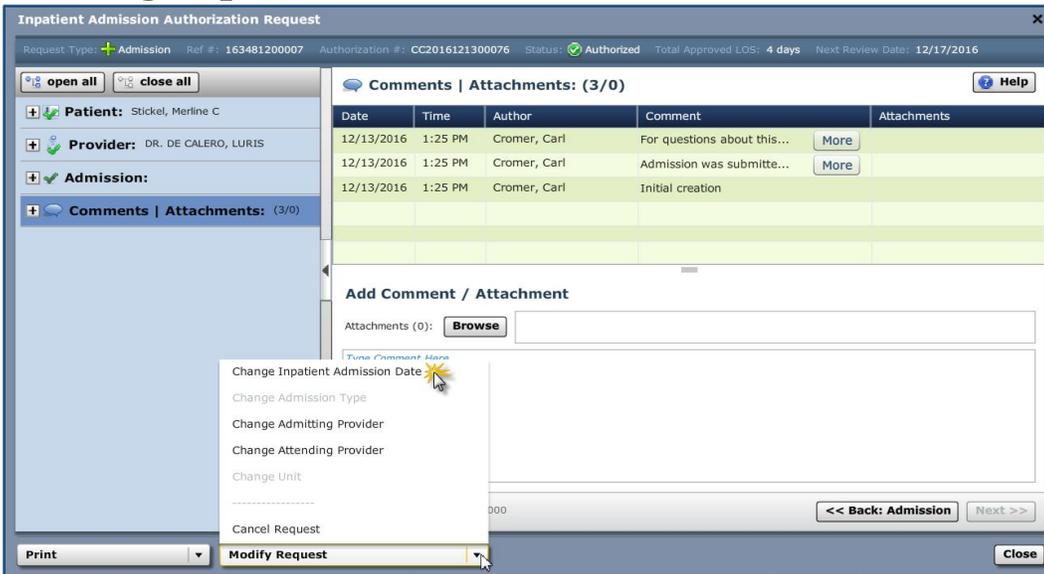
Date Created: Last 7 Days Status: All Request Type: Discharge Payer: All Subscriber/Card: _____ Admitting Provider: _____ Reference Type: All Reference Number: _____

Search Results: Authorization and Notifications Results

Action	Created	Patient	Payer	Admit Date	Next Review Date	Request Type	Status	Product	Facility	Unit	Admitting Provid	Attending Provider
<input type="button" value="Action"/>	12/13/2016	Ewald, Melita Z	Blue Cross Blue S	12/13/2016		Discharge			Request - FAMIL		MILLER, PATRICI	MILLER, PATRICK, ME
<input type="button" value="Action"/>	12/12/2016	Seval, Devaun F	Blue Cross Blue S	12/09/2016		Discharge			Request - FAMIL		TAYLOR, REGAN,	SMITH, CHRISTOPHEI
<input type="button" value="Action"/>	12/09/2016	Coplan, Lavenia T	Blue Cross Blue S	12/09/2016		Discharge			Request - FAMIL		TAYLOR, ANN, M	BRANDT, THOMAS, MI

Changing the Admission Date

If the admission date changes find the approved authorization on the Landing page and select Open Details from the Action Tab. The authorization is now open for review. On the left hand side is a button labeled **Modify Request**. Click the dropdown button and see the options displayed. Click on the **Change Inpatient Admission Date**.



A pop-up box will be created allowing you to change the **Inpatient Admission Date**. Change date and click the **Submit** button.

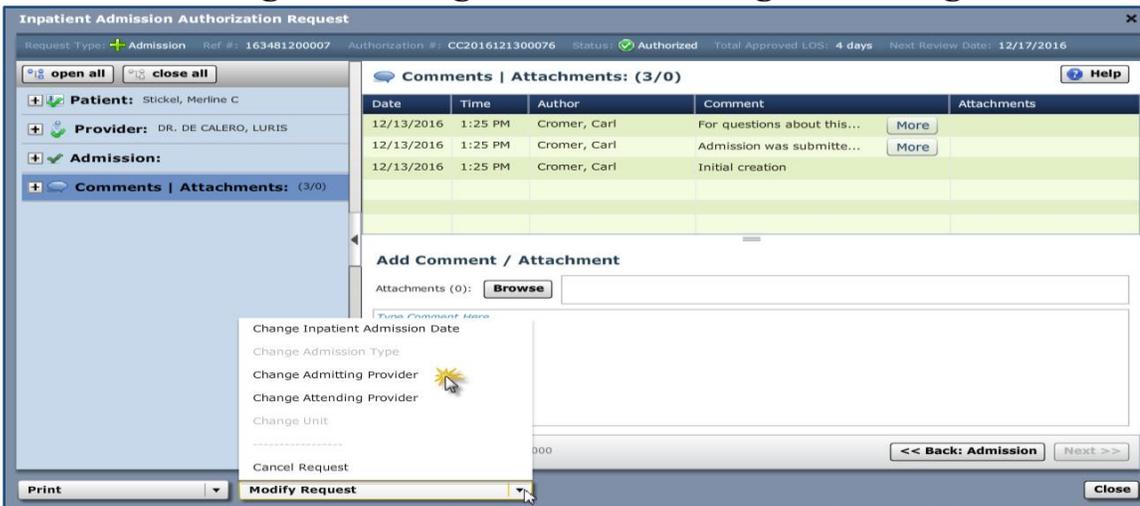


The **Comments** screen in the authorization will show that the admission date has been updated. To see the entire detail click on the **More** button.



Changing the Admitting or Attending Provider

If the admission data needs to be changed find the approved authorization on the Landing page and select Open Details from the Action Tab. The authorization is now open for review. On the left hand side is a button labeled **Modify Request**. Click the dropdown button and see the options displayed. Click on the **Change Admitting Provider** or **Change Attending Provider** whichever is needed.



Inpatient Admission Authorization Request

Request Type: Admission Ref #: 16348120007 Authorization #: CC2016121300076 Status: Authorized Total Approved LOS: 4 days Next Review Date: 12/17/2016

open all close all

Patient: Stickle, Merline C

Provider: DR. DE CALERO, LURIS

Admission:

Comments | Attachments: (3/0)

Date	Time	Author	Comment	Attachments
12/13/2016	1:25 PM	Cromer, Carl	For questions about this...	More
12/13/2016	1:25 PM	Cromer, Carl	Admission was submitte...	More
12/13/2016	1:25 PM	Cromer, Carl	Initial creation	

Add Comment / Attachment

Attachments (0):

Change Inpatient Admission Date

Change Admission Type

Change Admitting Provider 

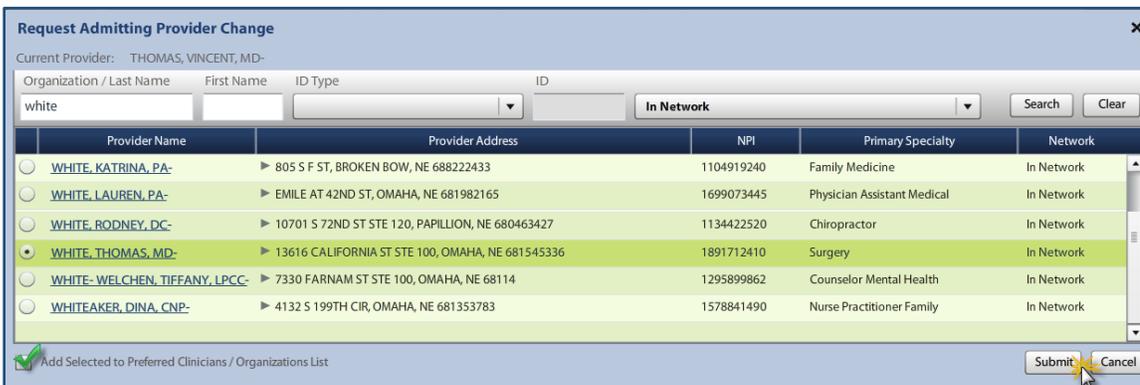
Change Attending Provider

Change Unit

Cancel Request

Print

A search box will populate, research the attending or admitting provider name. Find your provider and click the Submit button.



Request Admitting Provider Change

Current Provider: THOMAS, VINCENT, MD-

Organization / Last Name First Name ID Type ID

white

WHITE, KATRINA, PA- ▶ 805 S F ST, BROKEN BOW, NE 688222433 1104919240 Family Medicine In Network

WHITE, LAUREN, PA- ▶ EMILE AT 42ND ST, OMAHA, NE 681982165 1699073445 Physician Assistant Medical In Network

WHITE, RODNEY, DC- ▶ 10701 S 72ND ST STE 120, PAPILLION, NE 680463427 1134422520 Chiropractor In Network

WHITE, THOMAS, MD- ▶ 13616 CALIFORNIA ST STE 100, OMAHA, NE 681545336 1891712410 Surgery In Network

WHITE, WELCHEN, TIFFANY, LPCC- ▶ 7330 FARNAM ST STE 100, OMAHA, NE 68114 1295899862 Counselor Mental Health In Network

WHITEAKER, DINA, CNP- ▶ 4132 S 199TH CIR, OMAHA, NE 681353783 1578841490 Nurse Practitioner Family In Network

The **Comments** screen in the authorization will show that the Provider data has been updated. To see the entire detail click on the “More” button.



Inpatient Admission Authorization Request

Request Type: Admission Ref #: 16348100055 Authorization #: CC2016121300056 Status: Authorized Total Approved LOS: 4 days Next Review Date: 12/17/2016

open all close all

Patient: Hendrickson, Louella Q

Provider: WHITE, THOMAS, MD-

Admission:

Comments | Attachments: (6/0)

Date	Time	Author	Comment	Attachments
12/13/2016	2:50 PM	French, Christine	Payer auto accepted ad...	More 

Comment by French, Christine on 12/13/2016

Payer auto accepted admitting provider change request for WHITE, THOMAS, MD-



Resources for your Clear Coverage tool

Provider Solutions: **800.821.4787 option 4, option 1 or 402.982.7711 option 4, then option 1.**

Provider Relationship Managers – please refer to area map on website.

- Link: **www.nebraskablue.com/providers/resource-center/contacts-for-providers**

Admission Certification: **800.247.1103**