Getting Started

» Login information is case sensitive
  » User ID, iEXCHANGE ID and Password are required
  » Users will be prompted to change passwords every 30 days

» System time out
  » If there is no activity for a period of 60 minutes, users will be “timed out” of iEXCHANGE and you will receive the below message:
    » "Your session has expired. Please, login again."

» Do not use the “Back” button to navigate in iExchange
  » At the bottom of most pages you will see buttons (such as “Cancel”, “Back”, or “New Search”) that allow you to return to previous pages
  » You can click the “Starting point” block in the upper left hand corner at anytime to return to the main page
Request Submission

» Each request has three stages

1. Request Entry
   » All fields should be completed unless marked as (optional)
   » System administrators can add frequently used providers, diagnoses and procedures to facilitate data entry
   » Additional Notes (iExchange Provider) at the bottom of the page should be used to indicate if documents will be attached to the request
   » Users will click "Next step" at the bottom of the screen to proceed to the Preview page

2. Request Preview
   » Allows user to review request information a final time before submitting
   » Displays Outcome Status of the request if it is submitted as is
   » Allows user to return to entry page and edit if necessary – click "Edit" at the bottom of the screen
   » at the bottom of the screen or if no additional services are required users will click "Submit"

3. Request Confirmation
   » Displays the Outcome Status and request ID
   » Displays same information as Preview page
   » User able to open print friendly version of this page – click "Print friendly version"
   » User can click "Attach file" to the right of the Request ID if a document needs to be attached to the request
Inpatient instructions

Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, inpatient request extension, inpatient clinical review, new inpatient behavioral health request, or inpatient behavioral health extension request.

New inpatient request
Click the New inpatient request link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

New inpatient behavioral health request
Click the New inpatient behavioral health request link, above. A blank inpatient behavioral health request entry page appears. You can add a member ID and all request information for this member.

Extend inpatient request
Click the Extend inpatient request link, above. You will first select the inpatient treatment you wish to extend.

Inpatient clinical review
Click the Inpatient clinical review link, above. You will first search for the inpatient treatment you wish to review.

A Note before you begin: if you selected the wrong payer (you want to submit this request to a different payer) click the Select a different payer link above, to return to the Starting point page and select the correct payer.
### General Information

Use the General Information section to record the member ID (click Member search to verify eligibility), providers (submitting and servicing) as well as diagnostic information.

#### Inpatient Request Entry

Once you enter the General Information and Services Information click Next step. iExchange evaluates your inpatient request and displays the Inpatient request preview page.

### Payer Notice:

**Diagnosis codes must be entered with capital letters**

- **Notification Date:** 02/21/2017
- **Member ID:** Enter or Search for ID
- **Submitting Provider:**
  - **DEAN CLINIC - DODGEVILLE SPECIALTY SERVICES - 39112861600Q - 1053358846**

#### Facility

Select facility from the list or search for ID.

#### Treatment Setting

- **Treatment Setting:**
  - [ ]

#### Treatment Type

- **Treatment Type:**
  - [ ]

#### Review Type

- **Review Type:**
  - [ ]

#### Admit Date

- **Admit Date:**
  - (mm/dd/yyyy)

#### Is this an emergency?

- **Is this an emergency?:**
  - [ ]

#### Primary Diagnosis

Enter Diagnosis code or Select from Short list.

- **Primary Diagnosis:**
  - [ ]

#### Secondary Diagnosis (optional)

- **Secondary Diagnosis:**
  - [ ]
  - [ ]
  - [ ]

#### Requested Length of Stay

- **Requested Length of Stay:**
  - [ ]

#### Attending Physician

Select attending physician from the list or search for ID.

- **Attending Physician:**
  - [ ]

#### LOS Bed Type (optional)

- **LOS Bed Type:**
  - [ ]

#### Enter Contact Name and Phone Number (required)

- **Enter Contact Name and Phone Number:**
  - [ ]

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**Click on Member search to verify eligibility for your patient**

**All fields must be completed unless marked as optional**

**When providing diagnosis codes you can select from a list of frequently used codes or click on Diagnosis search to search by description**
**Services information**

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

### Principal service (optional)

- **Procedure**
  - Enter Procedure code or Select from Short list
  - Procedure search

- **Scheduled date**
  - (mm/dd/yyyy)

- **Servicing provider**
  - Select a servicing provider from the list or search for ID
  - Servicing provider summary
  - Provider search

### Service 2 (optional)

- **Procedure**
  - Enter Procedure code or Select from Short list
  - Procedure search

- **Scheduled date**
  - (mm/dd/yyyy)

- **Servicing provider**
  - Select a servicing provider from the list or search for ID
  - Servicing provider summary
  - Provider search

### Additional notes (optional)

**iEXCHANGE Communication**

**iEXCHANGE Clinical Information**

**iEXCHANGE Diagnostic Results**

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**Procedure code is optional and only needs to be entered if applicable**

**Notes can be added to provide additional information**

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*Click Next step to continue*
Preview page – includes projected status of the request and allows the user to verify the accuracy of the information prior to final submission.

Request can be edited, submitted, or cancelled.
Confirmation page includes the Request ID and allows the user to attach additional required information to support the request.

Confirmation page can be printed by clicking the Print friendly version link at the top of the screen.

Inpatient request confirmation
This page contains inpatient request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iExchange re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Payer Notice:
The confirmation number indicates you have informed us of these services as required by your program protocols. We can only make a benefit decision when we receive all necessary claim information in accordance with the provisions of the health plan. This ...

Request ID: 17052-A001  Attach file

Summary

<table>
<thead>
<tr>
<th>LOS start/end date</th>
<th>Days</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/21/2017 - 02/22/2017</td>
<td>1</td>
<td>PEND</td>
</tr>
</tbody>
</table>

Inpatient request information

Member

<table>
<thead>
<tr>
<th>Name</th>
<th>BENISCH, ANTHONY A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member ID</td>
<td>00008849401</td>
</tr>
<tr>
<td>Date of birth</td>
<td>08/27/1973</td>
</tr>
<tr>
<td>Age</td>
<td>43</td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>Line of business</td>
<td></td>
</tr>
<tr>
<td>Drug charge</td>
<td></td>
</tr>
</tbody>
</table>

Provider

<table>
<thead>
<tr>
<th>Name</th>
<th>DEAN CLINIC EAST PT/OT THERAPY SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI</td>
<td>1578570974</td>
</tr>
<tr>
<td>Tax ID</td>
<td>39112861600q</td>
</tr>
<tr>
<td>Type of practice</td>
<td>Clinic or Other Group Practice</td>
</tr>
<tr>
<td>Address</td>
<td>1821 S STOUGHTON RD MADISON WI</td>
</tr>
<tr>
<td>City</td>
<td>MADISON</td>
</tr>
<tr>
<td>State</td>
<td>WI</td>
</tr>
<tr>
<td>Zip</td>
<td>537162257</td>
</tr>
<tr>
<td>Phone</td>
<td>(608)260-6004</td>
</tr>
</tbody>
</table>

WPS_Arise Emp
Request Attachments

» Users can attach documents to any existing authorization request in iExchange

» Follow the below steps to add attachments

1. User can click Attach file to the right of the Request ID if a document needs to be attached to the request
2. Enter a title for the document to be attached
3. Click Browse to select locate the file to be attached
4. Click Attach to add the document
5. Click OK in the popup window to continue or cancel if the attachment was selected in error

6. Information message will appear at the top of the page to indicate that the file has been successfully attached
Request Attachments – Confirmation page

1. **Inpatient request confirmation**
   This page contains inpatient request information including the request ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you click the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

   - **Summary**
     - **LOS start/end date**: 07/15/2011 - 07/19/2011
     - **Days**: 3
     - **Status**: PEND

   - **Click Attach file**

2. **Request Attachments**
   - **Attach new file**
   - **Allowable file type(s)**: PDF, DOC, XLS, JPG
   - **Title**: Patient Medical Record
   - **Attachment**: Browse...

   - **Enter a document title and select Browse to select a document**
Request Attachments – Confirmation page

4. Click Attach

5. The file you have attached will be sent to the health plan. Continue?

   - Click OK to attach the document to the request
Request Attachments – Confirmation page

Informational
The file selected has been successfully attached and will be sent to the health plan.

Inpatient request confirmation
This page contains inpatient request information including the request ID and status (authorized or pending), the member’s name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iExchange re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Request ID: 20150515-000003

<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOS start/end date</td>
</tr>
<tr>
<td>05/15/2015 - 05/16/2015</td>
</tr>
</tbody>
</table>

Message at the top will confirm the attachment as been sent or is in progress.