Comagine Health

Comagine Health Provider Portal User Guide

Alaska Medicaid – Division of Health Care Services

June 5, 2023

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Statement of Confidentiality

To ensure the integrity, security and confidentiality of information maintained within the Comagine Health Provider Portal (CHPP), and to limit disclosure and use of this data to only that which is permitted by law, I agree to abide by all provisions set forth in my Provider Portal Administrator or Provider Portal User Agreement with Comagine Health. I hereby acknowledge having received notice of the potential criminal, administrative and/or civil penalties for violating any terms of my Agreement. If I have questions about my obligations regarding the terms of my Agreement, I understand that I may seek clarification from my organization's Provider Portal Administrator.

General Information

- The CHPP is a web-based product that gives healthcare providers a two-way link using the Internet to exchange care management data with Comagine Health.
- The CHPP allows for an increase in efficiency by decreasing the amount of time to process a request.
- This manual serves as a guide for Providers to use the portal and all Member and Provider names included in this manual are fictitious.
- Registration is required for an Executive, a Portal Administrator, and all Users in each provider group.
- You are uniquely identified by the combination of the User ID and the individual password.
- You will automatically be logged off after sixty minutes inactivity.

Support

If you need additional support for the CHPP, contact Comagine Health:

Phone: 888-240-0437

Fax: 800.826.3630

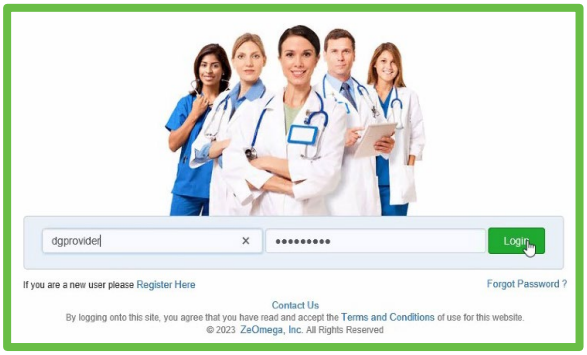
E-mail: jordonez@comagine.org or tkirn@comagine.org

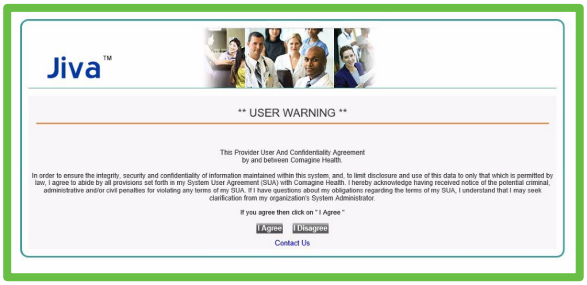
Accessing the Comagine Health Provider Portal

The CHPP is secure, and Providers who access the portal need a valid User ID and password. Access is available through completion of a CHPP Registration Packet, which can be found on our website. The following steps are involved in accessing the CHPP through completion of a CHPP Registration Packet:

- From the Comagine Health Alaska Medicaid- Health Care Services website at https://comagine.org/program/alaska-medicaid-health-care-services click on Provider Resources on the menu at the right side of the page, and click on “Download the Comagine Health Provider Portal registration packet”.
- Download and complete the registration packet. The registration packet can be filled out digitally and emailed back to Comagine Health, or it can be printed, filled out, and faxed back to Comagine Health. Email and fax information are listed in the registration packet.
- Once you have submitted the registration information to Comagine Health, we will set up your new account and email you with your new account information.

- Once you have your CHPP login information, launch the CHPP by going to https://comaginepp.zeomega.com.
- Sign in using your temporary password at the sign in page.
- Click "I Agree" on the Statement of Confidentiality Agreement. If you disagree or have questions, please contact Comagine Health to discuss.
- Upon your first login, you will need to change your password (you should be prompted to do this).
- The Provider Portal Administrator will need to set up individual accounts for those staff who will be using the CHPP. For more information on setting up accounts as a Provider Portal Administrator, review the Registration Packet.

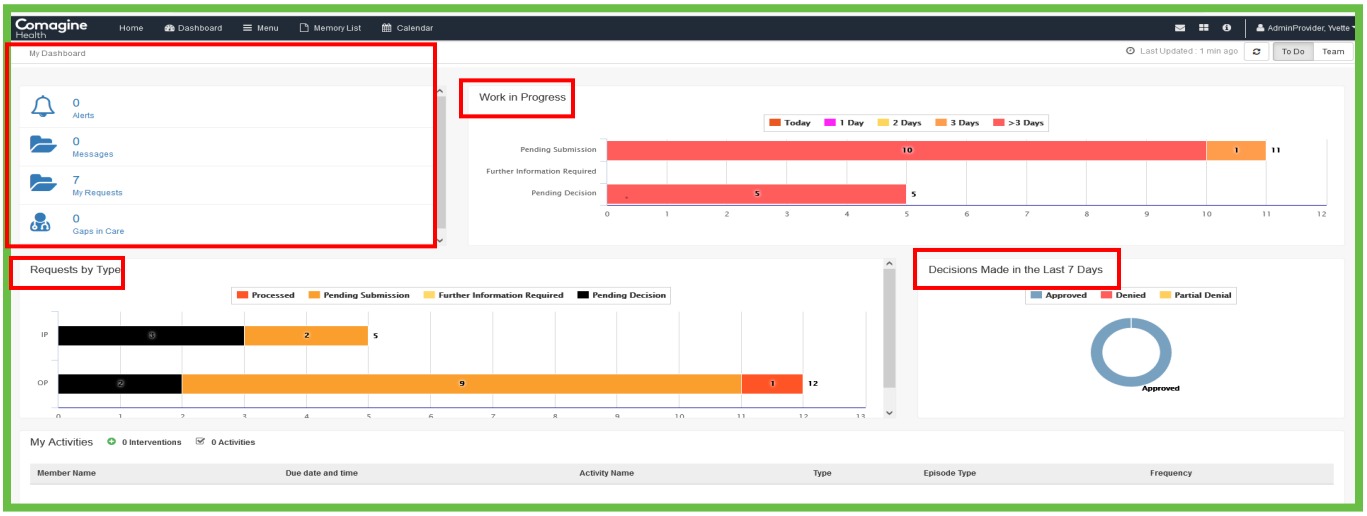




When you login to the CHPP, the first page you see is your Home page – this has important announcements about the contract that providers should be aware of and is updated by Comagine Health as necessary.

Dashboard

All requests will appear on the CHPP Dashboard. The screenshot below shows the following important features and information.



Work can be managed individually or by teams – see the **To Do** and **Teams** buttons (in the top right corner):

1. Your designated Administrator can form the Team.
2. Work can be managed when staff are out of the office.
3. Remember to refresh  your screen after submitting a stay or service request (top right corner).
4. Clicking **My Requests,** top left box, will populate the list of requests you have submitted.

Work in Progress will provide a snapshot of the status of requests:

1. The legend indicates when the submission occurred by Today through to >3 days.
2. Click the color-coded link to view and access the list of episodes in each status.
   A. Pending Submission - draft that has not been submitted through the CHPP.
   B. Further Information Required - pended for additional information.
   C. Pending Decision - awaiting processing and determination to be posted.
   D. Processed
3. The Date Range can be selected or Filter by Date

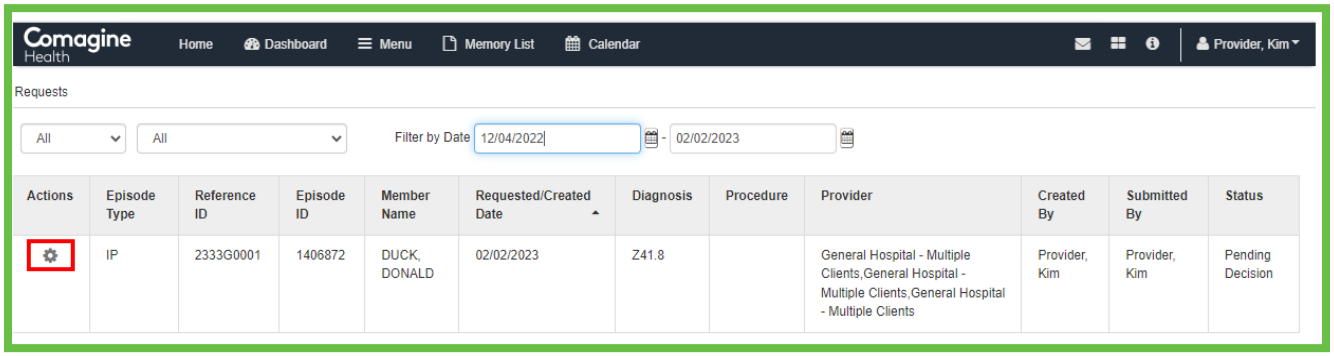
Request by Type – Classified as Inpatient (IP) and Outpatient (OP).

1. Click the color-coded link to view and access the list of episodes in each status.
2. The color-coded legend categorizes the request types by:
   A. Pending Submission
   B. Further Information Required
   C. Pending Decision
   D. Processed
3. The Date Range can be selected or Filter by Date

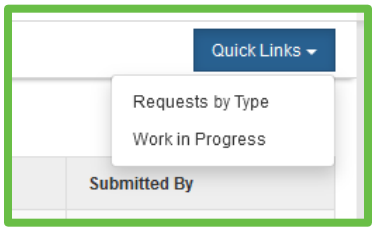
Decisions Made in the Last 7 Days provides a snapshot of decisions. **Decisions Made** can be filtered by:

1. IP, OP, or ALL
2. Approved, Denied, or Partial Denial
3. Today through to 7 days
4. The Date Range can be selected or Filter by Date

When you pull up your Requests, more functionality is available.

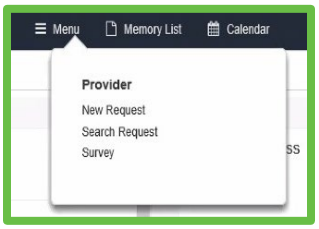


1. Clicking on the **gear ( )** icon under **Actions** will allow you to select the episode or select the **Abstract View** (which shows you an overview of information about the submitted request.
2. Quick links has a drop down that allows you to select the episode list (ie., Requests by Type, Work in Progress or Decisions Made)



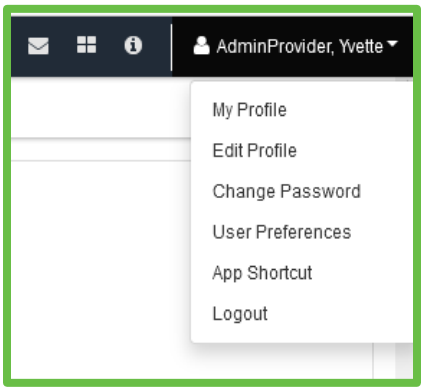
Provider Menu

The Provider Menu is where you go to submit new requests or search for submitted requests.



User Profile

The Provider Portal Administrator configures your profile when creating their Team's user accounts. However, the Provider Portal enables you to change your profile settings and navigate common profile needs using the drop-down list under your name in the upper-right corner. The User Profile drop-down list includes the following links:



- My Profile
- Edit Profile
- Change Password
- User Preferences
- App Shortcut
- Logout

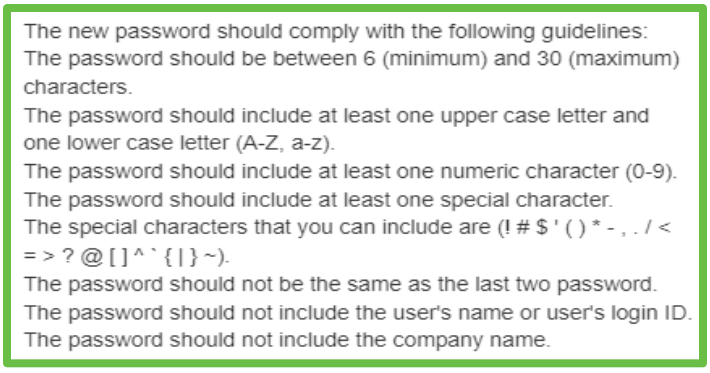
My Profile allows you to view information about your account, and **Edit Profile** allows you to make specific edits to your information, when needed. User Preferences allows you to manage your account preferences.

Change Password

The **Change Password** link enables you to change your password.

To change the password:

1. Click **Change Password** link in the User Profile drop-down list.

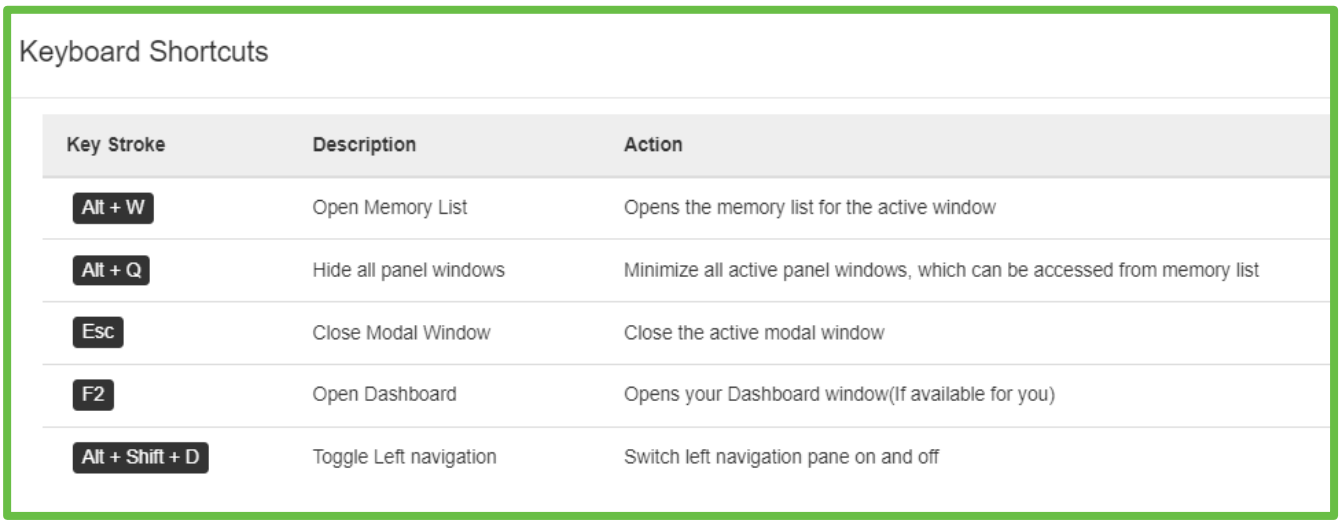


2. Enter your current password in the **Old Password** field.
3. Enter your new password in the **New Password** field.
4. Re-enter your new password in the **Confirm New Password** field.
5. Click **Change Password** to save your new password.
   - All fields with a red label and asterisk (*) are mandatory fields.
   - The new password must comply with the password guidelines.

- After changing your password, you will be prompted to log in to the portal again using your new password.

App Shortcuts

The **App Shortcuts** link under the User Profile drop-down list displays the keyboard shortcuts.

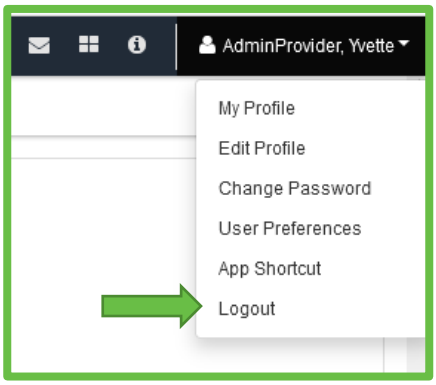


Logging Out

The **Logout** link under the User Profile drop-down list enables you to logout from the CHPP.

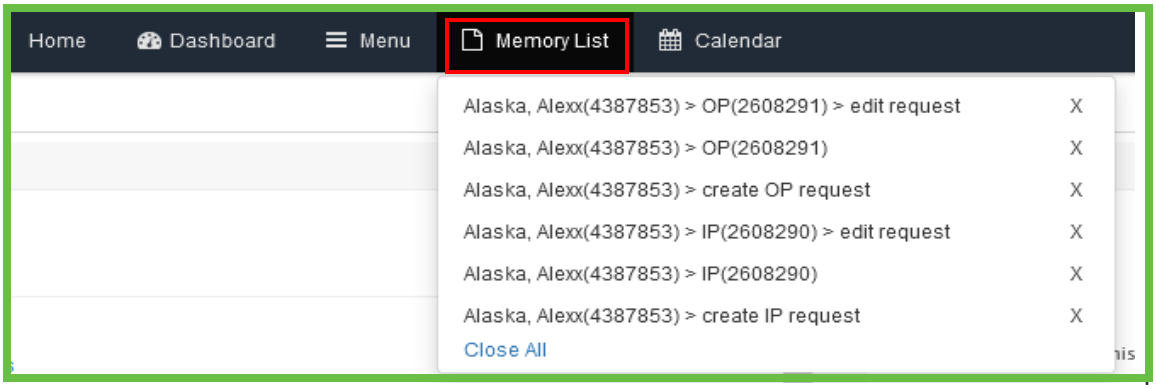
To log out of CHPP:

1. Click the **Logout** option in the User Profile drop-down list. The message, *'Do you want to logout from the session?'* will appear.
2. Click **OK** to log out from the Provider Portal or click **Cancel** to discard the message.
   Note: The system will log you out automatically after 60 minutes.



Memory List

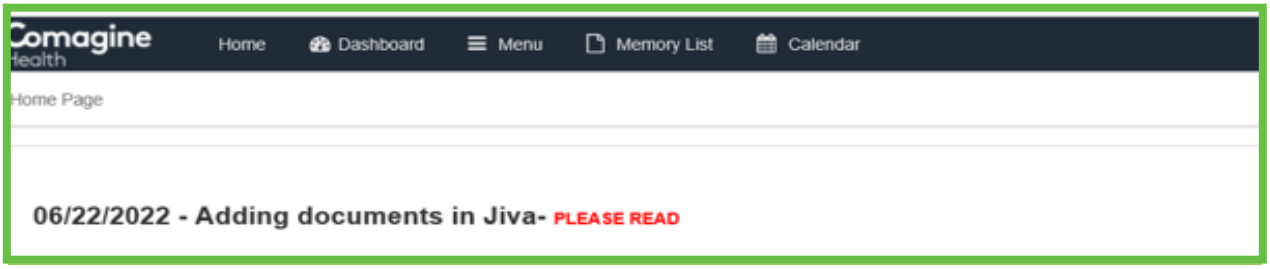
- By default, the **Memory List** displays a maximum of ten open screens.
- Users should always go to their Memory Lists at the end of their CHPP sessions to close out of episodes they entered or viewed so that they can be worked on by others.
  - You can close a member episode by either selecting the "**X**" by the episode or by using the member link to enter the record and close the window once you have verified work is complete.
  - You can close all open records by selecting the Close All link that appears in the Memory List.
  - If your session times out or you log out, the **Memory List** will disappear.



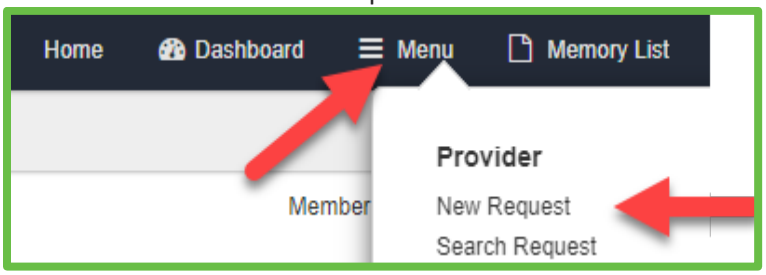
Quick Start Guide - Submitting Inpatient Requests

QSG for Providers submitting inpatient (IP) authorization requests via the Comagine Health Provider Portal (CHPP).

1) **Main View:**
   - **A.** Home (Splash) Page- where Comagine Health posts provider announcements
   - **B.** Dashboard- where work can be managed Individually (To Do tab) or as a Team
   - **C.** Menu- to start New Request or Search Request



2) Submit a **New Request**:
   A. Click on Menu for New Request

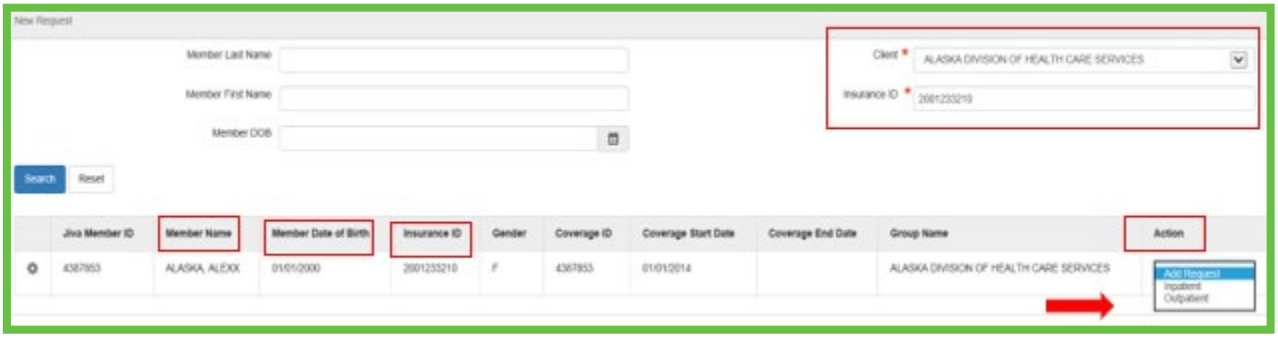


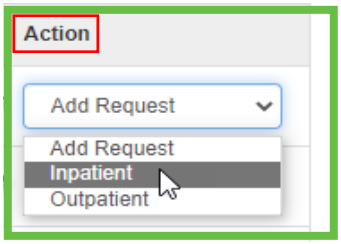
   B. Under Client: Select ALASKA DIVISION OF HEALTH CARE SERVICES
   C. Under Insurance ID: Enter Medicaid number starting with 200 or 060
   D. Click on Search



3) Medicaid Recipient Search:

A. Verify correct member name, date of birth and insurance ID.
B. Under Action, select Add Request from the dropdown menu.
C. Select Inpatient (IP)



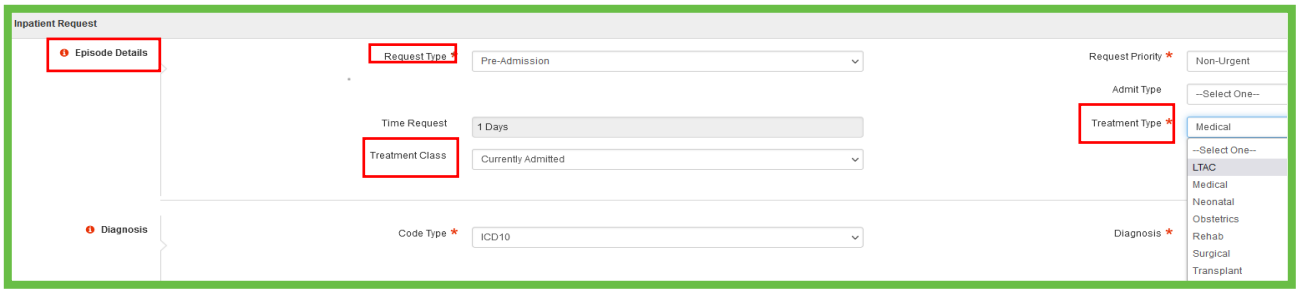


4) **Episode Details**: Complete the required fields with the red asterisk. Please also complete the Treatment Class field, even though there is no asterisk, it is a required field.

For **Inpatient** Requests:

A. **Request Type***: Pre-Admission or Retrospective
B. Time Request: Leave blank
C. **Treatment Class** (MUST be completed even though an asterisk is not present): Select Currently Admitted, Discharged (Retros only), Future Admission or N/A
D. **Request Priority***: Non-Urgent will auto-populate
   i. Tip: If you need to expedite your request, please submit the request as "non-urgent," and include all relevant codes and clinical information required for the review. Once submitted, call Comagine Health to request an expedite.
E. **Treatment Type***: Select LTAC, Medical, Neonatal, Obstetrics, Rehab, Surgical, or Transplant

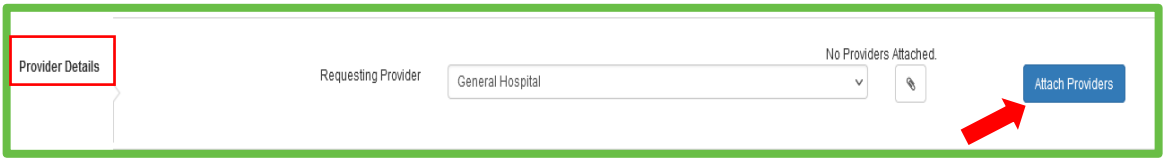
Inpatient Request View:



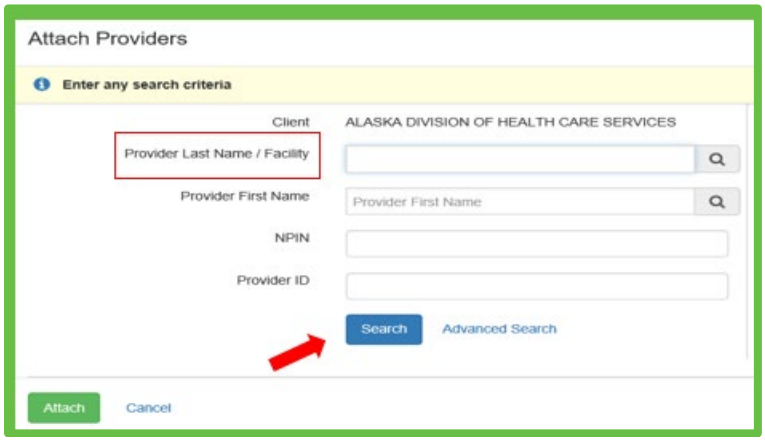
5) **Diagnosis:** Complete this section.
   A. **Code Type***: ICD10 will Auto-populate.
   B. **Diagnosis***: Enter one diagnosis at a time
      i. The diagnosis codes will appear in a drop-down menu as you start typing. Choose the correct option. Example: C25.4 will appear once you click its entry on the drop-down.
      ii. Primary DX can be amended by selecting the yellow star on the primary DX line.



6) **Provider Details:** Complete this **s**ection.
   A. Three entries with matching provider roles are still required.
      i. Facility/vendor – Admitting (the facility where services are taking place).
      ii. Individual – Treating (the attending physician).
      iii. Organization – Requesting (the Organization entry allows Portal users to view and enter cases online).
   B. To add your Organization, click the paperclip beside the "Requesting Provider" dropdown underneath provider details.
      i. This entry is required for users to access the case via the Portal and receive updates on status from Comagine Health.
   C. After adding your Organization, please select **Attach Providers** by clicking on the blue **Attach Providers** button to the right of the paperclip.



D. Once selected, you will see a search screen allowing a basic **Search** or **Advanced Search**



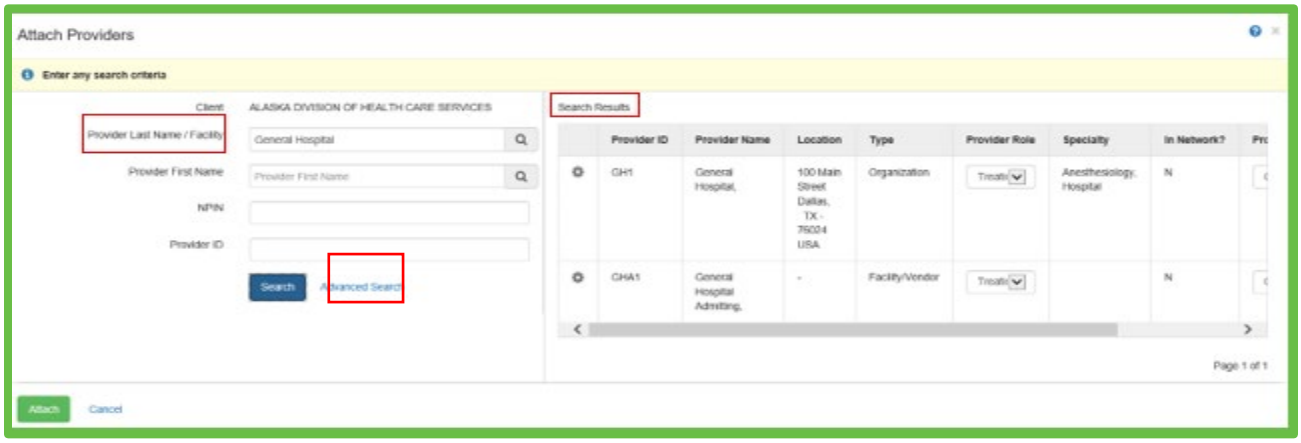
E. Enter the agency name, NPIN or Provider ID under **Provider Last Name/Facility**, **NPIN or Provider ID**

i. Tip: For facility/vendors and Individual selections, searching for the Medicaid Provider ID or the National Provider Identification Number (NPIN) may help narrow requests versus searching by last name.

ii. An errant search will trigger you to call Comagine Health for assistance. You may do so or attempt your search again using different parameters.

iii. Any providers without entries in the CHPP will need to be manually added by Comagine Health staff. Please call Comagine Health to add a new or missing Alaska Medicaid provider.

F. Click Search. Search results will appear on the right side of the search screen.



G. Each provider entry must be paired with a specific **provider role** selected from the drop-down contained inside the Provider Role column within the search result itself. Tip: Please disregard the "Provider Network" drop-down. It is a deactivated field for Alaska- Division of Health Care Services.

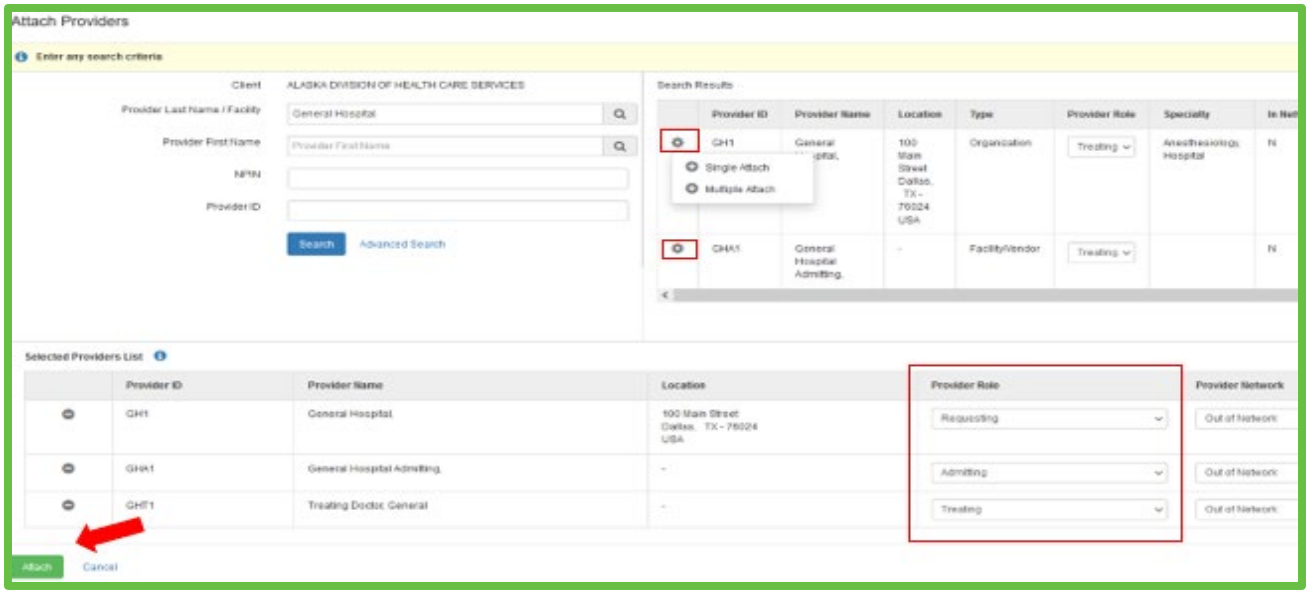
i. Facility/vendor is always paired with Admitting.

ii. Individual is always paired with Treating.

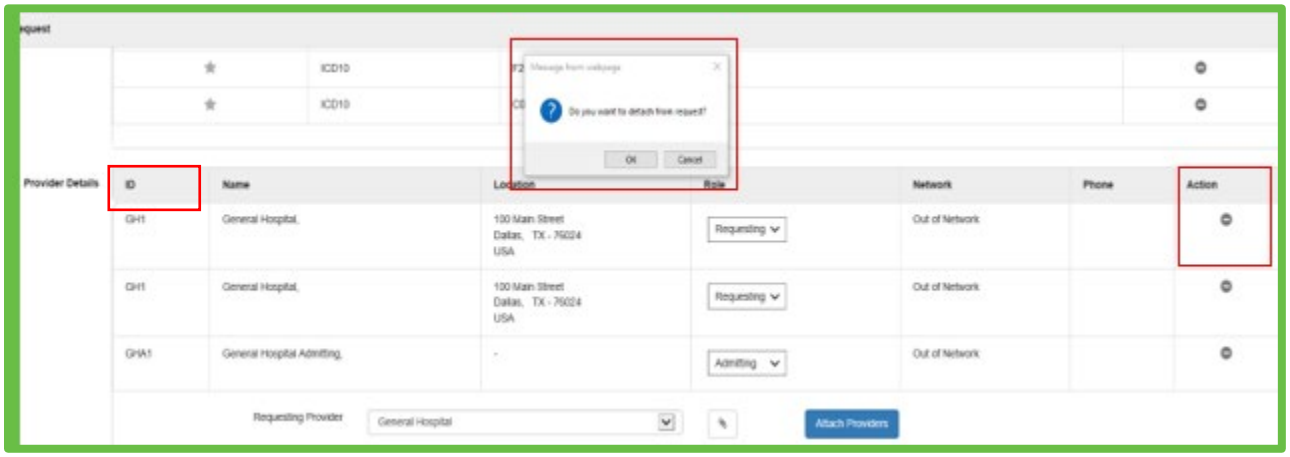
iii. Organization is always paired with Requesting.

H. Click on the **gear icon (** ⚙ **)** under search results and choose **Multiple Attach**

i. The list of providers will appear **under Selected Provider's List**
ii. The entry will remain there while you complete additional searches to complete your entries.
iii. When all entries are selected and you are ready to attach, select Attach from the bottom left of the screen.
iv. If you prefer selecting Single Attach instead of Multiple Attach, this will allow you to attach one provider at a time. You will have to recomplete step C-forward for any additional entries.
v. Once all providers have been selected, click the green **Attach** button to save all providers.



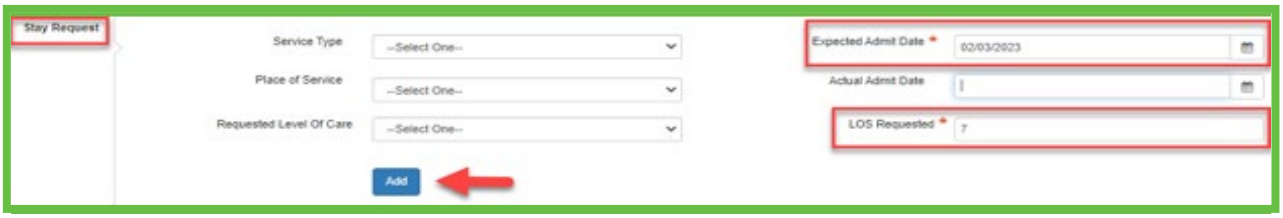
l. If a provider is selected in error; click the icon under **Action** to detach the provider; a pop-up message will ask "Do you want to detach from request?" Click **OK**

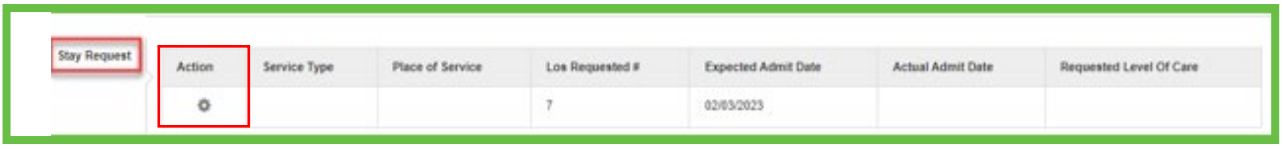


7) Stay Request: Complete the required red asterisk (*) fields for Inpatient (IP) admits only.

A. Service Type: Leave blank
B. Place of Services: Leave blank

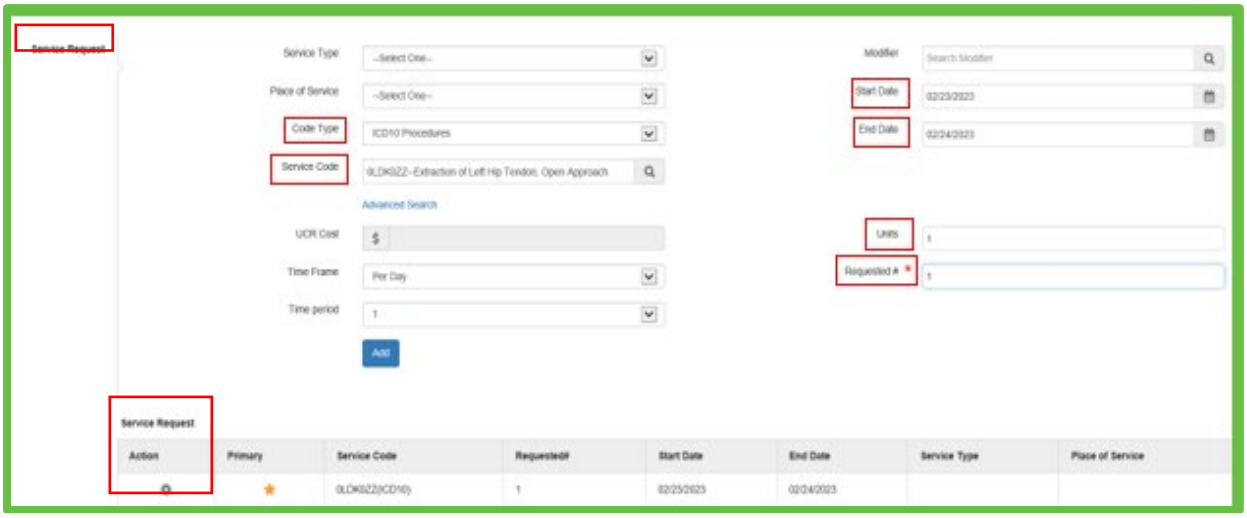
C. Requested Level of Care: Select Acute Medical/Surgical, Rehab or N/A (May be useful)
D. **Expected Admit Date***: Enter Date
E. **Actual Admit Date**: Enter Date (if already admitted)
F. **LOS (length of stay) Requested** *: Enter number of days requested. For example, 5 days for an acute level request and seven for an LTAC/Rehabilitation request.
G. Click the blue Add button.
H. To edit a Stay Request, click on the Gear under Action. A new screen will open for edits.
I. To remove a Stay Request, a box will open to confirm you want to remove it, click OK to remove.



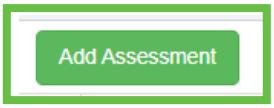


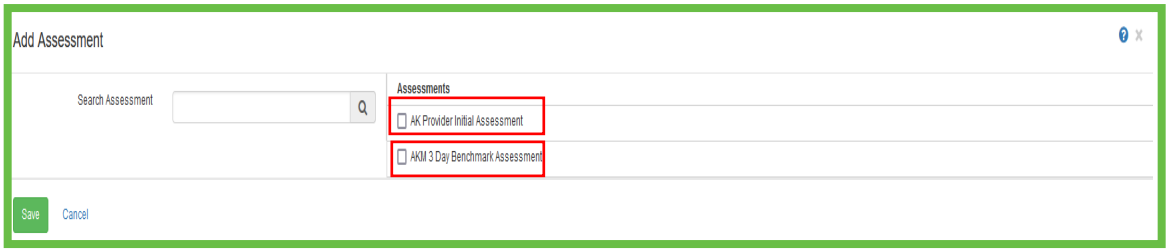
8) Service Request Section (for Inpatient (IP) Surgical requests only): Complete the required red asterisk (*) fields.

A. Service Type: Leave blank
B. Place of Service: Leave blank
C. **Code Type***: Select ICD-10 Procedures
D. **Service Code***: Enter code or select search button (magnifying glass) to find code
   i. Codes will auto-populate in a dropdown. Continue typing code until the correct code is listed and then select it with your mouse cursor.
E. Time Frame: Auto-populates to Per Day
F. Time Period: Auto-populates to 1
G. Modifier: Leave blank
H. **Start Date***: Enter date
I. **End Date***: Auto-populates and can be adjusted
J. **Units**: Enter units to match Requested # *
K. **Requested #***: Enter number requested (this should match the units above)
   i. Tip: This is separate from the length of stay. If a patient stays three days in the hospital after a single lumbar surgery, you select 3 days in the length of stay area but select only the number "1" in the Requested # area, representing one surgical unit.
L. Click on the Add button
M. To edit a Stay Request, click on the Gear under Action. A new screen will open for edits.
N. To remove a Stay Request, a box will open to confirm you want to remove it, click OK to remove.

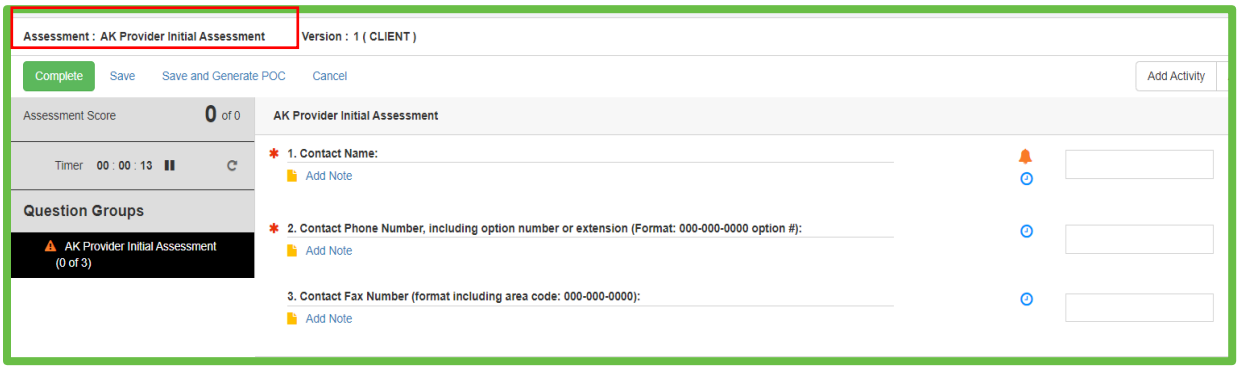


9) Add Assessments- Click on the Add Assessment tab.

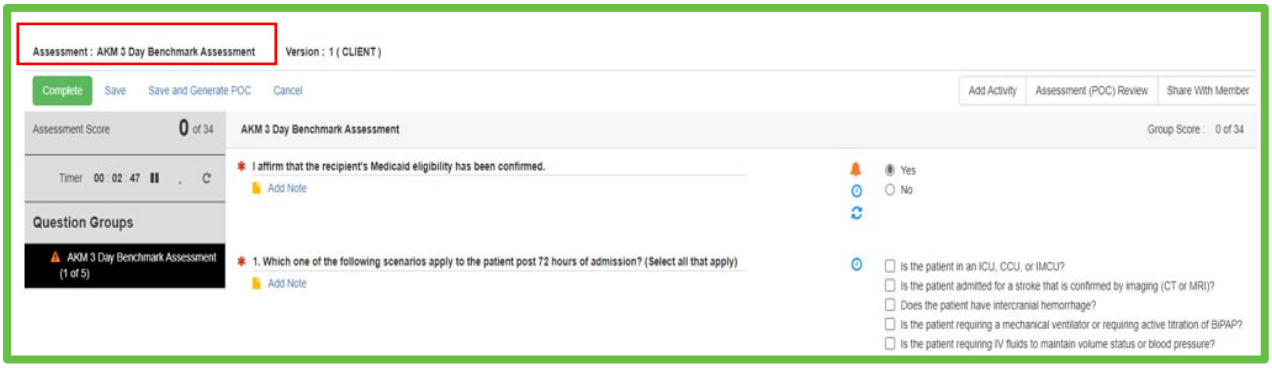




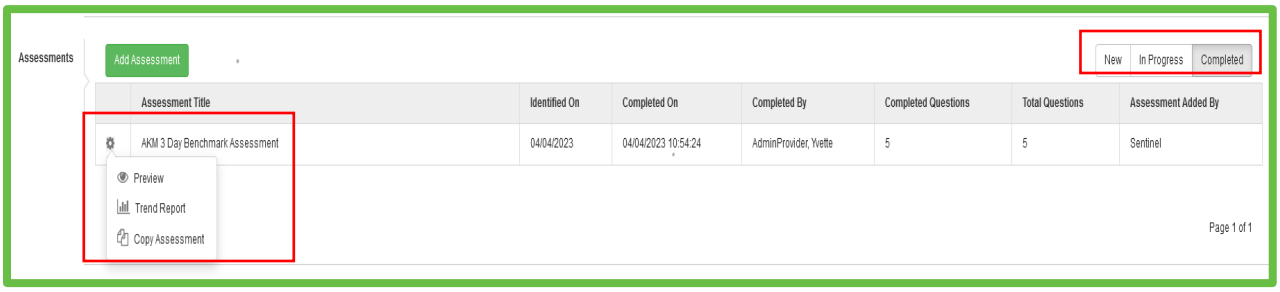
A. Select and complete the **AK Provider Initial Assessment.**
   i. There are three questions in the **AK Provider Initial Assessment**
   ii. Enter Contact Name, Contact Phone Number and Contact Fax.
   iii. **<u>Always</u>** select "Complete" when finished with an assessment and not just "Save."



B. Initial inpatient (IP) requests (medical pre-admissions) require an additional assessment (supportive clinical details are also required)
   i. Tip 1: LTAC, Rehab, OB, Neonate admissions and Medical retrospective requests do not require a 3 Day Benchmark Assessment.
   ii. Tip 2: All Medical pre-admission requests should have a completed 3 Day Benchmark Assessment, including cases submitted on a day-one basis due to having a hotlist diagnosis or being an inpatient transfer.
   iii. Complete the 3 Day Benchmark Assessment and remember: **always** select "Complete" when finished with your assessment and not just Save.



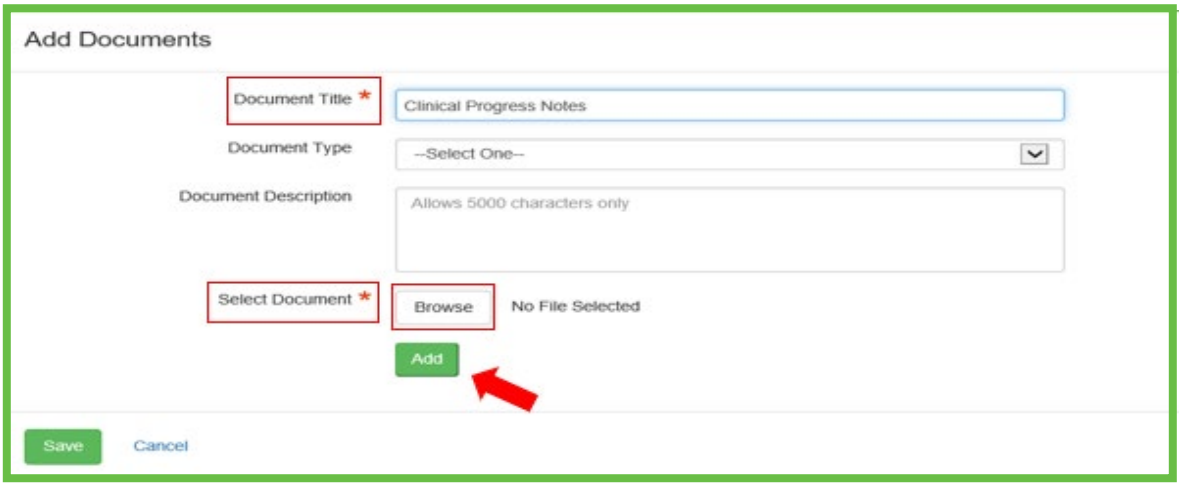
C. If you want to review your work, select the completed or in progress tab then click on the gear icon next to the completed or in progress assessment that you want to preview.

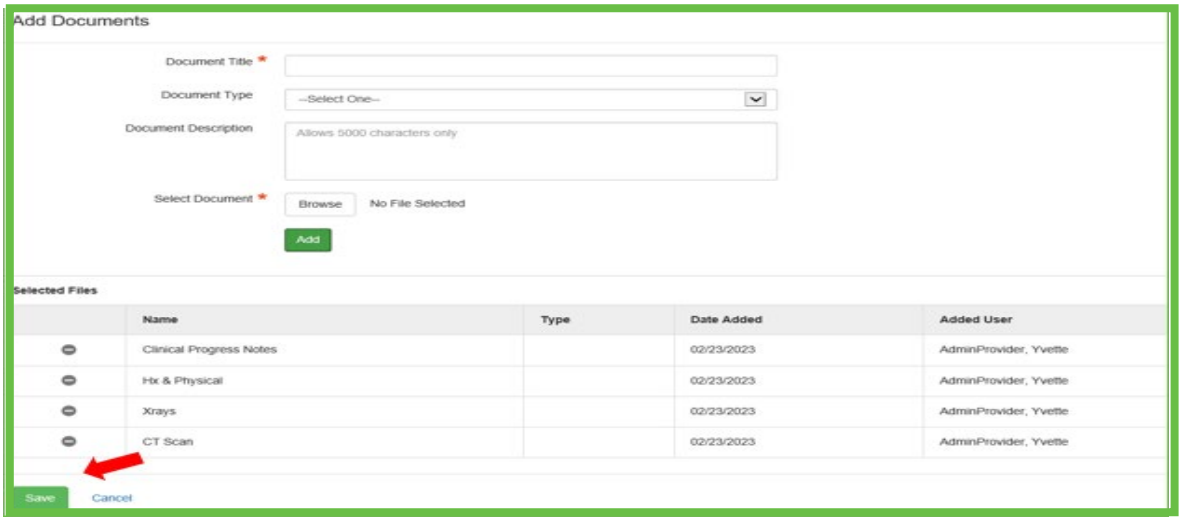


10) Add Documents Section:

A. Click on the blue **Add Documents** button.
B. Document Title*: Enter the name of the document being uploaded.
C. Select Document*: Choose "Browse" and locate your document to upload.
   i. Tip: Please only use PDF or DOC files.
   ii. Tip 2: TIFF files will not be accepted and Comagine Health will ask for clinicals to be resubmitted in either PDF or DOC format.
D. Document Description: Leave Blank
E. Once you have selected the document to be added, click the green **Add** button.
F. If you have multiple documents, please complete step A through E for each document.
   i. Tip: The maximum number of documents allowable in an upload session is four. If you need to add more than four, you will have to enter the case after submission and finish uploading. (See Step 14).

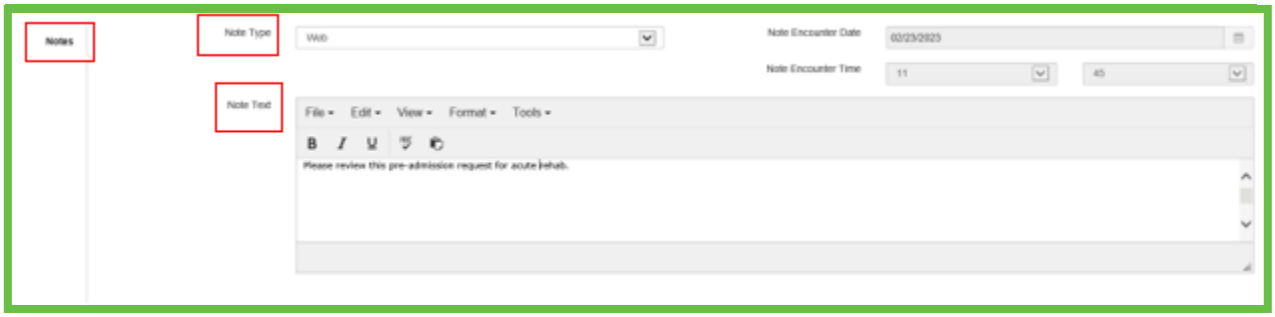






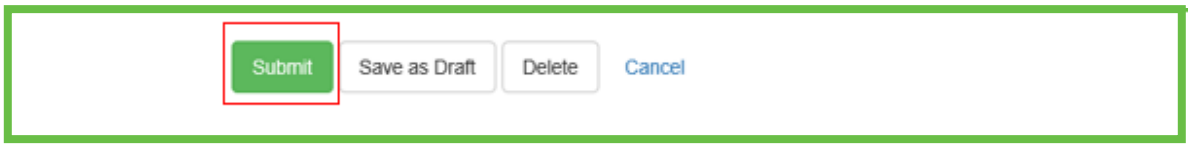
11) Notes Section:

- **A.** Note Type: Auto-populates to **Web.** Do not change this selection.
- B. Note Text: Add notes according to the request, i.e., Additional information submitted.
- C. Note Encounter: Auto-populates the date.
- D. Note Encounter Time: Auto-populates the time.



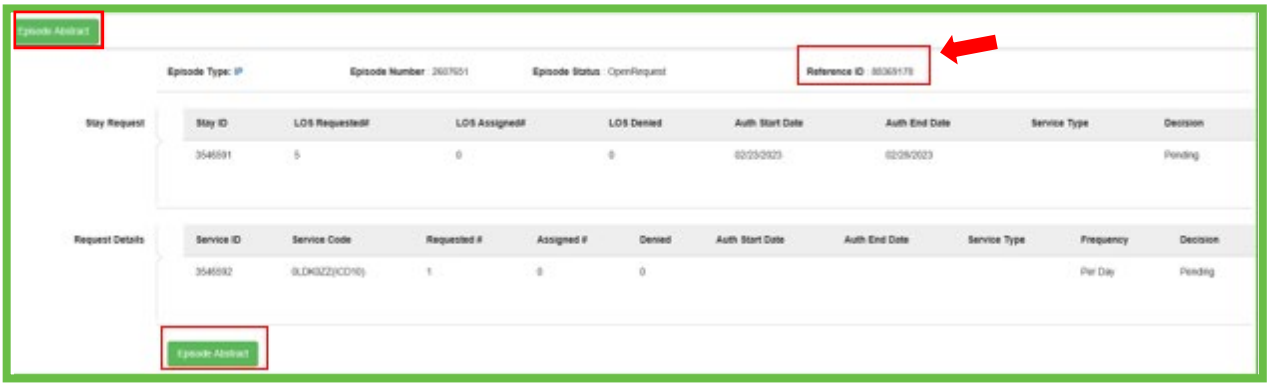
12) Submit review, **Save as Draft**, or **Delete:**

A. **Submit**: Episode will be submitted to Comagine Health.
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C. **Delete**: The request will be deleted.

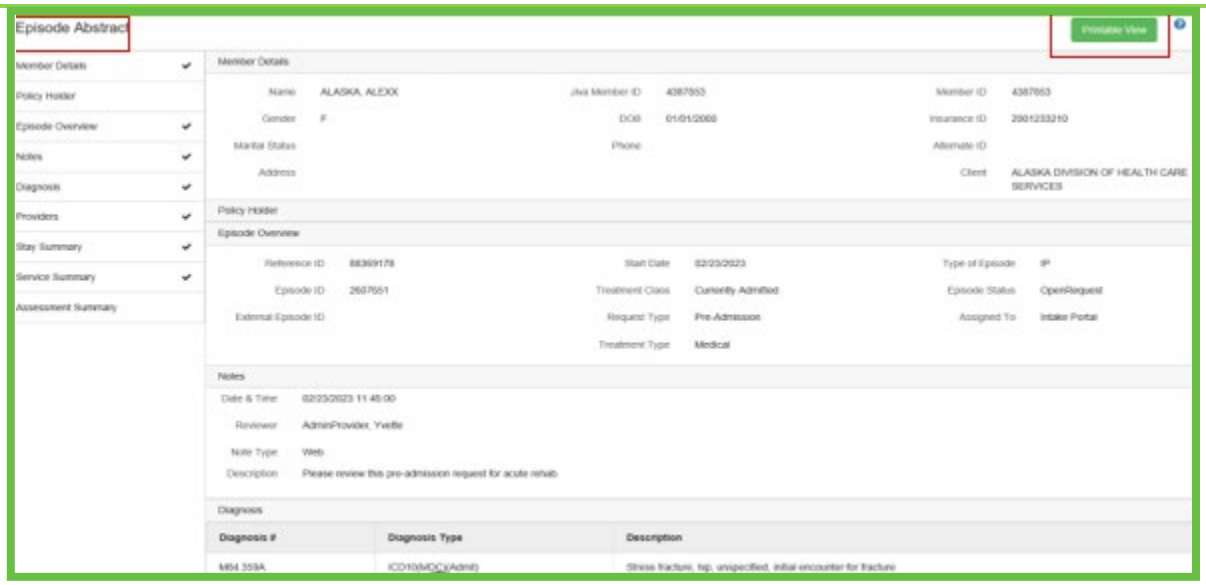


13) Make a note of the CHPP Reference ID number for your records to locate the episode faster.

A. Tip: Reference ID will become your approval number if case is approved.



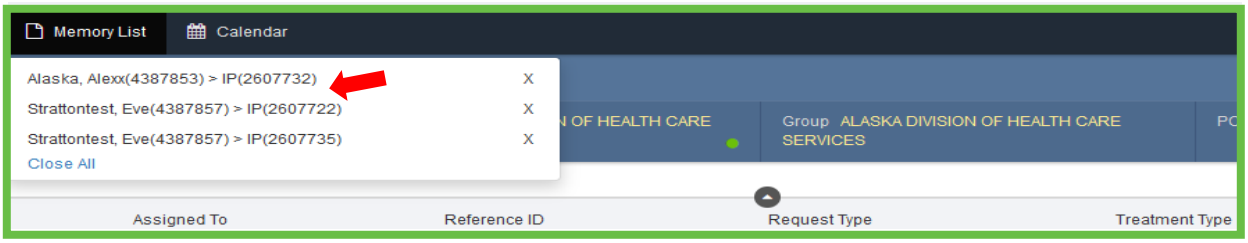
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C. You can print by selecting Printable View button in the top right corner.



14) If you need to submit additional documents, you may locate your episode by visiting your memory list at the top of the screen, or by completing a search by clicking Menu and then Search Request.

A. Select the episode you were working on in the Memory List or search for the Reference ID in the Search Request.

B. Click on Add Document and follow Step 10 *Add Documents* (above)



C. **Always go to Memory List and close out of Episodes**. This will ensure Comagine Health, and the consultants, have access to review your submission.

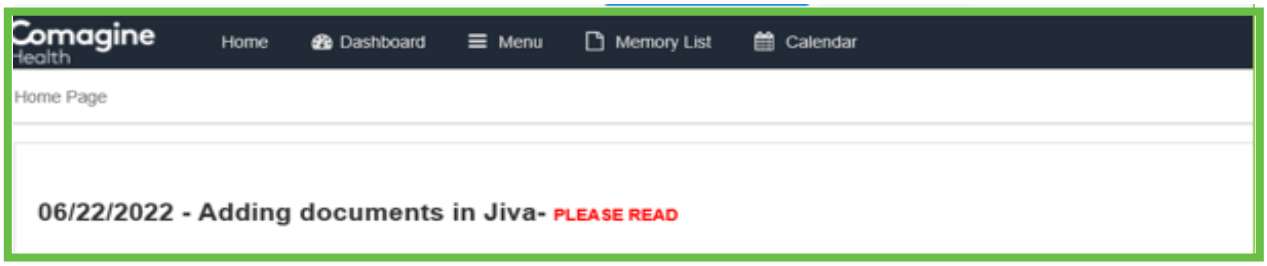
D. Click on the "X" next to the episode or click "Close All" to clear the Memory list.



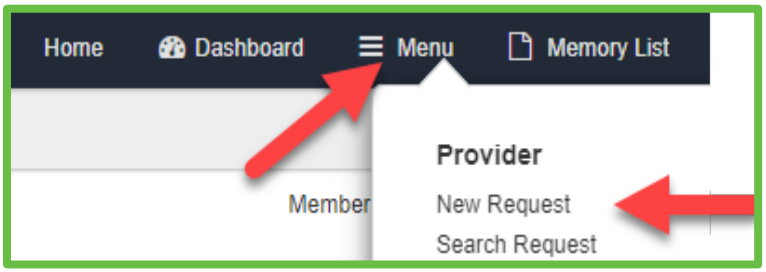
Quick Start Guide - Submitting Outpatient Requests

QSG for Providers submitting an outpatient (OP) authorization request via the Comagine Health Provider Portal (CHPP).

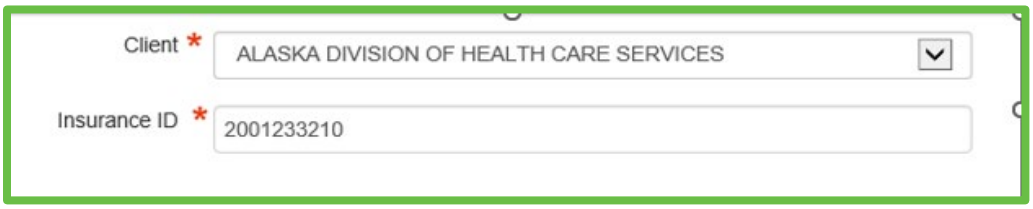
1) **Main View:**
   - **D.** Home (Splash) Page - where Comagine Health posts provider announcements.
   - **E.** Dashboard - where work can be managed Individually (To Do tab) or as a Team.
   - **F.** Menu - to start New Request or Search Request.



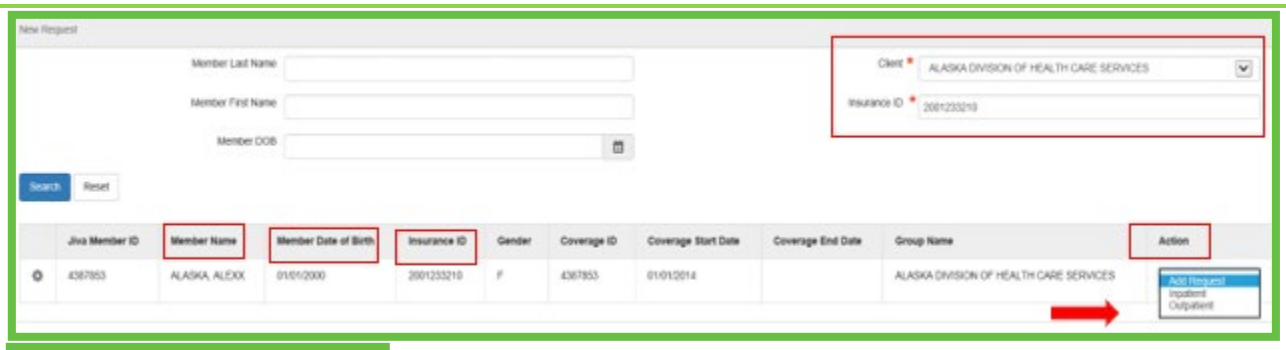
2) Submit a **New Request:**
   A. Click on Menu for New Request

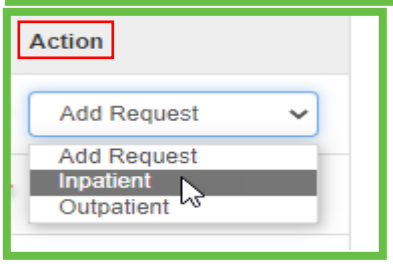


   B. Under Client: Select ALASKA DIVISION OF HEALTH CARE SERVICES.
   C. Under Insurance ID: Enter Medicaid number starting with 200 or 060.
   D. Click on Search.



3) Medicaid Recipient search**:**
   A. Verify correct member name, date of birth and Medicaid insurance ID.
   B. Under Action, select Add Request from the dropdown menu.
   C. Select Outpatient (OP)





4) **Episode Details**: Complete the required fields with the red asterisk. Please also complete the Treatment Class field, even though there is no asterisk, it is a required field.
   For **Outpatient** Requests complete:
   A. **Request Type** *: Prior Authorization or Retrospective
   B. Time Request: Auto-populates. Do not change.
   C. **Treatment Class**: Select **N/A** (MUST be completed)
   D. **Request Priority***: Non-Urgent will auto-populate. Do not change.
      i. Tip: If you need to expedite your request, please submit the request as "non-urgent," and include all relevant codes and clinical information required for the review. Once submitted, call Comagine Health to request an expedite.
   E. **Treatment Type***: Select **Imaging** or **Surgical (OP)**



5) **Diagnosis:** Complete this section.
   A. **Code Type***: ICD10 will auto-populate. Do not change.
   B. **Diagnosis***: Enter one diagnosis at a time
      i. The diagnosis codes will appear in a drop-down menu as you start typing. Choose the correct option. Example: C25.4 will appear once you click its entry on the drop-down.
      ii. Primary DX can be amended by selecting the yellow star on the primary DX line.



6) Provider Details: Complete this section.

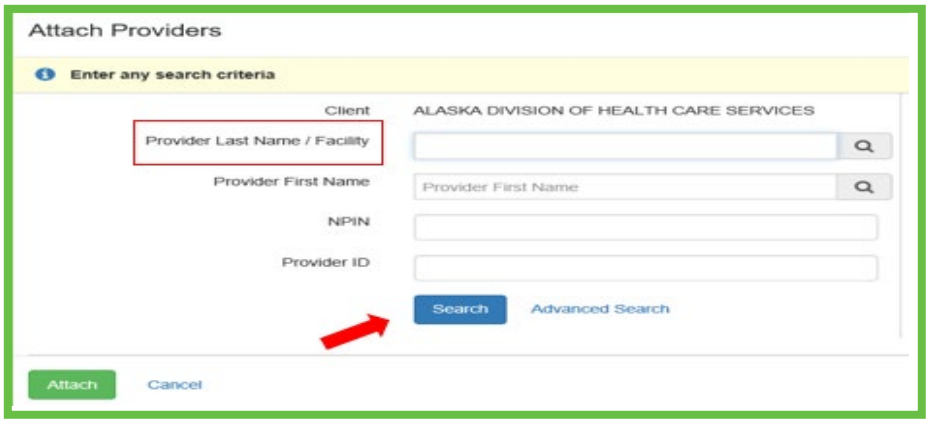
J. Three entries with matching provider roles are still required.
   i. Facility/vendor – Admitting (the facility where services are taking place).
   ii. Individual – Treating (the attending physician).
   iii. Organization – Requestion (the Organization entry allows Portal users to view and enter cases online).

K. To add your Organization, click the paperclip beside the "Requesting Provider" dropdown underneath provider details.
   i. This entry is required for users to access the case via the Portal and receive updates on status from Comagine Health.

L. After adding the Organization, please select **Attach Providers** by clicking on the blue **Attach Providers** button to the right of the paperclip.



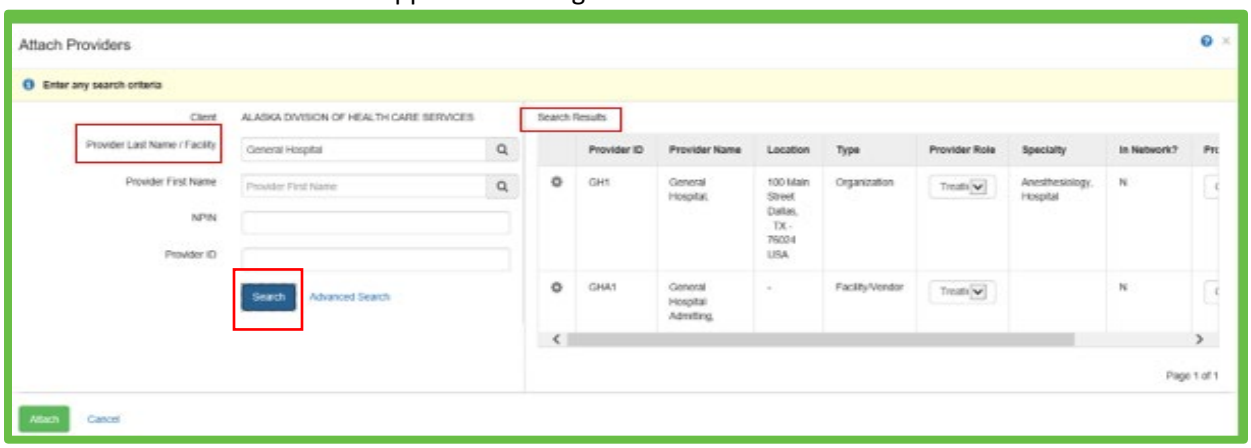
M. Once selected, you will see a search screen allowing a basic **Search** or **Advanced Search**



N. Enter the agency name, NPIN or Provider ID under **Provider Last Name/Facility**, **NPIN or Provider ID**
   i. Tip: For facility/vendors and Individual selections, searching for the Medicaid Provider ID or the National Provider Identification Number (NPIN) may help narrow results versus searching by last name.

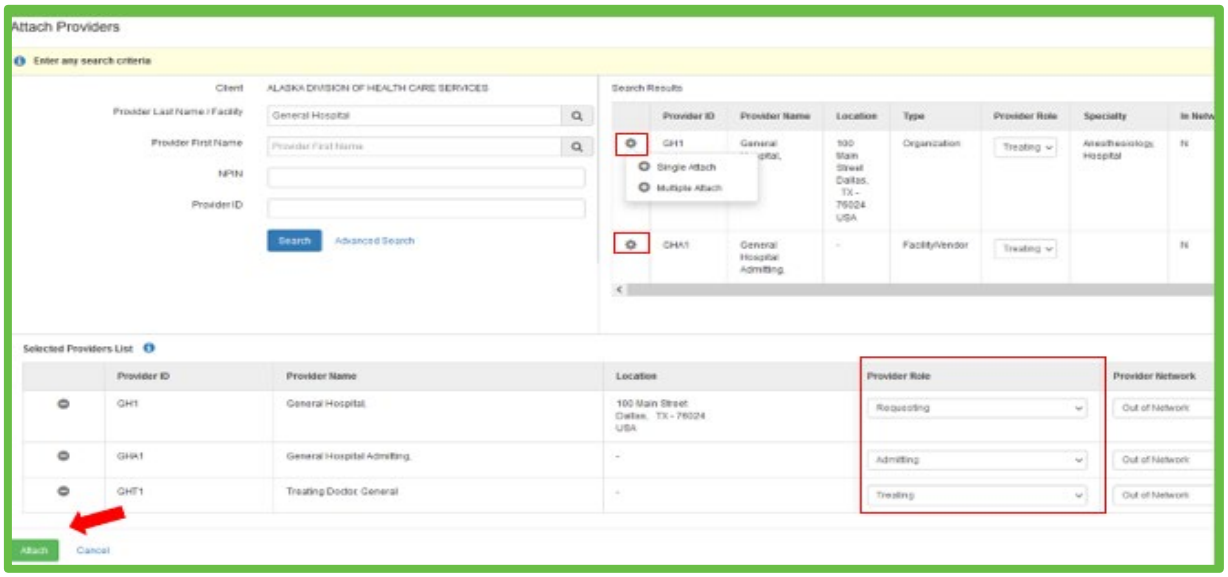
ii. An errant search will trigger you to call Comagine Health for assistance. You may do so or attempt your search again using different parameters.
iii. Any providers without entries in the CHPP will need to be manually added by Comagine Health staff. Please call Comagine Health to add a new or missing Alaska Medicaid provider.

O. Click Search. Search results will appear on the right side of the search screen.

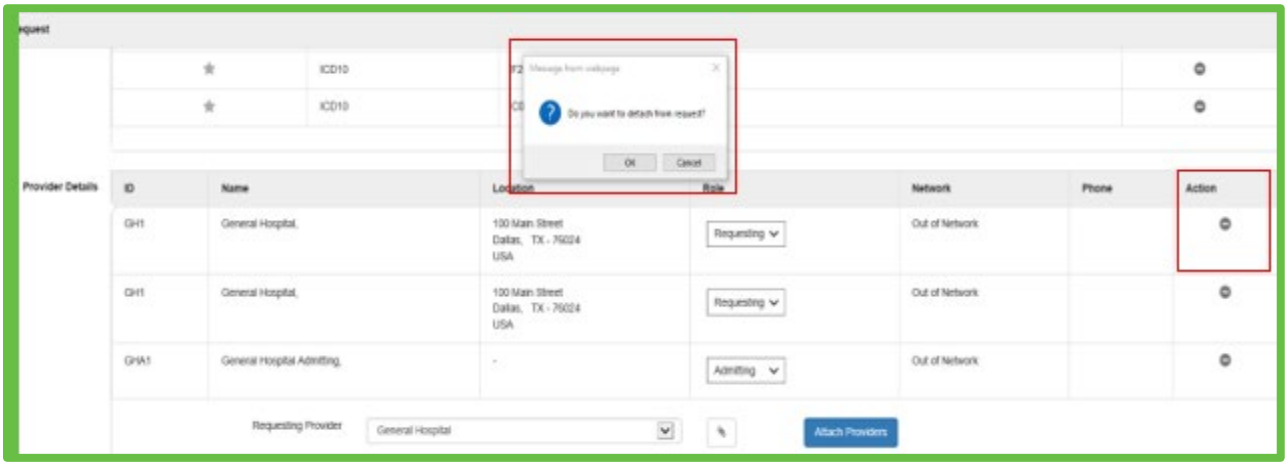


P. Each provider entry must be paired with a specific **provider role** selected from the drop-down contained inside the Provider Role column within the search result itself. Tip: Please disregard the "Provider Network" drop-down. It is a deactivated field for the Alaska Division of Health Care Services.
i. Facility/vendor is always paired with Admitting.
ii. Individual is always paired with Treating.
iii. Organization is always paired with Requesting.

Q. Click on the **gear icon ( )** under search results and chose **Multiple Attach**
i. The list of the providers will appear **under Selected Provider's List**
ii. The entry will remain there while you complete additional searches to complete your entries.
iii. When all entries are selected and you are ready to attach, select Attach from the bottom left of the screen.
iv. If you prefer, selecting Single Attach instead of Multiple Attach will allow you to attach one provider at a time. You will have to recomplete step C-forward for any additional entries.
v. Once all providers have been selected, click on the green **Attach** button to save all providers.



R. If a provider is selected in error; click the icon under **Action** to detach the provider; a pop-up message will ask "Do you want to detach from request?" Click **OK**



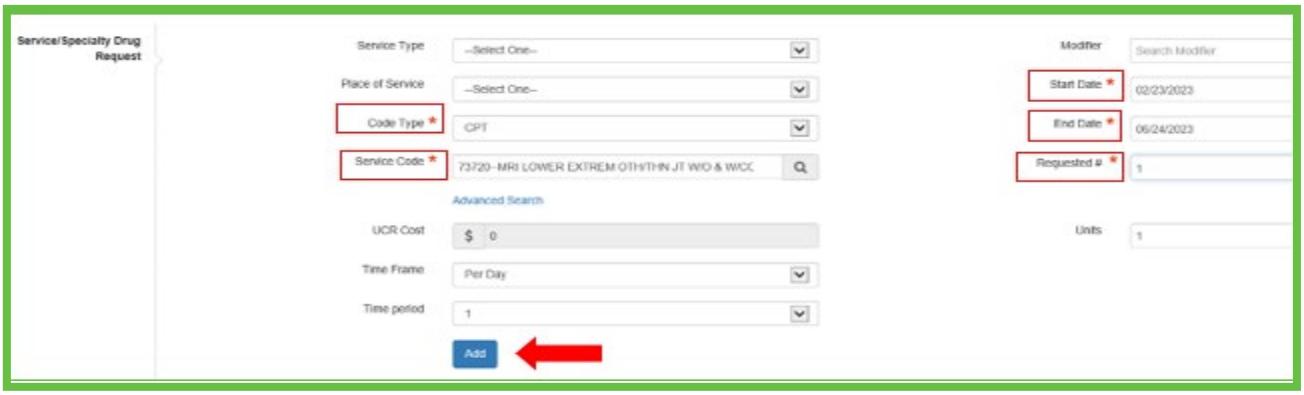
7) **Service/Specialty Drug Request**: Complete the required red asterisk (*) fields for outpatient (OP) requests only.
   A. Service Type: Leave Blank
   B. Place of Service: Leave Blank
   C. **Code Type***: Select CPT (for outpatient requests).
   D. **Service Code***: Enter code or select search button (magnifying glass) to find code.
      - Codes will auto-populate in a dropdown. Continue typing code until the correct code is listed and then select it with your mouse cursor.
   E. Time Frame: Auto-populates to *per day*.
   F. Time Period: Leave Blank
   G. Modifier: Leave Blank
   H. **Start Date***: Enter MM/DD/YYYY or select from calendar

I. **End Date***: Auto-populates and can be modified up to 4 months for imaging requests. Surgical requests require an extra date of service. If it is unknown, please use a placeholder of the current date.
   i. Requests are only allowed to be submitted within thirty days of the proposed date of service.

J. **Requested #***: Enter the number of units you want. For most imaging and surgeries, the requested # is 1.
   i. **Tip**: Bilateral and/or multiple imaging requests using the same code are submitted on a single line with a requested # of 2 or above, based on the patient's request.

K. **Units**: Auto-populates to 1 and can be adjusted, must match requested number

L. Click on the blue **Add** button.

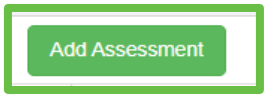


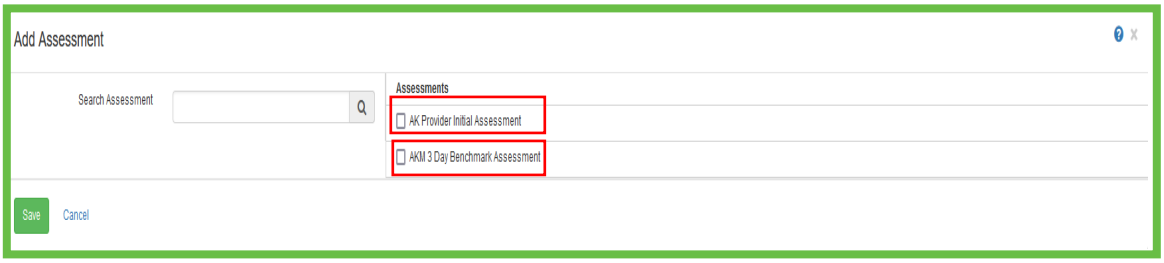
M. To edit a service request, click on the Gear under Action. A new screen will open for edits.

N. To remove a service request, a box will open to confirm you want to remove. Click OK.

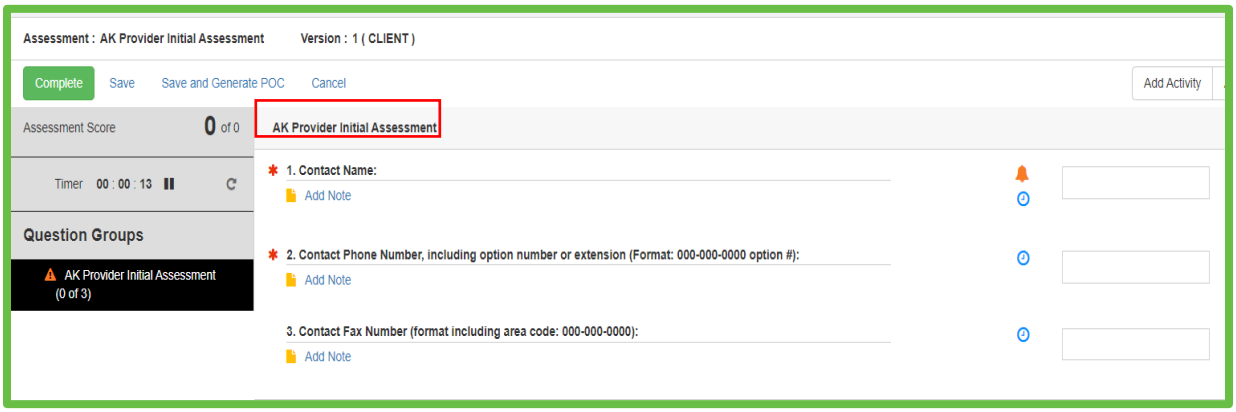


8) Add Assessments- Click on the Add Assessment tab.



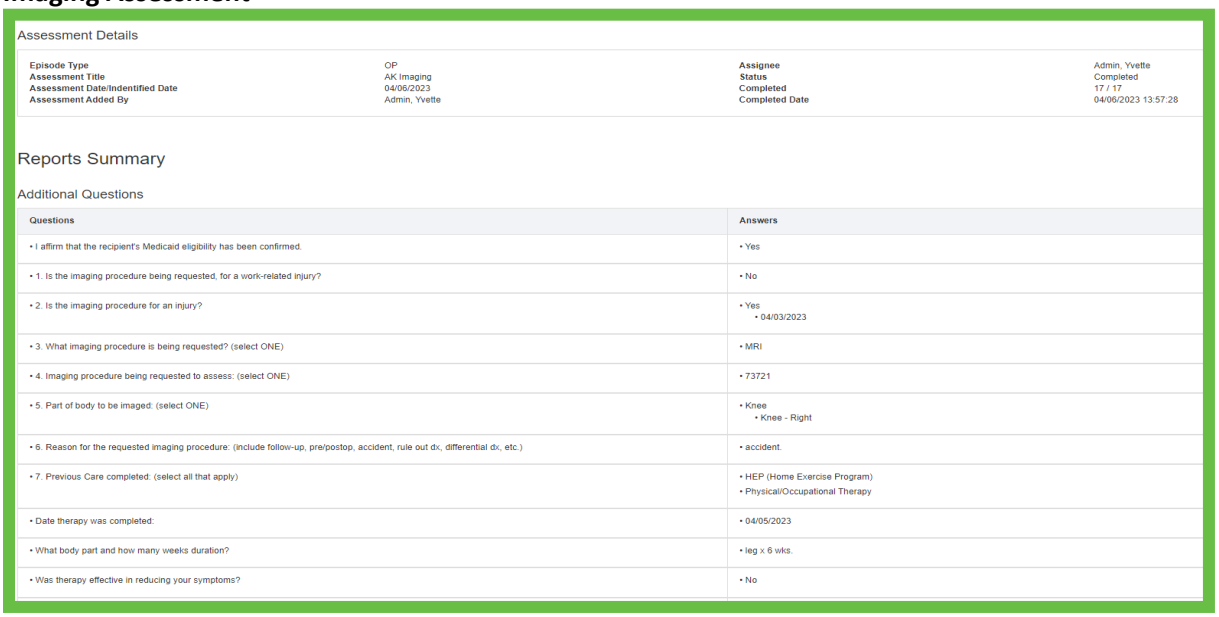


D. Select and complete the **AK Provider Initial Assessment** for all surgical and imaging requests.
   i. There are three questions in the **AK Provider Initial Assessment.**
   ii. Enter Contact Name, Contact Phone Number and Contact Fax.
   iii. **<u>Always</u>** select "Complete" when finished with an assessment and not only "Save."

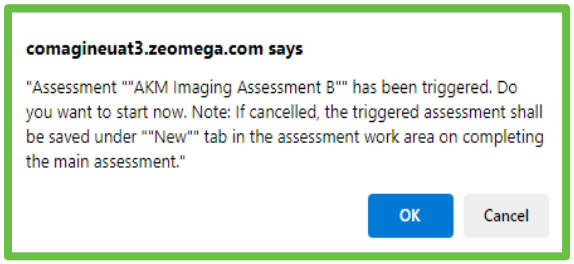


E. For outpatient (OP) imaging requests, two additional assessments may be required.
F. All imaging requests require the **AK Imaging Assessment.**
   i. Always select "Complete" when finished with an assessment and not only "Save."

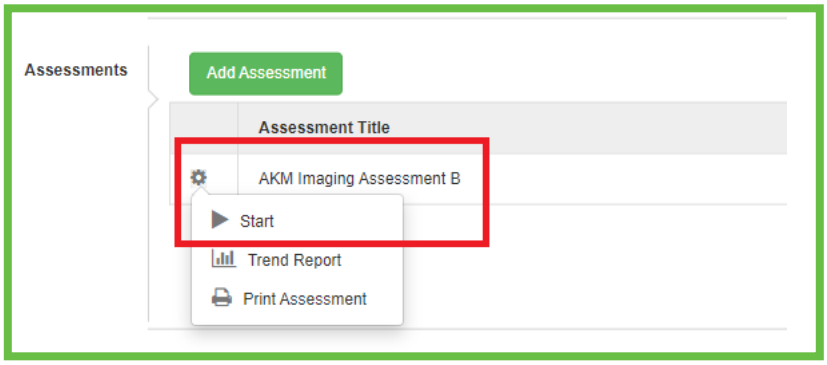
Imaging Assessment



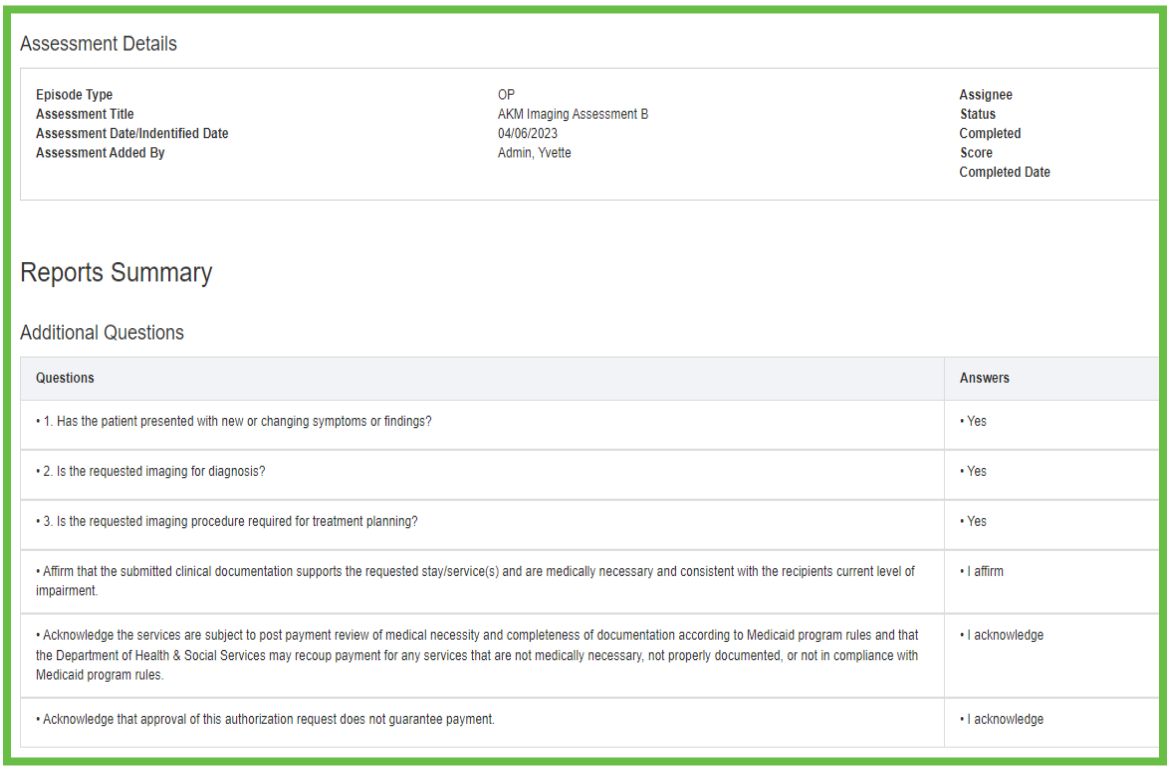
G. If question 4 is answered with "Other," the below message will appear. If you push, "OK" Jiva will leave the **AK Imaging Assessment,** but it will be incomplete. Please select "Cancel," and finish your **AK Imaging Assessment**. After selecting "Complete" on your **AK Imaging Assessment**, open and complete **AKM Assessment B**. This will expedite processing the request.



H. For certain imaging codes, pressing "Complete" to the AK Imaging Assessment will trigger a second assessment called the **AKM Imaging Assessment B.**
   i. Select the gear for AKM Imaging Assessment B and choose "Start."



   ii. Complete the questions in the assessment.
   iii. Always select "Complete" when finished with an assessment and not only "Save."



Assessment Details

Episode Type	OP	**Assignee**
Assessment Title	AKM Imaging Assessment B	**Status**
Assessment Date/Indentified Date	04/06/2023	**Completed**
Assessment Added By	Admin, Yvette	**Score**
		Completed Date

Reports Summary

Additional Questions

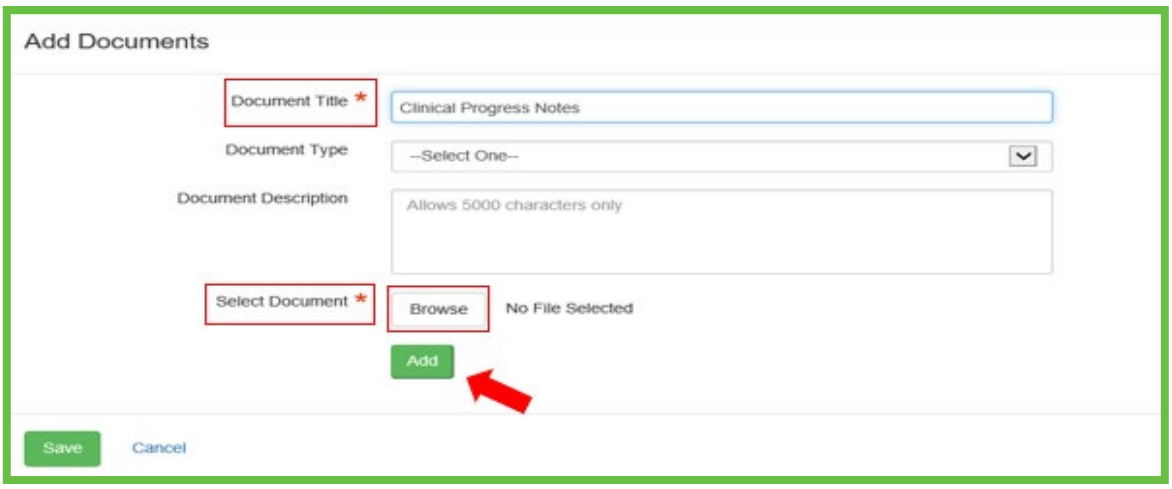
Questions	Answers
• 1. Has the patient presented with new or changing symptoms or findings?	• Yes
• 2. Is the requested imaging for diagnosis?	• Yes
• 3. Is the requested imaging procedure required for treatment planning?	• Yes
• Affirm that the submitted clinical documentation supports the requested stay/service(s) and are medically necessary and consistent with the recipients current level of impairment.	• I affirm
• Acknowledge the services are subject to post payment review of medical necessity and completeness of documentation according to Medicaid program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid program rules.	• I acknowledge
• Acknowledge that approval of this authorization request does not guarantee payment.	• I acknowledge

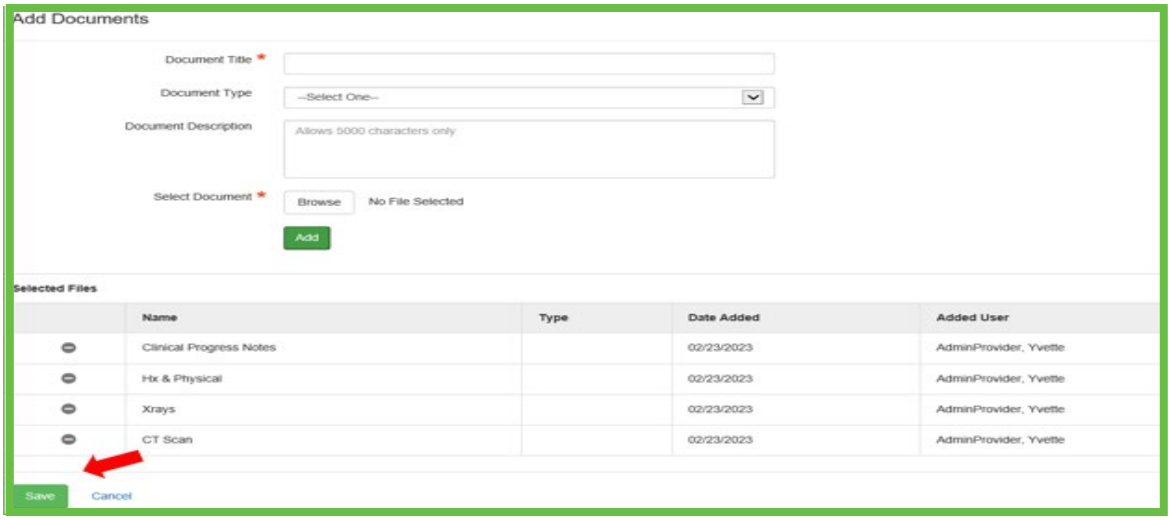
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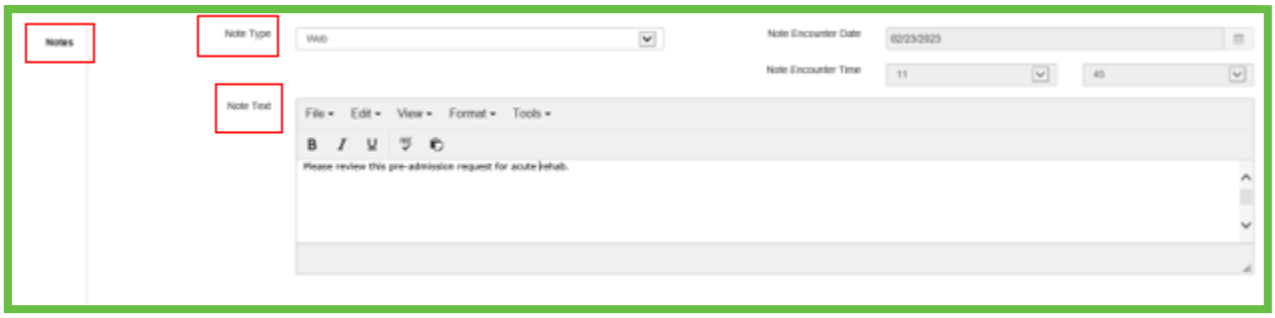




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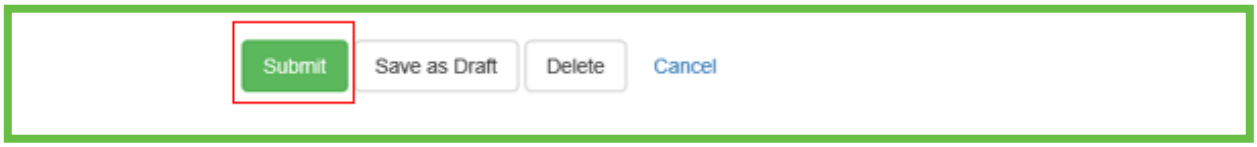
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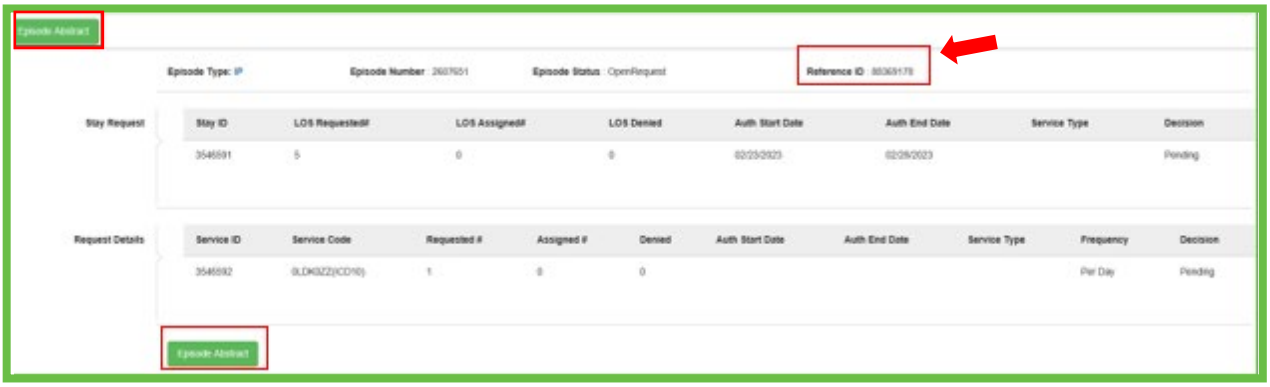


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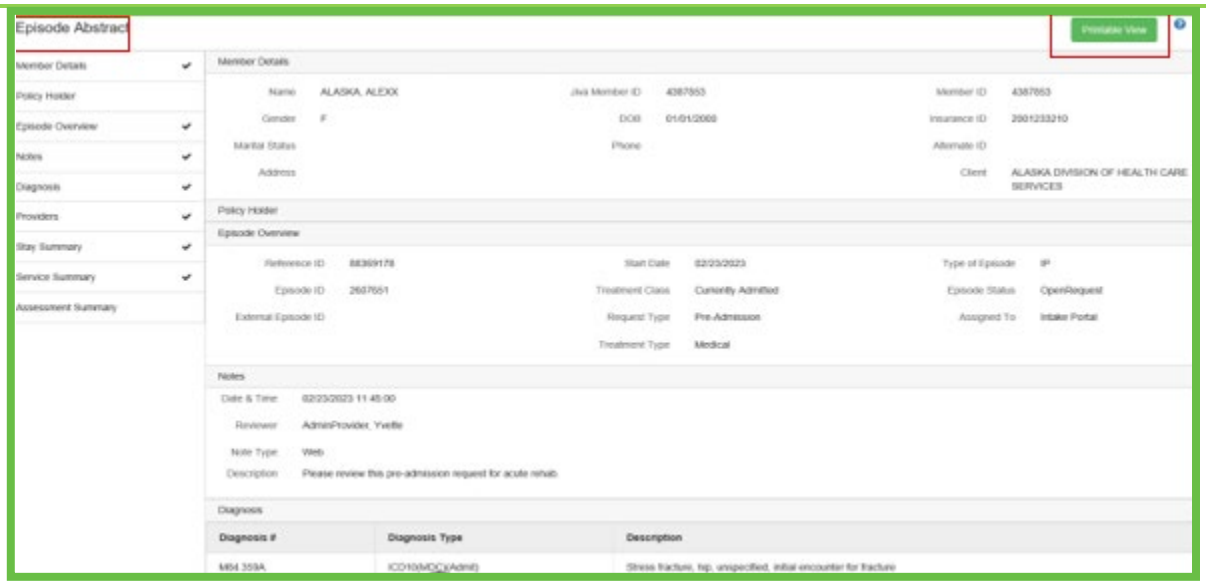
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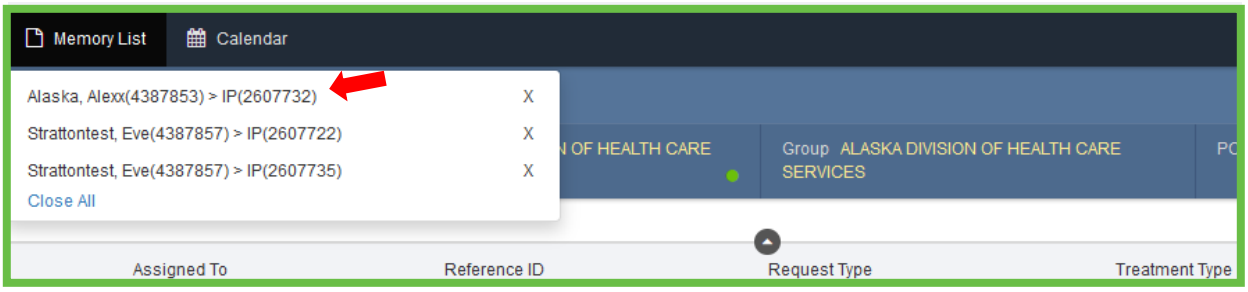
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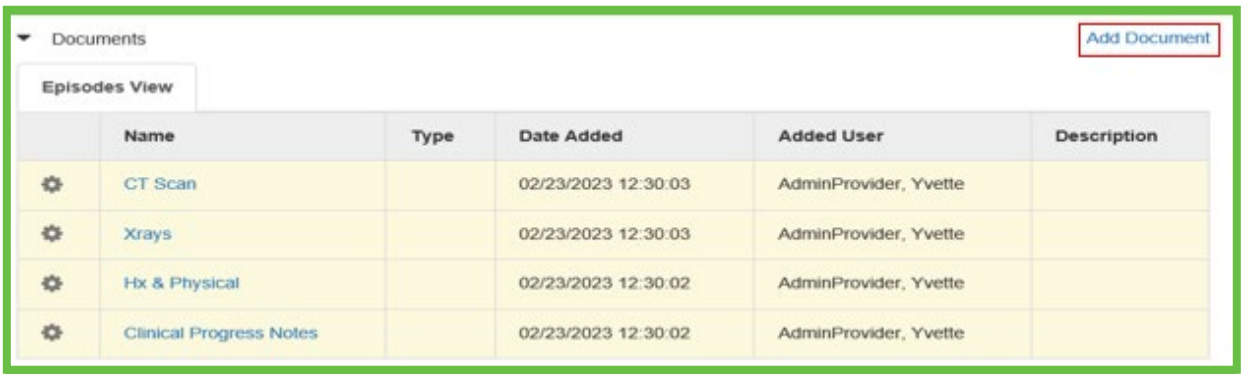


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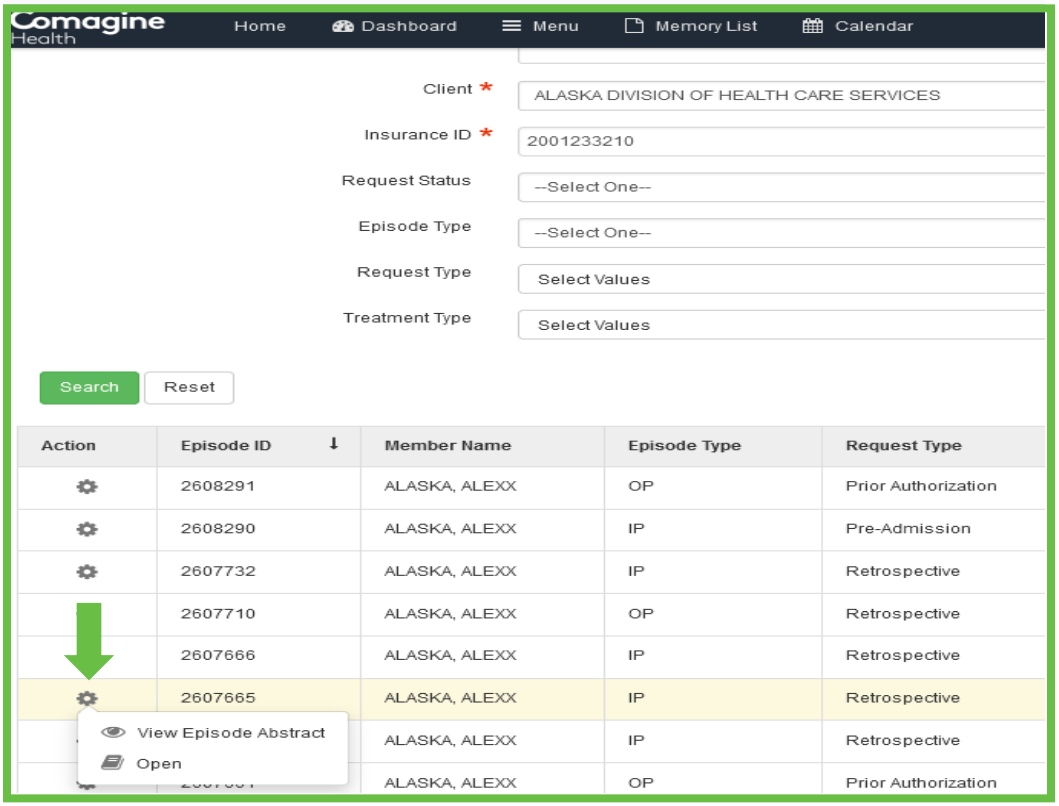
B. Click on Add Document and follow Step 10 *Add Documents* (above)



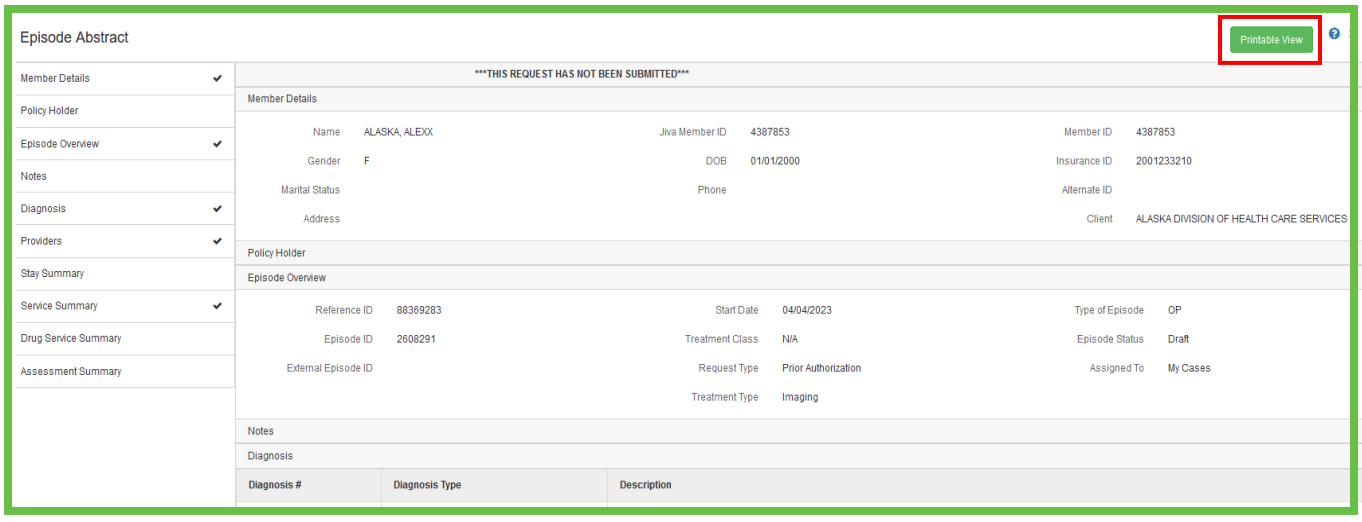


How to Print a Request

First find your request, either by using the **Menu** > **Search Request** screen, the **Memory List** or **My Requests** on the Dashboard.



Click on the gear icon next to the Episode ID number of your request to open the "**View Episode Abstract**". The abstract view will have a green printable view button at the top right-hand side. Click on this button to print the abstract view.



Review/Revision History

The following table allows for easy tracking of recent reviews, changes, and updates to this User Guide.

Version Number	Date Reviewed/ Revised	Description of Changes	Author