



TRAINING MANUAL

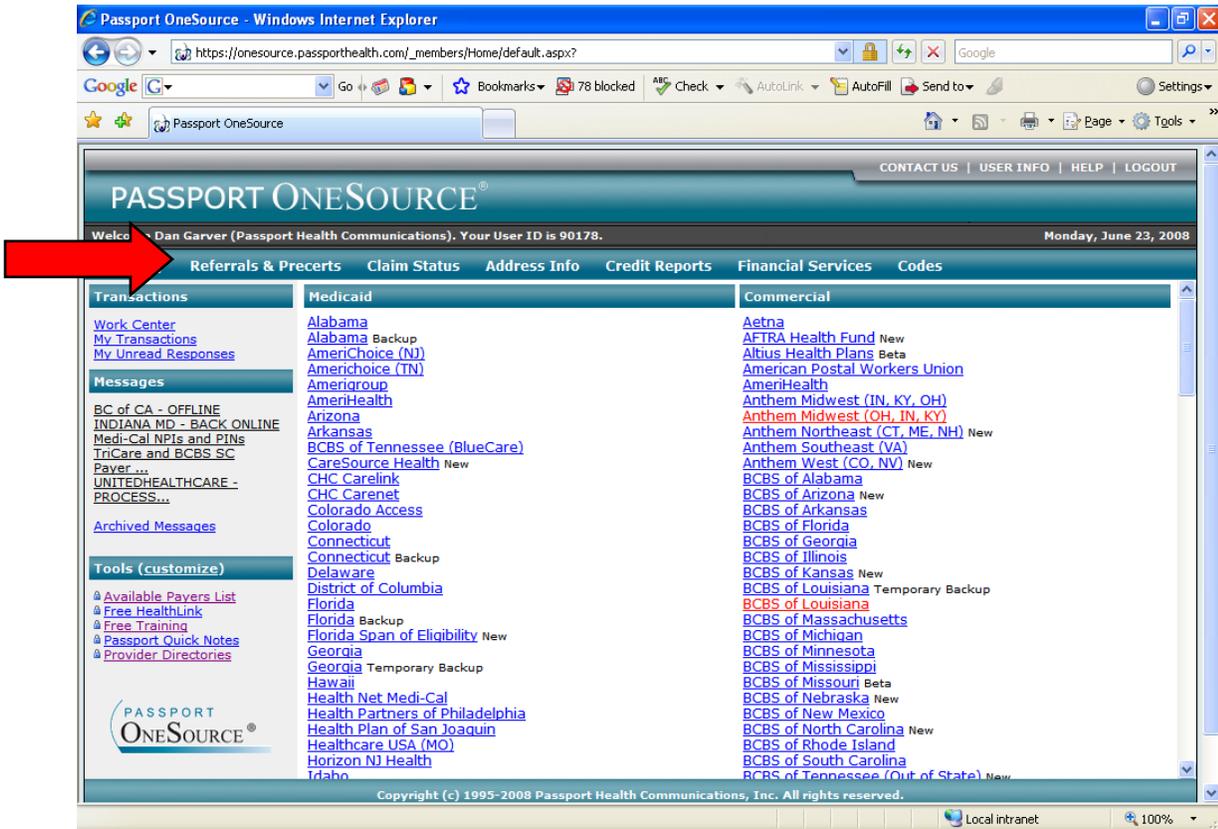
Referrals & Pre-Certs

Welcome to Passport OneSource®! This manual is intended to supplement your training with Passport Health Communications. Please remember that Passport offers FREE Online training to your facility at any time.

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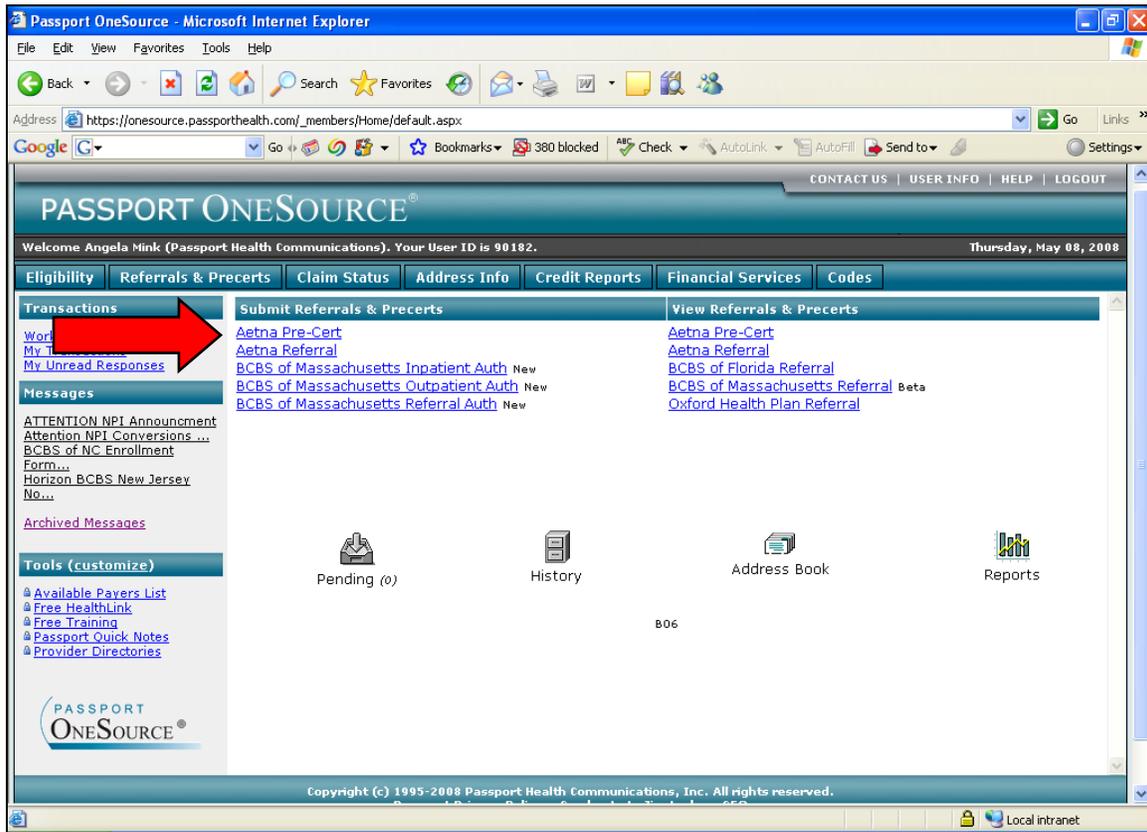


This section of Passport will allow you to both submit and view Pre-Certs and Referrals. From your home screen, click on “Referrals and Precerts.”



To get started, simply choose the payer and function you desire and click on the appropriate link.

For the first example we will choose “Aetna Pre-Cert” under the Submit section.



Once you have chosen your desired payer and function your screen will refresh and you will be directed to the following search screen.

Immediate response available.

Aetna Submit Pre-Cert

Submit Options:

Transaction Type:

Service Type:

Place of Service:

HMO Subscriber ID:

Requesting Provider:

Pre-Cert Contact Information

Name:

Phone Number: Dashes, spaces, and parentheses are not allowed.

Extension:

Attending Provider ID:

Facility/Vendor ID:

Admission Information

Admitting Provider ID: Required only for admissions.

Admission Date: Required only for admissions.

Length of Stay: Required only for admissions.
(days)

Diagnosis Codes: ?
At least one diagnosis code is required.

Procedure Codes: At least one procedure code and start date is required for non-admissions.

Code ?	Start Date	Units	Type	Distance (in miles)
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>

New Batch
My Batches
My Singles

Items in **BOLD** are required.

Next, you will begin entering your patient's information.

? *NOTE: The question marks to the right of the codes below lead you to a code search.

The screen will appear as displayed below.

Immediate response available.

Aetna Submit Pre-Cert

Submit Options:

Transaction Type:

Service Type:

Place of Service:

HMO Subscriber ID:

Requesting Provider:

Pre-Cert Contact Information

Name:

Phone Number: Dashes, spaces, and parentheses are not allowed.

Extension:

Attending Provider ID:

Facility/Vendor ID:

Admission Information

Admitting Provider ID: Required only for admissions.

Admission Date: Required only for admissions.

Length of Stay: (days) Required only for admissions.

Diagnosis Codes: ?
At least one diagnosis code is required.

Procedure Codes: At least one procedure code and start date is required for non-admissions.

Code ?	Start Date	Units	Type	Distance (in miles)
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	-N/A- <input type="text"/>	<input type="text"/>

Go

Items in **BOLD** are required.

First choose your transaction type, service type, and place of service.

→

→

→

You will enter your contact information NOT the patient's information.

→

→

Enter all codes in these 2 sections (Please notice all blue text).

→

When you have completed the form click "GO".

→

You are able to build an address book for your providers and facilities.

←

←

Pay attention to all notes written in blue text.

←

←



Verify:

[Payer Address](#)

Aetna Submit Pre-Cert

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

The "INPUT DATA" is the information you entered in the previous screen.



INPUT DATA

Transaction Type: Admission
Service Type: Medical Care
Place of Service: Inpatient Hospital
Requesting Provider: 6400000
Contact Name: Your name here
Contact Phone Number: 5555555555
HMO Subscriber ID: 5555555A
Attending Provider ID: 5555555
Facility/Vendor ID: 5555555
Admitting ID: 6400000
Admission Date: 11/30/2006
Length of Stay: 3 Days
Diagnosis Code 1: 517.3



REQUESTING PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 6400000



SUBSCRIBER

Name: RODGER, NORM
Member ID Number: 5555555
Date of Birth: 09/05/1978

Diagnosis code entered on the previous screen.



DIAGNOSIS

Type Code **Industry Code**

Diagnosis 1: Diagnosis 5173



SERVICE PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 6400000
Telephone: (555)555 5555

In this case this pre-cert requires further medical review.



Service Provider



If the certification action was approved, it would be indicated here, along with your certification number.



Identifies the Passport reference number.



SERVICE LEVEL

Request Category: Admission Review
Certification Type: Initial
Service Type: Medical Care
Certification Action: Pended
Certification Number: P218878220000
Reject Reason: Requires Medical Review
Admission Date: 11/30/2006

Message: AETNA WILL NEED MORE DETAILED INFORMATION ABOUT THE PATIENTS CLINICAL STATUS AND SERVICES FROM THE FACILITY UR DEPARTMENT WITHIN THE NEXT 48 HOURS WE WILL MAKE A DETERMINATION WITHIN 72 HOURS BASED ON THE AVAILABLE CLINICAL INFORMATION

SERVICE PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 6400000
Telephone: (555)555 5555

SERVICE LEVEL

Request Category: Admission Review
Certification Type: Initial
Certification Action: Pended
Certification Number: 555555555555555555
Reject Reason: Requires Medical Review

SERVICE PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 6400000
Telephone: (555)555 5555

TransRef Number - 357746468

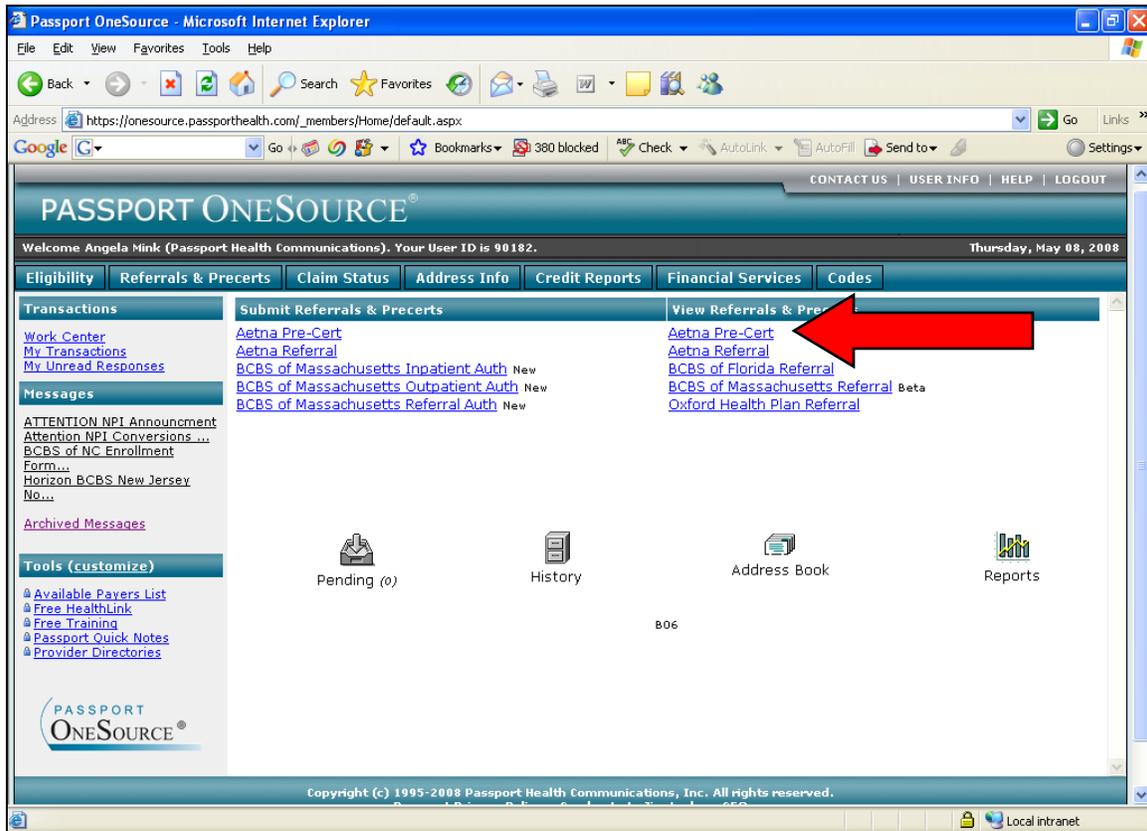
Passport Reference Number: [20061204-1457917](#)

Transaction run on 12/4/2006 at 1:44:16 PM CT by Bob Smith - The Helping Center

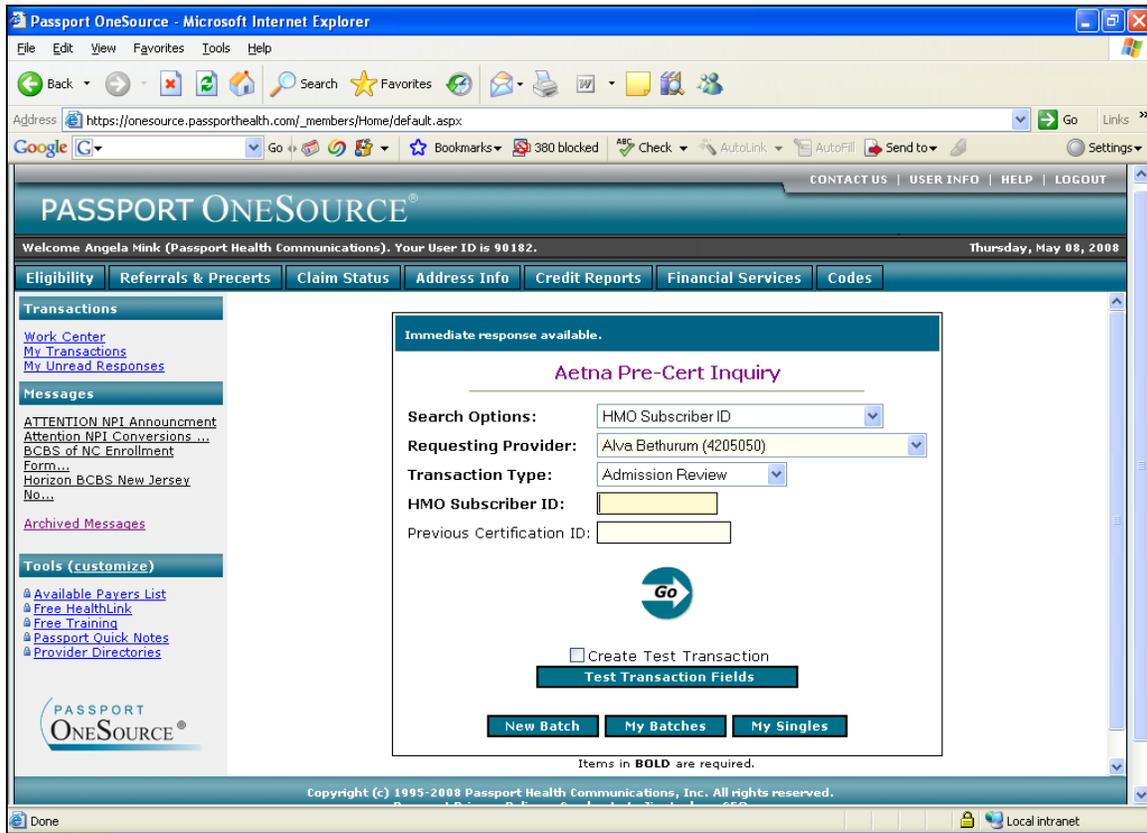


The next section of Passport OneSource will allow you to VIEW any Pre-Certs that have been submitted thru Passport OR directly with the payer. To get started simply select your desired payer.

For this example we will choose “Aetna Pre-Cert” under the View section.



Once you have chosen your payer you will be directed to the following search screen.



***NOTE: Within this payer you will have search options listed at the top of the entry form as displayed below.**

Immediate response available.

Aetna Pre-Cert Inquiry

Search Options: 

Requesting Provider:

Transaction Type:

HMO Subscriber ID:

Previous Certification ID:



Items in **BOLD** are required.

Once you have chosen your desired search option simply enter your patient's information and click "Go" or "Enter."

Immediate response available.

Aetna Pre-Cert Inquiry

Search Options:

Requesting Provider:

Transaction Type:

HMO Subscriber ID: 

Previous Certification ID:

Items in **BOLD** are required.

Once the response returns it will appear as follows.

Data entered on the previous entry screen.



Requesting Provider



Subscriber returned from input data.



Diagnosis codes.



Verify:		Payer Address
Aetna View Pre-Cert		
NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.		
INPUT DATA		
Referred By Provider ID:	60089798	
Transaction Type:	Admission Review	
Subscriber ID:	5555355556	
Date of Birth:	11/03/1957	
REQUESTING PROVIDER		
Last Name:	The Helping Center	
First Name:	Not provided	
ETIN:	60089798	
SUBSCRIBER		
Name:	KISH, PAT	
Member ID Number:	5555355556	
Date of Birth:	11/03/1957	
DIAGNOSIS		
	Type Code	Industry Code
Diagnosis 1:	Diagnosis	71515

Certification Action.
*In this example, "Certified in Total."



Service Provider



Procedure Codes.



Service Provider



Identifies the Passport reference number.



SERVICE PROVIDER

Last Name: The Helping Center
First Name: Not provided
ETIN: 60089798
Telephone: (555) 555-5000

SERVICE LEVEL

Request Category: Admission Review
Service Type: Surgical
Certification Action: Certified in Total
Certification Number: 7012700000000000
Admission Date: 01/05/2007
Effective Date: 01/05/2007 - 01/08/2007

SERVICE PROVIDER

Name: Duff, Tom
ETIN: 3234133
Telephone: (555) 566-5660
Provider Type: Attending
Provider Taxonomy Code: General Practice

SERVICE LEVEL

Request Category: Health Services Review
Certification Action: Certified in Total
Certification Number: 7012700000000000

PROCEDURE

	Type Code	Industry Code	Date
Procedure 1:	CPT	27130	01/05/2007-01/05/2007

SERVICE PROVIDER

Name: Duff, Tom
ETIN: 3234133
Telephone: (555) 566-5660
Provider Type: Attending
Provider Taxonomy Code: General Practice

SERVICE LEVEL

Request Category: Admission Review
Certification Action: Certified in Total
Certification Number: 7012782200000000

TransRef Number - 2579

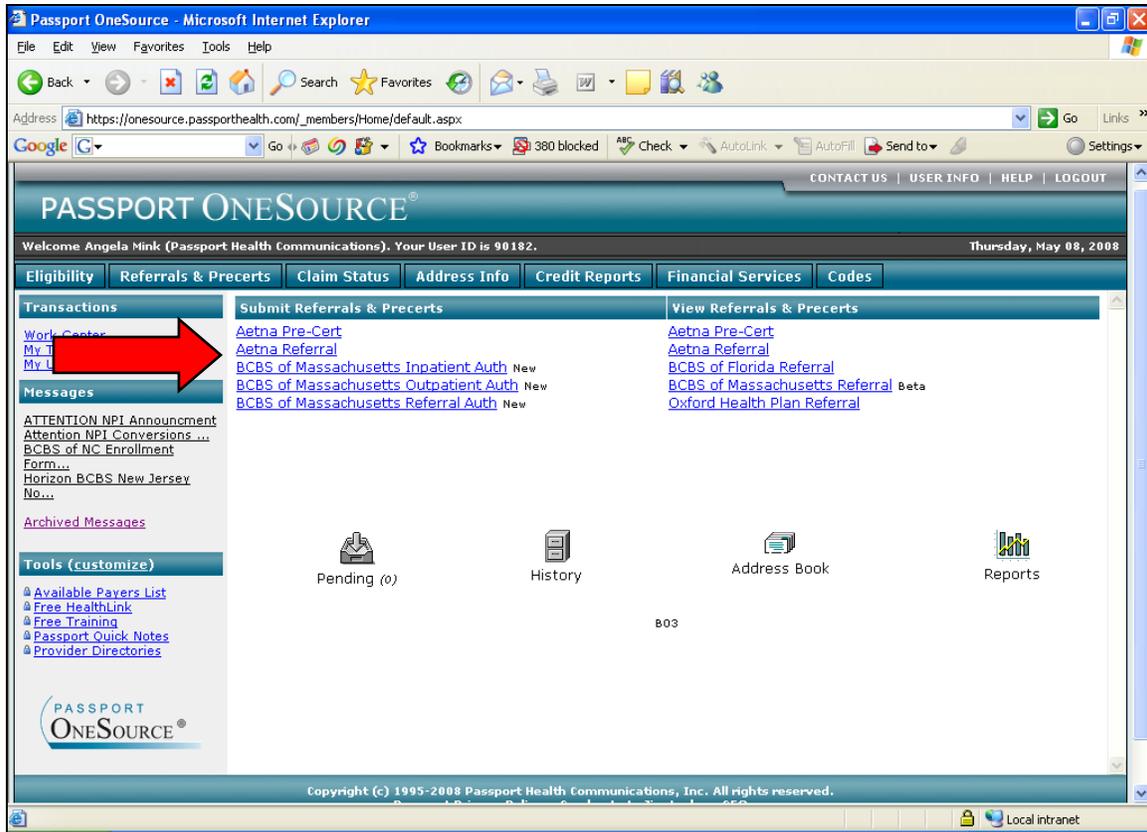
Passport Reference Number: [20061208-2002008](#)

Transaction run on 12/8/2006 at 8:44:23 AM CT by Bob Fields - The Helping Center



This next section of Passport OneSource will allow you to Submit Referrals. To get started simply select your desired payer.

For this example we will choose Aetna Referral under the Submit section.



Once you have chosen your payer you will be directed to the search screen shown below.

Immediate response available.

Aetna Submit Referral

Submit Options:

HMO Subscriber ID:

Referred BY Provider:

Referred TO Provider: 

OR

Taxonomy (Specialty) Code:

Facility Type Code:

Diagnosis Codes: ?

Procedure Codes: ?

Procedure Quantities:

Number of Visits:

Message to Payer:



Items in **BOLD** are required.

You will first choose from various submit options as shown. Once you have chosen your submit option, you will enter the appropriate information in the following fields.

***NOTE:** In this example we have chosen to search by “HMO Subscriber ID.”

In the “Referred TO Provider” section you are able to enter a NPI number or choose one from your address book.

Immediate response available.

Aetna Submit Referral

Submit Options:  

HMO Subscriber ID: 

Referred BY Provider: 

Referred TO Provider:  

OR

Taxonomy (Specialty) Code: 

Facility Type Code: 

Diagnosis Codes: 

Procedure Codes: 

Procedure Quantities:

Number of Visits:

Message to Payer:



You are able to build an address book for your providers.

Items in **BOLD** are required.

Next, choose the appropriate facility type code.

Immediate response available.

Aetna Submit Referral

Submit Options:

HMO Subscriber ID:

Referred BY Provider:

Referred TO Provider: 

OR

Taxonomy (Specialty) Code:

Facility Type Code: 

- Office
- Office**
- Inpatient Hospital
- Outpatient Hospital
- Ambulatory Surgical Center

Diagnosis Codes: ?

Procedure Codes: ?

Procedure Quantities:

Number of Visits:

Message to Payer:



Items in **BOLD** are required.

You will have the option to input diagnosis or procedure codes along with any message you will like to include for the payer.

When you have completed the form, click “Go” or “Enter” as displayed below.

Immediate response available.

Aetna Submit Referral

Submit Options: HMO Subscriber ID

HMO Subscriber ID: 55555555A

Referred BY Provider: The Helping Center (6008978)

Referred TO Provider: (55555555) 

OR

Taxonomy (Specialty) Code:

Facility Type Code: Outpatient Hospital

Diagnosis Codes: 724.5 [] [] [] [] ?

Procedure Codes: 72148 [] [] [] [] ?

Procedure Quantities: [] [] [] [] []

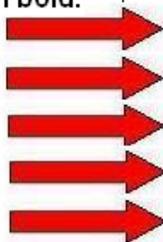
Number of Visits: 01

Message to Payer: []

Go 

New Batch **My Batches** **My Singles**

*Optional Fields since they are not in bold.



Items in **BOLD** are required.

When the response returns it will appear as follows.

The screenshot shows the 'Aetna Submit Referral' page. At the top, there are four icons: a printer, a document, a 'fax' button, and a close button. Below the icons is a yellow bar with 'Verify:' on the left and a blue link 'Payer Address' on the right. The main heading is 'Aetna Submit Referral' in purple. A notice states: 'NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.' The page is divided into sections: 'CERTIFICATION STATUS' (Certification Action: Certified in Total, Certification Number: 5555555555), 'INPUT DATA' (Referred By Provider ID: 6008978, Referred To Provider ID: 55555555, HMO Subscriber ID: 55555555A, Diagnosis Code 1: 724.5, Facility Type Code: Outpatient Hospital, Procedure Code 1: 72148, Number of Visits: 01), 'REQUESTING PROVIDER' (Name: THE HELPING CENTER, ETIN: 6008978), and 'SUBSCRIBER' (Name: JONES, MARY, Member ID Number: 55555555A, Date of Birth: 03/31/1940). Callout boxes with red arrows point to 'Certification Status', 'Requesting Provider', 'Subscriber', and 'Information entered on the previous entry screen'.

Certification Status. In this example the certification action is "Certified in Total."

Information entered on the previous entry screen.

Requesting Provider.

Subscriber.

Verify: [Payer Address](#)

Aetna Submit Referral

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

CERTIFICATION STATUS

Certification Action: **Certified in Total**
Certification Number: **5555555555**

INPUT DATA

Referred By Provider ID: 6008978
Referred To Provider ID: 55555555
HMO Subscriber ID: 55555555A
Diagnosis Code 1: 724.5
Facility Type Code: Outpatient Hospital
Procedure Code 1: 72148
Number of Visits: 01

REQUESTING PROVIDER

Name: THE HELPING CENTER
ETIN: 6008978

SUBSCRIBER

Name: JONES, MARY
Member ID Number: 55555555A
Date of Birth: 03/31/1940

Any diagnosis codes you have entered.



Service Provider.



Certification Status. In this example the certification action is "Certified in Total."



Any procedure codes you have entered.



Identifies the Passport Reference Number.



DIAGNOSIS

Type Code Industry Code

Diagnosis 1: Diagnosis 7245

SERVICE PROVIDER

Last Name: HOPE COVE HOSPITAL

First Name: Not provided

ETIN: 55555555

SERVICE LEVEL

Request Category: Specialty Care Review

Certification Type: Initial

Certification Action: Certified in Total

Certification Number: 55555555

Issue Date: 12/07/2006

Expiration Date: 03/06/2007

Service Quantity: 1 Visit(s)

PROCEDURE

Type Code Industry Code

Procedure 1: CPT 72148

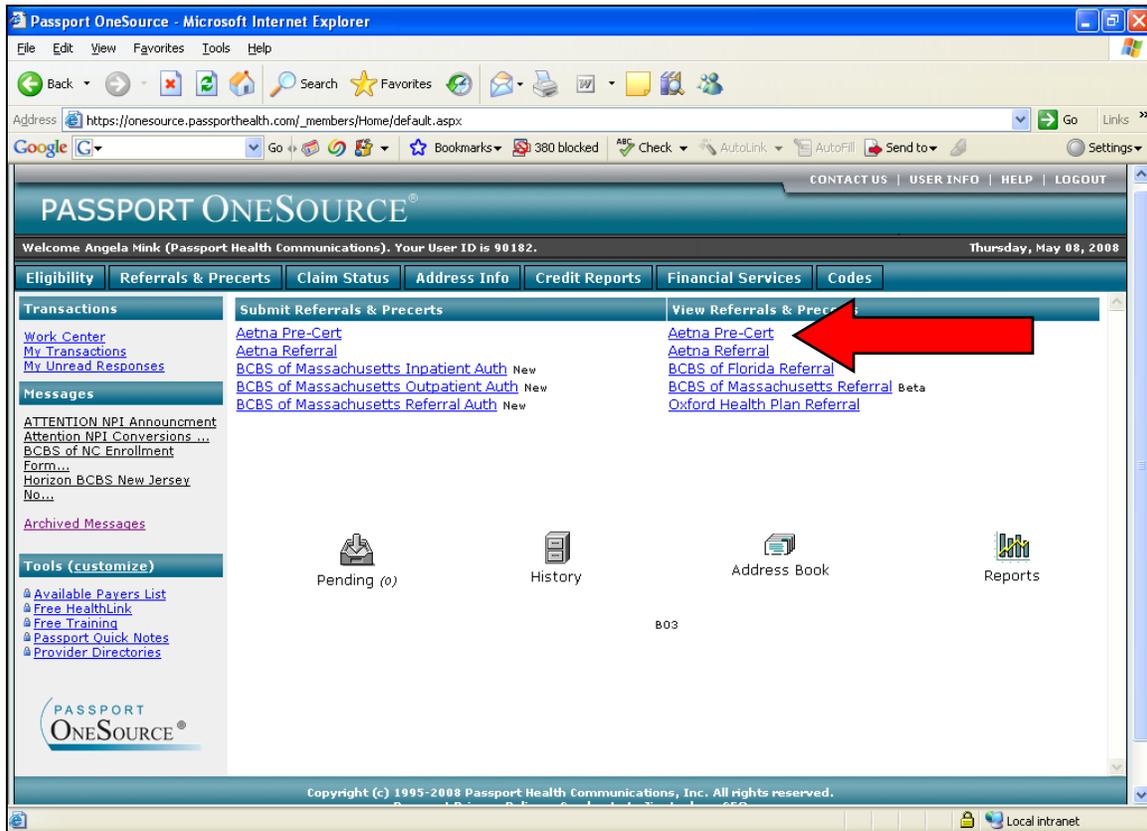
Passport Reference Number: [20061207-55555555](#)

Transaction run on 12/7/2006 at 9:50:52 AM CT by Bob Smith - The Helping Center

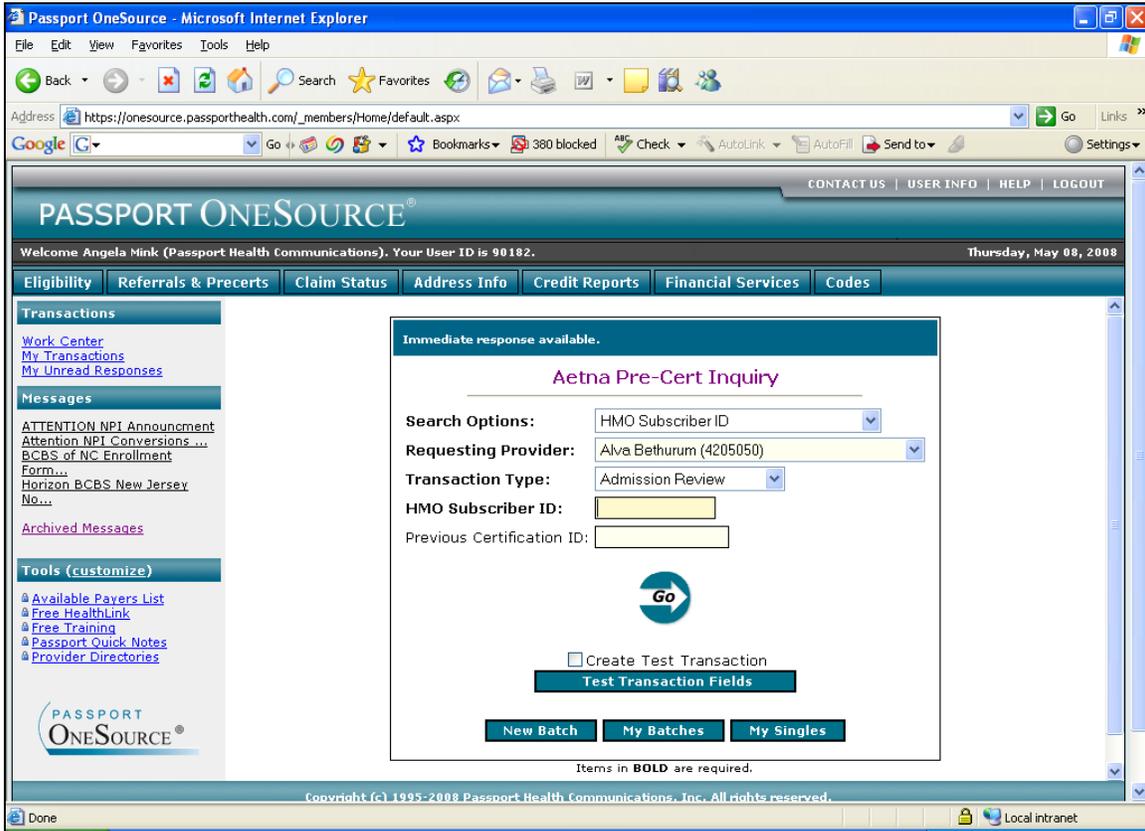


This section of Passport OneSource will allow you to View Referrals. To get started simply select your desired payer.

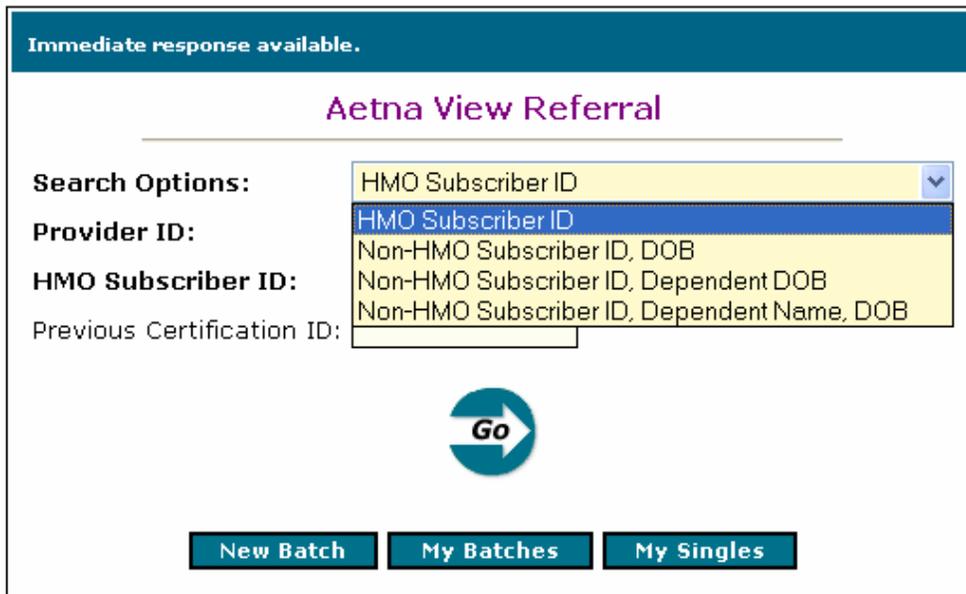
For this example we will choose “Aetna Referral” under the View section.



Once you have chosen your payer you will be directed to the following search screen.

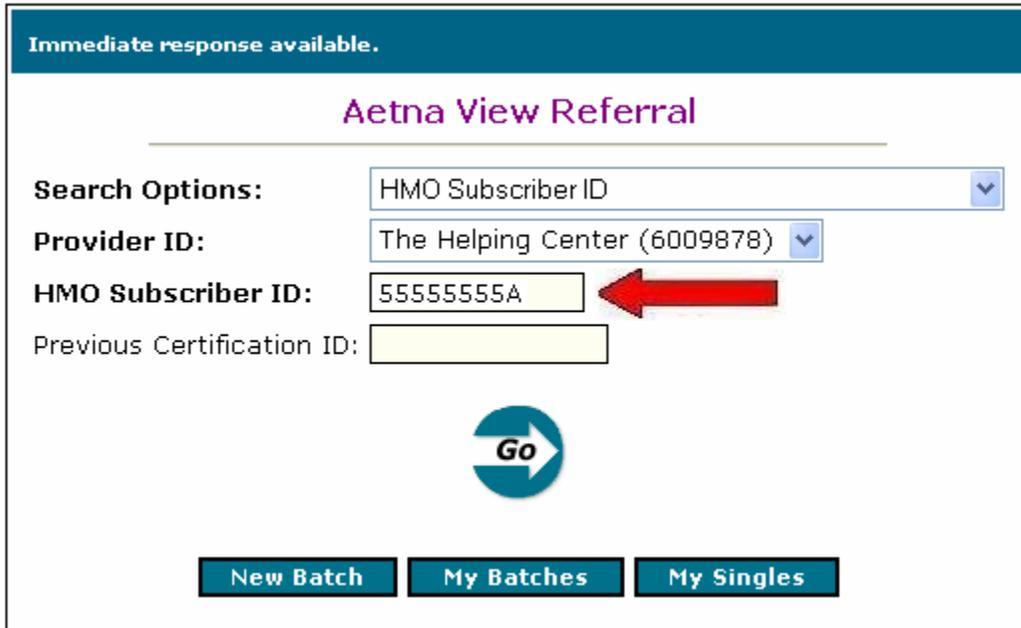


*NOTE: Within this payer you will have various search options listed at the top of the entry form.



Once you have chosen your search option, you will enter the patient's corresponding information.

***NOTE:** In this example we have chosen to search by "HMO Subscriber ID." Only items in bold are required.



Immediate response available.

Aetna View Referral

Search Options: HMO Subscriber ID

Provider ID: The Helping Center (6009878)

HMO Subscriber ID: 55555555A

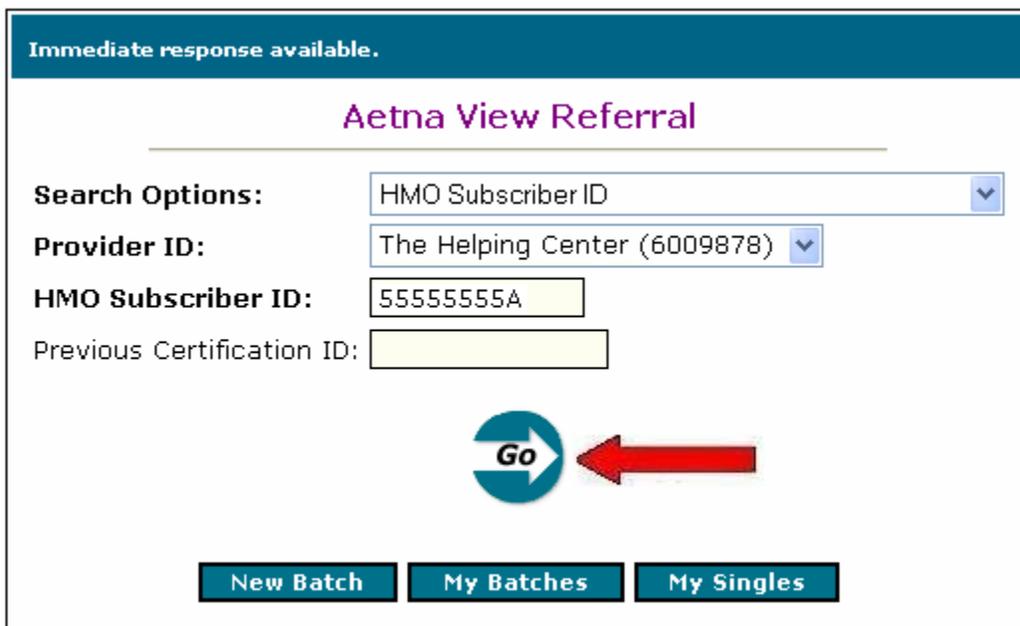
Previous Certification ID:

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

Once you have completed this form, simply click "Go" or "Enter."



Immediate response available.

Aetna View Referral

Search Options: HMO Subscriber ID

Provider ID: The Helping Center (6009878)

HMO Subscriber ID: 55555555A

Previous Certification ID:

Go

New Batch **My Batches** **My Singles**

Items in **BOLD** are required.

Once the response returns it will appear as follows.

The screenshot shows the Aetna Submit Referral interface. At the top, there are four icons: a printer, a document, a fax, and a close button. Below the icons is a yellow bar with the text "Verify:" and a link for "Payer Address". The main heading is "Aetna Submit Referral". A notice states: "NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited." The interface is divided into several sections: "CERTIFICATION STATUS" showing "Certification Action: Certified in Total" and "Certification Number: 5555555555"; "INPUT DATA" showing fields for "Referred By Provider ID", "Referred To Provider ID", "HMO Subscriber ID", "Diagnosis Code 1", "Facility Type Code", "Procedure Code 1", and "Number of Visits"; "REQUESTING PROVIDER" showing "Name: THE HELPING CENTER" and "ETIN: 6008978"; and "SUBSCRIBER" showing "Name: JONES, MARY", "Member ID Number: 55555555A", and "Date of Birth: 03/31/1940". Red arrows point from callout boxes to these sections: "Certification Status. In this example the certification action is 'Certified in Total.'" points to the certification status; "Information entered on the previous entry screen." points to the input data; "Requesting Provider." points to the requesting provider section; and "Subscriber." points to the subscriber section.

Certification Status. In this example the certification action is "Certified in Total."

Information entered on the previous entry screen.

Requesting Provider.

Subscriber.

Verify: [Payer Address](#)

Aetna Submit Referral

NOTICE: This information is classified as individually identifiable healthcare information and is intended strictly for the confidential use of the authorized requestor. Any unauthorized use or disclosure of this information is prohibited.

CERTIFICATION STATUS
Certification Action: **Certified in Total**
Certification Number: **5555555555**

INPUT DATA
Referred By Provider ID: 6008978
Referred To Provider ID: 55555555
HMO Subscriber ID: 55555555A
Diagnosis Code 1: 724.5
Facility Type Code: Outpatient Hospital
Procedure Code 1: 72148
Number of Visits: 01

REQUESTING PROVIDER
Name: THE HELPING CENTER
ETIN: 6008978

SUBSCRIBER
Name: JONES, MARY
Member ID Number: 55555555A
Date of Birth: 03/31/1940

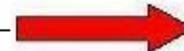
Any diagnosis codes you have entered.



Service Provider.



Certification Status. In this example the certification action is "Certified in Total."



Any procedure codes you have entered.



Identifies the Passport Reference Number.



DIAGNOSIS

Type Code	Industry Code
-----------	---------------

Diagnosis 1: Diagnosis 7245

SERVICE PROVIDER

Last Name: HOPE COVE HOSPITAL

First Name: Not provided

ETIN: 55555555

SERVICE LEVEL

Request Category: Specialty Care Review

Certification Type: Initial

Certification Action: Certified in Total

Certification Number: 55555555

Issue Date: 12/07/2006

Expiration Date: 03/06/2007

Service Quantity: 1 Visit(s)

PROCEDURE

Type Code	Industry Code
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Procedure 1: CPT 72148

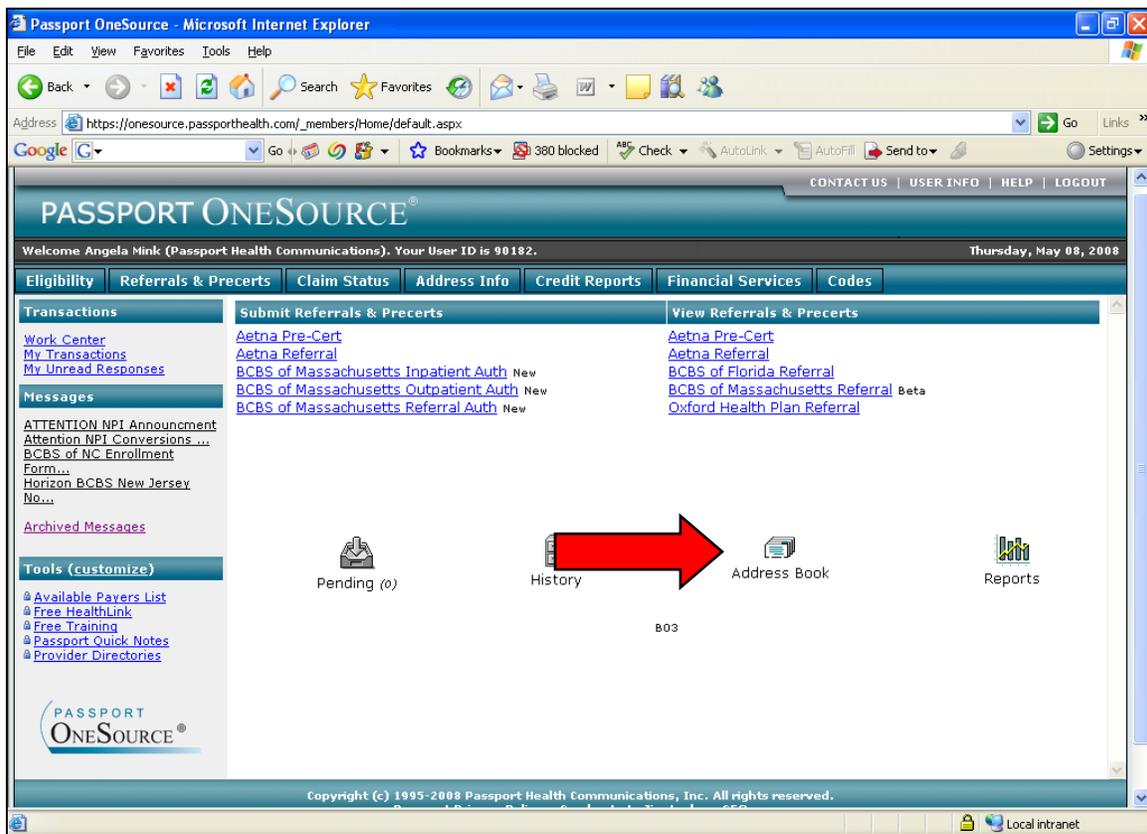
Passport Reference Number: [20061207-55555555](#)

Transaction run on 12/7/2006 at 9:50:52 AM CT by Bob Smith - The Helping Center



Within the Referrals & Pre-Certs section you are able to build out an address book for your providers. This process is very simple and will be explained over the next three pages.

First, click “Address Book” located at the bottom of your Referrals & Precerts page as displayed below.



When your screen refreshes it will be appear as shown below. To add a new entry, simply choose “Create from Custom.”

Referrals, Authorizations, & Pre-Certs - My Address Book

A D D Done

1. [Create from Custom](#) 

My Address Book

-Choose- View Mark all as shared

* - denotes Shared entries

Next, you will see the following screen.

Address Book - Provider Entry Form

shared entry

Last/Facility Name:

First Name:

Middle Name:

Suffix:

Phone:

Fax:

Address 1: Address 2:

City: State:

Zip Code: County:

E-Mail:

Selected	Payer Name	Provider ID
<input type="checkbox"/>	Aetna_Pre_Cert	<input type="text"/>
<input type="checkbox"/>	Aetna_Referral	<input type="text"/>

Simply enter the Provider's information into the fields shown.

Choose the appropriate payer and enter the corresponding provider numbers (NPI numbers) to the right.

When you have completed these steps click "Save." This entry will now be saved in the "Aetna Submit Pre-Cert" form.

Address Book - Provider Entry Form

shared entry

Last/Facility Name: 

First Name:

Middle Name:

Suffix:

Phone:

Fax:

Address 1: Address 2:

City: State:

Zip Code: County:

E-Mail:

Selected	Payer Name	Provider ID
<input checked="" type="checkbox"/>	Aetna_Pre_Cert	<input type="text" value="5678912"/> 
<input type="checkbox"/>	Aetna_Referral	<input type="text"/>

