iExchange Authorization Portal

- For use with Members in the L.A. Care Direct Network

Frequently Asked Questions

(Please select from one of the following links to find your answer)

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iExchange

1. **What is iExchange?**

   L.A. Care is partnering with Medecision to maximize our Providers experience when submitting an authorization. iExchange will not only allow you to electronically submit your request for an authorization, it will also allow you to check on the status of your authorization.
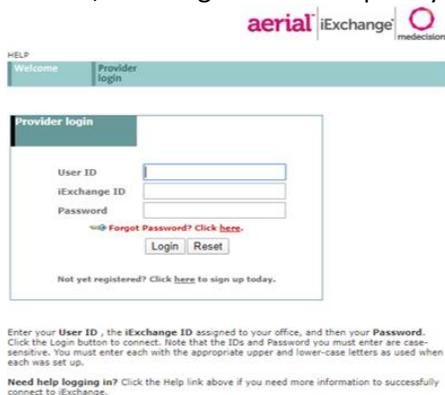
1. **How do I register for iExchange?**
   a. Answer: Click **HERE** to start the registration process.
   b. Please note: The system is looking for your information as it is filed with LA Care. You must register with the information associated with your NPI. For practitioners, use the individual's name and the individual's NPI for successful registration. The system will not allow registration of a medical group, group specialty practice nor entity name.   If you are a DME, Home Health or SNF provider, you will use the entity or DBA that was registered with NPPES.
   c. After you've successfully registered you will receive further instructions within approximately 48 hours.

2. **Once you are registered visit the following page:**
   https://nexaligniexchange.medecision.com/IEApp/login/providerLogin.faces

3. **Enter login Credentials**
   a. User ID, iExchange ID and temporary password

4. **Setup security questions and change temporary password**
   Answer: Upon Initial Login new users will be asked to provide their email address and a security question. To change your password, select "Preferences" at the top of the screen. Select "Change Password", to create a new one. Users will be prompted to change passwords every 30 days. You will then need create security questions. Select "Edit users profile" to add Security Questions.

5. **Is there a limit to the number of accounts that can be set up in iExchange for each Provider Office?**
   Answer: There is no limit on user accounts in iExchange under each provider group. The healthcare professional at your office you designate as an Administrator is responsible for registering the Provider and other in-office Staff for access to iExchange and for removing access to iExchange. Careful consideration should be given to who needs access.
   a. iExchange has two roles:
      i. **Administrator**: The gatekeeper of all of the core provider information in the iExchange application for the provider group. The administrator can submit and check authorizations in iExchange
      ii. **Staff**: They have the ability to submit and check authorizations in iExchange. Staff also have the ability to change their password and

6. **We have 18 locations that share the same TAX ID but each have a different NPI. As the Admin, will I have to set each NPI number up in the iExchange?**
   Answer: In this instance, you will need to set up 18 individual locations with specific users per location.

7. **Is only one administrative login given per office?**
   Answer: There will be a unique identifier for each site/location assigned. It is recommended that this Administrator role is limited to 2 per office.

8. **If the address seen in iExchange is incorrect, can it be updated?**
   Answer: No profile changes should be done directly in iExchange. If a change to your Provider contact information is needed, please reach out to your L.A. Care account manager directly. Once those changes have gone through all of the proper channels, the changes will be transferred into iExchange.

9. **If we have issues with the system or have questions is there a phone number, we can call?**
   Answer: If you have questions regarding an authorization you can call (844) 917-7272. If you have system questions regarding iExchange, you can send an email to the BA Team: baops_caremgmt@umr.com.

10. **I am locked out of my account, who do I contact?**
   Answer: Contact your Administrator who set up the accounts for your office.

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Providers with iExchange privileges

1. **Who can use iExchange?**
   Answer: iExchange is for in-network providers including primary care physicians, specialists and ancillary providers such as DME and home health.

2. **Can Out-of-Network providers use iExchange?**
   Answer: iExchange is only for In-Network providers. Out-of-Network providers will need to use the fax process. Providers wishing to join L.A. Care's Network should contact the Provider Network Management and submit a Letter of Interest by visiting the L. A. Care website – www.lacare.org.

3. **Do providers have to sign on to iExchange?**
   Answer: We encourage using iExchange as an electronic platform for submitting and tracking authorization status, but it is not required.

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Excluded iExchange Services

1. **Can Out-of-Network providers use iExchange?**
   Answer: iExchange is only for In-Network providers. Out-of-Network providers will need to use the fax process. Providers wishing to join L.A. Care's Network should contact the Provider Network Management and submit a Letter of Interest by visiting the L. A. Care website – www.lacare.org.

2. **Can a Behavioral Health Provider who provides services for Applied Behavioral Analysis (ABA) services submit a request for an authorization for services via iExchange?**
   Answer: Behavioral Health Providers will need to follow the current process for submitting an authorization via fax.

3. **Can a Community Based Adult Services Provider who provides Adult Day Care services submit a request for an authorization for services via iExchange?**
   Answer: Community Based Adult Services Provider will need to follow the current process for submitting an authorization via fax.

4. **Can a Long Term Care Provider who provides Sub-Acute and Custodial Level of Care services submit a request for an authorization for services via iExchange?**
   Answer: Long Term Care Providers will need to follow the current process for submitting an authorization via fax.

5. **Can a Palliative Care Provider submit a request for an authorization for services via iExchange?**
   Answer: Palliative Care Providers will need to follow the current process for submitting an authorization via fax.

6. **Can a Provider requesting for Transportation services submit an authorization request via iExchange?**
   Answer: Providers requesting for Transportation services will need to follow the current process for submitting an authorization via fax.

7. **Can iExchange be used for billing questions?**
   Answer: No, iExchange is exclusively for authorization requests.

8. **Can iExchange be used to view a claim?**
   Answer: No, iExchange is exclusively for authorization requests.

9. **Is this the same website/portal where eligibility can be checked?**

Answer: No, iExchange functionality centers on the authorization submission and tracking processes. It is not a platform for checking eligibility and is not intended to be used for or to replace L.A. Care's eligibility function or e-lists. Eligibility checks should still occur via the Provider Portal available on L.A. Care's public website https://www.lacare.org/providers/provider-central/la-care-provider-central. L.A. Care has loaded eligible members assigned to the Direct Network and other PPGs (please see eligible PPGs on LA Care's website) into iExchange. If a member does not appear in iExchange it does not mean the member is not eligible with L.A. Care. It may mean iExchange cannot be used for authorizations because the member's coverage or assigned network has changed. Your authorization request will need to be faxed, please visit LA Care's website for the appropriate authorization request form. The L.A. Care Provider Portal should be consulted for the most current eligibility data.

10. **If I still have questions who may I contact?**

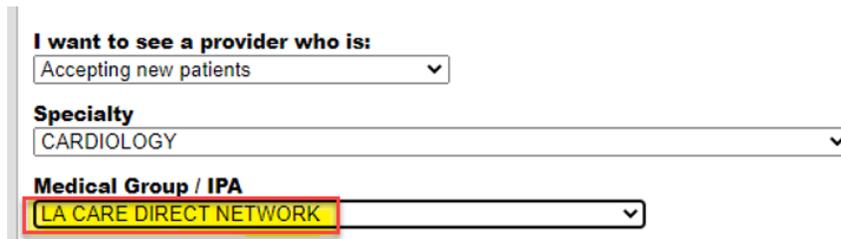Answer: Contact your L.A. Care Direct Network Account Manager with any questions.

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Submitting an Authorization Request

1. **How is a referral for a member in L. A. Care's Direct Network made to an out-of-network specialist?**
   Answer: L.A. Care is obligated to use in-network providers when appropriate for the member's need. If the service requested is deemed medically necessary, L.A. Care will attempt to redirect out-of-network requests to an in-network provider. If you are unable to find an in-network Provider and would like to proceed with an out of network Provider, you will need to fax in the request.

   Also note that for Medi-Cal members in LA Care's Direct Network no authorization is required for specialist consults and office visits, so they may be referred directly to the specialist. Please use the "Find a Doctor" online provider directory at www.lacare.org to find a participating provider in the member's network.

   Specialty office tests and procedures may require authorization. For in-network, submit via iExchange.

   Out-of-network requests for all specialty care require authorization but should be submitted only when an in-network provider cannot be identified.

   Here are some tips to ensure you are properly submitting an Out of Network request:

   1. Out of Network request must always be faxed using the forms and instructions found at:
      https://www.lacare.org/providers/provider-resources/forms-manuals/prior-authorization-request-forms

   2. Please complete the form and submit all required clinical information needed, which may include (but not limited to):
      a. H&P

      b.   Physician Notes
      c.   Results from tests
      d.   Treatments

3. If LA Care deems the request necessary and attempts to secure an MOU (Memorandum of Understanding, a limited, short term agreement), the following information will be needed:
      a.   National Provider Identifier (NPI)
      b.   Tax ID
      c.   W9 Form

If the provider and L.A. Care do not come to mutually agreeable terms, L.A. Care may authorize the service to a different accepting specialist.

2. **Once the information for each tab for each member in L. A. Care's Direct Network is submitted would it be saved or will the information needs to be added each time an authorization request is made?**
   Answer: You are able to create a short list of frequently used diagnoses, a separate short list of frequently used procedures as well as a short list of frequently used providers. Each new request will need to be submitted and the required fields completed for each request.

3. **When authorizations by fax for a member in L. A. Care's Direct Network, they are usually signed by a physician. Are physician signatures required for this process?**
   Answer: Yes, any authorization request should include a signature or an electronically signed order from the patients' physician. Any additional documents required, such as physicians' orders will continue to require a signature.

4. **In a 25 code treatment regimen, is it possible to submit a substitution request for a member in L. A. Care's Direct Network?**
   Answer: Each of your treatment regiments will be entered line by line so your physician may request any combination of treatments they deem medically necessary.

5. **Can authorizations for multiple Health Plans/Payers be submitted under the L.A. Care Payer code of iExchange?**
   Answer: No, each individual Health Plan will need to be established in iExchange.

6. **Can an Estimated Due Date be included for a member in L. A. Care's Direct Network for an inpatient OB delivery?**

Answer: If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and you would include in you end date submission when identifying your procedure (due date + 6 weeks). For a scheduled induction or routine C-section, please use the Inpatient Preservice request.

7. **Can Retro Authorizations be submitted in iExchange?**
   Answer:
   - A retro Inpatient request can be submitted in iExchange if it has been fewer than seven (7) calendar days from the date of service. Retro auth requests that exceed the seven (7) calendar days must be faxed.

   - A retro Outpatient requests can be submitted in iExchange if it has been fewer than thirty (30) calendar days from the date of service. Retro requests that exceed the thirty (30) calendar day timeframe for iExchange must be faxed. Please refer to the Fax grid shown below.

8. **Can a provider for a member in L. A. Care's Direct Network be added as a facility as opposed being added as a provider?**
   Answer: You will be able to add your facility using the NPI number.

9. **Can clinical/supporting notes or the Rx for a member in L. A. Care's Direct Network be submitted in iExchange or will this documentation need to be faxed in (Medi-Cal allows the ability to enter the request online and fax in the clinical)?**
   Answer: The preferred method of submitting your clinical notes would be to upload via iExchange.

10. **For attaching files, is there a maximum page limit?**
    Answer: You can attach documents up to 300 megabytes which is approximately 100 pages. Multiple documents can be attached.

11. **Will there be a need to submit an authorization request for a member in L. A. Care's Direct Network via iExchange and then fax all supporting documents?**
    Answer: You will be able to upload your supporting documents into iExchange. This is preferred to avoid any delay.

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Request to Change an Authorization

1. **How would one go about asking for a modification request for a member in L. A. Care's Direct Network?**
   Answer**:** The request to change an existing authorization or previously submitted authorization request will need to be submitted through iExchange as a new request.

2. **Will we be able to request a CPT code change for a member in L. A. Care's Direct Network in iExchange?**
   Answer: The request to change an authorization will need to be submitted through iExchange as a new request.

3. **Is an extension request for a member in L. A. Care's Direct Network possible via iExchange?**
   Answer: Yes, you would use the "Extend a Patient Request" tab. A Scenario for Extended Inpatient Request could be "the patient previously had a hip replacement scheduled, the patient developed a heart condition – the patient now will need additional time to recover from this heart condition" so the provider office will need to extend the expiration date of this authorization.

4. **If we are requesting for a change to an authorization that was submitted prior to the launch of iExchange, can we use iExchange to submit for these changes?**
   Answer: No, please submit your request to change the authorization via fax.

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Concurrent Review

1. **How is a Day 1 Review for a member in L. A. Care's Direct Network submitted?**
   Answer: Hospitals should call the L. A. Care Admitting Team prior to an emergent admission to discuss authorization for that episode. For Concurrent stay authorizations, including levels of care, please use the fax instead of iExchange.

2. **How is a Continued Stay for a member in L. A. Care's Direct Network submitted?**
   Answer: Concurrent Review documentation should be submitted via fax by the hospital or other acute care facility.

3. **How should Utilization Review documentation be submitted for a member in L. A. Care's Direct Network?**
   Answer: When faxing, please ensure the documentation includes the member's name, date of birth and the member's insurance identification number in addition to the clinical documentation that supports your request.

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Long Term Acute Care (LTAC) and Skilled Nursing Facility (SNF)

1. **How do I submit an initial request for an LTAC or SNF Review FOR AN L.A. Care Direct Network member?**

   Answer: Reviews can be submitted via iExchange using the New Inpatient Request tab and complete the required fields associated with your review request along with attaching the clinical documentation or submit via the fax process.

2. **How is a continued stay submitted for a member in L. A. Care's Direct Network?**

   Answer: The continued stay can be submitted via iExchange using the Extend Inpatient Request tab to extend my existing authorization, along with attaching the clinical documentation; or submit via the fax process.

3. **How should Utilization Review documentation be submitted for a member in L. A. Care's Direct Network?**

   Answer: Clinical info can be submitted in iExchange by using the Treatment Search function in iExchange. View/select your request and attach clinical documentation to your requests, no matter what method you have used for submitting them. When faxing, please ensure the documentation includes the member's name, date of birth and a subscriber's number in addition to the clinical.

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Outpatient and Ancillary Services

1. **Where do we submit outpatient requests?**
   Answer: Outpatient request should be submitted under the "Starting Point" tab in the goldenrod colored tab labeled, 'New Other Requests'.

2. **Where is the date span entered?**
   Answer: On an Outpatient Authorization the start and end date fields are on each individual service line.

3. **Where are requests submitted for a member in L.A. Care's Direct Network for elective surgeries?**
   Answer: Outpatient request should be submitted under the "Starting Point" tab in the green colored tab labeled, 'New inpatient requests'.

4. **How can I confirm I have selected an in-network provider for a member in the L.A. Care Direct Network?**
   Answer: View the MCO ID column and confirm that the leading character is a letter and not a number. All L. A. Care provider MCO ID's will begin with a letter. Please be sure to select the type of coverage with the acronym closest to the members' type of coverage.

5. **If an in-network provider for a member in L. A. Care's Direct Network cannot be located in iExchange, can their information be loaded in the description box or treatment box?**
   Answer: If the provider is not located in iExchange search, you will need to fax in the request.

6. **What steps are used for outpatient procedures for a member in L. A. Care's Direct Network?**
   Answer: Providers should input all requested information in the designated fields. Ensure you select an in-network provider and/or facility.

7. **Are DME requests for a member in L. A. Care's Direct Network submitted via iExchange?**
   Answer: You are able to submit/track/review DME requests via iExchange if the DME company is part of the L.A. Care Network.

8. **Will there be a status for DMECG (in-home) evaluations?**
   Answer: You will be able to view status if the evaluation was the service requested.   For greater efficiency related to DME items that require an evaluation, we encourage providers to submit for the evaluation *prior* to submitting the request for the item. Once the evaluation has been completed the results will be sent to the requesting provider so that the results of the evaluation will inform the provider of the appropriate equipment to resubmit for authorization.

9. **Are IV home infusion supplies considered medical supplies? Can a request for IV home infusion per diems be submitted for a member in L. A. Care's Direct Network via iExchange?**
   Answer: These supplies can be requested using iExchange.

10. **Can medical documentation for a member in L. A. Care's Direct Network be submitted by a Home Health provider via iExchange? Does the same documentation need to be submitted via fax?**
    Answer: You are able to submit/track/review requests via iExchange. Fax submissions are also acceptable. Only one submission method is necessary.

11. **Does outpatient dialysis for a member in L. A. Care's Direct Network require an authorization for services?**
    Answer: Currently, dialysis for an in-network Provider does not require an authorization.

12. **How would we use the facility, servicing and submitting provider fields? For example, our DME Company is submitting the authorization per the Referring Doctor's orders and the Authorization needs to be approved for our DME Company.**
    Answer: In this instance, your DME Company is the Submitting provider as well as the Servicing provider.

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Searching / Checking Authorization Status

1. **How long will it take for a decision to be made?**
   Answer: Based on the request type of the request submitted, LA Care will follow the standard timeframes to make a decision.

   Request Type: ☐ Routine   ☐ Urgent   ☐ Post Service

2. **Can authorizations for a member in L. A. Care's Direct Network submitted prior to June 1, 2020 be seen in iExchange?**
   Answer: No, iExchange access is available for requests submitted June 1st, 2020 and after. To obtain status of your authorization submitted prior to June 1st, 2020 please call L. A. Care Provider Service Unit at 1.877.431.2273 option 2. Any authorizations that were submitted prior to June 1st, 2020 and L. A. Care has made a determination are considered valid.

2. **Can Status of an authorization submitted for a member in L. A. Care's Direct Network be seen in iExchange?**
   Answer: Within iExchange there are two types of treatment search functions 'Treatment Search' this feature allows you to search for existing inpatient requests, other requests and/or referral requests for a member(s) associated with an authorized provider in the iExchange group that you have set up within the platform. This can vary widely among users based on the set-up and may include submitting providers, servicing providers, facility providers, attending providers and/or the member's PCP. Please refer to the Setting Up Your Office process in the training materials and User Guide.

   Treatment update search allows you to search for treatment updates. Treatment updates inform you when the payer or a provider has updated an existing or added a new treatment request associated with an authorized provider in your iExchange group. This may include updates for submitting providers, servicing providers, facility providers, and/or the member's PCP.

3. **Will there be a way to locate and print approved authorizations for a member in L. A. Care's Direct Network?**
   Answer: For certain request types. For requests listed under the "**Orange Bar**" (refer to your training deck) you can use the "Treatment Search" function in iExchange to view and track all of your requests, no matter what method you have used for submitting them. For requests listed under the "**Blue Bar**" (refer to your training deck) you are unable to check status via iExchange but you can call 1.877.431.2273 option 2.

4. **Will we be able to locate and print approved authorizations?**
   Answer: To locate your request search and review your authorizations in the "Treatment Search" area of iExchange. To print your authorization requests there will be a print icon in the upper left hand corner of the confirmation page.

5. **Will decision of the authorized requested services for a member in L. A. Care's Direct Network be delivered via fax or will those be provided through iExchange?**
   Answer: For requests listed under the "**Orange Bar**" (refer to your training deck) you can use the "Treatment Search" function in iExchange to view and track all of your requests status, you will also receive written notification via mail. For requests listed under the "**Blue Bar**" (refer to your training deck) you are unable to check status via iExchange, you will receive written notification via fax.

6. **To look up a status for a member in L. A. Care's Direct Network beyond 14 days, would one contact customer service or is there access to an extended search feature?**
   Answer: You can use the "Treatment Search" function in iExchange to view and track requests for all services in the "**Orange Bar**", no matter what method you have used for submitting them. See grid below for services viewable in iExchange. If service took place prior to June 1, 2020 please call L.A. Care Health Plan's Provider Service Unit 1.877.431.2273 option 2.

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Covid-19

7. **Can authorizations for COVID-19 patients in L. A. Care's Direct Network be submitted via iExchange? How fast for authorizations?**
   Answer: Yes. Turnaround time on the determination for the request depends on how the request is sent. Please note Standard Managed Care Timelines apply. Please ensure to state that this member has been affected by COVID-19 on your request.

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Fax Reference Grid

These services can be submitted and the status viewed via iExchange If faxing, both Routine and Urgent 213.438.5680	These services cannot be requested or viewed in iExchange Faxes for these services should go to one of these fax numbers Routine 213.438.5777 Urgent 213.438.6100
Acupuncture Chiropractic DME/Supplies Facility (prior auth) Home Health In-Office Tests/Procedures Prosthetics Skilled Facility Special Office Visits Surgery (outpatient and inpatient) Tertiary Transplant	Behavioral Health CBAS Hospice/Palliative Long Term Care Transgender Transportation

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