UCare Therapy Authorization
Web Application

User Guide
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I. Introduction

This document has been prepared to serve as a general guide to interacting with the Therapy Authorization Application (TAA) and its associated workflow processes. Development teams have dedicated significant resources to making the application as user friendly as possible. Testing with Therapy practitioners has influenced the design of the application such that it should be easy to master by providers and their support staff. The application is available 24 hours a day, 7 days a week from any computer with Internet Explorer 5.0 or greater.

A. Contact Information


II. Using the Therapy Authorization System

The Therapy application can be accessed by navigating your web browser to www.hsminc.com/ucare and logging on to the website.

A. Log On

- Navigate to the aforementioned HSM therapy provider portal URL and select ‘Log-in’ from the upper right menu options.
NOTE: ID verification is case sensitive.
Please enter the required information to initiate the process to receive a new user ID. If you do not know the UCare provider specific information requested during the portal enrollment process contact UCare Provider Assistance at 1-888-531-1493 or local at 612-676-3300
Click here to launch the Therapy Authorization Request Form.
Welcome to the Therapy Authorization System
Please select one of the options below

Create new Request and View Request History
Back to www.HSMInc.com/UCare

Click here to enter a new authorization request
“Create a New Request” option starts here. Provider enters member id & D.O.B., clicks Select, then selects New Request or View History for this member.
Thank you for using the Rehabilitative Therapy Request system.

Our records indicate that one previous request is on file for this member from within the past 60 days.

Patient Name: Jane Smith
Patient DOB: 01/01/1980

If additional visits are necessary, please fax or mail: initial evaluation, most recent progress notes with updated plan of care, recent treatment notes and any other relevant clinical information to:

HSM, Inc.
7805 Hudson Rd, Ste. 190
St. Paul, MN 55125
Fax: 651-287-4737 or 855-390-4737 (toll-free)

Fax is the preferred method for receiving records. Please use the UCare Request form.

Please note that records review outcome letters are available on HSM's web site via this application.

Print a copy of the UCare Request form

At this point, a system check of the authorization history is completed to ensure this will not be a duplicate authorization request. If no recent authorization history is found, then the application proceeds to the next step (following page). If there is a recent authorization on file you will need to fax in the UCare request form with the initial evaluation, progress or treatment notes and any other relevant clinical information.
A provider must be selected from the list presented. If there are multiple locations under a single tax id, you will need to select the correct location.

(If the provider thinks the list is not correct or not complete, they need to contact UCare Provider’s Assistance Center (1-888-531-1493))
Next, the provider must indicate the treatment location.

Please select the service location (please pay close attention to the UCare ID as it must match claims):

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Tax ID</th>
<th>NPI</th>
<th>UCare ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select</td>
<td>GOLDEN LIVING BLOOMINGTON</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate the treatment location setting: Skilled Nursing Facility

If you feel that the information listed above is incorrect or incomplete, please contact UCare’s Provider Assistance Center at 612-676-3300 or 888-531-1493 (toll free).

**Please note that once you have proceeded to the next screen, the member, provider, and clinic information cannot be modified. Please use the Back button above if you wish to validate the information in the previous screens.**
All data selected or entered in previous screens are now displayed, and the provider must complete the highlighted areas.
The following screens may not apply to all therapy authorization requests. If this screen is displayed, the provider must indicate the number of body regions to be treated, the condition to be treated, the relevant diagnosis as well as the procedures and modalities that will be routinely utilized.
Provider then selects the number of units that will be **routinely** utilized per visit and identifies the diagnoses codes (at least one diagnosis code is mandatory)

The application then moves through a few brief clinical questions. These questions will vary based on body region, condition and diagnosis. (**Only** presentations applicable to the selected condition/diagnosis will be displayed, and this section may not apply to some conditions.)
Once the necessary questions are answered you are brought to this page to enter your name as the submitter and the current date.

Once the necessary questions are answered you are brought to this page to enter your name as the submitter and the current date.
NOTE: A copy of the authorization should be printed and saved as part of your records.

Once "Submit Request" is clicked, an evaluation is made including a determination of how many visits can be approved or if a records review is necessary. (In the event of a records review, see the next page of this User Manual for instructions.)

Approved visit information can be found here.
If at any time during the authorization process you are presented with this screen – **patient treatment records** will need to be submitted for further review. Please follow the instructions on the screen and FAX the records to our secured fax number **1-855-390-4737**.

- You must include the completed UCare request form which is available to print from here. If you provide an email address you will receive notification when the review is completed.

- Return to the system 1 to 2 business days after records are submitted to see the status of your records review and review results letter. (View the records status and letters under Patient History. Authorization letters can be printed directly from the system.)
The application will bring you back to the screen below – ready to enter in another authorization request or you may exit the application.

Welcome to the Therapy Authorization System
Please select one of the options below

Create new Request and View Request History
Back to www.HSMInc.com/UCare

Exit: Click here to return to the main page and LOGOUT (upper right).

PATIENT TREATMENT RECORDS REVIEW RESULTS AND STATUS:
To view the status of your submitted records and view/print the Authorization letter – return to the patient history screen and review the status (Records received date, completion date, status) or click on the “View Selected Review” button to read and print the Therapy Authorization. Note that only the most recent authorization letter is available.
Thank you for using the Therapy Authorization Application.

For questions or concerns – use the following contact information:

**Contact Information**

- HSM Provider Services: 1-888-660-4705 or local at 651-287-4705