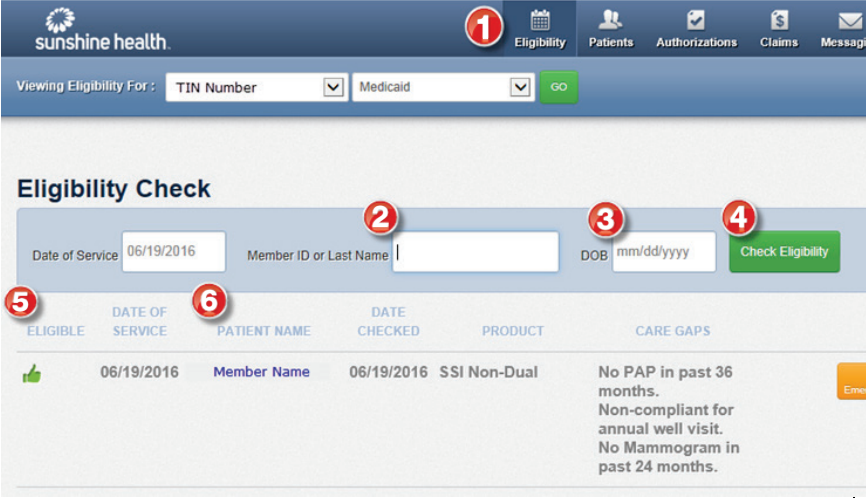
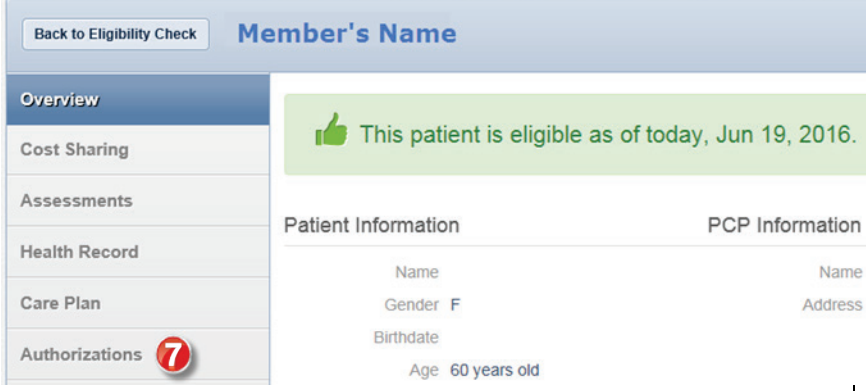
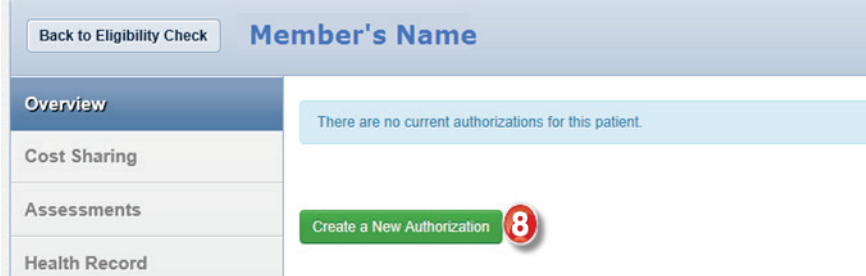


eAUTH EMERGENT INPATIENT/OUTPATIENT AUTHORIZATION REQUEST

QUICK REFERENCE GUIDE

GET STARTED	
<p>Go to the Secure Provider Website:</p> <p>https://www.sunshinehealth.com/login.html</p> <p>Log into with your username and password. The website will open.</p> <ol style="list-style-type: none"> 1) Click on "Eligibility." 2) Enter the member's last name or the Medicaid number. 3) Enter the member's DOB. 4) Click "Check Eligibility." 5) Green thumb means the member is eligible. Orange thumb means the member is not eligible. 6) Click on the member's name; the hyperlink will open the member's health record. 	
<ol style="list-style-type: none"> 7) Click on "Authorizations." 	
<ol style="list-style-type: none"> 8) Click on "Create New Authorization." 	

CREATE THE AUTHORIZATION REQUEST

- 9) Click on the drop down menu for “Select a Service Type” and highlight the appropriate service type.

NOTE: AFTER HOURS EMERGENT ADMISSIONS DO NOT NEED TO BE TELEPHONED IN.

Authorization For

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-796-0530 for after-hours urgent admission, inpatient notifications or requests.

If this is an expedited request, please contact us at 1-866-796-0530.

Please select Service Type.

Enter Authorization

1. PROVIDER REQUEST

Select a Service Type

- Medical Outpatient
- Biopharmacy
- DME
- Drug Testing
- Genetic Testing & Counseling
- Home Health
- Office Visit
- Outpatient Services
- Rehab (outpatient therapy)
- Transport
- Medical Inpatient
- C-Section Delivery
- Medical
- Premature/False Labor
- Rehab Inpatient
- Skilled Nursing
- Sub Acute
- Surgical Inpatient
- Transplant
- Vaginal Delivery

- 10) Enter the requesting provider name or NPI number, then “TAB” to initiate search.
 11) Enter the ICD-10 code for the member’s diagnosis, then “TAB” to initiate search.
 12) Click on “Next.”

Authorization For

DOB: MEDICAID NBR:

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-796-0530 for after-hours urgent admission, inpatient notifications or requests.

If this is an expedited request, please contact us at 1-866-796-0530.

Please select Service Type.

As of 10/1/15 Retro Authorizations with ICD-9 codes should not be submitted on the web. Authorizations after 10/1/15 should use ICD-10 codes.

Enter Authorization

1. PROVIDER REQUEST

Medical

10 Requesting Provider

Requesting Provider NPI or Last Name

11 Primary Diagnosis

Diagnosis Code

CODE LOOKUP: [ICD-10](#)

+ Add Additional Diagnosis

12 **NEXT** >

- 13) Enter the name or NPI for the servicing provider and click “TAB.”
 14) Click in the date field to open the calendar widget and select the start date.
 15) Click in the date field to the open calendar and select end date.
 16) Click on “Next” to complete authorization request.

Authorization For

DOB: MEDICAID NBR:

PROVIDER REQUEST

Service Type: Medical

REGIONAL MEDICAL CENT HOSPITAL

Primary Diagnosis: J11: INFLUENZA DUE TO UNIDENTIFIED INFLU

NPI:

TIN:

Phone:

Enter Authorization

1. PROVIDER REQUEST EDIT

2. SERVICE LINE

Now adding new service line

13 Facility

1295743631

NPI:

TIN:

Name: MEDICAL CENT, AIKEN REGIONAL

14 06/19/2016 15 06/24/2016

16 **NEXT** >

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1-866-796-0530
 TDD/TTY 1-800-955-8770

SunshineHealth.com

COMPLETE THE AUTHORIZATION REQUEST

- 17) Click on the Questionnaire Icon. This is a mandatory field and must be completed in order to continue.
- 18) Click "Browse" to attach clinical information with your authorization request.
- 19) Click "Attach" in order for the information to be submitted with the authorization request.
- 20) Click "Submit" to send the form to the Sunshine Health.

Authorization For

DOB: MEDICAID NBR:

PROVIDER REQUEST

Service Type: Medical
REGIONAL MEDICAL CENT HOSPITAL
 Primary Diagnosis: J11: INFLUENZA DUE TO UNIDENTIFIED INFLU
 NPI:
 TIN:
 Phone:

SERVICE LINES

Service Line 1

REGIONAL MEDICAL CENT HOSPITAL

Dates: 06/19/2016 - 06/24/2016
 Primary Procedure: 99221: INITIAL HOSPITAL CARE
 NPI:
 TIN:
 Phone:

Enter Authorization

1. PROVIDER REQUEST

2. SERVICE LINE

3. FINISH UP

Contact

Fax

(555) 555-5555

Email

17 Questionnaire

Attachment:
Upload any relevant attachments. (5Mb li
Attachment name cannot contain any spa
special characters.

18 Browse...

19

20

A web confirmation number will appear and provide a web reference number to verify the status of the authorization request on the secure provider website. *This is not the authorization number.*

Submitted!

Your prior authorization request has been submitted. Please use the confirmation number in the authorization search field to determine the status.

- Web Reference Number is #1077072.
- Member's Name
- DOB:
- MEDICAID NBR:

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SunshineHealth.com

Your authorization number will appear when your request has been approved.

The screenshot shows the 'sunshine health' portal interface. At the top, there are navigation links for 'Eligibility' and 'Patients'. Below that, a search bar is set to 'Medicaid'. The main section is titled 'Authorizations' with sub-tabs for 'Processed' and 'Errors', and a 'Disclaimer' link. A message reads: 'Please call the health plan for questions regarding voided authorization submissions. The authorization'. Below this is a table with columns: STATUS, AUTH ID, MEMBER, FROM DATE, and TO DATE. The first row shows 'APPROVE' in the STATUS column, a redacted AUTH ID, a redacted MEMBER name, and dates '06/27/2016' and '05/29/20'. A red callout box points to the AUTH ID column with the text: 'The authorization search will display the status and confirmation number for the prior authorization request'.

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