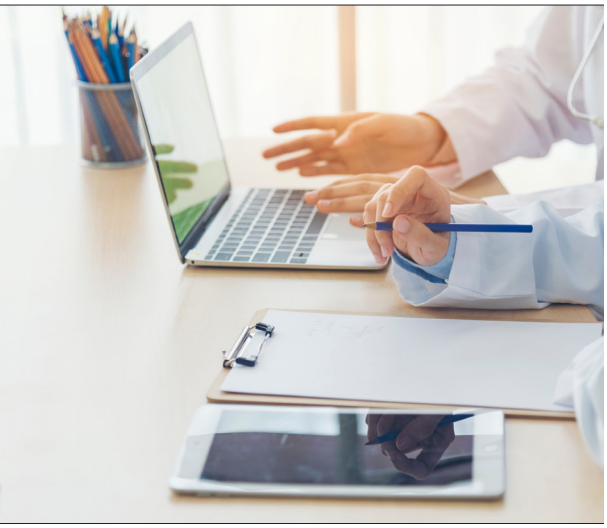
CMSI Provider Portal Instructions

Returning Users



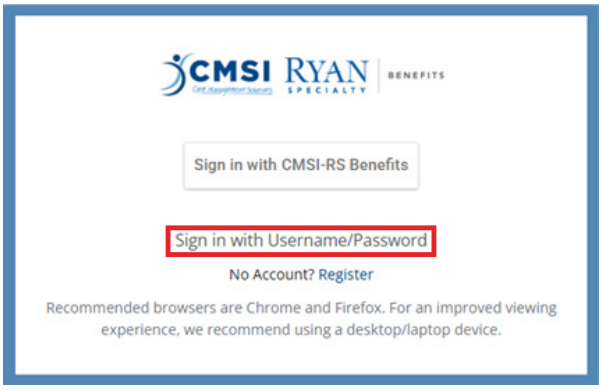
CMSI completes medical necessity reviews. Verification of Benefits and Eligibility is the responsibility of the provider.

Benefits and Eligibility must be verified with the plan administrator prior to initiating any Authorization request.

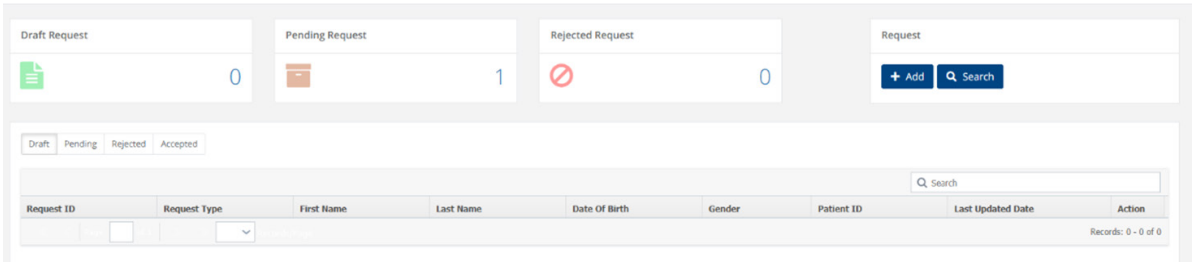
CMSI does not complete Authorizations for secondary insurance plans.

1. If initial registration has been completed, you can proceed with Authorization submission or checking an Authorization status.

2. Click **Sign in with Username / Password.**



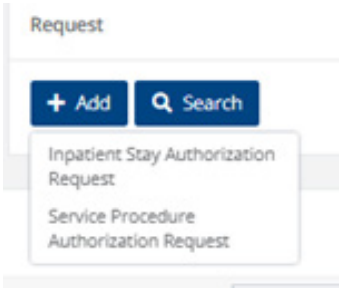
3. **Log in** using your specific credentials and you will be taken to the main Dashboard.



4. On the Dashboard, you can **view Drafts, Pending (In Process), or Rejected Authorization Requests.**

5. From the Dashboard, you will also **begin New Authorization Requests.**

6. **To initiate a new request, select Add,** and choose the type of Authorization you want to request:



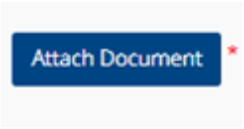
7. You will be directed to the next screen to enter all pertinent information and details.

8. To proceed, you must complete all fields with an **asterisk** *.

9. Please note level of urgency is a request only and may be modified based on CMSI guidelines*.

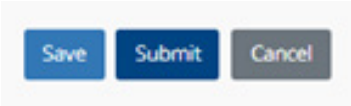
10. Clinicals **must** be attached to the initial request, including all pertinent records to complete the review timely and accurately.

11. Lack of information may delay processing time and require follow up.



12. **Save** can be utilized if you need to return to the form for completion at a later date.

13. After the form is completed, click **Submit.**

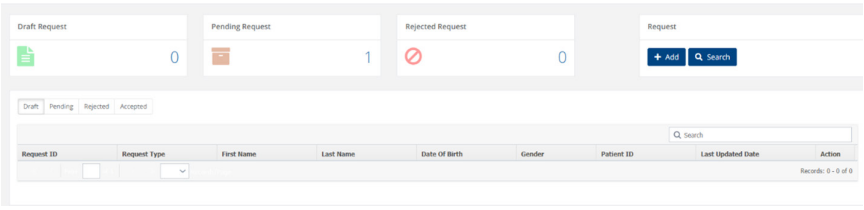


14. The case will be submitted to CMSI for processing and review.

15. An initial WebCert # is assigned to the case.

16. This number can be used to search for the case. This is NOT the Authorization number.

17. To check case status at any time, return to the portal. View case details on your list by drafts, pending, rejected, or accepted. Additional search can be completed using the WebCert #.



For questions with your portal submission, please call 800-662-6865 or 800-861-8744 to speak with a representative.

*CMSI Criteria for Expedited Status

- Cancer diagnosis—chemo, urgent diagnostics
- Facility transfers
- Transplants
- Dialysis
- Durable Medical Equipment needed for discharge from hospital setting (e.g., Zoll Life Vest, Oxygen, Wheelchair, etc.).
- Inpatient admission through the ER—not a planned admission
- Inpatient admission planned for 7 days or less from time of call
- Any behavioral health admissions
- Infusions / Injections
- Hospice—home or inpatient

Any case requiring Physician review may take additional time.

CMSI will not impede care.

No guarantee of claim payment until case is reviewed.

Final determination of benefits is based on in-network or out-of-network status, eligibility, deductibles, plan limits, and overall plan language. Benefits must be verified with the plan administrator or health fund directly.