



### **Introduction:**

Reliacare's new portal allows you to process authorization and eligibility request online. Providers can send request by logging in to their existing user ID and password. You can update and send response to the request real time and providers will be notified whatever update that you do in the system through email.

### **LOGGING IN**


To access the system you must first login to <http://portal.reliacare.com/provider/>



You are logged out.

|                                      |                          |
|--------------------------------------|--------------------------|
| User ID                              | <input type="text"/>     |
| Password                             | <input type="password"/> |
| <input type="button" value="Login"/> |                          |

When you are logged in to the system, you will be routed to the HOME page.



Filter by --Select a Filter--

[Home](#) [New Request](#) [Completed](#) [Change Password](#) [Logout](#)

**Authorization Management System - List** -- All -- **Requests**

| Reference #                                | Status | Health Plan | Contact Person | Direct Contact |
|--|--------|-------------|----------------|----------------|
| <input type="button" value="New Request"/> |        |             |                |                |

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL US AT 1-877-331-5170 OR EMAIL US AT AUTHS@RELIACARE.COM

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To create a new request, simply click on **New Request** button and choose Authorization or Eligibility.

**Authorization Management System - New Request**

**POSTING A REQUEST** (All fields marked with \* are required.)

| Request *            | <input type="text" value="-- Select --"/>                               | Request Reason       | <input type="text"/>   |      |             |       |                      |                      |                      |
|----------------------|---|----------------------|--|------|-------------|-------|----------------------|----------------------|----------------------|
| Contact Person *     | <input type="text" value="-- Select --"/>                               | Diagnosis Code *     | <input type="text"/>   |      |             |       |                      |                      |                      |
| Direct Contact # *   | <input type="text" value="Authorization"/>                              | Procedure *          | <table border="1"><thead><tr><th>Code</th><th>Description</th><th>Units</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table> | Code | Description | Units | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Code                 | Description   | Units                |  |      |             |       |                      |                      |                      |
| <input type="text"/> | <input type="text"/>  | <input type="text"/> |  |      |             |       |                      |                      |                      |
| Direct Fax *         | <input type="text" value="Eligibility"/>                                |                      |  |      |             |       |                      |                      |                      |
| Patient's Name *     | <input type="text"/>  |                      | <a href="#">Add More Procedure</a>   |      |             |       |                      |                      |                      |
| Date of Birth *      | <input type="text"/> <input type="button" value="select"/> (MM-DD-YYYY) | Upload Scripts *     | <input type="button" value="Choose File"/> No file chosen (PDF, JPG, JPEG, TIFF)   |      |             |       |                      |                      |                      |
| Health Plan *        | <input type="text" value="Affinity Health Plan"/>                       | Upload Clinicals     | <input type="button" value="Choose File"/> No file chosen (PDF, JPG, JPEG, TIFF)   |      |             |       |                      |                      |                      |
| Member ID *          | <input type="text"/>  | Notes                | <input type="text"/>   |      |             |       |                      |                      |                      |
| Service Date *       | <input type="text"/> <input type="button" value="select"/> (MM-DD-YYYY) |                      |  |      |             |       |                      |                      |                      |
| Referring Doctor *   | <input type="text"/>  |                      |  |      |             |       |                      |                      |                      |
| Doctor's Address *   | <input type="text"/>  |                      |  |      |             |       |                      |                      |                      |
| Doctor's Phone *     | <input type="text"/>  |                      |  |      |             |       |                      |                      |                      |
| Doctor's NPI # *     | <input type="text"/>  |                      |  |      |             |       |                      |                      |                      |

## AUTHORIZATION REQUEST:

1. Fill up all the boxes below (All field marked with \* are required).

Very important:

- Please provide the correct member ID.
- Correct diagnosis code to set up an authorization.
- Upload scripts – you can't complete an authorization request without a script.

2. Click **Send Request** once you have completed all the details needed.

The screenshot shows the ReliaCare Authorization Management System interface. At the top, there is a navigation bar with buttons for Home, New Request, Completed, Change Password, and Logout. Below this is a header for "Authorization Management System - New Request". The main form area is titled "POSTING A REQUEST" and includes a note: "(All fields marked with \* are required.)".

The form is divided into two columns. The left column contains fields for: Request (Authorization), Contact Person (Your Name), Direct Contact # (Your Contact #), Direct Fax (Your Fax #), Patient's Name, Date of Birth (select, MM-DD-YYYY), Health Plan (Affinity Health Plan), Member ID, Service Date (select, MM-DD-YYYY), Referring Doctor, Doctor's Address, Doctor's Phone, and Doctor's NPI #.

The right column contains: Request Reason, Diagnosis Code, Procedure (Code, Description, Units) with an "Add More Procedure" button, Upload Scripts (Choose File, No file chosen, TIFF, PDF, JPG, JPEG), Upload Clinicals (Choose File, No file chosen, TIFF, PDF, JPG, JPEG), and Notes.

A "Send Request" button is located at the bottom right of the form.

## ADDITIONAL INFORMATION:

If an authorization is needed and you failed to provide clinicals or additional clinical information is needed, you don't have to make a new authorization request to send the clinicals or send through fax. Just call Reliacare to request that you want to upload more clinicals so we can unlock the request and you can make the changes.

**ELIGIBILITY REQUEST:**

1. Fill up all the boxes below (All field marked with \* are required).  
Very important:  
➤ Please provide the correct member ID.
2. Click Send Request once you have completed all the details needed.



- Home
- New Request
- Completed
- Change Password
- Logout

**Authorization Management System - New Request**

**POSTING A REQUEST** (All fields marked with \* are required.)

|                    |                      |       |
|--------------------|----------------------|-------|
| Request *          | Eligibility          | Notes |
| Contact Person *   | Your Name            |       |
| Direct Contact # * | Your Contact #       |       |
| Direct Fax *       | Your Fax #           |       |
| Patient's Name *   |                      |       |
| Date of Birth *    | select (MM-DD-YYYY)  |       |
| Health Plan *      | Affinity Health Plan |       |
| Policy Type        |                      |       |
| Member ID *        |                      |       |

**Send Request**

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