

Provider Portal Application Verify Reference ID Status Instruction Sheet

- Access the Unison Health Plans web site:
<http://www.unisonhealthplan.com/Pages/Home.aspx>
- Select State and Plan
- Click on- **For Providers**
- Click on- **Account Information**
- Log into the Account Information application (username and password)
- Click on- **Verify Reference ID Status** (left navigation menu)
- Enter the Reference ID number (this is the number that is issued by the Utilization Management or Case Management Departments as confirmation of the service request.)
- If you do not have the Reference ID number, you may enter the Member's ID number.
- Click on "[Submit Query](#)"

Search Return

- If you enter the Reference ID number the query will return all service lines entered under that Reference ID number.
- If you enter the Member ID number the query will return all cases entered by Utilization Management or Case Management where you are listed as the servicing or requesting provider for a timeframe of 60 days prior to the date of the inquiry and all service requests with future dates of service. **You must be listed as the servicing or requesting provider for the case to be returned in this query.**
- Under the "Choice" column click on "[Select](#)" to display the information related to that service request.
 - **Matching Reference ID Status Field Descriptions:**
 - **Reference ID#**- This is the number that was given to you by the Utilization Management or Case Management Department to reference your service request. Please note that having a reference ID number does not signify that the service request has been approved.
 - **Member Name**
 - **Requesting Provider**- Provider ID # and the name of the provider who has requested the service(s).
 - **Requesting Provider NPI**- NPI number of the requesting provider.

- **Servicing Provider-** Provider ID# and the name of the provider that will be rendering the service(s).
- **Servicing Provider NPI-** NPI number of the servicing provider.
- **Outpatient Detail- Field Descriptions**
 - **From and To Date of Reference ID#-** Reflects the date span of the service request entered by the Utilization Management or Case Management Departments.
 - **Service Definition Code and Description-** Provides a brief description of the service that was requested.
 - **Reference Status-** This field returns a status of the service request. The following statuses may be returned:
 - Approval- This is displayed when the service request has been approved by the Utilization Management or Case Management Departments.
 - Pend- This is displayed when the service request is awaiting additional clinical information, medical director review, or rate negotiation.
 - Disallowed- This is displayed when a service request has been denied.
 - **Status Reason-** This field will display the reason as to why a service request has been pending or denied. The status reason will be blank on all service requests with an approved status.
- **Inpatient Detail- Field Descriptions**
 - **Date of Request-** This is the date that the request for service was made by you to the Utilization Management Department or Case Management Department.
 - **Authorization Status-** Indicates whether the status of the case is waiting admission, waiting discharge, waiting review, or discharged.
 - **From and To Date -** Reflects the date span of the service request entered by the Utilization Management or Case Management Departments.
 - **Requested Days-** Number of days requested by the provider/facility.
 - **Total Authorized-** Number of days authorized by the Utilization Management Department or Case Management Department at the time of this query. This number would include any days

authorized by the medical director at a level of care other than requested. This number may be adjusted when an actual discharge date is received.

- **Status-** This field returns a status of the service request. The following statuses may be returned:
 - Approval- This is displayed when the service request has been approved by the Utilization Management or Case Management Departments.
 - Pend- This is displayed when the service request is awaiting additional clinical information, medical director review, or rate negotiation.
 - Disallowed- This is displayed when a service request has been denied.
- **Status Reason-** This field will display the reason as to why a service request has been pending or denied. The status reason will be blank on all service requests with an approved status.

- If you would like to perform another search, you may do so by clicking on the "[Perform Another Search](#)" link. This will return you to the initial **Verify Reference ID Status** screen.

Provider Questions:

If you experience difficulty with accessing your account, have forgotten your password, or have questions related to the **Verify Reference ID Status** functionality, please contact the Unison Web Outreach Department at 1-866-414-6566.

If you have questions related to the results that were returned from your query or questions related to your authorization request, please contact the Provider Services Department at 1-800-600-9007.