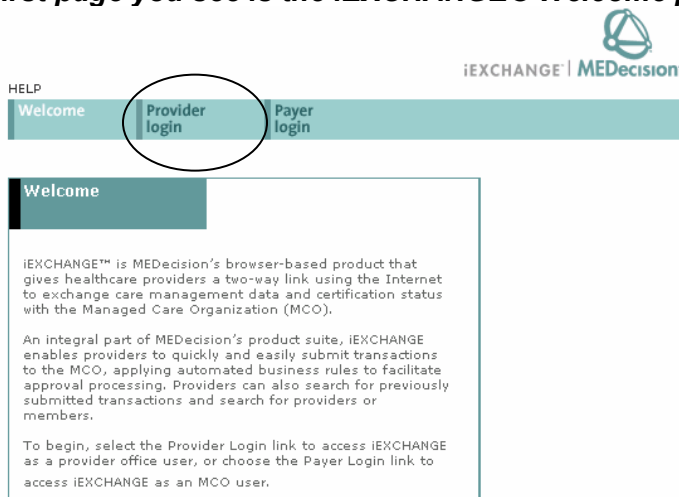


## **iEXCHANGE® Log-in Step by Steps**

- Open your Internet connection;
- Type the iEXCHANGE® Web URL: (<https://iEXCHANGE®.medecision.com/IEApp/Logon.jsp>) and press ENTER. You can also link from KePRO's Provider website, [www.kepro.org](http://www.kepro.org) or <http://dhmh.kepro.org>
- **The first page you see is the iEXCHANGE® Welcome page;**



- Click on the Provider Log-in link. The Provider Log-in page appears. Note: The IDs and Password you must enter are case sensitive. Enter each with the appropriate upper and lower case letters;

- **User ID:** Enter your User ID in the User ID field and press tab to enter your iEXCHANGE® ID and press tab (or click in the Password field);
- **Password:** Type your password here. iEXCHANGE® Web masks what you type with asterisks. Once you complete your password, click the Login button;

- **Login (button):** Click here to complete the login process. If you entered the correct information the Logon page closes and the iEXCHANGE® Starting Point page appears;
- **Cancel (button):** If you incorrectly enter the information, or you simply want to start again, click this button. iEXCHANGE® Web clears the fields and displays a verification message: “Log-on Aborted”;
- If you enter an invalid User ID or password and then choose the Log-in button an error message will display "Log-in Failed. Please try again." Please re-enter your IDs and password correctly. You have three attempts before being locked out. Please wait twenty minutes before attempting to log-in again. If you continue to be unsuccessful with logging in, please contact your iEXCHANGE® Account Administrator;
- Upon successful login, you will **select a PAYER from the drop down list**. Select **STATE OF MARYLAND MEDICAID**. You will be presented with the following screen;



## Step by Steps for Entering 3871b Requests



- Click **Inpatient request** in the menu bar at the top of any iEXCHANGE® Web page.
- iEXCHANGE® Web opens the Inpatient instructions page, containing a menu of your available request options.

Starting point | Inpatient | Other | Referral | Search

Payer selected: State of Maryland Medicaid

**Inpatient instructions**  
Use this page to select the inpatient transaction you wish to perform. Depending on the payer you have selected, you can choose to submit a new inpatient request, an inpatient request extension, a new inpatient notification or an inpatient notification extension.

**New Inpatient Request**  
Click the **New Inpatient Request** link, above. A blank Inpatient request entry page appears. You can add a member ID and all request information for this member.

**Extend Inpatient**  
Click the **Extend Inpatient** link above. You must use the Treatment search functionality to search for the inpatient treatment you wish to extend. Depending on the payer you have selected, you will be able to submit an Inpatient request extension or an Inpatient notification extension.

**Select Inpatient Request for 3871b requests.**

**A Note before you begin:** if you selected the wrong payer (you want to submit this request to a different payer) click the **Starting point** link above, to return to the Starting point page and select the correct payer.

- The Inpatient request entry page is displayed on the next few pages. The screenshot shows the overview of the entire request questions to be answered before submission to KePRO, note some of the fields are not mandatory but optional.

Starting point

Payer selected: State of Maryland Medicaid

Inpatient

Other

Referral

Search

- New Inpatient Request
- New Inpatient Notification
- Extend Inpatient

### Inpatient request entry

Once you enter the General information and Services information click **Next step**. iEXCHANGE evaluates your inpatient request and displays the Inpatient request preview page.

1

#### General information

Use the General information section to record the member ID (click Member search to verify eligibility), providers (submitting and servicing), as well as diagnostic information.

Notification date  /  /  (mm/dd/yyyy)

Member ID **You must search for a member.**

Member search

Submitting provider

Provider search

Facility

Facility search

Treatment setting

Is this a surgical admission?

Admit date  /  /  (mm/dd/yyyy)

Is this an emergency?

After performing any type of search, you will be returned to the field where you initiated the search.

Primary diagnosis

Enter Diagnosis code or Select from Short list

Secondary diagnosis optional

Secondary diagnosis optional

Secondary diagnosis optional

Requested length of stay

Attending physician

Enter or Search for ID

Provider search

DRG Number

Admission Type

## 2 Services information

If necessary, record the principal procedure and any additional procedural information. Enter the exact code or select the procedure from the list and scheduled date for the service.

### Principal Service (optional)

Procedure

Enter  
Procedure  
code or  
Select from  
Short list

Scheduled date  /  /  (mm/dd/yyyy)

### Service 2 (optional)

Procedure

Enter  
Procedure  
code or  
Select from  
Short list

Scheduled date  /  /  (mm/dd/yyyy)

### Service 3 (optional)

Procedure

Enter  
Procedure  
code or  
Select from  
Short list

Scheduled date  /  /  (mm/dd/yyyy)

### Additional Comments (optional)

### Additional Comments (optional)

#### Clinical Information

#### Abnormal Findings


#### iEXCHANGE Notes

Next step

Cancel

- **Notification Date:** (Mandatory) Defaults automatically to the date you are entering request;
- **Member ID:** (Mandatory) Search for the member:
  - Search for a recipient by their 11 digit Medicaid ID number;
  - If an error message displays stating:
 

\* No Member found matching the search criteria.
  - You may add a member by clicking on Option C-see picture below:
 


  - To add a new member to the database, you will need the recipient's Medicaid ID number, last name, first name, gender, and date of birth; or
  - Select to assign a temporary member ID (T#).
- **Submitting provider:** (Mandatory) Select from drop-down list. The provider ID is the hospital's Medicaid Identification number or the ID of the physician submitting the request. All Medicaid Provider's Identification numbers are nine (9) digit numbers.
- **Facility:** (Mandatory) Enter the facility's Medicaid Identification nine (9) digit number.
- **Treatment Setting:** (Mandatory) Select from the drop-down list one of the following treatment settings:
  - Medical Adult Day Care-MER
  - NF-MER/CSR
  - Waiver-MER
  - ❖ MER-Medical Eligibility Review- (3871,3871b)
  - ❖ NF- Nursing Facility
  - ❖ CSR- Continued Stay Review
- **Is this a Surgical admission?:** (Mandatory) Select "No" from the drop-down list
- **Admission Date:** (Mandatory) This is the date the patient was admitted into the hospital
- **Is this an Emergency?** (Mandatory) Select "Yes" or "No" from the drop-down list

- **Primary and Secondary diagnosis:** (Mandatory)
  - **To enter a diagnosis code:** If you know the ICD-9 code, enter it (including the decimal point) in this field. iEXCHANGE® Web does not automatically add the corresponding diagnosis description to the Select a diagnosis field when you enter the code.
- **Requested Length of Stay:** (Mandatory) Enter **30** for the number of days requested;
- **Attending physician:** (Mandatory) Enter the Attending physician's Medicaid ID number if you know it; otherwise, enter 999999999 (nine 9's) and note the attending physician's name in the iEXCHANGE® Notes field at the bottom of the page. *Note: If you enter a valid Medicaid number and the Preview Page reports an invalid attending physician entry, use 999999999 and note the attending physician's name in iEXCHANGE® Notes;*
- **DRG Number: (Optional Field)** Enter the DRG number only for **Hospital 3808 Processing.**
- **Review Type:** (Mandatory) Select **Elective** from the drop-down list:

## Section 2 of the Screen Certification Services Requested

- **Procedure (Optional Field)** Enter the ICD-9 procedure code, up to three procedures.
- **Scheduled Date: (Optional Field)** This is the date the patient will be scheduled for the procedure;
- **Additional Comments Text Boxes: (Optional Field) Only to be used when submitting additional information**
  - **Clinical Information**
  - **Abnormal Findings**
  - **iEXCHANGE Notes**

You can enter additional comments, in free text, for this request in the text box provided. iEXCHANGE® Notes field will only accept standard text. Do not enter special characters such as: | ^ ~ { } [ ] | @ ` \_ \$ . . Use of these characters will generate an error message. Additionally, please do not use non-English language characters in iEXCHANGE® Notes or any other iEXCHANGE® entry field. Use of characters such as ñ or Ñ will result in delayed processing of your request as these characters will cause problems for KePRO while reviewing your submission.

- Choose the **Next step** button to continue or the **Cancel** button if you need to start over or do not want to post this certification. If you click Next step, the Inpatient Request preview page appears (see screenshot below):

- At this point you will see an informational message in red text that appears at the top of the screen, and you have the option to select the **3871b Questionnaire** located on the right side of the screen;

The screenshot shows the iEXCHANGE | MEDdecision interface. At the top right, there is a logo and the text "iEXCHANGE | MEDdecision". Below this, there is a navigation bar with "Trainer One log out". The main content area is divided into several sections:

- Starting point:** A dropdown menu showing "Inpatient" selected, with options for "New Inpatient Request" and "Extend Inpatient".
- Payer selected:** "State of Maryland Medicaid".
- Informational message:** A red text box stating: "Informational The status of the LOS will be pended. Please complete the attached questionnaire. Based on the score the status may change to Approve." This message is circled in red.
- Inpatient request preview:** A green box containing instructions: "Review your inpatient request information here. If everything is correct, click the Submit button to save your request and open the Inpatient request confirmation page. If you need to make any changes, scroll down to the correct section or click Edit to make the necessary modifications." Below this, it states: "The status of this inpatient request was current when you clicked Next step. However, the status may change when you click Submit if eligibility or other data changed in the interim. The case and inpatient request reference numbers will be assigned when you click Submit."
- Case status:** "SIMMONS, GENE Case status will be -- Pended".
- Additional Authorization Questions!:** A section with a green background containing instructions: "Complete the following Questionnaire forms to add additional data to your inpatient request. Please note that (!) indicates questionnaires that can affect the request status -- if you complete the questionnaire you may receive an approval." Below this, there is a table with the following data:
 

Description	
3871b Medical Eligibility Review Form	Accessed Affects status

 The "3871b Medical Eligibility Review Form" entry is circled in red.
- Inpatient request information:** A section with a green background containing a table of general information:
 

General information	
Member name	SIMMONS, GENE
Submitting provider	JOHNS HOPKINS HOSPITAL
Address 1	600 N WOLFE STREET
Address 2	
City	BALTIMORE
State	MD
Zip code	21205
Specialty	None Specified
Type	Hospital, Acute
Facility	JOHNS HOPKINS HOSPITAL
ID	000065500
Address 1	600 N WOLFE STREET
Address 2	
City	BALTIMORE
State	MD
Zip code	21205
Specialty	None Specified
Type	Hospital, Acute

- Click on the hyperlink "3871b Medical Eligibility Review Form." This will open up the Form Tool. **Enter the requested information in the Questionnaire.**
- The 3871b MER Questionnaire is displayed on the next few pages. The screenshots shows the overview of questions to be answered before submission to KePRO. Questions 1, 6, and 52-62 are optional. If any of questions 52-62 are answered, please explain in the iEXCHANGE Notes.

## Inpatient request questionnaire

This page contains questions that may affect your request status. Scroll through the page and answer all questions. You can either select from a list or type a response. Please note that (!) indicates questions that can affect your request status. If you complete the questionnaire you may receive an approval.

### 3871BM: 3871b Medical Eligibility Review Form

Member information	
Member ID	
Member name	
Gender	M
Date of birth	06/06/1938

<b>1. Requested Eligibility Date</b>	<input type="text"/>
<b>2. Admission Date</b>	<input type="text"/>
<b>3. Service Type Requested</b>	<input type="checkbox"/> Nursing Facility <input type="checkbox"/> Medical Adult Day Care <input type="checkbox"/> Older Adult Waiver <input type="checkbox"/> Living at Home Waiver <input type="checkbox"/> PACE
<b>4. Is there a diagnosis or presenting evidence of mental retardation/related condition, or has the client received MR services within the past two years?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Is there any presenting evidence of mental illness? Please note: Dementia/Alzheimer's is not considered a mental illness.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Mental Illness</b>	<input type="checkbox"/> Schizophrenia <input type="checkbox"/> Personality disorder <input type="checkbox"/> Somatoform disorder <input type="checkbox"/> Panic or severe anxiety disorder <input type="checkbox"/> Mood disorder <input type="checkbox"/> Paranoia <input type="checkbox"/> Other psychotic or mental disorder leadg

7. Has the client received inpatient services for mental illness within the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the client on any medication for the treatment of a major mental illness or psychiatric diagnosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If yes, is the mental illness or psychiatric diagnosis controlled with medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Is the client a danger to self or others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Tracheotomy Care: All or part of the day	<input type="text"/>
12. Suctioning: Not including routine oral-pharyngeal suctioning, at least once a day.	<input type="text"/>
13. IV Therapy: Peripheral or central (not including self-administration)	<input type="text"/>
14. IM/SC Injections: At least once a day (not including self administration)	<input type="text"/>
15. Pressure Ulcer Care: Stage 3 or 4 and one or more skin treatments (including pressure relieving bed, nutrition or hydration intervention, application of dressing and/or medications)	<input type="text"/>
16. Wound Care: Surgical wounds or open lesions with one or more skin treatments per day (e.g., application of a dressing and/or medications daily)	<input type="text"/>
17. Tube Feedings: 51% or more of total calories or 500cc or more per day fluid intake via tube	<input type="text"/>
18. Ventilator Care: Individual would be on a ventilator all or part of the day	<input type="text"/>
19. Complex Respiratory Services: Excluding aerosol therapy, spirometry, postural drainage or routine continuous O2 usage	<input type="text"/>
20. Parenteral Feeding or TPN: Necessary for providing main source of nutrition	<input type="text"/>
21. Catheter Care: Not routine foley	<input type="text"/>
22. Ostomy Care: New	<input type="text"/>
23. Monitor Machine: For example, apnea or bradycardia	<input type="text"/>
24. Formal Teaching/Training Program: Teach client or caregiver how to manage the treatment regime or perform self care or treatment skills for recently diagnosed conditions (MUST BE ORDERED BY A PHYSICIAN)	<input type="text"/>
25. Extensive Training for ADL's: (restoration, not maintenance), including walking, transferring, swallowing, eating, dressing and grooming	<input type="text"/>
26. Amputation/Prosthesis Care Training: For new amputation	<input type="text"/>
27. Communication Training: For new diagnosis affecting ability to communicate	<input type="text"/>

28. Bowel and/or Bladder Retraining Program: Not including routine toileting schedule	<input type="text"/>
29. Orientation to Person: Client is able to state his/her name.	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Medication Management: Able to administer the correct medication in the correct dosage, at the correct frequency without the assistance or supervision of another person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Telephone Utilization: Able to acquire telephone numbers, place calls, and receive calls without the assistance or supervision of another person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Money Management: Can manage banking activity, bill paying, writing checks, handling cash transactions, and making change without the assistance or supervision of another person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Housekeeping: Can perform minimum of washing dishes, making bed, dusting, laundry, and straightening up without the assistance or supervision of another person.	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Mini-Mental Results: Was the entire Folstein Mini- Mental test completed? If all questions are not answered, answer NO.	<input type="checkbox"/> No <input type="checkbox"/> Yes
35. Select the score from the Folstein Mini-Mental test.	<input type="checkbox"/> Score 0 - 9 <input type="checkbox"/> Score 10 - 19 <input type="checkbox"/> Score 20 - 24 <input type="checkbox"/> Score 25 - 30
36. Moves with no rational purpose or orientation, seemingly oblivious to needs or safety.	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Seeing or hearing nonexistent objects or people, or a persistent false psychotic belief regarding the self, people, or objects outside of self.	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Physical and verbal attacks on others including but not limited to threatening others, hitting, shoving, scratching, punching, pushing, biting, pulling, hair or destroying property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Interferes with activities of others or own activities through behaviors including but not limited to making disruptive sounds, self-abusing acts, inappropriate sexual behavior, disrobing in public, smearing/throwing food/feces, hoarding,m	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Repeated behaviors that cause injury to self, biting, scratching, picking behaviors, putting inappropriate object into any body cavity, (including ear, mouth, or nose), head slapping or banging.	<input type="checkbox"/> Yes <input type="checkbox"/> No

41. <b>Hearing Impaired even with the use of a hearing aid: Difficulty hearing when not in quiet setting, understands conversations only when face to face(lip-reading), can hear only very loud voice or totally deaf</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. <b>Vision Impaired even with correction: Difficulty with focus at close range, field of vision is severely limited (tunnel vision or central vision loss), only sees light, motion, colors or shapes, or is totally blind</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. <b>Self Expression: Unable to express information and make self understood using any means (with the exception of language barrier)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. <b>Mobility: Purposeful mobility with or without assistive devices</b>	<input type="checkbox"/> Independant <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Care
45. <b>Transferring: The act of getting in and out of bed, chair, or wheelchair. Also, transferring to and from toileting, tub and/or shower</b>	<input type="checkbox"/> Independant <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Care
46. <b>Bathing (or showering): Running the water, washing and drying all parts of the body, including hair and face.</b>	<input type="checkbox"/> Independant <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Care
47. <b>Dressing: The act laying out clothes, putting on and removing clothing, fastening of clothing and footwear, includes prostheses, orthotics, belts, pullovers</b>	<input type="checkbox"/> Independant <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Care
48. <b>Eating: The process of putting foods and fluids into the digestive system (including tube feedings)</b>	<input type="checkbox"/> Independant <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Care
49. <b>Toileting: Ability to care for bodily functions involving bowel and bladder activity, adjusting clothes, wiping, flushing of waste, use of bedpan or urinal, and management of any special devices(ostomy or catheter). Does not include transfer.</b>	<input type="checkbox"/> Independant <input type="checkbox"/> Supervision <input type="checkbox"/> Limited Assistance <input type="checkbox"/> Extensive Assistance <input type="checkbox"/> Total Care

<b>50. Bladder Continence: Ability to voluntarily control the release of urine from the bladder</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Dependent
<b>51. Bowel Incontinence: Ability to control the discharge of stool from the bowel</b>	<input type="checkbox"/> Independent <input type="checkbox"/> Dependent
<b>52. Are there any Secondary/Surgical Dx requiring MD and/or Nursing Intervention which relate to the need for a Level of Care? If Yes, Explain in iEXCHANGE Notes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>53. Are there other pertinent findings (ex. signs/symptoms, complications, lab results, etc.) If yes, explain in iEXCHANGE Notes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>54. Have there been any recent hospitalizations within the last 3 months? If Yes, please explain in iEXCHANGE Notes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>55. Are there any dietary (including supplements) issues to be considered? If yes, explain in iEXCHANGE Notes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>56. Height</b>	<input type="text"/>
<b>57. Weight</b>	<input type="text"/>
<b>58. Blood Pressure</b>	<input type="text"/>
<b>59. Have Ht, Wt, or BP changed recently? If yes, explain in iEXCHANGE Notes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>60. List the medications, dosage, frequency, route, and reasons for giving in iEXCHANGE Notes</b>	<input type="checkbox"/> OK
<b>61. Are any of the medications new, being frequently adjusted, or are there other problems associated with them? If yes, explain in iEXCHANGE Notes.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>62. Is there any other medical information pertinent to the need for a level of care? If yes, please explain in iEXCHANGE Notes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Then click on “Submit Questionnaire” this returns you to the Preview Page. Now is an opportunity to check the information you have entered for accuracy;
- If there are any errors on the case when completing the Questionnaire, the error message will appear in RED at the top of the screen describing the type of error that occurred. An example is shown on the next page.

**Warnings**

**Questionnaire: Danger (3871BQ8) failed validation. All mandatory questions have not been completed. The Question Response cannot be completed until all mandatory questions are answered.;**

**Informational**

**The status of the LOS will be pending. Please complete the attached questionnaire. Based on the score the status may change to Approve.**

### Inpatient request preview

Review your inpatient request information here. If everything is correct, click the **Submit** button to save your request and open the Inpatient request confirmation page. If you need to make any changes, scroll down to the correct section or click **Edit** to make the necessary modifications.

The status of this inpatient request was current when you clicked Next step. However, the status may change when you click **Submit** if eligibility or other data changed in the interim. The case and inpatient request reference numbers will be assigned when you click **Submit**.

Case status will be – **Pended**

**Additional Authorization Questions!**

- If the 3871b Medical Eligibility Review Questionnaire has met the required score on the mandatory fields, the case will be **Authorized**.

The screenshot shows the 'Inpatient request preview' page. At the top, it indicates 'Payer selected: State of Maryland Medicaid' and 'New Inpatient Request'. Below this is a 'Print friendly version' link. The main heading is 'Inpatient request preview' with a green background. The text below explains that the status may change upon clicking 'Submit'. Below the heading, the case status is shown as 'RIPKEN, CAL' with 'Case status will be – **Authorized**' circled in red. To the right, there is a section titled 'Additional Authorization Questions!' with a green background. It contains a table with the following data:

Description
<input checked="" type="checkbox"/> <input type="checkbox"/> 3871b Medical Eligibility Review Form
<input checked="" type="checkbox"/> Accessed <input type="checkbox"/> Affects status

- Click on **“Submit”** to send the case to KePRO. The Inpatient Request Confirmation will appear with the Case ID number. This number is a 9 digit number. A screenshot is provided on the next page. The Case ID number will allow for the provider to pull up the case in iEXCHANGE under Treatment Search. If you do not hit “Submit” and receive a Case ID number, your case was not submitted to KePRO.

## Inpatient request confirmation

This page contains inpatient request information including the case ID and status (authorized or pend), the member's name and ID, as well as service information. Additional provider information also appears. When you clicked the Submit button, iEXCHANGE re-evaluated the data that appeared in the Preview. The inpatient request status may have changed if eligibility or other data changed in the interim.

Patient's Name Case ID — 07011-0001 Status — **Authorized**  
**Authorize**  
iEXCHANGE Service ID — 070110001L001001

- The case will then be routed to a Nurse Reviewer who will assess the case for Level of Care Reimbursement (light, moderate, heavy, or heavy special.) The LOC Reimbursement will be returned via iEXCHANGE notes and/or fax.
- If the case is not authorized, it will be pended for Nurse Reviewer assessment.
- A provider signature is required on a 3781b. Please print the 3781b signature page and fax to KePRO at 866-581-6769. This must be done prior to 257 processing.