CareAffiliate — Accessing Letters: Instructions for Intermountain Caregivers

Users within the Intermountain network can save time by accessing preauthorization letters as soon as they are created. This allows the provider to quickly submit additional information (if requested) or appeal the denied request.

Follow the steps below to quickly access preauthorization letters:

1. Click on the Authorizations tab.

2. Enter desired information to locate the authorization. The simplest search option is by "Reference #" (if available), which is the same as the "Authorization #."	Authorizations Search Criter					Procedure Q Records to generate a service V					3. Click on Search Existing Records to generate a result
	Reference # ▶ 123456789	Name Member ID	Policy ID 00000000-00	Member Name	Submissio Member DOB	In Dates From Status (Any) Requesting Provider JONES, HENRY C		Diagnosis tal Z01.89 : Enchtr prep ExlService Technology S	ocedural examinations	erved <u>About</u>	-

4. Locate the search result in the lower section of the screen. Click on the **Reference #** (in blue), which takes you to the summary screen.



CareAffiliate — Accessing Letters, Continued

5. In the summary screen, click on Attachments .	Select CareAffiliate®	UAT02-4.5.1.0_01	Home Authorizations				
			<u>Log Out</u>				
	XZTEST, POWERTRAILONE D • FEMALE • 31 years • Reference # 240125893 • (Certified in Total)						
	Return To Search Authorization Request Service 1 - ((h) Approved (Complete) - With Letter) Office/ Surgical Notes (0) Survey (1) Attachments (1)	General Information Member ID 0123456789 Name XZTEST, POWERTRAILONE D Request Type Eye Procedures - Office Requester Contact Name Jones, Jim Contact Phone 801 Requesting Provider/Facility 987654321 - Jones, Henry Diagnoses Diagnosis					
	Select CareAffiliate®	UAT02-4.5.1.0_01	Home Authorizations				
			l <u>Log Out</u>				
6. Locate the letter (the blue link under	XZTEST, POWERTRAILONE	0 • FEMALE • 31 years • Reference # 240125893 • (Certified in Total)	Print 🕾				
"File Name"), and click on this link to view the letter.	Return To Search						
view the letter.	Authorization Request	Eile Name CDA Title Date/Time Attached File Size Statu					
	Service 1 - ((h) Approved (Complete) - With Letter) Office/ Surgical	UMAPRIPOPMB 04/01/2024 15:06 N/A Attac Description:	hed				
	Notes (0)						
	Survey (1)						
	Attachments (1)						

Questions? Please contact CareAffiliate Information Services at 801-442-4566.

