

USING AVAILITY

How to Submit Prior Authorizations and Referrals

Questions?

Call us at 1-877-762-3515.

In this guide, we'll cover:

Logging in	3
Submitting a referral	10
Searching an out-of-network provider	19
Submitting a prior authorization	23
Submitting an inpatient notification	35
Checking the status of a request	44

Questions?

Call us at 1-877-762-3515.

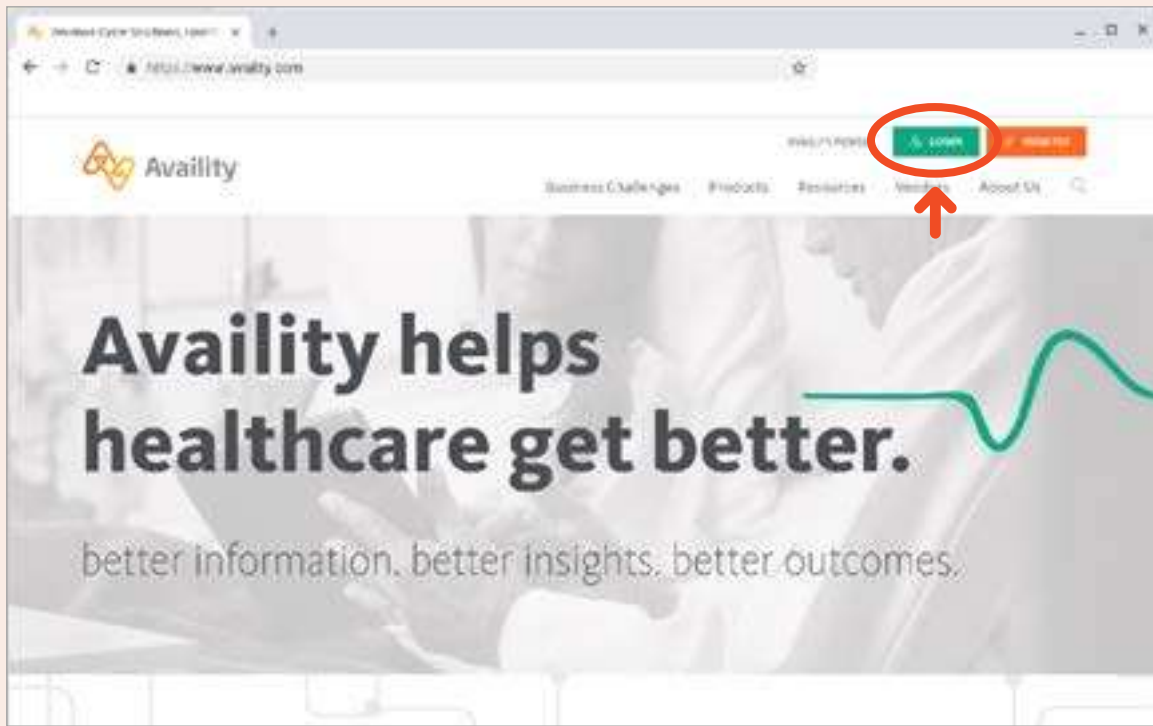
SECTION 1

Logging in

Questions?

Call us at 1-877-762-3515.

Section 1: Logging in

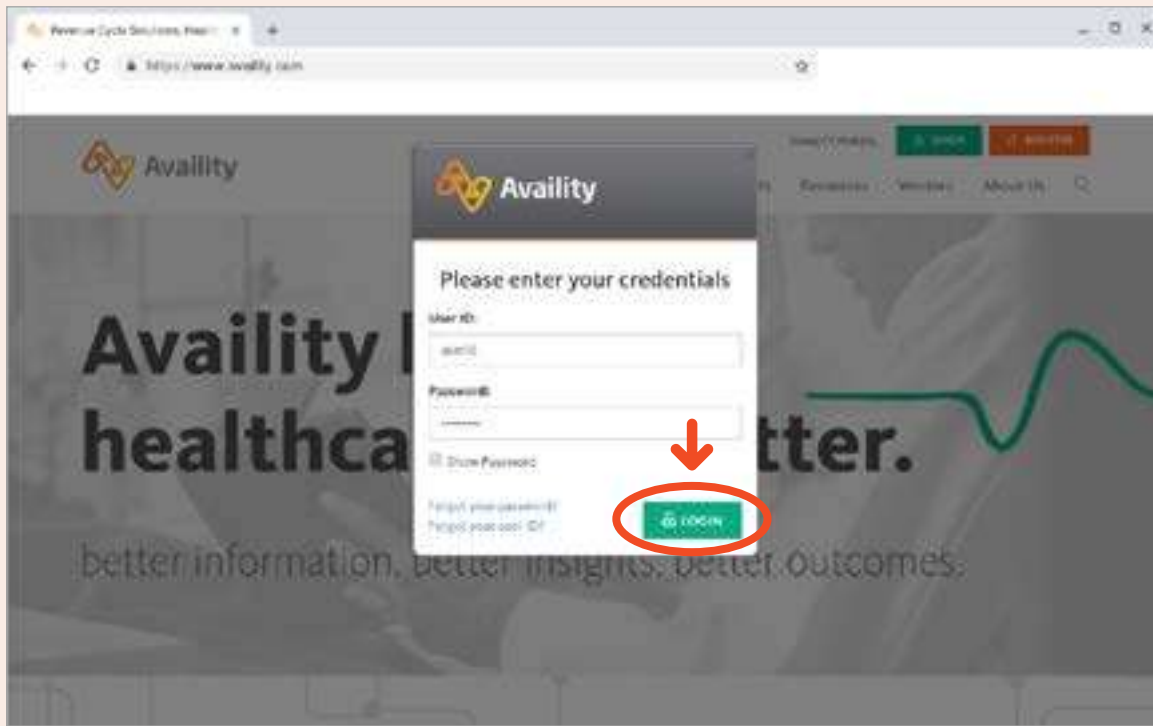


1

Go to Availity at [availity.com](https://www.availity.com).

Questions?

Call us at 1-877-762-3515.



2

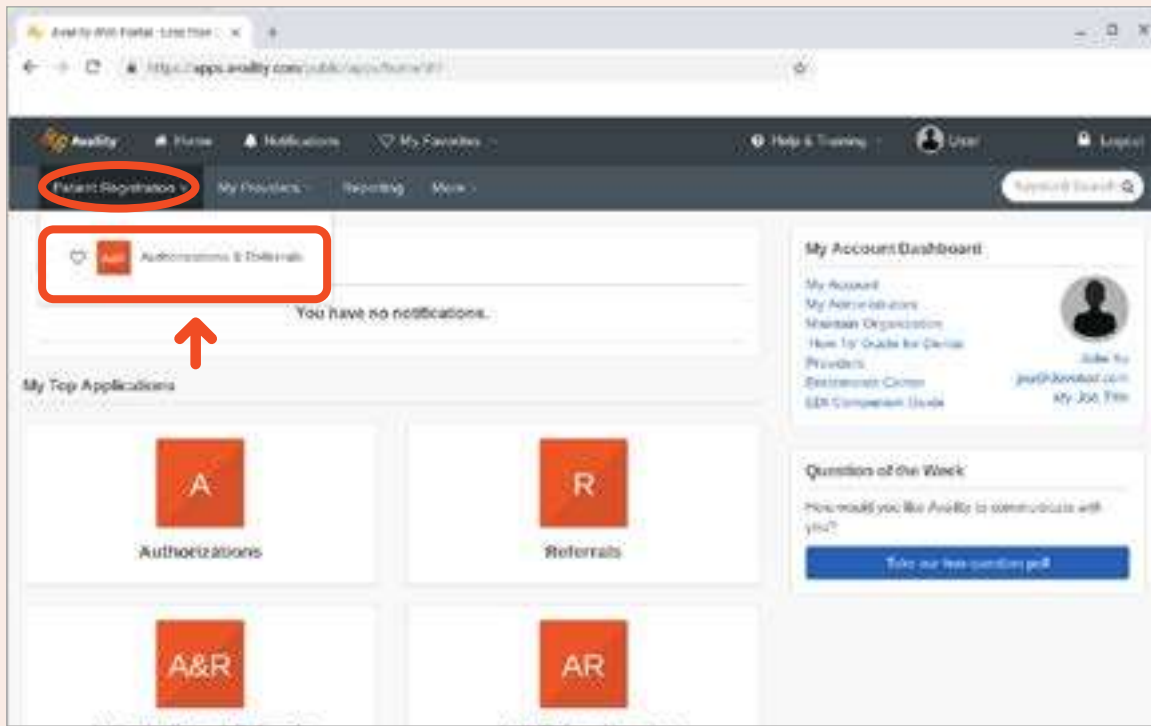
Click the “Login” button on the top right to log in to Availity with your User ID and Password.

If you don't have an Availity account, click “Register Now” or reach out to your internal team to set up your account.

Questions?

Call us at 1-877-762-3515.

Section 1: Logging in

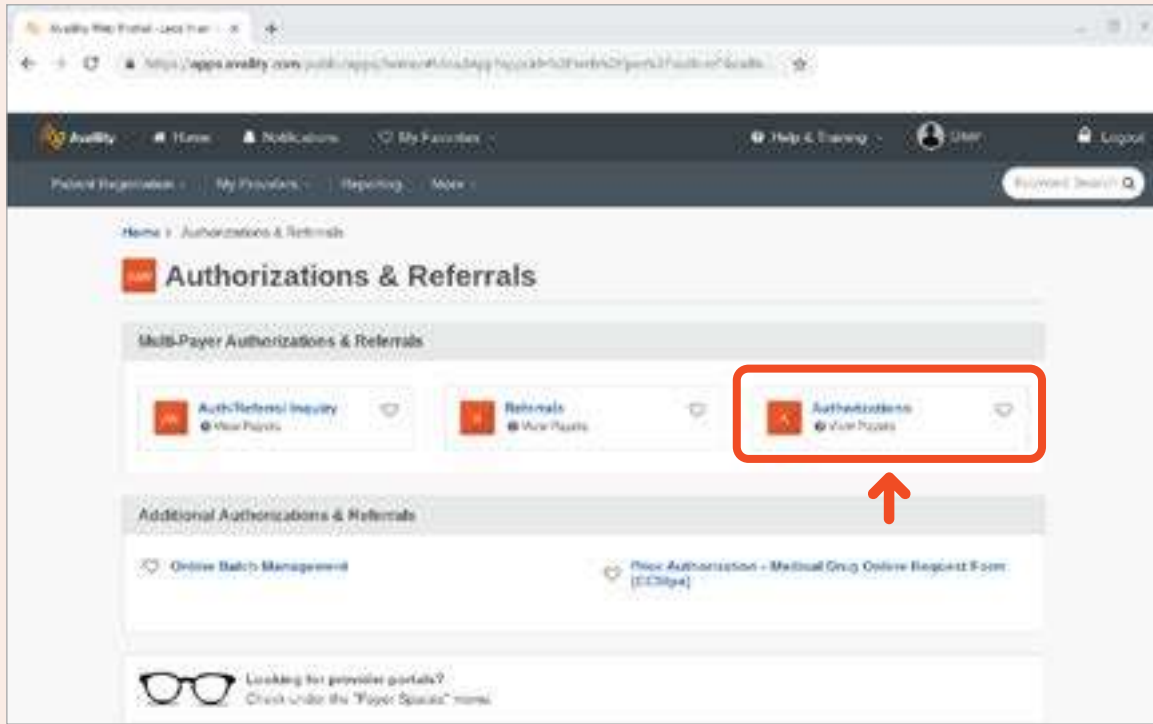


3

On the top bar, under “Patient Registration”, select “Authorizations & Referrals”.

Questions?

Call us at 1-877-762-3515.



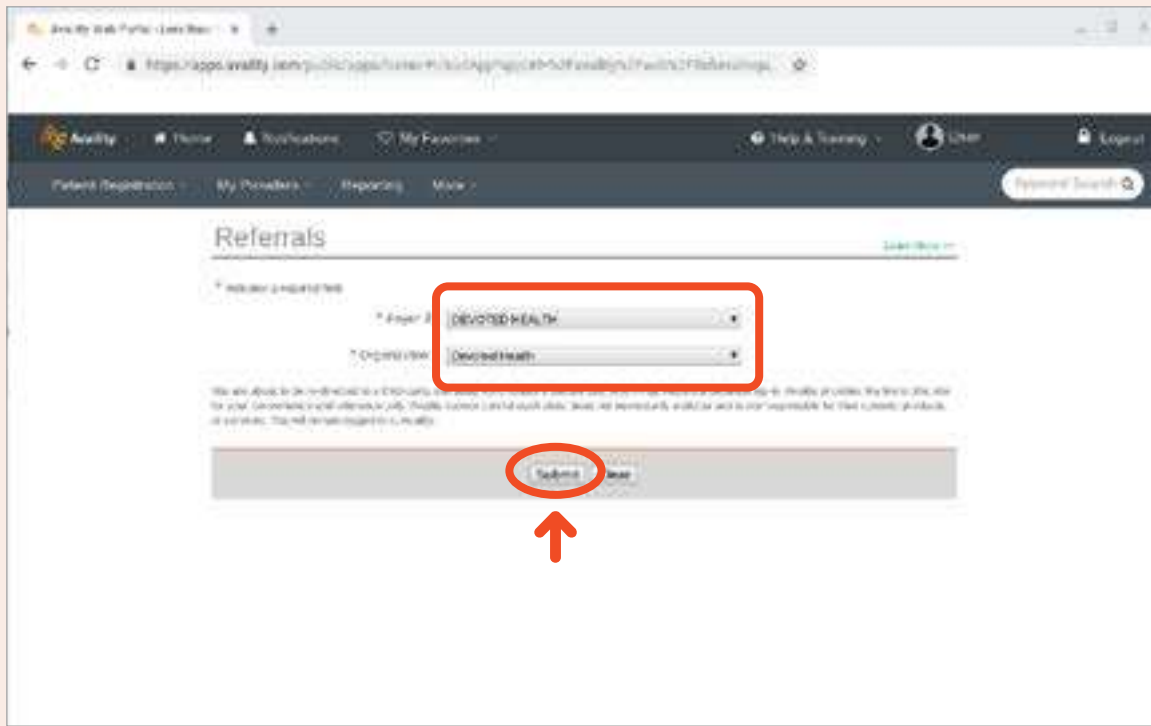
4

On the “Authorizations & Referrals” page, select “Authorizations”.

Questions?

Call us at 1-877-762-3515.

Section 1: Logging in



The screenshot shows a web browser window displaying the 'Referrals' page. The page has a dark navigation bar at the top with links for 'Home', 'Notifications', 'My Favorites', 'Help & Training', and 'Logout'. Below the navigation bar, there are links for 'Patient Registration', 'My Providers', 'Reporting', and 'More'. A search bar is located on the right side of the navigation bar. The main content area is titled 'Referrals' and contains a form. The form has two dropdown menus: 'Payer' and 'Organization'. Both dropdown menus are highlighted with a red box. The 'Payer' dropdown menu shows 'DEVOTED HEALTH' and the 'Organization' dropdown menu shows 'Devoted Health'. Below the dropdown menus, there is a 'Submit' button, which is circled in red. A red arrow points to the 'Submit' button from below.

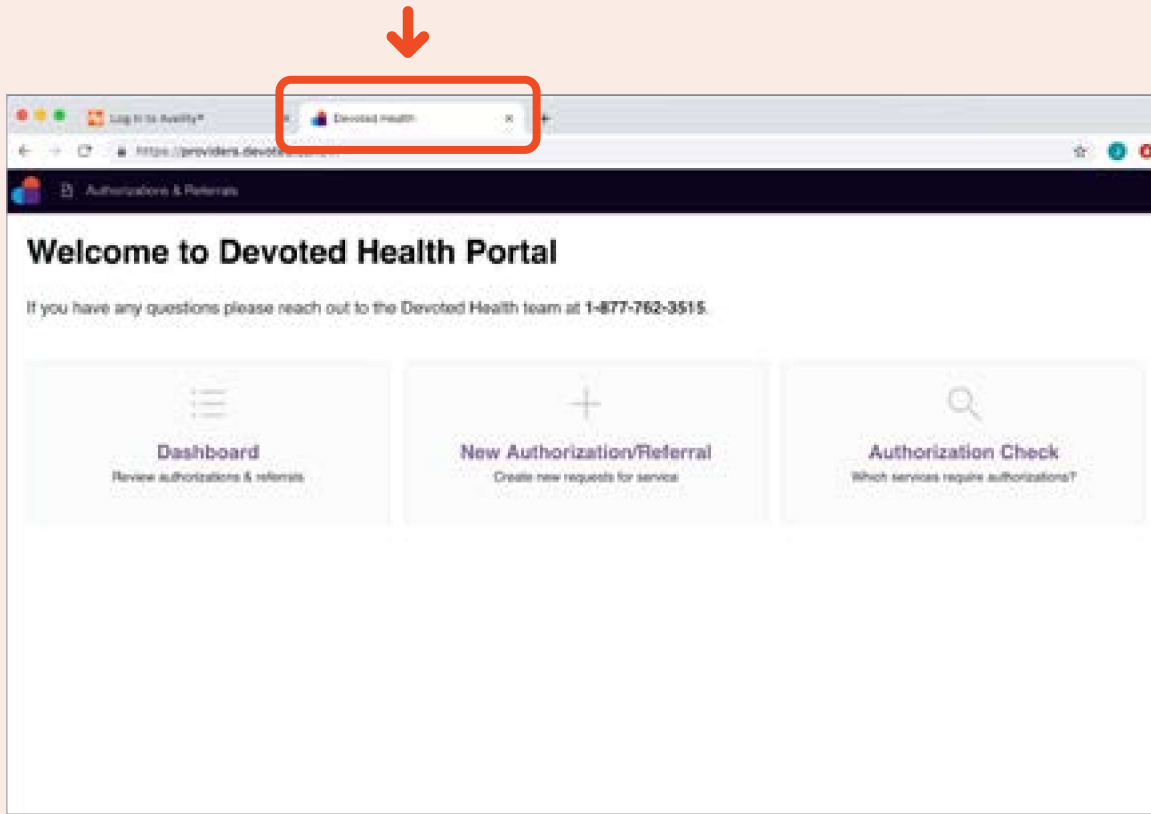
5

For “Payer”, select “DEVOTED HEALTH”. The organization name will automatically populate. Then click “Submit”.

Questions?

Call us at 1-877-762-3515.

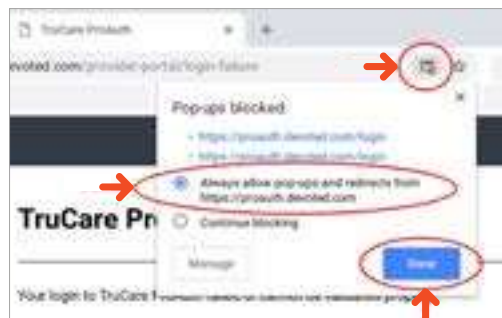
Section 1: Logging in



6

The Devoted Health provider portal will open in another tab in your browser.

Please make sure you have enabled pop-ups.



Shown for Chrome browsers.
Other browsers could vary.

Questions?

Call us at 1-877-762-3515.

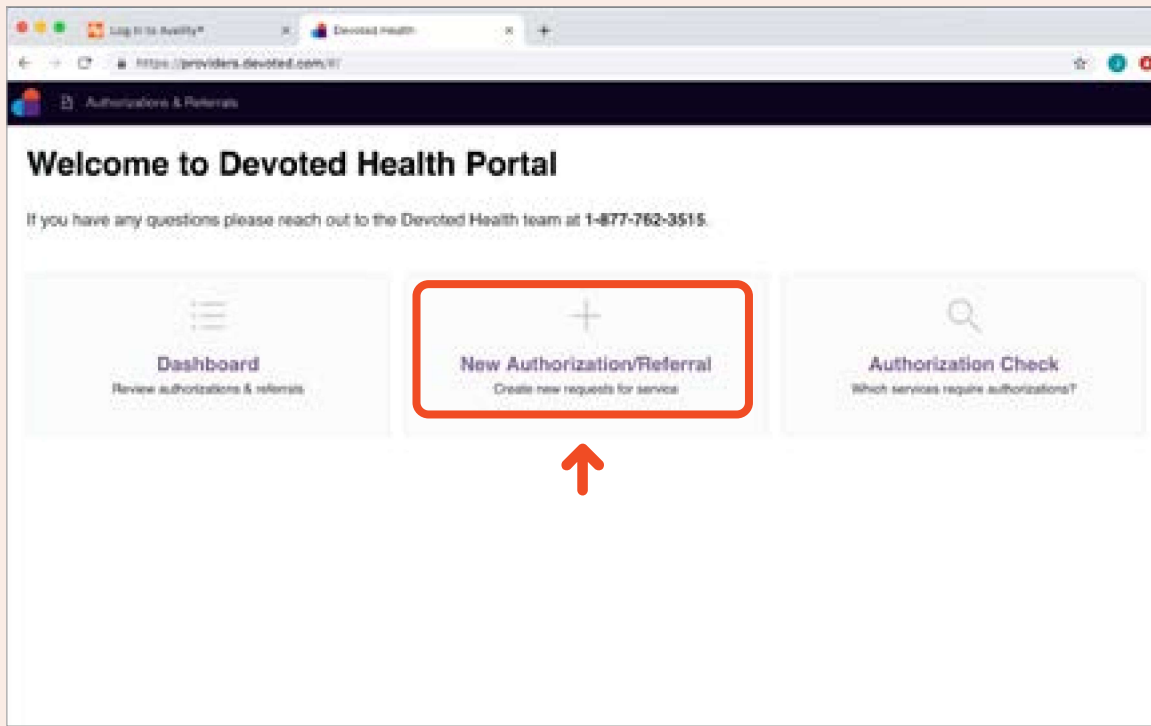
SECTION 2

Submitting a referral

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral



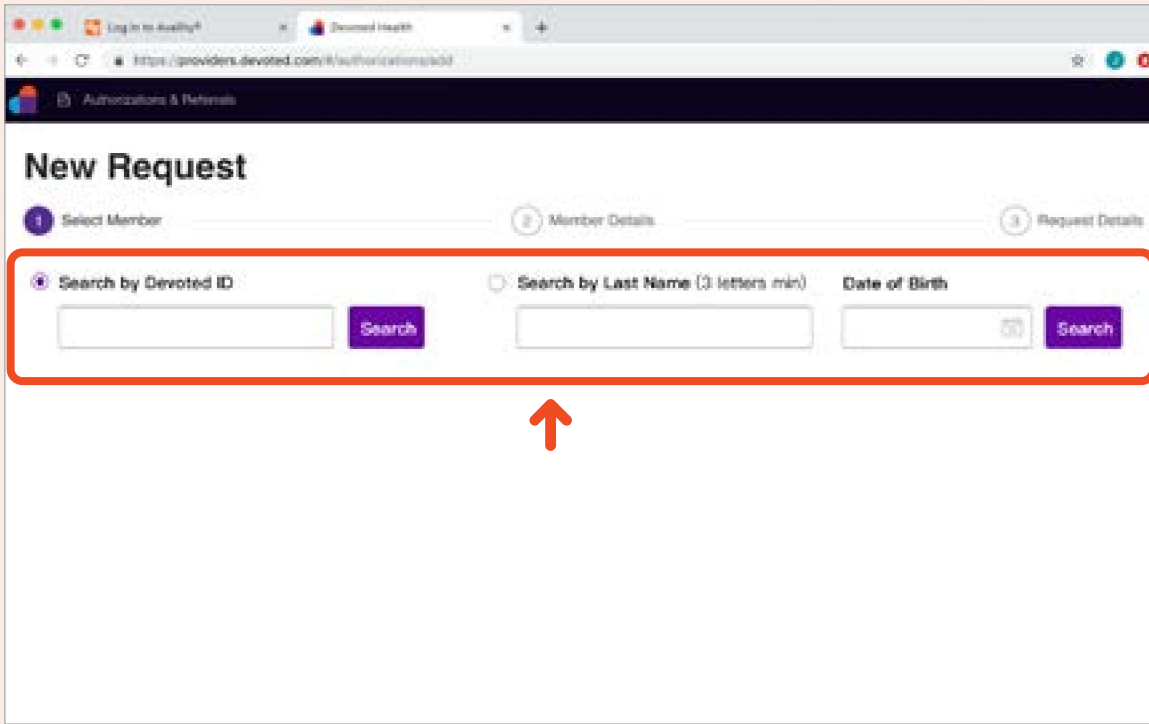
1

Click “New Authorization/Referral” in the center of the screen.

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral



New Request

1 Select Member 2 Member Details 3 Request Details

Search by Devoted ID Search by Last Name (3 letters min) Date of Birth

Search Search

2

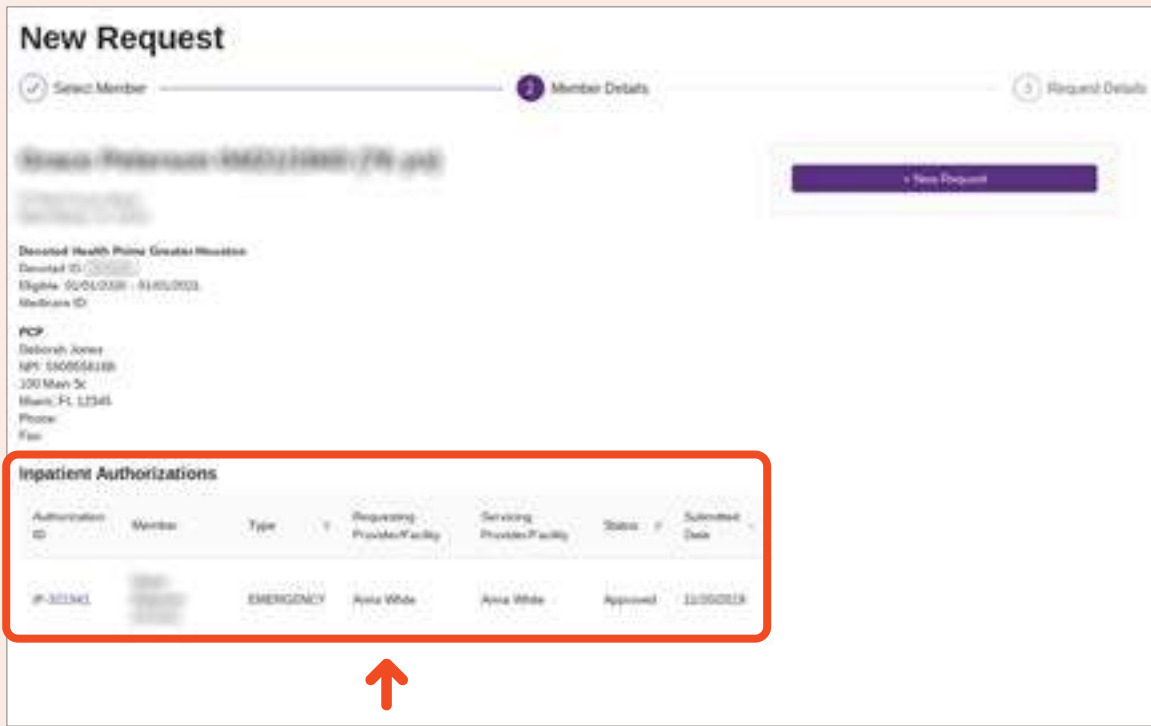
Search members by Devoted ID or last name and date of birth, then select the member.

Our member ID numbers are 6 digits, beginning with the letter “D”.

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral



New Request

1 Select Member | 2 Member Details | 3 Request Details

Member Information: [Redacted]

Devoted Health Plans Greater Houston
Devoted ID: 000000
Eligible: 00/01/2018 - 01/01/2023
Member ID
PCP:
Deborah Jones
NPI: 1409561188
300 Main St
Houston, TX 77002
Phone:
Fax:

Inpatient Authorizations

Authorization ID	Member	Type	Requesting Provider/Facility	Serving Provider/Facility	Status	Submitted Date
IP-321341	[Redacted]	EMERGENCY	Anna White	Anna White	Approved	11/06/2019

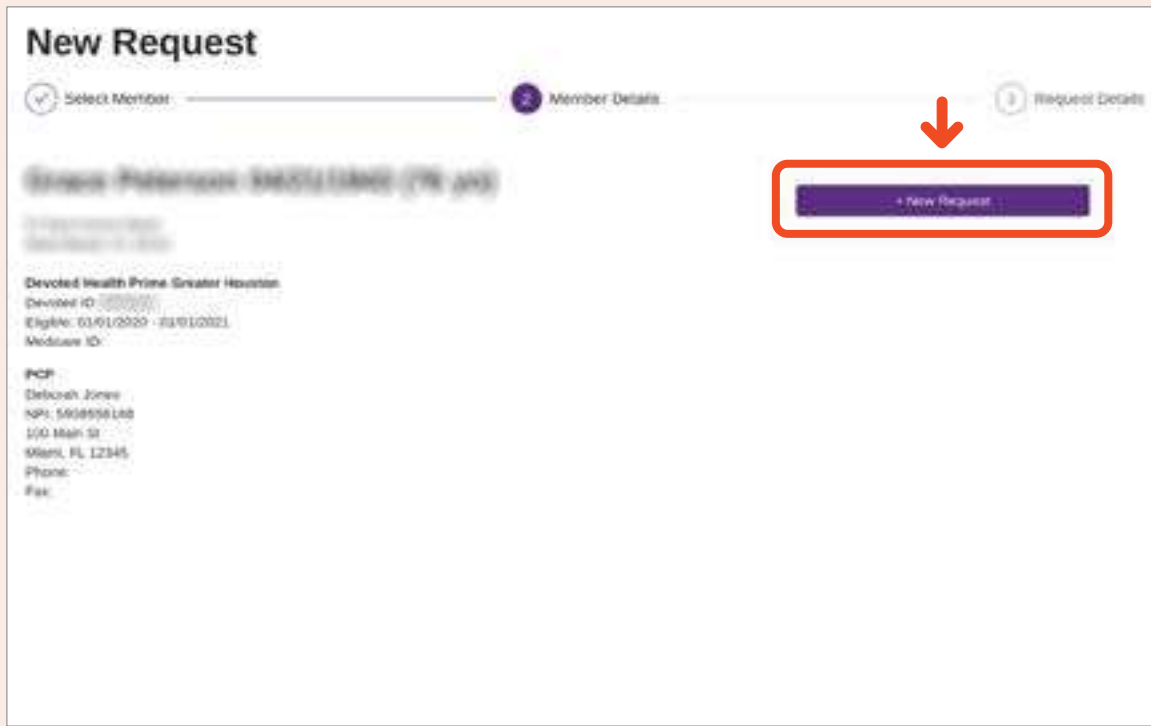
3

Avoid submitting duplicate requests by reviewing the members' authorizations and referrals first.

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral



New Request

1 Select Member | 2 Member Details | 3 Request Details

Group Information: 9800110000 (78 yrs)

Member Information

Devoted Health Prime Greater Houston
Device ID: [REDACTED]
Eligible: 01/01/2020 - 01/01/2021
Medicare ID:

PCP
Deborah Jones
NPI: 508898148
100 Main St
Miami, FL 33145
Phone:
Fax:

+ New Request

4

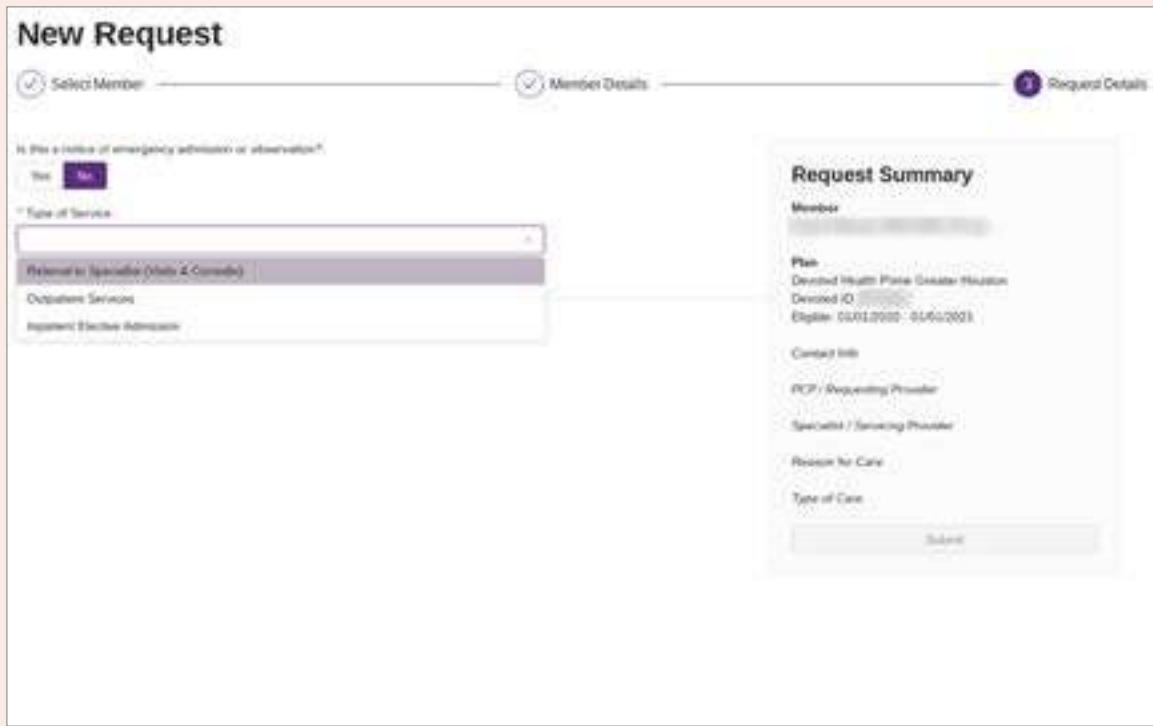
Click “+ New Request” to start.

Referrals should only be used when a member’s PCP is referring them to a specialist.

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral



New Request

✓ Select Member — Member Details — 3 Request Details

Is this a notice of emergency admission or observation?

Yes No

Type of Service

Referral to Specialist (Visits & Consults)

Outpatient Services

Inpatient Elective Admission

Request Summary

Member

Plan

Devoted Health Plans Greater Houston

Devoted ID

Eligible: 01/01/2020 - 01/31/2021

Contact Info

PCP / Requesting Provider

Specialist / Serving Provider

Reason for Care

Type of Care

Submit

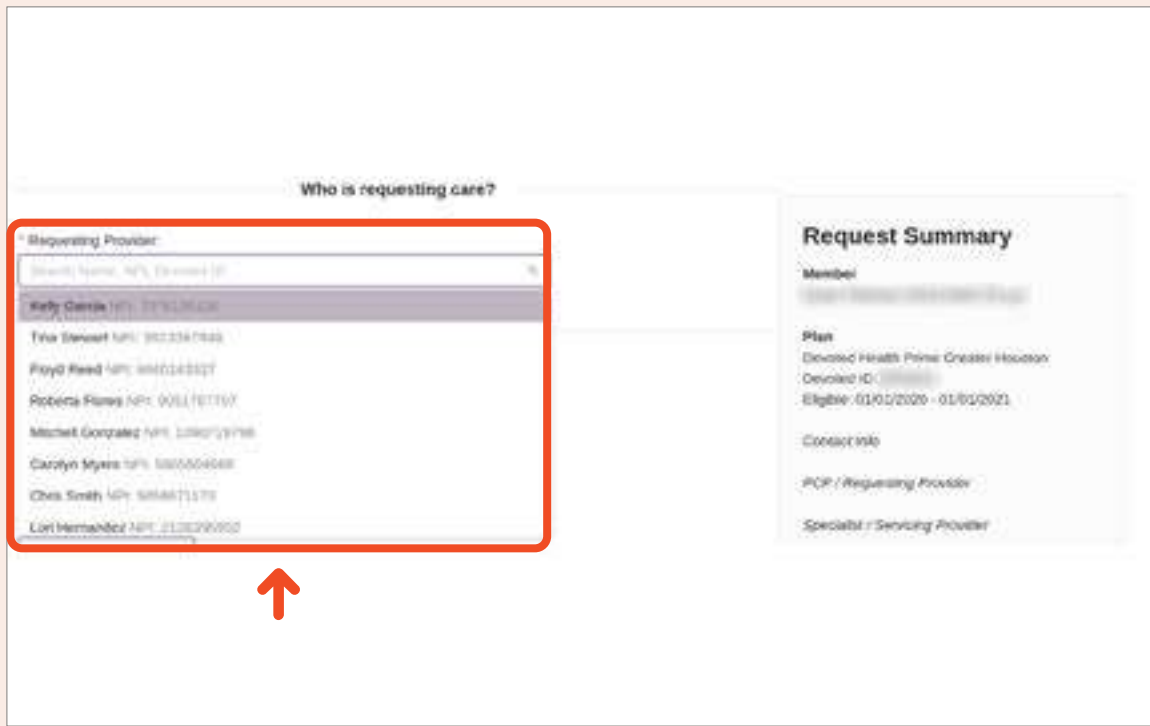
5

Select “No” for the question “Is this a notice of emergency admission or observation?”. In the “Type of Service” dropdown select “Referral to Specialist (Visits & Consults)”.

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral



The screenshot shows a web form titled "Who is requesting care?". On the left, there is a dropdown menu labeled "Requesting Provider" with a search icon. The dropdown is open, showing a list of providers with their names and NPI numbers. A red box highlights the dropdown menu, and a red arrow points upwards from below the box. On the right, there is a "Request Summary" panel with the following information:

- Member:** [Redacted]
- Plan:** Devoted Health Prime Greater Houston
Devoted ID: [Redacted]
Eligible: 01/01/2020 - 01/01/2021
- Contact Info:**
PCP / Requesting Provider
Specialist / Serving Provider

6

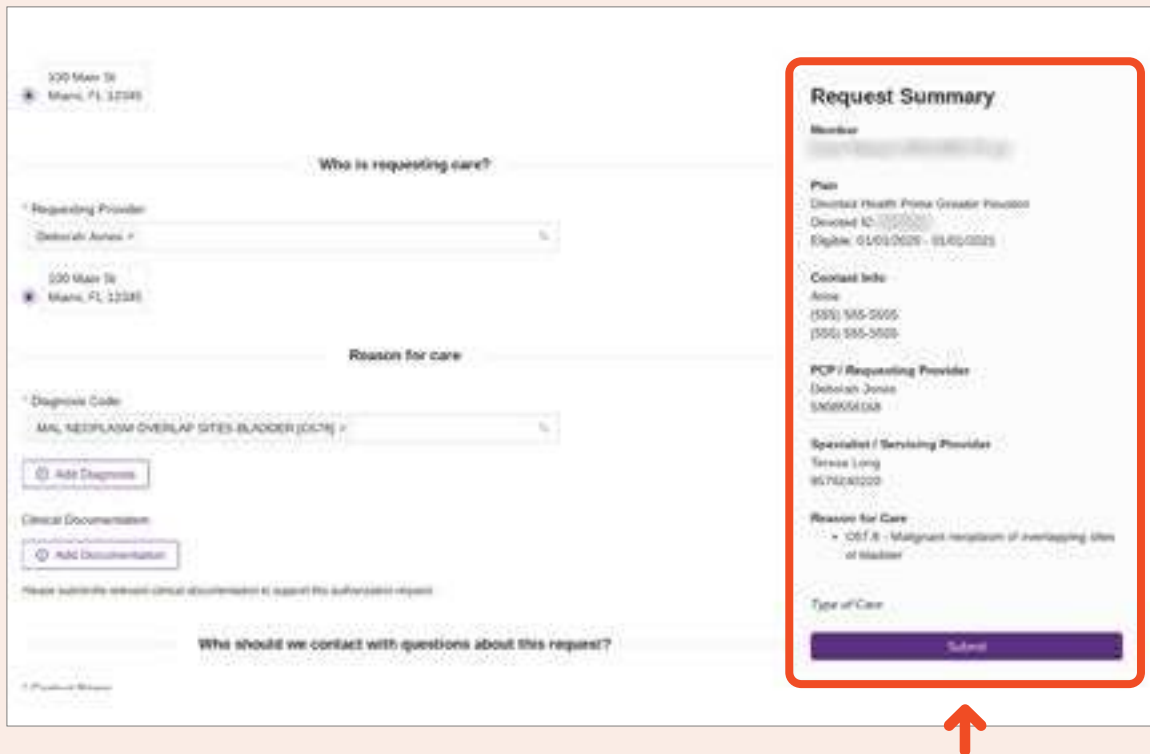
Complete the referral form.

If you don't find the provider in the provider search, that means they're not part of our network. See the following [**"Searching out-of-network providers"**](#) section for more information.

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral



The screenshot shows a web form for submitting a referral. The form is divided into several sections: "Who is requesting care?", "Reason for care", and "Who should we contact with questions about this request?". The "Request Summary" sidebar on the right is highlighted with a red border and contains the following information:

- Member:** [Redacted]
- Plan:** Devoted Health Plans Greater Houston
Devoted ID: [Redacted]
Enroll: 01/01/2020 - 01/01/2021
- Contact info:**
Anne
(555) 555-5555
(555) 555-5555
- PCP / Requesting Provider:**
Deborah Jones
123456789
- Specialist / Referring Provider:**
Steve Long
987654321
- Reason for Care:**
- C01.8 - Malignant neoplasm of overlapping sites of bladder
- Type of Care:**

A red arrow points to the "Submit" button at the bottom of the sidebar.

7

Review the summary of the request before submitting the request.

Click “Submit” once you’re done completing the form.

Questions?

Call us at 1-877-762-3515.

Section 2: Submitting a referral

Referral REF-0001000020

Pending review
Submitted on Thu 12/06/2018 02:23pm by Annie Czarnocki

[Print](#) [Add New Authorization/Referral](#)

MEMBER [REDACTED]	PLAN Devoted Health Prime Greater Houston Devoted ID: [REDACTED] Enrolled 01/01/2020 - 01/01/2021
REQUESTING PROVIDER / FACILITY Deborah Jones NPI: 5908581568 100 Main St Miami, FL 33145	REFERRED TO Teresa Long NPI: 8578345220 Unknown 100 Main St Miami, FL 33145
REASON FOR CARE C67.8 - Malignant neoplasm of overlapping sites of bladder	TYPE OF CARE S1810020 - S1030000 2 visit(s)
CONTACT Annie (561) 555-5565 Phone (561) 555-5565 Fax	

If you need to update this request, please call the Devoted Health team at 1-877-762-3515.

8

Your referral has been successfully submitted.

Referrals from the member's PCP will be automatically approved.

We'll reach out with a determination or to request additional information as applicable. **If you have any edits or changes to make, please contact us.**

Questions?

Call us at 1-877-762-3515.

SECTION 3

Searching out-of-network providers

Questions?

Call us at 1-877-762-3515.

Section 3: Searching out-of-network providers

Who will provide care?

* Service Location:

Servicing Provider:

Servicing Facility:

[Can't find the provider or facility you're looking for? Search out-of-network by NPI](#)

Fax:

Please provide the fax number for the servicing provider that will receive notification of this request.

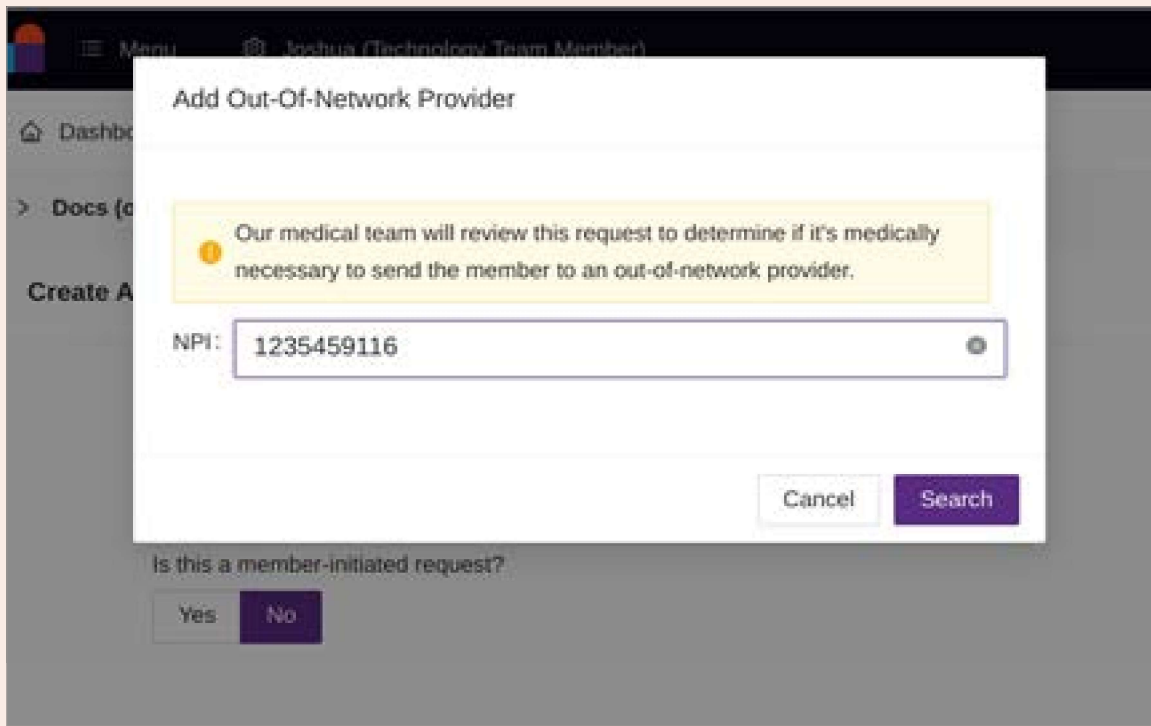
1

Use the “Search out-of-network by NPI” option to find an out-of-network provider.

Questions?

Call us at 1-877-762-3515.

Section 3: Searching out-of-network providers



Add Out-Of-Network Provider

Our medical team will review this request to determine if it's medically necessary to send the member to an out-of-network provider.

NPI:

Is this a member-initiated request?

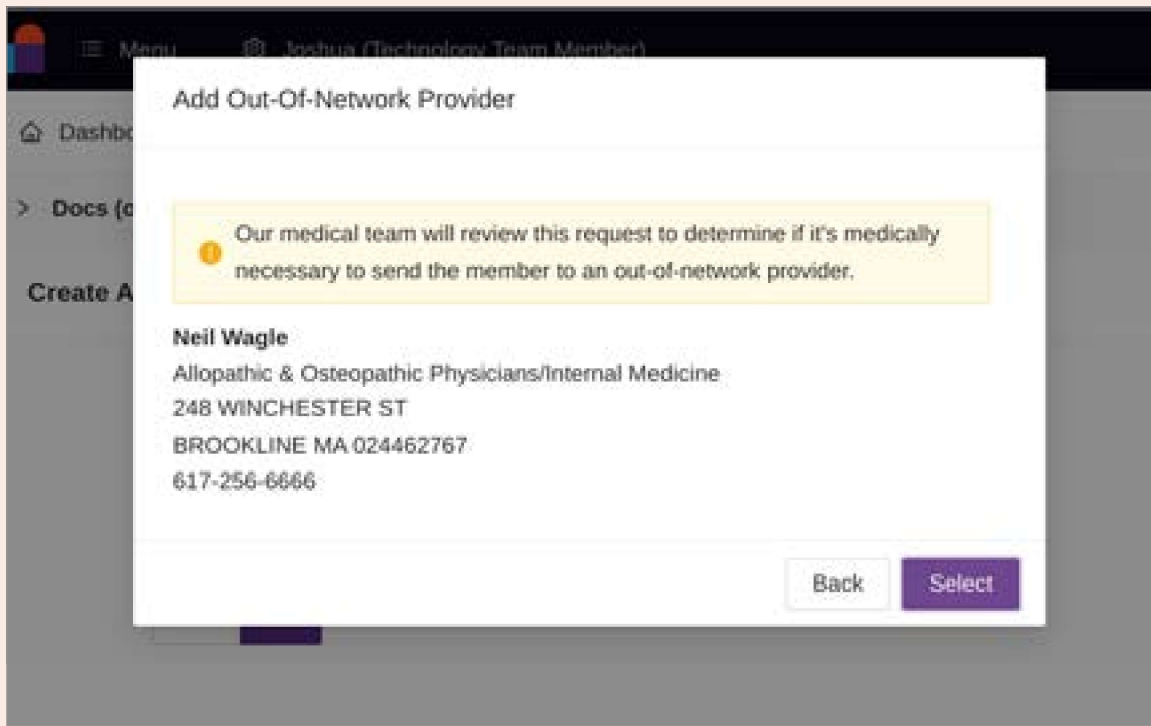
2

Enter the provider's NPI into the search bar and click "Search".

Questions?

Call us at 1-877-762-3515.

Section 3: Searching out-of-network providers



3

**Review the provider's information and click "Select".
Our medical team will review your request.**

Questions?

Call us at 1-877-762-3515.

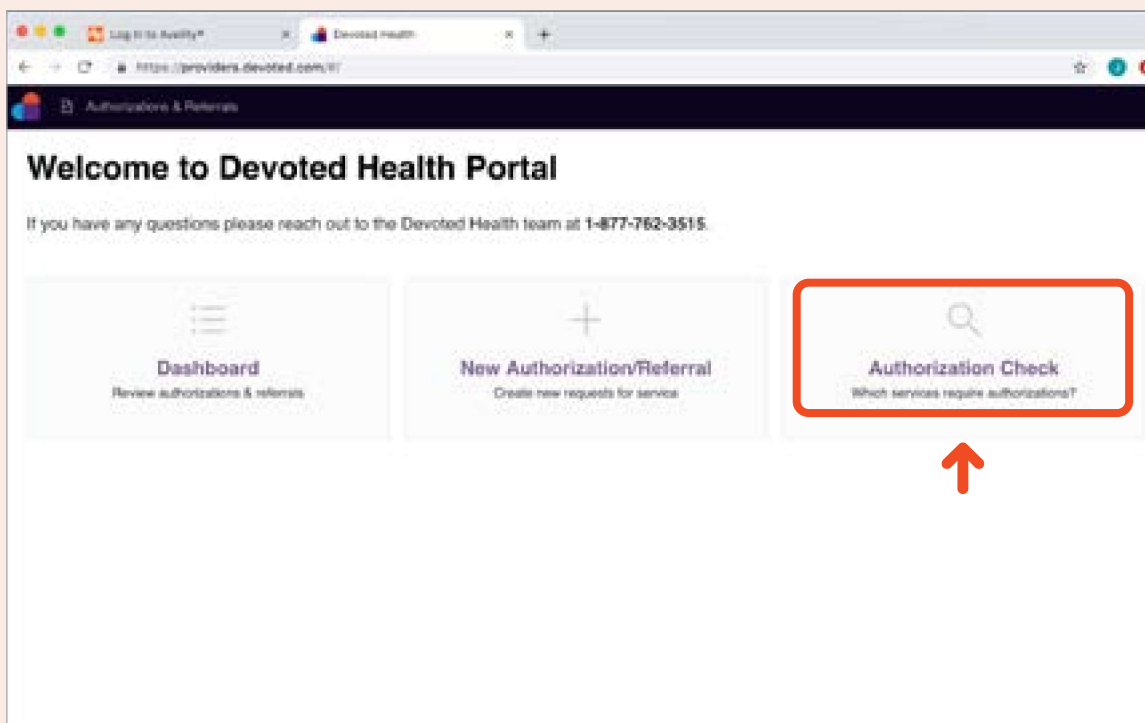
SECTION 4

Submitting a prior authorization

Questions?

Call us at 1-877-762-3515.

Section 4: Submitting a prior authorization

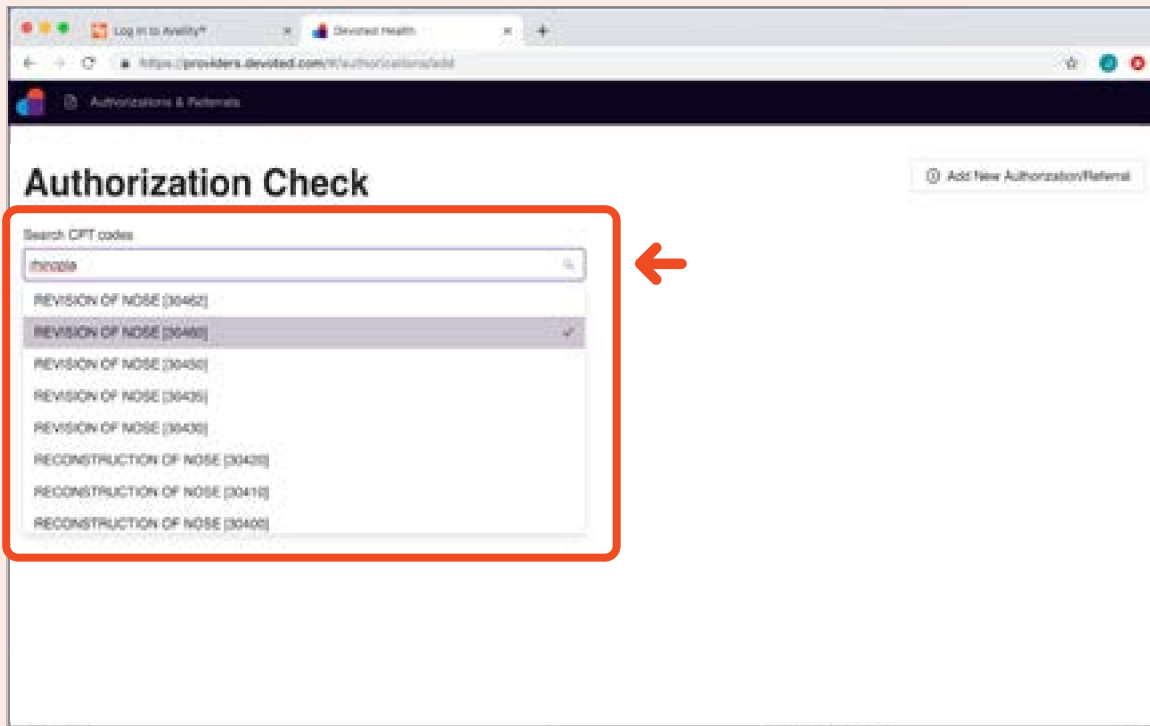


1

Click “Authorization Check” from the landing page.

Questions?

Call us at 1-877-762-3515.



2

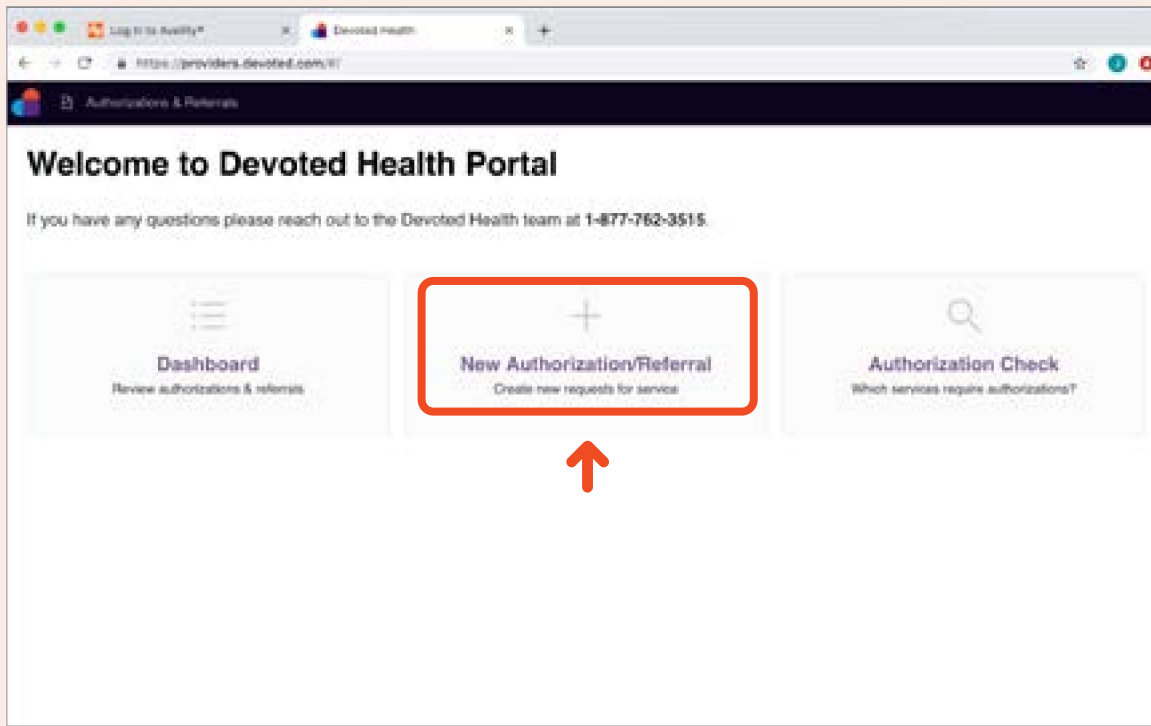
Search by service name or CPT code to see which services require an authorization.

Once check is complete, click on the Devoted logo on the top navigation to go back to the landing page.

Questions?

Call us at 1-877-762-3515.

Section 4: Submitting a prior authorization

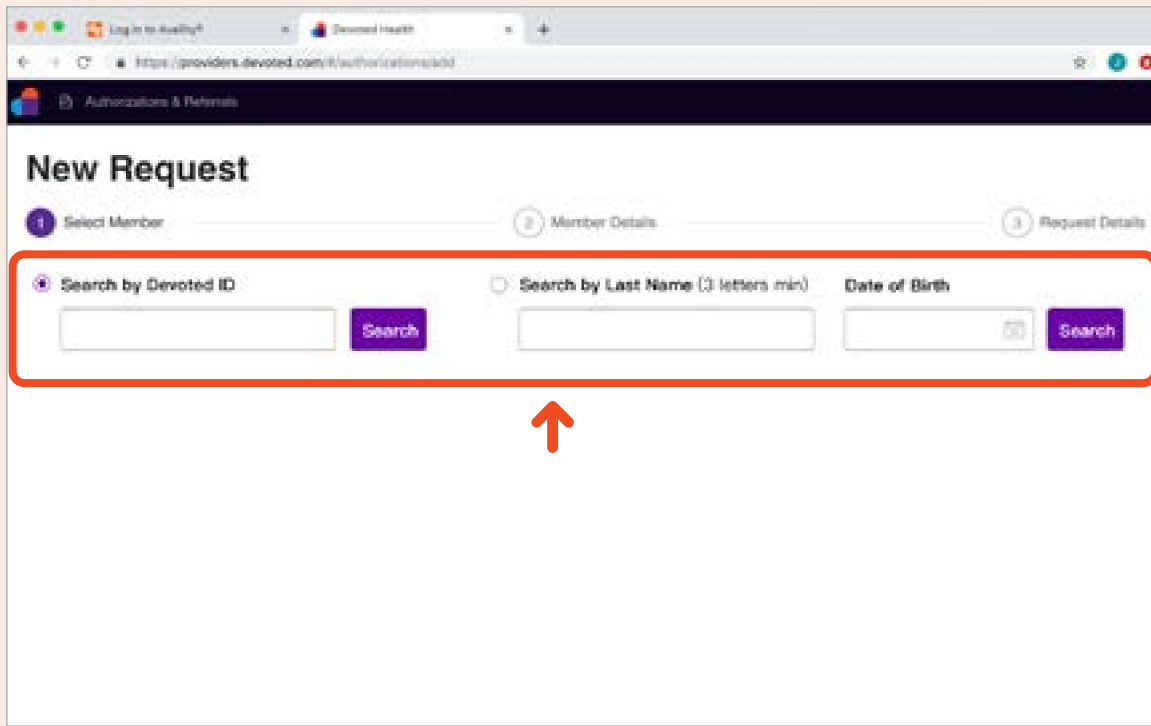


3

Click “New Authorization/Referral” on the landing page.

Questions?

Call us at 1-877-762-3515.



New Request

1 Select Member 2 Member Details 3 Request Details

Search by Devoted ID Search by Last Name (3 letters min) Date of Birth

Search Search

4

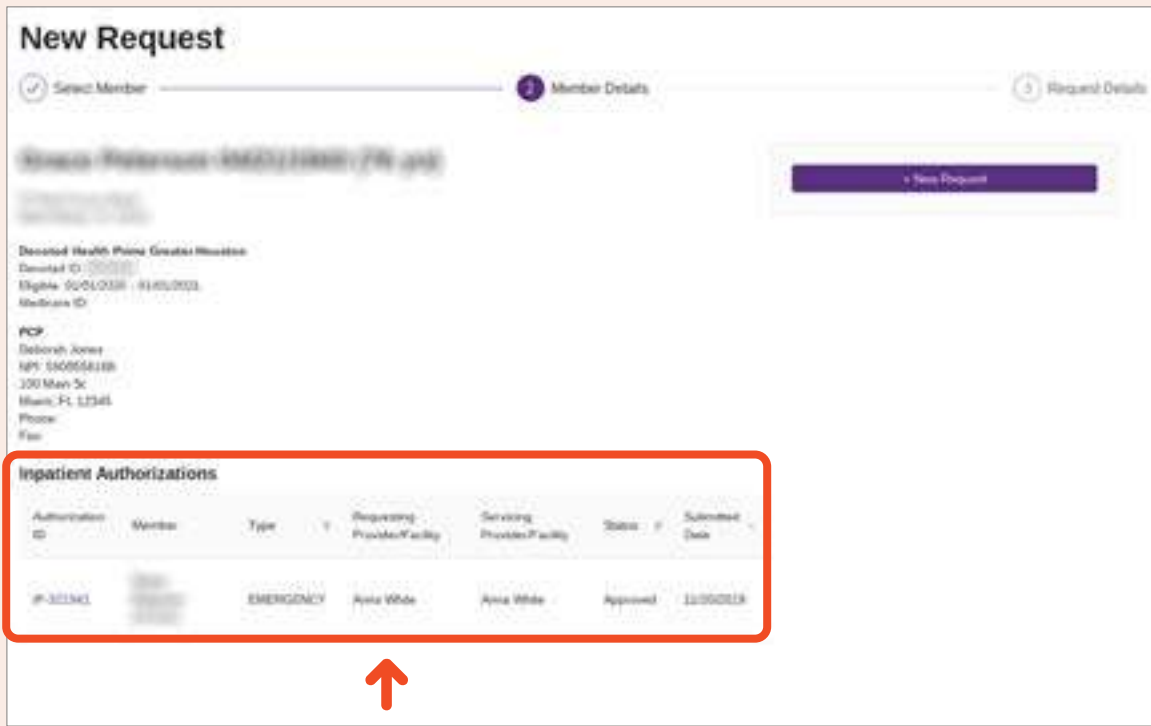
Search members by Devoted ID or last name and date of birth, then select the member.

Our member ID numbers are 6 digits, beginning with the letter “D”.

Questions?

Call us at 1-877-762-3515.

Section 4: Submitting a prior authorization



The screenshot shows a 'New Request' page with a progress bar at the top indicating three steps: 'Select Member', 'Member Details', and 'Request Details'. The 'Member Details' step is active. Below the progress bar, there is a 'New Request' button. The member information includes: Devoted Health Plans Greater Houston, Devoted ID: 000000, Eligible: 00/00/00 - 01/00/00, Member ID, PCP: Deborah Jones, NPI: 540958188, 300 Main St, Houston, TX 77001, Phone, and Fax. Below this is a table titled 'Inpatient Authorizations' with a red border. The table has columns for Authorization ID, Member, Type, Requesting Provider/Facility, Serving Provider/Facility, Status, and Submitted Date. One row is visible with Authorization ID IP-321341, Member ID 000000, Type EMERGENCY, Requesting Provider/Facility Avia White, Serving Provider/Facility Avia White, Status Approved, and Submitted Date 11/06/2019. A red arrow points to the bottom center of the table.

Authorization ID	Member	Type	Requesting Provider/Facility	Serving Provider/Facility	Status	Submitted Date
IP-321341	000000	EMERGENCY	Avia White	Avia White	Approved	11/06/2019

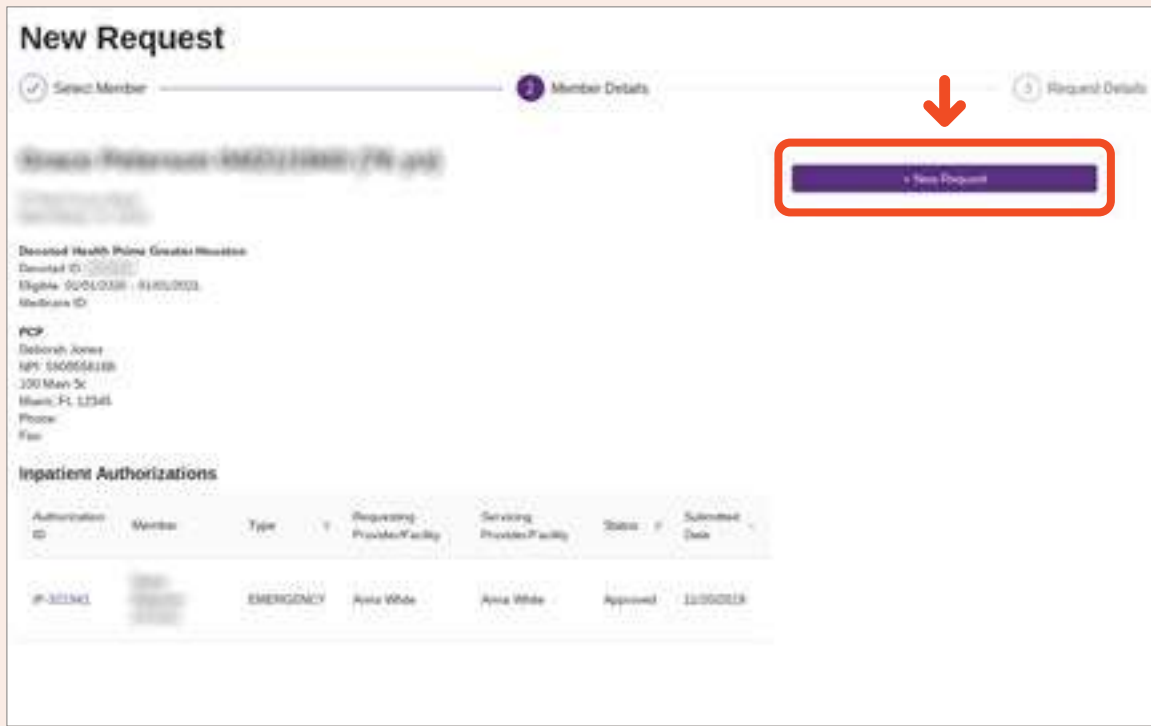
5

Avoid submitting duplicate requests by reviewing the members' authorizations and referrals first.

Questions?

Call us at 1-877-762-3515.

Section 4: Submitting a prior authorization



New Request

1 Select Member | 2 Member Details | 3 Request Details

+ New Request

Devoted Health Plans Greater Houston
Devoted ID: [REDACTED]
Eligible: 00/01/2018 - 01/01/2023
Member ID: [REDACTED]

PCP:
Deborah Jones
NPI: 540958118
300 Main St
Huntsville, AL 35894
Phone: [REDACTED]
Fax: [REDACTED]

Inpatient Authorizations

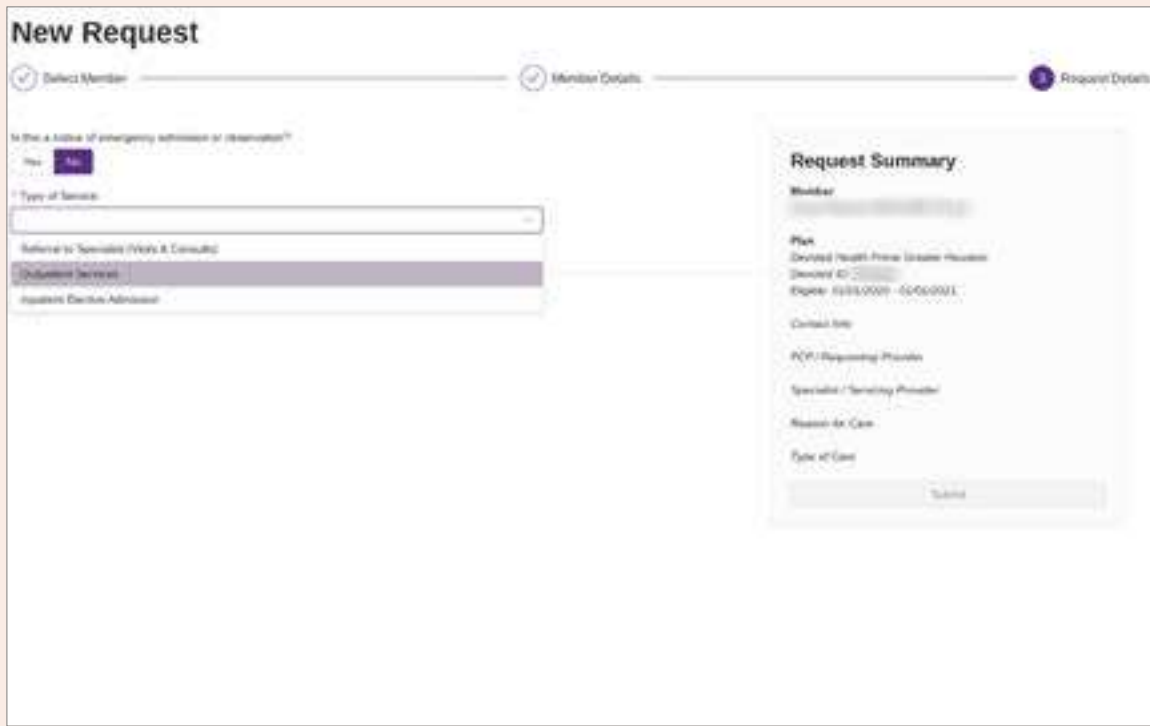
Authorization ID	Member	Type	Requesting Provider/Facility	Servicing Provider/Facility	Status	Submitted Date
IP-202341	[REDACTED]	EMERGENCY	Avia White	Avia White	Approved	11/06/2023

6

Click “+New Request” to start.

Questions?

Call us at 1-877-762-3515.



7

Selecting Inpatient Elective or Outpatient Requests

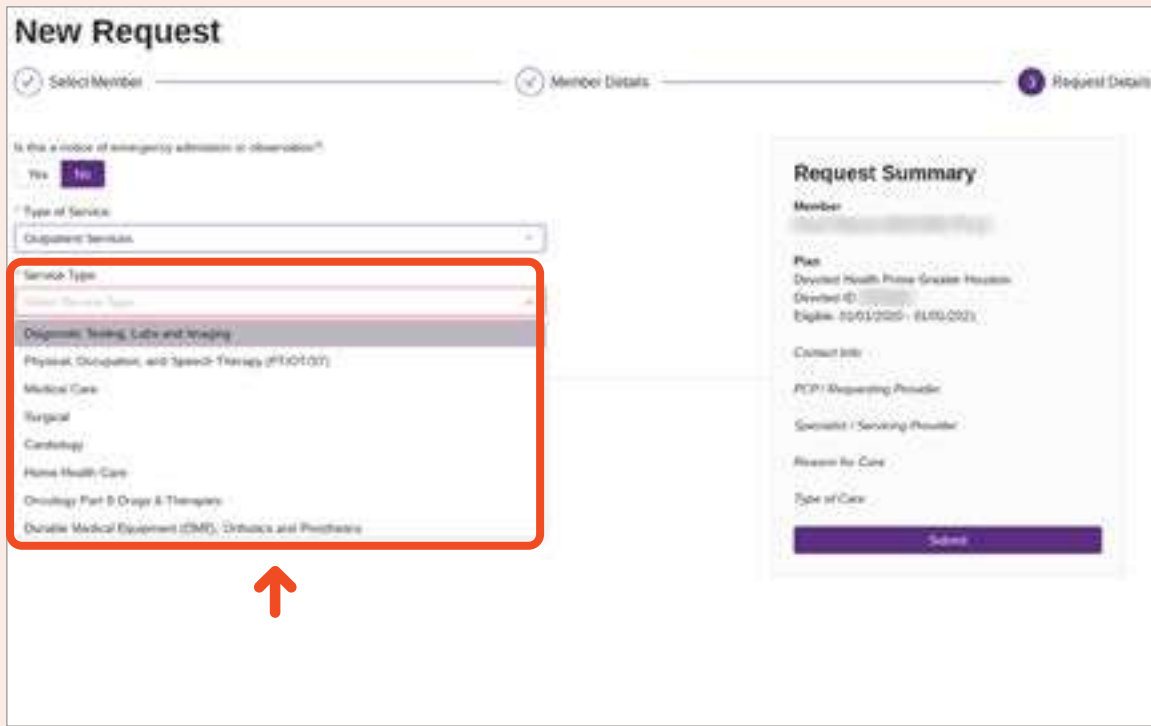
If this is for an Inpatient Elective Authorization, select “No” to the question “Is this a notice of emergency admission or observation?”. Then in the “Type of Service” dropdown, select “Inpatient Elective Authorization”.

If this is for Outpatient Services, select “No” to the question “Is this a notice of emergency admission or observation?”. Then in the “Type of Service” dropdown, select “Outpatient Services”.

Questions?

Call us at 1-877-762-3515.

Section 4: Submitting a prior authorization



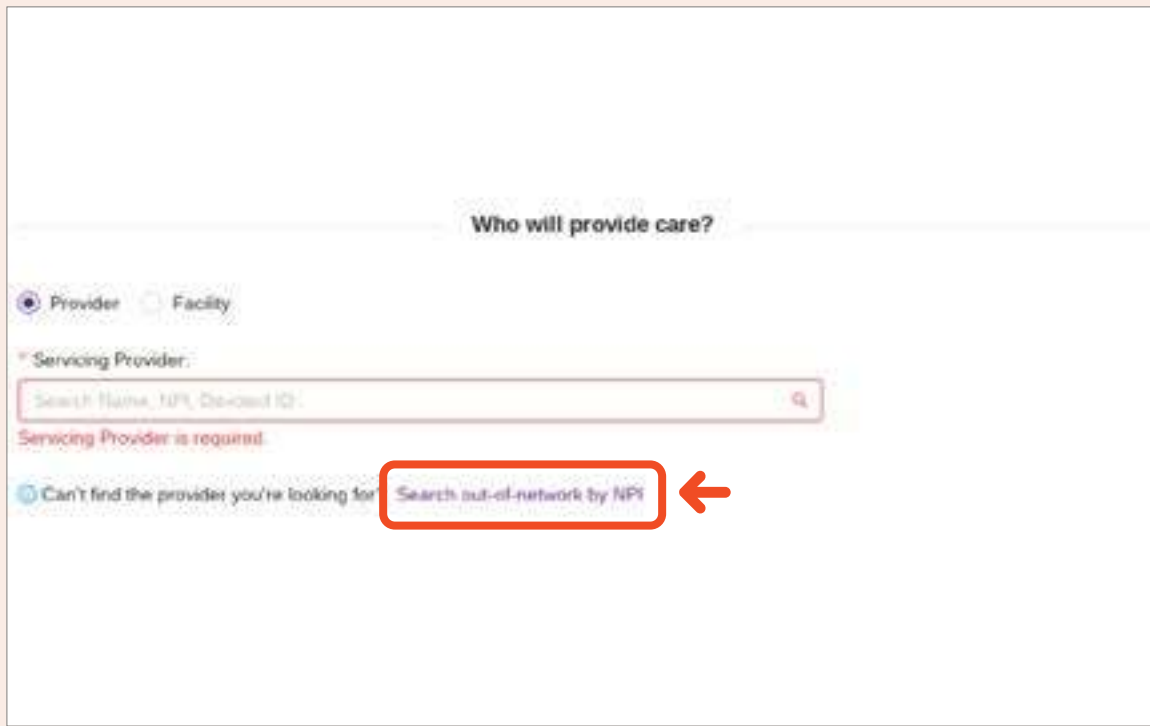
The screenshot shows the 'New Request' form with three steps: 'Select Member', 'Member Details', and 'Request Details'. The 'Request Details' step is active. A red box highlights the 'Service Type' dropdown menu, which is open and showing a list of options: 'Outpatient Services', 'Diagnostic, Testing, Labs and Imaging', 'Physical, Occupational, and Speech Therapy (PT/OT/ST)', 'Medical Care', 'Surgical', 'Cardiology', 'Home Health Care', 'Durable Part B Drugs & Therapies', and 'Durable Medical Equipment (DME), Orthotics and Prosthetics'. An orange arrow points to the bottom of the dropdown menu. To the right, a 'Request Summary' box displays member information, plan details, and provider information, with a 'Submit' button at the bottom.

8

Select the type of service from the “Service Type” dropdown.

Questions?

Call us at 1-877-762-3515.



Who will provide care?

Provider Facility

Servicing Provider:

Search Name, NPI, Devoted ID

Servicing Provider is required.

Can't find the provider you're looking for [Search out-of-network by NPI](#)

9

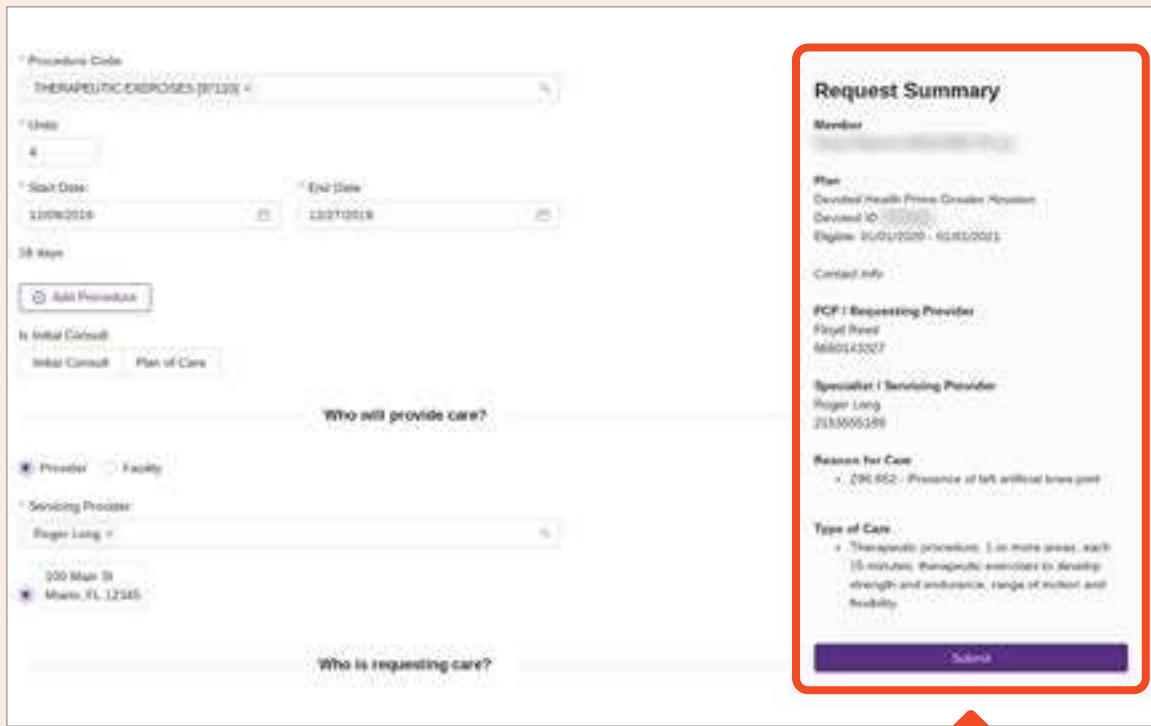
Complete the authorization form.

Outpatient or Inpatient Authorization requests can be sent to out-of-network providers and facilities. If you don't find the provider or facility in the search, search out-of-network providers and facilities by NPI.

Questions?

Call us at 1-877-762-3515.

Section 4: Submitting a prior authorization



The screenshot shows a web form for submitting a prior authorization request. The form includes fields for Procedure Code (THERAPEUTIC EXERCISES [97122]), Units (4), Start Date (12/09/2018), and End Date (12/27/2018). It also has sections for 'Who will provide care?' and 'Who is requesting care?'. A sidebar on the right, titled 'Request Summary', is highlighted with a red border and contains the following information:

- Member:** [Redacted]
- Plan:** Devoted Health Plans Greater Houston, Devoted ID: [Redacted], Eligible: 01/01/2020 - 03/31/2021
- Contact info:** [Redacted]
- PCP / Requesting Provider:** Floyd Reed, M.D., M00143227
- Specialist / Servicing Provider:** Roger Long, J133005158
- Reason for Care:** 290.852 - Presence of left artificial lower limb
- Type of Care:** Therapeutic procedure, 1 or more times, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

A red arrow points to the 'Submit' button at the bottom of the sidebar.

10

Review the summary of the request before submitting the request.

Click “Submit” once you’re done completing the form.

Questions?

Call us at 1-877-762-3515.

Section 4: Submitting a prior authorization

Outpatient Authorization CP-0001000028 Print Add New Authorization

Pending review
Submitted on Thu, 11/09/2017 11:41 AM by Anne Edwards

MEMBER [REDACTED] PCP Deborah Jones, NP 1000000000	PLAN Devoted Health Prime Greater Houston Devoted ID: [REDACTED] Enrolled 11/01/2015 - 11/01/2017
REQUESTING PROVIDER / FACILITY Physician NPI: 480041207 [REDACTED] 300 Main St Miami, FL 33149	SERVICING PROVIDER / FACILITY Physician NPI: 210000120 [REDACTED] 300 Main St Miami, FL 33149
REASON FOR CARE 296.402 - Presence of left acetabular loose joint Clinical doc desc	TYPE OF CARE 81228 Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 33 minutes 80000100 - 80000100 P covered Unit Year
CONTACT Aria (561) 555-5555 Phone (561) 555-5555 Fax	

If you need to update this request, please use the Devoted Health team at 1-877-762-3515.

11

Your authorization has been successfully submitted.

We'll reach out with a determination or to request additional information as applicable. **If you have any edits or changes to make, please contact us.**

Questions?

Call us at 1-877-762-3515.

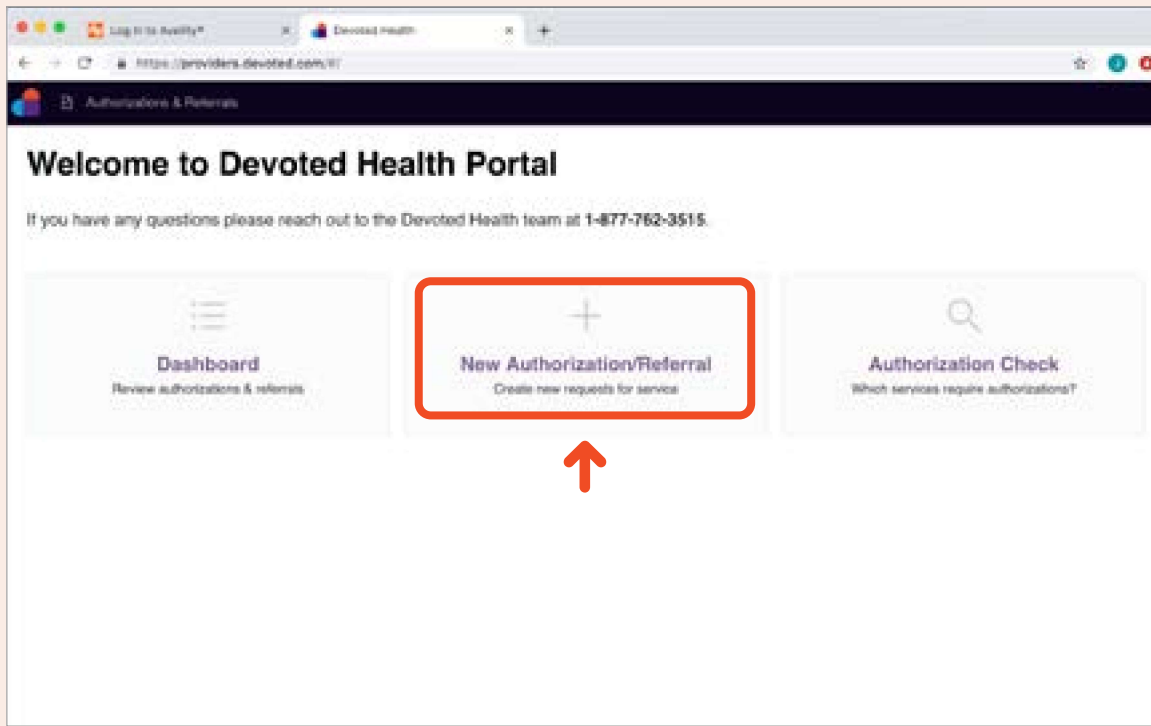
SECTION 5

Submitting an inpatient notification

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification



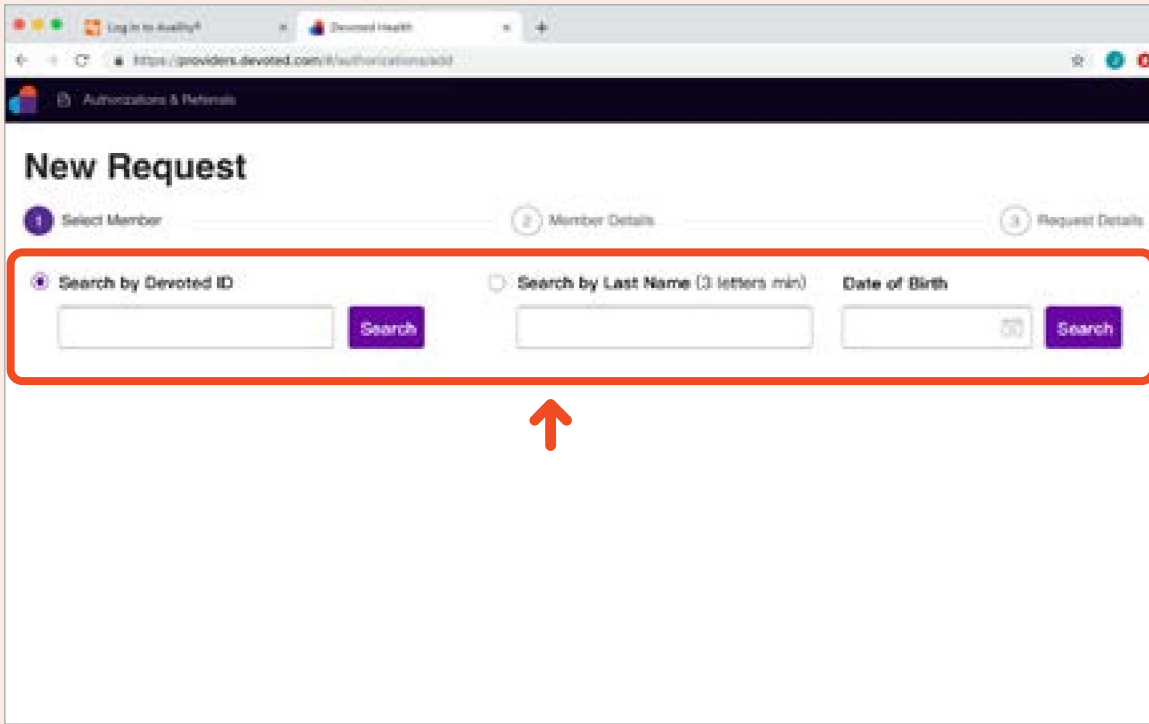
1

Click “New Authorization/Referral” on the landing page.

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification



The screenshot shows a web browser window with the URL <https://providers.devoted.com/authorizations/new>. The page title is "New Request" and the breadcrumb is "Authorizations & Referrals". The form is divided into three steps: 1. Select Member, 2. Member Details, and 3. Request Details. Step 1 is active. It contains three search options: "Search by Devoted ID" (selected), "Search by Last Name (3 letters min)", and "Date of Birth". Each option has a corresponding input field and a "Search" button. A red box highlights the search section, and a red arrow points to it.

2

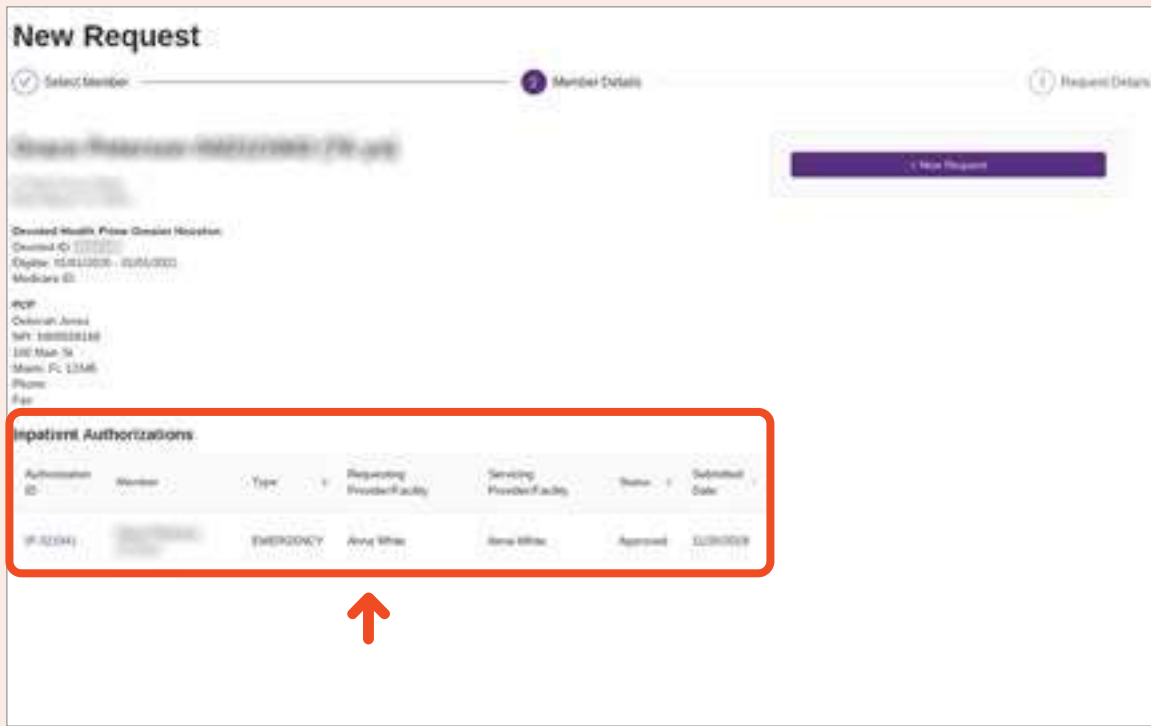
Search members by Devoted ID or last name and date of birth, then select the member.

Our member ID numbers are 6 digits, beginning with the letter “D”.

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification



New Request

Select Member | Member Details | Request Details

Member: [Redacted] (28-yr)

Decided Health Plan: Great Health
Contract ID: [Redacted]
Group: [Redacted]
Medicare ID: [Redacted]

PCP
Central Area
NY: [Redacted]
100 Main St
Miami, FL 33146
Phone:
Fax:

Inpatient Authorizations

Authorization ID	Member	Type	Requesting Provider/Facility	Servicing Provider/Facility	Status	Submitted Date
112234	[Redacted]	EMERGENCY	Area 11111	Area 11111	Approved	11/11/2019

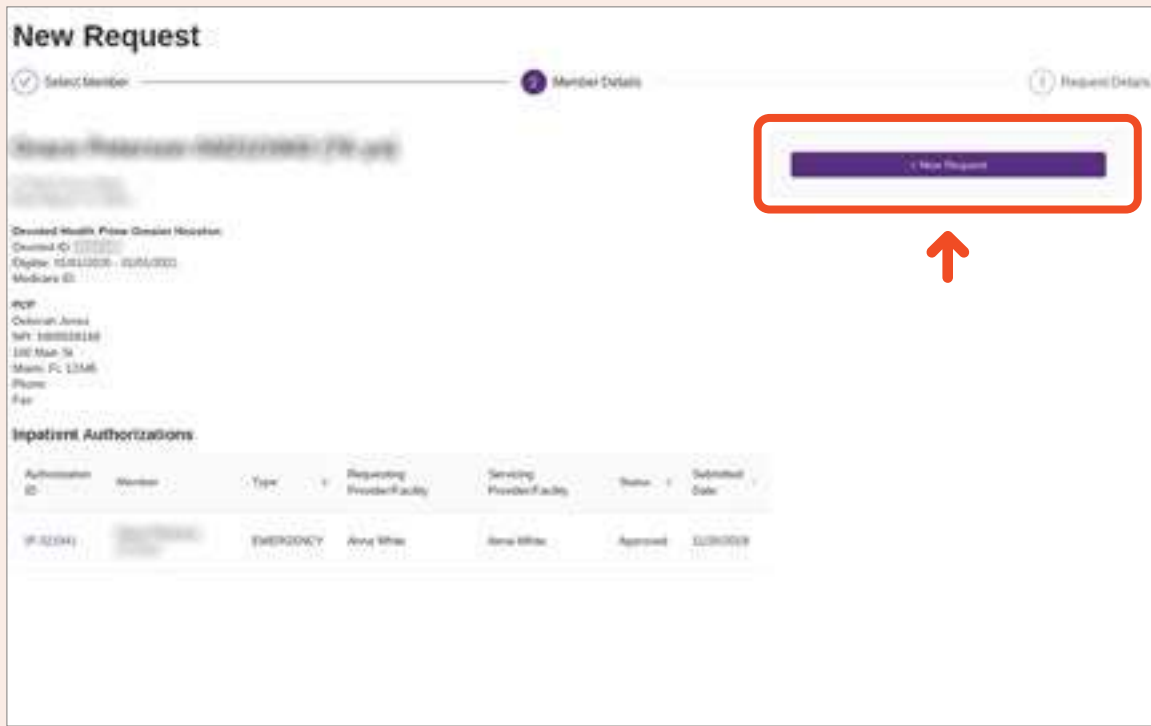
3

Avoid submitting duplicate requests by reviewing the members' authorizations and referrals first.

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification



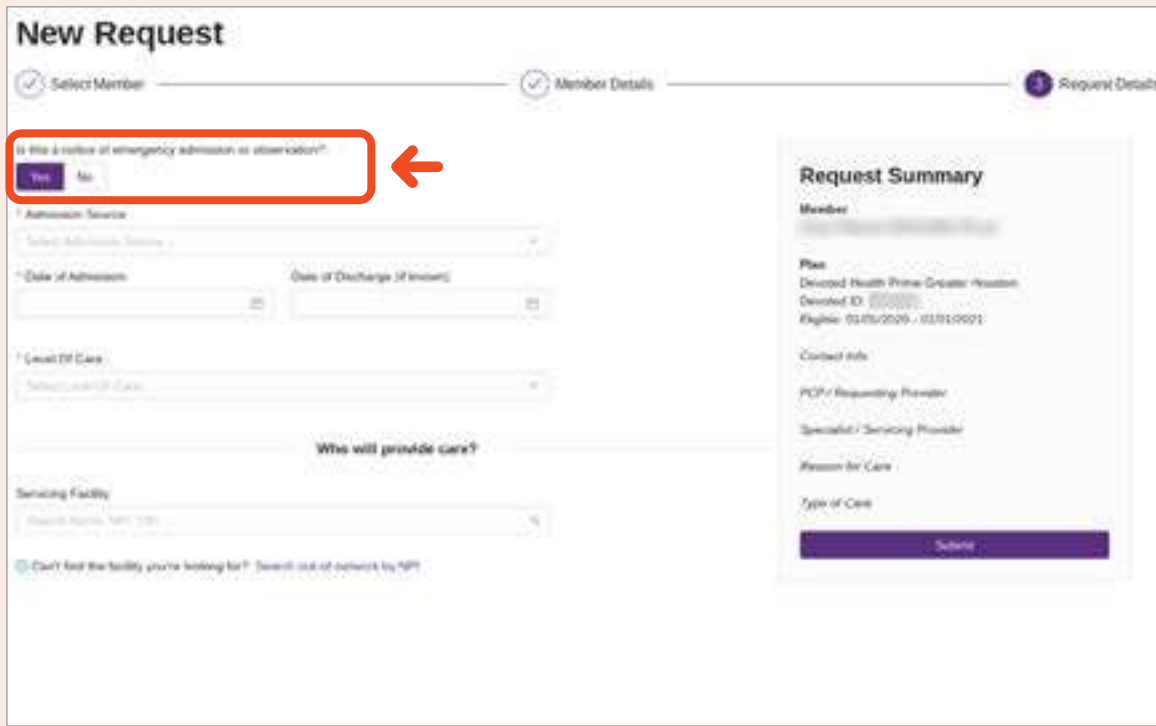
4

Click “+ New Request” to start.

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification



New Request

1 Select Member | 2 Member Details | 3 Request Details

Is this a notice of emergency admission or observation?

Yes No

Admission Source
Select Admission Source

Date of Admission
Date of Discharge (if known)

Level of Care
Select Level of Care

Who will provide care?

Sending Facility
Select Sending Facility

Don't see the facility you're looking for? Search out of network by ZIP

Request Summary

Member
[Redacted]

Plan
Devoted Health Prime Greater Houston
Devoted ID: [Redacted]
Enroll: 03/05/2019 - 03/31/2021

Contact Info
PCP/ Requesting Provider
Specialty/ Sending Provider
Reason for Care
Type of Case

Submit

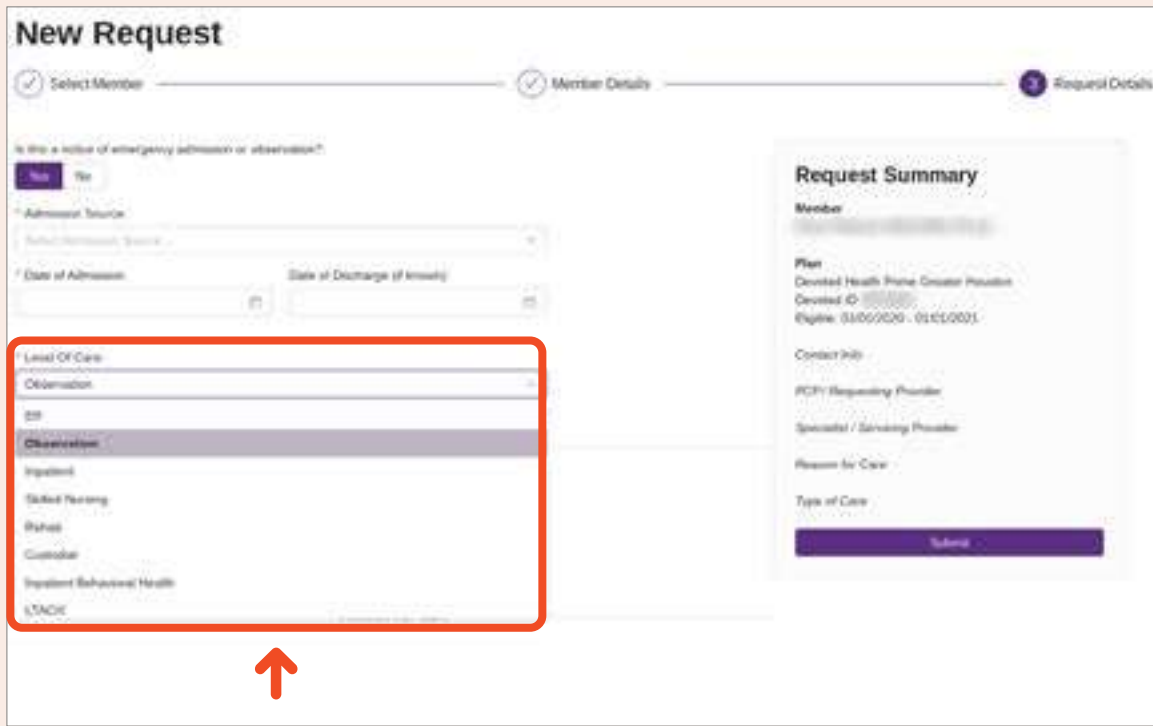
5

For an Inpatient Emergency Authorization, select “Yes” to the question “Is this a notice of emergency admission or observation?”.

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification



The screenshot shows the 'New Request' form with three steps: 'Select Member', 'Member Details', and 'Request Details'. The 'Request Details' step is active. A question asks 'Is this a notice of emergency admission or observation?' with 'No' selected. Below are fields for 'Admission Source', 'Date of Admission', and 'State of Discharge (if known)'. A dropdown menu for 'Level Of Care' is open, showing options: Observation, Inpatient, Skilled Nursing, Rehab, Custodial, Inpatient Behavioral Health, and STACB. 'Observation' is highlighted. A red box and arrow point to this dropdown. To the right is a 'Request Summary' panel with fields for Member, Plan, PCPI Requesting Provider, Specialist / Serving Provider, Reason for Care, and Type of Care, followed by a 'Submit' button.

6

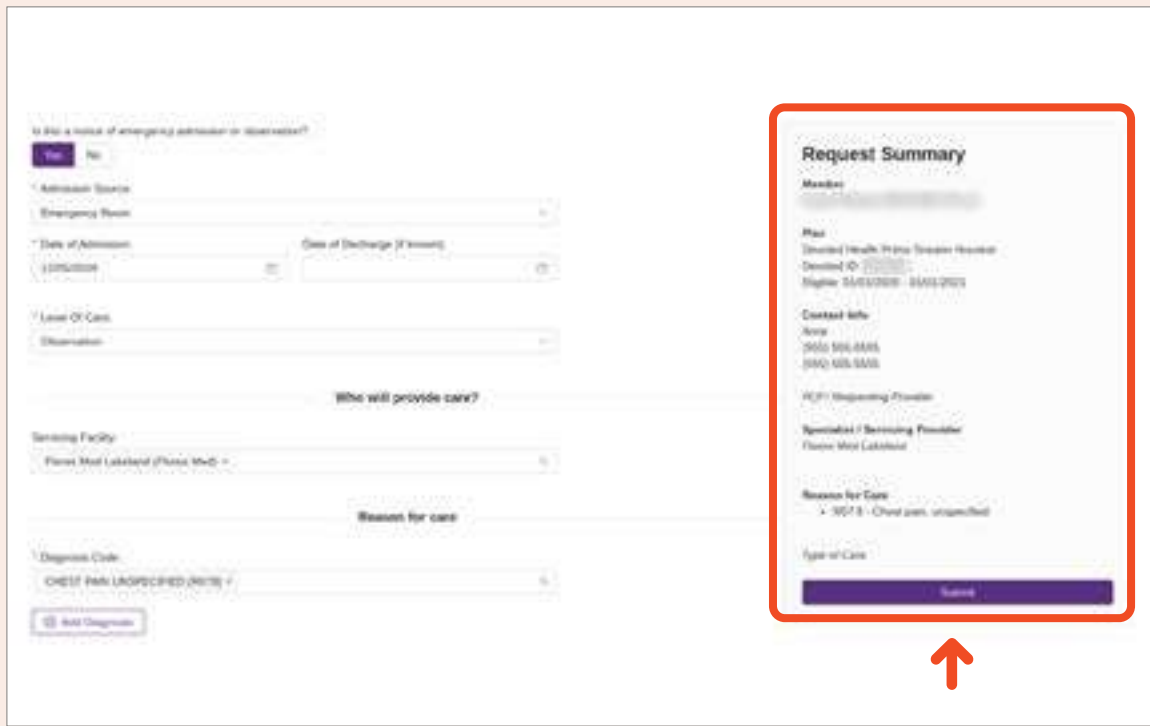
Complete the authorization form.

For observation, choose “Observation” from the Level Of Care dropdown.

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification



The screenshot shows a web form for submitting an inpatient notification. The form includes fields for: "Is this a result of an emergency admission or observation?" (Yes/No), "Admission Source", "Emergency Room", "Date of Admission" and "Date of Discharge (if known)", "Level of Care", "Discharge", "Who will provide care?", "Serving Facility" (Flora West Lakeland (Flora, MD)), "Reason for care", "Diagnosis Code" (CHEST PAIN (ACQUIRED) (ICD-10)), and a "Add Diagnosis" button. On the right side, a "Request Summary" sidebar is highlighted with a red border. The summary includes: Member, Plan (Devoted Health Flora (Open Market)), Member ID (XXXXXXXX-XXXXXX), Member (XXXXXXXX-XXXXXX), Contact Info (Name: XXXX XXX XXX, XXX XXX XXX), PCP/Referring Provider, Specialist / Referring Provider (Flora West Lakeland), Reason for Care (I-3078 - Chest pain, unspecified), and Type of Care. A purple "Submit" button is at the bottom of the sidebar, with a red arrow pointing to it from below.

7

Review the summary of the request before submitting the request.

Click “Submit” once you’re done completing the form.

Questions?

Call us at 1-877-762-3515.

Section 5: Submitting an inpatient notification

Inpatient Authorization IP-0001000039 Print Archive Authorization History

Approved
Submitted on Thu 1/20/2022 07:36am by Anna Coleman

MEMBER [REDACTED] PCP: Deborah Jones, NP, 500014538	PLAN Devoted Health Prime Select Health Devoted ID: [REDACTED] Enrollment: 02/01/2021 - 02/28/2022
REQUESTING PROVIDER / FACILITY Pharm Med Laboratory [REDACTED]	SERVICING PROVIDER / FACILITY Pharm Med Laboratory [REDACTED]
REASON FOR CARE 9978 - Chest pain, unspecified [REDACTED]	TYPE OF CARE Observation Source: Emergency Room 3/29/22 00 - 3/29/22 01:15 days
CONTACT Anna 505.555.5555 Home 505.555.5555 Fax	

If you need to update this request, please call the Devoted Healthplan at 1-877-762-3515.

8

Your notification has been successfully submitted.

Observation and Emergency Admission Notifications will be automatically approved.

We'll reach out with a determination or to request additional information as applicable. **If you have any edits or changes to make, please contact us.**

Questions?

Call us at 1-877-762-3515.

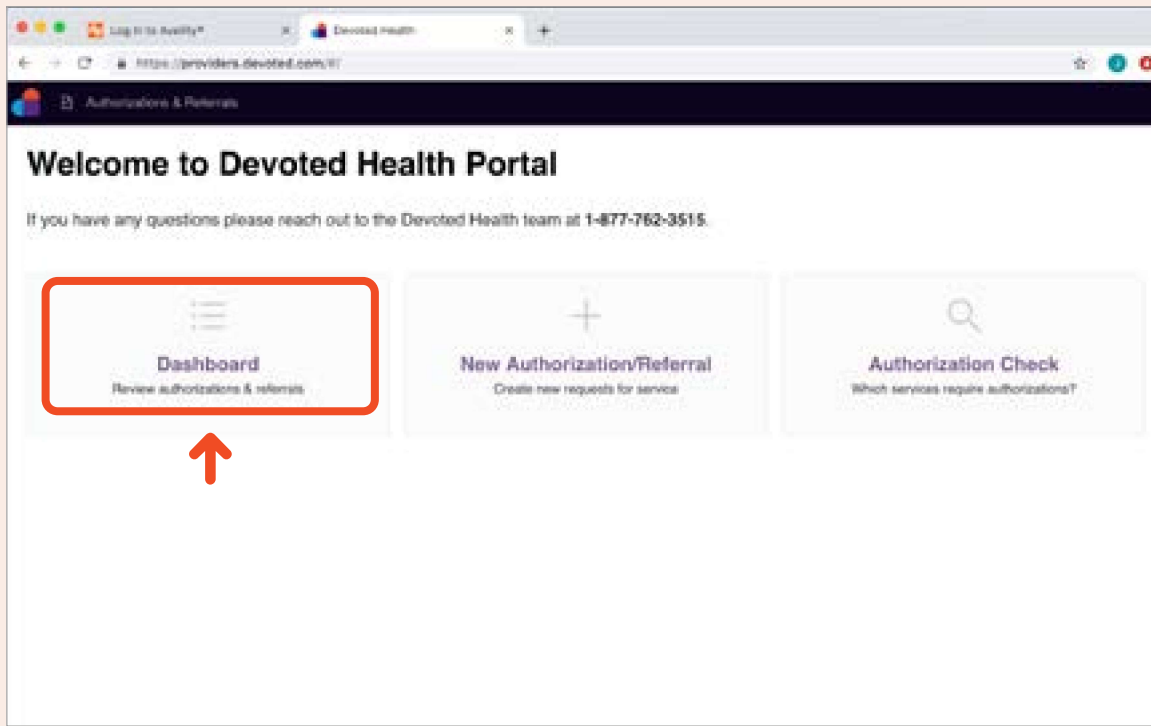
SECTION 6

Checking the status of a request

Questions?

Call us at 1-877-762-3515.

Section 6: Checking the status of a request



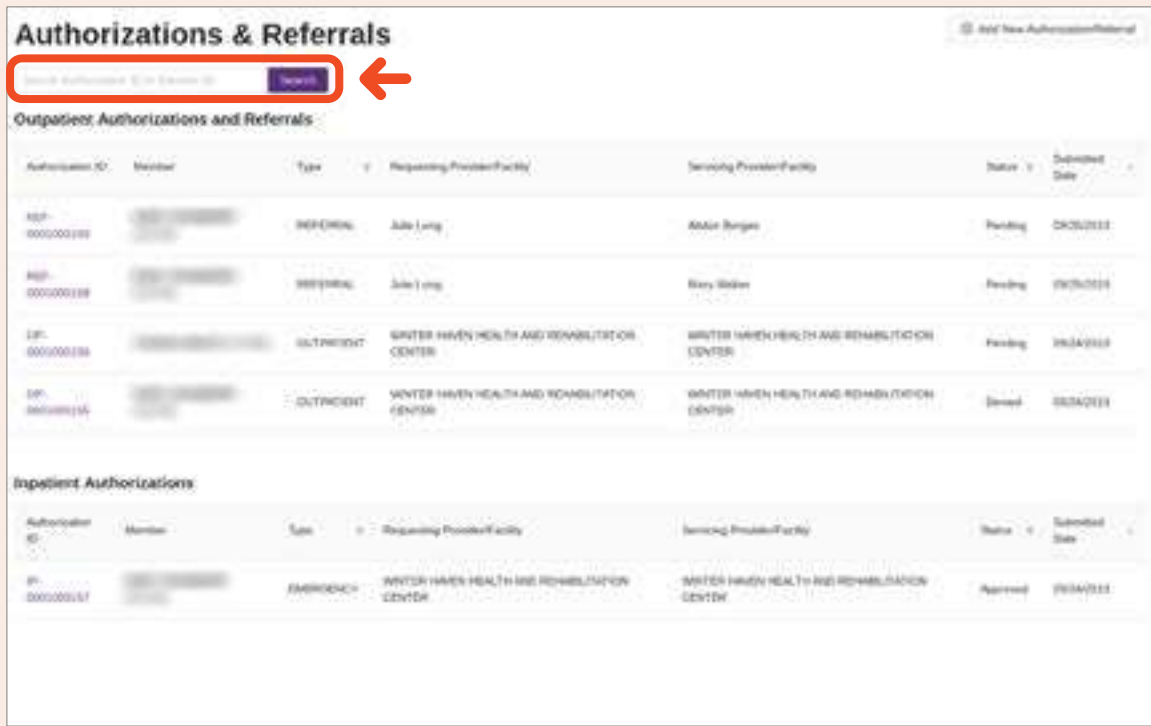
1

Click “Dashboard” from the landing page.

Questions?

Call us at 1-877-762-3515.

Section 6: Checking the status of a request



Authorizations & Referrals Add New Authorization/Referral

Search Authorization ID or Member ID

Outpatient Authorizations and Referrals

Authorization ID	Member	Type	Requesting Provider/Facility	Serving Provider/Facility	Status	Submitted Date
NP-00000019	[REDACTED]	REFERRAL	Jade Long	Anna Berger	Pending	08/02/23
NP-00000019	[REDACTED]	REFERRAL	Jade Long	Rory Miller	Pending	08/02/23
IP-00000019	[REDACTED]	OUTPATIENT	WINTER HAVEN HEALTH AND REHABILITATION CENTER	WINTER HAVEN HEALTH AND REHABILITATION CENTER	Pending	08/04/23
IP-00000019	[REDACTED]	OUTPATIENT	WINTER HAVEN HEALTH AND REHABILITATION CENTER	WINTER HAVEN HEALTH AND REHABILITATION CENTER	Denied	08/04/23

Inpatient Authorizations

Authorization ID	Member	Type	Requesting Provider/Facility	Serving Provider/Facility	Status	Submitted Date
IP-00000019	[REDACTED]	EMERGENCY	WINTER HAVEN HEALTH AND REHABILITATION CENTER	WINTER HAVEN HEALTH AND REHABILITATION CENTER	Approved	08/04/23

2

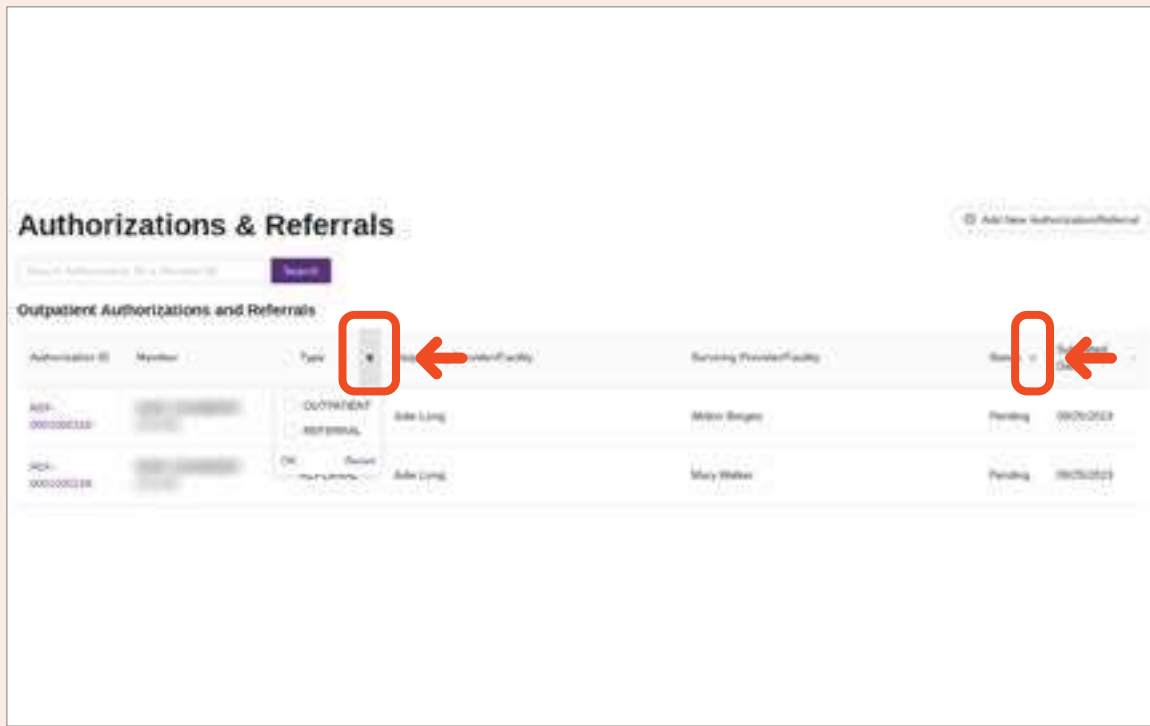
Search the Dashboard by Authorization ID or Devoted member ID.

If you need to update or edit a request, please contact us.

Questions?

Call us at 1-877-762-3515.

Section 6: Checking the status of a request



Authorizations & Referrals Add New Authorization/Referral

Search Authorization ID or Member ID

Outpatient Authorizations and Referrals

Authorization ID	Member	Type	Order Facility	Ordering Provider/Entity	Status	Request ID
AD-000000011	[REDACTED]	OUTPATIENT REFERRAL	Site Long	Mark Beggs	Pending	000000011
AD-000000018	[REDACTED]	OK	Site Long	Mary White	Pending	000000018

3

To filter the results of “Type” and “Status”, click on the icon in the column.

Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.

Questions?

Call us at 1-877-762-3515.