



AUTHORIZATION PORTAL FOR PROVIDERS

MDwise, Inc

MDwise Authorization Portal Instructions Documentation

Table of Contents

Introduction to the Authorization Portal	2
Account Setup and Registration	2
Initiating a “New” Outpatient Prior Authorization	3
Initiating a “New” Inpatient Prior Authorization Request	9
Requesting Concurrent Review or an extension for a Prior Authorization	14
Reviewing the Prior Authorization Dashboard	18

MDwise Authorization Portal Instructions Documentation


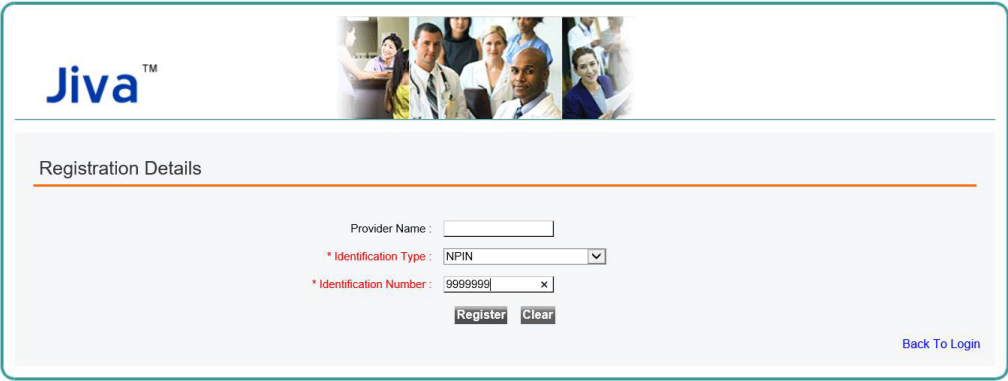
Introduction to the Authorization Portal

MDwise currently offers different ways to submit a prior authorization including fax, email, and telephonically. We are now offering online submission through our Authorization Portal.

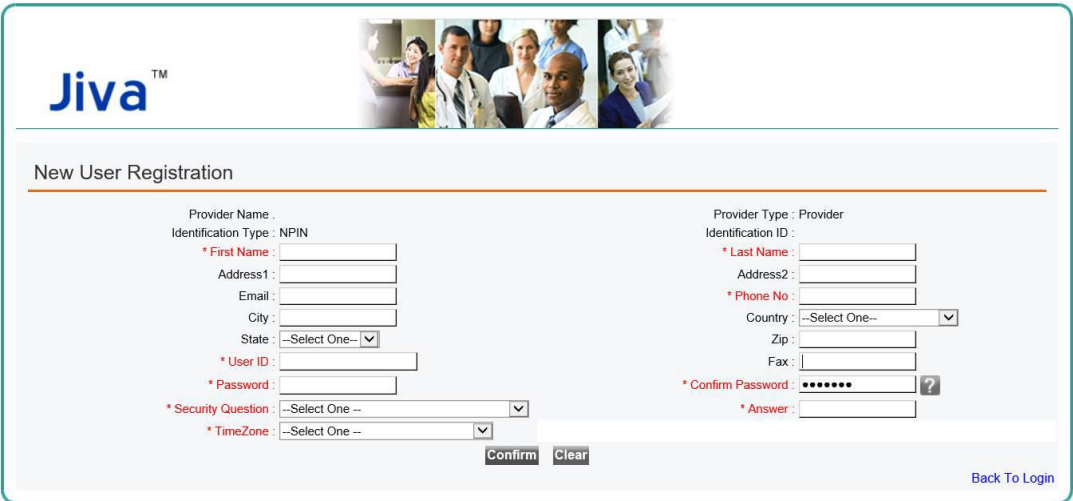
Phone	Phone Call 1-800-356-1204, request to set up a prior authorization over the phone.
Fax	HHW EXCEL- 1-888-465-5581 HIP EXCEL-1-866-613-1642
Email	padept@mdwise.org
Portal	https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin

This guide will allow you to set up your account to submit your prior authorization as well as track those authorizations you submitted on the portal as well. If you are unable to locate your member by Member ID, please contact call MDwise at 1-800-356-1204.


Account Setup and Registration

Step	Action
1	Enter the Authorization Portal from the following link: https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin
2	Create Account by selecting “Register Here”. 
3	Search for the Provider by the NPI or TIN. 

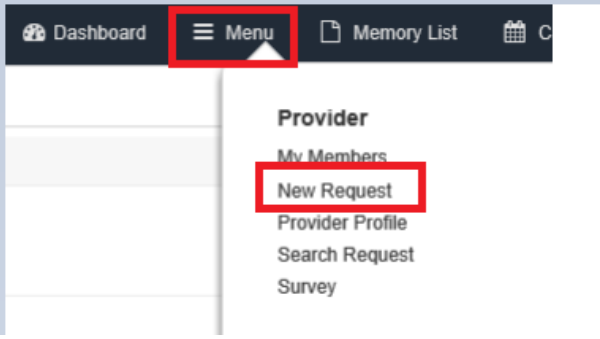
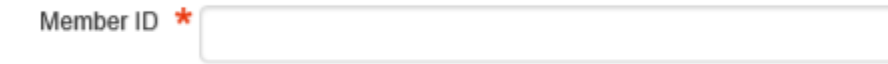

MDwise Authorization Portal Instructions Documentation

4	<p>Complete the red required fields as well as email address.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;">  </div>
5	<p>Your account should be activated in 3-5 business days. For troubleshooting issues with creating an account or setting up a prior authorization, please email: authportalhelp@mdwise.org. We will respond within 1-3 business days. If you are unable to locate your member by Member ID, please contact call MDwise at 1-800-356-1204</p>

Initiating a “New” Outpatient Prior Authorization

Step	Action
1	<p>Enter the Authorization Portal from this link: https://mdwisepp.zomega.com/cms/ProviderPortal/Controller/providerLogin.</p>
2	<p>If a login account has already been created, input username and password at login page; Click the green login button.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;">  </div> <p>Important to Note: If a login account has not been created, the sign-up process must be completed.</p>

MDwise Authorization Portal Instructions Documentation

3	<p>Click on Menu; Choose New Request from dropdown.</p>  <p>The screenshot shows a dark navigation bar with 'Dashboard', 'Menu', 'Memory List', and a calendar icon. The 'Menu' dropdown is open, showing options: 'Provider', 'My Members', 'New Request', 'Provider Profile', 'Search Request', and 'Survey'. 'New Request' is highlighted with a red box.</p>
4	<p>Enter Member ID. Click the blue Search button.</p>  <p>The screenshot shows the text 'Member ID *' followed by a white text input box with a light gray border.</p>
5	<p>The member will appear. Locate the Action column, on the far right of screen. Click on the Add Request dropdown and choose appropriate type of request (Outpatient or Behavioral Health Outpatient).</p>  <p>The screenshot shows a table header 'Action' with a dropdown menu open. The dropdown menu contains the following options: 'Add Request' (highlighted in blue), 'Behavioral Health Inpatient', 'Behavioral Health Outpatient', 'Inpatient', and 'Outpatient'.</p>

MDwise Authorization Portal Instructions Documentation

6

Complete the “Episode Details” section:

Click on the “Request type” dropdown and choose appropriate.

Request Type *

The screenshot shows a dropdown menu with the following options: --Select One--, concurrent, Preservice, and Retrospective. The 'concurrent' option is currently selected and highlighted.

Request Type	Description
Preservice	<ul style="list-style-type: none"> Initial medical and behavioral health outpatient services. Concurrent medical outpatient services. Concurrent IOP, ABA, Psych testing, and Neuropsych testing services.
Concurrent	Continuation of a SUDRT/PHP service already submitted.
Retrospective	“Retro” Use only after services have been rendered completely

7



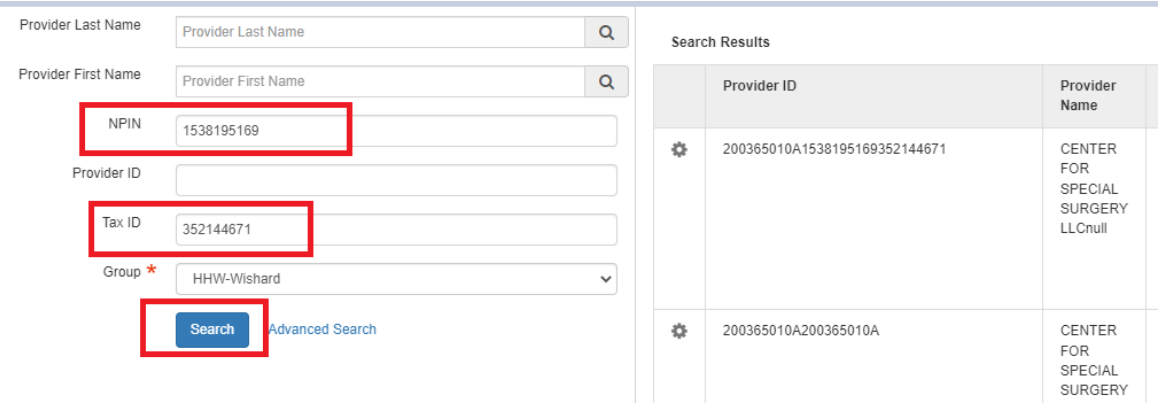
Click on the “Request Priority” dropdown and choose appropriate.

Request Priority *

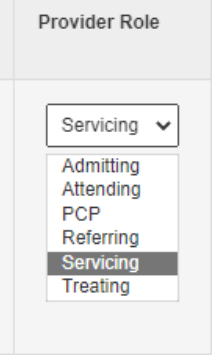
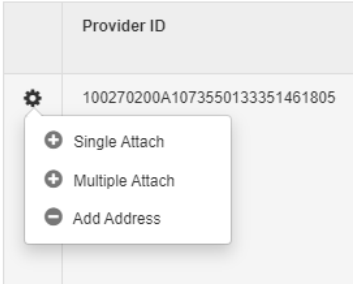
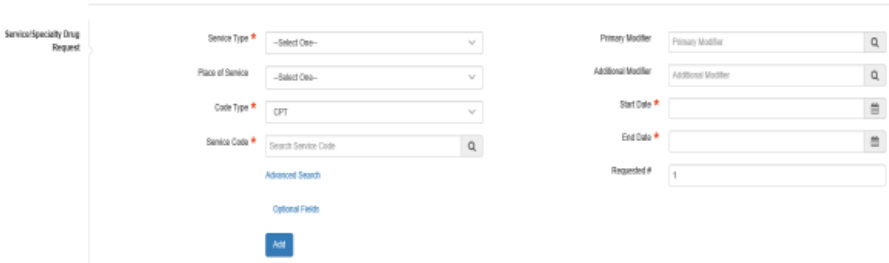
The screenshot shows a dropdown menu with the following options: Standard, --Select One--, Standard, and Urgent. The 'Standard' option is currently selected and highlighted.

Request Type	CHOOSE:
Initial and Concurrent Medical Preservice	Standard 5 BD (Business Days)
Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing	Standard 5 BD (Business Days)
Initial and Concurrent PHP/SUDRT/Urgent Medical OP Preservice	Urgent 48 hours
Retrospective	Standard 30 CD (Calendar Days) Use only after services have been rendered completely.

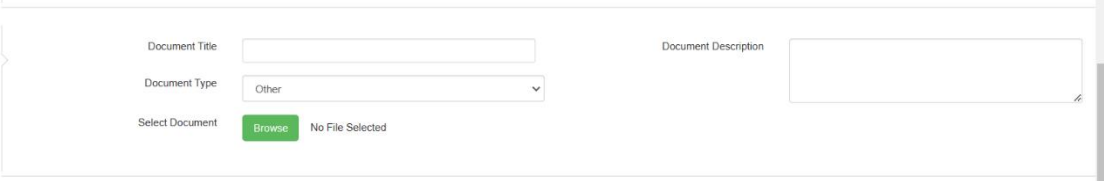
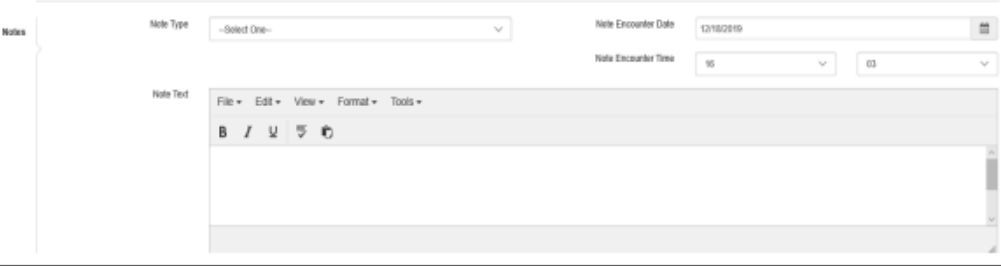

MDwise Authorization Portal Instructions Documentation

	<p>Important to Note: Priority may be changed by MDwise if the request does not meet the definition of Urgent.</p>
8	<p>Complete the “Diagnosis” section:</p> <p>Type in the Diagnosis code. Wait for Jiva to populate the code with description. Click on Code/Description that appears.</p> 
9	<p>Complete the “Providers” section:</p> <p>Click the blue “Attach Providers” button.</p> <p>▼ Providers</p> 
10	<p>Enter in the NPI and Tax ID for the facility only. Click the blue Search button. Search Results will appear to the right.</p>  <p>Important to Note: If you have an out of network (OON) provider/facility, enter in the OON. If both are OON, enter in the OON facility.</p>
11	<p>Find the provider with the correct Name and Location. Verify Servicing is chosen under the “Provider Role” Column.</p>

MDwise Authorization Portal Instructions Documentation


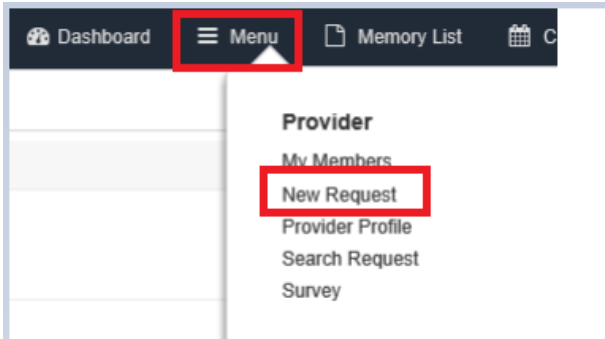
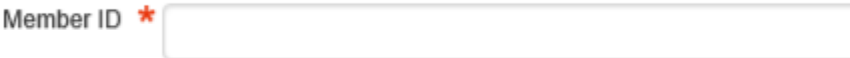
	 <p>The screenshot shows a dropdown menu titled "Provider Role". The current selection is "Servicing". The menu options are: Admitting, Attending PCP, Referring, Servicing (highlighted), and Treating.</p>
12	<p>Click the cogwheel next to the provider ID of the facility you have chosen. Click Single Attach. You will be redirected back to the previous screen.</p>  <p>The screenshot shows a table with the header "Provider ID". A row contains the ID "100270200A1073550133351461805". A cogwheel icon is next to the ID, and a context menu is open with the following options: Single Attach, Multiple Attach, and Add Address.</p>
13	<p>Complete the "Service Request" section:</p> <p>Choose the most appropriate options depending on the type of outpatient case, for the following dropdowns:</p> <ul style="list-style-type: none">• Service Type• Code Type (SPC-See Appendix A: SPC-Code Sets)• Service Code• Start Date• End Date• Requested #  <p>The screenshot shows the "Service/Specialty Drug Request" form. It includes the following fields:<ul style="list-style-type: none">Service Type: --Select One--Place of Service: --Select One--Code Type: CPTService Code: Search Service CodePrimary Modifier: Primary ModifierAdditional Modifier: Additional ModifierStart Date: [Empty]End Date: [Empty]Requested #: 1Buttons for "Advanced Search", "Optional Fields", and "Add" are also visible.</p>

MDwise Authorization Portal Instructions Documentation

	<p>Important to Note: SPC Code sets help streamline the process of prior authorization requests. If multiple codes are requested on the same prior authorization and the codes all appear in the same code set, only 1 code set needs to be added.</p>
14	Click the blue Add button.
15	<p>Complete the “Documents” section: Type in Document Title. Click the green “Browse” button to add documents.</p>  <p>Important to note: Documents need to include clinicals and PA form.</p>
16	<p>Complete the “Notes” section. In the Note text include: Requestor Name: Requestor Phone Number: Requestor Fax Number: Additional/Relevant Information needed to process the request (reason for expedited).</p> 
17	<p>Click the green Submit button to complete the request.</p>  <p>Important to Note: It must be submitted for MDwise to process the request.</p>

MDwise Authorization Portal Instructions Documentation

Initiating a “New” Inpatient Prior Authorization Request

Step	Action
1	Enter the Authorization Portal from this link: https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin .
2	<p>If a login account has already been created, input username and password at login page; Click the green login button.</p>  <p>Important to Note: If a login account has not been created, the sign-up process must be completed.</p>
3	<p>Click on Menu; Choose New Request from dropdown.</p> 
4	<p>Enter Member ID. Click the blue Search button.</p> 

MDwise Authorization Portal Instructions Documentation

5	<p>The member will appear. Locate the Action column, on the far right of screen. Click on the Add Request dropdown and choose appropriate type of request (Inpatient or Behavioral Health Inpatient).</p> <div style="border: 1px solid gray; padding: 5px; margin: 10px 0;"> <div style="background-color: #f0f0f0; padding: 2px; border-bottom: 1px solid gray;">Action</div> <div style="border: 1px solid gray; padding: 2px; margin-top: 5px;"> <div style="background-color: #0070c0; color: white; padding: 2px;">Add Request</div> <div style="padding: 2px;">Behavioral Health Inpatient</div> <div style="padding: 2px;">Behavioral Health Outpatient</div> <div style="padding: 2px;">Inpatient</div> <div style="padding: 2px;">Outpatient</div> </div> </div> <p>own.</p>								
6	<p>Complete the “Episode Details” section:</p> <p>Click on the “Request type” dropdown and choose appropriate.</p> <div style="margin: 10px 0;"> <p>Request Type * --Select One--</p> <div style="border: 1px solid gray; padding: 2px; margin-top: 5px;"> <div style="background-color: #808080; color: white; padding: 2px;">--Select One--</div> <div style="padding: 2px;">concurrent</div> <div style="padding: 2px;">Preservice</div> <div style="padding: 2px;">Retrospective</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #a0c0ff;"> <th style="width: 40%;">Request Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Preservice</td> <td>Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)</td> </tr> <tr> <td>Concurrent</td> <td>Continuation of a medical or behavioral health service already submitted.</td> </tr> <tr> <td>Retrospective</td> <td>“Retro” Use only after Member has been discharged.</td> </tr> </tbody> </table>	Request Type	Description	Preservice	Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)	Concurrent	Continuation of a medical or behavioral health service already submitted.	Retrospective	“Retro” Use only after Member has been discharged.
Request Type	Description								
Preservice	Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)								
Concurrent	Continuation of a medical or behavioral health service already submitted.								
Retrospective	“Retro” Use only after Member has been discharged.								

MDwise Authorization Portal Instructions Documentation

7	<p>Click on the “Request Priority” dropdown and choose appropriate.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>Request Priority * ▼</p> <div style="border: 1px solid #ccc; padding: 2px;"> <p style="text-align: center;">Standard</p> <hr/> <p style="text-align: center;">--Select One--</p> <p style="text-align: center;">Standard</p> <p style="text-align: center;">Urgent</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="width: 50%;">Request Type</th> <th style="width: 50%;">CHOOSE:</th> </tr> </thead> <tbody> <tr> <td>Initial and concurrent Preservice (Acute Medical and Behavioral Health and Next Level of Care)</td> <td>Urgent -48 hours</td> </tr> <tr> <td>Preservice- (Scheduled Admits)</td> <td>Standard- 5 BD (Business Days)</td> </tr> <tr> <td>Retrospective- Use only after member has been discharged.</td> <td>Standard -30 CD (Calendar Days)</td> </tr> </tbody> </table>	Request Type	CHOOSE:	Initial and concurrent Preservice (Acute Medical and Behavioral Health and Next Level of Care)	Urgent -48 hours	Preservice- (Scheduled Admits)	Standard- 5 BD (Business Days)	Retrospective- Use only after member has been discharged.	Standard -30 CD (Calendar Days)	
Request Type	CHOOSE:									
Initial and concurrent Preservice (Acute Medical and Behavioral Health and Next Level of Care)	Urgent -48 hours									
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Retrospective- Use only after member has been discharged.	Standard -30 CD (Calendar Days)									
8	<p>Complete the “Diagnosis” section:</p> <p>Type in the Diagnosis code. Wait for Jiva to populate the code with description. Click on Code/Description that appears.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <div style="display: flex; align-items: center; gap: 10px;"> <div style="text-align: center;"> <p>Code Type</p> <input style="width: 150px;" type="text" value="ICD10"/> </div> <div style="text-align: center; color: red; font-weight: bold;">Step 1</div> <div style="font-size: 2em; color: red;">➔</div> <div style="text-align: center;"> <p>Diagnosis *</p> <input style="width: 150px;" type="text" value="N49.2"/> </div> </div> <div style="margin-top: 5px;"> <div style="text-align: center; color: red; font-weight: bold;">Step 2</div> <div style="font-size: 2em; color: red;">➔</div> <div style="border: 1px solid #ccc; background-color: #e6f2ff; padding: 2px; display: inline-block;"> <p>N49.2--Inflammatory disorders of scrotum</p> </div> </div> </div>									
9	<p>Diagnosis codes will appear below. Continue to add each diagnosis code on the Prior Authorization (PA) form. Keep the primary code (<i>shown with orange star next to it</i>) as the code in DX1 box on PA form.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e6e6e6;"> <th style="width: 10%;"></th> <th style="width: 30%;">Code Type</th> <th style="width: 60%;">Diagnosis</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; color: orange;">★</td> <td>ICD10</td> <td>N49.0--Inflammatory disorders of seminal vesicle</td> </tr> <tr> <td style="text-align: center; color: gray;">★</td> <td>ICD10</td> <td>N25.0--Renal osteodystrophy</td> </tr> </tbody> </table>		Code Type	Diagnosis	★	ICD10	N49.0--Inflammatory disorders of seminal vesicle	★	ICD10	N25.0--Renal osteodystrophy
	Code Type	Diagnosis								
★	ICD10	N49.0--Inflammatory disorders of seminal vesicle								
★	ICD10	N25.0--Renal osteodystrophy								
10	<p>Complete Providers section:</p> <p>Click the blue “Attach Providers” button.</p> <div style="margin-top: 10px;"> <p>▼ Providers</p> <div style="border: 1px solid #ccc; background-color: #e6f2ff; padding: 5px; display: inline-block; margin-top: 10px;"> <p style="color: white; font-weight: bold;">Attach Providers</p> </div> </div>									

MDwise Authorization Portal Instructions Documentation

11 Enter in the NPI and Tax ID for the facility only. Click the blue "Search" button. Search Results will appear to the right.

Search Results	
Provider ID	Provider Name
200365010A1538195169352144671	CENTER FOR SPECIAL SURGERY LLCnull
200365010A200365010A	CENTER FOR SPECIAL SURGERY

Important to Note: If you have an out of network (OON) provider/facility, enter in the OON. If both are OON, enter in the OON facility.

12 Find the provider with the correct Name and Location. Verify Servicing under the Provider Role Column is selected.

Provider Role

Servicing ▾

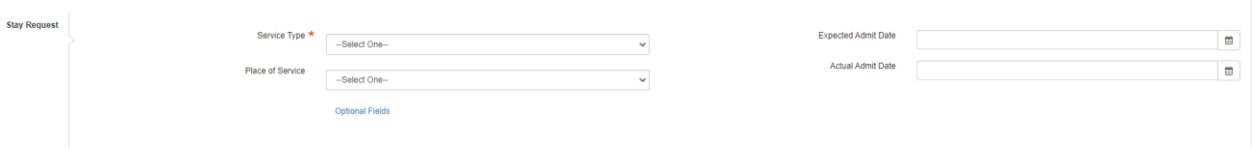



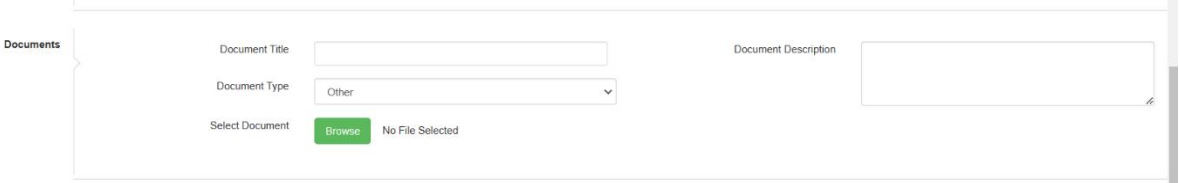
- Admitting
- Attending
- PCP
- Referring
- Servicing
- Treating

13 Click the cogwheel next to the provider ID of the facility you have chosen. Click Single Attach. You will be redirected back to the previous screen.

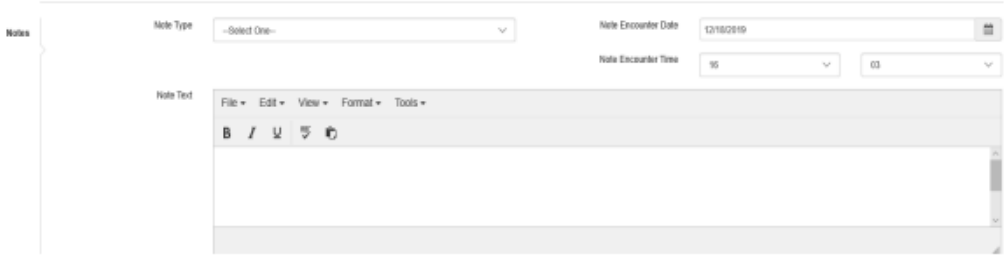

Provider ID	
100270200A1073550133351461805	⚙️

- ➕ Single Attach
- ➕ Multiple Attach
- ➖ Add Address


MDwise Authorization Portal Instructions Documentation

14	<p>Complete the “Stay Request” section:</p> <p>Choose the most appropriate options depending on the type of inpatient case for the following dropdowns:</p> <ul style="list-style-type: none">• Service Type• Actual Admit Date 
15	<p>Click on the blue “Optional Fields” link.</p> 
16	<p>Click on the “Requested Level of Care” dropdown and choose the most appropriate depending if request is Behavioral Health or Medical.</p> 
17	<p>Type in LOS (Length of Stay) Requested.</p> 
18	<p>Complete the “Documents” section:</p> <p>Type in Document Title.</p> <p>Click the green Browse button to add documents.</p>  <p>Important to note: Documents need to include clinicals and PA form.</p>

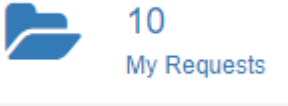
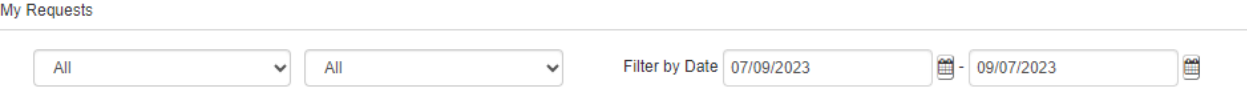
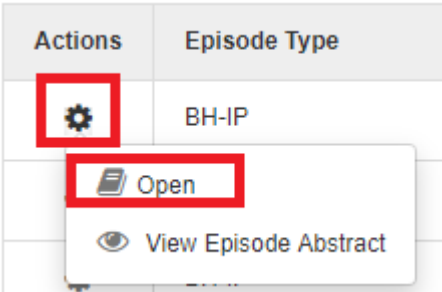
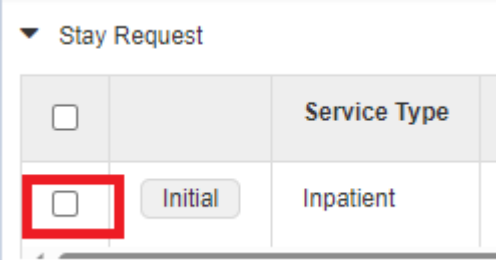
MDwise Authorization Portal Instructions Documentation

19	<p>Complete the “Notes” section. In the Note text include:</p> <p>Requestor Name:</p> <p>Requestor Phone Number:</p> <p>Requestor Fax Number:</p> <p>Additional/Relevant Information needed to process the request (reason for expedited).</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;">  </div>
20	<p>Click the green Submit button to complete the request.</p> <div style="text-align: center; margin: 10px 0;">  </div> <p>Important to Note: It must be submitted for MDwise to process the request.</p>

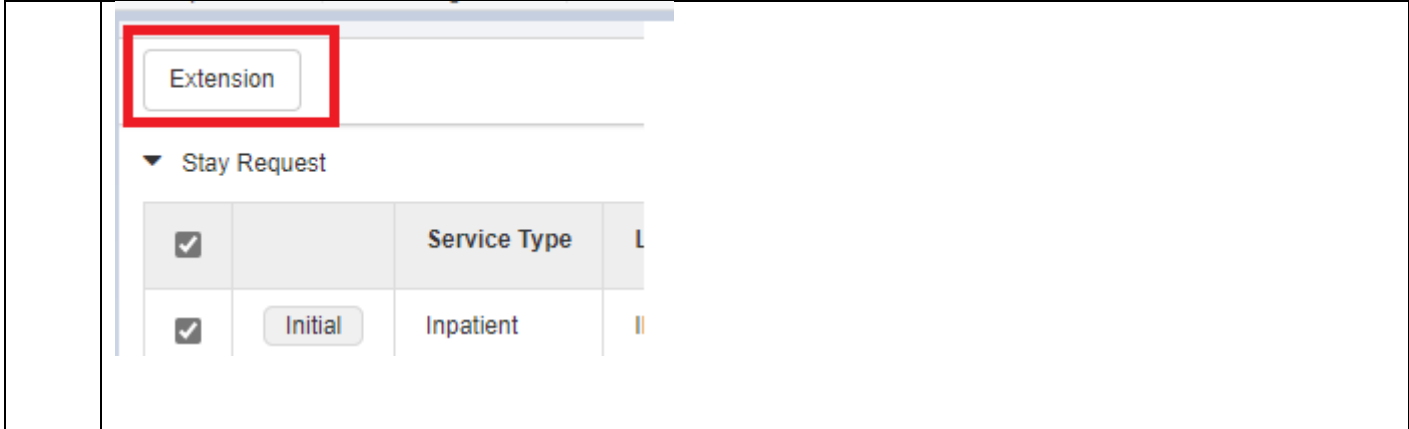
Requesting Concurrent Review or an extension for a Prior Authorization

Step	Action
1	<p>Enter the Authorization Portal from this link: https://mdwisepp.zeomega.com/cms/ProviderPortal/Controller/providerLogin.</p>
2	<p>Login using your username and password.</p> <div style="text-align: center; margin: 10px 0;">  </div>
3	<p>From the “Dashboard” screen, Click on the blue “My Requests” link that is located in the top left widget.</p>

MDwise Authorization Portal Instructions Documentation

	
4	<p>Locate the filters and filter, as needed, to locate the initial request that needs an extension/concurrent added.</p> 
5	<p>Once the member is located, click on the cogwheel in the “Actions” column of the member. Choose Open.</p>  <p>Important to Note: There may be authorizations that are too old for an extension. The user will see a notification from the system that the episode is closed and can only viewed. Please contact MDwise directly for these extensions.</p>
6	<p>Click the checkbox to the left of the “Initial” or the last “Extension” added for the desired line item(s).</p> 
7	<p>Click the white “Extension” button that appears above the Stay/Service Request line.</p>

MDwise Authorization Portal Instructions Documentation



8 **For Medical IP and BHIP:** Enter in the required details (dropdowns with a red asterisk “*”) for the extension request. *Then Skip to step #10.*

Requested Date *

Request Received Time *

Request Type *

Request Priority *

Time Request

Due Date

LOS Requested # *

Requested Level Of Care

Request Type	Description
Preservice	Initial medical and behavioral health inpatient services (unscheduled and scheduled admits)
Concurrent	Continuation of a medical or behavioral health service already submitted.
Retrospective	“Retro” Use only after Member has been discharged.

Request Type	CHOOSE Priority:
Initial and concurrent Preservice (<i>Acute Medical and Behavioral Health and Next Level of Care</i>)	Urgent -48 hours
Preservice- (<i>Scheduled Admits</i>)	Standard- 5 BD (Business Days)
Retrospective- Use only after member has been discharged.	Standard -30 CD (Calendar Days)

9 **For Medical OP and BH OP:** Enter in the required details (dropdowns with a red asterisk “*”) for the extension request.

MDwise Authorization Portal Instructions Documentation

Requested Date *

Request Received Time *

Request Type *

Request Priority *

Time Request
Due Date

Requested # *

Start Date *

End Date *

Request Type	Description
Preservice	<ul style="list-style-type: none"> Initial medical and behavioral health outpatient services. Concurrent medical outpatient services. Concurrent IOP, ABA, Psych testing, and Neuropsych testing services.
Concurrent	Continuation of a SUDRT/PHP service already submitted.
Retrospective	"Retro" Use only after services have been rendered completely

Request Type	CHOOSE:
Initial and Concurrent Medical Preservice	Standard 5 BD (Business Days)
Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing	Standard 5 BD (Business Days)
Initial and Concurrent PHP/SUDRT/Urgent Medical OP Preservice	Urgent 48 hours
Retrospective	Standard 30 CD (Calendar Days) Use only after services have been rendered completely.

Important to Note:

Priority may be changed by MDwise if the request does not meet the definition of Urgent.

10 Click the green "Save" button to complete the request.

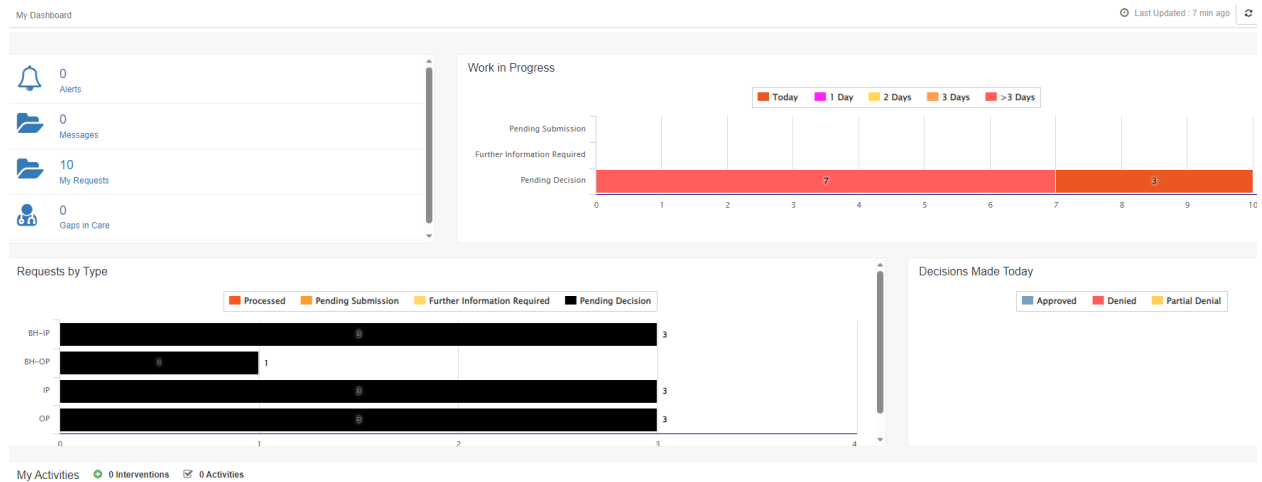
Save

Cancel

MDwise Authorization Portal Instructions Documentation


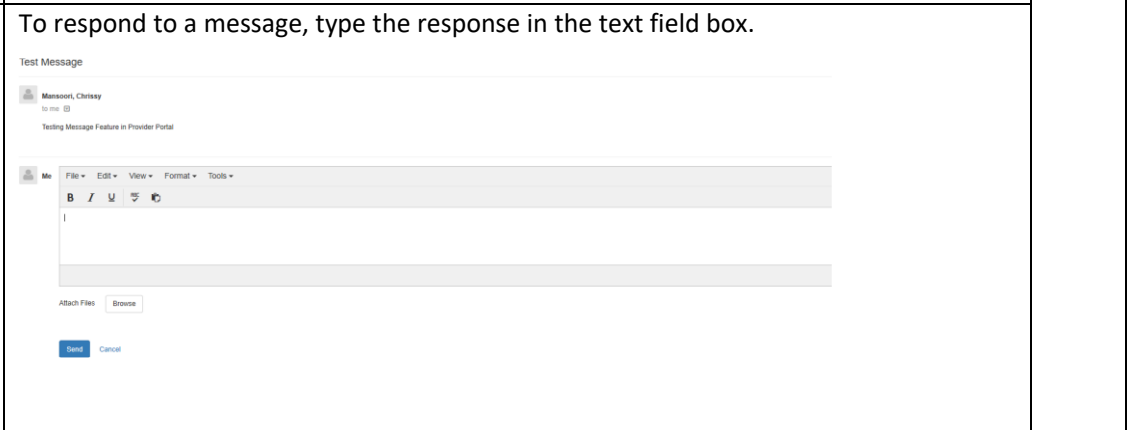
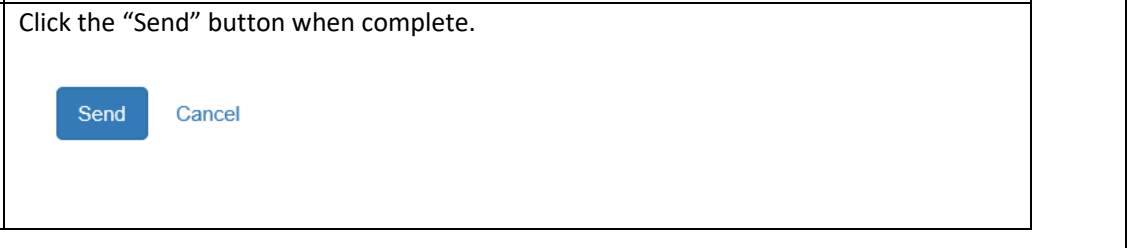
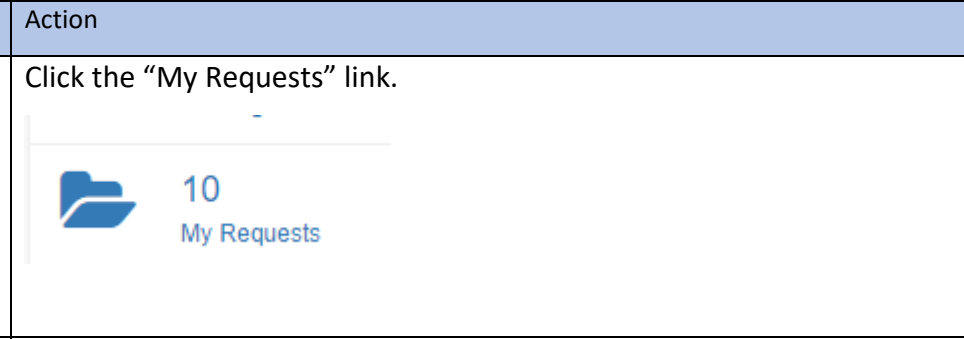
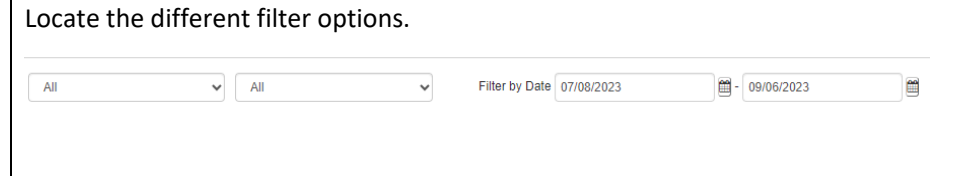
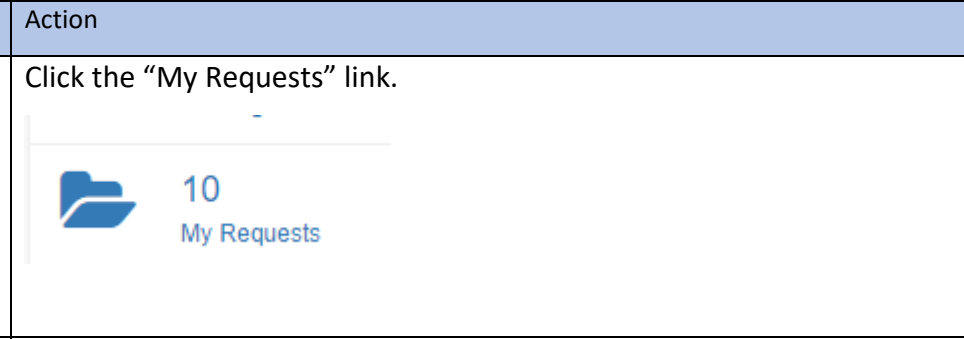
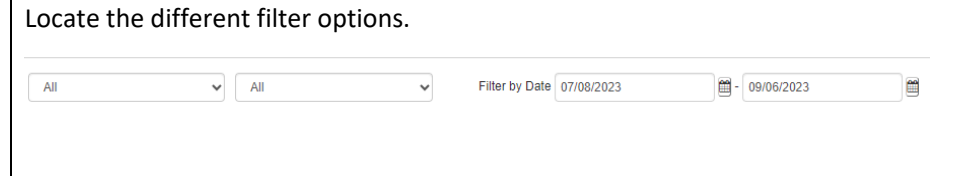
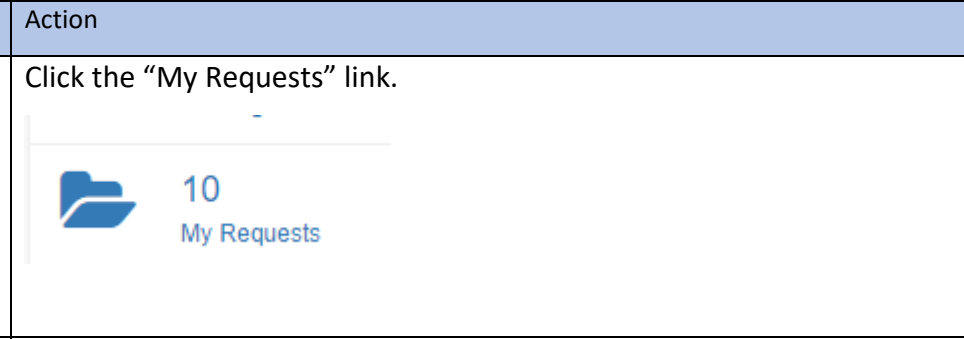
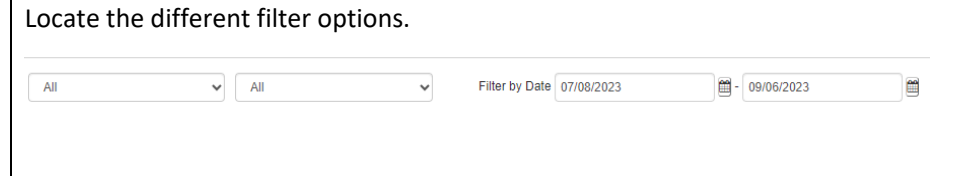
Reviewing the Prior Authorization Dashboard

The dashboard in the Provider Portal is comprised of several widgets that quickly display data related to the individual assigned provider.

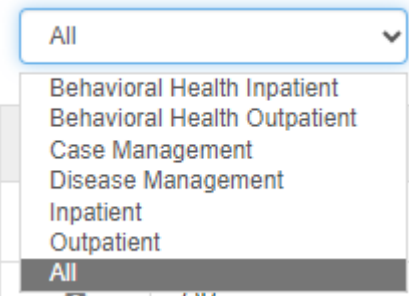
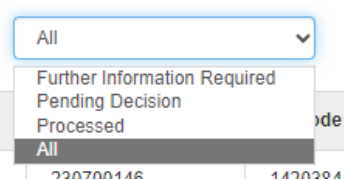
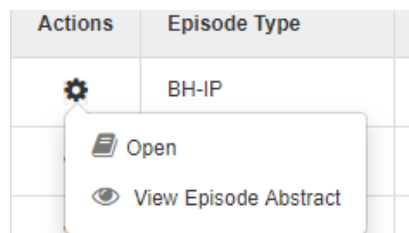


Alerts	Alerts are system generated messages to the assigned user that will present important information about specific requests. These messages will only pertain to requests by the assigned provider.								
Messages	<p>Messages are sent via the Jiva application. The messages are notes that pertain to a request or a member that have been sent to individual assigned provider.</p> <p>NOTE: Unlike in the “Alerts” link, messages here may pertain to requests made by anyone other than the assigned provider.</p> <table border="1" data-bbox="370 1402 1481 1873"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>View message (Choose “All” or “Unread”).</td> </tr> <tr> <td colspan="2" data-bbox="472 1520 938 1724"> </td> </tr> <tr> <td>2</td> <td>Choose any message to read.</td> </tr> </tbody> </table>	Step	Action	1	View message (Choose “All” or “Unread”).			2	Choose any message to read.
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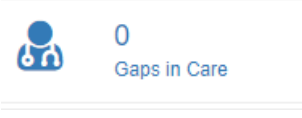


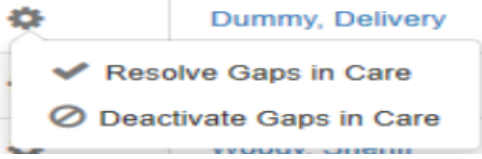
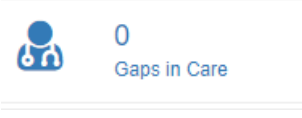


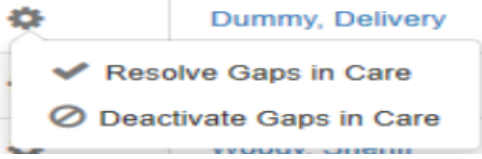
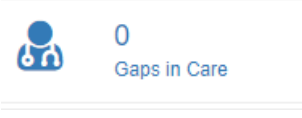


MDwise Authorization Portal Instructions Documentation

										
	<p>3</p>	<p>To respond to a message, type the response in the text field box.</p> 								
	<p>4</p>	<p>Click the "Send" button when complete.</p> 								
<p>My Requests</p>	<p>Any new requests created by a provider are grouped, and can be accessed, using this link</p> <table border="1"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td> <p>Click the "My Requests" link.</p>  </td> </tr> <tr> <td>2</td> <td> <p>Locate the different filter options.</p>  </td> </tr> <tr> <td>3</td> <td> <p>Filter by Episode Type.</p> </td> </tr> </tbody> </table>		Step	Action	1	<p>Click the "My Requests" link.</p> 	2	<p>Locate the different filter options.</p> 	3	<p>Filter by Episode Type.</p>
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MDwise Authorization Portal Instructions Documentation

	 <p>Important to Note: This is optional, as an individual request can be selected from the list.</p>	
4	<p>Filter by status.</p> 	
5	<p>Click the “cogwheel” in the “Actions” column to the left of the Episode Type for the desired request. Select the “Open” option.</p>  <p>Important to Note: Episodes that have a ‘Processed’ status can be viewed, but not modified. The user will see a pop-up screen as a warning. Click the ‘OK’ button to continue.</p>	

MDwise Authorization Portal Instructions Documentation

Gaps in Care	<p>A Gap in Care is a system-generated message designed to notify whether a member is following treatment guidelines that are appropriate to a specific condition or disease process.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 15%;">Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; vertical-align: top;">1</td> <td style="padding: 5px;"> <p>Click the “Gaps in Care” link.</p>  </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">2</td> <td style="padding: 5px;"> <p>Filter by drop down options below:</p>  </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">3</td> <td style="padding: 5px;"> <p>Click the “cogwheel” to the left of the “Member Name” column.</p>  </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">4</td> <td style="padding: 5px;"> <p>Choose the desired option.</p>  </td> </tr> </tbody> </table>	Step	Action	1	<p>Click the “Gaps in Care” link.</p> 	2	<p>Filter by drop down options below:</p> 	3	<p>Click the “cogwheel” to the left of the “Member Name” column.</p> 	4	<p>Choose the desired option.</p> 
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