Jefferson Health Plans | Health Partners Plans

MHK Prior Authorization Provider Portal
Frequently Asked Questions

Key Takeaways

Effective **April 22, 2025, we transitioned to the MHK** platform for prior authorization submissions. Along with the MHK go live, prior authorization requests submitted via fax will no longer be accepted. All authorizations must be submitted through the portal.

There are no changes to prior authorization requirements. The new MHK platform will replace the **HealthTrio** platform (provider portal) **for prior authorization only**; providers can access MHK through the HealthTrio provider portal via single sign on. There will be no changes to the process for submitting requests through the Evicore portal or any other functions currently available in HealthTrio.

For any Utilization Management questions, please call 1-866-500-4571.

1. **Q:** Who is the Requesting Provider?
   A: The physician who is rendering the service.

2. **Q:** Who is the Servicing/Facility Provider?
   A: The facility in which the services are being rendered.

3. **Q:** Can the authorization dates be adjusted?
   A: No, authorization dates cannot be adjusted by the provider after initial submission. A provider can upload additional documents if the authorization is “in progress” status in the provider portal. It can be a word document requesting a change in dates of service if needed.

4. **Q:** If a requesting provider is an outpatient hospital facility, do you select servicing provider or facility?
   A: Both servicing and Facility are required for Inpatient requests so please select both. It is ok to select the same ID for both servicing and facility.

5. **Q:** If we are entering the authorization request as the servicing provider, not the ordering provider, do we enter the "requesting provider" as ourselves? Or just the ordering provider in that section?
   A: The requesting provider is the ordering MD, and you can enter in your info (if it is not the same) as the facility/servicing. If the requesting MD provider is also providing the services (in-office) then you can select that.

6. **Q:** How long does it take to receive the determination of the authorization?

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A: Timelines are not changing; prior authorization process can be found on portal based on setting/services. It depends on the type of request and line of business.
Medicaid is typically 2 business days; Medicare will be 14 calendar days. Retroactive will be 30 calendar days. There are other timelines in addition to these for varying LOB.

7. **Q:** Who should be listed as the prescribing provider if the requesting provider is not in our office?
   A: The requesting provider is the doctor ordering the services.

8. **Q:** When looking up authorizations, can searches be conducted by requesting or servicing provider?
   A: No, searches can only be done using the requesting provider. The requesting providers populates all the authorizations related to that provider.

9. **Q:** To change an existing procedure code after the service has been performed, should we update the existing authorization or start a new retroactive authorization?
   A: Once an authorization has been completed and the status says "complete" in the portal; no additional edits can be made.

10. **Q:** For Outpatient authorization for in-office services, can the servicing provider be the same as the requesting provider?
    A: Yes

11. **Q:** What does not decisioned mean?
    A: Not decisioned means that a determination has not been made on the submitted request.

12. **Q:** How are concurrent reviews done?
    A: Authorizations remain open while the member is still in-house. Additional clinical can be submitted through the portal and on the clinical information provider can indicate how many days or what dates they are looking to continue services.

13. **Q:** Where can we see if authorization is required?
    A: For information on prior authorizations, including information on the services that require authorization via eviCore, visit our Prior Authorization website.

14. **Q:** Can the start date of an authorization be a date in the past?
    A: Yes

15. **Q:** Is this the only way we will be notified of a medication prior authorization that is required?
    A: Medications that require prior authorizations can be found here: Prior Authorizations.

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16. **Q:** Is this portal for prior authorizations only or is it for submitting clinicals for urgent admissions as well?
    A: You can submit prior authorizations as well as urgent (ER) admissions through the portal.

17. **Q:** Will the portal notify the user when a continued stay review is due?
    A: At this time there is no feature in the MHK portal that will tell a provider when the continued stay review is due.

18. **Q:** How do we initiate the request for a detained NICU baby?
    A: If mom is a Health Partners Plans Medicaid member and the baby is detained, they would need to notify us via fax that mom discharged and baby was detained, then a shell auth would be built until a permanent ID was given. If mom and healthy baby are discharged on the day, no authorization is required. To learn more, please visit, Newborn Authorizations

19. **Q:** Are medication prior authorizations submitted via this portal?
    A: Yes, they are submitted through the portal

20. **Q:** What is the difference between standard verses urgent processing?
    A: Standard turn-around times vary by line of business. For urgent requests, the turn-around time is 24 hours, provided they meet the urgent criteria.

21. **Q:** Do you need to upload clinicals in the request or can they still be faxed separate?
    A: Uploaded through MHK portal, as of 4/22/2025 faxes will no longer be accepted.

22. **Q:** Is there an option for home infusion requests?
    A: Yes, select Drug and Biologics.

23. **Q:** Does Enteral Therapy go under "drugs and biologics"?
    A: If you are a home infusion provider, yes. (use cat as drugs and Bio, home as setting) If you are a DME provider, use outpatient as cat then home as setting

24. **Q:** Will MHK be used for prior authorizations in PA and NJ?
    A: Yes

25. **Q:** Is it appropriate to proceed with the request for a specialist referral?
    A: No, we do not require referrals for any lines of business.

26. **Q:** Can you enter a Private Duty Nursing (PDN) request for pediatrics?

A: Private Duty Nursing requests can be submitted through the MHK portal. PDN is entered in hours/days, not visits.

27. **Q:** Do you use MCG or InterQual guidelines?
    A: Inter Qual® criteria

28. **Q:** For home health requests, is the requesting provider the same as the servicing provider?
    A: No, the requesting provider is the ordering practitioner for the home care services and the servicing provider is the home health agency "servicing the member".

29. **Q:** Is there a time frame to request for Home Health authorizations?
    A: You have 5 business days to submit a request for the initial start of services. For ongoing re-authorizations, requests must be submitted before the end date of the previous auth approval. Any late submissions will be reviewed as retro requests. Please refer to the Provider Manual for detailed guidelines.

30. **Q:** How do we request additional visits for home health services?
    A: The same location applies for both initial and ongoing services. Home hospice for participating providers does not require prior authorization.

31. **Q**: Should the place of service be “Home” for home health outpatient authorization for services at the patient’s home?
    A: Yes, select “Home” for place of service.

32. **Q:** Is there an option for days/hours for home health outpatient authorization in the procedure code section in the “Units” dropdown? Also how to enter time frame such as 10hr/d x 5d/wk.?
    A: Yes, in the “Units “dropdown menu includes days and hours.
    A: If you have trouble entering in the info, you can fax the request to our shift care number and upload the request form on to the page, so it clearly states what you are requesting.

33. **Q:** How long after the SOC do we have to request authorization?
    A: For homecare, the process is not changing. You must request prior authorization at least 2 business days before the start of your requested visits
    A: For homecare SOC/initial, they have 5 business days to submit PA.

34. **Q:** How to register for the Healthtrio or MHK portal?
    A: Access MHK via the HealthTrio portal with single sign-on. Registration details are available here: HealthTrio portal.

35. **Q:** If the MHK portal is down, how do I submit prior authorization requests?
A: Although we will not accept fax submissions after 4/22, in the event the MHK platform is down you may fax requests.

36. **Q:** How to register on Healthtrio without a claim number and claim amount?
A: Please contact your HealthTrio portal administrator for your site to determine if an account has been set up on your behalf, typical someone at your site has already created an account and registered users. If an account was not created, please email hpconnect@jeffersonhealthplans.com.

37. **Q:** Can I add new users to Healthtrio?
A: Please contact your HealthTrio portal administrator or email hpconnect@jeffersonhealthplans.com.

38. **Q:** Will users get access to Healthtrio once our local administrator registers?
A: No, once the local administrator registers, they will need to create user accounts for all additional staff requiring access to Healthtrio. Directions for creating user accounts can be found in our Local Admin and User Guide on our Provider Portal webpage.

39. **Q:** How can I tell which services will go through MHK or Evicore (i.e. Diagnostic testing, chiropractic services, interventional pain management, home health outpatient requests, PT, OT, ST)?
A: Diagnostic testing, chiropractic services, and home health outpatient requests (PT, OT, ST), should continue processing through eviCore.
Please visit our Prior Authorization webpage to determine which portal to use: Evicore vs Healthtrio portal.

40. **Q:** The Radiology PA through Evicore states no prior authorization is required. Is this correct?
A: For information on prior authorizations, including information on the services that require authorization via eviCore, visit our Prior Authorization website.

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