MHK Prior Authorization Portal Guide

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1-888-991-9023
1101 Market Street, Suite 3000
Philadelphia, PA 19107
JeffersonHealthPlans.com

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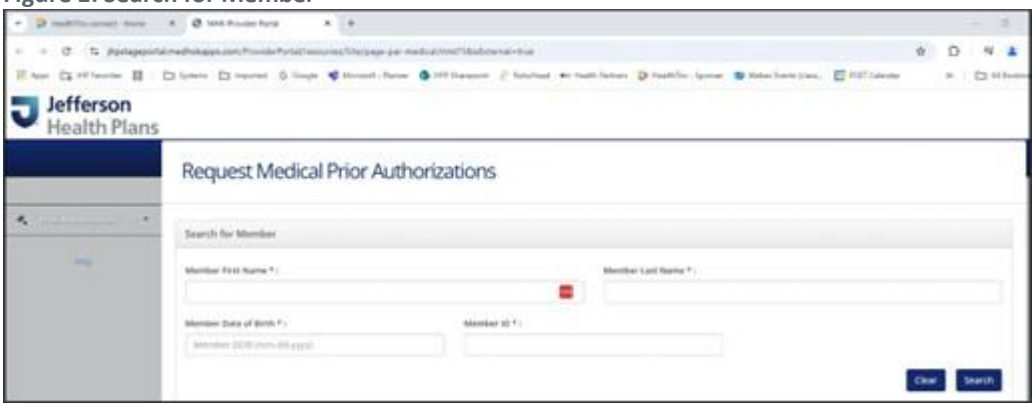
Search for a Member

1. Go to provider portal by clicking https://hppprovider.healthtrioconnect.com/app/index.page and enter username and password.

Important! *The recommended best practice is to first look up the member in HealthTrio to gather the exact data points. Then, proceed to the authorization portal to create the authorization. An exact match on three data points—Date of Birth (DOB), Member ID, and Last Name will be required.*

2. Select **Office Management > Eligibility** and complete the steps as you have done in the past to check member's eligibility and gather **patient's Date of Birth (DOB), Member ID, and Last Name**.
3. Select **Office Management > Submit Authorization** to access MHK Platform to conduct a member search.
4. Request medical prior authorizations is where you search for a member. Enter member information**. All fields are required for member search**. There is no partial search option.
    a. **Member Last Name:** If patient has a hyphenated last name or suffix, it goes in the last name field. You would use the hyphen with no spaces.
    b. **Member Date of Birth:** Member date is entered using drop down calendar or manual format as xx-xx-xxxx.
    c. **Member ID:** All digits are included for member ID which may include numeric digits and alpha codes.
5. Click **Search**.

Figure 1: Search for Member



Note: *If any information is missing or incorrect, the "Member not found." pop-up appears (shown below). Click the OK button to clear the pop-up, then reverify the information entered, and rerun the search.*

View Future or Termed Eligibility

By default, any future eligibility or termed eligibility are hidden from view. To view these items, check the **Show All Eligibility Records** check on the Patient Search Results window. A maximum of five (5) ineligible lines.

1. Locate member and click **Select** to expand member information.

Figure 2: Member Search Results

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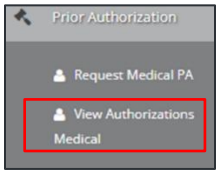
Existing Prior Authorization Request

Important! *The recommended best practice is to first look up the member in HealthTrio to gather the exact data points. Then, proceed to the authorization portal to create the authorization. An exact match on three data points—Date of Birth (DOB), Member ID, and Last Name will be required.*

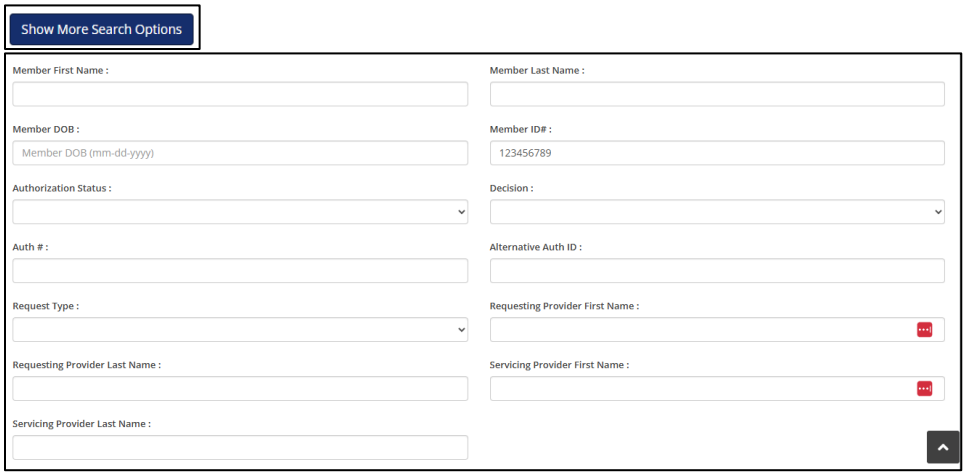
1. Select **Office Management > Submit Authorization**.
2. From the **Prior Authorization** menu on the left, select **View Authorizations Medical**.

Figure 3: Member Search Results



3. Click the blue, **Show Search Fields/Show More Search** Options button.
4. *Enter your **search criteria**. Best practice: Look for member using **"Member ID"** field.*
5. *Click the green, **Search** button.*

Figure 4: Medical Authorizations Search



Note: *All the authorizations that populate are the authorizations related to that provider. If there were multiple lines, you could click on another line and look at all the requested authorizations for that provider.*

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View Request Details including the Status

1. Locate the appropriate request in the Prior Authorization Request Status section.
2. Click the blue reference number under the Reference # column.
3. The Member Auth Details window appears.
    a. **Reference number** is the pending authorization # - includes alpha and numeric.
    b. Member Auth Details:
        i. **Member Information:** All information for the member.
        ii. **Medical Authorization Review:** Section to review details from within the authorization Review. The review number is different from the authorization number. So, when you first create a case, you will be given an authorization number within the authorization.

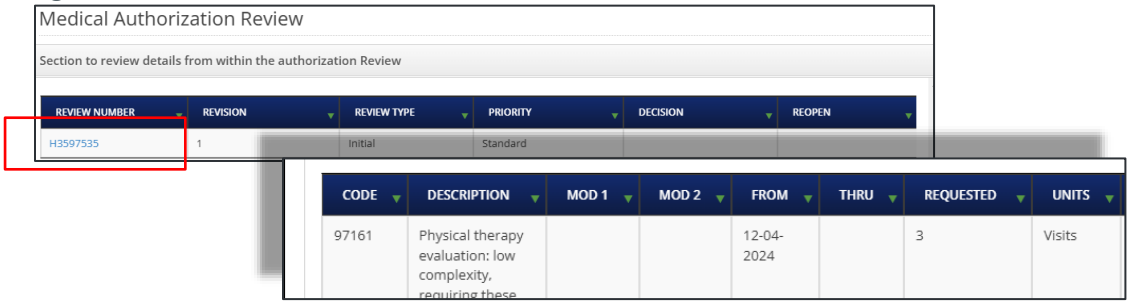
Note: *Medical Authorization Review – Providers will receive a determination on their initial request, concurrent reviews require their own review and determination.*

iii. **Discharge Information:** Details on the members discharge.
iv. **Provider(s):** Shows all the providers associated to this authorization.
v. **Notes:** Notes which were placed on this authorization.
vi. **Diagnosis Information:** Contains all Diagnosis (Dx) which are associated to this authorization.
vii. **CPT/HCPCS:** Refers to the procedure code used for billing services.
viii. **Supporting Documents:** Add documents which are related to this authorization.
ix. **Correspondence:** Correspondence generated on this authorization.

View the Medical Authorization Review

1. Locate the existing request.
2. Click the request reference number that appears under the Reference # column.
3. Within the Member Auh Details window, scroll down to the Medical Authorization Review section.
4. Click the review number appearing in blue under the Review Number column.

Figure 5: Medical Authorization Review Details



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Enter Discharge Information

Providers should be entering this information.

1. Locate the existing request.
2. Click the request reference number that appears under the **Reference #** column.
3. Within the **Member Auth Details** window, scroll down to the **Discharge Information** section.
    a. Complete the following fields
        i. **Discharge Date**
        ii. **Discharge Disposition** field
        iii. Complete the **Discharge Diagnosis** field
            1. Click the green, search icon.
            2. Enter your search criteria.
            3. Click Search from within the ICD Search window.
            4. Locate the appropriate diagnosis from the results shown.
            5. Click the Select box to the left of your choice.
        iv. Diagnosis Description
        Note: Must have discharge DX for usable description field
4. Click the **Save** button within the **Discharge Information** section.

Add New Supporting Documentation

Only one document can be uploaded at a time. To upload multiple files, repeat the process. Word and PDF formats are accepted, but **PDF is recommended** as it opens in a new tab automatically.

1. Locate the existing request.
2. Click the request reference number that appears under the **Reference #** column.
3. Within the **Member Auth Details** window, scroll to the **Supporting Documentation** section.
4. Click the green, **Add Documents** button.
5. In the Upload Additional Documents window, click **Choose File.**
6. Locate the file to be uploaded.
7. Click **Upload Document**.

Note: *Supporting documentation may not be added to a completed case. A completed case is one where the STATUS = Completed.*

View Previously Uploaded Documents

1. Locate the existing request.
2. Click the request reference number that appears under the **Reference #** column.
3. In the **Member Auth Details** window, scroll down to the **Supporting Documentation** section.
4. Click the file name appearing in blue under the Document Name column.

View Provider & Member Correspondence for a Specific Request

1. Locate the existing request.
2. Click the request reference number that appears under the **Reference #** column.
3. In the **Member Auth Details** window, scroll down to the **Correspondence** section.
4. Click the file name appearing in blue under the **Name** column.

Create a Prior Authorization Request

Entering a request consists of three main tasks: locating the member, entering the necessary data, and uploading the supporting documentation. This section breaks each of those tasks into individual steps.

Locate the Member

Important! *The recommended best practice is to first look up the member in HealthTrio to gather the exact data points. Then, proceed to the authorization portal to create the authorization. An exact match on three data points—Date of Birth (DOB), Member ID, and Last Name will be required.*

1. Select **Office Management > Eligibility** and complete the steps as you have done in the past to check member's eligibility and gather **patient's Date of Birth (DOB), Member ID, and Last Name**.
2. Select **Office Management > Submit Authorization** to access MHK Platform to conduct a member search.
3. Request medical prior authorizations is where you search for a member. Enter member information**. All fields are required for member search**. There is no partial search option.
    a. **Member Last Name:** If patient has a hyphenated last name or suffix, it goes in the last name field. You would use the hyphen with no spaces.
    b. **Member Date of Birth:** Member date is entered using drop down calendar or manual format as xx-xx-xxxx
    c. **Member ID:** All digits are included for member ID which may include numeric digits and alpha codes.
4. Click **Search**

Complete the Requesting Provider Section

1. **Review** the member demographic information to confirm you are building the request for the correct member.
2. **Authorization urgency** by clicking the appropriate radio button.

Important! *Selecting "Expedited" does not guarantee automatic expedited determination. The request will be reviewed to determine if it meets criteria for urgency—typically reserved for situations where waiting for a standard authorization could seriously jeopardize the beneficiary's life, health, or ability to regain maximum function.*

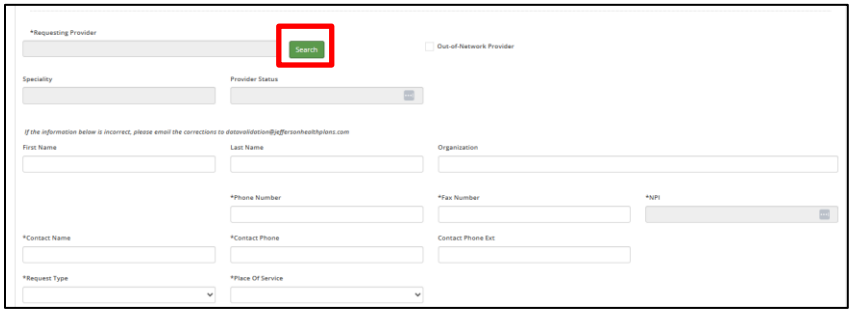
Figure 6: Expedited Request

Important! *Requesting Provider is the physician who is ordering the service.*

Note: *The Requesting Provider is the individual physician who is ordering the service or procedure. This is a person, not a facility.*

3. The **Requesting Provider** field will look grayed out and inactive. This is expected — you cannot type in this field directly.
    a. Select **Search** to open the provider lookup window.
    b. Enter **NPI or First Name and Last Name and State** (The full spelling of the state will not be accepted; you must use the states abbreviation).
    c. Select **Yes** if a participating or **No** if not participating provider.
    d. Click **Search**
    e. **Select** the appropriate provider from the **Search Results.**
    f. The provider first, last name and organization will auto-populate in the fields. Complete the remaining required fields as denoted by an asterisk.
    g. Confirm the information in the Requesting Provider section is correct.

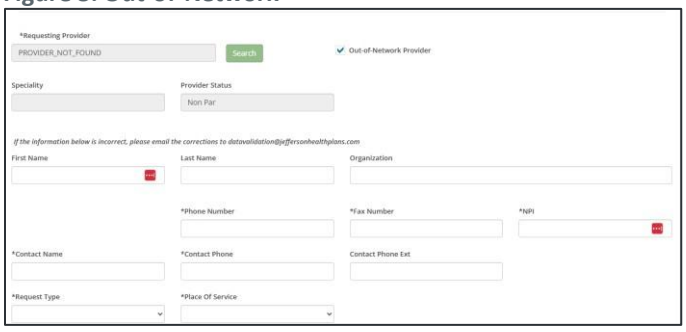
Figure 7: Search for Requesting Provider



If the provider does not appear in the results, you can click the "Out of Network Provider" checkbox on the main screen.

- *Click on the **checkbox**, it will auto populate the grey fields.*
- *Enter the requesting provider information, including fields with and without asterisks.*
- *Confirm the information in the Requesting Provider section is correct.*

Figure 8: Out-of-Network

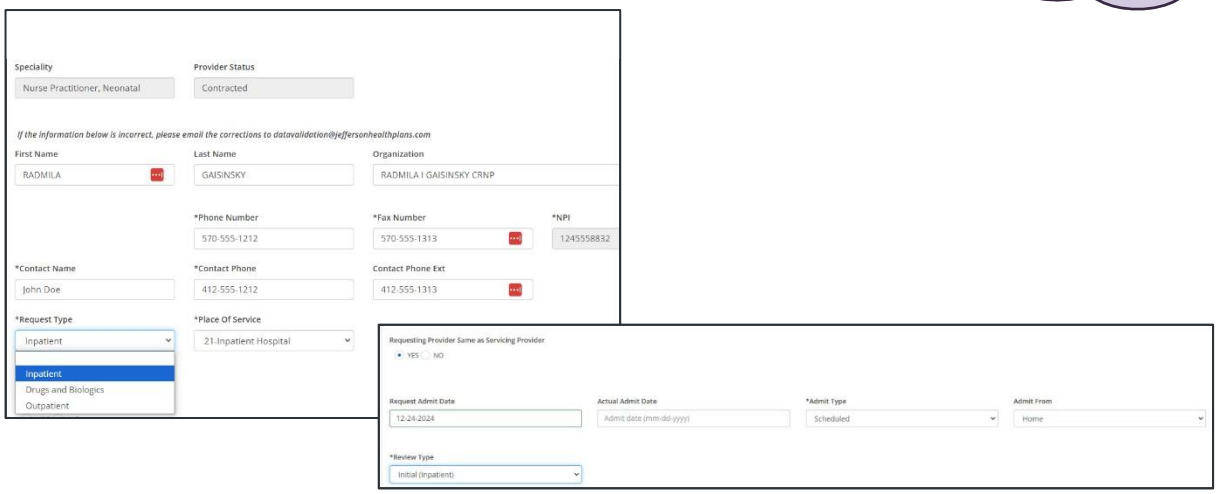


Important! *Please report all incorrect member and/or provider information to* *datavalidation@jeffersonhealthplans.com*

1. **Request Type:** Inpatient, Drugs and Biologics, Outpatient
2. **Place of Service:** Place of Service Codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided.
3. Confirm the **Requesting Provider Same as Servicing Provider and Requesting Provider Same as Facility** radio button options are correct.
4. Complete the optional fields, as needed, and the remaining required fields as denoted by an asterisk by the field name.
5. **Inpatient:** Request Admit Date, Actual Admit Date, Admit Type and Admit Form.
6. **Review Type:**
    a. Inpatient - Concurrent review, Initial and Retrospective
    b. Outpatient - Initial and Retrospective
    c. Drugs and Biologics: Initial

Not applicable for Outpatient and Drug & Biologics

Figure 9: Requesting Provider



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Complete Servicing and Facility Provider Information

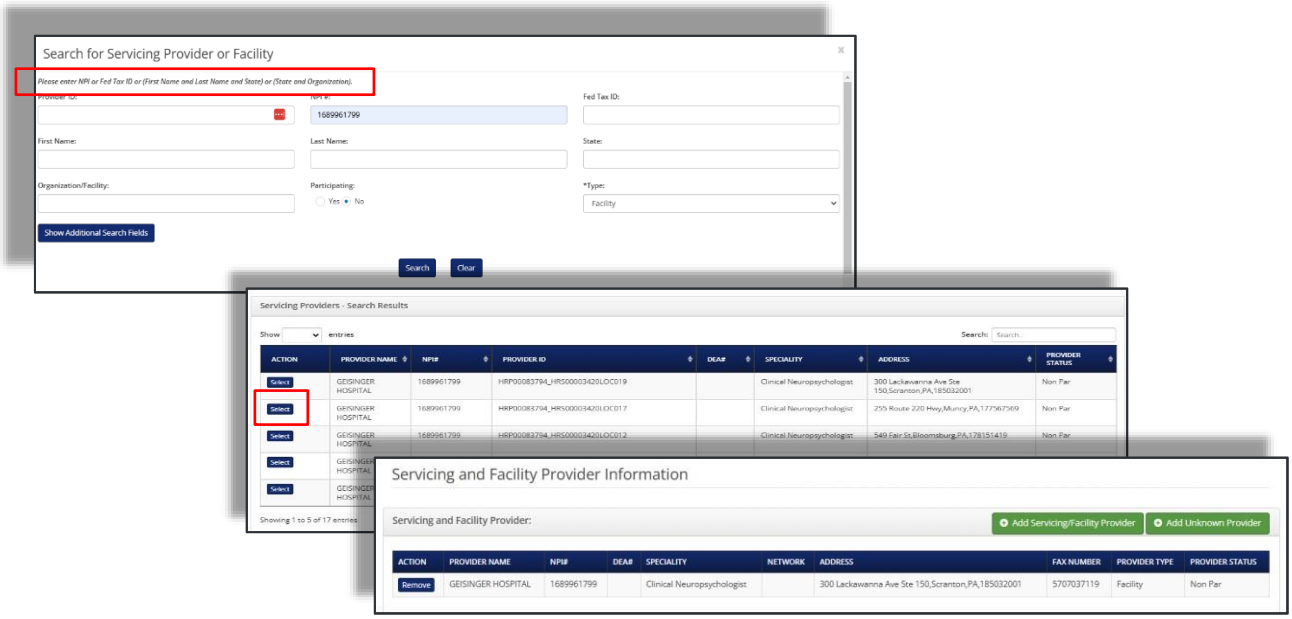
Important! *The **Servicing/Facility Provider** refers to the location where the service will be performed (e.g., hospital, clinic, imaging center).*

1. **Determine what information to capture for Servicing and Facility Provider Information** search based on the step above if the requestor ***is*** or ***is not*** the same as serving provider. A search must be conducted first for the requesting provider.
    a. If the Requesting Provider ***is*** the Same as Servicing, click the "Yes" radio button. Compete Facility Provider since the provider is populated as it's the same as requesting provider, but not the facility provider.
    b. If the Requesting Provider ***is not*** the same as Servicing Provider, select the "No" radio button and search for the servicing provider.
        i. Inpatient Requests require both the Servicing Provider and Facility sections to be completed.
        ii. Service Requests only require the Servicing Provider section to be completed.

    If you cannot find the provider or facility you may add an unknown entity to the request following the steps below.
        1. *Click the green Add Unknown Provider button.*
        2. *Enter the full **NPI number**.*
        3. *Enter as much additional information you have, making sure to address the required fields (providers full name, address, phone number, and fax number)*
        4. *Click **Save***

2. **Search for Servicing Provider or Facility** using one of the following search criteria
    a. NPI **or**
    b. Fed Tax ID **or**
    c. First Name and Last Name and State **or**
    d. State and Organization
3. **Participating:**
    a. Make selection depending on if the NPI# participating or not. If you are unsure if participating, then select **No**.
4. **Type:**
    a. Serving Provider
    b. Facility
    c. Additional Provider
5. Click **Search**
6. Locate the appropriate value in the **Search Results** section of the window.
7. Click **select** button under the Action column.

Figure 10: Search for Servicing Provider ad Facility

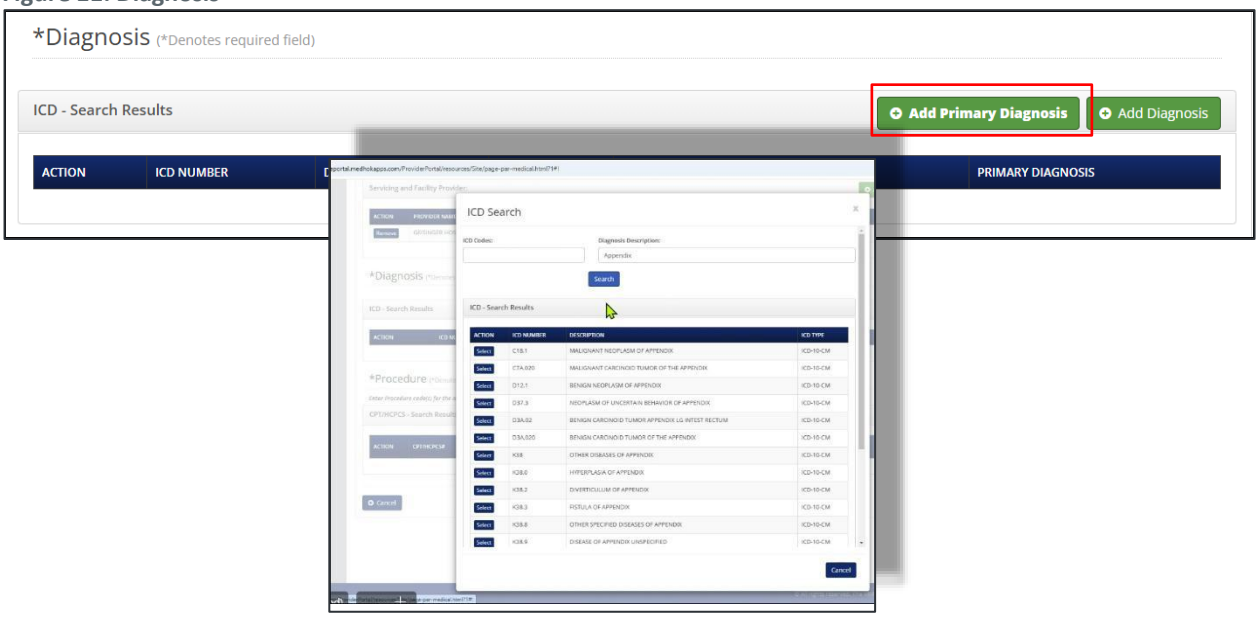


Enter the Diagnosis and Procedure Data

Only the primary diagnosis and primary procedure are required. If you wish to enter additional diagnosis values, click the green to add additional diagnosis and procedure codes.

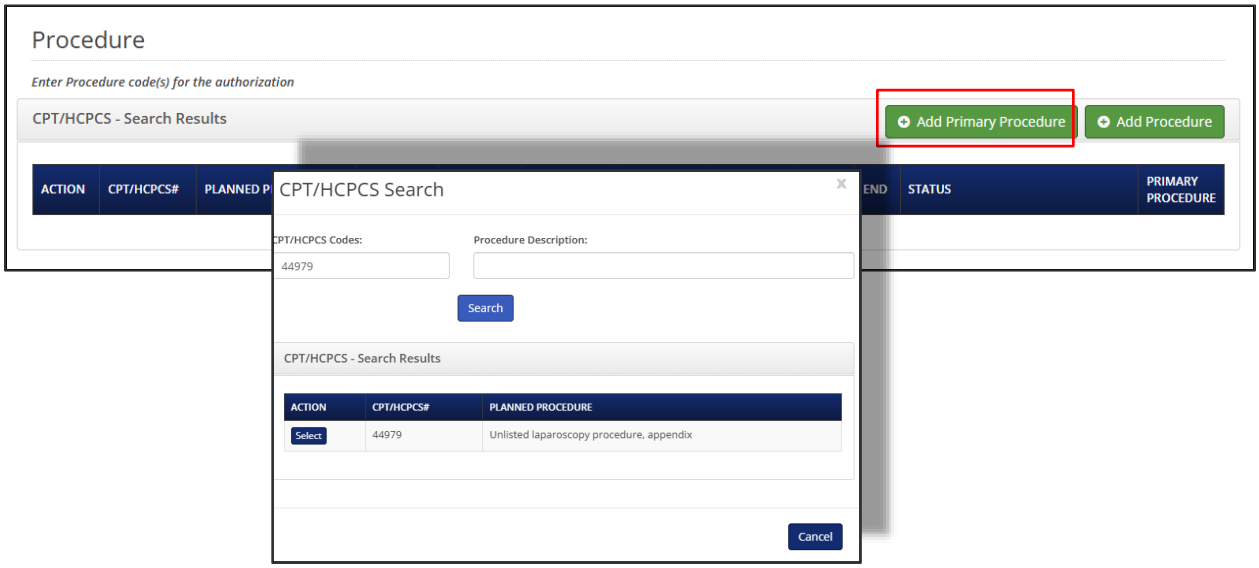
1. Click the green **Add Primary Diagnosis/Add Procedure button**.
2. Enter either the **code or Description** (partial values are acceptable).
3. Click **Search.**
4. Locate the **appropriate value** from the search results shown.
5. Click **Select** under the action column.

Figure 11: Diagnosis



6. *If adding a procedure code, complete the following actions.*
    a. *Add Primary Procedure*
    b. *Insert **CPT/HCPCS Code***
    c. *Click **Search***
    d. *Click **Select** for the appropriate code*

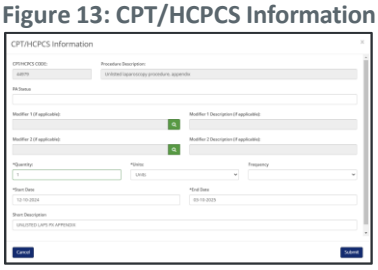
Figure 12: Procedure



7. Complete the required fields on the CPT/HCPCS Information window.
    a. **PA Status** is the status of authorization.
    b. **Modifiers, as needed:** Two-digit codes added to CPT or HCPCS codes to provide additional information about a procedure or service, enhancing accuracy and facilitating appropriate reimbursement.
    c. **Quantity:** Amount choice
    d. **Units:**
        i. Inpatient: Days, Miles, Units, Visits.
        ii. Outpatient & Drugs & Biologics: Days, Miles, Units, Visits, Hours, Days.
    e. **Start and End Date**: Authorization dates auto populate, 90-day timeframe.
    f. Click **Submit**

Units vary depending on authorization type.

Figure 13: CPT/HCPCS Information



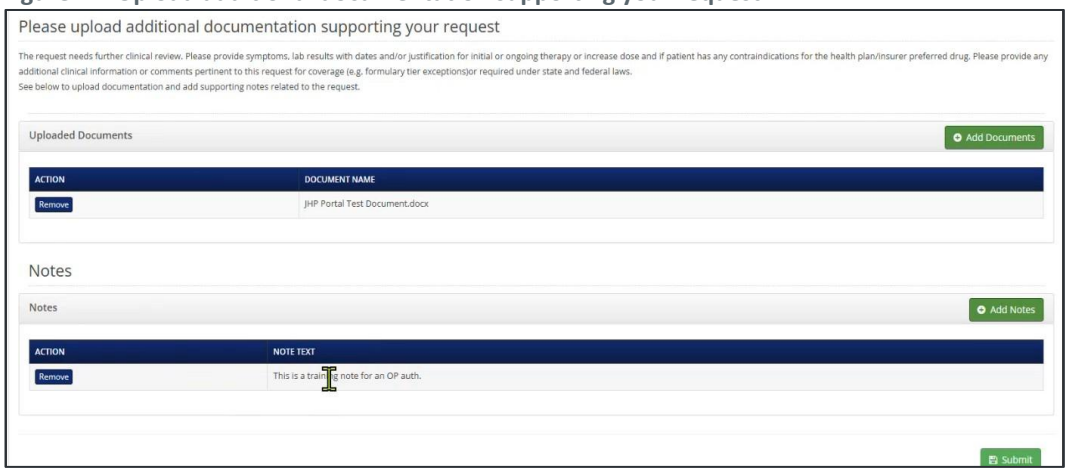
8. The procedural codes will appear, then Select **Submit**.

Upload Supporting Documentation and/or Adding Notes

Important! *Documents may be added to an existing request later; however, notes are only able to be added when initially creating the request.*

1. If you wish to skip and submit the request, click the green Submit button in the bottom right corner of the window.
2. If you wish to add supporting documents or a note, follow the steps below.
    a. Click the green, **Add Documents** button.
    b. Within the Upload Additional Documents window, click **Choose File**
    c. Locate the file to be uploaded.
    d. Click **Upload Document**.
    e. Click the green **Add Notes** button.
    f. Click within the Note Text area within the Notes window.
    g. Click **Add Notes**.

Figure 14: Upload additional documentation supporting your request



You will see a request summary and have the following options,

- Create a new request for the same member.
- Create a new authorization for a different member.

Figure 15: Request Medical Prior Authorization