

MHK Prior Authorization Portal Guide

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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.

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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

The screenshot shows the 'Member Search Results' window. At the top, there is a checkbox labeled 'Show all Eligibility Records'. Below this is a search bar with the placeholder text 'Search:'. The main area contains a table with the following columns: ACTION, FIRST NAME, LAST NAME, DATE OF BIRTH, MEMBER ID, ADDRESS, STATUS, EFFECTIVE DATE, TERM DATE, COMPANY, LINE OF BUSINESS, PLAN CODE, PLAN DESCRIPTION, CONTRACT NUMBER, and PIP NUMBER. A 'Select' button is located in the first row of the table. Below the table, it says 'Showing 1 to 1 of 1 entries'. At the bottom left, the date 'Date: 12/04/2024' is displayed. At the bottom right, there are 'Print' and 'Cancel' buttons.

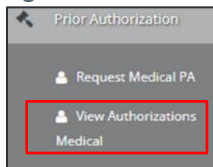
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Existing Prior Authorization Request

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

 A screenshot of a web application interface for searching medical authorizations. At the top left, there is a blue button labeled 'Show More Search Options'. Below this button is a form with various search criteria fields. The fields are arranged in two columns. The left column includes: 'Member First Name', 'Member DOB' (with a sub-label 'Member DOB (mm-dd-yyyy)'), 'Authorization Status' (a dropdown menu), 'Auth #', 'Request Type' (a dropdown menu), 'Requesting Provider Last Name', and 'Serving Provider Last Name'. The right column includes: 'Member Last Name', 'Member ID#' (with the value '123456789'), 'Decision' (a dropdown menu), 'Alternative Auth ID', 'Requesting Provider First Name' (with a red eye icon), and 'Serving Provider First Name' (with a red eye icon). At the bottom right of the form, there is a green button with a white arrow pointing up.

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 Auth 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

Medical Authorization Review						
Section to review details from within the authorization Review						
REVIEW NUMBER	REVISION	REVIEW TYPE	PRIORITY	DECISION	REOPEN	
H3597535	1	Initial	Standard			

CODE	DESCRIPTION	MOD 1	MOD 2	FROM	THRU	REQUESTED	UNITS
97161	Physical therapy evaluation: low complexity, requiring these			12-04-2024		3	Visits

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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.

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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

Select Authorization Urgency
☐ Standard ☒ Expedited
Attestation Regarding Medicare Expedited Review
☒ By checking this box, I certify that the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

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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

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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



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. Complete 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.

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Figure 10: Search for Servicing Provider and Facility

The screenshot displays the 'Search for Servicing Provider or Facility' form. A red box highlights the instruction: 'Please enter NPI or Fed Tax ID or (First Name and Last Name and State) or (State and Organization)'. The form includes fields for Provider NPI (1689961799), First Name, Last Name, Organization/Facility, Participating (Yes/No), Fed Tax ID, State, and *Type (Facility). A 'Show Additional Search Fields' button is also present. Below the form, the 'Servicing Providers - Search Results' table is shown, listing providers like GEISINGER HOSPITAL. A red box highlights the 'Select' button in the action column. To the right, the 'Servicing and Facility Provider Information' section shows a table with provider details, including a red box around the 'Add Servicing/Facility Provider' button.

ACTION	PROVIDER NAME	NPI#	DEAR	SPECIALTY	ADDRESS	PROVIDER STATUS
Select	GEISINGER HOSPITAL	1689961799		Clinical Neuropsychologist	300 Lackawanna Ave Ste 150, Scranton, PA, 18503-0001	Non Par
Select	GEISINGER HOSPITAL	1689961799		Clinical Neuropsychologist	255 Route 220 Hwy, Muncy, PA, 17756-7569	Non Par
Select	GEISINGER HOSPITAL	1689961799		Clinical Neuropsychologist	540 Fair St, Bloomsburg, PA, 17815-1418	Non Par

ACTION	PROVIDER NAME	NPI#	DEAR	SPECIALTY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
Remove	GEISINGER HOSPITAL	1689961799		Clinical Neuropsychologist		300 Lackawanna Ave Ste 150, Scranton, PA, 18503-0001	5707037119	Facility	Non Par

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

The screenshot shows the 'Diagnosis' section of the portal. A red box highlights the 'Add Primary Diagnosis' button. Below, the 'ICD - Search Results' table is displayed, listing various ICD codes and descriptions. A red box highlights the 'Select' button in the action column. An inset window shows the 'ICD Search' form with a red box around the 'Search' button and a list of search results.

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	C18.1	MALIGNANT NEOPLASM OF APPENDIX	ICD-10-CM
Select	C18.801	MALIGNANT CARCINOMA TUMOR OF THE APPENDIX	ICD-10-CM
Select	D12.1	BENIGN NEOPLASM OF APPENDIX	ICD-10-CM
Select	D12.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF APPENDIX	ICD-10-CM
Select	D24.02	BENIGN CARCINOID TUMOR APPENDIX LG INTEST RECTUM	ICD-10-CM
Select	D24.020	BENIGN CARCINOID TUMOR OF THE APPENDIX	ICD-10-CM
Select	K08	OTHER DISEASES OF APPENDIX	ICD-10-CM
Select	K08.0	HYPERTROPHY OF APPENDIX	ICD-10-CM
Select	K08.1	DIVERTICULUM OF APPENDIX	ICD-10-CM
Select	K08.2	PERITONITIS OF APPENDIX	ICD-10-CM
Select	K08.3	OTHER SPECIFIED DISEASES OF APPENDIX	ICD-10-CM
Select	K08.9	DISEASE OF APPENDIX UNSPECIFIED	ICD-10-CM

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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

Procedure

Enter Procedure code(s) for the authorization

CPT/HCPCS - Search Results

ADD Primary Procedure ADD Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE
Select	44979	Unlisted laparoscopy procedure, appendix

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

CPT/HCPCS Information

CPT/HCPCS CODE: Procedure Description:

Modifiers 1-10: Modifiers 11-10:

Quantity: Units: Frequency:

Start Date: End Date:

Start Description:

Submit

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

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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

Please upload additional documentation supporting your request

The request needs further clinical review. Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increase dose and if patient has any contraindications for the health plan/insurer preferred drug. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g. formulary tier exceptions or required under state and federal laws. See below to upload documentation and add supporting notes related to the request.

Uploaded Documents

[Add Documents](#)

ACTION	DOCUMENT NAME
Remove	JHP Portal Test Document.docx

Notes

[Add Notes](#)

ACTION	NOTE TEXT
Remove	This is a training note for an OP auth.

[Submit](#)

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

[Member Eligible](#) (01/01/2009)

Contract Number: PBP Number:

Authorization Status: In Progress

Reason: Coordinator Review

Decision:

Reference#: H4816075

Procedure Status: 97161/Not Decided

[Create Auth for same member](#) [Create Auth for different member](#)

This authorization is not a guarantee of payment. It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies/guidelines. Benefits for this service are subject to the provisions of the member's plan and the member's eligibility on the date of service.

Updated: 06/13/2025

Health Partners Plans, Inc. (HPP), uses Jefferson Health Plans as the marketing name for some of its lines of business. Current lines of business are: Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP. All communications will specify the impacted line of business within the content of the message.

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