

## Table of Contents

Search for a Member	)
View Future or Termed Eligibility	3
Existing Prior Authorization Request	1
View Request Details including the Status	5
View the Medical Authorization Review	5
Enter Discharge Information	5
Add New Supporting Documentation	5
View Previously Uploaded Documents	5
View Provider & Member Correspondence for a Specific Request	5
Create a Prior Authorization Request	7
Complete the Requesting Provider Section	7
Complete Servicing and Facility Provider Information	3
Enter the Diagnosis and Procedure Data10	)



## Search for a Member

1. Go to provider portal by clicking <u>https://hppprovider.healthtrioconnect.com/app/index.page</u> 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.

- Select Office Management > Eligibility and complete the steps as you have done in the past to check member's eligibility and gather pateint's Date of Birth (DOB), Member ID, and Last Name.
- 3. Select **Office Management > Submit Authorization** to access MHK Platom 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	Memb	er
--------	----	--------	-----	------	----

<ul> <li>HealthTrio connect - Home</li> </ul>	MHK-Provider Portal X +	- 0	
← → C 😘 jhpstageportal.m	nedhokapps.com/ProviderPortal/resources/Site/page-par-medical.html?1&isExternal=true	☆ Ď   ₹	
Apps 🕞 JHP Favorites 🔡 🗅	3 Systems 🗅 Imported 💪 Google 🗳 Microsoft - Planner 🥼 HPP Sharepoint 🔗 RoboHead 🚥 Health Partners 🜔 Health Trio - Sponser 🐲 Webex Events (class 🔟 POET Calendar	» 🗅 All Ba	30km
Jefferson Health Plans			
	Request Medical Prior Authorizations		
Rrior Authorization	Search for Member		
FAQ	Member First Name * : Member Last Name * :		
	Member Date of Birth *: Member ID *: Member DOB (mm-dd-yyy)		
		Clear Search	1

*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.

2



## 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

Member Search Results	
Show all Eligibility Records	
Member Search Results	
Show 10 • entries	Search:
ACTION & FIRST & LAST OF & MEMBER & ADDRESS & STATUS & FFTECTIVE TERM & COMPANY & LINE OF BUSINESS & PLAN	
Steet	•
Showing I to 1 of 1 entries	Previous 1 Next
Date: 12-04-2024	Print Cancel



## **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. Select the appropriate **Requesting Provider** from dropdown menu to generate medical authorization.

**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.

#### **Figure 4: Medical Authorizations**

Medical /	Authoriz	ations									
lequesting Provider											
H8P00001725_H	R\$303064156.00	Yold Misaka Sak	amati MD S1	N 39879 St Star	300 Philadelp	-					
100700001725_1	#53000%411%.DC	001 Missko Sak	emeki MD S1	N 2011 SI SIE	300.714laticlo	his.7A					
A Prior Auth	orization Regul	est Status 🛐									
show w	entries								347	ete Suite	
					NENSES -	REQUEST 0	ADMISSION (	DISCHARGE .		SIRVERS +	FACLETY PROVIDER
244	2010-00	Pas-rat	2010	Marc	March	They -	Advant	Dofer	Provers .	Second at 1	14(14)
83-21-2025	40347884					inputient			Sakamani, Mitako	Sakamatii. Misako	Temple University Hospital
85-19-2025	HTEADATE .					Inputient			Sekamukt.Msako	Sekenaki.Mtseto	temple University Hospital

If you can't find a request

- a. Click the blue, Show Search Fields/Show More Search Options button
- b. Enter your search criteria
- c. Click the green, Search button

4



## 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 authrization # includes alpha and numeric.
  - b. Member Auth Detatils:
    - i. Member Information: All informatiuon 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'll 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

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.

5



## 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 Auh 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 blue, **Save** button within the **Discharge Information** section.

## Add New Supporting Documentation

Only one document may be uploaded at a time. To upload multiple documents, repeat the steps.Word or pdf format is acceptable. However, PDF is recommended, it opens 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 Auh 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 Auh 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.

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  - 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.

**Note:** If expedited is selected, it won't be expediate automatically. It'll undergo a review to determine if it meets the criteria for an expedited request.

### Figure 6: Expedited Request

Select Authorization Urgency
Standard  Expedited
Attestation Regarding Medicare Expedited Review
Sy 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.



3. **Requesting Provider** is the person completing this form, requesting a particular item.

**Note:** If you are part of a group with multiple providers (e.g., five providers), ensure you select the specific provider rather than the group.

*If there are more than 20 providers in a single group, the Requesting Provider field will be blank, and you'll need to manually search.* 

- a. Once provider is selected, it will auto-populate most fields.
- b. Confirm the information in the Requesting Provider section is correct.
- c. Complete the remaining required fields as denoted by an asterisk by the field name. Provider phone number and fax number if not pre-populated, in the xxx-xxx format.

*Important:* Please report all incorrect member and/or provider information to <u>datavalidation@jeffersonhealthplans.com</u>

- 4. Request Type: Inpatient, Drugs and Biologics, Outpatient
- 5. **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.
- 6. Confirm the **Requesting Provider Same as Servicing Provider and Requesting Provider Same as Facility** radio button options are correct.
- 7. Complete the optional fields, as needed, and the remaining required fields as denoted by an asterisk by the field name.
- 8. Inpatient: Request Admit Date, Actual Admit Date, Admit Type and Admit Form. •
- 9. 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 7: Requesting Provider

*Requesting Provider				7				
HRP00011975_HRS00007431LOC	001 RADMILA I GAISINSKY CRNP 1741 Fran 👻							
Speciality	Provider Status							
Nurse Practitioner, Neonatal	Contracted							
If the information below is incorrect, p	lease email the corrections to datavalidation@jeffe	rsonhealthplans.com						
First Name	Last Name	Organization						
RADMILA	GAISINSKY	RADMILA I GAISINSKY CRNP						
	*Phone Number	*Fax Number	*NPI					
	570-555-1212	570-555-1313	124555883	2				
*Contact Name	*Contact Phone	Contact Phone Ext						
John Doe	412-555-1212	412-555-1313 🚥						
*Request Type	*Place Of Service							
Inpatient	<ul> <li>21-Inpatient Hospital</li> </ul>	Requesting Provider Same as Servicing Pro-	vider					
		YES NO						
Inpatient	-							
Outpatient		Request Admit Date	Act	sual Admit Date	*Admit Type	Adr	nit From	
0		12-24-2024		idmit date (mm-dd-yyyy)	Scheduled	· · · ·	Home	~
		*Review Type						
		Initial (Inpatient)	~					

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## Complete Servicing and Facility Provider Information

- 1. **Determine what information to capture for Servicing and Facility Provider** Information Search based on the step above if the requestor <u>is or is not</u> the same as serving provider. A search has t o be conducted first for the requesting provider.
  - a. If the Requesting Provider <u>is</u> 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 <u>or</u>
  - 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 8: Search for Servicing Provider ad Facility

Search for Servicing Provider or Facility			ж		
Please enter NPI or Fed Tax ID or (First Name and Last Name and State) or (State an	nd Organization).		A		
in a second seco	1689961799	Fed Tax ID:			
First Neme:	Last Name:	State:			
Organization/Facility:	Participating:	*Type:			
	Ves  No	Facility	~		
Show Additional Search Fields					
	Search Clear				
Samidan	Providere - Search Beruite				
				French French	
ACTION	PROVIDER NAME   PROVIDER NAME   PROVIDER NAME	DER ID $\phi$ DEA#	ADDRESS		
Fales	GEISINGER 1689961799 HRP00	383794_HR500003420LOC019	Clinical Neuropsychologist 300 Lackawanna Ave	Ste Non Per	
Select	GEISINGER 1689961799 HRP00	383794_HR500003420LOC017	Clinical Neuropsychologist 255 Route 220 Hwy,	Auncy,PA,177567569 Non Par	
Select	GEISINGER 1689961799 HRP00	383794, HR500003420LOC012	Clinical Neuropsychologist 549 Fair St, Bloomsbu	urg,PA,178151419 Non Par	
Select	GEISINGER				
Select	GEISINGER	ty Provider Information			
Showing 1s	to 5 of 17 entries Servicing and Facility Provide	r.		Add Consistent Condition Description	
anamagi i n				Aud Servicing/Facility Provide	Aud Oriknown Provider
	ACTION PROVIDER NAME	NPI# DEA# SPECIALITY	NETWORK ADDRESS	FAX NUMBER PRO	VIDER TYPE PROVIDER STATUS

## 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 9: Diagnosis**

ICD - Search Results							O Add Primary Diagnosis O Add Diagr
		And Advances Provide P	Cialus -	a sector by the			
ACTION ICD N	IUMBER	Servicing and Facility Dred	-a one and/page-p	a construction of			PRIMARY DIAGNOSIS
			<u> </u>				
		ACTION PROVIDER NAME	ICD Sea	rch		~	
		Renewe Official Hor	ICD Codes:		Diagnosis Description:	Î.	
					Apperstix		
		*Diagnosis mene			Search		
		ICD - Search Results	R.U - Search	n Results	•		
		ACTION ICO N	ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	
			Select	C18.1	MALIGNANT NEOFLASM OF APPENDIX	SCD-10-CM	
		*Procedure room	Select	C7A.020	MALIGNANT CARCINOID TUMOR OF THE APPENDIX	ICD-10-CM	
		Letter Procedure ceda(c) for the a	Select	012.1	BENIGN NEOPLASM OF APPENDIX	ICD-10-CM	
		CPT/HCPCS - Search Result	Select	034.02	BENIGN CARONOLD TUMOR APPENDIX LG INTEST RECTUM	ICD-10-CM	
			Select	034,020	BENIGN CARCINOID TUNIOR OF THE APPENDIX	XCD-10-CM	
		ACISON OPENCOCSE	Seiner	KIB	OTHER OISEASES OF APPENDIX	ICD-10-CM	
			Select	128.0	HITTERPLASIA OF APPENDIX	ICD-10-CM	
			Select	135.2	DVERTICULUM OF APPENDIX	ICD-10-CM	
		O Careel	Select	(38.3	FISTULA DE APPENDIX	ICD-10-CM	
			Select	103.8	OTHER SPECIFIED DISEASES OF APPENDIX	ICD-10-CM	
			Select	108.9	DISEASE OF APPENDIX UNSPECIFIED	(CD-10-CM +	

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.



- 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 10: Procedure

Procedure						
Enter Procedure code(s) for the aut	horization					
CPT/HCPCS - Search Results						• Add Procedure
ACTION CPT/HCPCS# PLAN		CS Search		X EN	D STATUS	PRIMARY PROCEDURE
	CPT/HCPCS Code	is:	Procedure Description:			
			Search			
	CPT/HCPCS -	Search Results				
	ACTION	CPT/HCPCS#	PLANNED PROCEDURE			
	Select	44979	Unlisted laparoscopy procedure, appendix			
				Cancel	1	

- 7. Complete the required fields on the CPT/HCPCS Information window.
  - a. PA Status is the status of auth
  - 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:

Units vary depending on

authorization

type.

- O ° 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

Figure 11: CPT/HCPCS Information

DV1HORS CODE:	Procedure Description:					
44979	Unlisted laparoscopy procedure	Unidated laparotecopy procedure, appendix				
TA Status						
Mudifier 1 (Fagplicable):		Modifier 1 Description (if applicable)				
Wadffer 2 (Kappicakis):		Modifier 2 Description (Papplicating)				
Quertly	*United	Inquerty				
	CARE .	Ψ	~			
*Start Date		*End Date				
1210-2824		03-10-2023				
Shart Description						
UNLISTED LAPS IN APPENDIX						

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 12: Upload additional documentation supporting your request

Please upload addition	nal documentation supporting your request
The request needs further clinical review additional clinical information or comme See below to upload documentation and	. 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 nts pertinent to this request for coverage (e.g. formulary tier exceptions)or required under state and federal laws. add supporting notes related to the request.
Uploaded Documents	Add Documents
ACTION	DOCUMENT NAME
Remove	JHP Portal Test Document.docx
Notes	
Notes	Add Notes
ACTION	NOTE TEXT
Remove	This is a training note for an OP auth.
	왕 Submit

You'll 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 13: Request Medical Prior Authorization

				Member Eligible	01-01-3000
2					
	Contract Number	888 Musehar			
2	Contract Homber.	Per realizer.			
Author	ization Status: In Progress		Reason: Coordinator Review		
Decisio	n:		Reference#: H4816075		
Procedu	re Status: 97161:Not Decisioned				
Create Auth fo	r same member Create Auth for differe	ent member			
This authorization mombers plan an	is not a guarantee of payment. It is the provider this/her eligibility on the dates of service.	s responsibility to check eligibility for each date of	service and to follow current payment policies guideline	n, Benefits for this service at	e subject to the provisions of the

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