Quick Reference Guide: MHK Prior Authorization Request

Step 1: Locate the Member

- Login into **HealthTrio Portal >** https://hppprovider.healthtrioconnect.com/app/index.page

- **Best Practice**: First search the member in **HealthTrio** to confirm:

    o Date of Birth (DOB)

    o Member ID

    o Last Name
    These three fields must match exactly in the authorization portal.

- **Check Eligibility**:
  Go to **Office Management > Eligibility** to gather DOB, Member ID, and Last Name.

◆ **Note:** For comprehensive instructions, please refer to the **Eligibility and Benefits Guide** located on our **Provider Portal Resources** webpage.

- **Access Authorization Portal**:
  Navigate to **Office Management > Submit Authorization** to open the MHK platform.

- **Search for Member**:

    o All fields are required; partial search is not supported.

    o **Last Name**: Include hyphens or suffixes with no spaces.

    o **DOB**: Use drop-down calendar or format as xx-xx-xxxx.

    o **Member ID**: Include all digits and any alpha characters.

- Click **Search** to proceed.

Step 2: Complete Requesting Provider Section

- **Confirm Member Info**: Review demographics to ensure accuracy.

- **Select Authorization Urgency**:

    o Choose **Standard** or **Expedited**.

    o Note: Expedited requests are reviewed for urgency criteria and are not automatically approved.

When submitting a prior authorization request:

- 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.

Step 3: Create a New Request

- **Initiate from the member profile or authorization portal.**

- **Enter Provider Information:**

  - The **Requesting Provider** is the physician who is rendering the service.

  - The **Servicing/Facility Provider** is the facility (building/structure) in which the services are being rendered.

- IMPORTANT: The individual rendering the service should be entered in the Requesting Provider field.

  - Do not enter the facility in the Requesting Provider field.

  - The facility (structure/building) should be entered in the Servicing/Facility field.

- **Input Clinical Data:**

  - Diagnosis (ICD) and procedure (CPT) codes.

  - Relevant clinical notes.

- **Attach Documentation:**

  - Upload supporting files.

  - Add comments or notes to strengthen the request.

Step 4: Review Existing Requests

- From the **HealthTrio Portal** home screen, select **Office Management > Submit Authorization**

- From the **Prior Authorization menu** on the left, select **View Authorizations Medical**

- **Locate Existing Requests:**

  - Click the blue, Show Search Fields/Show More Search Options button.

  - Search by member ID or Authorization Number

  - Enter your search criteria

  - Click the green Search button

- **View Request Details:**

  - Status and history

  - Clinical review notes and decisions

- **Update Request:**

- o Enter discharge information

- o Upload additional documentation

- o Review provider/member correspondence

◆**Note:** For comprehensive guide, please refer to the **NEW! MHK Prior Authorizations Portal Guide** located on our **Provider Portal**.