

# MHK Prior Authorization Portal Guide

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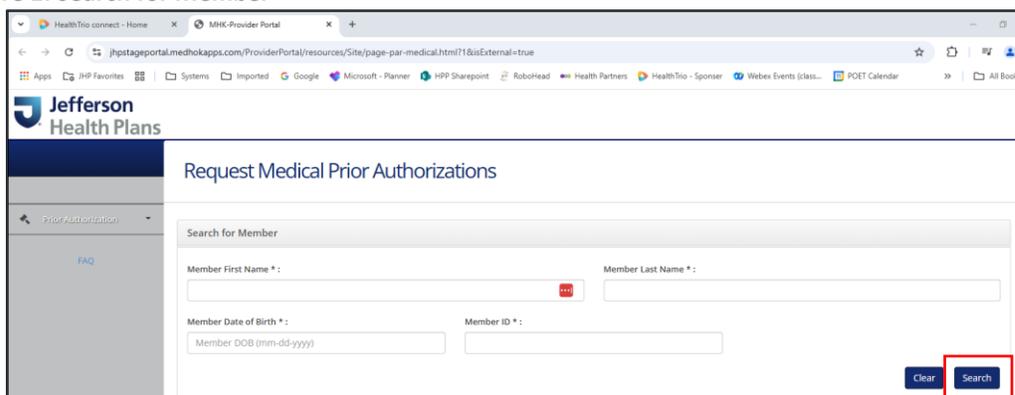
## Search for a Member

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 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 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



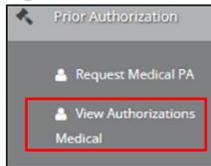
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## Existing Prior Authorization Request

**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. 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

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVING PROVIDER	FACILITY PROVIDER
03-21-2025	41347884					Inpatient			Sakamaki, Mizako	Sakamaki, Mizako	Temple University Hospital
03-19-2025	41348674					Inpatient			Sakamaki, Mizako	Sakamaki, Mizako	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

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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'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 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 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 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 Platom 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.

**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

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**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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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-xxxx format.

**Important:** Please report all incorrect member and/or provider information to [datavalidation@jeffersonhealthplans.com](mailto:datavalidation@jeffersonhealthplans.com)

- 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



Figure 7: Requesting Provider

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## Complete Servicing and Facility Provider Information

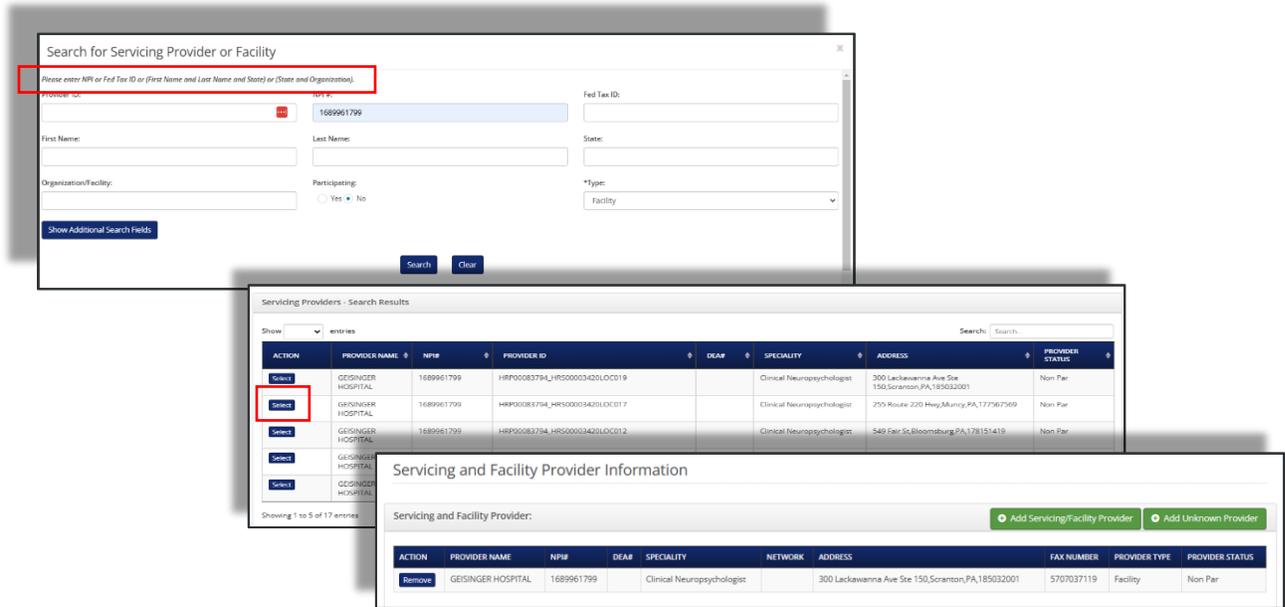
1. **Determine what information to capture for Servicing and Facility Provider** Information Search based on the step above if the requestor *is* or *is not* the same as serving provider. A search has to be conducted first for the requesting provider.
  - a. If the Requesting Provider *is* the Same as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

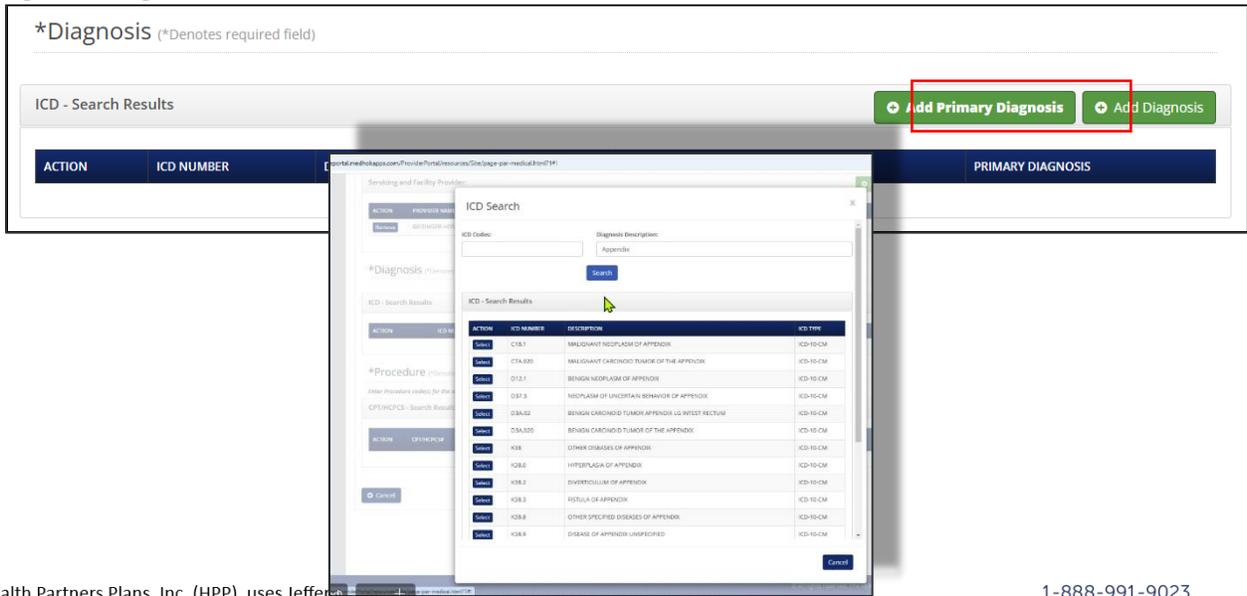


## Enter the Diagnosis and Procedure Data

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.

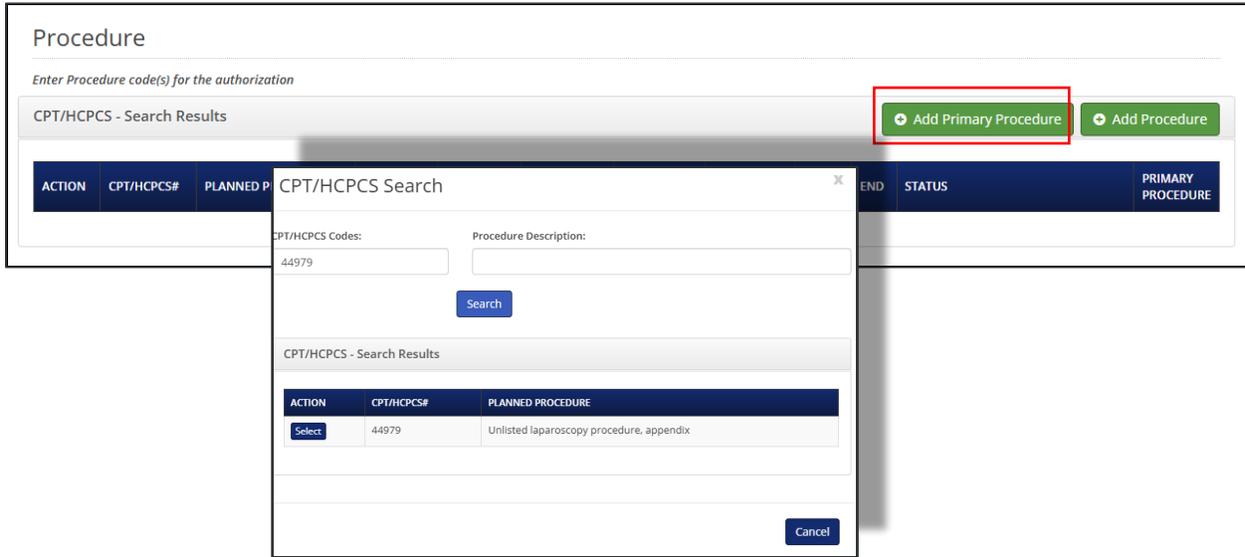
Figure 9: Diagnosis



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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

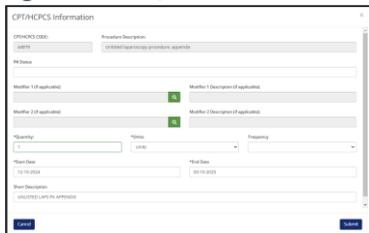
Figure 10: Procedure



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:**
    - 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 11: CPT/HCPCS Information



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 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'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 Profile
04/2/2020

Contract Number:      PBP Number:

**Authorization Status:** In Progress

**Decision:** 97167:Not Decided

**Procedure Status:** 97167:Not Decided

**Reason:** Coordinator Review

**Reference#:** H4816075

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 member eligibility on the date of service.