Provider Portal: Prior Authorization

To Create a Prior Authorization Request

1. Go to the portal landing page and log in using your User ID and password. If you do not have a User ID and password, click Register Now or see the JOB+AID “Registering on the Portal.”

   If you have already logged in, skip to step 2.

For more information call 1-800-457-4454
2. Click on the Care Management tab.

3. Click on Create Authorization.
4. Select State Medical, State Dental or AFMC above the Process Type field.

- The listed Process Types are the only ones available on the portal.
**Create Authorization**

The * (in red) indicates required fields when the ADD button is selected.

- **Medical**
- **Dental**
- **AFMC**

**Process Type**

**Requesting Provider Information**

- Provider ID
- ID Type
- NPI
- Name
- Taxonomy

**Beneficiary Information**

- *Beneficiary ID*
- *Last Name*
- *First Name*
- *Birth Date*

**Referring Provider Information**

- Referring Provider same as
- Requesting Provider
- Select from Favorites

**Service Provider Information**

- Service Provider same as
- Requesting Provider
- Select from Favorites

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Add | Cancel
5. Choose the correct Process Type from the drop down menu. Once complete, fill in all required fields (all fields that have a red asterisk are required).

- If you are not submitting attachments, skip to step 7.
- If you are submitting attachments, follow the instructions on step 6.
To submit an attachment *(NEW! File Size increased to 700MB)*

6. If attachments are required, please follow the steps below:

- Scroll down to the Attachments Panel. Click the “+” to expand the panel.
- Attachment Process:

1. Select a file to be uploaded.
   - A progress and flashing yellow indicator will be displayed.
   - The yellow indicator will turn to green when the upload is complete.

2. Select the Add button to add the attachment to the authorization.

The attachment will display in the list of attachments when this is complete.

If you have no additional attachments, click Submit. If you have more than one attachment, you will need to repeat the process. Each attachment will be assigned a control number.
Once complete, click **Confirm**.

7. Once you click **Confirm**, you will be given a **PA Tracking Number** that will allow you to keep track of your PA request until it is approved or denied.
Standard Upload File Times

The file upload times assume that you have a minimum of 5 Mbps upload for any file that is 50 MB or larger.

<table>
<thead>
<tr>
<th>File Size</th>
<th>Time Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 100 MB</td>
<td>2 - 3 Minutes</td>
</tr>
<tr>
<td>100 MB</td>
<td>3 - 4 Minutes</td>
</tr>
<tr>
<td>500 - 700 MB</td>
<td>7 – 15 Minutes</td>
</tr>
</tbody>
</table>

Speed Test

To determine your network speed, use Google to search for “speed test”. The following will appear at the top:

Select the Run Speed Test button. The test will run and present you with the results.
8. Click on the Care Management tab.

- Click View Authorization Status to see the Prospective Authorizations and Search Options. The Prospective Authorizations tab will show a list of the first 20 authorizations that include a service date of today or greater. Please note that these authorizations were requested using the provider number outlined in the Role IDs field.

- Click PA Tracking Number or Authorized PA Number to view the authorization response details, or select the Search Options tab to search for a different authorization.
9a. Click **Search Options**. There are three options for authorization searches:

Search using the **Authorization Information Panel**. You can search for an authorization by entering at least one of the following fields: PA Tracking Number, Authorized PA Number, Process Type, Authorization Status, Code Type, Code, Date Range or Service Date.
Search using the Beneficiary Information Panel. You can search for an authorization by entering at least one of the following fields: Beneficiary ID, Birth Date or Last Name, First Name. If Beneficiary ID is not entered, the remaining fields are all required.
9c. Search using the Provider Information Panel. You can search for an authorization by entering at least one of the following fields: Provider ID, ID Type, or Taxonomy. Select whether this provider is the Servicing Provider on the Authorization or Referring Provider on the Authorization.
10. Once you have entered your search criteria, click **Search**.

- Click the **PA Tracking Number** or **Authorized PA Number** to view the authorization response details.
To Request a Reconsideration

- If your PA is **DENIED**, **APPROVED WITH MODIFICATION**, or **PARTIALLY APPROVED**, you can request a reconsideration.
- **NOTE:** A PA reconsideration can only be done once. Please make sure the correct documentation or information is included or attached for the reconsideration process.

11. Click on the **PA Tracking Number** or **Authorized PA Number** of the PA that you would like to be reconsidered.
12. Under the Service Provider/Service Details Information field, check the box under Reconsider for the PA you want to be reconsidered.

NOTE: You only have one opportunity to request a reconsideration on a PA as a whole. Be sure to select all line items that you want to be reconsidered before you submit. Once you submit, you will not be able to request another reconsideration of that PA.
13. Once you check the Reconsider box, the Expedite Reconsideration box will display. To expedite your request, check this box and attest to the URAC statement.

If your request does not need to be expedited, do not check the Expedite Reconsideration box.
14. Under the Attachments field, click **Add** to attach any supporting documentation for the reconsideration.

15. Click on **Submit Attachments**.

15a. You will see a pop-up box that says, “The attachments were successfully submitted”.

15b. Click “Ok” to continue.
16. Click **Reconsider**. You will see a pop-up box asking you to confirm that you have checked the line items you want reconsidered and have provided supporting documentation.
17. Click Yes. You will get a confirmation that your request for reconsideration has been submitted.
18. After you submit your reconsideration request, you will be able to keep track of it using the PA Tracking Number until the request is approved or denied.
19. Check the Status field of each PA reconsideration request to see the status of the request.
To Request an Extension on a Medicaid Utilization Management Program (MUMP) Prior Authorization

20. Select the Care Management Tab.

20a. Select the View Authorization Status link.
21. Select the Search Options tab.
This opens the **Search Options** panel.
22. Enter the PA Tracking Number or Authorized PA Number in which you would like to request an extension. If you do not have either of these numbers, populate the fields needed to find the Inpatient Prior Authorization.
23. Review the Search Results panel to ensure the Status is Approved. Once complete, select the specific PA Tracking Number link from the search results by clicking the blue hyperlink tracking number.
24. Key in a new service detail information by populating the fields in the panel. Once complete, click the **Add Service** button to add the new detail line item. This new line item will serve as your extension request.

<table>
<thead>
<tr>
<th>Service Details</th>
<th>From Date</th>
<th>To Date</th>
<th>Units</th>
<th>Amount</th>
<th>Code</th>
<th>Status</th>
<th>Reconsider</th>
<th>Modifiers</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2020</td>
<td>1/1/2020</td>
<td>2</td>
<td></td>
<td></td>
<td>CPT/HCPCS 99999-INPATIENT STAY</td>
<td>APPROVED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/4/2020</td>
<td>1/6/2020</td>
<td>3</td>
<td></td>
<td></td>
<td>CPT/HCPCS 99999-INPATIENT STAY</td>
<td>APPROVED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/7/2020</td>
<td>1/9/2020</td>
<td>2</td>
<td></td>
<td></td>
<td>CPT/HCPCS 99999-INPATIENT STAY</td>
<td>APPROVED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*From Date: [ ] To Date: [ ] Code Type: [ ] Code: [ ]*
The extension line item request has been added to the Prior Authorization.

25. At the bottom of the page, click the **Submit Extension** button to complete your request for an extension on the Prior Authorization.

You should receive confirmation that your request has been submitted.