

AUTHORIZATION PORTAL FOR PROVIDERS

McLaren Health Plan

MHP PROVIDER PORTAL INSTRUCTION DOCUMENTATION

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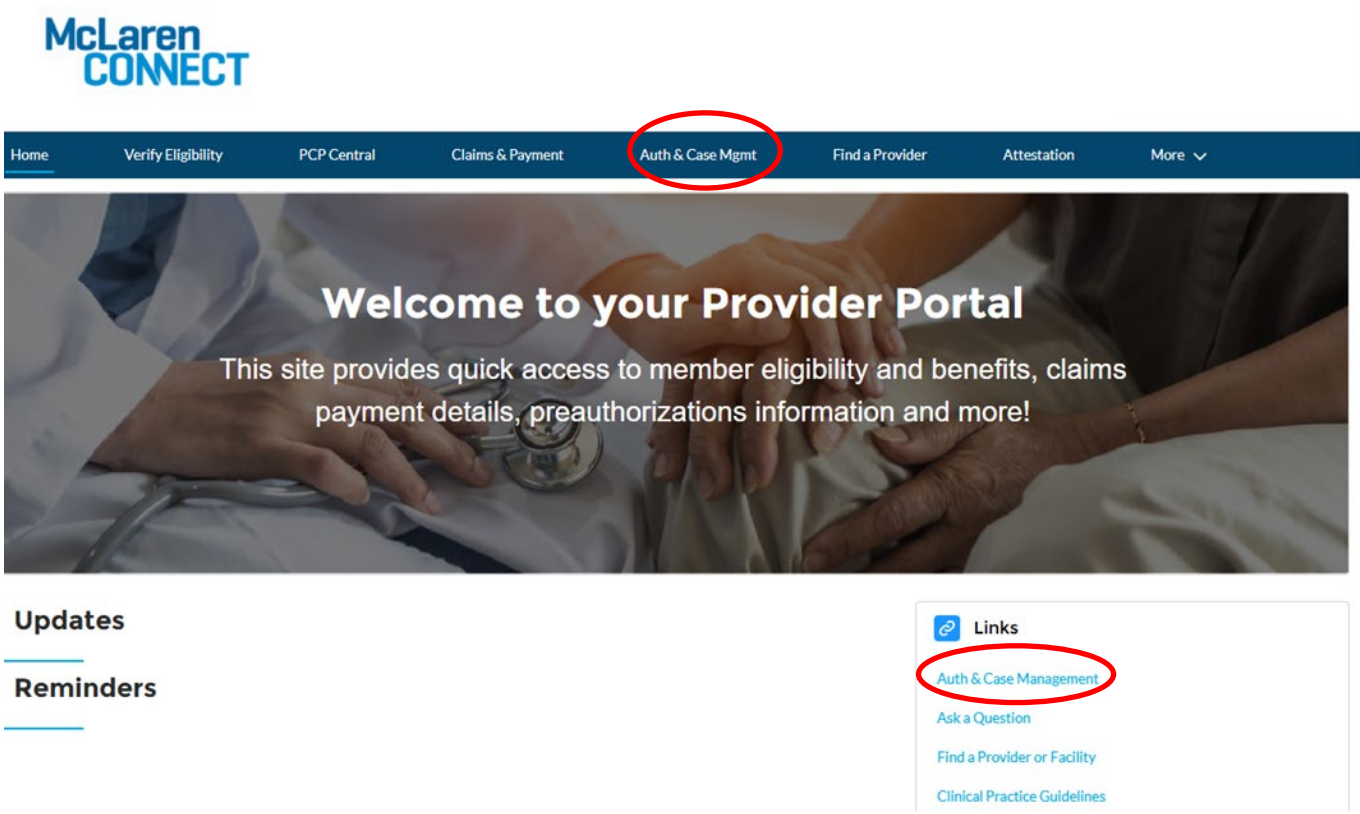
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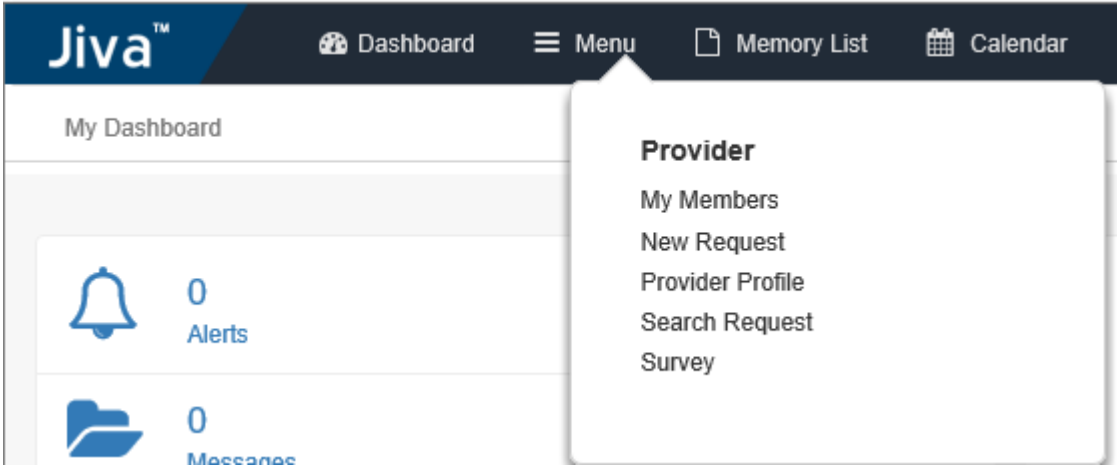
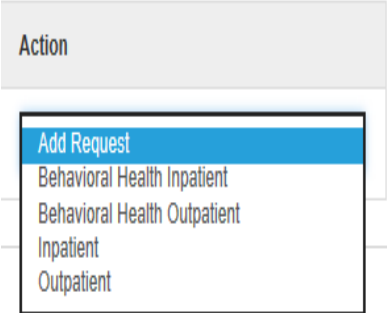
Introduction to the Authorization Portal

MHP currently offers different ways to submit a prior authorization including fax, email, and via the website. We are now offering online submission through our Provider Portal.

Initiating a “New” Outpatient Prior Authorization

Step...	Action...
1	Enter the Authorization Portal from the link https://portal.mclaren.org/McLarenConnectProviderPortal/s/login/
2	Enter your “username” and “password”. Click on “Authorization and Case Management” 
3	Select “New Request” from Menu drop-down.

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	<p>Enter Member ID. Click “Search” button.</p> <p>Member ID * <input type="text"/></p> <p>Must have Member ID to search or start a case The Member ID should have two zeroes on the end to successfully search for the member except for McLaren Health Advantage members.</p>
5	<p>Click “Search”</p> <p><input type="button" value="Search"/> <input type="button" value="Reset"/></p>
6	<p>Select “Outpatient” or “Behavioral Health Outpatient” from ‘Action’ drop-down.</p> 
7	<p>Select the Request Type</p> <p>Request Type * <input type="text" value="--Select One--"/></p>

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Request Type	When to Choose
Concurrent	DO NOT USE except for pharmacy requests
Preservice	Upcoming outpatient services
Retro-In	In-Network provider/facility-Use for services already rendered
Retro-Out	Out of Network provider/facility - Use for services already rendered

8 Select "Request Priority"

Request Type	Priority
Preservice	Standard (14 CD)
Preservice	Urgent (72 hours) – Use if longer response time will result in life-, limb-, or function-threatening outcome.
Retro-In	Standard
Retro-Out	Standard

NOTE: Priority may be changed by MHP based on codes of the services requested.

9 Enter Primary "Diagnosis" description or code.


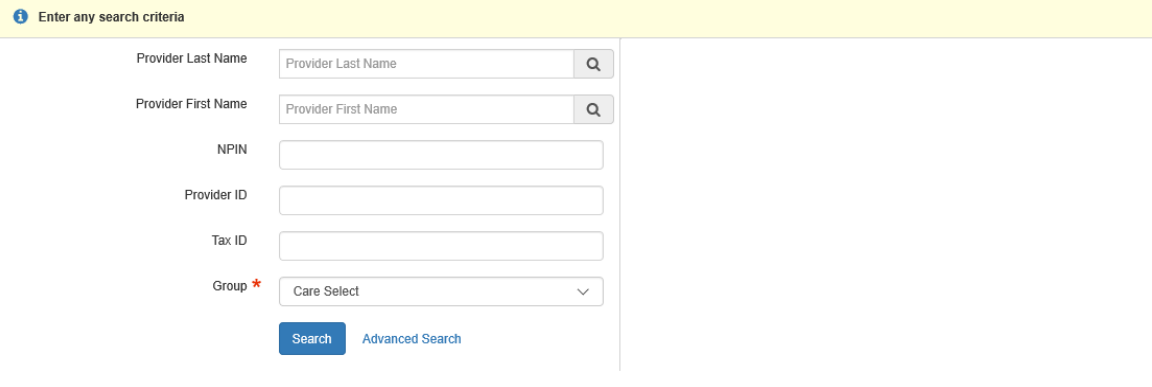
0 Diagnosis

Code Type * v

Diagnosis * Q

[Advanced Search](#)

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10	<p>Click “Attach Providers”</p>  <p>The screenshot shows a section titled "Provider Details" with a blue button labeled "Attach Providers" highlighted with a dashed border.</p>
11	<p>Attach Providers</p>  <p>The screenshot shows a search form titled "Attach Providers" with a yellow header bar containing the text "Enter any search criteria". The form includes input fields for "Provider Last Name", "Provider First Name", "NPIN", "Provider ID", and "Tax ID", each with a search icon. There is also a "Group" dropdown menu with "Care Select" selected. A "Search" button and an "Advanced Search" link are at the bottom.</p> <p>Enter provider information. Click the “Search” button.</p>
12	<p>Choose the appropriate role in “Provider Role”</p> <p>Providers can be attached with the following:</p> <ol style="list-style-type: none">1. Admitting2. Attending3. PCP4. Servicing – NOTE: this should be used for the provider that will be submitting the claim5. Treating
13	<p>Choose “Single Attach” or Multiple Attach from the function wheel next to the Provider ID</p>

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Attach Providers

Enter any search criteria

Provider Last Name: BARADA

Provider First Name: Provider First Name

NPIN: []

Provider ID: []

Tax ID: []

Group: Care Select

Search Results

Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Netw
200977520	BARADA, BROOKE, C	4935 W ARLINGTON RD BLOOMINGTON, IN - 47404-1187 USA Phone: 8123533800	Provider	Service	Pediatric Nurse Practitioner	N
200977520	BARADA, BROOKE, C	651 S CLARIZZ BLVD BLOOMINGTON, IN - 47401-5523 USA Phone: 8123332304	Provider	Service	Pediatric Nurse Practitioner	N
200977520	BARADA	1614 36TH ST	Provider		Pediatric	N

NOTE: Choosing “Single Attach” will return user to the Request screen.
Choosing “Multiple Attach” will allow user to repeat the provider selection process.

14 Select “Attach”

Attach Cancel

15 Enter all Service/Specialty Drug Request information. Ensure that all required fields are entered (denoted by a red asterisk). Click the “Add” button.

Selected Providers List

Provider ID	Provider Name	Location	Provider Role	Provider Network
100138880	BARRETT, DANIEL, A	52500 FIR RD GRANGER, IN - 46530-8579 USA Phone: 5742710700	Servicing	Out of Network
100138880	BARRETT, DANIEL, A	211 N EDDY ST SOUTH BEND, IN - 46617-3096 USA Phone: 5742379231	Treating	Out of Network

16 Complete the Following Selections

Service/Specialty Drug Request

Service Type: --Select One--

Place of Service: --Select One--

Code Type: CPT

Service Code: Search Service Code

Primary Modifier: Primary Modifier

Additional Modifier: Additional Modifier

Start Date: []

End Date: []

Requested #: 1

Add

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	Service Type*	Choose Best Option	
	Place of Service	Choose Best Option	
	Code Type*	HCPC CPT ICD10 Revenue Service Category SPC- See Appendix A	
	Service Code*	Search for code or template	
	Primary Modifier	Search for best modifier – not required	
	Additional Modifier	Search for best modifier – not required	
	Start Date*	Use calendar to select start date	
	End Date*	Use calendar to select start date	
	Requested #*	Enter Number as applicable	
	Units	Enter Units as applicable	
	<p>NOTE: <i>SPC Code Sets will decrease the time to add CPT codes and apply to your service.</i> Drop Downs with a Red Asterix are “required”</p>		
17	<p>Complete the Document Section. Browse to select a document from your files to attach to the file. NOTE: <i>**The files to be uploaded should NOT have a comma in the file name.**</i></p>		

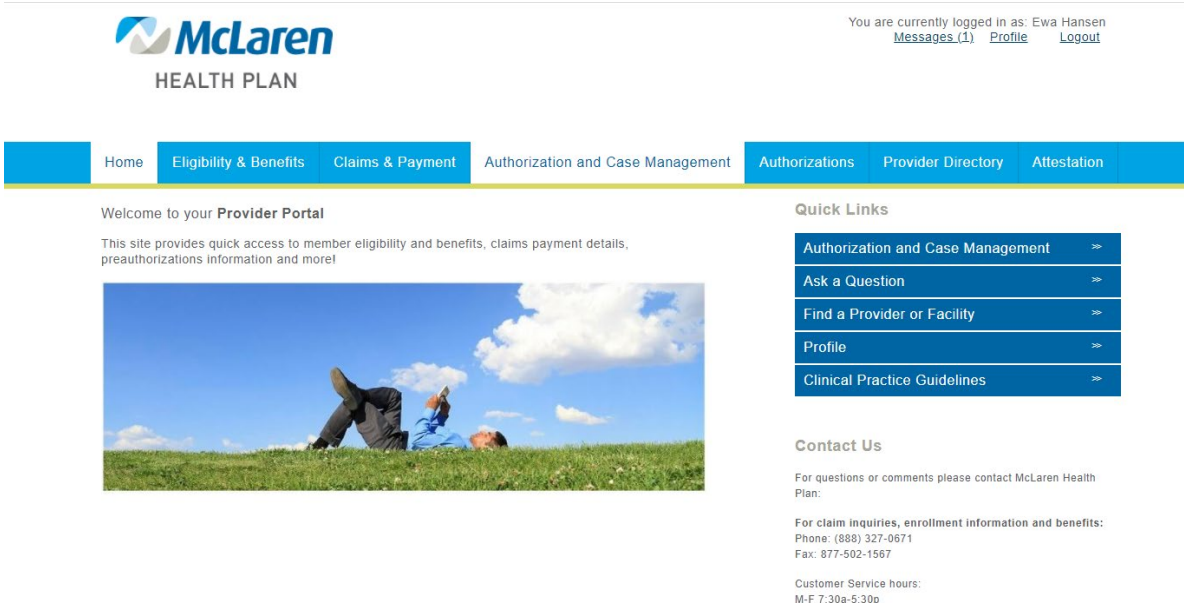
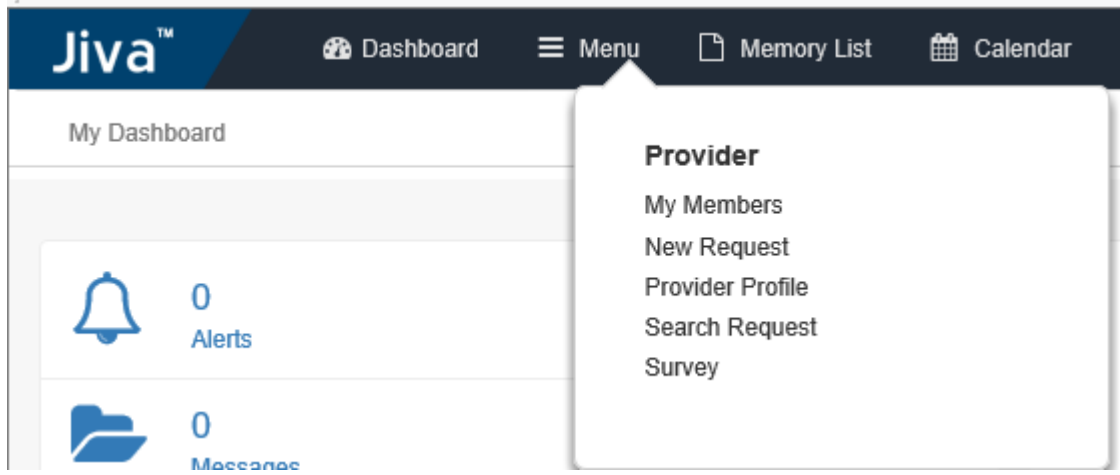
MHP PROVIDER PORTAL INSTRUCTION DOCUMENTATION

	<p>Documents</p> <p>Document Title <input type="text"/></p> <p>Document Description <input type="text"/></p> <p>Document Type <input type="text" value="Other"/></p> <p>Select Document <input type="button" value="Browse"/> No File Selected</p>
18	<p>Complete the Notes Fields</p> <p>In the Note text field, enter the following information:</p> <ul style="list-style-type: none"> • Requestor Name • Requestor Phone Number • Requestor Fax Number • Additional/Relevant Information needed to process the request (i.e. reason for expedited request) <p>Notes</p> <p>Note Type <input type="text" value="--Select One--"/></p> <p>Note Encounter Date <input type="text" value="12/18/2019"/></p> <p>Note Encounter Time <input type="text" value="16"/> <input type="text" value="03"/></p> <p>Note Text</p> <p>File Edit View Format Tools</p> <p>B <i>I</i> <u>U</u> </p>
19	<p>Click “Submit” button to complete request or select “Save as Draft” button to finish the request at a later time.</p> <p><input type="button" value="Submit"/> <input type="button" value="Save as Draft"/> <input type="button" value="Cancel"/></p> <p>NOTE: You must click Submit for McLaren Health Plan to process the request. Save as Draft will be viewable only from your dashboard.</p>

Initiating a “New” Inpatient Prior Authorization Request

Step...	Action...
1	Enter the Authorization Portal from the link https://secure.healthx.com/mclaren.provider

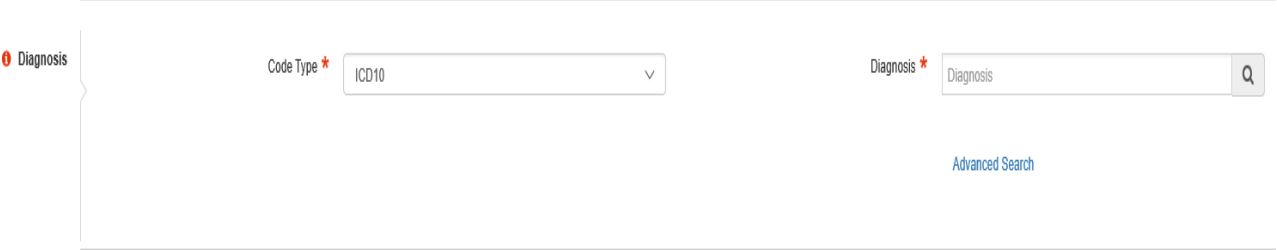

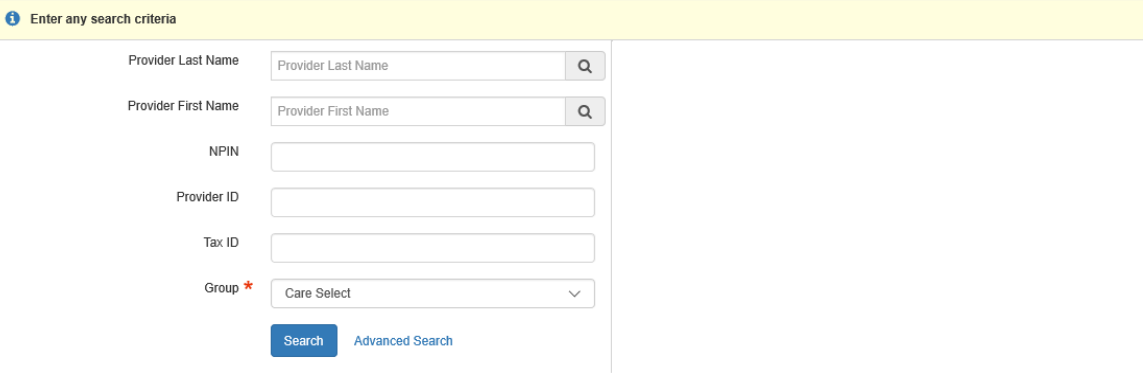
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2	<p>Enter your “username” and “password”. Click on “Authorizations and Case Management”</p>  <p>Welcome to your Provider Portal</p> <p>This site provides quick access to member eligibility and benefits, claims payment details, preauthorizations information and more!</p> <p>Quick Links</p> <ul style="list-style-type: none">Authorization and Case Management >>Ask a Question >>Find a Provider or Facility >>Profile >>Clinical Practice Guidelines >> <p>Contact Us</p> <p>For questions or comments please contact McLaren Health Plan:</p> <p>For claim inquiries, enrollment information and benefits: Phone: (888) 327-0671 Fax: 877-502-1567</p> <p>Customer Service hours: M-F 7:30a-5:30p</p>
3	<p>Select “New Request” from Menu drop-down.</p>  <p>Jiva™ Dashboard Menu Memory List Calendar</p> <p>My Dashboard</p> <p>Alerts 0</p> <p>Messages 0</p> <p>Provider</p> <ul style="list-style-type: none">My MembersNew RequestProvider ProfileSearch RequestSurvey
	<p>Enter Member ID. Click “Search” button.</p> <p>Member ID * <input type="text"/></p> <p>Must have Member ID to search or start a case</p>
5	<p>Click “Search”</p>

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	<div style="display: flex; justify-content: center; gap: 10px;"> <div style="background-color: #0056b3; color: white; padding: 5px 15px; border-radius: 3px;">Search</div> <div style="border: 1px solid #ccc; padding: 5px 15px; border-radius: 3px;">Reset</div> </div>										
6	<p>Select “Inpatient” or “Behavioral Health Inpatient” from ‘Action’ drop-down.</p> <div style="border: 1px solid #ccc; padding: 10px; margin-top: 10px;"> <p>Action</p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <p style="background-color: #0056b3; color: white; padding: 2px;">Add Request</p> <p>Behavioral Health Inpatient</p> <p>Behavioral Health Outpatient</p> <p>Inpatient</p> <p>Outpatient</p> </div> </div>										
7	<p>Select the Request Type</p> <div style="margin-top: 10px;"> <p>Request Type * --Select One-- ▼</p> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;">Request Type</th> <th style="text-align: center;">When to Choose</th> </tr> </thead> <tbody> <tr style="background-color: #e0e0e0;"> <td style="text-align: center;">Concurrent</td> <td style="text-align: center;">DO NOT USE</td> </tr> <tr> <td style="text-align: center;">Preservice</td> <td>Upcoming admission</td> </tr> <tr> <td style="text-align: center;">Retro-In</td> <td>In-network provider/facility-Use if request entered after discharge</td> </tr> <tr> <td style="text-align: center;">Retro-Out</td> <td>Out of network provider/facility-Use if request entered after discharge</td> </tr> </tbody> </table>	Request Type	When to Choose	Concurrent	DO NOT USE	Preservice	Upcoming admission	Retro-In	In-network provider/facility-Use if request entered after discharge	Retro-Out	Out of network provider/facility-Use if request entered after discharge
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	<table border="1" data-bbox="354 184 1286 386"> <tr> <td></td> <td>in life-, limb-, or function-threatening outcome</td> </tr> <tr> <td>Retro-In</td> <td>Standard</td> </tr> <tr> <td>Retro-Out</td> <td>Standard</td> </tr> </table> <p>NOTE: Priority may be changed by McLaren Health Plan based on services requested.</p>		in life-, limb-, or function-threatening outcome	Retro-In	Standard	Retro-Out	Standard
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Retro-In	Standard						
Retro-Out	Standard						
9	<p>Enter Primary “Diagnosis” description or code.</p> 						
10	<p>Click “Attach Providers”</p> 						
11	<p>Attach Providers</p>  <p>Enter provider information. Click the “Search” button.</p>						
12	<p>Choose the appropriate role in “Provider Role”.</p>						

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	<p>Providers can be attached with one of the following roles:</p> <ol style="list-style-type: none"> 1. Admitting 2. Attending 3. PCP 4. Servicing- NOTE: This should be used for the provider that will submit claims 5. Treating 																					
<p>13</p>	<p>Choose “Single Attach” or Multiple Attach from the function wheel next to the Provider ID</p> <p>Attach Providers ?</p> <p>Enter any search criteria</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Provider Last Name: <input type="text" value="BARADA"/></p> <p>Provider First Name: <input type="text"/></p> <p>NPIN: <input type="text"/></p> <p>Provider ID: <input type="text"/></p> <p>Tax ID: <input type="text"/></p> <p>Group*: <input type="text" value="Care Select"/></p> <p><input type="button" value="Search"/> <input type="button" value="Advanced Search"/></p> </div> <div style="width: 50%;"> <p>Search Results</p> <table border="1"> <thead> <tr> <th>Provider ID</th> <th>Provider Name</th> <th>Location</th> <th>Type</th> <th>Provider Role</th> <th>Specialty</th> <th>In Netw</th> </tr> </thead> <tbody> <tr> <td>200977520</td> <td>BARADA, BROOKE, C</td> <td>4935 W ARLINGTON RD BLOOMINGTON, IN - 47404-1187 USA Phone: 8123533800</td> <td>Provider</td> <td>Servic</td> <td>Pediatric Nurse Practitioner</td> <td>N</td> </tr> <tr> <td>200977520</td> <td>BARADA, BROOKE, C</td> <td>651 S CLARIZZ BLVD BLOOMINGTON, IN - 47401-5523 USA Phone: 8123332304</td> <td>Provider</td> <td>Servic</td> <td>Pediatric Nurse Practitioner</td> <td>N</td> </tr> </tbody> </table> </div> </div> <p>NOTE: Choosing “Single Attach” will return user to the Request screen. Choosing “Multiple Attach” will allow user to repeat the provider selection process to add another provider.</p>	Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Netw	200977520	BARADA, BROOKE, C	4935 W ARLINGTON RD BLOOMINGTON, IN - 47404-1187 USA Phone: 8123533800	Provider	Servic	Pediatric Nurse Practitioner	N	200977520	BARADA, BROOKE, C	651 S CLARIZZ BLVD BLOOMINGTON, IN - 47401-5523 USA Phone: 8123332304	Provider	Servic	Pediatric Nurse Practitioner	N
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16

Complete the Following Selections

Service Type*	Choose Best Option
Place of Service	Choose Best Option
Expected Admit Date	Choose actual or scheduled admit date

Stay Request

Service Type * --Select One--

Place of Service --Select One--

Optional Fields

Expected Admit Date

19

Click "Add Services" to add procedure codes related to the inpatient stay



20

Complete the following fields:

Service Request

Service Type Inpatient

Place of Service --Select One--

Code Type SPC

Service Code Search Service Code

Advanced Search

Optional Fields

Add

Primary Modifier Primary Modifier

Additional Modifier Additional Modifier

Start Date

End Date

Service Type	Choose Best Option
Place of Service	Choose Best Option
Code Type	HCPC CPT ICD10 Revenue

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			Service Category SPC- See Appendix A												
		Service Code	Search for code or template												
		Primary Modifier	Search for best modifier-not required												
		Additional Modifier	Search for best modifier-not required												
		Start Date	Use calendar to select start date												
		End Date	Use calendar to select start date												
	<p>NOTE: SPC Code Sets will decrease the time to add CPT codes and apply to your service.</p>														
21	<p>Complete the Document Section. Browse to select a document from your files to attach to the request. NOTE: The files to be uploaded should NOT have a comma in the file name.</p> <div style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>Documents</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Document Title</td> <td style="width: 30%;"><input type="text"/></td> <td style="width: 30%;">Document Description</td> <td style="width: 10%;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td>Document Type</td> <td><input type="text" value="Other"/> ▼</td> <td></td> <td></td> </tr> <tr> <td>Select Document</td> <td><input type="button" value="Browse"/> No File Selected</td> <td></td> <td></td> </tr> </table> </div>			Document Title	<input type="text"/>	Document Description	<input style="width: 90%;" type="text"/>	Document Type	<input type="text" value="Other"/> ▼			Select Document	<input type="button" value="Browse"/> No File Selected		
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22	<p>Complete the Notes Fields In the Note Text Field, enter the following information:</p> <ul style="list-style-type: none"> Requestor Name Requestor Phone Number Requestor Fax Number 														

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- Additional/Relevant Information needed to process the request (i.e. reason for expedited request)

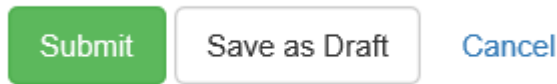
Note Type: --Select One--

Note Encounter Date: 12/18/2019

Note Encounter Time: 16 03

Note Text: [Rich text editor with menu: File, Edit, View, Format, Tools and options: B, I, U, List, List]

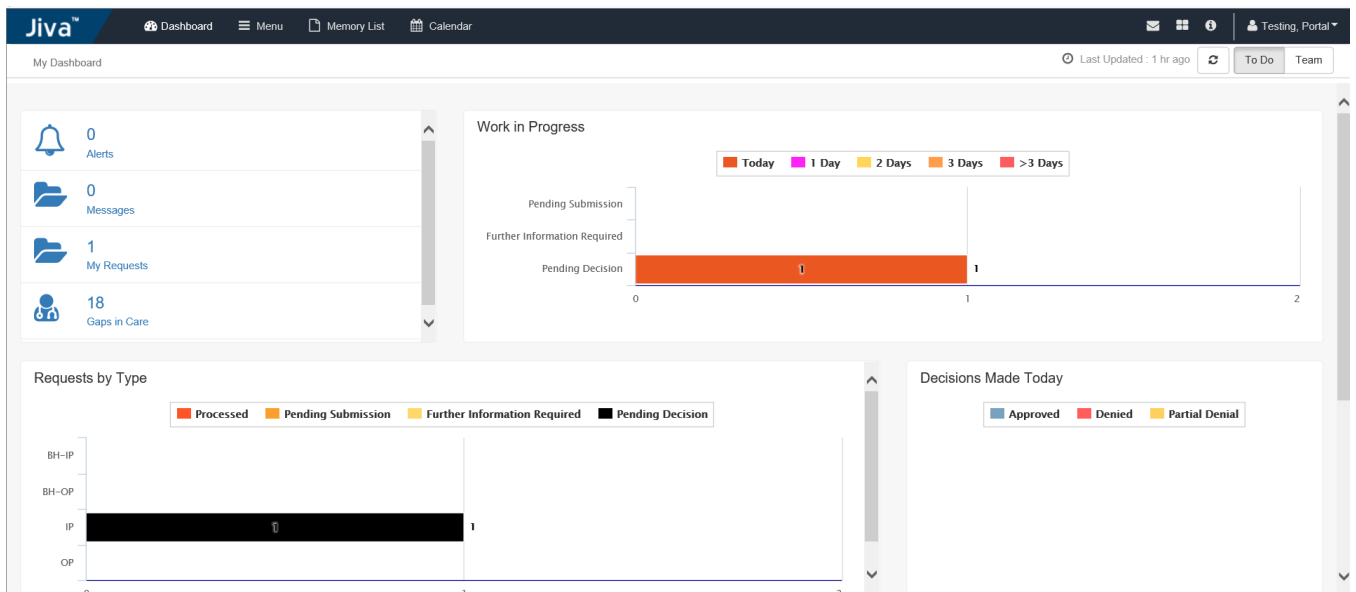
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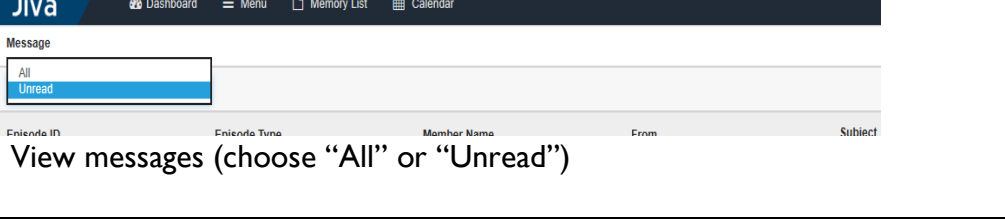

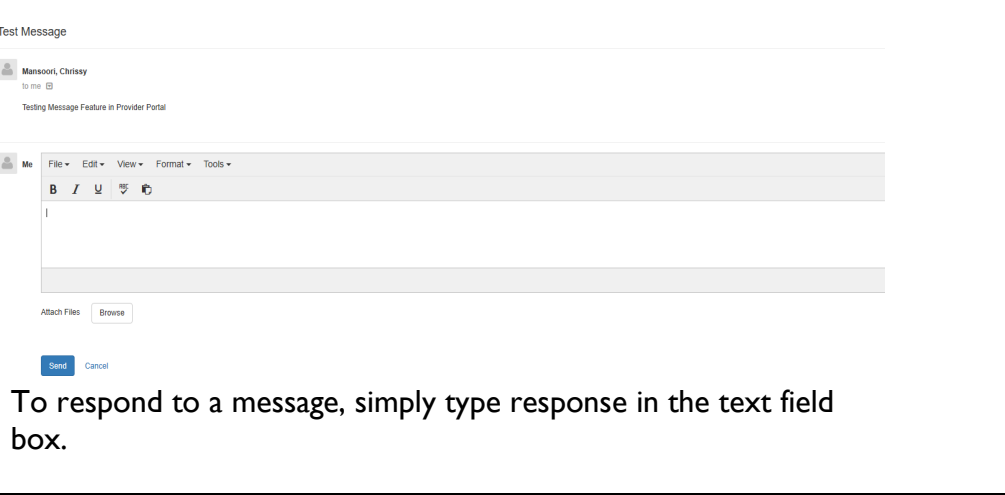
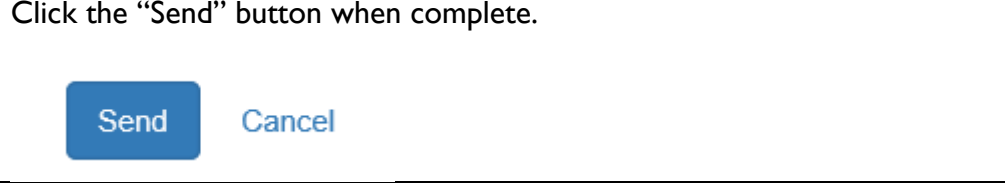
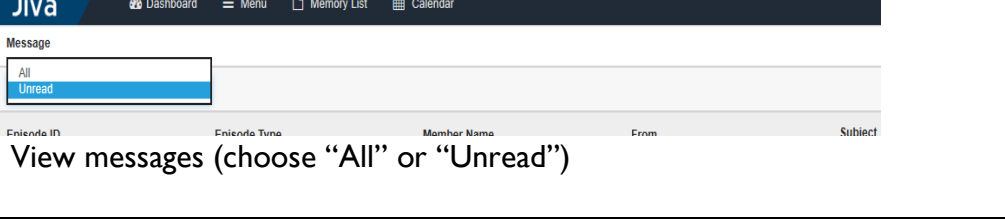

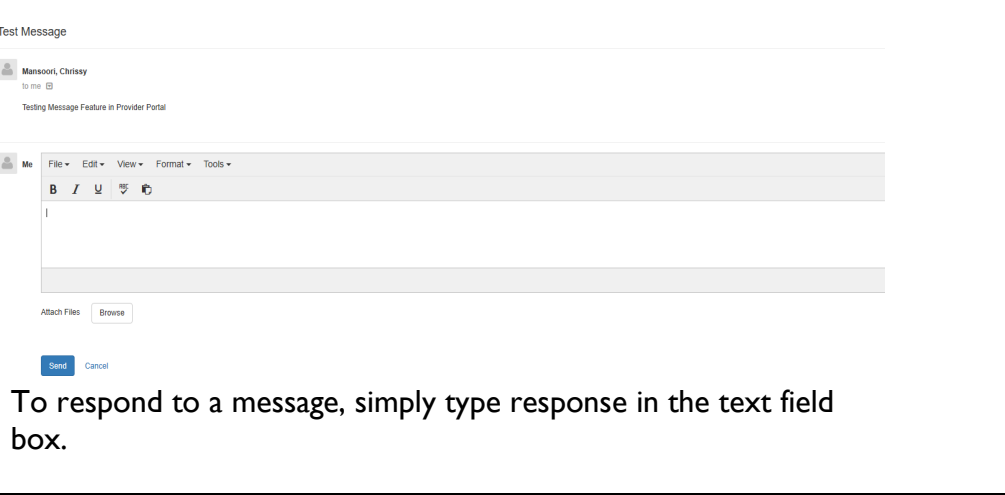
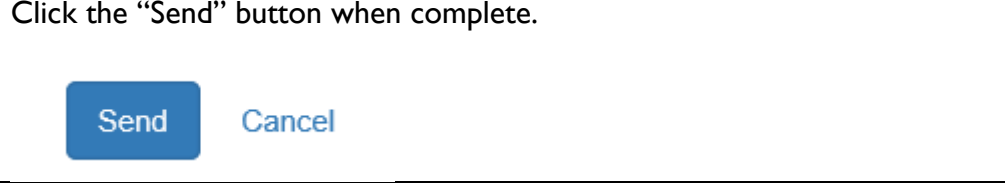
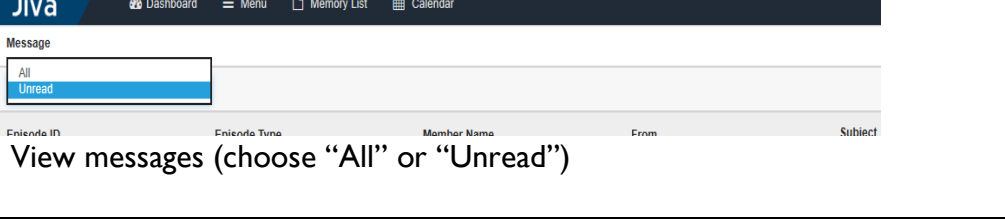

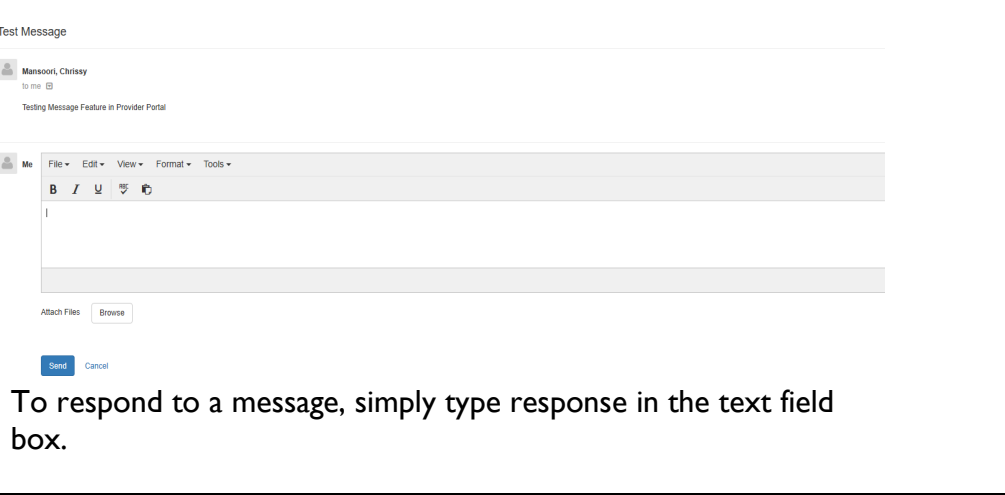
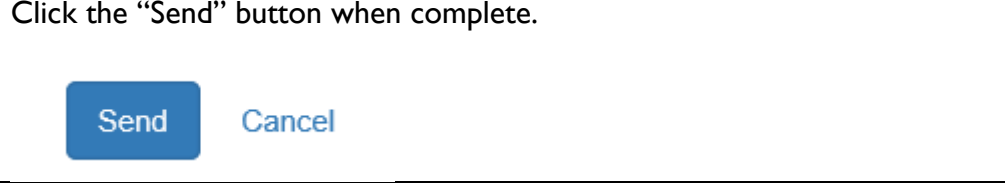
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Reviewing the Prior Authorization Dashboard

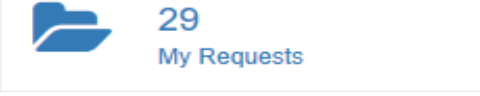

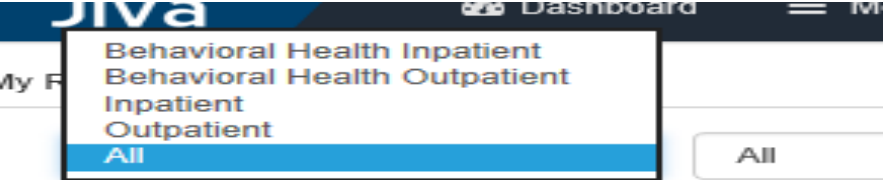
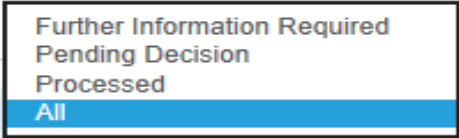


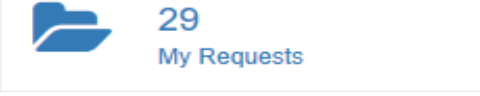

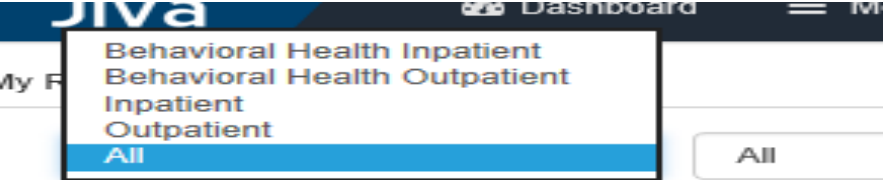
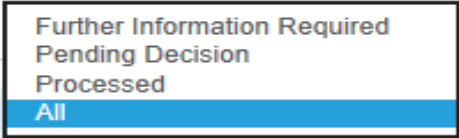




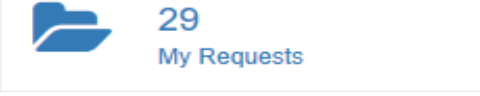

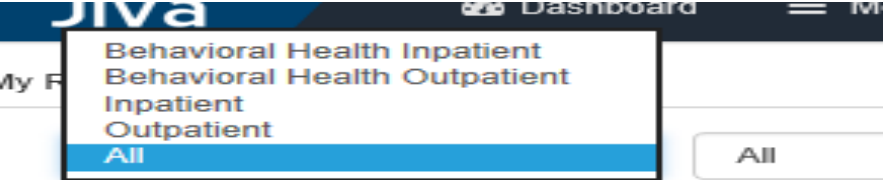
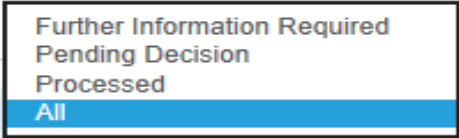






The dashboard in the Provider Portal is comprised of several widgets that quickly display data related to the individual assigned provider. These widgets contain links and graphs which can be used to access this data.



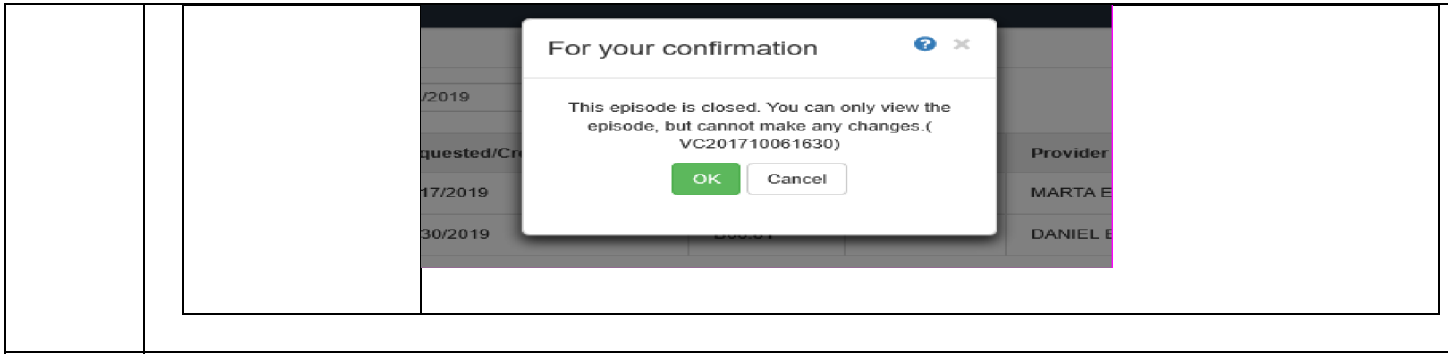
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Alerts:	<p>Alerts are system generated messages to the assigned user that will present important information about specific requests. These messages will only pertain to requests by the assigned provider.</p>																						
Messages :	<p>Messages are sent via the Jiva application. The messages are notes that pertain to a request or a member that have been sent to individual assigned provider.</p> <p>NOTE: Unlike in the “Alerts” link, messages here may pertain to requests made by anyone other than the assigned provider.</p> <table border="1"> <thead> <tr> <th data-bbox="344 600 586 680">Step</th> <th data-bbox="592 600 1591 680">Action...</th> </tr> </thead> <tbody> <tr> <td data-bbox="344 688 586 905">1.</td> <td data-bbox="592 688 1591 905">  <p>View messages (choose “All” or “Unread”)</p> </td> </tr> <tr> <td data-bbox="344 913 586 1041">2.</td> <td data-bbox="592 913 1591 1041">  <p>Choose any message to read.</p> <table border="1"> <thead> <tr> <th>Episode ID</th> <th>Episode Type</th> <th>Member Name</th> <th>From</th> <th>Subject</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>TEST_MEMBER</td> <td>Mansoori, Chrissy</td> <td>Test Message</td> <td>01/03/2020 15:45:01</td> </tr> </tbody> </table> </td> </tr> <tr> <td data-bbox="344 1050 586 1541">3</td> <td data-bbox="592 1050 1591 1541">  <p>To respond to a message, simply type response in the text field box.</p> </td> </tr> <tr> <td data-bbox="344 1549 586 1730">4</td> <td data-bbox="592 1549 1591 1730">  <p>Click the “Send” button when complete.</p> </td> </tr> </tbody> </table>	Step	Action...	1.	 <p>View messages (choose “All” or “Unread”)</p>	2.	 <p>Choose any message to read.</p> <table border="1"> <thead> <tr> <th>Episode ID</th> <th>Episode Type</th> <th>Member Name</th> <th>From</th> <th>Subject</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>-</td> <td>-</td> <td>TEST_MEMBER</td> <td>Mansoori, Chrissy</td> <td>Test Message</td> <td>01/03/2020 15:45:01</td> </tr> </tbody> </table>	Episode ID	Episode Type	Member Name	From	Subject	Date	-	-	TEST_MEMBER	Mansoori, Chrissy	Test Message	01/03/2020 15:45:01	3	 <p>To respond to a message, simply type response in the text field box.</p>	4	 <p>Click the “Send” button when complete.</p>
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Gaps in Care	<p>A Gap in Care is a system-generated message designed to notify whether a member is following treatment guidelines that are appropriate to a specific condition or disease process.</p>																			
Step...	Action...																			
1.	 <p>Click the “Gaps in Care” link.</p>																			
2.	<p><u>Filter by drop down options below:</u></p> 																			
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Appendix A: SPC-Code Sets

This table will provide code sets to streamline the processing of the prior authorization request. If there are multiple codes in your prior authorization request, see the Templates that can be searched. These templates will include all codes within that code set.

Description	Code Set	Template Name
Continuous Positive Pressure	E0100-E184I	CPAP
Wheelchair	E2201-E2397, E2601-E2633, K0001-K0899	WHB
Outpatient Therapy- Physical Therapy	Revenue codes: 0420, 0421, 0422, 0423, 0429 Or 97002, 97004, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97164, 97530, 97532, 97533, 97535, 97537, 97542, 97545, 97546, 97750, 97755, 97760, 97761, 97762, 97799	Physical Therapy-OPPT
Outpatient Therapy- Occupational Therapy	Revenue codes: 0430, 0431, 0432, 0433, 0439	Occupational Therapy-OPOT
Dialysis	90920-90999	DIAL
Hospice	Q5001-Q5010	HOSC
Pain Management- Cervical Epidural Steroid Injection	62320, 62321, 64479, 64480	CESI
Pain Management- LESI	62322, 62323, 64483, 64484	LESI
Pain Management- TENS	A4556, A4557, A4558, A4595, A4630, E0720, E0730, E0731, A4290	TENS
Pain Management- CRFA	64633, 64634	CRFA
Pain Management- LRFA	64635, 64636	LRFA
Prosthetic	L5500-L9900, excludes L8607	PROSTH
SUD Inpatient	REV 126	SUD IP
SUD Partial Hospitalization	H0015, 906	SUD IOP
SUD Residential Treatment Center	H0010, H2034	SUD RT
Mental Health IOP	Facility- REV 905 Non Facility- CPT S9480	MH IOP