AUTHORIZATION PORTAL FOR PROVIDERS

McLaren Health Plan

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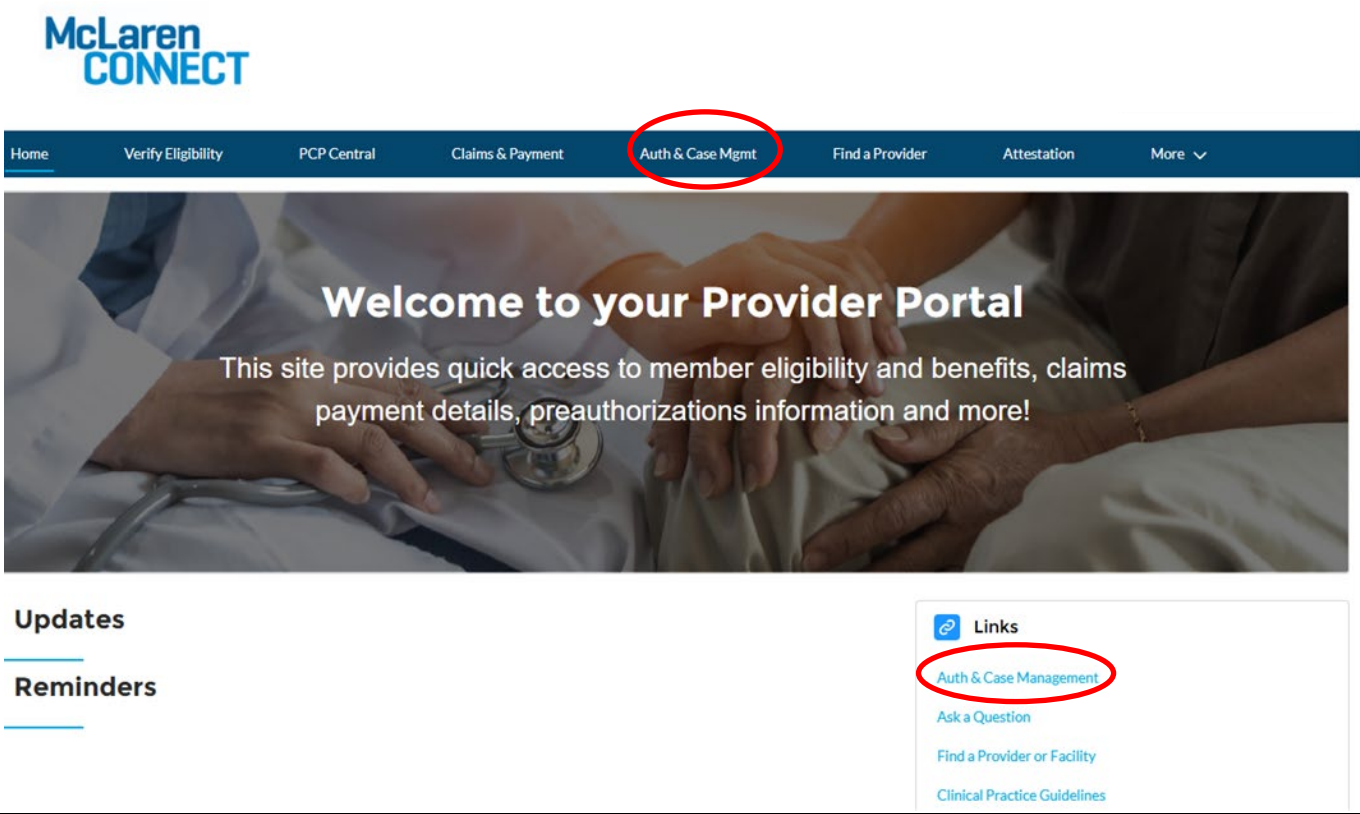
Introduction to the Authorization Portal
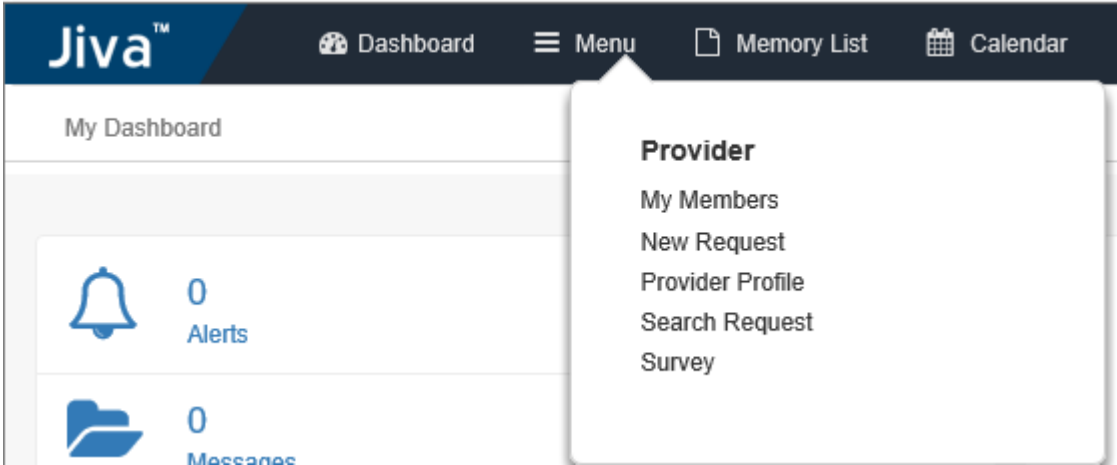
MHP currently offers different ways to submit a prior authorization including fax, email, and via the website. We are now offering online submission through our Provider Portal.

Initiating a "New" Outpatient Prior Authorization

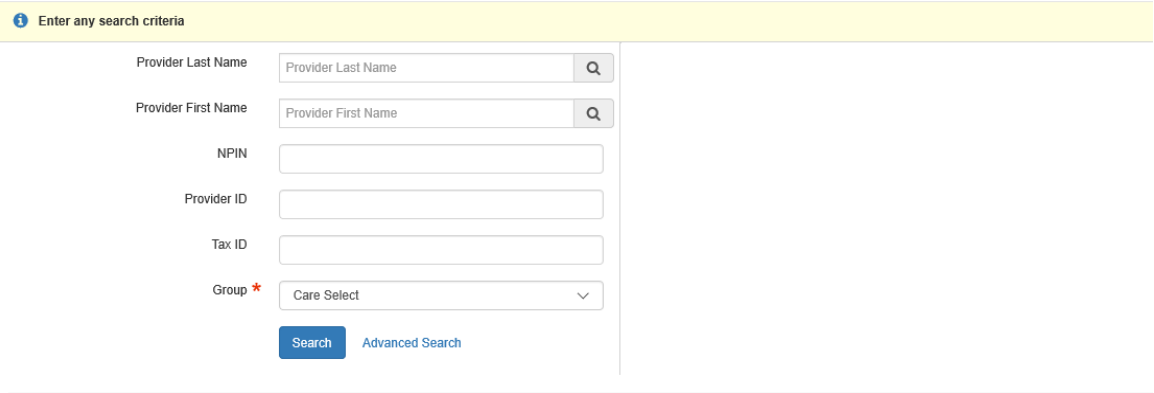| Step…	Action…
1	Enter the Authorization Portal from the link https://portal.mclaren.org/McLarenConnectProviderPortal/s/login/
2	Enter your "username" and "password". Click on "Authorization and Case Management"
3	Select "New Request" from Menu drop-down.

	Enter Member ID. Click "Search" button. Must have Member ID to search or start a case	
5	Click "Search" 	
6	Select "Outpatient" or "Behavioral Health Outpatient" from 'Action' drop-down. 	
7	Select the Request Type 	

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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.

10	Click "Attach Providers"
	Provider Details **Attach Providers**
11	Attach Providers ℹ Enter any search criteria Provider Last Name: [Provider Last Name] Provider First Name: [Provider First Name] NPIN: [ ] Provider ID: [ ] Tax ID: [ ] Group *: [Care Select ▾] [Search] Advanced Search Enter provider information. Click the "Search" button.
12	Choose the appropriate role in "Provider Role" Providers can be attached with the following: 1. Admitting 2. Attending 3. PCP 4. Servicing – NOTE: this should be used for the provider that will be submitting the claim 5. Treating
13	Choose "Single Attach" or Multiple Attach from the function wheel next to the Provider ID

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" |

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

| 16 | Complete the Following Selections |

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

NOTE:

SPC Code Sets will decrease the time to add CPT codes and apply to your service.

Drop Downs with a Red Asterix are "required"

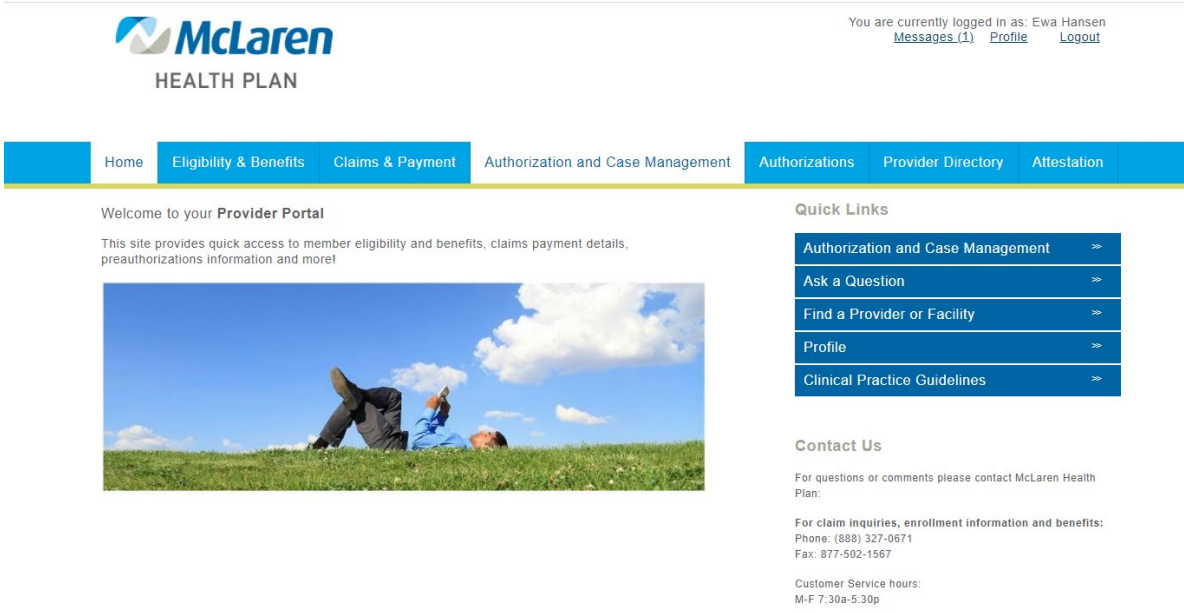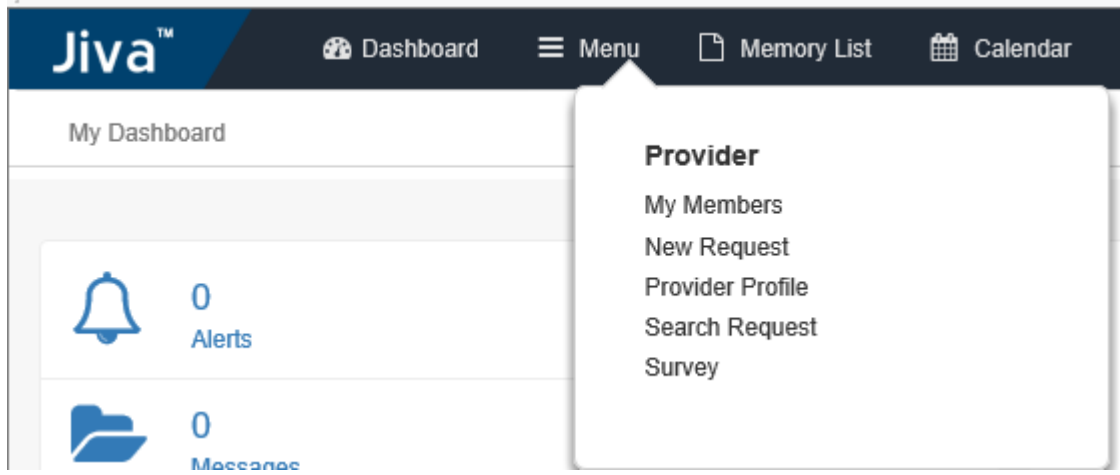|	
17	Complete the Document Section. Browse to select a document from your files to attach to the file. NOTE: **The files to be uploaded should NOT have a comma in the file name.**

	Documents — Document Title [ ] Document Type [Other ▽] Select Document [Browse] No File Selected Document Description [ ]	
18	**Complete the Notes Fields** In the Note text field, enter the following information: • Requestor Name • Requestor Phone Number • Requestor Fax Number • Additional/Relevant Information needed to process the request (i.e. reason for expedited request) **Notes** — Note Type [--Select One-- ▽] Note Encounter Date [12/18/2019 📅] Note Encounter Time [16 ▽] [03 ▽] Note Text [File ▾ Edit ▾ View ▾ Format ▾ Tools ▾	**B** *I* U ABC 📋]	
19	Click "Submit" button to complete request or select "Save as Draft" button to finish the request at a later time. [Submit] [Save as Draft] Cancel NOTE: You must click Submit for McLaren Health Plan to process the request. Save as Draft will be viewable only from your dashboard.	

Initiating a "New" Inpatient Prior Authorization Request

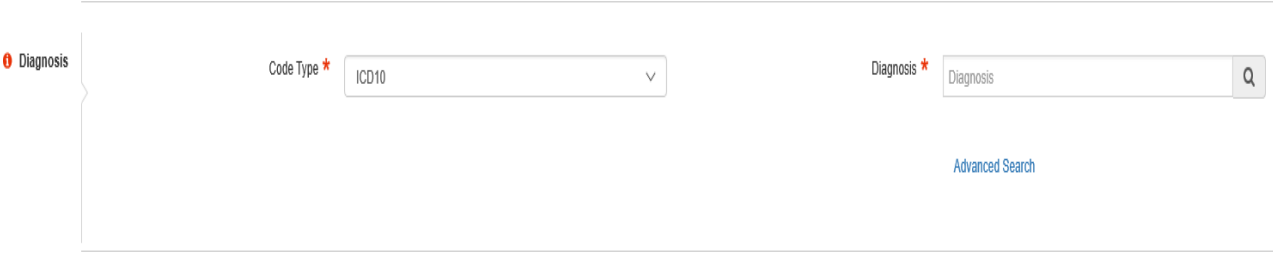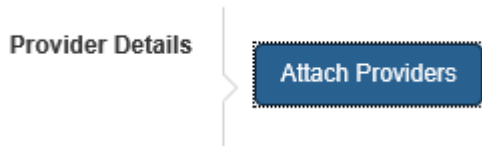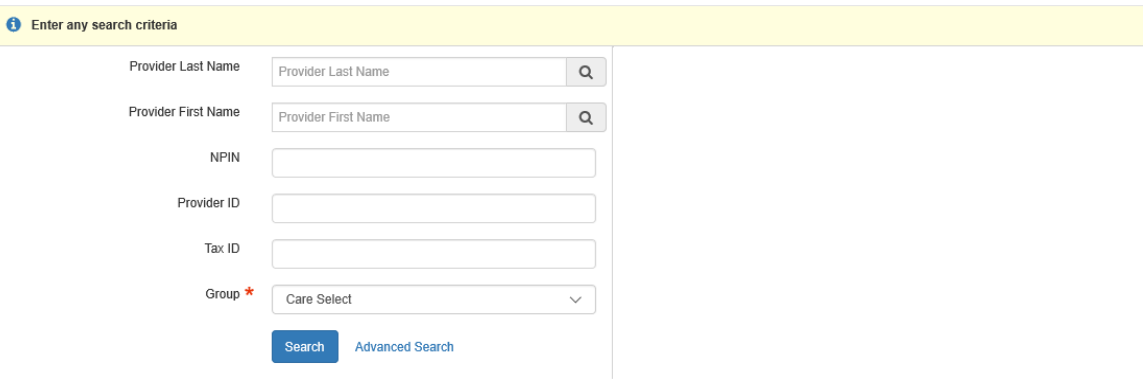| Step…	Action…
1	Enter the Authorization Portal from the link https://secure.healthx.com/mclaren.provider

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2	Enter your "username" and "password". Click on "Authorizations and Case Management"
3	Select "New Request" from Menu drop-down.
	Enter Member ID. Click "Search" button. Must have Member ID to search or start a case
5	Click "Search"

	Search Reset	
6	Select "Inpatient" or "Behavioral Health Inpatient" from 'Action' drop-down. Action **Add Request** Behavioral Health Inpatient Behavioral Health Outpatient Inpatient Outpatient	

7 Select the Request Type

Request Type *   --Select One--

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

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 McLaren Health Plan based on services requested.

9	Enter Primary "Diagnosis" description or code.

ⓘ Diagnosis   Code Type * ICD10 ⌄   Diagnosis * Diagnosis 🔍

Advanced Search

10	Click "Attach Providers"

Provider Details   **Attach Providers**

11	Attach Providers

ⓘ Enter any search criteria

Provider Last Name	Provider Last Name 🔍
Provider First Name	Provider First Name 🔍
NPIN	
Provider ID	
Tax ID	
Group *	Care Select ⌄

Search   Advanced Search

Enter provider information. Click the "Search" button.

12	Choose the appropriate role in "Provider Role".

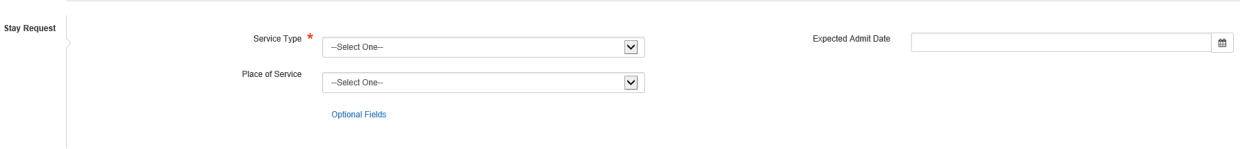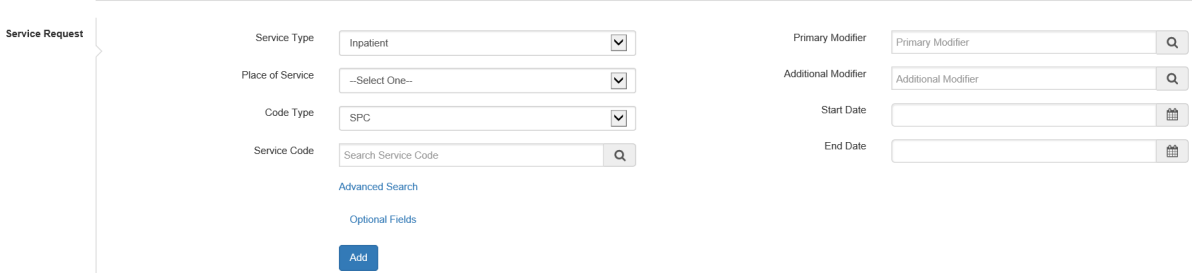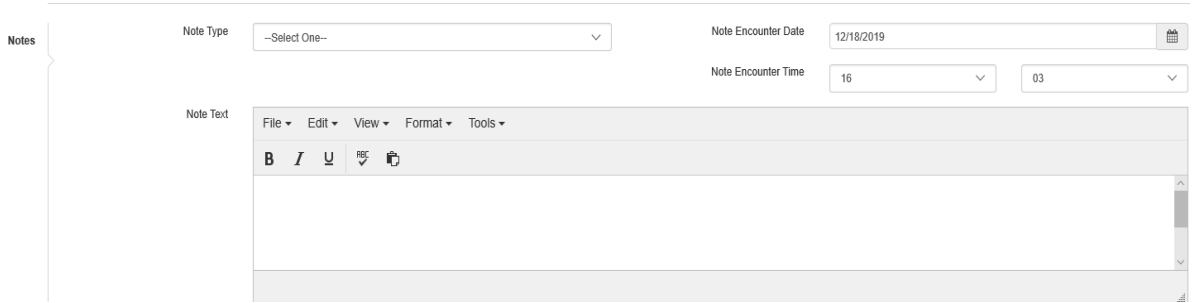|	
	Providers can be attached with one of the following roles: 1. Admitting 2. Attending 3. PCP 4. Servicing- NOTE: This should be used for the provider that will submit claims 5. Treating
13	Choose "Single Attach" or Multiple Attach from the function wheel next to the Provider ID NOTE: Choosing "Single Attach" will return user to the Request screen. Choosing "Multiple Attach" will allow user to repeat the provider selection process to add another provider.
14	Select "Attach"
15	 Enter all Stay Request and/or Service Request information. Ensure that all required fields are completed (denoted by a red asterisk). Click the "Add" button.

16	Complete the Following Selections
	<table><tr><td>Service Type*</td><td>Choose Best Option</td></tr><tr><td>Place of Service</td><td>Choose Best Option</td></tr><tr><td>Expected Admit Date</td><td>Choose actual or scheduled admit date</td></tr></table>

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
	Service Request Add Services

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

	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

NOTE:

SPC Code Sets will decrease the time to add CPT codes and apply to your service.

21

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.

Documents	Document Title		Document Description	
	Document Type	Other ▾		
	Select Document	Browse No File Selected		

22

Complete the Notes Fields
In the Note Text Field, enter the following information:
- Requestor Name
- Requestor Phone Number
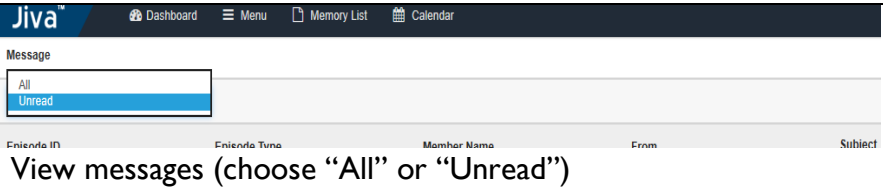- Requestor Fax Number

	• Additional/Relevant Information needed to process the request (i.e. reason for expedited request) Notes — Note Type: --Select One-- ⌄ Note Encounter Date: 12/18/2019 📅 Note Encounter Time: 16 ⌄ 03 ⌄ Note Text — File ▾ Edit ▾ View ▾ Format ▾ Tools ▾ **B** *I* U ABC 📋
23	Click "Submit" button to complete request or select "Save as Draft" button to finish the request at a later time. Submit Save as Draft Cancel NOTE: You must "Submit" for McLaren Health Plan to process the request. Save as Draft will be viewable only from your dashboard.

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.
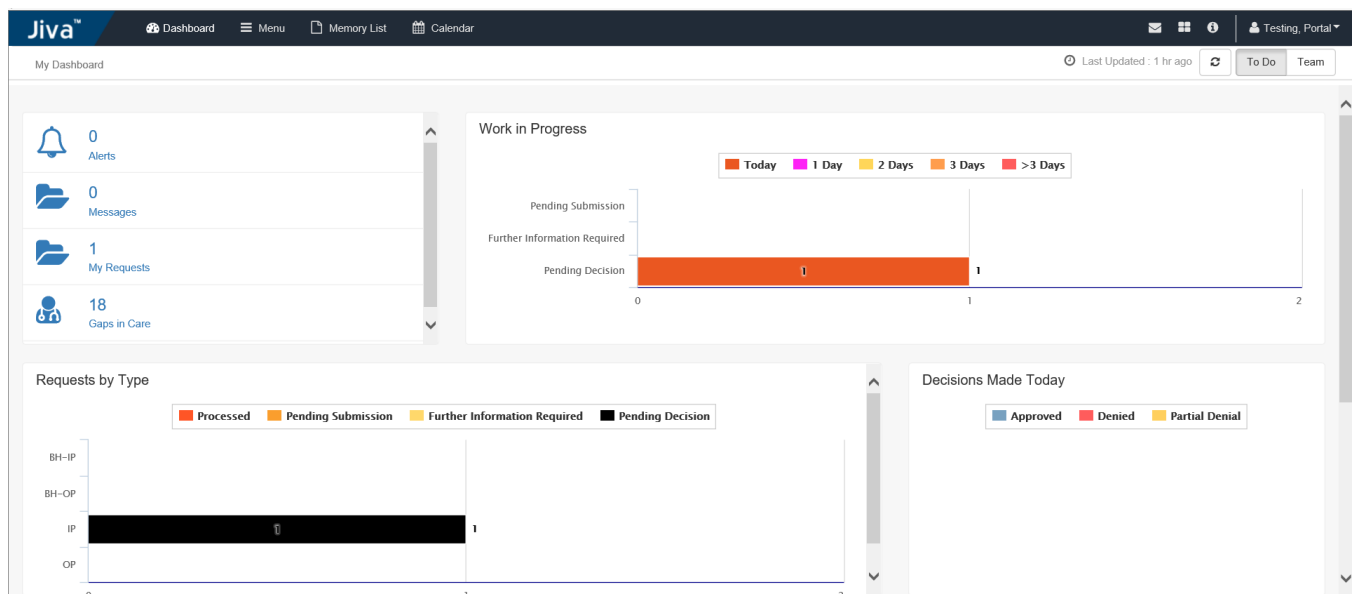
Alerts:	Alerts are system generated messages to the assigned user that will present important information about specific requests. These messages will only pertain to requests by the assigned provider.
Messages:	Messages are sent via the Jiva application. The messages are notes that pertain to a request or a member that have been sent to individual assigned provider. NOTE: Unlike in the "Alerts" link, messages here may pertain to requests made by anyone other than the assigned provider.

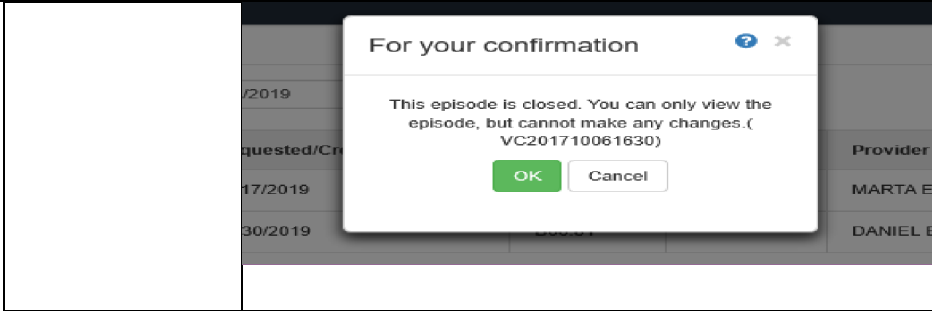| Step …	Action…
1.	View messages (choose "All" or "Unread")
2.	Choose any message to read.
3	To respond to a message, simply type response in the text field box.
4	Click the "Send" button when complete.

My Requests	Any new requests created by a provider are grouped, and can be accessed, using this link.	
	Step…	**Action…**
	1.	 Click the "My Requests" link.
	2.	 View Request information
	3	Filter by Episode Type **NOTE:** This is optional, as an individual request can also simply be selected from the list.
	4	 Filter by status
	5	Click the function wheel in the 'Actions' column to the left of the Episode Type for the desired request. Select the "Open" option. **NOTE:** Episodes that have a 'Processed' status can be viewed, but not modified. The user will see a pop-up screen as a warning. Simply click the 'OK' button to continue.

For your confirmation

This episode is closed. You can only view the episode, but cannot make any changes.(VC201710061630)

OK   Cancel

Gaps in Care	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.

Step…	Action…
1.	16 Gaps in Care Click the "Gaps in Care" link.
2.	<u>Filter by drop down options below:</u> Gaps in Care **Un resolved** Resolved Deactivated
3	 Click the function wheel to the left of the Member Name column
4	Dummy, Delivery ✔ Resolve Gaps in Care ⊘ Deactivate Gaps in Care Choose the desired option
5	

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-E1841	CPAP
Wheelchair	E2201-E2397, E2601-E2633, K0001-K0899	WHB
Outpatient Therapy- Physical Therapy	Revenue codes: 0420, 0421, 0422, 0423,0 429 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