



# Managed Care System (MCS) Provider Portal User Training Guide

---

## Prior Authorization Requests

For questions or assistance with portal access or the authorization process, contact us at:

720.612.6700, option 1

or

[providerservices@phpmcs.com](mailto:providerservices@phpmcs.com)

---

---

## Portal – Log In

To log into the PHP Portal:

- Enter your Username and Password.
- Click on “Login.”

Physician Health Partners  
Collaborate, Innovate, Make a Difference

CHP  
Correctional Health Partners.

Username:

Password:

## Portal – Creating a New Request

To create a new Auth Request:

- Click on the “Portal” tab in the black Main Menu bar, and then select “Submit Auth Request.”

The screenshot shows the CHP (Correctional Health Partners) portal interface. At the top, there are logos for Physician Health Partners and CHP, along with the text "Submit Auth Request". A yellow arrow points to the "Portal" tab in the black Main Menu bar. Below the menu, a dropdown menu is open, and a yellow arrow points to the "Submit Auth Request" option. The main content area displays a form for submitting an authorization request. The form includes the following fields:

- Submitted By:** -- Select One --
- Auth Class:** -- Select One --
- Auth Sub-Class:** -- Select One --
- Member:** Enter Member ID, partial name or leave blank for full search. [SEARCH]

Fields in **bold** are required.

At the bottom right of the form, there is a "CONTINUE" button. Below the form, a progress bar shows the following steps:

- Step 1:** Select request type and classification.
- Step 2:** Complete detail fields.
- Step 3:** Attach supporting documentation.
- Step 4:** View confirmation and PDF summary.

## There are four steps in the Submit Auth Request process.

### Step 1: Select an auth classification and member

- a. "Submitted By" – The provider office that is logged into the PORTAL will determine the choices in this drop down list.
- b. "Auth Class" – The Type of Auth Class selected will determine the options in the "Auth Sub-Class" drop down list.
  - For Non-CHP auths – Select either the Inpatient or Outpatient Auth Sub-Class.

**Step 1:** Select a member and classification.

Fields in **bold** are required.

**Submitted By:** -- Select One --

**Auth Class:** -- Select One --

**Auth Sub-Class:** -- Select One --

**Member:**

- c. "Auth Sub-Class" drop down list is based on the Auth Class selected in step b.
- If needed, use the scroll bar on the right to see more available selections.
  - See "Appendix A – Auth Class/Auth Sub-Class Table for PHP" at the end of this guide for a list of available selections and use.

**Step 1: Select a member and classification.**

Fields in **bold** are required.

Submitted By: -- Select One --

**Auth Class:** Outpatient

**Auth Sub-Class:** -- Select One --

**Member:** -- Select One --

leave blank for full search. SEARCH CONTINUE

**Auth Sub-Class** dropdown menu options:

- Ambulatory Surgery
- Cardiac Procedures in Office
- Chiropractor
- CT/CTA
- DME – Purchase
- DME – Rental
- DME – Repair
- Education/Counseling
- GI Services
- Home Health
- Home Infusion
- Hospice and Palliative Care

Step 2: Complete detail fields.

Step 3: Attach supporting documents

Step 4: View confirmation and PDF s

- d. "Member" field – To select the Member, either Enter Member ID or partial name in the member field or leave the Member field blank and click on the "Search" button and the Member Search screen will appear.
- If the Member cannot be found using the Member Search, then the Auth Request must be faxed to the Prior Auth Department.

**Step 1:** Select a member and classification.

Fields in **bold** are required.

**Submitted By:** ROY DURBIN JR

**Auth Class:** Outpatient

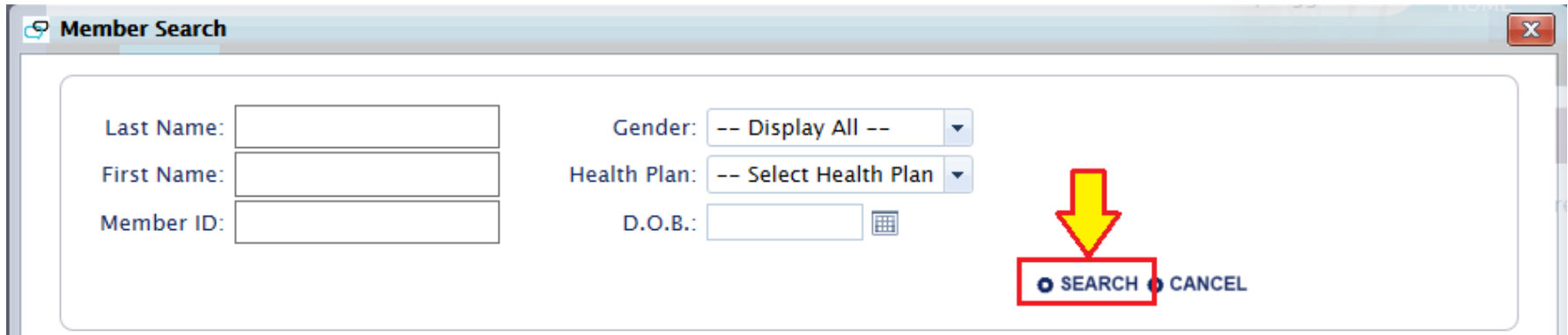
**Auth Sub-Class:** Office Visit

**Member:** *Enter Member ID, partial name or leave blank for full search.*

**Step 2:** Complete detail fields.

## Searching for a Member

In the Member Search screen, enter any combination of name, partial name, member ID, gender, health plan or date of birth. Click on “Search” to initiate the member search.



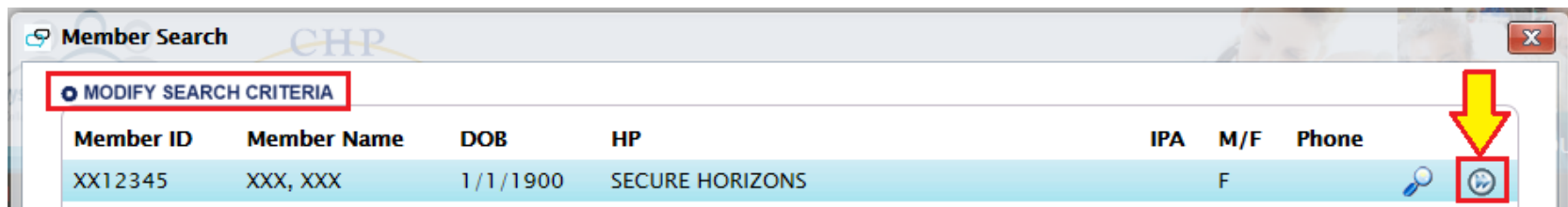
The screenshot shows a web application window titled "Member Search". It contains several input fields: "Last Name:", "First Name:", "Member ID:", "Gender:" (with a dropdown menu set to "-- Display All --"), "Health Plan:" (with a dropdown menu set to "-- Select Health Plan --"), and "D.O.B.:" (with a date picker icon). At the bottom right, there are two buttons: "SEARCH" and "CANCEL". A yellow arrow points down to the "SEARCH" button, which is also enclosed in a red rectangular box.

A list of members that meet the search criteria will appear.

a. Verify the member information.

- Members in RED are not active/eligible.

b. To select the active member, click on the fast forward button  to the far right of the member information.



The screenshot shows the "Member Search" window displaying a table of search results. A button labeled "MODIFY SEARCH CRITERIA" is highlighted with a red box at the top left. The table has the following columns: Member ID, Member Name, DOB, HP, IPA, M/F, and Phone. A single row is visible with the following data: Member ID: XX12345, Member Name: XXX, XXX, DOB: 1/1/1900, HP: SECURE HORIZONS, IPA: (blank), M/F: F, and Phone: (blank). At the bottom right of the table, there is a fast forward button (a blue circle with a white right-pointing arrow) and a search icon (a magnifying glass). A yellow arrow points down to the fast forward button, which is also enclosed in a red rectangular box.

Member ID	Member Name	DOB	HP	IPA	M/F	Phone
XX12345	XXX, XXX	1/1/1900	SECURE HORIZONS		F	

The History/Duplication Checker will display beneath the member's name.

- The Duplication Checker looks for any authorizations submitted for this member within the last 12 months that have the same Auth Class.
- The Auth number is a hyperlink to view the information for that specific auth.

Click on the "Continue" button in the lower right corner to proceed to Step 2.

**Step 1: Select a member and classification.**

Fields in **bold** are required.

**Submitted By:** ROY DURBIN JR

**Auth Class:** Outpatient

**Auth Sub-Class:** Office Visit

**Member:** [XXX XXX \(XX12345\)](#)

The following Outpatient authorizations were created for XXX XXX during the past year.

<b>Auth Number</b>	<b>Sub Class</b>	<b>Type</b>	<b>Service Provider</b>	<b>Service Date</b>	<b>Auth Status</b>
<a href="#">X1505270003</a>	Home Health	POST	ACARIA HOME CARE	5/1/2015	Approved

**Step 2: Complete detail fields.**



## Step 2: Complete detail fields.

- All bolded areas are required in order to save/submit the authorization request.
- The Requesting Provider defaults to the provider submitting the Auth Request. This can be modified if needed by clicking on the “Modify” button to the right. A search for a provider is the same process as searching for members.
- Additional information can be typed into the “Additional Information” field at the bottom. This field only allows up to 2,000 characters. This field appears on the Auth Summary as a Note.

**Step 2: Complete detail fields.**

Fields in **bold** are required.

Member's PCP: DURBIN JR, ROY (NPI #1639130438)

**Requesting Provider:** DURBIN JR, ROY (NPI #1639130438) **MODIFY**

**Servicing Provider:** *Enter Provider ID, NPI #, partial name or leave blank for full search* **SEARCH**

---

**Diagnoses:**

Code	Description
No diagnoses have been added.	
Add:	<i>Enter a diagnosis code or part of the description.</i> <b>SEARCH</b>

**Services:**

Qty.	Code	Description
No services have been added.		
Add:	<i>Enter a CPT/HCPCS code or part of the description.</i> <b>SEARCH</b>	

---

**Dates of Service:**   to

**Priority:** -- Select One --

---

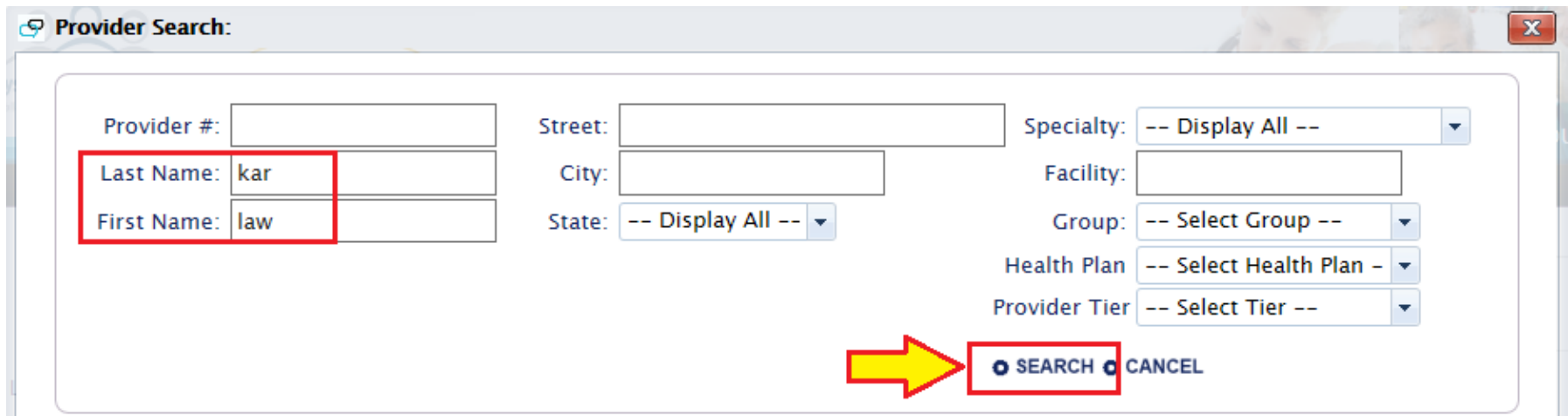
**Additional Information:** **Free text box to provide the Utilization Review team additional information associated with this Auth request.**

0 of 2000 Characters Used, 2000 Remaining


## Searching for a Provider


In the Provider Search screen, enter any combination of name, partial name, provider ID, health plan, etc. Click on “Search” to initiate the provider search.

- When searching for a provider, entering too much information may constrain the search.
- If you have difficulty finding a specific provider, try entering last name only and/or partial name.
- To search for a facility, an organization, or a provider group, enter the name or partial name in the “Last Name” field only. Do not enter anything in the “First Name” field.



The screenshot shows a web form titled "Provider Search:". The form contains several input fields and dropdown menus. The "Last Name" field contains the text "kar" and the "First Name" field contains the text "law". Both of these fields are enclosed in a red rectangular box. A yellow arrow points from the bottom right towards the "SEARCH" button, which is also enclosed in a red rectangular box. The "SEARCH" button is located at the bottom right of the form, next to a "CANCEL" button. Other fields include "Provider #:", "Street:", "City:", "State:", "Specialty:", "Facility:", "Group:", "Health Plan", and "Provider Tier".



Verify the Provider information then click on the fast forward button  to the far right to add the provider to the Auth Request.

- To view additional information on a specific provider click on the magnifying glass icon .
- Column labeled Tier is the status on the provider's contract:
  - Tier 1 – Preferred and Compact
  - Tier 2 – Contracted

**Provider Search:**


MODIFY SEARCH CRITERIA

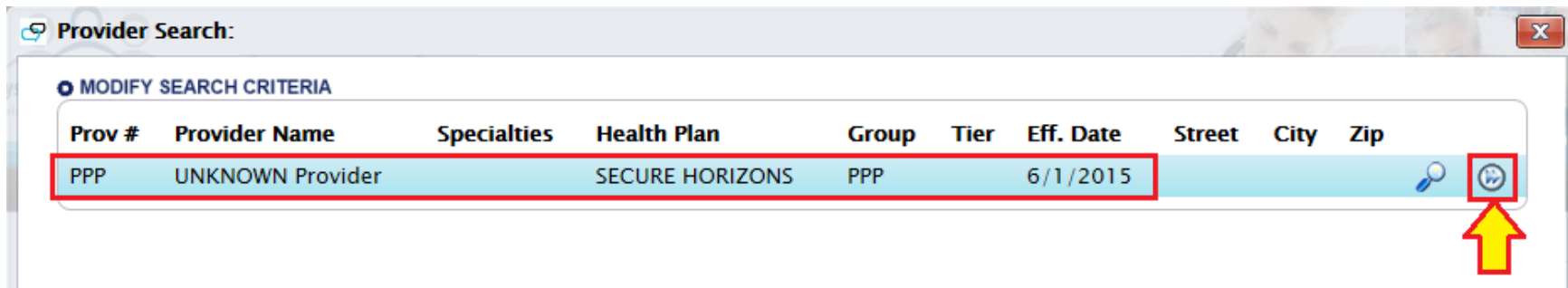
Select Provider

Prov #	Provider Name	Specialties	Health Plan	Group	Tier	Eff. Date	Street	City	Zip	
1194766279	LAWRENCE KARSH		SECURE HORIZONS	PPP	1	1/1/1900	2777 MILE HIGH STADIUM CIRCLE	DENVER	80211- 5201	 

## Unknown Provider

If a provider cannot be found after an extensive provider search, the “unknown provider” will need to be selected.

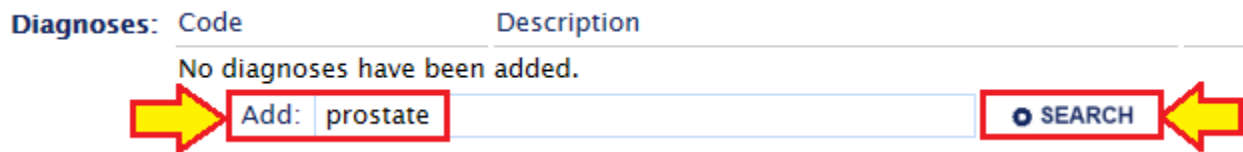
1. In the Provider Name field, enter “Unknown Provider.”
2. Click on “Search.”
3. Click on the fast forward button  to the far right to add the provider to the Auth Request.




4. Include the following information in the “Additional Information” field at the bottom of Step 2 so that the provider can be correctly identified:
  - Provider First and Last name
  - Provider Specialty
  - Provider Phone Number
  - Provider Address
  - Provider NPI
  - Contact name of office staff for any questions regarding the request
  - Reason for the authorization request

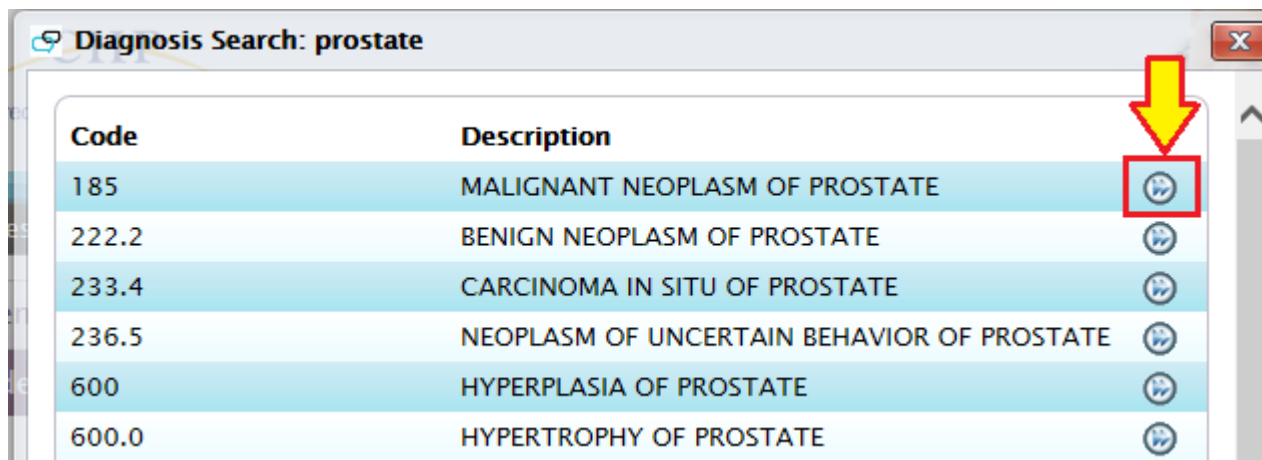
## Adding a Diagnosis

The diagnosis code or part of the diagnosis description must be typed into the field to the right of “Add.” Then hit enter or click on the “Search” button to the right.



The Diagnosis Search box will appear.

To select the appropriate diagnosis, click on the fast forward button  to the right of the diagnosis.



## Adding a Service

Adding a service to the Auth Request works the same as adding a diagnosis.

- If the entire service code is entered, the search box will not appear and the service is automatically added. (This is also true when adding diagnoses.)

Services:	Qty.	Code	Description
No services have been added.			
		Add: 99201	SEARCH

Additional diagnoses and services can be added as needed.

Once all of the required fields are completed, click on “Submit Auth Request” in the lower right corner and proceed to Step 3.

**Step 2: Complete detail fields.**

Fields in **bold** are required.

Member's PCP: [DURBIN JR, ROY \(NPI #1639130438\)](#)

**Requesting Provider:** [DURBIN JR, ROY \(NPI #1639130438\)](#)  MODIFY

**Servicing Provider:** [LAWRENCE KARSH \(NPI #1194766279\)](#)  MODIFY

---

**Diagnoses:**

Code	Description	
185	MALIGNANT NEOPLASM OF PROSTATE	X

Add:   SEARCH

**Services:**

Qty.	Code	Description	
6	99201	OFFICE OUTPATIENT NEW 10 MINUTES	X

Add:   SEARCH

---


**Dates of Service:**   to

**Priority:**

---

**Additional Information:**

57 of 2000 Characters Used, 1943 Remaining

  **SUBMIT AUTH REQUEST**

### Step 3: Attach supporting documentation

a. Attach supporting documents as needed.

- If no supporting documents are to be attached, select “No” in the supporting documentation drop down list and click the “Continue” button.
- If there are supporting documents that need to be attached to the Auth Request, select “Yes.”

**Step 3: Attach supporting documentation.**

Fields in **bold** are required.

**Do you have supporting documentation to accompany this authorization request?** -- Select One --

Yes

No

**CONTINUE**

**Step 4: View confirmation and PDF summary.**

b. Select the correct type of document that will be uploaded to the authorization.

**Step 3: Attach supporting documentation.**

Fields in **bold** are required.

**Do you have supporting documentation to accompany this authorization request?** Yes

**What kind of documentation?** -- Select One --

-- Select One --

Paper Documents

Electronic Files

Both

**CONTINUE**

**Step 4: View confirmation and PDF summary.**



c. Click on "Select" to browse for the electronic document to attach, then click on "Upload Document."

**Step 3: Attach supporting documentation.**

Fields in **bold** are required.

**Do you have supporting documentation to accompany this authorization request?** Yes

**What kind of documentation?** Electronic Files

### Upload Electronic Documentation

File Name	Attached	By	Category	Source
No records to display.				

**Browse for electronic documents to attach to this authorization request:** Additional Information or **Select** Clear

Only PDFs are allowed. Files must not be larger than 40MB.

**UPLOAD DOCUMENT**

**CONTINUE**

- d. The attached document will be uploaded.
- Additional documents can be uploaded as needed.
  - To delete an uploaded document, click on the red “X” to the far right of the document.
- e. Click on the “Continue” button in the lower right corner.

**Step 3: Attach supporting documentation.**

Fields in **bold** are required.

Do you have supporting documentation to accompany this authorization request? Yes

What kind of documentation? Electronic Files

### Upload Electronic Documentation

File Name	Attached	By	Category	Source	
Additional Information on Member XXX.docx	5/26/2015	P. user	Supporting Documentation	Uploaded	X

Browse for electronic documents to attach to this authorization request:

Only PDFs are allowed. Files must not be larger than 40MB.

UPLOAD DOCUMENT

CONTINUE

## Step 4: View Confirmation and PDF Summary

- a. The last step shows confirmation that the request has been received and the current status of the Auth Request.
  - In the example below, the Auth Request was automatically “Approved.”
- b. Click on “Print Summary” in the upper right corner to print the auth. Auths will print out in PDF format.
- c. If the submitted auth has been approved, send the printed auth with the applicable supporting documentation to the servicing provider.
- d. You can submit another Auth Request by clicking on the “Submit Another Request” in the middle of the Step 4 screen and a new Step 1 screen will appear.

**Step 4: View confirmation and PDF summary.**

Thank you for submitting your Office Visit Request. It has been assigned Reference #[X1505270004](#) with a status of “**APPROVED.**” Click the Print Summary button above to generate a printable version of the summary. Send this to the servicing provider with applicable supporting documentation.

**Disclaimers:**

[SUBMIT ANOTHER REQUEST](#)

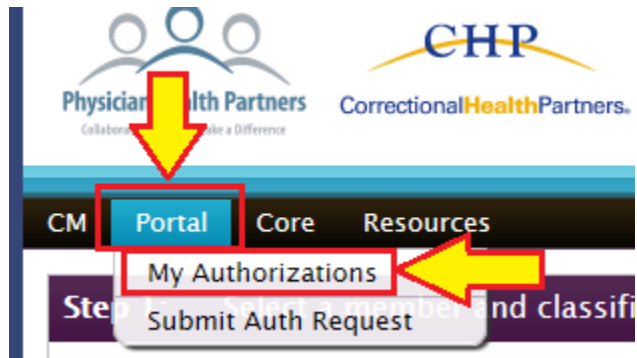
Reimbursement for services rendered is subject to:

- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral

[PRINT SUMMARY](#)

## Portal – Viewing the Status of a Submitted Authorization

- a. Click on the “Portal” tab in the black Main Menu bar, and then select “My Authorizations.”



b. The “My Authorizations” search screen will appear.

- The only mandatory field is “Created Date Range.” The created date range defaults to the current date and from two weeks prior to current date. This can be changed as needed. The created date is not the same as the requested service date.
- Searches can be conducted using any combination of auth number, member ID, member name, partial name, auth class, auth sub-class, and auth status.
- Click on “Search” at the bottom to initiate the search.

Physician Health Partners Collaborate. Innovate. Make a Difference

Correctional Health Partners

**My Authorizations**

Portal user is currently logged in

CM Portal Core Resources

### Search Criteria

Auth Number:

Member ID:

Member First Name:

Member Last Name:

Authorization Class: -- Display All --

Authorization Sub Class: -- Display All --

Authorization Status: -- Display All --

**Created Date Range:** 5/13/2015 to 5/27/2015

**SEARCH**

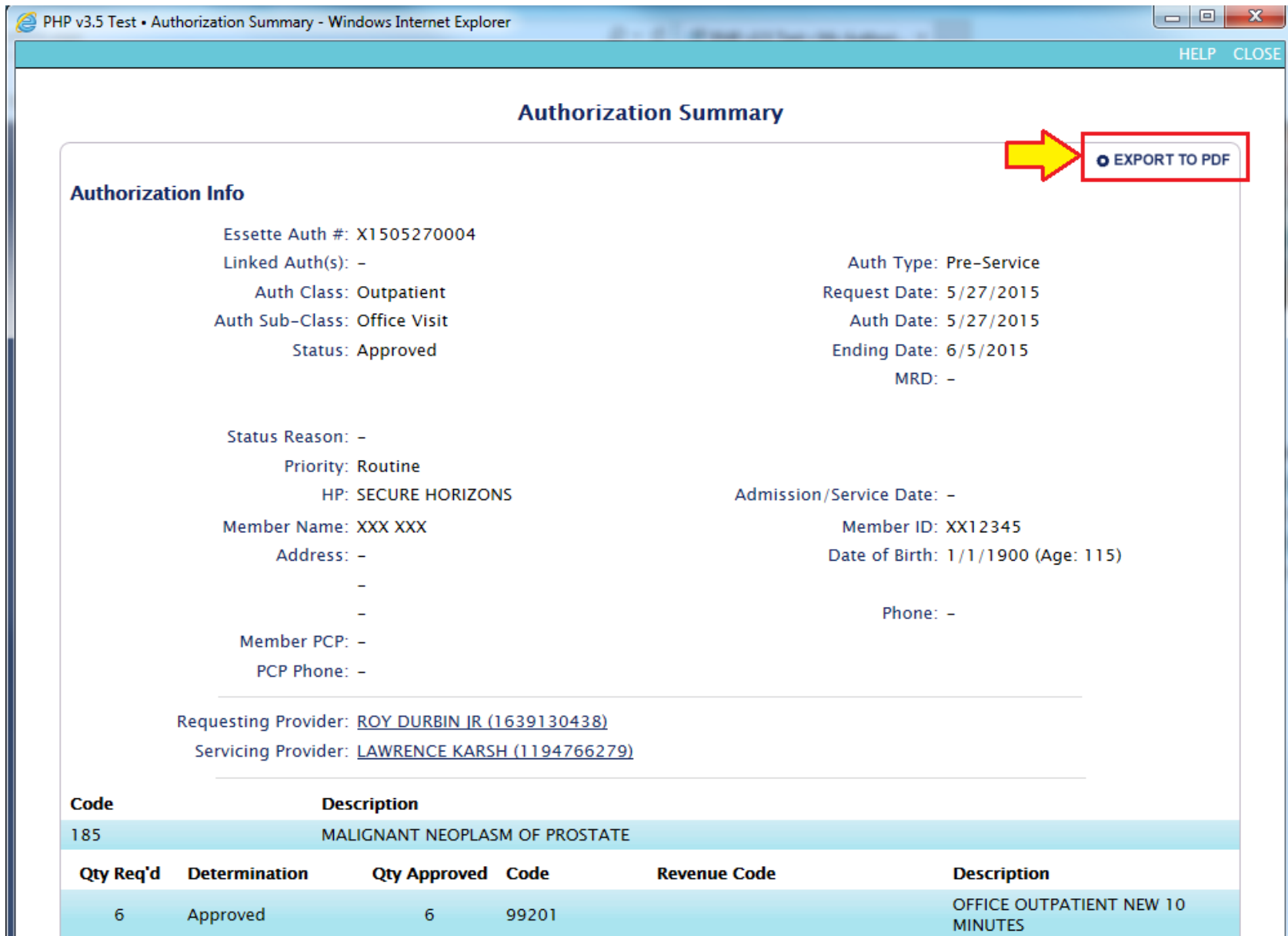
## “My Authorizations” Search Results

A list of submitted authorizations will appear that meet the search criteria.

The status of the submitted auth is in the “Status” column to the right. To see an Authorization Summary, click on the auth number on the left.

Search Results							
Displaying 4 authorizations that matched your search criteria.							
<a href="#">MODIFY SEARCH</a>							
Auth #	Member ID	Member	Class	Sub-Class	Type	Status	Requested
<a href="#">X1505270004</a>	XX12345	XXX, XXX	Outpatient	Office Visit	Pre-Service	Approved	5/27/2015

The Authorization Summary can be exported to PDF format and printed.



PHP v3.5 Test • Authorization Summary - Windows Internet Explorer

HELP CLOSE

### Authorization Summary

**Authorization Info**

Essette Auth #: X1505270004  
Linked Auth(s): -  
Auth Class: Outpatient  
Auth Sub-Class: Office Visit  
Status: Approved

Auth Type: Pre-Service  
Request Date: 5/27/2015  
Auth Date: 5/27/2015  
Ending Date: 6/5/2015  
MRD: -

Status Reason: -  
Priority: Routine  
HP: SECURE HORIZONS  
Admission/Service Date: -

Member Name: XXX XXX  
Address: -  
-  
-  
Member PCP: -  
PCP Phone: -

Member ID: XX12345  
Date of Birth: 1/1/1900 (Age: 115)  
Phone: -

Requesting Provider: [ROY DURBIN JR \(1639130438\)](#)  
Servicing Provider: [LAWRENCE KARSH \(1194766279\)](#)

Code	Description
185	MALIGNANT NEOPLASM OF PROSTATE

Qty Req'd	Determination	Qty Approved	Code	Revenue Code	Description
6	Approved	6	99201		OFFICE OUTPATIENT NEW 10 MINUTES

## Pended Authorizations

Authorizations that are in the pending status appear on the “My Authorizations” list with the status as “Pending.”

Click on the auth number to view the Authorization Summary and Auth Notes.



The screenshot shows the 'My Authorizations' page in the CHHPortal. The page header includes the Physician Health Partners and Correctional Health Partners logos, the text 'My Authorizations', and a notification 'CHHPortal User is currently logged in.' with 'HOME' and 'LOG OUT' links. A navigation bar contains 'CM', 'Portal', 'Core', and 'Resources'. The main content area is titled 'Search Results' and displays 'Displaying 1 authorizations that matched your search criteria.' Below this is a table with one row of authorization data. The 'Auth #' column contains a link to 'X1505270001', and the 'Status' column contains 'Pending'. Both the link and the status are highlighted with red boxes and yellow arrows pointing to them.

Auth #	Member ID	Member	Class	Sub-Class	Type	Status	Requested
<a href="#">X1505270001</a>	XX1111111	XXX, XXX	GOVT - Outpatient	GOVT - Office Visit - Infectious Disease	Pre-Service	Pending	5/27/2015



For auths in the Pending Status, notes from the Utilization Review Team will appear in the Note section at the bottom of the Authorization Summary.

The Note Category shows the note origin.

- All notes entered through the portal by the requesting provider will have the Note Category “Provider Portal.”
- All notes entered by the Utilization Review Team will have the Note Category “Pend Information.”

Code	Description				
496	CHRONIC AIRWAY OBSTRUCTION NEC				
Qty Req'd	Determination	Qty Approved	Code	Revenue Code	Description
8	Pended	0	99201		OFFICE OUTPATIENT NEW 10 MINUTES
Notes					
Created	Created By	Category (Sub Category)	Note		
5/27/2015 4:27 PM	C. Cox	Pend Information	Pend Information Note entered by the Utilization Review Team		
5/27/2015 4:25 PM	P. user	Provider Portal	Additional information associated with this Auth Request provided by the Requesting provider.		



## Appendix A – Auth Class/Auth Sub-Class Table for PHP

Auth Class	Auth Sub-Class	Description/ Criteria
Inpatient	Precert	Planned Inpatient stays
Outpatient	Ambulance - Transportation	Ambulance transportation requires review for all non-emergent transportation
Outpatient	Ambulatory Surgery	All surgery done in OP setting or Ambulatory setting
Outpatient	Cardiac Procedures in Office	Use for ECHOs (93303-93352) and Thallium Treadmills (78451 &78452)
Outpatient	CT/CTA	For all CT and CTA scans
Outpatient	DME - Purchase	Purchase of DME items
Outpatient	DME - Rental	Rental of DME items
Outpatient	DME - Repair	Repair of DME items
Outpatient	ED Visit	Do not use
Outpatient	Home Health	To be used for services provided in the home
Outpatient	Home Infusion	To be used for home infusion, to include Part B drugs or admin services
Outpatient	Hospice or Palliative Service	To be used for Hospice Evaluation or Palliative Care Evaluation
Outpatient	MOHS	To be used for MOHS services
Outpatient	MRI/MRA	For all MRI and MRA scans
Outpatient	Office Visit	PCP to Specialist referrals only
Outpatient	Out of Area Pre Auth	Complex radiology request by OOA Urgent Care
Outpatient	Outpatient Diagnostic	All other OP services not listed
Outpatient	Outpatient Labs	All other OP Labs not listed
Outpatient	PET	Used for PET scans(78813-78815)
Outpatient	Sleep Studies	Used for Sleep Studies (95806-95811)
Outpatient	Spect Scans	To be used for Spect Scans
Outpatient	GI Services	To be used for EGD/ Colonoscopy
Outpatient	Injectables - Chemo	To be used for Part B chemo drugs
Outpatient	Injectables - Non Chemo	To be used for Part B non-chemo drugs
Outpatient	Injectables - Pain Mgt/Steroid	To be used for Part B pain management
Outpatient	Therapy - Outpatient	To be used for PT, OT or ST
Outpatient	Therapy - Pulm	To be used for Pulmonary Rehab
Outpatient	Therapy - Cardiac	To be used for Cardiac Rehab
Outpatient	Chiropractor	Used for a DO's requesting chiropractor manipulative treatment
Outpatient	Neuro Psych	Neuro psych testing (96118-96120)
Outpatient	PCP Denial Request	Used for PCP's requesting referral request be denied
Outpatient	Education/Counseling	Used for Diabetes education
Outpatient	MAC	Monitored Anesthesia Care (00740 &00810) (for EGD's and Colonoscopies)
Outpatient	Radiation Therapy	To be used for Radiation Therapy
Outpatient	Wound Center	To be used for Wound Care Services