

Managed Care Systems (MCS) Essette Provider Portal User Training Guide

Prior Authorization Requests and Referrals

Prior Authorization Email	PAteam@Alpine-Physicians.com	For questions or assistance with the authorization or referral process.
Prior Authorization	720-612-6600, option 1 for PHP Prime and Medicare Providers. Then option 1 for Prior Authorization and Referrals.	For questions or assistance with the authorization or referral process. Note: We may be experiencing a high volume of calls. Monday – Friday, 8:30 – 5:00 pm MT
Prior Authorization Fax	303-605-1545	
Care Coordination	720-612-6600, choose option 1 for PHP Prime and Medicare Providers and then option 2 Care Coordination Team	For questions or assistance with Inpatient Acute, LTAC, Rehab, Skilled and Observation or to make referral to care coordination for ALL PHPprime contacts.
Care Coordination Fax	303-256-1721	
Portal Support	Portal@alpine-physicians.com 720-612-6600, choose option 1 , and then option 6	For questions or assistance regarding portal access or technical support.

90 Day MCS Provider Portal Portal Timeout

Please be aware that if you have not logged into your MCS Provider Portal account in the last 90 days, you will automatically be locked out of the account. This is a standard policy that enhances the security of the information contained within the portal. To avoid this "lock," please be sure to log into your account at least every 90 days. If you find that your account has been locked, please fill out the form located [here](#) to start the re-activation process.

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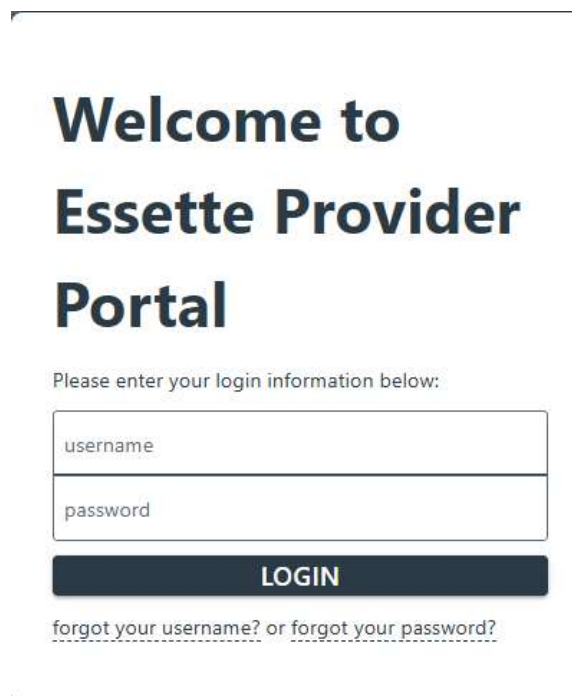
Creating a New Request in the Essette MCS Provider Portal

Portal login:

Please note this is a new login screen based on the upgraded version.

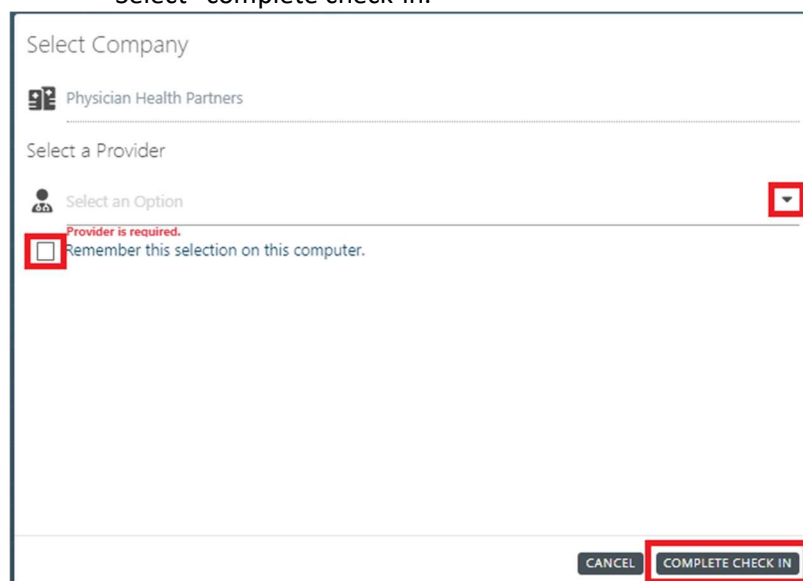
To log into the [Essette Provider Portal](#):

- Enter your username and password.
- Click **login**.



The login screen features a large heading 'Welcome to Essette Provider Portal'. Below it, a prompt asks the user to enter login information. There are two input fields: 'username' and 'password'. A dark blue 'LOGIN' button is positioned below the fields. At the bottom, there are links for 'forgot your username?' and 'forgot your password?'.

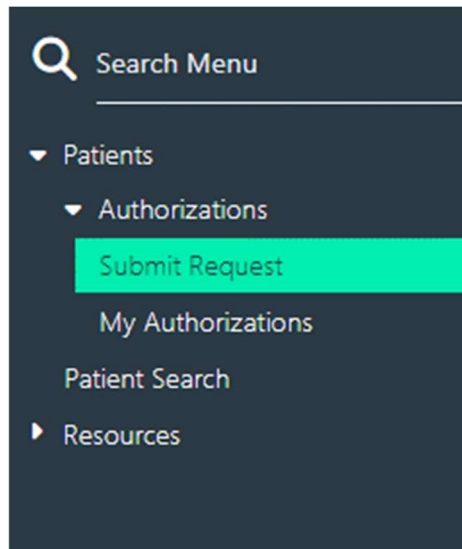
- A pop-up window will appear. Select your provider name from the drop-down. To save time in the future check the box next to “Remember this selection on this computer.”
- Select “complete check-in.”



The pop-up window is titled 'Select Company' and shows 'Physician Health Partners' as the selected company. Below this, it says 'Select a Provider' and 'Select an Option' with a dropdown arrow. A red box highlights the dropdown arrow. Below the dropdown, there is a red error message 'Provider is required.' and a checkbox labeled 'Remember this selection on this computer.' with a red box around it. At the bottom right, there are two buttons: 'CANCEL' and 'COMPLETE CHECK IN', with the latter highlighted by a red box.

Navigating the portal

The left-side navigation bar will assist you in moving throughout the portal. Select carets to expand the list of menu options. A green highlight indicates the page that you are currently viewing.



- Under **Authorizations**, you can:
 - “Submit Request”: Go here to enter new prior authorizations and referral requests.
 - “My Authorizations”: Go here to view your previous prior authorizations and referrals, including status.
- Under **Patient Search**, you can
 - Search for a patient
- Under **Resources**, you can find links to:
 - Multicultural patient education resources
 - WEB MD

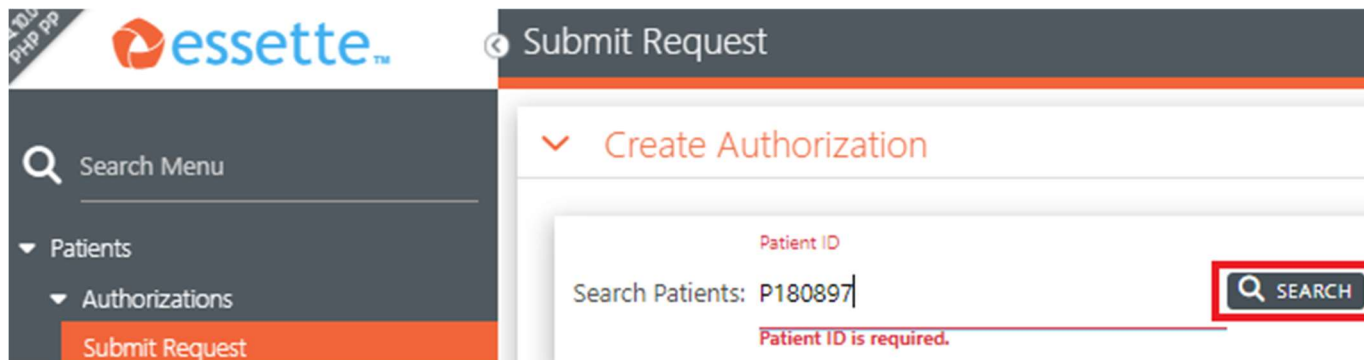
Submitting a new prior authorization or referral request

There are three sections in the submission process:

Section 1: Selecting a member and authorization classification

To submit a new request, select “Submit Request” from the left-side navigation panel.

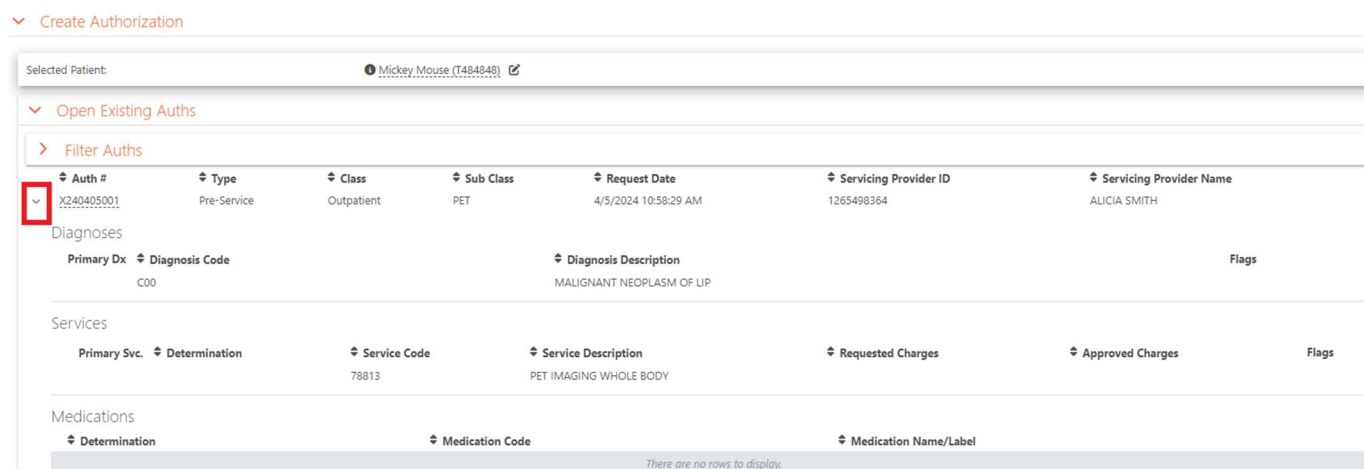
- Enter the patient ID number and select “Search.” (Please note the patient ID below is not for a real patient).



- If the search returns a member highlighted in yellow, this indicates the member does not have an active plan with us.



- If the search returns no results, you will need to fax your request to the Prior Auth department.
- The search will return a list of past requests by the provider for the member under “Open Existing Auths.”
- When you select a caret in the menu next to an existing auth (or referral), a drop-down menu will appear with the authorization details (see screenshot below).



Auth #	Type	Class	Sub Class	Request Date	Servicing Provider ID	Servicing Provider Name
X240405001	Pre-Service	Outpatient	PET	4/5/2024 10:58:29 AM	1265498364	ALICIA SMITH

Primary Dx	Diagnosis Code	Diagnosis Description	Flags
	C00	MALIGNANT NEOPLASM OF LIP	

Primary Svc.	Determination	Service Code	Service Description	Requested Charges	Approved Charges	Flags
		78813	PET IMAGING WHOLE BODY			

Determination	Medication Code	Medication Name/Label
There are no rows to display.		

- You can collapse these sections by selecting the caret. After selecting your patient, fill in the drop-down selections (required by the red asterisk) and then select “Create Auth.”
- The Location drop-down will only contain locations attributed to your account.
- The Auth class will dictate different options for the subclass.
- **For Referral requests, the only subclass portal users should select is “Office Visit”**

Service Information

Location *
Select Location

auth.class.\$long *
Outpatient

auth.type.\$ *
Office Visit

auth.initialServiceDate.\$ *
auth.initialServiceDate.\$ is required.

auth.serviceDate.dateRange.end.\$long
auth.type.\$ is required.

- **For “Inpatient” requests, the only subclass portal users should select is “Precert.”**

Submit Request

Create Authorization

Patient
Selected Patient: AMBER TEST (P180897)

Open Existing Auths

Filter Auths

Auth #	Type	Class	Sub Class	Request Date	Servicing Provider ID
There are no rows to display.					

There were no authorizations created for AMBER TEST during the past year.

Service Information

Location *
Select Location

Auth Class *
Inpatient

Auth Sub Class *
Precert

Initial Service Date *
Initial Service Date is required.

End Service Date
Type is required.

CLEAR CREATE AUTH

- **For “Outpatient” requests, portal users can select any subclass *except* “No PA Required-FOR PHP USE ONLY” and “ED visit”.**
- The Initial Service Date will dictate the default auth type. The auth type can be changed in the drop-down.
- **Selecting the same day the request is being entered will default to “Concurrent”.**
 - **If you are submitting a same-day request, please be sure to change the type to “Pre-Service”, no service should be submitted as “Concurrent”.**
- Choosing a date in the past will default to “Post-service”.
- Choosing a date in the future will default to “Pre-Service”.

Auth Sub Class *

▼ Ambulatory Surgery ▼

Type *

Select Type

Pre-Service

Concurrent Review

Post-Service

- After making drop-down selections, select “Create Auth” (see below).

Submit Request

▼ Create Authorization

Selected Patient: Mickey Mouse (T484848) [icon]

> Open Existing Auths

Location *	Auth Class *	Auth Sub Class *
ROCKY MOUNTAIN CANCER CENTERS, LLP - THORNTON	▼ Outpatient	▼ DME - Rental
Initial Service Date *	End Service Date	Type *
4/6/2024	X	Pre-Service

X CLEAR + CREATE AUTH

> Authorization Details

> Attach Supporting Documentation

> Authorization Confirmation

Section 2: Fill in authorization or referral details

- 1) Select the level of priority of your request, either Routine or Urgent (see below).
 - Medicare defines urgent/expedited requests as those where waiting for a standard decision could seriously jeopardize patient’s life, health or ability to regain maximum function. Urgent referrals/prior authorizations require documentation to support that they are medically urgent. Please submit all other requests as "Routine."
 - Urgent/Routine referral timeframe is 3 visits over 3 months.
 - Urgent prior authorization request: The patient requires urgent medical services in a shorter timeframe than the routine request timeframes. Therefore, urgent requests will only have an approval period of 10 days from date of submission. To help avoid delays, please be sure to submit all necessary documentation with your request.
 - If the request needs to be expedited, call Prior Authorization at 720-612-6600, press option 1 for PHP Prime and Medicare Providers. Then press option 1 again for Prior Authorization and Referrals or via secure email at PAteam@Alpine-Physicians.com

Submit Request

> Authorization: X240409007

✓ Authorization Details

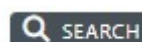
Priority *

Select Priority

Routine

Urgent

2) Search for a servicing provider by entering their name or NPI number and selecting



This will prompt a pop-up if there are multiple search results.

- If your search returns too many results, you can enter more search filters in the “search for providers” pop-up.

✓ Search for Providers

☒ Only Contracted Providers

Provider Identifier

NPI #

Provider First Name

Provider Last Name

Specialty

Select Gender

Provider Facility

Provider Group

Facility Address

Street

City

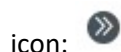
Select State

Zip Code

SEARCH

CLEAR

- To select a provider from the returned search result list, select the fast-forward



icon:

3) Search for a diagnosis code

- You can search by code or description and select from the drop-down list.

Diagnoses

Search Diagnoses

R55

R55 - SYNCOPE AND COLLAPSE

- To delete a diagnosis code or service code, select the Trash icon:



4) Search for a Service code

- You can search by code or description, select from the drop-down list.

- If a service code has a triangle error code next to it after selection indicating it is not valid, please delete invalid service code and select a valid service code before saving authorization:



Warning:

- service.\$ is not valid for the selected dates.

- To edit the quantity of a service, select the pencil icon:
- Input the quantity and then select “Save service.”

Edit Service : 78812: PET IMAGING SKULL BASE TO MID-THIGH
Valid Between 1/1/1900 and 12/31/9999

Quantity Requested *


3

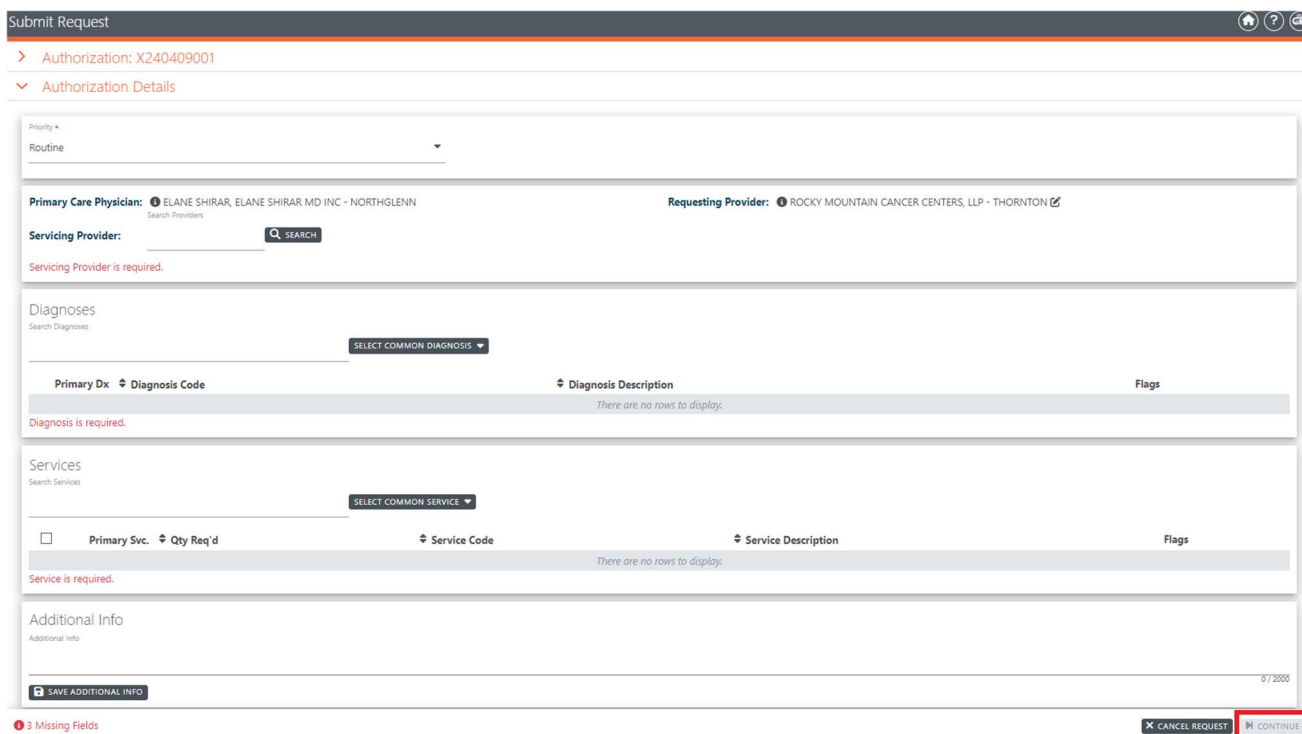
X CANCEL

SAVE SERVICE

5) Include the office contact person’s information and any additional information related to your request.

6) After completing the required fields select the continue button.

 CONTINUE



Submit Request

> Authorization: X240409001

▼ Authorization Details

Priority: Routine

Primary Care Physician: ELANE SHIRAR, ELANE SHIRAR MD INC - NORTHGLENN

Requesting Provider: ROCKY MOUNTAIN CANCER CENTERS, LLP - THORNTON

Servicing Provider: [SEARCH]

Servicing Provider is required.

Diagnoses

SELECT COMMON DIAGNOSIS

Primary Dx	Diagnosis Code	Diagnosis Description	Flags
There are no rows to display.			

Diagnosis is required.

Services

SELECT COMMON SERVICE

Primary Svc.	Qty Req'd	Service Code	Service Description	Flags
There are no rows to display.				

Service is required.

Additional Info

Additional info

07/2025

SAVE ADDITIONAL INFO

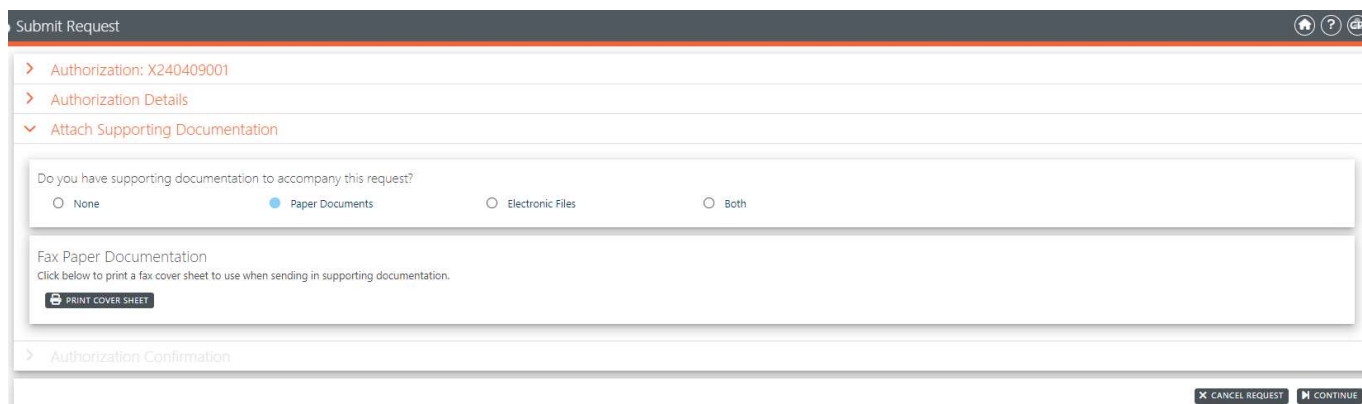
3 Missing Fields

CANCEL REQUEST CONTINUE

Section 3: Attach supporting documentation

1) Select which type of file you would like to upload:

- To submit paper documentation, fax to the prior authorization department (303) 605-1545.



Submit Request

> Authorization: X240409001

> Authorization Details

▼ Attach Supporting Documentation

Do you have supporting documentation to accompany this request?

☐ None ☒ Paper Documents ☐ Electronic Files ☐ Both

Fax Paper Documentation

Click below to print a fax cover sheet to use when sending in supporting documentation.

PRINT COVER SHEET

> Authorization Confirmation

CANCEL REQUEST CONTINUE

- For electronic uploads, select “add document.”

Submit Request

> Authorization: X240409001

> Authorization Details

▼ Attach Supporting Documentation

Do you have supporting documentation to accompany this request?

☐ None ☐ Paper Documents ☒ Electronic Files ☐ Both

Upload Electronic Documentation

+ ADD DOCUMENT

⬆ Title ⬆ Attached ⬆ By ⬆ Category ⬆ Source

Show Inactive Documents

There are no rows to display.

> Authorization Confirmation

CANCEL REQUEST CONTINUE

- This will prompt a pop-up where you can select your file, add a title, and input a summary. Select “save” once you have completed the information.

Upload/Attach Document

SELECT FILE

File is limited to 40 MB

Category *


Title

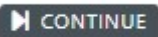
Supporting Documentation

Summary

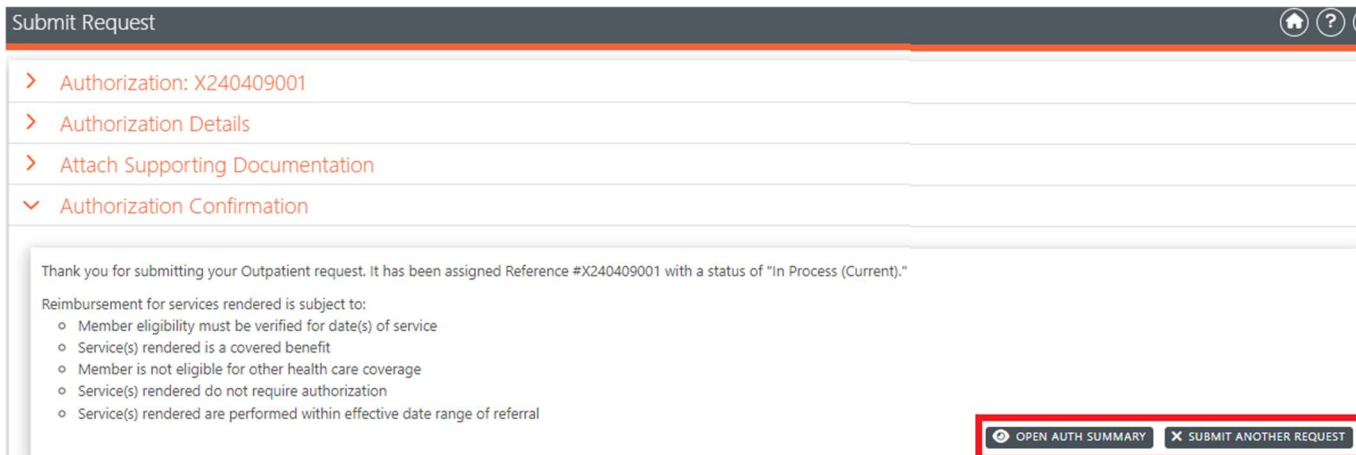
0 / 500

CANCEL SAVE

- To remove an uploaded file, select the remove icon: 
- **Note: After the initial submission authorization request and supporting documentation, please do not add additional documentation to the authorization unless requested.**

2) After adding your files select the continue button. 

You will then get a confirmation, and from here you can submit another request, or open an auth summary.



Submit Request

> Authorization: X240409001

> Authorization Details

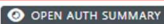
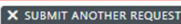
> Attach Supporting Documentation

▼ Authorization Confirmation

Thank you for submitting your Outpatient request. It has been assigned Reference #X240409001 with a status of "In Process (Current)."

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

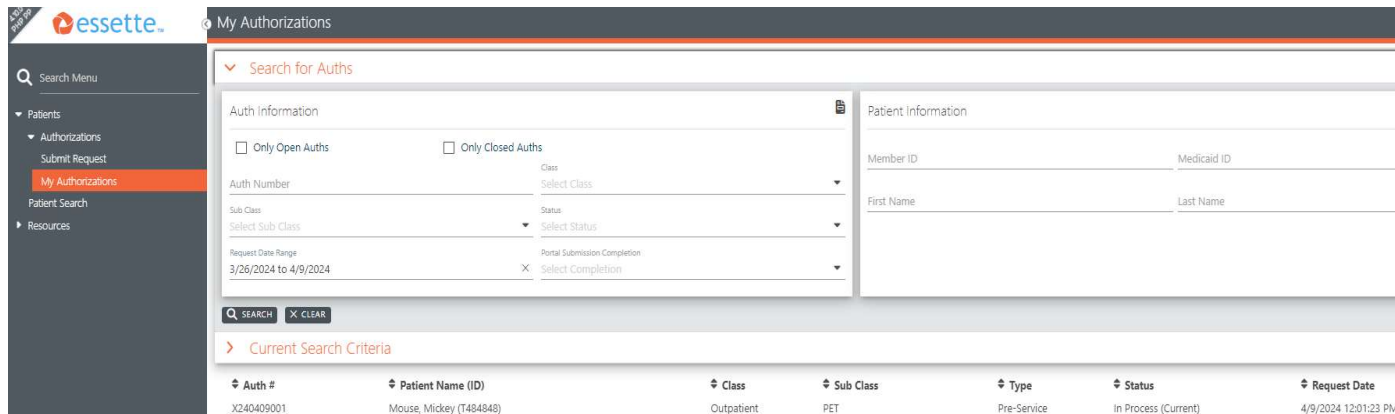
 

- You can cancel your request before submitting it by selecting:



Checking the status of your requests

To check the status of your submitted requests, go to “My Authorizations” on the Left side navigation panel. From here you can see a list of your submitted requests and their status. You can also search for requests with various member details.



esette. My Authorizations

Search for Auths

Auth Information

☐ Only Open Auths ☐ Only Closed Auths

Auth Number: Class:

Sub Class: Status:

Request Date Range: Portal Submission Completion:

SEARCH CLEAR

Current Search Criteria

Auth #	Patient Name (ID)	Class	Sub Class	Type	Status	Request Date
X240409001	Mouse, Mickey (T484848)	Outpatient	PET	Pre-Service	In Process (Current)	4/9/2024 12:01:23 PM

- If additional information is needed, you will see “Pending for additional information” in the “Status” column.

Auth #	Patient Name (ID)	Class	Sub Class	Type	Status	Request Date
X240409001	Mouse, Mickey (T484848)	Outpatient	PET	Pre-Service	Pending for Additional Information	4/9/2024 12:01:23 PM

- To see more details on what information is needed, select the authorization number hyperlink to open the authorization summary.

Auth #	Patient Name (ID)	Class	Sub Class	Type	Status	Request Date
X240409001	Mouse, Mickey (T484848)	Outpatient	PET	Pre-Service	Pending for Additional Information	4/9/2024 12:01:23 PM

- Once the authorization summary pops up, scroll down to the Notes section to see what the Prior Auth department is needing for review.

Note: Please do not add to the notes. If you have additional information to share or have a question, please email or call the team directly.

Authorization #X240409001 • Summary



Chief Complaint

Diagnoses

Primary Dx	Diagnosis Code	Diagnosis Description	Flags
	R55	SYNCOPE AND COLLAPSE	

Services

Primary Svc.	Qty Req'd	Determination	Qty Approved	Service Code	Service Description	Flags
	3	Pending	0	78812	PET IMAGING SKULL BASE TO MID-THIGH	

Care Day Information

Days (Qty)	Actual LOC	Determination	Approved LOC
There are no rows to display.			

Notes

+ ADD NOTE

Created Date	Created By	Category (Sub Category)	Note
4/9/2024 12:08:14 PM	Cassie Phillips	Pend Information: Information Requested	Please submit additional information.

Documents

+ ADD DOCUMENT

Title	Attached	By	Category	Source
Test.pdf	4/9/2024 11:59:16 AM	Cassie Phillips	Supporting Documentation	

- From here you can add additional documentation by selecting **+ ADD DOCUMENT**
- After adding documentation select **X CLOSE**
- The Prior Auth department will get a notification any time additional documentation is attached to a request.
- Once a determination is made on your request, you will see this in the "Status" column.

My Authorizations

> Search for Auths

> Current Search Criteria

X CLEAR

Auth Request Date is between 2024-03-26 and 2024-04-09

Patient

Auth #	Patient Name (ID)	Class	Sub Class	Type	Status	Request Date
X240409001	Mouse, Mickey (T484848)	Outpatient	PET	Pre-Service	Approved	4/9/2024 12:01:23 PM

- For Referrals, you will see the "Status" as "Accepted" or "Unable to Accept".

My Authorizations

> Search for Auths

< Current Search Criteria

X CLEAR

Auth

Q Request Date is between 2025-12-04 and 2025-12-18

Patient

	Auth #	Patient Name (ID)	Class	Sub Class	Type	Status
>	X251218001	Duck, Daisy (Test2025)	Outpatient	Office Visit	Pre-Service	Unable to Accept
>	X251205002	Member, Test (Test2024)	Outpatient	Office Visit	Pre-Service	Accepted

- If you need to save a pdf or print the determination, select the authorization number hyperlink to open the authorization summary.
- Once the authorization summary pops up, you can select which parts of the summary you would like printed or saved by selecting the carets next to the title of each section. In the below example, only the “auth information” section is selected.
- After making your selections, select the print icon in the top R corner. You can print the summary or save as a PDF.

Authorization #X240409001 • Summary

?

Auth Information

Auth

Auth Number:

X240409001

Request Date:

4/9/2024 12:01:23 PM

Service Date Range:

4/12/2024 - 7/11/2024

Sub Class:

PET

Status:

Approved

Type:

Pre-Service

Other Reference #:

Initial Service Date:

Class:

Priority:

Line of Business:

4/12/2024

Outpatient

Routine

Medicare Advantage

Member

Member Name:

Mickey Mouse

Date of Birth:

11/18/1928 (95)

Spoken Language:

Home Phone Number:

PCP Name:

Primary Plan:

test test:

ELANE SHIRAR, ELANE SHIRAR MD INC - NORTHGLENN

SECURE HORIZONS

Member ID:

Gender:

Written Language:

Mailing Address:

PCP Phone Number:

Dual:

T484848

Male

(303) 430-0240

Providers

Requesting Provider:

ROCKY MOUNTAIN CANCER CENTERS, LLP - THORNTON

Servicing Provider:

LITTLETON ADVENTIST HOSPITAL - LITTLETON

> Diags and Services

> Care Day Information

> Notes

> Documents

X CLOSE

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Auth class/Auth sub-class table for PHP

Auth Class	Auth/Referral Sub-Class	Description/Criteria
Inpatient	Precert	Surgery to be performed in an Inpatient setting, this is the only subclass that portal users should use for inpatient requests.
Outpatient	Ambulatory Surgery	Surgery to be performed in OP setting or ambulatory surgery center (ASC)
Outpatient	Cardiac Procedures	All cardiac procedures including stress echos, TEE and cardio SPECT
Outpatient	Chiropractor	Request for Medicare-covered chiropractic services (identified by an AT modifier)
Outpatient	DME - Purchase	Purchase of DME items
Outpatient	DME - Rental	Rental of DME items
Outpatient	DME - Repair	Repair of DME items
Outpatient	ED Visit	Not for use by portal users, PHP internal use only
Outpatient	Injectables - Chemo	Part B chemotherapy drugs
Outpatient	Injectables - Non Chemo	Part B non-chemotherapy drugs
Outpatient	No PA Required- FOR PHP USE ONLY	Not for use by portal users, PHP internal use only
Outpatient	Nuclear Medicine	Nuclear med studies except cardio SPECT
Outpatient	Office Visit	For Referrals Only
Outpatient	Office Visit- Non-Contracted	For office visits with providers that do not have a UHC contract
Outpatient	Outpatient labs	Outpatient labs
Outpatient	Outpatient Procedures	All other OP services not listed
Outpatient	PET	PET scans
Outpatient	Radiation Therapy	Radiation Therapy
Outpatient	Therapy – Outpatient Initial Certification	Initial request for outpatient therapy services
Outpatient	Therapy - Outpatient Recertification	Recertification of outpatient therapy for the next 90-day period