Managed Care Systems (MCS) Essette Provider Portal User Training Guide – Updated April 2025

Prior Authorization Requests

Prior Authorization	720-612-6600, **option 1**	For questions or assistance with the authorization process. **Monday – Friday, 8:30 – 4:30 pm MT**
Prior Authorization Fax	303-605-1545	
Care Coordination	720-612-6600, choose **option 1** and then **option 2**	For questions or assistance with care coordination for ALL PHPprime contacts.
Care Coordination Fax	303-256-1721	
Portal Support	**Portal@phpmcs.com** 720-612-6600, choose **option 1,** and then **option 6**	For questions or assistance regarding portal access or technical support.

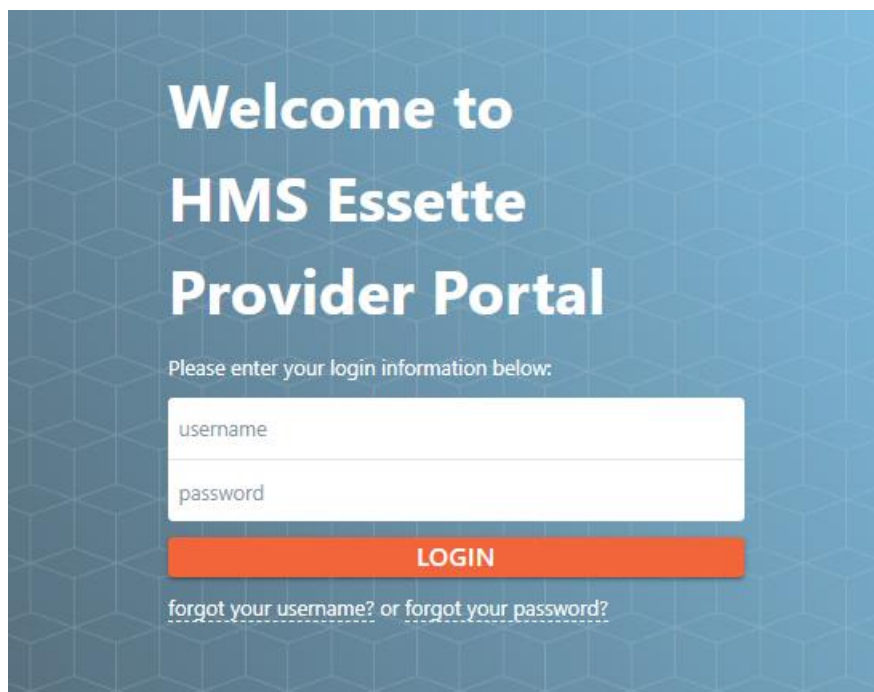| **90 Day MCS Prior Authorization Portal Timeout** |
|---|
| Please be aware that if you have not logged into your MCS Prior Authorization Portal account in the last 90 days, you will automatically be locked out of the account. This is a standard policy that enhances the security of the information 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. |

Table of Contents

Creating a New Request in the Essette MCS Authorization Portal

Portal login:

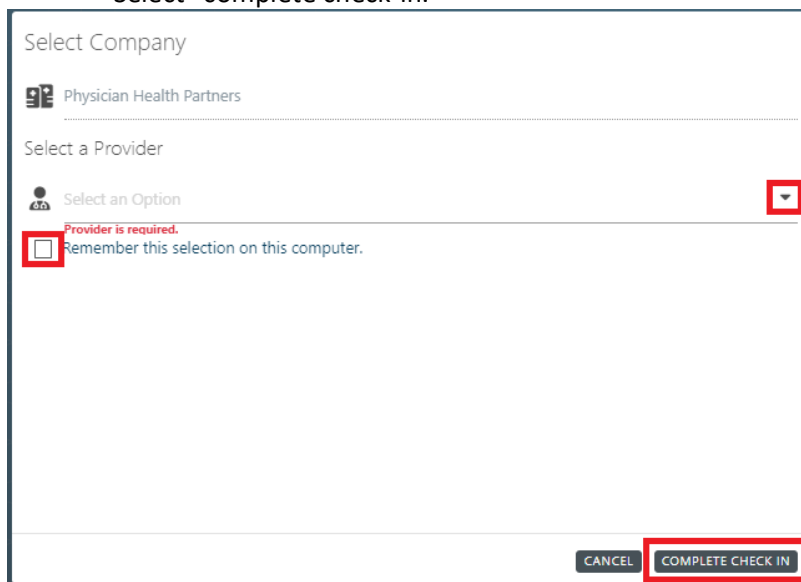Please note this is a new login screen based on the upgraded version.

To log into the Essette Provider Portal:

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

- 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."

Navigating the portal

The left-side navigation bar will assist you in moving throughout the portal. Select carrots to expand the list of menu options. An orange highlight indicates the page that you are currently viewing.
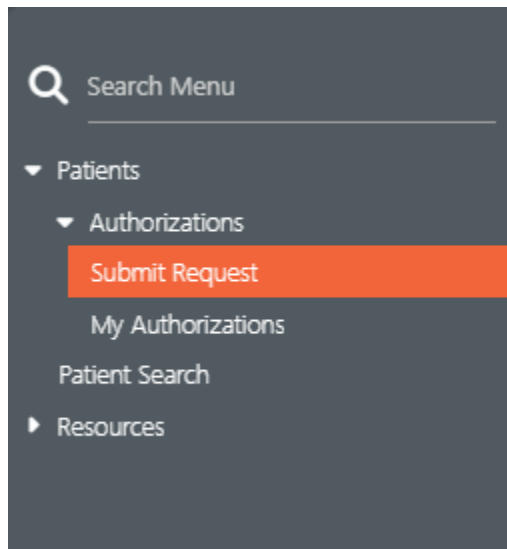
- Under **Authorizations**, you can:
    - o "Submit Request": Go here to enter new requests.
    - o "My Authorizations": Go here to view your previous requests and their status.
- Under **Patient Search,** you can
    - o Search for a patient
- Under **Resources**, you can find links to:
    - o American Psychiatric Association
    - o Mosby's Nursing Consult
    - o Multicultural patient education resources
    - o WEB MD

Submitting a new 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 carrot in the menu next to an existing auth, a drop-down menu will appear with the authorization details (see screenshot below).

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

- o **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.
- o **Choosing the same day the request is being entered will default to "Concurrent."**
  - **Please note that no portal submissions should have "Concurrent" in this field.**
  - **If you are submitting a same-day request, please be sure to change the type to "preservice"**
- o Choosing a date in the past will default to "post service."
- o Choosing a date in the future will default to "preservice."

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

Section 2: Fill in authorization details

1) Select the level of priority of your request, either Routine or Urgent (see below).

- o Urgent referrals are reserved for those requests that are medically urgent. Please submit all other requests as "Routine."

    - Urgent referral/prior authorization request: A situation that could seriously jeopardize the life or health of the patient. The patient requires urgent medical services in a shorter timeframe than the routine request timeframes. Therefore, urgent requests will only have an authorization period of 10 days from date of submission. To help avoid delays, please be sure to submit all necessary documentation with your request.

- o If the request needs to be expedited, call Prior Authorization at 720-612-6700 option 1, and request the referral be expedited.

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.

- 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.

- 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:

- 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) Add the office contact person's information and any additional information related to your request.

Additional Info

Additional Info

💾 SAVE ADDITIONAL INFO

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 ☑
Search Providers
Servicing Provider: _____   🔍 SEARCH
Servicing Provider is required.

Diagnoses
Search Diagnoses
_____   SELECT COMMON DIAGNOSIS ▼

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

Diagnosis is required.

Services
Search 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
_____   0 / 2000

💾 SAVE ADDITIONAL INFO

❗ 3 Missing Fields   X 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, using the fax number listed on the front page of this guide.

- For electronic uploads, select "add document."

- 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 *

Supporting Documentation

Title

Summary

0 / 500

✕ CANCEL   **💾 SAVE**

- To remove an uploaded file, select the remove icon: ⊖

2) After adding your files select the continue button.   **▶ CONTINUE**

You will then get a confirmation, and from here you can submit another request, or open an auth summary.
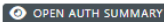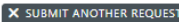
Submit Request   (🏠) (?) (

> Authorization: X240409001

> Authorization Details

> Attach Supporting Documentation

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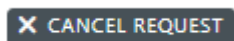
Thank you for submitting your Outpatient request. It has been assigned Reference #X240409001 with a status of "In Process (Current)."

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

👁 OPEN AUTH SUMMARY   **✕ SUBMIT ANOTHER REQUEST**

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

✕ CANCEL REQUEST

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.

- 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.

- From here you can add additional documentation by selecting **+ ADD DOCUMENT**
- After adding documentation select **✗ 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

| ✗ 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

- 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 carrots 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   ⑦ 🖨 ⛶

∨ **Auth Information**

Auth

Auth Number:	X240409001	Other Reference #:	
Request Date:	4/9/2024 12:01:23 PM	Initial Service Date:	4/12/2024
Service Date Range:	4/12/2024 - 7/11/2024	Class:	Outpatient
Sub Class:	PET	Priority:	Routine
Status:	Approved	Line of Business:	Medicare Advantage
Type:	Pre-Service		

Member

Member Name:	Mickey Mouse	Member ID:	T484848
Date of Birth:	11/18/1928 (95)	Gender:	Male
Spoken Language:		Written Language:	
Home Phone Number:		Mailing Address:	
PCP Name:	ELANE SHIRAR, ELANE SHIRAR MD INC - NORTHGLENN	PCP Phone Number:	(303) 430-0240
Primary Plan:	SECURE HORIZONS		
test test:		Dual:	

Providers

Requesting Provider:	ROCKY MOUNTAIN CANCER CENTERS, LLP - THORNTON	Servicing Provider:	LITTLETON ADVENTIST HOSPITAL - LITTLETON

> Diags and Services
> Care Day Information
> Notes
> Documents

✗ CLOSE

Auth class/Auth sub-class table for PHP

Auth Class	Auth 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 <u>inpatient</u> 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- 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