Physician Health Partners

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 2** for PHP Prime and Medicare Providers. Then **option 2** 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 2** for PHP Prime and Medicare Providers and then **option 3** 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 2,** and then **option 7**	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 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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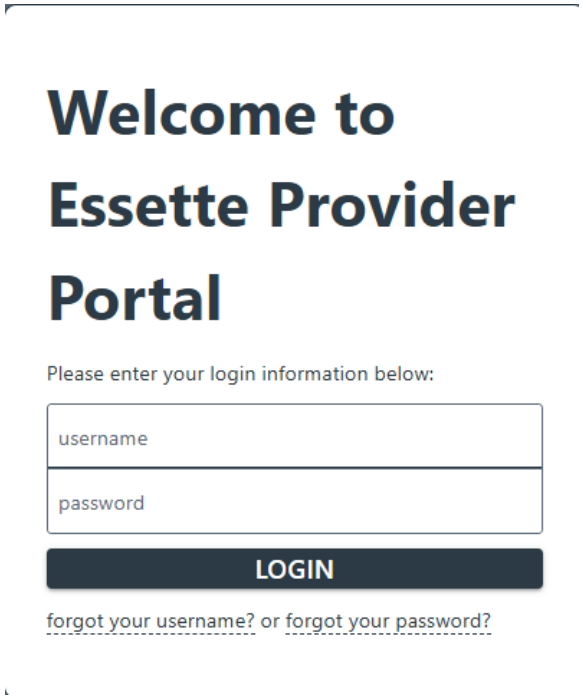
Creating a New Request in the Essette MCS Provider Portal

Portal login:

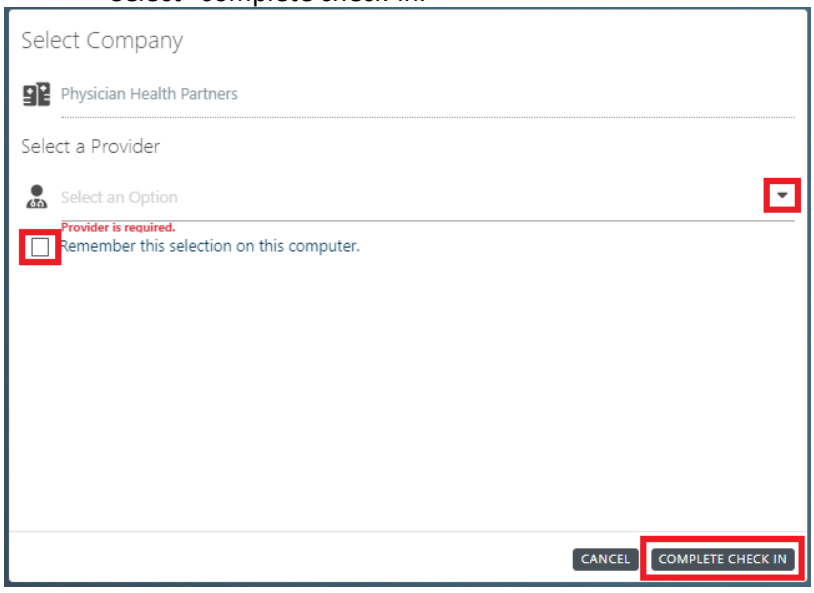
Please note this is a new login screen based on the upgraded version.

To log into the Essette Provider Portal:

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

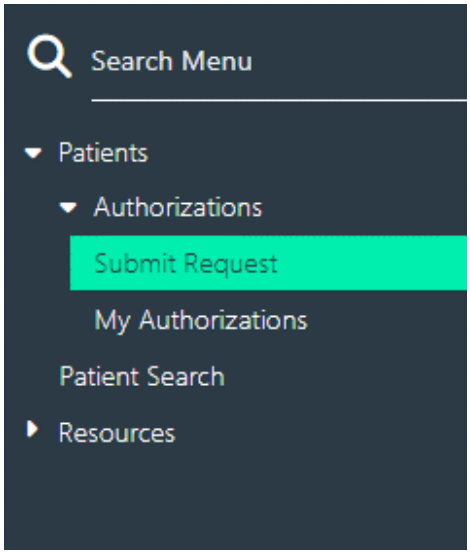


- A pop-up window will appear. Select your provider name from the drop-down. To save time in the future check the box next to "Remember this selection on this computer."
- Select "complete check-in."



Navigating the portal

The left-side navigation bar will assist you in moving throughout the portal. Select 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

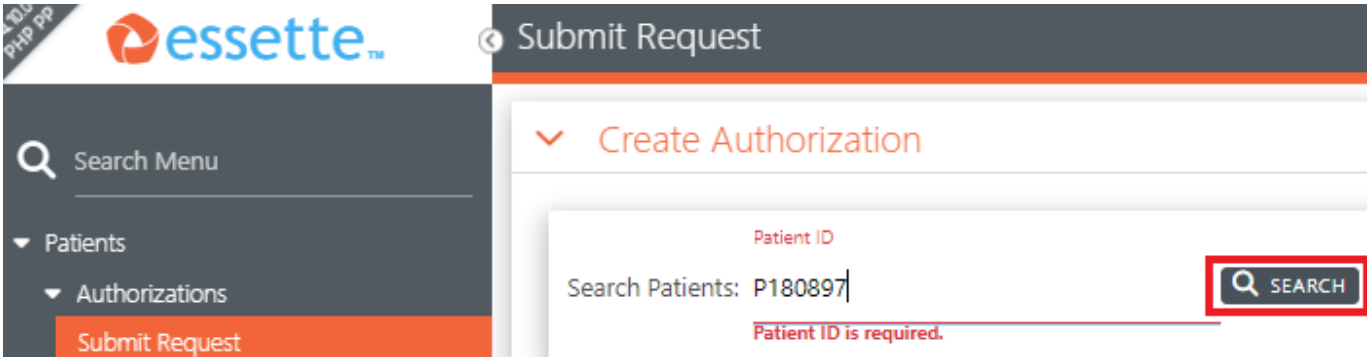
Submitting a new prior authorization or referral request

There are three sections in the submission process:

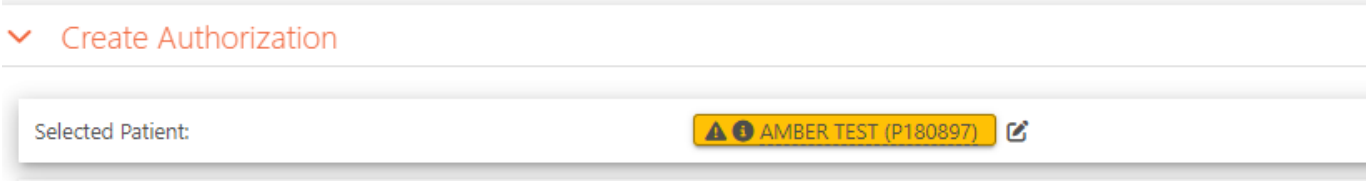
Section 1: Selecting a member and authorization classification

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).



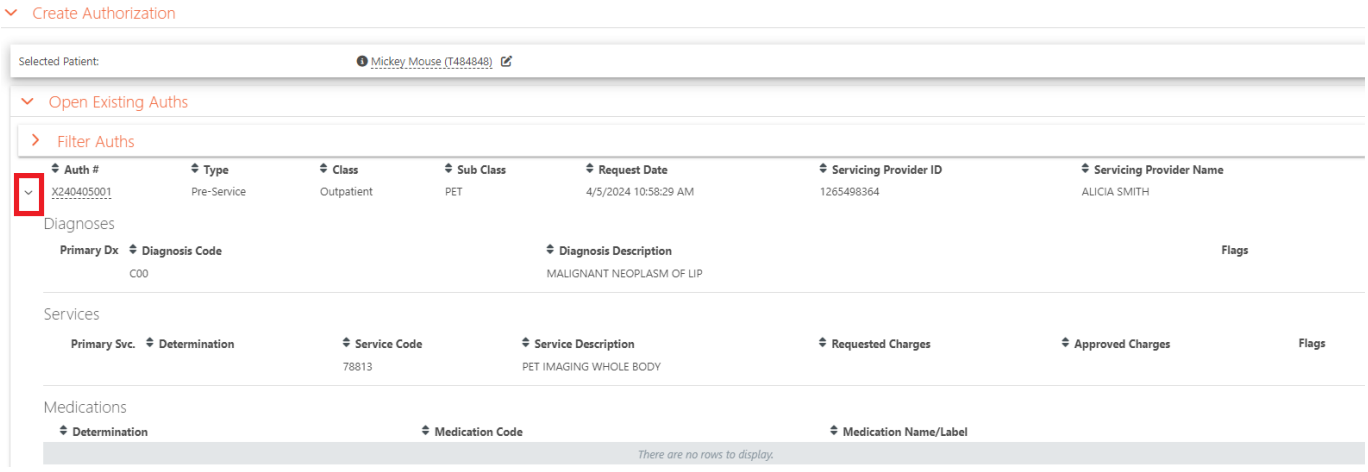
- If the search returns a member highlighted in yellow, this indicates the member does not have an active plan with us.



- If the search returns no results, you will need to fax your request to the Prior Auth department.

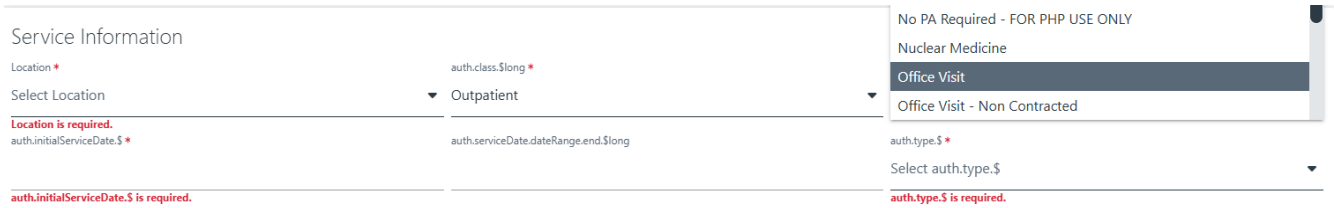
- The search will return a list of past requests by the provider for the member under "Open Existing Auths."

- 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).

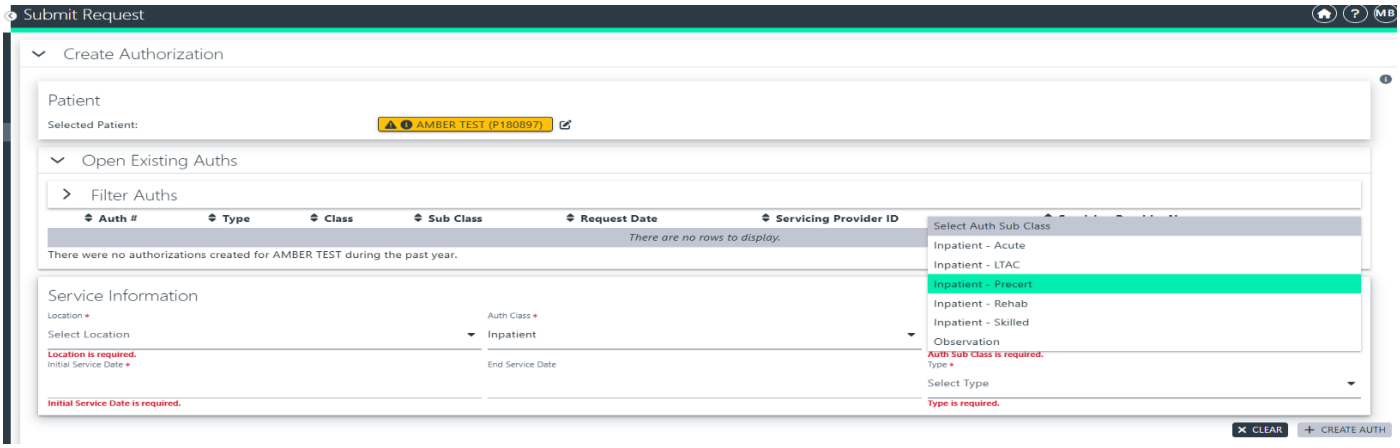


- You can collapse these sections by selecting the caret. After selecting your patient, fill in the drop-down selections (required by the red asterisk) and then select “Create Auth.”

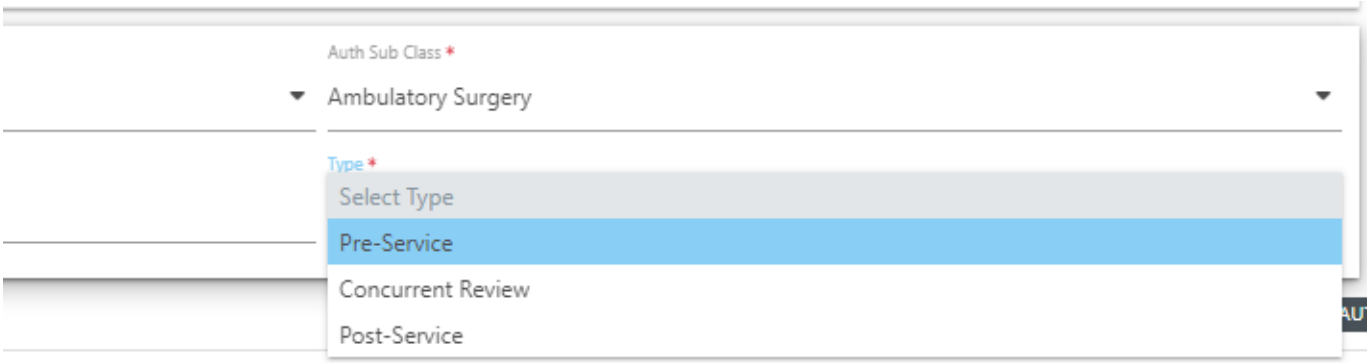
- The Location drop-down will only contain locations attributed to your account.
- The Auth class will dictate different options for the subclass.
  - **<u>For Referral requests, the only subclass portal users should select is “Office Visit”</u>**



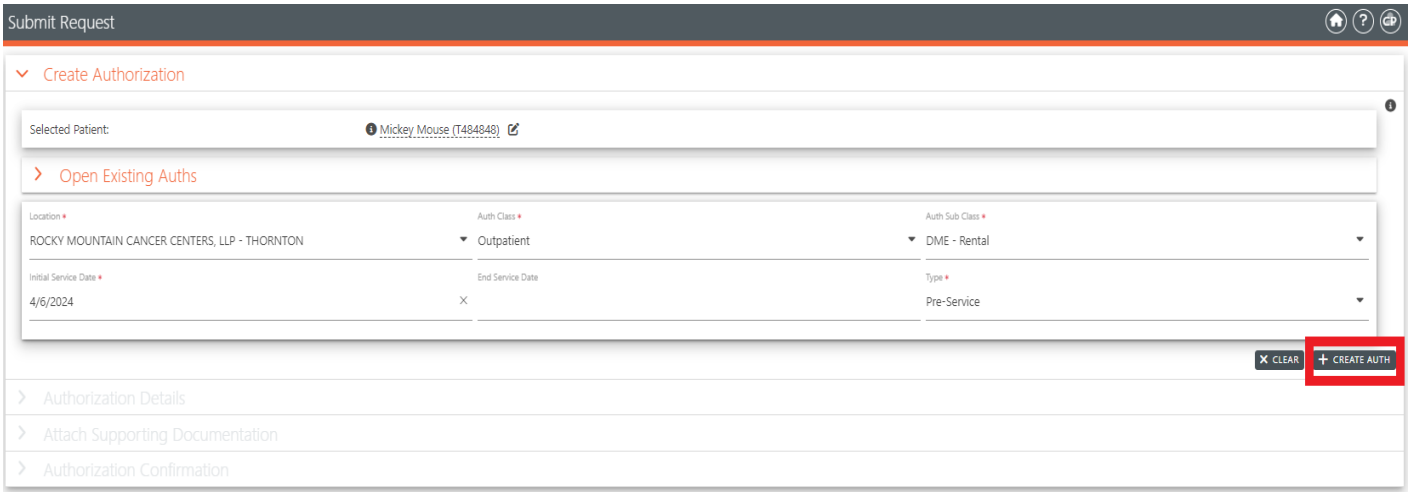
  - **<u>For “Inpatient” requests, the only subclass portal users should select is “Precert.”</u>**



  - **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”.**
    - **<u>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”.</u>**
- Choosing a date in the past will default to “Post-service”.
- Choosing a date in the future will default to “Pre-Service”.



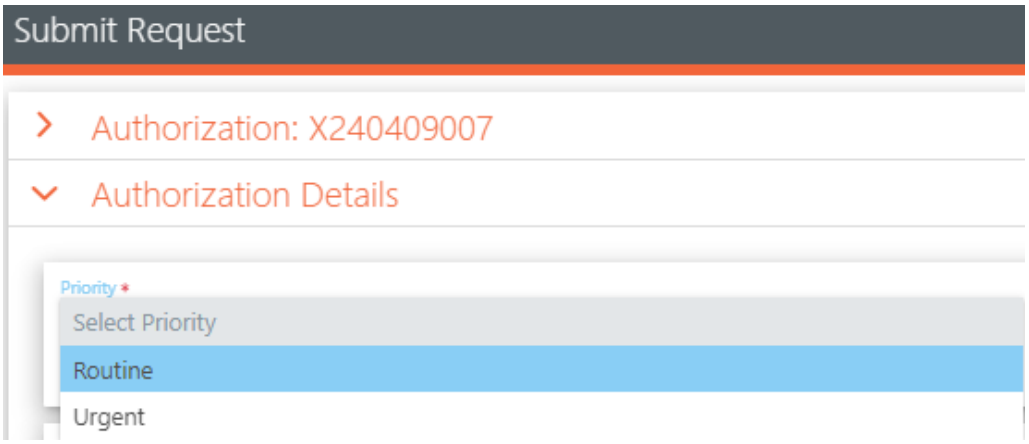
- After making drop-down selections, select “Create Auth” (see below).



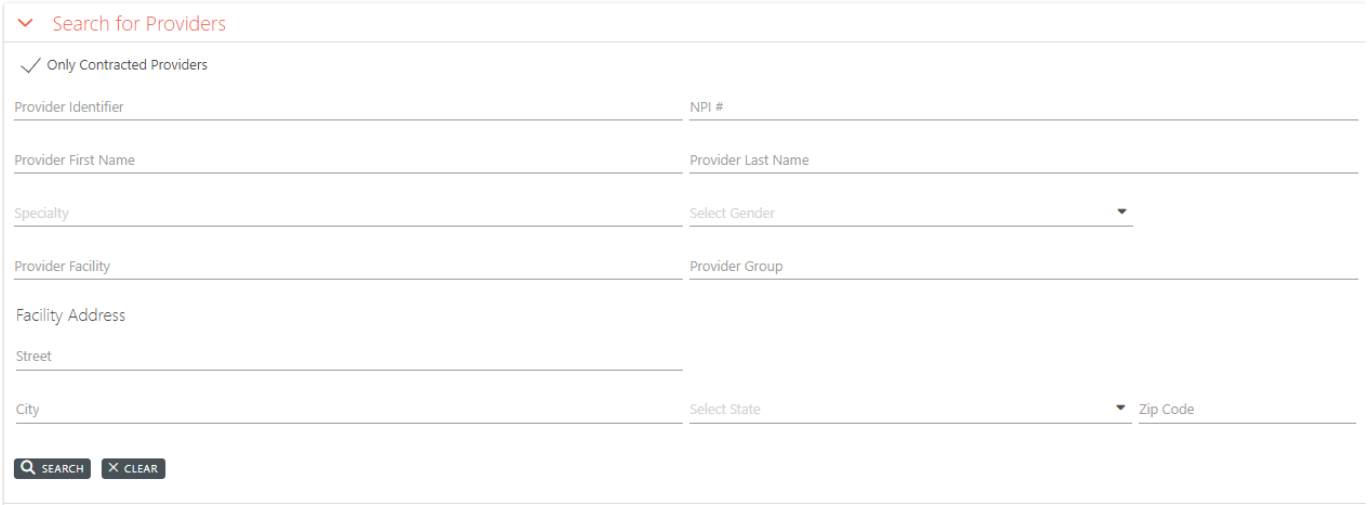
Section 2: Fill in authorization or referral details

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 12 visits over 12 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 2 for PHP Prime and Medicare Providers. Then press option 2 again for Prior Authorization and Referrals or via secure email at PATeam@Alpine-Physicians.com

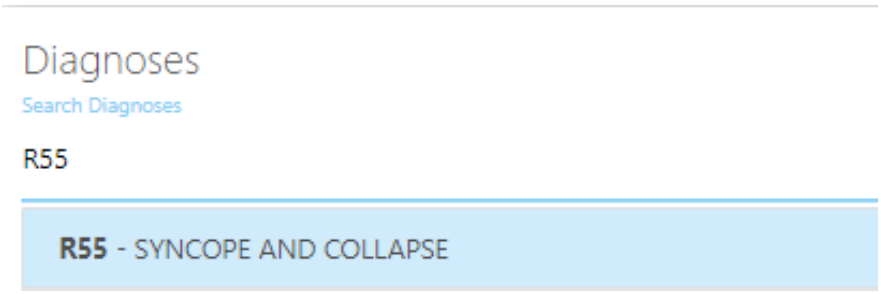


2) Search for a servicing provider by entering their name or NPI number and selecting SEARCH
   This will prompt a pop-up if there are multiple search results.
   - If your search returns too many results, you can enter more search filters in the "search for providers" pop-up.



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

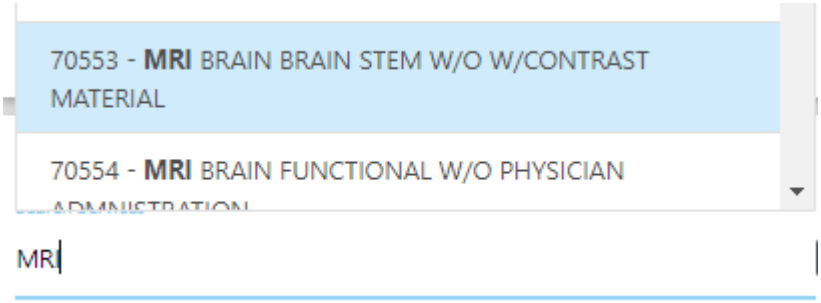
3) Search for a diagnosis code
   - You can search by code or description and select from the drop-down list.



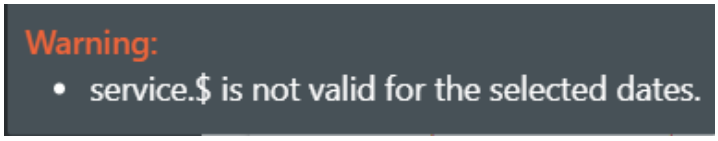
   - To delete a diagnosis code or service code, select the Trash icon:

4) Search for a Service code

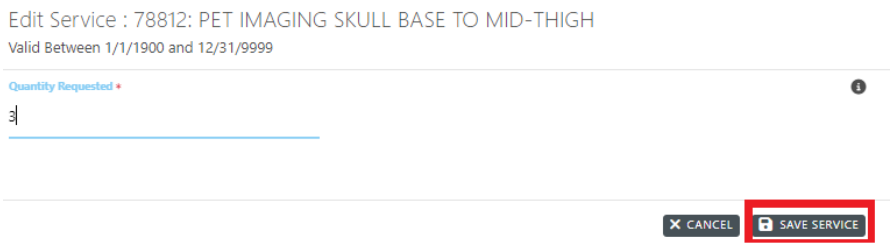
- Add ***only*** one service line for a referral with most appropriate 99 visit code.
- You can search by code or description, select from the drop-down list.



- 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: ⚠



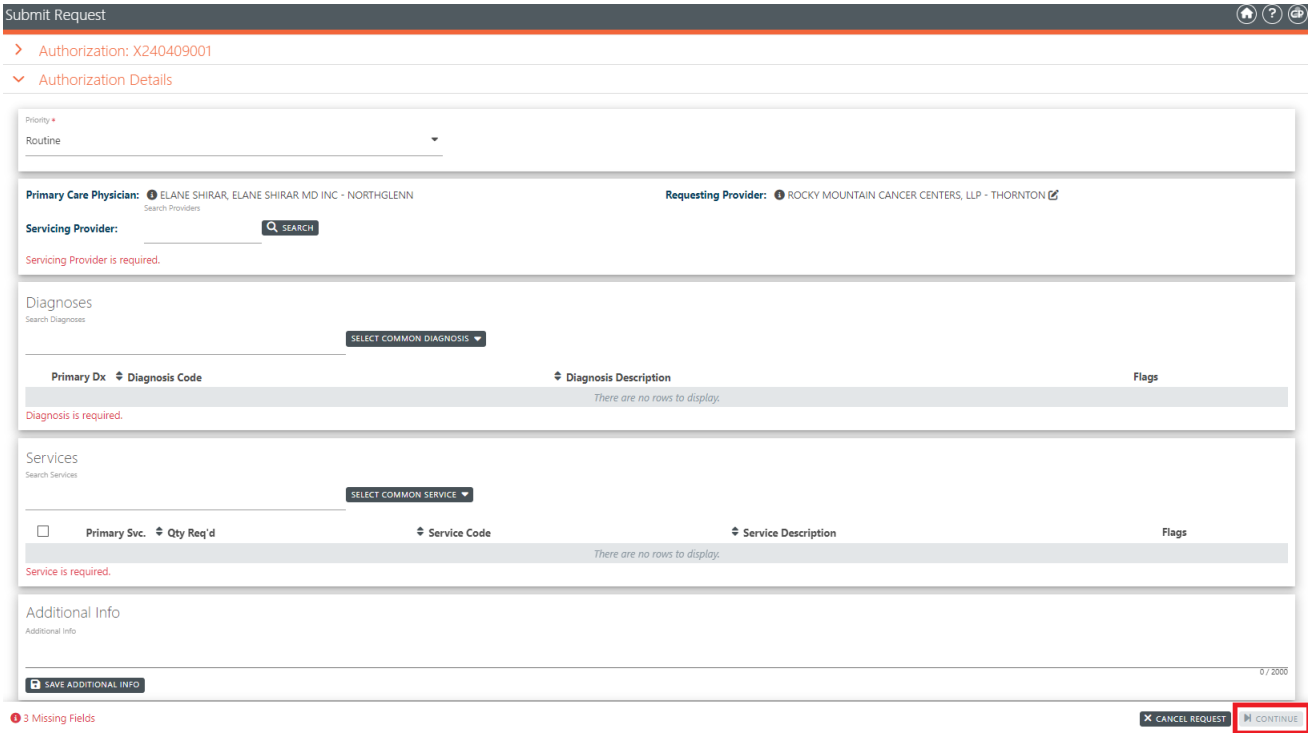
- To edit the quantity of a service, select the pencil icon:
- Input the quantity and then select "Save service."



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



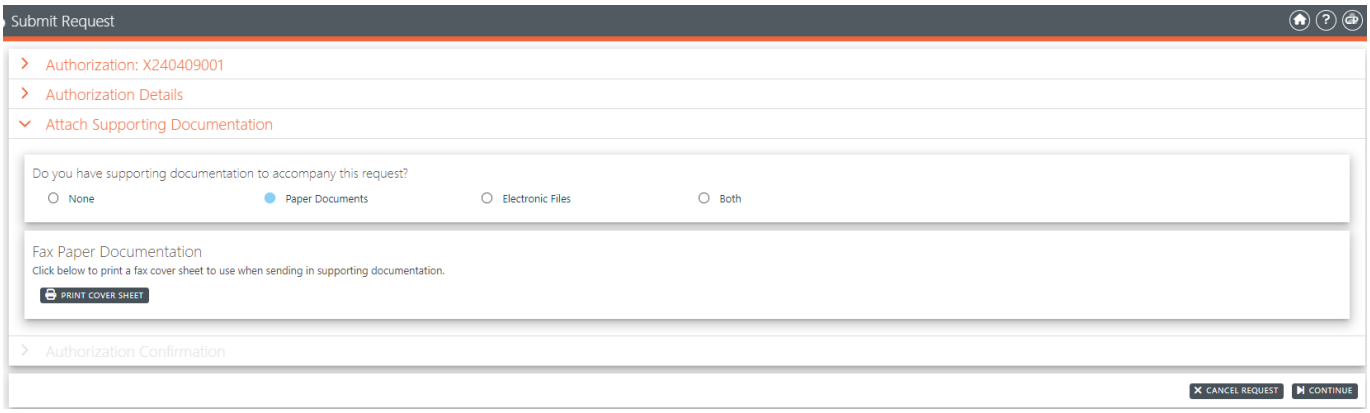
6) After completing the required fields select the continue button. CONTINUE



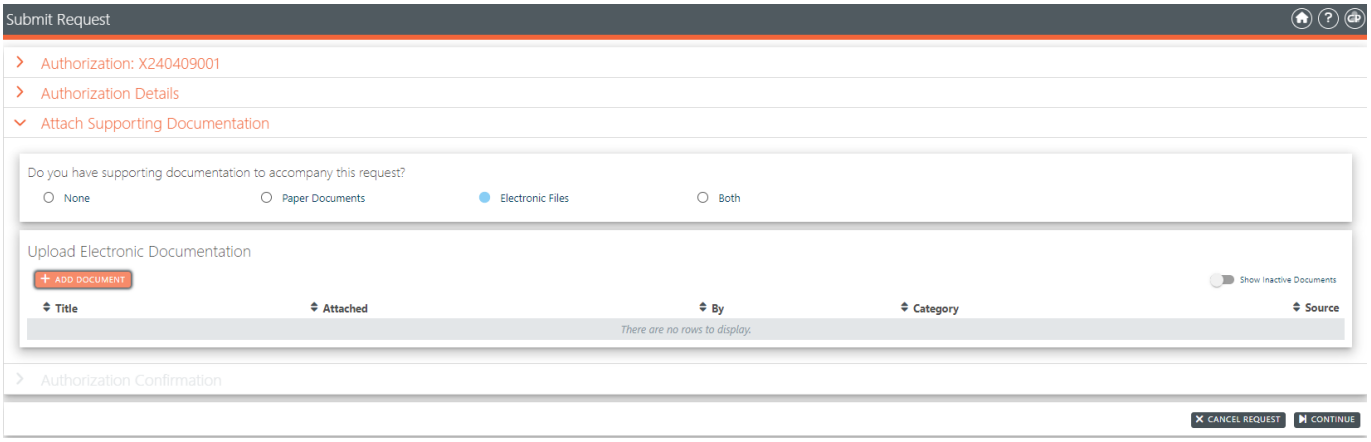
Section 3: Attach supporting documentation

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

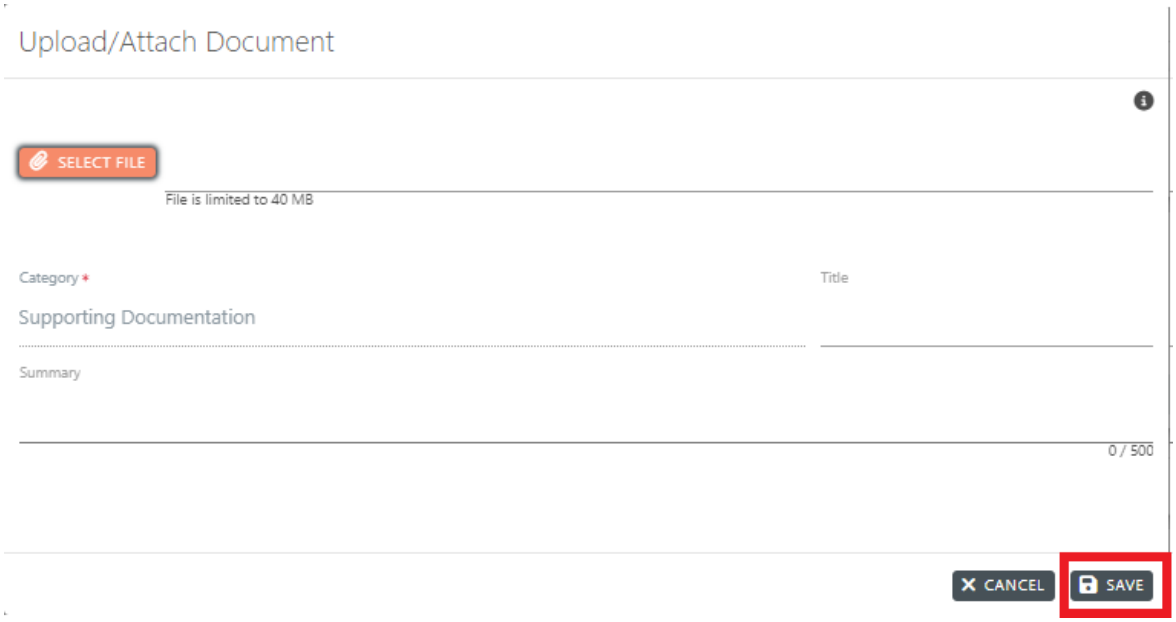
- To submit paper documentation, fax to the prior authorization department (303) 605-1545.



- For electronic uploads, select “add document.”



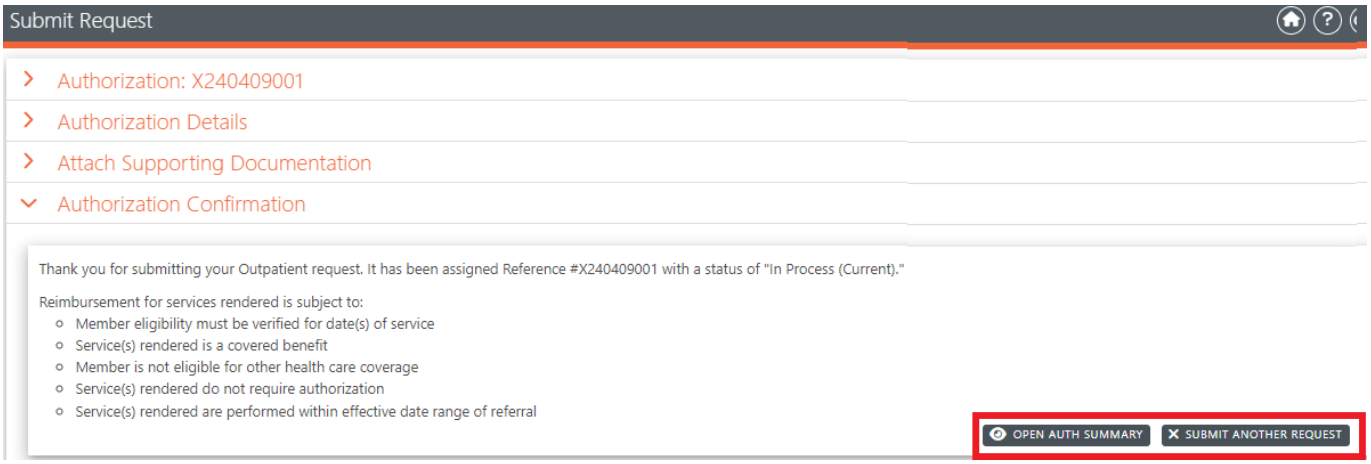
- This will prompt a pop-up where you can select your file, add a title, and input a summary. Select "save" once you have completed the information.



- 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. CONTINUE

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



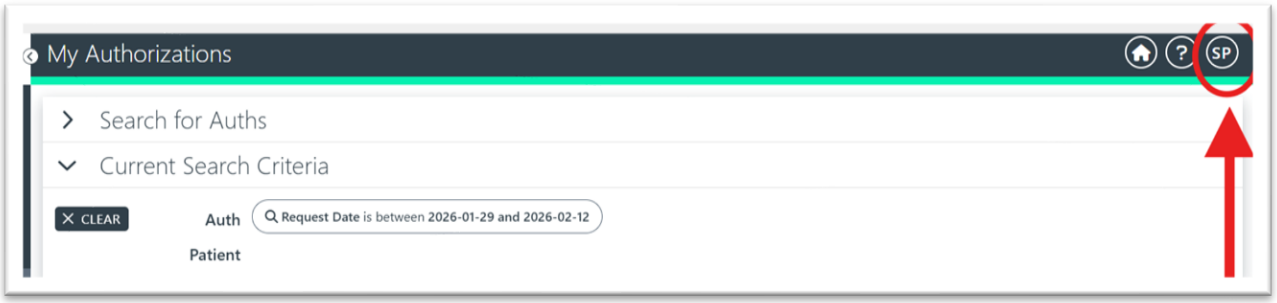
- You can cancel your request before submitting it by selecting:
  CANCEL REQUEST

Checking the status of your requests

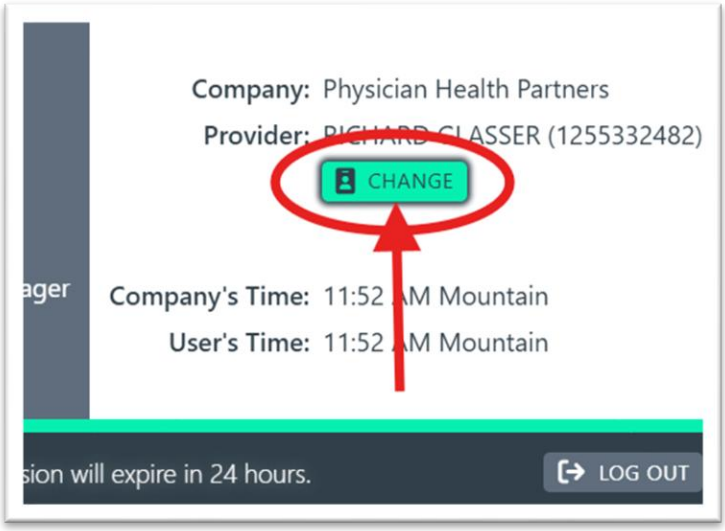
The information in the My Authorizations section is linked to the provider name that was selected at log-in.

To view completed authorizations or **referrals** submitted under a different provider name or to toggle between providers:

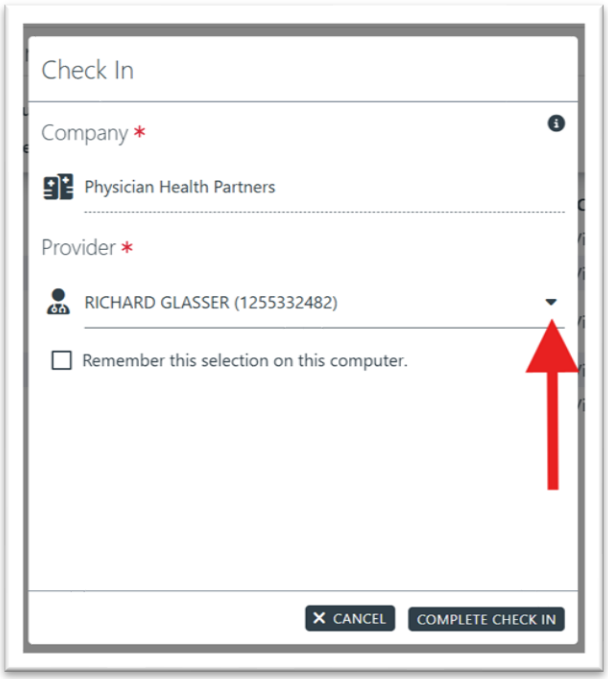
1) Click on your user initials in the top right corner of the screen to access *My Account*:



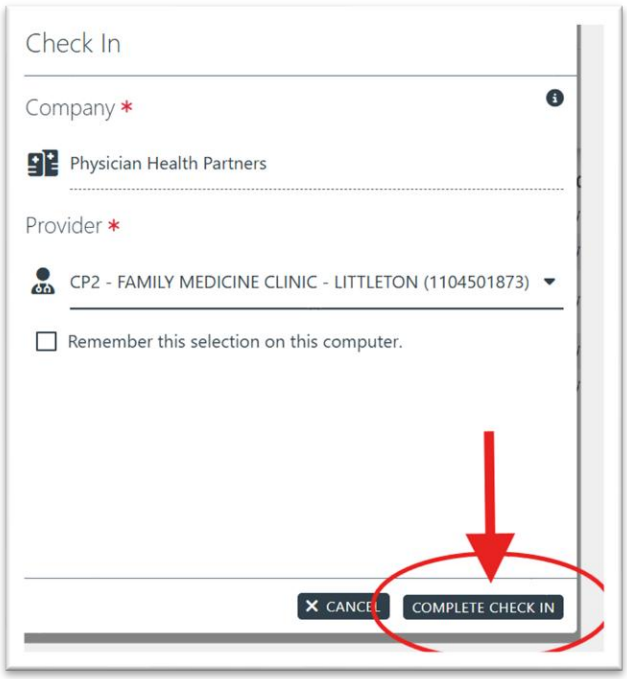
2) Click on the green *Change* button



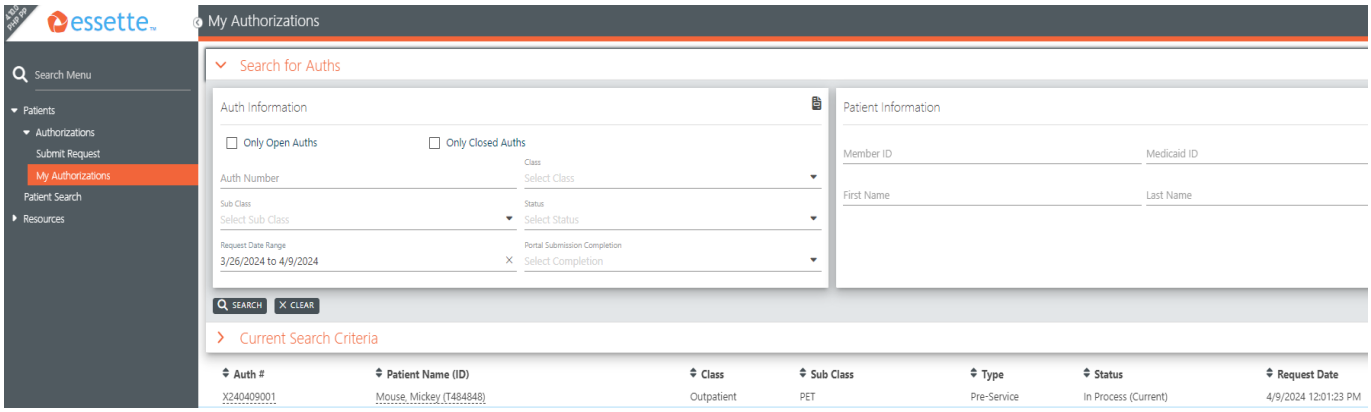
3) The *Check-In* box will reappear. Click on the caret next to *Provider* and select the new provider name.



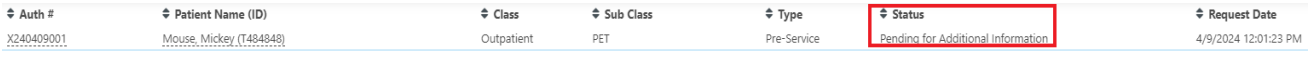
4) Click on *Complete Check-In. My Authorizations* will now show requests submitted for the newly selected provider name.



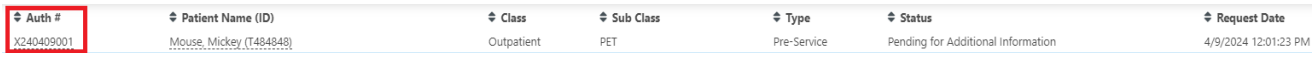
To check the status of your submitted requests, go to “My Authorizations” on the Left side navigation panel. From here you can see a list of your submitted requests and their status. You can also search for requests with various member details.



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

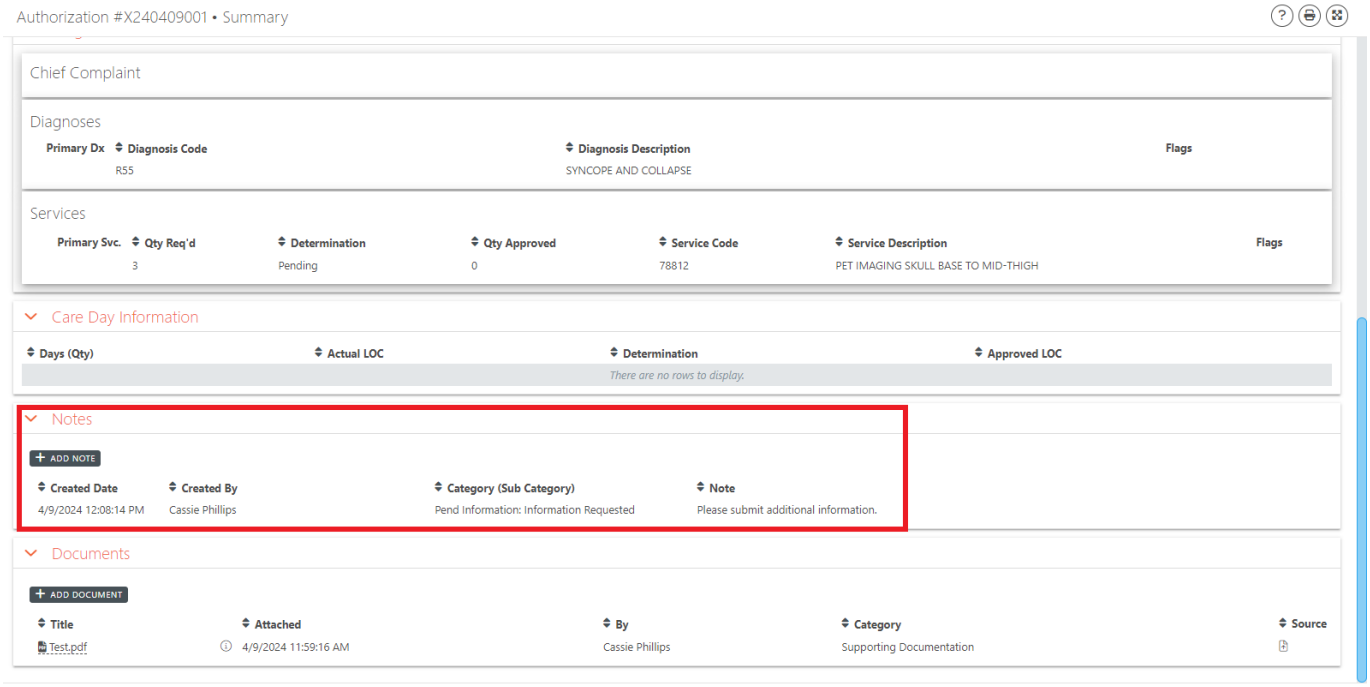


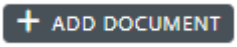
- To see more details on what information is needed, select the authorization number hyperlink to open the authorization summary.



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

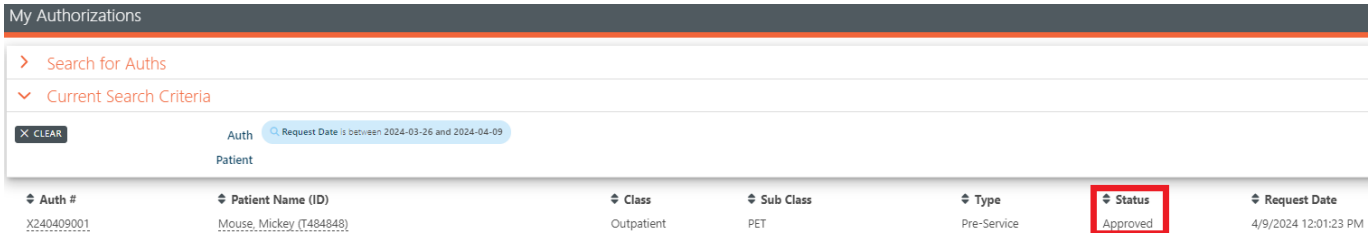
Note: Please do not add to the notes. If you have additional information to share or have a question, please email or call the team directly.



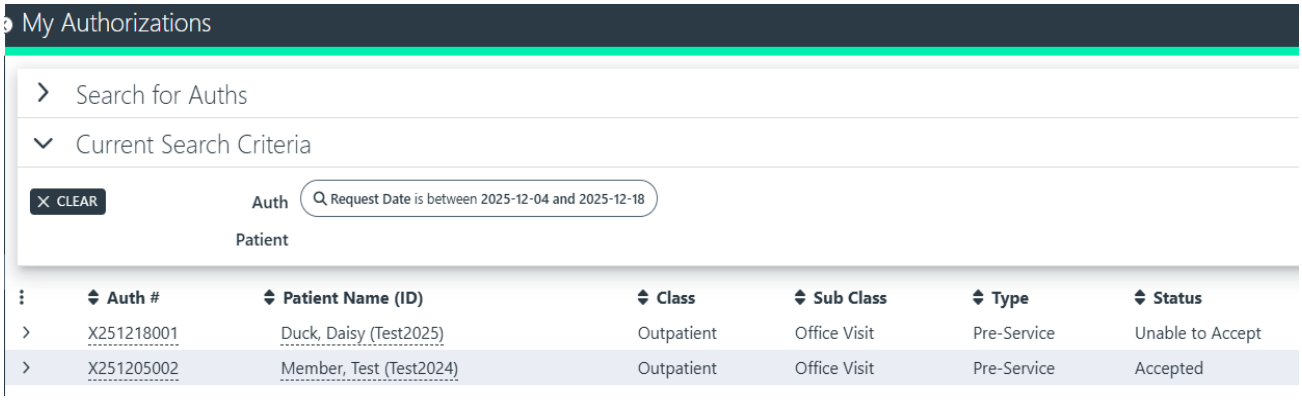
- From here you can add additional documentation by selecting 

- After adding documentation select 

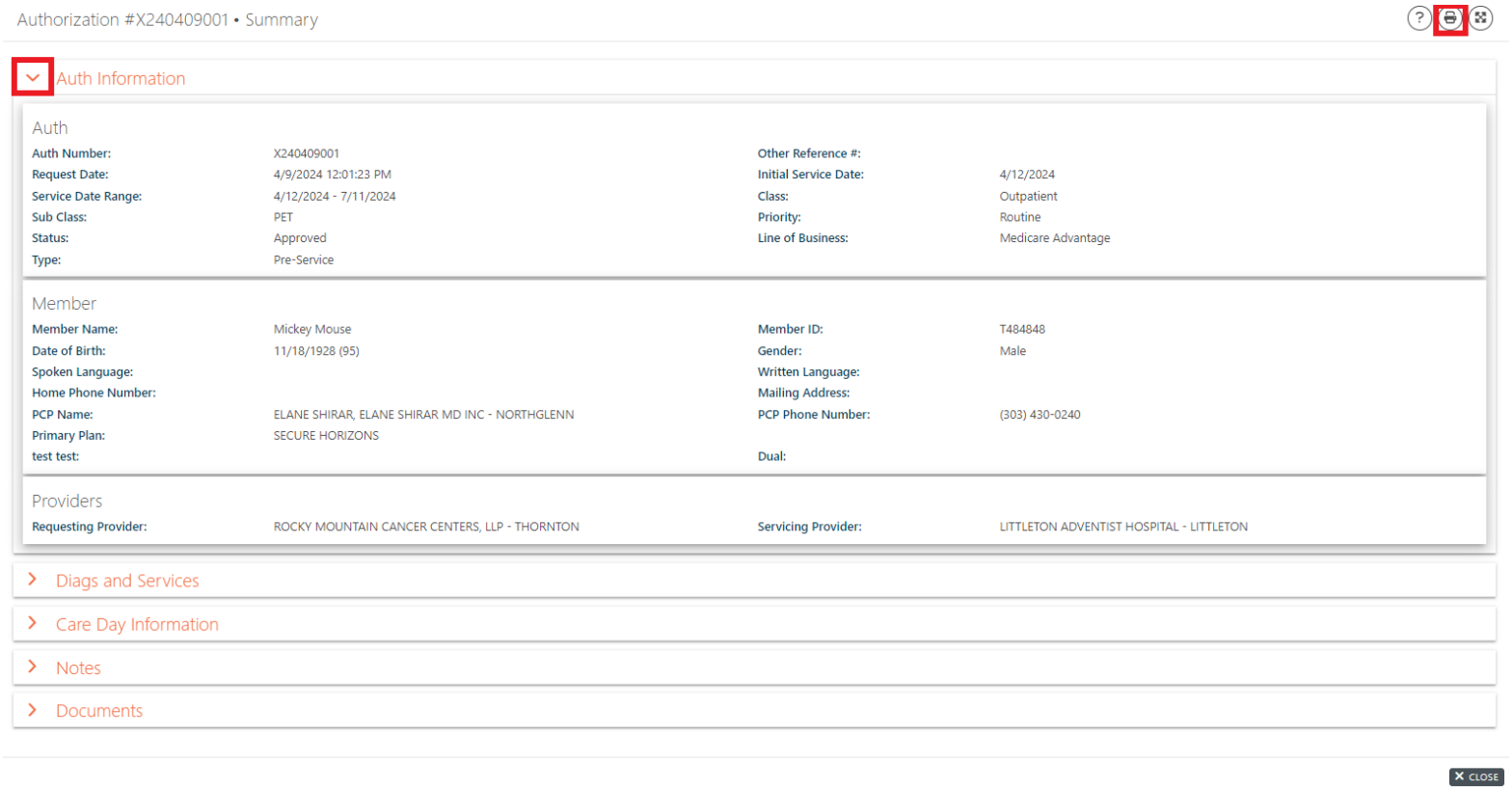
- The Prior Auth department will get a notification any time additional documentation is attached to a request.
- Once a determination is made on your request, you will see this in the "Status" column.



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



- 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.



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