



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**.

Welcome to Essette Provider Portal

Please enter your login information below:

username
password
LOGIN

[forgot your username?](#) or [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.”

Select Company

 Physician Health Partners

Select a Provider

 Select an Option 

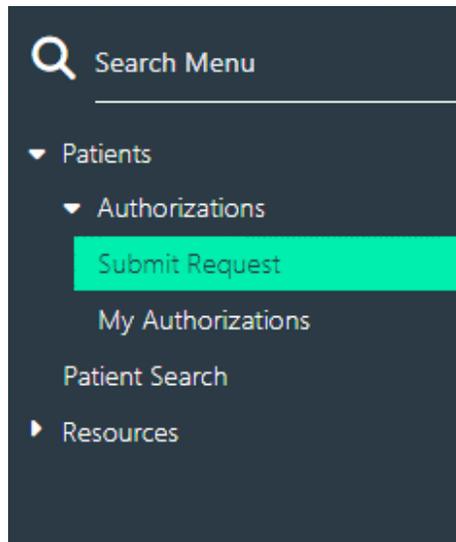
Provider is required.

Remember this selection on this computer.

CANCEL **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

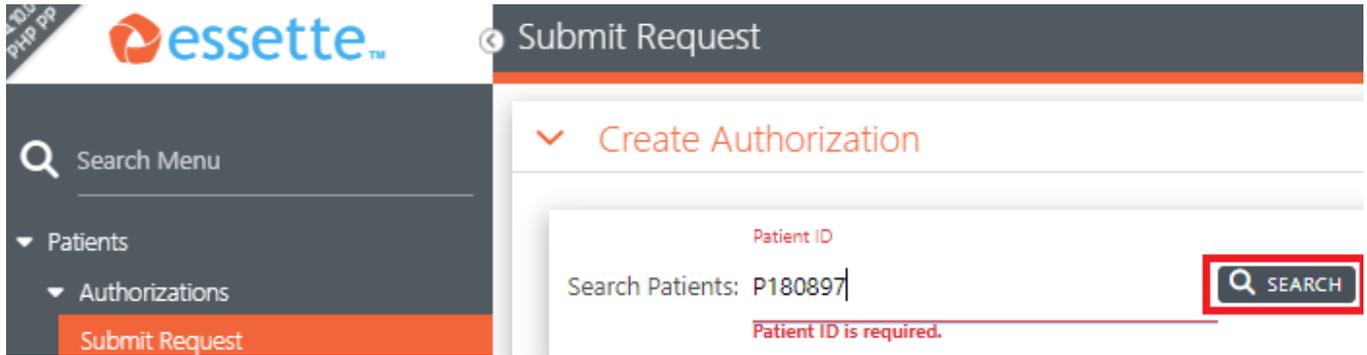
Submitting a new prior authorization or referral request

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.

▼ Create Authorization



- 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).

▼ Create Authorization

Selected Patient: Mickey Mouse (T484848)

▼ Open Existing Auths

> Filter Auths

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

Diagnoses

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

Services

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

Medications

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”**

The screenshot shows a form titled "Service Information" with several fields. The "auth.class.\$long" field is set to "Outpatient". A dropdown menu is open, showing options: "No PA Required - FOR PHP USE ONLY", "Nuclear Medicine", "Office Visit" (highlighted), and "Office Visit - Non Contracted". Other fields include "auth.initialServiceDate.\$" and "auth.serviceDate.dateRange.end.\$long".

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

The screenshot shows the "Submit Request" page. Under "Open Existing Auths", there is a table with columns: Auth #, Type, Class, Sub Class, Request Date, and Servicing Provider ID. A message states "There were no authorizations created for AMBER TEST during the past year." Below this, the "Service Information" form is visible. The "Auth Class" dropdown is set to "Inpatient", and its dropdown menu is open, showing options: "Inpatient - Acute", "Inpatient - LTAC", "Inpatient - Precert" (highlighted), "Inpatient - Rehab", "Inpatient - Skilled", and "Observation".

- **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) [edit]

> 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

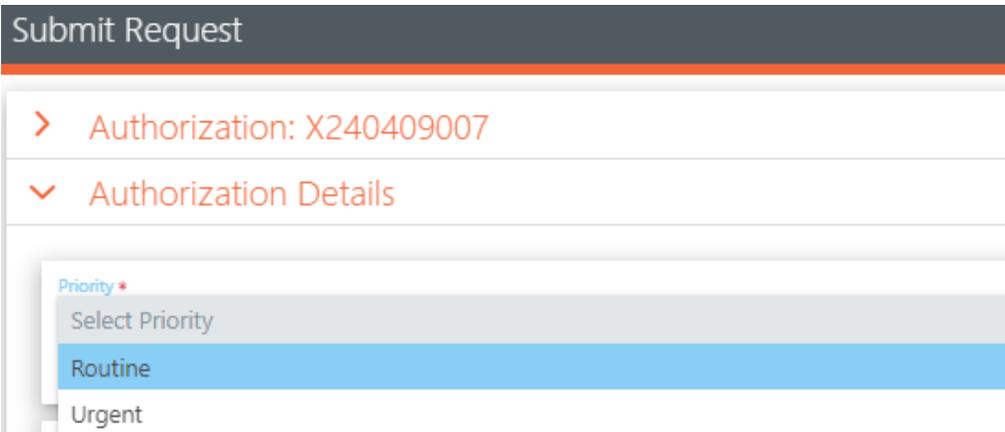
> Authorization Details

> Attach Supporting Documentation

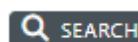
> Authorization Confirmation

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 6 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



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

- 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

- Add **only** one service line for a referral with most appropriate 99 office 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: 

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.

Additional Info

Additional Info

 SAVE ADDITIONAL INFO

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



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

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 Show Inactive Documents

Title	Attached	By	Category	Source
There are no rows to display.				

> Authorization Confirmation

X CANCEL REQUEST M 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

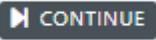
File is limited to 40 MB

Category *	Title
Supporting Documentation	
Summary	

0 / 500

X 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.



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



Checking the status of your requests

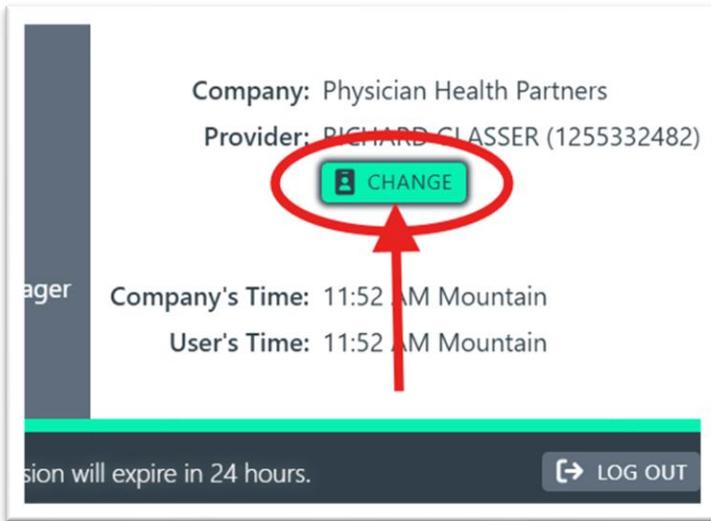
The information in the My Authorizations section is linked to the provider name that was selected at log-in.

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

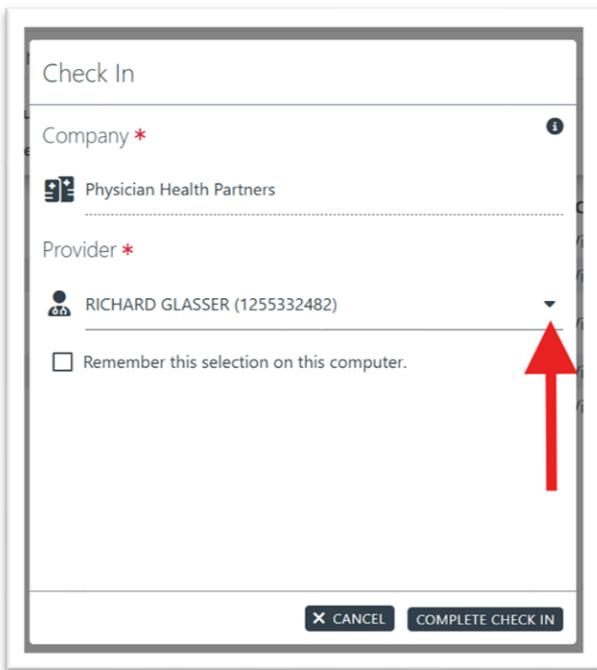
- 1) Click on your user initials in the top right corner of the screen to access *My Account*:



- 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.

Check In

Company *

Physician Health Partners

Provider *

CP2 - FAMILY MEDICINE CLINIC - LITTLETON (1104501873)

Remember this selection on this computer.

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 Select Class
Request Date Range Status
3/26/2024 to 4/9/2024 Select Status
Portal Submission Completion
X Select Completion

Patient Information

Member ID Medicaid ID
First Name Last Name

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

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

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

X CLOSE

- 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 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.



▼ 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	Dual:	
test test:			

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/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 <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	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