

# Requesting Authorization via Provider Portal

## Navigating the Authorization Portal

Log in to Provider Portal, [www.peopleshealth.com/providerportal](http://www.peopleshealth.com/providerportal), with your assigned user ID and password.

Navigate to the **Authorizations** tab, then click the icon for the services needed to enter the authorization portal.

For detailed instructions on how to enter Cancer Treatment requests through Optum MBMNow, view the CGP Reference Guide.

To request authorization, select the service needed. You must submit an authorization for each service if the patient requires services from multiple categories.



**OUTPATIENT SERVICES**

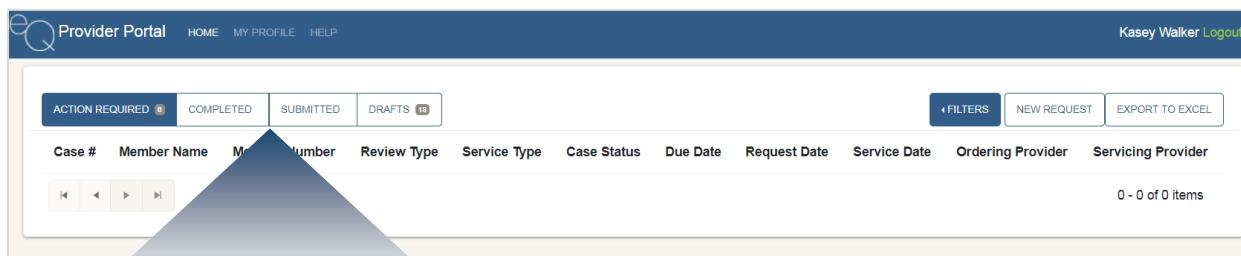
**Tips for Submitting Authorization Requests**  
Step-by-step instructions for entering authorization requests:  
[Authorization Portal Instructions](#)

**Service Category Tip Sheets:**  
Certain services require authorization requests to be entered with specific parameters. Use these tip sheets to ensure you enter the request accurately and reduce processing time.

[DME and Diabetic Supplies](#)  
[Home Health and Outpatient Therapies](#)  
[Infusions, Injections and Oncology](#)  
[Inpatient vs. Outpatient Admissions](#)  
[Outpatient Procedures and Testing](#)  
**Cancer Guidance Program Information:**  
[CGP Overview Presentation](#)  
[CGP Reference Guide](#)

[Click here to search approved and denied authorizations for a certain date of service or range of up to 36 months.](#)

This brings you to the home page of the authorization portal. From here, you can review authorization requests submitted through the portal, resume work on a previously saved request, submit needed documentation or begin a new authorization. Select the appropriate tab to begin working. Read on to learn how to begin a **New Request**.



ACTION REQUIRED 0    COMPLETED    SUBMITTED    DRAFTS 18

### Action Required

Review requests that may be pended for needing additional information. Click on the case, review Notes & Attachment section, and follow instructions to complete the request.

### Completed

Check the case status, date approve, time span of authorization, units approved, etc.

### Submitted

Review the progress of submitted requests that are not yet processed.

### Drafts

Resume an authorization request where you or another staff member previously began.

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The screenshot shows a search interface for authorization requests. At the top, there are tabs for 'ACTION REQUIRED' (with 0 items), 'COMPLETED', 'SUBMITTED', and 'DRAFTS' (with 18 items). To the right are buttons for 'FILTERS', 'NEW REQUEST', and 'EXPORT TO EXCEL'. Below the tabs is a table header with columns: Case #, Member Name, Member Number, Review Type, Service Type, Case Status, Due Date, Request Date, Service Date, Ordering P, and Servicing Provider. A message below the table states '0 - 0 of 0 items'.

This screenshot shows a similar search interface to the one above, but with different filter options on the left: MEMBER, CASE #, AUTHORIZATION #, SERVICING PROVIDER, SERVICE TYPE, and SERVICE DATE. The main area displays columns for Service Type, Case Status, Due Date, and Request Date, with a message '0 - 0 of 0 items'.

## Filters

Preset filter options to help you search for submitted authorization requests.

## New Request

Begin a new authorization request.

## Export to Excel

Create an Excel report of authorizations submitted through the portal.

## Begin a New Authorization Request

Click **New Request** then “Find a patient...” to start the authorization form. Enter either the member G number, or the member name and the date of birth. Click the name of the appropriate patient in the search results.

The screenshot shows the 'Request' step of the authorization process. It has three main sections: 'Request' (Key initial request), 'Clinical' (Enter clinical information), and 'Finalize' (Finalize and submit). The 'Clinical' section contains fields for First Name (car), Last Name (smith), Member Id, Birth Date, and a 'SEARCH' button. Below these are dropdown menus for Name, BenesysId, and Birthday. The 'Name' dropdown shows two options: CAREY SMITH and CARL SMITH. A green 'Draft' button is located at the bottom right of the clinical section.

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Then select the **Type of Service** and a **Start Date**. The start date ensures the patient is eligible to receive services on the date of service, or the start date of the authorization span. Complete the remaining fields for the service being requested.

The screenshot shows the Peoples Health Provider Portal interface. At the top, there are three main tabs: "Request" (Key initial request), "Clinical" (Enter clinical information), and "Finalize" (Finalize and submit). The "Clinical" tab is currently active. Below the tabs, there are several input fields: "Patient" (SMITH - G001, Change patient...), "Patient Plan" (CHOICES 65), "Type of Service" (radio buttons for Inpatient and Outpatient, Outpatient is selected), "Start Date" (02-01-2019), "Are you the:" (radio buttons for Ordering Provider, Servicing Provider, Both, Both is selected), "Category" (Select Category...), "Place of Service" (Select Place of Service...), and "Admission Source" (Select Admission Source...). A calendar modal is open, showing the month of February 2019, with the 1st highlighted. A green "Draft" button is located in the top right corner of the main form area.

When searching for and selecting a Servicing Provider, search by name or specialty. Be sure to select a servicing provider that is located near the patient. You can narrow search results by entering the city or ZIP code in which you need to find services for the member. The city and ZIP code do not search a radius, but rather an exact match. If you do not find the provider, remove the city or ZIP.

**NOTE:** For DME, Diabetic Supplies and Consultation (such as for palliative care) requests, enter “Peoples Health” in the Name field and select the first result with Peoples Health facility name. NOTE: If requesting a standard wheelchair, include your preferred DME vendor as the Servicing Provider. This will allow our staff to direct your request to the correct DME vendor.

The screenshot shows a search results page for providers. At the top, there are fields for Name (peoples), NPI, City, Specialty (Select specialty...), and Network (Affiliated). Below these are buttons for SEARCH and CANCEL. The results table has columns: Facility Name, Address, City, Zip, Specialty, and Network. Two rows are listed: "PEOPLES HEALTH" with address 3838 N CAUSEWAY BLVD SUITE 2200 METAIRIE, LA 70002, city METAIRIE, zip 70002, specialty Single or Multispecialty Clinic or Group Practice, and network PHN; and "PEOPLES HEALTH EMPLOYEE" with address 3838 N CAUSEWAY BLVD SUITE 2200 METAIRIE, LA 70002, city METAIRIE, zip 70002, specialty undefined, and network PHN. The "PEOPLES HEALTH" row is circled in red.

Facility Name	Address	City	Zip	Specialty	Network
PEOPLES HEALTH	3838 N CAUSEWAY BLVD SUITE 2200 METAIRIE, LA 70002	METAIRIE	70002	Single or Multispecialty Clinic or Group Practice	PHN
PEOPLES HEALTH EMPLOYEE	3838 N CAUSEWAY BLVD SUITE 2200 METAIRIE, LA 70002	METAIRIE	70002		PHN

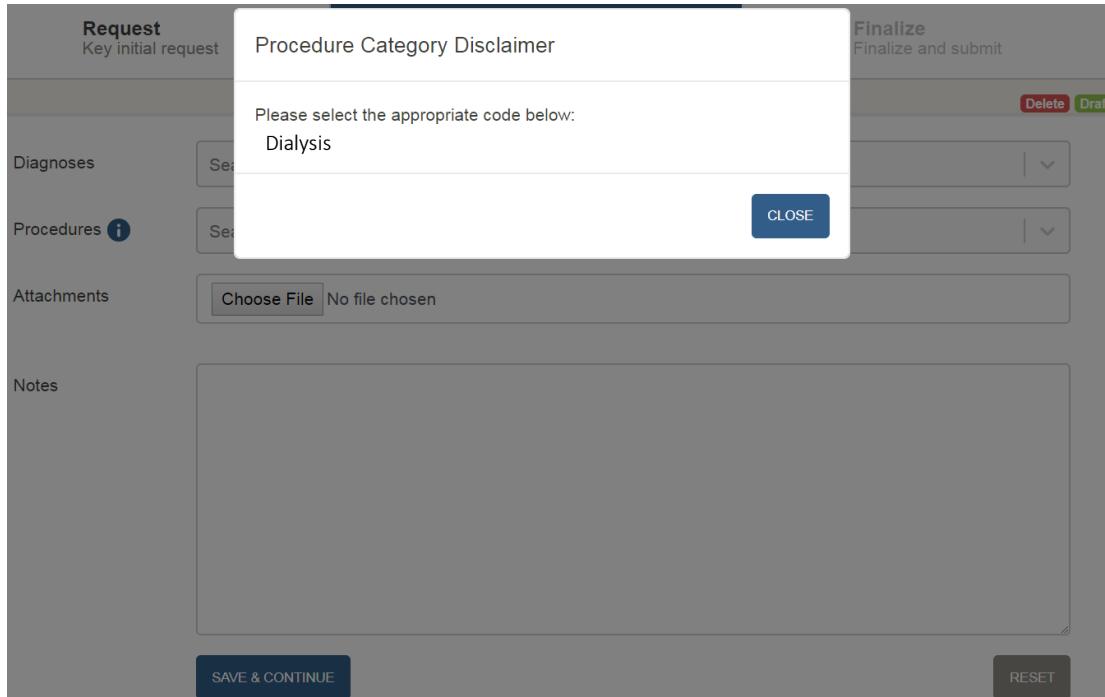
# Requesting Authorization via Provider Portal

The **Admission Source** can be listed as “Home” or left blank when requesting services that are not a level of care or facility change. If requesting a level of care or facility change, select the appropriate Admission Source.

Are you the:	<input checked="" type="radio"/> Ordering Provider <input type="radio"/> Servicing Provider <input type="radio"/> Both	
Ordering Provider	SMITH	<a href="#">Change ordering provider...</a>
Servicing Provider	DAVITA <a href="#">provider...</a>	<a href="#">Change servicing</a>
Category	Dialysis	
Place of Service	65 Dialysis Center	
Admission Source	HO Home	
Request Severity	Not Selected	
	HO Home	
	LT LTAC	

Complete the Request fields and click **Save & Continue** to store a draft of the authorization request.

Next, complete the Clinical fields of the request form. The system will prompt you to enter the appropriate procedure category for the service you specified. If the disclaimer is closed, you can click the  next to **Procedure** to find the correct category.



The screenshot shows a provider portal interface for requesting authorization. A modal dialog box is open over the main form. The dialog has a title "Procedure Category Disclaimer" and a message "Please select the appropriate code below: Dialysis". It includes a "CLOSE" button. The main form behind the dialog has sections for Request, Diagnoses, Procedures (with an info icon), Attachments, Notes, and buttons for Save & Continue, Reset, and Finalize.

Request  
Key initial request

Diagnoses

Procedures 

Attachments

Notes

SAVE & CONTINUE

RESET

Finalize  
Finalize and submit

# Requesting Authorization via Provider Portal

PEOPLES HEALTH

Provider Portal

Enter a diagnosis code or condition.

The screenshot shows a search interface for diagnosis codes. On the left, there are tabs for 'Diagnoses', 'Procedures' (with an info icon), 'Attachments', and 'Notes'. The 'Diagnoses' tab is active, and a search bar contains the code 'dm'. Below the search bar is a list of results:

- E080 - DM D/T UNDERLYING CONDITION W HYPEROSMOLARITY
- E0800 - DM D/T UNDERLYING CONDITION W HO W/O NKHHC
- E0801 - DM D/T UNDERLYING COND W HYPEROSMOLARITY W COMA
- E081 - DM D/T UNDERLYING CONDITION W KETOACIDOSIS
- E0810 - DM D/T UNDERLYING COND W KETOACIDOSIS W/O COMA

Then, enter the procedure code and specify the total units needed, as well as date span for the procedure frequency. Always select Units and Total, and select the date span from the calendar. Some procedure categories, such as diabetic testing supplies, will automatically calculate the required units based on the testing frequency you provide. Ask your representative for Service Category Tip Sheets, if you need more guidance.

This is a 'Service Details' pop-up window. It has a sidebar with tabs for 'Diagnoses', 'Procedures' (with an info icon), and 'Attachments'. The main area is titled 'Service Details' and contains a list of selected items:

- Home Blood Glucose Monitor
- Blood Glucose Monitor with Voice
- Blood Glucose Monitor with Lancet
- Continuous Glucose Monitor (selected)
- Lancet device
- Control Solution
- Testing Supplies (selected)

Below the list are two date pickers: '07-11-2019' and '07-11-2019'. To the right of the date pickers are buttons for 'Delete', 'Draft', 'Remove', and 'SAVE & CONTINUE'.

**NOTE:** Counts may look different from the number of times per day you've specified or the units you normally dispense. Do not change any counts that are auto-populated, based on the testing frequency you provided. Follow instructions for selecting a procedure and frequency:

This screenshot shows a table for 'Procedure Details'. The columns are: Primary, Procedure, Start Date/End Date, Units, Total Units, and Remove. There are two rows of data:

Primary	Procedure	Start Date/End Date	Units	Total Units	Remove
<input checked="" type="radio"/>	K0554 - RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	07-11-2019 <input type="button" value="Calendar"/> 08-11-2019 <input type="button" value="Calendar"/>	1 Unit <input type="button" value="Down"/> Total <input type="button" value="Down"/> for <input type="button" value="Calendar"/>	1	<input type="button" value="X"/>
<input checked="" type="radio"/>	AR P3 - Diabetic Supplies - testing 3 times a day	07-11-2019 <input type="button" value="Calendar"/> 07-11-2020 <input type="button" value="Calendar"/>	36 Unit <input type="button" value="Down"/> Total <input type="button" value="Down"/> for <input type="button" value="Calendar"/>	36	<input type="button" value="X"/>

At the bottom left is an 'Attachments' section with a 'Choose File' button and a note 'No file chosen'. At the bottom right are 'SAVE & CONTINUE' and 'RESET' buttons.

Attach a signed physician's order *or* provide detailed notes in order to **Save & Continue**.

If you enter something incorrectly, click **Reset** to clear this section and enter the correct details. Ensure the accuracy of the requested procedures, frequency, and timespan, then click **Submit** to finalize the request.

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PEOPLES HEALTH

Provider Portal

Request  
Key initial request

Clinical  
Enter clinical information

Finalize  
Finalize and submit

Delete Draft

## Finalize

PRINT

**DEMOGRAPHICS**

Member Name	SMITH,
Member Number	G0
Date of Birth	01/15/

**REQUEST**

Requesting Provider	SMITH Nurse Practitioner
Servicing Provider	DAVITA MID CITY DIALYSIS
Place of Service	65 Dialysis Center
Admission Source	HO Home

**DIAGNOSES**

C790 SECONDARY MAL NEOPLASM KIDNEY & RENAL PELVIS (Primary Diagnosis)

**REQUESTED PROCEDURES**

Dialysis (Primary Procedure)  
3 Visit Per Week For 5 Week(s)  
Total: 15 Visit(s)  
Begin Date: 02/01/2019  
End Date: 03/08/2019

**SUBMIT**

Once finalized, you can request another service for the same patient, return to the main screen, or **Create a Fax Cover Sheet**, if you need to send clinical information to support the request you just submitted.

Finalize

PRINT

Case Number: 787415

Case Status: In Progress

Request Date: 01/30/2019

[Create Fax Cover Sheet](#)

[Create New Auth for Current Patient](#)

[Return to Dashboard](#)

**DEMOGRAPHICS**

Member Name	SMITH,
Member Number	G00
Date of Birth	01/1

**OUTPATIENT REQUEST**

Requesting Provider	SMITH Nurse Practitioner
Servicing Provider	DAVITA MID CITY DIALYSIS
Place of Service	65 Dialysis Center

# Requesting Authorization via Provider Portal

## Create a Fax Cover Sheet

To fax clinical information, create the required cover sheet from the authorization portal. The cover sheet contains a code that links faxed documentation to the correct authorization request, speeding up the review process.

Finalize

Case Number: Peoples Health

Case Status: People's Health Network

Request Date: 504-555-5555

Create Fax Cover Sheet

Create New Auth Request

Return to Dashboard

**DEMOGRAPHIC**

Member ID: Dr. Walker

Member Name: Walker MD

Date of Birth: 504-123-1111

**OUTPATIENT REQUEST**

Request Type: Fax: 504-111-1234

Service Type: Page Count: 3

Place of Service: Use Today's Date?:

Admission Type:

**DIAGNOSES**

**CREATE** **CANCEL**

**PRINT**

Complete the form and click **Create**. Print the cover sheet and send it with your supporting documentation.

**FACSIMILE COVER SHEET**

<b>To:</b>	Peoples Health
<b>Company:</b>	People's Health Network
<b>Phone:</b>	504-555-5555
<b>Fax:</b>	

<b>From:</b>	Dr. Walker
<b>Company:</b>	Walker MD
<b>Date:</b>	1/30/2019
<b>Phone:</b>	504-123-1111
<b>Fax:</b>	504-111-1234
<b>Pages incl. coversheet:</b>	3

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SP1193095\$A509877

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If the patient needs additional services in a different service category, close the fax window to return to the previous screen and click the Create New Auth for Current Patient link to initiate the new request.

## Checking Authorization Status

Certain services may be automatically authorized once the request and supporting documentation are submitted. Each request will be assigned a case number immediately, and when the authorization is approved, the Case Status will be Certified in Total and an authorization number will be added to the case.

### Action Required Tab

Some cases may be pended for additional information and will appear on the Action Required tab. This is the default view when you log in to the system. To see what action is needed, click the case and review the notes.

ACTION REQUIRED	COMPLETED	SUBMITTED	DRAFTS								FILTERS	NEW REQUEST	EXPORT TO EXCEL
Case #	Member Name	Member Num...	Review Type	Service Type	Case Status	Due Date	Request Date	Service Date	Ordering Pro...	Servicing Pro...			
2280665	COULONCE ALLEN	G0011206301	Initial	Outpatient	In Progress	7/16/2019	7/3/2019	7/8/2019	JOHN VOCKROTH III	JOHN H VOCKROTH III			

Review the Notes section and respond by clicking the blue Notes and Attachments button.

SUMMARY NOTES & ATTACHMENTS LETTERS + ACTIONS

**ADD NOTES AND ATTACHMENTS**

Notes

07/09/2019  
ATTEMPT#1  
NEED SIGNED MD ORDERS FOR HOME HEALTH SERVICES AND RECENT SUPPORTING CLINICAL INFORMATION THAT INDICATE SKILLED NEED AND HOMEBOUND STATUS/ DOCUMENT ATTACHED FAILED TO UPLOAD SO MAY HAVE TO RE-TRY OR FAX TO 504-849-6979/ HPNA, LPN [Less](#)

Attachments

Type a response and upload supporting documentation to fulfil the request. Click Save & Continue. Staff from our authorization division will be notified that you've responded to the request, and review the additional information, promptly.

206301 Date of Birth: 07/30/1943  
Outpatient Authorization#: Not assigned

Letters

Attachments Choose File Create New Auth.JPG

✓ Create New Auth.JPG X

Notes See attached signed MD orders.

Request Date 03/2019 Procedure Date 07/03/2019

FOR HOME HEALTH SERVICES AD SO MAY HAVE TO RE-TRY C LED NEED AND HOMEBOUND STAT

**SAVE & CONTINUE** **CANCEL**

# Requesting Authorization via Provider Portal

**PEOPLES HEALTH**

Provider Portal

## Completed Tab

To review the status of an authorization request, click the Completed tab. Authorization requests that have been approved will have a Case Status of Certified in Total. Denied or cancelled authorizations show a status of Not Certified and will not provide an authorization number. Request an extension of an approved authorization by clicking the Plus Sign on the left side of the case.

ACTION REQUIRED	COMPLETED	SUBMITTED	DRAFTS	+ FILTERS							
Extension	Case #	Member N...	Member N...	Review Type	Service Ty...	Authorizat...	Complete...	Discharge...	Case Status	Request D...	Service Date
	1669851	PITCHER VERNON	G000998360	Initial	Outpatient	1718685	3/20/2019		Certified in Total	5/7/2019	5/13/2019
	1669848	KLAR ALVIN	G000000820	Initial	Outpatient	1718623	4/29/2019		Certified in Total	4/29/2019	4/29/2019

## Submitted Tab

See a history of all authorization requests submitted for which you are the ordering or servicing provider. This includes authorizations that are submitted via fax.

ACTION REQUIRED	COMPLETED	SUBMITTED	DRAFTS	+ FILTERS								NEW REQUEST	EXPORT TO EXCEL
Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Request Date	...	Service Date	Ordering Prov...	Servicing Prov...			
2304282	DAVIS, MICHAEL	G0016029601	Initial	Outpatient	In Progress	7/9/2019		7/9/2019	BRAD RAMSEY	HOSPICE CARE OF LOUISIANA			
2261542	WASHINGTON ROSA	G0008350101	Extension	Outpatient	In Progress	7/8/2019		6/26/2019	KEARY O'CONNOR	FAMILY HOMECARE INC			

## Drafts Tab

Lists all authorization requests that have been started by you or your staff that are not complete and submitted. You can either delete a case, or click a case to resume where you left off and submit the authorization request.

ACTION REQUIRED	COMPLETED	SUBMITTED	DRAFTS	+ FILTERS								NEW REQUEST	EXPORT TO EXCEL
Delete	Member Name	Member Number	Review Type	Service Type	Request Date	Service Date	Ordering Provider	Servicing Provider					
	LUCAS, BARBRA	G0011218601	Initial	Outpatient	7/9/2019	7/9/2019	THADDEUS R. TEMPLE	THADDEUS R. TEMPLE					
	PIERRIA, JOANN	G0019647301	Extension	Outpatient	7/9/2019	7/5/2019	THADDEUS R. TEMPLE	PEOPLES HEALTH					
	JACK-JEAN	G0001698801	Extension	Outpatient	7/5/2019	6/21/2019	THADDEUS R. TEMPLE	PEOPLES HEALTH					