Navigating the Authorization Portal

Log in to Provider Portal, 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.

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 appriorate tab to begin working. Read on to learn how to begin a **New Request**.
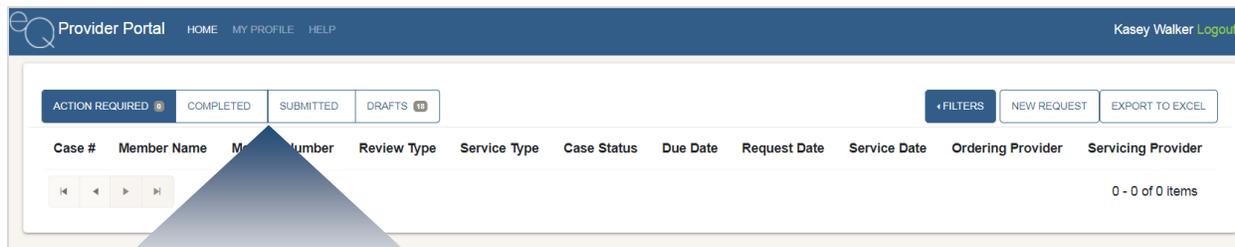
Action Required

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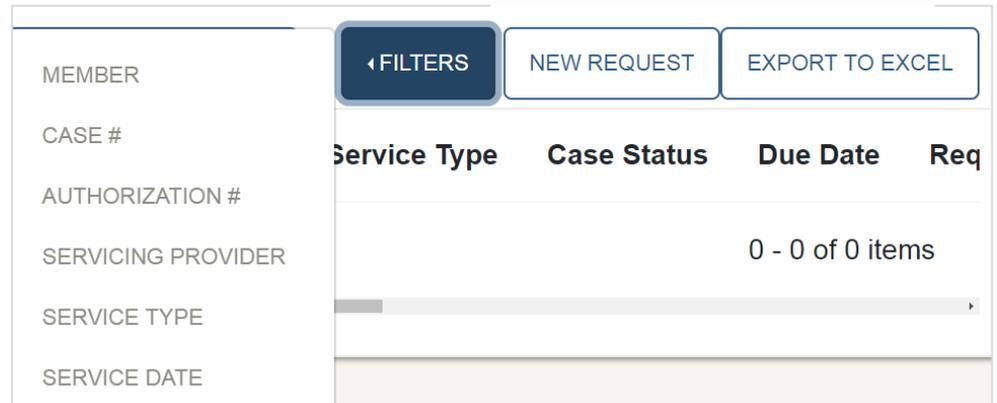
Filters
Preset filter options to help you search for submitted authorization requests.

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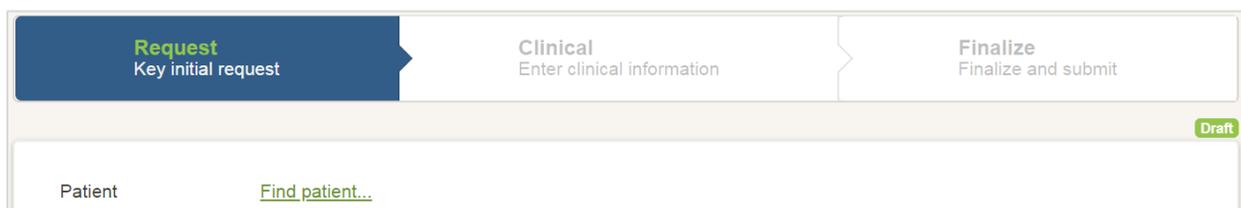
Then select the **Type of Service** and a **Start Date**. The start date ensures the patient is eligible to receive services on the date of service, or the start date of the authorization span. Complete the remaining fields for the service being requested.

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 **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.

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.

Enter a diagnosis code or condition.

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.

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:

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.

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

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.

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

FACSIMILE COVER SHEET

To:	Peoples Health
Company:	People's Health Network
Phone:	504-555-5555
Fax:	

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

CONFIDENTIAL HEALTH INFORMATION

This transmission is intended for the person or entity to whom/which it is addressed and contains information that is privileged and confidential, the use and disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of the information associated with this transmission is strictly prohibited. If you have received this transmission in error, please notify the sender at Peoples Health immediately and destroy the related message and documents. No confidentiality or privilege is waived or lost by erroneous transmission.

$P1193095$A509877

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 1	COMPLETED	SUBMITTED	DRAFTS 12							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	COULONGE ALLEN	G0011206301	Initial	Outpatient	In Progress	7/16/2019	7/3/2019	7/3/2019	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/ HPENA,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.

Attachments	Choose File	Create New Auth.JPG

✓ Create New Auth.JPG   X

Notes: See attached signed MD orders.

SAVE & CONTINUE   CANCEL

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.

Extension	Case #	Member N...	Member N...	Review Type	Service Ty...	Authorizat...	Complete...	Discharge...	Case Status	Request D...	Service Date
➕	1669851	PITCHER VERNON	G000998360 1	Initial	Outpatient	1718685	5/20/2019		Certified in Total	5/7/2019	5/13/2019
➕	1669848	KLAR ALVIN	G000000820 1	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.

Case #	Member Name	Member Number	Review Type	Service Type	Case Status	Request Date	...	Service Date	Ordering Provi...	Servicing Provi...
2304282	DAVIS MICHAEL	G0018029601	Initial	Outpatient	In Progress	7/9/2019		7/9/2019	BRAD RAMSEY	HOSPICE CARE OF LOUISIANA
2261542	WASHINGTON ROSA	G0008950101	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.

Delete	Member Name	Member Number	Review Type	Service Type	Request Date ↓	Service Date	Ordering Provider	Servicing Provider
X	LUCAS BARBRA	G0011218801	Initial	Outpatient	7/9/2019	7/9/2019	THADDEUS TEMPLE	THADDEUS R TEMPLE
X	BIERRIA JOANN	G0019547301	Extension	Outpatient	7/9/2019	7/5/2019	THADDEUS TEMPLE	PEOPLES HEALTH
X	JACK JEAN	G0001688801	Extension	Outpatient	7/5/2019	6/21/2019	THADDEUS TEMPLE	PEOPLES HEALTH