

MHK Portal User Guide

MHK Portal User Guide for CarePartners of Connecticut

Note: For Behavioral Health and Substance Use requests, please continue to use the Behavioral Health MHK Portal User Guide, which can be found in the [Printable Guides](#) section of the provider website.

Contents

Overview	2
MHK Portal Support and Troubleshooting.....	2
Accessing the Portal.....	2
Logging In.....	2
Accessing MHK Care Prominence from within the Secure Provider Portal	3
Migrating to MHK Care Prominence.....	3
Requesting a Prior Authorization or Submitting an Inpatient Notification	4
Conducting a Member Search.....	4
Add Requesting Provider.....	6
Add Servicing/Facility Provider.....	9
Add Diagnosis Code.....	10
Add Primary Procedure Code.....	11
Add Medical/Clinical Documentation.....	12
View/Add to Existing Inpatient Notifications or Prior Authorizations	15
Viewing/Adding Updates to an Existing Inpatient Notification or Prior Authorization.....	15
Adding Medical/Clinical Notes to an Existing Authorization.....	18
Adding Discharge Date(s) to an Existing Authorization	19

Overview

Inpatient notifications and prior authorization requests for outpatient services for CarePartners of Connecticut should be entered into the MHK Care Prominence portal via the [secure Provider portal](#).

Note: If you are using an outdated or unsupported browser, certain features on the secure Provider portal may not function properly. For an improved user experience, upgrade your browser to the latest version of Microsoft Edge, Mozilla Firefox, or Google Chrome.

For questions, please call the [CarePartners of Connecticut Provider Services](#) center.

MHK Portal Support and Troubleshooting

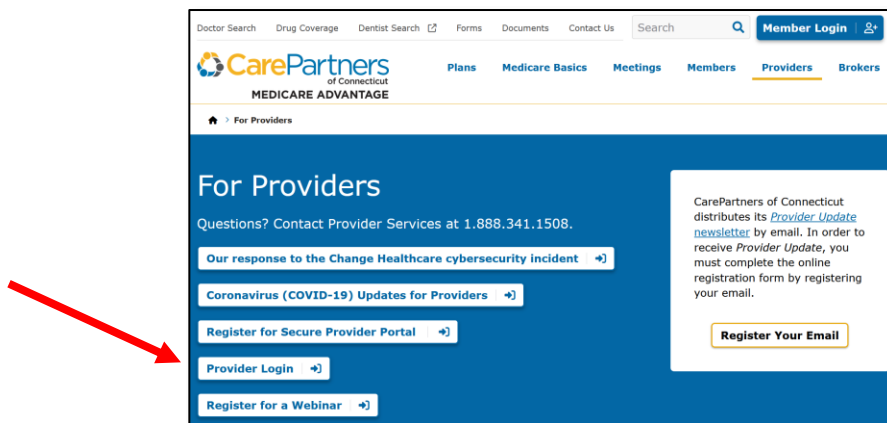
When contacting Provider Services, please be prepared to provide the following information:

- User ID
- First name, last name
- Contact phone number
- Web browser used
- Web browser version
- Is the issue constant or intermittent?
- Are multiple users at the same site experiencing the issue?
- When did the issue start? Is it still happening?
- Provide specifics on issue: Member ID, Reference Number, dropdowns or fields, steps taken to create the issue.
- Have you spoken to anyone else about this issue at your organization (e.g., provider's IT help desk)?
- Screenshots (Please be sure to include any error messages.)

Accessing the Portal

Logging In

Step 1: Visit the CarePartners of Connecticut Provider [website](#) and click “Provider Login” to continue.



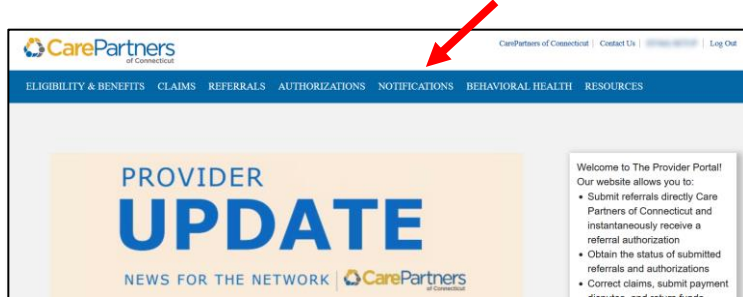
Step 2: Enter your *Username* and *Password* then click “Login.”

A screenshot of the 'Provider Portal Account Login' form. It features a 'Username' field with a 'Forgot?' link, a 'Password' field with a 'Forgot?' link, and a 'LOGIN' button. At the bottom, there is a link for 'Don't have an account yet?' and a 'Register Here' button.

Accessing MHK Care Prominence from within the Secure Provider Portal

Migrating to MHK Care Prominence

Step 1: To initiate a Prior Authorization, click the “Authorizations” tab or to initiate an Inpatient Notification, click the “Notifications” tab.



Step 2: Enter the *Member ID* and the *Start Date of Service* and click “Search”.

The screenshot shows the 'Authorization & Inpatient Admission Notification' page. It includes a search section with two tabs: 'MEMBER ID SEARCH' and 'MEMBER NAME SEARCH'. The 'MEMBER ID SEARCH' tab is active. Below the tabs, there are input fields for 'Member ID*' (containing 'S123 or 123') and 'Start Date of Service*' (containing '11/04/2024'). A red arrow points to the 'SEARCH' button.

NOTE: It's important to search for each member separately, as not all plans are managed by the same medical management system.

Step 3: Click “Proceed to MHK” to continue.

The screenshot shows a 'Leaving CarePartners Portal' dialog box. It contains the text: 'You are now leaving the CarePartners Portal website and will be redirected to our medical management system's website (MHK Care Prominence). Continuing on to this site will allow you to complete your request for service. Would you like to proceed?'. There are two buttons: 'CANCEL' and 'PROCEED TO MHK'. A red arrow points to the 'PROCEED TO MHK' button.

The following screen displays:

The screenshot shows the MHK 'Request Prior Authorization or Notification' page. On the left, there is a sidebar with a 'Health' dropdown menu. Below it, there are four links: 'Request PA or Notification', 'View/Update All Requests', 'View/Update Open Inpatient Requests', and 'View/Update Open Service Requests'. A red arrow points to the 'View/Update All Requests' link. The main content area has a 'Search for Member' section with input fields for 'Member First Name *', 'Member Last Name *', 'Member Date of Birth *', and 'Member ID *'. There are also 'Clear' and 'Search' buttons.

Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited to medical and behavioral health inpatient events that are in progress.
View/Update Open Service Requests	This option is limited to medical or behavioral health service requests that are in progress.

Requesting a Prior Authorization or Submitting an Inpatient Notification

Conducting a Member Search

Step 1: Click “Request PA or Notification” and then enter the *Member First Name*, *Member Last Name*, *Member Date of Birth* and *Member ID* and click “Search.”

The *Member Search Results* screen displays.

Step 2: Click “Select” in the *Action* field once the appropriate member record is found.

Note: The member is not currently active if “Eligible” is not listed in the *Status* field.

Note: Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:

Note: Click “Member Eligible” in upper right-hand section of the screen to review member coverage details.

- If the “Member Eligible” button is red with a past eligibility date, you selected a record that is not eligible. The date denotes member’s last date of coverage.

The following screen displays:

Patient Eligibility History

Click here to view eligibility history.

MEDICAID NUMBER	MEDICARE NUMBER	EFFECTIVE DATE	TERM DATE	TERM REASON	PLAN	COMPANY CODE	COMPANY DESCRIPTION	PRODUCT PLAN
		07-01-2015	12-31-3999			MAPOSSI	MA POS SELF INSURED	
		07-01-2006	06-30-2015			MAPOSSI	MA PPO SELF INSURED	

Cancel

Step 3: Select the appropriate urgency for the authorization request as indicated below:

- **Standard:** Default priority for all requests
- **Expedited:** For urgent requests due to medical necessity

Note: Select the “Expedited” radio button if the authorization requires an expedited review. If expedited, be sure to agree to the *Attestation Regarding Expedited Review*.

Select Authorization Urgency

☒ Standard ☐ Expedited

Select Authorization Urgency

☐ Standard ☒ Expedited

Attestation Regarding Expedited Review

☒ By checking expedited, I certify that the standard review time frame may seriously jeopardize the life or health of the member or the member’s ability to regain maximum function. Please refer to your provider manual for more information.

Add Requesting Provider

Step 1: Select the appropriate *Requesting Provider* and enter their contact information.

Note: If the user has less than or exactly two provider IDs affiliated with their account, the user must select the correct *Requesting Provider* from the dropdown menu.

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider

A dropdown menu is shown with a red arrow pointing to the downward arrow icon on the right side of the field.

Note: If the user has more than two provider IDs affiliated with their account, the Provider Search option is available, and the user must perform a “Search” using the Provider NPI and participating status to select the appropriate *Requesting Provider*.

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider

A red box highlights the green 'Search' button, with a red arrow pointing to it.

Specialty: Provider Status:

Note: If the *Requesting Provider* is out of network (OON), the user must select the “No” radio button under the *Participating* field, click “Search” and select the appropriate record.

Provider Search

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

Provider ID: NPI: Tax ID:
First Name: Last Name: Facility/Organization:
Zip Code:

Participating: ☒ Yes ☐ No

Provider Search Results

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
<input type="button" value="Select"/>							
<input type="button" value="Select"/>							

A red box highlights the 'Participating' radio buttons, and another red box highlights the 'Select' buttons in the results table, both with red arrows pointing to them.

Note: Users may see duplicate records if providers are registered with multiple addresses.

Step 2: Fill out the *Requesting Phone Number*, *Requesting Fax Number*, and *Contact Name* and *Contact Phone* fields.

Select 6 digit Provider IDs for Commercial and Medicare Preferred members.
Select 8 digit Provider IDs for Tufts Health Public Plans members.

*Requesting Provider

Specialty: Provider Status:

First Name: Last Name: Organization:

Address1: Address2: City: State:

Zip:

*Requesting Phone Number: *Requesting Fax Number: NPI:

Contact Name: Contact Phone:

A red box highlights the *Requesting Phone Number and *Requesting Fax Number fields, with a red arrow pointing to the State dropdown menu.

Note: The *Specialty* and *Provider Status* fields will pre-populate based on the selected provider's credentials. The provider status will populate once *Request Type* is selected (below).

Step 3: Select the appropriate *Request Type* option from the dropdown menu.

Request Type	Description
Service Request	Used for <u>all</u> medical prior authorization requests (e.g., Elective Surgeries, DME, etc.).
Inpatient	Used for <u>all</u> medical inpatient admissions.
Behavioral Health Inpatient	Used for <u>all</u> behavioral health inpatient admissions.
Behavioral Health Service Request	Used for <u>all</u> behavioral health prior authorization requests.

Note: To get instructions on how to submit a Behavioral Health Inpatient Admission or Service Request, refer to the MHK Behavioral Health Portal User Guide which can be found in the [Printable Guides](#) section of our Provider website.

A screenshot of a dropdown menu titled "*Request Type". The menu is open, showing four options: "Behavioral Health Inpatient", "Behavioral Health Service Request", "Inpatient", and "Service Request". The "Inpatient" option is currently selected and highlighted.

Note: After selecting the appropriate *Request Type* additional fields may display.

If request type is...	Then complete the following fields marked with an asterisk as required:
Inpatient	<ul style="list-style-type: none"> • Bed Type • Request Admit Date • Admit Type • Review Type
Service Request	<ul style="list-style-type: none"> • Review Type

Step 4: Select the appropriate *Place of Service* from the dropdown menu (e.g., 21- Inpatient Hospital, 11- Office).

Note: Values in step 4 are based on the member's coverage and values displayed may be different.

A screenshot of a dropdown menu titled "*Place Of Service". The menu is open, showing a list of 18 options. The options are numbered and include: "01-Pharmacy", "02-Telehealth Provided Other than in Patient's Home", "03-School", "04-Homeless Shelter", "05-Indian Health Service Free-Standing Facility", "06-Indian Health Service Provider-Based Facility", "07-Tribal 638 Free-Standing Facility", "08-Tribal 638 Provider-Based Facility", "09-Prison/Correctional Facility", "10-Telehealth Provided in Patient's Home", "11-Office", "12-Home", "13-Assisted Living Facility", "14-Group Home", "15-Mobile Unit", "16-Temporary Lodging", "17-Walk-in Retail Health Clinic", and "18-Place of Employment - Worksite". The "11-Office" option is currently selected and highlighted.

Step 5: Select the "Yes" radio button in the *Requesting Provider Same as Servicing Provider* field if the servicing and requesting provider are the same or in the *Requesting Provider Same as Facility* field if the facility and requesting provider are the same.

Note: The *Requesting Provider Same as Servicing Provider* and *Requesting Provider Same as Facility* fields both default to “No.” If these are not the same, a Servicing Provider or Facility must be added to the request.

Requesting Provider Same as
Servicing Provider

☐ YES ☒ NO

Requesting Provider Same as
Facility

☐ YES ☒ NO

Step 6: If *Request Type* is “Inpatient,” select the appropriate *Bed Type* from the options in the dropdown menu:

Note: Values in step 6 are based on the member’s coverage and values displayed may be different.

*Bed Type

Acute Rehabilitation Level 1

Acute Rehabilitation Level 2

CAR-T

Detoxification

Gynecology

ICU/CCU

Long Term Acute Care Level 1

Long Term Acute Care Level 2

Medical

Newborn ICU Level 1

Newborn ICU Level 2

Newborn ICU Level 3

Newborn ICU Level 4

Newborn Nursery

Observation

Obstetrical

SNF Level 1A

SNF Level 1B

SNF Level 2

SNF Level 3

Step 7: Enter the *Request Admit Date* (MM-DD-YYYY) and select the appropriate *Admit Type* and *Admit From* option from their respective dropdown menus.

Note: If *Admit Type* is “Urgent/Emergent,” enter the *Actual Admit Date* (MM-DD-YYYY). The *Actual Admit Date* cannot be dated in the future. Please leave this field blank for scheduled admissions (in the future).

*Request Admit Date

04-22-2024

Actual Admit Date

04-22-2024

*Admit Type

Urgent/ Emergent

Admit From

Emergency Room

Step 8: Select the appropriate *Review Type* option from the dropdown menu (e.g., “Initial Review” for Inpatient Requests or “Prospective” for Service Requests).

Inpatient Requests:

*Review Type

Initial Review

Service Requests:

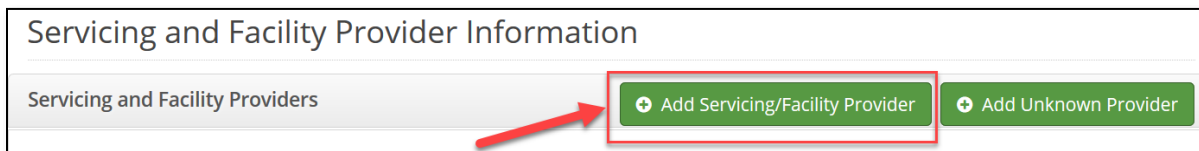
*Review Type

Prospective

Add Servicing/Facility Provider

Step 1: Click “Add Servicing/Facility Provider” if different from the *Requesting Provider*.

Note: For Inpatient requests, a *Facility Provider* must be added in addition to the *Servicing Provider*.

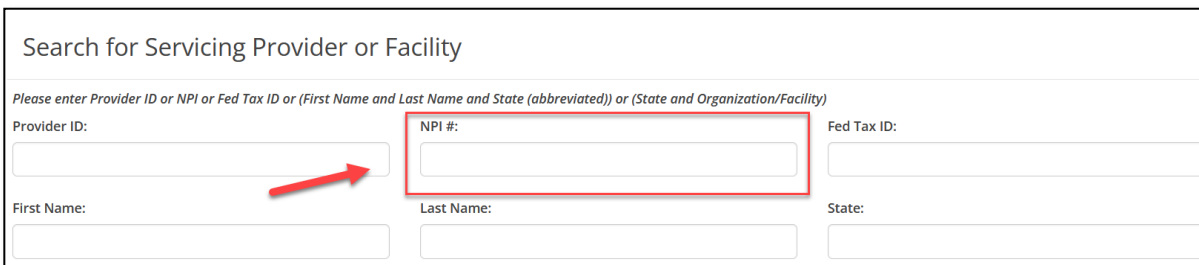


Servicing and Facility Provider Information

Servicing and Facility Providers

+ Add Servicing/Facility Provider + Add Unknown Provider

Step 2: Search for Servicing provider or Facility by entering the Servicing/Facility Provider NPI.



Search for Servicing Provider or Facility

Please enter Provider ID or NPI or Fed Tax ID or (First Name and Last Name and State (abbreviated)) or (State and Organization/Facility)

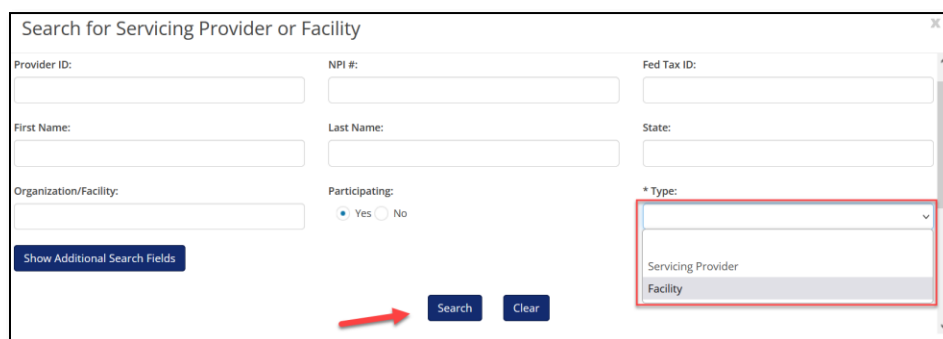
Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Step 3: Select the appropriate *Provider Type* from the *Provider Type* dropdown menu and click “Search.”

The search results display for *Servicing Provider or Facility*.

Note: If servicing provider/facility are out of network (OON), the user must select the “No” radio button under the *Participating* field.



Search for Servicing Provider or Facility

Provider ID: NPI #: Fed Tax ID:

First Name: Last Name: State:

Organization/Facility: Participating: ☒ Yes ☐ No

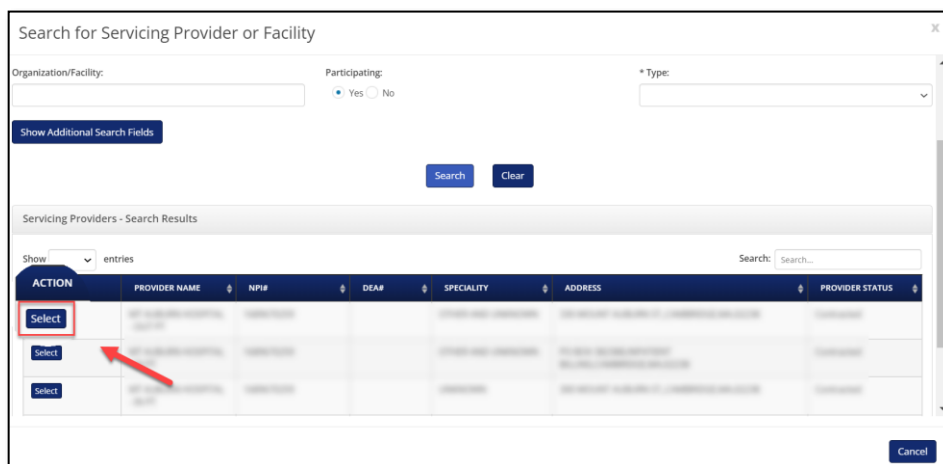
* Type:
Servicing Provider
Facility

Show Additional Search Fields

Search Clear

Note: Multiple results may display (e.g., more than one address for the same NPI).

Step 4: Locate the appropriate provider record and click “Select.”



Search for Servicing Provider or Facility

Organization/Facility: Participating: ☒ Yes ☐ No

* Type:
Servicing Provider
Facility

Show Additional Search Fields

Search Clear

Servicing Providers - Search Results

Show: 1 entries

ACTION	PROVIDER NAME	NPI#	DEAR	SPECIALTY	ADDRESS	PROVIDER STATUS
Select	Dr. [Name]	[NPI]	[DEAR]	[SPECIALTY]	[ADDRESS]	[STATUS]
Select	Dr. [Name]	[NPI]	[DEAR]	[SPECIALTY]	[ADDRESS]	[STATUS]
Select	Dr. [Name]	[NPI]	[DEAR]	[SPECIALTY]	[ADDRESS]	[STATUS]

Cancel

Step 5: Enter the *Servicing or Facility Provider's Fax Number* and click “Save.”

Note: For Inpatient requests, the facility provider fax number should always be the Utilization Review department's fax number.

Facility Provider Fax Number

*Fax Number : Contact Name

Contact Phone Contact Phone Ext

The *Servicing and Facility Providers* section will now be populated:

Servicing and Facility Providers									
ACTION	PROVIDER NAME	NPI#	DEA#	SPECIALITY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
<input type="button" value="Remove"/>								Facility	Contracted
<input type="button" value="Remove"/>								Servicing Provider	Contracted

Add Diagnosis Code

Step 1: Click “Add Primary Diagnosis.”

*Diagnosis (*Denotes required field)

ICD - Search Results

Step 2: Enter the ICD Code or *Diagnosis Description* and click “Search.”

ICD Search

ICD Codes: Diagnosis Description:

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
<input type="button" value="Select"/>	S42.296A	Other Nondisplaced Fracture Of Upper End Of Unspecified Humerus, Initial Encounter For Closed	ICD10 DX

Note: All ICD Codes must be properly formatted (ex: E66.01, not E6601).

Step 3: In the *Action* field, click “Select” to add the diagnosis to the request.

ICD Search

ICD Codes: S42.296 Diagnosis Description:

Search

ICD - Search Results

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE
Select	S42.296A	Other Nondisplaced Fracture Of Upper End Of Unspecified Humerus, Initial Encounter For Closed	ICD10 DX

Cancel

Note: If added in error, click “Remove” in the “Action” field to remove a diagnosis.

ACTION	ICD NUMBER	DESCRIPTION	ICD TYPE	PRIMARY DIAGNOSIS
Remove	H44.651	Retained (Old) Magnetic Foreign Body In Vitreous Body, Right Eye	ICD10 DX	YES

Add Primary Procedure Code

A CPT/HCPCS code is only required for scheduled surgical admissions or service requests. If submitting an urgent/emergent inpatient notification, this step is not required.

Step 1: Click “Add Primary Procedure” for inpatient requests or click “Add Procedure” for service requests.

*Procedure (*Denotes required field)

CPT/HCPCS - Search Results

+ Add Primary Procedure + Add Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	START	END	STATUS	PRIMARY PROCEDURE
--------	------------	-------------------	----------	-----------	-----------	------------	------------	-------	-----	--------	-------------------

Step 2: Enter the procedure code or description in the *CPT/HCPCS Codes* field and click “Search.”

CPT/HCPCS Search

CPT/HCPCS Codes: 27446 Procedure Description:

Search

CPT/HCPCS - Search Results

ACTION	CPT/HCPCS#	PLANNED PROCEDURE
Select	27446	Revision Of Knee Joint

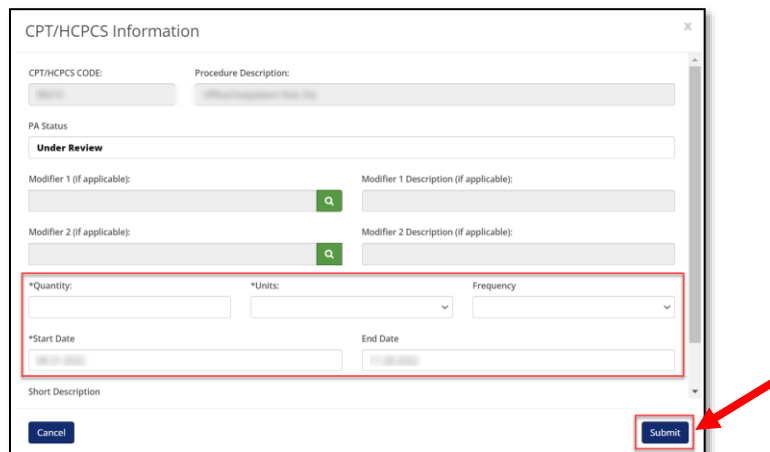
Cancel

Step 3: Click “Select” to add the procedure code to the request.



ACTION	CPT/HCPCS#	PLANNED PROCEDURE
Select	27446	Revision Of Knee Joint

Step 4: Enter *Modifier (if applicable), Quantity, Units, Start Date, and End Date*. Then click “Submit” to continue.



CPT/HCPCS Information

CPT/HCPCS CODE: Procedure Description:

PA Status

Under Review

Modifier 1 (if applicable): Modifier 1 Description (if applicable):

Modifier 2 (if applicable): Modifier 2 Description (if applicable):

*Quantity: *Units: Frequency

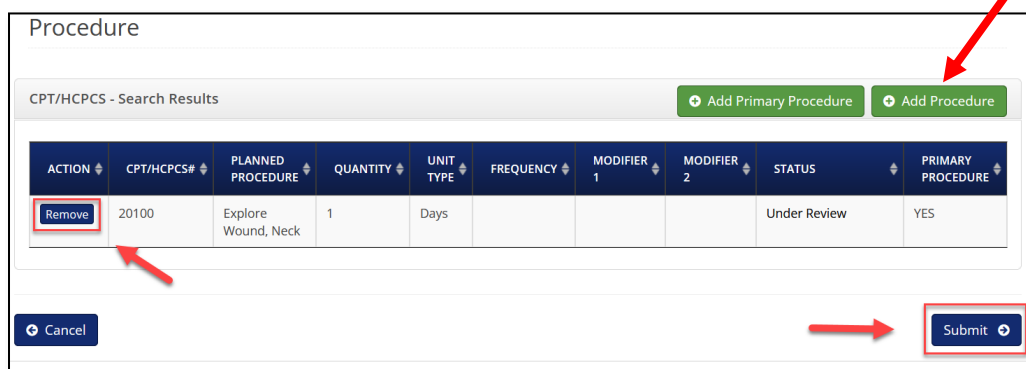
*Start Date End Date

Short Description

Cancel Submit

Step 5: Click “Submit” to save and move to the next screen.

Note: Click “Add Procedure” and repeat steps to add additional procedure codes. If a procedure code is added in error, click “Remove” in the “Action” field to remove.



Procedure

CPT/HCPCS - Search Results

+ Add Primary Procedure + Add Procedure

ACTION	CPT/HCPCS#	PLANNED PROCEDURE	QUANTITY	UNIT TYPE	FREQUENCY	MODIFIER 1	MODIFIER 2	STATUS	PRIMARY PROCEDURE
Remove	20100	Explore Wound, Neck	1	Days				Under Review	YES

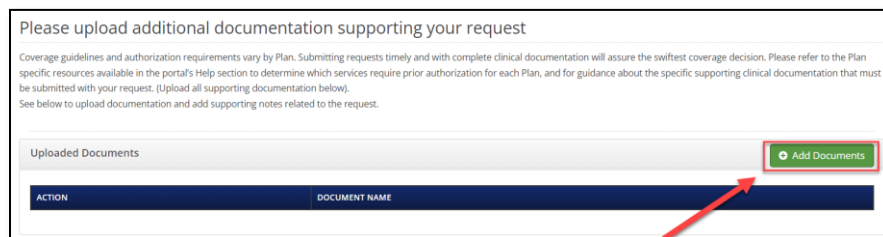
Cancel Submit

Add Medical/Clinical Documentation

If your request auto cancels or auto approves, this screen will not display.

Step 1: Click “Add Documents” to add supporting clinical documentation.

Note: In most circumstances, clinical documentation is required to support the request.



Please upload additional documentation supporting your request

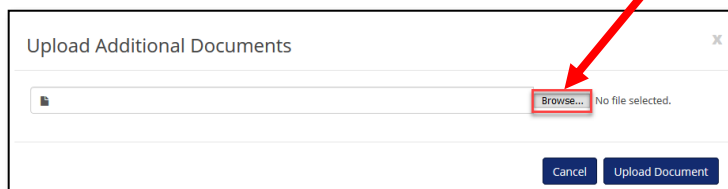
Coverage guidelines and authorization requirements vary by Plan. Submitting requests timely and with complete clinical documentation will assure the swiftest coverage decision. Please refer to the Plan specific resources available in the portal's Help section to determine which services require prior authorization for each Plan, and for guidance about the specific supporting clinical documentation that must be submitted with your request. (Upload all supporting documentation below). See below to upload documentation and add supporting notes related to the request.

Uploaded Documents

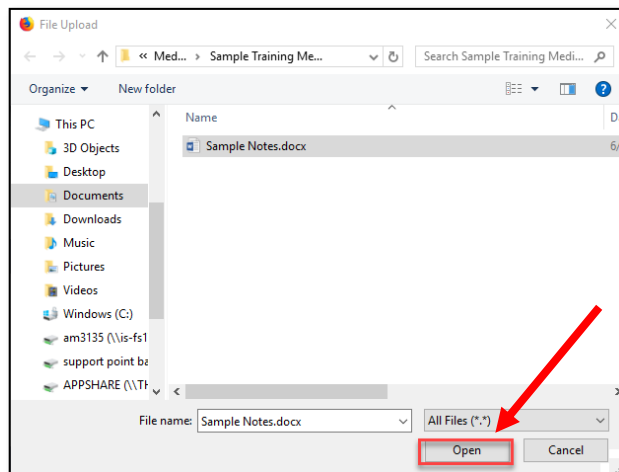
+ Add Documents

ACTION	DOCUMENT NAME
--------	---------------

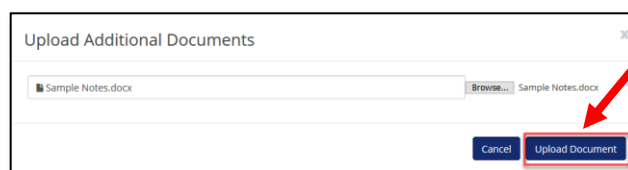
Step 2: Click “Browse.”



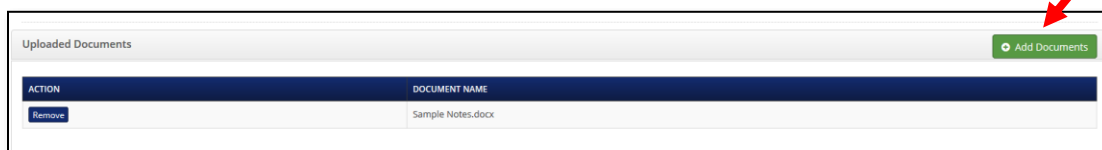
Step 3: Navigate to where the clinical documentation is saved on your computer and click “Open.”



Step 4: Click “Upload Document” to add the attachment.



The *Uploaded Documents* screen is now populated:



Step 5: Click “Add Documents” and repeat steps to add additional attachments.

Please upload additional documentation supporting your request

Coverage guidelines and authorization requirements vary by Plan. Submitting requests timely and with complete clinical documentation will assure the swiftest coverage decision. Please refer to the Plan specific resources available in the portal's Help section to determine which services require prior authorization for each Plan, and for guidance about the specific supporting clinical documentation that must be submitted with your request. (Upload all supporting documentation below). See below to upload documentation and add supporting notes related to the request.

Uploaded Documents

Add Documents

ACTION	DOCUMENT NAME
--------	---------------

Notes

Add Notes

ACTION	NOTE TEXT
--------	-----------

Submit

Step 6: Click “Add Notes” to add a note to the request.

Please upload additional documentation supporting your request

Coverage guidelines and authorization requirements vary by Plan. Submitting requests timely and with complete clinical documentation will assure the swiftest coverage decision. Please refer to the Plan specific resources available in the portal's Help section to determine which services require prior authorization for each Plan, and for guidance about the specific supporting clinical documentation that must be submitted with your request. (Upload all supporting documentation below.) See below to upload documentation and add supporting notes related to the request.

Uploaded Documents ➕ Add Documents

ACTION	DOCUMENT NAME
Remove	Testfax.pdf

Notes ➕ Add Notes

ACTION	NOTE TEXT
Remove	Enter information pertaining to your request not included within the clinical documentation you have attached.

Step 7: The Note Text field will display, enter your note here and click “Add Notes” when your note is completed.

Notes

Note Text

[Add Notes](#) [Cancel](#)

Step 8: Click “Submit” to send the request.

Uploaded Documents ➕ Add Documents

ACTION	DOCUMENT NAME
Remove	Sample Notes.docx

Notes ➕ Add Notes


ACTION	NOTE TEXT
--------	-----------

[Submit](#)

The *Request Prior Authorization or Notification* screen displays the reference number and status of your request.

Request Prior Authorization or Notification

➕ Member Eligible 12-31-3999

 **Name:** [REDACTED] **Member ID:** [REDACTED] **Plan Type/Group ID#:** [REDACTED]

Date Of Birth: [REDACTED] **LOB:** [REDACTED]

Address: [REDACTED] **IPA/MG:** [REDACTED]

Phone: [REDACTED] **Effective:** [REDACTED] **Term:** [REDACTED]

Special Programs: [REDACTED] **Case Manager:** [REDACTED]

Authorization Status: In Progress **Reason:** Preexisting Condition Exclusion

Decision: Not Authorized **Reference#:** 12345678

Procedure Status: Not Decided

[Create Request for the Same Member](#) [Create Request for Different Member](#)

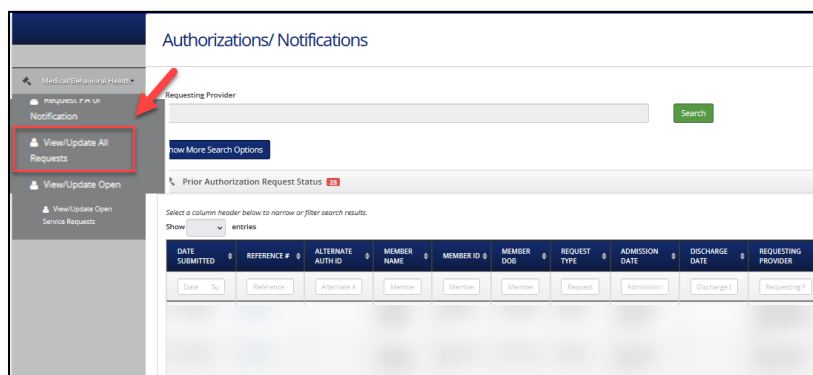
It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies. Benefits for this service are subject to the provisions of the member's plan, the member's eligibility on the dates of service, and the outcome of this determination. A determination is dependent on receiving complete clinical information and in a timely manner.

View/Add to Existing Inpatient Notifications or Prior Authorizations

Viewing/Adding Updates to an Existing Inpatient Notification or Prior Authorization

Step 1: From the *MHK home page*, select *View/Update All Requests* option on the left-hand navigation bar. (See table below for additional options and their descriptions.)

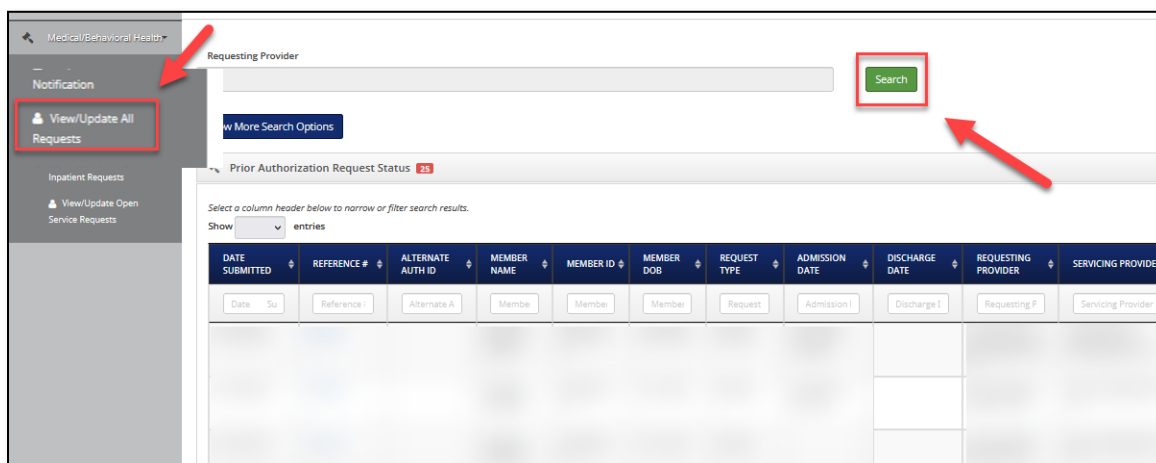
Note: The last seven days of closed (completed/decisioned) cases and all open events associated with the providers registered to the account will display. If the user has less than or exactly 20 provider IDs affiliated with their account, the user can further refine their search by selecting the appropriate *Requesting Provider* from the dropdown menu.



Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited to medical and behavioral health inpatient events that are in progress.
View/Update Open Service Requests	This option is limited to medical or behavioral health service requests that are in progress.

Note: Although not mandatory, MHK users can narrow their search by utilizing the *Requesting Provider* dropdown as illustrated in Step 1. If the requesting provider has more than 20 affiliates, please follow the steps beginning with 1A below. The Provider Search option is available, and the user can further refine their search using the Provider NPI.

Step 1A (if applicable): Click the “Search” button next to the *Requesting Provider* field.



Step 1B (if applicable): Enter the Provider NPI and choose the appropriate provider record under the *Provider Search Results* section.

Step 2: Utilize *Show More Search Options* below to enhance your search:

Click “Show More Search Options” to use advanced search features such as name, date of birth, authorization number, etc. to access older completed events or narrow down recent cases.

- “Show entries” can display up to 100 records at a time.
- Type in free text field to search for any information listed in columns below – date, request type, etc.
- Use down arrows in column headers to sort your search.
- Type in column filters to search by date, request type, etc.

The following screen displays when you click “Show More Search Options”:

Note: To return to the previous page, click “Hide Search Options.”

To search by authorization number, please enter the authorization number in the *Auth #* field then click “Search”:

The screenshot shows a search form with various fields. The 'Auth #' field is highlighted with a red box, and a red arrow points to it. Another red arrow points to the 'Search' button. The form includes fields for Member First Name, Member Last Name, Member DOB, Member ID#, Authorization Status, Decision, Request Type, Requesting Provider Last Name, Requesting Provider First Name, Servicing Provider Last Name, Servicing Provider First Name, Search by Date (Date Type), From Date, and To Date.

To search by date, select the appropriate *Date Type*, enter start and end dates, then click “Search”.

The screenshot shows the same search form as before, but with the 'Search by Date (Date Type)' dropdown menu open. A red box highlights the dropdown menu, and a red arrow points to the 'Search' button. The dropdown menu shows options: Actual Admission, Discharge, Submission, and Decision.

Step 3: Click the Reference # in the *Reference #* column to view additional details on the Prior Authorization or Inpatient Notification.

The screenshot shows a table titled 'Prior Authorization Request Status'. The table has columns: REFERENCE #, ALTERNATE #, MEMBER NAME, MEMBER ID, MEMBER DOB, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVING PROVIDER, FACILITY PROVIDER, STATUS, and DEC. The 'REFERENCE #' column is highlighted with a red box, and a red arrow points to it. The table shows one entry with the reference number 013A10.

Note: Click the hyperlink in the *Review Number* column to view details on the procedure, decision, etc.

The screenshot shows a table titled 'Member Auth Details'. The table has columns: REVIEW NUMBER, REVISION, REVIEW TYPE, PRIORITY, DECISION, and REOPEN. The 'REVIEW NUMBER' column is highlighted with a red box, and a red arrow points to it. The table shows one entry with the review number 114613299.

The *Auth Review Details* screen displays:

Auth Review Details

Service Request

CODE	DESCRIPTION	MOD 1	MOD 2	FROM	THRU	REQUESTED	UNITS	DECISION	DECISION REASON	APPROVED
43235	Upper GI Endoscopy, Diagnostic			07-18-2019	10-16-2019	3.0	Procedure			

Cancel

Note: Click “Cancel” to return to the Member Auth Details Screen.

Step 4: To view additional details such as diagnosis, CPT, or provider information, and to view attachments or correspondence letters, scroll through the “Member Auth Details” page.

Member Auth Details

Uploaded Documents

Add Documents

DOCUMENT NAME	TYPE
Clinical Attachment	Member Document

Correspondence

NAME	CORRESPONDENCE TYPE	RECEIVED DATE
Comm IP Initial RFMI	UM RFMI Facility Provider Fax	11-15-2020 20:49:23
CC Member	UM CC Member	11-15-2020 20:49:23

Print Cancel

Adding Medical/Clinical Notes to an Existing Authorization

Step 1: From the *MHK home page*, select any one of the subsections to “View/Update All Requests” or “View/Update Open Inpatient or Service Requests” on the left-hand navigation bar.

Authorizations/ Notifications

Medical/Behavioral Health

Notification

View/Update All Requests

View/Update Open Inpatient Requests

View/Update Open Service Requests

Requesting Provider

Search

More Search Options

Prior Authorization Request Status

Select a column header below to narrow or filter search results.

DATE SUBMITTED REFERENCE # ALTERNATE AUTH ID MEMBER NAME MEMBER ID MEMBER DOB REQUEST TYPE ADMISSION DATE DISCHARGE DATE REQUESTING PROVIDER SERVING PROVIDER

Step 2: After locating the existing request, click “Add Attachment” in the *Action* column.

Note: Attachments should only be added to requests that are still In Progress

Show More Search Options

Prior Authorization Request Status

Select a column header below to narrow or filter search results.

DATE SUBMITTED REFERENCE # ALTERNATE AUTH ID MEMBER NAME MEMBER ID MEMBER DOB REQUEST TYPE ADMISSION DATE DISCHARGE DATE REQUESTING PROVIDER SERVING PROVIDER

Add Attachment

Add Discharge Code

Add Discharge Code and Attachment

Add Discharge Code and Attachment

Add Discharge Code and Attachment

Add Discharge Code and Attachment

Step 3: Click “Browse.”

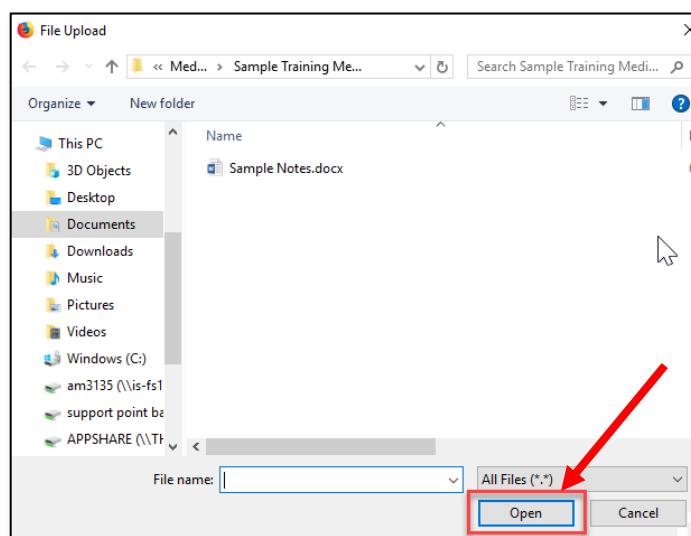
Upload Additional Documentation

No file selected.

Upload Document Cancel

DOCUMENT NAME	TYPE
No data available in table	

Step 4: Navigate to where the clinical documentation is saved on your computer and click “Open.”



Step 5: Click “Upload Document.”

Upload Additional Documentation

Sample Notes.docx Browse... Sample Notes.docx

Upload Document Cancel

DOCUMENT NAME	TYPE
Sample Notes.docx	Clinical Attachment

Adding Discharge Date(s) to an Existing Authorization

Step 1: Discharge dates can be updated by selecting either the “View/Update Open Inpatient Requests” or “View/Update All Requests” subsections on the left-hand navigation bar.

Open Inpatient Requests

Medical/Behavioral Health

Request PA or Notification

View/Update All Requests

View/Update Open Inpatient Requests

View/Update Open Service Requests

*Requesting Provider

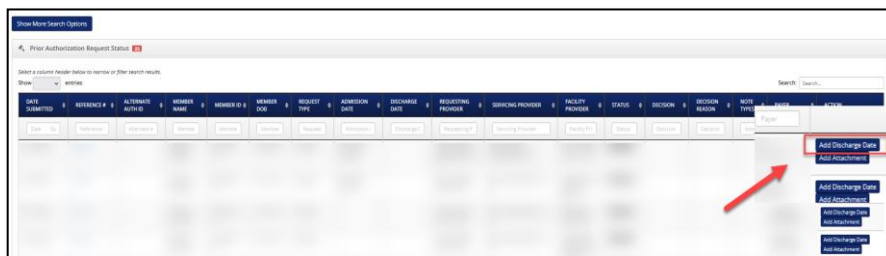
Search

Prior Authorization Request Status 25

Show entries Search: Search...

DATE SUBMITTED	REFERENCE	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICE PROVIDER
Date	Referen	Alternat	Mem	Mem	Mem	Requ	Admissi	Discharg	Requestor	Service

Step 2: From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click “Add Discharge Date” in the *Action* column.



The *Discharge Date* screen displays:

Step 3: Choose the appropriate *Discharge Date* and click the “clock icon” to enter the time of discharge.

Note: The submitter can click or use the arrows for the hour, minute, or second fields, and the discharge time will display in military time.

Step 4: Enter *Discharge Disposition* and *Discharge Diagnosis*, then click “Save.”

The following screen displays with the discharge date and time:

DATE SUBMITTED	REFERENCE #	ALTERNATE AUTH ID	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVICING PROVIDER	FACILITY PROVIDER	STATUS
Date	Refnum	Alternate	Mem	Member	Mem	Requ	Admiss	Dischrg	Requesting	Servicing P	Facility	Stat
								03-15-2024 21:14:00				

Note: When entering the discharge date, use the calendar to ensure the system captures the accurate discharge date and time.