

# 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.

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## 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

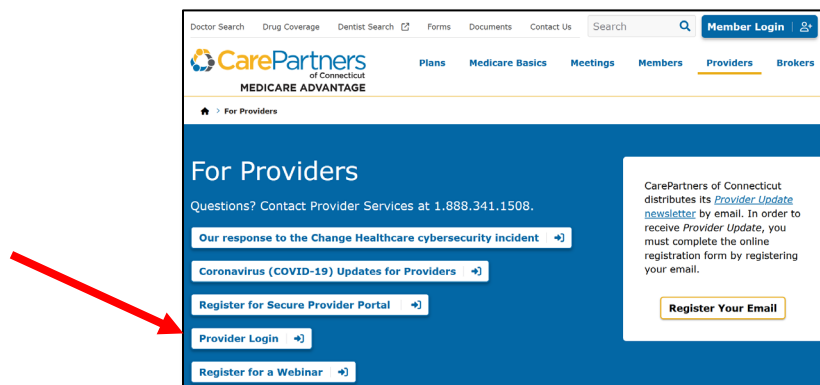
When contacting Provider Services, please be prepared to provide the following information:

- 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.



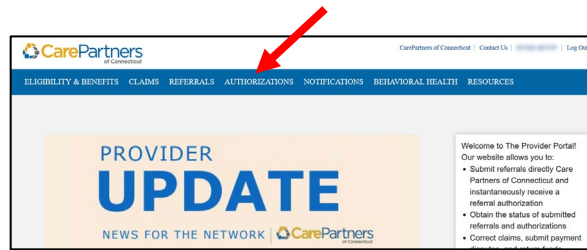
**Step 2:** Enter your *Username* and *Password* then click “Login.”

A screenshot of the 'Provider Portal Account Login' form. The form is centered on a light gray background. It has a title 'Provider Portal Account Login' at the top. Below the title are two input fields: 'Username' and 'Password'. Each field has a 'Forgot?' link to its right. Below the password field is a blue 'LOGIN' button with a right-pointing arrow. At the bottom, there's a link 'Don't have an account yet?' with a 'Register Here' button below it.

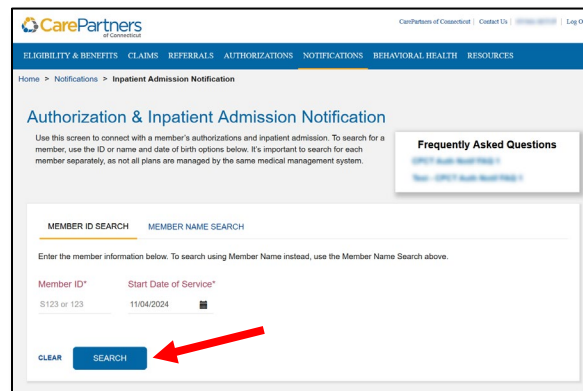
# Accessing MHK Care Prominence from within the Secure Provider Portal

## 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.

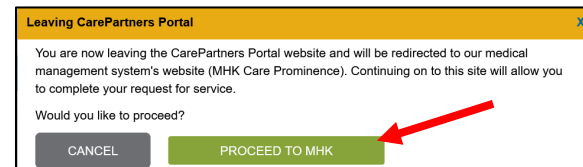


**Step 2:** Enter the *Member ID* and the *Start Date of Service* and click “Search”.

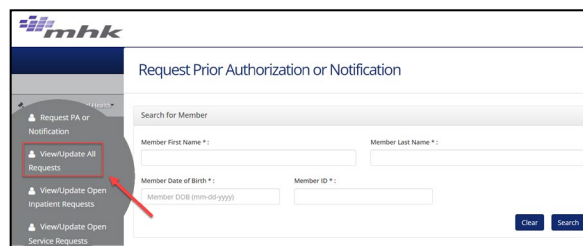


**NOTE:** It's important to search for each member separately, as not all plans are managed by the same medical management system.

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



The following screen displays:

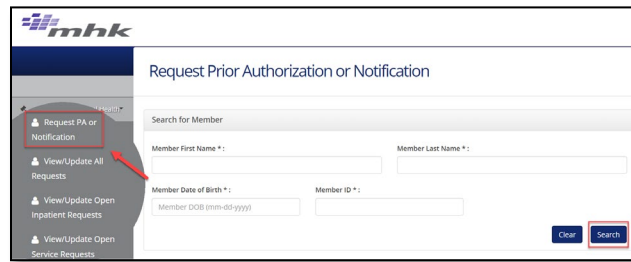


Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited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

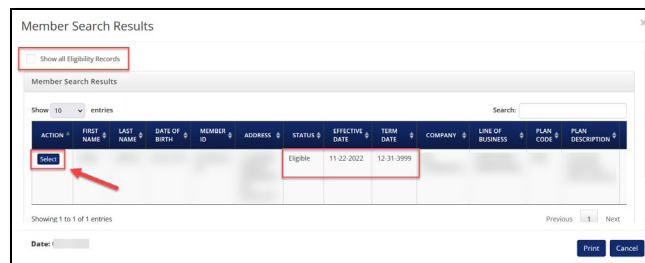
**Step 1:** Click “Request PA or Notification” and then enter the *Member First Name*, *Member Last Name*, *Member Date of Birth* and *Member ID* and click “Search.”



The *Member Search Results* screen displays.

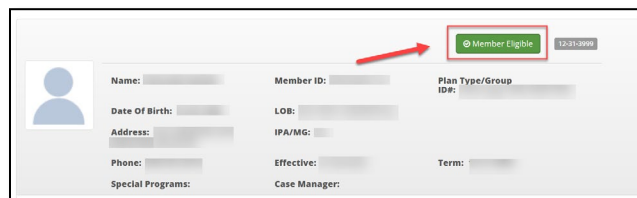
**Step 2:** Click “Select” in the *Action* field once the appropriate member record is found.

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



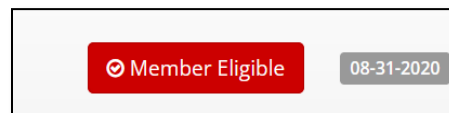
**Note:** Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:

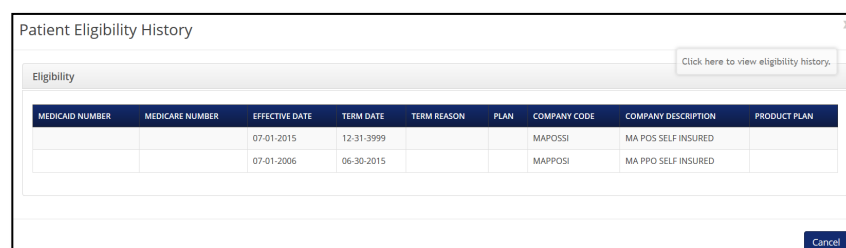


**Note:** Click “Member Eligible” in upper right-hand section of the screen to review member coverage details.

- 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:



**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:** The user must perform a “Search” using the Provider NPI and participating status to select the appropriate *Requesting Provider*.

\*Requesting Provider

Specialty

Provider Status

Search

**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

If the Requesting Provider is the same as the Servicing Provider, please search by Billing NPI or TIN to ensure accurate claims to authorization matching.

Provider Id NPI Tax Id

First Name Last Name Facility/Organization

Zip Code

Participating

☒ Yes ☐ No

Search Clear

Provider Search Results

ACTION	PROVIDER ID	NPI	TAX ID	FIRST NAME	LAST NAME	FACILITY	ADDRESS
Select							
Select							

**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 Information* fields.

\*Requesting Provider

Specialty

Provider Status

First Name Last Name Organization

Address Address2 City State

Zip

\*Requesting Phone Number \*Requesting Fax Number

Contact Name Contact Phone

**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 web form showing a dropdown menu labeled "\*Request Type". The menu is open, displaying four options: "Behavioral Health Inpatient", "Behavioral Health Service Request", "Inpatient", and "Service Request". The dropdown has a search bar at the top and a scroll bar on the right.

**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"> <li>• Bed Type</li> <li>• Request Admit Date</li> <li>• Admit Type</li> <li>• Review Type</li> </ul>
Service Request	<ul style="list-style-type: none"> <li>• Review Type</li> </ul>

**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 web form showing a dropdown menu labeled "\*Place Of Service". The menu is open, displaying a list of 18 options: "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 dropdown has a search bar at the top and a scroll bar on the right.

**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*.

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

**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.

**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.”

**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.

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

Servicing and Facility Providers									
ACTION	PROVIDER NAME	NPI#	DEAN	SPECIALTY	NETWORK	ADDRESS	FAX NUMBER	PROVIDER TYPE	PROVIDER STATUS
<a href="#">Remove</a>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Facility	Contracted
<a href="#">Remove</a>	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	Servicing Provider	Contracted

## ADD DIAGNOSIS CODE

**Step 1:** Click “Add Primary Diagnosis.”

\*Diagnosis (\*Denotes required field)

ICD - Search Results

**Add Primary Diagnosis** Add Diagnosis

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

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:** 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

Buttons: 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: 27446

Procedure Description: Revision Of Knee Joint

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

Buttons: 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

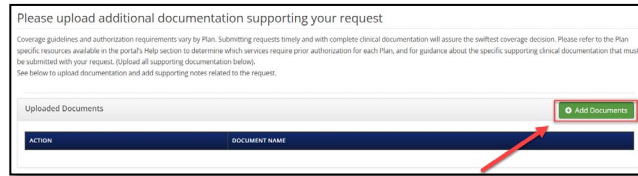
**Note:** If you are requesting an authorization for non-emergent transportation, additional information may be required via an assessment. (Refer to page 19 on *Submitting Assessments*.)

## ADD MEDICAL/CLINICAL DOCUMENTATION

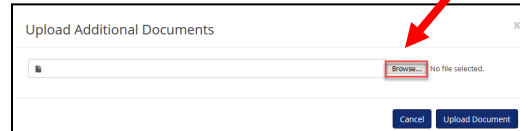
If your request auto cancels or auto approves, this screen will not display.

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

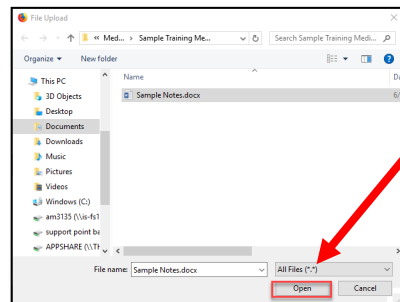
**Note:** In most circumstances, clinical documentation is required to support the request.



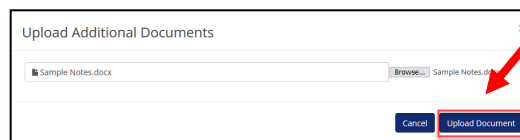
**Step 2:** Click “Browse.”



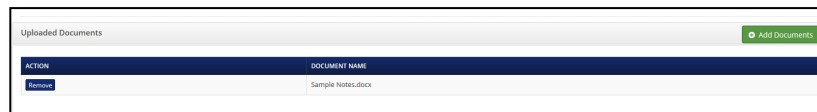
**Step 3:** Navigate to where the clinical documentation is saved on your computer and click “Open.”



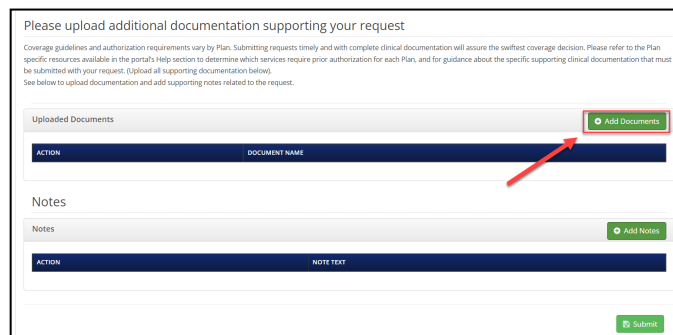
**Step 4:** Click “Upload Document” to add the attachment.



The *Uploaded Documents* screen is now populated:



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



**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

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

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: Member ID: Plan Type/Group ID#:

Date Of Birth: LOB:

Address: IPA/MG:

Phone: Effective: Term:

Special Programs: Case Manager:

Authorization Status: In Progress Reason: Procedure Status: Decision: Reference#: Procedure Status: Not Decided

Create Request for the Same Member Create Request for Different Member

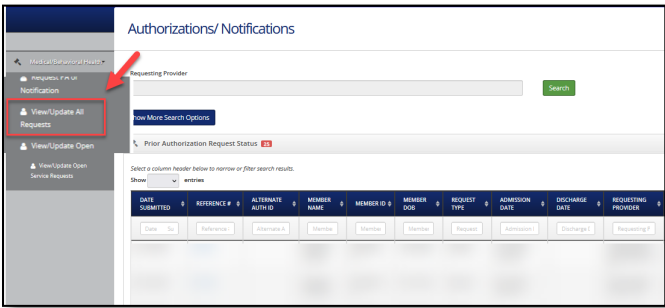
It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies. Benefits for this service are subject to the provisions of the member's plan, the member's eligibility on the dates of service, and the outcome of this determination. A determination 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

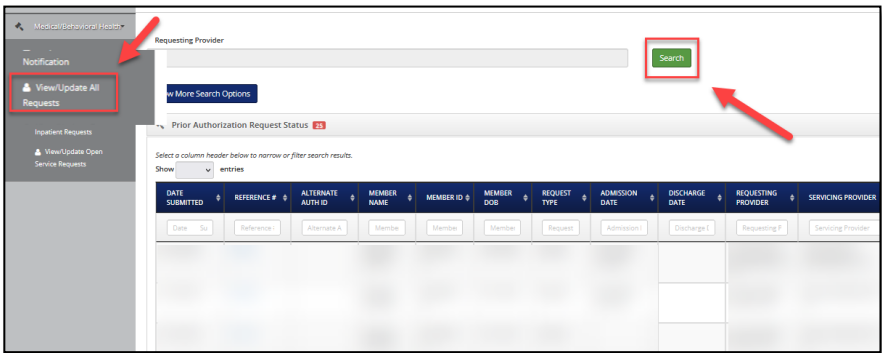
**Step 1:** From the *MHK home page*, select *View/Update All Requests* option on the left-hand navigation bar. (See table below for additional options and their descriptions.)

**Note:** The last seven days of closed (completed/decisioned) cases and all open events associated with the providers registered to the account will display. The user can further refine their search by selecting the appropriate *Requesting Provider*.



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.

**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.

Provider Search

Provider Id

NPI

Tax Id

First Name

Last Name

Facility/Organization

Zip Code

Search

Clear

Provider Search Results

ACTION

PROVIDER ID

NPI

TAX ID

FIRST NAME

LAST NAME

FACILITY

ADDRESS

## 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”:

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

The screenshot shows a search form with various fields. A red box highlights the 'Search by Date (Date Type)' dropdown menu, which is set to 'Actual Admission'. Another red box highlights the 'From Date' and 'To Date' input fields, which contain '10-20-2022' and '09-01-2022' respectively. A red arrow points to the 'Search' button.

**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 #, ALIAS, MEMBER NAME, MEMBER ID, MEMBER DOB, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVING PROVIDER, FACILITY PROVIDER, and STATUS. The first row has a red box around the 'REFERENCE #' value '013A18', with a red arrow pointing to it.

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

The screenshot shows a table titled 'Medical Authorization Review'. The table has columns: REVIEW NUMBER, REVISION, REVIEW TYPE, PRIORITY, DECISION, and REOPEN. The first row has a red box around the 'REVIEW NUMBER' value '104615299', with a red arrow pointing to it.

The *Auth Review Details* screen displays:

The screenshot shows the 'Auth Review Details' screen. It features a 'Service Request' table with columns: CODE, DESCRIPTION, MOD 1, MOD 2, FROM, THRU, REQUESTED, UNITS, DECISION, DECISION REASON, and APPROVED. The first row has a red box around the 'DESCRIPTION' value 'Upper GI Endoscopy Diagnostics', with a red arrow pointing to it. A 'Cancel' button is visible at the bottom right.

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

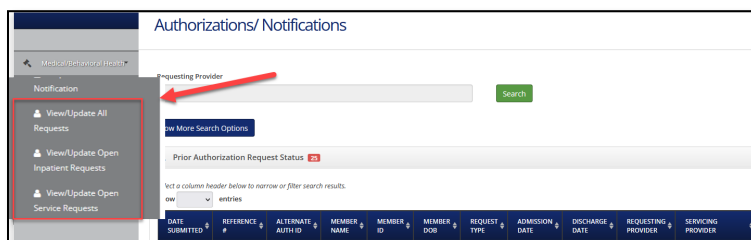
**Step 4:** To view additional details such as diagnosis, CPT, or provider information, and to view attachments or correspondence letters, scroll through the “Member Auth Details” page.

The screenshot shows the 'Member Auth Details' screen. It has two main sections: 'Uploaded Documents' and 'Correspondence'. The 'Uploaded Documents' section has a table with columns: DOCUMENT NAME and TYPE. The 'Correspondence' section has a table with columns: NAME, CORRESPONDENCE TYPE, and RECEIVED DATE. A red arrow points to the 'Cancel' button at the bottom right.



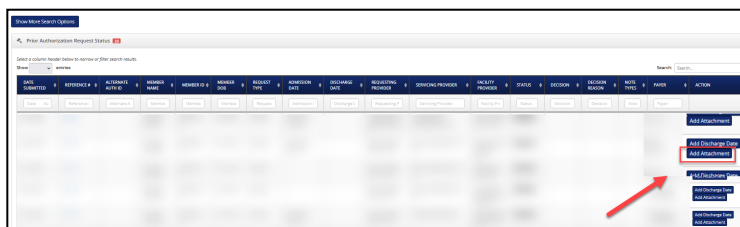
## ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

**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.

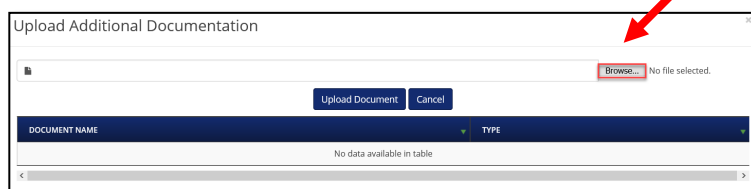


**Step 2:** After locating the existing request, click “Add Attachment” in the *Action* column.

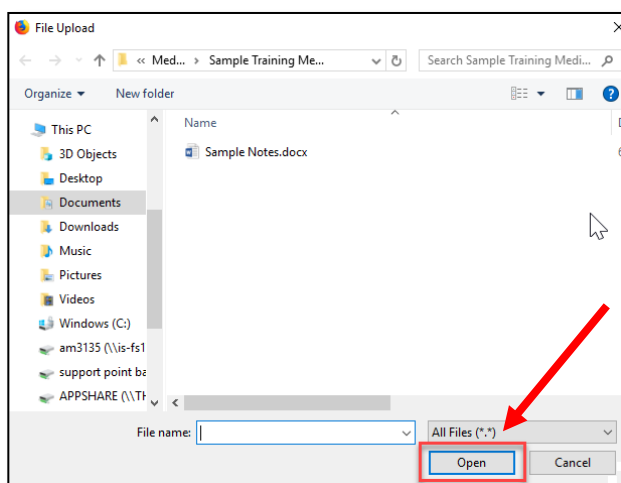
**Note:** Attachments should only be added to requests that are still In Progress



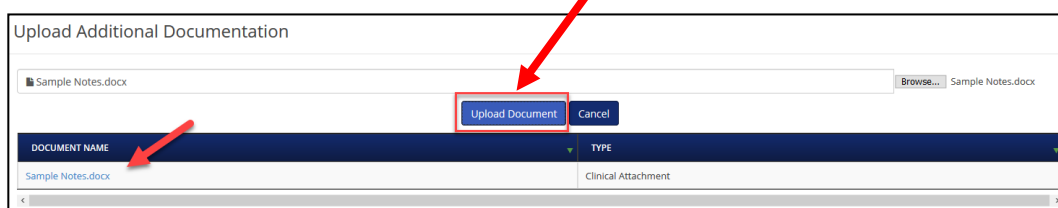
**Step 3:** Click “Browse.”



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

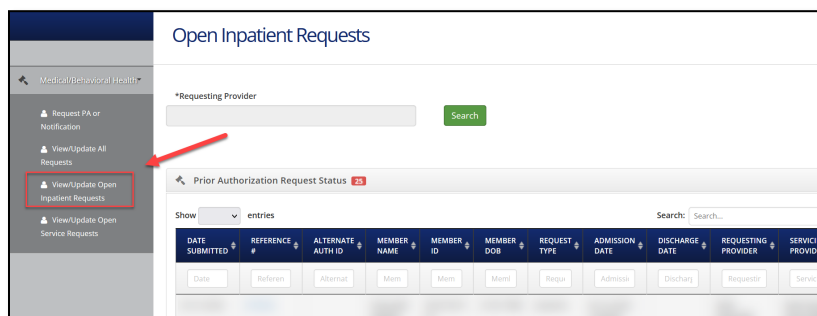


**Step 5:** Click “Upload Document.”

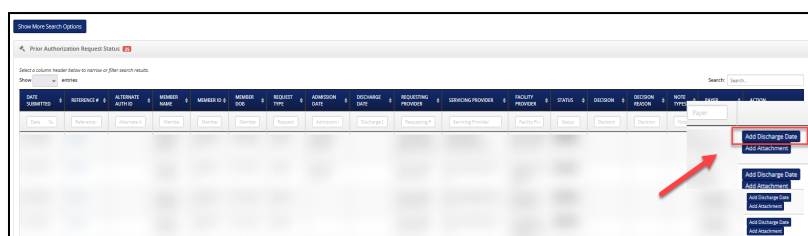


## ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

**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.



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



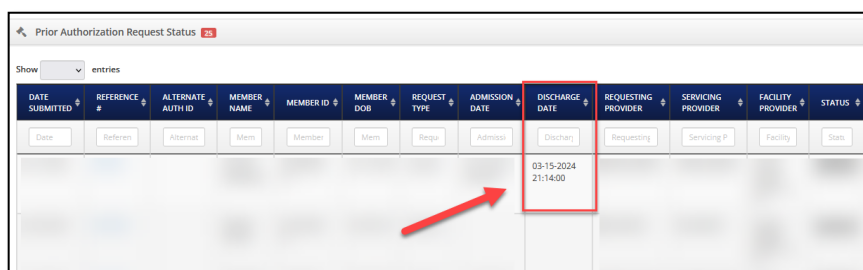
The *Discharge Date* screen displays:

**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	Reference	Alternate	Member	Member	Member	Request	Admission	Discharge	Requesting	Servicing P	Facility	Status
								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.

## Submitting Assessments

### MEDICARE NON-EMERGENCY TRANSPORTATION

If a non-emergency ambulance transfer request is submitted for CarePartners of Connecticut, the Medicare Non-Emergency Transportation Assessment screen displays. Depending on the clinical information from these assessments, requests may auto approve for authorization or pend for clinical review.

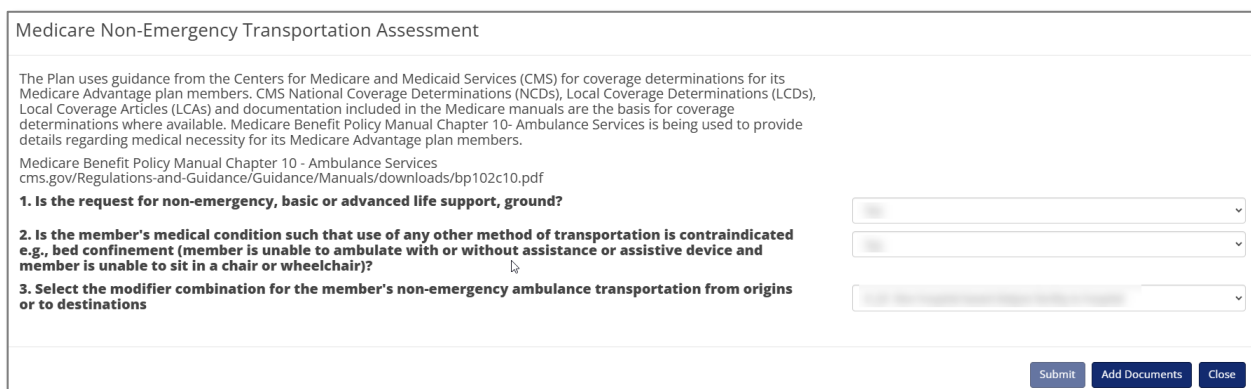
**Step 1:** Confirm the type of transportation being requested.

**Step 2:** Complete any additional questions, if applicable based on the type of transportation selected.

**Step 3:** Click “Submit.”

**Step 4:** Click “Add Documents” to upload clinical documentation to support your request.

**Step 5:** Click “Close” to close the assessment.



Medicare Non-Emergency Transportation Assessment

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations where available. Medicare Benefit Policy Manual Chapter 10- Ambulance Services is being used to provide details regarding medical necessity for its Medicare Advantage plan members.

Medicare Benefit Policy Manual Chapter 10 - Ambulance Services  
[cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf](https://cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf)

**1. Is the request for non-emergency, basic or advanced life support, ground?**

**2. Is the member's medical condition such that use of any other method of transportation is contraindicated e.g., bed confinement (member is unable to ambulate with or without assistance or assistive device and member is unable to sit in a chair or wheelchair)?**

**3. Select the modifier combination for the member's non-emergency ambulance transportation from origins or to destinations**

Submit Add Documents Close

**Note:** For more information, refer to CarePartners of Connecticut's [Non-Emergent Ambulance Transportation](#) Medical Necessity Guidelines.