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

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

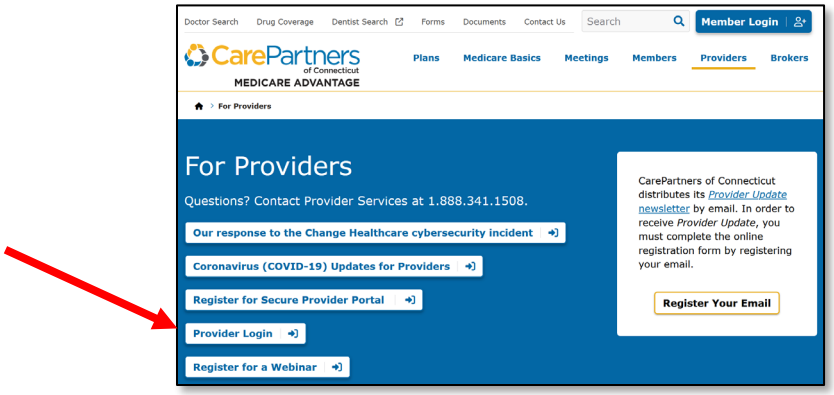
When contacting Provider Services, please be prepared to provide the following information:

- 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.)

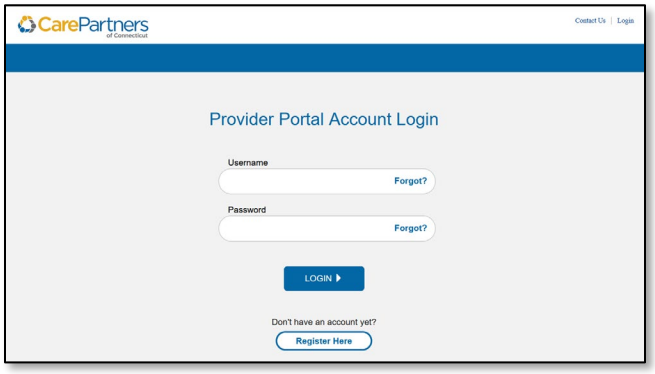
Accessing the Portal

LOGGING IN

Step 1: Visit the CarePartners of Connecticut Provider website and click “Provider Login” to continue.



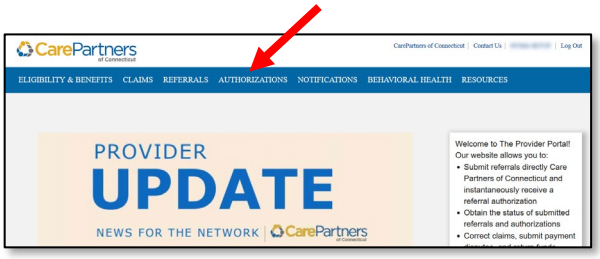
Step 2: Enter your *Username* and *Password* then click “Login.”



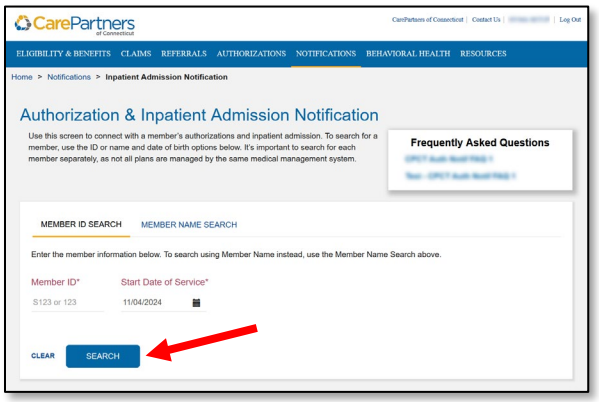
Accessing MHK Care Prominence from within the Secure Provider Portal

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.



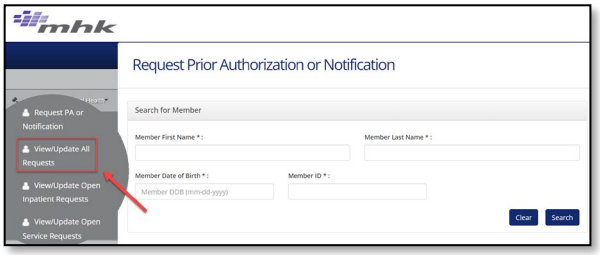
Step 2: Enter the *Member ID* and the *Start Date of Service* and click “Search”.



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:

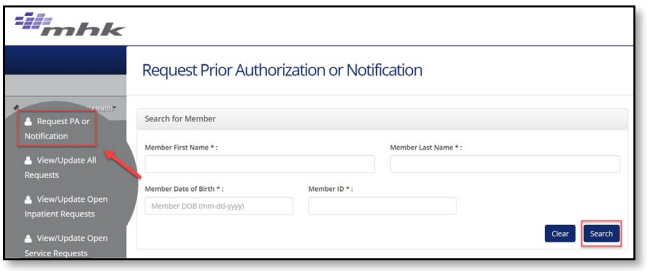


Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view all inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited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

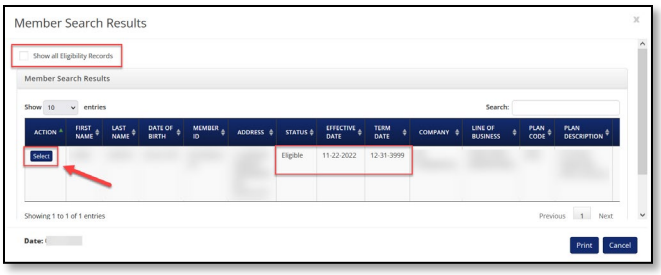
Step 1: Click “Request PA or Notification” and then enter the *Member First Name, Member Last Name, Member Date of Birth* and *Member ID* and click “Search.”



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.

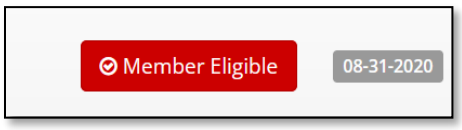


Note: Click “Show all Eligibility Records” to view more member eligibility records.

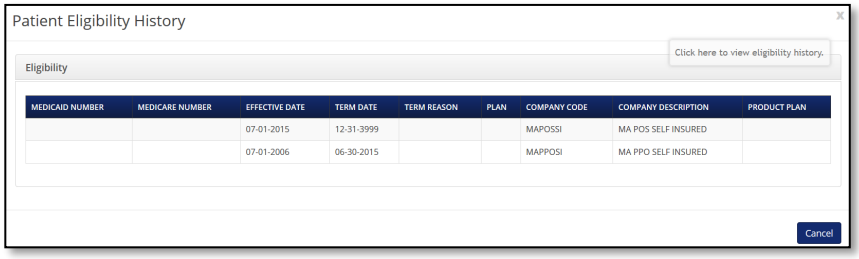
The *Request Prior Authorization or Notification* screen displays:

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.



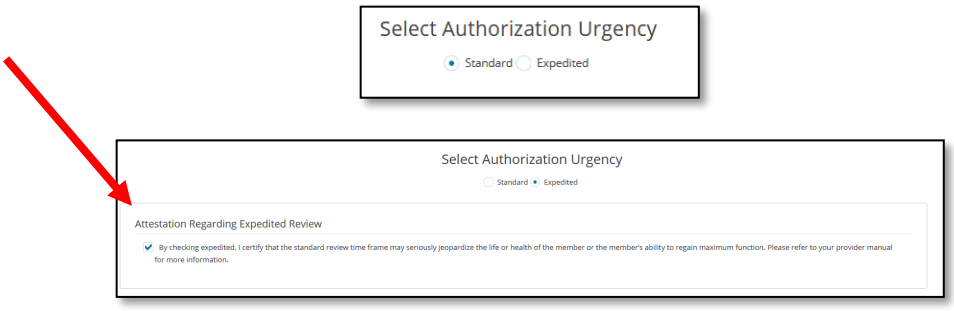
The following screen displays:



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*.

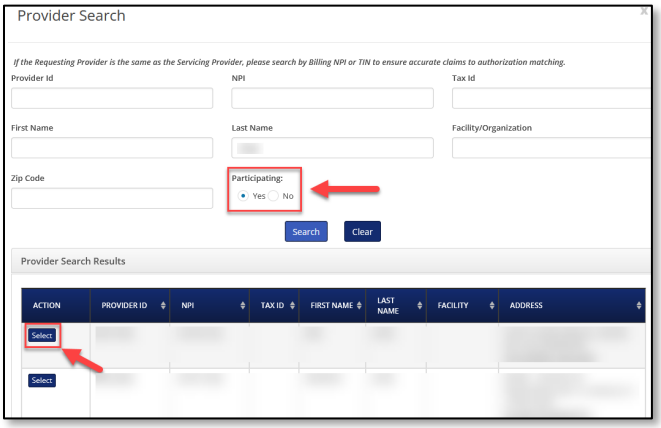


ADD REQUESTING PROVIDER

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

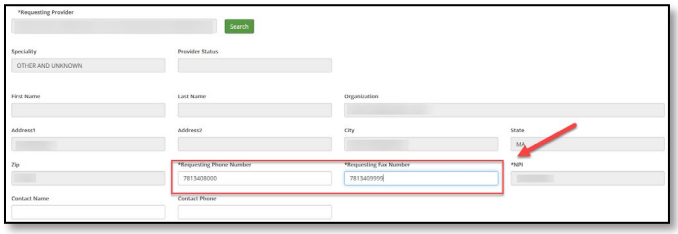
Note: The user must perform a "Search" using the Provider NPI and participating status to select the appropriate *Requesting Provider*.

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.



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.

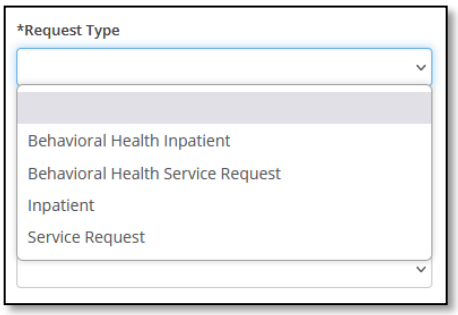


Note: The *Specialty* and *Provider Status* fields will pre-populate based on the selected provider's credentials. The provider status will populate once *Request Type* is selected (below).

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

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

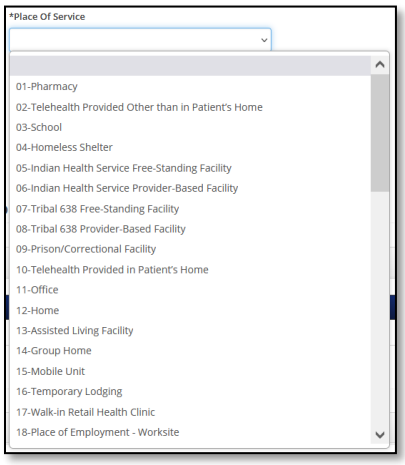


Note: After selecting the appropriate *Request Type* additional fields may display.

If request type is…	Then complete the following fields marked with an asterisk as required:
Inpatient	• Bed Type • Request Admit Date • Admit Type • Review Type
Service Request	• Review Type

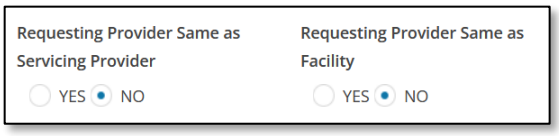
Step 4: Select the appropriate *Place of Service* from the dropdown menu (e.g., 21- Inpatient Hospital, 11- Office).

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



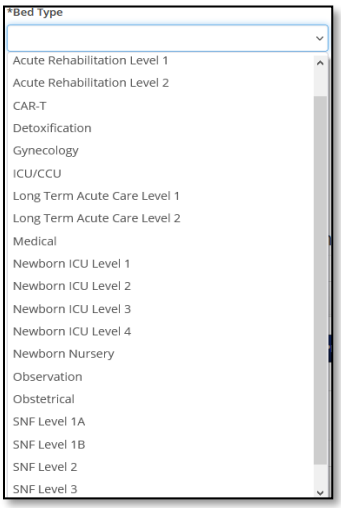
Step 5: Select the “Yes” radio button in the *Requesting Provider Same as Servicing Provider* field if the servicing and requesting provider are the same or in the *Requesting Provider Same as Facility* field if the facility and requesting provider are the same.

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.



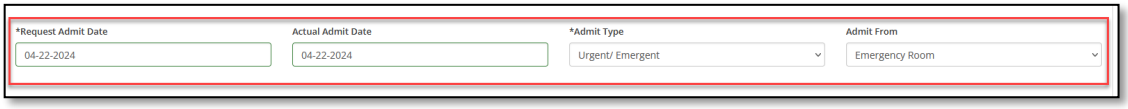
Step 6: If *Request Type* is “Inpatient,” select the appropriate Bed Type from the options in the dropdown menu:

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



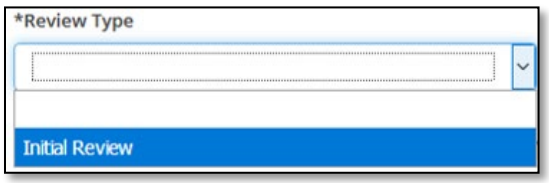
Step 7: Enter the *Request Admit Date* (MM-DD-YYYY) and select the appropriate *Admit Type* and *Admit From* option from their respective dropdown menus.

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).

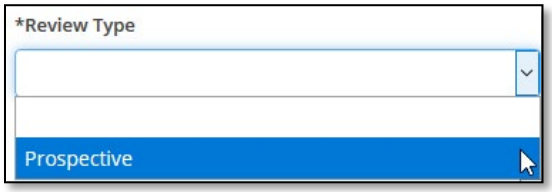


Step 8: Select the appropriate *Review Type* option from the dropdown menu (e.g., “Initial Review” for Inpatient Requests or “Prospective” for Service Requests).

Inpatient Requests:



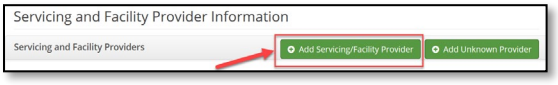
Service Requests:



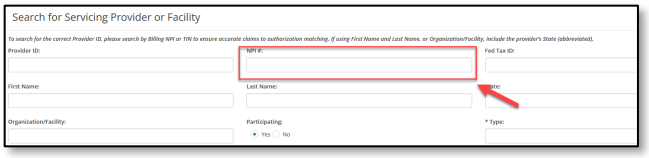
ADD SERVICING/FACILITY PROVIDER

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*.



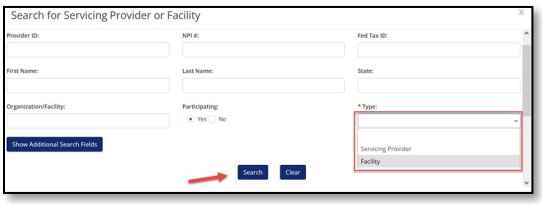
Step 2: *Search for Servicing provider or Facility* by entering the *Servicing/Facility Provider NPI.*



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

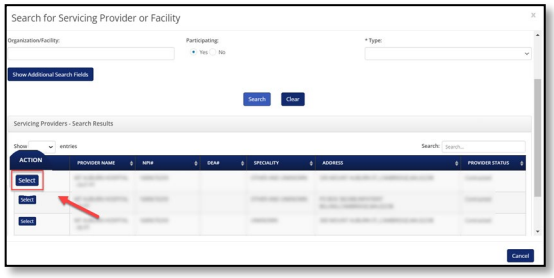
The search results display for *Servicing Provider or Facility.*

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



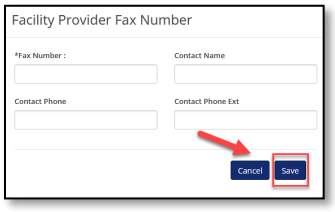
Note: Multiple results may display (e.g., more than one address for the same NPI).

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

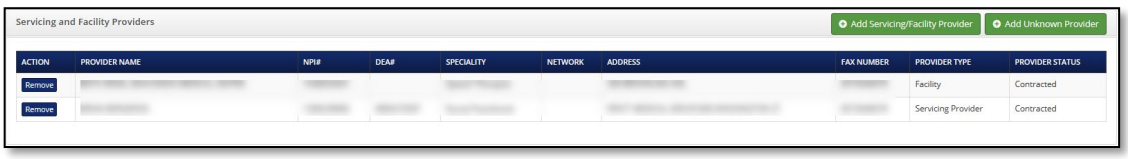


Step 5: Enter the *Servicing or Facility Provider’s Fax Number* and click “Save.”

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



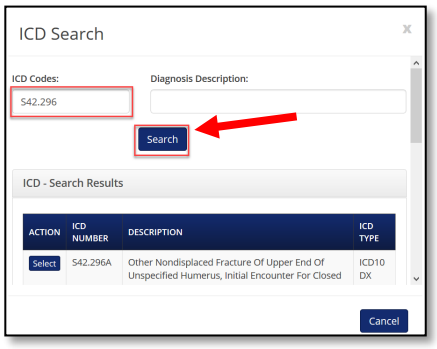
The *Servicing and Facility Providers* section will now be populated:



ADD DIAGNOSIS CODE

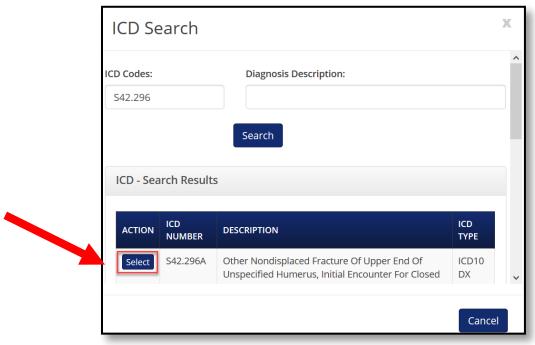
Step 1: Click “Add Primary Diagnosis.”

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



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.

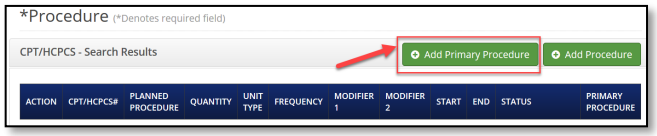


Note: If added in error, click “Remove” in the “Action” field to remove a diagnosis.

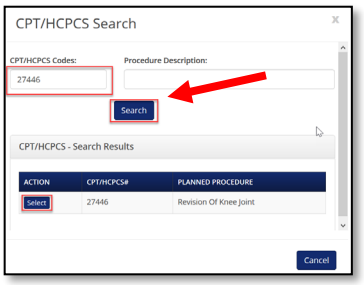
ADD PRIMARY PROCEDURE CODE

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.

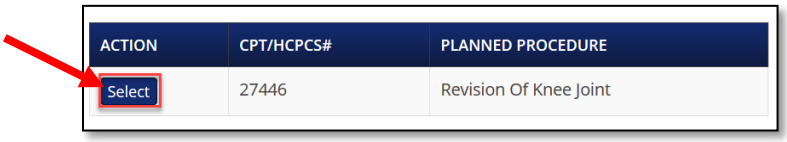
Step 1: Click “Add Primary Procedure” for inpatient requests or click “Add Procedure” for service requests.



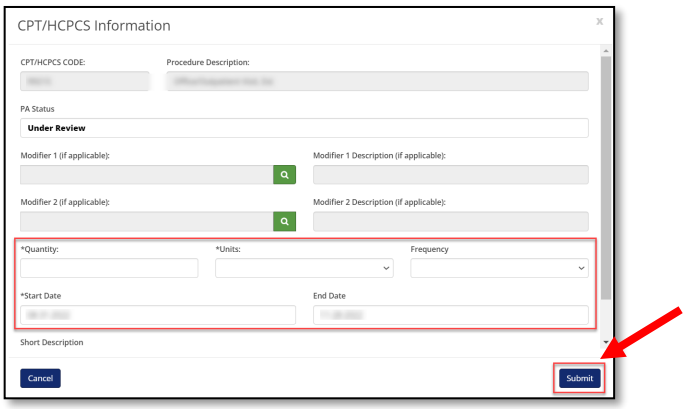
Step 2: Enter the procedure code or description in the *CPT/HCPCS Codes* field and click “Search.”



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

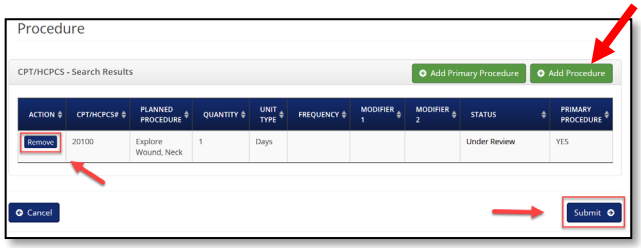


Step 4: Enter *Modifier (if applicable)*, *Quantity*, *Units, Start Date, and End Date.* Then click “Submit” to continue.



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.



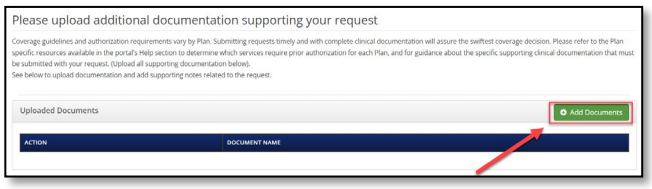
Note: If you are requesting an authorization for non-emergent transportation, additional information may be required via an assessment. (Refer to page 19 on *Submitting Assessments*.)

ADD MEDICAL/CLINICAL DOCUMENTATION

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

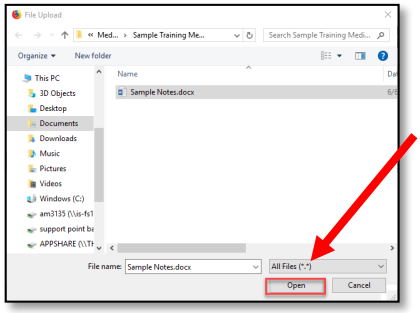
Step 1: Click “Add Documents” to add supporting clinical documentation.

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



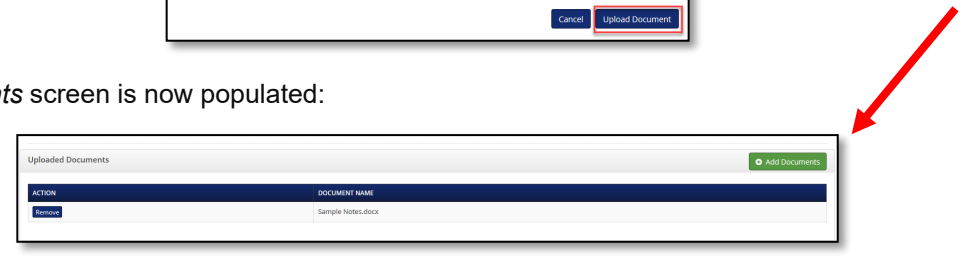
Step 2: Click “Browse.”

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

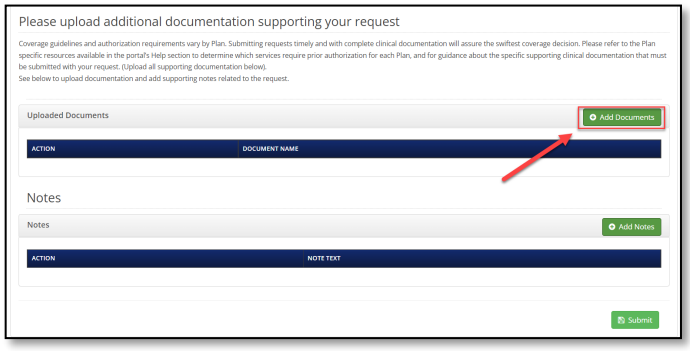


Step 4: Click “Upload Document” to add the attachment.

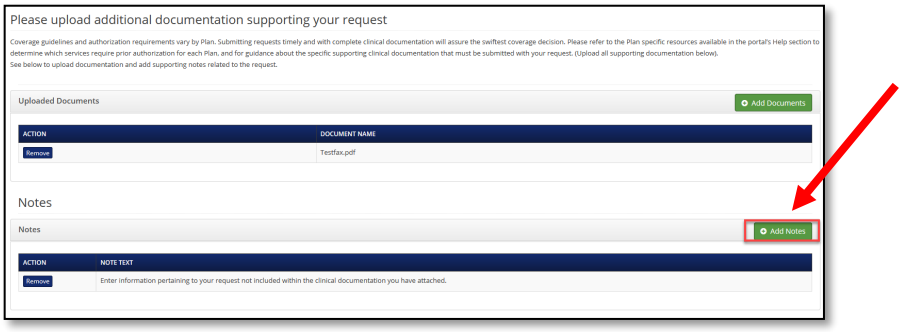
The *Uploaded Documents* screen is now populated:



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

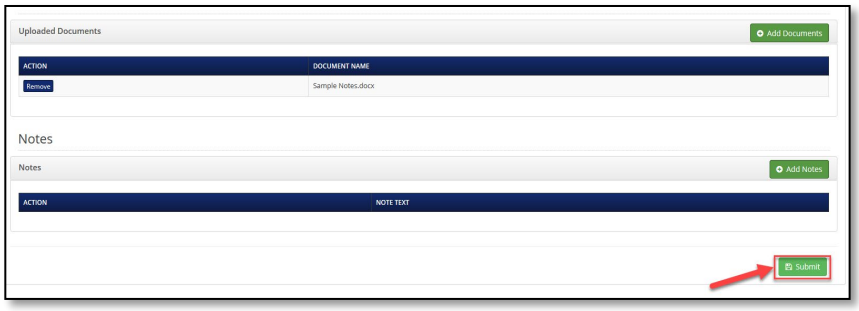


Step 6: Click “Add Notes” to add a note to the request.

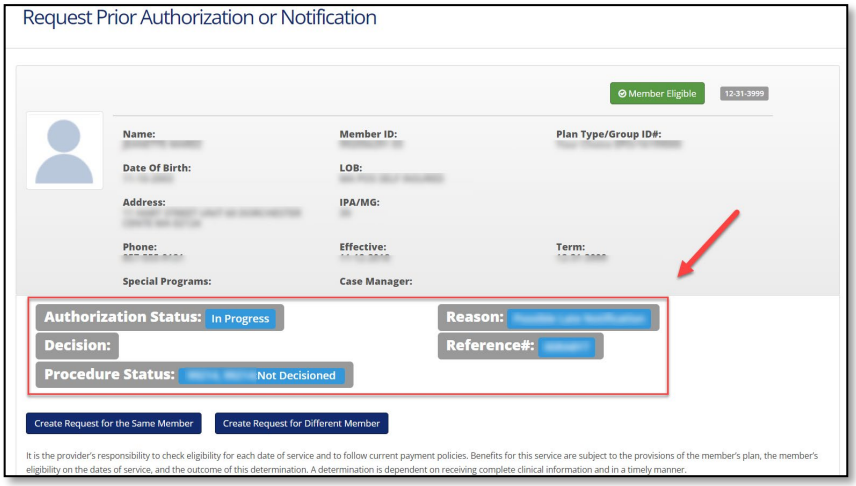


Step 7: The Note Text field will display, enter your note here and click “Add Notes” when your note is completed.

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



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

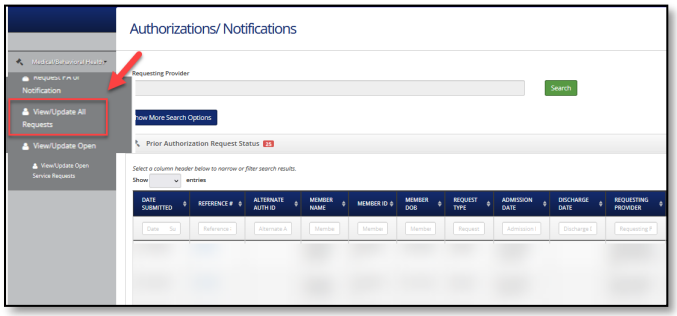


View/Add to Existing Inpatient Notifications or Prior Authorizations

VIEWING/ADDING UPDATES TO AN EXISTING INPATIENT NOTIFICATION OR PRIOR AUTHORIZATION

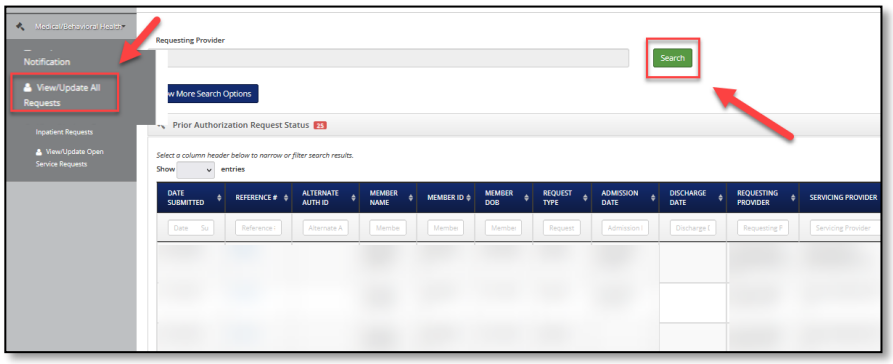
Step 1: From the *MHK home page*, select *View/Update All Requests* option on the left-hand navigation bar. (See table below for additional options and their descriptions.)

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*.

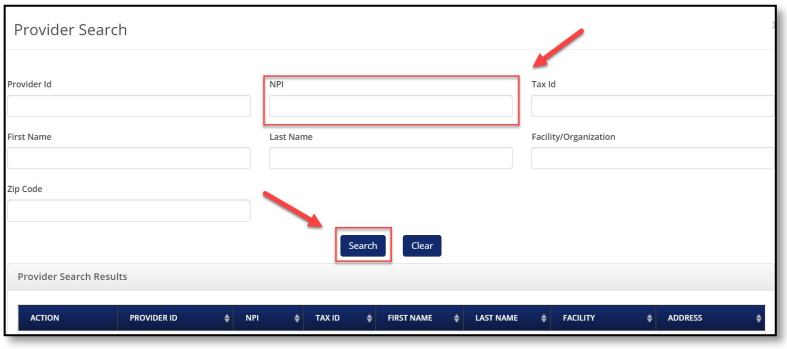


Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited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

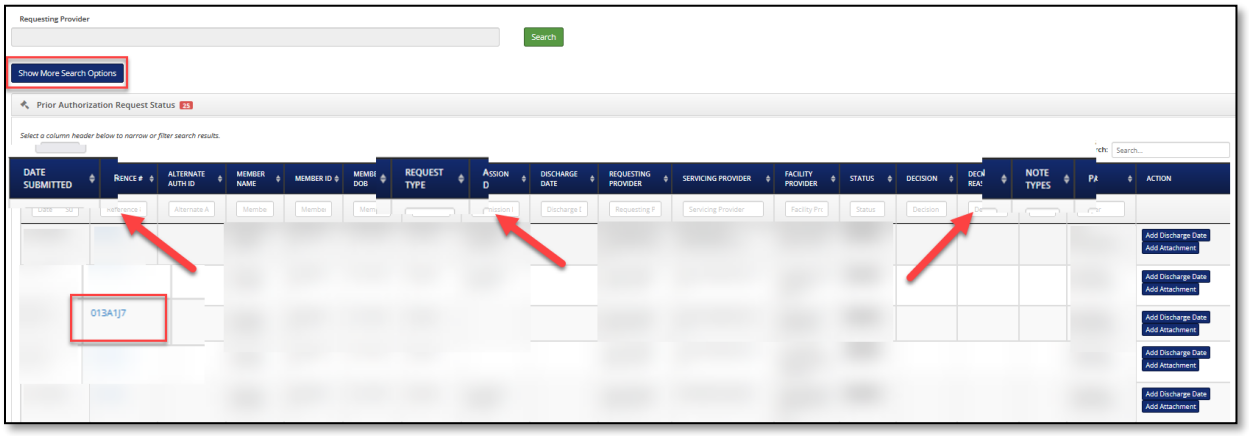
Step 1A (if applicable): Click the "Search" button next to the *Requesting Provider* field.



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



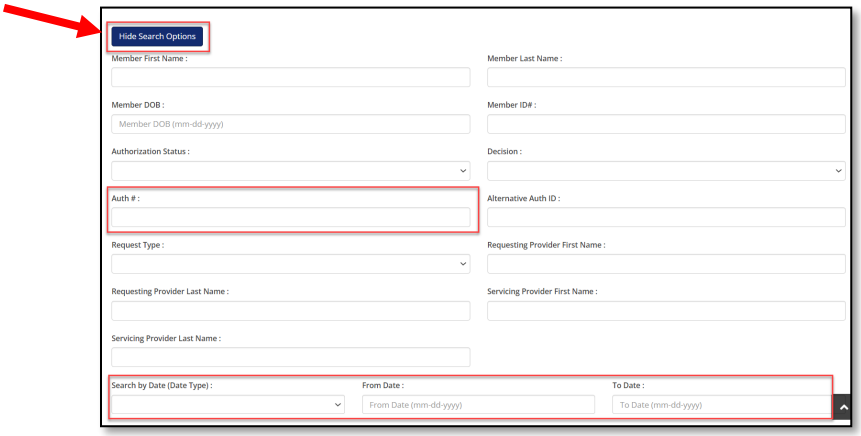
Step 2: Utilize *Show More Search Options* below to enhance your search:



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.

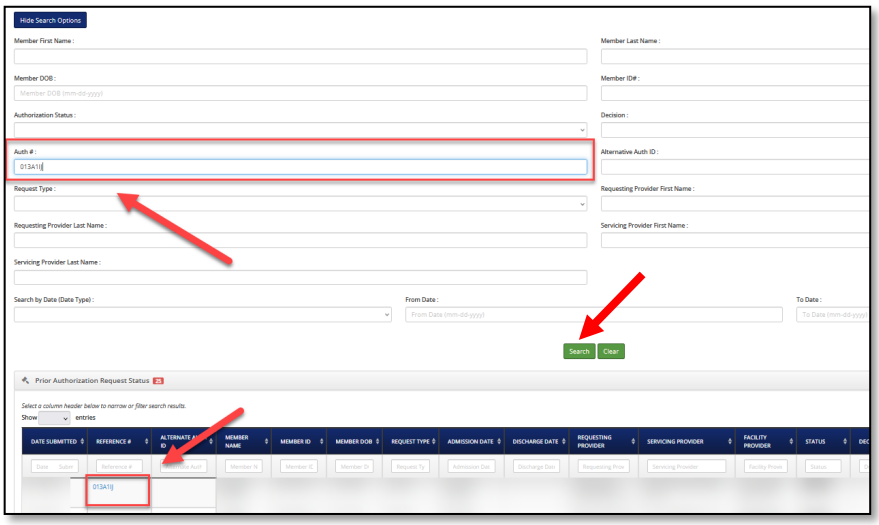
- “Show entries” can display up to 100 records at a time.
- Type in free text field to search for any information listed in columns below – date, request type, etc.
- Use down arrows in column headers to sort your search.
- Type in column filters to search by date, request type, etc.

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

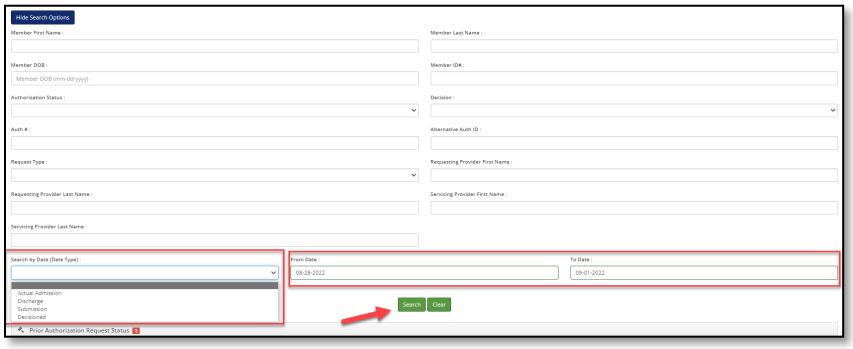


Note: To return to the previous page, click “Hide Search Options.”

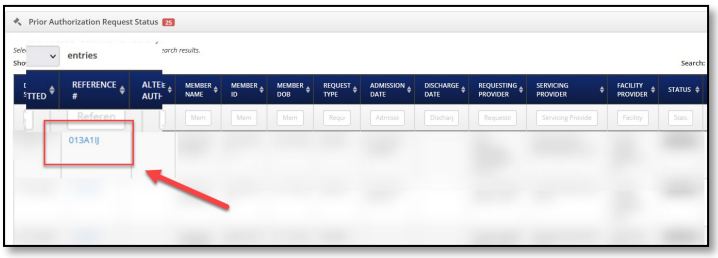
To search by authorization number, please enter the authorization number in the *Auth #* field then click “Search”:



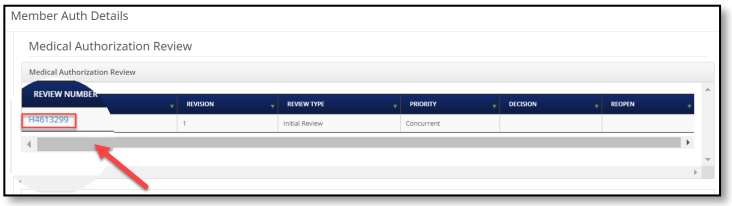
To search by date, select the appropriate *Date Type*, enter start and end dates, then click “Search”.



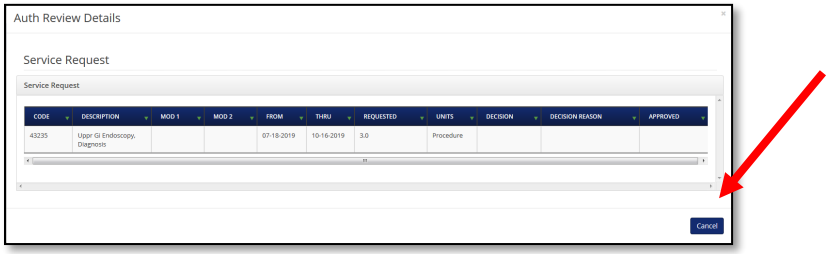
Step 3: Click the Reference # in the *Reference #* column to view additional details on the Prior Authorization or Inpatient Notification.



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

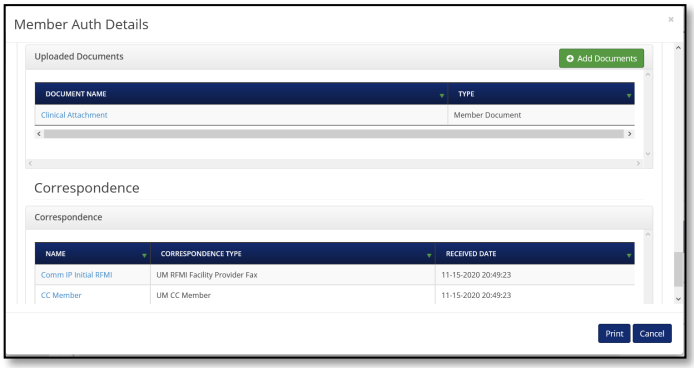


The *Auth Review Details* screen displays:



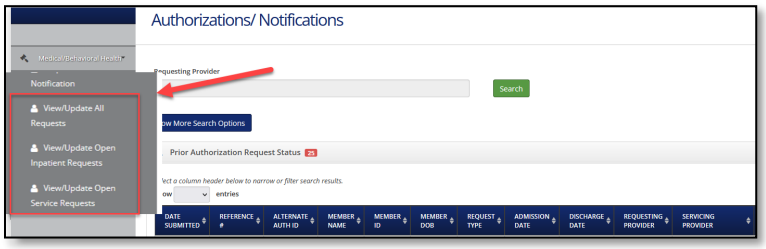
Note: Click “Cancel” to return to the Member Auth Details Screen.

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.



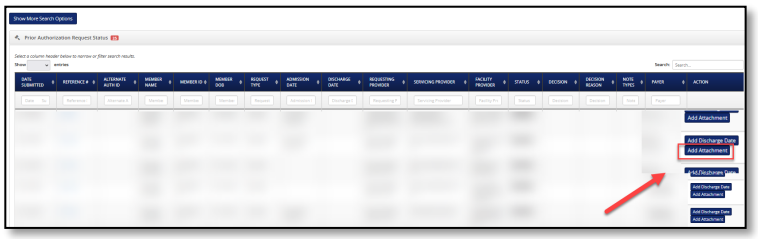
ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

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.

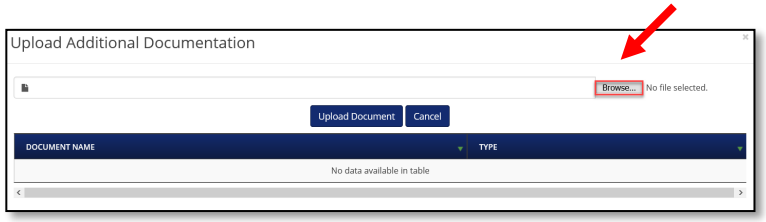


Step 2: After locating the existing request, click "Add Attachment" in the *Action* column.

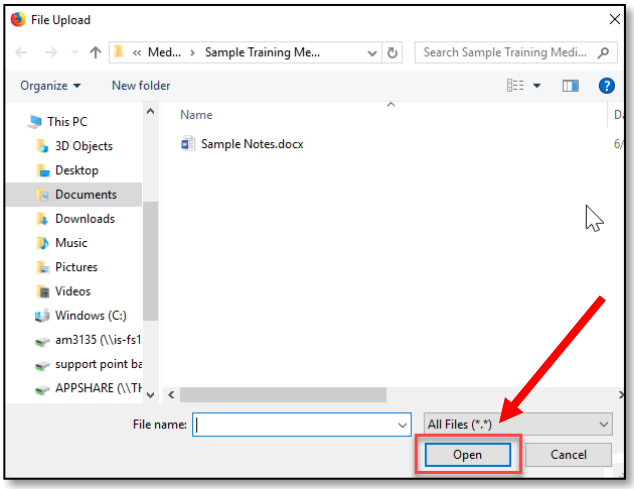
Note: Attachments should only be added to requests that are still In Progress



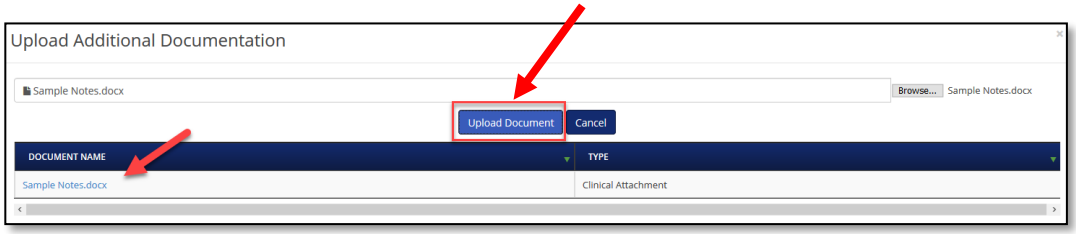
Step 3: Click "Browse."



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

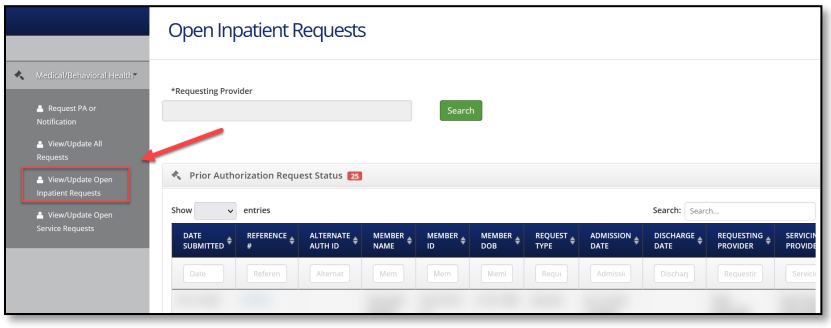


Step 5: Click "Upload Document."

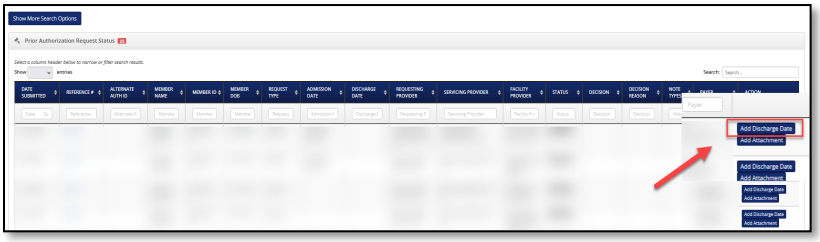


ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

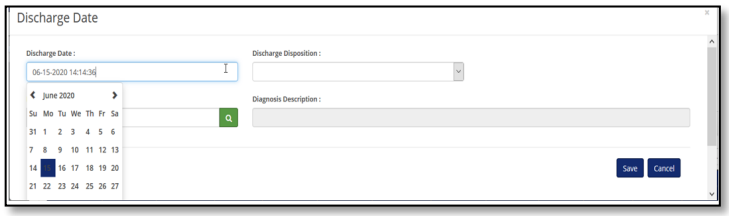
Step 1: Discharge dates can be updated by selecting either the “View/Update Open Inpatient Requests” or “View/Update All Requests” subsections on the left-hand navigation bar.



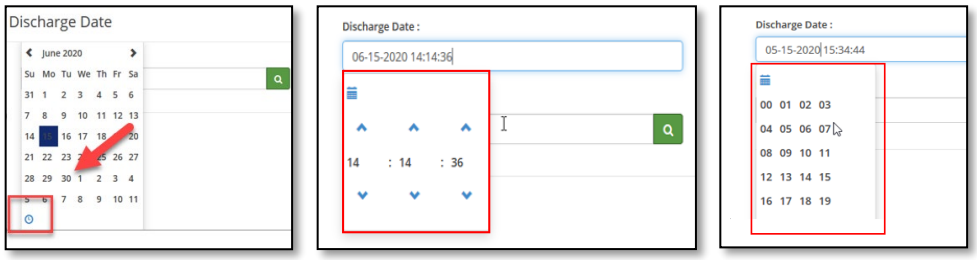
Step 2: From the *View/Update Open Inpatient Requests* section, locate the appropriate reference number and click “Add Discharge Date” in the *Action* column.



The *Discharge Date* screen displays:

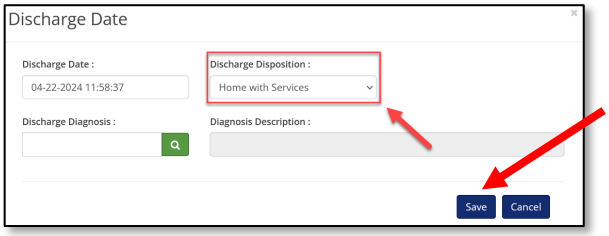


Step 3: Choose the appropriate *Discharge Date* and click the “clock icon” to enter the time of discharge.

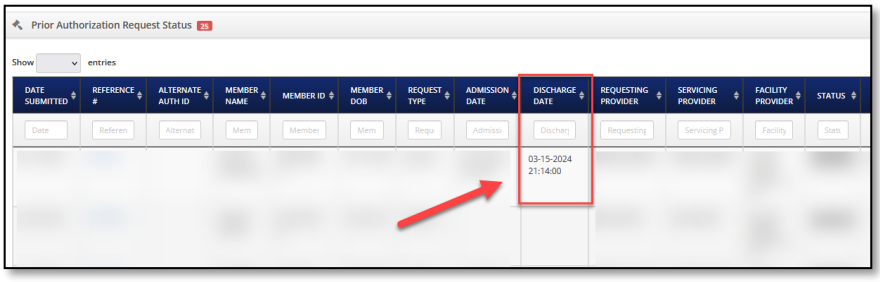


Note: The submitter can click or use the arrows for the hour, minute, or second fields, and the discharge time will display in military time.

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



The following screen displays with the discharge date and time:



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.

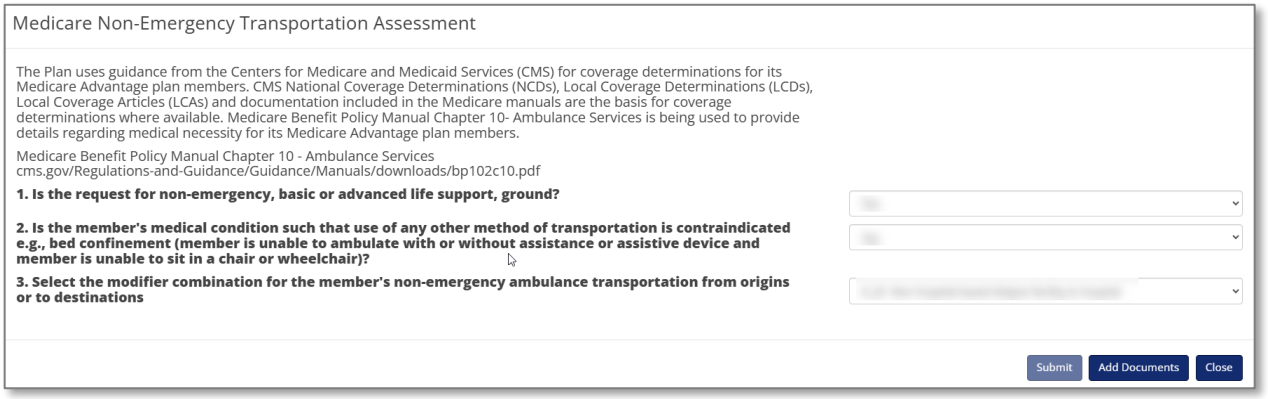
Step 1: Confirm the type of transportation being requested.

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.



Note: For more information, refer to CarePartners of Connecticut’s Non-Emergent Ambulance Transportation Medical Necessity Guidelines.