

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	3
Logging In	3
Accessing MHK Care Prominence from within the Secure Provider Portal	4
Migrating to MHK Care Prominence.....	4
Requesting a Prior Authorization or Submitting an Inpatient Notification	5
Conducting a Member Search.....	5
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	14
Viewing/Adding Updates to an Existing Inpatient Notification or Prior Authorization.....	14
Adding Medical/Clinical Notes to an Existing Authorization	17
Adding Discharge Date(s) to an Existing Authorization	18
Submitting Assessments	19
Medicare Non-Emergency Transportation	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

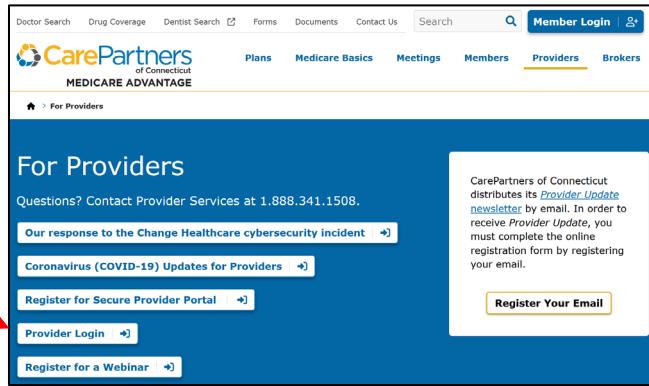
When contacting Provider Services, please be prepared to provide the following information:

- 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.)

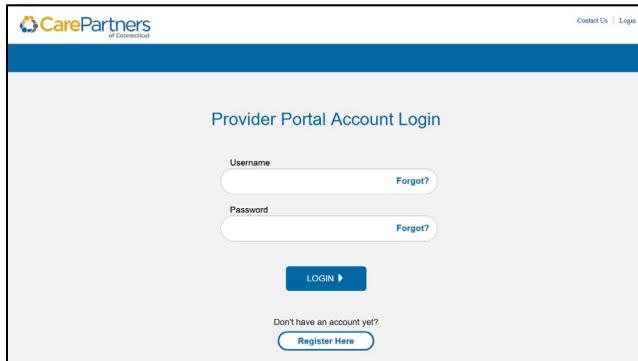
Accessing the Portal

LOGGING IN

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



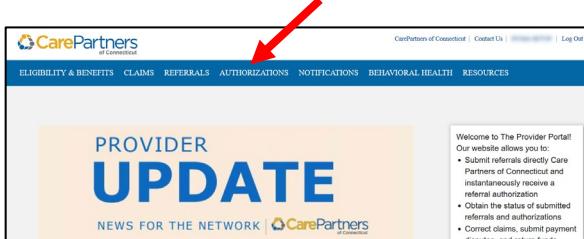
Step 2: Enter your *Username* and *Password* then click “Login.”



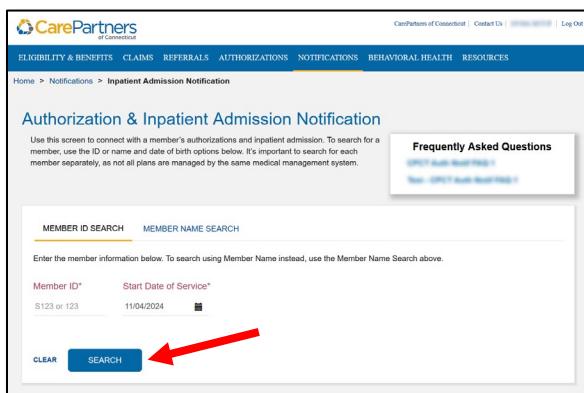
Accessing MHK Care Prominence from within the Secure Provider Portal

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.

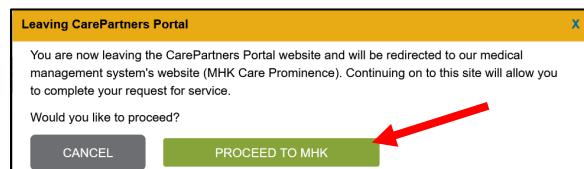


Step 2: Enter the *Member ID* and the *Start Date of Service* and click “Search”.

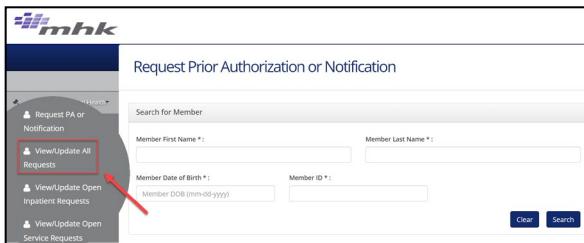


NOTE: It's important to search for each member separately, as not all plans are managed by the same medical management system.

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



The following screen displays:

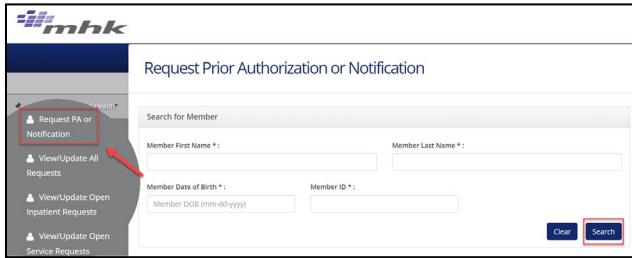


Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited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



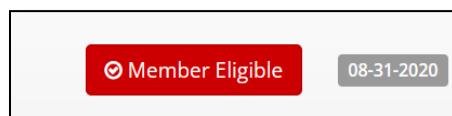
Note: Click “Show all Eligibility Records” to view more member eligibility records.

The *Request Prior Authorization or Notification* screen displays:

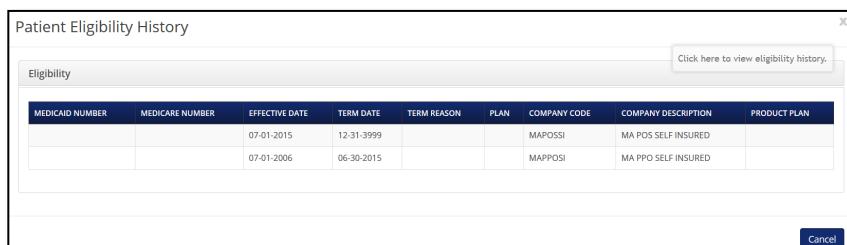


Note: Click “Member Eligible” in upper right-hand section of the screen to review member coverage details.

- 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.



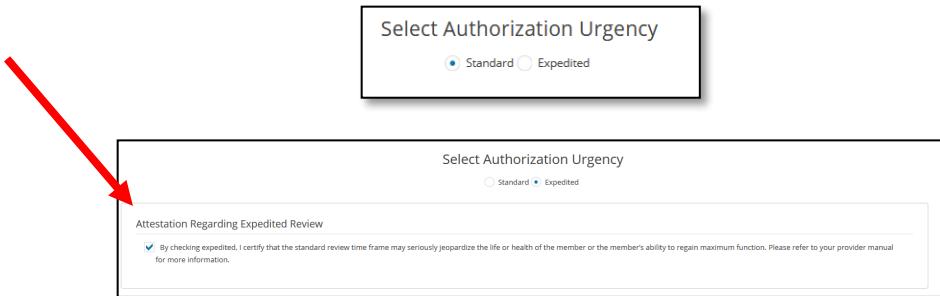
The following screen displays:



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

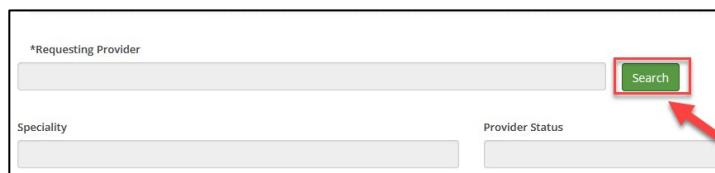
Note: Select the “Expedited” radio button if the authorization requires an expedited review. If expedited, be sure to agree to the *Attestation Regarding Expedited Review*.



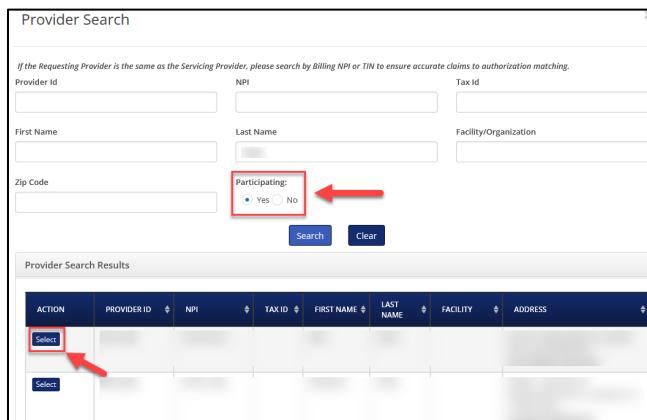
ADD REQUESTING PROVIDER

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*.

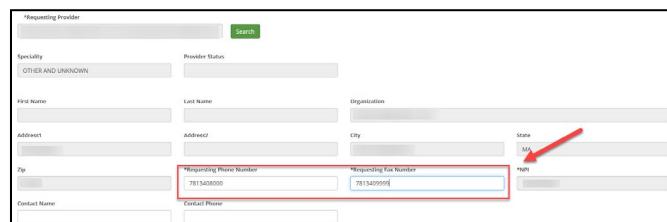


Note: If the *Requesting Provider* is out of network (OON), the user must select the “No” radio button under the *Participating* field, click “Search” and select the appropriate record.



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 <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.

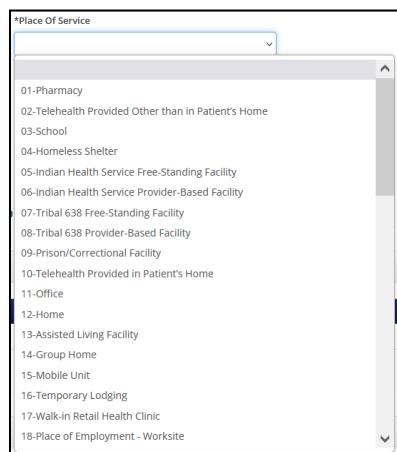


Note: After selecting the appropriate *Request Type* additional fields may display.

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.



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	Requesting Provider Same as Facility
<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> 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.

A dropdown menu titled “*Bed Type” listing various bed types. The options include: 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, and 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).

A horizontal form with four fields. The first field is “*Request Admit Date” containing “04-22-2024”. The second field is “Actual Admit Date” containing “04-22-2024”. The third field is “*Admit Type” with a dropdown menu showing “Urgent/ Emergent”. The fourth field is “Admit From” with a dropdown menu showing “Emergency Room”. All four fields are highlighted with a red border.

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:

A dropdown menu titled “*Review Type” for Inpatient Requests. The options are “Initial Review” (highlighted in blue) and “Prospective”.

Service Requests:

A dropdown menu titled “*Review Type” for Service Requests. The options are “Prospective” (highlighted in blue) and “Initial Review”.

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.”

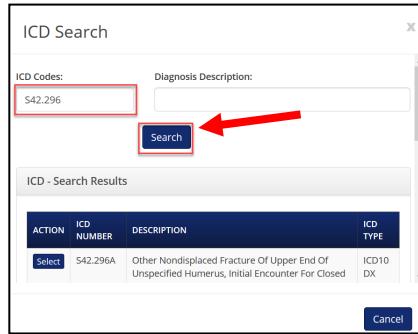


*Diagnosis (*Denotes required field)

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

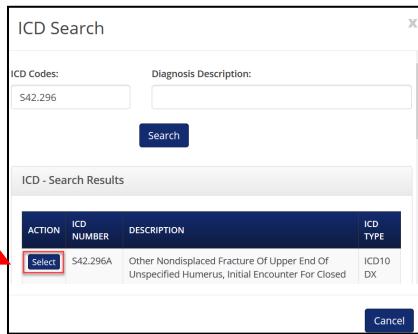
ICD - Search Results

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:

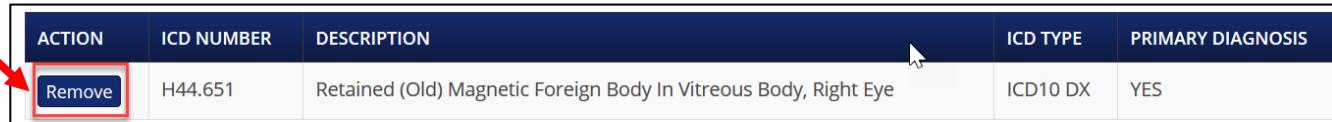
Search

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/HCPSC 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/HCPSC 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.

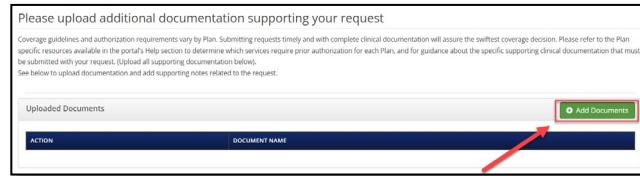
Note: If you are requesting an authorization for non-emergent transportation, additional information may be required via an assessment. (Refer to page 19 on *Submitting Assessments*.)

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.



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.

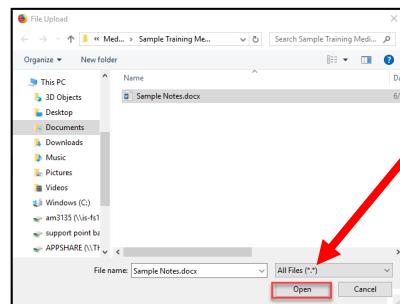
ACTION	DOCUMENT NAME
	Sample Notes.docx

Add Documents

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.

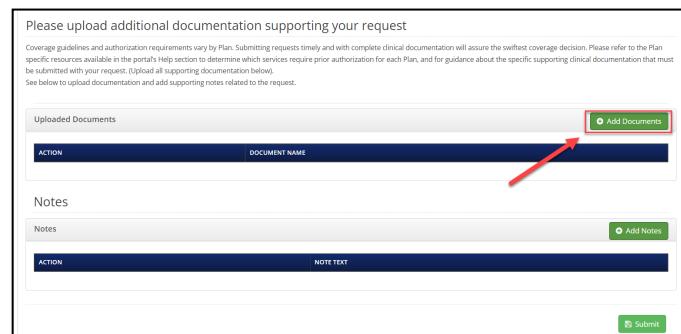


The *Uploaded Documents* screen is now populated:



Uploaded Documents
ACTION DOCUMENT NAME
Remove Sample Notes.docx
Add Documents

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.

ACTION	DOCUMENT NAME
	Sample Notes.docx

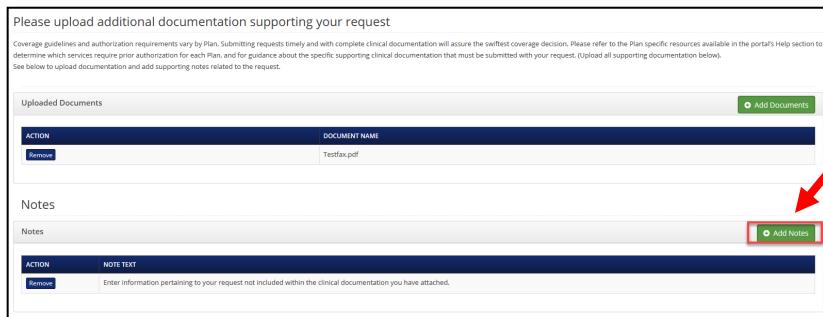
Add Documents

Notes
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

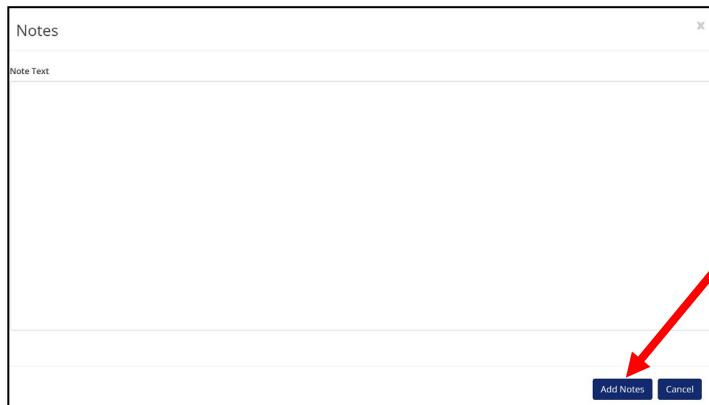
ACTION	DOCUMENT NAME
Remove	Testfax.pdf

Notes

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

Add Notes

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

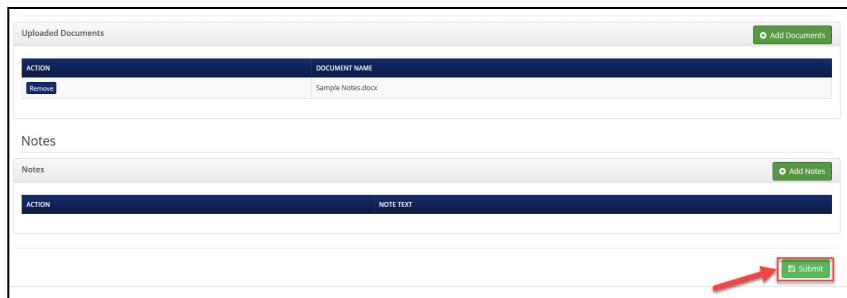


Notes

Note Text

Add Notes **Cancel**

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



Uploaded Documents

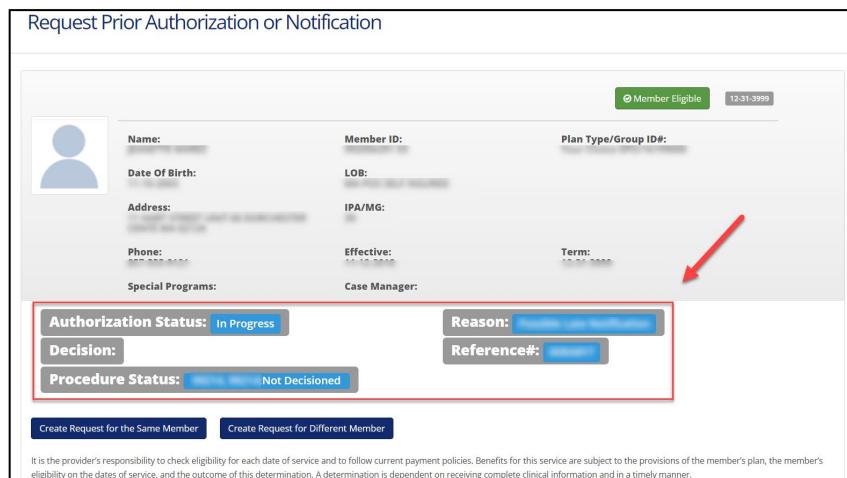
ACTION	DOCUMENT NAME
Remove	Sample Notes.docx

Notes

ACTION	NOTE TEXT
Remove	

Submit

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



Request Prior Authorization or Notification

Member Eligible 123-123-1234

Name: [REDACTED]	Member ID: [REDACTED]	Plan Type/Group ID#:
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:** [REDACTED]
Decision: [REDACTED] **Reference#:** [REDACTED]
Procedure Status: Not Decisioned

Create Request for the Same Member **Create Request for Different Member**

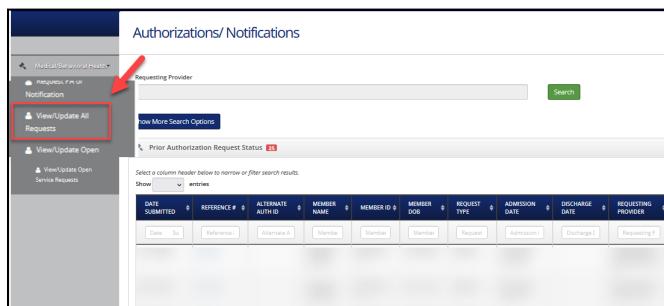
It is the provider's responsibility to check eligibility for each date of service and to follow current payment policies. Benefits for this service are subject to the provisions of the member's plan, the member's eligibility on the dates of service, and the outcome of this determination. A determination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

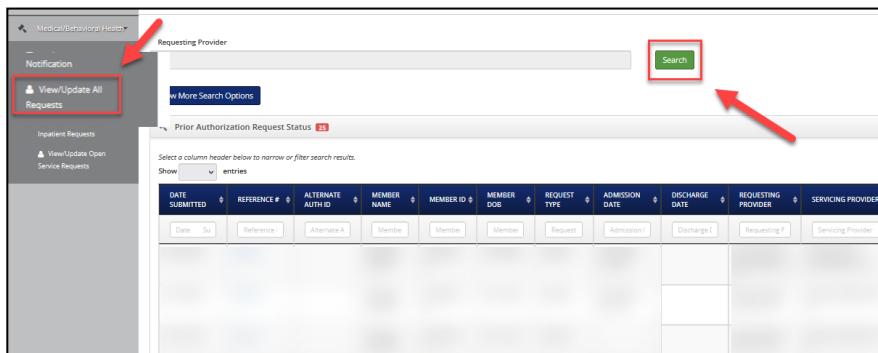
Step 1: From the *MHK home page*, select *View/Update All Requests* option on the left-hand navigation bar. (See table below for additional options and their descriptions.)

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*.

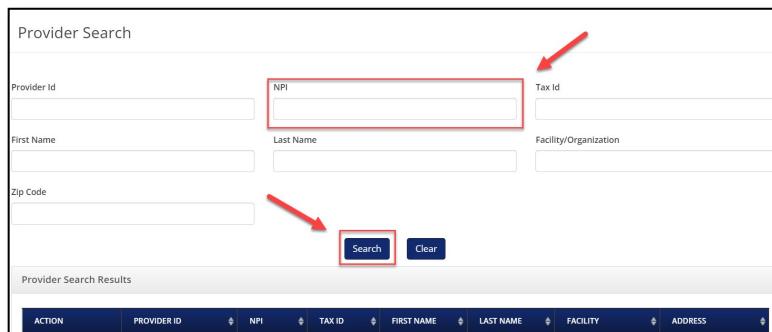


Option	Description
Request PA or Notification	Choose this option to initiate a request.
View/Update All Requests	Choose this option to view <u>all</u> inpatient, outpatient, medical, and behavioral health requests that are in progress or completed.
View/Update Open Inpatient Requests	This option is limited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



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

The screenshot shows the 'Prior Authorization Request Status' page. At the top, there is a 'Requesting Provider' search bar and a 'Search' button. Below this, a red box highlights the 'Show More Search Options' button. The main content area is a table with columns: 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, DECISION, DECISION REAS, NOTE TYPES, PX, and ACTION. Red arrows point to the 'Reference #' and 'Decision' column headers, which have dropdown arrows indicating they can be sorted. A red box highlights the '013A1J7' entry in the 'Reference #' column. On the right side of the table, there is a vertical sidebar with several 'Add Discharge Date' and 'Add Attachment' buttons, each with a red box around it. A search bar is also present in the sidebar.

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”:

The dialog box is titled 'Hide Search Options'. It contains several search fields: 'Member First Name', 'Member Last Name', 'Member DOB', 'Member ID#', 'Authorization Status', 'Decision', 'Auth #', 'Alternative Auth ID', 'Request Type', 'Requesting Provider First Name', 'Servicing Provider First Name', 'Requesting Provider Last Name', 'Servicing Provider Last Name', and a 'Search by Date (Date Type)' section with 'From Date' and 'To Date' fields. A red box highlights the 'Auth #' field, and another red box highlights the 'Search by Date' section.

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 the 'Prior Authorization Request Status' page again. The 'Auth #' field is highlighted with a red box and contains the value '013A1J7'. The 'Search' button at the bottom of the search interface is also highlighted with a red box. The table at the bottom of the page shows a single row with the value '013A1J7' in the 'Reference #' column, also highlighted with a red box.

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

Member First Name: _____ Member Last Name: _____
Member DOB: _____ Member ID: _____
Authorization Status: _____ Decision: _____
Auth #: _____ Alternative Auth ID: _____
Request Type: _____ Requesting Provider First Name: _____
Requesting Provider Last Name: _____ Servicing Provider First Name: _____
Requesting Provider Last Name: _____
Servicing Provider Last Name: _____
Search by Date (Date Type): _____ From Date: _____ To Date: _____
Actual Admission
Discharge
Submission
Decision
Print
Prior Authorization Request Status

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

SEARCHED	REFERENCE #	ALTES AUTH #	MEMBER NAME	MEMBER ID	MEMBER DOB	REQUEST TYPE	ADMISSION DATE	DISCHARGE DATE	REQUESTING PROVIDER	SERVING PROVIDER	FACILITY PROVIDER	STATUS
SEARCHED	013A1IJ											

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

Member Auth Details
Medical Authorization Review
REVIEW NUMBER: 144013299
REVISION: 1
REVIEW TYPE: Initial Review
PRIORITY: Concurrent
DECISION: REOPEN

The *Auth Review Details* screen displays:

Auth Review Details
Service Request
CODE: 43235
DESCRIPTION: Upper GI Endoscopy
MOD 1: _____
MOD 2: _____
FROM: 07-18-2019
THRU: 10-16-2019
REQUESTED: 3.0
UNITS: Procedure
DECISION: _____
DECISION REASON: _____
APPROVED: _____

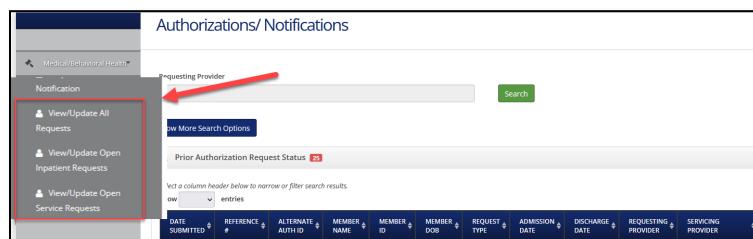
Note: Click “Cancel” to return to the Member Auth Details Screen.

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
Clinical Attachment
TYPE: Member Document
Correspondence
NAME: Comm IP Initial Rfmi
CORRESPONDENCE TYPE: UM RFMI Facility Provider Fax
RECEIVED DATE: 11-15-2020 20:49:23
NAME: CC Member
CORRESPONDENCE TYPE: UM CC Member
RECEIVED DATE: 11-15-2020 20:49:23
Print
Cancel

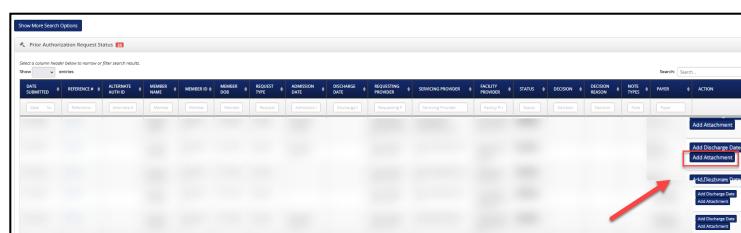
ADDING MEDICAL/CLINICAL NOTES TO AN EXISTING AUTHORIZATION

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.



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

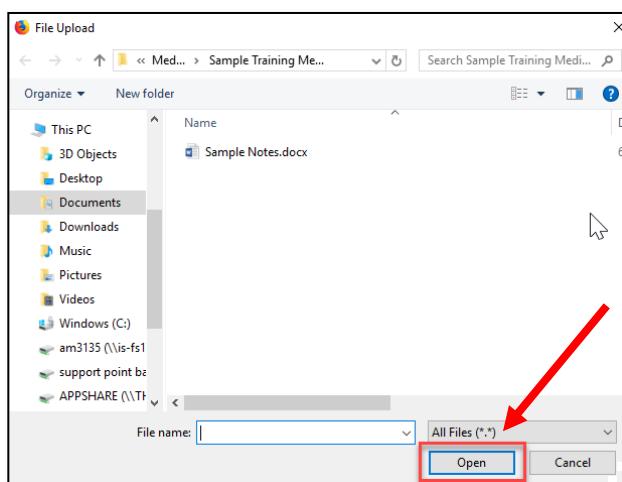
Note: Attachments should only be added to requests that are still In Progress



Step 3: Click “Browse.”



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

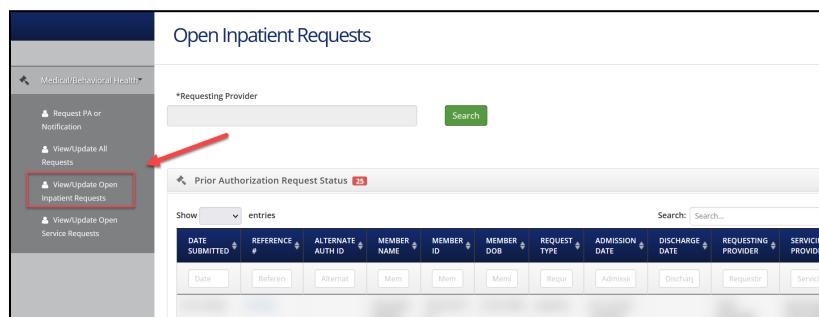


Step 5: Click “Upload Document.”



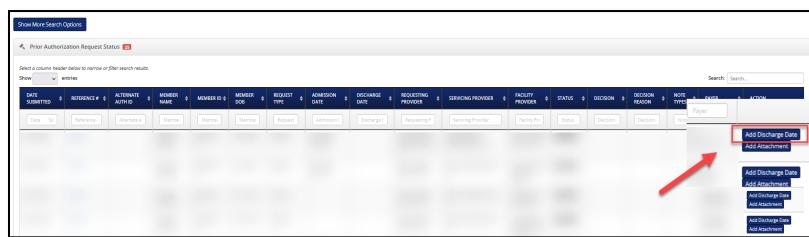
ADDING DISCHARGE DATE(S) TO AN EXISTING AUTHORIZATION

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.



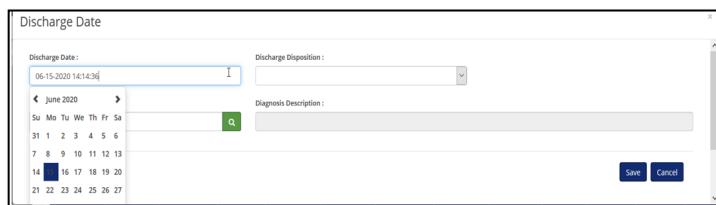
The screenshot shows the 'Open Inpatient Requests' screen. On the left, a navigation bar lists 'Medical/Behavioral Health' with sub-options: 'Request PA or Notification', 'View/Update All Requests' (which is highlighted with a red box and a red arrow), and 'View/Update Open Service Requests'. The main content area is titled 'Prior Authorization Request Status' and displays a table with columns: DATE SUBMITTED, REFERENCE, ALTERNATE AUTH ID, MEMBER NAME, MEMBER ID, MEMBER DOB, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, and SERVICE PROVIDER. Buttons at the bottom include Date, Referrals, Alternate, Mem, Request, Admiss, Dischar, Request, and 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.



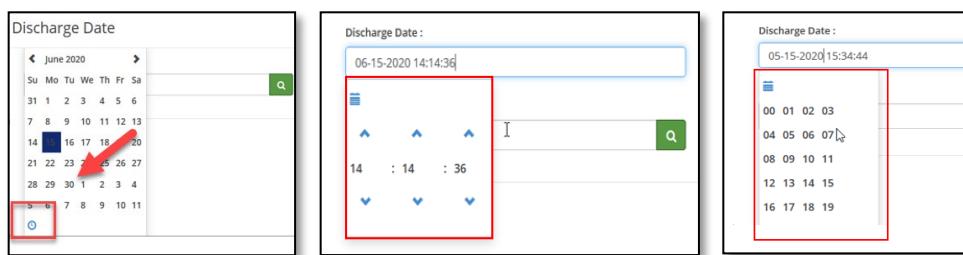
The screenshot shows the 'Prior Authorization Request Status' screen with a context menu open over a table row. The menu is titled 'Add Discharge Date' and includes options: 'Add Discharge Date', 'Add Attachment', 'Add Discharge Date', 'Add Attachment', 'Add Discharge Date', 'Add Attachment', 'Add Discharge Date', and 'Add Attachment'. A red arrow points to the 'Add Discharge Date' option in the menu.

The *Discharge Date* screen displays:



The screenshot shows the 'Discharge Date' screen. It includes fields for 'Discharge Date' (06-15-2020 14:14:36), 'Discharge Disposition' (dropdown menu), 'Diagnosis Description' (dropdown menu), and buttons for 'Save' and 'Cancel'. Below the date field is a calendar for June 2020, with the 15th highlighted. To the right is a time picker showing 14:14:36, and at the bottom is a list of hours (00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27).

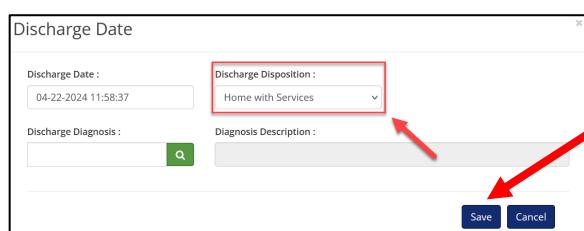
Step 3: Choose the appropriate *Discharge Date* and click the “clock icon” to enter the time of discharge.



Three screenshots of the 'Discharge Date' screen are shown in sequence. The first shows the date selection calendar for June 2020 with the 15th highlighted. The second shows the time picker with the hour, minute, and second fields. The third shows the list of hours from 00 to 19.

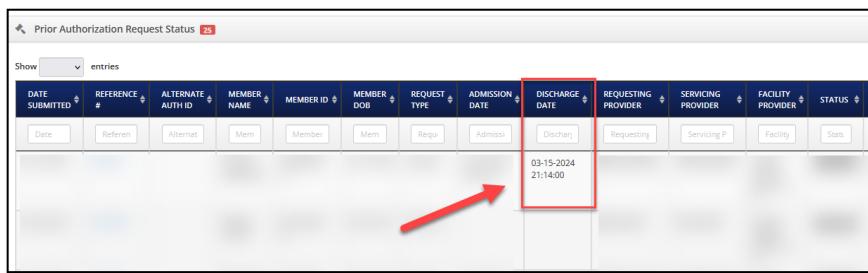
Note: The submitter can click or use the arrows for the hour, minute, or second fields, and the discharge time will display in military time.

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



The screenshot shows the 'Discharge Date' screen with fields for 'Discharge Date' (04-22-2024 11:58:37), 'Discharge Disposition' (dropdown menu, highlighted with a red box and a red arrow), 'Discharge Diagnosis' (dropdown menu), and 'Diagnosis Description' (dropdown menu). At the bottom are 'Save' and 'Cancel' buttons.

The following screen displays with the discharge date and time:



A screenshot of a software interface titled "Prior Authorization Request Status". The interface is a grid with various columns: DATE SUBMITTED, REFERENCE #, ALTERNATE AUTH ID, MEMBER NAME, MEMBER ID, MEMBER DOB, REQUEST TYPE, ADMISSION DATE, DISCHARGE DATE, REQUESTING PROVIDER, SERVICING PROVIDER, FACILITY PROVIDER, and STATUS. A red box highlights the "DISCHARGE DATE" column. Below the grid, a tooltip shows the date and time: "03-15-2024 21:14:00". A red arrow points from the text "use the calendar to ensure the system captures the accurate discharge date and time." to this tooltip.

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
								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.

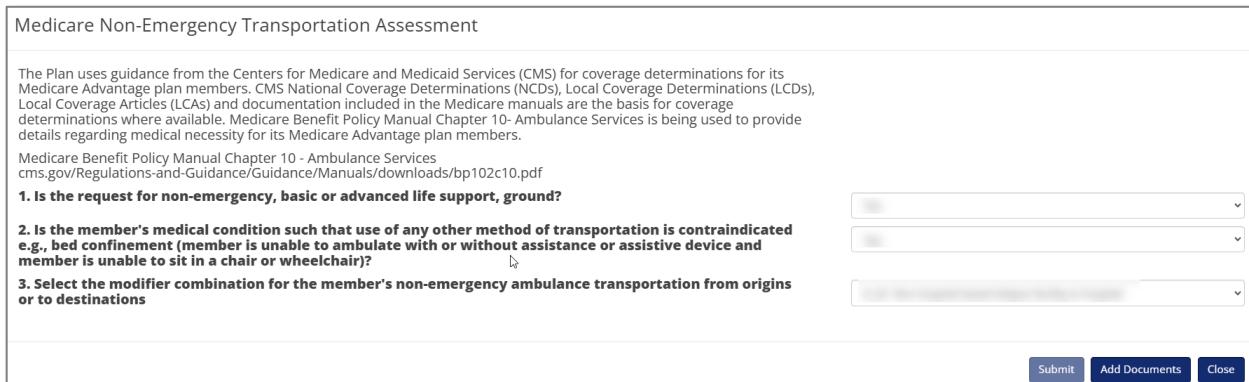
Step 1: Confirm the type of transportation being requested.

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.



A screenshot of the "Medicare Non-Emergency Transportation Assessment" form. The form includes a note about CMS guidance and a link to the Medicare Benefit Policy Manual Chapter 10. It contains three questions with dropdown menus for answers:

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

At the bottom are "Submit", "Add Documents", and "Close" buttons.

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