

# NewMMIS Job Aid: Inquire/Maintain/Void a Prior Authorization for PCM (Personal Care Management) Providers

This job aid describes how to inquire on or maintain (including void) a prior-authorization (PA) request, via the Provider Online Service Center (POSC), including requests to extend PAs and to increase or decrease units. If you wish to review PA notices, go to the POSC home page and click **Manage Correspondence and Reporting**, then select **View Notifications**.

## Access Inquire/Maintain PA Request

From the Provider Online Service Center home page:

1. Click **Manage Service Authorizations**.
2. Click **Prior Authorizations**.
3. Click **Inquire/Maintain PA Request**. The **Search for Prior Authorization** panel is displayed.

## Search for PA Request

On the **Search for Prior Authorization** panel:

4. Enter the **Tracking Number** and click **Search** (skip to step 12), OR
5. Enter the NewMMIS **PA Number** and click **Search** (skip to step 12). (This does **not** include the APAS/Legacy PA number).
6. If you don't have the **Tracking** or NewMMIS **PA Numbers**, you can search for the PA by entering the **Member ID** associated with the request as well as additional search criteria below.
7. Select the **Status** from the drop-down list (for example, **In Process** - saved but not submitted to MassHealth) (optional).
8. Select the **Requesting Provider** from the drop-down list.
9. Select the **Assignment Code** from the drop-down list (optional). There are two options:
  - **PCA Services** – adults 22 years old or older
  - **PCA Pediatric Services**
10. Click the calendar icon to select **From Date** and **To Date** (optional) or enter the dates manually.
11. Click **Search**.

On the **Search Results** panel:

12. Click the **Tracking Number** of the desired request.

**Note:** If there is no **PA #** displayed next to **Tracking #**, the PA has not been adjudicated.

# NewMMIS Job Aid: Inquire/Maintain/Void a Prior Authorization for PCM (Personal Care Management) Providers

## Review PA Request

On the **Base Information** panel:

13. Review the requested information to ensure you have the correct request.

**Note:** While a PA is in **Ready for Review** status, it can be modified or voided on the POSC. Once the PA moves into another status (for example, **In Review**), you must contact the PA Unit to void or modify the PA.

If you are inquiring on the status of a PA request, you have three options:

- View the **Status** field on the **Base Information** panel. **Note:** This will give you only the overall status of request.
- View **Status** field on the Line. **Note:** This will give you the status of the request by Line. This is the recommended way to check the status of a PA request.
- Review the PA notices. To review notices, go to the POSC home page and click **Manage Correspondence and Reporting**, then select **View Notifications**.

14. Click **Close** or **Return to Search Results** to close the panel, when you are finished reviewing the data.

15. To update the PA, click the **Modify** button.

**Note:** If the **Modify** and **Void** buttons are not viewable, the **Line** is not in **Ready to Review** status. You can modify or void a request only if the **Line** is in **Ready to Review** status (in other words, it has not been assigned to PA Unit staff). Please contact the PA Unit to void or modify these requests.

# NewMMIS Job Aid: Inquire/Maintain/Void a Prior Authorization for PCM (Personal Care Management) Providers

## Update PA Request

To update or enter base information data, modify the appropriate fields on the **Base Information** panel:

16. Modify the NewMMIS **Member ID**.
17. Modify the member's **Height** (optional).
18. Modify the member's **Weight** (optional).
19. Select the **Requesting Provider** from the drop-down list.

**Note:** This is the PCA/PCM provider ID. The drop-down list displays provider IDs, service locations, national provider identifiers (NPIs), and names accessible to your login ID.

20. Enter the **Primary/Secondary Diagnosis Code** (optional).

**Note:** If desired, you can click the **Field Search** icon (  ) to perform a search for the correct diagnosis code.

21. Enter **Clinical Rationale** (medical reason for PA).
22. Enter **Comments** (non-medical explanation of PA).
23. Click the **Save** button. If you are finished updating the PA, proceed to Step 35.
24. To update/add a line item, click the **Line Items** tab.

## Update/Add Line Item

On the **List of Line Items** panel:

25. Click the appropriate **Line Item** to update, OR
26. Click the **New Item** button to add a line.

# NewMMIS Job Aid: Inquire/Maintain/Void a Prior Authorization for PCM (Personal Care Management) Providers

## Update/Add Line Item – continued

On the **Basic Medical Details** panel, update/enter the appropriate fields:

27. Modify the **Procedure Code** (for example, T1019).

28. Modify **Modifier 1** (for example, TV).

**Note:** Please do not enter more than one modifier.

29. Modify the **Requested Effective Date**.

30. Modify the **Requested End Date**.

31. Modify the number of **Requested Units**.

32. Do one of the following:

14. Search for the **Servicing Provider** by clicking the search icon.

**Note:** The **Servicing Provider** is the fiscal intermediary (FI). There are three options:

**CPMA**            **110027795 C**

**Stavros**        **110031119 B**

**NSARC**         **110026357 I**

33. Enter the FI's provider ID/service location (for example, 123456789 A) in the **Provider ID/Service Location** field.

34. Click **Add**. If you are finished updating this request, proceed to Step 35.

## Void a PA

35. To void a PA, click the **Void** button on the **Base Information Panel** or **Line Item Panel**.

**Note:** If the **Modify** and **Void** buttons are not viewable, the **Line** is not in **Ready to Review** status. You can modify or void a request only if the **Line** is in **Ready to Review** status. Please contact the PA Unit to void or modify these requests.

## Confirm and Submit Request

On the **Confirmation** panel:

36. Verify that the information on the panel is correct.

37. Click **Submit**. The **Prior Authorization Response** panel is displayed, indicating that you have successfully submitted modification or voided the request.

# NewMMIS Job Aid: Inquire/Maintain/Void a Prior Authorization for PCM (Personal Care Management) Providers

## Glossary of PCM Terms

**Adjudicate** – There are header-level PA statuses to indicate where the PA request is in the process. Adjudicated means MassHealth has made a decision on the PA and that all lines have been finalized. Finalized is when all line statuses are cancelled, approved, modified, or denied. When the PA is adjudicated, a letter is sent to the member (with right to appeal for denied or modified lines), PCM, and FI.

**Control Number** – the number assigned by the PCM for an attachment that will be stored at the PCM office (only applies when Transmission Code is Available on Request at Provider Site).

**Report Type** – Documentation submitted with request by PCM. There are two options for PCM:

**Initial Assessment** – initial request

**Patient Medical History Document** - reevaluation

**Status** – Indicates where the request is in the process of being reviewed and adjudicated. Status options:

**Additional Information Received** – Indicates information has been received that was missing from the original request.

**Approved** – The request is approved by MassHealth. A PA letter is generated and sent to the member, the PCM, and the FI.

**Cancelled** – The request is cancelled by MassHealth due to duplication or insufficient information. A PA letter is generated and sent to the member, the PCM, and the FI with a reason for the cancellation. The PCM may resubmit the request as appropriate.

**Cancelled by Provider** – The status used for all lines when the provider (PCM) Voids the PA request.

**Note:** A provider can void a PA only while the PA is in Ready for Review status.

**Denied** – The request has been denied by MassHealth. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

**In Process** – The request has only been saved, and has not been submitted to MassHealth for review.

**In Review** – The request has been submitted by PCM and assigned to a MassHealth reviewer.

**Modified** – The request has been altered by MassHealth reviewer either in adjudicating or as an adjustment requested by the PCM. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

**Ready for Review** – The request has been submitted, but has not been assigned to MassHealth reviewer.

**Testing** – The request has been submitted in order to test functionality of the system.

**Void** – The request has been voided by MassHealth. A PA letter is not generated.

# NewMMIS Job Aid: Inquire/Maintain/Void a Prior Authorization for PCM (Personal Care Management) Providers

## Glossary of PCM Terms (continued)

**Tracking Number** – The number assigned to PA request before MassHealth review.

**Transmission Code** – The method by which the PCM transmits an attachment to MassHealth. There are six code options:

**Available on Request at Provider Site**

**By Fax**

**By Mail**

**Electronically Only**

**Email**

**Voice**