This job aid describes how to:

\* Complete a previously saved, but not submitted, Prior Authorization request via the Provider Online

Service Center.

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 or Prior Authorization Number for the request.

Note: If you don’t know the Tracking Number or Prior Authorization Number, you can perform a search

for the request using the other search criteria on the panel.

5. Click Search.

On the Search Results panel:

6. Click the Tracking Number of the desired request.

Review Request

On the Base Information panel:

7. Review the request information to ensure you have the correct request.

8. Click the Attachments tab.

Add Attachment

On the List of Attachments panel:

9. Click New Item. The Attachment Details panel is displayed.

On the List of Attachments panel:

10. Select the Report Type from the drop-down list.

11. Select the Transmission Code from the drop-down list.

12. Enter a Control Number for the report you want to attach.

13. In the Description field, enter a brief comment or description of the report.

14. Click Browse. The Choose File window is displayed.

Select File to Attach

On the Choose File window:

15. Navigate to the file you want to attach.

16. Click Open. The Choose File window closes and the path of the selected file is displayed in the File

Name field.

Upload Attachment

On the Attachment Details panel:

17. Click Add/Upload. The List of Attachments panel is displayed.

On the List of Attachments panel:

18. Click the Confirmation tab.

Confirm and Submit Request

On the Confirmation panel:

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

20. Click Submit. The Prior Authorization Response panel is displayed, indicating that you have

successfully submitted the request.

Glossary of Terms

Adjudicate – There are header level PA statuses to tell 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 – Number assigned by PCM for an attachment that will be stored at 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 – Request is approved by MassHealth. A PA letter is generated and sent to the member, the PCM and

the FI.

Cancelled – 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 – Status used for all lines when Provider (PCM) Voids the PA Request.

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

Denied – 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 – Request has only been saved, and has not been submitted to MassHealth for review.

In Review – Request has been submitted by PCM and assigned to a MassHealth reviewer.

Modified – 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 – Request has been submitted, but has not been assigned to MassHealth reviewer.

Testing – Request has been submitted in order to test functionality of the system.

Void – Request has been voided by MassHealth. A PA letter is not generated.

Tracking Number – Number assigned to PA request prior to MassHealth review.

Transmission Code – Method by which PCM transmits attachment to MassHealth. There are six code options:

Available on Request at Provider Site

By Fax

By Mail

Electronically Only

Email

Voice

NewMMIS Job Aid: Complete a Saved Prior Authorization

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v2.3

Provider Online Service Center - Submit a Referral

MassHealth Provider Online Service Center Submit a Referral 1/4