

NewMMIS Job Aid: Complete a Saved Prior Authorization

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.

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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.

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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.

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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