Provider Portal

Outpatient Clinical & DME Preauthorization

Training Material

01.17.2018
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Online prior authorization submission and tracking tool

RMHP is pleased to announce our partnership with Essette, Inc. and MCG to create a tool for providers to submit prior authorization requests online. Essette’s web-based care management software has been customized to meet your needs. Their integration of the MCG Guidelines Cite AutoAuth Module now enables you to provide clinical details in support of the approval request, guided by MCG Guidelines’ evidence-based criteria.

The Referrals/Auths link will be available in the Access RMHP Provider Portal. If the request meets medical necessity guidelines using MCG Guidelines, you may receive an approval at the time of your request. For the cases that do not meet medical necessity guidelines, the case will be pended to the staff in the Care Management Department for additional processing. You may also monitor the status of your request as the request goes through the review process. **If you do not have Access to the RMHP Provider Portal now but would like to in order to submit authorizations, please contact your PR Rep.**

**Purpose:**
- To assist our Members in obtaining quicker access to care, services or medical items
- To give providers a tool to submit prior authorization requests
- To give providers access to real time status updates regarding their requests for prior authorization
- To reduce RMHP’s administrative burden with processing prior authorization requests

**Who should be using this tool:**
- All providers currently submitting prior authorization requests via fax
- Providers wanting to know the status of their authorizations immediately, or in the case of pended authorizations, have the ability to access those online for reference numbers and status at their convenience.

**When it can be accessed:**
- Access is available through our RMHP website located at [www.RMHP.org](http://www.RMHP.org). Provider training as well as this Provider manual will be available.
- Providers can access this portal through this website at their convenience to submit authorizations, check status of pended authorizations and to research any prior authorizations submitted from their facility through this process.
What pre-authorizations are NOT affected by this process?

Any authorizations that are currently being submitted to the Pharmacy department

Authorizations that you are currently sending to our third party delegate Evicore for imaging, radiology and genetic testing
Step 2: Make sure your codes require preauthorization. Locate the preauthorization schedule that you are needing.

Prior authorization lists are updated periodically and are subject to change. Prior authorization lists, effective October 1, 2017.

- Surgeries, procedures, tests
- DME and medical supplies

How to Submit a Prior Authorization Request

Certain drugs must be prior authorized by the Pharmacy Department. To request prior authorization, submit the online request form below, or download and complete the appropriate prior authorization drug request form. For Commercial and Medicaid members, fax the completed form to RMHP at 833-787-9448. To speak to a representative call 970-248-5031 or 800-641-8921. Once all required information is received, you will receive your authorization decision within 48 hours.

- Log in to the provider portal
- Instructions for website registration
- Online prior auth training manual
- Training webinar
Verify Codes need Pre-authorization

Once you pull up the preauthorization list, search your code by using Ctrl F button then type in the first 3 digits of the code (i.e. 274, 272 etc.). Only use the first 3 digits as there are codes in the list that are only listed in a range. If the codes are in a range you will not be able to search for the whole code. If you are unable to find the code in the list, please try searching for a primary word to ensure that the surgery, procedure or test does not require pre-auth. See example in blue box.
Step 3: RMHP.org Login to Provider Portal

- Click on the “Login” button in the top, right-hand corner and select “Providers” from the drop-down.

If you do not already have an account, please check with your office’s Access RMHP.org (HealthTrio) administrator. They will have access to add you to the office’s account.
RMHP.org Login to Provider Portal

- Enter your Healthtrio User ID and Password and click “Sign In”

If your office is not registered for Access RMHP.org (HealthTrio) and you will be the administrator for your office, please click on “Provider Registration” as shown below.
In order to check a Member’s eligibility, you will first need to search for the patient.

To do this, click on “Search Patients” in red and a search box will appear.

You can search by last name, Member ID, or Social Security Number.

You can also enter the Member’s date of birth and gender to help narrow it down.

You must always verify Member’s date of birth for HIPAA reasons. If you choose wrong member this could incur a HIPAA violation.

Click “Search”.

Provider Portal  Verify Eligibility
Provider Portal  Verify Eligibility

- The Member’s name is a hyperlink.
- When you click on the hyperlink, the Member’s eligibility information will pop up.
- Once you have verified, click on the back button and click on the “Select” button to choose your Member. You may receive a blank screen that says the web page expired. If you receive this just refresh your browser to continue.
- **You will not be able to submit a preauthorization until you have selected your Member and you will receive an error message if you did not select the Member first.**
After you have selected your member, you will be able to see their demographics. Now you will be able to submit a preauth.

To do this, click on “Claims & Billing” located near the top of the page.

Click on “Submit Preauth”.

You will now be redirected to Essette where you will enter your preauthorization information.

**Reminder:** You will not be able to submit a preauthorization until you have selected your Member.
Essette    Select Member and Classification

This is where you will start entering the information needed in order to make a determination for your authorization request.

Please note:
Outpatient includes any procedure being done Inpatient
Enter Provider information.

**Step 1:** Select a member and classification.

**Step 2:** Complete detail fields.

Member’s PCP: Steven Yarberry

If you are requesting a referral to an out of network provider, please call the Preauth department at 800-416-2157 Option 3 or fax your request using the RMHP Preauthorization Request Form to 877-201-7302.

**Requesting Provider:** Delta Montrose Home Health

**Attending Provider:** Glenn Madrid

**Servicing Provider:** Delta Montrose Home Health

*The servicing provider should be the office/facility to be paid/submitting the preauthorization

***DME companies will need to move their name to the servicing provider and insert the ordering physician in the requesting provider field

- The Vendor will automatically generate next to the “Requesting Provider”
- For the “Servicing Provider and Attending Provider”, you will need to enter the ordering Physician, and the facility where the procedure is taking place. To do this, click “Search” and a search window will pop up.
- Enter information to search for the provider and/or facility. Facility would also end in a F01, F02, etc...number

For best results enter only last name and first initial
Essette  Complete Detail Fields

Searching for the referring Physician. The least filters that you have the better.

<table>
<thead>
<tr>
<th>Provider #:</th>
<th>Street:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>City:</th>
</tr>
</thead>
<tbody>
<tr>
<td>shrago</td>
<td>grand junction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>stephanie</td>
<td>-- Display All</td>
</tr>
</tbody>
</table>

• Enter information to search for the Provider and click “Search”. Look at prov # for Facility includes an F in the prov #. Check location of Provider to select the one listed with a physical address.

<table>
<thead>
<tr>
<th>Prov #</th>
<th>LOB</th>
<th>Provider Name</th>
<th>Street</th>
<th>City</th>
<th>Eff. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON_PAR_FACI</td>
<td></td>
<td>Non Participating Facility</td>
<td>2775 Crossroads Blvd</td>
<td>Grand Junction</td>
<td>1/1/1900</td>
</tr>
<tr>
<td>NON_PAR_PROV</td>
<td></td>
<td>Non Participating Provider</td>
<td>2775 Crossroads Blvd</td>
<td>Grand Junction</td>
<td>1/1/1900</td>
</tr>
<tr>
<td>841456669095</td>
<td>MC_HMO</td>
<td>Stephanie Shrago</td>
<td>3150 N 12th St</td>
<td>Grand Junction</td>
<td>1/1/2011</td>
</tr>
<tr>
<td>841456669095</td>
<td>MC_HMO</td>
<td>Stephanie Shrago</td>
<td>3150 N 12th St</td>
<td>Grand Junction</td>
<td>1/1/2013</td>
</tr>
<tr>
<td>841456669095</td>
<td>MC_HMO</td>
<td>Stephanie Shrago</td>
<td>3150 N 12th St</td>
<td>Grand Junction</td>
<td>11/1/2012</td>
</tr>
</tbody>
</table>

• **Only select Providers listed in black.** If they are in red, it means they have termed.
  • If you can’t find a Provider, select the “Non Participating Provider” option. You can list the Provider later on in the notes.
    • We are required to notify every provider of every approval or denial so it is important to choose the correct provider
    • **We would suggest trying the Provider’s name multiple ways** first before select the non-par option (last name and first name; last name and first initial; last name only, etc.).
• To select the Provider, click on the button
**Enter the Diagnosis Code(s) – ICD-10 Codes**

**Only enter the numbers, NO PUNCTUATION.**

- Example: M14.65 would be entered as M1465
- Enter the code and click “Search.” Select the diagnosis code by clicking on the button.
- You can also search by entering a description and then selecting the correct code, i.e. “Hypoxemia”, however it has to be an exact description.
- If the code matches exactly, it will automatically generate. If there are multiple options, a box will open up and you will need to select the correct code.
- You can enter up to 10 diagnosis codes per pre-authorizations.

### Diagnoses

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F82</td>
<td>Specific developmental disorder of motor function</td>
</tr>
<tr>
<td>Q935</td>
<td>Other deletions of part of a chromosome</td>
</tr>
<tr>
<td>R6250</td>
<td>Unspecified lack of expected normal physiological development in childhood</td>
</tr>
</tbody>
</table>

**Add Code:** Enter a diagnosis code or part of the description.

**SEARCH**
Enter the Procedure Code(s) – HCPCS/CPT Codes-

**These are the codes that you are billing for.**

- If there is an exact match, the code will populate. If there are multiple results, a box will open up and you will need to select the correct code.
- You can only enter a code once, so if multiple items for a procedure are needed, enter the code once and the total number in the Qty needed for the entire request. Specify in the additional information box exactly what is needed. Qtys auto default to 1, so it is important to always check and update these.
- Remember that it is important that you have verified what codes require preauthorization by accessing the preauthorization list on our RMHP.org website prior to submitting the request.

### Essette Complete Detail Fields

<table>
<thead>
<tr>
<th>Qty Req'd</th>
<th>Code</th>
<th>Description</th>
<th>Dates of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>E0431RR</td>
<td>Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask</td>
<td>2/1/2016 to 1/31/2017</td>
</tr>
<tr>
<td>12</td>
<td>E0424RR</td>
<td>Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Neb</td>
<td>2/1/2016 to 1/31/2017</td>
</tr>
</tbody>
</table>

Click Auto fill Dates of service when there is more than one and they will have the same dates.

Always update QTY requested.

Enter codes here.
Essette Complete Detail Fields

Select the Priority and enter Additional Information.

- The auth will either be “Standard” or “Expedited” priority. Please read the description of an expedited request before selecting this option.
- Enter any information that would be helpful to the RMHP DME Reviewer in the “Additional Information” box. If the case is pended and will have to be reviewed, this information could help lead to a quicker decision.
  - This is a free form text box, so enter as much information as you feel would be necessary. Don’t hesitate to give information this will always result in better service from RMHP.
- Click “Submit Auth Request”.

Please use this box for contact name, direct phone number, name of provider if the provider is in the process of credentialing as well as a note about it and any other notes that may be relevant to this request (i.e. non-par provider name).
At this step you will provide clinical information pertaining to the case.

When “Provide Clinical Information” is selected, the system is going out to look for a clinical guideline that matches the CPT or HCPCS code(s).

If multiple codes will use the same policy/criteria, you only have to answer the questions once, however you will need to click on the document button for each code. This will transfer the answers to all the codes.
Once the guidelines for the codes requested are found, you will provide clinical information using MCG Guidelines or RMHP policy.

- MCG is guided by evidence based criteria.
- RMHP policies are evidence based as well, however allow RMHP to offer a richer benefit if they choose to do so.

Next to the CPT/HCPCS code, click “Document”.

- If multiple CPT/HCPCS codes are being requested, you will need to “Document” all of them.
- **Do not click “Attach File.” You will not attach any documents to your authorization request in this area.**
If more than one guideline appears, always select the guideline with the most appropriate title.

- The RMHP guidelines will always be named RMHP-AC” and then a number.
- Click **Select**.
Essette Enter Clinical Information—recommend taking a screenshot of criteria and make a checklist.

- The policy will list a series of indications.
- **Only check the boxes that apply to the Member.**
- If you would like to add a note, you can click on the , enter your Indication Note in the box shown below and click “OK”.
- After you enter your indications, click “Next” until you are taken back to the main MCG screen.

- At this point an understanding of the patient’s clinical presentation will be required.
- **READ** each of the indications fully. **Pay special attention** for any line of business. Medicare, Medicaid, Commercial, etc. Failure to do this will result in a pended status and a delay in processing.
When all of the clinical indications have been entered, you will be taken back to the main page.

At the bottom of the page is a disclaimer, which will let you know the determination.

If the auth is approved (like the example), the disclaimer will explain the approval for services.

If the auth is pended and needs to be reviewed by Care Management, you will get a disclaimer saying the auth has been pended.

There will be a disclaimer for every code requested.

After you have documented the guidelines for all the codes requested, click “Submit”.

If you need to re-document any codes, click “Re-Document” and you will be taken through the indications again.
Documentation is required for every authorization, **HOWEVER**, it only needs to be sent to RMHP when an authorization pends or if an audit is being performed.

If the authorization was approved, click “No” because documentation will not need to be sent to RMHP. You can then skip the next steps on this page and click “Continue.”

If your authorization has pended, answer the first two questions. You then have the option of faxing your documents to **970-254-5738 or 877-201-7302** or you can upload them electronically. **The file must be in PDF format.**

- When faxing documents, please include the reference number to ensure the documents are attached to the correct authorization. This number will generate at the next step.
If all of the guidelines were met, the request was approved. If the request pended, RMHP will receive that pended request internally to review. Pended cases do not automatically mean a denial will be issued. No requests are automatically denied through the portal, they will either pend for review (incomplete) or approve. If the request pended, clinical documentation will need to be attached as a PDF when submitting the request or fax to 970-254-5738 or 877-201-7302 so that the Reviewer can make a determination. When faxing documents, be sure to include the reference number.
Once an authorization is submitted, an reference # is created. This number is unique to its particular request and can be used to reference this request.

- Having an reference number does not mean the request has been approved.

By clicking on the Auth #, a summary window will open that can be exported as a PDF and printed for the patient’s file.

- The Care Management Department will also issue a separate approval or denial notification.

- Click “Export to PDF” to save the document as a PDF.

- Pended authorizations show a status of “Incomplete”.

- Click “Close” in the top right corner to exit out of the summary or “X” out of Essette to return to the Health Trio page. You may search for another Member and submit another request or log out if no additional work is needed.
To check the status of an auth, login to the RMHP Provider Portal.

1. Click on “Claims & Billing” near the top of the page and select “Check Preauth Status.”
2. This will redirect you to Essette, where you can search for an auth.
3. You do not need to search for the Member prior to checking preauth status.
You can search by Auth/reference #, Member ID, or Member Name. You can also search for a date range of auths.

Enter your information and click “Search”.

In the Search Results screen, the Auth # is a hyperlink that will open a summary of the request. Click on the “Auth #” for more information.

If an auth is in “incomplete” status, that means it is currently pended for review.
FAQs

**Why did my preauth pend?**

**Answer:**
- a. Does not meet criteria
- b. The medical criteria was incorrectly completed
- c. May not be a benefit of the plan
- d. Miscellaneous code
- e. Date range is not within the preauth schedule guidelines.

**My authorization pended. When should I expect to get a determination from RMHP?**

**Answer:**
When an authorization pends, we use standard turn-around-times. We are allowed 14 days for Medicare and Medi/Medi; 10 days for Medicaid; 10 days for CHP+; and 15 days for Commercial from the date the authorization was submitted.

**If my preauth pends, what do I need to do?**

**Answer:**
Fax supporting documentation with a coversheet listing the Auth # to 877-201-7302 or 970-254-5738. You can also upload supporting documentation in PDF format in Essette (see page 21).

**If I have a Member that has Medicaid and Medicare, which Member do I choose in the Provider Portal?**

**Answer:**
Always select the Medicare/Medicaid line of business, even if you understand that it is not a benefit of Medicare. We must do a denial on the Medicare line of business before Medicaid will pay.

**I was entering a preauthorization and left my desk to assist a co-worker, when I came back to my desk I was no longer able to complete the preauthorization.**

**Answer:**
After a short amount of time, your system will time out for security purposes. Try to set aside enough time to enter the information completely before stepping away.

**I am having problems submitting a preauth, can I just fax in my request?**

**Answer:**
No, please review the troubleshooting section and if you are still having difficulties, then please call RMHP with any issues and we will walk you through them and instruct you on what steps to take next.
RMHP Customer Service – 800-854-4558/970-248-5036, select option 0 (zero).

**I have a revision to make to an authorization. Can I do that through the portal?**

**Answer:**
No, RMHP does not accept revisions. Please send in a new authorization. In the notes section please reference the authorization # you want to revise and explain what you are trying to accomplish.

**I’m trying to attach my documents electronically, but it is not working.**

**Answer:**
Make sure that when you are attaching documents they are in a PDF format. We cannot accept other types of files.
I have Internet Explorer 10 and I am unable to input a preauth through the portal.

**Answer:** Versions of Internet Explorer up to 8 should work fine. Using the link below you should be able to input preauthorization’s after installing the fix.

http://support.microsoft.com/kb/2600088

I am working out of Internet Explorer 11 and am having trouble with access.

**Answer:** You will need to put the site into Compatibility View. To do this, in Internet Explorer, click on the Tools dropdown and select Compatibility View Settings. When the settings popup appears, type rmhp.org into the text box and click Add. Close the window. If you continue to have problems, contact RMHP Customer Service at 800-854-4558/970-248-5036, select option 0 (zero). Note - if you are receiving a notice about Cookies this may fix that issue. You can also try the fix on the next page. If that does not work you may need to contact your IT department to make adjustments to these settings.
I am receiving a message about cookies

Answer: You may need to allow 2nd and 3rd party cookies by following the steps below.

Ensure that settings are the same as below
I'm trying to “Submit a Preauth” and I keep getting an error message.
• Make sure you have selected your Member. If you checked eligibility, but did not “Select” the Member, you will not be able to submit a preauth.
• Make sure that the username you sent us is the same username that you use for Access RMHP.org (HealthTrio).
• Make sure that you have followed the directions on in the previous pages

I can’t find the referring Physician.
First try to search for the Physician a few different ways. For example, search by first and last name; first initial and last name; and then try by just the last name. If you still can’t find the Physician, select the Non Participating Provider option.

It won’t accept my diagnosis codes.
Make sure you are only entering the numbers and no punctuation. For example, enter 79902 instead of 799.02.

In the “Complete Detail Fields” section, it won’t let me continue on to the next page.
Scroll through the page and make sure there are no red exclamation points. If there are, the information has not been entered completely.

I’m clicking on “Autofill Dates Requested” and it is not auto-filling.
There is something wrong with the dates entered. Fix the dates and try again.

I’m in Essette and I clicked on the back button and I got an error page and am now unable to continue my auth.
You can use the back button in the Provider Portal, but it does not work in Essette. If you try and click on the back button, it will take kick you out of Essette. You will need to log all the way out of Essette and start your authorization over.

I’m in the Provider Portal and I clicked on the back button and I got a blank page that says it is expired.
Depending on your server settings this may happen. If you click the refresh button on your browser it should take you to the page you were trying to navigate to.


Where do I get a copy of this training manual?
At RMHP.org
Hover over “For Providers” in the navigation bar then click on “Prior Authorization” scroll down in the center area and locate the dark gray section title “How to Submit a Prior Authorization Request” where you will find a link to the training manual.
Certificate of achievement

For
Successful Completion of
Provider Preauthorization Portal Training

Rocky Mountain Health Plans

Date completed
Complete the below information, sign and email with the word “Portal” in the subject line to rmhpessettesupport@rmhp.org to set up your access. Please allow 1-2 business days to receive access.

Full Name (Print only): ________________________________

Phone #:_______________ Email:______________________

Company/Group or Provider’s name(s) with TIN#:  
(Note: We will need list of providers if your office bills by provider not group)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Address: _________________________________________

What is your individual User Name for Access RMHP.org (HealthTrio) site?___________________

By signing below, I am attesting to attending the Rocky Mountain Health Plan training for the Provider Preauthorization Portal on this day of __________, 2019.

Signature of Attendee:__________________________________________