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Submitting Authorization Requests Via ProAuth

(Updated for April 2024)

Logging into ProviderCONNECT

- All Authorization Requests must be submitted through ProAuth
- ProAuth can only be accessed via the ProviderCONNECT portal
- Log into ProAuth via ProviderCONNECT portal
  - Chrome is the recommended browser

ProviderCONNECT Login	**https://id.partnersbhm.org/**

- Logins and passwords are obtained from your organization's Local Administrator
- Local Administrators may inquire about login issues/questions via email at: providerconnectsupport@partnersbhm.org

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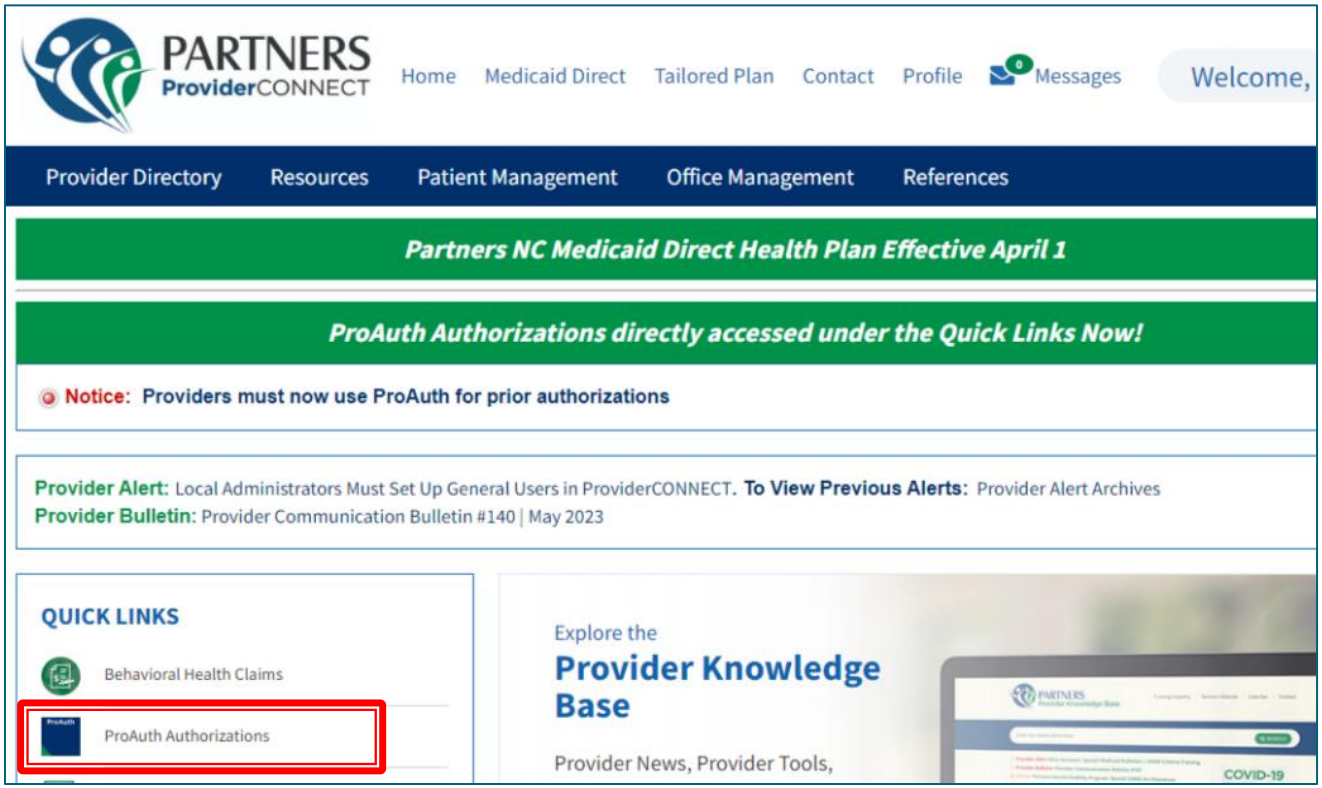
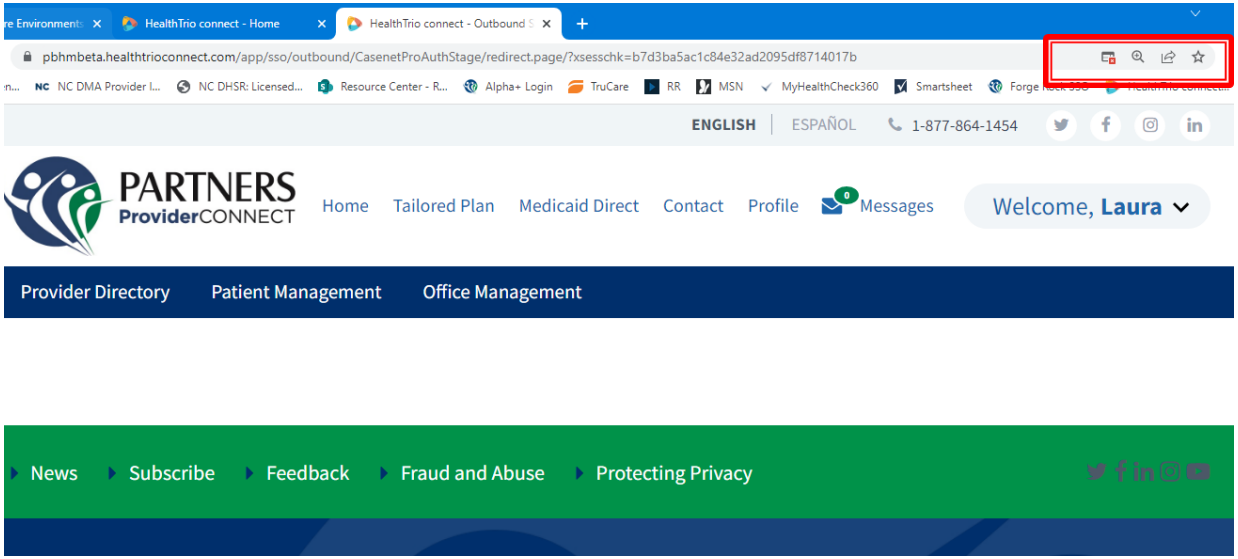
Getting to ProAuth

From the ProviderCONNECT homepage, use the Quick Links on the left to access ProAuth Authorizations:



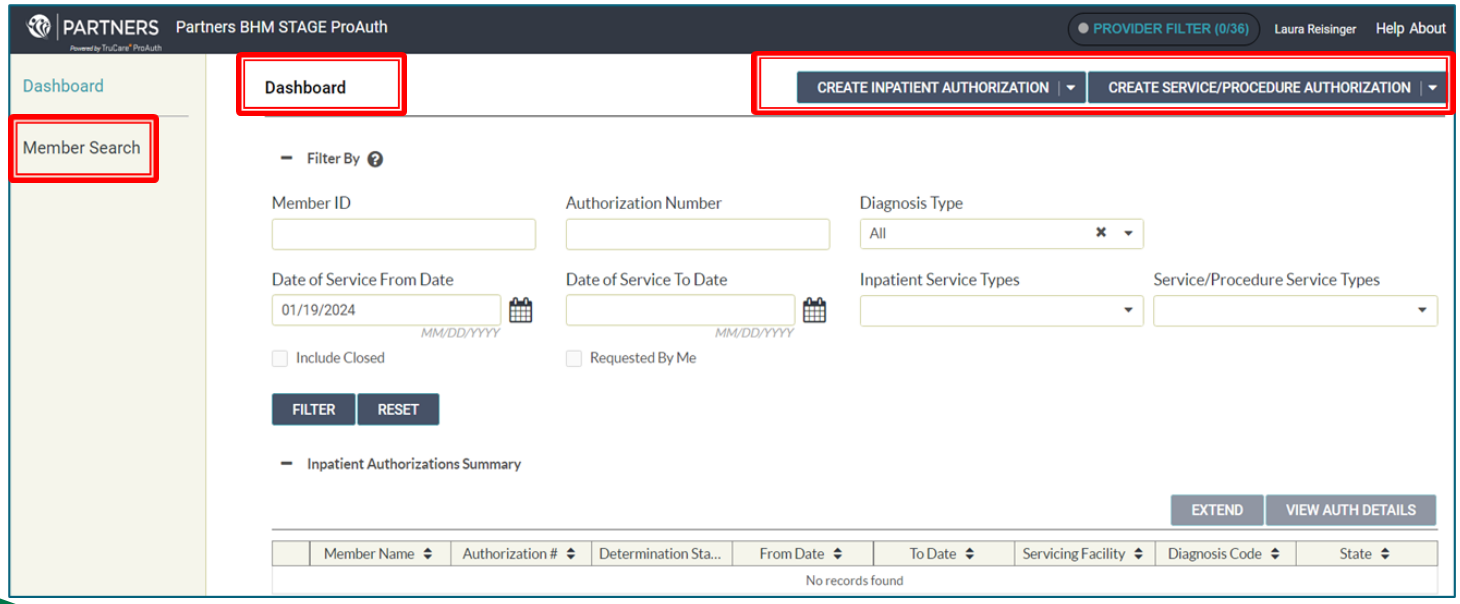
Getting to ProAuth (cont'd)

- If the link goes to a page with no information or an error message, you may need to turn off the pop-up blocker and change the setting to Always Allow.
- This may need to be done twice, but once pop-ups are allowed, you won't have to fix it again.



Welcome to ProAuth

- ProAuth opens to the Dashboard where you can:
  - Search members
  - Create authorizations
  - View authorizations



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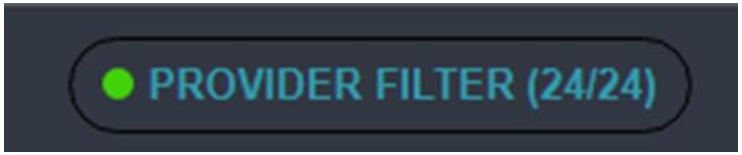
Dashboard

- First, ensure that your Provider Filter is on and the dot is green in the top left corner



- Make sure you have selected the correct site location(s)
- You may select multiple sites or all sites via the checkboxes
- If sites are not checked, there may be authorizations you will not be able to see

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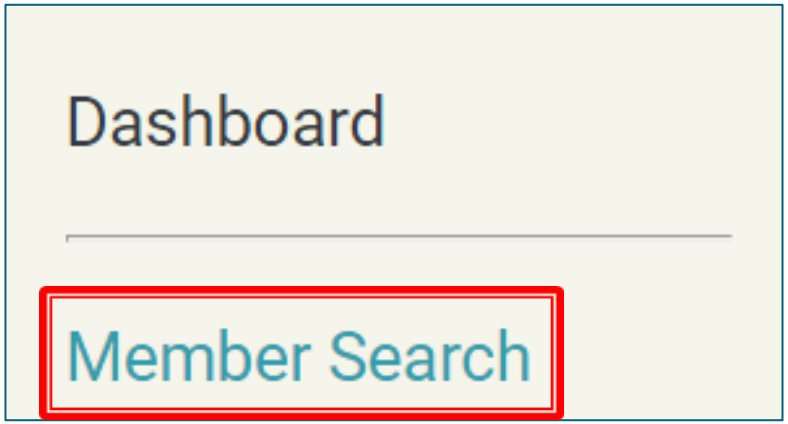
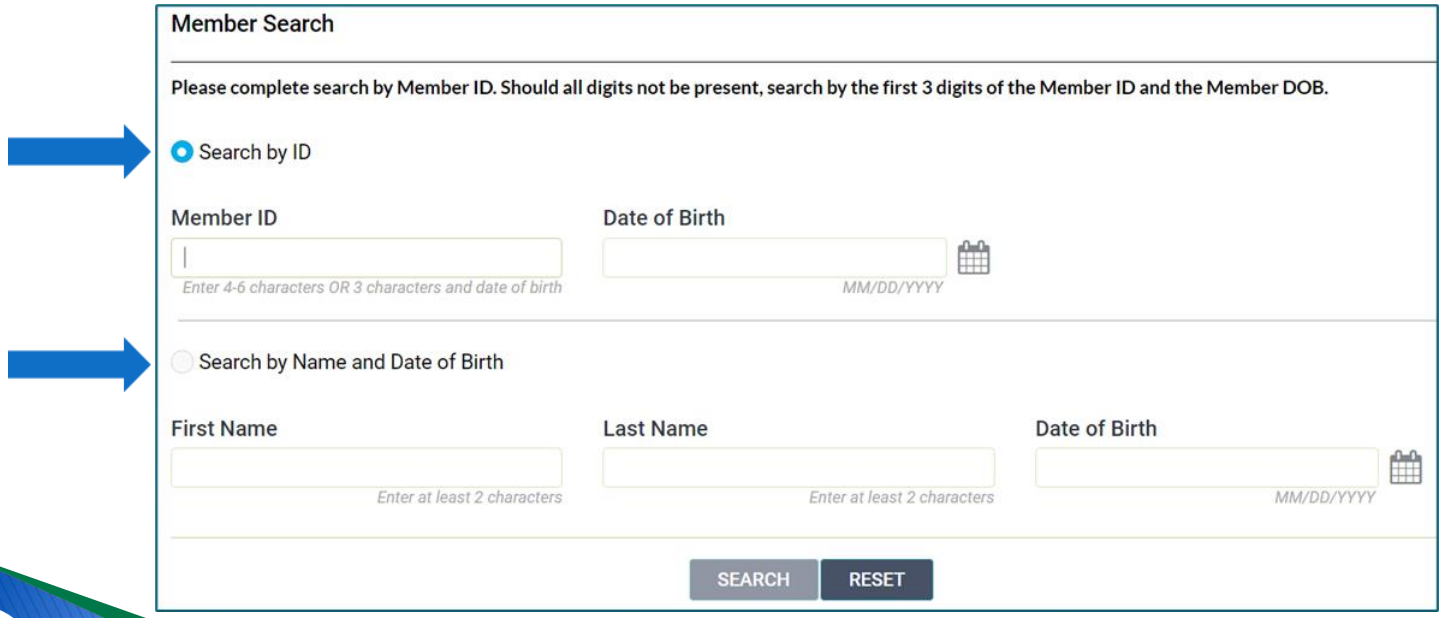
Search for Members

Search for members by clicking Member Search on the let side of the screen



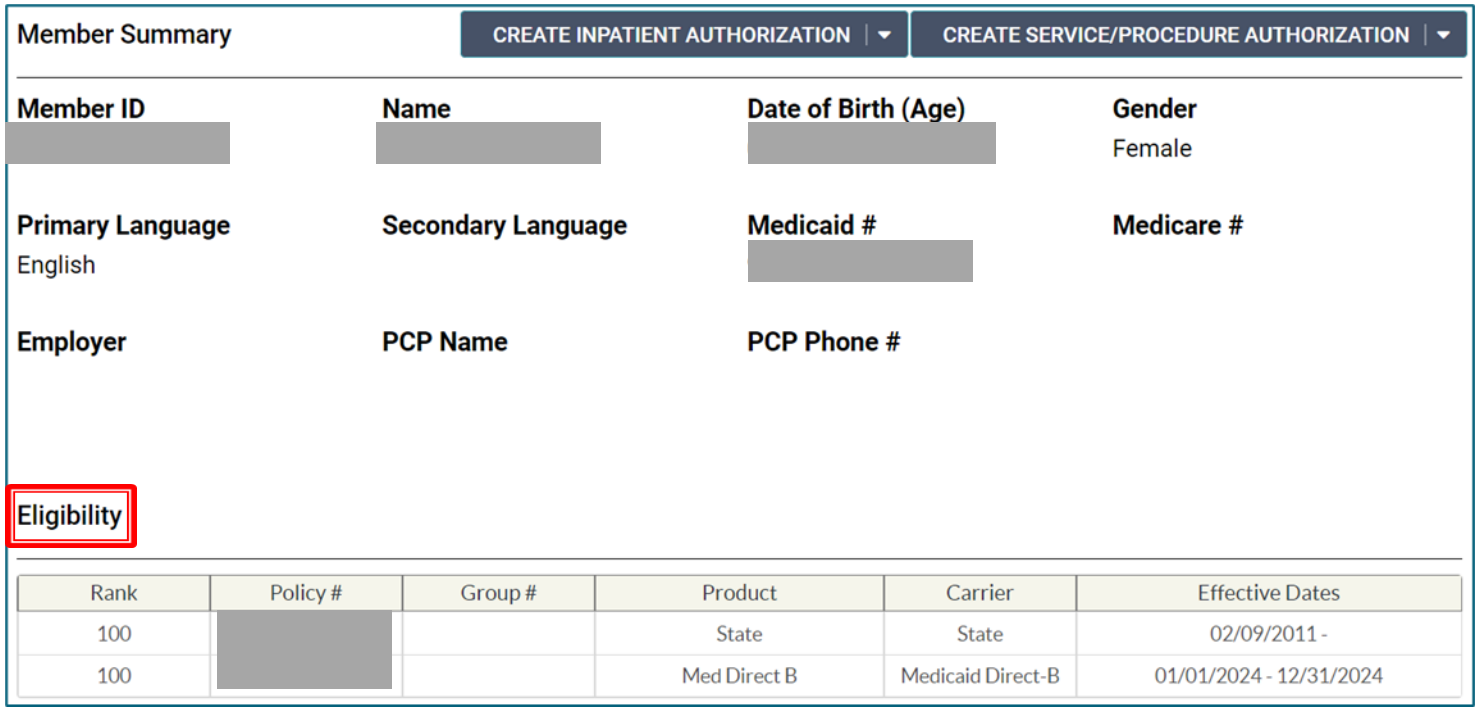
Search for Members (cont'd)

- Member Search can be completed two ways:
  - **Search by ID** – member ID and date of birth are required
  - **Search by name and date of birth** – Member's first name, last name and date of birth are required



Search for Members (cont'd)

- Member eligibility also can be viewed by clicking on the member name on the left side of the screen

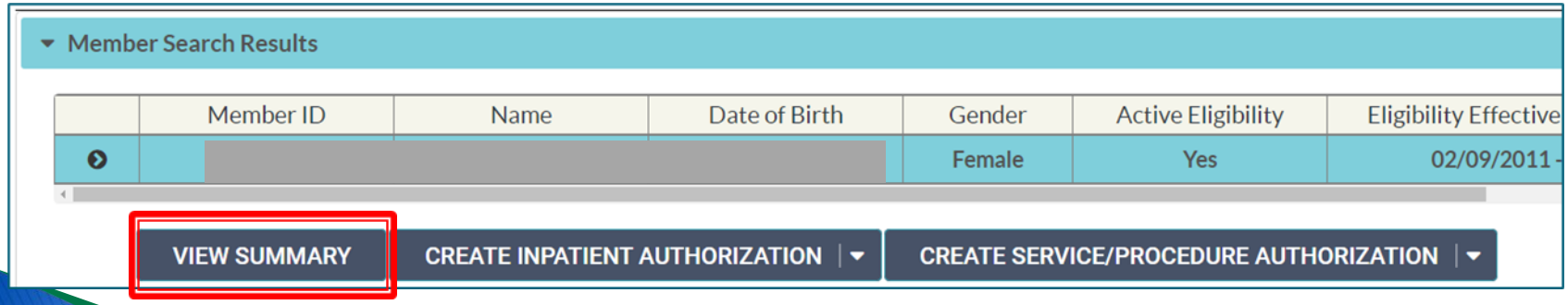


Search for Members (cont'd)

- If multiple members have the same information, try another search method.

More than one member meets the search criteria. Enter additional information or use the Member ID search.

- From Member Search Results, click the VIEW SUMMARY button to see member details including eligibility



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Submitting an Authorization Request

- From the Dashboard:
  - At the top right of the screen click either:
    - Create Inpatient Authorization or
    - Create Service/Procedure Authorization

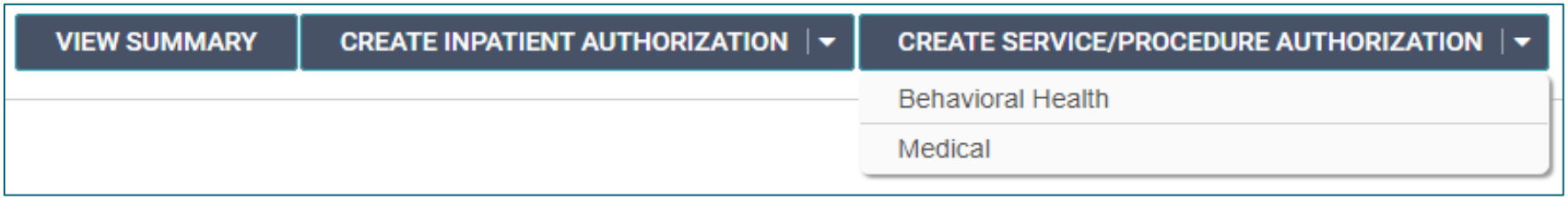
  - **Inpatient services** must be submitted as an Inpatient Authorization
    - **NOTE:** Inpatient level of care is provided by hospitals
    - **ICF-IID** is not considered Inpatient
  - **Outpatient services** must be submitted as a Service/Procedure Authorization

For either option, you must select **Behavioral Health** or **Medical**

- Behavioral Health includes mental health, substance use and intellectual and developmental disabilities
- Medical is physical health services only

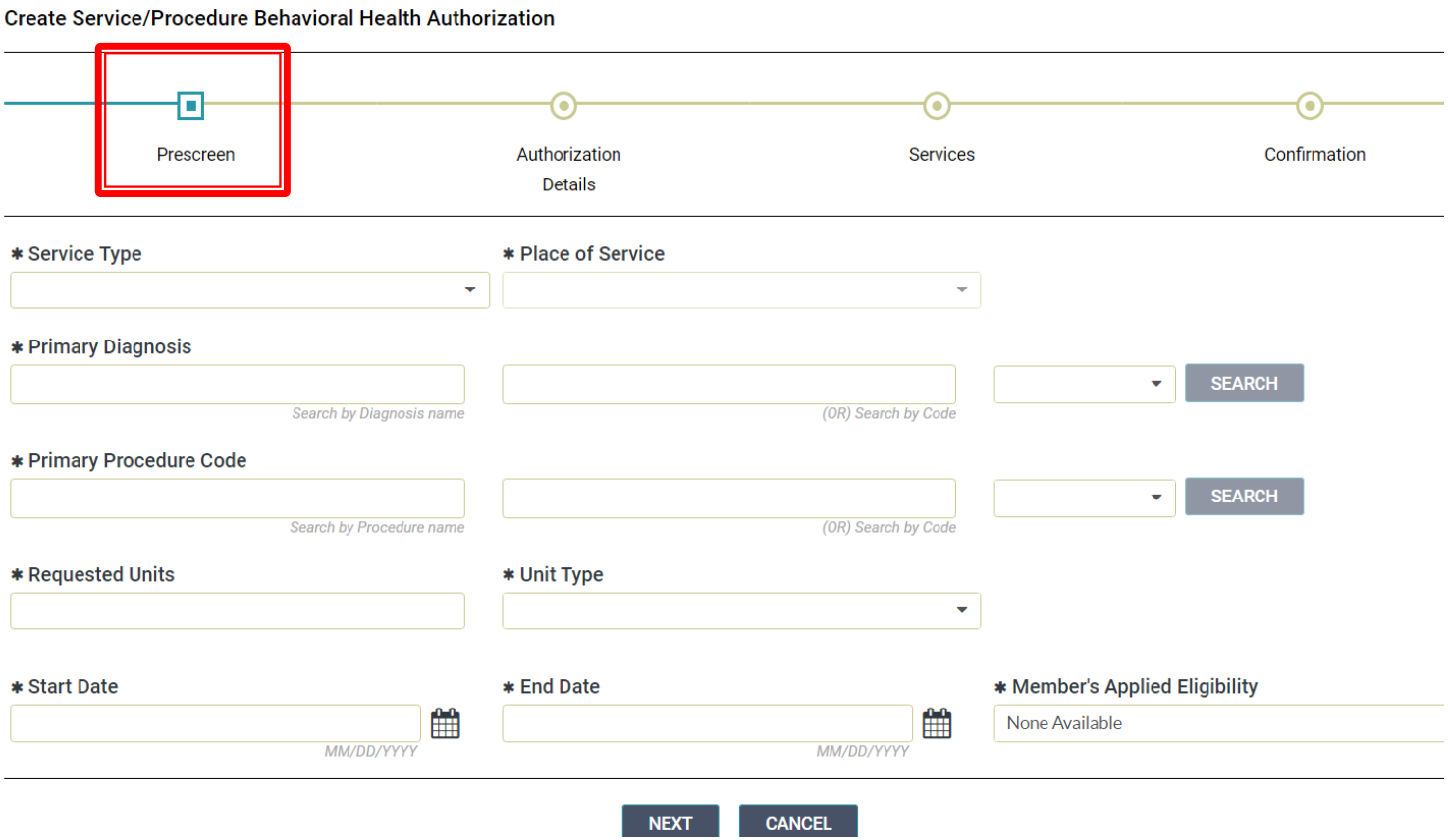
Submitting an Authorization Request (cont'd)

From the Member Search screen, the options to Create an Authorization are the same but at the bottom of the screen.



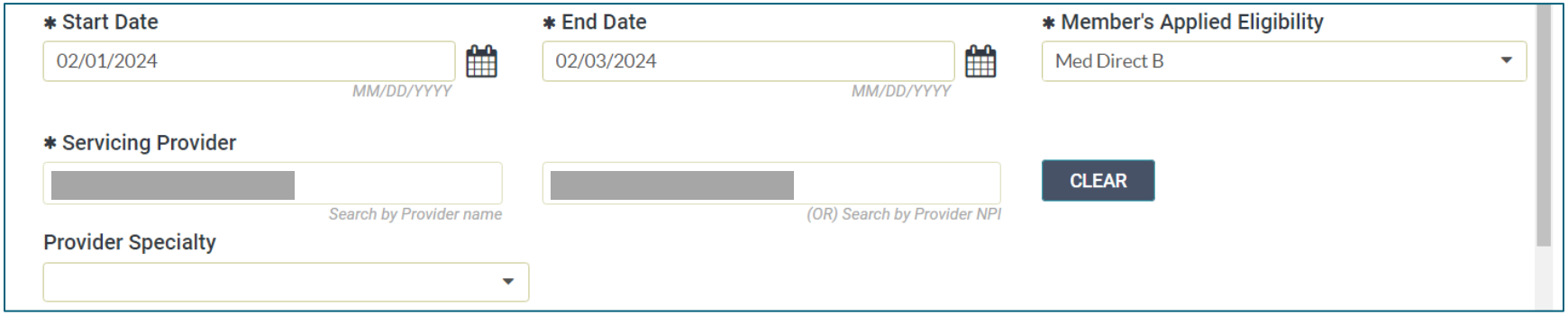
Submitting an Authorization Request (cont'd)

The first screen you encounter is the Prescreen.



Submitting an Authorization Request (cont'd)

- Prescreen (cont'd)



Submitting an Authorization Request (cont'd)

- Complete all required fields on the Prescreen including:
  - Service Type
  - Place of Service
  - Primary Diagnosis:
    - This is the diagnosis associated with the service code requested
  - Primary Procedure Code
  - Requested Units and Unit Type
  - Start Date
  - End Date
  - Member's Applied Eligibility:
    - This is the eligibility that will be used for the service code requested
    - Eligibility will not display until a date is entered in the Start Date box
  - Servicing Provider

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Submitting an Authorization Request (cont'd)

Hit NEXT

The Pre-Screen provides immediate feedback indicating:

- Service is auto-authorized
- An authorization is or is not required
- A member is not eligible for treatment
- A service or procedure outsourced to third party
- There is a potential duplicate authorization
- A clinical review is required (determined by Health Plan business rules)
- *Guidelines may be tied to the service type, if so, there will be comments at the bottom of the screen*

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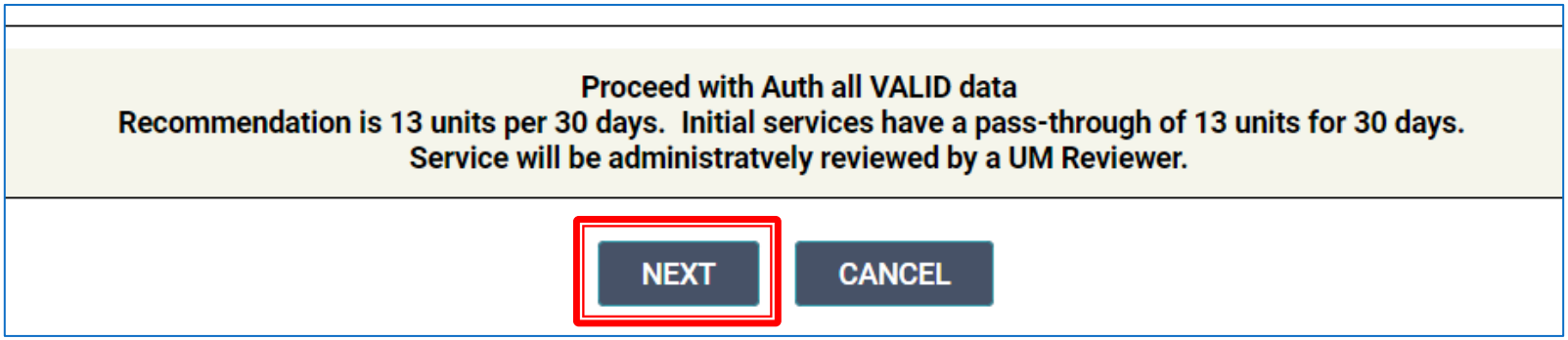
Submitting an Authorization Request (cont'd)

If there are no errors on the Prescreen, the feedback comment at the bottom of the screen says Proceed and the NEXT button is not grayed out.

<u>This is an example of a valid request</u>:



Submitting an Authorization Request (cont'd)

If there is invalid data in any of the required fields, the comment will inform you that something is incorrect.

Auth is required but you have INVALID Data Please check provider contract, member eligibility, and procedure codes and dates Authorization is not able to be submitted with invalid data. Information must be updated to continue request.

Please double check the entries in the required fields including:

- Service Type: Service Types are specific to Behavioral Health and Medical Services
- Primary Procedure Code including modifiers
- Unit type specific to the service type

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Submitting an Authorization Request (cont'd)

Servicing Provider and Site Location:

- The provider and selected site location must be in contract for the requested procedure code
- Do not rely on NPI numbers; NPI numbers can be linked to multiple sites

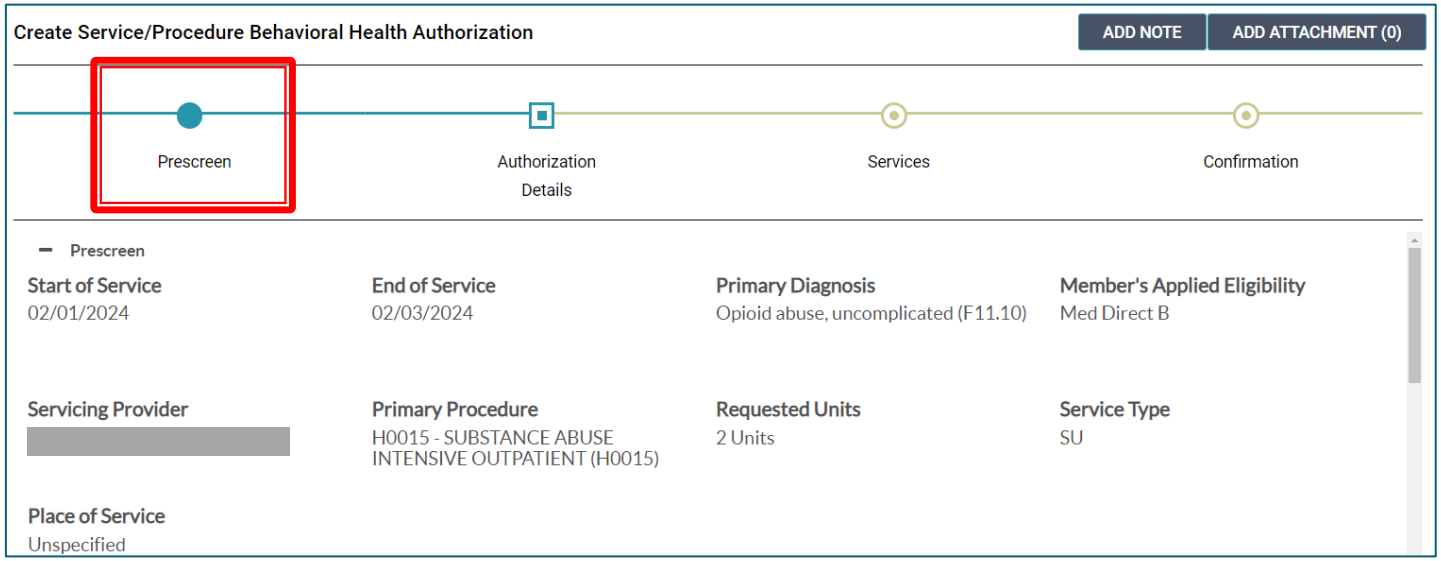
Member's Applied Eligibility:

- Funding source must be correct for the requested procedure code
- Click on member's name to view the Member Summary, including eligibility and effective dates

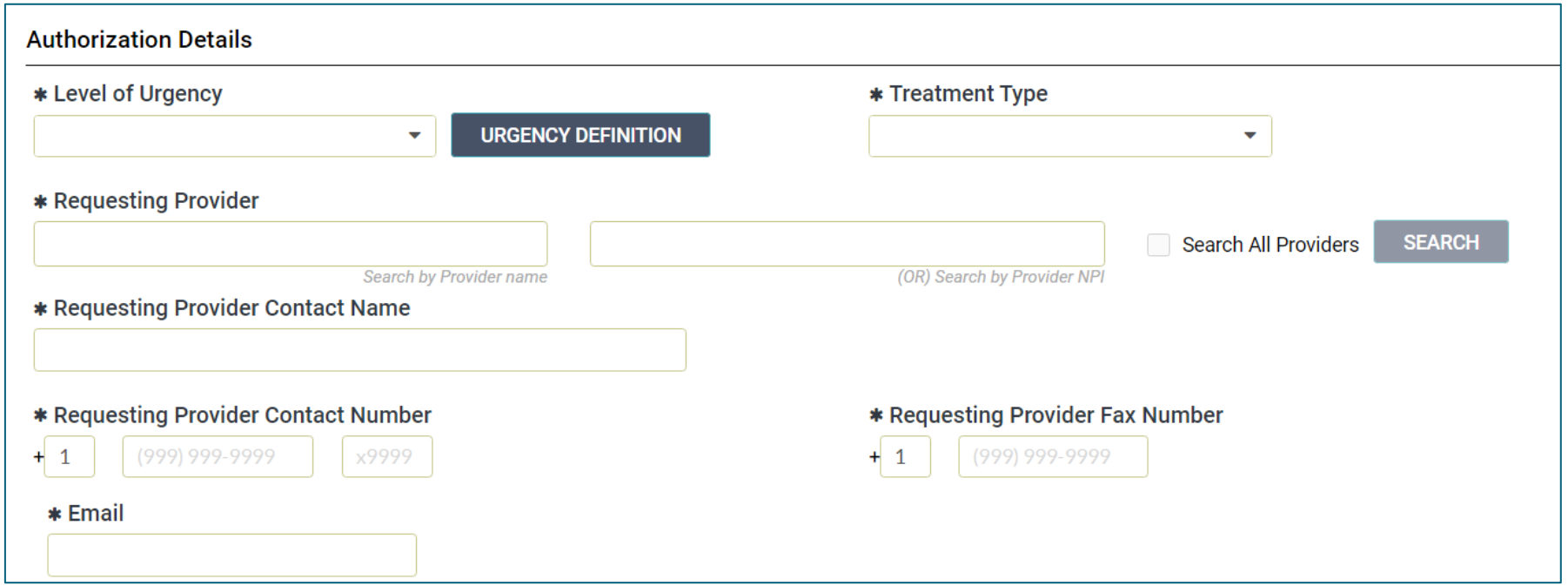
Submitting an Authorization Request (cont'd)

After hitting NEXT, you will be on the Authorization Details screen. Additional information must be entered on this screen to complete the authorization request.

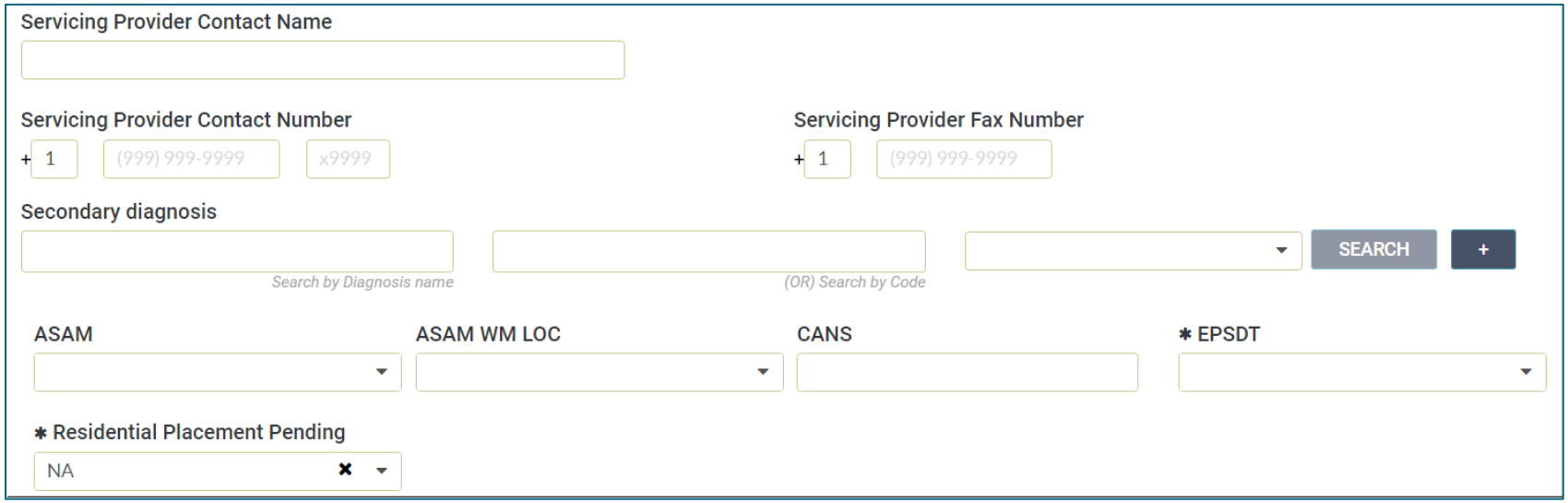
A summary of the Prescreen entries is shown at the top.



Submitting an Authorization Request (cont'd)



Submitting an Authorization Request (cont'd)



Submitting an Authorization Request (cont'd)

Authorization Details screen

Enter all required information on the Authorization Details screen:

- Level of Urgency (Standard, Urgent, Retro)
- Treatment Type (Defaults to N/A)
- Requesting Provider (Must be the agency you are affiliated with)
- Requesting Provider Contact Name and Information (phone/fax/email)
- Servicing Provider Contact Name if needed
- EPSDT – yes/no
- Residential Placement Pending (Defaults to N/A); select "Yes" if member is awaiting placement

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Submitting an Authorization Request (cont'd)

Treatment Type

- This is available only on Service/Procedure Authorizations for Behavioral Health.
- The field is required. Most services will be N/A.

- The Treatment Type field is used specifically for Behavioral health "ALL" codes.

- "ALL" codes are set up so that specific service code bundles can share the units on one authorization.

One "ALL" code authorization = Claims for multiple service codes

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Submitting an Authorization Request (cont'd)

Treatment Type (continued)

- To request an "ALL" code:
  - On the Prescreen, enter the identified 'base' code in the requested Procedure Code box.
  - On the Details screen, in the Treatment Type dropdown, select the treatment type that corresponds with the 'base' code.

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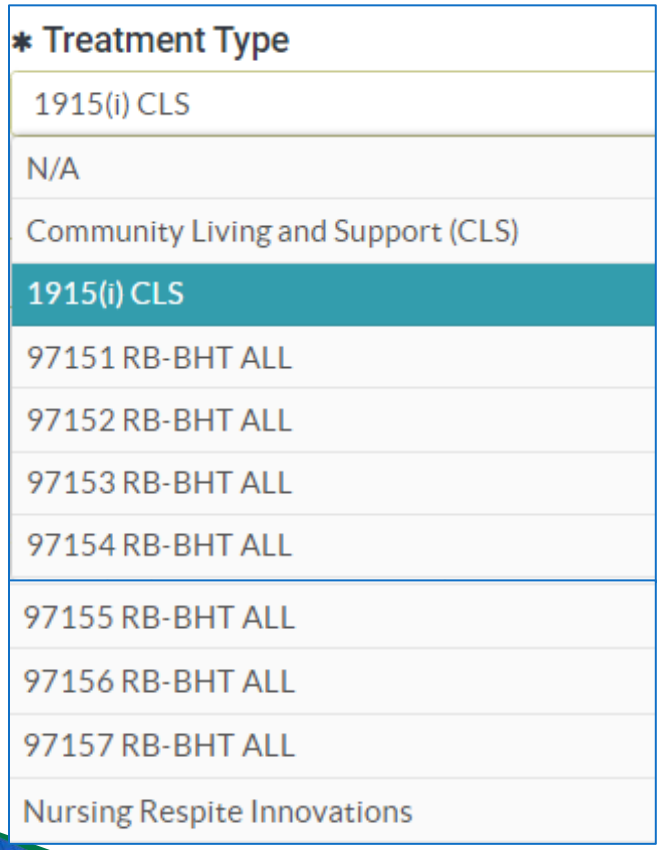
Submitting an Authorization Request (cont'd)

I/DD Treatment Types



MH/SU Treatment Types

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Submitting an Authorization Request (cont'd)

Treatment Type (continued)

MH/SU – State and Medicaid Direct (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims
H0040	Assertive Community Treatment Team (ACTT)	H0040 H0040DJ H0040EN H0040ENDJ H0040ENDJ H0050OT

MH/SU – State only (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims
YM130	Comprehensive Case Management	YM130 YM130GT YM130KX

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Submitting an Authorization Request (cont'd)

Treatment Type (continued)

MH/SU – State and Medicaid Direct (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims
H0038	Peer Support Services (PSS)	H0038 H0038DJ H0038HQ H0038HQDJ H0038KX H0038KXDJ H0038GT H0038GTDJ

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Submitting an Authorization Request (cont'd)

Treatment Type (continued)
MH/SU – State and Medicaid Direct (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims	
H2015HTHO	Community Support Treatment (CST)	H2015HTHO H2015HTU1 H2015HTHM H2015HTHN H2015HTHF H2015HTU1DJ H2015HTHMDJ H2015HTHNDJ H2015HTHFDJ H2015HTHODJ	H2015HTHFOT H2015HTHMOT H2015HTHMDJOT H2015HTHFDJOT H2015HTHNDJOT H2015HTHNOT H2015HTHODJOT H2015HTHOOT H2015HTU1DJOT H2015HTU1OT

Submitting an Authorization Request (cont'd)

Treatment Type (continued)
I/DD –Medicaid Direct C (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims	
T2013TF	Community Living and Support (CLS)	T2013TF T2012 T2012 EO T2012 GC T2012 GC EO T2012 GC HQ T2012 GC HQ EO T2012 HQ T2012 HQ EO	T2013 TF EO T2013 TF HQ T2013 TF HQ EO T2012 GT T2012 GT EO T2012 HQ GT T2012 HQ GT EO T2013 TF GT T2013 TF GT EO
T1005TD	Nursing Respite Innovations	T1005TD T1005TE T1005TDEO T1005TEEO	

Submitting an Authorization Request (cont'd)

Treatment Type (continued)
I/DD –Medicaid Direct B (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims
T2013TFU4	1915(i) Community Living and Support (CLS)	T2013TFU4 T2013TFHQU4 T2012U4 T2012GCU4

Base Code	Treatment Type	Codes included for Claims
T2013TF (b)(3)	Community Living and Support (CLS)	T2013TF T2013HQ T2012 T2012GC

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Submitting an Authorization Request (cont'd)

Treatment Type (continued)

I/DD - Medicaid Direct B (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims
97151	97151 RB-BHT ALL	97151 97151NC 97151GT 97151GTNC
97152	97152 RB-BHT ALL	97152 97152NC 97152GT 97152GTNC
97153	97153 RB-BHT ALL	97153 97151GT

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Submitting an Authorization Request (cont'd)

Treatment Type (continued)

I/DD - Medicaid Direct B (as of 3/1/2024)

Base Code	Treatment Type	Codes included for Claims
97154	97154 RB-BHT ALL	97154 97154GT
97155	97155 RB-BHT ALL	97155 97155GT
97156	97156 RB-BHT ALL	97156 97156GT 97156KX
97157	97157 RB-BHT ALL	97157 97157GT 97157KX

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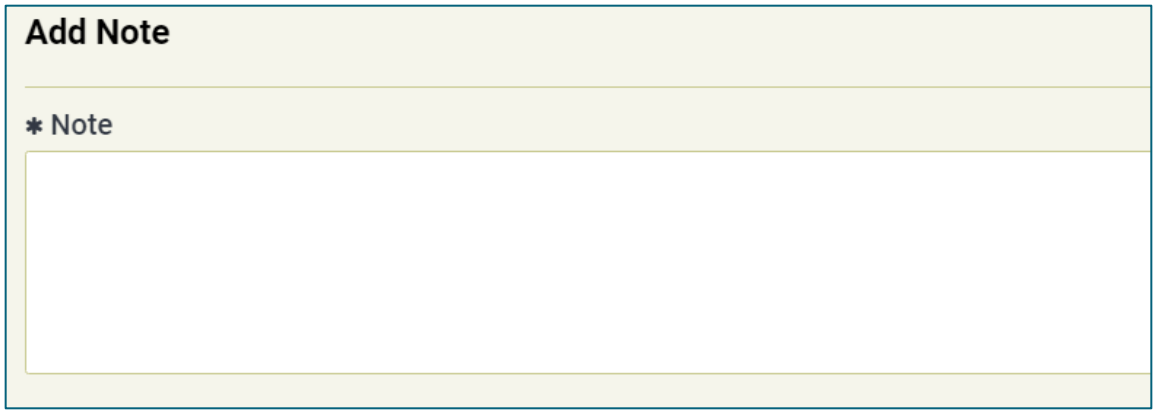
Submitting an Authorization Request (cont'd)

- Add note, if needed, regarding request (e.g., site change, provider change, etc.)
- Add note button is at the top right of your screen
- Notes are required for some services



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Submitting an Authorization Request (cont'd)

Add Attachments if needed for the request.

Add Attachment button is at the top right of your screen.

NOTE: Document names can only be 1,000 characters in length and can only contain letters, numbers, dashes (-) and underscores (_).

- Browse to locate the file
- Click Open and the file name will appear in the file field
- Select document type: Correspondence, Crisis Plan, Level of Care, Medical Records and click add
- Multiple files may be added; once all files are included in the attached files list, click Close at the bottom of the screen

Click Next to proceed with submission.

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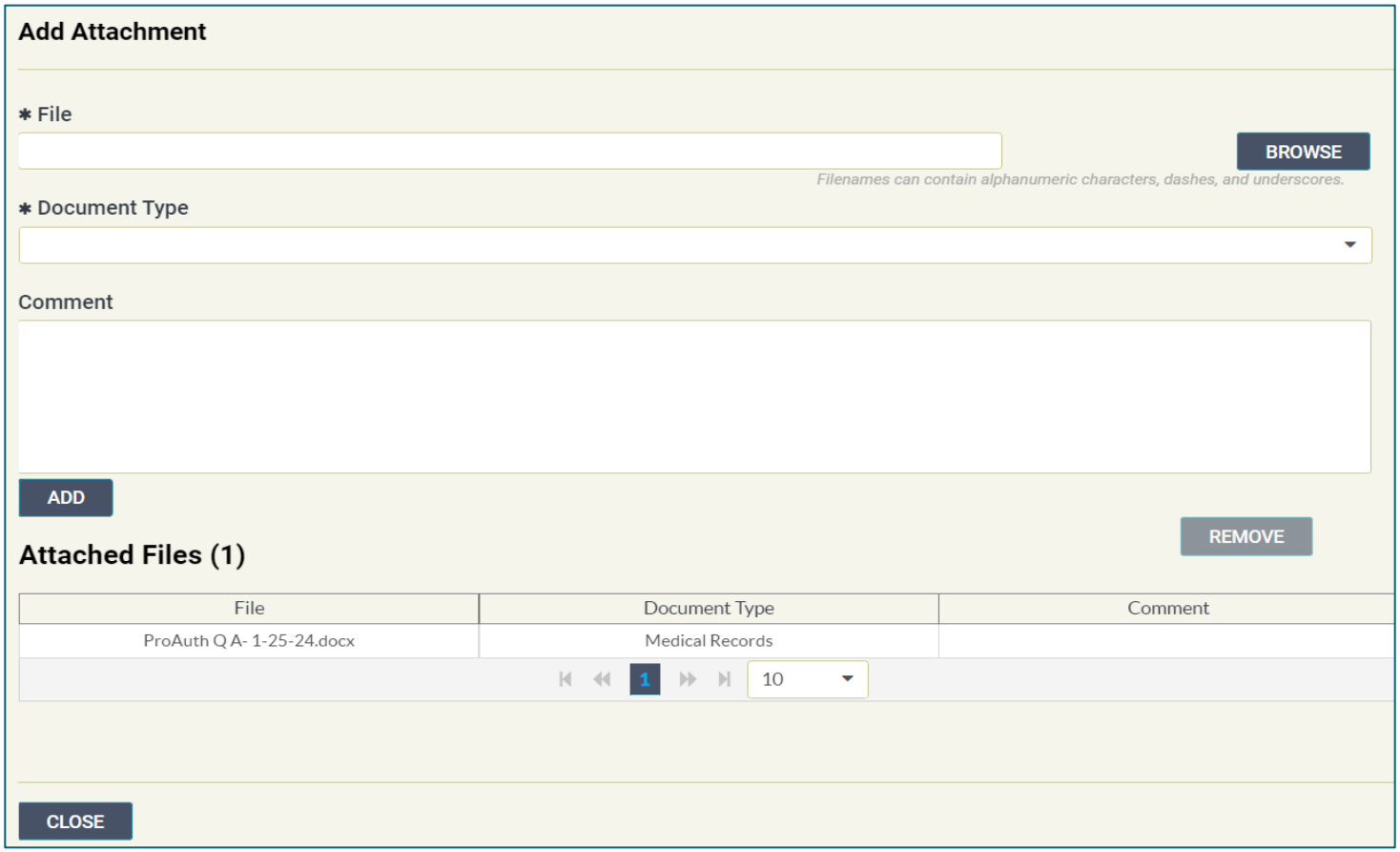
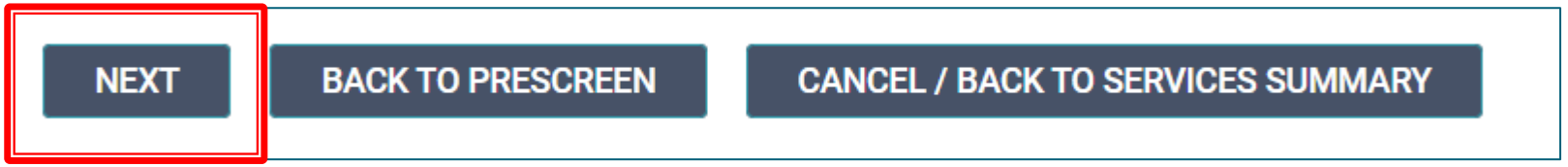
Submitting an Authorization Request (cont'd)



Submitting an Authorization Request (cont'd)

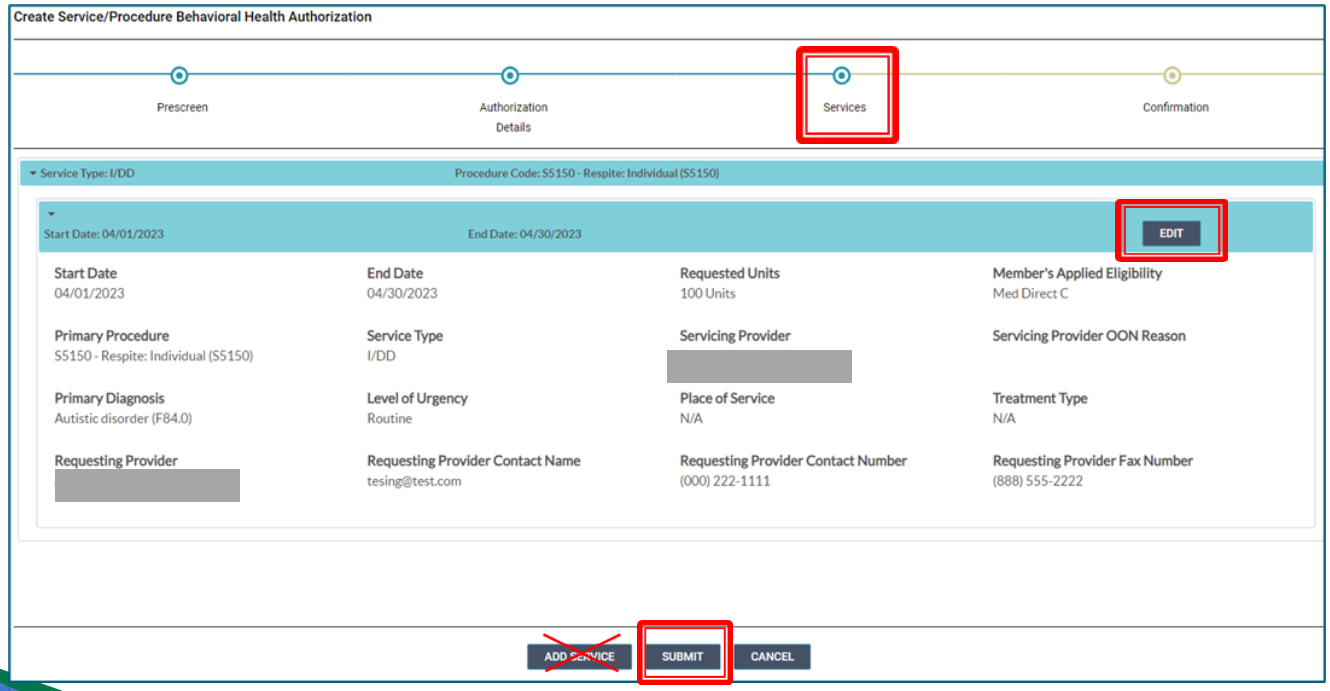
Once authorization details are entered

- Hit NEXT to continue.
- Hit Back to Prescreen to return to Prescreen.
- Hit Cancel/ Back to Service Summary to Cancel.



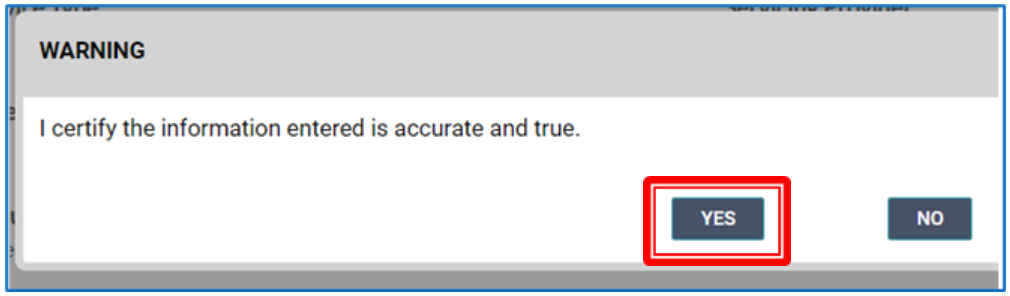
Submitting an Authorization Request (cont'd)

- Review Services screen for accuracy.
- If corrections are needed or documents need to be attached, click "EDIT."
- DO NOT ADD SERVICE.
- Click 'Submit' to submit the request.



Submitting an Authorization Request (cont'd)

- Certify the information entered is accurate and true by hitting YES.
- **Once submitted, the request cannot be edited or rescinded.**
- If you forgot to attach documents, you can email them to UMQuestions@partnersbhm.org.



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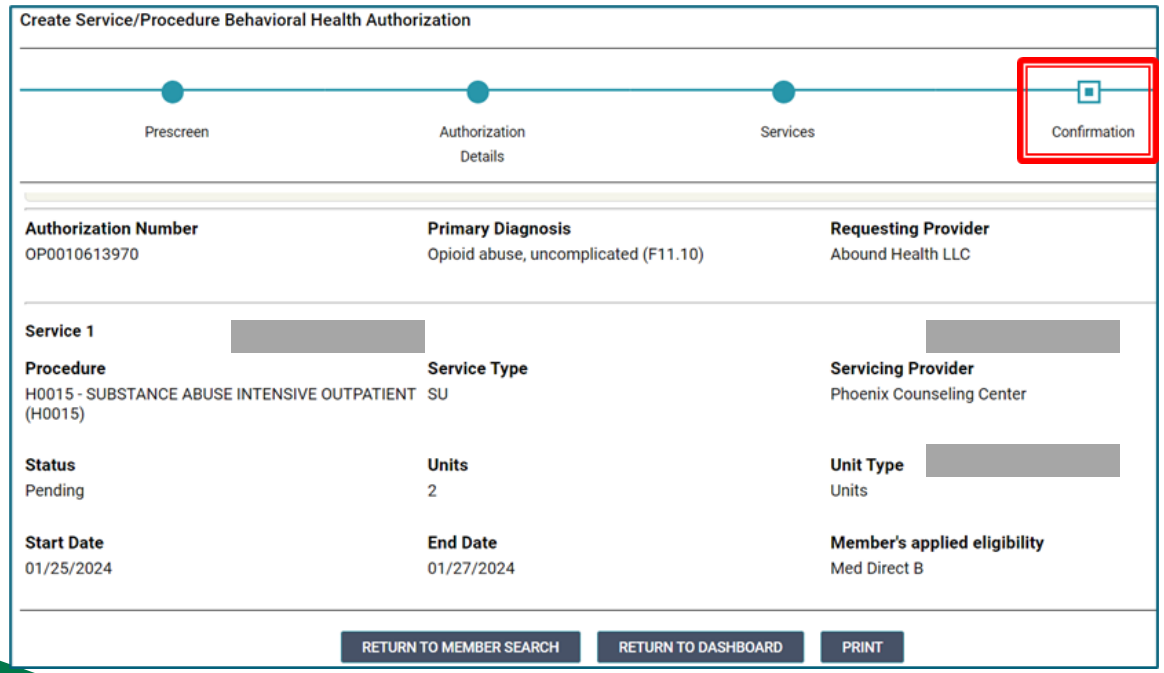
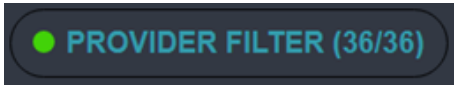
Submitting an Authorization Request (cont'd)

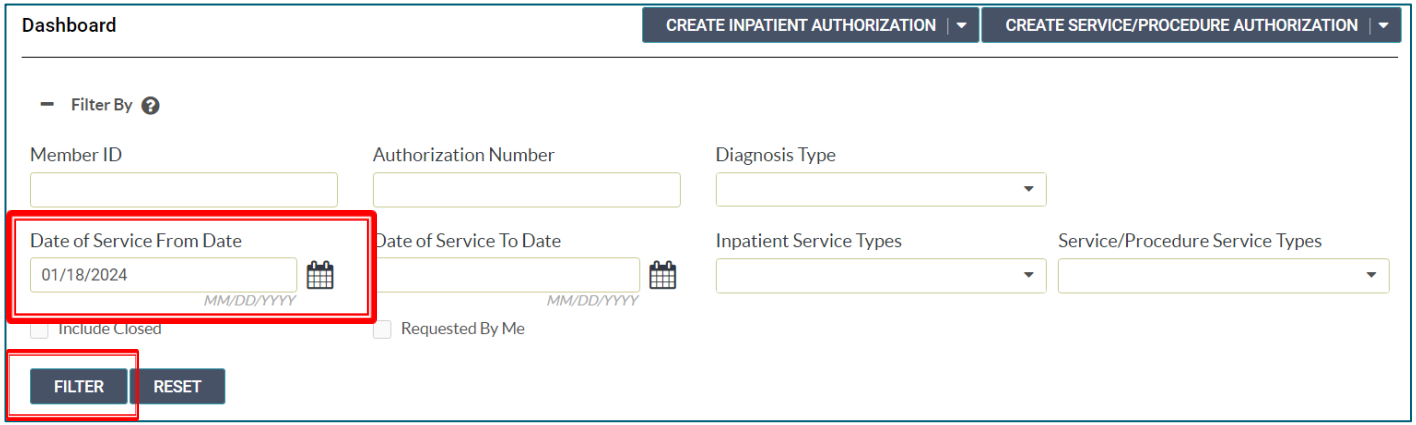
- You will receive Confirmation that the request has been submitted successfully including an Authorization Number.
- Note: This Authorization Number is **not** an authorization for service, only the assigned tracking number for the Authorization Request.
- You may Return to Member Search, Return to Dashboard, or Print from this screen.



Review Authorization Status on Dashboard

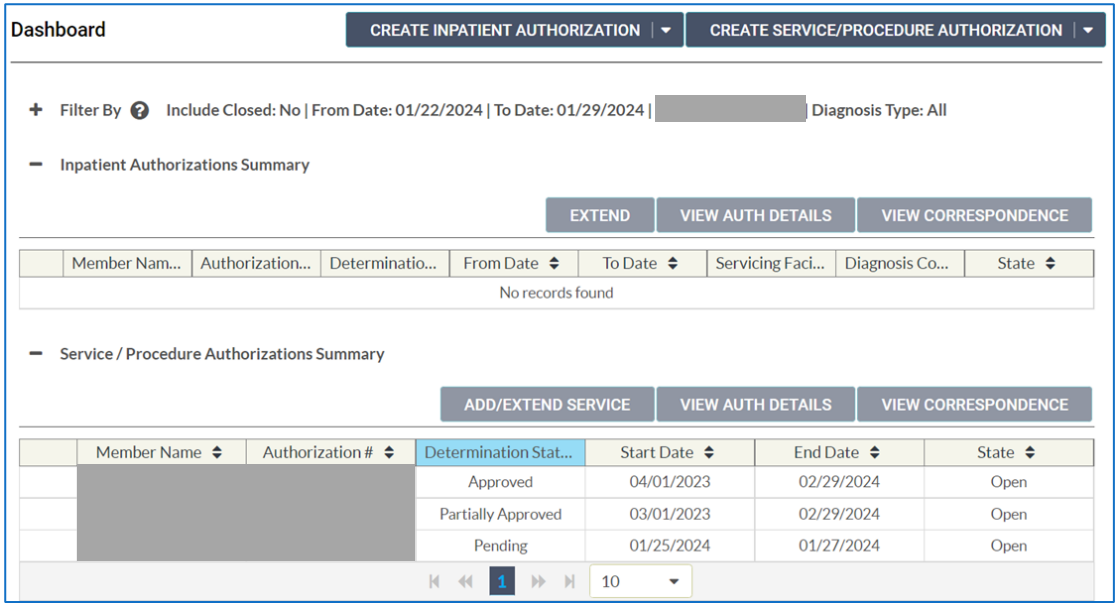
- On the Dashboard
  - Make sure your Provider Filter in the top right corner is green
    - You will only be able to see the authorizations submitted for the selected site location(s) and authorizations you submitted for other providers (care managers).
  - It is best not to fill in every filter option but to use as few filters as possible to find the Authorization(s) you are looking for.
  - Make sure “Date of Service From Date” is on or before the Authorization start date.





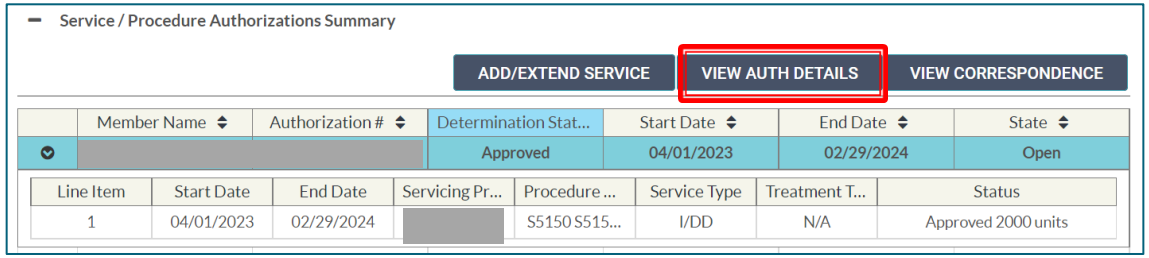
Review Authorization Status on Dashboard (cont'd)

- After filtering, you will see a list of search results including member name(s), Authorization numbers, Determination Status, Start Date, End Date and State
- Inpatient Authorizations and Service/Procedures Authorizations have separate tables



Review Authorization Status on Dashboard (cont'd)

- From the list of search results, highlight the authorization line and click the arrow to view the line item(s)

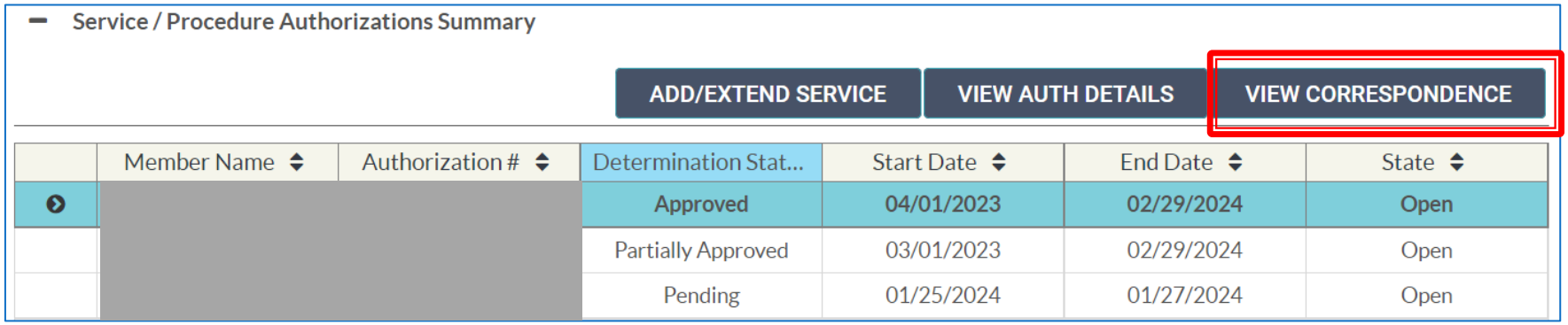


- For Authorization Details and print, click "View Auth Details"
- Under "Line Item Details," click the arrow to view line items and details
- These screens can be printed using the Print Screen button on your keyboard

Review Authorization Status on Dashboard (cont'd)

View and Print Authorization Correspondence (NEW)

- From the search results on the Dashboard, once you highlight the authorization line, the VIEW CORRESPONDENCE button becomes available



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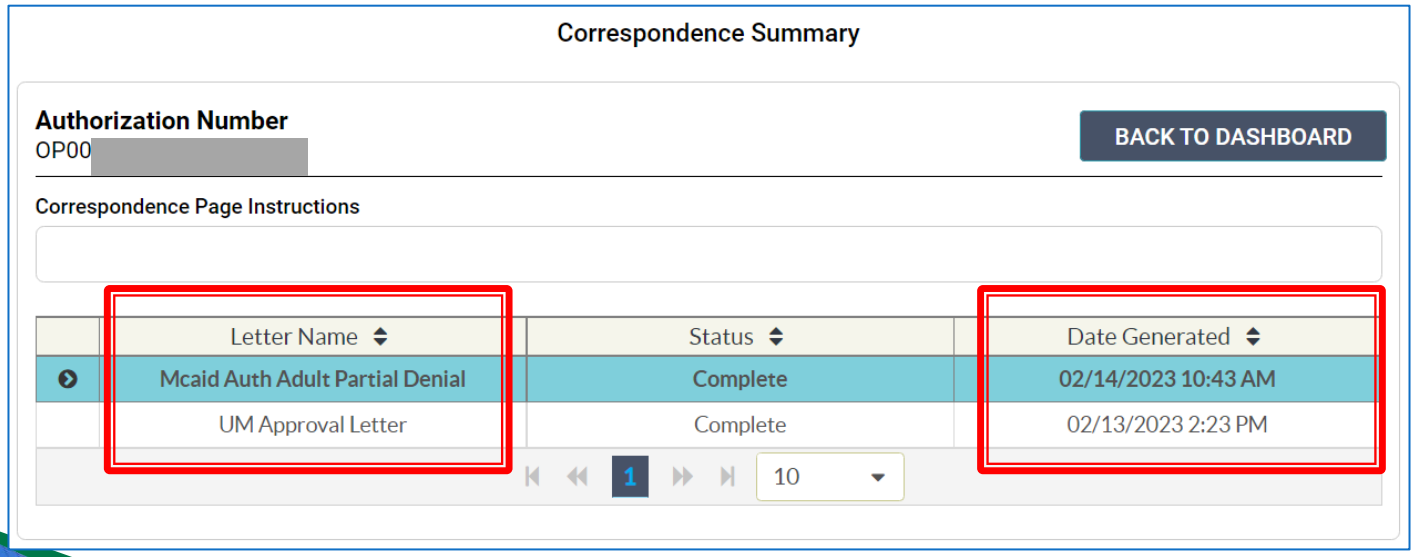
Review Authorization Status on Dashboard (cont'd)

View and Print Authorization Correspondence (NEW) (continued)

- The Correspondence Summary shows all correspondence associated with the selected authorization. This includes the Letter Name(s).



Review Authorization Status on Dashboard (cont'd)

View and Print Authorization Correspondence (NEW) (continued)

- There may be more than one letter. If so, use the latest Date Generated.
- This may occur when corrections are made to the authorization, such as site corrections.

	Letter Name	Status	Date Generated
❯	UM Approval Letter	Complete	08/28/2023 10:27 AM
	UM Approval Letter	Complete	04/14/2023 3:48 PM

1 10

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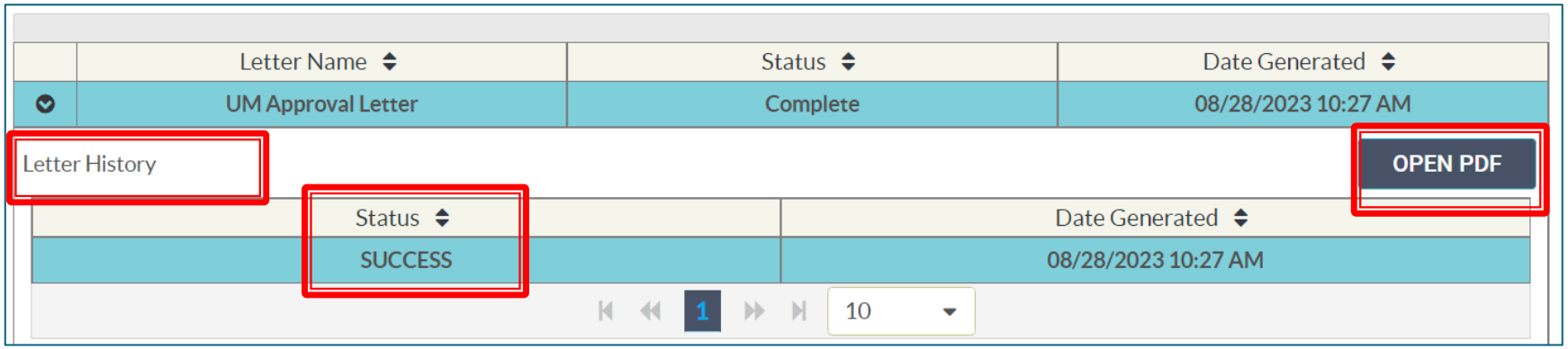
Review Authorization Status on Dashboard (cont'd)

View and Print Authorization Correspondence (continued)

- Click the arrow to open the Letter line and view Letter History
- Select the line showing Status SUCCESS
- Click the OPEN PDF button



Review Authorization Status on Dashboard (cont'd)

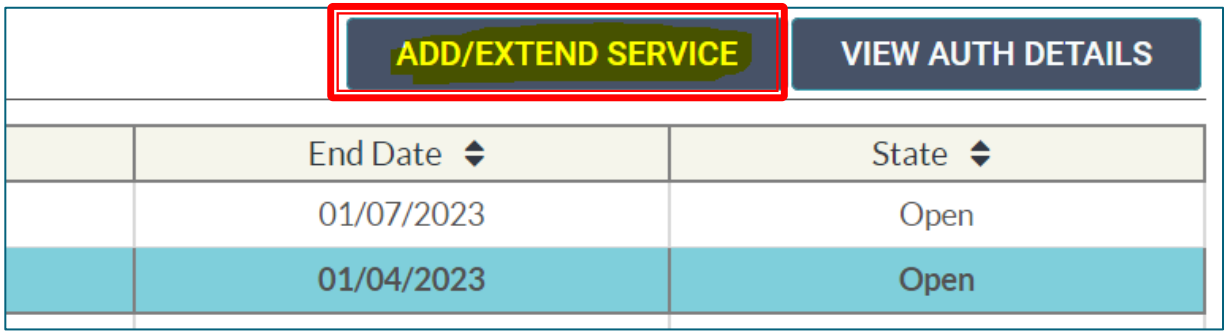
View and Print Authorization Correspondence (cont'd)

- The Authorization letter opens in a new window. The document can be printed or downloaded.

Extending an Authorization

Extending an Authorization only applies to Inpatient Concurrent requests and Physical Health service requests.

- Select Approved Authorization.
- Click ADD/EXTEND SERVICE.
- Complete required details to extend auth period as required by service code and benefit plan.
- Complete required documentation on authorization screens and Submit.



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References

Provider Alert: Provider Must Identify a Local Administrator for Launch of Partners' ProviderCONNECT

ProviderCONNECT: Local Administrator Instructions

Provider Alert: Local Administrators Can Now Set Up Users in ProviderCONNECT

Provider Alert: Partners to Launch New Platform for Prior Authorizations on January 23

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Contact Information

- ProAuth Questions: ProAuth@Partnersbhm.org
- Local Administrator Designation: CredentialingTeam@Partnersbhm.org
- ProviderCONNECT Local Administrator Log-In Issues only: ProviderCONNECTSupport@Partnersbhm.org
- Partners Service Desk: 704-842-6431 OR ServiceDesk@partnersbhm.org

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ProAuth Q & A Session
Updated Jun. 14, 2023

Question	Answer
1. **What is the link to ProAuth?**	https://id.partnersbhm.org/.
2. **How do I get my login and password?**	Obtain your login and password from your provider Local Administrator. You can see who that is by looking at the following list: https://providers.partnersbhm.org/identifying-a-local-administrator/. If you do not find a Local Administrator for your organization, please use this link for instructions on setting up the Local Administrator: https://providers.partnersbhm.org/reminder-providers-must-identify-a-local-administrator-for-launch-of-partners-providerconnect/.
3. **I am the Local Administrator, but I do not know what to do. Can you help?**	If you are a Local Administrator, you must: • Access ProviderCONNECT: Local Administrator Instructions at: **https://providers.partnersbhm.org/providerconnect-local-administrator-instructions**. • Log in and set up users for your organization. • Let your users know they have been added to ProviderCONNECT. Local Administrators may inquire about login issues/questions via email at: **providerconnectsupport@partnersbhm.org**. Providers can locate this information in the Provider Alert sent out on Dec. 16, 2022: https://providers.partnersbhm.org/provider-alert-local-administrators-can-now-set-up-users-in-providerconnect/.
4. **How do I get trained for this system?**	Register for the training. The link is: https://attendee.gotowebinar.com/register/5761252241289114201. This was provided in the Provider Alert on Dec. 13, 2022: https://providers.partnersbhm.org/partners-is-changing-how-providers-submit-prior-authorizations/. There is no test or certificate for this training.
5. **When I am in ProviderCONNECT, there is no Quick Link to ProAuth. What do I do?**	There is no Quick Link currently. To access ProAuth, look under Patient Management and search for your member.

6. **After I search for my member, there are two versions of their information to select from. Which do I pick?**	Select either one. Then, go back to the Patient Management dropdown and click on ProAuth Authorizations.
7. **When I click ProAuth Authorizations, it takes me back to the Home Page.**	Enable pop ups for your browser. Sometimes you must do this twice.
8. **When I try to enter in Member Search to bring up a member, it will not allow me to Search. What do I do?**	Sometimes, you must toggle between Member Search and Dashboard for the system to allow you to enter in the data and search.
9. **Is my service considered an Inpatient Authorization?**	If you are not providing Inpatient level of care services, then you do NOT enter an Inpatient Authorization. It is normally hospitals that do this service. All other services are entered as a Service/Procedure Authorization.
10. **Do I choose Medical or Behavioral?**	Currently, always choose Behavioral.
11. **I have entered all my information correctly, and it won't let me submit. What do I do?**	This could be several items. Please check the following: • Make sure Provider Filter is on and showing green. Make sure you pick your correct site location. • Check your eligibility. As of Feb. 6, 2023, there is a glitch in ProAuth where it will not allow submissions beyond the end date showing. You will have to use that end date or submit a Manual Authorization. If you submit, make a note on the second page of data entry stating the actual dates and units you want, and the UM Reviewer will make corrections after it is submitted. • Do not put anything in the Provider Specialty dropdown.

12. **Where do I make notes or attach documents?**	On the second page of data entry, you will see the following: Add a note in the "ADD NOTE" section. You can put the Clinical Justification in this location if you wish. You attach documents in the "ADD ATTACHMENT" section.
13. **It will not take my documents. What can I do?**	Document names can only be 1000 characters in length and can only include: • Letters • Numbers • Dashes • Underscores
14. **I have already submitted my authorization and forgot to attach my documents. What do I do?**	You have 2 choices: 1. Wait for the UM Reviewer to contact you via phone or email. OR 2. Email your documents to UMQuestions@partnersbhm.org with member name and authorization number. They will be routed to the correct UM Reviewer.
15. **I prefer to submit a Manual Authorization while the glitch is going on. What is that process?**	To submit a Manual Authorization, go to the Partners Provider Knowledge Base website: https://providers.partnersbhm.org/. Scroll down to Access to Care and Utilization Management and click on Utilization Management. Halfway down the page, under "Additional Resources," is the "Manual Service Authorization Form" in green. Click on it. Complete the form and send it to the appropriate email or fax listed on the last page. The email is: BHIDDManualAuthorizations@partnersbhm.org.
16. **Where can I see the decision made on my authorization?**	Once the authorization is reviewed (for all services except Inpatient), the result will be available in ProAuth. UM has 14 days to review. You can click on DASHBOARD in ProAuth. Make sure you have your Provider Filter on and showing green. You will only be able to see the authorizations submitted for the site location you have checked in Provider Filter. Check the Date of Service From date will include the authorizations you are looking for.

	To see the decision, highlight the authorization and click "VIEW AUTH DETAILS." You will have another line inside where you click an arrow to open it and scroll down. You will see the rationale listed with any recommendations inside.
17. **Will we submit claims in ProAuth?**	No. Claims are done in Alpha+.
18. **Do we submit discharges in ProAuth?**	No. UM Staff will do those in their system, which is called TruCare.
19. **Do we submit Benefit Plans (Target Pops) in ProAuth?**	No. Those are submitted in Alpha+. You may follow up with the Eligibility and Enrollment department with questions at EligibilityEnrollment@partnersbhm.org.
20. **I have tried all the suggestions for troubleshooting and still cannot enter an authorization. Who do I contact?**	Please send an email with screenshots of your entire screen with error to ProAuth@partnersbhm.org. We have a team of staff monitoring that email. If we deem it an IT issue or a ProviderCONNECT issue, we will forward the question to them for investigation.
21. **I am having trouble with ProviderCONNECT and ProAuth after trying all suggestions. What do I do?**	You can reach out for IT assistance for issues specific to ProviderCONNECT at: ProviderCONNECTSupport@partnersbhm.org. You can also reach out to the Partners Service Desk at 704-842-6431 or ServiceDesk@partnersbhm.org.