DENVER HEALTH MEDICAL PLAN AUTHORIZATION PORTAL USER GUIDE

For Provider Offices

CONTENTS

Introducing The Denver Health Medical Plan Authorization Portal

The Denver Health Medical Plan (DHMP) authorization portal is a tool for providers to electronically submit authorizations and receive automated responses and real-time updates.

Providers can check the status of authorizations, add supporting documentation, withdraw requests, make updates and submit appeals on denied authorizations in one easy-to-use interface.

The authorization portal is available through the DHMP Provider Portal.

For ease of use, it is recommended that users turn off their browser's pop-up blockers.

Please note that only one authorization portal session can be open at one time.

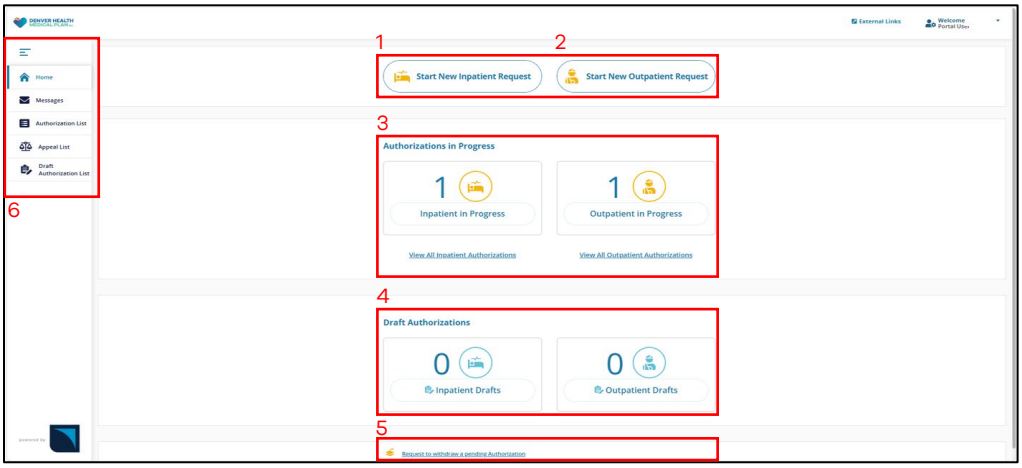
If the user has multiple profiles, the user will need to go into the Provider Portal and switch their profile to the provider that they need to submit an authorization for.

Please contact the Denver Health Medical Plan Provider Relations Department (managedcare.providerrelations@dhha.org) if there are any issues using the authorization portal.

Authorization Portal Home Page

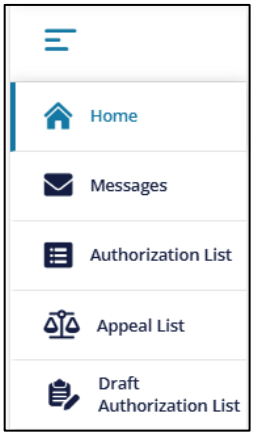
On the Authorization Portal Home Page, the user can:

1. Start a New Inpatient Request.
2. Start a New Outpatient Request.
3. View prior-authorization requests still in process.
4. View draft prior-authorizations the user has saved prior to submission.
5. Withdraw a pending authorization.
6. Use the Navigation Panel.



The Navigation Panel can be accessed from any page, from here the user can also:

1. Return to the homepage at any time.
2. Access their messages.
3. View their list of submitted authorizations.
4. View their list of appeals .
5. View their list of drafted authorizations.



Getting started with the Authorization Portal: Messages

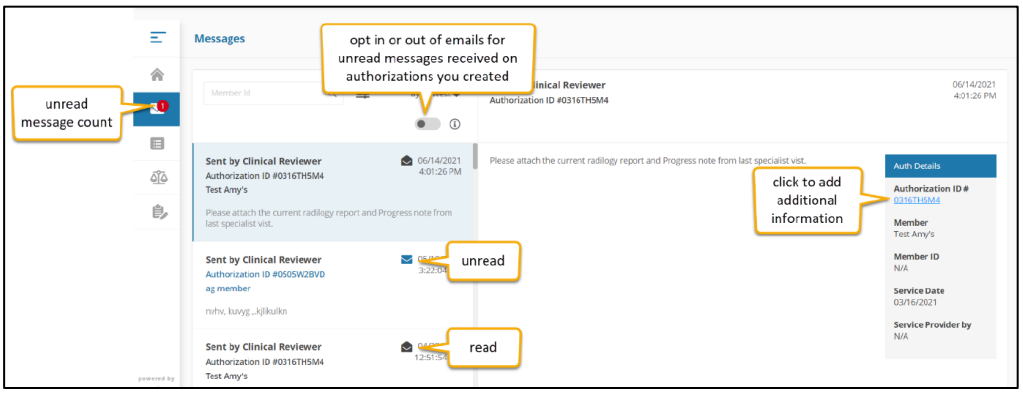
The **Messages** window displays any messages sent from Denver Health Medical Plan (DHMP) authorization reviewers. Reviewers usually send messages to request additional information.

If there are any unread messages, a red indicator of the unread message count displays on the Messages tab in the navigation menu.

Select a message on the left to open the full text in a reading pane on the right, along with details about the authorization. The **Auth ID** link opens Additional Information about the authorization.

A closed Messages button indicates an unread message, and an open Messages button indicates a read message.

The window includes a toggle that allows users to opt in or out of receiving system-generated emails for unread messages received on authorizations they created.



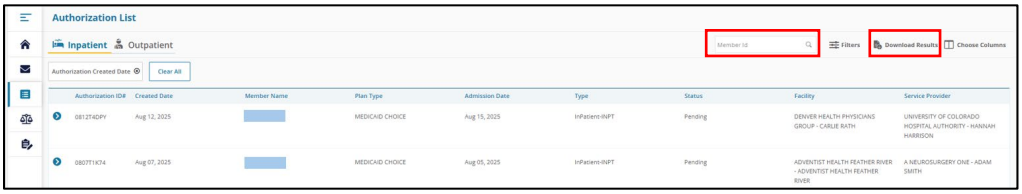
Messages in the authorization portal are one-way: from the DHMP reviewer to the portal user. No messages can be sent from the portal to DHMP.

Getting started with the Authorization Portal: Authorization List

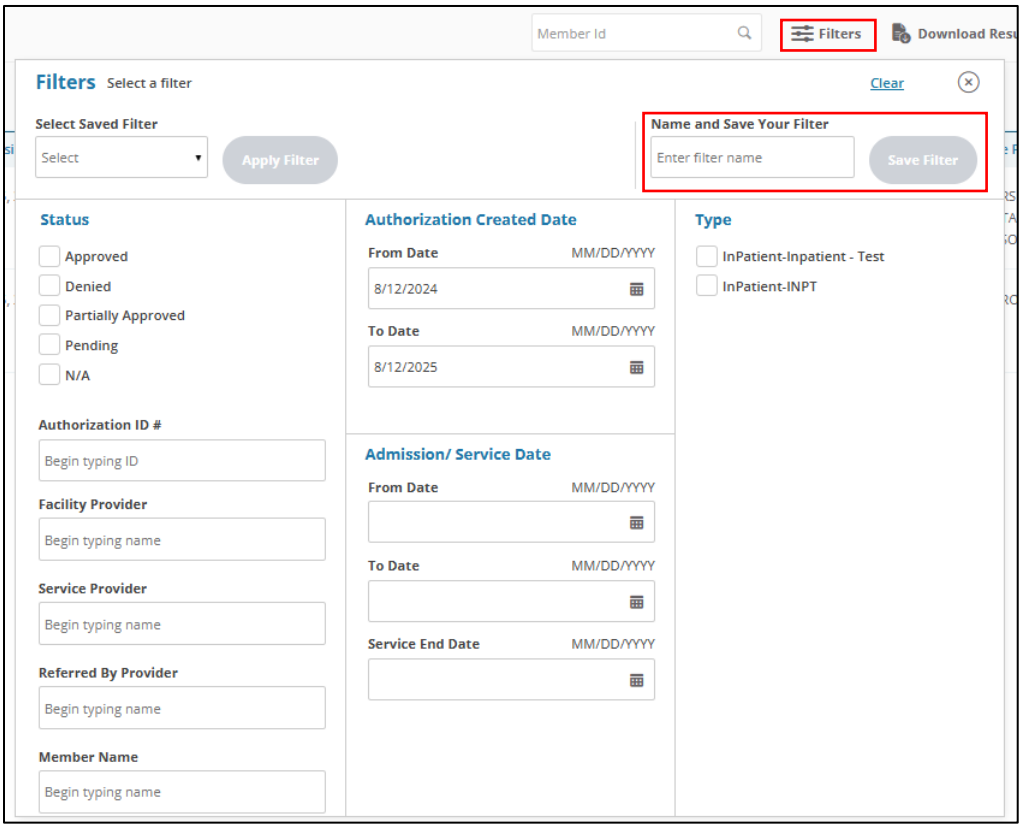
The **Authorization List** window contains information about the authorizations submitted by the user's organization. The Authorization List is split into tabs for each authorization type: **Inpatient** and **Outpatient**.

Users can use the **Member Id** field to search the list by a specific member.

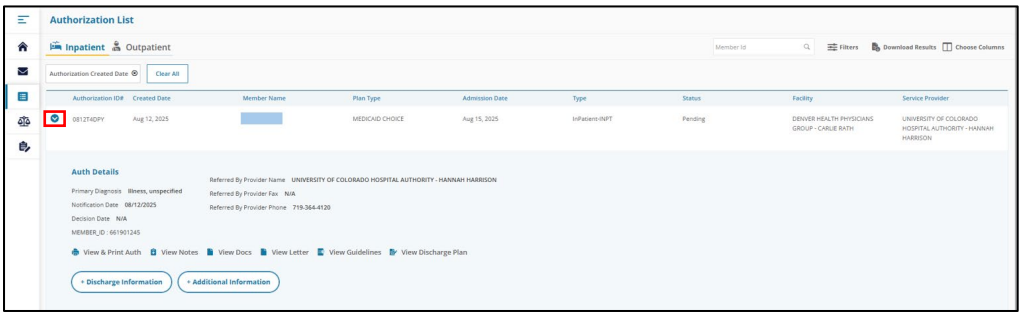
The displayed list can be downloaded as an Excel file by clicking on **Download Results**.



Users can click on **Filters** to display only authorizations of the selected criteria. Filters can be named and saved by the user for future use by clicking on **Save Filter**.



From the list of authorizations, clicking the icon will display the **Auth Details**.



The following options are available for an authorization:

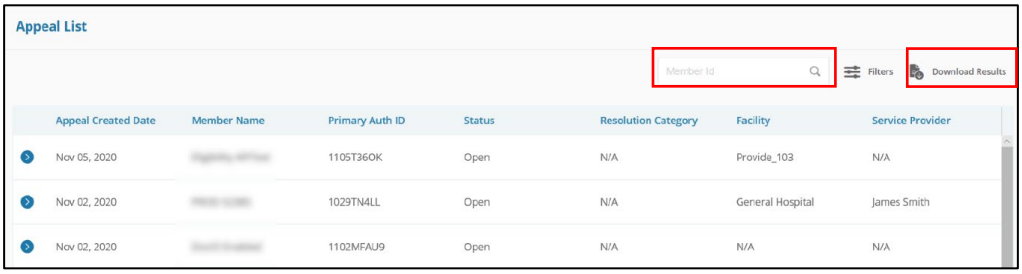
Option	Description
View & Print Auth	View a summary of the authorization in a printable and download-able format.
View Notes	View any authorization notes, extension notes, or discharge notes associated with the authorization. Tip: Selecting View Notes displays the most recently added notes for the authorization. The user can select View Notes > View All to view all of the notes for the authorization.
View Docs	View any documents associated with the authorization in a new window.
View Letter	View any letters associated with the authorization in a new window.
View Guidelines	View and/or print assessment responses.
View Discharge Plan	View discharge plan responses.

Getting started with the Authorization Portal: Appeal List

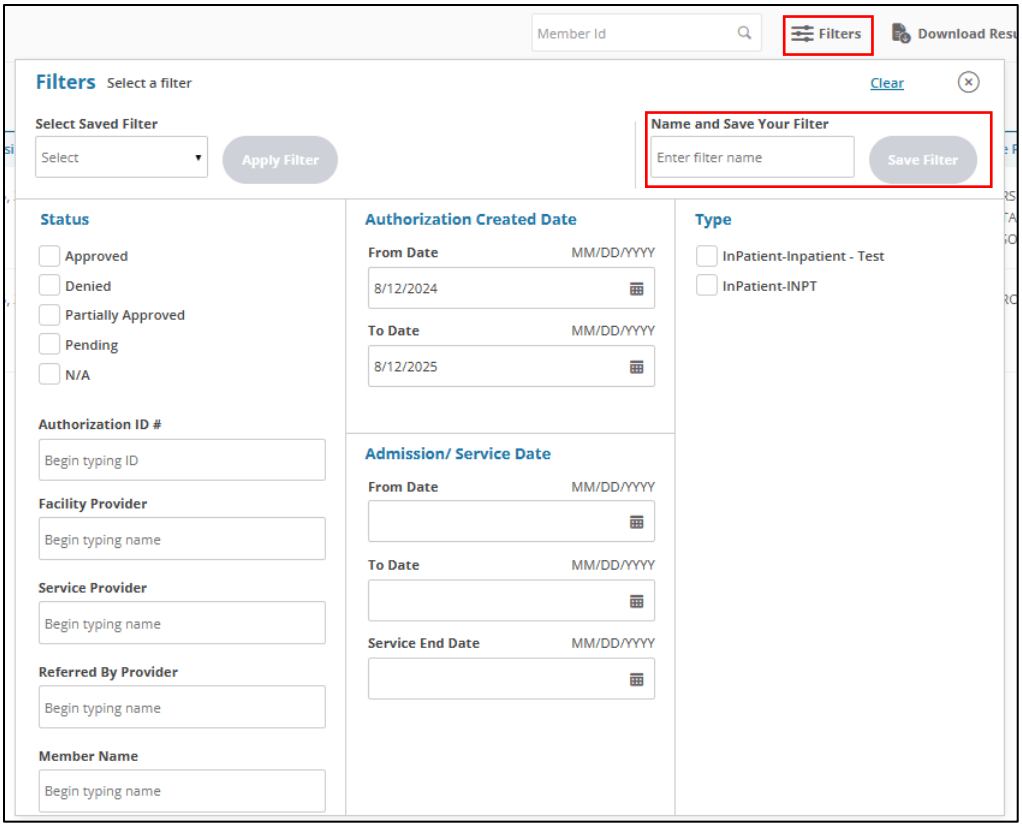
The **Appeal Lists** contains information about the appeals the user's organization has submitted.

Users can use the **Member Id** field to search the list by a specific member.

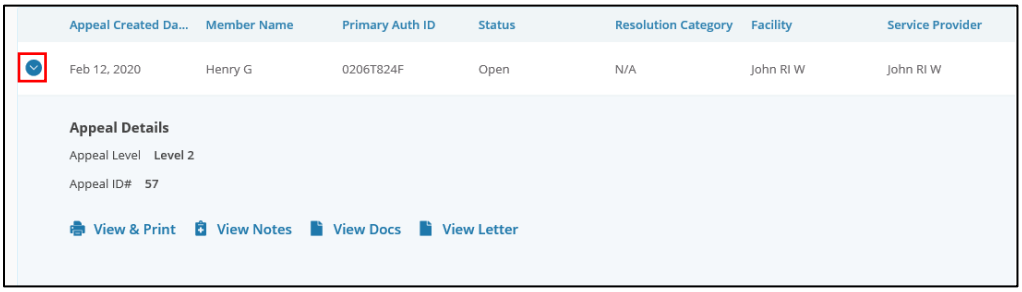
The displayed list can be downloaded as an Excel file by clicking on **Download Results**.



Users can click on **Filters** to display only authorizations of the selected criteria. Filters can be named and saved by the user for future use by clicking on **Save Filter**.



From the list of appeals, clicking the icon will display the **Appeal Details**.

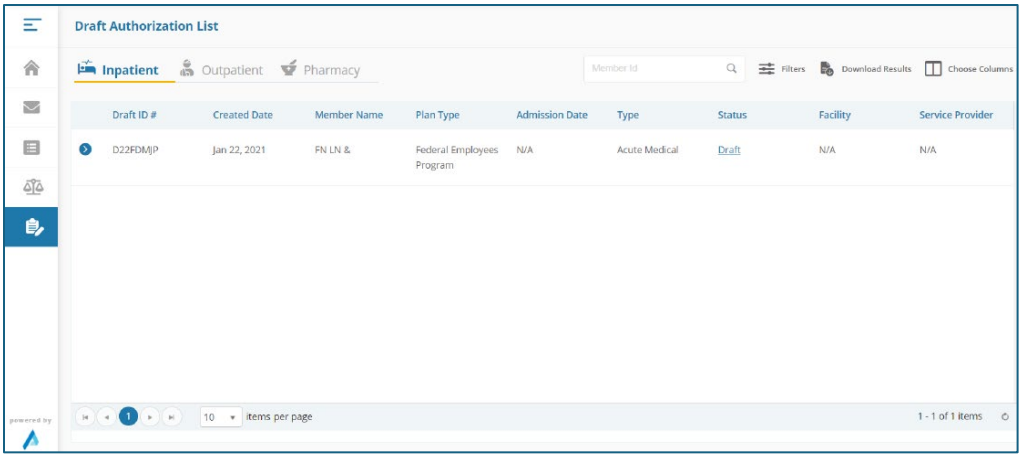


Option	Description
View & Print	View a summary of the appeal in a printer-friendly/downloadable format.
View Notes	View any notes associated with the appeal.
View Docs	View any documents associated with the appeal.
View Letter	View any letters associated with the appeal.

Getting started with the Authorization Portal: Draft Authorization List

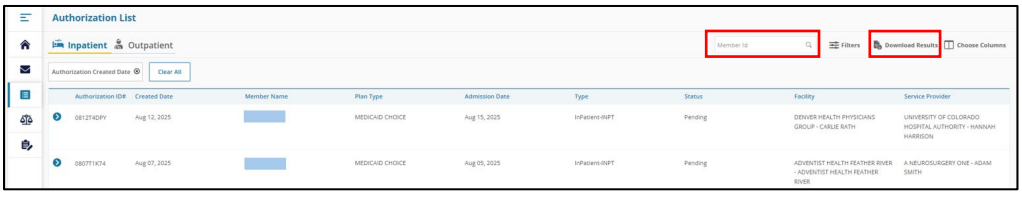
Draft authorizations are authorizations that have been saved by selecting **Save as Draft** during authorization entry but not submitted for review and adjudication. The Draft Authorization List is very similar to the Authorization List, but with fewer options.

Draft authorizations will be automatically archived and disappear from the Draft Authorization List 7 days from creation date.

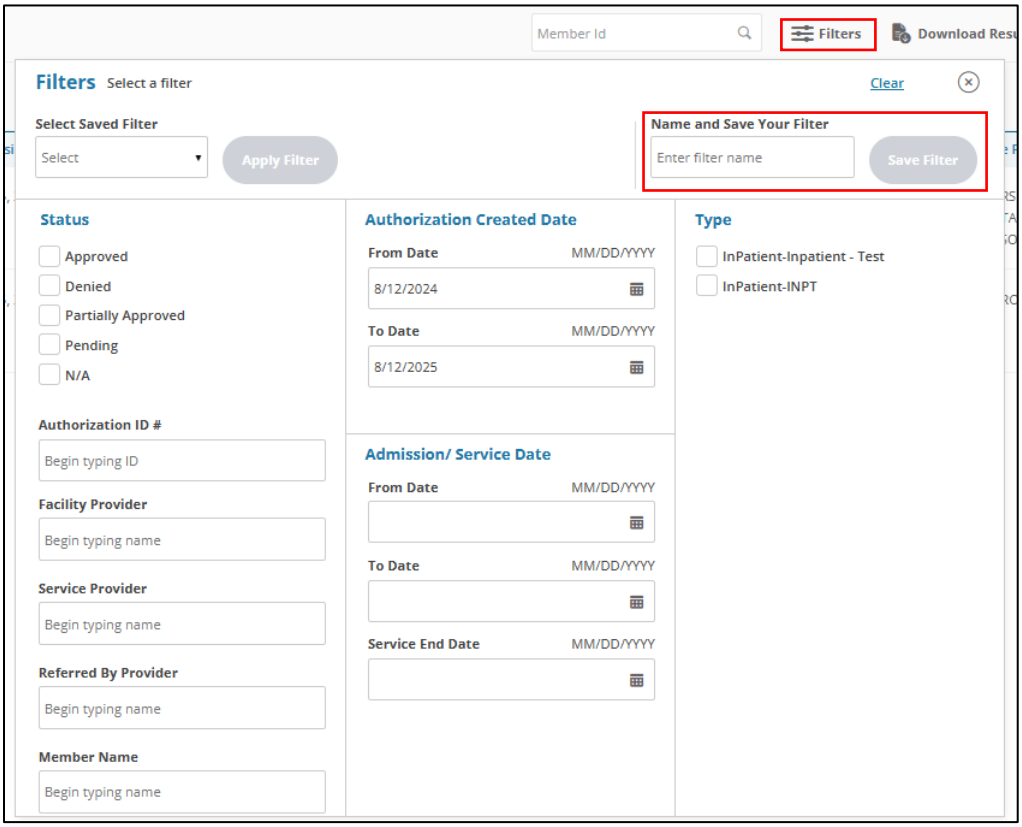


Users can use the **Member Id** field to search the list by a specific member.

The displayed list can be downloaded as an Excel file by clicking on **Download Results**.



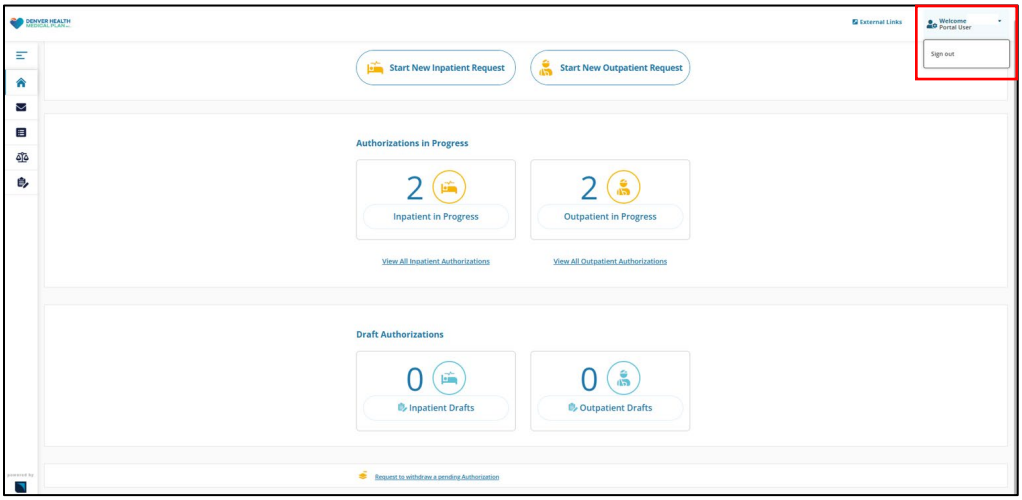
Users can click on **Filters** to display only draft authorizations of the selected criteria. Filters can be named and saved by the user for future use by clicking on **Save Filter**.



From the list of draft authorizations, clicking the ❯ icon will display the Draft Auth Details.

Getting started with the Authorization Portal: Logging Out

It is recommended to log out from the authorization portal through the **Sign Out** link in the upper right-hand corner instead of closing the browser.



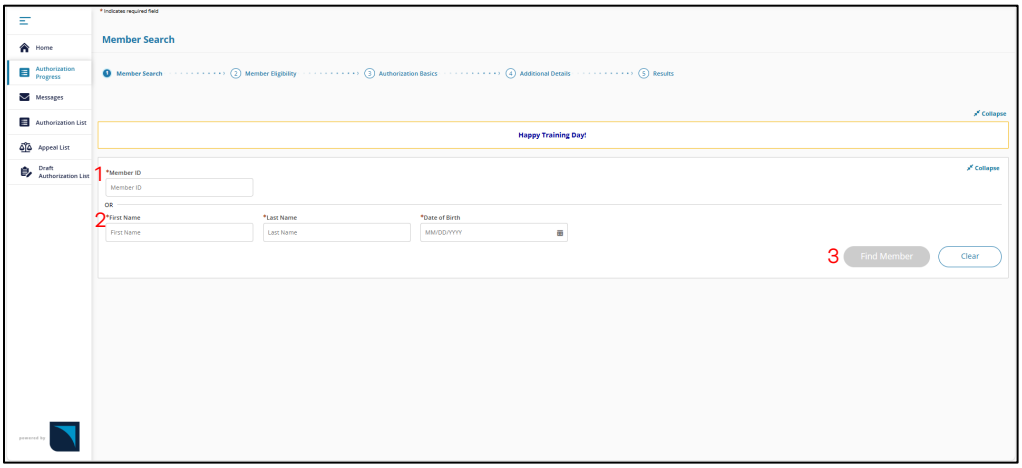
Completing an Inpatient Prior-Authorization Request: Member Search

Click on **Start a New Authorization Request** on the Home Page to begin the process. This will take the user to the first step: **Member Search**.

Search for a member by:

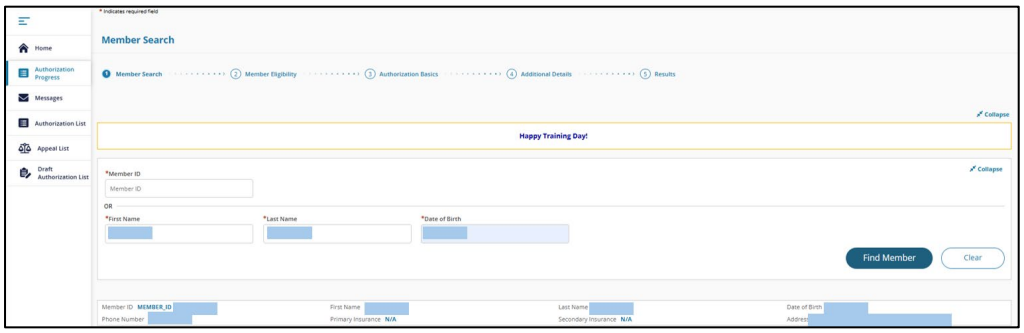
1. Entering the **DHMP Member ID** or
2. Entering the Member's **First Name**, **Last Name** and **Date of Birth**.

Click **Find Member** once the member's information has been entered.



A list of members found based on the criteria that was entered will be displayed beneath the member search box. Users should confirm the correct member is displayed, then click on the member's information.

This will progress to the next step: **Member Eligibility**.



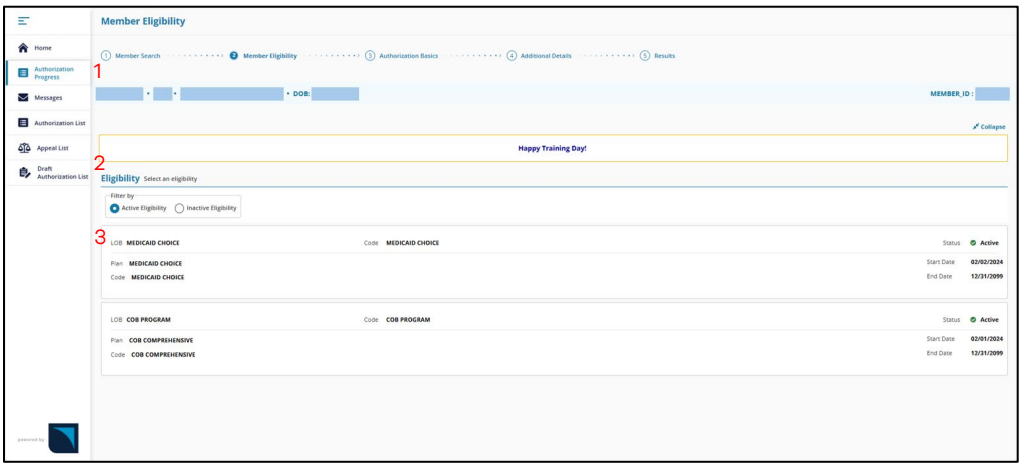
Completing an Inpatient Prior-Authorization Request: Member Eligibility

The **Member Eligibility** page will show the user:

1. The member's basic information displayed in a blue bar at the top of the screen.
2. The member's **Active Eligibility**. Members may have more than one active eligibility.

To confirm the member's eligibility:

3. Click the active eligibility that matches the member's DHMP insurance.

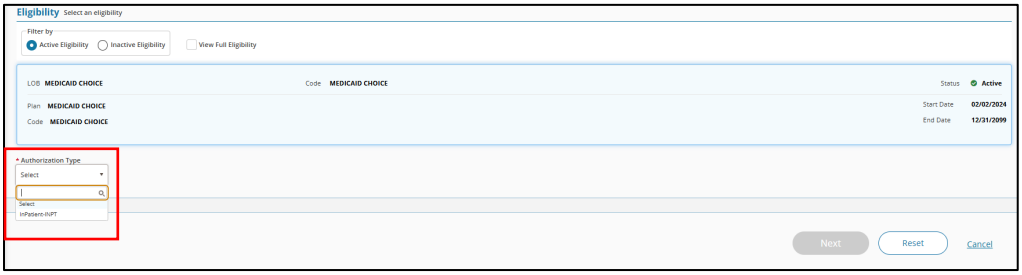


This will automatically progress to the next step: **Authorization Basics**.

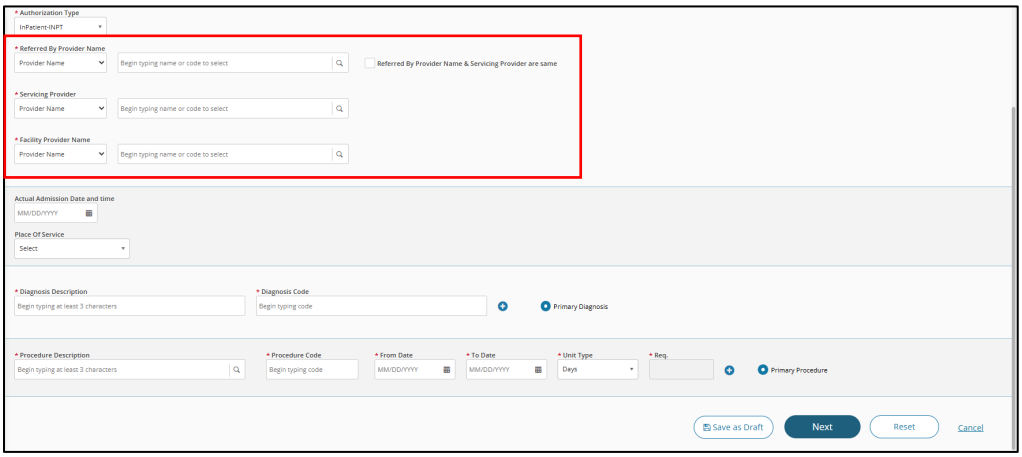
Completing an Inpatient Prior-Authorization Request: Authorization Basics

The user will be asked to select the **Authorization Type** beneath the eligibility.

For inpatient authorizations there is only one option: **InPatient – INPT**.



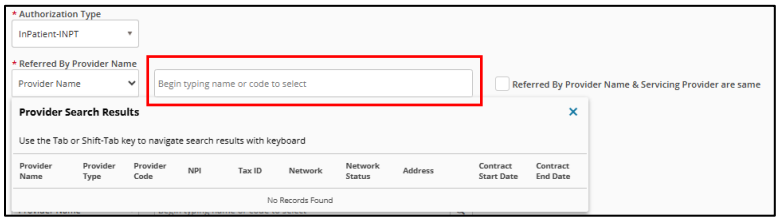
Completing the Authorization Type will generate additional fields. All fields marked with red asterisks are required.



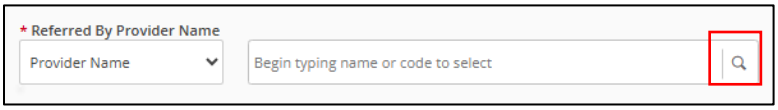
Select the providers involved with the procedure in the **Referred By**, **Servicing** and **Facility** sections.

To enter providers:

1. Search by **Provider Name**, **Provider Code**, **NPI**, or **Tax ID**.
2. Type the provider's name or code in the search bars and hit **Enter** to display the closest search results or



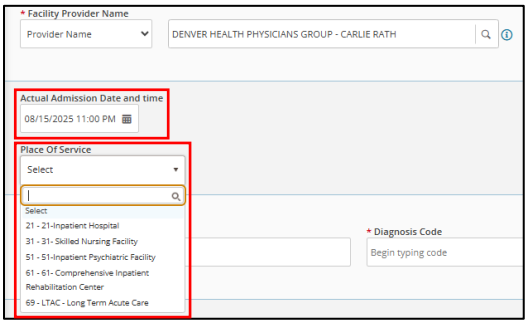
3. Click on the magnifying glass for advanced search. Enter the provider information and click **Search** to display results.



4. Whichever option was used, confirm the correct provider is displayed and select the provider.
5. If the **Referred By** and **Servicing Provider** are the same, click the **Referred By Provider Name & Servicing Provider are same** box to save time.

When all providers have been selected

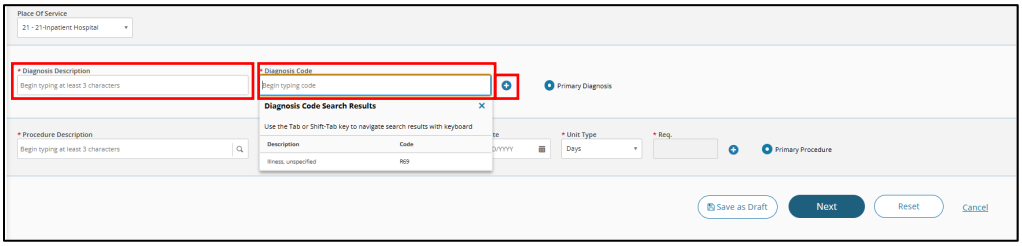
1. Enter the **Actual Admission Date and Time** if known. Times are entered in 15 minutes increments.
2. Select the **Place of Service**, from the dropdown list.



Diagnoses can be entered by **Diagnosis Description** or **Diagnosis Code**.

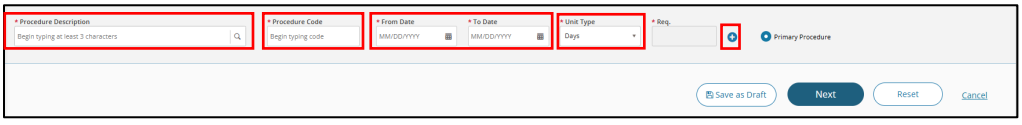
Hitting Enter after making an entry in the search bars will provide a list of suggestions. Click the correct diagnosis or code.

1. Multiple diagnoses can be entered by clicking on the **+** button.



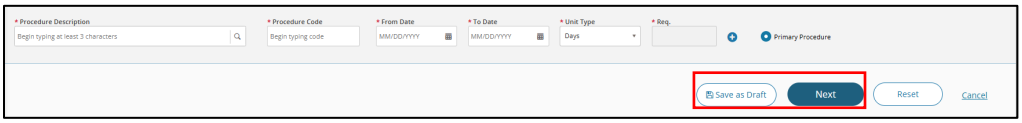
Procedures can be entered in a similar manner as diagnoses.

1. Search for and select the appropriate **Procedure Description** or **Procedure Code**.
2. Enter the **From Date** and **To Date** for the procedure (dates older than 90 days will be rejected by the system).
3. Select the correct **Unit Type** if it does not auto-populate.
4. Click **+** to add secondary procedures.



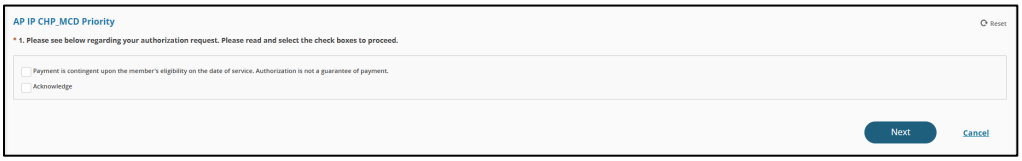
Once procedures are entered, the user has two options:

1. Click **Save as Draft** to save a draft prior-authorization request. This will allow the user to return to the draft to make changes before submission.
2. The user can click **Next** to finalize and submit the request.

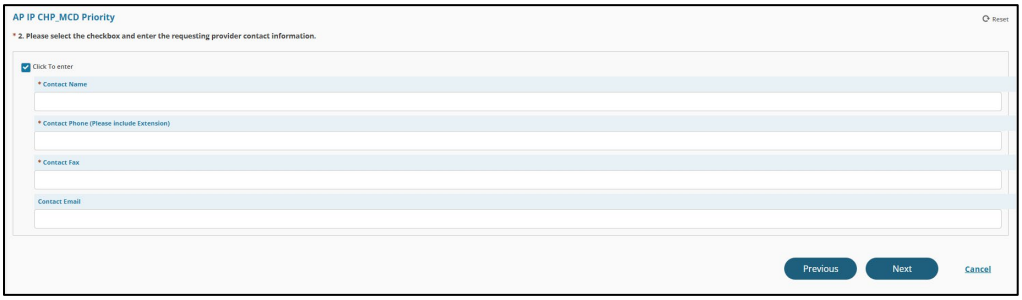


Completing an Inpatient Prior-Authorization Request: Additional Details

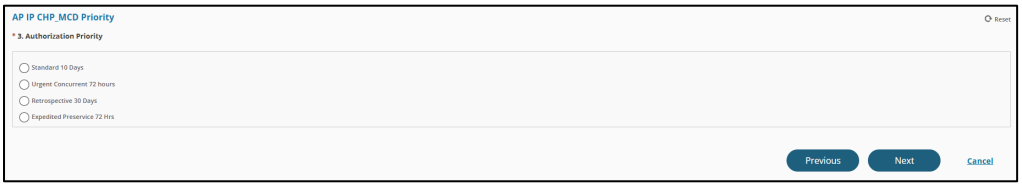
The user will need to acknowledge that Payment is contingent upon the member's eligibility on the date of service and that authorization is not a guarantee of payment. Click both boxes and click **Next**.



The user will be asked to submit contact information. This information will be used by DHMP to follow-up on the authorization if needed.



Select the priority of the authorization. On review, DHMP may change this.



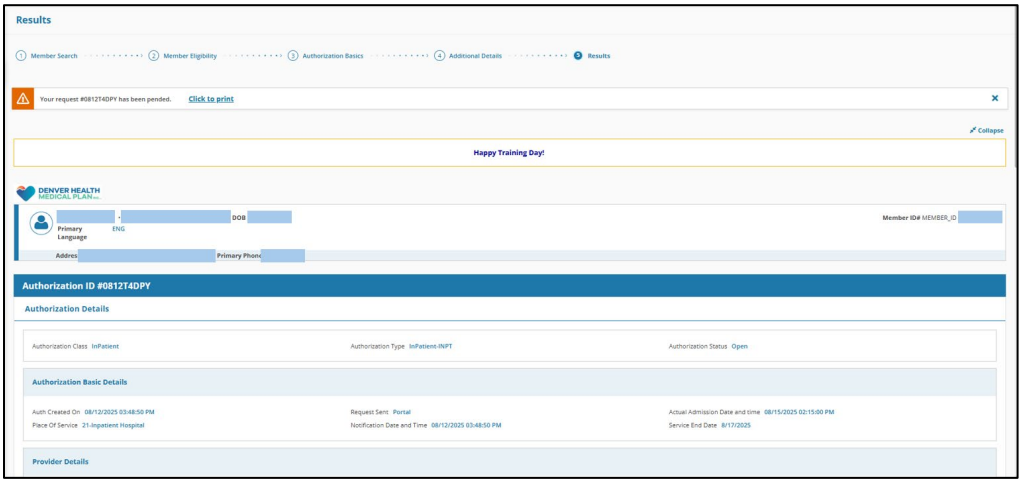
Before final submission the user will have the opportunity to:

1. **Add Notes** relevant to the authorization request.
2. **Add Attachments** such as medical records.

Click **Submit** to send the request to DHMP Utilization Management for review.

Once the request has been submitted, the user will have the opportunity to:

1. Print the request submitted.
2. Receive the Authorization ID for reference.
3. View the information that was submitted.



DHMP Utilization Management will review the submission and will notify the provider on approval, denial or if additional information is required.

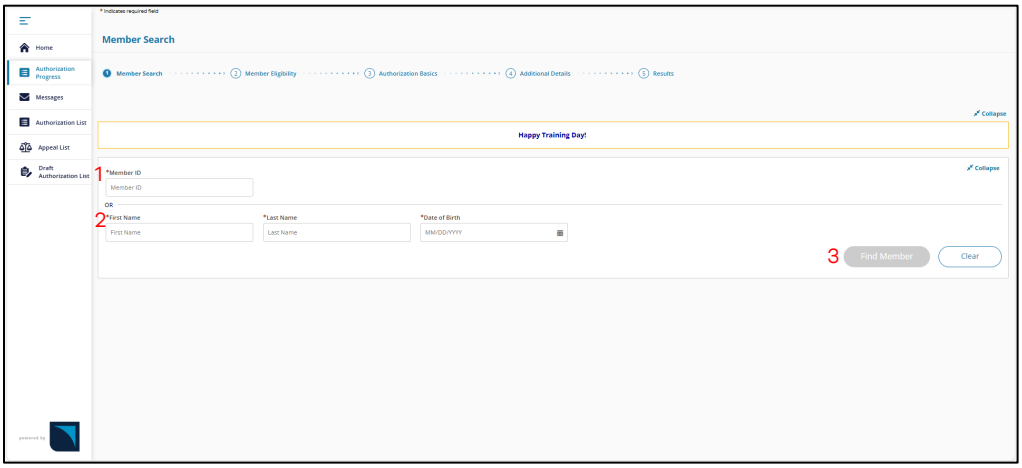
Completing an Outpatient Prior-Authorization Request: Member Search

Click on **Start a New Authorization Request** on the Home Page to begin the process. This will take the user to the first step: **Member Search**.

Search for a member by:

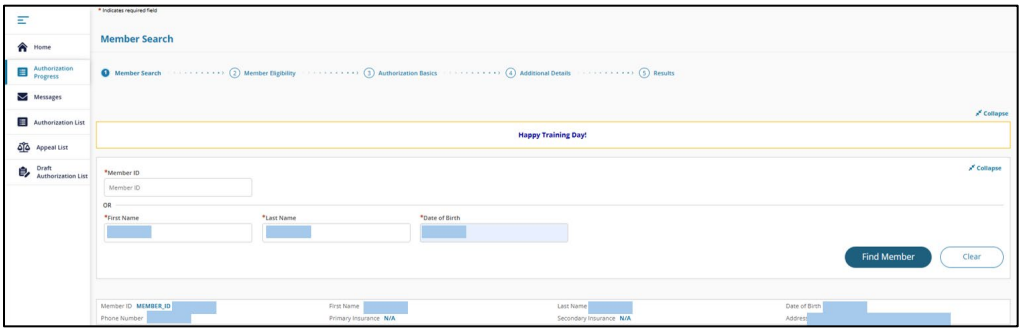
1. Entering the **DHMP Member ID** or
2. Entering the Member's **First Name**, **Last Name** and **Date of Birth**.

Click **Find Member** once the member's information has been entered.



A list of members found based on the criteria that was entered will be displayed beneath the member search box. Users should confirm the correct member is displayed, then click on the member's information.

This will progress to the next step: **Member Eligibility**.



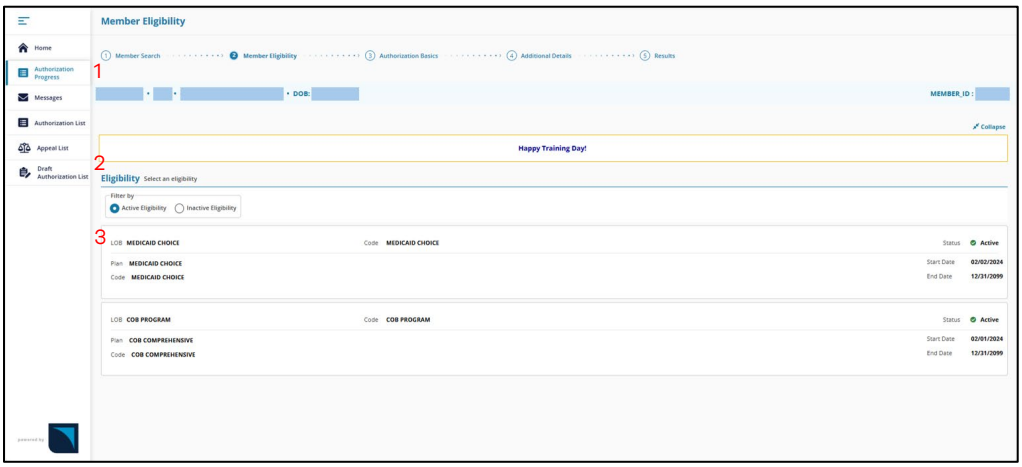
Completing an Outpatient Prior-Authorization Request: Member Eligibility

The **Member Eligibility** page will show the user:

1. The member's basic information displayed in a blue bar at the top of the screen.
2. The member's **Active Eligibility**. Members may have more than one active eligibility.

To confirm the member's eligibility:

3. Click the active eligibility that matches the member's DHMP insurance.



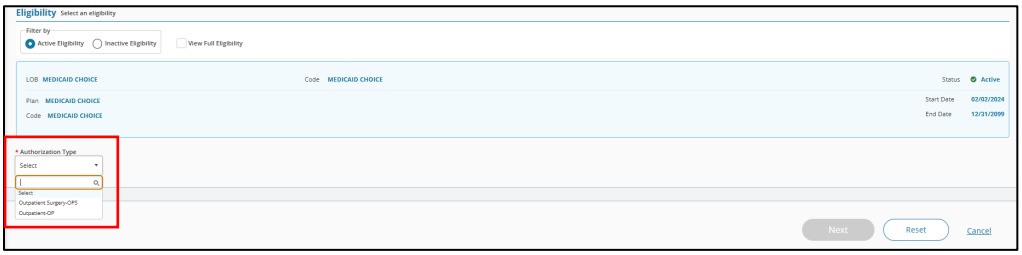
This will automatically progress to the next step: **Authorization Basics**.

Completing an Outpatient Prior-Authorization Request: Authorization Basics

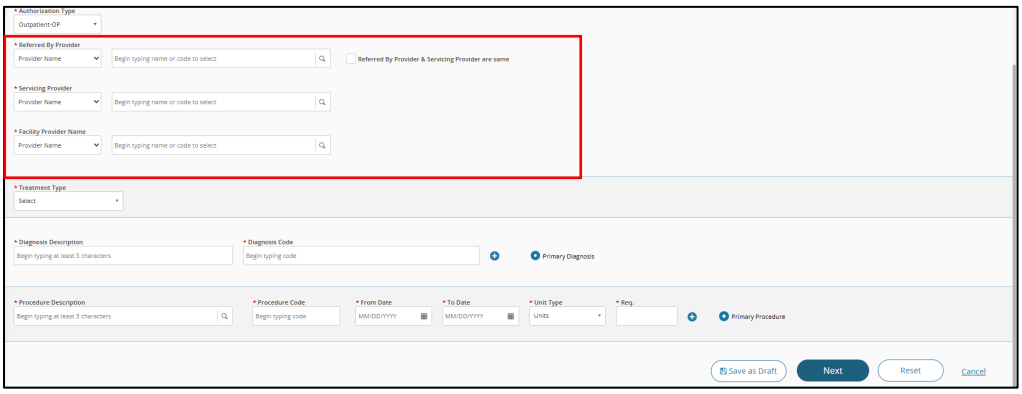
The user will be asked to select the **Authorization Type** beneath the eligibility.

For outpatient authorizations there are two options:

1. **Outpatient Surgery-OPS**.
2. **Outpatient-OP**.



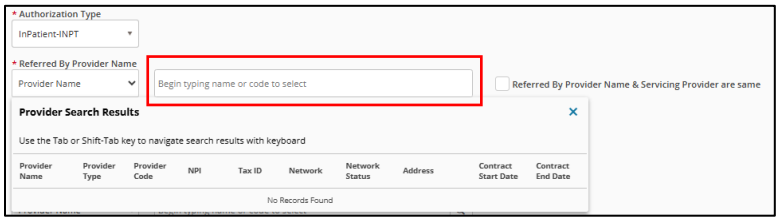
Completing the Authorization Type will generate additional fields. All fields marked with red asterisks are required.



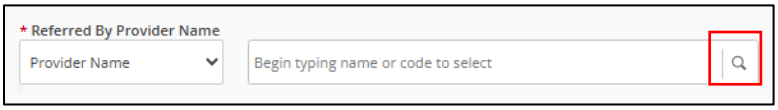
Select the providers involved with the procedure in the **Referred By**, **Servicing** and **Facility** sections.

To enter providers:

1. Search by **Provider Name**, **Provider Code**, **NPI**, or **Tax ID**.
2. Type the provider's name or code in the search bars and hit **Enter** to display the closest search results or



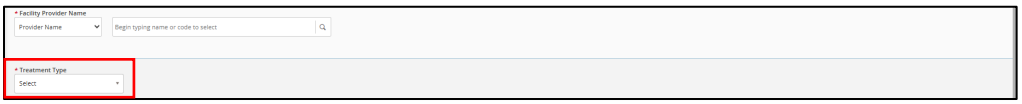
3. Click on the magnifying glass for advanced search. Enter the provider information and click **Search** to display results.



4. Whichever option was used, confirm the correct provider is displayed and select the provider.
5. If the **Referred By** and **Servicing Provider** are the same, click the **Referred By Provider Name & Servicing Provider are same** box to save time.

When all providers have been selected:

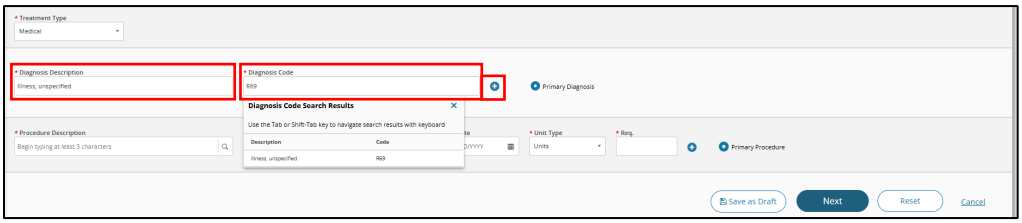
1. (Outpatient-OP Only) Select the **Treatment Type**, from the dropdown list.



Diagnoses can be entered by **Diagnosis Description** or **Diagnosis Code**.

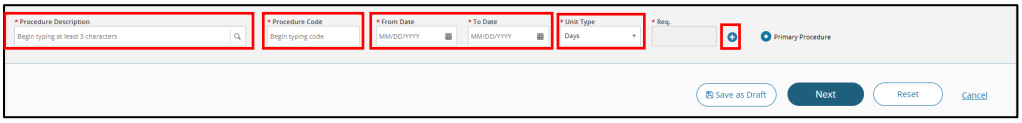
Hitting Enter after making an entry in the search bars will provide a list of suggestions. Click the correct diagnosis or code.

1. Multiple diagnoses can be entered by clicking on the **+** button.



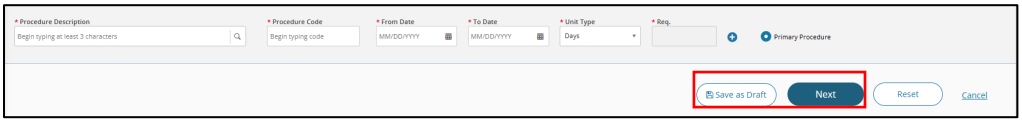
Procedures can be entered in a similar manner as diagnoses.

1. Search for and select the appropriate **Procedure Description** or **Procedure Code**.
2. Enter the **From Date** and **To Date** for the procedure (dates older than 90 days will be rejected by the system).
3. Select the correct **Unit Type** if it does not auto-populate.
4. Click **+** to add secondary procedures.



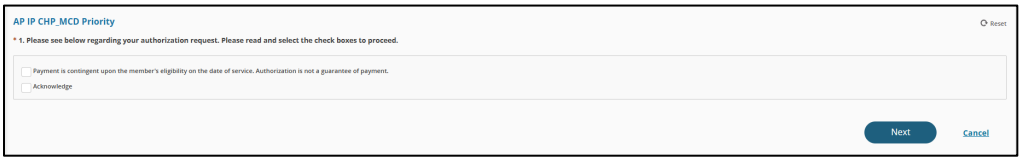
Once procedures are entered, the user has two options:

1. Click **Save as Draft** to save a draft prior-authorization request. This will allow the user to return to the draft to make changes before submission.
2. The user can click **Next** to finalize and submit the request.

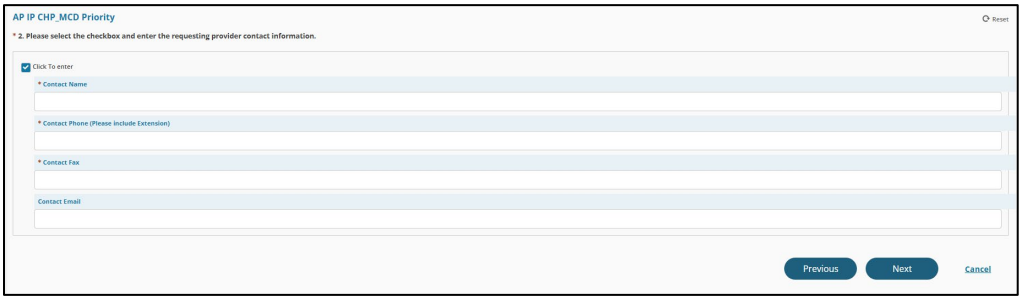


Completing an Outpatient Prior-Authorization Request: Additional Details

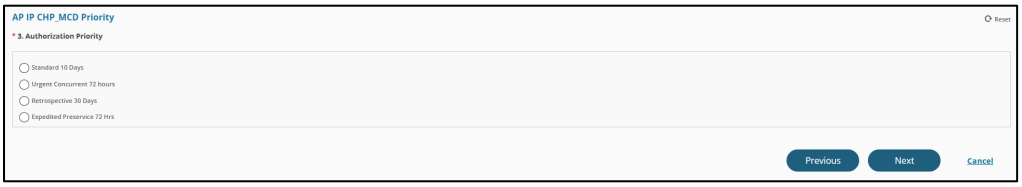
The user will need to acknowledge that Payment is contingent upon the member's eligibility on the date of service and that authorization is not a guarantee of payment. Click both boxes and click **Next**.



The user will be asked to submit contact information. This information will be used by DHMP to follow-up on the authorization if needed.



Select the priority of the authorization. On review, DHMP may change this.



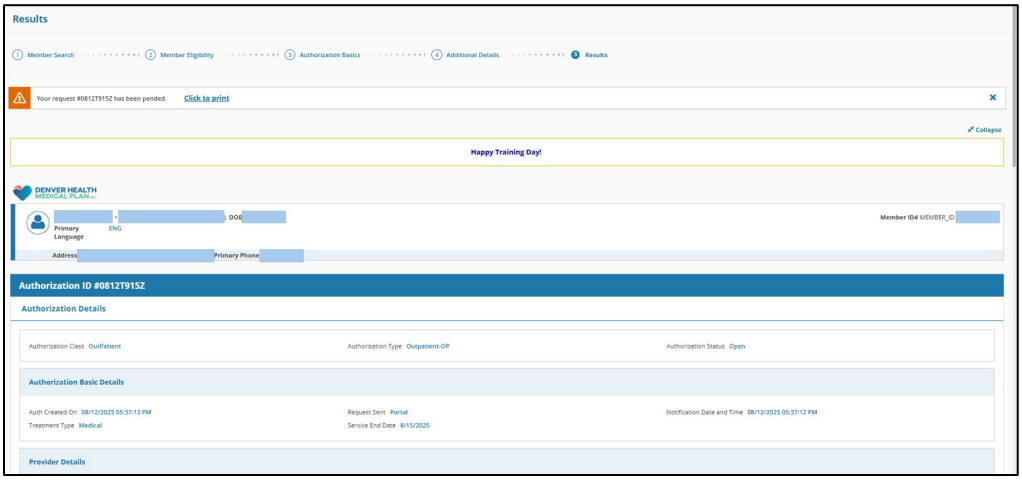
Before final submission the user will be required to:

1. **Add Notes** relevant to the authorization request.
2. **Add Attachments** such as medical records.

Click **Submit** to send the request to DHMP Utilization Management for review.

Once the request has been submitted, the user will have the opportunity to:

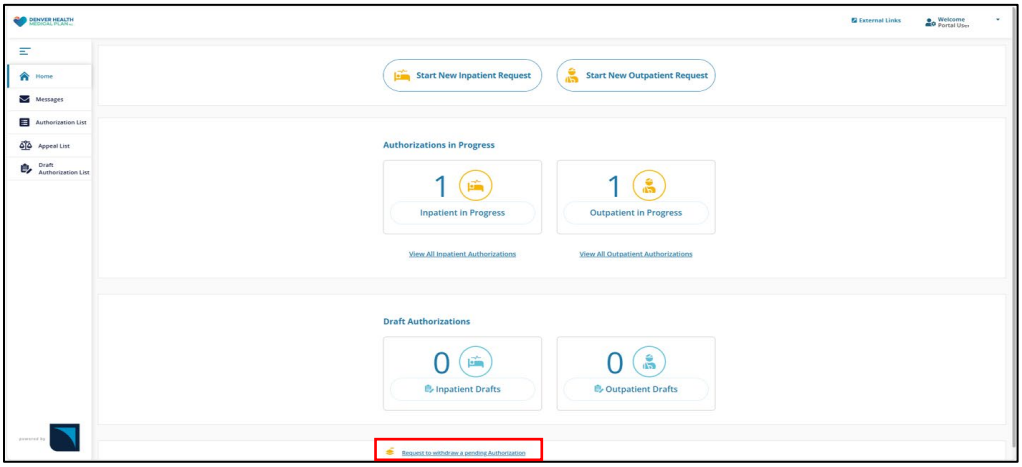
1. Print the request submitted.
2. Receive the Authorization ID for reference.
3. View the information that was submitted.



DHMP Utilization Management will review the submission and will notify the provider on approval, denial or if additional information is required.

Withdrawing a Submitted Request

Users can withdraw an authorization request after it has been submitted, but not yet decisioned. This ensures that there is no unnecessary processing of authorizations if they are no longer needed for the members.



When the user withdraws an authorization request, the system updates the authorization service status to **Void**, marks the status reason to **Request Withdrawn** and requested units are set to 0. Withdrawing one line, will void the entire authorization.

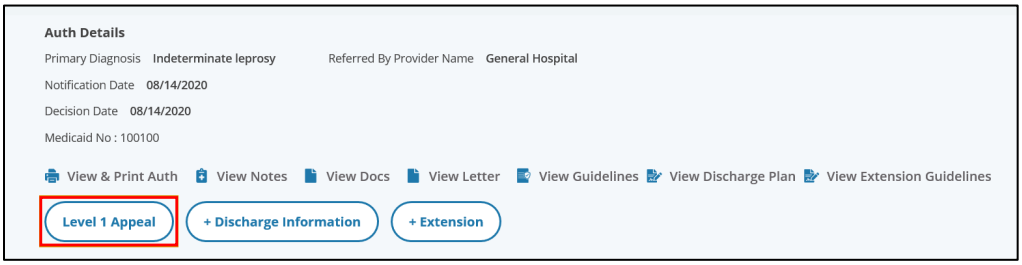
If the entire authorization is withdrawn, the authorization status is set to **Closed** and **Cancelled**.

Requesting an Appeal

Users may request an appeal of a denied authorization request.

From the **Authorization List**, click on the **Auth Details** of the denied authorization.

Click on the **Level 1 Appeal** button to begin the appeal process.



Scroll down and enter the reason for the appeal in the **Enter Appeal Reason** field.

Supporting documentation can be added as an attachment.

Click **Submit** once this is completed. The appeal will be sent to the DHMP Grievances and Appeals team.

After an appeal has been initiated, the following message replaces the Level 1 Appeal button in the Authorization List: