Rocky Mountain Health Plans
Provider Portal Training Guide 2024

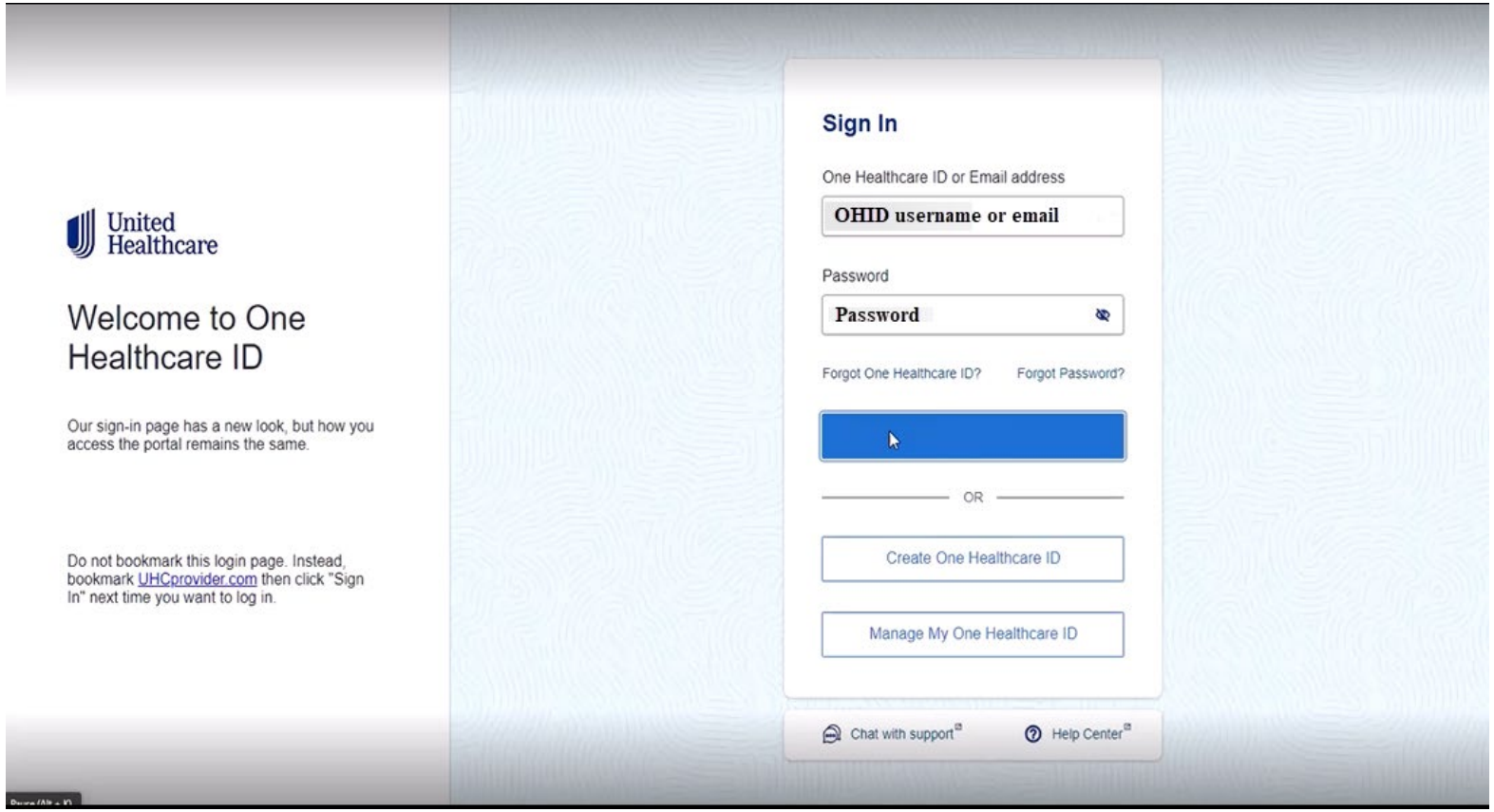
PCA-1-22-03553-C&S-PRES_11302022

United Healthcare Community Plan

ROCKY MOUNTAIN HEALTH PLANS®
A UnitedHealthcare Company

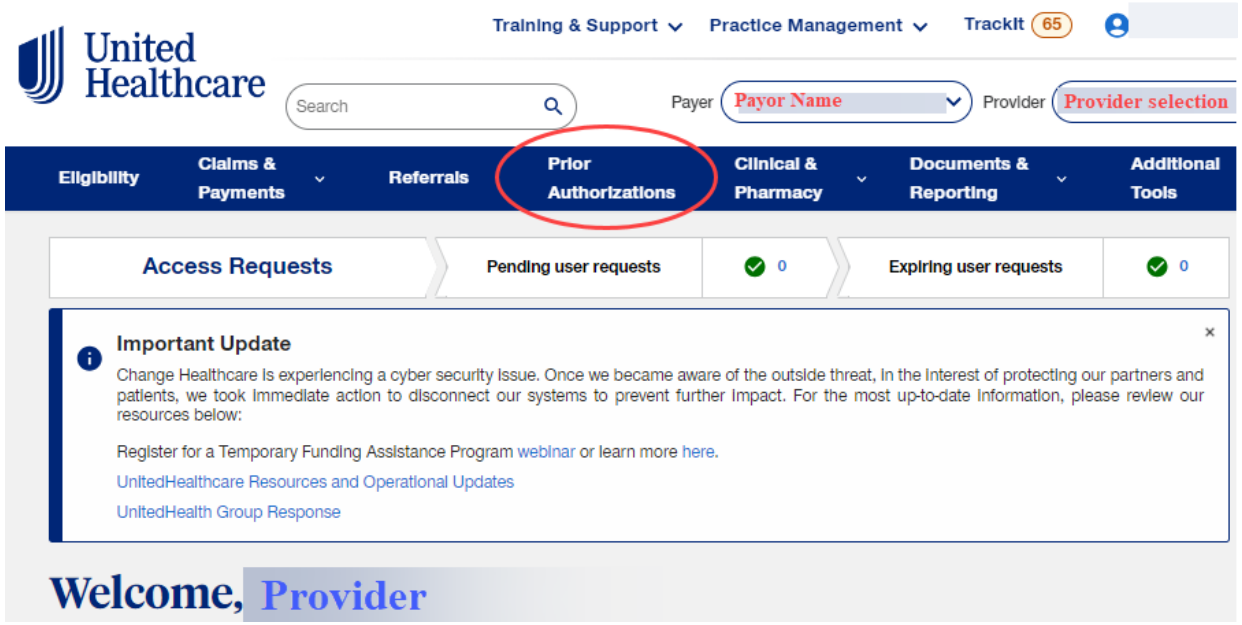
Logging Into UHC Portal Site

- Log in using the One Healthcare ID and password that has been assigned during the registration process.

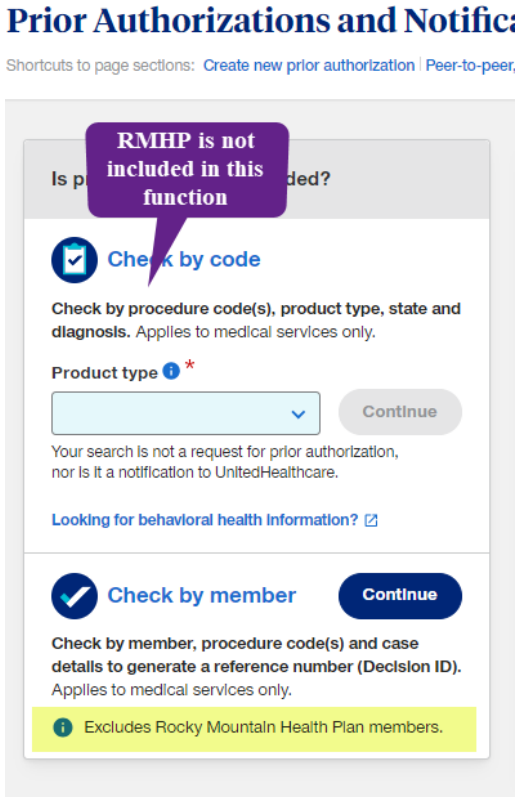


Accessing RMHP Prior Auth in UHC Portal

- Once logged in, you will select "**Prior Authorizations**" at the top in the blue ribbon.

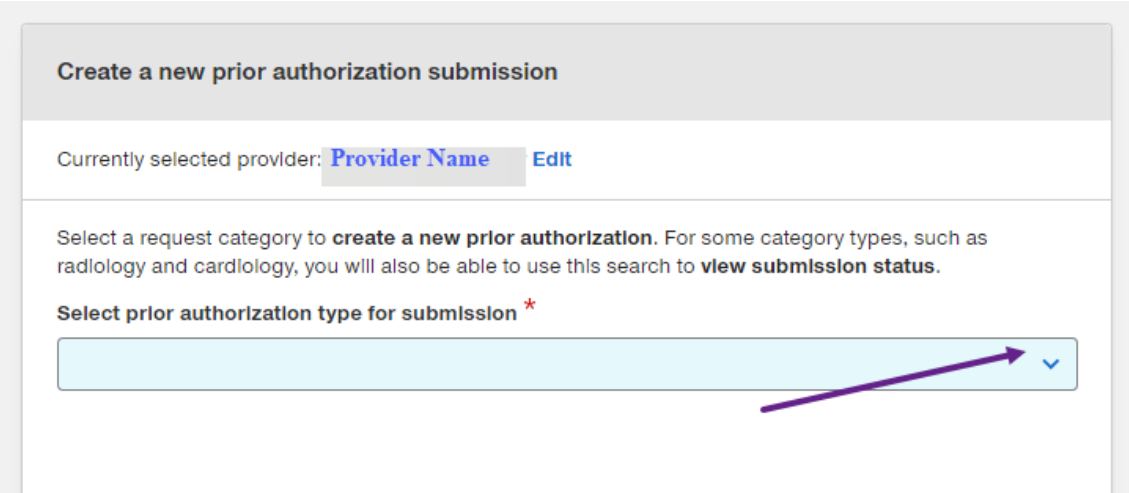


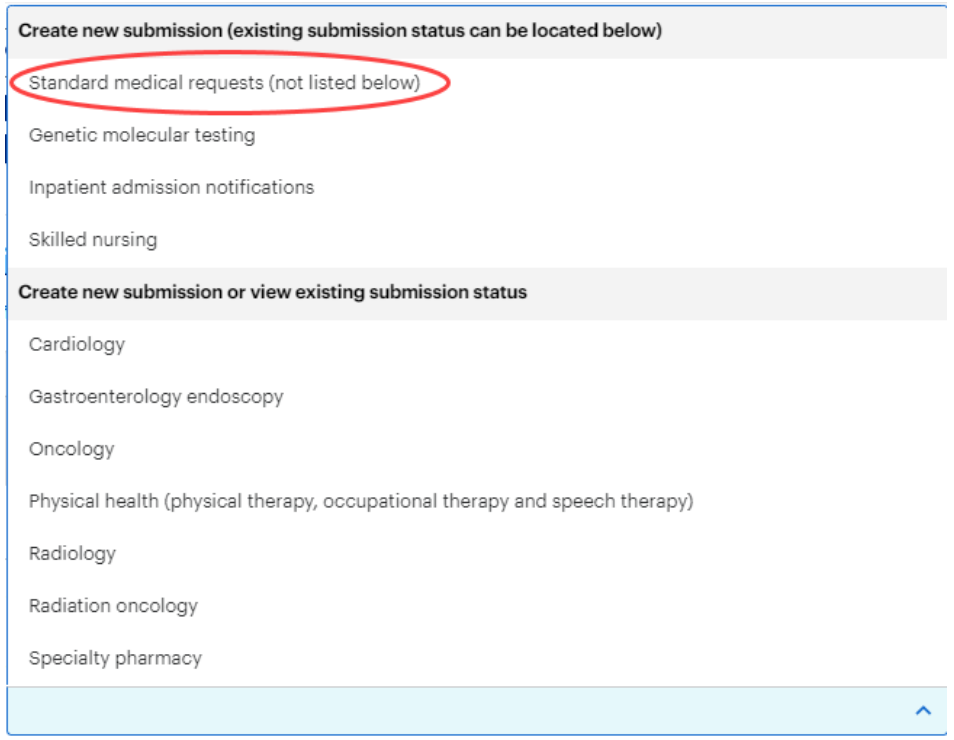
- The next screen will have a "Check by code" section. This does not work for RMHP codes.



Accessing RMHP Prior Auth in UHC Portal Cont'd

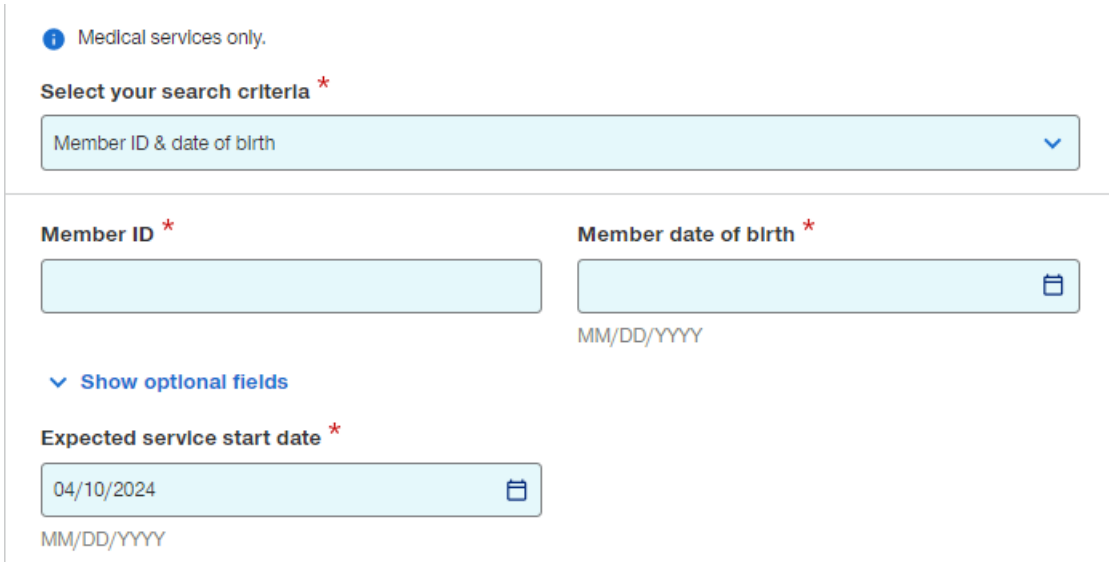
- To submit a prior auth for RMHP, select "**Standard medical requests**".
  - For EviCore/Radiology submit prior authorization on the EviCore provider website.



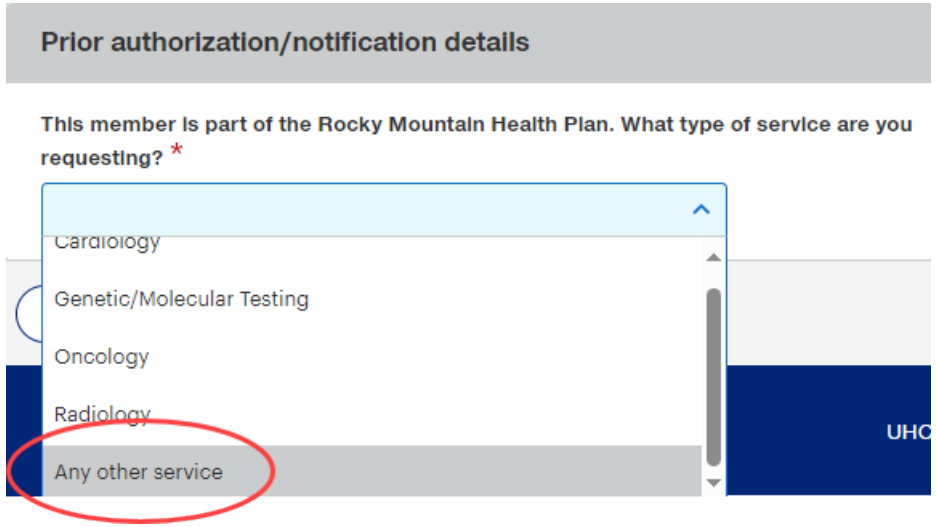


Searching for Member

- Select the search criteria and type in required (*) information. The member information will populate once search is performed.

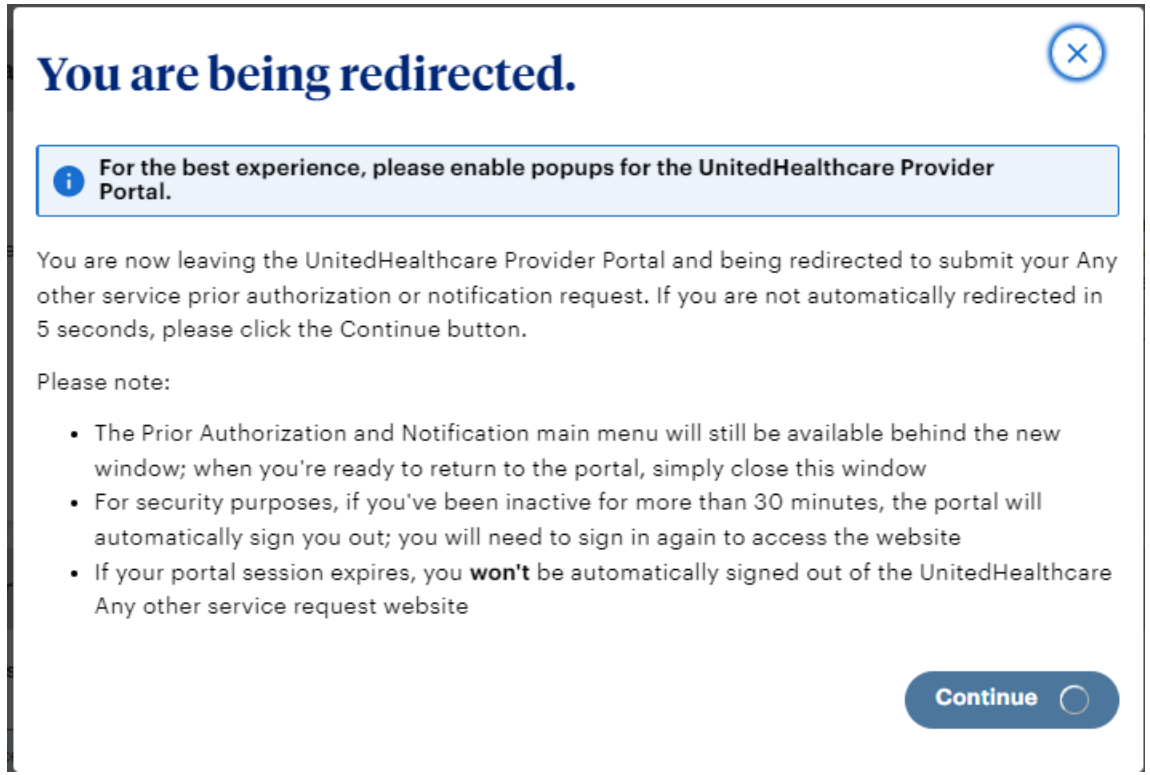


- RMHP Members will show the below disclaimer. Select "**Any Other Service**" for physical/medical health including DME requests.

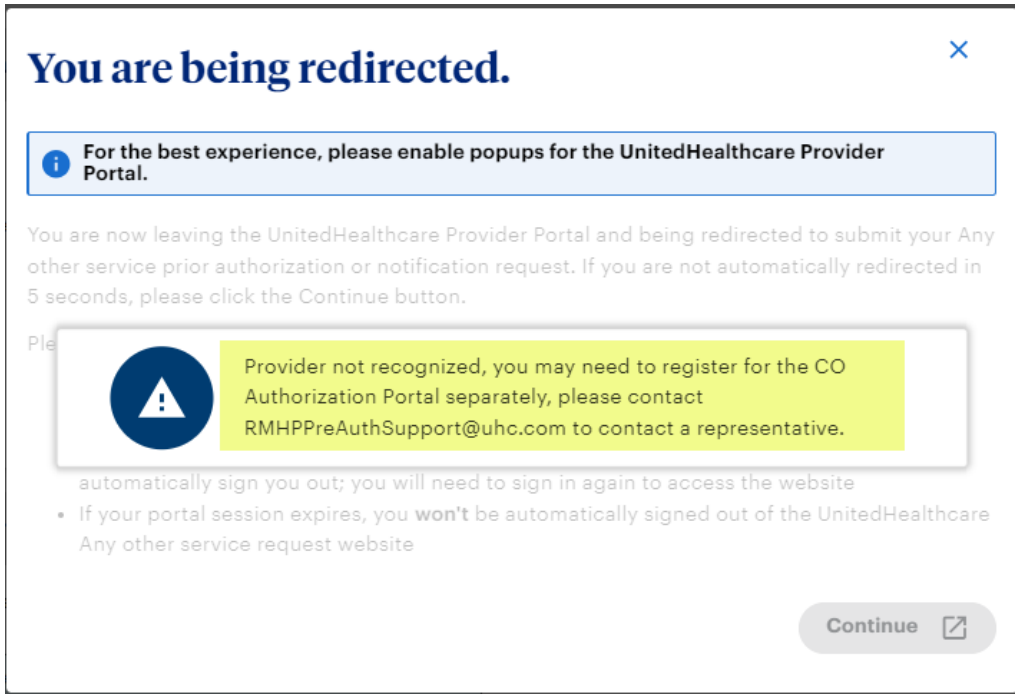


Prior Auth Landing page

- After clicking on "**Continue**", there will be a redirection notice (shown below). Click "**Continue**" to move on to the prior auth page.

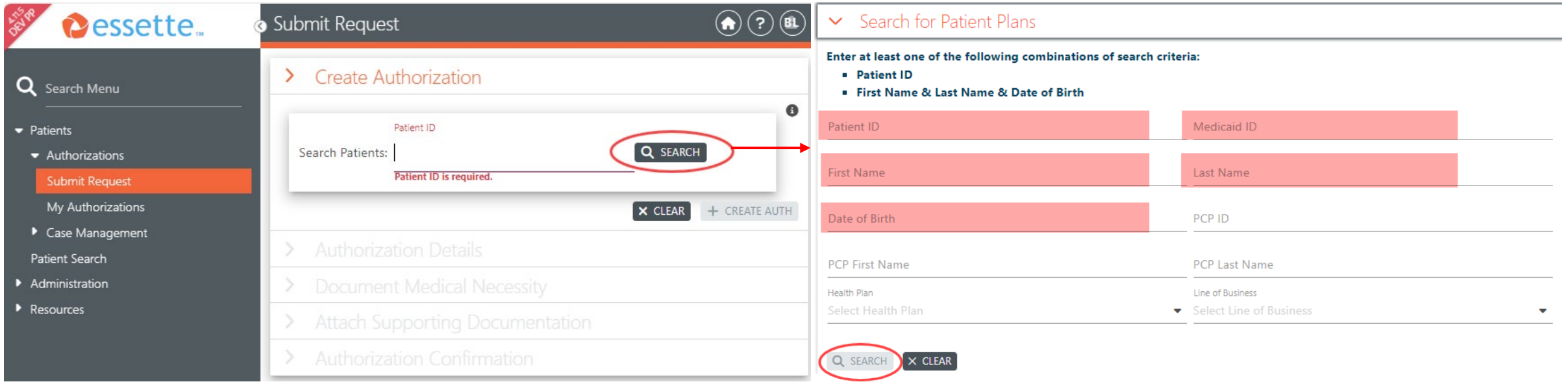


- If your provider is not associated with your submission account, you will get the below notice and instruction. Request access by emailing RMHPPreAuthSupport@uhc.com



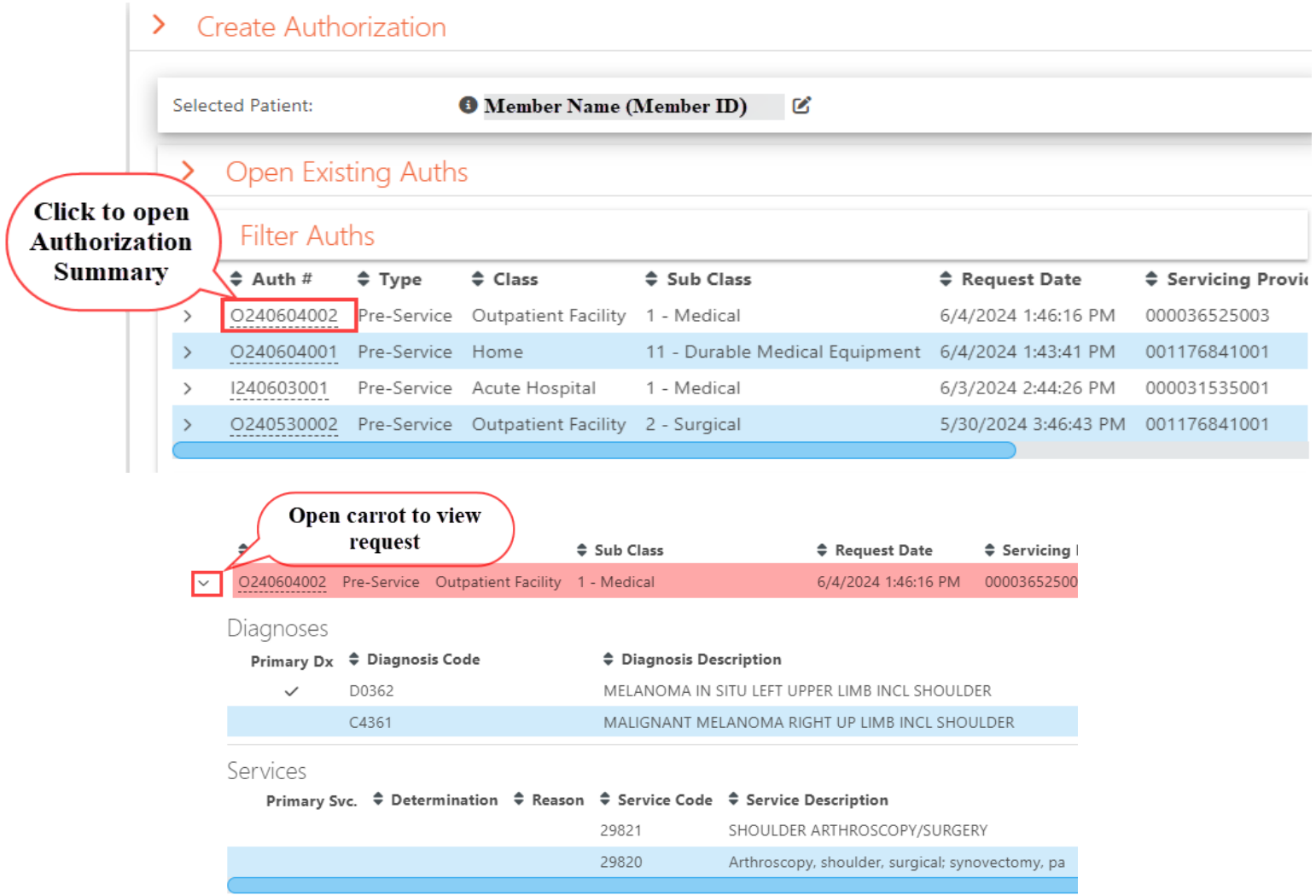
Create Authorization: Selecting a Member

- Enter Member name or ID to search or click on the “Search” button to open additional search fields.

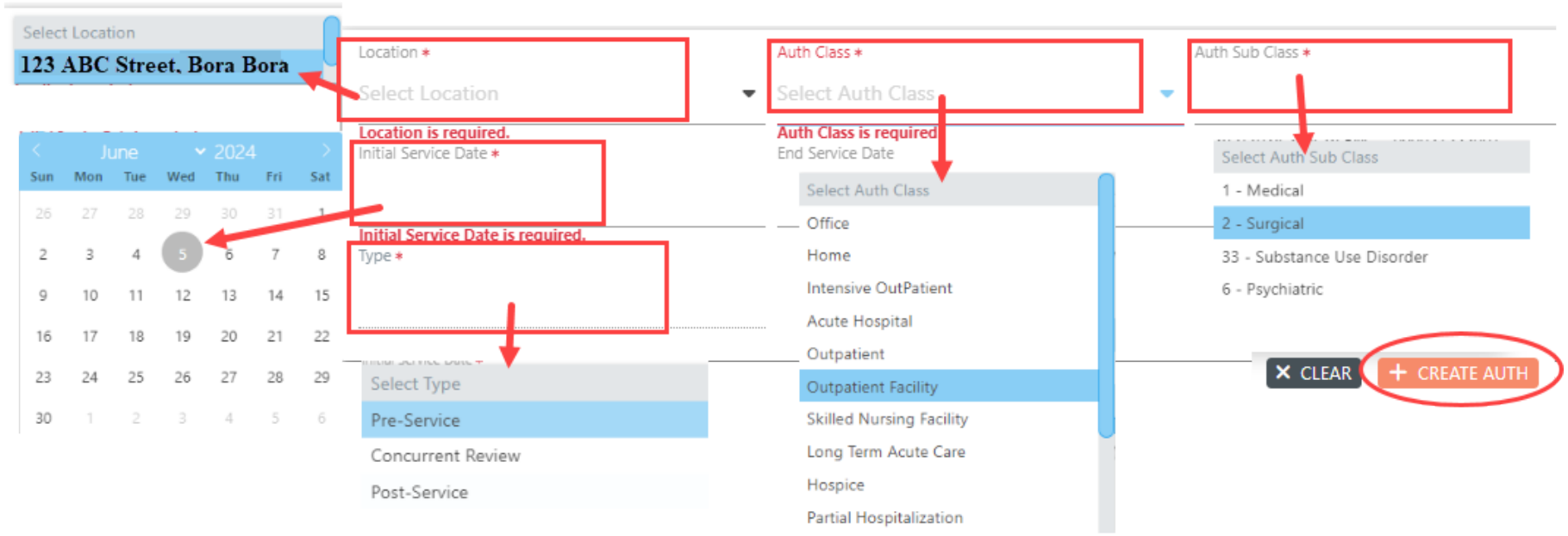


Create Authorization: Selecting a Member Cont'd

- The member's name will appear at the top.
- If there is an existing authorization for the selected member, verify there is not already the same service on file with the same provider and dates.
- Click on the carrot next to the authorization number to see that information or click on the authorization summary.



Authorization: Selecting Appropriate Authorization Details



- Select the location of the provider submitting for.
- Select the appropriate "Auth Class" and corresponding "Auth Sub Class"**.
- Select start date of service (these dates will not populate into the service area of submission).
- Select the "Type" of authorization (always select pre-service).
- Once all appropriate options are selected, click on "+Create Auth" to move forward.

See next 3 pages to determine the appropriate auth class and auth sub class options to choose based on type of request being submitted.

****DO NOT submit Inpatient requests via the portal.****

ALL INPATIENT REQUESTS ARE TAKEN OVER THE PHONE or FAX.

Phone – (800)416-2157 or (970)248-5197

Fax – (800)262-2567 or (970)255-5681

Submitting a Prior Authorization: Appropriate Auth Class & Auth Sub-Class Selections

Please do not use any other Auth Class other than what is outlined here. An incorrect Auth Class may result in a voided/cancelled preauth and/or a denial for claims payment.

DO NOT USE AUTH CLASS AMBULATORY SURGICAL CENTER

DO NOT USE the following Sub-Classes:

- **MENTAL HEALTH (47)**
- **AMBULATORY SURGICAL CENTER (49)**
- **HOME ACC DME (53)**

- **INPATIENT REQUESTS** (Acute Hospital, Residential, Hospice, Observation, Skilled Nursing, Inpatient Rehabilitation, and Long-Term Acute Care auth classes)
- Inpatient cases should **NEVER** be submitted through the portal. If you have a surgery that will require an inpatient stay, submit your request as outlined using the "**Outpatient Facility**" auth class. The hospital will call and notify us when the member is admitted for their surgery, and an inpatient auth will be created at that time. ALL INPATIENT REQUESTS ARE TAKEN OVER THE PHONE or FAX.
  - Phone – (800)416-2157 or (970)248-5197
  - Fax – (800)262-2567 or (970)255-5681

Submitting a Prior Authorization: Appropriate Auth Class & Auth Sub-Class Selections Cont'd

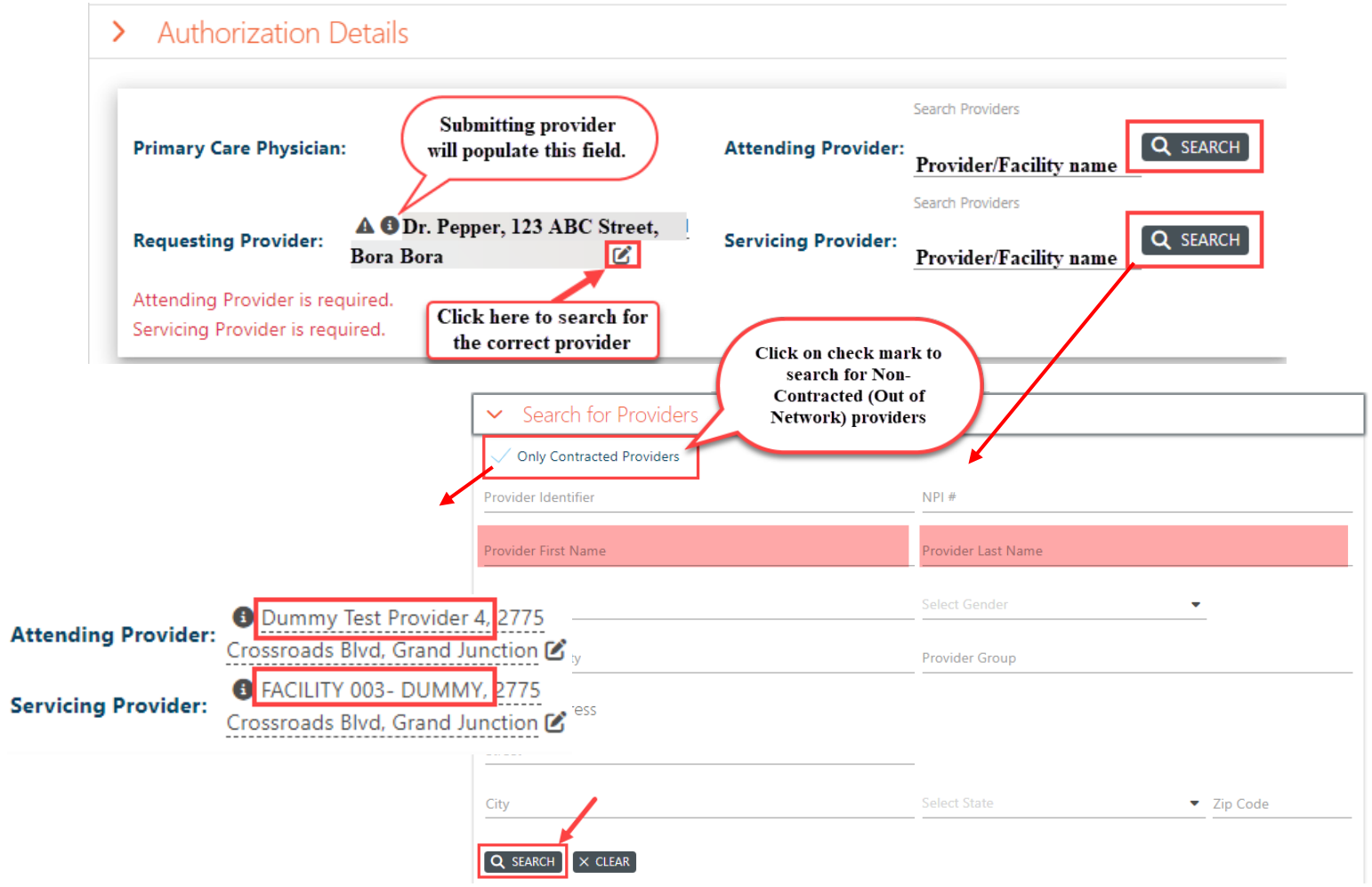
- **Auth Class: Home** = Used for DME, PT, ST, OT, Pharmacy, Orthotics/Prosthetics, Wound Vac, Enteral Nutrition, Incontinence
  - **Sub Class: Durable Medical Equipment**
    - Equipment
    - Pharmacy
    - Wound Vac
    - Enteral Nutrition
    - Incontinence
    - Orthotics
    - Prosthetics
  - **Sub Class: Home Services**
    - PT/ST/OT **(No preauth required for Medicaid Only)**
    - J codes & Q codes (Pharmacy)
- **Auth Class: Office** = Services provided in an office setting (generally used for Out of Network office visits). The "**Requesting**" and "**Servicing**" providers **MUST** be physician. A provider group can be listed for the "**Servicing Provider**" on these auth types.
  - **Sub Class: Medical**
    - Office visits that are not done in a facility for basic needs
    - Diagnostic Testing
- **Auth Class: Outpatient** = Services provided in a non-facility outpatient setting such as allied/ancillary providers. The physician asking for service should be listed as the "**Requesting Provider**" and the facility or provider group where service is performed should be listed as the "**Servicing Provider**"
  - **Sub Class: Medical**
    - Dental requests for 41899 and 00170
    - All other office/outpatient procedures that ARE NOT SURGERY

Submitting a Prior Authorization: Appropriate Auth Class & Auth Sub-Class Selections Cont'd

- **Auth Class: Outpatient Facility** = **ALL SURGERIES MUST BE ENTERED WITH THIS AUTH CLASS AND SUB CLASS**. The provider requesting the service should be listed as the "**Requesting Provider**", the surgeon should be listed as the "**Attending Provider**", and the facility surgery is taking place is listed as the "**Servicing Provider**". The "**Requesting**" and the "**Attending**" providers can be the same provider.
  - **Sub Class: Surgical** – All surgeries are going to be listed as "**Surgical**". There may be other options that seem available to choose. These options are not valid for surgical pre auths in order to get into the claims systems appropriately.
  - **NOTE**: If there is a co-surgeon, this will need to be noted in the "**Additional Information**" box in Step 2 (the screen where the providers/diagnoses/services/date of service are entered). Please be sure to include NPI/TIN for that co-surgeon.

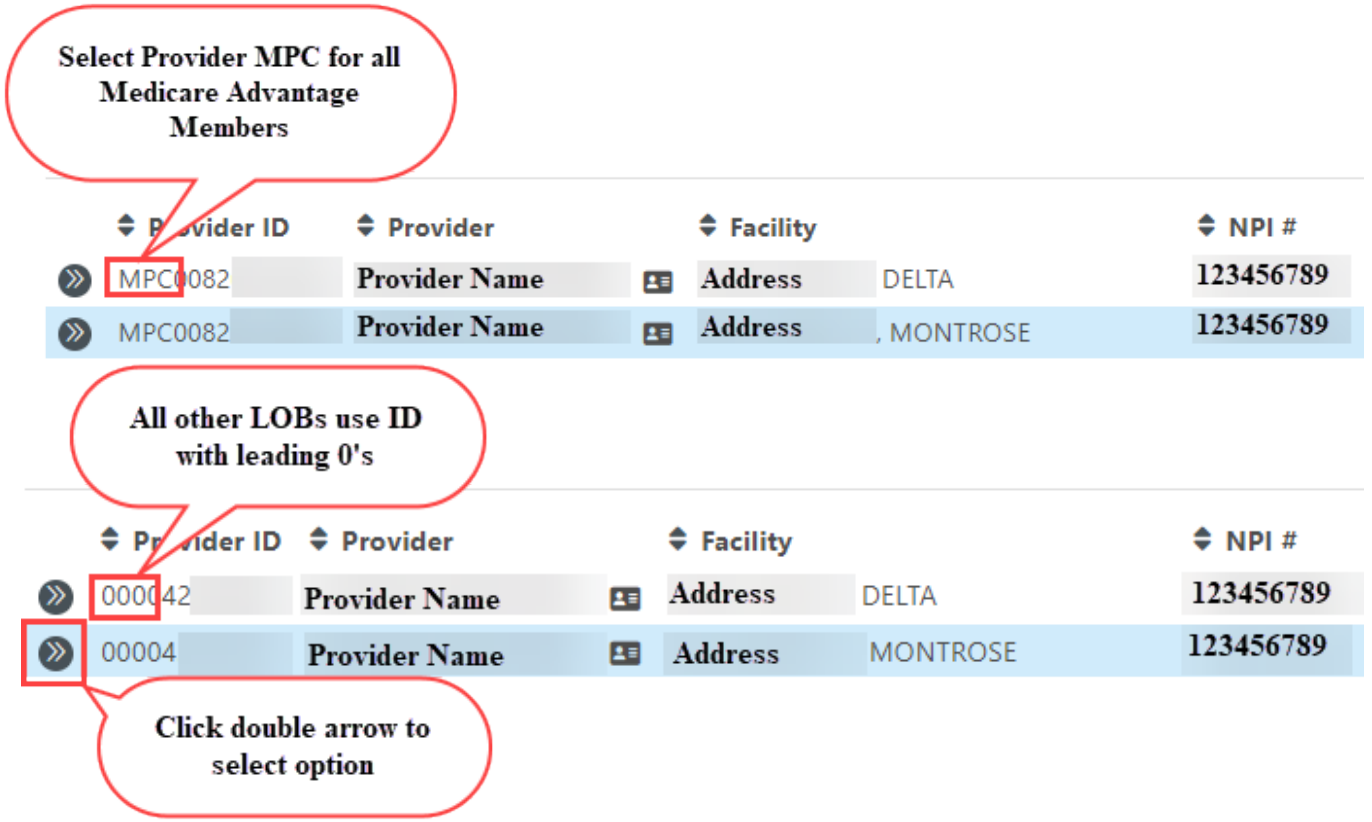
Authorization Details: Searching for a Provider

- Search for the providers by typing the provider/facility name and clicking on "**Search**" or click on "**Search"** to open additional search fields or to search for Out of Network providers.
- Search for facilities using the last name field. Use first and last name fields to search for physicians. Keep the search terms simple for best results.
- If unable to find providers, use "**Dummy Test Provider 4"** for Requesting/Attending providers, and "**Facility 003 – Dummy**" for Facility/Servicing providers. Make sure to **uncheck** the box titled: "**Only Contracted Providers**" to allow out of network search.

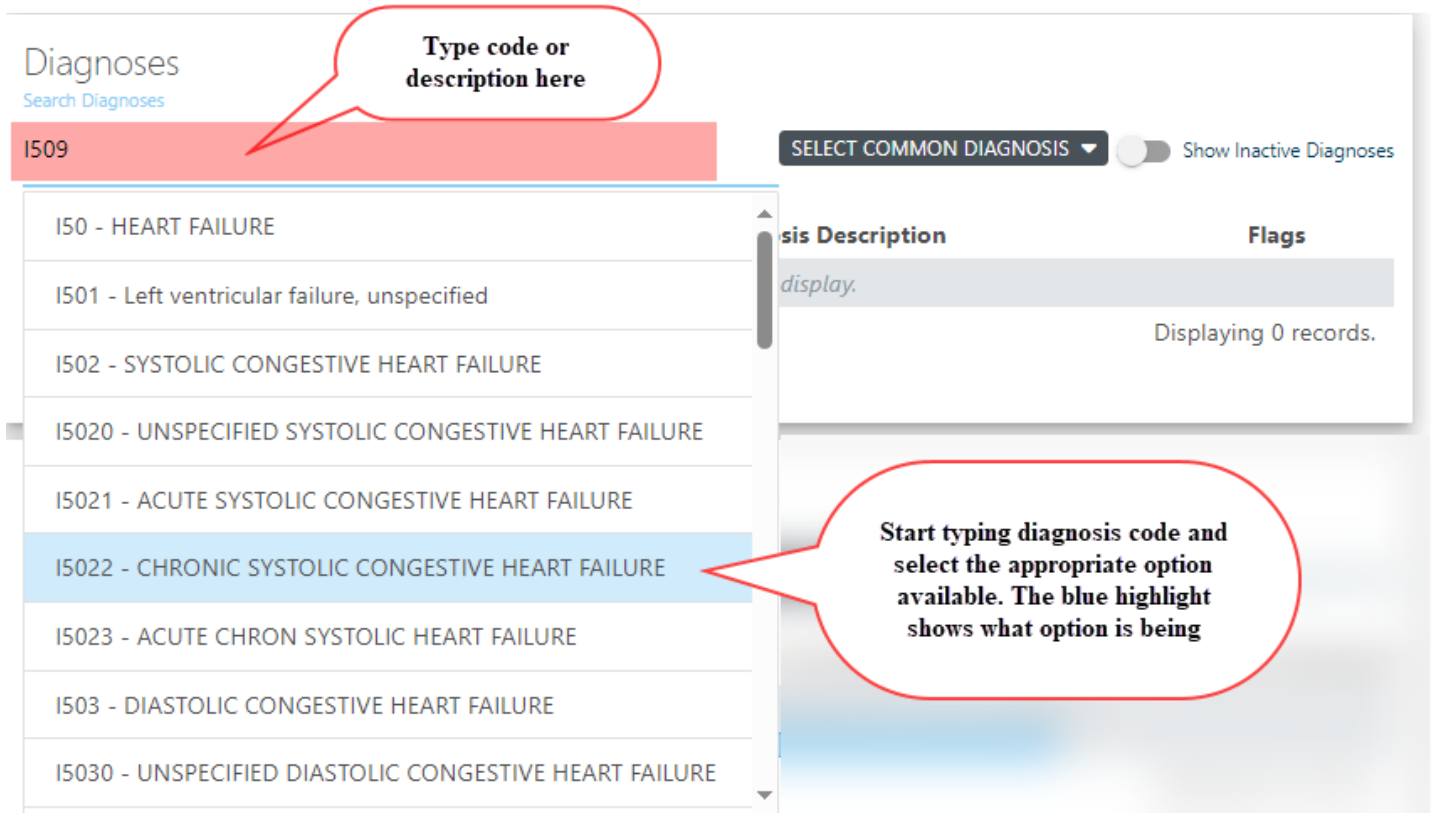


Authorization Details: Searching for a Provider Cont'd

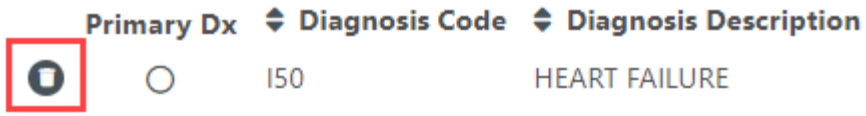
- Provider ID's are the UHC assigned provider ID's based on the lines of business (LOB) and claims platform.
- If the Member is Medicare Advantage, select the Provider ID that begins with "**MPC**".
- If the Member is all other LOB's use the Provider ID that starts with leading 0's.
- Clicking on the double arrow button will select the provider and populate it into the prior auth details page.



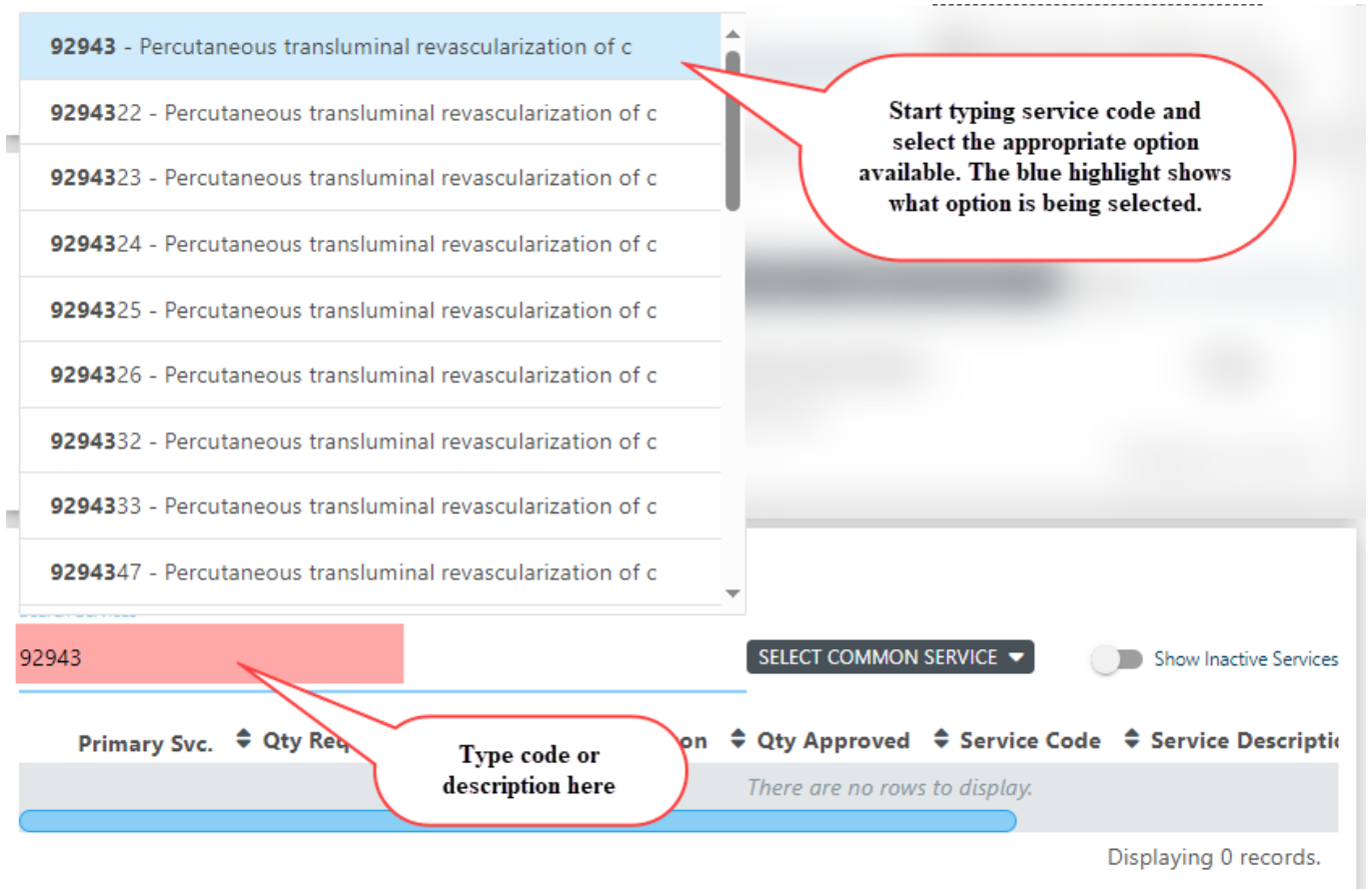
Authorization Details: Entering/Selecting a Diagnosis



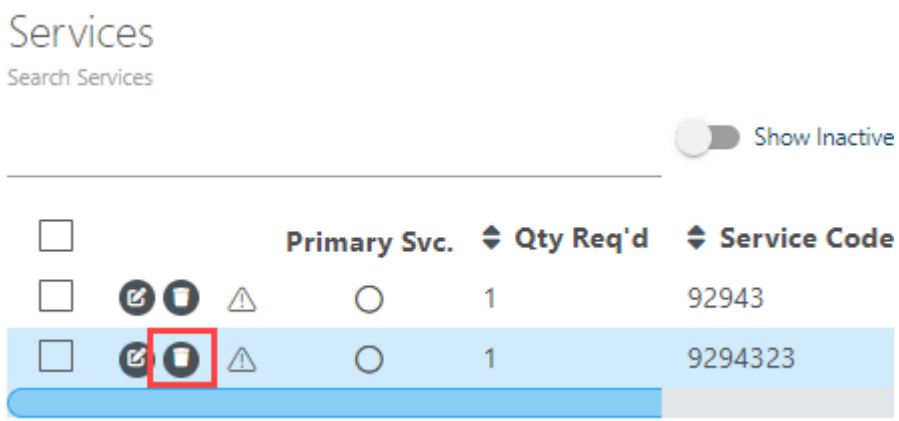
- The diagnosis code must be entered without the character (.). *For example, J44.9 will be entered as J449*
  - If you are unable to find a diagnosis code, enter the code that is closest to what the request pertains to, and enter what the diagnosis code should be in the "Additional Information" box at the bottom of the screen. The reviewers will make sure it gets added to the system and the request.
- If an incorrect code is entered, it can be removed by clicking the trash can icon (shown below) and clicking "OK" when asked to confirm removal.



Authorization Details: Entering/Selecting a Service

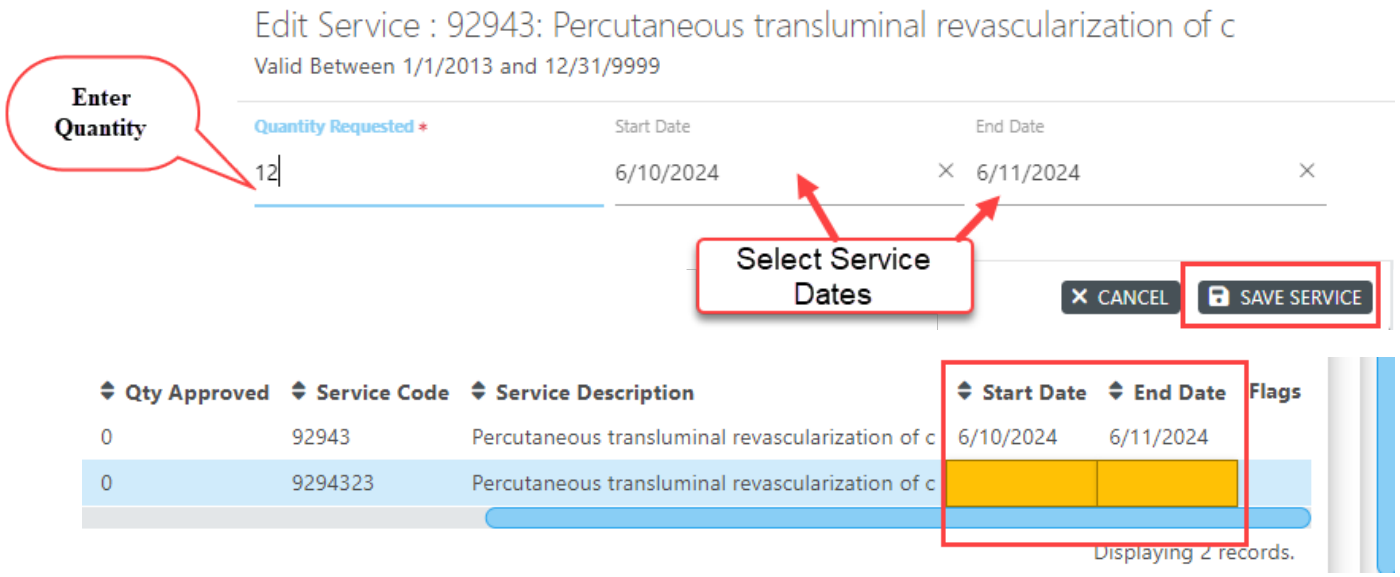


- Type code or service description and select the appropriate code being requested.
- To remove a code, select the trash can button (shown below) and confirm removal by clicking on “Ok”.



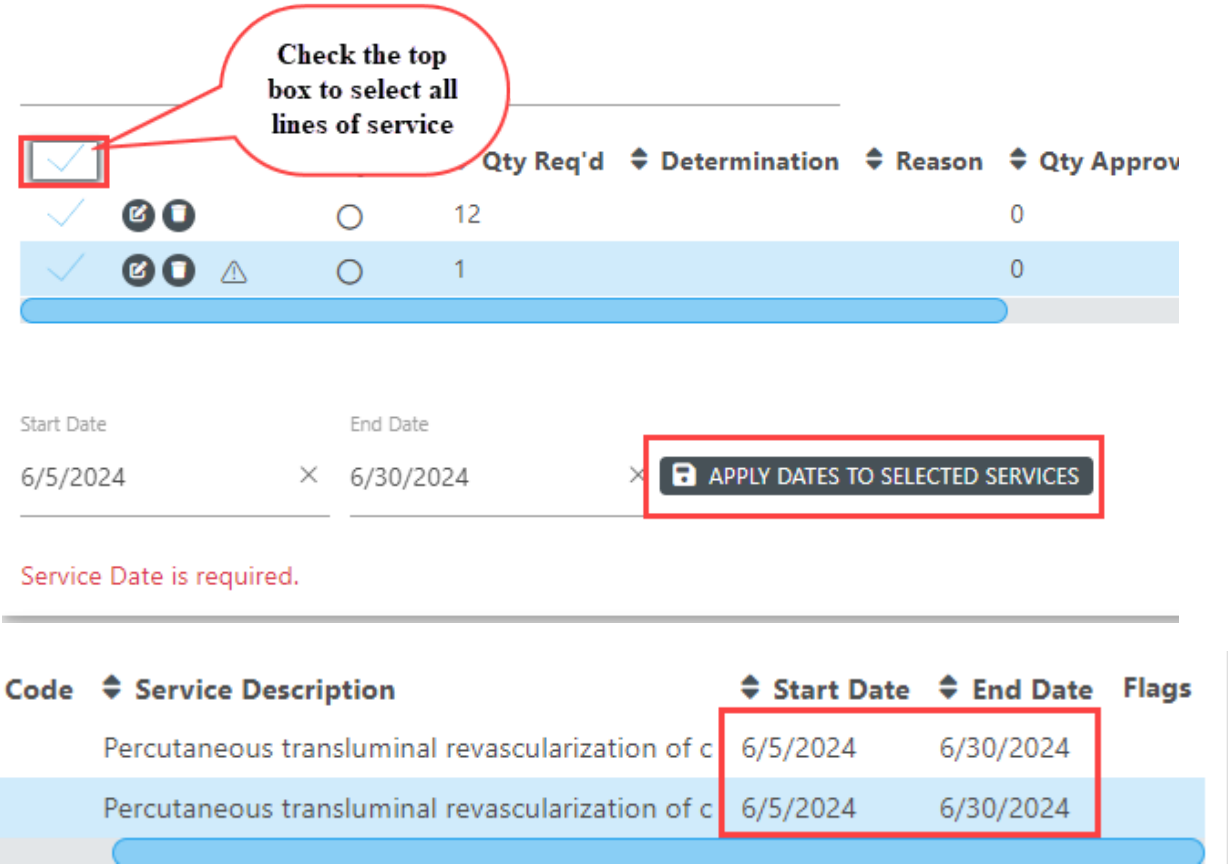
Authorization Details: Editing Service/Adding Dates of Service

- The quantity will always populate with a default of '**1**'. To edit a service line to correct the quantity, click on the edit button (box with a pencil) for that line item.
- Enter quantity and select dates of service. Once complete, click on "**Save Service**".
- Yellow/orange boxes are a warning that this requirement is missing. See next page for instructions on how to add multiple dates of service at one time.



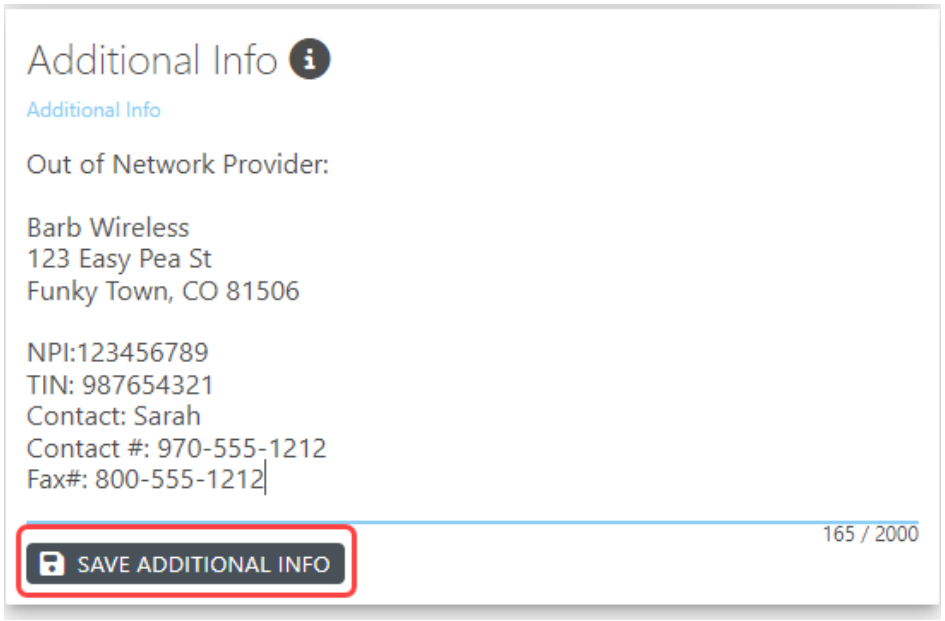
Authorization Details: Editing Service/Adding Dates of Service

- To add multiple dates of service, select the box at the top of all service lines and make sure all boxes get checked.
- Enter the dates of service below as shown in example to the right, then click on "**Apply Dates to Selected Services**".
- Once added, you should see all service lines populated with the dates selected.



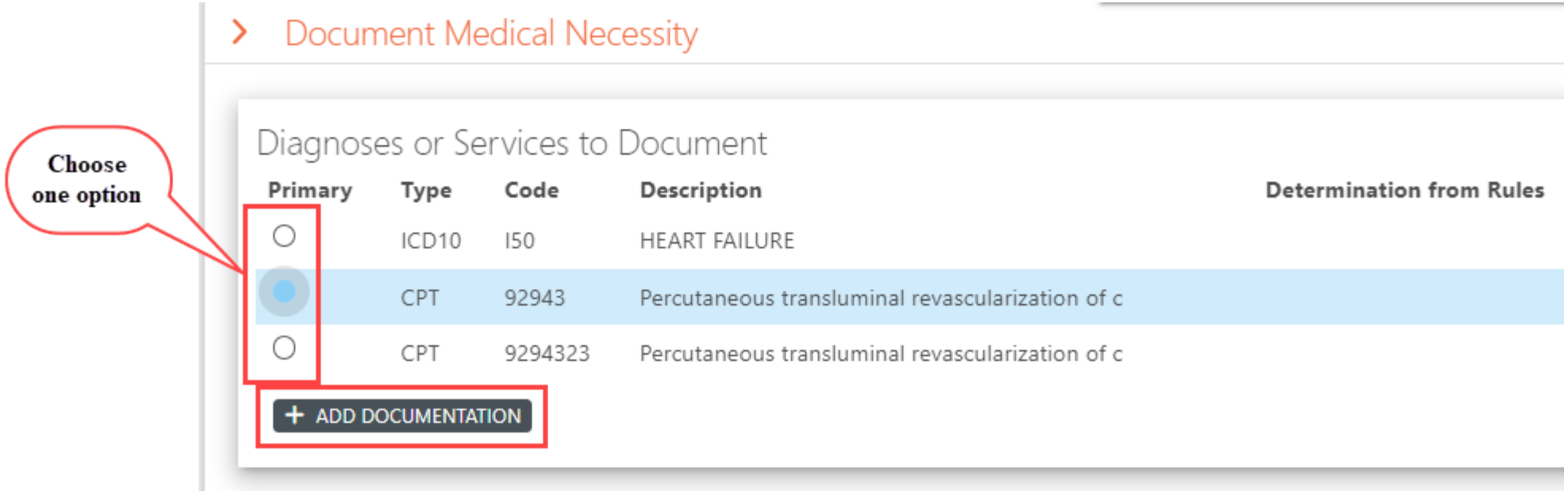
Authorization Details: Additional Info

- The "**Additional Info**" at the bottom of this section is for provider information, such as out-of-network provider name, address, phone, and fax when unable to find the right provider.
- Any contact information that is needed must be entered here, such as a direct line to the provider for nurse to communicate determination, or to obtain additional clinical information.
- Once note is added, click on "**Save Additional Info**".

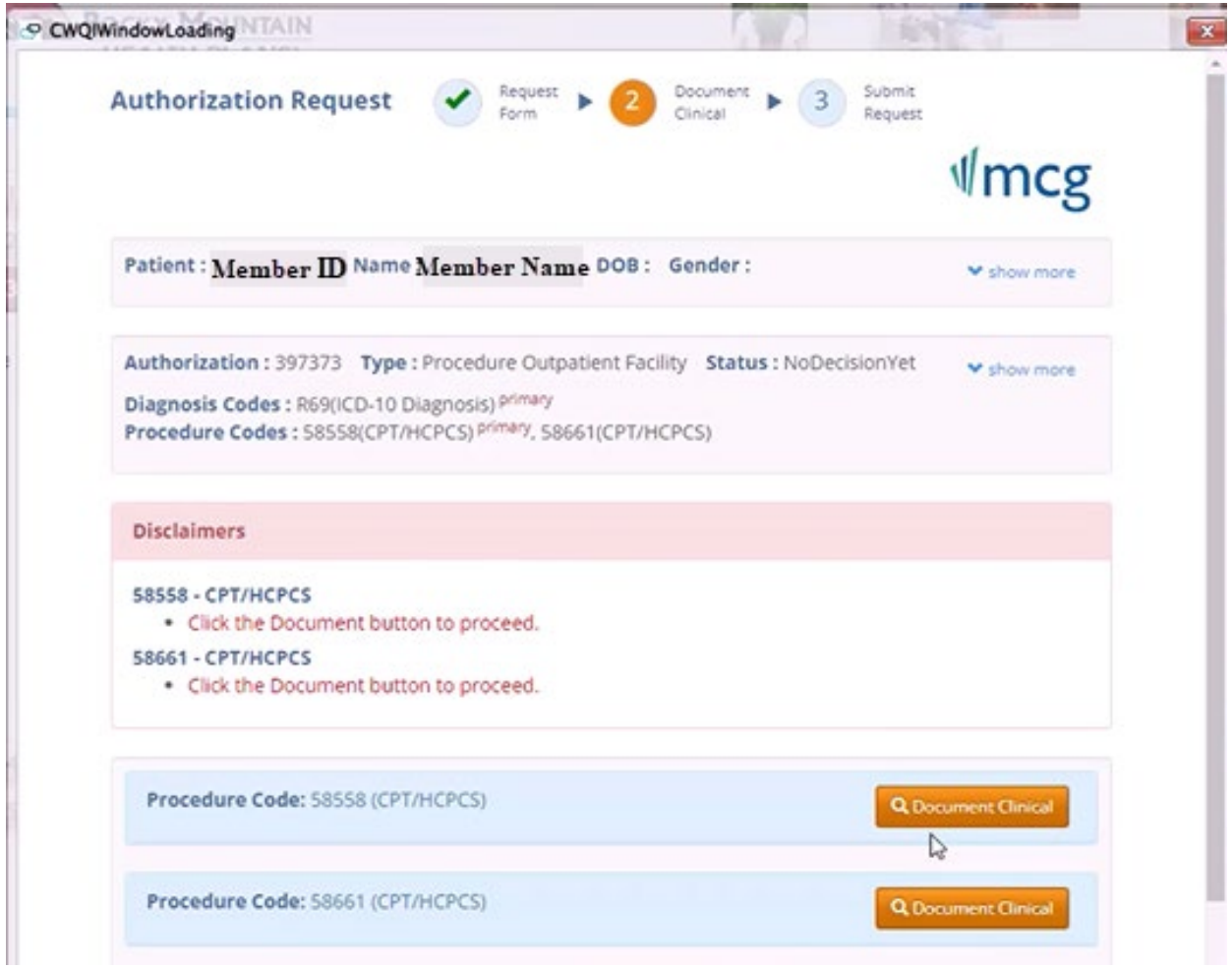


Document Medical Necessity: Selecting Appropriate Code

- Click on the CPT or ICD10 code to populate the appropriate clinical guidelines for the procedure/equipment being requested.
- Click on "+**Add Documentation**" to move forward with selecting clinical options.

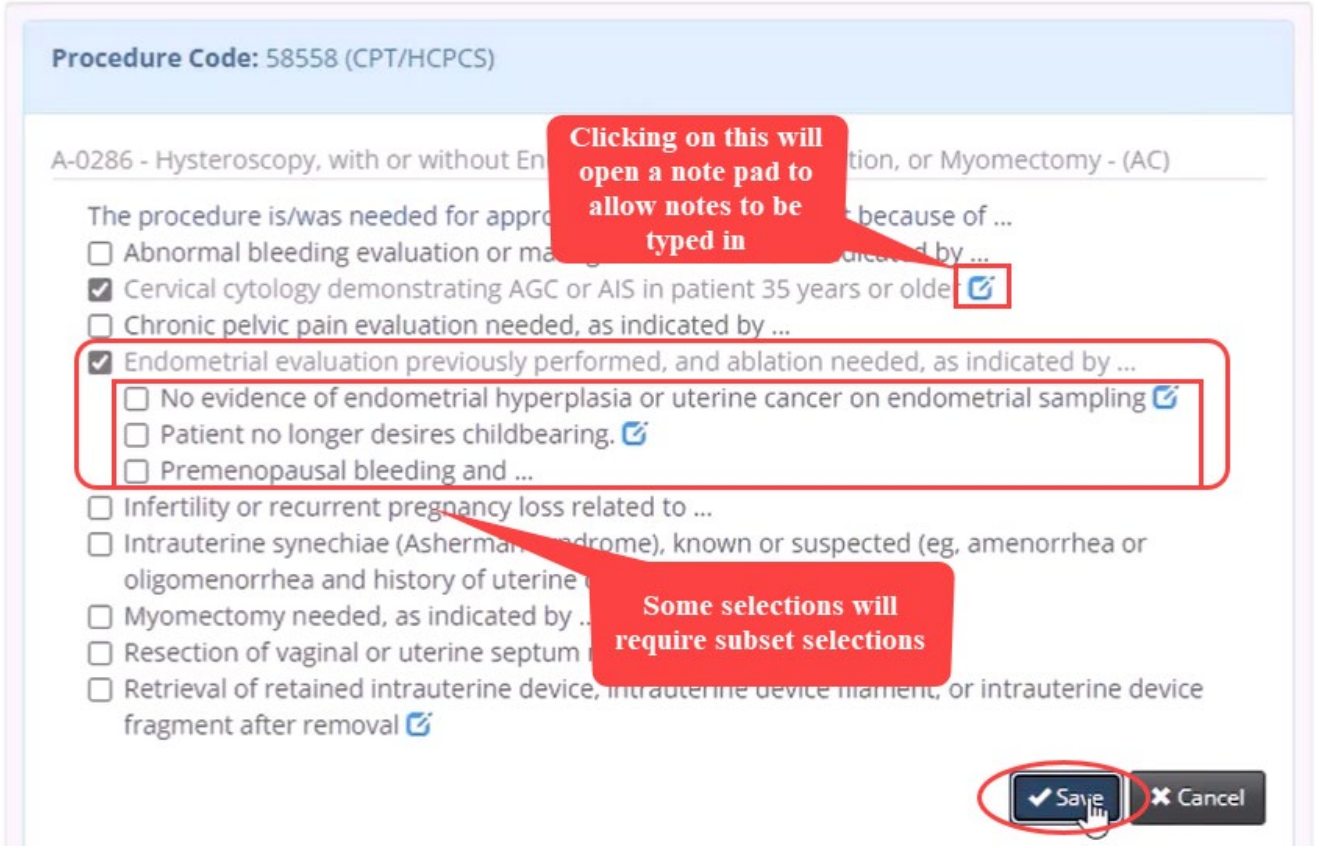


Document Medical Necessity: Selecting Criteria for Member



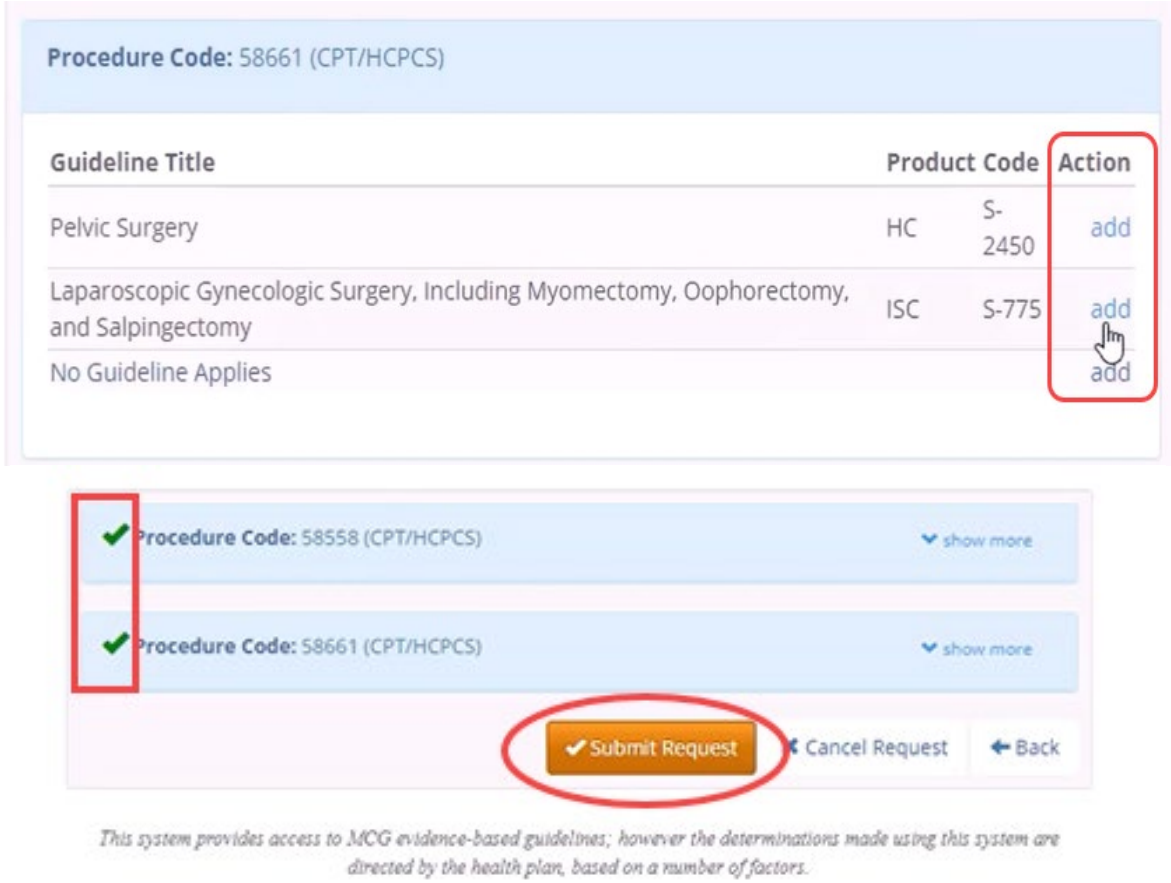
- This screen will show Member name and ID, the authorization type, diagnosis, and procedure codes.
- The "**Disclaimers**" box shows what is needed for next steps.
  - If this states "**Click the Document button to proceed**", this means it is required to move forward.
- Click on the "**Document Clinical**" button to move forward with selection.
- **NOTE: If this window does not open, and an error occurs, exit prior auth, and fax in the clinical information to 800-262-2567. The request was created once Step 2 was completed.**

Document Medical Necessity: Selecting Criteria for Member Cont'd



- The guideline for the code selected will open with check boxes.
  - Some boxes will have subset boxes to select. These must be checked in order to continue. If they do not apply to the Member's case, select an option and use note on that line to let the reviewer know it does not actually apply to case.
- Select the appropriate boxes for Members case and click on "**Save**" when done.
- If more than one code, repeat this step for each code that includes a guideline.
- The blue box with a pencil at the end of the sentences is an additional option that will allow the submitter to type a note if clicked on.

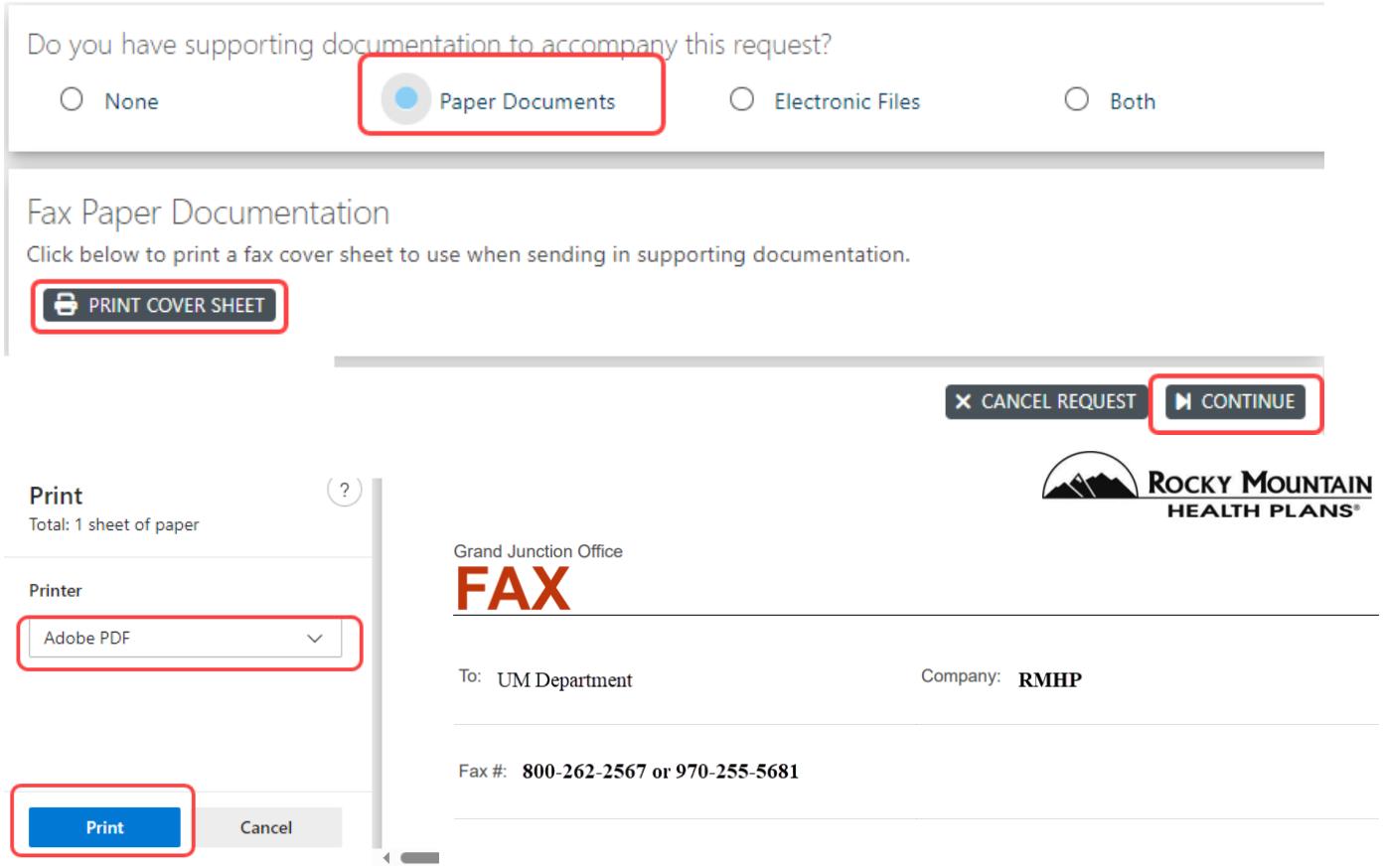
Document Medical Necessity: Selecting Criteria for Member Cont'd



- If a code has more than one guideline that could apply, select the appropriate one by clicking "**Add**" under '**Action**' on the right.
- If none apply, select "**Add**" for the line that states '**No Guideline Applies**'.
- Once these steps are complete, there will be a green check mark to the left of the '**Procedure Code**'.
- Click on "**Submit Request**" to continue to the next step.
  - NOTE: A selection may be required. Click what is necessary and note in the guideline "**NO CGs APPLY**"

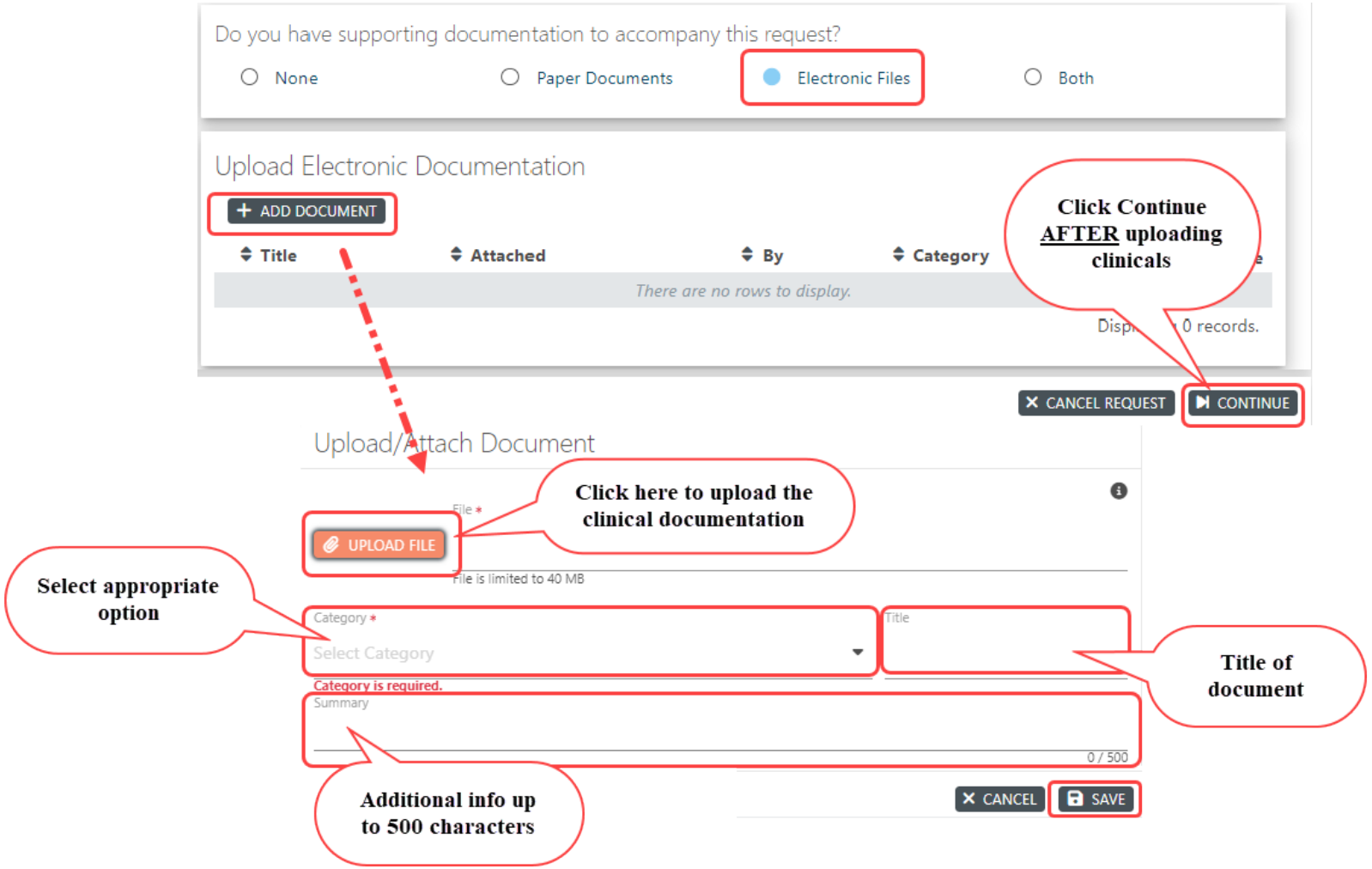
Attach Supporting Documentation: Paper Documents (Fax)

- **All requests require clinical documentation**
- Clinical documentation can be faxed or attached through this section.
- Selecting "**Paper Documents**" will open a "**Fax Paper Documentation**" menu. This menu will provide a printable cover page to fax clinicals into RMHP with.
- Save the cover page as a PDF by selecting "**Adobe PDF**" and click on "**Print**".
- Select where to save your file, and "**Continue**" at the bottom of the screen.



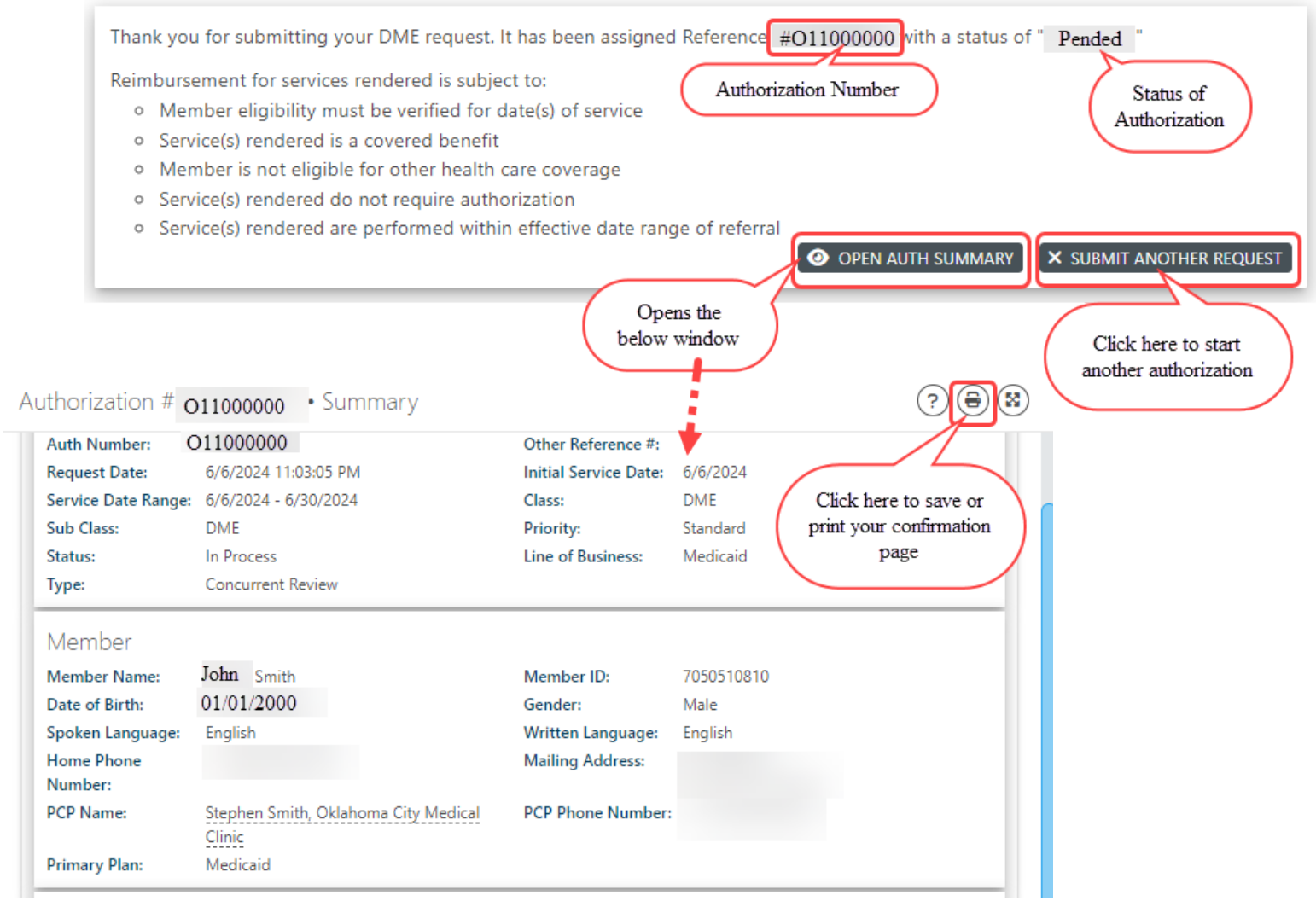
Attach Supporting Documentation: Electronic Files

- Selecting "**Electronic Files**" will allow multiple uploads to this authorization.
- Click on "+**Add Documentation**" to open the upload file window.
- Once window opens, click on "**Upload File**" and select the files needing uploaded.
- Select an appropriate category (required).
- The "Title" and "Summary" boxes are to allow the option to provide a title and/or additional info information (not required).
- Click "**Save**" to go back to the authorization page and click "Continue" to move on to the next section.
- Selecting "**Both**" will allow both options (fax and upload).



Authorization Confirmation: Authorization Summary

- This is the end of the prior authorization submission process.
- All standard requests can take from 5 to 10 calendar days based on the line of business and/or policy.
- This page provides the authorization number that should always start with an '**O**' as in outpatient.
  - Clicking on the hyperlinked authorization number will open a summary page to show what was submitted on this request. This page can be downloaded/printed for the provider's records.
- Click on "**Submit Another Request**" to begin another submission.
- **If any errors or issues occur during submission, please email RMHPPreAuthSupport@uhc.com.**



Troubleshooting: Tips & Tricks

- Please make sure the correct provider is shown that is requesting or providing service for the request
- **DO NOT Select an Inpatient auth class type. This will result in an immediate cancellation of the request**. A new request will need to be submitted by the provider correctly.
- All procedures requiring an inpatient stay are requested as an Outpatient or Outpatient Facility Auth Class. Once the Member is admitted, the facility will call RMHP to start the inpatient auth. These are reviewed separately.
- Need to add a provider to your submission access? Send an email to RMHPPreAuthSupport@uhc.com and include the provider's name, Tax ID, NPI, and address/location submitting for.
- The provider submitting the authorization will automatically populate in the "**Requesting Provider**" field. Most submitters requesting a prior auth are the "**Servicing Provider**". Make sure to list the correct provider/physician/facility information for these fields. An incorrect selection may result in a denial.
- If any diagnosis or service codes are not working, please add them in the "**Additional Information**" box.
- **PLEASE ENTER A CONTACT NAME and PHONE NUMBER** in the "**Additional Information**" box. If documentation is skewed, unreadable, or missing the clinical reviewers will need a contact to reach out directly to obtain the information needed.

Troubleshooting: Tips & Tricks

- When the guidelines populate in this step, make sure the appropriate guidelines are added for the service requested.
- If there are not any guidelines, click on "**Submit Request**" to move forward.
- If this step is not allowing the option to click on "**Submit Request**" that means something is required that has not been done. Look at the clinical selections to make sure there is not a missing box section needing a selection.
- If there is an RMHP guideline available, select to add that guideline for the review.
- When you encounter an error while uploading documents, close out of the error page/prior auth window, and fax in the clinical documentation to **800-262-2567 or 970-255-5681**.
- **DO NOT** submit more than one request when receiving an error past the section where diagnosis and service codes were entered. The request was created and received to the team after completing this step.
- If you would like confirmation that we received your request and obtain the auth number, please click on "**My Authorizations**" and it will show a status.
- If experiencing any issues not outlined within this training manual, please email RMHPPreAuthSupport@uhc.com. **Make sure to include screenshots and a brief explanation of what steps were taken that lead to the error.**

Questions?

Thank You!