

NewMMIS Job Aid: Inquire on a Prior Authorization

This job aid describes how to:

- Inquire on a previously submitted Prior Authorization request via the Provider Online Service Center.

Access Inquire/Maintain PA Request

From the Provider Online Service Center home page:

1. Click **Manage Service Authorizations**.
2. Click **Prior Authorizations**.
3. Click **Inquire/Maintain PA Request**. The **Search for Prior Authorization** panel is displayed.

Search for PA Request

On the **Search for Prior Authorization** panel:

4. Enter the **Member ID** associated with the request.
5. Select the **Status** from the drop-down list (Optional)
6. Select the **Requesting Provider** from the drop-down list.
7. Select the **Assignment Code** from the drop-down list (Optional)
8. In the **From Date** and **To Date** fields, enter a date range for the search.
9. Click **Search**.

On the **Search Results** panel:

10. Click the **Tracking Number** of the desired request.

Review Request

On the **Base Information** panel:

11. Review the request information. When you have finished reviewing the request, you can do one of the following:
 - Click **Close** to go back to the **Search for Prior Authorization** panel, where you can start a new search for a request.
 - Click **Return to Search Results** to go back to the **Search Results** panel, where you can select another request matching the current search criteria.

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Glossary of Terms

Adjudicate – There are header level PA statuses to tell where the PA request is in the process. Adjudicated means MassHealth has made a decision on the PA and that all lines have been finalized. Finalized is when all line statuses are cancelled, approved, modified, or denied. When the PA is adjudicated, a letter is sent to the member (with right to appeal for denied or modified lines), PCM and FI.

Control Number – Number assigned by PCM for an attachment that will be stored at PCM office (only applies when Transmission Code is Available on Request at Provider Site).

Report Type – Documentation submitted with request by PCM. There are two options for PCM:

Initial Assessment – initial request

Patient medical History Document - reevaluation

Status – Indicates where the request is in the process of being reviewed and adjudicated. Status options:

Additional Information Received – Indicates information has been received that was missing from the original request.

Approved – Request is approved by MassHealth. A PA letter is generated and sent to the member, the PCM and the FI.

Cancelled – Request is cancelled by MassHealth due to duplication or insufficient information. A PA letter is generated and sent to the member, the PCM and the FI with a reason for the cancellation. The PCM may resubmit the request as appropriate.

Cancelled by Provider – Status used for all lines when Provider (PCM) Voids the PA Request.

Note: provider can only void a PA while the PA is in Ready for Review status.

Denied – Request has been denied by MassHealth. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

In Process – Request has only been saved, and has not been submitted to MassHealth for review.

In Review – Request has been submitted by PCM and assigned to a MassHealth reviewer.

Modified – Request has been altered by MassHealth reviewer either in adjudicating or as an adjustment requested by the PCM. A PA letter is generated and sent to the member (with right to appeal), and to the PCM and the FI.

Ready for Review – Request has been submitted, but has not been assigned to MassHealth reviewer.

Testing – Request has been submitted in order to test functionality of the system.

Void – Request has been voided by MassHealth. A PA letter is not generated.

Tracking Number – Number assigned to PA request prior to MassHealth review.

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Transmission Code – Method by which PCM transmits attachment to MassHealth. There are six code options:

Available on Request at Provider Site

By Fax

By Mail

Electronically Only

Email

Voice