

PRIOR AUTHORIZATION – COMMUNITY  
HEALTH SUPPORT PROGRAM -  
CONTRACT RN

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Desk Manual

Revised 11/21/2014

MMIS: Important Contact Information

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## INTRODUCTION

### Prior Authorization

The new MMIS has a subsystem component called Prior Authorization. SPD will be using the Prior Authorization subsystem to authorize Contract RN payments. This replaces the ELGP screen used for recording authorization for Community Health Support Program (Contract RN) services. The procedure codes 99347, S5110 and S5115 will not change.

Contract RN's will continue to submit their requests for prior authorizations on the same form. There are a few changes in the process of the Prior Authorization subsystem. In this subsystem once a prior authorization is entered the request cannot be deleted. A service code is not needed. You can go into the prior authorization and make changes if needed. Also, once the prior authorization has been used to pay a claim, the line items on the prior authorization can no longer be changed.

The following procedures will show you how to search for a prior authorization, add a new prior authorization, and make changes to an existing prior authorization.

To search for prior authorizations:

Step Action	Typed Response
1. Point to Prior Authorization on the menu bar.	
2. Drop-down list displays.	Left click on "search"

"Prior Authorization Search" panel appears.

The screenshot shows the "Prior Authorization Search" panel within the MMIS system. The panel has a blue header with the text "Prior Authorization Search" and a search icon. Below the header, there are several search criteria fields: "Prior Authorization" (with a search button), "Provider ID" (with a search button), "Diagnosis" (with a search button), "Reviewer" (with a search button), "Route To Clerk" (with a search button), "Current ID" (with a search button), "Division" (a dropdown menu), "Analyst" (with a search button), "Assignment Code" (a dropdown menu), "Emergency" (a dropdown menu), and "Records" (a dropdown menu set to 20). On the right side of the panel, there are four buttons: "search", "clear", "adv search", and "add". The background of the page shows the MMIS navigation menu with "Prior Authorization" highlighted, and the date "Thursday, November 13, 2008" is displayed in the top right corner.

To explore on the Prior Authorization Search Panel:

1. Type current client ID (Prime number) Do not enter the Provider ID number with the current client ID as the system will show “no rows found” even if there is a prior authorization.
2. Division – select “SPD – Contract RN” as this allows the system to search for only SPD Prior authorizations.
3. Left click on “search” found at the lower right-hand side of the panel.

The screenshot shows the 'Prior Authorization Search' interface. At the top, there is a navigation bar with 'Inter Change Government Health Portfolio' and a user profile 'ormmis\dmrande' with the date 'Thursday, November 13, 2008'. Below this is a menu with 'Home', 'Claims', 'Drug', 'Financial', 'Managed Care', 'MAR', 'POC', 'Prior Authorization', 'Provider', 'EDI', 'Recipient', 'Reference', 'TPL', 'CTMS', 'Site', 'EDMS', and 'Help'. The 'Prior Authorization' menu item is highlighted. Below the menu is a search bar with 'home search information dur plus related data'. The main form is titled 'Prior Authorization Search' and contains several input fields: 'Current ID' (AEW00L1F), 'Provider ID', 'Diagnosis', 'Reviewer', 'Route To Clerk', 'Division', 'Analyst', 'Assignment Code', and 'Emergency'. There are also 'Records' and 'Records per page' (set to 20) dropdowns. On the right side, there are four buttons: 'search', 'clear', 'adv search', and 'add'. A red arrow points to the 'search' button.

4. If “no rows found” appears in the “search results” a new prior authorization can be entered.

This screenshot shows the same 'Prior Authorization Search' interface as the previous one, but with the 'Search Results' section visible at the bottom. The results area is a dark blue bar with the text '\*\*\* No rows found \*\*\*' in white. The form fields and buttons are still visible above the results section.

5. If there is only one CRN Prior Authorization the “Prior Authorization Information” panel and the “Prior Authorization Maintenance” panel will appear. Scroll down to the “Prior Authorization Maintenance” panel and left click on “Line Item.” The “Base Information” panel and the “line item” panel will appear. Follow the instructions for completing these panels.


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Thursday, November 13, 2008

[Home](#) [Claims](#) [Drug](#) [Financial](#) [Managed Care](#) [MAR](#) [POC](#) **Prior Authorization** [Provider](#) [EDI](#) [Recipient](#) [Reference](#) [TPL](#) [CTMS](#) [Site](#) [EDMS](#) [Help](#)

[home](#) [search](#) [information](#) [dur](#) [plus](#) [related data](#)

Next search by:

**Prior Authorization Information** ? <

PA Number	8008285002	Current ID	AEA00L1F	Provider ID	1881738300 NPI
Reviewer		Last Name	SPD	Referring Provider ID	
Review Date	10/11/2008	First Name	THIRTY	Date Received	10/11/2008
PA Assignment	SPD - CRN	DOB	05/05/1950	Media Type	PAPER
Fund Code		Clerk Keyed	VFRANK	Analyst	VFRANK
Division	SPD - Contract RN	Date Keyed	10/11/2008	Route To Clerk	
Admin Review	<input type="checkbox"/>	Update Received		Diagnosis 1	
Appeals	<input type="checkbox"/>	Update Reviewed		Diagnosis 2	
Internal Text	<input type="checkbox"/>	Emergency	ROUTINE	Diagnosis 3	
Reason Code / External Text List	<input type="checkbox"/>	Accident	NO	Diagnosis 4	
Super PA	<input type="checkbox"/>	Special Considerations	NO	Diagnosis 5	
		Initial Submission Documentation	NO		

**Prior Authorization Maintenance** - Select Prior Authorization area to add or modify below. Prefs Top Bot ? <

Prior Authorization	Administrative Review	Appeals	Attachment
	Base Information	Claim List	External Text
	Internal Text	Letters	Line Item
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

- If multiple search results appear, review the lines to determine if any search results match the requested prior authorization. If no search results match, a new prior authorization can be entered. If a search result matches, (overlapping dates) you will either need to review the match and determine if information needs to be modified or file if it is a duplicate request.


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[home](#) [search](#) [information](#) [dur](#) [plus](#) [related data](#)

**Prior Authorization Search** ? <

Prior Authorization	<input type="text"/>	Current ID	AEA00L1F [ Search ]
Provider ID	<input type="text"/> [ Search ]	Division	<input type="text"/>
Diagnosis	<input type="text"/> [ Search ]	Analyst	<input type="text"/> [ Search ]
Reviewer	<input type="text"/> [ Search ]	Assignment Code	<input type="text"/>
Route To Clerk	<input type="text"/> [ Search ]	Emergency	<input type="text"/>
		Records	20

**Search Results**

PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status	Current ID	Emergency
8008285002	01	12/01/2008	12/30/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	S5110		Approved	AEA00L1F	R
8008283001	01	09/01/2008	09/01/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R
8008284001	01	10/01/2008	10/31/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R
8008285001	01	11/01/2008	11/30/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R
8008285003	01	11/01/2008	11/30/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	S5115		Approved	AEA00L1F	R
8008287002	01	08/01/2008	08/15/2008	SPD - CRN	1881738300 NPI	1881738300 NPI	99347		Approved	AEA00L1F	R

## **ADDING A NEW PRIOR AUTHORIZATION:**

To add a new prior authorization from the “Prior Authorization Search” panel if “no rows found” appeared, left click on the “add” feature from the lower right-hand corner of the “Prior Authorization Search” panel.

The following panels will appear in order listed:

- Prior Authorization Information;
- Prior Authorization Maintenance; and
- Base Information Panel
- Line Item Panel
- Notice Selection

Next search by: Prior Authorization

Prior Authorization Information		
PA Number	Current ID	Provider ID
Reviewer	Last Name	Referring Provider ID
Review Date	First Name	Date Received 11/13/2008
PA Assignment	DOB	Media Type ONLINE
Fund Code	Clerk Keyed	Analyst
Division	Date Keyed 11/13/2008	Route To Clerk
	Update Received	
	Update Reviewed	
Admin Review <input type="checkbox"/>		Diagnosis 1
Appeals <input type="checkbox"/>	Emergency ROUTINE	Diagnosis 2
Internal Text <input type="checkbox"/>	Accident NO	Diagnosis 3
Reason Code / External Text List <input type="checkbox"/>	Special Considerations NO	Diagnosis 4
Super PA <input type="checkbox"/>	Initial Submission Documentation NO	Diagnosis 5

**Prior Authorization Maintenance** - Complete the Panels below then select Save to add the new Prior Authorization. Prefs T

Prior Authorization	Administrative Review	Appeals	Attachment
	<b>Base Information</b>	Claim List	External Text
	Internal Text	Letters	<b>Line Item</b>
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

Base Information		Top Nav
Provider ID <input type="text"/> [ Search ]	Vendor Patient Account Number <input type="text"/>	
Referring Provider ID <input type="text"/> [ Search ]	Division <input type="text"/>	
PA Assignment* <input type="text"/>	Fund Code <input type="text"/>	
Current ID* <input type="text"/> [ Search ]	Update Reviewed <input type="text"/>	
Update Received <input type="text"/>	Reviewer <input type="text"/> [ Search ]	
Emergency* <input type="text"/> Routine	Route To Clerk <input type="text"/> [ Search ]	
Accident* <input type="text"/> No	Special Considerations* <input type="text"/> No	
Media Type* <input type="text"/> ONLINE		
-Diagnosis Code- Select row below to update -or- type data below to add.		
*** No rows found ***		
Diagnosis Number <input type="text"/>	Diagnosis Code <input type="text"/> [ Search ]	
Diagnosis Name <input type="text"/>		<input type="button" value="delete"/>

Line Item		Top Nav
*** No rows found ***		
Select row above to update -or- click Add button below.		
Line Item <input type="text"/>	ICD9 Code <input type="text"/> [ Search ]	Requested Eff. Date <input type="text"/>
Service Type Code <input type="text"/>	Thru Service <input type="text"/> [ Search ]	Requested End Date <input type="text"/>
Procedure Code <input type="text"/> [ Search ]	Modifier 2 <input type="text"/> [ Search ]	Requested Units <input type="text"/>
Modifier 1 <input type="text"/> [ Search ]	Modifier 4 <input type="text"/> [ Search ]	Requested Dollars <input type="text"/>
Modifier 3 <input type="text"/> [ Search ]	Quad <input type="text"/> [ Search ]	Authorized Eff. Date <input type="text"/>
Tooth <input type="text"/> [ Search ]	NDC Code <input type="text"/> [ Search ]	Authorized End Date <input type="text"/>
NDC Lock <input type="text"/>	Revenue Code Thru <input type="text"/> [ Search ]	Authorized Units <input type="text"/>
Revenue Code <input type="text"/> [ Search ]	Reference to PA Number <input type="text"/>	Authorized Dollars <input type="text"/>
Status <input type="text"/> 4 - Agency Authorized	Print Option <input type="text"/> Batch	Payment Method <input type="text"/> Pay Cap Amount
Service Provider Check <input type="text"/> All Service Providers	Date Mailed <input type="text"/>	Balance Units <input type="text"/>
Service Provider ID <input type="text"/> [ Search ]		Balance Dollars <input type="text"/>
Hearing Rights <input type="text"/> DMAP OHP		Quantity Used Units <input type="text"/>
Diagnosis Notes <input type="text"/>		Quantity Used Dollars <input type="text"/>
-Reason Code- Select row below to update -or- type data below to add.		
*** No rows found ***		

Notice Selection		Top Nav
Client* <input type="text"/> Yes	Client Branch* <input type="text"/> Yes	Provider* <input type="text"/> Yes
Non-Medicaid Provider* <input type="text"/> Yes	Referring Provider* <input type="text"/> Yes	Servicing Provider* <input type="text"/> Yes
Miscellaneous 3* <input type="text"/> No	Miscellaneous 1* <input type="text"/> No	Miscellaneous 2* <input type="text"/> No

Scroll down to the “Base Information Panel.” To add information on the Base Information panel follow the steps below:

Step Action	Typed Response
1. Provider ID	1. Enter the six digit Provider Number
2. PA Assignment	2. Select SPD-CRN
3. Current ID	3. Enter client prime number
4. Emergency	4. Select “routine”
5. Accident	5. Select “no”
6. Media Type	6. Select appropriate choice
7. Division	7. Select “SPD-Contract RN”
8. Special Considerations	8. Defaults to “no” do not change

**Do not enter any diagnosis codes.**

Scroll down to the “line item” panel to the lower right-hand corner and left click on the “add” feature. Once the “add” button is selected, the system will automatically create a prior authorization number in the “Prior Authorization Information” panel. The print color in selected areas will change from gray to black. Click into the field into which you want to put data. Use the “tab” key on your keyboard to have the system process that information. In some cases the cursor will go to the next field, otherwise use your mouse to click into the next field where you want to do data entry. DO NOT hit ENTER as it will process the prior authorization prematurely.

The screenshot shows a web-based form titled "Line Item". At the top, it says "\*\*\* No rows found \*\*\*" and "Select row above to update -or- click Add button below." The form is organized into several columns of input fields:

- Line Item:** Line Item, Service Type Code (dropdown), Procedure Code (with search), Modifier 1, 2, 3, 4 (all with search), Tooth (with search), NDC Lock (dropdown), Revenue Code (with search), Status (dropdown, currently "4 - Agency Authorized"), Service Provider Check (dropdown, currently "All Service Providers"), Service Provider ID (with search), Hearing Rights (dropdown, currently "DMAP OHP"), and Diagnosis Notes.
- ICD9 Code:** ICD9 Code (with search), Thru Service (with search), Modifier 2, 3, 4 (all with search), Quad (with search), NDC Code (with search), Revenue Code Thru (with search), Reference to PA Number, and Print Option (dropdown, currently "Batch").
- Requested/Authorized:** Requested Eff. Date, Requested End Date, Requested Units, Requested Dollars, Authorized Eff. Date, Authorized End Date, Authorized Units, Authorized Dollars, Payment Method (dropdown, currently "Pay Cap Amount"), Balance Units, Balance Dollars, Quantity Used Units, and Quantity Used Dollars.

At the bottom, there is a section for "-Reason Code-" with the text "Select row below to update -or- type data below to add." and "\*\*\* No rows found \*\*\*". A blue "add" button is in the bottom right corner.

Step Action	Typed Response
1. Service Type Code	1. Select "procedure code"
2. Procedure Code	2. Enter a procedure code listed on the CRN-PA form. You will enter one procedure code per a "line item" panel. This process will not use the "thru service" field.
3. Status	3. Select "approved"
4. Service Provider check	4. Select "all service providers"
5. Service Provider ID	5. Enter CRN provider number
6. Hearing Rights	6. Defaults to "no" - do not change
7. Print Option	7. Select "batch"
8. Requested Effective date	8. Enter date on CRN PA form
9. Requested End Date	9. Enter date on CRN PA form
10. Requested Units	10. Enter units on CRN PA form
11. Requested Dollars	11. Do not enter an amount. The system will calculate the dollar amount.
12. Authorized Effective Date	12. Enter date being authorized
13. Authorized End Date	13. Enter date being authorized
14. Authorized Units	14. Enter units being authorized
15. Authorized Dollars	15. Do not enter an amount. The system will calculate the dollar amount.
16. Payment Method	15. Select "Pay System Price"

**Do not enter information in the "reason code" panel.**

### “Notice Selection” panel:

Notice Selection				Top	Nav	?	A	↑	×
Client*	No	Client Branch*	No	Provider*	Yes	Servicing Provider*	Yes		
Non-Medicaid Provider*	Yes	Referring Provider*	Yes	Miscellaneous 1*	No	Miscellaneous 2*	No		
Miscellaneous 3*	No								

The notice section will automatically default to “No” for the Client and Client Branch. The Provider will get a copy of the PA notice. There is currently no business reason to change any of these settings.

### **Second Procedure Code:**

Once you have entered the required information for the first procedure code, you can scroll over to the “add” button in the lower left-hand corner and left click on the “add” button. A second “line item” panel will appear. Enter the next procedure code using the instructions on page 9. Check the “Base Information panel” to ensure information in the fields is accurate.

### **Third Procedure Code:**

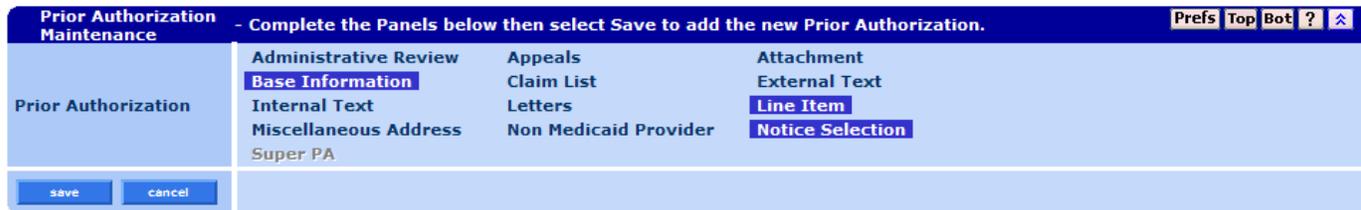
Once you have entered the required information for the second procedure code, you will scroll down to the “line item” panel in the lower-right hand corner and left click on “add.” Enter the next procedure code listed (if appropriate) and follow the instructions on page 9.

**NOTE:** You do not hit the “save” button until all procedure codes are entered. If you try to save after each procedure code you may receive a critical error and will need to re-enter the information.

Scroll up to the “prior authorization maintenance” panel and left click on “save.” If save is successful a message will appear “Save is Successful. All panels saved.” Otherwise, error message(s) will appear. All errors must be corrected before the prior authorization will be saved.

**Withdrawing a Prior Authorization:** If a prior authorization was entered/saved with incorrect information, the prior authorization can be “withdrawn” if the action is taken the same day the information is entered/saved.

- Bring up the prior authorization you need to withdraw (see modify a prior authorization pages 11-12). Go to the “line item” panel and change “approved” to “withdrawn.” You will then need to select the appropriate “reason” code.
- Scroll up to the “prior authorization maintenance” panel and left click on save. The authorization will change from “approved” to “withdrawn.” A prior authorization notice will not be printed. You can then create a new prior authorization with correct information.



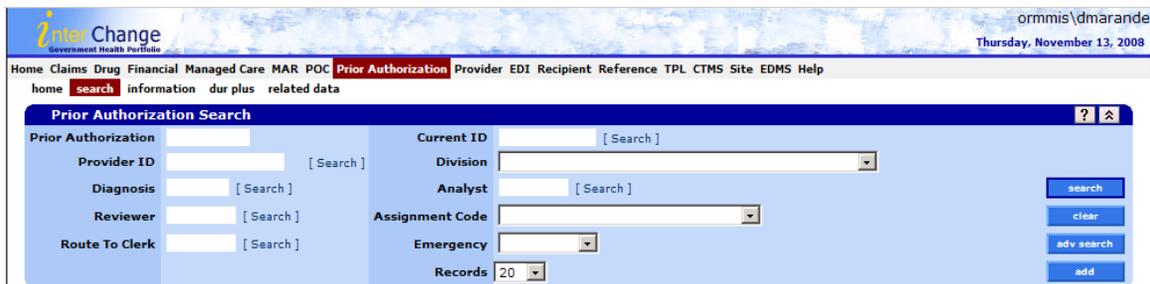
**To enter another new prior authorization:**

To enter another new prior authorization scroll up to the menu bar and left click on “search.” The “prior authorization” search panel will appear. Follow the instructions to search for a prior authorization on page 4 – 6 and creating a new prior authorization on pages 6 – 10.

**CHANGES TO A PREVIOUS PRIOR AUTHORIZATION**

Point to “prior authorization” listed on the main menu bar. Then left click on “search” from the drop down menu.

The “prior authorization search” panel will appear.



Panel: Prior Authorization Search

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Select the prior authorization tab</li> <li>2. Division – select “SPD –Contract</li> </ol> | <ol style="list-style-type: none"> <li>1. Enter the prior authorization number and/or current client ID number. If the prior authorization number is used and a</li> </ol> |
|--|--|

RN”

3. Move to the lower right-hand corner of the panel

“no rows found” appears you need to enter the current client ID number only.  
2. This allows the system to search only for SPD prior authorizations.

3. Left click on “search”

If only one prior authorization exists, the “Prior Authorization Information” panel and the “Prior Authorization Maintenance” panel.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home search information dur plus related data

Next search by: Prior Authorization [search] [clear]

**Prior Authorization Information** [?] [X]

PA Number	8008285002	Current ID	AEA00L1F	Provider ID	1881738300 NPI
Reviewer		Last Name	SPD	Referring Provider ID	
Review Date	10/11/2008	First Name	THIRTY	Date Received	10/11/2008
PA Assignment	SPD - CRN	DOB	05/05/1950	Media Type	PAPER
Fund Code		Clerk Keyed	VFRANK	Analyst	VFRANK
Division	SPD - Contract RN	Date Keyed	10/11/2008	Route To Clerk	
Admin Review	<input type="checkbox"/>	Update Received		Diagnosis 1	
Appeals	<input type="checkbox"/>	Update Reviewed		Diagnosis 2	
Internal Text	<input type="checkbox"/>	Emergency	ROUTINE	Diagnosis 3	
Reason Code / External Text List	<input type="checkbox"/>	Accident	NO	Diagnosis 4	
Super PA	<input type="checkbox"/>	Special Considerations	NO	Diagnosis 5	
		Initial Submission Documentation	NO		

**Prior Authorization Maintenance** - Select Prior Authorization area to add or modify below. [Prefs] [Top] [Bot] [?] [X]

Prior Authorization	Administrative Review	Appeals	Attachment
	Base Information	Claim List	External Text
	Internal Text	Letters	Line Item
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

[save] [cancel] [new] [copy PA]

Scroll down to the “Prior Authorization Maintenance” panel and left click on “line item” and the “Base Information” panel and the “Line Item” panel will appear.

**Base Information** [Top] [Nav] [?] [A] [X]

Provider ID	1881738300 NPI [Search]	Vendor Patient Account Number	
Referring Provider ID	[Search]	Division	SPD - Contract RN
PA Assignment*	SPD - CRN	Fund Code	
Current ID*	AEA00L1F [Search] [f]	Update Reviewed	
Update Received		Reviewer	[Search]
Emergency*	Routine	Route To Clerk	[Search]
Accident*	No	Special Considerations*	No
Media Type*	PAPER		

-Diagnosis Code- Select row below to update -or- type data below to add.

\*\*\* No rows found \*\*\*

Diagnosis Number		Diagnosis Code	[Search]
Diagnosis Name			

[delete] [add]

Scroll down to the “Line Item” panel and left click on the blue row that appears. The specific prior authorization information will appear in the “line item” panel with a heading “Type changes below.”

In this example the requested and authorized units were changed from two to six.

Scroll up to the “Prior Authorization Maintenance” panel and left click on “save.” If the information updated is saved the following message will appear: “Save was successful. All panels save.” If the message does not appear, error messages will appear. All errors must be corrected before the “saved” message will appear.

### **Multiple Authorizations**

If there are multiple prior authorizations, the “Prior Authorization Search Results” panel will appear showing all results.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home **search** information dur plus related data

**Prior Authorization Search** ? ↕

Prior Authorization:   
 Provider ID:  [ Search ]  
 Diagnosis:  [ Search ]  
 Reviewer:  [ Search ]  
 Route To Clerk:  [ Search ]

Current ID: AEA00L1F [ Search ]  
 Division:   
 Analyst:  [ Search ]  
 Assignment Code:   
 Emergency:   
 Records: 20

**Search Results**

PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status	Current ID	Emergency
8008285002	01	12/01/2008	12/30/2008	SPD - CRN	1881738300	NPI 1881738300	NPI 55110		Approved	AEA00L1F	R
8008283001	01	09/01/2008	09/01/2008	SPD - CRN	1881738300	NPI 1881738300	NPI 99347		Approved	AEA00L1F	R
8008284001	01	10/01/2008	10/31/2008	SPD - CRN	1881738300	NPI 1881738300	NPI 99347		Approved	AEA00L1F	R
8008285001	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI 1881738300	NPI 99347		Approved	AEA00L1F	R
8008285003	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI 1881738300	NPI 55115		Approved	AEA00L1F	R
8008287002	01	08/01/2008	08/15/2008	SPD - CRN	1881738300	NPI 1881738300	NPI 99347		Approved	AEA00L1F	R

Select the one you want to change by left-clicking on the appropriate row. The following will appear:

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home **search** information dur plus related data

Next search by: Prior Authorization

**Prior Authorization Information** ? ↕

PA Number: 8008285002	Current ID: AEA00L1F	Provider ID: 1881738300 NPI
Reviewer:	Last Name: SPD	Referring Provider ID:
Review Date: 10/11/2008	First Name: THIRTY	Date Received: 10/11/2008
PA Assignment: SPD - CRN	DOB: 05/05/1950	Media Type: PAPER
Fund Code:	Clerk Keyed: VFRANK	Analyst: VFRANK
Division: SPD - Contract RN	Date Keyed: 10/11/2008	Route To Clerk:
Admin Review: <input type="checkbox"/>	Update Received:	Diagnosis 1:
Appeals: <input type="checkbox"/>	Update Reviewed:	Diagnosis 2:
Internal Text: <input type="checkbox"/>	Emergency: ROUTINE	Diagnosis 3:
Reason Code / External Text List: <input type="checkbox"/>	Accident: NO	Diagnosis 4:
Super PA: <input type="checkbox"/>	Special Considerations: NO	Diagnosis 5:
	Initial Submission Documentation: NO	

**Prior Authorization Maintenance** - Select Prior Authorization area to add or modify below. Prefs Top Bot ? ↕

Prior Authorization	Administrative Review	Appeals	Attachment
	Base Information	Claim List	External Text
	Internal Text	Letters	Line Item
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

Scroll down to "Prior Authorization Maintenance" panel. Select "line item" and left click. The "Base Information" panel and the "Line Item" panel will appear.

Scroll down to the “Line Item” panel. Above the line item panel all the prior authorizations approved will show shaded “light blue.” Left click on the row you want to modify.

The specific prior authorization information will appear in the “line item” panel with a heading “Type changes below.”

- Left click on the line item fields to be updated. In this example the requested and authorized units were changed from two to six.

Line Item										Top	Nav	?	A	X
Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure Code	Service Provider ID	Thru Service	NDC Code	Revenue Code	Revenue Code Thru	ICD9 Code	Status		
01	6	\$30.00	6	\$30.00	S5110	1881738300 NPI						Approved		
Type changes below.														
Line Item	01										Requested Eff. Date* 12/01/2008			
Service Type Code*	Procedure Code				ICD9 Code						Requested End Date* 12/30/2008			
Procedure Code	S5110 [ Search ]				Thru Service		[ Search ]				Requested Units 6			
Modifier 1	[ Search ]				Modifier 2		[ Search ]				Requested Dollars \$30.00			
Modifier 3	[ Search ]				Modifier 4		[ Search ]				Authorized Eff. Date 12/01/2008			
Tooth	[ Search ]				Quad		[ Search ]				Authorized End Date 12/30/2008			
NDC Lock					NDC Code						Authorized Units 6			
Revenue Code					Revenue Code Thru						Authorized Dollars \$30.00			
Status*	A - Approved				Reference to PA Number						Payment Method* Pay Unit Fee Price			
Service Provider Check*	Specified Service Provider				Print Option*		No Print				Balance Units 6			
Service Provider ID	1881738300 NPI [ Search ]				Date Mailed		10/13/2008				Balance Dollars			
Hearing Rights*	No Notice										Quantity Used Units 0			
Diagnosis Notes											Quantity Used Dollars			
<input type="button" value="add"/>														
-Reason Code- Select row below to update -or- type data below to add.														
*** No rows found ***														
Reason Code	[ Search ]				Reason Description									
<input type="button" value="delete"/> <input type="button" value="add"/>														

- Scroll up to the “Prior Authorization Maintenance” panel and left click on “save.”

Prior Authorization Maintenance			- Select Prior Authorization area to add or modify below.			Prefs	Top	Bot	?	X	
Prior Authorization			Administrative Review	Appeals	Attachment						
			Base Information	Claim List	External Text						
			Internal Text	Letters	Line Item						
			Miscellaneous Address	Non Medicaid Provider	Notice Selection						
			Super PA								
<input type="button" value="save"/> <input type="button" value="cancel"/> <input type="button" value="New"/> <input type="button" value="copy PA"/>			<b>The following messages were generated:</b>								
			<b>Message Description</b>			Panel	Field	Row			
			Save was Successful. All panels were saved.			Base Information					

If the information updated is saved the following message will appear: “Save was successful. All panels saved.” If not, error(s) will appear. All errors must be corrected before the “saved” message will appear.

The prior authorization number will stay the same and current/updated information will be saved.

## USING MMIS

The MMIS has several quirky data entry issues. It is highly recommended you follow the step-by-step procedures when you use the Prior Authorization component. There is also a “Tips and Notes” section at the end of this guide.

- You may need to enter information in a specific order, or data will be removed and you will be required to enter it again.
- You need to click (add) to open fields in individual panels.
- The (save) button is at the top or in the middle of the panels, and it applies to all panels.

- At times you need to click outside of the data fields to allow the system to refresh the screen before you enter the next data item.
- At times when you click the (add) button or input some data, the system takes an action which it momentarily looks like all the data was lost – just wait a second – it reappears after the screen is refreshed.
- The asterisk (\*) on the panels are suppose to indicate “required” fields of entry; however, this is not consistent throughout the system. You will need to refer to this desk manual for information on the actual fields required.

## Tips and Notes

Use the “Tab” key to navigate from field to field. This will help with data entry. The MMIS system has a slow response time. In some fields, if you key/enter them to quickly, data will be lost, and you will be required to re-enter the field.

Data Item – Screen Item Names:

Each part of the system is called a sub-system, and is basically a separate system that works with the other sub-systems. Different screens will use different names for the same data item. For example, in the Prior Authorization system, the client Medicaid number/prime number is labeled “Current ID,” in the “Plan of Care” panel, it is called “Client ID.”

Beware of Using the Internet Browser (BACK) button!

If you have selected a client/provider record or are doing any data entry, **DO NOT** use the **(BACK)** button that is provided in your Internet Application. You will lose all un-saved data. The IE (BACK) button essentially takes you out of the MMIS application.

Using the (NAV) button:

You can hit the (NAV) button at the top right-hand corner to jump you to the Prior Authorization Maintenance panel. This is a quicker way to move to the (SAVE) button.

Clickity click click!

Beware of over clicking (for example, quick double clicking or impatient waiting clicking). This may cause the application to display the critical error message screen.

If you do get the critical error message screen, you may have to start over. Be patient and wait for the screen to refresh with the data.

If you click the (add) button twice when creating a Prior Authorization, you will get two Detail lines. You will need to go out and start over if you have this extra blank line detail in your Prior Authorization record.