



AUTHORIZATION PORTAL FOR PROVIDERS

MDwise, Inc

MDwise Authorization Portal Instructions Documentation

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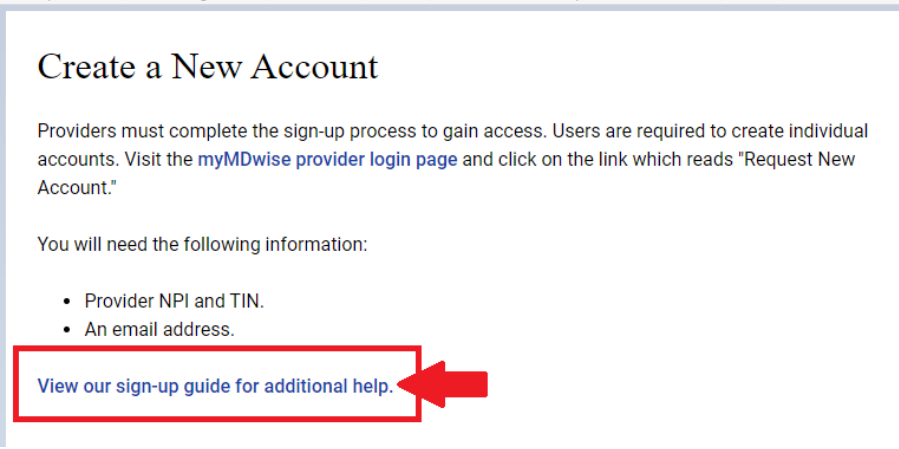
Introduction to the Authorization Portal

MDwise currently offers different ways to submit a prior authorization including fax and email. We are now offering online submission through our Authorization Portal located in our Provider Portal.

Fax	HHW EXCEL- 1-888-465-5581 HIP EXCEL-1-866-613-1642
Email	padept@mdwise.org
Portal	myMDwise Provider Portal

This guide will allow you to set up your account to submit your prior authorization as well as track those authorizations you submitted on the portal. If you are unable to locate your member by Member ID, please contact MDwise at 1-800-356-1204.

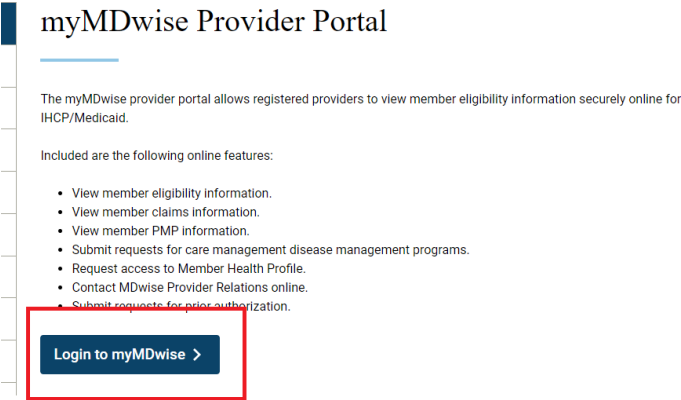
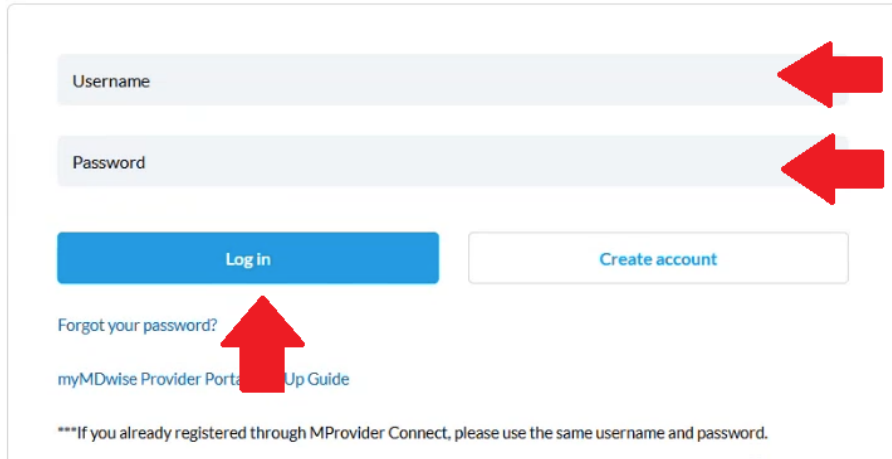
Account Setup and Registration

Step	Action
1	Locate the MDwise Provider Portal through the following link: myMDwise Provider Portal .
2	Locate and click the hyperlink “View our sign-up guide for additional help” at the bottom of the page and follow the instructions for account set up and registration. 
3	<ul style="list-style-type: none">For troubleshooting issues with creating Provider Portal account, please email providerservices@mdwise.org.If you are unable to locate your member by Member ID, please contact MDwise at 1-800-356-1204.

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Initiating a “New” Outpatient Prior Authorization

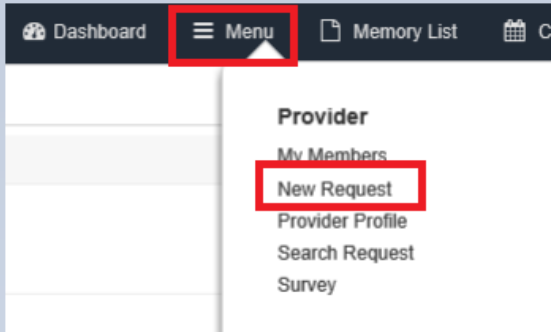

- For troubleshooting issues with setting up a prior authorization, please email: padept@mdwise.org.

Step	Action
1	Enter the Authorization Portal from the MDwise Provider Portal following the MDwise Provider Portal link: myMDwise Provider Portal
2	<p>Click the blue “Login to myMDwise” button.</p> 
3	<p>If a login account has already been created, sign into your account by inputting your Username and Password. Click the blue “Log In” button.</p>  <p>Important to Note: If a login account has not been created, the sign-up process must be completed. See Account Setup and Registration section.</p>

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4	<p>Once logged in, locate and click on the “Prior Authorizations” tab in the navy-blue banner near the top of the page.</p> 
5	<p>Click on the blue “Medical Authorization Request (Excludes NICU)” hyperlink.</p> 
6	<p>The webpage will automatically redirect into the Authorization Portal (Jiva) to the “My Dashboard” screen.</p> 
7	<p>Click on “Menu”; Choose “New Request” from the dropdown.</p>



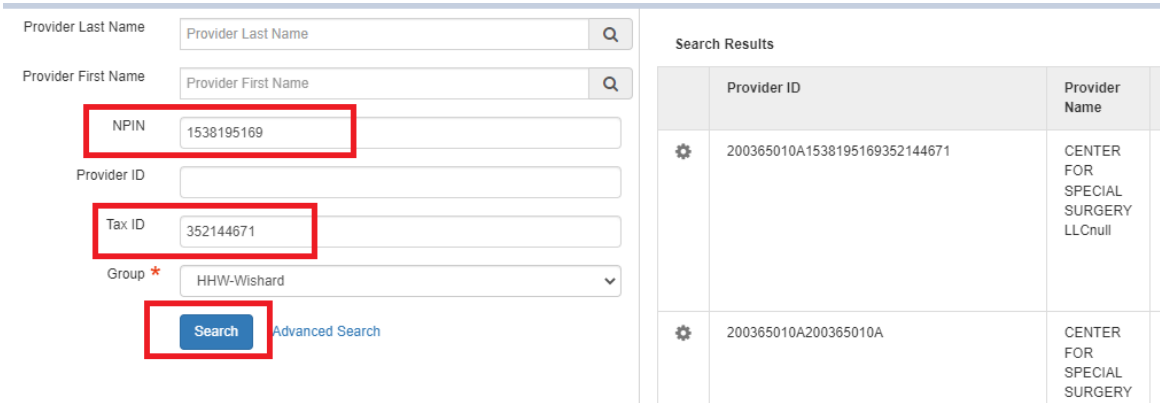
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8	<p>Enter the Member ID. Click the blue “Search” button.</p> <p>Member ID * <input type="text"/></p>
9	<p>The member will appear. Locate the “Action” column on the far right of screen. Click on the “Add Request” dropdown and choose the appropriate type of request (Outpatient or Behavioral Health Outpatient).</p>  <p>wn.</p>

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10	<p>Complete the “Episode Details” section:</p> <p>Click on the “Request Type” dropdown and choose the appropriate request type.</p> <div style="margin-top: 20px;"> <p>Request Type *</p> <div style="border: 1px solid #ccc; padding: 5px; position: relative;"> --Select One-- <div style="position: absolute; top: 10px; right: 10px;">▼</div> <div style="background-color: #f0f0f0; padding: 2px;">--Select One--</div> <div style="padding: 2px;">concurrent</div> <div style="padding: 2px;">Preservice</div> <div style="padding: 2px;">Retrospective</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="width: 35%;">Request Type</th><th>Description</th></tr> </thead> <tbody> <tr> <td>Preservice</td><td> <ul style="list-style-type: none"> Initial medical and behavioral health outpatient services. Concurrent medical outpatient services. Concurrent IOP, ABA, Psych testing, and Neuropsych testing services. </td></tr> <tr> <td>Concurrent</td><td>Continuation of a SUDRT/PHP service already submitted.</td></tr> <tr> <td>Retrospective</td><td>“Retro” use only after services have been rendered completely</td></tr> </tbody> </table>	Request Type	Description	Preservice	<ul style="list-style-type: none"> Initial medical and behavioral health outpatient services. Concurrent medical outpatient services. Concurrent IOP, ABA, Psych testing, and Neuropsych testing services. 	Concurrent	Continuation of a SUDRT/PHP service already submitted.	Retrospective	“Retro” use only after services have been rendered completely		
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11	<p>Click on the “Request Priority” dropdown and choose the appropriate request priority.</p> <div style="margin-top: 20px;"> <p>Request Priority *</p> <div style="border: 1px solid #ccc; padding: 5px; position: relative;"> Standard <div style="position: absolute; top: 10px; right: 10px;">▼</div> <div style="background-color: #f0f0f0; padding: 2px;">--Select One--</div> <div style="padding: 2px;">Standard</div> <div style="padding: 2px;">Urgent</div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="width: 35%;">Request Type</th><th>CHOOSE:</th></tr> </thead> <tbody> <tr> <td>Initial and Concurrent Medical Preservice</td><td>Standard 48 hours <i>(excluding weekends and state/federal legal holidays)</i></td></tr> <tr> <td>Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing</td><td>Standard 48 hours <i>(excluding weekends and state/federal legal holidays)</i></td></tr> <tr> <td>Initial and Concurrent PHP/SUDRT/Urgent Medical OP Preservice</td><td>Urgent 24 hours <i>(excluding weekends and state/federal legal holidays)</i></td></tr> <tr> <td>Retrospective</td><td>Standard 30 CD (Calendar Days) use only after services have been rendered completely.</td></tr> </tbody> </table>	Request Type	CHOOSE:	Initial and Concurrent Medical Preservice	Standard 48 hours <i>(excluding weekends and state/federal legal holidays)</i>	Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing	Standard 48 hours <i>(excluding weekends and state/federal legal holidays)</i>	Initial and Concurrent PHP/SUDRT/Urgent Medical OP Preservice	Urgent 24 hours <i>(excluding weekends and state/federal legal holidays)</i>	Retrospective	Standard 30 CD (Calendar Days) use only after services have been rendered completely.
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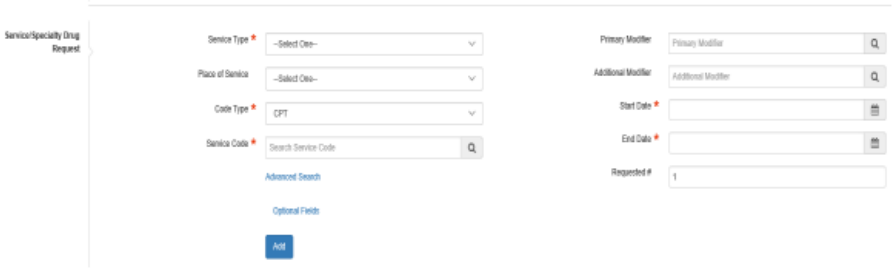
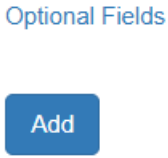
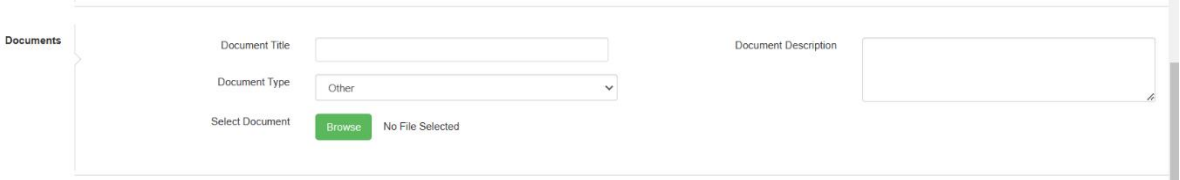
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	<p>Important to Note: Priority may be changed by MDwise if the request does not meet the definition of Urgent.</p>
12	<p>Complete the “Diagnosis” section:</p> <p>Type in the Diagnosis code. Wait for Jiva to populate the code with description. Click on the code/description that appears.</p> 
13	<p>Complete the “Providers” section:</p> <p>Click the blue “Attach Providers” button.</p> 
14	<p>Enter in the NPI and Tax ID for the facility only. Click the blue “Search” button. Search Results will appear to the right.</p>  <p>Important to Note: If you have an out of network (OON) provider/facility, enter in the OON. If both provider and facility are OON, enter in the OON facility.</p>
15	<p>Find the provider with the correct Name and location.</p> <ul style="list-style-type: none"> Verify you are choosing the provider with the MDW prefix in the Provider ID column.

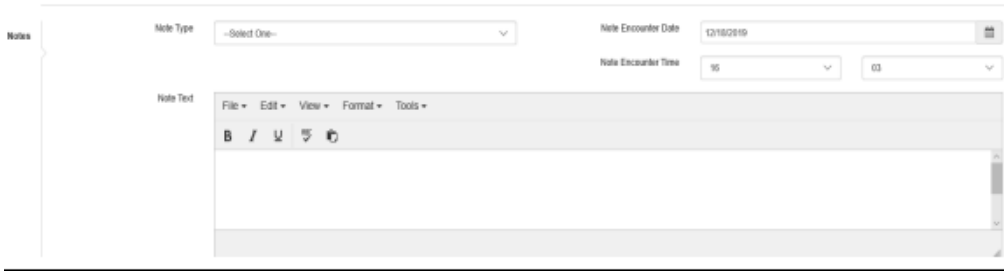

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	<div data-bbox="297 197 542 701"> </div> <ul style="list-style-type: none"> • Verify “Servicing”, under the Provider Role Column, is selected. <div data-bbox="285 798 472 1108"> </div>
16	<p>Click the cogwheel next to the provider ID of the facility you have chosen. Click “Single Attach”. You will be redirected back to the previous screen.</p> <div data-bbox="285 1266 638 1577"> </div>
17	<p>Complete the “Service Request” section:</p> <p>Choose the most appropriate options depending on the type of outpatient case, for the following dropdowns:</p> <ul style="list-style-type: none"> • Service Type

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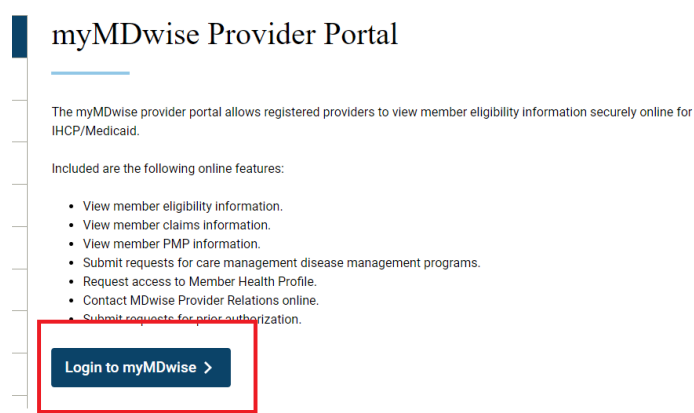
	<ul style="list-style-type: none"> • Code Type (SPC-See Appendix A: SPC-Code Sets) • Service Code • Start Date • End Date • Requested #  <p>Important to Note: SPC Code sets help streamline the process of prior authorization requests. If multiple codes are requested on the same prior authorization and the codes all appear in the same code set, only 1 code set needs to be added. SPC Code sets should not be used as billing guidance by providers.</p>
18	<p>Click the blue “Add” button.</p> 
19	<p>Complete the “Documents” section: Type in the document’s title in the “Document Title” box. Click the green “Browse” button to add documents.</p>  <p>Important to note: Documents need to include clinicals and PA form.</p>
20	<p>Complete the “Notes” section.</p> <p>In the “Note Text” box include:</p> <p>Requestor Name:</p> <p>Requestor Phone Number:</p> <p>Requestor Fax Number:</p> <p>Additional/relevant information needed to process the request (reason for expedited).</p>

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21	<p>Click the green “Submit” button to complete the request.</p> <div style="text-align: center;">  </div> <p>Important to Note: It must be submitted for MDwise to process the request.</p>

Initiating a “New” Inpatient Prior Authorization Request

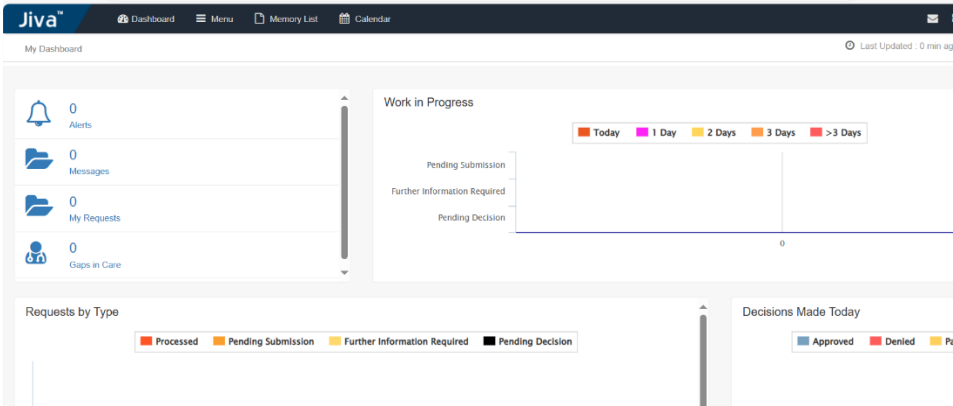
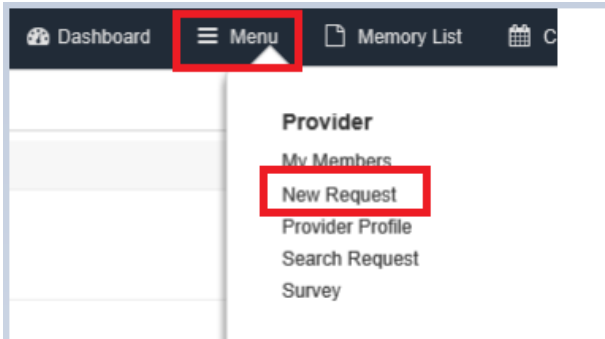

- For troubleshooting issues with setting up a prior authorization, please email: padept@mdwise.org.

Step	Action
1	<p>Enter the Authorization Portal from the MDwise Provider Portal following the MDwise Provider Portal link: myMDwise Provider Portal</p>
2	<p>Click the blue “Login to myMDwise” button.</p> 

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3	<p>If a login account has already been created, sign into your account by inputting your Username and Password. Click the blue “Log in” button.</p> <div><h3>Sign in to your account</h3><div><div><input type="text"/></div><div>Username</div></div><div><input type="password"/></div><div>Password</div><div><div>Log in</div><div>Create account</div></div><div><div>Forgot your password?</div><div>myMDwise Provider Portal Up Guide</div></div><div>***If you already registered through MProvider Connect, please use the same username and password.</div></div> <p>Important to Note: If a login account has not been created, the sign-up process must be completed. See Account Setup and Registration section.</p>
4	<p>Once logged in, locate and click on the “Prior Authorizations” tab in the navy-blue banner near the top of the page.</p> <div><div><div>A McLaren Company</div></div><div><div>Home</div><div>Verify Eligibility</div><div>PMP Central</div><div>Claims & Payment</div><div>Find a Provider</div><div>Bright Futures</div><div>Quality Reports</div><div>Prior Authorizations</div><div>More</div></div></div>
5	<p>Click on the blue “Medical Authorization Request (Excludes NICU)” hyperlink. NICU authorization requests should be sent to Progeny Health.</p> <div><div><div>A McLaren Company</div></div><div><div>Home</div><div>Verify Eligibility</div><div>PMP Central</div><div>Claims & Payment</div><div>Find a Provider</div><div>Quality Reports</div><div>Prior Authorizations</div></div><div><div>Medical and Behavioral Health Authorization Request (Excludes NICU)</div><div>Medical Authorization Request (Excludes NICU)</div><div>NICU Prior Authorization</div><div><div>MDwise Progeny Health Provider Education</div><div>Progeny Health Provider NICU FAQ Review Guide</div><div>Progeny Health Website</div></div></div></div>



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6	<p>The webpage will automatically redirect into the Authorization Portal (Jiva) to the “My Dashboard” screen.</p> 
7	<p>Click on “Menu”; Choose “New Request” from the dropdown.</p> 
8	<p>Enter the Member ID. Click the blue “Search” button.</p> 
9	<p>The member will appear. Locate the “Action” column, on the far right of screen. Click on the “Add Request” dropdown and choose the appropriate type of request (Inpatient or Behavioral Health Inpatient).</p>

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	<div> <div>Action</div> <div> Add Request Behavioral Health Inpatient Behavioral Health Outpatient Inpatient Outpatient </div> </div> <div>own.</div>								
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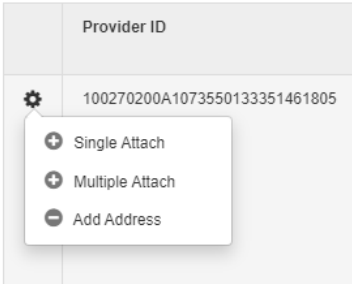
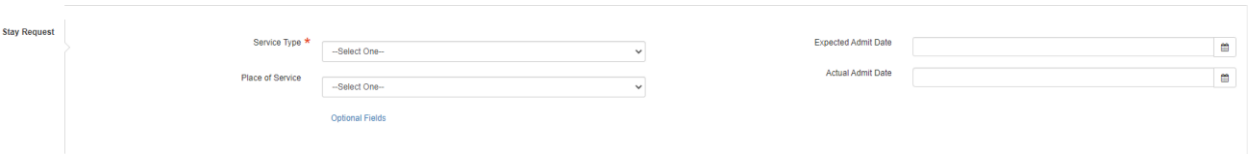
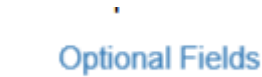


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	Retrospective- use only after the member has been discharged.	Standard -30 CD (Calendar Days)									
12	<p>Complete the “Diagnosis” section:</p> <p>Type in the Diagnosis code. Wait for Jiva to populate the code with description. Click on code/description that appears.</p> 										
13	<p>Diagnosis codes will appear below. Continue to add each diagnosis code on the Prior Authorization (PA) form. Keep the primary code (<i>shown with orange star next to it</i>) as the code in DX1 box on PA form.</p> <table border="1"> <thead> <tr> <th></th><th>Code Type</th><th>Diagnosis</th></tr> </thead> <tbody> <tr> <td>★</td><td>ICD10</td><td>N49.0--Inflammatory disorders of seminal vesicle</td></tr> <tr> <td>★</td><td>ICD10</td><td>N25.0--Renal osteodystrophy</td></tr> </tbody> </table>			Code Type	Diagnosis	★	ICD10	N49.0--Inflammatory disorders of seminal vesicle	★	ICD10	N25.0--Renal osteodystrophy
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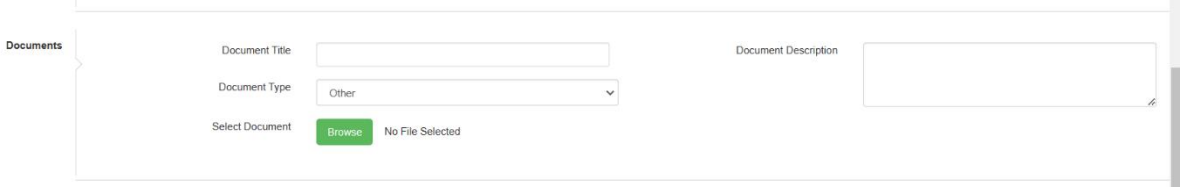
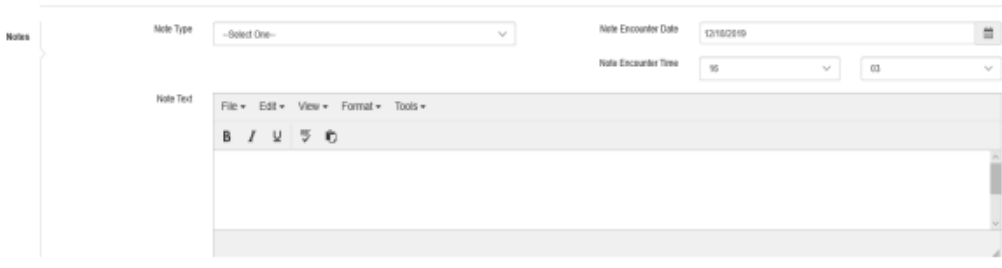

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	<div data-bbox="305 199 922 546"> <p>Provider Last Name <input type="text" value="Provider Last Name"/></p> <p>Provider First Name <input type="text" value="Provider First Name"/></p> <p>NPIN <input type="text" value="1538195169"/></p> <p>Provider ID <input type="text"/></p> <p>Tax ID <input type="text" value="352144671"/></p> <p>Group * <input type="text" value="HHW-Wishard"/></p> <p><input type="button" value="Search"/> Advanced Search</p> </div> <div data-bbox="941 220 1448 592"> <p>Search Results</p> <table border="1"> <thead> <tr> <th></th> <th>Provider ID</th> <th>Provider Name</th> </tr> </thead> <tbody> <tr> <td>⚙</td> <td>200365010A1538195169352144671</td> <td>CENTER FOR SPECIAL SURGERY LLCnull</td> </tr> <tr> <td>⚙</td> <td>200365010A200365010A</td> <td>CENTER FOR SPECIAL SURGERY</td> </tr> </tbody> </table> </div> <p>Important to Note: If you have an out of network (OON) provider/facility, enter in the OON. If both provider and facility are OON, enter in the OON facility.</p>		Provider ID	Provider Name	⚙	200365010A1538195169352144671	CENTER FOR SPECIAL SURGERY LLCnull	⚙	200365010A200365010A	CENTER FOR SPECIAL SURGERY
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17	<p>Click the cogwheel next to the provider ID of the facility you have chosen. Click “Single Attach”. You will be redirected back to the previous screen.</p> 
18	<p>Complete the “Stay Request” section:</p> <p>Choose the most appropriate options depending on the type of inpatient case for the following dropdowns:</p> <ul style="list-style-type: none"> • Service Type • Actual Admit Date 
19	<p>Click on the blue “Optional Fields” link.</p> 
20	<p>Click on the “Requested Level of Care” dropdown and choose the most appropriate depending on if request is Behavioral Health or Medical.</p> 
21	<p>Type in LOS (Length of Stay) Requested.</p> 

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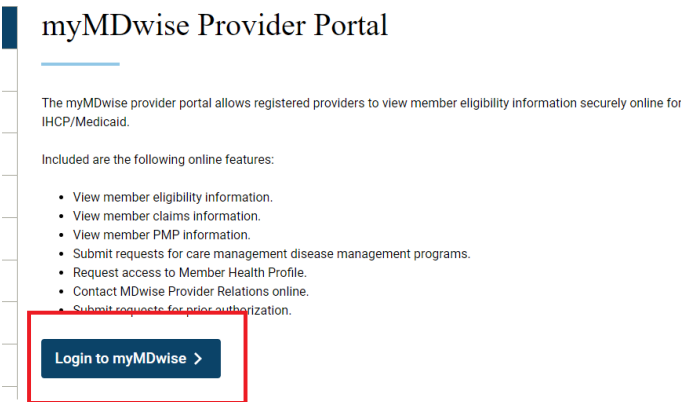
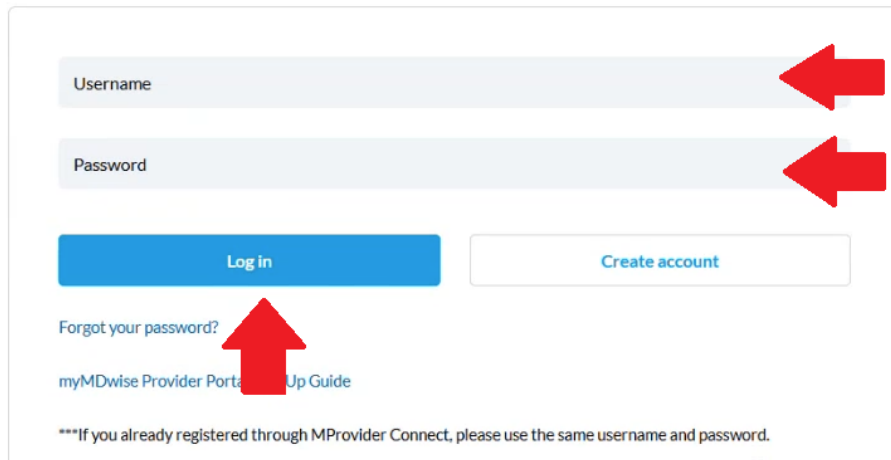
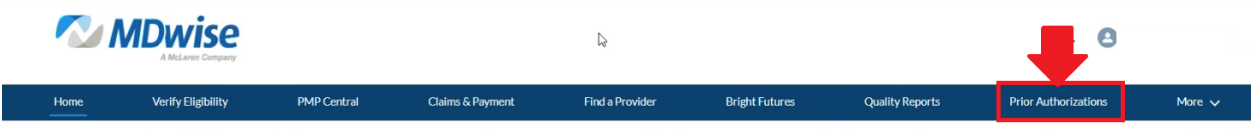
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Requesting Concurrent Review or an extension for a Prior Authorization

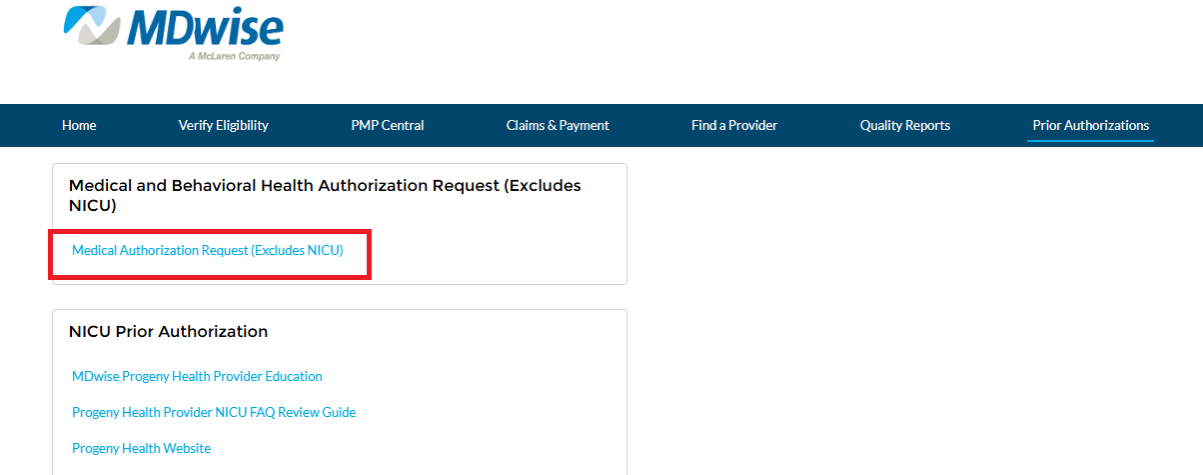
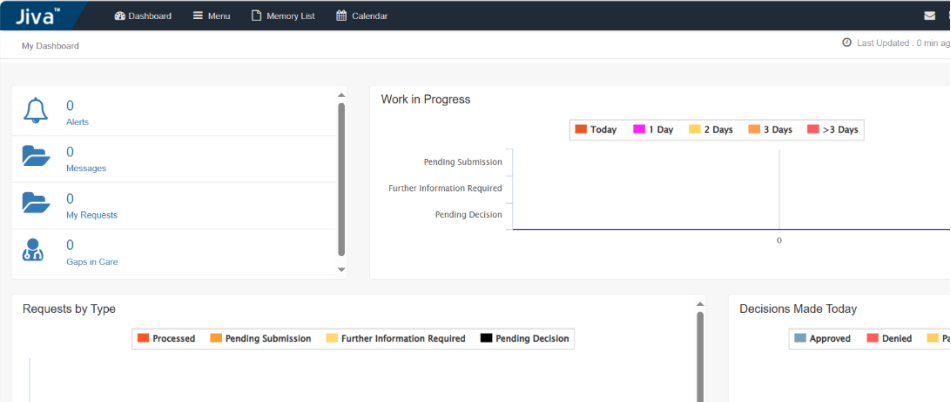

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Step	Action
1	Enter the Authorization Portal from the MDwise Provider Portal following the MDwise Provider Portal link:

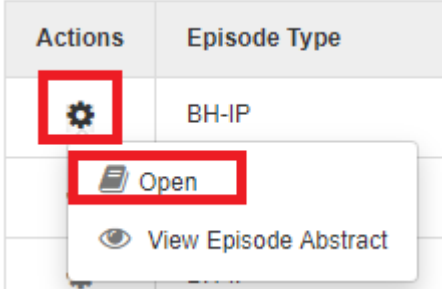
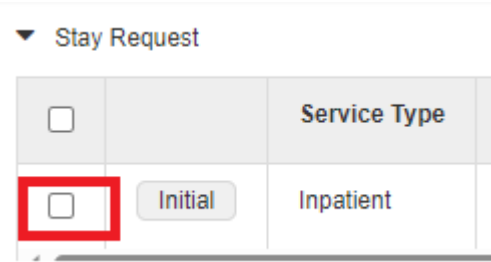
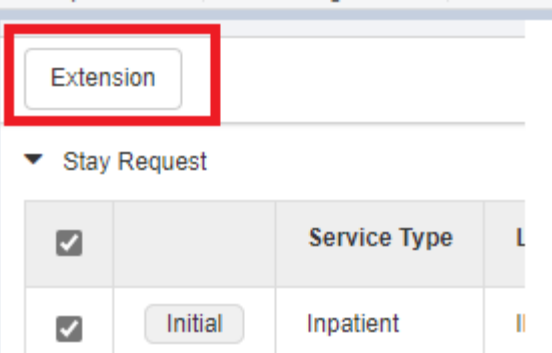
MDwise Authorization Portal Instructions Documentation

	myMDwise Provider Portal
2	<p>Click the blue “Login to myMDwise” button.</p> 
3	<p>If a login account has already been created, sign into your account by inputting your Username and Password. Click the blue “Log in” button.</p>  <p>Important Note: If a login account has not been created, the sign-up process must be completed. See Account Setup and Registration section.</p>
4	<p>Once logged in, locate and click on the “Prior Authorizations” tab in the navy-blue banner near the top of the page.</p> 

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5	<p>Click on the blue “Medical Authorization Request (Excludes NICU)” hyperlink. NICU authorization requests should be sent to Progeny Health.</p> 
6	<p>The webpage will automatically redirect into the Authorization Portal (Jiva) to the “My Dashboard” screen.</p> 
7	<p>From the “Dashboard” screen, click on the blue “My Requests” link that is located in the top left widget.</p> 
8	<p>Locate the filters and filter, as needed, to locate the initial request that needs an extension/concurrent added.</p>

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	<p>My Requests</p> <p> <input type="button" value="All"/> <input type="button" value="All"/> Filter by Date <input type="text" value="07/09/2023"/> - <input type="text" value="09/07/2023"/> </p>
9	<p>Once the member is located, click on the cogwheel in the “Actions” column of the member. Choose “Open”.</p>  <p>Important to Note: There may be authorizations that are too old for an extension. The user will see a notification from the system that the episode is closed and can only be viewed. Please contact MDwise directly for these extensions.</p>
10	<p>Click the checkbox to the left of the “Initial” or the last “Extension” added for the desired line item(s).</p> 
11	<p>Click the white “Extension” button that appears above the Stay/Service Request line.</p> 
12	<p>For Medical IP and BHIP: Enter in the required details (dropdowns with a red asterisk “*”) for the extension request. <i>Then Skip to step #14.</i></p>

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	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>Requested Date * <input style="width: 150px;" type="text" value="09/07/2023"/></p> <p>Request Received Time * <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">12</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">32</div> </div></p> <p>Request Type * <div style="border: 1px solid #ccc; padding: 2px 5px;">--Select One--</div></p> <p>Request Priority * <div style="border: 1px solid #ccc; padding: 2px 5px;">--Select One--</div></p> <p>Time Request</p> <p>Due Date</p> </div> <div style="width: 35%;"> <p>LOS Requested # * <input style="width: 50px;" type="text" value="0"/></p> <p>Requested Level Of Care <div style="border: 1px solid #ccc; padding: 2px 5px;">INPBH-Template-Inpatient Behavioral Health</div></p> </div> </div>								
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13	<p><u>For Medical OP and BH OP:</u> Enter in the required details (dropdowns with a red asterisk "**") for the extension request.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 60%;"> <p>Requested Date * <input style="width: 150px;" type="text" value="01/28/2024"/></p> <p>Request Received Time * <div style="display: flex; gap: 10px;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">18</div> <div style="border: 1px solid #ccc; padding: 2px 5px;">15</div> </div></p> <p>Request Type * <div style="border: 1px solid #ccc; padding: 2px 5px;">--Select One--</div></p> <p>Request Priority * <div style="border: 1px solid #ccc; padding: 2px 5px;">--Select One--</div></p> <p>Time Request</p> <p>Due Date</p> </div> <div style="width: 35%;"> <p>Requested # * <input style="width: 100px;" type="text"/></p> <p>Start Date * <input style="width: 150px;" type="text" value="02/05/2024"/></p> <p>End Date * <input style="width: 150px;" type="text"/></p> </div> </div>								
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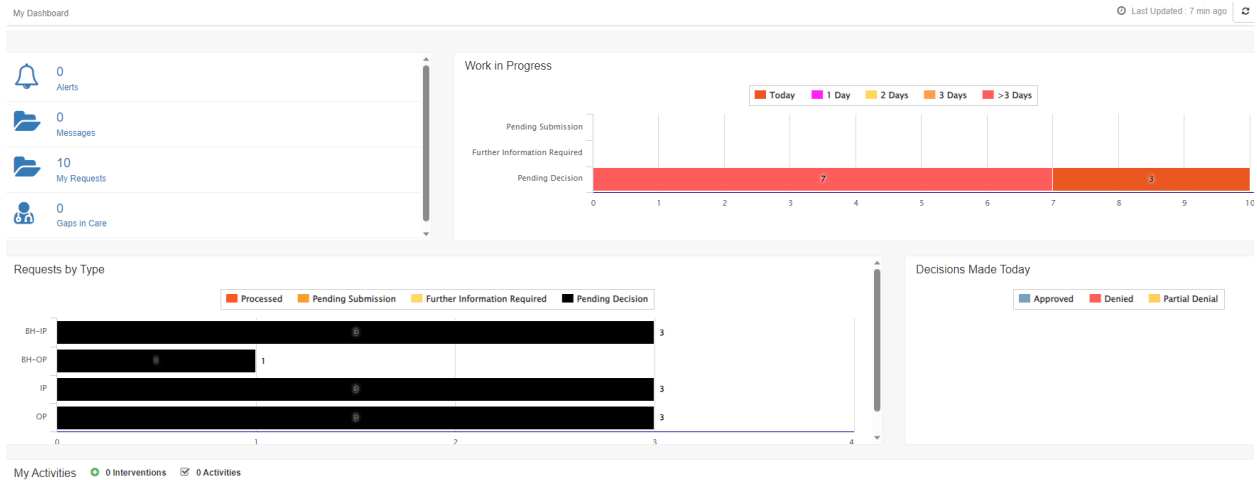
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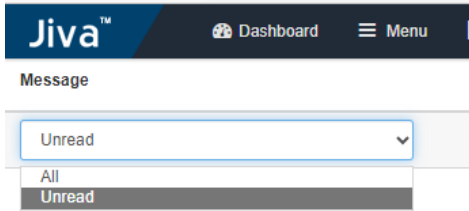
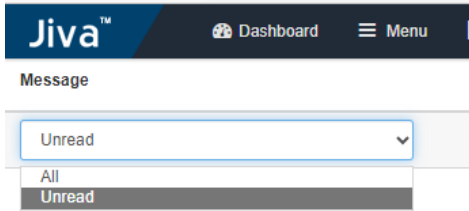
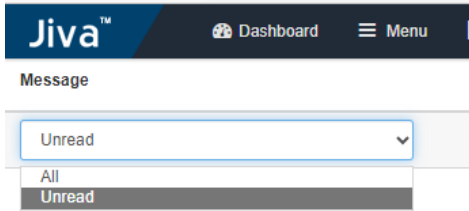
		<ul style="list-style-type: none"> Concurrent IOP, ABA, Psych testing, and Neuropsych testing services.
	Concurrent	Continuation of a SUDRT/PHP service already submitted.
	Retrospective	"Retro" Use only after services have been rendered completely
	Request Type	CHOOSE:
	Initial and Concurrent Medical Preservice	Standard 48 hours <i>(excluding weekends and state/federal legal holidays)</i>
	Initial and Concurrent Intensive Outpatient (IOP), Applied Behavioral Analysis, and Psych/Neuro testing	Standard 48 hours <i>(excluding weekends and state/federal legal holidays)</i>
	Initial and Concurrent PHP/SUDRT/Urgent Medical OP Preservice	Urgent 24 hours <i>(excluding weekends and state/federal legal holidays)</i>
	Retrospective	Standard 30 CD (Calendar Days) Use only after services have been rendered completely.
	Important to Note: Priority may be changed by MDwise if the request does not meet the definition of Urgent.	
14	Click the green "Save" button to complete the request. <div style="border: 1px solid #ccc; padding: 10px; width: fit-content; margin: 10px auto;"> Save Cancel </div>	

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Reviewing the Prior Authorization Dashboard

The dashboard in the Authorization Portal is comprised of several widgets that quickly display data related to the individual assigned provider.



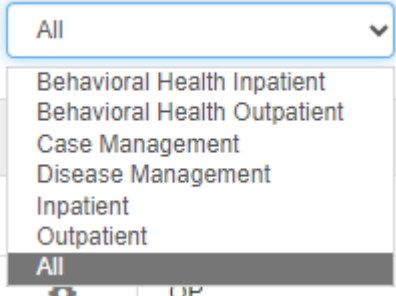
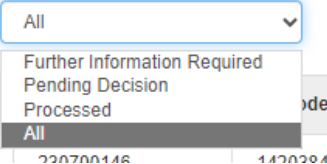
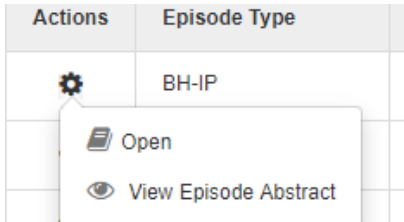
Alerts	Alerts are system generated messages to the assigned user that will present important information about specific requests. These messages will only pertain to requests by the assigned provider.						
Messages	<p>Messages are sent via the Jiva application. The messages are notes that pertain to a request or a member that have been sent to individual assigned provider.</p> <p>NOTE: Unlike in the “Alerts” link, messages here may pertain to requests made by anyone other than the assigned provider.</p> <table> <tr> <th>Step</th><th>Action</th></tr> <tr> <td>1</td><td> <p>View message (Choose “All” or “Unread”).</p>  </td></tr> <tr> <td>2</td><td>Choose any message to read.</td></tr> </table>	Step	Action	1	<p>View message (Choose “All” or “Unread”).</p> 	2	Choose any message to read.
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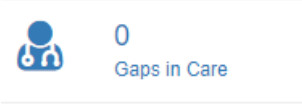


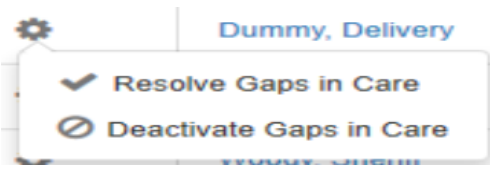
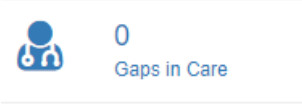


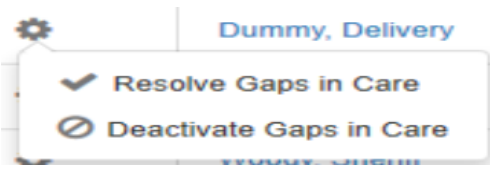
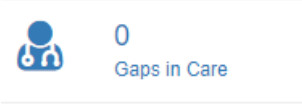


		<div><div></div><table><thead><tr><th>Episode ID</th><th>Episode Type</th><th>Member Name</th><th>From</th><th>Subject</th><th>Date</th></tr></thead><tbody><tr><td>-</td><td>-</td><td>TEST_MEMBER</td><td>Mansoori, Chirsky</td><td>Test Message</td><td>01/03/2020 15:45:01</td></tr></tbody></table></div>	Episode ID	Episode Type	Member Name	From	Subject	Date	-	-	TEST_MEMBER	Mansoori, Chirsky	Test Message	01/03/2020 15:45:01
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3	<p>To respond to a message, type the response in the text field box.</p> <div><div>Test Message</div><div><div><div></div><div>Mansoori, Chirsky</div><div>To me</div></div><div>Testing Message Feature in Provider Portal</div></div><div><div><div>Me</div><div>File • Edit • View • Format • Tools •</div><div><div>B</div><div>/</div><div>U</div><div></div><div></div></div><div></div></div><div>Attach Files <input type="button" value="Browse"/></div><div><input type="button" value="Send"/> <input type="button" value="Cancel"/></div></div></div>													
4	<p>Click the “Send” button when complete.</p> <div><div><input type="button" value="Send"/></div><div><input type="button" value="Cancel"/></div></div>													

My Requests	Any new requests created by a provider are grouped, and can be accessed, using this link	
	Step	Action
	1	<p>Click the “My Requests” link.</p> <div><div><div></div><div>10</div><div>My Requests</div></div></div>
	2	<p>Locate the different filter options.</p> <div><div><div>All</div><div>All</div><div>Filter by Date</div><div><div>07/08/2023</div><div>09/06/2023</div></div></div></div>
3	<p>Filter by Episode Type.</p>	

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		 <p>Important to Note: This is optional, as an individual request can be selected from the list.</p>	
	4	<p>Filter by status.</p> 	
	5	<p>Click the “cogwheel” in the “Actions” column to the left of the Episode Type for the desired request. Select the “Open” option.</p>  <p>Important to Note: Episodes that have a ‘Processed’ status can be viewed, but not modified. The user will see a pop-up screen as a warning. Click the ‘OK’ button to continue.</p>	

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Gaps in Care	<p>Gaps in Care is a system-generated message designed to notify whether a member is following treatment guidelines that are appropriate to a specific condition or disease process.</p> <table border="1"> <thead> <tr> <th>Step</th><th>Action</th></tr> </thead> <tbody> <tr> <td>1</td><td> <p>Click the “Gaps in Care” link.</p>  </td></tr> <tr> <td>2</td><td> <p>Filter by drop down options below:</p>  </td></tr> <tr> <td>3</td><td> <p>Click the “cogwheel” to the left of the “Member Name” column.</p>  </td></tr> <tr> <td>4</td><td> <p>Choose the desired option.</p>  </td></tr> </tbody> </table>	Step	Action	1	<p>Click the “Gaps in Care” link.</p> 	2	<p>Filter by drop down options below:</p> 	3	<p>Click the “cogwheel” to the left of the “Member Name” column.</p> 	4	<p>Choose the desired option.</p> 
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