

## Health Trio Prior Authorization Request Training Guide

The go-live date is January I, 2021

### From the homepage of the Provider Portal, you will select **Authorizations**.

Welcome to the Texas Children's Healt	h Plan Provider Portal		
Provider Dashboard	Claims / Appeals	Authorizations	ER Alternatives

# Once you are on the Authorizations page, select **Authorization Status/Submission**.

thorizations		
Authorization Status/St	ubmission	Prior Authorization Requirements
Prior Authorizaton Form		Prior Authorization Reference Information
UM Guidelines		
	Fax lines:	700 or Tell Free 4 044 470 0000
	Behavioral Health Services Fax Line - 832-825-87	32-825-8767 or Toll-Free 1-844-291-7505
<ul> <li>LTSS and Private Duty Nursing Fax Line - 346-232-4757 or Toll-Free 1-844-248-1567</li> </ul>		



New Request 🛛 👻

This will bring you to the home page of Health Trio Prior Authorization Request platform. It provides users with a status of the current prior authorization requests.

#### **Referral & Authorizations**

earch by Request Numbe	ar			
lvanced Search				
urrent Requests				
Approved	Pended	Denied		
	470	0		



Detailed information for each of the categories is available by clicking on the corresponding status: **Approved**, **Pended**, or **Denied**. The time frame is adjustable, click on the down arrow symbol to select the time frame the user would like to reference.

When you click on **New Request**, you can select between outpatient and inpatient requests. This is the page for outpatient requests:

Referral & Authorizations / Sea	rch Requests							
Outpatient Rec	juest S	Submiss	ion					
Patient	-							
*Search Current Patients								
Select a patient				٩				
Diagnosis								
Search and select a diagnosi	S							
								 Q
Requesting Provider								
*Requesting Provider			Contact Name				Contact Info	
		Q						Phone 🔻
Servicing Providers								
*Servicing Providers			Contact Name				Contact Info	
		٩						Phone 🔻
Service Details								
*Service			Location				Level of Service	
Medical Care		× 👻	Select			-	Select	-
*Service Units		*Start Date			End Date			
	Days 🔻	10/30/2020			11/06/2020			



Requested Procedures	
Procedure Code	
	۹
Paperwork	
+ Add paperwork	
Submit Load Save	

Add any applicable attachments related to the authorization request here. The files can be up to 100MB per attachment.

Paperwork		
*Description		
*Report Type		
Select	<b>*</b>	
*File		
E. Choose file to add		Delete
+ Add paperwork		

- All of the fields with the red asterisk must be completed. Certain services may auto-approve if criteria is met. For a detailed list of these services, see page 8.
- Diagnosis Add ICD-10 diagnosis code(s). You can also search for the codes here.
- Requesting Provider field should identify the ordering PCP/provider /facility. Please include contact name, phone number and fax number so we can inform you of the authorization determinations.
- Servicing Provider field should identify the provider that will be performing the service or the paid-to provider. Please include contact name, phone number and fax number so we can inform you of the authorization determinations.
- The requesting and servicing providers are searchable by name, NPI number, TAX ID, address, and specialty.
- Service Details Details about the service being requested.



This is the screen for inpatient prior authorization requests.

#### Referral & Authorizations / Search Requests

#### **Admission Request Submission**

Patient							
*Search Current Patients							
Select a patient				Q			
Diagnosis							
Search and select a diagnosis	3						 _
							 Q
Requesting Provider							
*Requesting Provider			Contact Name			Contact Info	
		Q					Phone 🕶
Servicing Providers							
*Servicing Providers			Contact Name			Contact Info	
		٩					Phone 🔻
Service Details							 
*Service			Location			Level of Service	
Medical		× 👻	Select		•	Select	
*Service Units		*Start Date			End Date		
	Days 🔻	10/30/2020		Ľ='	11/06/2020		
Requested Procedure	s						
Procedure Code							
							 Q
Paperwork							
+ Add paperwork							
Submit Load S	ave						

Screen continued on next page.



Paperwork	
*Description	
*Report Type	
select	
*File	
Et Choose file to add	Delete
+ Add paperwork	

Add any applicable attachments related to the authorization request here. The files can be up to 100MB per attachment.

- All of the fields with the red asterisk must be completed.
- Diagnosis Add ICD-10 diagnosis code(s). You can also search for the codes here.
- Requesting Provider field should identify the ordering PCP/provider /facility. Please include contact name, phone number and fax number so we can inform you of the authorization determinations.
- Servicing Provider field should identify the provider that will be performing the service or the paid-to provider. Please include contact name, phone number and fax number so we can inform you of the authorization determinations.
- The requesting and servicing providers are searchable by name, NPI number, TAX ID, address, and specialty.
- Service Details Details about the service being requested.
- Admission request are considered urgent, unless the authorization request is made on the day of discharge.



This is the search home page.

#### Referral & Authorizations

#### **Search Requests**

Authorization status is updated every 15 minutes from 7a.m. to 7 p.m. Monday to Friday — Please wait a minimum of 72 hours (not including weekends) before checking on the status of a recently submitted authorization request.

Patients		Requesting Provider		Servi	cing Pr	ovider	
Select a patient	C			Q			Q
Request Number			Date Range				
			09/30/2020		Ë	10/30/2020	<u>"</u>
Requested Service	Admission		Status 💽 Approved		Denie	t	
			✓ Pended				
Search Requests	Load Save						

There are a number of ways to conduct a search: by patient name (even partial name search), requesting provider, servicing provider, request number or prior authorization number, date range, requested service, and status.

Here is a sample of the search results page.

Referral & Authorizations			
Search Requests			
Authorization status is updated every 15 minutes from 7a.r checking on the status of a recently submitted authorization	n. to 7 p.m. Monday to Friday — Ple n request.	ase wait a minimum of 72 hours (not including weekend	ls) before
	Modify Search -		
Pended	Outpatient	Request Number	
Patient	Effective Da 11/18/2020-2	tes /16/2021	VIEW >
Requesting Provider MARIA SAN ANDRES	Servicing Pi JULIE BONC	oviders MO	•
Approved	Outpatient	Request Number	
Patient	Effective Da 11/17/2020-1	tes 1/18/2020	VIEW >
Requesting Provider HOUSTON CHILDRENS DENTAL CENTER	Servicing Pi HOUSTON C	oviders HILDRENS DENTAL CENTER	

The confirmation number for a prior authorization request can be viewed on the request detail screen. The user will have to click on the **View** link from the search results screen. The confirmation number appears beneath the patient's name.



## When users click **VIEW**, they see this page.

Referral & Authorizations / S Request Deta	Search Requests				Print
Approved Patient Confirmation Number 979146	uest Member ID		Request Number	Submitted On 1/6/2021	
Diagnosis					
Diagnosis Codes K02.9 Dental caries, unspe	ecified				
Requesting Pro	ovider				
Provider HOUSTON CHILDRENS DE	ENTAL CENTER	Address 7007 North Fwy #400 None Houston, TX, 77076			
Contact Name		Contact Medium		Contact Info	
Servicing Provi	iders				
HOUSTON CHILDRENS	DENTAL CENTER				See More 👻
Contact Name		Contact Medium		Contact Info	
Requested Serv	vice				
Service Dental Anesthesia		Level of Service Non-urgent (E)			
Requested Units 1 (Visits)		Approved Units			
Start Date 1/6/2021	End Date 1/13/2021				

Screen continued on next page.



Requested Procedures	3		
41899: Unlisted procedure, dentoalv	eolar structures	Modifiers	
		See M	iore 🗸
Additional Information			
Additional Remarks Auto Approved by rule 1000			
Paperwork			
Description documentation			
Identification Code	Transmission Electronically Only (EL)	Report Type Medical Record Attachment (M1)	
Attachments			
Download File test file for FTP delivery.txt			

## Auto-approve criteria

Description	Criteria	
	NPI	Provider Name
TCM/MHR Approve for Non-CHIP for provider group LMHA	1245285899	THE GULF COAST CENTER
	1346293156	THE HARRIS CENTER FOR MENTAL HEALTH AND IDD
	1396792420	BURKE CENTER
	1447388939	ANDERSON CHEROKEE COMMUNITY ENRICHMENT SERVICES DBA ACCESS
	1518017128	BURKE CENTER - MH REHAB
	1659421501	BURKE CENTER - TARGETED CASE MANAGEMENT
	1710020458	THE GULF COAST CENTER - MH REHAB
	1801939541	THE GULF COAST CENTER - TARGETED CASE MANAGEMENT
	1821064742	ANDREWS CENTER
		ANDERSON CHEROKEE - LMHA
		METROCARE - LMHA

## Continued on next page.



Description	Criteria	
	NPI	Provider Name
TCM/MHR Approve for Non-CHIP for provider group LMHA		FRESH START THERAPEUTIC SERVICES (Non LMHA for Targeted Case Management TCHP has contract.)
		VILLAGE LIFE CENTER (Non LMHA for Targeted Case Management TCHP has contract.)
		JOURNEY THROUGH LIFE (Non LMHA for Targeted Case Management TCHP has contract.)
	1851333074	TRI COUNTY BEHAVIORAL HEALTHCARE
	1912954058	TEXANA CENTER
	1952357550	SPINDLETOP MHMR SERVICES
	AND	
	Procedure in H0034, H2011, H2012, H2014, H2017, T1017	
Dental Anesthesia	Procedure in 00170, 41899	
Auto Rule	AND	
	PAR provider	