

Effective June 6, 2016, Prior Authorization (PA) on the Portal Updates and Enhancements in Response to Provider Feedback

Information posted April 8, 2016

Effective June 6, 2016, the new and enhanced TMHP Prior Authorization (PA) on the Portal will be available on the TMHP website. The updated portal will improve providers' experience by providing all of the following:

- Real-time submissions – No more lost faxes.
- Robust status information available throughout the processing of the request, including the ability to quickly view and respond to authorizations pending action from providers.
- Electronic attachment capability. Providers can upload ALL information related to a request and submit online. Providers will receive immediate confirmation after it submission.
- The ability to save authorizations as a draft and update and submit at a later date.
- The ability to create authorization templates which saves time when creating similar authorizations frequently.
- Greater search capability including additional information provided in the search results and the ability to update existing authorizations with corrections, revisions or extensions.
- Portal availability using a variety of modern browsers.
- Pre-populated forms using information entered at the start of the request.
- Expanded Authorization Areas and Submission Types including all CSHCN Services Program authorization types, dental, and ambulance services.

All required actions will now be available through the TMHP PA on the Portal. Providers will no longer have to mail or fax authorization or prior authorization forms to TMHP with required documentation. Providers will also no longer have to correct deficiencies or make revisions through mail or by fax. The TMHP PA on the Portal will allow those functions and much more.

Overview

Providers can access the new TMHP PA on the Portal from the new TMHP Prior Authorization web page, which can be accessed from a button on the left navigation bar of TMHP Provider Home Page. Providers will click on PA on the Portal and log on to the TMHP secure portal using their UserID and password obtained when the provider's account was activated.

Refer to: The [TMHP Portal Security Provider Training Manual](#) available on the [TMHP Reference Material website](#) for information about creating an account, obtaining a UserID and password, and granting permissions.

The menu bar will appear on the left side of the screen with the following options:

| Options | Description | Enhancements |
|---------------|---|---|
| Status | <p>The "Status" tab allows providers to check the status of all authorizations submitted to TMHP whether on paper or using the TMHP PA on the Portal.</p> <ul style="list-style-type: none"> • The status "Dashboard" will populate all requests submitted on paper and through the portal. The displayed results can be filtered and sorted. • The status "Search" option allows providers to search for specific requests using certain criteria. <p>Note: <i>The "Search" option will allow providers to search for all submitted authorizations regardless of status or age.</i></p> | <p>Providers will be able to track their authorization request online through the review process. The status notifications will include:</p> <ul style="list-style-type: none"> • Pending Provider Response (Requires additional information from the provider) • Received – Awaiting Review (To be reviewed by TMHP staff) • Review in Progress (In the process of being reviewed) • Determination Complete (Completed within the last 30 calendar days) <p>In addition to the requesting provider and the prior authorization number, providers will also be able to search for submitted requests using the performing provider or facility.</p> |
| Authorization | <p>The Authorization tab allows providers to:</p> <ul style="list-style-type: none"> • Submit new requests. • Update existing requests. • Start and save drafts of requests not yet submitted. • Create and save templates for future requests. | <p>Providers will be able to complete authorization forms electronically by typing into the fillable fields and then e-sign the document using available software. The completed and signed form can then be uploaded to the TMHP PA on the Portal along with any other required documentation to be submitted via the portal. No more printing and faxing required.</p> <p>Providers will be able to correct deficient authorizations and resubmit them online, as well as submit authorization revisions and extensions or recertifications online.</p> |

| Options | Description | Enhancements |
|-------------|---|---|
| Eligibility | <p>The Client Eligibility Pre-check screen allows providers to perform a preliminary eligibility check to determine if a client has eligibility for the type of service to be rendered.</p> <p>Note: This is a preliminary check and does not guarantee approval of the prior authorization request. A link to TexMedConnect is also provided, which allows for a more comprehensive eligibility check.</p> | <p>In addition to checking the client's Medicaid or CSHCN Services Program eligibility, the eligibility check will be performed based on the type of authorization requested to verify the client's preliminary eligibility for the category of service as well.</p> <p><i>For example:</i> If a Texas Health Steps (THSteps) dental authorization is submitted, the Client Eligibility Pre-check will validate that the client is eligible for THSteps dental coverage.*</p> |
| Reference | <p>The reference page provides additional resources providers can use when submitting authorization and prior authorization requests to TMHP for consideration.</p> | <p>A PA on the Portal User Guide is being created to aid providers when submitted prior authorization requests.</p> <p>The User Guide will be available on this website by May 27, 2016.</p> |

*** Important: The Client Eligibility Pre-check will not validate that the procedure code may be reimbursed for services rendered to the client by the provider. Providers are responsible for referring to the *Texas Medicaid Provider Procedures Manual*, the *CSHCN Services Program Provider Manual*, the Texas Medicaid static fee schedules, and the Online Fee Lookup (OFL) for specific information about procedure code requirements, age limitations, etc. For a more comprehensive eligibility check, providers can use TexMedConnect. These verifications do not guarantee approval of the prior authorization request.**

As a reminder, to submit CSHCN Services Program prior authorization requests to TMHP, the requesting provider must be enrolled as a CSHCN Services Program provider, and must have registered his or her CSHCN Services Program NPI and benefit code in an active TMHP portal account. The client ID submitted in the request must be the client's CSHCN Services Program client ID and the client must be currently enrolled in the CSHCN Services Program.

Refer to: The [CSHCN Services Program Provider Manual](#) for additional information about enrolling in the CSHCN Services Program and prior authorization requirements.

Authorization and Prior Authorization Areas and Submission Types Available Through PA on the Portal

The following Authorization Areas and Submission Types will be available in the enhanced TMHP PA on the Portal:

| Authorization Area | Submission Type |
|----------------------------|---|
| All CSHCN Services Program | Ambulance Prior Authorization Dental or Orthodontia Services Durable Medical Equipment and Supplies Home Health, Hospice, and/or Telemonitoring Hospital, Surgery, and/or Medical Services Outpatient Therapy (PT, OT, ST) |
| Ambulance (Medicaid) | Ambulance Prior Authorization |
| CCIP (Medicaid) | Psychiatric Hospital Inpatient Admission |
| CCP (Medicaid) | CCP Prior Authorization Request Request for CCP Outpatient Therapy (PT, OT, ST) |
| Dental (Medicaid) | Dental or Orthodontia Services |
| Home Health (Medicaid) | Plan of Care Title XIX Request for Acute Home Therapy (PT or OT) |
| OB Ultrasound (Medicaid) | OB Ultrasound |
| SMPA (Medicaid) | Electrocardiogram Medical Services Outpatient Psychotherapy/Counseling Request for Acute Outpatient Therapy (PT, OT, ST) |
| Substance Abuse (Medicaid) | Ambulatory Counseling Extension Ambulatory Detoxification Residential Detoxification Residential Treatment |

Important: *The TMHP PA on the Portal will no longer require providers to answer extensive questions generated according to the type of request selected, and providers will no longer receive auto-approvals for authorizations or prior authorizations.*

The provider will enter his or her provider, client, and authorization information including service details in the required fields of the Client Eligibility Pre-check screen and the Authorization Request – Service Details screen. All necessary documents, including, but not limited to, the TMHP fillable PDF of the authorization or prior authorization form, can then be electronically attached to the online authorization or prior authorization request.

Reminder: *Effective April 1, 2016, TMHP has made all TMHP authorization or prior authorization forms available on this website as fillable forms into which providers can type the required information and e-signed the forms using available software.*

The required authorization or prior authorization form will be available on the Authorization Request–Attachments screen along with a list of additional required documentation that the provider must upload as attachments.

As an added benefit, when the authorization or prior authorization form is downloaded from the Authorization Request–Attachments screen, certain fields including, but not limited to, client name and client ID, will be automatically populated based on the information entered in the Client Eligibility Pre-Check and Service Details screens.

Note: *The certain fields will only be pre-populated if the authorization or prior authorization form is downloaded from the Authorization Request–Attachments screen in PA on the Portal. Forms that are downloaded from the new TMHP Prior Authorization web page are fillable, but fields will not be pre-populated. Providers can choose to use the pre-populated forms generated from PA on the Portal or the fillable forms available on the new TMHP Prior Authorization web page.*

As a reminder, the TMHP PA on the Portal is only for authorizations and prior authorizations submitted to TMHP for consideration. Texas Medicaid prior authorization requests for cardiac nuclear imaging, computed tomography (CT), magnetic resonance (MR), positron emission tomography (PET) are accepted electronically through the EviCore portal; and prior authorizations for clients enrolled in a Medicaid managed care organization (MCO) or a Medicaid dental maintenance organization (dental plan) must be submitted to the client's MCO or dental plan.

Browser Compatibility and System Requirements

TMHP's PA on the Portal will be compatible with Internet Explorer® (IE) 11.0, Chrome®, and Mozilla Firefox®. Users will no longer have to use IE 11 compatibility mode to access PA on the Portal.

Providers must use Adobe Reader® Version 11.0 or higher to download and complete the authorization and prior authorization forms from PA on the Portal or from the new TMHP Prior Authorization web page.

Reminder: *Providers can continue to download the forms and complete them by hand if the applicable version of Adobe Reader® is not available. (Adobe Reader® is free software that can be downloaded onto the provider's computer.)*

Electronic Attachments

TMHP's PA on the Portal will accept electronic attachments. Providers can submit the authorization or prior authorization forms as well as any other required forms or documentation as electronic attachments.

Up to ten files can be uploaded per authorization or prior authorization request, and each file cannot exceed 50 megabytes. PA on the Portal will accept electronic attachments in the following formats:

- Portable Document Format (PDF)
- Images with the following file extensions: JPG, TIF, PNG, GIF
- Microsoft (MS) Word
- MS Excel
- Rich Text Format (RTF)

Electronic attachments must be completed and signed (e-signatures are accepted effective April 1, 2016) before they are uploaded to the PA on the Portal. Provider must use their own software to electronically sign forms, and those signatures must be added to the forms before they are uploaded to the PA on the Portal request. Submitters will not be able to electronically sign required forms once they are uploaded to the PA on the Portal request. Providers will be required to:

1. Download the authorization or prior authorization form, and save the downloaded form to their desktop or other folder.
2. Complete the form by typing into the fillable fields, and adding the appropriate signatures (providers can electronically sign the forms using the software of their choice).
3. Upload the form to the PA on the Portal request.

Important: *The PA on the Portal will always display the most current form that is available on the TMHP Prior Authorization web page to be used for the authorization or prior authorization request. Forms previously downloaded and saved to the providers desktop or folder may not reflect changes made to the form since the last submission. Provider should ensure the submitted form is the most recent.*

Refer to: The article titled "[Prior Authorization Process Streamlined: E-Signatures Now Accepted on TMHP Fillable Forms](#)," which was published on this website on April 1, 2016, for more information about e-signature requirements.

Enhanced Status Notifications

The updates to the PA on the Portal will now provide additional status updates as TMHP reviews the request in order to make the final determination. The portal will indicate the following status types as the authorization is in review:

- **Received – Awaiting Review.** Authorization and prior authorization requests in the "Received – Awaiting Review" status have been received by TMHP, and are awaiting clinical staff review. No determination has been made.
- **Review in Progress.** Authorization and prior authorization requests in the "Review in Progress" status are currently in review by TMHP clinical staff. No determination has been made.
- **Pending Provider Response.** Authorization and prior authorization requests in the "Pending Provider Response" status have been received and reviewed by TMHP. During the review, the clinical staff found deficiencies with the request requiring additional information or documentation from the provider in order to complete the request. Providers will be able to correct, revise, or attach additional information through PA on the Portal in order to complete and resubmit the request.

Requests that are pended because information is missing or must be clarified will be identified and displayed on the PA on the Portal Status Dashboard page with a hyperlink. Clicking on the link will allow the submitter to take the required actions for the particular Portal ID, including, but not limited to adding comments and uploading additional documents.

- **Determination Complete.** Authorization and prior authorization requests in the "Determination Complete" status have been reviewed and completed. The request has been approved or denied based on requirements for the requested service and the information submitted with the request.

When the determination is complete, providers can use the supplied prior authorization number on their claims. Providers and clients will also continue to receive the notification letters when the final decision has been made for the request.

Corrections, Revisions, and Extensions

Once an authorization or prior authorization request has been submitted, providers will be able to submit corrections, revisions, and extensions to applicable prior authorization requests as follows:

| | Corrections | Revisions | Extensions |
|--|--|--|--|
| What button to click: | Edit | Revision | Extension |
| Used when: | Previously submitted information must be corrected before the request can be completed. | A revision is necessary for a previously-approved quantity or frequency. | The service dates for a previously-approved authorization need to be extended. |
| Authorization status must be: | Received - Awaiting Review Pending Provider Response | Determination Complete with a determination of "Approved" | Determination Complete with a determination of "Approved" |
| The person making the update must be: | Requesting Provider | Requesting Provider | Requesting Provider |
| What updates can be made: | <i>Received – Awaiting Review status:</i> Updates can be made to Services Details Quantity and Frequency, Additional Notes, and additional attachments can be uploaded (previously uploaded attachments cannot be removed) <i>Pending Provider Response:</i> Notes and additional documentation can be added to correct deficiencies. | Updates can be made to Services Details Quantity and Frequency, Additional Notes, and additional attachments can be uploaded (previously uploaded attachments cannot be removed) | Updates can be made to all fields on a particular Service Detail line except the procedure code. No changes can be made to the procedure code in a request for an extension. |
| Authorization or prior authorization number: | The request will keep the same authorization number. | The request will keep the same authorization number. | The request will keep the same authorization number. |

| | Corrections | Revisions | Extensions |
|--------------------------|---|---|---|
| Submission type must be: | PA on the Portal and limited for paper or faxed requests (*See Note) | Any request originally received via paper, fax, or through PA on the Portal | Any request originally received via paper, fax, or through PA on the Portal |

***Note:** Authorization and prior authorization requests that were faxed or mailed to TMHP can only be corrected using PA on the Portal if the status is “Pending Provider Response.” If the status of the authorization or prior authorization is “Received Awaiting Review,” requests that were faxed or mailed to TMHP cannot be corrected using PA on the Portal. Providers must continue to follow the standard process for paper and fax submissions.

The following items cannot be revised on a pending request; the provider must start a new request:

- Client information
- Eligibility pre-check information, including Authorization Area, Submission Type, and Authorization Dates
- Provider information

Drafts and Templates

Providers will continue to be able to save drafts and create templates to be used regularly as follows:

- Drafts can be saved with all uploaded attachments. Drafts created in PA on the Portal, but not submitted, will be deleted after 90 calendar days if the draft has not been submitted to TMHP. Up to 200 drafts can be saved per provider NPI and taxonomy combination.
- Attachments will not be saved as part of templates on PA on the Portal. Templates will be retained for up to 365 calendar days from the time the template was last used or modified. Up to 200 templates can be created and saved per provider NPI and taxonomy combination.

New Authorization Submission Types

Ambulance authorization types and Special Medical authorization types are being expanded with the new PA on the Portal enhancements.

Beginning June 6, 2016, providers will be able to submit the following requests in addition to Short Term (2-60 days) and Long Term (60-180 days) requests:

- Ambulance requests for the CSHCN Services Program
- One-time ambulance requests for Medicaid and the CSHCN Services Program

In addition to Therapy, Telemonitoring, Miscellaneous, Incoming, Prosthetics, Contacts, and Hearing Aids Special Medical requests, providers will be able to submit the following:

- Transplants
- Pain Pumps and Transcutaneous electrical nerve stimulation (TENS) units
- Electrocardiograms (EKGs)

- Surgery

Maintaining Complete Documentation

To best maintain accurate client and provider documentation, all forms and documentation completed electronically and e-signed must be kept in the client's medical record, including:

- Prior authorizations submitted to TMHP.
- Documents completed but not submitted to TMHP as a prior authorization request.

A hard copy of electronic transactions and signed documents must be available upon request.

Additional Information

Providers can refer to the following articles that are posted to this website for additional information about requirements, available forms, and creating or updating a TMHP portal account:

- [Effective April 1, 2016: E-Signatures Accepted, Fillable Forms Available, and New Prior Authorization Webpage for Prior Authorization and Authorization Requests](#), Information posted February 12, 2016
- [Coming This Summer: Submit Prior Authorizations with Electronic Attachments and E-signatures Online; Create a TMHP Secure Portal Account for Access](#), Information posted February 26, 2016
- [Prior Authorization Process Streamlined: E-Signatures Now Accepted on TMHP Fillable Forms](#), Information posted April 1, 2016
- [Now Available: TMHP's New Prior Authorization Web Page for Texas Medicaid and the CSHCN Services Program Created for Providers Who Submit Prior Authorization Requests to TMHP](#), Information posted April 1, 2016
- [E-signatures and the Texas Medicaid Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form and the CSHCN Services Program Prior Authorization and Authorization Request for DME Form](#), Information posted April 1, 2016

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.