



Health Alliance Medical Plans

Online Portal Quick Reference Guide

Last Updated August 30, 2024

Information provided is subject to change without notice


Table of Contents

<u>Section</u>	<u>Page #</u>
Portal Instructions	3-9
• <i>Types of Templates</i>	4
• <i>Auth Priorities</i>	6



Contact Information:
Phone: 800-851-3379 opt 4

HOW TO SET UP A PHARMACY PRIOR AUTHORIZATION FOR MEDICATION THROUGH THE ONLINE PROVIDER PORTAL

Select the Pharmacy tab to start PA process for medication review.



Auth Details

Search By:
 Auth Type: Auth Id:
 Auth Priority: From Date: To Date: Auth Creation Date:   [Config Columns](#)

Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider Name	From Date	To Date	Created Date and Time	Appr.	Auth Closed Date and Time
54035536401	BOGUS	TEST	0614MLDUH	UM Urgent	OutPatient - DME	N/A	06/14/2021	07/01/2022	06/14/2021 01:54:53 PM	0	N/A

Input member name and DOB:

Request Authorization

Member Search

Index Name:
 * Member DOB:
 Member First Name:

Member Id:
 Member Last Name:
 * Member Name:

Determine the correct template.

- Plan Type **MEDICARE ADV/SUP** Status **Active**
 Code M Start Date 01/01/2014 End Date 12/31/2099
 Entity **BOGUS ENTITY** Group Code **HCFA BILLING** Subgroup **HCFA BILLING**
 Code BOG Code HCFA02 Code HCFA02_001
 Plan Code **WASHINGTON MC ADV BOGUS**
 Code WAM
Additional Details
 Member ID **94036003403**

Care Setting/Auth type

The only options that should be used by providers for medications are:

Pharmacy – Medicare Part B (used mostly for medications that are billed medically, supplied by the provider, and administered in office)

Pharmacy – Medicare part D (used mostly for medications that are filled by the pharmacy)

**For medication that require B vs D determination part D template is recommended to start. Health Alliance staff will alter as needed upon completion determination.

Pharmacy – Commercial Medical (used mostly for medications that are billed medically, supplied by the provider, and administered in office)

Pharmacy – Commercial Rx (used mostly for medications that are filled by the pharmacy)

**The Vital and Evicore options are not for use by providers and should never be selected by PA staff.

Member's plan type will determine if Medicare or Commercial templates are provided.

Provider Details

Fill in provider's information. Note: Provider information is for PA review and notification purposes only. Pharmacy approvals are for the medications themselves. If a medication is approved, member can use any in-network provider. (Providers looking for out of network coverage would need to submit a separate review through medical utilization management)

***Fax number input should be the office we can contact for additional information if needed. ***

Pharmacy – Medicare Part B Template:

The screenshot shows a form titled "Provider Details" with a blue header. Below the header, the text "Where Are Requested Services Performed?" is displayed. The form contains three main sections:

- Facility Provider Name:** A dropdown menu labeled "Provider Name" and a search input field with the placeholder text "Begin typing name or code to select" and a magnifying glass icon.
- Requesting Provider Name:** A dropdown menu labeled "Provider Name" and a search input field with the placeholder text "Begin typing name or code to select" and a magnifying glass icon. This field is marked with an asterisk (*).
- Requesting Provider Fax:** A text input field containing the value "0000-0000" and a magnifying glass icon. This field is also marked with an asterisk (*).

Pharmacy – Medicare part D and Pharmacy – Commercial Rx:

Provider Details

Where Are Requested Services Performed?

Requesting Provider Name
Provider Name [v] [Begin typing name or code to select] Q *

Requesting Provider Fax
00000-0000 *

Pharmacy – Commercial Medical

Provider Details

Where Are Requested Services Performed?

Requesting Provider Name
Provider Name [v] [Begin typing name or code to select] Q *

Referred By Provider Fax
00000-0000 *

Rendering Provider Name
Provider Name [v] [Begin typing name or code to select] Q

Auth Basic Details

Only the highlighted selection below should be filled in by provider office staff. They are noted with a star next to the field name.

Pharmacy – Medicare Part B and Pharmacy – Medicare part D templates

Auth Basic Details

Where Are Requested Services Being Performed?

Request Received on Date/Time
MM/DD/YYYY *

Supporting Statement Received
MM/DD/YYYY

Auth Priority
Select [v] * Is Extension

Treatment Type
Select [v]

Request Received Via
Select [v] *

Place Of Service
Select [v] *

Pharmacy – Commercial Medical and Pharmacy – Commercial Rx:

Auth Basic Details

Where Are Requested Services Being Performed?

Request Received on Date/Time: *

Auth Priority: * Is Extension

Treatment Type:

Request Received Via:

Request received on Date/Time: should be filled in with time the auth is submitted.

Auth Priority: select if review is for post service, expedited, or standard preservice.

- **Post Service:** for use when claim has already been billed. ***Approval is not guaranteed for any claims submitted before prior was obtained. ***
- **Expedited (urgent):** for use when decision is needed within 24 hours. By marking review as expedited this limits the time for review. Provider should be prepared to respond to any request for additional information within 24 hours from time of original review submission.
 - Per health care reform, urgent means medical care of treatment where using the timetable for non-urgent care determination could seriously jeopardize the patient's ability to regain maximum function or in the opinion of the attending or consulting physician, would subject the patient to severe pain that could not be adequately managed without the requested care or treatment.
 - DO NOT MARK EXPEDITED if:
 - Member has already received medication.
 - Requesting reauthorization and previous auth has not expired.
- **Standard Preservice:** for use on most claims. Review will typically be done within 72 hours. Within this 72 hours will depend on whether additional information is needed and if so, how long it takes to collect additional information.

Request Received Via: provider should always select **Web Portal**.

Place of service: where is member receiving/using medication?

Diagnosis and Services Codes:

Diagnosis Description: Please include an ICD-10 Dx code. Portal will allow review to be submit without this information, however leaving out this code may result in extended review times or denial of authorization.

Procedure Description (on medical templates):

Please use J codes/ Q codes (Pharmacy templates are for medications only, do not include any codes for any other services, testing, or equipment. Those codes should be submit through medical UM.)

Medication Description (on prescription templates):

When possible use NDC to find medication. Please make sure to specify if request is for Brand or generic. (Picking Brand name could change the results of the decision. If generic cannot be located, please note whether request is for name brand or generic in the notes section)

Pharmacy – Medicare Part B Template:

Diagnosis and Service Codes							
Diagnosis Codes							
ICD Version : ICD-10							
Diagnosis Description	Diagnosis Code						
<input type="text" value="Begin typing Code or Description"/>	<input type="text"/>	+ -					
Procedure Codes							
Procedure Description	Procedure Code	Unit Type	From Date	To Date	Requested/Approved		
<input type="text" value="Begin typing Code or Description"/>	<input type="text"/>	Select	MM/DD/YYYY	MM/DD/YYYY	<input type="text"/>	<input type="checkbox"/>	+ -
Medication Codes							
Medication Description	Medication Code	Strength	Frequency	From Date	To Date	Req.	Appr.
<input type="text" value="Begin typing Code or Description"/>	<input type="text"/>	<input type="text"/>	Select	MM/DD/YYYY	MM/DD/YYYY	<input type="text"/>	<input type="text"/>

Pharmacy – Medicare part D and Pharmacy – Commercial Rx:

Diagnosis and Service Codes

Diagnosis Codes

ICD Version : ICD-10 ▼

Diagnosis Description Diagnosis Code + -

Medication Codes

Medication Description	Medication Code	Strength	Frequency	From Date	To Date	Requested	Approved	+ -
<input type="text" value="Begin typing Code or Description"/>	<input type="text" value=""/> *	<input type="text" value=""/> *	Select ▼ *	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>	<input type="checkbox"/>	+ -

Pharmacy – Commercial Medical

Diagnosis and Service Codes

Diagnosis Codes

ICD Version : ICD-10 ▼

Diagnosis Description Diagnosis Code + -

Procedure Codes

Procedure Description	Procedure Code	Unit Type	From Date	To Date	Requested	Approved	+ -
<input type="text" value="Begin typing Code or Description"/> *	<input type="text" value=""/> *	Select ▼ *	<input type="text" value="MM/DD/YYYY"/> *	<input type="text" value="MM/DD/YYYY"/> *	<input type="text" value=""/> *	<input type="checkbox"/>	+ -

For all templates:

Providers please leave Additional Details section blank. This is for use by health plan staff.

Additional Details

Service Dates Discharge Details

Additional Information Details

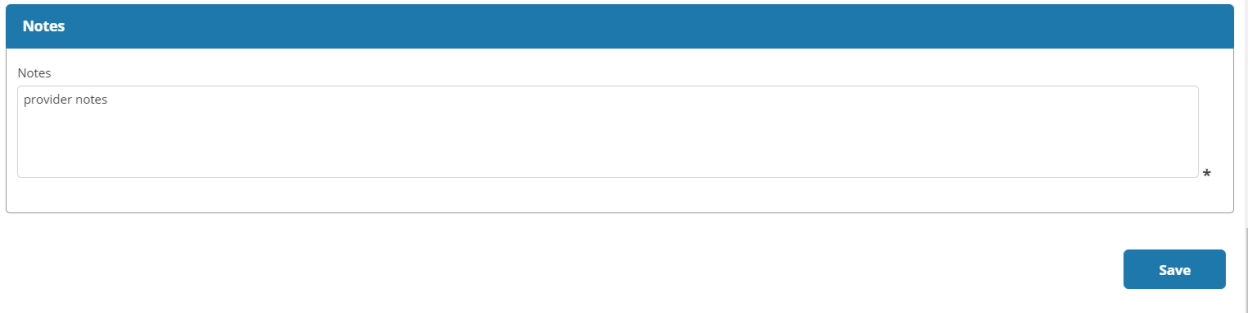
Additional Information Requested Date	Additional Information Received Date	Is Complete	Notes
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="checkbox"/>	<input type="text" value=""/>

Add notes in the Notes section and then save to create prior authorization request.

DO NOT copy and paste chart notes in this section. Chart notes should be added as an attachment in the documents section.

DO use this section to add in any additional free form comments.

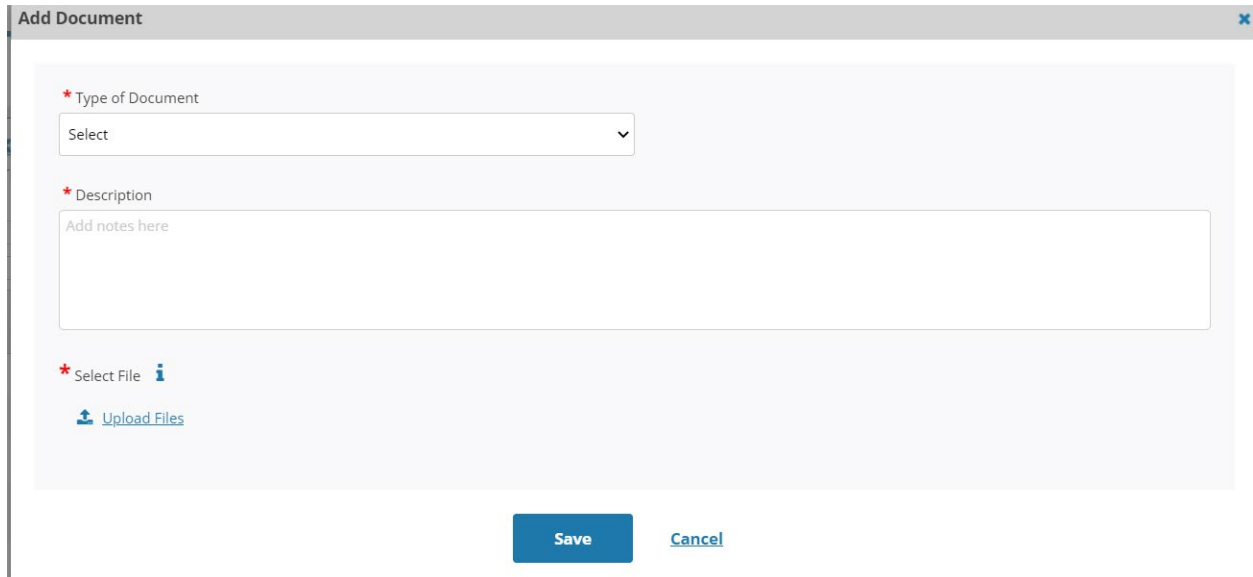
i.e. Tier exception, Brand vs generic, DAW penalty removal, Quantity limit requests, Step therapy, etc.



Documents can be added by going out to the main authorizations page and locating the authorization that was just created. Select the three dots located on the left hand side of the new/existing authorization.

	Member ID	Last Name	First Name	Auth#	Auth priority	Auth Type	Provider Name	From Date	To Date	Created Date and Time	Appr.	Auth Closed Date and Time	
!	94036003403	BOGUS	HEALTH	0621MPKRY	Rx Medicare Part B Standard Preservice	Pharmacy - Medicare Part B	N/A	06/21/2021	06/21/2021	06/21/2021 02:25:44 PM	0	N/A	

Select Add documents which will bring up the screen below.



***Please note: missing documentation can result in delayed decisions and/or a denial due to lack of information.**

Select note type, add a note description, and load document. Then save.

This completes the PA submission.