MHK Prior Authorization Provider Portal
Frequently Asked Questions

Key Takeaways

Effective **April 22, 2025, we transitioned to the MHK** platform for prior authorization submissions. All authorizations should be submitted through the portal.

There are no changes to prior authorization requirements. The new MHK platform will replace the **HealthTrio** platform (provider portal) **for prior authorization only**; providers can access MHK through the HealthTrio provider portal. There will be no changes to the process for submitting requests through the Evicore portal or any other functions currently available in HealthTrio.

For any Utilization Management questions, please call 1-866-500-4571.

1. **Q:** Who is the Requesting Provider?
   A: The individual physician who is ordering the service or procedure. This is a person, not a facility.

2. **Q:** Who is the Servicing/Facility Provider?
   A: The Servicing/Facility Provider refers to the location where the service will be performed (e.g., hospital, clinic, imaging center).

3. **Q:** I submitted an authorization request but can't find it. When should I check its status?
   A: Urgent Requests: Please wait 24 to 48 hours before checking the status.
   Standard Requests: Please wait 7 days before checking the status.

4. **Q:** Can the authorization dates be adjusted?
   A: No, authorization dates cannot be adjusted by the provider after initial submission. A provider can upload additional documents if the authorization is "in progress" status in the provider portal. It can be a word document requesting a change in dates of service if needed.

5. **Q:** If a requesting provider is an outpatient hospital facility, do you select servicing provider or facility?
   A: Both servicing and Facility are required for Inpatient requests so please select both. It is ok to select the same ID for both servicing and facility.

6. **Q:** If we are entering the authorization request as the servicing provider, not the ordering provider, do we enter the "requesting provider" as ourselves? Or just the ordering provider in that section?
   A: The requesting provider is the ordering physician. You can enter your information as the facility/servicing provider if different. If the requesting physician is also performing the services, they can be entered as both.

7. **Q:** How long does it take to receive the determination of the authorization?
   A: Timelines are not changing; prior authorization process can be found on portal based on setting/services. It depends on the type of request and line of business.
   Medicaid: 2 business days, **Medicare**: 14 calendar days, **Retroactive**: 30 calendar days.
   There are other timelines in addition to these for varying LOB.

8. **Q:** Who should be listed if the requesting provider is not in our office?
   A: The requesting provider is the physician ordering the services. If the requesting provider is a participating Jefferson Health Plans provider, they will be available for selection regardless of whether they are in your office.

9. **Q:** When looking up authorizations, can searches be conducted by requesting or servicing provider?
   A: No, searches can only be done using the requesting provider. The requesting providers populates all the authorizations related to that provider.

10. **Q:** How can I locate a previously submitted medical authorization in the PA Portal?
    A: From the Prior Authorization menu on the left, select "View Authorizations Medical"
    Leave the "Requesting Provider" field blank.
    Click "Show More Search Options" and enter the Member ID number.

11. **Q:** To change an existing procedure code after the service has been performed, should we update the existing authorization or start a new retroactive authorization?
    A: Once an authorization has been completed and the status says "complete" in the portal; no additional edits can be made.

12. **Q:** For Outpatient authorization for in-office services, can the servicing provider be the same as the requesting provider?
    A: Yes

13. **Q:** What does not decisioned mean?
    A: Not decisioned means that a determination has not been made on the submitted request.

14. **Q:** How are concurrent reviews done?
    A: Authorizations remain open while the member is still admitted. Additional clinical documentation can be attached to the existing authorization with requested continuation dates.

15. **Q:** Where can we see if authorization is required?
    A: Visit the Prior Authorization webpage for detailed requirements, including eviCore services.

16. **Q:** Can the start date of an authorization be a date in the past?
    A: Yes

17. **Q:** How to determine if a medication requires prior authorization?
    A: Medications prior authorizations submitted via portal**.** Refer to the Prior Authorization Drug Lists.

18. **Q:** Is this portal for prior authorizations only or is it for submitting clinicals for urgent admissions as well?
    A: You can submit prior authorizations as well as urgent (ER) admissions through the portal.

19. **Q:** Will the portal notify the user when a continued stay review is due?
    A: At this time, there is no feature in the MHK portal that will tell a provider when the continued stay review is due.

20. **Q:** How do we initiate the request for a detained NICU baby?
    A: Notify via fax that mom was discharged, and baby was detained. A shell authorization will be created until a permanent ID is assigned. Please visit, Newborn Authorizations

21. **Q:** Are medication prior authorizations submitted via this portal?
    A: Yes, they are submitted through the portal

22. **Q:** What is the difference between standard verses urgent processing?
    A: Standard turn-around times vary by line of business.
    Urgent requests, the turn-around time is 24 hours, provided they meet the urgent criteria.

23. **Q:** What should I do if clinical documentation is not available when submitting a prior authorization request?
    A: If the documentation is unavailable at the time of submission, you can update the existing request through the portal once it becomes available. Do not create a new request—simply add the additional information to the existing request.

24. **Q:** Is there an option for home infusion requests?
    A: Yes, select Drug and Biologics.

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25. **Q:** Does Enteral Therapy go under "drugs and biologics"?
    A: If you are a home infusion provider, yes. (use cat as drugs and Bio, home as setting) If you are a DME provider, use outpatient as cat then home as setting

26. **Q:** Will MHK be used for prior authorizations in PA and NJ?
    A: Yes

27. **Q:** Is it appropriate to proceed with the request for a specialist referral?
    A: No, Referrals are not required for any line of business.

28. **Q:** Can you enter a Private Duty Nursing (PDN) request for pediatrics?
    A: Private Duty Nursing requests can be submitted through the MHK portal. PDN is entered in hours/days, not visits.

29. **Q:** Do you use MCG or InterQual guidelines?
    A: Inter Qual® criteria

30. **Q:** For home health requests, is the requesting provider the same as the servicing provider?
    A: No, the requesting provider is the ordering physician for the home care services and the servicing provider is the home health agency "servicing the member".

31. **Q:** Is there a timeframe to request for Home Health authorizations?
    A: You have 5 business days to submit a request for the initial start of services. For ongoing re-authorizations, requests must be submitted before the end date of the previous auth approval. Any late submissions will be reviewed as retro requests. Please refer to the Provider Manual for detailed guidelines.

32. **Q:** How do we request additional visits for home health services?
    A: The same location applies for both initial and ongoing services. Home hospice for participating providers does not require prior authorization.

33. **Q**: Should the place of service be “Home” for home health outpatient authorization for services at the patient’s home?
    A: Yes, select “Home” for place of service.

34. **Q:** Is there an option for days/hours for home health outpatient authorization in the procedure code section in the “Units” dropdown? Also how to enter time frame such as 10hr/d x 5d/wk.?
    A: Yes, the “Units “dropdown menu includes days and hours.
    A: If you have trouble entering the units, please upload the Shift Care Request Form as a document, and clearly state your request or enter under the "Notes" section.

35. **Q:** How long after the SOC do we have to request authorization?
 A: For homecare, the process is not changing. You must request prior authorization at least 2 business days before the start of your requested visits
 A: For homecare SOC/initial, they have 5 business days to submit PA.

36. **Q:** If the MHK portal is down, how do I submit prior authorization requests?
 A: If the MHK portal is temporarily unavailable, we will provide alternative instructions to ensure authorization requests can still be submitted and processed without delay.

37. **Q:** How to register for the Healthtrio portal?
 A: For detailed, step-by-step instructions on completing Local Administrator registration, adding additional users, assigning Local Administrator roles, signing in, and accessing help desk services, please refer to the Provider Registration Guide.

38. **Q:** How to register for the MHK portal?
 A: Access MHK via the HealthTrio portal with single sign-on. Registration details are available here: Healthtrio portal.

39. **Q:** How to register on HealthTrio without a claim number and claim amount?
 A: A claim number is required for portal registration.
    - Contact your billing department to request a claim number and amount.
    - If you are a new provider, who has not yet submitted a claim, email hpconnect@jeffersonhealthplans.com.

40. **Q:** Will users get access to Healthtrio once our local administrator registers?
 A: No. The administrator must create accounts for other staff. Instructions are in the Local Admin and User Guide on the Provider Portal webpage.

41. **Q:** How can I tell which services will go through MHK or Evicore (i.e. Diagnostic testing, chiropractic services, interventional pain management, home health outpatient requests, PT, OT, ST)?
 A: Diagnostic testing, chiropractic services, and home health outpatient requests (PT, OT, ST), should continue processing through eviCore.
    - Please visit our Prior Authorization webpage to determine which portal to use.

42. **Q:** The Radiology prior authorization through Evicore states no prior authorization is required. Is this correct?
 A: For information on prior authorizations, including information on the services that require authorization via eviCore, visit our Prior Authorization website.