

## Quick Reference Guide: MHK Prior Authorization Request

### Step 1: Locate the Member

- Login into **HealthTrio Portal** > <https://www.jeffersonhealthplans.com/providers/provider-portal/>
- **Best Practice:** First search the member in **HealthTrio** to confirm:
  - Date of Birth (DOB)
  - Member ID
  - Last NameThese three fields must match exactly in the authorization portal.
- **Check Eligibility:**

Go to **Office Management** > **Eligibility** to gather DOB, Member ID, and Last Name.

**Note:** For comprehensive instructions, please refer to the **Eligibility and Benefits Guide** located on our webpage: <https://www.jeffersonhealthplans.com/home/providers/provider-portal/>

- **Access Authorization Portal:**  
Navigate to **Office Management** > **Submit Authorization** to open the MHK platform.
- **Search for Member:**
  - All fields are required; partial search is not supported.
  - **Last Name:** Include hyphens or suffixes with no spaces.
  - **DOB:** Use drop-down calendar or format as xx-xx-xxxx.
  - **Member ID:** Include all digits and any alpha characters.
- Click **Search** to proceed.

### Step 2: Complete Requesting Provider Section

- **Confirm Member Info:** Review demographics to ensure accuracy.
- **Select Authorization Urgency:**
  - Choose **Standard** or **Expedited**.
  - Note: Expedited requests are reviewed for urgency criteria and are not automatically approved.

### When submitting a prior authorization request:

- **IMPORTANT:** Selecting “Expedited” does not guarantee automatic expedited determination. The request will be reviewed to determine if it meets criteria for urgency—typically reserved for situations where waiting for a standard authorization could seriously jeopardize the beneficiary’s life, health, or ability to regain maximum function.

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### Step 3: Create a New Request

- **Initiate from the member profile or authorization portal.**
- **Enter Provider Information:**
  - The **Requesting Provider** is the physician who is rendering the service.
  - The **Servicing/Facility Provider** is the facility (building/structure) in which the services are being rendered.
- **IMPORTANT:** The individual rendering the service should be entered in the Requesting Provider field.
  - Do not enter the facility in the Requesting Provider field.
  - The facility (structure/building) should be entered in the Servicing/Facility field.
- **Input Clinical Data:**
  - Diagnosis (ICD) and procedure (CPT) codes.
  - Relevant clinical notes.
- **Attach Documentation:**
  - Upload supporting files.
  - Add comments or notes to strengthen the request.

### Step 4: Review Existing Requests

- From the **HealthTrio Portal** home screen, select **Office Management > Submit Authorization**
- From the **Prior Authorization menu** on the left, select **View Authorizations Medical**
- **Locate Existing Requests:**
  - Click the blue, Show Search Fields/Show More Search Options button.
  - Search by member ID or Authorization Number
  - Enter your search criteria
  - Click the green Search button
- **View Request Details:**
  - Status and history
  - Clinical review notes and decisions
- **Update Request:**

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- Enter discharge information
- Upload additional documentation
- Review provider/member correspondence

**Note:** For comprehensive guide, please refer to the **The Authorizations Portal Guide** located on our <https://www.jeffersonhealthplans.com/providers/provider-portal/>