

Online Prior Authorization (PA) Submission Options

The Online Prior Authorization (PA)
Form has three submission options.

1. ONLINE ELECTRONIC SUBMISSION.....	2
2. ELECTRONIC FAX SUBMISSION – EMR	4
3. STANDARD FAX SUBMISSION	8

Online Prior Authorization (PA) Submission Options

1. ONLINE ELECTRONIC SUBMISSION

For Online Prior Authorization (PA) requests with electronic attachments from your computer, please utilize the following directions.

1. After filling out the Online PA Form on mhplan.com in its entirety, select **Electronic Submission**
2. Click the **Browse** button to attach any applicable documentation

NOTE: Attached documentation will display under the **Browse** field; you may attach up to 20 files per transmission, with a total size of 100 MB maximum.

Fax Submission ⓘ

Electronic Submission (.jpg , .png , .bmp , .pdf) ⓘ

Browse...

[Remove] Progress Note.pdf ←

[Remove] Treatment Plan.pdf

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policies and procedures. Other rules may apply.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient, any use, distribution or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Submit

NOTE: The files to be attached must be in a supported format:

- .PDF
- .JPG
- .PNG
- .BMP

All other file types, including Microsoft Word documents (.DOC or .DOCX), must be converted to a supported file type before they can be attached to the request. Attaching documentation is not required for electronically submitting the authorization request if none is needed at the time.

3. After you have completed the form, click the **Submit** button to generate the confirmation form
4. The details of your request will be displayed along with the confirmation number and attachment reference number in the upper right corner



Online Prior Authorization (PA) Submission Options

Please print this page for your records; you will be asked for the **Confirmation Number** if you call MeridianHealth (Meridian) regarding the status of your submission.

Example:



FOR MEDICAL PROFESSIONAL USE ONLY



Confirmation #: 173050000
Attachment Ref #: dda6f7fa

PRIOR AUTHORIZATION REQUEST CONFIRMATION

Your request for authorization has been received. Your status number for this request is: 0000. Please utilize this number for any inquiries when contacting Meridian. This is not an authorization number, once the review is complete, the referral decision will be provided

5. After the submission is received by Meridian, you will be contacted at the **Requesting Phone Number** if there are any outstanding questions or concerns
6. Confirmations for approved authorizations will be faxed to the **Requesting Fax Number**

Specific questions regarding how to fill out the Online PA Form may be addressed by contacting Meridian Provider Services at 888-773-2647 (MI) or 866-606-3700 (IL).



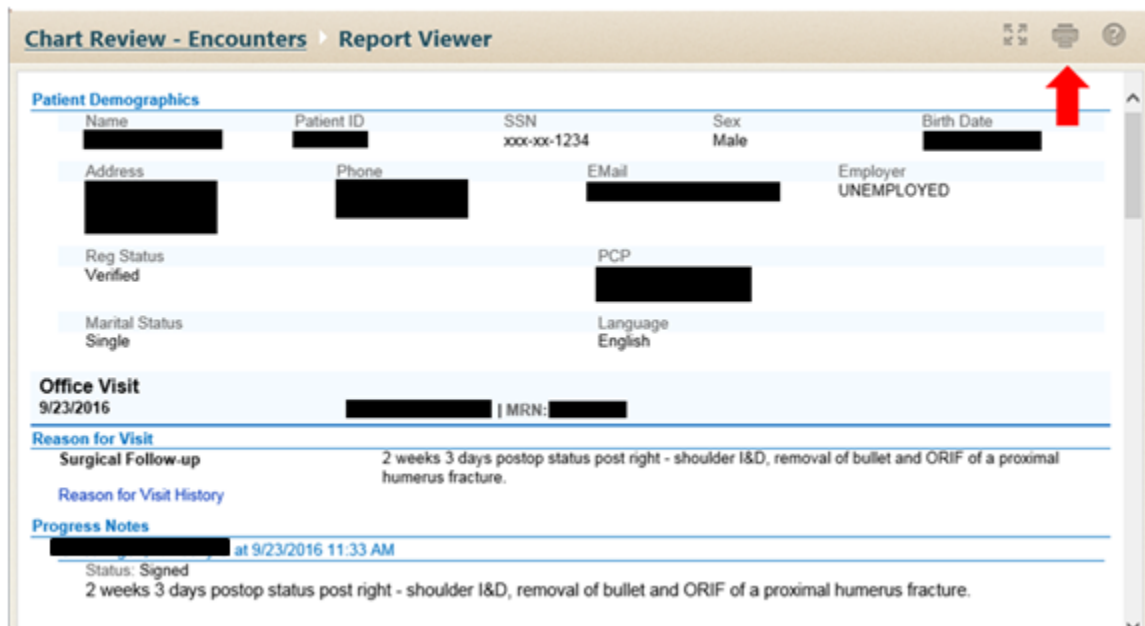
Online Prior Authorization (PA) Submission Options

2. ELECTRONIC FAX SUBMISSION – EMR

For Online Prior Authorization (PA) requests submitted electronically with attachments from an electronic medical record (EMR) system, please utilize the following directions.

You should have a driver installed on your computer (e.g., Adobe PDF) that will allow the documentation to be saved as a supported file type. If you are unsure if you have the required software, please reach out to your IT department.

1. If your request includes documentation contained in an EMR, you may find it more useful to first save the documentation that will be included
 1. To attach information from an EMR, identify or open the documents in question
 2. Select the **Print** option



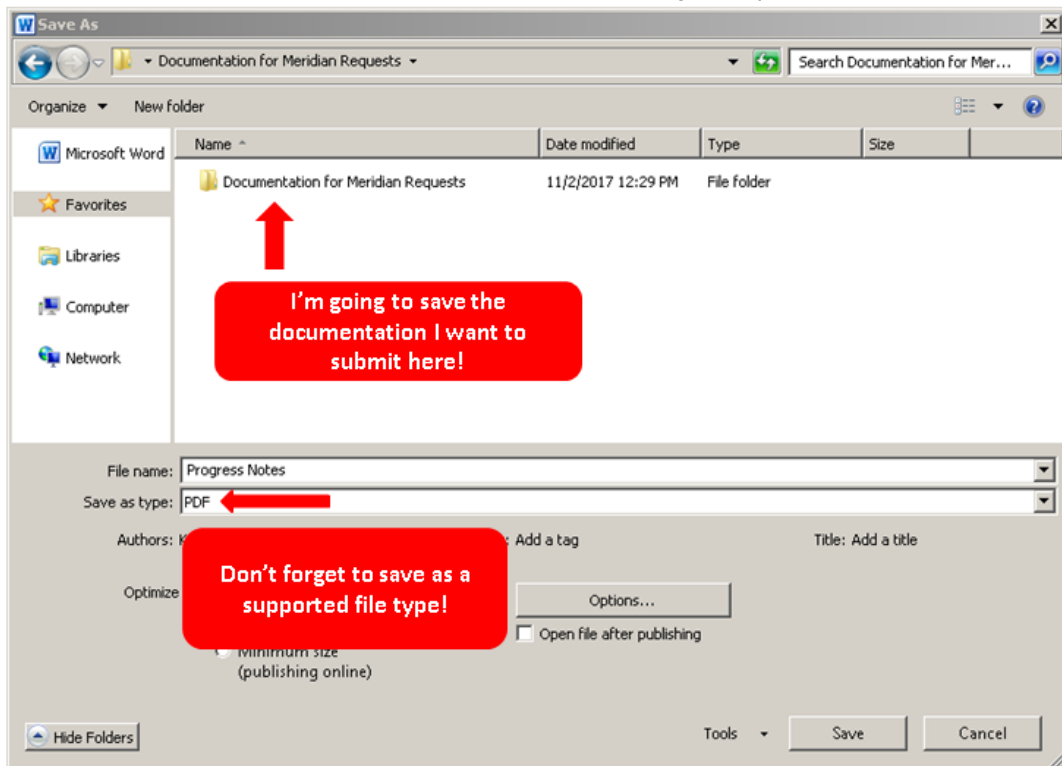
The screenshot shows a web-based medical record interface titled "Chart Review - Encounters" and "Report Viewer". The interface displays patient demographics, including Name, Patient ID, SSN (xxx-xx-1234), Sex (Male), Birth Date, Address, Phone, Email, and Employer (UNEMPLOYED). It also shows Reg Status (Verified), PCP, Marital Status (Single), and Language (English). Below this, there is an "Office Visit" section for 9/23/2016 with an MRN. The "Reason for Visit" is "Surgical Follow-up" with a description: "2 weeks 3 days postop status post right - shoulder I&D, removal of bullet and ORIF of a proximal humerus fracture." The "Progress Notes" section shows a note signed at 9/23/2016 11:33 AM with the same description. A red arrow points to a printer icon in the top right corner of the interface.

3. Instead of selecting a printer or fax program, convert the documentation to a supported format (if necessary):

Online Prior Authorization (PA) Submission Options



4. Save the documentation to a dedicated folder (e.g., on your desktop or drive):



Online Prior Authorization (PA) Submission Options

NOTE: The files to be attached must be in a supported format:

- .PDF
- .JPG
- .PNG
- .BMP

All other file types, including Microsoft Word documents (.DOC or .DOCX), must be converted to a supported file type before they can be attached to the request.

2. Fill out the Online PA Form on mhplan.com in its entirety and select **Electronic Submission**
3. Next click the **Browse** button to attach any documentation you would like to include

NOTE: Attached documentation will display under the **Browse** field. You may attach up to 20 files per transmission, with a total size of 100 MB maximum.


Fax Submission ⓘ

Electronic Submission (.jpg, .png, .bmp, .pdf) ⓘ

Browse...

[Remove] Progress Note.pdf

[Remove] Treatment Plan.pdf



Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policies and procedures. Other rules may apply.

Confidentiality: The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient, any use, distribution or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Submit

4. Click the **Submit** button to generate the confirmation form
5. The details of your request will be displayed, along with the confirmation number and attachment reference number, in the upper right corner

NOTE: Print this page for your records; you will be asked for the **Confirmation Number** if you call MeridianHealth (Meridian) regarding the status of your submission.

Example:



FOR MEDICAL PROFESSIONAL USE ONLY

Confirmation #: 173050000
Attachment Ref #: dda6f7fa

PRIOR AUTHORIZATION REQUEST CONFIRMATION

Your request for authorization has been received. Your status number for this request is: 0000. Please utilize this number for any inquiries when contacting Meridian. This is not an authorization number, once the review is complete, the referral decision will be provided



Online Prior Authorization (PA) Submission Options

6. After the submission is received by Meridian, you will be contacted at the **Requesting Phone Number** if there are any outstanding questions or concerns
7. Confirmations for approved authorizations will be faxed to the **Requesting Fax Number**

Specific questions regarding how to fill out the Online PA Form may be addressed by contacting Meridian Provider Services at 888-773-2647 (MI) or 866-606-3700 (IL).



Online Prior Authorization (PA) Submission Options

3. STANDARD FAX SUBMISSION

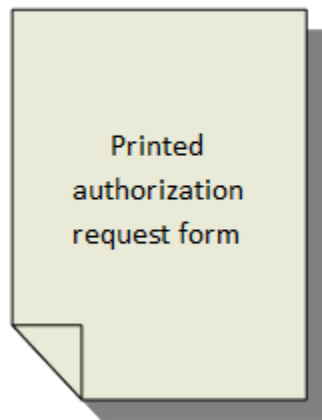
For Online Prior Authorization (PA) requests utilizing a traditional paper fax method, please utilize the following directions.

1. After filling out the Online PA Form on mhplan.com in its entirety, select **Fax Submission**, and then the **Print Cover Page** button at the bottom
2. The printable cover page will be generated in a new tab. If a **Print** window does not automatically open, you can activate it by selecting **Ctrl + P** on your keyboard, or by clicking **File** and then **Print**
3. After the completed form's cover page has been printed, place it on top of any supporting clinical information and/or documentation and then fax it in one transmission to MeridianHealth (Meridian):

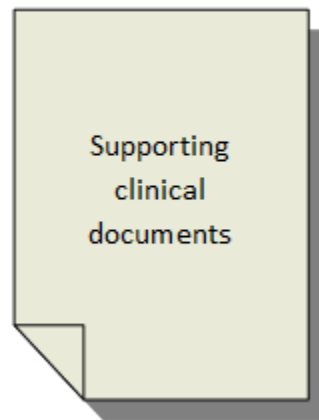
Fax Numbers
(By Member's State of Residence):

Michigan: 313-309-8580
Illinois: 312-508-7299

1st Page

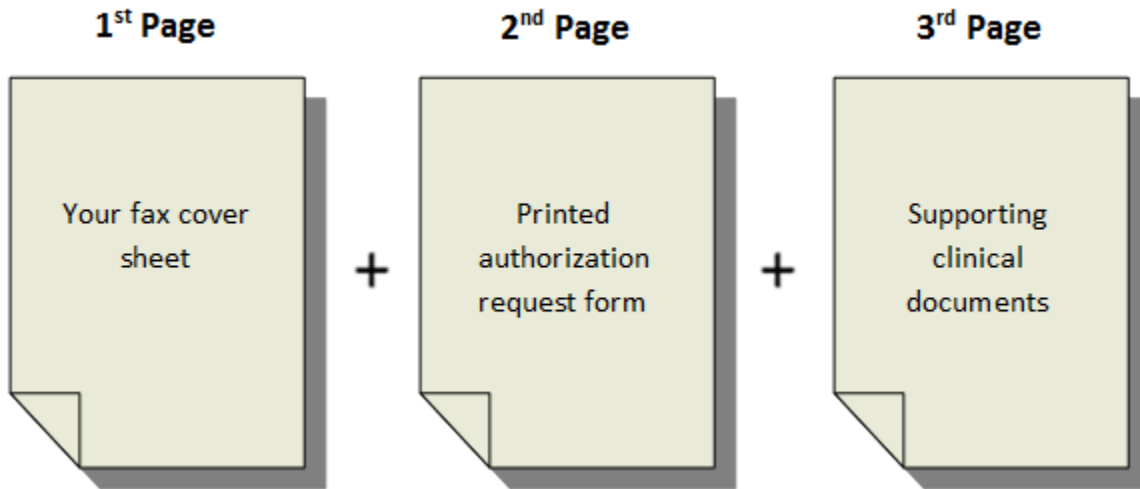


2nd Page



Online Prior Authorization (PA) Submission Options

NOTE: A traditional cover page may also be utilized as the first page, as long as the printed form is included as the second page in the transmission:



4. After the fax is received by Meridian, you will be contacted at the **Requesting Phone Number** if there are any outstanding questions or concerns.
5. Confirmations for approved authorizations will be faxed to the **Requesting Fax Number**

Specific questions regarding how to fill out the Online PA Form may be addressed by contacting Meridian Provider Services at 888-773-2647 (MI) or 866-606-3700 (IL).