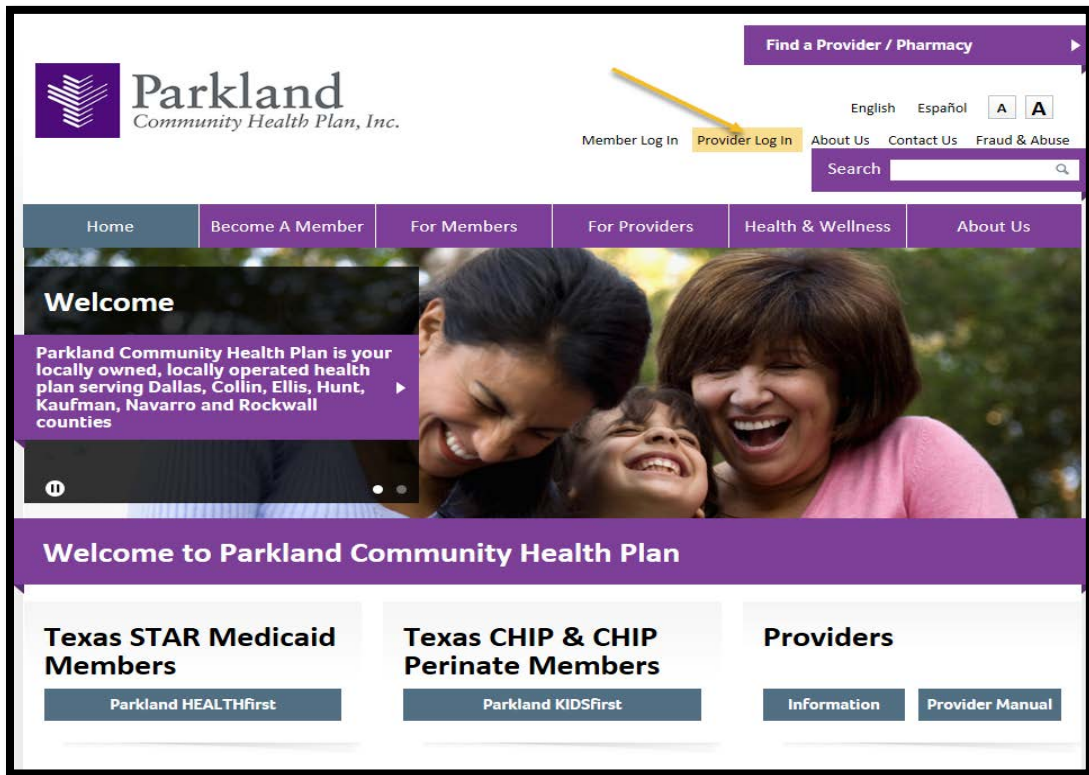


Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide

1. Public facing website home page, in highlight is the provider portal log-in link
<https://www.parklandhmo.com/>



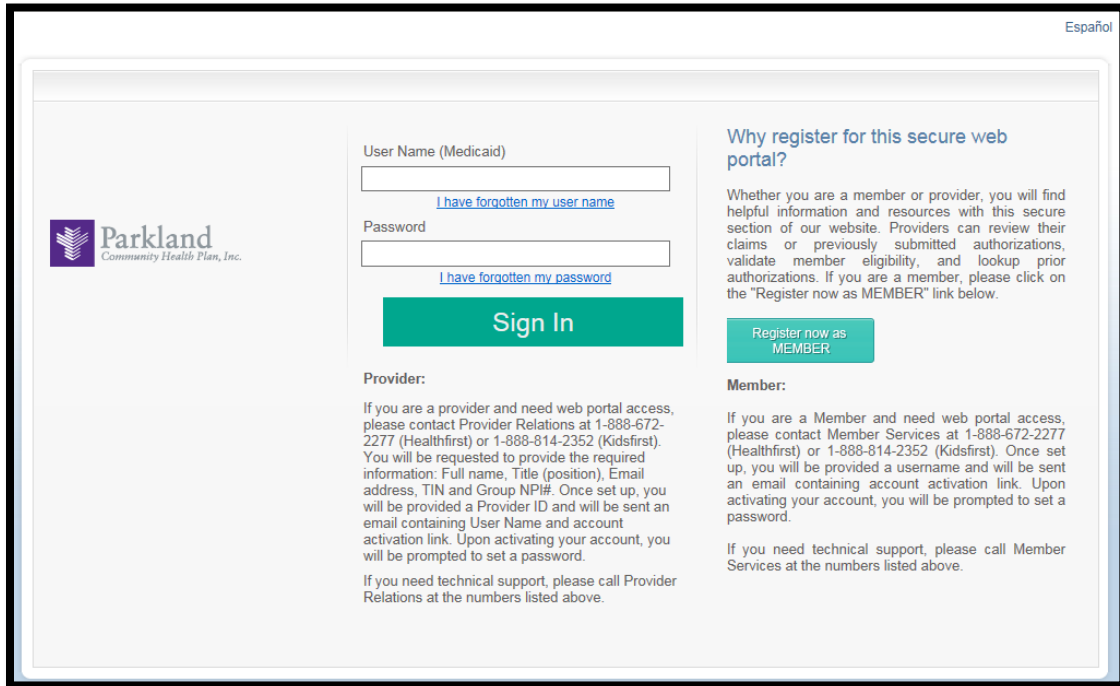
2. Link to connect to Medicaid web portal

Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide

The screenshot shows the Parkland Community Health Plan website. At the top left is the Parkland logo and name. To the right, there are links for 'Find a Provider / Pharmacy', language options (English, Español), and 'Member Log In' and 'Provider Log In'. Below this is a search bar. A navigation menu includes 'Home', 'Become A Member', 'For Members', 'For Providers', 'Health & Wellness', and 'About Us'. A 'Log in' section is highlighted, containing a description of the portal and a list of services: Claim status inquiry, Claims appeals, Eligibility status inquiry, and Prior authorization requests. A yellow arrow points to the link 'Log in to the secure provider web portal'. Below the main content is a footer with columns for 'Home', 'Become a member', 'For members', 'For providers', 'Health & wellness', and 'About Us', each with sub-links. At the very bottom are links for 'Privacy Policy/Notice of Privacy Practices', 'Web privacy statement', and 'Financial Literacy Information', followed by a copyright notice for 2019.

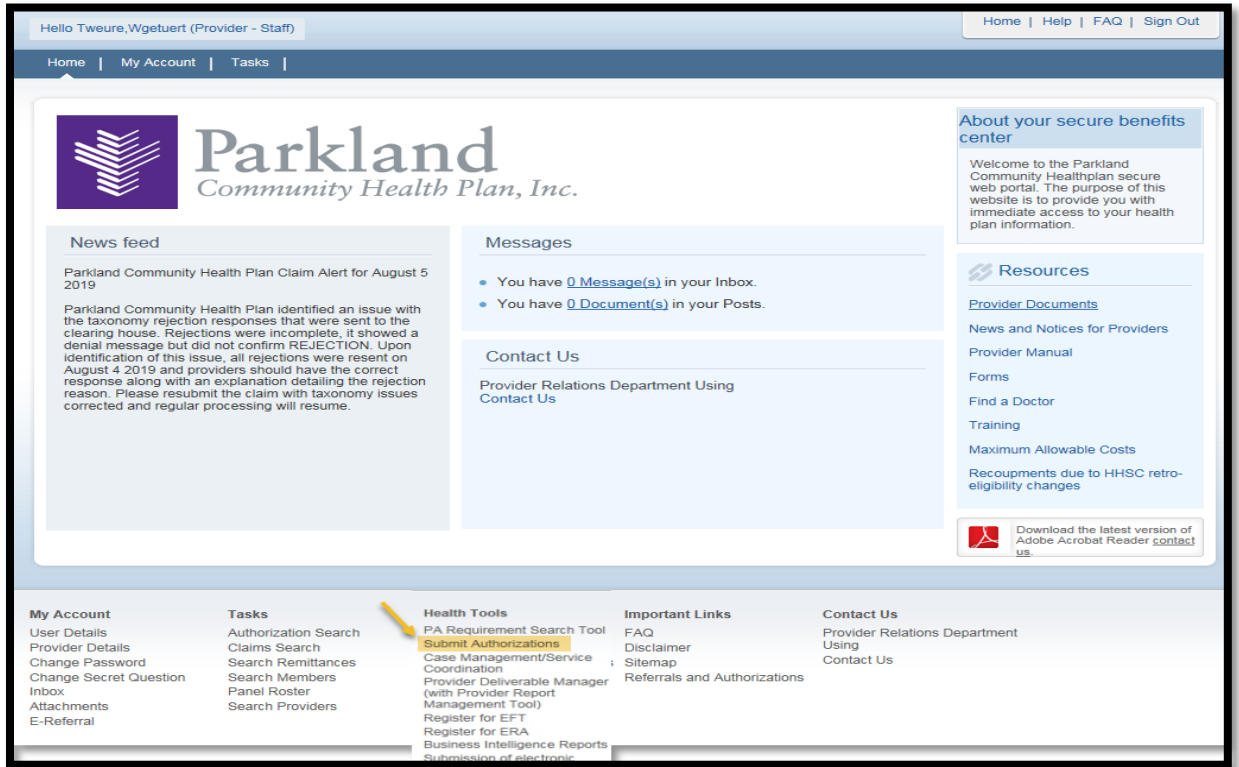
3. Medicaid Web Portal Login Page

Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide



4. Medicaid Web Portal Home Page and highlighted link which will launch the new electronic prior authorization form

Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide



5. Electronic PA Submission Tool – landing page

Users: TX2Preview? Logout Help

Auth Queue Auth Request

Auto Authorization Queue

Submission History
Filter By: Status NoDecisionYet
And: NotFiltered
Submission Status: Draft
1 Results 1 - 22 of 22

Summary of Draft Requests

Authorization	Servicing (Or Facility) Provider	Requesting Provider	Patient	Service Code	Facility Name	Date of Submission	Date of Service	Status
EPS000000063	COOK, BYRON	Pamulaparthi, Smitha	BOBEY, JAZMYN	ICD10-D(P90.1)	COOK		11/29/2019	NoDecisionNet
EPS000000021	JACKSON, DAVID	SMART, RACHEL	FRONTERO, ETHAN	CPT(93960), CPT(78816), ICD10-D(L89.100), ICD10-D(A23.0)	LEGACY COMMUNITY HEALTH SERVICES		11/26/2019	NoDecisionNet
EPS000000041	BO ANTHONY, MARTINEZ	BO ANTHONY, MARTINEZ	HERMANSTORFER, REBECCA	CPT(93612), ICD10-D(A01.02)	DALLAS PHYSICIAN MEDICAL SERVICES FOR CHILDREN		11/20/2019	NoDecisionNet
EPS000000057	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001U), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionNet
EPS000000056	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001U), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionNet
EPS000000055	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001F), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionNet
EPS000000054	GENETICS, TEST PROV	GENETICS, TEST PROV	TESTMAN, BRENNEN	CPT(0001F), ICD10-D(D89.0)	TEST		11/19/2019	NoDecisionNet
EPS000000052	ABBAS, DENNIS	ABBAS, DENNIS	ABEL, FRANCIS	CPT(90281), ICD10-D(A01.01)	ABBAS		11/19/2019	NoDecisionNet
EPS000000051	ADRAKTAS, DIONESIA	ADRAKTAS, DIONESIA	BEALS, IDRIS	CPT(90281), ICD10-D(A01.01)	ADRAKTAS		11/19/2019	NoDecisionNet

Click on Auth Request to initiate Authorization request

Landing Page shows all authorizations and current status

TX-19-11-17

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6. After clicking on 'Auth Request', following electronic form loads to electronically capture PA request:-

Questions 1 through 5

Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide


User: TX2Prov2 [Logout](#)

[Auth Queue](#) [Auth Request](#)

Authorization Request - Request Form

Authorization Request


1 . Who is the provider requesting pre-authorization?

* Provider:  Name:
Address:
Contact Phone:

2 . What is the Request Type?

* Request Type:

3 . Who is the patient requiring the pre-authorization?

* Patient:  Name:
Date Of Birth: Eligibility: Address:
Benefit Plan:

4 . What is the patient's diagnosis?

* Code Code Type Description

Primary	Code	Type	Description	Documentable	Action
---------	------	------	-------------	--------------	--------

5 . What procedure(s) are requested in this Authorization?


Code Code Type Description


Primary	Code	Type	Description	Documentable	Action
---------	------	------	-------------	--------------	--------


Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide

Questions 6 through 9
(Electronic Signature is highlighted)

6 . At which facility does the service need to be performed?

* Facility:  Name:


* Date of Service:  m/d/yyyy Address:

* Requested Level of Care: 

Requested Length of Stay:

Mark as Urgent:

7 . Who is the servicing (or facility) provider for the service?

* Provider:  Name:

Address:

8 . Are there any other details?


10000 Characters Left for Notes


Note History

Note	By	Date
------	----	------

9 . Please provide the following additional information

*Acuity:

*Authorization Start Date:  m/d/yyyy

*Authorization End Date:  m/d/yyyy

*Typing provider full name serves as e-signature:

* Required Fields

Click Next to attach clinical information and document any clinical information electronically

Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide

User: TX2Prov2 Logout Help

Auth Queue Auth Request

Authorization Request Request Review

Authorization Request Review

Auto-Authorization: EPS00000066 Request Type: IP-Acute Inpatient Rehabilitation Request Status: NoDecisionYet

Patient: 478208202-LAE00503167	Name: ARREOLA, JASON	Date of Birth: 4/26/1997
Auto-Authorization: EPS00000066		
Requesting Provider: PROV0000A01782	Name: **** JILL A GRAMFR DO **	
Servicing (Or Facility) Provider: QHX000000047143	Name: BROWN, AARON	
Place of Service: PROV0000P04478	Name: COOK CHILDRENS MEDICAL C...	Date of Service: 11/29/2019
Diagnosis Code: p99 Primary	Code Type: ICD-10 Diagnosis	Document Clinical

Attach File

Name	Description	Date
No files associated with this episode.		

Submit Cancel Request Back

DISCLAIMERS :

ICD-10 Diagnosis (P90):

▶ The servicing provider you have selected is not in the members network.

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After adding the clinical documentation, entering full name, provider can click 'SUBMIT'

7. After clicking 'Submit', user is redirected to home page with the recently submitted authorization being shown with a reference number and time stamp of when it was submitted:-

Parkland Community Health Plan New Electronic Prior Authorization Submission Tool Quick Reference Guide

Users: TX2Preview? Logout Help

Auth Queue **Auth Request**

Authorization Queue mcg

Auto Authorization Queue

Submission History

Filter By: Status And: NotFiltered Submission Status: Draft

1 Results 1 - 22 of 22

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Most recent auth request shows on the top