



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Online Provider Center Tutorial Search and Manage Prior Authorizations

Search and Manage Prior Authorizations

To review and communicate in a Prior Authorization, select **Referral/Prior Authorization** and **Search and Manage Prior Authorization**.

The screenshot displays the user interface of the Health Plan of Nevada Sierra Health and Life portal. At the top, a dark blue header contains the logo and name of the health plan, a TIN field, and a user profile icon. Below the header is a left-hand navigation menu with options: Dashboard, Members, Claims, Claim Doc Requests, EOP Search, Referrals/Prior Authorizations (highlighted with a red arrow), Provider Demographics, and Rx Prior Authorizations. A 'News' section is also present. The main content area features a maintenance notice, a 'Recent Claims' table with columns for Claim Number, Member Number, Status, and Claim Type, and a 'Recent Members' table with columns for Member Number, First Name, Last Name, Date of Birth, and As of Date. A red arrow points to the 'Referrals/Prior Authorizations' menu item. Below the main content is a secondary navigation bar with a breadcrumb trail: Search and Manage Referrals > Search and Manage Prior Authorization > New Referral / Prior Authorization. The main content area below this bar contains three buttons: 'Search and Manage Referrals', 'Search and Manage Prior Authorizations' (highlighted with a red arrow), and 'New Referral / Prior Authorization'. A photograph of a doctor is visible on the left side of this section.

Search and Manage Prior Authorizations Continued:

The **Filter Options** on the **Search Prior Authorization** screen will be used to filter the types of authorizations you want to view or manage. These filters can be used separately or together to define the view you are seeking.

Provider/Group: The **Provider/Group** is who originally requested the services *or* who is assigned to service the authorization. One or more providers can be selected as a filter for this screen.

Additional Options: The user can choose an additional filter of **Prior Authorization ID, Member ID, Medicaid ID, Member Name** (subject to 15 day timeframe) or **SMA MRN** (subject to 15 day timeframe).

Criteria: The user then places the value for this option in the **Criteria** box provided.

Search and Manage Prior Authorizations

Please select desired filter options. At least one filter option must be selected. The date range cannot exceed 15 days

Filter Options

Prior Authorization Date From	09/02/2020		Prior Authorization Date To	09/17/2020	
*Provider					
<input type="checkbox"/> [Redacted]		<input type="checkbox"/> [Redacted]			
<input type="checkbox"/> [Redacted]		<input type="checkbox"/> [Redacted]			
Additional Options					
<input type="radio"/> Prior Authorization ID	<input type="radio"/> Member ID	<input type="radio"/> Medicaid ID	<input type="radio"/> Member Name	<input type="radio"/> SMA MRN	<input type="text" value="Criteria"/>

New Referral/Prior Authorization

Apply Filter

Reset Filter

Refresh

Search and Manage Prior Authorizations Continued:

Once all the **Filter Options** are selected, select the **Apply Filter** button and the screen refreshes with new results.

The **New Referral/Prior Auth** button will launch to create a new referral or prior auth.

The **Reset Filter** will clear out all selections so the user can select new **Filter Options**

The **Refresh** button will refresh the screen with the latest authorization information

Search and Manage Prior Authorizations

Please select desired filter options. At least one filter option must be selected. The date range cannot exceed 15 days

The screenshot displays the 'Search and Manage Prior Authorizations' interface. At the top, there is a red warning message: 'Please select desired filter options. At least one filter option must be selected. The date range cannot exceed 15 days'. Below this, the 'Filter Options' section includes two date pickers: 'Prior Authorization Date From' (09/02/2020) and 'Prior Authorization Date To' (09/17/2020). Underneath, there is a '*Provider' section with two checkboxes and corresponding text boxes, both of which are currently empty. The 'Additional Options' section features five radio buttons: 'Prior Authorization ID', 'Member ID', 'Medicaid ID', 'Member Name', and 'SMA MRN'. A 'Criteria' text input field is also present. At the bottom of the form, a red-bordered box highlights four action buttons: 'New Referral/Prior Authorization', 'Apply Filter', 'Reset Filter', and 'Refresh'. Red arrows point towards these buttons from the left and right sides.

Search and Manage Prior Authorizations Continued:

To view the **Prior Authorization Details**, select the hyperlink prior auth ID# (i.e. S09173934) and the **Search Prior Authorization** screen expands to display the details. **Web Notes** are what the user entered to communicate to the insurance prior auth team and the **RN Notes** are what the insurance prior auth team is communicating back to the Providers.

Priority	ID	Patient	Submitted	Requesting Providers	Status	Providers	Buttons
Routine	S09173934	Name: V MemberID: 1 Age: 48 DOB: [REDACTED]	Sep 17, 2020 12:00:00 AM	[REDACTED]	Pending	[REDACTED]	[Icons]



Active Problems - Category						
Diagnosis codes(s)/Active Problems	Category	Subcategory				
<table border="1"> <thead> <tr> <th>code</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>R69</td> <td>Illness, unspecified</td> </tr> </tbody> </table>	code	Description	R69	Illness, unspecified	Outpatient Diagnostic Tests	Radiology Facility
code	Description					
R69	Illness, unspecified					

Procedures									
Requesting Providers Name			Address			Phone	Fax		
#	Procedure	Units	Status-Reason	Service Provider		Place Of Service	Valid Dates	Facility	Benefit Tier
0	78003,Thyroid Uptake,stimulation,Suppression,D	1/0	Pending Awaiting Nurse review	[REDACTED]		Office	09/17/2020 01/15/2021		HMO
1	ORAD,Outpatient Free-Standing Radiology	9999/0	Pending Awaiting Nurse review	[REDACTED]		Office	09/17/2020 01/15/2021		HMO

Comments	
Date	Note
WEB Notes	
RN Notes	

Search and Manage Prior Authorizations (end)

The definitions of the columns are:

Priority: Indicates the priority of the prior authorization selected by the requesting provider/group.

ID: The authorization ID number assigned when the prior authorization was created

Patient: Supplies the patient information.

Submitted: Date the authorization was submitted.

Requesting Providers: Requesting Provider name.

Status: The current status of the authorization, such as Approved, Pending, Voided or Disallowed.

Providers: Servicing group name.

Buttons:

Comments icon: Allows a quick view of comments associated with the prior authorization.

Copy icon: Selecting this icon will allow a copy the prior authorization.

Print icon: Selecting this icon provides the user the ability to print the authorization.

Fax icon: Selecting this icon provides the user the ability to print our special fax coversheet with bar code technology to attach records (when required by the UM PA team) for a **Pending** prior authorization case.

Prior authorization(s) Count: 1

Priority	ID	Patient	Submitted	Requesting Providers	Status	Providers	Buttons
Routine	T09173923				Approved		    