

Emergency Response Systems (ERS) Prior-Authorization Desk Manual

Updated: April 9, 2026

Introduction

The new MMIS has a subsystem component called Prior Authorization. This replaces the ELGP screen used for recording authorization for Lifeline. The procedure codes will not change.

In the new MMIS system, SPD will be using the Prior Authorization subsystem to authorize initial Lifeline installation and the monthly lifeline fee as the ELGP screen will no longer exist. There are a few changes in the process of the Prior Authorization subsystem. In this subsystem once a prior authorization is entered the request cannot be deleted. A service code is not needed. You can go into the prior authorization subsystem and make changes, if needed. Also, once the prior authorization has been used to pay the claim, the line items on the prior authorization can't be changed.

The procedure codes will remain the same. You will continue to use S5160 for installation and S5161 for monthly rental. The process being used in your local field offices to obtain the authorization will remain the same.

The following procedures will show you how to search for a prior authorization, add a new prior authorization, and make changes to an existing prior authorization.

MMIS: Important contact information

ODHS Service Desk email address: servicedesk.dhs@odhsoha.oregon.gov

OHDS Service Desk Phone Line: 503-945-5623

View a prior authorization

Navigate to prior authorization search panel

1. Point to Prior Authorization on the menu bar.
2. Drop -down list displays. Left click on “search”
3. “Prior Authorization Search” panel appears.

The screenshot shows the MMIS web application interface. At the top, there is a navigation bar with the 'interChange' logo and the text 'Government Health Portfolio'. To the right, it says 'ormmis\dmalande' and 'Thursday, November 13, 2008'. Below this is a menu bar with links: Home, Claims, Drug, Financial, Managed Care, MAR, POC, **Prior Authorization**, Provider, EDI, Recipient, Reference, TPL, CTMS, Site, EDMS, Help. Under the 'Prior Authorization' link, there is a sub-menu with 'home', 'search' (highlighted), 'information', 'dur plus', and 'related data'. The main content area is titled 'Prior Authorization Search'. It contains several input fields: 'Current ID' with a '[Search]' button, 'Provider ID' with a '[Search]' button, 'Diagnosis' with a '[Search]' button, 'Reviewer' with a '[Search]' button, 'Route To Clerk' with a '[Search]' button, 'Division' with a dropdown menu, 'Analyst' with a '[Search]' button, 'Assignment Code' with a dropdown menu, and 'Emergency' with a dropdown menu. There is also a 'Records' field with a value of '20' and a dropdown arrow. On the right side of the panel, there are four buttons: 'search', 'clear', 'adv search', and 'add'.

Search for a prior authorization

1. Type current client ID (Prime number). To eliminate other prior authorizations from showing in the search results (e.g. DMAP and AMH) in the Division field choose “SPD - Lifeline.”
2. Left click on “search” found at the lower right-hand side of the panel.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home **search** information dur plus related data

Prior Authorization Search

Prior Authorization		Current ID	AEW00L1F [Search]
Provider ID	[Search]	Division	
Diagnosis	[Search]	Analyst	[Search]
Reviewer	[Search]	Assignment Code	
Route To Clerk	[Search]	Emergency	
		Records	20

search clear adv search add

- If "no rows found" appears in the "search results" a new prior authorization can be entered.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home **search** information dur plus related data

Prior Authorization Search

Prior Authorization		Current ID	AEW00L1F [Search]
Provider ID	[Search]	Division	
Diagnosis	[Search]	Analyst	[Search]
Reviewer	[Search]	Assignment Code	
Route To Clerk	[Search]	Emergency	
		Records	20

search clear adv search add

Search Results

*** No rows found ***

- If there is only one Lifeline Prior Authorization the "Prior Authorization Information" panel and the "Prior Authorization Maintenance" panel will appear. Scroll down to the "Prior Authorization Maintenance" panel and left click on "line item." The "Base Information" panel and the "line item" panel will appear. Follow the instructions for completing these panels.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home search **information** dur plus related data

Next search by: Prior Authorization

Prior Authorization Information

PA Number 8008285002	Current ID AEA00L1F	Provider ID 1881738300 NPI
Reviewer	Last Name SPD	Referring Provider ID
Review Date 10/11/2008	First Name THIRTY	Date Received 10/11/2008
PA Assignment SPD - CRN	DOB 05/05/1950	Media Type PAPER
Fund Code	Clerk Keyed VFRANK	Analyst VFRANK
Division SPD - Contract RN	Date Keyed 10/11/2008	Route To Clerk
Admin Review ☐	Update Received	Diagnosis 1
Appeals ☐	Update Reviewed	Diagnosis 2
Internal Text ☐	Emergency ROUTINE	Diagnosis 3
Reason Code / External Text List ☐	Accident NO	Diagnosis 4
Super PA ☐	Special Considerations NO	Diagnosis 5
	Initial Submission Documentation NO	

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below.

Prior Authorization	Administrative Review	Appeals	Attachment
	Base Information	Claim List	External Text
	Internal Text	Letters	Line Item
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

5. If multiple search results appear, review the lines to determine if any search results match the requested prior authorization. If no search results match, a new prior authorization can be entered. If a search result matches (overlapping dates), you will either need to review the match and determine if information needs to be modified or file if it is a duplicate request.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home **search** information dur plus related data

Prior Authorization Search

Prior Authorization	Current ID AEA00L1F Search
Provider ID Search	Division
Diagnosis Search	Analyst Search
Reviewer Search	Assignment Code
Route To Clerk Search	Emergency
	Records 20 ↓

Search Results

PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status	Current ID	Emergency	
8008285002	01	12/01/2008	12/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	S5110	Approved	AEA00L1F	R
8008283001	01	09/01/2008	09/01/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008284001	01	10/01/2008	10/31/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008285001	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008285003	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	S5115	Approved	AEA00L1F	R
8008287002	01	08/01/2008	08/15/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R

Add a new prior authorization

To add a new prior authorization from the “Prior Authorization Search” panel if “no rows found” appeared, left click on the “add” feature from the lower right-hand corner of the “Prior Authorization Search” panel.

The following panels will appear in order listed:

- Prior Authorization Information.
- Prior Authorization Maintenance.
- Base Information Panel.
- Line-Item Panel.
- Notice Selection.

Home

Claims

Drug

Financial

Managed Care

MAR

POC

Prior Authorization

Provider

EDI

Recipient

Reference

TPL

CTMS

Site

EDMS

Help

home

search

information

dur plus

related data

Next search by: Prior Authorization

search

Prior Authorization Information

PA Number	Current ID	Provider ID
Reviewer	Last Name	Referring Provider ID
Review Date	First Name	Date Received 11/13/2008
PA Assignment	DOB	Media Type ONLINE
Fund Code	Clerk Keyed	Analyst
Division	Date Keyed 11/13/2008	Route To Clerk
	Update Received	
	Update Reviewed	
Admin Review ☐	Emergency ROUTINE	Diagnosis 1
Appeals ☐	Accident NO	Diagnosis 2
Internal Text ☐	Special Considerations NO	Diagnosis 3
Reason Code / External Text List ☐	Initial Submission Documentation NO	Diagnosis 4
Super PA ☐		Diagnosis 5

Prior Authorization Maintenance

- Complete the Panels below then select Save to add the new Prior Authorization.

Prefs

Prior Authorization	Administrative Review Base Information Internal Text Miscellaneous Address Super PA	Appeals Claim List Letters Non Medicaid Provider	Attachment External Text Line Item Notice Selection
---------------------	--	--	---

save

cancel

Base Information

Top Nav

Provider ID	[Search]	Vendor Patient Account Number	
Referring Provider ID	[Search]	Division	
PA Assignment*		Fund Code	
Current ID*	[Search]	Update Reviewed	
Update Received		Reviewer	[Search]
Emergency*	Routine	Route To Clerk	[Search]
Accident*	No	Special Considerations*	No
Media Type*	ONLINE		

-Diagnosis Code-

*** No rows found ***

Diagnosis Number

Diagnosis Code

Diagnosis Name

[Search]

data

Line Item

Top Nav

*** No rows found ***

Select row above to update -or- click Add button below.

Line Item		ICD9 Code	[Search]	Requested Eff. Date	
Service Type Code		Thru Service	[Search]	Requested End Date	
Procedure Code	[Search]	Modifier 2	[Search]	Requested Units	
Modifier 1	[Search]	Modifier 4	[Search]	Requested Dollars	
Modifier 3	[Search]	Quad	[Search]	Authorized Eff. Date	
Tooth	[Search]	NDC Code	[Search]	Authorized End Date	
NDC Lock		Revenue Code Thru	[Search]	Authorized Units	
Revenue Code	[Search]	Reference to PA Number		Authorized Dollars	
Status	4 - Agency Authorized	Print Option	Batch	Payment Method	Pay Cap Amount
Service Provider Check	All Service Providers	Date Mailed		Balance Units	
Service Provider ID	[Search]			Balance Dollars	
Hearing Rights	DMAP OHP			Quantity Used Units	
Diagnosis Notes				Quantity Used Dollars	

-Reason Code-

*** No rows found ***

Notice Selection

Top Nav

Client*	Yes	Client Branch*	Yes	Provider*	Yes	Servicing Provider*	Yes
Non-Medicaid Provider*	Yes	Referring Provider*	Yes	Miscellaneous 1*	No	Miscellaneous 2*	No
Miscellaneous 3*	No						

Base information panel

Scroll down to the “Base Information Panel.” To add information on the Base Information panel, follow the steps below:

Base Information Top Nav ? A X

Provider ID [Search]

Referring Provider ID [Search]

PA Assignment*

Current ID* [Search]

Update Received

Emergency*

Accident*

Media Type*

Vendor Patient Account Number

Division

Fund Code

Update Reviewed

Reviewer [Search]

Route To Clerk [Search]

Special Considerations*

Diagnosis Code- Select row below to update -or- type data below to add.

No rows found ***

Diagnosis Number

Diagnosis Name

Diagnosis Code [Search]

Step action	Typed response
1. Provider ID	1. Enter the six-digit Provider Number
2. PA Assignment	2. Select “other”
3. Current ID	3. Enter client prime number
4. Emergency	4. Select “routine”
5. Accident	5. Select “no”
6. Media Type	6. Select appropriate choice
7. Division	7. Select “SPD-Lifeline”
8. Special Considerations	8. Defaults to “no” do not change
Do not enter any diagnosis codes.	

Line item panel

Scroll down to the “line item” panel to the lower right-hand corner and left click on the “add” feature. Once the “add” button is selected, the system will automatically create a prior authorization number. The print color in selected areas will change from gray to black. Click into the field into which you want to enter data. Use the “tab” key on your keyboard to have the system process that information. In some cases, the cursor will go to the next field, otherwise use your mouse to click into the next field where you want to do data entry. DO NOT hit ENTER as it will process the prior authorization prematurely.

Procedure code S5160 – Installation

Step action	Typed response
1. Service Type Code	1. Select “procedure code”
2. Procedure Code	2. Enter the procedure code S5160 for installation. You will enter one procedure code per a “line item” panel for this code.

	This process will not use the “thru service” field.
3. Status	3. Select “approved”
4. Service Provider check	4. Select “all service providers”
5. Service Provider ID	5. Enter Lifeline provider number
6. Hearing Rights	6. Defaults to “no” - do not change
7. Print Option	7. Select “batch”
8. Requested Effective date	8. Enter start date Lifeline requested.
9. Requested End Date	9. Enter end date for Lifeline.
10. Requested Units	10. Enter 1 unit for installation procedure code.
11. Requested Dollars	11. Do not enter a dollar amount. The computer will search by provider number and procedure code.
12. Authorized Effective Date	12. Enter date being authorized
13. Authorized End Date	13. Enter date being authorized
14. Authorized Units	14. Enter 1 unit for the installation procedure code
15. Authorized Dollars	15. Do not enter a dollar amount. The computer will search by provider number and procedure code.

16. Payment Method	16. Select "Pay System Price"
Do not enter information in the "reason code" panel.	

Notice selection panel

Notice Selection						Top	Nav	?	A	⌂	X
Client*	No	Client Branch*	No	Provider*	Yes	Servicing Provider*	Yes				
Non-Medicaid Provider*	Yes	Referring Provider*	Yes	Miscellaneous 1*	No	Miscellaneous 2*	No				
Miscellaneous 3*	No										

The notice section will automatically default to "No" for the Client and Client Branch. The Provider will get a copy of the PA notice. There is currently no business reason to change any of these settings.

Second procedure code S5161 (monthly fee)

Once you have entered the required information for the first procedure code, go to the "add" button in the lower right-hand corner and left click. A second "line item" panel will appear. Follow the instructions on page 9 with the following changes: Procedure code is S5161; units requested and units authorized (1 unit equals one month – if you are authorizing 12 months input 12 units).

Scroll up to the "prior authorization maintenance" panel and click on "save." If save is successful a message will appear "Save is Successful. All panels saved." Otherwise, error message(s) will appear. All errors must be corrected before the prior authorization will be saved.

Prior Authorization Maintenance				- Complete the Panels below then select Save to add the new Prior Authorization.				Prefs	Top	Bot	?	⌂
Prior Authorization	Administrative Review	Appeals	Attachment									
	Base Information	Claim List	External Text									
	Internal Text	Letters	Line Item									
	Miscellaneous Address	Non Medicaid Provider	Notice Selection									
	Super PA											
save		cancel										

Withdrawing a prior authorization

If a prior authorization is entered and saved with incorrect information, the prior authorization can be “withdrawn” if the action is taken the same day the information is entered and saved.

1. Bring up the prior authorization you want to withdraw. Go into the “line item” panel and change the “approved” to “withdrawn.” You will then need to select the appropriate “reason” code.
2. Scroll up to the “prior authorization maintenance” panel and left click on “save.” The authorization will change from “approved” to “withdrawn.” A prior authorization notice will not be printed. You can then create a new prior authorization with the correct information.

Enter another new prior authorization

To enter another new prior authorization scroll up to the menu bar and left click on “search.” The “prior authorization” search panel will appear. Follow the instructions to search for a prior authorization on page 2 through 4 and creating a new prior authorization on pages 6 through 10.

Changes to a previous prior authorization

Point to “prior authorization” listed on the main menu bar. Then left click on “search” from the drop-down menu.

The “prior authorization search” panel will appear.

The screenshot shows the 'InterChange Government Health Portfolio' interface. The top navigation bar includes links for Home, Claims, Drug, Financial, Managed Care, MAR, POC, Prior Authorization (highlighted), Provider, EDI, Recipient, Reference, TPL, CTMS, Site, EDMS, and Help. Below this is a secondary bar with 'home', 'search' (highlighted), 'information', 'dur plus', and 'related data'. The main panel is titled 'Prior Authorization Search' and contains several input fields: 'Prior Authorization' (with a search button), 'Provider ID' (with a search button), 'Diagnosis' (with a search button), 'Reviewer' (with a search button), 'Route To Clerk' (with a search button), 'Current ID' (with a search button), 'Division' (a dropdown menu), 'Analyst' (with a search button), 'Assignment Code' (a dropdown menu), 'Emergency' (a dropdown menu), and 'Records' (a dropdown menu set to 20). On the right side of the panel are four buttons: 'search', 'clear', 'adv search', and 'add'. The top right corner of the page shows the user 'ormmis\dmarrande' and the date 'Thursday, November 13, 2008'.

Prior authorization search panel	
1. Select the prior authorization tab	1. Enter the prior authorization number or current client ID number.
2. Division	2. Select SPD - Lifeline"
3. Move to the lower right-hand corner of the panel	3. Left click on "search"

If you enter the prior authorization number in the search authorization panel only that prior authorization will show in the search. If you enter only the current ID number, the following searches may appear:

The "Prior Authorization Information" panel and the "Prior Authorization Maintenance" panel will appear if there is only one existing prior authorization.

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Home Claims Drug Financial Managed Care MAR POC **Prior Authorization** Provider EDI Recipient Reference TPL CTMS Site EDMS Help

home search **information** dur plus related data

Next search by: Prior Authorization

Prior Authorization Information

PA Number 8008285002	Current ID AEA00L1F	Provider ID 1881738300 NPI
Reviewer	Last Name SPD	Referring Provider ID
Review Date 10/11/2008	First Name THIRTY	Date Received 10/11/2008
PA Assignment SPD - CRN	DOB 05/05/1950	Media Type PAPER
Fund Code	Clerk Keyed VFRANK	Analyst VFRANK
Division SPD - Contract RN	Date Keyed 10/11/2008	Route To Clerk
	Update Received	
	Update Reviewed	
Admin Review ☐	Emergency ROUTINE	Diagnosis 1
Appeals ☐	Accident NO	Diagnosis 2
Internal Text ☐	Special Considerations NO	Diagnosis 3
Reason Code / External Text List ☐	Initial Submission Documentation NO	Diagnosis 4
Super PA ☐		Diagnosis 5

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below.

Prior Authorization	Administrative Review	Appeals	Attachment
	Base Information	Claim List	External Text
	Internal Text	Letters	Line Item
	Miscellaneous Address	Non Medicaid Provider	Notice Selection
	Super PA		

If there are multiple prior authorizations, the “Prior Authorization Search Results” panel will appear showing all results.

Prior Authorization Search

Provider ID: [Search] Current ID: AEA00L1F [Search]
 Division: [Search] Analyst: [Search]
 Assignment Code: [Search] Emergency: [Search]
 Records: 20

Search Results

PA Number	Line Item	Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Service Provider	Service Code	Service Code Thru	Status	Current ID	Emergency	
8008285002	01	12/01/2008	12/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	S5110	Approved	AEA00L1F	R
8008283001	01	09/01/2008	09/01/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008284001	01	10/01/2008	10/31/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008285001	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R
8008285003	01	11/01/2008	11/30/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	S5115	Approved	AEA00L1F	R
8008287002	01	08/01/2008	08/15/2008	SPD - CRN	1881738300	NPI	1881738300	NPI	99347	Approved	AEA00L1F	R

Select the one you want to change by left clicking on the appropriate row. The following will appear:

Prior Authorization Information

PA Number: 8008285002 Current ID: AEA00L1F Provider ID: 1881738300 NPI
 Reviewer: [Search] Last Name: SPD Referring Provider ID: [Search]
 Review Date: 10/11/2008 First Name: THIRTY Date Received: 10/11/2008
 PA Assignment: SPD - CRN DOB: 05/05/1950 Media Type: PAPER
 Fund Code: [Search] Clerk Keyed: VFRANK Analyst: VFRANK
 Division: SPD - Contract RN Date Keyed: 10/11/2008 Route To Clerk: [Search]
 Admin Review: [] Update Received: []
 Appeals: [] Update Reviewed: []
 Internal Text: [] Emergency: ROUTINE
 Reason Code / External Text List: [] Accident: NO
 Super PA: [] Special Considerations: NO
 Initial Submission Documentation: NO

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below.

Prior Authorization: Administrative Review, Appeals, Attachment, Base Information, Claim List, External Text, Internal Text, Letters, Line Item, Miscellaneous Address, Non Medicaid Provider, Notice Selection, Super PA

save cancel new copy PA

Scroll down to “Prior Authorization Maintenance” panel. Select “line item” and left click. The “Base Information” panel will appear.

Base Information Top Nav ? A ⬆ X

Provider ID	1881738300	NPI [Search]	Vendor Patient Account Number	
Referring Provider ID		[Search]	Division	SPD - Contract RN
PA Assignment*	SPD - CRN		Fund Code	
Current ID*	AEA00L1F [Search]		Update Reviewed	
Update Received			Reviewer	[Search]
Emergency*	Routine		Route To Clerk	[Search]
Accident*	No		Special Considerations*	No
Media Type*	PAPER			

-Diagnosis Code- Select row below to update -or- type data below to add.

*** No rows found ***

Diagnosis Number		Diagnosis Code	[Search]
Diagnosis Name			

delete add

Scroll down to the “Line Item” panel and left click on the row shaded “light blue.”

Line Item Top Nav ? A ⬆ X

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure Code	Service Provider ID	Thru Service	NDC Code	Revenue Code	Revenue Code Thru	ICD9 Code	Status
01	2	\$30.00	2	\$30.00	S5110	1881738300 NPI						Approved

Select row above to update -or- click Add button below.

Line Item		Requested Eff. Date	
Service Type Code		Requested End Date	
Procedure Code	[Search]	Requested Units	
Modifier 1	[Search]	Requested Dollars	
Modifier 3	[Search]	Authorized Eff. Date	
Tooth	[Search]	Authorized End Date	
NDC Lock		Authorized Units	
Revenue Code	[Search]	Authorized Dollars	
Status	4 - Agency Authorized	Payment Method	Pay Cap Amount
Service Provider Check	All Service Providers	Balance Units	
Service Provider ID	[Search]	Balance Dollars	
Hearing Rights	DMAP OHP	Quantity Used Units	
Diagnosis Notes		Quantity Used Dollars	

add

-Reason Code- Select row below to update -or- type data below to add.

*** No rows found ***

The specific prior authorization information will appear in the “line item” panel with a heading “Type changes below.”

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure Code	Service Provider ID	Thru Service	NDC Code	Revenue Code	Revenue Code Thru	ICD9 Code	Status
01	2	\$30.00	2	\$30.00	S5110	1881738300 NPI						Approved

Type changes below.

Line Item	01	Requested Eff. Date*	12/01/2008
Service Type Code*	Procedure Code	Requested End Date*	12/30/2008
Procedure Code	S5110 [Search]	Requested Units	2
Modifier 1	[Search]	Requested Dollars	\$30.00
Modifier 3	[Search]	Authorized Eff. Date	12/01/2008
Tooth	[Search]	Authorized End Date	12/30/2008
NDC Lock		Authorized Units	2
Revenue Code		Authorized Dollars	\$30.00
Status*	A - Approved	Payment Method*	Pay Unit Fee Price
Service Provider Check*	Specified Service Provider	Balance Units	2
Service Provider ID	1881738300 NPI [Search]	Balance Dollars	
Hearing Rights*	No Notice	Quantity Used Units	0
Diagnosis Notes		Quantity Used Dollars	

add

-Reason Code-
*** No rows found ***
Select row below to update -or- type data below to add.

Reason Code		Reason Description	
-------------	--	--------------------	--

delete add

- Left click on the line-item tab(s) to be updated. In this example the requested and authorized units were changed from two to six.

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Procedure Code	Service Provider ID	Thru Service	NDC Code	Revenue Code	Revenue Code Thru	ICD9 Code	Status
01	6	\$30.00	6	\$30.00	S5110	1881738300 NPI						Approved

Type changes below.

Line Item	01	Requested Eff. Date*	12/01/2008
Service Type Code*	Procedure Code	Requested End Date*	12/30/2008
Procedure Code	S5110 [Search]	Requested Units	6
Modifier 1	[Search]	Requested Dollars	\$30.00
Modifier 3	[Search]	Authorized Eff. Date	12/01/2008
Tooth	[Search]	Authorized End Date	12/30/2008
NDC Lock		Authorized Units	6
Revenue Code		Authorized Dollars	\$30.00
Status*	A - Approved	Payment Method*	Pay Unit Fee Price
Service Provider Check*	Specified Service Provider	Balance Units	6
Service Provider ID	1881738300 NPI [Search]	Balance Dollars	
Hearing Rights*	No Notice	Quantity Used Units	0
Diagnosis Notes		Quantity Used Dollars	

add

-Reason Code-
*** No rows found ***
Select row below to update -or- type data below to add.

Reason Code		Reason Description	
-------------	--	--------------------	--

delete add

- Scroll up to the "Prior Authorization Maintenance" panel and left click on "save."

If the information updated is saved the following message will appear: “Save was successful. All panels saved.” If not, errors will appear. All errors must be corrected before the “saved” message will appear.

The prior authorization number will stay the same and current/updated information will be saved.

The screenshot shows a web application interface for "Prior Authorization Maintenance". At the top, there is a header bar with the title "Prior Authorization Maintenance" and a subtitle "- Select Prior Authorization area to add or modify below." On the right side of the header, there are links for "Prefs", "Top", "Bot", "?", and an upward arrow. Below the header, there is a list of panels: "Administrative Review", "Appeals", "Attachment", "Base Information", "Claim List", "External Text", "Internal Text", "Letters", "Line Item", "Miscellaneous Address", "Non Medicaid Provider", "Notice Selection", and "Super PA". On the left side, there is a button labeled "Prior Authorization". Below the list of panels, there is a section titled "The following messages were generated:" with a table containing one row: "Save was Successful. All panels were saved." The table has columns for "Message Description", "Panel", "Field", and "Row". The "Panel" column for this message is "Base Information". At the bottom left, there are buttons for "save", "cancel", "New", and "copy PA".

Message Description	Panel	Field	Row
Save was Successful. All panels were saved.	Base Information		

Using MMIS

The MMIS has several quirky data entry issues. It is highly recommended you follow the step-by-step procedures when you use the Prior Authorization component. There is also a “Tips and Notes” section at the end of this guide.

- You may need to enter information in a specific order, or data will be removed and you will be required to enter it again.
- You need to click (add) to open fields in individual panels.
- The (save) button is at the top or in the middle of the panels, and it applies to all panels.
- At times you need to click outside of the data fields to allow the system to refresh the screen before you enter the next data item.
- At times when you click the (add) button or input some data, the system takes an action which it momentarily looks like all the data was lost – just wait a second – it reappears after the screen is refreshed.

- The asterisk (*) on the panels are supposed to indicate “required” fields of entry; however, this is not consistent throughout the system. You will need to refer to this desk manual for information on the actual fields required.

Tips and notes

Use the “Tab” key to navigate from field to field. This will help with data entry. The MMIS system has slow response time. In some fields, if you key/enter them too quickly, data will be lost, and you will be required to re-enter the field.

Data Item – Screen Item Names:

- Each part of the system is called a sub-system and is basically a separate system that works with the other sub-systems. Different screens will use different names for the same data item. For example, in the Prior Authorization system, the client Medicaid number/prime number is labeled “Current ID,” in the “Plan of Care” panel, it is called “Client ID.”

Beware of Using the Internet Browser (Back) button!

- If you have selected a client/provider record or are doing any data entry, **do not** use the (back) button that is provided in your Internet Application. You will lose all un-saved data. The IE (back) button essentially takes you out of the MMIS application.

Using the (Nav) button:

- You can hit the (Nav) button at the top right-hand corner to jump you to the Prior Authorization Maintenance panel. This is a quicker way to move to the (Save) button.

Clickity click click!

- Beware of over clicking (for example, quick double clicking or impatient waiting clicking). This may cause the application to display critical error message screen.
- If you do get the critical error message screen, you may have to start over. Be patient and wait for the screen to refresh with the data.
- If you click the (add) button twice when creating a Prior Authorization, you will get two Detail lines. You will need to go out and start over if you have this extra blank line detail in your Prior Authorization record.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact ODHS at apd.medicaidpolicy@odhs.oregon.gov or 503-945-581. We accept all relay calls.



OREGON DEPARTMENT OF
Human Services

Aging and People with Disabilities

Medicaid Services and Supports

500 Summer St. NE, E-10

Salem, OR 97301-1076

503-945-5600

odhs.info@odhs.oregon.gov

www.oregon.gov/odhs