WellstarHealthPlan.org

Provider Authorization Portal Guide

Table of Contents

About This Guide

This guide explains how to access the Medecision Authorization Portal through the Provider Portal using Single Sign-On (SSO). It also provides instructions for creating authorization requests, submitting supporting documentation, monitoring request status, and managing provider access.

The Provider Authorization Portal allows authorized users to:

- Access the Medecision Authorization Portal through Single Sign-On (SSO)
- Create inpatient and outpatient authorization requests
- Submit supporting clinical documentation
- Search for and monitor authorization requests
- Review authorization decisions and request statuses
- Manage providers and portal users (administrators only)

Access to portal features is based on assigned permissions and organizational configuration.

Accessing the Authorization Portal

The Medecision Authorization Portal is accessed directly from the Provider Portal using Single Sign-On (SSO). No additional login is required after launching the portal.

Account Registration

Before accessing the Medecision Authorization Portal, you must complete a one-time registration, on the Wellstar Health Plan portal, to create your secure login credentials and link your account to your provider information.

Important: Registration must be completed in one session. The system does not allow you to save and return later.

Step 1: Create Your Login Credentials

1. Go to **www.WellstarHealthPlan.org**.
2. Select **Provider**.
3. Select **Create Your Account**.
4. Complete the security verification and select **Next**.

Enter the following information:

- **Username** (minimum 4 characters)
- **Password** (6–32 characters, must include at least one non-letter character)
- **First and Last Name**
- **Email Address**
- **Three security questions and answers** (answers are case sensitive)

Select **Submit**.
You will be prompted to re-enter your password to confirm.
Select **Next** to continue to Provider Registration.

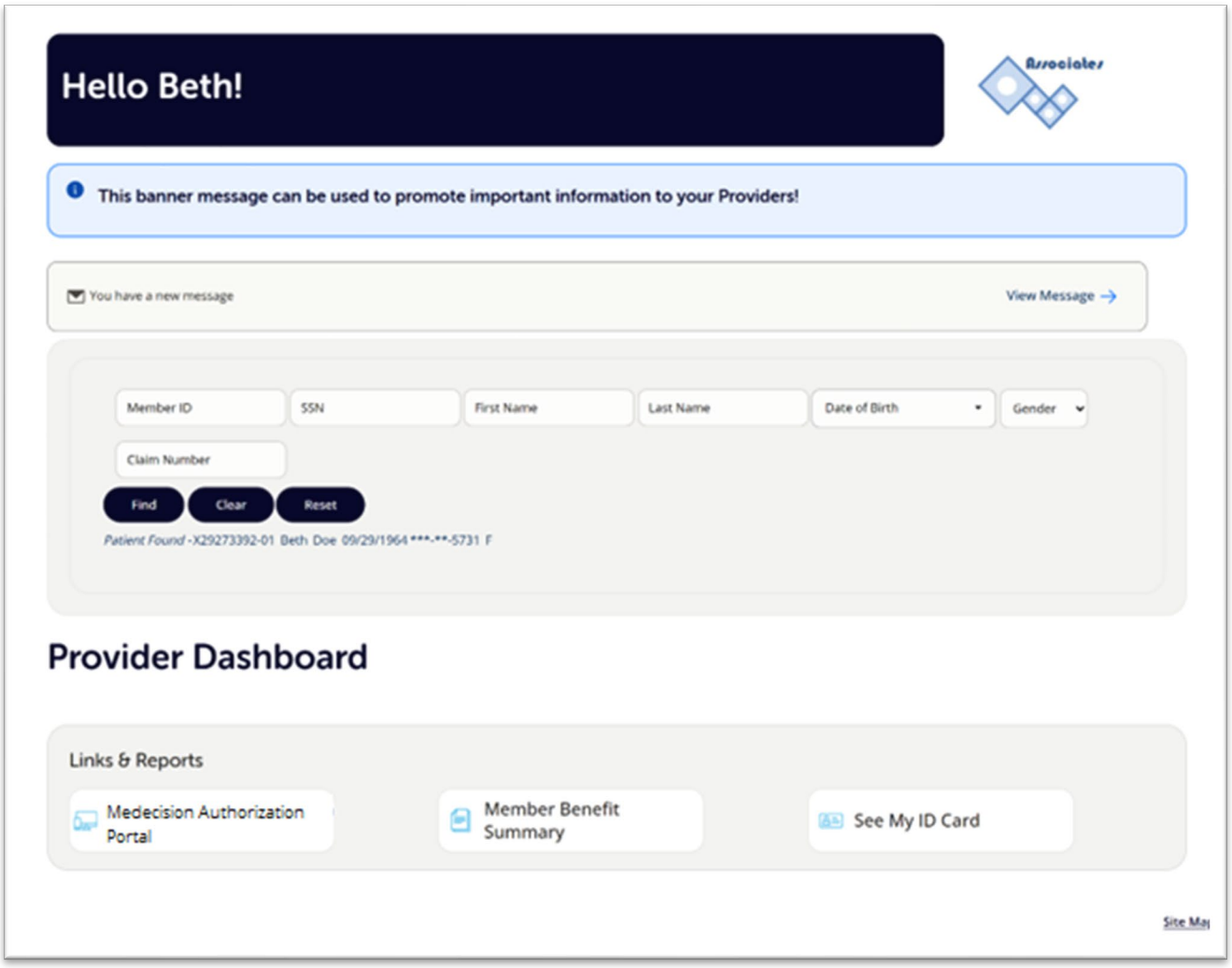
Step 2: Link Your Account to Your Provider Information

After creating your login credentials, you must connect your account to your Provider Tax ID (TIN).

1. Enter your **first and last name** (as the portal user).
2. Enter the **Provider Tax ID number** exactly as it appears on the W-9.
3. Complete all required provider information fields.
4. Indicate whether you are registering as:
    - A Provider/Facility, or
    - A Billing Center
5. Select the access type requested (Claims and/or Eligibility access).

Select **Submit** to complete the registration.

Launching the Authorization Portal



1. Log in to **WellstarHealthPlan.org**.
2. Search for the patient by entering:
    - Member ID or Social Security Number
    - First Name
    - Last Name
    - Date of Birth
    - Gender
3. Select **Find**.
4. From the Provider Dashboard, select **Medecision Authorization Portal**.

Selecting a Tax Identification Number (TIN)

Before entering the Medecision Authorization Portal, you must select the Tax Identification Number (TIN) you want to work with during your session.

1. Review the list of available Tax Identification Numbers (TINs).
2. Select the appropriate TIN for the provider organization you want to access.
3. Select **Submit**.

The selected TIN determines which providers, organizations, and authorization requests are available during your session.

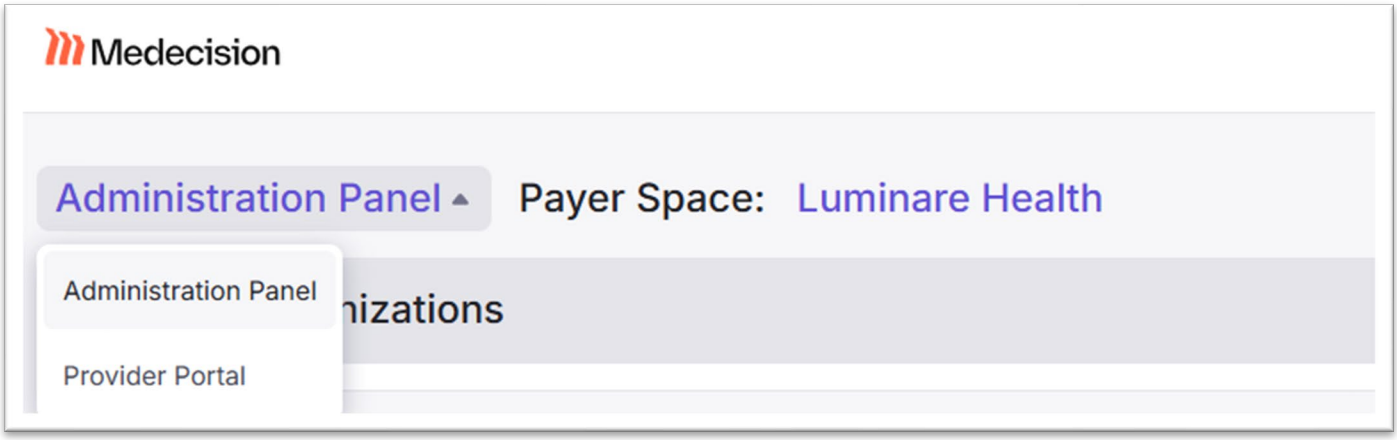
Opening the Medecision Portal

After selecting your TIN:

1. Select the **Provider Portal** hyperlink.
2. The Medecision Authorization Portal opens automatically using Single Sign-On (SSO).

Selecting Your Role

If multiple roles are available, select the appropriate role from the **Role** drop-down list.



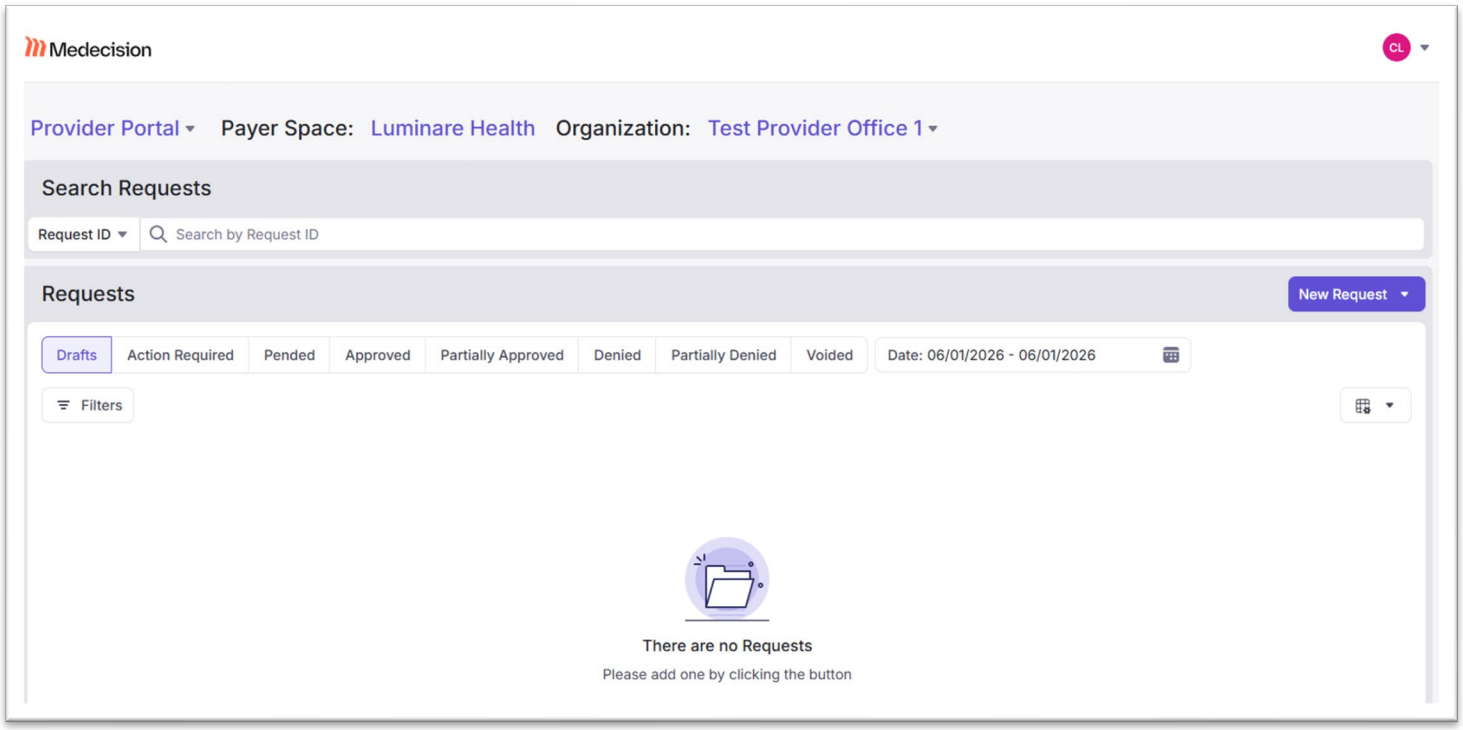
Available roles may include:

- **Provider Portal** – Create and manage authorization requests, upload clinical documentation, and monitor request status.
- **Administration Panel** – Manage providers, administrators, and portal users within your organization.

Select the appropriate role to continue.

Navigation Overview

The Authorization Worklist is the landing page after entering the Medecision Authorization Portal.



From this page, providers can:

- Create authorization requests
- Search for existing requests
- Monitor authorization status
- Review pending actions

Header Navigation

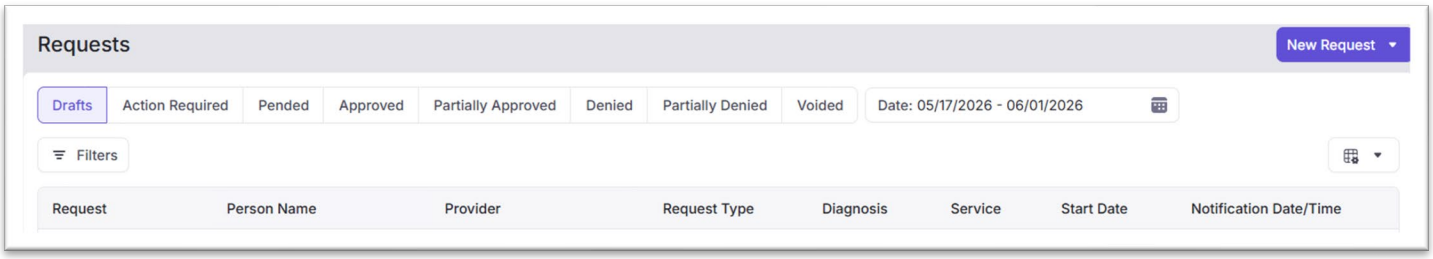
The header includes:

- Administration Panel (administrators only)
- Payer Space
- Organization

These selections determine which requests and providers are displayed.

Search Requests

Use the Search Requests area to locate existing authorization requests.



Providers can search by:

- Request ID
- Person ID
- Member Name
- Subscriber ID
- Provider ID
- Provider NPI
- Provider Name
- Facility Name

Search results include requests created through the portal as well as requests received through other submission channels when applicable.

Request Status Tabs

Requests are grouped by status, including:

- Drafts
- Action Required
- Pended
- Approved
- Partially Approved
- Denied
- Partially Denied
- Voided

Each tab displays the number of requests currently assigned to that status.

Request Summary

The worklist displays summary information including:

- Request Number
- Member Name
- Provider
- Request Type
- Diagnosis
- Service
- Start Date
- Notification Date

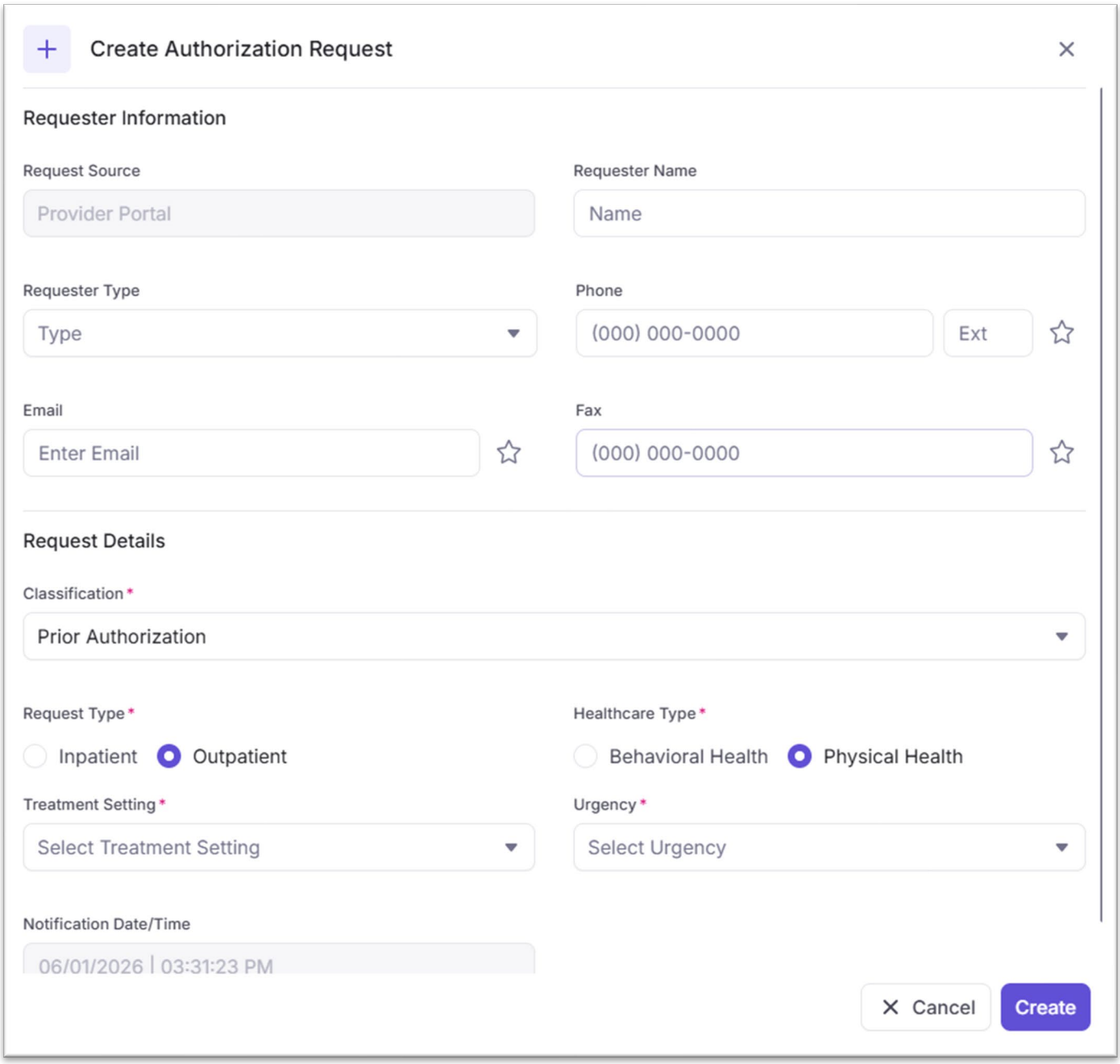
Use the available filters to narrow results by date or other search criteria.

Creating an Authorization Request

The Provider Authorization Portal allows you to create new inpatient and outpatient authorization requests for eligible members. Before submitting a request, you'll complete several sections to capture the information needed for review and processing.

Start a New Authorization Request

From the Authorization Worklist, select **Create Request**, then choose **Authorization** to begin a new authorization request.



Complete the Request Information

The **Request Information** page captures the basic details needed to create the authorization request.

Complete all required fields before selecting **Create**.

Requestor Information

Enter the contact information for the individual submitting the authorization request.

Field	Description
Requestor Name	Enter the name of the individual submitting the authorization request.
Requestor Type	Select the role of the individual submitting the request (for example, Provider Office Staff or Utilization Review Staff).
Phone Number	Enter the primary phone number where the requestor can be reached if additional information is needed.
Fax Number	Enter the fax number for receiving authorization determinations or correspondence, if applicable.
Email Address *(Optional)*	Enter an email address if available for additional communication regarding the request.

Tip: Providing accurate contact information helps prevent delays if additional information is required during the review process.

Field	Description
Classification	Select the classification that best describes the authorization request. Available options are determined by the health plan.
Request Type	Select whether the request is **Inpatient** or **Outpatient**. This selection determines which additional fields will be required later in the request.
Healthcare Type	Select the category of care being requested, such as **Behavioral Health** or **Physical Health**. Available options may vary by plan.
Treatment Setting	Select where the services will be provided (for example, Office, Home, Outpatient Hospital, or Inpatient Facility). Available options depend on the selected Request Type and Healthcare Type.
Urgency	Select the appropriate urgency level based on the member's clinical condition and the timing of the requested services.
Notification Date	Defaults to the current date and time. Update this field only if submitting a request for a different notification date.

After completing all required fields, select **Create** to continue.

Important: The selections made in the **Request Type**, **Healthcare Type**, and **Treatment Setting** fields determine which services, review types, and treatment options are available throughout the remainder of the authorization request.

Authorization Request Workspace

After selecting **Create**, the Authorization Request Workspace opens.

The navigation panel on the left side of the page displays each section of the authorization request and allows you to monitor your progress as you complete the request.

Depending on the type of request, the workspace may include the following sections:

- Member Information
- Provider Information
- Diagnosis & Services
- Additional Information
- Attachments
- Review & Submit

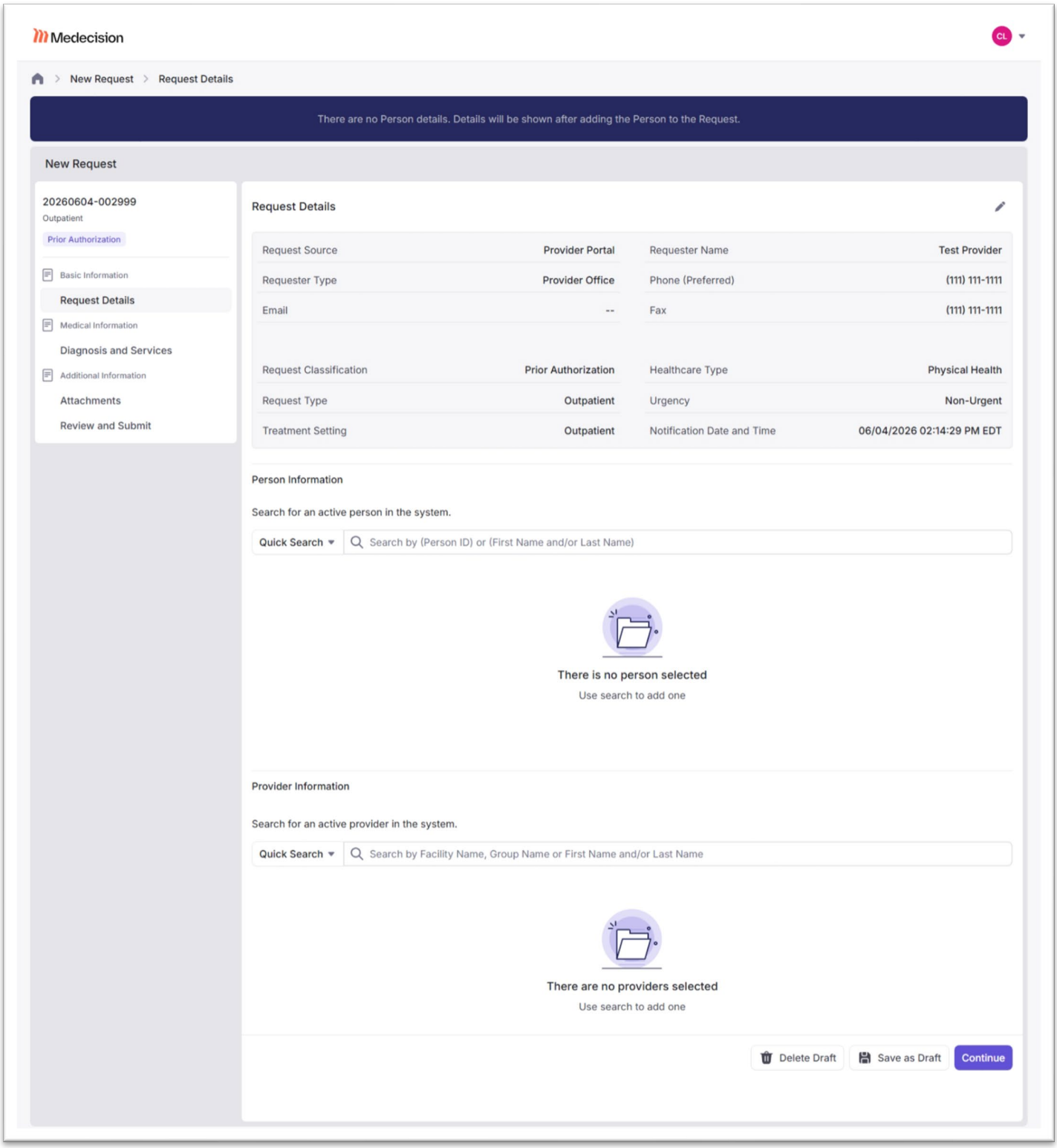
Complete each section before submitting the authorization request.

Proceed to the next section of this guide to learn how to complete the Authorization Request Workspace.

Note: Some sections or fields may vary depending on the selected Request Type, Healthcare Type, and Treatment Setting.

Request Details

Complete the request details to identify the type of authorization being submitted.



Completing an Authorization Request

After creating a new authorization request, you'll complete several sections to provide the member, provider, diagnosis, service, and supporting information required for review.

The navigation panel on the left side of the page displays each section of the request and allows you to monitor your progress as you move through the authorization process.

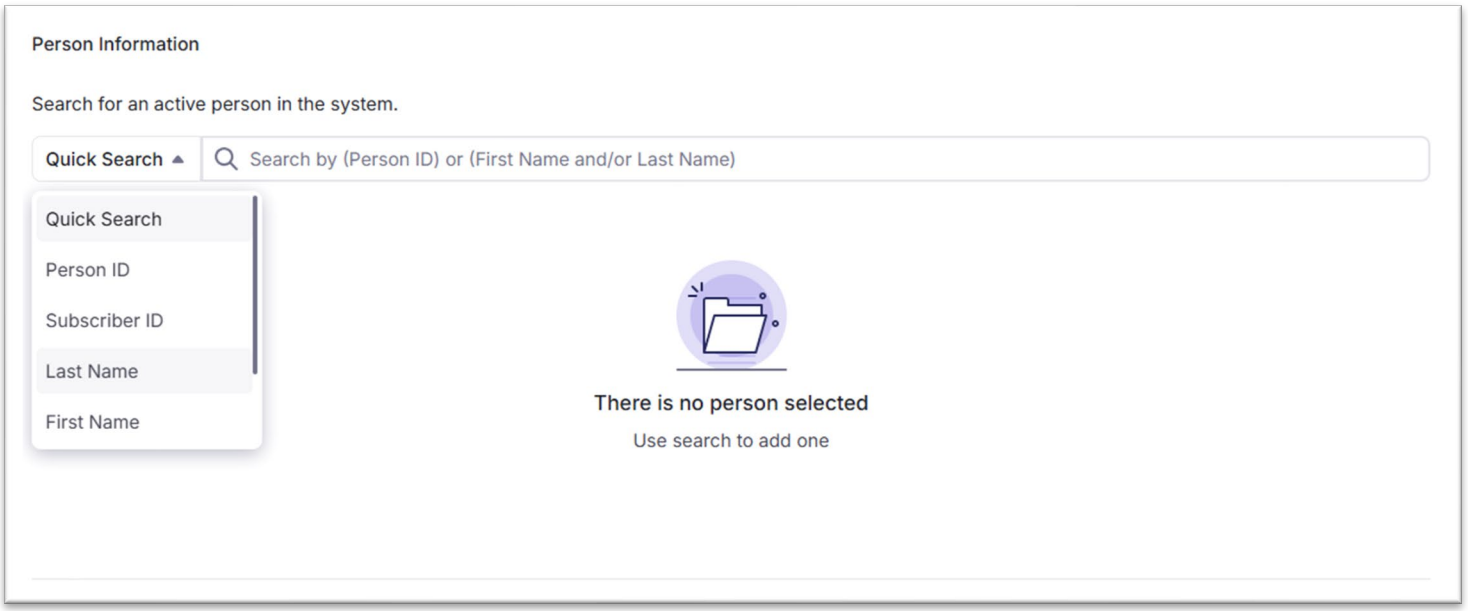
Important: Some sections and fields vary depending on the selected **Request Type**, **Healthcare Type**, and **Treatment Setting**.

Member Information

The **Member Information** section identifies the member for whom services are requested.

Search for a Member

Search for the member using one of the available search options.



Search Option	Description
Member ID	Searches using the member's unique identification number.
Subscriber ID	Searches using the subscriber's identification number.
First and Last Name	Searches by the member's name.
Date of Birth	Helps narrow search results when multiple members are returned.

Select **Search** to locate the member.

Select the Member

Matching search results are displayed below the search criteria.
Review the member information and select the appropriate member.
The member's information is automatically added to the authorization request.

The Member Information section displays:

- Member Name
- Subscriber ID
- Date of Birth
- Gender
- Contact Information
- Enrollment Information

Tip: Verify the member's eligibility before continuing with the authorization request.

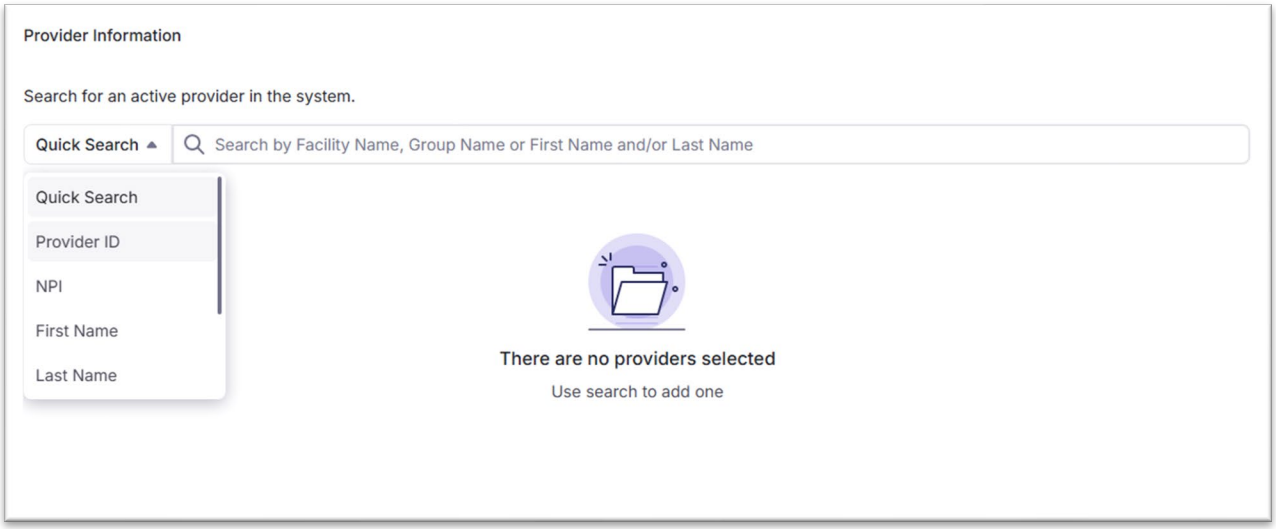
Provider Information

The **Provider Information** section identifies the providers and facility associated with the requested services.

Search for a Provider

Search for providers using one of the following:

- Provider Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)



Add Required Providers

Each authorization request must include the following:

Provider Type	Description
Ordering Provider	The provider requesting the authorization and responsible for the member's care. One Ordering Provider is required.
Facility	The facility where services will be performed.
Servicing Provider	The provider or organization delivering the requested services. In many cases, the Facility also serves as the Servicing Provider.

Select **Add** after locating each provider.

The selected providers appear in the Provider Information section.

Important: Every authorization request must include one **Ordering Provider** and one **Facility/Servicing Provider** before the request can be submitted.

Request Navigation

Use the navigation menu on the left side of the screen to move between sections of the authorization request.

The navigation menu allows you to:

- View completed sections
- Return to previous sections to make updates
- Monitor your overall progress

Required sections are identified throughout the request.
You may save your progress and return to complete the request later if needed.

Saving Your Progress

If you are unable to complete the authorization request in one session, you can save it as a draft.

Available actions include:

Action	Description
Save as Draft	Saves the current request so it can be completed later.
Delete Draft	Permanently removes the draft authorization request.
Continue	Saves the current section and advances to the next step in the authorization process.

Note: Draft requests remain available on the Authorization Worklist until they are submitted or deleted.

Next Step
After completing the **Member Information** and **Provider Information** sections, continue to the **Diagnosis & Services** section to enter the clinical information required for the authorization request.

Enter Clinical Information

This section captures the diagnosis, requested services, and supporting clinical information needed to evaluate an authorization request. The information entered in this section helps determine medical necessity and supports the review process.

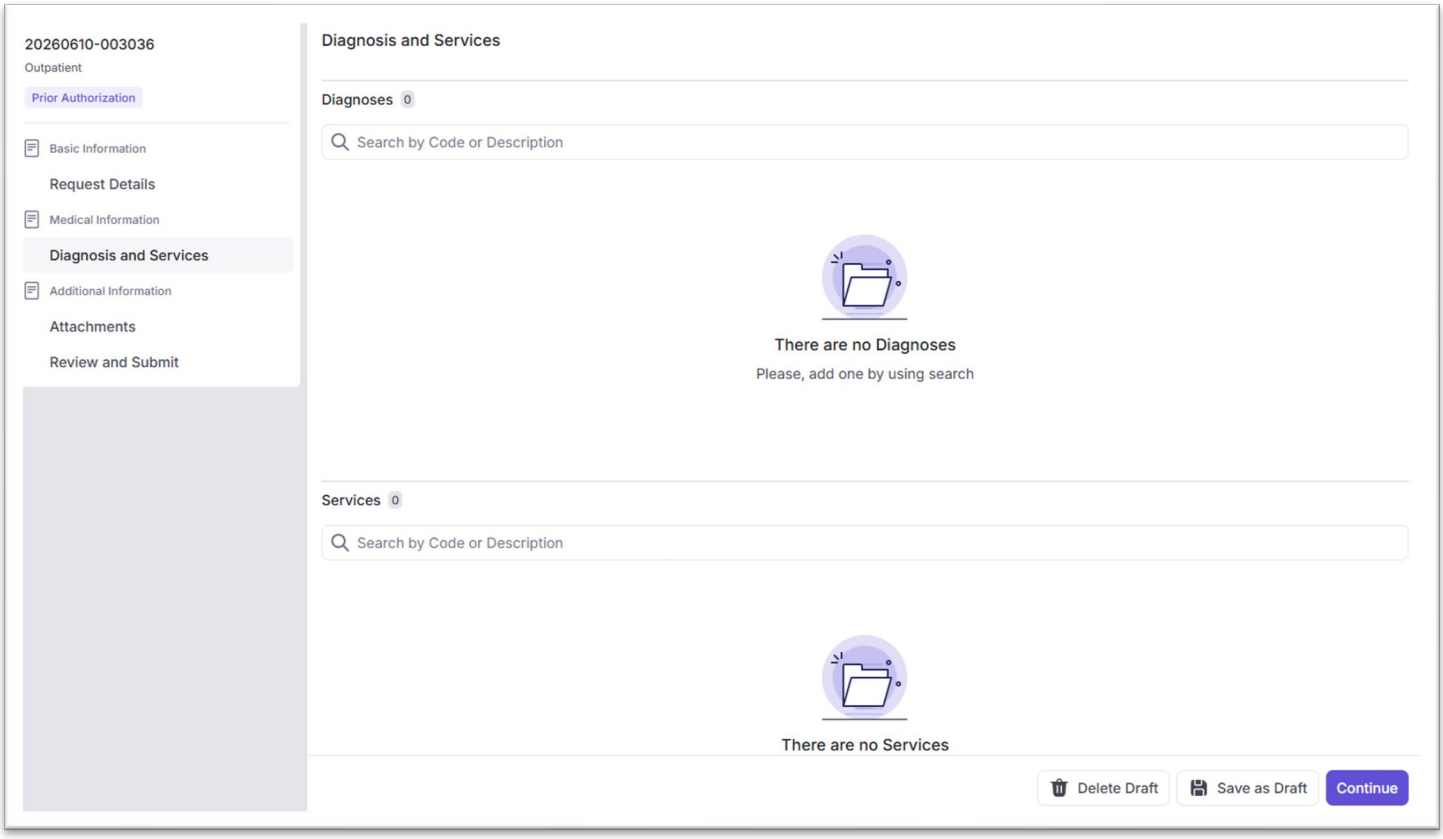
The fields displayed may vary depending on the selected **Request Type**, **Healthcare Type**, and **Treatment Setting**.

Important: Complete all required clinical information before proceeding to the next section. Missing or inaccurate information may delay the authorization review.

Diagnosis & Services

The **Diagnosis & Services** section captures the clinical information needed to process an authorization request. Here, you'll add the member's diagnosis, requested services, and treatment details.

The fields displayed vary depending on the selected **Request Type**, **Healthcare Type**, and **Treatment Setting**.



Add a Diagnosis

Begin by adding one or more diagnoses that support the requested services.

Search for a Diagnosis

Select **Add Diagnosis** to search for a diagnosis using an ICD-10 code or description.
Select **+Add** to add the corresponding diagnosis.

Added diagnoses appear below with a **star icon** indicating the primary diagnosis and their ICD-10 code. If more than one diagnosis is added, you can assign the primary status to any of the added diagnoses.

To remove a diagnosis, select the corresponding **trash** icon.

Complete the Diagnosis Information

Search for the diagnosis and select the appropriate result.

Field	Description
Diagnosis Code	Search using the ICD-10 diagnosis code or description.
Primary Diagnosis	Identifies the main diagnosis associated with the requested services. One diagnosis must be designated as the primary diagnosis.
Additional Diagnoses	Add secondary diagnoses when applicable to support the authorization request.

After selecting the diagnosis, choose **Add**.
The selected diagnosis is added to the authorization request.

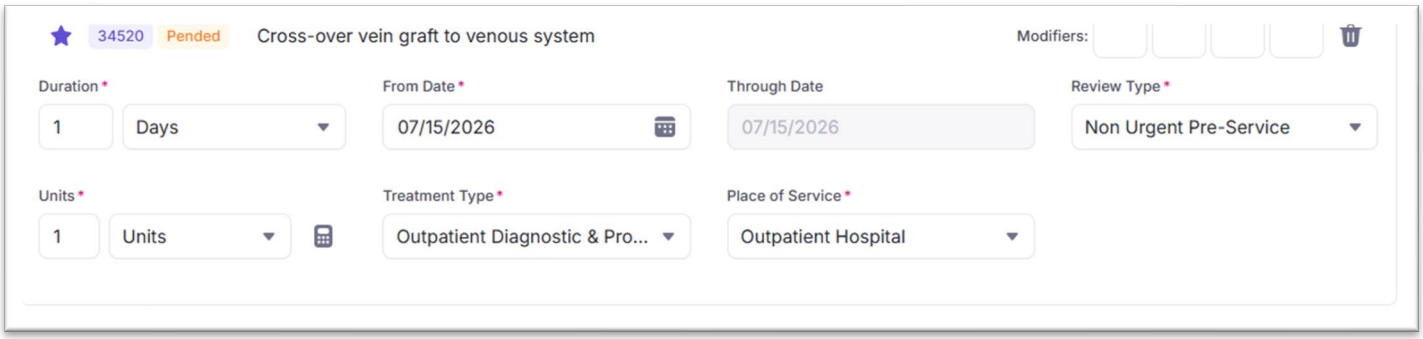
Important: Ensure the primary diagnosis accurately reflects the medical condition requiring treatment. Incorrect or incomplete diagnosis information may delay the review process.

Services

After adding the diagnosis, select **Add Service** to enter the services requiring authorization.
The fields displayed depend on whether the request is **Outpatient** or **Inpatient**.

Outpatient Requests

Complete the required service information for outpatient services.



Outpatient Service Information

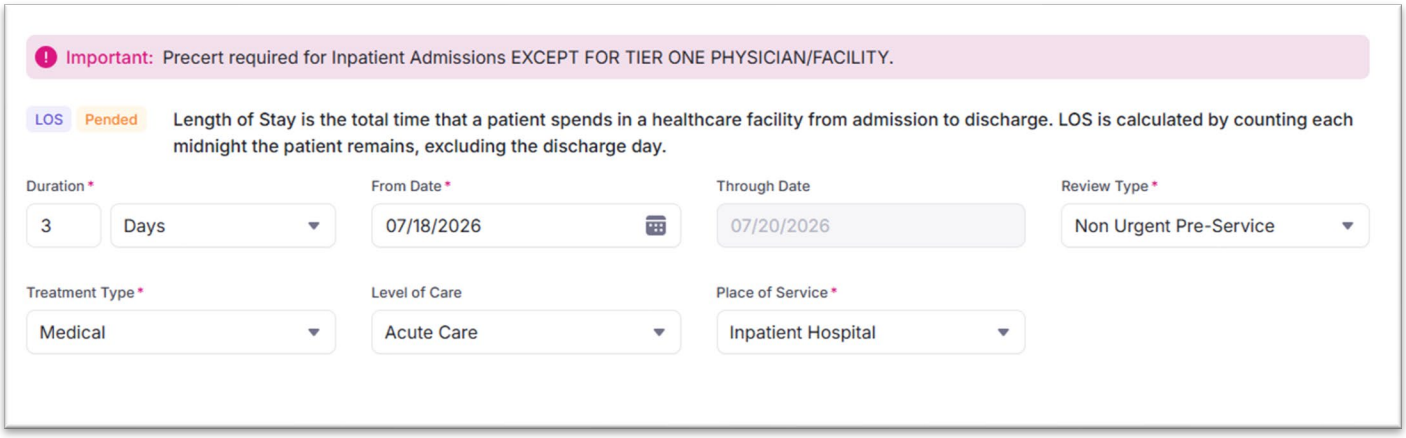
Field	Description
Procedure Code	Search for and select the appropriate CPT®, HCPCS, or service code.
Description	Displays the description associated with the selected procedure code.
Duration	Enter the length of time the authorization should remain active. **A duration of 180 days is recommended whenever appropriate** to allow flexibility if services need to be rescheduled.
From Date	Enter the anticipated start date for services.
Through Date	Enter the anticipated end date for services.
Units	Enter the number of units or visits being requested.
Review Type	Select the review type appropriate for the request, such as **Non-Urgent Pre-Service** or **Post-Service**.
Treatment Type	Select the treatment type that best describes the requested service. Available options vary based on the selected Healthcare Type and Treatment Setting.
Place of Service	Select the location where services will be performed, such as Office, Outpatient Hospital, or Home.

Select **Add** to include the service in the authorization request.

Tip: If the exact service date has not yet been scheduled, use the anticipated date of service.

Inpatient Requests

For inpatient requests, enter the admission and length-of-stay information.



Inpatient Service Information

Field	Description
Admission Date	Enter the anticipated or actual admission date.
Length of Stay (LOS)	Enter the expected number of inpatient days being requested.
Review Type	Select the review type appropriate for the admission.
Treatment Type	Select the treatment type associated with the inpatient stay.
Place of Service	Select the facility where services will be provided.

If additional services are required during the admission, add them using the **Services** section.

Review Added Services

After adding services, review the summary table to verify all information is accurate.

The summary displays:

- Diagnosis
- Procedure Code
- Service Description
- Requested Units
- Requested Dates
- Review Type
- Status

To make changes:

- Select **Edit** to update a service.
- Select **Delete** to remove a service.

Important: Review all diagnoses and services carefully before continuing. Once the request has been submitted, changes may require additional review or follow-up.

Review Clinical Details

Before continuing, verify that all clinical information is complete and accurate.

Review the following:

- Primary and secondary diagnoses
- Requested services
- Procedure codes
- Dates of service
- Units requested
- Review type
- Treatment type
- Place of service
- Clinical question responses

To make changes:

- Select **Edit** to update information.
- Select **Delete** to remove a diagnosis or service.

Tip: Reviewing the clinical details before continuing can help prevent delays caused by incomplete or incorrect information.

Continue to Submission

After all required clinical information has been entered and reviewed, select **Continue** to proceed to the **Review & Submit Authorization Request** section.

Depending on the type of request, you may be prompted to upload supporting clinical documentation before submitting the authorization request.

Review & Submit Authorization Request

Determine Next Steps

After completing all required sections of the authorization request, select **Continue**.

The system evaluates the requested services and displays a message indicating whether **precertification is required**.

Based on the results, you can review your request, save it for later, or continue with the appropriate submission process.

Available Actions

Before submitting the authorization request, you may choose one of the following actions:

Action	Description
Delete Draft	Permanently deletes the authorization request. Use this option if the request is no longer needed.
Save as Draft	Saves the authorization request so it can be completed and submitted later.
Continue	Advances to the next step in the authorization process. The next screen varies depending on whether supporting clinical documentation is required.

Notes:

- Message verbiage may change depending on the group and the requested service.
- Saving a draft does not submit the authorization request for review.

If Precertification Is Not Required

If the requested service does not require precertification:

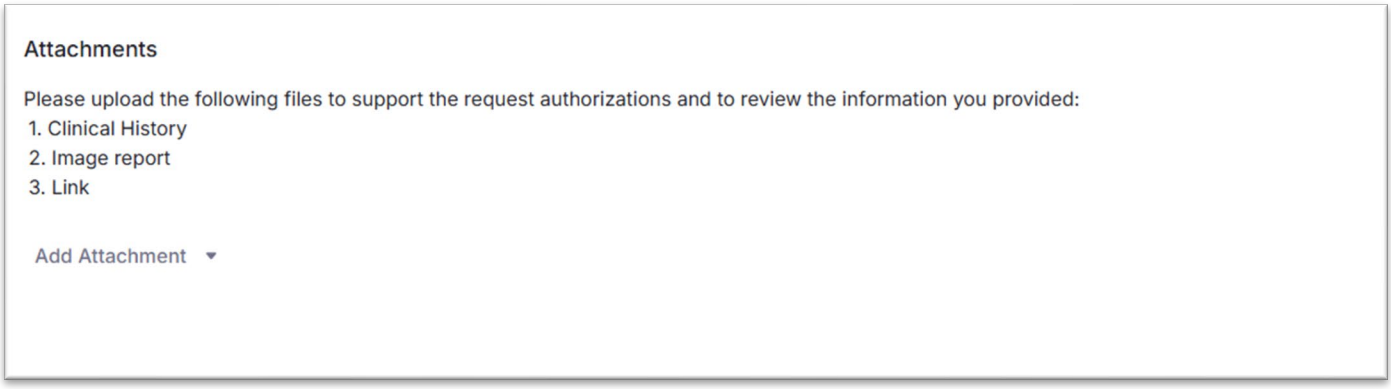
1. Select **Continue**.
2. Select **Continue** again to bypass the **Attachments** screen.
3. Select **Submit**.

Your authorization request is submitted and recorded in the system for your records.
A confirmation message displays the **Authorization Request Number** in the upper-left corner of the screen.

Important: Even when precertification is not required, submitting the request creates a record that can be referenced later, if needed.

If Precertification Is Required and You Are Submitting Clinical Documentation

If you have the required clinical documentation available, you can upload it as part of the authorization request.



1. Select **Continue**.
2. On the **Attachments** page, select **Add Attachment**.
3. Select **File** and browse to the clinical documentation.
4. Select **Upload**.
5. Verify the attachment has been added successfully.
6. Select **Continue**.
7. Select **Submit**.

The authorization request and supporting clinical documentation are submitted together for Utilization Review.

Record the **Authorization Request Number** displayed in the upper-left corner of the confirmation page for future reference.

Tip: Submitting clinical documentation with the initial authorization request may reduce processing time and minimize requests for additional information.

If Precertification Is Required and Clinical Documentation Will Be Submitted Separately

If another department or individual will provide the supporting clinical documentation:

1. Select **Continue**.
2. Select **Continue** again to bypass the **Attachments** page.
3. Select **Submit**.

The authorization request is created; however, it will **not** be submitted for Utilization Review until the required clinical documentation is received.

Initially, the request will be reviewed by a non-clinical reviewer. If additional information is needed, a request for clinical documentation will be generated.

Record the **Authorization Request Number** displayed in the upper-left corner of the confirmation page for future reference.

Important: The Authorization Request Number is required when submitting clinical documentation at a later time.

Submit Clinical Documentation After the Request Has Been Created

If the department responsible for clinical documentation has access to the Provider Authorization Portal, they can upload the documentation by locating the request in the **Managing Existing Requests** section of this guide.

If the department does **not** have portal access, clinical documentation may be faxed to **717-295-1208**.

Once the required clinical documentation is received, the authorization request will be forwarded for Utilization Review.

Authorization Request Confirmation

After the request has been submitted, a confirmation page displays.

The confirmation includes:

- Authorization Request Number
- Submission Date and Time
- Current Request Status

We recommend recording the Authorization Request Number for future reference, as it can be used to search for and monitor the authorization request throughout the review process.

Select **Finish** to return to the Authorization Worklist.

Your authorization request has been successfully submitted.

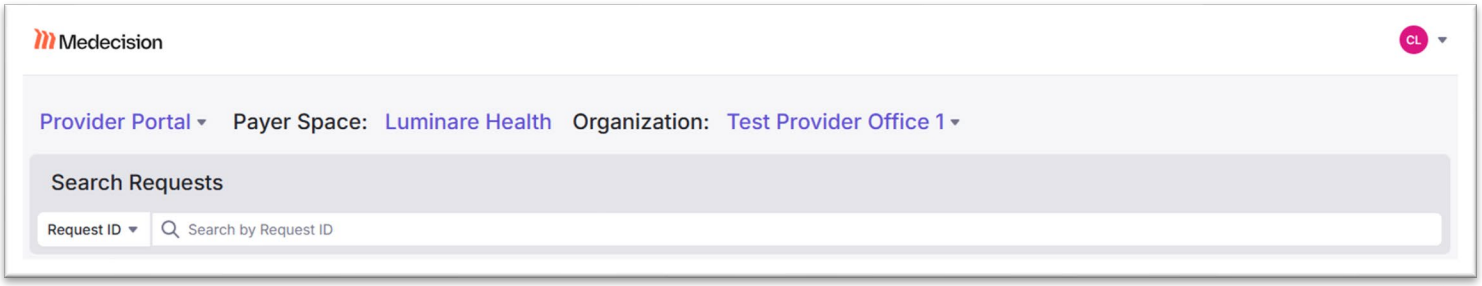
You can return to the Authorization Worklist at any time to search for the request, monitor its status, upload additional clinical documentation, or review authorization determinations.

Managing Existing Requests

The Authorization Worklist allows you to search for, view, and manage authorization requests that have already been created or submitted. From the worklist, you can monitor request status, review authorization details, upload additional clinical documentation, and respond to requests for additional information.

Search for an Authorization Request

Use the **Search Requests** section to locate an existing authorization request.



You can search using one or more of the following criteria:

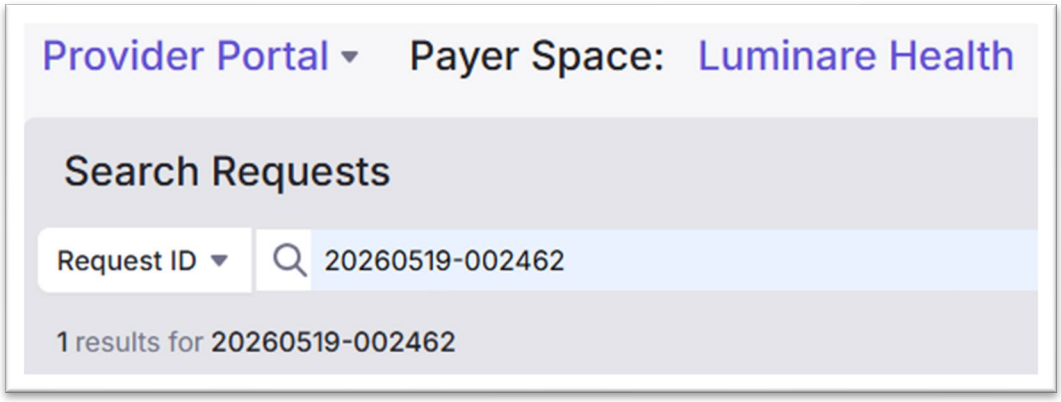
Search Criteria	Description
Authorization Request Number	Searches for a specific authorization request.
Member Name	Searches using the member's first or last name.
Subscriber ID	Searches using the member's subscriber identification number.
Provider Name	Searches for requests associated with a specific provider.
National Provider Identifier (NPI)	Searches using the provider's NPI.
Facility Name	Searches for requests associated with a specific facility.
Status	Filters requests by their current authorization status.

After entering your search criteria, select **Search**.
Matching authorization requests are displayed in the results grid.

Tip: Use multiple search criteria to narrow your results and locate requests more quickly.

View Authorization Request Details

To review an existing authorization request, select the **Authorization Request Number** from the search results.



The request details include:

- Member Information
- Provider Information
- Diagnosis and Services
- Clinical Documentation
- Authorization History
- Current Status

Review the information to monitor the progress of the authorization request.

Understand Request Status

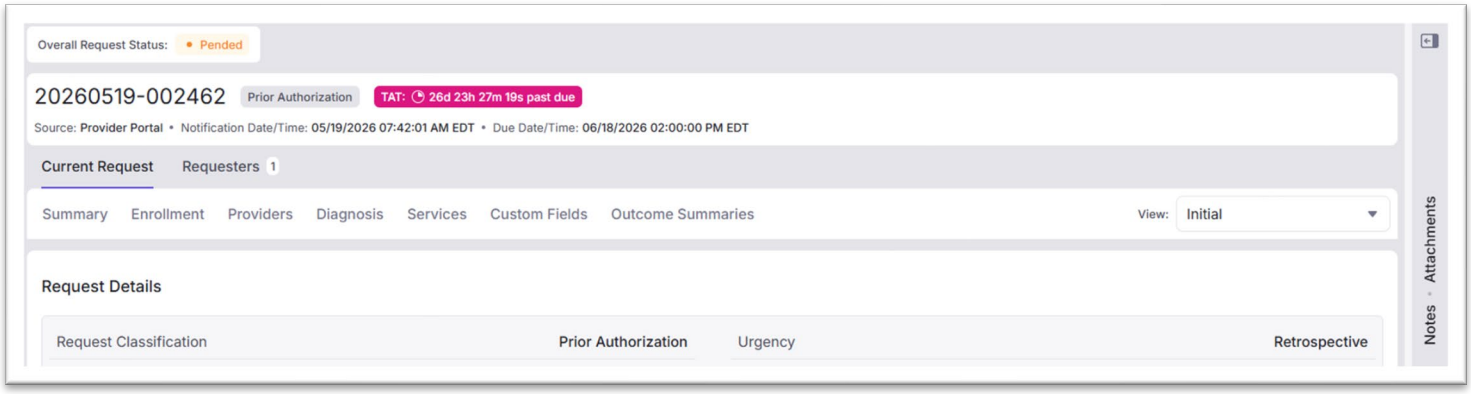
Each authorization request is assigned a status that reflects its progress through the review process.

Status	Description
Draft	The request has been saved but has not been submitted.
Submitted	The request has been successfully submitted and is awaiting review.
Pended	Additional review is being completed before a determination is made.
Action Required	Additional information or documentation is required from the provider.
Approved	The requested services have been approved.
Partially Approved	A portion of the requested services has been approved.
Denied	The request was not approved.
Partially Denied	Some requested services were denied while others were approved.
Voided	The authorization request has been cancelled or voided.

Important: Requests with an **Action Required** status should be reviewed promptly to avoid delays in processing.

Upload Additional Clinical Documentation

If additional documentation is requested during the review process, you can upload files directly to the existing authorization request.



To upload additional documentation:

1. Open the authorization request.
2. Navigate to the **Notes & Attachments** section (slider on the far right).
3. Select the **Attachments** tab.
4. Select **Add Attachment**.
5. Browse to and select the appropriate file.
6. Select **Upload**.
7. Verify the attachment appears in the attachment list.

Examples of supporting documentation include:

- Clinical notes
- Progress notes
- Operative reports
- Imaging reports
- Laboratory results
- Treatment plans
- Other supporting medical records

Tip: Upload documentation as soon as it becomes available to help prevent delays in the authorization review process.

Monitor Authorization Activity

As the authorization request progresses, the worklist is updated with the latest status and activity.

From the Authorization Worklist, you can:

- Monitor authorization status
- Review recent activity
- Search for additional requests
- Access completed authorization requests
- Return to draft requests for completion

Note: Authorization determinations and available actions vary based on payer requirements and user permissions.

View Notes and Attachments

The **Notes & Attachments** section provides a history of communications and supporting documentation associated with the authorization request.

From this section, you can:

- View uploaded attachments
- Review system-generated notes
- View reviewer comments, when available
- Confirm successful attachment uploads

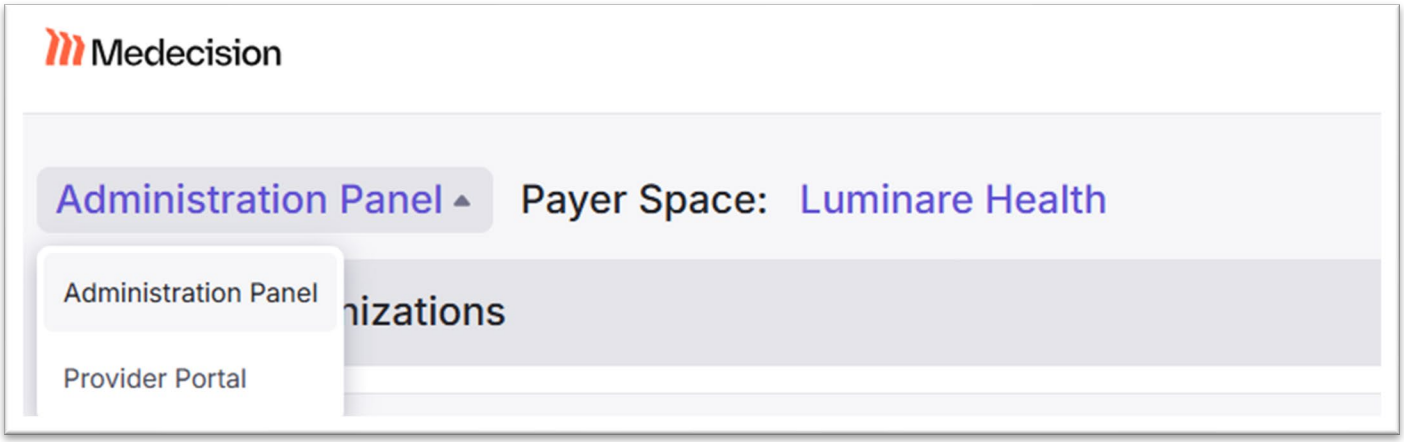
Review this information regularly if additional documentation has been requested.

Administration Panel

The **Administration Panel** allows users with administrative permissions to manage provider organizations, portal administrators, and portal users. Access to the Administration Panel is based on your assigned role and permissions.

Note: The Administration Panel is only available to users with administrator access. If you do not have access to this section, contact your organization's portal administrator.

Access the Administration Panel



To access the Administration Panel:

1. Log in to the Provider Authorization Portal.
2. Select the appropriate **Role** during login.
3. Choose **Administration Panel**.
4. Select **Continue**.

The Administration Panel opens and displays the available administrative functions.

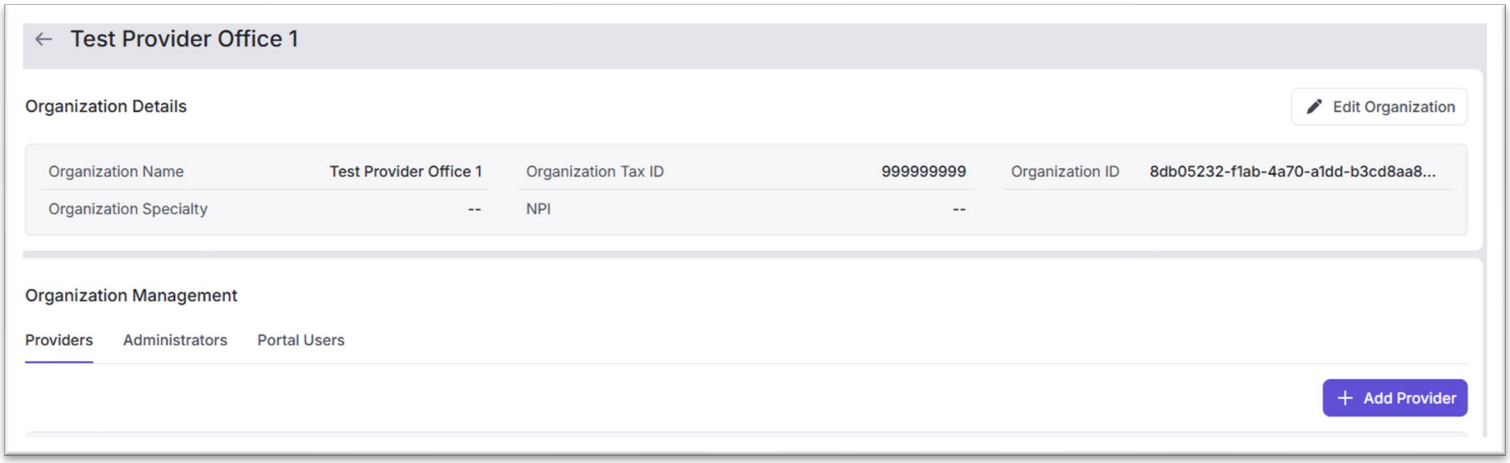
Manage Providers

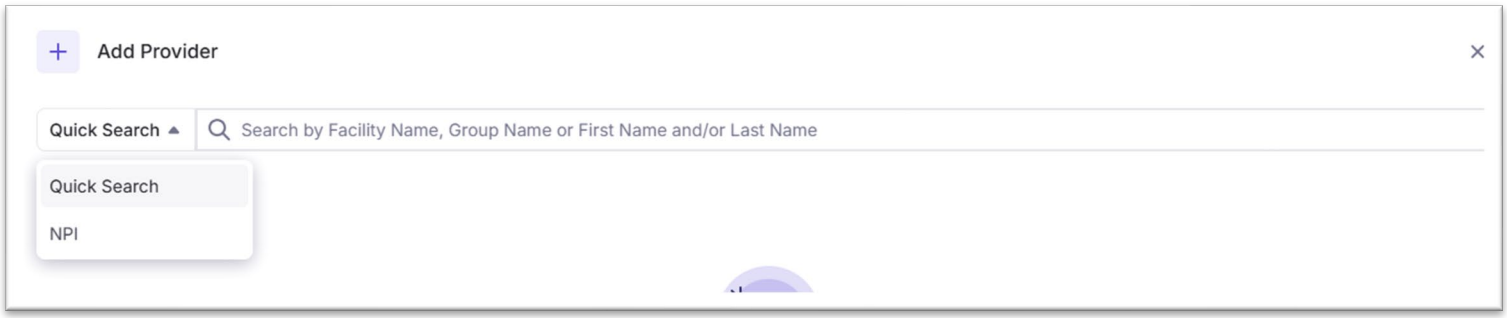
The **Providers** section allows administrators to manage the providers associated with their organization.

From this section, administrators can:

- Search for providers
- Add providers to an organization
- View provider details
- Maintain provider associations

Add a Provider





1. Select **Providers**.
2. Select **Add Provider**.
3. Search for the provider using the appropriate search criteria.
4. Select the provider from the search results.
5. Confirm the provider information.
6. Select **Save**.

Important: If the provider cannot be located during the search, contact us, via the number on the back of the member's ID card, for assistance before attempting to register the

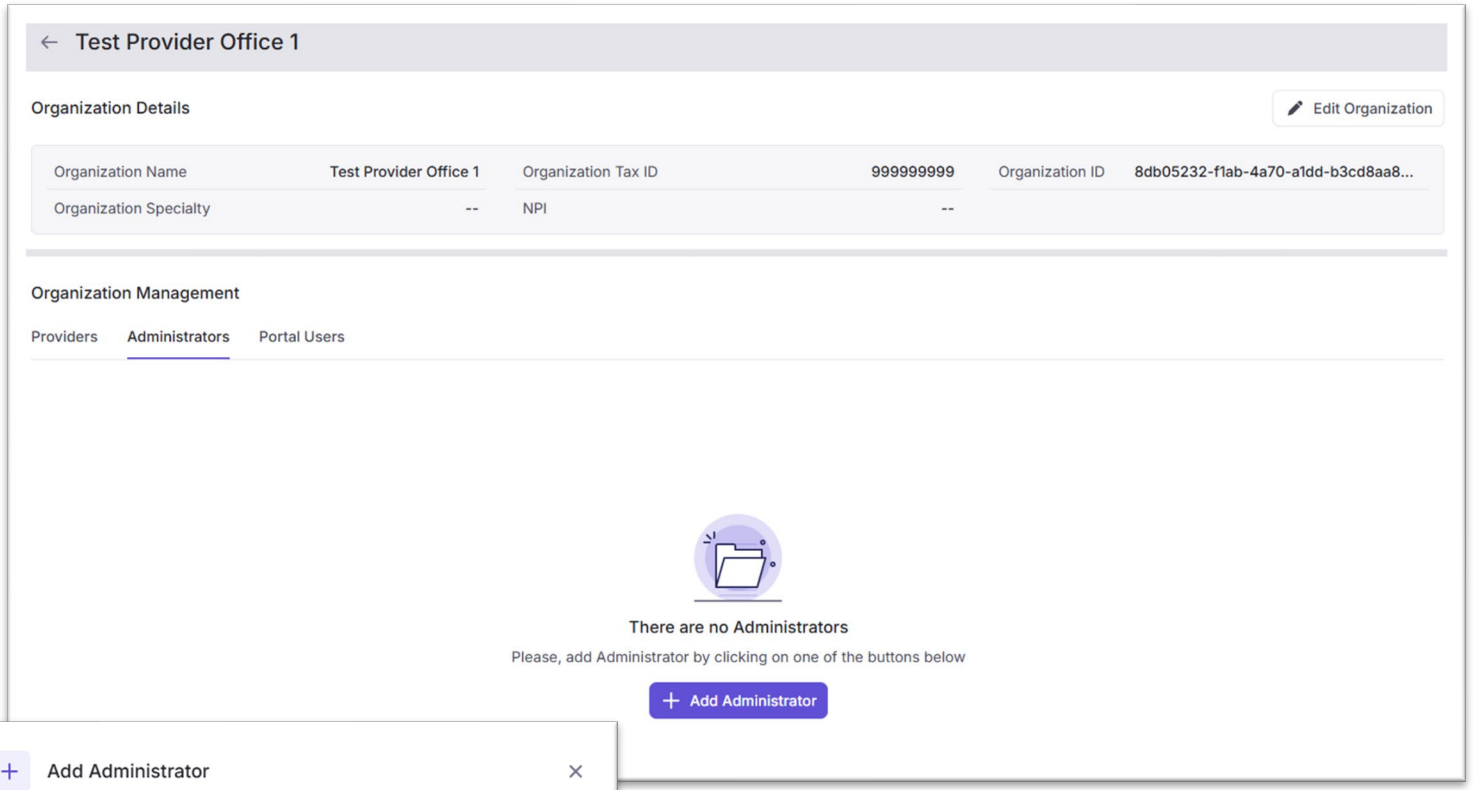
Manage Portal Administrators

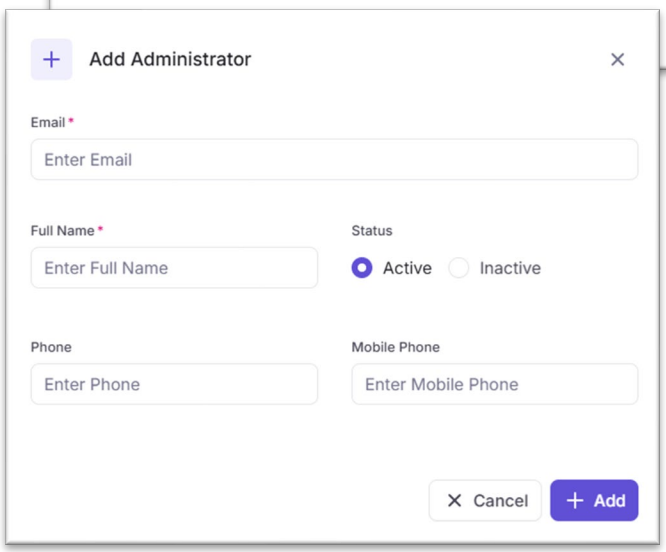
The **Administrators** section allows organizations to manage users who have administrative access to the Provider Authorization Portal.

Administrators can:

- Search for administrators
- Add new administrators
- Activate administrator accounts
- Deactivate administrator accounts
- Review administrator details

Add an Administrator





1. Select **Administrators**.
2. Select **Add Administrator**.
3. Search for the user.
4. Select the appropriate user.
5. Assign the required administrative permissions.
6. Select **Save**.

Tip: Grant administrator access only to users responsible for maintaining provider and portal user accounts.

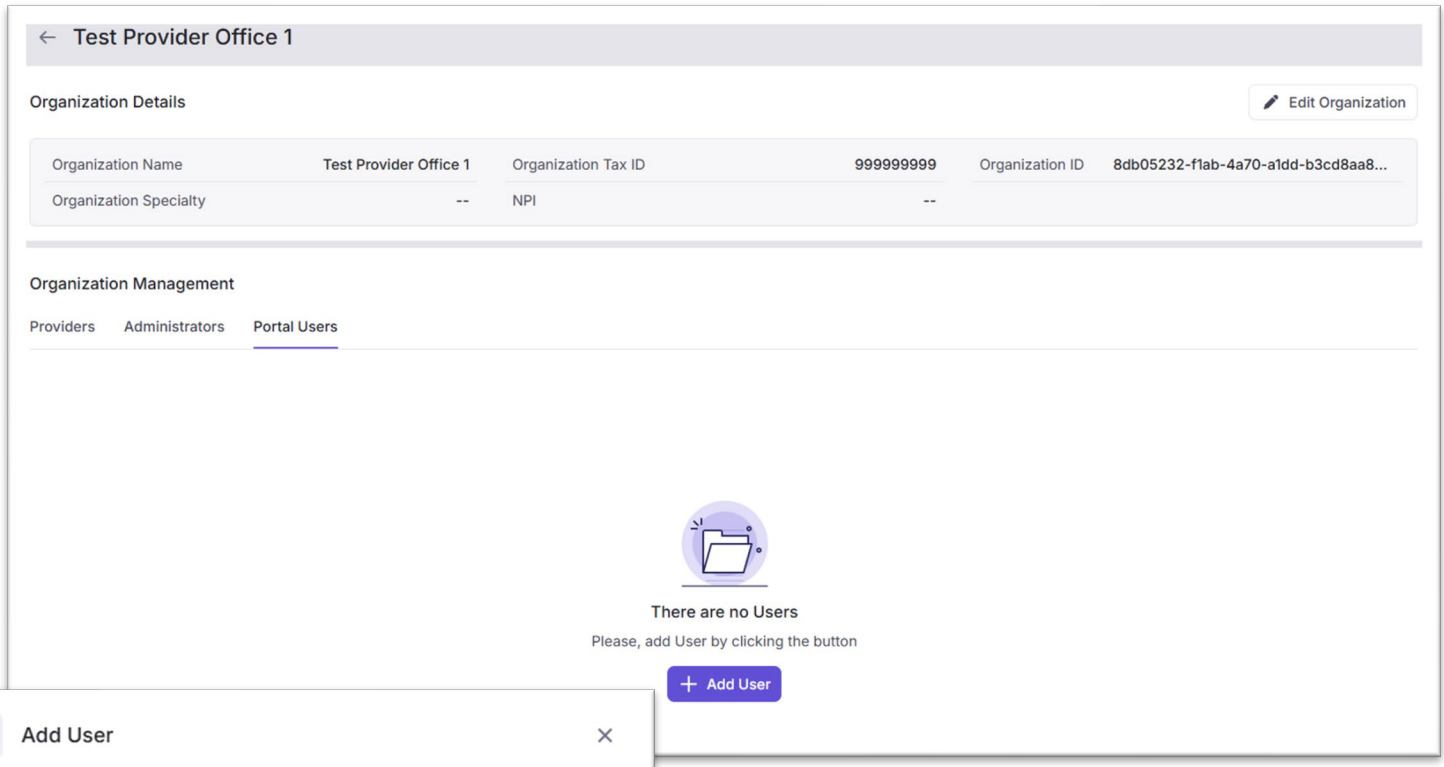
Manage Portal Users

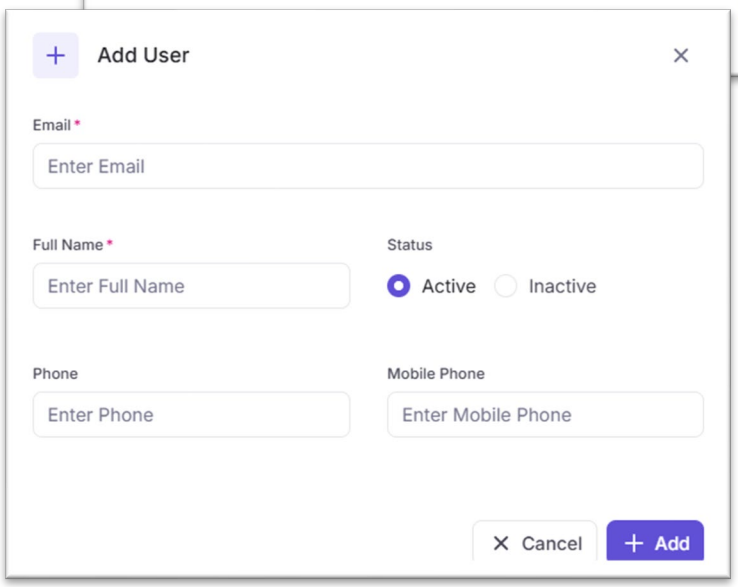
The **Portal Users** section allows administrators to manage users who access the Provider Authorization Portal.

From this section, administrators can:

- Search for portal users
- Add new users
- Activate user accounts
- Deactivate user accounts
- View user details

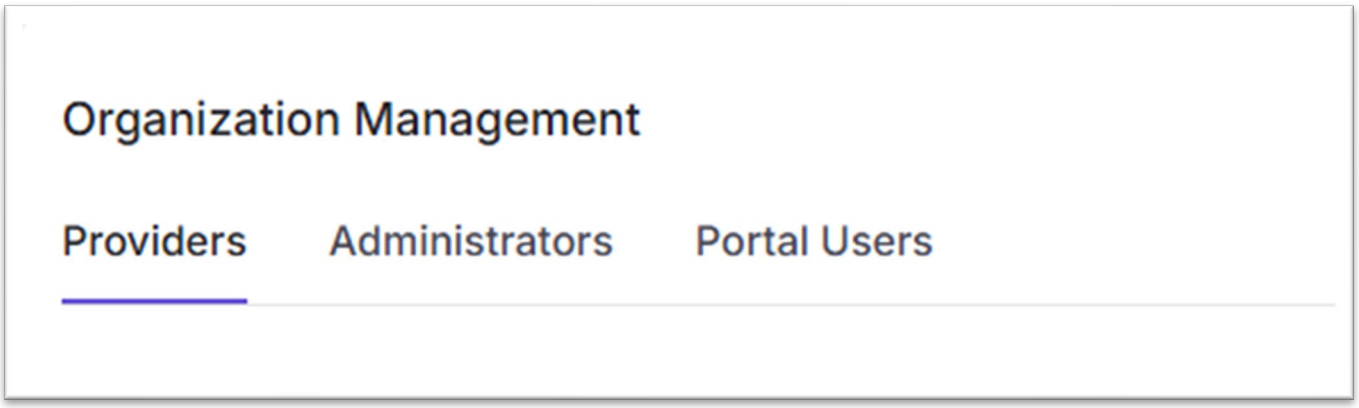
Add a Portal User





Search Administrative Records

Administrators can search for existing providers, administrators, or portal users using available search criteria.



Common search options include:

Search Type	Description
Provider Name	Search by the provider's name.
NPI	Search by National Provider Identifier.
User Name	Search by the user's name.
Organization	Search by organization or provider group.
Status	Filter records by Active or Inactive status.

Select **Search** to display matching records.

Activate or Deactivate Users

Administrators can update the status of portal users and administrators as organizational needs change.

Available actions include:

Action	Description
Activate	Restores access for an inactive provider, administrator, or portal user.
Deactivate	Removes access while retaining the user's account information.

Important: Deactivating a user prevents future access to the Provider Authorization Portal but does not remove previously submitted authorization requests.

Best Practices

To help maintain a secure and accurate provider directory:

- Review provider and user access regularly.
- Remove access for users who no longer require portal access.
- Verify provider information before adding new records.
- Assign administrative permissions only to authorized personnel.
- Contact us, via the number on the back of the member's ID card, if you encounter issues locating providers or managing user access.