

Frequently asked questions on provider authorizations/ProAuth application

Q: Does the entire notification of admission need to be completed in the ProAuth portal in order for Security Health Plan to receive it? Can a notification be partially completed and then add the clinical section later?

A: The entire notification of admission needs to be completed for the notification to be visible to Security Health Plan.

Q: Is there a period of time when faxes will still be accepted?

A: Security Health Plan will continue to accept faxes. Faxed clinical records should be submitted to Security Health Plan within 24 hours of admission notifications.

Q: Will inpatient AODA and behavioral health prior authorizations need to be completed through the ProAuth portal?

A: Inpatient AODA and behavioral health prior authorizations may be completed in the ProAuth portal to create efficiency for the provider.

Q: Is it required the patient length of stay (LOS) display as 3-5 days on the ProAuth authorization?

A: Security Health Plan doesn't require a LOS of 3-5 days, we require the estimated LOS on admission.

Q: Can an affiliated provider submit a request through the ProAuth portal for a non-affiliated provider?

A: Yes. Search for the non-affiliated provider by simply un-filtering the provider search (the button needs to display as gray and not green).

Q: If entering notification of an inpatient or service and procedure request authorization and the member's eligibility is no longer active, what happens?

A: If the member is not eligible at the time of notification the Security Health Plan provider portal will indicate at the time of provider searching for a member. If there is an active authorization request this will remain on the Security Health Plan provider portal, however the member eligibility will no longer show active.

Q: Will the member eligibility status be displayed on the ProAuth portal?

A: Member eligibility status is viewable on the provider portal.

Q: We understand the new ProAuth portal is to be used for prior authorizations, not for patients that are at the hospital and then later moved to inpatient status. (For example: if a patient goes to the emergency department and is admitted as inpatient or a transfer from another facility.) Can providers continue to use the current process of faxing admission notifications first, and then submit clinical records?

A: If a member transfers to another facility or is admitted through the emergency department, it would be considered a change in servicing providers. In these instances the provider should start a new inpatient request in ProAuth or continue to fax the prior authorization request to Security Health Plan.