



## **Physician Portal Pre-Authorization Manual/User Guide**



### **Portal URL:**

<https://int.esettecloud.com/Providers/#/login>

[or](#)

[InetDr.com](http://inetdr.com)

For assistance with the Provider Portal, contact (281) 591-5289.

IntegraNet Health: <http://www.integranethealth.com>

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# Utilization Management Provider Submission Process

## I. Portal Access – creating an account

- A. Complete the Portal Submitter Form at [www.integranethealth.com/provider-registration](http://www.integranethealth.com/provider-registration)  
Or  
Click on the authorization tab in the banner at the top of the page. Select: *Register for a New Account Here*
- B. List all providers you may be entering authorization request or checking authorization status for in the “Entities to Affiliate With” section
- C. Select your username
- D. Submit online as directed.
- E. Submitter must have a valid email address.
- F. You will receive a secure email with your username and temporary password.
- G. The first time you log in, you will receive a notification instructing you to reset your password. You will receive an email from [nonreply@hms.com](mailto:nonreply@hms.com) with the verification code needed to reset the password.

### To rest or recover your password:

- A. From landing page, select **forgot your password**.



- B. Select **Request Password Reset**  
you will receive an email with a verification code and link to recover your password
- C. Do one of the following:
  - a. Select the link in the email
  - b. Type or copy the verification code from the email in the **Verification Code** box
  - c. In the **New Password** box, type your new password.
  - d. In the **Confirm Password** box, re-enter your password
  - e. Select **Change Password**.

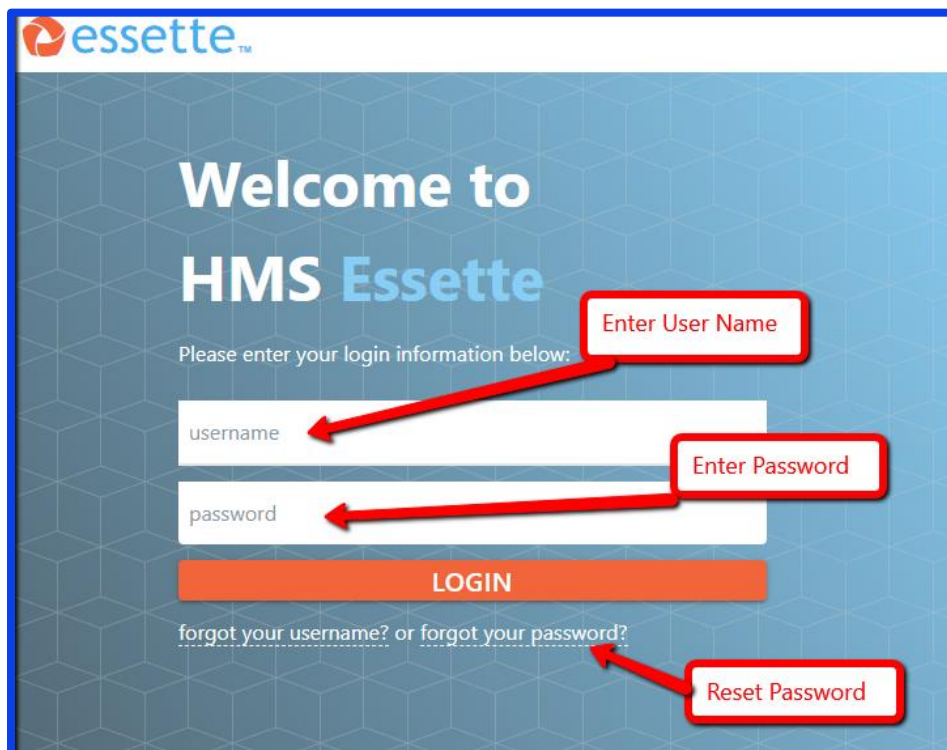
**For assistance creating an account xxxx, or \_\_-@\_\_**

## II. Verify if a Procedure needs a Pre-Authorization

Check to see if authorization is required by visiting  
<https://providers.amerigroup.com/Pages/PLUTO.aspx>

## III. Log In

<https://int.esettecloud.com/Providers/#/login>

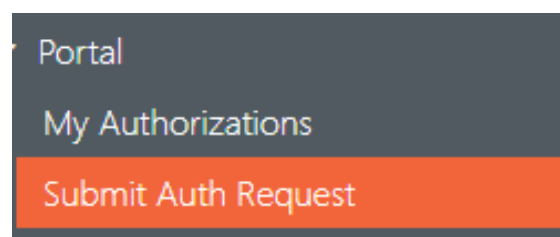


The screenshot shows the HMS Essette login interface. At the top left is the 'esette' logo. The main heading is 'Welcome to HMS Essette'. Below this, it says 'Please enter your login information below:'. There are two input fields: 'username' and 'password'. A red arrow points from a red box labeled 'Enter User Name' to the username field. Another red arrow points from a red box labeled 'Enter Password' to the password field. Below the fields is an orange 'LOGIN' button. At the bottom, there is a link that says 'forgot your username? or forgot your password?'. A red arrow points from a red box labeled 'Reset Password' to this link.

**Must use  
Google Chrome**

## IV. Steps for submitting a Prior Authorization

**A. Select Submit Auth Request**  
Left Side of the Screen



The screenshot shows a vertical sidebar menu with three items: 'Portal', 'My Authorizations', and 'Submit Auth Request'. The 'Submit Auth Request' item is highlighted with an orange background, while the others have a dark grey background.

## Cont'd IV Steps for a Prior Authorization

### B. Portal Submission - Create Authorization

#### Step 1 – Select Member

essette™ Submit Request

▼ Create Authorization

1. ENTER: Patient (Member) ID Number

Search Patients: Patient ID

Patient is required.

2. SELECT: Search

Q SEARCH

Enter Patient  
(Member) ID  
Number

Select:  
Search

#### Step 2 – Check Member Eligibility

##### 1. SELECT – Member Name to “View Patient Summary”

Submit Request

▼ Create Authorization

Selected Patient: Test, Member

1. SELECT: Member name to "View Patient Summary"

▼ View Existing Auths

> Filter Auths

Auth #	Type	Class	Sub Class	Request Date	Servicing Provider ID	Servicing Provider Name
X200824005	Pre-Service	Outpatient	Consult	8/24/2020 12:10:01 PM	1185	Jaime Duarte
X200824004	Pre-Service	Outpatient	DME Purchase	8/24/2020 11:04:37 AM	1790871788	Medical Insights and Care Unlimited
X200824003	Pre-Service	Outpatient	Cardiology	8/24/2020 10:57:53 AM	1185	Jaime Duarte

Location Auth Class Auth Sub Class

##### 2. A pop-up box will appear to view member eligibility. Summary can be printed if needed.

Patient Summary Test, Member (123456789)

Date of Birth: Spoken Language: 3 Home Phone Number: (713) 636-2282 PCP Name: Joseph Goin (1547) Primary Plan: TXCLAS09

Gender: female Written Language: 3 Mailing Address: PCP Phone Number: (281) 812-4000

Patients Plans

Member ID	Health Plan	Line of Business	Rank
123456789	TXCLAS09	MCR	1

▼ Patients Contacts

Member Contact	Phone Number	Address
There are no rows to display.		

▼ Patient Eligibility

Member ID	Health Plan	Line of Business	Rank	Product	Effective Date	End Date
123456789	TXCLAS09	MCR	1	TXKR9329	1/1/2020	

1. Review Member Effective Date

2. SELECT: Close

CLOSE

## Cont'd IV Steps for a Prior Authorization

### Step 3 – Provider and Class Details

Submit Request

▼ Create Authorization

Selected Patient: Test, Member

1. View Existing Authorization on File that were submitted from requesting provider

▼ View Existing Auths

> Filter Auths

Auth #	Type	Class	Sub Class	Request Date	Servicing Provider ID	Servicing Provider Name
X200824005	Pre-Service	Outpatient	Consult	8/24/2020 12:10:01 PM	1185	Jaime Duarte
X200824004	Pre-Service	Outpatient	DME Purchase	8/24/2020 11:04:37 AM	1790871788	Medical Insights and Care Unlimited
			Cardiology	8/24/2020 10:57:53 AM	1185	Jaime Duarte

2. SELECT: Referring Provider from drop down box

Location: Test, Physician

Auth Class: Outpatient

3. SELECT: Auth Class

Auth Sub Class: DME Rental

4. SELECT: Auth Sub Class

Initial Service Date: 8/24/2020

4. SELECT: Initial Date of Service from pop up calendar

Type: Pre-Service

5. SELECT: Type

6. SELECT: + Create Auth

X CLEAR + CREATE AUTH

### Step 3- Continued

1. The Submit Request screen allows users to view existing authorization on file that are been submitted for requesting provider.
2. SELECT: Provider Location from drop down box. The Provider Location identifies the Provider who is requesting the authorization and/or making the referral.
3. SELECT: Auth (authorization) Class – choices include inpatient or outpatient
4. SELECT: Auth Sub Class – choices include, but are not limited to: cardiology, chemotherapy, DME rental, CT Scan, MRI, physical therapy, home health, injections, etc.
5. SELECT: Initial Service Date – A pop up calendar will appear, select the date the service will begin
6. SELECT: Type – is the requested service for Pre-Service, Concurrent Review or Post-Service (retro)
7. SELECT: + Create Auth

## Cont'd IV Steps for a Prior Authorization

### Step 4 – Authorization Details

#### 1. SELECT: Priority (Standard or Expedited)

The screenshot shows the 'Submit Request' form. At the top, there is a red bar with the text 'Submit Request'. Below this, there are two expandable sections: 'Authorization: X200824006' and 'Authorization Details'. The 'Authorization Details' section is expanded, showing a 'Priority' dropdown menu with 'Expedited' selected. To the right of this dropdown is a yellow callout box labeled '1. SELECT: Priority (Standard or Expedited)' with an arrow pointing to the dropdown. Below the 'Priority' dropdown, there are two rows of provider selection. The first row is 'Primary Care Physician:' with a dropdown showing 'Smith, Dr.' and a yellow callout box labeled '2. SELECT: Servicing Provider' with an arrow pointing to it. The second row is 'DME Company:' with a dropdown showing 'ABC Rental'. To the right of these, there is a 'Requesting Provider:' dropdown showing 'Jones, Dr.'. Below these fields, there is a 'Diagnoses' section with a 'Search Diagnoses' input field and a 'SELECT COMMON DIAGNOSIS' button. Below this is a table of diagnoses:

Primary Dx	Code	Description
<input type="radio"/>	I50.9	Heart failure, unspecified
<input type="radio"/>	M16.9	Osteoarthritis of hip, unspecified
<input type="radio"/>	R51	Headache

A yellow callout box labeled '3. ENTER: Diagnoses Code(s)' has an arrow pointing to the 'Search Diagnoses' input field.

2.SELECT:  
Servicing  
Provider - can  
be searched by  
name or NPI

3.ENTER  
Diagnoses -  
Repeat step for  
all diagnoses  
added.

### TIMEFRAMES

IntegraNet Health follows CMS guidelines for turn-around-times when making prior authorization determinations.

- Non-Urgent/Standard Request** – Per CMS, a standard determination is due within 14 days from date of receipt of the request. Prior authorization requests are reviewed and processed in the order they are received.
- Urgent/Expedited Request** – Per CMS, an expedited determination is due within 72 hours from date and time of receipt of the request. Prior authorization requests are reviewed and processed in the order they are received.

**NOTE:** Per CMS, an expedited determination should be requested when applying a standard time for making a determination could seriously jeopardize the patient's health, life, or ability to regain maximum function.

**NOTE:** Expedited determinations that do not meet the CMS definition will be denied an expedited determination and the standard timeframe will be applied. The provider and the member will be notified of the denial for expedited determination.

## Cont'd IV Steps for a Prior Authorization

**NOTE: Request for Expedited Determination must include the reason for the urgent determination. The reason can be documented in the Additional Info section. See step 6 of this section.**

Submit Request

Search Diagnoses

SELECT COMMON DIAGNOSIS

Primary Dx	Code	Description
<input type="radio"/>	I50.9	Heart failure, unspecified
<input checked="" type="radio"/>	M16.9	Osteoarthritis of hip, unspecified
<input type="radio"/>	R51	Headache

Services

Search Services

SELECT COMMON SERVICE

Start Date

End Date

APPLY DATES TO SELECTED SERVICES

Primary	Service Req'd	Service Code	Service Description	Start Date	End Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	K0002	Std hemi (low seat) whlchr		

4. ENTER Services – Enter the CPT code being requested. Repeat step for all codes  
4a. ENTER -Start Date & End Date

ENTER Quantity - Add quantity requested (i.e. the quantity represents units, visits, or days).

Submit Request

Search Diagnoses

SELECT COMMON DIAGNOSIS

Primary Dx	Code	Description
<input type="radio"/>	I50.9	Heart failure, unspecified
<input checked="" type="radio"/>	M16.9	Osteoarthritis of hip, unspecified
<input type="radio"/>	R51	Headache

Services

Search Services

SELECT COMMON SERVICE

Start Date

End Date

APPLY DATES TO SELECTED SERVICES

Primary	Service Req'd	Service Code	Service Description	Start Date	End Date
<input type="checkbox"/>	<input checked="" type="checkbox"/>	K0002	Std hemi (low seat) whlchr		

Edit Service: K0002: Std hemi (low seat) whlchr

Valid Starting 1/1/1994

Quantity Requested

1

8/24/2020

End Date

Confirm Start Date and Enter End Date. Add Quantity Requested

SELECT: Save Service

CANCEL

SAVE SERVICE

Click on the circle with the box and pencil to open the service date box. Save service.

Insert our rules on Units = x, visits= x. tell home health to use x, inpatient to use days, x to use visits., etc. – basic rule



## Cont'd IV Steps for a Prior Authorization

### Step 5 – “Additional Info”

ENTER:

1. The **reason for requesting an expedited determination**, if applicable.
2. This section can also be used to include additional pertinent information.
3. **ENTER – Name and contact information of person submitting request.**

The screenshot shows the 'Additional Info' form. A yellow callout box points to the text area with the instruction: '5. ENTER: Reason for requesting expedited determination and/or other pertinent information.' Another yellow callout box points to the 'CONTINUE' button with the instruction: 'SELECT: Continue'. The form includes a 'SAVE ADDITIONAL INFO' button and a 'CANCEL REQUEST' button. The text '72 / 2000' is visible in the top right corner.

SELECT – Continue to advance to next screen

### Step 6 - Attach Supporting Documentation

1. Select the method used to attach documents. Electronic files are preferred
2. Upload Electronic Documentation

The screenshot shows the 'Attach Supporting Documentation' form. A yellow callout box points to the 'Electronic Files' radio button with the instruction: '1. SELECT: Method for submitting supporting documentation'. Another yellow callout box points to the '+ ADD DOCUMENT' button with the instruction: '2. SELECT: + Add Document to upload supporting documentation'. A teal callout box points to the text area with the instruction: '3. NOTE: A pop-up box will appear to add documents'. A fourth yellow callout box points to the 'CONTINUE' button with the instruction: '4. SELECT: Continue'. The form includes a 'CANCEL REQUEST' button and a 'CONTINUE' button. The text 'There are no rows to display.' is visible in the table area.

The screenshot shows the 'Upload/Attach Document' form. A yellow callout box points to the 'SELECT FILE' button with the instruction: '1. SELECT: Select the supporting documentation to be uploaded'. A teal callout box points to the text area with the instruction: 'NOTE: A Title and Summary can be added, if needed'. A yellow callout box points to the 'SAVE' button with the instruction: '2. SELECT: Save'. The form includes a 'CANCEL' button and a 'SAVE' button. The text 'File is limited to 40 MB' is visible. The text '0 / 500' is visible in the bottom right corner.

+ Add Document

## Cont'd IV Steps for a Prior Authorization

### Step 7 – Authorization Confirmation

1. The reference number and status can be viewed. The auth summary can be opened and printed for the patient's medical records.
2. Click "Submit Another Request," as applicable.

Submit Request

> Authorization: X200824006

> Authorization Details

> Attach Supporting Documentation

▼ Authorization Confirmation

Thank you for submitting your Outpatient request. It has been assigned Reference #X200824006 with a status of "Pending."

Reimbursement for services rendered is subject to:

- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral

NOTE: Authorization Disclaimers

Review Auth Summary.

VIEW AUTH SUMMARY

SUBMIT ANOTHER REQUEST

Submit Another Request, as applicable

## V. SEARCH FOR PATIENTS

1. SELECT: Patient Search option from Search Menu Bar

**NOTE:** Only patients that have a preexisting relationship with you will be visible.

essette

Patient Search

Search Menu

- Patients
- Authorizations
- Case Management
- Patient Search
- Administration
- Resources

1. SELECT: Patient Search

2. ENTER: Pertinent patient information

2. SELECT: Search

NOTE: It is not necessary to fill in each visible line to search member.

Search for Patients

Only patients that have a preexisting relationship with you will be returned.

☐ Only Active Patients

Patient ID

First Name

Last Name

Date of Birth

PCP ID

PCP First Name

PCP Last Name

Health Plan

Select Health Plan

Line of Business

Select Line of Business

PM Campaign

Select PM Campaign

UM Auth Request Date Range

CM Case Program

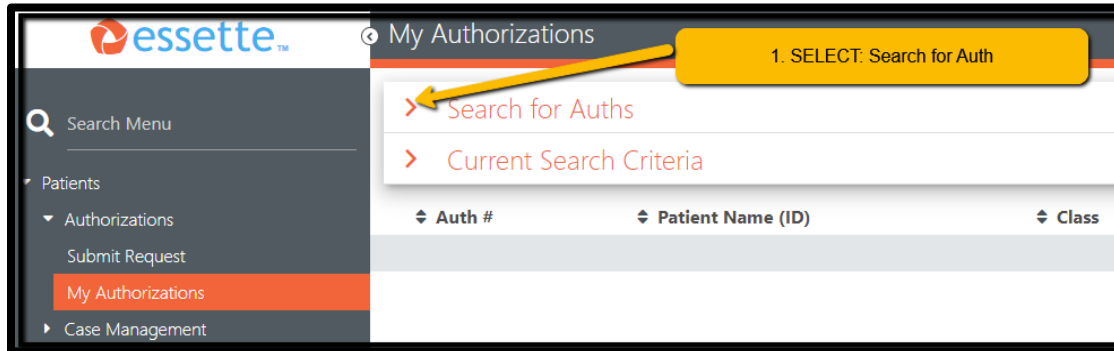
Select CM Case Program

SEARCH

CLEAR

## VI. CHECK AUTHORIZATION STATUS

### 1. SELECT: Search for authorizations



### 2. ENTER: Member ID or Member's First Name and Last Name. Auth Number (Reference Number) can also be entered if known.

The screenshot shows the 'Search for Auths' form. A yellow callout box labeled '2. ENTER: Member ID or Member's First and Last Name to search for authorization.' points to the 'Member ID', 'First Name', and 'Last Name' input fields. Another yellow callout box labeled 'NOTE: Authorization Number (Reference Number) can be entered if known.' points to the 'Auth Number' input field. The form also includes sections for 'Auth Information' (with checkboxes for 'Only Open Auths' and 'Only Closed Auths') and 'Patient Information'.

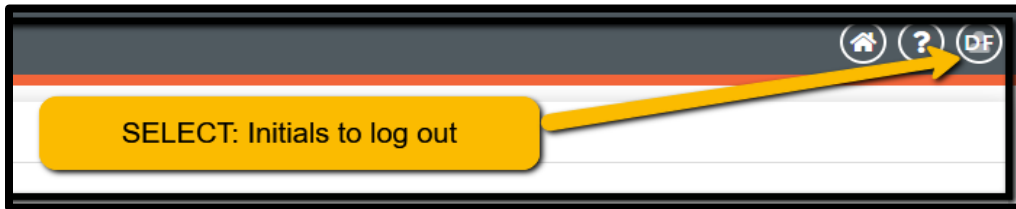
**NOTE:** Outstanding authorizations will also be visible from the “My Authorizations” Tab

The screenshot shows the 'My Authorizations' table with a search result. A yellow callout box labeled 'NOTE: Auth # serves as Reference # until final determination has been issued.' points to the 'Auth #' column. Another yellow callout box labeled 'Check auth status: The prior authorization status is displayed in real time.' points to the 'Status' column. The table header includes 'Auth #', 'Patient Name (ID)', 'Class', 'Sub Class', 'Type', 'Status', and 'Request Date'. The search criteria bar shows 'Request Date is between 2021-03-31 and 2021-04-14'.

Auth #	Patient Name (ID)	Class	Sub Class	Type	Status	Request Date
X210414001	Test, Patient	Outpatient	Cardiology	Pre-Service	In Process	4/14/2021 11:26:19 AM

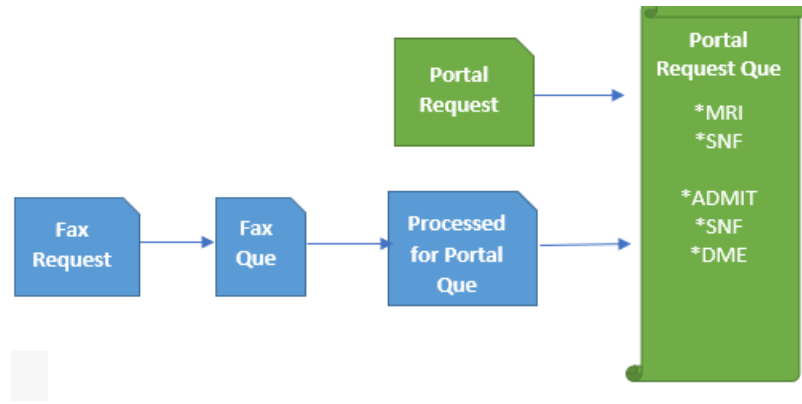
## VII. LOG OUT OF THE SYSTEM

SELECT your initials in the top right corner to open box that allows you to log out.



# REMINDERS

1. Authorization status can be checked 24/7 in the Provider Portal.
2. Request submitted in the portal by a provider maybe processed before a fax request.



3. Urgent request may take up to 72 hours to process from the date and time of submission into the Provider Portal, fax request may take longer.
4. Urgent request that do not meet criteria for an expedited request will be downgraded to Standard and processed accordingly.
5. Standard request may take up to 14 days to process from the date of submission into the Provider Portal, fax request may take longer.
6. Request are handled in the order they are received.
7. Precertification for coverage of selected standard outpatient and ancillary services with all supporting documentation should be submitted immediately upon identifying the need for the request 14 days prior to scheduling the service(s).
8. For assistance with the portal call (281) 333 - 1900
9. For concerns regarding an authorization, please call (281) 591 - 5289
10. To check if precertification is required go to:  
<https://providers.amerigroup.com/Pages/PLUTO.aspx>