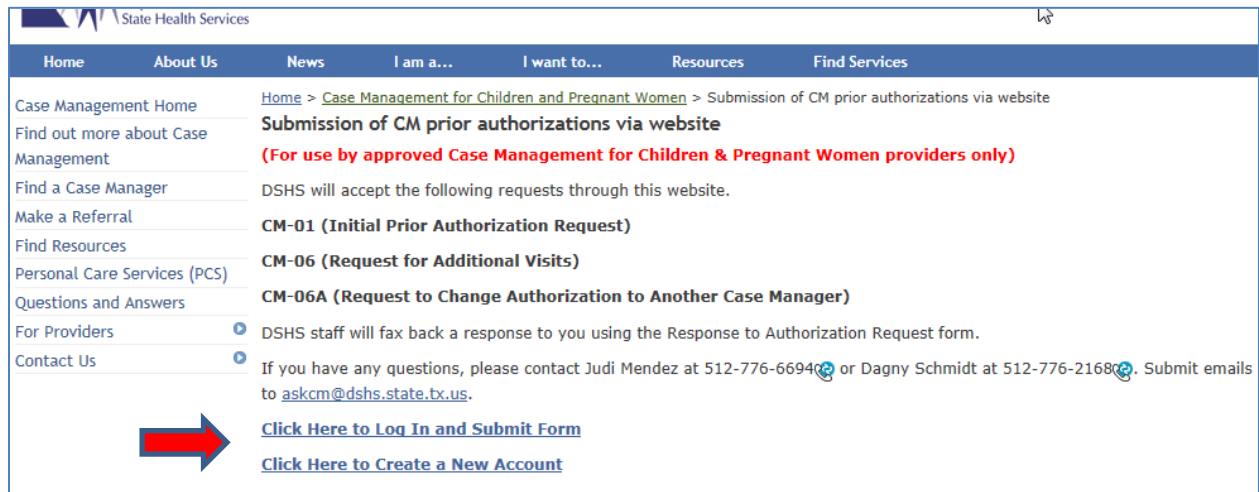




## Prior Authorization System Training Guide

1. Complete CM-01A Intake with client/parent/guardian. If you feel that the client is potentially eligible, go to: <http://www.dshs.state.tx.us/caseman/subpaweb.shtm> to submit prior authorization (PA) request. This system is compatible with Internet Explorer 8 and above.



### IMPORTANT!

#### Before submitting PA requests:

#### Current users (with a log-in and password from previous PA system)

- must log-in and update your account; and
- have it activated by DSHS.
- follow steps 2-5 below.

#### New users (without a log-in or password)

- follow steps 7-10 below.

2. Log-in with your log-in name and password. This is the same name and password you had with the previous PA system.
3. Go to "My Account" (shown below)
  - a. Enter all requested data fields (those that are not grayed out).

- b. If you are an individual provider, click on “Case Manager – Non-group”.
- c. If you are a case manager in a group, you will click on the drop down “Case Manager-with Group”.
- d. Enter TPI and NPI information and click “save”.
- e. Log out of PA system.

**Example of Account Update for Individual Provider below:**



**User Detail**

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Case Manager – Non-Group

Case Manager/Staff Name:

Case Manager NPI:

Case Manager TPI:

Group Name:

Group NPI:

Group TPI:

Verified:

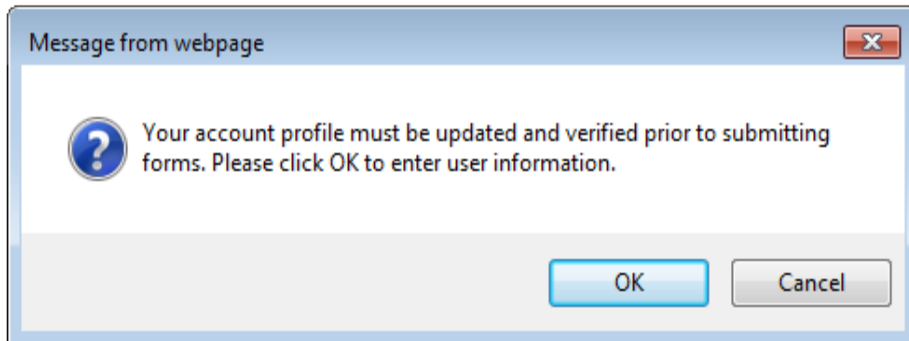
User ID:

E-Mail Address:

**See example of Case Manager with Group Account Update below. Note that each case manager in the group needs to update their account.**

A form titled 'User Detail' with a yellow background. It contains several input fields: 'Case Manager - with Group' (dropdown), 'Case Manager/Staff Name: cmtwo', 'Case Manager NPI: 222222222', 'Case Manager TPI: 333333333', 'Group Name: DSHS', 'Group NPI: 444444444', 'Group TPI: 555555555', 'User ID: cmtwo', and 'E-Mail Address: cm2@dshs.state.tx.us'. At the bottom are 'Save' and 'Cancel' buttons. An orange callout box points to the 'Case Manager - with Group' dropdown with the text: 'This would not be grayed out for initial account update.'

4. DSHS will receive notification of your entry and will verify that your information is entered correctly.
5. You will receive an email once the verification has occurred. At this point, you can log-in and enter prior authorizations. See step 11 below.
6. If you click on "Request Forms" prior to account verification, you will see the pop-up screen below. **Please be sure to complete all of step 3 above.**

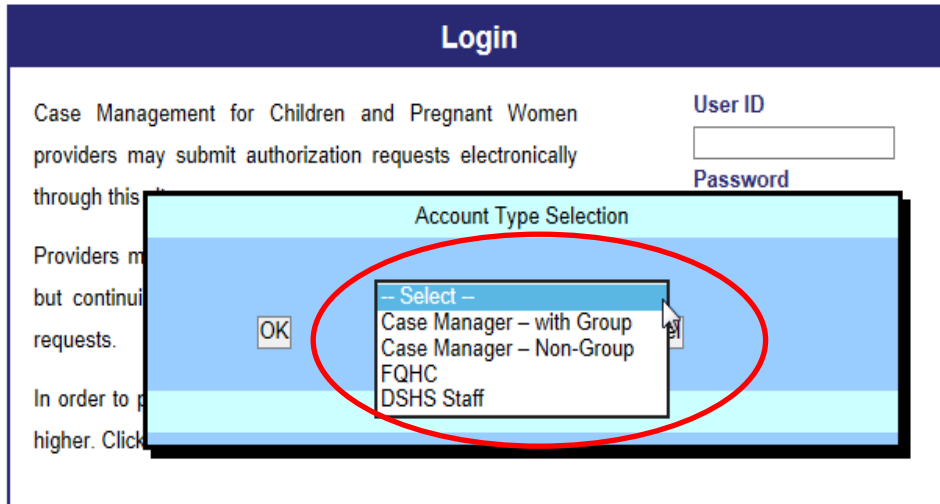


7. **NEW USERS** must click "create a new account". You must select from the options shown:
  - a. Case Manager – With Group,
  - b. Case Manager – Non-Group or

c. FQHC.

If you are unsure of which one to click on, please contact:

- Dagny Schmidt at 512-776-2168, [dagny.schmidt@dshs.state.tx.us](mailto:dagny.schmidt@dshs.state.tx.us) or
- Judi Mendez at 512-776-6694 or [judi.mendez@dshs.state.tx.us](mailto:judi.mendez@dshs.state.tx.us)



8. User ID for each CM in the group or for individual providers **must** be in the following format: Firstnamelastname (ex:cindysmith). No caps, no spaces.

If you are a Case Manager – Non-Group, you won't be able to fill in group name, group TPI or NPI. FQHCs will not enter CM NPI or TPI.

Click "Create User".

No periods, apostrophes can be used here

### Create Account

---

**Sign Up for Your New Account**  
Case Manager – with Group

Case Manager/Staff Name:

Case Manager NPI:

Case Manager TPI:

Group Name:

Group NPI:

Group TPI:

User ID:

Password:

Confirm Password:

E-mail:

Security Question:

Security Answer:

**NPI fields must be 10 digits long.**  
**TPI fields must be 9 digits long.**

**Password Guidelines:**  
**Password must be at least 7 characters long, and contain at least one number and one special character[ @\$%^&!+=].**

9. Once you hit “create user”, you will see this message:

### Create Account

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**Thank You!**

**A user account has been created, but is not currently active.**  
**You will receive an email notification once the account is activated.**

10. You will not be able to enter a Prior Authorization until your account has been activated. Once activated, you can proceed to step 11.

**11. SUBMITTING PRIOR AUTHORIZATION REQUESTS:**

Click on "Request Forms". Follow the steps outlined below.



Home	Request Forms	Change Password	Search	My Account	Logout
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**Submission of Prior Authorizations  
via Case Management for Children and Pregnant Women Website  
(For use by approved providers only)**

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The Case Management for Children and Pregnant Women program will accept the following requests through this website:

- CM-01 (Initial Prior Authorization Request)
- CM-06 (Request for Additional Visits)
- CM-06A (Request to Change Authorization to Another Case Manager)

The steps to use this process are:

1. Choose the type of request from the "Request Forms" tab.
2. Complete the form on the website and click "Submit".
3. Click the "Print" button at the bottom of the page .
4. Print a copy of the generated PDF form for the client's record.
5. Save the PDF form to your computer (optional).

The Case Management for Children and Pregnant Women program will fax back a response to you using the Response to Authorization Request form. If you are unable to submit electronically, you may fax requests to (512) 776-7574. If you have any questions, please contact Dagny Schmidt at (512) 776-2168 or submit email to [askcm@dshs.state.tx.us](mailto:askcm@dshs.state.tx.us).



**Example of CM-01:**

Parent/guardian: Do not type in periods. No symbols allowed.

PCP: Do not type in periods. No symbols allowed.

### Initial Prior Authorization Request (CM-01)

Client Last Name*	Client First Name*	Medicaid Number*	Medicaid Type*
Boy	test	666666666	Traditional Medicaid
Client Date of Birth*	Gender	Language Preference*	Request ID
07/02/2013	<input type="radio"/> Female <input checked="" type="radio"/> Male	English	
Parent/Guardian	Home Phone*	Alternate Phone	Request Status
Cindy Boy	444-444-4444		--
Mailing Address 1*			
100 Oak			
Mailing Address 2			
City *	Zip *	Referral Date *	
Austin	44444	09/01/2014	
PCP *	<b>Referral Source</b>		
Ralph Stone	Referral Agency*	Name Of Contact*	Agency Phone Number *
	Community Services	Nancy Smith	888-888-8888

**Health Condition, Health Risk or High-Risk Condition:\*** Document health condition/s or describe specific health risk/s, symptom/s, developmental delay/s and/or behaviors. Additionally, describe how health condition, health risk, symptoms, developmental delays and/or behaviors impacts level of functioning. For a pregnant woman, describe high-risk condition and describe how high-risk condition impacts level of functioning.

Diagnosed with Down's Syndrome at birth. Not crawling. Can sit up but need some support. Babbles but no words yet. Never got ECI or therapy services. Family moves a lot and mom thinks they called her but then she lost their number. Mom doesn't know about SSI or waiver programs.

Required fields have a red asterisk\*.

If client's language is not listed in drop down, enter "other" and state their language in Psychosocial Section.

related to accessing the specific need. (Only document up to three specific needs)

Referral to therapy and ECI.	↑ ↓
Referral to SSI.	↑ ↓
Referral to waivers.	↑ ↓

By completing and submitting this request:

- I attest that the client/parent/guardian has confirmed the documented needs, was informed of choice of case management providers and desires case management services.
- I confirm that the information is true and correct to the best of my knowledge.
- I understand that Prior Authorization is a condition of reimbursement for services and not a guarantee of payment.

Name of person completing form*	Date Intake Completed*	
<input type="text" value="cmone"/>	<input type="text" value="09/02/2014"/>	
Case Manager Name*	Case Manager TPI Number (blank if FQHC)*	
<input type="text" value="cmone"/>	<input type="text" value="33333332"/>	
Case Management Provider (Complete Name of Group)	Provider TPI Number (Group or FQHC)	
<input type="text" value="dshs"/>	<input type="text" value="44444444"/>	
Group NPI	Case Manager NPI*	
<input type="text" value="333333333"/>	<input type="text" value="111111111"/>	
Provider Phone Number*	Provider Fax Number	Case Manager E-Mail*
<input type="text" value="555-555-5555"/>	<input type="text" value="888-888-8888"/>	<input type="text" value="cmone@fake.com"/>

\* Denotes Required Fields

Click "Submit". Then click "Print". Save the PDF form for your records.

**12. TO CHECK ON THE STATUS OF YOUR SUBMITTED REQUESTS:**

Click on "Request Search" under Search Tab.



## Case Management for Children and Pregnant Women



Home | Request Forms | Change Password | Search | My Account | Logout

Request Search

### Request Search

---

Medicaid Number <input type="text"/>	Case Manager TPI Number <input type="text"/>	Request ID <input type="text"/>	Request Type All <span style="float: right;">▼</span>
Start Date 09/01/2014 <input type="text"/>	End Date 09/03/2014 <input type="text"/>	Request Status All <span style="float: right;">▼</span>	
<input type="button" value="Search"/> <input type="button" value="Reset"/>			

Enter data fields to find information (i.e. Medicaid number, request type, request status).  
 Request Types listed in dropdown are: All, CM-01, CM-06 or CM-06A  
 Request Status listed in dropdown are: All, Submitted, Approved, or Denied

Home | Request Forms | Change Password | Search | My Account | Logout

### Request Search

---

Medicaid Number <input type="text"/>	Case Manager TPI Number <input type="text"/>	Request ID <input type="text"/>	Request Type All <span style="float: right;">▼</span>
Start Date 09/01/2014 <input type="text"/>	End Date 09/03/2014 <input type="text"/>	Request Status All <span style="float: right;">▼</span>	
<input type="button" value="Search"/> <input type="button" value="Reset"/>			

**List of Requests**

	Request Type	ID	Last Name	First Name	Medicaid #	Case Manager TPI	Case Manager Name	Status	Created On
<a href="#">[View]</a>	Initial Prior Authorization	9566-IPR	Smith	Sally		333333332	cmone	Submitted	9/2/2014 4:42:00 PM
<a href="#">[View]</a>	Initial Prior Authorization	9570-IPR	Boy	test	666666666	333333332	cmone	Submitted	9/3/2014 9:35:00 AM

You can see that the authorization for client “test Boy” has been submitted. If you click on “view”, you can see the CM-01.

### Request Search

---

Medicaid Number

Start Date  
08/07/2014

Case Manager TPI Number

End Date  
09/03/2014

Request ID


Request Type  
All

Request Status  
All

**List of Requests**

	Request Type	ID	Last Name	First Name	Medicaid #	Case Manager TPI	Case Manager Name	Status	Created On
<a href="#">[View]</a>	Initial Prior Authorization	9565-IPR	Testy	First	111111111	222222222	cmone	Submitted	8/20/2014 10:41:00 AM
<a href="#">[View]</a>	Initial Prior Authorization	9566-IPR	Smith	Sally		333333332	cmone	Submitted	9/2/2014 4:42:00 PM
<a href="#">[View]</a>	Initial Prior Authorization	9570-IPR	Boy	test	666666666	333333332	cmone	Approved	9/3/2014 9:35:00 AM

1 | 2



This shows that the authorization for “test Boy” was approved under “status” column. The status column will show all submitted requests as submitted, approved, or denied.

Providers will continue to be faxed the “Response to Authorization Request” detailing the numbers of visits authorized.

**FAQs:**

After this update to the system, will we be able to go back and see all previously submitted requests? **Yes. You will be able to see all previous PA requests since implementation of the online PA submission, which was many years ago.**

How do I hear the recorded webinar about the PA Training? **Click on:**  
<https://www2.gotomeeting.com/register/791164866>

Should we expect to have the same response time for authorizations as we have now? Or is this going to make that faster? **It is expected that the response time will remain the same which is within three business days.**

How do we change our phone number or email addresses for our account? **Your phone number is a required entry on each PA request so it not stored and does not auto-populate. If your email address changes, you will need to contact Dagny Schmidt.**

Will I still receive a faxed copy of the Prior Authorization Response form indicating the number of visits approved or if the PA is denied? **Yes.**

How long will it take for my account to be verified? **We hope to verify your account within 24 business hours.**

When will I be able to start entering in prior authorizations? **As soon as your account has been verified, you can enter PAs.**

Can I create my own username and password? **Follow the instructions above under #7. for New Users.**

What happens if I forget my username or password? **If you have forgotten your password, Click on "Forgot Password" on PA Submission website. If you have forgotten your username, contact Dagny Schmidt.**

What if I'm having problems with this system?

**Contact Dagny Schmidt at 512-776-2168, [dagny.schmidt@dshs.state.tx.us](mailto:dagny.schmidt@dshs.state.tx.us) or Judi Mendez at 512-776-6694 or [judi.mendez@dshs.state.tx.us](mailto:judi.mendez@dshs.state.tx.us)**