

Authorizations

Provider Portal quick start guide

We require authorization for certain drugs, services and procedures. In these cases, providers will submit clinical documentation and medical records demonstrating that the drug, service or procedure is medically necessary.

Use our Provider Portal to check authorization requirements and to submit authorization requests. The portal will prompt and redirect you, when appropriate, outside of the portal to submit certain requests (i.e., for drugs, or for services and procedures managed by EviCore or TurningPoint).

Note: authorizations are sometimes called *referrals* in the Provider Portal.

In this guide

Determine authorization requirements	2
Step 1: Access our Provider Portal	2
Step 2: Look up the member	2
Step 3: Select Prior Authorization Requirements	3
Outcome 1: Prior authorization is required	4
Outcome 2: Prior authorization is required through a third party	4
Outcome 3: Pharmacy authorization	4
Outcome 4: No authorization is required	5
Outcome 5: Not a covered benefit	5
Submit an authorization request	6
Inpatient requests	6
Outpatient requests	6
Review / status submitted authorizations	7
Submit additional information, by request	9
Outpatient authorizations	9
Inpatient authorizations	9
Request a Peer-to-Peer	11
Before submitting your request	11
Submit a Peer-to-Peer request	11
Request a reconsideration	12
Change or cancel an authorization request	13
Request an extension	14
Enter inpatient discharge information	15
Check your authorization appeals	16
Check an existing appeal	16
Submit a new appeal	16
File upload requirements	17

Determine authorization requirements

Before you submit an authorization request for one of our members, our Provider Portal will first confirm:

- ✓ **Authorization requirements:** whether authorization is required for that specific service / procedure for that member
- ✓ **Coverage:** if the service / procedure is covered for that member
- ✓ **Submission platform:** where you will submit the authorization request (directly in our portal, via EviCore or TurningPoint or another method)

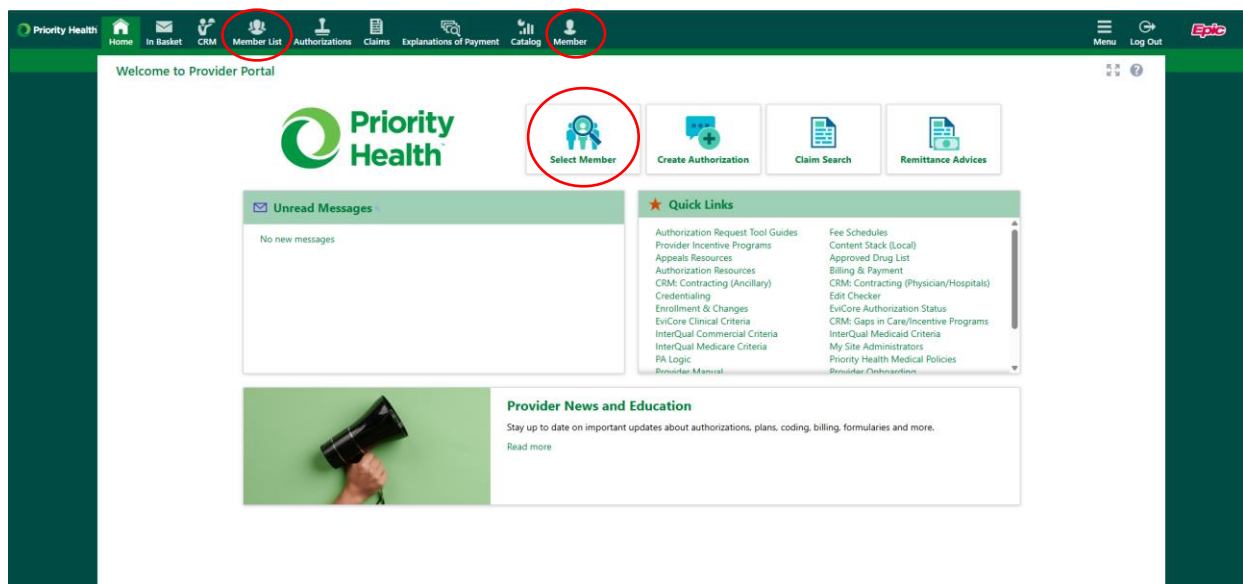
Follow the steps below to complete this check.

Step 1: Access our Provider Portal

Log into your Provider Portal account at provider.priorityhealth.com.

Step 2: Look up the member

From the portal home screen, use **Select Member**, **Member List** or **Member** to search for the member that you need to request an authorization for.



Choose **Search All Patients** if the member you're looking for isn't there. (You'll need their Member ID or four other pieces of identifying information.)

Patient List (14 patient records)

Refresh

Member Legal Name	Member ID
Fadteight, Membereight	
Fadteight, Memberfive	
Fadteight, Memberfour	
Fadteight, Membernine	
Fadteight, Memberone	
Fadteight, Memberseven	
Fadteight, Membersix	
Fadteight, Memberten	
Fadteight, Membertwo	
Fadteight, Walli Bill II	

Search All Patients

Patient Search

Search My Patients | **Search All Patients**

Name or Member ID Search

Additional search criteria

Member Legal Name	Member ID	Sex	Birth Date	Address	Phone
Fadteight, Membereight					
Fadteight, Memberfive					
Fadteight, Memberfour					
Fadteight, Membernine					
Fadteight, Memberone					
Fadteight, Memberseven					
Fadteight, Membersix					
Fadteight, Memberten					
Fadteight, Membertwo					
Fadteight, Walli Bill II					

Step 3: Select Prior Authorization Requirements

Once you locate the member, click their name to open Member Inquiry / their Patient Snapshot. Click the **Prior Authorization Requirements** tab to initiate your search (see the guides linked under [Submit an authorization request](#) for support with this search criteria).

Member Snapshot

Membereight Fadteight
Female, 27 years old, 1/30/1999
MRN: 254192

Prior Authorization Requirements

Authorization Information
Create a list of services and authorization requirements is not guaranteed. If you have questions, contact the health plan.

Service Search

Procedure

OR

Authorization Type

Authorization Info

Service Date

Member Coverage

Diagnosis

Modifier

Referred By Provider

Referred To Provider

Referred To Location/POS

Referred To Service Type

Search

Prior Authorization Requirements

Authorization Information
Create a list of services and authorization requirements is not guaranteed. If you have questions, contact the health plan.

Service Search

Procedure

OR

Authorization Type

Authorization Info

Service Date

Member Coverage

Diagnosis

Modifier

Referred By Provider

Referred To Provider

Referred To Location/POS

Referred To Service Type

Search

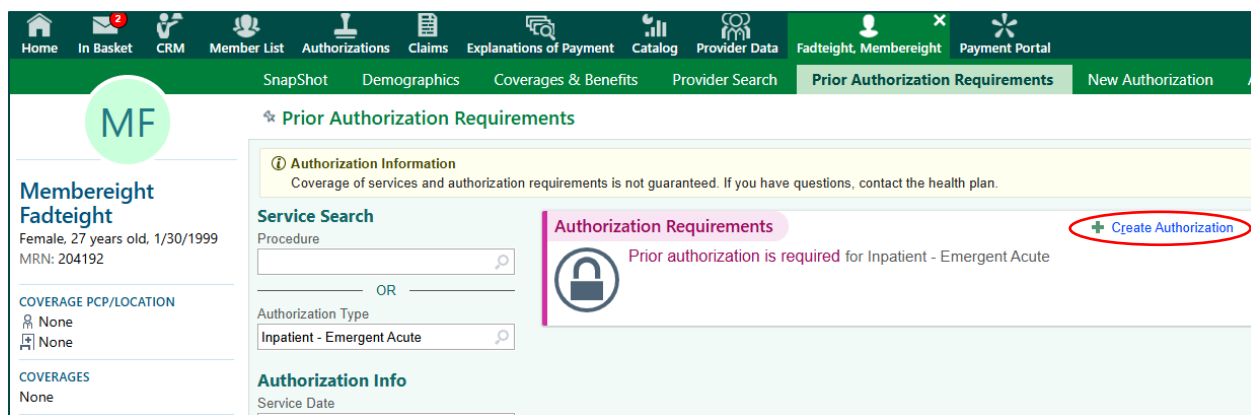


When selecting an **Authorization Type**, be sure to select the one that **most closely matches** the procedure or service.

When you click **Search**, the Authorization Requirements box will appear to the right side of the search criteria with information and instructions:

Outcome 1: Prior authorization is required

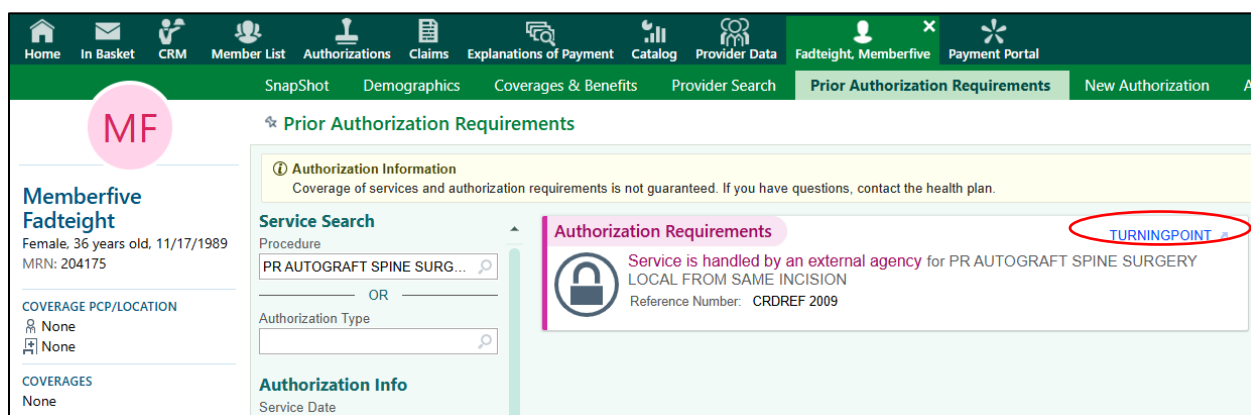
This outcome indicates prior authorization is required for the service or procedure, and you would submit the authorization in the portal. Click **Create Authorization** to begin your request. (See the guides linked under [Submit an authorization request](#) for additional instructions.)



The screenshot shows the 'Prior Authorization Requirements' section of the Provider Portal. On the left, the member information for 'Membereight Fadteight' is displayed. The 'Service Search' section shows a procedure search for 'Inpatient - Emergent Acute'. The 'Authorization Requirements' box on the right contains a lock icon and the text 'Prior authorization is required for Inpatient - Emergent Acute'. A red circle highlights the 'Create Authorization' link in the top right corner of this box.

Outcome 2: Prior authorization is required through a third party

When a third party vendor manages a service or procedure on our behalf, the Authorization Requirements box will read: Service is handled by an external agency. This includes authorizations that must be requested through TurningPoint and EviCore. Click the hyperlinked vendor name to SSO to their site to complete your authorization request.



The screenshot shows the 'Prior Authorization Requirements' section of the Provider Portal. On the left, the member information for 'Memberfive Fadteight' is displayed. The 'Service Search' section shows a procedure search for 'PR AUTOGRAFT SPINE SURG...'. The 'Authorization Requirements' box on the right contains a lock icon and the text 'Service is handled by an external agency for PR AUTOGRAFT SPINE SURGERY LOCAL FROM SAME INCISION'. A red circle highlights the 'TURNINGPOINT' link in the top right corner of this box.

Outcome 3: Pharmacy authorization

For pharmacy authorizations, the Authorization Requirements box will read: Service is handled by an external agency.

Important: Pharmacy authorizations are handled by Priority Health, not an external agency. "External" means the request is handled outside the portal.

Click the hyperlinked text that reads "Priority Health Drug Submission." This will take you to our Provider Manual's Drug Information page. Follow the directions there.

Memberfive Fadteight
Female, 36 years old, 11/17/1989
MRN: 204175

Coverage PCP/LOCATION
None

Coverages
None

Recent Authorizations

Prior Authorization Requirements

Authorization Information
Coverage of services and authorization requirements is not guaranteed. If you have questions, contact the health plan.

Service Search
Procedure: PR FACTOR VIII NUWIQ RECO...
OR
Authorization Type: [Search]
Authorization Info: Service Date: 7/24/2026

Authorization Requirements
Service is handled by an external agency for PR FACTOR VIII NUWIQ RECOMB 1IU
Reference Number: CRDREF 2012
[Priority Health Drug Submission](#)

Procedure Information
Click the Priority Health Drug Submission link above for more information on drug coverage and how to submit authorizations.

Outcome 4: No authorization is required

When no authorization is required for a particular service or procedure, the Authorization Requirements box will read: No prior authorization required. Do **NOT** click Create Authorization. Simply submit your claim for the service or procedure after it's complete.

Membereight Fadteight
Female, 27 years old, 1/30/1999
MRN: 204192

Coverage PCP/LOCATION
None

Coverages
None

Prior Authorization Requirements

Authorization Information
Coverage of services and authorization requirements is not guaranteed. If you have questions, contact the health plan.

Service Search
Procedure: PR INGESTION CHALLENGE TEST
OR
Authorization Type: [Search]
Authorization Info: Service Date: [Search]

Authorization Requirements
No prior authorization required for PR INGESTION CHALLENGE TEST
Recommendations and Additional Information:
• Enter the diagnosis and referred-to details when available, as they might affect the results.
• This service/item might have coverage restrictions or special requirements.
Reference Number: CRDREF 1947
Expiration Date: 8/15/2026
[+ Create Authorization](#)

Outcome 5: Not a covered benefit

When the procedure or service isn't covered, the Authorization Requirements box will read: Service is not a covered benefit. Do **NOT** click Create Authorization. Our system runs an individualized benefit check for the member, ensuring you aren't spending time requesting authorizations for procedures that won't be covered.

Membersixteen Fadtone
Male, 62 years old, 7/7/1964
MRN: 204275

Coverage PCP/LOCATION
None

Prior Authorization Requirements

Authorization Information
Coverage of services and authorization requirements is not guaranteed. If you have questions, contact the health plan.

Authorization Type
[Search]

Authorization Info
Service Date: 7/30/2026

Authorization Requirements
Service is not a covered benefit for PR SBRT W/POSITRON EMISSION DEL
Reference Number: CRDREF 2088
Expiration Date: 8/29/2026
[+ Create Authorization](#)

Submit an authorization request

Use the information below to determine the correct authorization type for your request. **Click the underlined authorization type below** to open specific instructions for submitting your request.

Inpatient requests

Use the guides below when the member is receiving services in a facility under an inpatient or post-acute level of care setting.

- **Acute & OB/GYN**: urgent / emergent admissions, conversions from outpatient / observation to inpatient
- **Behavioral Health**: MH inpatient or residential, psychiatric intensive care, ECT (inpatient), SUD detox, SUD residential / rehab
- **Elective**: non-emergent, planned admissions
- **NICU / Transplant**
- **Post-Acute**: long-term acute care, inpatient rehabilitation, subacute rehabilitation

Outpatient requests

Use the guides below for all other requests, including services provided in a facility but as an outpatient or ambulatory level of care setting.

- **Behavioral Health**: mental health partial hospitalization program, substance use disorder partial hospitalization program, trans magnetic stimulation (TMS), applied behavioral analysis (ABA)
- **DME**: all equipment necessary for treatment, mobility, accessibility and safety within the home (i.e., wheelchairs, hospital beds, CPAPs, wound pumps and supplies)
- **Home Health**: health care services provided wherever the member calls “home” (i.e., home infusion, wound care, palliative care, home physician visits, nursing, therapy and services provided by home health agencies)
- **Outpatient**: services provided to a member outside of an inpatient setting (i.e., doctor’s office visits, off-campus hospital, ambulatory surgery center and outpatient therapy)
- **In Lieu of Services (ILOS)**: food delivery services covered for some Medicaid members

Review / status submitted authorizations

From Member Inquiry / a member's Patient Snapshot, click **Authorizations by Member** to find submitted authorization requests, including **Status**.

Click the **Authorization ID** (green number in the first column) to view additional authorization details.

Referral by Member

View Option: Show Active Referrals

Click on the referral ID to view more information about that referral

Referrals found: 19

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
4108	PRIORITY HEALTH CHOICE			Pending	07/09/2026	10/07/2026	07/09/2026
4102	PRIORITY HEALTH CHOICE			Pending	07/09/2026	10/07/2026	07/09/2026
4096	PRIORITY HEALTH CHOICE			No Auth Req	07/09/2026	10/07/2026	07/09/2026
4093	PRIORITY HEALTH CHOICE			PEND	07/09/2026	10/07/2026	07/09/2026
3855	PRIORITY HEALTH CHOICE			No Auth Req	06/19/2026	09/17/2026	06/19/2026
3843	PRIORITY HEALTH CHOICE						06/19/2026
3773	PRIORITY HEALTH CHOICE			No Auth Req	06/17/2026	09/15/2026	06/17/2026
3652	PRIORITY HEALTH CHOICE			Authorized	06/16/2026	08/07/2026	06/16/2026
3644	PRIORITY HEALTH CHOICE			Authorized	06/15/2026	08/01/2026	06/15/2026
3480	PRIORITY HEALTH CHOICE			Authorized	06/05/2026	08/04/2026	06/05/2026
3460	PRIORITY HEALTH CHOICE			Denied	06/01/2026		06/03/2026
3454	PRIORITY HEALTH CHOICE			Authorized	06/03/2026	06/03/2027	06/03/2026
3309	PRIORITY HEALTH CHOICE			Authorized	05/06/2026	05/06/2027	05/06/2026
3299	PRIORITY HEALTH CHOICE			Authorized	05/05/2026	05/05/2027	05/05/2026
3295	PRIORITY HEALTH CHOICE			Authorized	05/05/2026	05/05/2027	05/05/2026
3000	PRIORITY HEALTH CHOICE			Authorized	12/16/2025	12/16/2026	12/16/2025
2954	PRIORITY HEALTH CHOICE						12/03/2025
2806	PRIORITY HEALTH CHOICE			Authorized	04/17/2026	07/16/2026	11/04/2025

Add a note or attachment to the selected request by clicking **Add Note/Attachment** in the upper left corner.

Click **Ask A Question** in the upper right corner to submit:

- [Authorization change requests](#)
- [Extension requests](#)
- [Peer to Peer requests](#)
- [Reconsideration requests](#)

Memberfve Fadteight
Female, 36 years old, 11/17/1989
MRN: 204175

COVERAGE PCP/LOCATION
None

COVERAGES
None

RECENT AUTHORIZATIONS
 Inpatient - Elective ...
 7/9/2026 - 10/7/2026
 ILOS - MTM
 7/9/2026 - 10/7/2026
 Behavioral Health - O...
 7/9/2026 - 10/7/2026

RECENT CLAIMS
 S110.00
 7/7/2026

Referral 4108
 Status: Pending Review - Needs Medical Review
 Priority: Routine
 Referred To: Generic Auth Provider
 GENERIC AUTH PROVIDER

Patient Information
 Patient Name: Fadteight, Memberfve
 Legal Sex: Female
 DOB: 11/17/1989
 SSN: XXX-XX-XXXX

Authorizations
 Authorization #US1145 - PRIORITY HEALTH CHOICE/HEALTHY MICHIGAN PLAN
 Status: Pending Review
 Service Code: 71090 (CPT®) - CHG X-RAY & PACEMAKER INSERTION
 Rev Code: ---
 Mod: ---
 7/9/2026 - 10/7/2026
 Appr/Req: --- / 1

Diagnosis Information
 Diagnosis: I10 (ICD-10-CM) - Essential (primary) hypertension

Alternatively, click **Authorizations** in the top menu to open your **Authorizations Worklist**.

Here you can **check the status** of your requests:

- **All Outstanding:** see pending authorization requests and their status
- **Recent Decisions:** see recently decided authorization requests and their status
- **All Authorizations:** see a complete list of all requests
- **Additional Info Needed:** requests our team needs more information on to make a determination (learn how to [submit additional information](#))

Authorization Worklist

Search for provider, member, authorization type, referral ID.

Worklists

- All Outstanding
- Recent Decisions
- All Authorizations

All Authorizations

- US1101 Outpatient with Beverly A. Ja
- US1057 Home Health with HOME HEAL
- US1056 Home Health with VNA NAZAR
- US1055 Outpatient with Caray Linka
- US1054 Outpatient with Beverly A. Ja
- US1053 Outpatient with Beverly A. Ja
- US1051 Outpatient with Beverly A. Ja
- US1050 Outpatient with Beverly A. Ja
- US1047 Durable Medical Equipment with Beverly A. Ja
- US1038 Outpatient with Beverly A. Ja
- US1032 Outpatient with Beverly A. Ja



You will be notified of authorization decisions in your In Basket, in the **Referral Notifications Letter Activity** folder.

Submit additional information, by request

Outpatient authorizations

Select **Additional Info Needed** under your Worklists to filter authorization requests that require more information to make a determination.

Select an authorization request and check what's listed under **Requested Items**. Select **Upload File** and add a file (up to 100MB) that responds to the request. Add additional comments if necessary, then click **Submit**.

The screenshot displays the 'Authorization Worklist' interface. On the left, a sidebar shows 'Worklists' with 'Additional Info Needed' selected. The main area shows a list of authorization requests. One request, 'US1101 Outpatient', is highlighted. To the right, a detailed view of this request is shown. It includes fields for 'Requesting Provider' (SH) and 'Performing Provider' (BJ), 'Member' (Membersix Fadteight), and 'Requested Services' (K0008 - PR CSTM MANUAL WHEELCHAIR/BASE). Below this, the 'Additional Info Needed' section is visible, followed by 'Requested Items' (Diagnostic Report). The 'Attachments' section has an 'Upload File' button circled in red. At the bottom right, a 'Submit' button is also circled in red.

Inpatient authorizations

Requests for additional information for inpatient authorizations are sent through the Provider Portal's **In Basket** function. Unless you elect otherwise in the portal, you'll receive an email notification when a request for additional information is sent to you.

1. Open your **In Basket**.
2. Navigate to the **Referral Notifications Letter Activity** folder.
3. Select a message to review the request for additional information.
4. Click **Reply**.
5. Type a note and/or upload a document. Click **Send Message**.

Priority Health
Home
In Basket
CRM
Member List
Authorizations
Claims
Explanations of Payment
Catalog
Member
Menu
Log Out
Epic

My In Basket
My Messages
Referral Notification Letter

My Messages
Customer Service Reply (0)
Financial Notifications
Referral Notification Letter
Referral Notifications (7)

New Msg
Refresh
Done
Open Referral
Search
Sort

	Priority	Flag	Patient	Msg Date	Letter	Referral ID
☐			Tapestry, Beth	11/06/2013 07:15 PM	Referral Approval Letter (10643)	645
☐			Tapestry, Fred	11/06/2013 07:22 PM	Referral Approval Letter (10643)	647
☐			Pachaven, Memberis	08/09/2013 08:52 AM	Min Req23 Pre Srv Ncm Request Priv All Prod (4640027)	2991
☐			Pachright, Memberis	10/28/2013 09:27 AM	Min Ip19 (pre) Priv All Prod (4640026)	3275

Referral Notification Letter
My Messages

Counts
New
Total

Legend
High Priority
Low Priority
Critical
Abnormal
Previous Abnormal

Cc
Work Taken By You (Click icon to put back)
Work Assigned To Your Pool (Click icon to share)
Work Taken By Others (Click icon to take)

My In Basket
My Sent Messages

EpicCare Link and Tapestry® Link Sourced from Epic Systems Corporation. © 1979-2013 Epic Systems Corporation.
EPP PROOF OF CONCEPT

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Request a Peer-to-Peer

In many cases, if your authorization request is denied, you can request Peer to Peer (a.k.a. Peer Review) with one of our Medical Directors.

Before submitting your request

See our [Peer-to-Peer policy](#) for details on when this option is available to you.

Submit a Peer-to-Peer request

1. [Find the authorization](#) you'd like to request a Peer-to-Peer for and click the Authorization ID to open the details screen.
2. Click **Ask A Question** in the top right corner, then select **Peer-to-Peer Request** from the resulting options.
3. Enter your name in the **Contact name** field
4. Enter your phone number in the **Call back number** field
5. In the **Details** field, enter:
 - a. The name of the MD that'll participate in the peer review on behalf of your facility or group
 - b. The MD's direct phone number
 - c. The MD's availability – include several times
6. Click **Submit**.

Someone from our team will contact you to schedule the Peer-to-Peer.

The screenshot shows the 'Peer To Peer Request' form. At the top, there's a green header with the title. Below it, a 'Priority' section has three radio buttons: 'High', 'Routine' (which is selected), and 'Low'. A note states: 'If this is a delegated authorization, please utilize the vendor's portal. Be advised, any new information will not be considered.' Below this, the 'Member' is listed as 'Fadteight, Memberfive [204175]'. There are two buttons for 'Attachments': 'Attach Authorizations' and 'Remove All Authorizations'. A table shows a single authorization with ID 4108, referred by a generic auth provider, with a status of 'Pending' and dates from 07/09/2026 to 10/07/2026. The 'Peer to Peer Request' section contains two text input fields for 'Contact name' and 'Call back number'. The 'Details' section has a large text area for 'Enter any details here'. At the bottom right, there are 'Submit' and 'Cancel' buttons.

ID	Referred By	Referred To	Status	Start	Expires
4108	GENERIC AUTH PROVIDER		Pending	07/09/2026	10/07/2026

Request a reconsideration

If your authorization request is denied and you're able to provide additional documentation to support medical necessity within 24 hours of the denial, you may submit a Reconsideration Request instead of going through the appeal process.

1. [Find the authorization](#) you'd like to request a Peer-to-Peer for and click the Authorization ID to open the details screen.
2. Click **Ask A Question** in the top right corner, then select **Reconsideration Request** from the resulting options.
3. Enter any supporting information in the **Details** area.
4. Attach applicable documentation to support medical necessity using the **Add files** button.
5. Click **Submit**.

The screenshot shows the 'Reconsideration Request' form. At the top, there's a green header with the title. Below it, the 'Priority' is set to 'Routine' (selected). The 'Member' is 'Fadteight, Membereight [204192]'. There are two buttons: 'Attach Authorizations' and 'Remove All Authorizations'. A table lists the authorization details:

ID	Referred By	Referred To	Status	Start	Expires
4070	LANGDON, CHARLES M	JOHNSON, ROBERT L	No Auth Req	07/07/2026	10/05/2026

Below the table is a 'Details' section with a text area. Underneath is the 'Additional Documents' section, which includes an 'Add files' button and a progress bar showing '0 Files' out of '100.0 MB Total Allowed'. At the bottom right, there are 'Submit' and 'Cancel' buttons.

Change or cancel an authorization request

For pending or approved requests, follow the instructions outlined below.

1. [Find the authorization](#) you'd like to request an extension for and click the Authorization ID to open the details screen.
2. Click **Ask A Question** in the top right corner, then select **Authorization Change Request** from the resulting options.
3. Leave the **Priority** set to Routine (default).
4. Under Authorization Change Request, **select the type of change**. Click the magnifying glass icon to open a list of options:
 - a. Change in date of service or DME rentals
 - b. Change in units, visits or days (not to be used for inpatient extensions)
 - c. Change provider or facility
 - d. Request to void a pending or an approved authorization
 - e. Request to expedite a pending authorization
5. Under **Details**, enter any information to support your request.
6. Under Additional Documents, use the **Add files** button to upload any relevant attachments, if applicable.
7. Click **Submit**.

Limits to changing an existing medical authorization:

- Adding or updating procedure or diagnosis codes requires a new authorization
- No changes can be made to a denied or voided authorization

The screenshot shows the 'Authorization Change Request' form. At the top, there's a green header with the title. Below it, a 'Priority' section has radio buttons for 'High', 'Routine' (selected), and 'Low'. A 'NOTE' states that change requests are only for approved and pending authorizations. The 'Member' field shows 'Fatteight, Memberfive [204175]'. There are two buttons: 'Attach Authorizations' and 'Remove All Authorizations'. Below this is a table with columns: ID, Referred By, Referred To, Status, Start, and Expires. The table contains one row with ID 4277, Referred By SPECTRUM HEALTH HOSPITALS, Referred To 01-THE CENTER FOR ADVANCED BREAST CARE SC, Status PEND, Start 07/23/2026, and Expires 10/21/2026. Under the table, there's a section 'Authorization Change Request' with a dropdown menu labeled 'Select the type of change'. Below that is a 'Details' section with a text area and a note about turnaround times: 'Expect the following turnaround times for the given priorities: High - 2 business days | Routine - 3 business days | Low - 5 business days'. The 'Additional Documents' section has an 'Add files' button and a progress bar showing '100.0 MB Total Allowed' and '0 Files'. At the bottom right, there are 'Submit' and 'Cancel' buttons.

ID	Referred By	Referred To	Status	Start	Expires
4277	SPECTRUM HEALTH HOSPITALS	01-THE CENTER FOR ADVANCED BREAST CARE SC	PEND	07/23/2026	10/21/2026

Request an extension

For all requests, follow the instructions outlined below.

1. [Find the authorization](#) you'd like to request an extension for and click the Authorization ID to open the details screen.
2. Click **Ask A Question** in the top right corner, then select **Extension Request** from the resulting options.
3. Leave the **Priority** set to Routine (default).
4. In the **Details** field, enter:
 - a. For outpatient, note the starting date of the requested extension.
 - b. For inpatient and outpatient, note the ending date of the requested extension.
 - c. Note the total number of days or units requested
 - d. Enter any additional information to support your request
5. Upload additional documents using the **Add files** button. Be sure to upload clinical documentation here. Priority Health can't make a determination on your request without it. Failure to upload will cause processing delays.
6. Click **Submit**.

Behavioral Health: *If you're requesting inpatient ECT at the same time as an inpatient stay extension, you must upload both the clinical documentation supporting the ECT authorization and the information that supports the inpatient days extension request.*

Extension Request

Priority: ☐ High ☒ Routine ☐ Low

Member: Fadteight, Memberfive [204175]

Attachments: Attach Authorizations Remove All Authorizations

ID	Referred By	Referred To	Status	Start	Expires
 4108	SPECTRUM HEALTH HOSPITALS	GENERIC AUTH PROVIDER	Pending	07/09/2026	10/07/2026

Details:

Enter any details here

Additional Documents

 Documents:

Add files

100.0 MB Total Allowed 0 Files

Submit

Cancel

Enter inpatient discharge information

The screenshot shows the Memberfivive Provider Portal interface. The top navigation bar includes links for Home, In Basket, CRM, Member List, Authorizations, Claims, Explanations of Payment, Catalog, Provider Data, Memberfivive, and Payment Portal. The main navigation bar has tabs for SnapShot, Demographics, Coverages & Benefits, Provider Search, Prior Authorization Requirements, New Authorization, and Authorizations by Member. The 'Authorizations by Member' tab is selected, showing a breadcrumb trail: Referral by Member > Referral Details. Below this, there are two links: 'Add Note/Attachment' (circled in red) and 'Submit Add'l Info'. The member information on the left indicates a female, 36 years old, born 11/17/1989, with a referral number of 4315.

1. [Find the authorization](#) you'd like to request an extension for and click the Authorization ID to open the details screen.
2. Click **Add Note/Attachment** above the Referral Number.

The screenshot shows the 'Add Authorization Note/Attachment' screen. The breadcrumb trail is: Authorization by Member > Authorization Details > Add Authorization Note/Attachment. A message states: 'Enter a Authorization note below. You must enter at least a **Note summary** or a **Note**. You may attach a file to the Authorization note by clicking the **Browse** button next to the **Attachment** field.' The 'New Authorization Note' section has a 'Note type' dropdown set to 'Provider Comments'. The 'Note summary' field contains 'Discharge'. A 'Note' section has a warning icon and text: 'You have SmartTools that must be resolved or removed (More Information)'. Below this is a 'SmartTools' text box with the following content: 'Submitter's Name: ***', 'Submitter's Phone Number (include extension if applicable): ***', and 'Additional Detail: ***'. The 'Attachment' section has an 'Add file' button and a '100.0 MB Total Allowed' limit. At the bottom right are 'Add Note' and 'Cancel' buttons.

3. On the resulting screen, leave the **Note Type** set to Provider Comments. In the **Note Summary** field, enter Discharge.
4. In the **SmartTools text box**, remove the asterisks and enter your name, your direct phone number (include any extensions) and under Additional Detail, enter the discharge date and disposition.
5. Click **Add Note**.

Check your authorization appeals

Check an existing appeal

Under CRM in the main menu, click Appeal History to search, view and status appeals.

CRM Member List Authorizations Claims Explanations of Payment Catalog Provider Data Member Payment Portal

Submitted CRM Submit Requested Information **Appeal History**

Appeal History

Search

Appeal ID

Member Name

Subject Type

Subject

Submitted Date

Decision Due Date

Decision

Requesting Provider

Select provider...

Search

Clear All

Rows: 3

Appeal ID	Member Name	Requesting Provider	Subject	Submitted Date	Decision Due Date	Decision
116	Memberfive Fadteight		US1011 Authorization	07/07/2026	—	—
109	Memberfive Fadteight		US1050 Authorization	06/24/2026	07/24/2026	—
108	Memberfour Fadteight		US1057 Authorization	06/24/2026	07/23/2026	—

Appeal #109

Basic Info

Reasons For Appeal
Medical Necessity

Review Level
Level 1

Current Urgency
Standard

Requested By
Provider

Member
Memberfive Fadteight

Intake Details

Received Date/Time
6/24/2026 1:50 PM

Submission Method
Portal

Subject

Authorization #US1050

Network Status
In Network

Referred To
Priority Health

Request Type
Reconsideration

Effective Dates
6/23/2026 - 6/29/2026

Submit a new appeal

Navigate to the Referral Details page of a denied authorization you'd like to appeal and select **Create Appeal**. If the authorization request has already been appealed and denied, you can select **Level 2 Appeal** from the **Ask A Question** dropdown menu.

Priority Health Home In Basket CRM Member List Authorizations Claims Explanations of Payment Catalog Provider Data Member Payment Portal

Authorization Worklist Authorization Search Priority Health medical policies EviCore authorization status EviCore clinical criteria InterQual commercial criteria InterQual Medicaid criteria

Referral Search Referral Details

Create Appeal

Referral 3754

Status
Denied

Priority
Routine

Outpatient - Outgoing

Ask A Question

- Authorization Change Request
- Extension Request
- Level 2 Appeal**
- Peer-to-Peer Request
- Reconsideration Request

Refer to our Provider Manual's Appeals section for appeals timelines and submission processes:

- [Medicare authorization appeals](#)
- [Commercial & Medicaid authorization appeals](#)

File upload requirements

File types	Accepted file types include: jpeg, png, jpg, bmp, gif, pdf, docx, doc, txt, xlsx, xls or pdf
Document size limit	25MB per file
Image size limit	5MB per image file
Total uploads limit	Cannot exceed 100MB