


Common Ground Healthcare Cooperative Prior Authorization Portal Reference Guide

This reference guide illustrates how to navigate the Common Ground Prior Authorization Portal. The portal will allow users to access information on eligibility and prior authorizations.

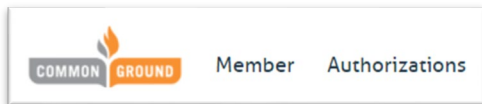
Login

1. Go to <https://provider.commongroundhealthcare.org/>
2. Enter username and password and click 

Home Screen

The Home screen will display alerts, list of prior authorizations that require an action and provider news.

Menu Options

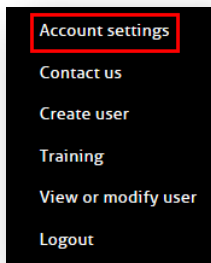



Modify User Account

To change your username, password, and update your email address:

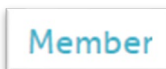


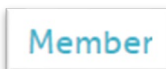
1. Click the gear in the upper-right hand corner and click *Account settings*:



2. Make changes and click 

Find a Member




1. To view member information click  located at the top of the home screen.

2. Search for member by selecting Member # or by First name, Last name and Date of birth:

Search by

Member #
First name, Last name and Date of birth


Note: For a listing of all family members, enter the member # exactly as it appears on the current ID card.

3. Enter data in required fields based on selection.
4. Click 

Authorizations

Authorizations can be searched by member or by organization.

Authorizations by Member

To view an individual member’s authorizations, click the  tab in the member information section.

Note: For member authorizations the portal will default to display all authorizations within the last 30 days.

Create a new authorization

Note: To create a new authorization, you must locate a member and go to the  tab.

1. Click 
2. Select Authorization type:

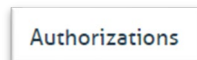
Authorization type: *

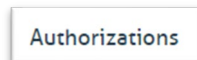
Medical referral
Medical admission

3. Click 

Authorizations by Organization

To view your organization’s authorizations, click the



 tab located at the top of the home screen.

Note: For organizational authorizations the portal will default to display all authorizations with a pending action within the past year.

To view additional authorizations:

1. Select the drop down list and select an option:

All types Action required Last year

2. Click [View](#).

Note: Adjust [Show 10 entries](#) to see more per

pages. Use [Previous](#) [1](#) [2](#) [Next](#) at the bottoms to navigate pages.

► *Optional:* Click *Member's name* to view member info.

Note: Use Back button  or Backspace key to get back.

► *Optional:* click [View detail](#) to view authorization detail.

Note: Close tab when done to return to prior authorizations.

Help

Provider Assistance Line 1-715-221-9745

TTY for hearing and speech impaired: 711

Common Ground Healthcare Cooperative (CGHC) ProAuth Reference Guide

Follow the steps below to enter an electronic prior authorization into CGHC's ProAuth system.

1. Log into the Provider Portal.

Member

2. Select **Member** from the top of the page.
3. Search for member by using the First name, Last name and DOB or Member #.

Search →

4. Click **Search →**.

Authorizations

5. Click **Authorizations**.
6. To view pending authorizations, [To access ProAuth, click here.](#)

7. To create a new authorization, click

Create new

8. Select authorization type; Medical referral or Medical admission.

Connect to ProAuth →

9. Click **Connect to ProAuth →**.

Member Search

10. Click **Member Search** in the upper left-hand corner of the page.
11. Search for member by Name and Date of Birth option.
12. Select **Create an Inpatient Authorization** or **Create Service/Procedure Authorization**.

Create an Inpatient Authorization

1. Click **CREATE INPATIENT AUTHORIZATION** and select **Behavioral Health** or **Medical**.
2. Enter required fields as indicated with an *.
Note: *Servicing Facility, Primary Diagnosis* and *Primary Procedure* can be searched by name or number/code. Also, Member's Applied Eligibility will populate based on entered Start Date.
3. Click **NEXT**.
4. A message will appear in the lower portion of the page indicating whether or not a clinical review is required.
5. Click **NEXT**.
6. Click **ADD NOTE** in upper right-hand corner of the screen.
 - a. Enter **Level of Care** and add **Note**.
 - b. Click **SAVE**.
7. Click **ADD ATTACHMENT (0)** in upper right-hand corner of screen.

- a. Browse for file, select the file, and click **Open** or double click to select Document Type.
 - b. Click **ADD**. Document will appear as an Attached File. Add additional documents if needed.
 - c. Click **CLOSE**.
- Note:** Uploaded documents must be one of the following formats: *pdf, doc, docx, jpg, or jpeg*.
- d. Enter required fields indicated with an *.
 - e. Click **SUBMIT**.
 - f. Click **YES** to verify the information is accurate.

Create a Service/Procedure Authorization

1. Click **CREATE SERVICE/PROCEDURE AUTHORIZATION**.
 2. Select **Behavioral Health** or **Medical**.
 3. Enter required fields as indicated with an *.
Note: *Servicing Facility, Primary Diagnosis* and *Primary Procedure* can be searched by name or number/code. Also, Member's Applied Eligibility will populate based on entered Start Date.
 4. Click **NEXT**.
 5. Click **ADD NOTE** in upper right-hand corner of the screen.
 - a. Enter **Request For** and add **Note**.
 - b. Click **SAVE**.
 6. Click **ADD ATTACHMENT (0)** in upper right-hand corner of screen.
 - a. Browse for file, select the file, and click **Open** or double click to load file.
 - b. Select Document Type.
 - c. Click **ADD**. Document will appear as an Attached File. Add additional documents if needed.
 7. Click **CLOSE**.
- Note:** Uploaded documents must be one of the following formats: *pdf, doc, docx, jpg, or jpeg*.
8. Complete Authorization Details by populating required fields indicated with an *.
 9. Click **NEXT**.
 10. To add additional line items, click **ADD SERVICE**.

11. To complete Prior Authorization request, click

SUBMIT

12. Click YES to verify the information is accurate.

Note: *Service types* and *provider* must remain the same if adding additional line items to this authorization request.

Help

Provider Assistance Line 1-715-221-9745

TTY for hearing and speech impaired: 711