

Happy Fall!



Transition to New, Secure Provider Portal Begins

Mountain Health CO-OP, in collaboration with University of Utah Health Plans (UUHP), has been in the process of creating a new secure portal to replace the current LINK Provider Portal. The new provider portal will have many functions including the following:

- View member eligibility, claims, and remittance advices.
- Submit and review prior authorization requests and documentation.
- Send secure messages directly to Customer Service.
- Conduct your business at the time most convenient for your office.
- View information about any CO-OP member with whom your office has a current or scheduled treatment relationship.

We are still in the “targeted-pilot” phase of implementation. However, providers currently registered for the LINK Provider Portal may continue to use the portal for most services, with the exception of prior authorization requests. Once the new portal is fully operational, registered providers will be transitioned to the new portal in phases by invitation. Two weeks after existing users register for the new portal, their entire clinic’s LINK access will be deactivated. Be certain to set up your clinic’s user’s access in the new portal within this timeframe. After current users are transitioned, we will open the registration link up to all providers.

For general information about the provider portal, call 855-447-2900, or email the provider networking team at provider@mhc.coop.

COVID Coverage

Beginning 9/1/21, all non-COVID-19 related telehealth services include member cost share, according to the member’s plan benefits. The CO-OP is still currently covering COVID-19 testing and diagnostic at 100%.

Coordinate with our Complex Care & Disease Management Teams

The CO-OP's Care Management programs offer members individual attention and online resources to help meet their healthcare goals. Services include education, advocacy, and coordination of members' needed services. Our Care Managers work with our members and the treating provider and/or Primary Care Provider to help our members reach optimal health.

Reach out to our Care Managers at any time to request assistance with managing your patient's overall healthcare services. The programs are available with no out-of-pocket cost for members who are interested in our care management nursing services. To refer a patient, contact us at **801-213-4008**, Option 2.

New Prior Authorization Submission Process

The CO-OP has also upgraded the online prior authorization submission process. The redesigned [Prior Authorization Form](#) is straightforward and streamlined, and you can easily attach supporting documentation at the time of submission.

Within the CO-OP's [Prior Authorization](#) web page, you will find links to what procedures, products, and treatments require prior authorization; a link to submit a [Prior Authorization Request](#) online (our preferred method), and fax numbers and printable request forms for different treatment areas if online submission is not an option at your office.

Questions about a current prior authorization request? Please call our Customer Service at **855-447-2900**.

We look forward to these changes enhancing the majority of your prior authorization experiences.

Code Search Tool for Prior Authorizations

The CO-OP has added a search by code tool to our website for services requiring prior authorization. This will allow providers to either search using a CPT/HCPC code or browse codes by service category. These lists are modified periodically with appropriate notice of any changes. Providers should still verify eligibility and benefits for all members prior to rendering services by contacting customer service 844-262-1560 or provider relations at 877-447-2900 option 6.

Coverage Policy and Prior Authorization Updates

The CO-OP uses coverage policies as guidelines for coverage determinations in accordance with the member's benefits. Effective January 1, 2020, all new and updated policies, including policies for services requiring prior authorization, are posted on our [Coverage Policies](#) website for 60 days prior to their effective date.

Quarterly notice of recently approved and revised coverage policies is provided in the provider newsletters for your convenience. The information listed are summaries of the policies. Click on the hyperlinked policy number to view the coverage policy in its entirety.

Also included here are any updates to which services require prior authorization. Visit our **Prior Authorization** site frequently to view all medical services that require prior authorization, links to our coverage policies, and information on submitting an authorization request. Services that do not yet have a policy are reviewed using InterQual® criteria.

The Coverage Policy Updates section of this newsletter does not guarantee coverage is provided for the procedures listed. Coverage policies are used to inform coverage determinations but do not guarantee the service is a covered service. For more information on our coverage policies, visit our [Coverage Policies](#) website or contact your Provider Relations consultant at 855-447-2900 Option 6 or provider@mhc.coop.

[Read More](#)

Provider Rosters & Provider Directory

Provider directory accuracy is vital to the patient/member experience. [Provider Add](#) and [Provider Term](#) forms are available on our [website](#) for you to complete when a provider either joins or leaves your practice. If you are a group with 10 or more providers, please send updated monthly rosters with group NPI's included to provider@mhc.coop. This will help us ensure the accuracy of our provider directories. When possible, please include a summary of all changes when sending provider rosters.

Read more by clicking the button below.

[Read More](#)



CONGRATULATIONS!

Blair Fjeseth

**Vice President
of Public Affairs**

Blair has been named
an **Emerging Leader
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