DMBA PROVIDER PORTAL NEW AUTHORIZATION REQUEST

For UHC and MDX Contracted and Non-Contracted Provider Individuals and Groups

GETTING STARTED. To access the DMBA Provider Portal, log into https://benefits.dmba.com/suite/?signin=okta. After you log in, you can submit a new authorization request in two ways:

- Go to the *Authorization Requests* tile and click on *New Request*.

- From the menu on the left side of the screen, click on *Authorization Requests*. Click on *Submit a New Request*, then follow the steps below.

1. **MEMBER INFORMATION**. Enter the patient information, including name, birth date, and DMBA ID number. Then click the *Next* button.

2. **AUTHORIZATION REQUEST TYPE**. Define the type of authorization you are requesting. If you need a concurrent review or extension for an existing authorization, select *Concurrent Review / Extension* from the *Nature of Authorization Request* drop-down menu. You will then see a list of previously submitted requests for the patient. If cannot find a request for the authorization you need, you must create a new request.

   Choose the service type and service category from the drop-down menus. Check the box if the service is as yet unscheduled or enter the service dates and location in the appropriate fields. Choose whether the authorization needs expedited review. Then, click *Next*.

3. **FACILITY INFORMATION**. If applicable, enter the name of the facility where services will be rendered. If no facility is needed, check the box that says, "No facility related to requested services." Then, click *Next*.

4. **PROVIDER INFORMATION**. Add the provider information requested. Please be aware, the requesting provider is not always the same as the rendering provider. If the requested services do not require a provider, check the box that says, "No provider related to requested services."

   Please provide contact information for yourself or someone else whom we may contact about the authorization request if we have questions.

5. **DIAGNOSIS AND PROCEDURE INFORMATION**. You must provide at least one diagnosis and one procedure code. If you provide an unlisted procedure code, you must include a description as well. Some services require additional information which will be defined in the *Questionnaire* section. If you don't see this section,

continue on. If you do, complete the requested information and click *Next* to provide documentation in the *Supporting Information* step.

6. **SUPPORTING INFORMATION**. Click on *Add New Document* to attach the necessary documentation for your authorization request, including any documents defined in the *Questionnaire* section of the previous step. Enter any comments that you think will help with the review process. If you are requesting a retro authorization, please provide any claim numbers related to the request. Then click *Submit*.

FOLLOWING UP. Once you've submitted your request, you can:

- View the request summary to find the request number,
- submit a new request, or
- return home.

You can continue to make changes to your request until it has been placed *Under Review*. If you need to make changes at that point, please add a comment or documentation to the request.