

# Secure Provider Portal Quick Start Guide

USING THE SECURE PROVIDER PORTAL

Last Updated: September 30, 2021

**ABOUT THE SECURE PROVIDER PORTAL ..... V**

    SYSTEM REQUIREMENTS ..... V

**PURPOSE OF THIS GUIDE..... V**

**AUDIENCE..... V**

**INTRODUCTION..... V**

**USING THE PROVIDER LANDING PAGE ..... 6**

    TO GET STARTED ..... 6

    PROVIDER LANDING PAGE OVERVIEW ..... 6

*Main Toolbar Options:* ..... 6

*Provider Dashboard Options:*..... 6

**MANAGING ACCOUNT DETAILS ..... 7**

*To Access the Account Details Screen* ..... 7

    ACCOUNT DETAILS: MANAGE YOUR USER PROFILE AND ACCOUNT DETAILS ..... 8

*To Update Account Information* ..... 8

*To Change Your Password*..... 8

    ACCOUNT DETAILS: MANAGE YOUR TINS ..... 9

    ADDITIONAL INSTRUCTIONS: ..... 9

    ACCOUNT DETAILS: MODIFY DEMOGRAPHIC INFORMATION ABOUT A SPECIFIC TIN ..... 9

    ACCOUNT DETAILS: ADD A TIN TO AN ACCOUNT ..... 11

**MANAGING USERS ..... 12**

    TO ACCESS THE USER MANAGEMENT SCREEN ..... 12

    USER MANAGEMENT: MODIFY USER PERMISSIONS ..... 13

*Account Permissions Definitions* ..... 13

    USER MANAGEMENT: INVITE OTHERS TO JOIN YOUR ACCOUNT ..... 14

*To Invite a User* ..... 14

**VERIFYING PATIENT ELIGIBILITY ..... 15**

    TO ACCESS THE ELIGIBILITY CHECK SCREEN ..... 15

    TO LOOK UP ELIGIBILITY INFORMATION FOR A PATIENT ..... 15

    ADDITIONAL INSTRUCTIONS: ..... 16

    TO PRINT THE PATIENT’S ELIGIBILITY DETAILS ..... 16

**MANAGING THE MEMBER RECORD ..... 17**

    MEMBER RECORD OVERVIEW TAB – VIEW CLINICAL INFORMATION ..... 18

*Member Record Components* ..... 18

    MEMBER RECORD: COST SHARING TAB ..... 19

    MEMBER RECORD: ASSESSMENTS TAB ..... 20

*To Add an Assessment to a Patient’s Record* ..... 20

*To View Previously Submitted Assessment Responses*..... 21

    MEMBER RECORD: HEALTH RECORD TAB ..... 22

*To Access the Member’s Health Record*..... 22

*To View Visit Details*..... 22

*To View Medications Details*..... 23

*To View Immunizations Details*..... 23

## SECURE PROVIDER PORTAL QUICK START GUIDE

<i>To View Lab Details</i> .....	24
<i>To View Allergies Details</i> .....	24
MEMBER RECORD: CARE PLANS TAB .....	25
MEMBER RECORD: AUTHORIZATIONS TAB .....	26
<i>Available Authorization Information:</i> .....	26
<i>To View Authorization Details</i> .....	26
<i>To Download Notes and Attachments</i> .....	27
MEMBER RECORD: AUTHORIZATIONS TAB – CREATE A NEW AUTHORIZATION .....	28
<i>To Create a New Authorization for a Member</i> .....	28
<i>About the Authorization Form</i> .....	28
<i>Complete the Authorization Form</i> .....	29
Step 1: Provider Request.....	29
Step 2: Service Line .....	30
Step 3: Finish Up.....	31
MEMBER RECORD: DOCUMENT RESOURCE CENTER .....	32
<i>To Access the Document Resource Center</i> .....	32
<i>To Upload Documents</i> .....	32
<i>To Review Documents</i> .....	33
MEMBER RECORDS: NOTES.....	34
<i>To Access Notes</i> .....	34
<i>To Add a New Note</i> .....	34
MEMBER RECORD: ADT NOTIFICATIONS (FOR ALLWELL HEALTH PLANS ONLY) .....	35
<i>To Access Notes Admission Discharge, Transfer (ADT) Notifications</i> .....	35
MEMBER RECORD TAB: MANAGING REFERRALS.....	36
<i>To Access Referrals</i> .....	36
<i>To Submit a Referral for a Member</i> .....	36
MEMBER RECORD TAB: VIEWING COORDINATION OF BENEFITS (COB) .....	37
<i>To Access the Members Coordination of Benefits Information</i> .....	37
MEMBER RECORD TAB: MANAGING CLAIMS .....	38
<i>To Access Claim Information</i> .....	38
<i>To Create a New Centers for Medicare and Medicaid Services (CMS) Claim</i> .....	38
MEMBER RECORD TAB: MANAGING CLAIMS (PROFESSIONAL CLAIMS) .....	39
<i>Member Record Tab: Claims – Adding Diagnosis Codes</i> .....	39
<i>Member Record Tab: Claims – Adding Coordination of Benefits</i> .....	40
Adding Service Lines to the Claim .....	41
<i>Adding Provider Information to the Claim</i> .....	42
<i>Adding attachments to claim</i> .....	43
To Attach a File.....	43
<i>Review Claim</i> .....	44
MEMBER RECORD TAB: MANAGING CLAIMS (CMS UB-04 INSTITUTIONAL CLAIM).....	45
<i>Add a New Service Line</i> .....	46
<i>Adding attachments to claim</i> .....	49
To Attach a File.....	49
<i>Review Claim</i> .....	50
<b>MANAGING AUTHORIZATIONS</b> .....	<b>51</b>
TO ACCESS AUTHORIZATIONS .....	51
TO SEARCH FOR AN AUTHORIZATION.....	51
AUTHORIZATIONS: VIEW A PRIOR AUTHORIZATION REQUEST .....	52

## SECURE PROVIDER PORTAL QUICK START GUIDE

AUTHORIZATIONS: VIEW A PRIOR AUTHORIZATION REQUEST (PROCESSED) .....	52
AUTHORIZATIONS: VIEW A PRIOR AUTHORIZATION REQUEST (ERRORS) .....	53
<i>To View the Disclaimer</i> .....	53
<b>MANAGING CLAIMS .....</b>	<b>54</b>
TO ACCESS CLAIM .....	54
CLAIMS OVERVIEW .....	54
MANAGING INDIVIDUAL CLAIMS .....	55
<i>To Access Individual Claims</i> .....	55
<i>Managing Individual Claims Details</i> .....	55
To View Details of the Individual Claim .....	55
To Copy an Existing Claim.....	56
To Correct a Claim .....	56
To Void/Recoup a Claim (If applicable) .....	56
To Reconsider Claim .....	57
Managing Claims Reconsideration Details .....	59
VIEW AND EDIT SAVED CLAIMS .....	63
<i>To view saved claims</i> .....	63
Types of Saved Claims .....	63
<i>To Edit a Saved Claim</i> .....	63
<i>To Delete a Saved Claim</i> .....	63
VIEWING SUBMITTED CLAIMS .....	64
VIEWING SUBMITTED BATCH CLAIMS .....	65
<i>To Access Batch Claims</i> .....	65
<i>To Search for a Batch Claim</i> .....	65
<b>UPLOADING BATCH FILES TO EDI .....</b>	<b>66</b>
TO ACCESS UPLOAD EDI .....	66
TO UPLOAD A BATCH OF CLAIMS USING UPLOAD EDI .....	66
<i>To Attach Your Batch Claims</i> .....	67
CREATING RECURRING CLAIMS.....	68
<i>To Access Recurring Claims</i> .....	68
<i>To Create a Recurring Claim</i> .....	68
<i>To Add a Member</i> .....	70
PAYMENT HISTORY .....	71
<i>To Access Payment History</i> .....	71
<i>To View Payment History</i> .....	71
USING THE CLEAR CLAIM CONNECTION AUDIT TOOL.....	72
<i>To Access the Claims Audit Tool</i> .....	72
<i>To Use the Claim Audit Tool</i> .....	73
<b>VIEWING AND DOWNLOADING THE PATIENT LIST .....</b>	<b>74</b>
TO VIEW THE PATIENTS LIST .....	74
TO DOWNLOAD THE PATIENTS LIST.....	74
TO FILTER THE PATIENTS LIST.....	75
<b>MANAGING SECURE MESSAGING .....</b>	<b>76</b>
TO ACCESS SECURE MESSAGING .....	76
TO VIEW AND RESPOND TO RECEIVED SECURE MESSAGES.....	76
TO CREATE A SECURE MESSAGE .....	76

SECURE PROVIDER PORTAL QUICK START GUIDE

*ADDITIONAL INSTRUCTIONS:* ..... 77  
    *Draft a Message*..... 77  
MANAGE SENT SECURE MESSAGES..... 78  
    *To Send to Trash* ..... 78  
MANAGE MESSAGES SENT TO TRASH ..... 79

## About the Secure Provider Portal

The Provider Portal is a secure web-based platform. Use this tool to support eligibility inquiry, authorization submission, claim submission, claim status inquiry, and a number of clinical applications.

### System Requirements

Access the secure provider website using Internet Explorer 10.0 or higher, Firefox and/or Google Chrome. Each browser should be updated to the most recent version available optimal performance.

## Purpose of this Guide

This guide provides an overview of the key features and functionality offered by the Secure Provider Portal. The guide also explains many ways to use the site to get the most out of the resource. If you need additional support, contact Provider Services.

## Audience

Registered users of the secure Provider Portal.

## Introduction

This guide contains updated instructions to reflect recent changes to the Secure Provider Portal.

### **Some administrative tasks that registered users can do include:**

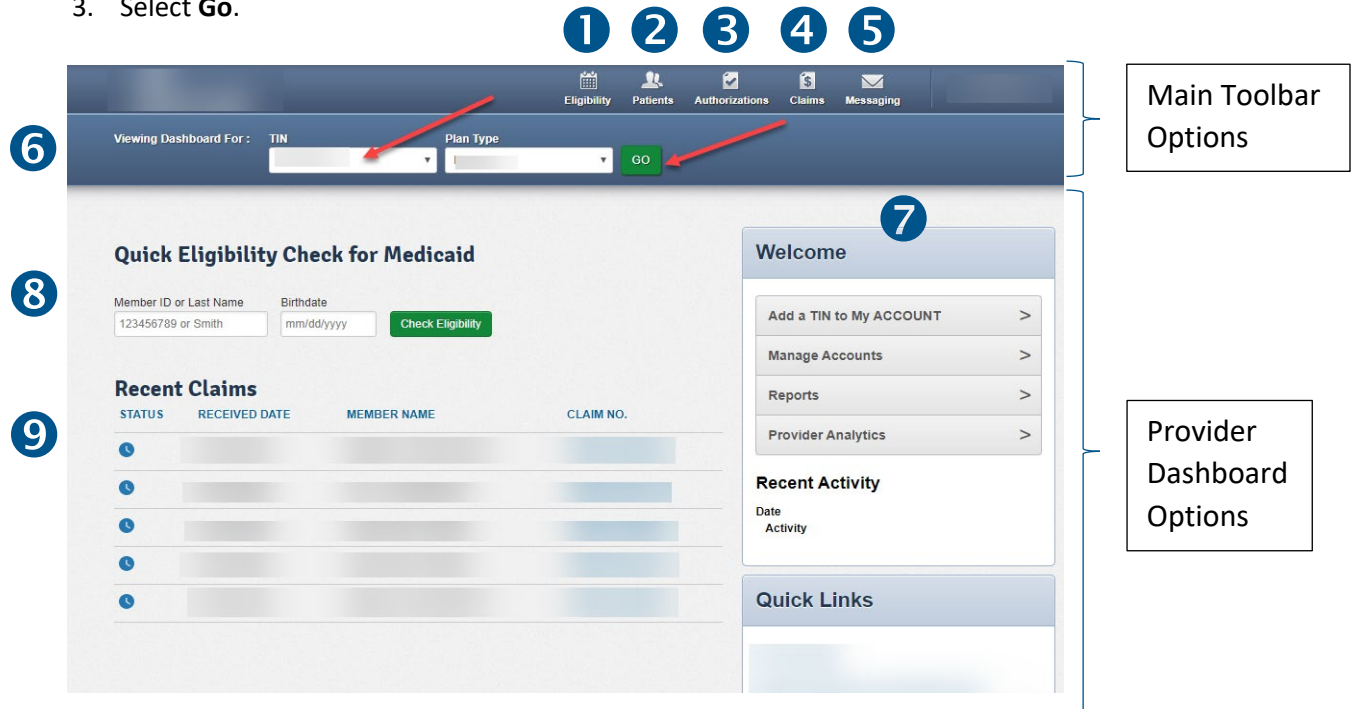
- Check eligibility
- View the specific benefits for a member
- View benefit details including member cost share amounts for medical, Pharmacy, dental, and vision services
- View demographic information for the providers associated with the registered TIN such as office location, office hours and associated practitioners
- Update demographic information, such as address, office hours, etc.
- View and print patient lists (primary care providers). This patient list will indicate:
  - Member's name,
  - Member ID number,
  - Date of birth, and
  - The product in which they are enrolled
- Submit authorizations and view the status of authorizations that have been submitted for members
- View claims and the claim status
- Submit individual claims, batch claims or batch claims via an 837 file View and download Explanations of Payment (EOP)
- View a member's health record including visits (physician, outpatient hospital, therapy, etc.); medications, and immunizations
- View gaps in care specific to a Member including preventive care or services needed for chronic conditions
- Send secure messages

## Using the Provider Landing Page

Once logged in, the Dashboard displays with access to recent claims, functions and controls.

To get started

1. Choose the Tax ID from the **TIN** drop-down list.
2. Choose the appropriate Product under **Plan Type**.
3. Select **Go**.



## Provider Landing Page Overview

You can perform the following tasks from the Dashboard. **Note:** Features vary by Health Plan product.

### Main Toolbar Options:

1. **Eligibility:** Verify patient eligibility
2. **Patients:** View and print your patient list (PCP/PMP)
3. **Authorizations (Auths):** Submit and view authorizations
4. **Claims:** Submit, view, correct, copy, void/recoup claims
5. **Messaging:** Send and receive secure messaging
6. **TIN and Health Plan Selector:** Switch between Multiple Provider Tax ID's and the corresponding products (i.e. Medicaid, Ambetter, Advantage Plans, Behavioral Health or MMP)

### Provider Dashboard Options:

#### Menu Options:

7. Access additional functionality, such as manage accounts and view provider related reports

#### Eligibility Quick Check:

8. Check the eligibility of a member

#### Recent Claims:

9. View the last five claims submitted on the portal within the last 24 months

# SECURE PROVIDER PORTAL QUICK START GUIDE

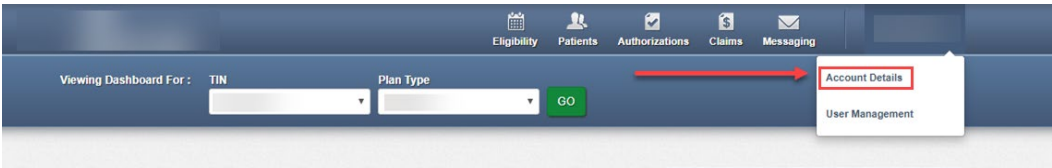
## Managing Account Details

From the Account Details screen, you can:

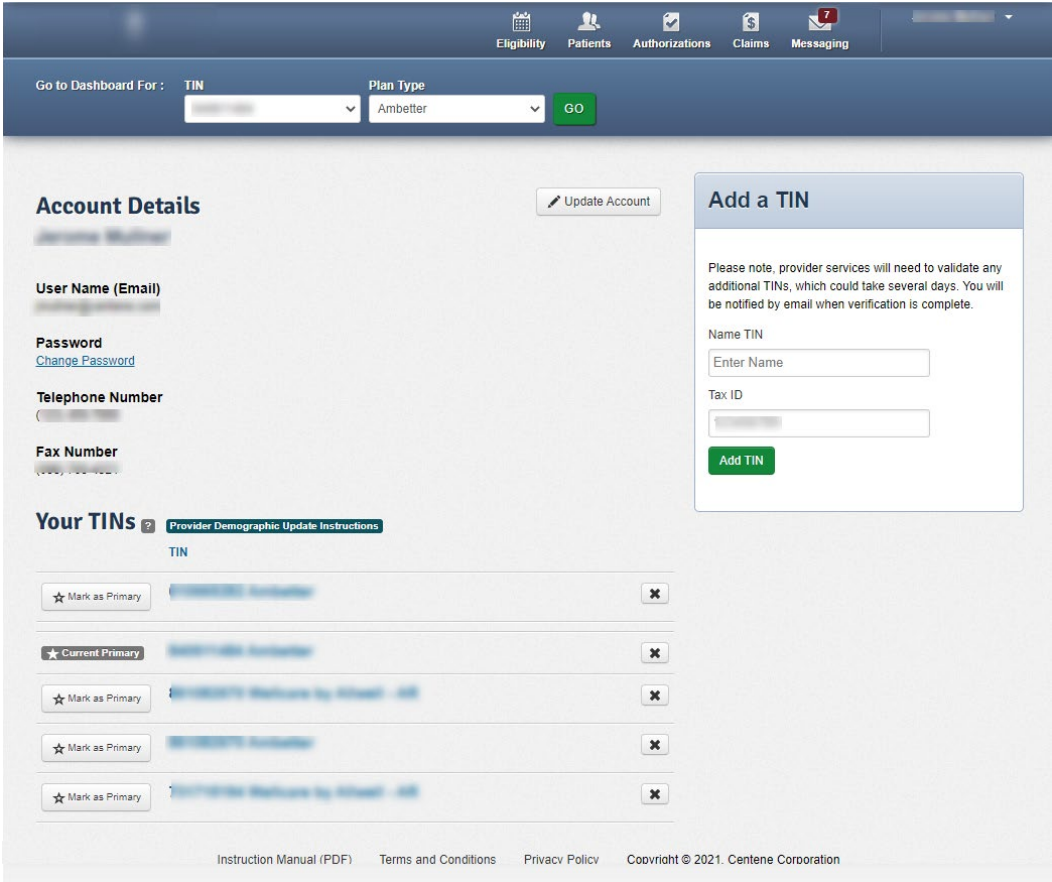
- View and manage information related to your account profile.
- Add and manage Tax Identification Numbers (TINs) on the account.

### To Access the Account Details Screen

1. From the main dashboard, select the **drop-down arrow** next to your name in the upper-right corner on the screen.
2. Choose **Account Details**.



The Account Details screen appears.

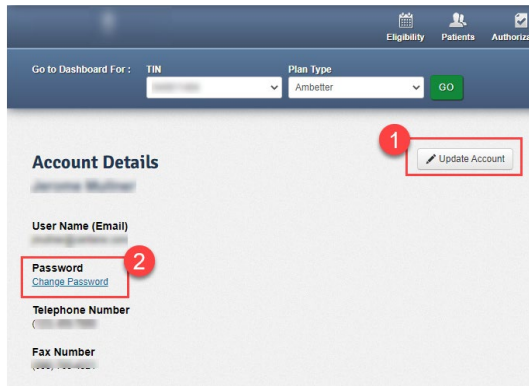




## SECURE PROVIDER PORTAL QUICK START GUIDE

### Account Details: Manage Your User Profile and Account Details

Any updates that you make to your available account details will display on the screen. Use the Update Account and Change Password features to make any changes.



#### 1 To Update Account Information

1. Click the **Update Account** button. The Update Your Information screen appears.
2. Make any needed updates to your account Information.

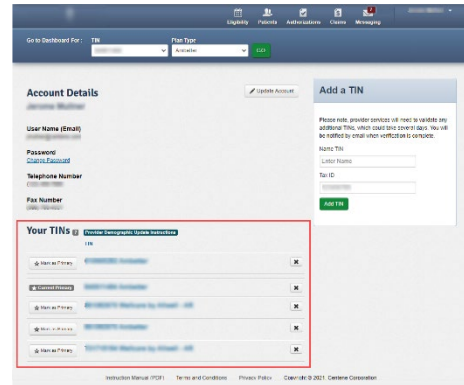
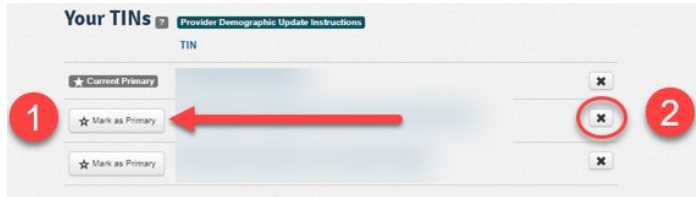
#### 2 To Change Your Password

1. Click the **Change Password** link under Account Details.
2. Follow the instructions on the EntryKeyID Change Password screen.

# SECURE PROVIDER PORTAL QUICK START GUIDE

## Account Details: Manage Your TINs

TINs added to your account display in a list under the **Your TINs** section. You can mark one primary TIN to appear by default when you access the dashboard. You can also remove TINs from your account.



1. To change your default TIN, select **Mark as Primary** next to a different TIN.
2. To remove a TIN from the account, select the **x** next to one you no longer want.

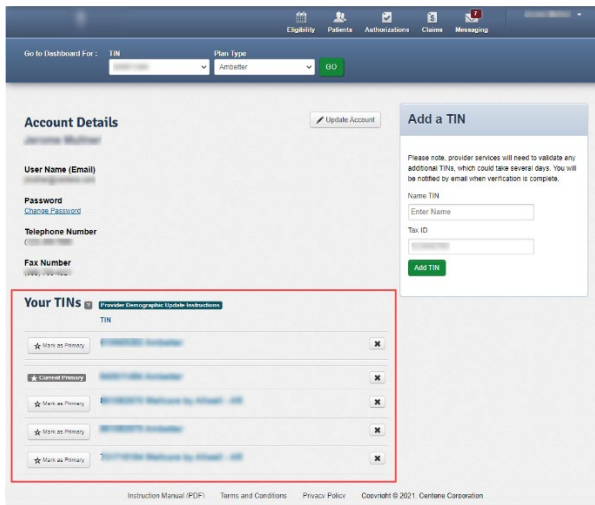


### Additional Instructions:

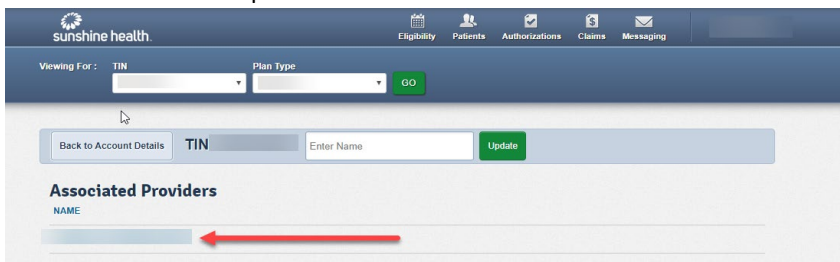
The primary TIN on the account appears by default in the TIN drop-down list at the top of the dashboard. The associated plan also displays. You can select any TIN that you have added to your account.

## Account Details: Modify Demographic Information about a Specific TIN

1. Click on the individual TIN.

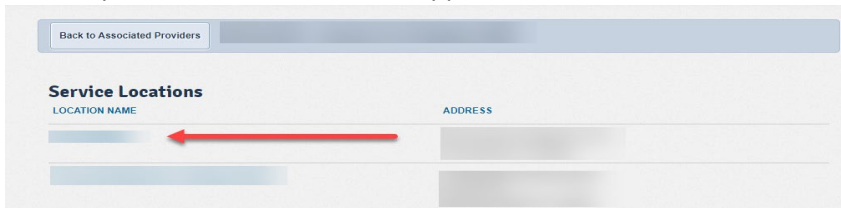


2. Click on the Name to update information about one of the Associated Providers.

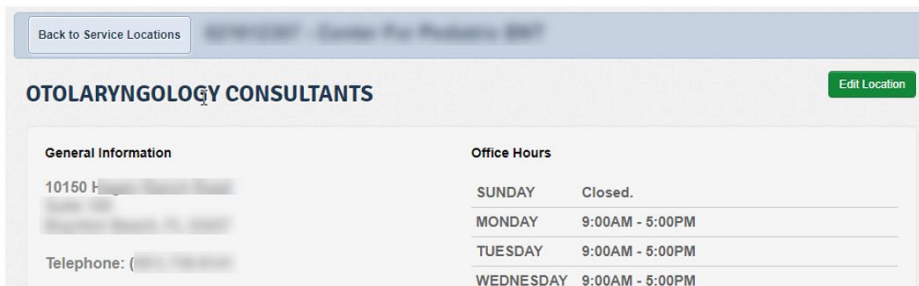


## SECURE PROVIDER PORTAL QUICK START GUIDE

3. A list of possible Service Locations appears. Click on the name associated with the address.



4. Make updates on the screen that appears.



5. Click **Edit Location** to update the provider information

**Note:** This information will update the Find A Provider website.

The following Transaction attributes will be available for edits.

**Note:** Only one update within a transaction set is allowed per day.

**Transaction Set #1 - Provider Location Address**

- Address1
- Address2
- City

**Transaction Set #2 - Provider Location Phone**

- Phone
- Fax

**Transaction Set #3 - Provider Location Accessibility**

- Accessibility (Yes or No)

**Transaction Set #4 - Provider Office Hours**

- Monday- Sunday (7 Data Attributes for each day)

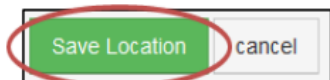
**Transaction Set #5 - Practitioner Gender**

- Gender

**Transaction Set #6 - Practitioner Office Hours**

- Monday- Sunday (7 Data Attributes for each day).

6. Save changes by clicking on the **Save Location** button at the bottom of the screen.



- ⚠ Note:** If any additional updates are necessary, please contact your Provider Relations Representative.

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Account Details: Add a TIN to an Account

1. Enter the name for the TIN and the Tax ID number.
2. Click **Add TIN**.

[Update Account](#)

### Add a TIN

Please note, provider services will need to validate any additional TINs, which could take several days. You will be notified by email when verification is complete.

Name TIN

Tax ID

**Add a TIN**

We could not find your Tax ID in our system. If you have not already, please visit our public site to join the network.

**⚠ Note:** If the TIN entered is not found the above message appears. Each new TIN added will require verification from the health plan and can take up to 48 hours to complete.

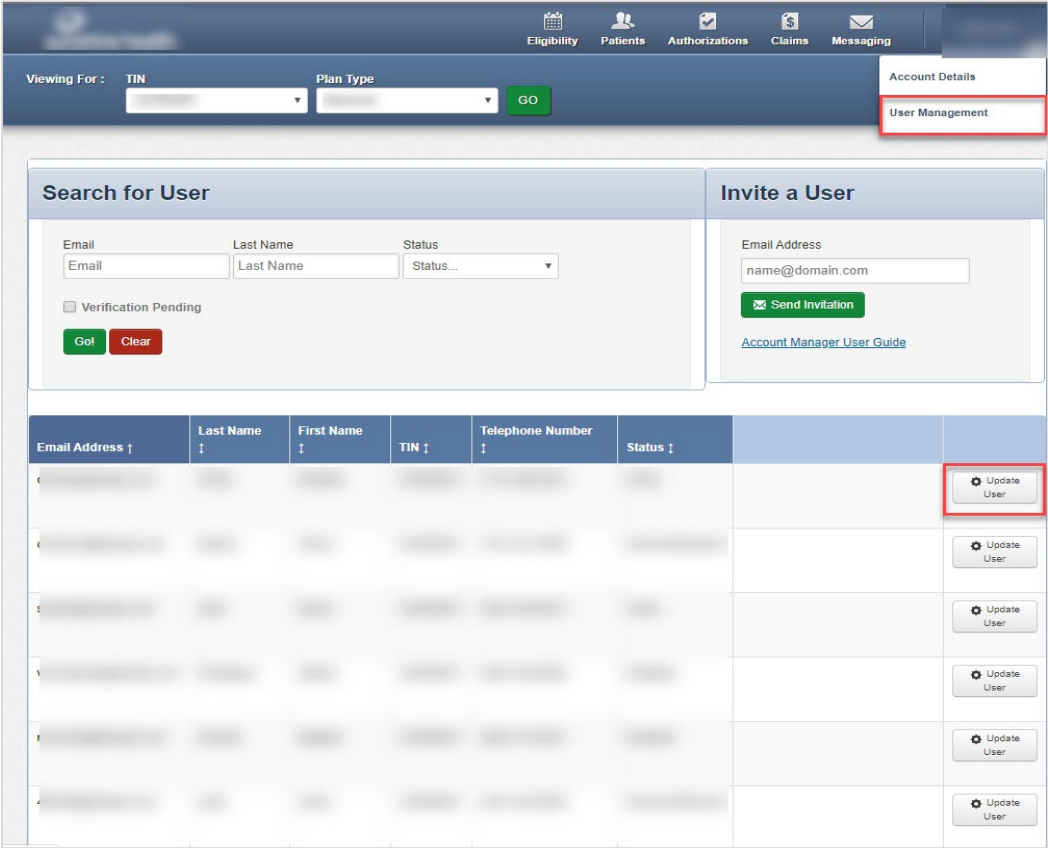
# SECURE PROVIDER PORTAL QUICK START GUIDE

## Managing Users

The **User Management** feature helps Account Managers manage their office staff or users associated with their practice. You can disable or enable users, and manage permissions for your account.

### To Access the User Management Screen

- 1. Select the **drop-down** arrow next to your name in the upper-right corner.
- 2. Select **User Management**.
- 3. Click **Update User** to the right of the user name. The Support User screen appears with the user and profile information for the selected person.



## SECURE PROVIDER PORTAL QUICK START GUIDE

## User Management: Modify User Permissions

1. Select or clear each **Can Access** checkbox. Selections determine what the user can access.
2. Click **Update User** when finished. All changes take effect immediately.

You will return to the Support Users screen where you can manage additional users.

The screenshot shows a web form for modifying user permissions. It is organized into two main sections: 'User Information' and 'Profile Information'.  
 - **User Information:** Contains input fields for 'Email', 'Name', and 'Telephone Number'. On the right side, there are fields for 'Status' and 'Last Login Time'.  
 - **Profile Information:** Contains input fields for 'TIN' and 'Verified'.  
 - **Can Access:** A row of checkboxes for various permissions: 'Claims' (checked), 'Assessments' (checked), 'Health Passport' (unchecked), 'Reports' (unchecked), 'Health Record' (checked), 'Manage Account' (unchecked), 'Eligibility' (checked), and 'Authorizations' (checked).  
 - **Update Status:** A radio button labeled 'Disable user'.  
 - **Comments:** A text area labeled '(required)' with a character count of '200 characters left'.  
 - **Comments History:** A large, empty rectangular area for listing previous comments.  
 - **Buttons:** 'Cancel' and 'Update User' buttons are located at the bottom right of the form.

## Account Permissions Definitions

Selecting the following settings gives the user:

<b>Assessments:</b>	Ability to complete and submit HRA and/or NOP forms
<b>Authorizations:</b>	Ability to view or submit authorizations
<b>Claims:</b>	Ability to view or submit claims
<b>Eligibility:</b>	Access to check eligibility
<b>Health Record:</b>	Access to health history including visits and medications
<b>Manage Account:</b>	Access to all functions within the secure Portal, and Access rights as the Administrator for that TIN

**⚠ Note:** If you clear the **Manage Account** checkbox, the user will not be able to manage other accounts.

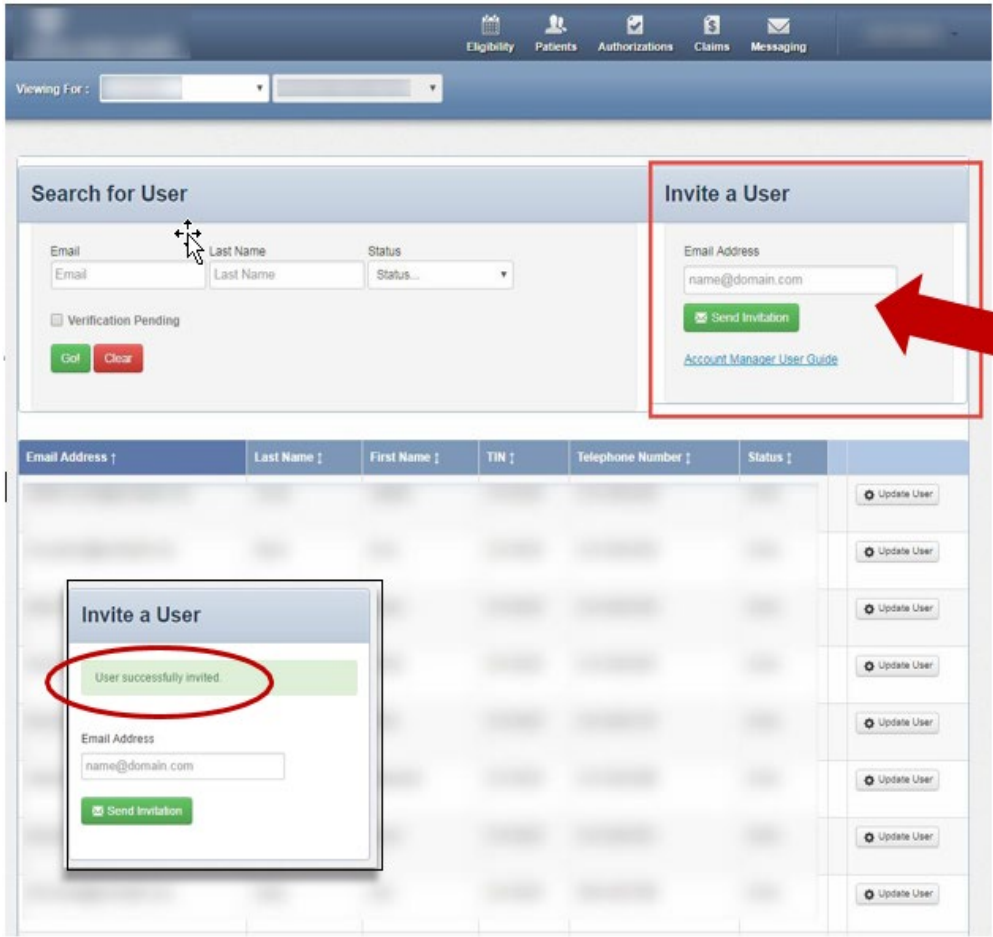
# SECURE PROVIDER PORTAL QUICK START GUIDE

## User Management: Invite Others to Join Your Account

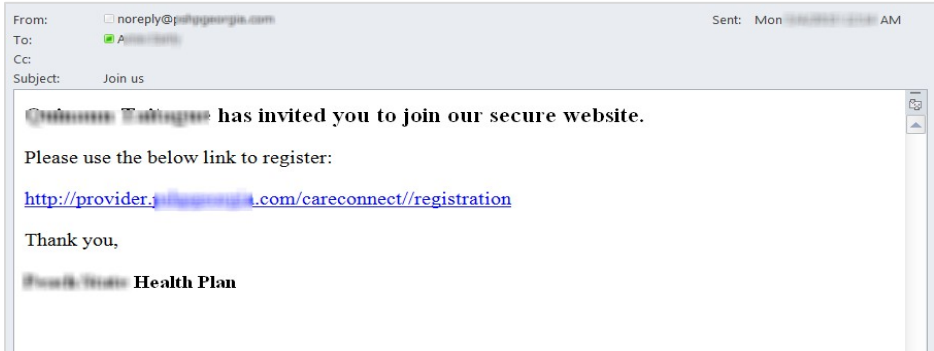
You can invite someone else to join your account. The email is sent from the Support Users screen. Each new invitee must register to use the secure Provider Portal.

### To Invite a User

- 1. Enter the person's email address under Invite a User.
- 2. Click **Send Invitation**. Each user should successfully receive an invite notification.



### Sample Provider invitation email:



## SECURE PROVIDER PORTAL QUICK START GUIDE

## Verifying Patient Eligibility

This check verifies if a patient is eligible for care.

### To Access the Eligibility Check Screen

Select **Eligibility** from the top of any screen.

### To Look Up Eligibility Information for a Patient

1. Enter the following information:
  - **Date of Service** (If it is not today's date)
  - **Member ID or Last Name**
  - **Date of Birth** of the patient

2. Click **Check Eligibility**. The green thumbs-up icon verifies that the member is eligible for care. A red thumbs-down icon verifies that the member is not eligible for care.

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS	LOG ER VISIT
👍	02/25/2020	[Red Box]	02/25/2020		ER Visit? <input type="button" value="Remove"/>

**This view also contains:**

- Eligibility status
- Date of service
- Patient name
- Date checked
- Care gaps
- ER Visit



# SECURE PROVIDER PORTAL QUICK START GUIDE

## Additional Instructions:



- Add an Emergency Room (ER) visit for a patient. This log can alert their Case Managers of recent activity.
- Print the patient’s eligibility details.
- Repeat Steps 1 and 2 above to check the eligibility of another patient.

## To Print the Patient’s Eligibility Details

From the Eligibility Check screen, click **Print**. The print window opens.

**Eligibility Check**

Date of Service:  Member ID or Last Name:  DOB:

Example of Eligibility Check printout:

9/27/21, 4:40 PM Medicaid / CHIP Provider Tools

### Eligibility Check

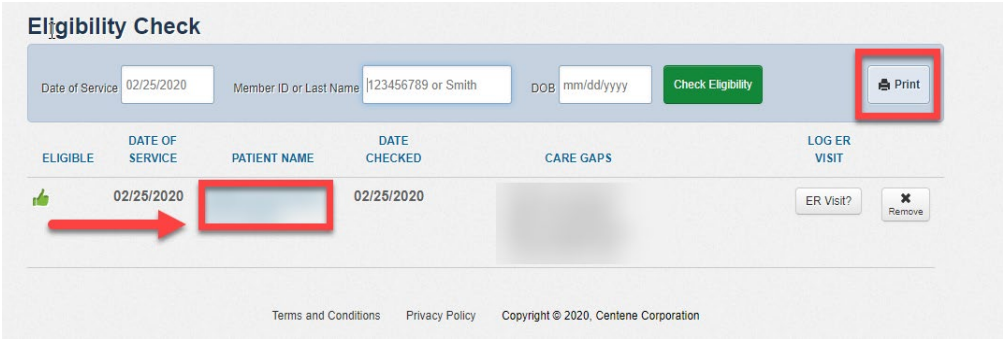
ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	RECENT ADT	CARE GAPS	LOG ER VISIT
	09/27/2021	[REDACTED]	09/27/2021	NO	Risk Category Alerts: COPD/Asthma Immunizations not current for age	ER Visit?

<https://support.superiorhealthplan.com/careconnect/eligibility/bulkChecker> 1/1

SECURE PROVIDER PORTAL QUICK START GUIDE

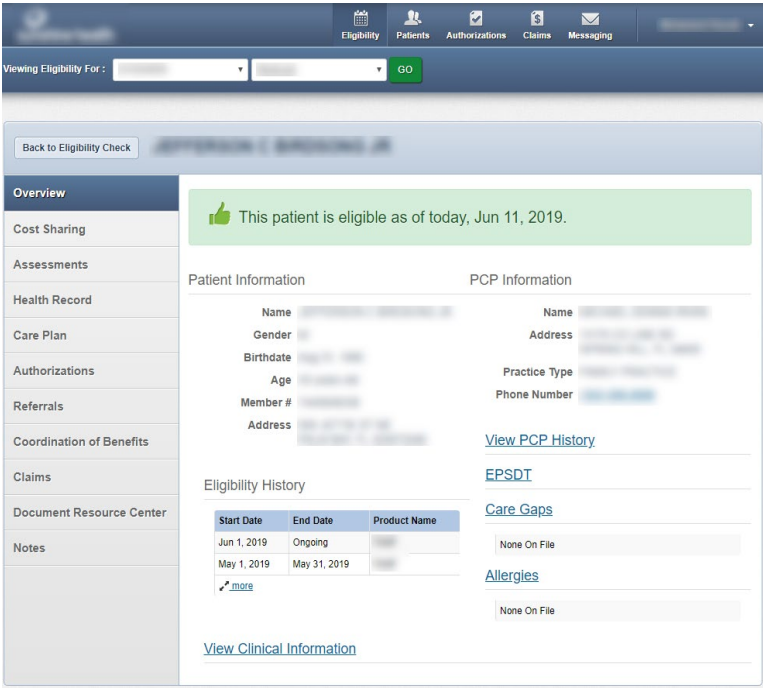
## Managing the Member Record

From the **Eligibility Check** screen, click the name of the member linked under **Patient Name**.



The **Overview** tab displays key information from the member record. You can view the following:

- Member Information
- PCP Information
- Eligibility History
- View PCP History
- EPSDT
- Care Gaps
- Allergies



**Note:** The displayed details are based on patient eligibility.

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record Overview Tab – View Clinical Information

Click **View Clinical Information** at the bottom of the Overview tab. The following details are available:

- Three Most Recent ER Visits
- 5 Top Most Occurring Diagnosis
- Three Most Recent Inpatient Admissions
- Recent Pharmacy Activity
- Three Most Recent Office Visits

[View Clinical Information](#)

Three Most Recent ER Visits

None On File

Three Most Recent Inpatient Admissions

None On File

Three Most Recent Office Visits

Primary Diagnosis	Date	Facility/Provider
<a href="#">REGULAR ASTIGMATISM</a>	07/01/2018	Classic Optical Laboratories Inc
<a href="#">REGULAR ASTIGMATISM</a>	07/01/2018	Classic Optical Laboratories Inc
<a href="#">PRESBYOPIA</a>	04/01/2018	Lake Worth Vision Center

Top 5 Most Occurring Diagnosis

- UNS HOUSING/ECONOMIC CIRCUMSTANCE
- COUGH
- REGULAR ASTIGMATISM
- MYOPIA
- LACK OF COORDINATION

Recent Pharmacy Activity

None On File

## Member Record Components

<b>Overview</b>	The Overview Screen
<b>Cost Sharing</b>	The patient's portion of health care costs not covered by the plan
<b>Assessments</b>	Any available assessments for this member will appear as well as Notice of Pregnancy NOP (if gender and age appropriate)
<b>Health Record</b>	The Health Record tab allows you to view a record of visits or medications for the patient
<b>Care Plan</b>	Care plans are created by the health plan's case manager to help manage the health of the patient
<b>Authorizations</b>	The Authorizations tab of the member record allows you to view current authorizations, and create new authorizations for the member
<b>Referrals</b>	The Referrals tab allows you to send a member to specialized services
<b>Coordination of Benefits</b>	The Coordination of Benefits (COB) tab displays the other insurance information for the patient
<b>Claims</b>	The Claims tab of the member record allows you to view any recent claims for the member and also create a new claim

**Note:** Not all plans have all the listed components

SECURE PROVIDER PORTAL QUICK START GUIDE

### Member Record: Cost Sharing Tab

Select the **Cost Sharing** tab to access cost sharing information from inside the member record.

This sample screens shows a member with cost sharing:

Nursing Facility Information Levels Of Service					
#	EFFECTIVE DATE	END DATE	TYPE	LEVEL	
	09/07/2018	01/07/2019			
	01/08/2019	02/14/2019			
	02/15/2019	04/24/2019			
	04/25/2019	04/30/2019			
	05/01/2019	08/25/2019			
	08/26/2019	12/09/2019			
	12/10/2019	04/10/2020			

Income/Co-Payment (Applied Income)					
#	EFFECTIVE DATE	END DATE	AMOUNT	PERCENT	TYPE
	09/01/2018	05/31/2019			
	06/01/2019	06/30/2019			
	07/01/2019	07/31/2019			
	08/01/2019	08/31/2019			
	09/01/2019	12/31/2019			
	01/01/2020	12/31/9999			

This sample screen shows a Member without cost sharing:

Cost Sharing Summary	
This member has no co-pay	

# SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record: Assessments Tab

Select the Assessments tab to access an assessment from inside the member record.

### To Add an Assessment to a Patient's Record

1. Click **Fill Out Now** to the right of the assessment.
2. Enter your responses. Be sure to complete all required fields.
3. Submit the assessment.

This sample screen shows examples of some available Assessments:

The screenshot shows a web interface for a patient's record. At the top left is a 'Back to Eligibility Check' button. Below it is a navigation menu with the following items: Overview, Cost Sharing, Assessments (highlighted), Health Record, Care Plan, Authorizations, Referrals, Coordination of Benefits, Claims, Document Resource Center, and Notes. The main content area is titled 'Please tell us about your patient's health' and lists several assessments, each with a 'Fill Out Now' button:

- AUDIT C**: For Health Home Members - Optional Screening Tool
- DAST**: For Health Home Members - Optional Screening Tool
- GAD-7**: For Health Home Members - Optional Screening Tool
- 4-Month HAP**: For Health Home Members - Required Screening Tool
- 8-Month HAP**: For Health Home Members - Required Screening Tool
- Initial HAP**: For Health Home Members - Required Screening Tool
- Health Risk Screening**: A Health Risk Assessment helps determine ways to help your patient stay healthy and prevent diseases
- KATZADL**: For Health Home Members - Required Screening Tool
- PHQ-9**: For Health Home Members - Required Screening Tool

On the right side of the interface, under the heading 'Previous Assessments', there is a yellow message box that reads: 'You have not told us about anything yet. Please fill out a form.'

**Note:** Assessments can differ by Health Plan.

**SECURE PROVIDER PORTAL QUICK START GUIDE**

**To View Previously Submitted Assessment Responses**

Submitted assessments appear in a column on the right under **Previous Assessments**. Response information is available to view for any linked assessment.

1. Click the link for the name of the assessment you want to view. The responses display.
2. Click the **Back** button to return to the previous screen.

Back to Eligibility Check

Overview	Please tell us about your patient's health	Previous Assessments
Cost Sharing	<b>AUDIT C</b> For Health Home Members- Optional Screening Tool	<b>Assessment Name</b>   <b>Submit Date</b>
<b>Assessments</b>	<b>DAST</b> For Health Home Members- Optional Screening Tool	<a href="#">HAP-8 Month V3</a>   12/18/2014
Health Record	<b>GAD-7</b> For Health Home Members- Optional Screening Tool	Katz Index of Independence in Activities of Daily   06/10/2014
Care Plan	<b>4-Month HAP</b> For Health Home Members - Required Screening Tool	<a href="#">HAP-4 Month V2</a>   06/10/2014
Authorizations	<b>8-Month HAP</b> For Health Home Members - Required Screening Tool	<a href="#">WA HRS</a>   04/15/2014
Referrals	<b>Initial HAP</b> For Health Home Members - Required Screening Tool	HAP-Initial V2   02/27/2014
Coordination of Benefits	<b>Health Risk Screening</b> A health risk assessment helps determine ways to help your patient stay healthy and prevent diseases	<a href="#">WA HRS</a>   02/21/2014
Claims	<b>KATZADL</b> For Health Home Members - Required Screening Tool	<a href="#">Health Risk Assessment_2012</a>   02/18/2014
Document Resource Center	<b>PHQ-9</b> For Health Home Members- Required Screening Tool	Katz Index of Independence in Activities of Daily   02/18/2014
Notes		<a href="#">Health Risk Assessment_2012</a>   02/18/2014
		PL Health Questionnaire-9 (PHQ-9)   02/18/2014
		<a href="#">WA HRS</a>   07/25/2012
		<a href="#">WA HRS</a>   06/26/2012

Back to Eligibility Check

**WA HRS - 04/15/2014**

**Member First Name:**  
no answer

**Member Last Name:**  
no answer

**Member ID:**  
no answer

**Member Date of Birth (mmddyyyy):**  
no answer

**Name of Person Answering Questions:**  
no answer

**Relationship to Member:**  
no answer

**How are you submitting this form:**  
Mail

**If we would need to return a call to you, what is the best time and telephone number to reach you?**  
Morning

**Telephone number:**  
no answer

**Member's Height (Feet.Inches)**  
5 3

**Member's Weight (LB)**  
no answer

**Primary language used if other than English**  
no answer

**Do you know who your Primary Care Provider (PCP) is?**  
Yes

**PCP's Name:**  
KAREN JA

**PCP's Phone Number:**  
no answer

**When did you last see your PCP?**  
Less than three months ago.

Do you have an appointment scheduled with your PCP?  
no answer

[Back](#)

**Note:** Text that appears in a gray font indicates the question was not completed.

# SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record: Health Record Tab

Information displayed in the Health Record is based on the last 24 months of claims data. Allergies records are the exception. Information is self-reported by the member.

### To Access the Member’s Health Record

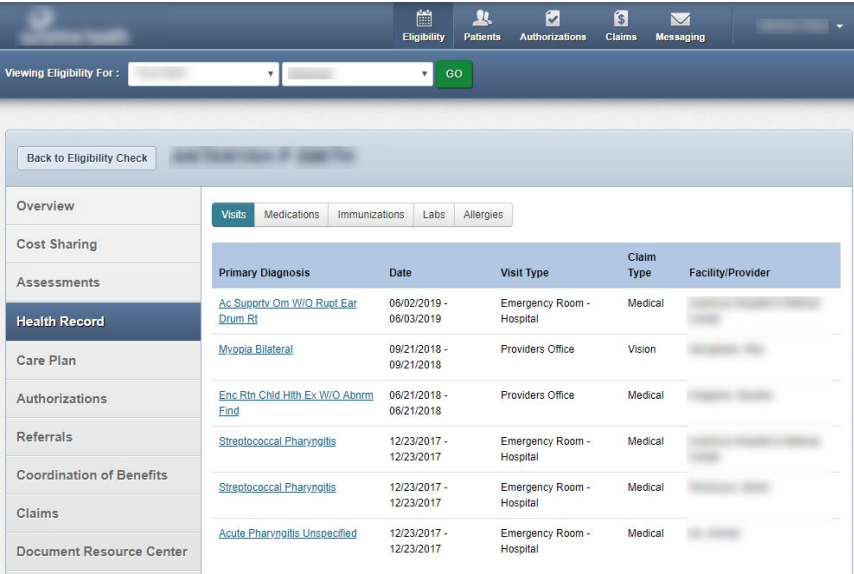
Click the **Health Record** tab. The following records are available:

- Visits,
- Medications,
- Immunizations,
- Labs, and
- Allergies

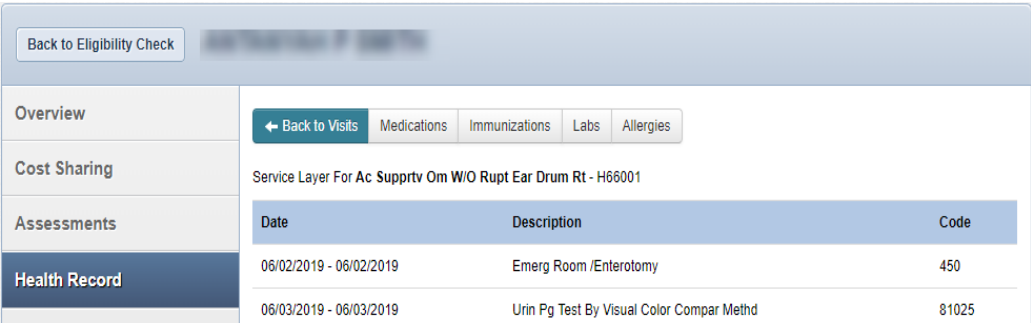
### To View Visit Details

The Visits screen is the default record on the Health Record tab. Some examples of patient visits include an office or Emergency Room visit.

1. Click the **Primary Diagnosis** link. More details about that diagnosis code displays.



2. Click **Back to Visits** to return to the previous page.



## SECURE PROVIDER PORTAL QUICK START GUIDE

### To View Medications Details

Select the **Medications** tab to view medications prescribed for the member.

Back to Eligibility Check MEMBER'S PROFILE

<b>Overview</b>	Visits <b>Medications</b> Immunizations Labs Allergies
Cost Sharing	
Assessments	
<b>Health Record</b>	
Care Plan	
Authorizations	
Referrals	
Coordination of Benefits	
Claims	
Document Resource Center	
Notes	

Fill Date	Drug Name	Dose	Quantity	Dispensing Pharmacy
06/03/2019	AMOXICILLIN SUS 400/5ML	400 MG/5ML	150	CVS PHARMACY
12/24/2017	AMOXICILLIN SUS 125/5ML	125 MG/5ML	300	CVS PHARMACY

### To View Immunizations Details

Select **Immunizations** to view any vaccinations received (i.e. Hepatitis, Influenza, etc.).

Back to Eligibility Check MEMBER'S PROFILE

<b>Overview</b>	Visits Medications <b>Immunizations</b> Labs Allergies
Cost Sharing	
Assessments	
<b>Health Record</b>	
Care Plan	
Authorizations	
Referrals	
Coordination of Benefits	
Claims	
Document Resource Center	
Notes	

Code	Description	Facility/Provider	Date
90471	Immuniz Admin; 1/Combo Vaccine/Toxoid	Colquitt County Board Of Health	09/20/2017 - 09/20/2017
90686	liv4 Vacc No Prsv 0.5 Ml Im	Colquitt County Board Of Health	09/20/2017 - 09/20/2017



SECURE PROVIDER PORTAL QUICK START GUIDE

To View Lab Details

1. Select Labs to view testing results (i.e. Comprehensive Metabolic Panel, CBC, etc.).
2. Click the **Procedure** link. More detailed information displays.

<a href="#">Back to Eligibility Check</a>																									
<ul style="list-style-type: none"> <li>Overview</li> <li>Cost Sharing</li> <li>Assessments</li> <li style="background-color: #0056b3; color: white;">Health Record</li> <li>Care Plan</li> <li>Authorizations</li> <li>Referrals</li> <li>Coordination of Benefits</li> <li>Claims</li> <li>Document Resource Center</li> <li>Notes</li> </ul>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 5px;"> <span>Visits</span> <span>Medications</span> <span>Immunizations</span> <span style="background-color: #0056b3; color: white; padding: 2px 5px;">Labs</span> <span>Allergies</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date Of Service</th> <th style="text-align: left;">Procedure</th> <th style="text-align: left;">Ordering Provider</th> </tr> </thead> <tbody> <tr> <td>Dec 26, 2013</td> <td><a href="#">CULTURE_THROAT</a></td> <td></td> </tr> <tr> <td>Apr 29, 2013</td> <td><a href="#">CHOLESTEROL_TOTAL</a></td> <td></td> </tr> <tr> <td>Apr 29, 2013</td> <td><a href="#">HDL_CHOLESTEROL</a></td> <td></td> </tr> <tr> <td>Apr 29, 2013</td> <td><a href="#">TRIGLYCERIDES</a></td> <td></td> </tr> <tr> <td>Apr 29, 2013</td> <td><a href="#">LDL-CHOLESTEROL</a></td> <td></td> </tr> <tr> <td>Apr 29, 2013</td> <td><a href="#">COMPREHENSIVE METABOLIC PANEL</a></td> <td></td> </tr> <tr> <td>Apr 29, 2013</td> <td><a href="#">HEMOGLOBIN A1c</a></td> <td></td> </tr> </tbody> </table>	Date Of Service	Procedure	Ordering Provider	Dec 26, 2013	<a href="#">CULTURE_THROAT</a>		Apr 29, 2013	<a href="#">CHOLESTEROL_TOTAL</a>		Apr 29, 2013	<a href="#">HDL_CHOLESTEROL</a>		Apr 29, 2013	<a href="#">TRIGLYCERIDES</a>		Apr 29, 2013	<a href="#">LDL-CHOLESTEROL</a>		Apr 29, 2013	<a href="#">COMPREHENSIVE METABOLIC PANEL</a>		Apr 29, 2013	<a href="#">HEMOGLOBIN A1c</a>	
Date Of Service	Procedure	Ordering Provider																							
Dec 26, 2013	<a href="#">CULTURE_THROAT</a>																								
Apr 29, 2013	<a href="#">CHOLESTEROL_TOTAL</a>																								
Apr 29, 2013	<a href="#">HDL_CHOLESTEROL</a>																								
Apr 29, 2013	<a href="#">TRIGLYCERIDES</a>																								
Apr 29, 2013	<a href="#">LDL-CHOLESTEROL</a>																								
Apr 29, 2013	<a href="#">COMPREHENSIVE METABOLIC PANEL</a>																								
Apr 29, 2013	<a href="#">HEMOGLOBIN A1c</a>																								

To View Allergies Details

Select Allergies to view allergy information.

<a href="#">Back to Eligibility Check</a>																						
<ul style="list-style-type: none"> <li>Overview</li> <li>Cost Sharing</li> <li>Assessments</li> <li style="background-color: #0056b3; color: white;">Health Record</li> <li>Care Plan</li> <li>Authorizations</li> <li>Referrals</li> <li>Coordination of Benefits</li> <li>Claims</li> <li>Document Resource Center</li> <li>Notes</li> </ul>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 5px;"> <span>Visits</span> <span>Medications</span> <span>Immunizations</span> <span>Labs</span> <span style="background-color: #0056b3; color: white; padding: 2px 5px;">Allergies</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Substance</th> <th style="text-align: left;">Reaction</th> <th style="text-align: left;">Severity</th> <th style="text-align: left;">Source</th> <th style="text-align: left;">Allergy Details</th> <th style="text-align: left;">Active</th> <th style="text-align: left;">Date Identified</th> </tr> </thead> <tbody> <tr> <td>Other (zofran)</td> <td>Hives</td> <td>Moderate</td> <td>Member/Self-Reported</td> <td>None Reported</td> <td>Yes</td> <td>Jul 2, 2014</td> </tr> <tr> <td>Radiologic Dye</td> <td>Hives</td> <td>Moderate</td> <td>Member/Self-Reported</td> <td>None Reported</td> <td>Yes</td> <td>Jul 2, 2014</td> </tr> </tbody> </table>	Substance	Reaction	Severity	Source	Allergy Details	Active	Date Identified	Other (zofran)	Hives	Moderate	Member/Self-Reported	None Reported	Yes	Jul 2, 2014	Radiologic Dye	Hives	Moderate	Member/Self-Reported	None Reported	Yes	Jul 2, 2014
Substance	Reaction	Severity	Source	Allergy Details	Active	Date Identified																
Other (zofran)	Hives	Moderate	Member/Self-Reported	None Reported	Yes	Jul 2, 2014																
Radiologic Dye	Hives	Moderate	Member/Self-Reported	None Reported	Yes	Jul 2, 2014																

**Note:** Allergies are self-reported and will only display if provided by the member. Examples of allergies include Sulfa, Codeine, etc.

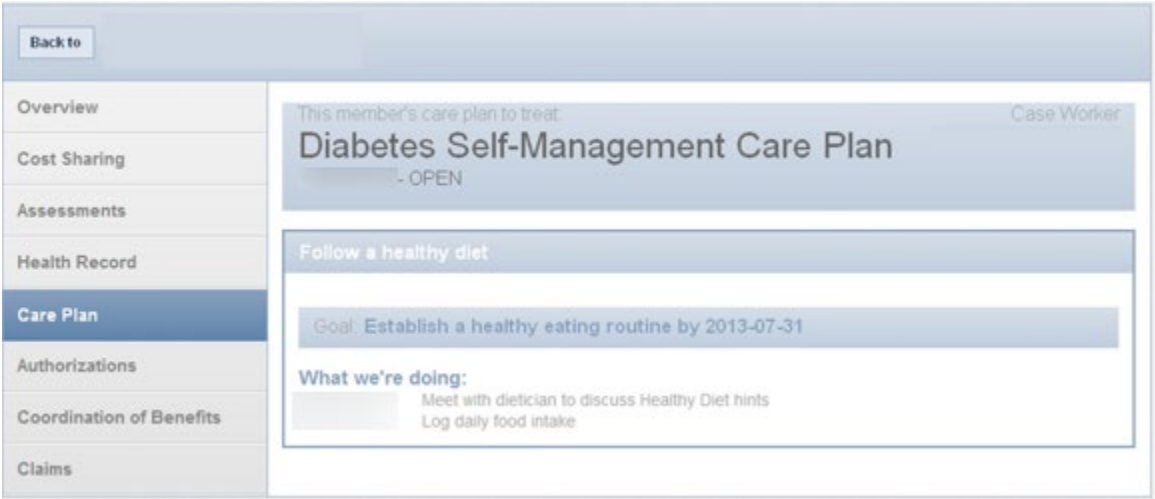
SECURE PROVIDER PORTAL QUICK START GUIDE

Member Record: Care Plans Tab

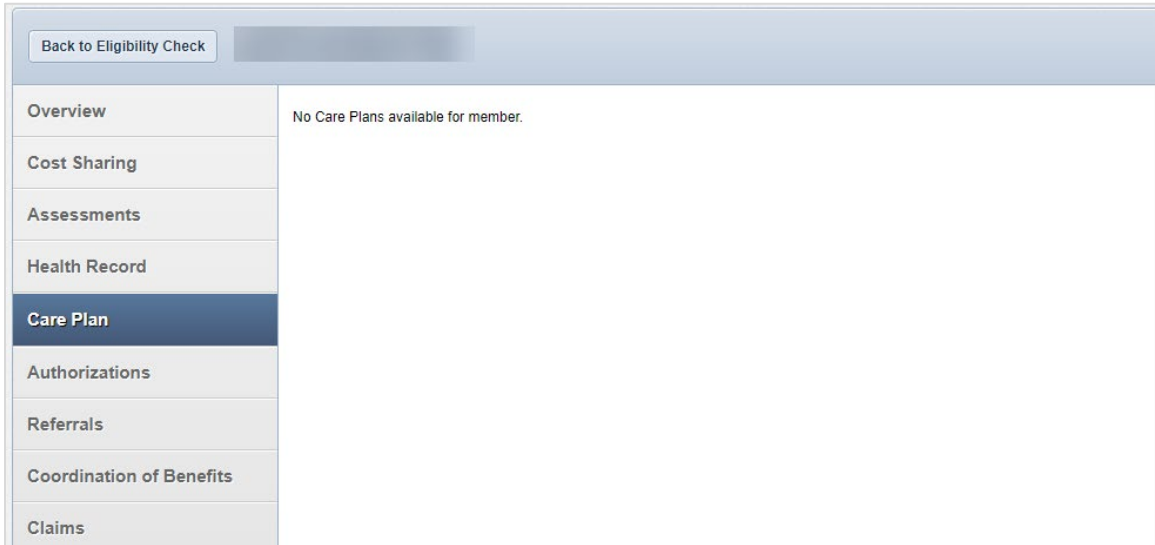
Three types of care plans can display:

- Medical Care Plans (Most common, includes medical terminology)
- Member Centric Care Plans (Self-Management in the title, also displayed in the Member Portal)
- Free Test Care Plans (Created by Cases Manager without a template)

This sample screens shows a member with a Care Plan.



This sample screens shows a member without a Care Plan.



# SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record: Authorizations Tab

Create a new Authorization or view previously submitted authorizations from within the member record.

### Available Authorization Information:

- Status
- Authorization Number
- Service date
- Diagnosis
- Authorization Type
- Service Provided

### To View Authorization Details

1. Click an authorization number. The details display.

2. Click **View**. The Notes and Attachments screen displays.

Line Item	Service type	Start Date	End Date	Units Req.	Units Apprd	Modality	Location	Status	Medical Necessity	Decision Date
1		12/27/2013	01/27/2014	1	1			APPROVE	Met as requested	01/10/2014
1		12/27/2013	01/27/2014	1	1			PEND	Not Met	12/31/2013
1		12/27/2013	01/27/2014	1	0			VOID		01/16/2014

## SECURE PROVIDER PORTAL QUICK START GUIDE

## To Download Notes and Attachments

3. Select **Download** for each file.

ATTACHMENT NAME	SIZE	DOWNLOAD
AuthsReport.txt	7.1 KB	<a href="#">Download</a>
authStatus.xls	13.8 KB	<a href="#">Download</a>

4. Click **Close** when you are done. You are returned to the Authorization Number details screen.
5. Click **Back to Authorization List** when done.

**⚠ Note:** All processed prior authorization requests submitted within the last 90 days will display the status, Authorization ID, member name, date range for services, authorization type and service.

## SECURE PROVIDER PORTAL QUICK START GUIDE

### Member Record: Authorizations Tab – Create a New Authorization

To Create a New Authorization for a Member

Click **Create a New Authorization**. The Authorization For screen opens.

The screenshot shows the 'Authorizations' tab selected in the left-hand navigation menu. The main content area displays a table of existing authorizations and a 'Create a New Authorization' button. A red arrow points to this button.

STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE	[REDACTED]	01/01/2015	09/30/2015	V68.81	OUTPATIENT	Personal Care Worker
APPROVE	[REDACTED]	05/22/2014	08/21/2014	343.9	OUTPATIENT	DME
APPROVE	[REDACTED]	01/01/2014	12/31/2014	V68.81	OUTPATIENT	Personal Care Worker

Below the table is a green button labeled 'Create a New Authorization' with a red arrow pointing to it from the right.

**⚠ Note:** You are already viewing a member's information on this screen. When you click **Create a New Authorization** from here, the Authorization screen appears and the member data is pre-populated.

### About the Authorization Form

The Authorization For form has two sections:

- ⚠ The left panel:** Displays who the authorization is for and instructional and definition messages.
- ⚠ The right panel:** is where you enter data for **Provider Request**, **Service Line**, and **Finish Up**.

The screenshot shows the 'Authorization For' form. It is divided into two main sections: 'Authorization For' on the left and 'Enter Authorization' on the right.

**Authorization For:** This section contains fields for 'DOB' and 'MEDICAID NBR'. Below these are three instructional messages:

- By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours.
- Only behavioral health inpatient notifications or requests will need to be provided telephonically. Please contact us at 844-477-8313. DME and home health requests related to hospital discharges should be faxed to 844-801-8413. If unable to submit request via the web portal, please fax request to 866-796-0526. Please note that reference number does not equate to authorization number.
- Please select Service Type.

**Enter Authorization:** This section is titled '1. PROVIDER REQUEST' and includes an 'Urgent Request' checkbox and a 'Select a Service Type' dropdown menu. A 'NEXT >' button is located below these elements. Below the 'Enter Authorization' section are sections for '2. SERVICE LINE' and '3. FINISH UP'.

See also:

- [To Complete the Authorization Form](#)
- [Managing Authorizations](#)

SECURE PROVIDER PORTAL QUICK START GUIDE

Complete the Authorization Form  
 Enter details for each step in the right panel.

Step 1: Provider Request.

1. Select the Service Type. The Requesting Provider search box appears.
2. Enter the provider's last name or NPI number. A list of provider names and locations appear.

3. Choose the name of the provider at the location that matches your search.

Select a Provider							
PROVIDER NAME	PHONE NUMBER	TAX ID	PROVIDER LOCATION ADDRESS	NPI	SPECIALTY DESC	IN NETWORK	SELECT
[Blurred]	[Blurred]	*****5895	7809 Massachusetts Avenue , New Port Richey, Florida, 34653	[Blurred]	Community/Behavioral Health	✓	Select
[Blurred]	[Blurred]	*****5895	747 Jenks Avenue Suite D, Panama City, Florida, 32401	[Blurred]	Community/Behavioral Health	✓	Select
[Blurred]	[Blurred]	*****5895	1701 NE 42nd Avenue Suite 301, Ocala, Florida, 34470	[Blurred]	Community/Behavioral Health	✓	Select
[Blurred]	[Blurred]	*****5895	3020 S Florida Avenue Suite 207, Lakeland, Florida, 33803	[Blurred]	Community/Behavioral Health	✓	Select



SECURE PROVIDER PORTAL QUICK START GUIDE

Step 3: Finish Up

- 8. Finish Up auto populates the user’s name, phone, fax and email address.
- 9. The questionnaire that displays will vary based on the service type selected. Enter N/A if additional information is not applicable.

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE [EDIT](#)

3. FINISH UP

(813) 290-8560

Fax

(813) 435-2258

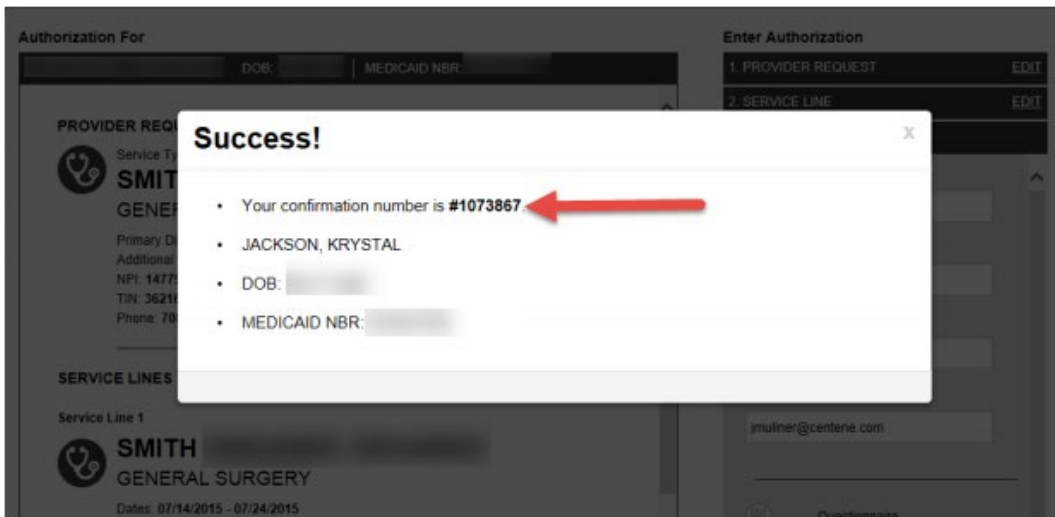
Behavioral Service

Questionnaire

**Attachment:**  
Upload any relevant attachments. (5Mb limit)  
Attachment name cannot contain any spaces or special characters.

No file chosen

- 10. Click **Submit**. A success message appears. Click the **X** to close the window.



See also:

- [Managing Authorizations](#)



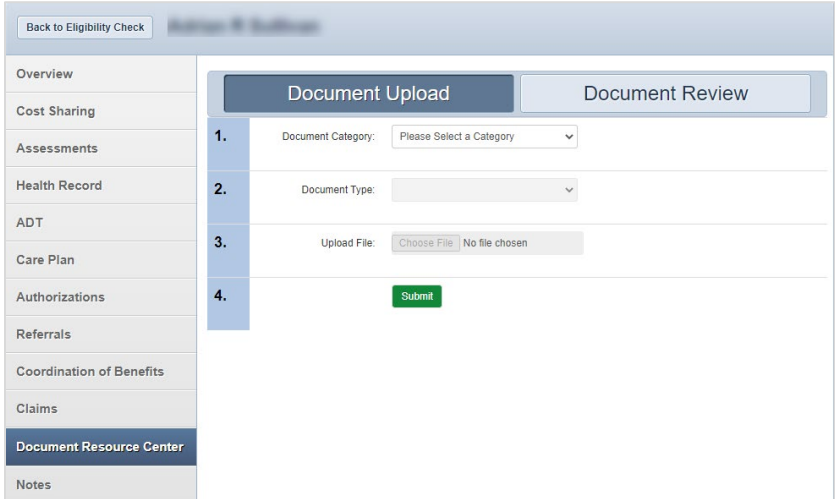
# SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record: Document Resource Center

Providers can review and upload documents for quality management or medical necessity for a member’s record.

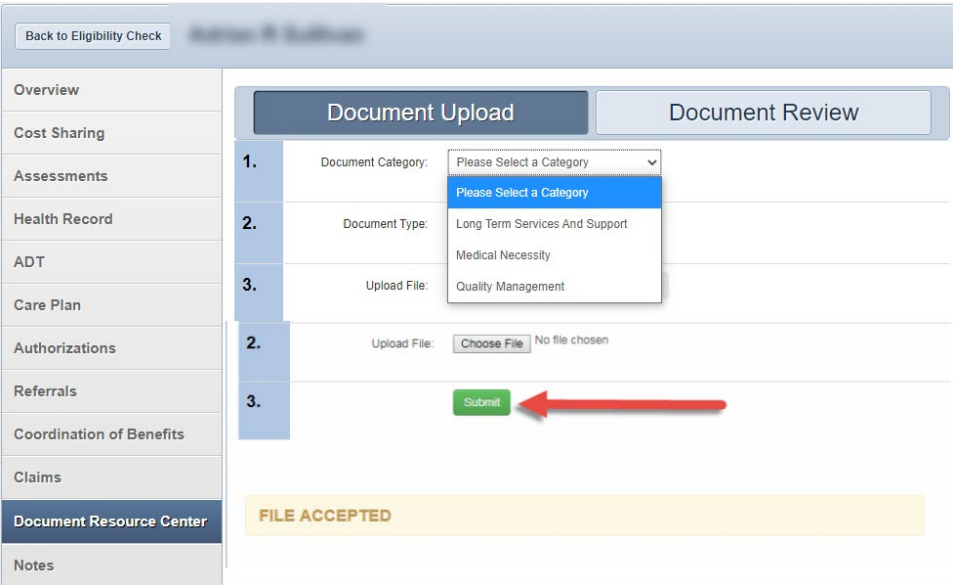
### To Access the Document Resource Center

Click the Document Resource Center tab.



### To Upload Documents

1. Select a **Document Category**, and then **Document Type**.
2. Click **Choose File**.  
The File Name will be the document name. The file will appear in the browse window.
3. Click **Submit**. The File Accepted success message appears.



# SECURE PROVIDER PORTAL QUICK START GUIDE

## To Review Documents

1. Click **Document Review**.
2. Select the **Document Category**.
3. Choose a **Date Range**.
4. Click **Search Documents**.

Back to Eligibility Check    Address & Settings

Overview

Cost Sharing

Assessments

Health Record

ADT

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

**Document Resource Center**

Notes

Document Upload    **Document Review**

1. Document Category:

2. Date Range: Start Date:  End Date:   
Date span limited to a 3-month period.

3.

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Records: Notes

The Notes section varies by health plan and allows providers to:

- Upload notes of any kind to a member's chart.
- Review previously submitted notes already uploaded.

## To Access Notes

Click the Notes tab. Any previous notes display.

## To Add a New Note

1. Click **Write Note**. The General Note screen appears.

2. Select the **Note Category**.
3. Type your message in the **Note** box.
4. Click **Submit**. Your note appears under Previous Notes.

**Note:** The user will be able to create a generic note for the Health Plan. The Health Plan will be able to follow up on the request and store the note within the health record of the member.

SECURE PROVIDER PORTAL QUICK START GUIDE

Member Record: ADT Notifications (For Allwell Health Plans Only)

The Admission Discharge, Transfer (ADT) notifications display for the last 12 months.

To Access Notes Admission Discharge, Transfer (ADT) Notifications Click the **ADT** tab.

Back to Eligibility Check    Address: 1234567890

Overview	<h3>ADT Notifications</h3> <p>Admission Discharge &amp; Transfer Notifications display for the last 12 months</p> <table border="1"> <thead> <tr> <th>DATE &amp; TIME</th> <th>TYPE</th> <th>FACILITY NAME</th> <th>DISCHARGE DISPOSITION</th> </tr> </thead> <tbody> <tr> <td>2021-04-23T18:59:00.000Z</td> <td>Emergency Room Visit</td> <td>PALM BAY HOSPITAL</td> <td></td> </tr> <tr> <td>2021-04-23T18:59:00.000Z</td> <td>Emergency Room Visit</td> <td>PALM BAY HOSPITAL</td> <td></td> </tr> <tr> <td>2021-04-23T22:24:00.000Z</td> <td>Emergency Room Discharge</td> <td>PALM BAY HOSPITAL</td> <td></td> </tr> <tr> <td>2021-08-03T19:03:00.000Z</td> <td>Emergency Room Visit</td> <td>PALM BAY HOSPITAL</td> <td></td> </tr> <tr> <td>2021-08-03T19:03:00.000Z</td> <td>Emergency Room Visit</td> <td>PALM BAY HOSPITAL</td> <td></td> </tr> <tr> <td>2021-08-03T23:04:00.000Z</td> <td>Emergency Room Discharge</td> <td>PALM BAY HOSPITAL</td> <td></td> </tr> <tr> <td>2021-08-03T19:03:00.000Z</td> <td>Emergency Room Visit</td> <td>PALM BAY HOSPITAL</td> <td></td> </tr> </tbody> </table>	DATE & TIME	TYPE	FACILITY NAME	DISCHARGE DISPOSITION	2021-04-23T18:59:00.000Z	Emergency Room Visit	PALM BAY HOSPITAL		2021-04-23T18:59:00.000Z	Emergency Room Visit	PALM BAY HOSPITAL		2021-04-23T22:24:00.000Z	Emergency Room Discharge	PALM BAY HOSPITAL		2021-08-03T19:03:00.000Z	Emergency Room Visit	PALM BAY HOSPITAL		2021-08-03T19:03:00.000Z	Emergency Room Visit	PALM BAY HOSPITAL		2021-08-03T23:04:00.000Z	Emergency Room Discharge	PALM BAY HOSPITAL		2021-08-03T19:03:00.000Z	Emergency Room Visit	PALM BAY HOSPITAL	
DATE & TIME		TYPE	FACILITY NAME	DISCHARGE DISPOSITION																													
2021-04-23T18:59:00.000Z		Emergency Room Visit	PALM BAY HOSPITAL																														
2021-04-23T18:59:00.000Z		Emergency Room Visit	PALM BAY HOSPITAL																														
2021-04-23T22:24:00.000Z		Emergency Room Discharge	PALM BAY HOSPITAL																														
2021-08-03T19:03:00.000Z		Emergency Room Visit	PALM BAY HOSPITAL																														
2021-08-03T19:03:00.000Z		Emergency Room Visit	PALM BAY HOSPITAL																														
2021-08-03T23:04:00.000Z		Emergency Room Discharge	PALM BAY HOSPITAL																														
2021-08-03T19:03:00.000Z		Emergency Room Visit	PALM BAY HOSPITAL																														
Cost Sharing																																	
Assessments																																	
Health Record																																	
<b>ADT</b>																																	
Care Plan																																	
Authorizations																																	
Referrals																																	
Coordination of Benefits																																	
Claims																																	
Document Resource Center																																	
Notes																																	

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record Tab: Managing Referrals

## To Access Referrals

Click the Referrals tab.

Back to Eligibility Check **Adrian R Sullivan**

**Overview**

Cost Sharing

Assessments

Care Plan

Authorizations

**Referrals**

Coordination of Benefits

Claims

[Print Eligibility Overview](#)

Patient Information

PCP Information

Name: [REDACTED] UNASSIGNED PCP

Gender: M

Birthdate: [REDACTED]

Age: 4 years old [View PCP History](#)

Member #: [REDACTED] [EPSDT](#)

Address: [REDACTED]

Eligibility History

Start Date	End Date	Product Name
Jan 1, 2021	Ongoing	Foster Care

## To Submit a Referral for a Member

1. Select an available specialized service option from the **Source** drop-down menu. The Referral form auto-populates the date, time and users name.

Back to Eligibility Check **Adrian R Sullivan**

**Overview**

Cost Sharing

Assessments

Care Plan

Authorizations

**Referrals**

Coordination of Benefits

Claims

\*Source: Please select Source

\*Date: Behavioral Health Referral to Health Plan

Last Name, First Name: [REDACTED]

Phone Number, Extension: ( ) - - -

Additional Comments: [REDACTED]

**Submit**

2. Complete the phone number. Provide an extension if needed.
3. Additional comments are optional.
4. Click **Submit**. You will receive a message that your referral was submitted successfully.

Back to Eligibility Check **Adrian R Sullivan**

**Overview**

Cost Sharing

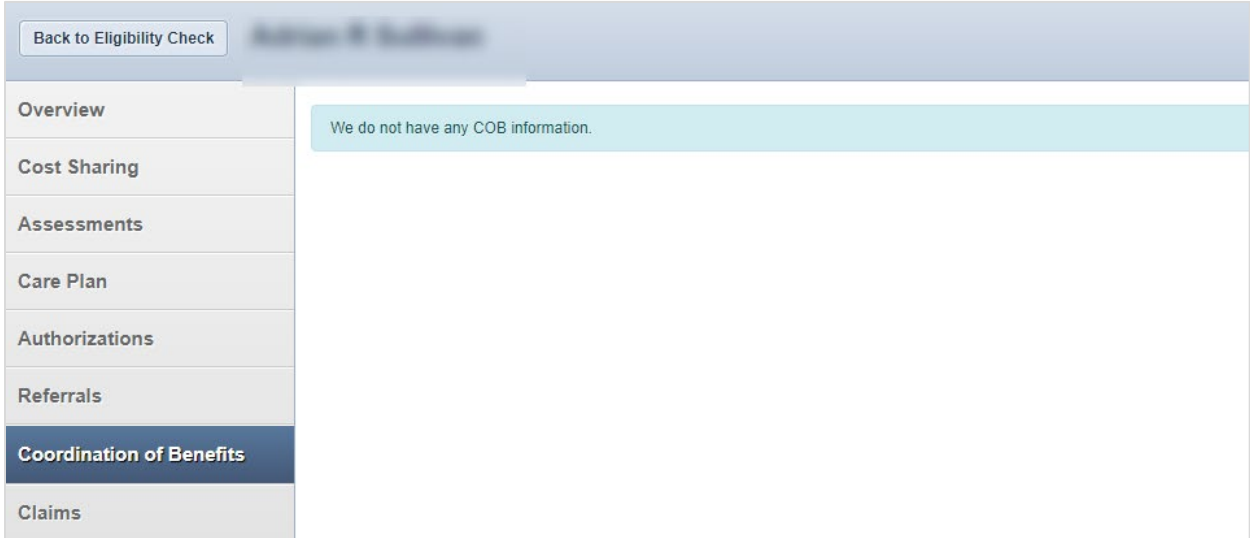
**Your request is submitted Successfully**

SECURE PROVIDER PORTAL QUICK START GUIDE

Member Record Tab: Viewing Coordination of Benefits (COB)

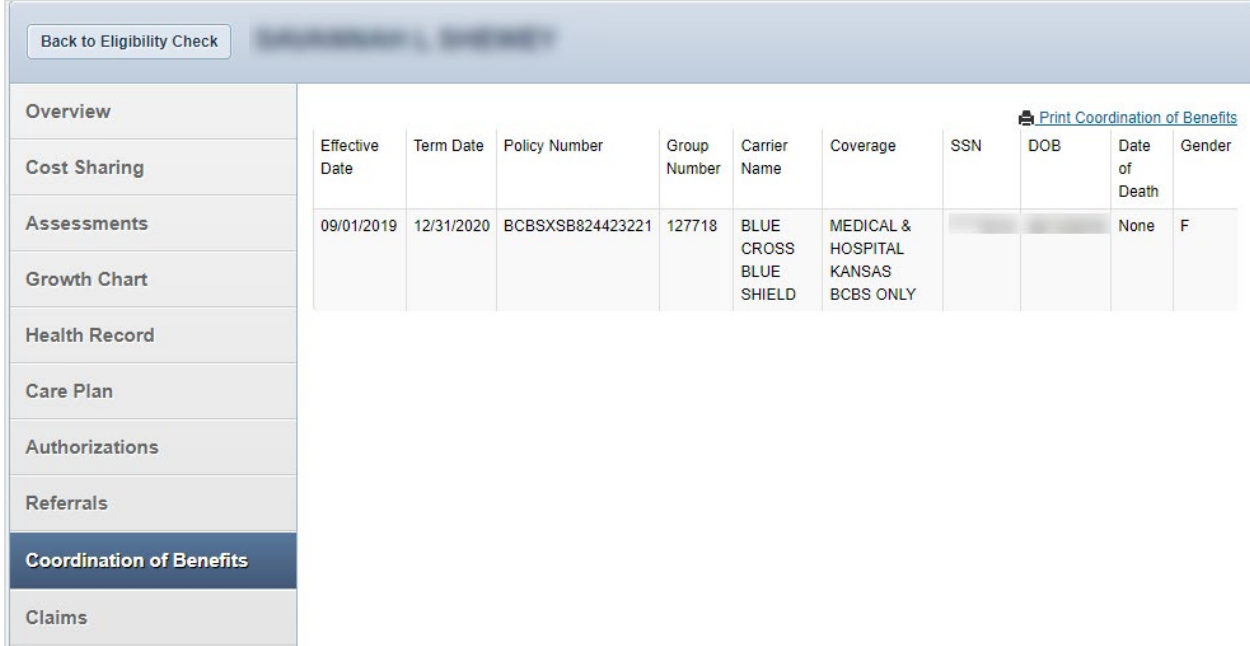
To Access the Members Coordination of Benefits Information

1. From inside the patient record, select **Coordination of Benefits**.
2. The following screen appears. This view shows no COB information is available for this member.



The screenshot shows a navigation menu on the left with 'Coordination of Benefits' selected. The main content area displays a light blue message box: "We do not have any COB information."

The COB will display termed and active insurances as seen below.



The screenshot shows a table of insurance information under the 'Coordination of Benefits' tab. A 'Print Coordination of Benefits' link is visible in the top right of the table area.

Effective Date	Term Date	Policy Number	Group Number	Carrier Name	Coverage	SSN	DOB	Date of Death	Gender
09/01/2019	12/31/2020	BCBSXSB824423221	127718	BLUE CROSS BLUE SHIELD	MEDICAL & HOSPITAL KANSAS BCBS ONLY			None	F

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record Tab: Managing Claims

The Claims tab of the patient record allows you to view any recent claims for the patient. You can also manually create a new claim. If the patient has any recent claims, they display on this tab.

## To Access Claim Information

From inside the patient record, select the **Claims** tab.

## To Create a New Centers for Medicare and Medicaid Services (CMS) Claim

1. Click **Create a New Claim** on the right.

The screenshot shows the 'Claims' tab selected in a sidebar. The main content area is titled 'Claims: Recent' and includes a 'Create a New Claim' button. Below this, there is a filter section for 'Show claims for' with dropdowns for the year (2021) and month (September), and a 'GO' button. A table displays one claim with the following details:

CLAIM NO. ↑	REF/ACCT NO. ↑	DOS RANGE ↑	PAYMENT DATE ↑	RECEIVED DATE ↑	BILLED/PAID ↑	STATUS ↑
<a href="#">U243FHE00826</a>	1215124-38156	08/15/2021 - 08/15/2021		08/31/2021	\$969.60 / \$969.60	PAID

Below the table, it indicates 'One item found. Page 1/1 1'.

2. Select the type of claim you want to create.

- [CMS 1500 \(Professional Claim\)](#)
- [CMS UB-04 \(Institutional Claim\)](#)

The screenshot shows the 'Create Claim' interface. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, and Messaging. Below these, there are dropdowns for 'Viewing Claims For : TIN' and 'Plan Type', followed by a 'GO' button. To the right, there are buttons for 'Upload EDI' and 'Create Claim'. The main content area is titled 'Choose Claim for' and contains two options: 'CMS 1500 Professional Claim →' and 'CMS UB-04 Institutional Claim →'. Below these options, there is an update notice:

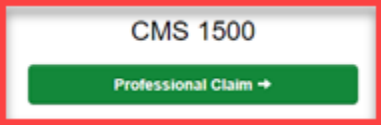
UPDATE: In order to be compliant with ICD-10 regulations, Cenpatco will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date. For more information, please refer to the applicable State provider page on cenpatco.com and click on the ICD-10 countdown box.

At the bottom, there are links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2021, Centene Corporation'.

# SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record Tab: Managing Claims (Professional Claims)

- 1. Select Professional Claim by clicking CMS 1500.



- 2. In the General info section, enter the Patient's Account Number, and the other information related to the patient's condition.

 A screenshot of the "General Info" section of a professional claim form. The title is "Professional Claim for Adrian Sullivan" and the progress bar shows "Your Progress" with a blue arrow pointing right. Below the title, it says "THIS SECTION: General Info" and "Information about the dates of the claim." The form contains several input fields: "Patient's Account Number\*" with a masked value "XXXXXXXXXX", "Statement Dates\*" with "From" and "To" date pickers, "Date of current illness, Injury, Pregnancy (LMP)" with a "Select Type..." dropdown and a date picker, and "Other Date" with a "Select Type..." dropdown and a date picker. A "Next →" button is located at the top right of the form area.

**Claim Field Tabs**

The displayed line items on this electronic form reflect those on a CMS 1500 paper form.

Hovering over the Claim Field Tabs to the right of the screen will help determine what field on the CMS 1500 paper claim form from which to obtain the information.

## Member Record Tab: Claims – Adding Diagnosis Codes

- 3. On row 21, enter the Diagnosis Codes for the patient.
- 4. Click the **Add** button to save the code.

 A screenshot of the "Diagnosis Codes" section of a professional claim form. The title is "Professional Claim for Adrian Sullivan" and the progress bar shows "Your Progress" with a green arrow pointing right. Below the title, it says "THIS SECTION: Diagnosis Codes" and "Diagnosis Code and Additional Insurance Information." The form includes a "Back" button, an "Add" button, and a "Next →" button. There is a "Required field" section with "ICD Version Indicator\*" set to "ICD 10" and a note: "Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted." Below this is a "Diagnosis Codes\*" field with a masked value "XXXX e.g. V873" and an "Add" button. A note says "(Enter diagnosis code and click on Add button)". At the bottom, there is an "Add Coordination of Benefits" button. A tab labeled "21" is visible on the right side of the form.

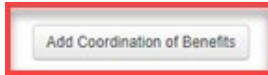
**Note:** Click the Coordination of Benefits Button (If applicable) or the **Next** button.



## SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record Tab: Claims – Adding Coordination of Benefits

5. Click **Add Coordination of Benefits** to include any payments made by another insurance carrier (If applicable).



The following screen will appear:

Professional Claim for [Member Name] Your Progress

THIS SECTION:  
**Diagnosis Codes**  
 Diagnosis Code and Additional Insurance information.

← Back Next →

\* Required field

ICD Version Indicator\*  ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes\*   (Enter diagnosis code and click on Add button) 21.

**Primary Insurance**

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type\*  9d

Policy Number\*  9a

← Back Next →

6. Enter the **Carrier Type** and **Policy Number**.
7. Click **Next**.

SECURE PROVIDER PORTAL QUICK START GUIDE

*Adding Service Lines to the Claim*

8. In the Service Lines screen, add your service line information.
  - ⚠ When entering charges for the service billed, include the decimal point to ensure the data displays accurately. For example, 99.0 converts to \$99.00.

To add additional service lines

9. Click the **Save/Update** button on the right
10. Click the **New Service Line** button on the left. You can enter up to 99 service lines.
11. Click **Next**.

Professional Claim for XXXXXX
Your Progress

THIS SECTION:

## Service Lines

Enter maximum of 50 service lines.

← Back
Provider Details →

Total: \$0.00

+ New Service Line

Your added service lines will appear here.

\* Required field Save / Update

### Add New Service Line

Dates of Service\* From  To  24.a

---

Place of Service\* Select... 24.b

---

Emergency  Yes  No 24.c EMG

---

Procedure Code\*  24.d


---

Modifiers  Add Please enter the modifier and click the Add button.

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Adding Provider Information to the Claim

12. Enter referring and billing provider information.
13. Add rendering only if different from the billing.
14. Enter Service Facility location.
15. Click **Next**. The Attachments screen appears.

Professional Claim for: [Redacted]
Your Progress 

THIS SECTION:  
**Providers**  
Providers on this claim.

← Back
Next →

\* Required field

### Referring Provider

NPI  
XXXXXXXXXX Find Provider

Last Name or Organizational Name  
Last Name Find Provider

Qualifier  
Select... 17.

First Name  
First Name

### Rendering Provider Only enter rendering provider information if not the same as Billing Provider information.

NPI  
XXXXXXXXXX

Taxonomy #  
XXXXXXXXXX

Tax ID  
593655895 Find Provider

Last Name or Organizational Name  
Last Name

First Name  
First Name Clear X

### Billing Provider

Tax ID  
593655895

Name\*  
Last Name

Address\*  
XXXXXXXXXX

NPI  
XXXXXXXXXX

City\*  
XXXXXXXXXX

State\*  
Select...

Zip\*  
XXXXXX

Same As Billing Provider

### Service Facility Location

Name  
Last Name

Address  
XXXXXXXXXX

NPI  
XXXXXXXXXX

City  
XXXXXXXXXX

State  
Select...

Zip  
XXXXXX

← Back
Next →

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Adding attachments to claim


You can attach any documents to the claim as desired. Skip this section and click **Next** if you do not have any attachments.

## To Attach a File

16. Click **Choose File** in the Attachments section.
17. From the **Attachment Type** drop-down list, select the type of file you want to attach.
18. Click **Attach**. **Note:** You must click Attach for each file you submit.
19. Click **Next**. The Review screen appears.

**For best results, use the following guidelines:**

- ⚠ You can attach the following files types: .jpg, .Tif, .Tiff, and .pdf.
- ⚠ The file attachment size cannot be larger than 30MB.
- ⚠ The file cannot be password protected.

Professional Claim for [Redacted]
Your Progress 

THIS SECTION:  
**Attachments**

Add attachments to the claim (30MB limit).

Supported types are .jpg, .tif, .pdf and .tiff

← Back
If there are no attachments, click Next.
Next →

**Attachments**

\*Do NOT send password protected files. You must click ATTACH for each file being submitted.

<p>File*</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> <span style="background-color: #ccc; border: 1px solid #ccc; padding: 2px 5px; margin-right: 5px;">Choose File</span> <span style="font-size: small;">No file chosen</span> </div>	<p>Attachment Type*</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; align-items: center;"> <span style="font-size: small; margin-right: 5px;">Select Type...</span> <span style="font-size: small;">▼</span> </div>	<div style="background-color: #4285f4; color: white; padding: 5px 10px; border-radius: 3px; margin-top: 10px;">Attach</div>
---	--	---

There are no attached files.

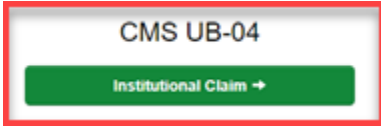
← Back
If there are no attachments, click Next.
Next →



# SECURE PROVIDER PORTAL QUICK START GUIDE

## Member Record Tab: Managing Claims (CMS UB-04 Institutional Claim)

1. Select Institutional Claim by clicking the CMS UB-04.



2. In the **General** section, enter the admission, discharge and other information related to the patient's condition.

A screenshot of the "Institutional Claim for" form, specifically the "General" section. The form is titled "General" and includes the instruction "Enter Information for the Admission and Condition Codes". It features several input fields: "Patient Control #", "Medical Record #", "Type Of Bill", "Statement Dates" (with "From" and "To" sub-fields), "Prior Payments", and "Prior Authorization Number". Below these are sections for "Admission" (with "Time" and "Type" fields) and "Discharge" (with "Status" and "Hour" fields). A "Next →" button is located at the bottom right of the form. A progress bar at the top right shows the current step. A vertical list of tabs on the right side of the form is highlighted with a dashed blue box, with a callout box pointing to it.

**Claim Field Tabs**

The displayed line items on this electronic form reflect those on a UB-04 paper form.

Hovering over the Claim Field Tabs to the right of the screen will help determine what field on the UB-04 paper claim form from which to obtain the information.

# SECURE PROVIDER PORTAL QUICK START GUIDE

## Add a New Service Line

- 3. In the Service Lines screen, add your service line information.
  - ⚠ When entering charges for the service billed, include the decimal point to ensure the data displays accurately. For example, 99.0 converts to \$99.00.

### To add additional service lines

- 4. Click the **Save/Update** button on the right
- 5. Click the **New Service Line** button on the left. You can enter up to 99 service lines.
- 6. Click **Next**. The Provider Details screen displays.

Institutional Claim fo Your Progress

THIS SECTION: **Service Lines** Enter maximum of 97 service lines.

← Back Next →

**Total: \$0.00**  
Non-Covered : \$0.00

**+ New Service Line**

Your added service lines will appear here.

**\* Required field** Save / Update

### Add New Service Line

Revenue Code\*  Lookup 42.

HCPCS / Rate / HIPPS Code  44.

NDC  Guide

Modifiers  Add Please enter the modifier and click the Add button.

Service Date\*  45.

Service Units\*  46.

Charge Amount\*  47.

Non-Charge Amount  48.

# SECURE PROVIDER PORTAL QUICK START GUIDE

- 7. In the **Provider Details** screen, enter billing and other information in the appropriate sections.
- 8. Click **Next** when done. The Additional Insurance screen appears.

THIS SECTION: **Provider Details** Basic information about the patient's status and condition.

← Back Next →

Please note: a taxonomy code is required for all claim submissions

Per TMHP billing guidelines, the billing provider and rendering or attending provider cannot be the same. Claims filed with the same billing and rendering or attending provider may be subject to denial.

\* Required field

### Billing Provider

NPI\*  56.

Taxonomy\*  57.

### Pay-to Provider

NPI\*  Taxonomy\*  IRS/Tax ID Number\*  Pay-To Name\*  2.

Address\*  City\*  State\*  Zip\*

### Attending Provider

NPI\*  Taxonomy\*  First Name\*  Last Name\*  76.

IRS/Tax ID Number\*

### Rendering Provider

Please enter rendering provider information (if not the same as Attending Provider information). 81.

NPI

First Name  Last Name  Organization Name

### Operating Provider

NPI  Taxonomy  First Name  Last Name  77.

IRS/Tax ID Number

### Other Operating (Physician) Provider

NPI  Taxonomy  First Name  Last Name  78.

IRS/Tax ID Number  Qualifier

### Other Provider

NPI  Taxonomy  First Name  Last Name  79.

IRS/Tax ID Number

← Back Next →



## SECURE PROVIDER PORTAL QUICK START GUIDE

- 9. In the **Additional Insurance** screen, enter primary insurance details as needed. If there is no additional insurance, you may skip this section.
- 10. Click **Next**. The Attachments screen appears.

Institutional Claim for [Member Name] Your Progress [Progress Indicators]

THIS SECTION:  
**Additional Insurance** Enter additional insurance details.

**You may skip this section if there is no additional insurance.** [Next →](#)

**Primary Insurance**  
Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type	Select...	50
Policy Number	XXXXXXXX	60
Amount Allowed	XXXX.XX	
Deductible	XXXX.XX	
Copay	XXXX.XX	
Co-Insurance	XXXX.XX	
Amount Paid	XXXX.XX	
Denial Reasons	Select... Amount XXXX.XX	<a href="#">Add Denied Reason</a>

[← Back](#) [Next →](#)

## SECURE PROVIDER PORTAL QUICK START GUIDE

### Adding attachments to claim

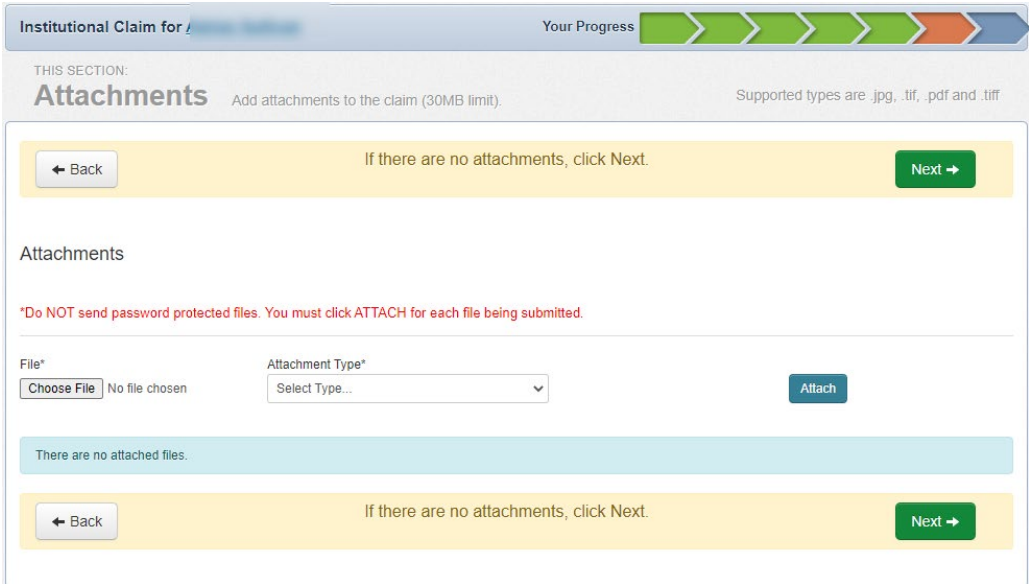
You can attach any documents to the claim as desired. Skip this section and click **Next** if you do not have any attachments.

#### To Attach a File

11. Click **Choose File** in the Attachments section.
12. From the **Attachment Type** drop-down list, select the type of file you want to attach.
13. Click **Attach**. **Note:** You must click Attach for each file you submit.
14. Click **Next**. The Review and Submit screen appears.

**For best results, use the following guidelines:**

- ⚠ You can attach the following files types: .jpg, .Tif, .Tiff, and .pdf.
- ⚠ The file attachment size cannot be larger than 30MB.
- ⚠ The file cannot be password protected.



# SECURE PROVIDER PORTAL QUICK START GUIDE

## Review Claim

All the information that you entered is summarized on the Review screen.

1. Make any needed edits.
2. Click **Submit** when you are done.

Institutional Claim for [redacted] Your Progress

THIS SECTION: **Review and Submit** Please review your claim before submitting.

**Almost done!** Submit →

You can go back to review your claim or submit now.

**Claim ID:** [redacted]

**General Info** [Edit](#)

Patient Control #: 657964  
 Medical Record #:  
 Type Of Bill: 111  
 Statement From Date: 09/01/2021  
 Statement To Date: 09/01/2021  
 Prior Payments:  
 Prior Authorization Number:  
 Admission Date: 09/01/2021  
 Admission Hour: 09  
 Admission Type: 1  
 Admission Source: 7  
 Discharge Status: 01  
 Discharge Hour: 01

**Provider Details** [Edit](#)

Provider Type	NPI	Taxonomy	Name	Tax ID	Address (1)	Address (2)	City	State	Zip
Billing Provider	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
PayTo Provider	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Provider Type	NPI	Taxonomy	First Name	Last Name	IRS/Tax ID Num	Organization
Attending Provider	1104302405	314000000X	Diane	Bridgewater	593655895	
Rendering Provider						
Operating Provider						
Other Operating Provider						
Other Provider						

**Service Lines** [Edit](#)

Line	Revenue Code	HCPCS/Rate/HIPPS	Modifiers	NDC	Date	Units	Charge amount	Non-Charge Amount
1	867				09/01/2021	1.0	\$280.00	

**Primary Insurance** [Edit](#)

- COB Carrier Type:
- COB Policy Number:
- COB Amount Allowed:
- COB Deductible:
- COB Co-Pay:
- COB Co-Insurance:
- COB Amount Paid:

**Diagnosis Codes** [Edit](#)

Admitting Diagnosis Code : V837  
 Principal Diagnosis Code : V837  
 Principal POA Indicator :  
 External Cause of Injury Code (ECI) :  
 Prospective Payment Code :

**Attachments** [Edit](#)

← Back
Submit →

See also: [CMS 1500 \(Professional Claim\)](#)

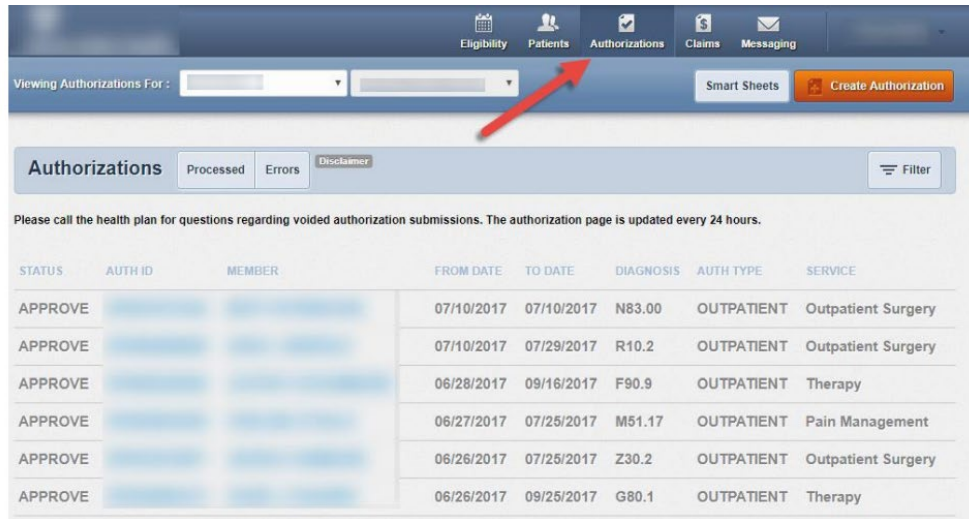
## SECURE PROVIDER PORTAL QUICK START GUIDE

## Managing Authorizations

Submitted authorizations display for 90 days. Prior Authorization requests may take 24-48 hours to display on the Authorization list.

### To Access Authorizations

Select **Authorization** from the Main Toolbar. Authorizations appear based on TIN and Product selected.

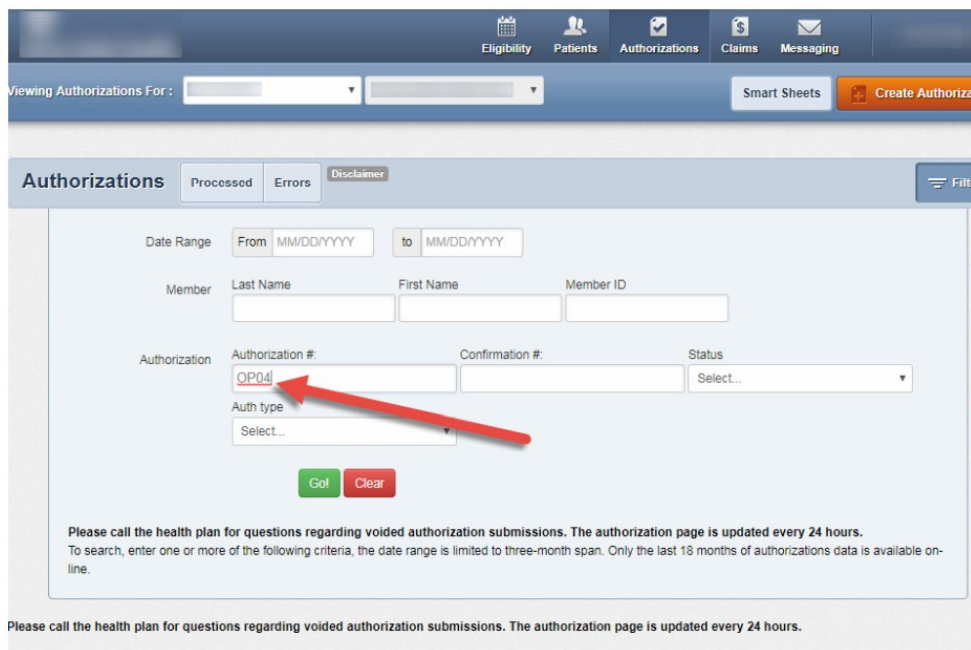


The screenshot shows the 'Authorizations' section of the Secure Provider Portal. The main toolbar at the top includes 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. A red arrow points to the 'Authorizations' tab. Below the toolbar, there are dropdown menus for 'Viewing Authorizations For:' and a 'Create Authorization' button. The 'Authorizations' section has tabs for 'Processed', 'Errors', and 'Disclaimer', and a 'Filter' button. A message states: 'Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.' Below this is a table with columns: STATUS, AUTH ID, MEMBER, FROM DATE, TO DATE, DIAGNOSIS, AUTH TYPE, and SERVICE.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE			07/10/2017	07/10/2017	N83.00	OUTPATIENT	Outpatient Surgery
APPROVE			07/10/2017	07/29/2017	R10.2	OUTPATIENT	Outpatient Surgery
APPROVE			06/28/2017	09/16/2017	F90.9	OUTPATIENT	Therapy
APPROVE			06/27/2017	07/25/2017	M51.17	OUTPATIENT	Pain Management
APPROVE			06/26/2017	07/25/2017	Z30.2	OUTPATIENT	Outpatient Surgery
APPROVE			06/26/2017	09/25/2017	G80.1	OUTPATIENT	Therapy

### To Search for an Authorization

1. Click **Filter** at the upper-right of the Authorizations screen.
2. Enter the authorization number in the **Authorization #** box.
3. Click **Go**.



The screenshot shows the search filter for Authorizations. The main toolbar at the top includes 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below the toolbar, there are dropdown menus for 'Viewing Authorizations For:' and a 'Create Authorization' button. The 'Authorizations' section has tabs for 'Processed', 'Errors', and 'Disclaimer', and a 'Filter' button. A message states: 'Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.' Below this is a search form with fields for 'Date Range' (From MM/DD/YYYY to MM/DD/YYYY), 'Member' (Last Name, First Name, Member ID), and 'Authorization' (Authorization #, Confirmation #, Status, Auth type). A red arrow points to the 'Authorization #' input field. Below the form are 'Go' and 'Clear' buttons. A message at the bottom states: 'Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours. To search, enter one or more of the following criteria, the date range is limited to three-month span. Only the last 18 months of authorizations data is available on-line.'

SECURE PROVIDER PORTAL QUICK START GUIDE

Authorizations: View a Prior Authorization Request

1. Enter the *Authorization Number* or the *Confirmation Number*.
2. Click **Go**.

**Authorizations** | Processed | Errors | Disclaimer | Filter

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE			06/27/2017	08/26/2017	I15.9	OUTPATIENT	DME

Authorizations: View a Prior Authorization Request (Processed)

All processed prior authorization requests submitted within the last 90 days will display the following information:

- Status
- From and To Date
- Service
- Authorization ID
- Diagnosis
- Member Name
- Authorization Type

**Authorizations** | Processed | Errors | Disclaimer | Filter

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE			04/02/2020	12/31/9999	M17.12	INPATIENT	Surgical
APPROVE			03/25/2020	04/25/2020	Z83.2	OUTPATIENT	Genetic Testing & Counseling
APPROVE			03/17/2020	04/16/2020	H72.01	OUTPATIENT	Outpatient Surgery
APPROVE			03/10/2020	12/31/9999	T22.391A	INPATIENT	Surgical
PEND			03/09/2020	06/07/2020	Z83.2	OUTPATIENT	Genetic Testing & Counseling

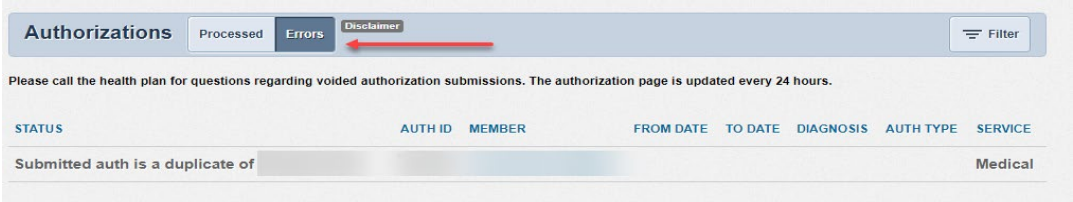
## SECURE PROVIDER PORTAL QUICK START GUIDE

### Authorizations: View a Prior Authorization Request (Errors)

Prior authorization requests that are submitted with errors are not processed. Links to the requests display on the Authorizations Error screen. Providers can fix the errors and resubmit the request.

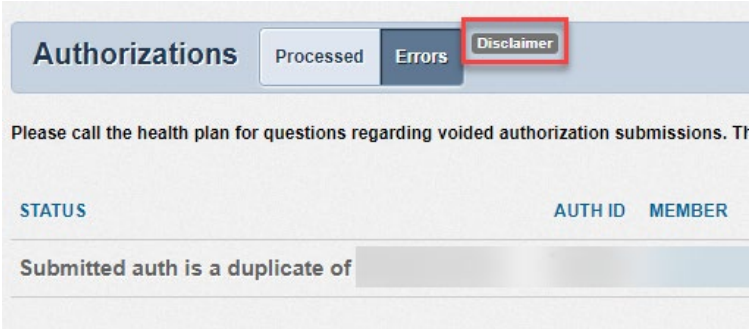
**The following details about the request display:**

- Status
- From and To Date
- Service
- Authorization ID
- Diagnosis
- Member Name
- Authorization Type

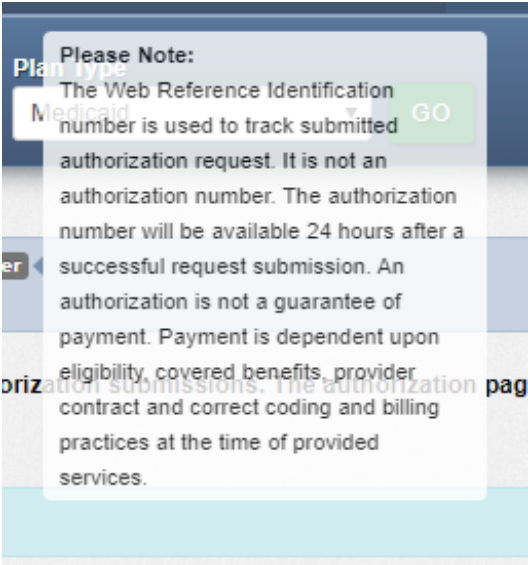


### To View the Disclaimer

Place the mouse cursor over **Disclaimer**.



The disclaimer text displays.



## SECURE PROVIDER PORTAL QUICK START GUIDE

## Managing Claims

The Claims tool allows you to create new claims. You can also view details and manage all aspects of your saved and submitted claims.

### To Access Claim

Select **Claims** from the top of any screen.

The screenshot shows the 'Claims' section of the provider portal. At the top, there are navigation icons for Eligibility, Patients, Authorizations, Claims (highlighted), and Messaging. Below this, there are input fields for 'Viewing Claims For: TIN' and 'Plan Type', a 'GO' button, and buttons for 'Upload EDI' and 'Create Claim'. The main content area is titled 'Claims' and includes tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring', 'Payment History', and 'Claims Audit Tool'. Under 'Claims: Recent', there is a search bar with a date range of '08/23/2021 to 09/23/2021' and 'Filter' and 'Search' buttons. A table displays the following data:

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS
	CMS-1500		08/23/2021 - 08/23/2021	\$3.00 / \$0.00	❌ Denied
	CMS-1500		08/23/2021 - 08/23/2021	\$144.00 / \$35.88	✅ Paid
	CMS-1500		08/23/2021 - 08/23/2021	\$187.00 / \$40.53	✅ Paid
	CMS-1500		08/23/2021 - 08/23/2021	\$144.00 / \$24.94	✅ Paid
	CMS-1500		08/23/2021 - 08/23/2021	\$3.00 / \$0.00	❌ Denied

### Claims Overview

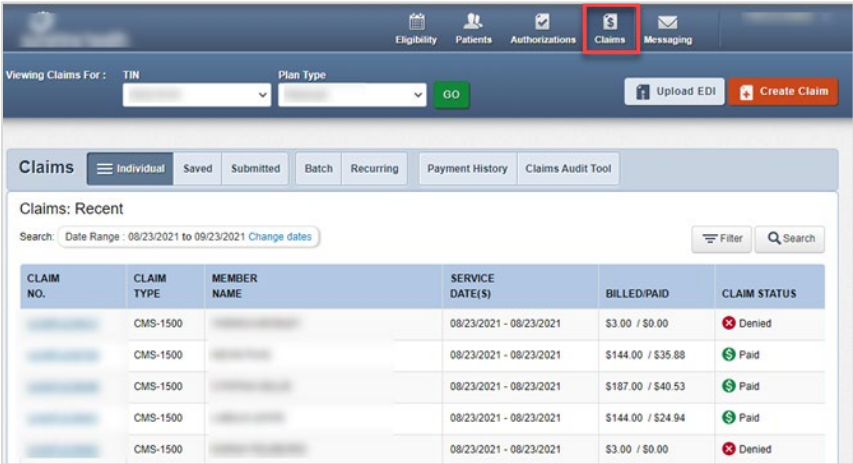
<b>Individual Claims</b>	List of manual claims submitted using the Provider Portal, Clearing House, or paper
<b>Saved Claims</b>	Saved drafts of manual claims that have errors or missing information that have not been completed
<b>Submitted Claims</b>	List of manual claims submitted using the Provider Portal only
<b>Batch Claims</b>	List of 837 electronic claim files uploaded from the Provider Portal to EDI. Only the last 24 months of batch files are available online.
<b>Upload EDI Claims</b>	Tool to upload 837 electronic claim files from your shared drive or other location.
<b>Recurring Claims</b>	Bulk uploaded claims template for long-term care. Complete only a few key fields. All other required service line details are auto-completed for you.
<b>Payment History Claims</b>	Provides Explanation Of Payments (EOP) documents for claims. Payment history is available up to 24 months.
<b>Claims Audit Tool</b>	Clear Claim Connection is the claims audit tool used to look up Procedure Code, Quantity, Modifiers, Date and Place of Service, and Diagnosis for a claim proactively before you submit or retroactively after you submit a claim to get coverage details.

# SECURE PROVIDER PORTAL QUICK START GUIDE

## Managing Individual Claims

### To Access Individual Claims

Select **Individual**. A list of individual claims appears.



The following claim details display:

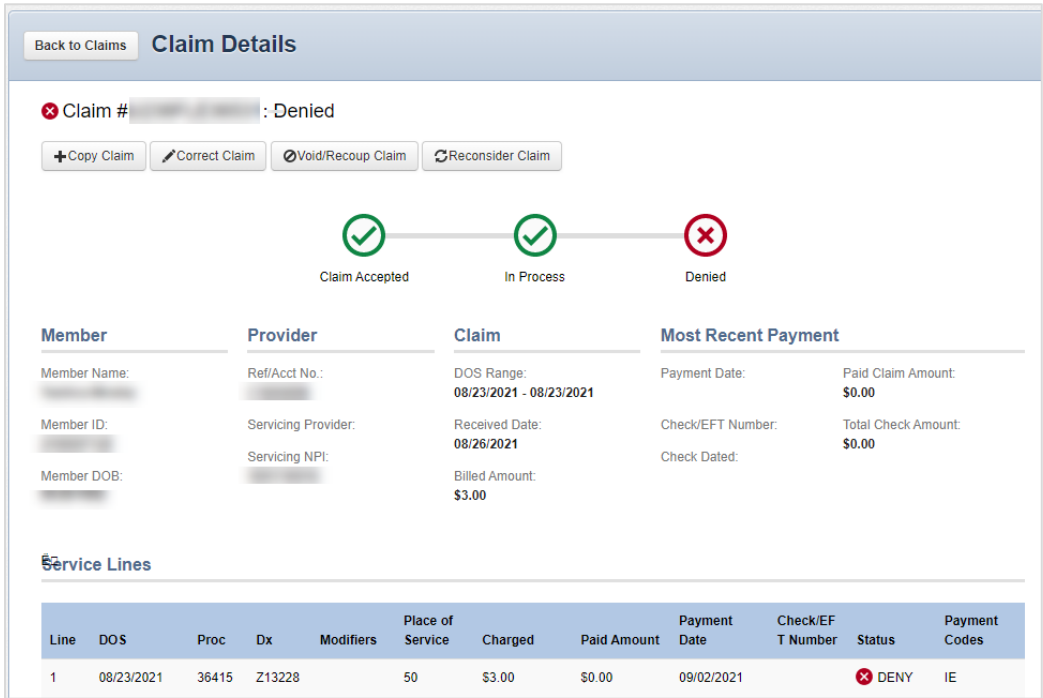
- Claim Number
- Member Name
- Claim Status
- Service Dates
- Billed/Paid

### Managing Individual Claims Details

#### To View Details of the Individual Claim

From the **Individual** tab, click the blue claim number to open that claim.

The following screen appears. You can see which services were covered or denied, view the payment amount, date and check number.





## SECURE PROVIDER PORTAL QUICK START GUIDE

*To Copy an Existing Claim*

Copying a claim copies the information in the existing claim into a new claim.

1. Click **Copy Claim**. The copied claim information appears.



2. Proceed through the claims screens updating any information that may differ.
3. Click **Next** to move through the screens.
4. Review your claim and click **Submit**.

*To Correct a Claim*

5. Click the **Correct Claim** button.



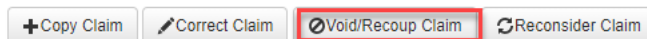
6. Proceed through the claims screens correcting the information that you may have omitted when the claim was originally submitted.
7. Continue clicking **Next** to move through the screens required to resubmit.
8. Review the claim information and click **Submit**.

**⚠ Note:** Claim Corrections are not available if the provider data on the first submission is different from the corrected claim submission.

*To Void/Recoup a Claim (If applicable)*

Use Void/Recoup claims when you want to void an original claim that has already been processed, and request a full recoupment of payment.

1. Click **Void/Recoup Claim**.



2. Under the claim review the appropriate information that should be voided and click submit

**⚠ Note:** Use the Void/Recoup function to void an original claim and fill recoup of payment. The Correct Claim function should be used to correct how an original claim was submitted.

## SECURE PROVIDER PORTAL QUICK START GUIDE

*To Reconsider Claim*

Use reconsider claim to provide documentation in support of a paid or denied claim. Providers are not to use this tool for Appeals.

1. Click **Reconsider Claim**. The Reconsider Claim pop-up window displays.

**Note:** The Reconsider Claim button will be visible unless a web-initiated reconsideration is already in progress.

**Claim Details**

Claim # [REDACTED] : Denied

+ Copy Claim   Correct Claim   Void/Recoup Claim   **Reconsider Claim**

Claim Accepted   In Process   Denied

Member	Provider	Claim	Most Recent Payment
Member Name:	Ref/Acct No.:	DOS Range: 08/23/2021 - 08/23/2021	Payment Date:   Paid Claim Amount: \$0.00
Member ID:	Servicing Provider:	Received Date: 08/26/2021	Check/EFT Number:   Total Check Amount: \$0.00
Member DOB:	Servicing NPI:	Billed Amount: \$3.00	Check Dated:

**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status	Payment Codes
1	08/23/2021	36415	Z13228		50	\$3.00	\$0.00	09/02/2021		✗ DENY	IE

2. From the **Reconsider Claim Type** drop-down menu, select the type of reconsideration you want to submit. **Note:** Options vary by plan type.

**Reconsider Claim**

Claim No: [REDACTED]

A submission on this form will be processed as a Reconsideration. To submit a claim Appeal, please refer to your Provider Manual. For example, if an authorization was **not** obtained and/or you need a review of medical necessity, an **Appeal** must be submitted. [Hide example](#)

Reconsideration Type

Select Reconsideration Type...

Cancel   Submit Reconsideration

**Reconsider Claim**

Claim No: 9325NE07212

Reconsideration type

Select Reconsideration Type...

- Select Reconsideration Type
- Denied for a Global/Unbundled Procedure
- Denied for Untimely Filing
- Denial Related to an Authorization
- Claim Paid at the Incorrect Amount
- Coordination of Benefits (COB)
- Co-insurance/Co-pay/Deductible Applied Incorrectly
- Emergency Department Services Consent Form
- Denial Related to Remitized Billing
- Other

## SECURE PROVIDER PORTAL QUICK START GUIDE

3. Add notes or upload documents as required.

**Note:** The Reconsider Claims form is dynamic; depending on the type of reconsideration selected, notes and/or documents may be required.

4. Click **Submit** to close the Reconsideration Claim form screen.
5. Click **Submit Reconsideration**. Upon submission, a success banner displays.
6. The Claims Tracker screen updates to reflect that a reconsideration is in progress.
 

**Note:** The Reconsider Claim button is no longer available. Once processing begins, the reconsidered claim details appear on the tracker.

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	01/22/2019	96213	S6213Z D, S6211Z D, W010X XD		22	\$160.00	\$0.00	02/01/2019		VOID	L6

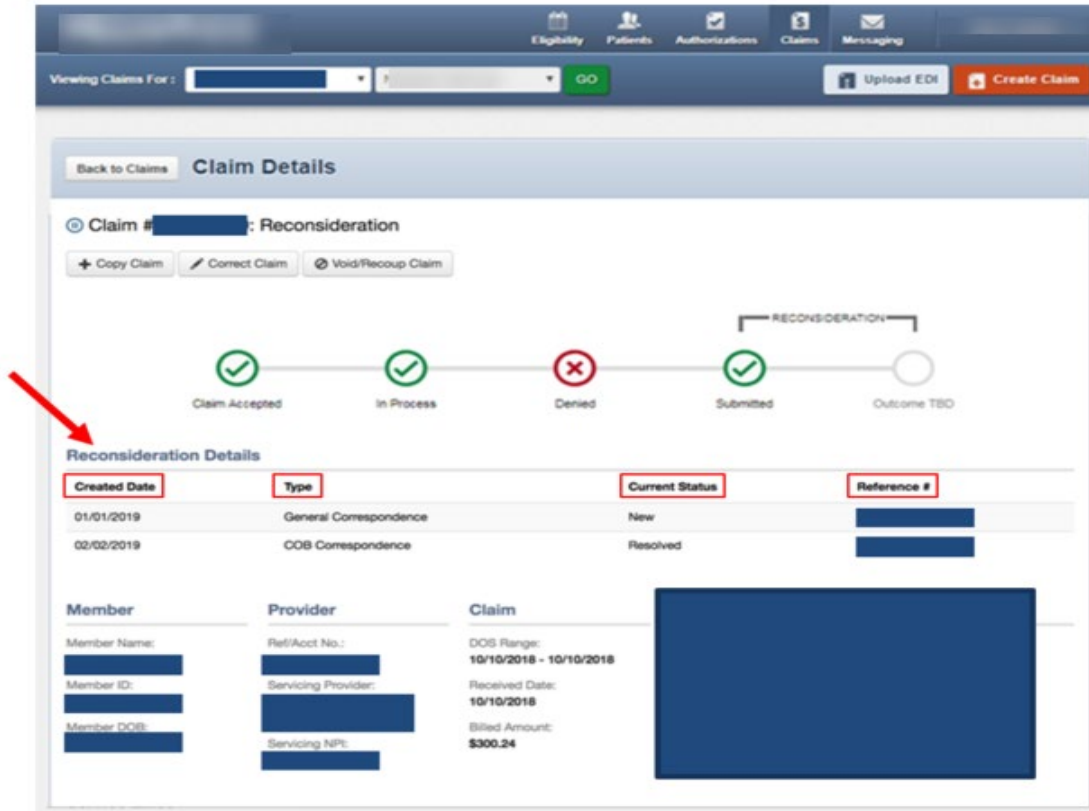
SECURE PROVIDER PORTAL QUICK START GUIDE

*Managing Claims Reconsideration Details*

Once processing begins on a reconsidered claim, the Reconsideration Details table appears on the Claims Tracker.

Accessing Reconsideration Claims Details

From the **Individual** tab, click the blue claim number to open that claim.



Check the status of a Reconsidered Claim

View available onscreen details and attachments.


The Reconsideration Details table has one entry per reconsideration and includes:

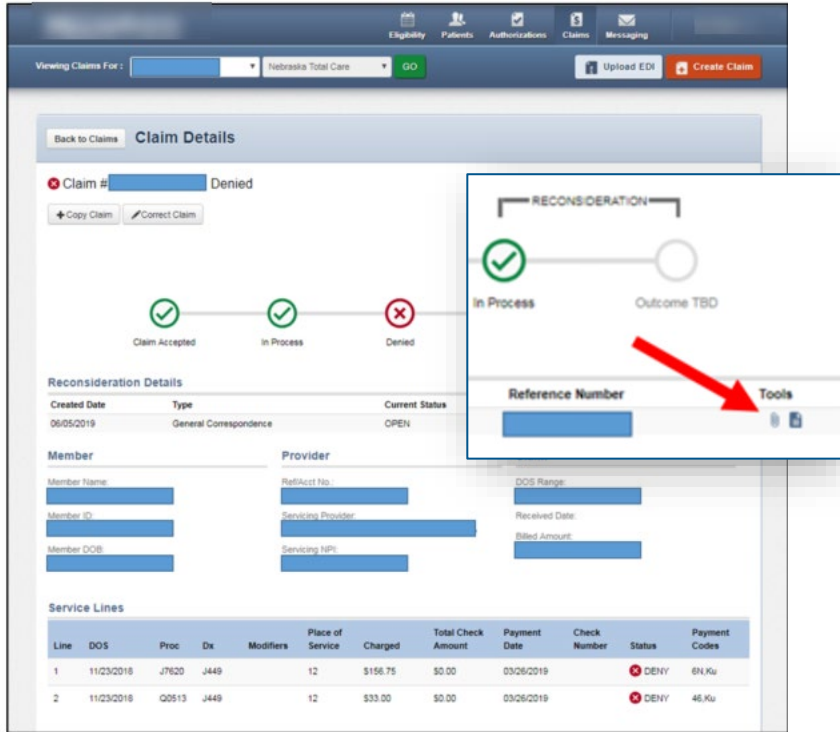
- Created Date
- Type
- Current Status
- Reference#

## SECURE PROVIDER PORTAL QUICK START GUIDE

### To View and Upload Additional Attachments

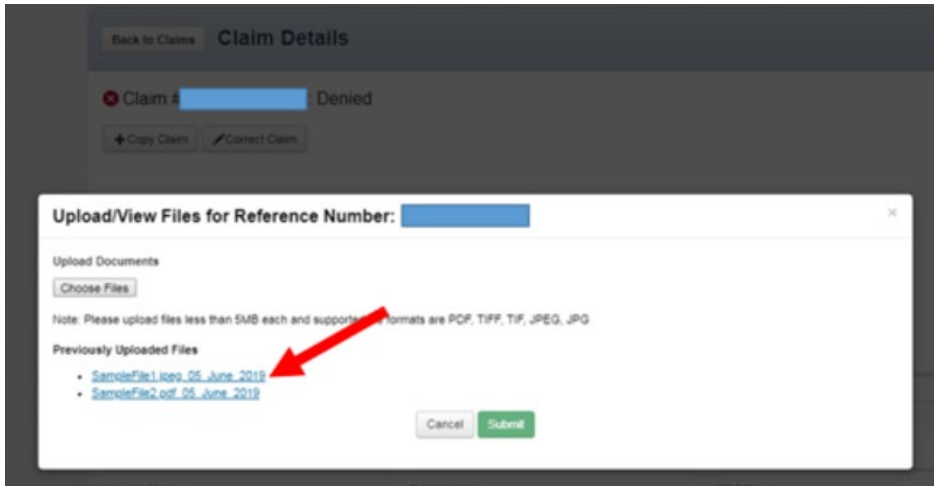
From the Reconsiderations Details table you can view and attach additional references to on-going reconsideration cases.

1. Select the Paperclip  icon. The Upload/View Files window appears.



### To View Previously Uploaded Files

2. Click the document name to download and open the file.



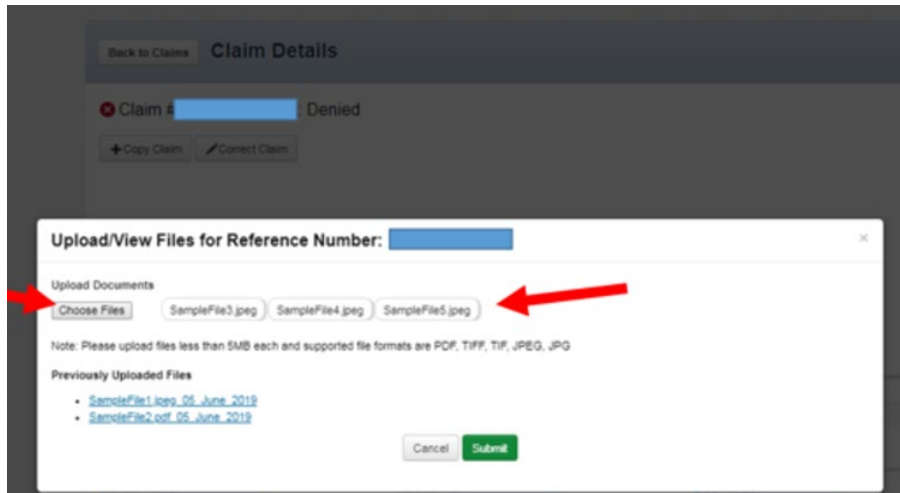
- ⚠ Files will appear with the original file name and appended date. Special characters are removed.

## SECURE PROVIDER PORTAL QUICK START GUIDE

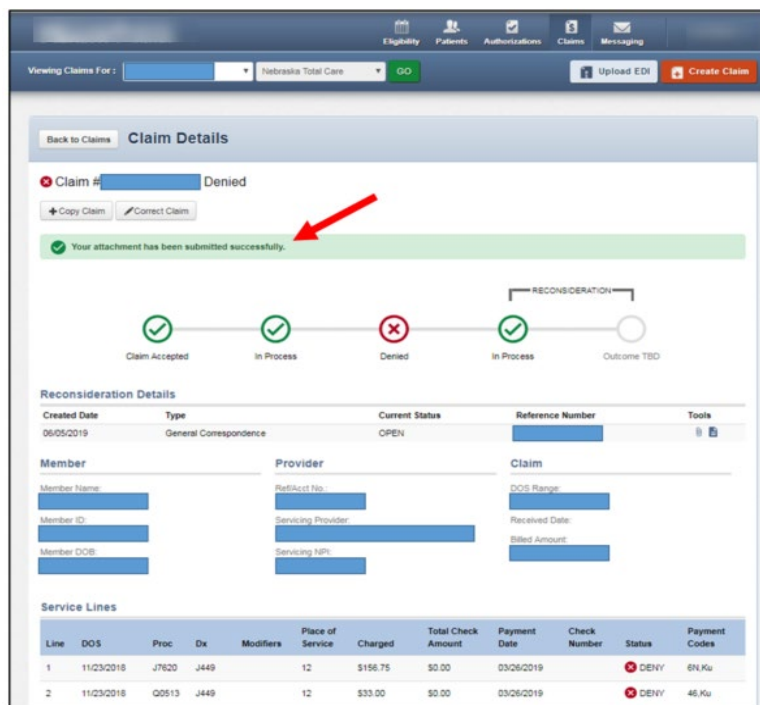
*To Upload Additional Files*

- Click to the **Choose Files** button and select the documents you want to upload. Selected files appear next to the Choose Files button.

**Note:** Each submission is limited to 5 files. There is no limit on the number of successive submissions



- Click **Submit**. Upon successful upload of files, a success banner displays.



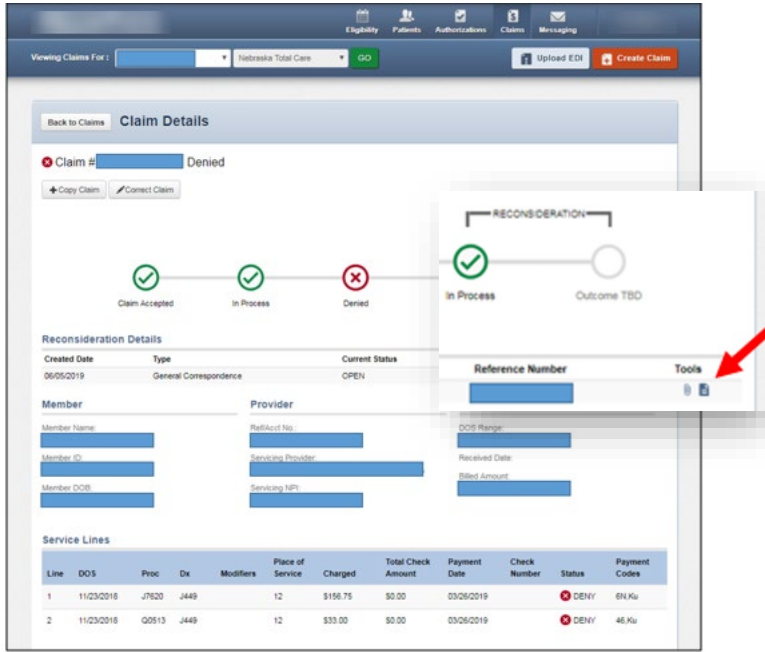
To view or upload additional attachments, repeat Steps 1 through 4.

# SECURE PROVIDER PORTAL QUICK START GUIDE

## To View the Reconsideration Letter

Select the Reconsideration Letter icon to view Acknowledge and Outcome Letters associated to a reconsideration case.

- 5. Click on the document icon to open the letter.  
Frequency of letters is dependent on CenPas operations.



## SECURE PROVIDER PORTAL QUICK START GUIDE

## View and Edit Saved Claims

You can view and edit drafts of Professional or Institutional claims.

To view saved claims

Select **Saved**. The following screen appears.

The screenshot shows the 'Claims' management interface. At the top, there are tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring', 'Payment History', and 'Claims Audit Tool'. Below the tabs, a message states: 'Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.' There are three sub-tabs: 'Drafts', 'Professional Ready to be Submitted', and 'Institutional Ready to be Submitted'. The main table has the following columns: DATE CREATED ↑, CLAIM TYPE ↓, CLAIM ID ↓, MEMBER NAME ↓, MEMBER ID ↓, ORIGINAL CLAIM # ↓, TOTAL CHARGES ↓, Edit, and Delete. The table contains 10 rows of data, all with a date of 08/29/2021 and a claim type of CMS-1500. The total charges for each row are \$178.01, \$178.00, \$178.00, \$178.00, \$178.00, \$178.00, \$178.00, \$178.00, \$178.00, and \$178.00. Each row has 'Edit' and 'Delete' links.

DATE CREATED ↑	CLAIM TYPE ↓	CLAIM ID ↓	MEMBER NAME ↓	MEMBER ID ↓	ORIGINAL CLAIM # ↓	TOTAL CHARGES ↓	Edit	Delete
08/29/2021	CMS-1500					\$178.01	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete
08/29/2021	CMS-1500					\$178.00	Edit	Delete

## Types of Saved Claims

**Draft Claims** Claims that have missing information or contain errors and have not been completed

**Professional Ready to be Submitted Claims** Claims that have been completed but not submitted

**Institutional Ready to be Submitted Claims** Claims that have been completed but not submitted

## To Edit a Saved Claim

1. Click **Edit** to the right of the claim you want to view.
2. Fix any errors or complete the claim.
3. Click **Submit**.

## To Delete a Saved Claim

1. Click **Delete** to the right of the claim that is no longer needed.
2. Click **OK** to confirm the deletion.

 **Note:** Once a claim is deleted, it cannot be recovered.



SECURE PROVIDER PORTAL QUICK START GUIDE

Viewing Submitted Claims

Submitted claims are manual claims created and submitted using the Provider Portal only. Information is view only.

Select **Submitted**. The following screen appears. Information is view only

Claims								
<span>Individual</span> <span>Saved</span> <span><b>Submitted</b></span> <span>Batch</span> <span>Recurring</span> <span>Payment History</span> <span>Claims Audit Tool</span> <span>Filter</span>								
SUBMITTED STATUS ↑	DATE SUBMITTED ↓	WEB #/ REF # ↓	CLAIM NUMBER ↓	CLAIM TYPE ↓	MEMBER NAME ↓	MEMBER ID ↓	ORIGINAL CLAIM # ↓	TOTAL CHARGES ↓
(L)	09/06/2021			CMS-1500				\$338.00
(L)	08/29/2021			CMS-1500				\$178.01
(L)	08/29/2021			CMS-1500				\$178.00
(L)	08/26/2021			CMS-1500				\$61.02
(L)	08/26/2021			CMS-1500				\$208.00
(L)	08/26/2021			CMS-1500				\$144.00
(L)	08/26/2021			CMS-1500				\$144.00
(L)	08/26/2021			CMS-1500				\$144.00
(L)	08/26/2021			CMS-1500				\$144.00
(L)	08/26/2021			CMS-1500				\$144.00

## SECURE PROVIDER PORTAL QUICK START GUIDE

### Viewing Submitted Batch Claims

Use the Batch tab to view batch claims that were supported using the Provider Portal. Previously uploaded batch files appear at the bottom of the Batch Claims screen. If no batch files are uploaded, the **No Data Found** banner appears.

- ⚠ The last 24 months of batch claims submission data is available online. Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon accuracy of data submitted. You will receive an explanation of payment (EOP) or 835 for your claims submission depending on your contract arrangement.

### To Access Batch Claims

Select **Batch**. The following screen appears.

The screenshot shows the 'Claims' section of the provider portal. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, and Messaging. Below these, there are dropdown menus for 'Viewing Claims For : TIN' and 'Plan Type', followed by a 'GO' button. To the right, there are buttons for 'Upload EDI' (highlighted with a red box) and 'Create Claim'. The main content area has a 'Claims' header with a menu icon and tabs for 'Individual', 'Saved', 'Submitted', 'Batch' (selected), 'Recurring', 'Payment History', and 'Claims Audit Tool'. Below the tabs, there are input fields for 'Start Date' (09/16/2021) and 'End Date' (09/23/2021). A note states 'Date span limited to a 1-month period.' There are also input fields for 'Confirmation #' and 'Batch Claim Status' (set to 'ALL'), with a 'Search' button. A disclaimer at the bottom of the search area reads: 'The last 24 months of batch claims submission data is available online. Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon accuracy of data submitted. You will receive an explanation of payment (EOP) or 835 for your claims submission depending on your contract arrangement. For questions regarding errors please contact the health plan.' At the very bottom of the screen, a light blue banner displays the message 'No Data Found'.

### To Search for a Batch Claim

You can search by one or more criteria – date, confirmation number and batch claim status.

1. Select the **Start Date** and **End Date**. **Note:** You can only search in monthly increments.
2. Click **Search**. The Batch Claims list updates to display your search results.

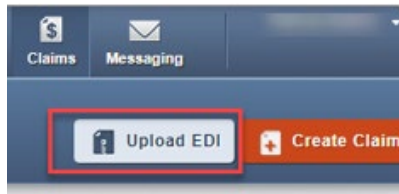
## SECURE PROVIDER PORTAL QUICK START GUIDE

## Uploading Batch Files to EDI

Use the Upload EDI tool to upload 837 electronic claim files from your shared drive or other location.

### To Access Upload EDI

Click **Upload EDI** from the top of any **Claims** screen.



### To Upload a Batch of Claims Using Upload EDI

1. Click the **Upload EDI** button.
2. On the **Batch Claims Upload** screen, select the **File Type** of either **837I** or **837P**.

 A screenshot of the 'Batch Claims Upload' screen. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, there are two dropdown menus labeled 'Viewing For: TIN' and 'Plan Type', followed by a green 'GO' button. The main content area is titled 'Batch Claims Upload' and contains a numbered list of steps:
 

1. Check your codes: ISA05 = ZZ, ISA06 = WebBatch or WEBBATCH, ISA07 = 30, ISA08 = 421406317, GS02 = WebBatch or WEBBATCH, GS03 = 421406317. For additional EDI information, please refer to Resources.
2. File Type: Two buttons labeled '837I' and '837P'. Below this is a note: 'Please choose a file format of .dat, .edi, or .txt no larger than 5MB.'
3. Upload File: A 'Choose File' button and the text 'No file chosen'. Below this is a note: 'File name should be 50 chars or less and should not contain any of the following special characters: ~!@#%&\*'()/[]\|,; and be 50 characters or less.'
4. A green 'Submit' button with a right-pointing arrow.

 On the right side, there is a 'Resources' sidebar with a note: 'Please note that we currently accept formatted 837 claims files only. We apply HIPAA level 5 edits. If you are not familiar with generating or submitting an 837 file, please use a clearinghouse or our single claims submission module. We are continually developing new claims submission tools to allow you other formats by which to submit claims to use directly both individually and in bulk.' Below the note are two links: 'Companion Guides' and 'Batch Claims FAQs', both with right-pointing arrows.

- ⚠ For an Institutional Claims batch upload select 837I
- ⚠ For a Professional Claims batch upload select 837P

## SECURE PROVIDER PORTAL QUICK START GUIDE

## To Attach Your Batch Claims

3. Click **Choose File**. Browse and select the batch claims file (837 files) you want to upload.  
**Note:** Be sure to check that you are submitting the correct codes.
  4. Click **Open** to attach the file. The name of the file you selected appears next to the Choose File button. The file name must be 50 characters or less and not include any special characters.
  5. Click **Submit**. When a file is successfully uploaded, the Web Reference ID # is generated for your record
- 
1. **Note:** On the Batch Claims Upload screen, companion guides and a list of FAQs are provided as resources. An EDI Support telephone line and an email address are also included as additional support with uploading EDI files.

See also: [Viewing Submitted Batch Claims](#)

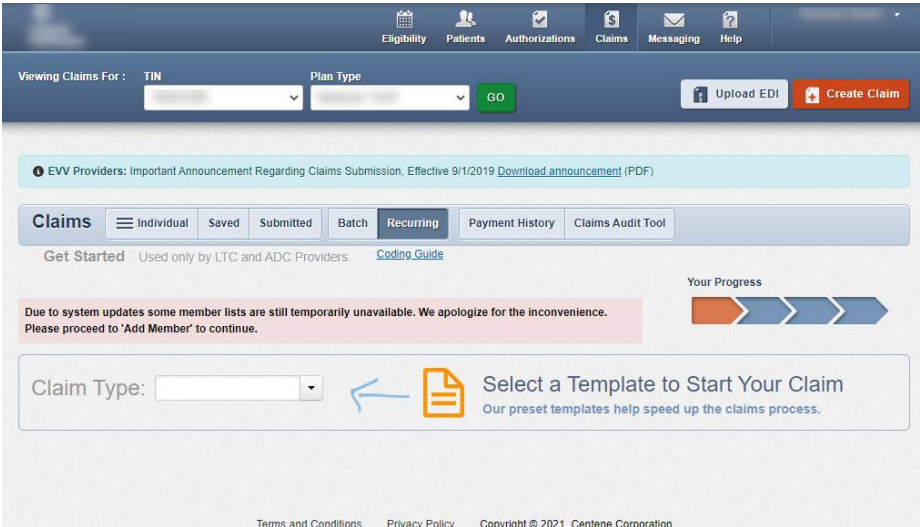
# SECURE PROVIDER PORTAL QUICK START GUIDE

## Creating Recurring Claims

Recurring Claims provides a bulk upload claims template for long-term care. Complete only a few key fields. All other required service line details are auto-completed for you.

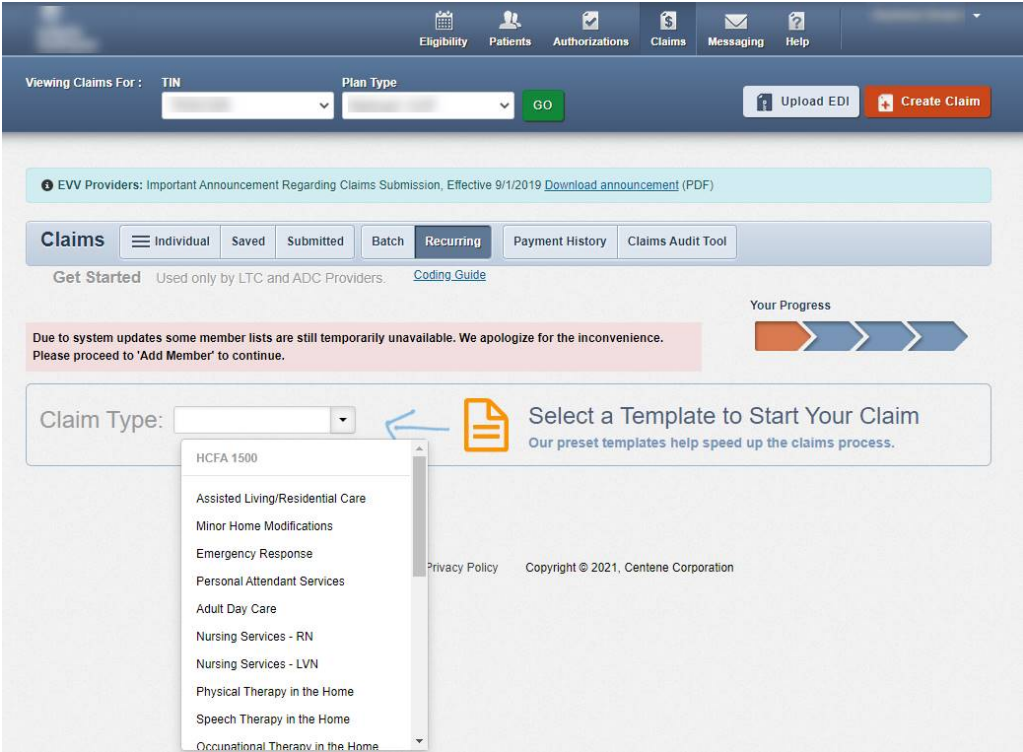
### To Access Recurring Claims

Click the **Recurring** tab on the Claims screen.



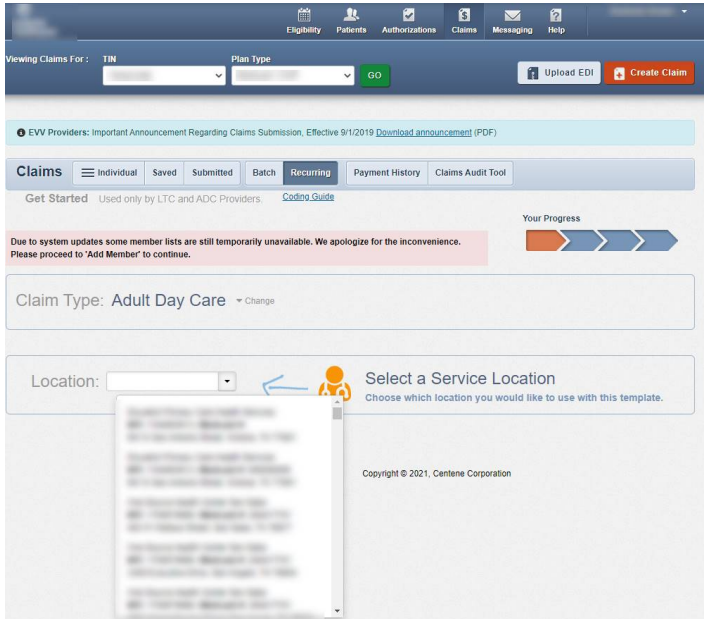
### To Create a Recurring Claim

1. From the **Claim Type** drop-down menu, select the type of recurring claim you want to submit. **Note:** Options vary by plan type.

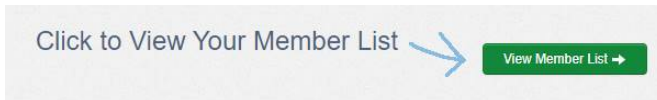


## SECURE PROVIDER PORTAL QUICK START GUIDE

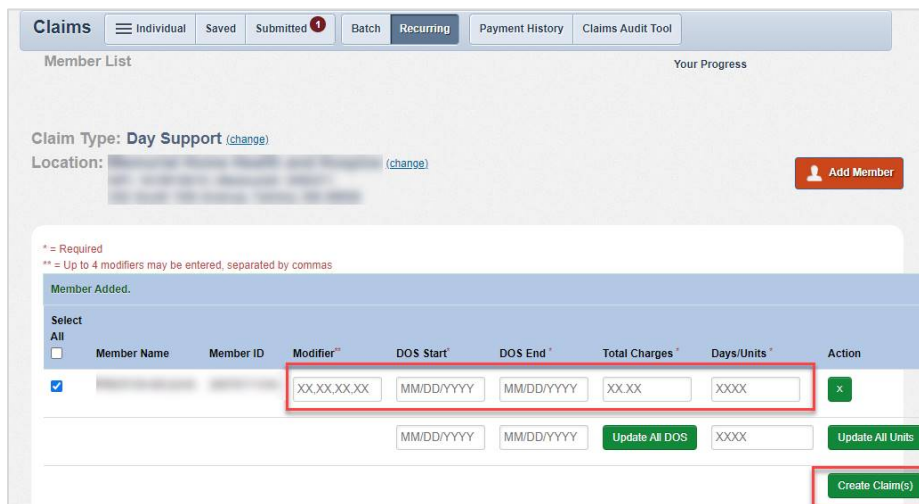
- From the **Location** drop-down menu, select the address for the place of service.



- Click **View Member List**.



- Select the **checkbox** to the left of the member(s) you are creating the recurring claim for, and complete the required fields (Modifier, Date of Service Start date, Date of Service End date, Total Charges, and Days/Limits).



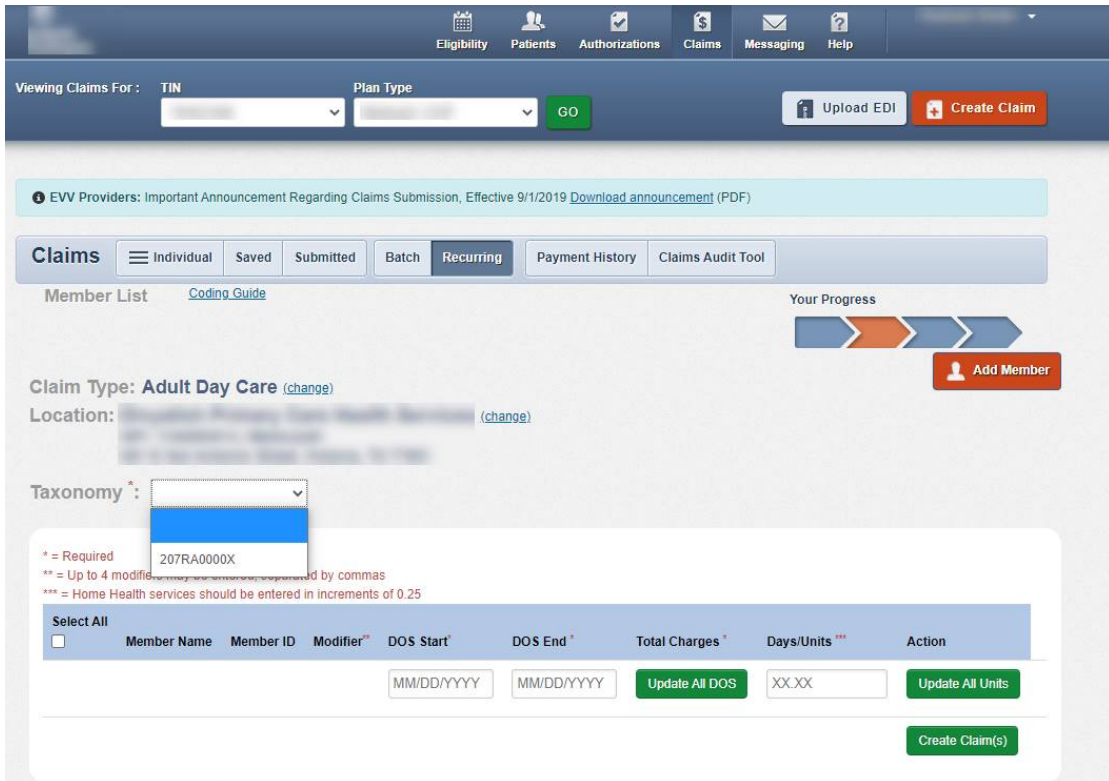
- Click **Create Claim** at the top of the Claims screen.

**Note:** If you do not have any members on your list, you can add and then select them.

## SECURE PROVIDER PORTAL QUICK START GUIDE

### To Add a Member

1. Click the **Add Member** button.
2. Enter the Member ID or last name and Date of Birth, and click **Add**. The member appears on your list.
3. Select the **checkbox** to the left of the member(s) you are creating the recurring claim for, and complete the required fields (Modifier, Date of Service Start date, Date of Service End date, Total Charges, and Days/Limits).
4. Click **Create Claim** at the top of the Claims screen.



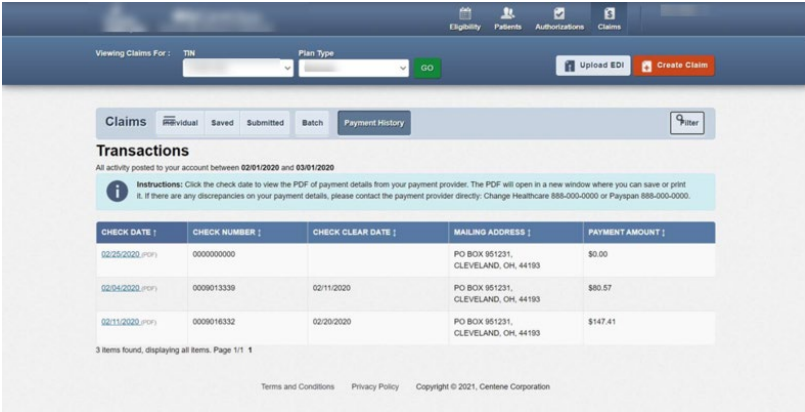
# SECURE PROVIDER PORTAL QUICK START GUIDE

## Payment History

Provides Explanation Of Payments (EOP) documents for claims. Payment history is available up to 24 months.

### To Access Payment History

Click **Payment History** from the Claims screen. The following screen will appear.

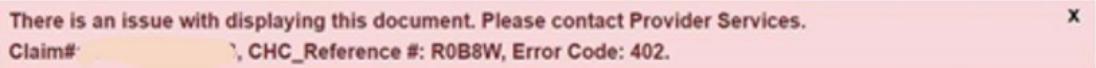


### To View Payment History

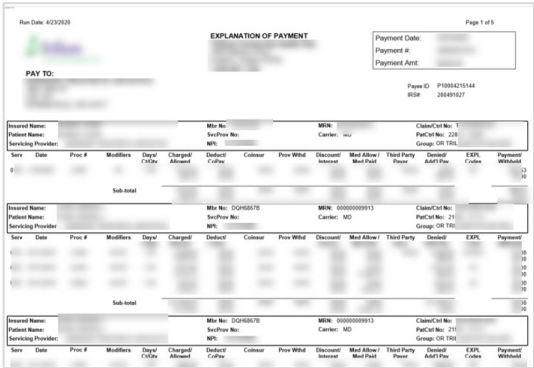
1. Click the **Check Date** for the claim that you want to view payment history.
2. The EOP PDF document downloads and appears at the bottom of the browser window.



3. If an error occurs instead of the PDF, a message should display with a prompt to call Provider Services.



Example of Payment History (PDF document):





## SECURE PROVIDER PORTAL QUICK START GUIDE

### Using the Clear Claim Connection Audit Tool

Clear Claim Connection is the claims audit tool used to look up Procedure Code, Quantity, Modifiers, Date and Place of Service, and Diagnosis for a claim proactively before you submit or retroactively after you submit a claim to get coverage details. The tool is also referred to as the code editing assistant screen.

#### To Access the Claims Audit Tool

1. Select **Claims Audit Tool** from the Claims screen.

The screenshot shows the 'coordinated care' portal interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, there are dropdown menus for 'Viewing Claims For : TIN' (910567263) and 'Plan Type' (Medicaid), with a 'GO' button. To the right are 'Upload EDI' and 'Create Claim' buttons. The main section is titled 'Claims' and has sub-tabs: Individual, Saved, Submitted (with a red notification icon), Batch, Recurring, Payment History, and Claims Audit Tool (highlighted with a red box). Below the tabs is a 'Claims: Recent' section with a search bar and a table of recent claims.

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS
[REDACTED]	Institutional	[REDACTED]	08/30/2021 - 08/30/2021	\$505.00 / \$111.93	Paid
[REDACTED]	Institutional	[REDACTED]	08/30/2021 - 08/30/2021	\$1,268.06 / \$94.57	Paid
[REDACTED]	Institutional	[REDACTED]	08/30/2021 - 08/30/2021	\$1,109.00 / \$135.60	Paid

2. **Reject** or **Submit** to terms and conditions.

The screenshot shows the 'PASS-THROUGH TERMS AND CONDITIONS' screen. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this, there are dropdown menus for 'Viewing For : TIN' and 'Plan Type', with a 'GO' button. The main content area contains the text of the terms and conditions. At the bottom right, there are two buttons: 'Reject' and 'Submit' (highlighted with a red box).

**PASS-THROUGH TERMS AND CONDITIONS**

Sunshine Health, licenses a code auditing reference tool on the Web (the "Software") that enables Sunshine Health to disclose its code auditing rules and associated clinical rationale to Providers. Sunshine Health provides access to such Software to its Providers subject to the terms and conditions contained in this agreement ("Agreement"), which may be updated from time to time at Sunshine Health or its licensors' sole discretion without notice.

Provider's right to access and use the Software is non-transferable, non-exclusive, and for the sole purpose of internal use within the United States.

Provider will limit access to the Software to (i) only employees and agents of Provider and (ii) only to the extent necessary to request the outcome of specific code combinations that Provider proposes to submit to Sunshine Health regarding billing activity, and/or (iii) request information about submitted code combinations to evaluate the results of claims activity from Sunshine Health only as related to Provider's practice management.

Provider shall protect the confidentiality of the information contained in and provided by the Software and that it has access to in this web site, by using at least the degree of care and security it uses to protect its own confidential information. Provider acknowledges and agrees that any unauthorized disclosure or distribution of the confidential information may result in irreparable injury to Sunshine Health or licensor(s), entitling the injured entity to obtain immediate injunctive relief in addition to any other legal remedies available.

Provider shall not modify, translate, decompile, disclose, create nor attempt to create any derivative work of the Software.

Provider acknowledges that the Software is in no way intended to prescribe, designate or limit medical care to be provided or procedures to be performed

When you click **Submit**, the Clear Claim Connection code editing assistant screen appears.

## SECURE PROVIDER PORTAL QUICK START GUIDE

To Use the Claim Audit Tool

3. Complete member information:
  - Select the gender.
  - Enter the date of birth.
  
4. Complete service-related information. All fields are required for each line item.
  - Procedure Code
  - Quantity
  - Modifiers
  - Date of Service
  - Place of Service
  - and Diagnosis Code

**⚠ Note:** Click **Add More Procedures** to look up as many procedures as needed. Or, click **Clear** to reset the form.

**Clear Claim Connection™**  
McKesson Edit Development Glossary About Help Logoff

**Claim Entry**

Gender:  Male  Female  
 Date of Birth:  (mm/dd/yyyy)

Click grid to enter information.  
 \* For quick entry, use your Down Arrow key after you enter a Procedure Code. Date of Service will default to today's date, and Place of Service will default to 11 (Office). Tabbing through Date of Service and Place of Service will give you the same defaults.

Line	Procedure	Quantity	Mod 1	Mod 2	Date of Service	Place of Service	Diagnosis
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- select --	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- select --	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- select --	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- select --	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-- select --	<input type="text"/>

Add More Procedures >>

5. Click the **Review Claim Audit Results** button. The results of the claim audit display the Recommendation Status of Allow, Disallow, or Review.

**Clear Claim Connection™**  
McKesson Edit Development Glossary About Help Logoff

**Claim Audit Results**

Gender:   
 Date of Birth:

Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.

Line	Procedure	Description	Quantity	Mod 1	Mod 2	Date of Service	Place of Service	Diagnosis	Recommend
1	80053	COMPREHEN METABOLIC PANEL	1			7/21/2012	23 (ER - Hospital)	311	Allow
2	85025	COMPLETE CBC W/AUTO DIFF WBC	1			7/21/2012	23 (ER - Hospital)	311	Allow
3	81001	URINALYSIS AUTO W/SCOPE	1			7/21/2012	23 (ER - Hospital)	311	Allow

The results displayed do not guarantee how the claim will be processed.

- ⚠ The results displayed do not guarantee how the claim will be processed. The information only assists in claims submittal.
- ⚠ If the Recommendation Status states Disallow or Review, click the status for more clinical edit information

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Viewing and Downloading the Patient List

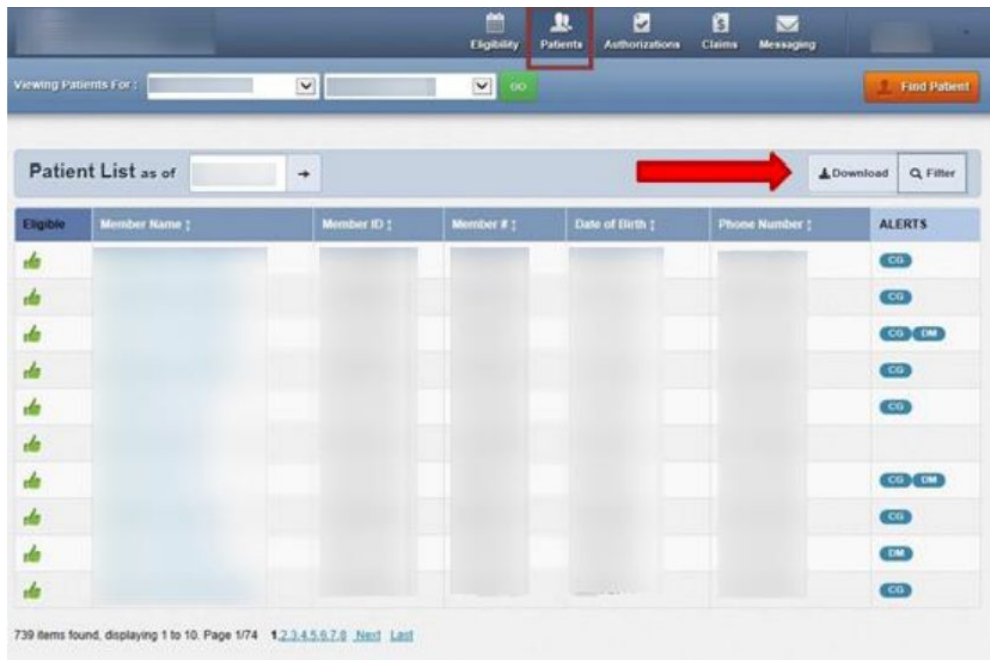
You can view and download a patient list from the Dashboard (only available for PCP's/PMP'S). Only the following patient information appears on the screen:

- Member Name
- Member ID
- Member Number
- Date of Birth
- Phone Number

Download the patients list to get more details.

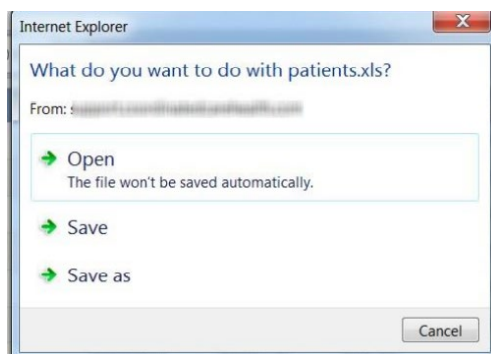
### To View the Patients List

1. Click **Patients** on the Main Toolbar. The **Patient List** screen appears if available.



### To Download the Patients List

2. Click **Download**.
3. Select an option: **Open**, **Save** or **Save As**. The patient list file will either display or download.



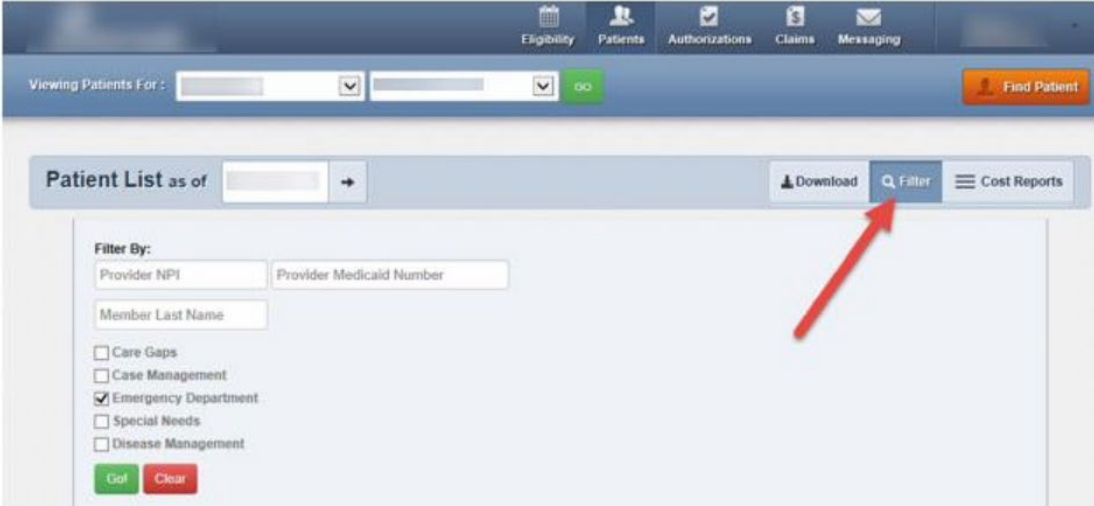
⚠ You can download a copy of the patient list in an Excel format only.

## SECURE PROVIDER PORTAL QUICK START GUIDE

### To Filter the Patients List

You can choose the data you want to include in your patients list. You can apply multiple filters based on the Provider’s NPI, Medicaid Number, Specific Member Last Name, or Specific Alert. **Note:** Your filtered preferences are preserved in the downloaded list.

1. From the Patients List, click **Filter**.
2. Select the checkbox next to the information you want included in the list. **Note:** If you do not make a selection, all the patient information will be included in the list.
3. Click **Go** at the bottom of the screen.



Sample of a downloaded patients list Excel document:

The screenshot shows an Excel spreadsheet with the following columns: Member Last Name, Member First Name, Preferred Language, Lock In, Member ID, Member #, Effective Date, Term Date, Program (Category), Product Name, Gender, Date of Birth, Phone Number, Address 1, and Address 2. The data is mostly blurred, but the header row is clearly visible. A red box highlights the header row. There is a note at the top of the spreadsheet: "This is only a list of your patients, please check eligibility to confirm the effective date and benefits for this member."

## SECURE PROVIDER PORTAL QUICK START GUIDE

## Managing Secure Messaging

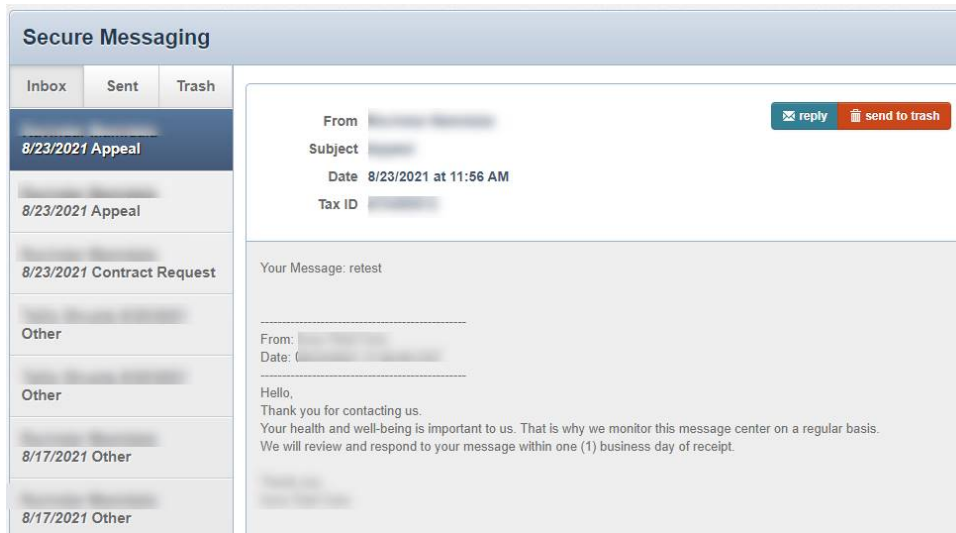
### To Access Secure Messaging

Click **Messaging** from the Main Toolbar on the Dashboard. The Secure Messaging screen displays the **Inbox**.

### To View and Respond to Received Secure Messages

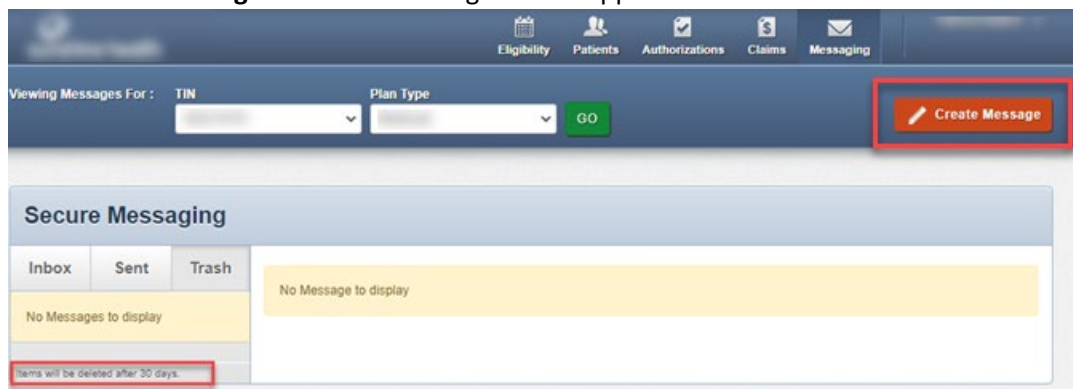
From the **Inbox**, click on the message you want to view.

- Click **Reply** to respond to a message.
- Click **Send To Trash**. The message is moved from your Inbox to the Trash.



### To Create a Secure Message

1. Click **Create Message**. The New Message screen appears.



## SECURE PROVIDER PORTAL QUICK START GUIDE

- On the New Message screen, select a **Subject** from the drop-down menu.

The screenshot shows the 'New Message' interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, and Messaging. Below these, there are filters for 'Viewing Messages For : TIN' and 'Plan Type', along with a 'GO' button and a 'Create Message' button. The main form area is titled 'New Message'. It includes a 'To' dropdown menu currently set to 'Medicaid'. To the right, there are input fields for 'Member ID' (123456789) and 'Date of Birth' (mm/dd/yyyy). The 'Subject' dropdown menu is open, displaying a list of options: 'Select a subject', 'Benefit Inquiry - Transportation', 'Eligibility Inquiry', 'Claim Payment', 'Claim Status', 'Claim Adjustment', 'Contract Clarification', 'Contract Request', 'Provider Material', 'Provider Relations Visit Request', 'Appeal', 'Provider Demographic Correction/Update', 'Member Connections Request - Member/Patient Outreach', and 'Provider Panel Question'. The 'Your Message' text area is currently empty.

*Additional Instructions:*



- The **To** box displays the same Plan Type you selected at the top of the Dashboard.
- If you select a different Plan Type from the drop-down list at the top of the Dashboard, the **To** box automatically updates to match the selected health plan.

### Draft a Message

- Type a message to the Health Plan staff in **Your Message**.

This screenshot shows the 'New Message' form after the subject has been selected. The 'To' dropdown is now empty. The 'Subject' dropdown is set to 'Contract Request'. The 'Your Message' text area now contains the text 'Sample Message... Test'. At the bottom of the form, there are 'Send' and 'Cancel' buttons.

- Click **Send** when you are done. A confirmation that your message was sent successfully appears.

## SECURE PROVIDER PORTAL QUICK START GUIDE

### Manage Sent Secure Messages

1. Click **Sent**. Any messages you've sent display on the left.
2. Click on a sent message to view it on the right.

### To Send to Trash

3. Click the **Send to trash** button.

The screenshot displays the 'Secure Messaging' interface. On the left, there is a navigation pane with tabs for 'Inbox', 'Sent', and 'Trash'. The 'Sent' tab is active, showing a list of messages. The selected message is dated '8/23/2021' with the subject 'Appeal'. Below it are other messages, including another '8/23/2021 Appeal', a 'Contract Request', and 'Other' messages. The right pane shows the details of the selected message:

- To:** [Redacted]
- Subject:** [Redacted]
- Date:** 8/23/2021 at 11:56 AM
- Tax ID:** [Redacted]

A red 'send to trash' button is visible in the top right corner of the message details pane. The message body contains the following text:

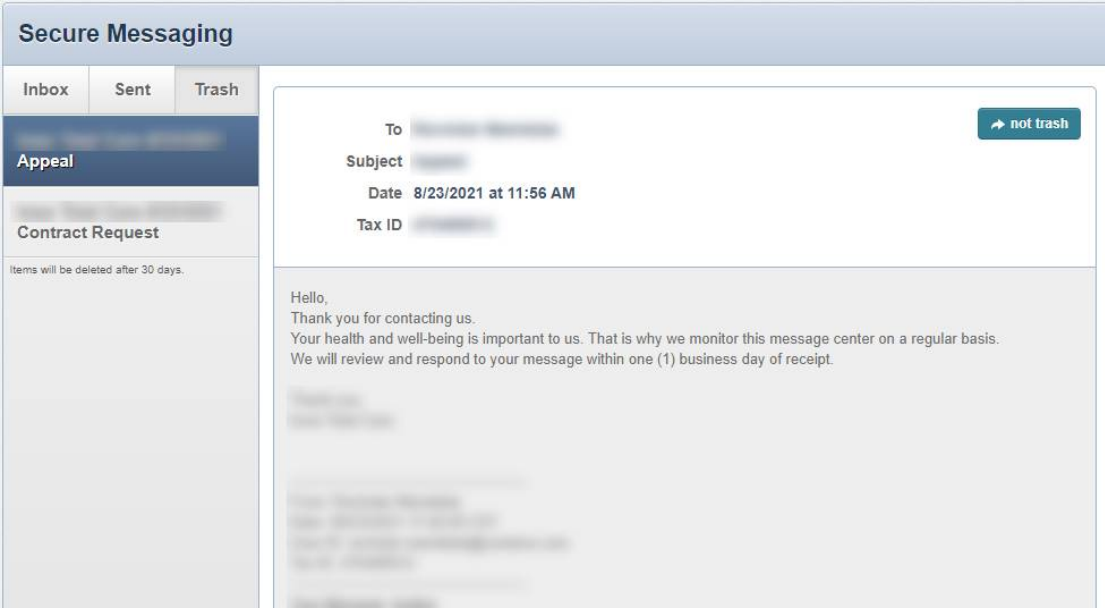
Hello,  
 Thank you for contacting us.  
 Your health and well-being is important to us. That is why we monitor this message center on a regular basis.  
 We will review and respond to your message within one (1) business day of receipt.


- ⚠ Note:** Messages sent to Trash will be deleted after 30 days. If a message is not trash, but is found under the Trash tab, you can reverse it by clicking the Not trash button.

# SECURE PROVIDER PORTAL QUICK START GUIDE

## Manage Messages Sent To Trash

- 1. Click **Trash**. Any messages sent to trash appear on the left.



 **Note:** The messages sent to Trash will be deleted after 30 days. If a message is not trash, you can reverse it by clicking the **Not trash** button.