



## **Provider Portal 3.0 Manual**

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## Revision History

Version/Release	Date	Description of Revisions	Author
V1.0	11/02/2021	Initial User Guide for GlobalHealth	HAX

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## Provider Portal

The Provider Portal is a quick resource that allows Providers convenient access to member and claim information. The portal is designed to provide access to: Claim status, Member's Eligibility, and Authorizations.

### Key Features

- Plug in for specific users
- Allows Providers to communicate to the 2.5/IPA portals

### How to Access the Provider Portal

Enter the URL links for the Test and Production environments, which are specific to each client:

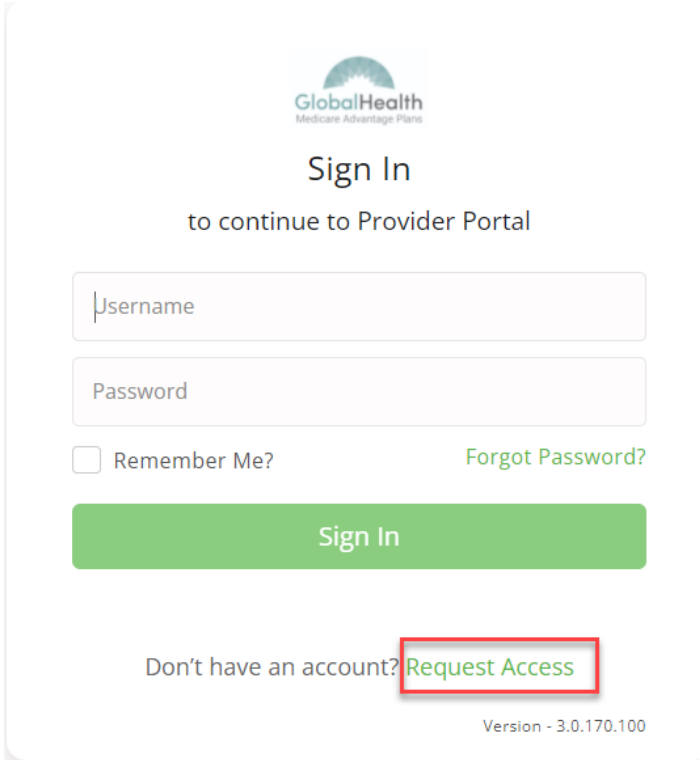
Link: <https://ghprovider.prod.healthaxis.net/login>

**Note: The Provider Portal cannot be accessed through Internet Explorer, users must use Chrome.**

#### How to login:

Steps	User Actions
1	Enter your Health Axis Provider Portal user name in the <b>Username</b> field.
2	Enter your password into the <b>Password</b> field. <b>NOTE: Your password will be encrypted.</b>
3	Click the <b>Sign In</b> button.
4	When the <b>Remember my ID on this computer</b> flag is checked, the username auto populates when next signing in.
5	When the <b>Forgot Password</b> button is selected, users will be taken to the Account Recovery screen.

## How to Request Access to the Provider Portal



GlobalHealth  
Medicare Advantage Plans

Sign In  
to continue to Provider Portal

Username

Password

Remember Me? [Forgot Password?](#)

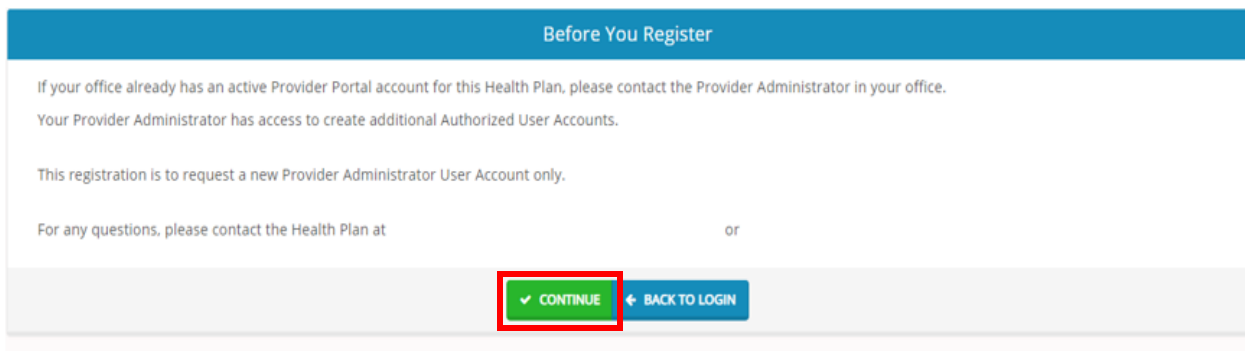
Sign In

Don't have an account? [Request Access](#)

Version - 3.0.170.100

Click the “Request Access” button and the screen below will be displayed. Select “Continue” to proceed. Selecting “Back to Login” will return to the log-in page.

**NOTE: New Provider Portal users should request access by contacting the Provider Administrator.**



Before You Register

If your office already has an active Provider Portal account for this Health Plan, please contact the Provider Administrator in your office.  
Your Provider Administrator has access to create additional Authorized User Accounts.

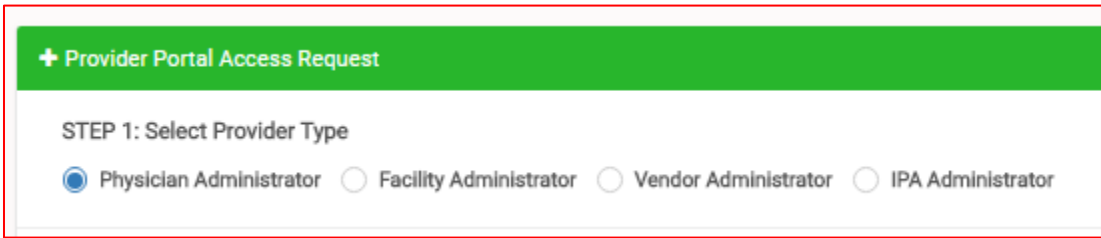

This registration is to request a new Provider Administrator User Account only.

For any questions, please contact the Health Plan at [redacted] or [redacted]

[✔ CONTINUE](#) [← BACK TO LOGIN](#)

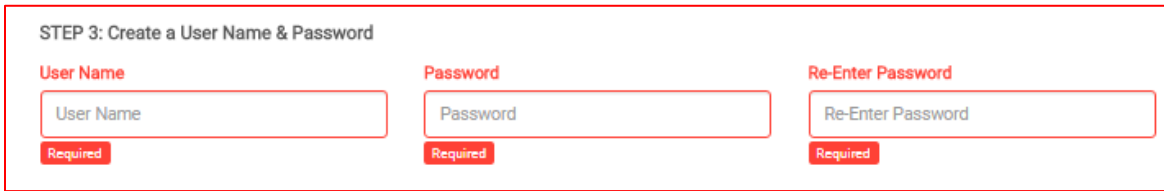
Selecting “Continue” will display the Provider Portal Access Request Form. New provider admin users should request access to the Provider Portal using this form. Fill all the details in the form and submit request to plan administrator. Each of the provider admins will have ability to create “User” accounts.

NOTE: There are four possible user types: Physician Admin, Facility Admin, Vendor Admin, and IPA Admin.

Provider Portal Access Request Screen	
Field Names	Select Provider Type Section – Field Descriptions
	
Physician Administrator	The <b>Physician Administrator</b> radio button should be selected for Physician Administrator level access. This user type will have access to information limited to their members only.
Facility Administrator	The <b>Facility Administrator</b> radio button should be selected for Facility/Hospital Administrator level access.
Vendor Administrator	The <b>Vendor Administrator</b> radio button should be selected for Vendor Group/Physician Group Practice Administrator level access. This user type will have access to all member information associated with all the physicians under the group practice.
IPA Administrator	The <b>IPA Administrator</b> radio button should be selected for IPA Administrator level access.
Field Names	Enter Tax ID or NPI Section – Field Descriptions
	
Tax ID	In the <b>Tax ID</b> field, enter the appropriate Tax Identification Number; this field is displayed for Vendor Administrators or IPA Administrators only. Note: System will validate the TIN is in HAX system. If not found, it will display notification: “Tax ID doesn’t exist in the system.”
NPI	In the <b>NPI</b> field, enter the appropriate NPI (National Provider Identifier) number; this field is displayed for Physician Administrators and Facility Administrators only.

Note: System will validate the NPI is in HAX system. If not found, it will display notification: “NPI doesn’t exist in the system.”

**Field Names** **Create a User Name & Password Section – Field Descriptions**

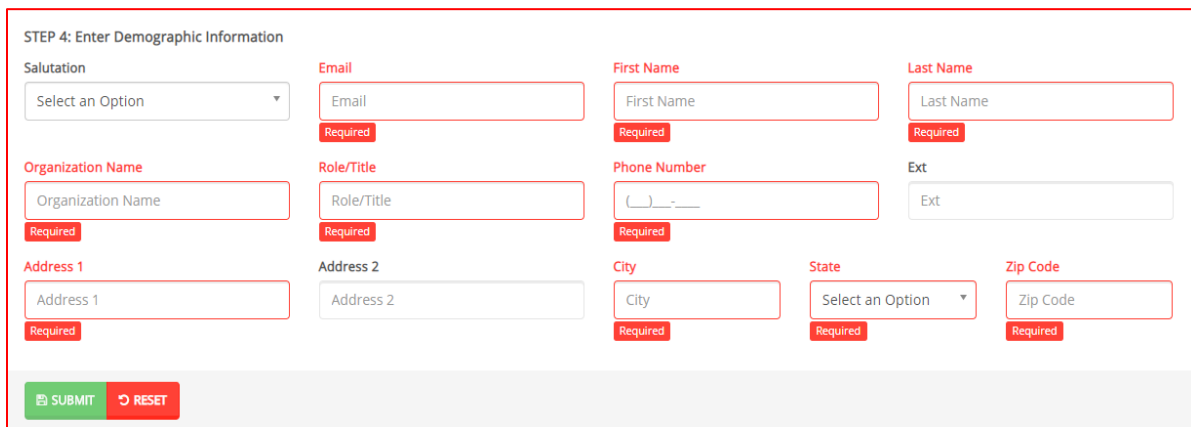


**User Name** In the **User Name** field, create a user name, containing five or more alphanumeric characters.  
Note: System will trigger notification “Enter different User Name” if the user name entered is already in use.

**Password** In the **Password** field, create a password containing a minimum of six characters to include: 1 Uppercase, 1 Lowercase, 1 Numeric, and 1 Special Character.

**Re-Enter Password** In the **Re-Enter Password** field, type in the password exactly as it was entered in the password field. Note: System will trigger notification “Value should match password” if there is a discrepancy between the two password fields.

**Field Names** **Enter Demographic Information Section – Field Descriptions**



**Salutation** Select an optional **Salutation** for the user from the drop-down list values.

**Email** Enter an **Email Address** for the user. Note: Required field.

**First Name** Enter **First Name** of the user. Note: Required field.

**Last Name** Enter **Last Name** of the user. Note: Required field.

**Organization Name** Enter the **Organization Name** into this field. Note: Required field.

**Role/Title** Enter the user’s **Role** or **Title** into this field. Note: Required field.

Phone Number	Enter a <b>Phone Number</b> for the user. Note: Required field.
Ext	Enter an extension for the user’s phone number, if applicable.
Address 1	Enter the user’s <b>Address</b> . Note: Required field.
Address 2	Continue entering <b>Address</b> from Address 1 field, if applicable.
City	Enter the <b>City</b> into the field. Note: Required field.
State	Select the <b>State</b> from the drop-down list. Note: Required field.
Zip Code	Enter a valid <b>Zip Code</b> . Note: Required field.
Submit	Select <b>Submit</b> when all required fields are completed.
Reset	Select <b>Reset</b> to clear the fields and re-start the form.

Once the Provider Administrator submits a request a popup window as shown below will be displayed stating that your request has been submitted. The user will receive an email notification, once the Administrator approves their User Access.

Provider Administrator Registration Submitted

The Health Plan is currently reviewing your Provider Administrator Registration request.

For any questions, please contact the Health Plan at [providerconcierge](#)

← BACK TO LOGIN

## User Types Hierarchy

1. **System Administrator** – Only System Administrators can Approve/Deny a Provider Administrator’s Access Request Form or they can go to Create User Screen, to create a Provider Administrator.
2. **Provider Administrator (Physician Administrator, Facility Administrator, Vendor Administrator, or IPA Administrator)** – There can only be one (1) Provider Administrator per NPI/Tax ID. Only the Provider Administrator can complete the Request Access Form (login screen).
3. **Provider Authorized Users (Physician Auth. User, Facility Auth. User, Vendor Auth. User, and IPA Auth. User)** – Only the Provider Administrators can create a Provider Authorization User account, for their respective NPI/Tax ID. A Provider Authorized User would need to reach out to their designated Provider Administrator to request a user account.





## Dashboard

The Dashboard is the landing page displayed once the user logs into the portal. The dashboard gives the user an overview of authorizations by status, Hospital Census Data and Notice Bulletins.

The screenshot shows the HealthAxis dashboard interface. At the top, there is a navigation bar with the HealthAxis logo and several menu items: Members, Auths / Referrals, Claims, Providers, and Administration. On the right side of the navigation bar, there is a user profile icon and the text "Welcome testuser".

Below the navigation bar, there are two main sections:

- Notice Bulletins:** A table with a red header and a blue table body. The header has columns for Action, Date, Message, and Download. The table body contains the text "No data available."
- Referral Highlights (Since: July 16, 2020):** A table with a blue header and a white table body. The header is "Authorization By Status". The table body has rows for Approved, Denied, In Process, and Void, each with a circular icon on the right. A "Total" row is highlighted in blue. Below this table is a "Hospital Census Data" section with a blue header and a dropdown arrow.

At the bottom of the dashboard, there is a footer area containing the following information:

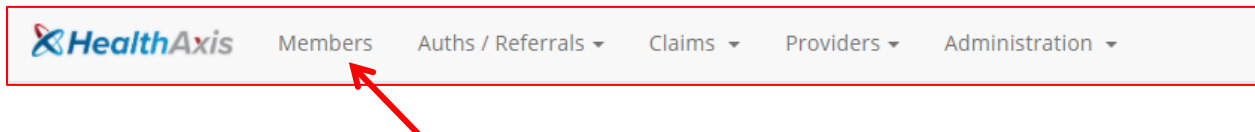
- © HealthAxis 2020
- Version - 3.0.138.100
- Links: Edit/Update, Delete
- Instruction: Double click on table row with icon to view more detail or select.
- Browser Capability: IE 10+, Chrome 20+, Firefox 5.0+

## Members Module

The Member Module allows users with specific access to search and view member details.

### Accessing the Member Module

Once logged into the system, select Members from the dashboard.

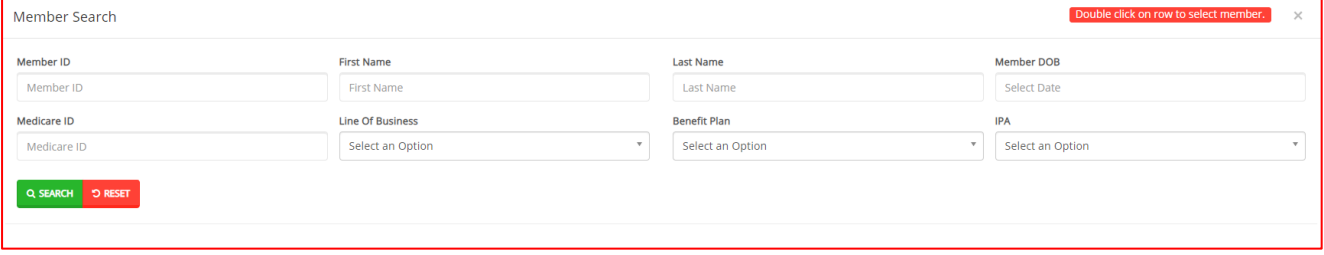


### Member Search

Upon selecting “Members,” the Member Search popup window will display. Users may search for members based on the filters provided in the following table.

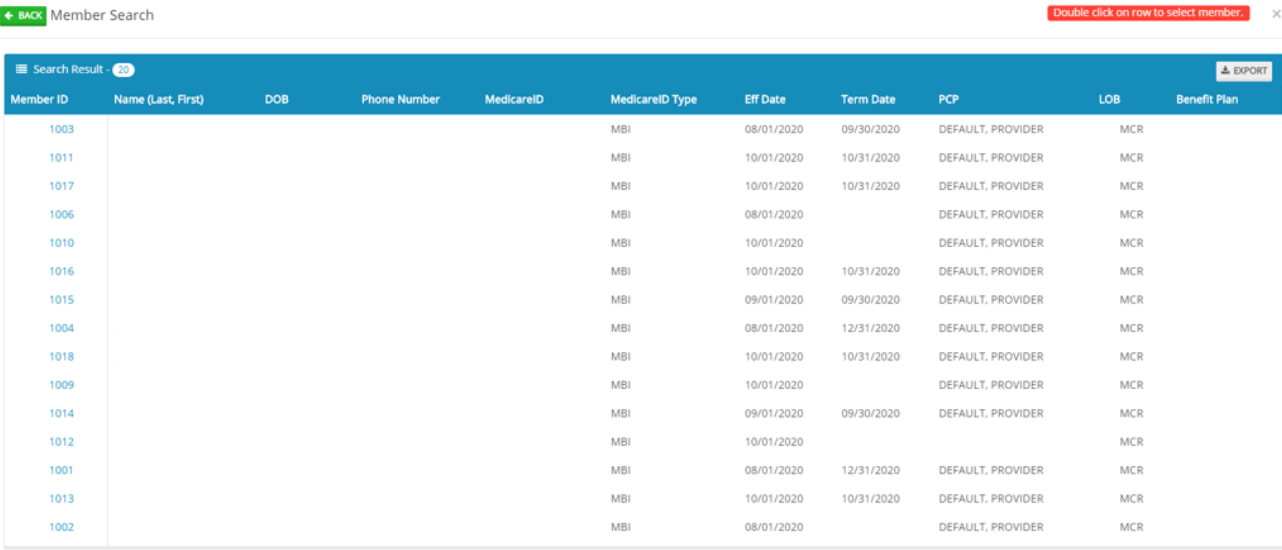
However, the member search results are dependent on the user roles:

- User – Admin: Can view all active members
- User – Provider: Can only view members that are tied to the PCP
- User – Facility/Vendor: Can search for all members but will need to enter Member ID and DOB or Medicare ID number.

Member Screen	
Field Names	Member Search Section – Field Descriptions
	
Member ID	The <b>Member ID</b> allows users to enter the Member’s ID number.
First Name	The <b>First Name</b> field allows users to enter the member’s First Name.
Last Name	The <b>Last Name</b> field allows users to enter the member’s Last Name.
Member DOB	The <b>Member DOB</b> date field allows users to select the Member’s DOB using the calendar feature or by manually keying the member’s DOB in as follows: MM/DD/YYYY
Medicare ID	The <b>Medicare ID</b> field allows users to enter the Medicare Beneficiary Identifier (MBI) as part of the search criteria.

Line of Business	The <b>Line of Business</b> field allows users to narrow the member search by selecting a line of business from the dropdown list.
Benefit Plan	The <b>Benefit Plan</b> field allows users to narrow the member search by selecting a benefit plan from the dropdown list.
IPA	The <b>IPA</b> field allows users to narrow the member search by selecting an IPA from the dropdown list.
Search	The <b>Search</b> button allows users to launch the search functionality, based on criteria selected. The results will populate below the search section.
Reset	The <b>Reset</b> button allows users to clear all data from the fields prior to saving.

### Member Search Screen

Field Names	Member Results Section – Field Descriptions
	

Back	The <b>Back</b> button, when selected, will display the member search field to allow users to enter search criteria.
Search Results	The <b>“Search Results”</b> heading tells the users how many records are displayed in the results table.
Export	The <b>Export</b> button allows the user to export the results data into an Excel format.
Results Table	The <b>Results Table</b> is a sortable display of data based on the search criteria specified and queried. To sort in ascending or descending order, click the header.
Member ID	The <b>Member ID</b> hyperlink allows the user to open and view the Member Details.

## Member Information

Upon clicking on the selected member from the grid, the member information will populate into the member information screen. The user can now view the Member’s Information, Current Coverage, Coverage History, IPA/PCP Information, and Coordination of Benefits.

**Member Information Screen**

**Member Information Section**

**Member Information**

Name		Date Of Birth		Phone	
Status		Age		Email Address	
Member ID		Gender		Address	
Medicare ID		Marital Status		Emergency Contact	
Primary Language		Employment		Emergency Phone	

The **Member Information** section allows users with specific access to view all active members’ demographic information. This information is auto-populated from the HAX 2.5 Claims system and cannot be edited.

**Member Information Screen**

**Current Coverage Section**

**Current Coverage**

Health Plan	GlobalHealth of Oklahoma	PCP	HOLTE, DOUGLAS - [ P3692 ]	Benefit Plan Description
Line Of Business	GHOKMCR	PCP Ethnicity		<div style="border: 1px solid #ccc; height: 100px;"></div>
Benefit Plan	OK19018	PCP Location	817-A S Elm Pl Broken Arrow, OK 74012	
IPA		PCP Phone	(918) 251-2273	
Effective - Term Date	01/01/2019 - 12/31/2019	PCP Fax		
Primary Facility		Primary Lab		

The **Current Coverage** section allows users with specific access to view all active members’ coverage. This information is auto-populated from the HAX 2.5 Claims system and cannot be edited.

## Member Information Screen

### Coverage History Section

Coverage History						
Health Plan	Line Of Business	Benefit Plan	Benefit Plan ID	Effective Date	Term Date	Status
				01/01/2017		Activated
				01/01/2016	12/31/2016	History
				01/01/2015	12/31/2015	History

The **Coverage History** section allows users with specific access to view all active members' coverage history. This information is auto-populated from the HAX 2.5 Claims system and cannot be edited.

## Member Information Screen

### IPA/PCP History Section

IPAPCP History							
IPA Eff Date	IPA Term Date	IPA	PCP Eff Date	PCP Term Date	PCP ID	PCP Name	Status
			01/01/2015			HASTINGS, DULYNN	Activated

The **IPAPCP History** section allows users with specific access to view all active members' IPA/PCP history. This information is auto-populated from the HAX 2.5 Claims system and cannot be edited.

## Member Information Screen

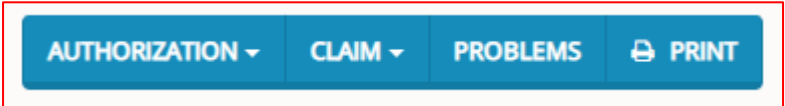
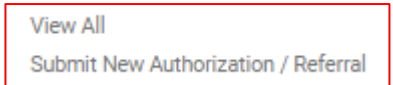
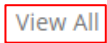
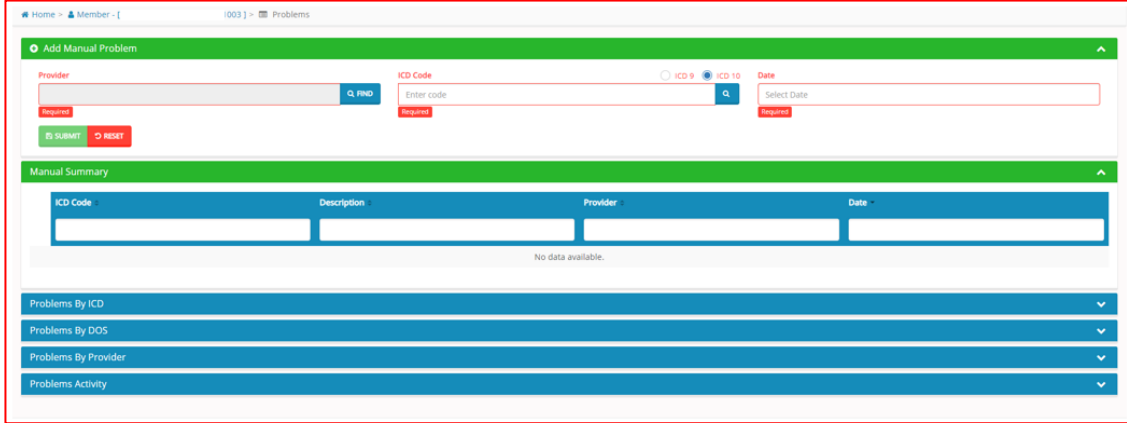
### Coordination of Benefits Section

Coordination of Benefits								
Policy Number	Plan Name	Type	Payer Order	Plan Group	Eff Date	Term Date	Verified	MSP Code
No data available.								

The **Coordination of Benefits** section allows users with specific access to view all active members' COBs. This information is auto-populated from the HAX 2.5 Claims system and cannot be edited.

## Action Buttons

The Action Buttons at the top of the Member Information screen allows users to perform various tasks within the member information screen.

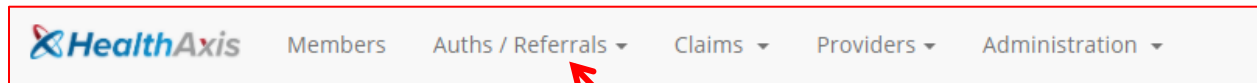
Member Information Screen	
Field Names	Action Buttons – Field Descriptions
	
Authorization	<p>The <b>Authorization</b> button allows users to view all authorizations tied to the selected member or create an authorization for the selected member.</p> <p>Choices are:</p> 
Claim	<p>The <b>Claim</b> button allows users to view all claims tied to the selected member.</p> 
Problems	<p>The <b>Problems</b> button allows users to view or manual create a new problem for selected member. Problems will display all ICD codes submitted on a claim or authorization for the member. Problems can be viewed by Date of Service, by ICD code and by the Provider. Use the error located on each collapsible section to expand. Upon clicking the Problems button, the following screen will appear.</p> 
Print	<p>The <b>Print</b> button allows users to print the member information screen.</p>

## Authorizations / Referrals Module

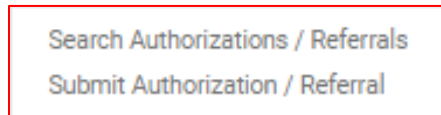
The Authorization / Referrals Module allows users with specific access to search, view and submit an authorization or referral request.

### Accessing the Authorizations/Referrals Module

Once logged into the system, select Authorizations / Referrals from the dashboard.



The dropdown list for the Authorizations/Referrals Module contains the following selections:



### Search Authorization

The Search Authorizations screen will allow users to search for authorizations and referrals based on the filters provided in the following tables.

However, the authorization search results are dependent on the user roles:


- User – Admin: Can view all authorizations and/or referrals for active members.
- User – Provider: Can only view all authorizations and/or referrals of members that are tied to the PCP/Physician.
- User – Facility: Can search for all auth of members where authorizations and/or referrals have their facility.
- User – Vendor: Can search for all authorizations and/or referrals of members where vendor is tied to the providers in the authorization or referral.

### Hospital Census Data

Upon clicking the Authorization Module, the Hospital Census Data will display. (If it is collapsed, click the arrow on the right to expand).

**Authorization Screen**

**Hospital Census Data Section**

 Hospital Census Data
▼

Facility Name :-	Admissions :-	Total Days :-	LOS :-
ASANTE ROGUE REGIONAL MED	1	286	286.00
BARTON MEMORIAL HOSPITAL	1	274	274.00
CARSON TAHOE REGIONAL MEDICAL CENTER	5	1240	248.00
CARSON VALLEY MEDICAL CENTER SENIOR CARE	1	271	271.00
DOCTORS HOSPITAL AT RENAI	1	274	274.00
HEARTHSTONE OF NORTHERN N	4	951	237.75
MCALLEN HEART HOSPITAL	2	561	280.50
NORTHWEST TEXAS HEALTH CARE SYSTEM	2	550	275.00
REGENT CARE CENTER OF RENO	3	867	289.00
RENOWN REGIONAL MEDICAL C	1	285	285.00

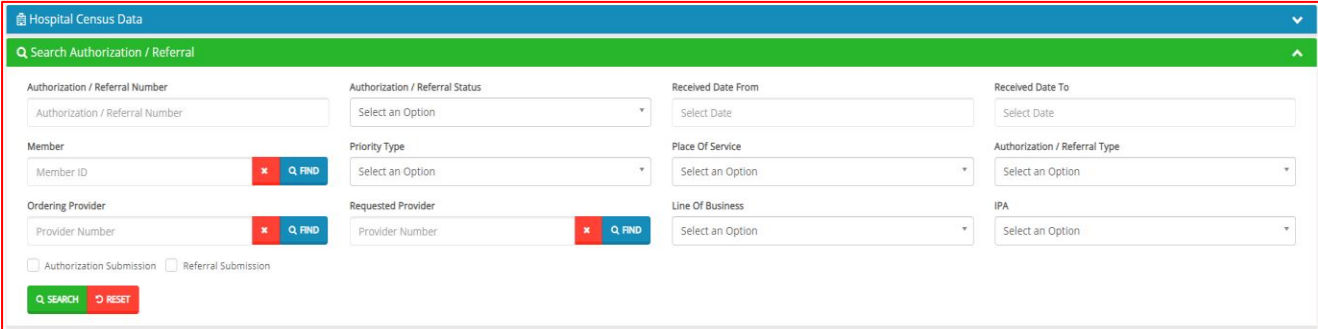

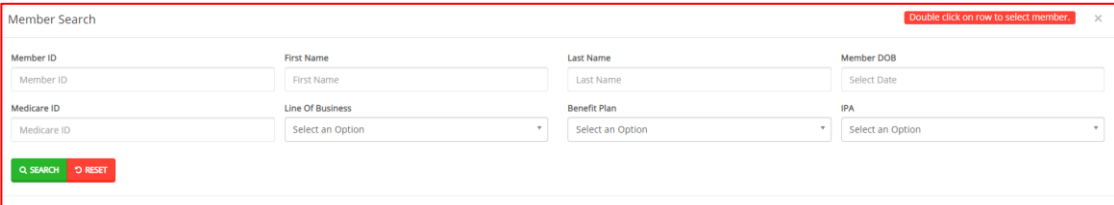
PREVIOUS 1 2 NEXT


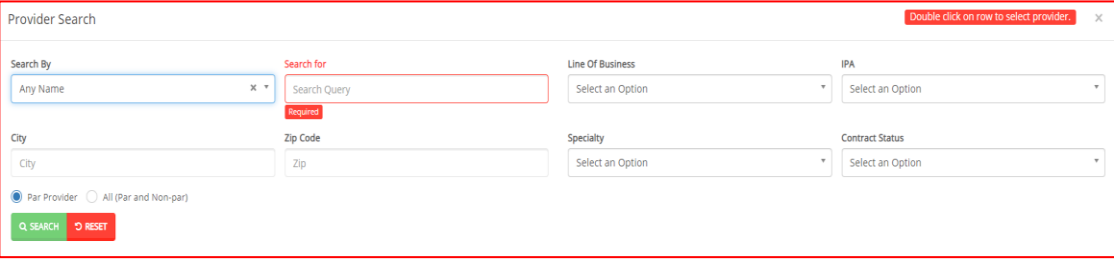

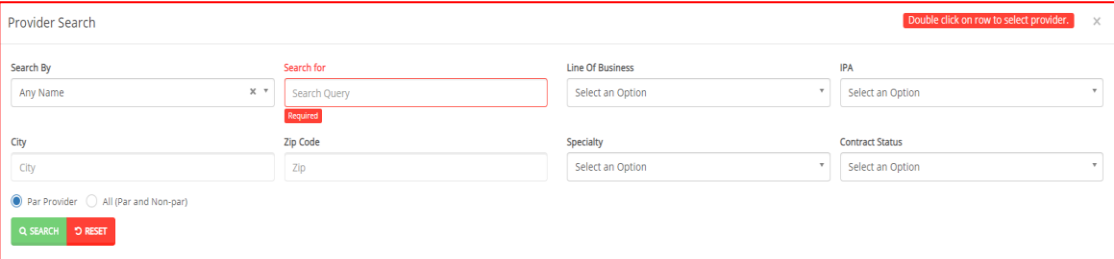
**The Hospital Census Data section allows the users to view the number of admissions, total days, and average length of stay for admitted members.**



## Search Authorization

Upon clicking the Authorization Module, the Search Authorization screen will display. (If it is collapsed, click the arrow on the right to expand).

Authorization Screen	
Field Names	Search Authorization Section – Field Descriptions
	
Authorization / Referral Number	The <b>Authorization / Referral Number</b> field allows users to enter an authorization number as part of the search criteria.
Authorization / Referral Status	The <b>Authorization / Referral Status</b> field allows users to select the appropriate Authorization Status from the dropdown list as part of the search criteria.
Received Date From	The <b>Received Date From</b> field allows users to select the “received date from” as part of the search criteria, by either using the calendar, or manually entering the date in the following format: MM/DD/YYYY
Received Date To	The <b>Received Date To</b> field allows users to select the “received date” (to) as part of the search criteria, by either using the calendar, or manually entering the date in the following format: MM/DD/YYYY
Member	 <p>The <b>Member</b> field allows the user to enter the member’s name (Last Name, First Name) or click the Find button (shown to the left) to select the member from the Member Search popup window as part of the search criteria.</p> 
Type	The <b>Type</b> field allows users to narrow an authorization search by selecting the authorization type from the dropdown list.

Place of Service	The <b>Place of Service</b> field allows users to narrow an authorization search by selecting the service location from the dropdown list.
Authorization / Referral Type	The <b>Authorization / Referral Type</b> field allows users to select the appropriate Authorization / Referral Type from the dropdown list.
Ordering Provider	<p> The <b>Ordering Provider</b> field allows users to enter the name of the ordering provider (Last Name, First Name) or click the Find button (shown to the left) to select the provider from the Provider Search popup window as part of the search criteria.</p> 
Requested Provider	<p> The <b>Requested Provider</b> field allows users to enter the name of the requested provider (Last Name, First Name) or click the Find button (shown to the left) to select the provider from the Provider Search popup window as part of the search criteria.</p> 
Line of Business	The <b>Line of Business</b> field allows users to select a LOB from the dropdown list as part of the search criteria.
IPA	The <b>IPA</b> field allows users to select an IPA (or Network) from the dropdown list as part of the search criteria.
Authorization Submission	The <b>Authorization Submission</b> flag allows users to select Authorization Submissions only as part of the search criteria.
Referral Submission	The <b>Referral Submission</b> flag allows users to select Referral Submissions only as part of the search criteria.
Search	The <b>Search</b> button allows users to launch the Search Authorization functionality based on the criteria selected. The results will populate below the search section.
Reset	The <b>Reset</b> button allows users to clear all data from the fields prior to saving.

## Authorization Screen

### Field Names

### Authorization Results Section – Field Descriptions

Search Result											EXPORT
Auth/Referral Number	Auth Status	Submit Type	Received Date	Type	Category	POS	Authorization Type	Member	Ordering Provider	Requested Provider	Requested Facility
2010	Approved		10/28/2020	Concurrent	Skilled in Place	Skilled Nursing Facility (31)	SKILLED NURSING FACILITY				Rainelle Center
2010	Approved		10/27/2020	Concurrent	Skilled in Place	Skilled Nursing Facility (31)	SKILLED NURSING FACILITY				Valley Haven Gr
2010	Void		10/27/2020	Concurrent	Observation/ER	Outpatient Hospital (22)	OBSERVATION STAY				Camden Clark h
2010	Approved		10/27/2020	Retro	Inpatient	Inpatient Hospital (21)	INPATIENT		Alam, Faraz - P00121404		Wheeling Hospi
2010	Approved		10/26/2020	Concurrent	Skilled in Place	Skilled Nursing Facility (31)	SKILLED NURSING FACILITY				Eastbrook Cent
2010	Approved		10/26/2020	Concurrent	Skilled in Place	Skilled Nursing Facility (31)	SKILLED NURSING FACILITY				Eastbrook Cent
2010	Approved		10/26/2020	Concurrent	Skilled in Place	Skilled Nursing Facility (31)	SKILLED NURSING FACILITY				Berkeley Spring

Export	The <b>Export</b> button allows the user to export the results data into an excel format.
Results Table	The <b>Results Table</b> is a sortable display of data based on the search criteria specified and queried. To sort in ascending or descending order, click the header.
Auth / Referral Number	The <b>Auth/Referral Number</b> hyperlink allows the user to open and view the Auth Details.

## Authorization Information

### Authorization Review Screen

Upon clicking on the selected authorization from the results grid, the authorization review screen will display. The user can view the details of the member's authorization selected. The authorization review screen consists of the following collapsible sections: member's information, member's current coverage, authorization summary, ordering provider, requested facility, requested services, decision and routing information, attachments, notifications (letters), and inpatient tracking log.

**Note: Each section can be collapsed for easier viewing. This section is for review only, users will not be allowed to edit.**

**Authorization Review Screen**

**Member Information Section**

Member Information
▼

Name	Health Plan	IPA	
Member ID	Benefit Plan	PCP Name	JOHN. CHERIAN
Language English	Effective Date 01/01/2020	PCP Phone	
Date Of Birth 1939	Termination Date 10/31/2020	PCP Fax	(999) 999-9999

The **Member Information** section allows users to view the member's demographic information.

**Authorizations Review Screen**

**Authorization Summary Section**

Authorization
▲

Authorization #	Priority Type Retro	Start Date 10/20/2020	
Status Approved	Category Inpatient	Expiration Date 10/20/2020	
Received Date 10/27/2020	Place Of Service Inpatient Hospital (21)	Admit Date 10/20/2020	
Received Time	Authorization Type INPT - INPATIENT	Discharge Date	

The **Authorization Summary** section allows users to view the summary details of the member's authorization.

## Authorization Review Screen

### Ordering Provider Section

Ordering Provider	
Provider #	
Provider Name	TAGGAR, AJAY
Degrees	MD
Org Name	SAINT MARY'S HOSPITALISTS
Specialty	HOSPITALIST
NPI	
Tax ID	
Phone	(775) 770-3351
Fax	(775) 770-6151
Address	235 W 6TH ST RENO, NV 89503

The **Ordering Provider** section allows users to view the ordering provider's details.

## Authorization Review Screen

### Requested Provider Section

Requested Provider	
Provider #	
Provider Name	TAGGAR, AJAY
Degrees	MD
Org Name	SAINT MARY'S HOSPITALISTS
Specialty	HOSPITALIST
NPI	
Tax ID	
Phone	(775) 770-3351
Fax	(775) 770-6151
Address	235 W 6TH ST RENO, NV 89503

The **Requested Provider** section allows users to view the requested provider's details.



## Authorization Review Screen

### Requested Facility Section

Requested Facility	
Provider #	
Working Location	SAINT MARYS REGIONAL MED
Org Name	SAINT MARY'S REGIONAL MEDICAL CENTER
Specialty	HOSPITAL
NPI	
Tax ID	
Phone	(999) 999-9999
Fax	
Address	1801 W OLYMPIC BLVD Pasadena, CA 91199

The **Requested Facility** section allows users to view the requested facility's details.

## Authorization Review Screen

### Requested Services Section

Requested Services - (ICD Code 10)											
DX #1	I26 - Pulmonary embolism	DX #5	ICD Proc #1								
DX #2		DX #6	ICD Proc #2								
DX #3		DX #7	ICD Proc #2								
DX #4		DX #8	ICD Proc #4								
Svc From	Svc To	Rev	Procedure	Mod1	Mod2	Qty	Fee/Unit	Fee/Line	Qty Type	Decision	Reason
05/14/2018	05/14/2018	0192				1	0	0	Day(s)	Pend	Pend Precert Nurse

The **Requested Services** section allows users to view the requested services of the member's authorization.

## Authorization Review Screen

### Decision and Routing Information Section

Decision and Routing Information <span>▲</span>				
Date	Decision Date	Decision Time	Decision	Reason
05/15/2018 03:30 PM	05/15/2018	12:27:00	Pend	Pend Precert Nurse

The **Decision and Routing Information** section allows users to view the decision and routing details of the member's authorization.



## Submit Authorization / Referrals

The Submit New Authorization / Referral screen will allow users to generate an authorization or referral submission in the system by searching for the member and completing the required fields.

**Submit Authorization Screen**

Field Names	Member Information Section – Field Descriptions		
<b>Member Information</b>			
Name	Mr.	Date Of Birth	Phone
Status	Disenrolled Member	Age	77
Member ID		Gender	Male
Medicare ID	- MBI	Marital Status	Emergency Contact
Primary Language	English	Employment	Emergency Phone

The **Member Information** section allows users to view the member’s demographic information.

**Submit Authorization Screen**

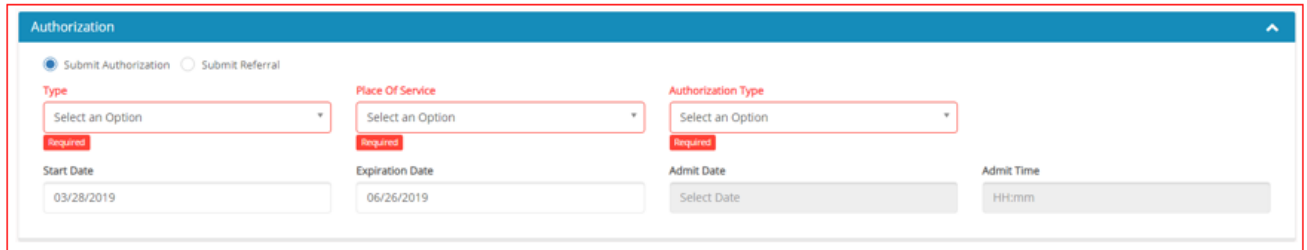
Field Names	Current Coverage Section – Field Descriptions			
<b>Current Coverage</b>				
Health Plan		PCP	Benefit Plan Description	
Line Of Business	MCR	PCP Ethnicity		
Benefit Plan		PCP Location		
IPA		PCP Phone		(555) 555-5555
Effective - Term Date	08/01/2020 - 09/30/2020	PCP Fax		
Primary Facility		Primary Lab		

The **Current Coverage** section allows users with specific access to view all active members’ coverage.

## Submit Authorization Screen

### Field Names

### Authorization Section – Field Descriptions

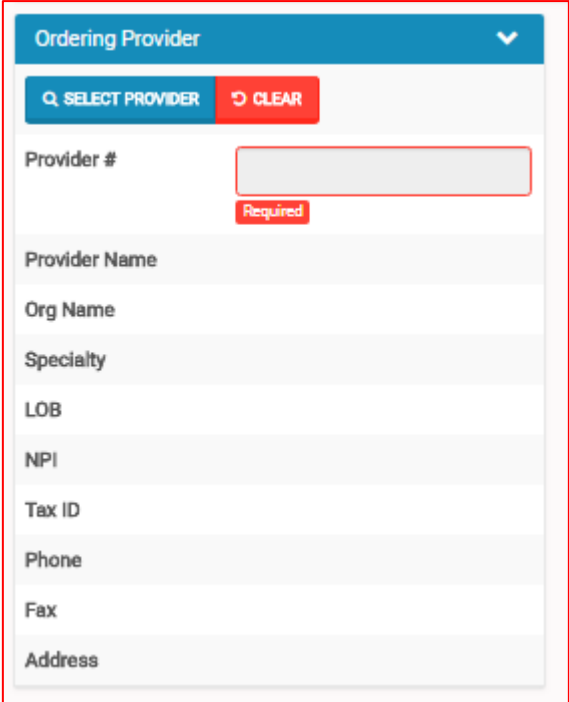
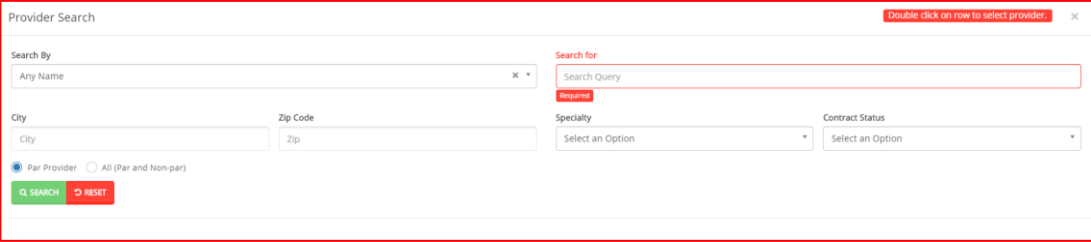


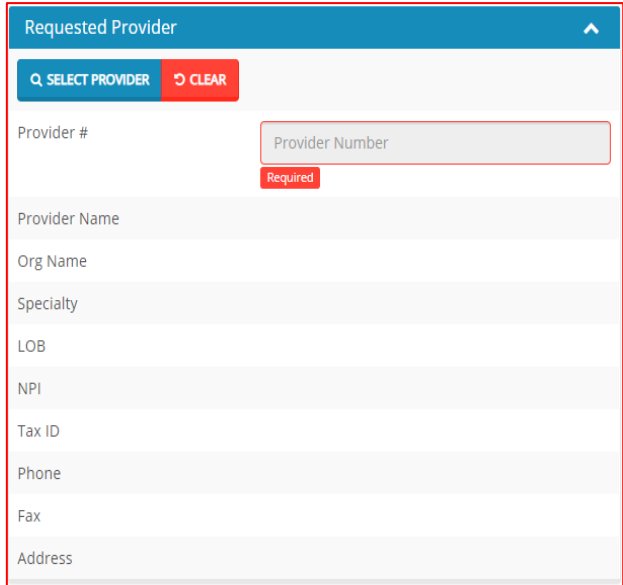
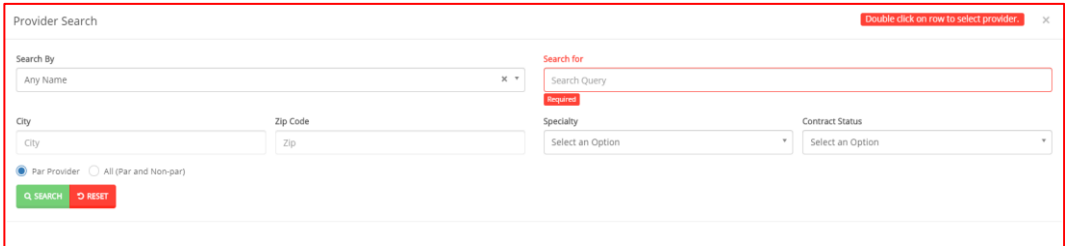
The screenshot shows a web form titled "Authorization" with two radio buttons: "Submit Authorization" (selected) and "Submit Referral". Below are several fields:

- Type:** A dropdown menu with "Select an Option" and a red "Required" label.
- Place Of Service:** A dropdown menu with "Select an Option" and a red "Required" label.
- Authorization Type:** A dropdown menu with "Select an Option" and a red "Required" label.
- Start Date:** A date input field with the value "03/28/2019".
- Expiration Date:** A date input field with the value "06/26/2019".
- Admit Date:** A date input field with "Select Date" and a disabled state.
- Admit Time:** A time input field with "HH:mm" and a disabled state.

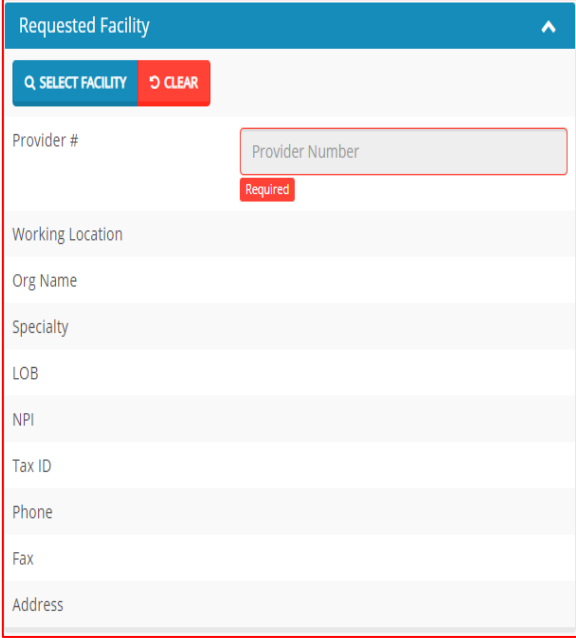
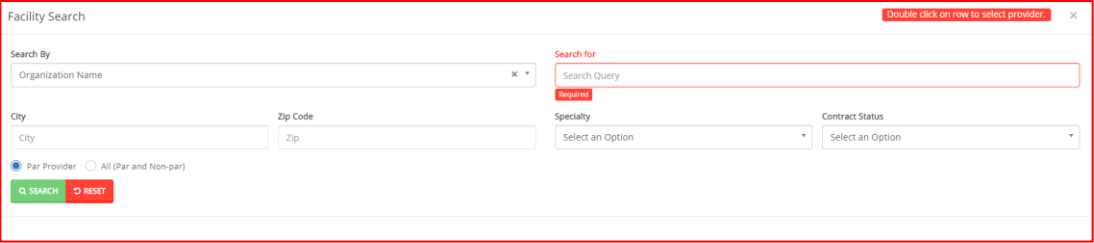
Submit Authorization / Submit Referral	The <b>Submit Authorization / Submit Referral</b> radio buttons allows the user to classify the submission as either an authorization or referral request.
Type	The <b>Type</b> field allows the user to select the priority of the request from the drop-down list. Available options are: Standard and Expedited.
Place of Service	The <b>Place of Service</b> field allows the user to select the place of service from the drop-down list.
Authorization Type	The <b>Authorization Type</b> field allows the user to select the type of authorization from the drop-down list. Note: The available options depend on the selections in the Type and Place of Service fields.
Start Date	The <b>Start Date</b> field allows the user to select the Authorization / Referral Start date from the calendar or by entering the date in MM/DD/YYYY format. <b>Note: This field defaults to the current date of submission.</b>
Expiration Date	The <b>Expiration Date</b> field allows the user to select the Authorization / Referral Expiration date from the calendar or by entering the date in MM/DD/YYYY format. <b>Note: This field defaults to 90 days from the current date of submission.</b>
Admit Date	The <b>Admit Date</b> field allows the user to select the Admission date from the calendar or by entering the date in MM/DD/YYYY format. Note: This field is only available when specific facilities (i.e. Inpatient Hospital, SNF) are selected in the Place of Service field.
Admit Time	The <b>Admit Time</b> field allows the user to select the Admission time from a drop-down list or enter it in HH:mm format. Note: This field is only available when specific facilities (i.e. Inpatient Hospital, SNF) are selected in the Place of Service field.

## Submit Authorization Screen

Field Names	Ordering Provider Section – Field Descriptions
	
Select Provider	<p>The <b>Select Provider</b> button allows users to perform a provider search and select the appropriate provider record.</p> 
Clear	The <b>Clear</b> button removes the select provider information.
Provider #	The <b>Provider #</b> field auto-populates based on the provider record that is selected.

Submit Authorization Screen	
Field Names	Requested Provider Section – Field Descriptions
	
Select Provider	<p>The <b>Select Provider</b> button allows users to perform a provider search and select the appropriate provider record.</p> <div style="border: 1px solid red; padding: 10px; margin: 10px 0;">  </div>
Clear	<p>The <b>Clear</b> button removes the select provider information.</p>
Provider #	<p>The <b>Provider #</b> field auto-populates based on the provider record that is selected.</p>

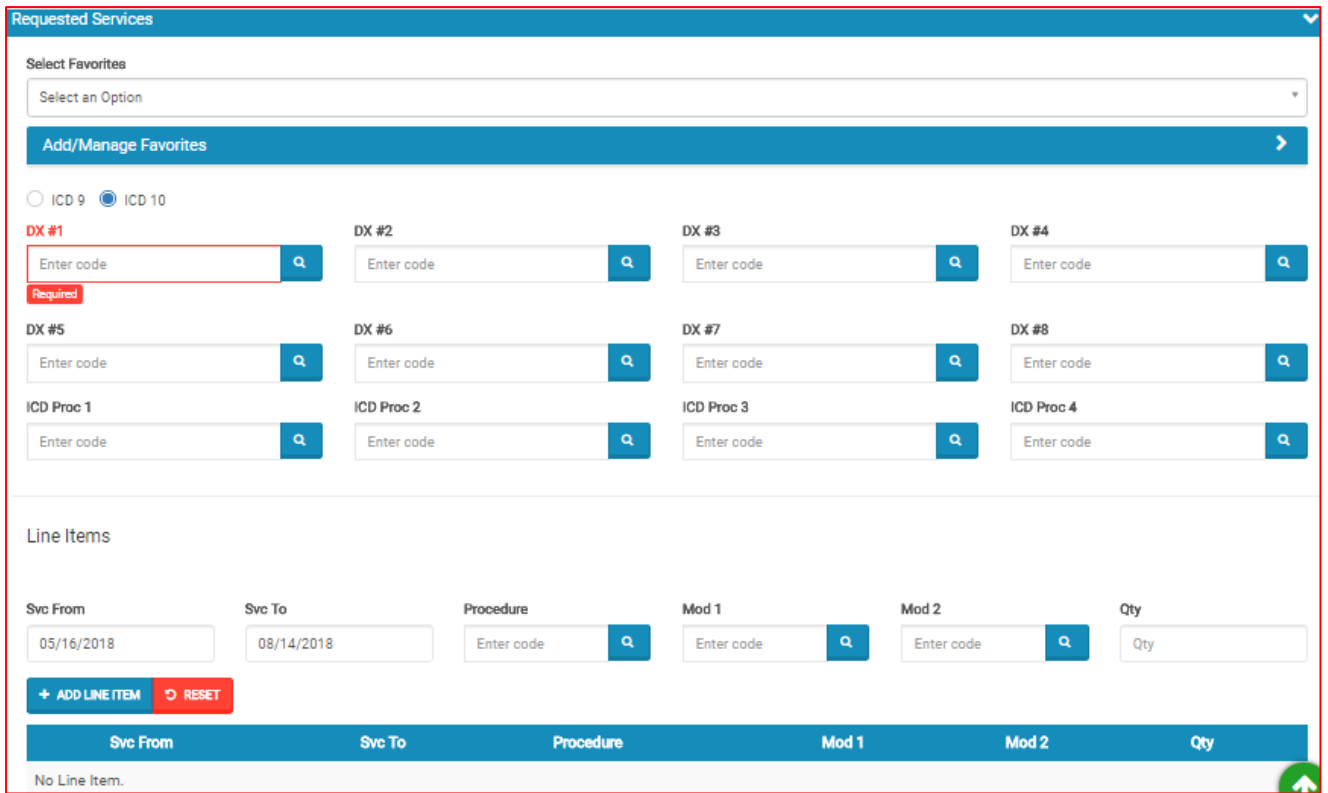
## Submit Authorization Screen

Field Names	Requested Facility Section – Field Descriptions
	
<p>Select Facility</p>	<p>The <b>Select Facility</b> button allows users to perform a facility search and select the appropriate facility record.</p> 
<p>Clear</p>	<p>The <b>Clear</b> button removes the select provider information.</p>
<p>Provider #</p>	<p>The <b>Provider #</b> field auto-populates based on the facility record that is selected.</p>
<p>Working Location</p>	<p>The <b>Working Location</b> field allows the user to select the facility location from the drop-down list.</p>

## Submit Authorization Screen

### Field Names

### Requested Services Section – Field Descriptions

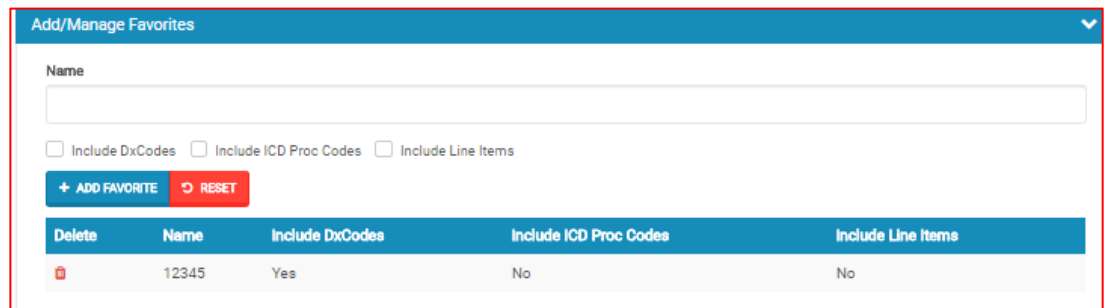


Select Favorites

The **Select Favorites** drop-down list allows users to select from previously created Favorite templates, that may include DxCodes, ICD Proc Codes, and/or Line Items.

Add / Manage Favorites

The **Add/Manage** favorites section allows users to add or remove elements from the Favorites drop-down list. To create a favorite, the user must enter a Name, Select the corresponding DxCode, ICD Proc Codes, and/or Line item codes and select Add Favorite.



Delete	Name	Include DxCodes	Include ICD Proc Codes	Include Line Items
	12345	Yes	No	No

ICD 9 / ICD 10

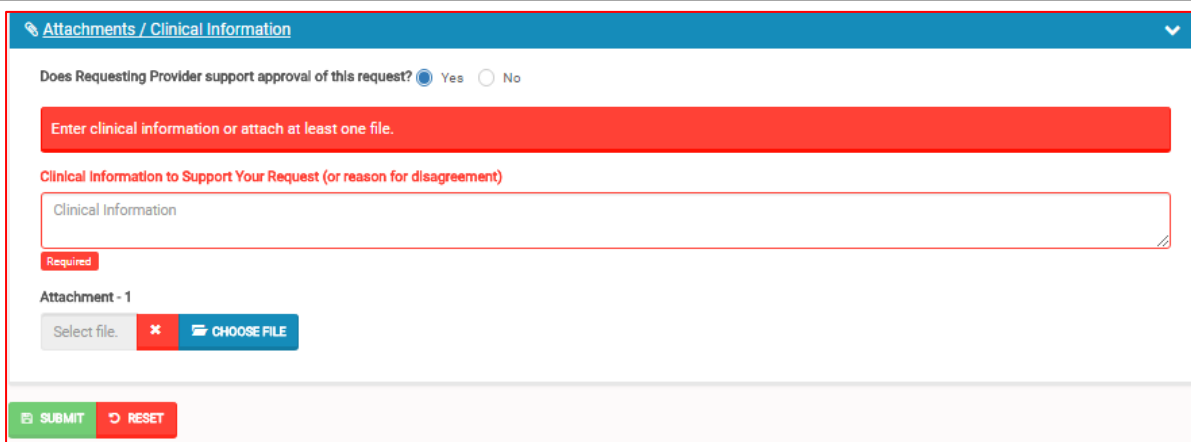
The **ICD 9 / ICD 10** radio buttons allow the user to specify if the codes that will be entered in the following section are ICD 9 or ICD 10 codes.

DX # 1 - 8	The <b>DX #</b> fields allow the user to enter up to eight Diagnosis Codes. Note: Users can enter the code directly into the field or select the magnifying glass to perform a search of all diagnosis codes.
ICD Proc 1 - 4	The <b>ICD Proc</b> fields allow the user to enter up to four ICD Procedure Codes. Note: Users can enter the code directly into the field or select the magnifying glass to perform a search of all ICD procedure codes.
Svc From	The <b>Svc From</b> field allows the user to select the Service from Date from a calendar or enter the date in MM/DD/YYYY format.
Svc To	The <b>Svc To</b> field allows the user to select the Service to Date from a calendar or enter the date in MM/DD/YYYY format.
Procedure	The <b>Procedure</b> field allows users to enter the Procedure Code. Note: Users can enter the code directly into the field or select the magnifying glass to perform a search of all procedure codes.
Mod 1 - 2	The <b>Mod 1 - 2</b> fields allow the user to enter up to two Modifiers. Note: Users can enter the code directly into the field or select the magnifying glass to perform a search of all modifiers.
Qty	The <b>Qty</b> field allow the user to enter the quantity amount.
Add Line Item	The <b>Add Line Item</b> button allows the user to add the selection to the results table.
Reset	The <b>Reset</b> fields removes all information from the Requested Services field prior to saving.



### Submit Authorization Screen

#### Field Names

#### Attachments/ Clinical Information Section – Field Descriptions



Does Requesting Provider support	The <b>Does Requesting Provider support approval of this request?</b> Radio button allows the user to select if the provider submitting the authorization or referral request is in approval of the services being requested.
----------------------------------	---

approval of this request?	
Clinical Information to Support Your Request (or reason for disagreement)	<p>The <b>Clinical Information to Support Your Request</b> fields allow the user to enter the clinical information that supports or provides a disagreement reason for the authorization request.</p> <p>Note: This is a required field for authorization submissions and optional for referrals.</p>
Attachment	 The <b>Attachment-1</b> field allows users to choose a file to be attached by clicking the “choose file” button (shown above). Once a file has been selected it will be displayed in the attachment field.  The red X (shown left) will clear the selected file.
Submit	The <b>Submit</b> button allow the user to submit the Authorization / Referral request.
Reset	The <b>Reset</b> button removes all information entered for the Authorization / Referral request, prior to saving.

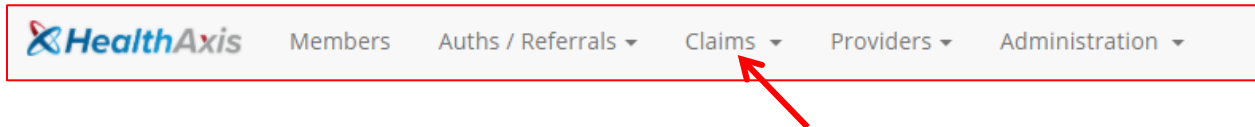


## Claims Module

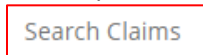
The Claims Module allows users to search claims using specific search criteria.

### Accessing the Claims Module

Once logged into the system, select Claims from the dashboard.

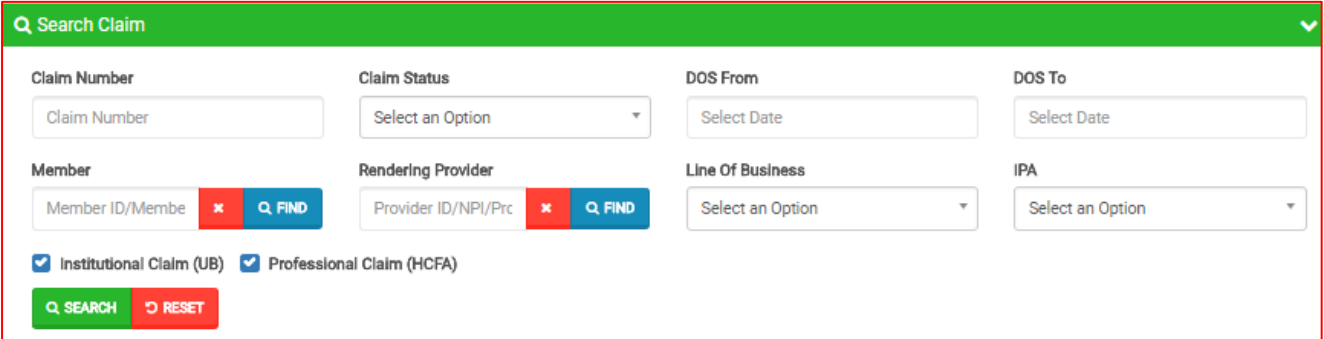




The dropdown list for the Claims Module contains the following selection:



### Search Claims

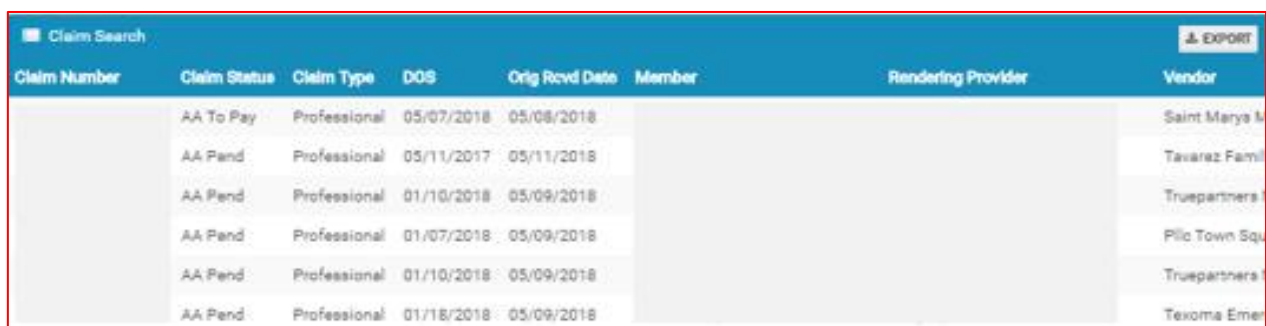
Upon clicking the Claims Module, the Search Claim Popup Window will appear.

Claim Screen	
Field Names	Search Claim Section – Field Descriptions
	
Claim Number	The <b>Claim Number</b> field allows the user to enter the claim number as part of the search criteria.
Claims Status	The <b>Claims Status</b> dropdown list allows users to select the claim status from the dropdown list as part of the search criteria.
DOS From	The <b>DOS From</b> field allows users to select the date of service from using the calendar feature or by manually keying the date in as follows: MM/DD/YYYY
DOS To	The <b>DOS To</b> field allows users to select the date of service to using the calendar feature or by manually keying the date in as follows: MM/DD/YYYY

Member	 The <b>Member</b> field allows the user to enter the member’s name (Last Name, First Name) or click the Find button (shown to the left) to select the member from the Member Search popup window as part of the search criteria.
Rendering Provider	 The <b>Rendering Provider</b> field allows users to enter the name of the rendering provider (Last Name, First Name) or click the Find button (shown to the left) to select the provider from the Provider Search popup window as part of the search criteria
Line Of Business	The <b>Line Of Business</b> dropdown list allows users to select the LOB as part of the search criteria.
IPA	The <b>IPA</b> dropdown list allows users to select the IPA as part of the search criteria.
Institutional Claim	The <b>Institutional Claim</b> check box allows users to select only institutional claims as part of the search criteria.
Professional Claim	The <b>Professional Claim</b> check box allows users to select only professional claims as part of the search criteria.
Search	The <b>Search</b> button allows users to launch the Claim Search functionality based on the criteria selected. The results table will populate below with the respective data fields selected. <b>Note: Clicking Search with no search criteria will return all results.</b>
Reset	The <b>Reset</b> button allows users to clear all data from the fields prior to saving.

### Claim Screen

#### Field Names Claims Results Section – Field Descriptions



Claim Number	Claim Status	Claim Type	DOS	Orig Rcvd Date	Member	Rendering Provider	Vendor
	AA To Pay	Professional	05/07/2018	05/08/2018			Saint Marys I
	AA Pend	Professional	05/11/2017	05/11/2018			Tavarez Famil
	AA Pend	Professional	01/10/2018	05/09/2018			Truepartners I
	AA Pend	Professional	01/07/2018	05/09/2018			Plico Town Squ
	AA Pend	Professional	01/10/2018	05/09/2018			Truepartners I
	AA Pend	Professional	01/18/2018	05/09/2018			Texoma Emer

Export	The <b>Export</b> button allows the user to export the results data into an excel format.
Results Table	The <b>Results Table</b> is a sortable display of data based on the search criteria specified and queried. To sort in ascending or descending order, click the header.
Claim Number	The <b>Claim Number</b> hyperlink allows the user to open and view the claim details.

Claims Information

**Claims Review Screen**

Upon double clicking on the selected claim from the grid, the claim review screen will be displayed. The user will be allowed to view the details of the member’s claim selected.

The claims review screen consists of the following collapsible sections: member’s information, member’s current coverage, claim header, provider or facility information, claim process detail, claim details, coordination of benefits, attachments, authorization information, anesthesia, ambulance, and check details.

**Note: Each section can be collapsed for easier viewing. This section is for review only, users will not be allowed to edit.**

**Claims Review Screen**

**Claim Header Section**

Home > Search Claim > Claim [ 2020103000210767 - Institutional ]

Claim Header					
Status	In Process	Encounter	No	First Date Of Service	09/05/2020
Claim Type	Institutional	External ID		Original Received Date	10/30/2020
Header Level Pend		Total Charges	\$0.00	Received Date	
Member Information					
Member Number		Health Plan		Benefit Plan	
Name	SITES, RALPH	Line Of Business		Effective Date	01/01/2020
Date of Birth		Product	HMO	Term Date	10/31/2020
Gender	Male	IPA		Address	
Member PCP Information					
PCP Number	P001	NPI		Taxonomy	207Q00000X
PCP Name	SAWEIKIS, ANTHONYAMD	Tax ID		Address	

The **Claim Header** section allows the users to view the Claim Member’s Summary, the Claim Member’s Information, and the Claim Member’s PCP Information.

## Claims Review Screen

### Provider or Facility Information Section

Rendering Provider		Billing Vendor		Service Location	
Provider Number	P000	Vendor Number		Provider Number	
Name	POTOMAC VALLEY HOSPITAL	Line Of Business	POTOMAC VALLEY HOSPITAL	Name	POTOMAC VALLEY HOSPITAL
NPI		Tax ID		NPI	
Tax ID		NPI		Tax ID	
Specialty		Address		Address	

The **Provider or Facility Information** section allows users to view the rendering and referring provider/facility information of the member's claim.

## Claims Review Screen

### Claim Process Detail Section

Claim Line Items																							
Status	Svc From	Svc To	Service Code	Rate Code	Mod1	Mod2	Mod3	Mod4	QTY	Freq Type	Billed	Allowed	Adjusted	Primary Paid	Co-Pay	Co-Insurance	Deductible	MBR Liability	W.Hold	Interest	Penalty	Net Paid	Duplicate
Approved	09/05/2020	09/05/2020	0301 80053	\$0.00					1	Unit	\$274.00	\$130.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$130.70	
Reason(s)		F0028 - PAYMENT IS BASED ON PERCENT OF CHARGE , AD43																					
Approved	09/05/2020	09/05/2020	0305 85025	\$0.00					1	Unit	\$41.00	\$19.56	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.56	
Reason(s)		F0028 - PAYMENT IS BASED ON PERCENT OF CHARGE , AD43																					
Total											\$315.00	\$150.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.26	

The **Claim Line Items** section allows the users to view the details of a processed claim.

## Claims Review Screen

### Claim Details Section

Claim Codes			
Patient Control Number	HPV1474693100	Admission Date	
Medical Record Number	E2614769	Admission Hour	
Type of Bill	857	Admission Type	3
Statement Covers PD From	09/05/2020 - 09/05/2020	Admission Source	2
Treatment Auth Codes		Discharge Hour	
Submitted DRG Code		Patient Status	01
Calculated DRG Code		Total Charges	\$0.00
		Pricer	\$0.00

Dx Codes - ICD 10		
DX 1:	D64.9 - Anemia unspecified	POA: No Value.
DX 2:	I48.91 - Unspecified atrial fibrillation	POA: No Value.
DX 3:	I73.9 - Peripheral vascular disease unspecified	POA: No Value.
DX 4:	E11.9 - Type 2 diabetes mellitus without complications	POA: No Value.
DX 5:	E78.5 - Hyperlipidemia unspecified	POA: No Value.
DX 6:	I10 - Essential (primary) hypertension	POA: No Value.

ECI Codes	ICD Procedure Codes	Condition Codes
No ECI Codes.	No Procedure Codes.	No Condition Codes.
Value Codes	Occurrence Codes	Occurrence Span Codes
No Value Codes.	11 - Onset of Symptoms/Illness	No Occurrence Span Codes.
	A1 - BIRTHDATE - INSURED A	Date: 09/28/1926
	A2 - EFFECTIVE DATE-INSURED A POLICY	Date: 01/01/2017
	B1 - BIRTHDATE - INSURED B	Date: 09/28/1926
	B2 - EFFECTIVE DATE-INSURED B POLICY	Date: 05/01/2014

The **Claim Codes** section contains Claim Codes and DX Codes. The Claim Codes section allows users to view the member's claim detail information, along with the claim codes and dx codes on the claim.

## Claims Review Screen

### Coordination of Benefits Section

Coordination of Benefits																		
Other Health Plan Line	Other Health Plan Name	Policy/Group Number	Prior Payment	Balance Due	EST Amount Due	Primary Allowed Amount	Primary Paid Amount	Primary Deductible Amount	Primary Coinsurance Amount	Primary CoPay Amount	Primary Not Covered Amount	Primary With-Hold Amount	Primary Adjustment Amount	Member Obligation Amount	Subrogation Amount	Lifetime Reserve Days	Non Covered Days	Days Covered by Coinsurance
1	MEDICAID		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	0	0

The **Coordination of Benefits** section allows users to view COB's on the member's claim.

## Claims Review Screen

### Check Details Section

Check Details			
Check No.	Date	Amount	Total
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ 0
<input type="checkbox"/> EOP this Claim <input type="checkbox"/> EOP for Check <input type="checkbox"/> EOB this Claim <input type="button" value="DEMAND"/>			

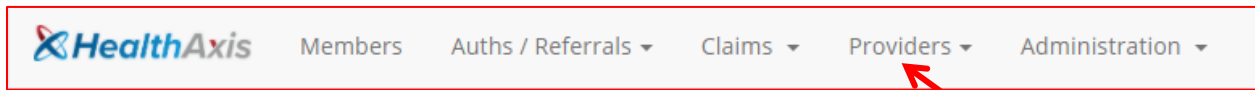
The **Check Details** section allows users to view the check details on the member's claim. This section will be present for all finalized claims.

## Providers Module

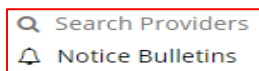
The Provider Module allows users search providers using specific search criteria.

### Accessing the Providers Module

Once logged into the system, select Providers from the dashboard.

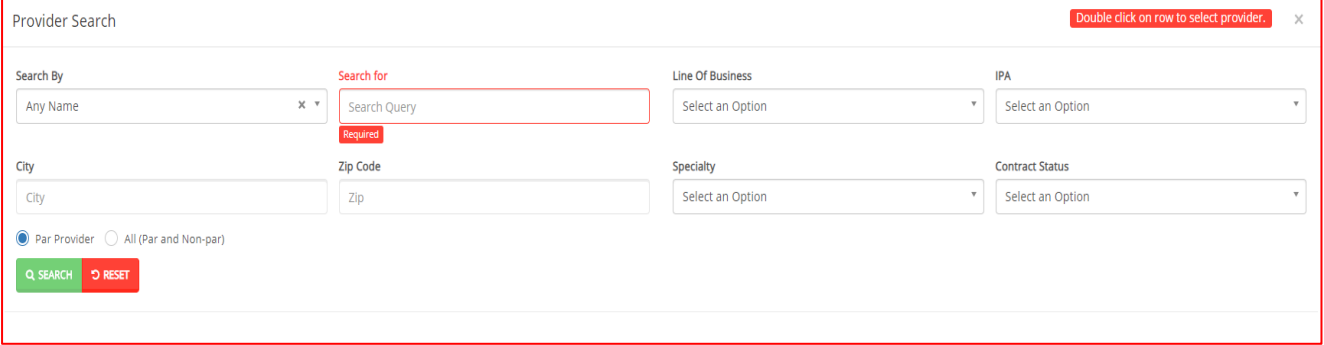


The dropdown list for the Providers Module contains the following selections:



### Provider Search

Upon clicking the Provider Module, the Provider Search Popup Window will appear.

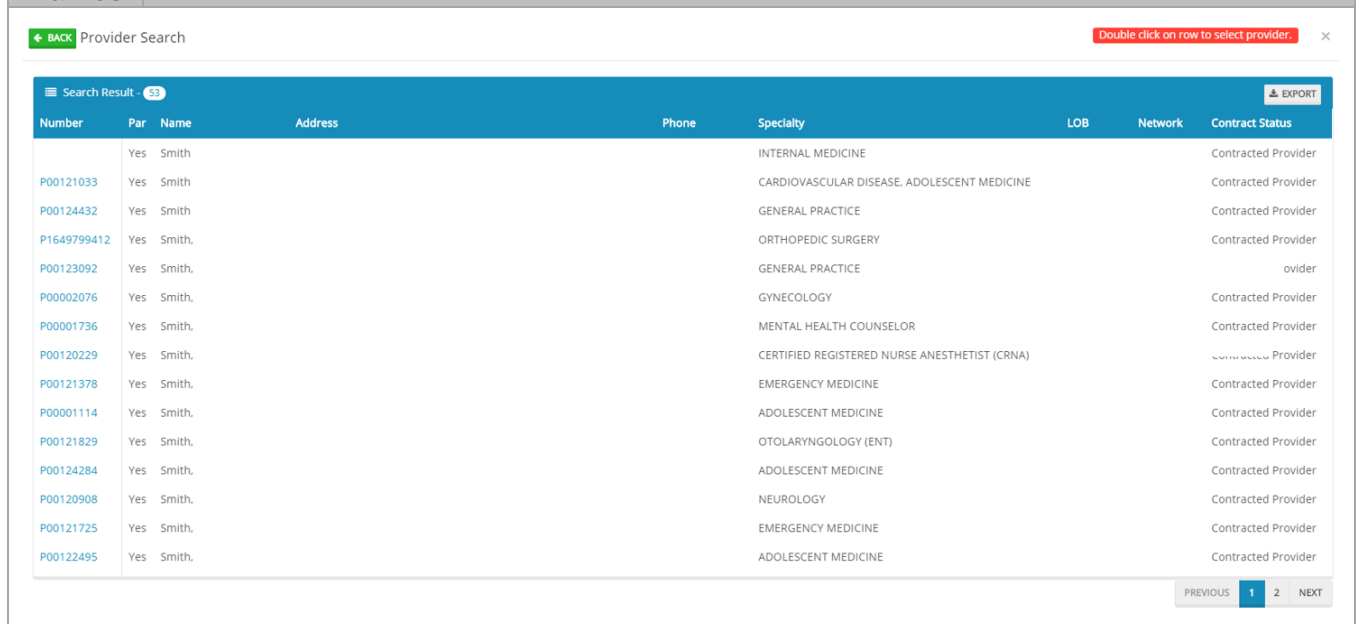
Provider Search Screen	
Field Names	Provider Search Section – Field Descriptions
	
Search By	The <b>Search By</b> field contains a dropdown list that can be utilized to narrow down a search to only display providers with specific criteria. Choices are: Any Name, Last Name, First Name, TIN, NPI, Provider Number and Organization Name.
Search For	The <b>Search For</b> fields corresponds to the selection chosen in the <i>Search By</i> field. <b>EX: Smith</b> <b>NOTE: An entry is required in this field, if a selection is made in the “Search By” field.</b>
Line of Business	The <b>Line of Business</b> dropdown list allows users to select a LOB as part of the search criteria.

IPA	The <b>IPA</b> dropdown list allows users to select an IPA as part of the search criteria.
City	The <b>City</b> field allows users to enter the city as part of the search criteria.
Zip Code	The <b>Zip</b> Code field allows users to enter the zip code as part of the search criteria.
Specialty	The <b>Specialty</b> dropdown list allows users to select a specialty as part of the search criteria.
Contract Status	The <b>Contract Status</b> dropdown list allows users to select the contract status for the provider as part of the search criteria.
Par Provider	The <b>Par Provider</b> radio button allows users to select only Par providers as part of the search criteria.
All (Par and Non-par)	The <b>All</b> radio button allows users to select both Par and Non-Par providers as part of the search criteria.
Search	The <b>Search</b> button allows users to launch the Provider Search functionality based on the criteria selected. The results table will populate below with the respective data fields selected. <b>Note: Clicking Search with no search criteria will return all results.</b>
Reset	The <b>Reset</b> button allows users to clear all data from the fields prior to saving.

## Provider Search Screen

### Field Names

### Provider Results Section – Field Descriptions



← BACK Provider Search Double click on row to select provider. ✕

Number	Par	Name	Address	Phone	Specialty	LOB	Network	Contract Status
P00121033	Yes	Smith			INTERNAL MEDICINE			Contracted Provider
P00124432	Yes	Smith			CARDIOVASCULAR DISEASE, ADOLESCENT MEDICINE			Contracted Provider
P1649799412	Yes	Smith,			GENERAL PRACTICE			Contracted Provider
P00123092	Yes	Smith,			ORTHOPEDIC SURGERY			Contracted Provider
P00002076	Yes	Smith,			GENERAL PRACTICE			Contracted Provider
P00001736	Yes	Smith,			GYNECOLOGY			Contracted Provider
P00120229	Yes	Smith,			MENTAL HEALTH COUNSELOR			Contracted Provider
P00121378	Yes	Smith,			CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)			Contracted Provider
P00001114	Yes	Smith,			EMERGENCY MEDICINE			Contracted Provider
P00121829	Yes	Smith,			ADOLESCENT MEDICINE			Contracted Provider
P00124284	Yes	Smith,			OTOLARYNGOLOGY (ENT)			Contracted Provider
P00120908	Yes	Smith,			ADOLESCENT MEDICINE			Contracted Provider
P00121725	Yes	Smith,			NEUROLOGY			Contracted Provider
P00122495	Yes	Smith,			EMERGENCY MEDICINE			Contracted Provider
					ADOLESCENT MEDICINE			Contracted Provider

PREVIOUS 1 2 NEXT


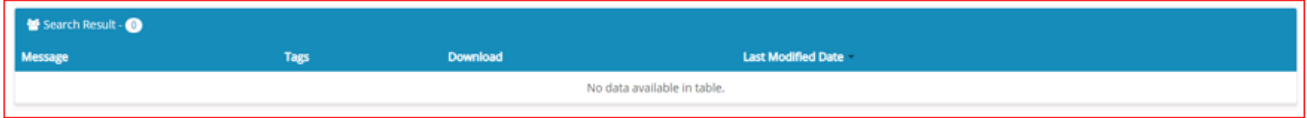
Search Results	The <b>Search Results</b> heading tells the users how many records are displayed in the results table.
Export	The <b>Export</b> button allows the user to export the results data into an excel format.





## Provider Notices Bulletins

Provider Notices/Announcements allows users to search for notices and announcements.

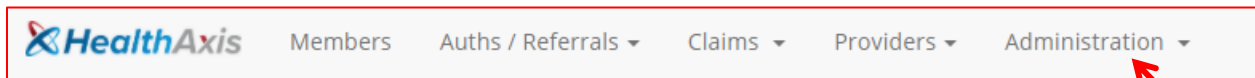
Search Announcements Screen	
Field Names	Announcement Section – Field Descriptions
	
Message	The <b>Message</b> field allows users to search by the message entered.
Search	The <b>Search</b> button allows the user to launch the Provider Notices/Announcements search based on the criteria selected/entered. The results table will be populated below with the respective data fields selected. <b>Note: Clicking Search with no search criteria will return all results.</b>
Reset	The <b>Reset</b> button allows users to clear all data from the fields prior to saving.
Provider Notices/ Announcements Screen	
Field Names	Provider Notices/Announcements Results Section – Field Descriptions
	
Results Table	The <b>Results Table</b> is a sortable display of data based on the search criteria specified and queried. To sort in ascending or descending order, click the header.

## Administration

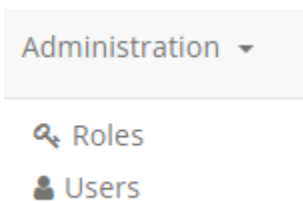
The administration module allows users with administrative privileges to manage user accounts in the Provider Portal. The user will have access to create, terminate or update a user level account details. The user will have access to view the activity log and set up the system's preferences.

### Accessing the Administration Module

Once logged into the system, select Administration dropdown list from the dashboard.



The dropdown list for Administration Module contains the following selections:



## Roles

User can add a new role or choose the existing roles. Roles are tied to permissions which allows the users to navigate through the portal.

**Administration Roles Screen**

**Field Names**
**Search Roles Section – Field Descriptions**

Home > Search Roles

Search Role
+ ADD NEW ROLE

Name	Description	Number Of Users	Add Date	Add By	Last Modified Date	Last Modified By
Admin	Base Admin Account	4	05/18/2020 01:04 PM			

Add New Role	The <b>Add New Role</b> button allows specific users to create new roles. The fields will be described in the following table.
Name	The <b>Name</b> field allows users to narrow down the search criteria by entering a name.
Description	The <b>Description</b> field allows users to narrow down the search criteria by entering a description of the role.
Number of Users	The <b>Number of Users</b> field allows displays the number of users assigned to the role.
Add Date	The <b>Add Date</b> field allows users to narrow down the search criteria by entering a date.
Add By	The <b>Add By</b> field allows users to narrow down the search criteria by entering a date.
Last Modified Date	The <b>Last Modified Date</b> field allows users to narrow down the search criteria by entering a date.
Last Modified By	The <b>Last Modified By</b> fields allows users to narrow down the search criteria by entering a user name.
Delete Icon	The <b>Delete Icon</b> (red trash can) allows specific users to delete the selected user role.
Edit Icon	The <b>Edit Icon</b> (blue pencil) allows specific users to edit/update the selected user role.

### Add New Role

The Add New Role allows the user to create a new role. The user will need to enter the Role Name, the Role description and select the permissions needed for the role.

Note: As the Physician/Facility/Vendor Administrator, you will need to create the role based on below selection.

**Administration Roles Screen**

Field Names Add Roles Section – Field Descriptions

Update Role Name - ClaimAuth

Name <input style="width: 90%;" type="text" value="User"/>	Description <input style="width: 90%;" type="text" value="This user can request a referral, View claims, View Members, View provider information, "/>
---	--

Select Permission(s)  Select All ^

Activity Log	<input type="button" value="READ"/>	
Authorization	<input type="button" value="READ"/> <input type="button" value="CREATE"/> <input type="button" value="EXPORT/PRINT"/> <input type="button" value="ALL"/>	This options allows user to enter, view and export referral requests.
Claim	<input type="button" value="READ"/> <input type="button" value="CREATE"/> <input type="button" value="EXPORT/PRINT"/> <input type="button" value="ALL"/>	This options allows user to view and export Claims details.
Member	<input type="button" value="READ"/> <input type="button" value="EXPORT/PRINT"/> <input type="button" value="ALL"/>	This options allows user to view and export member details.
Member Problem	<input type="button" value="READ"/> <input type="button" value="CREATE"/> <input type="button" value="DELETE"/> <input type="button" value="ALL"/>	This options allows user to view and enter/create member diagnosis.
Preferences	<input type="button" value="READ"/> <input type="button" value="UPDATE"/> <input type="button" value="ALL"/>	DO NOT SELECT THESE OPTIONS
Provider	<input type="button" value="READ"/> <input type="button" value="EXPORT/PRINT"/> <input type="button" value="ALL"/>	This options allows user to view and export Providers details.
Role	<input type="button" value="READ"/> <input type="button" value="CREATE"/> <input type="button" value="UPDATE"/> <input type="button" value="DELETE"/> <input type="button" value="ALL"/>	DO NOT SELECT THESE OPTIONS
User	<input type="button" value="READ"/> <input type="button" value="CREATE"/> <input type="button" value="UPDATE"/> <input type="button" value="DELETE"/> <input type="button" value="EXPORT/PRINT"/> <input type="button" value="IMPERSONATE"/> <input type="button" value="ALL"/>	DO NOT SELECT THESE OPTIONS

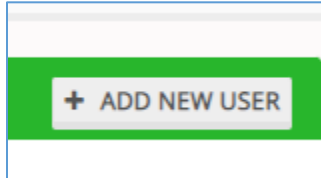
Name	The <b>Name</b> field allows users to enter a name for the role. Enter exactly as shown in the above image.
Description	The <b>Description</b> field allows users to enter a description for the role. Enter exactly as shown in the above image.
Select Permissions	<p>The <b>Select Permission</b> section allows users to select the user’s access within each module and section of the Provider Portal. User Roles are created with specific accesses that include: Read only, Create, Update, Delete, or ALL, among others settings per the corresponding modules.</p> <p style="color: red; font-weight: bold;">Important Note: Please select the options exactly as shown in above image.</p>
Submit	The <b>Submit</b> button allows users to submit the changes to the role.
Reset	The <b>Reset</b> button allows users to clear all data from the fields prior to saving.



## Users

Provider, Facility, Vendor Administrators will be able to grant access to the new users by following below steps.

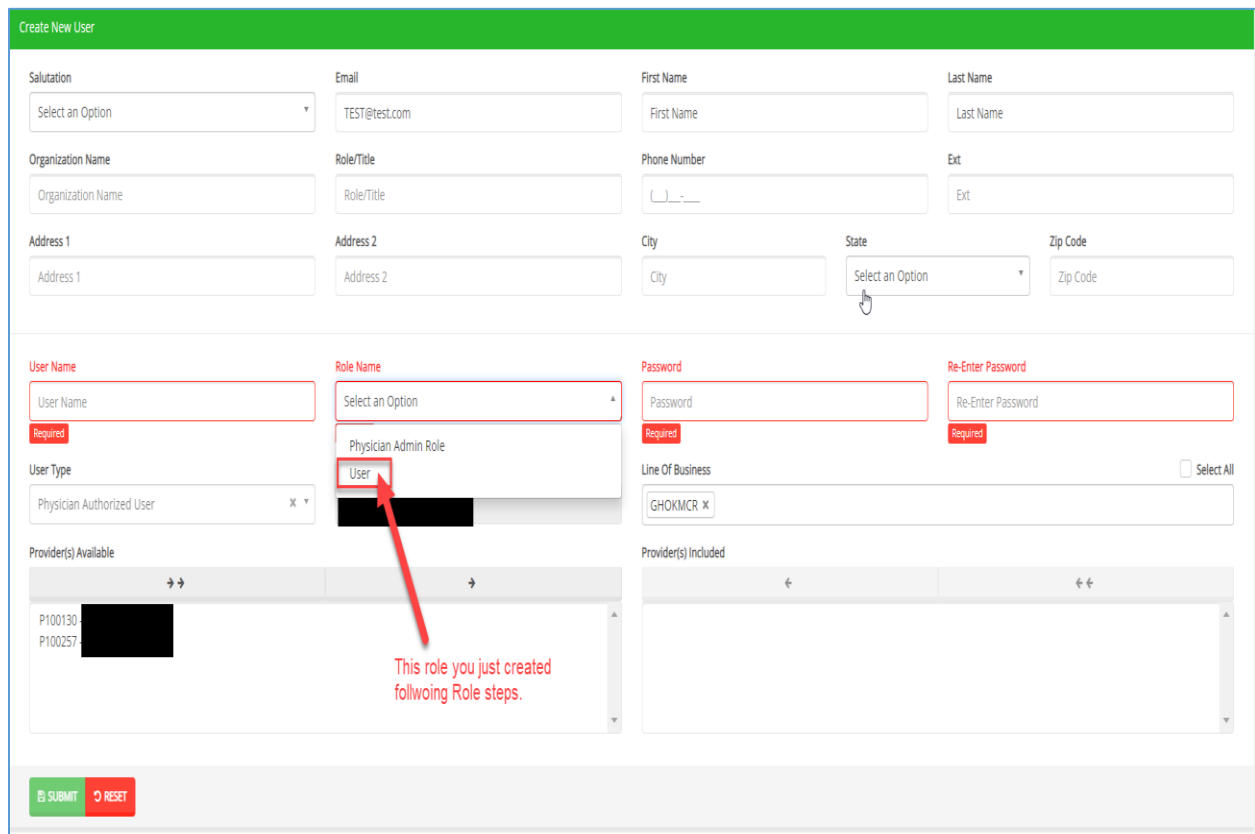
Under Administration → Users module you will find below options “ADD NEW USER”



Please fill out below details about the new user.

Note: Please select the role you just created following the steps in the “Roles” section above.

Administrators will be able to see all providers associated to their account. As an administrator, you can allow the new users to have access to some or all providers by moving the Providers from “Provider(s) available” section to “Providers Included” section.



**Create New User**

Salutation: Select an Option  
 Email: TEST@test.com  
 First Name: First Name  
 Last Name: Last Name  
 Organization Name: Organization Name  
 Role/Title: Role/Title  
 Phone Number: ( ) -  
 Ext: Ext  
 Address 1: Address 1  
 Address 2: Address 2  
 City: City  
 State: Select an Option  
 Zip Code: Zip Code


User Name: User Name (Required)  
 Role Name: Select an Option (Required) - **User** (highlighted with red arrow)  
 Password: Password (Required)  
 Re-Enter Password: Re-Enter Password (Required)  
 User Type: Physician Authorized User (x)  
 Line Of Business: GHOKMCR (x) [Select All]  
 Provider(s) Available: P100130, P100257  
 Provider(s) Included:

**Submit** **Reset**

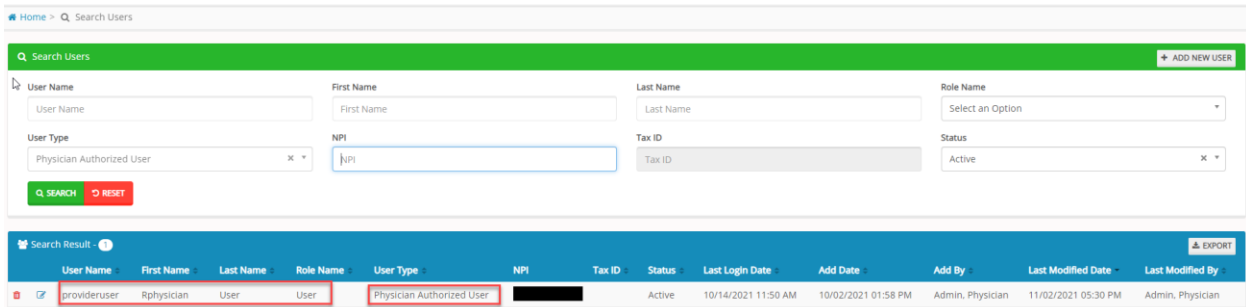
*This role you just created following Role steps.*

**The user requesting access to the provider portal will receive an email confirmation.**

### Search Users

From the search users screen, click on the edit icon (  ) next to the record you would like to update.

The Edit Pencil option allows Administrators to edit, update and delete user. Administrator can also assign additional providers to the users.



The screenshot shows the 'Search Users' interface. It includes a search bar with a magnifying glass icon and an 'ADD NEW USER' button. Below the search bar are several input fields: 'User Name', 'First Name', 'Last Name', 'Role Name' (a dropdown menu), 'User Type' (a dropdown menu with 'Physician Authorized User' selected), 'NPI', 'Tax ID', and 'Status' (a dropdown menu with 'Active' selected). There are 'SEARCH' and 'RESET' buttons. Below the search filters is a table with the following columns: 'User Name', 'First Name', 'Last Name', 'Role Name', 'User Type', 'NPI', 'Tax ID', 'Status', 'Last Login Date', 'Add Date', 'Add By', 'Last Modified Date', and 'Last Modified By'. The table contains one row with the following data: 'provideruser', 'Rphysician', 'User', 'User', 'Physician Authorized User', a redacted NPI, a redacted Tax ID, 'Active', '10/14/2021 11:50 AM', '10/02/2021 01:58 PM', 'Admin, Physician', '11/02/2021 05:30 PM', and 'Admin, Physician'. There is an 'EXPORT' button in the top right corner of the table.

### Questions