



Provider Portal SOP

Physician, Vendor and Facility Administrator User Manual

Add info on Notice Bulletins/Announcements, customer wants to make edits to published info

Revision History	4
Provider Portal	5
How to Access the Provider Portal	5
How to log In	6
How to Request Access to the Provider Portal	6
Provider Portal Access Request Field Descriptions	8
Provider Portal Access Request Submission and Confirmation Page	12
User Types Hierarchy	12
Terms of Use Page	13
Dashboard	13
Dashboard Screen Descriptions	14
Members Module	17
Accessing the Member Module	17
Member Search	17
Member Search Screen Descriptions	18
Member Search Results	19
Member Search Results Screen Description	19
Member Details	20
Member Details Screen Description	21
Member: Authorization Action Button	23
Member: Authorization Action Button: View All	24
Search Authorization/ Referral Screen Description	24
Member: Authorization Action Button: Authorization Details	28

Authorization Details Screen Description	28
Member: Authorization Action Button: Submit New Authorization /Referral	32
Submit New Authorization/ Referral Screen Description	33
Member: Claim Action Button	44
Member: Claim Action Button: View All	44
Search Claim Screen Description	45
Member: Claim Action Button: Claim Review	48
Professional Claim Review Screen Description	48
Institutional Claim Review Screen Description.....	53
Member: Problems Action Button.....	57
Member: Problems Screen	57
Member: Problems Screen Description	58
Member: Print Action Button	63
Member: Print Action Button Description	63
Auths/Referrals Module.....	64
Accessing the Auths/Referrals Module.....	64
Search Authorizations / Referrals	64
Search Authorizations / Referrals Screen Description.....	65
Submit Authorization /Referral.....	70
Claims Module	72
Accessing the Claims Module	72
Search Claims.....	73
Search Claim Screen Description	73
Providers Module.....	78
Accessing the Providers Module.....	78
Search Providers	79
Search Provider Screen Description	79
Provider Detail Screen	82
Provider Detail Screen Description	83
Notice Bulletins.....	83
Notice Bulletins Screen Description	84

Administration Module85

 Accessing the Administration Module85

 Activity Log86

 Activity Log Screen Description.....86

 Preferences88

 Notice Bulletins88

 System Announcements.....89

 Roles.....90

 Roles Screen Description91

 Add New Role Screen Description91

 Users94

 Users Screen Description95

Revision History

Version/Release	Date	Description of Revisions	Author
V1.0	07/13/2026	Initial Document Creation	Carolyn Coney
V1.1	07/16/2026	Added content on notices and bulletins	Carolyn Coney

All Rights Reserved. The copyright and trade secret laws of the United States and other countries protect this material. No part of this material or software covered by the copyrights herein may be reproduced distributed or altered in any fashion without prior written consent of Health Axis. Content is subject to change without notice. For permission to reproduce or distribute this material please contact Health Axis.

Accessing any system mentioned in this guide constitutes acceptance in accordance with the Terms & Conditions of the website.

Trademarks

Health Axis is a trademark of Health Axis.

Microsoft Windows is a registered trademark of Microsoft Corporation.

All other trademarks and trade names are the property of their respective companies.

Member information shown in this document is for informational purposes only and contains no true member or Protected Health Information (PHI).

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.

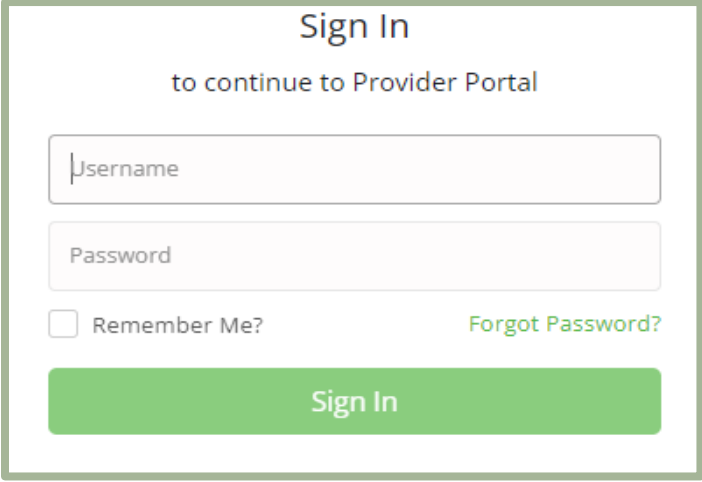
How to Access the Provider Portal

Enter the URL provided into Chrome to access the appropriate website for the Provider Portal.

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

Once you have accessed the Provider Portal site, you will see the log in screen. If you have an existing user account, use your credentials to sign in to the site. If this is your first time accessing the Provider Portal, use the Request Access link to complete the registration.

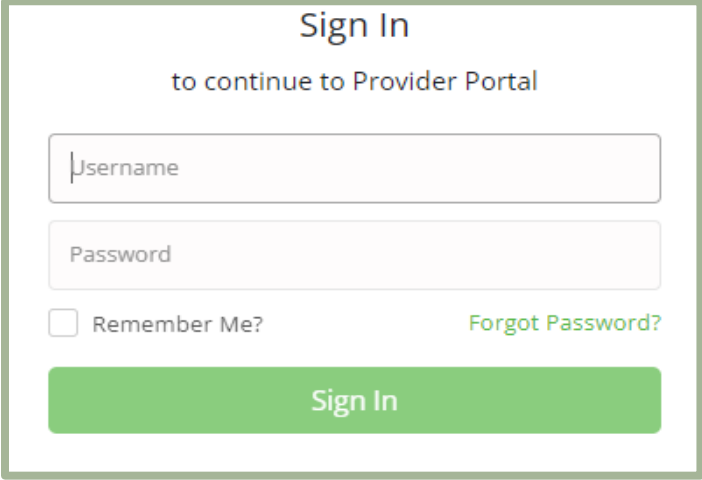
You must access the Provider Portal using Chrome. You will be unable to access via Internet Explorer.



The screenshot shows a 'Sign In' form for the Provider Portal. The form is titled 'Sign In to continue to Provider Portal'. It contains two input fields: 'Username' and 'Password'. Below the 'Password' field, there is a checkbox labeled 'Remember Me?' and a link labeled 'Forgot Password?'. At the bottom of the form is a green button labeled 'Sign In'.

How to log In

Use the steps below to sign into your Provider Portal user account from the log in screen.



The image shows a 'Sign In' form for the Provider Portal. It has a title 'Sign In' and a subtitle 'to continue to Provider Portal'. Below the subtitle are two input fields: 'Username' and 'Password'. There is a checkbox labeled 'Remember Me?' and a link labeled 'Forgot Password?'. At the bottom is a green button labeled 'Sign In'.

Steps	User Actions
1	Enter your Health Axis Provider Portal user name in the Username field.
2	Enter your password into the Password field. NOTE: Your password will be encrypted.
3	Click the Sign In button.
4	When the Remember Me flag is checked, the username auto populates when next signing in.
5	When the Forgot Password button is selected, users will be taken to the Account Recovery screen. From the Account Recovery screen, you will need to enter your username and email address for an automatic non-reply email to be sent with instructions on how to reset your password.

How to Request Access to the Provider Portal

To request access to the Provider Portal you need to select the Request Access link from the log in screen to complete the registration. You will be brought to the Before You Register screen once you have selected the Request Access link.

Sign In
to continue to Provider Portal

Username

Password

☐ Remember Me? [Forgot Password?](#)

Sign In

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

On the **Before you Register** screen, you will find the Health Plan's contact number and email address for questions or assistance. If your office already has an active Provider Portal account for this Health Plan, a message will appear advising you to contact your office's Provider Administrator. The Provider Administrator can create additional Authorized User accounts for the portal.

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 _____ or _____

✓ CONTINUE **← BACK TO LOGIN**

From the **Before you Register** screen, clicking the **Back to Login** button will take you back to the sign in screen.

✓ CONTINUE **← BACK TO LOGIN**

Selecting **Continue** will display the **Provider Portal Access Request** Form. New provider administrator users should request access to the Provider Portal using this form. Fill out all the

details in the form and submit a request to the plan administrator. Each of the provider administrators will have ability to create “User” accounts.

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

Provider Portal Access Request Field Descriptions

The table on the next page(s) provides a list of all the fields, buttons and flags displayed in the screen print on the previous page.

Provider Portal Access Request Screen	
Field Names	Select Provider Type Section – Field Descriptions
Physician Administrator	The Physician Administrator radio button should be selected for Physician Administrator level access. If you select Physician Administrator, you

	will need to indicate whether the physician is considered a PCP (Primary Care Specialist) or Specialist. This user type will have access to information related to their members only.
Facility Administrator	The Facility Administrator radio button should be selected for Facility/Hospital Administrator level access.
Vendor Administrator	The Vendor Administrator radio button should be selected for Vendor Group/Physician Group Practice Administrator level access. If selecting Vendor Administrator, you will need to indicate if the vendor/group is considered a PCP (Primary Care Specialist) or Specialist. This user type will have access to all member information associated with all the physicians under the group practice.
IPA Administrator	The IPA Administrator radio button should be selected for IPA Administrator level access. If you select IPA Administrator, you will need to indicate whether the IPA is considered a PCP (Primary Care Specialist) or Specialist.

Field Names Enter Tax ID or NPI Section – Field Descriptions

Depending on what is selected as the Provider Type, you will be prompted to enter your NPI number or Tax ID number.

NPI	In the NPI 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 entered is in AxisCore system. If not found, it will display notification: “One of the entered NPI is not valid. Check if they are all in-network provider(s) and have a valid provider assignment line.” NPI 1234567897 One of the entered NPI is not valid. Check if they are all in-network provider(s) and have a valid provider assignment line. If the Provider or Facility Administrator registering will be the administrator for more than one physician or facility, multiple NPI numbers can be entered by separating the NPI numbers with a comma space.
Tax ID	In the Tax ID field, enter the appropriate Tax Identification Number; this field is displayed for Vendor Administrators or IPA Administrators only. Note: System will validate that the TIN is in AxisCore system. If not found, it will display notification: “Tax ID doesn’t exist in the system”. Tax ID 123456789 Tax ID doesn't exist in the system.

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

	STEP 3: Create a User Name & Password User Name User Name Required Password Password Required
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

STEP 4: Enter Demographic Information

Salutation
Select an Option ▼

Email
Required

Organization Name
Organization Name
Required

Role/Title
Role/Title
Required

Salutation	Select an optional <u>Salutation</u> for the user from the drop-down list values.
Email	Enter an <u>Email Address</u> for the user. Note: Required field.
First Name	Enter <u>First Name</u> of the user. Note: Required field.
Last Name	Enter <u>Last Name</u> of the user. Note: Required field.
Organization Name	Enter the <u>Organization Name</u> into this field. Note: Required field.
Role/Title	Enter the user’s <u>Role</u> or <u>Title</u> into this field. Note: Required field.
Phone Number	Enter a <u>Phone Number</u> for the user. Note: Required field.
Ext	Enter an extension for the user’s phone number, if applicable.
Address 1	Enter the user’s <u>Address</u> .

	Note: Required field.
Address 2	Continue entering <u>Address</u> from Address 1 field, if applicable.
County	Enter the <u>County</u> into the field. Note: Required field.
City	Enter the <u>City</u> into the field. Note: Required field.
State	Select the <u>State</u> from the drop-down list. Note: Required field.
Zip Code	Enter a valid <u>Zip Code</u> . Note: Required field.
Submit	Select Submit when all required fields are completed.
Reset	Select Reset to clear the fields and re-start the form.

Provider Portal Access Request Submission and Confirmation Page

Once the Provider Administrator submits a request a popup window as shown below will be displayed stating that your request has been submitted.

Provider Administrator Registration Submitted

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

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

← BACK TO LOGIN

Once your user access is reviewed and approved, you will receive two separate emails. One email will contain the URL for the provider portal site and your username. The second email received will be the email verification; this will contain a link for you to verify your account. The link within the email verification is time sensitive and will expire in 24 hours.

User Types Hierarchy

1. 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).

2. 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.

Terms of Use Page

Once the user's username and password are entered from the log in screen to access the site, the user will see the Terms of Use page. Clicking the **Accept** button will bring the user to the Dashboard for the Provider Portal and clicking the **Do Not Accept** button will take the user back to the log in screen.

! Terms Of Use

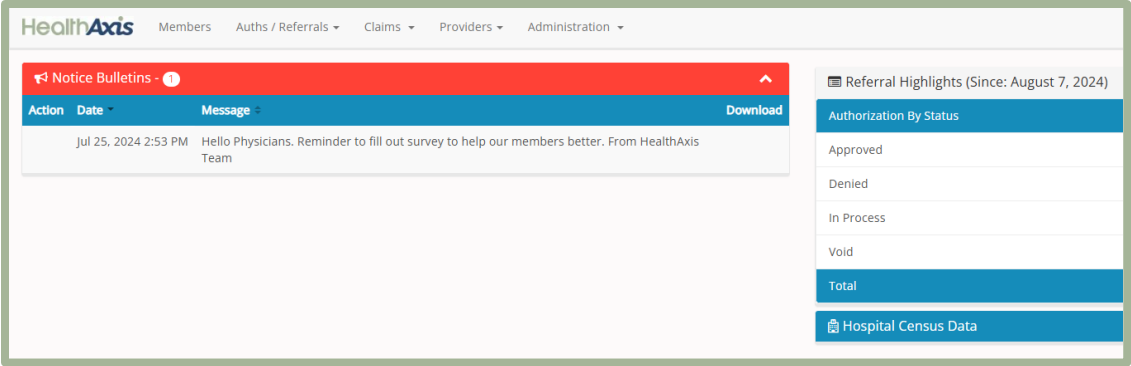
HIPAA Privacy & Security Notice: By logging on to this system, I recognize, acknowledge and agree that I agree to abide by all applicable contracted confidentiality and privacy agreements that pertain to the system. I understand, acknowledge and agree that protected health information must be kept confidential, and that the release of health information may violate state and/or federal laws and may have an adverse impact on the individual. I understand that violating the confidentiality agreement or releasing information without authorization is prohibited.

CPT copyright 2015 American Medical Association. All rights reserved. Fee schedules, relative value units, service codes, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense any pharmaceuticals. CPT is a registered trademark of the American Medical Association.

Unauthorized access to this system is prohibited. Access to this system is monitored. Attempted access will be reported.

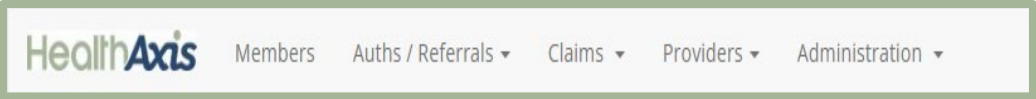
Dashboard

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.



Dashboard Screen Descriptions

The table on the next page(s) provides a list of all the buttons and sections, displayed in the screen print on the previous page.

Dashboard Screen	
Field Names	Header Section – Field Descriptions
	
Heath Axis Logo	Selecting the <u>Health Axis Logo</u> will return the user to the dashboard.
Members	Selecting Members will initiate the member search pop-up screen.
Auth/Referrals	Selecting Auth/Referrals provides users with the following options: Search Authorizations/Referrals and Submit Authorization/Referral . Selecting the Search Authorizations/Referrals option will initiate the authorization and referral search screen. Selecting the Submit Authorization/Referral option will initiate the Member Search – Submit Authorization/Referral pop-up screen to allow the user to search for the

	member and once the member is selected, users will land on the Submit New Authorization / Referral. Note: Access to search or submit an authorization or referral request will be based on the user's role and permissions.
Claims	Selecting Claims provides users with the following option: Search Claims. Selecting the Search Claims option will initiate the claim screen. Note: Access to search for a claim record will be based on the user's role and permissions.
Providers	Selecting Providers provides users with the following options: Search Providers and Notice Bulletins. Selecting the Search Providers option will initiate the provider search pop-up screen. Selecting the Notice Bulletins option will allow users to view notices or messages sent by the System Administrator. Note: The Notice Bulletins also appear on the Dashboard/ landing screen.
Administration	The Administration option will be an available option for Physician, Vendor or Facility Administrator users only. Selecting Administration provides users with the following options: Activity Logs, Roles, and Users. Selecting the Activity Logs option allows administrative users to view actions performed within the portal. Note access provided to view the Activity Logs is based on the Health Plan. Selecting the Roles option allows administrative users to add additional roles for additional users within their practice, facility, or physician's office. Note: Roles are tied to permissions that indicate what a user will have the ability to see in the provider portal and the functions that user can perform within the system. Selecting the Users option allows administrative users to create authorized user accounts for individuals within their practice, facility, or physician's office.
Welcome [Username] 	Selecting the Welcome [Username] icon provides users with the following options: Privacy Policy, Change Password, Help and Logout. Selecting the Privacy Policy option allows users to view the Privacy Policy. Selecting the Change Password option allows users to change/update their password. Selecting the Help option allows users to view helpful URLs that are provided by the Health Plan. Those URLs will be within a hyperlink and when selected, will take users directly to the site. Selecting the Logout option will log users out of the system.

Field Names

Notice Bulletins– Section Descriptions

Notice Bulletins - 1		
Action	Date	Message
	Jul 25, 2024 2:53 PM	Hello Physicians. Reminder to fill out s Team

The **Notice Bulletins** section located on the Dashboard will display notices or messages sent by the System Administrator.

Field Names Referral Highlights– Section Descriptions

Referral Highlights (Since: July 18, 2024)	
Authorization By Status	
Approved	0
Denied	0
In Process	0
Void	0
Total	0

The **Referral Highlights** section located on the Dashboard allows users to view authorizations that are tied to their Physician, Facility or Vendor by status. Users will see the number of authorizations that are approved, the number of authorizations that are denied and the number of authorizations that are in process or voided. Clicking on any of the statuses will allow users to view all records that have that status.

Field Names Hospital Census Data– Section Descriptions

Hospital Census Data			
Facility Name	Admissions	Total Days	LOS
No data available.			

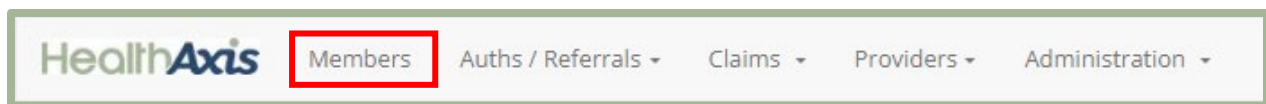
The **Hospital Census Data** section located on the Dashboard allows users to view the Number of Admissions, Total Days, and average Length Of Stay for admitted members. The information is populated based on the members tied to your physician or facility.

Members Module

The **Members 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.

The member search results are dependent on the user roles:

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

Member Search

Enter Member ID or Combination Last Name, First Name, DOB and/or Medicare ID.

Member ID 	First Name
Medicare ID 	Line Of Business

☐ PCP Associated Members Only

Member Search Screen Descriptions

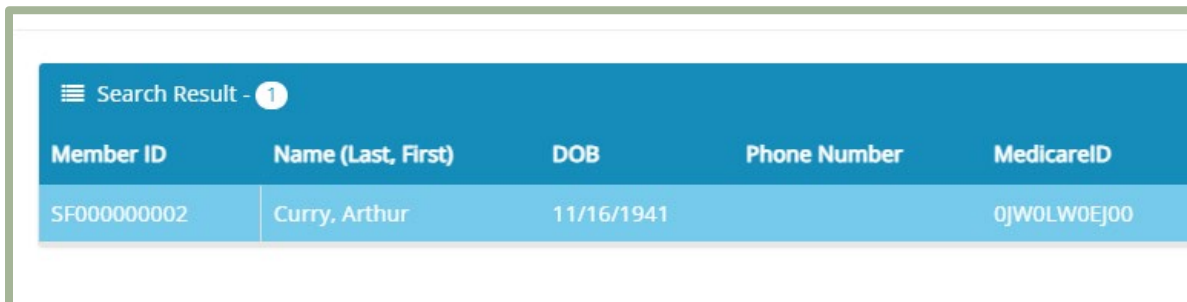
The table on the next page(s) provides a list of all the fields and buttons, displayed in the screen print on the previous page.

Member Screen	
Field Names	Member Search Section – Field Descriptions
Member ID	The <u>Member ID</u> allows users to enter the Member’s ID number as part of their search criteria.
First Name	The <u>First Name</u> field allows users to enter the member’s First Name as part of their search criteria.
Last Name	The <u>Last Name</u> field allows users to enter the member’s Last Name as part of their search criteria.
Member DOB	The <u>Member DOB</u> 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 <u>Medicare ID</u> field allows users to enter the Medicare Beneficiary Identifier (MBI) as part of the search criteria.
Line of Business	The <u>Line of Business</u> field allows users to narrow the member search by selecting a line of business from the dropdown list.
Benefit Plan	The <u>Benefit Plan</u> field allows users to narrow the member search by selecting a benefit plan from the dropdown list.
IPA	The <u>IPA</u> field allows users to narrow the member search by selecting an IPA from the dropdown list.
PCP Associated	The <u>PCP Associated Members Only</u> checkbox, when selected, allows users to only display members that are associated to a Primary Care Physician.

Members Only	
Search	The Search button allows users to launch the search functionality, based on criteria selected. The results will populate below the search section.
Reset	The Reset button allows users to clear all data from the fields prior to saving.

Member Search Results

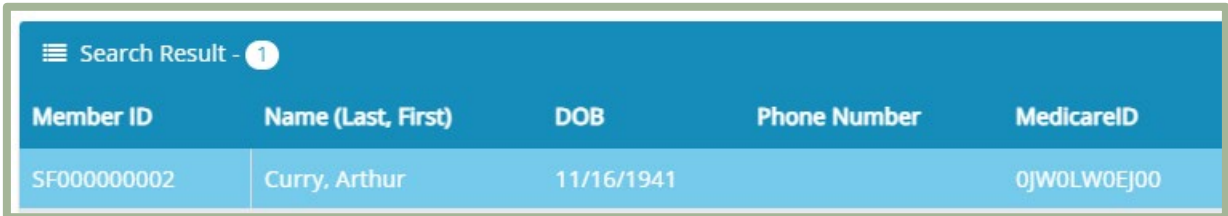
Once the user's search information is entered and the search is initiated, the search results will display below the Search and Reset action buttons. Users will see the number of records contained within the search results and can export the results to an Excel file. The member results table will display the member's first and last name, date of birth, effective and term dates, Primary Care Physician's name, line of business and benefit plan. To select a member from the search results, click on the hyperlink containing the member's ID number or double click on the row.



Search Result - 1				
Member ID	Name (Last, First)	DOB	Phone Number	MedicareID
SF000000002	Curry, Arthur	11/16/1941		OJWOLW0EJ00

Member Search Results Screen Description

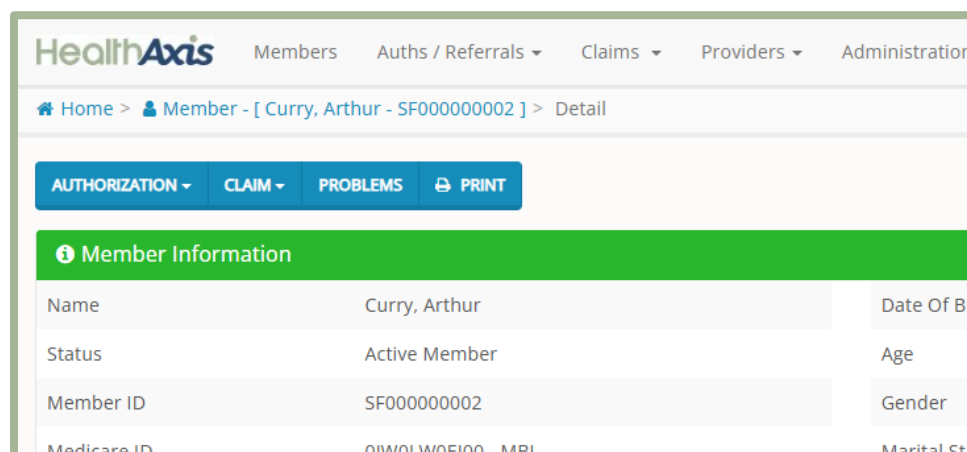
The table on the next page(s) provides a list of all the fields and buttons, displayed in the screen print above.

Member Search Screen	
Field Names	Member Results Section – Field Descriptions
	

Search Results	The <u>“Search Results”</u> heading tells the users how many records are displayed in the results table.
Export	The <u>Export</u> button allows the user to export the results data into an Excel format.
Results Table	The <u>Results Table</u> 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 <u>Member ID</u> hyperlink allows the user to open and view the Member Details.

Member Details

Upon clicking on the selected member from the search results, the member’s information will populate into the member details screen. The user can now view the Member’s Information, Current Coverage, Coverage History, IPA/PCP Information, and Coordination of Benefits. Each section contained on the member details screen is expandable and collapsible by clicking on the corresponding arrow.



Member Details Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print above.

Member Details Screen	
Member Details Screen Action Buttons	
	
	Selecting <u>Authorization</u> provides users with the following options: <u>View All</u> and <u>Submit New Authorization /Referral</u>. This will be explained in more detail following the Coordination of Benefits section. Note: Access to view or submit a Referral or Authorization request will be based on the permissions assigned to your user role.
	Selecting <u>Claim</u> provides users with the following option: <u>View All</u>. This will be explained in more detail following Member: Authorization Action Button. Note: Access to view a claim will be based on the permissions assigned to your user role.
	Selecting <u>Problems</u> 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. This will be explained in more detail following Member: Claim Action Button. Note: Access to view problem/ICD codes submitted for the member will be based on the permissions assigned to your user role.
	Selecting <u>Print</u> allows users to print out a copy of the member's demographic information, current eligibility information and eligibility history. This will be explained in more detail following Member: Problems Action Button.
Member Information Section Details	

Member Information

Name	Curry, Arthur
Status	Active Member
Member ID	SF000000002
Medicare ID	0JW0LW0EJ00 - MBI

The **Member Information** section displays the member's demographic information. This section contains the member's name, date of birth, phone number, status, member ID number, gender, address, effective and term dates. The information contained within the Member Information section is auto populated from the Health Plan's core site and cannot be edited.

Current Coverage Section Description

Current Coverage

Health Plan	Super Friends
Line Of Business	SuperFriendsMedicare
Benefit Plan	247
IPA	Justice League
Effective - Term Date	01/01/2018

The **Current Coverage** section displays the member's coverage details. This section will display the Health Plan name, Line of Business, Benefit plan ID, effective and term dates. Users can also view the member's primary care physician's information, and the amount met towards the member's out of pocket cost. Within Benefit Plan Description, users can see a list of the covered services for the member and see if there is any member cost share for that service (copayment or coinsurance). The information contained within the Current Coverage section is auto populated from the Health Plan's core site and cannot be edited.

Coverage History Section Description

Coverage History

Health Plan	Line Of Business	Benefit Plan
Super Friends	SuperFriendsMedicare	Hero Plan

The **Coverage History** section displays the member's coverage history with the health plan. The coverage history section would identify if the member had coverage the prior year. Here users can view the Health Plan name, line of business, benefit plan name, benefit plan ID, effective date, and term date. The information contained within the Coverage History section is auto populated from the Health Plan's core site and cannot be edited.

IPA/PCP History Section Description

IPA / PCP History			
IPA Eff Date	IPA Term Date	IPA	PCP Eff Date
01/01/2018		Justice League	01/01/2018

The IPA/PCP History section displays the member's Primary Care Physician (PCP) and Independent Practice Association (IPA) history. Here users can view the date the member became effective with their Primary Care Physician, the term date, the primary care physician's ID number, and name. If the member is assigned to an Independent Practice Association (IPA), this section will provide the history. The information contained within the IPA/PCP section is auto populated from the Health Plan's core site and cannot be edited.

Coordination of Benefits Section Description

Coordination of Benefits			
Policy Number	Plan Name	Type	Payer Order

The Coordination of Benefits section displays the member's coordination of benefits information. This section will identify if the member has any other insurance coverage. This section will contain the policy number for the other insurance, the plan name, the type of other insurance, the effective and term date. The information contained within the Coordination of Benefits section is auto populated from the Health Plan's core site and cannot be edited.

Member: Authorization Action Button

Upon clicking on the selected member from the search results, the member information will populate into the member details screen. Once on the Member Details Screen, users will see the Authorization Action Button located above the Member Information section. Selecting Authorization provides users with the following options: View All and Submit New Authorization /Referral. Selecting the View All option allows users to view all authorization or referral records submitted for the member containing their facility or physician. Selecting the

Submit New Authorization /Referral allows users to submit an authorization or referral request for the selected member.

AUTHORIZATION ▾			PROBLEMS	PRINT
View All Submit New Authorization / Referral				
Name	Curry, Arthur	Date Of Birth		
Status	Active Member	Age		
Member ID	SF000000002	Gender		
Medicare ID	OJW0LW0EJ00 - MBI	Marital Status		
Primary Language	English	Employment		

Member: Authorization Action Button: View All

Upon selecting the Authorization Action Button, then selecting View All, users will see the Search Authorization/Referral pop-up screen.

Authorizations

Q Search Authorization / Referral

Authorization / Referral Number

Authorization / Referral Number

Authorization / Referral Status

Select an Option

Member

Curry, Arthur - SF000000002

×

Q FIND

Priority Type

Select an Option

Search Authorization/ Referral Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Search Authorization / Referral Screen

Search Authorization / Referral Screen

Authorizations

Q Search Authorization / Referral

Authorization / Referral Number

Authorization / Referral Number

Authorization / Referral Status

Select an Option

Member

Curry, Arthur - SF000000002

✕

Q FIND

Priority Type

Select an Option

From the Search Authorization/ Referral pop-up screen, users can search for an authorization or referral record by authorization or referral number, the status of the authorization or referral request, the received date from or received date to. The member field on the search screen will auto-populate with the member's name and ID number as you are accessing the authorization search from the member detail screen. Users can also search by priority type, place of service or authorization or referral type.

Ordering Provider and Requested Facility Fields – Authorization /Referral Search Screen

Authorizations

Q Search Authorization / Referral

Authorization / Referral Number

Authorization / Referral Number

Authorization / Referral Status

Select an Option

Member

Curry, Arthur - SF000000002

✕

Q FIND

Priority Type

Select an Option

Ordering Provider

Prince, Diana - P00000001

✕

Q FIND

Requested Provider

Provider Number

✕

Q FIND

☐ Authorization Submission
 ☐ Referral Submission

Q SEARCH

↺ RESET

From the Search Authorization/Referral screen users will also have the option to search for a request based on the ordering or requested provider. If you want to search by ordering provider or

requested provider, click on the Find button to search for the provider by first name, last name, any name, organization name or provider ID.

Authorization and Referral Submission Checkboxes – Authorization /Referral Search Screen

The screenshot shows the 'Authorizations' section of the HealthAxis interface. It features a green header bar with a magnifying glass icon and the text 'Search Authorization / Referral'. Below this, there are several input fields and dropdown menus for filtering search results. These include 'Authorization / Referral Number', 'Authorization / Referral Status', 'Member' (with a value of 'Curry, Arthur - SF000000002'), 'Priority Type', 'Ordering Provider' (with a value of 'Prince, Diana - P000000001'), and 'Requested Provider'. At the bottom of the search filters, there are two checkboxes: 'Authorization Submission' and 'Referral Submission'. A red box highlights these checkboxes. Below the checkboxes are two buttons: a green 'SEARCH' button and a red 'RESET' button.

From the Search Authorization/Referral screen users will also have the option to filter search results based on the type of submission. Selecting the referral submission checkbox will return the user's search results with referral records and selecting the authorization submission checkbox will return the user's search results with authorization records. If both checkboxes are selected, the user's search results will contain a combination of authorization and referral records.

Search Button – Authorization /Referral Search Screen

This screenshot is identical to the one above, showing the 'Authorizations' section of the HealthAxis interface. However, a black arrow points directly to the green 'SEARCH' button at the bottom of the search filters.

Selecting the Search button from the Search Authorization/Referral screen will initiate the user's search.

Reset Button – Authorization /Referral Search Screen

The screenshot shows the 'Authorizations' search interface. It includes input fields for 'Authorization / Referral Number', 'Member' (Curry, Arthur - SF000000002), 'Ordering Provider' (Prince, Diana - P00000001), 'Authorization / Referral Status', 'Priority Type', and 'Requested Provider'. There are checkboxes for 'Authorization Submission' and 'Referral Submission'. At the bottom, there are 'SEARCH' and 'RESET' buttons. The 'RESET' button is highlighted with a red box.

Selecting the Reset button from the Search Authorization/Referral screen will clear out any information that is entered on the screen.

Authorization/Referral Search Results – Authorization /Referral Search Screen

The screenshot shows the search results table with the following data:

Auth/Referral Number	Auth Status	Submit Type	Received Date
1811040000073010	Pending	Authorization	11/04/2024
2207210000072989	Pending	Authorization	07/21/2022
2207140000072988	Pending	Authorization	07/14/2022
2207140000072987	Approved	Authorization	07/14/2022
2108030000072950	Pending		08/03/2021
2004220000072935	Pending		04/20/2020
1903050000072910	Approved		03/05/2019
1810180000072897	Pending		10/18/2018
1810180000072895	Pending		10/18/2018

Once the search is initiated, the results based on the search criteria entered will display within the search results. The Authorization or Referral number will display within the auth/referral column of the search results and when selected this will allow the user to view the authorization details.

Export Results to Excel Feature - Authorization /Referral Search Screen

The screenshot shows the search results table with the following data:

Member	Ordering Provider	Requested Provider	Requested Facility
Curry, Arthur - SF000000002	Prince, Diana - P00000001	Wayne, Bruce - P00001000	
Curry, Arthur - SF000000002	Prince, Diana - P00000001		Medfleet Llc - P00

An 'EXPORT' button is visible in the top right corner of the results area, highlighted with a red box. A red arrow points to the button.

Clicking the Export button located above the search results grid will export the user's results to an Excel file.

Search Results - Authorization /Referral Search Screen

Number	Auth Status	Submit Type	Received Date	Type	Category	POS	Authorization Type	Member	Ordering Provider	Requested Provider	Requested Facility
0	Pending	Authorization	11/04/2024	Standard	Outpatient	Office (11)	Medical	Curry, Arthur - SF000000002	Prince, Diana - P00000001	Wayne, Bruce - P00001000	
9	Pending	Authorization	07/21/2022	Standard	Outpatient	Office (11)	Medical	Curry, Arthur - SF000000002	Prince, Diana - P00000001		Medfleet Llc - P00
8	Pending	Authorization	07/11/2022	Standard	Outpatient	Office (11)	Medical	Curry, Arthur - SF000000002	Prince, Diana - P00000001	Wayne, Bruce - P00001000	

The search results will display the authorization or referral status, the submit type, the received date, category, Place of Service, ordering provider, requested provider and line of business.

Member: Authorization Action Button: Authorization Details

Upon clicking on the selected authorization or referral record from the search results, users will see the authorization or referral record details. Each section contained on the authorization or referral details screen is expandable and collapsible by clicking on the corresponding arrow.

Authorization - 2411040000073010, Status - In Process							
UPDATE AUTHORIZATION ADD ATTACHMENT PRINT							
Member Information							
Authorization							
Authorization #	2411040000073010	Priority Type	Standard	Status	In Process	Category	Outpatient
Received Date	11/04/2024	Place Of Service	Office (11)	Received Time	11:44:59 AM	Authorization Type	MED - Medical

Authorization Details Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print above.

Authorization Detail Screen

Home > Member - [Curry, Arthur - SF000000002] > Detail > Authorization [2411040000073010]

Authorization - 2411040000073010, Status - In Process

[UPDATE AUTHORIZATION](#)
[ADD ATTACHMENT](#)
[PRINT](#)

Member Information

Authorization

Authorization #	2411040000073010	Priority Type
Status	In Process	Category
Received Date	11/04/2024	Place Of Service
Received Time	11:44:59 AM	Authorization Type

Once on the Authorization or Referral detail screen, users will see the type of request, along with the authorization or referral number and status of the request.

Update Authorization Button - Authorization Detail Screen

Home > Member - [Curry, Arthur - SF000000002] > Detail > Auth

Authorization - 2411040000073010, Status - In Process

[UPDATE AUTHORIZATION](#)
[ADD ATTACHMENT](#)
[PRINT](#)

Member Information

Authorization

Authorization #	2411040000073010
-----------------	------------------

From the Authorization or Referral detail screen users will see the Update Authorization action button. Selecting the Update Authorization button will allow users to update the authorization or referral request. Access to update an authorization or referral request will be based on the user's role and permissions.

Add Attachment Button - Authorization Detail Screen

Home > Member - [Curry, Arthur - SF000000002] > Detail > Authorization [2411040000073010]

Authorization - 2411040000073010, Status - In Process

[UPDATE AUTHORIZATION](#)
[ADD ATTACHMENT](#)
[PRINT](#)

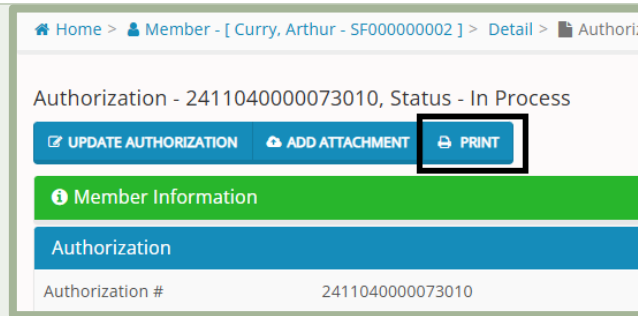
Member Information

Authorization

Authorization #	2411040000073010	Priority Type
Status	In Process	Category

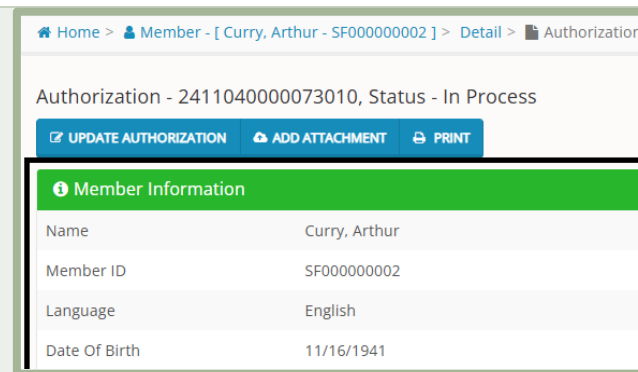
From the Authorization or Referral detail screen users will see the Add Attachment action button. Selecting the Add Attachment button will allow users to upload attachments to the authorization or referral request. Access to add attachments to an authorization or referral request will be based on the user's role and permissions.

Print Button - Authorization Detail Screen



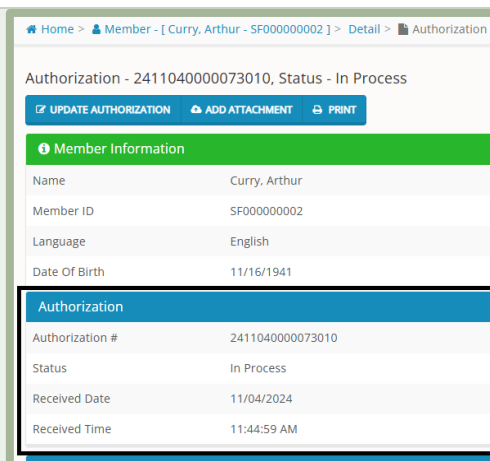
From the Authorization or Referral detail screen users will see the Print action button. Selecting the Print button allows users to print an authorization or referral request notification. Access to print will be based on the user's role and permissions.

Member Information Section - Authorization Detail Screen



On the Authorization or Referral detail screen the top section will display the member's information and clicking on the arrow located within the section header will expand the section.

Authorization Information Section - Authorization Detail Screen



The Authorization section will display the authorization or referral number, the status of the request, the received date and time, the priority type, the category, the place of service and the authorization

type. The Authorization section will also display the start date field and expiration date for the request. If applicable, the admit date and discharge date for the request will be displayed.

Ordering Provider, Requested Provider and Requested Facility information Sections - Authorization Detail Screen

Ordering Provider		Requested Provider	
Provider #	P00000001	Provider #	
Provider Name	Prince, Diana	Provider Name	
Degrees	M.D.	Degrees	
Org Name	Hall of Justice	Org Name	
Specialty	Family Medicine	Specialty	
NPI	1316051501	NPI	
Tax ID		Tax ID	
Phone	(999) 999-9999	Phone	
Fax		Fax	
Address	500 Test Road Charleston, WV 25301	Address	

The sections below the Authorization Information will display the Ordering Provider, Requested Provider (when applicable) and Requested Facility (when applicable) information.

Requested Services Section - Authorization Detail Screen

Requested Services - (ICD Code 10)	
DX #1	D48.111 - Desmoid tumor of chest wa
DX #2	

The Requested Services – (ICD Code 10) section will display below the Ordering Provider, Requested Provider and Requested Facility sections. This section will contain the diagnosis codes and ICD procedure codes submitted on the request.

Requested Services Section Continued - Authorization Detail Screen

Svc From	Svc To	Rev Code	Procedure	Proc Desc
11/04/2024	11/06/2024	99214		OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION OF HISTORY AND OR EXAMINATION AND MODERATE LE...
				SELECTION 30 MINUTES MUST BE MET OR EXCEEDED

The section below Requested Services – (ICD Code 10) will display the service from and to dates, the procedure code for the service, the quantity and type. This section also contains the decision for the request and decision reason.

Decision and Routing Information Section - Authorization Detail Screen

Decision and Routing Information
Date
11/04/2024 11:44 AM
Clinical Information

The Decision and Routing information section will display the date and time the decision was made for the request. This section will also display the decision and reason for the decision.

Clinical Information Section - Authorization Detail Screen

Decision and Routing Information
Date
11/04/2024 11:44 AM
Clinical Information
Clinical information attached

The Clinical Information section displayed below the Decision and Routing Information section will provide the clinical information provided for the request.

Member: Authorization Action Button: Submit New Authorization /Referral

Upon selecting the Authorization Action Button, then selecting Submit New Authorization/Referral, users will land on the Submit New Authorization / Referral screen. From the Submit New Authorization/ Referral screen users will have the ability to submit an authorization or referral request through the Provider Portal. Each section contained on the Submit New Authorization / Referral screen is expandable and collapsible by clicking on the corresponding arrow. Access to submit an authorization or referral request will be based on the user's role and permissions.

Home > Member - [Curry, Arthur - SF000000002] > + New Authorization / Referral

Submit New Authorization / Referral

SUBMIT

RESET

Member Information

Current Coverage

Authorization

Submit Authorization

Submit Referral

Priority Type

Select an Option

Required

Place Of Service

Select an Option

Required

Submit New Authorization/ Referral Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Create New Authorization Button

+ CREATE NEW AUTHORIZATION

Double click on row to view authorization detail.

Received Date To

Select Date

The option to submit a new authorization referral request is also available on the Search Authorization/Referral screen by selecting the Create New Authorization button.

Member Information Section - Submit New Authorization / Referral Screen

Submit New Authorization / Referral

SUBMIT

RESET

Member Information

Name

Curry, Arthur

Status

Active Member

From the Submit New Authorization/Referral users will have the ability to view the member’s information. Within the Member Information section, users can view the member’s name, date of

birth, phone number, status, member ID number, gender, address, effective and term dates. The information contained within the Member Information section is auto-populated from the Health Plan's core site and cannot be edited.

Current Coverage Section - Submit New Authorization / Referral Screen

Current Coverage	
Health Plan	Super Friends
Line Of Business	SuperFriendsMedicare
Benefit Plan	247

From the Submit New Authorization/Referral users will have the ability to view the member's current coverage information. This information is stored within the Current Coverage section. The Current Coverage section displays the member's coverage details. This section will display the Health Plan name, Line of Business, Benefit plan ID, effective and term dates. User can also view the member's primary care physician's information and amount met towards their out of pocket cost. Within Benefit Plan Description, users can see a list of the covered services for the member and see if there any member cost share for that service (copayment or coinsurance). The information contained within the Current Coverage section is auto-populated from the Health Plan's core site and cannot be edited.

Authorization Section - Submit New Authorization / Referral Screen

Authorization

☒ Submit Authorization
 ☐ Submit Referral

Priority Type

Select an Option

Required

Start Date

11/07/2024

Within the Authorization section users will need to select if an authorization or referral request is being submitted. The user will then need to select the Priority Type from the dropdown, the Place of Service from the dropdown list and then the Authorization type from the dropdown list. The start date field will auto populate with the current date.

Ordering Provider, Requested Provider and Requested Facility sections - Submit New Authorization / Referral Screen

The screenshot shows the 'Ordering Provider' section with the following populated fields:

Provider #	Prince, Diana - P00000001
Provider Name	Prince, Diana
Org Name	Hall of Justice
Specialty	Family Medicine
LOB	SuperFriendsMedicare

The Ordering Provider, Requested Provider and Requested Facility sections will display below the Authorization section.

Ordering Provider Section - Submit New Authorization / Referral Screen

The screenshot shows the 'Ordering Provider' section. The 'Provider #' field is highlighted with a red border and contains the text 'Select an Option'. A red 'Required' label is positioned below this field. The 'Provider Name' field is visible below it.

Within the Ordering Provider section, use the "Provider #" field to select the appropriate ordering provider from the dropdown list. If the user's account is associated with multiple providers, the user can choose the desired ordering provider from the list. Once selected, the provider's information will automatically populate. If the account is linked to only one provider, that provider's information will auto-populate by default in the Ordering Provider section.

Requested Provider Section - Submit New Authorization / Referral Screen

The screenshot shows the 'Requested Provider' section. At the top, there are two buttons: 'SELECT PROVIDER' (with a magnifying glass icon) and 'CLEAR' (with an eraser icon). Below these are two input fields: 'Provider #' (containing the placeholder text 'Provider Number') and 'Provider Name'. A red 'Required' label is positioned below the 'Provider #' field.

The Requested Provider section will be used to select the requested provider for the request when applicable. Users will need to click the Select Provider button to initiate the provider search screen.

Selecting the Requested Provider - Submit New Authorization / Referral Screen

1. From the provider search screen, users will need to select their search criteria from the Search By field. Users will have the ability to search for the requested provider by any name, first name, last name, tax ID number, NPI number, provider number or organization name. Once the user has selected their selected your search criteria, the corresponding information will need to be

entered within the search by field. Users can add an additional layer to their search by entering the city or zip code, selecting the specialty type or contract status for the requested provider.

- On the provider search screen, the Par Provider radio button will automatically be selected, and this will return the user's search results with a list of participating providers. If the user selects the All radio button, this will return their search results with a combination of participating and non-participating providers.

- From the provider search screen, clicking the Search button will initiate the user's search. Users will see the results from their search along with the number of records contained within their results. Within the search results, the par column will indicate if the provider is participating. Users can also view the provider's name, address, phone number, specialty type, line of business, network, and contract status within the results.

If the Provider is non par and no results were found below, [Click Here](#) to enter provider details.

Search Result - 1						
Number	Par	Name	Address	Phone	Specialty	
P00001000	Yes	Wayne, Bruce	1 Wayne Manor, Gotham WI 53540	(562) 555-1234	Internal Me	

- From the provider search screen, clicking on the provider's ID number from the search results will add the provider to the requested provider section.

If the Provider is non par and no results were found below, [Click Here](#) to enter provider details.

Search Result - 1						
Number	Par	Name	Address	Phone	Speci	
P00001000	Yes	Wayne, Bruce	1 Wayne Manor, Gotham WI 53540	(562) 555-1234	Intern	

- Once the provider is selected from the search results, the provider's information will auto populate within the Requested Provider fields.

Requested Provider

SELECT PROVIDER

CLEAR

Provider #

P00001000

Provider Name

Wayne, Bruce

Org Name

Wayne Enterprises

Specialty

Internal Medicine - Gastroenterology

LOB

SuperFriendsMedicare

NPI

1780678177

Tax ID

987654312

Phone

(562) 555-1234

Fax

(562) 555-4321

Address

1 Wayne Manor Gotham, WI 53540

- In the event that the incorrect provider is selected, clicking on the Clear button will clear the selected provider's information from the Requested Provider fields.

Home > Member - [Curry, Arthur - SF000000002] > New Authorization / Referral

Ordering Provider

Provider #

Prince, Diana - P00000001

Provider Name

Prince, Diana

Org Name

Hall of Justice

Specialty

Family Medicine

LOB

SuperFriendsMedicare

NPI

1316051501

Tax ID

Phone

(999) 999-9999

Fax

Address

500 Test Road Charleston, WV 25301

Requested Provider

SELECT PROVIDER

CLEAR

Provider #

P00001000

Provider Name

Wayne, Bruce

Org Name

Wayne Enterprises

Specialty

Internal Medicine - Gastroenterology

LOB

SuperFriendsMedicare

NPI

1780678177

Tax ID

987654312

Phone

(562) 555-1234

Fax

(562) 555-4321

Address

1 Wayne Manor Gotham, WI 53540

Requested Facility

SELECT FACILITY

CLEAR

Provider #

Provider Number

Working Location

Org Name

Specialty

LOB

NPI

Tax ID

Phone

Fax

Address

Requested Facility Section - Submit New Authorization / Referral Screen

The information contained here is considered confidential and proprietary for use by HealthAxis and its partners only. Member information referenced in this document is fictional and does not contain actual member or Personal Health Information (PHI). Use of this material or access to systems mentioned herein constitutes acceptance of the applicable Terms & Conditions.

This document was last opened on 10/1/2026.

The Requested Facility section will be used to select the requested facility for the request when applicable. Users will need to click the Select Facility button to initiate the facility search screen.

Selecting the Requested Facility - Submit New Authorization / Referral Screen

- From the facility search screen, the search by field will populate as Organization Name and users will need to enter the name of the organization within the search for field. Users can add an additional layer to their search by entering the City or Zip Code, selecting the specialty type, contract status or County for the requested facility.

- On the facility search screen, the Par Provider radio button will automatically be selected, and this will return the user's search results with a list of participating providers. If the user selects the All radio button, this will return their search results with a combination of participating and non-participating providers.

- From the facility search screen, clicking the Search button will initiate the user's search. Users will see the results along with the number of records contained within their results. Within the

search results, the par column will indicate if the facility is participating. Users can also view the facility's name, address, phone number, specialty type, line of business, network, and contract status within the results.

Facility Search

Search By
Organization Name

City
City

Zip Code
Zip

☒ Par Provider ☐ All (Par and Non-par)

County
County

[SEARCH](#) [RESET](#)

If the Provider is non par and no results were found below, [Click Here to enter provider details.](#)

Number	Par	Name	Practice Name	Address	Phone
P00001105	Yes	Davita Inc	Davita	1234 main st, Zephyrhills FL 33544	(999) 999-9999

- From the facility search screen, clicking on the facility's ID number from the search results will add the facility to the requested facility section.

If the Provider is non par and no results were found below, [Click Here to enter provider details.](#)

Number	Par	Name	Practice Name	Address	Phone
P00001105	Yes	Davita Inc	Davita	1234 main st, Zephyrhills FL 33544	(999) 999-9999

- Once the facility is selected from the search results, the facility's information will auto populate within the Requested Provider fields.

Requested Facility

[SELECT FACILITY](#) [CLEAR](#)

Provider # P00001105

Working Location Davita

Org Name Davita Inc

Specialty Clinic/Center - End-Stage Renal Disease (ESRD) Treatment

LOB SuperFriendsMedicare

NPI 1053636548

Tax ID 232791135

Phone (999) 999-9999

Fax

Address 1234 main st Zephyrhills, FL 33544

- In the event that the incorrect facility is selected, clicking on the Clear button will clear the selected facility's information from the Requested Facility fields.

Requested Services Section - Submit New Authorization / Referral Screen

Next on the Submit Authorization / Referral screen, users will see the Requested Services section.

Select Favorites Dropdown - Submit New Authorization / Referral Screen

If there are diagnosis codes, ICD procedure codes or line items that are used commonly, users can save that information as a favorite and the record will display within the Select Favorites dropdown list.

Creating a Favorite Record - Submit New Authorization / Referral Screen

In order to create a favorite record, Users will need to use the Add/Manage Favorites expandable section. Users must enter a name for the record, select the corresponding Dx Code, ICD Proc Codes, and/or Line item codes check boxes, then enter the codes or service line to include, then select Add Favorite.

Diagnosis Code Field(s) - Submit New Authorization / Referral Screen

The Diagnosis Code fields are used to enter the diagnosis code(s) for the request. Users can enter the diagnosis code directly within the field, then select the code or users can use the search icon next to DX code field to search by code or description.

ICD Procedure Code Field(s) - Submit New Authorization / Referral Screen

The ICD Proc 1 – 4 fields are used to enter the ICD Procedure code(s) for the request. Users can enter the ICD Procedure code directly within the field, then select the code or users can use the search icon next to ICD Proc code field to search by code or description.

Line Items Section - Submit New Authorization / Referral Screen

The Line Item Section will display below the ICD Procedure code fields. The Svc From date will auto populate with the date entered as the start date.

Line Items Section - Procedure Code Field - Submit New Authorization / Referral Screen

Within the Line Item section, users can enter the Procedure code directly within the Procedure field then select the code or use the search icon to search by code or description.

Line Items Section – Mod 1 and Mod 2 Fields - Submit New Authorization / Referral Screen

The screenshot shows the 'Line Items' section of the 'Submit New Authorization / Referral Screen'. It features three input fields: 'Svc From' with the value '07/21/2022', 'Procedure' with the value '99213', and 'Mod 1' with the placeholder 'Enter code'. Below these fields are two buttons: '+ ADD LINE ITEM' (blue) and 'RESET' (red). At the bottom, there is a blue bar with the labels 'Svc From', 'Procedure', and 'Mod 1'.

Within the Mod 1 and Mod 2 fields of the Line Item section, users can enter the modifiers directly within the field then select the modifier or use the search icon to search by code or description, when applicable.

Line Items Section – Quantity Field - Submit New Authorization / Referral Screen

This screenshot is a close-up of the 'Svc From' field, which contains the date '11/07/2024'. Below the field are the '+ ADD LINE ITEM' (blue) and 'RESET' (red) buttons. An arrow points to the 'ADD LINE ITEM' button.

Users will then need to enter the quantity for the service and click Add Line Item.

Adding a Line Item - Submit New Authorization / Referral Screen

The screenshot shows a table with two columns: 'Svc From' and 'Procedure'. The table contains one record with the values '11/07/2024' and '99213'. To the left of the record are icons for deleting (trash) and editing (pencil) the line item.

Svc From	Procedure
11/07/2024	99213

Once the Add Line Item button is selected, the line item will appear as a record, and users have the option to edit or delete the line item.

Note: Repeat the line item steps for all additional line items needed.

Does Requesting Provider support approval of this request? - Submit New Authorization / Referral Screen

The screenshot shows the 'Attachments / Clinical Information' section. It contains a question: 'Does Requesting Provider support approval of this request?' with two radio button options: 'Yes' (selected) and 'No'.

Within the Attachments / Clinical Information section, users will see a question asking, “Does Requesting Provider support approval of this request?” Users will need to use the radio buttons to select their answer. The Yes radio button will automatically be selected for this question. If No is selected, users will receive an alert popup making the user aware that they have 15 minutes to attach medical record/s, or the session will end, and submission will be cancelled. Click Attach Clinical Information when you are ready.

Attachments/Clinical Information Section - Submit New Authorization / Referral Screen

Within the Attachments/Clinical Information section, users will also see a section to add their clinical information to support the request. The attachments field allows users to attach supporting documents to the request. Click the Choose File to access files that have been saved to your desktop or computer.

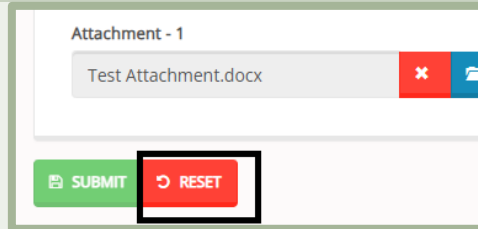
Submit Button - Submit New Authorization / Referral Screen

Once all required fields are filled in, clicking on the Submit button will submit the request to the Health Plan for review.

Submission Confirmation - Submit New Authorization / Referral Screen

Once the Submit button is selected, users will receive a confirmation pop-up starting that the request was successfully created. Within the popup, users will see the status of the request along with the authorization or referral number.

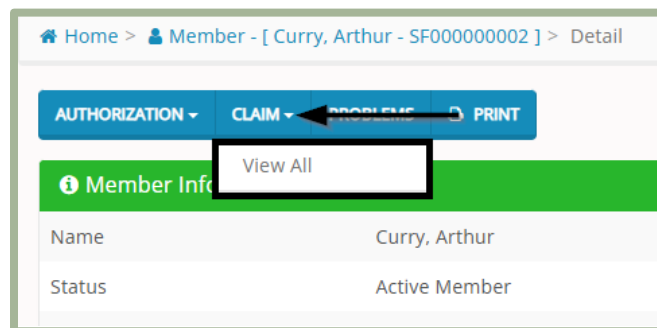
Reset Button - Submit New Authorization / Referral Screen



Clicking on the Reset button from the Submit Authorization / Referral screen will clear out any information that is entered on the screen.

Member: Claim Action Button

Upon clicking on the selected member from the search results, the member information will populate into the member details screen. Once on the Member Details Screen, users will see the Claim Action Button located above the Member Information section. Selecting the Claim action button provides specific users with the following Option: View All. Selecting View All options allows users to view all claim records submitted for the member containing their facility or physician.



Member: Claim Action Button: View All

Upon selecting the Claim action button, then selecting View All, users will land on the Search Claim screen.

Claims

Q Search Claim

Claim Number

Claim Number

Claim Status

Select an Option

Member

Curry, Arthur - SF000000002

X

Q FIND

Provider

Provider Number

X

Q FIND

☒ Institutional Claim (UB)

☒ Professional Claim (HCFA)

Q SEARCH

RESET

Search Claim Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Claim Search Screen
Claim Search Screen Claims Q Search Claim Claim Number Claim Number Member Curry, Arthur - SF000000002 X Q FIND ☒ Institutional Claim (UB) ☒ Professional Claim (HCFA) Q SEARCH RESET

From the Claim search screen, users can search for a claim record by claim number, the status of the claim, the date of service from date or date of service to date. The member field on the search screen will auto-populate with the member’s name and ID number as you are accessing the claim search from the member detail screen. Users can also search by line of business or IPA (Independent Practice Association).

From the Claim search screen, the user will also have the option to search for a claim based on the provider. If you want to search by provider, click on the dropdown arrow in the field to select from a list of Providers or Facilities assigned to your user account.

Institutional Claim (UB) and Professional Claim (HCFA) Checkboxes – Claim Search Screen

From the Search Claim screen users will also have the option to filter search results based on the type of claim form. Selecting the Institutional Claim (UB) checkbox will return the user's search results with institutional claim records and selecting the Professional Claim (HCFA) checkbox will return the user's search results with professional claim records. If both checkboxes are selected, the user's search results will contain a combination of both.

Search Button – Claim Search Screen

Selecting the Search button from the Claim Search screen will initiate the user's search.

Reset Button – Claim Search Screen

Member

Curry, Arthur - SF0000000002

☒ Institutional Claim (UB) ☒ Professional Claim (HCFA)

Selecting the Reset button from the Claim search screen will clear out any information that is entered on the screen.

Claim Search Results – Claim Search Screen

Claim Number	Claim Status	Claim Type	DOS	Orig Rcvd Date
2019012300173344	In Process	Professional	01/01/2019	01/01/2019

The Claim number will display within the Claim Number column of the search result. The user will be able to view claim details when selected.

Export Results to Excel Feature - Claim Search Screen

#	Paid Date	Last Modified Date
		06/14/2019 2:43:50 PM

Clicking the Export button located above the search results grid will export the user's results to an Excel file.

Search Results – Claim Search Screen

Claim Number	Claim Status	Claim Type	DOS	Orig Rcvd Date	Member
2019012300173344	In Process	Professional	01/01/2019	01/01/2019	Curry, Arth

The search results will display the claim status, the claim type, the date of service, original received date, rendering provider, vendor, billed amount, paid amount, check # and paid date.

Member: Claim Action Button: Claim Review

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 selected claim.

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.

Home > Member - [Curry, Arthur - SF000000002] > Detail > Claim [20190123

Claim - 2019012300173344

Claim Header

☐ Medicare (Medicare #) ☐ Medicaid (Medicaid #) ☐ Tricare (ID#DoD#) ☐ CHAM

Status	In Process
Claim Type	Professional
Header Level Pend	A0005 P0002 M0001 S9998

Member Information

Professional Claim Review Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print above.

Claim Header Section - Claim Detail Screen – Professional Claim

Home > Member - [Curry, Arthur - SF000000002] > Detail > Claim

Claim - 2019012300173344

Claim Header	
☐ Medicare (Medicare #)	☐ Medicaid (Medicaid #) ☐ Tricare (ID#DoD)
Status	In Process
Claim Type	Professional
Header Level Pend	A0005 P0002 M0001 S9998

Once on the Claim detail screen, if the claim selected from the search results has the claim type of Professional, users will see the Claim Header section. This section will contain the claim type, the total amount billed, the status of the claim, the date of service along with the original date the claim was received by the health plan. Users will also see the Medicare, Medicaid, Tricare, CHAMPVA, Group Health Plan, FECA BLK Lung, OTHER checkboxes; this displays if the provider indicated if the claim was being sent to a specific type of insurance plan.

Claim Header Section – Member Information - Claim Detail Screen – Professional Claim

Home > Member - [Curry, Arthur - SF000000002]

Claim - 2019012300173344

Claim Header	
☐ Medicare (Medicare #)	☐ Medicaid (Medicaid #) ☐ Tricare (ID#DoD)
Status	In Process
Claim Type	Professional
Header Level Pend	A0005 P0002 M0001 S9998

Member Information	
Member Number	SF000000002
Name	Curry, Arthur
Date of Birth	11/16/1941
Gender	Male

The Claim Header section will also contain the member's information. Here users can view the member's ID number, name, assigned health plan information and benefit plan information. The member's effective and term date (if applicable) with the health plan will also be displayed.

Claim Header Section – Member PCP Information - Claim Detail Screen – Professional Claim

Member PCP Information

PCP Number	P00000001
PCP Name	Prince, Diana M.D.

The Claim Header section will also contain the member's Primary Care Physician's information. Here users can view the name of the member's primary care physician, their ID number and address.

Rendering Provider Section - Claim Detail Screen – Professional Claim

Rendering Provider

Provider Number	P00000001
Name	Prince Diana
NPI	1316051501
Specialty	Family Medicine
Address	950 Hard Rd Webster, NY 14580

Below the Claim Header users will see the Rendering and Billing Vendor sections. The Rendering Provider section contains the provider ID number, name, NPI number, Taxi ID number and specialty for the provider rendering the services.

Billing Vendor Section – Claim Detail Screen – Professional Claim

Billing Vendor

Vendor Number	V00000001
Line Of Business	Hall of Justice
Tax ID	987654323
NPI	
Address	1600 Pennsylvania NW Washington, DC 20500

The Billing Provider section contains the vendor number, line of business, NPI number, Taxi ID number and address associated to the pay to location for the provider rendering the services.

Claim Line Items Section - Claim Detail Screen – Professional Claim

Claim Line Items						
Status	Svc From	Svc To	CPT	Mod1	Mod2	Mod3
Pended	01/01/2019	01/01/2019	99225			
Reason(s)		B0005 - BENEFIT PLAN NETWORK DOES NOT E				

The Claim Line Items section allows users to view the details of a processed claim. Here users can view the status, the billed amount and allowed amount for the claim. Users can also view if there was any cost share for the member such as copayment or coinsurance.

Claim Details Section - Claim Detail Screen – Professional Claim

Claim Details	
Is Patient's Condition Related To	
Employment Accident?	No
Auto Accident?	No
Auto Accident State	
Other Accident?	No
Asg Ben	No
Rel Info	No

The Claim Details expandable section provides additional information submitted on the claim. This section will display if the member's condition is related to an employment accident or auto accident, the member's account number (if applicable) and if there are any outside lab charges associated with the claim. The Claim Details section will also contains the claim codes and/or Dx (diagnosis) codes submitted on the claim.

Coordination of Benefits Section – Claim Detail Screen – Professional Claim

Dx Codes - ICD 10				
DX A: E10.1 - Type 1 diabetes mellitus with ketoacidosis				
Coordination of Benefits				
	Other Health Plan	Other Health Plan	Prior	Balance
Line	Name	Policy/GroupNumber	Payment	Due

The Coordination of Benefits expandable section allows users to view COB information processed for the member's claim when applicable.

Ambulance Section – Claim Detail Screen – Professional Claim

Ambulance

Pickup Address

Dropoff Address

Round Trip Description

Transport Reason

Patient Weight(lb)

Stretcher Description

Begin Miles

The Ambulance section provides additional information for claims submitted for transportation services. This section will display the pick-up location, drop off location, round trip description and transport reason. The section will also include the begin miles, end miles and total.

Anesthesia Section – Claim Detail Screen – Professional Claim

Anesthesia

Anesthesia Time Type

Start Date

Start Time

The Anesthesia section provides additional information for claims submitted for anesthesia services.

Authorization Information Section – Claim Detail Screen – Professional Claim

Authorization Information

Auth Number

Referral Date

Approved Date

Effective Date

Expiration Date

The Authorization Information section will populate the authorization or referral information submitted on the claim.

Check Details Section – Claim Detail Screen – Professional Claim

Check Details

Check No.	Date	Amount	Total
NC100001281	06/15/2022	\$ 0	\$ 0

☐ EOP this Claim
 ☐ EOP for Check
 ☐ EOB this Claim
 DEMAND

The Check Details section allows users to view the check details for the payment made for the services provided. Users will also have the option to download the EOP (Explanation of Payment) for the claim or check and/or the EOB (Explanation of Benefits). Use the EOP this Claim, EOP for Check or EOB this Claim checkboxes to select what is being requested, then click the Demand button. This section will be present for all finalized claims.

Check Details Section – Claim Detail Screen

External Check Details

Claim Number	Check Number	Paid Date
No data available.		

The External Check Details section allows users to view the check details for external payments made for the services provided. This section will be present for all finalized claims.

Institutional Claim Review Screen Description

The table on the next page(s) provides the description for each section displayed when a claim is submitted with the claim type of Institutional.

Claim Header Section - Claim Details Screen – Institutional Claim

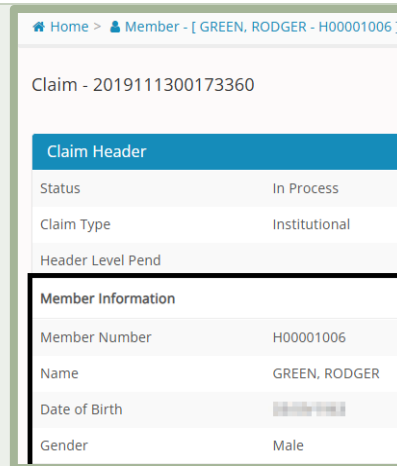
Claim - 2019111300173360

Claim Header	
Status	In Process
Claim Type	Institutional

Once on the Claim detail screen, if the claim selected from the search results has the claim type of Institutional, users will see the Claim Header section. This section will contain the type of claim, total

amount billed, the status of the claim, the date of service along with the original date the claim was received by the health plan.

Claim Header Section – Member Information - Claim Detail Screen – Institutional Claim



Home > Member - [GREEN, RODGER - H00001006]

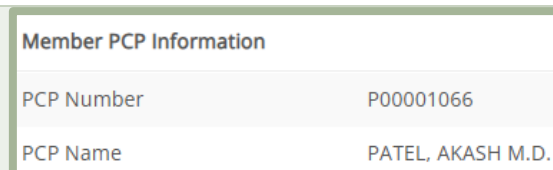
Claim - 2019111300173360

Claim Header	
Status	In Process
Claim Type	Institutional
Header Level Pend	

Member Information	
Member Number	H00001006
Name	GREEN, RODGER
Date of Birth	12/12/1988
Gender	Male

This Claim Header section will also contain the member's information. Here users can view the member's ID number, name, assigned health plan information and benefit plan information. The member's effective and term date (if applicable) with the health plan will also display.

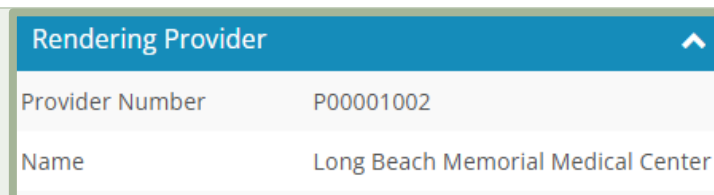
Claim Header Section – Member PCP Information - Claim Detail Screen – Institutional Claim



Member PCP Information	
PCP Number	P00001066
PCP Name	PATEL, AKASH M.D.

This Claim Header section will also contain the member's Primary Care Physician's information. Here users can view the name of the member's primary care physician, their ID number and address.

Rendering Provider Section - Claim Detail Screen – Institutional Claim



Rendering Provider	
Provider Number	P00001002
Name	Long Beach Memorial Medical Center

Below the Claim Header users will see the Rendering Provider, Attending Provider, Billing Vendor and Service Location sections. The Rendering Provider section contains the provider ID number, name, NPI number, Tax ID number and specialty for the provider rendering the services.

Attending Provider Section – Claim Detail Screen – Institutional Claim

Attending Provider	
Provider Number	P00001081
Name	TAYLOR, JAY

The Attending Provider section contains the provider ID number, name, NPI number, Tax ID number and specialty for the attending provider rendering the services when applicable.

Billing Vendor Section – Claim Detail Screen – Institutional Claim

Rendering Provider	
Provider Number	P00001002
Name	Long Beach Memorial Medical Center

The Billing Vendor section contains the vendor number, line of business, NPI number, Tax ID number and address associated to the pay to location for the provider rendering the services.

Service Location Section - Claim Detail Screen – Institutional Claim

Service Location	
Provider Number	
Name	LBMH
NPI	
Tax ID	
Address	695 E 27TH ST Long Beach, CA 90755

The Service Location section contains the provider number, name, NPI number, Tax ID number and address associated to the service location for the service(s) rendered.

Claim Line Items Section - Claim Detail Screen – Institutional Claim

Home > Search Claim > Claim [2019111300173360 - Institutional]									
Specialty		Specialty							
Address		695 E 27TH ST SIGNAL HILL, CA 90755							
Claim Line Items									
Status	Svc From	Svc To	Service Code	Rate Code	Mod1	Mod2	Mod3	Mod4	
Pended	11/09/2019		0214	\$0.00					
Reason(s)		B0003 - BENEFIT DETERMINANT MISSING F0003 - PAYMENT BASED ON MEDICARE REIMBURSEMENT METHODOLOGY							

The Claim Line Items section allows users to view the details of a processed claim. Here users can view the status, the billed amount and allowed amount for the claim. Users can also view if there was any cost share for the member such as copayment or coinsurance.

Claim Codes Section - Claim Detail Screen – Institutional Claim

Home > Search Claim > Claim [2019111300173360 - Institutional]

Claim Codes	
Patient Control Number	12345
Medical Record Number	
Type of Bill	111
Statement Covers PD From	11/09/2019 - 11/13/2019

The Claim Codes section provides additional information submitted on the claim. This section will display the type of bill, the statement covers period. Admission date, admission type and patient status. The Claim Details section will also contains the claim codes and/or Dx (diagnosis) codes submitted on the claim.

Coordination of Benefits Section – Claim Detail Screen – Institutional Claim

Coordination of Benefits				
Line	Other Health Plan Name	Other Health Plan Policy/GroupNumber	Prior Payment	Balance Due

The Coordination of Benefits section allows users to view COB information processed for the member's claim when applicable.

Check Details Section – Claim Detail Screen – Institutional Claim

Check Details			
Check No.	Date	Amount	Total
10012	05/25/2022	\$ 6687.87	\$ 6687.87
☐ EOP this Claim ☐ EOP for Check ☐ EOB this Claim 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.

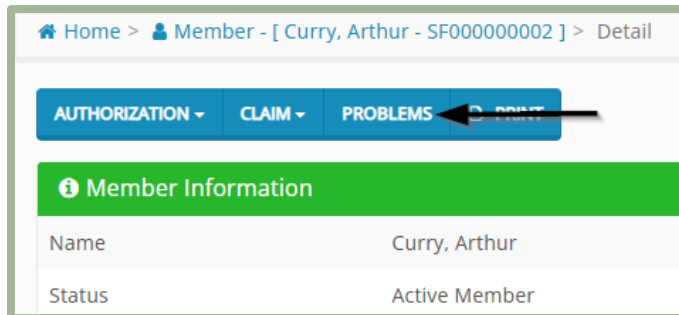
External Check Details Section – Claim Detail Screen – Institutional Claim

External Check Details		
Claim Number	Check Number	Paid Date
No data available.		

The External Check Details section allows users to view the check details for external payments made for the services provided. This section will be present for all finalized claims.

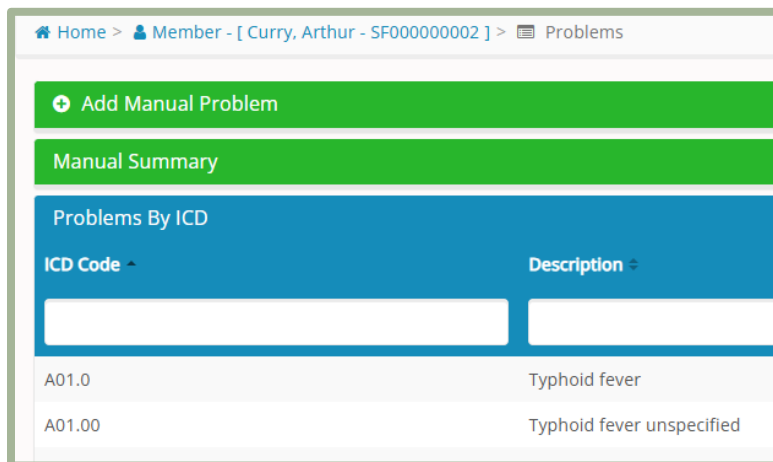
Member: Problems Action Button

Upon clicking on the selected member from the search results, the member information will populate into the member details screen. Once on the Member Details Screen, users will see the Problems action button located above the Member Information section.



Member: Problems Screen

Upon selecting the Problems action button, users will land on the Problems screen. Selecting the Problems button allows users to view or report a known diagnosis manually for the selected member. The Problems screen will display all ICD codes submitted on a claim or authorization for the member. Users can also view reported ICD Codes by Date of Service, by code or by the reporting Provider on the Problems screen. Use the error located on each collapsible section to expand. Access to view the Problems screen will be based on the user's role and permissions. Upon clicking the Problems button, the following screen will appear.



Member: Problems Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print above.

Add Manual Problem Section - Problem Screen

Home > Member - [Curry, Arthur - SF000000002] > Problems

+ Add Manual Problem

Provider

Q FIND

Required

SUBMIT RESET

On the Problems screen, users will see the Add Problem collapsible section. Clicking on the arrow will expand the section for view. Within the Add Manually Problem section, users can report a known diagnosis manually.

Creating a Manual Problem Record - Problem Screen

1. In order to create a manual problem record, Users will need to use the Find button to locate the reporting provider.

+ Add Manual Problem

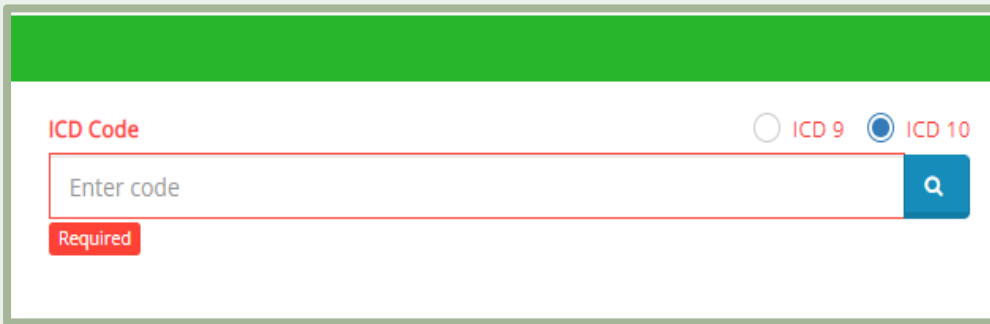
Provider

Q FIND

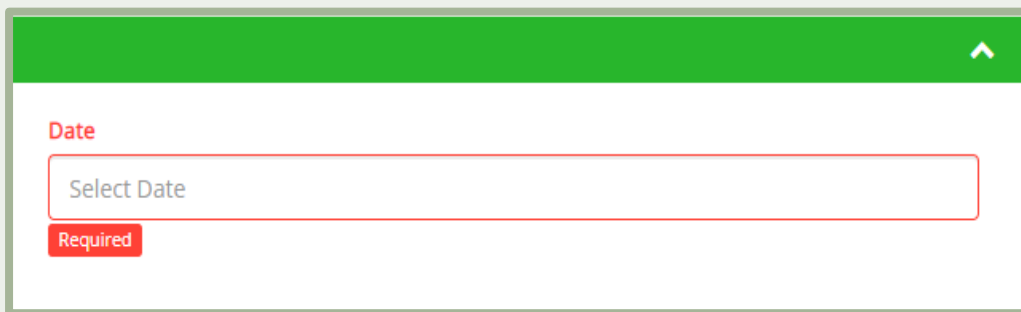
Required

SUBMIT RESET

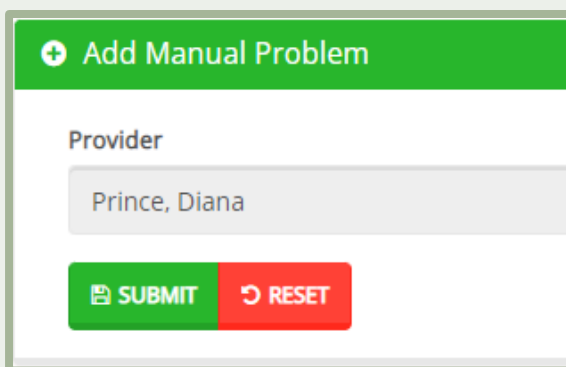
2. Next, users will need to enter the reporting ICD code or use the search icon next to the ICD field to search by code or description.



- Next, users will need to enter the reporting date within the Date field by using the date format of MM/DD/YYYY or by using the calendar feature to select the reporting date.



- Once the Provider, ICD Code and Date fields are populated, click the Submit button to save the record. Users will receive a notification near the bottom of the screen stating that the record was saved successfully. Once the user saves the entry, it will appear within the Manual Summary section.



- Selecting the Reset button will clear all information entered.

Add Manual Problem

Provider

Prince, Diana

SUBMIT
 RESET

Manual Summary Section - Problems Screen

[Home](#) > [Member - \[Curry, Arthur - SF000000002 \]](#) > [Problems](#)

Add Manual Problem

Manual Summary

ICD Code	Description
E10	Type 1 diabetes mellitus

On the Problems screen, users will see the Manual Summary collapsible section. Clicking on the arrow will expand the section for view. Within the Manual Summary section, users can view all manually reported diagnosis codes. Based on your user role and permissions, users may have the ability to delete a created record.

Problems By ICD Section – Problems Screen

Problems By ICD	
ICD Code ^	Description ⇅
A01.0	Typhoid fever
A01.00	Typhoid fever unspecified

On the Problems screen, users will see the Problems By ICD section. Within the Problems By ICD section, users can view all diagnosis codes reported via claim or authorization by ICD code. This section will display the ICD code reported, the description of the code along with the reported date. If this section contains more than one page of records, use the previous and next buttons to navigate through the pages.

Problems By DOS – Problems Screen

Home > Member - [Curry, Arthur - SF000000002	
Problems By DOS	
Date ^	
11/04/2024	
11/09/2023	

On the Problems screen, users will see the Problems By DOS section. Within the Problems By DOS section, users can view all diagnosis codes reported via claim or authorization by the date of service. This section will display the ICD code reported along with the reported date. If this section contains more than one page of records, use the previous and next buttons to navigate through the pages.

Problems By Provider – Problems Screen

Home > Member - [Curry, Arthur - SF000000002] > Problems

Problems By Provider

Provider ▾

BUSH, SEAN

POSTMA, MARK

On the Problems screen, users will see the Problems By Provider section. Within the Problems By Provider section, users can view all diagnosis codes reported via claim or authorization by the reporting provider. This section will display the ICD code reported along with the reporting provider. If this section contains more than one page of records, use the previous and next buttons to navigate through the pages.

Problems Activity – Problems Screen

Home > Member - [Curry, Arthur - SF000000002] > Problems

Wayne, Bruce

Problems Activity

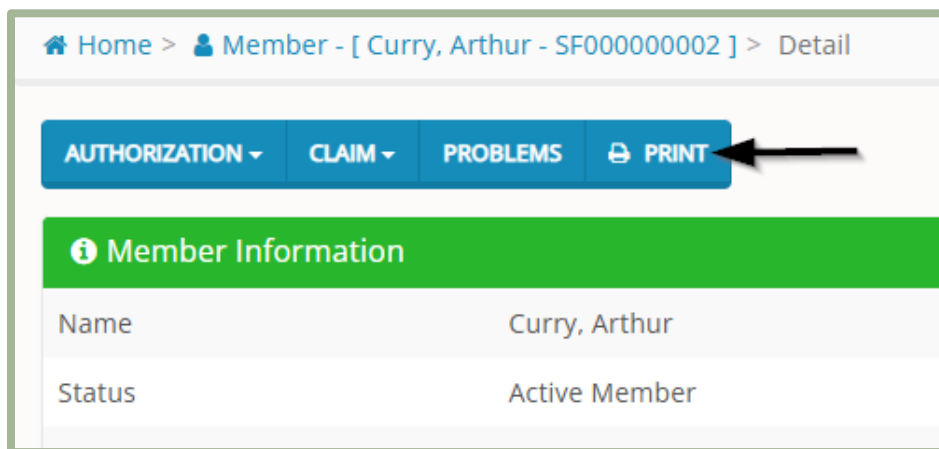
ICD Code ▾	Description ▾	Provider ▾
D48.111	Desmoid tumor of chest wa	Wayne, Bruce
A01.0	Typhoid fever	Wayne, Bruce

On the Problems screen, users will see the Problems Activity section. Within the Problems Activities section, users can view all diagnosis codes reported via claim or authorization by the type of request. This section will display if the ICD code was reported based on an authorization request or on a claim

submission. This section will also contain the description of the code, the reporting provider, the number of times the code was reported along with the first and last date the code was reported. If this section contains more than one page of records, use the previous and next buttons to navigate through the pages.

Member: Print Action Button

Upon clicking on the selected member from the search results, the member information will populate into the member details screen. Once on the Member Details Screen, users will see the Print action button located above the Member Information section.



Member: Print Action Button Description

Selecting the Print button will allow users to download or print a copy of the member's demographic information, current eligibility information and eligibility history.

Member's Demographic Information	
First Name	Barry
Last Name	Allen
Member Number	SF000000003

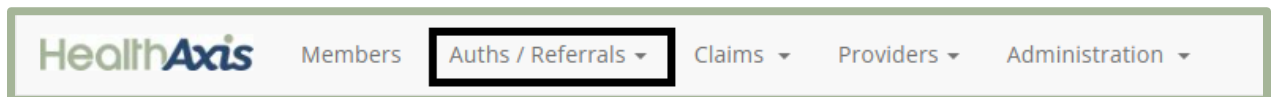
Auths/Referrals Module

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

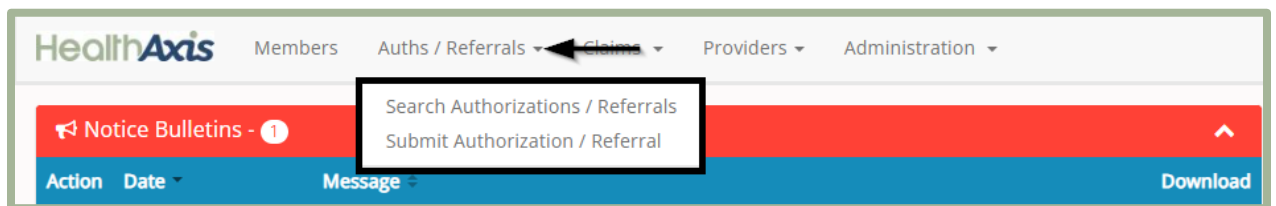
Note: Access to view or submit an authorization or referral request will be based on the user's role and permissions.

Accessing the Auths/Referrals Module

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



Selecting Auths / Referrals provides users with the following options: Search Authorizations / Referrals and Submit Authorization /Referral. Selecting the Search Authorizations / Referrals option allows users to view all authorization or referral records submitted containing their facility or physician. Selecting the Submit Authorization /Referral allows users to submit an authorization or referral request for a member.



Search Authorizations / Referrals

Upon selecting the Search Authorizations / Referrals option, users will land on the Search Authorization/Referral screen. The Search Authorizations /Referrals screen will allow users to search for authorizations and referrals based on the filters provided on the search screen. Users can also view the Hospital Census Date information for admitted members tied to their provider or facility. The authorization search results will be dependent on the user roles:

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

Search Authorizations / Referrals Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Search Authorization / Referral Screen

Hospital Census Data Section

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 / Referral Section

Home > Search Authorization / Referral

Hospital Census Data

Facility Name ▾

Long Beach Memorial Medical Center

Search Authorization / Referral

Authorization / Referral Number

Authorization / Referral Number

From the Search Authorizations/ Referrals screen, users can search for an authorization or referral record by authorization or referral number, the status of the authorization or referral request, the received date from or received date to. Users can also search by member, by priority type, place of service or authorization or referral type.

Member Field – Search Authorization / Referral Screen

Search Authorization / Referral

Authorization / Referral Number

Authorization / Referral Number

Member

Member ID ✕ Q FIND

Ordering Provider

Provider Number ✕ Q FIND

☐ Authorization Submission ☐ Referral Submission

Q SEARCH ↺ RESET

From the Search Authorization/Referral screen users will also have the option to search for a request based on the member the request was submitted for. If searching by member, click on the Find button to search for the member by Member ID number or a combination of the member's first name, last name, date of birth and/or the member's Medicare ID number.

Ordering Provider and Requested Facility Fields – Search Authorization / Referral Screen

The screenshot shows a web form with the following elements:

- Member** section: A text input field for "Member ID" with a red "X" icon and a blue "Q FIND" button.
- Priority Type** section: A dropdown menu with "Select an Option" as the selected value.
- Ordering Provider** section: A text input field for "Provider Number" with a red "X" icon and a blue "Q FIND" button. This section is highlighted with a black border.
- Requested Provider** section: A text input field for "Provider Number" with a red "X" icon and a blue "Q FIND" button.
- Submission Type** section: Two checkboxes, "Authorization Submission" and "Referral Submission".
- Buttons**: A green "Q SEARCH" button and a red "↺ RESET" button.

From the Search Authorization/Referral screen users will also have the option to search for a request based on the ordering or requested provider. If you want to search by ordering provider or requested provider, click on the Find button to search for the provider by first name, last name, any name, organization name or provider ID.

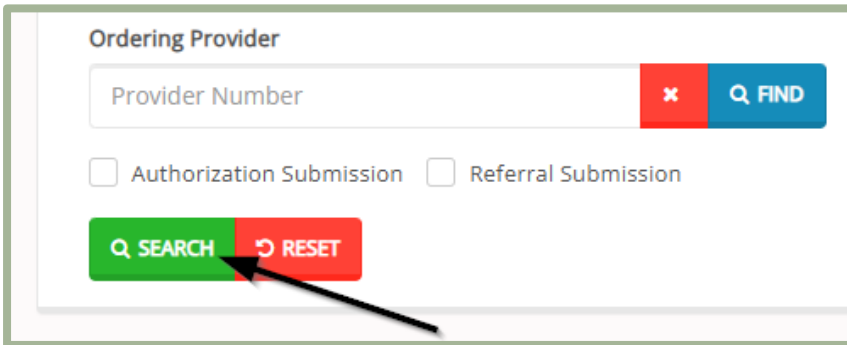
Authorization and Referral Submission Checkboxes – Search Authorization /Referral Screen

The screenshot shows a close-up of the "Ordering Provider" section and the submission type checkboxes:

- Ordering Provider** section: A text input field for "Provider Number" with a red "X" icon and a blue "Q FIND" button.
- Submission Type** section: Two checkboxes, "Authorization Submission" and "Referral Submission". This section is highlighted with a black border.
- Buttons**: A green "Q SEARCH" button and a red "↺ RESET" button.

From the Search Authorization/Referral screen users will also have the option to filter search results based on the type of submission. Selecting the referral submission checkbox will return the user's search results with referral records and selecting the authorization submission checkbox will return the user's search results with authorization records. If both checkboxes are selected, the user's search results will contain a combination of authorization and referral records.

Search Button – Search Authorization /Referral Screen



Ordering Provider

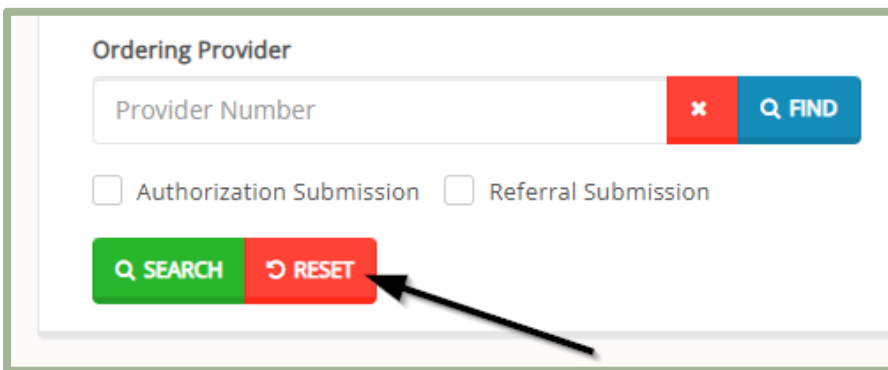
Provider Number ✕ Q FIND

☐ Authorization Submission ☐ Referral Submission

Q SEARCH ↺ RESET

Selecting the Search button from the Search Authorization/Referral screen will initiate the user's search.

Reset Button – Search Authorization /Referral Screen



Ordering Provider

Provider Number ✕ Q FIND

☐ Authorization Submission ☐ Referral Submission

Q SEARCH ↺ RESET

Selecting the Reset button from the Search Authorization/Referral screen will clear out any information that is entered on the screen.

Authorization/Referral Search Results – Search Authorization /Referral Screen

Home > Search Authorization / Referral

Hospital Census Data

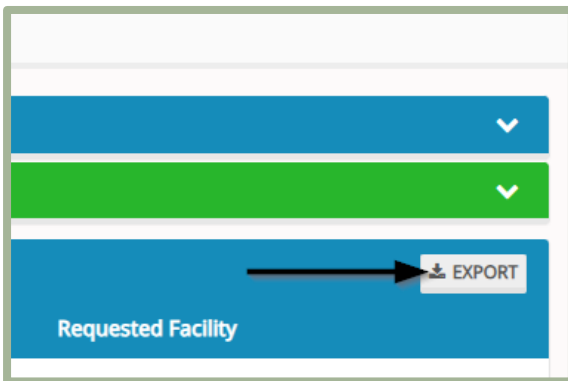
Search Authorization / Referral

Search Result

Auth/Referral Number	Auth Status	Submit Type	Received Date
2411040000073010	Pending	Authorization	11/04/2024
2303010000072996	Pending		03/01/2023
2207210000072989	Pending	Authorization	07/21/2022
2207140000072988	Pending	Authorization	07/14/2022

Once the search is initiated, the results based on the search criteria entered will display within the search results. The Authorization or Referral number will display within the auth/referral column of the search results and when selected this will allow the user to view the authorization details.

Export Results to Excel Feature – Search Authorization /Referral Screen



Clicking the Export button located above the search results grid will export the user's results to an Excel file.

Search Results - Authorization /Referral Search Screen

Home > Search Authorization / Referral

Hospital Census Data

Search Authorization / Referral

Search Result

Auth/Referral Number	Auth Status	Submit Type	Received Date	Type	Category	POS
2411040000073010	Pending	Authorization	11/04/2024	Standard	Outpatient	Office (11)

The search results will display the authorization or referral status, the submit type, the received date, category, Place of Service, ordering provider, requested provider and line of business.

Submit Authorization /Referral

Selecting the Submit Authorization / Referral option will initiate the Member Search – Submit Authorization / Referral popup screen to allow users to search for the member.

Member Search - Submit Authorization / Referral

Enter Member ID or Combination Last Name, First Name, DOB and/or Medicare ID.

Member ID

First Name

Medicare ID

Line Of Business

From the Member Search – Submit Authorization / Referral popup screen users can perform their search by entering the member's ID number or search by using a combination of the member's first name, last name, date of birth and/or the member's Medicare ID number.

Once search criteria are entered, clicking on the Search button will initiate the user's search. Clicking on the Reset button will clear out any information entered on the Member Search – Submit Authorization / Referral popup screen.

Medicare ID

Medicare ID

☐ PCP Associated Members Only

SEARCH

RESET

Based on the search criteria entered, the search results will populate below the Search and Reset buttons. Users will see the number of records contained within the search results and can export the results to an Excel file. The member results table will display the member's first and last name, date of birth, effective and term dates, Primary Care Physician's name, line of business and benefit plan. To select a member from the search results, click on the hyperlink containing the member's ID number or double click on the row.

Search Result - 1		
Member ID	Name (Last, First)	DOB
SF000000002	Curry, Arthur	11/16/1941

Selecting the member from the search results will take users to the Submit New Authorization / Referral screen where users can generate the authorization or referral request by completing the required fields.

Note: For additional information on submitting the authorization or referral request, please refer to the Submit New Authorization / Referral Screen Description section of this User Guide.

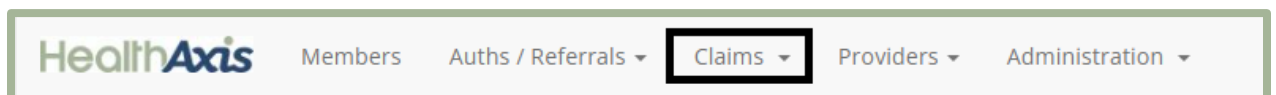
Claims Module

The Claims Module allows users with specific access to search, view and submit a claim within the Provider Portal.

Note: Access to view or submit a claim will be based on the user's role and permissions.

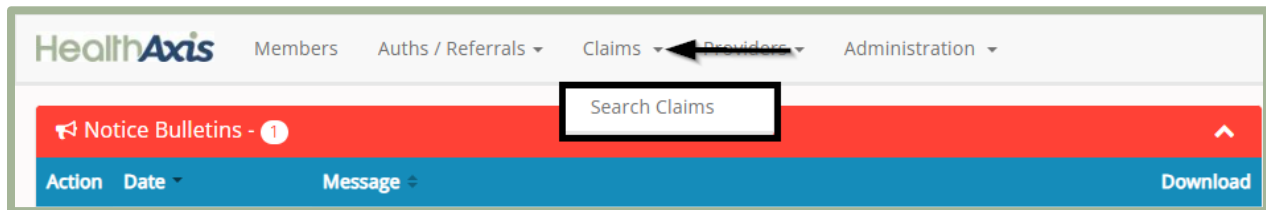
Accessing the Claims Module

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



Selecting Claims button provides specific users with the following Options: Search Claims and Submit Claims. Selecting the View All options allows users to view all claim records submitted

for the member containing their facility or physician. Selecting the Create Claim allows users to submit a claim for the member.



Search Claims

Upon selecting the Search Claims option, users will land on the Search Claim screen. The Search Claim screen will allow users to search for claims based on the filters provided on the search screen. The claim search results will be dependent on the user's role:

- User – Provider: Can only view all claim records for members that are tied to their PCP or Provider.
- User – Facility: Can search for all claim records where their facility is tied to the claim.
- User – Vendor: Can search for all records for members where the vendor is tied to the provider on the claim.

Search Claim Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Search Claim Screen

Home > Search Claim

Search Claim

Claim Number

Claim Status

Member

Provider

☒ Institutional Claim (UB) ☒ Professional Claim (HCFA)

From the Search Claim screen, users can search for a claim record by claim number, the status of the claim, the date of service from date or date of service to date. Users can also search by line of business or IPA (Independent Practice Association).

Member Field – Search Claim Screen

Home > Search Claim

Search Claim

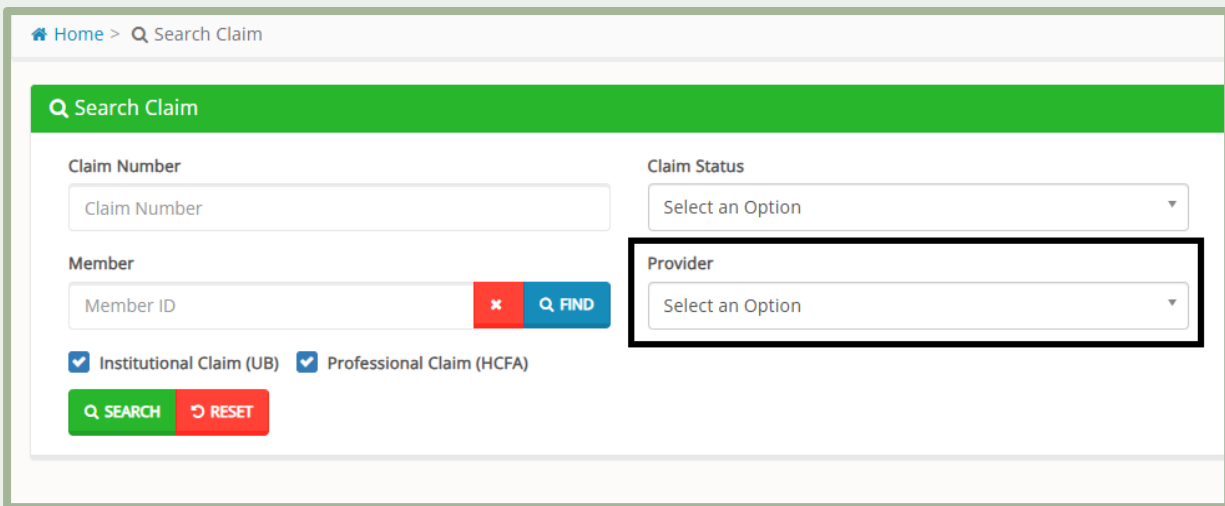
Claim Number

Member

☒ Institutional Claim (UB) ☒ Professional Claim (HCFA)

From the Search Claim screen users will also have the option to search for a request based on the member the claim was submitted for. If you want to search by member, click on the Find button to search for the member by member ID number or a combination of the member's first name, last name, date of birth and/or the member's Medicare ID number.

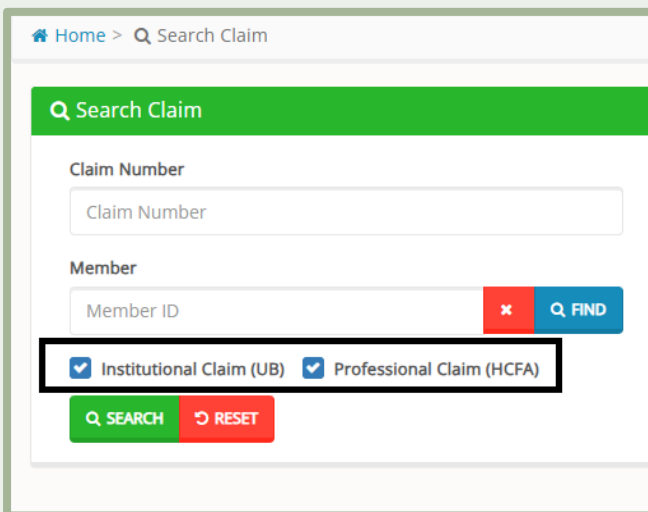
Provider Field – Search Claim Screen



The screenshot shows the 'Search Claim' interface. At the top, there is a breadcrumb 'Home > Search Claim' and a green header bar with a magnifying glass icon and the text 'Search Claim'. Below this, there are several input fields: 'Claim Number' with a placeholder 'Claim Number', 'Claim Status' with a dropdown menu showing 'Select an Option', 'Member' with a placeholder 'Member ID' and a red 'X' icon, and 'Provider' with a placeholder 'Select an Option' and a dropdown arrow. The 'Provider' field is highlighted with a black rectangular box. Below these fields are two checkboxes: 'Institutional Claim (UB)' and 'Professional Claim (HCFA)', both of which are checked. At the bottom, there are two buttons: a green 'SEARCH' button with a magnifying glass icon and a red 'RESET' button with a circular arrow icon.

From the Search Claim screen user will also have the option to search for a claim based on the provider. If you want to search by provider, click on the dropdown arrow in the field to select from a list of Providers or Facilities assigned to your user account.

Institutional Claim (UB) and Professional Claim (HCFA) Checkboxes – Search Claim Screen

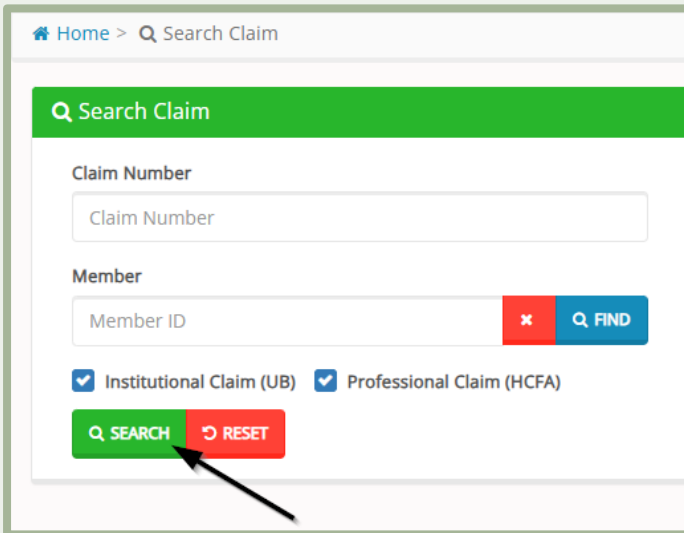


This screenshot is similar to the previous one, showing the 'Search Claim' interface. However, the 'Provider' dropdown menu is not highlighted. Instead, the 'Institutional Claim (UB)' and 'Professional Claim (HCFA)' checkboxes are highlighted with a black rectangular box. Both checkboxes are checked. The rest of the interface, including the 'Claim Number', 'Member', and 'SEARCH/RESET' buttons, remains the same as in the previous screenshot.

From the Search Claim screen users will also have the option to filter search results based on the type of claim form. Selecting the Institutional Claim (UB) checkbox will return the user's search results with institutional claim records and selecting the Professional Claim (HCFA) checkbox will

return the user's search results with professional claim records. If both checkboxes are selected, the user's search results will contain a combination of both.

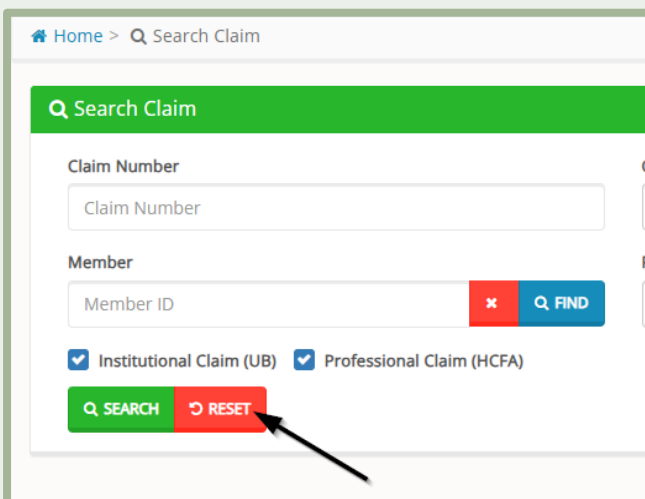
Search Button – Search Claim Screen



The screenshot shows the 'Search Claim' interface. At the top, there is a breadcrumb trail: 'Home > Search Claim'. Below this is a green header bar with a magnifying glass icon and the text 'Search Claim'. The form contains two input fields: 'Claim Number' and 'Member ID'. The 'Member ID' field has a red 'X' button and a blue 'FIND' button. Below the input fields are two checkboxes: 'Institutional Claim (UB)' and 'Professional Claim (HCFA)', both of which are checked. At the bottom of the form are two buttons: a green 'SEARCH' button and a red 'RESET' button. A black arrow points to the 'SEARCH' button.

Selecting the Search button from the Search Claim screen will initiate the user's search.

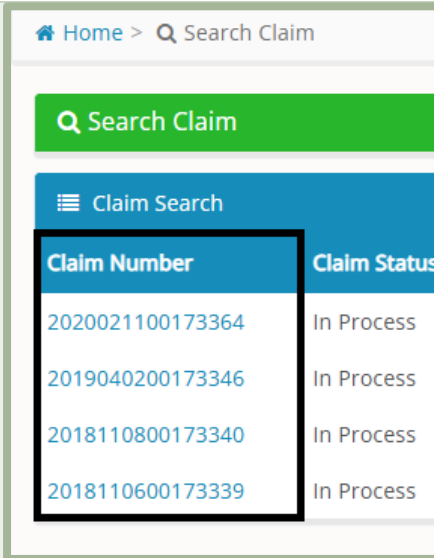
Reset Button –Search Claim Screen



This screenshot is identical to the one above, showing the 'Search Claim' interface. However, a black arrow points to the red 'RESET' button instead of the 'SEARCH' button.

Selecting the Reset button from the Search Claim screen will clear out any information that is entered on the screen.

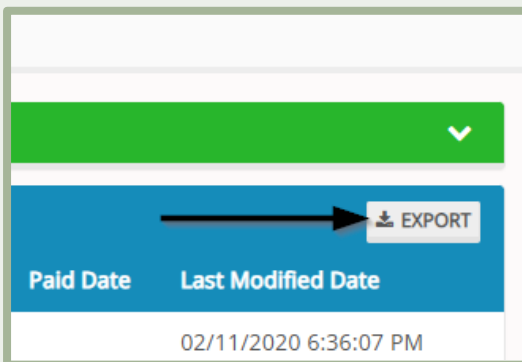
Claim Search Results –Search Claim Screen



Claim Number	Claim Status
2020021100173364	In Process
2019040200173346	In Process
2018110800173340	In Process
2018110600173339	In Process

The Claim number will display within the Claim Number column of the search results and when selected this will allow the user to view the claim details.

Export Results to Excel Feature – Search Claim Screen



Clicking the Export button located above the search results grid will export the user's results to an Excel file.

Search Results –Search Claim Screen

Home > Search Claim

Search Claim

Claim Search

Claim Number	Claim Status	Claim Type	DOS	Orig Rcvd Date	Member
2020021100173364	In Process	Professional	02/09/2020	02/09/2020	Allen, Barry -
2019040200173346	In Process	Professional	03/26/2019	03/26/2019	Allen, Barry -

The search results will display the claim status, the claim type, the date of service, original received date, rendering provider, vendor, billed amount, paid amount, check # and paid date.

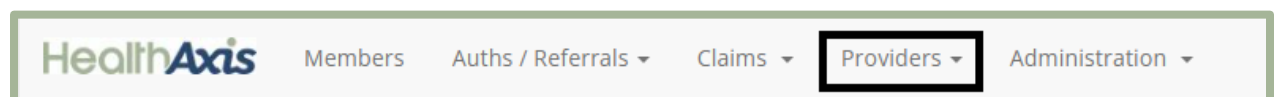
Note: Depending on the type of claim being submitted (Professional or Institutional), please refer to the Professional Claim Screen Description section or the Institutional Claim Screen Description section of this User Guide For additional information on viewing the claim.

Providers Module

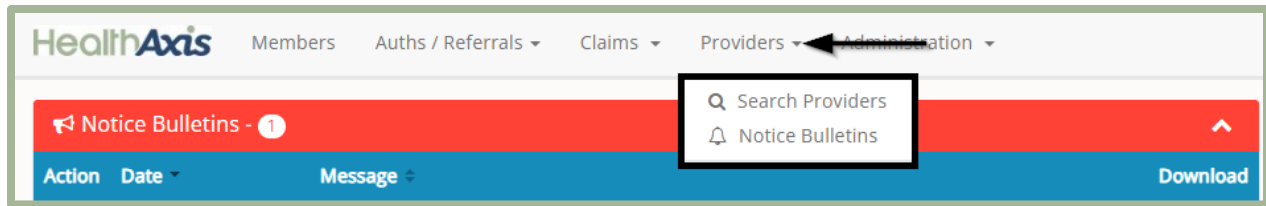
The Provider Module allows users to search providers using specific search criteria.

Accessing the Providers Module

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



Selecting Providers provides specific users with the following Options: Search Providers and Notice Bulletins. Selecting the Search Providers options allows users to search for providers that are a part of the Health Plan's network. Selecting the Notice Bulletin option allows users to view notices or messages sent by the System Administrator.



Search Providers

Selecting the Search Providers option will initiate the Provider Search popup screen. The Provider Search popup screen will allow users to search for other participating providers within the Health Plan's network based on the filters provided on the search screen.

Provider Search

Search By

Any Name

×

Search for

Search Query

Required

Search Provider Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Provider Search Screen

Provider Search

Search By

Select an Option

Search for

Search Query

City

Zip Code

From the Provider Search screen, users can search for a provider by any name, first name, last name, NPI number, Tax ID, or Organization Name. Once the user has selected their search criteria, the corresponding information will need to be entered within the search by field.

Additional Search Filters – Provider Search Screen

The screenshot shows the 'Provider Search' form. A red rectangular box highlights the right side of the form, specifically the 'Line Of Business' dropdown, the 'IPA' dropdown, the 'Specialty' dropdown, and the 'Contract Status' dropdown. Other visible fields include 'Search By' (a dropdown with 'Select an Option'), 'Search for' (a text input with 'Search Query'), 'City' (a text input with 'City'), 'Zip Code' (a text input with 'Zip'), and radio buttons for 'Par Provider' (selected) and 'All (Par and Non-par)'.

From the Provider Search screen, users can add an additional layer to their search by selecting the line of business, Independent Practice Association (IPA), specialty type or contract status from the dropdown options. Users can also enter the city or zip code for the provider as part of their search criteria.

Par Provider and All (Par and non-par) Radio Buttons – Provider Search Screen

This screenshot shows a portion of the 'Provider Search' form. A red rectangular box highlights the radio button options at the bottom: 'Par Provider' (which is selected with a blue dot) and 'All (Par and Non-par)' (which is unselected).

On the Provider Search screen, the Par Provider radio button will automatically be selected, and this will return the user's search results with a list of participating providers. If the user selects the All radio button, this will return their search results with a combination of participating and non-participating providers.

Search and Reset Buttons – Provider Search Screen

☒ Par Provider

☐ All (Par and Non-par)

Q SEARCH

↺ RESET

Once the user’s search criteria are entered, clicking on the Search button will initiate the search. Clicking on the Reset button will clear out any information entered on the Provider Search screen.

Provider Search Results – Provider Search Screen

☰ Search Result - 1

Number	Par	Name	Address
P00001000	Yes	Wayne, Bruce	900 Publishers Parkway, Webster NY 14580

After the Search is initiated users will see the results from their search below the Search and Reset buttons. Within the search results, the par column will indicate if the provider is participating. Users can also view the provider’s name, address, phone number, specialty type, line of business, network, and contract status within the results.

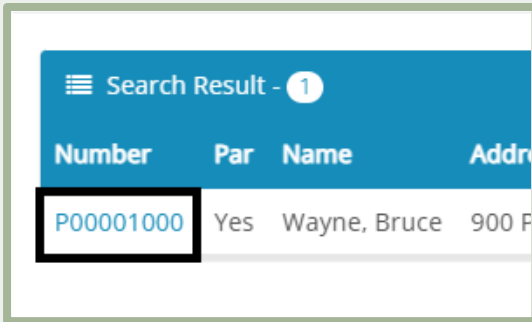
Export to Excel Feature – Provider Search Screen

➡ EXPORT

Network	Contract Status
Super Heroes	Contracted Provider

Clicking the Export button located above the search results grid will export the user’s results to an Excel file.

Selecting a Provider – Provider Search Screen

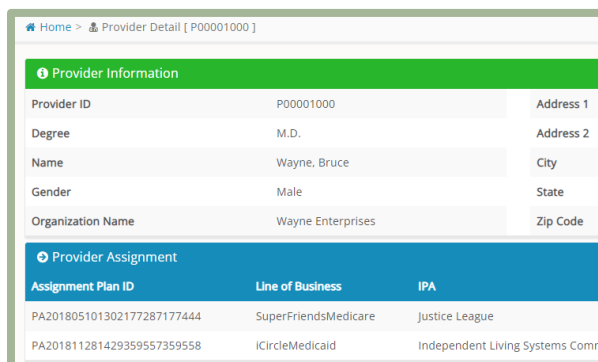


From the Provider Search screen, clicking on the provider's ID number from the search results will allow users to view the provider's details.

Provider Detail Screen

Upon clicking on the selected provider from the grid, the provider information will populate into the provider detail screen. The user can now view the Provider Information and the Provider Assignment Details.

Note: Each section on the Provider Detail screen can be collapsed for easier viewing. This section is for review only; users will not be allowed to edit.

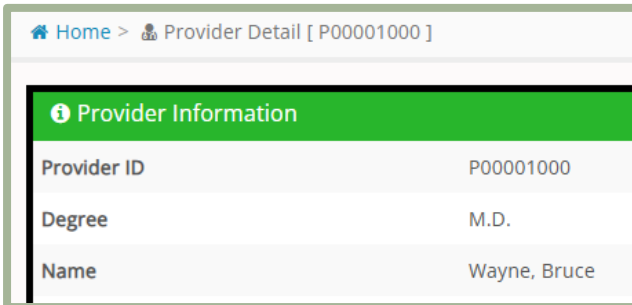


Provider Detail Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Provider Detail Screen

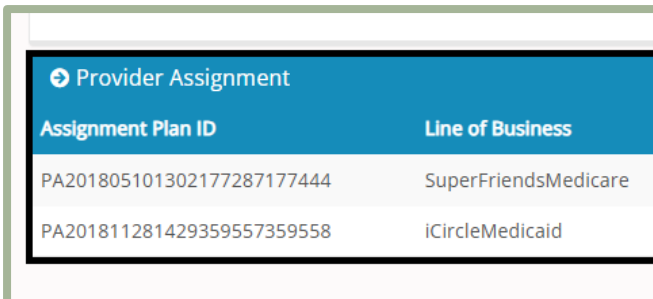
Provider Information Section - Provider Detail Screen



Home > Provider Detail [P00001000]	
Provider Information	
Provider ID	P00001000
Degree	M.D.
Name	Wayne, Bruce

Within the Provider Information section, users can view the provider's name, degree, address, NPI number, language, phone number and fax number.

Provider Assignment Section - Provider Detail Screen

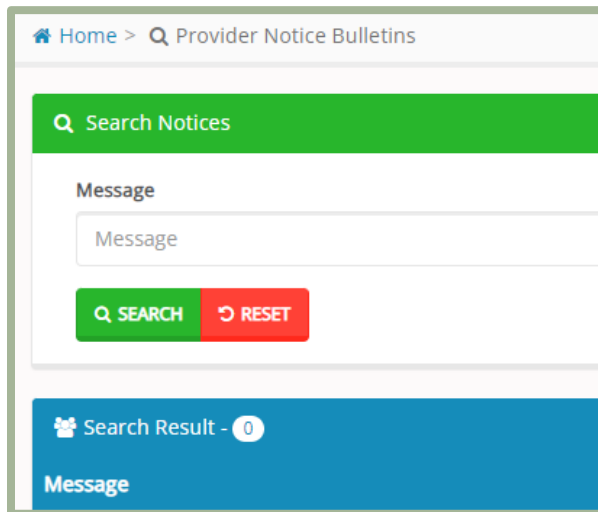


Provider Assignment	
Assignment Plan ID	Line of Business
PA201805101302177287177444	SuperFriendsMedicare
PA201811281429359557359558	iCircleMedicaid

The Provider Assignment section will display the provider's assignment with the health plan. Here users can view the line of business and network the provider is assigned to, the type of provider, the effective date of the provider's assignment and the tax ID number that the provider is linked to.

Notice Bulletins

Selecting the Notice Bulletin option will take users to the Provider Notice Bulletins screen. The Provider Notice Bulletins screen allows users with specific access to view notices or messages sent by the System Administrator.

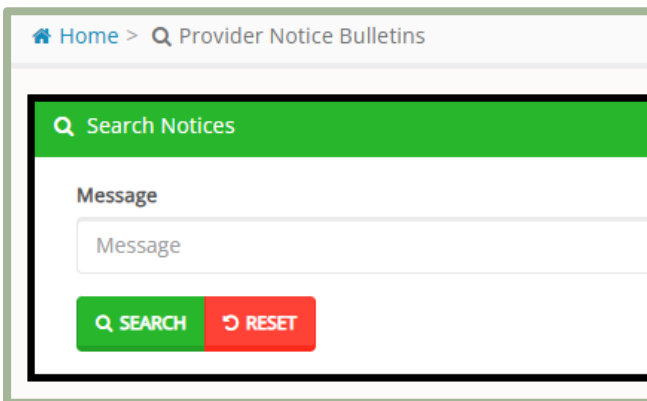


Notice Bulletins Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Notice Bulletins Screen

Search Notices Section – Notice Bulletins Screen



Within the Search Notices section of the Provider Notice Bulletins screen users can perform a notice search based on the message received.

Search Results - Notice Bulletins Screen

 Search Result - 2

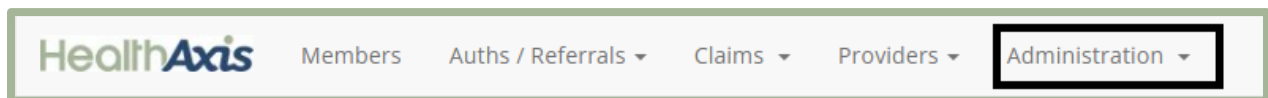
Message

Hello Physicians. Reminder to fill out survey to help our members better. From HealthAxis Team
Please reset your password for the Provider Portal system.

The search Results section will display all messages received from the System Administrator. If a user performs a notice search, the search results will display based on the search criteria entered.

Administration Module

The Administration option will be available for the Physician, Vendor or Facility Administrator users only. 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 user-level account details.



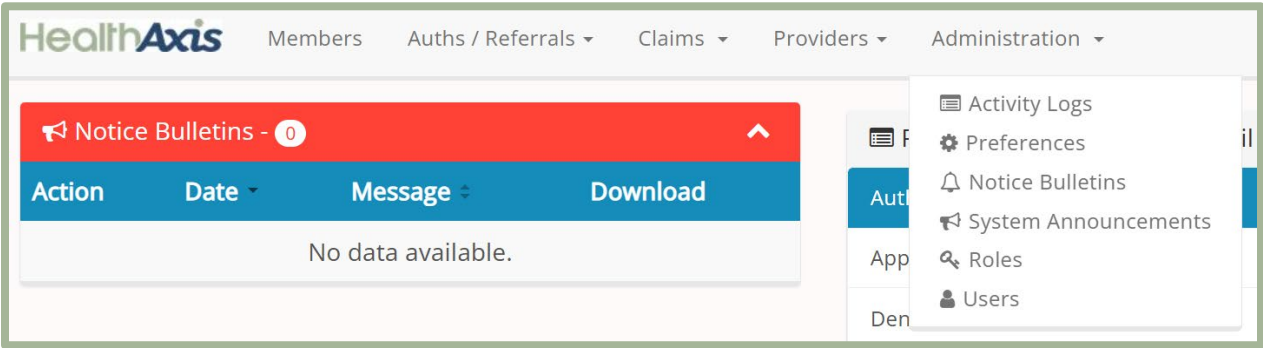
Accessing the Administration Module

Once logged into the system, select Administration from the dashboard. Selecting Administration provides users with the following options: Activity Logs, Roles, and Users. Selecting the Activity Logs option allows administrative users to view actions performed within the portal.

Access provided to view the Activity Logs is based on the Health Plan and assigned to your user role and permissions

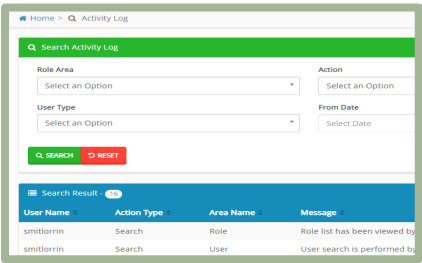
Selecting the Roles option allows administrative users to add additional roles for additional users within their practice, facility, or physician's office. Note: Roles are tied to permissions that

indicate what a user will have the ability to see in the provider portal and the functions that the user can perform within the system.



Activity Log

Selecting the Activity Log option will take users to the Activity Logs screen. The Activity Log screen allows users with administrative privileges to view activities performed within the system for the individuals created as authorized users within their practice, facility, or physician’s office.



Activity Log Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print on the previous page.

Activity Log Screen
Search Activity Log Section – Activity Log Screen

Home > Activity Log

Search Activity Log

Role Area

Select an Option

User Type

Select an Option

SEARCH RESET

Within the Search Activity Log section, search for actions performed by users within their practice, facility, or physician's office. Users can filter their search results by utilizing the search filters: Role Type, Action, User Name, User Type, From Date and To Date.

Search Results Section – Activity Log Screen

Provider Assignment	
Assignment Plan ID	Line of Business
PA201805101302177287177444	SuperFriendsMedicare
PA201811281429359557359558	iCircleMedicaid

The Search Activity Log results section allows users to view the search results based on the search filters utilized.

Preferences

Search Menu

Account
Auth: Request Guidelines
Authorization
Claim: Request Guidelines
Member PCP Search
Privacy Policy
Provider
Redcard
Terms Of Use
User Preference
System Preference

As the preferences area alters the entire system for all users, we ask that customers reach out to their Account Managers for guidance before making changes to this area.

Notice Bulletins

Home > Notice Bulletins

Search Notice Bulletins
ADD NEW NOTICE BULLETIN

Recipients
Recipients

Message
Message

☒ Active Only?

SEARCH RESET

Search Result - 2

Is Deactivate?	Message	Recipients	User Types	Download	Last Modified By	Last Modified Date
☐	Please reset yo...	dianaprince			jasmine.mack	08/18/2022 05:54 PM
☐	Message to all,...	admin, Jesus.Mendoza, jasmine.mack, cheree.cromartie		InsurancePolicyCert.pdf	Jesus.Mendoza	08/06/2021 09:53 AM

Some administrative users can add or remove notice bulletins to the system for users to view. Once a bulletin is published, they cannot be altered, only deactivated.

Selecting the User Type(s) field allows only targeted audiences to view the message. Documents can be added as attachments and the user will be prompted to download them in order to view.

Search Result - 3		
Is Deactivate?	Message	Recipients
☒	Q4 is coming...	

The notice will remain on the system until manually deactivated by selecting the box under the column Is Deactivate? and refreshing the page.

System Announcements

If you want to notify everyone using the Provider Portal, a System Announcement is the most effective.

The screenshot shows the 'System Announcements' form. At the top, there is a green header bar with the text 'System Announcements'. Below this, the form contains several fields: 'Effective Date' with a 'Select Date' dropdown and a 'Required' label; 'Term Date' with a 'Select Date' dropdown and a 'Required' label; 'Attachment' with a 'Select file.' text and a 'CHOOSE FILE' button; and 'Announcement Message' with a rich text editor. The rich text editor has a toolbar with various formatting options and a text area containing the placeholder text 'System Announcement.'. At the bottom of the form, there are 'SAVE' and 'RESET' buttons.

Expiration dates can also be listed for these messages and they appear at the top of the homepage instead of inside the notifications box.

Roles

Selecting the Roles option will take users to the Search Role screen. The Roles screen allows users with administrative privileges to manage the roles created for the authorized users within their practice, facility, or physician's office. Prior to creating authorized users accounts, the administrative user will need to create the roles for their office or facility first as the role will need to be assigned to the created user accounts. The role assigned to the authorized user will indicate what that user will have the ability to see in the provider portal and the functions that user can perform within the system.

The screenshot shows the 'Search Roles' screen. It features a green header bar with a search icon and the text 'Search Role'. Below this, there is a table with three columns: 'Name', 'Description', and 'Number Of Users'. Each column has a dropdown arrow next to its header. The table is currently empty, showing only the headers and empty input fields.

Name	Description	Number Of Users

Roles Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print above.

Roles Screen

Name	Description	Number Of Users

Within the Search Role section administrative users will see a list containing all the roles created for authorized user accounts for individuals within their office or facility. The records will display the name of the role created along with the description of the role and the number of users assigned to that role. Administrative users will also see the user who added the role to the system along with date the role was created. The last modified and last modified by information can also be viewed within the records when applicable.

Add New Role Screen Description

The table on the next page(s) provides the steps for creating a new role.

Add New Role Action Button – Role Screen

Within the Search Role banner administrative users will see the ADD NEW ROLE action button. Add New Role allows the administrative user to create a new role. Selecting the ADD NEW ROLE action button will take administrative users to the Create New Role screen. **Note: Use the steps below to create a new role.**

Create New Role

Create New Role

Name

Name

Required

Description

Description

Required

Select Permission(s)

☐ Select All

Activity Log

READ

- Enter a name for the role within the Role Name field then enter the description for the role within the Role description field.

Create New Role

Name

Name

Required

Description

Description

Required

- Select the permissions needed for the role.

Create New Role

Name

Front Desk User

Description

Front Desk Associate

Select Permission(s)	☐ Select All
Activity Log	READ
Authorization	READ CREATE UPDATE EXPORT/PRINT ALL
Claim	READ CREATE EXPORT/PRINT ALL
Member	READ EXPORT/PRINT ALL

Note: On the left side underneath Select Permissions, users will see the screen where the permission will apply. Users can select each permission individually or use the Select All checkbox (next to Select Permissions) to select all permissions for the role being created.

- Once all applicable permissions are selected, clicking the Submit button will save the record created and clicking the Reset button will clear out any information entered on the screen.

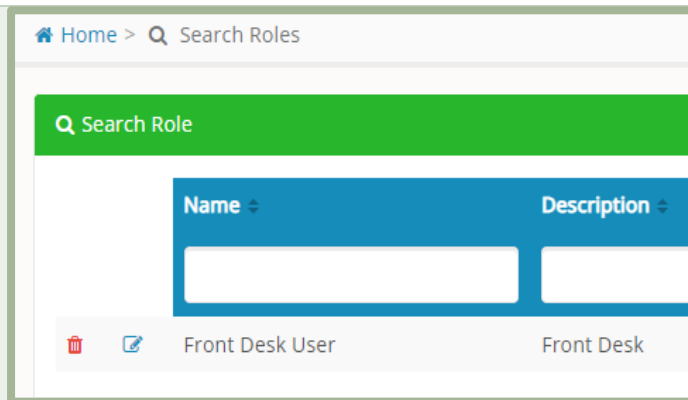
Role

User

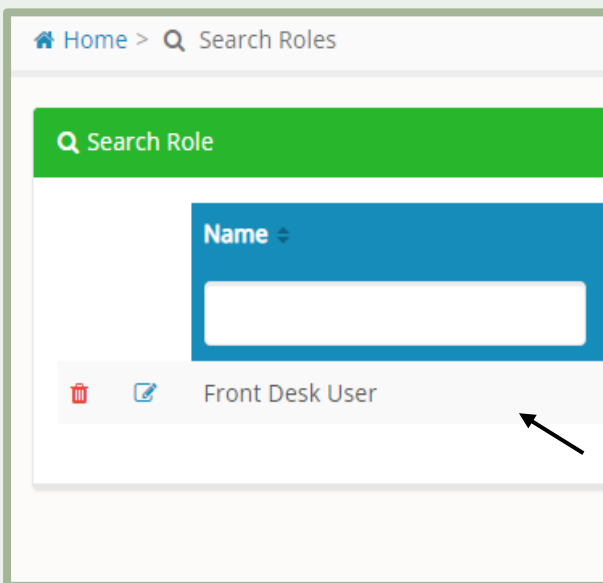
SUBMIT

RESET

- Once the created record is saved, users will receive a message at the bottom of the screen that lets them know that the role was created successfully, and the record will appear on the Search Role screen.



Edit Icon () – Role Screen



To edit a role that has been created, the user will need to click on the edit icon located next to each record. Users can edit the name, description, and/or the permissions for that role.

Users

Selecting the Users option allows administrative users to create, update and terminate authorized user accounts for individuals within their practice, facility, or physician's office.

The screenshot shows a web application interface for searching users. At the top, there is a breadcrumb navigation: Home > Search Users. Below this is a green header bar with a magnifying glass icon and the text "Search Users". The main search area contains four input fields: "User Name" (text input), "First Name" (text input), "User Type" (dropdown menu with "Physician Authorized User" selected), and "NPI" (text input). Below these fields are two buttons: a green "SEARCH" button with a magnifying glass icon and a red "RESET" button with a circular arrow icon. Below the search area is a blue bar indicating "Search Result - 0". Below this is a table with five columns: "User Name", "First Name", "Last Name", "Role Name", and "User T".

Users Screen Description

The table on the next page(s) provides the description for each section displayed in the screen print above.

Users Screen

Search Users Section – Users Screen

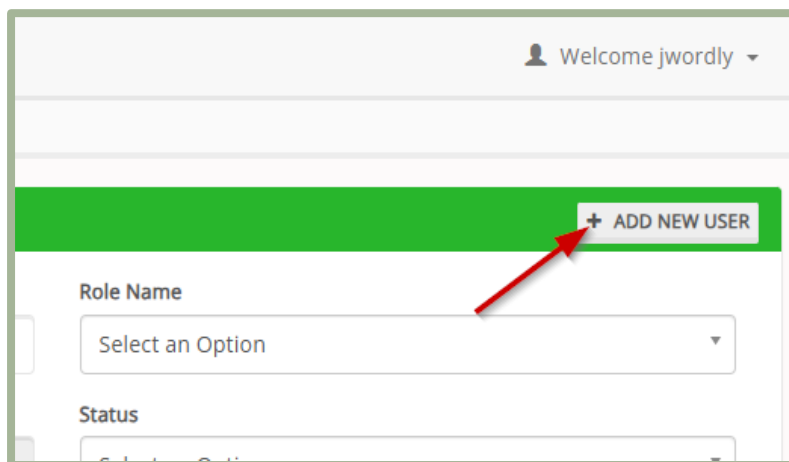
This is a detailed screenshot of the Search Users interface. It shows the same elements as the first screenshot: a breadcrumb navigation (Home > Search Users), a green header bar with "Search Users", search filters for "User Name", "First Name", "User Type" (set to "Physician Authorized User"), and "NPI". There are "SEARCH" and "RESET" buttons. Below the filters is a blue bar showing "Search Result - 0". Below this is a table with columns: "User Name", "First Name", "Last Name", "Role Name", and "User T".

Within the Search Users section administrative users will see a list containing all users they have created an authorized user account for. The records will display the user's information (User Name, First Name and Last Name) along with the role assigned and the user type. Administrative users will also see the user who added the record to the system along with date the record was created. The last modified and last modified by information can also be viewed within the records when applicable.

Add New User Action Button– Users Screen

Within the Search Users banner administrative users will see the ADD NEW USER action button. The Add New Users button allows the administrative user to create a new user. Selecting the ADD NEW USER action button will take administrative users to the Create New User screen. **Note: Use the steps below to create a new authorized user account.**

1. Click the Add New User button within the green Search User banner to create an authorized user account.



2. You will need to enter the user's email address, First name, Last name, username, select the role name from the dropdown, enter and reenter a password for the user.

Home > Search Users > Create New User

Create New User

Salutation Select an Option	Email Email Required
Organization Name Organization Name	Role/Title Role/Title
Address 1 Address 1	Address 2 Address 2
User Name User Name Required	Role Name Select an Option Required
User Type	NPI

- There are additional fields to enter additional information for the user whom you are creating access for.

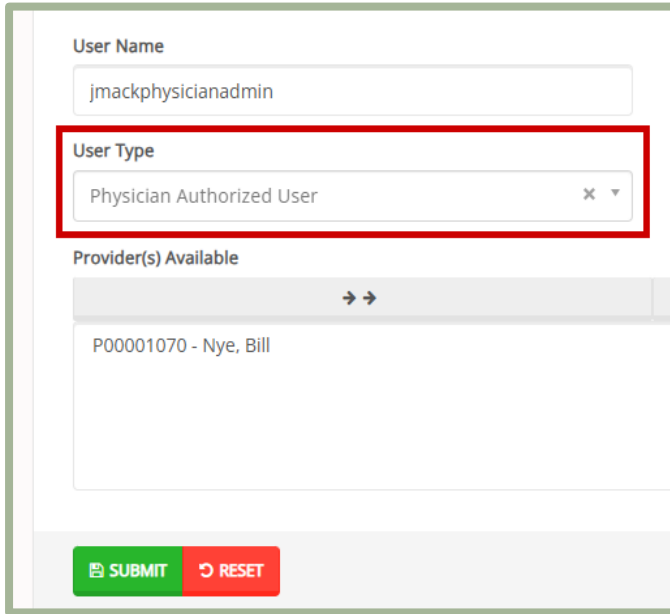
HealthAxis Members Auths / Referrals Claims Providers Administrat

Home > Search Users > Create New User

Create New User

Salutation Select an Option	Email jasmine.mack@healthaxis.co
Organization Name Organization Name	Role/Title Role/Title
Address 1 Address 1	Address 2 Address 2

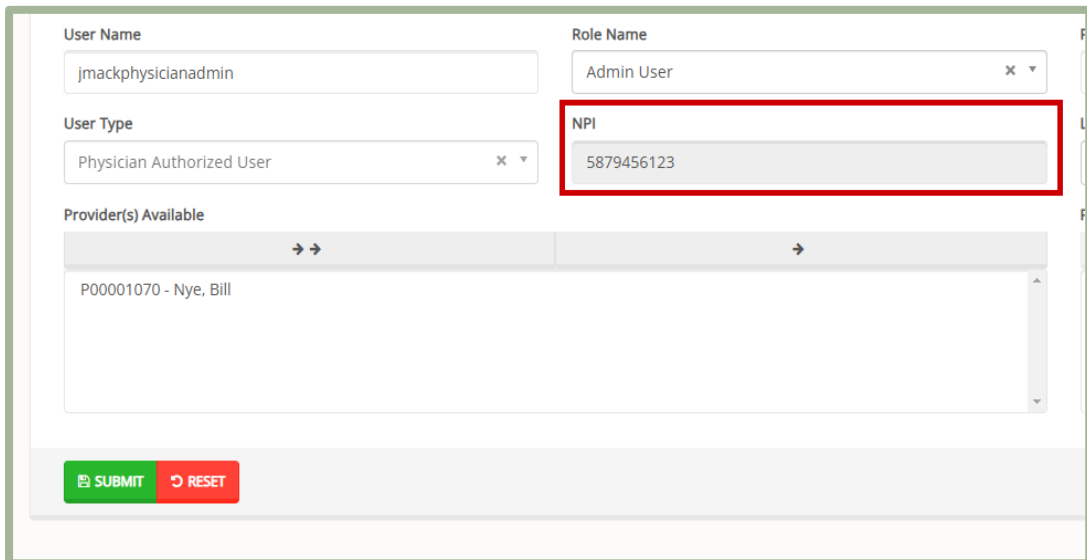
- Depending on what is selected during the registration for the administrator user, the User type field will display as Physician Authorized user, Facility Authorized User or Vendor Authorized user.



The screenshot shows a registration form with the following fields:

- User Name:** jmackphysicianadmin
- User Type:** Physician Authorized User (highlighted with a red box)
- Provider(s) Available:** P00001070 - Nye, Bill
- Buttons:** SUBMIT (green) and RESET (red)

- The field next to user type will either display the tax ID number or the NPI number used for the administrator's access request.



The screenshot shows the registration form with an additional field:

- User Name:** jmackphysicianadmin
- Role Name:** Admin User
- User Type:** Physician Authorized User
- NPI:** 5879456123 (highlighted with a red box)
- Provider(s) Available:** P00001070 - Nye, Bill
- Buttons:** SUBMIT (green) and RESET (red)

- The Providers or Facilities linked to the NPI, or tax ID number will display within the Provider(s) Available section.

Physician Authorized User 5879456123

Provider(s) Available

→ →

P00001070 - Nye, Bill

SUBMIT RESET

- To add the provider(s) or the facility(facilities) to the new user's account, select from list and move over to the Provider(s) included section using the arrow(s).

User Type 5879456123

Physician Authorized User

Provider(s) Available

→ →

P00001070 - Nye, Bill

SUBMIT RESET

- The selected provider(s) or facility (facilities) will be displayed within the Provider(s) Included section.

9.

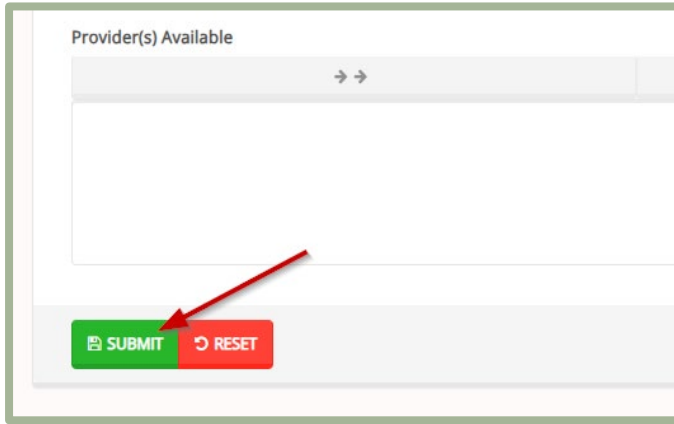
Provider(s) Included

← ←

P00001070 - Nye, Bill

SUBMIT RESET

10. Click the Submit button to save the new user's account.



The screenshot shows a web form titled "Provider(s) Available". It features a search bar with two right-pointing arrows. Below the search bar is a large, empty rectangular area. At the bottom of the form, there are two buttons: a green "SUBMIT" button and a red "RESET" button. A red arrow points from the top right towards the "SUBMIT" button.

11. Once the authorized user account is created, the user will receive an email that contains the URL for the site, their username and password. The authorized user will also receive the email verification that contains a link to verify their email.