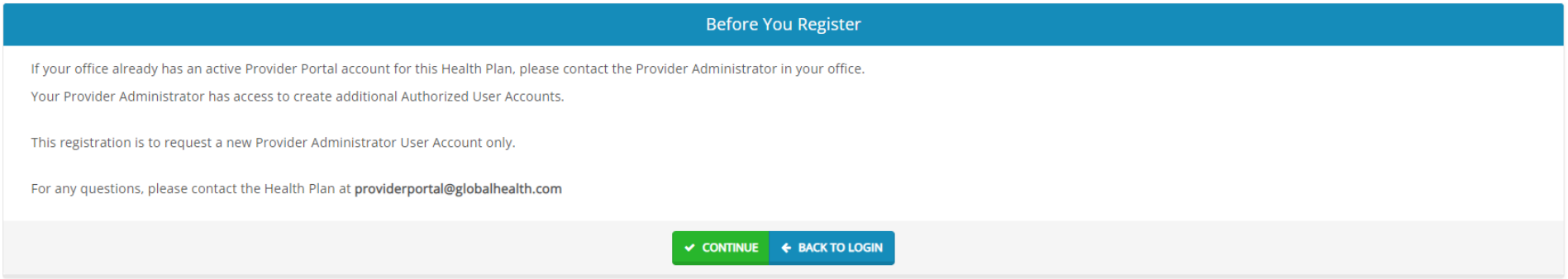
Provider Portal Quick Reference Guide

Provider Registration:

When registering for the provider portal, the provider will receive the following message:



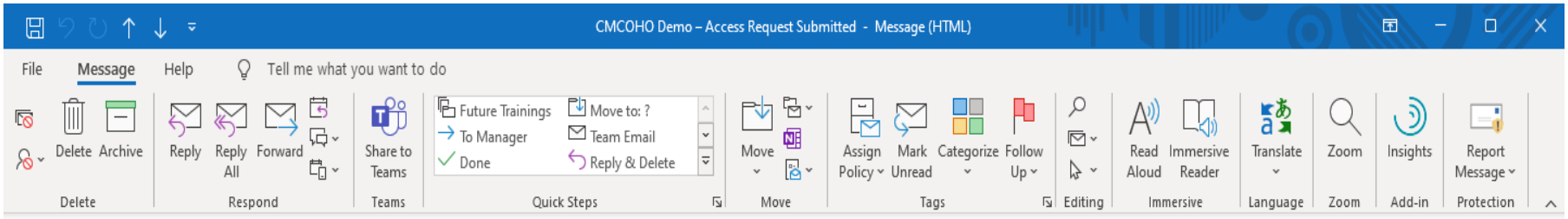
- This means that one Administration Team member will be able to request access to the provider portal and once access is granted/approved, the administrator can create other user accounts for the rest of the entities underneath the tax id number or NPI number.

Provider Portal Registration

- Providers can choose **Physician Administrator, Facility Administrator, or Vendor Administration** when requesting access to the portal.
- All fields in red are required fields; these fields must be filled in before gaining access to the portal.
- Password requirements: minimum 6-character length, include 1 uppercase, 1 lowercase, 1 numeric, and 1 special character.
- If the tax id number or NPI number has already been used, provider will see a different option in red saying to select another tax id number or NPI number.

Provider Portal Registration Cont.

Once the registration is complete, the provider will receive a confirmation message stating that the Health Plan is currently reviewing the registration. The health plan will review the registration information and confirm that the information entered matches what's on file with the health plan. The provider will also receive an email stating that their access request has been submitted.



CMCOHO Demo – Access Request Submitted

PP

Provider Portal - HealthAxis <no-reply@healthaxis.com>

To Jasmine Mack

This message was sent with High importance.

Reply | Reply All | Forward | ...

Mon 11/16/2020 10:26 AM

Dear Test User,

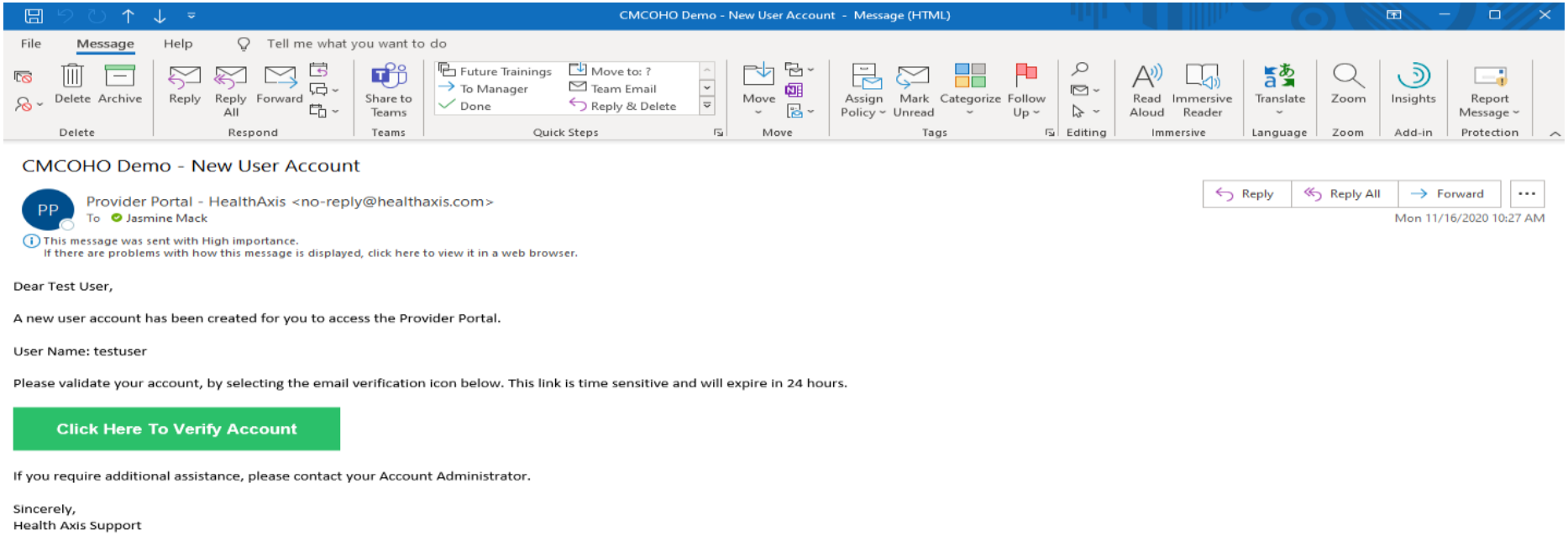
This is a confirmation email, to inform you that your Administrator Access Request has been successfully submitted.

You will receive another email, once the System Administrator approves your account.

Sincerely,
Health Axis Support

Provider Portal Registration Cont.

Once access for the administrator has been approved, the administrator will receive the following email:



NOTE: If the provider misses the 24-Hour timeframe, the provider will need to click the Click Here To Verify button. This will take the provider to the Provider Portal and a message will appear for the provider to resend the link to the email address used during registration.

Browser Capability

To use the provider Portal, the following browsers must be used:

Browser Capability - ✔ IE 10+, Chrome 20+, Firefox 5.0+

Portal Legend:

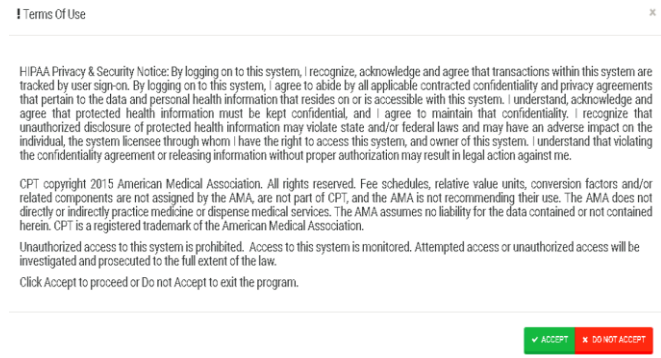
- Edit/Update, - Delete

Allows users to update or edit Something capable of being deleted

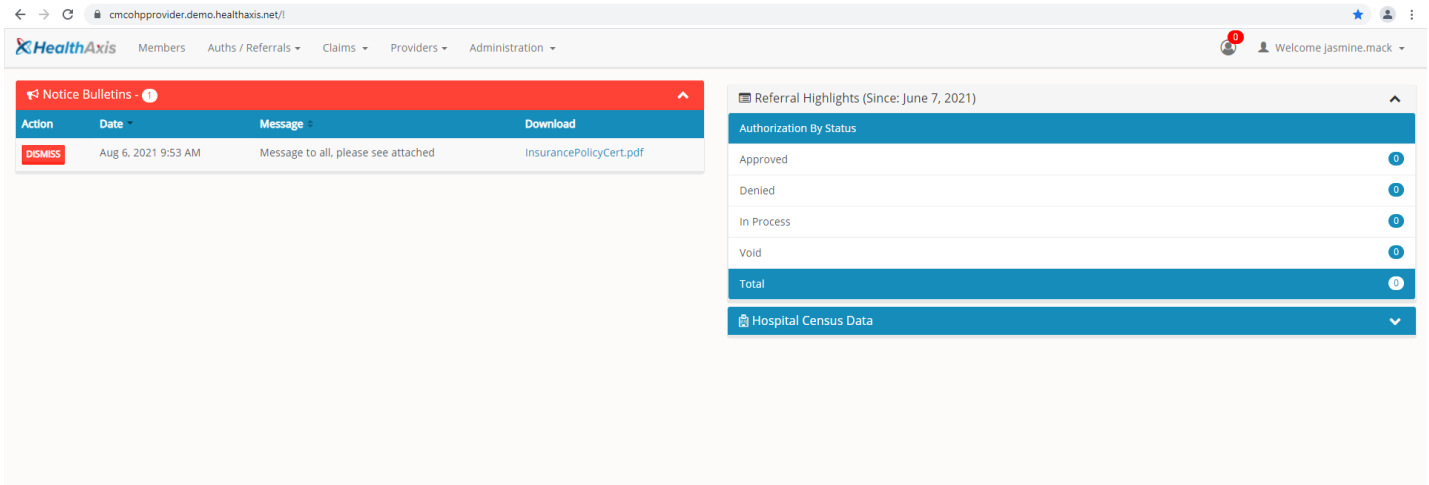
Note: This option will appear on the log in screen. However, the system is utilized for viewing data and some functions will not have the delete capability.

Terms of Use:

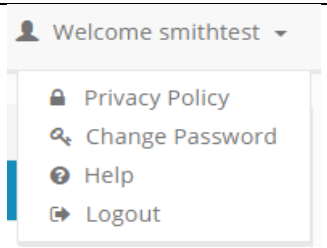
Once signed into the portal, the terms of use page will be displayed. If the provider clicks Do Not Accept the provider will not be logged into the portal.

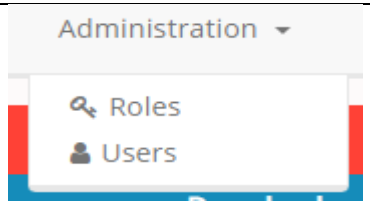


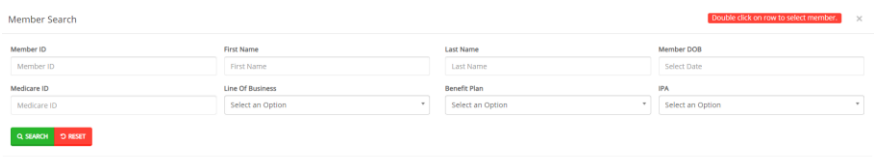
Provider Portal Home Screen:



<table>
<tr><td colspan="2"><u>Health Axis Logo:</u>

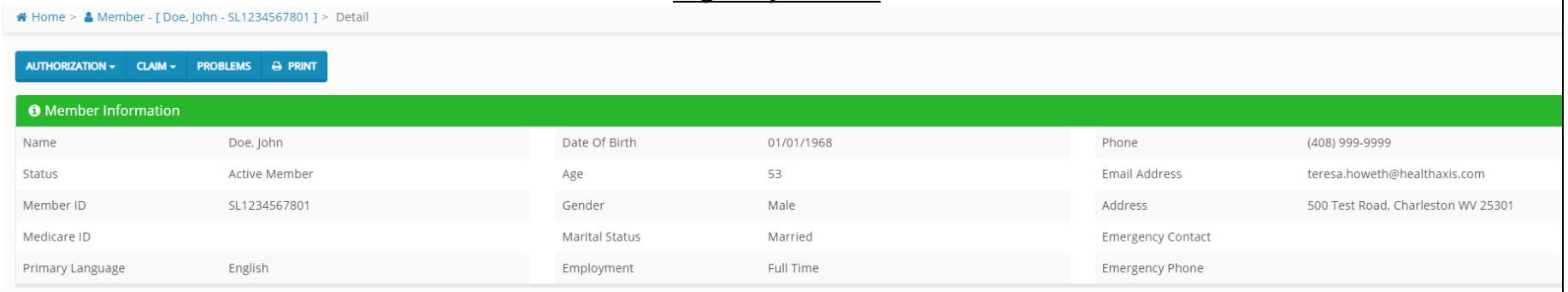
Clicking the Health Axis logo from any module will take the user back to the portal home screen.</td></tr>
<tr><td> 

Providers can utilize the dropdown located next to their name to:
• View Privacy Policy
• Change Password
• View helpful URLs and Links configured in Help
• Logout</td><td> 

The Vendor/Facility/Physician Administrator can use the dropdown located next to Administration to:
• View/ Create/ Modify Roles
• View/Create/Modify Users
Note: Only Administrators will have this option.</td></tr>
<tr><td><u>Member Search:</u>
 
</td><td><u>Member Search Cont.</u>
• Provider can search by Member ID; Last Name, First Name and DOB; or Medicare ID.
• Providers can only view members that are tied to the PCP.
• Facility/Vendor can search for all members but will need to enter Member ID and DOB or Medicare ID number.
• If requested information is entered within the member search properly and a member record is not displayed, this means that the member is not active.</td></tr>
</table>

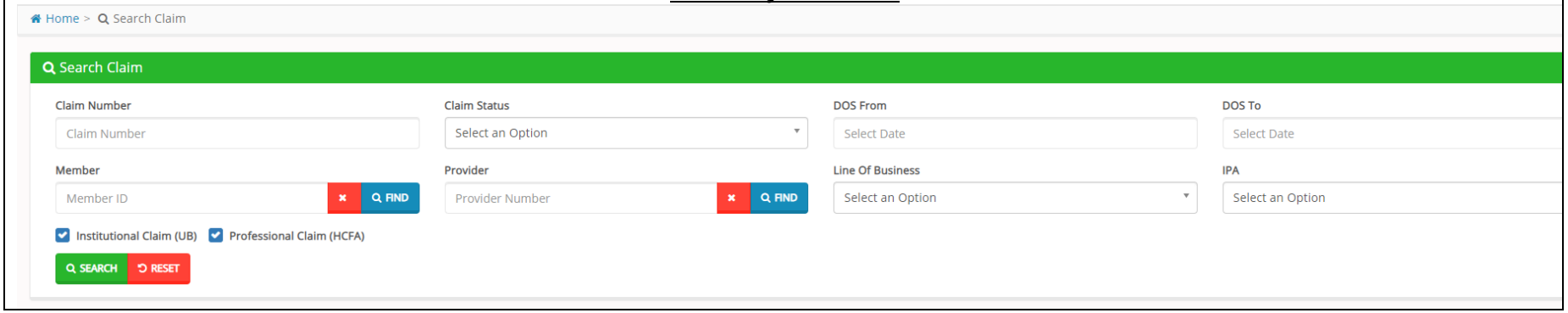
Note: When reviewing eligibility for the current year, the user may see a 12/31 termination date in the system which indicates the Medicare Advantage member will be active for the entire year.

Eligibility Screen:



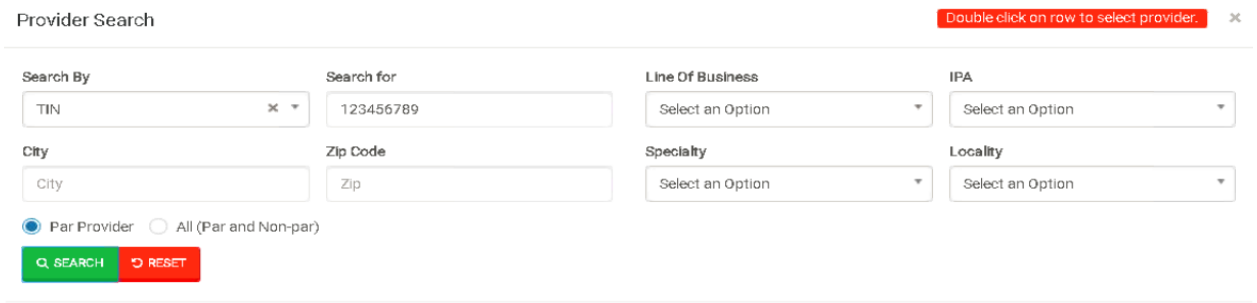
Note: The eligibility screen can be printed to place in the member's file.

Claim Information:



Providers will have the capability to view claims for a member.

Claim information Cont.



Radio buttons allows users to select both Par and Non-Par providers as part of the search criteria.

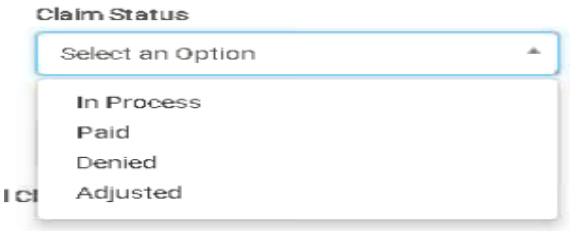
Claim Information Cont.

- ***Find*** can be used to perform a search using various search criteria.

Claim Information Cont.

- Providers can choose to view Institutional Claims (UB) or Professional Claims (HCFA).
- Both are automatically checked; the provider can deselect if one is not needed.

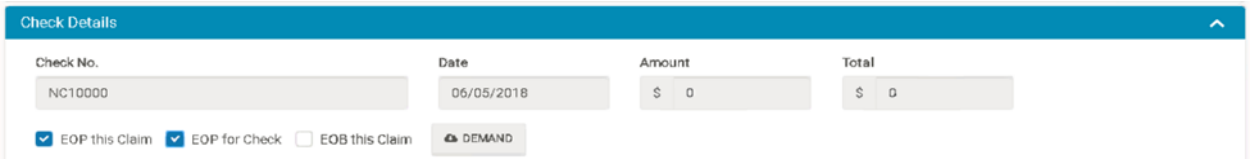
Claim information Cont.



		If a status other than Paid, Denied or Adjusted is shown, the claim is In Process.

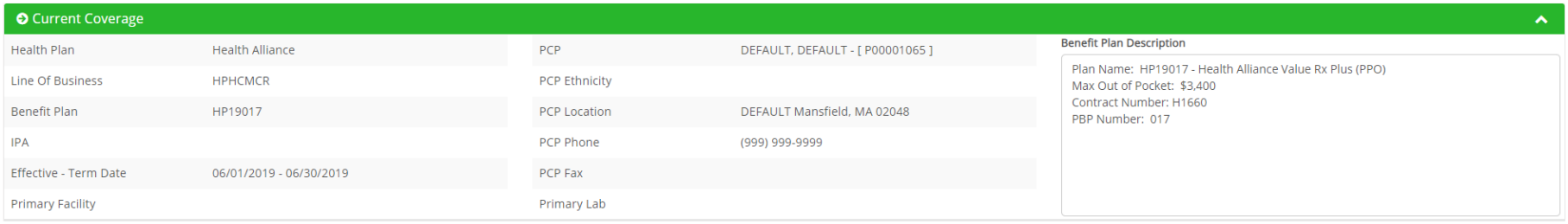
Explanation of Payment

Within the Check Details sections providers can obtain check information and request an EOP for the specific claim or EOPs for that check. After selecting what is needed (EOP for the claim or EOP for check), the provider will need to click DEMAND. Providers will not need to select EOB as this is provided to members by the Health Plan.



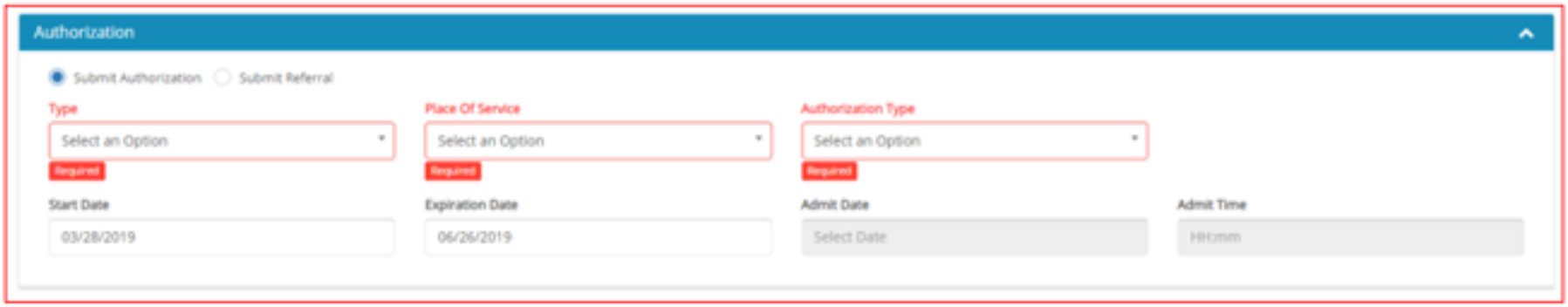
Member Benefit Information:

- A description of the member's benefit plan can be viewed within the provider portal.



Submit Authorizations and/or Referrals

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



Referral Status

Providers can view their submitted referral status at the landing page for provider portal. This section is used to capture Authorizations submitted by the provider according to status of the authorization request.