

Provider Portal

User Reference Guide

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Overview

This is a document that explains various options on Provider Portal for users to register, login, check eligibility, authorization status and claim status of a member.

User Registration



Welcome to Provider Portal	Username estuser@testmail.com Password Ø Forgot password? LOCIN Ø Register Now	A rota

Click on "Register Now" hyperlink to register into the plans Provider Portal.

l Provider				
01. Enter Basic Information Your First Name* Enter	Your Middle Name: Enter	Your Last Name* Enter	Your Job Title* Enter	02. Enter Your Contact Information Contact No. Fax No. Enter Enter
Provider/Group/IPA/Facility name* Enter				Email ID* Enter
13. Enter Your Office Location Informa Address 01* Select	Address 02 Select	City Select	State Enter	Country Zipcode* Enter Enter
. Assign Role /hich Level of access are you requesting?*				C Group Admin C IP Admin C Provider
				Cencel Request Access
				Fill all mandatory fields, select access type nee

and click on "Request Access" to register into the Plans Provider Portal. It may take up to 24 hours to review grant access.

Login

Eligibility Check is a page on Provider Portal that allows users to verify if a member has an active policy for a selected date of service. Provider Portal allows user to search for member's eligibility with any one of the below mentioned combinations:

- Subscriber ID + Member's Last Name
- Subscriber ID + Member's DOB
- Member's First and Last Name + Member's DOB
- MBI + Member's Last Name
- MBI + Member's DOB



V	Velcome to Provider Portal	User Login	
		testuser@testmail.com Password Forgot password? LOGIN Register Nov	
	Enter your registered username and pa	ss-	

word to login into Provider Portal.

Check Eligibility

Eligibility Check					
†∄† Eligibility Check Enter Details to check the Eligibility of Members	6			User :	
Subscriber ID	MBI	Last Name	First Name	Date of Birth	Date of Service
TEST1234	Enter MBI	Enter Last Name	Enter First Name	Select DOB 📋	Select DOS 🗒
		Enter Details And Search To See	The Results		

Claims Search



Claims Search												
Claim Number transformed by the second seco	Billing Provider	Tax ID \$ Enter	NPI	Rendering Provider transformer	Sub ID ¢ Enter	Member Name \$ Enter	¢ Select	DOS To \$ Select (5)	Net Pay Amt (\$) \$ 3.00	Total Charges(\$)	Claim Status ¢ Enter	Claim Type ¢ Enter
You can search by any	y value from the top by clic	king on Search for	Claims									1
TESTCLAIM1234	MXS ZEYBQ VKMSNOW C	111111111	1111111111	YSCYBLWKN KXSX	TEST1234	BOCIOU KSXSQBSF	12/05/2020	12/05/2020	\$3.00	\$100.00	PREBATCH	
TESTCLAIM5678	MXS COMSDMKBZ OBKM	11111111	111111111	YBBKJSZ QXSNNOEA KD.,	TEST1234	DBKGODC VSKQ	09/08/2020	09/08/2020	\$63.00	\$100.00	PREBATCH	

Claims Search is a page on Provider Portal that allows users to check status of a claim submitted for a particular provider that they have access for. Users can search for a claim with any of the above displayed search fields.

When user searches for a claim and clicks on the search result, Provider Portal will re-direct user to a detailed view of the claim selected. Claim Detail tab will show user Service & Payment, Claim and Provider level details of a claim submitted and will also explains the status of a particular claim selected.

	is Search	Claim No: TESTCLA	IM1234 ×								
m S	ummary								/		
rot	fessiona) (Clean Claim)						Patient ID TEST1234	Rece Bille State	ived Date: Oct 5, 2021 d Amount: \$ 93.37	
ling st P	Provider: Provider		Age. 0 Days		PCP N	ame:	D.O.S. From - E Sep 27, 2021	00.S. - Sep 27, 2021	Stati	IS REJECTED	
3P:			P.O.S. 81		Tax ID 1111	11111	Patient Contro 1234567890	l No:	Moo	p Amount: \$ 0.00	
	Service & Payr	ment Details		Claims D	etails	Provider Details					
1. 6	ayment infor	rmation									Payable Amt: \$ 0 .
A(\$	djustment 0.00		De \$ 0	ductible .00		Coinsurance \$ 0.00	Cop \$ 0,1	sy 00		Total Payment Amt. \$ 0.00	
\$	et Payment An 0.00	nt.	Rec \$ 0	overy Amt. .00		Interest Payable \$ 0.00	IS A. No	'R Amt. Eligible		A/R Balance \$ 0.00	
0	K Pay Date		Pai	d Date		Check Number	Plan 212	CRN 780737062198			
rim	ary ICD 10: 🔹		N30	000							
	Code	Dos From	Dos To	P.O.S.	Modifier A B C D	Diagnosis Points A B C D	Unit	Unit Count	Total Charges	Adjudication Status	Status
	87088	Sep 27, 2021	Sep 27, 2021	81		1	UN	1	\$32.62	-1	DENY
	87086	Sep 27, 2021	Sep 27, 2021	81	141 A A A	1	UN	1	\$60.75		DENY

Authorization Search



Auth List										
# Req 🛟	Abv 🗘	Reference 🌻	Sub ID 🌲	Member Name 🌩	D.O.S 🗘	Status 拿	POS 🗘	Auth 🛟	Mode 🛟	DX 🌲
Enter	Enter	Enter	Enter	Enter	10/13/2021	Enter	Enter	Enter	Enter	Enter
										× (
01 ST	OFC	TEST123	TEST1234	Test Member	10/13/2021	Pend-MR	11	PS	FAX	Test Procedure
× 1 2 3	4 5 እ									+ 10Rows - 🛃 Downk
									/	
										
					Auth Se	arch is a page	e on Provider	Portal that allo	ws users to ch	neck sta-
					tus of ar	ny authorizat	ion submitted	l for a particula	ar provider tha	at they
					have acc	cess for. User	s can search f	or an authoriz	ation with any	of the
					above d	isplayed sear	ch fields.			

When user searches for an auth and clicks on the search result, Provider Portal will re-direct user to a detailed view of the authorization selected. Auth Detail tab will show user Summary of the authorization status, procedural details, notes added by plan for provider's reference, etc.

horization Details					
Test Member(Female, 61)	rears)		Member ID TEST1234	Request STANDARD	
D.O.B.: Jan 01, 1960	Contact No.:	Provider ID 1234567890	Eligibility: Dec 31, 9999	Auth Type: PreService Auth Status: Pend-MR	
EFF Date: Jan 01, 2021	Country: TEST	Plan-Sub-Group:	PCP: Test Doctor	• D.O.S. Oct 13, 2021	
Summary	Auth Summary	Notes	Contacts Attac	hments Letters	
1. Basic Information					
P.O.S 11- OFFICE	Authorization PreService	Type Of Care Elective	Recieved Oct 11, 2021	D.O.S Oct 13, 2021	
PCP Test Doctor	Request Standard	Co-Management Obtain False			

******For any further questions, please contact your provider service representative for assistance.