



# PROVIDER PORTAL

## User Reference Guide

This document is used as a guide on how to navigate through the Provider Portal.

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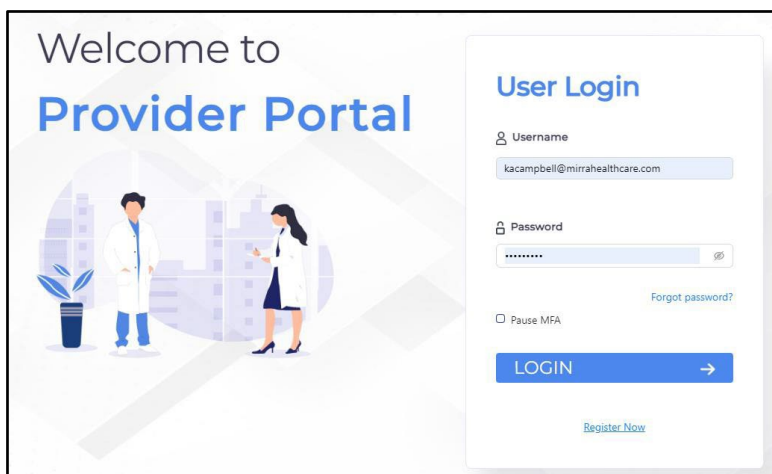
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## 1 – Overview

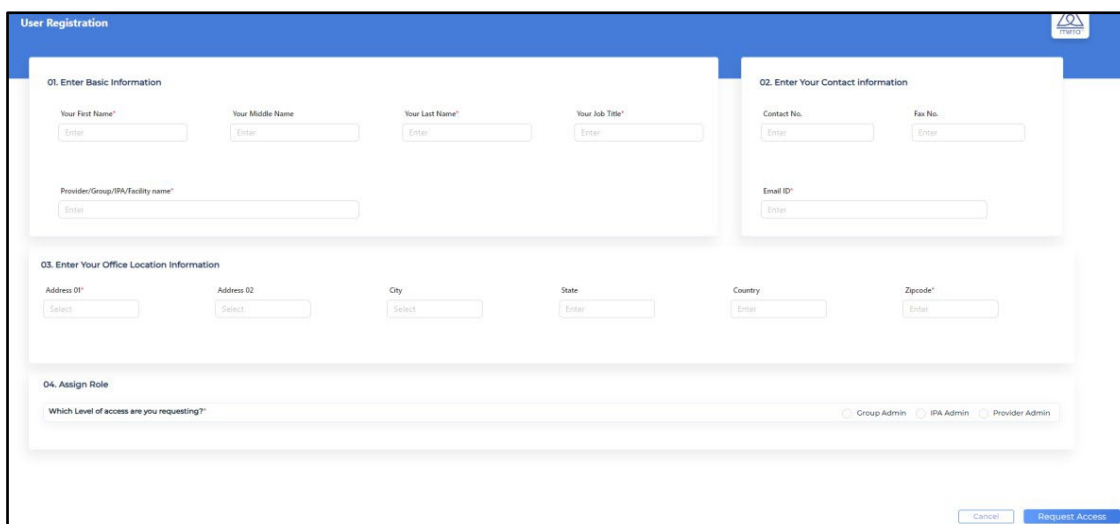
Our **Provider Portal** solution provides the participating providers with the best tools possible to support their administrative needs. The application enables the participating providers to take advantage of our easy-to-use secure web portal for quick, convenient access to member's prior authorizations, claim information, and eligibility. This guide will assist the user with registration, login directions, and system utilization.

## 2 – User Registration

1. From Start Screen, click on **Register Now**. Here is the [link to access](#).



2. Complete **User Registration** screen.



- a. **Enter Basic Information:**
  - i. Your First Name - Required
  - ii. Your Middle Name
  - iii. Your Last Name - Required
  - iv. Your Job Title - Required
  - v. Provider/Group/IPA/Facility Name - Required.

- b. **Enter Your Contact Information:**
    - i. Contact No
    - ii. Fax No
    - iii. Email ID - Required.
  - c. **Enter Your Office Location Information:**
    - i. Address 01 - Required
    - ii. Address 02
    - iii. City
    - iv. State
    - v. Country
    - vi. Zip code - Required.
  - d. **Assign Role (Required) - Which Level of access are you requesting?**
    - i. **Group Admin** - Need Group Tax ID and Group NPI
    - ii. **Provider Admin** - Need Provider Tax ID and Provider NPI
    - iii. **IPA Admin** - Need IPA Tax ID.
3. **Request Access** - This will send the request to the *Medicare Advantage Organization* for approval. It may take up to 24 hours for access to be granted.

### 3 – Login

1. Enter Login Details:
  - a. Enter **Username**.
  - b. Enter **Password**.
  - c. If preferred, click the box in front of **Pause MFA** (Multi-factor Authentication).
    - i. The primary purpose of MFA is to enhance security by adding an additional layer of protection against unauthorized access and identity theft in digital environments.
    - ii. Pausing the MFA will bypass the MFA process for 24 hours.
  - d. Click **LOGIN**.

#### User Login

Please enter valid Email

Please enter valid password

[Forgot password?](#)

Pause MFA

2. Complete **Multi-factor Authentication** Process:
  - a. Once login has been clicked, an email will be sent to your registered email address with a security code.
  - b. Enter the security code into the MFA code on the application.
    - i. The code will expire in **two (2) minutes** of receiving it.
    - ii. If the code has expired, select **Resend MFA code** on the login screen.
  - c. Click **Submit** to proceed to the application.

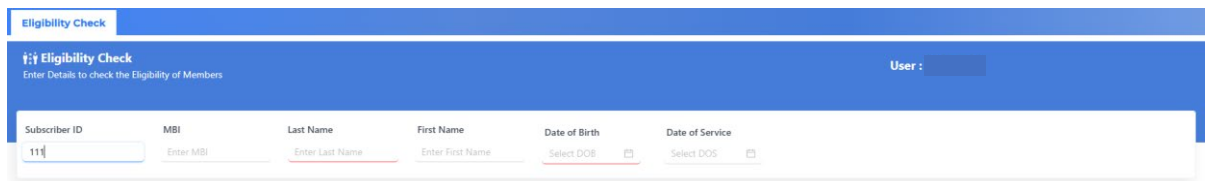
**Multi-factor Authentication**

MFA Code will expire in 1 mins and 55 seconds

## 4 – Eligibility Check

**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.

1. Search for Member.



The screenshot shows the 'Eligibility Check' page. At the top, there is a blue header with the text 'Eligibility Check' and 'Enter Details to check the Eligibility of Members'. Below the header, there is a search form with the following fields: Subscriber ID (with the value '11'), MBI (with the placeholder 'Enter MBI'), Last Name (with the placeholder 'Enter Last Name'), First Name (with the placeholder 'Enter First Name'), Date of Birth (with the placeholder 'Select DOB'), and Date of Service (with the placeholder 'Select DOS').

- Use one of the combinations below:
  - 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
- Once details are entered, click on the magnifying glass:
  - If member is found, the results will show below.
  - If member is not found, results will state.  
**Please check the parameters again.**
- Click on any of the search result fields to open Member Details.



2. Member Details will show the following details currently effective (if available).

Member Details

**Arthur Smith (Male, 74)** MBI

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Plan: \_\_\_\_\_ PCP Name: \_\_\_\_\_ PCP ID: \_\_\_\_\_ Previous Moop: \$0 / \$0 Total MOOP/2024: \$0.00 / \$0

Contact: \_\_\_\_\_ PCP Contact: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Email: \_\_\_\_\_ Effective: 11/30/2024

Address: \_\_\_\_\_  
City: Spring Hill  
State: FL  
Zipcode: 34606

Membership Info | Claims | Authorization | PCP History Print Eligibility

Subscriber ID	Effective Date	Term Date	Address	Plan Name
\$				

- **Header** - This will show any available demographic information on the member as well as current enrollment and current PCP.
- **Membership Information Tab** - This will show the member’s enrollment history with the current *Medicare Advantage Organization*.
- **Claims** - This will show the member’s claim history with the current *Medicare Advantage Organization*.
- **PCP History** - This will show the member’s PCP history with the current *Medicare Advantage Organization*.

### 5 – Claims Search

**Claims Search** is a page on **Provider Portal** that allows users to check status of a claim submitted for a particular provider for which that they have access. Users can search for a claim using one or more of the fields.

Claims Search

Claim Number	Billing Provider	Tax ID	NPI	Rendering Provider	Sub ID	Member Name	DOS From	DOS To	Net Pay Amt (\$)	Total Charges(\$)	Claim Stage	Claim Type	Claim Status	Claim Submission
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Claim Summary** - Click on the claim you wish to review.

1. **Claim Header** - This will show any available demographic information on the member as well as current enrollment and current PCP.

Dental (Clean Claim) Patient ID

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Billing Provider: \_\_\_\_\_ Age: \_\_\_\_\_ Rendering Provider: \_\_\_\_\_ Tax ID: \_\_\_\_\_ D.O.S. From - D.O.S.: \_\_\_\_\_

PBP: \_\_\_\_\_ P.O.S: \_\_\_\_\_ Missing Teeth: \_\_\_\_\_ E.O.P: \_\_\_\_\_

Received Date: \_\_\_\_\_  
Billed Amount: \_\_\_\_\_  
Status: PEND  
Form Type: J430D  
Claim Type: (Paper Claim)  
Claim Submission: I-NEW  
Moop Amount: \$ 31.9



## 2. Service & Payment Details - This will show financial details of the claim such as Deductible, Coinsurance, Copay, etc.

01. Payment Information					Payable Amt: \$ 0.00				
Adjustment \$ 286.00	Deductible \$ 0.00	Coinsurance \$ 0.00	Copay \$ 0.00	Total Payment Amt. \$ 0.00					
A/R Balance \$ 0.00	IS A/R Amt. Eligible No	Interest Payable \$ 0.00	Recovery Amt. \$ 0.00	Net Payment Amt. \$ 0.00					
Clm Pay Date 01/16/2024	Filed Date 01/17/2024	Check Number	Plan CDN	Allowed Amount \$ 0.00					

Primary ICD 10: <span>ET09</span> <span>ET19</span> <span>ES09</span> <span>ES10</span>																
#	Code	Dos From	Dos To	P.O.S.	Diagnosis Points				Unit	Unit Count	Copay	Coins	Total Charges	Adjudication Status	Status	Action
					A	B	C	D								
01	80053	Dec 5, 2024	Dec 5, 2024	81	1	-	-	-	UN	1	\$0.00	\$0.00	\$25.00	Adjudicated	DENY	<a href="#">More Info</a>
02	80061	Dec 5, 2024	Dec 5, 2024	81	2	-	-	-	UN	1	\$0.00	\$0.00	\$25.00	Adjudicated	DENY	<a href="#">More Info</a>
03	81000	Dec 5, 2024	Dec 5, 2024	81	2	-	-	-	UN	1	\$0.00	\$0.00	\$10.00	Adjudicated	DENY	<a href="#">More Info</a>
04	82306	Dec 5, 2024	Dec 5, 2024	81	3	-	-	-	UN	1	\$0.00	\$0.00	\$70.00	Adjudicated	DENY	<a href="#">More Info</a>

## 3. Claims Details:

- a. **Member Information** - This will show member's demographic information and insurance information.
- b. **Payer Information** - This will show the plan information for which the member is enrolled.

01. Member Information				
Name	Address 01	Address 02	City	State
Country	Zip Code	Gender	DOB	Insured Name
Relationships To Insured Self	Insured's Unique Identifier	Insured's Group Name	Insured's Group No. 002	

02. Payer Information				
Payer Name	Payer ID	Address 01	Address 02	City
State				Zip Code

## 4. Provider Details:

- a. **Billing Provider Information** - Information for provider that submitted the claim.
- b. **Pay to Provider Information** - Information for provider that will receive payment if approved.
- c. **Rendering Provider List** - Information for all providers who directly provided the care for the claim.

01. Billing Provider Information					
Billing Provider Name	Tax ID	Address 01	Address 02	City	
State	Zip	Taxonomy	SCN	Telephone	
Network Affiliation In Network Provider	Timely Filing Limit				

02. Pay to Provider Information					
Pay-To-Provider ID	Pay-To-Provider Name	Tax ID/SSN	NPI	Vendor ID	
Vendor Validated Validated	Address 01	Address 02	City	State	
ZIP					

03. Rendering Provider List									
#	Effective	Term	Name	Address	NPI	Specialty	Provider ID	Contract Name	
01.	Jan 1, 2019	Dec 31, 9999	---	---	---	---	---		

## 5. Notes - This would have any notes that may have been entered during the adjudication process.



6. **Edits** - This would show any updates that were needed during the adjudication process.

SI #	Line #	Edit #	Description	Workaround	Resolution	Status	Category	Added By	Overridden By
32	1	.....	Timely Filing FFS	.....	.....	Pay	Claim Main Rule	System	.....
33	1	.....	Timely Filing FFS	.....	.....	Pay	Claim Main Rule	System	.....
34	1	.....	Claim Resubmission	.....	.....	Pay	Claim Main Rule	System	.....
35	1	.....	Claim type mismatch	.....	.....	Pay	Claim Main Rule	System	.....
36	1	.....	Multiple POS Codes in th...	.....	.....	Pay	Claim Main Rule	System	.....
37	1	.....	Zip code not mentioned f...	.....	.....	Pay	CLAIM LEVEL	System	.....
38	1	.....	COB on file	.....	.....	Pay	COB	System	.....
39	1	.....	Ambulance service	.....	.....	Pay	SERVICELINE LEVEL	System	.....

7. **Moop History** - This would show the maximum out-of-pocket information for this member while with this *Medicare Advantage Organization*.

01. Moop History					
Moop Year	Copay	Coinsurance	Deductible	Moop Total	Max Moop Limit
2024	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3400
2023	\$ 0	\$ 0	\$ 0	\$ 0	\$ 3400



## 6 –Authorization Search

**Authorization Search** is a page on **Provider Portal** that allows users to check status of any authorization submitted for a particular provider that they have access for. Users can search for an authorization using one or more of the fields.

#	Req	Adv	Reference	Sub ID	Member Name	From Date	To Date	D.O.S	Status	POS	Auth	Servicing	Facility
	Error	Error	Error	Error	Error	Select	Select	Select	Error	Error	Error	Error	Error
01	SI		PROS			09/19/2023	09/30/2024	09/19/2023	PEND-NURSE	12	PS		
02	Es		OFC			10/06/2024	01/14/2025	01/14/2025	PEND-NURSE	11	PS		
03	Es		SNF			10/09/2024	10/06/2024	10/09/2024	PEND-NURSE	31	PS		
04	SI		ASC			10/06/2024	01/14/2025	11/08/2024	RECOND	24	PS		

**Authorization (Auth) Summary** - Click on the Auth you wish to review.

- Auth Header** - This will show any available demographic information on the member as well as current enrollment and current PCP.
- Summary** - This will show available information regarding the auth.
  - Basic Information** - High level information regarding the auth.
  - Requesting Provider** - Details for the provider requesting the auth.
  - Attending Physician** - Details for the provider responsible for the overall care for the auth.
  - Admitting Physician** - Details for the provider responsible for documenting the patient’s admission.
  - Surgeon Details** - Details for the provider performing the surgery.
  - Facility Details** - Details for the location associated with care for the auth.
  - Other Dx** - Diagnosis associated with the auth.
  - Other Procedures** - Procedures associated with the auth.
  - Admission Date** - Date member was admitted associated with the auth.
  - Discharge Date** - Date member was discharged associated with the auth.
  - LOS Details** - Length of Stay for the auth.
  - Interim Billing Date** - Billing date for continuous course of treatment.

<b>01. Basic Information</b>				
P.O.S	Authorization PreService	Type Of Care Elective	Received Sep 11, 2023	D.O.S Sep 11, 2023
PCP	Request Standard	Co-Management Obtain False		
<b>02. Requesting Provider</b>				
First Name	Last Name	Tax ID	NPI	Provider ID
Contact No.	Fax No.	Specialty	Contact Name	Address 01
Address 02	City	State	Zip	
<b>03. Attending Physician</b>				
First Name	Last Name	Tax ID	NPI	Provider ID
-----	-----	-----	-----	-----
Contact No.	Fax No.	Specialty	Contact Name	Address 01
-----	-----	-----	-----	-----
Address 02	City	State	Zip	
-----	-----	-----	-----	

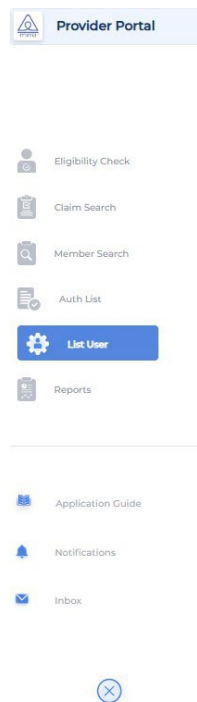
- Auth Summary** - Any additional information for the auth not already provided on the **Summary**.
- Notes** - This would have any notes that may have been entered during the authorization process.

- 5. **Contacts** - This would have any additional contacts provided regarding the auth.
- 6. **Attachments** - This would have any attachments (potentially including the original request) associated with the auth.
- 7. **Letters** - This would show any letters mailed out in association with the auth.

A user (provider) can also submit a prior authorization request by clicking on **Calypso Lite** at the top of the screen. This will route the user to a new login screen for prior authorizations.

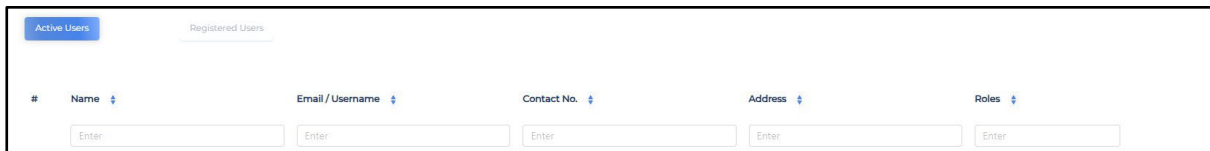
## 7 – List of Users

**List of Users** is a page on **Provider Portal** that allows authorized users to add, remove, edit, resend credentials, or approve access to the Provider Portal.



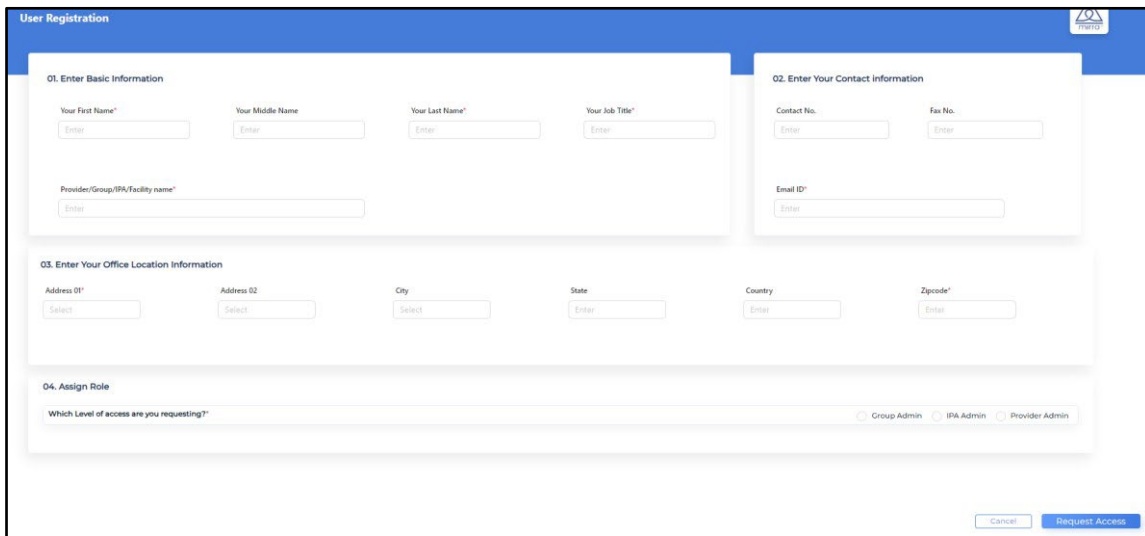
**Note:** This is only for select user assigned by the *Medicare Advantage Organization*.

Users can search for a user by using one or more of the fields.



The screenshot shows the user search interface. It features two tabs: 'Active Users' (selected) and 'Registered Users'. Below the tabs is a search table with columns: #, Name, Email / Username, Contact No., Address, and Roles. Each column has a corresponding search input field with an 'Enter' button.

1. **Add a new user:**
  - a. At the top of the page, click on **Add User**.
  - b. Complete the user access screen.

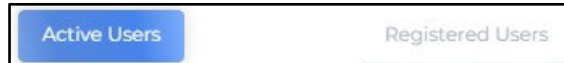


- i. **Enter Personal Information:**
  1. First Name - Required
  2. Middle Name
  3. Last Name - Required
  4. Gender
- ii. **Enter Contact Information:**
  1. Contact No
  2. Fax No
  3. Email ID - Required
- iii. **Enter Location Information:**
  1. Address 01 - Required
  2. Address 02
  3. City
  4. State
  5. Zip code - Required
  6. Country
- c. **Assign Role (Required) - Which Level of access are you requesting?**
  - i. User-Admin Privileges to the user - This will allow them to add users to the system.
  - ii. Select role for the user:
    1. **Plan Admin** - This user will have access to all providers (and members) associated with the *Medicare Advantage Organization*.
    2. **Group User** - This user will have access to multiple providers (and their members) associated with the *Medicare Advantage Organization*. For this user, you will need the NPIs to be added. **Note:** NPIs can be found by Tax ID as well.
    3. **IPA User** - This user will have access to all providers associated with specific IPA(s). For this user, you will need to select the IPA names from the list provided in the system.

4. **Provider** - This user will have access specific to a provider. Both the NPI and Tax ID will be needed for this user.
  - iii. Should user have Eligibility-Only Permissions - This will limit the user to the **Eligibility Check** portion of **Provider Portal**.

2. **Remove/Deactivate a user:**

- a. Locate the user within the **Active Users** search list.



- b. On the far-right side, click on the ellipsis (three dots).
- c. From the options, select **Deactivate User**. This will delete user's access to the system.

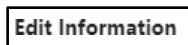


3. **Edit an existing user:**

- a. Locate the user within the **Active Users** search list.



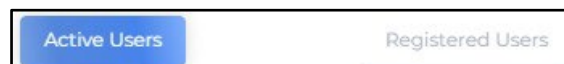
- b. On the far-right side, click on the ellipsis (three dots).
- c. From the options, select **Edit User**. The same screen will appear as it did for the **Add User** and anything (other than email ID as that is also the username) can be edited.



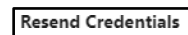
- d. Once updates are completed, click on **Update User**.

4. **Resend Credentials to a user:**

- a. Locate the user within the **Active Users** search list.

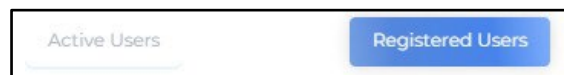


- b. On the far-right side, click on the ellipsis (three dots).
- c. From the options, select **Resend Credentials**. This will send the user a link to access the system.

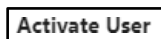


5. **Approve access for a registered user:**

- a. Locate the user within the **Registered Users** search list.

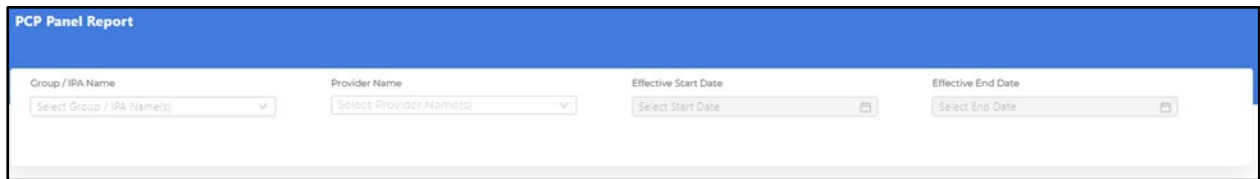


- b. On the far-right side, click on the ellipsis (three dots).
- c. Click on **Activate User**. This will move the user from *Registered User to Active User*. Once in Active User, edits can be completed as needed.



## 8 – PCP Panel Report

**PCP Panel Report** is a page on **Provider Portal** that allows users to pull a report of members associated with their user access level. Users can filter the report using one or more of the fields.



The screenshot shows the 'PCP Panel Report' filter form. It has a blue header with the title 'PCP Panel Report'. Below the header are four filter fields: 'Group / IPA Name' with a dropdown menu, 'Provider Name' with a dropdown menu, 'Effective Start Date' with a date picker, and 'Effective End Date' with a date picker.

Once the report criteria have been entered, click on **Generate Report** button. This will create the report.



To download the report, go to the bottom of the screen and click on **In PDF** or **In Excel**.



## 9 – Helpful Links



Application (User) Guide



Notifications



Inbox



Logout



Quick Reference Guide

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