# Provider Portal Quick Reference Guide

Provider Registration:

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

| 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.<br>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 pshah@healthaxis.com or (813)365-3260.   |
| CONTINUE + BACKTOLOGIN  |

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 Cont.

- 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 6character 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.

| Ô  | This message was sent with High importance.   |                                |
|----|---|--------------------------------|
| PH | Provider Portal - HealthAxis <no-reply@healthaxis.com><br/>To: ● Jasmine Mack</no-reply@healthaxis.com>             | (i) ← ≪ → Fri 3/1/2024 3:11 PM |
|    | Dear Maria Smith,   |                                |
|    | 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,<br>Health Axis Support   |                                |
|    | $\leftarrow Reply   Forward$  |                                |

Once the registration is complete, the provider will receive a confirmation message stating that the Health Plan is current 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.

#### **Provider Portal Registration Cont.** Once access for the administrator has been approved, the administrator will receive the following email: O This message was sent with High importance NOTE: If the provider misses the 7 day timeframe, the provider Provider Portal - HealthAxis <no-reply@healthaxis.com> To: Jasmine Mack Tue 1/9/2024 11:55 AM will need to click the Click Here To Verify Button, this will take the Dear Jasmine Wordly provider to the Provider Portal and a message will appear for the A new user account has been created for you to access the Provider Portal. User Name: jwordly provider to resend the link to the email address used during Please validate your account, by selecting the email verification icon below. This link is time sensitive and will expire in 7 days. registration. **Click Here To Verify Account** If you require additional assistance, please contact your Account Administrator Sincerely Health Axis Support ← Reply / → Forward Portal Leaend: Terms of Use: Once signed into the portal, the terms of use Allows users to update or edit Image: Contemporary Contempo page will be displayed. If the provider clicks Something capable of being - Delete Do Not Accept the provider will not be logged Browser Capability deleted To use the provider Portal, the into the portal. Note: This will appear on the log in screen. Not following browsers must be used: ! Terms Of Use all users will have the edit/update capability. HIPAA Privacy & Security Notice: By logging on to this system. Lecognize, acknowledge and agree that transactions within this system are Provider will need to keep in mind that not First-A Privacy's decumity involute by logging on to this system, I recording explanation/weighe and agate that it associations by setting and tracked by user signers. By logging on to this system, a gare to ability setting on to the system is system and agree hand proceed and personal headin information must reade by user social headin information into the set on or is accessible with this system. I understand head, advorweidge and agree hand proceed headin information must be legit confidential, and a gare to this system is confidentially and privacy advected headin information must be legit confidential, and a gare to maintain that confidentiality. In confidentiality is recording the legit confidential, and a gare to advect the legit confidential information must violate state and/or federal awar and may have an advecte impact on the legit to advect the legit in tradicative violation. The region of the violation of works the system. Increase that violating the legit to advect the legit in the violating of the violating of the region of the region of the violation. many things in the system have the delete Browser Capability - ✓ IE 10+, Chrome 20+, Firefox 5.0+ the confidentiality agreement or releasing information without proper authorization may result in legal action against me. capability since the system is utilized for viewing CPT copyright 2015 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained data. herein. 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 or unauthorized access will be investigated and prosecuted to the full extent of the law. Click Accept to proceed or Do not Accept to exit the program

| Provide  | er Portal Home Screen:  |  |
|--|---|--|
| Heolithacis Members Auths / Referrals Claims Providers Administration -    Station Date Message Download  No data available.   |   | Health Axis Logo:<br>Health Axis Logo<br>Clicking the Health Axis logo from any<br>module will take the user back to the<br>portal home screen.  |
| <ul> <li>Welcome smithtest </li> <li>Privacy Policy</li> <li>Change Password</li> <li>Help</li> <li>Logout</li> </ul> Providers can utilize the dropdown located next to their name to: <ul> <li>View Privacy Policy</li> <li>Change Password</li> <li>View helpful URLs and Links configured in Help</li> <li>Logout</li> </ul> | Administration -<br>Roles<br>Users<br>The Vendor/Facility/Physician Administrator<br>can use the dropdown located next to<br>Administration to:<br>View/Create/Modify Roles<br>View/Create/Modify Users<br>Note: Others user that are not the Administrator<br>will not have this option. | Referral Highlights:<br>This section is used to capture<br>Authorizations submitted by the<br>provider according to status of the<br>authorization request.<br>Referral Highlights (Since: December 1, 2023)<br>Authorization My Status<br>Approved<br>Denied<br>N Process<br>Void<br>Tota |

# Member Search: Control CLE Kin Hards Member Do First Name Member TO First Name Member TO First Name Medicare ID Lear Kame Medicare ID Select an Option

Q SEARCH O RESET

Note: All member id numbers for the state of Colorado start with the letter "C" and are all 9 characters long. All member id numbers for the state of Florida start with the letter "F" and are all 9 characters long. All member id numbers for the state of Illinois start with the letter "I" and are all 9 characters long. All member id numbers for the state of Michigan start with the letter "M" and are all 9 characters long. All member id numbers for the state of New Jersey start with the letter "J" and are all 9 characters long. All member id numbers for the state of New York start with the letter "Y" and are all 9 characters long. All member id numbers for the state of New Jersey start with the letter "J" and are all 9 characters long. All member id numbers for the state of New York start with the letter "Y" and are all 9 characters long. All member id numbers for the state of North Carolina start with the letter "N" and are all 9 characters long. All member id numbers for the state of Oklahoma start with the letter "T" and are all 9 characters long.

### Member Search Cont.

- Provider can search by Member ID or 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 would mean that the member is not active.

Note: Because this is a Medicare Plan, the user may see a term date in the system for the current year with the date of 12/31. This means that the member will be active for the entire year.

|                          |                                   | <u>Eli</u>         | <u>gibility Screen:</u>   |              |               |                                    |
|--------------------------|-----------------------------------|--------------------|---------------------------|--------------|---------------|------------------------------------|
| 🏶 Home > 🛔 Member - [ Do | e, John - SL1234567801 ] > Detail |                    |                           |              |               |                                    |
|                          | PROBLEMS 🖶 PRINT                  |                    |                           |              |               |                                    |
| Member Information       |                                   |                    |                           |              |               |                                    |
| Name                     | Doe, John                         | Date Of Birth      | 01/01/1968                | Phone        | 2             | (408) 999-9999                     |
| Status                   | Active Member                     | Age                | 53                        | Email        | Address       | teresa.howeth@healthaxis.com       |
| Member ID                | SL1234567801                      | Gender             | Male                      | Addre        | 255           | 500 Test Road, Charleston WV 25301 |
| Medicare ID              |                                   | Marital Status     | Married                   | Emerg        | gency Contact |                                    |
| Primary Language         | English                           | Employment         | Full Time                 | Emerg        | gency Phone   |                                    |
|                          | Note: The eli                     | gibility screen ca | In be printed to place in | the member's | file.         |                                    |

|   | A description of   | <u>Memb</u><br>of the member's ber  | <i>er Benefit Information:</i><br>nefit plan can be viewed wi | thin the provider portal.  |
|---|--|-------------------------------------|---|--|
| Current Coverage                                  |  |                                     |   |  |
| ealth Plan  | Health Alliance  | PCP                                 | DEFAULT, DEFAULT - [ P00001065 ]                              | Benefit Plan Description   |
| e Of Business                                     | HPHCMCR  | PCP Ethnicity                       |   | Plan Name: HP19017 - Health Alliance Value Rx Plus (PPO)<br>Max Out of Pocket: \$3,400 |
| nefit Plan  | HP19017  | PCP Location                        | DEFAULT Mansfield, MA 02048                                   | Contract Number: H1660<br>PBP Number: 017  |
| x.  |  | PCP Phone                           | (999) 999-9999  |  |
| ective - Term Date                                | 06/01/2019 - 06/30/2019  | PCP Fax                             |   |  |
| mary Facility                                     |  | Primary Lab                         |   |  |
|   |  | C                                   | laim Information:   |  |
| Home > Q S  | earch Claim  | -                                   | - <b>-</b>  |  |
|   | des d  |                                     |   |  |
| <b>Q</b> Search Cl                                | aim  |                                     |   | ·  |
| Claim Numb  | ver  | Claim Status                        | DOS From  | DOS To   |
| Claim Nu  | mber   | Select an Option                    | • Select Date   | Select Date  |
| Member  |  | Provider                            | Line Of Business  | IPA  |
| Member  | D × Q FIND   | Provider Number                     | × Q FIND Select an Option                                     | • Select an Option •   |
| Q SEARCH  | Providers will have the formation Cont.                                  | ne capability to view<br>Claim      | r claims submitted for their<br>Information Cont.             | provider or facility for a member.<br><u>Claim information Cont.</u>                   |
| <ul> <li>Find can be used to perform a</li> </ul> |  | Providers can                       | choose to view Institutiona                                   | al Claim Statuses  |
| search using various search                       |  | Claims (UB) or                      | Professional Claims (HCFA                                     | ). Claim Status  |
| criteria.   |  | Both are automatically checked; the |   |  |
| iber<br>ember ID                                  | Provider           X         Q, FIND           Provider Number         X | provider can d                      | leselect if one is not neede                                  | d. In Process  |
|   |  | Institutional Claim رسانی           | a (UB) 🗹 Professional Claim (HCFA                             | Denied<br>Adjusted<br>Encounter<br>Voided  |

# 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.

| Check Details                               |            |        |       | ^ |
|---|------------|--------|-------|---|
| Check No.                                   | Date       | Amount | Total |   |
| NC10000                                     | 06/05/2018 | Ś O    | \$ D  |   |
| COP this Claim COP for Check COP this Claim | C DEMAND   |        |       |   |