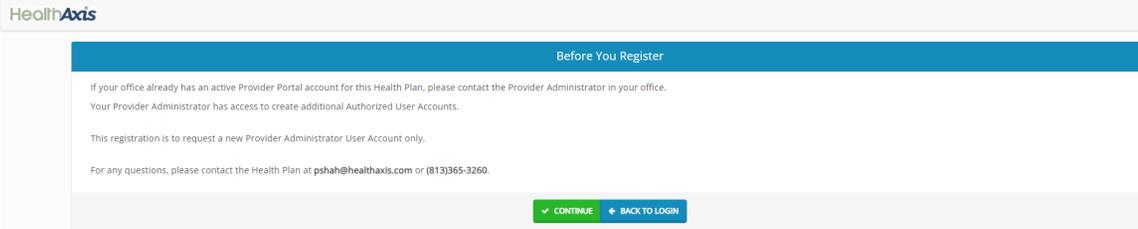# Provider Portal Quick Reference Guide

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 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 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.
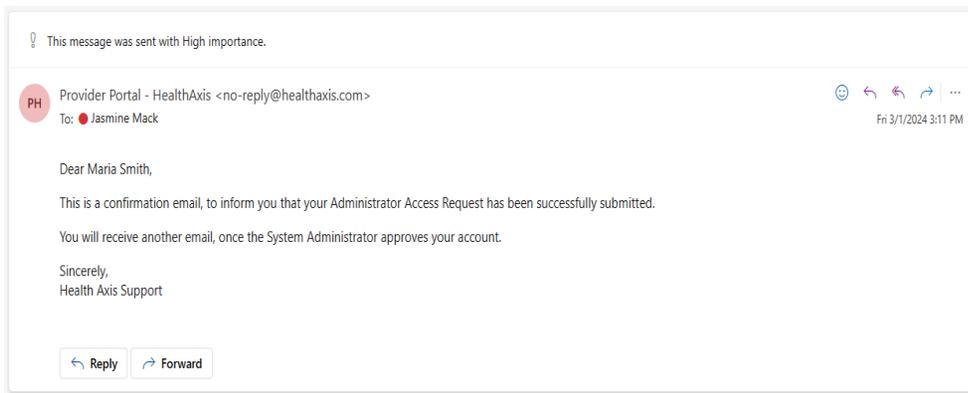
Once the registration is complete, the provider will receive a confirmation message stating that the Health Plan is current reviewing the registration. The health plan will review the registration information and confirm that the information entered matches what's on file with the health plan. The provider 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:
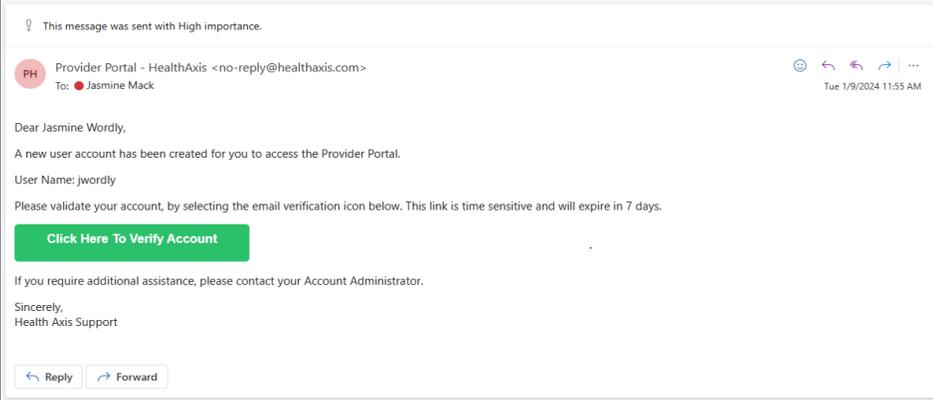

NOTE: If the provider misses the 7 day timeframe, the provider will need to click the Click Here To Verify Button, this will take the provider to the Provider Portal and a message will appear for the provider to resend the link to the email address used during registration.

Browser Capability

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

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


Portal Legend:
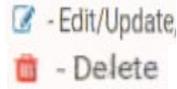
 - Edit/Update, Allows users to update or edit
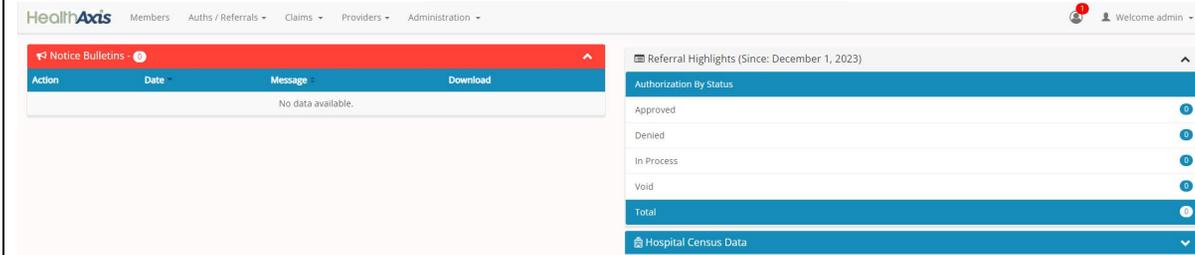
 - Delete Something capable of being deleted

Note: This will appear on the log in screen. Not all users will have the edit/update capability. Provider will need to keep in mind that not many things in the system have the delete capability since the system is utilized for viewing data.

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.
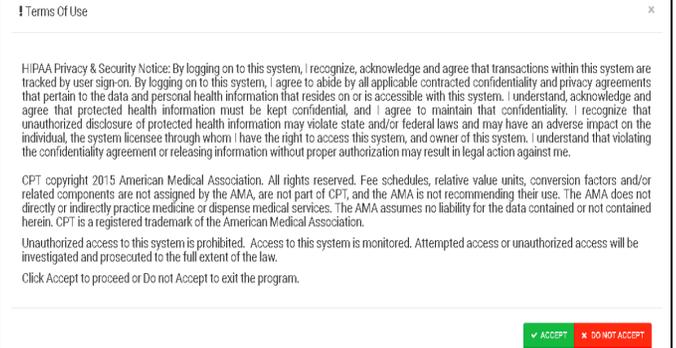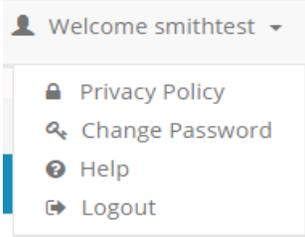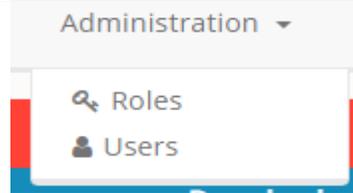
Provider Portal Home Screen:	**_Health Axis Logo:_**
	  Clicking the Health Axis logo from any module will take the user back to the portal home screen.

		Referral Highlights:
  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	 The Vendor/Facility/Physician Administrator can use the dropdown located next to Administration to: • View/ Create/ Modify Roles • View/Create/Modify Users **Note: Others user that are not the Administrator will not have this option.**	This section is used to capture Authorizations submitted by the provider according to status of the authorization request.

Member Search:

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 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.

Eligibility Screen:

🏠 Home > 👤 Member - [Doe, John - SL1234567801] > Detail

AUTHORIZATION ▾ CLAIM ▾ PROBLEMS 🖨 PRINT

ℹ Member Information

Name	Doe, John	Date Of Birth	01/01/1968	Phone	(408) 999-9999
Status	Active Member	Age	53	Email Address	teresa.howeth@healthaxis.com
Member ID	SL1234567801	Gender	Male	Address	500 Test Road, Charleston WV 25301
Medicare ID		Marital Status	Married	Emergency Contact	
Primary Language	English	Employment	Full Time	Emergency Phone	

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

Member Benefit Information:

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

Current Coverage					
Health Plan	Health Alliance	PCP	DEFAULT, DEFAULT - [P00001065]	**Benefit Plan Description**	
Line Of Business	HPHCMCR	PCP Ethnicity		Plan Name: HP19017 - Health Alliance Value Rx Plus (PPO) Max Out of Pocket: $3,400 Contract Number: H1660 PBP Number: 017	
Benefit Plan	HP19017	PCP Location	DEFAULT Mansfield, MA 02048		
IPA		PCP Phone	(999) 999-9999		
Effective - Term Date	06/01/2019 - 06/30/2019	PCP Fax			
Primary Facility		Primary Lab			

Claim Information:

Home > Q Search Claim

Q Search Claim

Claim Number	Claim Status	DOS From	DOS To
Claim Number	Select an Option ▾	Select Date	Select Date

Member	Provider	Line Of Business	IPA
Member ID ✕ Q FIND	Provider Number ✕ Q FIND	Select an Option ▾	Select an Option ▾

☑ Institutional Claim (UB) ☑ Professional Claim (HCFA)

Q SEARCH   ↻ RESET

Providers will have the capability to view claims submitted for their provider or facility for a member.

Claim Information Cont.	*Claim Information Cont.*	*Claim information Cont.*
• **Find** can be used to perform a search using various search criteria. Member: Member ID ✕ Q FIND Provider: Provider Number ✕ Q FIND	• 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. ☑ Institutional Claim (UB) ☑ Professional Claim (HCFA)	*Claim Statuses* Claim Status Select an Option ▴ In Process Paid Denied Adjusted Encounter 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	$ 0	$ 0	

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