Provider Home Page

The Provider Portal home page contains a Menu Bar, and quick links to reach other areas of the site. Each area will be reviewed as part of this user guide.
Provider Tools

The toolbar along the left side of the screen contains “quicklink” buttons linked to services where providers can look up a patient’s eligibility information, look up the processing status of a claim, request a claim adjustment, check on payment status of a claim and pull up a member roster applicable to the provider’s patient base.

Verify Eligibility

This “quicklink” provides access to member eligibility information. The search requires entry of the Member ID found on the member’s ID card OR entry of the patient’s Last Name and Date of Birth. If a provider only has a patient’s Last Name or Date of Birth, a search can also be performed by using that information with a Group number. Providers may search for multiple Member ID’s at the same time by entering a Member ID, then hitting the “Enter” button after each entry, then clicking on the “Search” button to activate the search.

When the search results screen appears, click on the Name of the member to see the Eligibility Details. The data on the results screen can be sorted by clicking on the column headings.
Eligibility Detail contains access to the Network Directory where a provider search can be performed. The link for this service is located under the Primary Care Physicians (PCPs) section. This same service can be accessed from the Menu Bar, “Network Directory” service. Within the Eligible For section, there is a link from the medical Plan Description where a provider can access summary information concerning the Co-pays, Coinsurance, Out-of-Pocket and Plan limits of benefit plan under which an individual is covered. A Print View option is available if a copy of the summary must be kept on file.
Verify Claims

This “quicklink” provides access to search for member claim information. The search requires entry of a Member ID OR a Claim Number. Providers may search for multiple claims at the same time by entering a claim number, then a comma before entering the next one. Click on the “Search” button to activate the search.
When the search results screen appears, click on the Claim Number to view detail. The data on the results screen can also be sorted in this service by clicking on the column headings.

A Print View option is available on the Claim Detail screen, if a copy of the claim must be kept on file (image below).
Claims Adjustment Request

This "quicklink" provides access to request a claim adjustment from the Provider Network Management area at Presbyterian, if the matter cannot be resolved through Pres Online, IVR, Healthcare Extranet or the Provider CARE Unit. An attachment option is available to use if your "Reason for Inquiry or Adjustment Request" on the form is more than 300 characters. If additional space is needed, it may be placed in a separate document and attached to the request before submission. This feature can also be used to submit any documentation applicable to the request.

When the for request form opens, providers should complete the required fields and click on “Submit” at the bottom of the screen.
A response to the request will be sent as soon as the matter has been researched. A notice will be sent to the provider user account of the individual making the request. The reply message can be accessed from the “Messages” link at the top of the website.
A confirmation message with a Tracking Number will appear online for the provider’s records

Payment Tracking

This “quicklink” provides access to research claims payment details by Claim Number or Check Number. The search can be set to look for claims or check numbers applicable to All Providers in the same practice or facility, as well as those applicable to a specific provider of service within a practice or facility. To change the search from “All Providers” to a specific provider, use the Select Provider dropdown box to choose the provider ID number associated with that provider. If performing the search by Claim Number, multiple claim numbers may be entered for the same search as long as the claim numbers are separated by a comma. Providers may also search by Patient ID, Date of Birth or Date Range. Click on the “Search” button to activate the search.
The results of the search may be sorted by clicking on the column heading a user may wish to sort by. To view the claim detail, select the Claim Number in the results grid.

Member Roster

This “quicklink” provides access to pull together a list of all members where the provider is assigned as the PCP provider OR where one of the providers within a practice or facility is assigned as the member’s PCP. After selecting the Provider the search will use, click on the “View All Patients” link. The other fields and the “Search” button can be used to do an eligibility search on a specific member, if desired. All data in the results of the patient roster search is sortable. The results of the search may be sorted by clicking on the column heading a user may wish to sort by.
Rosters can be exported into Microsoft® EXCEL by clicking on the “Download Results” link (image above). To view details on a specific member’s eligibility, click on the member’s name.

<table>
<thead>
<tr>
<th>Name</th>
<th>Member ID</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Effective Date</th>
<th>Group Name</th>
<th>Product ID</th>
<th>Group ID</th>
<th>PCP ID</th>
<th>PCP Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAMS, FESTER</td>
<td>10131313000</td>
<td>01/31/1942</td>
<td>M</td>
<td>10/31/2011</td>
<td>PRESBYTERIAN SALUD</td>
<td>HSH10000</td>
<td>NMOM2222</td>
<td>201040000</td>
<td>HOWARD, RON</td>
</tr>
<tr>
<td>ADAMS, GOMEZ</td>
<td>10151515000</td>
<td>08/07/1965</td>
<td>M</td>
<td>10/31/2011</td>
<td>PRESBYTERIAN SALUD</td>
<td>HSH10000</td>
<td>NMOM2222</td>
<td>201040000</td>
<td>HOWARD, RON</td>
</tr>
<tr>
<td>ADAMS, LURCH</td>
<td>10141414000</td>
<td>11/15/1960</td>
<td>M</td>
<td>10/31/2011</td>
<td>PRESBYTERIAN SALUD</td>
<td>HSH10000</td>
<td>NMOM2222</td>
<td>201040000</td>
<td>HOWARD, RON</td>
</tr>
<tr>
<td>ADAMS, MORTICIA</td>
<td>10515101000</td>
<td>08/29/1967</td>
<td>F</td>
<td>10/31/2011</td>
<td>PRESBYTERIAN SALUD</td>
<td>HSH10000</td>
<td>NMOM2222</td>
<td>201040000</td>
<td>HOWARD, RON</td>
</tr>
<tr>
<td>ADAMS, PUGSLEY</td>
<td>10414141000</td>
<td>12/19/1986</td>
<td>M</td>
<td>10/31/2011</td>
<td>PRESBYTERIAN SALUD</td>
<td>HSH10000</td>
<td>NMOM2222</td>
<td>201040000</td>
<td>HOWARD, RON</td>
</tr>
<tr>
<td>ADAMS, WEDNESDAY</td>
<td>10313131000</td>
<td>07/11/1988</td>
<td>F</td>
<td>10/31/2011</td>
<td>PRESBYTERIAN SALUD</td>
<td>HSH10000</td>
<td>NMOM2222</td>
<td>201040000</td>
<td>HOWARD, RON</td>
</tr>
</tbody>
</table>
The eligibility detail can be printed by clicking on the “Print View” link. To return to the member roster, click the “View All Patients” link (image above) next to the “Search “button.
Fast Claim

This “quicklink” takes providers to a service where they can either enroll to participate in the online claims submission service or to login to submit a claim online.

Items on the Menu Bar provide access to additional services a provider might need.

Selecting Network Directory from the Menu Bar takes the provider to a provider network search service.
Selecting **Pharmacy** from the Menu Bar will display a screen where a Pharmacy Information menu of services can be accessed to obtain information about formularies, prior authorization requirements and online requests for pharmacy information.
Selecting **Provider Auth** from the Manu Bar will open two options pertaining to Prior Authorizations. Providers can **Search existing authorizations requests** or **Submit a new authorization**.

In the “Search” portion of the screen, a provider may inquire about Completed authorizations as well as Submitted (pending) authorizations. Searches can be narrowed by Auth Type (inpatient, outpatient, durable medical equipment), or Date Range. Providers may also search by Authorization ID number or by Member Last Name/Date of Birth.

The following actions are available to providers in the Authorization Submission service accessed from the right side of the screen:

- Inpatient, Outpatient or DME prior authorization requests submissions
- Member lookup
- Auto-approval of some specific procedure codes, units, days and coverage
- Provider lookup within the request forms
- Procedure/diagnosis code lookup within the request forms
- Secure messages from Presbyterian to correct submitted requests and re-submit
- Editing rights for certain fields
- Ability to add attachments to authorization request forms

Each prior authorization type has a different submission service screen.
The “Select Member” button allows you to choose the member for whom services are being requested.

A Sequence is a Diagnosis Code and Procedure Code set which combine with units to determine whether or not the requested service can be Auto-Approved. If the service can be auto-approved, you may add a new sequence and continue with the request. If the service cannot be auto-approved, the requesting provider will be presented with a checkbox to indicate agreement to move on.

When a provider begins to fill in the Diagnosis Code or Procedure Code fields, the service will assist in finding the applicable codes by pulling up a list of possible codes with descriptions from which the user can pick the appropriate codes/descriptions. Once selected, the input fields will be auto-filled and the remaining Unit field must be completed by the provider before he/she can proceed.

After the “Add Sequence” button is clicked, the following screen appears if the service cannot be Auto-Approved.
Once the box is checked, additional fields will appear so the provider can include additional information in the request.
Additional fields will appear if “Yes” is answered to the Accident or Pregnancy Question. In that case, choose from the dropdown box provided to proceed to the next step.

Additional fields on Medical Services section

If the provider is not found through the Search Provider functionality, the user may add the provider to the request by clicking on the Add Provider link. When a provider is added rather than selected, the following screen will need to be completed.
The Member Search Screen is accessed by clicking on the Select Member button. This selection is a required step in the process since the search is designed to exclude members with termed eligibility.

Sample Member Search Results

Sample Member information which is the result of selecting the member’s Name. This information is added to the Authorization Request by clicking on the Select Member button.
Provider Search Screen

Selection of providers in this service is limited to those providers who have 'PAR' (participating provider) status within the directory data.

Sample Search Results – Click on any underlined data in the results to select the provider.
Facility Search Screen

Selection of facilities in this service is limited to those facilities that have 'PAR' status within the directory data.

Sample Facility Results screen. Click on any result in the row to select the facility.

To move to the next step, click the Next – Medical Criteria button. If there are any errors or missing information on this page, error messages will be displayed. Errors or omissions must be resolved before moving forward in the process.
Any desired attachments may now be added to the request. Once the request is completed, a summary screen will appear to confirm the information contained in the request. If all information is correct, the provider must click on the Submit Request button to send the request. If corrections are needed, click on the Back link to handle that.
The screen below is returned upon click the **Submit Request** button. It provides a Tracking ID number for the Prior Authorization request.

![Outpatient Prior Authorization for Sam Jones](image)

From this point forward, only the differences between the various types of services will be discussed. The search functions for Member, Provider, and Facility will remain the same. The results columns may be slightly different from service to service, but functionality will remain the same.

**DME/OP Prior Authorization**

On this type of request, Facility and Requesting Type are not needed.

**Inpatient Authorization**

For this type of request, Units are not needed as they apply on to Outpatient and DME service requests.

**Inpatient Admission**

Different from the Inpatient Authorization request, the Inpatient Admission requests do not require completion of a Medical Services section, Servicing Provider becomes Admitting Provider and Servicing Facility becomes Admitting Facility.

Selecting **Resource Links** from the Menu Bar brings up the final list of services available to providers.
The Provider Manual service contains essential information for providers and is an extension of the provider contract. It provides access to Presbyterian programs, policies and procedures for HMO, PPO, ASO, Indemnity, Presbyterian Senior Care, Medical PPO and Presbyterian Centennial Care plans. Click the pdf icon link to open the manual; it can also be located on the Training and Reference Page and the Clinicians’ Resources Page.
The **Provider Network Management** service allows providers access to the Provider Network Relations information as well as many other Presbyterian services, such as, Appeal and Grievance procedures, Behavioral Health information, Provider Training seminars and Provider Education Conferences.
The **Health Services** item on the service menu dropdown provides access to the Presbyterian Medical Policy Manual, Prior Authorization Guide, printable Prior Authorization Request form, and instructions on how to fax authorizations to Presbyterian, general provider communications, preventive healthcare and clinical guidelines, specific disease material and miscellaneous forms.
The Pharmacy service displays the following screen where the provider can access pharmacy benefit information.

The Provider Communications service allows access to the Presbyterian Communications Archive.
When the **Prior Authorization Guide** service is selected, a PDF document containing specific guidelines on different types of services is presented. Only a portion of the document is displayed below.

![Presbyterian Prior Authorization Guide](image)

The **Questions** service allows providers to submit a request for information.

To open the request form, click on the “here” link shown. Complete the required fields to submit a request for information to the Provider Network Management area at Presbyterian, if the matter cannot be resolved through Pres Online, IVR, Healthcare Extranet or the Provider CARE Unit. An attachment option is available to use if the “Reason for Inquiry or Adjustment Request” on the form is more than 300 characters. If additional space is needed, it may be placed in a separate document and attached to the request before submission. This feature can also be used to submit any documentation applicable to the request.

When the request is complete, providers should click on “Submit” at the bottom of the screen to send the request. A confirmation message with a Tracking Number will appear online for the provider’s records.

A response to the request will be sent as soon as the matter has been researched. A notice will be sent to the provider user account of the individual making the request. The reply message can be accessed from the “Messages” link at the top of the website.
Providers may also add an attachment to the request for information prior to submitting the request.
The last service item which can be chosen from the Resource Links on the Menu Bar dropdown is the **PNM Contact Guide**. This service opens a PDF document containing contact information to make getting in touch with Provider Network Relations staff more efficient. The guide categorizes the various provider type service areas and lists names, direct phone numbers and email addresses for the staff.

Finally, the links on the Provider footer section of each screen open documents which set out information on items such as contacting Customer Service, Presbyterian news, terms/conditions of website use and privacy.

***All member, provider, and procedure pricing information used throughout this directory has been created for the purpose of training***