

Provider Portal Manual

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This guide mentions the basic steps required to configure the Web-based *ikaClaims* System for authorized Users.

This guide assumes that you are familiar with Microsoft® Windows™ Internet Explorer, Web-based applications and Health Benefits Insurance terminologies.

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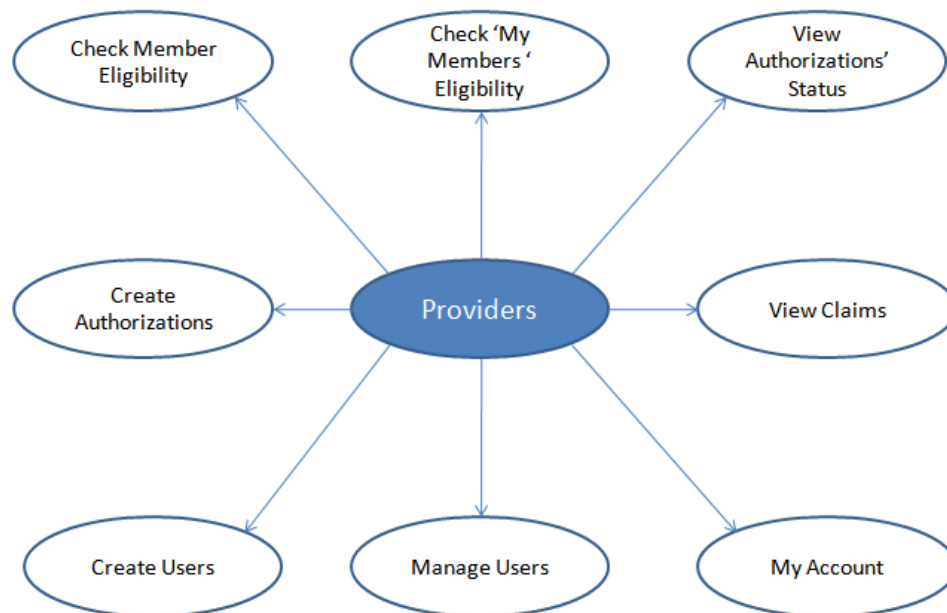
Please make sure that you understand and agree with the terms of the policy. Pay attention to the minute details to understand the requisites required to install the *ikaClaims* systems for it to work effectively.

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Introduction

Provider portals are secure web based application environments that aggregate information and functionalities from other applications and sub-systems aimed at business-to-business information exchange between Payers and Health Plans companies and various medical service providers.

Provider Portal application greatly improves features and quality of on-line, self service capabilities available to the medical providers



Provider Portal Features

- Eligibility verification
- Member benefit verification
- Preauthorization submission and approvals
- Claims submission and status
- Claims tracking
- Referral submission and approval
- Submit a complaint
- Submit contact information changes

Provider Portal Benefits

Improves the Efficiency of your Providers

- Instantly view current patient eligibility and benefit information
- Reduces bad debt for services provided to ineligible patients
- Billing staff can perform administrative work (eligibility, claims tracking, etc) during off hours
- Receive authorization and referral approval in real time
- Frees phone lines by eliminating eligibility and claims status calls
- Prevents incomplete claims from being submitted
- Correct claims errors before submission
- Routine authorizations and referrals approved electronically using your business rules
- More complete claims result in faster average turnaround

Provider Portal Home Page

Providers can register themselves using the Register link available in the Portal home page. New users should click on Register to create a username and password for having access to the portal. After registering Users can login to the portal with their Login and passwords

Welcome Provider

Quick and easy web service that provides access to your information

- 24 hour access to eligibility, authorization and claim status
- Contact customer service via e-mail

If you are a new user, click on [Register](#) to create your account. Otherwise, type your user Login Id and Password and click the login button.

Existing users will also need to re-register to access their old accounts.

[Provider Portal Manual](#)

Login

Login ID:

Password:

[Forgot your Password?](#)

Provider Registration

Step 1: Click on Register in the home page to being registration

Step 2: Choose Providers as the user and click on Next

User Registration

Existing users will also need to re-register to access their old accounts.

Select One **

Members

Providers

Step 2: Select Provider type (Screen shown below). This is because there are multiple providers/professionals who utilize the same TIN/NPI but may want to register accounts. The multiple providers/professionals can be distinguished by type.

- **Primary Care Physician Office-** This is the entire Professionals- PCPs. Individual NPI field is mandatory to register. This type of providers are capable of creating and viewing referrals

- **Other Physician Office/Specialist Office**- This is a group of professionals other than PCPs e.g. Specialists. Individual NPI mandatory to register. This type of Providers are capable of viewing referrals and cannot create referrals
- **Ancillary Provider/Contract Administration/Payee/Other**- Tax ID mandatory to register. This type of Providers can view referrals.

User Registration

Existing users will also need to re-register to access their old accounts.


Select Type *

Primary Care Physician Office
 Other Physician Office / Specialist Office
 Ancillary Provider /Contract Administration /Payee /Other

Individual NPI *

List of available providers [Provider ID: Last Name, First Name]	List of selected providers [Provider ID: Last Name, First Name]
<ul style="list-style-type: none">[REDACTED][REDACTED][REDACTED][REDACTED]	<ul style="list-style-type: none">[REDACTED][REDACTED]

Depending on the Provider type and values entered in the fields, the search results will be displayed.

The results will be displayed in the List of Available Providers. Multiple users can be assigned a single user login. To do so, select the provider from the List of Available Providers and click on  to add it to the List of Selected providers. To choose a single provider, follow the same process. Click on next to create a username and password. The next screen (shown below) allows users to create a username and password.

User Registration

Password Requirements	Must be at least 7 characters. Must contain at least: <ul style="list-style-type: none">• One lower case letter• One upper case letter• One digit• One special character - Valid special characters: ~ ` ! @ \$ % ^ * + =
Name	<input type="text" value="Test Test"/>
Username *	<input type="text" value="ttest"/>
Security Question *	<input type="text" value="What is your favorite pet's name?"/>
Answer * (Max. Length: 15)	<input type="text" value="chuck"/>
Password *	<input type="password" value="....."/>
Confirm Password *	<input type="password" value="....."/>
Email *	<input type="text" value="arallabhandi@ikasystems.com"/>

This screen allows the Provider to create a Username, Password and enter email information. E-mail information will be used to send username and password and the password if it was forgotten or reset.

Click on finish to complete registration. This sends one email containing Username and another email containing the password to the email Id entered in the previous screen

User Registration

User 'ttest' created, email sent to arallabhandi@ikasystems.com

Click on [Home](#) to return to home page and login.

User Login Screen

User enters Login ID and Password in the Login box (top right corner) and clicks on Login to login to the portal.

For More information about the Login ID and Password, please call up your Respective Health Plan.

'Forgot your Password' link can be used to get a new Password when a user forgets his/her Password.

Welcome

Quick and easy web service that provides access to your benefit information

- 24 hour access to eligibility and claim status
- View and print your explanation of benefits (EOB)
- Get insurance forms
- Contact customer service via e-mail

If you are a new user, click on [Register](#) to create your account.
Otherwise, type your user Login Id and Password and click the login button.

Existing users will also need to re-register to access their old accounts.

Login

Login ID:

Password:

[Forgot your Password?](#)

Users need to agree to the Terms of Use and click on 'I Agree' (shown in the shown screen below) to access their account. Clicking on 'I Disagree' will automatically log out the user.

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After a user clicks on 'I Agree' the screen above appears with a Menu bar on top having the following options. The User can select one of the below:

Eligibility	My Members	Referral Search	Referral Entry	Claims	My Account	Logout
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Welcome Provider

Quick and easy web service that provides access to your information

- 24 hour access to eligibility, authorization and claim status
- Contact customer service via e-mail

- **Eligibility-** A Provider can check any Member's eligibility

- **My Members-** A Provider can check the eligibility of all the Members under that particular Provider
- **Referral Search-** Providers can search for all the Authorizations created and view Authorizations under different statuses
- **Referral Entry-** Providers can create three types of Authorizations- Referral, Inpatient and Outpatient
- **Claims-** Providers can status Claims of a Member and view EOP in case of Processed Claims
- **My Account-** Providers can Reset their Passwords

How to Check Member Eligibility

Click on the **Eligibility** tab in the Menu bar on top. The Eligibility tab can be used to check the Eligibility of all Members. A Provider can verify the eligibility of a Member even if that particular Member is not under that Provider.

Search Eligibility Logout

You may search a member's eligibility by a Member ID or Member demographics. * indicates a required field.

Subscriber ID * OR First Name *
 Last Name *
 Date of Birth *
 Gender *
 Medicaid ID

Search

Click on a member record to see details

Name	Gender	Birth Date	Subscriber ID	Member Suffix
[REDACTED]	Male	[REDACTED]	[REDACTED]	01

The Provider can Search by using the Member ID/Subscriber ID or using the First Name, Last Name, Date of Birth, Gender, Alternate Number. The search criteria should be exact to display correct results. The search results will be displayed below (as shown in the screen above).

Details of the Member's eligibility can be seen by clicking on the Member's record (Screen below). Details include the Group Name of which the Member is a part of, Benefit Plan of the Group, Provider Network of which the Group is a part of, PCP of the Member, and Copayment the Member has to make for each Network. Clicking on the Back button will take the Provider to the search results screen.

Eligibility Logout

Group: [REDACTED]
 Benefit Plan: [REDACTED]
 Primary Care Physician: [REDACTED]

Network	Benefit Category Name	Copayment
F0SPAR	PCP Office Visit	\$10
F0SPAR	Urgent Care	\$20
F0SPAR	Specialist Office Visit	\$20
F0SPAR	ER FACILITY	\$100

Click on a member to see additional options

Name	Gender	Birth Date	Member ID	Relationship	Coverage Begin Date	Coverage End Date	Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Self	[REDACTED]		Active

Back

A Provider can click on the Member's record in the Eligibility details screen to create a referral.

Eligibility	My Members	Referral Search	Referral Entry	Claims	My Account	Logout	
Eligibility						PRINT	
Group		[REDACTED]					
Benefit Plan		[REDACTED]					
Primary Care Physician		[REDACTED]					
	Network	Benefit Category Name	Copayment				
	F05PAR	PCP Office Visit	\$10				
	F05PAR	Urgent Care	\$20				
	F05PAR	Specialist Office Visit	\$20				
	F05PAR	ER FACILITY	\$100				
Click on a member to see additional options							
Name	Gender	Birth Date	Member ID	Relationship	Coverage Begin Date	Coverage End Date	Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Active
Selected Member: [REDACTED] (01)				Referral			
Back							

Let's assume that a Provider clicks on Referral. The screen is shown below. This will automatically take the Provider to a Referral screen with the Patient/Insured Information and Ordering Providers Information populated. This information will be populated based on the Member.

Clicking on the Back button will take the Provider back to the Eligibility details page.

Clicking on Submit will submit that particular Referral. Details in the Referral screen will be described later in this document.

Eligibility	My Members	Referral Search	Referral Entry	Claims	My Account	Logout
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Authorization Entry *indicates a required field

Auth. No. Begin Date * Days * End Date

Svc. Type * Svc. Loc. * Auth. Type *

Admit Date Hour Admit Source Dischg. Date Dischg. Sts. LOS

Patient/Insured Information

Patient ID * Last Name First Name MI DOB Sex Sts. PCP

Cov. From Cov. To Plan ID Ins. Prod ID Rel. Cov. Type

Insured ID * Last Name First Name MI Grp ID Health Management COB

Ordering Providers

ID	Name	Tax ID	NPI	Taxonomy
Physician info <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider info * <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<p>Authorized Providers</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">ID</th> <th style="width: 45%;">Name</th> <th style="width: 40%;">Coverage Pool</th> </tr> </thead> <tbody> <tr> <td>Physician info <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Provider info <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Facility info <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	ID	Name	Coverage Pool	Physician info <input type="text"/>	<input type="text"/>	<input type="text"/>	Provider info <input type="text"/>	<input type="text"/>	<input type="text"/>	Facility info <input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Diagnosis Information</p> <p>Primary Diag. * <input type="text"/></p> <p>Other Diag. <input type="text"/></p> <p>ICD9 Proc. Codes <input type="text"/></p> <p>Other Proc. Codes <input type="text"/></p>
ID	Name	Coverage Pool											
Physician info <input type="text"/>	<input type="text"/>	<input type="text"/>											
Provider info <input type="text"/>	<input type="text"/>	<input type="text"/>											
Facility info <input type="text"/>	<input type="text"/>	<input type="text"/>											

Authorization Services

No.	Svc. From	Svc. To	Svc. Code	Mod.	Unit Type	Units
X 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<p>Add Documents</p> <p>Supported file types: 'gif', '.png', '.jpeg', '.jpg', '.pdf', '.doc', '.xls', '.txt', '.tif'</p> <p>Description <input style="width: 90%;" type="text"/></p> <p>Location <input type="text"/> <input type="button" value="Browse..."/></p> <p style="text-align: center;"><input type="button" value="Upload"/></p>	<p>Comments</p> <p>Comments <input style="width: 95%; height: 40px;" type="text"/></p> <p>Confidential <input type="checkbox"/></p> <p style="text-align: right;"><input type="button" value="Add New"/></p>
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Uploaded Additional Documents

No Documents Uploaded.

How to check My Members Eligibility

Click on the **My Members** tab in the Menu bar on top. The My Members tab allows a Provider to verify the eligibility of Members under the Provider/Professional who logs into the system.

Search Member Eligibility

First Name Last Name Date of Birth Gender

Select ID Criteria Subscriber ID [Roster Export](#) [Search](#)

Click on a member record to see details

Name	Gender	Birth Date	Subscriber ID	Member Suffix	SSN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

The Provider can search for a Member by using First Name, Last Name, Date of Birth, Gender, ID criteria (Subscriber ID/HIC Number). When a search criterion is entered and a Provider clicks on Search the search results are displayed below. **Roster Export** button allows the Provider to export all members under him/her into an excel sheet.

Clicking on the Member’s record will display details of that Member (Screen below). Details include the Group Name of which the Member is a part of, Benefit Plan of the Group, Provider Network of which the Group is a part of, PCP of the Member, and Copayment the Member has to make. Clicking on the Back button will take the Provider to the search results screen.

Eligibility

Group

Benefit Plan

Primary Care Physician

Network	Benefit Category Name	Copayment
F05PAR	PCP Office Visit	\$10
F05PAR	Urgent Care	\$35
F05PAR	Specialist Office Visit	\$35
F05PAR	ER FACILITY	\$100

Click on a member to see additional options

Name	Gender	Birth Date	Member Suffix	Relationship	Coverage Begin Date	Coverage End Date	Status
[REDACTED]	[REDACTED]	[REDACTED]	01	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[Back](#)

A Provider can click on the Member’s record in the Eligibility details screen to create a Referral. (Screen below)

Authorization Entry *indicates a required field

Auth. No. Begin Date * Days * End Date
 Svc. Type * Svc. Loc. * Auth. Type *
 Admit Date Hour Admit Source Dischg. Date Dischg. Sts. LOS

Patient/Insured Information

Patient ID * Last Name First Name MI DOB Sex M F A | PCP
 Cov. From Cov. To Plan ID Ins. Prod ID Rel. Cov. Type
 Insured ID * Last Name First Name MI Grp ID Health Management COB

Ordering Providers

ID	Name	Tax ID	NPI	Taxonomy
Physician info <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider info * <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ID	Name	Coverage Pool	Diagnosis Information
Physician info <input type="text"/>	<input type="text"/>	<input type="text"/>	Primary Diag. * <input type="text"/>
Provider info <input type="text"/>	<input type="text"/>	<input type="text"/>	Other Diag. <input type="text"/>
Facility info <input type="text"/>	<input type="text"/>	<input type="text"/>	ICD9 Proc. Codes <input type="text"/>
			Other Proc. Codes <input type="text"/>

Authorization Services

No.	Svc. From	Svc. To	Svc. Code	Mod.	Unit Type	Units
X 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Documents

Supported file types:
'gif', '.png', '.jpeg', '.jpg', '.pdf', '.doc', '.xls', '.txt', '.tif'

Description

Location

Comments

Comments

Confidential

Uploaded Additional Documents

No Documents Uploaded.

How to Search for Referrals

The **Referral Search** screen can be used to view all Referrals submitted by a Provider. The Provider can search for Referrals based on Subscriber ID, First Name, Last Name or Authorization Number. The results show referrals in Submitted status.

To view all Referrals in each status, the Provider may leave all search criteria blank and click on Search. This will bring up all Referrals in each status.

Authorization Entry Search

Subscriber ID First Name Last Name Auth. No.

Authorization No.	Member Info	Provider Info	Begin Date	End Date	Diag. Code	Timestan
090701000743	[REDACTED]	[REDACTED]	07/01/2009	07/02/2009	369.11	07/01/2009 11
090126000464	[REDACTED]	[REDACTED]	01/26/2009	01/27/2009	369.11	01/26/2009 03
090126000465	[REDACTED]	[REDACTED]	01/26/2009	01/27/2009	369.11	01/26/2009 03
090126000466	[REDACTED]	[REDACTED]	01/26/2009	01/27/2009	369.11	01/26/2009 03
090126000467	[REDACTED]	[REDACTED]	01/26/2009	01/27/2009	369.11	01/26/2009 03
090126000468	[REDACTED]	[REDACTED]	01/26/2009	01/27/2009	369.11	01/26/2009 06
080408000185	[REDACTED]	[REDACTED]	03/15/2008	03/21/2008	557	04/08/2008 12
080408000184	[REDACTED]	[REDACTED]	04/01/2007	04/02/2007	557.0	04/08/2008 11
090203000481	[REDACTED]	[REDACTED]	01/01/2001	01/02/2001	945.10	02/03/2009 01

< [] >

Creating a Referral

Click on 'Referral Entry' tab to create a Referral.

The screen below shows the Referral entry screen. Physician/Provider Info will be automatically populated based on login (Not shown in screen below since it is Personal Information).

Authorization Entry *indicates a required field

Auth. No. Begin Date * Days * End Date
 Svc. Type * Svc. Loc. * Auth. Type *
 Admit Date Hour Admit Source Dischg. Date Dischg. Sts. LOS

Patient/Insured Information

Patient ID * Last Name First Name MI DOB Sex Sts. PCP
 Cov. From Cov. To Plan ID Ins. Prod ID Rel. Cov. Type
 Insured ID * Last Name First Name MI Grp ID Health Management COB

Ordering Providers

ID	Name	Tax ID	NPI	Taxonomy
Physician info <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Provider info * <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorized Providers

ID	Name	Coverage Pool
Physician info <input type="text"/>	<input type="text"/>	<input type="text"/>
Provider info <input type="text"/>	<input type="text"/>	<input type="text"/>
Facility info <input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis Information

Primary Diag. *
 Other Diag.
 ICD9 Proc. Codes
 Other Proc. Codes

Authorization Services

No.	Svc. From	Svc. To	Svc. Code	Mod.	Unit Type	Units
<input checked="" type="checkbox"/> 1	<input type="text" value="07/09/2009"/>	<input type="text" value="08/08/2009"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text" value="01: Per Visit"/>	<input type="text" value="2"/>
<input checked="" type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Add Documents

Supported file types:
'gif', '.png', '.jpeg', '.jpg', '.pdf', '.doc', '.xls', '.txt', '.tif'

Description

Location

Comments

Comments

Confidential

Uploaded Additional Documents

No Documents Uploaded.

Fields marked with * are mandatory

Field Name	Description
Auth No.	Is a 12 character alphanumeric identifier that represents this referral. The ikaClaims System automatically creates this number.
Begin Date	Enter the date that this referral begins.

Days	Enter the number of days that this referral remains in effect.
End Date	Is the last effective date of this referral. The ikaClaims System calculates the End Date by adding the number of days entered in the Days field to the date entered in the Begin field.
Svc. Type	Choose from I: Inpatient O: Outpatient R: Other P: Other(Provider) C: Observation/ER
Svc. Location	Select the authorized service location from the drop down list. The service type determines the available service location. Available Locations can be set up in Standard Codes in Internal Code Management screen.
Auth Type	Select an authorization type from the drop down list. The service type determines the available authorization types Available types can be set up in Standard Codes in Internal Code Management screen.
Admit Date	If the member was admitted to the referring provider facility, enter the date that the patient entered the hospital
Hour	Enter the hour that the patient entered the hospital
Admit Source	If the member was admitted to the referring provider facility, select a 1 character code that represents the source of admission type. Available admission type codes can be set up in Standard Codes in Internal Code Management screen.
Discharge date	If this authorization is for a UB-92 type admission, patient discharge status should be selected. Available patient discharge status can be set up through the in Internal code Management, Standard codes in Ika system.
Discharge Sts.	If this authorization is for a UB-92 type admission, patient discharge date should be selected
LOS	Enter the length of stay (LOS) for this patient's hospitalization

Patient/Insured Information

Patient Information-Last Name, First Name, Middle Initial, Date of Birth, Sex, PCP Info, Coverage From and To date, Plan ID, Relation to the primary subscriber and Coverage Type are automatically populated when a user enters the Patient ID. Patient ID is an auto suggest box which shows results based on the ID entered in that field. The patient may be self or any dependent of the primary subscriber. The information of the primary subscriber-Insured ID, Last Name, First Name, Middle Initial, and Group ID is also populated when a patient ID is entered. (Screen below)

Patient/Insured Information															
Patient ID *	2	Last Name		First Name		MI		DOB		Sex		Sts.		PCP	
Cov. From															
Insured ID *															
Ordering Pr															

SUBS. ID/SFX	NAME (LN, FN, MI)	EFF. DATE	SEX	BIRTH DATE	RELATION	GROUP ID	DIV. ID	STS.
							ALL	A
							ALL	T
							ALL	T

When only the Insured ID is entered, the fields above (Patient ID, Last Name, First Name, etc) will not be populated. Insured ID is the ID of the primary subscriber.

Ordering Providers Information

- **Physician Info**- Physician Info is automatically populated based on the Login.
- **Provider Info**. - This is a drop down box. Physician can choose the appropriate provider

Authorized Providers

An **Authorized Professional** becomes Mandatory if the Ordering Professional is not a PCP of the Member then the Authorized Professional becomes mandatory. Also if Service Type = **Other and Other (Provider)** then the Authorized Provider becomes Mandatory.

- **Physician Info**- Physician Info is automatically populated based on information entered in the ID column. ID is an auto suggest box i.e. system displays results based on the details entered in the field) and when a user clicks on the appropriate ID, the Name, of the Physician will be populated automatically. A user can search for a Physician by entering an ID or name in the ID field.

Authorized Providers				Diagnosis Information			
Physician info	ID	Name	Coverage Pool	Primary Diag. *			
Provider info	PROFESSIONAL ID	NAME		Other Diag.			
Facility info				9 Proc. Codes			
				er Proc. Codes			

- **Provider Info**- Provider Info is automatically populated based on information entered in the ID column. ID is an auto suggest box and when a user clicks on the appropriate ID, the Name, of the Provider will be populated automatically. A user can search for a Provider by entering an ID or name in the ID field.

Authorized Providers

Physician info	ID	Name	Coverage Pool						
Provider info	1								
Facility info	<table border="1"> <thead> <tr> <th>PROVIDER ID</th> <th>NAME</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			PROVIDER ID	NAME				
PROVIDER ID	NAME								

- **Facility Info-** Facility Info is automatically populated based on information entered in the ID column. ID is an auto suggest box and when a user clicks on the appropriate ID, the Name, of the Provider will be populated automatically. A user can search for a Facility by entering an ID or name in the ID field.

Physician info	ID	Name	Coverage Pool						
Provider info									
Facility info									
	<table border="1"> <thead> <tr> <th>PROVIDER ID</th> <th>NAME</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>			PROVIDER ID	NAME				
PROVIDER ID	NAME								

Diagnosis Information

- **Primary Diag.-** This field contains the Primary Diagnosis code. This field is an auto suggest box and the system displays suggestions as the user enters information in that field
- **Other Diag., ICD9 Proc. Codes and Other Proc. Codes** are other disease codes which are identified by the professional/physician. These fields are also auto suggest boxes.

Diagnosis Information	
Primary Diag. *	01
Other Diag.	017.12, ERYTHEM NOD TB-EXAM
ICD9 Proc. Codes	017.13, ERYTHEM NOD TB-MICRO
Other Proc. Codes	017.14, ERYTHEM NOD TB-CULT
	017.15, ERYTHEM NOD TB-HISTO
	017.16, ERYTHEM NOD TB-OTH T

Authorization Services (Screens below)

Field Name	Description
Svc. From	Date from which service has been performed
Svc. To	Date up to which service has been performed
Svc. Code (Auto Suggest box)	Select an applicable CPT or HCPCS code for this authorization.
Mod. (Auto Suggest box)	Select an applicable service code modifier for this

	service code.
Unit Type	Select a code that represents the unit type for the service code. E.g. Per Visit, Per Min, Per Day Available unit type codes can be set up in Internal Code Management, System codes
Units	Enter the number of units that can be authorized for this service code

Service Code

Authorization Services							
No.	Svc. From	Svc. To	Svc. Code	Mod.	Unit Type	Units	
X 1	07/09/2009	08/05/2009	3		03: Per Day	3	
X 2							
X 3							
X 4							
X 5							

17306, 3 STAGE MOHS, UP TO
30000, DRAINAGE OF NOSE LES
3000F, BLOOD PRESS
30020, DRAINAGE OF NOSE LES
3002F, BLOOD PRESSURE > 140

Next Last

Modifier

Authorization Services							
No.	Svc. From	Svc. To	Svc. Code	Mod.	Unit Type	Units	
X 1	07/09/2009	08/05/2009	1001F	a	03: Per Day	3	
X 2							
X 3							
X 4							
X 5							

47, Anesthesia by Surgeon
80, Assistant Surgeon
82, Assistant Surgeon (w
A1, Dressing for one wou
A2, Dressing for two wou
A3, Dressing for three w

Next Last

Unit Type

Authorization Services							
No.	Svc. From	Svc. To	Svc. Code	Mod.	Unit Type	Units	
X 1	07/09/2009	08/05/2009	1001F		03: Per Day	3	
X 2							
X 3							
X 4							
X 5							

01: Per Visit
02: Per Min
03: Per Day
04: Per Month
05: Each
06: By line item
07: By visit

Next Last

Add Documents

This section allows the user to add any documents related to the authorization. The user can enter a brief description for the document and upload documents from the user's computer. Uploaded documents are displayed below showing when the document was uploaded, description of the document, file name and options to download and delete the document.

Add Documents

Supported file types:
'gif', '.png', '.jpeg', '.jpg', '.pdf', '.doc', '.xls', '.txt'

Description

Location

Uploaded Additional Documents

No.	Uploaded On	Description	File name
1	5/28/2009 4:28:19 PM	Doctor's authorization letter	Doctor_authorization_letter.doc

Comments

A user can add comments to the authorization entry. Multiple Comments can be entered one after the other by clicking on Add New. Comments may be made confidential by checking the confidential box.

Comments 🔍

Comments

Confidential

Comments 🔍

Comments

Confidential

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How to View Claims

Click on the **Claims** tab in the Menu bar on top. A Provider can search for all Members' Claims using the Search criteria First Name, Last Name, Date of Birth, Patient Control No. , Claim ID, and Claim Type (HCFA/ UB/All).

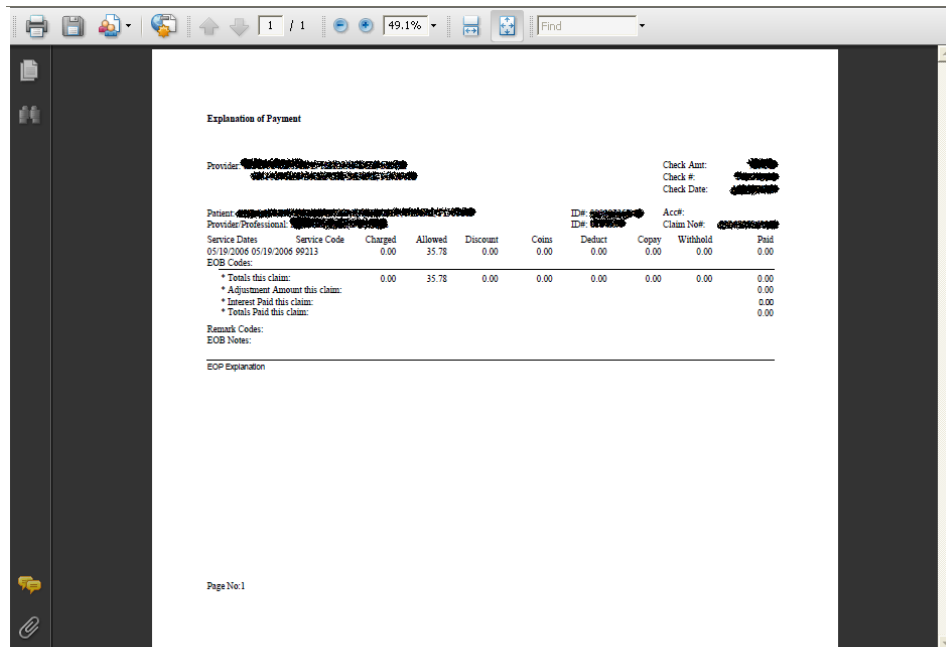
Claim ID	Status/EOP	Member Name	Type	Svc. Date	Billed	Paid	Check No.	Paid On	Clinic/Facility	Professional
[REDACTED]	Processed	[REDACTED]	HCFA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Processed	[REDACTED]	HCFA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Processed	[REDACTED]	HCFA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Processed	[REDACTED]	HCFA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Processed	[REDACTED]	HCFA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Processed	[REDACTED]	HCFA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	Processed	[REDACTED]	HCFA	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

For e.g. If the Provider searches for a Claim having first name A, all Claims having First Name 'A' are displayed in the search results. Clicking on the Claim ID shows the claims details (Screen below).

HCFA Claim Inquiry				Payer Information																
Receive Date	External ID			Payer ID																
Status: Paid	First Serv. Date	Claim ID		Name																
Patient/Insured Information																				
Member ID	Last Name	First Name	MI	DOB	Sex	Relation	18: Self													
Insured ID *	Last Name	First Name	MI	DOB	Sex	Group ID	Pat. Ctl. No.													
Total Charge	Mem. Paid	Paid Prim.	Non Cov. By Prim.	Another Ins. Comp.																
Providers Information																				
	ID *	Tax ID	NPI	Taxonomy	Name	Address	City State Zip													
Physician Info *																				
Billing Provider *																				
Service Location																				
Referring Physician																				
Claim Information																				
Employment Related?	No	Auto Accident?	No	State	Other Accident?	No	First Symptom Similar Illness													
Dates Unable to Work		Ambulatory Group		Prov. Signature	No	Patient Sts.	Other													
Hospitalization Dates		Authorization Number		Release Info.																
Diagnosis Codes *				Patient/Ins. Signature		Another Health Plan														
Claim Details																				
SvcFrom	SvcTo.	PoSEMG	SvcCode	Mod1	Mod2	Mod3	Mod4	Diag	Charges	Allowed	Paid	Coins.	Copay	Deduct.	Withhold	Discount	COB paid	COB Saving	Auth.Number	Me
1									0		0	0	0	0	0	0	0	0		

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If the Claim has been Processed, then the Provider will be able to view the EOP for that claim. Clicking on 'Processed' in the Status column of the Search results will show the EOP in .pdf format.



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How to Create Users


Click on the **Create User** tab in the Menu bar on top.

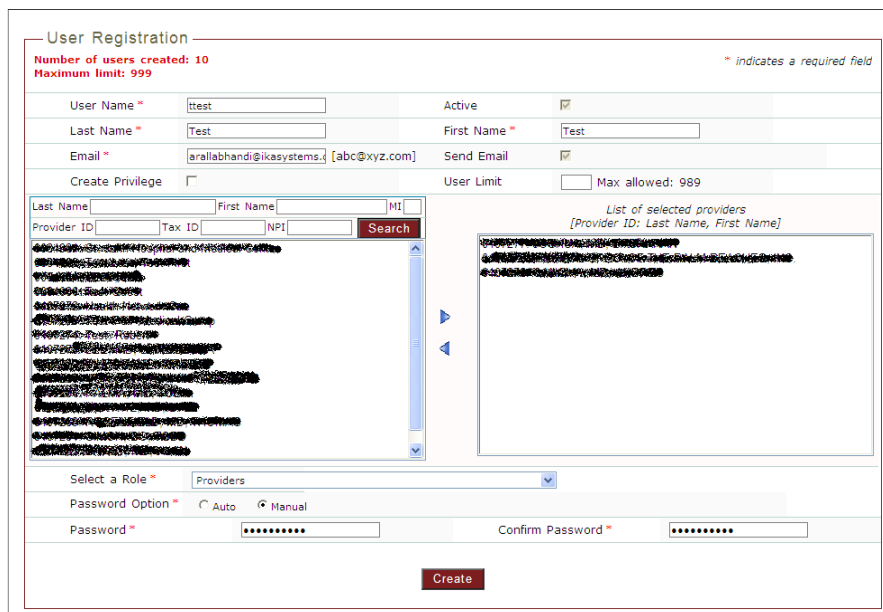
This User Management model is implemented based on the Provider ID, for providing every user with a personal account and password to login. Providers can create a User Name for Professionals or Staff under them.

For creating a User Name, the Provider has to enter the Last Name, First Name, E-mail ID. Checking Send e-mail will send an e-mail to the User with User Name and Password Information (Default: Checked).

Create Privilege will enable the User Name that will be created have 'Create User' privilege. Normally, Professionals and Staff will not be allowed to Create Users.

User Limit defines how many users can be created by the new user. User Limit must be set within the user's limitations.

A set of Providers will have a common User Name. The set of Providers is known as the 'List of Selected providers'. List of Selected Providers can be created from the List of Available Providers. By selecting a Provider in the List of Available Providers and clicking on the  button, a Provider can be added to the List of Selected Providers. Any provider in the List of Selected Providers can view all Authorizations and Claims submitted by the entire List of Selected Providers.



The screenshot shows the 'User Registration' form. At the top, it displays 'Number of users created: 10' and 'Maximum limit: 999'. The form contains several input fields: 'User Name *' (value: ttest), 'Last Name *' (value: Test), 'First Name *' (value: Test), 'Email *' (value: aralabhandi@ikasystems.d [abc@xyz.com]), and 'Send Email' (checked). There are also checkboxes for 'Active' and 'Create Privilege', and a 'User Limit' field with a 'Max allowed: 999' label. Below these fields is a section for selecting providers, with a 'Search' button and two lists: 'List of available providers' and 'List of selected providers'. At the bottom, there is a 'Select a Role *' dropdown (set to 'Providers'), 'Password Option *' (radio buttons for 'Auto' and 'Manual'), 'Password *' and 'Confirm Password *' fields, and a 'Create' button.

Providers must Choose a Role for the User Name being created. It could be Professional or Staff. Only limited roles are available depending on the user's privilege.

Providers can set the Password option for that User Name to be Manual or Auto. In case of an Auto Password Option, a Password will be created by the system and e-mailed to the User.

My Account

Click on the **My Account** tab in the Menu bar on top. Providers will be able to reset their Passwords using the My Account page.

The screenshot shows a web interface with a navigation menu at the top containing: Eligibility, My Members, Referral Search, Referral Entry, Claims, Create User, Manage User, My Account, and Logout. The 'My Account' tab is active. Below the menu is a 'Change Password' form. The form includes a 'Password Requirements' section with the following text: 'Must be at least 7 characters. Must contain at least: • One lower case letter • One upper case letter • One digit • One special character - Valid special characters: ~ ` ! @ \$ % ^ * + ='. Below this are four input fields: 'Login ID *', 'Current Password *', 'New Password *', and 'Confirm New Password *'. All fields are filled with blacked-out text. A 'Change' button is located at the bottom center of the form. A note in the top right corner of the form area states '* indicates a required field.'

Providers need to enter their Current Password, enter a New Password and Confirm the New Password to reset their passwords. Passwords should meet the Requirements displayed at the top of the screen.