carolina complete health™

Massage Therapy Provider Orientation

May 23rd, 2022

Agenda

General Overview

- North Carolina Medicaid Transformation
- Who We Are – North Carolina's Provider Led Plan
- In Lieu of Service Definition

Important Information

- Website and Secure Portal
- Provider Relations Support
- ILOS overview
- Additional trainings and resources
- Appendix

Overview

Why we're in business

OUR PURPOSE

Transforming the health of the community, one person at a time

What we do

OUR MISSION

Better health outcomes at lower costs

What we represent

OUR PILLARS

Focus on the Individual

+

Whole Health

+

Active Local Involvement

What drives our activity

OUR BELIEFS

We believe healthier individuals create more vibrant families and communities.

We believe treating people with kindness, respect and dignity empowers healthy decisions.

We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well

We believe in treating the whole person, not just the physical body.

We believe local partnerships enable meaningful, accessible healthcare.

North Carolina's Only Physician-Led Medicaid Plan

A joint venture between Centene Corporation, the North Carolina Medical Society (NCMS), the North Carolina Community Health Center Association (NCCHCA) and the shareholders in the CCH Network to collaborate on a patient-focused, provider-led approach to Medicaid Transformation.

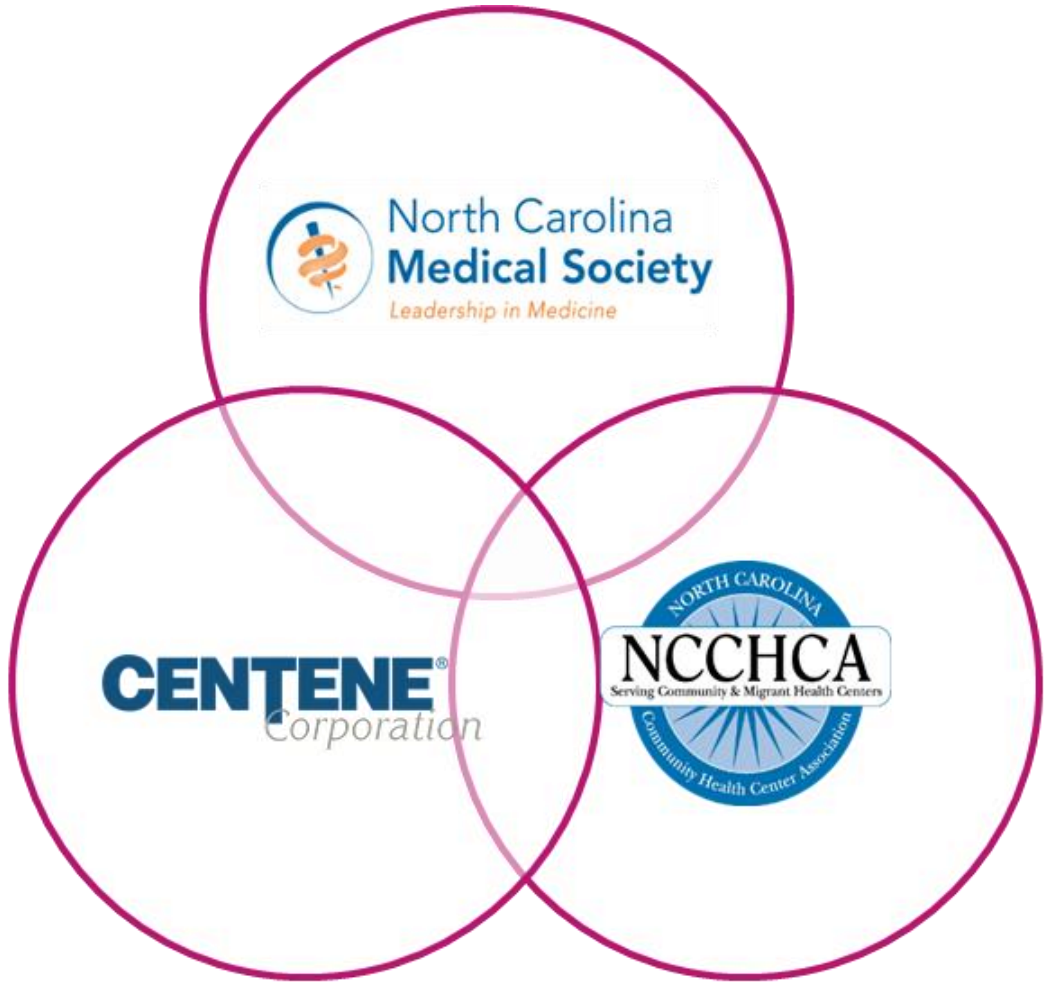
A first-of-its-kind partnership
Carolina Complete Health is the result of a collaboration between the North Carolina Medical Society, the North Carolina Community Health Center Association, and Centene Corporation.

Provider-led
We give doctors and FQHCs (Federally Qualified Health Centers) a voice in key policymaking. We believe providers are essential to Medicaid Transformation and are committed to helping providers remain strong and viable, especially important during the pandemic.

Patient-centered
Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.

Carolina Complete Health Partners

North Carolina Medical Society	• Approximately **10,000** members • Leading health policy in North Carolina • Engaged in practice transformation and provider recruitment strategies • Advocating for medically underserved and rural populations
North Carolina Community Health Center Association	• **42** health center grantees and look-alike organizations • Serving over **631,000** underinsured and uninsured • **300** clinical sites across 84 North Carolina counties
Centene Corporation	• **Fortune 50** company with over 30 years' Medicaid experience • Operates health plans in **50** states • Over **24 million** members with Medicaid, Medicare, and ACA Marketplace • Building new East Coast Headquarters in Charlotte



A Commitment to North Carolina

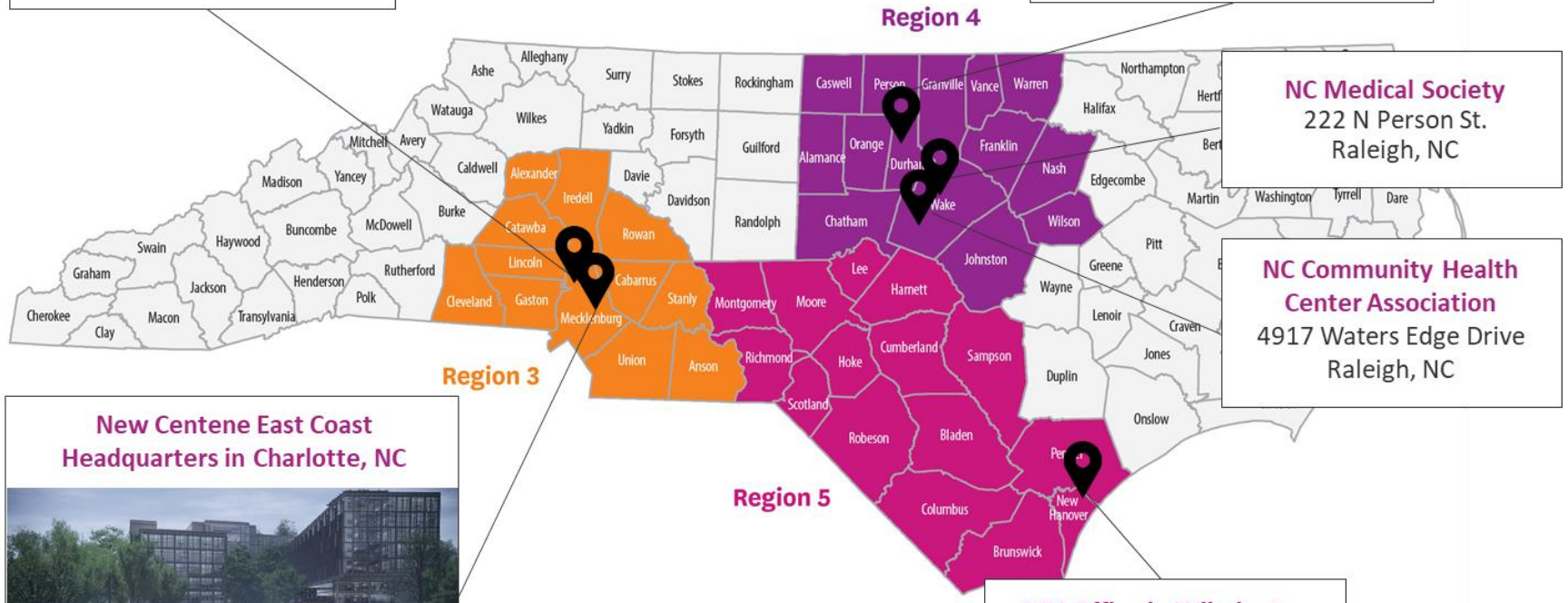
CCH Headquarters in Charlotte
10101 David Taylor Drive
Charlotte, NC

CCH/CCHN Office in Durham
4309 Emperor Boulevard
Durham, NC

NC Medical Society
222 N Person St.
Raleigh, NC

NC Community Health Center Association
4917 Waters Edge Drive
Raleigh, NC

CCH Office in Wilmington
1985 Eastwood Road
Wilmington, NC



New Centene East Coast Headquarters in Charlotte, NC

Getting Acquainted

Key Contact Information

Carolina Complete Health Network:
NetworkRelations@cch-network.com

1-833-552-3876

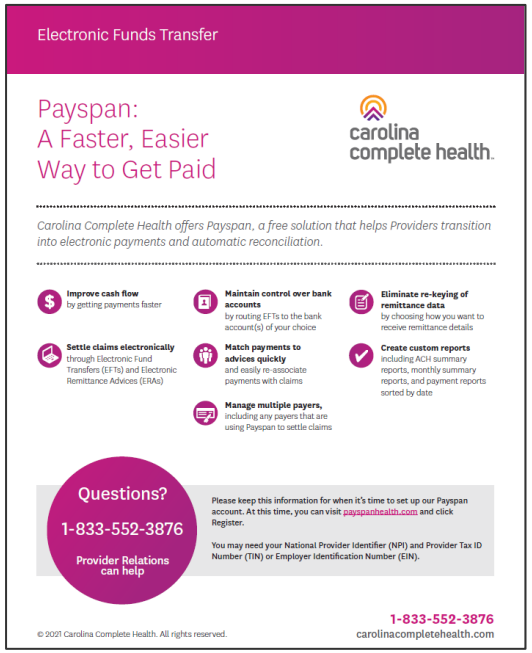
Online:
www.network.carolinacompletehealth.com

Provider Welcome Toolkit

Once contracted, you will receive a provider toolkit. Our tool kit contains useful information for getting started as a Carolina Complete Health provider.

While we'll cover some of that information in this presentation, your toolkit has additional information including:

- Secure Portal Guide
- Payspan Guide
- Prior Authorization Guide
- Quick Reference Guide


Electronic Funds Transfer

Payspan:
A Faster, Easier
Way to Get Paid

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Carolina Complete Health offers Payspan, a free solution that helps Providers transition into electronic payments and automatic reconciliation.

Improve cash flow by getting payments faster

Maintain control over bank accounts by routing EFTs to the bank account(s) of your choice

Eliminate re-keying of remittance data by choosing how you want to receive remittance details

Settle claims electronically through Electronic Fund Transfers (EFTs) and Electronic Remittance Advices (ERAs)

Match payments to advices quickly and easily re-associate payments with claims

Create custom reports including ACH summary reports, monthly summary reports, and payment reports sorted by date

Manage multiple payers, including any payers that are using Payspan to settle claims

Questions?
1-833-552-3876
Provider Relations can help

Please keep this information for when it's time to set up our Payspan account. At this time, you can visit paypanhealth.com and click Register.

You may need your National Provider Identifier (NPI) and Provider Tax ID Number (TIN) or Employer Identification Number (EIN).

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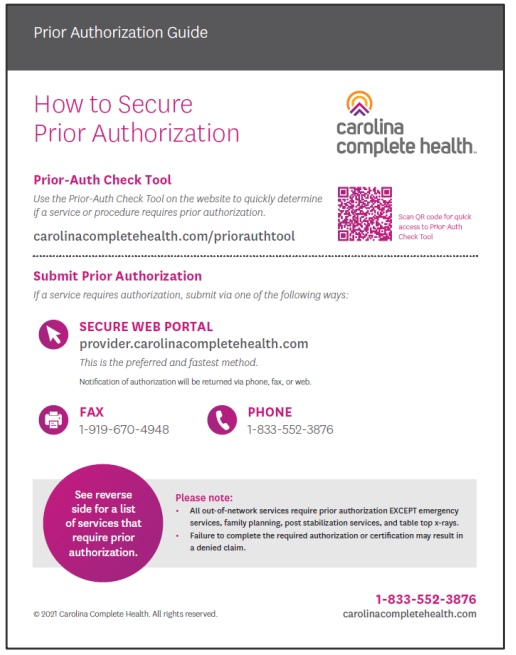
1-833-552-3876
carolinacompletehealth.com


Prior Authorization Guide

How to Secure
Prior Authorization

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Prior-Auth Check Tool

Use the Prior-Auth Check Tool on the website to quickly determine if a service or procedure requires prior authorization.

carolinacompletehealth.com/priorauthtool

Scan QR code for quick access to Prior Auth Check Tool

Submit Prior Authorization

If a service requires authorization, submit via one of the following ways:

SECURE WEB PORTAL
provider.carolinacompletehealth.com
This is the preferred and fastest method.
Notification of authorization will be returned via phone, fax, or web.

FAX
1-919-670-4948

PHONE
1-833-552-3876

See reverse side for a list of services that require prior authorization.

Please note:
- All out-of-network services require prior authorization EXCEPT emergency services, family planning, post stabilization services, and table top x-rays.
- Failure to complete the required authorization or certification may result in a denied claim.

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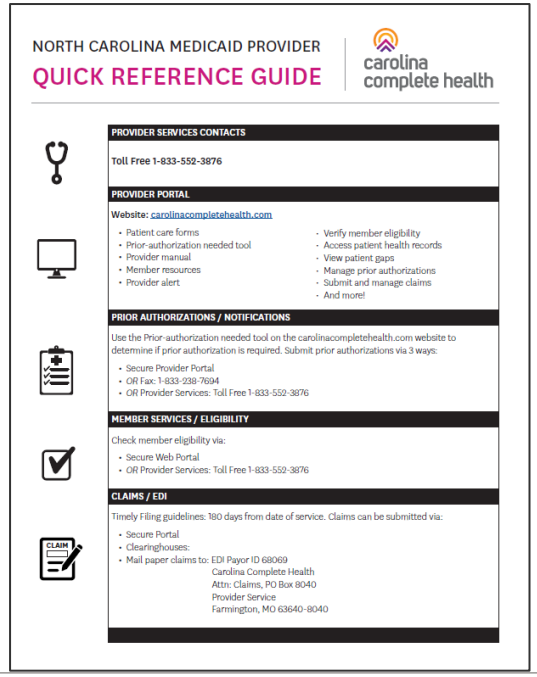
NORTH CAROLINA MEDICAID PROVIDER
QUICK REFERENCE GUIDE

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PROVIDER SERVICES CONTACTS

Toll Free 1-833-552-3876

PROVIDER PORTAL

Website: carolinacompletehealth.com

- Patient care forms
- Prior-authorization needed tool
- Provider manual
- Member resources
- Provider alert
- Verify member eligibility
- Access patient health records
- View patient gaps
- Manage prior authorizations
- Submit and manage claims
- And more!

PRIOR AUTHORIZATIONS / NOTIFICATIONS

Use the Prior-authorization needed tool on the carolinacompletehealth.com website to determine if prior authorization is required. Submit prior authorizations via 3 ways:

- Secure Provider Portal
- *OR* Fax: 1-833-238-7694
- *OR* Provider Services: Toll Free 1-833-552-3876

MEMBER SERVICES / ELIGIBILITY

Check member eligibility via:

- Secure Web Portal
- *OR* Provider Services: Toll Free 1-833-552-3876

CLAIMS / EDI

Timely Filing guidelines: 180 days from date of service. Claims can be submitted via:

- Secure Portal
- Clearinghouses:
- Mail paper claims to: EDI Payor ID 68069
  Carolina Complete Health
  Attn: Claims, PO Box 8040
  Provider Service
  Farmington, MO 63640-8040


Secure Provider Portal

Secure
Provider Portal

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Manage patient administrative tasks quickly and easily.

Visibility of Multiple Tax Identification Numbers (TINs)
One point of entry allows for quick and easy access to Carolina Complete Health member information for multiple TINs/practices.

Access Daily Patient Lists from One Screen
One concise view allows primary care providers to scan patient lists for Carolina Complete Health member eligibility, care gaps, and much more.

Manage Batch Claims for Free
Submit and manage claims, including batch files, for free. View detailed Electronic Funds Transfer (EFT) payment history.

Simplify Prior Authorization Process
"Smart Sheets" feature prompts for required clinical information when submitting prior authorization requests.

Additional Features to Streamline Office Operations:
- *View patient demographics and history*
- *Secure messaging between provider and Carolina Complete Health*
- *Update provider demographics*

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1-833-552-3876
carolinacompletehealth.com

Provider Relations and Support

The **Carolina Complete Health Network Provider Relations and Support** team includes trained Provider Relations staff who are available to respond quickly and efficiently to all provider inquiries or requests including, but not limited to:

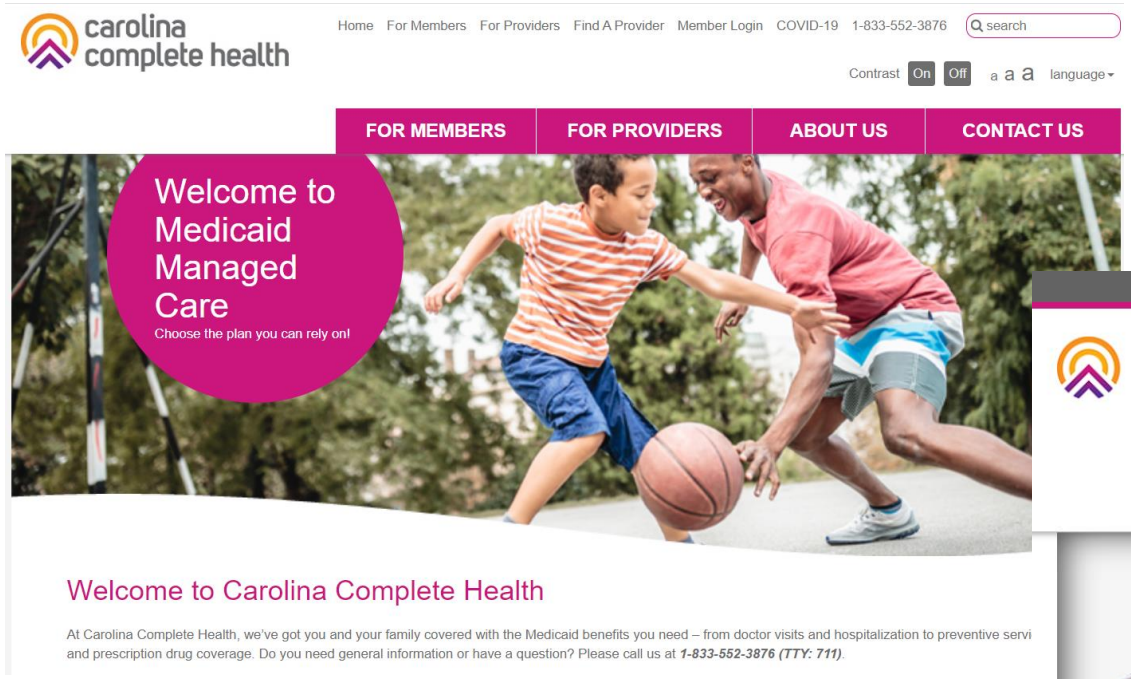
- Credentialing/Network status
- Claims
- Secure Portal registration and Pay Span
- Inquiries related to administrative policies, procedures, and operational issues
- Contract Questions

By calling **Carolina Complete Health** Provider Services at **1-833-552-3876** providers will be able to access real time assistance for all their service needs

You can also email Provider Relations and Support: networkrelations@cch-network.com

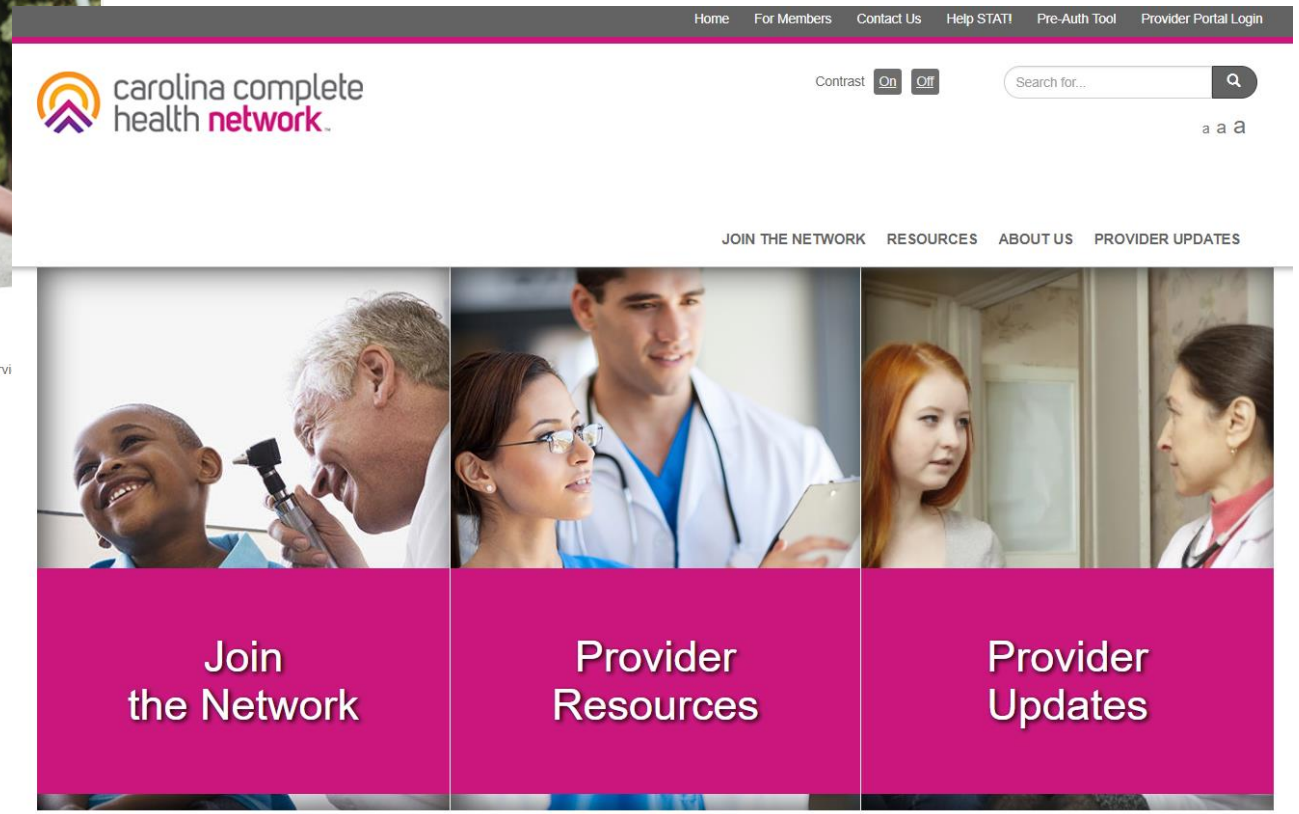
Website, Secure Portal, and Tools

Websites



www.carolinacompletehealth.com

www.network.carolinacompletehealth.com



Web-based Tools

- Web-Based Tools
  - Public site at www.carolinacompletehealth.com
  - For Providers: network.carolinacompletehealth.com

- Provider information
  - Forms
  - Provider Manual and Billing Manual
  - CCH's plan news
  - Clinical guidelines
  - Provider bulletins
  - Contract request forms
  - Provider Engagement contact information

- **Carolina Complete Health is committed to enhancing our web-based tools and technology, provider suggestions are welcome!**
  - https://www.surveymonkey.com/r/CCHWEBSITE

Secure Provider Portal

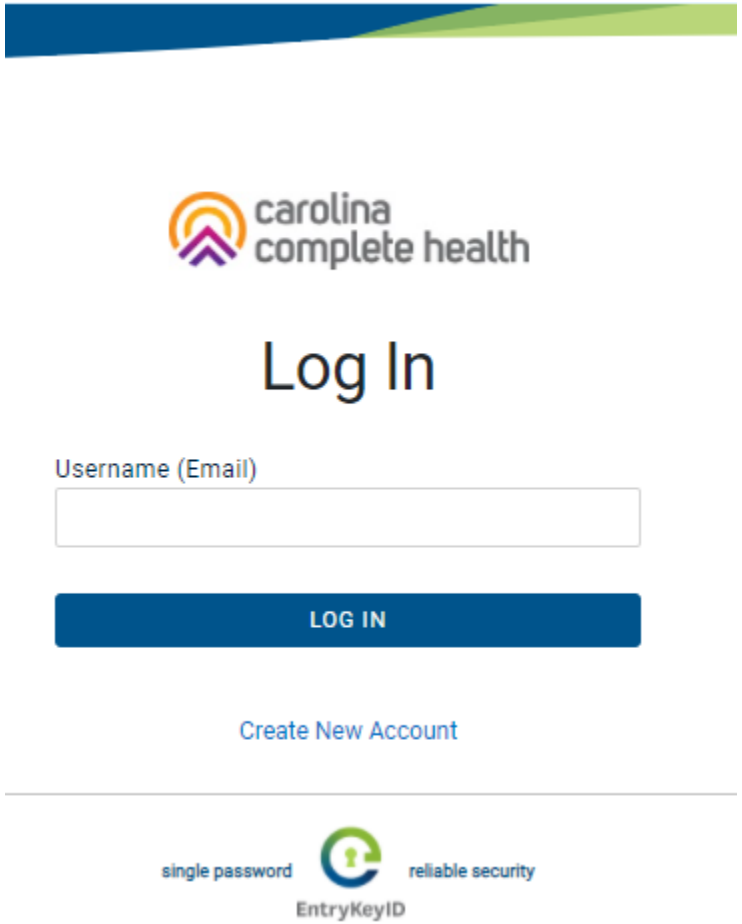
Secure Provider Portal:

- Beneficiary eligibility & patient listings
- Health records & care gaps
- Prior Authorizations
- Claims submissions & status
- Payment history
- Monthly PCP cost reports
- ...and more!

https://provider.carolinacompletehealth.com/

Or simply use the 'Login' button on the upper right-hand corner of our Provider website

Registration is free and easy - contact your provider network specialist to get started!



Massage Therapy as an ILOS

In Lieu of Service: Massage Therapy

- Alternative pain management via massage therapy provided by a licensed practitioner in lieu of pharmaceutical pain management with Schedule II narcotics.
- This service will require prior authorization.
- **Anticipated outcomes: reduction in chronic pain and back pain without the use of opiate therapies.**

Massage Therapy UM Guidelines

- One unit = 15 Minutes
- If you provide a one-hour massage, you bill 4 units on the claim
- A member is limited to 10 hours per year
- A provider can bill for up to 40 units per year
- Age range is 21+, however EPSDT applies!

EPSDT

Early: *Assessing and identifying problems early*
Periodic: *Checking children's health at periodic, age-appropriate intervals*
Screening: *Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems*
Diagnostic: *Performing diagnostic tests to follow up when a risk is identified*
Treatment: *Control, correct or reduce health problems found.*

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit:

- provides comprehensive and preventive health care services **for children under age 21** who are enrolled in Medicaid.
- is key to ensuring that children and adolescents **receive appropriate** preventive, dental, mental health, developmental and **specialty services**.
- makes short-term and long-term services available to recipients under 21 years of age **without many of the restrictions Medicaid imposes** for services under a waiver OR for adults (recipients 21 years of age and over).
- uses clinical practice guidelines from Bright Futures, a national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported, in part, by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) , Maternal and Child Health Bureau (MCHB).

With EPSDT, benefit limitations, such as number of units allowed per year or age restrictions, do not apply as long as the service is medically necessary.

EPSDT

EPSDT services must:

- be medically necessary to correct or ameliorate a defect, physical or mental illness or a condition that is identified through a screening examination
- be listed in section 1905(a) of the Social Security Act
- not be experimental/investigational, unsafe or considered ineffective
- adhere to the Bright Futures/AAP Periodicity Schedule for preventative, pediatric healthcare. The Periodicity Schedule is available online at https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

For more on EPSDT, visit our Education & Training page.

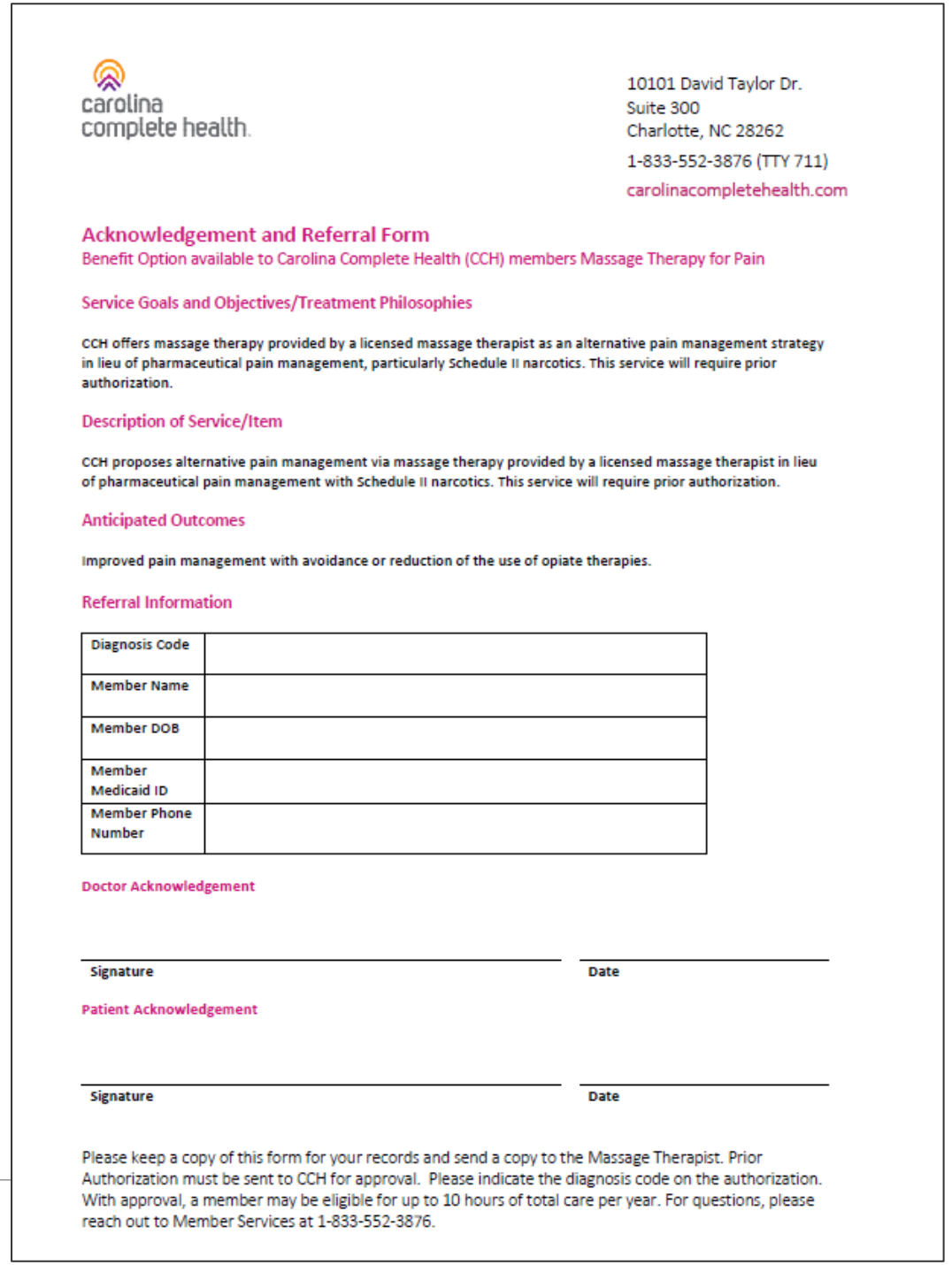
Procedure Codes

- Procedure Code: sometimes called a CPT code, is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.
- **Massage Therapy CPT Codes: 97124, 97140**
  - 97124: Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion).
  - 97140: Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes.

Acknowledgement and Referral Form

- Completed by the REFERRING provider and the member.
- This is shared with the LMT as the referral for services.

- ***Best Practice: use a fax cover sheet to display provider contact information.***



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10101 David Taylor Dr.
Suite 300
Charlotte, NC 28262
1-833-552-3876 (TTY 711)
carolinacompletehealth.com

Acknowledgement and Referral Form

Benefit Option available to Carolina Complete Health (CCH) members Massage Therapy for Pain

Service Goals and Objectives/Treatment Philosophies

CCH offers massage therapy provided by a licensed massage therapist as an alternative pain management strategy in lieu of pharmaceutical pain management, particularly Schedule II narcotics. This service will require prior authorization.

Description of Service/Item

CCH proposes alternative pain management via massage therapy provided by a licensed massage therapist in lieu of pharmaceutical pain management with Schedule II narcotics. This service will require prior authorization.

Anticipated Outcomes

Improved pain management with avoidance or reduction of the use of opiate therapies.

Referral Information

Diagnosis Code	
Member Name	
Member DOB	
Member Medicaid ID	
Member Phone Number	

Doctor Acknowledgement

Signature _____ Date _____

Patient Acknowledgement

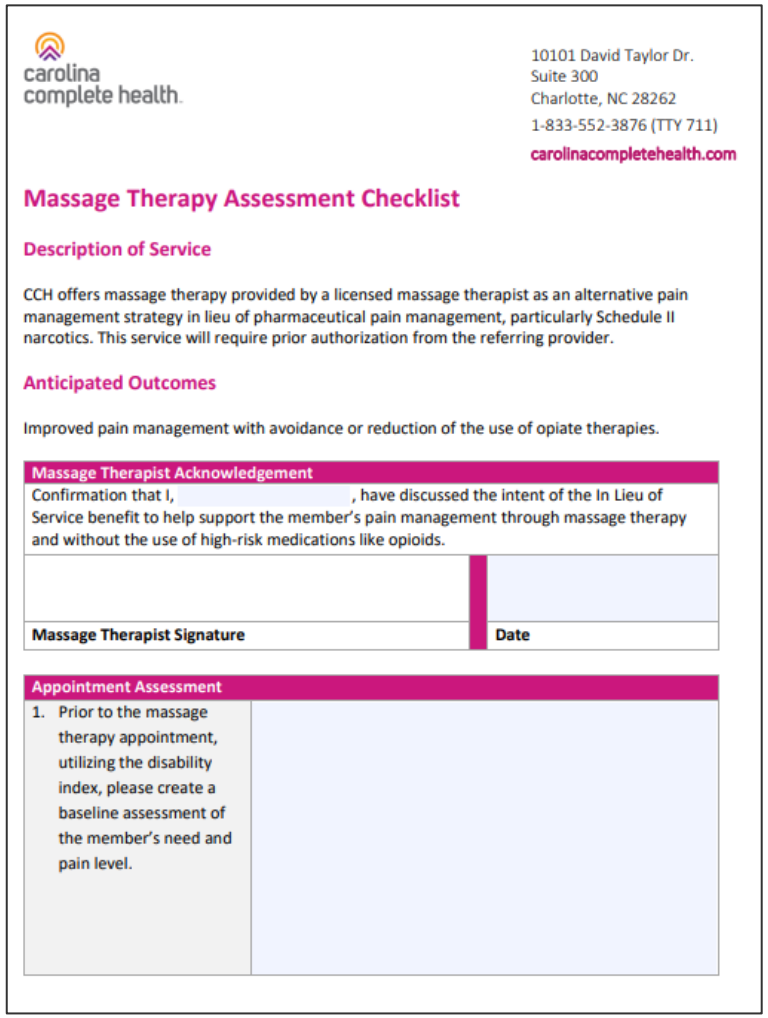
Signature _____ Date _____

Please keep a copy of this form for your records and send a copy to the Massage Therapist. Prior Authorization must be sent to CCH for approval. Please indicate the diagnosis code on the authorization. With approval, a member may be eligible for up to 10 hours of total care per year. For questions, please reach out to Member Services at 1-833-552-3876.

Massage Therapy Assessment Checklist

Available online: https://network.carolinacompletehealth.com/resources/manuals-and-forms.html

- To be completed at each session to track member's progress
- Save a copy for your records
- Share a copy back to referring provider



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10101 David Taylor Dr.
Suite 300
Charlotte, NC 28262
1-833-552-3876 (TTY 711)
carolinacompletehealth.com

Massage Therapy Assessment Checklist

Description of Service

CCH offers massage therapy provided by a licensed massage therapist as an alternative pain management strategy in lieu of pharmaceutical pain management, particularly Schedule II narcotics. This service will require prior authorization from the referring provider.

Anticipated Outcomes

Improved pain management with avoidance or reduction of the use of opiate therapies.

Massage Therapist Acknowledgement
Confirmation that I, , have discussed the intent of the In Lieu of Service benefit to help support the member's pain management through massage therapy and without the use of high-risk medications like opioids.

Massage Therapist Signature	Date

Appointment Assessment	
1. Prior to the massage therapy appointment, utilizing the disability index, please create a baseline assessment of the member's need and pain level.	
2. Pain scale tracked this visit, please detail.	
3. Following the massage therapy appointment, utilizing the disability index, please reassess the member's pain level. *Disability index expected to be assessed at the beginning and end of therapy or as indicate.*	

Post Therapy Assessment	YES	NO
Following the massage therapy, the member feels confident that this therapy session has helped reduce or avoid the need for high-risk medications like opioids.	☐	☐

Post Observation	YES	NO
Did we achieve the goal of providing an alternative pain management? *If yes to post therapy assessment, we have achieved the goal.*	☐	☐

Patient Acknowledgement

Signature _____ Date _____

Please keep a copy of this assessment for your records. A specialist provider should also coordinate care with the referring provider.

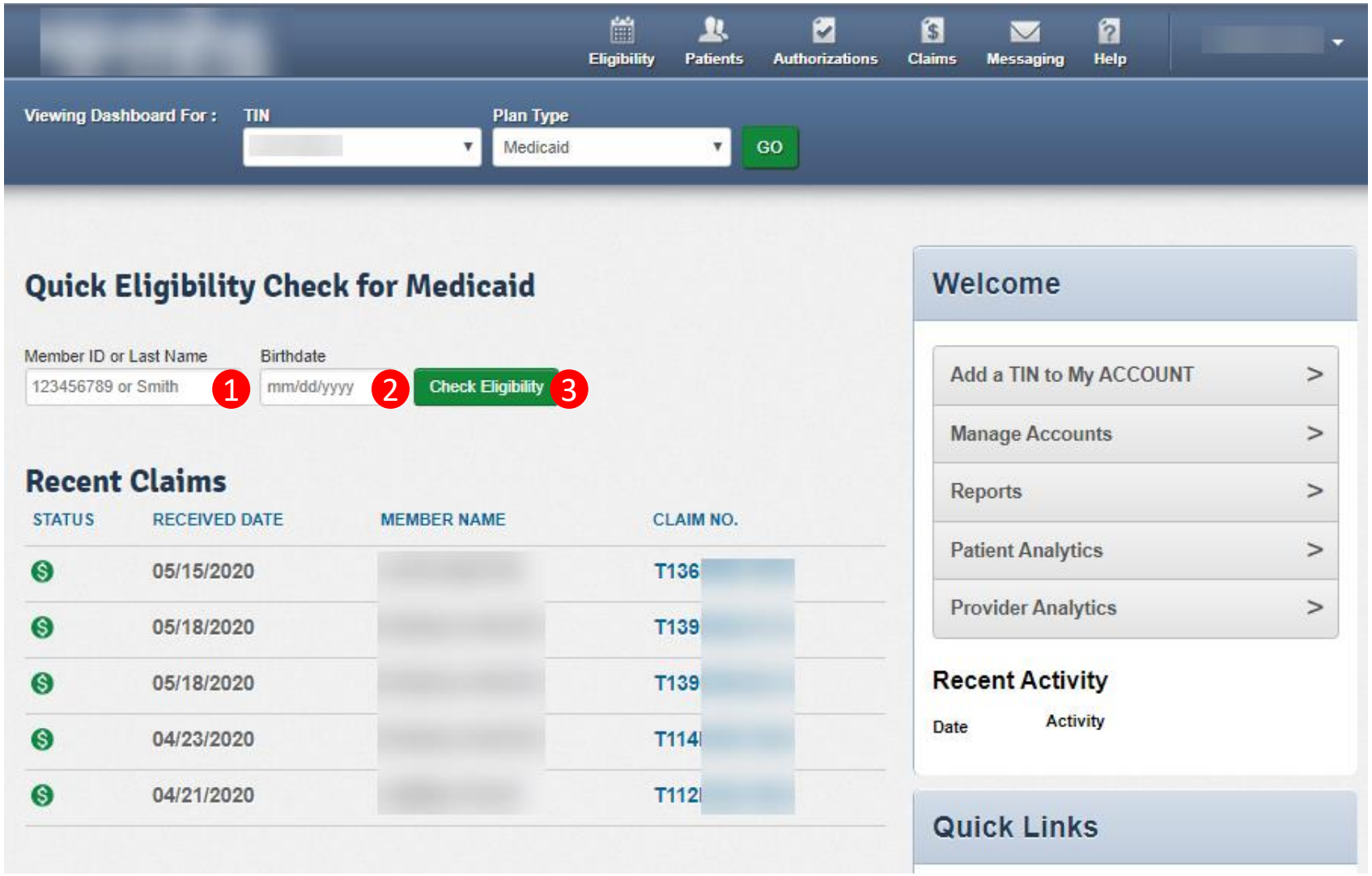
Overview of Process

1. Referring Provider and member complete the Acknowledgment and Referral Form. This is sent to the Licensed Massage Therapist (LMT) for pain management in lieu of narcotics.
2. LMT verifies member eligibility and submits an authorization* for the massage therapy ILOS.
3. LMT reaches out to the member to discuss the service and get verbal consent for treatment.
4. Once auth is approved, LMT schedules member for first visit.
5. LMT sees the member for service, checking member eligibility again, and uses the Assessment Checklist as a tool for documentation and coordination of care.
6. LMT bills for the service using CMS 1500 form and with appropriate CPT codes.
7. Clean claims will be resolved (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim. Payment is made via check or Electronic Funds Transfer (EFT).

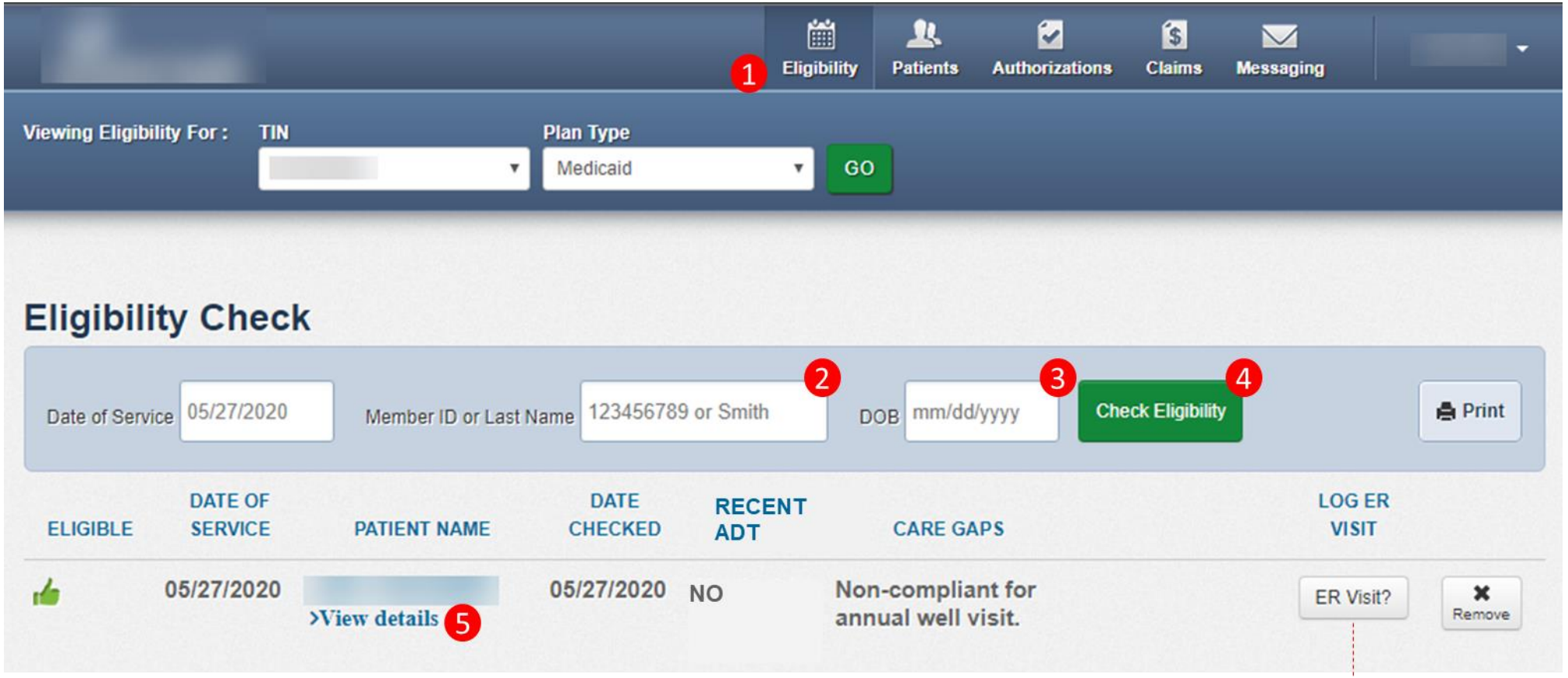
*Authorization can take up to 14 days for review and notification

Portal Functionality: Check Eligibility

Quick Eligibility Check



Eligibility Check



If Eligibility Check is for an ER visit, click **ER Visit?**

Eligibility Check

Within Eligibility Check results, the Patient Overview displays patient demographic, claims, authorizations and other pieces of information. It can be used to identify Care Gaps, view ER visits, and PCP history.

Eligibility Tips

- When checking eligibility, if the member does not pull up, verify data entered
- If Member ID + DOB does not pull up the member, try Member Last Name + DOB
- **As best practice, always check member eligibility before creating a web authorization or web claim**

Prior Authorization

How to Secure a Prior Authorization

A Prior Authorization can be requested in the following three ways

1. Secure Web Portal
   This is the preferred and fastest method
   network.carolinacompletehealth.com
   Login in the upper right-hand corner
2. Phone
   1-833-552-3876
3. Fax*
   Medical PA Fax: **1-833-238-7694**
   *There is a specific standardize fax form available online:
   https://network.carolinacompletehealth.com/content/dam/centene/carolinacompletehealth/pdfs/CCH-Current-PDF-PA-Form.pdf

Prior Authorization Guide

How to Secure Prior Authorization

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Prior-Auth Check Tool

Use the Prior-Auth Check Tool on the website to quickly determine if a service or procedure requires prior authorization.

carolinacompletehealth.com/priorauthtool

Scan QR code for quick access to Prior-Auth Check Tool

Submit Prior Authorization

If a service requires authorization, submit via one of the following ways:

SECURE WEB PORTAL
provider.carolinacompletehealth.com
This is the preferred and fastest method.
Notification of authorization will be returned via phone, fax, or web.

FAX
1-919-670-4948

PHONE
1-833-552-3876

See reverse side for a list of services that require prior authorization.

Please note:
- All out-of-network services require prior authorization EXCEPT emergency services, family planning, post stabilization services, and table top x-rays.
- Failure to complete the required authorization or certification may result in a denied claim.

1-833-552-3876
carolinacompletehealth.com

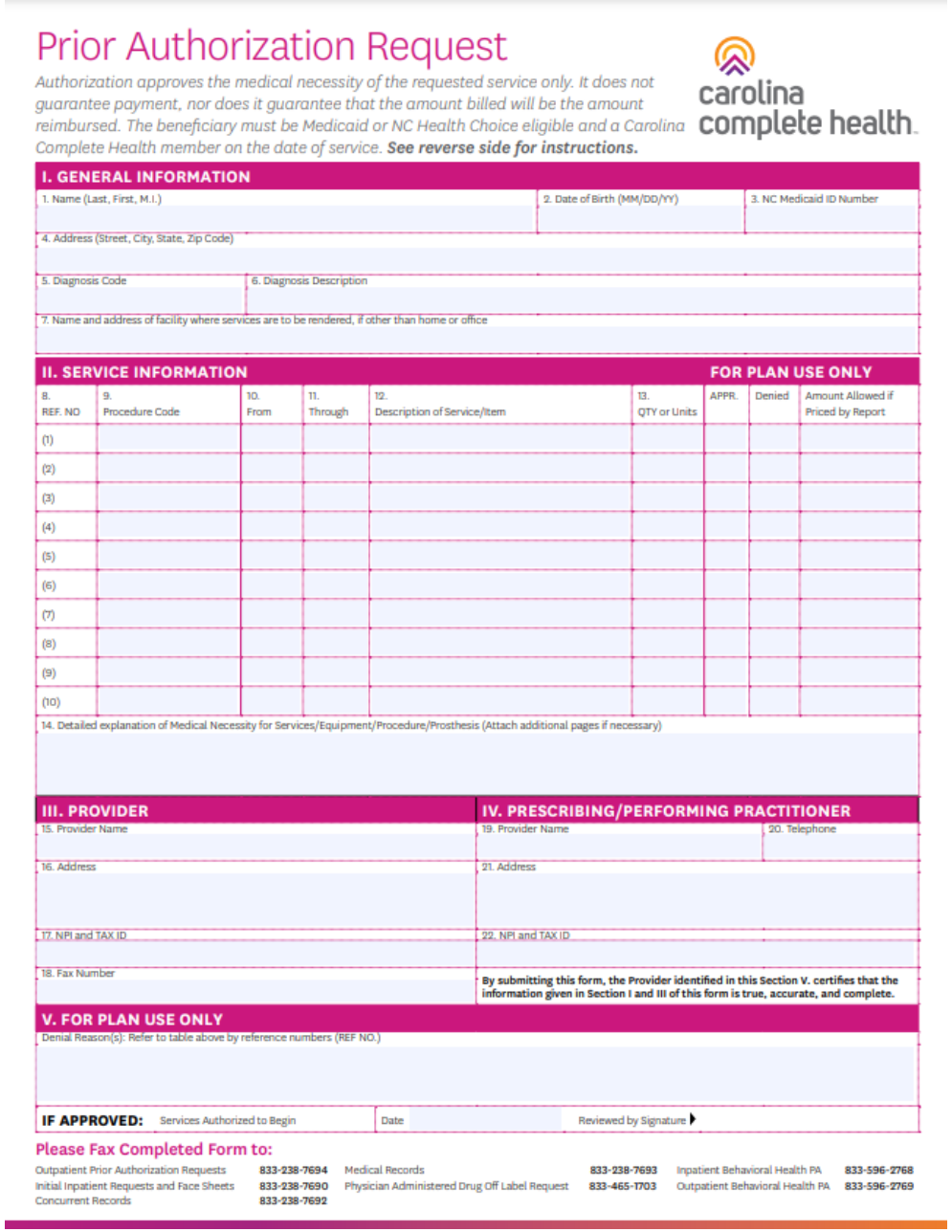
Fax Authorization for Massage Therapy

1. Complete the PA Fax Form available online (page 2 provides instructions for completion):

https://network.carolinacompletehealth.com/resources/prior-authorization.html

2. See the "Tip Sheet" for help

3. Fax to: 833-238-7694 Outpatient Prior Authorization Requests



Prior Authorization Request

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Authorization approves the medical necessity of the requested service only. It does not guarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The beneficiary must be Medicaid or NC Health Choice eligible and a Carolina Complete Health member on the date of service. ***See reverse side for instructions.***

I. GENERAL INFORMATION

1. Name (Last, First, M.I.) | 2. Date of Birth (MM/DD/YY) | 3. NC Medicaid ID Number

4. Address (Street, City, State, Zip Code)

5. Diagnosis Code | 6. Diagnosis Description

7. Name and address of facility where services are to be rendered, if other than home or office

II. SERVICE INFORMATION — **FOR PLAN USE ONLY**

8. REF. NO	9. Procedure Code	10. From	11. Through	12. Description of Service/Item	13. QTY or Units	APPR.	Denied	Amount Allowed if Priced by Report
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

14. Detailed explanation of Medical Necessity for Services/Equipment/Procedure/Prosthesis (Attach additional pages if necessary)

III. PROVIDER

15. Provider Name

16. Address

17. NPI and TAX ID

18. Fax Number

IV. PRESCRIBING/PERFORMING PRACTITIONER

19. Provider Name | 20. Telephone

21. Address

22. NPI and TAX ID

By submitting this form, the Provider identified in this Section V. certifies that the information given in Section I and III of this form is true, accurate, and complete.

V. FOR PLAN USE ONLY

Denial Reason(s): Refer to table above by reference numbers (REF NO.)

IF APPROVED: Services Authorized to Begin | Date | Reviewed by Signature

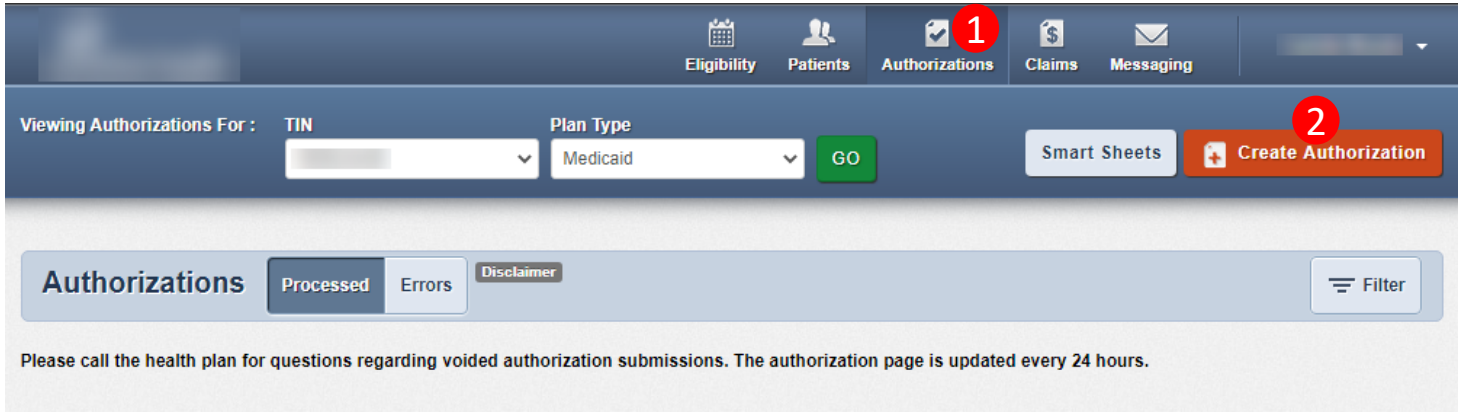
Please Fax Completed Form to:

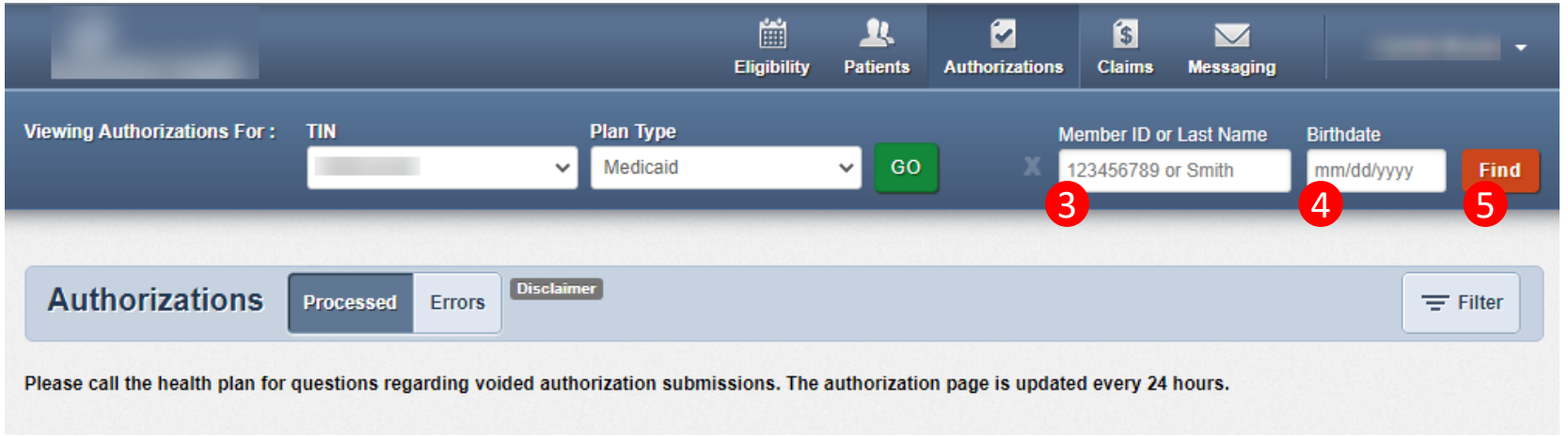
Outpatient Prior Authorization Requests	833-238-7694	Medical Records	833-238-7693	Inpatient Behavioral Health PA	833-596-2768
Initial Inpatient Requests and Face Sheets	833-238-7690	Physician Administered Drug Off Label Request	833-465-1703	Outpatient Behavioral Health PA	833-596-2769
Concurrent Records	833-238-7692				

Web Authorization for Massage Therapy

To begin a web authorization request:

1. Click **Authorizations**.
2. **Create Authorization**.
3. Enter **Member ID or Last Name**.
4. Enter Member's **Birthdate**.
5. Click **Find**. The web authorization request displays.





Tip: You cannot create a web authorization on an ineligible member.

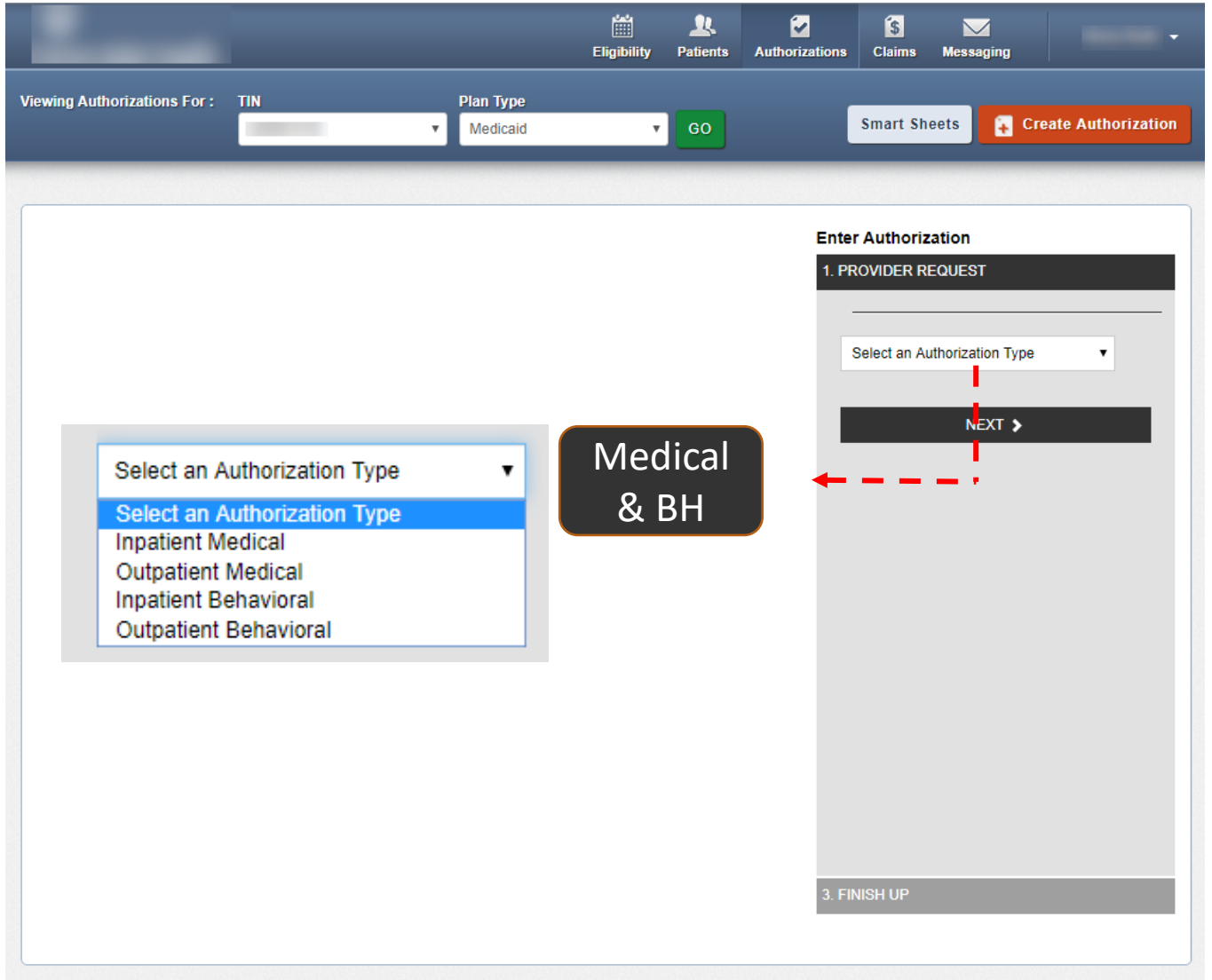
Web Authorization for Massage Therapy

Web Authorization

- Authorization Type-driven
- Streamlined

Select an Authorization Type:

1. Outpatient Medical
2. Therapy



Claims

Claims

Clean Claim

- A claim that is received for adjudication in a nationally accepted format in compliance with standard coding guidelines and does not have any defect, impropriety, lack of any required documentation or particular circumstance requiring special treatment that prevents timely payment

Exceptions

- If a claim meets the definition above, but either of the following circumstances apply, it will not be considered a clean claim
    - A claim for which fraud is suspected
    - A claim for which a third party resource should be responsible

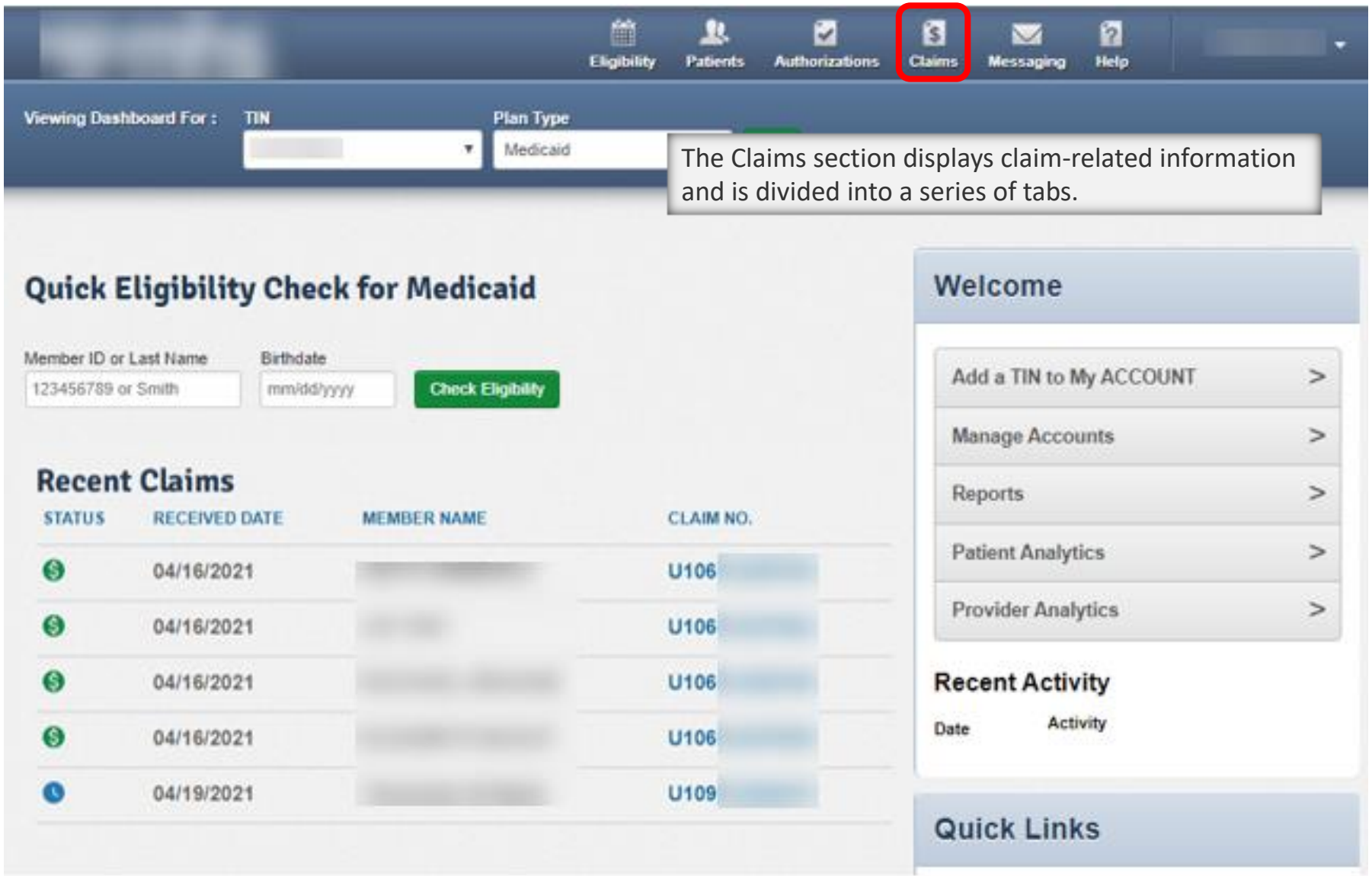
Claims Submission

The timely filing deadline for initial claims is 180 calendar days from the Date of Service, or in the case of a health care provider facility, within one hundred eighty days after the date of the member's discharge from the facility.

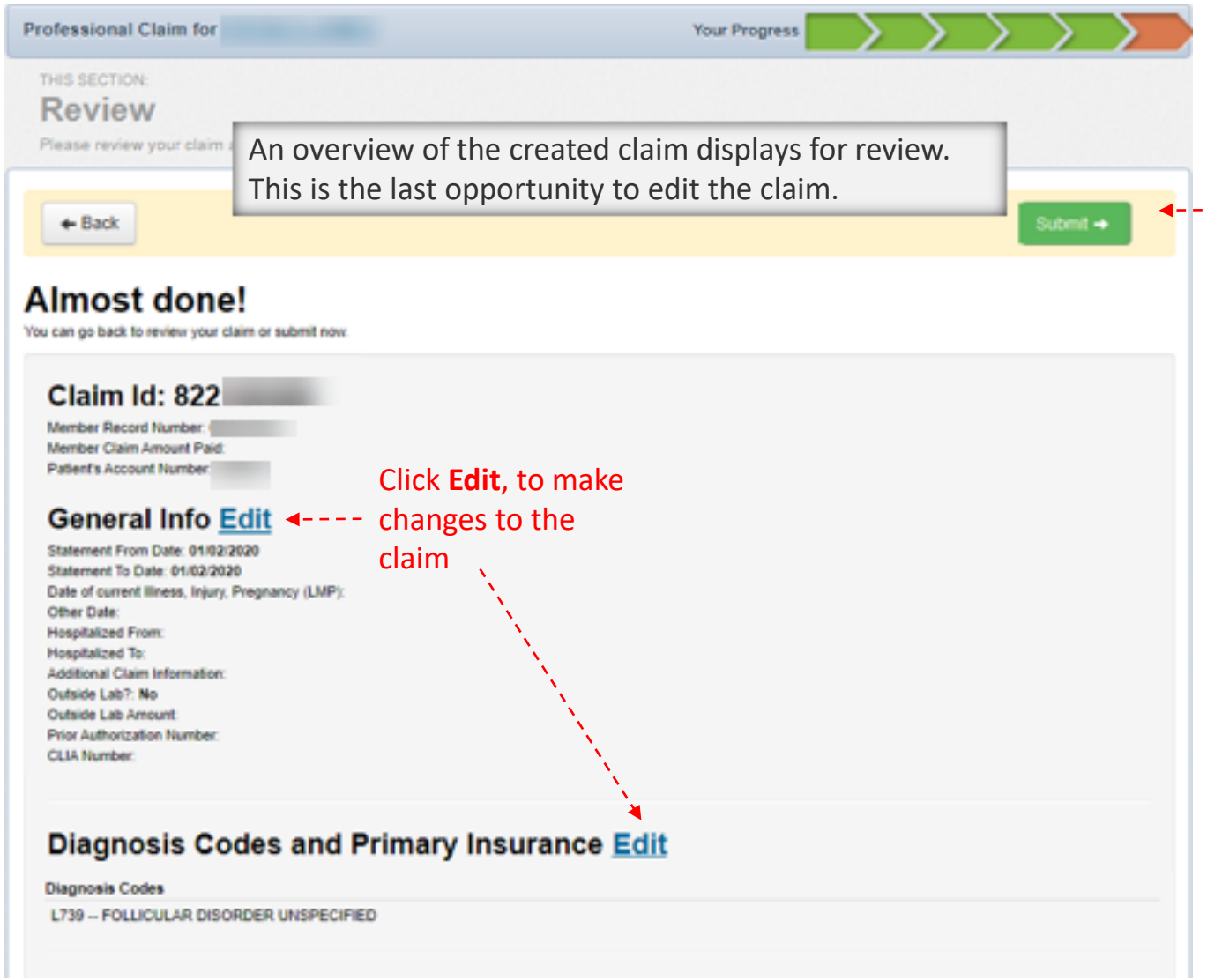
Claims may be submitted in 3 ways:

1. **The Secure Provider Portal located on:**
   https://network.carolinacompletehealth.com/
2. **Electronic Clearinghouse**
   Three clearinghouses for Electronic Data Interchange (EDI) submission.
   Carolina Complete Health Medical Payer ID **68069**
   - Availity
   - Change HealthCare (Formerly Emdeon)
   - Ability
3. **Mail**
   Carolina Complete Health
   Attn: Claims
   PO Box 8040
   Farmington MO 63640-8040

Claims


Eligibility
Patients
Authorizations
Claims
Messaging
Help
Viewing Dashboard For :
TIN
Plan Type
Medicaid
The Claims section displays claim-related information and is divided into a series of tabs.
Quick Eligibility Check for Medicaid
Member ID or Last Name
123456789 or Smith
Birthdate
mm/dd/yyyy
Check Eligibility
Recent Claims
STATUS
RECEIVED DATE
MEMBER NAME
CLAIM NO.
04/16/2021
U106
04/16/2021
U106
04/16/2021
U106
04/16/2021
U106
04/19/2021
U109
Welcome
Add a TIN to My ACCOUNT
Manage Accounts
Reports
Patient Analytics
Provider Analytics
Recent Activity
Date
Activity
Quick Links

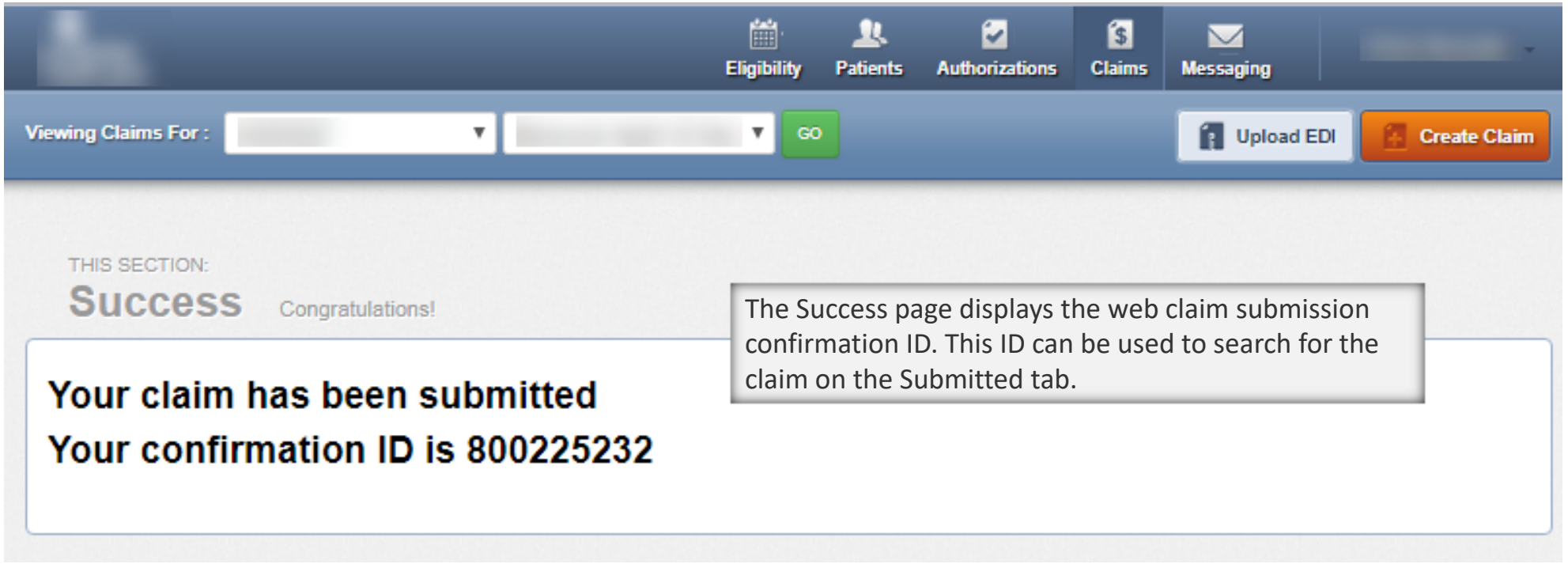
Create Claim – Review and Submit



Click **Edit**, to make changes to the claim

Click **Submit** to complete claim submission

Create Claim – Submission Confirmation



The Success page displays the web claim submission confirmation ID. This ID can be used to search for the claim on the Submitted tab.

Claims Payment

- Clean claims will be resolved (finalized paid or denied) 95% within 15 calendar days and 99% within 30 calendar days following receipt of the claim

carolina complete health

Medicaid Managed Care Transition
Claims Payout Schedule Update

Carolina Complete Health AMH payments are paid out on:	20th of Every Month (Beginning July 20, 2021)

Claim Type	First Claim Payment	First Claim DOS	Future Forward
Envolve Vision	July 8, 2021	July 1 - 7, 2021	Weekly, Wednesday
NIA	July 13, 2021	July 1 - 9, 2021	Weekly, Monday and Thursday
Medical	July 13, 2021	July 1 - 9, 2021	Weekly, Monday and Thursday
Pharmacy	July 14, 2021	July 1 - 7, 2021	Weekly, Wednesday

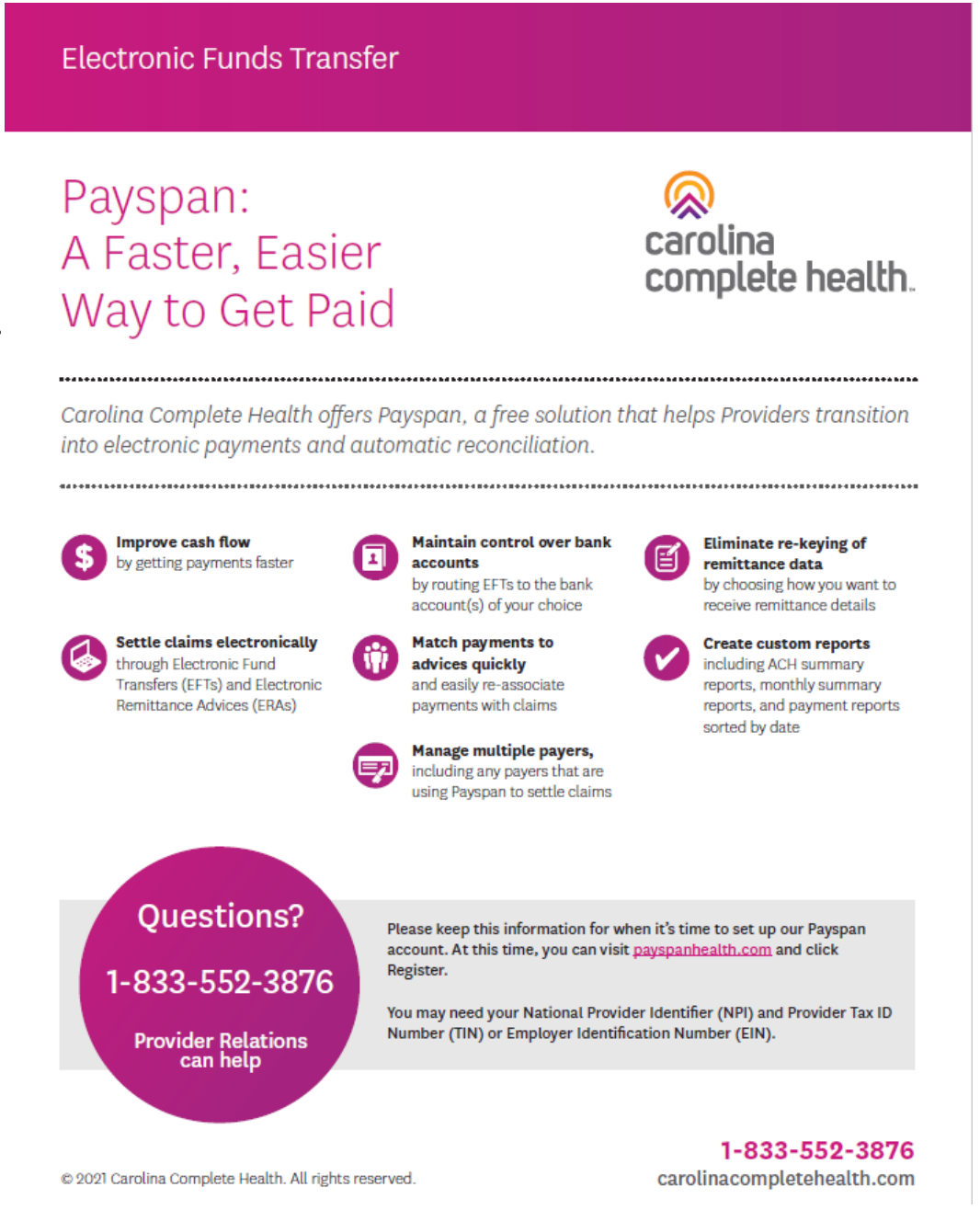
Electronic Funds Transfer

To contact Payspan: Call 1-877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm est.

Payspan offers monthly training sessions for providers covering the following topics:

- How to Register with Payspan (New User)
- How to Add Additional Registration Codes to an Existing Payspan Account
- How to navigate through the Payspan web portal
- How to view a payment
- How to find a remit
- How to change bank account information
- How to add new users

For training links visit our website under Resources, Claims and Billing



Additional Resources

Additional Education and Training

- For a deeper dive into the Provider Portal, view our on-demand training!
  - Slides, Recording
- View our other onboarding trainings:
  - New Provider Orientation
  - Cultural Competency
  - Provider Compliance
  - All available on Education & Training page

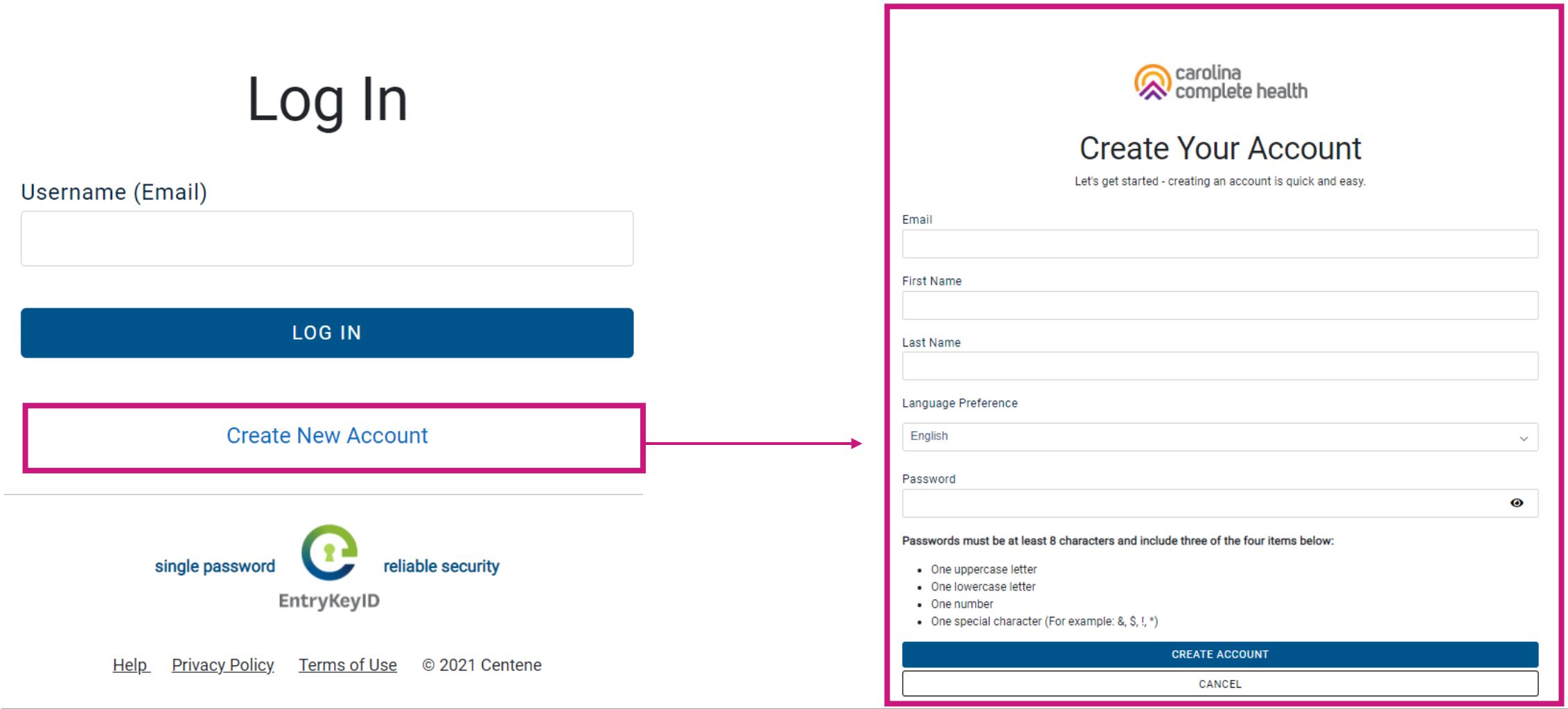
Questions?
Thank you for attending!

Appendix

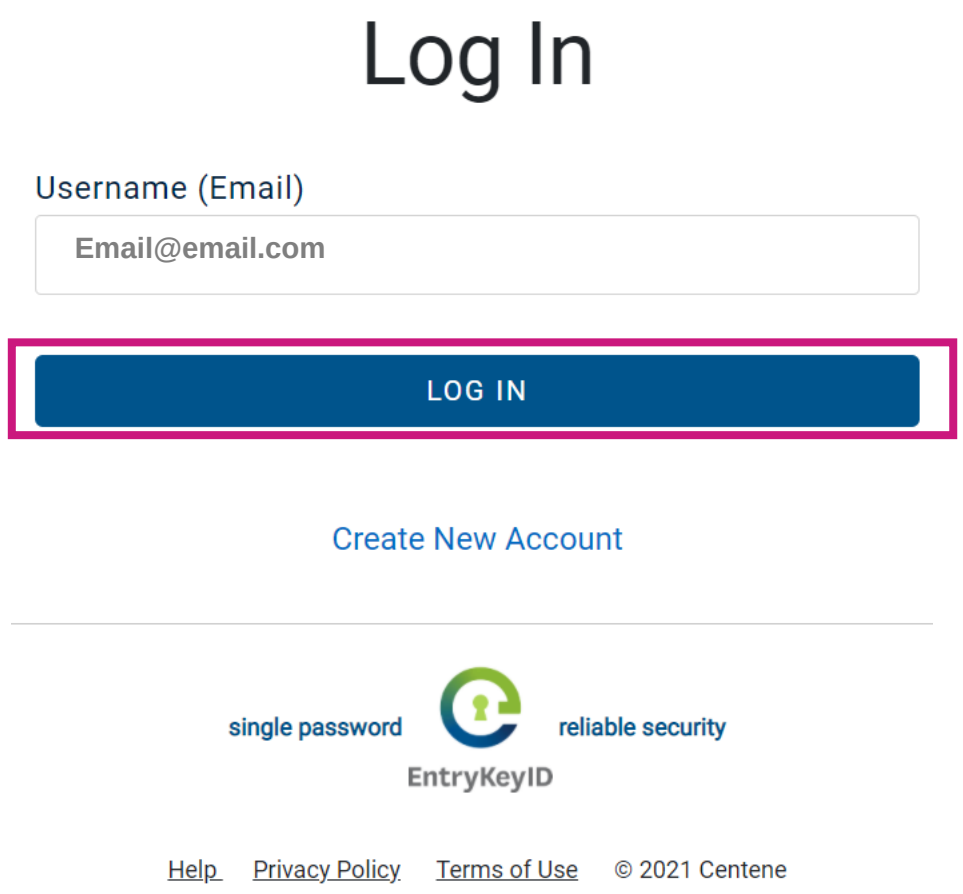
Provider Portal Registration & Login

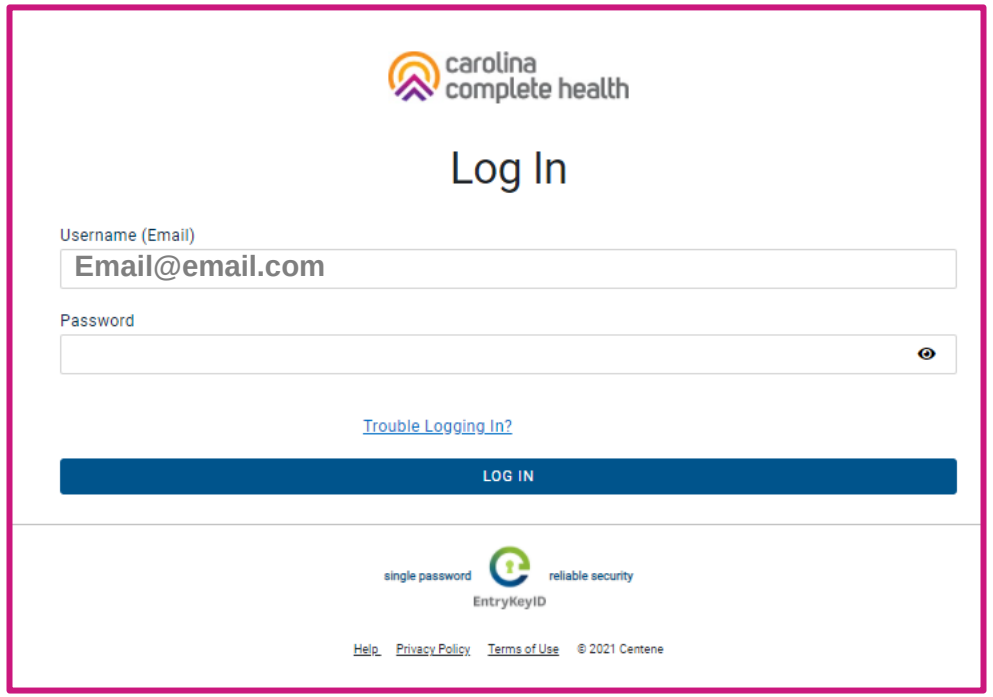
Portal Registration: provider.carolinacompletehealth.com

Tip: add no-reply@mail.entrykeyid.com to your email contacts

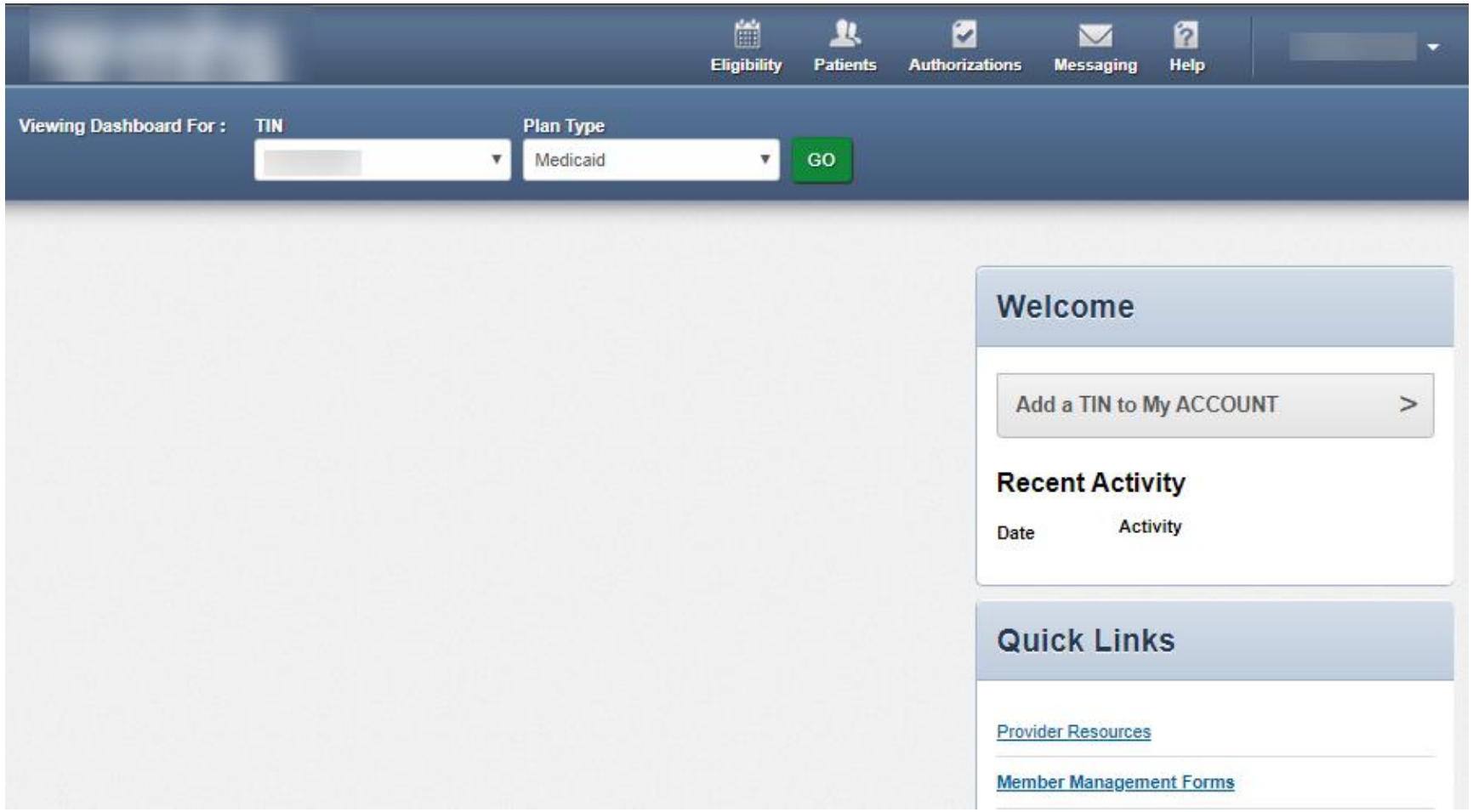


Portal Login



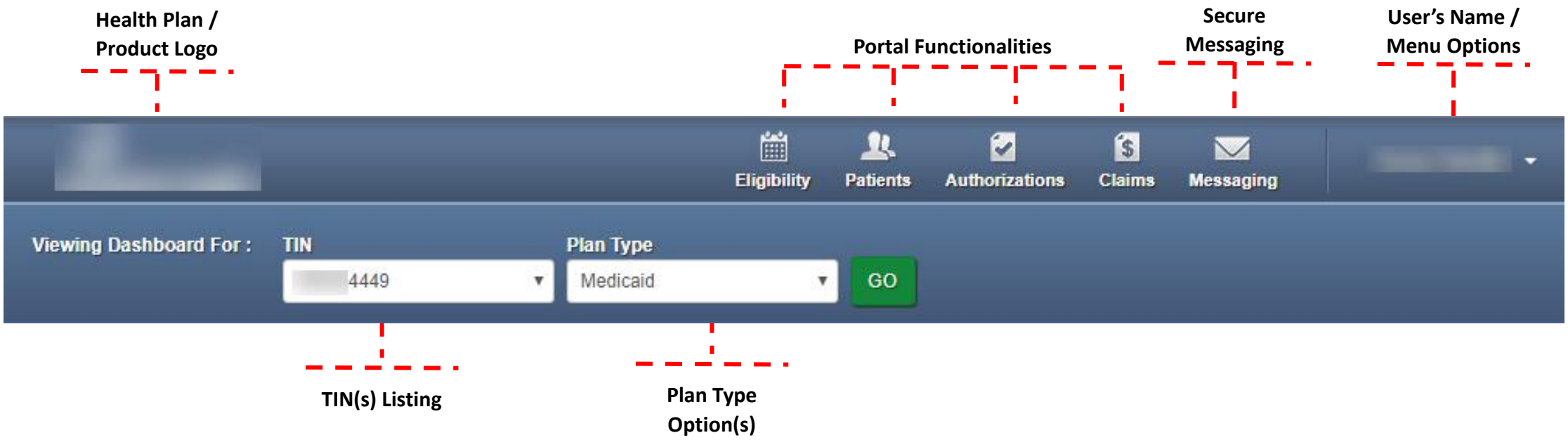


Portal Landing Page – Unverified Portal Account



Tip: Until a portal account is verified, the user will only have access to Secure Messaging and Account Details.

Portal Banner



Tips

- Portal functionality / access is based on the user's permissions
- **Plan Type** drop-down options are automatically assigned based on how the TIN is set-up in our systems, and the products offered by the Health Plan

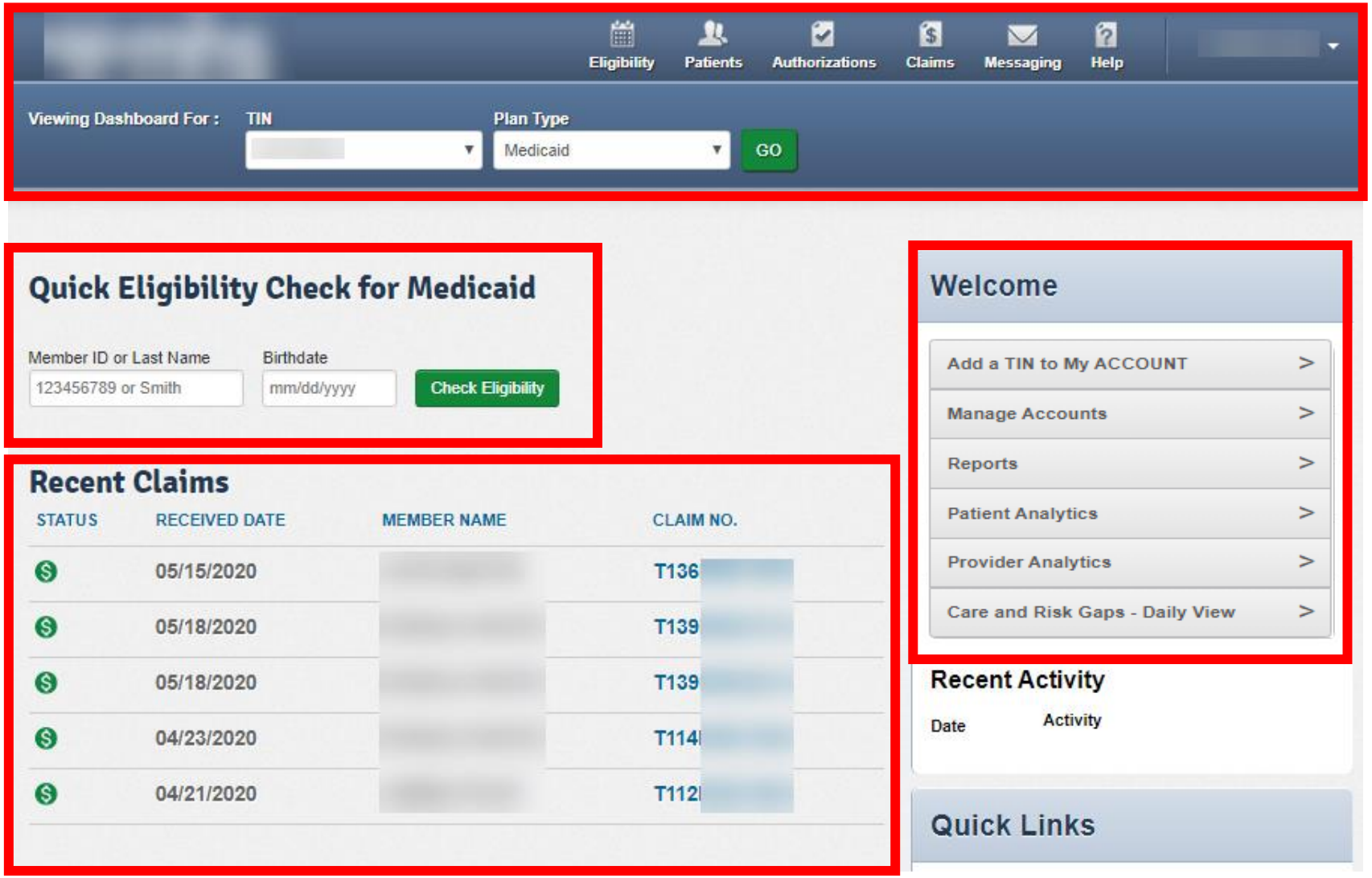
Portal Home Page – Verified Portal Account

Portal Banner

Quick Eligibility Check

Last Five Received Claims

Welcome Center



Portal Registration & Login Tips

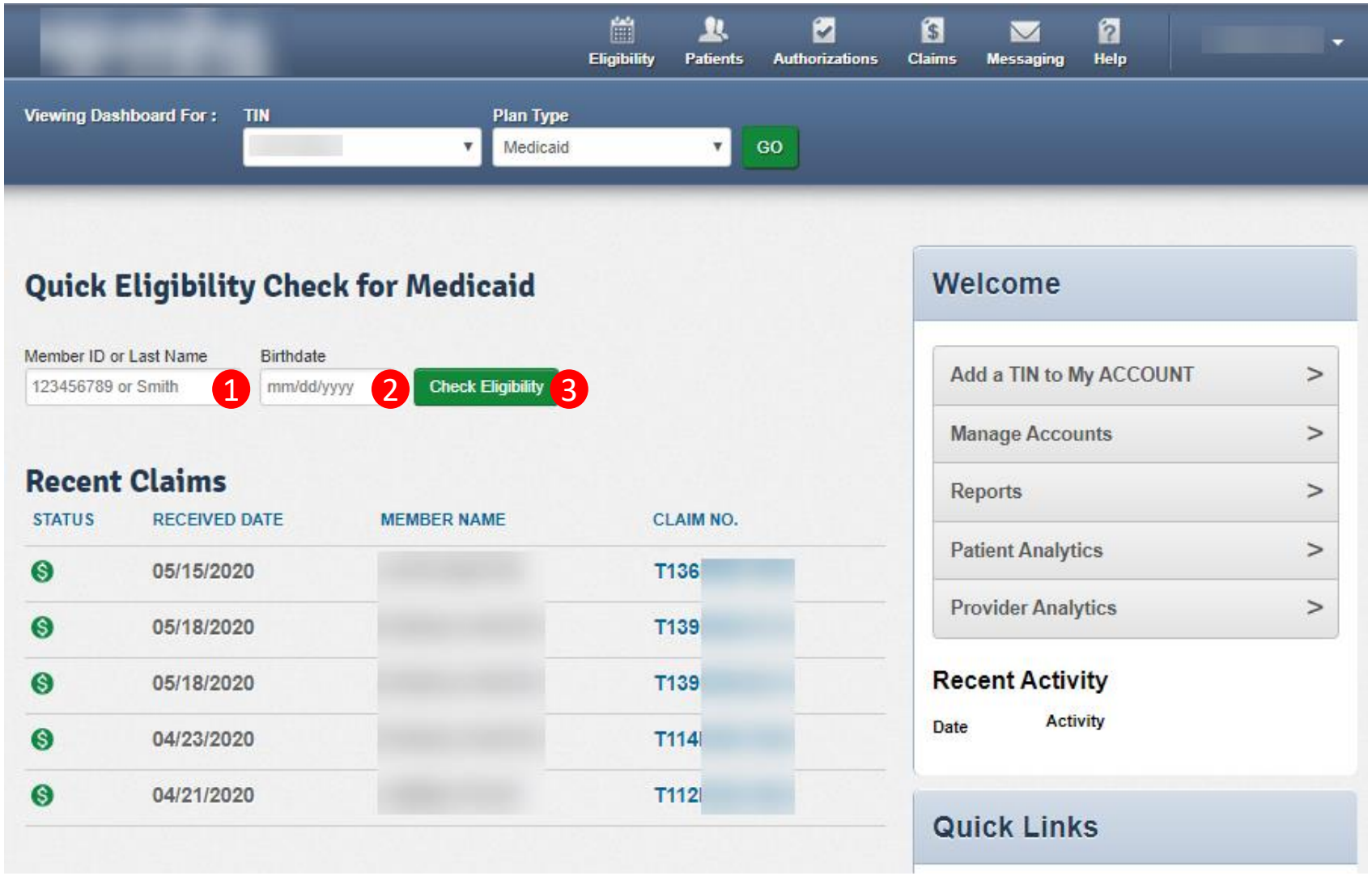
- Registration is required for access to the portal
- Portal accounts cannot be shared
  - Each person within a provider organization who needs access to the portal, must compete the portal registration
- For a portal user to register, their TIN must be loaded in our systems
  - Allow at least two business days for portal to reflect updates in back-end systems
- There is no limit on the number of TINs a portal user can add to their portal account
- Portal users must log into the portal every 90 days to prevent their account from being locked due to inactivity
- The Forgot Password / Unlock Account link on the Secure Provider Portal login page, cannot be used to unlock a portal account, that is locked due to inactivity

Portal Functionality: Check Eligibility

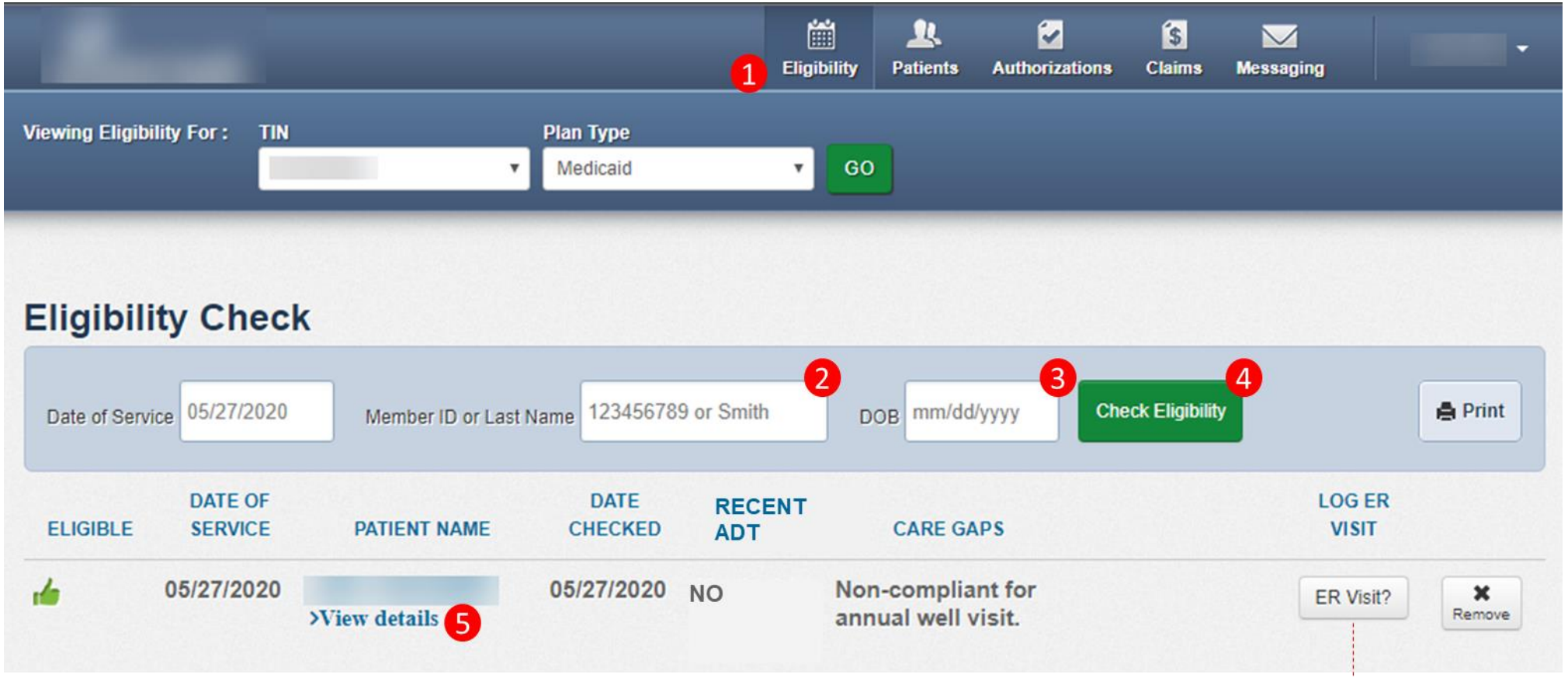
Eligibility Check

Within Eligibility Check results, the Patient Overview displays patient demographic, claims, authorizations and other pieces of information. It can be used to identify Care Gaps, view ER visits, and PCP history.

Quick Eligibility Check



Eligibility Check



If Eligibility Check is for an ER visit, click **ER Visit?**

Eligibility Tips

- When checking eligibility, if the member does not pull up, verify data entered
- If Member ID + DOB does not pull up the member, try Member Last Name + DOB
- As best practice, always check member eligibility before creating a web authorization or web claim

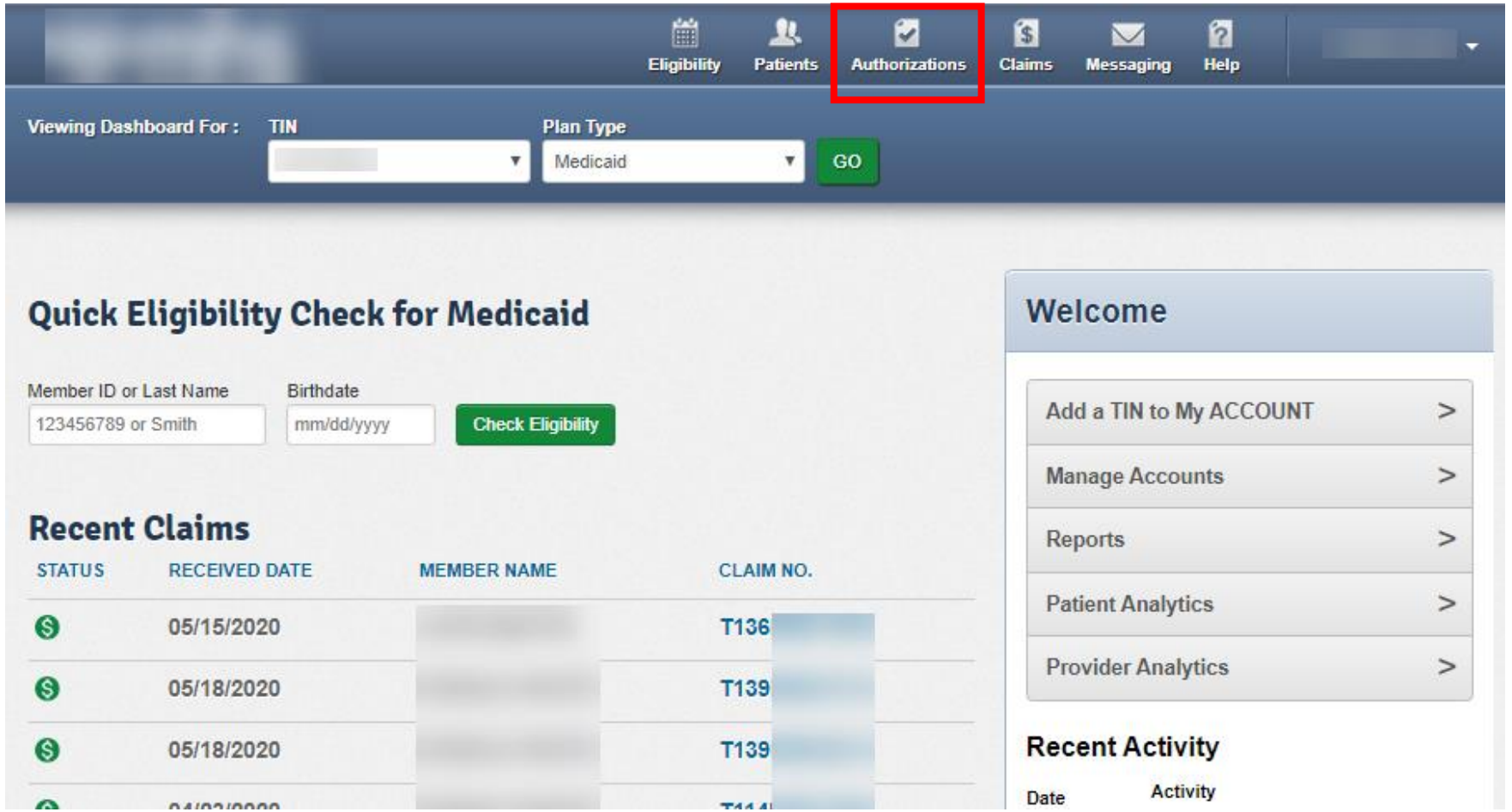
Portal Functionality: Authorizations

Authorizations

Providers are able to use the portal to submit web authorization requests and view 18 months of authorization history.

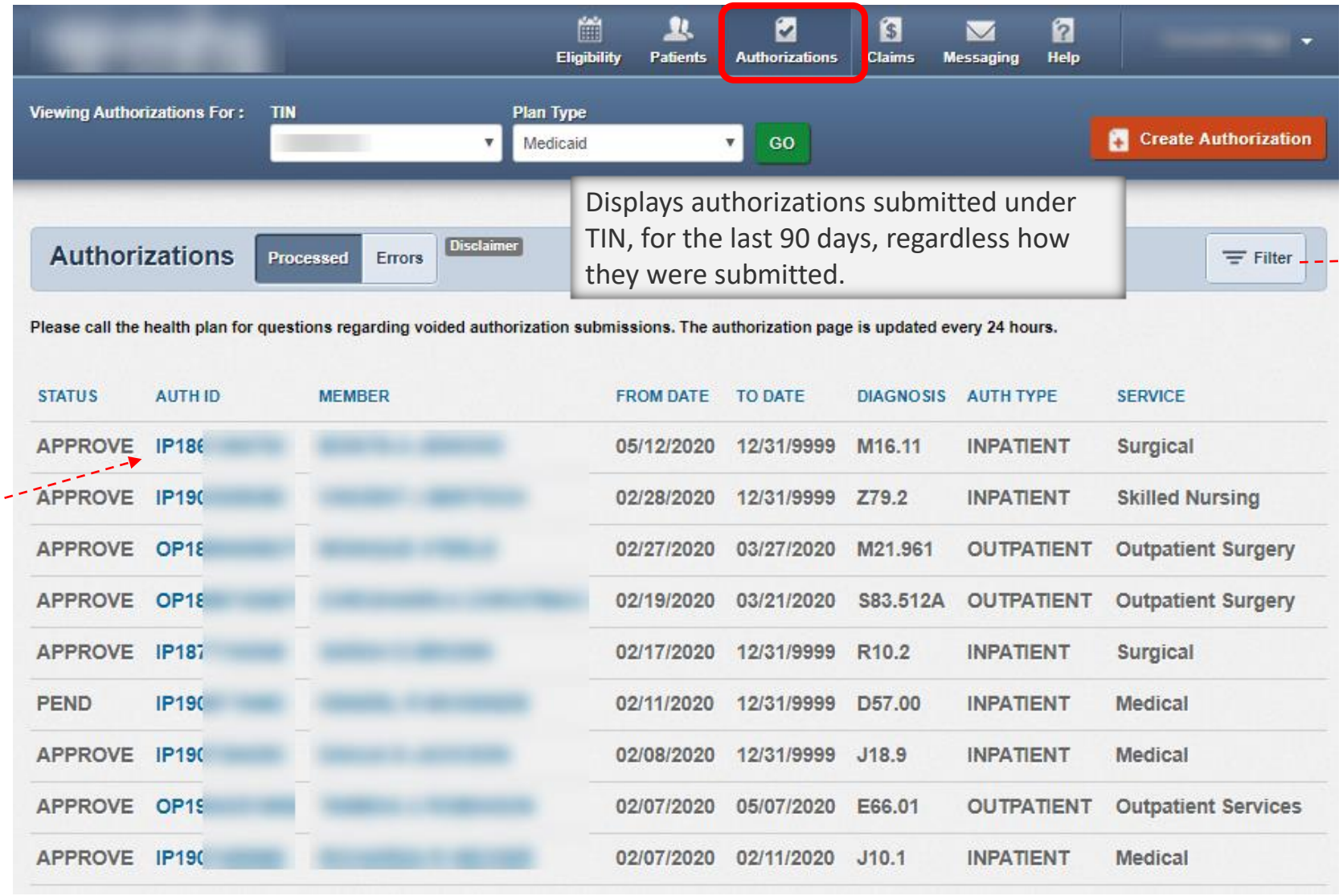
Accessing Authorizations

To access authorization information or create and submit a web authorization request, click **Authorizations**. The Authorizations Summary displays.



Tip: The member drives Plan Type selection. For example, an Ambetter member will not pull up under Medicaid. To find an Ambetter member, the Plan Type must be 'Ambetter'.

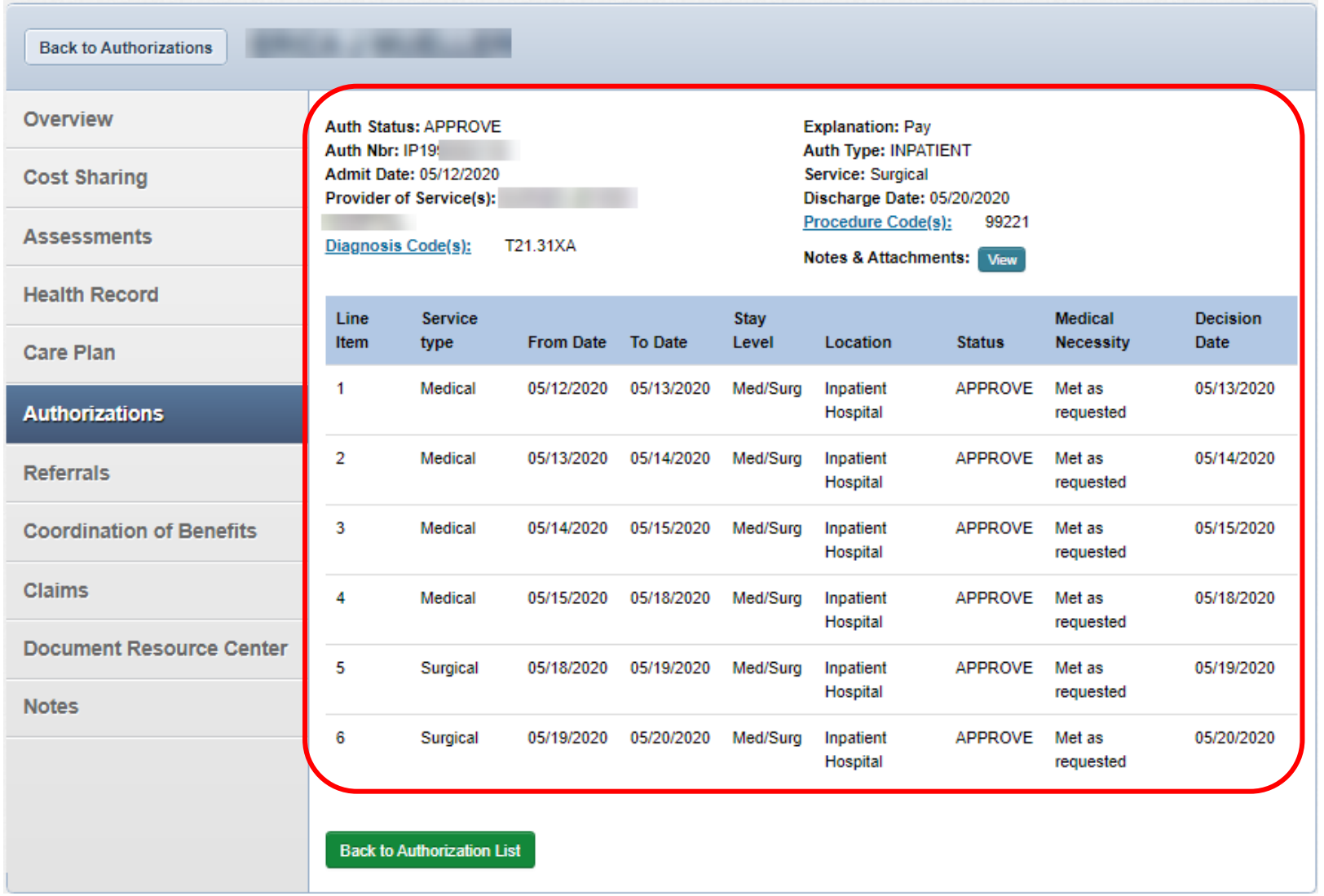
Authorizations Summary



Click an **Auth ID** to view authorization details

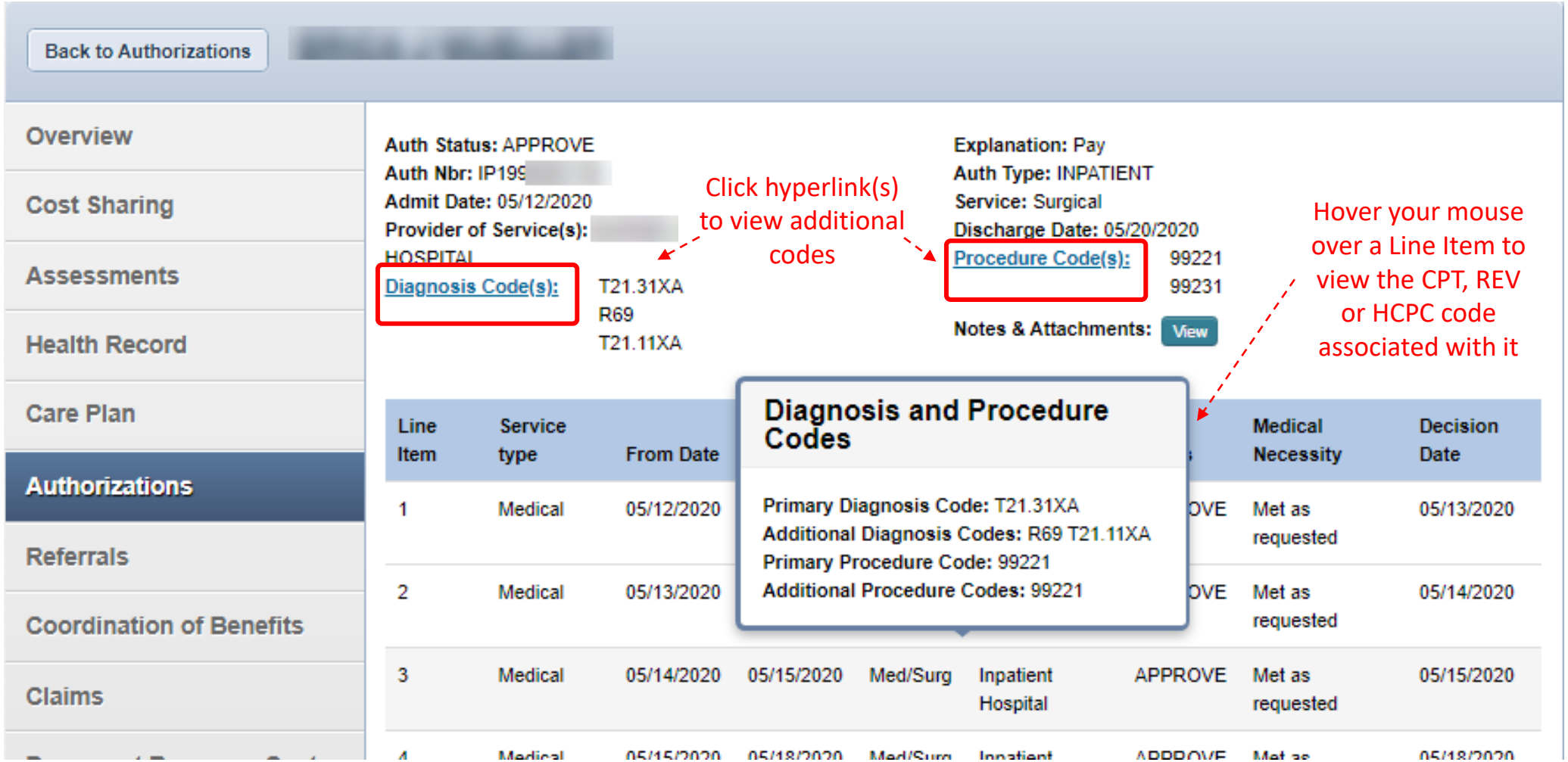
Click **Filter** to access filter options

Authorization Details



Line Item	Service type	From Date	To Date	Stay Level	Location	Status	Medical Necessity	Decision Date
1	Medical	05/12/2020	05/13/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/13/2020
2	Medical	05/13/2020	05/14/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/14/2020
3	Medical	05/14/2020	05/15/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/15/2020
4	Medical	05/15/2020	05/18/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/18/2020
5	Surgical	05/18/2020	05/19/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/19/2020
6	Surgical	05/19/2020	05/20/2020	Med/Surg	Inpatient Hospital	APPROVE	Met as requested	05/20/2020

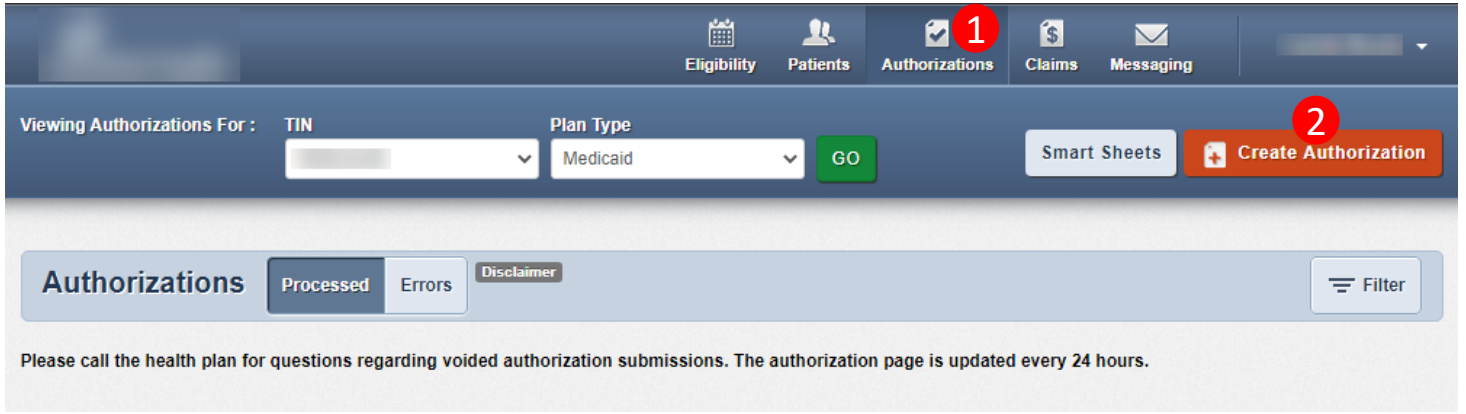
Authorization Details Links and Pop-Up

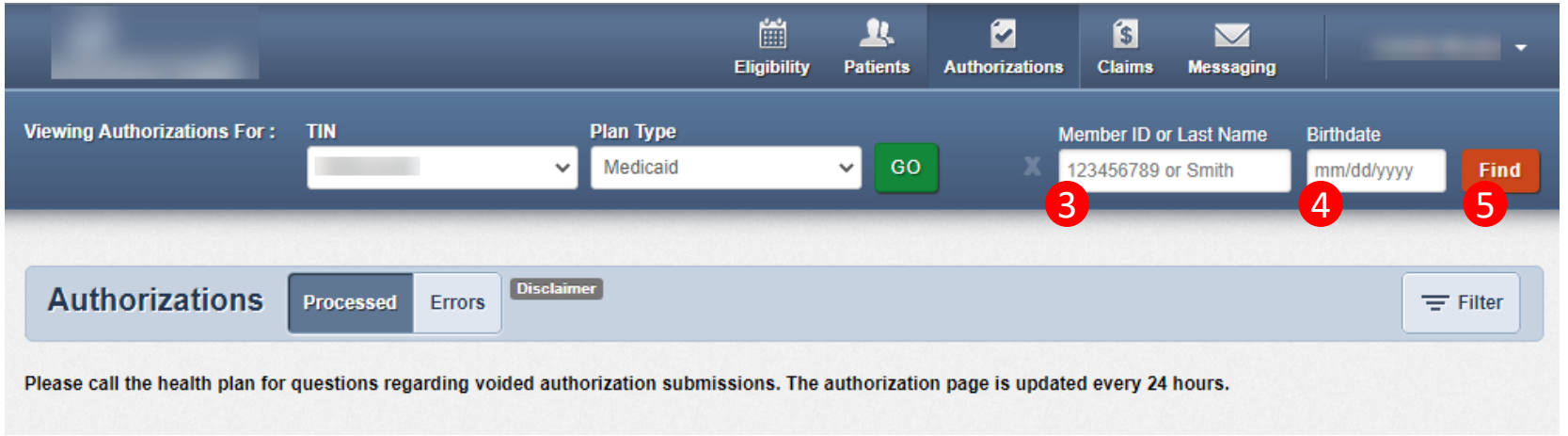


Create Authorization (Web Authorization Request)

To begin a web authorization request:

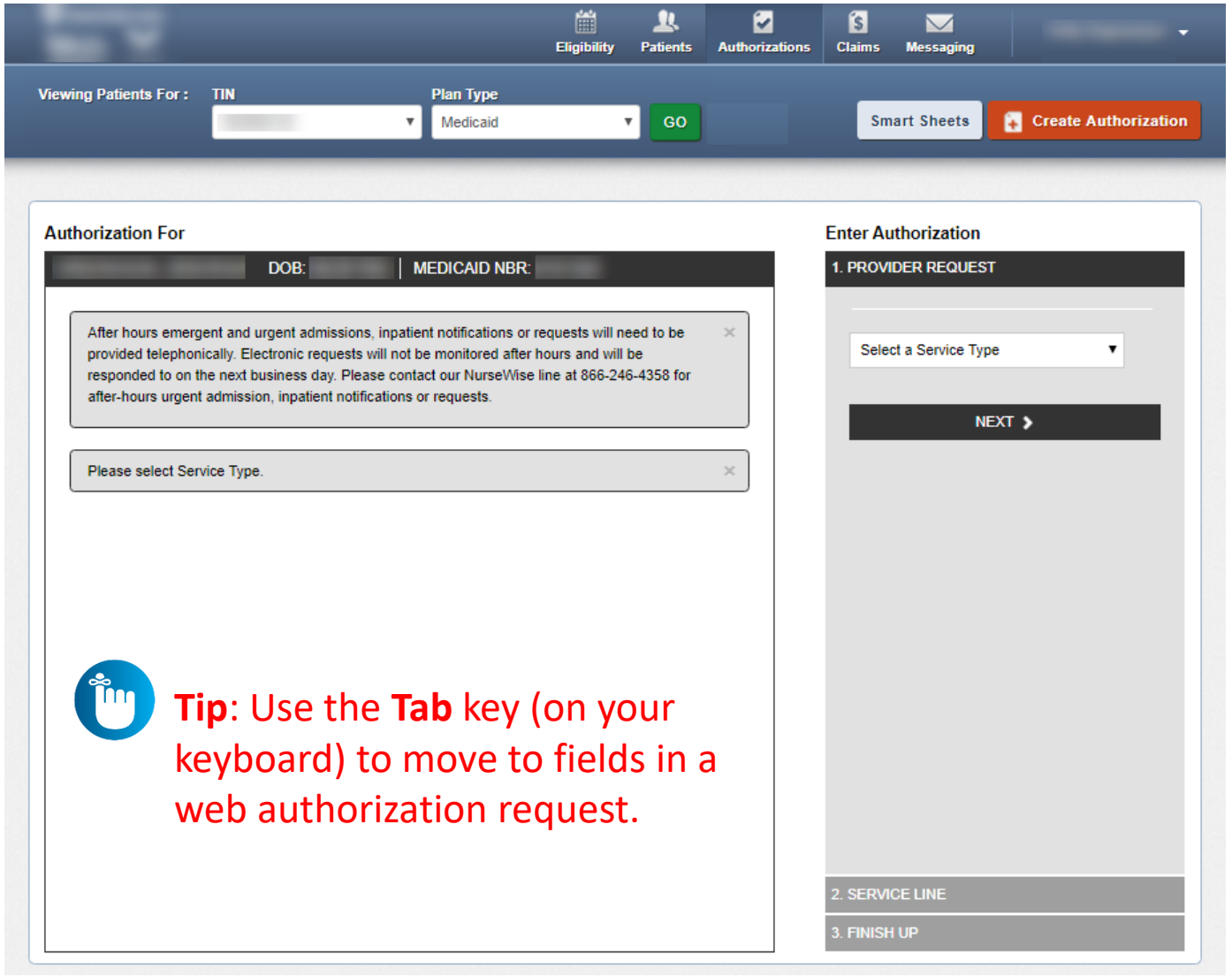
1. Click **Authorizations**.
2. **Create Authorization**.
3. Enter **Member ID or Last Name**.
4. Enter Member's **Birthdate**.
5. Click **Find**. The web authorization request displays.





Tip: You cannot create a web authorization on an ineligible member.

Create Authorization (Web Authorization Request)



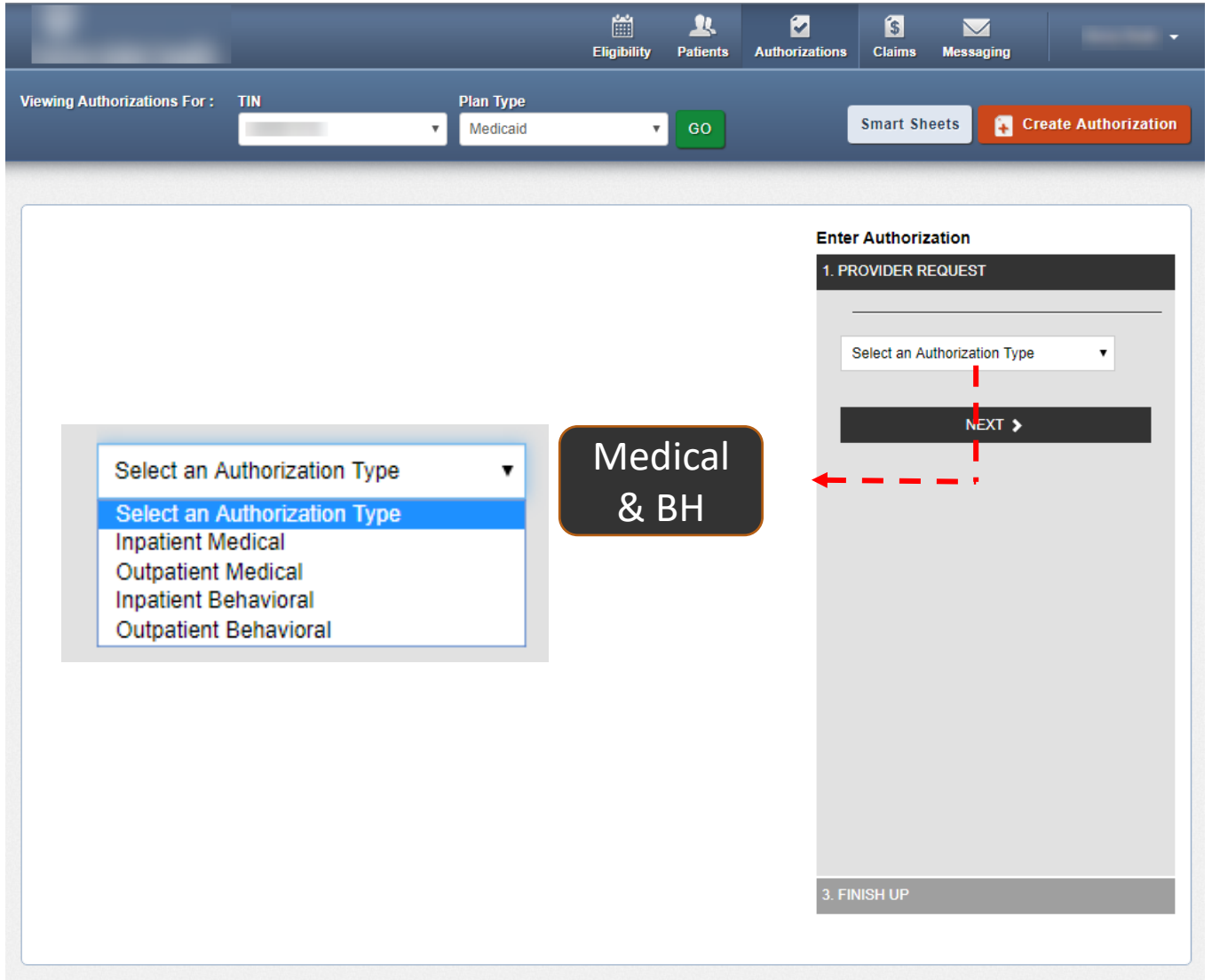
Web Authorization for Massage Therapy

Web Authorization

- Authorization Type-driven
- Streamlined

Select an Authorization Type:

1. Outpatient Medical
2. Therapy



Authorization Tips

- Always check the member's eligibility before submitting an authorization request
  - A web authorization **cannot** be submitted on an ineligible member
- **Web authorizations generally load in processing queue within seconds of submission**
- Up to five (5) separate documents can be attached to a web authorization request
- Always use the confirmation number to check the status of the request
  - This is the only way a portal user will see a web authorization error
  - Web authorization errors are uncommon, but when an error is encountered the web authorization request will not load, and thereby will not be processed
    - Please submit the authorization request by phone or fax
    - Notify the Health Plan and provide the web authorization confirmation number for research

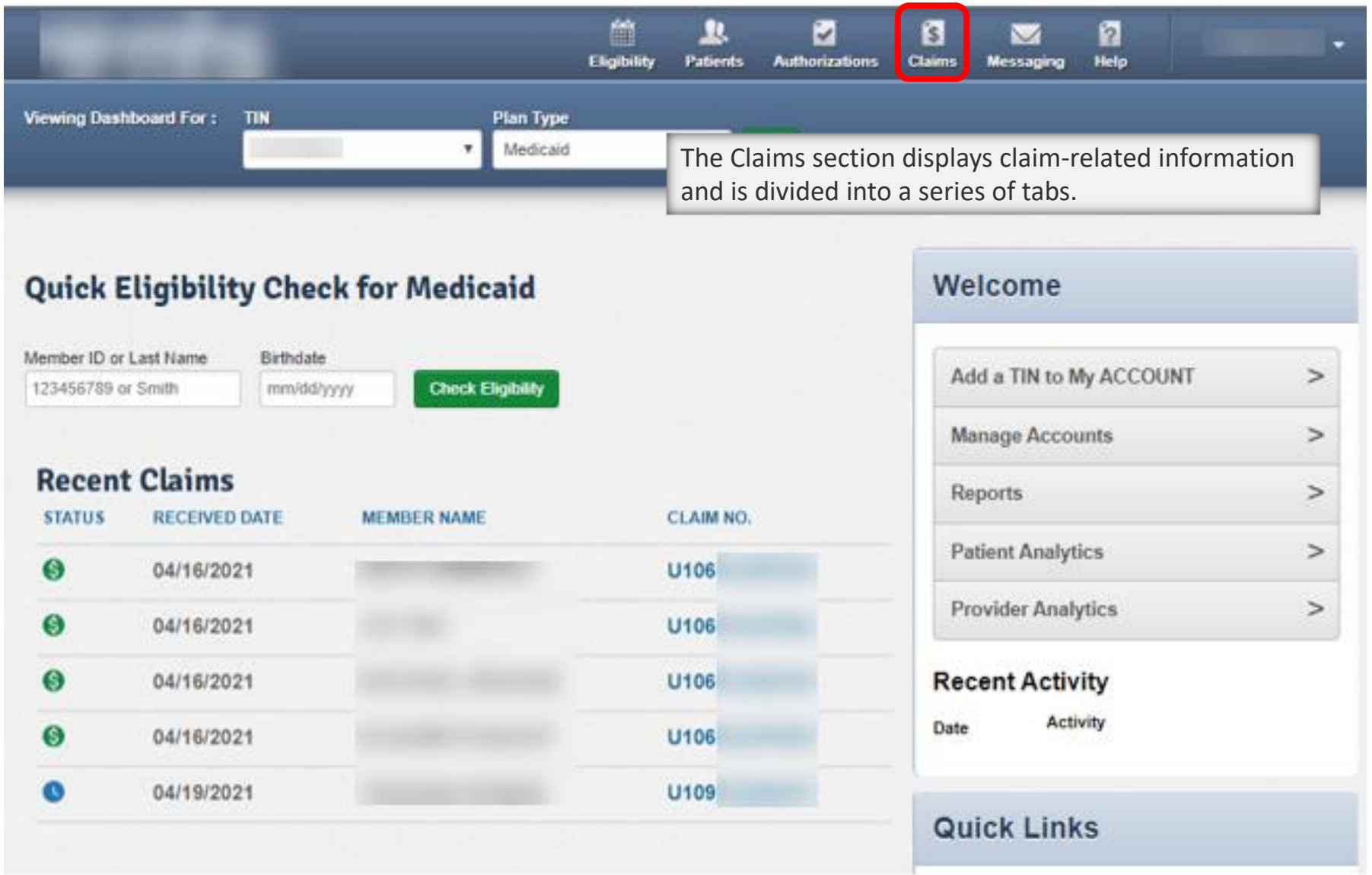
Portal Functionality: Claims

Claims

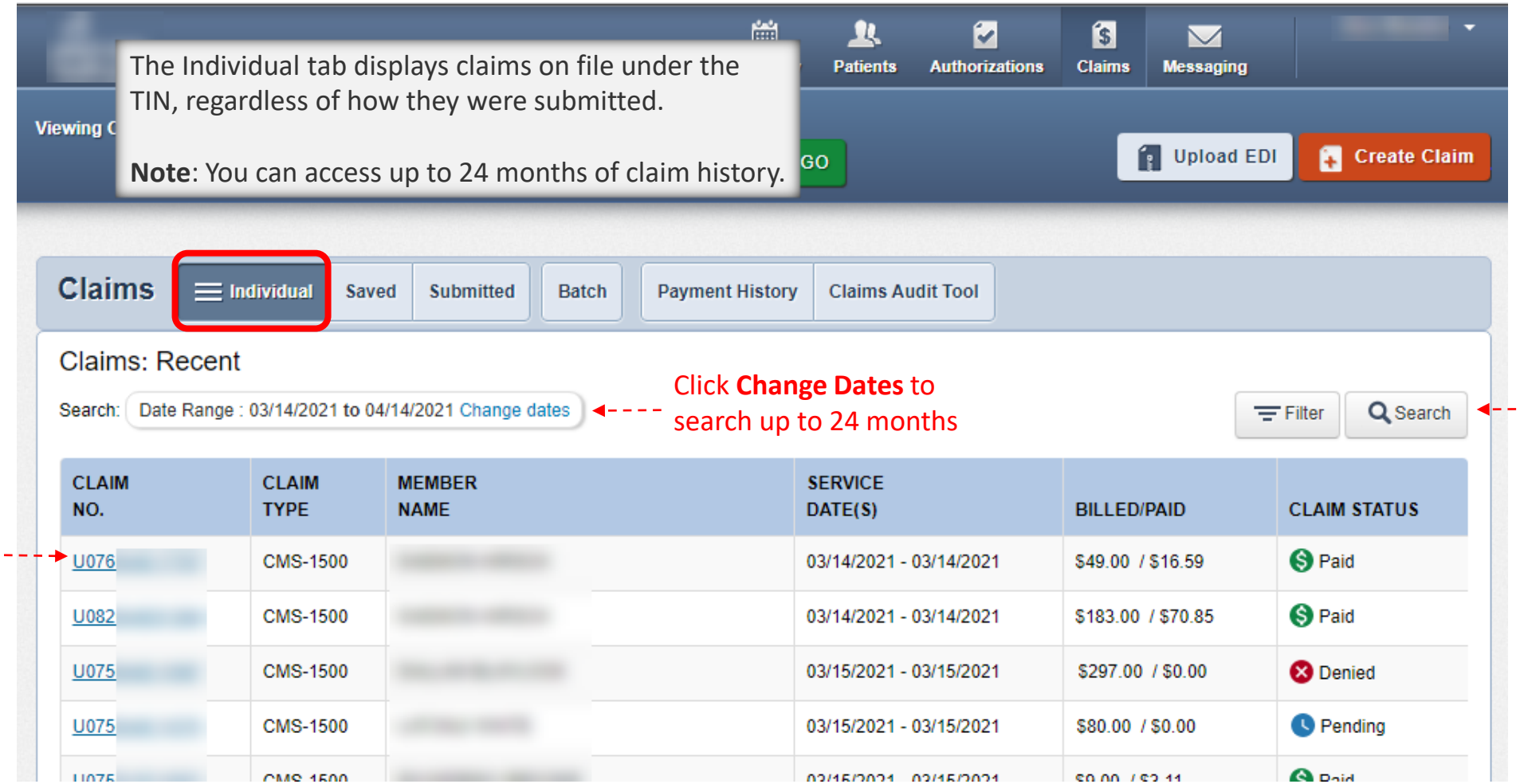
Providers are able to use the portal to:

- Access up to 24 months of claims-related history
- Submit new claim
- Correct claims
- Batch claims

Claims


Eligibility
Patients
Authorizations
Claims
Messaging
Help
Viewing Dashboard For :
TIN
Plan Type
Medicaid
The Claims section displays claim-related information and is divided into a series of tabs.
Quick Eligibility Check for Medicaid
Member ID or Last Name
123456789 or Smith
Birthdate
mm/dd/yyyy
Check Eligibility
Recent Claims
STATUS
RECEIVED DATE
MEMBER NAME
CLAIM NO.
04/16/2021
U106
04/16/2021
U106
04/16/2021
U106
04/16/2021
U106
04/19/2021
U109
Welcome
Add a TIN to My ACCOUNT
Manage Accounts
Reports
Patient Analytics
Provider Analytics
Recent Activity
Date
Activity
Quick Links

Claims – Individual



Click Change Dates to search up to 24 months

Click Filter and/or Search for additional options

Click Claim Number to view claim details

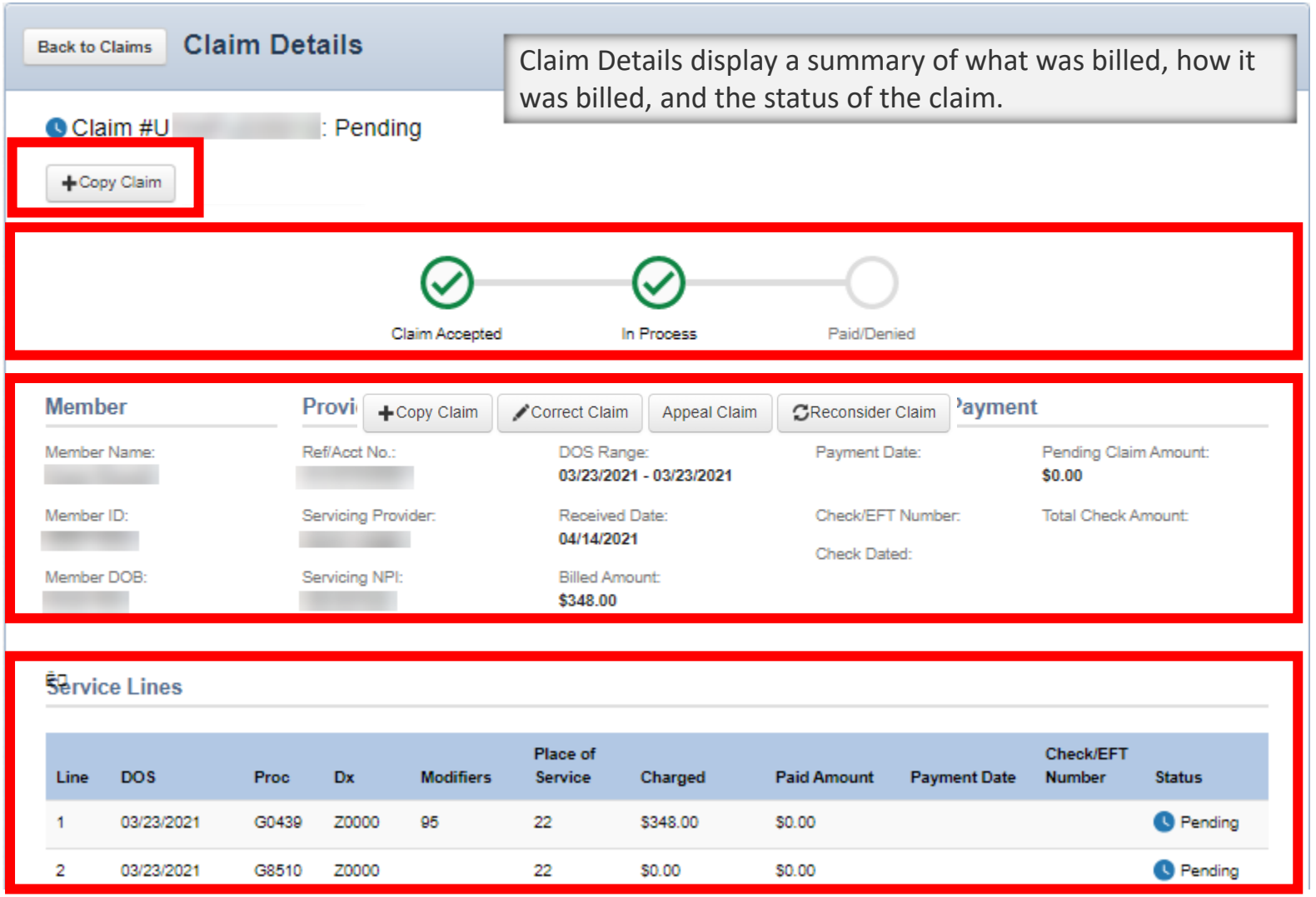
Claim Details

Claim Action Buttons

Claim Information

Claim Status Tracking

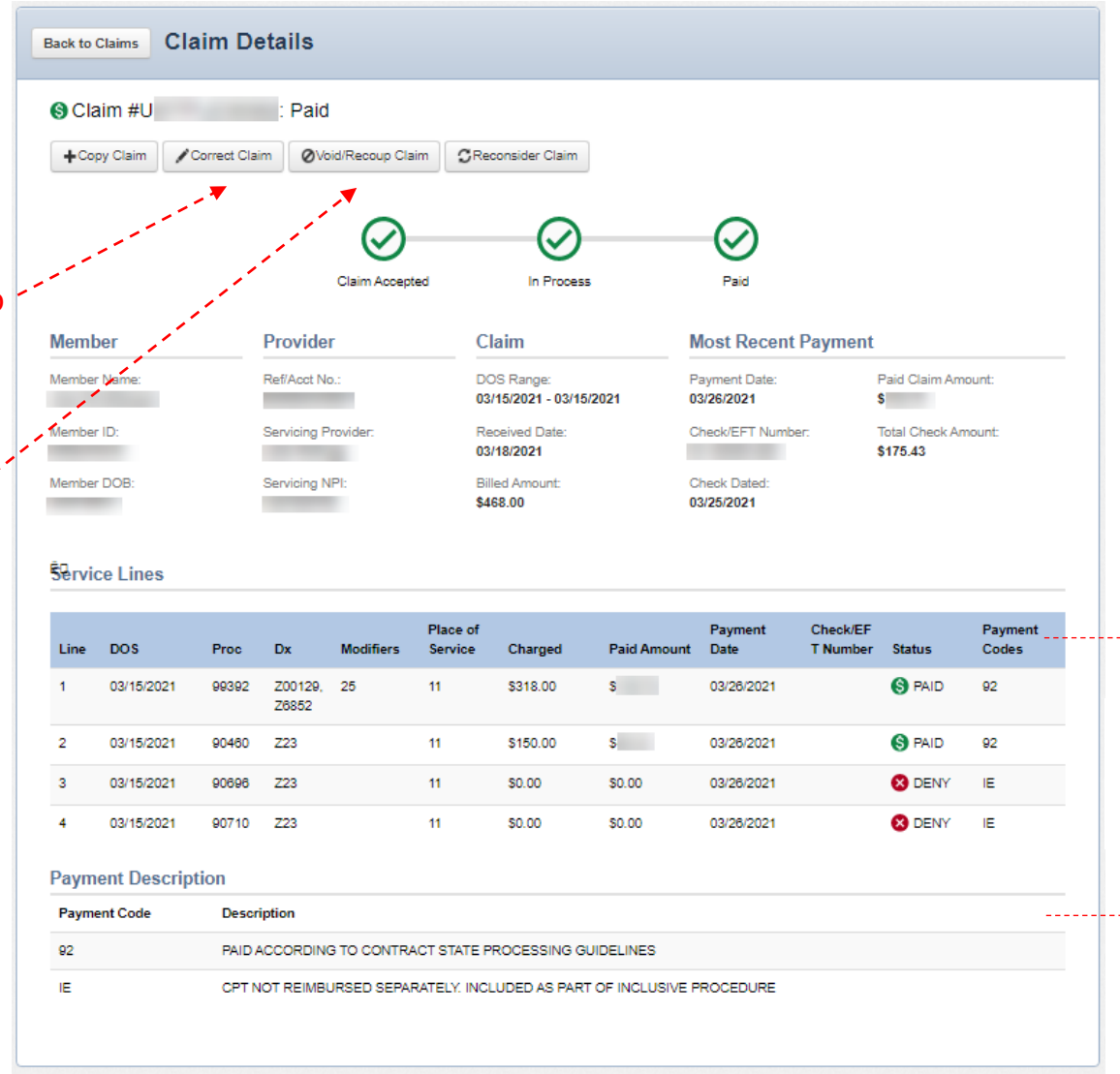
Claim Service Line(s)



Claim Details – Finalized

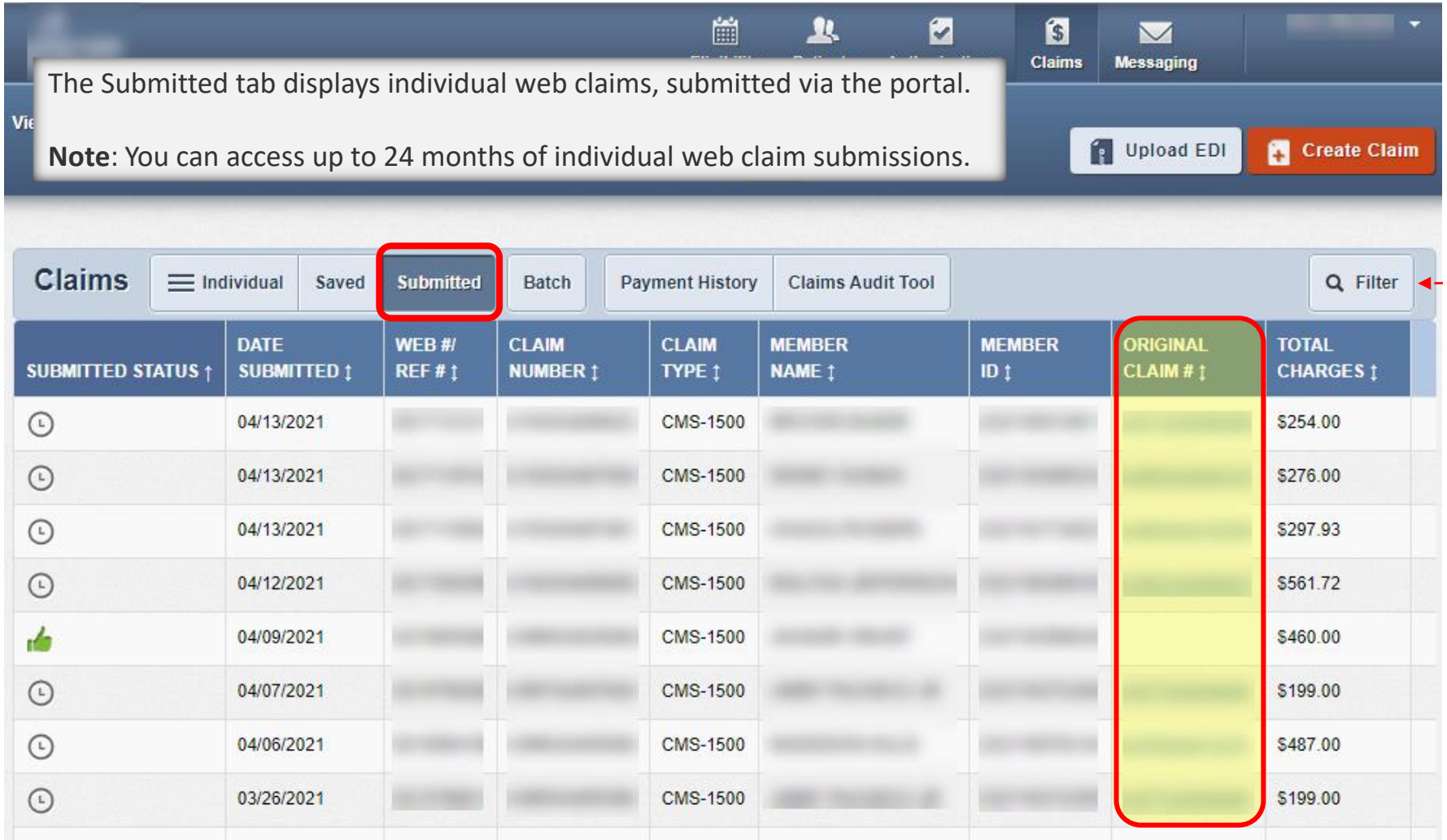
Click **Correct Claim** to correct a finalized claim

Where available, click **Void/Recoup Claim** void an original claim that has already been processed, and request a full recoupment of payment



Payment Codes and **Payment Description** display on finalized claims

Claims – Submitted



Click **Filter** for additional search options

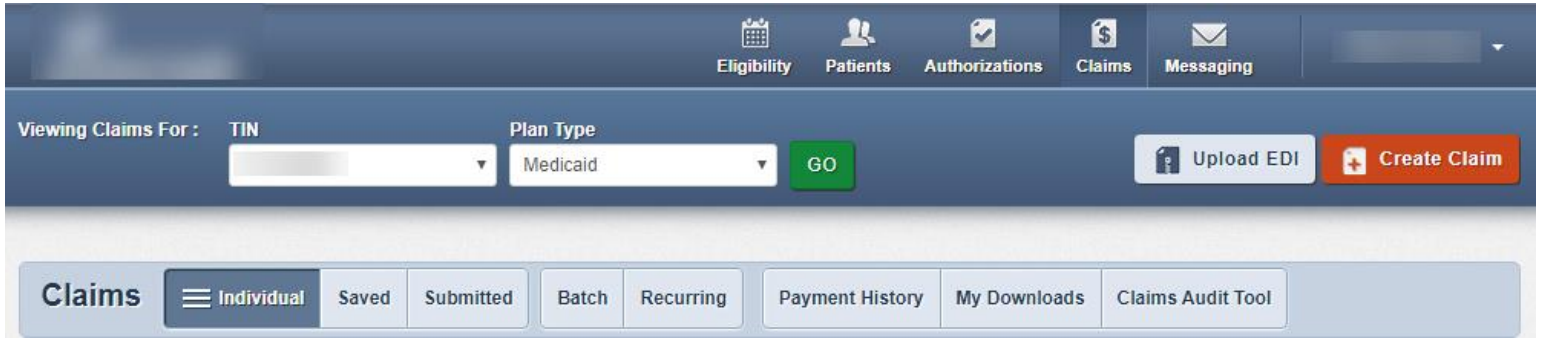
Tip: A Claim Number in the **Original Claim #** column, indicates it is a corrected claim submission.

Portal Functionality: Claim Submission

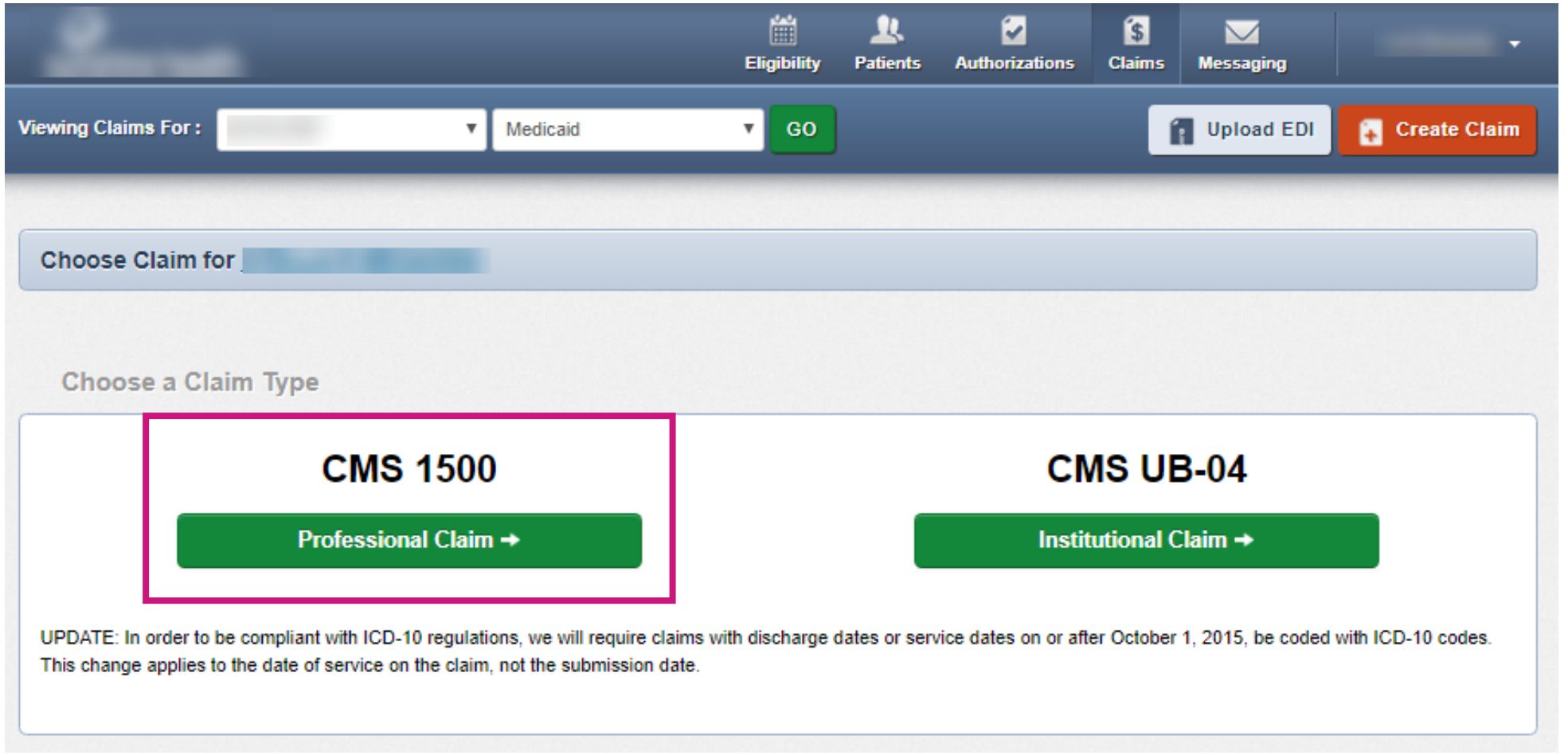
Claim Submission – Create Claim (Individual Web Claim)

To begin an individual web claim:

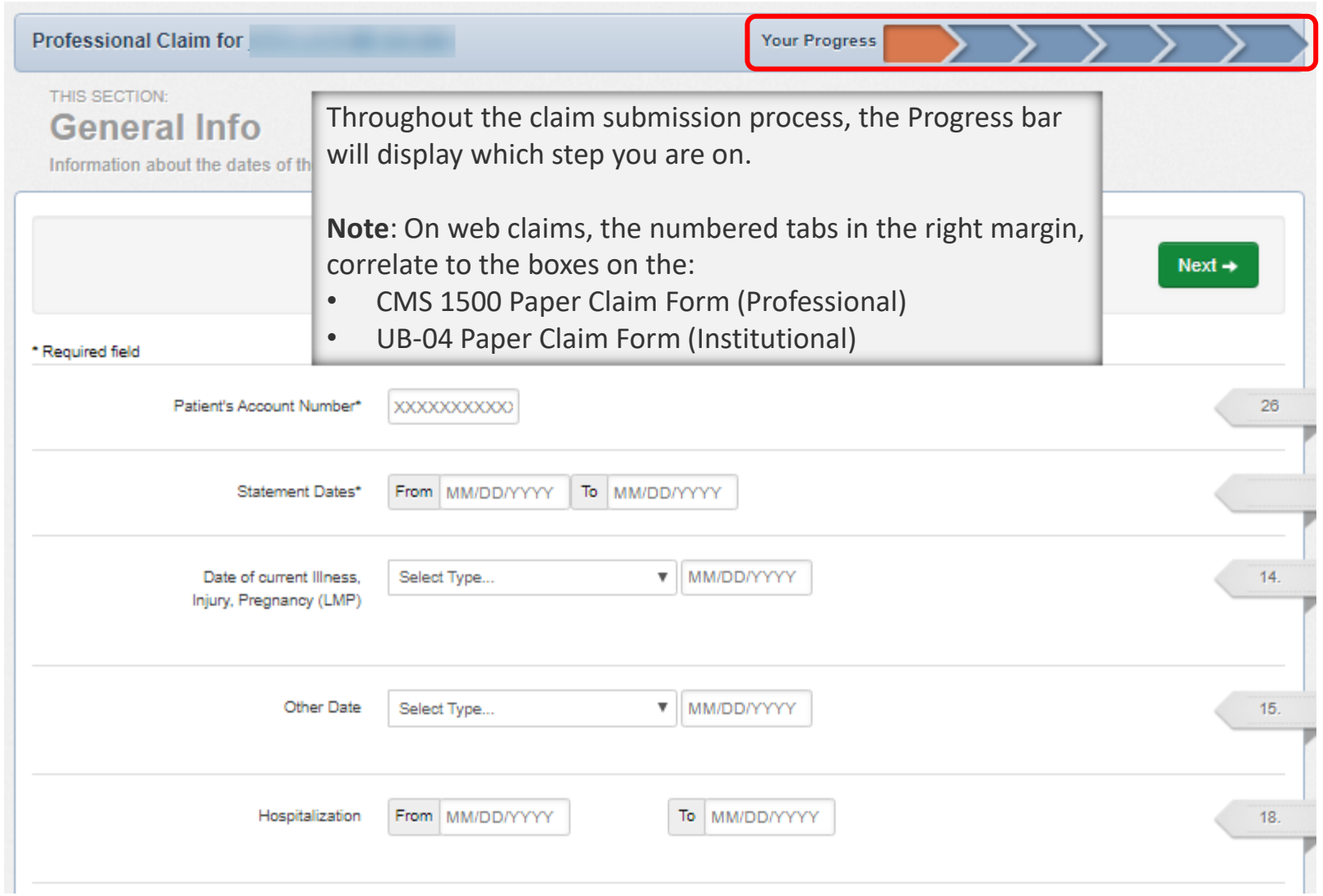
1. Click **Claims**
2. Click **Create Claim**
3. Enter **Member ID or Last Name**
4. Enter Member's **Birthdate**
5. Click **Find**



Create Claim – Claim Type Selection

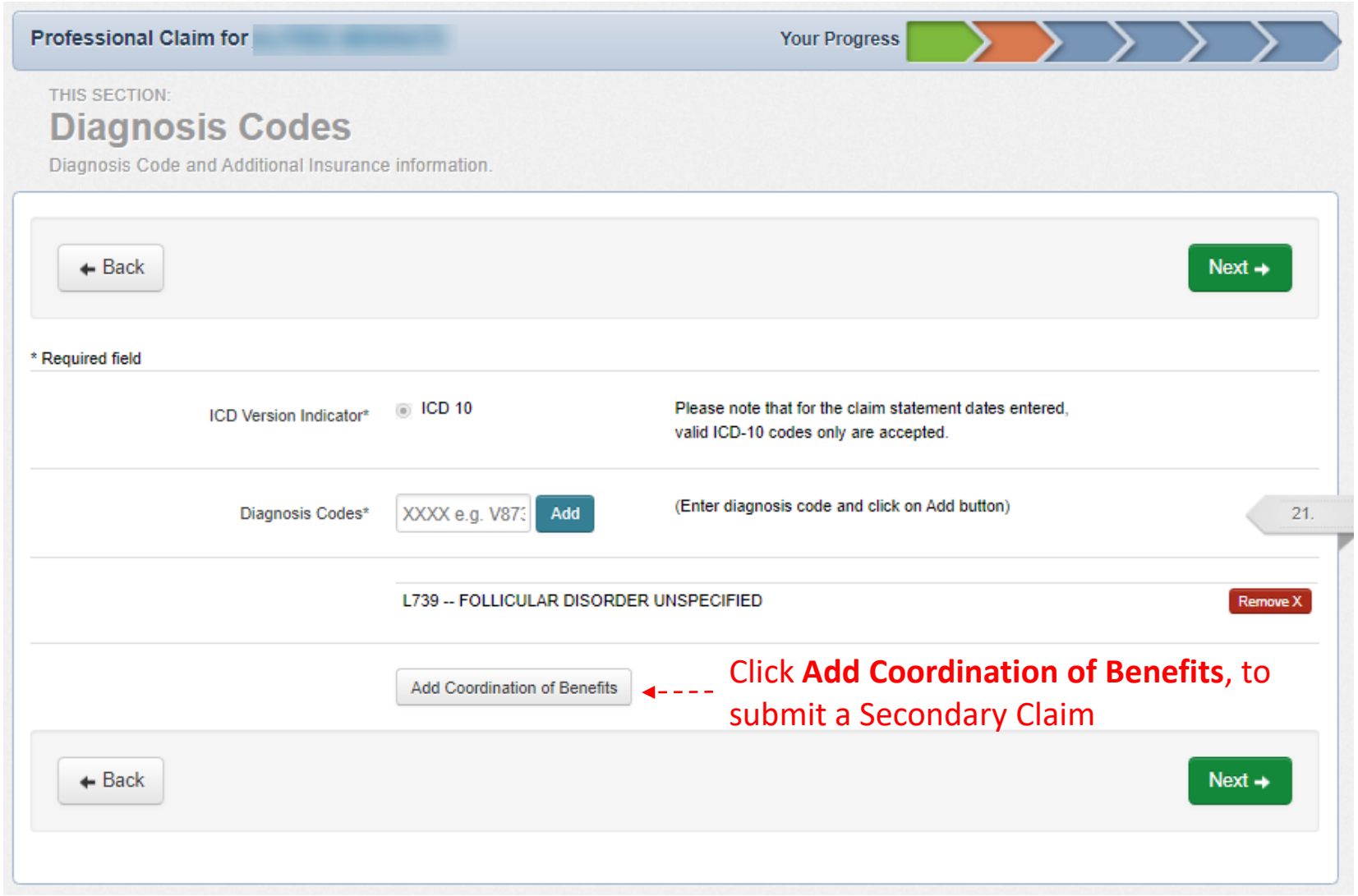


Create Claim – General Information



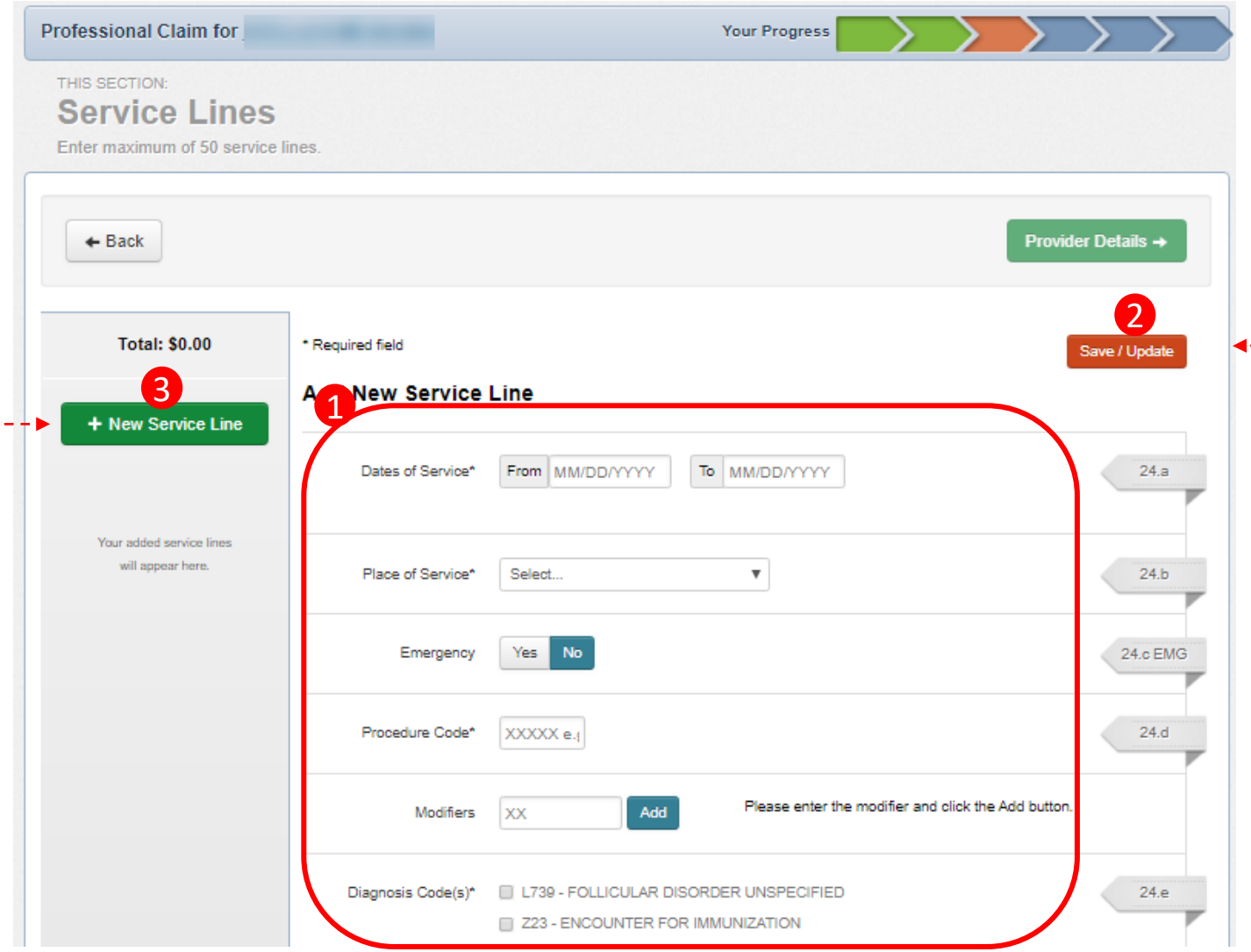
Hover mouse over tabs for additional information

Create Claim – Diagnosis Codes



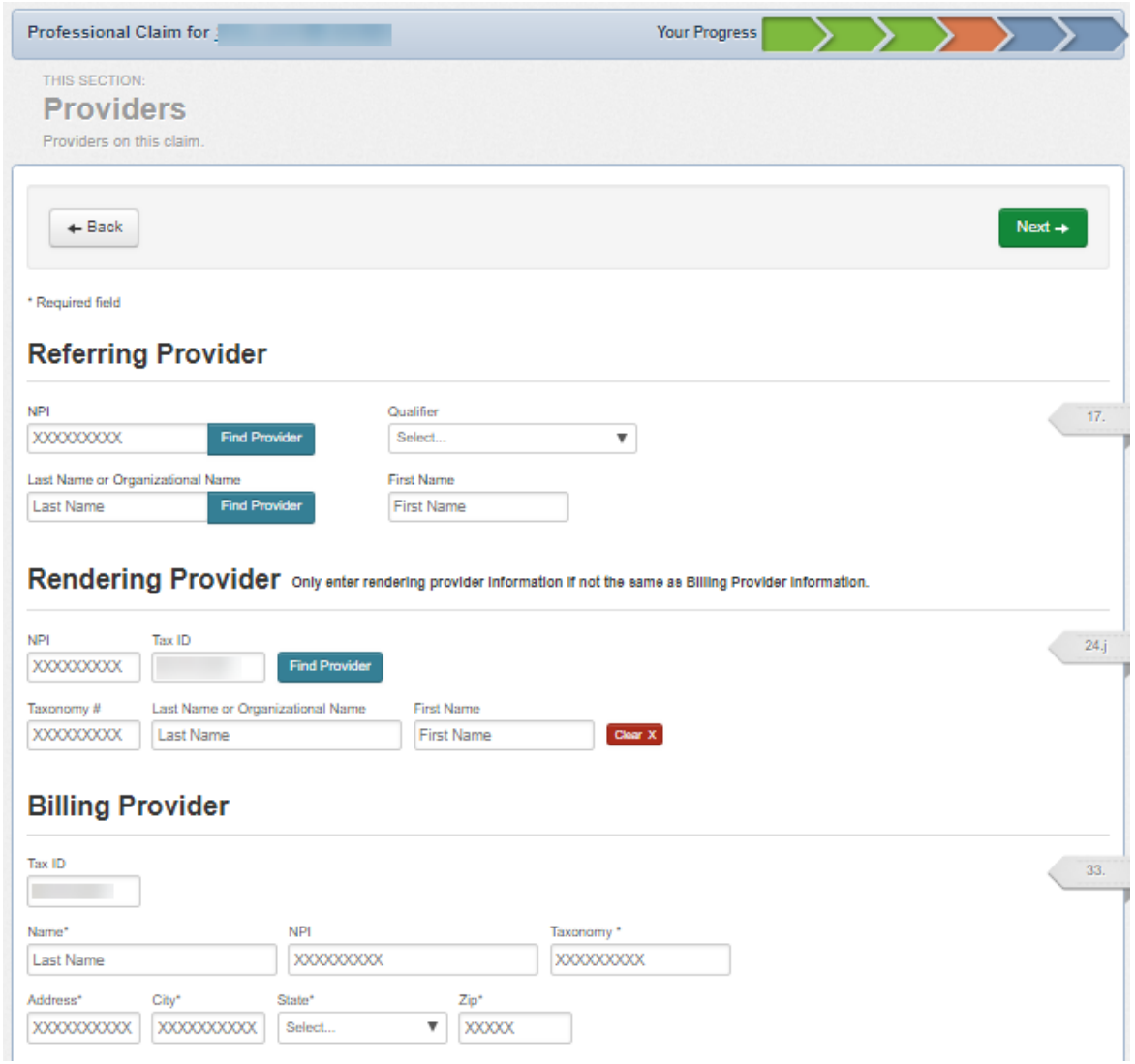
Create Claim – Service Lines

Click **+ New Service Line** to enter additional Service Line(s).



After entering or editing a Service Line, click **Save/Update**.

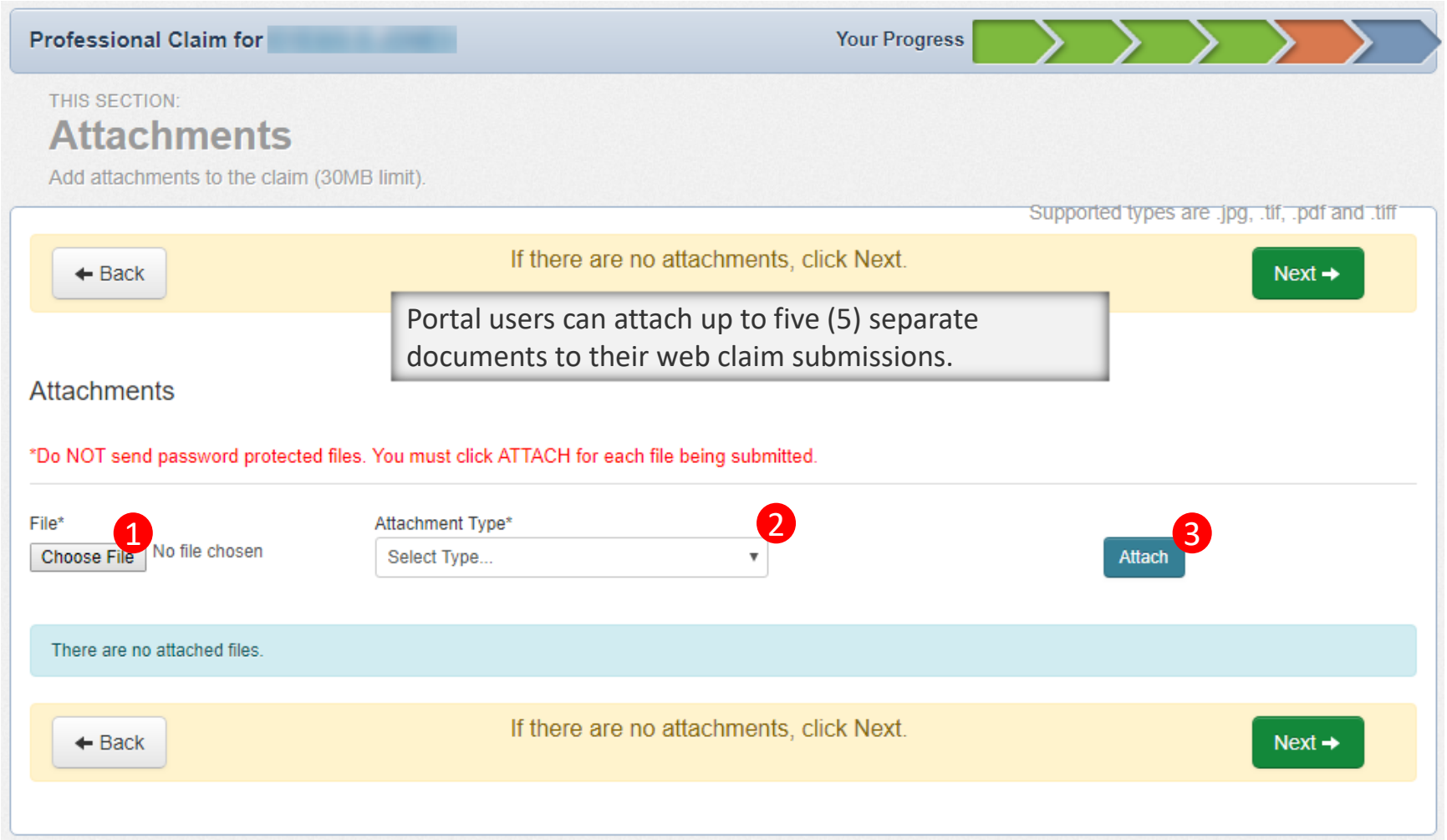
Create Claim – Providers



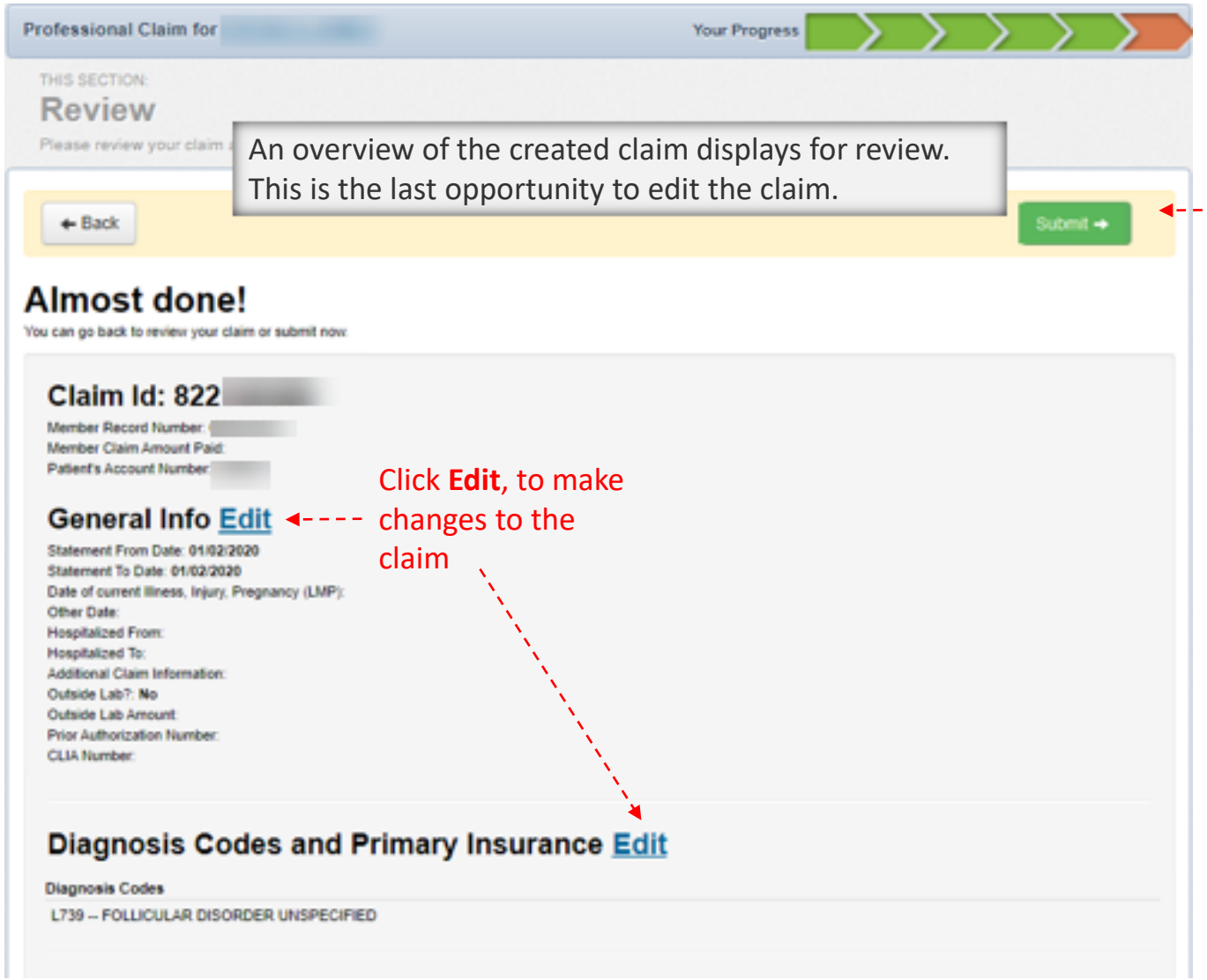
Tip: Missing Taxonomy is a common cause of processing delays and denials.

For more information, view our Claims Submission Reminder Guide (PDF)

Create Claim – Attachments



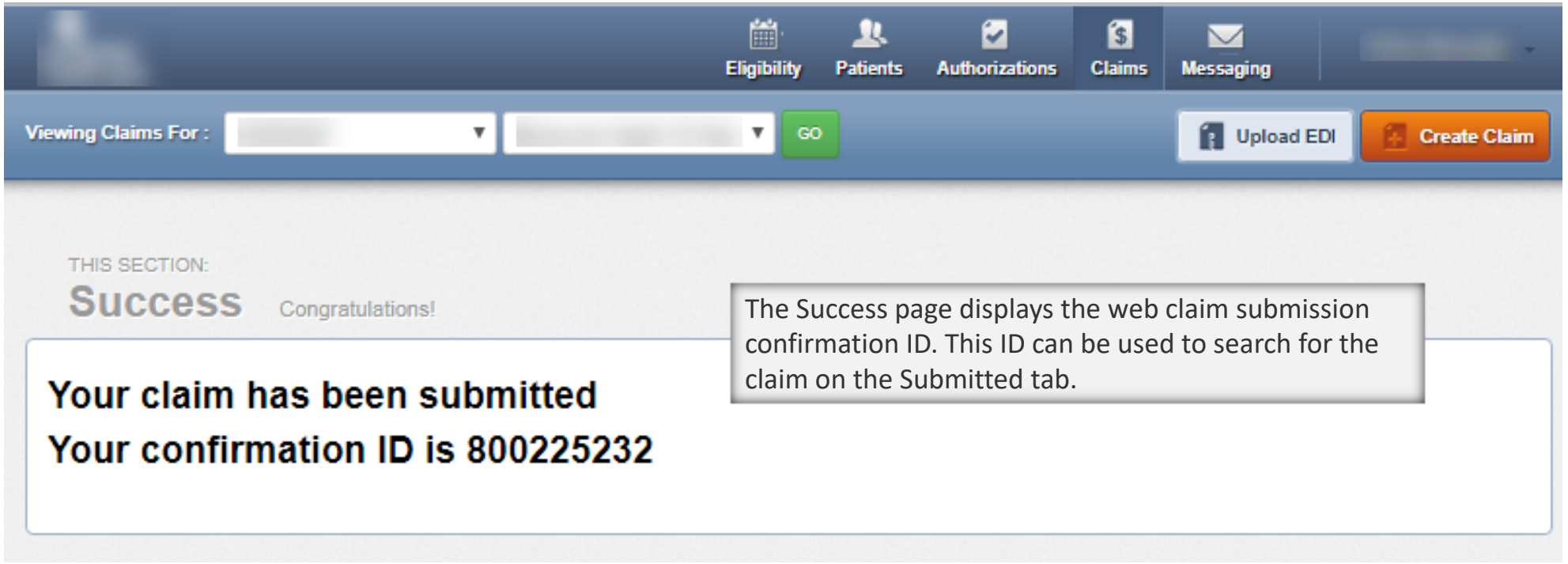
Create Claim – Review and Submit



Click **Edit**, to make changes to the claim

Click **Submit** to complete claim submission

Create Claim – Submission Confirmation



The Success page displays the web claim submission confirmation ID. This ID can be used to search for the claim on the Submitted tab.