



## Provider Portal Quick Reference Guide

### Provider Registration:

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

#### Before You Register

If your office already has an active Provider Portal account for this Health Plan, please contact the Provider Administrator in your office.

Your Provider Administrator has access to create additional Authorized User Accounts.

This registration is to request a new Provider Administrator User Account only.

For any questions, please contact the Health Plan at [providerportal@globalhealth.com](mailto:providerportal@globalhealth.com)

✓ CONTINUE ← BACK TO LOGIN

- This means that one Administration Team member will be able to request access to the provider portal and once access is granted/approved, the administrator can create other user accounts for the rest of the entities underneath the tax id number or NPI number.

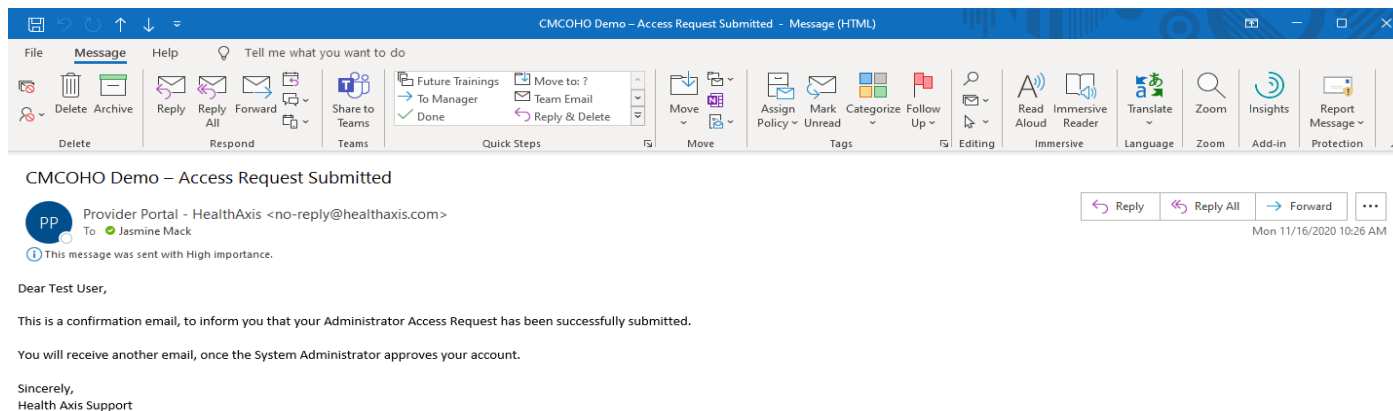


### Provider Portal Registration

- Providers can choose **Physician Administrator, Facility Administrator, or Vendor Administration** when requesting access to the portal.
- All fields in red are required fields; these fields must be filled in before gaining access to the portal.
- Password requirements: minimum 6-character length, include 1 uppercase, 1 lowercase, 1 numeric, and 1 special character.
- If the tax id number or NPI number has already been used, provider will see a different option in red saying to select another tax id number or NPI number.

### Provider Portal Registration Cont.

Once the registration is complete, the provider will receive a confirmation message stating that the Health Plan is currently reviewing the registration. The health plan will review the registration information and confirm that the information entered matches what's on file with the health plan. The provider will also receive an email stating that their access request has been submitted.





## Provider Portal Registration Cont.

The screenshot shows an email client window titled "CMCOHO Demo - New User Account - Message (HTML)". The email is from "Provider Portal - HealthAxis <no-reply@healthaxis.com>" to "Jasmine Mack". The subject is "CMCOHO Demo - New User Account". The email content includes a greeting "Dear Test User," and a message stating "A new user account has been created for you to access the Provider Portal." It provides the "User Name: testuser" and a link to "Click Here To Verify Account". The email is dated "Mon 11/16/2020 10:27 AM".

CMCOHO Demo - New User Account

Provider Portal - HealthAxis <no-reply@healthaxis.com>  
To: Jasmine Mack

This message was sent with High importance.  
If there are problems with how this message is displayed, click here to view it in a web browser.

Dear Test User,

A new user account has been created for you to access the Provider Portal.

User Name: testuser

Please validate your account, by selecting the email verification icon below. This link is time sensitive and will expire in 24 hours.

[Click Here To Verify Account](#)

If you require additional assistance, please contact your Account Administrator.

Sincerely,  
Health Axis Support

Once access for the administrator has been approved, the administrator will receive the following email:

NOTE: If the provider misses the 24-Hour timeframe, the provider will need to click the Click Here To Verify button. This will take the provider to the Provider Portal and a message will appear for the provider to resend the link to the email address used during registration.



**Portal Legend:**

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

**Note: This option will appear on the log in screen. However, the system is utilized for viewing data and some functions will not have the delete capability.**

**Terms of Use:**

Once signed into the portal, the terms of use page will be displayed. If the provider clicks Do Not Accept the provider will not be logged into the portal.

Terms Of Use

HIPAA Privacy & Security Notice: By logging on to this system, I recognize, acknowledge and agree that transactions within this system are tracked by user sign-on. By logging on to this system, I agree to abide by all applicable contracted confidentiality and privacy agreements that pertain to the data and personal health information that resides on or is accessible with this system. I understand, acknowledge and agree that protected health information must be kept confidential, and I agree to maintain that confidentiality. I recognize that unauthorized disclosure of protected health information may violate state and/or federal laws and may have an adverse impact on the individual, the system licensee through whom I have the right to access this system, and owner of this system. I understand that violating the confidentiality agreement or releasing information without proper authorization may result in legal action against me.

CPT copyright 2015 American Medical Association. All rights reserved. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for the data contained or not contained herein. CPT is a registered trademark of the American Medical Association.

Unauthorized access to this system is prohibited. Access to this system is monitored. Attempted access or unauthorized access will be investigated and prosecuted to the full extent of the law.

Click Accept to proceed or Do not Accept to exit the program.

**Browser Capability**

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

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

**Provider Portal Home Screen:**

The screenshot shows the HealthAxis provider portal home screen. At the top, there is a navigation menu with 'Members', 'Auths / Referrals', 'Claims', 'Providers', and 'Administration'. A user greeting 'Welcome jasmine.mack' is visible in the top right. Below the navigation, there are two main sections:

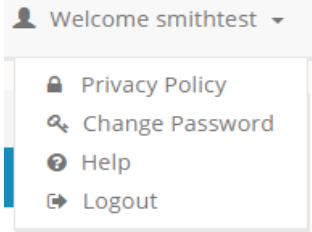
- Notice Bulletins:** A table with columns for Action, Date, Message, and Download. One entry is visible:
 

Action	Date	Message	Download
	Aug 6, 2021 9:53 AM	Message to all, please see attached	InsurancePolicyCert.pdf
- Referral Highlights (Since: June 7, 2021):** A summary table showing counts for different authorization statuses:
 

Authorization By Status	Count
Approved	0
Denied	0
In Process	0
Void	0
<b>Total</b>	<b>0</b>

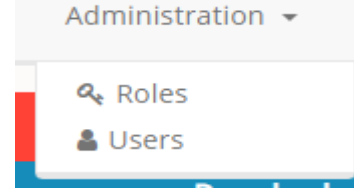


Clicking the Health Axis logo from any module will take the user back to the portal home screen.



Providers can utilize the dropdown located next to their name to:

- View Privacy Policy
- Change Password
- View helpful URLs and Links configured in Help
- Logout



The Vendor/Facility/Physician Administrator can use the dropdown located next to Administration to:

- View/ Create/ Modify Roles
- View/Create/Modify Users

**Note: Only Administrators will have this option.**

**Member Search:**

A "Member Search" form with the following fields: Member ID, First Name, Last Name, Member DOB, Medicare ID, Line Of Business, Benefit Plan, and IPA. There are "SEARCH" and "RESET" buttons at the bottom left. A red tooltip message says "Double click on row to select member".

**Note: All member id numbers for the state of Oklahoma start with the letter "OK" or Numeric numbers.**

**Member Search Cont.**

- Provider can search by Member ID; Last Name, First Name and DOB; or Medicare ID.
- Providers can only view members that are tied to the PCP.
- Facility/Vendor can search for all members but will need to enter Member ID and DOB or Medicare ID number.
- If requested information is entered within the member search properly and a member record is not displayed, this means that the member is not active.



**Note: When reviewing eligibility for the current year, the user may see a 12/31 termination date in the system which indicates the Medicare Advantage member will be active for the entire year.**

### Eligibility Screen:

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

AUTHORIZATION ▾ CLAIM ▾ PROBLEMS ↻ PRINT

#### Member Information

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

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

### Claim Information:

Home > Search Claim

#### Search Claim

Claim Number

Claim Status

DOS From

DOS To

Member

 \* 

Provider

 \* 

Line Of Business

IPA

Institutional Claim (UB)  Professional Claim (HCFA)

Providers will have the capability to view claims for a member.



### Claim information Cont.

Provider Search Double click on row to select provider. ✕

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Search By TIN ✕	Search for 123456789	Line Of Business Select an Option	IPA Select an Option
City City	Zip Code Zip	Specialty Select an Option	Locality Select an Option

Par Provider    All (Par and Non-par)

SEARCH   RESET

Radio buttons allows users to select both Par and Non-Par providers as part of the search criteria.

#### Claim Information Cont.

- **Find** can be used to perform a search using various search criteria.

<small>Member</small> Member ID <span style="float: right; color: red; font-size: small;">✕</span> <span style="background-color: blue; color: white; padding: 2px 5px;">FIND</span>	<small>Provider</small> Provider Number <span style="float: right; color: red; font-size: small;">✕</span> <span style="background-color: blue; color: white; padding: 2px 5px;">FIND</span>
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#### Claim Information Cont.

- Providers can choose to view Institutional Claims (UB) or Professional Claims (HCFA).
- Both are automatically checked; the provider can deselect if one is not needed.

Institutional Claim (UB)    Professional Claim (HCFA)

#### Claim information Cont.

**Claim Status**

Select an Option ▲

In Process

**Paid**

Denied

Adjusted

If a status other than Paid, Denied or Adjusted is shown, the claim is In Process.



### **Explanation of Payment**

Within the Check Details sections providers can obtain check information and request an EOP for the specific claim or EOPs for that check. After selecting what is needed (EOP for the claim or EOP for check), the provider will need to click DEMAND. Providers will not need to select EOB as this is provided to members by the Health Plan.

Check No.	Date	Amount	Total
NC10000	06/05/2018	\$ 0	\$ 0

EOP this Claim  EOP for Check  EOB this Claim

### **Member Benefit Information:**

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

Current Coverage	Benefit Plan Description
Health Plan: Health Alliance	Plan Name: HP19017 - Health Alliance Value Rx Plus (PPO) Max Out of Pocket: \$3,400 Contract Number: H1660 PBP Number: 017
Line Of Business: HPHCMCR	
Benefit Plan: HP19017	
IPA	
Effective - Term Date: 06/01/2019 - 06/30/2019	
Primary Facility	

### **Submit Authorizations and/or Referrals**

- The Submit New Authorization screen will allow users to generate an authorization submission in the system by searching for the member and completing the required fields.





Authorization

Submit Authorization  Submit Referral

Type:  Required

Place Of Service:  Required

Authorization Type:  Required

Start Date:

Expiration Date:

Admit Date:

Admit Time:

### Referral Status

Providers can view their submitted referral status at the landing page for provider portal. This section is used to capture Authorizations submitted by the provider according to status of the authorization request.

Referral Highlights	
Authorization By Status	
Approved	0
Denied	0
In Process	0
Void	0
Total	0