



## PWP Training Guide

The Provider Web Portal (PWP) offers streamlined workflows to help you get started with patients right away. When you log in, the home page greets you with search and eligibility verification tools that can be used as a starting point for entering claims and authorizations.

The Home Page will allow access to verify eligibility/start claim, and view payments.

**Verify Patient Eligibility / Start Claim**

Location

Provider

Date of Service

Subscriber ID and date of birth

Subscriber ID

Date of Birth

Last name, first name, and date of birth

### Information Center

**Payments**

[Recent](#) [Historical](#)

Last five payments are shown.

Date	Amount	View
10/09/2020	\$0.00	
10/02/2020	\$74.83	
09/25/2020	\$673.47	
09/11/2020	\$74.83	
09/04/2020	\$74.83	

## Verify Eligibility

Enter patient information for a fast eligibility check of matching members and dependents. This check indicates not only whether the patient is eligible on the given date of service, but also whether that patient is eligible for services performed by the selected provider at the designated clinic location.

### Verify Patient Eligibility / Start Claim

Location

1

Provider

2

Date of Service

3

Subscriber ID and date of birth

Subscriber ID

Date of Birth

4

Last name, first name, and date of birth

Reset

VERIFY ELIGIBILITY

5

Search Results

Subscriber ID	Patient Name/Address	Date of birth	Status
			Eligible

6

SELECT

Eligibility status is displayed with three distinct indicators:

**Eligible** **Green:** The patient is eligible for services on the given date through the selected provider/clinic location.

**Not Eligible** **Gold:** The patient is eligible for services on the given date, but not eligible through the selected provider/clinic location.

**Not Eligible** **Red:** The patient is not eligible for services on the given date.

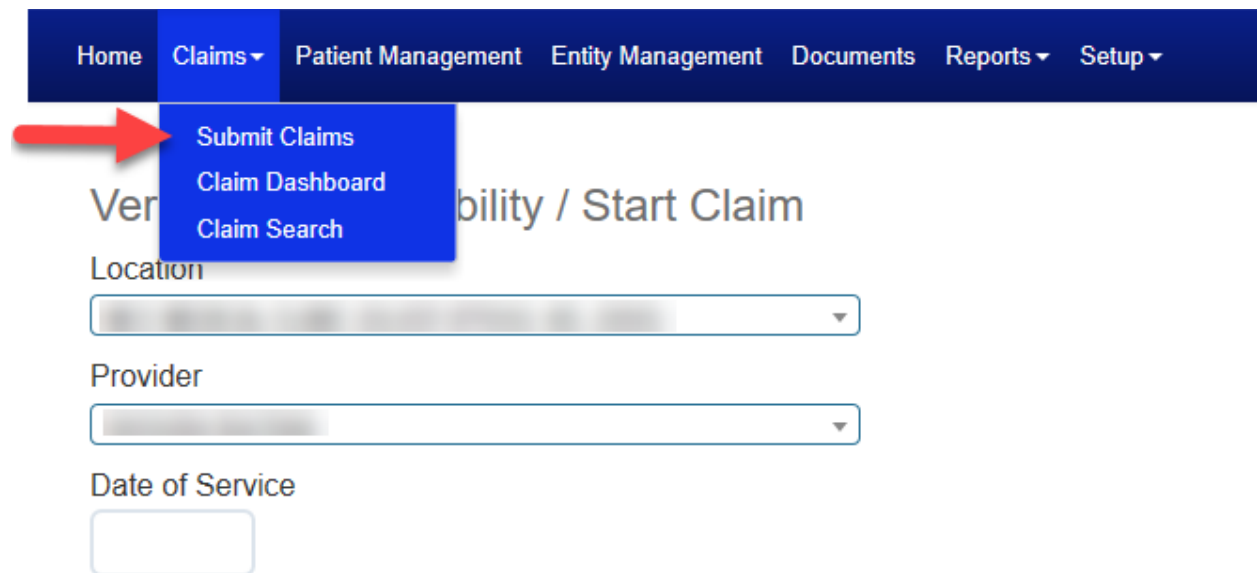
Selecting a patient record gives you access to their benefit information and quick links to start a claim, add to Patient Management, and View Eligibility Report.

The screenshot shows a modal window titled "Patient Selected" with a close button (X) in the top right corner. At the top, a green checkmark icon is followed by the text "Patient is eligible for services on [redacted] from [redacted] at [redacted]". Below this is a section titled "Patient Information" containing a redacted name, "Subscriber ID: [redacted]", "Address: [redacted]", and "Date of Birth: [redacted]". Underneath the patient information are two buttons: "Add to Patient Management" (with a red callout bubble labeled "1") and "View Eligibility Report" (with a red callout bubble labeled "2"). Below these buttons is a grey bar with the text "MedStar Family Choice" and a blue link "View Benefits" (with a red callout bubble labeled "3"). At the bottom of the modal is a large green button labeled "START A CLAIM" (with a red callout bubble labeled "4").

1. Add this patient to the corresponding Location Roster and add an appointment entry to the Patient Calendar for the designated date of service. Location rosters and calendars are accessible from the Patient Management tab.
2. View patient's Eligibility report.
3. View patient's Benefit Summary report.
4. Navigate to the claim entry page with this patient's information prefilled. Prefilled information can be manually updated during data entry.

## Claim Entry

Claims can either be started from the home page (see picture above) or from the Claims tab. For this option click Claims > Submit Claims.



The screenshot shows a dark blue navigation bar with the following items: Home, Claims (with a dropdown arrow), Patient Management, Entity Management, Documents, Reports (with a dropdown arrow), and Setup (with a dropdown arrow). A red arrow points to the 'Submit Claims' option in the 'Claims' dropdown menu. Below the navigation bar, the text 'Verify Eligibility / Start Claim' is visible. Underneath, there are three form fields: 'Location' (a dropdown menu), 'Provider' (a dropdown menu), and 'Date of Service' (a text input field).

To begin a claim, enter in the patient's first name, last name, and date of birth **OR** subscriber ID and date of birth. The provider name and location will need to be filled in. You can also choose a patient from the roster by selecting the Roster tab.

After entering information to identify the patient, date of service, provider, and location, you can verify eligibility. This check indicates not only whether the patient is eligible on the given date of service, but also whether that patient is eligible for services performed by the selected provider at the designated clinic location.



## Ancillary Information

If any additional information needs to be captured to describe or explain services, enter that information in the Ancillary Information section.

Ancillary Information ^

Date of Current Illness

Other Date

Qual

Qual

Name of Referring Provider or Other Source

Treatment Related to  
 Employment  Auto Accident  Other Accident

Claim Codes

Additional Claim Information

Outside Lab?  
Yes  No

Prior Authorization Number

Date Patient Unable to Work in Current Occupation  
From

To

Hospitalization Dates Related to Current Services  
From

To

## Services

Enter service codes and related information in the Services section. Here you can provide billed amounts for each service, indicate other applicable fees, and provide optional office reference numbers.

Services ^

Default POS 11 - Office v

	Procedure Code	Service Dates		POS	EMG	Modifiers				Diag Ptr				Billed Amt	Qty	EPSDT	Rendering		NDC		Supplemental Data
		From	To			1	2	3	4	1	2	3	4				Provider NPI	NDC Number	Unit	NDC Qty	
1	99214	10/29/2020		11							A			66.80	1						
2	36416	10/29/2020		11							A B			72.70	1						
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

[Clear Selected Service](#) | [Clear All Services](#)
Total Billed \$ 139.50

Office Reference Number

- The system automatically uses the Service Date that you enter at the top of the page to fill the Service Date column. You can change this date if it is not correct.
- Enter the DiagPtr (diagnosis pointer) to identify diagnosis codes applicable to a service code.

- If billed amounts have been configured for the provider rendering services, the designated Billed Amt is automatically filled in after entering a corresponding service code. You can change the dollar amount if it is not correct.
- To delete an entire row of service code data, select the row and click Clear Selected Service. To delete all data for all service codes, click Clear All Services.

## Other Coverage

If the patient has other insurance coverage that may affect claim processing for services, enter that information in the Other Insurance section.

To include an Explanation of Benefits (EOB) for other insurance that may be used to cover the patient's services, select the EOB Present check box. Use the Attached Documents section to attach the EOB form from the other insurance plan. Failure to provide COB information for a claim with EOB Present indicated may result in denial of payment.

## Attached Documents

You can attach supporting documentation in the Attached Documents section as part of submitting a claim. Multiple files can be uploaded at once, but individual files are limited by the maximum file size indicated. Attach files within maximum file size 9.8 Megabytes and allowed file types doc, docx, gif, jpg, jpeg, pdf, png, tif, tiff, txt, xls, xlsx, zip.

Attached Documents (0) ▲

Attach Document(s)

Maximum file size: 1171.9 Megabytes.  
Allowed file types: doc, docx, gif, jpg, jpeg, pdf, png, tif, tiff, txt, xls, xlsx, zip

There are currently no documents attached to this claim.

## Remarks

You can type notes in the Remarks section that become part of the claim record.

Remarks ▲

## Claim Dashboard

The Claim Dashboard provides an overview of claim information, where you can quickly see the status of recently (30 days) submitted claims in real time, gauge their processing progress, and find out when applicable payments have been issued. Access the Claim Dashboard through the Claims > Claim Dashboard menu.

The screenshot shows the Claim Dashboard interface. At the top is a navigation bar with 'Home', 'Claims', 'Patient Management', 'Entity Management', 'Documents', 'Reports', and 'Setup'. The 'Claims' menu is open, showing 'Submit Claims', 'Claim Dashboard', and 'Claim Search'. A red arrow points to 'Claim Dashboard'. Below the navigation is a 'Dashboard' section with a 'Select a tile to update results.' prompt. There are two dropdown menus: 'Location' (set to 'All') and 'Provider' (set to 'All'). A 'Clear Filters' button is to the right. Below the filters are three tiles: 'Received' (5 Claims), 'In Process' (0 Claim), and 'Processed (last 30 days)' (4 Claims). Below the tiles is a table with columns: 'Encounter ID', 'Patient Name', 'DOB', 'Provider Name', 'Date of Service', 'Date Paid', and 'Claim Status'. The table contains 9 rows of data. A 'Search Historical Claims' button is at the bottom right. Red callouts 1 through 8 point to various elements: 1 points to the 'Select a tile to update results.' text; 2 points to the 'Provider' dropdown; 3 points to the 'Received' tile; 4 points to the '5 Claims' count; 5 points to the 'Provider Name' column header; 6 points to the 'Date Paid' column header; 7 points to the 'Claim Status' column header; and 8 points to the 'Search Historical Claims' button.

1. Choose a location to show only claims submitted through that location.

2. Choose a provider to show only claims submitted by that provider.

3. Click the Received, In Process, or Processed tile to filter claim records by claim status. The numbers in each tile indicate how many claims submitted by the selected location and provider are currently in each claim status. Claim counts are updated in real time as claims are processed through the system. By default, claims submitted through the Provider Web Portal (PWP) are categorized by three claim statuses.

- Received: Claim has entered the system and awaits processing.



- In Process: Claim is currently being processed in the system. Final determination of payment is pending.
- Processed: Claim has finished processing and final determination of payment is complete.

4. Click a column heading to sort claim records by that column.

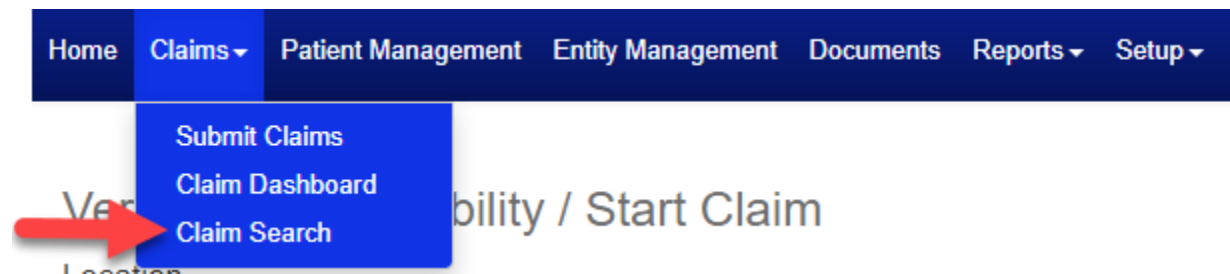
5. To filter claim records, begin typing in the search box under the appropriate column heading. Records are filtered as you type. These search filters work together with the claim status tiles described in Step 3.

6. View the Claim Status for claim records.

7. Click the page icon to view the Claim Summary report, which includes service details, processing exceptions, and billing / payment information about the corresponding claim.

8. Click "Search Historical Claims" to view claims older than 30 days

## Claims Search



Navigate to the Claims > Claim Search page to access historical claim data, where you can search for specific claims by encounter ID, service date spans, member information, and more. Less information enter the more results will be found. Claim Search will provide same information as Claim Dashboard.

## Entity Management

View your associated locations and providers depending on your entity registration.

The screenshot shows the 'Entity Management' page. At the top is a navigation bar with links for Home, Claims, Patient Management, Entity Management, Documents, Reports, and Setup. A user profile icon and 'Log Out' link are on the right. Below the navigation bar is the 'Entity Management' title. A 'Payee Information' section is visible, containing a 'Details' tab and fields for Name, Address, Phone, and Fax. Below this are tabs for 'Locations' and 'Providers'. The 'Locations' section features a table with columns for Name, Address, City, State, and Zip. Search filters are provided for each column. A table with several rows of data is partially visible below the filters.

## Portal User Accounts

Use the Portal User Accounts page to manage user subaccounts and configure user roles. Subaccounts allow designated staff members to log in to a web portal with their own username and password to fulfill tasks on behalf of the main user account. User roles define which features and information a subaccount can access. Click **Setup > Portal User Accounts**.

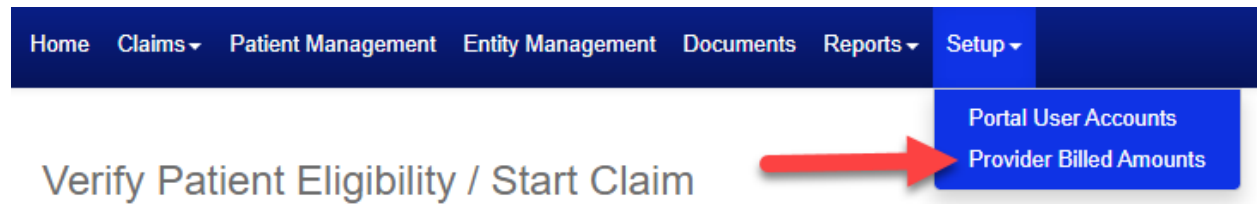
The screenshot shows the 'Portal User Accounts' page. At the top is a navigation bar with links for Home, Claims, Patient Management, Entity Management, Documents, Reports, and Setup. A red arrow points from the 'Setup' link to a dropdown menu containing 'Portal User Accounts' and 'Provider Billed Amounts'. Below the navigation bar is the title 'Verify Patient Eligibility / Start Claim' and a 'Location' dropdown. The main content area is titled 'Portal User Accounts' and features a search box labeled 'Search User' with callout 1. Below the search box is a table with columns: Name, User Name, Email, User Role, Last Login, Lockout Reason, Status, and an action column. Callouts 2 through 8 point to various elements: 2 points to the search box, 3 points to the 'Manage User Roles' button, 4 points to the '+ Add New User' button, 5 points to the 'User Role' column header, 6 points to the 'Status' column header, 7 points to the 'Active' status indicator, and 8 points to the action icons (lock, unlock, edit, delete) in the table's action column.

1. To quickly locate a user's subaccount record, begin typing in the search box. Search results are filtered as you type.
2. Click a column heading to sort records by that column.
3. Click to configure user roles, used to limit accessibility of features and information available to subaccount users.
  - a. Click Manage User Roles
  - b. Click Create New Role
  - c. Enter a descriptive name in the User Role Name field (This name is used to identify the user role while working in the web portal.)
  - d. Configure feature availability. To allow access to a feature, select its check box. To disable a feature, clear its check box.
  - e. To save the user role, click Create, and then close the window. To exit without saving, click Cancel.
4. Click to create a new subaccount.
  - a. Click + Add New User.
  - b. Enter information about the user, including a user name and password that they will use to log in to the web portal.
  - c. Select a user role from the list. User roles define which features and information a user can access.
  - d. Click Create. After you create a new subaccount, advise the user the account login information.
5. The status indicates whether a user account is Active or Locked. Locked accounts cannot be used to log in to the web portal.
6. To lock or unlock an account, click the corresponding icon. A locked account cannot be used to log in to the web portal.
7. Click to edit a subaccount user's contact information.
  - a. Click edit for that user. To quickly locate a user from a large list, type the user's name in the search box or click a column heading to sort user records.
  - b. Enter updated information and/or select the appropriate user role.
  - c. Click Save to save your changes, or click Cancel to exit without saving.
8. Click to delete a user's subaccount from the system. Deleted accounts cannot be used to log in to the web portal.

## Provider Billed Amounts

To streamline claim and authorization data entry, use the **Setup > Provider Billed Amounts** page to assign dollar amounts to procedure codes. Then when a procedure code is entered as part of submitting a claim, the associated billed amount fills in automatically. These billed amounts can still be updated manually during data entry.

To set up billed amounts, select a provider from the list (if there are multiple associated providers), type in each code along with its corresponding dollar amount, and click **Save**. Upon saving, billed amounts are sorted alphanumerically by procedure code. You can configure billed amounts for up to 250 procedure codes.



# Provider Billed Amounts

Provider

	Procedure Code	Billed Amount	
1	99214	66.80	^
2	36416	72.70	
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			v

[Clear Selected Row](#) | [Clear All](#)



A user logged in as a Payee or Location with multiple associated providers can maintain a separate billed amount list for each provider, or apply a single list to all providers. Each time a billed amount list is saved, the system displays an option to apply that list to all associated providers.

# Documents

## Documents


My Documents

Insurer Documents

Network Documents

+ Add Document(s)

Max size: 1171.9 Megabytes.  
Allowed types: doc, docx, gif, jpg, jpeg, pdf, png,  
tif, tiff, txt, xls, xlsx, zip

Document Name	Date
 No documents found.	

Providers are able to upload documents of their choosing under “My Documents” or they can view Insurer or Network documents under those sections.