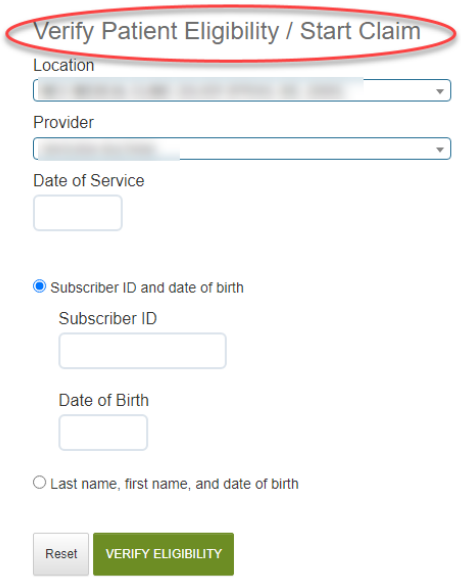
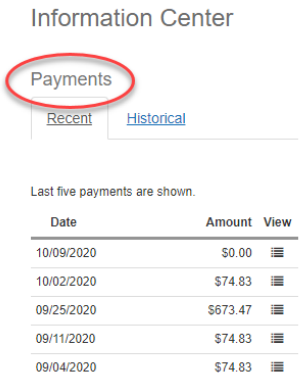
MedStar Family Choice

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.

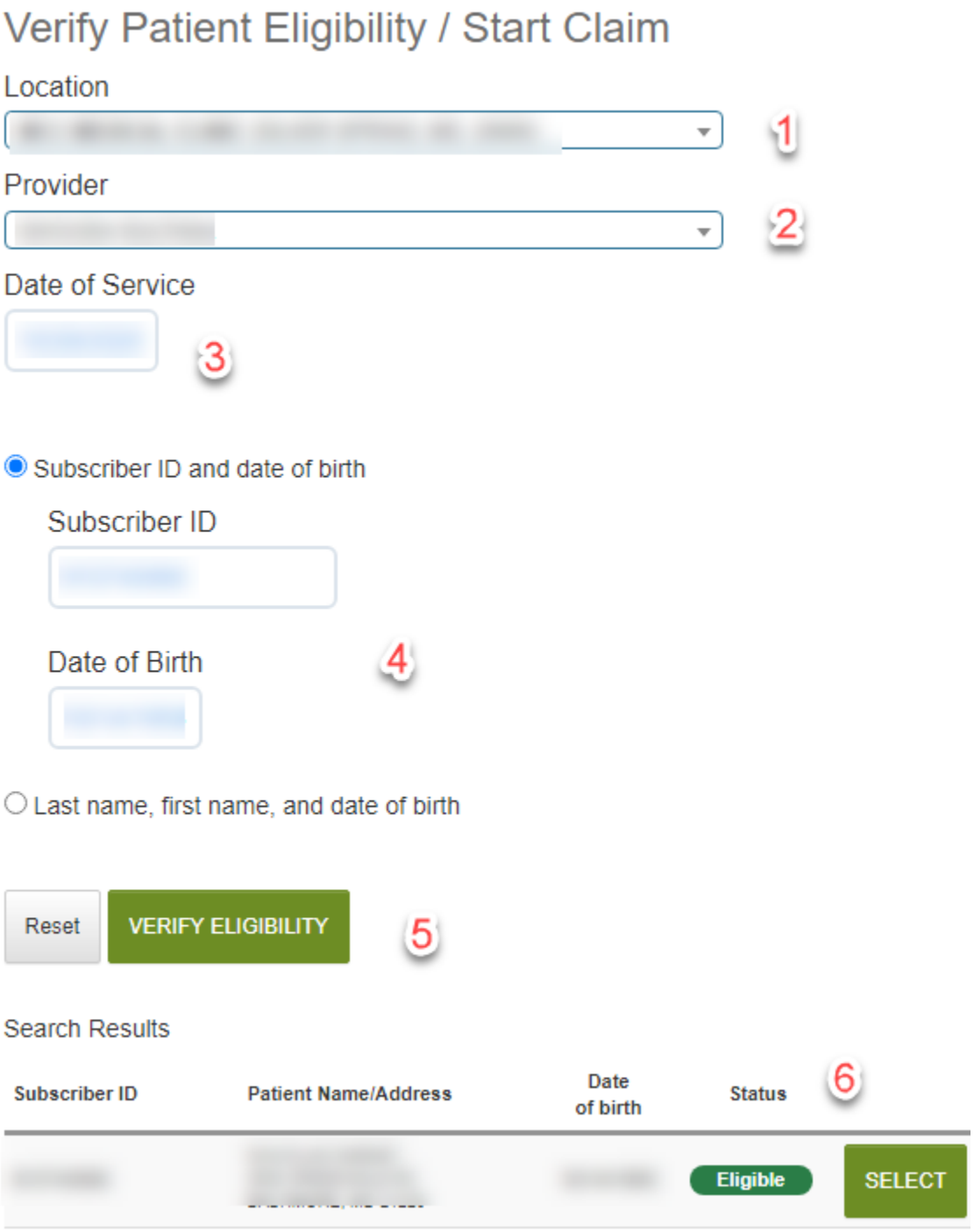
The Home Page will allow access to verify eligibility/start claim, and view payments.





Verify 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.



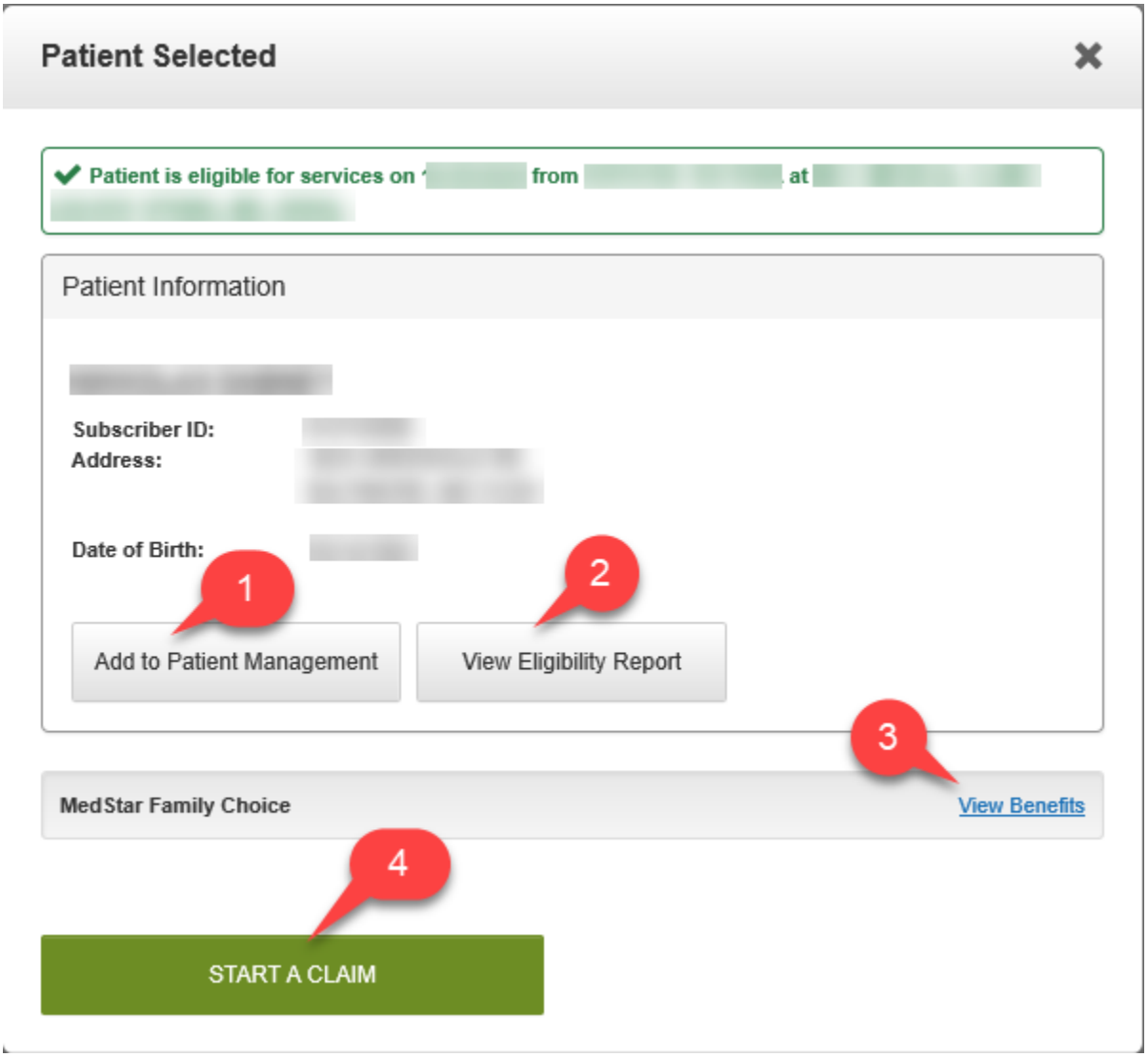
Eligibility status is displayed with three distinct indicators:

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.

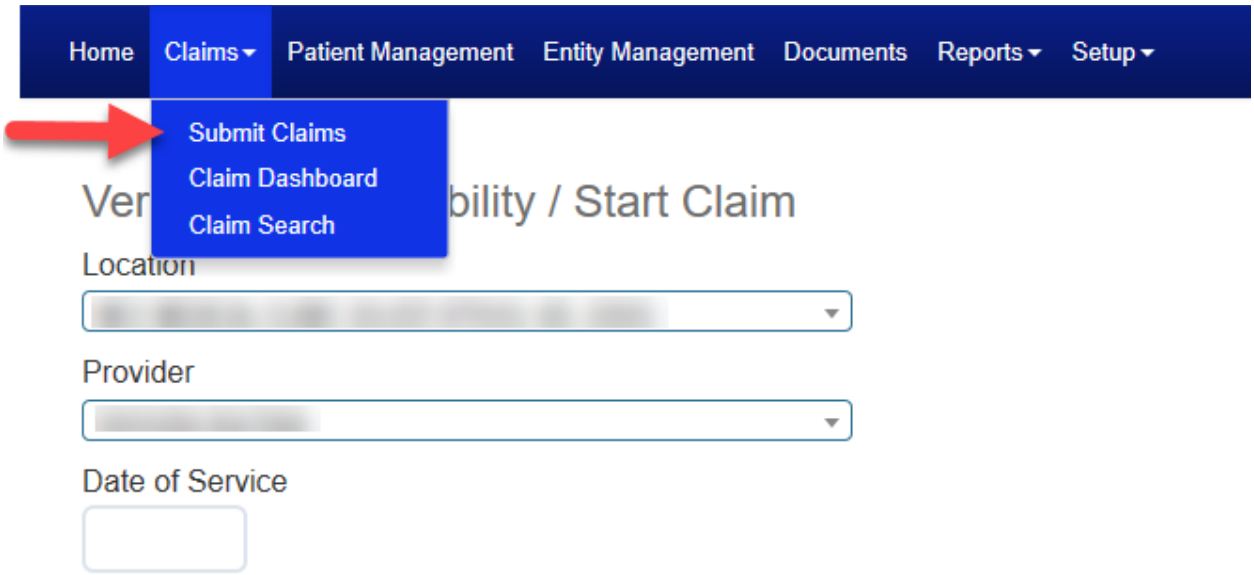
Selecting a patient record gives you access to their benefit information and quick links to start a claim, add to Patient Management, and View Eligibility Report.



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.

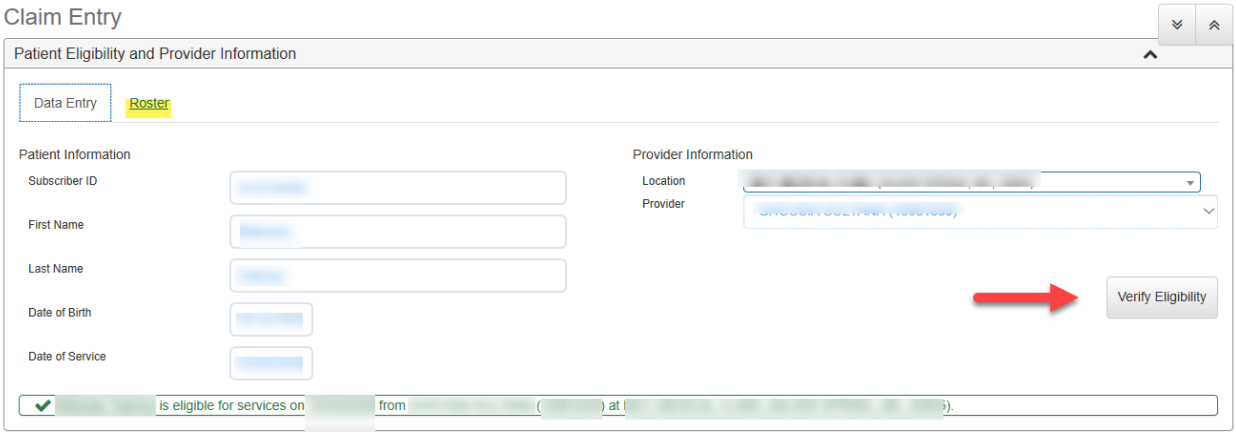
Claim Entry

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



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.

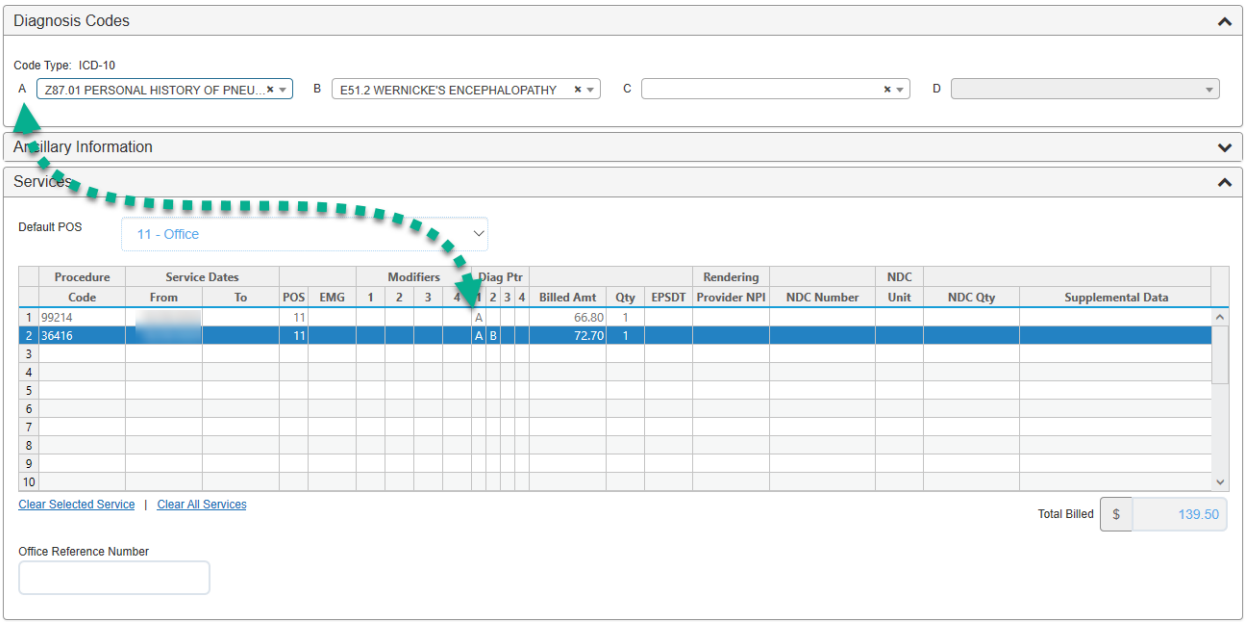


To check a patient's eligibility for services, click Verify Eligibility.

Diagnosis Codes

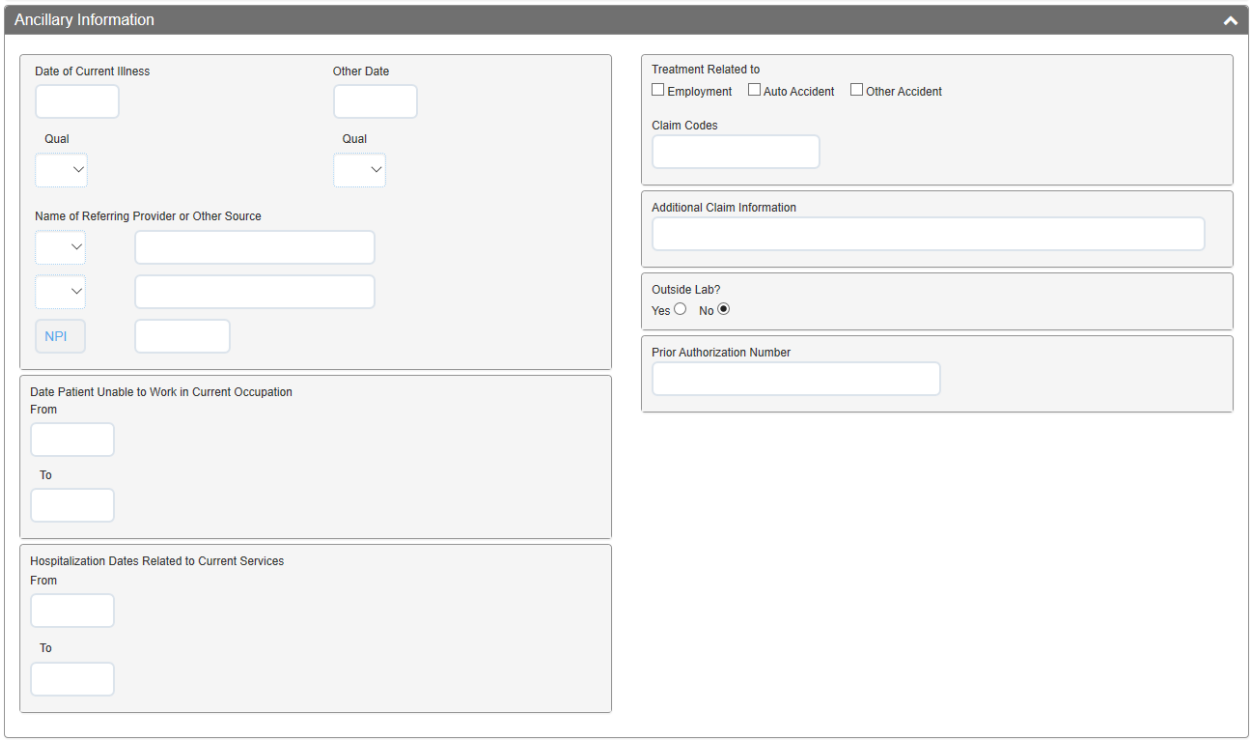
To enter a diagnosis code, click inside a Diag box and start typing. Search results will narrow as you type, and you can select a code by clicking it or by pressing Enter to select the highlighted code. Diagnosis code type (ICD-9/ICD-10) depends on the date of service and will automatically display the appropriate type for the given date.

When entering services in the services grid, the diagnosis pointer field allows you to enter the diagnosis code identifier that corresponds to the service line. Multiple service lines can refer to the same diagnosis code, and a single service line can refer to multiple diagnosis codes.



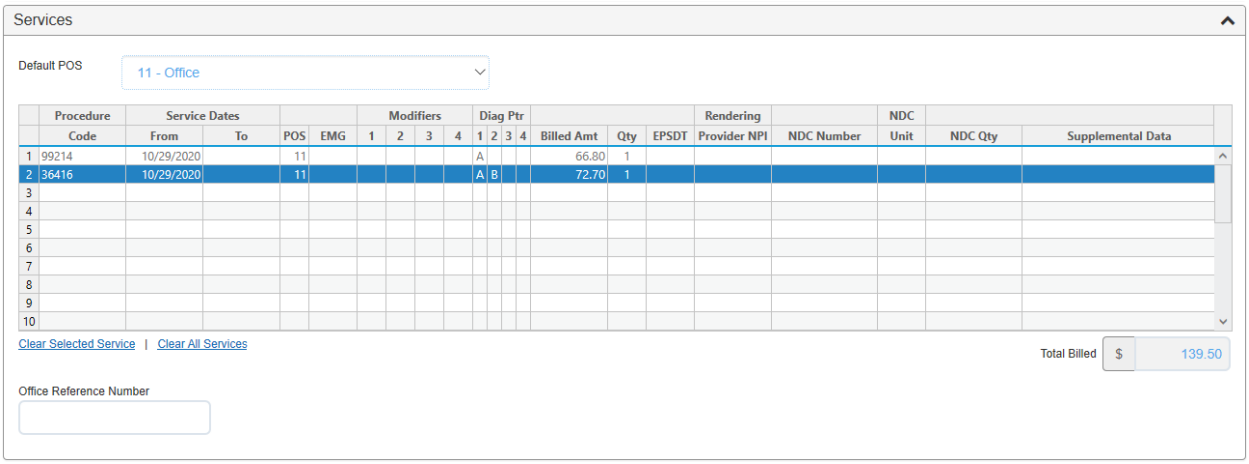
Ancillary Information

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



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.



- 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.

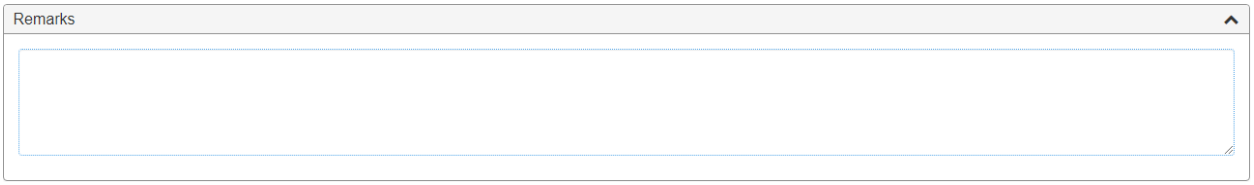
To include an Explanation of Benefits (EOB) for other insurance that may be used to cover the patient's services, select the EOB Present check box. Use the Attached Documents section to attach the EOB form from the other insurance plan. Failure to provide COB information for a claim with EOB Present 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, jpg, jpeg, pdf, png, tif, tiff, txt, xls, xlsx, zip.

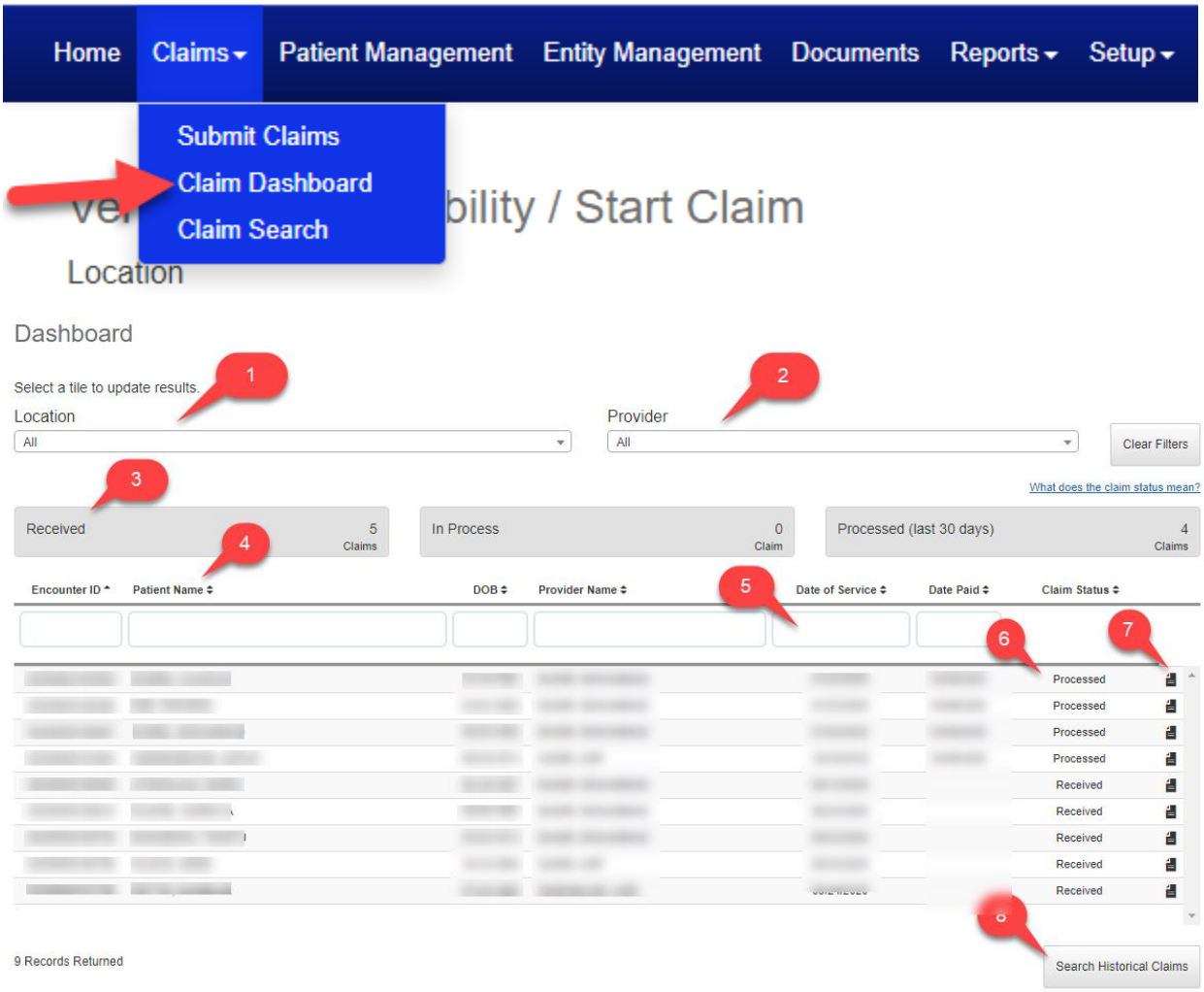
Remarks

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



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.



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.

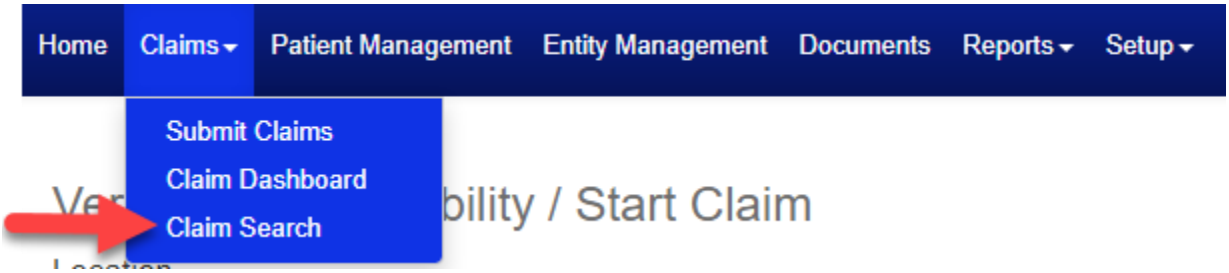
5. To filter claim records, begin typing in the search box under the appropriate column heading. Records are filtered as you type. These search filters work together with the claim status tiles described in Step 3.

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

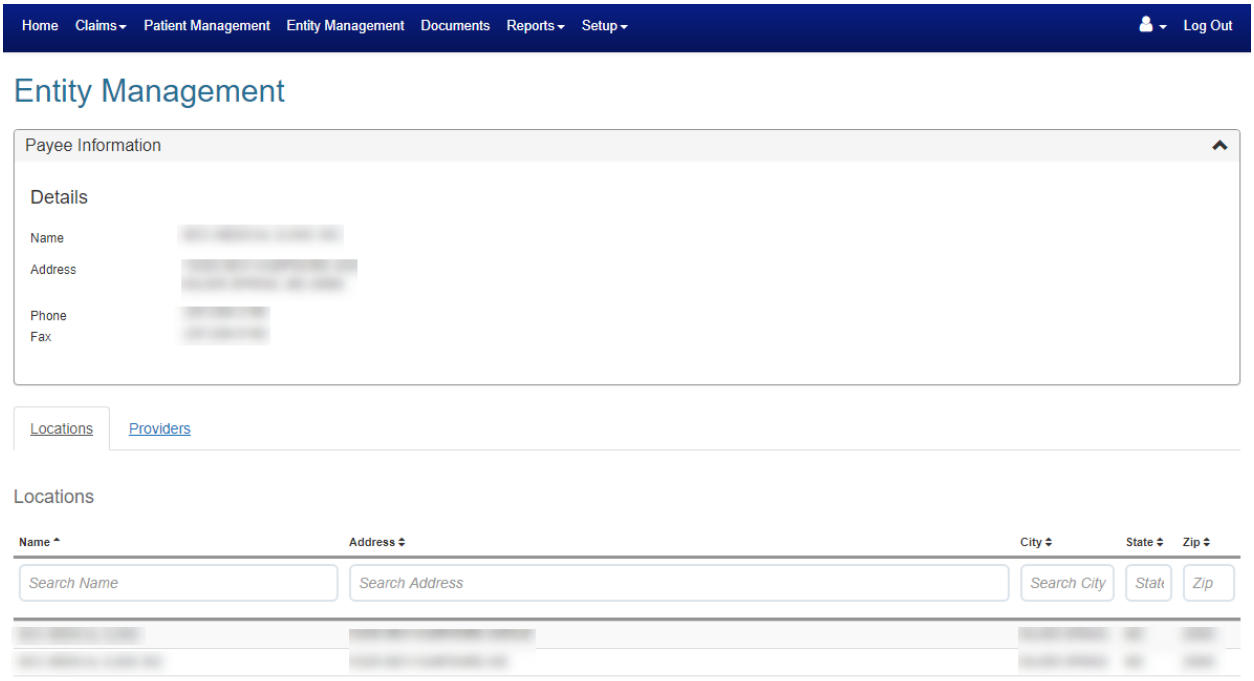
Claims Search



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.

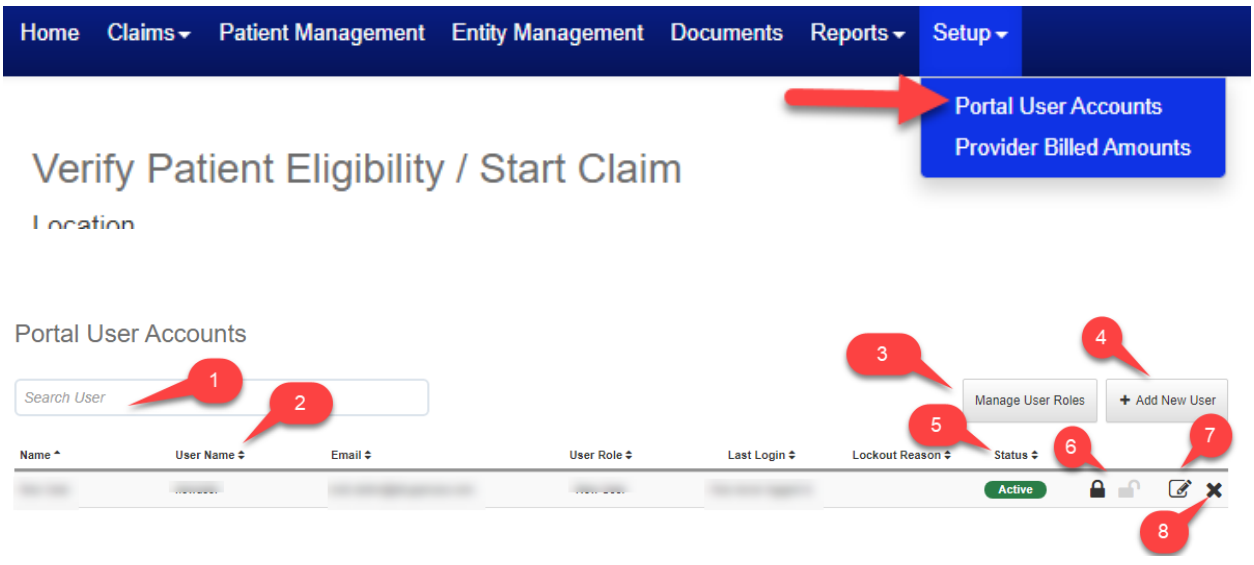
Entity Management

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



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**.



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.

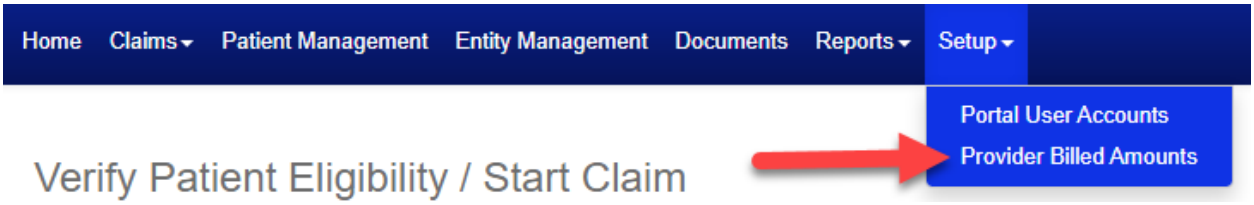
    c. Click Save to save your changes, or click Cancel to exit without saving.

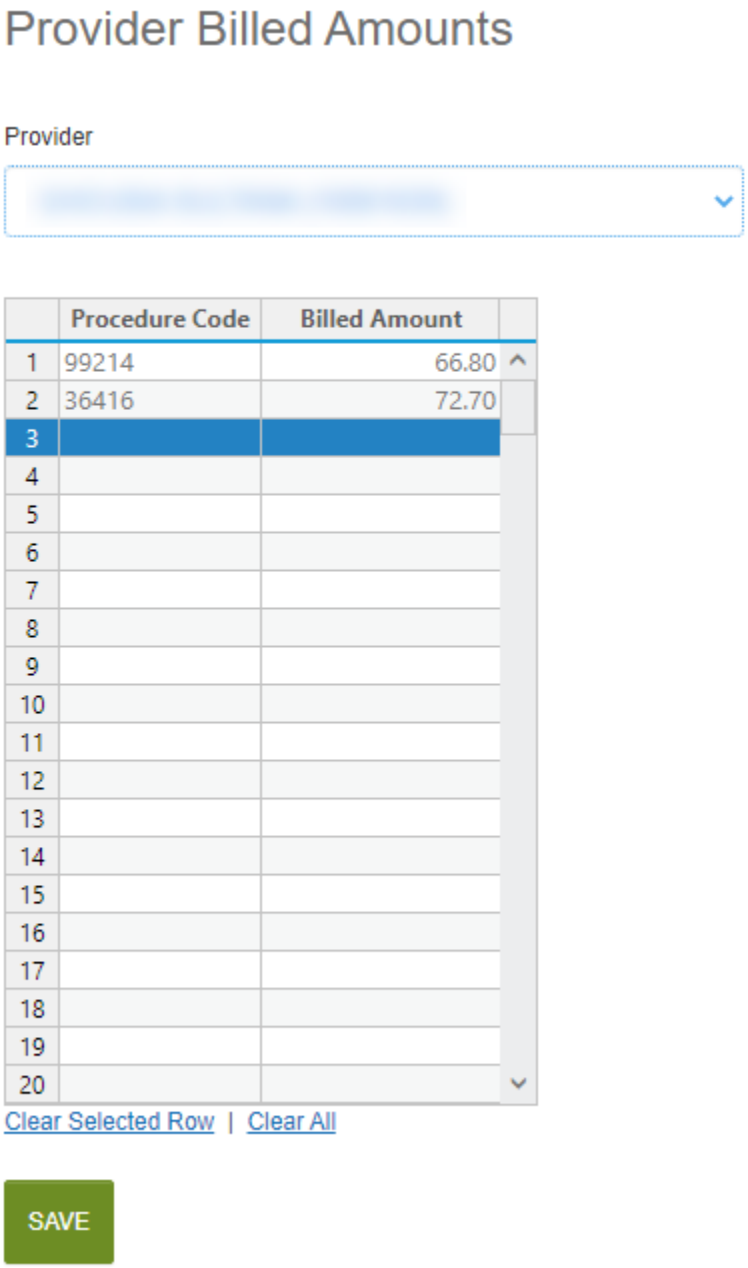
8. Click to delete a user's subaccount from the system. Deleted accounts cannot be used to log in to the web portal.

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.

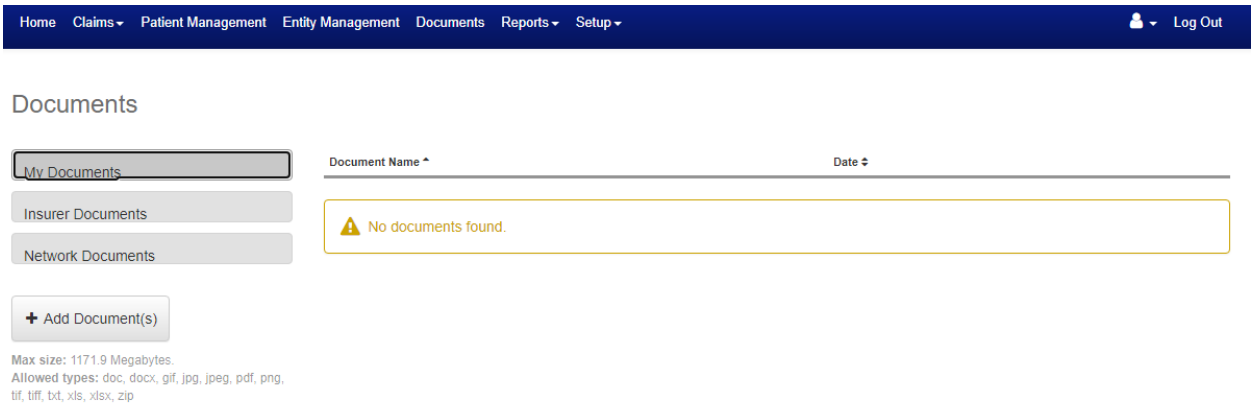
To set up billed amounts, select a provider from the list (if there are multiple associated providers), type in each code along with its corresponding dollar amount, and click **Save**. Upon saving, billed amounts are sorted alphanumerically by procedure code. You can configure billed amounts for up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





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



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