CHOC Health Alliance
Provider Web Portal Navigation Guide

Quick Reference Guide

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Provider Web Portal Overview

The CHOC Health Alliance provider web portal allows providers to communicate health care service information directly with the health plan. Users can perform a variety of tasks, such as verifying eligibility, checking prior authorizations, checking claim status and more.

Account Menu Tab

The Account Menu Tab allows the provider to manage administrative tasks within the secure website.

User List – Allows the provider super user account to create and maintain other employee user accounts.

User Profile – Displays user account information and permits the user to make name, password, email address and security question changes.

Contact the Health Plan – Enables the user to send secure messages to the health plan.

In Box – Message center for secure messages to the health plan.

Product Menu Tab

The **Product** Menu Tab allows the provider to view member, provider, claim, authorization, remittance advice and panel roster information within the secure website.

Member Eligibility Search – Verify current eligibility on one or more members.

Panel Roster – View members currently assigned to the primary care physician (PCP).

Provider List – Search for a specific health plan provider by name, specialty or location.

Claim Status Search – Search claims by various criteria. Only claims associated with the user's account provider ID will be displayed.

Remittance Advice Search – Search for provider claims by member, provider, claim number or service dates. Only claims associated with the user's account provider ID will be displayed.

Authorization List – Search for provider authorizations by member, provider, authorization data or submission/service dates. Only authorizations associated with the user's account provider ID will be displayed.

Submit Authorizations – Submit an authorization request online. Three types of authorization types are available: Medical Inpatient, Outpatient, DME – Rental.

Helpful Tips

Navigation Breadcrumbs

Breadcrumbs are links at the top of the page that show a trail of where you have been in the application. Do not use the browser back button to navigate through the application. Use the navigation breadcrumbs to move from screen to screen.

Sorting Results

On most screens, searches display the resulting information in a table. To sort the information by one of the table columns, move the pointer over the column heading title. Note that only column titles that are underlined are allowed to be sorted. Click the column heading title to re-sort the result set.

Printing Reports

On most screens, search results and detail information can be printed in two ways:

- **Printer-Friendly Format button** – When clicked, a separate browser window will open with the resulting report. After printing, click the red X to close the window and return to the secured section of the website. (Note that the printed report will only contain the information that is viewed on the page. If the result set comprises multiple pages and the entire block of information needs to be printed, please refer to the next option.)
- **Download File button** – When clicked, a dialog box window will display. If the browser popup blocker is enabled, click on the yellow information text bar at the top and then click "Download File…" to continue. A second dialog box will open to allow the user to "Open" the file in a spreadsheet format, "Save" the file to the desktop in a spreadsheet format, or "Cancel" the file download action. For ease of use, it is recommended that the "Save" action be take to download and save the file. The provider is then able to open and work with the search result file using their normal desktop spreadsheet office application.

Blue Underlined Text

Many page displays contain blue underlined text that can be clicked on to show further associated detail.

Getting Started

To Register as a New User

A user name and password are required to access the secure website. User names and passwords are distributed by the Provider Relations Department.

To Access the Secured Portion of the Website

Passwords are case-sensitive and must be entered exactly as they are maintained in the system. Usernames are not case-sensitive. To log in to the secure website:

- Access your Internet Explorer or other browser.
- Enter the URL **www.choc.abovehealth.com**
- From the main page, click the **Login** option.
- From the main page, if you click on the **Providers** option, you can also access the secured website by clicking on the **Click Here** link.
- The secured website login screen will display. Enter your User Name and Password and click the **Login** button. Note that passwords are case sensitive and must be entered exactly as assigned.
- If the browser prompts you with a request to remember your password, click **No**.
- The Provider home page will display.

To Request Your Password

If you are not able to log in to the system because you have forgotten your password:

- At the log in window, click the **Forgot your password? Click Here** link.
- Enter your User Name, User Last Name and First Name and click the **Next>** button.
- On the confirmation screen, click the **Send Password** button. Your password will be sent to you via the email address assigned to the user account.

To Sign Out

Click **Sign Out** at the top right of the screen.

Primary Representative Role

A provider's office has only one primary representative. If necessary, the primary representative is allowed to add authorized representatives within their office who can then utilize the secure website. The primary representative is responsible for maintaining the accounts of authorized users within their office.

User Account Maintenance

Add a User

There are two steps required to add a new authorized user account. First, the primary representative needs to add the employee to the system and then the new user account can be created.

- Select User List option from the **Account** tab. The User List window displays.
- Click on the **Add User** option. The User Type window displays.
- Select the User Type = Provider Employee from the list and click on the **Next>** button.
- The Provider Employee List window displays. Click on the **Add Employee** option. The Add Provider Employee window displays.
- Enter the employee's information and click **Submit**. The Provider Employee List window displays again.
- Search for and select the employee record that was just created. Click on the **Select** link next to the name. The Add User window displays.
- Enter the required user account information (required fields are marked with *) and click **Submit**.
- The User List window will be displayed. Search for the new user account to verify creation and active status. (Note: Upon the user's first login with their new account, the system will require the password to be changed.)
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Edit a User

- Select User List option from the **Account** tab. The User List window displays.
- Search for and click on the user's name to edit. The User Detail window displays.
- Click on the **Edit User** option. The Edit User window displays.
- Update the desired account fields and click **Submit**. The User Detail window displays.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Delete a User

- Select User List option from the **Account** tab. The User List window displays.
- Search for the user to be deleted and click on the **Delete** option link on the right side of the screen.
- Alternatively, search for and click on the user's name to delete. The User Detail window appears. Click on the **Delete User** option.
- The Delete User window displays. Click on the **Delete** button.
- The User List window displays with "Deleted column = Y" for the selected user.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Reset a User Password

- Select User List option from the **Account** tab. The User List window displays.
- Search for and click on the user's name to reset. The User Detail window displays.
- Click on the **Reset Password** option. The Reset User Password window displays.
- Click on the **Reset Password** button. The randomly generated password displays. Click **Submit**. The User Detail window displays.
- Click the User List breadcrumb to return. (Note: Upon the user's next log in, the system will require the password to be changed.)
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Searches and Inquiries

The provider user has the ability to perform detailed searches and inquiries on a variety of member healthcare information including eligibility verification, claim status, authorization status, remittance advice/payments and panel rosters. Users can also do a provider directory search.

Health Care Data Inquiry

Member Eligibility Verification

The Member Eligibility Verification inquiry enables you to search, view and print member-specific health plan eligibility and enrollment information.

- Select the Member Eligibility Search option from the **Product** tab.
- Enter the member information to perform the search. The member ID number or member DOB and member last name is required as the minimum search data set. Search data fields include Date of Birth, Member ID, and Member Last/First Name. Users can enter one or more members to perform the eligibility check. Note that the drop-down field "Include Ineligible" is defaulted to No. To see all matching members regardless of their current eligibility status, change this drop-down selection to **Yes**.
- The initial search screen provides the option to select up to five members. If more are needed, click the **Add Member** option. Each click will add another block of five members to be selected for eligibility verification.
- After entering the search criteria, click the **Search** button.
- The Member Eligibility List window displays. Click on the member's name.
- The Member Detail window displays the member's current demographic, eligibility and assigned PCP information.
- To display all historical eligibility periods, click on the **View Eligibility History** option.
- To display any member claims submitted by the provider, click on the **View Claims** option.
- If the member has outstanding HEDIS intervention measures, the value in the **HEDIS** field will display as Yes. Click on the link to display the member's HEDIS measures.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Claim Status

The Claims Status inquiry enables you to search, view and print a Explanation of Benefits (EOB) report of your claims.

- Select the Claim Status Search option from the **Product** tab. The Claim Status Search window displays.
- Enter the claims information to perform the search. Search criteria data fields include member information and claims information including the service date range. After entering the search criteria, click the **Search** button.
- The Claims Status List window displays. Click on an individual claim number.
- The Claim Status Detail window displays with the claim header and service line detail information.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Authorization Status

The Authorization Status inquiry enables you to search, view and print an authorization request.

- Select the Authorization List option from the **Product** tab. The Authorization List window displays
- Enter the authorization selection information to perform the search. The member ID number is required as the minimum search data set. Search criteria data fields include member, provider, and authorization information, along with service/submission date ranges. After entering the search criteria, click the **Search** button.
- The Authorization List window will redisplay with those authorizations meeting the criteria. Click on the **Detail** link next to the authorization number.
- The Authorization Detail window displays with the authorization request header and detail information.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Remittance Advice Status

The RA inquiry enables you to search, view and print a Remittance Advice summary report of paid claims.

- Select the Remittance Advice Search option from the **Product** tab.
- The initial default display will be those RAs specific to the user's associated account provider ID. Search criteria data fields include check number, claim number, member information, check issue date, and the service date range. After entering the search criteria, click the **Search** button.
- The Remittance Advice Search window will redisplay with those RAs meeting the criteria. Click on an individual check number.
- The Remittance Advice Detail window displays with the RA total payment amount and associated claim detail information.
- An additional search is available to allow the user to find a specific member or specific claim within the RA. If desired, enter the additional criteria and click Search.
- Click on a specific claim number to show the Claim Status Detail screen.
- Click on the **Expand/Collapse** option next an individual claim to display the claim payment detail information.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Panel Roster

The Panel Roster inquiry enables you to view, print and download a list of members currently assigned to the primary care provider (PCP).

- Select the Panel Roster option from the **Product** tab.
- The desired provider name must be selected as the first step. Click on the magnifying glass symbol to search for the affiliated providers.
- The Provider List window displays. The initial result set is the list of all affiliated providers. If the list is long, you can also enter selection criteria to reduce the result set.
- Click on the **Select** link next to the desired provider.
- The Panel Roster window will be redisplayed with the selected provider's name. Click the **Search** button.
- The Panel Roster window will redisplay with those members assigned to the selected provider's panel roster.
- Click on the member's name. The Member Detail window displays with the member's current demographic, eligibility, and assigned PCP information.
- To display all historical eligibility periods, click on the View Eligibility History option.
- To display any member claims submitted by the provider, click on the View Claims option.
- If the member has outstanding HEDIS intervention measures, the value in the "HEDIS" field (on both the Panel Roster window as well as the Member Detail window) will display as Yes. Click on the link to display the member's HEDIS measures.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

Provider Search

To Perform a Provider List Search

Provider users are able to view all providers affiliated with their offices.

- Select the Provider List option from the **Account** tab.
- The initial result set is the list of all affiliated providers. Enter additional selection criteria to reduce the result set.
- After entering the search criteria, click the **Search** button to display with those providers meeting the criteria.
- Click on the provider's name to display the provider's current demographic, specialty, and affiliation information.
- To display the provider's panel roster, click on the **View Panel Roster** option.
- Use the breadcrumbs or menu tab options to return to the previous screen(s).

To Perform a Provider Directory Search

To perform a search of all providers, on the Home window page, a link is provided to the Provider Directory Search function on the CHOC Health Alliance static website.

- Clicking on the **Find a Provider** link will open a new browser window.
- When finished with the provider search, click the red X to close the window and return to the secured section of the website.

Submitting an Authorization Request

There are three default authorization requests that can be submitted online – Medical Inpatient, Outpatient and DME-Rental. Emergency services do not require authorization, although notification requirements apply.

To Submit Authorizations

Emergency services do not require authorization, although notification requirements apply. (Note: To submit an urgent or emergent authorization, do not submit via the website. Please call **1-800-387-1103**.

Step 1 – Authorization Type

- To submit an authorization request for Medical Inpatient, select the Medical Inpatient sub-option (under the Submit Authorizations option) from the **Product** tab.
- To submit an authorization request for Outpatient, select the Outpatient sub-option (under the Submit Authorizations option) from the **Product** tab.
- To submit an authorization request for Durable Medical Equipment-Rental, select the DME-Rental sub-option (under the Submit Authorizations option) from the **Product** tab.
- The Authorization Request window displays.

Step 2 – Member Information

- The first step in the authorization submission process is to select the member for which the referral is being made.
- If the member ID is known, simply enter it in the **Enter Member No.** field. Note that if the member's ID is entered directly in this field, the member's information will not be displayed on the page.
- Otherwise, click on the **Search for a Member** magnifying glass symbol to perform the search.
- The Member Eligibility Search window displays.
- Enter the member information to perform the search. The member ID number is required as the minimum search data set. Search data fields include Date of Birth, Member ID and Member Last/First Name. Note that the drop-down field Include Ineligible is defaulted to No, indicating that the search should only result in a member that has current enrollment benefits.
- After entering the search criteria, click the **Search** button. The Member Eligibility List window displays.
- Click on the **Select** link next to the member. The Authorization Request window is redisplayed with the member's information now populated.

Step 3 – Medical Indications

- In the Diagnosis Code box, enter the first diagnosis code for the member.
- If the actual code is not known, click on the **Search for a Diagnosis Code** magnifying glass symbol. The Diagnosis List window displays. Enter the diagnosis description (a partial description is okay) and click Search. From the resulting list of ICD9 Details, click the **Select** link next to the desired code. The Authorization Request window is redisplayed with the selected diagnosis code populated.
- To enter an additional diagnosis code (up to four can be submitted on the authorization), click on the **Add a Diagnosis Code** option.
- If multiple diagnosis codes are displayed, and one or more need to be removed, click on the **Delete a Diagnosis Code** option next to the code to be removed.
- In the Medical/Clinical Indications box, enter a detailed description of the services being requested.

Step 4 – Requesting Provider

- With the member selected and the authorization medical information entered, the next step in the authorization submission process is to select the requesting provider who is making the referral.
- If the provider ID is known, simply enter it in the **Enter a Requesting Provider No** field. Note that if the provider's ID is entered directly in this field, the provider's information will not be displayed.
- Otherwise, click on the **Search for a Provider** magnifying glass symbol to perform the search. The Provider List window displays.
- Enter the provider name and or ID information to perform the search. After entering the search criteria, click the **Search** button. The Provider List window redisplays with the providers who match the search criteria.
- Click on the **Select** link next to the desired provider. The Authorization Request window is redisplayed with the requesting provider's information now populated.

Step 5 – Servicing Provider

- After the requesting provider is chosen, the user must now select the servicing provider who will be performing the requested referral services.
- If the provider ID is known, simply enter it in the **Enter a Servicing Provider No** field. Note that if the provider's ID is entered directly in this field, the provider's information will not be displayed.
- Otherwise, click on the **Search for a Provider** magnifying glass symbol to perform the search. The Provider List window displays.
- Enter the provider name and or ID information to perform the search. After entering the search criteria, click the **Search** button. The Provider List window redisplays with the providers who match the search criteria.
- Click on the Select link next to the desired provider. The Authorization Request window is redisplayed with the servicing provider's information now populated.

Step 6 - Authorization Service Information

- In the **Start Date** box, enter the requested beginning date of the authorization period. Click on the calendar symbol next to the box to display a calendar and choose a date. The authorization Start Date is a required field for all authorization types and the format must be entered as "mm/dd/yy" or "mm/dd/ccyy".
- In the **End Date** box, enter the requested ending date of the authorization period. Click on the calendar symbol next to the box to display a calendar and choose a date. The authorization End Date is a required field only for the Medical Inpatient authorization type. If populated, the format must be entered as "mm/dd/yy" or "mm/dd/ccyy".
- In the **Admit Date** box, enter the date the member will admitted to the inpatient facility. Click on the calendar symbol next to the box to display a calendar and choose a date. The authorization Admit Date is a required field and will only be displayed for the Medical Inpatient authorization type. The format must be entered as "mm/dd/yy" or "mm/dd/ccyy".
- In the **CPT Code** and/or **Revenue Code** box, enter the first service code being requested for the member.
- If the actual code is not known, click on the **Search for a Code** magnifying glass symbol. The Procedure List window displays. Enter the service code description (a partial description is okay) and click Search. From the resulting list of CPT/Revenue Code details, click the **Select** link next to the desired code. The Authorization Request window is redisplayed with the selected CPT or Revenue code populated.
- In the **Units** box, enter the number of units (days, services, increments, etc.) being requested for the selected procedure or service.
- To enter an additional authorization service (up to 99 can be submitted on the authorization), click on the **Add Another Service Line** option. Note that the authorization dates previously entered will be defaulted into the new service line authorization date fields.
- If multiple authorization service lines are displayed, and one or more need to be removed, click on the **Delete Service Line** option next to the authorization service line to be removed.

Step 7 – File Attachment

- You may attach supporting documentation in the **File Attachment** section of the Authorization Submission form.
- To attach a document, click on the **Report Type** drop-down menu to select the appropriate value. Note: you must select a report type before you can upload a document.
- Click the plus sign (+) under the **Upload** label. You will be taken to the Upload Attachment screen.
- Use the **Browse** button to search for and select your document.
- Select **Submit** to complete the attachment of your file and return to the Authorization Request screen. Select **Cancel** to return to the Authorization Request screen without attaching a document.
- To attach additional documents click the **Add Another Attachment** link. You can attach up to 10 documents. Max size of each document is 5 MG.
- To delete an attached document, click the **Delete** icon.

Step 8 - Final Submission of the Authorization

- When all authorization information has been entered, click the **Submit** button.
- If there are any errors in the data entered on the authorization, the Authorization Request window will redisplay with the message "There were problems with this page. Please correct the entries flagged before proceeding." Each field containing an error will be indicated by a red triangle. Hover the pointer over the red triangle to display the specific field error message.
- Correct any error(s) and click the **Submit** button again.
- Upon successful completion of the authorization submission, the Request Submitted Successfully window will display with the assigned authorization number shown in the Authorization No. field.
- Check the desired email notification boxes to inform the other provider and member of the submission.
- Click **Submit Another** to create another authorization or **Done** to return to the home page, or use the breadcrumbs or menu tab options to navigate to other screens.

CHOC Health Alliance
West La Veta Avenue, Suite 450
Orange, CA 92868
www.chochealthalliance.com

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