PROVIDER PORTAL

- DISALLOWANCE
- PAYMENT INTEGRITY (PI)
- UTILIZATION REVIEW (UR)

USER GUIDE

Version 3.5

hms Portal

Copyright

The information contained in this document is the proprietary and confidential information of HMS. No part of this document may be disclosed, reproduced, or transmitted in any form without the written consent of HMS.

All trademarks are acknowledged and used to the benefit of their respective owners.

portal

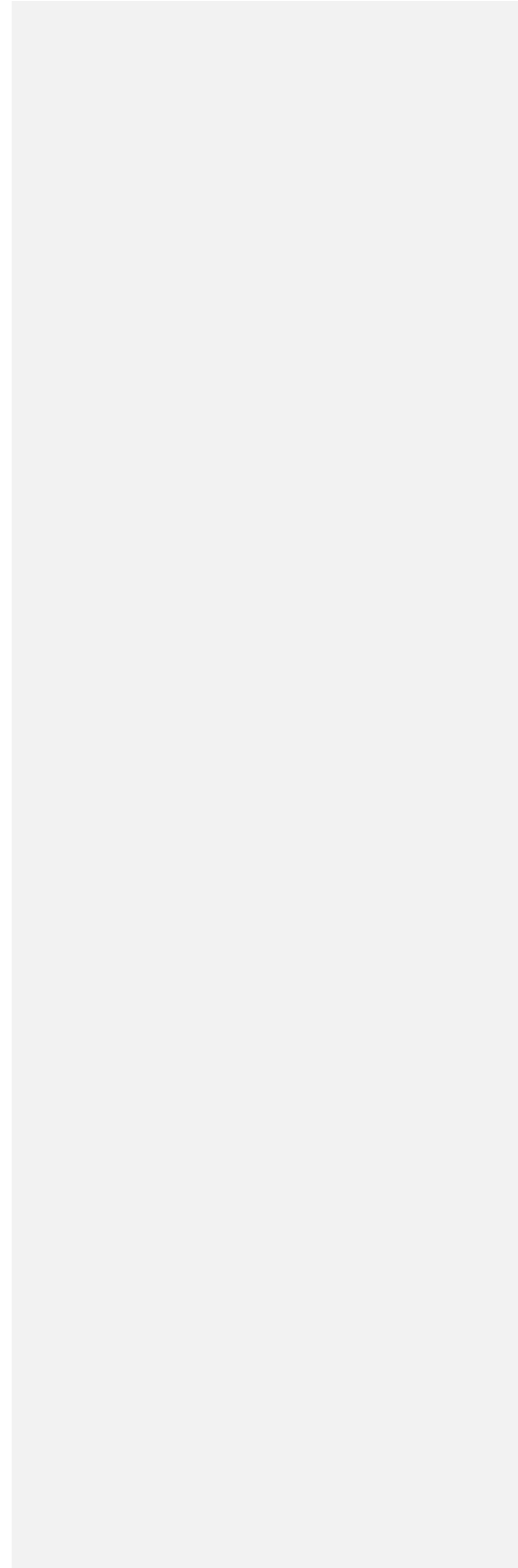| VERSION HISTORY – PROVIDER PORTAL			
Date	**Revision**	**Author**	**Description**
06/04/2022	1.0	Daniel Varghese	New Document on New UI Disallowance & PI User Guides
07/22/2022	1.1	Daniel Varghese	Added New Features
08/18/2022	1.2	Daniel Varghese	Added New Features
09/16/2022	1.3	Daniel Varghese	Updated Review Features
09/19/2022	1.4	Daniel Varghese	Released
09/20/2022	2.0	Daniel Varghese	Added Utilization Review
01/13/2022	3.0	Sagarika S	Added Enhancements/Features
03/13/2023	3.1	Sagarika S	Updated Utilization Review
05/12/2023	3.2	Sagarika S	Added Utilization Review Enhancements
06/14/2023	3.3	Sagarika S	Added Notifications for all Lines of Business, Updated new data elements in Claims section for UR
07/21/2023	3.4	Sagarika S	Updated Claim Details Screen in Disallowance. Updated Provider Communications, Letters, Claims, Claim Details screen for Utilization Review
25/07/2023	3.5	Sagarika S	Enhancements for Letters, Claims in UR

hms portal

Table of Contents

portal

PROVIDER PORTAL

The all-new robust Provider Portal provides all the functionalities and features for Providers in the reclaim/recoupment process from HMS, all in real-time based on the contract/product selected.

This **Provider Portal** document contains.

- **COMMON FEATURES/MODULES** – Applicable across Provider Portal.
- **DISALLOWANCE** – Click Here.
- **PAYMENT INTEGRITY (PI)** – Click Here
- **UTILIZATION REVIEW (UR)** – Click Here
- **WORKERS COMPENSATION (WC)** – Coming Soon

Note: The User Guides are arranged based on the above order - first Disallowance followed by Payment Integrity, Utilization Review, and Workers Compensation in this document.

hms° Portal

COMMON FEATURES/MODULES

The following features are common for all the screens and Products.

HMS Portal

- Logging into HMS Portal
- New User Registration

Provider Portal

Features

- Entering Provider Portal
- Header Section
- Left Navigation Menu Section
- Display Section

Modules

- My Workload
- Bulk Document Upload
- New Access Request
- Reports & Documents
- Messages
- Notifications

HMS Portal

The Health Management Systems (HMS) Portal offers cost containment (incurred through claim settlement) to its customers for multiple Products names. HMS helps Customers in their recovery process by identifying discrepancies in the disallowed amount leveraging expertise, logics, rules, regulatory guidelines, algorithms, and access to vast American Healthcare related data. With progressive technology, HMS Portal provides Providers and Customers with the ability to monitor claim status in real-time.

hms
portal

As a digital platform, HMS brings on board Enterprise portal, and integrates Providers, Customers and HMS Internal operations team to collaborate and exchange information's transparently. Acting as a main point of contact during the identification and recovery process, HMS offers easy registration process, quicker recoveries, and increased accuracy rates.

Logging into HMS Portal

The Login screen of HMS Portal provides the following options.

- Click **Login** to log into HMS Portal as an existing user.
- Click **Register** to sign up as a new user.
- Select **Password Reset** to reset password by answering security questions
- Select **Need Help** to reach out to HMS for access, login, other issues.
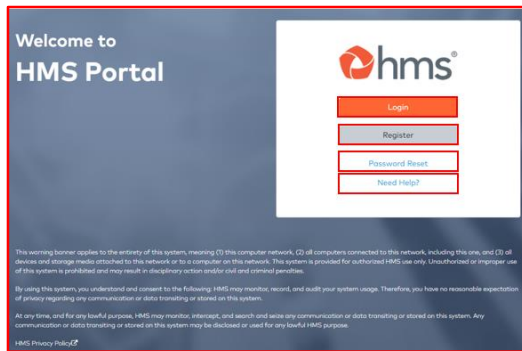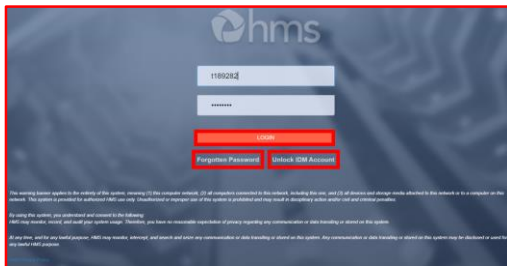

For Help, click Need Help to view popup window shown below.

ohms
portal
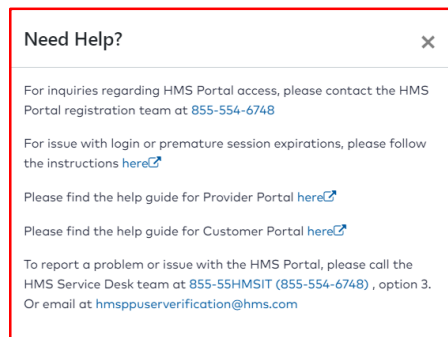
When selecting "Login" as an existing user, the   below screen will be displayed. Use this screen to enter your login credentials. You will also see options to "Unlock IDM Account" and "Forget Password" if needed.
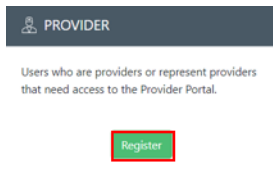
After entering your credentials and selecting "Login" you will be taken to the HMS Portal Dashboard.

New User Registration

The "Register" feature allows you to register a new HMS Portal user requiring access to Provider Portal.

To register a new user, follow the steps below.

1. Select **Register** to add a new user and view the "NEW REGISTRATION" screen.

2. Select **Register** button in the PROVIDER card.
3. Enter mandatory details and click **Submit** in PROVIDER REGISTRATION form. Application displays REQUEST CONFIRMATION as shown below indicating request is submitted/received for review with options to contact or register another user.
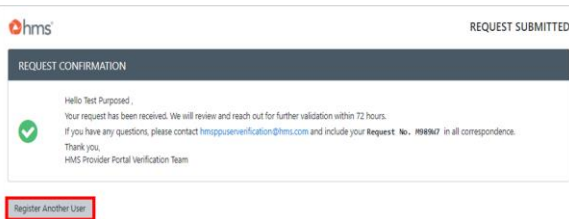
portal

Note: The processing time to complete a request is generally 72 hours.

Provider Portal

*Note: Mandatory fields are represented by * (asterisk) or | bar in the text box, throughout this guide.*

The PROVIDER PORTAL designed exclusively for Providers offers all functionalities and features to review and acknowledge letters, view claims, and their statuses, activities performed on the claim, view reference claims, upload claim documents, add, or update Providers contact information and address management based on access rights.

Entering Provider Portal

Note: After successfully logging in as a Provider using your credentials, application by default sets and displays Provider Portal dashboard screen with options to view "Provider Portal" and "eCenter" applications in "My Apps" based on your role and access rights.

The Dashboard screen of Disallowance is shown as an example to illustrate the common screen features appearing in all the screens.

Note: The left Navigation Menu list and its corresponding Display Sections content on the right might vary based on the Product selected but Header section remains the same throughout the Portal.
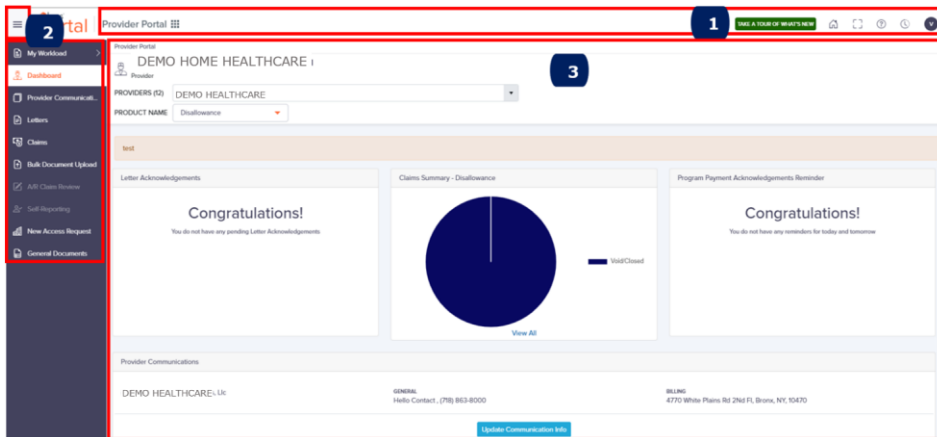
A screen is divided into the following three sections.

1. **Header** Section– Contains same features across all screens
2. **Navigation Menu** Section – Contains same navigation menu across all screens
3. **Display Section** – Varies based on feature/menu selected.

Banner
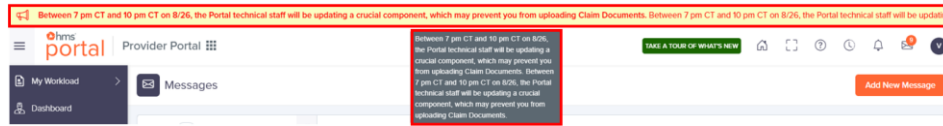
Optional. Need based banner allows important notification across applications or limited to specific Products like PI. Place the cursor on the banner to read the full content as shown above in the black background.

1. Header Section

Note: Hovering over an icon, displays name of the icon.

The top Header section includes:

Note: On licking portal *logo, application displays "My Workload" section by default.*

1. **My Apps** – Allows to access and switch multiple applications you have access
2. **Take A Tour of What's New** – Provides a short popup on how to navigate HMS Portal
3. **Home** – Navigates to your default Home screen (My Workload> All Work)
4. **Open View in Full Screen** – Enables to switch to and from full screen
5. **Help and Resources** – Provides the following features.
   A. Help – View and download User Guides
   B. Training – Access videos
   C. FAQ (Frequently Asked Questions)
   D. Accessibility – Usability to all users (with disability)
   E. Site Map – Major links to respective screens.
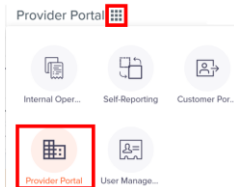
portal

F. Release Notes – Highlights new features/functionalities/bugs fixed.
G. HMS Newsroom – Latest news across HMS

6. **Recent Activities** – List of last 25 locations visited recently in HMS Portal with provision to visit again by selecting the link.
7. **Notifications –** Enables to view number of notifications available.
8. **Messages** – Helps to view and create new messages
9. **My Profile and Settings**
    A. Settings
        I. My Profile – View your profile details and set the default application.
        II. My Authorization – View Providers ID assigned to you.
        III. Manage Notifications – Turn on or off notifications

    B. Logout

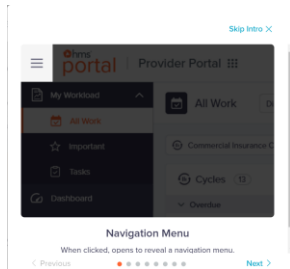
The following Header section is explained in detail below.

1. **My Apps**

   Hovering cursor over   Provider Portal ⊞   area allows you to view and access applications based on your role and access. For example, you might be able to view only Provider Portal application as a Provider.
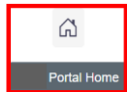

   TAKE A TOUR OF WHAT'S NEW
2.

   Enables you to discover each icon, new features, what it does briefly.

![hms portal logo]

Selecting "Next" and "Previous" enables you to move to the next icon and its details and "Skip Intro" closes popup window.
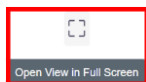
3. HMS Portal Home

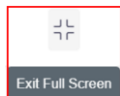Allows you to return to HMS Portal home screen from anywhere in the application.

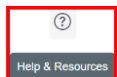### 4. Full Screen View

Enables you to view in full screen mode.

Exiting Full Screen View

Allows you to return to normal screen view

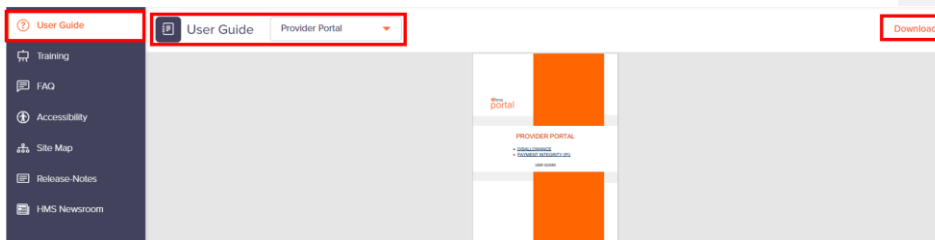### 5. Help & Resources

Provides you with the following help and resources options.

Note: *On selecting any of the above link, the same set of links appear on the left navigation menu also as shown below for quick navigation.*
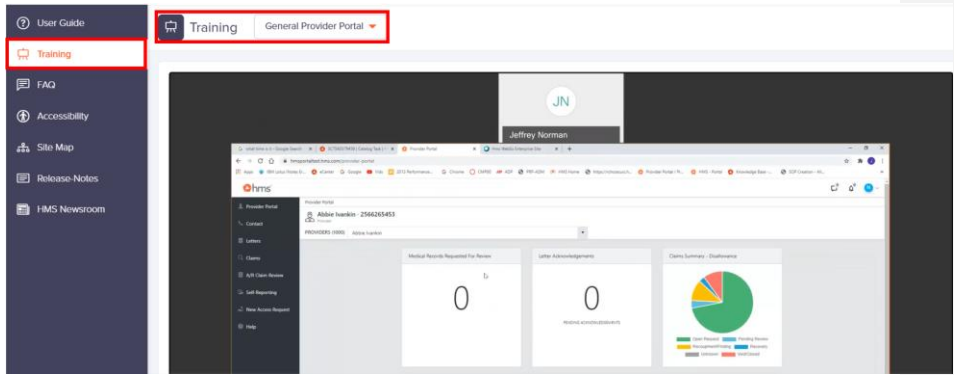

A. User Guide

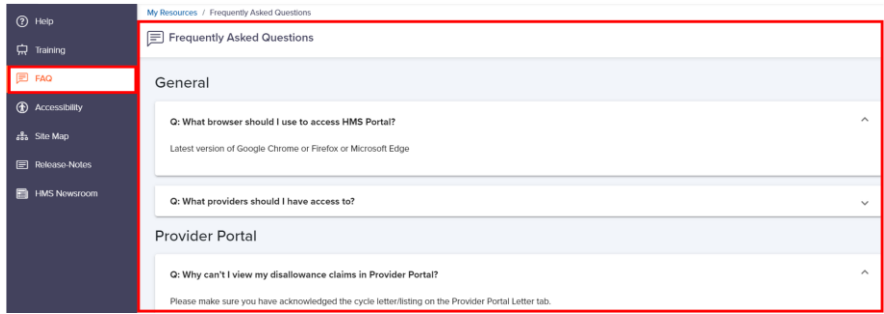Allows to view and download User Guides based on the module/application.

B. Training

Helps new users to access videos/information's related to the Portal /application whenever required.
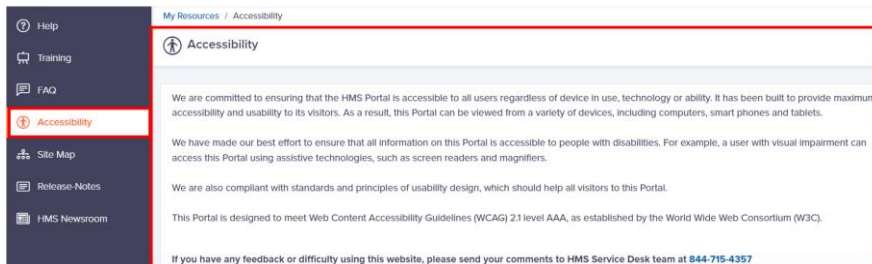
![hms portal logo]

C. FAQ

Answers frequently asked questions by users.

D. Accessibility

HMS Portal provides accessibility and usability to all users more than one way, including those with disabilities like visual impairment and compliance with required standards and guidelines.
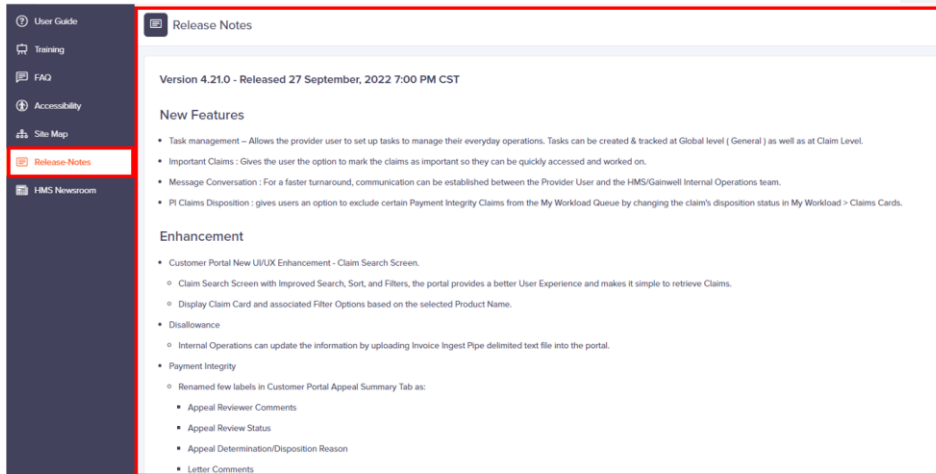
portal

E. Site Map

Provides all major links to the application based on your access and allowing you to navigate to the respective screen from Site Map.
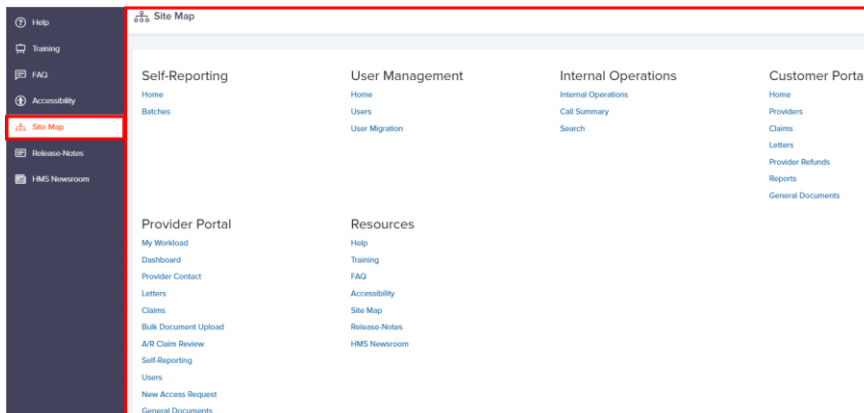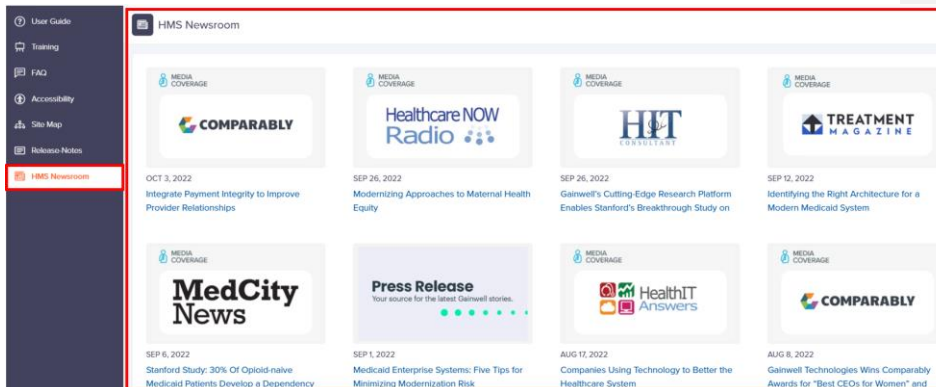

F. Release Notes

Helps to view new features/functionalities/bugs fixed in the latest release, and version focusing on Release Versions
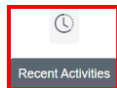
G. HMS Newsroom

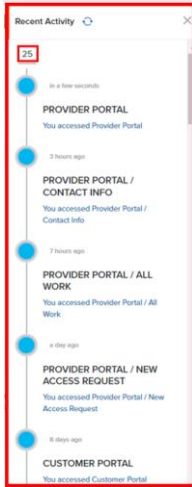Displays latest news across HMS.

6. Recent Activities

Allows you to revisit recently visited screens directly by clicking the link.

Clicking above icon displays below list of recently visited screen links

portal

The number on the top left corner in the example below indicates the total number of screens visited in descending order.

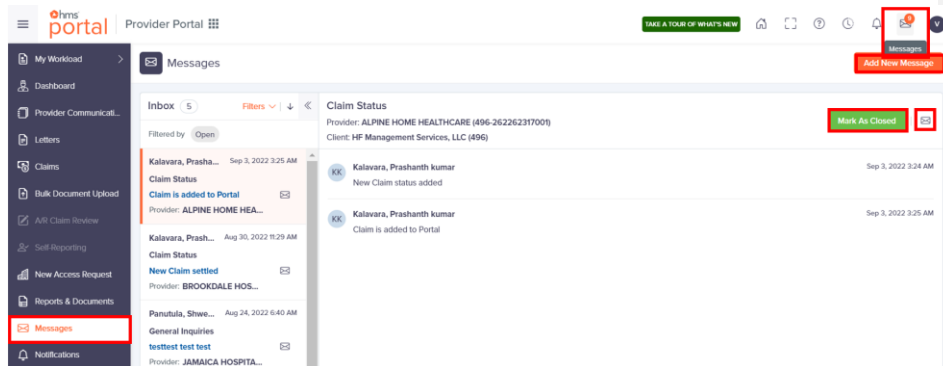## 7. Notifications

Helps you to view notifications and mark them read or unread. For more information, view the section, Notifications or Click Here.
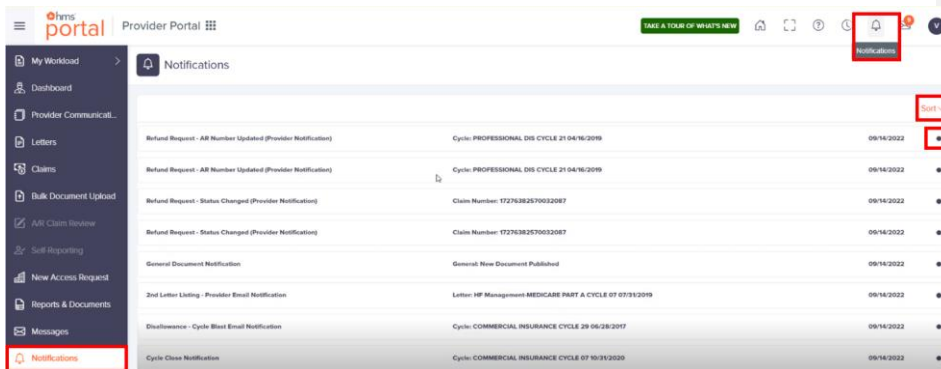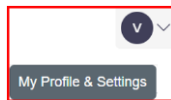

8. Messages

Enables you to view messages, mark them as unread/closed/open and add new messages. For more information, view the section, Messages or Click Here.
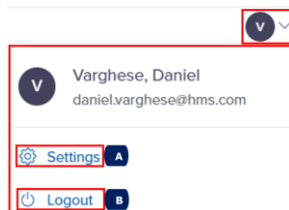
9. My Profile & Settings

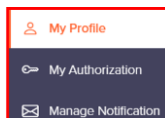Helps to view your profile settings, authorization and manage notifications.

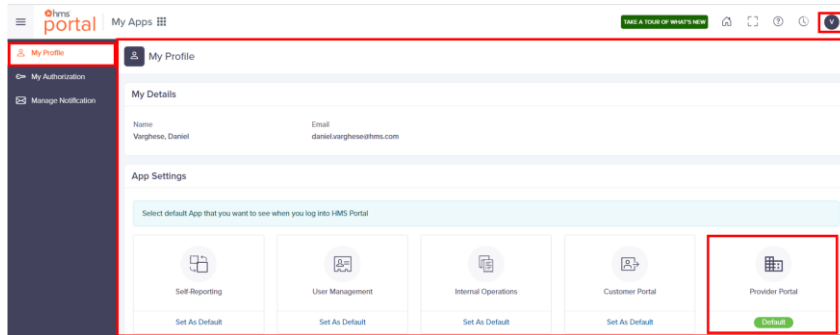Clicking displays below popup screen.

A. Settings

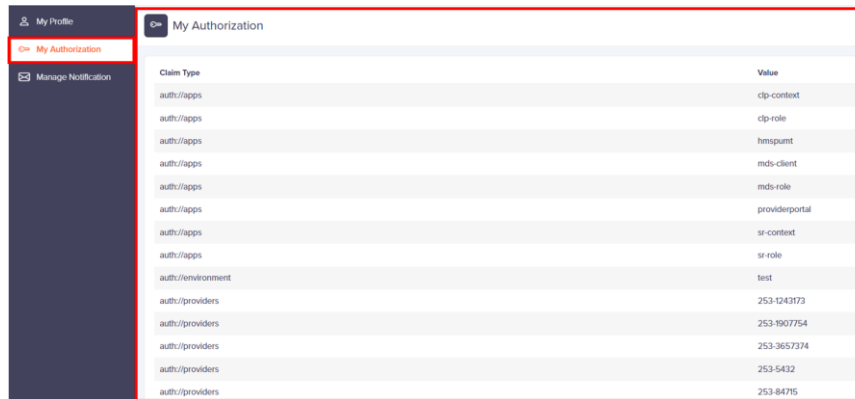Selecting "Settings" displays following left navigation menu's

I. My Profile

Enables to view your profile details and choose an application to be set as default to ensure you view the application when you login each time.

II. My Authorization

Allows you to view Provider IDs assigned to your User ID.

The Provider ID must be in this list (as shown above) to view or access information about a specific Provider

III. Manage Notifications

Provides you the ability to turn on or off for different notification types by sliding the toggle button and displaying a confirmation message on the top right side of the screen for few seconds. Turned "ON" notification

Note: *If you have access only to Disallowance Product, application displays only Disallowance related email notifications such as first six notifications. Below example is for a Provider with both PI and Disallowance access.* Turned "OFF" notification
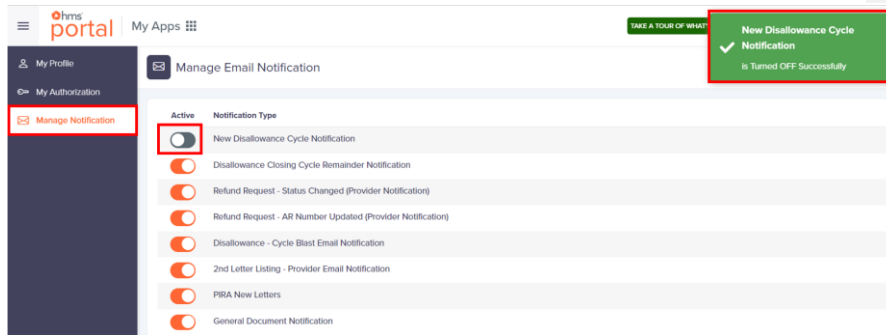
portal

B. **Logout**

Allows you to sign-out of the HMS Portal application

2. Navigation Menu

Allows you to access and navigate to the following functionalities/ modules based on the User access level.

≡

Clicking the above icon once, displays below navigation list.

portal
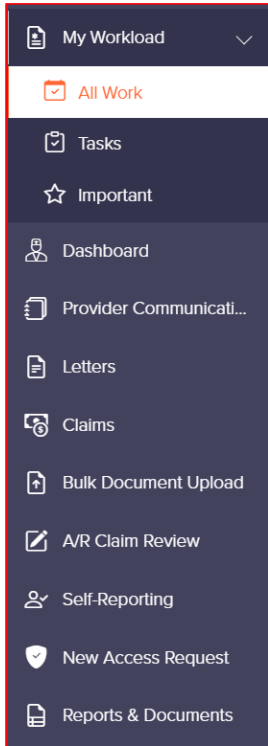
NOTE – Based on the User access level, the respective menu items will be displayed (Ex – AR Claims Review, Self-Reporting)

Clicking the same icon again, hides the navigation list as shown below.

portal

3. Display Section

The display section of "Disallowance" Dashboard screen (appearing below Header section and right side of Left Navigation Menu) is shown below.
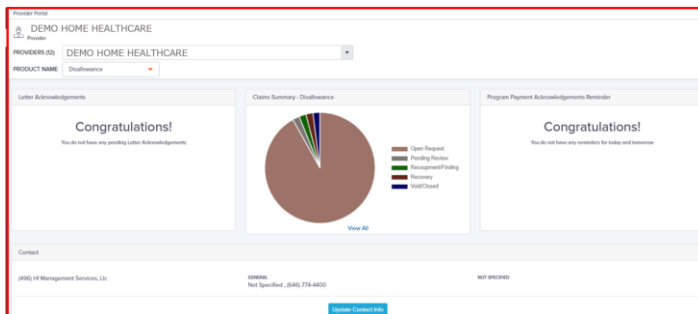
Note: Display section vary based on the selection in the "Header" section or "Left Navigation Menu".

portal

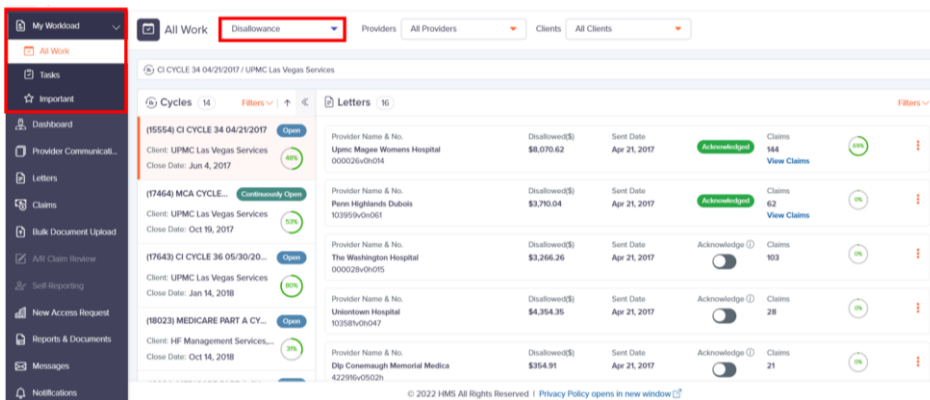# My Workload

This section has three parts.

- **All Work**
- **Important**
- **Tasks**

Application by default displays "All Work" screen on entering Provider Portal.

Navigating to "All Work" screen.
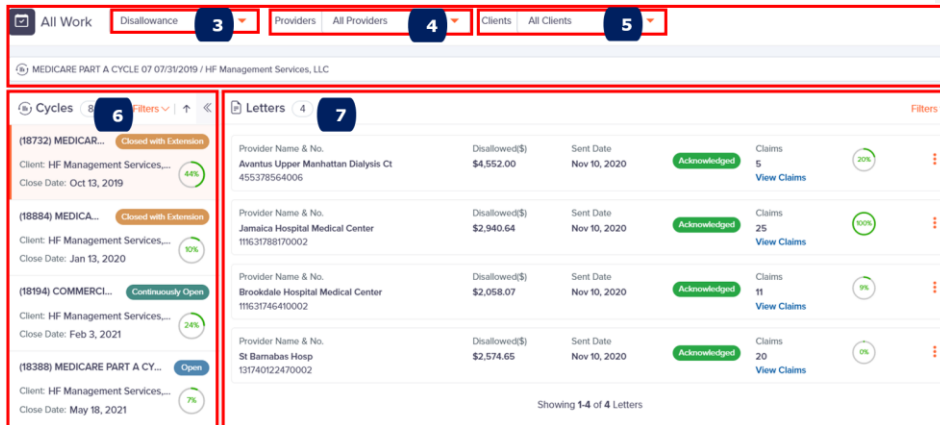
To navigate to All Work screen, follow the steps below.

**1.** Click **My Workload** and application displays following options

2. Use the dropdown list to select "All Work".

Application displays "All Work" screen as shown below.

3. Use dropdown list to select Product name such as Disallowance.
4. Use dropdown list to view list of Providers you have access and ability to search
5. Use dropdown list to list of Clients you have access and ability to search.
6. **Cycles** Section: Based on the value selected in Product Name, Provider Name, Client Name, application displays associated Cycles and Letters.
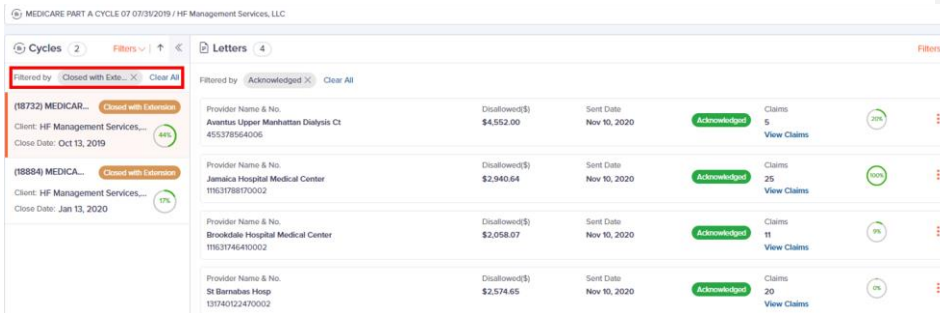
Cycles 9 indicate cycles count that are in "Open", "Continuously Open" and "Closed with Extension" with respective filters applied and options to "Clear All" filters as shown below.

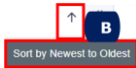A. Use "Filters" dropdown list to select and view client cycle by status.
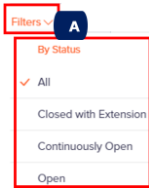
B. Click ⬆ to sort by "Cycle Close Date" and display "Newest to Oldest" or "Oldest to Newest".

C. Click ⟪ to hide cycles section fully.
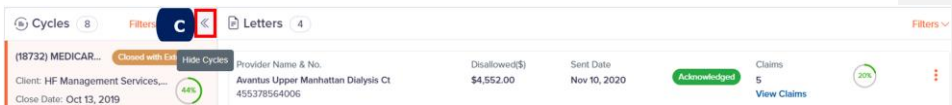
Application hides the Cycle section as shown below.
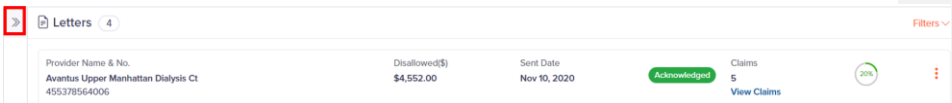
Click again to view Cycle section fully

D. Click on any of the Cycle card in Cycle section to view its Letters in the Letters section on the right. Cycle section can display any of the Cycle Status in Open, Closed with Extension, or Continuously Open.

hms portal

  indicates Cycle status
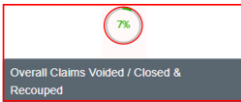
Progress Chart: Indicates only 7% of the total Claims for the selected Cycle have been Voided/Closed & Recouped.

7. Letters Section: 📄 Letters ③ indicate 16 Letters associated to selected Cycle.

A. Use "Filters" dropdown list to select and view Letters by Letter Acknowledgement status.
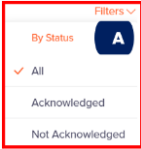
B. Click to view Letter Listings in PDF and download Letter information in Excel.
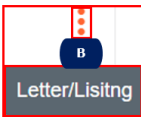
Below image displays the various options you see within each Letter card, based on the product line.

View Initial Letter Listing as PDF

View Second Letter Listing as PDF

Download as Excel

Fig – Disallowance

View Letter as PDF

Download as Excel
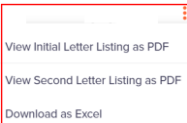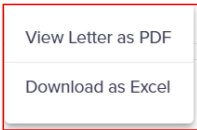
Fig – Payment Integrity

C. Select first slide bar to Acknowledge and view Initial Letter Listing and second slide bar to acknowledge Second Letter Listing

Hover cursor ⓘ over to view Numerator/Denominator.

D. Select "View Claims" to view Claims section with the number of claims associated to the Letter.

> ***Note:*** *"View Claims" link appears only after acknowledging the First Letter. (Only for Disallowance)*
>
> *On selecting "View Claims, application displays Claims Section*
>
> *For Payment Integrity & Utilization Review, the "View claims" link appears by default.*

8. **Claims Screen (My Workload → All Work):** An example of "Claims" section with 10 claims is shown below.

A. Click 🗓 to add a new task in the Tasks popup window.
B. Click ☆ icon to mark the claim important. Disappearing message appears on successful completion and color change.
C. Claim Disposition status:
   ➢ Definition - The option will be used by the provider user to update a claim's disposition status, by confirming that providers will Agree to pay the amount determined by HMS, following an audit.
   ➢ A toggle button will be displayed in each Claim card.

Task

A. Indicates open tasks
  ➢ Click on 🗒 to add a new task in the Tasks popup window.
  ➢ An orange bubble displayed at the top right hand corner on the task icon in the claim card, indicating there are open tasks to be reviewed as shown in the image above.

B. Indicates no open task
  ➢ No bubble will be displayed on the task icon, in the claim card, indicating no open tasks.

  ➢ On marking the task as "Completed", a message "Task marked as Completed" will pop-up for few seconds.
  ➢ Title of the task will be striked out and prefixed with a tick indicating that the task has been completed.
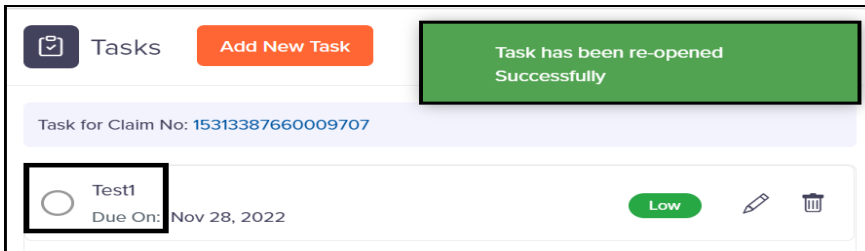
> ➤ Task can be re-opened by clicking on the tick mark.
> ➤ On marking the task as re-opened, a message "Task has been re-opened successfully" will pop-up for few seconds.
> ➤ An unstriked task with no tick mark indicates the task is re-opened.

9. Claims Details Screen**:** Selecting [Claim No. X9229845I2017041704] link displays "Claim Details".
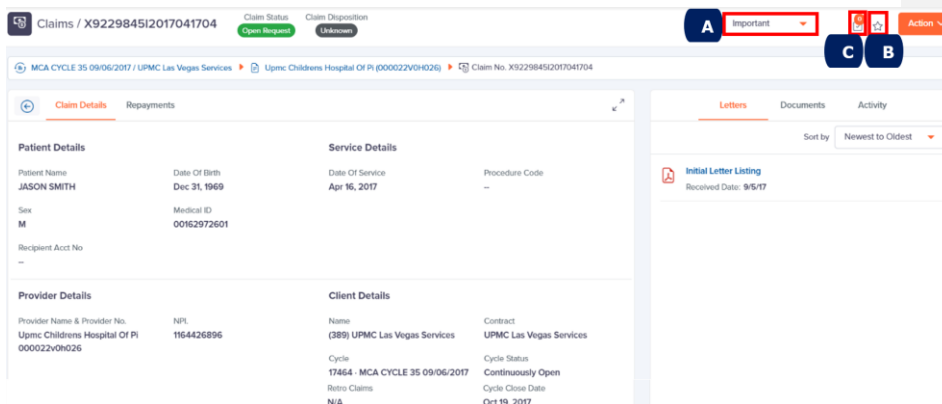
A. Use dropdown list to view and mark claims that are important
B. Click ☆ icon to mark the claim important. Disappearing message appears on successful completion and color change.
C. Click ✉ icon to add a new task in the Tasks popup window.

Navigating to "Tasks" screen.

portal

The Portal allows you to create, edit, view, and delete tasks. You can mark tasks that are important and view them quickly.

To navigate to Tasks screen, follow the steps below.

1. Select **My Workload** from the left navigation menu to view the dropdown list
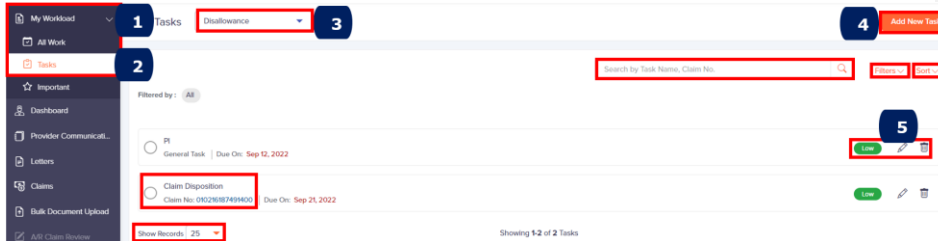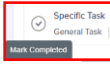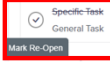
2. Select "Tasks" from the left navigation menu.
3. Use the dropdown list to select "Disallowance" tasks and track your to-do tasks lists. If no tasks are pending, application displays message below without Search, Filters, Sort, Edit or Delete tasks options and, link to view Claim Details screen.
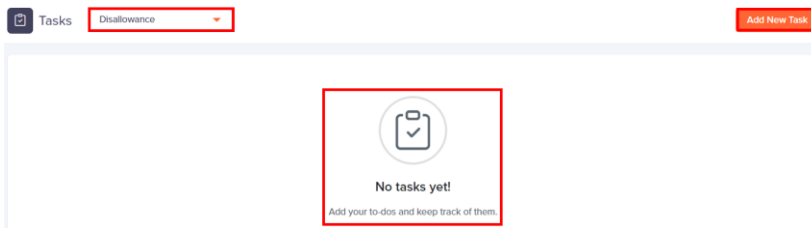
4. Click [Add New Task] to add a new task to the list.

portal

Enter the mandatory fields and click . The newly added task gets added to the list as shown below.

Select checkbox to mark the task as completed. Application closes the

task and displays with option to reopen the task

5. Select the Edit icon to modify task details and click **Update Task** or **Mark Complete** to mark the task as completed.

Note: *"Update Task" button will be enabled upon the user making any changes in this section.*

6. In the "Edit task" screen, on marking the task as completed ("Mark Complete"), a message "Task marked as Completed" will pop-up for few seconds. Updated task will be displayed in the "Task List" screen.

7. User will also have an option to re-open the completed task by clicking on "Mark Re-Open". A message "Task has been re-opened successfully" will pop-up for few seconds.

8. In the "Task List" screen, based on the status of the task, the corresponding symbol will be displayed as shown below.

test
General Task | Due On: Nov 30, 2022   Medium ✏️ 🗑️

Fig – Indicates "Open" task.

test
General Task | Due On: Nov 30, 2022   Medium ✏️ 🗑️
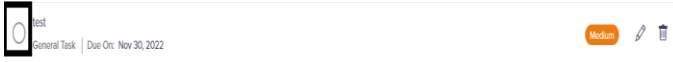
Fig – Indicates "Completed" task.

Navigating to Mark Claims "Important".

Allows you to mark Claims that are important and view them quickly.

1. **From "Important" Left Navigation Menu**
2. **From "Claims" Left Navigation Menu**

To navigate to Important screen, follow the steps below.

1. From "Important" Left Navigation Menu

1. Select **My Workload** from the left navigation menu to view the dropdown list.
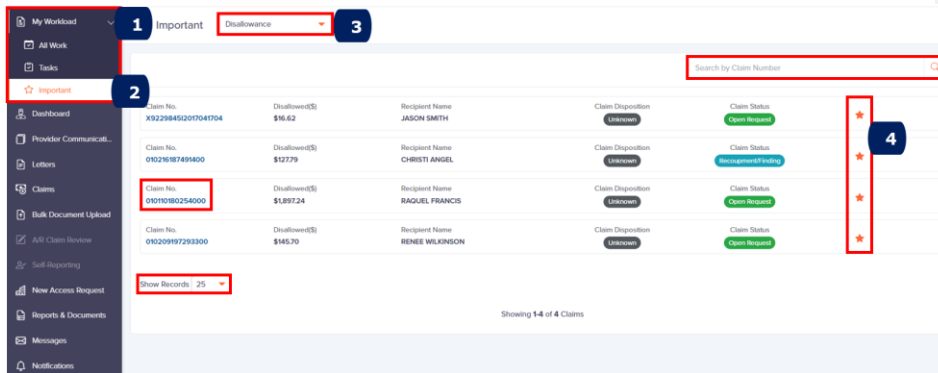
2. Select "Important" from the left navigation menu to view Important screen.
3. Use the dropdown list to select "Disallowance" and view list of claims marked ⭐ (important) earlier.
4. Select ⭐ icon to indicate the claim as important.

portal

Note: *Clicking* ★ *icon once marks the claim unimportant and clicking the icon again marks the claim important in the Important, Claims and Claim Details screen.*

Select "Claim No." link to view Claim Details screen and mark the claim important on the top right.

2. From "Claims" Left Navigation Menu

Note: *You can select or unselect the* ★ *icon in the "Claims" screen and "Claim Details" screen.*

1. Select "Important" from the left navigation menu to view Important screen.

Claims screen
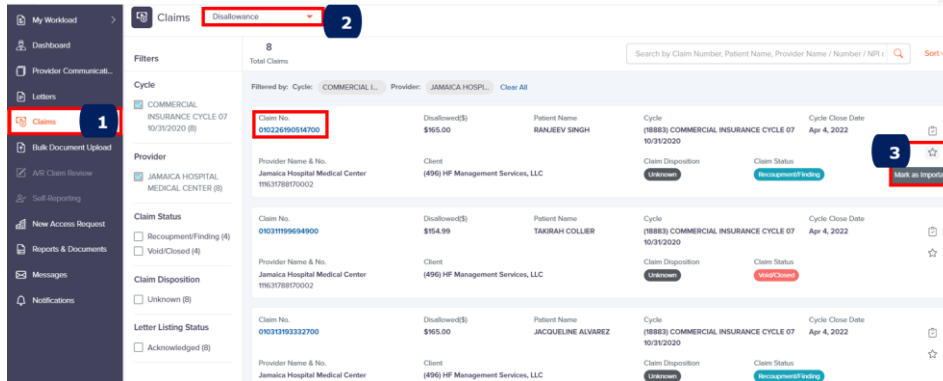
2. Use the dropdown list to select "Disallowance" and view list of claims marked/unmarked as ★ important earlier.
3. Select ★ icon to mark the claim as important.

A.

> Click on 🗒 to add a new task in the Tasks popup window.
> Once the task is created, there will be an orange bubble displayed at the top right hand corner of the task icon, within the claim card, as shown in the image above.

B. Once the task is closed, there will be no bubble displayed in the task icon of the claim card.
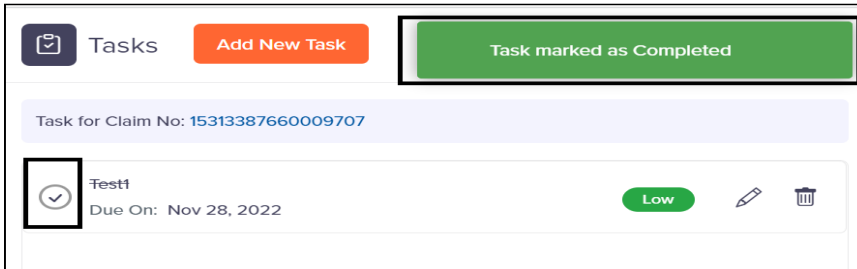
> Once the task is mark as completed, a message "Task marked as Completed" will pop-up for few seconds.

> A striked task with a tick mark indicates that the task is Completed.
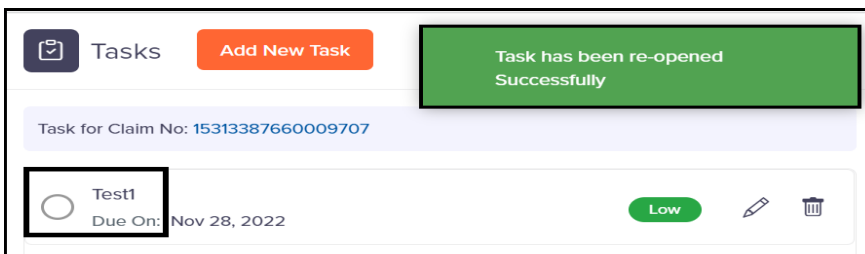
> Upon clicking on the same task, it can be re-opened.
> On marking the task as re-opened, a message "Task has been re-opened successfully" will pop-up for few seconds.
> An unstriked task with no tick mark indicates the task is re-opened.

Select "Claim No." link to view "Claim Details" screen.

Claim Details screen
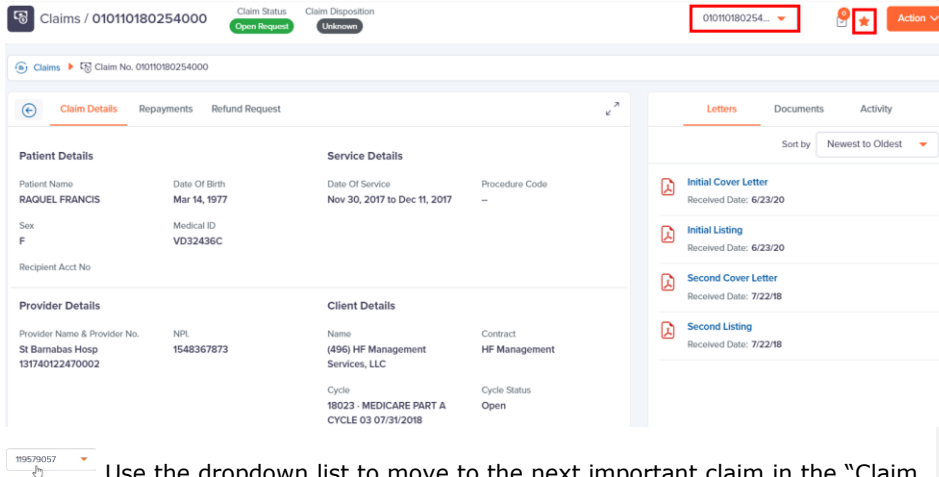
Use the dropdown list to move to the next important claim in the "Claim Details" screen.

Select ★ icon to mark the claim as important/unimportant

Bulk Document Upload

Note: *This feature is now available only to Payment Integrity (PI) and Utilization Review (UR) users and may get extended to other Product users later.*

This section allows you to upload multiple documents against multiple claims listed in a single screen. This new feature overcomes the tedious process of uploading claim document by visiting each "Claim Details" screen

For a Provider to be listed in "Provider" dropdown list menu.

1. You must have access to that Provider.
2. You must have a claim in Pending Documentation status to upload Medical Records.

Note: *Application lists only claims fulfilling above to two criteria for uploading claim documents.*

Only documents/file up to 100 MP can be uploaded.

You can also continue to upload documents one by one by visiting "Documents" Tab under "Claim Details" screen.

portal

Navigating to "Bulk Document Upload" screen.

1. Select "Bulk Document Upload" from the left navigation menu and the application displays the screen below.
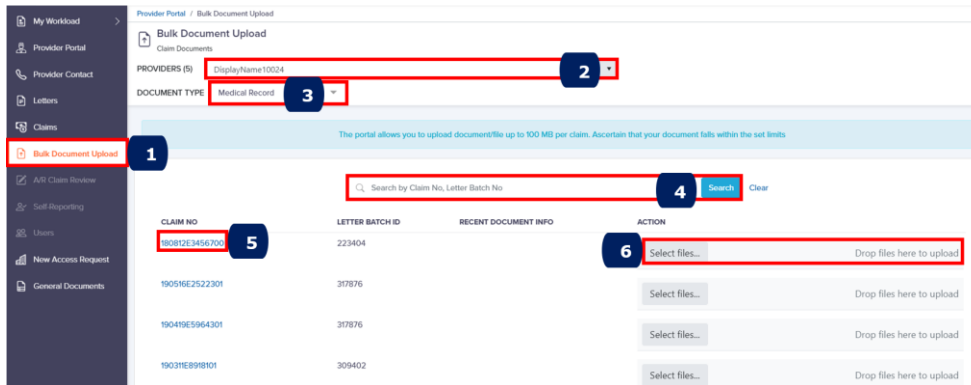
2. Use dropdown list to select Provider you have access.
3. Use dropdown list to select the type of document such as Medical Record. Application displays information's based on Provider and Document Type selected.
4. Search: For multiple options, enter Claims number/Letter reference number, click **Save.**
5. Select "Claim No." to view "Claim No./details" screen and perform action.

6. Click **Select files...** to upload documents from your system or **Drop files here to upload** to drag and drop here.

   Application initially displays values for "Claim No" and "Letter Reference ID" fields with "Recent Document Info" field being empty, which gets value after uploading record/document.
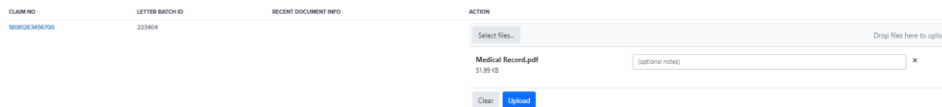
7. Affidavit – Client Specific: On selecting "Affidavit", application displays below popup screen.

Application generates the page number

A. Enter the correct page number.
B. Select the check box to confirm all the points mentioned
C. Enter "Acknowledge" exactly
D. Click **Save** to store information

New Access Request

To add a new provider to an existing user account, initiate request in Provider Portal screen by following steps below.

1. Select **New Access Request** from the left navigation menu. Application displays "New Access Request" screen shown below.

2. Enter/select Provider seeking new access request. On entering three or more characters of NPI, Provider Number or Tax ID, application provides the option to select a Provider.

Optional. Enter notes/comments regarding the new access requested.

3. Click **Submit** to send the access request form.

Reports & Documents

Enables you to view and download Reports/Documents.

Select **Reports & Documents** from the Left Navigation Menu.

- A. Use "Search" option to search by Report Name, Document Name or Contract Name.
- B. Use "Filter" option to narrow down filter by Category.
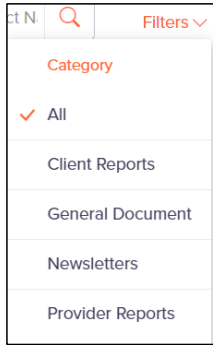
C. Use in the Grid Header to Sort each column.

D. Use "Action" option to download the Report/Document.

Messages
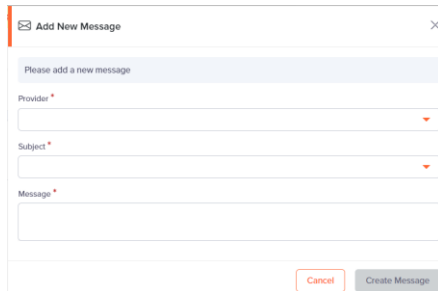
Helps you to communicate directly with Gainwell Provider Services team. This feature enables you to view new messages, mark them as unread/closed/open and add new messages. The portal allows you to access Messages from both Header section and Left Navigation Menu.
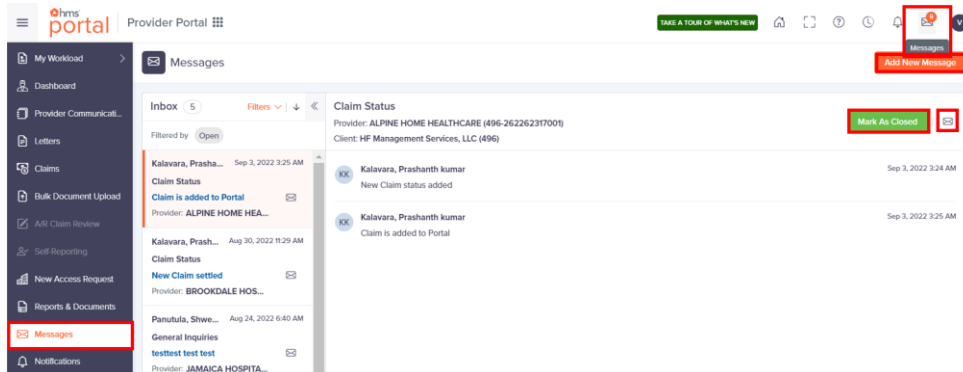
Click icon to mark the message as and application displays disappearing confirmation message.

Click icon to mark the message as read and icon changes to .

portal

Clicking [Add New Message] displays below popup screen.

Enter mandatory details (Create Message gets enabled) and click **Create Message** to add a new message in the message list.

Notifications

This feature notifies when automated emails are sent to you once the following events takes place:

- Disallowance:
  - New Disallowance Cycle Notification
  - Disallowance Closing Cycle Remainder Notification
  - Refund Request - Status Changed (Provider Notification)
  - Refund Request - AR Number Updated (Provider Notification)
  - Disallowance - Cycle Blast Email Notification
  - 2nd Letter Listing - Provider Email Notification
  - General Document Notification
- Payment Integrity:
  - PIRA New Letters
- Utilization Review:
  - UR New Letter Notification
  - Daily document upload
  - Address and contact notification

The number on the bell icon in the header section indicates the number of unread notifications. For example, indicate thirteen unread notifications.
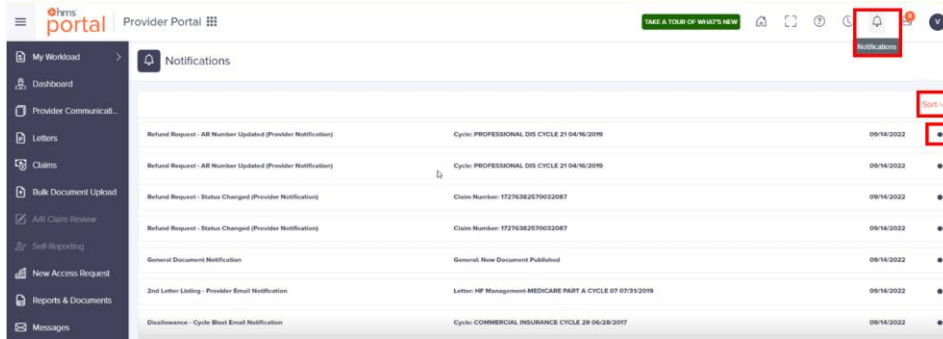
Select ![Sort] to categorize notifications based on the options provided.

Enables you to sort and view the Notifications in the Notifications screen.
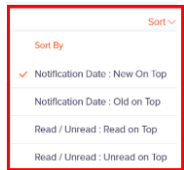
Click ![icon] to mark as read and the icon changes to ![icon] and click again to mark as unread.

When there is no Notification then the below screen is displayed.
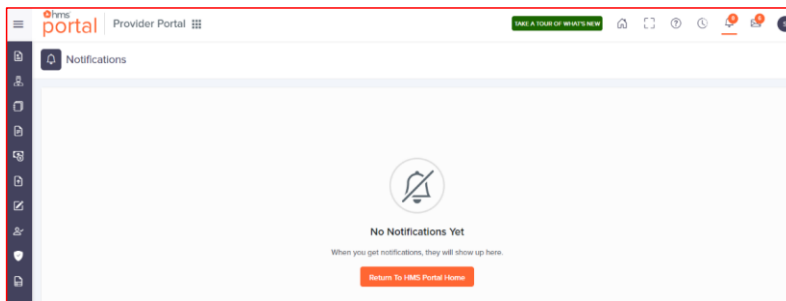
Definitions/Terminologies

Terms	Descriptions
Customer/Client	Government/Commercial Payers
PI	Payment Integrity
UR	Utilization Review
WC	Workers Compensation
Provider	Hospitals/Institutions, Clinics, Individual Physicians
Recipient	Patient
NPI	National Provider Identification Number

DISALLOWANCE

portal

Version History - Disallowance			
Date	**Revision**	**Author**	**Description**
10/25/2019	1.0 to 5.0	N. Roberts/ Peggy Braley	Based on Old UI
11/05/2021	6.0	Peggy Braley	Based on Old UI
01/13/2022	7.0	Daniel Varghese	Updated New Features
02/24/2022	8.0	Daniel Varghese	New Doc Based on New UI
07/14/2022	8.1	Daniel Varghese	Added New Features
08/18/2022	8.2	Daniel Varghese	Added New Features
9/16/2022	8.3	Daniel Varghese	Updated Review Features
9/19/2022	8.4	Daniel Varghese	Released
10/12/2022	9	Daniel Varghese	Added New Features

DISALLOWANCE

Overview

The new Provider Portal - Disallowance application in the all-new robust HMS Portal provides all functionalities and features required for a Provider to interact with other applications in HMS Portal to view and acknowledge letters, review claims, upload supporting documents, options for disposition and respond to reclaim process from HMS, all in real-time.

With focus on the right payer, Disallowance validates the genuineness of the claim by identifying discrepancies in the disallowed amount for reimbursement. Providers have the options to agree to claim and reimburse claimed amount to HMS or refute the determination with supporting documents, asking extension of time, or providing additional documents.

Purpose

The purpose of this guide is to help Provider Portal – Disallowance users (referred to as Providers or "you") to interact with other applications of HMS Portal, like Customers, HMS Internal Teams etc., regarding Disallowed amount and close claims requests. This guide is applicable only to Providers (Hospitals/individuals providing healthcare service) users dealing with Disallowance Product. Please refer User Guides for other HMS Portal applications such as "Provider Portal for Payment Integrity (PI)," "Customer Portal" for Payer companies such as Medicare, Mediclaim, Commercial Insurance (CI) and "HMS Internal" for HMS internal users.

Note: Please refer Payment Integrity (PI) User Guide later in this document for information's on PI.

Structure

This document is arranged based on the modules and the functionalities and features of each of the modules mentioned below forms the basis.

- My Workload - All Work, Important, Tasks
- Dashboard
- Provider Communications
- Letters
- Claims

Navigation

COMMON FEATURES/MODULES – Click Here. Applicable across Provider Portal.

- **HMS Portal -** Click Here.
- **Provider Portal Features -** Click Here. Applicable across Provider Portal.
- **Provider Portal Modules -** Applicable across all Products.
  - My Workload
  - Bulk Document Upload
  - New Access Request
  - Reports & Documents
  - Messages
  - Notifications

Note: *Above links will navigate you to "Common Features" section in the beginning of this document.*

portal

My Workload

This section has three parts.

- **All Work**
- **Important**
- **Tasks**

Application by default displays "All Work" screen on entering Provider Portal.

Note: *For further instructions, please refer "My Workload" section earlier in this document under "Common Features" or* *Click Here.*

hms
portal

Dashboard

The Provider Portal Dashboard screen provides snapshot view of key performance indicators.

To view Dashboard screen, follow the steps below.

1. Select "Dashboard" from the left navigation menu.

2. Use the dropdown list to select the Provider you have access.
3. Use the dropdown list to select the Product Name such as Disallowance
   Note: *Application displays other product names based on your contract and access rights.*
4. Use any of the below Cards to perform action.

   A. Letter Acknowledgments - Indicates number of Letters pending for review and acknowledgment. Application displays "Congratulations" message if there no Letters available for acknowledgment.

Click **Review Letters** to view the above one pending Letter for acknowledgement. Navigate to Letter Search screen. Application displays "Congratulations" message if there no Letters pending acknowledgment.

Note: For further instructions, please refer "Letters" section later in this document or Click Here.

B. Claim Summary – Disallowance – Illustrates number of claims with status.
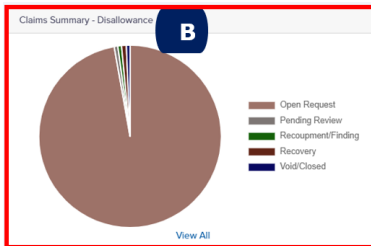
    I.   Hover over a section in the pie chart to view number of claims in that status.
    II.   Select a section in pie chart to view list of claims for that status.
    III.   Select "View All" to view detailed statuses of all claims.
    IV.   Select "View Less" to view pie chart to view only

        legends/representation of entries.

C. Program Payment Acknowledgements Reminder – (Client Specific which may be extended to others later) Reminder date to acknowledge program payment Letter which was set in the Remind Me Later with date for the day and next day. Type Provider Cycle indicate name of the reminder and values 0 and 1 under Today and Tomorrow indicate number of Letters to acknowledge.

Program Payment Acknowledgements Reminder	C	
Type	**Today**	**Tomorrow**
Provider Cycle	0	1

D. Provider Communications - Represents primary contact information for the associated Provider.

Provider Communications D

| (496) Hf Management Services, Llc | GENERAL Hello Contact , (718) 863-8000 | BILLING 4770 White Plains Rd 2Nd Fl, Bronx, NY, 10470 |

Update Communication Info

Click **Update Communication Info** to view "Provider Communications" screen with Addresses, Contacts and Preferences tab and update contact details, explained in detail in the next section.

Note: *For further instructions, please refer the next section "Provider Contact".*

Provider Communications

This section allows you to add or modify primary and associated Provider's address, contact information, and set communication preferences.

Navigating to "Provider Communications" screen

You can navigate to "Provider Communications" screen from the two options below.

1. **From Dashboard -** To update/add contact info of the displayed Provider
2. **From Provider Communications -** To select a Provider and update communications details.

1. From Dashboard

1. Click **Update Communication Info** from Dashboard to view and update contact details in "Provider Communications" screen.

Provider Communications		
(496) Hf Management Services, Llc	GENERAL Hello Contact , (718) 863-8000	BILLING 4770 White Plains Rd 2Nd Fl, Bronx, NY, 10470

Update Communication Info **1**

(or)

2. From Provider Communications (Left Navigation Menu)

1. Click **Provider Communications** from the left navigation menu.

My Workload
Dashboard
Provider Communicat... **1**
Letters
Claims
Bulk Document Upload
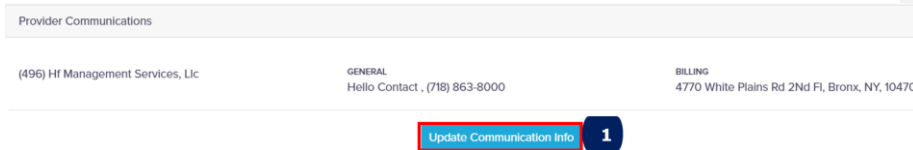
For both "Dashboard" and "Provider Communications", application displays same "Provider Communications" screen with "Addresses" tab by default.

To update Provider addresses/location details, follow below steps.

Note: Based on the Provider and Client selected, application displays below mentioned address details.

2. Use the dropdown list to select associated Provider.
3. If you have access to multiple Clients, use the dropdown list to select Client

Addresses

4. Click [Addresses] tab to view Address card details
5. Click [+ ADD ADDRESS] to create a new address in the popup window below.

Use the dropdown list to select the type of address such as billing/location/corporate/general addresses.

Enter *mandatory* fields and click **Add Address** (gets enabled on entering mandatory fields) to set and save a new address.

6. Select ⊡ Filters to set the address as Primary or edit the address.

Select "Set as Primary" to make the address as Primary Address. Application notifies the successful setting as a message for few seconds. **(or)**

Select "Edit" to modify address information and below popup window appears.

Update *mandatory* fields and click **Save Address**

Contacts

To update Contacts information's such as contact name, phone numbers, etc. follow the **steps 1 to 3** mentioned in the "Addresses" tab above.

4. Click [Contacts] tab to view the Contacts section depicted below.
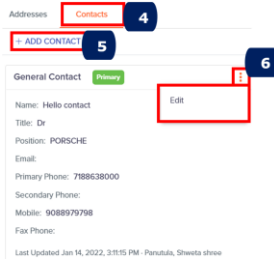
5. Click [+ ADD CONTACT] to add a new contact in the popup window below**.**

Use the dropdown list to select the type of contact such as genera/group/financial/insurance contacts.

Enter *mandatory* fields and click **Add Contact** (gets enabled on entering mandatory fields) to save a new contact.

6. Select 🔲 Filters to set the contact as Primary or edit the contact details.

Select "Set as Primary" to make the contact as Primary contact. Application notifies the successful setting as a message for few seconds. **(or)**

Select "Edit" to modify contact information and below popup window appears.

hms portal

Update *mandatory* fields and click **Save Contact**.

Letters

This section allows you to search, and view letters, received from HMS, for a Claim that are assigned/authorized. A Letter can contain multiple Claims.

Navigating to "Letters" screen

Portal offers two ways to navigate to "Letters" screen and complete task.

1. **From Dashboard –** To review Letters pending for acknowledgements, if any.
2. **From Letters** – To view/search Letters.

1. From Dashboard

To review Letters from the "Dashboard", follow steps below.

1. Click **Review Letters** under "Letter Acknowledgements" card as shown below.
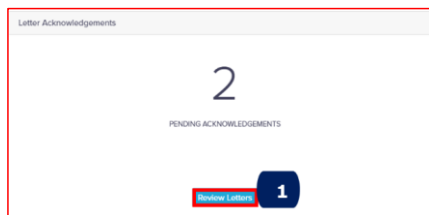
Note: Above card indicates two Letters are pending for acknowledgement. If no Letters are available, application displays "Congratulations" message indicating no letters pending for acknowledgement.

Application displays the following Letter cards in "Letters" screen with filters prefilled indicating Acknowledgement requirement.
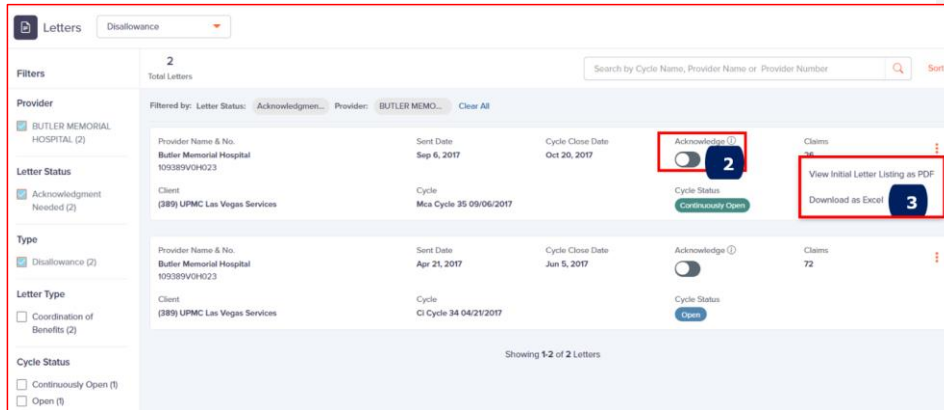
2. Slide "Letter Status" to acknowledge letter received

On sliding the Acknowledge button, "Program Payment Acknowledgement" popup window appears.

Note: This is feature is Client specific which may be extended to other Clients later.

Select any one of the options below to indicate your response to payment acknowledgement.

A. Agree – To return overpayments received and accept HMS review.
B. Disagree – To void/adjust claim yourself by providing remittance copy.
C. Remind Me Later – To set reminders for later dates and you can access these reminders in the Dashboard screen.

Click **Save**.

Application displays Letter card status as "Acknowledged", following which "View claims" link is enabled.

3. Select to view and download the Letter as PDF or Excel.

Application displays "Letter/Listing Request" popup window as shown below with option to cancel at this stage.
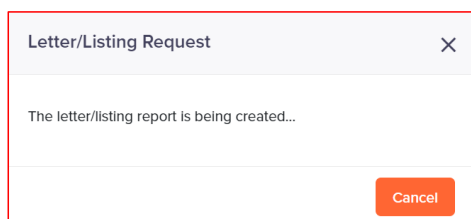
Subsequently displays PDF report/Excel format for view and download.

2. From Letters (Left Navigation Menu)

To search and view Letter from "Letters" left navigation menu, follow steps below.

Note: On selecting "Letters" from the left navigation menu, application by default displays list of all Disallowance cards. You have an option to select the Product line (based on your access) to view the associated letters.

1. Select "Letters" from left navigation menu to view "Letters" screen shown below.
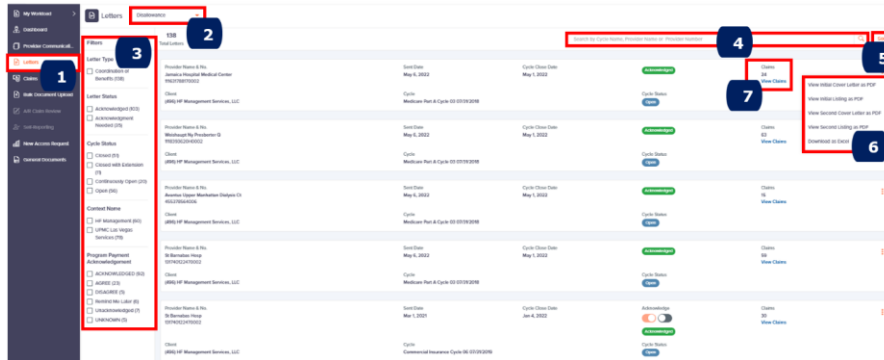
2. Use the dropdown list menu to select the Product line "Disallowance".
3. *Optional*. Use the following filters to narrow down your search results
   - Letter Type
     - Select "Coordination of Benefits" check box. Rest pertains to PI.
   - Letter Status
     - Acknowledged – *Letter acknowledged by Provider*
     - Acknowledgement Needed – *Letter yet to be acknowledged by Provider*
     - Unknown – *Acknowledgement status unknown*
   - Cycle Status
     - Closed with Extension
     - Closed
     - Continuously Open
     - Open
   - Context Name
     - Disallowance Client Name
   - Program Payment Acknowledgment
     - ACKNOWLEDGED
     - AGREE
     - DISAGREE
     - Remind Me Later

On selecting a check box, application refreshes screen and displays only Letter cards based on the filters selected.

4. *Optional*. In "Search" field, enter Cycle Name, Provider Name or Provider Number any one of the below options and click **Search**.

Select "Clear" to remove data and refresh screen.

5. *Optional*. Use dropdown list to sort and display the Letters by.

6. Use "Letter/Listing" dropdown list to select specific letter report to "View as PDF" or download in Excel format.

View Initial Letter Listing as PDF

View Second Letter Listing as PDF

Download as Excel

Application displays "Letter Request" or "Listing Request" popup window with the message. The Letter report is being generated or The Listing report is being generated with option to cancel. Subsequently displays PDF report for view or download.

7. Select "View Claims" to view selected claim number details in "Claims" screen.

Claims

This section enables you to view Claim summary information in different Claim Cards. You can search a claim using Filters/Search options and navigate to Claim Details screen by selecting the Claim Number or More Options.

Navigating to "Claims" screen

Portal provides two ways to navigate to "Claims" screen and complete task.

1. **From Dashboard** – To select claims based on status in the pie chart
2. **From Claims** – To view list of claims you have access.

1. From Dashboard

Allows you to view number of claims and their status in pie chart.

A. Hover over a section, to view number of claims with status as shown below where "Open Request 45" indicates 45 claims are in Open Request status.
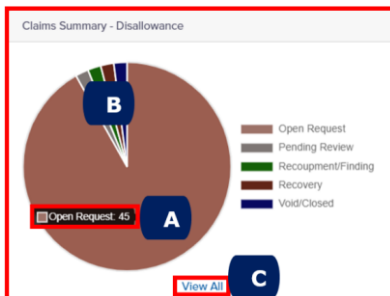
B. Select a slice in the chart to view list of claims (example, "Pending Review" "Recoupment/Finding", "Recovery", "Void/Closed" status) for that status.
C. Select "View All" to view all statuses of Disallowance claims.
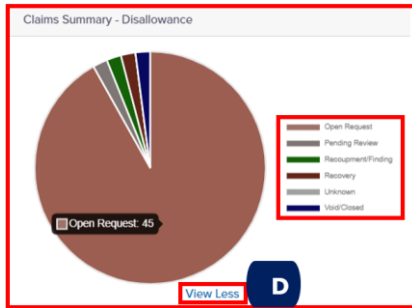
D. Select "View Less" to view only legends/representation of entries.

To review Claims from "Dashboard", follow steps below.

1. Select a slice in the pie chart, like "Open Request".
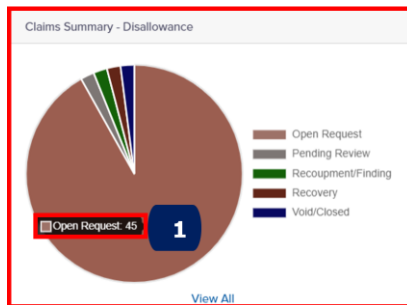
Application applies the filter based on the Provider Name, Product Name and Claim Status selected in the Dashboard screen and displays in the "Claims" screen.

Claims Screen

Closed indicate "Closed" cycle and displays the message that cycle is closed and no changes can be made as shown below under "Claims Details/No" Screen.

2. Use the dropdown list menu to select the Product Name Disallowance.
3. Application reapplies the selected filters in the check box such as Providers and Claim Status as shown above.
4. *Optional.* In "Search" field, enter any of below options and click Search icon.
   - Enter Claim number to view Claims associated to the claim
   - Enter Provider number/name to view Claims associated to Provider.
   - Enter Provider name to view Claims associated to the Provider.
5. *Optional*. Use dropdown list to sort and display Claim cards by Sent Date "Sort by: Relevance", "Sort by: Newest to Oldest", or "Sort by: Oldest to Newest"
6. Select "Claim No." to view complete information of the claim in "Claim Details" screen shown below.
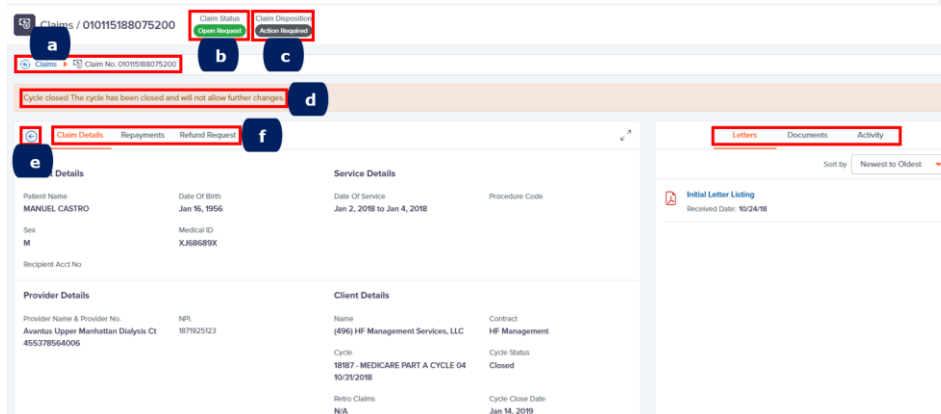
a. Indicates the navigated path
b. Status of the claim – Open Request etc.
c. Disposition of the claim – Action Required etc.
d. Indicates Cycle is closed, and no further changes can be made.
e. Navigate back to "Claims" screen
f. Claim Details tab section – Details of Patient, Provider, Insurance, Service, Client, Payment, Acknowledgment & Provider Refund

Action ∨   This button is enabled if Claim Disposition status is Unknown and disabled if it is Agree or Disagree.

Left Side Tabs: **Claim Details   Repayments   Refund Request**

Claim Details

Helps you to view details of Patient, Provider, Insurance, Service, Client, Payment, Acknowledgment & Provider Refund as shown below.

![hms portal logo]

Repayments (Enabled based on Contract)

Enables you to view Repayments if any Provider checks applied to this Claim.
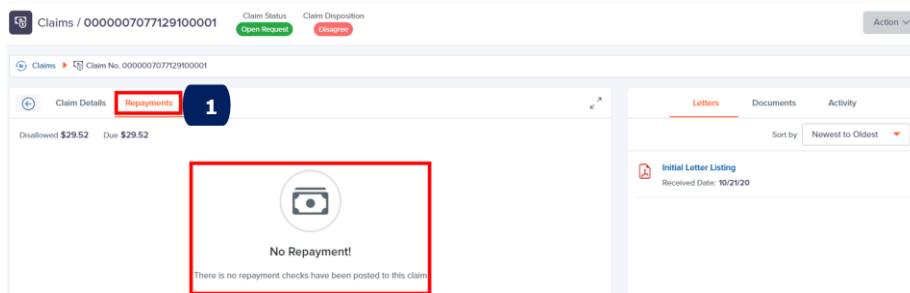
Note: Above "No Repayment!" message indicates no repayment checks posted for this claim

1. Click **Repayments** tab to view repayment checks if any posted to the claim. Application displays Disallowed and Due amount and in some case Deduction amount.

   Another example of amount deduction provided by HMS is shown below.
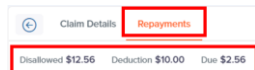
   Refund Request (Enabled based on Contract).

   Note: Applicable only for Disallowance with "Closed" Cycles.

   Allows you to request for refund the amount deducted improperly and view Disallowed and Due amount.
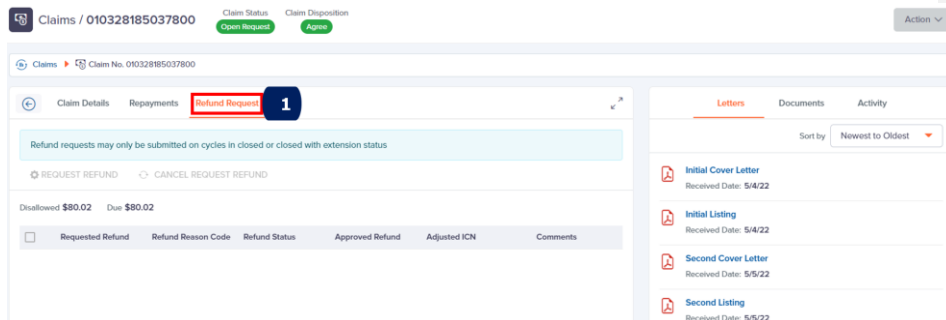
1. Click **Request Refund** tab for refund on recouped amount in closed cycles for the selected claim.
2. Select "Request Refund", enter mandatory fields and upload supporting documents for the refund request.
3. Click **Save** to update information's but not considered submitted.
4. Click **Submit** to send refund request for Approval and later to view refund notification.

   Note: Application ensures the following.

   - *Requested refund amount should not exceed due (recouped) amount*
   - *Approved refund amount is the amount refunded to Provider*
   - *Claim Disposition is Agree*

   After Submitting

   - *No changes are allowed for refund by the Provider*
   - *Any modifications for refund to be performed by HMS only*
   - *Application displays refund status in Provider Refund tab until a final determination is made by customer.*
   - *After final determination, application updates the following.*
     - *Updates Refund status to Approved or Denied*
     - *Approved refund amount*
     - *Recoup A/R & Refund A/R may get updated*
     - *Recoup & Refund Warrant Date*
     - *Refund Request appears in Activity.*

ohms
portal

Claim Adjustments – Customer Specific – NYOMIG (Coming Soon)

Enables to view detailed Claim adjustments, report, deduction amount etc.

Right Side Tabs: | Letters   Documents   Activity |

The above tabs remain constant throughout application

Each of the tabs explained below.

Letters

Allows to view list of all letters received, for the claim.

1. Click **Letters** tab to view letter details.
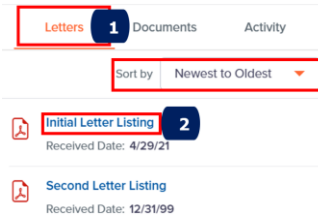
2. *Optional*. Use dropdown list to sort and view Letters based on Letter Sent Date.
3. Select the Letter link to view the Letter in PDF with option to download.

Documents

Allows to view list of claim documents already uploaded and to upload new claim/other documents for the claim.

To upload Claim documents, follow below steps.
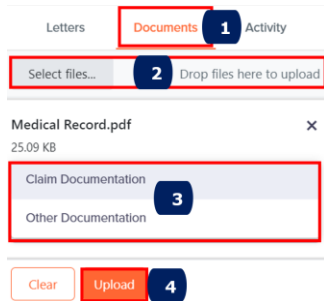
1. Click **Documents** tab to view and upload documents
2. Click **Select files** to select PDF document from your local folder or drag and drop file in the area mentioned and view the Document Name.
3. Use the dropdown list to type of documentation such as Claim Documentation or Other Documentation
4. Click **Upload** and the document gets uploaded and displays a confirmation message on the top right of the screen.

   Note: If no documents have been uploaded for the claim, application displays the message below. Else, displays list of documents received, or uploaded as shown below on the right side.
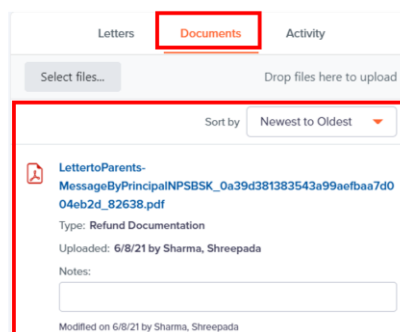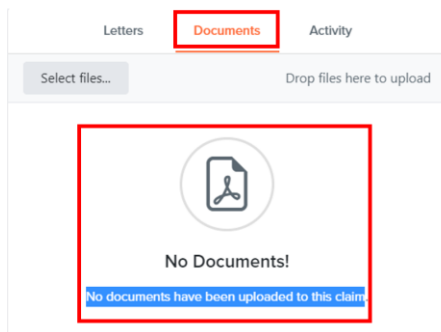
Activity

Application captures and displays all activities performed by both system (application) and users on the claim in descending order of dates for viewing.
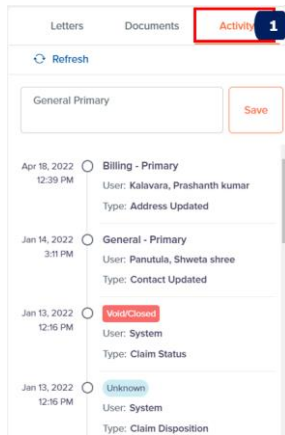
Click **Activity** tab to view your activity details.

Optional. If required add notes and click **Save.**

2. From Claims (Left Navigation Menu)

To search, view Claim information and upload claim documents from "Claims" left navigation menu, follow below steps.

1. Click **Claims** from left navigation menu. Application displays "Claims" screen.
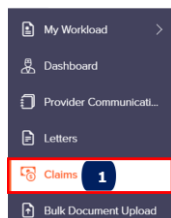
2. Use the dropdown list menu to choose the Product Name "Disallowance"
3. *Optional.* Select a checkbox under "Filters" to narrow search results based on Claim Status, Claim Disposition, Claim Disposition Extension, Letter Listing Status and Context Name.
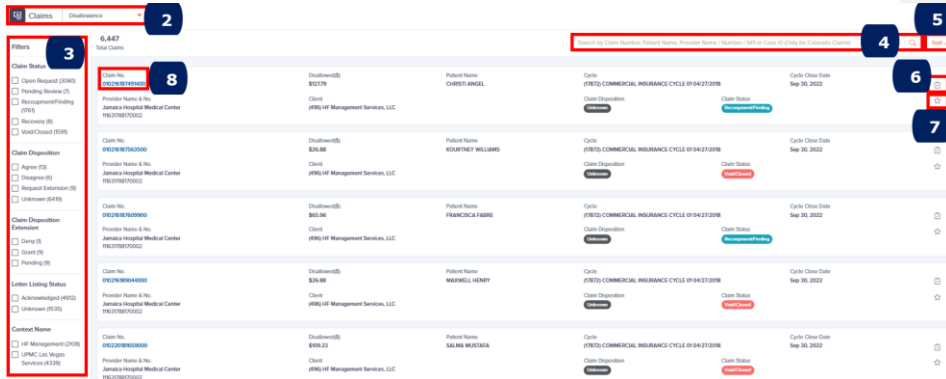
4. *Optional.* In "Search" field, enter any of below options and click Search icon.
- Enter Claim number to view Claims associated to the claim
- Enter Provider number to view Claims associated to Provider.
- Enter Provider Name to view Claims associated to the Provider.

5. *Optional*. Use dropdown list to select and display the claims based on the options below.
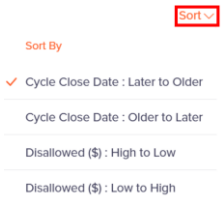
6. *Optional.* Click ⊡ icon to add new tasks. Application displays popup screen.
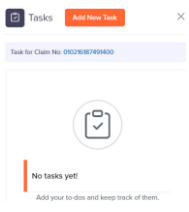
Click **Add New Task** to view Add a Task popup window.

Click **Create Task** to view the newly added task details with the success message.

Select the check circle to mark the task completed. Click **Edit** to modify task details.

7. *Optional.* Click ☆ to mark the claim as important
8. Select "Claim No." to view complete information of the claim in "Claim No./details" screen and perform activity.
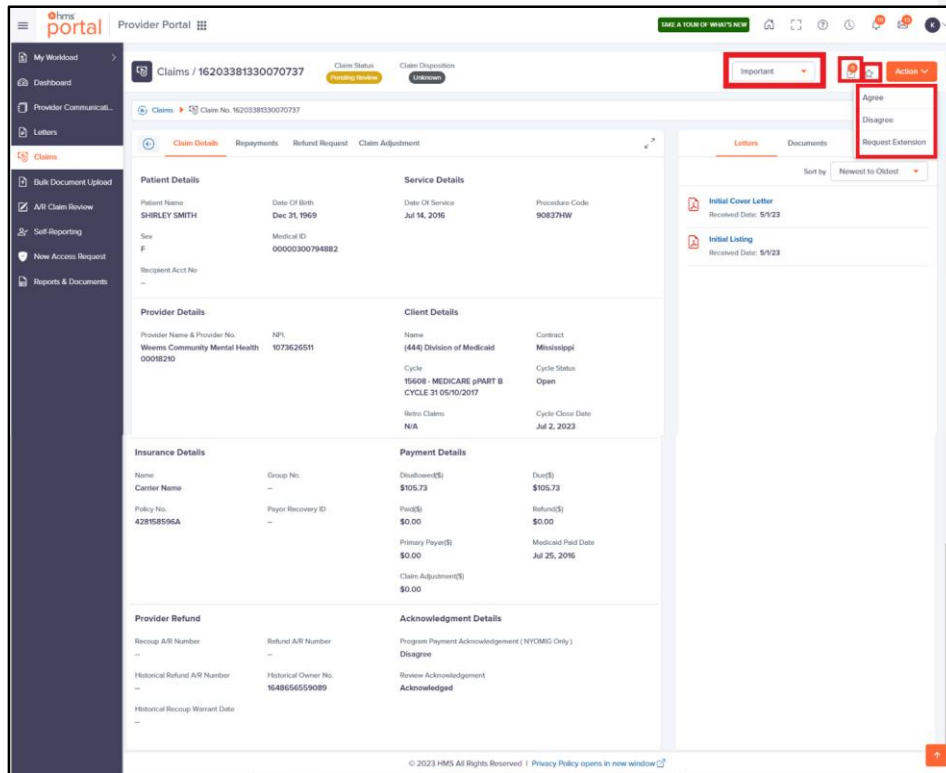
- Use [Important ▼] dropdown list to view claims that are important.
- Click on the Task Icon [icon] to View, Add and Edit task.
- Click on Star Icon [icon] to mark the claim as important.
- Click on "Action" drop down menu to perform the respective actions – Agree, Disagree, Request for extension

Note: For further steps on "Claim Details", "Repayments", "Refund Request" and "Letters" "Documents", "Activity" Tab please Click Here.

portal

PAYMENT INTEGRITY (PI)

Version History – Payment Integrity (PI)			
Date	**Revision**	**Author**	**Description**
04/01/2021	1.0	Peggy Braley	Based on Old UI
01/13/2022	1.1	Daniel Varghese	Updated New Features
02/24/2022	2.0	Daniel Varghese	New Doc Based on New UI
07/14/2022	2.1	Daniel Varghese	Added New Features
08/18/2022	2.2	Daniel Varghese	Added New Features
09/16/2022	2.3	Daniel Varghese	Updated Review Features
09/19/2022	2.4	Daniel Varghese	Released

PAYMENT INTEGRITY (PI)

Overview

The Provider Portal - Payment Integrity (PI) application in HMS Portal provides all functionalities and features required for a Provider to interact with other applications in HMS Portal to review medical records, upload records based on claims status, update claims, contact information's and appeal for recoupment claims in real time.

Payment Integrity (PI) focuses on the right payment and deals with payment accuracy and identifies and investigates issues related to fraud, waste, and abuse of claim amount.

*Note: The * and | represents mandatory fields throughout this guide.*

Purpose

The purpose of the guide is to help Provider Portal - Payment Integrity (PI) users (referred to as Providers or "you") to connect with other applications of HMS Portal, like Customers, HMS Internal Teams etc., regarding PI amount and close the claims. This guide is applicable only to Providers (Hospitals/individuals providing healthcare service) users dealing with PI Product. Please refer User Guides for other HMS Portal applications such as, "Customer Portal" for Payer companies and "HMS Internal Operations" for HMS internal users.

Structure

This document is arranged based on the modules available in the Provider Portal. The functionalities and features of each of the modules mentioned below forms the basis of this document.

- My Workload
- Dashboard
- Provider Communications
- Letters
- Claims
- Bulk Document Upload

Navigation

COMMON FEATURES/MODULES – Click Here. Applicable across Provider Portal.

- **HMS Portal -** Click Here.
- **Provider Portal Features -** Click Here. Applicable across Provider Portal.
- **Provider Portal Modules -** Applicable across all Products.
  - My Workload
  - Bulk Document Upload
  - New Access Request
  - Reports & Documents
  - Messages
  - Notifications

Note: Above links will navigate you to "Common Features" section in the beginning of this document.

My Workload

This section has three parts.

1. **All Work**
2. **Important**
3. **Tasks**

Application by default displays "My Workload" screen on entering Provider Portal.
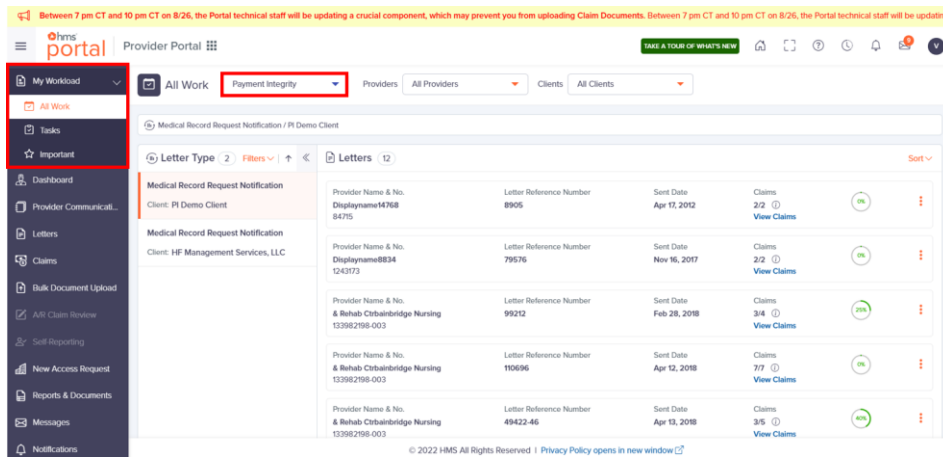
Note: For further instructions, please refer "My Workload" section earlier in this document under "Common Features" or Click Here.

Upon selecting Payment Integrity product line, the following sections are displayed:

- Letter Type section – Displays a different Letter Type associated for a selected Client.
- Letters section – Letter Reference Number will be unique for each Letter card.

Click on "View claims" link in the Letters section, to see the list of Claim cards in the Claims section.

Claim Disposition: <u>Definition</u>

- ➢ If the Claim status is "Over Payment Identified" or "1st Level Dispute Upheld", then a toggle button will be displayed.
- ➢ The Claim Disposition status would be displayed as "—" (Not Applicable) in My Workload for claims which have any other Claim status, apart from "Over Payment Identified" and "1st Level Dispute Upheld".
- ➢ When user turns ON the toggle button, then it indicates that the user has Agreed to the pay the Overpaid amount and the claim would be automatically removed from the My Workload queue.

Upon turning ON the toggle button (within the Claim card), following confirmation message will be displayed as shown below.

Confirm	✕
Claim Number EXJL2VDNP00 will leave your workload queue once you have agreed. Do you wish to proceed with your decision?	
	Cancel Yes
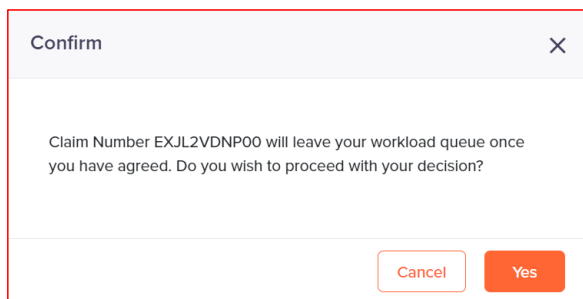
Dashboard

The PI Dashboard screen is explained in detail below.

To view Dashboard screen, follow the steps below.

1. Select "Dashboard" from the left navigation menu
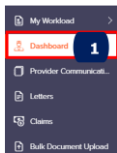
2. Use the dropdown list to select the Provider you have access.
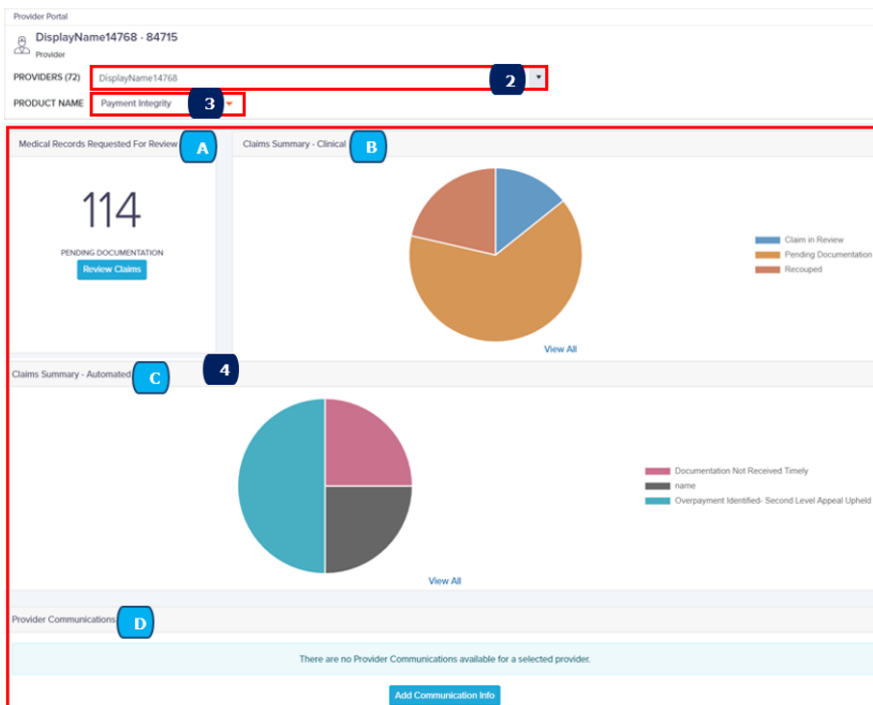
3. Use the dropdown list to select the Product Name such as Payment Integrity
   Note: *Application displays other product names based on your contract and access rights.*

4. Use any of the below Cards to perform action.

A. Medical Records Requested for Review - Indicates number of claims, if any, which require Medical Records to be uploaded. Application displays "Congratulations" message if there no claims pending documentation
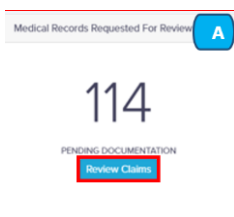
   Click **Review Claims** to view the above one hundred and fourteen pending claims and upload Medical Records which is explained in detail later in this document.

B. Claims Summary – Clinical - Illustrates number of Clinical claims with their statuses.
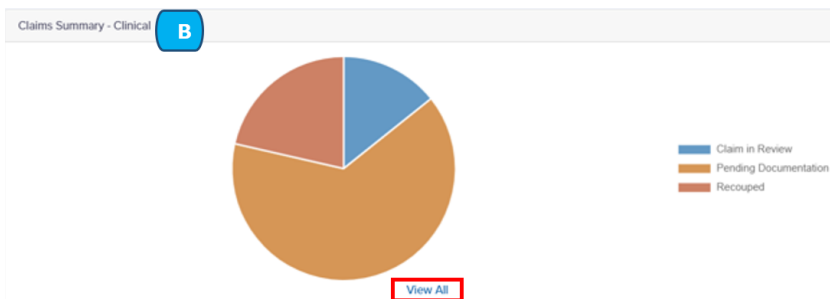
   I.   Hover over a section to view number of claims in that status.
   II.   Select a section in pie chart to view list of claims for that status.
   III. Select "View All" to view detailed statuses of all claims.
   IV.   Select "View Less" to view only legends/representation of entries.

C. Claims Summary – Automated - Illustrates number of Automated claims with their statuses.

D. Provider Communications - Represents primary contact information for the associated Provider.
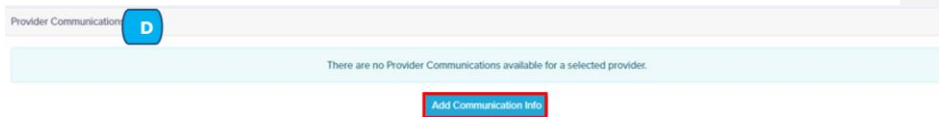
Click **Update Communication Info** to view "Provider Communications" screen with Addresses, Contacts and Preferences tab and update contact details, explained in detail in the next section.

Provider Communications

This section allows you to add or modify primary and associated Provider's address, contact information, and set communication preferences.

Navigating to "Provider Communications" screen

You can navigate to "Provider Communications" screen from the two options below.

1. **From Dashboard –** To update/add contact info of the displayed Provider
2. **From Provider Communications -** To select Provider and update communications details.

1. From Dashboard

1. Click **Update Communication Info** from Dashboard to view and update contact details in "Provider Communications" screen.

(or)
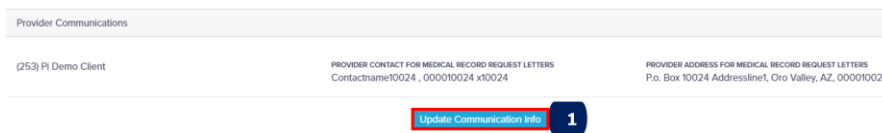
2. From Provider Communications (Left Navigation Menu)

1. Click **Provider Communications** from the left navigation menu.
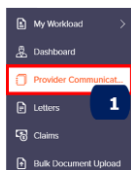
For both "Dashboard" and "Provider Communications", application displays same "Provider Communications" screen with "Addresses" tab by default.
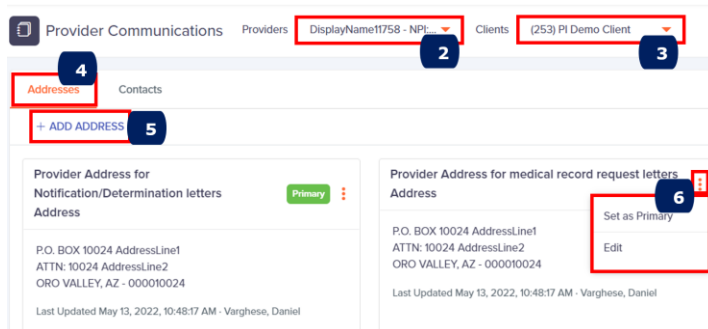
To update Provider addresses/location details, follow steps below.

Note: Based on the Provider and Client selected, application displays below mentioned address details.

2. Use the dropdown list to select associated Provider.
3. If you have access to multiple Clients, use the dropdown list to select Client

Addresses

4. Click **Addresses** tab
5. Click ADD ADDRESS to create a new address in the popup window below.

Use the dropdown list to select the type of address such as billing/location/corporate/general addresses.

Enter *mandatory* fields and click **Add Address** (gets enabled on entering mandatory fields) to set and save a new address.

6. Select ▣ Filters to set the address as Primary or edit the address.

Select "Set as Primary" to make the address as Primary Address. Application notifies the successful setting as a message for few seconds. **(or)**

Select "Edit" to modify address information and below popup window appears.

Update *mandatory* fields and click **Save Address**

Contacts

To update Contacts information's such as contact name, phone numbers, etc. follow the steps **1 to 3** in the Addresses tab mentioned above.

4. Click **Contacts** tab to view the below section after selecting Provider Communications.
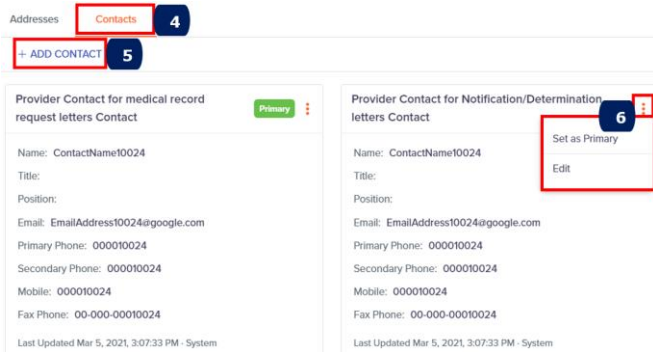
5. Click to create a new contact in the popup window below.

Use the dropdown list to select the type of contact such as genera/group/financial/insurance contacts.

Enter *mandatory* fields and click **Add Contact** (gets enabled on entering mandatory fields) to save a new contact.

6. Select ▣ Filters to set the contact as Primary or edit the contact details.

Select "Set as Primary" to make the contact as Primary contact. Application notifies the successful setting as a message for few seconds. **(or)**

Select "Edit" to modify contact information and below popup window appears.

Update *mandatory* fields and click **Save Contact**.

Letters

To search and view Medical Records from "Letters" left navigation menu, follow below steps.

Navigating to "Letters" screen

Note: On selecting "Letters" from the left navigation menu, application by default displays list of all Disallowance cards. You have an option to select the other Product lines (based on your access) to view the associated letters.

In case you have access only to Payment Integrity product line, then the associated Letters will be displayed by default.

1. Select "Letters" from left navigation menu to view "Letters" screen shown below.

2. In "Search" field, enter any one of the options below and click **Search**.
   A. Enter Provider Name to view that Provider details
   B. Enter Provider Number to view that Provider details.
   C. Enter Letter Reference Number to view recipient details

   Select "Clear" to remove data and refresh screen with new Letter information's.

3. Use dropdown list to sort the Letters card "Sort by: Relevance", "Sort by: Newest to Oldest", "Sort by: Oldest to Newest".

☀hms
portal

---

4. Use filters under "Letter Type", "Letter Status" and "Program Payment Acknowledgment" to narrow down your search results. Once you select a check box, the application refreshes the screen and displays only Letter cards based on the selection.

5. Use "Letter/Listing" dropdown option to view specific Letter/Listing to "View as PDF".

   Application displays "Letter/Listing Request" popup window as shown below indicating report being created with option to Cancel/Close at this stage.

Letter/Listing Request	×
The letter/listing report is being created...	
	Cancel
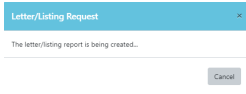
   Subsequently displays PDF Letter in a new browser page as shown below with an option to download.

   5089663-Dispute Upheld Notification-03-04-2020.pdf   ⬇ DOWNLOAD

6. Select "View Claims" to view list of claims associated to the Letter. Application displays each claim line as Claim Card in "Claims" screen.

   Note: This screen allows user to view all the Letters sent to the providers, that user has access to.

Claim

This section enables user to View list of Claims and narrow search results using:

- *Filter by*: Claim Status, Claim Disposition, Multi-Claim Review, etc.
- *Search by*: Claim Number, Patient Name, Provider Name/Number/NPI, etc.

Navigating to "Claim Details" screen

Portal provides the following ways to navigate to "Claim Details" screen and upload required claim documents.

1. **From My Workload Claims section –** Click on the "Claim Number"
2. **From Dashboard – "**Medical Records Requested for Review" Card
3. **From Dashboard – "**Claims Summary - Clinical" Card
4. **From Dashboard – "**Claims Summary - Automated" Card
5. **From Claims** (Left Navigation Menu)

1. From My Workload Claims section – **Click here**

2. From Dashboard – "Medical Records Requested for Review" Card

Enables you to view claims (if any) which require Medical Records to be uploaded.

Note: Below card indicates hundred and fourteen claims require Medical Records to be uploaded. If no records are pending, application displays "Congratulations" message.

Medical Records Requested For Review

114

PENDING DOCUMENTATION

Review Claims **1**

To view claims pending documentation, follow the steps below.

1. Click **Review Claims** and application display claims which require medical records to be uploaded as shown below.

2. Select "Claim No." to view "Claims Details" screen for the selected Claim as shown below.
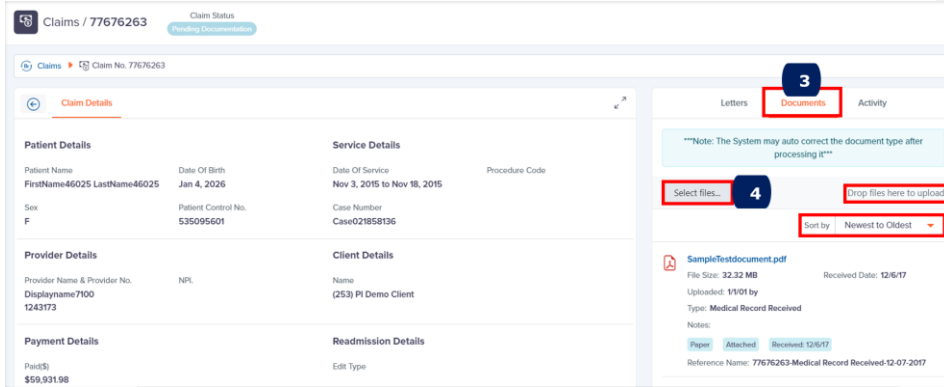
3. Click **Documents** tab to upload Medical Records pending for the claim.
4. Click **Select files** to select PDF document from your local folder or drag and drop file in the area mentioned and view the Document Name.

   Optional. Use the dropdown list to select order of Claims card to be displayed Sort by: "Newest to Oldest," or "Oldest to Newest".
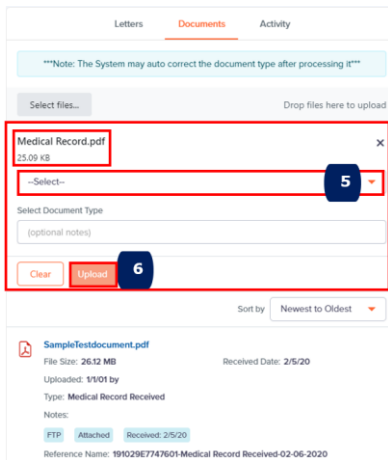
5. Use the dropdown list to select the type of document to be uploaded such as Medical Record, Rebuttal, or Appeal.

Medical Record.pdf
25.09 KB   ×

--Select--

Rebuttal

Medical Record

- **Medical Records:** Upload related records/documents for a Claim number based on request letter received from HMS for review.
- **Rebuttal:** Upload additional documents/reconsideration documents (after submitting Medical Records) for HMS to reconsider and review before going for "Appeal".
  Note: "Rebuttal" and "Appeal" options appear based on Claim status.
- **Appeal:** Final option to defend recoupment decision by HMS.

6. Click **Upload** and the document gets uploaded for review by HMS.

Note: You can also upload multiple documents against each claim through "Bulk Document Upload" link in left navigation menu.

To know more about "Activity" "Documents", "Letters" and "Reference Claims" Tabs, please Click Here

3. From Dashboard – "Claims Summary – Clinical" Card

Allows you to view number of clinical claims and their status in pie chart.

Note: To know more about "Claims Summary – Clinical" Card details, please refer "Dashboard" section earlier in this document or Click Here.

To view Claims from "Claim Summary – Clinical" card pie chart and upload records, follow steps below.

1. Select a slice in pie chart, like "Pending Documentation" as shown below.

Claims Summary - Clinical

Pending Documentation: 9   1

Claim in Review
Pending Documentation
Recouped

View All
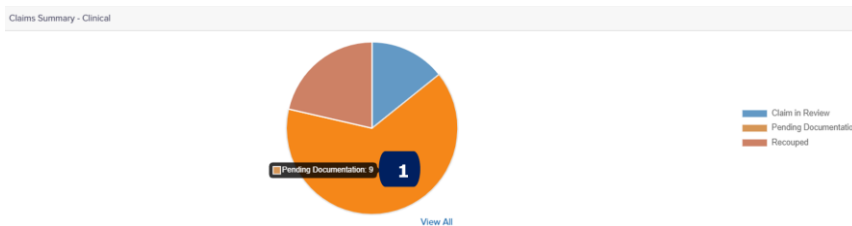
Application displays all the "Pending Documentation" Claims cards with respective filters applied in the "Claims" screen.

portal

Note: *For further steps, please refer "From Dashboard – Medical Records Requested for Review" Card earlier in this section.*

Reference Claims

Displays reference Claims associated/related to this Claim for viewing.

Note: *Application enables "Reference Claims" tab only if reference claims exist for the claim number.*

The PI Reference Claims is shown as example below.

1. Click **Reference Claims** tab to view list of associated/related claims.
2. Select "Claim No." link to view complete Claim details.

The above tabs remain constant throughout the application

- **Letters**
- **Documents**
- **Activity**

Each of these tabs are explained in detail below.

Letters

Allows to view list of letters received, modified, or uploaded for the claim.

1. Click **Letters** tab to view letters.

Note: Application by default displays Letters tab on opening Claim Details screen.

2. Select the Letter link to view and download the Letter in PDF.

Optional. Use the dropdown to sort Letters from oldest to newest or newest to oldest.

Documents

Allows to view list of claim documents already uploaded and to upload new claim documents for the claim.

Note: For further steps to upload Medical Records, please Click Here.

Activity

Application captures and displays all activities performed by both system (application) and users on the claim in descending order of dates for viewing.

4. From Dashboard – "Claims Summary – Automated" Card

Allows you to view number of automated claims and their status in pie chart.

Note: To know more about "Claims Summary – Automated" Card details, please refer "Dashboard" section earlier in this document or Click Here.

To view Claims from "Claim Summary – Automated" card pie chart and upload records, follow steps below.

1. Select a slice in pie chart, like "Overpayment Identified" as shown below.
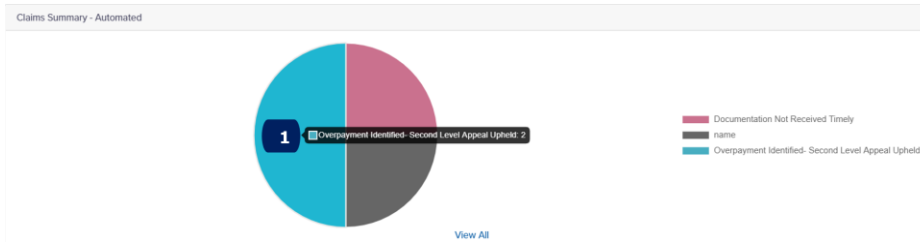
Application displays all the "Overpayment Identified-Second Level Appeal Upheld" Claims cards with respective filters applied as shown below.

2. Select the Claim No. link to view the Claim Details screen as shown below.
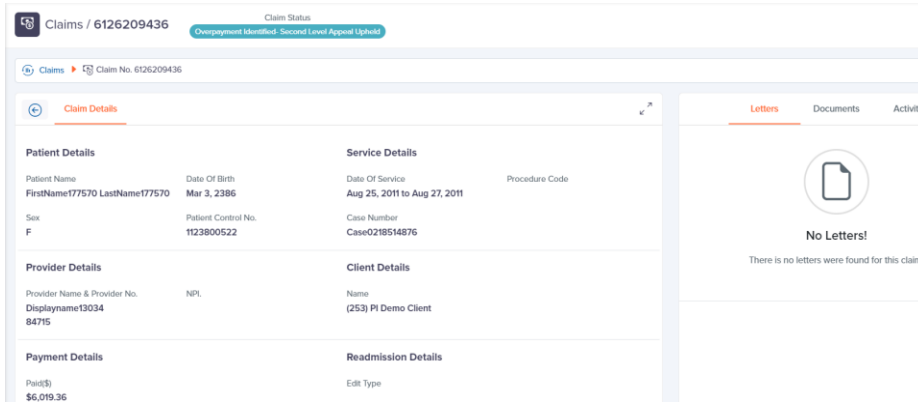
Note: *For further steps, please refer "From Dashboard – Medical Records Requested for Review" Card earlier in this section.*

5. From Claims - Left Navigation Menu

To search, view and upload Medical Records/documents from "Claims" left navigation menu, follow below steps.

1. Click **Claims** from the left navigation menu. Application displays "Claims" screen as shown below.
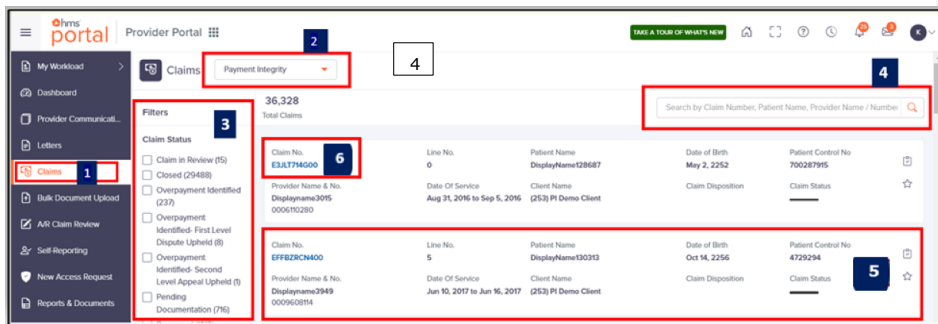
2. Product Line filter – drop down menu can be used to select the desired Product line.

portal

3. Use filters under "Claim Status" or "Claim Disposition" or "Multi-Claim Review" or "Context Name. On selecting a check box, the application refreshes the screen and displays only Claim cards based on the selection.

4. In "Search" field, enter any of the options below and click **Search**.
- Enter Provider number to view Claim associated to provider number.
- Enter Recipients Name to view Claims associated to Recipient
- Enter Claim number to view all the associated Line number of a claim number.

5. Claim card contains the following data elements as shown below:

Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No
E3JLT714G00	0	DisplayName128687	May 2, 2252	700287915
Provider Name & No.	Date Of Service	Client Name	Claim Disposition	Claim Status
Displayname3015 0006110280	Aug 31, 2016 to Sep 5, 2016	(253) PI Demo Client		—

NOTE: The following Claim disposition status would be displayed in the Claim search screen:

a. Agree

Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No
0105151956303	3	G HERRERA SANTIBA	Mar 6, 1946	028727NCS00000000
Provider Name & No.	Date Of Service	Client Name	Claim Disposition	Claim Status
Care Centerkings Harbor Multi 133772916-001	Mar 1, 2019 to Mar 21, 2019	(496) HF Management Services, LLC	Agree	Pending Documentation

b. Unknown

Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No
EC35WVZZ401	7	DisplayName72718	Feb 4, 2099	H18052513801
Provider Name & No.	Date Of Service	Client Name	Claim Disposition	Claim Status
Displayname2100 0006316125	Nov 4, 2016 to Nov 8, 2016	(253) PI Demo Client	UNKNOWN	Closed

c. -- (Not Applicable)

Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No
8834703998	1	DisplayName161015	Nov 5, 2340	72614627304
Provider Name & No.	Date Of Service	Client Name	Claim Disposition	Claim Status
Displayname9259 281738	Nov 26, 2018 to Nov 30, 2018	(253) PI Demo Client	---	Recouped with First Level Dispute Upheld

To know more about the status, click here

6. Select "Claim No." to view complete information of the claim and perform activity in "Claim Details" screen such as upload "Documents", view Letters associated to claim, view various activities performed on the claim etc.
7. Click pagination numbers available at bottom to find the required Claim card.

   _Note__: For further instructions to upload Medical Records, please Click Here._

   To know more about "Letters" "Documents", "Activity" Tabs, please Click Here.

UTILIZATION REVIEW (UR)

portal

UTILIZATION REVIEW (UR)

Overview

Utilization Review (UR) focuses on payment accuracy, by identifying the efficiency of utilizing the medical resources, during the patient's treatment. Utilization Management addresses the pressing needs of state Medicaid programs. It combines cost management with accurate pre- and post-payment claim reviews, utilization management and prior authorization from our Clinical Care Reviews.

The types of Utilization Review (UR)

1. Prospective – Preauthorization (prior to the treatment)
2. Concurrent –During the course of the treatment, the UR team verifies the utilization of resources.
3. Retrospective – Post the treatment and settlement of the claims, the UR team would perform an audit.

The application provides all the functionalities & features required for providers to access their claims, which are under review from HMS. Also enabled them to view the Claim Status, upload respective records based on the claim status (Medical Record/Reconsideration Records), Update contact information and create an Appeal request.

Note: The * and | represents mandatory fields throughout this guide.

Purpose

The purpose of the guide is to help the UR users (referred to as "Providers") connect with various applications in the HMS portal, regarding UR amount and close the claims.

This guide is applicable only to Providers (Hospitals/individuals providing healthcare service) dealing with Utilization Review (UR) claims.

Structure

hms
portal

This document contains the various modules available in the Provider Portal, along with their respective functionalities and features, as mentioned below:

- My Workload
- Dashboard
- Provider Communications
- Letters
- Claims
- Common Features
  - Bulk Document Upload
  - New Access Request
  - Reports & Documents
  - Notifications
- A/R Claim Review (Displayed based on user access)
- Self-Reporting (Displayed based on user access)

Note: Above links will navigate you to "Common Features" section in the beginning of this document.

portal

Dashboard

The Utilization Review (UR) Dashboard screen is explained in detail below.

To view Dashboard screen, follow the steps below.

1. Select "Dashboard" from the left navigation menu.
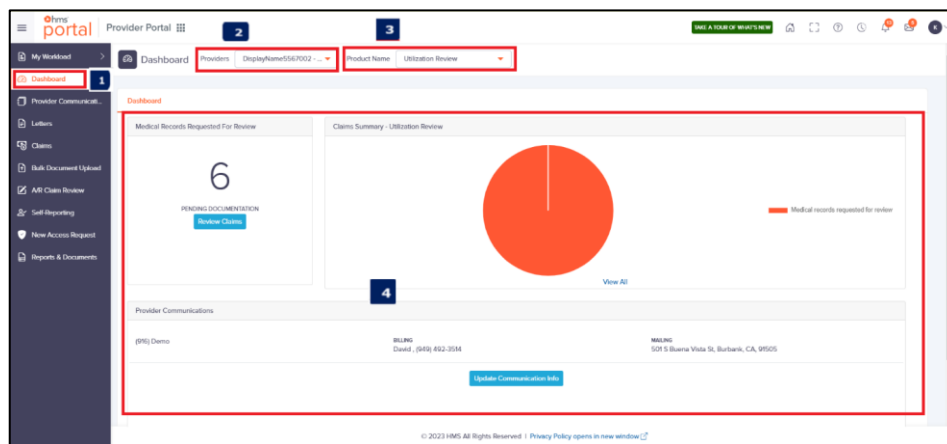
2. Use the dropdown list to select the Provider you have access to.
3. Use the dropdown list to select the Product Name such as Utilization Review
   Note: Application displays other product names based on your contract and access rights.
4. Use any of the below Cards to view at-a-glance key performance indicators.
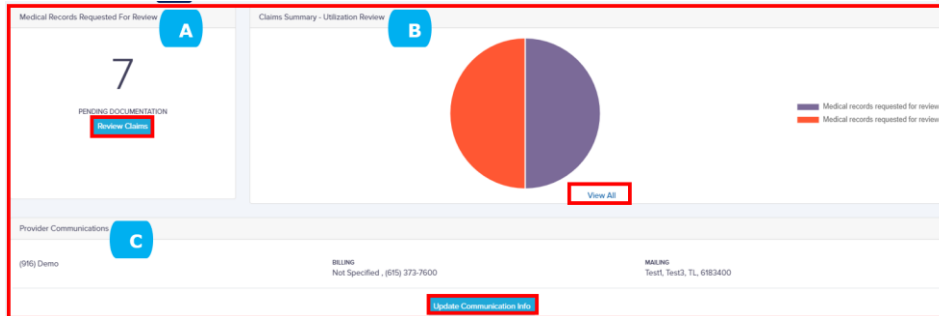
A. **Medical Records Requested for Review** - Indicates number of claims, if any, which require Medical Records to be uploaded. Application displays "Congratulations" message if there no claims pending documentation.

Click **Review Claims** to view the above pending documentation and upload Medical Records which is explained in detail later in this document.

B. **Claims Summary –Utilization Review** - Illustrates claims in brief, number of claims and their statuses.
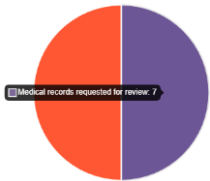

    I.   Hover over a section to view the number of claims in that status.
    II.   Select a section in pie chart to view the list of claims for that status.
    III.   Select "View All" to view the detailed statuses of all claims.
    IV.   Select "View Less" to view only the legends/representation of entries.

Commented [AS2]: Claim statuses are duplicates

Claims Summary - Utilization Review

Additional review complete: Original finding overturned
Additional review complete: Original finding upheld
Additional Review request denied due to untimely submission
Initial Review Complete
Medical Records Received
Medical records received - under review
Medical records requested for review
Medical records requested for review (reminder sent)
Request for Additional Review received
Request for Additional Review received - under review
Request for Appeal Received - under review
Request for Appeal Received - under review
Review complete: Finding determined

Review complete: Missing documentation
Review complete: No Findings
Technical denial finding due to no medical records received
Unknown

View Less

C. Provider Communications - Represents primary contact information for the associated Provider.
   - Click **Update Communication Info** to view "Provider Communications" screen with Addresses and Contacts tab and update details.

Provider Communications

NOTE - This feature is currently not available for Utilization Review.

Letters

Displays Letters shared with the Providers, containing Claims which are under Audit.

Navigating to "Letters Search" screen

Note: On selecting "Letters" from the left navigation menu, application by default displays list of all Disallowance cards. User can select the other Product lines (based on their access) to view the associated letters.

In case you have access only to Utilization Review product line, then the associated Letters will be displayed by default.

To search and view "Letters", follow below steps.

1. Select "Letters" from left navigation menu to view "Letters Search" screen shown below.

2. Product Line: Select the Product Line from the drop-down menu – Utilization Review.
3. Facet Filters: User can select any of the options from the filters (Letter Type, Line of Business, Context Name) to narrow down the search results. Once a checkbox is selected, the screen is automatically refreshed, to display the Letter cards based on the selection.
4. Search: User can search by the following parameters – Letter Reference Number, Provider Name, Provider Number

   - The below message will be displayed in case search result fails
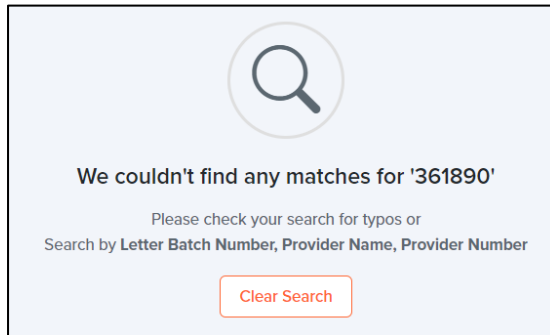
- Click "Clear Search" to remove search data and screen refreshes with all the Letter information.
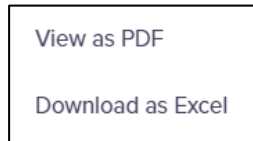
5. Sort: Use dropdown list to sort the Letter cards based on the options below.
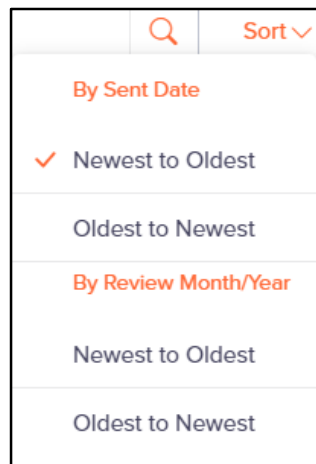
6. Letter/Listing: Click on the 3 dots in the Letter Card, to view specific Letter as PDF or to Download it as Excel.

View as PDF

Download as Excel

- A pop-up window named "Letter/Listing Request" is displayed, which indicates that the report is being created. User can choose to Cancel at this stage.

Letter/Listing Request	×
The letter/listing report is being created...	
	Cancel
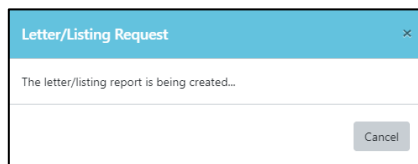
- The PDF Letter is displayed in a new browser page as shown below, with an option to download.

5089663-Dispute Upheld Notification-03-04-2020.pdf	↓ DOWNLOAD

- The "Download as Excel" option shall generate a claim report Includes all claims related to the specific Letter Reference Number.

7. Select ^{View Claims} to view the list of claims associated with the Letter (Letter Reference Number). Each Claim card represents the Summary Information associated with a Claim number.

Note: This screen allows user to view all the Letters sent to the providers, that user has access to.

8. Click on "Claim Export Report", the user will view the following pop up:

Claim Export Report   ✕

Provider Number

Find Provider Number and Add Multiple Providers

From Date *   To Date *

month/day/year 📅   month/day/year 📅

Cancel   Download

Users can search by Provider Number, Tax ID or NPI, followed by the Letter Sent Date Range, to download the Claim Export Report that contains all the Claim information associated with Letter Reference Number for the Selected Provider Number/Tax ID/NPI.

User may search with multiple Provider numbers/Tax ID/NPI, which User has access to.

If No Provider Number (Tax ID/NPI) is added in the Filter, then Report shall have Claim information that belongs to all Provider Numbers (Tax ID/NPI) for which User has access to.

portal

Claims

Displays list of Claims associated with a Provider Letter and perform following actions in the **Claim Search** screen:
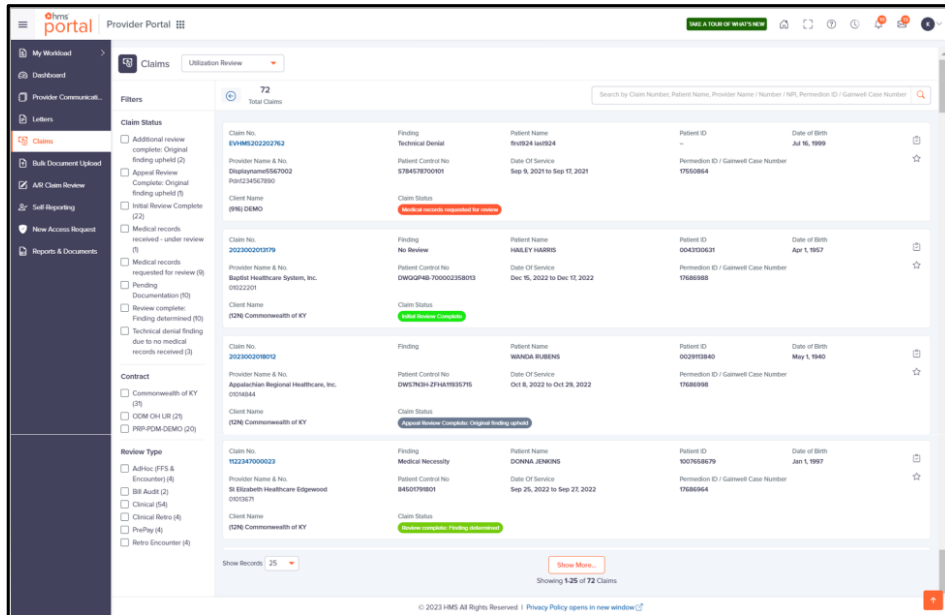
- Search: User can search by the following parameters – Claim Number, Patient Name, Provider Name/Number/NPI
- Manage (View, Add & Edit) Claim Level Tasks
- Mark Claims as Important

Navigating to "Claim Search" screen

Portal provides the following ways to navigate to "Claim Search" screen:

![hms portal logo]
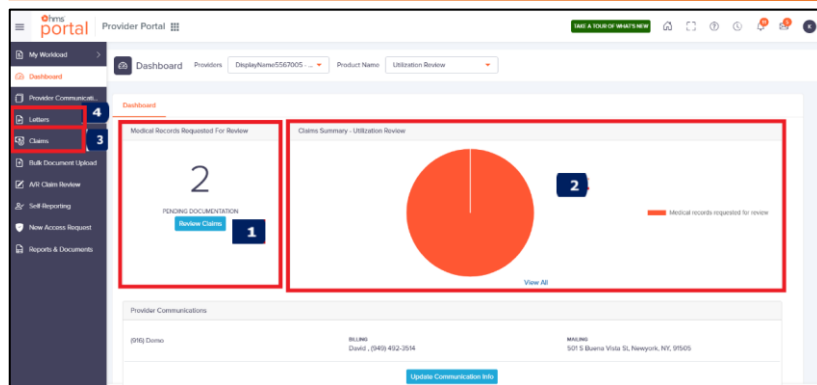
1. **From Dashboard –** "Medical Records Requested for Review" Card
2. **From Dashboard –** "Claims Summary - Utilization Review" Card
3. **From Claims** (Left Navigation Menu)
4. **From Letters** (Left Navigation Menu) – "View Claims" in Letter card

## 1. From Dashboard – "Medical Records Requested for Review" Card

Enables you to view claims (if any) which require Medical Records to be uploaded.

Note: Below card indicates claims require Medical Records to be uploaded. If no records are pending, the application displays "Congratulations" message.
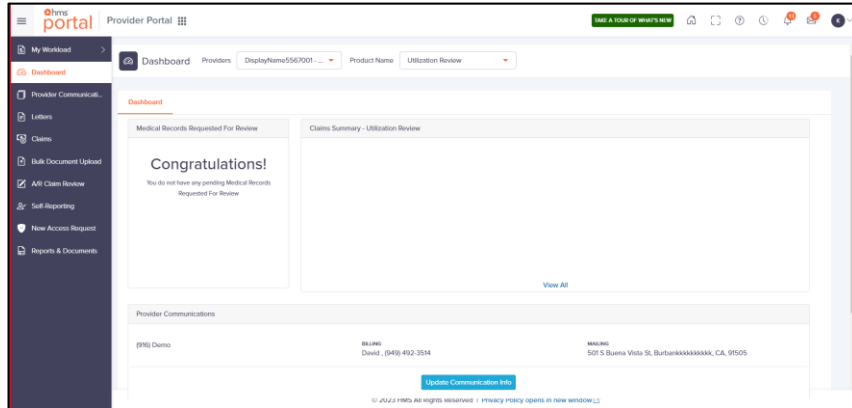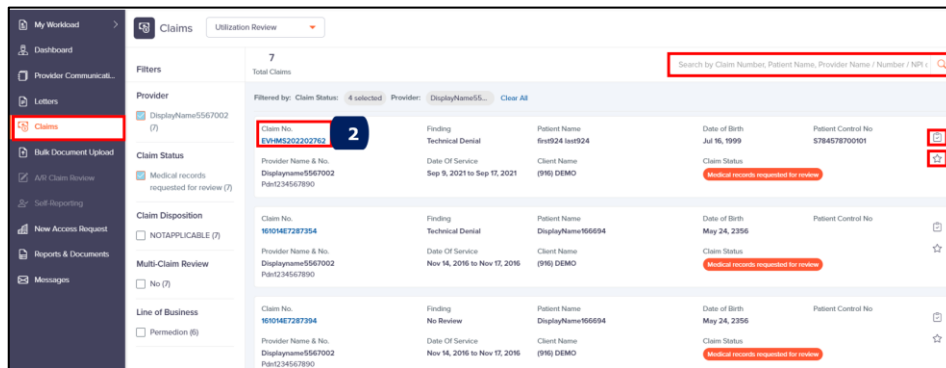
![hms portal logo]

To view claims pending documentation, follow the steps below.

1. Click "Review Claims" to view the claims which require medical records to be uploaded.
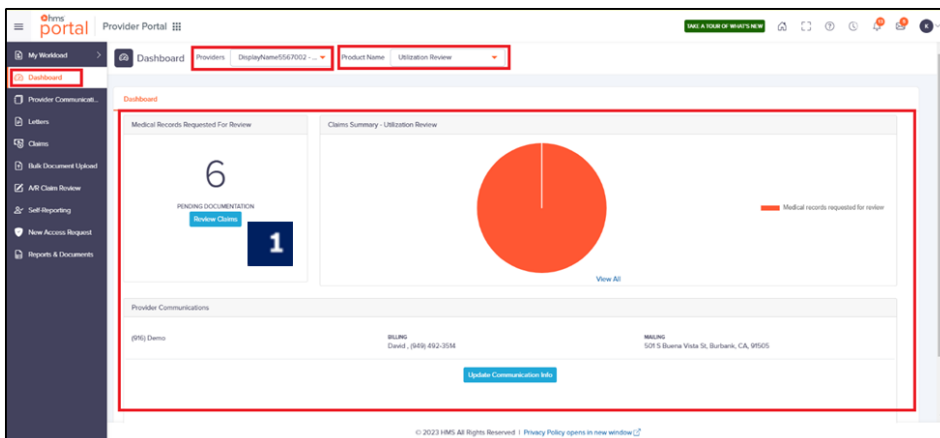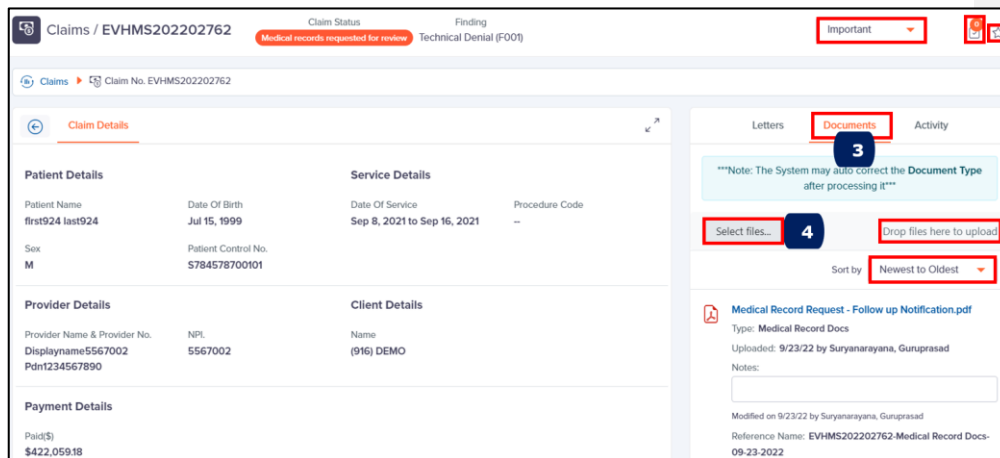

Claim Search screen

Claim Details screen

2. Select "Claim No." (hyperlink) to view the "Claims Details" screen for the selected Claim, as shown below. Application by default displays "Claim Details" (left section) tab and "Letters" tab (right section).

- Use [Important ▼] dropdown list to view claims that are important.
- Click on the Task Icon [📋] to View, Add and Edit task.
- Click on Star Icon [☆] to mark the claim as important.

3. Click "Documents" tab to upload Medical Records pending for the claim.
4. Click "Select files" to select PDF document from your local folder (or) drag & drop file in the area mentioned and view the Document Name.
   • *Optional* - Use the dropdown list to select order of Claims to be displayed Sort by: "Newest to Oldest," or "Oldest to Newest"
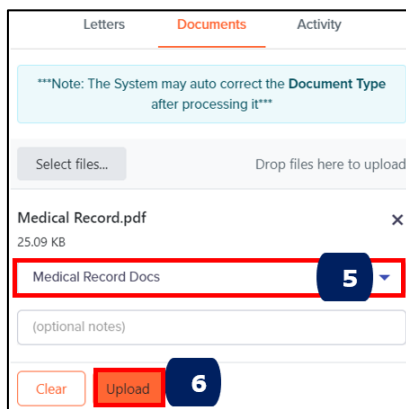
5. Use the dropdown list to select the type of document to be uploaded such as Medical Record, or Reconsideration documents.
   • **Medical Records:** Upload related records/documents for a Claim number based on request letter received from HMS for review.
   • **Reconsideration:** Upload additional documents/reconsideration documents (after submitting Medical Records) for HMS to reconsider and review.
     Note: "Reconsideration" option appears based on Claim status.
   • Optional Notes – Option to add Notes related to document upload
6. Click **Upload** and the application displays The document has been successfully uploaded message on the top right. The uploaded document appears as shown below.

- Select the Letter link to view the document in PDF.

Note: You can also upload multiple documents against each claim through "Bulk Document Upload" link in left navigation menu.

The tabs - Reference Claims , | Letters   Documents   Activity | *are explained in the next topic.*

2. From Dashboard – "Claims Summary – Utilization Review" Card

Allows you to view number of claims and their status in pie chart.

Note: To know more about "Claims Summary – Utilization Review" Card details, please refer "Dashboard" section earlier in this document or Click Here.

To view Claims from the pie chart and upload records, follow steps below.

**1.** Select a slice in pie chart, like "Medical Records requested for review".
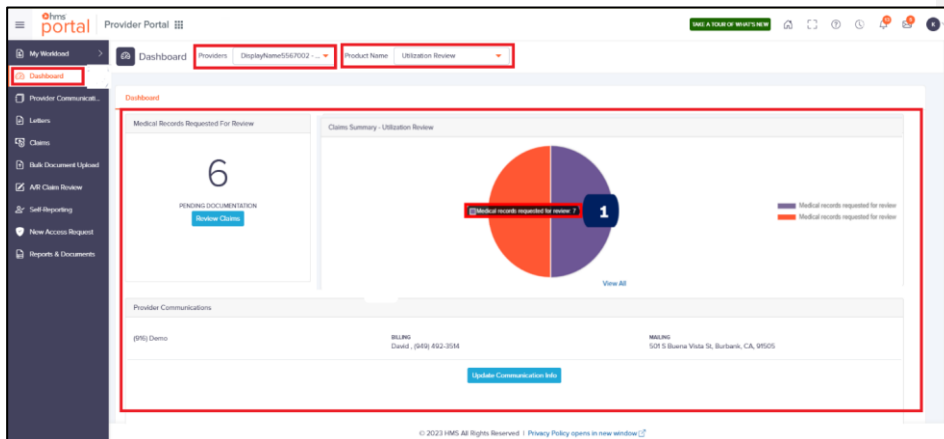
Application displays all the "Medical Records requested for review" Claims cards, with respective filters applied in the "Claims" screen.
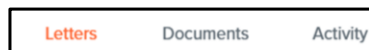
Note: For more details, please refer "From Dashboard – Medical Records Requested for Review" Card earlier in this section or Click Here.

Claims, Letters, Documents, Activity

Note: *Application enables "Reference Claims" tab only if reference claims exist for the claim number*
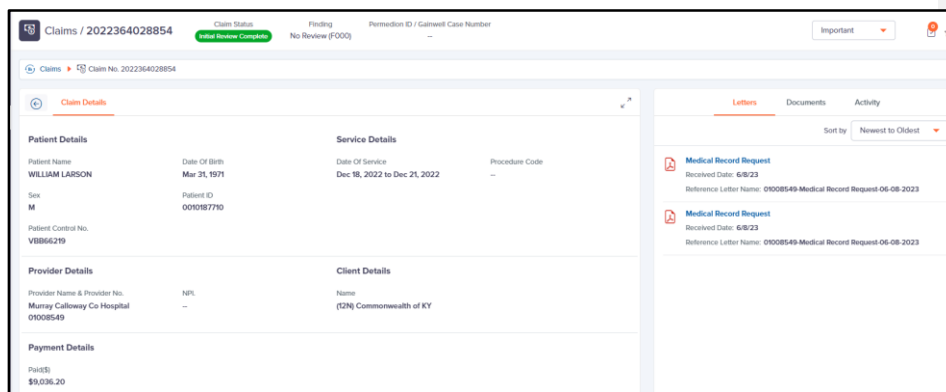
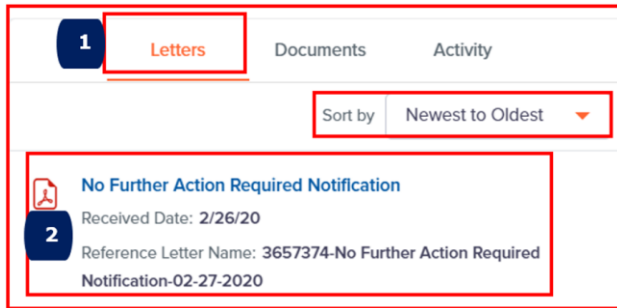**1.** Claim details are displayed in the main section, as shown above.

The above tabs remain constant throughout the application:

- **Letters**
- **Documents**
- **Activity**

Each of these tabs are explained in detail below.

Letters

Allows to view list of letters received, modified, or uploaded for the claim.

1. Click "Letters" tab to view letters.

Note: Application by default displays Letters tab on opening Claim Details screen.

2. Select the Letter link to view and download the Letter in PDF.

Optional. Use the dropdown to sort Letters from oldest to newest or newest to oldest.
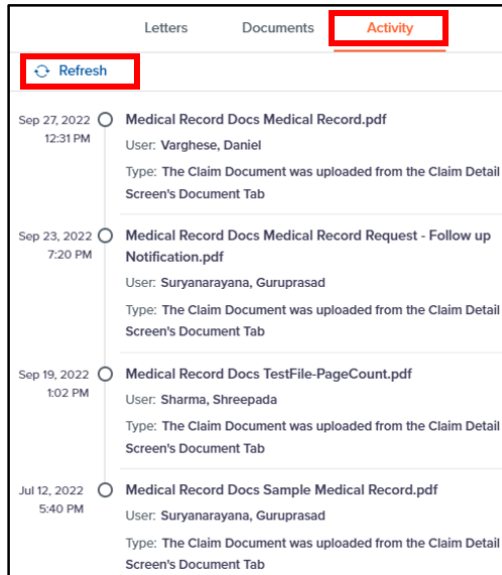
Documents

Allows to view list of claim documents already uploaded and to upload new claim documents for the claim.

*Note: For further steps to upload Medical Records, please Click Here.*

Activity

Application captures and displays all activities performed by both system (application) and users on the claim in descending order of dates for viewing. Refresh link enables you to refresh with latest activity.

3. From Claims - Left Navigation Menu

To search, view and upload Medical Records/documents from "Claims" left navigation menu, follow below steps.

1. Click **Claims** from the left navigation menu. Application displays "Claims" screen
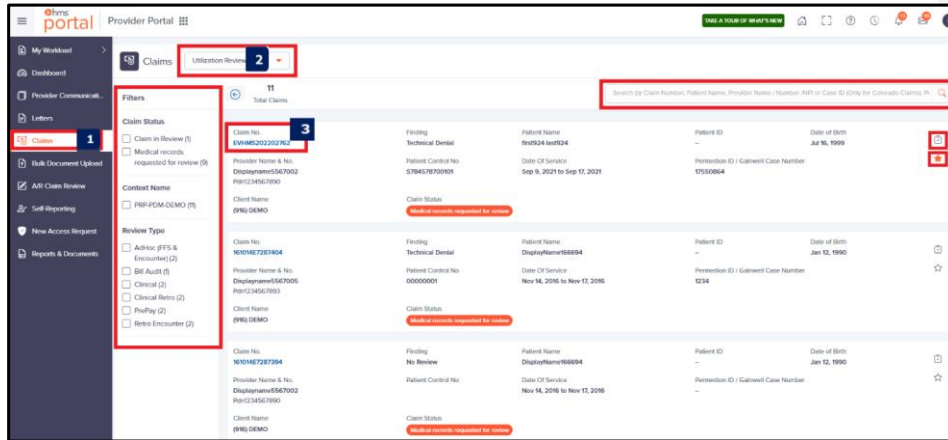
2. Use the dropdown list to select the Product Name/Line of Business.

3. Select "Claim No." to view complete information of the claim and perform activity in "Claim Details" screen such as upload "Documents", view Letters associated to claim, view various activities performed on the claim etc.

- Facet Filters: User can select any of the options from the filters (Claim Status, Claim Disposition, Multi-Claim Review, Line of Business, Context Name) to narrow down the search results. Once a checkbox is selected, the screen is automatically refreshed, to display the Letter cards based on the selection.
- Search: User can search by the following parameters – Claim Number, Patient Name, Provider Name/Number/NPI
- Click on the Taks Icon [icon] to view and add new tasks.
- Click on Star Icon [icon] to mark the claim as important.

**Note**: *For further steps to upload Medical Records, please* <u>*Click Here*</u>**.**

The tabs - [Letters Documents Activity] *are explained in the previous topic under "From Dashboard – Claim Summary – Utilization Review".*

The above image shows the new data elements which have been added to the Claim Card – Patient Control Number and Permedion ID/Gainwell Case Number.

Note – Gainwell Case Number is only for KY clients. Remaining clients refer to Permedion ID.

4. From Letters - Left Navigation Menu – "View Claims" In Letter Card
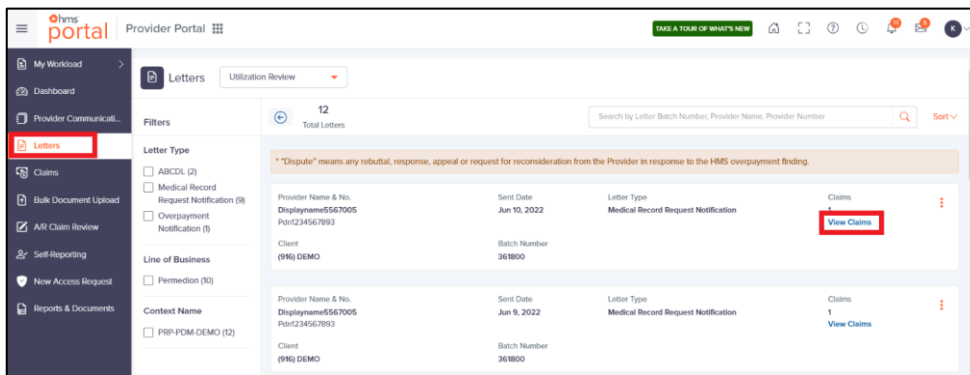
User can navigate to the "Claim Screen" screen from the Letter screen, by clicking on "View Claims", within a Letter Card.