



PROVIDER PORTAL

- [DISALLOWANCE](#)
- [PAYMENT INTEGRITY \(PI\)](#)
- [UTILIZATION REVIEW \(UR\)](#)

USER GUIDE

Version 3.5

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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

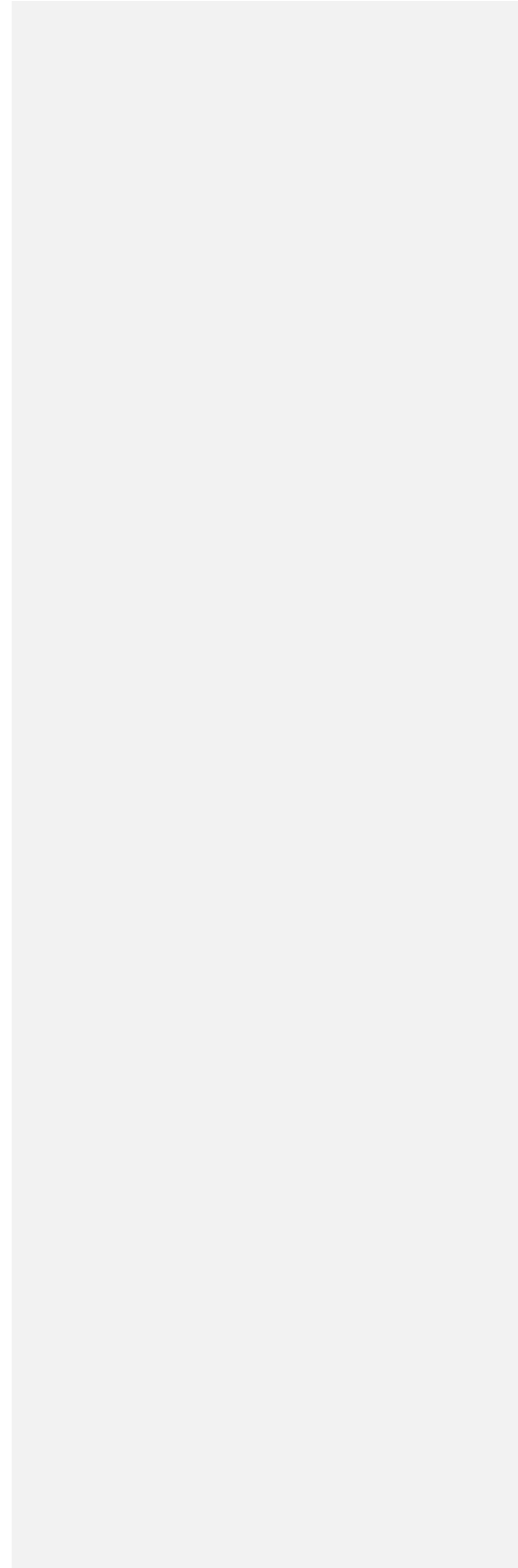


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PROVIDER PORTAL

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.

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

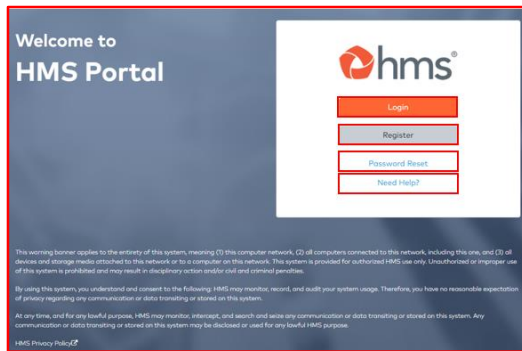
The Health Management Systems (HMS) Portal offers cost containment (incurred through claim settlement) to its customers for multiple Products names. HMS helps Customers in their recovery process by identifying discrepancies in the disallowed amount leveraging expertise, logics, rules, regulatory guidelines, 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.

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.

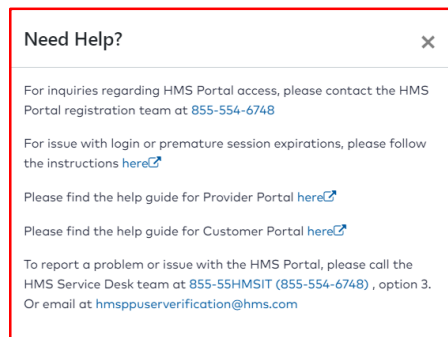
Logging into HMS Portal

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.

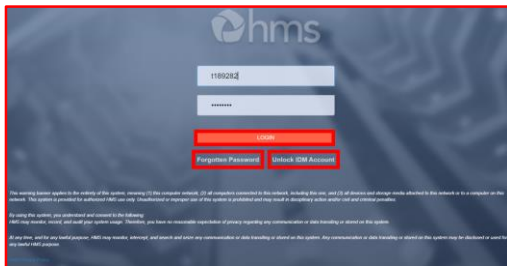


For Help, click Need Help to view popup window shown below.





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.



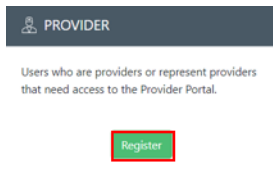
After entering your credentials and selecting "Login" you will be taken to the HMS Portal Dashboard.

New User Registration

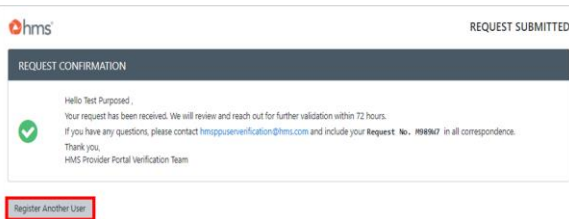
The "Register" feature allows you to register a new HMS Portal user requiring access to Provider Portal.

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.



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.

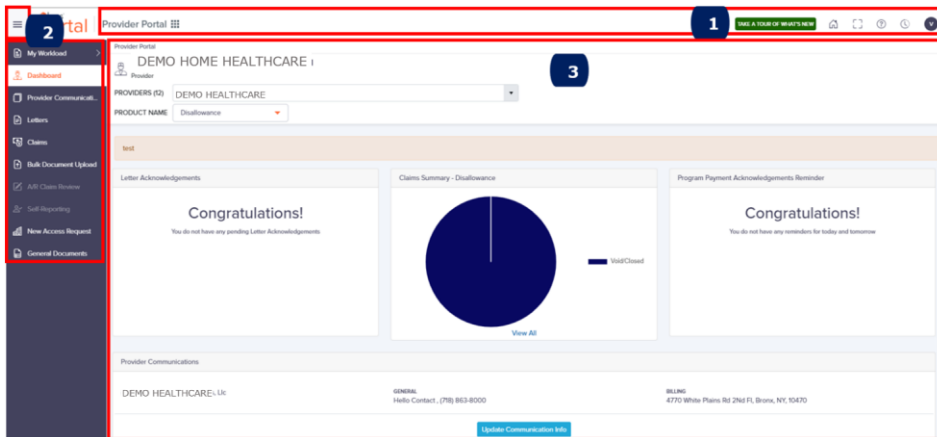
The PROVIDER PORTAL designed exclusively for Providers offers all functionalities and features to review and acknowledge letters, view claims, and their statuses, activities performed on the claim, view reference claims, upload claim documents, add, or update Providers contact information and address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

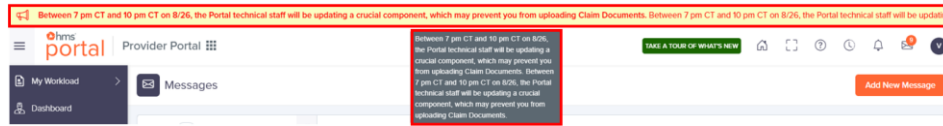
Note: The left Navigation Menu list and its corresponding Display Sections content on the right might vary based on the Product selected but Header section remains the same throughout the Portal.



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 clicking 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.

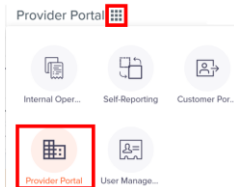
- F. Release Notes – Highlights new features/functionality/bugs fixed.
- G. HMS Newsroom – Latest news across HMS

- 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.

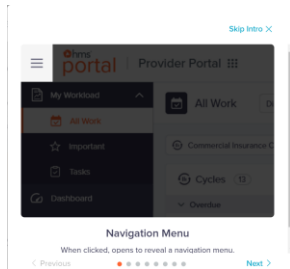
1. My Apps

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.



2. TAKE A TOUR OF WHAT'S NEW

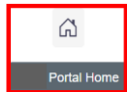
Enables you to discover each icon, new features, what it does briefly.



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

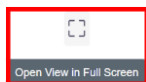
3. HMS Portal Home

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



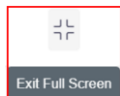
4. Full Screen View

Enables you to view in full screen mode.



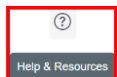
Exiting Full Screen View

Allows you to return to normal screen view



5. Help & Resources

Provides you with the following help and resources options.



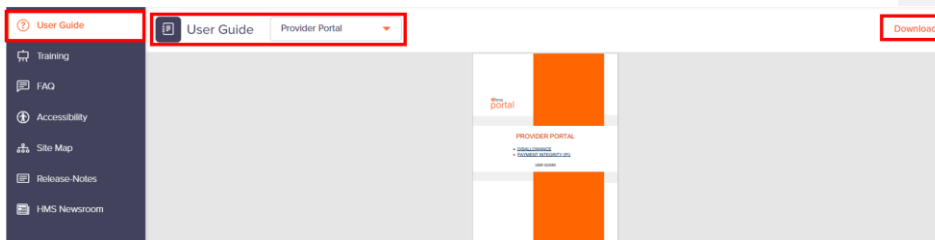
User Guide
Training
FAQ
Accessibility
Site Map
Release-Notes
HMS Newsroom

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.

User Guide
Training
FAQ
Accessibility
Site Map
Release-Notes
HMS Newsroom

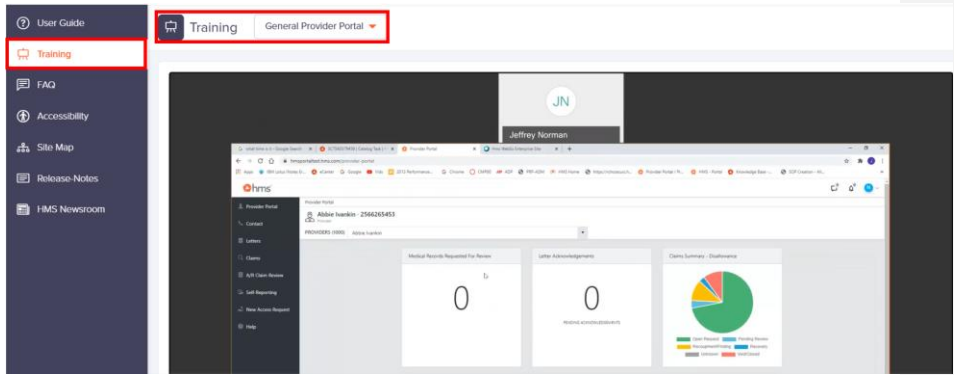
A. User Guide

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



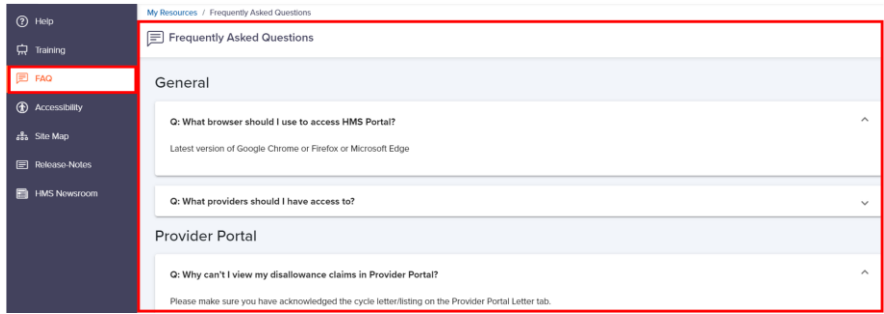
B. Training

Helps new users to access videos/information's related to the Portal /application whenever required.



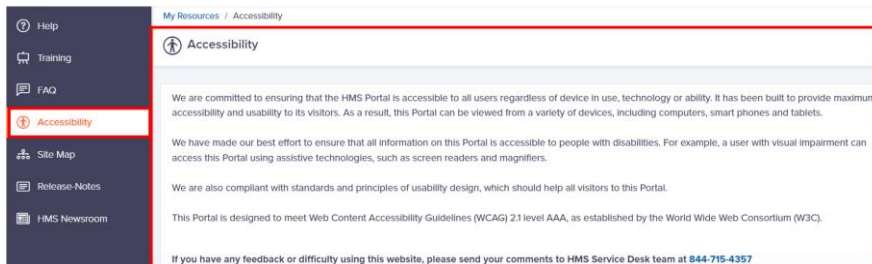
C. FAQ

Answers frequently asked questions by users.



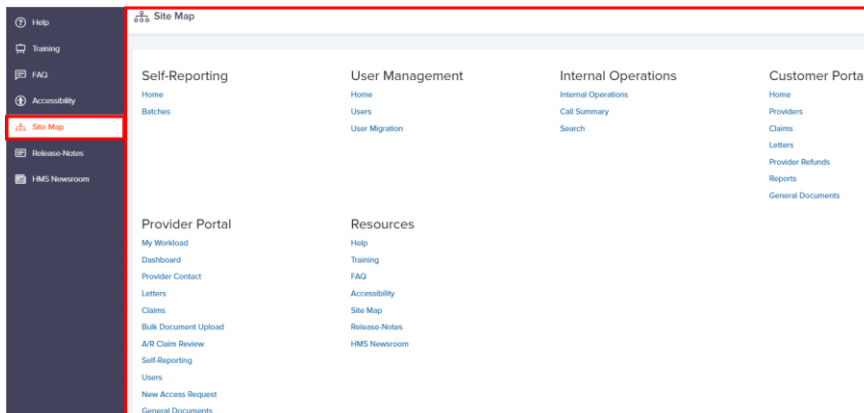
D. Accessibility

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.



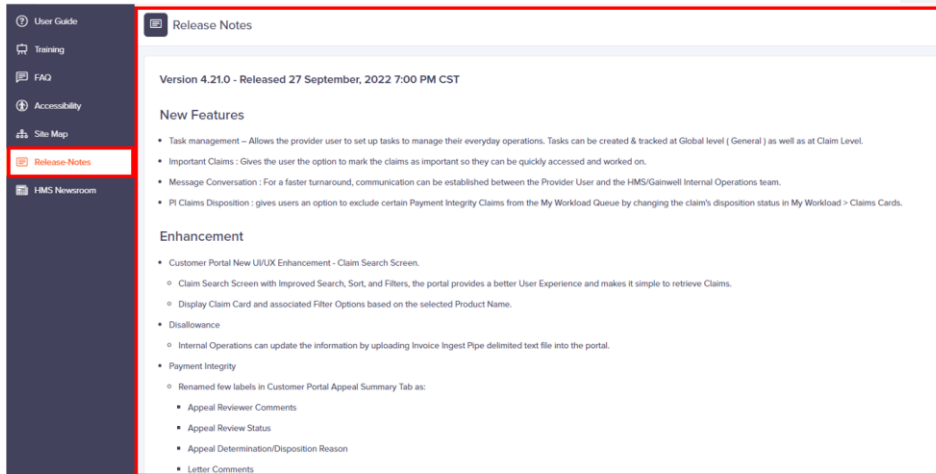
E. Site Map

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



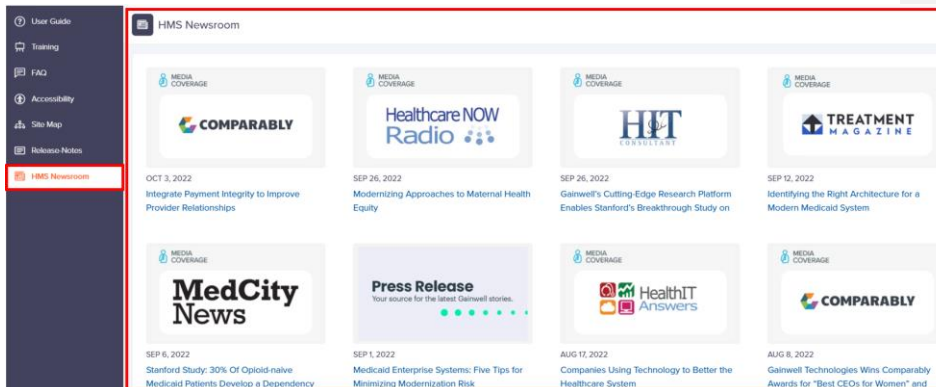
F. Release Notes

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



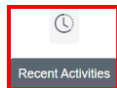
G. HMS Newsroom

Displays latest news across HMS.



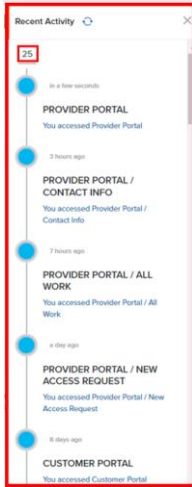
6. Recent Activities

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



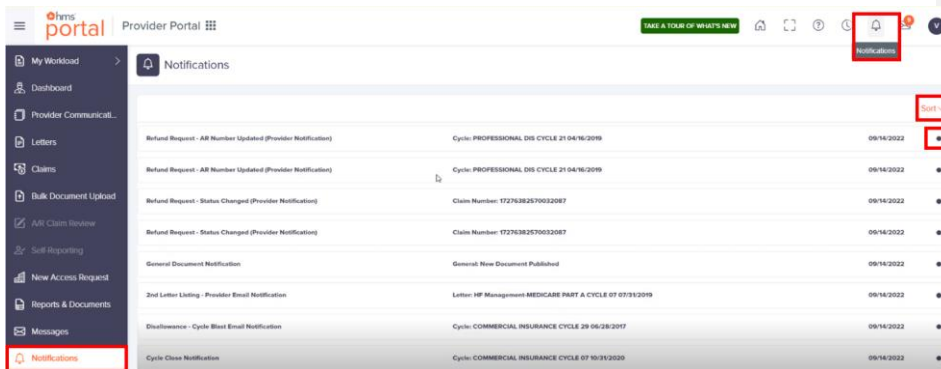
Clicking above icon displays below list of recently visited screen links

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



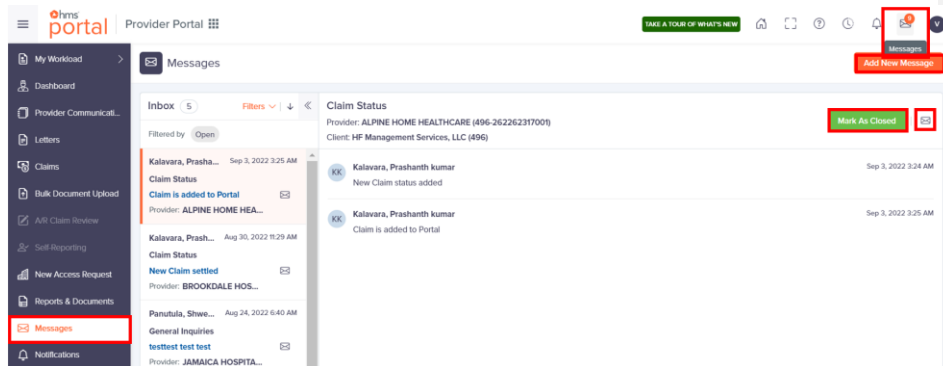
7. Notifications

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



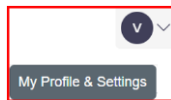
8. Messages


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](#).

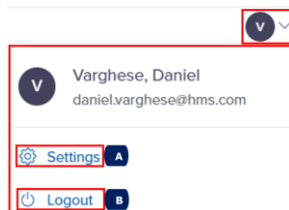


9. My Profile & Settings

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

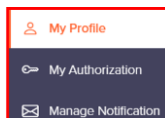


Clicking  displays below popup screen.



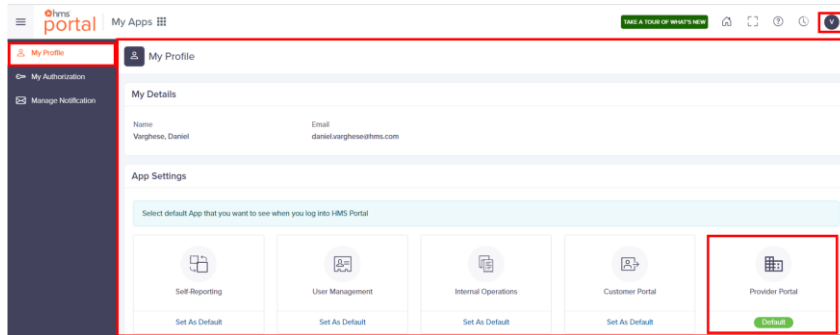
A. Settings

Selecting "Settings" displays following left navigation menu's



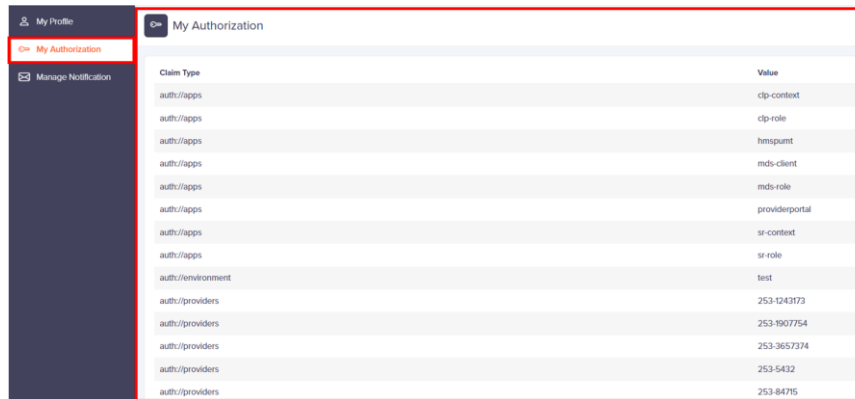
I. My Profile

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.

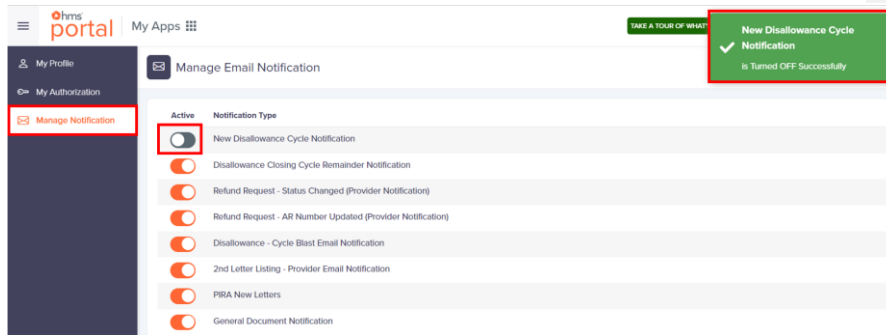


The Provider ID must be in this list (as shown above) to view or access information about a specific Provider

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



B. Logout

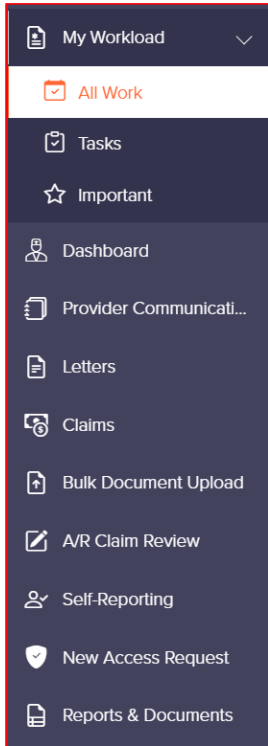
Allows you to sign-out of the HMS Portal application

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.



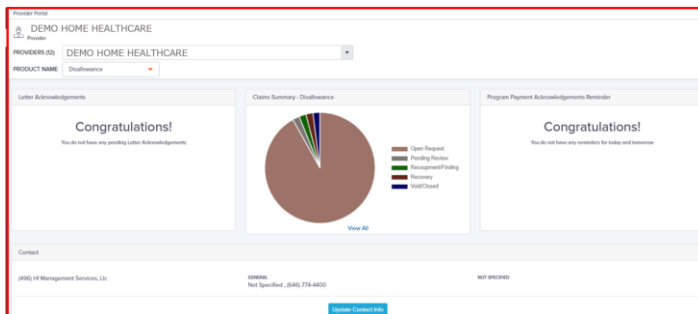
NOTE – Based on the User access level, the respective menu items will be displayed (Ex – AR Claims Review, Self-Reporting)

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



3. Display Section

The display section of “Disallowance” Dashboard screen (appearing below Header section and right side of Left Navigation Menu) is shown below.



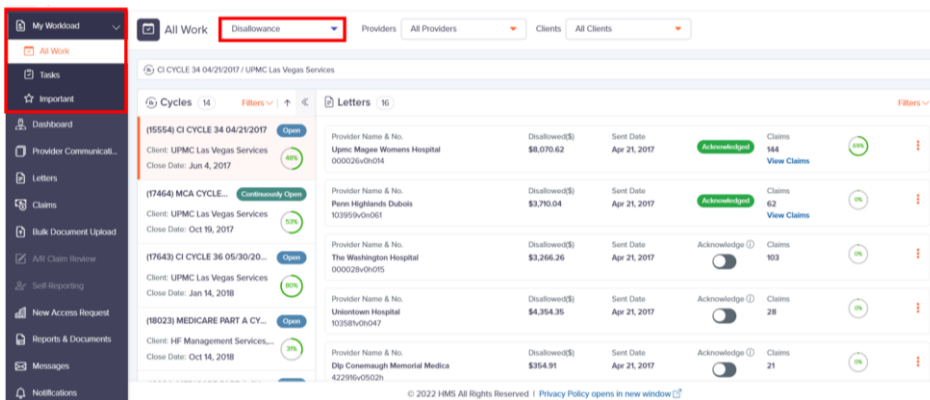
Note: Display section vary based on the selection in the “Header” section or “Left Navigation Menu”.

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.

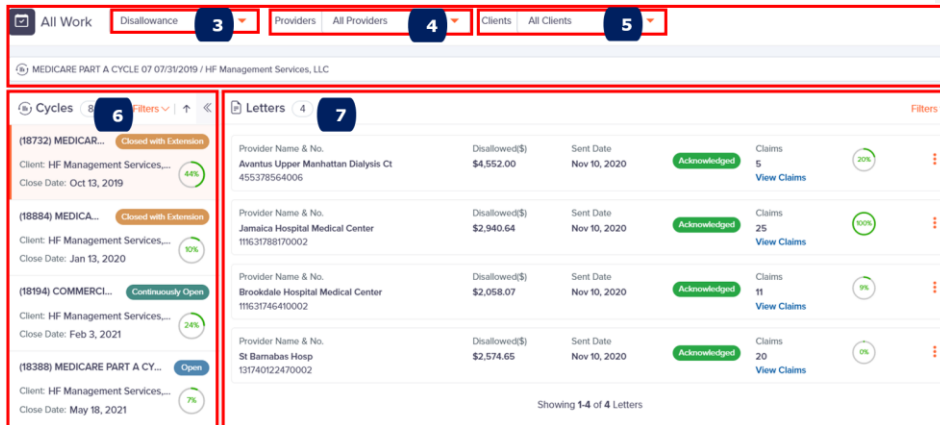
1. Click **My Workload** and application displays following options



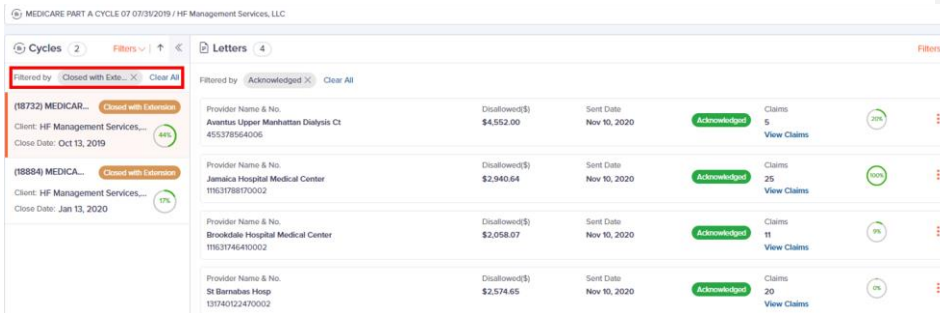
2. Use the dropdown list to select “All Work”.



Application displays “All Work” screen as shown below.



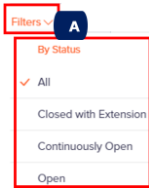
3. Use dropdown list to select Product name such as Disallowance.
4. Use dropdown list to view list of Providers you have access and ability to search
5. Use dropdown list to list of Clients you have access and ability to search.
6. **Cycles** Section: Based on the value selected in Product Name, Provider Name, Client Name, application displays associated Cycles and Letters.



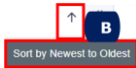
9 indicate cycles count that are in "Open", "Continuously Open" and "Closed with Extension" with respective filters applied and options to "Clear All" filters as shown below.



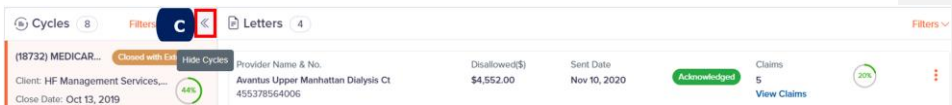
A. Use "Filters" dropdown list to select and view client cycle by status.



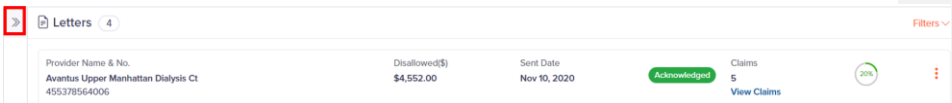
B. Click to sort by "Cycle Close Date" and display "Newest to Oldest" or "Oldest to Newest".



C. Click to hide cycles section fully.



Application hides the Cycle section as shown below.



Click again to view Cycle section fully

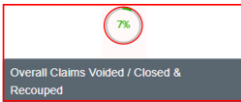
D. Click on any of the Cycle card in Cycle section to view its Letters in the Letters section on the right. Cycle section can display any of the Cycle Status in Open, Closed with Extension, or Continuously Open.

(18884) MEDICAR... Closed with Extension
 Client: HF Management Services... 10%
 Close Date: Jan 13, 2020

(18194) COMMERC... Continuously Open
 Client: HF Management Services... 24%
 Close Date: Feb 3, 2021

(18388) MEDICARE PART A CY... Open
 Client: HF Management S... 7%
 Close Date: May 18, 2021

Open 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.

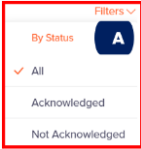
All Work Disallowance Providers All Providers Clients All Clients


MCA CYCLE 35 09/06/2017 / UPMC Las Vegas Services

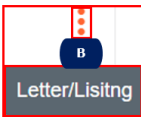
Cycles 14 Filters Letters 16

Cycle ID	Client	Provider Name & No.	Disallowe(\$)	Sent Date	Acknowledge	Claims	Status
(15554) CI CYCLE 34 04/21/2017	UPMC Las Vegas Services	Reading Hospital 283332v9f9r	\$5,579.31	Sep 6, 2017	Acknowledged	76	33% B
(17464) MCA CYCLE...	UPMC Las Vegas Services	The Washington Hospital 000028v0H05	\$904.84	Sep 6, 2017	Acknowledged	29	63%
(17643) CI CYCLE 36 05/30/20...	UPMC Las Vegas Services	Upmc Childrens Hospital Of Pi 000022v0H026	\$32,076.13	Sep 6, 2017	Acknowledged	101	90% D
(18023) MEDICARE PART A CY...	HF Management Services...	Upmc Mercy 10934v0H065	\$6,617.64	Sep 6, 2017	<input checked="" type="checkbox"/> Acknowledge	21	0%
		Uniontown Hospital 103581v0H047	\$4,393.59	Sep 6, 2017	<input type="checkbox"/> Acknowledge	37	0%

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.

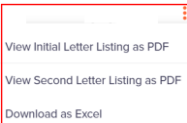


Fig – Disallowance

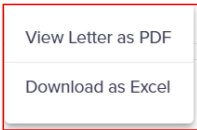


Fig – Payment Integrity

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.

Claim No.	Disallowed(\$)	Recipient Name	Claim Disposition	Claim Status	
X92298452017041704	\$16.62	JASON SMITH	Unknown	Open Request	📌 ⭐
Y21041452017050203	\$2.38	PHOENIX SMITH	Unknown	Open Request	📌 ⭐
X57H5372017031801	\$61.46	PHOENIX SMITH	Unknown	Open Request	📌 ⭐
Y33580072017051801	\$51.25	PHOENIX SMITH	Unknown	Open Request	📌 ⭐
Y21041452017050207	\$342.96	PHOENIX SMITH	Unknown	Open Request	📌 ⭐
X92298452017041703	\$16.45	JASON SMITH	Unknown	Open Request	📌 ⭐
X92298452017041701	\$32.31	JASON SMITH	Unknown	Open Request	📌 ⭐

- 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.

Claim No.	Disallowed(\$)	Recipient Name	Claim Disposition	Claim Status	Task Icon
18170386200007477	\$557.75	DAVIDFEGURGUR	Agree	Open Request	Task icon with orange bubble (A)
18186386420030097	\$139.83	SHAWANAMURPHY	Agree	Open Request	Task icon without bubble (B)

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.

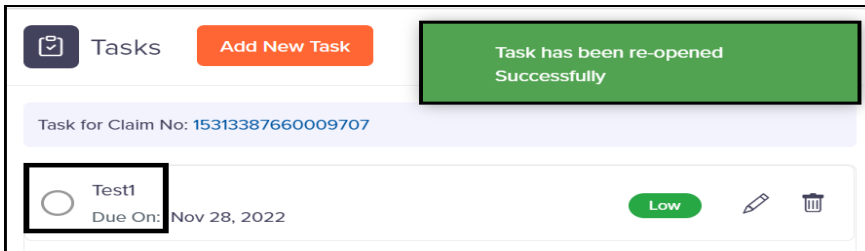
Tasks Add New Task Task marked as Completed

Task for Claim No: 15313387660009707

Test1 Low

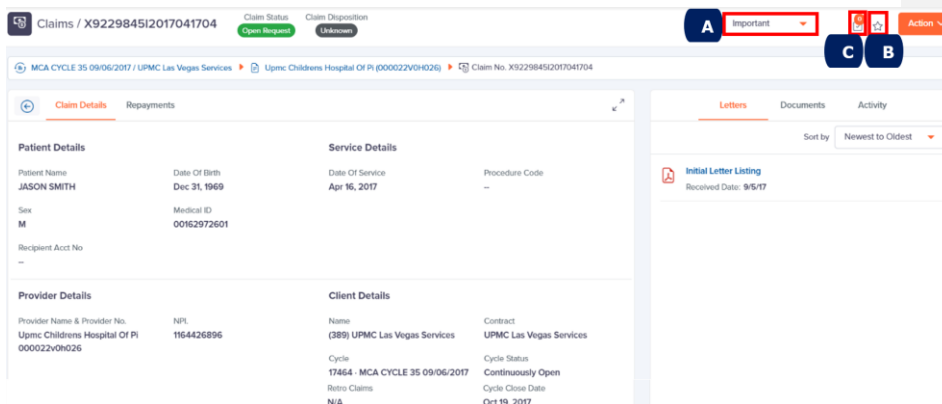
Due On: Nov 28, 2022

- 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 unstricken task with no tick mark indicates the task is re-opened.

9. **Claims Details** Screen: Selecting Claim No. X92298452017041704 link displays "Claim Details".



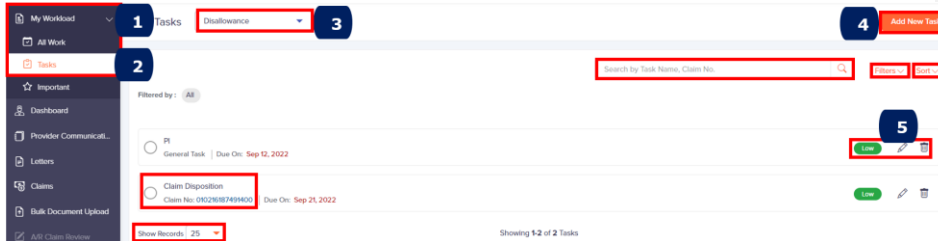
- A. Use dropdown list to view and mark claims that are important
- B. Click ☆ icon to mark the claim important. Disappearing message appears on successful completion and color change.
- C. Click 📄 icon to add a new task in the Tasks popup window.

Navigating to "Tasks" screen.

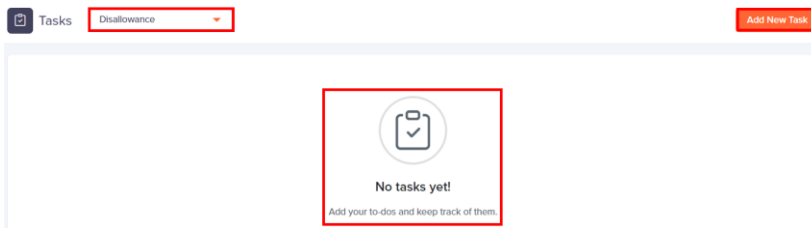
The Portal allows you to create, edit, view, and delete tasks. You can mark tasks that are important and view them quickly.

To navigate to Tasks screen, follow the steps below.

1. Select **My Workload** from the left navigation menu to view the dropdown list

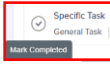
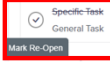



2. Select "Tasks" from the left navigation menu.
3. Use the dropdown list to select "Disallowance" tasks and track your to-do tasks lists. If no tasks are pending, application displays message below without Search, Filters, Sort, Edit or Delete tasks options and, link to view Claim Details screen.



4. Click **Add New Task** to add a new task to the list.

Enter the mandatory fields and click **Create Task**. 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.

The screenshot shows a modal window titled "Edit Task" with a "Mark Complete" button in the top right corner. The form contains the following fields:

- Task:** A text input field containing "Specific Task".
- Priority:** A dropdown menu currently set to "Medium".
- Due Date:** A date picker field showing "9/29/2022".
- Note:** A text area containing the text "Create and submit task before due date." with a character count of "0 / 250 characters".

At the bottom of the form, there are two buttons: "Cancel" and "Update Task".

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

- 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.

This screenshot shows the "Edit Task" form after some changes. The fields are:

- Task:** A text input field containing "test".
- Priority:** A dropdown menu currently set to "Medium".
- Due Date:** A date picker field showing "11/30/2022".
- Note:** An empty text area with a character count of "0 / 250 characters".

At the bottom, the "Cancel" button is highlighted in red, and the "Update Task" button is now active (no longer greyed out).

The screenshot shows the 'Edit Task' form with the following elements:

- Buttons: 'Edit Task', 'Mark Re-Open' (highlighted with a red box), and 'Task marked as Completed' (highlighted with a green box).
- Form fields: 'Task' (text input with 'test'), 'Priority' (dropdown menu with 'Medium'), 'Due Date' (calendar input with '11/30/2022'), and 'Note' (text area with '0 / 250 characters').
- Footer buttons: 'Cancel' and 'Update Task'.

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.

The screenshot shows the 'Edit Task' form with the following elements:

- Buttons: 'Edit Task', 'Mark Complete' (highlighted with a red box), and 'Task has been re-opened Successfully' (highlighted with a green box).
- Form fields: 'Task' (text input with 'test'), 'Priority' (dropdown menu with 'Medium'), 'Due Date' (calendar input with '11/30/2022'), and 'Note' (text area with '0 / 250 characters').
- Footer buttons: 'Cancel' and 'Update Task'.

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

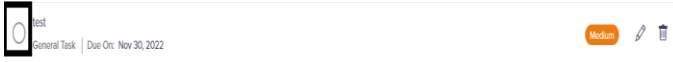


Fig – Indicates “Open” task.



Fig – Indicates “Completed” task.

Navigating to Mark Claims “Important”.

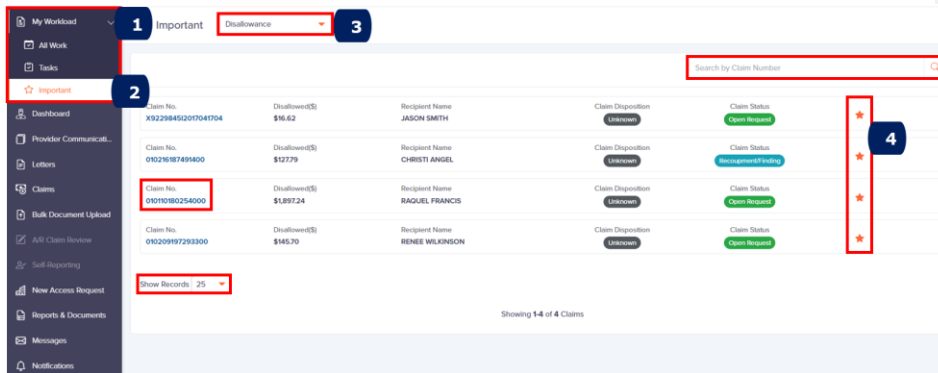
Allows you to mark Claims that are important and view them quickly.

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.

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.

The screenshot displays the 'Claims / 010216187491400' interface. At the top, there are tabs for 'Claim Status' (recognition/Posting) and 'Claim Disposition' (Unknown). A search bar shows '0102161874914...' and a notification icon. Below the header, the main content area is divided into sections:

- Patient Details:**
 - Patient Name: CHRISTI ANGEL
 - Date Of Birth: Jun 30, 1976
 - Sex: F
 - Medical ID: R036221B
 - Recipient Acct No: --
- Service Details:**
 - Date Of Service: Jan 29, 2018
 - Procedure Code: --
- Provider Details:**
 - Provider Name & Provider No: Jamaica Hospital Medical Center 11631788170002
 - NPI: 1245370717
- Client Details:**
 - Name: (496) HF Management Services, LLC
 - Contract: HF Management
 - Cycle: 17872 - COMMERCIAL INSURANCE CYCLE 01
 - Cycle Status: Continuously Open
 - INSURANCE CYCLE 01: 04/27/2018

On the right side, there is a sidebar with 'Letters' and 'Documents' tabs. Under 'Letters', there are two entries:

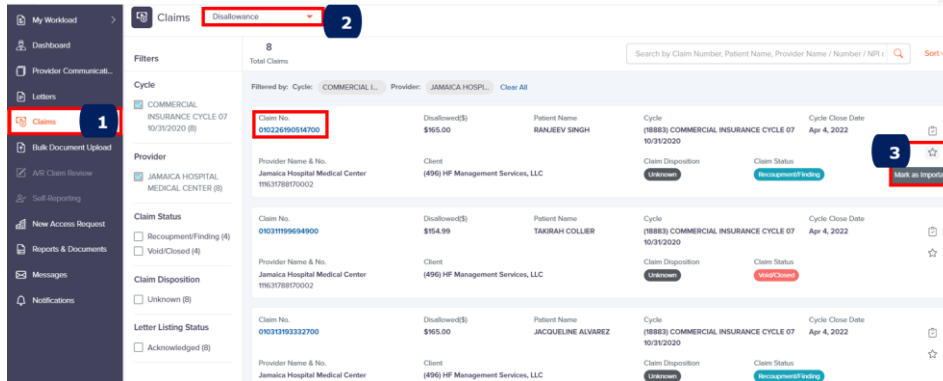
- Initial Letter Listing:** Received Date: 2/22/21
- Second Letter Listing:** Received Date: --

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



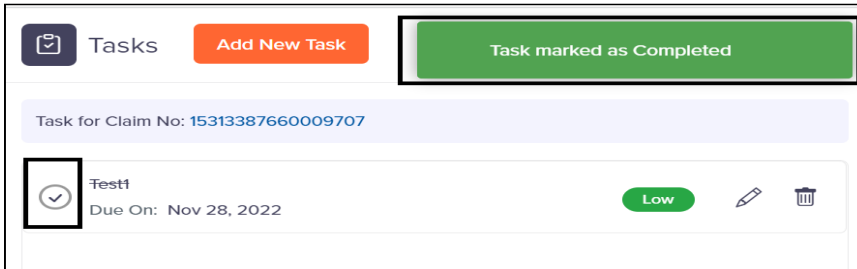
2. Use the dropdown list to select "Disallowance" and view list of claims marked/unmarked as ★ important earlier.
3. Select ★ icon to mark the claim as important.



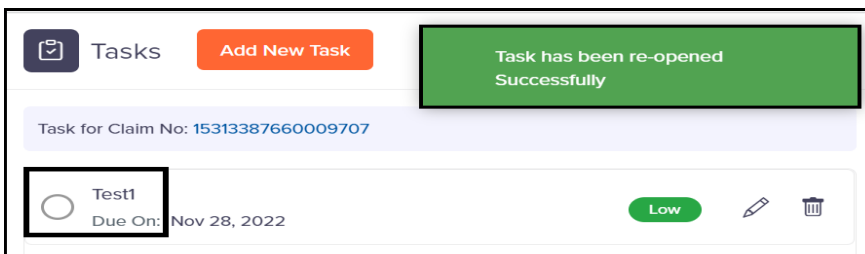
A.

- 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.



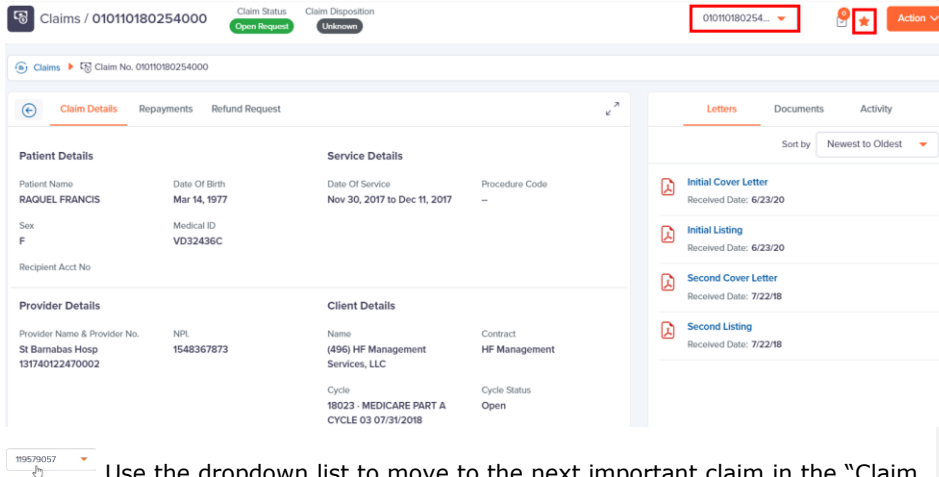
- Once the task is mark as completed, a message "Task marked as Completed" will pop-up for few seconds.
- A striked task with a tick mark indicates that the task is Completed.




- 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.

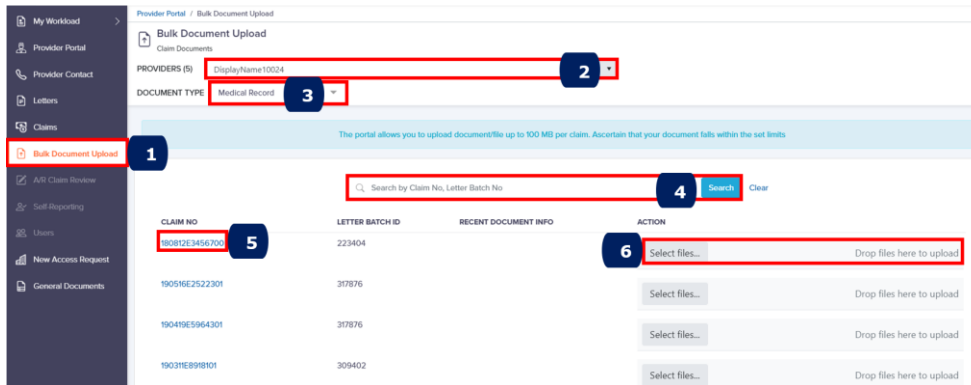
Note: Application lists only claims fulfilling above to two criteria for uploading claim documents.

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.

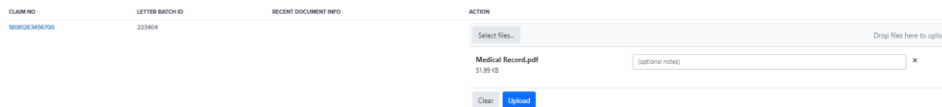
Navigating to “Bulk Document Upload” screen.

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.

Records Affidavit

Please enter the correct page count for each record set in point No.8

A I am checking the box above.

- My name is Sunshine, D.
- I am over the age of 18, of legal mind, and capable of making this affidavit.
- The facts set out in this affidavit are true, correct, and within my personal knowledge.
- I am the custodian of records for:
 - Display Name: 0024
 - P.O. BOX: 10024 Address Line 1: 10024 Address Line 2: 0000000004
- I am familiar with the manner in which the above-named Provider's records are created and maintained by virtue of my duties and responsibilities.
- I have performed a diligent search for all records requested of the above-named provider by HMS under the authority of the Texas Health and Human Services Commission (HHS-C) via official request dated 03/09/2022 for the following claim:
 - ISSN: 0303456700
 - PAGE: 0000000000
 - FILE NUMBER: 0000000000
 - FILE NUMBER 2: 0000000000
 - DATE RANGE: 08/07/2018 - 08/08/2018
- The records responsive to the records request described above are exact duplicates of the complete original records of the above-named provider and are in a PDF file to be uploaded.
- The PDF file to be uploaded contains 2 pages.
- The PDF file to be uploaded only contains medical records and no other document is included in the PDF file.
- It is the regular practice of the above-named provider to make this type of record at or near the time of each act, event, condition, opinion, or diagnosis set forth in the record.
- It is the regular practice of the above-named provider for this type of record to be made by, or from information transmitted by, persons with knowledge of the matters set forth in them.
- It is the regular practice of the above-named provider to keep this type of record in the course of regularly conducted business activity.
- It is the regular practice of the business activity to make the records.
- The information is true.

C ACKNOWLEDGE

NOTE: Any misrepresentation or falsification of the data in the PDF file by the person uploading the document may constitute uploading the document to said provider without permission.

D Save Cancel

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.

Provider Portal - New Access Request

New Access Request

3 SUBMIT

First Name	Last Name	Login	User
Sunshine	Sunshine	Sunshine098789@hms.com	HC27903

Requested Providers

DisplayName0353 x DisplayName0354 x DisplayName0355 x **2**

Comments

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

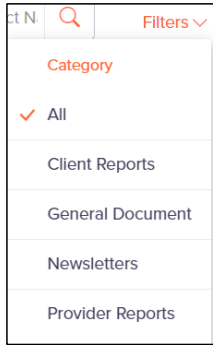
Enables you to view and download Reports/Documents.



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

The screenshot shows the 'Reports & Documents' page in the hms portal. The page has a dark blue sidebar on the left with navigation options: My Workload, Dashboard, Provider Communicat..., Letters, Claims, Bulk Document Upload, AR Claim Review, Self-Reporting, New Access Request, and Reports & Documents (highlighted). The main content area is titled 'Reports & Documents' and features a search bar (A) and a filters dropdown (B). Below the search bar is a table with the following data:

Name	Category	Description	Published Date	Contract Name	Action
UserGuide (2).pdf	Client Reports	test	Jul 18, 2022, 6:17:44 PM	permedion demo contract	Download
Record Retentionv2 (CMPL 0015).pdf	Client Reports	test	Sep 14, 2022, 1:14:04 PM	permedion demo contract	Download
pdfcoffee.com_goethe-institute-german-at-test-preparation-pdf-free.pdf	Client Reports	Test	Jul 20, 2022, 6:18:15 PM	permedion demo contract	Download
p_hgtpl_17725_pthgcd2_1177431.pdf	Client Reports	test	Sep 20, 2022, 12:25:21 PM	permedion demo contract	Download
Newsletter Nov 2022.pdf	Newsletters	Nov 2022 Newsletter	Dec 2, 2022, 4:07:11 PM	permedion demo contract	Download
Monthly Recovery Report - Nov 2022.pdf	Client Reports	Monthly Recovery Report - Nov 2022	Dec 2, 2022, 3:59:24 PM	permedion demo contract	Download

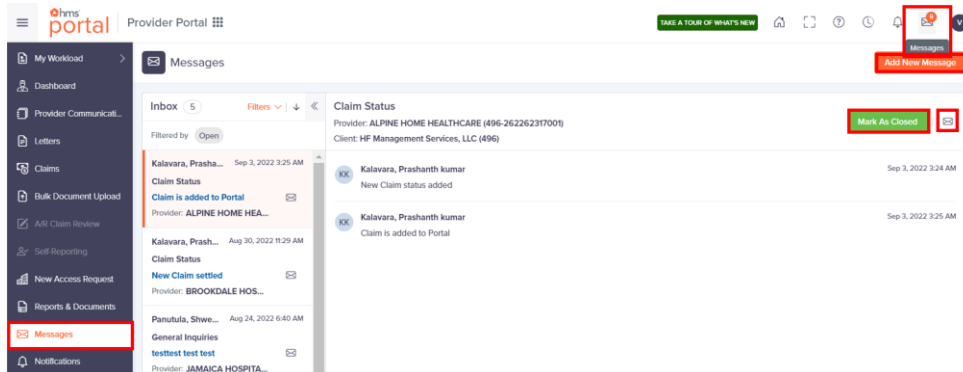
- A. Use "Search" option to search by Report Name, Document Name or Contract Name.
- B. Use "Filter" option to narrow down filter by Category.





- C. Use   in the Grid Header to Sort each column.
- D. Use "Action" option to download the Report/Document.

Messages

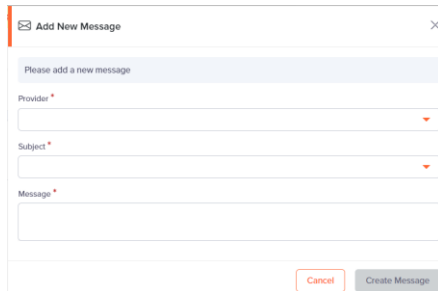
Helps you to communicate directly with Gainwell Provider Services team. This feature enables you to view new messages, mark them as unread/closed/open and add new messages. The portal allows you to access Messages from both Header section and Left Navigation Menu.



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 .

Clicking **Add New Message** displays below popup screen.




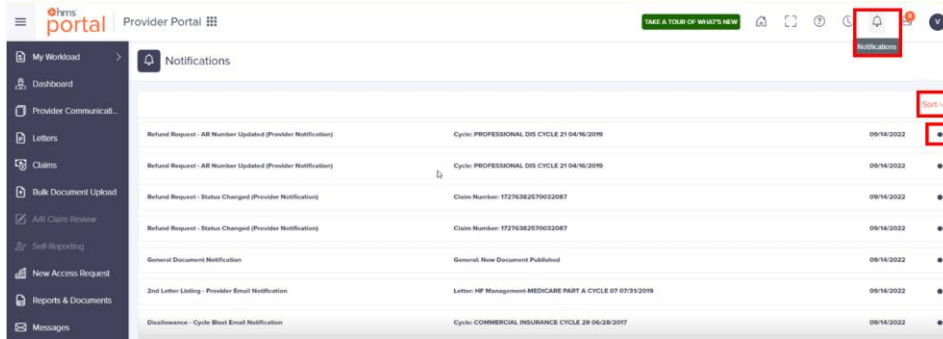
Enter mandatory details (Create Message gets enabled) and click **Create Message** to add a new message in the message list.

Notifications

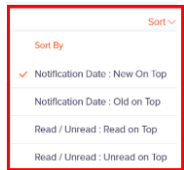
This feature notifies when automated emails are sent to you once the following events takes place:

- 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.

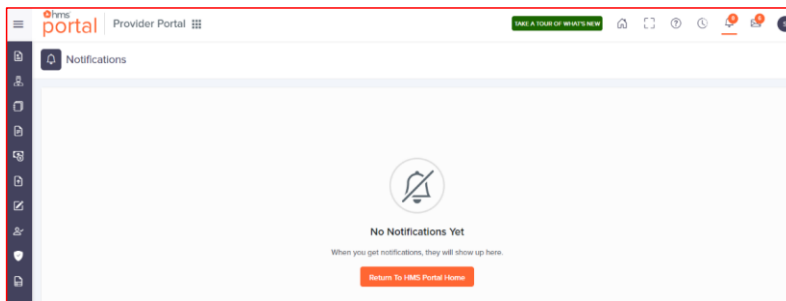


Select **Sort** to categorize notifications based on the options provided. Enables you to sort and view the Notifications in the Notifications screen.



Click **•** to mark as read and the icon changes to **◉** 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

The image features a minimalist, abstract design. It consists of several overlapping rectangular blocks. A large, solid orange block is positioned in the upper center. Below it, a white rectangular box is centered horizontally, containing the word "DISALLOWANCE" in a bold, orange, sans-serif font. To the right of the orange block, there is a large, light grey block that extends towards the right edge of the frame. A horizontal grey bar is also present, overlapping the bottom of the orange block and the top of the white text box. The overall composition is clean and modern, with a focus on geometric shapes and a limited color palette of orange, grey, and white.

DISALLOWANCE

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, Medicaid, 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.

My Workload

This section has three parts.

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

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

The screenshot shows the 'My Workload' interface. At the top, there's a navigation bar with 'All Work' selected, a 'Disallowance' filter dropdown (highlighted with a red box), and dropdowns for 'Providers' and 'Clients'. Below this, there are tabs for 'Cycles' (14) and 'Letters' (16). The main area displays a list of work items with columns for Provider Name & No., Disallowance(\$), Sent Date, Acknowledge status, and Claims count. Each item includes a 'View Claims' link and a progress indicator.

Provider Name & No.	Disallowance(\$)	Sent Date	Acknowledge	Claims
Upmc Magee Womens Hospital 00026v0h04	\$8,070.62	Apr 21, 2017	Acknowledge	144
Penix Highlands Databs 103959v0h061	\$3,770.04	Apr 21, 2017	Acknowledge	62
The Washington Hospital 000028v0h005	\$3,246.26	Apr 21, 2017	Acknowledge	103
Unlertown Hospital 103818v0h047	\$4,354.35	Apr 21, 2017	Acknowledge	28
Dig Coanemugh Memorial Medica 422996v0502h	\$354.91	Apr 21, 2017	Acknowledge	21

Note: For further instructions, please refer "My Workload" section earlier in this document under "Common Features" or [Click Here](#).

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.

The screenshot shows the Provider Portal interface for Brookdale Hospital Medical Center. The left navigation menu has 'Dashboard' highlighted with a red box and a blue callout '1'. The main content area has a dropdown for 'PROVIDERS (2)' with 'BROOKDALE HOSPITAL MEDICAL CENTER' selected, highlighted with a red box and a blue callout '2'. Below it, a dropdown for 'PRODUCT NAME' has 'Disallowance' selected, highlighted with a red box and a blue callout '3'. The dashboard contains three main cards: 'Letter Acknowledgments' (A) showing '1' pending acknowledgments with a 'Review Letters' button; 'Claims Summary - Disallowance' (B) showing a pie chart with categories: Open Request, Pending Review, Recouped/Finding, Recovery, and Void/Closed; and 'Program Payment Acknowledgements Reminder' (C) showing a 'Congratulations!' message. A 'Provider Communications' section (D) is at the bottom with an 'Update Communication Info' button.

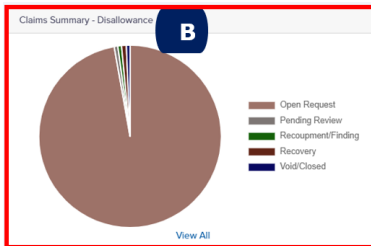
2. Use the dropdown list to select the Provider you have access.
3. Use the dropdown list to select the Product Name such as Disallowance
Note: Application displays other product names based on your contract and access rights.
4. Use any of the below Cards to perform action.
 - A. Letter Acknowledgments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

Type	Today	Tomorrow
Provider Cycle	0	1

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

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		

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.

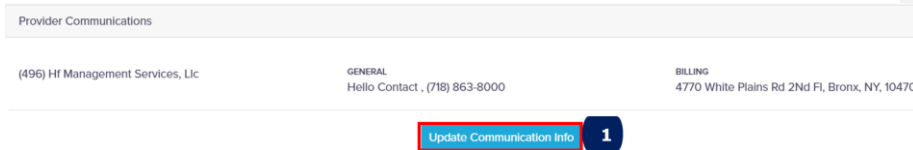
Navigating to “Provider Communications” screen

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

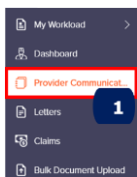
1. Click **Update Communication Info** from Dashboard to view and update contact details in “Provider Communications” screen.



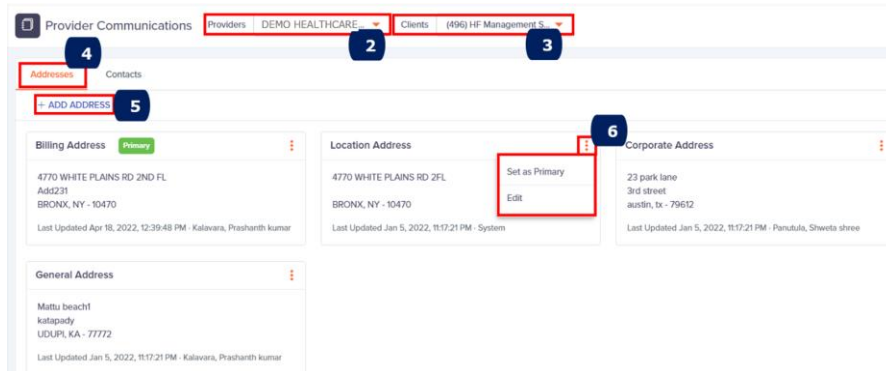
(or)

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 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.

Address Type
Group Address

Address 1 * Address 2
630 OVERBROOK client 496

City * State *
EA OH

Zip *
44035 Make this as primary a

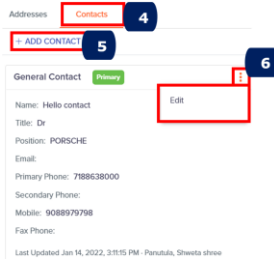
Cancel Save Address

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

Edit Billing Contact

Edit the contact information below for (496) HF Management Services, LLC

Contact Type: Billing Contact, Name: shreepada sharma

Title, Position

Primary Phone: 111-111-1111, Secondary Phone

Mobile, Email

Fax, Make this as primary c

Cancel Save Contact

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

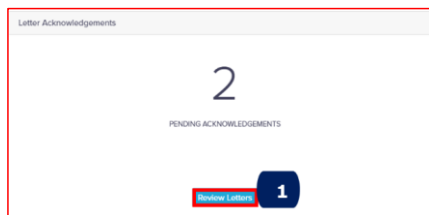
Portal offers two ways to navigate to “Letters” screen and complete task.

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

1. From Dashboard

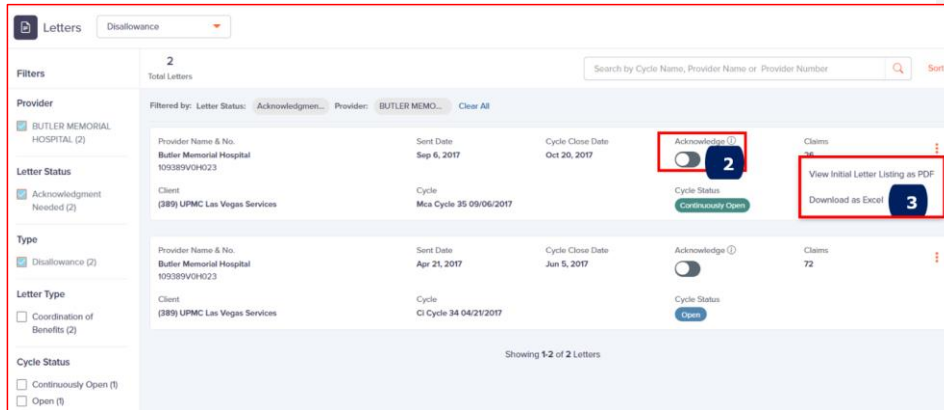
To review Letters from the “Dashboard”, follow steps below.

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.

The screenshot shows a 'Program Payment Acknowledgement' popup window. It contains the following text and options:

Choose a Program Payment Acknowledgement

Agree **A**

I acknowledge my obligation to return to the Medicaid program any overpayments which result from reimbursement received from a third party for the same medical care, services or supplies for which I previously received payment from the Medicaid program, and I agree and consent to allowing HMS voiding/adjusting for any overpayments identified during this review

Disagree **B**

By selecting disagree you are opting to void/adjust the claim yourself. If you elect this option, you must provide a copy of your eMedNY remittance statement to HMS showing a proper void transaction

Remind Me Later **C**

month/day/year

D

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

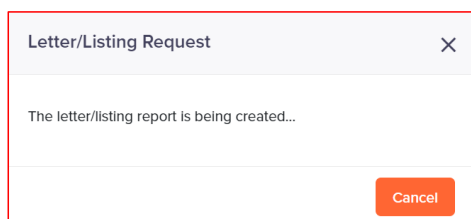
- A. Agree – To return overpayments received and accept HMS review.
- B. Disagree – To void/adjust claim yourself by providing remittance copy.
- C. Remind Me Later – To set reminders for later dates and you can access these reminders in the Dashboard screen.

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.



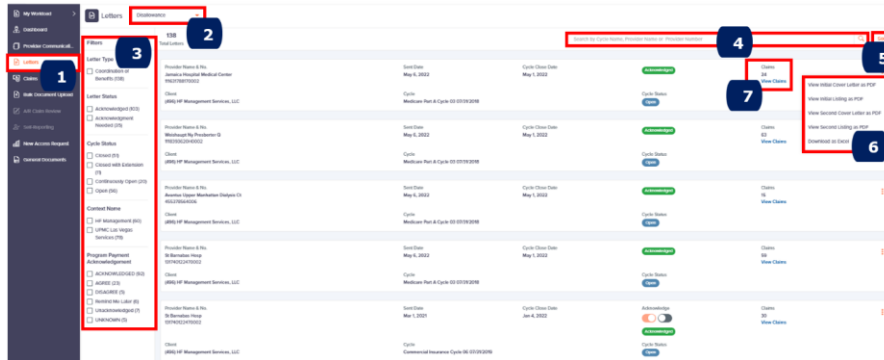
Subsequently displays PDF report/Excel format for view and download.

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

Program Payment Acknowledgement ✕

Choose a Program Payment Acknowledgement

Agree

I acknowledge my obligation to return to the Medicaid program any overpayments which result from reimbursement received from a third party for the same medical care, services or supplies for which I previously received payment from the Medicaid program, and I agree and consent to allowing HMS voiding/adjusting for any overpayments identified during this review

Disagree

By selecting disagree you are opting to void/adjust the claim yourself. If you elect this option, you must provide a copy of your eMedNY remittance statement to HMS showing a proper void transaction

Remind Me Later

month/day/year

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.

Sort ▾

Sort By

- Sent Date : Newest to Oldest
- Sent Date : Oldest to Newest
- Cycle Close Date : Later to Older
- Cycle Close Date : Older to Later
- Claim Count : High to Low
- Claim Count : Low to High

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

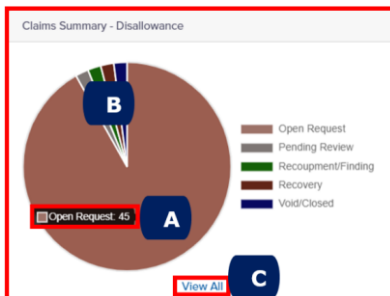
Portal provides two ways to navigate to “Claims” screen and complete task.

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

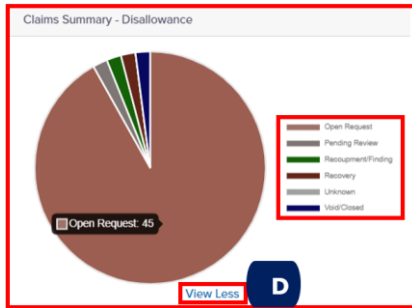
1. From Dashboard

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.



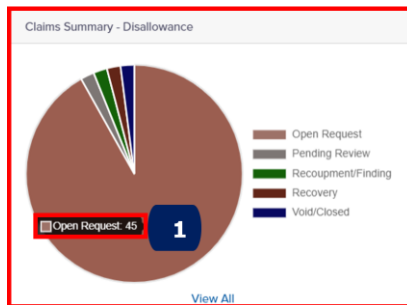
- B. Select a slice in the chart to view list of claims (example, “Pending Review” “Recoupment/Finding”, “Recovery”, “Void/Closed” status) for that status.
- C. Select “View All” to view all statuses of Disallowance claims.



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.

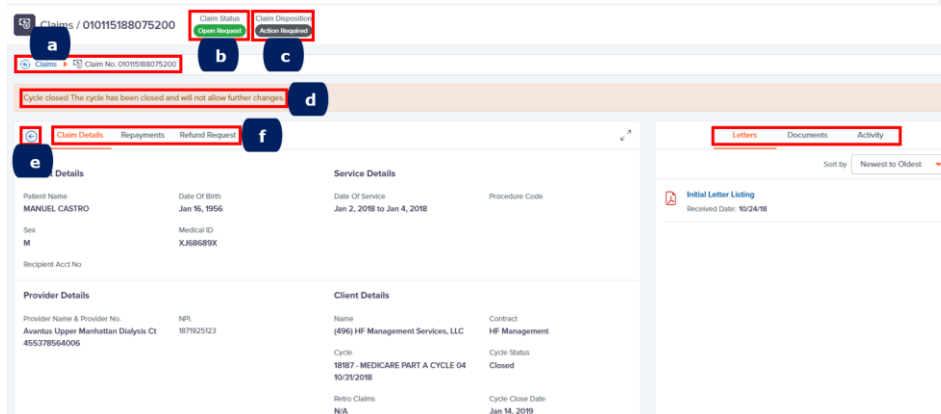
Claims Screen

The screenshot displays the Claims Screen with the following elements:

- 1:** A "Closed" status icon in the filter section.
- 2:** A dropdown menu set to "Disallowance".
- 3:** The "Filters" sidebar on the left, including sections for Provider, Claim Status, Claim Disposition, Claim Disposition Extension, and Letter Listing Status.
- 4:** A search bar at the top right with the text "Search by Claim Number, Patient Name, Provider Name / Number / NPI c".
- 5:** A "Sort by" dropdown menu.
- 6:** A claim card for "01207186991000" showing details like Disallowed(\$), Patient Name (PORSCHETAKEALL), Cycle, and Claim Status (Open Request).

 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. Navigates 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

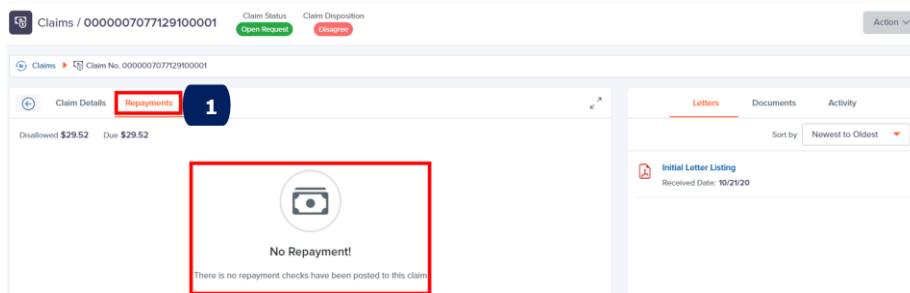
Claim Details

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

Claim Details		Repayments	Refund Request
Patient Details		Service Details	
Patient Name MANUEL CASTRO	Date Of Birth Jan 16, 1956	Date Of Service Jan 2, 2018 to Jan 4, 2018	Procedure Code
Sex M	Medical ID XJ68689X		
Recipient Acct No			
Provider Details		Client Details	
Provider Name & Provider No. Avantus Upper Manhattan Dialysis Ct 455378564006	NPI 1871925123	Name (496) HF Management Services, LLC	Contract HF Management
		Cycle 18187 - MEDICARE PART A CYCLE 04 10/31/2018	Cycle Status Closed
		Retro Claims N/A	Cycle Close Date Jan 14, 2019
Insurance Details		Payment Details	
Name	Group No.	Disallowed(\$)	Due(\$)
Policy No. 060920896	Payor Recovery ID \$0.00	\$110.00	\$0.00
		Paid(\$)	Refund(\$)
			\$0.00
		Primary Payer(\$)	Medicaid Paid Date
		\$0.00	Nov 14, 2018
Provider Refund		Acknowledgment Details	
Recoup A/R Number	Refund A/R Number	Program Payment Acknowledgement (NYOMIG Only)	
		Disagree	
Historical Recoup A/R Number	Historical Refund A/R Number	Review Acknowledgement	
		Acknowledged	

Repayments (Enabled based on Contract)

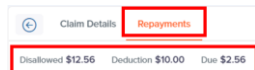
Enables you to view Repayments if any Provider checks applied to this Claim.



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.

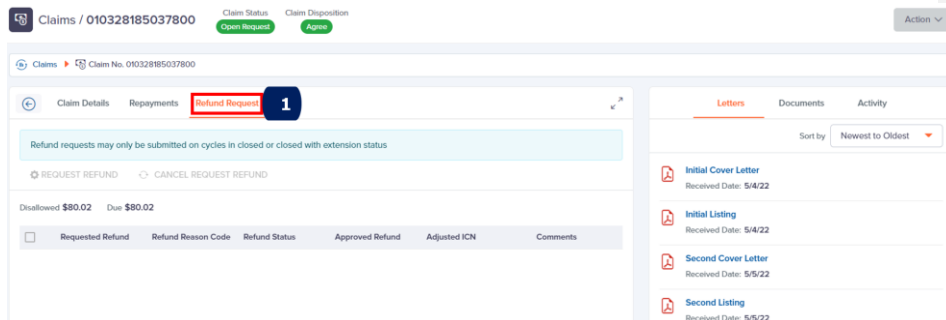
Another example of amount deduction provided by HMS is shown below.



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.

Claim Adjustments – Customer Specific – NYOMIG (Coming Soon)

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

Right Side Tabs: Letters Documents Activity

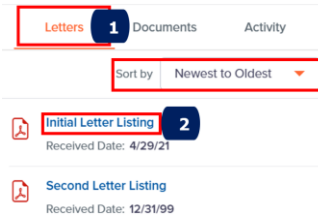
The above tabs remain constant throughout application

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.

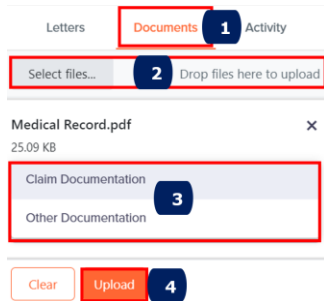


2. *Optional.* Use dropdown list to sort and view Letters based on Letter Sent Date.
3. Select the Letter link to view the Letter in PDF with option to download.

Documents

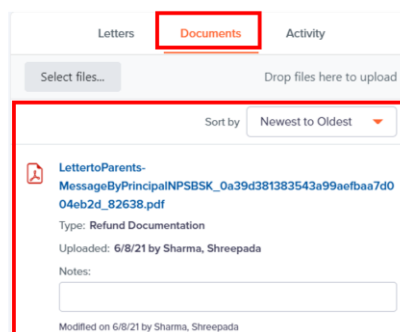
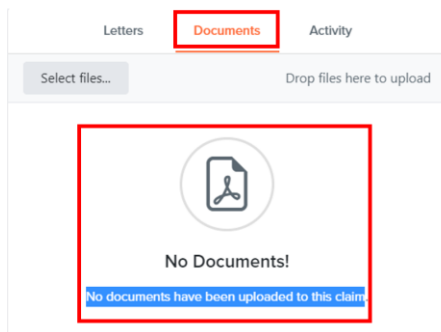
Allows to view list of claim documents already uploaded and to upload new claim/other documents for the claim.

To upload Claim documents, follow below steps.



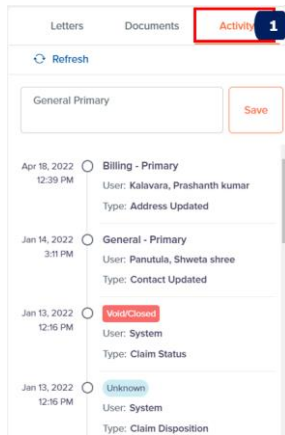
1. Click **Documents** tab to view and upload documents
2. Click **Select files** to select PDF document from your local folder or drag and drop file in the area mentioned and view the Document Name.
3. Use the dropdown list to type of documentation such as Claim Documentation or Other Documentation
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.



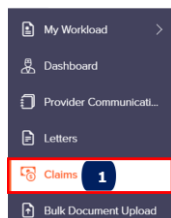
Click **Activity** tab to view your activity details.

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

2. From Claims (Left Navigation Menu)

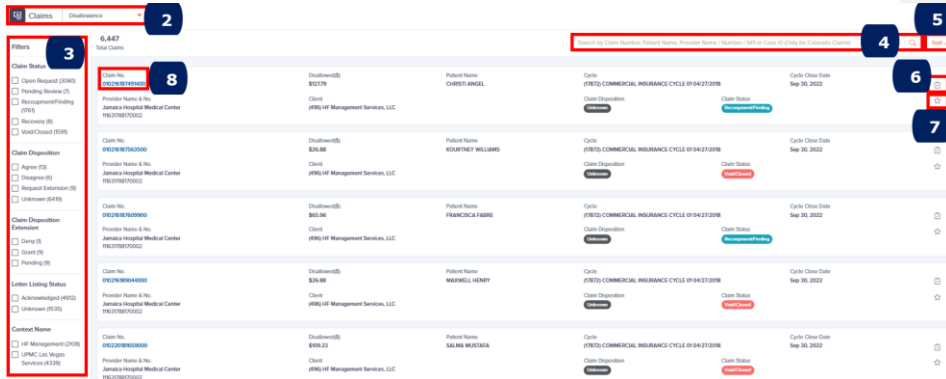
To search, view Claim information and upload claim documents from “Claims” left navigation menu, follow below steps.

1. Click **Claims** from left navigation menu. Application displays “Claims” screen.

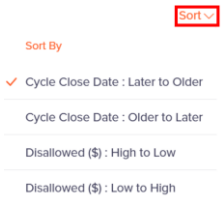


2. Use the dropdown list menu to choose the Product Name “Disallowance”

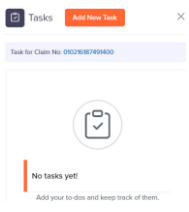
3. *Optional.* Select a checkbox under “Filters” to narrow search results based on Claim Status, Claim Disposition, Claim Disposition Extension, Letter Listing Status and Context Name.




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  to view Add a Task popup window.

Task for Claim No: 010216187491400

Task *

Claim Disposition

Priority *

Low

Due Date

9/21/2022

Note

0 / 250 characters

Cancel Create Task

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

Task has been added successfully.

Task for Claim No: 010216187491400

Claim Disposition

Due On: Sep 21, 2022

Low



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

Task for Claim No: 010216187491400

Task *

Claim Disposition

Priority *

Low

Due Date

9/21/2022

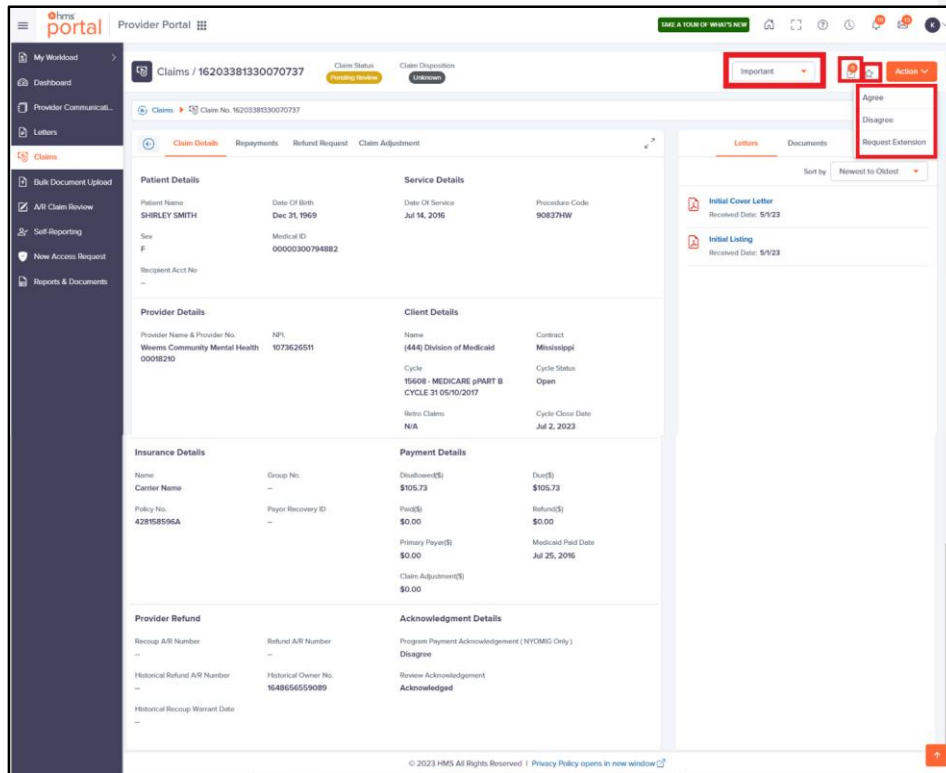
Note

0 / 250 characters

Cancel Update Task

Mark Complete

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** to View, Add and Edit task.
- Click on **Star 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](#).

The image features a minimalist abstract design. A central white rectangular box is positioned horizontally, containing the text 'PAYMENT INTEGRITY (PI)'. This box is overlaid on a background of large, solid-colored blocks. A prominent vertical orange block runs through the center of the page, extending above and below the white box. To the left and right of the orange block, there are horizontal grey blocks that intersect with it, creating a layered, architectural effect. The overall composition is clean and modern, with a focus on geometric shapes and a limited color palette of orange, grey, and white.

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](#)

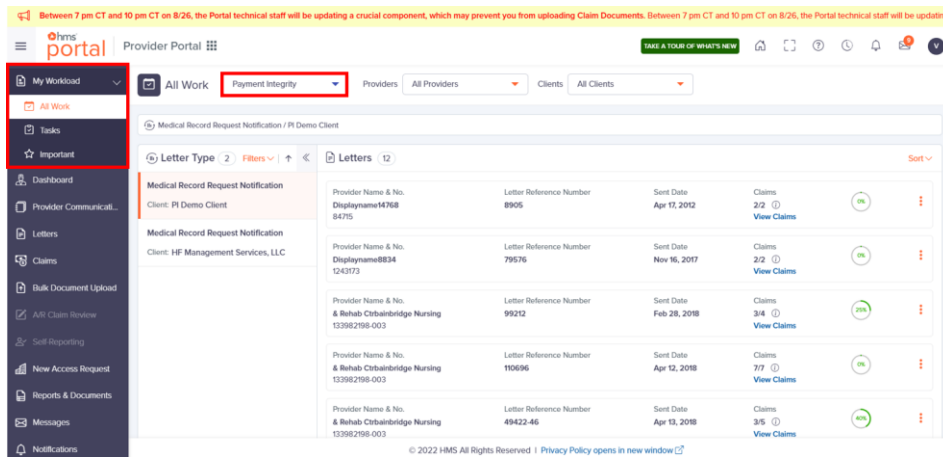
Note: Above links will navigate you to "Common Features" section in the beginning of this document.

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:

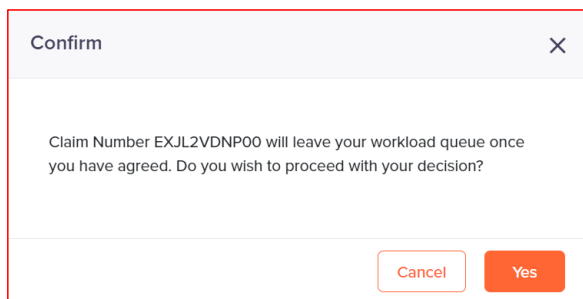
- Letter Type section – Displays a different Letter Type associated for a selected Client.
- Letters section – Letter Reference Number will be unique for each Letter card.

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

Claim Disposition: [Definition](#)

- 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.

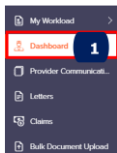


Dashboard

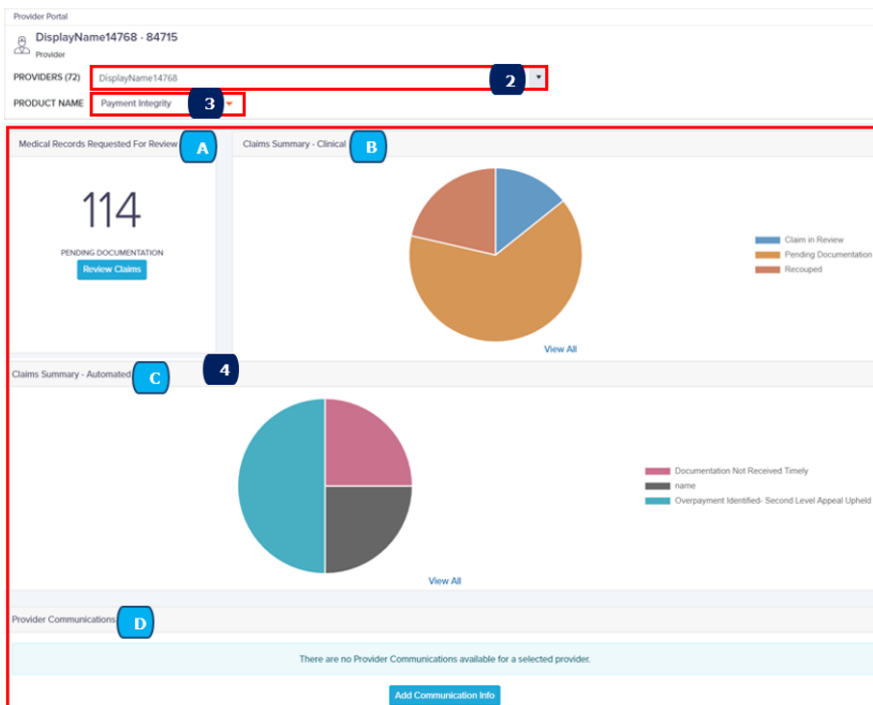
The PI Dashboard screen is explained in detail below.

To view Dashboard screen, follow the steps below.

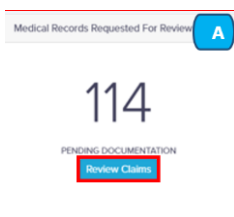
1. Select "Dashboard" from the left navigation menu



2. Use the dropdown list to select the Provider you have access.

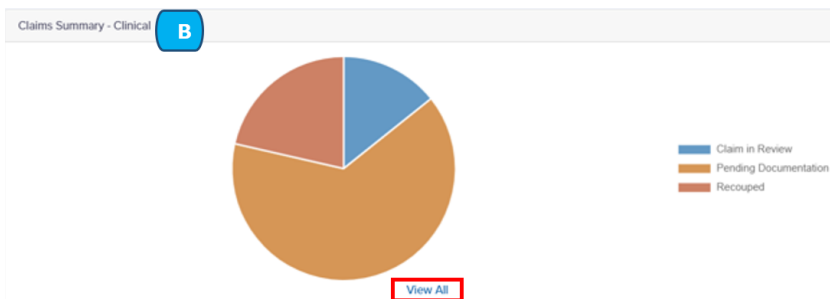


3. Use the dropdown list to select the Product Name such as Payment Integrity
Note: Application displays other product names based on your contract and access rights.
4. Use any of the below Cards to perform action.
 - A. Medical Records Requested for Review - Indicates number of claims, if any, which require Medical Records to be uploaded. Application displays "Congratulations" message if there no claims pending documentation



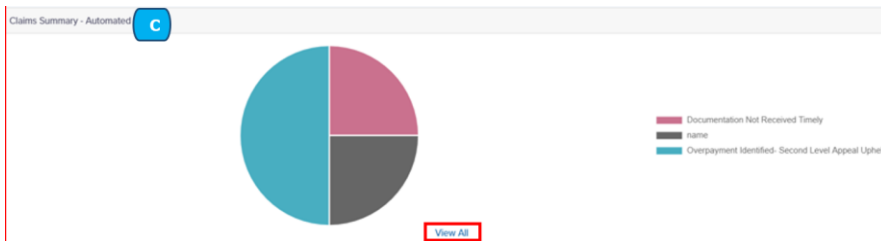
Click **Review Claims** to view the above one hundred and fourteen pending claims and upload Medical Records which is explained in detail later in this document.

- B. Claims Summary – Clinical - Illustrates number of Clinical claims with their statuses.

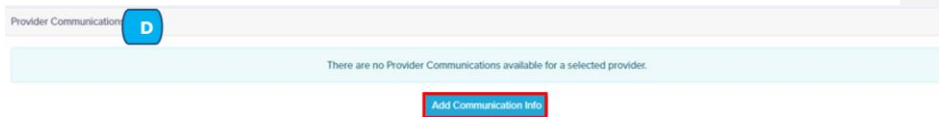


- I. Hover over a section to view number of claims in that status.
 - II. Select a section in pie chart to view list of claims for that status.
 - III. Select "View All" to view detailed statuses of all claims.
 - IV. Select "View Less" to view only legends/representation of entries.

- 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.

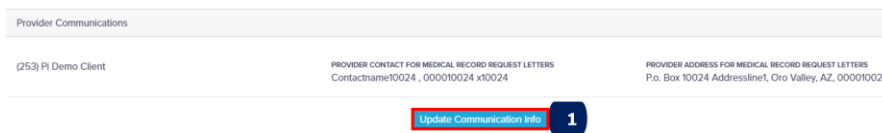
Navigating to “Provider Communications” screen

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

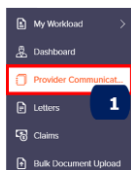
1. Click **Update Communication Info** from Dashboard to view and update contact details in “Provider Communications” screen.



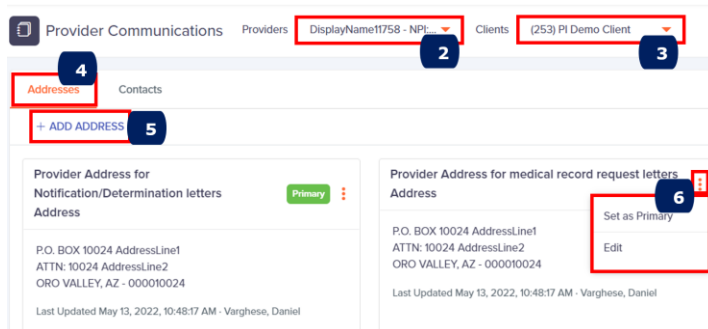
(or)

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.

Address Type
Provider Address f

Address 1 *
P.O. BOX 10024 Ac

Address 2
ATTN: 10024 Addr

City *
ORO VALLEY

State *
AZ

Zip *
000010024

Make this as primary add

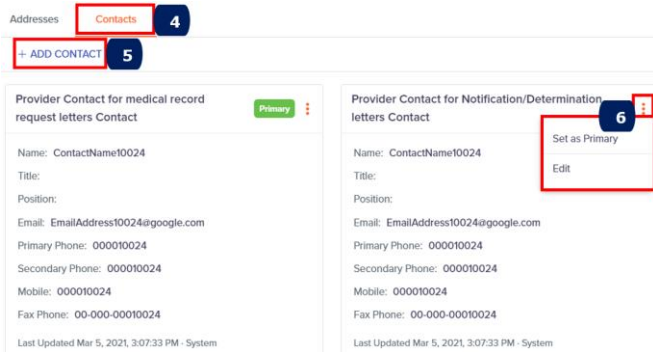
Cancel Save Address

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 **+ ADD CONTACT** to create a new contact in the popup window below.

📞 Add a new contact
×

Create a new contact for (253) PI Demo Client

Contact Type *		Name *	
Title		Position	
Primary Phone *	Ext.	Secondary Phone	Ext.
Mobile		Email	
Fax		<input type="checkbox"/> Make this as primary cor	

Cancel
Add Contact

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.

h Edit Provider Contact for Notificati... X

Edit the contact information below for (253) PI
Demo Client

Contact Type Name *

Provider Contact fr ContactName1002

Title Position

Primary Phone * Ext. Secondary Ext.
Phone Phone

000-010-0 1C 000-010-0 10

Mobile Email

000-010-024 EmailAddress1002

Fax

000-000-0010 Make this as primary con

Cancel Save Contact

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.

The screenshot shows the HMS Portal interface. On the left is a dark navigation menu with 'Letters' highlighted and numbered 1. The main content area is titled 'Letters' with a sub-header 'Payment Integrity' numbered 2. Below this, there are filter options under 'Letter Type' (numbered 3) and 'Context Name'. A search bar at the top right is numbered 4, with a 'Search' button numbered 5. The search results are displayed in a table with columns for Provider Name & No., Sent Date, Letter Type, and Claims. The first row is numbered 7. To the right of the table, there are 'View Claims' and 'View as PDF' links, with the latter numbered 6.

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

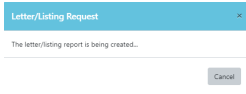
Select “Clear” to remove data and refresh screen with new Letter information’s.

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

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.



Subsequently displays PDF Letter in a new browser page as shown below with an option to 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

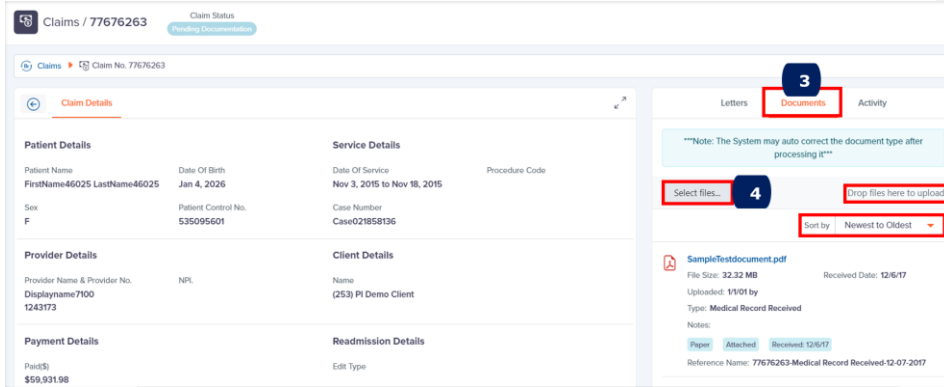
PENDING DOCUMENTATION
[Review Claims](#) 1

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.

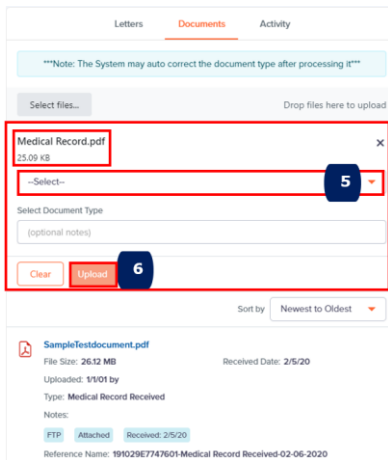
Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No.
6130404899	8	Display Name F78224	Dec 18, 2387	1128400744
6129105952	20	Display Name F9358	Jan 25, 2391	1126600654
620657690	16	Display Name F977B	Jan 20, 2392	A1050003H
620657690	22	Display Name F977B	Jan 20, 2392	A1050003H

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 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](#)

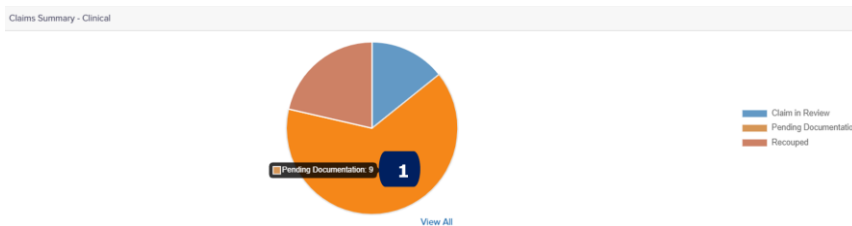
3. From Dashboard – "Claims Summary – Clinical" Card

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.



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

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.

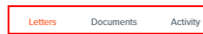
The PI Reference Claims is shown as example below.

The screenshot shows the 'Reference Claims' tab selected. The table below represents the data shown in the interface:

Claim No.	Claim Status	Date Of Service	Document Count
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0

On the right side of the interface, there is a 'No Letters!' message with a document icon and the text: 'There is no letters were found for this claim.'

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



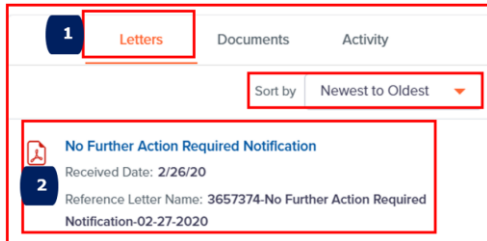
The above tabs remain constant throughout the application

- **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.

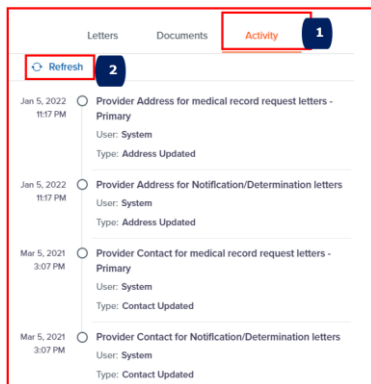
Documents

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.



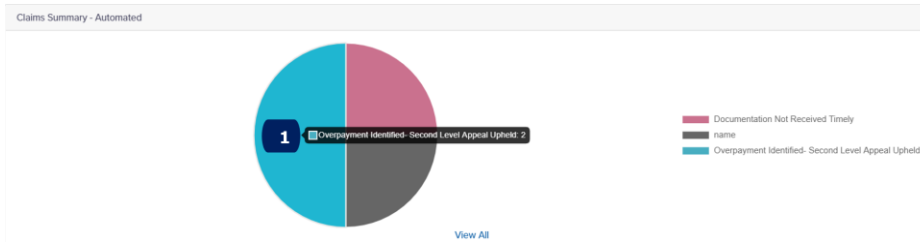
4. From Dashboard – “Claims Summary – Automated” Card

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.

Claims Payment Integrity

7 Total Claims Search by Claim Number, Patient Name, Provider Name / Number Sort

Filters

Provider: DisplayName13034 (7)

Claim Status: Overpayment Identified-Second Level Appeal Upheld (7)

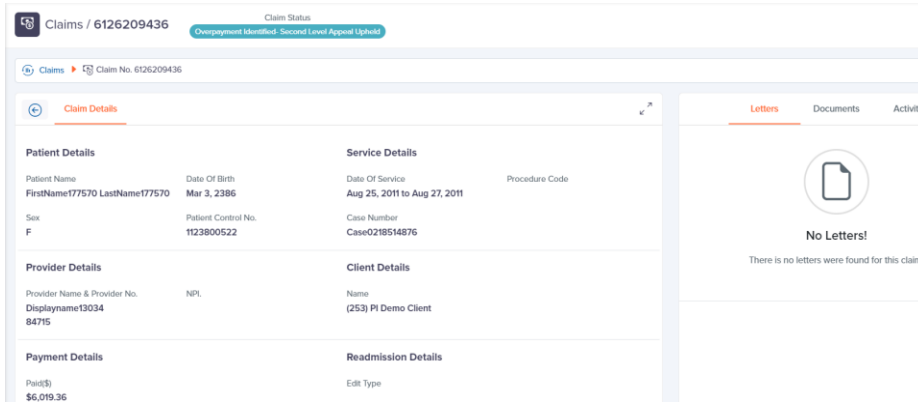
Review Type: Automated (7)

Multi-Claim Review: No (7)

Filtered by: Claim Status: Overpayment Id... Provider: DisplayName130... Review Type: Automated Clear All

Claim No. 6126209436 2	Line No. 10	Patient Name DisplayName177570	Date of Birth Mar 4, 2386	Patient Control No 1123800522
Provider Name & No. Displayname13034 84715	Date Of Service Aug 26, 2011 to Aug 28, 2011	Client Name (253) PI Demo Client	Claim Status Overpayment Identified-Second Level Appeal Upheld	
Claim No. 6127904312	Line No. 14	Patient Name DisplayName177563	Date of Birth Feb 25, 2386	Patient Control No 1125700645
Provider Name & No. Displayname13034 84715	Date Of Service Sep 14, 2011 to Sep 16, 2011	Client Name (253) PI Demo Client	Claim Status Overpayment Identified-Second Level Appeal Upheld	
Claim No. 6126209436	Line No. 3	Patient Name DisplayName177570	Date of Birth Mar 4, 2386	Patient Control No 1123800522
Provider Name & No. Displayname13034 84715	Date Of Service Aug 26, 2011 to Aug 28, 2011	Client Name (253) PI Demo Client	Claim Status Overpayment Identified-Second Level Appeal Upheld	

2. Select the Claim No. link to view the Claim Details screen as shown below.

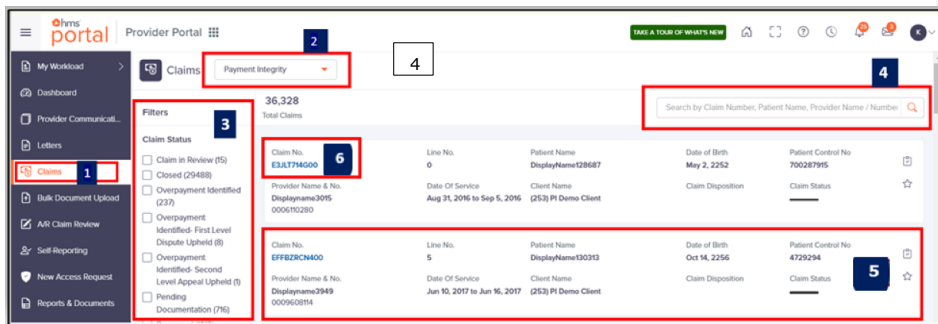


Note: For further steps, please refer "From Dashboard – Medical Records Requested for Review" Card earlier in this section.

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.

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

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

a. Agree

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

b. Unknown

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

c. -- (Not Applicable)

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

To know more about the status, [click here](#)

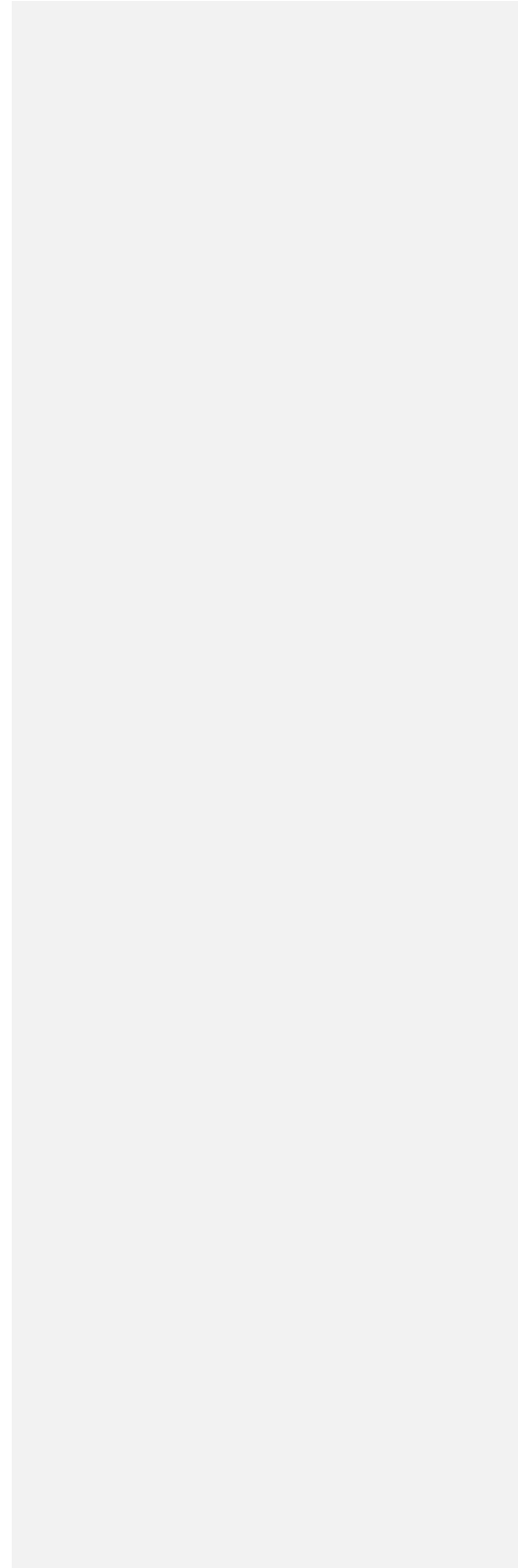
6. Select "Claim No." to view complete information of the claim and perform activity in "Claim Details" screen such as upload "Documents", view Letters associated to claim, view various activities performed on the claim etc.
7. Click pagination numbers available at bottom to find the required Claim card.

Note: For further instructions to upload Medical Records, please [Click Here](#).

To know more about "Letters" "Documents", "Activity" Tabs, please [Click Here](#).

The image features a minimalist, abstract design. It consists of several overlapping rectangular blocks. A large, solid orange block is positioned in the upper-left quadrant. A horizontal grey bar extends from the left edge of the frame, passing behind the orange block. Another vertical grey bar extends from the top edge, passing behind the orange block. A white rectangular box is centered horizontally and overlaps the bottom edge of the orange block and the horizontal grey bar. The text 'UTILIZATION REVIEW (UR)' is printed in a dark red, sans-serif font within this white box. The background is a light grey gradient that transitions from the top right towards the bottom left.

UTILIZATION REVIEW (UR)



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

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.

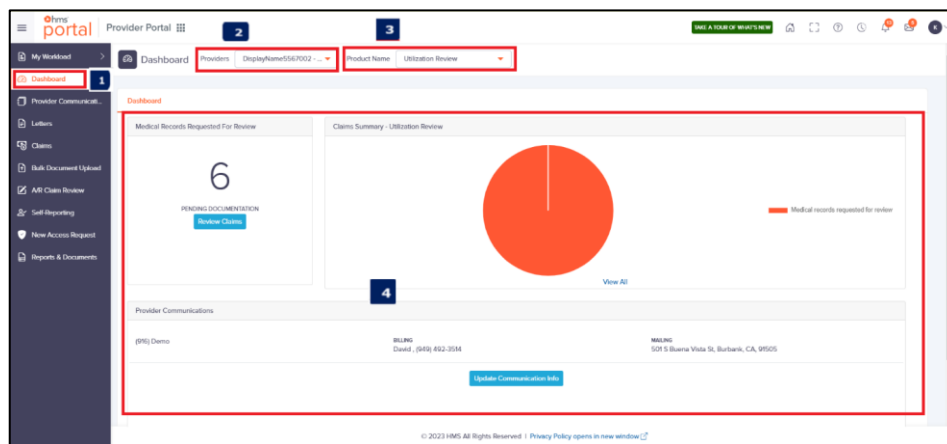
Commented [A51]: Shift the orange icon

Dashboard

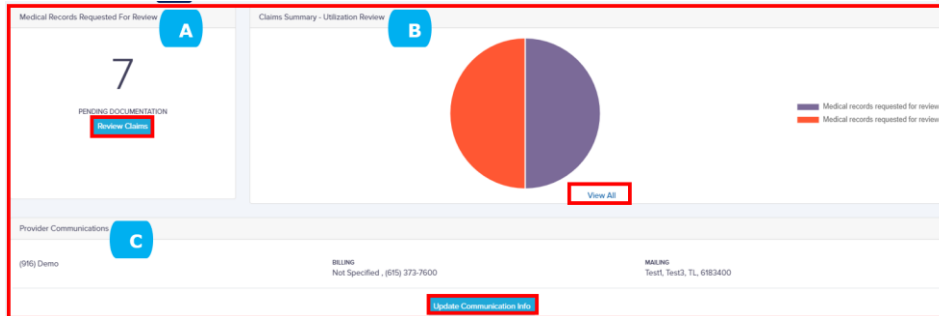
The Utilization Review (UR) Dashboard screen is explained in detail below.

To view Dashboard screen, follow the steps below.

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



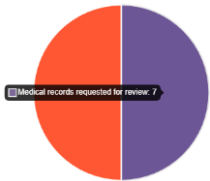
2. Use the dropdown list to select the Provider you have access to.
3. Use the dropdown list to select the Product Name such as Utilization Review
Note: Application displays other product names based on your contract and access rights.
4. Use any of the below Cards to view at-a-glance key performance 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.

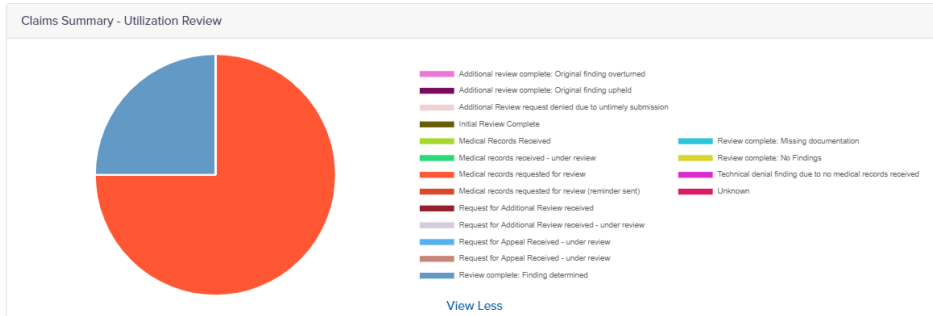
Click **Review Claims** to view the above pending documentation and upload Medical Records which is explained in detail later in this document.

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



- 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.

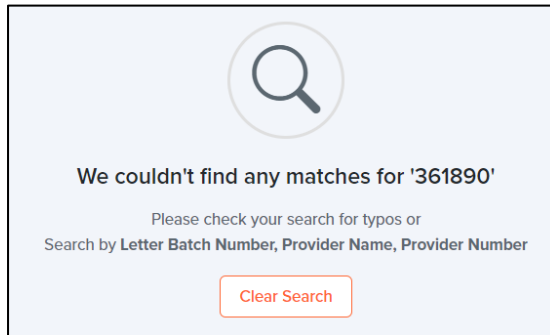
1. Select "Letters" from left navigation menu to view "Letters Search" screen shown below.

The screenshot shows the HMS Portal interface for the Letters Search screen. The left navigation menu has 'Letters' highlighted with a red box and a blue callout '1'. The top navigation bar shows 'Letters' and a dropdown menu for 'Utilization Review' with a blue callout '2'. A 'Claim Export Report' button is in the top right with a blue callout '8'. The main content area has a search bar with a blue callout '4' and a search button with a blue callout '5'. A filters panel on the left has a blue callout '3'. The main table displays search results with columns for Provider Name & No., Sent Date, Letter Type, and Claims. A 'View Claims' button is highlighted with a red box and a blue callout '7'. A 'View Claims' button with a red box and a blue callout '6' is also visible. A blue callout '12' is near the top of the table. A note at the top of the table reads: "**Dispute**" means any rebuttal, response, appeal or request for reconsideration from the Provider in response to the HMS overpayment finding.

Provider Name & No.	Sent Date	Letter Type	Claims
Displayname5567005 Poin1234567893	Jun 1, 2022	ABCDL	1
Client (916) DEMO	Batch Number 110692		
Provider Name & No.	Sent Date	Letter Type	Claims
Displayname5567005 Poin1234567893	May 30, 2022	ABCDL	1
Client (916) DEMO	Batch Number 110692		

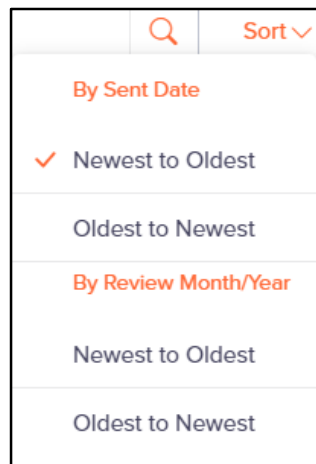
2. Product Line: Select the Product Line from the drop-down menu – Utilization Review.
3. Facet Filters: User can select any of the options from the filters (Letter Type, Line of Business, Context Name) to narrow down the search results. Once a checkbox is selected, the screen is automatically refreshed, 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

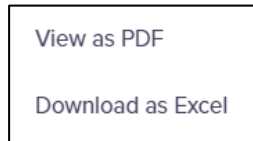


- Click "Clear Search" to remove search data and screen refreshes with all the Letter information.

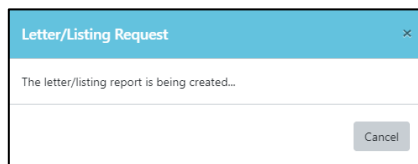
5. Sort: Use dropdown list to sort the Letter cards based on the options below.



6. Letter/Listing: Click on the 3 dots in the Letter Card, to view specific Letter as PDF or to Download it as Excel.



- 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.



- The PDF Letter is displayed in a new browser page as shown below, with an option to 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:

The screenshot shows a dialog box titled "Claim Export Report" with a close button (X) in the top right corner. Below the title bar, there is a section labeled "Provider Number" containing a text input field with the placeholder text "Find Provider Number and Add Multiple Providers". Below this, there are two date selection fields: "From Date *" and "To Date *". Each date field contains the placeholder text "month/day/year" and a calendar icon. At the bottom of the dialog, there are two buttons: "Cancel" (highlighted with a red border) and "Download".

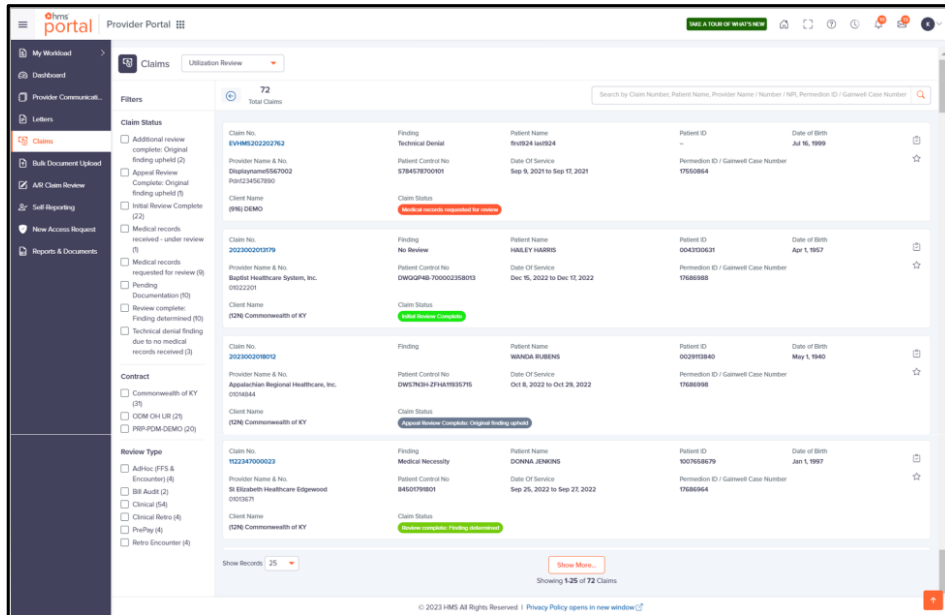
Users can search by Provider Number, Tax ID or NPI, followed by the Letter Sent Date Range, to download the Claim Export Report that contains all the Claim information associated with Letter Reference Number for the Selected Provider Number/Tax ID/NPI.

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.

Claims

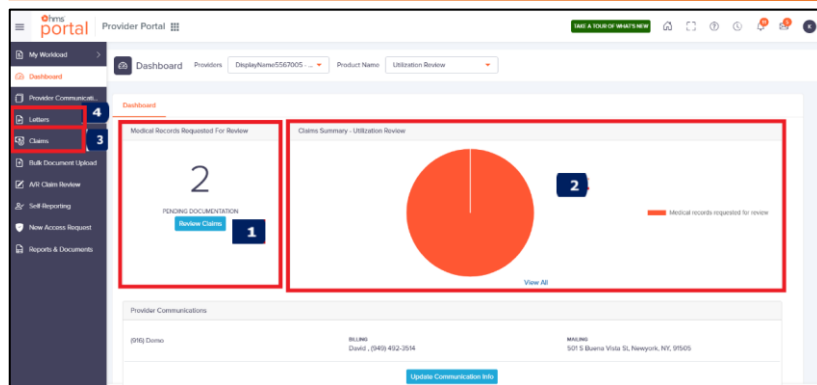
Displays list of Claims associated with a Provider Letter and perform following actions in the **Claim Search** screen:



- 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:

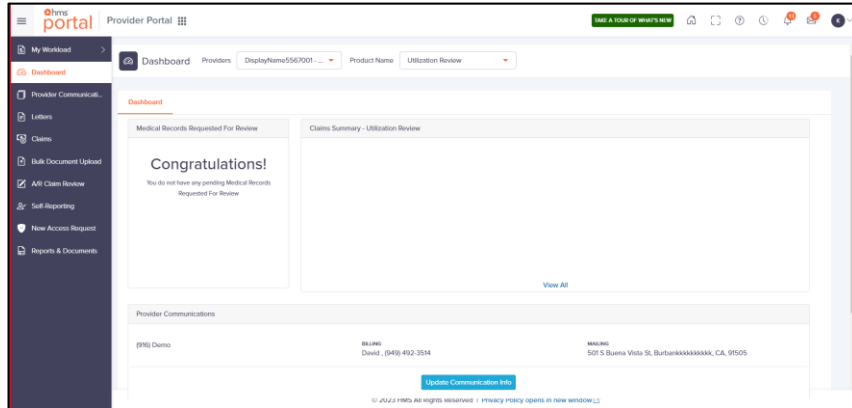


1. From Dashboard – “Medical Records Requested for Review” Card
2. From Dashboard – “Claims Summary - Utilization Review” Card
3. From Claims (Left Navigation Menu)
4. From Letters (Left Navigation Menu) – “View Claims” in Letter card

1. From Dashboard – “Medical Records Requested for Review” Card

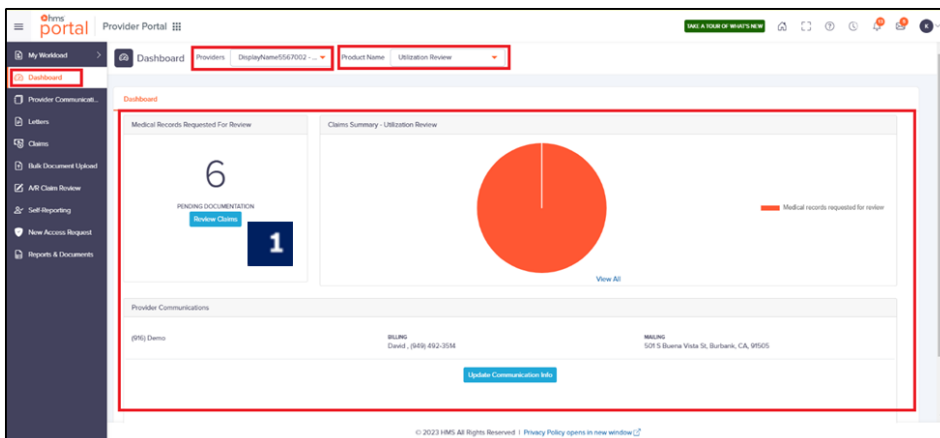
Enables you to view claims (if any) which require Medical Records to be uploaded.

Note: Below card indicates claims require Medical Records to be uploaded. If no records are pending, the application displays “Congratulations” message.

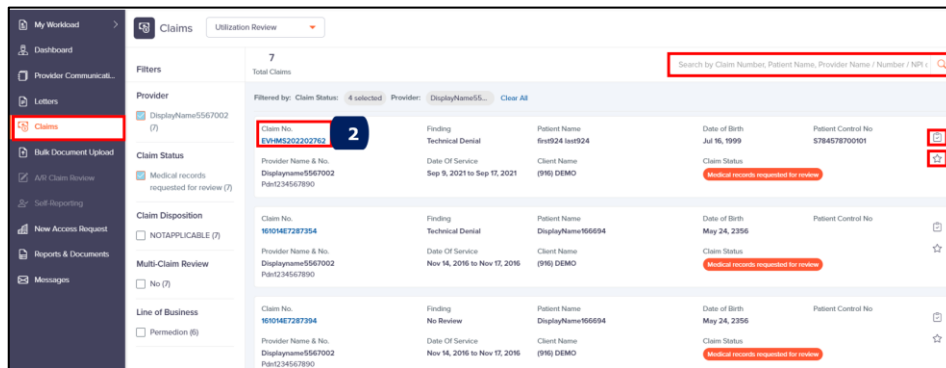


To view claims pending documentation, follow the steps below.

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

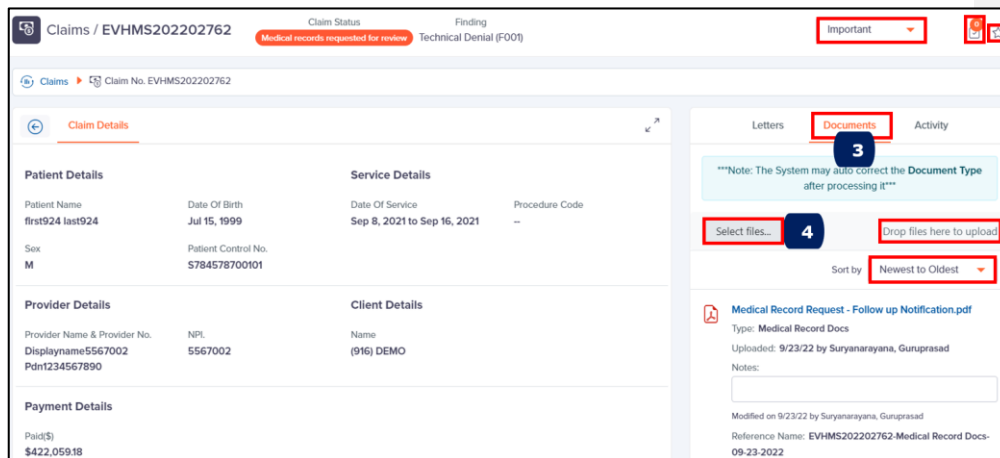




Claim Search screen



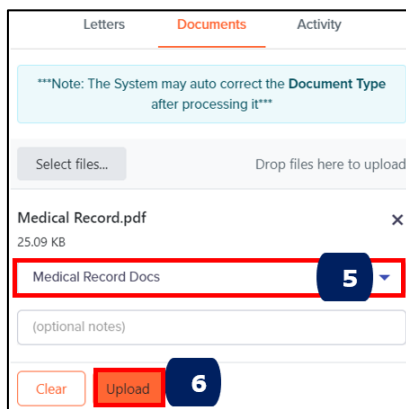
Claim Details screen

- 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.

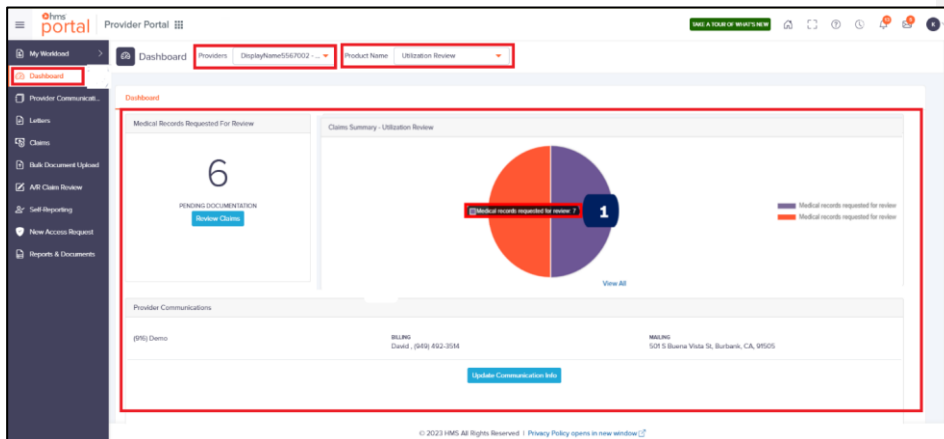
2. From Dashboard – “Claims Summary – Utilization Review” Card

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".

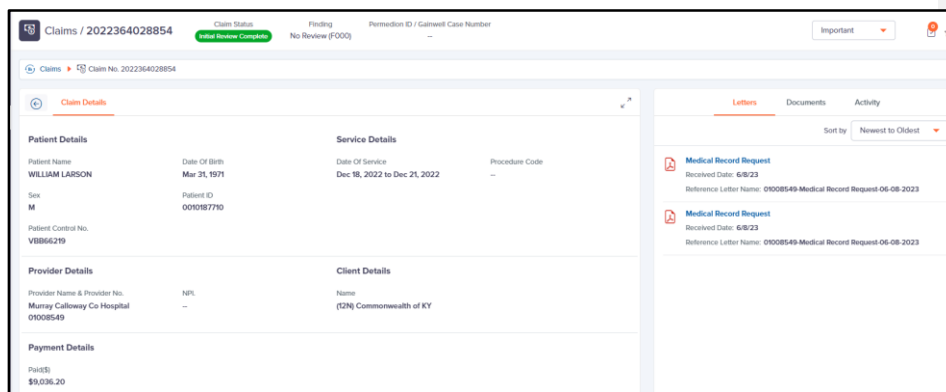


Application displays all the "Medical Records requested for review" Claims cards, with respective filters applied in the "Claims" screen.

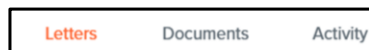
Note: For more details, please refer "From Dashboard – Medical Records Requested for Review" Card earlier in this section or [Click Here](#).

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.



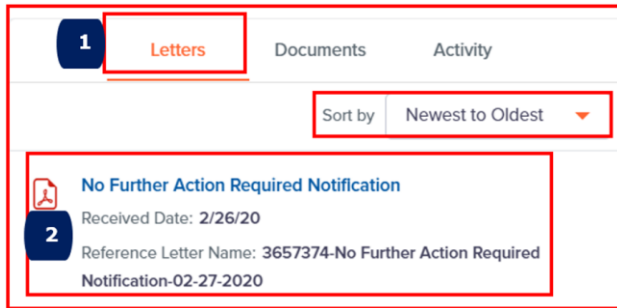
The above tabs remain constant throughout the application:

- **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.

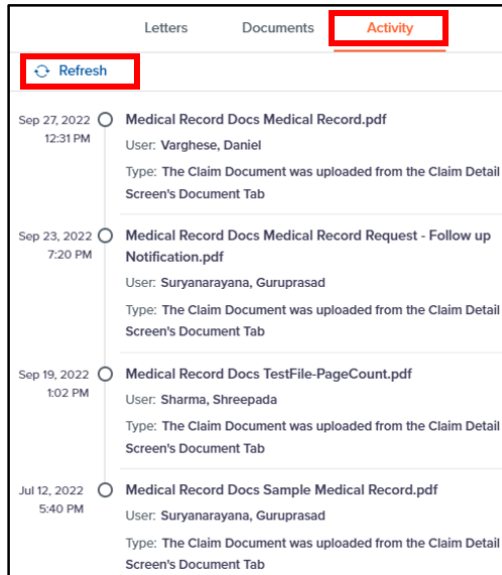
Documents

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

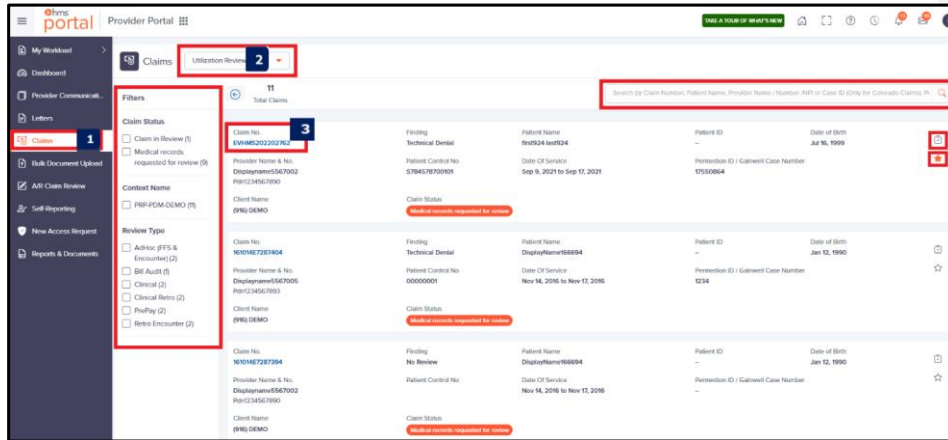
Application captures and displays all activities performed by both system (application) and users on the claim in descending order of dates for viewing. Refresh link enables you to refresh with latest activity.





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  to view and add new tasks.
- Click on Star Icon  to mark the claim as important.

Note: For further steps to upload Medical Records, please [Click Here](#).

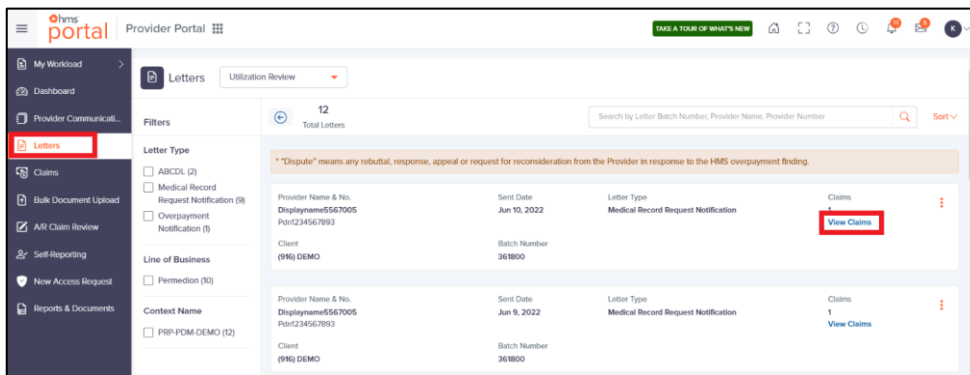
The tabs -    are explained in the previous topic under "From Dashboard – Claim Summary – Utilization Review".

Claim No. EVHMS202202762	Finding Technical Denial	Patient Name fhs1924 last1924	Patient ID -	Date of Birth Jul 16, 1999
Provider Name & No. Displayname5567002 Print234567890	Patient Control No S78457870001	Date Of Service Sep 9, 2021 to Sep 17, 2021	Permedion ID / Gainwell Case Number 17550864	
Client Name (916) DEMO	Claim Status Medical records requested for 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.