



Parkland
Community Health Plan

Provider Website Portal User Guide
for
ParklandHealthPlan.com/Providers/Login

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Welcome!

Welcome to the Provider Portal User Guide! This course will teach you the fundamentals skills necessary to manage the Parkland Community Health Plan (PCHP) Provider portal.

This document contains general task and steps that you can refer back to at any time. Detailed information and helpful tips about each topic are also included to provide insight and guidance to best practices.

As a provider and medical professional, the Parkland Community Health Plan Provider Portal will give you the ability to check patient's eligibility, coverage, check claim status, submit and view authorizations and referrals, and more.

Need help with questions, claims, payments, authorizations and more?
Please call our Provider Customer Service at 1-888-672-2277 HEALTHfirst or
1-888-814-2352 KIDSfirst.

Target Audience

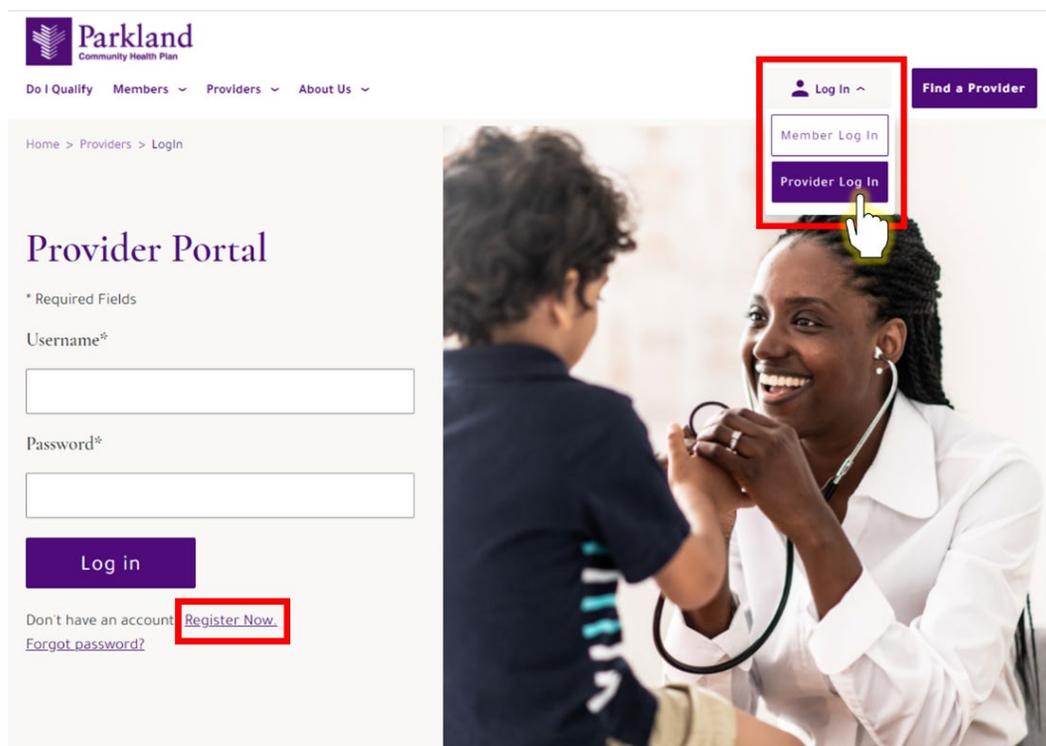
This guide is designed for administrators and providers who will utilize the PCHP Provider Portal in their organization.

Chapter 1 – Provider Sign Up

Providers can access the portal through the Parkland Community Health Plan website at ParklandHealthPlan.com.

To access the provider portal, click the Log In → Provider Log In.

All providers will need to register for a new account before logging in for the first time. To register, click the [Register Now](#) link.



Step 1. After you click on **Register Now** link, the next screen will be our License Agreement.

Please read over it, and if you agree, click **Accept** then **Next** to continue.

License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

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Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the products, data, or any information about the products. We are not liable for errors in data or transmission or for lost data. Any questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

Accept

Cancel

Next

NOTE: If the provider selects **Cancel** they are returned to the log in screen and cannot proceed to the portal.

Step 2. The profile information form appears prompting the user to enter the provider information. Complete all fields. Your Tax Identification and NPI Numbers are required. Click 'Add Provider' at bottom of form.

Please complete all fields. Your Tax Identification and NPI Numbers are required. Click 'Add Provider' at bottom of form.

To add multiple Tax Identification and NPI numbers, complete those fields, click 'Add Provider'.

Click 'Next' to proceed with the Sign-up process.

First Name

Last Name

Practice / Group Name

Address Line 1

City

State

Zip

Phone

Primary Specialty

Contact Name

Contact Phone

TIN

NPI

Step 3. The provider information will appear at the top of the page. Here you can review, edit or remove providers.

Step 4. If this provider account will be associated with more than one TIN/NPI combination, add another provider by entering the **Contact Name, Contact Phone, TIN, and NPI**. Click **Add Provider** again to finish this step. You can continue to add additional Provider by clicking **Add Provider** again.

Please complete all fields. Your Tax Identification and NPI Numbers are required. Click 'Add Provider' at bottom of form.
To add multiple Tax Identification and NPI numbers, complete those fields, click 'Add Provider'.
Click 'Next' to proceed with the Sign-up process.

First Name
Test

Last Name
Provider

Added Providers	Contact Name	Contact Phone	TIN	NPI		
Mr. Name	(555) 555-5555	xxxxxx1111	xxxxxx1111	Edit	Remove	
Mr. Name 2	(444) 444-4444	xxxxxx222222	xxxxxx2222	Edit	Remove	

Practice Group Name
Test

Address Line 1
1111 Street Name

City
Dallas

State
Texas

Zip
75247

Phone
(555) 555-5555

Primary Specialty
Family Practice

Contact Name

Contact Phone

TIN

NPI

Previous Add Provider Next Cancel

NOTE: If you are creating an account for multiple providers in your practice, in addition to entering a provider's demographic information it's also very important for you to include your contact name and number in the contact information fields.

Step 5. Once all TINs/NPIs have been added click **Next**.

Step 6. Enter the account information. The profile information form continues prompting the user to enter a username and security information. This is the username you will use to log into the portal.

Security Questions: Select 3 of the preset security questions and then add answers. The answers to the 3 security questions are case sensitive.

NOTE: The username you create must be unique. If there is another username already in use throughout the HealthX system, you will be notified that the username is not available.

Username: Must be at least 3 characters in length and start with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash), _ (underscore) and @ (at sign)

Please enter your full business email address, for example, name@domain.com

Password: At least 8 characters/Alpha-numeric and special characters - _!#\$%&*~^!/?/+

Username

PCHP_TestProvider

E-mail Address

Test@email.com

Confirm E-mail Address

Test@email.com

Password

Confirm Password

Security Question 1

What was the name of your first pet? ▾

Test

Security Question 2

What was your school mascot? ▾

Test

Security Question 3

In what city were you born? (Enter full name of city only) ▾

Test

Cancel

Next

Previous

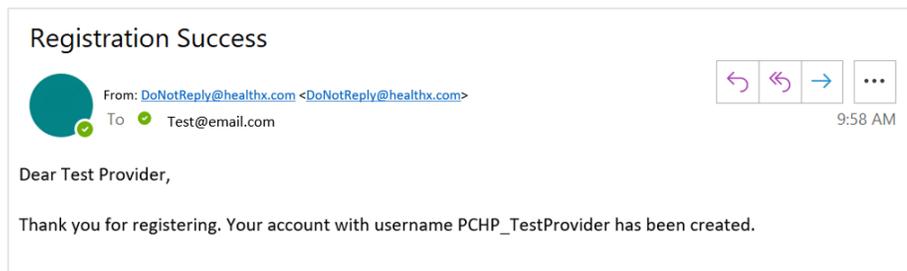
Step 7. Review the information. Make any changes by clicking the **Previous** button. If correct, click **Next**.

Step 8. If you need to change anything, click **Previous**. If no changes are needed, click **Finish**.

Once the provider account is created you will be able to add more TINS or NPIs, via the profile section in the portal.

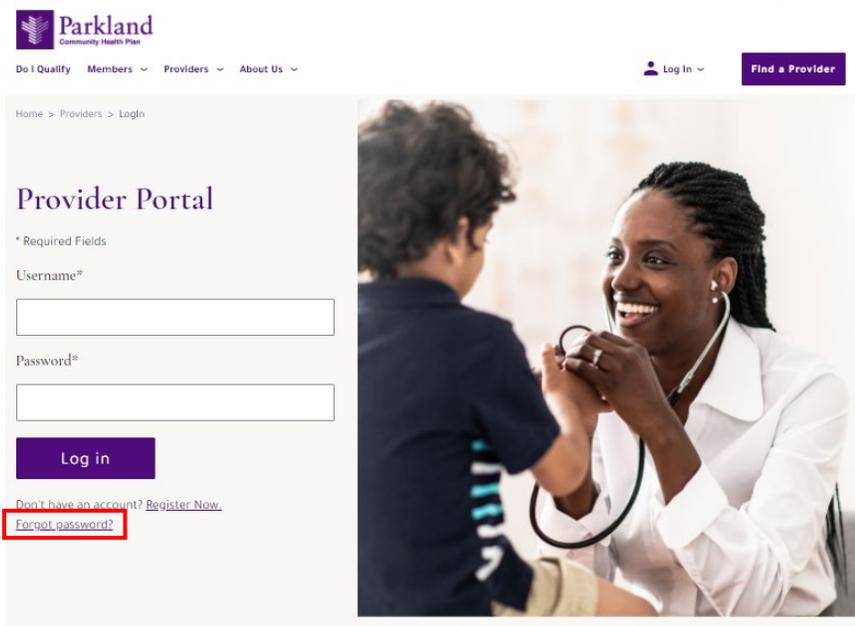
CAUTION: You must click **Finish** to ensure your account is created. If you do not click **Finish**, the user account will not be created.

Step 9. A confirmation email is sent from DoNotReply@healthx.com. Check your “Junk” mail if you do not receive.

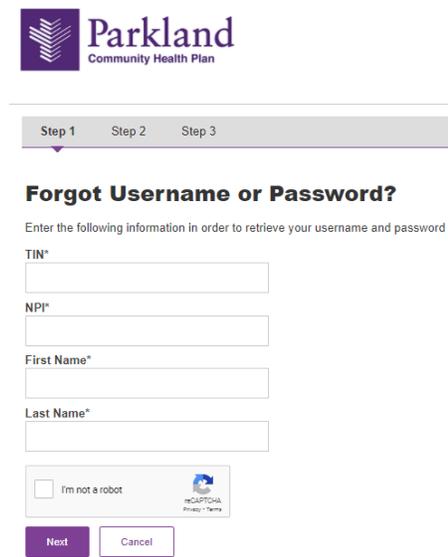


Chapter 2 – Forgot Service

If a provider no longer remembers their username or password, only the password can be reset by the provider through the **‘Forgot password?’** function. Working through the Forgot Password function, the username will display after the provider enters some of their information and answers their security questions.



Step 1. On the Login page, click the **‘Forgot password?’** link. The first step in the process is to verify the provider’s TIN and name.



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Step 1 Step 2 Step 3

Forgot Username or Password?

Enter the following information in order to retrieve your username and password

TIN*

NPI*

First Name*

Last Name*

I'm not a robot 

Step 2. Click Next.

If the TIN and name are validated, the second step appears displaying the provider's, username. If the provider remembers their password, they can click Cancel to return to the login page and enter their login credentials.

If the provider needs their password reset, they will need to enter the answers to two of their three security questions.

Step 3. Click Next.

If the answers to the security questions match what is in the database, the service proceeds and the provider is prompted to enter in a new password.

If the answers do not match, a message box appears at the top with instructions to try again or contact support.

Sorry, the answers you provided do not match your account. Please try again or contact customer support.

When the password is reset, the provider is returned to the login page and an email is sent confirming the change.

To contact customer support, call 1-888-672-2277 HEALTH*first* or 1-888-814-2352 KIDS*first*.

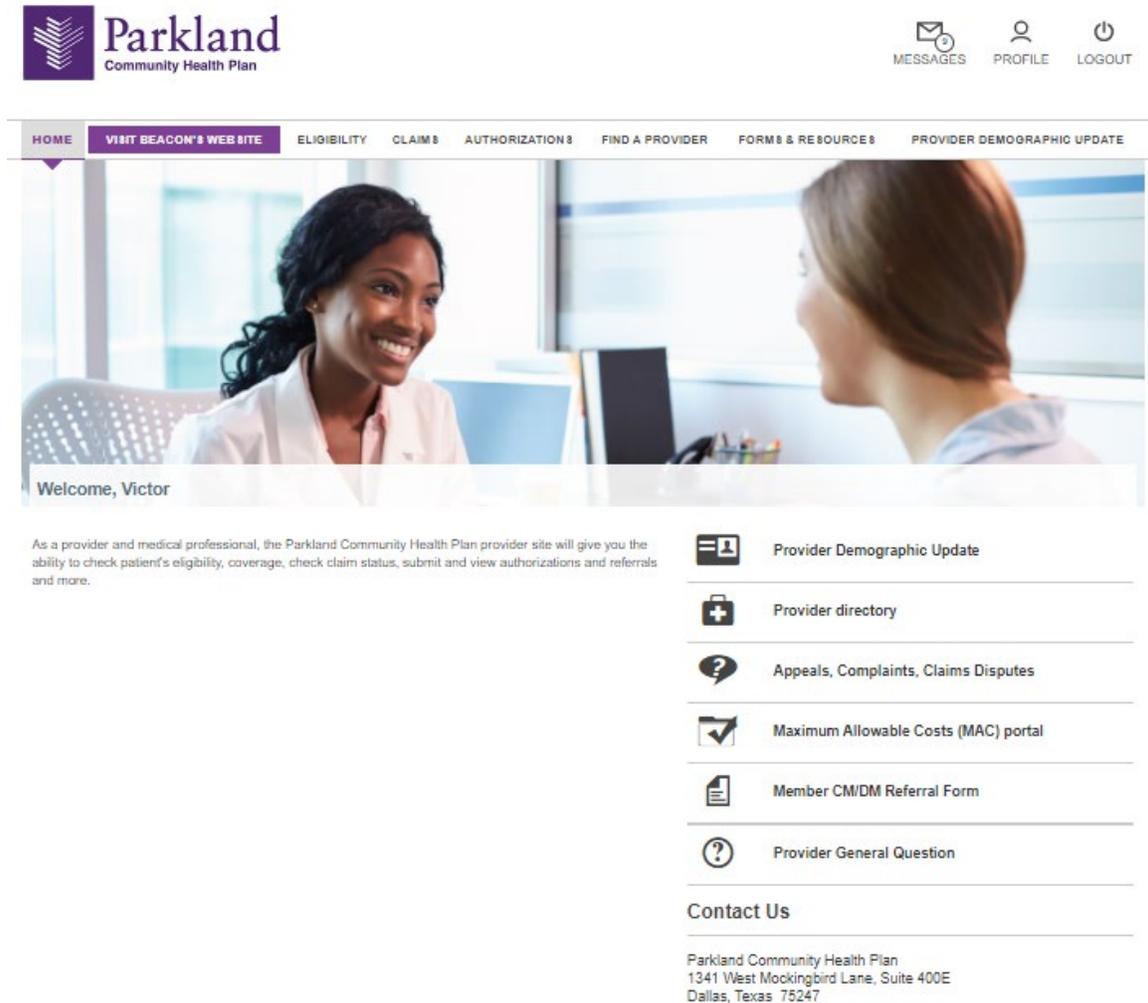
Chapter 3 – Introduction to the Provider Portal

Home

The Provider portal is the gateway to access information about claims, patient eligibility and authorizations. A quick tour around the portal displays several navigation options. The portal also gives providers a secure way to ask questions through our system without having to pick up the phone.

Once logged in, you will see several navigation options:

- The Provider Profile
- Eligibility and Claims
- Find a Provider
- Quick Links



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MESSAGES PROFILE LOGOUT

HOME VISIT BEACON'S WEB SITE ELIGIBILITY CLAIMS AUTHORIZATIONS FIND A PROVIDER FORMS & RESOURCES PROVIDER DEMOGRAPHIC UPDATE

Welcome, Victor

As a provider and medical professional, the Parkland Community Health Plan provider site will give you the ability to check patient's eligibility, coverage, check claim status, submit and view authorizations and referrals and more.

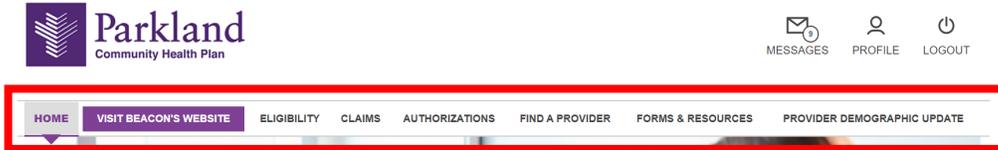
-  **Provider Demographic Update**
-  **Provider directory**
-  **Appeals, Complaints, Claims Disputes**
-  **Maximum Allowable Costs (MAC) portal**
-  **Member CM/DM Referral Form**
-  **Provider General Question**

Contact Us

Parkland Community Health Plan
1341 West Mockingbird Lane, Suite 400E
Dallas, Texas 75247

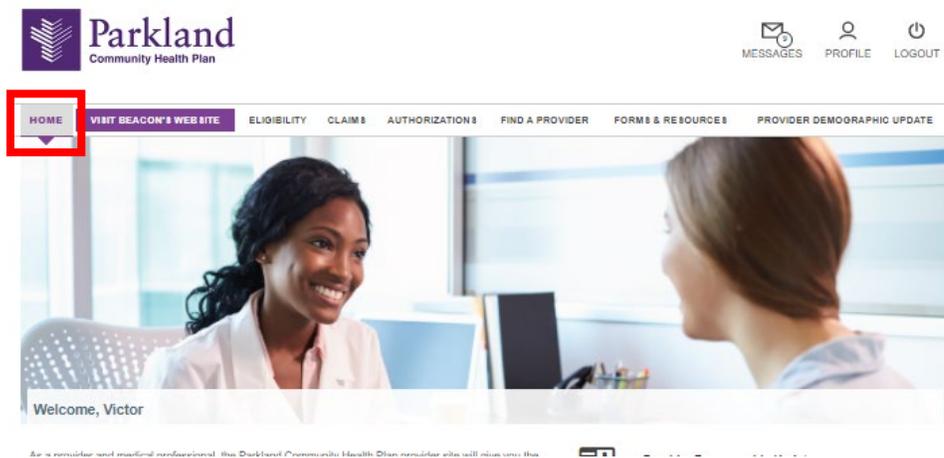
Primary Navigation

The menu along the top of the screen provides easy access to specific information.



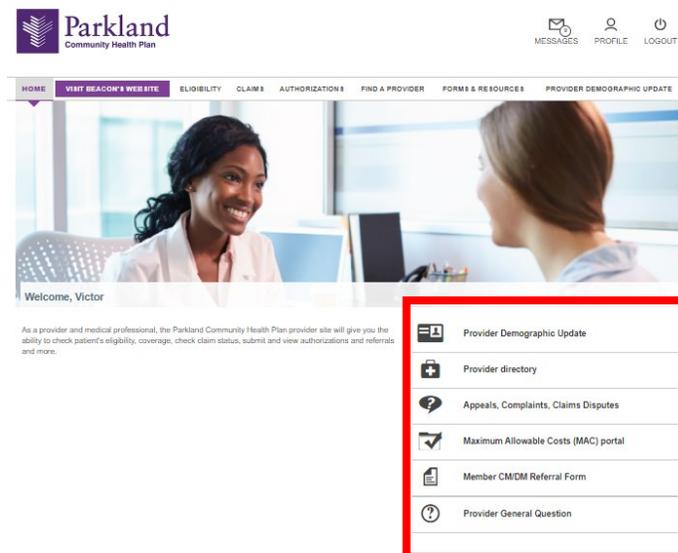
Home

The homepage link directs users back to the Provider homepage.



Quick Links

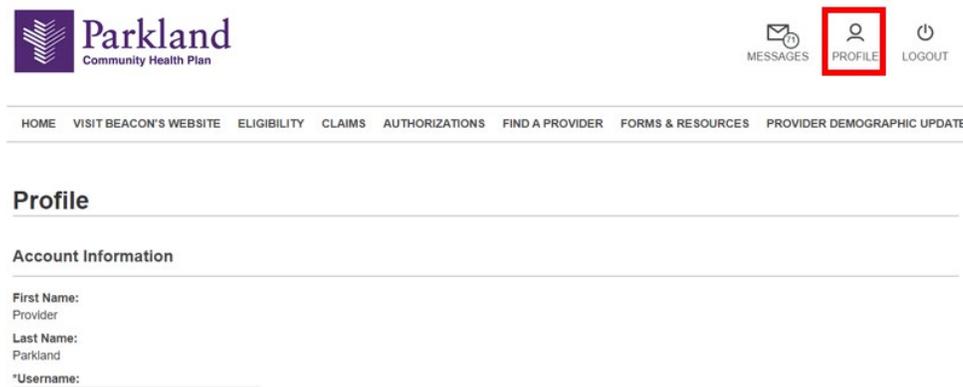
The Quick Links list gives a fast way to access information and resources. Below displays the links to the various information including Appeals, Complaints, Claims Disputes, Referrals and the MAC Portal.



Profile Link

The provider can click the Profile link to update their user and security information at any time. Click the **Profile** link.

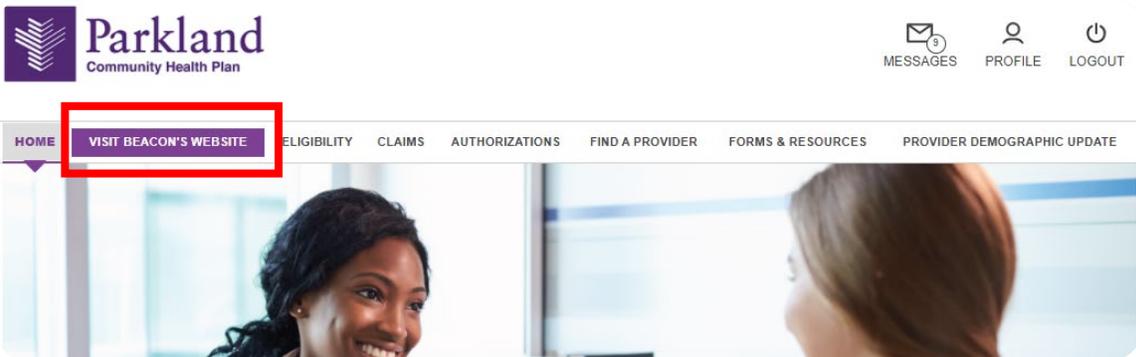
- **Account Information:** Allows the provider to update their name, phone, email address, and change their username.
- **Security Information:** Allows the provider to change their password, and update security questions.
- **Contact Options:** Allows the provider to change their contact email, phone, fax, or mailing address.
- **Associated Team:** Allows the provider to view and edit associated TINs. Additional TINs can be added here.



The screenshot shows the Parkland Community Health Plan provider portal. At the top left is the Parkland logo. On the right, there are three navigation icons: 'MESSAGES' (envelope icon), 'PROFILE' (person icon, highlighted with a red box), and 'LOGOUT' (power icon). Below the navigation bar is a horizontal menu with links: HOME, VISIT BEACON'S WEBSITE, ELIGIBILITY, CLAIMS, AUTHORIZATIONS, FIND A PROVIDER, FORMS & RESOURCES, and PROVIDER DEMOGRAPHIC UPDATE. The main content area is titled 'Profile' and contains a section for 'Account Information' with the following fields: 'First Name: Provider', 'Last Name: Parkland', and '*Username: _____'.

Chapter 4 – Visit Beacon’s Website

You can access the Beacon Health Provider Portal Login Page by clicking on the Visit Beacon’s Website (located on the main menu). You will be redirected to Beacon’s website – <https://providerportal.beaconhealthoptions.com/index.html#/login>.



The screenshot shows the Parkland Community Health Plan website. The top navigation bar includes the Parkland logo, a 'HOME' dropdown menu, and a 'VISIT BEACON'S WEBSITE' menu item highlighted with a red box. Other menu items include ELIGIBILITY, CLAIMS, AUTHORIZATIONS, FIND A PROVIDER, FORMS & RESOURCES, and PROVIDER DEMOGRAPHIC UPDATE. The top right corner has icons for MESSAGES, PROFILE, and LOGOUT. Below the navigation bar is a banner image of two women smiling. A pink notification bar contains a reminder about Cultural Competency training. The main content area features a blue 'beacon health options Provider Portal' section with a list of services: Check member real-time eligibility, Submit and view claims statuses, View Authorizations, and Update Provider Demographics. To the right is a white 'Login below' section with a light blue instruction box: 'Please use your existing eServices or ProviderConnect credentials'. It includes input fields for Username and Password, with links for 'Forgot Username' and 'Forgot Password'. A green 'LOGIN' button is at the bottom, followed by a link for 'Not registered? Sign up here'.

Chapter 5 – Eligibility

The **Eligibility** tab allows providers to search for eligibility information for potential patients. Click Eligibility from the menu.

Step 1. The Search screen appears allowing you to search by member name, or member ID.

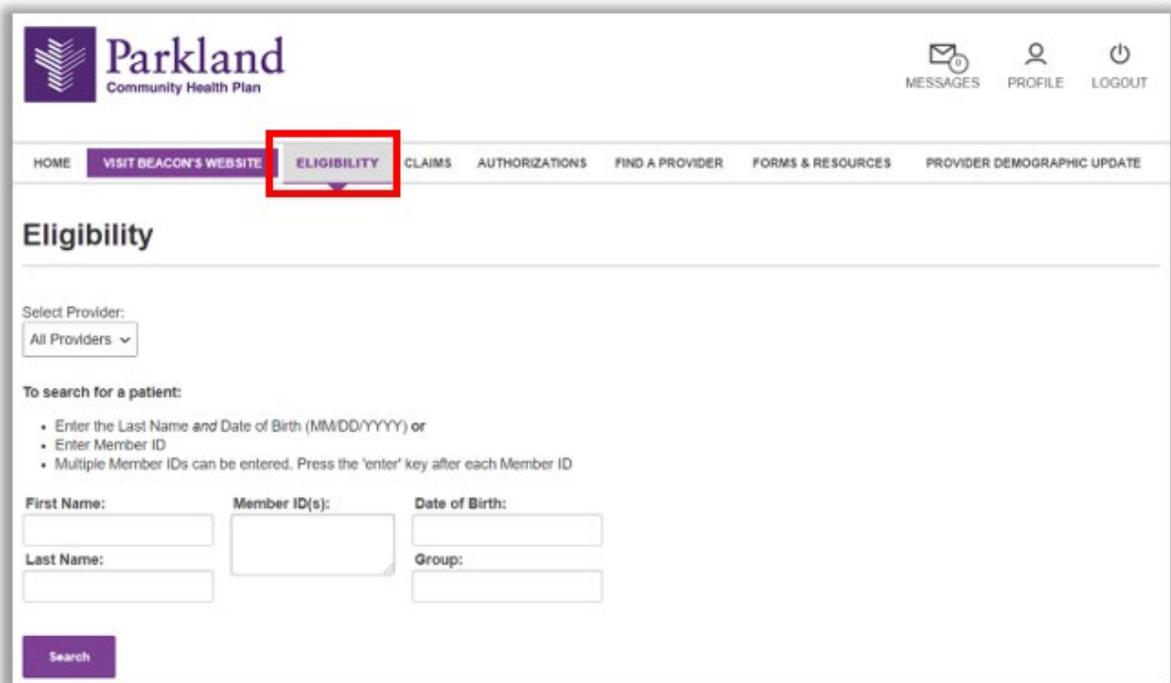
The information provided in the eligibility view here is not attached to any specific TIN.

The information is intended to inform a provider of the patient's benefits, eligibility dates and other general information.

The provider has the option to search by individual Member ID, which will be on the Member's ID card that they presented.

The provider can also search by the patient's name and/or date of birth.

If the provider wishes to search for multiple patients, they can enter multiple member IDs by separating each name with a comma.



The screenshot shows the Parkland Community Health Plan website interface. At the top left is the Parkland logo. On the right, there are icons for Messages, Profile, and Logout. Below the logo is a navigation menu with the following items: HOME, VISIT BEACON'S WEBSITE, ELIGIBILITY (highlighted with a red box), CLAIMS, AUTHORIZATIONS, FIND A PROVIDER, FORMS & RESOURCES, and PROVIDER DEMOGRAPHIC UPDATE. The main heading is "Eligibility". Below this, there is a "Select Provider:" dropdown menu currently set to "All Providers". Underneath, it says "To search for a patient:" followed by three bullet points: "Enter the Last Name and Date of Birth (MM/DD/YYYY) or", "Enter Member ID", and "Multiple Member IDs can be entered. Press the 'enter' key after each Member ID". There are four input fields: "First Name:", "Member ID(s):", "Date of Birth:", and "Last Name:". Below the "Last Name:" field is a "Group:" field. At the bottom left, there is a purple "Search" button.

Step 2. A link to the members information appears below. The Print View button allows the provider to print the results to their local printer or export a list of the members in .csv format.

Step 3. Click the members name to see details about eligibility and coverages.

Name	MemberID	Date of Birth	Gender	Primary Care Provider	Group Number	Benefit Plan	Status
Last Name, First Name	0000000000	12/2007	M	Group/Provider Name	1111111111	Parkland KIDSfirst	Terminated
[Redacted]	[Redacted]	8/12/2007	M	[Redacted]	[Redacted]	Parkland HEALTHfirst	Active
[Redacted]	[Redacted]	10/3/2005	F	[Redacted]	[Redacted]	Parkland KIDSfirst	Terminated
[Redacted]	[Redacted]	10/3/2005	F	[Redacted]	[Redacted]	Parkland HEALTHfirst	Active
[Redacted]	[Redacted]	9/14/2015	M	[Redacted]	[Redacted]	Parkland HEALTHfirst	Active
[Redacted]	[Redacted]	10/13/2009	M	[Redacted]	[Redacted]	Parkland HEALTHfirst	Active
[Redacted]	[Redacted]	1/16/2012	F	[Redacted]	[Redacted]	Parkland HEALTHfirst	Active

If the provider user has any questions about the member’s eligibility, they can **click the I have a Question about Eligibility** button. A member’s eligibility can be printed for your records.

HOME **ELIGIBILITY** CLAIMS AUTHORIZATIONS FIND A PROVIDER FORMS & RESOURCES PROVIDER DEMOGRAPHIC UPDATE

Eligibility

Select Provider:

Current Patient:

I have a Question About Eligibility

Show/Hide Search

First Name: Member ID(s): Date of Birth:

Last Name: Group:

[View All Patients](#)

Subscriber

Member: Group Name: STAR

Member ID: Group Number:

Plan Name: Parkland HEALTHfirst

Coverages

Current Benefit Effective Date: 01/01/2019 Termination Date:

Information for: [Back to Search Results](#) **Print View**

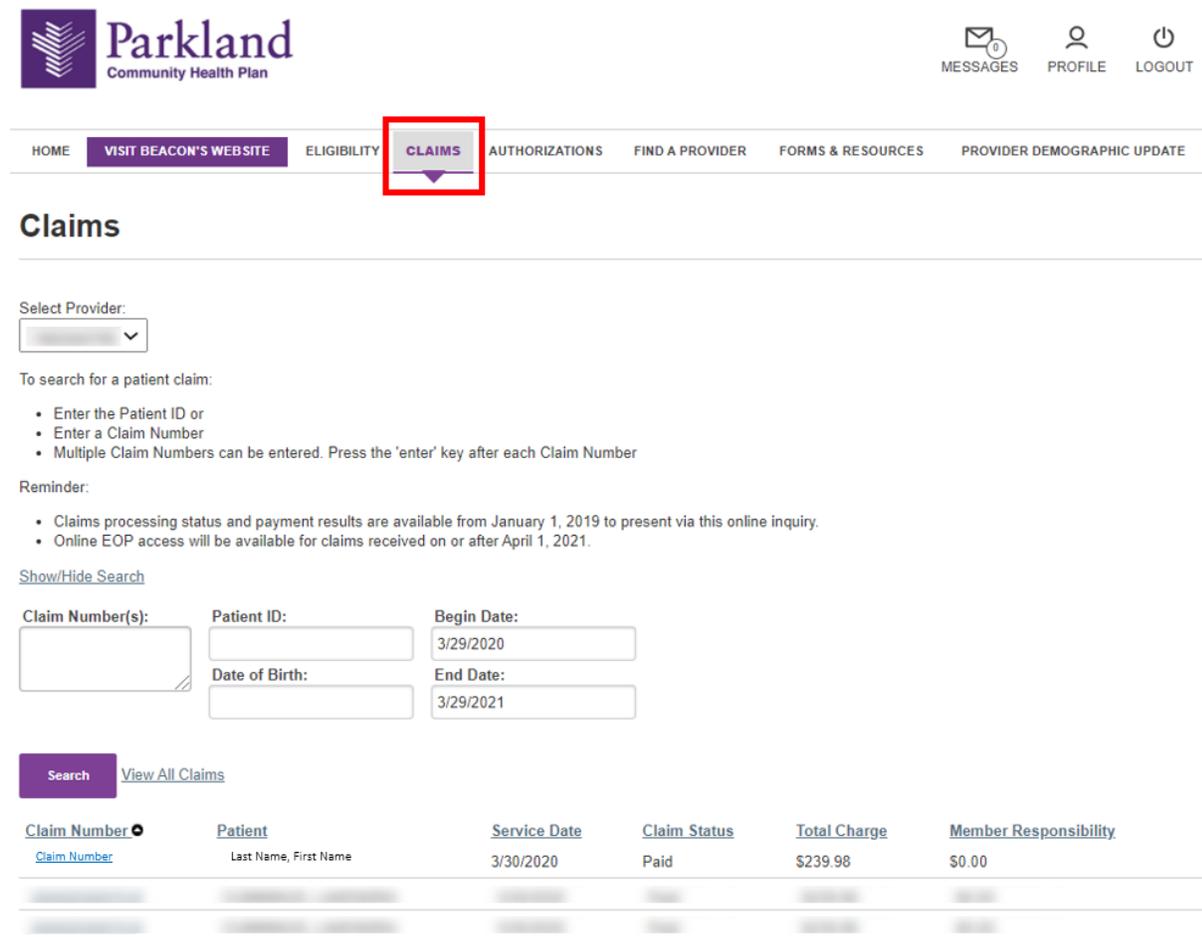
Chapter 6 – Claims

The **Claims** menu allows the provider to view details of claims status. This is useful in identifying the charges billed and what is paid or unpaid.

NOTE: The claims search will return only claims associated with the provider's TIN.

Step 1. Type the claim number(s) or search by Patient ID. Add additional search criteria such as a date range.

- TIP: You can search for multiple claims or claims for multiple members (when searching by member ID) by separating the criteria with a comma.



The screenshot shows the Parkland Community Health Plan website. The navigation menu includes: HOME, VISIT BEACON'S WEBSITE, ELIGIBILITY, **CLAIMS** (highlighted with a red box), AUTHORIZATIONS, FIND A PROVIDER, FORMS & RESOURCES, and PROVIDER DEMOGRAPHIC UPDATE. On the right, there are icons for MESSAGES, PROFILE, and LOGOUT.

Claims

Select Provider:

To search for a patient claim:

- Enter the Patient ID or
- Enter a Claim Number
- Multiple Claim Numbers can be entered. Press the 'enter' key after each Claim Number

Reminder:

- Claims processing status and payment results are available from January 1, 2019 to present via this online inquiry.
- Online EOP access will be available for claims received on or after April 1, 2021.

[Show/Hide Search](#)

Claim Number(s): Patient ID: Begin Date:

Date of Birth: End Date:

[Search](#) [View All Claims](#)

Claim Number	Patient	Service Date	Claim Status	Total Charge	Member Responsibility
Claim Number	Last Name, First Name	3/30/2020	Paid	\$239.98	\$0.00

Step 2: Click **Search**. A list of claims with the criteria you entered appears.

NOTE: The claims search will return only claims associated with the provider's TIN.

Search [View All Claims](#)

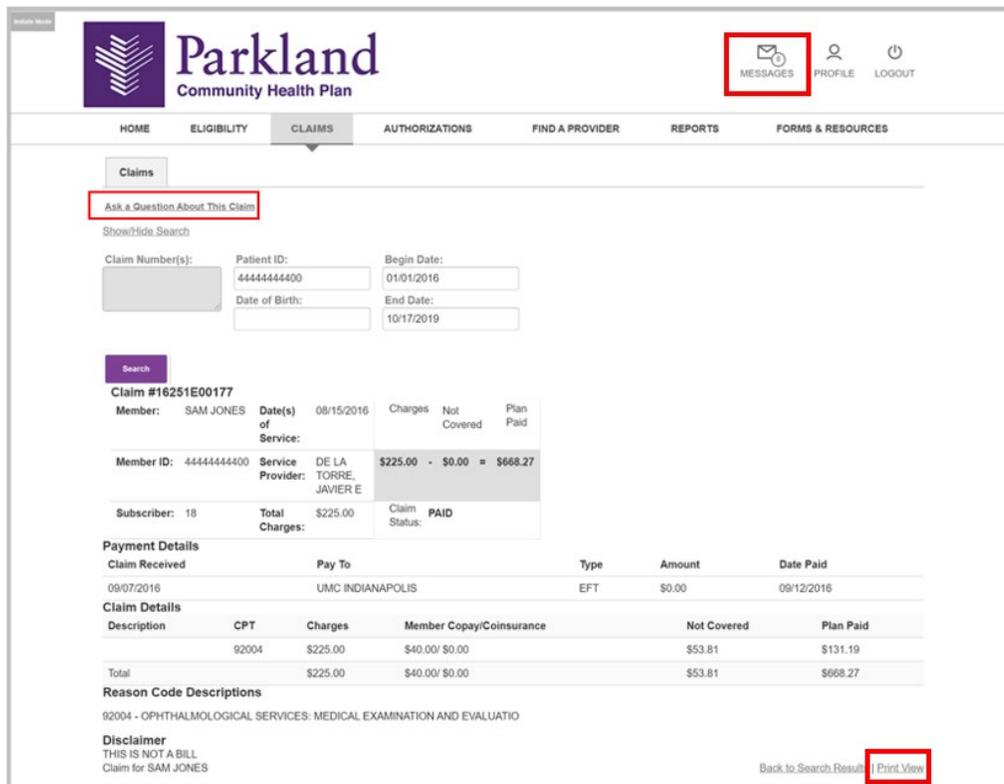
Claim Number	Patient	Service Date	Claim Status	Total Charge	Member Respons.
00000C00001	Last Name, First Name	4/1/2020	Inprogress	\$225.00	\$0.00

Step 3. When a provider **clicks** on a claim number, the details page displays all information about that claim.

Providers can ask a question that is associated with a member's claim information directly from the provider claim detailed page. When the provider submits their question, it is routed over to a PCHP Claims Department. A response to the question will be located in **MESSAGES**, located at the top right corner of the provider portal.



There is also the option to **Print View** the details.



Parkland Community Health Plan

MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY **CLAIMS** AUTHORIZATIONS FIND A PROVIDER REPORTS FORMS & RESOURCES

Claims

[Ask a Question About This Claim](#)

Show/Hide Search

Claim Number(s): Patient ID: 4444444400 Begin Date: 01/01/2016
 Date of Birth: End Date: 10/17/2019

Search

Claim #16251E00177

Member	Date(s) of Service	Charges	Not Covered	Plan Paid
SAM JONES	08/15/2016	\$225.00	\$0.00	\$668.27

Member ID: 4444444400 Service Provider: DE LA TORRE, JAVIER E

Subscriber: 18 Total Charges: \$225.00 Claim Status: PAID

Payment Details

Claim Received	Pay To	Type	Amount	Date Paid
09/07/2016	UMC INDIANAPOLIS	EFT	\$0.00	09/12/2016

Claim Details

Description	CPT	Charges	Member Copay/Coinsurance	Not Covered	Plan Paid
	92004	\$225.00	\$40.00/ \$0.00	\$53.81	\$131.19
Total		\$225.00	\$40.00/ \$0.00	\$53.81	\$668.27

Reason Code Descriptions

92004 - OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATIO

Disclaimer
THIS IS NOT A BILL
Claim for SAM JONES

Back to Search Results [Print View](#)

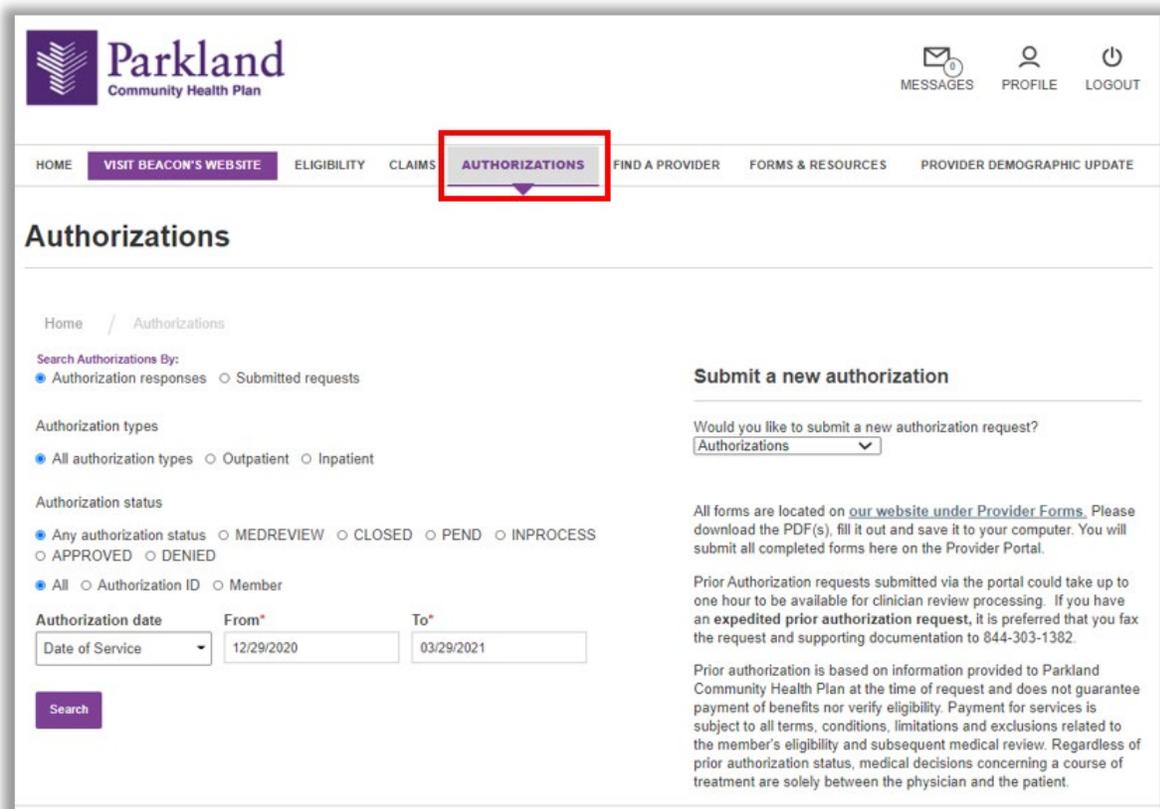
Chapter 7 – Authorizations

Providers can check the status of an authorization submission at any time.

The provider can also submit an authorization request from the Provider Authorization page.

Prior authorization is based on information provided to Parkland Community Health Plan at the time of request and does not guarantee payment of benefits nor verify eligibility.

Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.



The screenshot shows the Parkland Community Health Plan website interface. At the top, there is a navigation bar with the Parkland logo on the left and 'MESSAGES', 'PROFILE', and 'LOGOUT' on the right. Below this is a secondary navigation bar with links: HOME, VISIT BEACON'S WEBSITE, ELIGIBILITY, CLAIMS, **AUTHORIZATIONS** (highlighted with a red box), FIND A PROVIDER, FORMS & RESOURCES, and PROVIDER DEMOGRAPHIC UPDATE. The main content area is titled 'Authorizations' and includes a breadcrumb trail 'Home / Authorizations'. There are search filters for 'Search Authorizations By' (Authorization responses, Submitted requests), 'Authorization types' (All authorization types, Outpatient, Inpatient), and 'Authorization status' (Any authorization status, MEDREVIEW, CLOSED, PEND, INPROCESS, APPROVED, DENIED). Below these are filters for 'All', 'Authorization ID', and 'Member'. An 'Authorization date' section has 'From*' and 'To*' fields with a 'Date of Service' dropdown. A 'Search' button is located at the bottom left of the filter section. On the right side, there is a 'Submit a new authorization' section with a dropdown menu set to 'Authorizations'. Below this, there is explanatory text about where forms are located and a note about expedited requests. At the bottom, there is a disclaimer about the information provided and the lack of guarantee of payment or eligibility verification.

Submitting a New Authorization

New Authorization request for:

- Outpatient Medical Services
- DME Authorization
- Inpatient Authorization

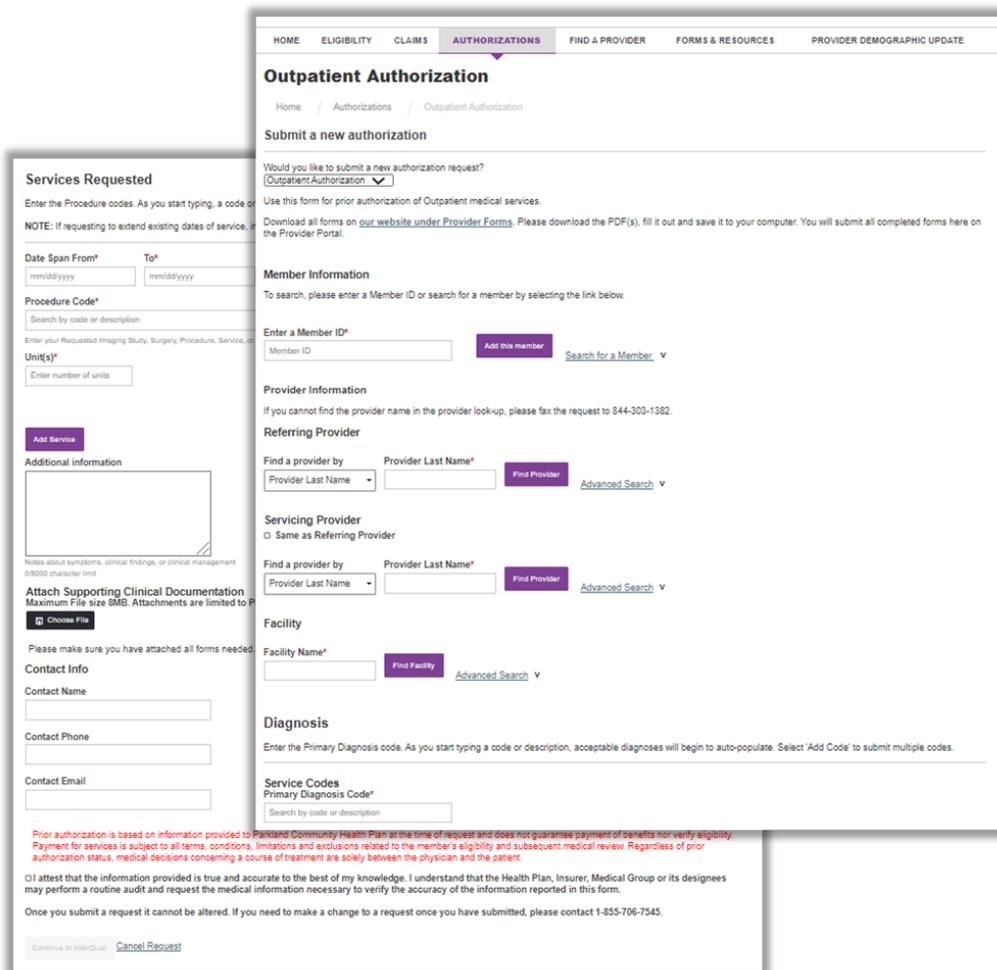
If you cannot find the provider name in the provider look-up, please fax the request to 844-303-1382.

Expedited prior authorization request will take up to 60 minutes to submit for clinician review processing, therefore; it is preferred that providers fax **expedited prior authorization request to 844-303-1382**.

When an authorization is approved, it does not necessarily mean all services in that Auth request were approved.

Attach Supporting Clinical Documentation. Please make sure you have attached all forms needed. Forms are located on our website – ParklandCommunityHealthPlan.com/providers/resources/forms – or in the navigation, click Providers, then Forms.

- Please download the PDF(s), fill it out and save it to your computer. You will submit all completed forms here on the Provider Portal.



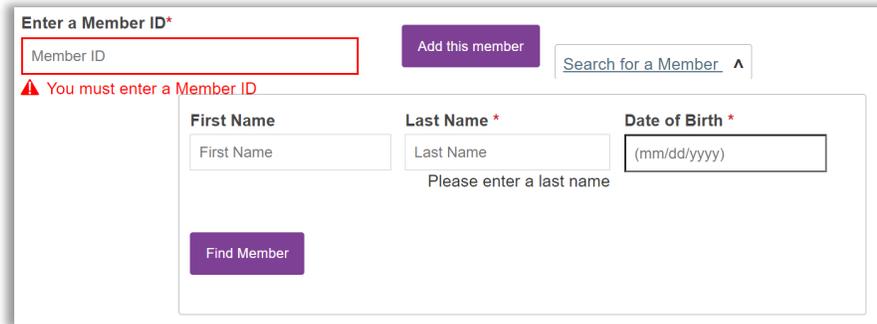
The screenshot shows the 'Outpatient Authorization' form on the Parkland Community Health Plan website. The form is divided into several sections:

- Services Requested:** Includes fields for 'Date Span From*', 'To*', 'Procedure Code*', and 'Unit(s)*'. There is an 'Add Service' button and a section for 'Additional information' with a text area.
- Member Information:** Includes a 'Member ID*' field and an 'Add this member' button. There is also a 'Search for a Member' dropdown.
- Referring Provider:** Includes a 'Find a provider by' dropdown and a 'Provider Last Name*' field. There are 'Find Provider' and 'Advanced Search' buttons.
- Referring Provider:** Includes a 'Find a provider by' dropdown and a 'Provider Last Name*' field. There are 'Find Provider' and 'Advanced Search' buttons.
- Facility:** Includes a 'Facility Name*' field and a 'Find Facility' button. There is also an 'Advanced Search' button.
- Diagnosis:** Includes a 'Primary Diagnosis Code*' field and a search button.
- Service Codes:** Includes a 'Primary Diagnosis Code*' field and a search button.

At the bottom of the form, there is a disclaimer: "Prior authorization is based on information provided to Parkland Community Health Plan at the time of request and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient." Below the disclaimer is a checkbox for attestation: "I attest that the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, Insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported in this form." At the very bottom, there are buttons for 'Continue to Insurance' and 'Cancel Request'.

Step 1a. Enter Member Information

Enter a Member ID or search for a member.



Enter a Member ID*

Member ID Add this member Search for a Member ^

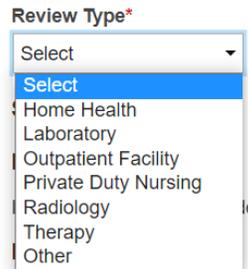
⚠ You must enter a Member ID

First Name Last Name* Date of Birth*

First Name Last Name (mm/dd/yyyy)

Please enter a last name

Step 1b. For Outpatient Authorization and Inpatient Authorization only, select **Review Type**.



Review Type*

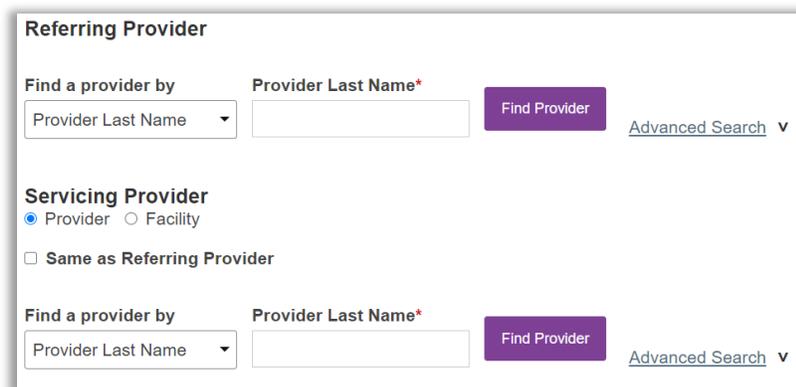
Select

- Select
- Home Health
- Laboratory
- Outpatient Facility
- Private Duty Nursing
- Radiology
- Therapy
- Other

Step 2. Enter Provider Information

You can find a provider by last name or NPI. The advanced search allows a provider search to be narrowed down by specialty and/or location.

If you cannot find the provider's name in the provider look-up, please fax the request to 844-303-1382.



Referring Provider

Find a provider by Provider Last Name* [Advanced Search](#) v

Provider Last Name

Servicing Provider

Provider Facility

Same as Referring Provider

Find a provider by Provider Last Name* [Advanced Search](#) v

Provider Last Name

Step 3. Diagnosis

Enter the **Primary Diagnosis code**. As you start typing a code or description, acceptable diagnoses will begin to auto-populate. Select **'Add Code'** to submit multiple codes.

Service Codes

Primary Diagnosis Code*

[Remove Code](#)

Diagnosis Code*

[Remove Code](#)

Diagnosis Code*

[Add Code](#)

Step 4. Services Requested or Inpatient Stay

- Enter the **procedure codes**. As you start typing, a code or description, acceptable procedures will begin to auto-populate. Select '**Add Service**' to submit multiple codes.

NOTE: If requesting to extend existing dates of service, include existing Authorization ID in the "Additional Information" section below.

Date Span From* **To***

Procedure Code*

Enter your Requested Imaging Study, Surgery, Procedure, Service, or Medication code

Unit(s)*

[Add Service](#)

Additional information

Notes about symptoms, clinical findings, or clinical management
0/3000 character limit

Step 5. Attach Supporting Clinical Documentation.

Additional information can include Notes about symptoms, clinical findings, or clinical management.

Step 6. Enter Contact Info

Contact info is required and will be the requesting providers full name in lieu of signature.

Step 7. Attest the information provided is true and accurate.

Step 8. Continue to InterQual

Prior authorization is based on information provided to Parkland Community Health Plan at the time of request and does not guarantee payment of benefits nor verify eligibility. Payment for services is subject to all terms, conditions, limitations and exclusions related to the member's eligibility and subsequent medical review. Regardless of prior authorization status, medical decisions concerning a course of treatment are solely between the physician and the patient.



I attest that the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, Insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported in this form.

Once you submit a request it cannot be altered. If you need to make a change to a request once you have submitted, please contact 1-855-706-7545.

[Continue to InterQual](#) [Cancel Request](#)

Step 9. Review InterQual Guidelines

You have the opportunity to review InterQual criteria.

NOTE: Request meeting InterQual guidelines does not mean it is auto-approved.

Home / Authorizations / Outpatient Authorization / InterQual

InterQual

5 guidelines available for review

LOC:Outpatient Rehabilitation & Chiropractic Cerebrovascular Accident (CVA): Rehabilitation (Adult) InterQual 2020 Codes: 92507	Review
LOC:Outpatient Rehabilitation & Chiropractic Habilitation (Adult/Adolescent/School age) InterQual 2020 Codes: 92507	Review
LOC:Outpatient Rehabilitation & Chiropractic Multiple Sclerosis: Rehabilitation (Adult) InterQual 2020 Codes: 92507	Review
LOC:Outpatient Rehabilitation & Chiropractic Traumatic Brain Injury (TBI): Rehabilitation (Adult) InterQual 2020 Codes: 92507	Review
Medicare:Procedures Cochlear Implant	Review

[Submit Request](#)
[Go back to authorization request](#)
[Cancel Request](#)

Step 10. Complete Medical Review

Home / Authorizations / Outpatient Authorization / InterQual

InterQual

Back to guidelines

CHANGE Healthcare | InterQual® | Signed in as Victor Peralta | Sign out

MENU | Parkland Community Health Plan Provider Portal | HELP

Subset Overview

Subset Notes

InterQual® 2020, Apr. 2020 Release, LOC:Outpatient Rehabilitation & Chiropractic Habilitation (Adult/Adolescent/School age) SHOW CODES CLINICAL REFERENCE

Level of Care Note
Instruction:
This subset is for the screening and review of outpatient rehabilitation services following an evaluation by a therapist. The subset includes criteria for the initial authorization period of the first 4 weeks and the ongoing authorization period of the next 8 weeks after the initial visits have been completed.

These criteria are at: Home / Authorizations / Outpatient Authorization / InterQual

Evaluation and Treatment: InterQual
The goal of habilitation occupational therapy

For patients who are

Back to guidelines

CHANGE Healthcare | InterQual® | Signed in as Victor Peralta | Sign out

MENU | Parkland Community Health Plan Provider Portal | HELP

Medical Review

Habilitation (Adult/Adolescent/School age) CLINICAL REFERENCE CRITERIA MET

INITIAL/ONGOING, ONE: CLEAR ALL EXPAND ALL COLLAPSE ALL COMMENTS

Initial/Ongoing, One:
Initial episode (initial 4 weeks of treatment)

Initial Review, All:
 Skilled therapy (physical therapy (PT), occupational therapy (OT), speech-language pathology (SLP), or social) required to acquire or improve new skills and function
 Expectation for clinical or functional improvement
 Condition, 2 One:
 Progressive therapy program, All:
 Limitation status with visits, One:
 MHI limitations (2-4 visits 2-4 sites), Both:
 Minimal limitations in performing age appropriate activities of daily living (ADL) or instrumental activities of daily living (IADL)
 Other criteria or conditions to consider

PREVIOUS COMPLETE REVIEW SUMMARY

Step 11. Submit Request

Once you submit a request it cannot be altered. If you need to make a change to a request once you have submitted, please contact 1-855-706-7545.

Home / Authorizations / Outpatient Authorization / InterQual

InterQual

Authorization Submission Summary

Your authorization request was received and will be reviewed.

Message Number: 11325344

Requesting Provider: JONES, JENNA | Servicing Provider: JONES, JENNA | Status: Approved

Member Name: GUTIERREZ, ALMA | Member ID: 521225487 | Date of Birth: 8/12/2001

Attachments
ReviewSummary-3818b24c-2b9d-4e63-9c07-49831826b85c.pdf

Submit Request Go back to authorization Done

Searching for an Authorization

Step 1. Authorization searches are by **Authorization Responses** or **Submitted Requests**.

You are able to view **All Authorization Types** or narrow down to **Outpatient** or **Inpatient**.

You are able to view **Any Authorization Status** or narrow down to **MedReview, Closed, Pending, In Process, Approved, or Denied**.

To search for an Authorization, type the Authorization number(s) or search by member ID or search for a member by name and DOB. Add additional search criteria such as a date range.

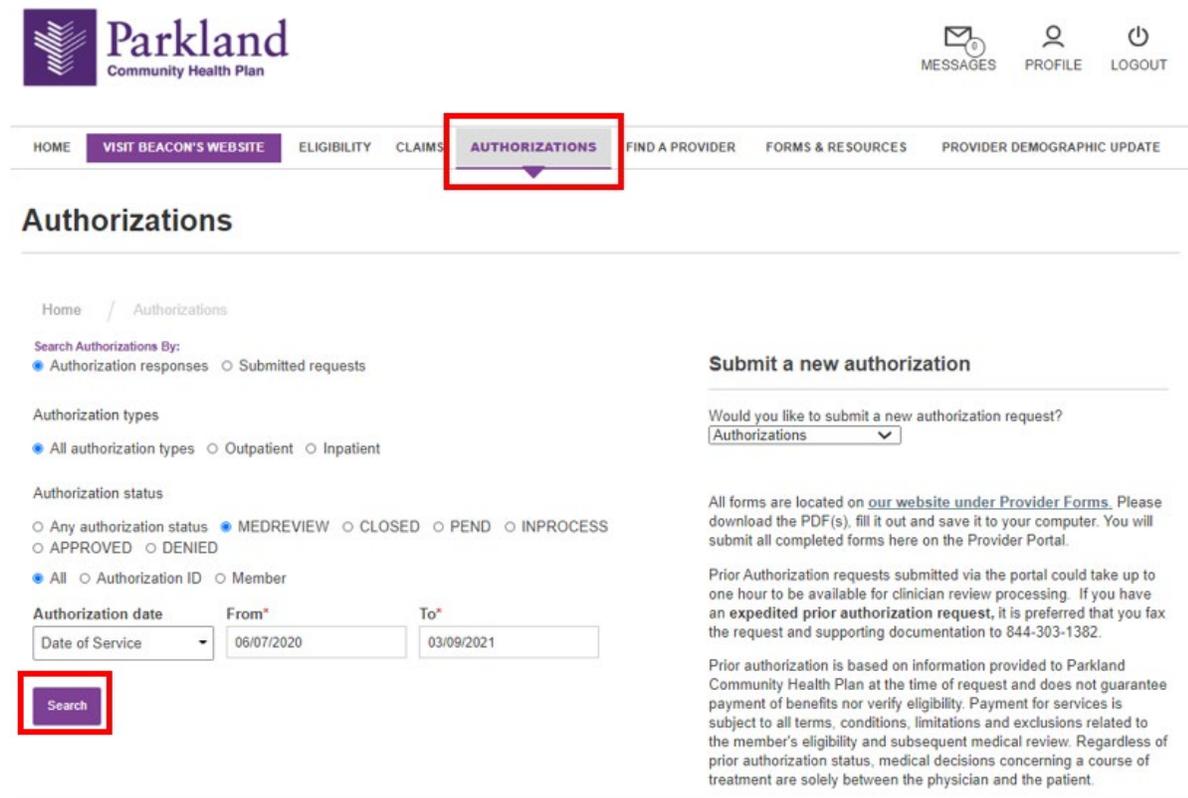
- TIP: You can search for multiple authorizations or authorizations for multiple members (when searching by member ID) by separating the criteria with a comma.

Additional criteria such as adjusting the time frame can help narrow down results.

Note: When searching for an authorization by data range, the date range is restricted to a 3-month window.

Step 2. Click Search.

- A list of Authorizations with the criteria you entered appears



The screenshot shows the Parkland Community Health Plan website's 'Authorizations' page. The navigation bar includes 'HOME', 'VISIT BEACON'S WEBSITE', 'ELIGIBILITY', 'CLAIMS', 'AUTHORIZATIONS' (highlighted with a red box), 'FIND A PROVIDER', 'FORMS & RESOURCES', and 'PROVIDER DEMOGRAPHIC UPDATE'. The 'AUTHORIZATIONS' page has a breadcrumb trail 'Home / Authorizations'. The search criteria are set to 'Authorization responses' and 'Submitted requests'. Under 'Authorization types', 'All authorization types' is selected. Under 'Authorization status', 'MEDREVIEW' is selected. The 'Authorization date' section has 'Date of Service' selected, with a 'From' date of 06/07/2020 and a 'To' date of 03/09/2021. A 'Search' button (highlighted with a red box) is located at the bottom left of the search form. On the right side, there is a 'Submit a new authorization' section with a dropdown menu set to 'Authorizations' and a paragraph of text explaining the submission process.

Step 3. Authorization Detailed Information

Click on the **Auth Number** to see detailed information about the authorization.



AUTH NUMBER	TRANSACTION NUMBER	PATIENT NAME	PROVIDER	START DATE	REQUESTED	DECISION
0000000001		LastName, First Name	Provider Name	3/1/2021	3/1/2021	INPROCESS

When the provider opens the authorization details, all of the information about the authorization is presented.

There is also the option to print the details.



Parkland
Community Health Plan

MESSAGES
PROFILE
LOGOUT

HOME
ELIGIBILITY
CLAIMS
AUTHORIZATIONS
FIND A PROVIDER
REPORTS
FORMS & RESOURCES

View Form

Home / Authorizations / View Form

Print

Authorization #0000385899

Authorization #	0000385899	Status:	APPROVED	Requested Type:		Approved Type:		Elevate		Requested Dates of Service:	7/19/2017
Requesting Provider:	GARCIA, CESAR				Service Provider:	UMC EL PASO					
Member Name:	SAM JONES	Member ID:	4444444400	Date of Birth:	1/5/1902						

Date of purchase: _____ Date of study: _____

Approved Dates of Service: 7/27/2017

Service 6

Procedure Code:	Status: APPROVED
Description:	Study result:
Place of Service:	Charge Amount:
Requested Units:	Approved Units:
Date of purchase:	Date of study:
Approved Dates of Service:	7/27/2017

Service 7

Procedure Code:	Status: APPROVED
Description:	Study result:
Place of Service:	Charge Amount:
Requested Units:	Approved Units:
Date of purchase:	Date of study:
Approved Dates of Service:	7/27/2017

Service 8

Procedure Code:	Status: APPROVED
Description:	Study result:
Place of Service:	Charge Amount:
Requested Units:	Approved Units:
Date of purchase:	Date of study:
Approved Dates of Service:	7/27/2017

Providers

Servicing Provider

Provider:	UMC EL PASO
Phone Number:	9155441200
Servicing Provider TIN:	746000756
Servicing Provider NPI:	1316836990
Address:	P O BOX 202479 DALLAS, TX 75320

Requesting Provider

Provider:	GARCIA, CESAR
Phone:	9155217253
Referring Provider NPI:	1154351943
ID:	PRV2286903
Address:	4815 ALAMEDA AVE EL PASO, TX 799052705

Servicing Facility

Facility Name:	UMC EL PASO
Phone Number:	9155441200
Facility TIN:	746000756
Servicing Provider NPI:	1316836990
Address:	4815 ALAMEDA AVE EL PASO, TX 79905

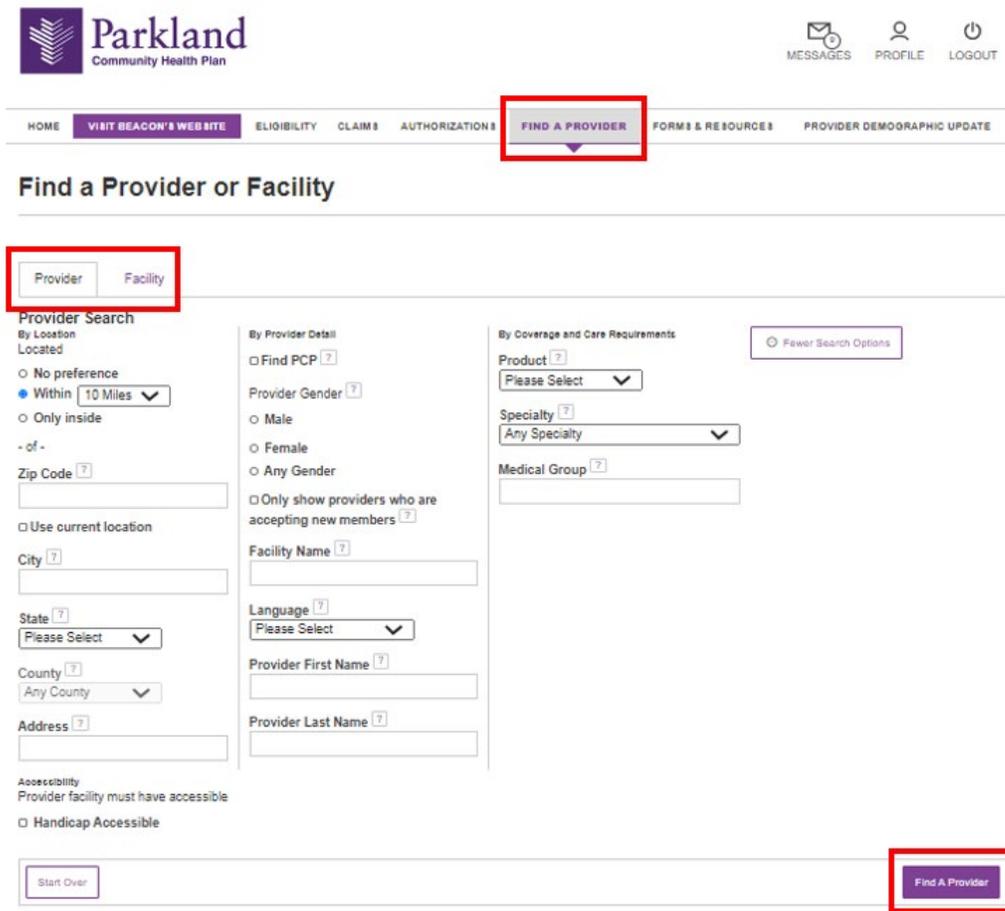
Chapter 8 – Find a Provider or Facility

Find a health care professional in your patients' network. Select a directory and find network-participating health care professionals that best fit your patients' needs, based on their coverage.

Updates received from our network providers are generally added to the Find a Provider or Facility search tool once a week. This information is also subject to change at any time. Please always contact the provider directly to check their status and availability.

Step 1. Search for a provider or a facility. Search options include:

- Zip Code (required)
- Provider type
- Product type (required):
 - STAR
 - CHIP
 - CHIP Perinate



Parkland Community Health Plan

MESSAGES PROFILE LOGOUT

HOME VISIT BEACON'S WEB SITE ELIGIBILITY CLAIMS AUTHORIZATION **FIND A PROVIDER** FORMS & RESOURCES PROVIDER DEMOGRAPHIC UPDATE

Find a Provider or Facility

Provider Facility

Provider Search

By Location Located

No preference

Within

Only inside

- of -

Zip Code

Use current location

City

State

County

Address

Accessibility
Provider facility must have accessible

Handicap Accessible

By Provider Detail

Find PCP

Provider Gender

Male

Female

Any Gender

Only show providers who are accepting new members

Facility Name

Language

Provider First Name

Provider Last Name

By Coverage and Care Requirements

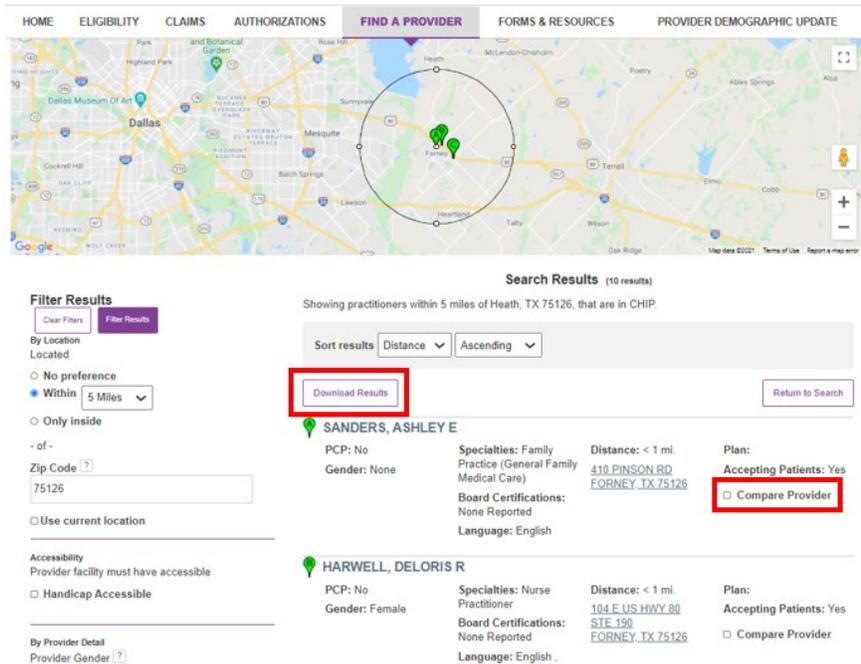
Product

Specialty

Medical Group

Updates received from our network providers are generally added to the Find a Provider or Hospital search tool once a week. This information is also subject to change at any time. Please always contact the provider directly to check their status and availability.

Step 2. Once you have searched for a provider or facility based off the criteria submitted, you can view provider information. View Provider Information, **Download**, and **Compare**.



Search Results (10 results)
Showing practitioners within 5 miles of Heath, TX 75126, that are in CHIP

Filter Results
Clear Filters Filter Results

By Location Located

No preference
 Within 5 Miles
 Only inside

- of -
Zip Code
 Use current location

Accessibility
Provider facility must have accessible
 Handicap Accessible

By Provider Detail
Provider Gender

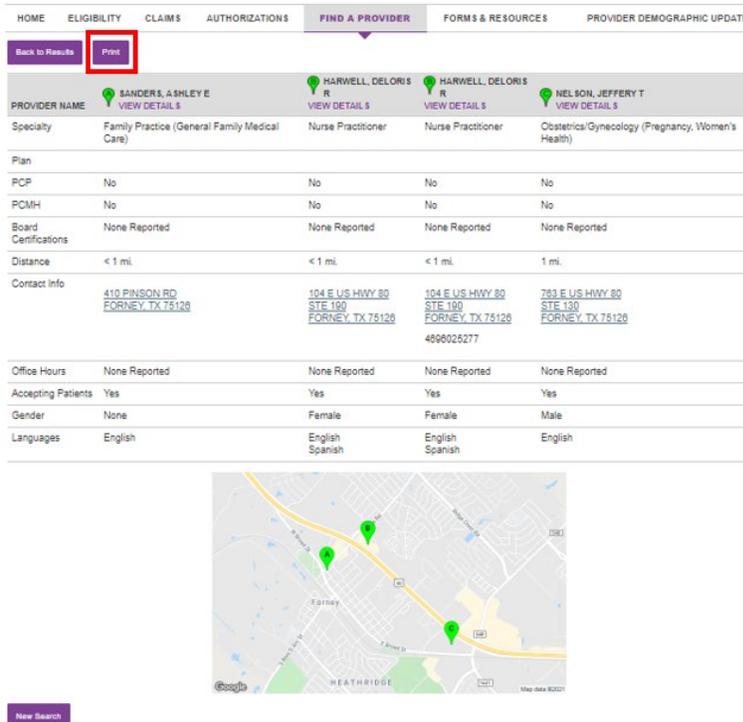
Sort results Distance Ascending

[Download Results](#) [Return to Search](#)

SANDERS, ASHLEY E
PCP: No
Gender: None
Specialties: Family Practice (General Family Medical Care)
Board Certifications: None Reported
Language: English
Distance: < 1 mi.
410 PINSON RD
FORNEY, TX 75126
Plan: Accepting Patients: Yes
 Compare Provider

HARWELL, DELORIS R
PCP: No
Gender: Female
Specialties: Nurse Practitioner
Board Certifications: None Reported
Language: English
Distance: < 1 mi.
104 E US HWY 80
STE 190
FORNEY, TX 75126
Plan: Accepting Patients: Yes
 Compare Provider

Step 3. You are able to click on the provider or facility name to see more information and **Print**. You are also able to compare up to four different providers.



Print

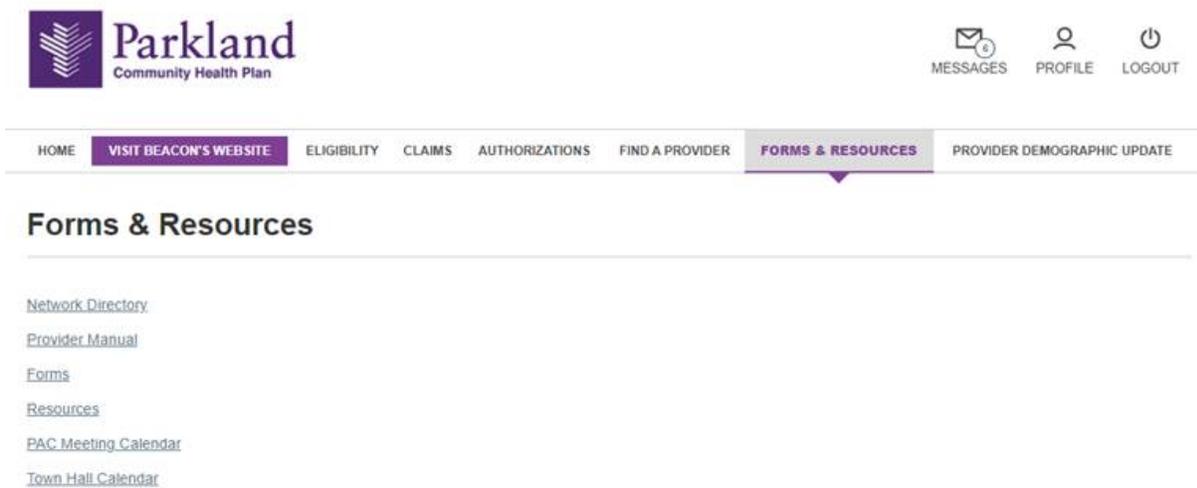
PROVIDER NAME	VIEW DETAILS	VIEW DETAILS	VIEW DETAILS	VIEW DETAILS
SANDERS, ASHLEY E	HARWELL, DELORIS R	HARWELL, DELORIS R	NEL SON, JEFFERY T	
Family Practice (General Family Medical Care)	Nurse Practitioner	Nurse Practitioner	Obstetrics/Gynecology (Pregnancy, Women's Health)	
Plan				
PCP: No	No	No	No	
PCMH: No	No	No	No	
Board Certifications: None Reported	None Reported	None Reported	None Reported	
Distance: < 1 mi.	< 1 mi.	< 1 mi.	1 mi.	
Contact info: 410 PINSON RD FORNEY, TX 75126	104 E US HWY 80 STE 190 FORNEY, TX 75126	104 E US HWY 80 STE 190 FORNEY, TX 75126	783 E US HWY 80 STE 130 FORNEY, TX 75126	
Office Hours: None Reported	None Reported	None Reported	None Reported	
Accepting Patients: Yes	Yes	Yes	Yes	
Gender: None	Female	Female	Male	
Languages: English	English Spanish	English Spanish	English	

[New Search](#)

Chapter 9 – Forms & Resources

The Forms and Resources tab allows you to access various documents and resources. Below is an example of the information available:

- Network Directory
- Provider Manual
 - This Manual contains information to assist you in doing business with PCHP and the State Programs.
- Policies
- PAC Schedule/Calendar
- Town Hall Schedule/Calendar

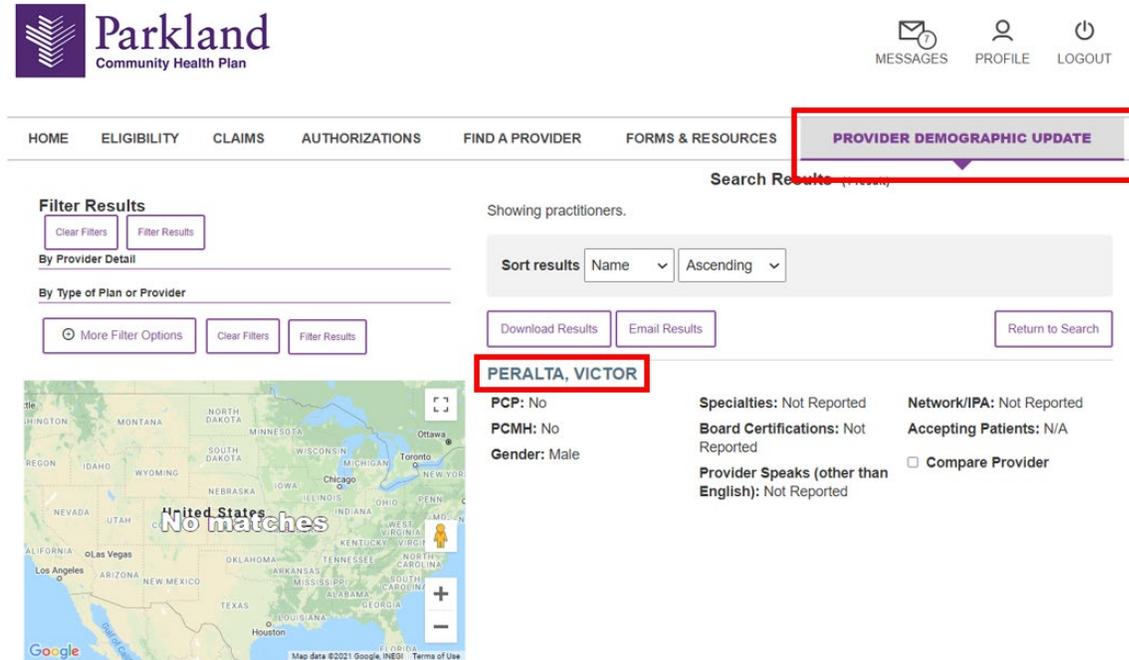


The screenshot shows the Parkland Community Health Plan website interface. At the top left is the Parkland logo. On the right, there are icons for Messages, Profile, and Logout. Below the logo is a navigation menu with the following items: HOME, VISIT BEACON'S WEBSITE, ELIGIBILITY, CLAIMS, AUTHORIZATIONS, FIND A PROVIDER, **FORMS & RESOURCES** (highlighted with a purple arrow), and PROVIDER DEMOGRAPHIC UPDATE. Below the navigation menu, the heading "Forms & Resources" is displayed. Underneath this heading, there are several links: [Network Directory](#), [Provider Manual](#), [Forms](#), [Resources](#), [PAC Meeting Calendar](#), and [Town Hall Calendar](#).

Chapter 10 – Provider Demographic Update

The provider demographic update tab allows providers to update, email and print demographic information.

Step 1. Click on the provider’s name to view provider information.



The screenshot shows the Parkland Community Health Plan interface. At the top, there is a navigation bar with the following items: HOME, ELIGIBILITY, CLAIMS, AUTHORIZATIONS, FIND A PROVIDER, FORMS & RESOURCES, and **PROVIDER DEMOGRAPHIC UPDATE** (highlighted with a red box). Below the navigation bar, there are filter options and a search results section. The search results show a list of practitioners, with 'PERALTA, VICTOR' highlighted in red. To the left of the search results is a map showing 'No matches' in the United States.

Step 2. Review and edit the information in this section. Select the icon  or data to make changes if information is inaccurate, has changed, or no longer applies. If all information is correct, then you can submit the request without changes. Information in this section includes:

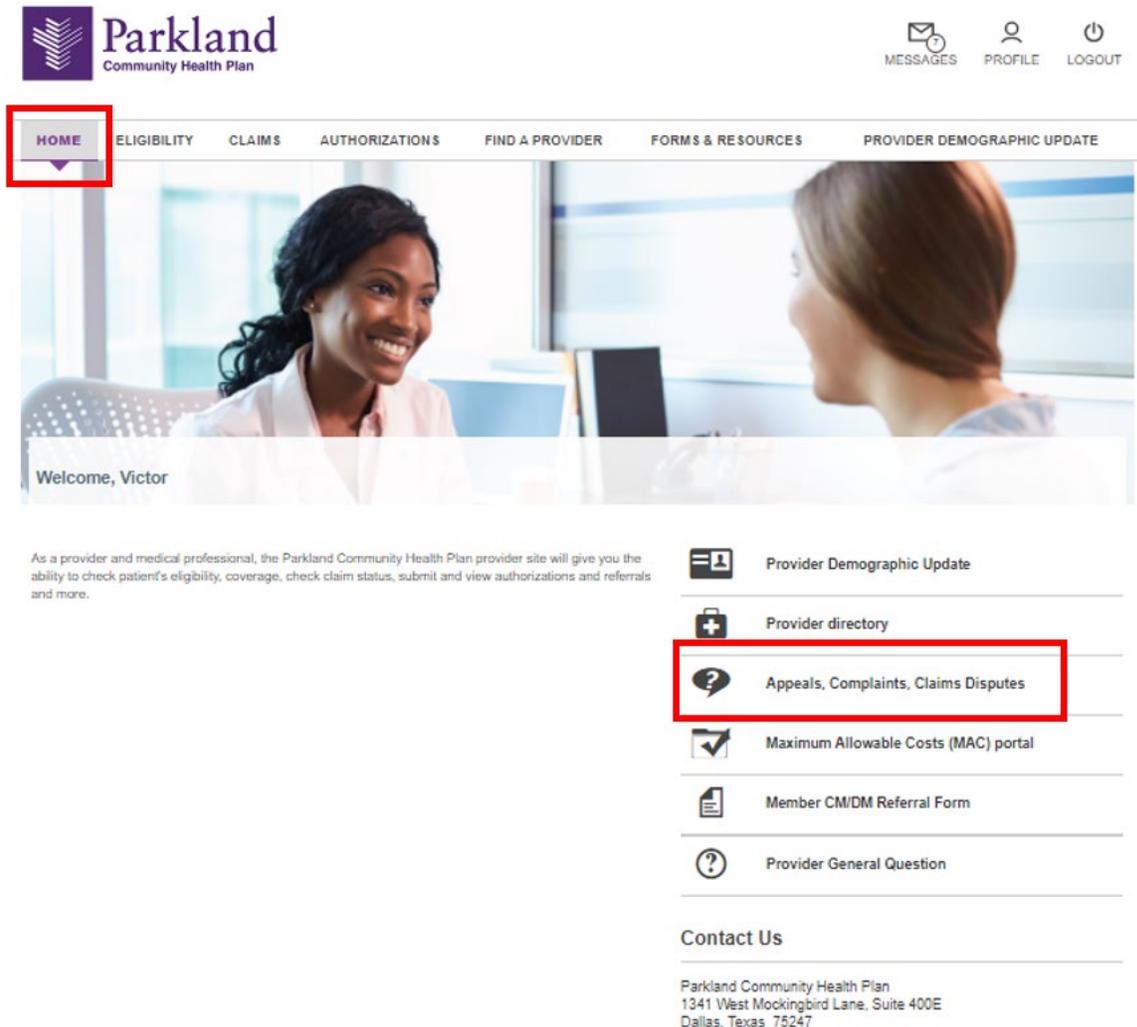
- Provider Name, Provider Type, Board Certifications, education, NPI
- Locations, Networks, Medical Groups

Demographic updates may take up to 30 days to be processed and is subject to additional verification.

This information can be **emailed** or **printed**.

Chapter 11 – Appeals, Complaints, Claims Disputes

The Appeals, Complaints and Claims Disputes section (Located on the quick links section on the homepage) allows providers to submit in an Adverse Determination Appeal (on behalf of member), an appeal, complaint and/or dispute, and resubmission.



The screenshot shows the Parkland Community Health Plan provider portal. At the top left is the logo. On the right are links for MESSAGES, PROFILE, and LOGOUT. Below the logo is a navigation bar with links: HOME (highlighted with a red box), ELIGIBILITY, CLAIMS, AUTHORIZATIONS, FIND A PROVIDER, FORMS & RESOURCES, and PROVIDER DEMOGRAPHIC UPDATE. Below the navigation bar is a banner image of two healthcare professionals smiling. Below the banner is a welcome message: "Welcome, Victor". Below the welcome message is a paragraph of text: "As a provider and medical professional, the Parkland Community Health Plan provider site will give you the ability to check patient's eligibility, coverage, check claim status, submit and view authorizations and referrals and more." To the right of this text is a list of quick links: Provider Demographic Update, Provider directory, Appeals, Complaints, Claims Disputes (highlighted with a red box), Maximum Allowable Costs (MAC) portal, Member CM/DM Referral Form, and Provider General Question. Below the quick links is a "Contact Us" section with the address: "Parkland Community Health Plan, 1341 West Mockingbird Lane, Suite 400E, Dallas, Texas 75247".

Below outlines the details of each section:

- Adverse Determination Appeal (on behalf of member)
 - Attach your appeal information, members consent for provider to appeal on their behalf (unless an expedited appeal request) and any additional information/documentation you would like to be included as part of this request.

Adverse Determination Appeal (on behalf of member) [Attachments \(0\)](#)

Adverse Determination Appeal (on behalf of member)

Adverse Determination Appeal (on behalf of member)
Please attach your appeal information, members consent for provider to appeal on their behalf (unless an expedited appeal request) and any additional information/documentation you would like to be included as part of this request. (Attachments are limited to pdf and image files only).

Requestor First Name*
Test

Requestor Last Name*
Dr. Test

Provider*
Dr. Test

NPI*
111111111

Direct Contact Number*
(111) 111 - 1111

Member Name*
Test2

Member ID*
333333333

Member Date of Birth*
02/02/2002

Authorization number*
x333333

Date of Service start*
01/01/2021

Date of Service end*
01/01/2021

Type of Appeal*
Standard

- Claims Appeal
 - Attach your appeal information and any additional information/documentation you would like to be included as part of this request.

Claims Appeal [Attachments \(0\)](#)

Claims Appeal

Claims Appeal
Please attach your appeal information and any additional information/documentation you would like to be included as part of this request. (Attachments are limited to pdf and image files only).

Requestor First Name*
Test

Requestor Last Name*
Dr. Test

Provider*
Dr. Test

NPI*
1111111

Direct Contact Number*
(111) 111 - 1111

Member Name*
Test 2

Member ID*
222222222

Member Date of Birth*
02/02/2020

Claim number*
z2222222

Date of Service start*
01/11/2021

Date of Service end*
01/11/2021

- Complaint
 - Provide an explanation of your dissatisfaction along with any additional information/ documentation you would like to be included as part of this request.
 - Type of complaint to choose from is (required):
 - Access to care
 - Claims/Payment
 - Customer Service
 - Policies/Procedures
 - Prescription Services
 - Provider Contracting
 - Quality of Care
 - Value-Added Services

Complaint

Complaint
Please provide an explanation of your dissatisfaction along with any additional information/ documentation you would like to be included as part of this request. (Attachments are limited to pdf and image files only).

Requestor First Name*

Requestor Last Name*

Provider*

NPI*

Member Name (if applicable)

Member ID (if applicable)

Member Date of Birth (if applicable)

Type of Complaint*

If Other, please provide comments here

- Dispute and Resubmission Form
 - Attach the additional information required to reconsider your claim. Please refer to Parkland Community Health Plan Medicaid and CHIP Provider Manual for documentation required to support a dispute or resubmission (*attachments are limited to pdf and image files only*).
 - Type of resubmission to choose from is (required):
 - Corrected Claims
 - Timely Filing
 - Primary Carrier EOB
 - NPI Attestation Documentation
 - Other



[Dispute and Resubmission Form](#)

[Attachments \(0\)](#)

Dispute and Resubmission Form

Dispute and Resubmission Form

Please attach the additional information required to reconsider your claim. Please refer to Parkland Community Health Plan Medicaid and CHIP Provider Manual for documentation required to support a dispute or resubmission. (Attachments are limited to pdf and image files only).

Requestor First Name*

Test

Requestor Last Name*

Dr. Test

Provider*

Dr. Test

NPI*

11111111

Direct Contact Number*

(111) 111 - 1111

Member Name*

Test2

Member ID*

222222

Member Date of Birth*

01/01/2001

Claim number*

00000000

Date of Service start*

01/01/2020

Date of Service end*

01/01/2020

Type of Resubmission*

Corrected Claims

If Other, please provide comments here

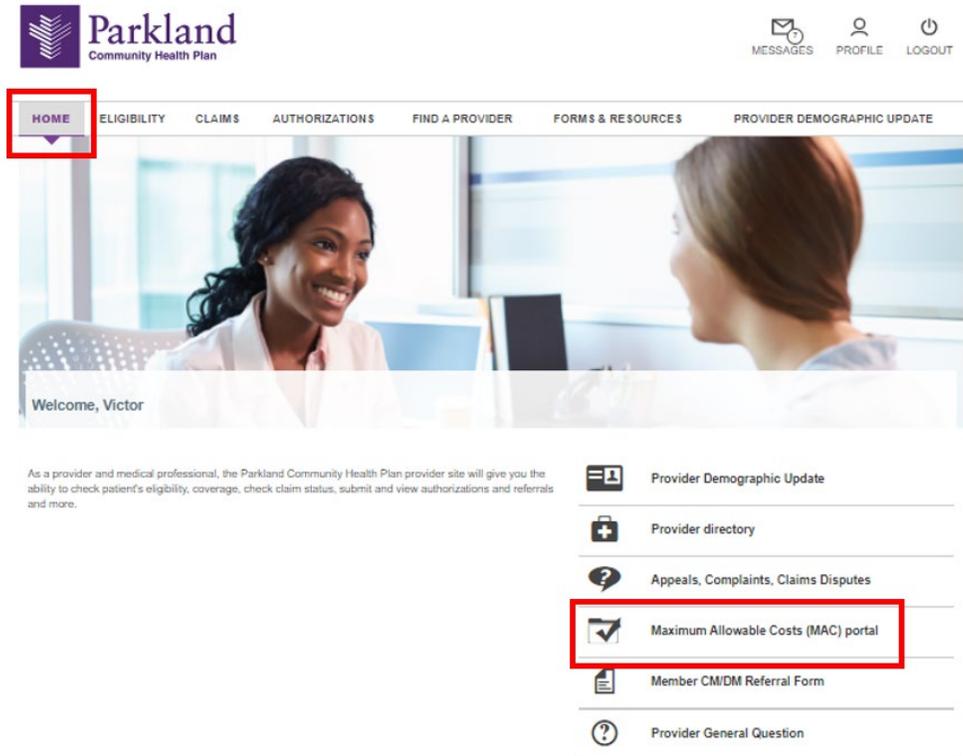
This is a Test.

BACK

SUBMIT

Chapter 12 – Maximum Allowable Costs (MAC) Portal

The Maximum Allowable Costs (MAC) Portal (located on the quick links section on the homepage). You will be redirected to the Navitus Login Page.



Parkland
Community Health Plan

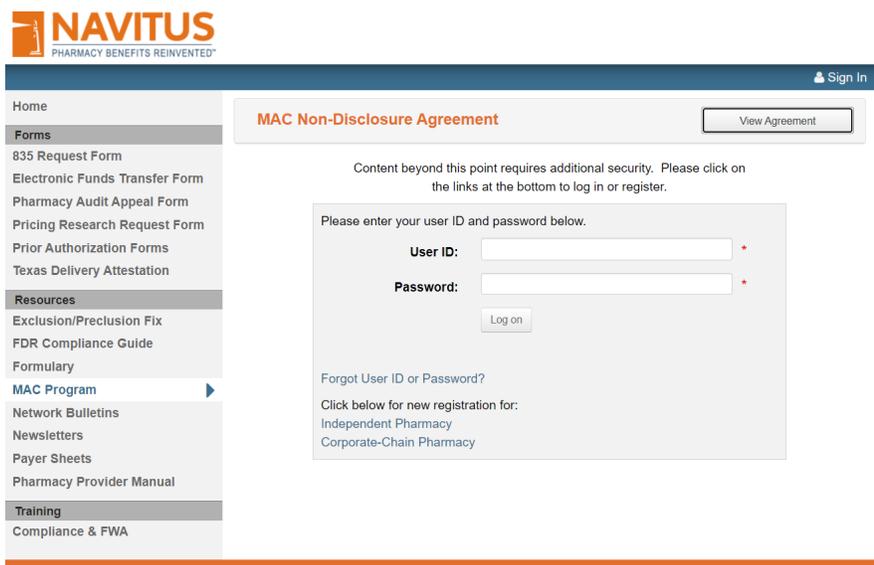
MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS AUTHORIZATIONS FIND A PROVIDER FORMS & RESOURCES PROVIDER DEMOGRAPHIC UPDATE

Welcome, Victor

As a provider and medical professional, the Parkland Community Health Plan provider site will give you the ability to check patient's eligibility, coverage, check claim status, submit and view authorizations and referrals and more.

- Provider Demographic Update
- Provider directory
- Appeals, Complaints, Claims Disputes
- Maximum Allowable Costs (MAC) portal**
- Member CM/DM Referral Form
- Provider General Question



NAVITUS
PHARMACY BENEFITS REINVENTED™

Sign In

Home

- Forms
 - 835 Request Form
 - Electronic Funds Transfer Form
 - Pharmacy Audit Appeal Form
 - Pricing Research Request Form
 - Prior Authorization Forms
 - Texas Delivery Attestation
- Resources
 - Exclusion/Preclusion Fix
 - FDR Compliance Guide
 - Formulary
 - MAC Program**
 - Network Bulletins
 - Newsletters
 - Payer Sheets
 - Pharmacy Provider Manual
- Training
 - Compliance & FWA

MAC Non-Disclosure Agreement [View Agreement](#)

Content beyond this point requires additional security. Please click on the links at the bottom to log in or register.

Please enter your user ID and password below.

User ID:

Password:

[Log on](#)

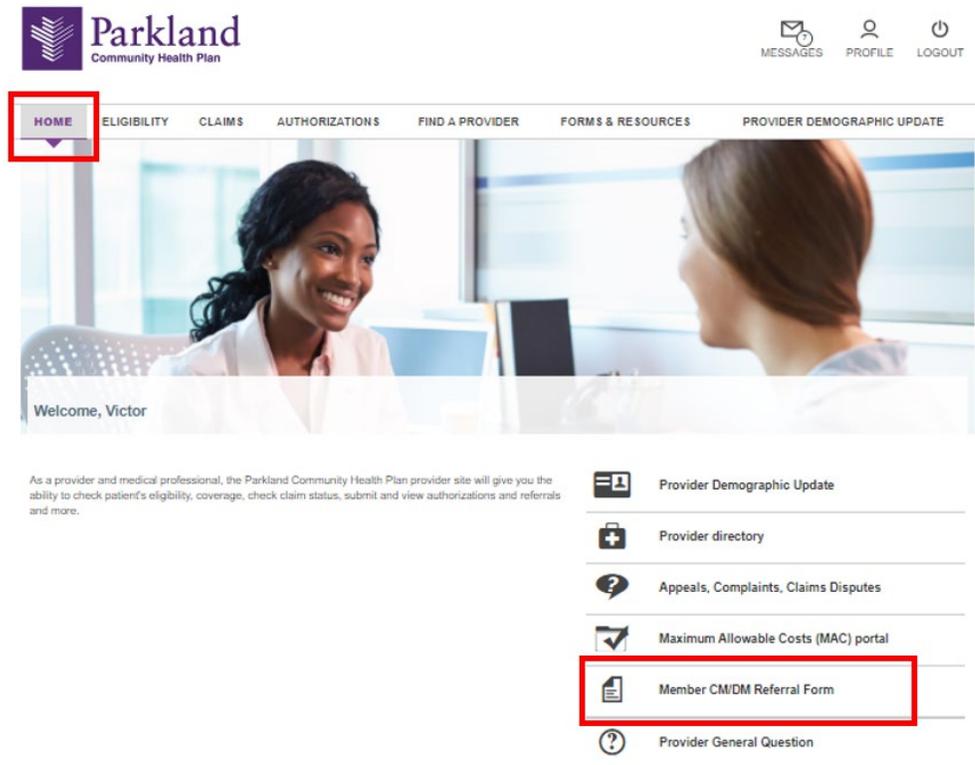
[Forgot User ID or Password?](#)

Click below for new registration for:

- Independent Pharmacy
- Corporate-Chain Pharmacy

Chapter 13 – Member CM/DM Referral Form

The Member CM/DM Referral Form (located on the quick links section on the homepage) allows for a provider to submit in a referral for a member.



The referral form autopopulates with the providers user name, provider org/group name, and the providers NPI. Complete all information and submit.

There are two different drop down/check boxes to select:

CM/DM Referral Source (options):

- Primary Provider
- Specialist Provider
- Hospital
- Urgent care
- Emergency Services
- Community Services
- Social Services
- Home Health Services
- Other

CM/DM Program Referral (options)

- ADHA
- Asthma
- Autism
- Diabetes
- Epilepsy
- General Care Management
- Maternity
- NICU



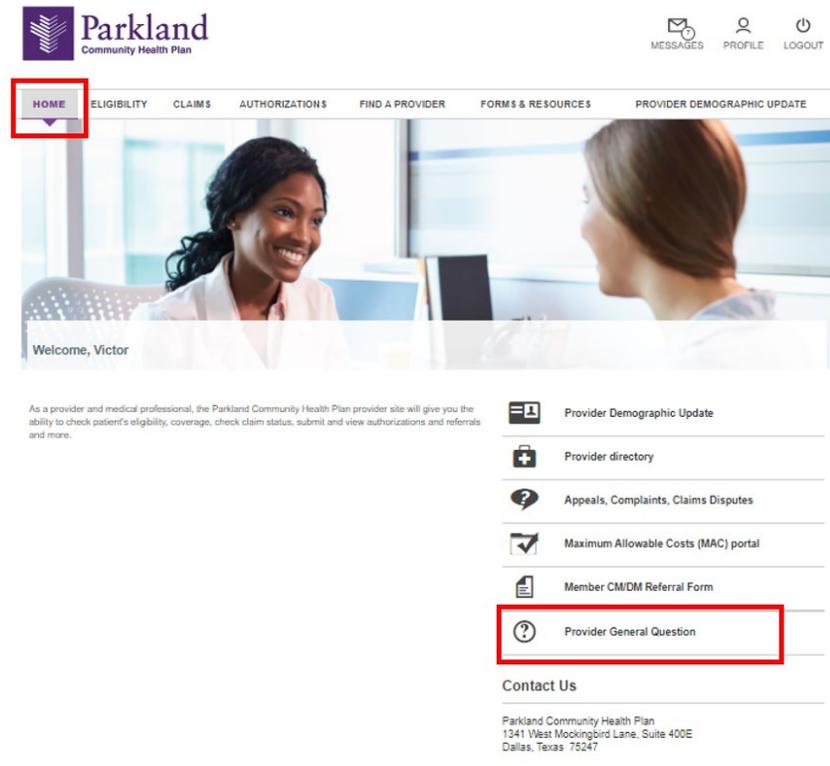
Member CM/DM Referral Form

<p>Provider User Name: <i>ParklandCommunityHealthPlan.provider</i></p> <p>Provider Org / Group Name:</p> <p>Provider NPI: 1043231400</p> <p>Contact Phone:* <input type="text"/></p> <p>Member Name</p> <p>First Name:* <input type="text"/></p> <p>Middle Initial: <input type="text"/></p> <p>Last Name:* <input type="text"/></p> <p>Member ID:* <input type="text"/></p> <p>Address</p> <p>Home Address 1: <input type="text"/></p> <p>Home Address 2: <input type="text"/></p> <p>Home Address City: <input type="text"/></p> <p>Home Address State: <input type="text"/></p> <p>Home Address Zip: <input type="text"/></p>	<p>Date of Birth:* <input type="text"/></p> <p>Member Home Phone: <input type="text"/></p> <p>Member Mobile Phone: <input type="text"/></p> <p>CM/DM Referral Source: (check all that apply)</p> <p><input type="checkbox"/> Primary Provider</p> <p><input type="checkbox"/> Specialist Provider</p> <p><input type="checkbox"/> Hospital</p> <p><input type="checkbox"/> Urgent Care</p> <p><input type="checkbox"/> Emergency Services</p> <p><input type="checkbox"/> Community Services</p> <p><input type="checkbox"/> Social Services</p> <p><input type="checkbox"/> Home Health Services</p> <p><input type="checkbox"/> Other</p> <p>If other, please explain: <input type="text"/></p> <p>CM/DM Referral Diagnosis:* <input type="text"/></p> <p>Reasons for Referral:* <input type="text"/></p> <p>CM/DM Program Referral (Choose one from drop down):* ADHD <input type="button" value="v"/></p> <p>CM/DM Program Referral Other: <input type="text"/></p>
--	---

SUBMIT

Chapter 14 – Provider General Question/Messages

The Provider General Questions Form (located on the quick links section on the homepage) allows for a provider to submit in a question.



Step 1. Complete form and submit question.

Provider General Question

Please submit your general plan or coverage related question here.

Tax ID:*
11111111

Group NPI:*
2222222222

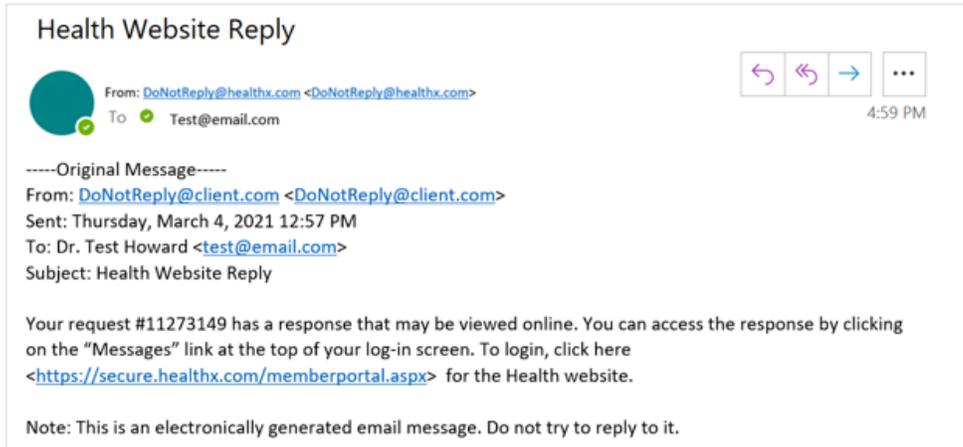
Contact Name:*
Dr. Test

Contact Phone:*
1111111111

Contact email:*
Test@email.com

Please enter your question here:
This is a test?

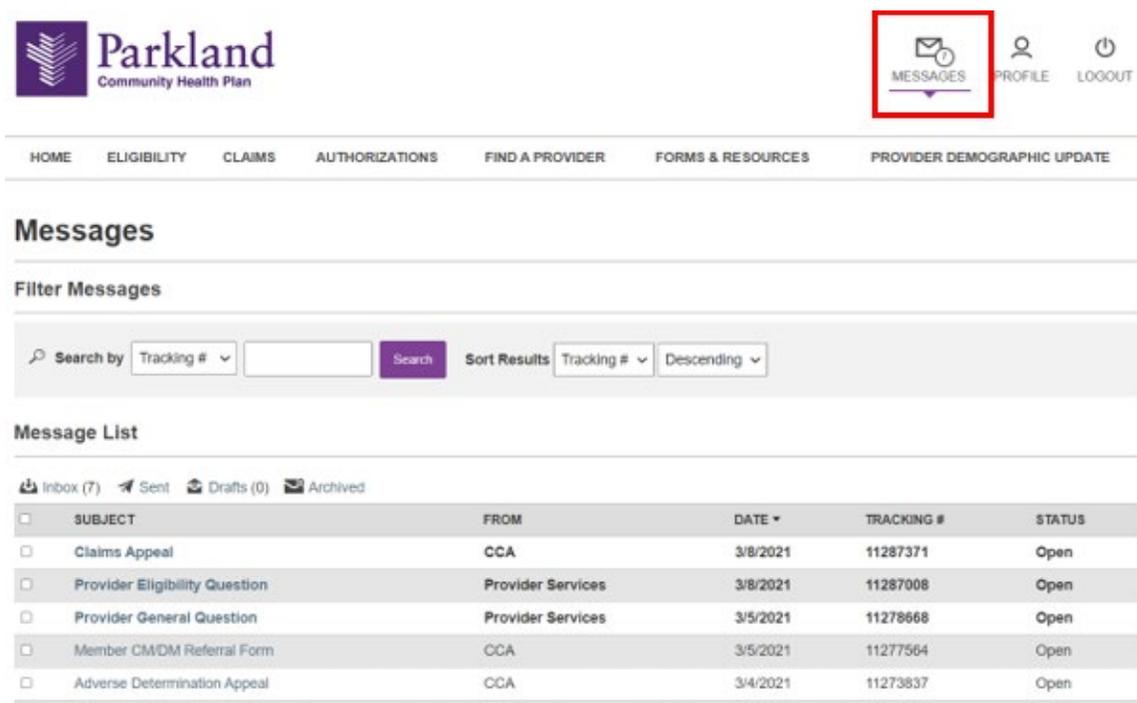
Step 2. You will receive an email confirmation that your question has been received. Once a message has a response, you will receive an email notification you.



Step 3. To locate Inbox, Sent messages, and Archived messages, click the Message icon at the top right of portal.

The Messages alerts you that you have responses to the question you have sent.

By default, the most recent message appears at the top of the list, however; you can sort this list by clicking on any of the column headings.



Messages

Filter Messages

Search by Tracking # Search Sort Results Tracking # Descending

Message List

Inbox (7) Sent Drafts (0) Archived

	SUBJECT	FROM	DATE	TRACKING #	STATUS
<input type="checkbox"/>	Claims Appeal	CCA	3/8/2021	11287371	Open
<input type="checkbox"/>	Provider Eligibility Question	Provider Services	3/8/2021	11287008	Open
<input type="checkbox"/>	Provider General Question	Provider Services	3/5/2021	11278668	Open
<input type="checkbox"/>	Member CM/DM Referral Form	CCA	3/5/2021	11277564	Open
<input type="checkbox"/>	Adverse Determination Appeal	CCA	3/4/2021	11273837	Open