



HEALTH PLANS
UNIVERSITY OF UTAH

PROVIDER PORTAL USER GUIDE

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Home Page – Navigation Overview

The Provider Portal home page gives you easy access to the functions you use the most. Some of our most used resources are highlighted in the Quick Access area of the home page. Patient management shortcuts—Eligibility, Authorizations, and Claims—are clearly displayed just below the Quick Access banner. And just above the banner, the grey ribbon contains all of the functions organized by office role.

The screenshot displays the Provider Portal home page. At the top left is the **HEALTH PLANS UNIVERSITY OF UTAH** logo. To the right are a **MESSAGE CENTER** icon and a **WELCOME** user profile dropdown. Below this is a navigation bar with dropdown menus for **Resources**, **Patient Management**, **Office Management**, and **Administration**.

The main content area features a **Quick Access** sidebar with links to [Provider Directory](#), [Provider Portal User Guide](#), [Policies, Guidelines and Forms](#), [Education Newsletters and Resources](#), and [Need Assistance](#). To the right is a banner for **QUESTIONS ABOUT COVID-19 COVERAGE AND CARE?** with a **Learn More** button.

Below the banner are three main service sections:

- Eligibility:** Includes a search form with fields for **Member ID** and **Date of Birth**, and a **Search** button.
- Authorizations:** Includes buttons for **Codes That Require Prior**, **Prior Authorization Form**, and **Prior Authorization Guidelines**.
- Claims:** Includes a search form with a **Claim Number** field and a **Search** button, along with a **View All Claims** link.

The footer contains three columns: **Office Management** (Eligibility, Claims, Referrals and Authorizations), **Administration** (User Information, Local Administrator), and **Resources** (Secure Messaging, Document Manager). On the right, contact information is provided: **6053 Fashion Square Drive, Suite 110 Murray, UT 84107** and **833-981-0213**.

This guide provides instructions for navigating the Provider Portal and utilizing the services available. You can return to the Table of Contents by clicking on the arrow at the bottom of every page.

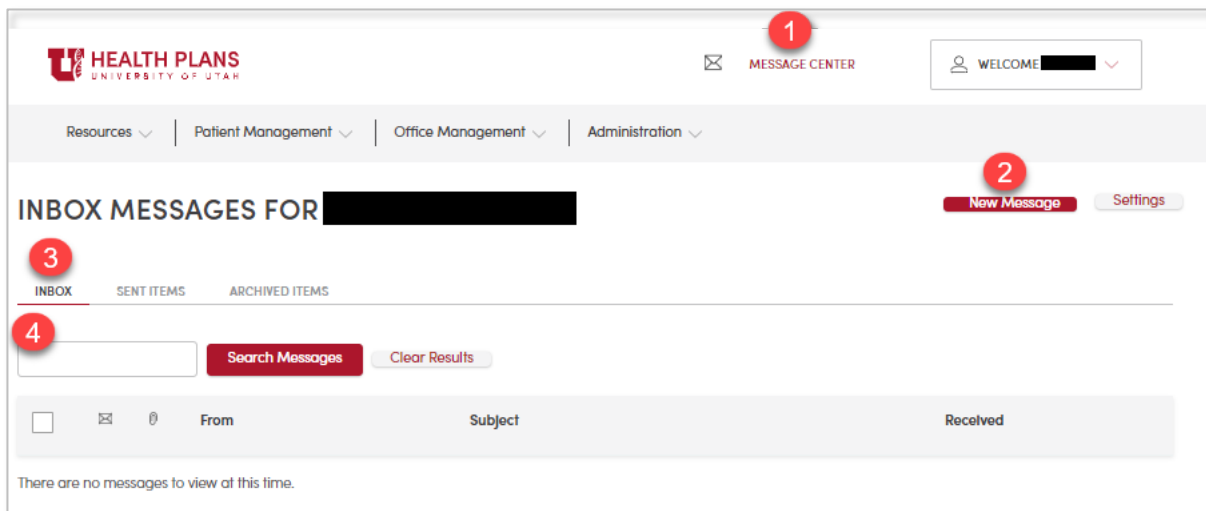


Message Center

With our Provider Portal's secure Message Center, you can send a message to U of U Health Plans Customer Service, who will triage your message and forward it to the most appropriate department to respond.

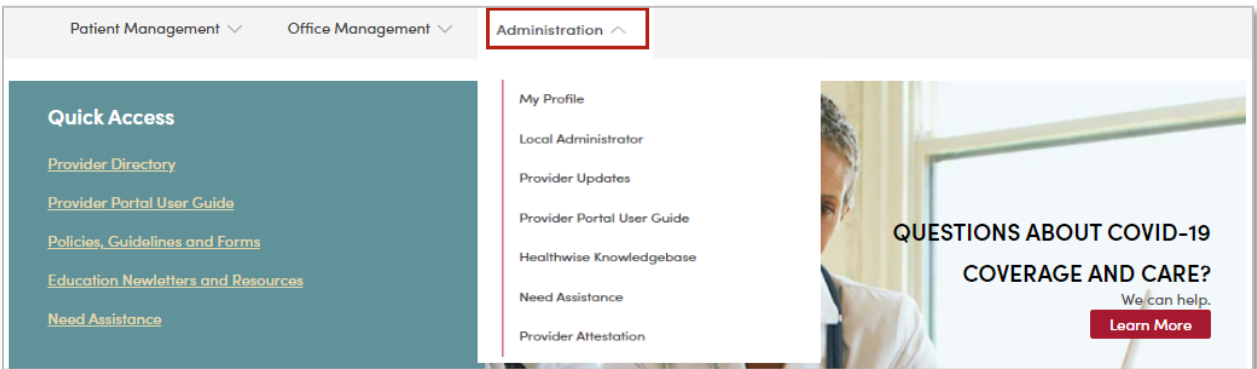
To send a secure message through the Provider Portal's "Message Center":

1. Click on the "**Message Center**" link at the top of any page.
2. Click the "**New Message**" button, and you're ready to create your message just as you would an email. Responses to your message will appear in your Message Center Inbox.
3. View incoming messages in your "Inbox."
4. Enter a person's name, subject line, or key phrase to "Search Messages."



'Administration' Tab

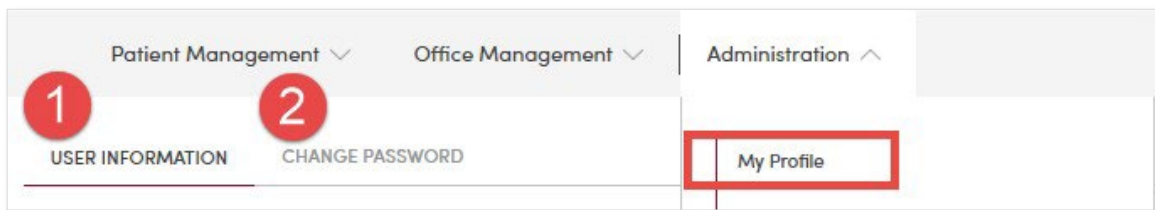
The "Administration" tab provides tools to manage your clinic's access to the Provider Portal.



My Profile

The "My Profile" link is located in the dropdown menu when you hover over or click on the "Administration" tab. It is also available in the dropdown of the "Welcome" box at the top right of every screen. "My Profile" is where:

- » The "User Information" tab (1) is where Local Administrators can correct the demographic information about a User, or Users, about themselves
- » The "Change Password" tab (2) is where Users can change their own password after logging in.



Local Administrator

The "Local Administrator" link under the "Administration" tab is where Local Administrators will manage access to their clinic's Portal account. The first individual that registers for a practice or office is assigned the role of Local Administrator. In most cases, the Office or Billing Manager is assigned this role, but this should be assigned as best suits your office's operation.

The Local Administrator has access to all standard features and the features necessary for setting up and overseeing all other Users registered for the provider's office (restricted access for Local Administrator only).

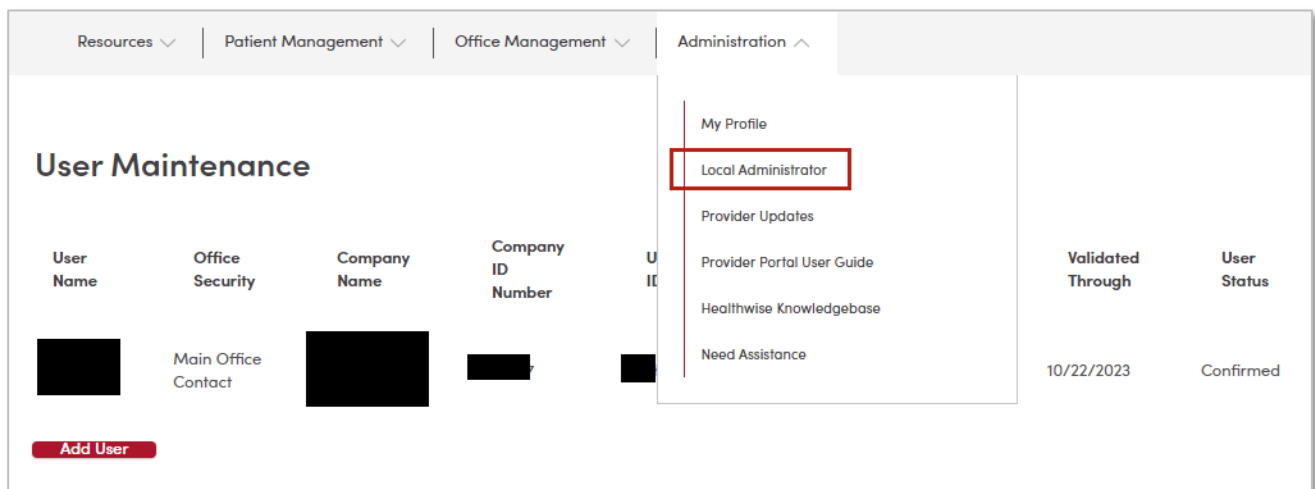


Adding Users

After registering as the Local Administrator, you can add Office Users—users with standard access—to your clinic or facility’s access. Account confirmation is not required when a User is added by the Local Administrator.

From the Home Page, hover over the “Administration” tab, then click on “**Local Administrator**” from the dropdown menu. The User Maintenance screen will be displayed.

Your name as Local Administrator will be the only name displayed until you set up Office Users.



1. To add a User, click on the “**Add User**” button and complete the Add User form that is displayed.
2. Assign a username that can be identified as someone in your office (e.g., SamG.MEMC) and a temporary password.
3. We highly recommend designating an additional Local Administrator—by clicking the checkbox as indicated in the image—in case the primary Local Administrator leaves the practice or is out of the office for an extended period of time.
4. When finished completing the form, click the “**Add**” button.

Add User

* First Name

Middle Initial

* Last Name

* E-mail Address

* Confirm E-mail Address

Title
e.g., Office Manager

* Office Phone

Phone Ext

Office Fax

* Username

* Password

* Confirm Password

Local Administrator:

* Indicates required field

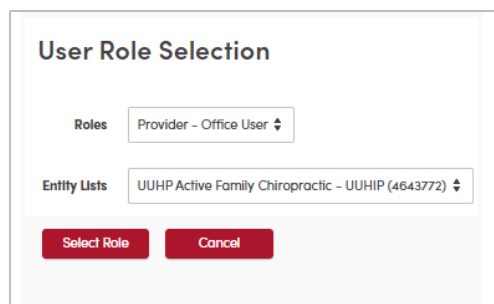
User Role Maintenance

There are currently no User Roles defined for this user.

Add



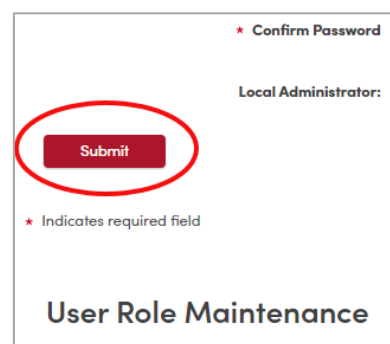
5. On the User Role Selection screen, select the appropriate role from the “Roles” dropdown menu and a provider office or group from the “Entity Lists” dropdown menu.



Notes:

- » **Roles** ensure the User has only the security necessary to perform their job responsibilities.
 - » **Entity** Lists default to the provider(s) participating within your Tax ID or other defined practice identifier. Confirmed Users in your clinic will only have access to health plan information pertaining to the providers included in your Entity List.
6. Click “**Select Role**” to return to the User Information screen.

7. Confirm all information entered on the form, and then click the “**Submit**” button, located just above the “User Role Maintenance section.



8. You will receive an email to confirm that the access setup is complete. and the User is ready to log in and be trained on the Portal. **Inform the new User of their login information and train them on how to access and navigate the Portal.**

Note: After you have confirmed a User's account, if the User requires additional “Roles” to perform their office duties, click the checkbox next to their listed role, then click the “**Add**” button. You will be returned to the User Role Selection screen to select the additional role they'll need. Verify you've selected the appropriate additional role, then click the “**Submit**” button (Step 7 above).

Initial User Log In

The first time a User logs into the Provider Portal, they must complete the following steps to update their account.

1. Sign in with their assigned username and temporary password.
2. Review the Terms and Conditions, and click “**Accept.**”
3. On the Account Information Update Required form:
 - a. Read the password requirements.
 - b. Enter and confirm a new password.
 - c. Select three security questions. Security questions are used to access their account for username and password reset requests.
 - d. Click “**Submit.**”

Users are then redirected to the Home screen.



Deleting Users

The Local Administrator is also responsible to delete Users if they leave employment with the clinic or no longer need access to the information in the Provider Portal.

1. Hover over the "Administration" tab and click on "**Local Administrator**" to return to the User Maintenance screen.
2. Click on the User's hyperlinked name to open the User Information screen. Verify you have selected the correct person to terminate.
3. Scroll down to the User Role Maintenance area.
4. Click on the checkbox next to the User's role.
5. Click the "**Remove**" button to disable this User's access.

Biannual Provider Portal Access Validation

Local Administrators will be notified twice each year, via a pop-up message when they log in to the Portal, that they need to validate that each person with Provider Portal access for their clinic is still authorized to have access. This is a HIPAA requirement to ensure member and provider information is protected.

- » If a User's access is correct, no action is necessary.
- » If a User should no longer have access, delete that User.

Clinic accounts not validated within the validation time frame will be deactivated for all Users and Local Administrators with access to that account.

Healthwise Knowledgebase

The Healthwise® Knowledgebase is an interactive tool available to members and providers who use our secure portals. The tool provides reliable information about a variety of conditions, wellness and prevention topics, life stages, and more. Browse through the topics available, and share with your patients as appropriate.

'Office Management' Tab

The "Office Management" tab provides Users and Local Administrators with access to tools pertaining to your clinic's operational functions.

Verify Eligibility

Eligibility information about our existing members is available on the Provider Portal's Home page or as a link under the Office Management tab at the top of every page.

The member's "Last Name" **or** "Member ID" number, along with their date of birth, and gender are required (○) when searching via either method.

Note: You can only search for a patient who is no longer a U of U Health Plans member via the "Eligibility" link under the "Office Management" tab:

- » **All required:** Enter the "Last Name," **or** "Member ID," "Birth Date," and "Gender." (1 through 3)
- » **Optional:** To search for a past member, select the appropriate "As of" date (4). Eligibility files are maintained for the prior two calendar years only.
- » Click the "Search" button.

The screenshot shows the 'Eligibility Search' form. At the top, it says 'Conduct Eligibility Search' with two radio buttons: 'Last Name' (selected) and 'Member ID'. Below this is a text input field labeled '1 Patient' with a red circle and the number 1. The placeholder text is '(Last Name Example - Smith, John)'. Below the input field is the 'Search Filters' section. It contains three items: '4 As of' with a date input field containing '8/28/2023' and a calendar icon, '3 Gender' with a dropdown menu showing '-Select-' and a dropdown arrow, and '2 Birth Date' with a date input field containing '(MM/DD/YYYY)' and a red circle with the number 2. At the bottom of the form are 'Search' and 'Clear' buttons.

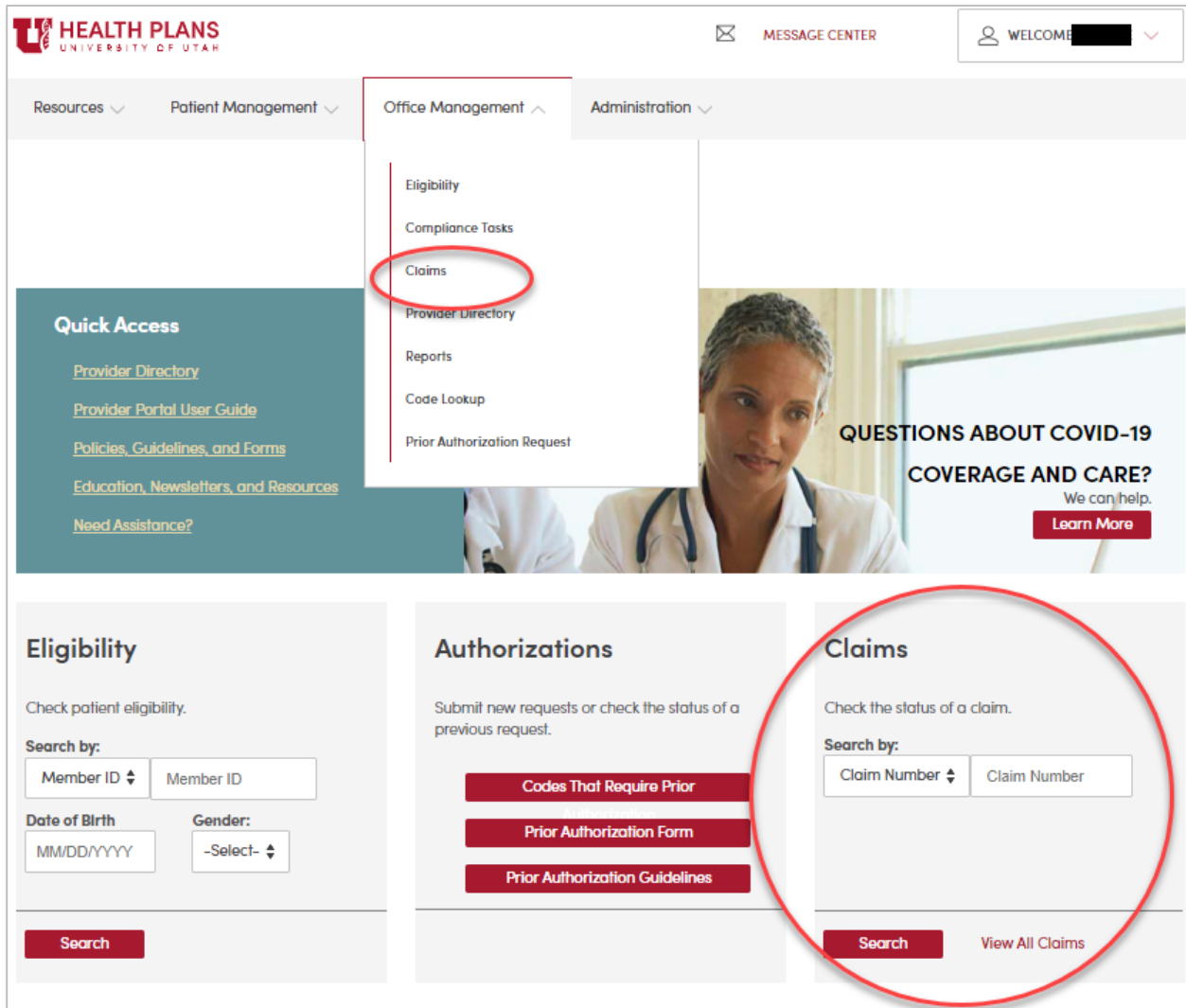
Compliance Tasks

Adhering to accepted compliance standards is critical to protecting your office and your patients against fraudulent, wasteful, or abusive healthcare practices; in addition to ensuring they receive care in a culturally and ability-sensitive manner. The learning modules in this section should be completed by your clinic's staff within the first 90 days of their employment, and annually thereafter. Clinic staff or in-service meetings are ideal times to complete these annual trainings.



Claims and Remittance Advices

Claims **and** Remittance Advices are available via the Claims links on the Home page and under the “Office Management” dropdown menu.



Claims

Search for claims your office has submitted, by using one of the following methods.

On the Home page:

- » Select “**Claim Number**,” “**Last Name**,” or “**Member ID**” in the “**Search by**” dropdown menu.
- » Click the “**Search**” button to display the search results.



Under the “Office Management” tab:

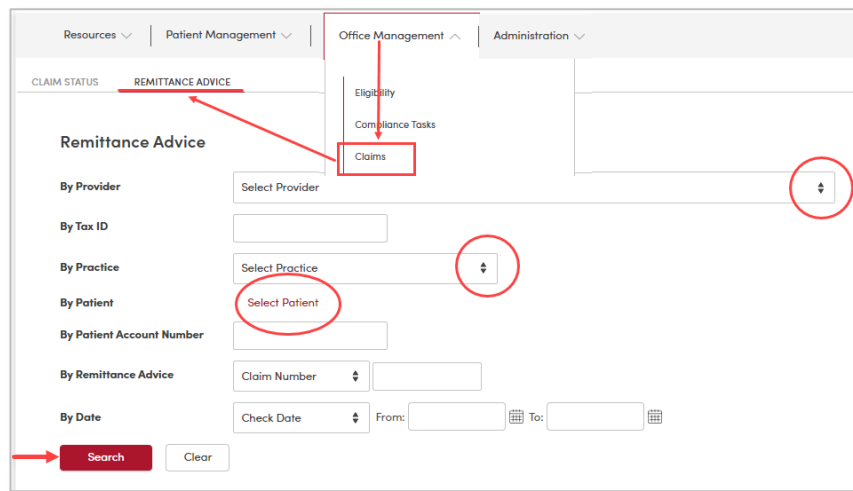
The “Claims” link provides more options to search for claims. You can enter any combination of search criteria, but you must specify at least one. The more search criteria you enter determines the level of claim specificity displayed.

Examples:

- » If you enter a “Date of Service” range with no other information, a list of all of your **clinic’s** claims with that date of service will be returned.
- » If, however, you enter the “Date of Service,” the “Provider Last Name,” and the “Medical Group NPI,” a list of all of that provider’s claims—submitted under that Group NPI, with that date of service—will be displayed.
- » Notice the Claim Number, Status, and Patient information are each hyperlinked to show more specific claim or patient details.
- » You can export the search results to Excel, PDF, or Print as needed.

Remittance Advice

Choose the Remittance Advice link to search for the remittance advice (RA) for a specific claim or check, based on the criteria you enter—similar to the Claim Search function.



Notice that the “By Provider” and “By Practice” fields each offer a dropdown menu to help you identify the correct provider and/or practice for the RA. The “Select Patient” hyperlink, however, displays a search window to identify the patient. Although none of these fields are required, they are useful to return the most accurate search results. When you have entered as much information as is known, click the “**Search**” button to display a list of qualifying results.

The “Remittance Advice Search Result” will display the check number as a hyperlink, as well as other identifying information. Click on the linked check number to view the RA details.



The RA displayed will show every claim processed for your practice during the payment cycle (check run), and will provide the check number, check's date and total payment, along with your practice's identifying information. Scroll down to view details of each claim paid on this check.

To preserve this RA, click on the "RA Report" button, located on the right side of the page, just after the "Provider Level Adjustment" detail. The RA will be accessible in the "**Document Manager**" under the "Resources" tab.

Provider Directory

The Provider Directory enables members and providers to search for providers who specialize in certain conditions or treatments, are located in a specific geographic area, or participate in a specific network. There are also advanced search options that help users narrow down the search even further.

Quarterly Provider Directory Data Validation

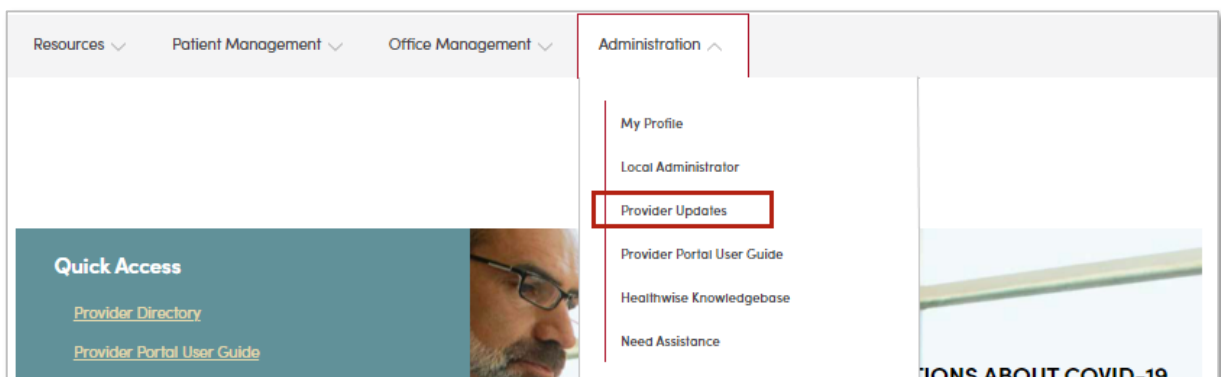
Local Administrators will be notified quarterly via a pop-up message (shown below) when they log in to the Portal that they need to validate that the data displayed in the directory is correct for each provider in your clinic. This is a Centers for Medicare & Medicaid Services (CMS) requirement to ensure members are able to identify and locate in-network providers for their benefit plan.

Notice: One or more Quarterly Provider Data Attestation(s) are past due! [Review Now](#)

Providers whose information is not validated within the validation time frame will be removed from the directory until their data validation is completed. Updates can be made via the [Provider Portal](#) or by submitting a [Practice Location Update Form](#), as follows:

Updates via the Provider Portal

1. Hover over the "Administration" tab and click on "Provider Updates" to view a list of providers and/or practices associated with your Tax ID.



2. Locate the practice or provider needing an update and click on the “View” hyperlink next to the associated NPI to populate the practice or provider's current information.

Provider Manager			
Modify Search ▾			
Provider	Provider ID	NPI	
ABC FAMILY MEDICINE	██████	██████	View
JOHN DOE, MD	██████	██████	View

Regardless of whether updates are needed for an individual provider or a practice, the steps to update information are the same:

1. Click the “**Update information**” button and follow the steps to input your changes.
2. Click “**Next**” or “**Previous**” to move between screens.
3. Add any comments you feel would be helpful, and “**Submit.**”

Updates via the Provider Website

While not as convenient as submitting updates via the Provider Portal, you can alternatively submit the information online (not using the Provider Portal) or via email.

- » **Online** – Complete the [Provider Update Form](#). Once the form is completed, click “**Submit**” to submit the form online.
- » **Email** – Download and complete the [Practice Location Update Form](#), then email the form to provider.relations@hsc.utah.edu.



Reports

Also available under the Office Management dropdown is the ability to request the following reports:

- » Member Roster by PCP – Displays a list of our members who have indicated a particular provider as their PCP (recommended but not required for most plans).
- » Member Roster by Practice – Displays a list of members who have been seen at your practice, including all locations.
- » Remittance Advice Report – Provides the ability to print the remittance advice associated with a specific check number.

Resultant reports can be viewed via the “Document Manager” link under the “Resources” tab.

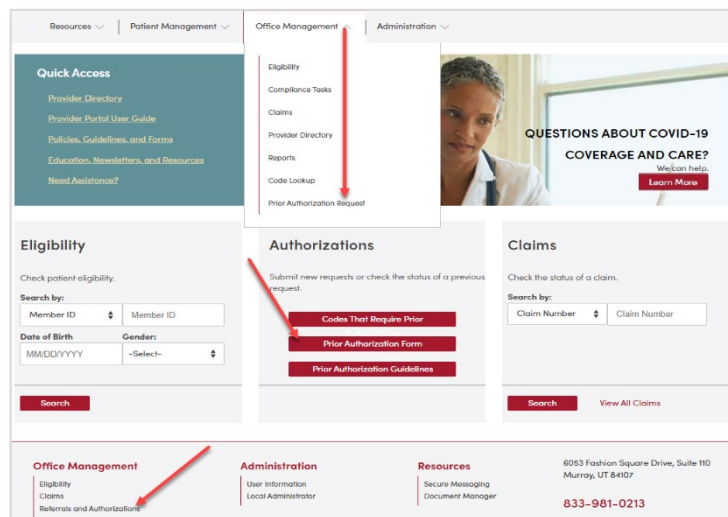
Code Lookup

A code-lookup tool is also located under the “Office Management” tab.

1. Select the **type** of code you’re searching for (e.g., diagnosis, procedure, or drugs)
2. Enter the **code** or **keyword** in the search field
3. Click “**Find**”
4. The appropriate ICD-10-CM, CPT/HCPCS, NDC, or Modifier code will be displayed.
5. **Note:** Additional information (i.e., Related Codes, Applicable Modifiers, Relative Value Units) is linked next to the code, when available.

Prior Authorizations – Medical and Medical Pharmacy

The Provider Portal processes prior authorization requests for medical and medical-pharmacy services. The same form is used for each area; therefore, the following instructions apply to medical services as well as medical-pharmacy medications. There are three ways to access the Prior Authorization functions in the Provider Portal, as shown by the red arrows.



1. Search for the requesting provider

- a. Choose the requesting provider from the dropdown list of providers associated with your clinic, if available, or click the “**Search Providers**” link.
- b. Enter the provider's name or their NPI/Provider ID to identify the needed provider, and then click “**Search.**”
- c. Review the search results displayed near the bottom of the display window. If the results display the correct provider's name, click the “**Add**” link; if there is a question about the results, click the “**More info**” link to display additional identifiers. If you have verified the correctness of the provider, click “**Add**” or perform the search function again with different identifying information.
- d. Once you have added the correct provider, click the “**Submit**” button.

2. Request Medical Prior Authorizations

The “Request Medical Prior Authorizations” screen will open in a new tab. If the tab fails to open, check that the pop-up blocker function on your computer is disabled for this application.

3. Remember, this process is used to submit **medical and medical pharmacy** prior authorization requests.

- a. Complete all information requested and then select “**Search.**”

Note: The results displayed may include two rows for the same patient, one with the PCP's name—if one has been identified—and one row without the PCP's name. Click “**Select**” on either row to view identical information for the requested patient. If only one row is displayed, click “**Select.**”

ACTION	FIRST NAME	LAST NAME	DATE OF BIRTH	MEMBER ID	ADDRESS	STATUS	EFFECTIVE DATE	TERM DATE	PLAN CODE	PLAN DESCRIPTION	PCP	PCP NAME	IPA CODE	IPA NAME
Select	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Eligible	04-01-2022		[REDACTED]	[REDACTED]				

Date: 05-25-2023 Print Cancel



- b. Verify the correct member is displayed and the “Member Eligible” box is green.

- c. Select the **Authorization Urgency**. Remember that the term “Expedited” applies only to medical services that are needed in a timely or urgent manner that would subject the member to adverse health consequences without the care or treatment requested. Complete as much information about the Requesting Provider as is known.

Note: You must select the “Request Type” prior to selecting the “Review Type.”

- d. Enter the **Servicing and Facility Provider information**. Click on the “**Add Servicing/Facility Provider**” or “**Add Unknown Provider**” button. Enter as much information as possible in the displayed screen to narrow the search results. Notice that “**Type**” is a required field. Also add additional servicing or facility providers as applicable. The added providers/facility will be displayed as a list in the Servicing and Facility Provider Information section.
- e. Enter the **Diagnosis code**. In the “ICD Search Results” section, click on “**Add Primary Diagnosis**.” In the ICD Search window, enter the ICD-10 code(s)—if known—or the diagnosis description and click “**Search**.” A list of matching ICD numbers will be returned. “**Select**” the most appropriate code and remember to always code to the highest level of specificity.



- f. Enter the **Procedure** code. In the “CPT/HCPCS Search Results” section, click on “**Add Procedure.**” In the CPT/HCPCS Search window, enter the procedure code(s) for which you’re requesting authorization—if known—or the procedure description and click “**Search.**” A list of matching procedure codes will be returned. “**Select**” the most appropriate code.
- g. Review the **CPT/HCPCS Information screen.** Verify that the correct procedure code(s) and description(s) are displayed in the matching fields. Also verify that the **PA Status** field displays “Auth Required.”

If Prior Authorization is required, continue completing the form with the information necessary for this procedure.

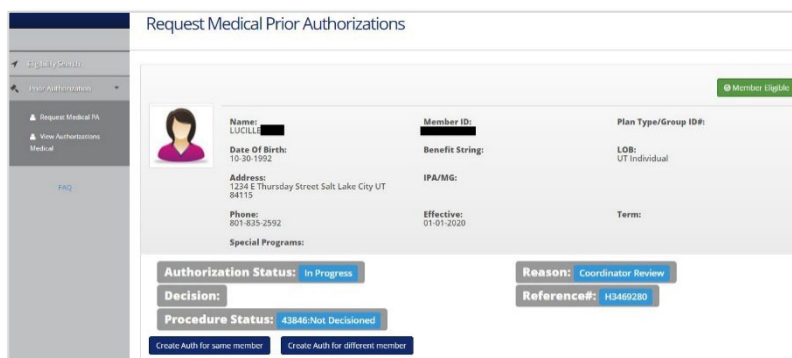
Review the request form in its entirety, edit if necessary, and then “**Submit,**” or “**Cancel**” the request.

4. Add Supporting Documentation

Once you submit the member/provider/procedure information page of the request form, the next screen displays: “Please upload additional documentation supporting your request.”

- a. Click the “**Add Documents**” button and use the “**Choose File**” button to select the needed documentation, then click “**Upload Document.**” To add more documents, click the “Add Documents” button again, and follow the same steps until you have uploaded all documentation appropriate to support the medical necessity of your request.
- b. Click the “**Add Notes**” button to display a freeform text field. Enter any additional information not included in the documentation, that you feel is important to the consideration of the request.
- c. Once you have attached all supporting records and information, click “**Submit.**”

The following confirmation screen is displayed.



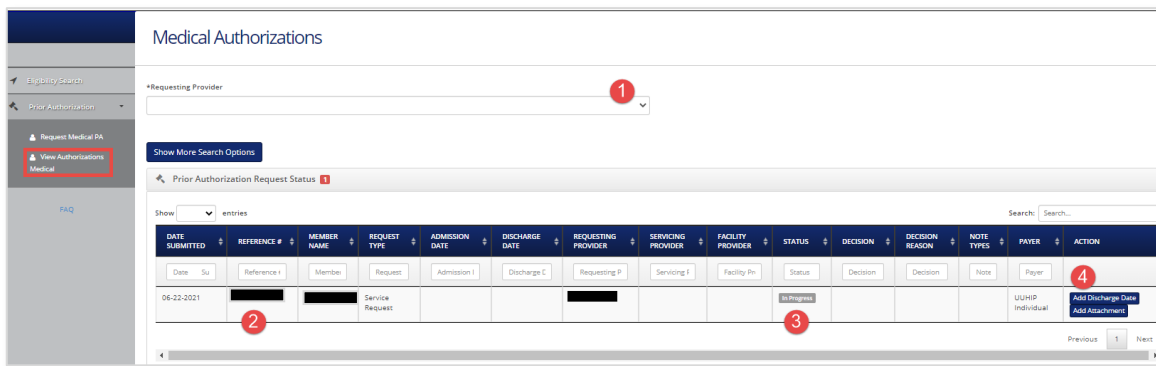
You will also receive an email confirming the submission has been received.

Record the submission date and reference number, in case follow up is needed.



5. **View Medical Authorization Requests** – To check the status of any authorization requests you've submitted, click the **"View Authorizations Medical"** link in the left navigation bar of any Prior Authorization screen.

Note: A list of current requests for the selected healthcare provider will be displayed, including requests for the provider's patients who are members of any health plan administered by University of Utah Health Insurance Plans (e.g. UUHIP Medicaid, Health Choice Utah, or Mountain Health CO-OP). Be especially cautious that you are selecting the correct patient to view or edit their prior authorization request.



- a. Select the "Requesting Provider." (1)
- b. Verify the "Reference" number displayed matches your submitted request. (2)
- c. The authorization request's status is displayed. (3)
- d. Any initial information needed prior to and during the review is displayed in the Action column (4). (You may need to use the scroll bar below the status table to view all of the columns.) If information is needed, click on the hyperlinked reference number (2) and add the requested information where appropriate.

Requests for additional information will also be faxed to you at the fax number provided, detailing the specific documentation needed.

- e. When a decision about your request is reached, the results will be available in the hyperlinked text in the Decision and Decision Reason columns.

This information will also be faxed to you in an approval or denial letter.



‘Patient Management’ tab

While information regarding a member is available in several locations in this Provider Portal, the information is tailored to the function by which you view the member. Inputting your patient's name where requested in the “Patient Management” tab displays all demographic, eligibility, and claims information on one screen. You are then able to click on the links provided to view additional details about this member.

From the Patient Management tab, click on “**Search Patients.**” Input the Member ID, date of birth, and gender, at a minimum.

- » If the patient is associate with a particular PCP, click the drop-down icon to enter the provider's identifying information
- » To check for eligibility information for a patient who is no longer a U of U Health Plans member, select an “As of” date earlier than their plan-termination date.
- » Click “Search.”

In the list of Patient Search Results provided, click “**Select**” next to the patient's name.

All available data regarding that member, including demographics, eligibility, history, and claims will display.

- » Their eligibility status will be highlighted in green on the right side of the display.
- » Click “**Full Details**” to view complete eligibility information.
- » Click on “**Benefit Documents**” to view the member's complete benefit plan handbook.

‘Resources’ tab

Secure Messaging

Functions the same as the “Message Center” icon at the top of the page.

Document Manager

Document Manager is available to review documents and reports. Do not upload medical records or documentation in Document Manager. Uploaded files are not monitored or reviewed.

Questions?

For your convenience, there are three options to contact us for Provider Portal support:

- » Contact our Provider Portal help desk at **833-970-1848** or **801-587-2838**, option 6
- » Email UofUHPPortalsupport@umail.utah.edu
- » Send a secure message through the Provider Portal's **Message Center**

Appendix A

Provider Registration and Local Administrator Guide

Provider Registration Overview

The first individual that registers for a practice or office is assigned the role of Local Administrator. In most cases, the Office or Billing Manager should be assigned this role. The Local Administrator has access to all standard features plus the System Administration feature for setting up and overseeing all other Users registered for the office (restricted access for Local Administrator only).

This guide provides step-by-step instructions for completing Local Administrator registration, adding another Local Administrator (to serve as backup), and Users; User sign in, Help Desk services, and confirming User accounts.

New User Registration for Providers

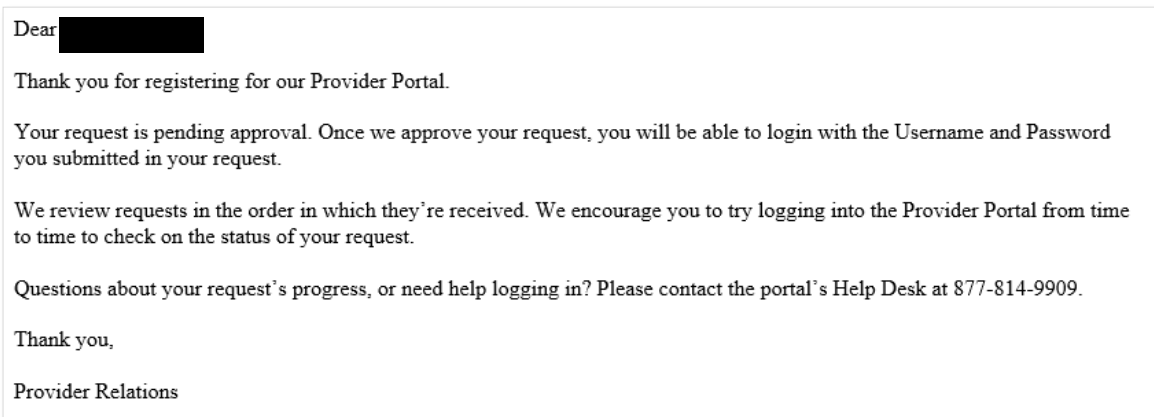
1. From the [Provider Login](#) screen, click the "Register Here" button at the bottom of the Provider Login box.
2. The User Information screen gathers information necessary to set up a new account.
 - » Items marked with an asterisk (*) are required
 - » Including your title helps us validate functions to which you need access
 - » Include in the Office Phone field the most direct phone number by which to reach you, including an extension, if appropriate.
 - » Double check that your email address is:
 - o Entered correctly
 - o Your **office** (not personal) email
 - o **Not** a shared email box (if possible)
 - o Includes the correct suffix (e.g., .com, .org, .net)
 - » User Name – choose a Username for login that is easily remembered
 - » Password – choose a password for login which includes:
 - o At least eight characters
 - o Upper and lower case letters
 - o At least one numeric value
 - o At least one symbol (e.g., #, %, &)
 - » Confirm Password by re-entering your chosen password
 - » Choose security questions that will be easy for you to remember the answers, but would not be known by someone trying to gain access to your account

Note: At any time during the registration process click "**Cancel**" to cancel registration and return to the Provider Login screen. Entered work will not be saved.

3. Click "**Next**" to view the Office Information screen.
 - » All fields on this screen are required
 - » Enter your organization's Tax ID number in the Payer Identification Value field
4. Click "**Next**" to proceed to the Registration Summary screen.
5. Verify the Office Contact Info and User information. If the information is correct, click "**Finish**" to proceed to the "Print the Security Agreement" screen, or click "**Edit**" to return to the Office Information screen.
6. Print the Security Agreement if your office security process is to keep printed copies of all secured sites for which you are registered.

Note: The Print the Security Agreement screen contains the Username needed to log in to the Provider Portal. You cannot return to this page, so we recommend you record your Username in a secure location.

7. Click "**Next**" to proceed to the Registration Complete screen.
8. When you submit your registration, you will receive a confirmation email.



Dear [REDACTED]

Thank you for registering for our Provider Portal.

Your request is pending approval. Once we approve your request, you will be able to login with the Username and Password you submitted in your request.

We review requests in the order in which they're received. We encourage you to try logging into the Provider Portal from time to time to check on the status of your request.

Questions about your request's progress, or need help logging in? Please contact the portal's Help Desk at 877-814-9909.

Thank you,

Provider Relations

9. Local Administrator access requests are typically completed within seven business days, but may take longer to research missing information. We recommend you try [logging in](#) from time to time to check on your account status.

Log In

Return to the [Provider Login screen](#) to sign in to your account. Enter the username and password you specified in your registration, then click the "**Log In**" button.

Forgotten Usernames and Passwords

Usernames and passwords can be retrieved and reset by calling the Provider Portal's registration support desk at **877-814-9909**, or go to the [Provider Log In screen](#) and complete the information requested in the "**Forgot your username**" or "**Forgot your password**" link.

Unlocking an Account

To unlock an account, contact the registration support desk at **877-814-9909**.