



PROVIDER PORTAL USER GUIDE

Provider Relations

4-28-2021



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Welcome to Kern Health Systems Provider Portal

Welcome to the Provider Portal training course! This course will teach you the fundamental skills necessary to navigate the portal.

This document contains general task steps that you can refer back throughout your user experience. Each topic also contains step by step instructions so you become familiar with the portal. The steps are designed to build upon each other. Detailed information and helpful tips about each topic are also included to provide insight and guidance to best practices.

Objectives

As you navigate through the Provider Portal the User Guide is available to assist you with the following:

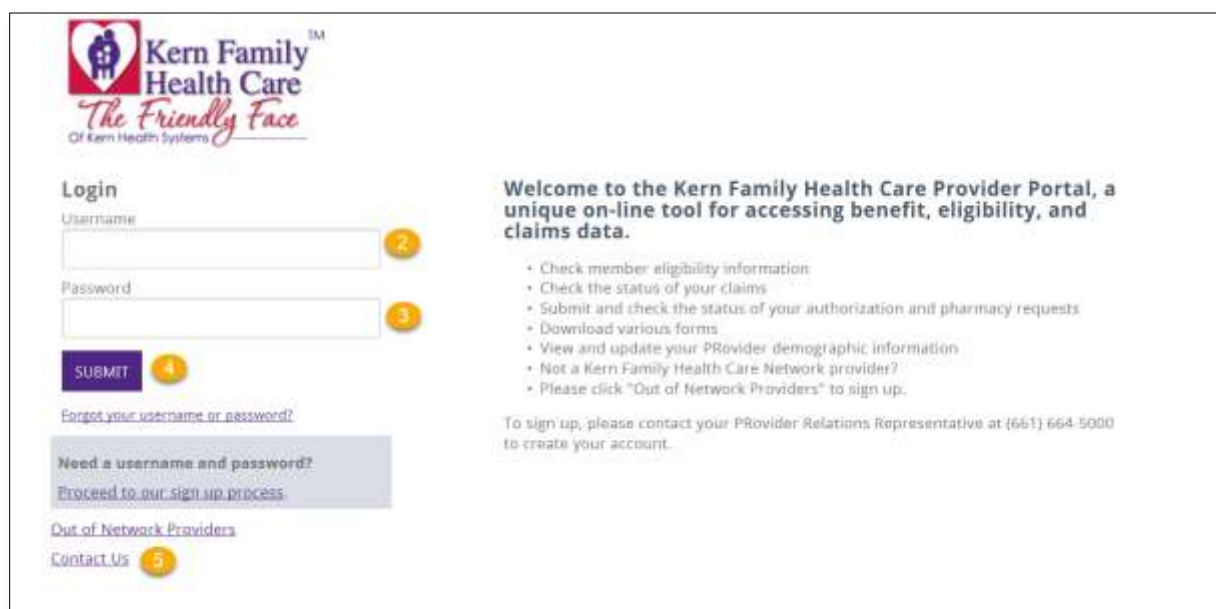
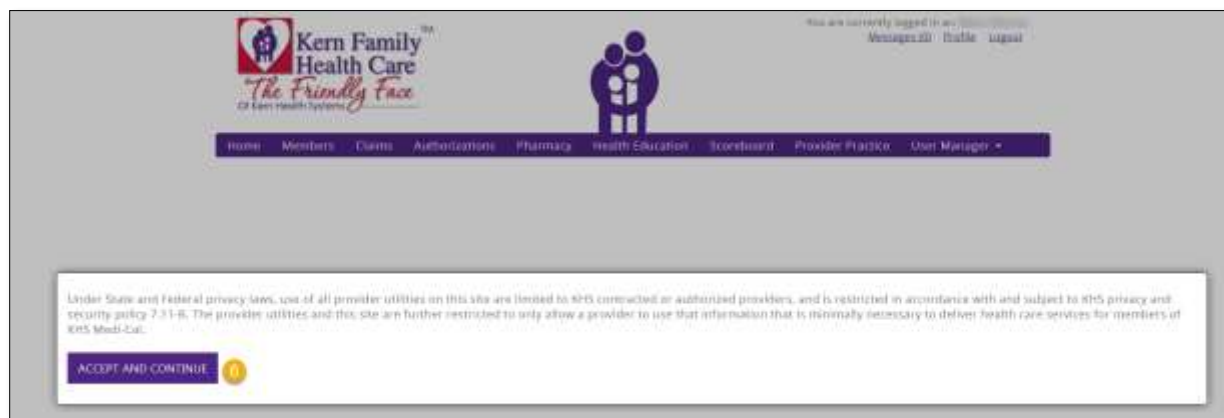
- Verify member eligibility
- Authorization submission
- Authorization status
- Claim status
- TAR submission
- TAR status
- Health Education authorization
- Provider Scoreboard

Chapter 1 - Provider Log In

For initial account setup you will need to contact your Office Administrator as they will create the username and password.

1. Go to **Provider Portal** in your web browser.
2. Type **Username** (provided by Office Administrator)
3. Type **Password**
4. Click **Submit**
5. If you are unable to proceed to the next step click **Contact Us**
6. Click **Accept And Continue**

Note: After 20 minutes of no activity your portal session will time out and you will need to log in again.

Homepage

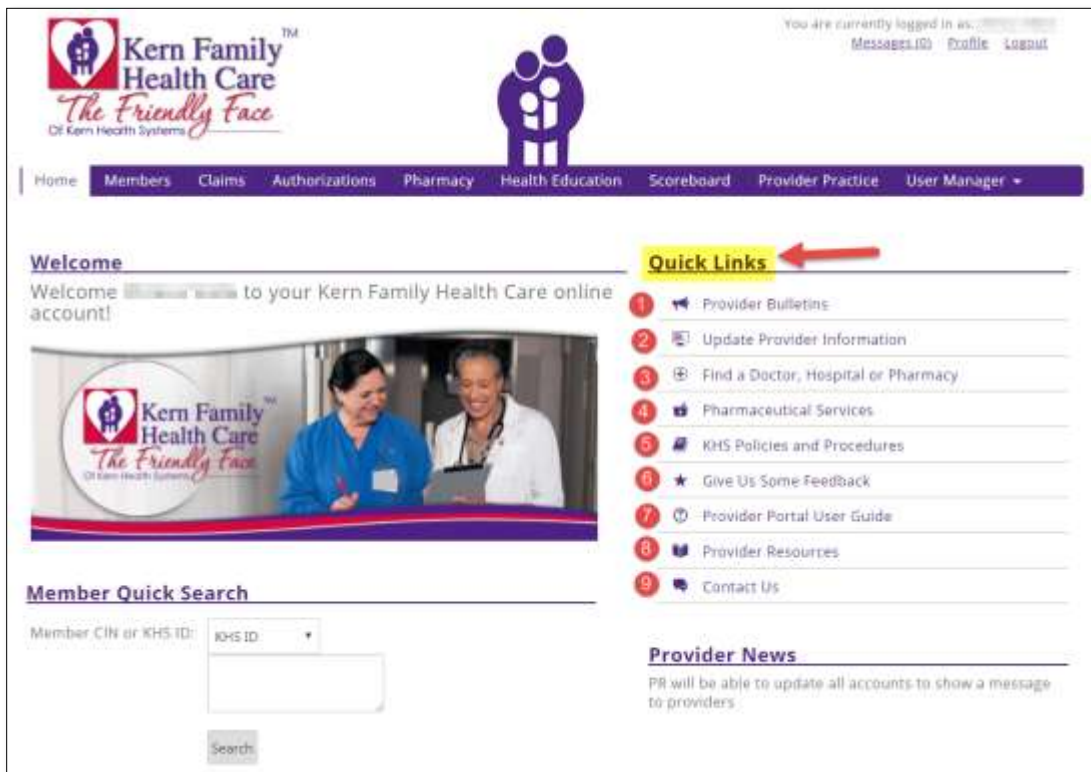
Home Page functionality provides an overview of resources available to user.

1. Click **Messages** to view any messages
2. Click **Profile** to update Account Information
3. Click **Logout** to end your session
4. Welcome message appears with your **Group Name**
5. **Quick Links** displays the Provider information list
6. Click **Provider Bulletins** to view latest KHS news
7. Click **Update Provider Information** to update SB137 Provider Directory requirements
8. Click **Find a Doctor, Hospital, or Pharmacy** to search for a Provider or Facility
9. Click **Pharmaceutical Services** to view latest KHS Formulary news
10. Click **KHS Policies and Procedures** to view Departmental policies
11. Click **Gives us Some Feedback** to complete Physician Satisfaction Survey
12. Click **Provider Portal User Guide** to obtain a copy of the guide
13. Click **Provider Resources** will have access to various resources available
14. Click **Contact Us** to obtain KHS contact information
15. **Provider News** display current messages



Quick Links

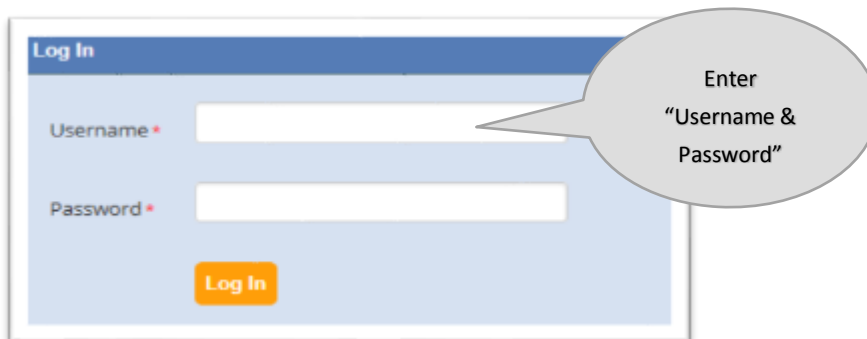
Quick Links provides the most current information available to Providers.



1. Click **Provider Bulletins**, browser will open a new window providing a list of bulletins.
2. Click **Update Provider Information**, browser will open a new window that redirects you to "Medversant" page that allows the user to update "Provider Directory Requirements for Kern Health Systems Providers" to meet SB137 reporting standards.

Portal redirects User to **Medversant**:





Log In

Username *

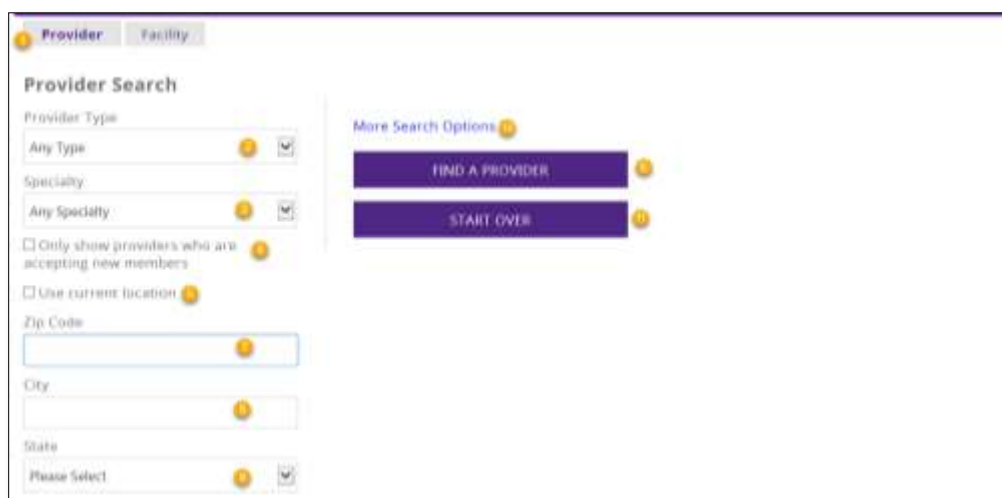
Password *

Log In

Enter
"Username &
Password"

Note: After updating information in Medversant, please return to Provider portal to continue

3. Click **Find a Doctor, Hospital or Pharmacy**, browser will direct you to search for a specific Provider Type, Specialty, Zip Code, City, and State.



Provider Facility

Provider Search

Provider Type
Any Type

Specialty
Any Specialty

☐ Only show providers who are accepting new members

☐ Use current location

Zip Code

City

State
Please Select

More Search Options

FIND A PROVIDER

START OVER

User is now in the **Provider** directory search

1. Click **Provider** then go to next available selection
2. Drop down **Provider Type** and Select **Primary Care Physician** or **Specialist**
3. Drop down **Specialty** and Select specialty type for Ex: General Practice
4. Check box for **Only show providers who are accepting new members**
5. Check box for **Use current location**
6. Click **Find A Provider** for results to display

OR

User has the option search by geographic area

7. Type in **Zip Code** then Enter for search results to appear within zip code

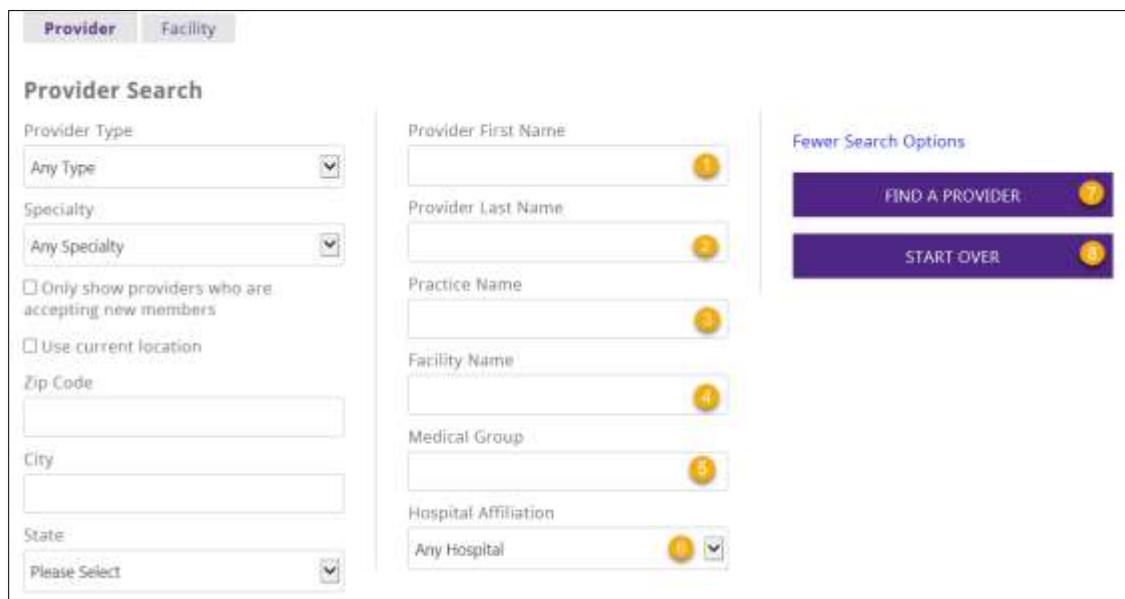
OR

8. Type in **City**

9. Drop down **State** then Enter for search results to appear

10. Click **More Search Options** for more specific Provider Search

11. Click **Start Over** to reset your search



The screenshot shows a web form titled "Provider Search" with two tabs: "Provider" (selected) and "Facility". The form is divided into two main columns. The left column contains: "Provider Type" (dropdown menu with "Any Type" selected), "Specialty" (dropdown menu with "Any Specialty" selected), two checkboxes for "Only show providers who are accepting new members" and "Use current location", "Zip Code" (text input), "City" (text input), and "State" (dropdown menu with "Please Select" selected). The right column contains: "Provider First Name" (text input), "Provider Last Name" (text input), "Practice Name" (text input), "Facility Name" (text input), "Medical Group" (text input), "Hospital Affiliation" (text input), and "Any Hospital" (dropdown menu). To the right of these inputs is a section titled "Fewer Search Options" containing two buttons: "FIND A PROVIDER" and "START OVER". Yellow numbered circles (1-8) are overlaid on the form to indicate the sequence of steps described in the text.

User has the option to search in the **More Search Options** link

1. Enter **Provider First Name** User has the option to enter partial name like "Has" and receive results
2. Enter **Provider Last Name** User has the option to enter a partial name like "Am" and receive results
3. Enter **Practice Name** (this field is optional)
4. Enter **Facility Name** (this field is optional)
5. Enter **Medical Group** (this field is optional)
6. Drop down **Hospital Affiliation** if you are specifically searching for Hospitals associated to a provider
7. Click **Find A Provider** for results along with an interactive map
8. Click **Start Over** to reset your search

To search by Facility, click the Facility tab

1. Drop down **Facility Type** and Select **Hospital, Pharmacy, Rehabilitation Hospital, Tertiary Hospital, or Urgent Care** then Click **Find A Facility** for results will appear along of interactive map

OR

OR

2. Type in **City**
3. Drop down **State** then press Enter for search results to appear
4. Type in **Zip Code** then press Enter for search results to appear
5. Click **More Search Options** for more specific Provider Search
6. Click **Find a Facility** for search results to appear
7. Click **Start Over** to reset your search

OR

User has the option to search in the **More Search Options** link

1. Enter **Facility Name** or partial name User has the option to enter a partial facility name like “Riv” and receive results
 2. Enter full **Address** to receive results
 3. Enter **Zip Code** for specific address results
 4. Click **Find A Facility** results will appear along with an interactive map
 5. Click **Start Over** to reset your search
-
4. Click **Pharmaceutical Services** your browser will direct you to search for KFHC Formulary and TAR forms to download.
 5. Click **KHS Policies and Procedures** to view various department policies
 6. Click **Give Us Some Feedback** to access PDF version of KHS Provider Satisfaction survey.

Provider has the option to complete **Physician Satisfaction Survey** which provides KHS feedback for continual improvement. This document may be submitted via the contact information listed on the “Contact US” Quick Link



The image shows a screenshot of the 2016 Physician Satisfaction Survey form. The form is titled "2016 PHYSICIAN SATISFACTION SURVEY" and includes instructions for completion. It contains several sections with checkboxes and rating scales. The sections include: "Please indicate your satisfaction with the following services:", "Please indicate your satisfaction with the following services:", "Please indicate your satisfaction with the following services:", and "Please indicate your satisfaction with the following services:". The form also includes a section for "Comments" and a section for "Signature" and "Date".

7. Click **Provider Portal User Guide** to obtain step by step portal instructions
8. Click **Provider Resources** to connect to KHS website-Provider Resources
9. Click **Contact Us** to contact your Provider Relations Department via phone or email
10. View **Provider News** for the latest KHS information

User can enter one **Member CIN or KHS ID** and **Search** for quick search:

Member Quick Search

Member CIN or KHS ID:

For Member example
:MEM0123456
or CIN example: 91111111A

Search

Chapter 2 - Members

1. Click **Members** on purple header/ribbon.
2. Use the drop down **Select Tax ID** provider Tax ID is listed
3. Use the drop down to **Select Provider Name**
4. Click **Patient Roster** grey button to view all assigned members (PCP only)

Note: Once the user has selected a **Tax ID** and **Provider Name** the **Eligibility** name changes to **Patient Roster**



The **Member** results will display below on the webpage

1. User has the option to **Print Results**
2. User has the option to **Download Results**
3. The total of **Records Found**

1 records found. User can CLICK the column header to sort Member List

Print Results Download Results

Name	KHS ID	Member CIN	Date of Birth	Gender	Address	Phone	Status	PCP Name
Zyl	MEM	916000000E		F	6100	661-000	Active	Al H.
Zyl	MEM	922000000F		M	3000 DR APT B		Active	Al H.
ZYM	MEM	930000000F		M	2700 CT APT B	661-000	Active	Al H.
ZU	MEM	980000000G		F	2900 S. WILSON DR	805-000	Active	Al H.
ZU	MEM	940000000F		F	5300 G APT B		Active	Al H.

To use the **Download Results** function please proceed to the following steps.

1. Click **Download Results** and wait until the popup windows displays "Do you want to save **ExportRoster.csv**"
2. Click **Save** for completed results



3. Click **Open** your results to display and access option to **Rename** your file

The ExportRoster (1).csv download has completed.

Open

Open folder

View downloads

4. Click **Save** and your data will automatically open in a spreadsheet with:

- KHS ID
- Member CIN
- Last Name
- First Name
- Date of Birth
- Gender
- Member Address
- PCP Name
- PCP Address
- PCP Phone
- Member Status
- Effective Date
- Term Date
- New Member

KHS ID	Member CIN	Last Name	First Name	Date of Birth	Gender	Member Address	Member Phone	PCP Name	PCP Address	PCP Phone	Member Status	Effective Date	Term Date	New Member
MEM000001	ST	E	ZYEL	95	F	600 CA	803	A	95	BAKERSFIELD CA	603-66	Active	9/20/03	N
MEM000002	ST	F	ZYEL	71	M	300 EP	803	A	95	BAKERSFIELD CA	603-66	Active	9/20/02	N
MEM000003	ST	F	ZYEL	30	M	2100 MC	803	A	95	BAKERSFIELD CA	603-66	Active	9/20/04	N
MEM000004	ST	G	ZYEL	09	F	2000 ST	805	A	95	BAKERSFIELD CA	603-66	Active	9/20/07	N
MEM000005	ST	F	ZYEL	06	F	5000 GC	805	A	95	BAKERSFIELD CA	603-66	Active	9/20/04	N

User also has an option to search for a specific member:

1. Enter the **First Name**, **Last Name** and **Date of Birth (MM/DD/YYYY)**
OR
2. Enter a **Single** or **Multiple KHS ID(s)** or **member CIN**. **Multiple entries** must be separated by a **comma**
3. Click **Search** button for Member Results to display

Show/Hide Search

Click if you do not want to view this option

First Name:

Last Name:

Date of Birth:

KHS ID

Search

View all

User has the option to View all

4. Click **Page Arrows** to navigate to additional pages



Name	KHS ID	Member CIN	Date of Birth	Gender	Address	Phone	Status	PCP Name
HJ	ME	9	F	M	AVE	661	Active	AI
HJ	ME	9	E	M	RD	661	Active	AI
HJ	ME	9	E	M	DR	661	Active	AI
HJ	ME	9	F	M	AVE	661	Active	AI
HJ	ME	9	F	M	AVE	661	Active	AI
HJ	ME	9	F	M	LN	661	Active	AI
HJ	ME	9	F	M	LN	661	Active	AI
HJ	ME	9	F	M	ST	661	Active	AI
HJ	ME	9	E	F	APT A	661	Active	AI
HJ	ME	9	G	F	APT 2		Active	AI

Page

1

of 529

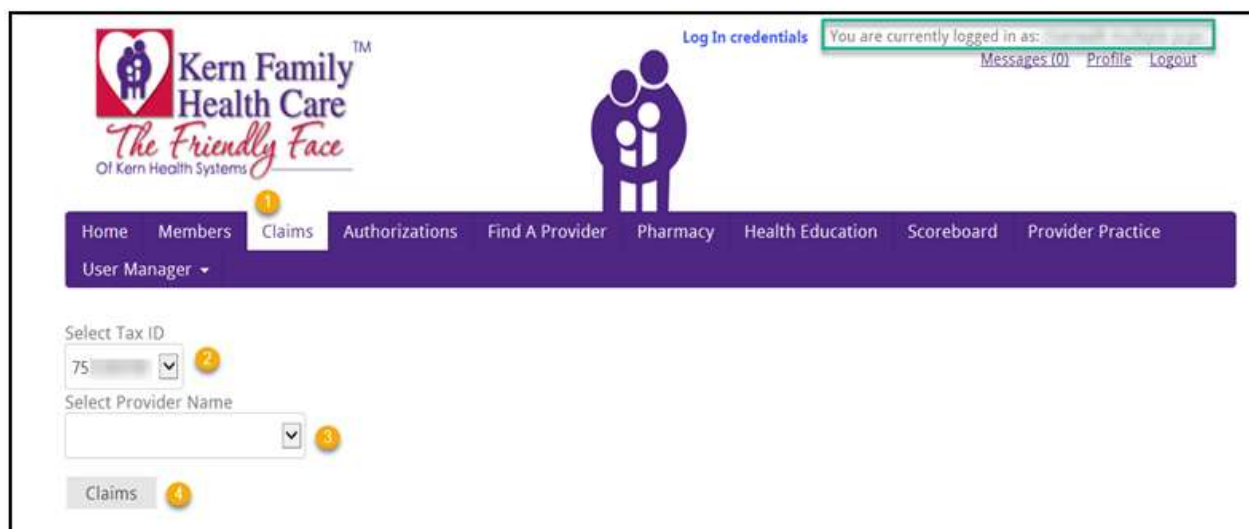
User has the ability to scroll from page to page OR to last page



Chapter 3 - Claims

Claims information is available and based on User log in credentials.

1. Click **Claims** from purple header
2. Use the drop down **Select Tax ID** provider Tax ID is listed
3. Use the drop down **Select Provider Name**
4. Click **Claims** grey button



User also has an option to search for a specific Claim:

1. Enter **Claim Number** for example "1715E000000" or multiple claim numbers separated by a comma. Click **Search** for results to appear

OR

2. Drop down arrow **KHS ID:** or **Member ID:** to begin search
3. Enter **Date of Birth** using this format MM/DD/YYYY or Click in the field and select a date from the calendar prompt
4. Enter **Begin Date** or Click in the field and select date from the calendar prompt
5. Enter **End Date** or Click in the field and select date from the calendar prompt then Click **Search** for results to appear

OR

6. Enter **Check Number** if available for example enter "64111" then **Search** for results to appear

Claims

To search for a member claim:

- Enter the Member ID or
- Date of Birth (MM/DD/YYYY) and a Begin/End Date or
- Enter a Check Number or
- Enter a Claim Number
- Multiple Claim Numbers can be entered
- Press the enter key after each claim number

[Show/Hide Search](#) Click if you do not want to view this option

1 Claim Number(s): 2 KHS ID: 3 Begin Date: 4 Check Number:
 5 Date of Birth: 6 End Date:

1. Total number of **Claims Found** within a Date Range
2. Click **Page Arrows** to navigate to additional pages
3. User has the option to navigate to the **PaySpan** site by clicking on the link
4. User has the option to **Download Results**

Claim Number	Member	Service Date	Total Charge
163	User can CLICK the column header to sort Claim List	11/1/2016	(\$968.00)
163		11/1/2016	(\$920.00)
163		11/1/2016	(\$915.00)
163		11/1/2016	(\$865.00)
163		11/1/2016	(\$822.00)
163		11/1/2016	(\$790.00)
163		11/1/2016	(\$783.00)
163		11/1/2016	(\$755.00)
163		11/1/2016	(\$752.00)
163		11/1/2016	(\$751.00)

2 Page 1 of 1573

Results Total
15730 claims found. 1

[PaySpan](#) Click here Click PAYSPAN to be redirected to their site 3

4 [Download Results](#)

To use the **Download Results** function please proceed to the following steps.

5. Click **Download Results** and wait until the popup windows displays "Do you want to save **ExportClaim.csv** "
6. Click **Save** for completed results

Do you want to save **ExportClaim.csv** (92.7 KB) from **secure.healthix.com**?

Save Cancel

7. Click **Open** your results to display and access in your system and you have the option to **Rename** your file



8. Click **Save** and your data will automatically open in spreadsheet with

- Claim Type
- Claim Number
- Member
- Provider Name
- Service Date
- Status
- Total Req Amount
- Total Eligible Amount
- Total Pay Amount
- Check Number
- Date Paid

	A	B	C	D	E	F	G	H	I	J	K
1	Claim Type	Claim Number	Member	Provider Name	Service Date	Status	Total Req Amount	Total Eligible Amount	Total Pay Amount	Check Number	Date Paid
2	CM	17153E	[REDACTED]	AMM [REDACTED]	5/31/2017	Paid	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]		6/6/2017
3	CM	17153E	[REDACTED]	H [REDACTED]	5/30/2017	Paid	\$ [REDACTED]	\$ [REDACTED]	\$1 [REDACTED]		6/6/2017
4	CM	17153E	[REDACTED]	R [REDACTED]	5/31/2017	Paid	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]		6/6/2017
5	CM	17153E	[REDACTED]	V [REDACTED]	5/30/2017	Paid	\$ [REDACTED]	\$ [REDACTED]	\$1 [REDACTED]		6/6/2017
6	CM	17153E	[REDACTED]	V [REDACTED]	5/30/2017	Paid	\$ [REDACTED]	\$ [REDACTED]	\$1 [REDACTED]		6/6/2017

To view the Claim in more detail **Click** on the **Claim Number**



Claim Detail Page includes specific information

1. Claim ID
2. Claim Line Details
3. Provider Information
4. Member Information
5. Vendor Information
6. Code Descriptions
7. Click **Print View**

[View All Claims](#)

1 Claim #17159E0

Claim ID: 17159E0000 Type: CMS1500 Totals: Req Amt: \$110.00 Elig Amt: \$0.00 Pay Amt: \$0.00 Claim Status: In Process

Member Name: JY Member ID: MEMO: Member CIN: 97

2 Claim Line Details

Service Code	Service Date	Req. Amt	Elg Amt	Pay Amt	Discount	Copay	Withhold	Check No.	Paid Date	Adj Code
99213	03/29/2017 - 03/29/2017	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00			
Total		\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00			

3 Provider Information

Attending Provider: A
Address: Stockdale Highway
Bakersfield, CA 93311
Phone: 661-4

4 Member Information

Member Address: 11000 SAW
BAKERSFIELD, CA 93311
Date of Birth: 02/24/
Gender: M
Member PCP: AM
Line of Business: MCAL

5 Vendor Information

Vendor Name: PEDIATRIC CLINIC Vendor Address: STOCKDALE HIGHWAYSUITE
BAKERSFIELD CA 93311

6 Code Descriptions

99213 - office/outpatient visit est

[Click Back to Search Results to go Back to the results list](#)
[Back to Search Results](#)
[Print View](#)

Please note that Claim ID Details has **Claim Status** which can be in one of the following stages:

- a) **Pay:** This means that payment will be made in the next check.
- b) **Paid:** This means that payment has been made.
- c) **In-Process:** This status implies that KHS has received the claim and is under process.
- d) **Deny:** It means that the claim will be denied in the next check.
- e) **Denied:** This stage means that the claim has been denied and will not be paid.

Click **Send to Printer** to print page or **Close Window** to go back to the Claim Detail Page

[Send To Printer](#)
[Close Window](#)

Claim

Claim ID: 171 **Type:** CMS1500 **Totals:** Req Amt: \$110.00 Elig Amt: \$0.00 Pay Amt: \$0.00 **Claim Status:** In Process

Member Name: **Member ID:** MEM **Member CIN:** 9

Claim Line Details

Service Code	Service Date	Req. Amt	Elg Amt	Pay Amt	Discount	Copay	Withhold	Check No.	Paid Date	Adj Code
99213	03/29/2017 - 03/29/2017	\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00			
Total		\$110.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.00			

Provider Information

Attending Provider: A H/

Address: Stockdale Highway
Bakersfield, CA 93311

Phone: 661-66

Member Information

Member Address: RIVER CT
BAKERSFIELD, CA 93311 **Date of Birth:** 02/11

Gender: M **Member PCP:** A H/

Line of Business: MCAL

Vendor Information

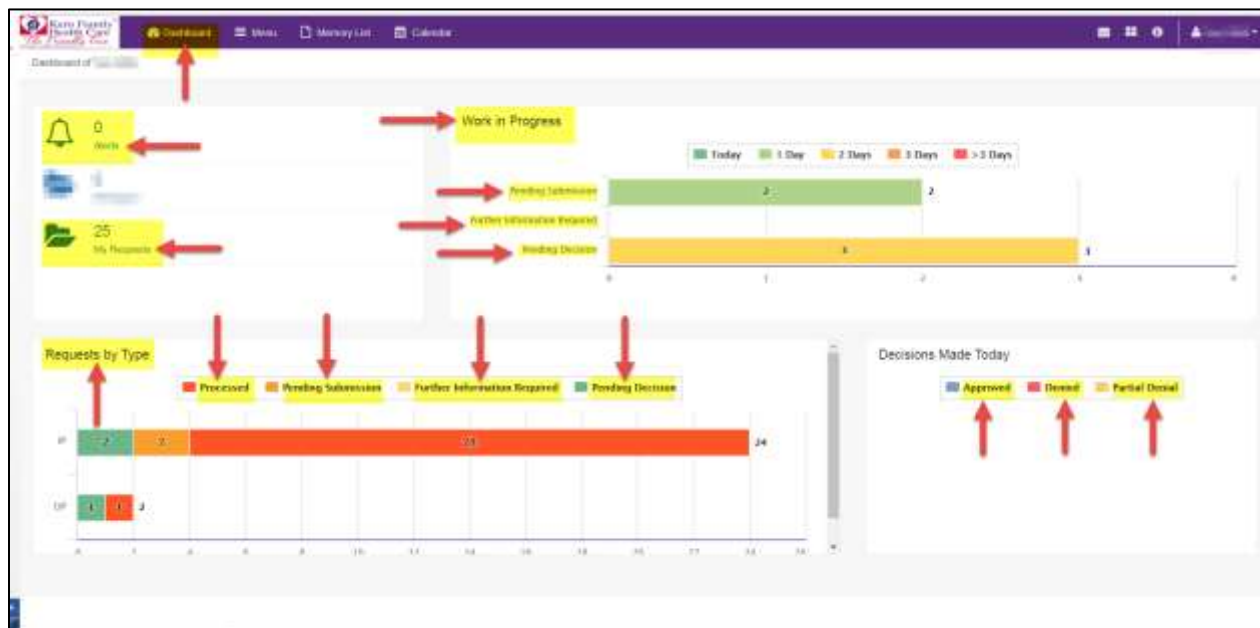
Chapter 4 - Inpatient Authorization For Facilities

Click on **Authorizations** tab in ribbon to create/submit an authorization for assigned members

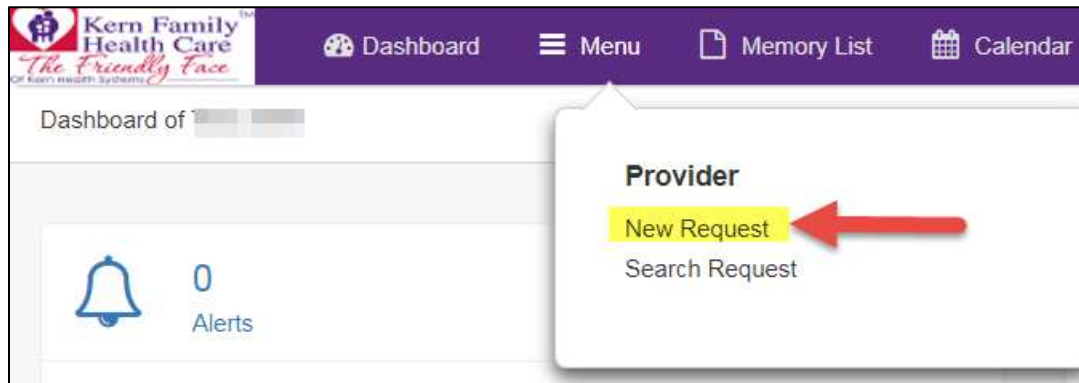


User will now be redirected to the **Authorization Dashboard** where an authorization can be created and saved. The user can also see the status of the authorization submitted.

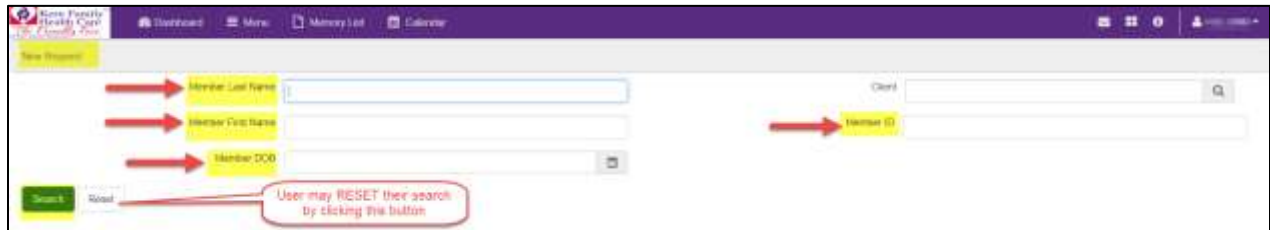
- The homepage of the Authorization Dashboard is the summary of the Provider **Dashboard**
- User receives all notifications from Dashboard as **Alerts**
- **My Requests** will have a list of submitted requests
- User has the ability to view **Work in Progress** for all the open authorizations that have not been completed
- User may view the requests by type **Processed, Pending Submission, Further Information Required, or Pending Decision**
- User may also view the decisions made today by **Approved, Denied, or Partial Denial**



- Click **Menu** to create an Inpatient Authorization
- Select **New Request**



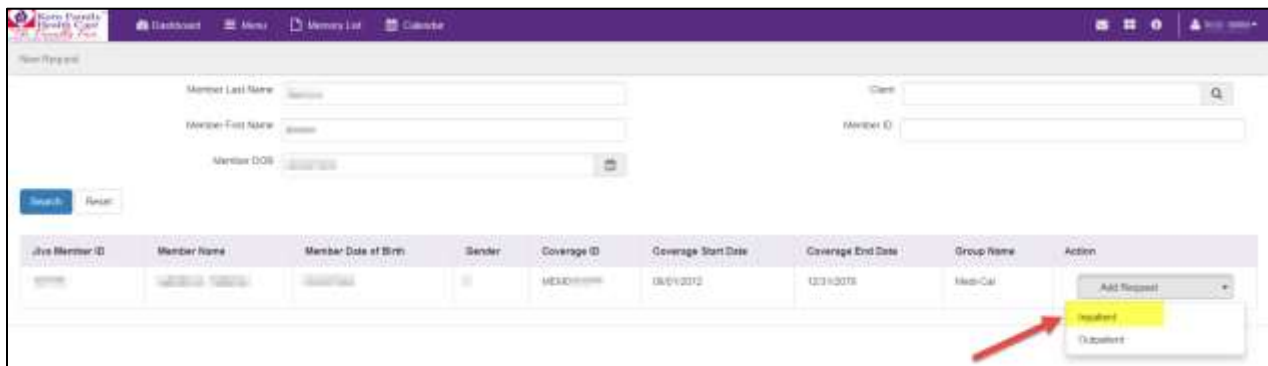
- Enter **Member Last Name**
- Enter **Member First Name**
- Enter **Member DOB** with format MM/DD/YYYY
- OR
- Enter **Member ID or CIN number**
- Click **Search** to receive results



The screenshot shows the 'New Request' form. It has input fields for 'Member Last Name', 'Member First Name', 'Member DOB' (with a date picker), and 'Member ID'. There are 'Search' and 'Reset' buttons. A red arrow points to the 'Reset' button with a callout: 'User may RESET their search by clicking this button'.

User results are specific to the Member ID entered:

- Drop down **Action** and select **Inpatient**



The screenshot shows the search results table. The table has columns: 'Live Member ID', 'Member Name', 'Member Date of Birth', 'Gender', 'Coverage ID', 'Coverage Start Date', 'Coverage End Date', 'Group Name', and 'Action'. A red arrow points to the 'Action' dropdown menu, which is open and shows 'Inpatient' selected.

Live Member ID	Member Name	Member Date of Birth	Gender	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
123456789	JOHN DOE	01/01/1972	M	MEDICARE	01/01/2012	12/31/2018	Medi-Cal	Add Request Inpatient Outpatient

Inpatient Auth Form Appears as shown below:

This form is divided into **seven sections**:

1. Episode Details: In this section, you will need to enter request details. Request Type and Request Priority will be mandatory fields where as Time Request and Reason for Request will be optional

Request Type *

Precertification

--Select One--

Concurrent/Admitted

Precertification

Retrospective

- Drop down **Request Type** User has the option to select from **Concurrent/Admitted**, **Precertification**, **Retrospective**

Request Priority *

--Select One--

--Select One--

Urgent

Routine

- Drop down **Request Priority** User has the option to select from **Urgent** and **Routine** type

Admit Type

--Select One--

- Select One--
- Behavioral
- Elective Medical
- Elective Surgical
- Emergent Medical
- Emergent Surgical
- Newborn
- Urgent Medical
- Urgent Surgical

- Drop down **Admit Type** User has the option to select from **Behavioral, Elective Medical, Elective Surgical, Emergent Medical, Emergent Surgical, Newborn, Urgent Medical, Urgent Surgical**

2. **Diagnosis:** This section will allow you to enter the code type and **diagnosis code**

Code Type *

ICD10

--Select One--

ICD10

- Please enter the relevant **diagnosis code type**.

Diagnosis *

leg

A48.1--Legionnaires' disease

H54.8--Legal blindness, as defined in USA

Y35--Legal intervention;Legal intervention

Y35.0--Legal intervention;Legal intervenin involv firarm dsch

Y35.00--Legal intervention;Legl intrv involv unsp firarm dsch

Y35.001--Legal intervention;Lgl intr unsp firarm dschrg,off inj

Y35.001A--Legal intervention involving unspecified firearm discharge, law enforcement official injured, initial encounter

Y35.001D--Legal intervention involving unspecified firearm discharge, law enforcement official injured, subsequent encounter

Y35.001S--Legal intervention involving unspecified firearm discharge, law enforcement official injured, sequela

Y35.002--Legal intervention;Lgl intr unsp firarm dschrg,by inj

- Diagnosis code** has an intuitive search and you can see all the codes as you begin typing.

Outpatient Request

Episode Details

Request Type:

Request Priority:

Diagnosis

Code Type:

Diagnosis:

Advanced Search

Primary Dx	Code Type	Diagnosis	Actions
<input checked="" type="checkbox"/>	ICD10	M65.1-Ligamentary disease	<input type="button" value="Add"/>
<input type="checkbox"/>	ICD10	I49-Lupus erythematosus lupus erythematosus	<input type="button" value="Add"/>
<input type="checkbox"/>	ICD10	A80.01-Early congenital syphilis, nongonorrheal	<input type="button" value="Add"/>

All the codes will appear and orange star is the primary diagnosis code. You cannot delete the primary code unless you click on another star and make that one as primary.

To delete a code, click on minus and highlighted window will appear. Click on OK to Delete it and Cancel to keep it.

- Once a **diagnosis code** is entered it will appear below search box with a star to the left
- You will also have an option to select **advanced search** for a code
- You can click on any star to make it as **primary code**
- You will need at least one **diagnosis code** to enter an auth, you will not be able to remove the primary code
- If you want to delete primary code, please make sure you make another code as **primary code** and then delete it

3. **Provider Details:** This section will allow you to attach requesting and treating provider information

Provider Details

Attach Providers

- You will be required to attach provider details by clicking on **Attach Providers** button

Attach Providers

Enter any search criteria

Provider Last Name:

Provider First Name:

NPI:

Provider ID:

Click on Gear to attach a Provider.

You can also search by First Name, Last Name, Prov ID and NPI.

You will also have option to do advance search

Click on Single attach to attach one provider and multiple attach to attach many

Search Results

Provider ID	Name	Location	Type	Provider Role	Specialty	In Network ?
123456789	John Doe	12345 Main St, Los Angeles, CA 90001	HOSPITAL	Treating		Y
987654321	Jane Smith	67890 Main St, Los Angeles, CA 90002	HOSPITAL	Treating		N

Page 1 of 1

- You will also have an option to select Provider Role as **Requesting, Admitting or Treating** from the drop down menu to the right of the provider

Search Results

	Provider ID	Name	Location	Type	Provider Role	Specialty	In Network ?
	123456789	John Doe	12345 Main St, Los Angeles, CA 90001	HOSPITAL	<div> Treating ▼ Admitting Requesting Treating </div>		Y

- Admitting Provider** – Who is admitting member into hospital
- Treating Provider** – Facility where member is admitted (this will be the provider associated with TIN log in)
- Requesting** – Do not use this role when entering an IP authorization

ID	Name	Location	Role	Network	Phone	Action

To detach a provide, click on Minus button under Action

- You can also remove a provider if you want to change it

4. **Stay Request:** In this section, please enter the **service type**, **requested specialty** and **actual admit date**

Service Type *

--Select One--

--Select One--

Hospital Admission

Rehab Admission

Skilled Nursing Facility

- Select a **Service Type** from the above shown three options.

Requested Specialty *

--Select One--

--Select One--

Audiology

Dermatology

Endocrinology

Home Health

Neurology

None of the Above

Orthopedic

Pain Management

Physical Medicine and Rehabilitation

Plastic Surgery

Podiatry

Rheumatology

Vascular/Plastic Surgery

- You can select one of the specialties or **"None of the Above"**

- There is a possibility that this may not be available on an **inpatient episode** in future but if it is there it will not be a mandatory

Please note, for qualified in-network hospitals that were approved for the “**Hospital at Home Admission**” Program, please select the “Hospital at Home Admission” selection under the service type dropdown. Please see example below.

Service Type * Hospital at Home Admission ▼

Restricted Specialty --Select One-- ▼

Optional Fields

Actual Admit Date *



The screenshot shows the 'Requested Level of Care' dropdown menu open, displaying a list of medical services including ACUPRESSURE, ACUPUNCTURE, ADDITIONAL DX SVCS, ADDITIONAL RX SVCS, ADM KITS, Abdominal, ADMIT CHARGE, ADULT FOSTER DAY, ADULT MED/SOC DAY, ADULT MED/SOC HR, ADULT SOC DAY, ADULT SOC HR, AIR AMBULANCE, ALCOHOL REHAB, ALL INCL ANGL, ALL INCL ANGIOOTHER, ALL INCL BASIC, ALL INCL COMP, and ALL INCL R and SVANG. Below the dropdown, the 'LOS Requested' field is visible with the value '1'.

- You will have an option to select **Requested Level of Care** as well as **Length of Stay Requested**

Expected Admit Date

<

August 2017

>

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	01	02	03	04	05
06	07	08	09	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	01	02
03	04	05	06	07	08	09

Today

Clear

Close

- **Expected Admit Date** may change into **Actual Admit Date**. You can enter the date manually or you will have an option to select from the calendar date by clicking on the calendar icon
5. **Service Request:** This whole area will **not** be mandatory and providers will **not** need to fill this portion of the request out for IP authorizations

Service Request

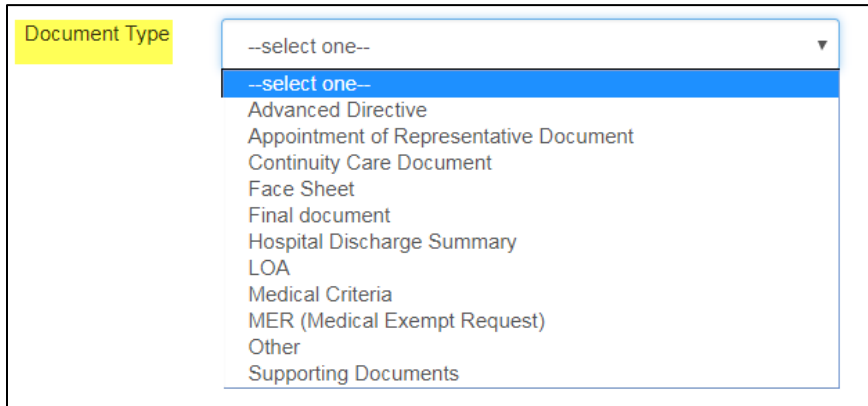
Add Services

- Click **Add Services** to enter additional service information

- Drop down Service Type and select **Hospital Admission, Rehab Admission, or Skilled Nursing Facility**
- Drop down **Place of Service** is an optional field
- Enter the **Code Type** per ICD10/HCPC/Revenue code needed for your authorization
- Enter **Service Code** if known
- **Modifier code** to search the field will autopopulate select your option then hit Enter. This field is not required for an authorization
- Enter **Start Date** or Click in the field and select date from the calendar prompt
- Enter **End Date** or Click in the field and select date from the calendar prompt
- Click **Advanced Search** if you need to lookup a CPT code or if you prefer to search by code description then Click Search then Attach to view results
- User has the option to use the Optional Fields for customary rate information entry (this section will not be used by Providers)
 - Enter **UCR** (Usual and Customary Rate) Cost depending on the service
 - Enter the frequency of the ordered service **Time Frame** (Per Day)
 - Enter the number of visit/units in **Units** field for the time frame selected
 - Enter the **Time Period** for the length of service requested
 - Enter the **Requested #** of services required
 - Click **Add**

6. **Documents:** You will be able to upload all the supporting documents

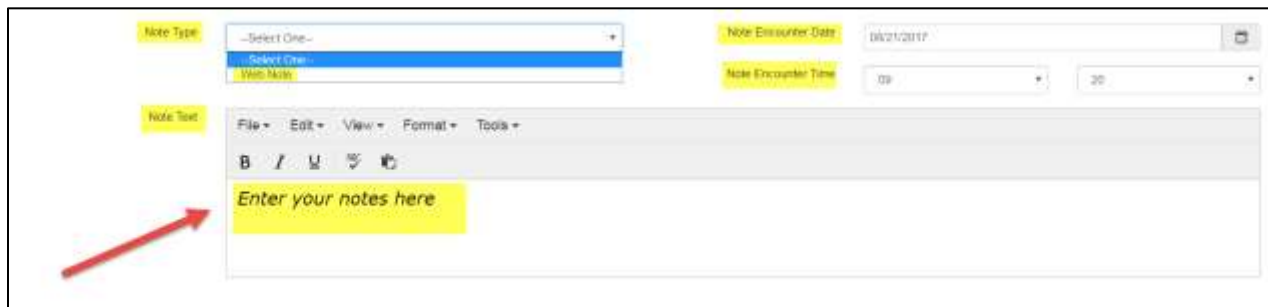
- You can enter the **Document Title**
- Select the **Document Type** from drop down menu



The screenshot shows a dropdown menu for 'Document Type'. The menu is open, displaying a list of options: --select one--, --select one-- (highlighted), Advanced Directive, Appointment of Representative Document, Continuity Care Document, Face Sheet, Final document, Hospital Discharge Summary, LOA, Medical Criteria, MER (Medical Exempt Request), Other, and Supporting Documents.

- Enter a brief **Document Description** of the document
- To find a Saved File Click **Browse** to find in your saved documents. Please note that you will only be able to upload PDF files

7. **Notes:** In this section, you can add additional notes for referrals



The screenshot shows the 'Notes' section of the form. It includes a 'Note Type' dropdown menu, a 'Note Encounter Date' field with a calendar icon, a 'Note Encounter Time' field with a time picker, and a 'Note Text' area with a red arrow pointing to it. The 'Note Text' area contains the text 'Enter your notes here'.

- Drop down to select **Note Type**
- Enter the **Note Encounter Date** with date format MM/DD/YYYY the date the note was recorded
- Note that the system will only record the **actual date** of note entry
- Drop down to select the **Note Encounter Time** select the time the note was recorded. Please note that the system will only record the actual date of note entry
- Enter **Note Text** brief description, if any
- Click **Submit** if you are done with your authorization
- Click **Save as Draft** if you would like to complete the authorization at a later time; however, a draft will only be available for 48hrs.

Note: You are not required to use any of the fields where a red star is not marked. All the optional fields can be left blank.

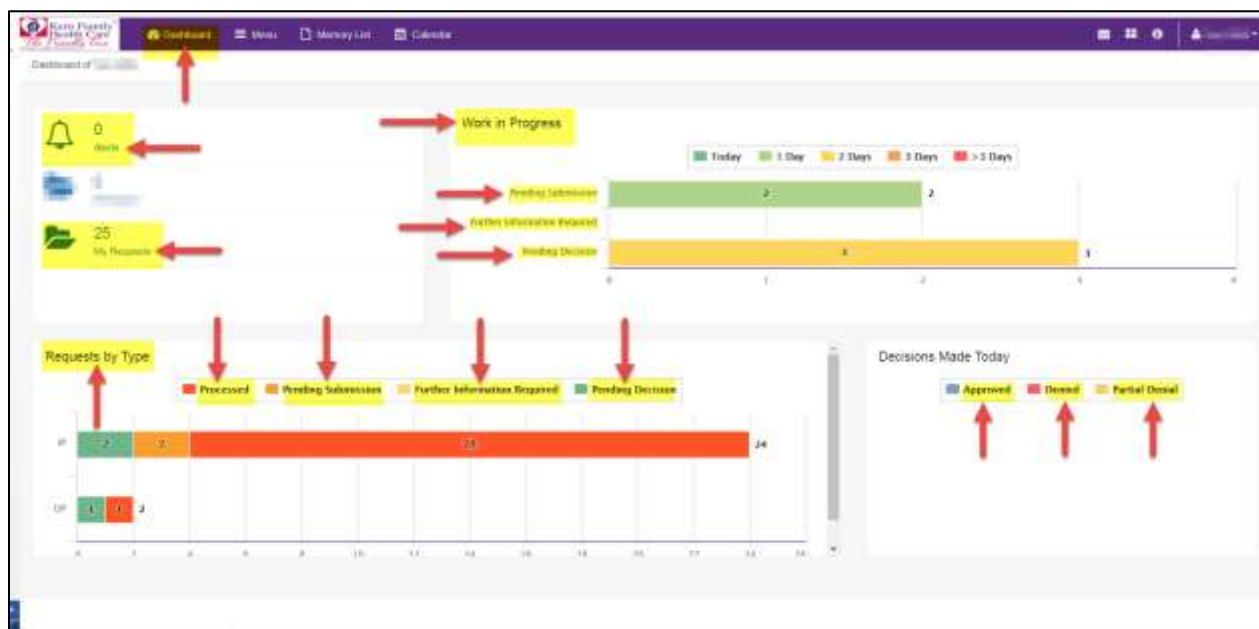
Chapter 5 – Outpatient Authorizations for Facilities / Providers

Click on **Authorizations** tab in ribbon to create/submit an authorization for assigned members

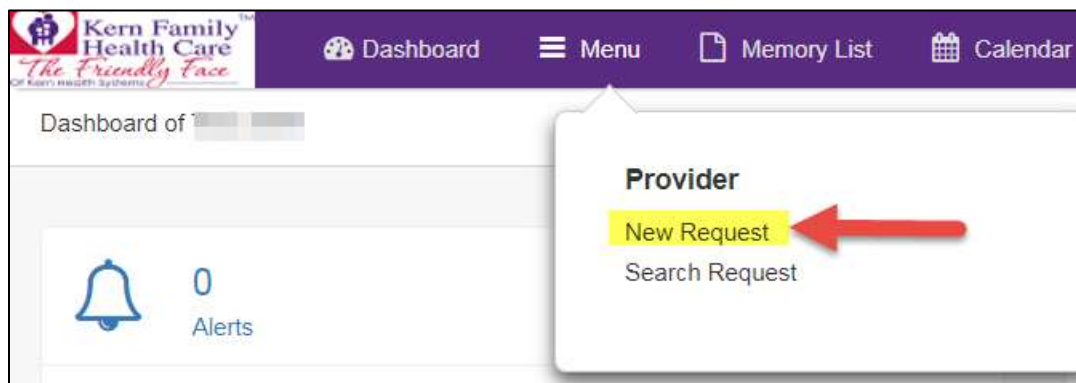


User will now be redirected to the **Authorization Dashboard** where an authorization can be created and saved. The user can also see the status of the authorization submitted.

- The homepage of the Authorization Dashboard is the summary of the Provider **Dashboard**.
- User receives all notifications from Dashboard as **Alerts**.
- **My Requests** will have list of submitted requests.
- User has the ability to view **Work in Progress** for the authorizations submitted from the current day with the availability to view beyond the past three days
- User may view the requests by type **Processed, Pending Submission, Further Information Required, or Pending Decision**
- User may also view the decisions made today by **Approved, Denied, or Partial Denial**



- Click **Menu** to create an Inpatient Authorization
- Select **New Request**



- Enter **Member Last Name**
- Enter **Member First Name**
- Enter **Member DOB** with format MM/DD/YYYY
- OR
- Enter **Member ID or CIN number**
- Click **Search** to receive results

User results are specific to the Member ID entered:

- Drop down **Action** and select **Inpatient**

All Member ID	Member Name	Member Date of Birth	Gender	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
123456789	Member Name	MM/DD/YYYY	M	123456789	MM/DD/YYYY	MM/DD/YYYY	Health Care	All Request Inpatient Inpatient

Outpatient Auth Form Appears as shown below:

This form is divided into **6 sections**:

1. **Episode Details:** In this section, you will need to enter request details. Request Type and Request Priority will be mandatory fields where as Time Request and Reason for Request will be optional

- Drop down **Request Type** User has the option to select from **Concurrent, Pre-certification, and Retrospective**. It will be defaulted to pre-certification.

Request Priority *

--Select One--

--Select One--

Urgent

Routine

- Drop down **Request Priority** User has the option to select from **Urgent** and **Routine** type

2. **Diagnosis:** This section will allow you to enter the code type and diagnosis code

Code Type *

ICD10

--Select One--

ICD10

- Please enter the relevant diagnosis **code type**. Select ICD10 or HCPC

Diagnosis *

leg

A48.1--Legionnaires' disease

H54.8--Legal blindness, as defined in USA

Y35--Legal intervention;Legal intervention

Y35.0--Legal intervention;Legal intervenin involv firarm dsch

Y35.00--Legal intervention;Legl intrv involv unsp firarm dsch

Y35.001--Legal intervention;Lgl intr unsp firarm dschrg,off inj

Y35.001A--Legal intervention involving unspecified firearm discharge, law enforcement official injured, initial encounter

Y35.001D--Legal intervention involving unspecified firearm discharge, law enforcement official injured, subsequent encounter

Y35.001S--Legal intervention involving unspecified firearm discharge, law enforcement official injured, sequela

Y35.002--Legal intervention;Lgl intr unsp firarm dschrg,bys inj

- Diagnosis code** has an intuitive search and you can see all the codes as you begin typing

Outpatient Request

Episode Details

Request Type:

Request Priority:

Diagnosis

Code Type:

Diagnosis:

Primary Dx	Code Type	Diagnosis	Actions
<input checked="" type="checkbox"/>	ICD10	M65.1-Ligamentary disease	<input type="button" value="✖"/>
<input type="checkbox"/>	ICD10	I49-Lupus erythematosus lupus erythematosus	<input type="button" value="✖"/>
<input type="checkbox"/>	ICD10	A80.01-Early congenital syphilitic neuropathy	<input type="button" value="✖"/>

Callout 1: All the codes will appear and orange star is the primary diagnosis code. You cannot delete the primary code unless you click on another star and make that one as primary.

Callout 2: To delete a code, click on minus and highlighted window will appear. Click on Ok to Delete it and Cancel to keep it.

- Once a **diagnosis code** is entered it will appear below search box with a star to the left
- You will also have an option to select **advanced search** for a code
- You can click on any star to make it as **primary code**
- You will need at least one **diagnosis code** to enter an auth, you will not be able to remove the primary code
- If you want to delete **primary code**, please make sure you make another code as primary code and then delete it

3. **Provider Details:** This section will allow you to attach **requesting** and **treating** provider information.

Provider Details

- You will be required to **attach provider** details by clicking on Attach Providers button

Attach Providers

Enter any search criteria

Provider Last Name:

Provider First Name:

NPI:

Provider ID:

Click on Gear to attach a Provider.

You can also search by First Name, Last Name, Prov ID and NPI.

You will also have option to do advance search

Click on Single attach to attach one provider and multiple attach to attach many

Search Results

Provider ID	Name	Location	Type	Provider Role	Specialty	In Network ?
123456789	John Doe	1234 Main St, Los Angeles, CA 90001	HOSPITAL	Treating		Y
987654321	Jane Smith	5678 Main St, Los Angeles, CA 90002	HOSPITAL	Treating		N

Page 1 of 1

- You will also have an option here to select Provider Role as **Requesting**, **Admitting** or **Treating** from the drop down menu

Search Results

	Provider ID	Name	Location	Type	Provider Role	Specialty	In Network ?
				HOSPITAL	<div> Treating ▼ Admitting Requesting Treating </div>		Y

- Requesting** – who is requesting the service (this provider will be attached to the TIN log in)
- Treating** – Who are you requesting to preform the requested services
- Admitting** – DO NOT USE for OP episodes

ANY PROVIDER CONTRACTED - When submitting a request for prior authorization for a KHS member, you now have the option to choose “ANY PROVIDER CONTRACT” when you are uncertain who is in the KHS network instead of choosing a specific provider. When choosing “ANY PROVIDER CONTRACTED” KHS will take into consideration the geographic location of the member’s home in relation to the treating provider, appointment accessibility, and continuity of care.

There are two ways to use this feature:

1. Under **Advanced Search**, choose appropriate treating provider’s specialty, then click **Search**. When search results populate, choose “**ANY PROVIDER CONTRACTED**” and attach as the treating provider. Screenshot below.
 - After submission, KHS Utilization Management Department will choose a KHS contracted provider on your behalf.

Attach Providers


i Enter any search criteria

Provider Last Name	<input type="text" value="Last Name"/>
Provider First Name	<input type="text" value="First Name"/>
NPIN	<input type="text"/>
Provider ID	<input type="text"/>
Provider Type	<input type="text" value="--Select One--"/>
Specialty	<input type="text" value="--Select One--"/>
Tax ID	<input type="text"/>
State	<input type="text" value="--Select One--"/>
City	<input type="text"/>
County	<input type="text"/>
Provider Phone	<input type="text"/>

[Basic Search](#)

2. To select “**Any Provider Contracted**” as the treating provider, follow the steps below:
 - From the main authorization page select “**Attach Provider**”
 - In the search box under “**Provider Last Name,**” enter “**Any Provider Contracted,**” and click on “**Search.**” Screenshot below.

Attach Providers

 Enter any search criteria

Provider Last Name

Provider First Name

NPIN



Provider ID

Search

[Advanced Search](#)

- The box below will populate, screenshot below.

Search Results

	In Network?	Provider Name	Location	Type	Provider Role	Specialty
	Y	ANY PROVIDER CONTRACTED,	ANY PROVIDER CONTRACTED, KFHC TO SELECT IN-NETWORK PROVIDER USA Phone: 6616645000	PHYSICIAN	Treat 	ALL SPECIALTY C USED, INCLUSIVE Abdominal Radiolog Abdominal Surgery Addiction Medicine, Addiction Psychiat Adolescent Medicin Family/General Pra Adolescent Medicin Internal Medicine, Adolescent Medicin Pediatrics, Adult Reconstructive Orthopedics, Aeros Medicine, Allergy, Allergy/Immunology, Anatomic Pathologi Anatomic/Clinical Pathology, Anesthesiology, Bloodbanking/Trans Medicine, Cardiac Electrophysiology, Cardiothoracic Rad Cardiovascular Dis Chemical Pathologi Child Neurology, Ct and Adolescent Psychiatry, Clinical Biochemical Geneti Clinical Cytogenetic Clinical Genetics, C Lab Immunology ar

- From there either select **"Single Attach"** or **"Multiple Attach"** to add **"Any Provider Contracted"** as the treating provider. Screenshot below.

Search Results

	In Network?	Provider Name	Location
	Y	ANY PROVIDER CONTRACTED,	ANY PROVIDER CONTRACTED, KFHC TO SELECT IN-NETWORK PROVIDER USA Phone: 6616645000

- Single Attach
- Multiple Attach

Please also include what specialty you are requesting the authorization for. You can include the specialty you are requesting by adding it in the comment section at the bottom of the authorization page, screenshot below.

Note Type:

Note Encounter Date:

Note Encounter Time:

Note Text:

File • Edit • View • Format • Tools •

B *I* U

Requesting a Cardiologist for an EKG.

ID	Name	Location	Role	Network	Phone	Action

To detach a provide, click on Minus button under Action

- You can also **remove** a provider if you want to change it

- Service/Specialty Drug Request:** In this section, please enter the service type, requested specialty, code type, service code, start and end dates etc

<div>Service Type *</div> <div>--Select One--</div>	<div>Modifier</div> <div>Search Modifier</div>
<div>Requested Specialty *</div> <div>--Select One--</div>	<div>Start Date *</div> <div>06/22/2017</div>
<div>Code Type *</div> <div>CPT</div>	<div>End Date *</div> <div>06/23/2017</div>
<div>Service Code *</div> <div>Search Service Code</div>	<div>Requested #</div> <div>1</div>
<div>Advanced Search</div>	
<div>UCR Cost</div> <div>\$</div>	<div>Units</div> <div>1</div>
<div>Time Frame</div> <div>Per Day</div>	
<div>Time period</div> <div>1</div>	
<div>Add</div>	

Service Type *

--Select One--
--Select One--
Behavioral Health
Durable Medical Equipment
Home Health
Inpatient Procedure
Mental Health
Outpatient Referral
Transportation

- Select a Service Type from the above shown options

Requested Specialty *

--Select One--
--Select One--
Audiology
Dermatology
Endocrinology
Home Health
Neurology
None of the Above
Orthopedic
Pain Management
Physical Medicine and Rehabilitation
Plastic Surgery
Podiatry
Rheumatology
Vascular/Plastic Surgery

- Select Specialty, if you're the requested specialty if it is not listed, please choose none of the above (we may change that wording and place it at the end of the drop down list)

Code Type *

--Select One--

HCPC

ICD10

Revenue

- Enter the **Code Type** per ICD10/HCPC/Revenue code needed for your authorization.
- Enter **Service Code** if known or you can start typing the procedure and select from the auto fill
- Click **Advanced Search** if you need to lookup a CPT code or if you prefer to search by code description then Click **Search** then **Attach** to view results
- User has the option to use the **Optional Fields** for customary rate information entry
- Enter **UCR (Usual and Customary Rate) Cost** depending on the service
- Enter the frequency of the ordered service **Time Frame (Per Day)**
- Enter the number of visit/units in **Units** field for the time frame selected
- Enter the **Time Period** for the length of service requested
- Click **Add**
- **Modifier** code to search the field will autopopulate select your option then hit Enter. Please note this field is not required for an authorization
- Enter the frequency of the ordered service **Time Frame (Per Day)**
- Enter the number of visit/units in **Units** field for the time frame selected
- Enter the **Time Period** for the length of service requested
- Click **Add**

5. **Documents:** Here you will be able to upload all the supporting documents.

Document Title

Document Description

Document Type

Select Document No File Selected

- You can enter the **Document Title**
- Select the **Document Type** from drop down menu

Document Type

--select one--

- select one--
- Advanced Directive
- Appointment of Representative Document
- Continuity Care Document
- Face Sheet
- Final document
- Hospital Discharge Summary
- LOA
- Medical Criteria
- MER (Medical Exempt Request)
- Other
- Supporting Documents

- Enter a brief **Document Description** of the document
- To find a Saved File Click **Browse** to find in your saved documents. Please note that you will be able to upload only PDF files

6. **Notes:** In this section, you can add additional notes for referrals.

Note Type --Select One--

Note Encounter Date 06/21/2017

Note Encounter Time 09:20

Note Text

File Edit View Format Tools

B I U

Enter your notes here

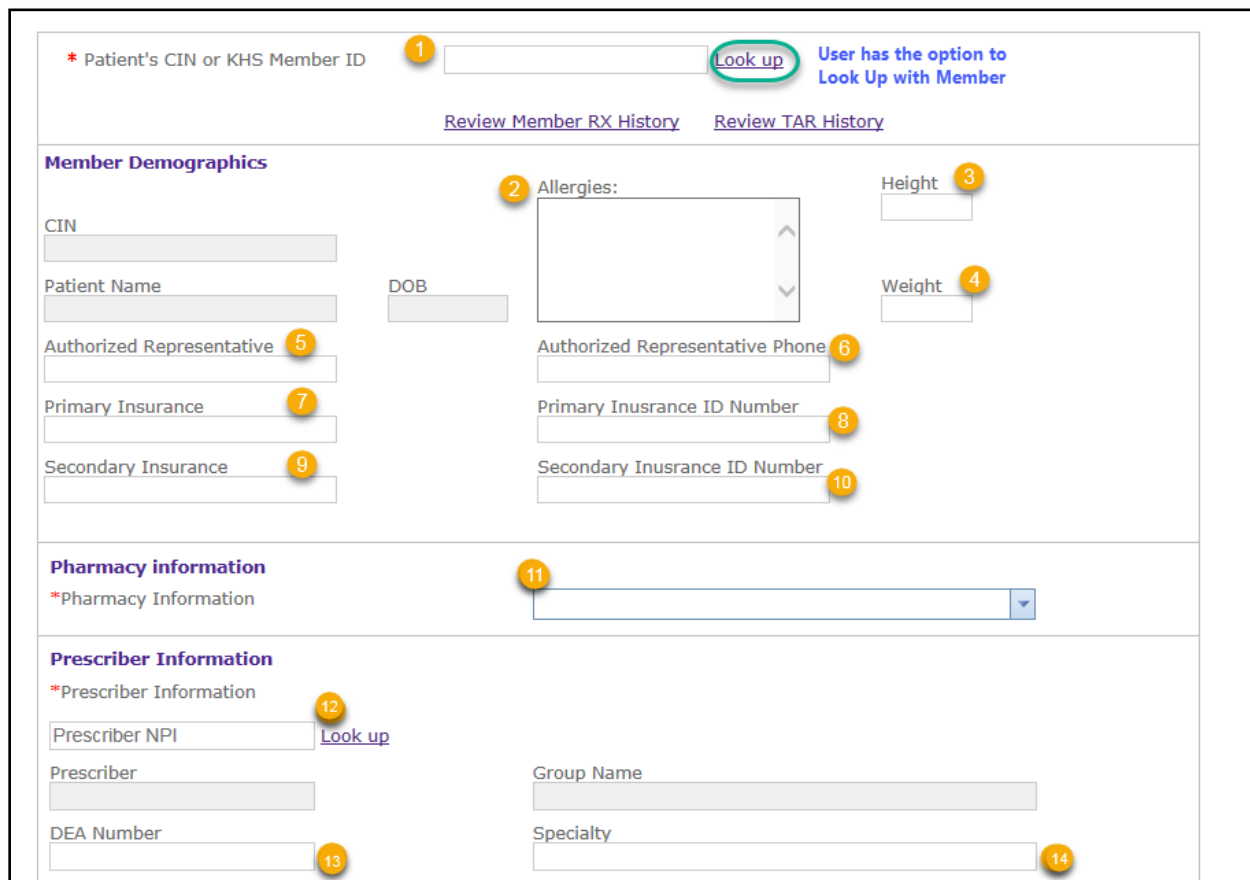
- Drop down to select **Note Type**
- Enter the **Note Encounter Date** with date formatt MM/DD/YYYY the date the note was recorded
- Note that the system will only record the **actual date** of note entry
- Drop down to select the **Note Encounter Time** select the time the note was recorded. Please note that the system will only record the actual date of note entry
- Enter **Note Text** brief description, if any
- Click **Submit** if you are done with your authorization
- Click **Save as Draft** if you would like to complete the authorization at a later time;however, draft will only be available for 48hrs.

Note: You are not required to use any of the fields where a red star is not marked. All the optional fields can be left as blank.

Chapter 6 – Pharmacy (RX Tar)

The pharmacy tab opens up the pharmacy form to fill in the required information of member.

1. Enter **Patient's CIN or KHS Member ID** User has the option to **Lookup** Member as this will prefill CIN, Patient Name, and DOB fields



The screenshot shows the Pharmacy form with the following fields and callouts:

- 1**: * Patient's CIN or KHS Member ID (text input)
- 2**: Allergies (text input)
- 3**: Height (text input)
- 4**: Weight (text input)
- 5**: Authorized Representative (text input)
- 6**: Authorized Representative Phone (text input)
- 7**: Primary Insurance (text input)
- 8**: Primary Insurance ID Number (text input)
- 9**: Secondary Insurance (text input)
- 10**: Secondary Insurance ID Number (text input)
- 11**: *Pharmacy Information (dropdown menu)
- 12**: *Prescriber Information (text input)
- 13**: Prescriber NPI (text input)
- 14**: Prescriber (text input)
- 15**: Group Name (text input)
- 16**: DEA Number (text input)
- 17**: Specialty (text input)

Additional features include a **Look up** button (circled in green) and a note: "User has the option to Look Up with Member". Links for "Review Member RX History" and "Review TAR History" are also present.

If User has a member ID they may enter in the **Look Up**, Enter the **Member ID or CIN**

OR

Enter **Last Name, First Name**, and **Date of Birth** and Click the Member's Name from the results then **OK**



Member Lookup

Member ID or CHC MEMID: or Last Name: First Name: Date of Birth (mm/dd/yyyy):

Find Clear

ID	Name	DOB	Address	Status
MEMID	ROLAND	09/01/1971	3000 OREGON ST	Single

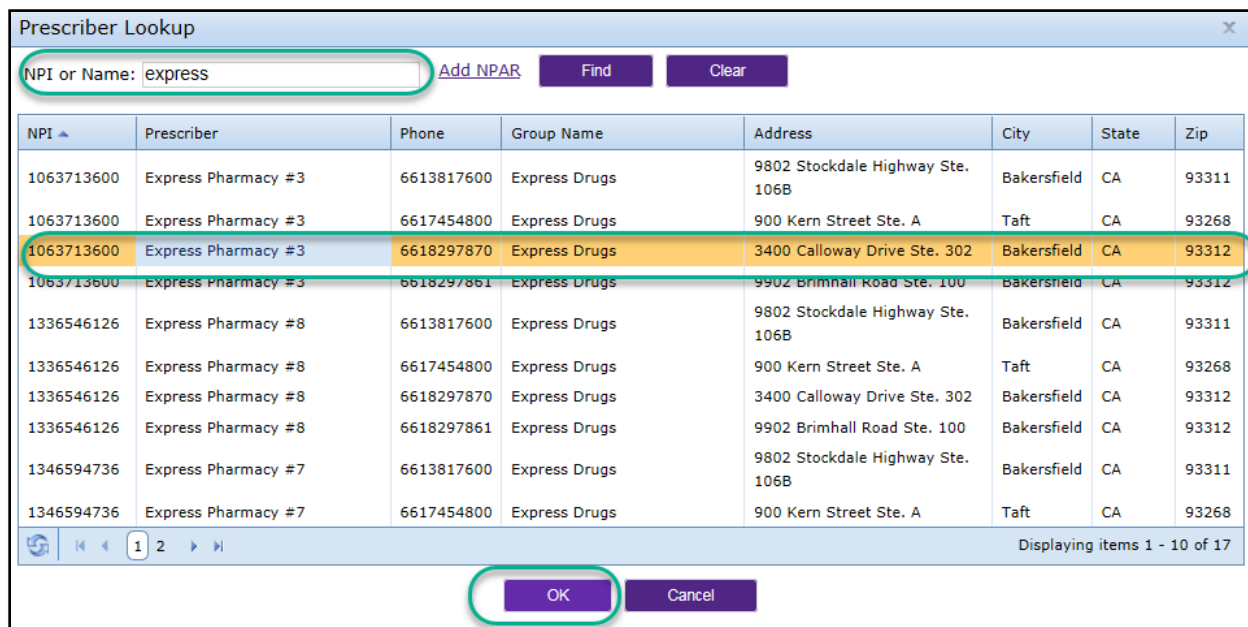
Displaying items 1 - 1 of 1

OK Cancel

2. Enter any **Allergies** Member may have to any medications
3. Enter Member **Height**
4. Enter Member **Weight**
5. Enter **Authorized Representative** list the Pharmacist/Provider Name
6. Enter **Authorized Representative Phone** list the Pharmacist/Provider phone (do not enter any dashes)
7. Enter **Primary Insurance** this entry is optional
8. Enter **Primary Insurance ID Number** this entry is optional
9. Enter **Secondary Insurance** if Member has additional coverage
10. Enter **Secondary Insurance ID Number** if Member had additional coverage
11. Drop down and select **Pharmacy Information** find your pharmacy (populated based on login credentials)
12. Enter **Prescriber NPI** Click **Find**

OR

User has the optional to use the **Look up** function to search by **NPI** or **Name** then Click **OK**



Prescriber Lookup

NPI or Name: Add NPAR Find Clear

NPI	Prescriber	Phone	Group Name	Address	City	State	Zip
1063713600	Express Pharmacy #3	6613817600	Express Drugs	9802 Stockdale Highway Ste. 106B	Bakersfield	CA	93311
1063713600	Express Pharmacy #3	6617454800	Express Drugs	900 Kern Street Ste. A	Taft	CA	93268
1063713600	Express Pharmacy #3	6618297870	Express Drugs	3400 Calloway Drive Ste. 302	Bakersfield	CA	93312
1063713600	Express Pharmacy #3	6618297861	Express Drugs	9902 Brimhall Road Ste. 100	Bakersfield	CA	93312
1336546126	Express Pharmacy #8	6613817600	Express Drugs	9802 Stockdale Highway Ste. 106B	Bakersfield	CA	93311
1336546126	Express Pharmacy #8	6617454800	Express Drugs	900 Kern Street Ste. A	Taft	CA	93268
1336546126	Express Pharmacy #8	6618297870	Express Drugs	3400 Calloway Drive Ste. 302	Bakersfield	CA	93312
1336546126	Express Pharmacy #8	6618297861	Express Drugs	9902 Brimhall Road Ste. 100	Bakersfield	CA	93312
1346594736	Express Pharmacy #7	6613817600	Express Drugs	9802 Stockdale Highway Ste. 106B	Bakersfield	CA	93311
1346594736	Express Pharmacy #7	6617454800	Express Drugs	900 Kern Street Ste. A	Taft	CA	93268

Displaying items 1 - 10 of 17

OK Cancel

13. Enter **DEA Number** for Pharmacy or Provider
14. Enter **Specialty** type this entry is optional
15. Enter **Contact Name** for any questions regarding the Pharmacy TAR

16. Enter **Contact Phone** for any questions regarding the Pharmacy TAR
17. Enter **Contact Fax** list the list the Pharmacist/Provider phone (do not enter any dashes)
18. Enter the name of **Requestor**
19. Enter **Contact Email** if available this optional
20. Enter **Medical Justification** this field is required (open text)
21. Enter **NDC** or user can Look Up or partial name User has the option to enter a partial NDC/Name

Prescriber Demographics

Contact Name 15

Contact Phone 16
Contact Fax 17

Requestor 18
Contact Email 19

Drug and Strength

*** Drug and Strength Request**
All fields in this section are required

Medical Justification 20

NDC Number or Description 21 [Look up](#)

Frequency (Sig) 22
Quantity 23

of Refills 24
Date Of Service 25

[Add ICD9/10 Codes](#)

Upload docs

Select to upload supporting documents:
Optional

[Select...](#)
[Click Select to Upload documents](#)

NDC Lookup

NDC Filter: EXP First Clear

NDC Code	NDC Description	Drug Strength
00052027401	NEXPLANON 68 MG IMPLANT	
00052433001	NEXPLANON 68 MG IMPLANT	
00065213212	OPTI-FREE EXPRESS SOLUTION	
00065314449	OPTI-FREE EXPRESS SOLUTION	
00065314450	OPTI-FREE EXPRESS SOLUTION	
00067812708	THERAFLU EXPRESSMAX COLD-COUGH	
00067812808	THERAFLU EXPRESSMAX COLD NT LQ	
00067812908	THERAFLU EXPRESSMAX COLD NT LQ	
00067813620	THERAFLU EXPRESSMAX DAY CARLET	
00067813720	THERAFLU EXPRESSMAX NIGHT CPLY	

1 2 3 4 5 6 7 8 9 10 ...

OK Cancel

22. Enter **Frequency (Sig)** how many times the medication will need to be taken by the member
23. Enter the **Quantity**
24. Enter **# of Refills** or click the arrows for refill count

25. Enter **Date** with format M/DD/YYYY or Click calendar for specific date

26. Enter **Add ICD9/10 Codes** and enter partial or full name in text field and Click **Code** then **OK**

Diagnosis Code Lookup

Code	Code	Description
<input type="checkbox"/>	160.8	NEOPL, MALIG, ACCESSORY SINUSE
<input type="checkbox"/>	160.9	NEOPLASM, MLIG, ACCESSORY SINU
<input type="checkbox"/>	246.0	DISORDER, THYROCALCITONIN SECR
<input checked="" type="checkbox"/>	246.8	DISORDER, THYROID NEC
<input type="checkbox"/>	246.9	DISORDER, THYROID NOS
<input type="checkbox"/>	249.70	SEC DM W/ PERIPH CIRC DISOR, U
<input type="checkbox"/>	249.71	SEC DM W/ PERIPH CIRC DISOR UN
<input type="checkbox"/>	250.70	DM W/CRCLTRY DSORD, TYPE II

Only the first 100 matching records are shown.

+ Add ICD9/10 Codes

246.8-DISORDER, THYROID NEC

X

27. Click **New** or **Renewal** which ever is applicable to the medication

28. Enter **Therapy Initiated** and **Duration Therapy**

Medical dispensing

☒ New
 ☐ Renewal

How did the patient receive their medication?

Administration

Administration location

Has the patient tried any other medication for this condition?

29. Drop down **How did the patient receive their medication?** and select

How did the patient receive their medication?

Paid for under Insurance(requires Provider Name)
 Prior Authorization Number(requires Authorization #)
 Other: (requires detail explanation)

30. Enter text into open text field box if applicable

31. Drop down **Administration** and select

Administration

Oral/SL
 Topical
 Injection
 IV
 Other: (requires detail explanation)

32. Enter text into open text field box if applicable

33. Drop down **Administration location** and select

Administration location

Physician Office
 Ambulatory Infusion Center
 Patients Home
 Home Care Agency
 Outpatient Hospital Care
 Long Term Care
 Other: (requires detail explanation)

34. Enter text into open text field box if applicable

35. Drop down **Has the patient tried any other medication for this condition?** and select

Has the patient tried any other medication for this condition?

Yes (requires additional questions to be answered)
 No

36. Enter text into open text field box if applicable

Click on **Add a Drug and Strength Request**

Click **Attestation Statement** then **Submit**

OR

Reset Form if you need to begin again

☒ Add a Drug and Strength Request

Required Clinical Information
 Please provide symptoms, lab results with dates/or justification for initial or ongoing therapy or increase dose and if patients has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g., formulary tier exceptions) or required under state and federal law.

☒ Attestation Statement
 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.
Confidentiality notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return Fax) and arrange for the return or destruction of these documents.

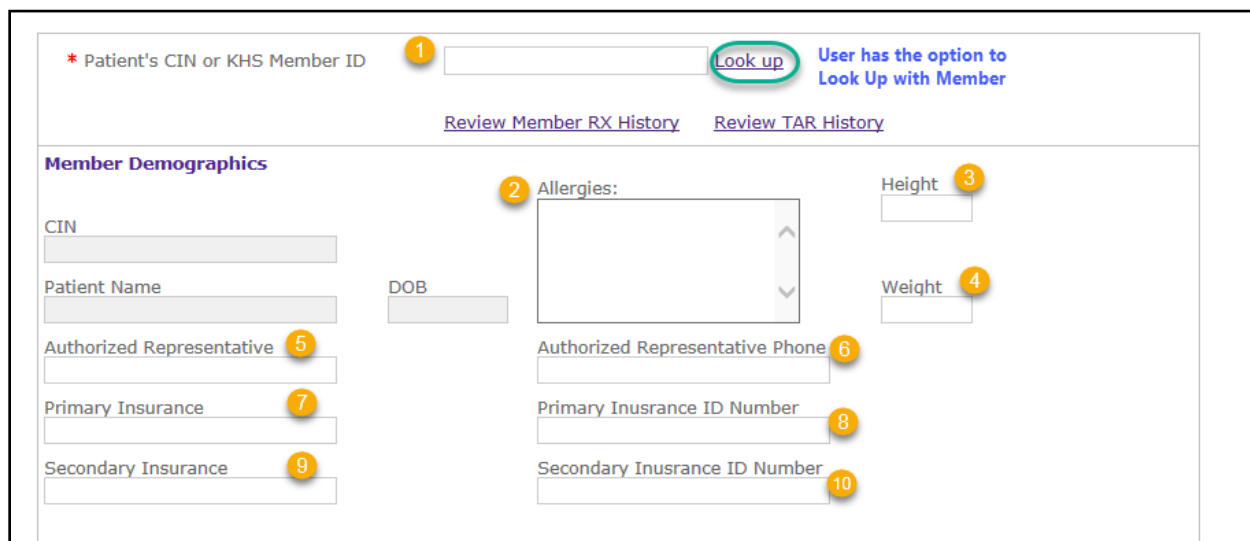
Info

Submission was successful.

Chapter 7 – Provider (RX Tar)

The provider tab opens up the pharmacy form to fill in the required information of member.

1. Enter **Patient's CIN or KHS Member ID** User has the option to **Lookup** Member as this will prefill CIN, Patient Name, and DOB fields
2. Enter any **Allergies** Member may have to any medications
3. Enter Member **Height**
4. Enter Member **Weight**
5. Enter **Authorized Representative** list the Pharmacist/Provider Name
6. Enter **Authorized Representative Phone** list the Pharmacist/Provider phone (do not enter any dashes)
7. Enter **Primary Insurance** this entry is optional
8. Enter **Primary Insurance ID Number** this entry is optional
9. Enter **Secondary Insurance** if Member has additional coverage
10. Enter **Secondary Insurance ID Number** if Member had additional coverage



* Patient's CIN or KHS Member ID Look up User has the option to Look Up with Member

[Review Member RX History](#) [Review TAR History](#)

Member Demographics

CIN

Patient Name DOB

Allergies:

Height

Weight

Authorized Representative

Authorized Representative Phone

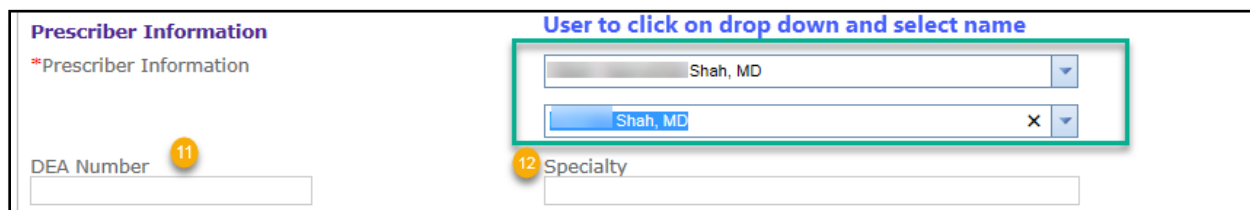
Primary Insurance

Primary Insurance ID Number

Secondary Insurance

Secondary Insurance ID Number

11. Enter **DEA Number** for Pharmacy or Provider
12. Enter **Specialty** type this entry is optional



Prescriber Information

*Prescriber Information

DEA Number

Specialty

User to click on drop down and select name

13. Enter **Contact Name** for any questions regarding the Pharmacy TAR
14. Enter **Contact Phone** for any questions regarding the Pharmacy TAR
15. Enter **Contact Fax** list the list the Pharmacist/Provider phone (do not enter any dashes)
16. Enter the name of **Requestor**
17. Enter **Contact Email** if available this optional
18. Enter **Medical Justification** this field is required (open text)
19. Enter **NDC** or user can Look Up or partial name User has the option to enter a partial NDC/Name
20. Enter **Frequency (Sig)** how many times the medication will need to be taken by the member
21. Enter the **Quantity**
22. Enter **# of Refills** or click the arrows for refill count
23. Enter **Date** with format M/DD/YYYY or Click calendar for specific date

Prescriber Demographics

Contact Name 13

Contact Phone 14 Contact Fax 15

Requestor 16 Contact Email 17

Drug and Strength

**** Drug and Strength Request**
All fields in this section are required

Medical Justification 18

NDC Number or Description 19 [Look up](#)

Frequency (Sig) 20 Quantity 21

of Refills 22 Date Of Service 23

Add ICD9/10 Codes 24

Upload docs

Select to upload supporting documents:
Optional

[Click Select to Upload documents](#)

24. Enter **Add ICD9/10 Codes** and enter partial or full name in text field and Click **Code** then **OK**

Diagnosis Code Lookup

SOF

Code	Code	Description
<input type="checkbox"/>	160.8	NEOPL, MALIG, ACCESSORY SINUSE
<input type="checkbox"/>	160.9	NEOPLASM, MLIG, ACCESSORY SINU
<input type="checkbox"/>	246.0	DISORDER, THYROCALCITONIN SECR
<input checked="" type="checkbox"/>	246.8	DISORDER, THYROID NEC
<input type="checkbox"/>	246.9	DISORDER, THYROID NOS
<input type="checkbox"/>	249.70	SEC DM W/ PERIPH CIRC DISOR, U
<input type="checkbox"/>	249.71	SEC DM W/ PERIPH CIRC DISOR UN
<input type="checkbox"/>	250.70	DM W/CRLTRY DSORD, TYPE II

Displaying items 1 - 10 of 100

Only the first 100 matching records are shown.

[+ Add ICD9/10 Codes](#)

246.8-DISORDER, THYROID NEC

Medical dispensing

25 ☐ New ☐ Renewal 26

How did the patient receive their medication?

27 28

Administration

29 30

Administration location

31 32

Has the patient tried any other medication for this condition?

33 34

25. Click **New** or **Renewal** which ever is applicable to the medication

26. Enter **Therapy Initiated** and **Duration Therapy**

27. Drop down **How did the patient receive their medication?** and select

How did the patient receive their medication?

Paid for under Insurance(requires Provider Name)

Prior Authorization Number(requires Authorization #)

Other: (requires detail explanation)

28. Enter text into open text field box if applicable

29. Drop down **Administration** and select

Administration

|

Oral/SL
Topical
Injection
IV
Other: (requires detail explanation)

30. Enter text into open text field box if applicable

31. Drop down **Administration location** and select

Administration location

|

Physician Office
Ambulatory Infusion Center
Patients Home
Home Care Agency
Outpatient Hospital Care
Long Term Care
Other: (requires detail explanation)

32. Enter text into open text field box if applicable

33. Drop down **Has the patient tried any other medication for this condition?** and select

Has the patient tried any other medication for this condition?

|

Yes (requires additional questions to be answered)
No

34. Enter text into open text field box if applicable

Click on **Add a Drug and Strength Request**

Click **Attestation Statement** then **Submit**

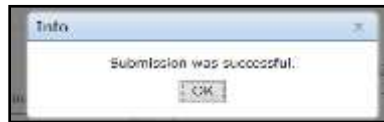
OR

Reset Form if you need to begin again

☒ Add a Drug and Strength Request

Required Clinical Information
 Please provide symptoms, lab results with dates/or justification for initial or ongoing therapy or increase dose and if patients has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage (e.g., formulary tier exceptions) or required under state and federal law.

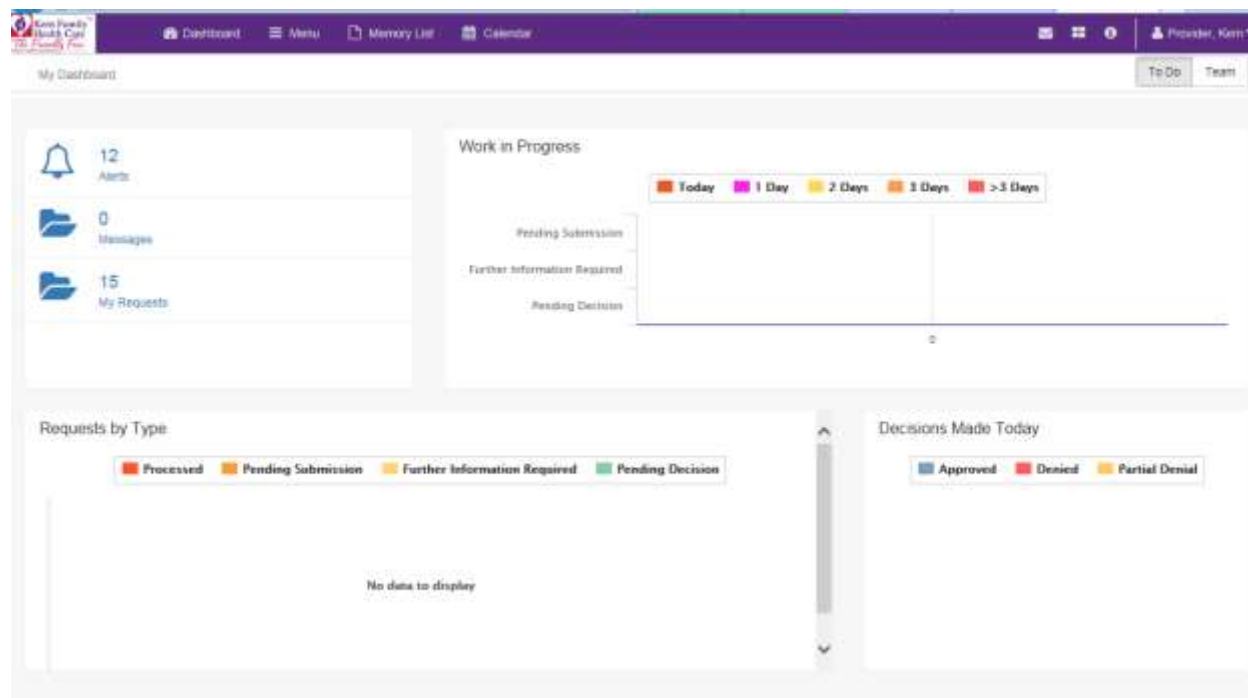
☒ Attestation Statement
 I attest that the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, Insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported in this form.
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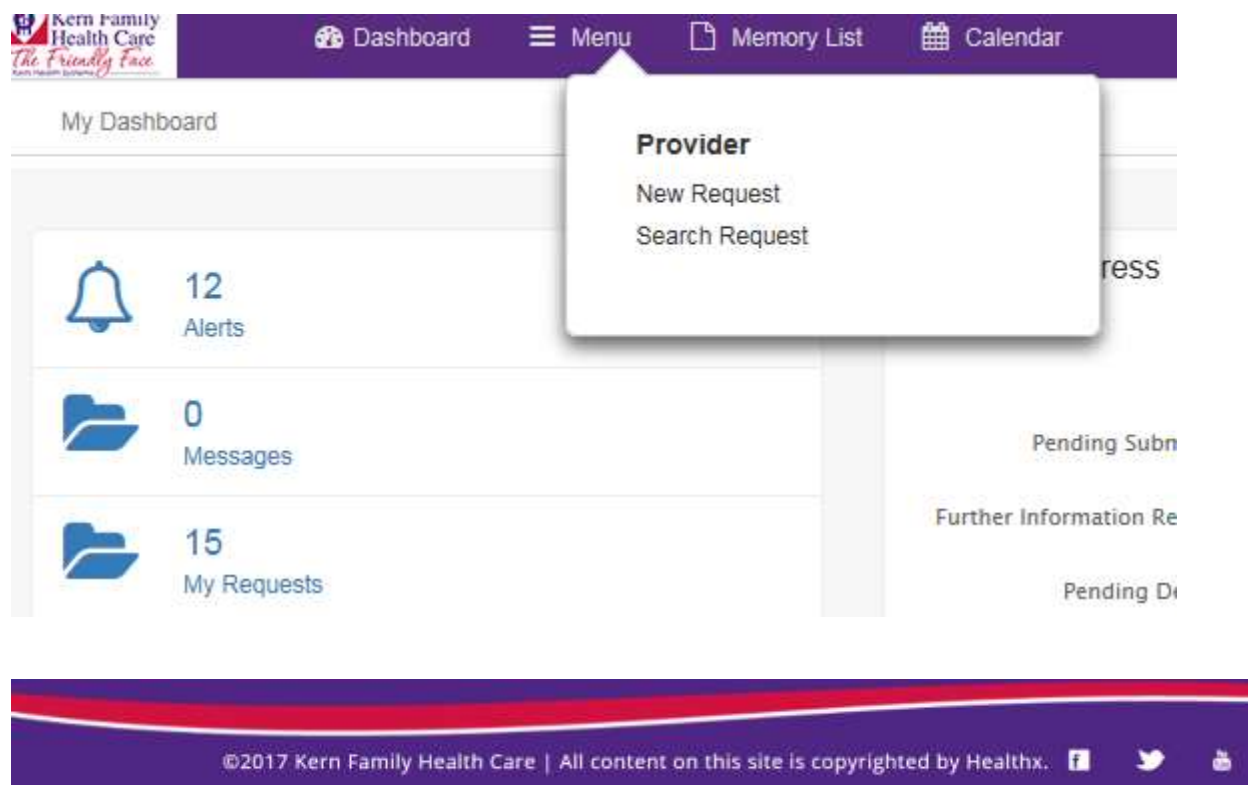
Chapter 8 - Health Education

The Health Education tab allows submission of Health Ed referrals and provides the status of Health Ed referrals.

1. Log in to the KHS Provider Portal and click on “Authorizations”
2. The Dashboard will populate



3. Click on Menu to submit a New Request / Search for a Request, select “New Request”



4. Enter the Member Information and click “Search”

New Request

Member Last Name

Member First Name

Member DOB

Client

Member ID

5. Enter member’s first name, last name and DOB or may enter the Member ID Number

New Request

Member Last Name

Member First Name

Member DOB

Client

Member ID

Java Member ID	Member Name	Member Date of Birth	Gender	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
357834	O'NEAL, DEBORA	11/27/1966	M	MEM0382238	10/01/2014		MEDICARE PLAN AB	<input type="button" value="Add Request"/>

6. Next click on the drop down arrow under action- new request.

	Action
MEDICARE PLAN AB	<input type="button" value="Add Request"/>

Health Promotion
 Inpatient
 Outpatient

7. Select “Health Promotion” you will be taken to the Recent HP Episodes (If any previously submitted), Coverage Details, Episode Details, Program, Diagnosis, Providers, Alternative Contact Information, Notes, Save, and Save and continue

Recent HEP Episodes

Episode ID	Episode Type	Episode Start Date	Program	Diagnosis	Status	Last modified	Assigned To
360508	HP	03/06/2019		J45-Asthma, Asthma	Referral	03/06/2019	Inquisit, Angela
360462	HP	03/06/2019		J45-Asthma, Asthma	Referral	03/06/2019	Ramirez, Maria
360359	HP	02/27/2019		E66-Overweight and obesity; Overweight and obesity	Referral	02/27/2019	Inquisit, Angela
360245	HP	02/11/2019	RDH Nutrition Workshop	E66-Overweight and obesity; Overweight and obesity	Open	02/11/2019	Cortez, Martha

Coverage Details

Coverage Name: MEDICARE PLAN AB

Effective Date: 10/01/2014

Term Date:

[Change Coverage](#)

8. Complete the Episode Details and choose which applies to the member's needs

Episode Status: Referral

Source: HE Provider Portal

—Select One—

- Asthma Education
- Diabetes Education
- Educational Material Only
- Other Nutrition Education
- Postpartum Education
- Prenatal Education
- Smoking/Tobacco Cessation Education
- Weight Management Education

Reason for Request:

Acuity Level: 0

Episode Details

Episode Start Date: 03/06/2019 14:49

Acuity Level: 0

Episode Status: Referral

Member Class: —Select One—

Source: HE Provider Portal

Episode Class: —Select One—

Reason for Request: Weight Management Education

Severity: —Select One—

Complexity Type: —Select One—

9. Reason for Request needs to be entered—this creates an activity for HE Dept. to make the call and offer the services for that particular request.

10. KHS prefers for the providers to leave the Program Name and Program Open Reason empty. We will offer all the services that would help the member.

11. Enter a Diagnosis

▼ Diagnosis


Code Type: ICD10 Diagnosis:

E66.9--Overweight and obesity;Obesity, unspecified

Action	Primary Dx	Code Type	Diagnosis
	★	ICD10	E66.9--Overweight and obesity;Obesity, unspecified

12. Attach the requesting provider (your office) to the episode. Please note, you will only need a “requesting” provider, not a “treating” like on a regular authorization

▼ Providers

ID	Name	Location	Role	Network	Phone	Action
PRV000542PRV000212	AMIN, HASMUKH	RIVERWALK PEDIATRIC CLINIC 9508 STOCKDALE HIGHWAY SUITE 150 BAKERSFIELD, CA - 93311 USA Phone: 6616637500 Fax: 6616633063	Requesting	In Network	6616637500	

13. Alternative Contact information –may be left blank. If you have a new phone number for member, you may also enter it there or in the note section.

Alternate Contact Information

Alternate Phone Number 1:	<input type="text"/>	Alternate Address 2:	<input type="text"/>
Alternate Phone Number 2:	<input type="text"/>		
Alternate Address 1:	<input type="text"/>	Alternate Email:	<input type="text"/>
Caregiver Name:	<input type="text"/>		
Caregiver Contact Information:	<input type="text"/>		

Notes

Note Type

--Select One--

Note Encounter Date

03/05/2019

Note Encounter Time

14 49

Notes

File Edit View Format Tools

B / U

14. To attach documents to the episode; please click on "Save and Continue"

Save

Save and Continue

Cancel

15. If there is no document to attach to the episode; click save and it will take you to the New Request System again.

16. To attach Documents to the episode

17. Once the episode is completed, please press "Save and Continue"

Save

Save and Continue

Cancel

18. Once you click save the system will take you back to the Episode.

Kern Family Health Care
The Friendly Face

Member Overview > HPC00511

Consolidated Medication List Programs Workflow

Status: Referral Start Date: 03/06/2019 Assign To: Ramirez, Maria Primary Program Source: HE Provider Portal Acuity Level: 0

Programs (0)				
Primary	Program Name	Start Date	End Date	Assigned User
No Records to Display				


Diagnosis (2)		
Start Date	Diagnosis	Code Type
03/06/2019	E66.0 - Overweight and obesity, Obesity due to excess calories	ICD10
03/06/2019	E66.9 - Overweight and obesity, Obesity, unspecified	ICD10

Educational Material (0)			
Title	Type	Requested Date	Added By
No Records to Display			

Notes (0)						
No Records to Display						

Correspondence (0)						
Correspondence Name	Created User	Created Date	Requested By	Printed	Emailed	Faxed
No Records to Display						

19. Click on the Red BOX w/3lines

List Programs Workflow  X

Episode View
Correspondence
Documents
Provider

20. Then click "Documents"



Status Referral	Start Date 03/06/2019	Assign To Ramirez, Maria	Primary Program
--------------------	--------------------------	-----------------------------	-----------------

Document Title *

Document Type

Document Description

Select Document * No File Selected

21. Next click “browse” to locate their document; once uploaded they save.

Chapter 9 - Scoreboard

The Scoreboard is a tool that helps providers keep track of their member's progress. The KHS P4P incentive program was adopted to improve state HEDIS scores. KHS practitioners will be incentivized on 15 different measures through the P4P program.

Measure Name	Acronym	Who is eligible to participate	
		PCP	OB/GYN
1. Childhood Immunizations	CIS	X	
2. Comprehensive Diabetic Care	CDC	X	
3. Prenatal Services	PPC-Pre	X	X
4. Postpartum Services	PPC-Pst	X	X
5. Well child 3, 4, 5, 6 years of age	W34	X	
6. Treatment of Lower Back Pain	LBP	X	
7. Weight Assessment, Nutritional Counseling, and Physical Activity	WCC	X	
8. Cervical Cancer Screening	CCS	X	X
9. Immunizations for Adolescents	IMA2	X	
10. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	AAB	X	
11. Children & Adolescents Access to PCP	CAP	X	
12. Annual Monitoring for Patients on Persistent Medications	MPM	X	
13. Asthma Medication Ratio	AMR	X	
14. Breast Cancer Screening	BCS	X	X
15. Initial Health Assessment	IHA	X	

Kern Health Systems (KHS) has updated its Pay for Performance Program (P4P), providing incentives to qualified KHS practitioners who provide preventative and chronic care health services to their assigned Members.

KHS practitioners will be incentivized on 15 different measures through the P4P program. The measures are a combination of HEDIS measures and health plan defined measures. Measures 1 through 14 listed below follow the basic structure of the HEDIS measures (less the continuous enrollment criteria) KHS is responsible for reporting to the State of California Department of Managed Care. Measure 15, the Initial Health Assessment, is a health plan defined measure that is a requirement in the contract between KHS and DHCS.

Primary Care Physicians and OB/Gyns are automatically enrolled in the P4P program upon completion of KHS' credentialing process. KHS PCPs and OB/Gyns credentialed as PCPs may participate in all measures of the program as applicable. OB/Gyns may participate in the Prenatal, Postpartum, and the Cervical Cancer Screening components.

Kern Health Systems will analyze claims data to determine compliance for all measures, with the exception of 1) Prenatal Services and 2) Weight Assessment, Nutritional Counseling and Physical Activities measures. These two measures will be based on the on-line submission of a health education referral via the Provider Portal.

Payment will be made if services and screening are provided by the Members assigned PCP/Clinic. For services referred to a participating, credentialed physician/specialist (i.e. diabetic retinopathy) payment will be made to the assigned PCP/Clinic based on date of service.

The data will be reviewed and incentive payment made to providers in accordance to the Pay for Performance program guidelines.

Below is the overview of scoreboard:



Quality Measures (No continuous Enrollment)

Measures	Export Measure	Compliant	Not Complete	All Members
Cervical Cancer Screening		62 %	38 %	13,691
Childhood Immunization Status		10 %	90 %	3,443
Children and Adolescents' Access to Primary Care Practitioners		18 %	82 %	13,938
Comprehensive Diabetes Care - Eye Exam		65 %	35 %	1,404
Comprehensive Diabetes Care - HbA1c testing		87 %	13 %	1,404
Comprehensive Diabetes Care - Nephropathy		88 %	12 %	1,404
Immunizations for Adolescents		44 %	56 %	1,271
Initial Health Assessment		30 %	70 %	1,881
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life		70 %	30 %	1,091

Callouts:

- This gives the percentage of compliant members.
- Exports the list of members in excel.
- This will give the list of all members who have pending tests and screenings.
- This gives the list of all the members.

1. Scoreboard home will provide you all the following details:

- a. LOB: Line of Business
- b. Measure: List of all the P4P measures
- c. Compliance: Member Information List
- d. Data Refresh: Date of last refresh
- e. Claims Paid Through: Date Details
- f. Contract Year: Year Details

The main purpose of this page is to provide the list of measures along with the list of all the compliant and non-compliant members.

2. P4P Overview

It provides the list of P4P measures in a PDF format as shown below:

Measure Name	Attribution	Page #	Who is eligible to participate
1. Cholesterol Management	C28	2-5	N
2. Comprehensive Diabetes Care	C28	5-8	N
3. Diabetes Services	9511-Pw	9-11	N, Y
4. Hypertension Services	9511-Pw	12-15	N, Y
5. Well child 2, 4, 6, 9 years of age	9511	16-18	N
6. Treatment of acute stress pain	9511	19-20	N
7. Weight Management, Counseling, and Physical Activity	9511	21-23	N
8. Clinical Lipid Screening	C28	24-25	N, Y
9. Immunization for Adolescents	9511	26-30	N, Y
10. Evaluation of Antibiotic Treatment in Adults with Acute Sinusitis	9511	31-33	N
11. Children & Adolescents Asthma in P4P	C28	34-35	N
12. Asthma Management for Patients in Primary Care	9511	36-37	N
13. Asthma Medication Data	9511	38-40	N
14. Breast Cancer Screening	9511	41-43	N, Y
15. Cervical Cancer Screening	9511	44-45	N

2. Fact Sheets

It provides the details of each measure in PDF format as shown below:

CHILDHOOD IMMUNIZATIONS

Program Goal

To ensure that all KHC Members are fully immunized by the age of 2.

Overview

Participating PCPs are incentivized for each immunization included in the Calendar 10 (see chart below) provided to members up to the age of 2.

Who Can Participate

KHC PCP approved to see members up to the age of 2.

Which Members Are Eligible

KHC Member enrolled in the Medi-Cal program AND must be:

- Active on the date services were rendered
- Age 0-2 during the calendar year
- Assigned to a participating PCP when services are performed

Incentives

\$2 for each immunization administered up to the age of 2. Only one incentive will be paid for each immunization (vs. NDCB = \$8, IPV=\$12.00) and payment will be based on the first claim rendered. If two or more claims are received at the same time, the earliest date of service will receive the incentive. Payments will be made on a quarterly basis.

How to Report Immunization:

The table below outlines the immunization with the corresponding CPT codes, which qualify for the incentive.

Immunization	CPT
DTaP	90468, 90700, 90721, 90723
IPV	90686, 90711, 90723
MMMR	90707, 90710
MMMR/Polio	90708
Hib	90841-90843, 90868, 90711, 90748
Polio/B	90723, 90740, 90744, 90747, 90748
MMV	90710, 90716
Polio/B/A	90833
Polio/B/A	90880 1-Series, 90881 2-Series
MMV/B	90855, 90857, 90863, 90863
Polio/B/C/M	90889, 90870

3 | Page

Chapter 10 - Provider Practice

Click on Provider Practice tab on ribbon and it will show the following **Landing Page**




- User is able to filter the following by:
 - Specialty
 - Member Group
 - John Hopkins Risk
 - Gender
- Total Members**- Graph displays how many members are enrolled and dis-enrolled on a month to month basis.
- Members by Group**- The pie chart displays Providers Member groups and compares it to their peers.
 - Family/Other- Members that are defined as Family or children
 - SPD- Senior Personals with Disability
 - Expansion-
- Members by Risk**- The pie Chart displays the percentage of members in a certain risk score range and compares it to the provider's peers.
 - .00-.33 - Low Risk
 - .34-.66 - Median Risk
 - .67-.99 - High Risk
- Outpatient Utilization per 1000**- The line graph display how many members had Outpatient visits and compared it to their peers on a per 1000 basis per quarter.

6. **Emergency Utilization per 1000-** The line graph displays how many members had emergency room visits and compared them to their peers on a per 1000 basis per quarter.
 7. **Inpatient Utilization per 1000-** The line graph displays how many members had inpatient admits and compared them to their peers on a per 1000 basis per quarter.
- Rx. Scripts per Member-** The line graph displays the average script per member and compared it to their peers on a quarterly basis.



1. User is able to filter the following by:
 - a. Specialty
 - b. Member Group
 - c. John Hopkins Risk
 - d. Gender
2. **Outpatient Utilization per 1000** - The bar graph display how many members had Outpatient visits and compared it to their peers on a per 1000 basis per quarter.
3. **Outpatient Utilization per 1000** - The bar graph display how many members had Outpatient visits and compared it to their peers on a per 1000 basis per quarter.
4. **Outpatient Utilization per 1000 graph** – The line chart displays the Outpatient visits per 1000 and compares it to its peers.
 - a. The red line shown on the line chart is an indicator of data completion.
5. **Top 10 Diagnosis Encounters**
 - a. **Per 1000-** Table displays the name of the diagnosis and its utilizations per 1000 and compares to their peers.

- b. **PMPM**- Table displays the name of the diagnosis and its cost on a PMPM basis and compares to their peers.



Governed Reporting System

Home

Outpatient

ED/ER

Emergency

Inpatient

Pharmacy

Utilization

<div>AAB</div> <div>35.77 %</div> <div>Prior Year 27.60%</div> <div>% Change 8.17%</div>	<div>CAP - 12M - 24M</div> <div>78.44 %</div> <div>Prior Year 85.70%</div> <div>% Change -7.26%</div>	<div>CAP - 12Y - 19Y</div> <div>68.19 %</div> <div>Prior Year 72.41%</div> <div>% Change -4.22%</div>	<div>CAP - 25M - 6Y</div> <div>63.75 %</div> <div>Prior Year 69.02%</div> <div>% Change -5.27%</div>	<div>CAP - 7Y - 11Y</div> <div>69.18 %</div> <div>Prior Year 72.25%</div> <div>% Change -3.06%</div>
<div>CCS</div> <div>40.80 %</div> <div>Prior Year 39.86%</div> <div>% Change 0.94%</div>	<div>CDC - Eye Exam</div> <div>28.12 %</div> <div>Prior Year 29.33%</div> <div>% Change -1.22%</div>	<div>CDC - HbA1C TESTING</div> <div>72.10 %</div> <div>Prior Year 75.37%</div> <div>% Change -3.27%</div>	<div>CDC - Nephropathy</div> <div>82.75 %</div> <div>Prior Year 86.73%</div> <div>% Change -3.98%</div>	<div>CIS - Combo 3</div> <div>41.28 %</div> <div>Prior Year 40.08%</div> <div>% Change 1.19%</div>
<div>IMA - Combo 1</div> <div>75.08 %</div> <div>Prior Year 77.51%</div> <div>% Change -2.43%</div>	<div>LBP</div> <div>71.15 %</div> <div>Prior Year 75.54%</div> <div>% Change -4.39%</div>	<div>MMA - Complaine 50%</div> <div>58.94 %</div> <div>Prior Year 61.27%</div> <div>% Change -2.33%</div>	<div>MMA - Complaine 75%</div> <div>28.99 %</div> <div>Prior Year 27.17%</div> <div>% Change 1.82%</div>	<div>MPM - ACE or ARBs</div> <div>79.60 %</div> <div>Prior Year 82.73%</div> <div>% Change -3.13%</div>
<div>MPM - Digoxin</div> <div>46.15 %</div> <div>Prior Year 46.15%</div> <div>% Change 0.00%</div>	<div>MPM - Diuretics</div> <div>79.31 %</div> <div>Prior Year 80.85%</div> <div>% Change -0.74%</div>	<div>PPC - Postpartum Care</div> <div>53.08 %</div> <div>Prior Year 48.44%</div> <div>% Change 4.64%</div>	<div>PPC - Prenatal Care</div> <div>72.09 %</div> <div>Prior Year 72.06%</div> <div>% Change 0.03%</div>	<div>W34</div> <div>45.75 %</div> <div>Prior Year 51.17%</div> <div>% Change -5.42%</div>



- User is able to filter the following by:**
 - Specialty
 - Member Group
 - John Hopkins Risk
 - Gender
- Emergency Visits per 1000**
 - The bar graph shows how many ER visits per 1000 you have and the pie chart shows the percentage of avoidable ER visits and unavoidable ER visits.
- Emergency Visits per 1000**
 - The bar graph shows how many ER visits per 1000 of the peers have and the pie chart shows the percentage of avoidable ER visits and unavoidable ER visits.
- Emergency Visits per 1000**
 - The Run Chart shows the combination of ER visits per 1000 for you and your peers.
- Level of Care**
 - The level of care is the 1-3 for Avoidable ER Visits and 4-5 for Unavoidable ER Visits. The page will display the data based on the selection of the Level of Care.
- Top 10 Diagnosis Encounters**
 - Top 10 Diagnosis Encounters per 1000 displays the diagnosis name for the provider and compares them to the usage of their peers.
 - Top 10 Diagnosis Encounters PMPM is the cost of the diagnosis and compares it to your peers.



1. **User is able to filter the following by:**
 - a. Specialty
 - b. Member Group
 - c. John Hopkins Risk
 - d. Gender
2. **Inpatient Admits Per 1000:**
 - a. The bar graph shows how many inpatient admits you have on a per 100 basis and compares it to your peers.
 - b. The pie chart shows the percentage admits and readmissions and compares it against your peers.
3. **Inpatient Admits Per 1000:**
 - a. The line chart shows the Admit per 1000 and Readmission my percentage on a month to month basis.
4. **Percentage of PCP Visit Post Discharge (30 Days):**
 - a. The line chart shows the percentage of post discharge visits broken out by month and compares it to your peers.
5. **Readmission – PCP Visits:**
 - a. Readmits- Number of readmits and percentage of PCP Visits
6. **Top 5 Diagnosis Encounters:**
 - a. The table shows the name of encounter and has it broken down by the following:
 - i. Per 1000
 - ii. PMPM
 - iii. Readmits
 - iv. PCP Visits
7. **Date Parameter Selection:**
 - a. The user is able to select Currently Admitted, Current Month and Prior Month.

Home

Outpatient

HEDIS

Emergency

Inpatient

Pharmacy

Utilization

Rx Scripts Summary

Peer Month

1 Month

6 Months

9 Months

12 Months

Specialty: ALL

Specialty

Family Practice

OB/GYN - PEP

Internal Medicine

Pediatrics

ALL

Member Groups

Expansion

Family

OPD

ALL

John Hopkins Risk

00 - 33

34 - 66

67 - 99

ALL

Gender

Female

Male

ALL

Age Group

Adults

Minors

ALL

Top 10 Members by Cost

Member	Amount	Scripts
FRANCISCO DELGADO	\$51,194.28	8
BARRY BOWSER	\$25,420.40	1
JOSE MUNOZ	\$18,601.90	6
SUSAN CONROY	\$18,599.72	7
ALEXIS GIBSON	\$18,566.00	1
ELISEO LOPEZ	\$18,566.00	1
ANGEL MELENDEZ	\$18,566.00	1
NATHANIEL WOOD	\$18,566.00	1
PASIANO DIAZ	\$16,829.10	5
JASON ARNISON	\$14,427.82	6
Grand Total	\$219,336.81	37

3

Rx PMPPI

Peer's Rate

NaN

4

Rx Per Member Utilization

Scripts Per Member

You

Peers

5

Opioids Utilization

Top Members with OPIOIDS

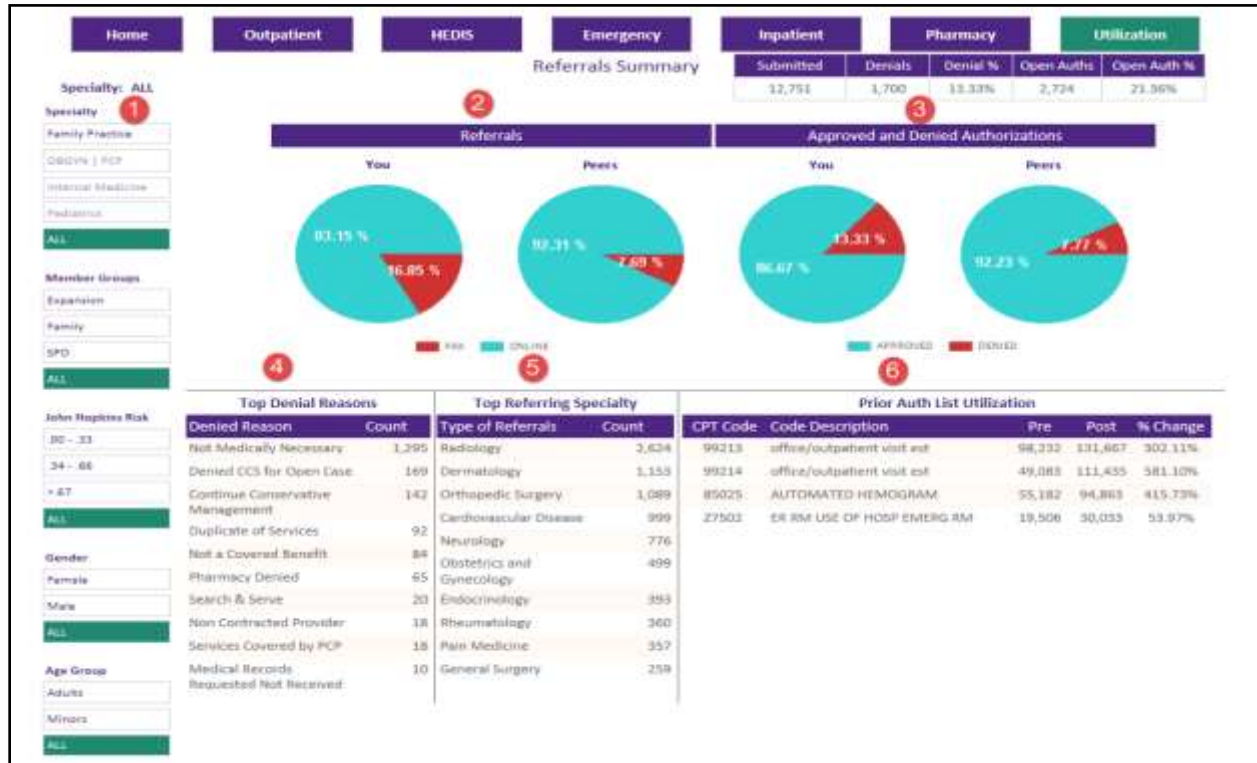
Member	Amount	Scripts
DAVID MYERS	\$228.36	2
DEBORAH ROGERS	\$113.51	2
ZAKENYA BIVENS	\$70.28	2
BEVERLY WATERHOUSE-GRESHAM	\$66.30	2
MARGARET ARISTA	\$60.79	2
JERRIE ROWE	\$59.70	2
JEFFREY FOSTER SR	\$52.44	2
CRISTINA NIETO	\$39.74	2
KELLEY GARZA MARQUEZ	\$21.62	2
EMERALDA PONCE	\$4.84	2
Grand Total	\$717.64	20

1. User is able to filter the following by:

- Specialty
- Member Group
- John Hopkins Risk
- Gender

2. Top 10 Members by Cost

- The table shows the member name, the pharmacy cost of the member and the number scripts. The time frame parameters can be changed by selection on Item 6.



1. **User is able to filter the following by:**
 - a. Specialty
 - b. Member Group
 - c. John Hopkins Risk
 - d. Gender
2. **Referrals:**
 - a. The pie chart shows the percentage of referrals that are Online and Fax and compares it to your peers.
3. **Approved and Denied Authorizations:**
 - a. The pie chart shows the percentage of Approved and Denied authorization and compares to your peers.
4. **Top Denial Reasons:**
 - a. Top Denial Reasons shows the reason for the denial and number of denials for that reason.
5. **Top Referring Specialty:**
 - a. The Type of Referral table shows the top specialty the provider is referring out to and the count of referrals sent.
6. **Prior Authorization List Utilization**
 - a. The Prior Authorization list Utilization shows the usages of a CPT code before and after it was on the PA List.
7. **Referral Summary:**
 - a. The Referral Summary shows an overview of the authorization.

Chapter 11 – User Manager/Provider Signup

Provider will need to set up sub accounts through the **Provider Signup** process. If for any reason you have any issue with the creating the account contact your Provider Relations Representative.

1. User navigates to **User Manager** and Click **Provider Signup**



2. User verifies the **Available TINs** and check the applicable one for the Provider Office and Click **Next**



3. User to click Drop Down to see the list for role type users



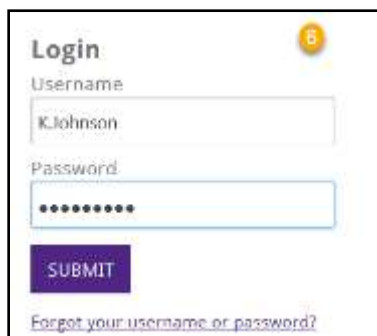
4. User to Enter **Username, Email Address, Confirm Email Address, Password, and Confirm Password** Click **Next**



Registration form with fields for Username, Email Address, Confirm Email Address, Password, and Confirm Password. Navigation buttons: PREVIOUS, NEXT, Cancel.

Account was successfully created.

5. User may Login to the Provider Portal to confirm access



Login form with fields for Username and Password. A SUBMIT button and a link for 'Forgot your username or password?' are also present.

6. User will need to Enter ***Password** and ***Confirm Password** then Click **Next**



Change Password form with fields for *Password and *Confirm Password. Navigation buttons: Next, Cancel.

User will need to answer the **Security Questions** from each Drop down and Click **Next**



Please complete the following:

[Change Password](#)
[Change Secret Information](#)
[Agree to License Terms](#)



Change your secret question and answer

Help

Fields in bold are required

Security Questions

What was the name of your first pet?

BEN

What is the first name of your oldest niece?

Princess

Who is your favorite author?

Betty Friedman

[Previous](#) [Next](#) [Cancel](#)

7. User to **Agree to License Terms** and Click **Finish**