Virginia Provider Portal User Guide

Medicaid Management Soluitions

Release: 20.14

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Note: This user manual is a draft document and will continue to be updated to reflect new functionality and user interface (UI) changes as a result of future releases.

Privacy and Security Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule[1] and the American Recovery and Reinvestment Act (ARRA) of 2009 requires that covered entities protect the privacy and security of individually identifiable health information.

[1] 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

Revision History

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	10/2021	A. Nunan	Final Draft
2.0	01/2022	J. Montanez	Updates for end user training.

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1. Introduction

The purpose of this guide is to support Providers, Authorized Administrators of Providers, and Delegates of Providers with an overview of the Provider Portal and instructions to view and maintain provider information within the Provider Portal Maintenance.

Throughout this guide, you will see various notes to enhance your use of Provider Portal. Refer to Table 1-1.

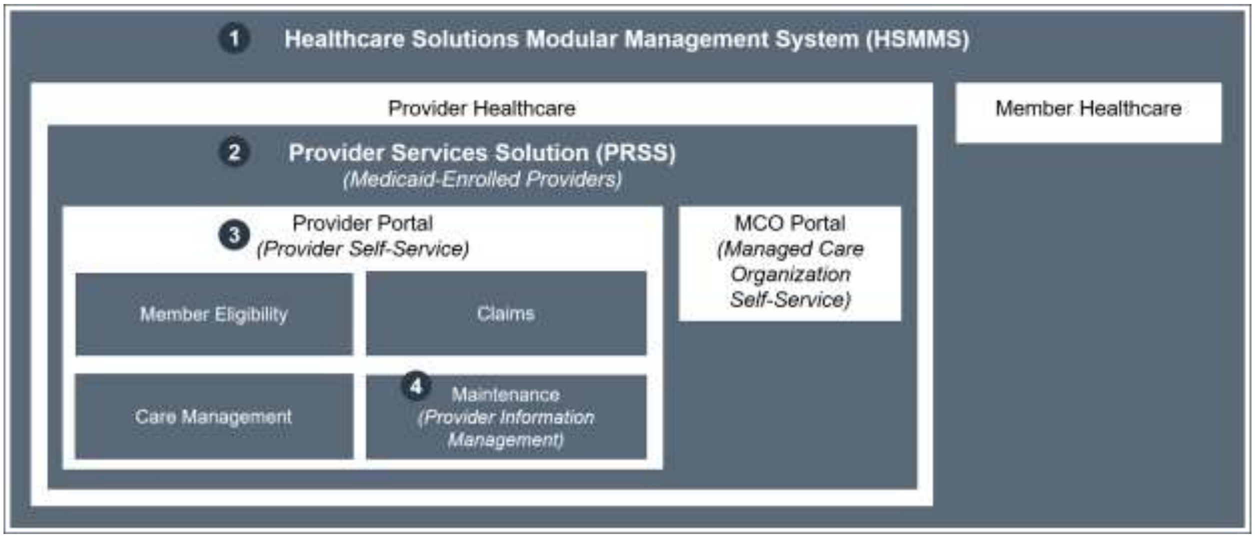
Table 1-1: User Guide Icons

 Indicates extra tips and useful explanations.	 Indicates more resources are in another location, such as another document or a website.	 Indicates a critical step that you must take (or not take) to avoid errors.

Refer to Figure 1-1 for an overview of how the systems relevant to this guide are organized:

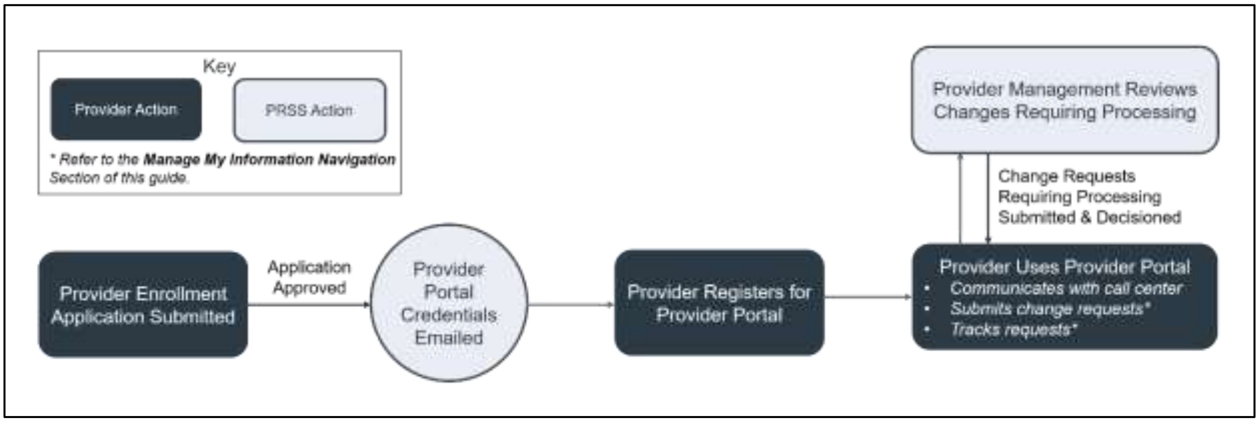
1. **Healthcare Solutions Modular Management System (HSMMS)** is a collaboration of modules that coordinate services between providers and members meeting a patient's healthcare needs. The healthcare data contained within the system must be controlled throughout its lifecycle, protected from exposure or loss, used only for the intended purpose, and accessed by only the intended users. Wherever sensitive data is present, strong key management systems are essential for the control, protection, and preservation of the underlying data.
2. **Provider Services Solution (PRSS)** maintains comprehensive information on all enrolled providers and supports the claims processing, management reporting and surveillance, and utilization review functions of the healthcare plan.
3. **Provider Portal** is a self-service tool that provides healthcare-related information to those involved in provider care. The Provider Portal is a proven time and effort saving tool that provides 24 x 7 support to answer billing questions, check member eligibility, or update personal records. Using the Provider Portal minimizes paper transactions and increases the accuracy of decision-making between provider contracts and providers.
4. **Provider Portal Maintenance** is the self-service module within Provider Portal used to view and maintain provider care information such as addresses, associations, billing information, and delegate access.

Figure 1-1: Provider Portal System Organization



Refer to Figure 1-2 for an overview of how a Provider accesses and uses Provider Portal.

Figure 1-2: Provider Portal Overview



2. Information You Will Need

You need to have basic knowledge of Provider information and the policies and procedures to support Virginia provider operations.

You need to have access to the Provider Portal (Username and Password). Refer to Section **4.1 - Provider Portal Registration**.

3. System Requirements

To successfully use all features of the Provider Portal, ensure that your computer system meets the following minimum requirements:

- Reliable online connection
- Latest version of your web browser is recommended
- Accept pop-ups from the site to view detail and attachment windows
- Adobe® Acrobat Reader

4. Medicaid Enterprise System (MES) Secure Provider Portal Access

Authenticated Providers, Delegates, and Authorized Administrators log in through the **MES Secure Login** page to the Provider Portal to perform business transactions supporting provider care.

- *Providers* receive credentials via email after their VA Medicaid enrollment is approved. The email is sent to the portal registration contact entered during enrollment.

  Note: Individual within a Group (IG) Providers who assign an Authorized Administrator (AA) during enrollment have the option to opt-out of creating an account for Provider Portal. IG Providers who opt-out will not have online access to view or update their own information and will be reliant on the AA.

- *Delegates* receive credentials via email after the first Provider adds the delegate to a Service Location. Once registered, the delegate accesses all assigned Providers from Switch Providers in Provider Portal. Refer to Section **4.3 - Switch Provider – Delegates**.
- *Authorized Administrators* receive credentials via email after the first VA Medicaid enrollment is approved either for the AA's enrollment, such as for a Group Provider, or for a Provider who has assigned the Group as an AA. Once registered, the Authorized Administrator accesses all assigned Providers from Switch Providers in Provider Portal. Refer to Section **4.4 - Switch Provider – Authorized Administrators**.

*Note: To compare Delegate and Authorized Administrator access, refer to Section **A-1 - What is the difference between a delegate and an authorized administrator?**.*

4.1 Provider Portal Registration

Providers, Delegates, and Authorized Administrators must each complete registration for Provider Portal.

Once you receive your credentials via email for Provider Portal, you must complete your registration to view and maintain authorized provider information.

To complete registration, follow these steps:

1. Access your credentials which are delivered in two distinct registration emails. The first email includes your User ID and hyperlink to access registration for Provider Portal. The second email includes your temporary password. Refer to Figure 4-1 and Figure 4-2.

Note: Even if you have multiple Service Locations, you will only receive email credentials for the first Service Location as registration is only completed once.

Figure 4-1: Provider Portal Access Email 1

Hello ,

This is to confirm that your request for a VA MES account has been completed successfully.

Please use the below URL and credentials to login to your account:

USERID:

URL:

Note: The one time passcode to login to MES ICAM would be sent in a seperate email.

Thank You,
DMAS MES Identity, Credential and Access Management Team

This is an auto generated email from DMAS Medicaid Enterprise System, please do not reply to this message. This message is for the designated recipient only and may contain privileged information.

Figure 4-2: Provider Portal Access Email 2

Hello ,

This is to confirm that your request for a VA MES account has been completed successfully.

Please use the below one time passcode to login to your account.

Password:

Thank you,
DMAS MES Identity, Credential and Access Management Team

This is an auto generated email from DMAS Medicaid Enterprise System, please do not reply to this message. This message is for the designated recipient only and may contain privileged information.

Note: Check your spam folder for your emails before contacting provider support. The Subject line of both emails is "MES ICAM Account Creation Confirmed."

2. Click your hyperlink in Provider Portal Access Email 1 to open the **MES Log in** page.
3. Enter the emailed User ID and temporary password, then click **SIGN-IN.** Refer to Figure 4-3.

Figure 4-3: MES Secure Login Page

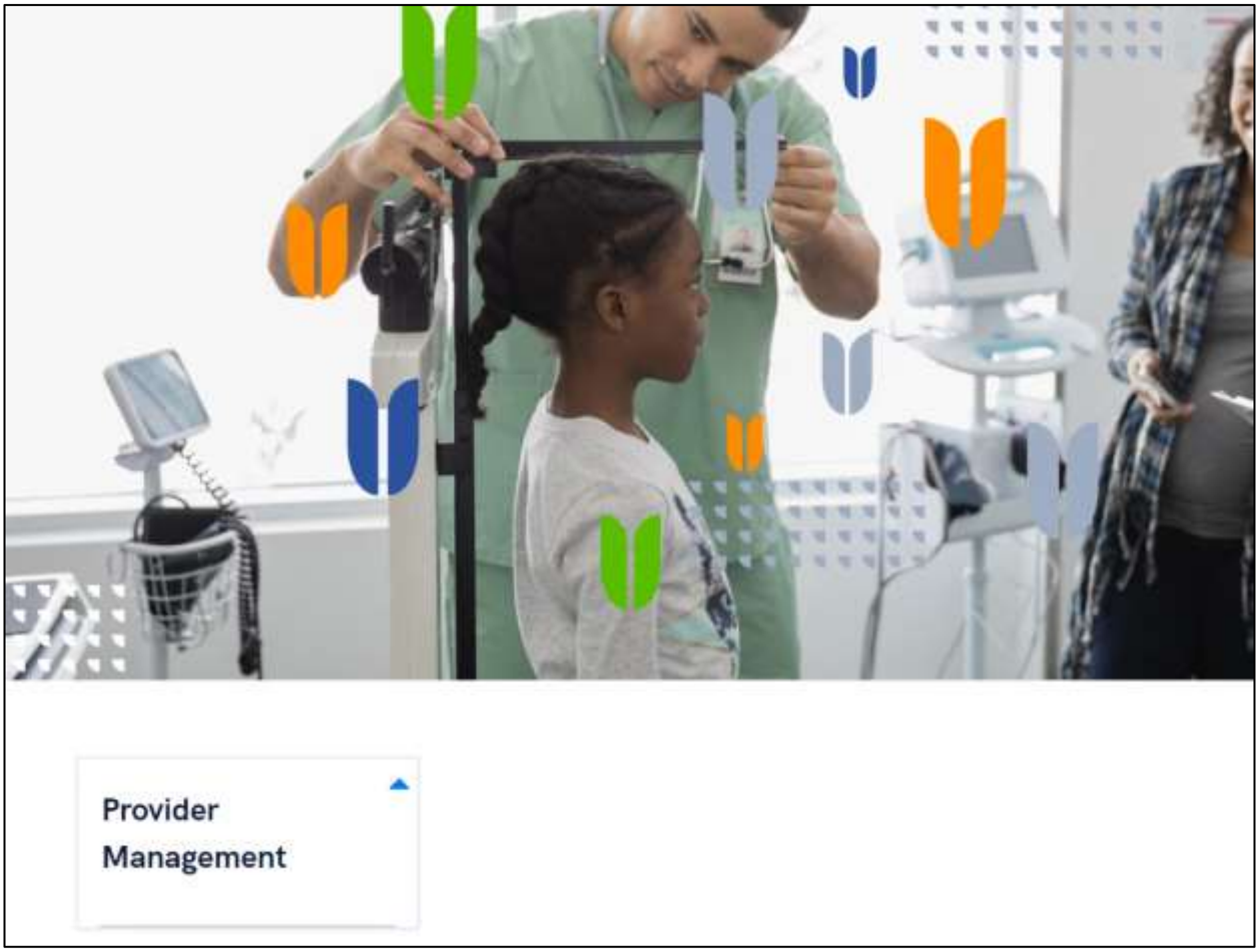
4. The **Change Password** page appears. Enter your temporary password as your **Current Password**, then create a new password and confirm it.

5. Click **Set Password**. Refer to Figure 4-4.

Figure 4-4: Complete Registration

6. The **MES Landing** page appears. Refer to Figure 4-5.

Figure 4-5: MES Landing Page



Note: Depending on your credentials, you may have additional access tiles. This guide addresses Provider Management which includes Provider Portal.

4.2 Provider Portal Log in

Use your MES credentials to access your authorized functionality in Provider Portal. Providers, Delegates, and Authorized Administrators log in with these steps.

1. Navigate to the **MES Secure Login** page at https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage.

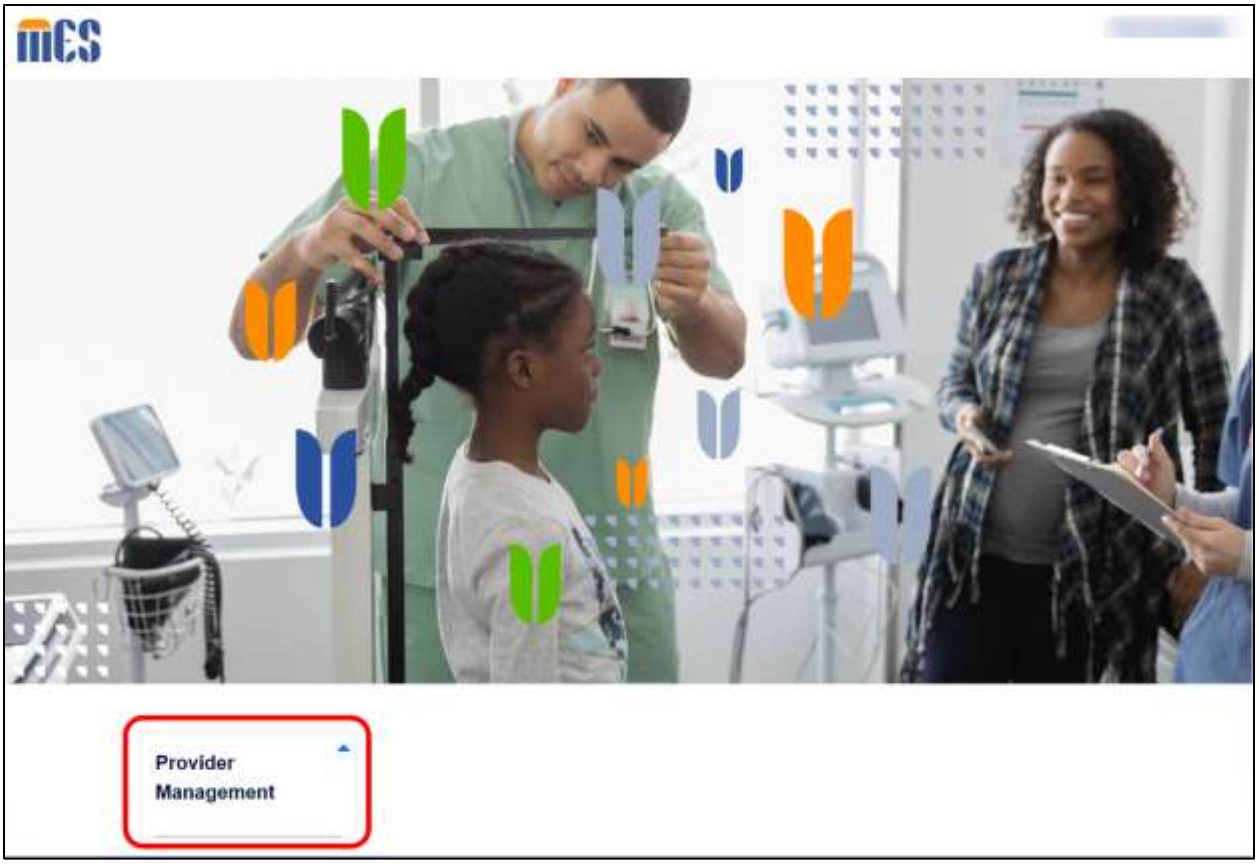
2. Enter your **Username** and **Password**, then click **SIGN-IN.** Refer to Figure 4-6.

Figure 4-6: MES Secure Login Page

*Note: If you forget your password, click the **Reset password** hyperlink.*

3. Once you are signed into your account, the **MES Landing** page appears with the applications available to you. Refer to Figure 4-7.

Figure 4-7: MES Landing Page

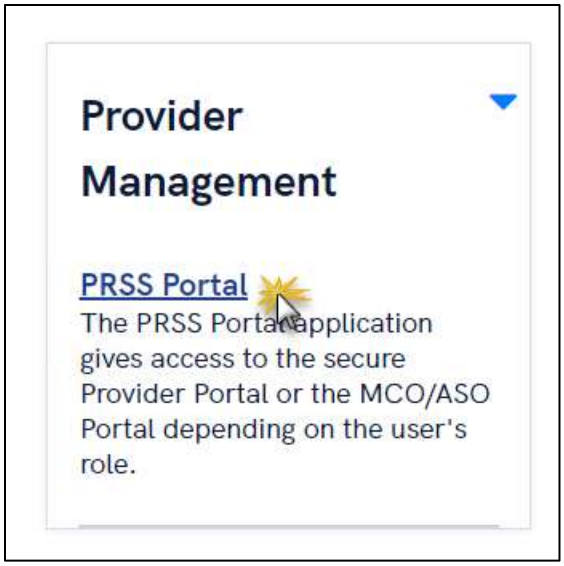


4. Click the expand icon for the **Provider Management** application. Refer to Figure 4-8.

Figure 4-8: Provider Management Expand Icon

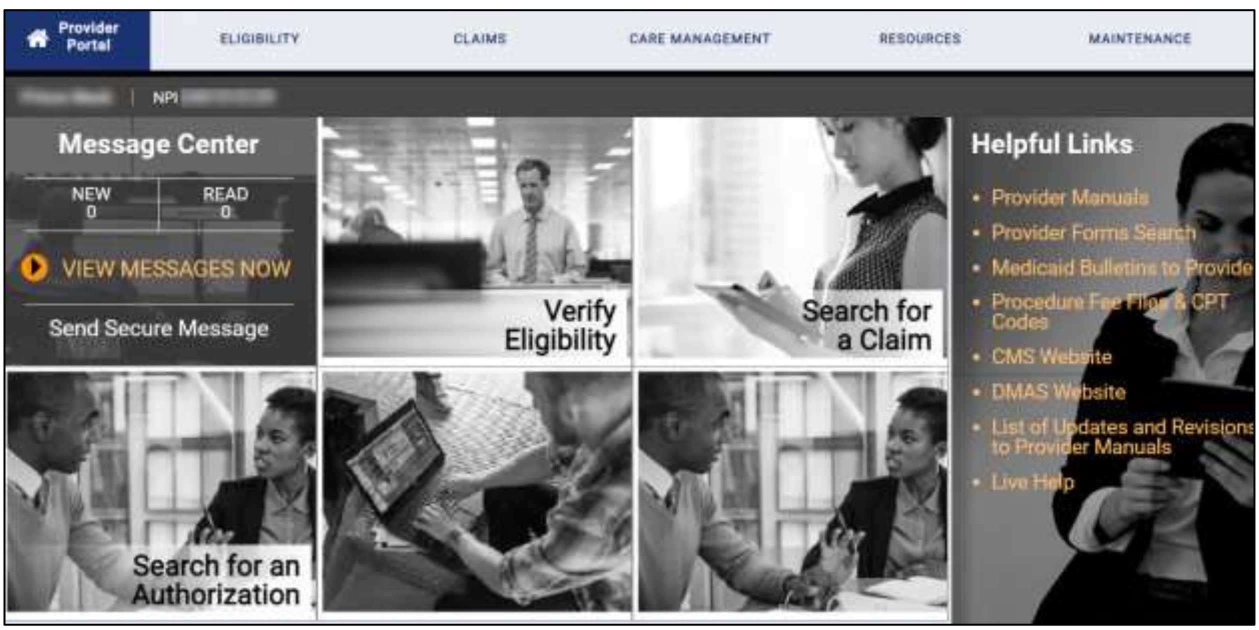
5. Click the **PRSS Portal** hyperlink to access the Provider Portal. Refer to Figure 4-9.

Figure 4-9: PRSS Portal Hyperlink



6. The **Provider Portal Secure Home** page appears. Refer to Figure 4-10.

Figure 4-10: Provider Portal Secure Home Page



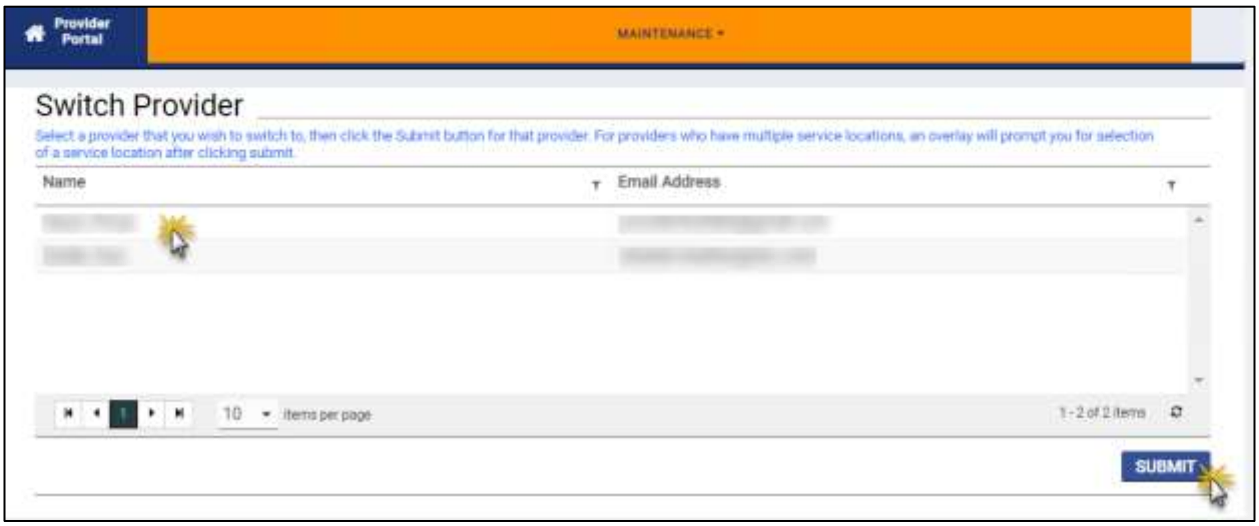
4.3 Switch Provider – Delegates

Delegates have their own MES login credentials and can access Provider and Service Location information authorized by the Provider.

Note: Delegate Administrators (DAs) have full access, including the ability to manage other delegates.

1. Complete Section **4.2 – Provider Portal Log in** steps.
2. The **Switch Provider** window appears rather than the **Provider Portal Secure Home** page. Click the Provider Name that you want to work on behalf of, then click **SUBMIT**. Refer to Figure 4-11.

Figure 4-11: Switch Provider

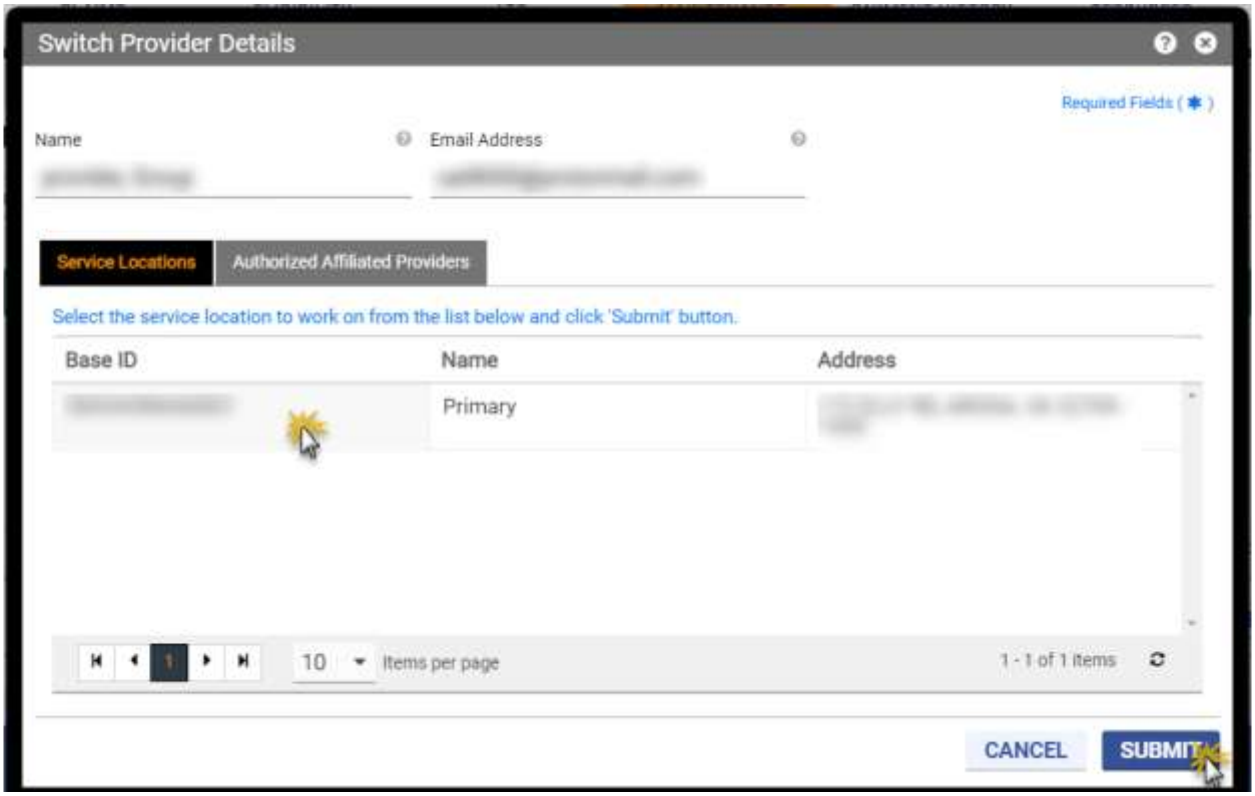


*Note: If you are a Delegate and do not see the desired Provider listed, contact the Provider and provide your **Relationship Code** so that the Provider can assign you as a delegate. Refer to Section **9.2 - Portal Profile Maintenance - Delegate** to locate your **Relationship Code**.*

Click the desired Service Location in the window that appears. Refer to

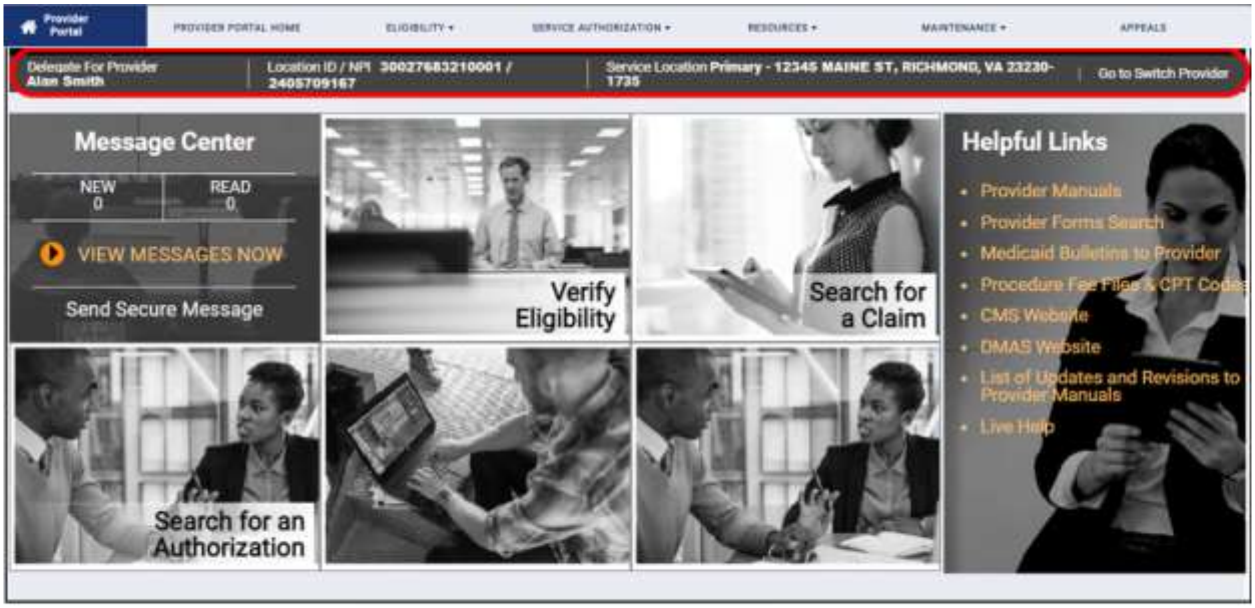
3. Figure 4-12.

Figure 4-12: Switch Provider Multiple Service Locations



4. The **Provider Portal Secure Home** page appears with the selected Provider's identifiers. Refer to Figure 4-13.

Figure 4-13: Delegate for Provider



*Note: The assigned delegate functions set by the Provider determine what displays on your **Provider Portal Secure Home** page.*

*For Example, a Delegate with access only to the **Maintenance** functionality will not have **Navigation Menu** options for the other modules. Additionally, the **Module Tiles** will not be interactive. Refer to Figure 4-14.*

Figure 4-14: Example Delegate with Limited Access

5. To access a different Provider or Service Location, return to **Switch Provider**. Refer to Figure 4-15.
    a. From the **Navigation Menu**, select **Maintenance** then click **Switch Provider**.
    b. From the **Provider Identifier** bar, click **Go to Switch Provider**.

Figure 4-15: Switch Provider After Log In

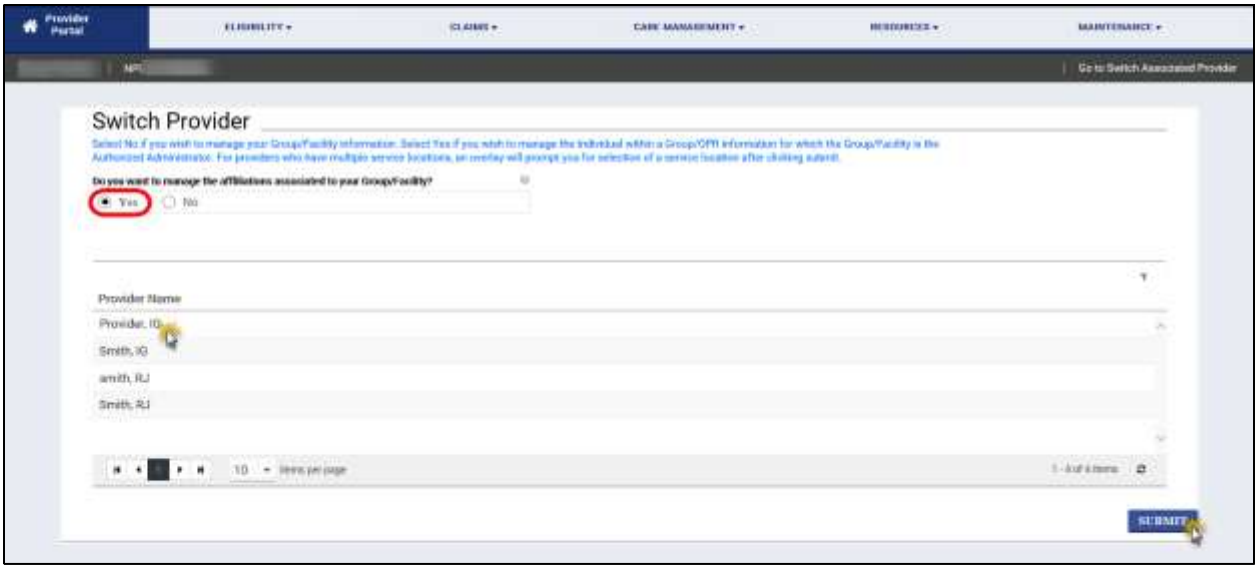
4.4 Switch Provider – Authorized Administrators

Authorized Administrators have their own MES login credentials and can access Provider and Service Location information authorized by the Provider. Authorized Administrators may switch between their own Group information and authorized Individual within a Group (IG) information.

Note: Authorized Administrators have full access except the ability to change the Authorized Administrator.

1. Complete Section **4.2 – Provider Portal Log in** steps.
2. The **Switch Provider** window appears rather than the **Provider Portal Secure Home** page. Select **Yes** to display a list of IGs who have selected you as their Authorized Administrator.
3. Click the Provider Name that you want to work as, then click **SUBMIT** to access the IG's information. Refer to Figure 4-16.

Figure 4-16: Switch Provider - Authorized Administrator IG

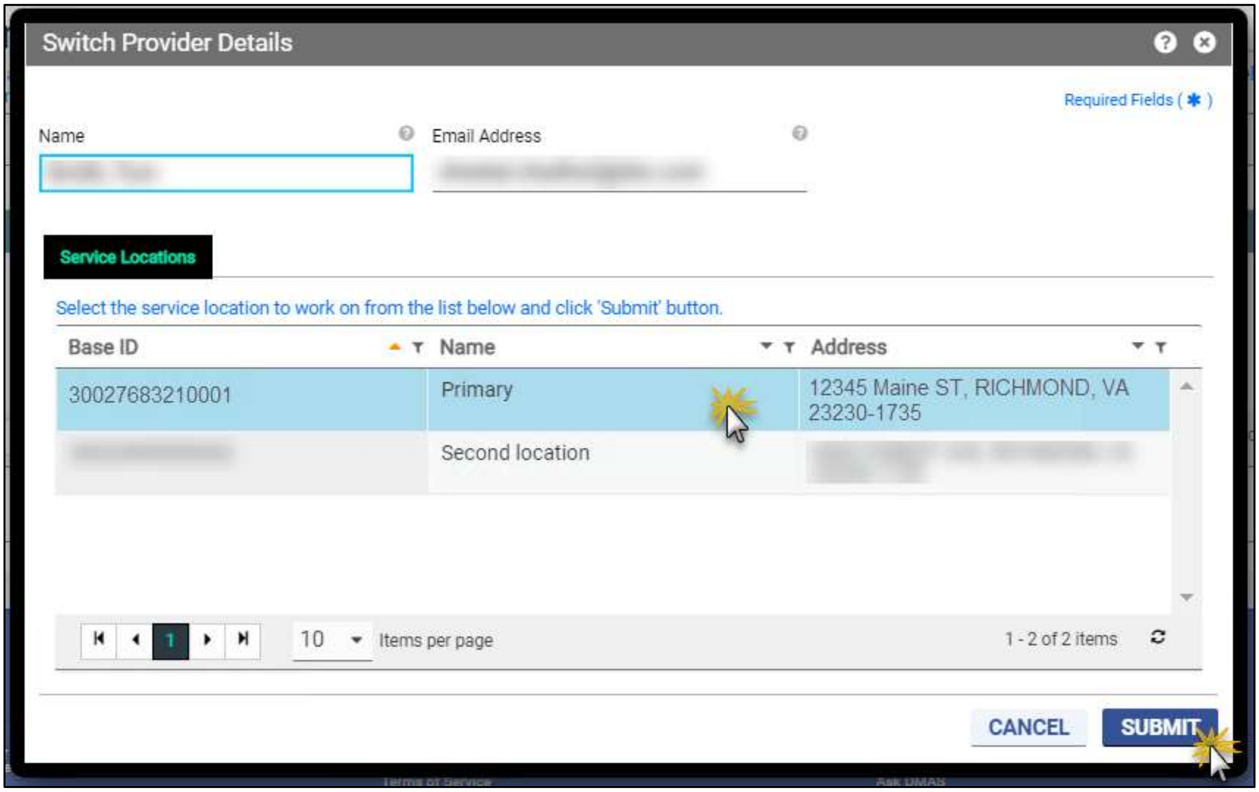


*Note: Select **No**, then click **SUBMIT** to manage your Group information. Refer to Figure 4-17.*

Figure 4-17: Switch Provider - Authorized Administrator Group

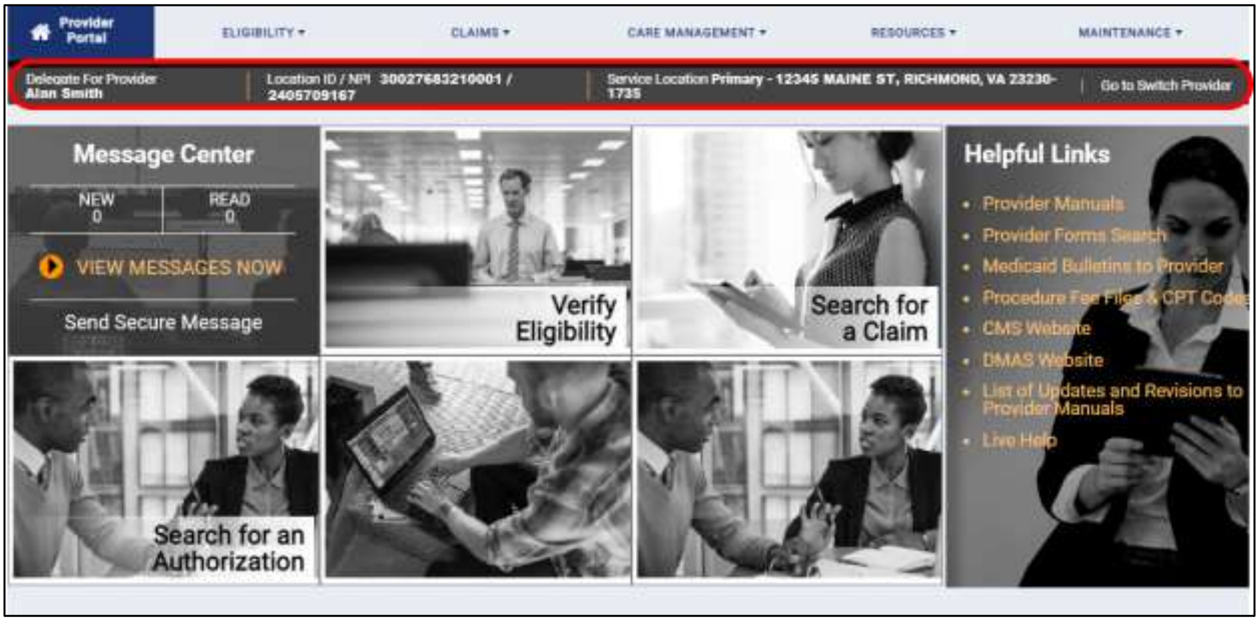
4. If the Provider has more than one Service Location, a window with the Service Locations appears. Refer to Figure 4-18. This window does not appear if the selected Provider only has one Service Location.

Figure 4-18: Switch Provider Multiple Service Locations



5. The **Provider Portal Secure Home** page appears with the selected Provider's identifiers. Refer to Figure 4-19.

Figure 4-19: Authorized Administrator for Provider

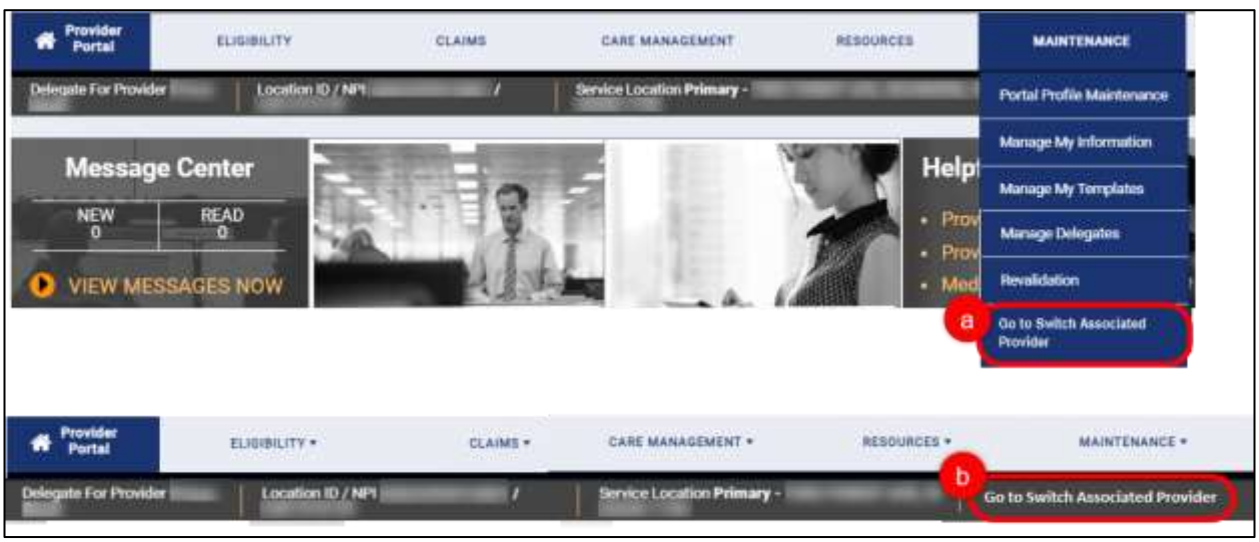


6. To access a different Provider or Service Location, return to **Switch Provider**. Refer to Figure 4-20.

   a. From the **Navigation Menu**, select **Maintenance** then click **Switch Associated Provider**.

   b. From the **Provider Identifier** bar, click **Go to Switch Associated Provider**.

Figure 4-20: Authorized Administrator Switch Provider After Log In



4.5 Switch Provider – Delegates for Authorized Administrators

Delegates have their own MES login credentials and can access Provider and Service Location information authorized by the Provider. In addition to being a Delegate for a specific Provider, Delegates may be assigned to Authorized Administrators. The Authorized Administrator determines which Providers, Service Locations, and security functions the Delegate can access.

Note: DAs have full access, including the ability to manage other delegates. Authorized Administrators have full access except the ability to change the Authorized Administrator. Refer to ***A-1 - What is the difference between a delegate and an authorized administrator?*** *for a comparison of Delegates and Authorized Administrators.*

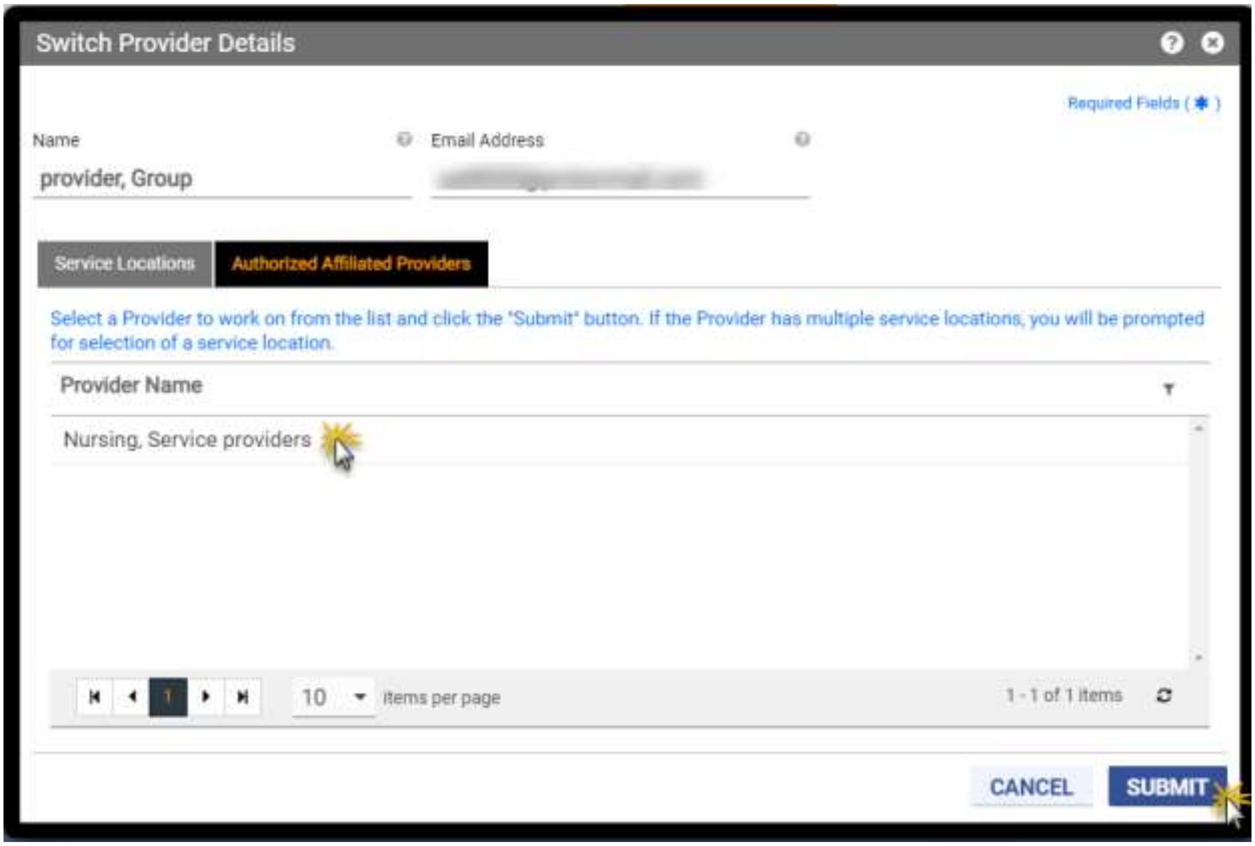
Note: An AA is a Group that manages the Service Locations associated with the IG after the IG's enrollment is approved. The AA does not have the ability to change the AA. The AA may assign delegates to manage Service Locations assigned to the AA but does NOT directly assign delegates to the IG's account.

1. Complete Section **4.3 – Switch Provider – Delegates** steps to access the Authorized Administrator Group.
2. To select the Provider to manage, return to **Switch Provider**. Refer to Figure 4-21.
    a. From the **Navigation Menu**, select **Maintenance** then click **Switch Associated Provider**.
    b. From the **Provider Identifier** bar, click **Go to Switch Associated Provider**.

Figure 4-21: Delegate of Authorized Administrator Switch Provider

3. The **Switch Provider** window appears with the assigned Individuals within a Group (IGs) on the **Authorized Affiliated Providers** tab. Click the Provider Name that you want to work on behalf of, then click **SUBMIT**. Refer to Figure 4-22.

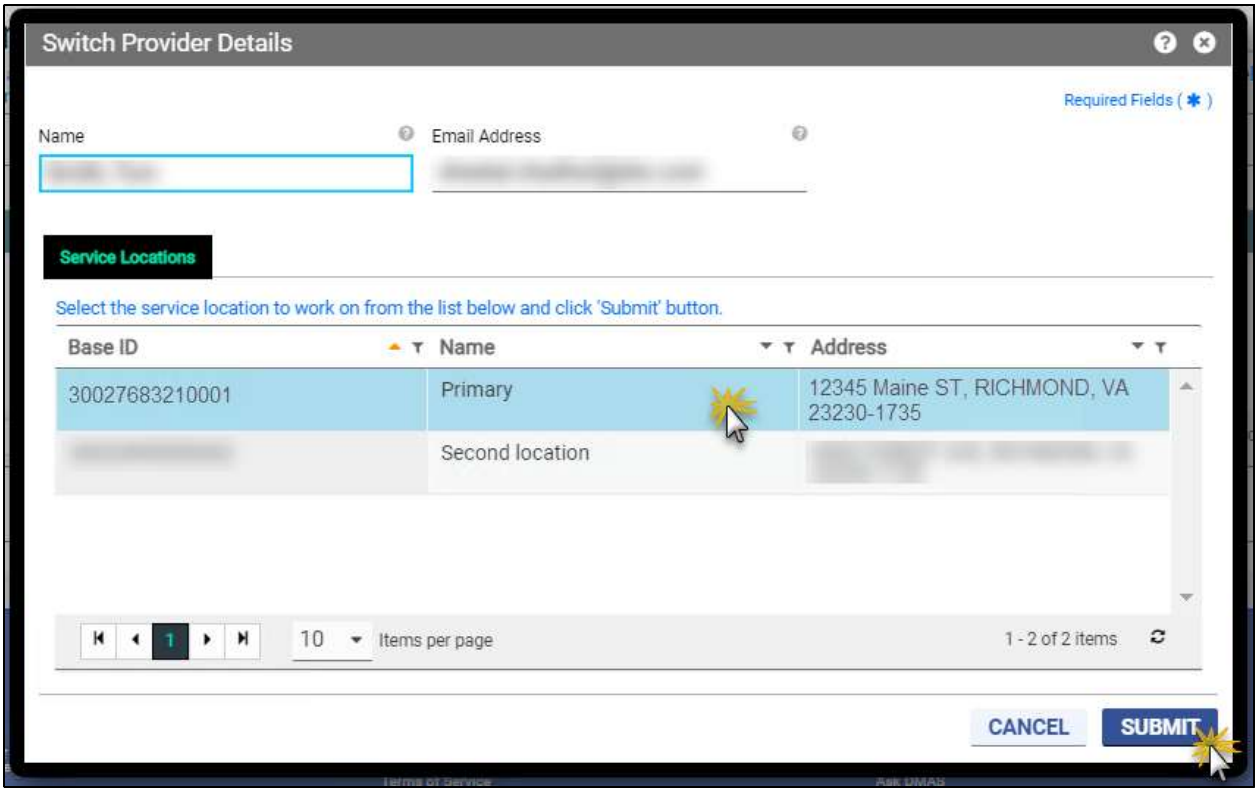
Figure 4-22: Switch Providers - Authorized Affiliated Providers



Note: If you are a Delegate and do not see the desired Provider listed, contact the Authorized Administrator.

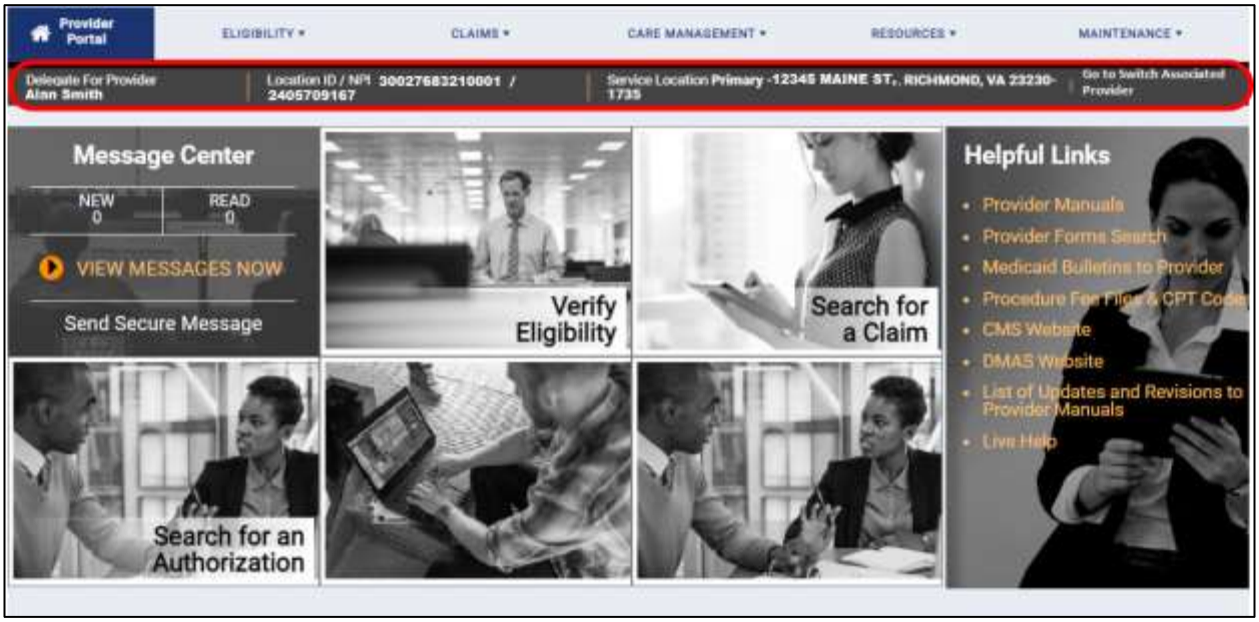
4. If you are assigned to more than one Service Location for the Provider, a window with the Service Locations appears. Refer to Figure 4-23. This window does not appear if the selected Provider only has one Service Location.

Figure 4-23: Switch Provider Multiple Service Locations



5. The **Provider Portal Secure Home** page appears with the selected Provider's identifiers. Refer to Figure 4-24.

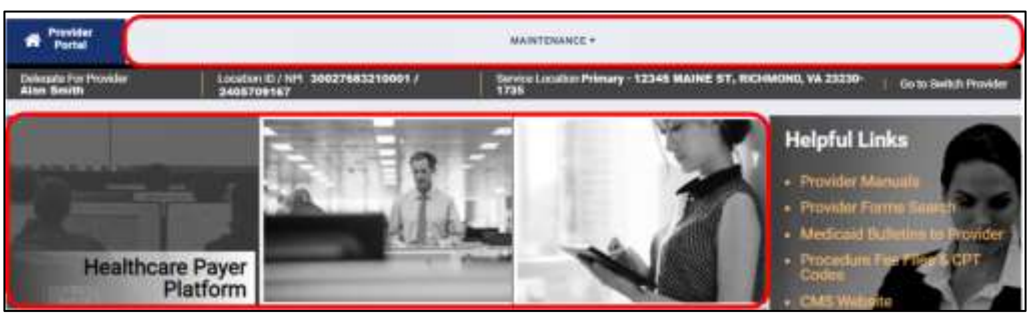
Figure 4-24: Delegate for Authorized Administrator



*Note: The The assigned delegate functions set by the Authorized Administrator determine what displays on your **Provider Portal Secure Home** page.*

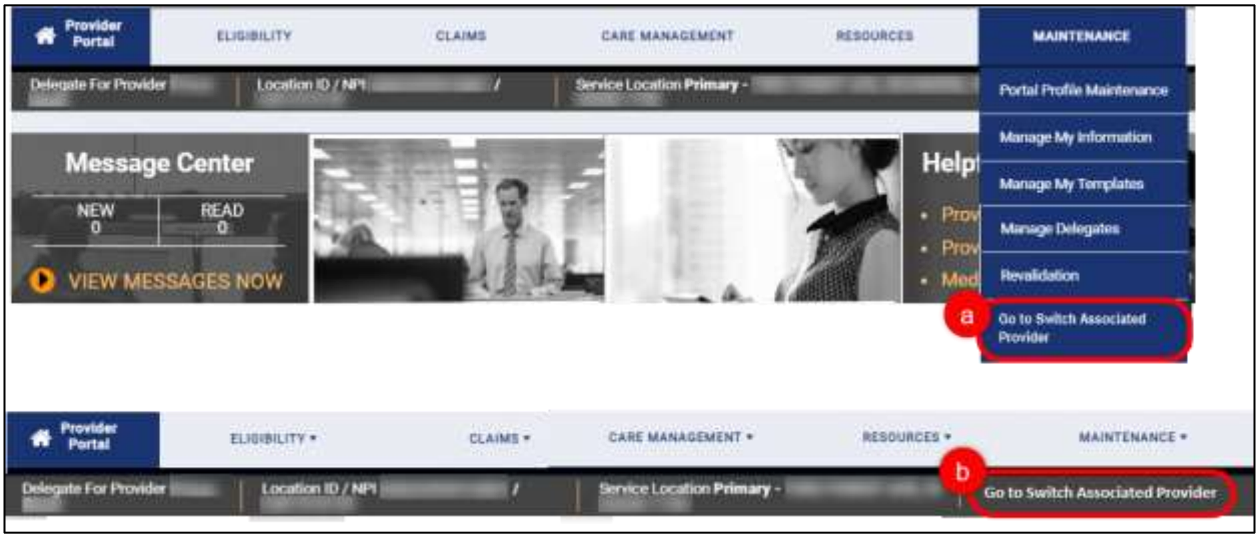
*For example, a Delegate with access only to the **Maintenance** functionality will not have **Navigation Menu** options for the other modules. Additionally, the **Module Tiles** will not be interactive. Refer to Figure 4-25.*

Figure 4-25: Example Delegate with Limited Access



6. To access a different Provider or Service Location, return to **Switch Provider**. Refer to Figure 4-26.
    a. From the **Navigation Menu**, select **Maintenance** then click **Switch Associated Provider**.
    b. From the **Provider Identifier** bar, click **Go to Switch Associated Provider**.

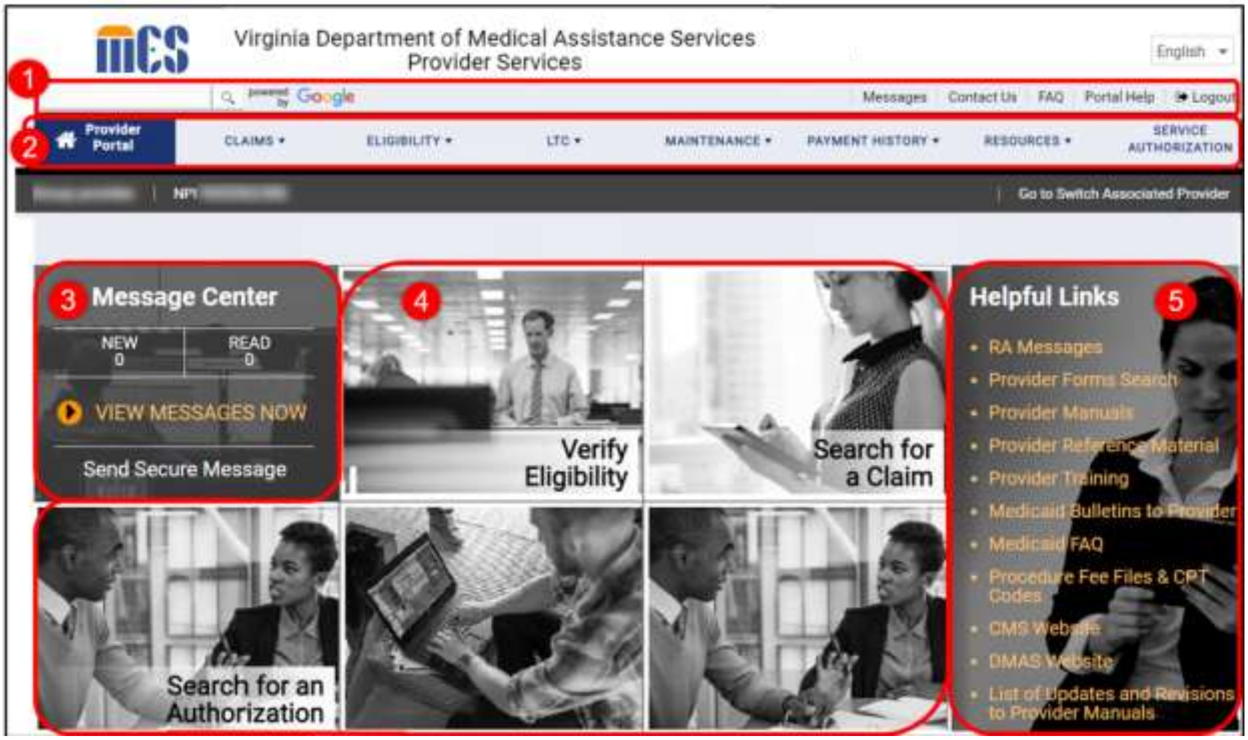
Figure 4-26: Delegate of Authorized Administrator Switch Provider



5. MES Secure Provider Portal Navigation

Access key system functionality and supporting resources from the **Provider Portal Secure Home** page. Refer to Figure 5-1.

Figure 5-1: Provider Portal Secure Home Page Overview



Each feature is described in this section of this guide.

1. At-a-Glance Bar
2. Navigation Menu
3. Message Center
4. Module Tiles
5. Helpful Links

There are four communication methods included in this section to help you submit and receive information. Use the communication method to connect with the correct support and receive the fastest responses. Refer to Table 5-1.

Table 5-1: Provider Portal Communication Methods

Location	Communication Method Description
At-a-Glance Bar > Messages	Read only messages that are visible to all applicable providers. These are system and informational messages.
At-a-Glance Bar > Contact Us	List of contact information for various departments as well as a hyperlink to send an email, including attachments, to the PRSS Enrollment and Management Clerks.
Message Center	Send and receive messages specific to your account and maintain conversation history. Use this for questions about maintaining your Provider information.
Helpful Links > Live Chat	Real-time access to send and receive messages specific to your account. This is only available to Providers enrolled in the Virginia (VA) Medicaid program during business hours.

5.1 At-a-Glance Bar

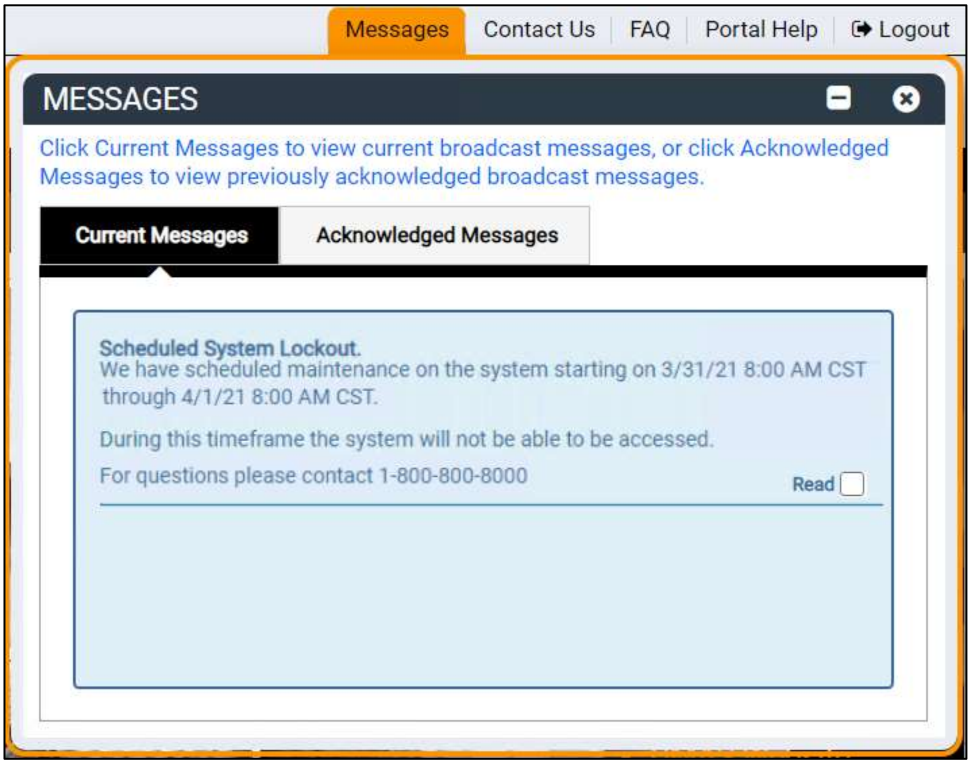
The **At-a-Glance Bar** displays throughout Provider Portal and provides overall system support. Refer to Figure 5-2 and Table 5-2 for an overview of the features. Refer to Figure 5-3 through Figure 5-9 for examples of each feature.

Figure 5-2: At-a-Glance Bar

Table 5-2: At-a-Glance Bar

Feature	Description
Search	Search for key terms directly from Provider Portal. Results related to Centers for Medicare & Medicaid Services (CMS) and Medicaid guidelines display first.
Messages	View broadcast messages related to system outages, system upgrades, new system features, important information messages, and various other reasons. Broadcast messages display when you log in and are organized by the highest priority then sorted by effective date, with the most recent date first, and then alphabetically by message text. Any messages that need to be acknowledged are considered highest priority and thus display at the top of **Current Messages**. Select the **Read** check box to acknowledge.
Contact Us	View how to contact various departments for provider support via email, phone (including an automated response line), or mail.
Frequently Asked Questions (FAQs)	View questions and answers related to common topics about or related to the information contained within Provider Portal.
Portal Help	View help topics about Provider Portal functionality and the kind of information available. Portal Help appears in a new window.
Logout	Securely log out of Provider Portal.

Figure 5-3: At-a-Glance Bar - Current Messages



*Note: Select the **Read** check box to acknowledge a **Current Message**.*

Figure 5-4: At-a-Glance Bar - Acknowledged Messages

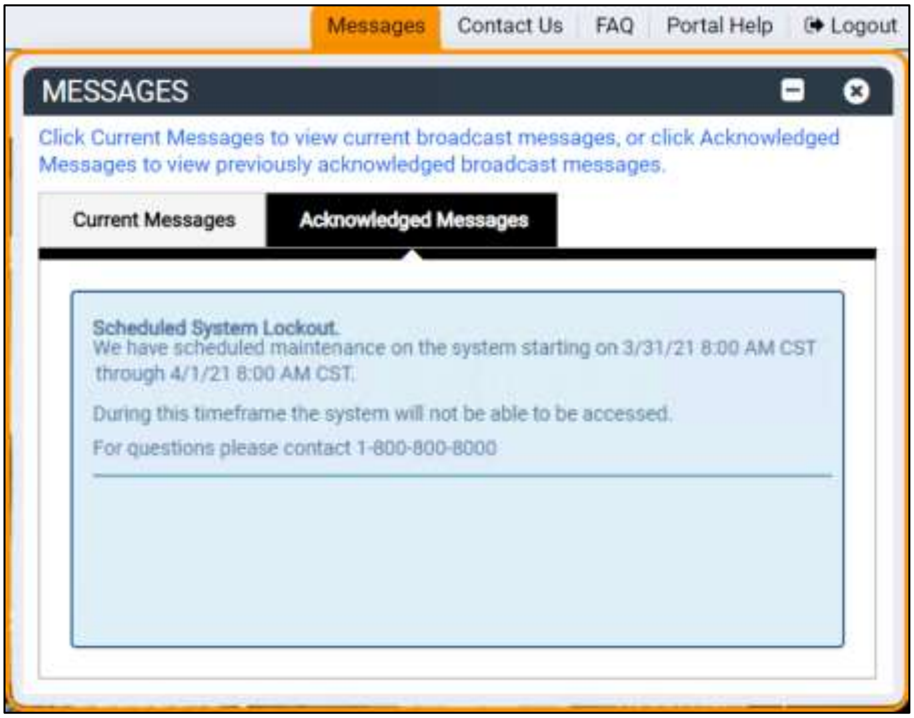
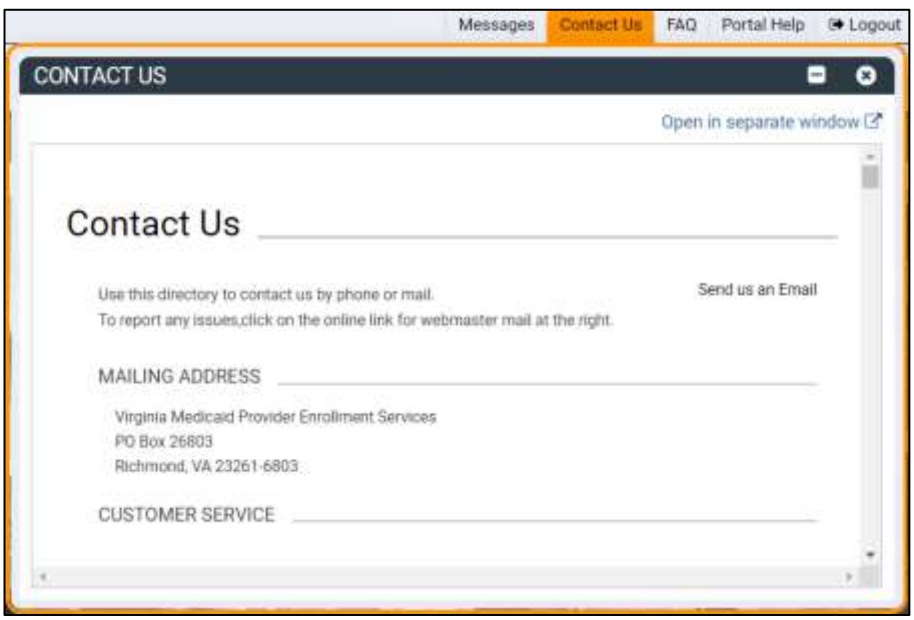


Figure 5-5: At-a-Glance Bar - Contact Us



*Note: The **Send us an Email** hyperlink is used to contact the PRSS Enrollment and Management Clerks. This is particularly helpful if you need to submit additional supporting attachments for your enrollment, revalidation, or change request. Alternately, you can send an email to VAMedicaidProviderEnrollment@gainwelltechnologies.com.*

Figure 5-6: At-a-Glance Bar - FAQ

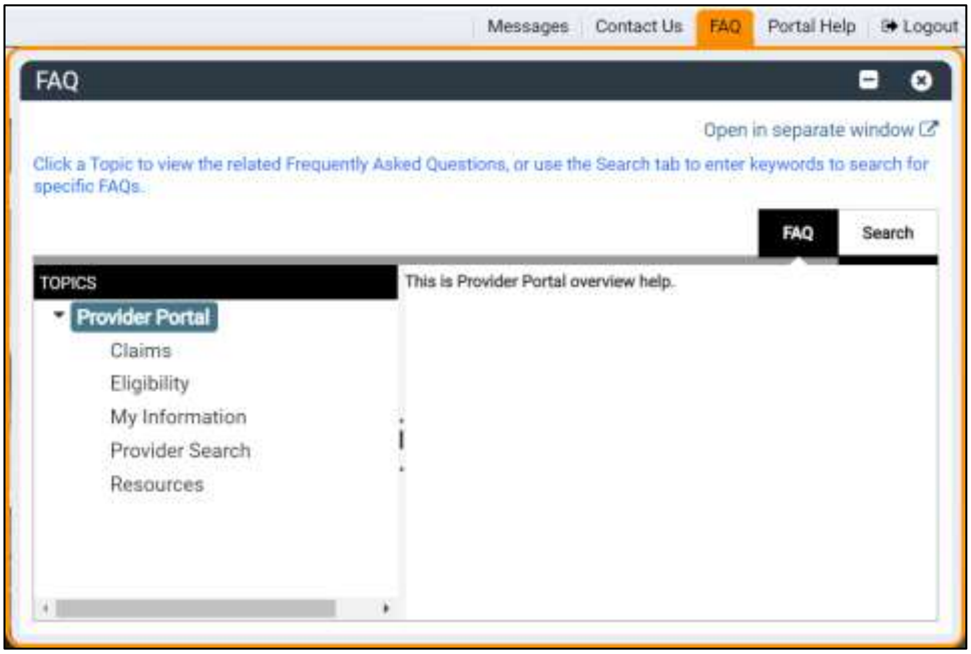


Figure 5-7: At-a-Glance Bar - FAQ Search

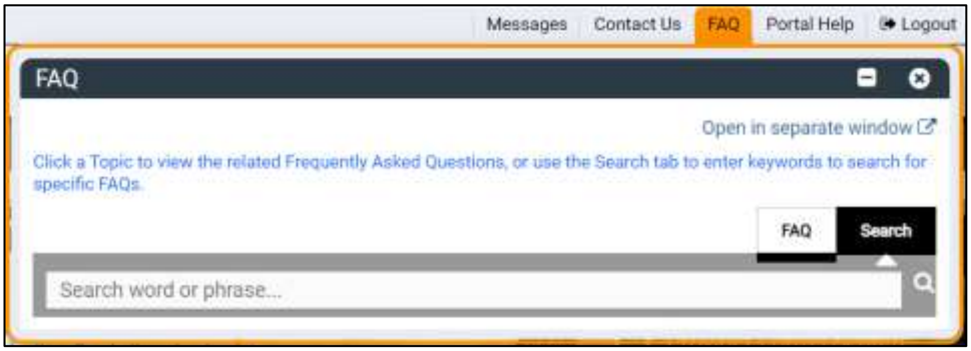


Figure 5-8: At-a-Glance Bar - Portal Help

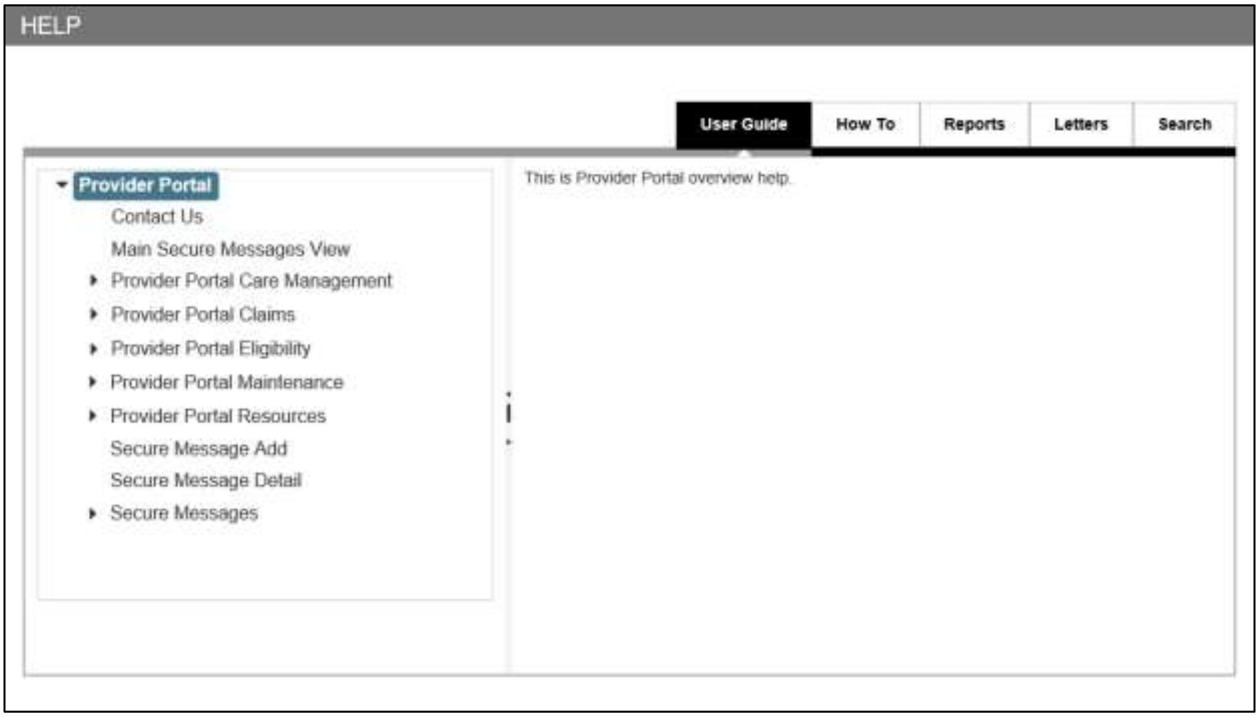


Figure 5-9: Successful Logout

5.2 Navigation Menu

The **Navigation Menu** displays throughout Provider Portal and provides easy access to all modules in the Provider Portal. Click a **Navigation Menu** tile to reveal sub-menus and click the option that you want.

Figure 5-10: Navigation Menu

Refer to Table 5-3 for descriptions of the modules available from the **Navigation Menu**.

Table 5-3: Provider Portal Modules

Module	Description
Provider Portal Home	Return to the Provider Portal Secure Home page.
Claims	Search for and submit claims.
Eligibility	Verify the eligibility of members.
LTC	Long-term care (LTC) information.
Maintenance	Manage your Provider Portal profile, your organizational information, assigned delegates, and revalidation process.
Payment History	View and search payment transactions.
Resources	Download specific files such as letters and notifications that have been sent to the Provider.
Service Authorization	Submit authorization determinations.

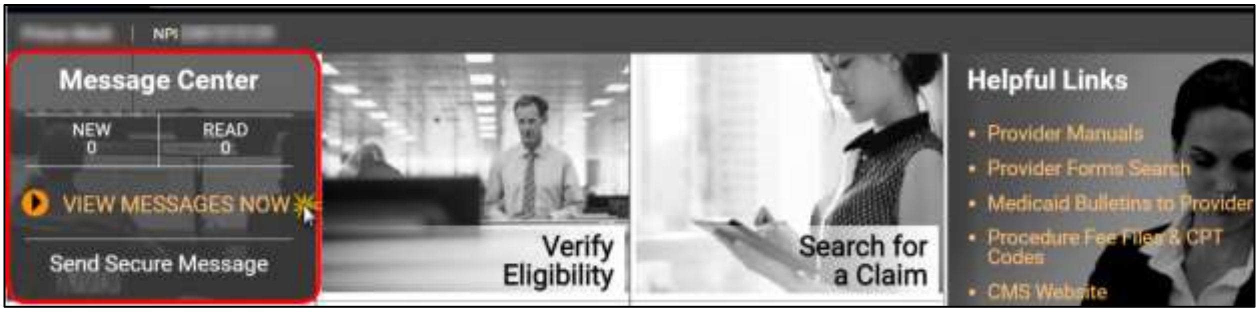
5.3 Message Center

The **Message Center** feature allows you to send, receive, and track secure messages to/from PRSS Enrollment and Management Clerks. The **Message Center** tile displays the message count and links to view and send messages.

5.3.1 Read a Message

1. From the **Message Center** tile, click the **VIEW MESSAGES NOW** hyperlink. Refer to Figure 5-11.

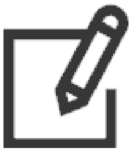
Figure 5-11: Message Center



*Note: Message Center is for secure correspondance specific to the Provider displayed on the **Provider Identifier** bar. Messages from the **At-a-Glance Bar** are more informational and appear for all applicable Providers.*

2. The **INBOX** window appears. Refer to Figure 5-12.

Figure 5-12: Inbox Window



Note: Primary Account Holders (PAHs) will see all messages sent for all Service Locations, including messages sent by their delegates.

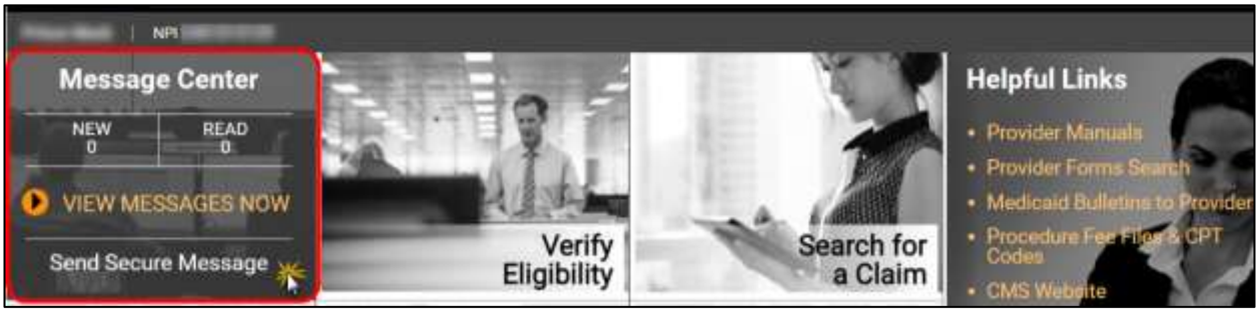
PAH Delegates will see messages that the delegate sent as well as PAH messages created specifically for the Service Location displayed in the Provider Identifier bar. If the PAH Delegate is assigned more than one Service Location, the delegate can use the switch provider functionality to view the location-specific messages.

3. Double-click a row to view the message.

5.3.2 Send a Message

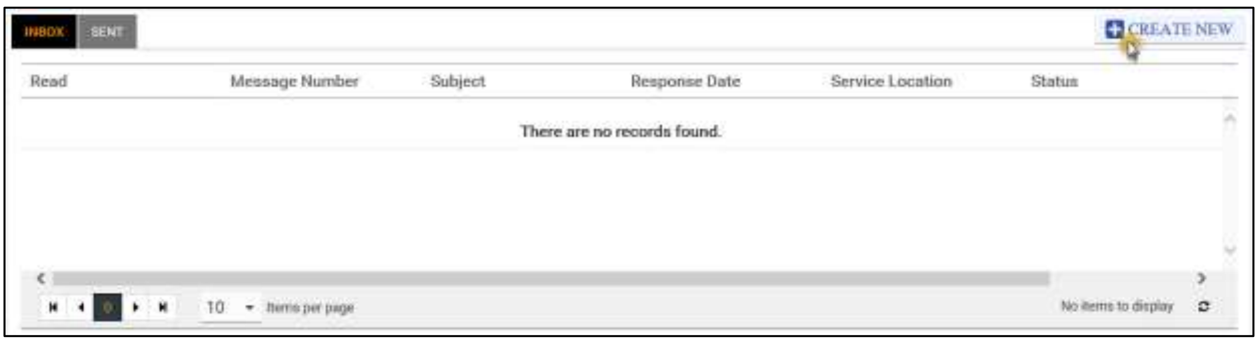
1. To send a message, complete either step.
   a. From the **Message Center** tile, click the **Send Secure Message** hyperlink. Refer to Figure 5-13.

Figure 5-13: Create Secure Message



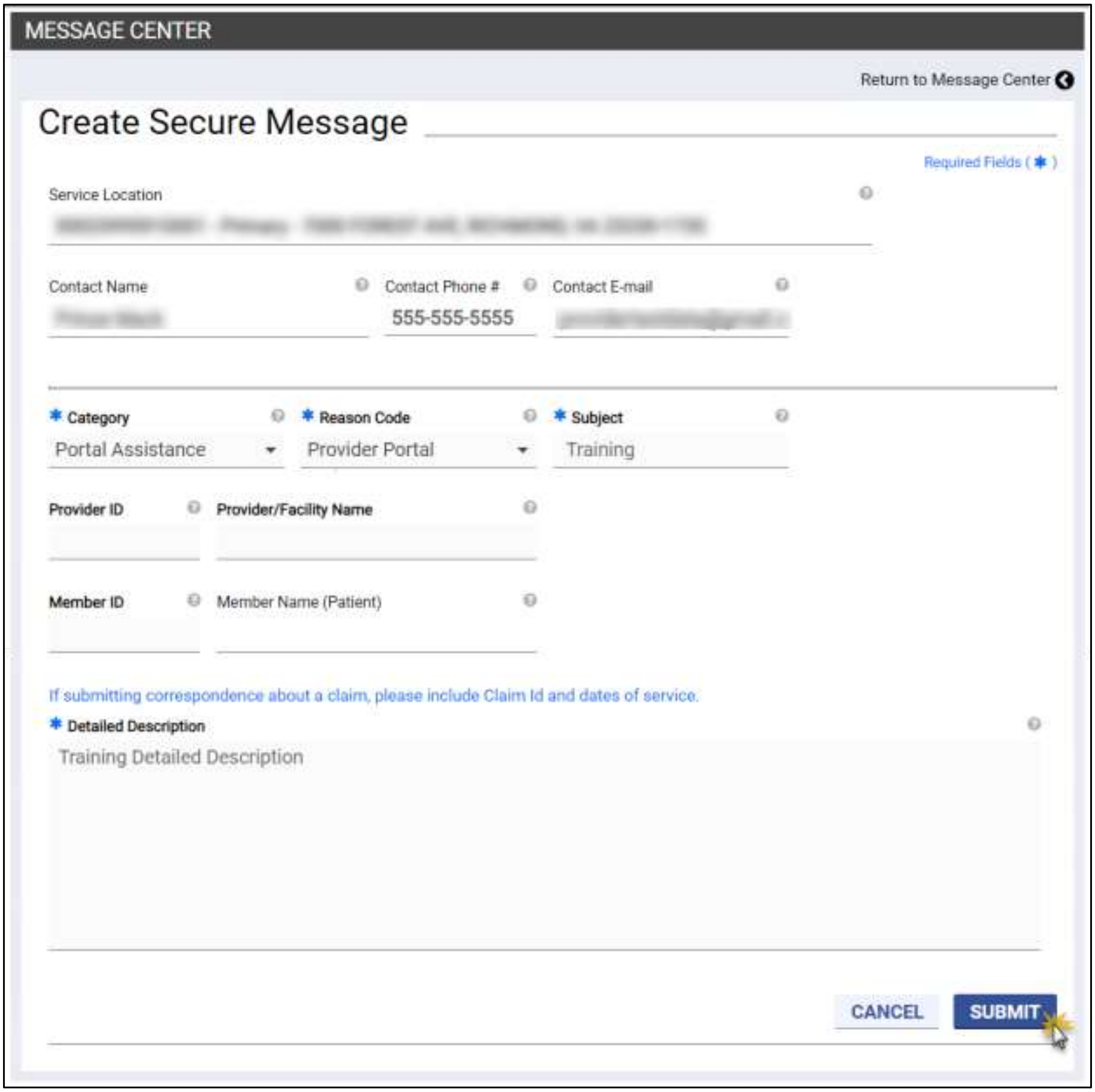
   b. From the **Message Center** tile, click the **VIEW MESSAGES NOW** hyperlink to open the **INBOX** window, then click **CREATE NEW**. Refer to Figure 5-14.

Figure 5-14: Create Secure Message



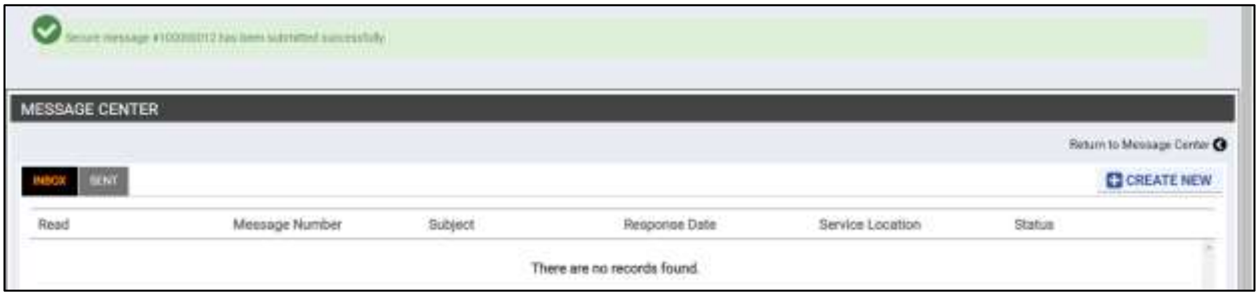
2. The **Create Secure Message** window appears. Enter details, then click **SUBMIT**. Refer to Figure 5-15.
   a. If you have more than one **Service Location** assigned, select the applicable location from the drop-down field.
   b. The contact information is linked to your **My Account Profile** and cannot be changed.
   c. **Category** and **Subject** are required and direct your message to the appropriate PRSS Enrollment and clerk.
   d. When a **Category** is selected, the **Reason Code** drop-down appears.

Figure 5-15: Create Secure Message Window



3. A confirmation message appears. Refer to Figure 5-16. Return to the Inbox to view correspondence.

Figure 5-16: Message Sent Confirmation



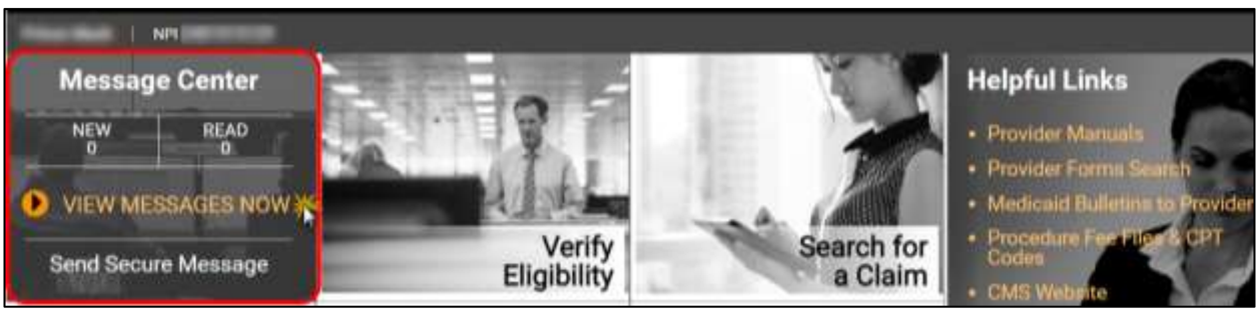
*Note: Secure messages are maintained in the **Message Center**. You WILL NOT receive an email or letter when correspondance is sent.*

*You WILL see a number under **New** in the **Message Center** tile when you log in to Provider Portal.*

5.3.3 View Sent Messages

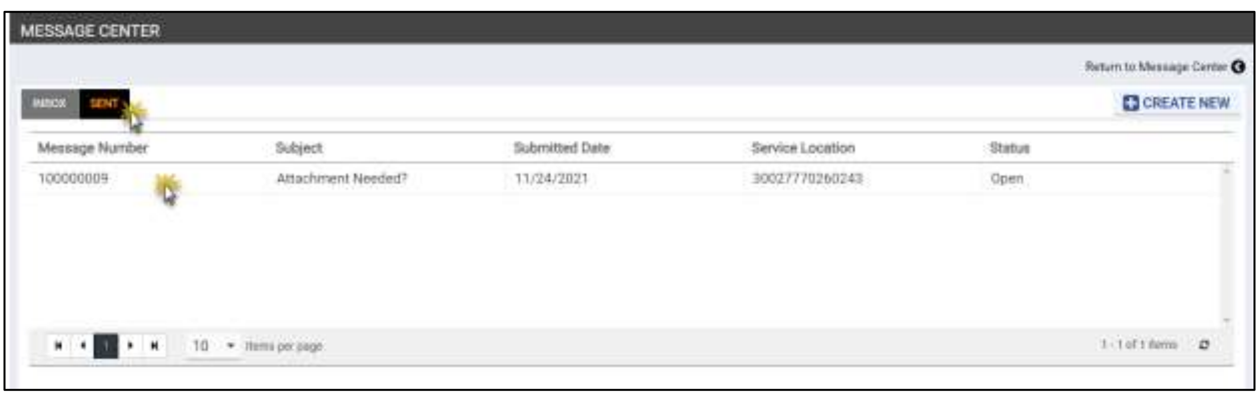
1. From the **Message Center** tile, click the **VIEW MESSAGES NOW** hyperlink. Refer to Figure 5-17.

Figure 5-17: Message Center



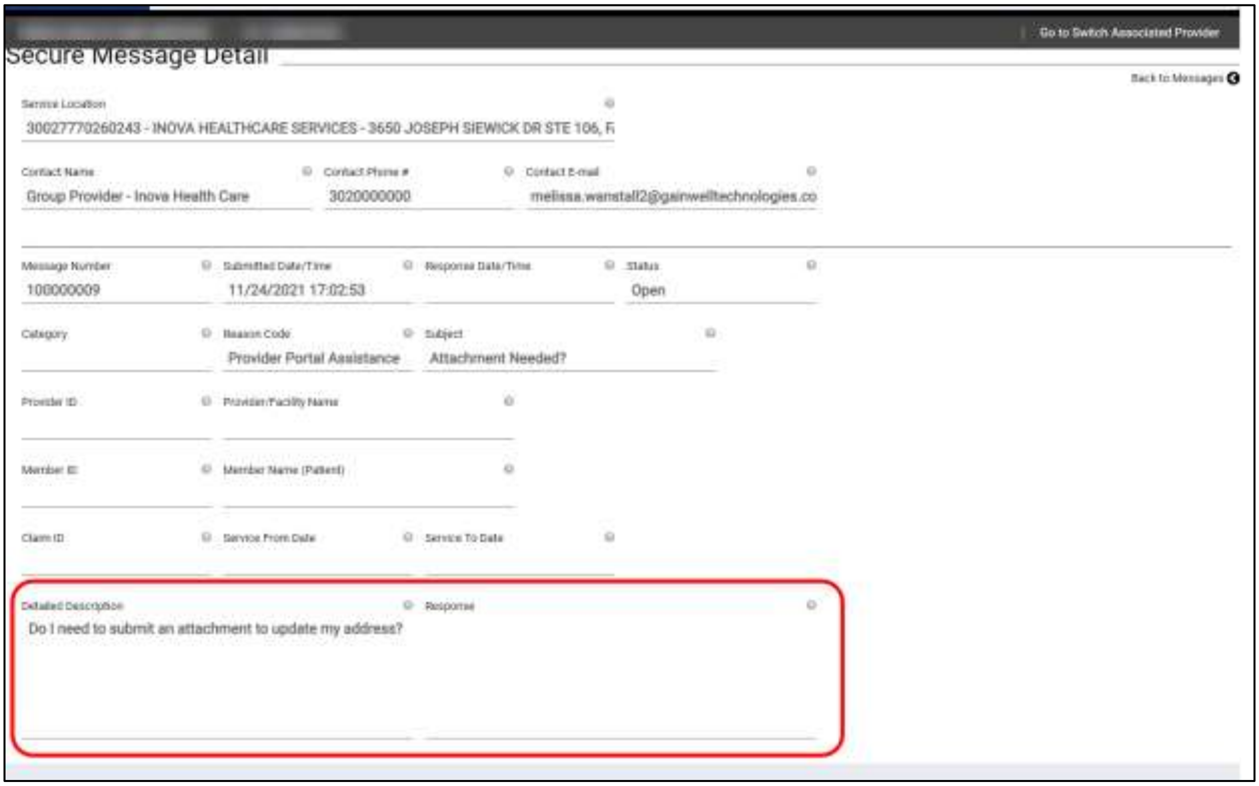
2. The **INBOX** window appears. Click the **SENT** tab to view a list of sent messages.
3. Double-click a record to view the message. Refer to Figure 5-18.

Figure 5-18: Sent Messages



4. The **Secure Message Detail** window appears with the message submission details and any responses. Refer to Figure 5-19.

Figure 5-19: Sent Secure Message Detail



5. Click **Back to Messages** to close the message. Refer to Figure 5-20.

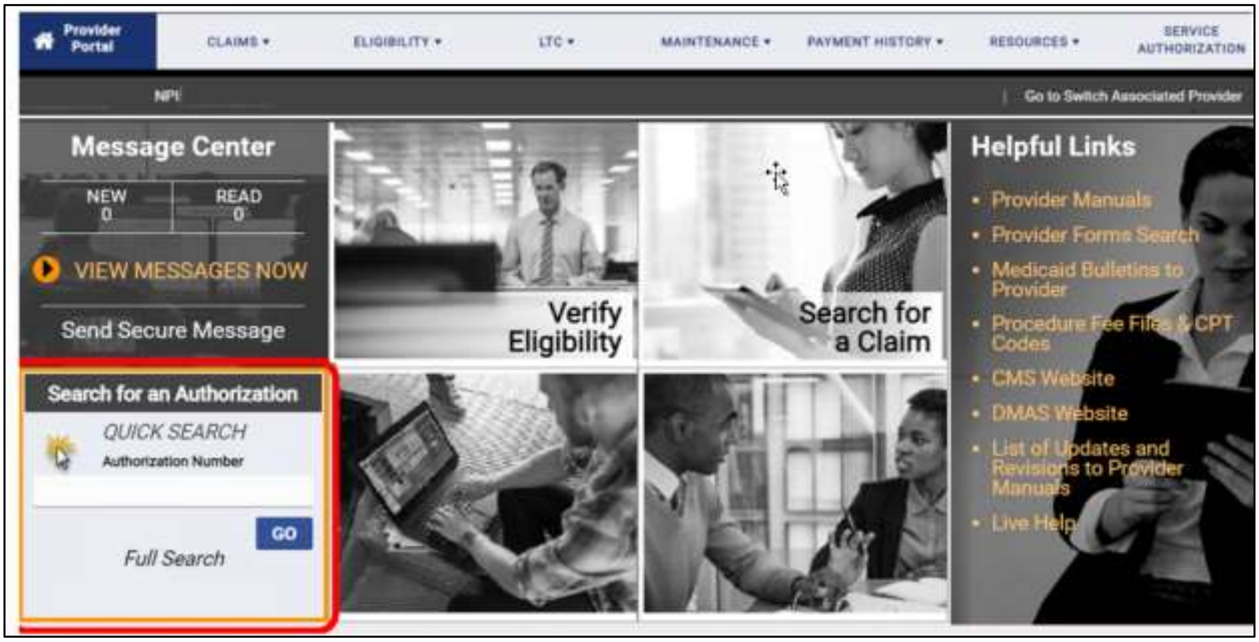
Figure 5-20: Close Message

5.4 Module Tiles

Module Tiles are quick access features related to features on the **Navigation Menu** and are available on the **Provider Portal Secure Home** page.

Click a Module Tile to reveal the quick access for the feature. Refer to Figure 5-21.

Figure 5-21: Module Tiles



Note: Delegates can only interact with the Module Tiles associated with access assigned to them by the Provider.

5.5 Helpful Links

The Helpful Links section includes quick access to supporting resources with hyperlinks to:

- RA Messages
- Provider Manuals
- Provider Forms Search
- Provider Search
- Medicaid Bulletins to Provider
- Procedure Fee Files & CPT Codes
- CMS Website
- DMAS Website
- List of Updates and Revisions to Provider Manuals

- Hospital Presumptive Eligibility
- Newborn/Newborn E-123
- Live Help

Refer to Figure 5-22.

Figure 5-22: Helpful Hints

5.5.1 Live Help

Live Help is an online service that allows you to chat in real-time with PRSS Enrollment and Management Clerks. Live Help provides instant online support.

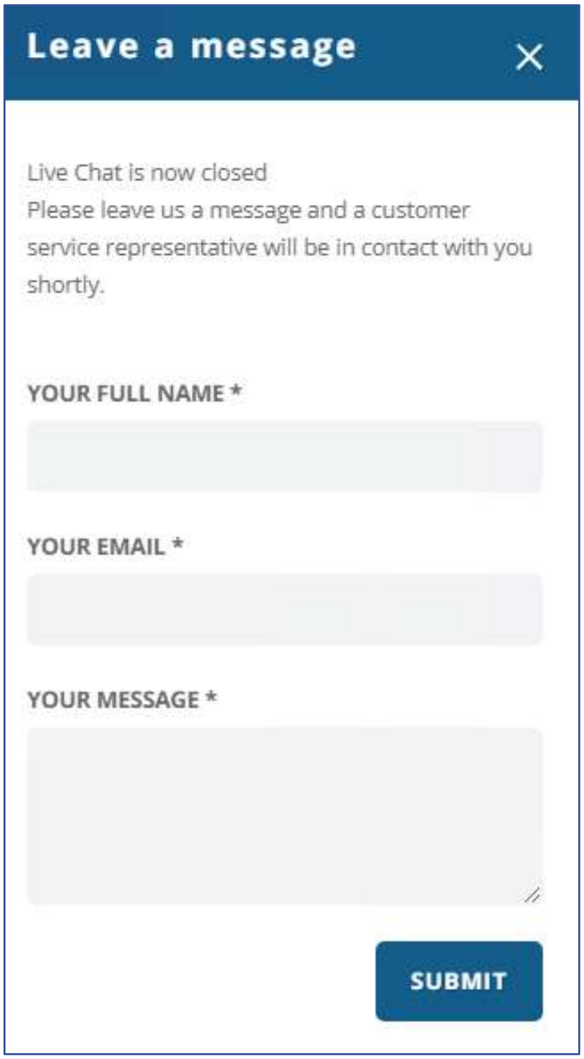
To use this service, complete the steps below:

1. From the **Helpful Links** section, click **Live Help**. Refer to Figure 5-23.

Figure 5-23: Live Help Link

2. The **Live Chat** window appears. Complete the fields, then click **Submit**. Refer to Figure 5-24.

Figure 5-24: Live Chart



5.6 Interactive Features

Interactive features enable you to perform certain actions. The available interactive features depend on the functionality in the window. Refer to Table 5-4 for a listing and description of the interactive features.

Table 5-4: Interactive Features

Name	Icon(s)	Description
Action Button	SUBMIT	Action buttons are labeled to Submit, Edit, Save, Cancel, Inactivate, or perform a more specialized action such as Add Registered Delegate. Reset buttons revert entered information to the most recent saved values. Previous and Next buttons navigate between steps.
Calendar		Click the icon to open a calendar and select a date.
Drop-down Field	select a value...	Click the drop-down icon to view and select an option.
Expand & Collapse	Expand All | Collapse All	Expand or collapse details in a section. For sections with multiple expand and collapse icons, Expand All and Collapse all apply to all items in that section.
Export	EXPORT TO EXCEL EXPORT TO PDF	Downloads the table results in the format indicated on the button. Verify that pop-up blockers allow downloads and follow instructions to save or open the file.
Filter		Opens filter options for search results. Filters do not apply to all columns.
Paging	1 2 3 ...	Navigate through search results using arrows or page numbers.
Required	*	Indicates information must be entered in the field to save or continue.
Show Inactives	Show Inactives	Select the check box to toggle inactive records to show or hide in a table.
Sort		Sorts search results column in ascending or descending order. Sorting does not apply to all columns.
Text Field	Primary	Enter text to complete the field.
Tooltip		Move over the icon to display help text for the field.

5.7 Error Messages

If you try to save or submit a change that is missing required information or if the change is not allowed based on other entered information, an error message appears. The error message may be at the field level or at the window level, so be sure to scroll through the entire window to verify if an error message appeared.

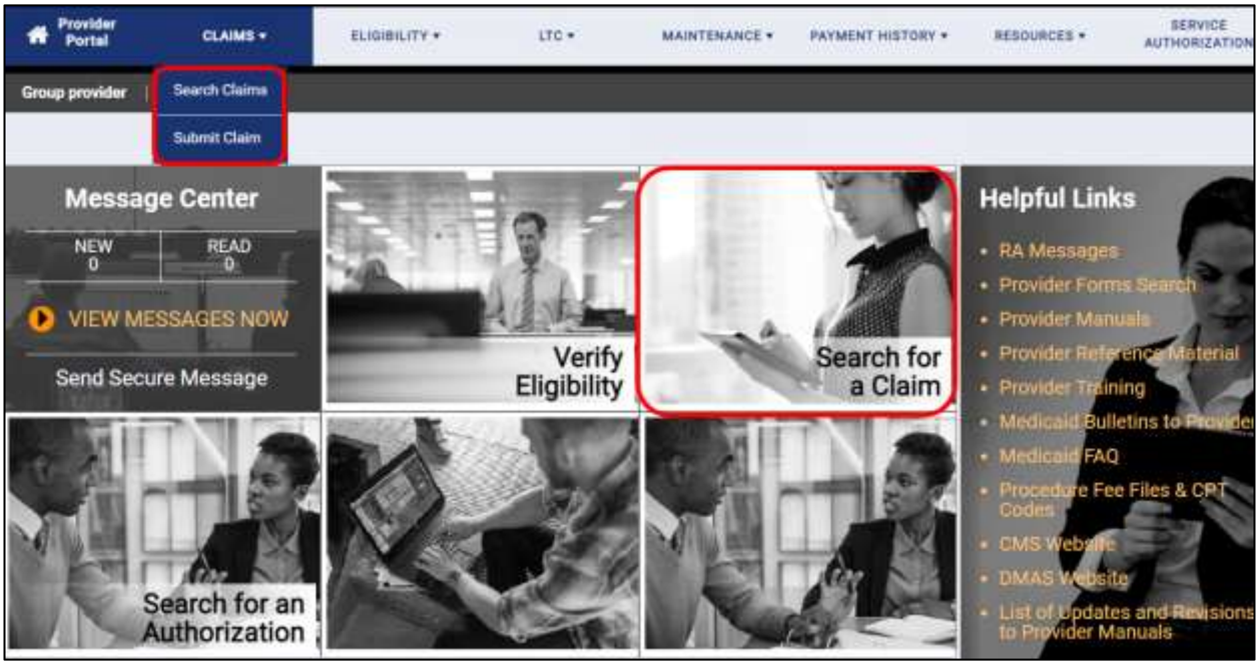
6. Claims

This module allows you to search for existing claims or submit claims. You will be redirected to an external resource that appears in a new window.

To search for a claim, complete either step. Refer to Figure 6-1.

1. From the **Navigation Menu**, click **Claims** then **Search Claims**.
2. From the **Module Tile**, click **Search for a Claim** then follow the link.

Figure 6-1: Search for Claims



7. Eligibility

This module allows you to verify if members meet the qualifications for a particular benefit. You will be redirected to an external resource which appears in a new window.

To access member eligibility verification, complete either step. Refer to Figure 7-1.

1. From the **Navigation Menu**, click **Eligibility** then **Verification**.
2. From the **Module Tile**, click **Verify Eligibility** then follow the link.

Figure 7-1: Eligibility Verification

8. Long-Term Care (LTC)

This module allows you add new and view existing LTC segments for members.

9. Maintenance

This module allows you to view and maintain your provider information as well as additional management activities such as managing delegates and accessing revalidation.

9.1 Portal Profile Maintenance - Provider

1. From the **Navigation Menu**, click **Maintenance** then **Portal Profile Maintenance**. Refer to Figure 9-1.

Figure 9-1: Portal Profile Maintenance

2. The **My Account Profile** window appears with your profile information. Refer to
3. Figure 9-2.

Figure 9-2: View My Account Profile

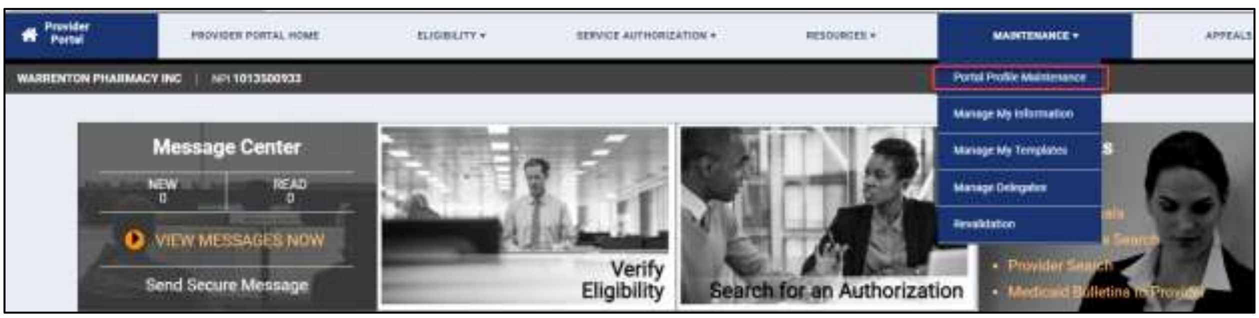
4. *Optional:* Update your provider profile information.
   a. Click **Edit** to enable the fields.
   b. Enter updates, then click **SAVE**. Refer to Figure 9-3.

Figure 9-3: Edit My Account Profile

9.2 Portal Profile Maintenance - Delegate

1. From the **Navigation Menu**, click **Maintenance** then **Portal Profile Maintenance**. Refer to Figure 9-4.

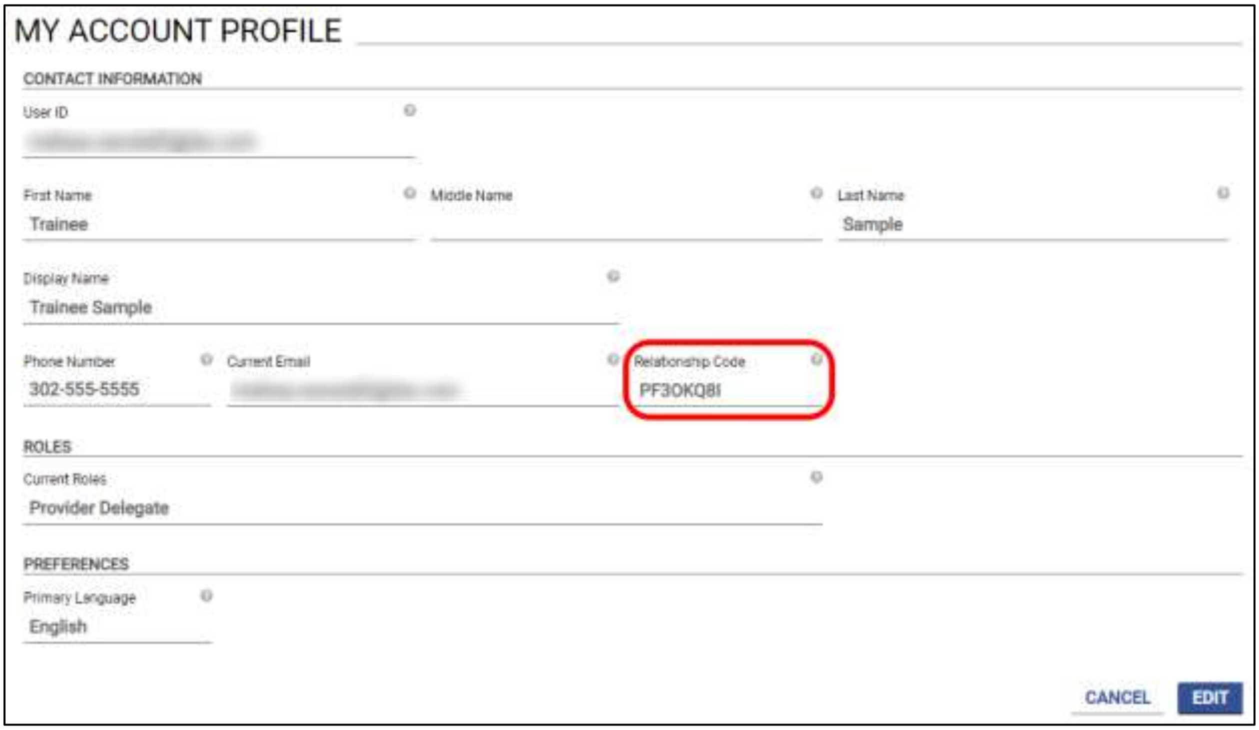
Figure 9-4: Delegate - Portal Profile Maintenance



2. The **My Account Profile** window appears with your profile information. Refer to Figure 9-5.

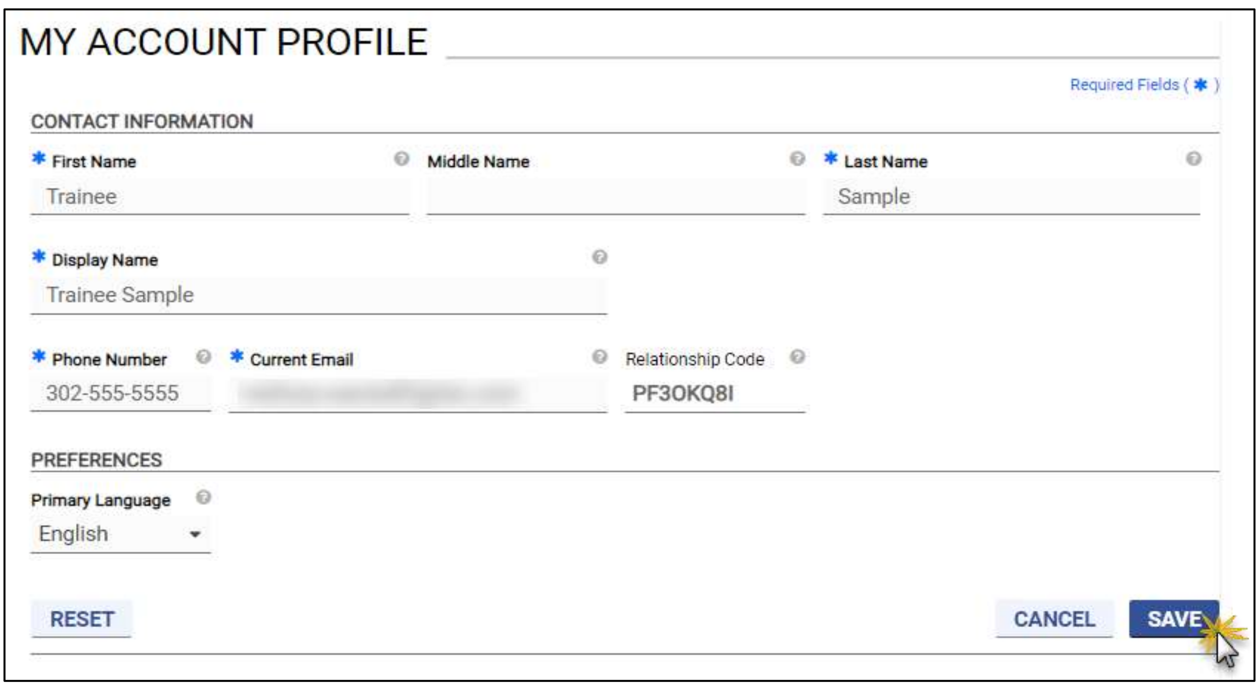
*Note: A Registered Delegate must give the **Relationship Code** to additional Providers to be added as a Delegate. If you do not see an expected Provider on your **Switch Providers** window, contact the Provider with this **Relationship Code** and ask to be added as a Delegate.*

Figure 9-5: Delegate - My Account Profile



3. *Optional:* Update your delegate profile information.
    a. Click **Edit** to enable the fields.
    b. Enter updates, then click **SAVE**. Refer to Figure 9-6.

Figure 9-6: Delegate - Edit my Account Profile



9.3 Manage My Information

9.3.1 Manage My Information Navigation

1. From the **Navigation Menu**, click **Maintenance** then **Manage My Information**. Refer to Figure 9-7.

Figure 9-7: Manage My Information Menu

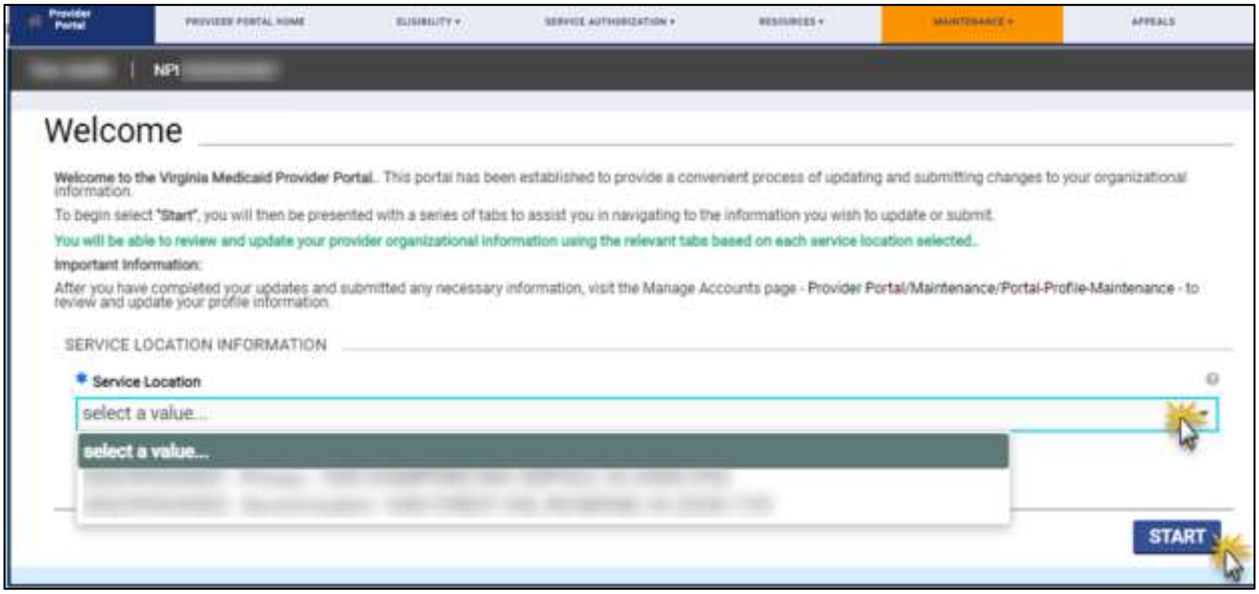
Note: If you are a Delegate with access or an Authorized Administrator, you can update maintenance information on behalf of the Provider.

Verify that the correct Provider is selected. Refer to **Error! Reference source not found.**. *Refer to Sections* ***4.3 - Switch Provider – Delegates***, ***4.4 - Switch Provider – Authorized Administrators****, or* ***4.5 - Switch Provider – Delegates for Authorized Administrators*** *for instructions to switch Providers if you need to make a change.*

Figure 9 8: Provider Identifier Bar

2. The **Manage My Information Welcome** window appears. If you have more than one **Service Location** option, select your desired **Service Location** from the drop-down list. Click **START**. Refer to Figure 9-8.

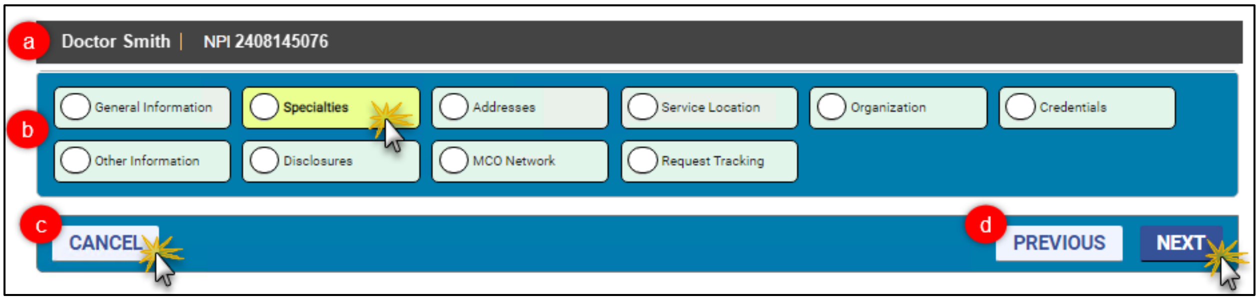
Figure 9-8: Manage My Information Welcome Page



Note: Group Service Locations must be viewed from the Affiliations tab.

3. Navigate to the desired module to view or update information. Refer to Figure 9-9.
   a. Indicates the Provider name and the National Provider Identifier (NPI) for the information in this module.
   b. Click the tile to navigate to a specific module.
   c. Click **CANCEL** to discard your changes since your last save.
   d. Click **PREVIOUS** or **NEXT** to move to the previous or next module.

Figure 9-9: Manage My Information Navigation



Note: The tiles that display are based on the Provider's enrollment type and other enrollment details. All modules are listed in this guide but not all will be applicable to the provider information that you are viewing in Provider Portal.

9.3.1.1 Add/Edit Field Information

Unless otherwise noted, the steps to edit information are the same for all **Manage My Information** windows.

1. From the desired module, select the field(s) to edit.

*Note: For descriptions of field types, refer to Section **5.6 - Interactive Features**.*

2. Click **SAVE** in the section. Refer to Figure 9-10.

*Note: If the change requires processing, it will NOT display in the section until approved. Refer to Section **9.3.1.5 - Track Changes** to track your request.*

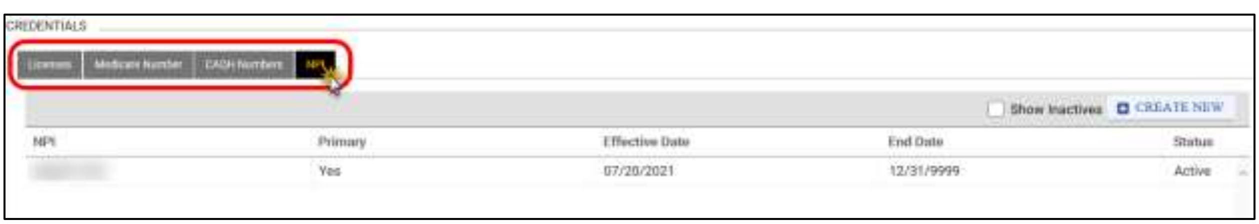
Figure 9-10: Manage My Information Field Update

9.3.1.2 Add Table Information

Unless otherwise noted, the steps to edit information are the same for all **Manage My Information** windows.

1. If a table has multiple tabs, click the tab for the desired information. Refer to Figure 9-11.

Figure 9-11: Table Tabs Example

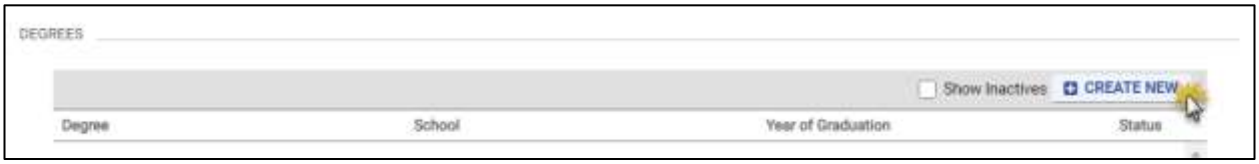


2. *Optional:* View the information in the table. Use the sort and filter features included in Section **5.6 - Interactive Features** to more easily find the desired information.

Note: Table view allows you to see all of the records at once. However, to maximize visibility, some fields may not display in this view. To view all fields for a record, continue to the next step in this section.

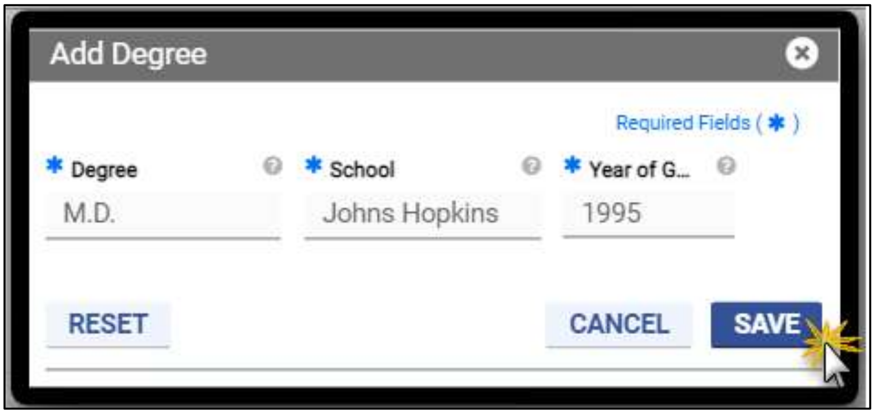
3. In the table header, click **CREATE NEW** to add, modify, or inactivate a record. Refer to Figure 9-12.

Figure 9-12: Create New Example



4. A window appears with the applicable fields. Complete the fields then click **SAVE**. Refer to Figure 9-13.

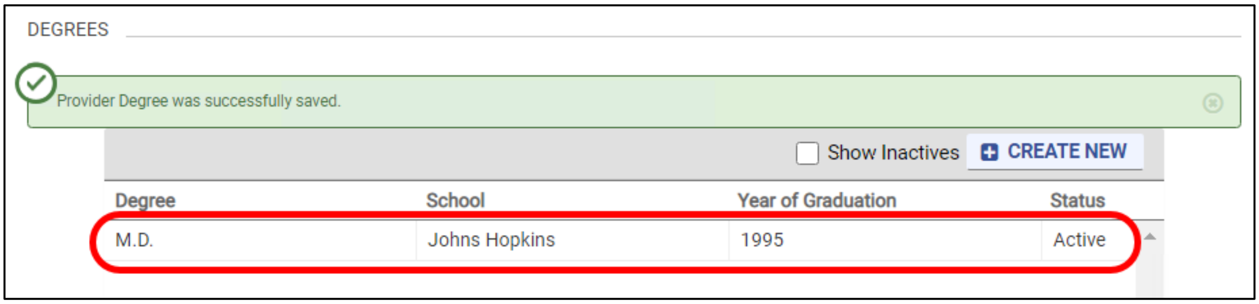
Figure 9-13: Create Record Example



5. A success message displays, and the record appears in the table. Refer to Figure 9-14.

*Note: If the new record requires processing, it will NOT display until approved. Refer to Section **9.3.1.5 - Track Changes** to track your request.*

Figure 9-14: Saved Record Example

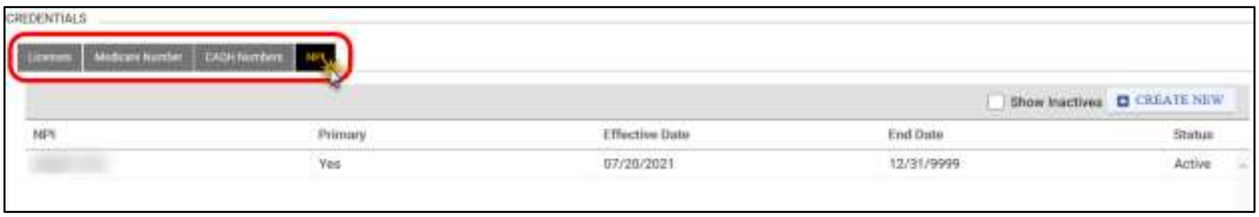


9.3.1.3 View/Edit/Inactivate Table Information

Unless otherwise noted, the steps to edit information are the same for all **Manage My Information** windows.

1. If a table has multiple tabs, click the tab for the desired information. Refer to Figure 9-15.

Figure 9-15: Table Tabs Example

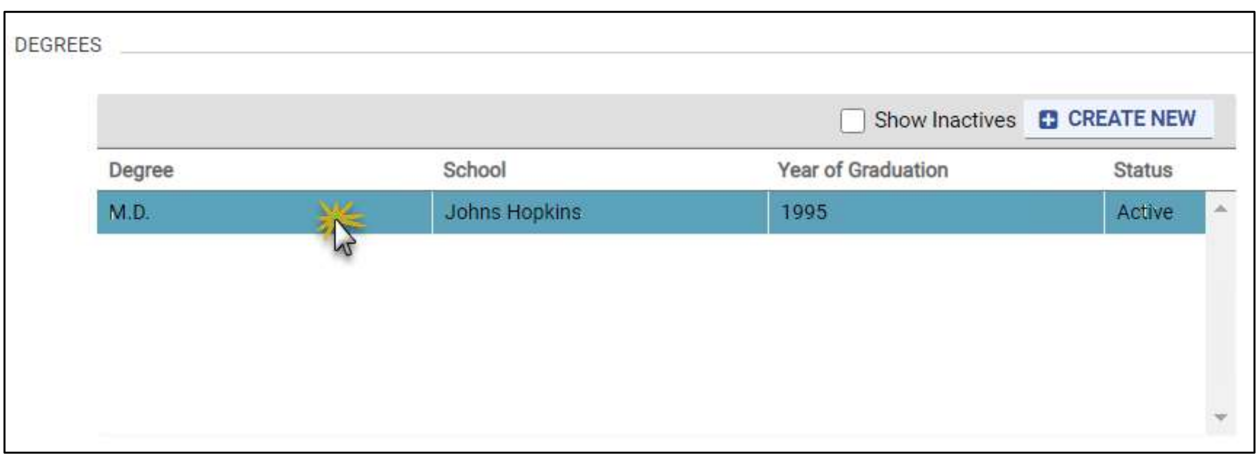


2. *Optional:* View the information in the table. Use the sort and filter features included in Section **5.6 - Interactive Features** to more easily find your desired information.

*Note: Table view allows you to see multiple records at once. However, to maximize visibility, some fields may not display in this view. To view all fields for a record, refer to Section **9.3.1.3 - View/Edit/Inactivate Table Information**.*

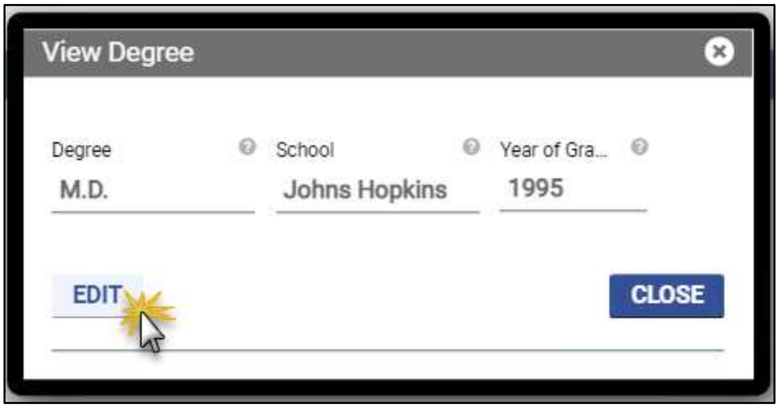
3. From the table records, click a specific row to view more details. Refer to Figure 9-16.

Figure 9-16: Open Table Record Example



4. The record detail window appears. Click **EDIT**. Refer to Figure 9-17.

Figure 9-17: Edit Table Record Example



5. Edit or inactivate the record.

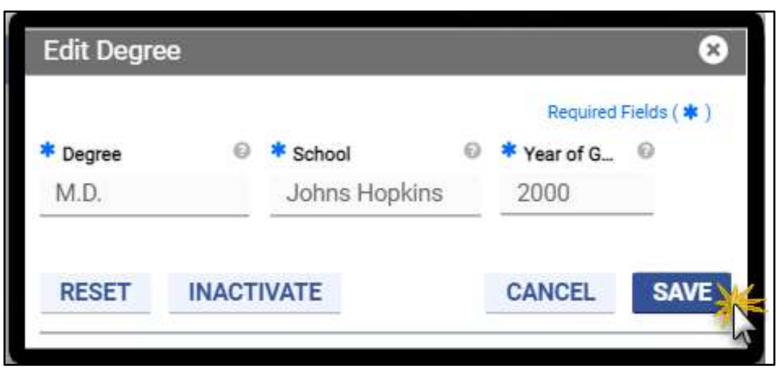
Note: Know the difference between End Dating and Inactivating

- *Edit the **End Date** field to indicate a record that will no longer be applicable such as an expiring license.*
- *Inactivate a record only if the record was entered incorrectly and the correction is not allowed by editing fields.*

*Note: If the change requires processing, it will NOT display until approved. Refer to Section **9.3.1.5 - Track Changes** to track your request.*

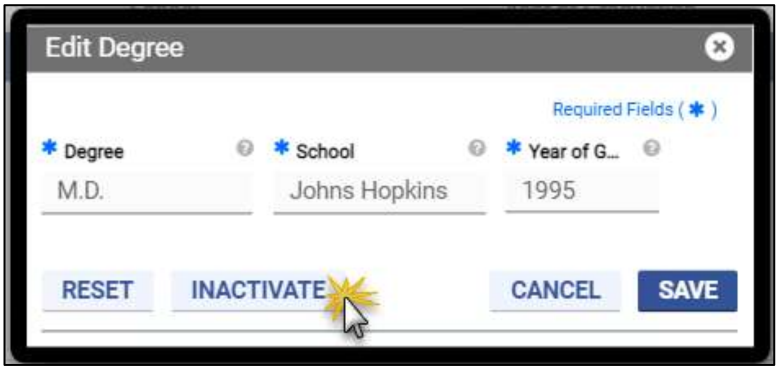
a. Edit the field(s) and click **SAVE**. Refer to Figure 9-18. A success message displays, and changes reflect in the table records.

Figure 9-18: Edit Table Record Example



b. Click **INACTIVATE**. Refer to Figure 9-19. A success message displays, and the record is removed from the table.

Figure 9-19: Inactivate Table Record Example



Note: Records can be inactivated to indicate incorrect information but not deleted. This allows an audit trail with changes to be maintained.

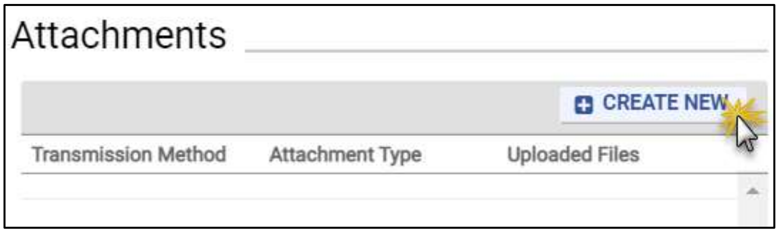
9.3.1.4 Add Attachments

Add attachments to support change requests. Some changes require attachments to be saved. Attachment sections may appear on module pages or on add or edit windows; the steps are the same.

Unless otherwise noted, the steps to edit information are the same for all **Manage My Information** windows.

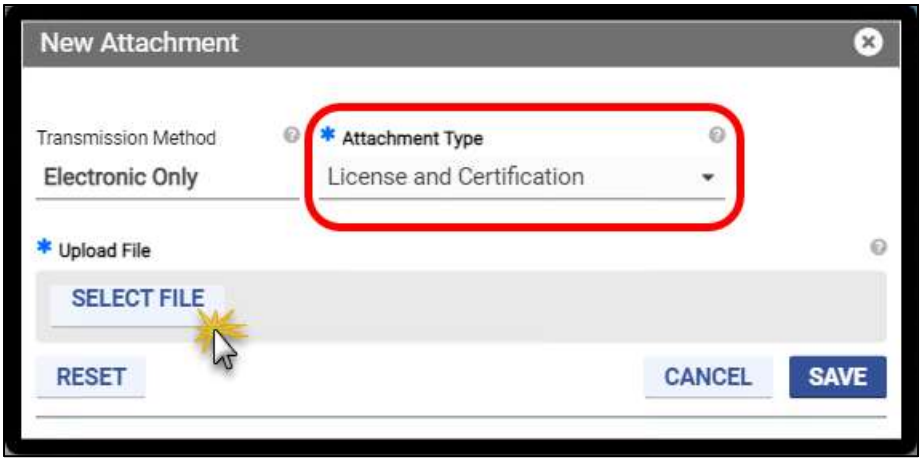
1. Click **CREATE NEW**. Refer to Figure 9-20.

Figure 9-20: Create New Attachment



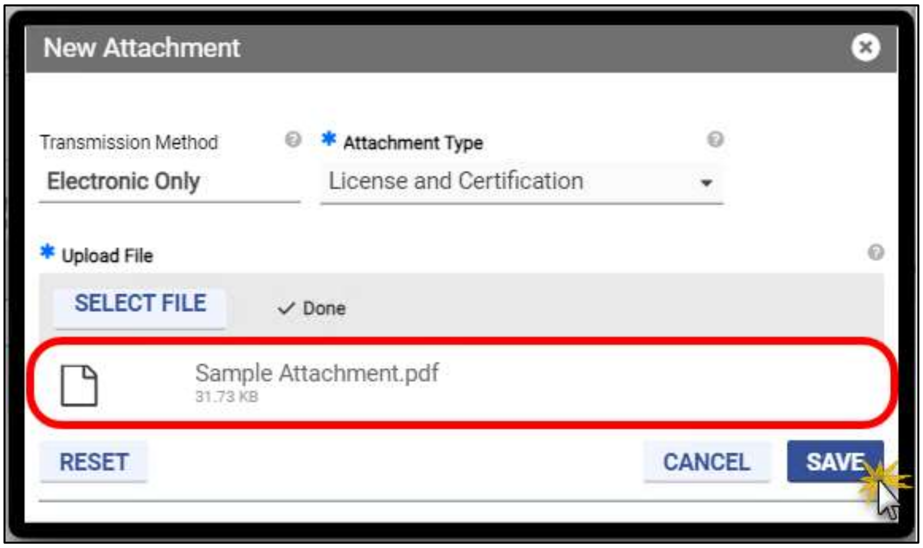
2. Select the **Attachment Type** then click **SELECT FILE**. Refer to Figure 9-21.

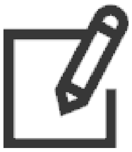
Figure 9-21: Select File Attachment



3. Follow the prompts to select the file from your computer to upload the file. Once you upload the file, click **SAVE**. Refer to Figure 9-22.

Figure 9-22: Save Attachment

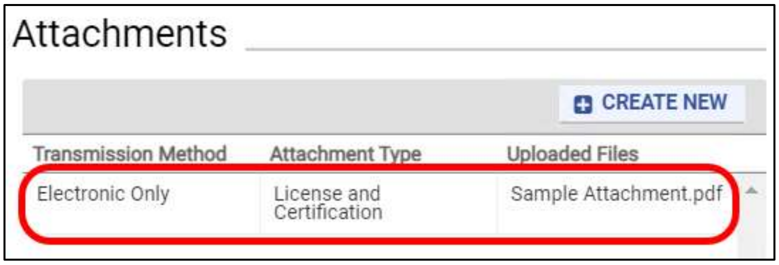




Note: Accepted Attachment Types are .pdf, .jpeg, .png, .doc, and .docx.

4. The attachment displays in the list. Refer to Figure 9-23.

Figure 9-23: Added Attachment



9.3.1.5 Track Changes

When changes are saved, there are two different types of messages, **Successfully Saved** and **Successfully Submitted for Processing**.

a. **Successfully Saved**: Indicates that changes are immediately reflected in Provider Portal.
b. **Successfully Submitted for Processing**: Indicates that approval is required before the change(s) display in Provider Portal. These messages include a **Transaction ID**.

Note: It is the Provider's responsibility to verify that requested changes have been approved before incorporating the change into their business practices.

If a change is rejected and the change is still desired, it is the Provider's responsibility to make adjustments and create a new request.

Know these points for change requests that require processing:

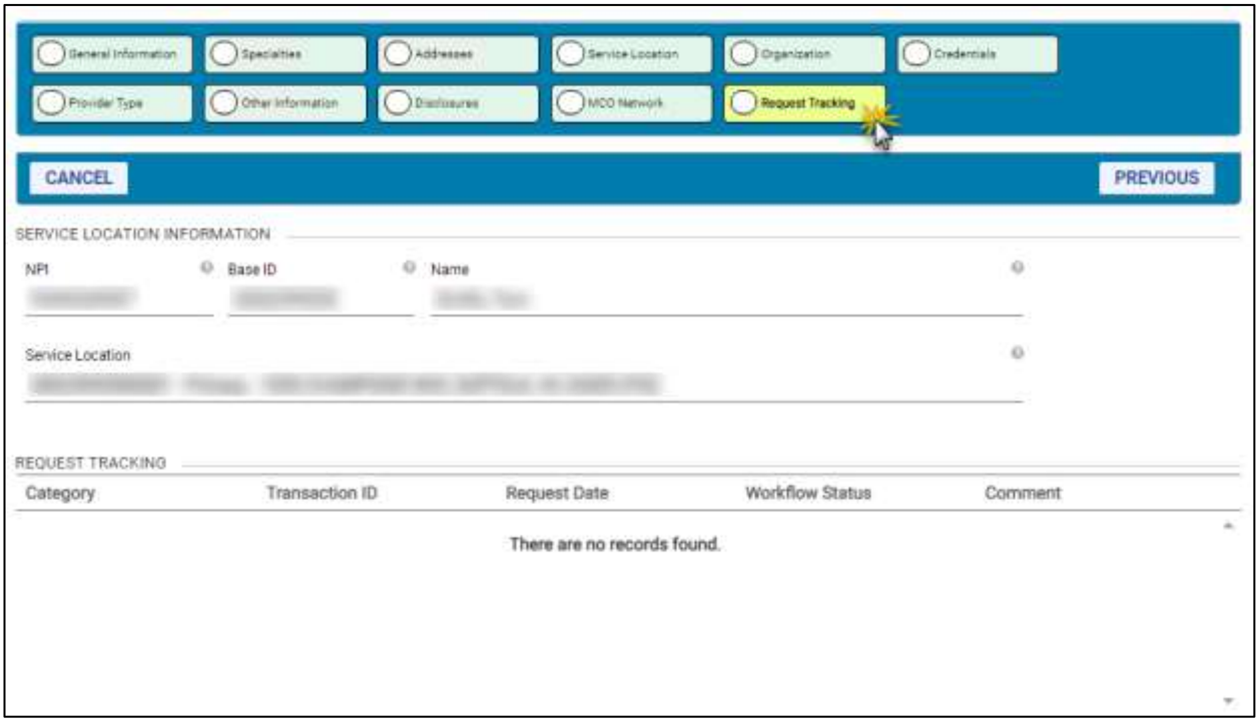
- Change requests must be reviewed by PRSS Enrollment and Management Clerks, and additional information may be requested to approve the change.
- The time to process your request will vary based on its complexity and the volume of submissions in the queue.
- Change requests for the same type of information cannot be submitted until the existing update is approved or rejected.
- View the status of your request, including comments from PRSS Enrollment and Management Clerks, in the **Request Tracking** module. Refer to Table 9-1 and Figure 9-24.

Table 9-1: Request Tracking Status

Workflow Status	Description
In Process	Pending review by PRSS Enrollment and Management Clerk.
Approved	Change is accepted and has been updated in **Manage My Information**.
Rejected	Change is rejected and no changes have been made. If the change is still desired, the Provider must submit a new request that addresses the comments. The original change CANNOT be resubmitted with a change. If an explanation is needed to support the request, send an email to VAMedicaidProviderEnrollment@gainwelltechnologies.com with the reasoning before submitting a new request.

*Note: Use the **Message Center** or **Live Help** to inquire about your change request. Include the **Transaction ID** for the fastest response.*

Figure 9-24: Request Tracking



9.3.2 General Information

The General Information window contains information about your Provider's initial enrollment, identifying information, degrees, and Electronic Funds Transfer (EFT) status. Refer to Figure 9-25.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-2 for a list of fields that can be viewed or edited in the **General Information** module.

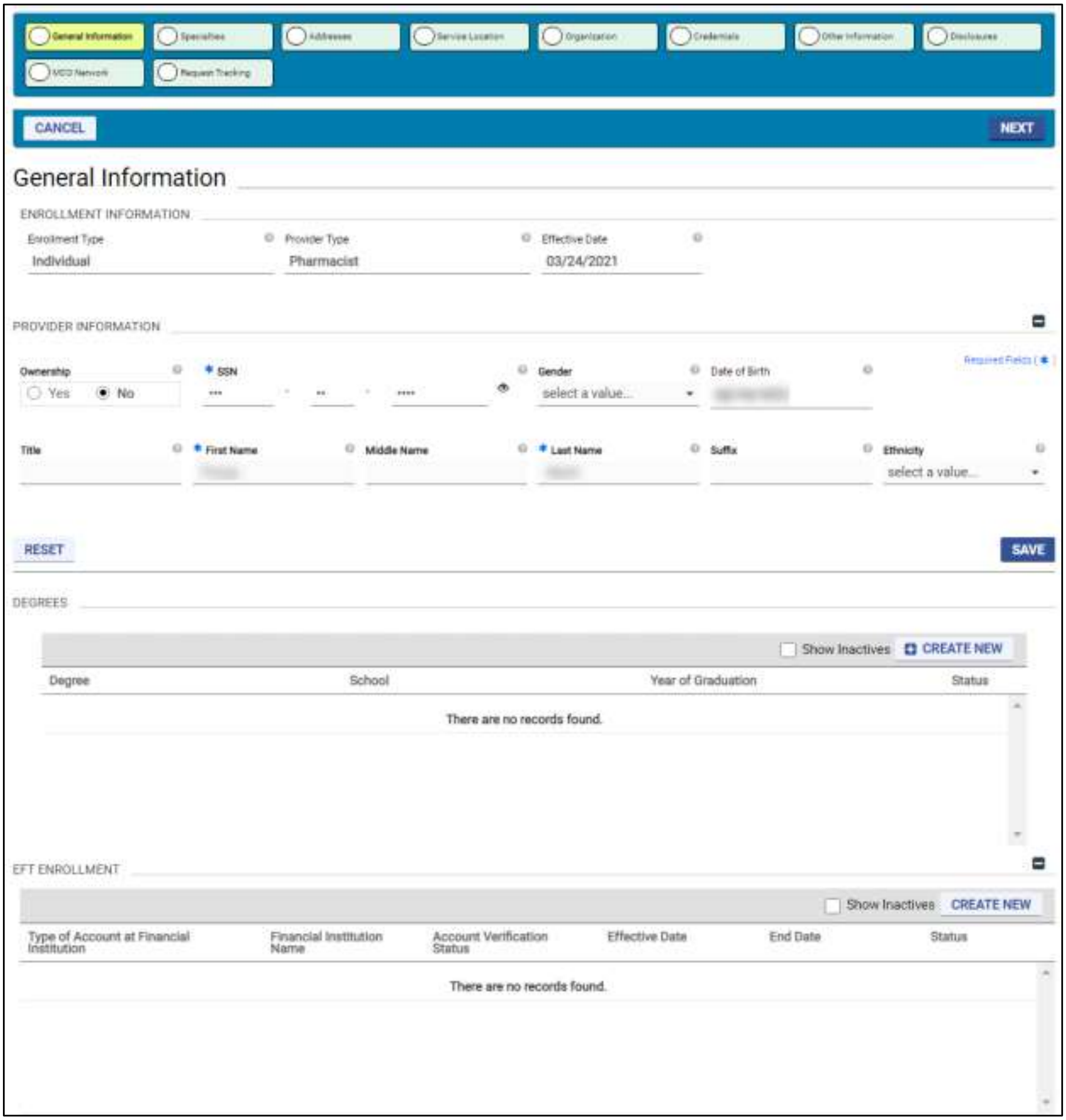
- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-2: General Information Fields

General Information			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Enrollment Information	Enrollment Type		
	Provider Type		
	Effective Date		
Provider Information	Ownership	✓	Only Name Updates
	SSN		
	Gender		
	Date of Birth		
	Title	✓	
	First Name	✓	
	Middle Name	✓	
	Last Name	✓	
	Business Name	✓	
	Suffix	✓	
	Ethnicity	✓	
Degrees	Degree	✓	
	School	✓	
	Year of Graduation	✓	
	Status		
EFT Enrollment	Type of Account at Financial Institution	✓	Add, Edit, Delete
	Financial Institution Name	✓	
	Account Verification Status		
	Effective Date	✓	
	End Date	✓	
	Status		

*Note: When changing the provider name fields, modify all name fields that you wish to update before clicking **SAVE** so that all changes can be approved in one request.*

Figure 9-25: General Information



9.3.2.1 EFT Enrollment Overview

Note: EFT Enrollment only applies to Atypical, Group, Facility, and Individual enrollments.

Virginia Medicaid allows one active EFT Enrollment per NPI or Tax ID (Tax ID for Atypical Providers only), including all Service Locations associated with that identifier.

Changing the EFT Enrollment for an NPI or Tax ID will impact all Service Locations associated with that identifier.

Note: To ensure that you are paid properly, link your NPI to your EFT Enrollment if you have one. Only Atypical providers should use Tax ID for those Atypical locations.

9.3.2.2 Change EFT Enrollment

Only one active EFT Enrollment can exist per Base ID which includes all the Service Locations under the NPI, or API listed on your **Provider Identifier** bar. Refer to Figure 9-26.

Figure 9-26: Provider Identifier Bar

If an existing EFT enrollment already exists and is currently active, follow these steps:

1. Complete steps in Section **9.3.1.3 - View/Edit/Inactivate Table** Information to open the EFT Enrollment fields for editing.
2. Update the **End Date** for the current EFT Enrollment to the last date that you wish to process billing with that account which must be greater than or equal to the current date.
3. Click **SAVE** to update the **End Date**.
4. Due to security and compliance requirements, your request must be processed by a PRSS Enrollment and Management Clerk before you can add a new EFT. Refer to Section **9.3.1.5 - Track Changes**.
5. Once your existing EFT enrollment **End Date** change has been approved, complete steps in Section **9.3.1.2 - Add Table Information** to add a new EFT Enrollment.

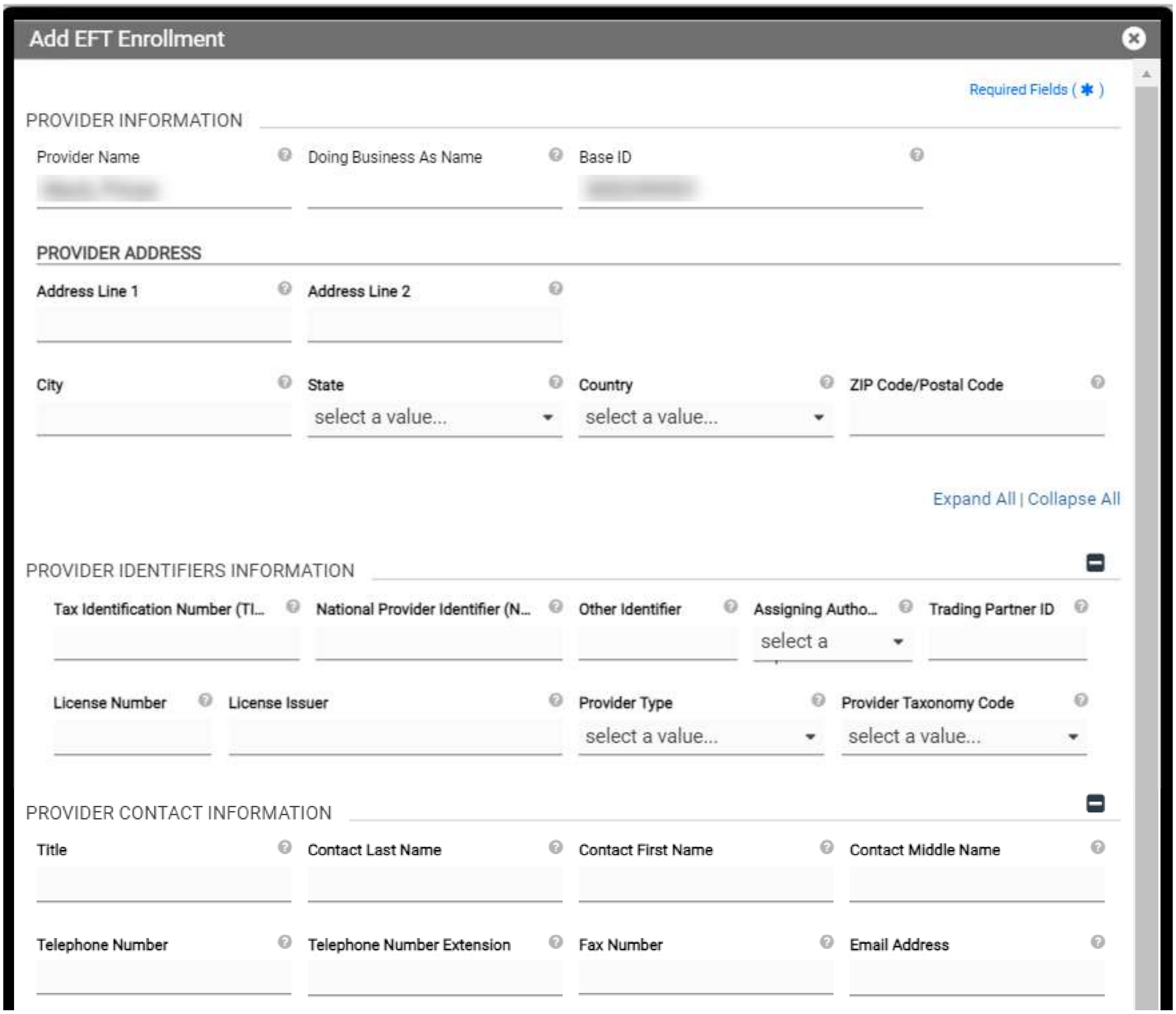
9.3.2.3 Add EFT Enrollment

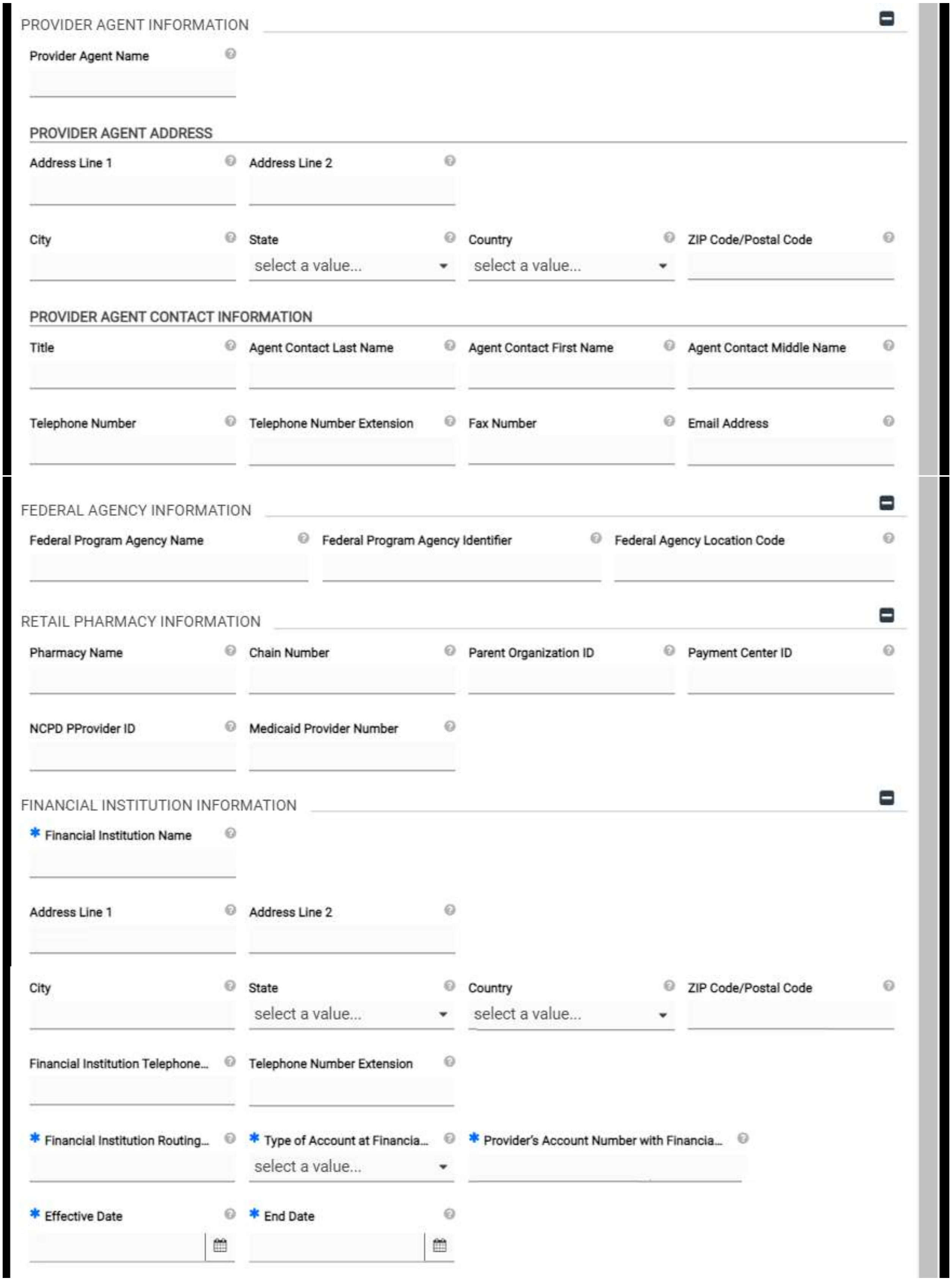
1. Complete steps in Section **9.3.1.2 - Add Table Information** to add a new EFT Enrollment. The **Add EFT Enrollment** window contains the banking information to where payments are made, including the account type, name, and address of the financial institution, etc. Refer to Figure 9-27.2. Be sure to expand the Submission Information section to complete your electronic signature.

3. Add at least one attachment supporting your banking request.

Note: Field level error messages may be in collapsed sections. If clicking save does not update, check the collapsed sections for missing information.

Figure 9-27: Create New EFT




PROVIDER AGENT INFORMATION

Provider Agent Name

PROVIDER AGENT ADDRESS

Address Line 1
Address Line 2
City
State
select a value...
Country
select a value...
ZIP Code/Postal Code

PROVIDER AGENT CONTACT INFORMATION

Title
Agent Contact Last Name
Agent Contact First Name
Agent Contact Middle Name
Telephone Number
Telephone Number Extension
Fax Number
Email Address

FEDERAL AGENCY INFORMATION

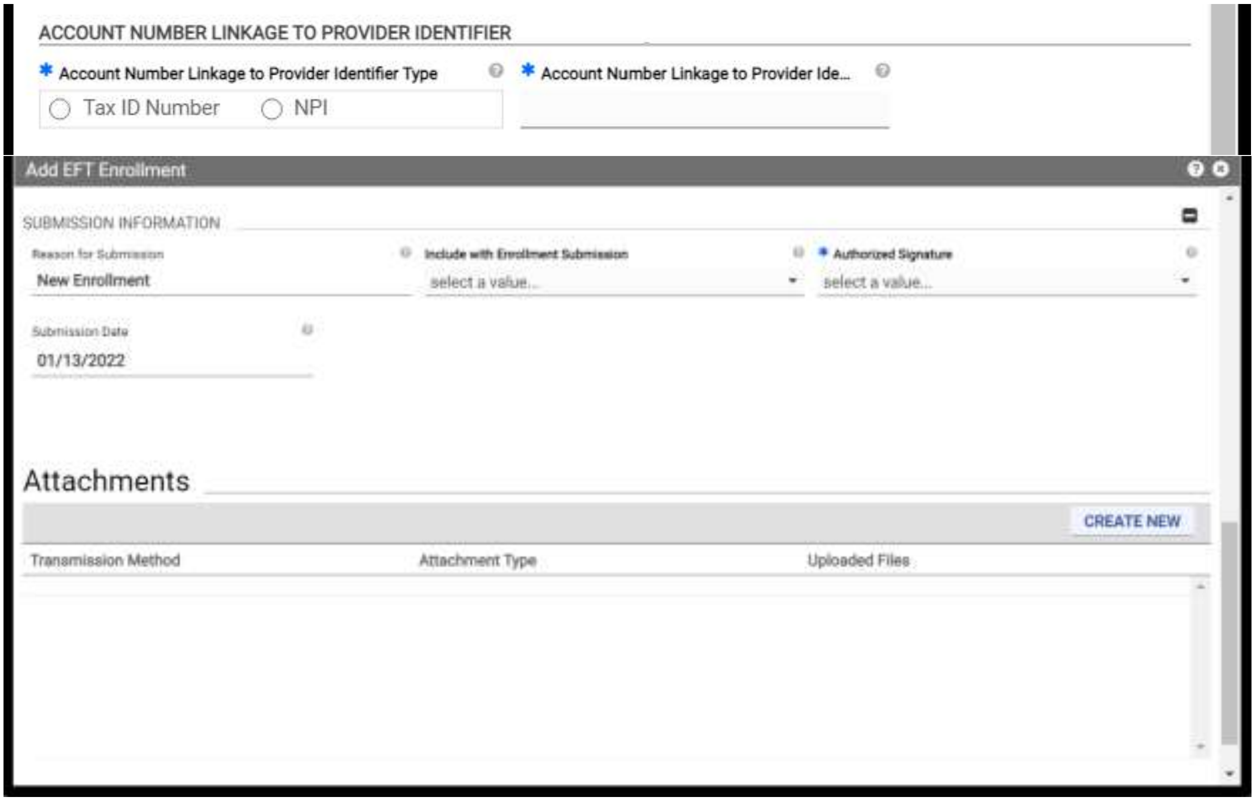
Federal Program Agency Name
Federal Program Agency Identifier
Federal Agency Location Code

RETAIL PHARMACY INFORMATION

Pharmacy Name
Chain Number
Parent Organization ID
Payment Center ID
NCPD PProvider ID
Medicaid Provider Number

FINANCIAL INSTITUTION INFORMATION

* Financial Institution Name
Address Line 1
Address Line 2
City
State
select a value...
Country
select a value...
ZIP Code/Postal Code
Financial Institution Telephone...
Telephone Number Extension
* Financial Institution Routing...
* Type of Account at Financia...
select a value...
* Provider's Account Number with Financia...
* Effective Date
* End Date



9.3.3 Specialties

The Specialties window contains information about your Specialty which is associated with your Provider Type and your Taxonomy which is associated with your Specialty. Refer to Figure 9-28.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-3 for a list of fields that can be viewed or edited in the **Specialties** module.

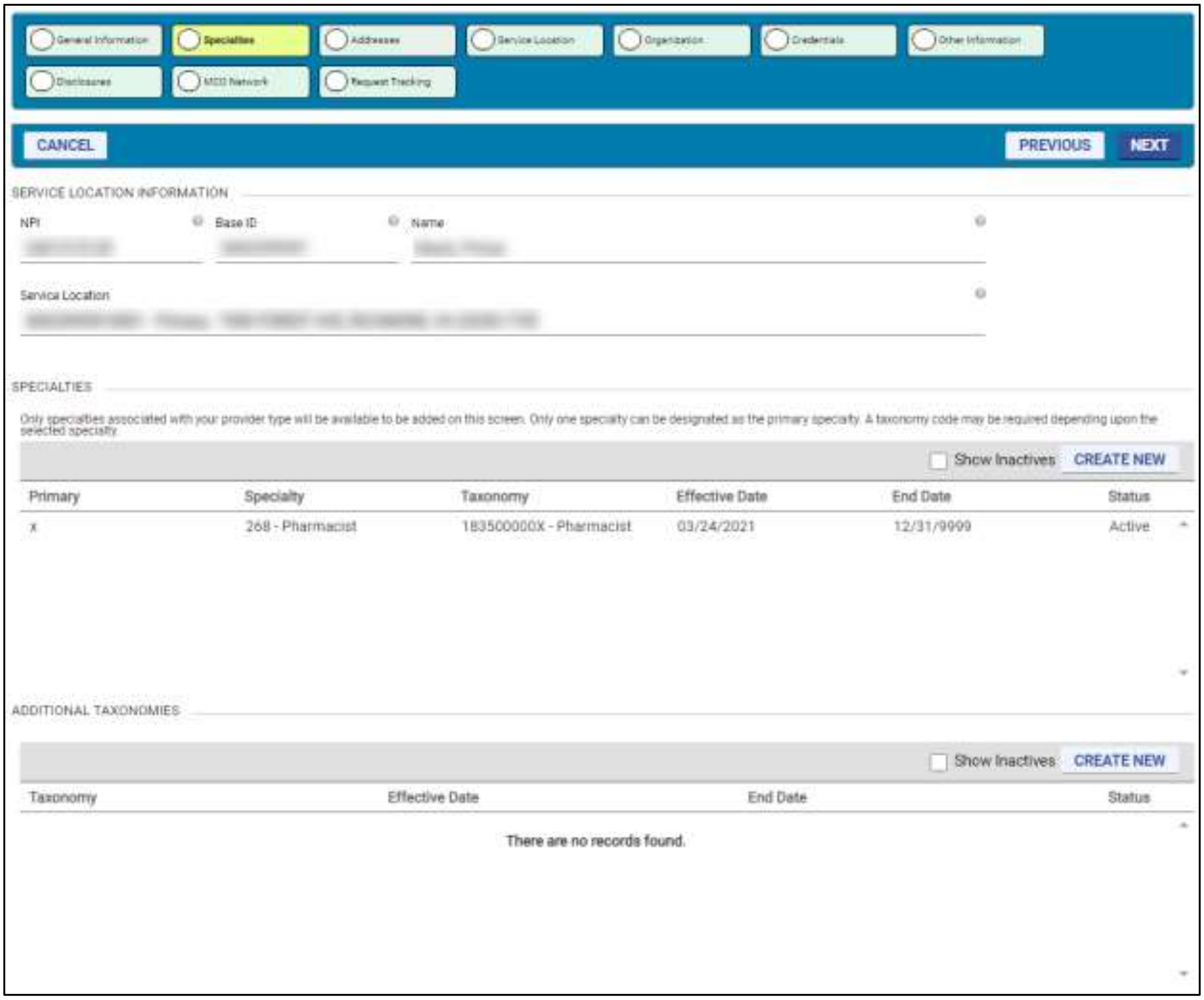
- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-3: Specialties Fields

Specialties			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Service Location Information	NPI		
	Base ID		
	Name		
	Service Location		

Specialties			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Specialties	Primary	✓	Add and Edit Only
	Specialty	✓	
	Taxonomy	✓	
	Effective Date	✓	
	End Date	Non-Primary Only Primary Always 12/31/9999	
	Status		
Additional Taxonomies	Taxonomy	✓	Add, Edit, Delete
	Effective Date	✓	
	End Date	✓	
	Status		

Figure 9-28: Specialties



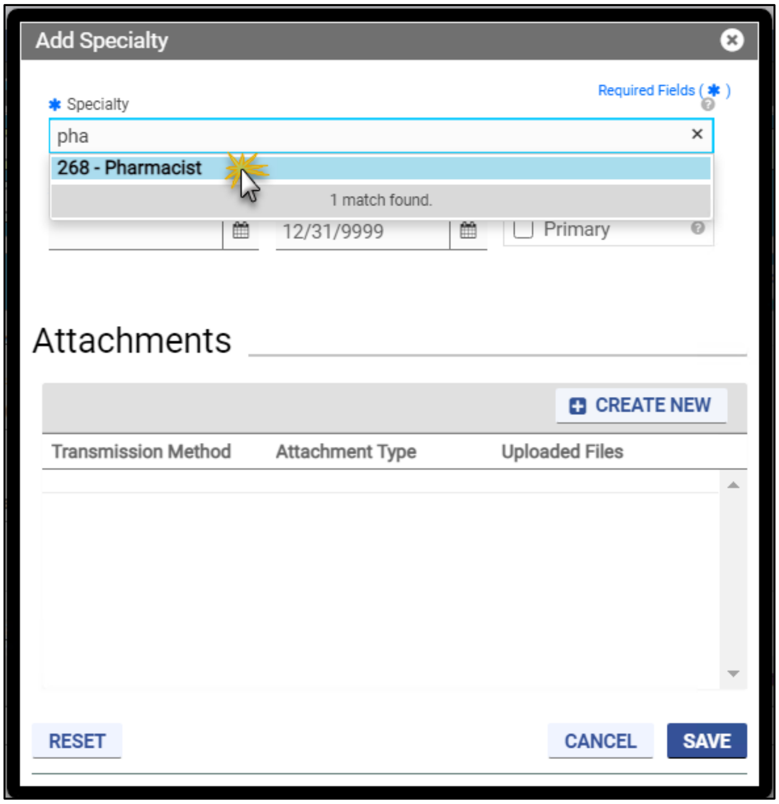
9.3.3.1 Add Specialty

Since the **Specialty** selected impacts which **Taxonomies** are applicable, adding a **Specialty** has extra features.

Complete steps in Section **9.3.1.2 - Add Table Information** to add a new **Specialty** with these adjustments:

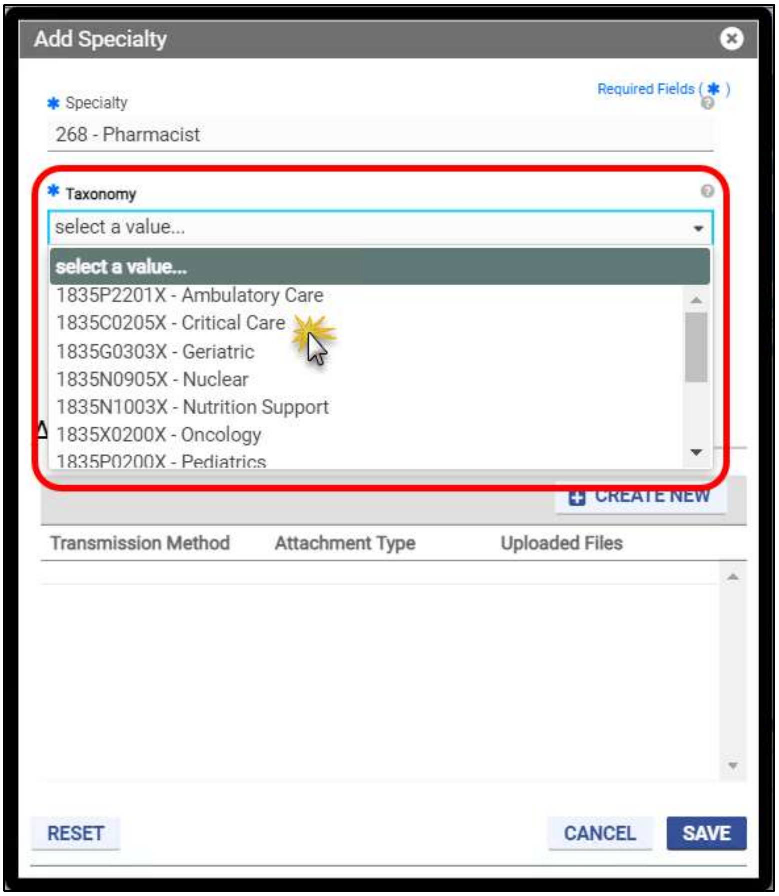
1. Start typing keywords or the specialty number for the **Specialty** that you wish to add and click the **Specialty** in the drop-down list. Refer to Figure 9-29.

Figure 9-29: Add Specialty



2. Once the **Specialty** is selected, the **Taxonomy** field appears. Click the drop-down list field and select the **Taxonomy**. If only one **Taxonomy** is associated to that **Specialty**, the **Taxonomy** is automatically populated. Refer to Figure 9-30.

Figure 9-30: Add Taxonomy



*Note: If you are adding a **Primary Specialty** and this **Taxonomy** is already listed in the **Additional Taxonomies** section of the **Specialties** window, <u>this change will NOT save</u>.*

*To add an existing **Taxonomy** to the **Primary Specialty**, end date it in the **Additonal Taxonomies** section <u>before</u> adding the **Primary Specialty**. Refer to Section **9.3.1.3 - View/Edit/Inactivate Table** Information to end date the **Taxonomy**.*

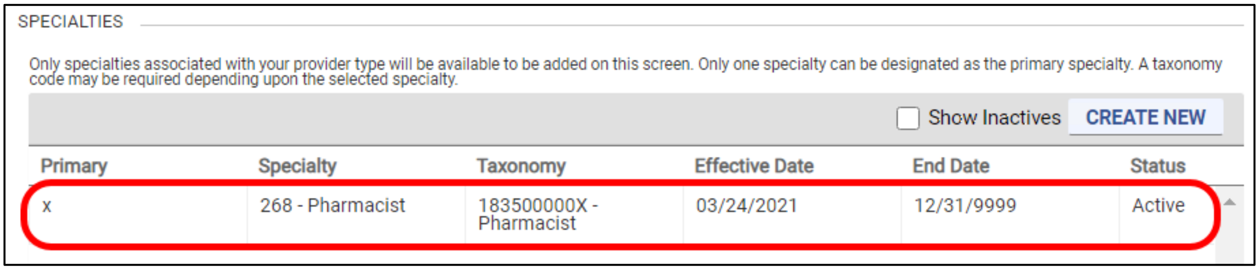
3. Complete steps in Section **9.3.1.4 - Add Attachments** to add **Attachments**.

Note: There is not a specific attachment type required. Select the best match to document your license, certification, etc. for your new specialty.

*Note: If you click Save before adding an attachment, you will receive an error message. If you then add an attachment and click Save, the error message still displays, but the request is processed. Verify that your change was successfully submitted in the **Request Tracking** module.*

4. Click **SAVE**. The request is sent for processing.
5. Once processing is complete and your request is approved, the **Specialty** displays in the **Specialties** section of the **Specialties** module. Refer to Figure 9-31.

Figure 9-31: Added Specialty



SPECIALTIES

Only specialties associated with your provider type will be available to be added on this screen. Only one specialty can be designated as the primary specialty. A taxonomy code may be required depending upon the selected specialty.

Show Inactives CREATE NEW

Primary	Specialty	Taxonomy	Effective Date	End Date	Status
x	268 - Pharmacist	183500000X - Pharmacist	03/24/2021	12/31/9999	Active

9.3.3.2 Change Primary Specialty

Depending on your Provider Type, you may have multiple specialties with overlapping active dates, but exactly one **Specialty** must be designated as **Primary,** and that Primary Specialty always has an **End Date** of 12/31/9999. The Primary Specialty is used by Virginia Medicaid for outreach communications and to drive business rule integrations such as those used in claims processing.

To change which **Specialty** is **Primary**, follow these steps:

1. Complete steps in Section **9.3.1.2 – Add Table Information** to add a new **Specialty** and select the **Primary** check box.
2. Adding or changing your primary specialty requires processing. Refer to Section **9.3.1.5 – Track Changes** to track the progress of your request.
3. Once approved, the “old” **Specialty** retains the **End Date** of 12/31/9999. If this date is inaccurate, complete steps in Section **9.3.1.3 – View/Edit/Inactivate Table Information** to open the **Specialties** fields for editing the “old” primary specialty.
   a. Update the **End Date** of the “old” primary specialty. It must be greater than or equal to the current date.
   b. Add **Attachments**, as needed.
   c. Click **SAVE** to update the **End Date**.

*Note: If a **Specialty** no longer applies, you must add a new **Specialty** as **Primary** and set the **End Date** of the “old” **Specialty** to finish which will change the **Status** to **Inactive.***

4. If the **Taxonomy** associated to the “old” Primary Specialty is still applicable, complete steps in Section **9.3.1.2 – Add Table Information** to add the **Taxonomy** in the **Additional Taxonomies** section.

*Note: The Taxonomy associated with your "old" primary specialty DOES NOT automatically get added to the **Additional Taxonomies** section.*

9.3.4 Addresses

The Addresses window contains information about the Service Location, Pay To, Mail To, Remit To, and IRS Address addresses used to support provider services. Refer to Figure 9-32.

Note: The Addresses window does not display for providers enrolled as Individuals within a Group (IG).The associated Group Service Location address information is found in the Affiliations window.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-4 for a list of fields that can be viewed or edited in the **Addresses** module.

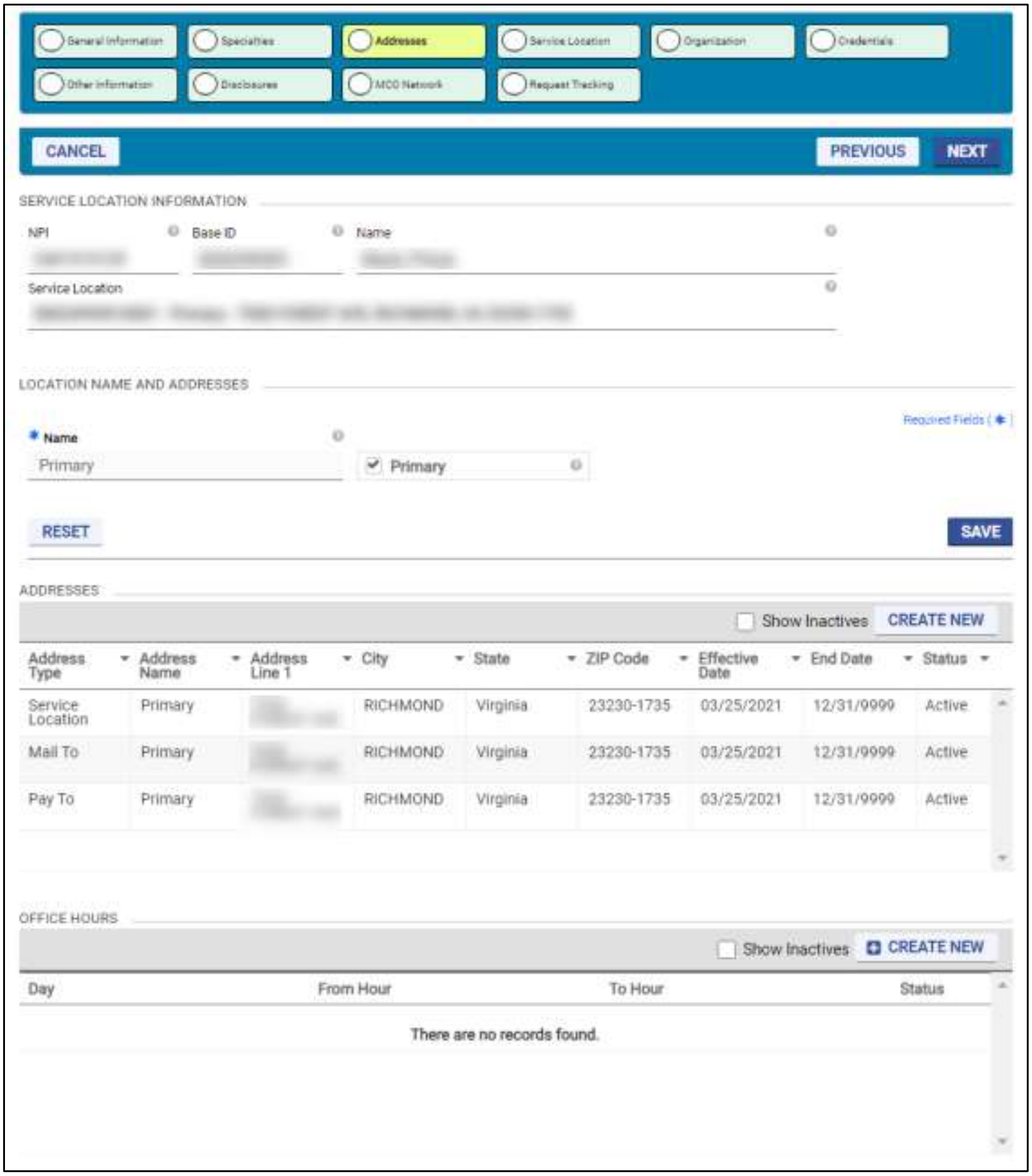
- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-4: Addresses Fields

<table>
<tr><th colspan="4">Addresses</th></tr>
<tr><th>Section</th><th>Section Fields</th><th>Editable?</th><th>Requires Processing?</th></tr>
<tr><td rowspan="4">Service Location Information</td><td>NPI</td><td></td><td rowspan="4"></td></tr>
<tr><td>Base ID</td><td></td></tr>
<tr><td>Name</td><td></td></tr>
<tr><td>Service Location</td><td></td></tr>
<tr><td rowspan="2">Location Name and Addresses</td><td>Name</td><td>✓</td><td rowspan="2"></td></tr>
<tr><td>Primary</td><td>✓</td></tr>
<tr><td rowspan="8">Addresses
Only the Service Location selected on the Welcome page may be edited.</td><td>Address Type</td><td>✓</td><td rowspan="8">Service Location Only
Add, Edit, Delete</td></tr>
<tr><td>Address Name</td><td>✓</td></tr>
<tr><td>Address Line 1</td><td>✓</td></tr>
<tr><td>City</td><td>✓</td></tr>
<tr><td>State</td><td>✓</td></tr>
<tr><td>Zip Code</td><td>✓</td></tr>
<tr><td>Effective Date</td><td>✓</td></tr>
<tr><td>End Date</td><td>• Service Location and Mail To require additional steps.</td></tr>
</table>

Addresses			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
		• Other Addresses may be edited.	
	Status		
Office Hours	Day	✓	
	From Hour	✓	
	To Hour	✓	
	Status		

Figure 9-32: Addresses



9.3.4.1 Change Service Location Address

Service Location addresses can neither be Inactivated nor End Dated. Edit the existing **Service Location** address record.

1. Complete the steps in Section **9.3.1.3 – View/Edit/Inactivate Table Information** to edit the **Service Location** address record.
2. Editing a **Service Location** address requires processing. Refer to Section **9.3.1.5 – Track Changes** to track the progress of your request. Once approved, the updated Service Location address information REPLACES the "old" information, and you have no further steps to complete.

9.3.4.2 Change Mail To Address

Mail To addresses can neither be Inactivated nor End Dated. To change it, create a new **Mail To** address.

1. Complete steps in Section **9.3.1.2 – Add Table Information** to add a new address and select **Mail To** in the **Address Type** drop-down list.
2. Adding a **Mail To** address requires processing. Refer to Section **9.3.1.5 – Track Changes** to track the progress of your request. Once approved, the **Effective Date** of the "new" Mail To address and **End Date** of the "old" Mail To address are updated.

*Note: Mail will not be sent to the "new" address until AFTER the request is approved. After approval, the "old" **Mail To** address will have an **End Date** of the day before the "new" **Mail To** address **Effective Date**.*

9.3.5 Service Location

Note: The Service Location window does not display for Facilities, Groups, and Atypical providers. The information is found in the Addresses window.

The Service Location window contains information such as whether new patients are accepted, age restrictions, etc. Refer to Figure 9-33.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

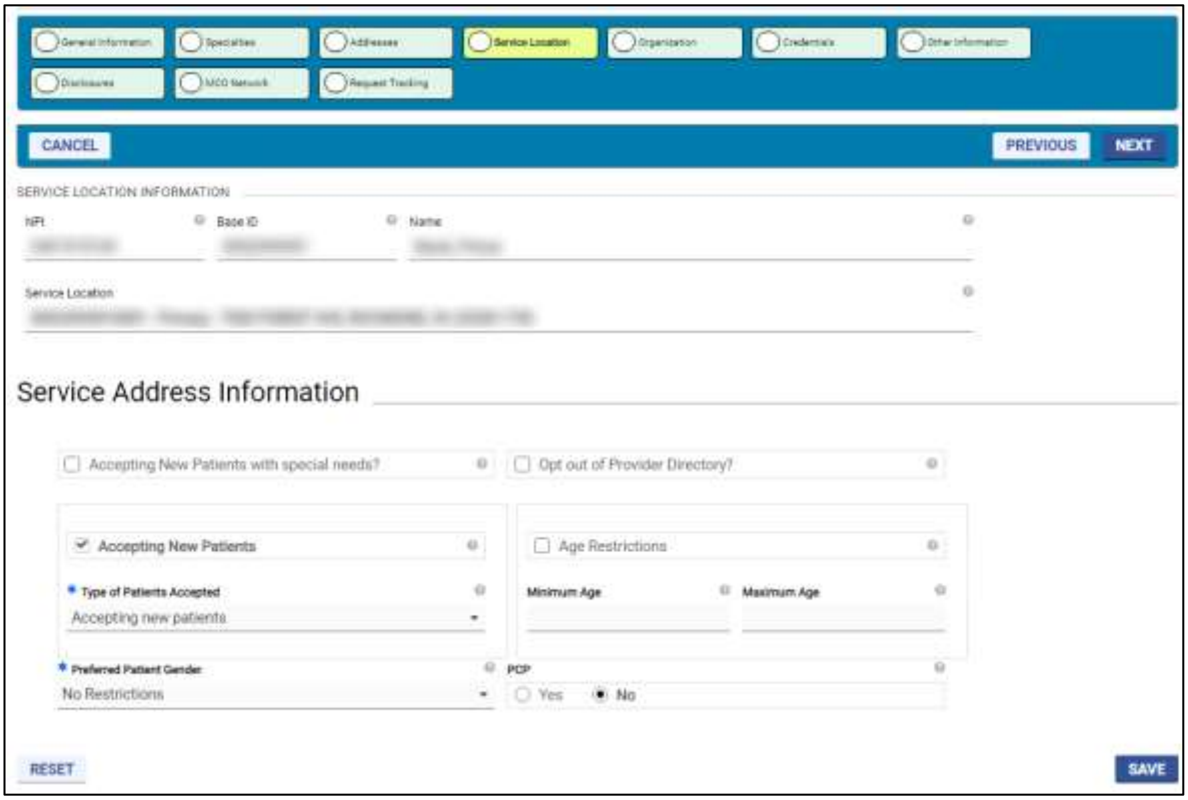
Refer to Table 9-5 for a list of fields that can be viewed or edited in the **Service Location** module.

- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-5: Service Location Fields

Service Location			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Service Location Information	NPI		
	Base ID		
	Name		
	Service Location		
Service Address Information	Accepting New Patients with special needs	✓	
	Opt out of Provider Directory	✓	
	Accepting New Patients • Type of Patients Accepted • Preferred Patient Gender	✓	
	Age Restrictions • Minimum Age • Maximum Age	✓	
	PCP	✓	

Figure 9-33: Service Location



*Note: The Primary Care Provider (PCP) indicator does NOT affect Virginia Medicaid, If the indicator is changed from **No** to **Yes**, an **Attachments** section appears; however, attachments are NOT required for PCP changes. Skip the **Attachments** section and click **SAVE**.*

9.3.6 Organization

The Organization window contains information such as the organization type, business start date, tax classification, etc. Refer to Figure 9-34.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-6 for a list of fields that can be viewed or edited in the **Organization** module.

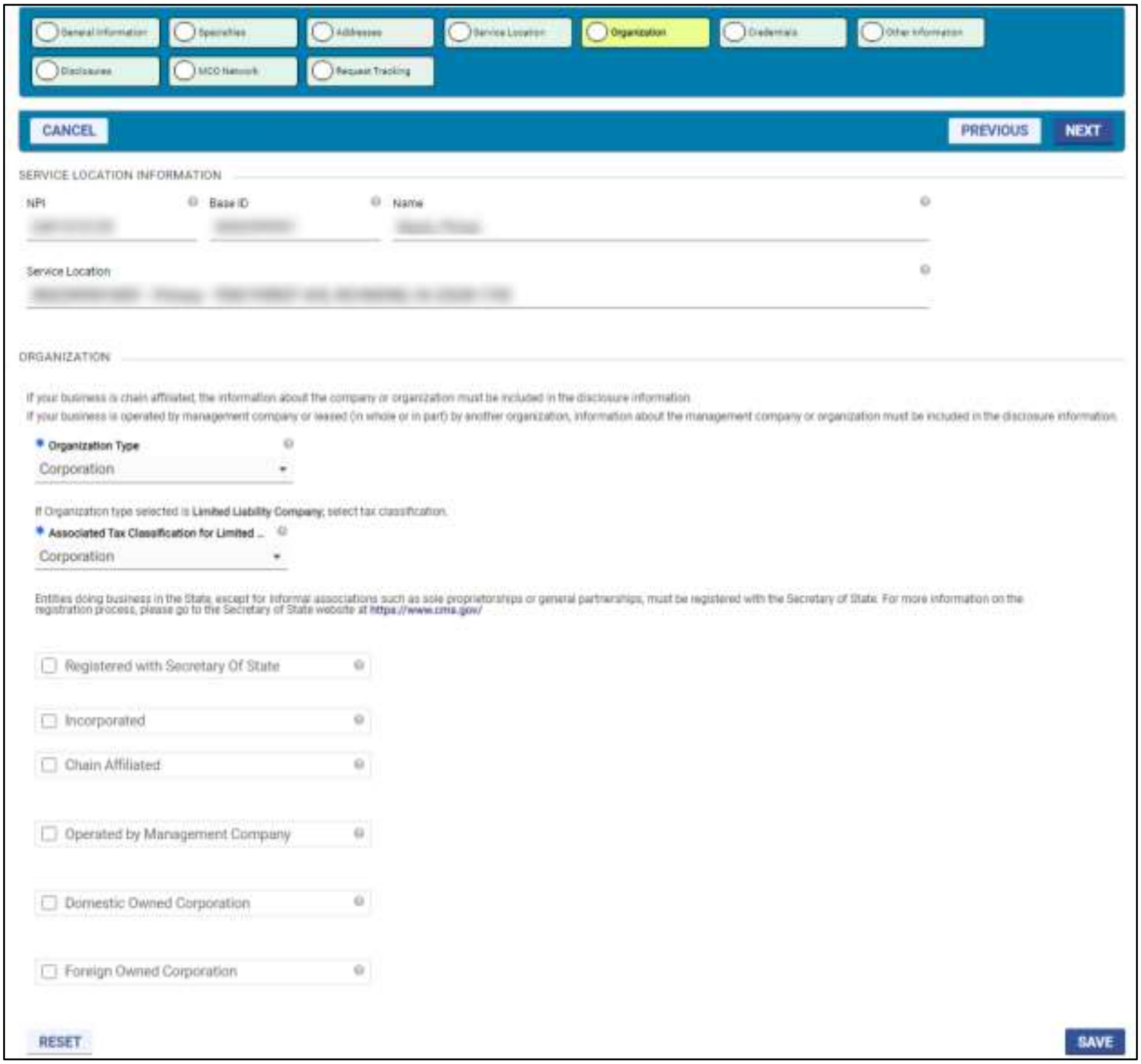
- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-6: Organization Fields

Organization			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Service Location Information	NPI		
	Base ID		
	Name		
	Service Location		
Organization	Organizational Type	✓	
	Associated Tax Classification for Limited Liability Company	✓	
	Other Organization Questions • Registered with Secretary of the State • Incorporated • Chain Affiliated • Operated by Management Company • Domestic Owned Corporation • Foreign Owned Corporation	✓	

*Note: If the **Registered with Secretary of State** check box is selected, the **Business Start Date** field appears and is required. If the **Incorporated** check box is selected, the **Incorproated As of Date** field appears and is required.*

Figure 9-34: Organization



9.3.7 Affiliation

The Affiliation window contains a list of all the affiliations between Individual within a Group (IG) and Group Providers and between Ordering and Referring Physicians (ORP) and Facility Providers. Refer to Figure 9-35 and Figure 9-36.

- IG Providers search and view Group Providers.
- Group Providers search and view IG Providers.
- ORP Providers search and view Facility Providers.
- Facility Providers search and view ORP Providers.

*Note: The **Affiliation** window does <u>NOT</u> display for Atypical Providers or Providers only enrolled as an Individuals. Group and Facility Providers find their own Service Location information in the **Addresses** window.*

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-7 for a list of fields that can be viewed or edited in the **Affiliation** module.

- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-7: Affiliation Fields

<table>
<tr><th colspan="4">Organization</th></tr>
<tr><th>Section</th><th>Section Fields</th><th>Editable?</th><th>Requires Processing?</th></tr>
<tr><td rowspan="4">Service Location Information</td><td>NPI</td><td></td><td rowspan="4"></td></tr>
<tr><td>Base ID</td><td></td></tr>
<tr><td>Name</td><td></td></tr>
<tr><td>Service Location</td><td></td></tr>
<tr><td rowspan="8">Affiliated Providers – Affiliations
(Group and Facility)</td><td>NPI</td><td rowspan="5">Search with magnifying glass icon to add existing provider information.</td><td rowspan="8">Only Group Providers adding or updating affiliations</td></tr>
<tr><td>Last Name</td></tr>
<tr><td>First Name</td></tr>
<tr><td>Middle Name</td></tr>
<tr><td>Service Location ID</td></tr>
<tr><td>Effective Date</td><td>✓</td></tr>
<tr><td>End Date</td><td>✓</td></tr>
<tr><td>Status</td><td></td></tr>
<tr><td rowspan="2">Affiliated Providers
(Individual within a Group)</td><td>Authorized Administrator</td><td rowspan="2">Search with magnifying glass icon to add existing provider information.</td><td rowspan="2"></td></tr>
<tr><td>Provider Name</td></tr>
</table>

Figure 9-35: Affiliation - Group and Facility

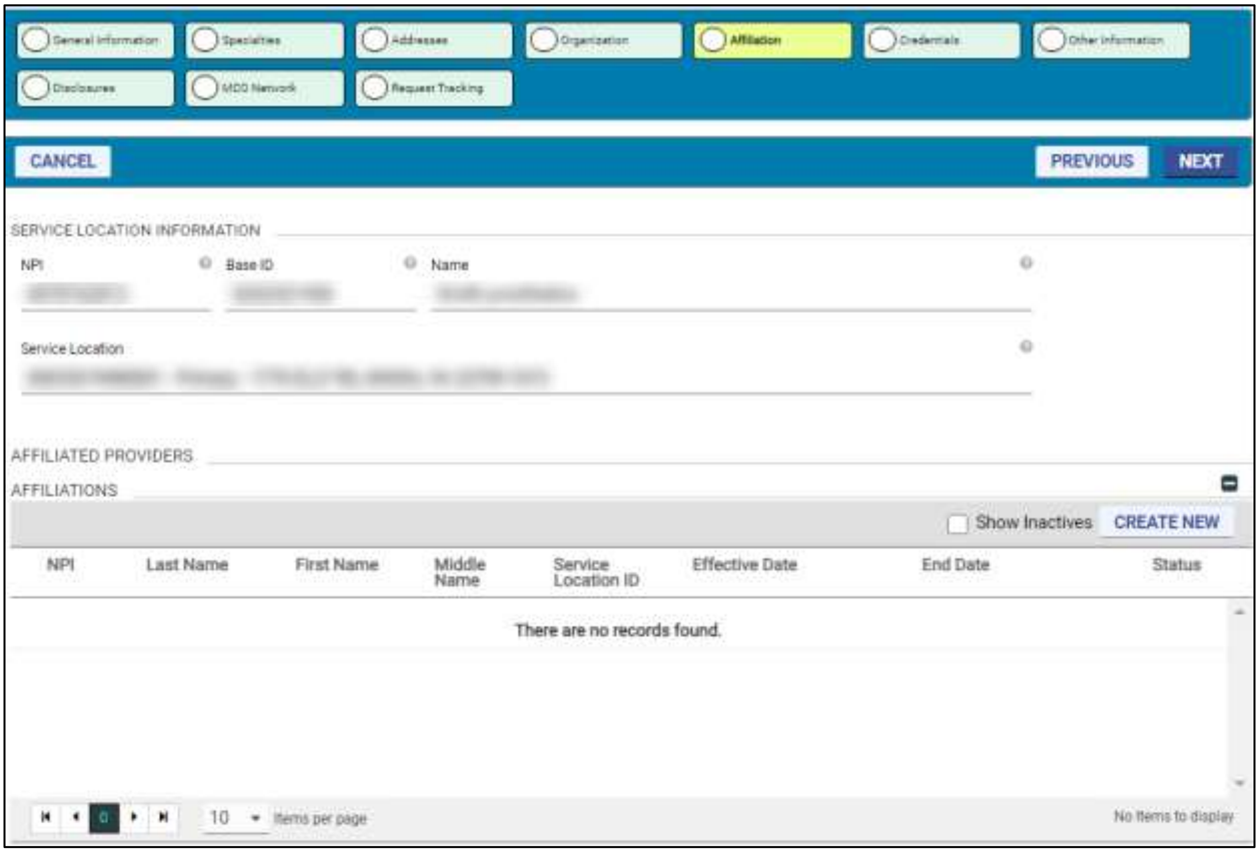
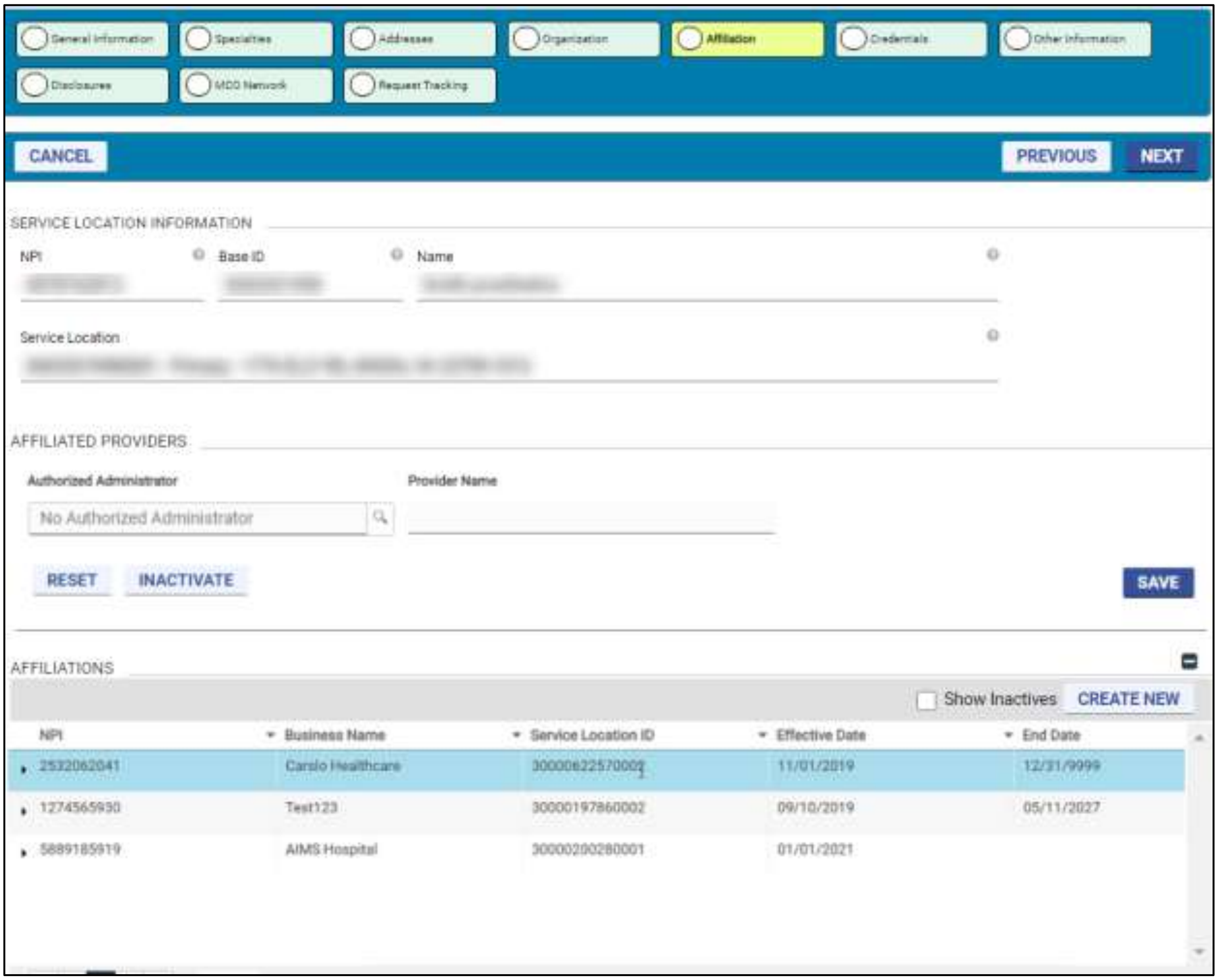


Figure 9-36: Affiliation - Individual within a Group

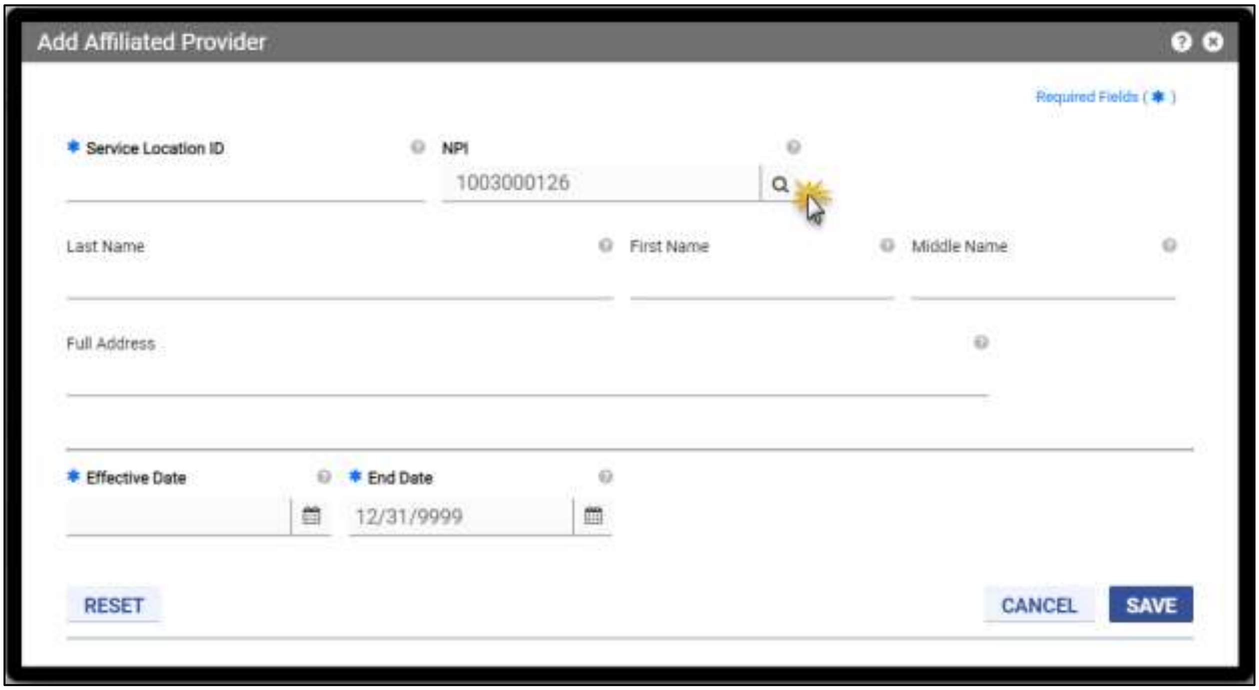


Note: ORP Providers have a similar window to IG Providers except that they do NOT have an Authorized Administrator section.

9.3.7.1 Add Affiliated Provider

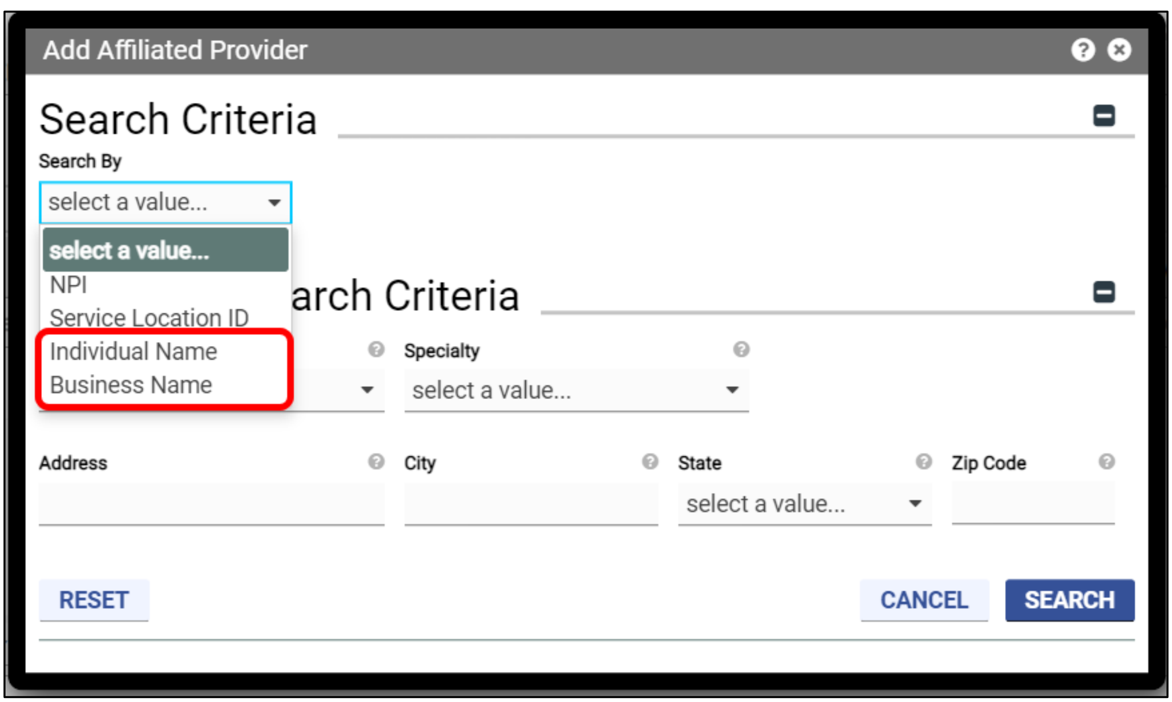
1. Click **CREATE NEW** in the **Affiliations** section.
2. The **Add Affiliate Provider** window appears. Complete the Affiliate Provider information with either step.
3. Enter the **Service Location ID** or **NPI**. Click the magnifying glass icon to search for an affiliated provider. Refer to Figure 9-37

Figure 9-37: Add Affiliate Provider



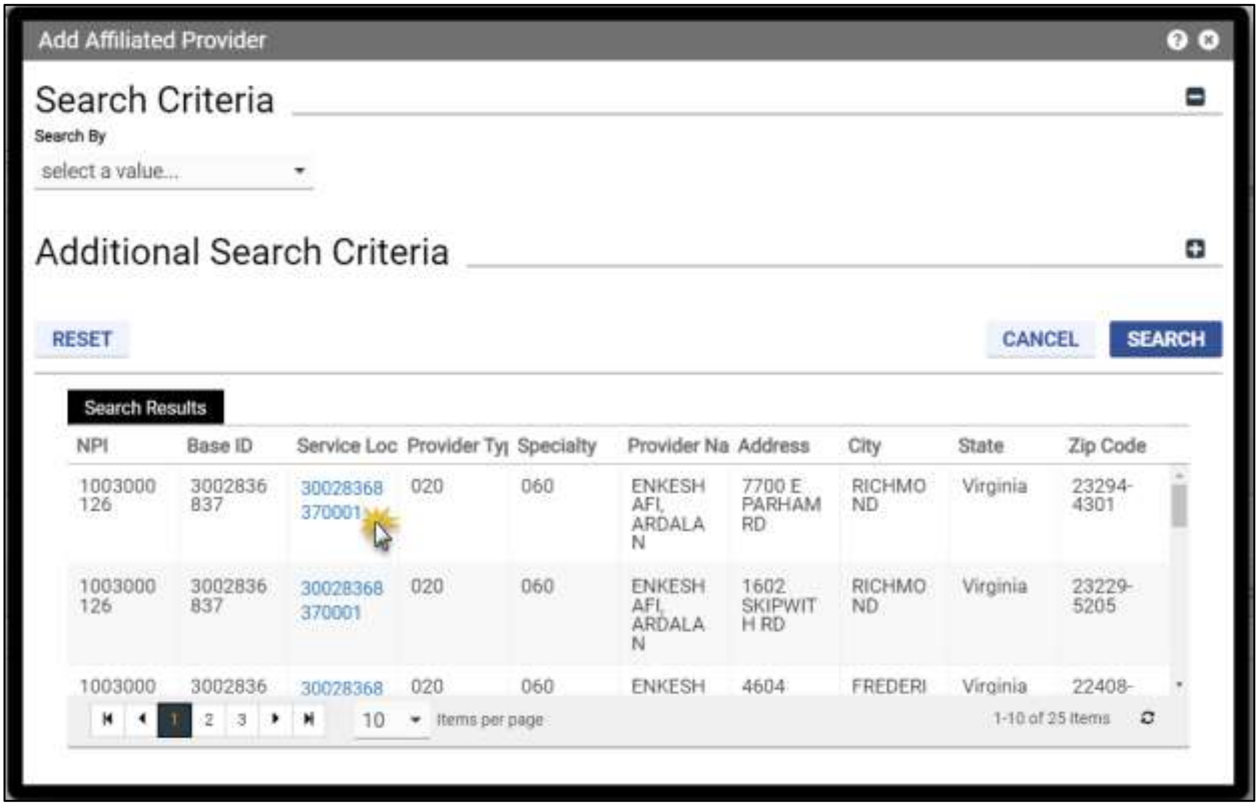
Note: To search by name, leave all fields blank and click the magnifying glass icon. Additional search criteria must be entered. Refer to Figure 9-38.

Figure 9-38: Affiliate Provider Search by Name



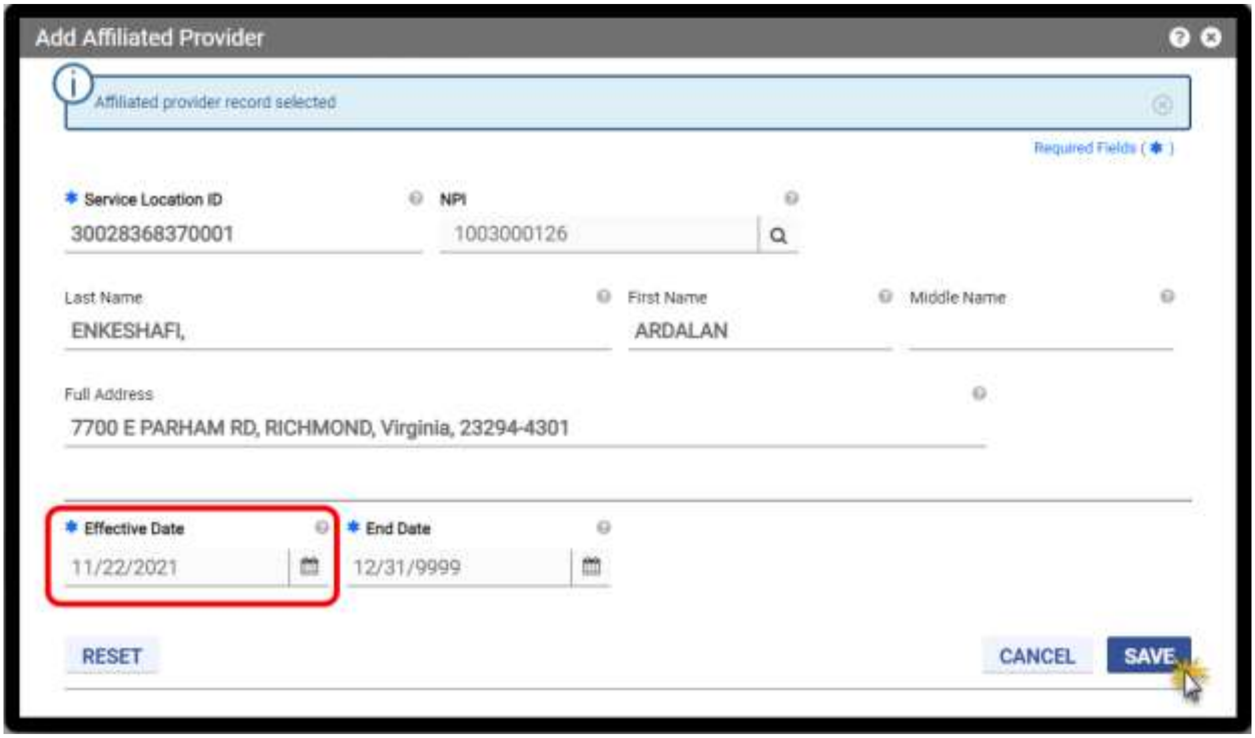
4. *Optional:* If you entered an **NPI** and the provider has more than one Service Location, click the **Service Location ID** hyperlink to select the Provider. <u>Clicking other details does NOT select the Provider</u>. Refer to Figure 9-39.

Figure 9-39: Add Affiliate Provider Search



5. The Provider's details populate in the **Add Affiliated Provider** window. Enter the **Effective Date** and click **SAVE**. Refer to Figure 9-40.

Figure 9-40: Add Affiliate Provider Save

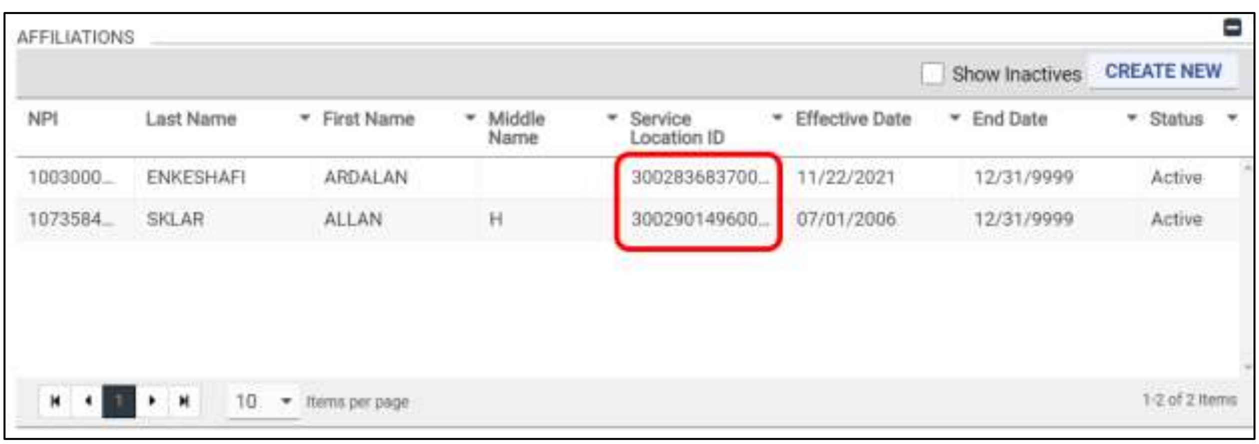


9.3.7.2 View Affiliate Service Locations

The Service Location Address for affiliated Providers is accessible from the **Affiliations** section.

For Group and Facility Providers, the Service Location IDs for associated providers display in the table. Refer to Figure 9-41.

Figure 9-41: Group View Affiliate Service Locations



For Individual with a Group and ORP Providers, click the caret icon at the beginning of the Provider record to view the Service Location Address. Refer to Figure 9-42.

Figure 9-42: IG View Affiliate Service Locations

9.3.7.3 Manage Authorized Administrator

For IG Providers only, the Affiliation window is where you can view and assign your Authorized Administrator. An Authorized Administrator is a group that can access all Provider Portal features on behalf of the Provider, except for managing which group is the Authorized Administrator. Only one Authorized Administrator may be assigned, but the Authorized Administrator may assign Delegates.

- If you selected your Authorized Administrator during enrollment, the group displays in this window. The Authorized Administrator already has access, and no further action is needed.
- If you completed a combined Individual and IG enrollment, you did not have an option to add an Authorized Administrator during enrollment, and you need to add an Authorized Administrator for your IG Service Location(s) to grant access.

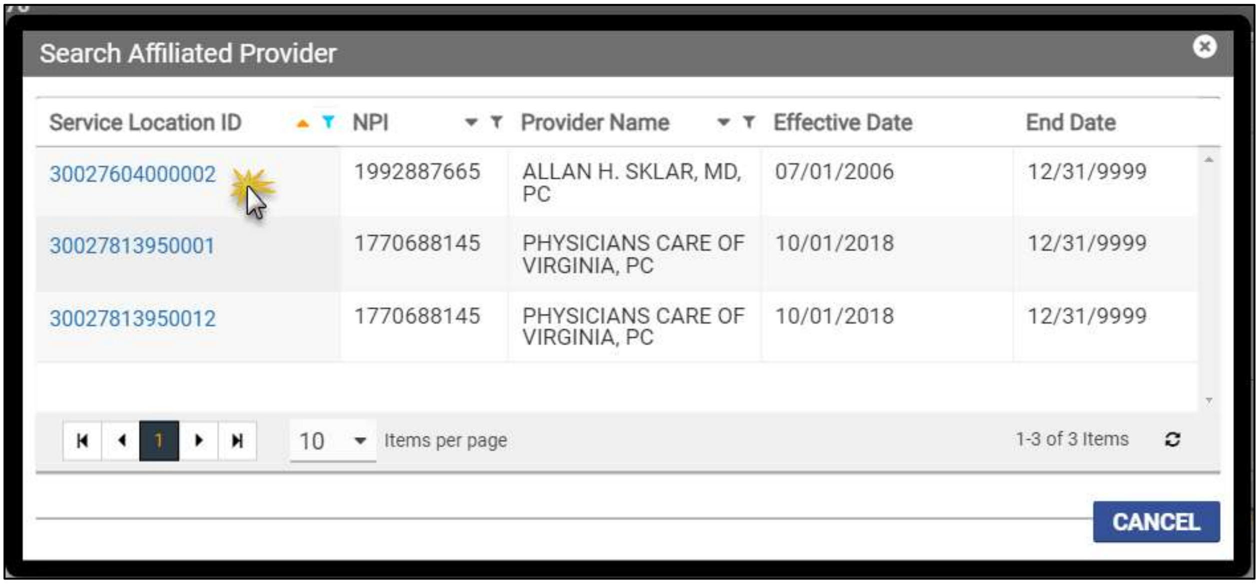
Complete these steps to manage your Authorized Administrator:

1. Click the magnifying glass icon to search for your Authorized Administrator. Refer to Figure 9-43.

Figure 9-43: Manage Authorized Administrator

2. The **Search Affiliated Provider** window displays. Click the Service Location for the already affiliated Group Provider you would like to assign as your Authorized Administrator. Refer to Figure 9-44.

Figure 9-44: Search Affiliated Provider



*Note: If you do not see the Group Provider that you want to assign, follow the steps in Section **9.3.7.1 - Add Affiliated Provider** to first associate with the Group Provider.*

3. The Provider's Name field populates. Click **Save**. Refer to Figure 9-45.

Figure 9-45: Save Authorized Administrator

9.3.8 Credentials

The Credentials window displays information for License, Medicare Number, Drug Enforcement Administration (DEA) Number, Council for Affordable Quality Healthcare (CAQH) Number, and NPI details of the Provider. Refer to Figure 9-46 through Figure 9-50.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

*Note: To modify credentials, edit the **End Date** of the current record, allow the change to be processed, then add the new credential.*

*Only use **INACTIVATE** if the the credentials were entered incorrectly.*

Refer to Table 9-8 for a list of fields that can be viewed or edited in the **Credentials** module.

- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-8: Credentials Fields

Credentials			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Service Location Information	NPI		
	Base ID		
	Name		
	Service Location		
Credentials - Licenses	License Number	✓	Add, Edit, Delete
	Issuing State	✓	
	Issuing Board	✓	
	Effective Date	✓	
	End Date	✓	
	Status		
Credentials – Medicare Number	Medicare Crossover	✓	
	Medicare Number	Add and Inactivate Only	
	Medicare/DMERC Code	Add and Inactivate Only	
	Effective Date	✓	
	End Date	✓	
	Status		
Credentials – DEA Numbers	DEA Number	✓	Add and Edit Only
	Effective Date	✓	
	End Date	✓	
	Status		
Credentials – CAQH Numbers	CAQH Number	Add and Inactivate Only	
	Effective Date	✓	
	End Date	✓	
	Status		
Credentials - NPI	NPI	✓	Add and Edit Only

Credentials			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
	Primary	✓	
	Effective Date	✓	
	End Date	Non-Primary Only Primary Always 12/31/9999	
	Status		

*Note: Adding, editing, or inactivating an **NPI** follow the same steps as other credentials but have a few adjustments regarding effective and end dates.*

- *The **Effective Date** cannot be in the future.*
- *When a "new" primary **NPI** is added or modified:*
  - *The "new" primary **NPI** has an **End Date** of 12/31/9999.*
  - *The "old" primary **NPI** record (if one exists) remains in the table, but the **Primary** indicator changes to **No**.*
  - *The "old" primary **NPI** (if one exists) has an **End Date** one day before the "new" primary NPI's **Effective Date**.*
- *A primary **NPI** can <u>only be inactivated</u> if another **NPI** is listed in the table. The remaining NPI's **Primary** indicator changes to **Yes**, and its **End Date** changes to 12/31/9999.*

Figure 9-46: Credentials - Licenses

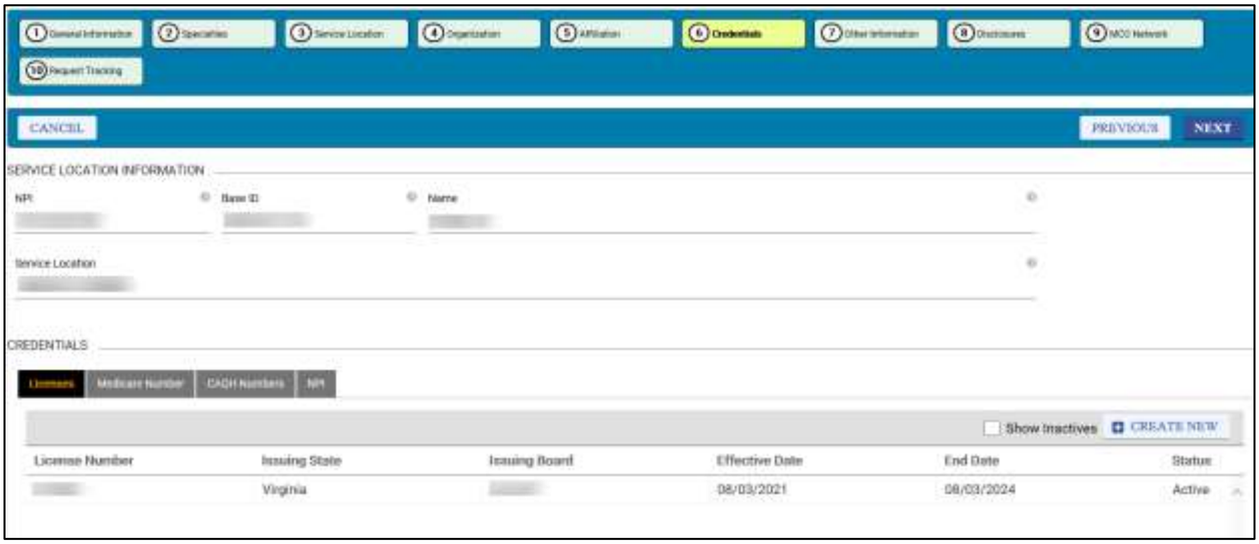


Figure 9-47: Credentials - Medicare Number

Figure 9-48: Credentials - DEA Numbers

Figure 9-49: Credentials - CAQH Numbers

Figure 9-50: Credentials - NPI

9.3.9 Provider Type

The Provider Type window displays information such as:

- Clinical Laboratories Improvement Act (CLIA) information, if you bill for laboratory services.
- Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Surety Bond and Accreditation information, if you are a Durable Medical Equipment (DME) supplier.
- Hospital Bed information if the provider is a Hospital or Custodial Care facility.

Refer to Figure 9-51 through Figure 9-54.
Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-9 for a list of fields that can be viewed or edited in the **Provider Type** module.

- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-9: Provider Type Fields

Provider Type			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Service Location Information	NPI		
	Base ID		
	Name		
	Service Location		
Provider Type Information - CLIA	CLIA Number	✓	Add and Edit Only
	Certification Type	✓	
	Effective Date	✓	
	End Date	✓	
	Status		
Provider Type Information – DMESPOS Surety Bonds	Surety Bond Number	✓	
	Surety Bond Type	✓	
	Effective Date	✓	
	End Date	✓	
	Status		
Provider Type Information – DMEPOS Accreditation	Accrediting Organization	✓	
	Effective Date	✓	
	End Date	✓	
	Status		
	Hospital Bed Type	✓	

Provider Type			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Provider Type Information – Hospital Bed Information	Number of Beds	✓	
	Effective Date	✓	
	End Date	✓	
	Status		

Figure 9-51: Provider Type - CLIA

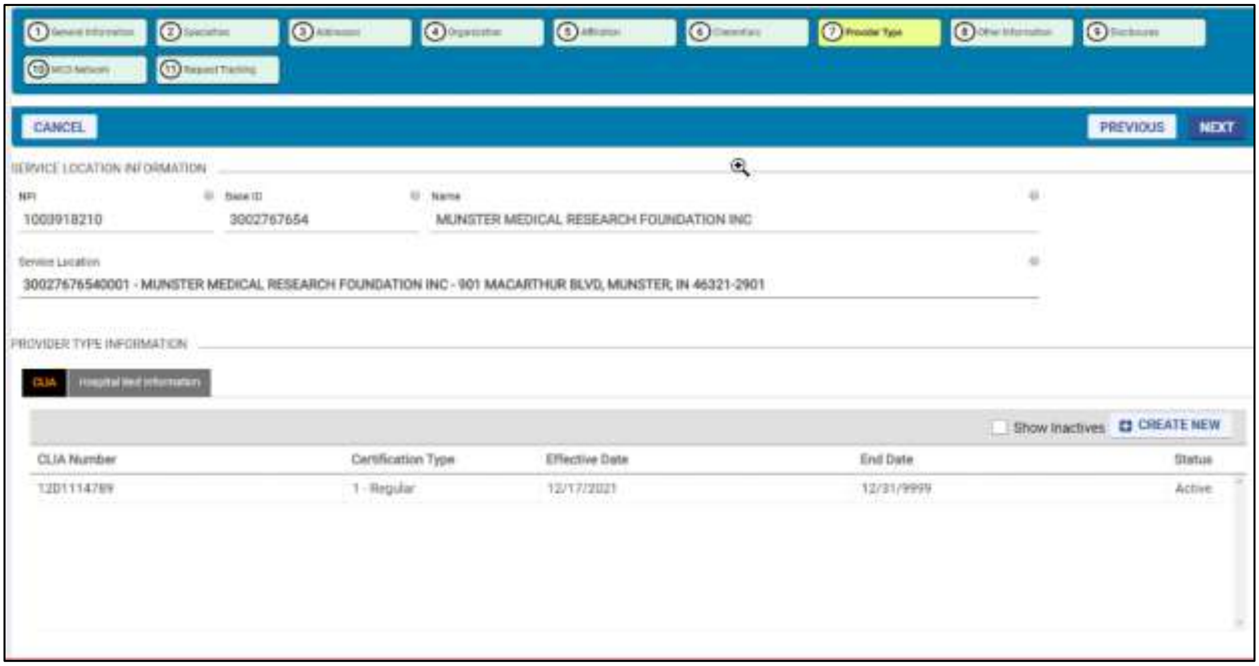


Figure 9-52: Provider Type - DMEPOS Surety Bonds

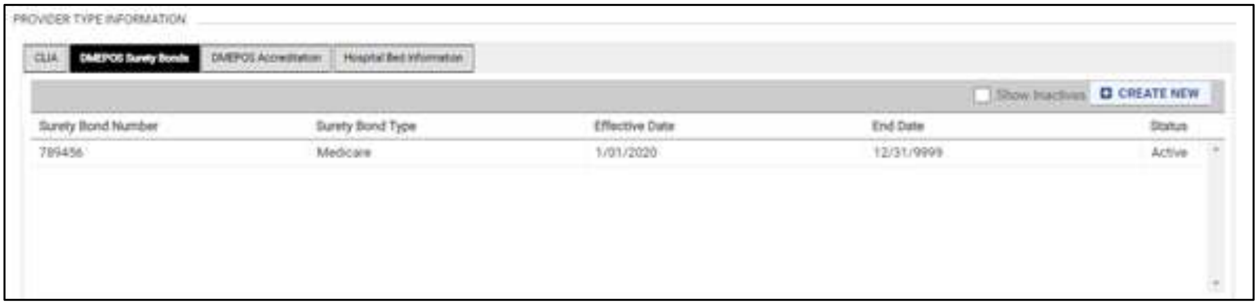


Figure 9-53: Provider Type - DMEPOS Accreditation

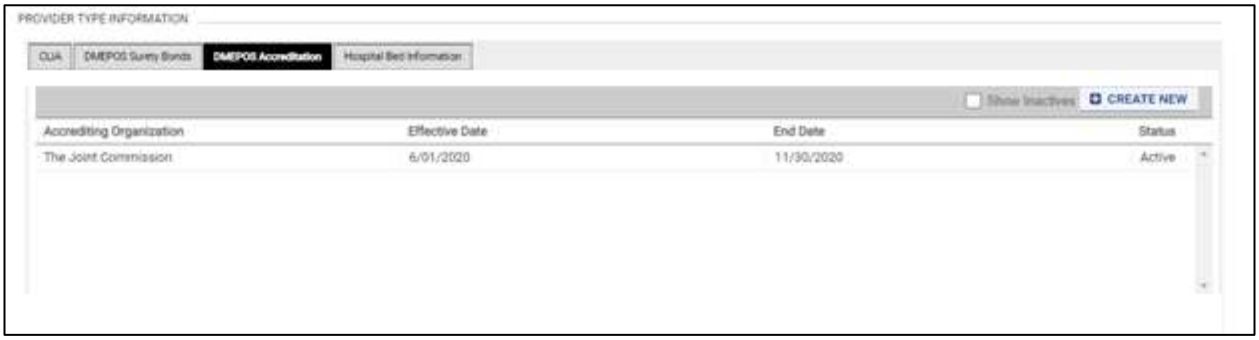
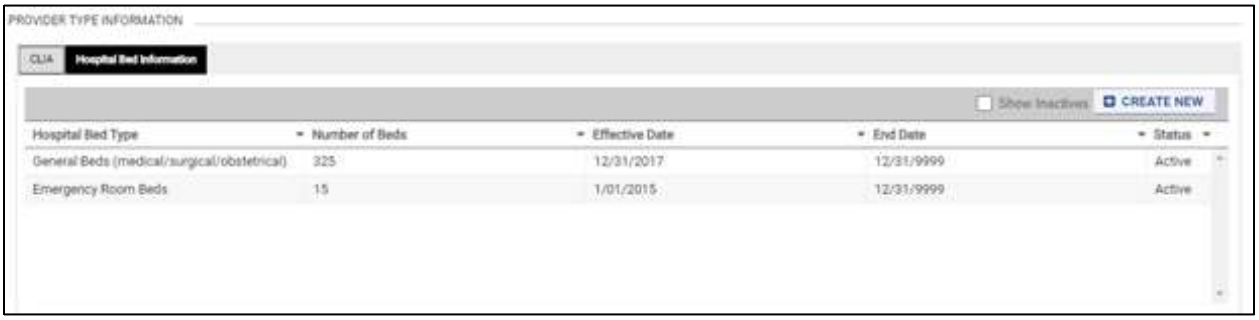


Figure 9-54: Provider Type - Hospital Bed Information



9.3.10 Other Information

The Other Information window displays information such as Certification details (specialty, certification type, etc.) and language details. Refer to Figure 9-55 and Figure 9-56.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-10 for a list of fields that can be viewed or edited in the **Other Information** module.

- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-10: Other Information Fields

Other Information			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Service Location Information	NPI		
	Base ID		
	Name		
	Service Location		
	Language	✓	

Other Information			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Other Information - Languages	Effective Date	✓	
	End Date	✓	
	Status		
Other Information - Certifications	Specialty	✓	
	Certification Type	✓	
	Other Certification		
	Certification Number	✓	
	Exempt From Accreditation	✓	
	Effective Date	✓	
	End Date	✓	
	Status		

Figure 9-55: Other Information - Languages

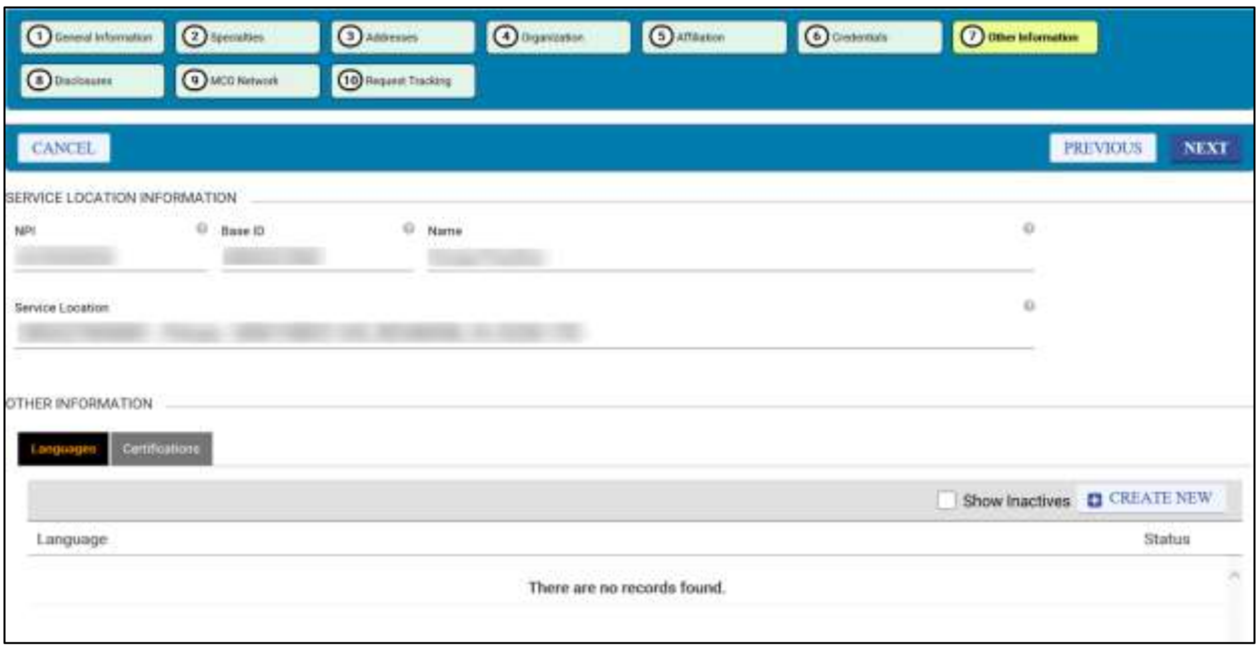


Figure 9-56: Other Information - Certifications

Note: If adding or changing an Exempt Certification, you may be required to enter an End Date. If you are unsure what to enter, contact a PRSS Enrollment and Management Clerk.

9.3.11 Disclosures

The Disclosures window contains information related to:

- Managing Employee Associations: enable practice owners to disclose any managing employees within their practice.
- Owner Associations: manage owner information for the Service Location ID, including ownership percentage and provider ownership.
- Subcontractor Associations: manage subcontractor information for any additional business relationships tied to a provider who owns an interest or share.

Refer to Figure 9-58.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

*Note: Click the tab for the desired disclosure then click **Create New** to add a new disclosure. Refer to Figure 9-57.*

Figure 9-57: Disclosures Tabs

Refer to Table 9-11 for a list of fields that can be viewed or edited in the **Disclosures** module.

- The fields are listed in the order that they appear in the disclosure.
- Fields may be hidden if they do not apply based on other selections. For example, the Social Security Number (SSN) only displays for individual disclosures.
- Fields that are required show a blue asterisk (*) in the disclosure.
- The **Requires Processing?** column indicates when a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-11: Disclosures Fields

Disclosures		
Disclosure	**Disclosure Fields**	**Requires Processing?**
Managing Employee Associations	• Relationship to Provider's Organization • Last Name	Add and Edit Only

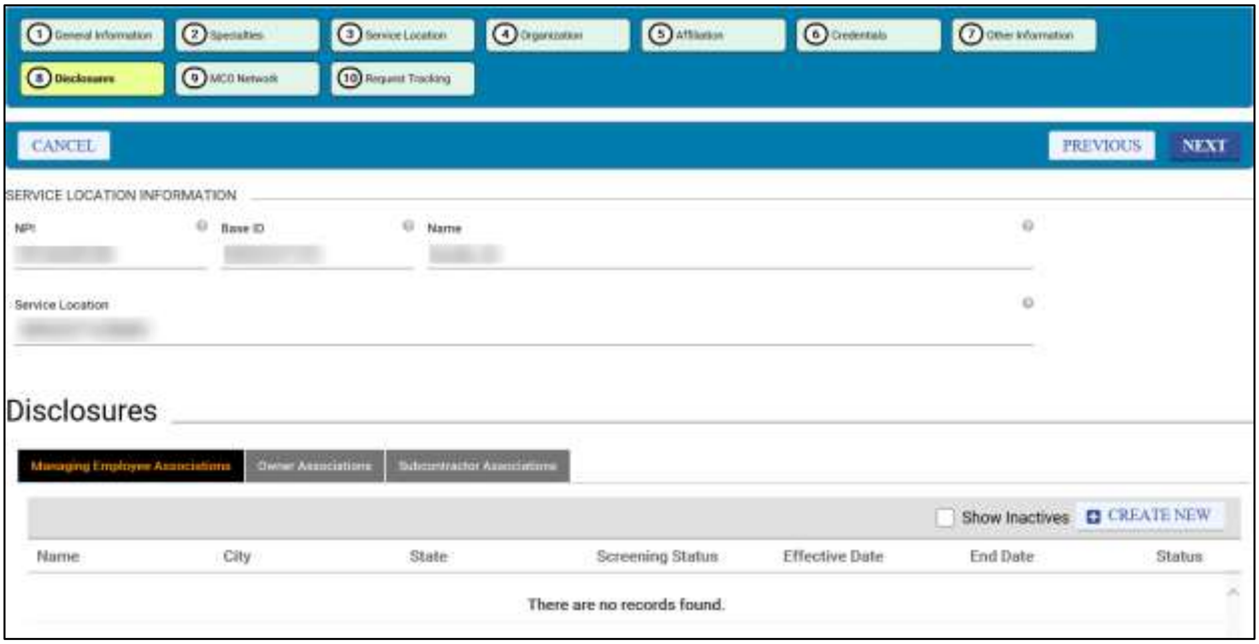
Disclosures		
	• First Name • Middle Name • Suffix • SSN • Date of Birth • Fingerprinting Confirmation Number • Address Line 1 • Address Line 2 • City • State • Country • Zip Code • Effective Date • End Date	
Managing Employee Associations - Individual Relationship Disclosure	• First Name • Last Name • Middle Name • Suffix • SSN • Individual Relationship Type	Add and Edit Only
Owner Associations	• Owner Association Type (Individual/Business) • Business Name • EIN (Employer Identification Number) • Last Name • First Name • Middle Name • Suffix • SSN • Birth Date • Fingerprinting Confirmation Number • Address Line 1 • Address Line 2 • City • State • Country • Zip Code • Email Address • Percentage Interest • Effective Date • End Date	Add and Edit Only

Disclosures		
Owner Associations - Individual Relationship Disclosure	• First Name • Last Name • Middle Name • Suffix • SSN • Individual Relationship Type	Add and Edit Only
Subcontractor Associations	• Subcontractor Association Type (Individual/Business) • Business Name • Last Name • First Name • Middle Name • Suffix • Tx ID (SSN/EIN) • Birth Date • Effective Date • End Date	Add and Edit Only

*Note: Ownership Changes – The **Percentage Interest** of all owners must add up to exactly 100% with requested changes. Adjust other current owner percentages and/or adjust the **End Date** for another owner's interest to remove ownership to ensure that the final total is 100%.*

Note: Ownership Changes – Generally, attachments are not required; however, uploading documentation to support your request such as a description of why a new owner is being added may expedite the approval process. Note that all requested new owners will be screened before the request is accepted, so owner credential details are not needed.

Figure 9-58: Disclosures



9.3.12 MCO Network

The Managed Care Organizations (MCOs) Network window displays a list of the MCOs the Provider has contracted with. You may submit a request, including any required attachments, to contract with another MCO. Refer to Figure 9-59.

Note: Only MCO contracts are viewable in this section. Fee-for-Service (FFS) contracts are not viewable.

Follow the steps in Section **9.3.1 – Manage My Information Navigation** for instructions to view, create, and update information.

Refer to Table 9-12 for a list of fields that can be viewed or edited in the **MCO Network** module.

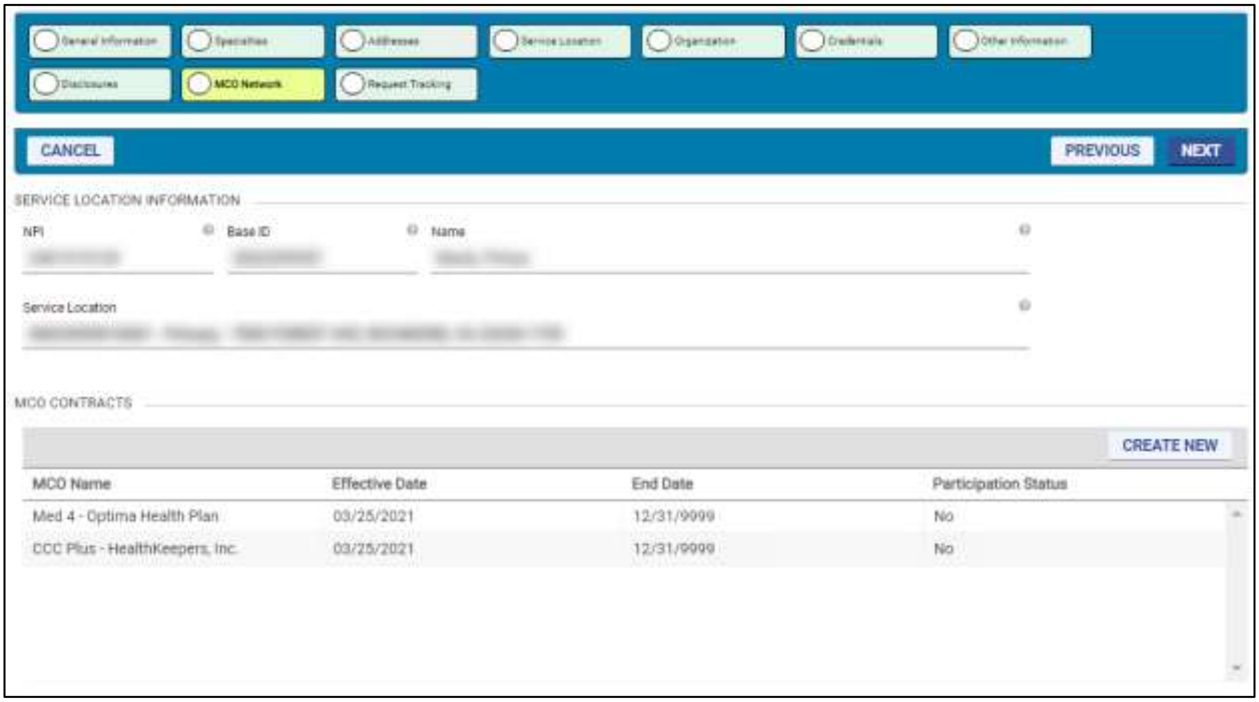
- The fields are organized by section in the order that they appear.
- Fields may be hidden if they do not apply based on your enrollment information.
- If the **Requires Processing?** column includes a check mark, a change request will be pending until a PRSS Enrollment and Management Clerk reviews it. Refer to Section **9.3.1.5 - Track Changes** to track changes that require processing.

Table 9-12: MCO Network Fields

MCO Network			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
Service Location Information	NPI		
	Base ID		
	Name		

MCO Network			
Section	**Section Fields**	**Editable?**	**Requires Processing?**
	Service Location		
MCO Contracts	MCO Name	✓	Contract changes are submitted to the MCO for processing
	Effective Date	✓	
	End Date	✓	
	Participation Status	✓	
MCO Consent	First Name		
	Last Name		
	I agree	✓	
	Consent Date		

Figure 9-59: MCO Network



Note: All MCOs will be listed in the MCO Contracts table. Active contracts will have a Participation Status of Yes.

9.3.12.1 Create an MCO Request

To submit a request to an MCO, complete the following steps:

1. Click **CREATE NEW** from the **MCO Contracts** section.
2. The **Add Managed Care Organizations** window appears. Select the MCO(s) by clicking them and using the arrow buttons, then click **NEXT**. Refer to Figure 9-60.

Note:

- ***Available MCOs** list (left) includes those that the Provider does not currently have a contract or pending application with.*
- ***Selected MCOs** list (right) includes those that the Provider would like to contract with. This list is initially blank.*

a. Select an MCO from the **Available MCOs** list, then click **>** to move it to the **Selected MCOs** list.

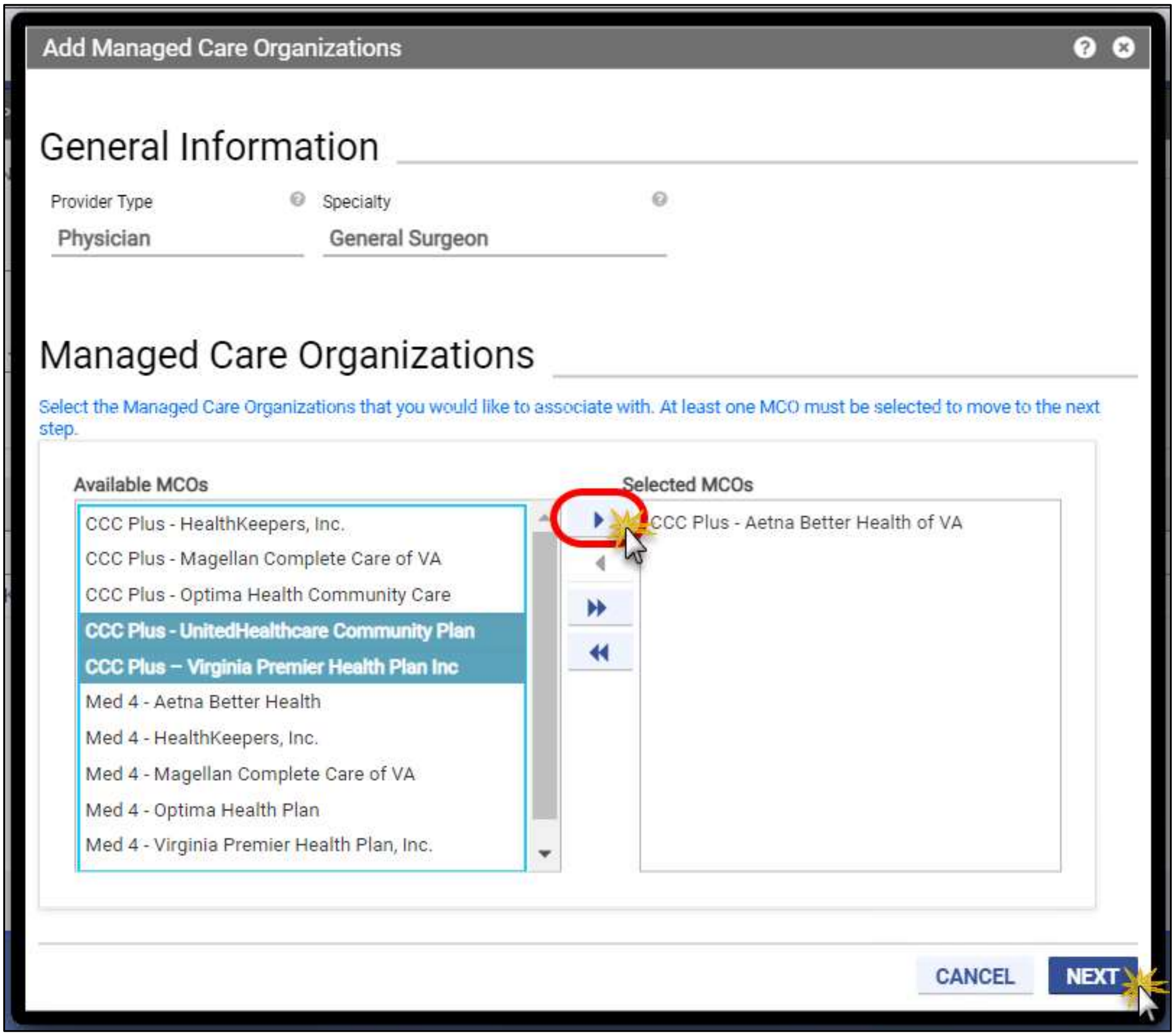
b. Click **>>** to move all MCOs from the **Available MCOs** list to the **Selected MCOs** list.

c. Select an MCO from the **Selected MCOs** list, then click **<** to move it to the **Available MCOs** list.

d. Click **<<** to move all MCOs from the **Selected MCOs** list to the **Available MCOs** list.

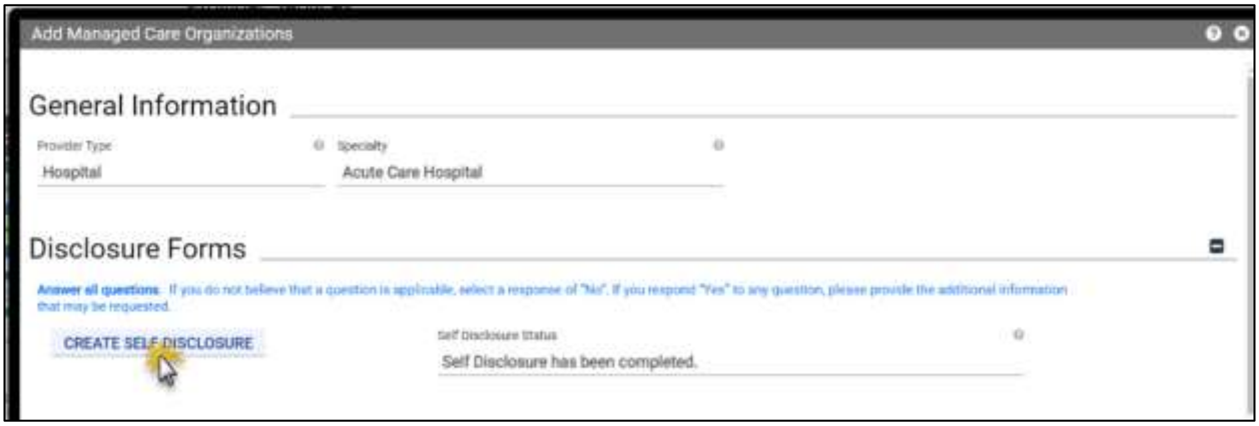
*Note: Press the **CTRL** key and click multiple MCOs to select more than one to move with **>** or **<**.*

Figure 9-60: Select MCO



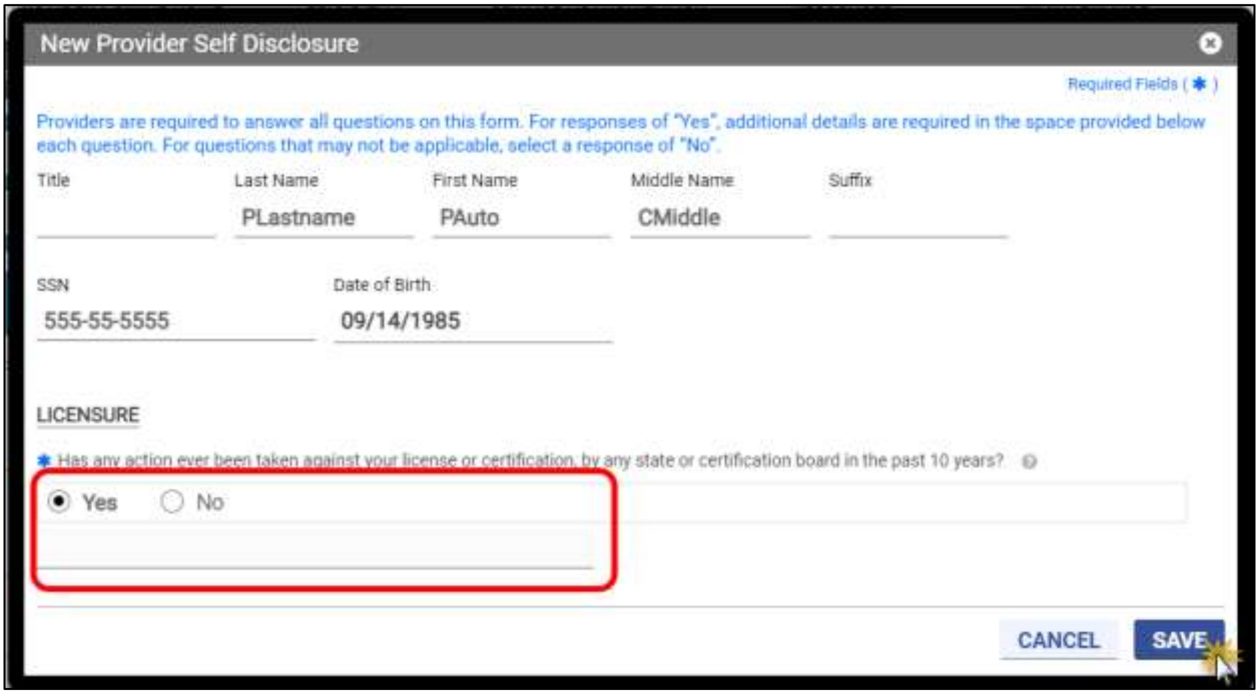
3. If disclosure(s) are required, they display in the **Disclosure Forms** section. Click **CREATE SELF DISCLOSURE** to open the disclosure in a new window. Refer to Figure 9-61.

Figure 9-61: MCO Disclosure Forms



4. Complete the disclosure and click **SAVE** at the bottom of the form. Refer to Figure 9-62. Repeat for any additional disclosures.

Figure 9-62: MCO New Provider Self Disclosure

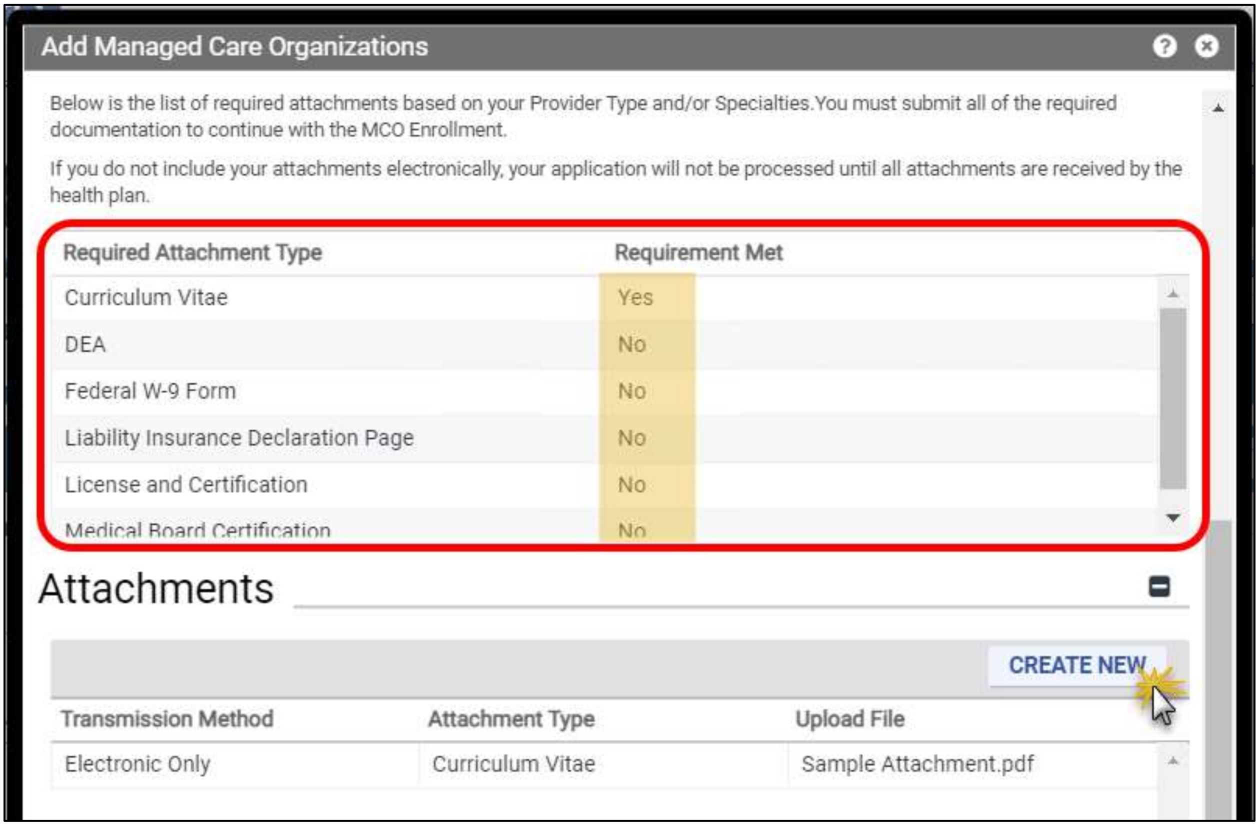


5. Add **Attachments** by following the steps in Section **9.3.1.4 - Add Attachments**. Refer to Figure 9-63. Repeat adding attachments until all **Requirements Met** indicate **Yes** and optional attachments have been added.
    a. Based on the Provider Type and Specialties for the Provider that is initiating a contract request, there will be different sets of required attachments listed in this table.
    b. The first column indicates which attachments that are required.

c. The second column indicates whether files have been loaded to meet the requirements. As attachments are loaded, the column indicator changes to **Yes**.

d. Optional, additional supporting documentation may be attached.

Figure 9-63: Required Attachments



6. In the **MCO Consent** section of the window, agree to the terms and conditions for each MCO that was selected in the previous window.

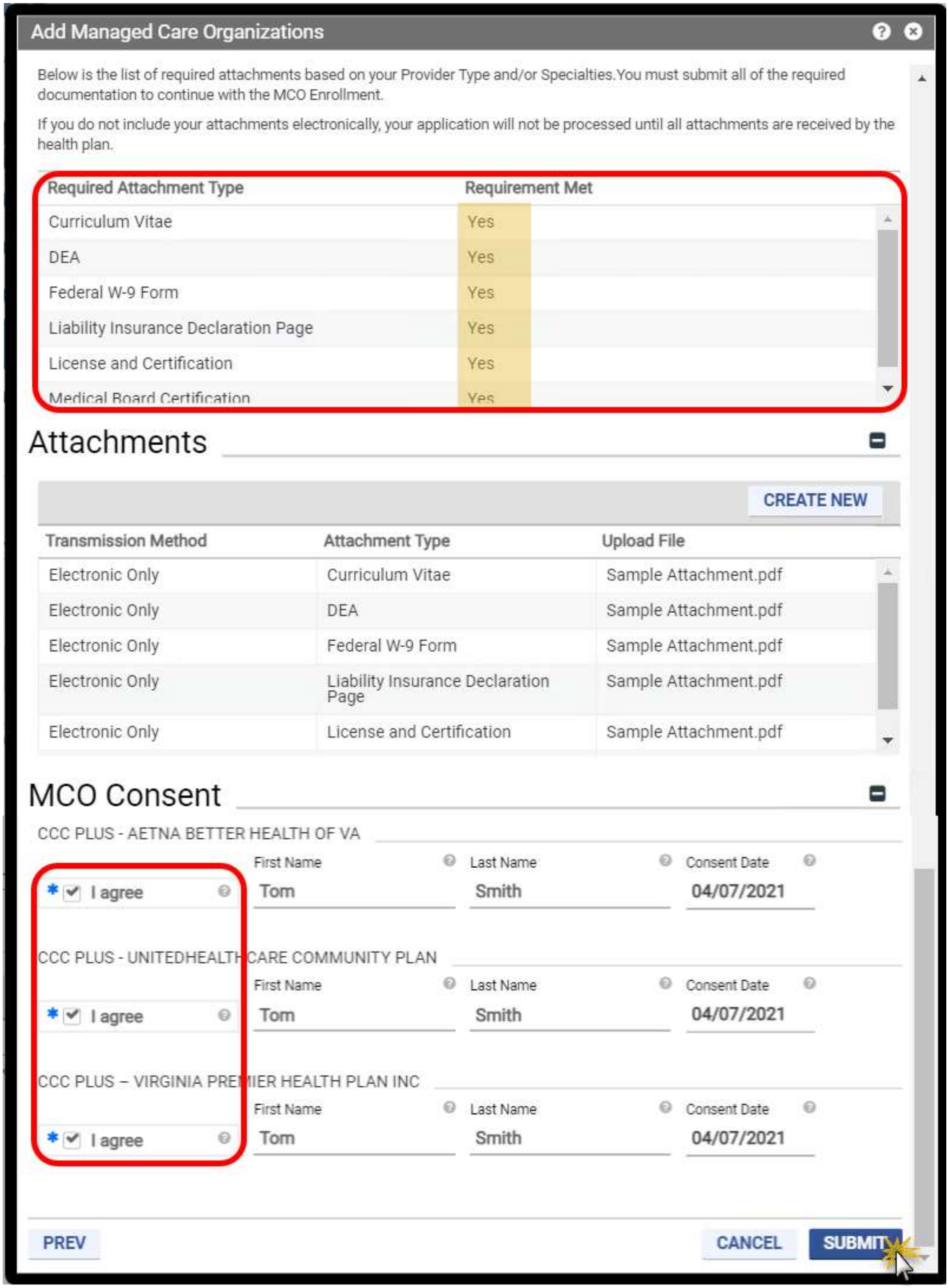
   a. Select the **I agree** checkbox.

   b. The **First Name**, **Last Name,** and **Consent Date** fields auto-populate.

   c. Click **SUBMIT**. Refer to Figure 9-64.

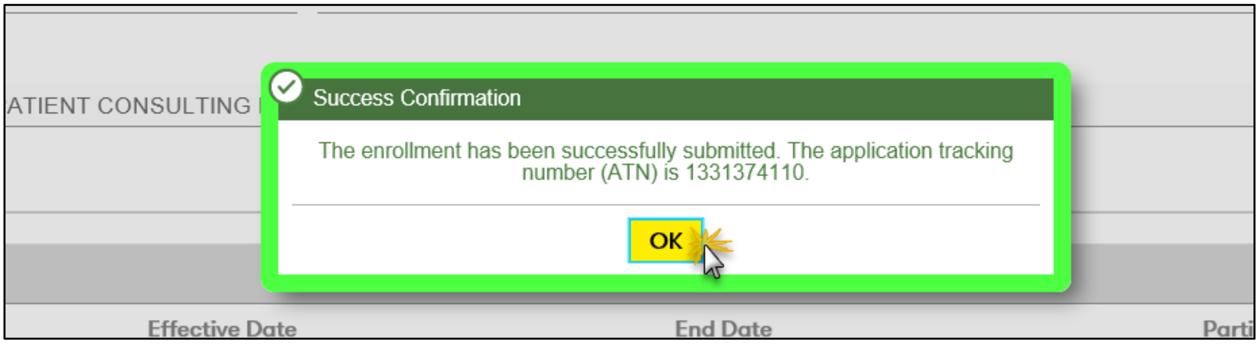
*Note: Clicking **PREV** in the lower-left returns you to the previous window and allows you to change the selected MCOs; however, you will need to restart the **Disclosure** and **Attachment** steps. The attachments will still be added, but the **Requirements Met** reset to **No**, meaning that you need to reload any required attachments.*

Figure 9-64: MCO Consent



7. A confirmation message displays with a Tracking Number. Click **OK**. Refer to Figure 9-65. Your request is sent to the MCO(s) for review, and the MCO(s) will reach out to you regarding next steps.

Figure 9-65: Confirmation Message



Note: You may need to refresh your web browser to see your request on the MCO Network page.

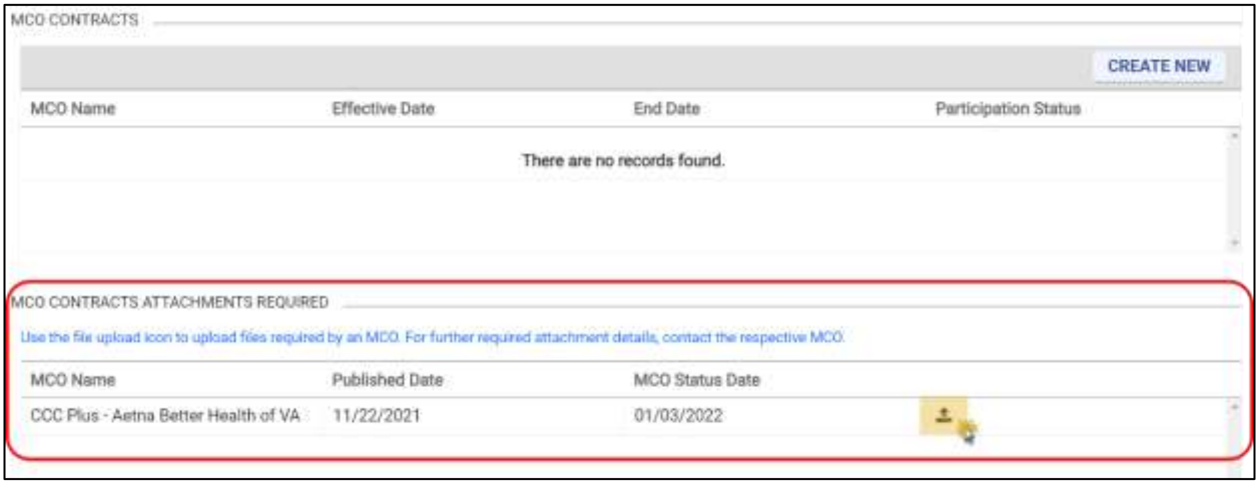
Note: If the MCO approves your request the participation status of the MCO will change to yes on the MCO Network page and the effective date will update to the date determined by the MCO.

9.3.12.2 Upload Files

When an MCO requires additional documentation, the **MCO Contracts Attachments Required** section displays on the **MCO Network** window. Complete the following steps to submit documentation to the MCOs:

1. Message displays from at-a-glance bar.
2. Click the upload files icon ( ) in the **MCO Contracts Attachments Required** section. Refer to Figure 9-66.

Figure 9-66: Upload MCO Attachments



*Note: Once the MCO retrieves the documentation, the option to upload files no longer appears in the **MCO Network** window.*

3. The **New Attachment** window appears. Complete steps in Section **9.3.1.4 - Add Attachments** to add the attachment.
4. Click **Upload Files.** Refer to Figure 9-67.

Figure 9-67: Select File

9.4 Manage Delegates

This feature enables you to establish and maintain Delegates who can perform select functions in the Provider Portal on your behalf. This feature allows a Provider or an organization the ability to give Provider Portal access to their clerical or administrative staff to support daily operations.

These are a few key points about delegates:

- A Provider may have multiple Delegates such as administrative or clerical staff who perform different tasks.
- A Delegate may be assigned to multiple Providers from various Service Locations.
- A Delegate is assigned to one or more Service Locations and may only access information related to those assigned Service Location(s).
- A Delegate is an individual with a unique email address; the delegate's email must be different than the Provider's Provider Portal email address.

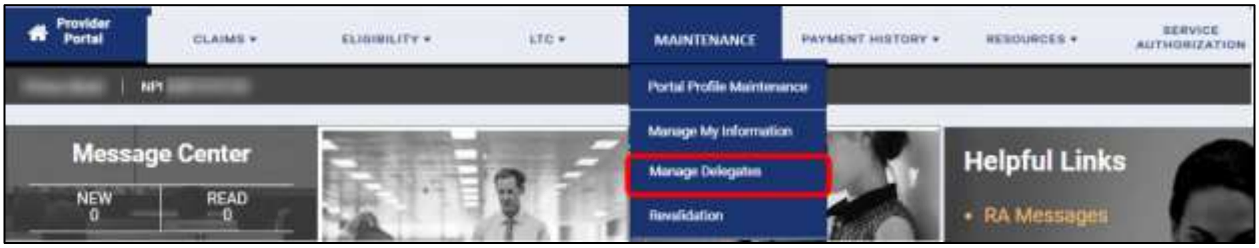
There are two types of delegates:

- **Delegates** perform select functions in the Provider Portal that are assigned by the Provider(s) they represent.
- **Delegate Administrators (DAs)** can access all functions available to the Provider they represent. This includes creating and maintaining other delegates assigned to work on behalf of a user.

*Note: DAs and Authorized Administrators have similar access, but they are NOT the same. Refer to Section **A-1 - What is the difference between a delegate and an authorized administrator?** for the differences.*

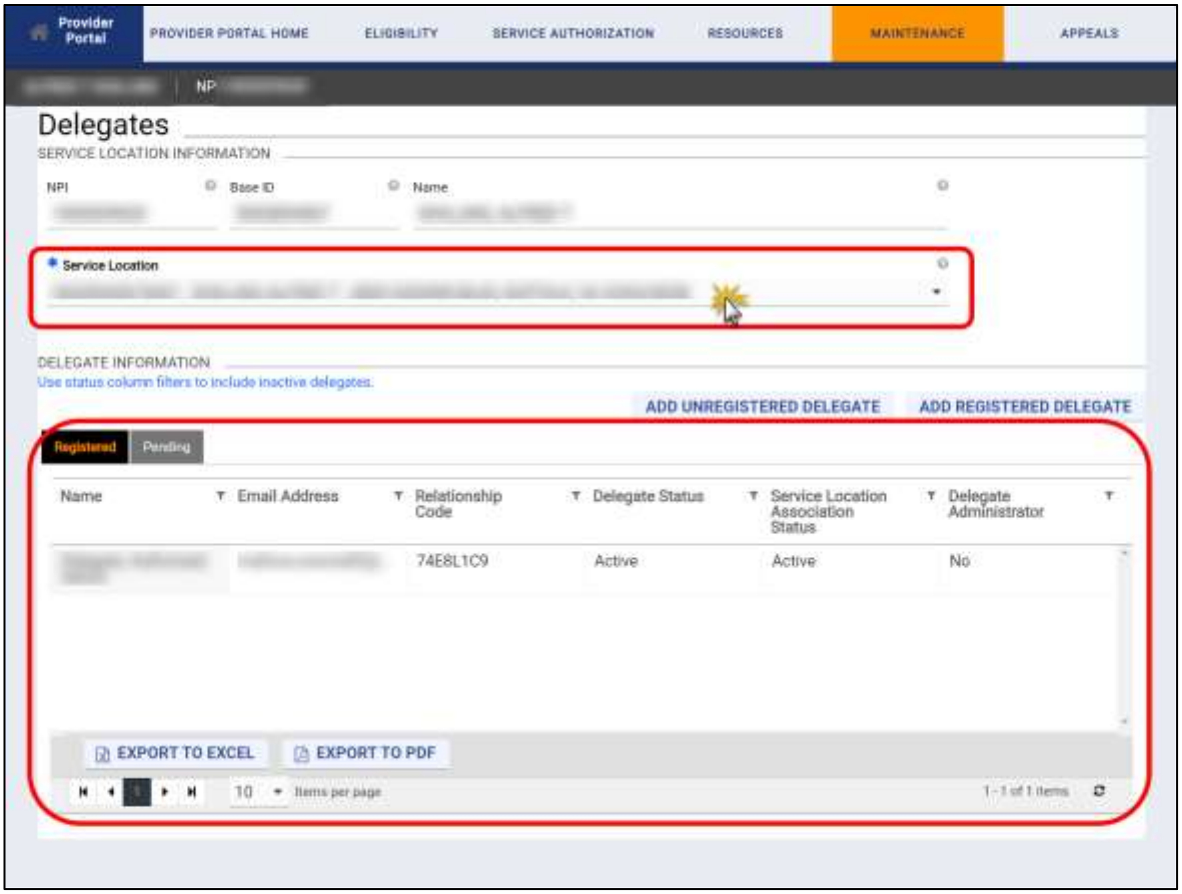
1. To manage Delegates, click **Maintenance** from the **Navigation Menu**, then click **Manage Delegates**. Refer to Figure 9-68.

Figure 9-68: Manage Delegates



2. *Optional:* If you have more than one Service Location, click the field for a drop-down list. Select a specific **Service Location** to filter the list of Delegate(s) for that location.
3. The delegates assigned to that location display on the **Registered** tab. Refer to Figure 9-69.

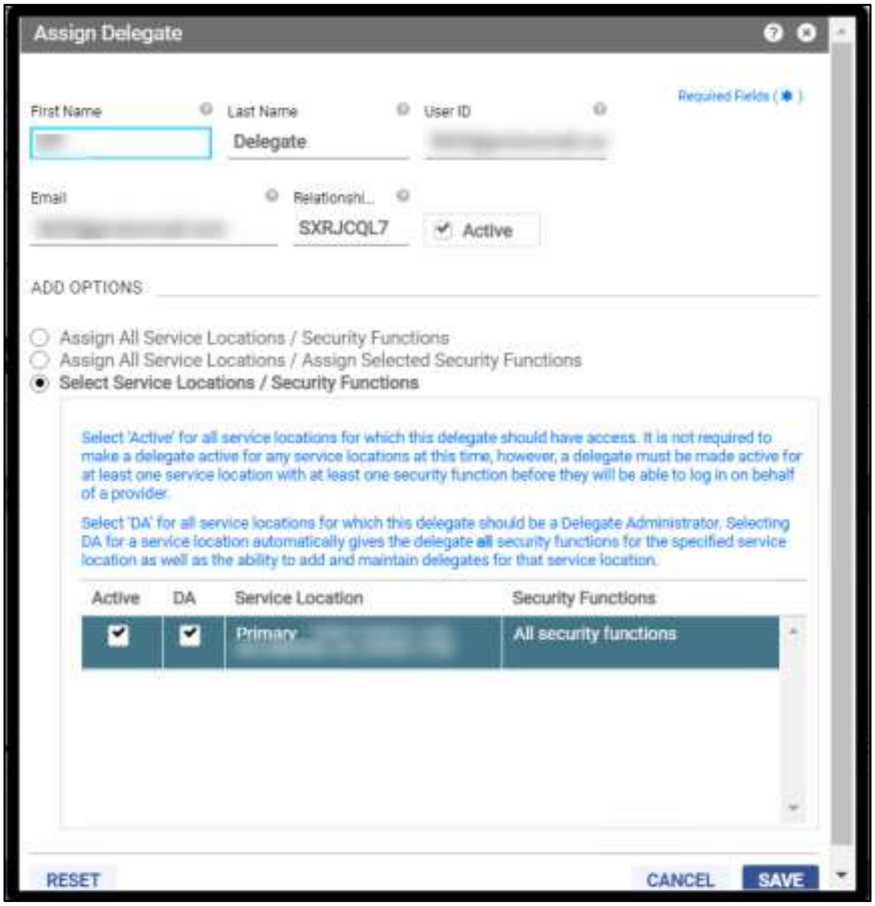
Figure 9-69: Location Delegates



*Note: The **Pending** tab is not applicable for Virginia Providers.*

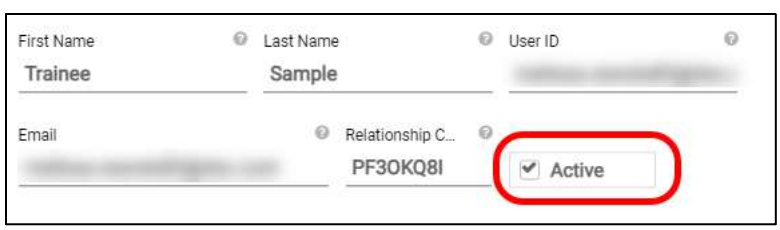
4. To view details of a Delegate, double-click a Delegate record. The **Assign Delegate** window appears with delegate details and currently assigned security functionality for Provider Portal. Refer to Figure 9-70.

Figure 9-70: View Delegate Details



*Note: The **Active** check box at the top of the window indicates whether the Delegate can work on your behalf. If the check box is not selected, then the Delegate will not have access to your account. This check box overrides any active security functions set for specific Service Locations. Refer to Figure 9-71.*

Figure 9-71: Active Delegate Setting



5. *Optional:* To make changes to the **Service Locations** or **Security Functions** accessible to a Delegate. Click **RESET** then make changes and click **SAVE**.

9.4.1 Delegate Security Access

Delegate access is associated with Service Locations. There are three options when managing delegate access. Select your choice in the **ADD OPTIONS** section of **Assign Delegate**, **Add Registered Delegate**, or **Add Unregistered Delegate** window. Refer to Table 9-13.

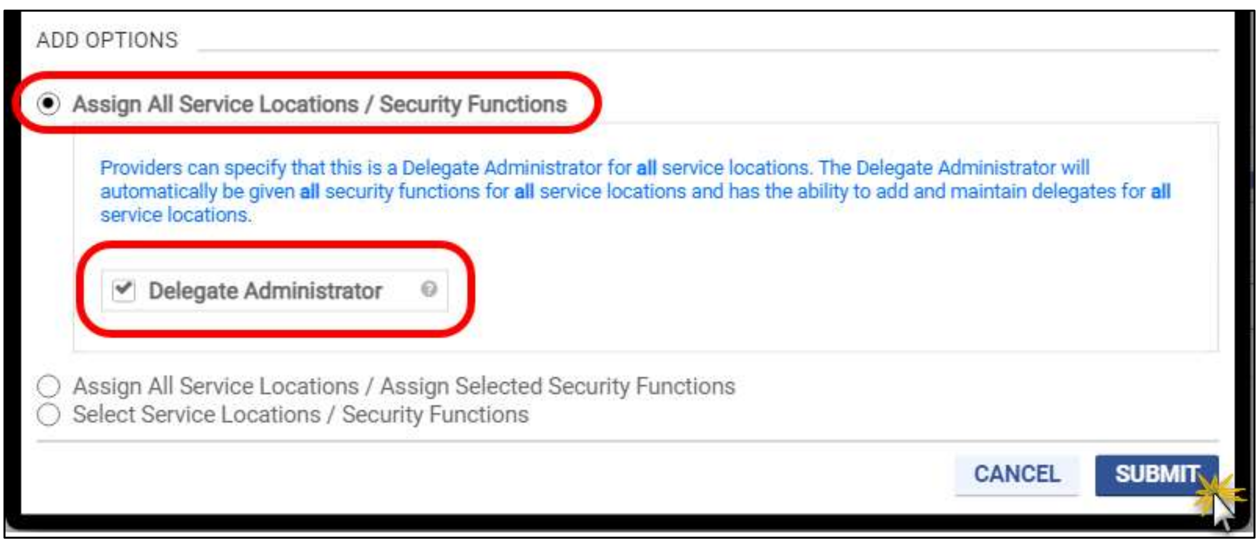
Table 9-13: Delegate Security Access

Delegate Access	Access Description
Assign All Service Locations / Security Functions	Set a master DA for all locations with all security functions.
Assign All Service Locations / Assign Selected Security Functions	Set a delegate with the selected security functions to all locations.
Select Service Locations / Security Functions	Set a delegate to selected locations with selected security functions. Security functions may vary per location.

9.4.1.1 Assign All Service Locations/Security Functions

1. Select **Assign All Service Locations/Security Functions**. Figure 9-72.
2. The **Delegate Administrator** check box appears. If you want the Delegate to have full access, including the ability to manage other delegates, select the check box. Refer to Figure 9-72**Error! Reference source not found.**.
3. Click **SUBMIT**.
4. The Delegate is authorized to perform all security functions on behalf of the Provider for all of the Provider's Service Locations.

Figure 9-72: Assign All Service Locations/Security Functions



9.4.1.2 Assign All Service Locations/Assign Selected Security Functions

1. Select **Assign All Service Locations/Assign Selected Security Functions**.
2. The **Available Functions** list appears. Select the **Security Function(s)** by clicking them and using the arrow buttons, then click **SUBMIT**. Refer to Figure 9-73.

Note:

Available Functions *list (left) includes those that the Delegate does not currently have assigned.*

Selected Functions *list (right) includes those that the Delegate will have assigned. When adding a Delegate, this list is initially blank. At least one security function must be added to continue.*

a. Select a security function from the **Available Functions** list, then click **>** to move it to the **Selected Functions** list.

b. Click **>>** to move all security functions from the **Available Functions** list to the **Selected Functions** list.

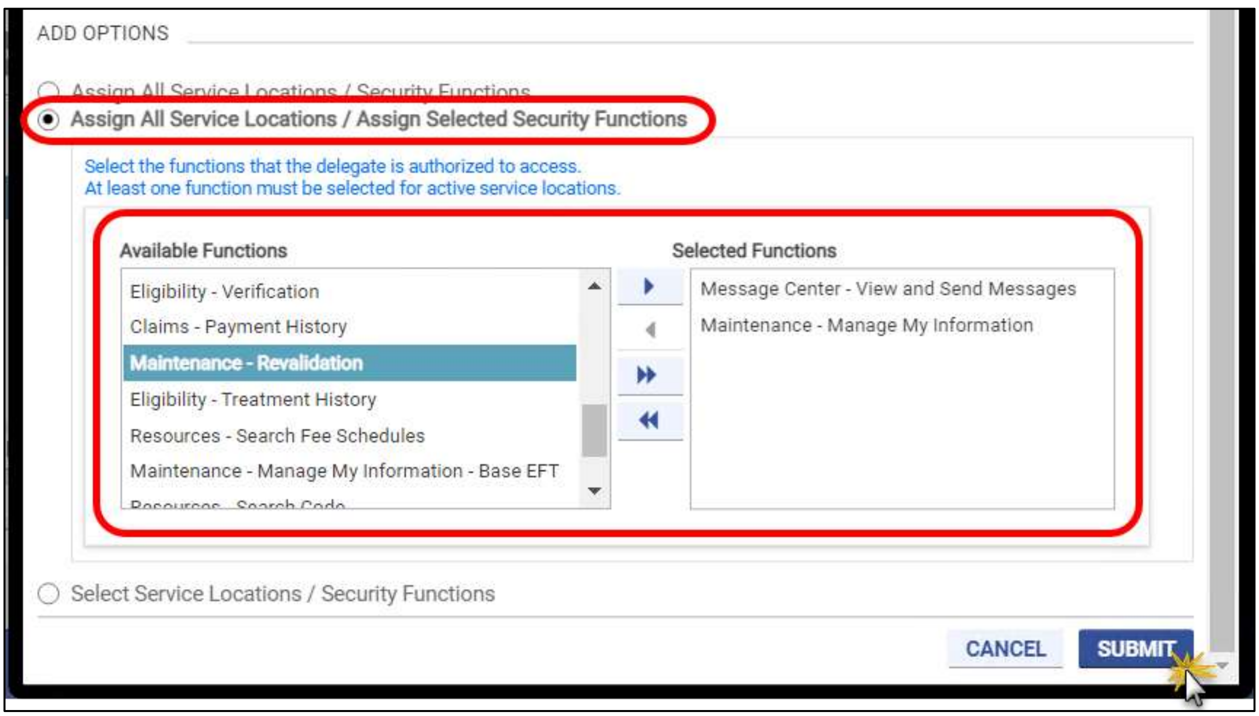
c. Select a security function from the **Selected Functions** list, then click **<** to move it to the **Available Functions** list.

d. Click **<<** to move all security functions from the **Selected Functions** list to the **Available Functions** list.

*Note: Press the **CTRL** key and click multiple security functions to select more than one to move with **>** or **<**.*

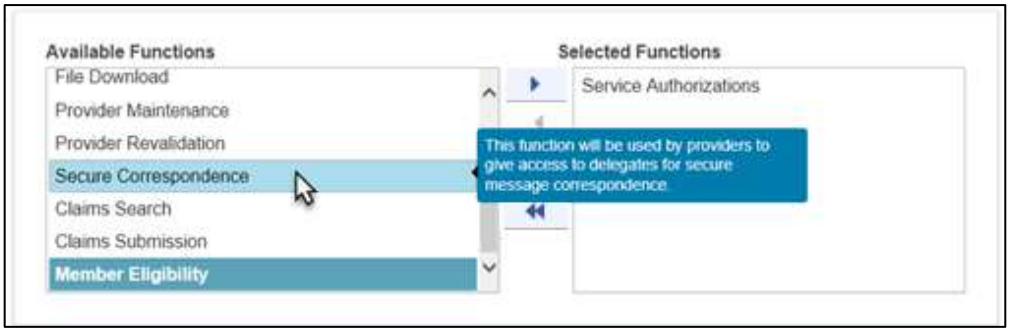
3. The Delegate is authorized to perform the selected security functions on behalf of the Provider for all of the Provider's Service Locations.

Figure 9-73: Assign All Service Locations/Assign Selected Security Functions



*Note: To learn more about security rights associated with a specific function, move your cursor over the function name in the **Available Functions** or **Selected Functions** lists. Refer to Figure 9-74.*

Figure 9-74: Function Note

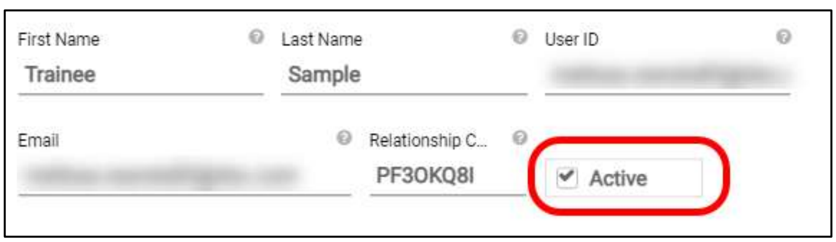


9.4.1.3 Select Service Locations/Security Functions

1. **Select Service Locations/Security Functions**.
2. Select the **Active** check box for each **Service Location** the Delegate will be assigned to. If the check box is not selected, then the Delegate will not have access to the Service Location's details.

*Note: The **Active** check box in the Delegate's information section of this window overrides any security functions set for specific Service Locations. Refer to Figure 9-75.*

Figure 9-75: Active Delegate Setting



3. Click <u>each</u> **Service Location** record to select the Delegate's **Security Function(s)** for that location. If the security access is missing for any Service Location, the access will not save. Refer to Figure 9-76.
   a. If the Delegate will be assigned as a DA, select the **DA** check box for each desired **Service Location**. DAs have access to all **Security Functions**, including the ability to manage other Delegates.

*Note: If the **DA** check box is selected, the **Security Functions** section is hidden for that Service Location. Select a Service Location that does not have the **DA** check box selected to view the **Security Functions** section.*

*Note: DAs cannot manage other DAs, so the **DA** column will be hidden for them.*

b. If the Delegate will be assigned limited access, the **Available Functions** list appears. Select the **Security Function(s)** by clicking them and using the arrow buttons, then click **SUBMIT**. Refer to Figure 9-76.

Note:

- ***Available Functions** list (left) includes those that the Delegate does not currently have assigned.*
- ***Selected Functions** list (right) includes those that the Delegate will have assigned. When adding a Delegate, this list is initially blank. At least one security function must be added to continue.*

i. Select a security function from the **Available Functions** list, then click **>** to move it to the **Selected Functions** list.

ii. Click **>>** to move all security functions from the **Available Functions** list to the **Selected Functions** list.

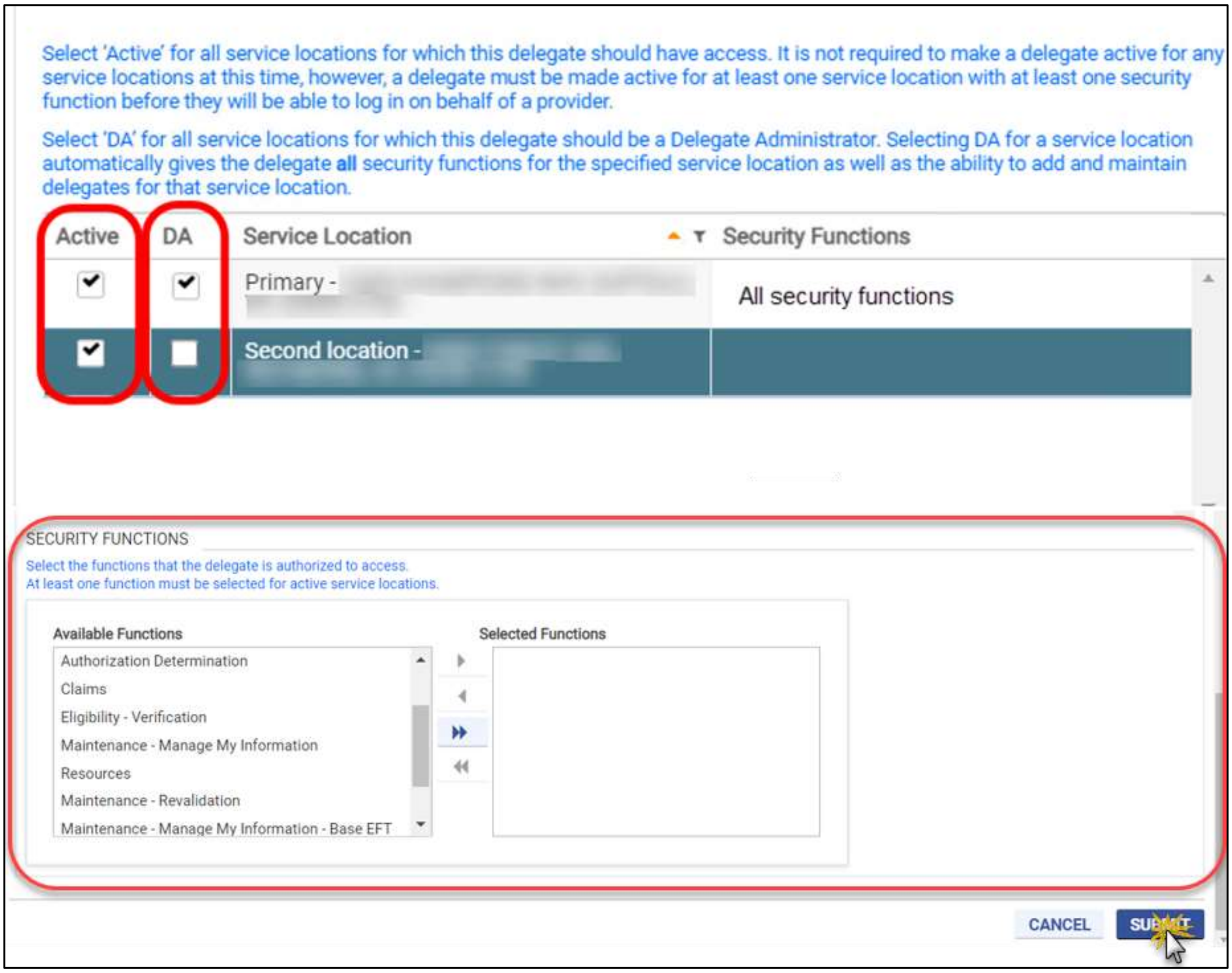
iii. Select a security function from the **Selected Functions** list, then click **<** to move it from the to the **Available Functions** list.

iv. Click **<<** to move all security functions from the **Selected Functions** list to the **Available Functions** list.

*Note: Press the **CTRL** key and click multiple security functions to select more than one to move with **>** or **<**.*

4. Click **SUBMIT**.
5. The Delegate is authorized to perform the selected security functions on behalf of the Provider for the Provider's selected Service Locations.

Figure 9-76: Select Service Locations/Security Functions



9.4.2 Add Delegate

The process to add a Delegate varies slightly depending on whether the person is already registered on Provider Portal. Take note of these points:

- Registered Delegates already have Provider Portal credentials while Unregistered Delegates do not.
- Registered Delegates must provide you their **Last Name** and **Relationship Code** so that your Service Location(s) and functionality are added to the Delegate's existing account. Refer to Section **9.2 - Portal Profile Maintenance - Delegate** to locate the **Relationship Code**.
- Unregistered Delegates will need to complete registration <u>after</u> you add them and before accessing your account. Refer to Section **4.1 - Provider Portal Registration**.

9.4.2.1 Add Registered Delegate

To add a Registered Delegate, complete the following steps:

1. From the **Delegates** window, click **ADD REGISTERED DELEGATE**. Refer to Figure 9-77.

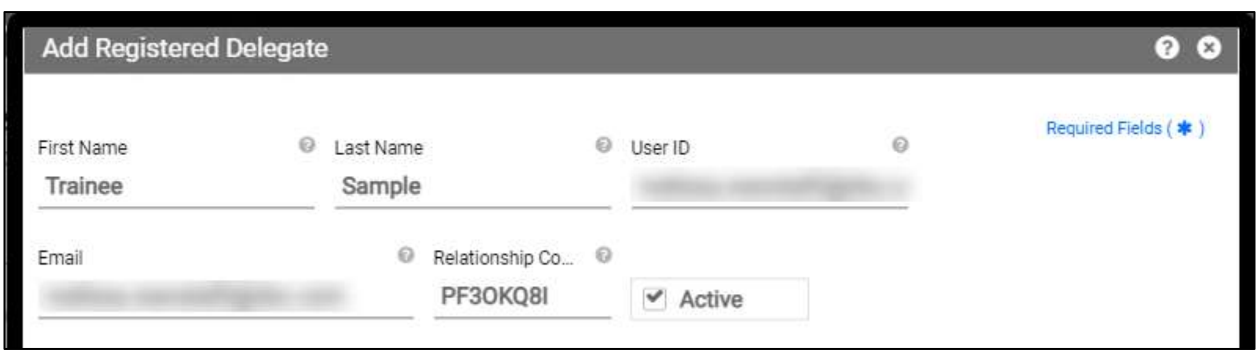
Figure 9-77: Add Registered Delegate Button

2. The **Add Registered Delegate** window appears. Enter the supplied Delegate **Last Name** and **Relationship Code**, then click **CONTINUE**. Refer to Figure 9-78.

Figure 9-78: Add Registered Delegate Window

3. When the **Last Name** and **Relationship Code** are validated by the system, the **Add Registered Delegate** window displays the validated Delegate's information. Refer to Figure 9-79.

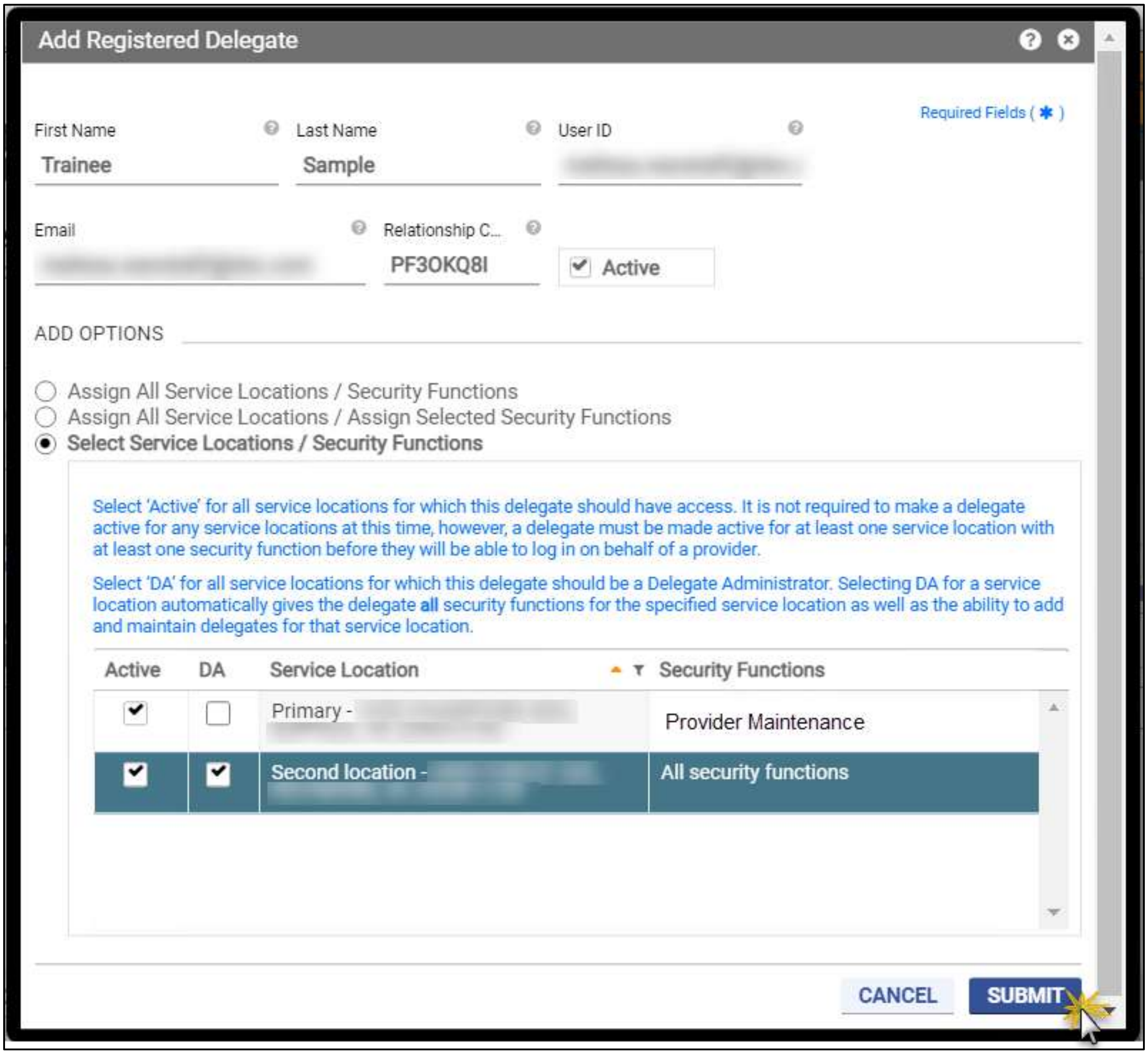
Figure 9-79: Add Registered Delegate Validation



4. Navigate to the **ADD OPTIONS** section and select the appropriate Service Locations and security levels. Refer to Section **9.4.1 - Delegate Security Access** for an explanation of security functions and detailed instructions.

5. When finished assigning rights, click **SUBMIT**. Refer to Figure 9-80. A confirmation message displays.

Figure 9-80: Add Registered Delegate Submit



6. The Delegate can now access your account from **Switch Provider** in Provider Portal.

9.4.2.2 Add Unregistered Delegate

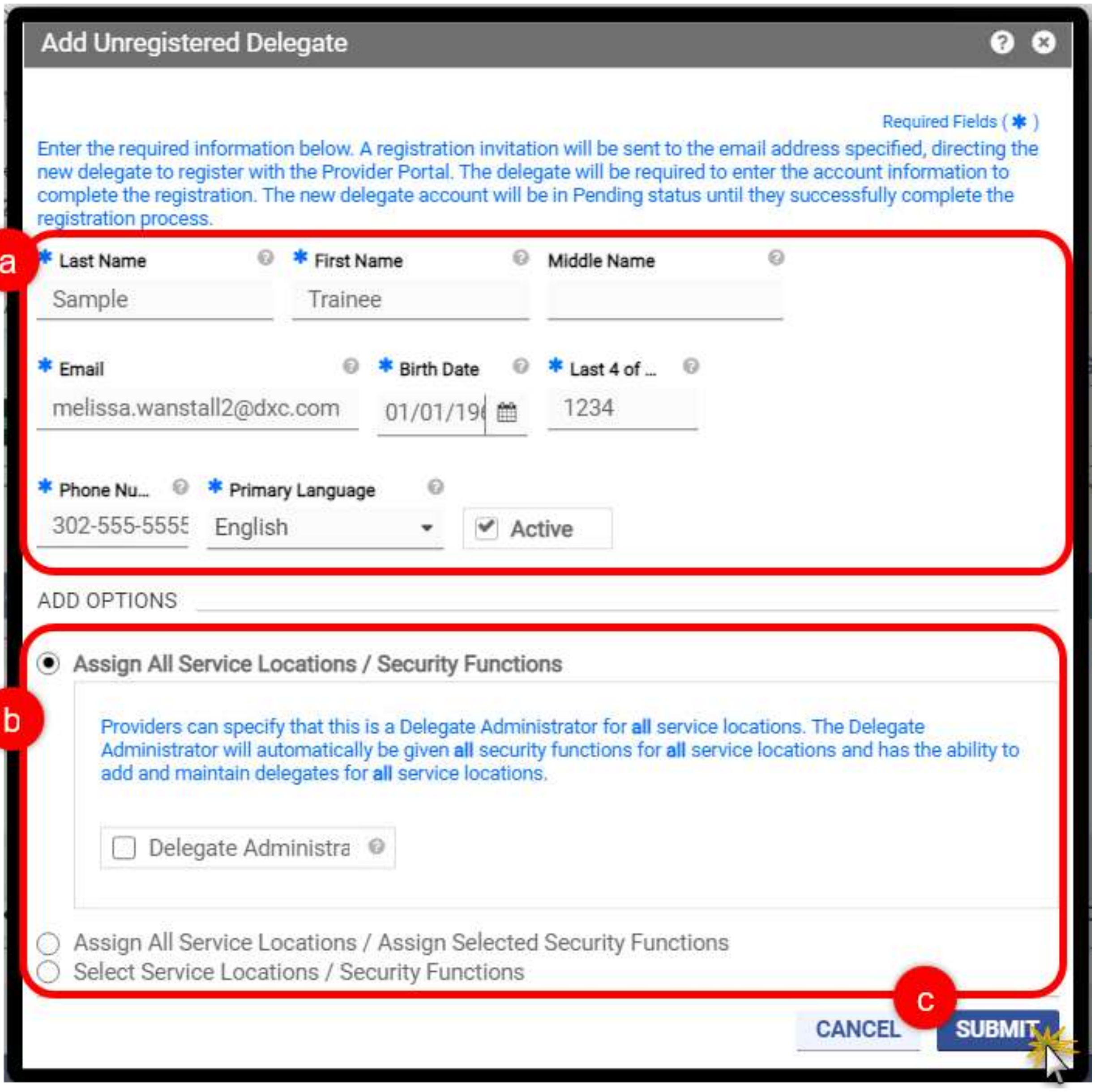
To add an Unregistered Delegate, complete the following steps:

1. From the **Delegates** window, click **ADD UNREGISTERED DELEGATE**. Refer to Figure 9-81.

Figure 9-81: Add Unregistered Delegate

2. The **Add Unregistered Delegate** window displays. Refer to Figure 9-82.
   a. Complete the Delegate's profile information.
   b. Select the appropriate Service Locations and security levels. Refer to Section **9.4.1 - Delegate Security Access** for an explanation of security functions and detailed instructions.
   c. Click **SUBMIT**. Refer to Figure 9-82. A confirmation message displays.

Figure 9-82: Add Unregistered Delegate Window



3. The Delegate receives the emails to complete Provider Portal registration. The Delegate will be able to access your account from **Switch Provider** as soon as registration is complete.

9.4.3 Activate/Inactivate Delegate

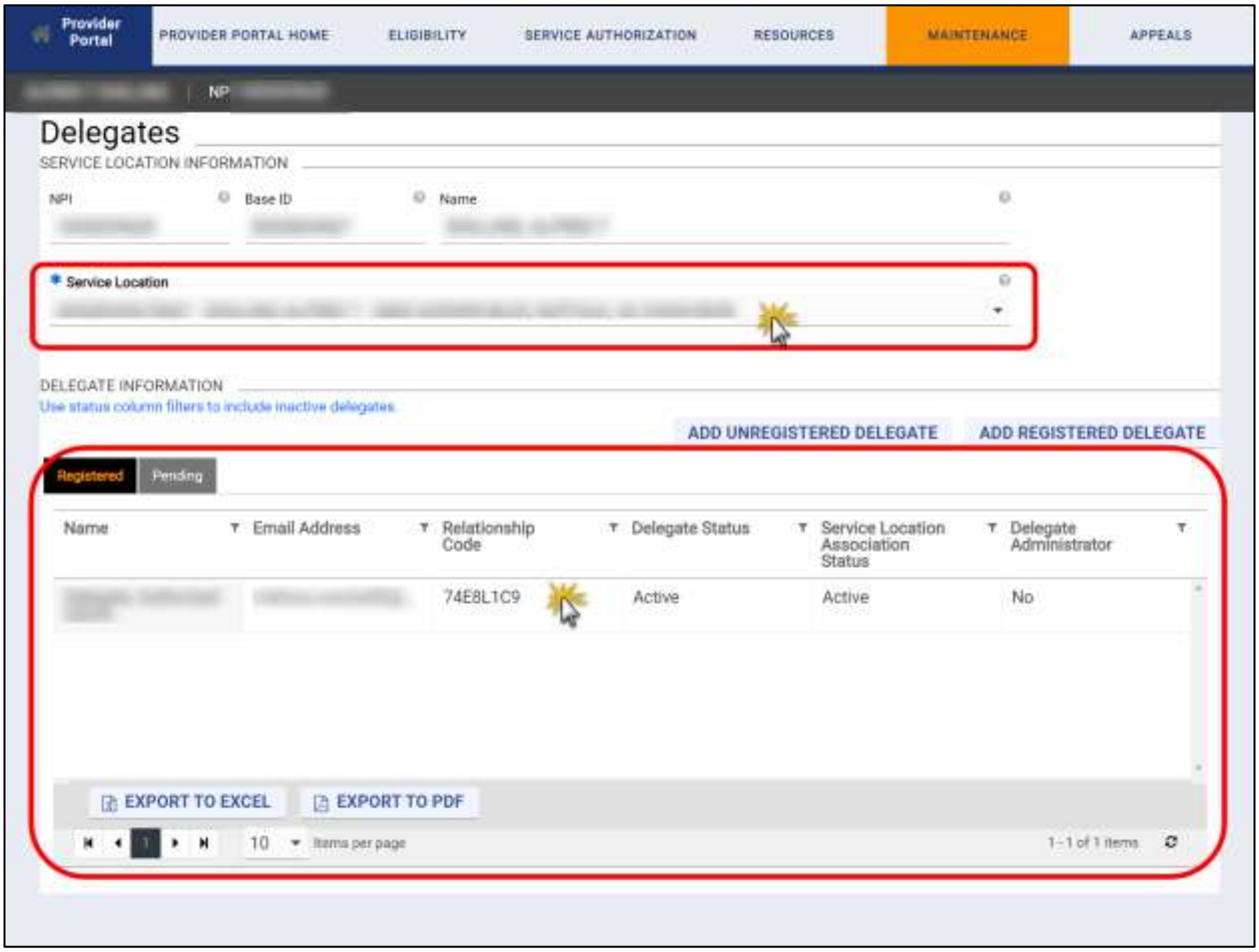
Once a delegate is added, the delegate cannot be deleted. However, security rights may be inactivated. If an inactivated delegate needs to be reinstated, reactivate the delegates access rather than trying to add the delegate again.

1. To manage Delegates, click **Maintenance** from the **Navigation Menu**, then click **Manage Delegates**. Refer to Figure 9-83.

Figure 9-83: Manage Delegates

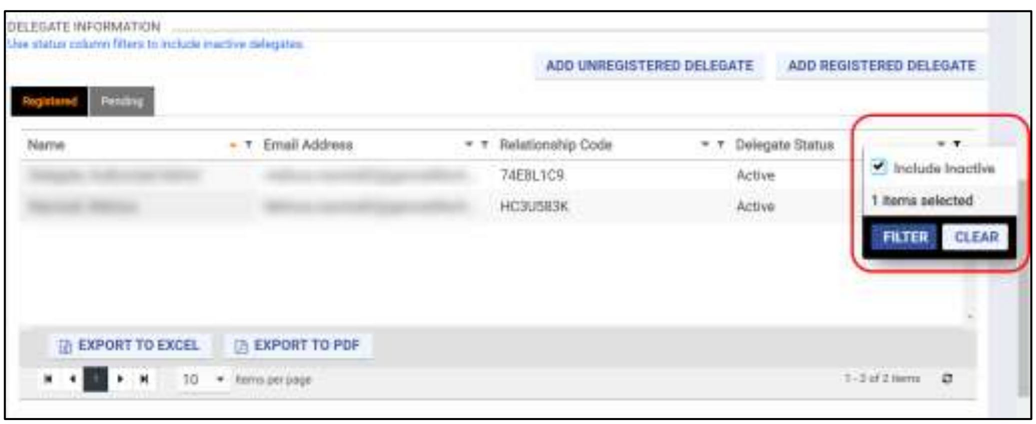
2. *Optional:* If you have more than one Service Location, click the field for a drop-down list. Select a specific **Service Location** to filter the list of Delegate(s) for that location.
3. The **Delegates** page displays. The delegates assigned to that location display on the **Registered** tab. Double-click the delegate record that you want to activate or inactivate. Refer to Figure 9-84.

Figure 9-84: Delegates Page



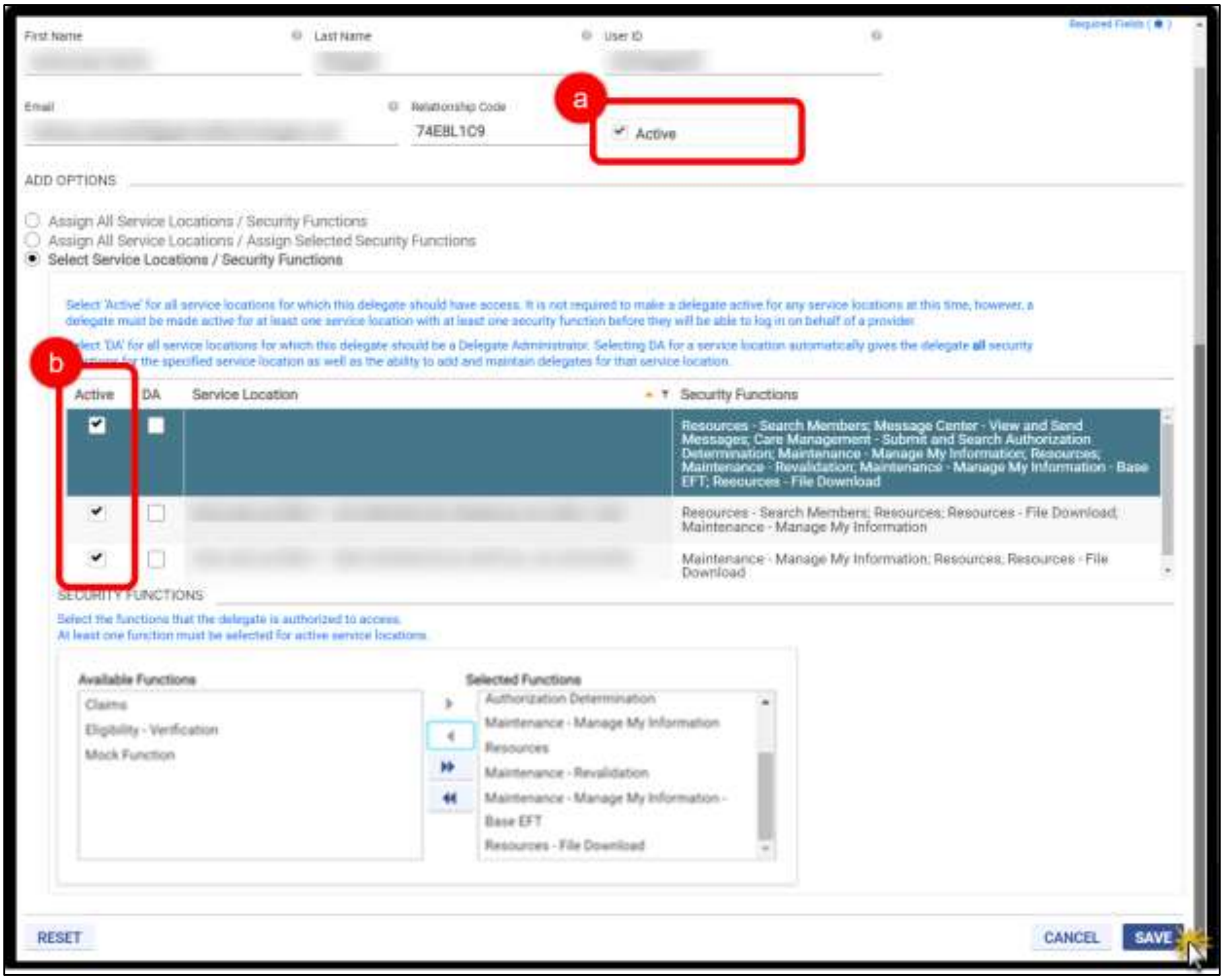
Note: If you do not see the delegate, update the Delegate Status filter to include Inactivate. Refer to Figure 9-85.

Figure 9-85: Include Inactive



4. Select or de-select the status check boxes to change the delegate's security status for the Provider Portal. Refer to Figure 9-86.
    a. The **Active** check box at the top applies to all of the provider's Service Locations. If this check box is de-selected, the delegate will no longer have access to any Service Location functionality, regardless of the individual Service Location settings.
    b. The **Active** check boxes in the table only apply to a specific Service Location.

Figure 9-86: Active Delegate Status



9.5 Provider Termination

Provider contracts may be terminated under various circumstances:

- Voluntarily (Not for Cause) such as if a Provider decides to close a Service Location or does not revalidate in a timely manner
- Involuntarily (For Cause) such as cases suspect to fraudulent activities.

9.5.1 Voluntary (Not for Cause) Termination

When a Provider's contract for a Service Location is terminated voluntarily or Not for Cause, the Provider has a grace period with continued access to the **Manage My Information** details.

During the grace period, the Provider can manage all provider information details; however, updates for **Effective Date** or **End Date** beyond the grace period will not be saved and will trigger an error message.

At the end of the grace period, the Provider loses access to the terminated Service Location details through Provider Portal. If all Service Locations have been terminated, then the Provider's access to log-in to Provider Portal is denied.

Providers terminated voluntarily may apply for re-enrollment.

9.5.2 Involuntary (For Cause) Termination

When the Provider's contract for a Service Location is terminated involuntarily or For Cause, the Provider loses access to the terminated Service Location details on the last day of the contract; there is no additional grace period. If all Service Locations have been terminated, the Provider's access to log-in to Provider Portal is denied.

9.6 Revalidation

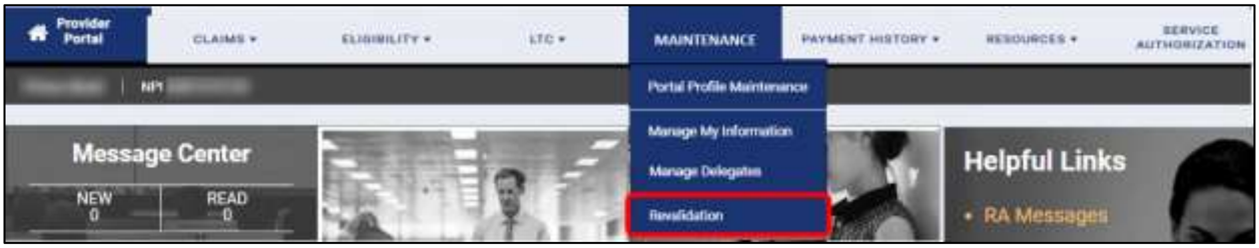
In accordance with the Affordable Care Act Provider Enrollment and Screening Regulations, all Virginia Medicaid Providers are required to revalidate their enrollment information at least every five years. When a Provider's Service Location has met the required revalidation criteria, a revalidation notification is sent via email or mail, depending on the Provider's preference. The notification will contain an Application Tracking Number (ATN), a password, and a link to the Provider Enrollment Revalidation page. Failure to complete the revalidation may result in termination from Virginia Medicaid.

Note: Once your revalidation application is generated, changes made through Provider Portal or requested by a PRSS Clerk will NOT be reflected on your revalidation application. During revalidation, make all updates on your Provider Enrollment Wizard revalidation application.

The **Revalidation** feature enables Providers to view the revalidation due date for a Service Location. A Delegate can also view this page in the Provider Portal if they are assigned by the Revalidation Security Function for the Service Location(s).

1. To begin revalidation, click **Maintenance** from the **Navigation Menu** and select **Revalidation**. Refer to Figure 9-87.

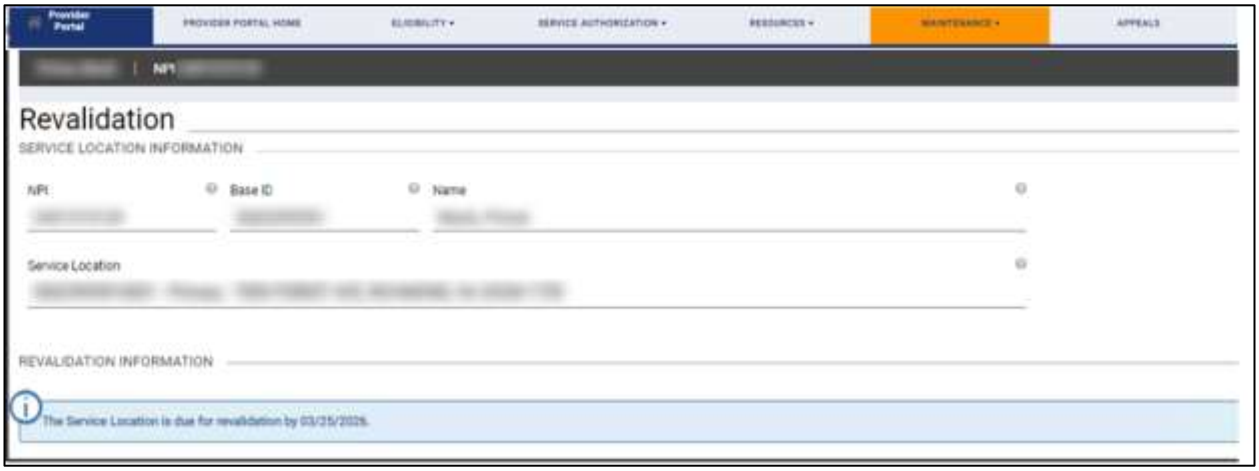
Figure 9-87: Revalidation



2. The **Revalidation Information** appears at the bottom of the page. Refer to Figure 9-88.

   a. *Optional:* If you have more than one Service Location, click the field for a drop-down list and select a specific **Service Location**.

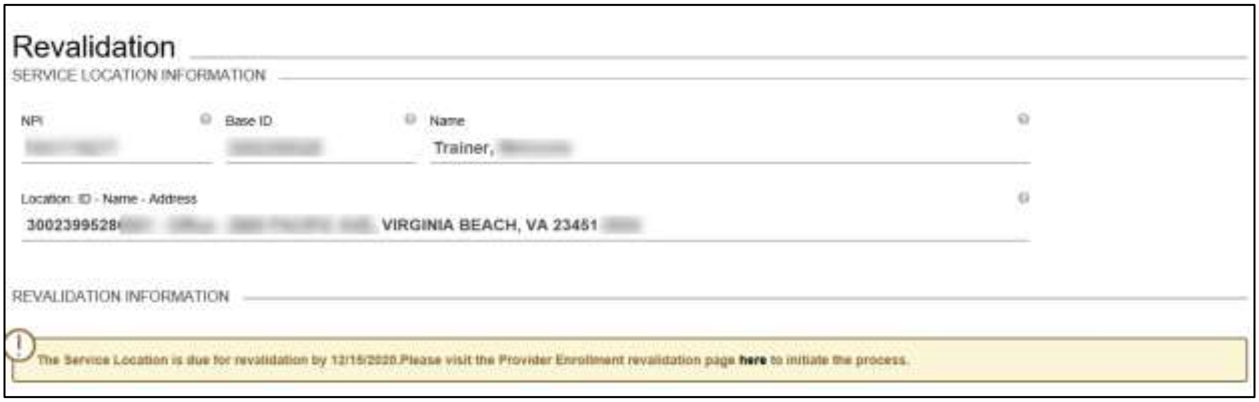
Figure 9-88: Revalidation Due Details



*Note: If the revalidation due date has passed, the message includes a hyperlink to the **Provider Enrollment** page.*

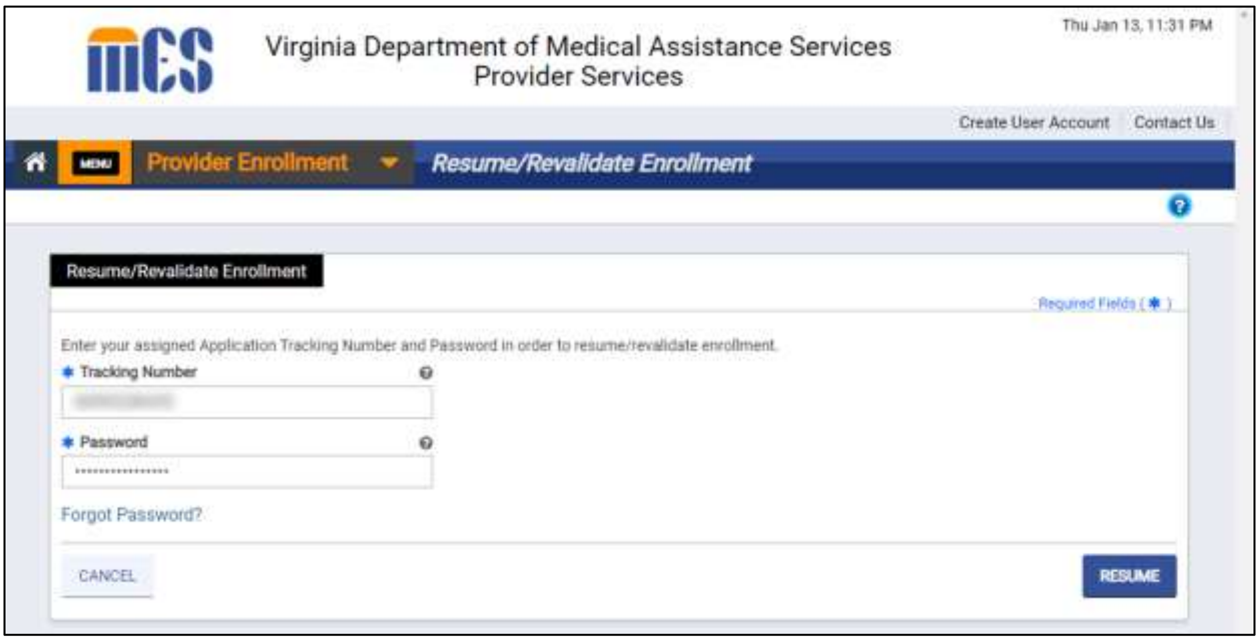
3. Revalidation is available ninety (90) days prior to your due date. A hyperlink displays in the **Revalidation Information** section when it is time to complete the application. Click the hyperlink for the **Provider Enrollment Revalidation** page. Refer to Figure 9-89.

Figure 9-89: Revalidation Message with Hyperlink



4. You are directed to the **Resume/Revalidate Enrollment** page. Refer to Figure 9-90.

Figure 9-90: Resume/Revalidate Enrollment



*Note: Refer to the **Provider Enrollment Wizard User Guide** for details on how to complete revalidation.*

10. Payment History

This module allows you conduct payment inquiries based on your NPI for a specific date range.

11. Resources

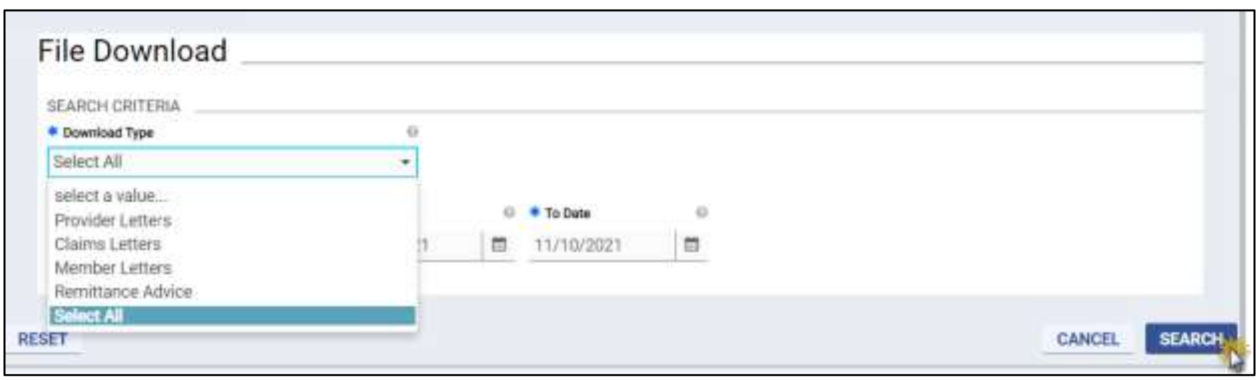
This module allows you to download documents related to maintaining your provider information such as change request letters, Remittance Advice (RA) notices, and revalidation notices.

1. From the **Navigation Menu**, click **Resources**, then click **File Download**. Refer to **Error! Reference source not found.**.

Figure 11-1: File Download

2. The **File Download** window appears. Enter details, then click **SEARCH**. Refer to **Error! Reference source not found.**.

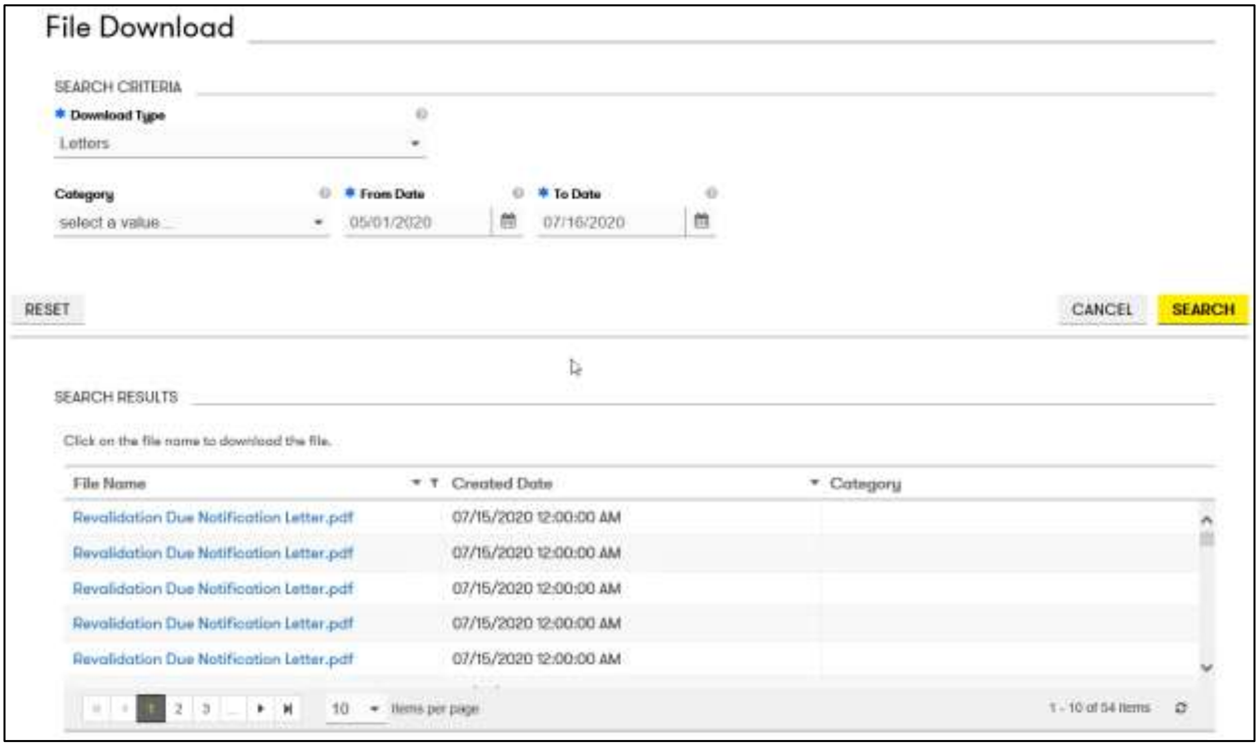
Figure 11-2 File Download Search



3. The search results appear below the **Search Criteria** in the **Search Results** table. Refer to Figure 11-3. Click the file name to download the file, then double-click the file to view the contents.

*Note: File Download search results appear in chronological order with the most recent file listed first. Use the sort and filter icons to modify your results. Refer to Section **5.6 - Interactive Features**.*

Figure 11-3: File Download Search Results



*Note: Search results display only for the Provider displayed just below the **Navigation Menu**. If you are a Delegate or Authorized Administrator, verify that you have switched to the desired Provider. Refer to Sections **4.3 - Switch Provider – Delegates**, **4.4 - Switch Provider – Authorized Administrators**, or **4.5 - Switch Provider – Delegates for Authorized Administrators** for instructions to switch Providers.*

12. Service Authorization

This module allows you to search for existing authorizations and submit new authorizations for determination. You will be redirected to an external resource which appears in a new window.

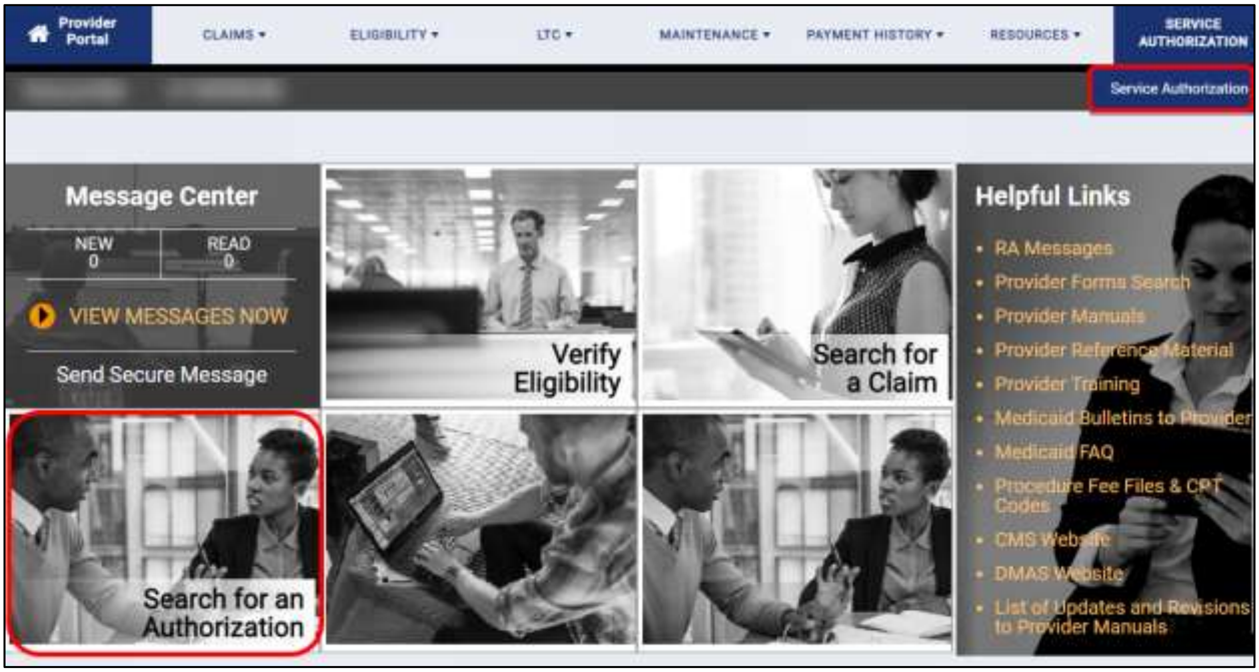
To submit authorizations for determination, click **Care Management**, then click **Submit Authorization Determination** from the **Navigation Menu**. Refer to Figure 12-1.

Figure 12-1: Submit Authorization Determination

To quickly search for an authorization, complete these steps. Refer to Figure 12-2.

1. Click **Search for an Authorization** from the **Module Tile**.
2. Enter the **Authorization Number**.
3. Click **GO**.

Figure 12-2: Search for Authorization Determination



Appendix A. Frequently Asked Questions

These are frequently asked questions regarding terms in this guide:

A-1. What is the difference between a delegate and an authorized administrator?

Delegates and Authorized Administrators (AAs) are assigned to view and update provider information on the provider's behalf. Unless the provider opts out of creating a Provider Portal account during enrollment, the provider has access to manage all information even after assigning delegates or an AA.

Refer to the below table to compare the differences.

Delegate	Authorized Administrator
All Providers may manage.	Only Individual within a Group (IG) Providers may manage.
Single person	Group
Multiple allowed	Only one allowed per Service Location
View and update access may be restricted. Delegate Administrators (DAs) have full view and update access, except the ability to manage other DAs.	All view and update access for the Service Location, except the ability to change the AA. The AA manages delegates from the AA's account; the AA does not manage delegates directly in the IG's account.
May be restricted to a certain Service Location	Accesses all Service Locations for IG Provider.
Example: Provider assigns administrative office staff member to submit claims.	Example: An IG Provider assigns the Group as the AA. The Group then manages all information and creates delegates to manage the appropriate Service Location(s).

A-2. Should I End Date vs. Inactivate a Record?

To ensure that your information is correctly represented to Virginia Medicaid, changes need to accurately reflect the state of the record. Though changing the End Date of a record and Inactivating a record both change the Status of the record to Inactive (once the End Date is in the past), the methods have different meanings in PRSS and therefore should be submitted properly for accurate auditing.

To indicate a record that will no longer be applicable such as an expiring license, edit the End Date field for the record.

If the record was entered incorrectly, first verify if the fields can be updated to correct the information. To indicate that the record was entered incorrectly and that the original record cannot be corrected, Inactivate the record.

A-3. What is the difference between Revalidation and Re-enrollment?

Revalidation is required every five years for all Providers to verify that provider information, credentialing, and disclosures are accurate. Fees may be required to be submitted to complete revalidation based on Provider Type and Specialty.

Re-enrollment is when the Provider has been terminated from the Virginia Medicaid program and is applying again.

Appendix B. Acronyms

Acronym	Definition
AA	Authorized Administrator
ARRA	American Recovery and Reinvestment Act
ATN	Application Tracking Number
CAQH	Council for Affordable Quality Healthcare
CLIA	Clinical Laboratory Improvement Act
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DA	Delegate Administrator
DEA	Drug Enforcement Administration
DMAS	Department of Medical Assistance Services
DME	Durable Medical Equipment
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics & Supplies
DOB	Date of Birth
DXC	DXC Technology
EFT	Electronic Funds Transfer
FAQ	Frequently Asked Questions
FFS	Fee-for-Service
HIPAA	Health Insurance Portability and Accountability Act
HSMMS	Healthcare Solutions Modular Management System
ID	Identification
IG	Individual within a Group
MCO	Managed Care Organizations
MES	Medicaid Enterprise System
NPI	National Provider Identification
ORP	Ordering and Referring Physicians
PAH	Primary Account Holder
PCP	Primary Care Provider
PRSS	Provider Services Solution
RA	Remittance Advice
SSN	Social Security Number
UAT	User Acceptance Testing
VA	Virginia