WEB PORTAL 2.0

Registration & Web Portal Navigation
Reference Guide
NEW WEB PORTAL SERVICES

https://myportal.medsolutions.com

Self Service at Your Fingertips!
- It’s Simple
- It’s Available 24/7

MAIN MENU

How to Register

Getting Started - Case Creation

New Web Portal Services – Help!

This application is compatible with Internet Explorer 8, Internet Explorer 9, Mozilla Firefox and Google Chrome
Before continuing, please read to determine what account type to register under; then click Register Now to continue.
- Determine the appropriate user type in the **Account Type** dropdown; *(Physician, Facility, Health Plan or Billing Office)*
- Fill in all required information marked with an asterisk *
- Enter the **Provider** for which you are associated, using **Name** and **TIN**
- Select the **Next** button
- Click **Find** and select provider

**NOTE:** Your email address will be your user name
Review all information for accuracy and click Submit Registration.
Accept Terms and Conditions and click Submit.
You will receive a message on screen confirming your registration is successful. You will be sent an email to create your password.
Your password must be as least 8 characters long and contain the following:

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (i.e., ! ? *)
LOGGING IN

Once you have created your password, you will be taken back to the Login Page.

- Type in your Email Address and Password
- Check I Agree to the HIPAA Disclosure Agreement. The Login button will turn green.
- Click Login
You will automatically be taken to the Announcements tab to look for any important messages or updates. They will be dated for your reference. Please read over these before continuing to the Home tab.

**Medically Urgent - Posted on: 01 Jun 2015**

**Medically Urgent** cases must be submitted by calling eviCore healthcare at 1-888-693-3211.

Urgent Care: is any request for medical care or treatment with respect to which the application of the time periods for making non-urgent care determinations could result in the following circumstances:

* Could seriously jeopardize the life or health of the member or the member's ability to regain maximum function, based on a prudent layperson's judgment, or
* In the opinion of a practitioner with knowledge of the member's medical condition, would subject the member to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request. (NCQA HUM8)
The Home Page will have two worklists: My Pending Worklist & Recently Submitted Cases.

My Pending Worklist
- You can save the case information (if you have to stop at any point) and come back to it at a later time.
- You no longer have to start over with a case!
- Additional clinical can now be added to a pending case after submission without having to fax!

Recently Submitted Cases
- Cases that are pending review and/or
- Cases recently approved or denied
Cases Pending for Case Details and Surveys will be deleted after 7 calendar days. You also have the option to manually delete a case in My Pending Worklist (prior to 7 days), if the case is no longer needed.

Recently Submitted Cases will show for a 2 day time span. The dates can be edited for any 2 day span requested.
HOME TAB CONTINUED.....

Search **Recently Submitted Cases** by entering a Start Date and End Date.

Action icons: Hide My Pending Worklist, Reset to Default View, Printer Friendly Format, Export to Excel, and Help.

Clear filters and Refresh Data options

The “Only My Portal Cases” checkbox is checked as a default. Un-check to see cases other than cases you created. (cases will be under their original TIN only)
CASE SUMMARY PAGE – PENDING CASE EXAMPLE

Thank you for submitting your preauthorization request. The case has been sent to MedSolutions for further review. If you have any questions please contact MedSolutions at 888-603-3341.

Reason for pending

Case/Authorization number

If clinical(s) have been attached, they can be viewed by clicking View.

Notes added to the case can be viewed and will open as a pop window.
**CASE SUMMARY PAGE – APPROVED CASE EXAMPLE**

![CASE SUMMARY PAGE](image)

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Referring Physician</th>
<th>Requested Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: John</td>
<td>First Name: John</td>
<td>Name: Long Island Radiotherapy Center</td>
</tr>
<tr>
<td>Last Name: Smith</td>
<td>Last Name: Smith</td>
<td>Address: 227 Franklin Ave, Hempstead, NY 11550</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Date of Birth:</td>
<td>Phone: 800-388-8889</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
<td>Fax: 11911-1111</td>
</tr>
<tr>
<td>Address:</td>
<td>Address:</td>
<td>Equipment: CT Scan, MRI Scan, Ultrasound</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Number: A15845810</td>
</tr>
<tr>
<td>Auth Effective Date: 11/14/2014</td>
</tr>
<tr>
<td>Decision Date: 11/14/2014</td>
</tr>
<tr>
<td>Decision Type: Initial</td>
</tr>
<tr>
<td>Auth End Date: 01/13/2015</td>
</tr>
<tr>
<td>Case Status: Approved</td>
</tr>
</tbody>
</table>

**Authorization Number and Auth Effective Date**

**Auth End Date (expiration)**

**Case Status**
A message will display the case status as denied.

The Denial Rationale Description will now be visible at the bottom of the Case Summary Page for Denied CPT(s).
To conduct a Patient Lookup, first select the appropriate insurance company from the Insurer drop down. Next, enter the Member ID or First Name, Last Name and Date of Birth for the result to be returned.

For Case/Auth Lookup, you will only need to enter the Case ID or Auth Number at the bottom of the page and hit Search.

Tip: Hit the tab key to activate the Search button.
If a partial ID is put in the search box, a list of members will populate. A member can be selected once the member is highlighted blue. Please make sure you select the correct patient by verifying the patients name and DOB before clicking Create Case.

If there are cases associated with the patient they will populate once the patient is selected. Double click on a case ID in the Patient History to open that case.
Begin typing the CPT/ICD code or description, then click the appropriate option with your cursor. Once selected, it will populate.

After selecting the product and entering CPT/ICD codes, you will need to answer the question: “Has the selected procedure been performed already?” If Yes, you must select a Date of Service before the Save & Next button will show.
Search the Physician by Name or Tax ID# or NPI. For best results, use NPI to search (in lieu of Tax ID) and for Health Plans that require NPI.

Once the correct physician displays, select by clicking on the record, then hit Save & Next.
Choose a facility from the list by highlighting it blue, or search a facility by clicking the **Search Facility** button and enter facility Name or Tax ID. Search by **NPI** (in lieu of Tax ID) for the Health Plans that require NPI.

Once the correct facility is selected, then click the **Save & Next** button.

For in-office-procedure, click the **Look-up IOP** button and choose from the list.
You can edit the CPT/ICD, Physician and Facility information by clicking the icon.

Once you’ve reviewed the case details, click Submit.

NOTE: The case details cannot be changed once you press the “Submit” button!
If applicable, you will be asked a series of questions. Start by selecting a reason for the requested study.

**Note:** A reason must be selected in order to proceed and “Continue” to turn green.
When you're ready to submit the survey, click Continue to proceed with the request.

**NOTE**: Once you submit, you will NOT be able to change the information provided!
The system is interactive and provides an immediate response as to why the request is consistent or inconsistent with guidelines while referencing the supporting guideline.

If an approval is not received, additional clinical information will be needed. Select Submit for Additional Review or Voluntarily Cancel Request before clicking Submit All to complete the request.
RECOMMENDATION - CONSISTENT

A message received in **GREEN** means the clinical criteria has been met; however, the case is not complete until further action is taken.
If the system determines the imaging is not consistent with guidelines based on the clinical data supplied, the request would go through the traditional review process or the user may Voluntarily Cancel.

By clicking Submit for Additional Review, you will be given the opportunity to provide additional clinical information via:
- **Web Portal** document upload or free form text box (*most efficient method*)
- **Phone Call** to Nurse (if electronic clinical upload is not available)
- **Fax** (if electronic clinical upload is not available)
You can click on the Not Met decision criteria to print a copy for your physician, if necessary or helpful.

Because based on the clinical information provided, the symptoms may be improving after a provider-directed trial of clinical care or observation, and therefore advanced imaging may not be appropriate.
Depending upon the health plan, specific options for providing clinical will be available:

You will then be asked to attached the electronic clinical information available; then select the Continue button.
You can select to attach clinical notes, or documents from your computer, by clicking **Browse** and selecting the correct file(s).

Hit **Apply** to continue or **Cancel** to add additional information at a later time.
Once you click **Apply** you will receive the message that your documentation has been accepted and the case has been immediately sent for medical review which will show up on the Worklist. Click **OK**.
The Options Tool gives you the option to change your password, update user information and set preferred preferences.

Change Password
- Set up a new password for your account

Account Info
- For Account Maintenance Options
- Update User Information; Address, Phone Number and Physician’s Name

Case Preferences
- Set up preferred provider Tax ID’s for Physician and Facility
Adding a preferred Tax ID will allow you to view the summary of cases submitted for those providers. Click Physician or Facility to search a Tax ID, then click Add. You can delete an added Tax ID by clicking the X.

Before proceeding you must confirm you are authorized to access Protected Health Information (PHI), by clicking the check box *.

Once all preferred Tax IDs have been entered, be sure to hit Save.
Web Portal - Help

Should you need assistance while navigating the portal:

✓ Click Online Chat
✓ Call a Web Support Specialist at (800) 575-4594 (Option 2)

Or
✓ Click the Contact Us link

This application is compatible with Internet Explorer 8, Internet Explorer 9, Mozilla Firefox and Google Chrome.

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