# Provider Guide to PEHP'S New System

*Information about your new PEHP Provider Portal*


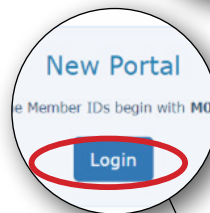
## What's Inside:

PEHP
Health & Benefits

# How to Create a PEHP
# Provider Account

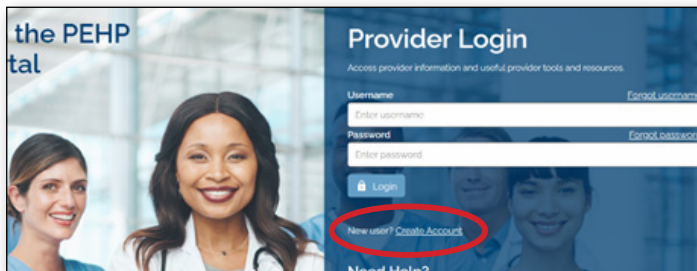*The process to create a new Provider Account through pehp.org is easy. Here's what you need to do.*

**1** Visit www.pehp.org and click on Provider under Account at the top right.



**2** If the PEHP member ID begins with MOOOO, choose New Portal.

**3** Next, you will need to create a new account to access all the Provider functions.



**4** Go through the account creation process until you reach the final page. Note that as the primary registrant, you are automatically a local admin. You are not required to complete all fields, only required fields.

# How to Add Admin Users to Your Provider Account

*After registering as the Local Administrator, the Office Manager can add additional users to the PEHP account for specific tasks, such as submitting claims and/or authorizations. Account confirmation is not required when a user is added by the Local Administrator.*

**1** From the Home screen, click **Administration** > **User Management** from the navigation menu.



**2** In the User Maintenance screen, click Add User

**3** Next, complete the User information and click **Add**.
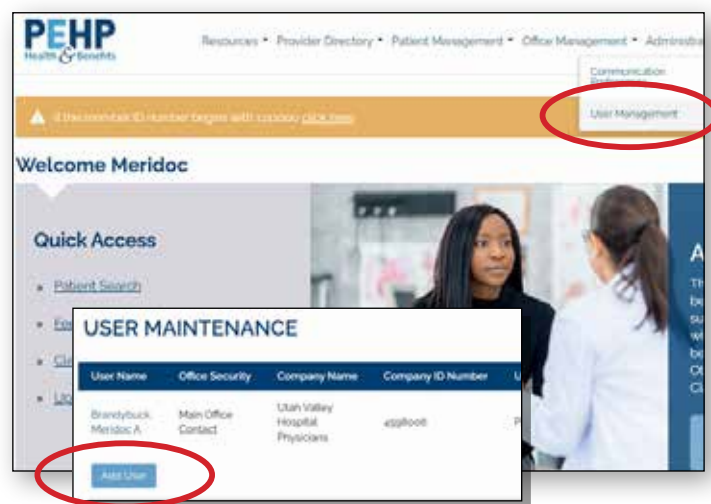
*Note: The Local Administrator can decide whether the user can select his/her own username and password, or for the system to generate them. Most often the Local Administrator selects the username and allows the system to generate a temporary password.*

**4** On the **User Role Selection** screen, select a role from the Roles dropdown menu and a PEHP Health Plan from the Entity Lists dropdown menu.
*Note: Access lists are generated by the entity (tax id, provider id, practice id, etc.,) selected when a user registers or is added to the PEHP Health Plan. Users confirmed for an access list are granted access to information pertaining to those entities included in the access list.*



**5** Finally, click Select Role to return to the User Information screen and then click Submit.

# How to
# Check Patient Benefits & Eligibility

*Here's how to check a patient's benefits and eligibility through the PEHP Portal:*

**1** From the Office Management menu, go to Eligibility.



**2** On the **Eligibility Search** page, enter the Patient's Name, Subscriber ID, or Social Security Number, along with the patient's Date of Birth. **Both fields are required.**



**3** Once the Eligibility Search Results are displayed, click on the Patient's name.

**4** Choose the relevant Provider from the dropdown menu and select the appropriate **Service Type**:

» For medical eligibility and benefits, choose "Health Plan Benefit Coverage."

» For dental eligibility and benefits, select "Dental Care."



**Note:** *If you have more than 50 providers, find them via the **Search** function.*

**5** Select **Submit Eligibility Request**.

The system will return Benefits and Eligibility based on the **Service Type** selected.
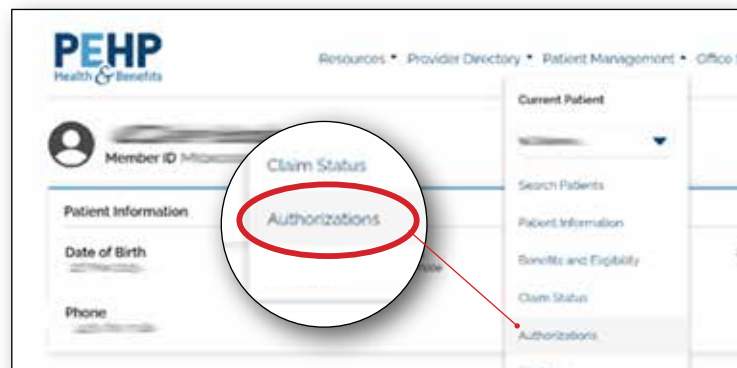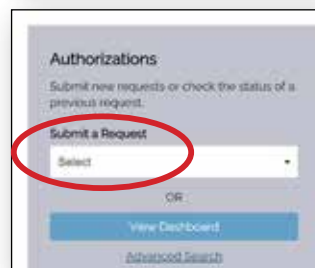
# How to
# Check Authorizations

**1** Login to your *PEHP New Provider* account at www.pehp.org.

**2** You have two options to check authorizations:

a. Under the *Patient Management* menu, choose a patient, then click "*Authorizations*"



b. Use the *Authorizations* box from the bottom center of the homepage. Choose a provider from the drop-down list and click *Go*.


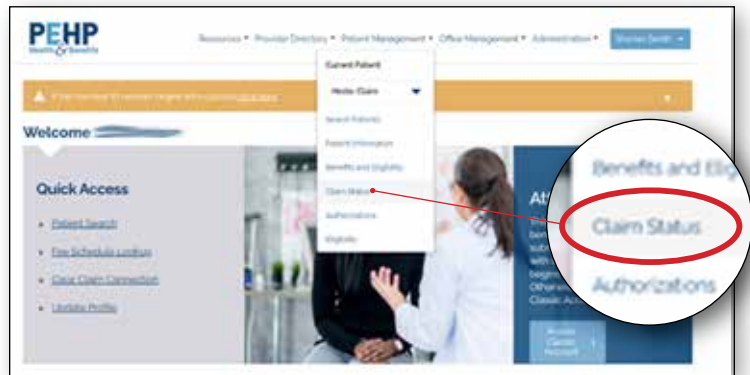
**3** On this page you can search for authorizations.

# How to
# Check Claim Status

*The process to check the status of a claim for a patient is simple. Here's how.*

**1** Login to your **PEHP New Provider** account at www.pehp.org.



**2** Under the **Patient Management** menu, choose a patient, then click **Claim Status**. Choose a Provider from the drop-down list and click "**Go**."

**3** This page will display all the patient's claims, the status of each claim, and date of service. Click on the **Claim Number** to see detailed information about the claim.

# How to View Authorization Forms, Clinical Policies, and Master Policies

*The process to view PEHP authorization forms, clinical policies, and master policies for a patient is simple. Here's how.*

**1** Login to your **PEHP New Provider** account at www.pehp.org.

**2** Under the **Office Management** menu, choose **Communications Archive**.



**3** In the **Provider Documents** page, select a Provider from your office. Next, choose a **Document Type** from the drop-down menu and click Search.
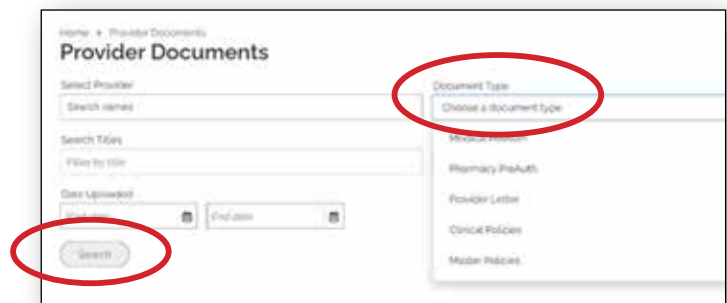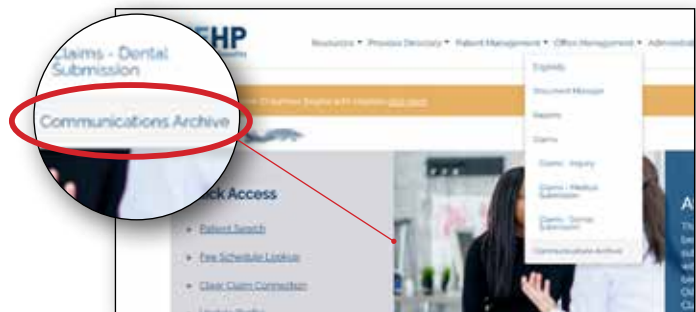


Sample list of Medical Preauthorization forms:

To access PEHP's Medical Fee Schedule, you must login to your Classic Portal

» When you're logged in, you will need to go to the left column and click "**Fee Schedule Lookup**". Once you have read the User Agreement, you'll want to click "**Accept**".

» Once you are in the Fee Schedule Lookup, you'll want to change **#1** to the date of service to the date you are looking for (this will ensure the correct fee schedule gets pulled up).

**1. Select applicable date of service:**

06/14/2022

» You'll need to change the **Provider Panel** to the network the member has (shows on their benefits card and can pull up under Eligibility).

**2. Select the provider panel:**

State Advantage

» If you are wanting to pull up individual codes, you will go to **#3** and enter the code you are looking for into the search bar then click add code.

**Search by:**
◉ Enter list of codes.

99214                add code

○ Enter a range of codes

**Lookup Fees**

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# How to lookup PEHP's
# Medical Fee Schedule

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» Once you have added the codes you are looking for it will show a list of your codes that you're about to look up then you'll click "**Lookup Fees**".



» A list of the fee schedule will pull up for the codes you've searched, showing the allowable as well as if pre-auth is needed.



» If you are looking to pull up the full Fee Schedule then you will want to go back to **#4** and instead of putting in codes, you will click the bullet that says "**Enter a range of codes**".



» In the Left box, you'll want to put either 00000 or the lowest numbered CPT code you use. In the Right box, you'll want to put either 99999 or the highest numbered CPT your use. Then Click "Lookup Fees".



» The full Fee Schedule will pull up and look something like this.



» For codes that start with an letter, enter AAAAA in the first code box and ZZZZZ in the second box.

**Below is what each column means on the Fee Schedule and how to print it.**

**Code**: The code that is in relations to the service.

**Modifier**: Most common modifier used with the code.

**Non-facility Allowable**: Allowed amount for non-facilities.

**Facility Allowable:** Allowed amount for Facilities (ignore unless you're billing from a hospital.

**Provider Panel**: The contract you have with us that the allowed amount is being pulled.
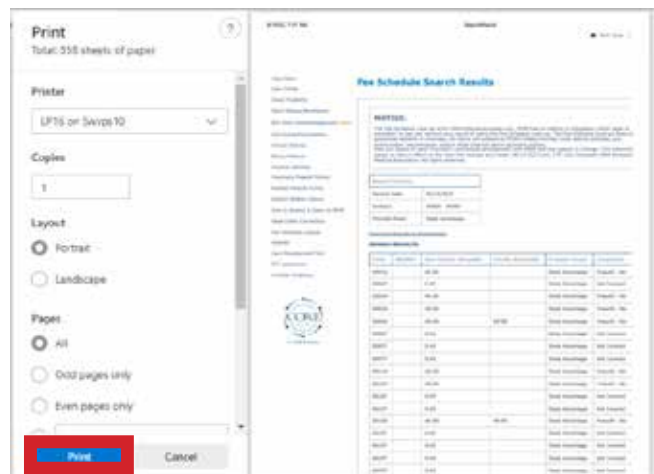
**Comments**: additional information.

> » **Pre-auth – No/Yes:** Status if a pre-auth is required for the service.
> » **Code Under Review:** Currently reviewing this code and might ask for records.
> » **Not Covered:** This service is not covered.

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### Printing the Fee Schedule

» If are looking to print the Fee Schedule, you either click "Download Results to Spreadsheet" and it will pull it up in an Excel spreadsheet for you to save and/or print.



» Another option for printing is you can do "Control P" and it will pull up a pop-op to print off the Fee Schedule from the website.

# How to lookup PEHP's
# Dental Fee Schedule

To access PEHP's Dental Fee Schedule, you must login to your Classic Portal

» When you're logged in, you will need to go to the left column and click "**Fee Schedule Lookup**".
Once you have read the User Agreement, you'll want to click "**Accept**".



» Once you are in the Fee Schedule Lookup, you'll want to change **#1** to the date of service to the date you are looking for (this will ensure the correct fee schedule gets pulled up).



» Don't have to worry about **#2** as the Provider Panel stays the same.

» If you are wanting to pull up individual codes, you will go to **#4** and enter the code you are looking for into the search bar then click add code.

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» Once you have added the codes you are looking for it will show a list of your codes that you're about to look up then you'll click "**Lookup Fees**".

» A list of the fee schedule will pull up for the codes you've searched, showing the allowable as well as if pre-auth is needed.

» If you are looking to pull up the full Fee Schedule then you will want to go back to **#4** and instead of putting in codes, you will click the bullet that says "**Enter a range of codes**".

» On the left box, you will put in 0000 and on the right side you will put in 9999 (This will ensure every dental code is pulled up). Then click "**Lookup Fees**".

» The full Fee Schedule will pull up and look something like this.

# Reading & Printing PEHP's
# Dental Fee Schedule

**Below is what each column means on the Fee Schedule and how to print it.**

**Code**: The code that is in relations to the service.

**Modifier**: Not used in Dental. Can ignore.

**Non-facility Allowable**: This is PEHP's allowed amount for the service.

**Provider Panel**: The contract you have with us that the allowed amount is being pulled.

**Comments**: additional information.

> » **Pre-auth – no:** Can ignore, Dental does not require pre-authorization.
> » **Code Under Review:** Currently reviewing this code and might ask for records.
> » **Not Covered:** This service is not covered.

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### Printing the Fee Schedule

» If are looking to print the Fee Schedule, you either click "Download Results to Spreadsheet" and it will pull it up in an Excel spreadsheet for you to save and/or print.



» Another option for printing is you can do "Control P" and it will pull up a pop-op to print off the Fee Schedule from the website.

# How to View
## Explanation of Payment (EOP) for a Claim

*Here's how to view EOPs for a claim.*

**1** From the home screen, click **Office Management » Communications Archive** from the navigation menu.



**2** In the **Provider Documents** screen, start typing the name of the provider in the **Select Provider** box. Make sure to select the provider entry with the Supplier number (not the Supplier Location or Practitioner number).
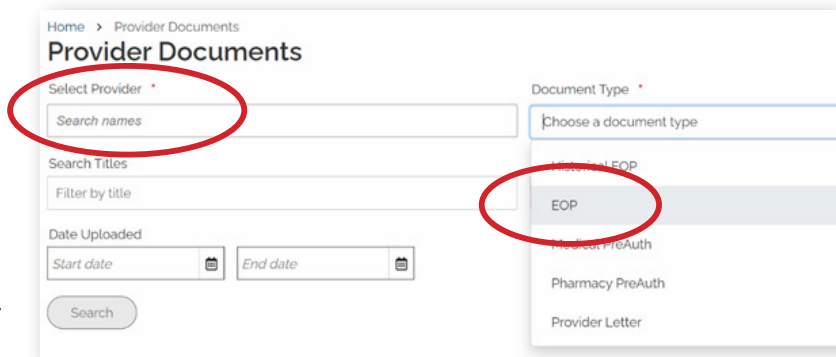


*Note: The date listed in the document is the payment date.*

**3** Choose EOP from the Document Type drop-down, then input a date or date range and press the Search button.