

# Provider Guide to PEHP'S New System

*Information about your new PEHP Provider Portal*



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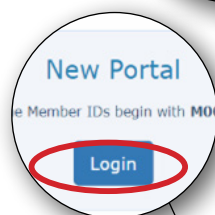
# How to Create a PEHP Provider Account

The process to create a new Provider Account through [pehp.org](http://pehp.org) is easy. Here's what you need to do.

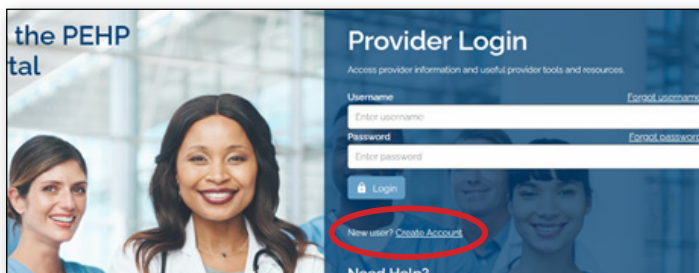
- 1 Visit [www.pehp.org](http://www.pehp.org) and click on Provider under Account at the top right.



- 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.

A screenshot of the 'User Information' form. It includes input fields for 'First Name', 'Middle Initial', and 'Last Name'. A link for existing users to login is provided.

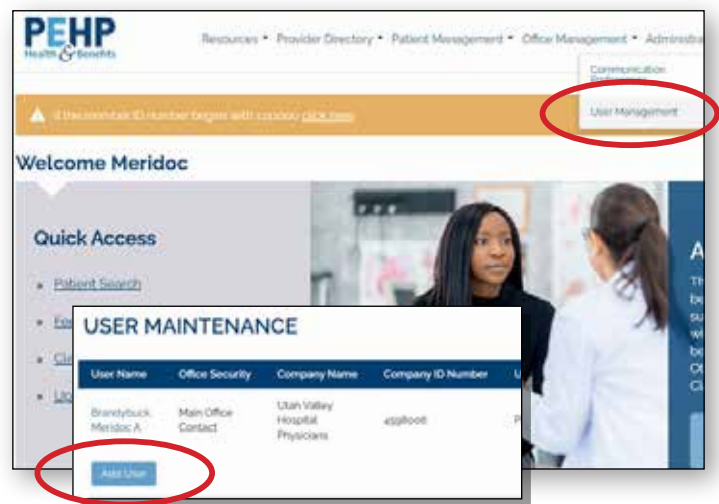
# How to Add Admin Users to Your Provider Account

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.*



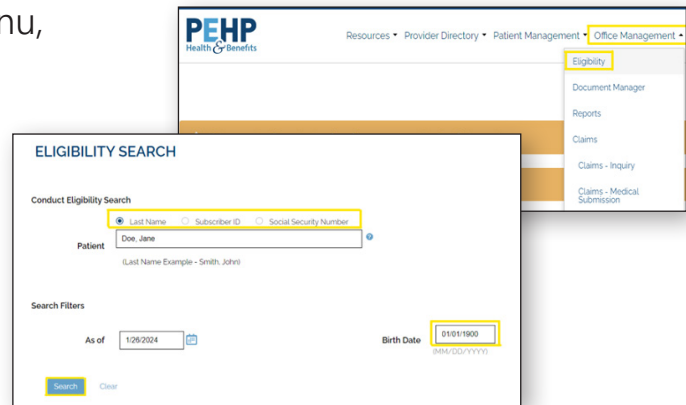
**5** Finally, click Select Role to return to the User Information screen and then click Submit.

# 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.

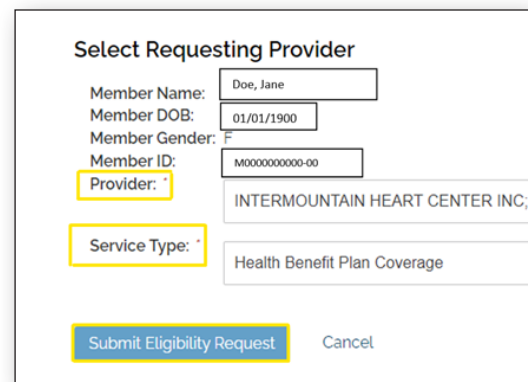
**2** On the **Eligibility Search** page, enter the Patient's Name, Subscriber ID, or Social Security Number, along with the patient's Date of Birth. **Both fields are required.**



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

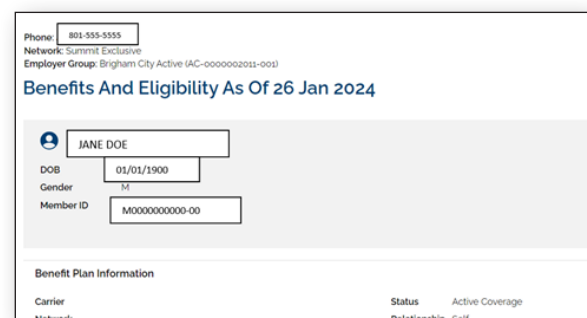
**4** Choose the relevant Provider from the dropdown menu and select the appropriate **Service Type**:

- » 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.



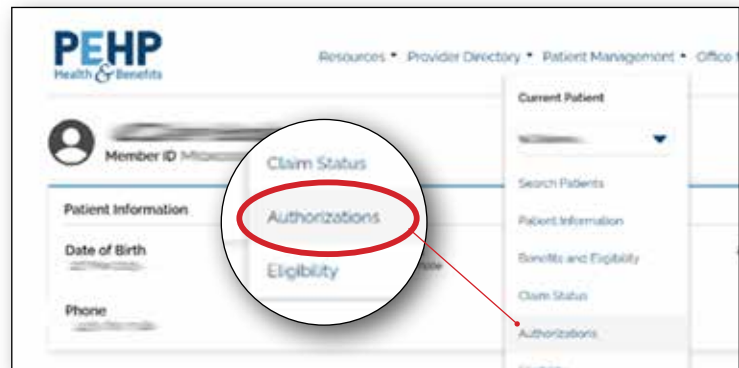
# How to Submit & Check Authorizations

The process to submit and check patient authorizations online is simple. Here's how.

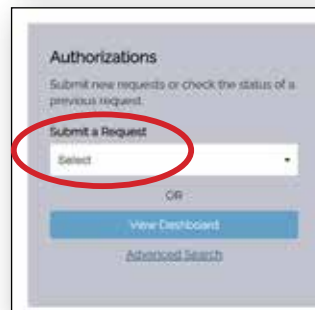
**1** Login to your **PEHP New Provider** account at [www.pehp.org](http://www.pehp.org).

**2** You have two options to submit and 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 or submit a new request.

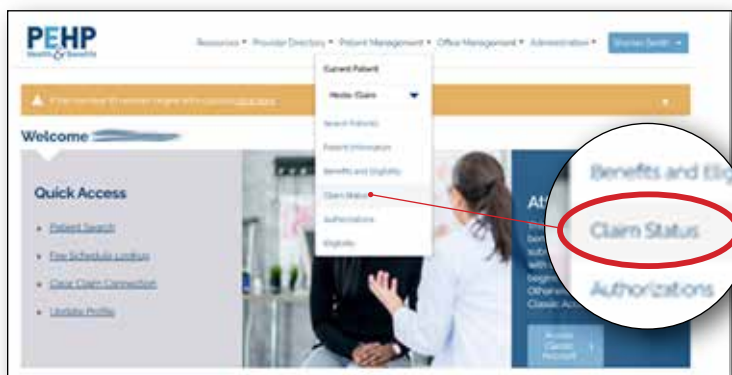
A screenshot of the 'Search Requests' page. It features a search form with several filters: 'Requesting Provider' and 'Serving Provider' (text input with search icons), 'Request Number' (text input), 'Date Range' (calendar icon, showing 10/13/2019 to 10/12/2020), and 'Requested Service' (checkboxes for Outpatient, Specialist, Admission, Dental). There are also checkboxes for 'Status' (Approved, Denied, Pending). A 'New Request' button is in the top right, and a 'Search Requests' button is at the bottom left.

# 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](http://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.

Patient: *XXXXXXXXXXXXXXXXXXXX*

RESULTS FOR *XXXXXXXXXXXXXXXXXXXX*

View PDF	Claim Number	Status	Patient	Patient Account No.	DOB	Provider
PDF Available	<a href="#">XXXXXXXXXXXX</a>	Pending In Process	<i>XXXXXX</i>	<i>XXXXXX</i>	22 Dec 2018	<i>XXXXXX</i>
PDF Available	<a href="#">XXXXXXXXXXXX</a>	Pending	<i>XXXXXX</i>	<i>XXXXXX</i>	22 Dec 2018	<i>XXXXXX</i>

Adjusted Procedure	Procedure	Modifier	Units	EPST	Emergency	Blind Amount	Advised Amount	Disallowed	FCI Payment	FCI Insurance
9507	9507		1.0000			\$45.00	\$10.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Totals</b>						<b>\$45.00</b>	<b>\$10.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

Claim Status Report for *XXXXXXXXXXXX*

Entity Claim Information

Provider	<i>XXXXXX</i>	Patient	<i>XXXXXX</i>
Member Number	<i>XXXXXXXXXXXX</i>	Patient Account No.	<i>XXXXXX</i>
Referring Provider	<i>XXXXXX</i>	Claim Service Date	<i>22 Dec 2018</i>
Program	<i>XXXXXX</i>	Accident Location	<i>XXXXXX</i>
Accident Date	<i>22 Dec 2018</i>	Date of Current illness	<i>XXXXXX</i>
Admit Date	<i>XXXXXX</i>	Recharge Rate	<i>XXXXXX</i>
Member Program	<i>XXXXXX</i>	EPST Condition Indicator	<i>XXXXXX</i>
EPST Reason	<i>XXXXXX</i>		

Service Line Information

Line	Block	Checkoff	Payment Method	Service Date	Service Provider	DRG	Admission Procedure	Modifier	Units	EPST Category	Blind	Advised	Disallowed	FCI Payment	FCI Insurance	Balance	CRN	Billable
001	XXXXXX		XXXXXX	22 Dec 2018	XXXXXX	XXXXXX	XXXXXX	XXXXXX	1.0000		\$45.00	\$10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$45.00	XXXXXX	\$ 0.00
<b>Totals</b>																		

Print Report

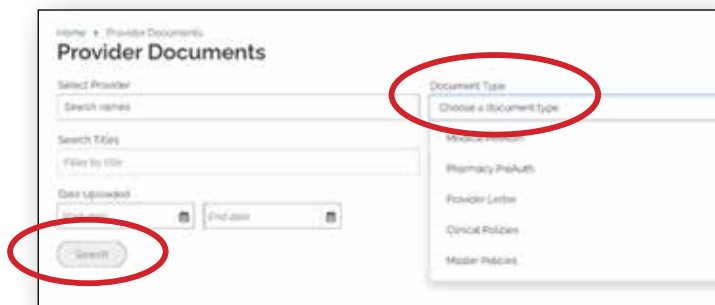
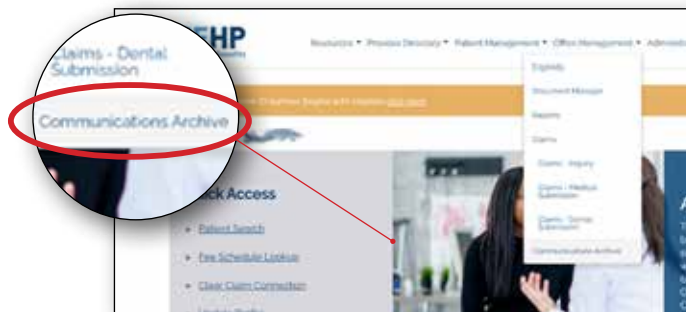
# How to View Authorization Forms, Clinical Policies, and Master Policies

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](http://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:

 Ambulatory & Video EEG Preauthorization Form Medical Pre-Authorization Form Uploaded Jul 27, 2021	<a href="#">Download</a>
 Anesthesia Services Preauthorization Form Medical Pre-Authorization Form Uploaded Jul 27, 2021	<a href="#">Download</a>
 ART Verification Form Medical Pre-Authorization Form Uploaded Jul 27, 2021	<a href="#">Download</a>
 Autism Services Preauthorization Form Medical Pre-Authorization Form Uploaded Apr 26, 2022	<a href="#">Download</a>

# How to lookup PEHP's Medical Fee Schedule

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

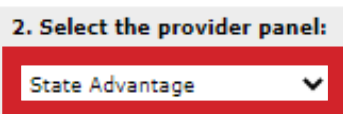
- » When you're logged in, you will need to go to the left column and click "Fee Schedule Lookup". Once you have read the User Agreement, you'll want to click "Accept".



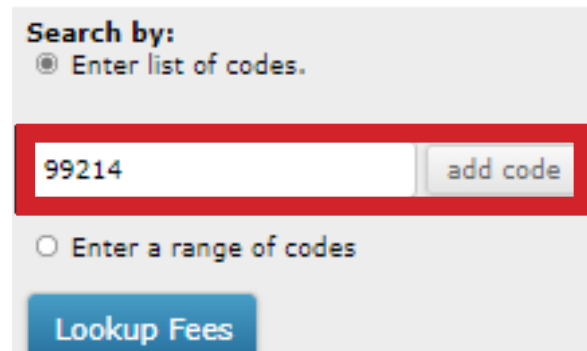
- » Once you are in the Fee Schedule Lookup, you'll want to change #1 to the date of service to the date you are looking for (this will ensure the correct fee schedule gets pulled up).



- » 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).



- » 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.



Continued on next page >>



# How to lookup PEHP's Medical Fee Schedule

Continued from previous page

- » 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".

Search by:  
 Enter list of codes.  
 99214 Remove  
 17110 Remove  
 add code  
 Enter a range of codes  
 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.

Search Criteria:  
 Service Date: 06/15/2022  
 Code(s): 99214, 17110  
 Provider Panel: State Advantage  
 Download Results to Spreadsheet

SEARCH RESULTS:

Code	Modifier	New Facility Allowable	Facility Allowable	Provider Panel	Comments
17110		165.95	95.18	State Advantage	Preauth - No
99214		144.23	112.00	State Advantage	Preauth - No
99214	GT	131.61	100.00	State Advantage	Preauth - No

New Search

- » 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".

Search by:  
 Enter list of codes.  
 Enter a range of codes  
 add code  
 Lookup Fees

- » 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".

Search by:  
 Enter list of codes.  
 Enter a range of codes  
 00000 - 99999  
 Lookup Fees

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

Search Criteria:  
 Service Date: 06/15/2022  
 Code(s): 00000 - 99999  
 Provider Panel: State Advantage  
 Download Results to Spreadsheet

SEARCH RESULTS:

Code	Modifier	Non-Facility Allowable	Facility Allowable	Provider Panel	Comments
0001A		40.00		State Advantage	Preauth - No
0001F		0.00		State Advantage	Not Covered
0002A		40.00		State Advantage	Preauth - No

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

Search Criteria:  
 Service Date: 07/28/2022  
 Code(s): aaaaa - zzzzz  
 Provider Panel: Preferred Provider Panel

# Reading & Printing PEHP's Medical 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:** 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.

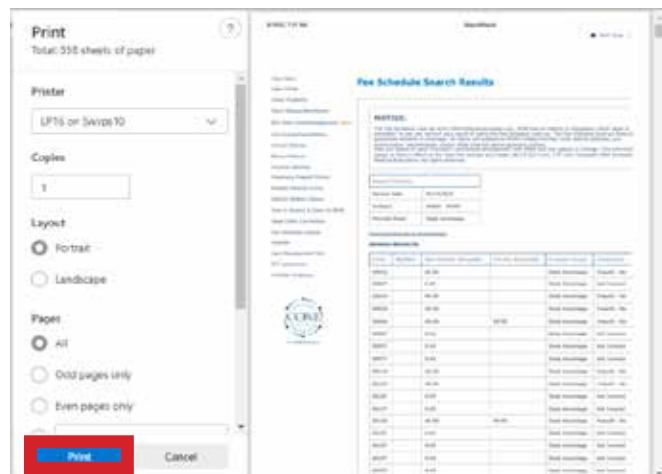
- » Pre-auth – No/Yes: Status if a pre-auth is required for the service.
- » Code Under Review: Currently reviewing this code and might ask for records.
- » Not Covered: This service is not covered.

## 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.

Search Criteria:		Code	Modifier	Non-Facility Allowable	Facility Allowable	Provider Panel	Comments
Service Date:	06/15/2022	0001A		40		State Advantage	Preauth - No
Code(s):	00000 - 99999	0001F		0		State Advantage	Not Covered
Provider Panel:	State Advantage	0002A		40		State Advantage	Preauth - No
		0003A		40		State Advantage	Preauth - No
		0004A		40	40	State Advantage	Preauth - No
		0005F		0		State Advantage	Not Covered
		0005T		0		State Advantage	Not Covered
		0007T		0		State Advantage	Not Covered
		0011A		40		State Advantage	Preauth - No
		0012A		40		State Advantage	Preauth - No
		0012F		0		State Advantage	Not Covered
		0012T		0		State Advantage	Not Covered
		0013A		40	40	State Advantage	Preauth - No

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



# How to lookup PEHP's Dental Fee Schedule

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".

The screenshot shows the PEHP Classic Portal interface. On the left is a navigation menu with options like 'Main Menu', 'User Profile', 'Check Eligibility', 'Claim Status/Remittance', 'EDI Claim Acknowledgement New!', 'Documents/Newsletters', 'Clinical Policies', 'Billing Address', 'Physical Address', 'Pharmacy Preauth Forms', 'Medical Preauth Forms', 'How to Submit a Claim to PEHP', 'Clear Claim Connection', 'Fee Schedule Lookup' (highlighted with a red box), 'Appeals', 'User Management Tool', 'EFT Agreement', and 'Provider Directory'. The main content area is titled 'User Agreement' and contains the following text:

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This Agreement will terminate upon notice if you violate its terms. The ADA is a third party beneficiary to this Agreement.

Should the foregoing terms and conditions be acceptable to you, please indicate your agreement and acceptance by clicking below on the button labeled "Accept".

Buttons: Do Not Accept, Accept (highlighted with a red box).

- » 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:**

- » 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.

**4. Exclude "D" from alphanumeric code numbers.**

Search by:

Enter list of codes.

Enter a range of codes

Continued on next page >>

# How to lookup PEHP's Dental Fee Schedule

Continued from previous page

- » 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".

4. Exclude "D" from alphanumeric code numbers.

Search by:  
 Enter list of codes.

0330	Remove
0120	Remove
1110	Remove

add code

Enter a range of codes

**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.

Search Criteria:

Service Date: 06/14/2022

Code(s): 0330, 0120, 1110

Provider Panel: Preferred Provider Panel

Download Results to Spreadsheet

SEARCH RESULTS:

Code	Modifier	Non-Facility Allowable	Provider Panel	Comments
0120		22.97	Preferred Provider Panel	Preauth - No
0330		60.01	Preferred Provider Panel	Preauth - No
1110		47.06	Preferred Provider Panel	Preauth - No

[New Search](#)

- » 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".

4. Exclude "D" from alphanumeric code numbers.

Search by:  
 Enter list of codes.  
 Enter a range of codes.

add code

**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".

4. Exclude "D" from alphanumeric code numbers.

Search by:  
 Enter list of codes.  
 Enter a range of codes

0000 - 9999

**Lookup Fees**

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

Search Criteria:

Service Date: 06/14/2022

Code(s): 0000 - 9999

Provider Panel: Preferred Provider Panel

Download Results to Spreadsheet

SEARCH RESULTS:

Code	Modifier	Non-Facility Allowable	Provider Panel	Comments
0120		22.97	Preferred Provider Panel	Preauth - No
0140		38.45	Preferred Provider Panel	Preauth - No
0145		35.17	Preferred Provider Panel	Preauth - No
0150		40.33	Preferred Provider Panel	Preauth - No
0160		22.97	Preferred Provider Panel	Code Under Review
0170		0.00	Preferred Provider Panel	Not Covered
0171		0.00	Preferred Provider Panel	Not Covered
0180		44.08	Preferred Provider Panel	Preauth - No

# 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.

## 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.

The screenshot shows a search interface on the left with the following criteria:

- Service Date: 06/14/2022
- Code(s): 0000 - 9999
- Provider Panel: Preferred Provider Panel

A red box highlights the button labeled "Download Results to Spreadsheet". To the right, a table displays the search results:

	A	B	C	D	E	F
1	Code	Modifier	Non-Facility Allowable	Provider Panel		Comments
2	120		22.97	Preferred Provider Panel		Preauth - No
3	140		38.45	Preferred Provider Panel		Preauth - No
4	145		35.17	Preferred Provider Panel		Preauth - No
5	150		40.33	Preferred Provider Panel		Preauth - No
6	160		22.97	Preferred Provider Panel		Code Under Review
7	170		0	Preferred Provider Panel		Not Covered
8	171		0	Preferred Provider Panel		Not Covered
9	180		44.08	Preferred Provider Panel		Preauth - No

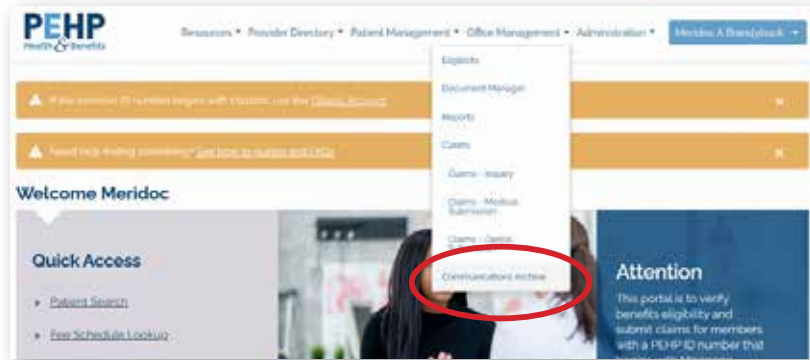
» Another option for printing is you can do "Control P" and it will pull up a pop-up to print off the Fee Schedule from the website.

The screenshot shows the "Print" dialog box on the left, which includes options for printing to a printer, saving as a PDF, or printing to a file. The "Print" button is highlighted with a red box. On the right, the "Fee Schedule Search Results" page is visible, showing a table of search results and a "Print" button at the bottom.

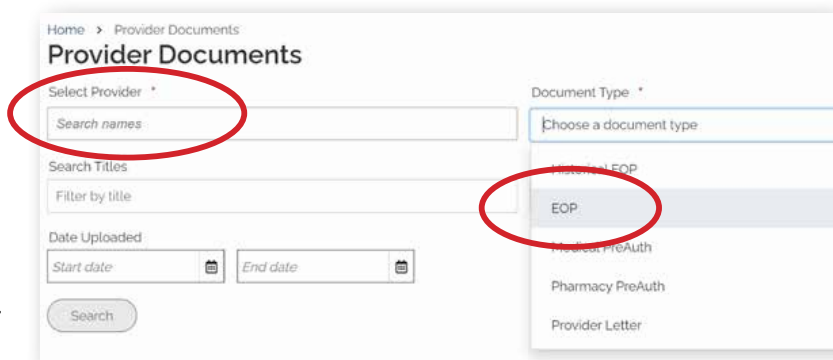
# How to View Explanation of Payment (EOP) for a Claim

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.

