

Provider Guide to PEHP'S New System

Information about your new PEHP Provider Portal



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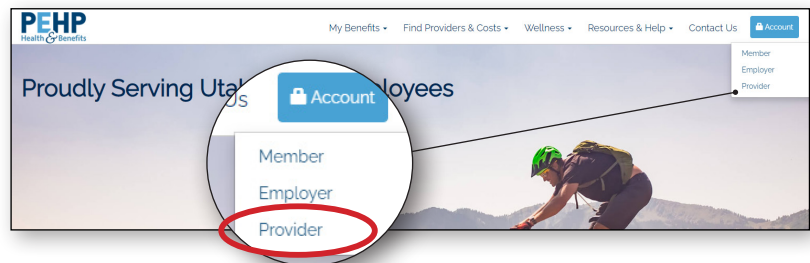
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How to Create a PEHP Provider Account

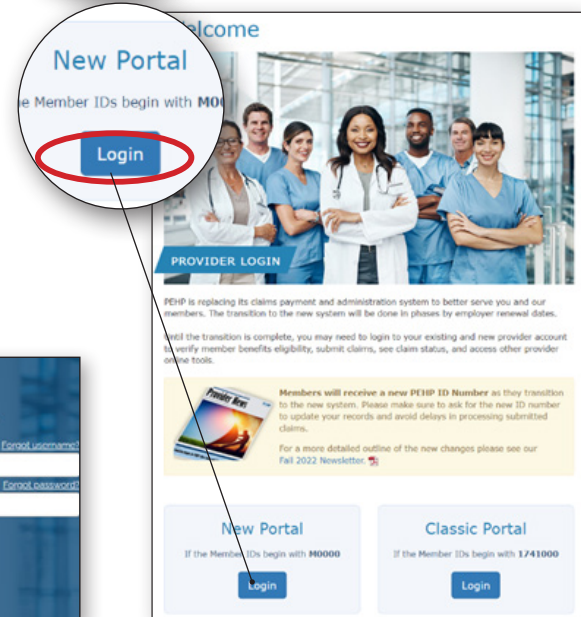
Here's the process to create a new Provider Account through pehp.org.

Note: **Only the main office manager at your practice should create accounts to avoid issues with managing your office's users.**

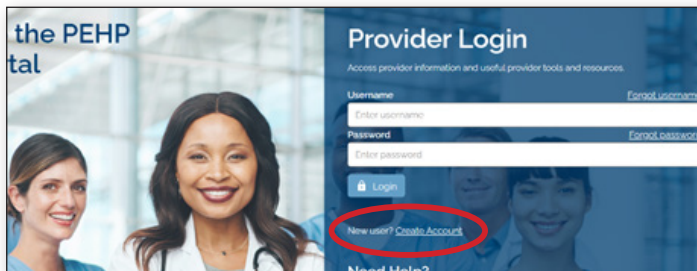
1 Visit www.pehp.org and click on Provider under Account at the top right.



2 If the PEHP member ID begins with M0000, 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. Note that as the primary registrant, you are automatically a local admin. You only need to complete required fields. Please allow 24-72 hours from submitting the form before trying the new login. You'll need a user account for each Taxpayer Identification Number.

User Information
If you are an existing user please login here
First Name *
Middle Initial
Last Name *

How to Create User Accounts

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 Complete the User information and click **Add**. To add a Local Administrator, click the "Local Administrator" box and enter the office address of that administrator.

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 menu and a PEHP Health Plan from the Entity Lists menu.

Available roles:

Eligibility, Claims & Billing: Can see authorizations, claims, member benefits and eligibility tools.

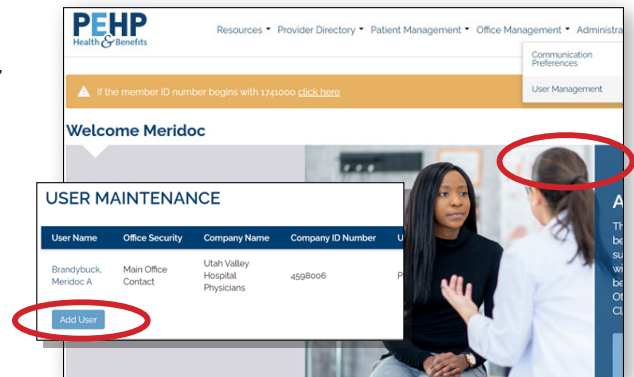
Referrals & Authorizations: Can only see authorization information.

Access Management: Can only update User Maintenance/Management tool.

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.

PEHP recommends designating a backup administrator, accounts can be created, updated or deleted if the primary administrator is unavailable.



How to Troubleshoot Account Issues

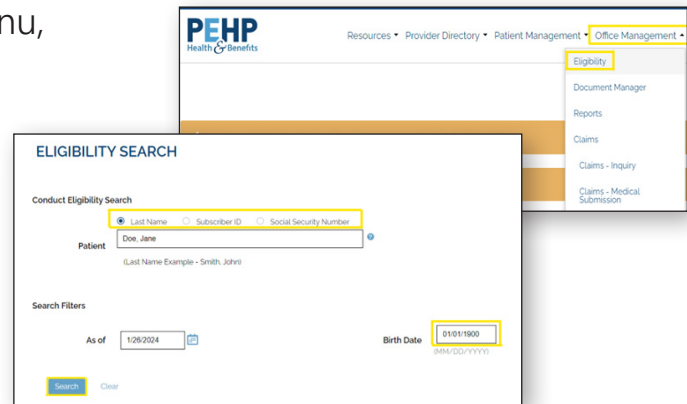
- » Only contact Health Trio helpdesk to assist with a locked account. All other issues, you should contact PEHP via the message center.
- » The Classic portal and New provider portal are not connected and each has their own unique username. Setting up in new provider portal does not set you up in Classic or vice versa.
- » If you forget your username or password, please select the “forgot” options on the login page and follow directions.
- » If you do not receive a username or password reset email, you or your administrator should contact PEHP for help via Message Center and in message body, state name of user, office Tax Identification Number and the email on file. PEHP will advise if that email is what we show listed.
- » If you cannot reset your password or recover your username following the recovery tools, have your local administrator delete your account and create a new one. PEHP cannot help with this.
- » If your local administrator has left the office without designating a replacement, please have the new administrator send a message via the Message Center with their name, TIN, username, work address, names of employees under them, and reason for the new administrator. An expert will reach out via message center with further steps.
- » If the new administrator does not have an account, one should be created via the “create” function on the main page and then send the same Message Center message listed above.

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.**

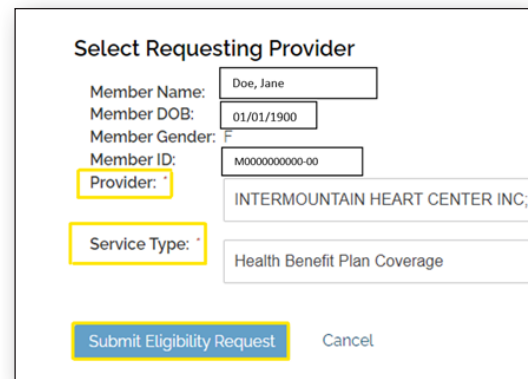


Note: You will not be able to see a member's effective date or pull benefits for them until the day their plan starts. Prior to the member's start date, you can call PEHP for benefits.

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

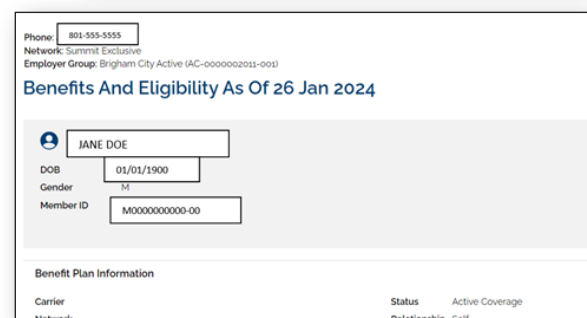
4 Choose the relevant Provider from the dropdown menu and select the appropriate **Service Type**:

- » For medical eligibility and benefits, choose "Health Plan Benefit Coverage."
- » For dental eligibility and benefits, select "Dental Care."



If you have more than 50 providers, find them via the Search function. Selecting any other option than the two advised will result in an error message because they are the only searchable options.

5 Select **Submit Eligibility Request**. The system will return Benefits and Eligibility based on the **Service Type** selected.

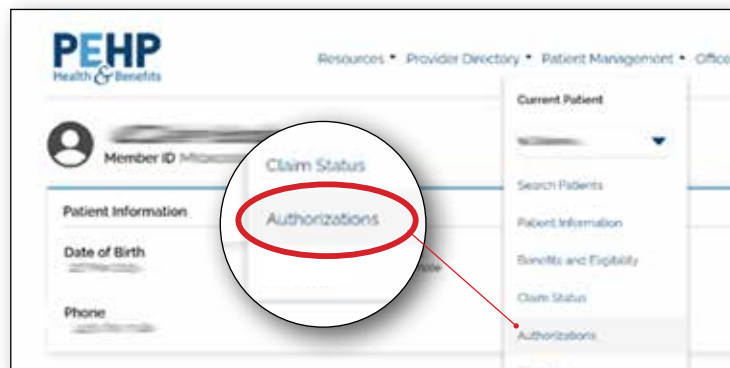


How to Check Authorizations

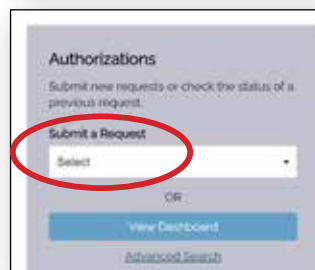
1 Login to your **PEHP New Provider** account at www.pehp.org.

2 You have two options to check authorizations:

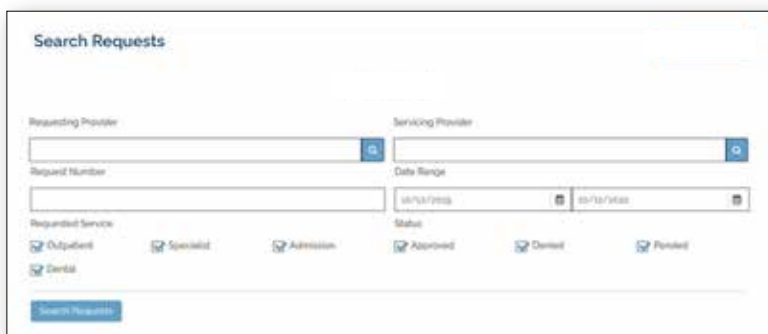
a. Under the **Patient Management** menu, choose a patient, then click **“Authorizations”**



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



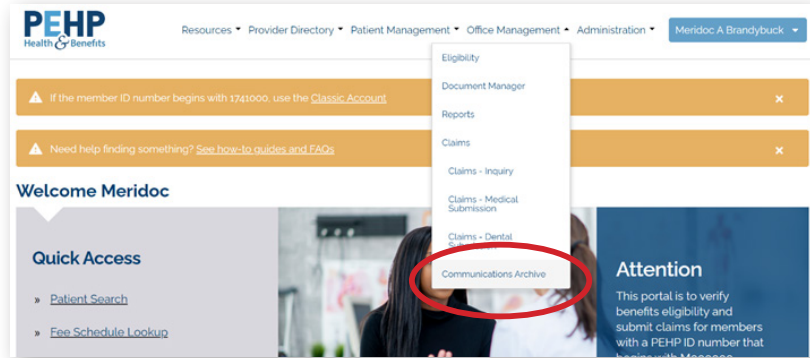
3 On this page you can search for authorizations.



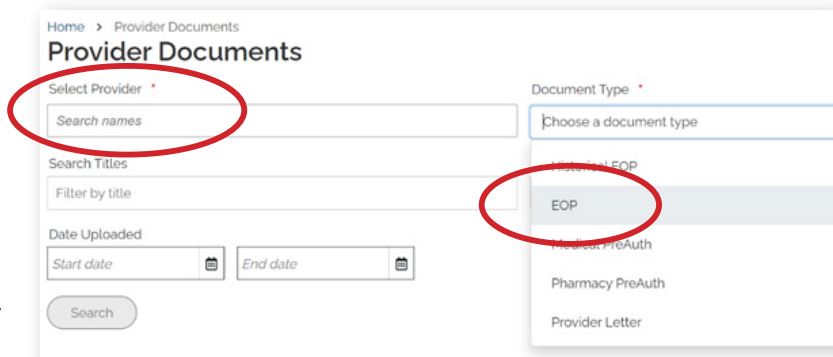
How to View Explanation of Payment (EOP) for a Claim

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.



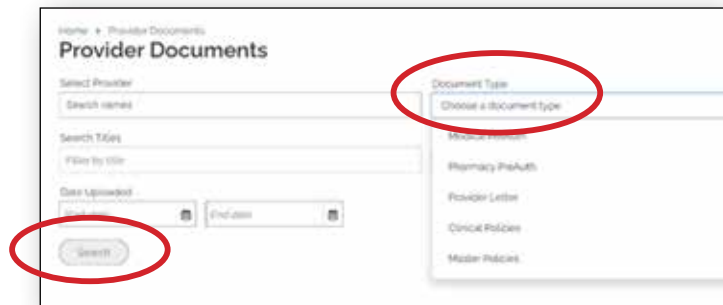
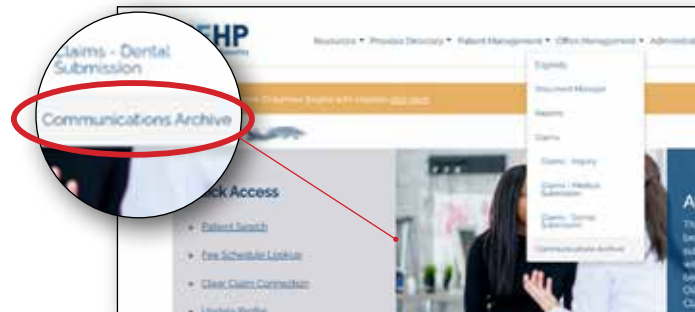
How to View Authorization Forms, Clinical Policies, and Master Policies

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.

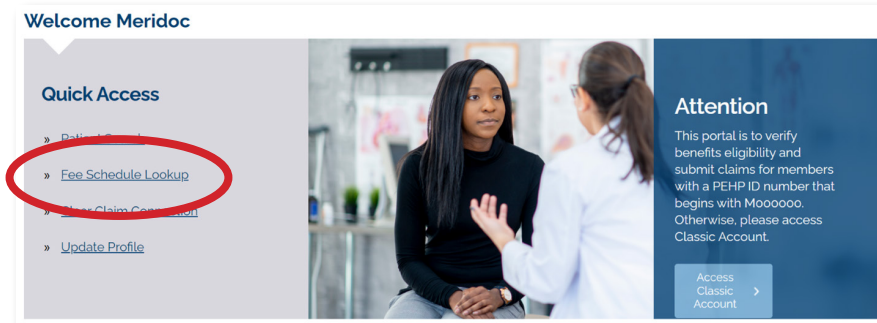


Sample list of Medical Preauthorization forms:

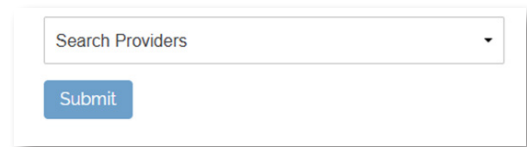
 Ambulatory & Video EEG Preauthorization Form Medical Pre-Authorization Form Uploaded Jul 27, 2021	Download
 Anesthesia Services Preauthorization Form Medical Pre-Authorization Form Uploaded Jul 27, 2021	Download
 ART Verification Form Medical Pre-Authorization Form Uploaded Jul 27, 2021	Download
 Autism Services Preauthorization Form Medical Pre-Authorization Form Uploaded Apr 26, 2022	Download

How to access PEHP's Medical & Dental Fee Schedule

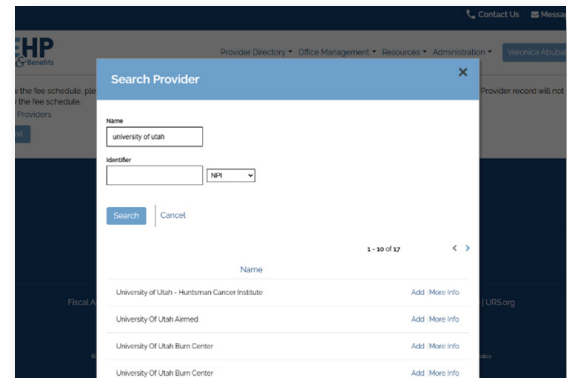
1 After logging in to your **PEHP New Provider** account, find the Quick Access menu and click **Fee Schedule Lookup**.



2 On the next screen, select **only** the Supplier ID (e.g. S0000xxxx) from the dropdown menu. Selecting a Location or Provider record will not display the fee schedule.

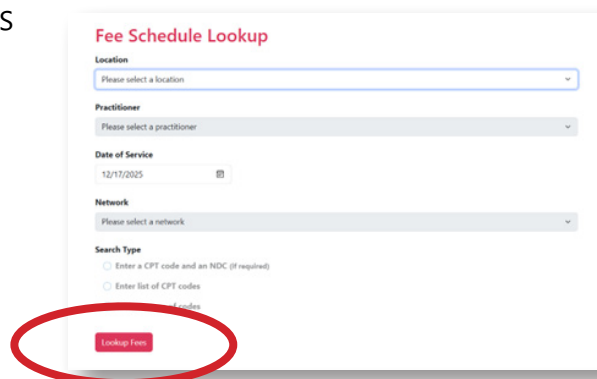


Note: For offices with multiple NPIs and locations, click Search Provider, type in the name associated with the TIN and then More Info to find the Supplier ID (e.g. S0000xxxx).



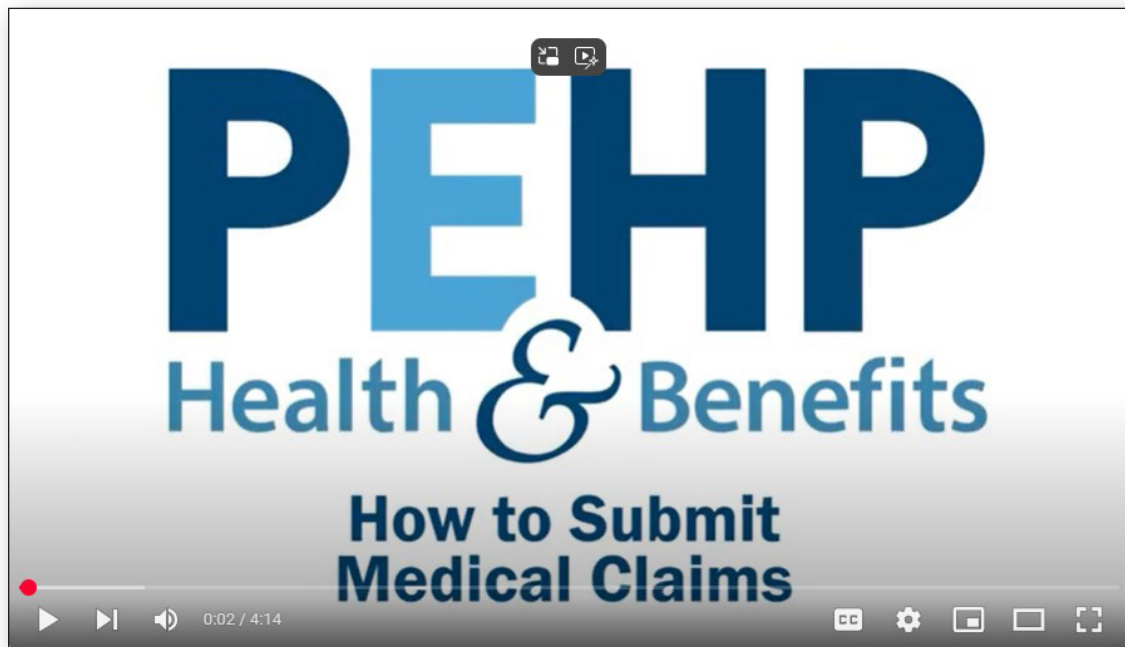
3 Complete all fields and click the **Lookup Fees** button.

Note: CDT dental codes must have the D###.



How to Submit Medical Claims

PEHP accepts medical claims through the Claims Submission Tool in the New Portal. The [video](#) below details step-by-step instructions on how to submit claims.



How to Submit Dental Claims

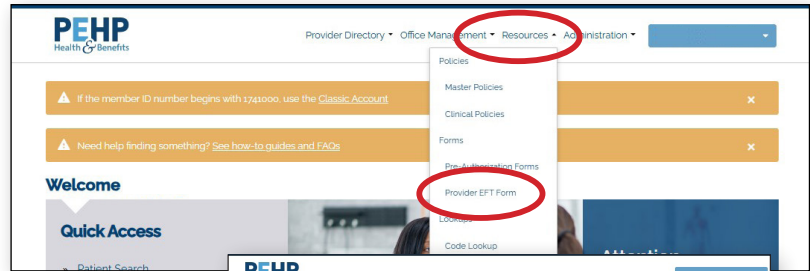
PEHP accepts dental claims through the Claims Submission Tool in the New Portal. The [video](#) below details step-by-step instructions on how to submit claims.



How to Update EFT Information

Local Administrators can update EFT through the Provider Portal. Here's how:

1 After logging in to your account, select **Provider EFT Form** from the **Resources** menu.



2 Complete fields of form. If you have different bank accounts for each location under the same Tax ID, select **No** to the question on the form and submit information for each location.



Note: If you do not use a clearinghouse and plan to submit claims via the claim submission tool, enter **N/A** or **None** in the **UHIN Assigned Trading Partner Number (HT#)** field of the EFT update form.

A detailed view of the form fields. It shows the question 'Does this apply to all locations for this tax ID number?' with 'Yes' and 'No' radio buttons. Below the question is a text input field. Further down are fields for 'UHIN Assigned Trading Partner Number (HT#)', 'Clearing House Name', 'Provider License Number', and 'Provider Type'. The 'HT#' field has a note: '(Enter number prefixed with letters HT)'. The 'Clearing House Name' field has a dropdown arrow.A close-up of the 'UHIN Assigned Trading Partner Number (HT#)' and 'Clearing House Name' fields. The 'HT#' field is a text input with a note: '(Enter number prefixed with letters HT)'. The 'Clearing House Name' field is a dropdown menu. An 'OR' label is placed between the two fields.