

# Access Express

## PROVIDER OFFICE GUIDE



### DIRECT WEB COMMUNICATIONS FOR PHYSICIAN OFFICES

**Eligibility - Authorizations - Pay for Performance  
Claims & Capitation Inquiry - Secure Messaging**

**SIGN UP FOR *Access Express* TODAY!**

Call the Help Desk at  
**(650) 358-5832 OR toll-free 1-877-258-4357 (258-HELP)**

**OR Get your User Name & Password online at**

**[www.ppmsi.com/login](http://www.ppmsi.com/login) *SCCIPA*  
[affinity.ppmsi.com/login](http://affinity.ppmsi.com/login) *AFFINITY***

## **'TOP 10' Time-saving Features of Access Express**

- **Self-guiding, Internet system with easy-to-use drop-down lists to simplify data entry.**
- **Direct access to medical group data with most up-to-date health plan information.**
- **Easy member eligibility research uses health plan, last name and birthday to eliminate member confusion.**
- **Faster response for authorization and procedure requests.**
- **Lists correct provider choices for each plan and area.**
- **Simplifies choice of diagnosis codes and CPT descriptions.**
- **Reminders for patients who require testing and care included in Pay For Performance Quality Measures.**
- **Secure online messaging between physicians, office staff & your medical group.**
- **Authorization, claims & primary care capitation history available to your office.**
- **Care Tips function identifies members to be treated according to specific health plan and organization treatment guidelines.**

## About Access Express

*Access Express* brings the power of Web technology to managed care communications. It is an easy-to-use Internet system that was developed by Pacific Partners Management Services, Inc. (PPMSI) and marketed by the Health Access Solutions division of the company.

Check with Health Access Solutions regarding the specific details about your installation:

- ***Access Express* is available 7 days a week, from 6:00 am to midnight.**
- **For technical assistance with *Access Express* installation and support, call the *Help Desk* at 1-877-258-4357, Monday through Friday, 8 am through 5 pm.**

*Access Express* is designed to help physician office staff make the right provider choices for each patient and health plan. To speed data entry and online research, the system uses drop-down lists that are customized to reflect medical group contracts.

Your staff can quickly check HMO member eligibility or laboratory results, and request referrals or procedure authorizations for your patients. In addition, they can send secure electronic messages to network providers as well as your IPA/medical group personnel. Since replies are automated, your staff receives faster responses. Your billing staff can view claims and capitation history for your office.

### Secure Online Communications

To provide secure access to confidential patient data, the *Access Express* system has been developed with CMS and HIPAA security protocols using 128-bit encryption. Microsoft Internet Explorer 5.x and 6.x with 128 bit encryption are the only Web browsers supported by *Access Express*, although other browsers with 128-bit encryption may be used.

Use the MSO web link at the online website to download the most recent release of Microsoft Internet Explorer 5.x or 6.x software.

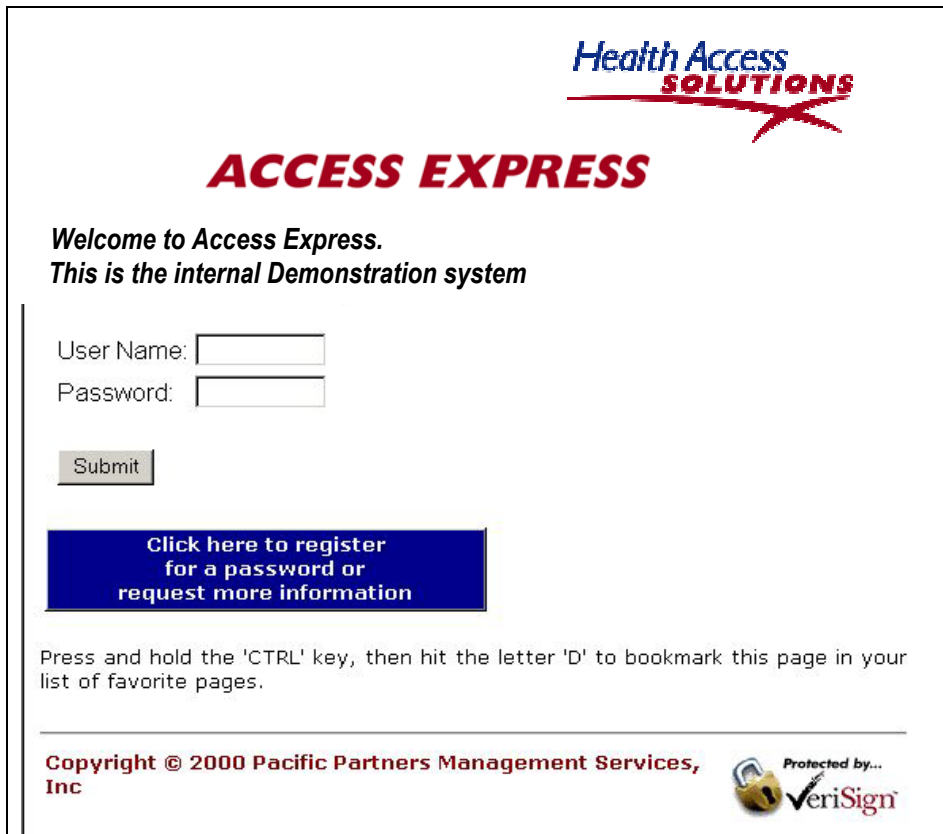
### Minimum Required Hardware

Your office will need a personal computer capable of running Microsoft Internet Explorer 5.x or 6.x Web browser.

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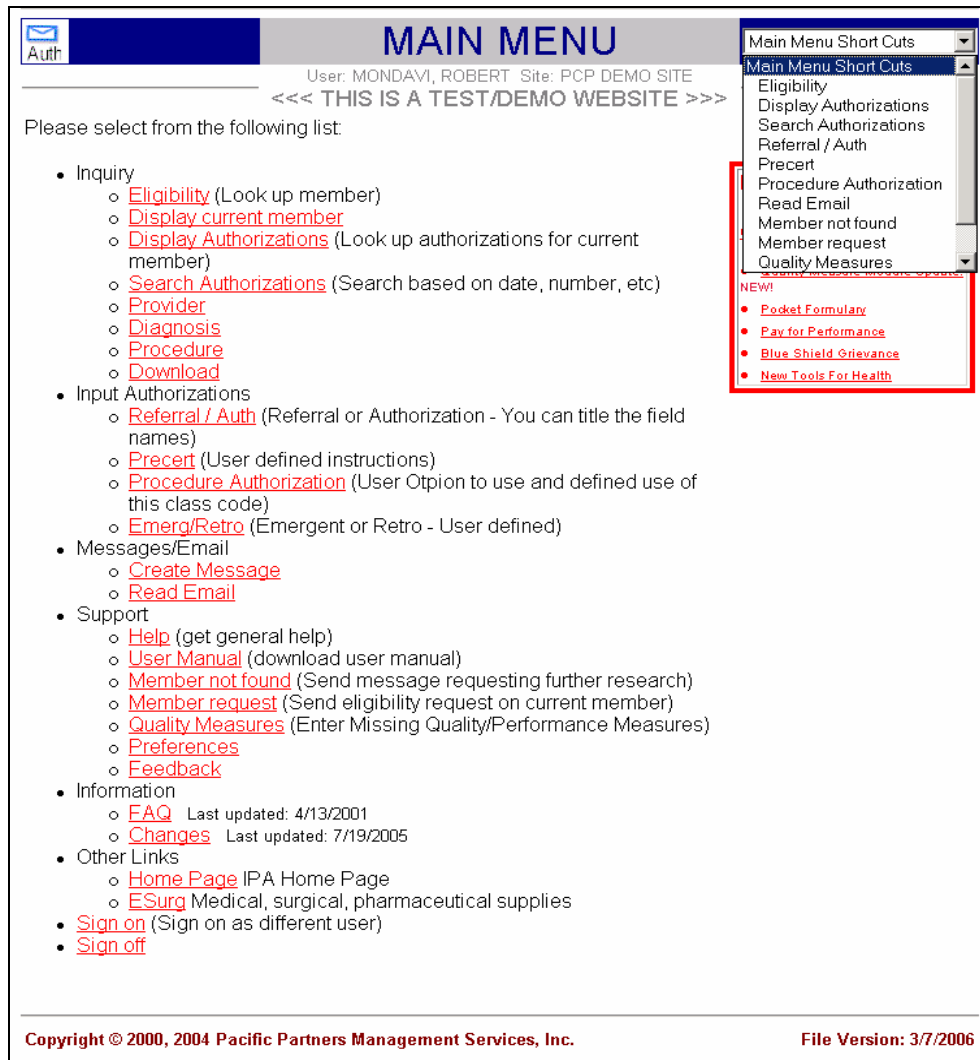
## 1. Log In to Access Express



The screenshot shows the login interface for Health Access SOLUTIONS ACCESS EXPRESS. At the top right is the company logo. Below it, the text reads "Welcome to Access Express. This is the internal Demonstration system". There are two input fields: "User Name:" and "Password:". A "Submit" button is located below the password field. A blue button with white text says "Click here to register for a password or request more information". Below this is a note: "Press and hold the 'CTRL' key, then hit the letter 'D' to bookmark this page in your list of favorite pages." At the bottom left is the copyright notice: "Copyright © 2000 Pacific Partners Management Services, Inc". At the bottom right is a VeriSign logo with the text "Protected by... VeriSign".

- Open the *Health Access Solutions* website at \_\_\_\_\_.
- Make this your Home Page so it will show automatically every time you dial into the Internet:  
At the top Microsoft Internet Explorer Toolbar, select *Tools/Internet Options*, then highlight *Use Current*. Click *OK* at the bottom of the screen.
- **OR** You can add this page to your Favorites: On the top Toolbar, click *Favorites*, then *Add to Favorites*, then fill in *Access Express*. Click *OK*. You can now find the LogIn page under *Favorites*.
- Use the Forward and Back Arrows in Microsoft Internet Explorer to navigate between screens.
- To complete your Log In: fill in *User Name* and *Password* provided, click *Submit*.
- Accept the HIPAA Privacy agreement.
- You are now at the *Main Menu*.

## 2. The Main Menu



Auth

**MAIN MENU**

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
<<< THIS IS A TEST/DEMO WEBSITE >>>

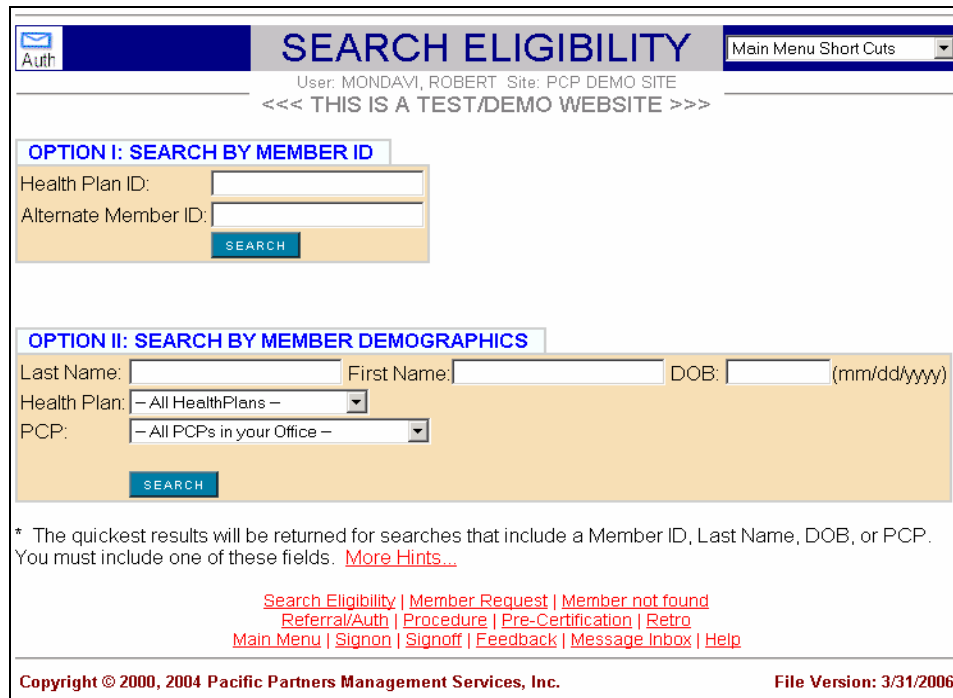
Please select from the following list:

- Inquiry
  - [Eligibility](#) (Look up member)
  - [Display current member](#)
  - [Display Authorizations](#) (Look up authorizations for current member)
  - [Search Authorizations](#) (Search based on date, number, etc)
  - [Provider](#)
  - [Diagnosis](#)
  - [Procedure](#)
  - [Download](#)
- Input Authorizations
  - [Referral / Auth](#) (Referral or Authorization - You can title the field names)
  - [Precert](#) (User defined instructions)
  - [Procedure Authorization](#) (User Option to use and defined use of this class code)
  - [Emerg/Retro](#) (Emergent or Retro - User defined)
- Messages/Email
  - [Create Message](#)
  - [Read Email](#)
- Support
  - [Help](#) (get general help)
  - [User Manual](#) (download user manual)
  - [Member not found](#) (Send message requesting further research)
  - [Member request](#) (Send eligibility request on current member)
  - [Quality Measures](#) (Enter Missing Quality/Performance Measures)
  - [Preferences](#)
  - [Feedback](#)
- Information
  - [FAQ](#) Last updated: 4/13/2001
  - [Changes](#) Last updated: 7/19/2005
- Other Links
  - [Home Page](#) IPA Home Page
  - [ESurg](#) Medical, surgical, pharmaceutical supplies
- [Sign on](#) (Sign on as different user)
- [Sign off](#)

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- The *Main Menu* selectively lists functions available to each user depending on the system functions that are defined for that user at Setup. Physician office staff has access to different screens and functionality from Administrator Staff. Physician Staff screens are included in this **Getting Started** manual.
- There are 6 functional groupings--Inquiry, Input Authorization, Messages/ Email, Support, Information, Other Links. **Clicking on each major category will reveal a list of bullets in red within each category which are shown in the screen above.**
- Scroll down to the function you want, then just point and click. Navigate through the system with the **Main Menu Short Cuts** in the upper right corner or scroll to the end of the screen and click on the functions (not shown).
- To display or input an authorization request, or to check claims or authorization history, you must first select a member. To select a member, click on Eligibility.

### 3. Eligibility Look-up & Overall Search Strategy



Auth **SEARCH ELIGIBILITY** Main Menu Short Cuts

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

**OPTION I: SEARCH BY MEMBER ID**

Health Plan ID:   
 Alternate Member ID:

**OPTION II: SEARCH BY MEMBER DEMOGRAPHICS**

Last Name:  First Name:  DOB:  (mm/dd/yyyy)  
 Health Plan:  - All HealthPlans -  
 PCP:  - All PCPs in your Office -

\* The quickest results will be returned for searches that include a Member ID, Last Name, DOB, or PCP. You must include one of these fields. [More Hints...](#)

[Search Eligibility](#) | [Member Request](#) | [Member not found](#)  
[Referral/Auth](#) | [Procedure](#) | [Pre-Certification](#) | [Retro](#)  
[Main Menu](#) | [Signon](#) | [Signoff](#) | [Feedback](#) | [Message Inbox](#) | [Help](#)

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- The *Eligibility* function is used to look up health plan members. It can be accessed from the Inquiry option on the Main Menu, from the drop down Short Cuts, and from the link at the bottom of most screens.
- **Option I allows you to search by Member ID number** which is usually the fastest way to check member eligibility. Then, select the member's name from a list of family members with the same ID number.
- **Option II uses demographic criteria. You can search with full name or partial name to find all occurrences that match your search.** To check member eligibility, you can input a full name, e.g. *Apple*, to generate a list of medical group members named *Apple*. Users can also input 'Ap' or 'App' to generate a list of members with last names beginning with Ap or App.
- Most users input the fewest number of letters or numbers to generate a list of choices. Then choose the correct entry from the list. This technique minimizes errors due to misspellings and typos.
- **DROP-DOWN MENUS with arrows on the right are created to speed user input. Clicking on an arrow with the left mouse button will yield a list of possible selections. Click the selection that is most appropriate for your search.**
- Words that appear red and underlined like those listed at the bottom of the page above indicate links to other windows that allow users to view additional information.
- If the member's name was misspelled during data entry, or if a nickname is provided rather than a legal name, there may not be a direct online match through eligibility. Once a list of potential members is created, *DOB (date of birth)* and *Sex* may be used to narrow the selection.

Auth

## SELECT MEMBER

Main Menu Short Cuts

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
<<< THIS IS A TEST/DEMO WEBSITE >>>

Member Name	DOB	Sex	HMO ID	Alternate Member ID	EffDate	TermDate
<a href="#">APPLESEED, JANE</a>	5/27/1974	F	BW933HBB		8/1/2001	
<a href="#">ARBUCKLE, JON</a>	7/31/1939	M	118508862		1/1/2002	
<a href="#">ARMSTRONG, LOUIS</a>	5/27/1953	M	112328404		1/1/2001	
<a href="#">BAGGINS, BETTY</a>	3/22/1960	F	66764101412		11/15/1996	
<a href="#">BEETHOVEN, MARY</a>	4/9/1984	F	F124946426		12/1/2000	
<a href="#">BONAPARTE, NAPOLEAN</a>	5/17/1980	M	70328861081		11/1/2001	
<a href="#">BRANDYBUCK, MERRWEATHER</a>	12/9/1977	F	24930168707		5/1/2001	
<a href="#">CEASER, JULIE</a>	9/4/1964	F	1543986917		11/1/2000	
<a href="#">DEBUSSY, CHARLES</a>	11/24/1937	M	119717822		1/1/2002	
<a href="#">DICKENS, CHERYL</a>	12/6/1960	F	1114501356		1/1/2002	
<a href="#">EDISON, TAMMY</a>	7/31/1947	F	116172805		1/1/2002	
<a href="#">EYRE, JANE</a>	3/11/1932	F	360369838F		1/1/2001	
<a href="#">FERGUSON, MAYNARD</a>	2/22/1942	M	522341347M		10/1/2001	
<a href="#">HITCHCOCK, ALFRED</a>	3/13/1939	M	1140193856		1/1/2001	
<a href="#">KENOBI, OBI-WAN</a>	4/3/1950	M	118222666		2/1/2001	

<< FIRST < PREV NEXT > LAST >> (Page: 1 of 2. Total Records: 25)

[ [New Search](#) ] [ [Modify Search](#) ]

[Search Eligibility](#) | [Member Request](#) | [Member not found](#)  
[Referral/Auth](#) | [Procedure](#) | [Pre-Certification](#) | [Retro](#)  
[Main Menu](#) | [Signon](#) | [Signoff](#) | [Feedback](#) | [Message Inbox](#) | [Help](#)

- Once a member or a list of members is identified as a possible match, the user can click on the red [Member Name](#) to view more information and to verify the patient information matches the Eligibility data for a specific member.
- Information that can be accessed is shown in RED. Notice in the above screen shot, you see the Members Names in RED, you see [\[New Search\]](#) in RED, [\[Modify Search\]](#) is in RED. You also see the system functions at the bottom of the page in RED. Click any link to continue. (The example in Section 4 selects the member, Jane Appleseed, from the list above.)
- The member *Effective Date* will reflect the most current information for the member that your organization has received from the health plan. Since your administrator receives fresh regular membership downloads from every plan, long term member information changes should always be made by the member directly contacting the health plan.
- If your patient is not listed on the roster, click on the link for *Member Not Found* at the bottom right of the screen, and proceed to the next section for further information.



## 4. Information About Each Health Plan Member

- The *Selected Member* screen provides information about each member including *PCP, Member demographics, Health Plan, HMO ID, Effective & Termination Dates, Plan Code* and if configured *Copay*. It also provides direct links to more information about a Member, including authorizations, eligibility research requests, optionally claims and capitation payments information. The links are shown in **RED**. You can use the drop down **Main Menu Short Cuts** or the links at the bottom of the screen to select an action for this member.
- **Use the back arrow at the top left of the Internet Explorer screen (not shown) to return to the prior screen.**
- **To Search for another member, select **Search for another member** at the bottom left of this screen. To send a secure Email about the member, click that option at the bottom of the screen.**

SELECTED MEMBER	
User: MONDAVI, ROBERT Site: PCP DEMO SITE	
<<< THIS IS A TEST/DEMO WEBSITE >>>	
<a href="#">[ View authorizations ]</a> <a href="#">[ Search authorizations ]</a> <a href="#">[ Submit request to eligibility dept ]</a> <a href="#">[ View eligibility history ]</a>	
<a href="#">[ View PCP capitation payments ]</a> <a href="#">[ View claims ]</a>	
<b>Name</b>	APPLESEED, JANE
<b>DOB</b>	5/27/1974
<b>Sex</b>	F
<b>HMO ID</b>	BW933HBB
<b>Alternate Member ID</b>	
<b>Effective Date</b>	8/1/2001
<b>Termination Date</b>	
<b>PCP</b>	<a href="#">JORGE V CONTRERAS MD., INC.</a>
<b>PCP Eff Date</b>	9/1/2000
<b>Address / Phone</b>	123 MAIN ST SAN JOSE, CA 95122 4085551212
<b>Plan</b>	04306603
<b>Plan Copay / Coinsurance</b>	PCP Office Visits - \$10.00 Specialist Office Visits - \$10.00 Urgent Office Visits - \$35.00
<b>Health Plan Name</b>	AETNA US HEALTHCARE
<b>IPA</b>	Region 1
<b>Quality Measure Data</b>	<b>PAP TEST</b>
<a href="#">[ Search for another member ]</a> <a href="#">[ Send Email about this member ]</a>	

- **Discrepancies in member information should be corrected to prevent continuing problems for both your office and the member, when health plan services are required.** Without the correct address, members cannot receive their authorizations, health plan ID cards, and other information.
- **If the information in the above screen is incorrect, the member should call the health plan to make a change.** The member's name or address may have been entered incorrectly, or the member may have changed his or her name or address without notifying the health plan. Sometimes there are data input errors or mismatches caused by nicknames given to the physician office. Alternatively, the office may decide to update office records to assure a continuing match with the name that shows up in the online record.

- When users select [Search for another member](#) at the bottom of the screen or [Submit Request to eligibility dept](#) at the top, your organization's eligibility group will contact the health plan, research the question, and get back to users with answers (See Sections 5 and 6). However, it will still be necessary for the member to call the health plan to assure long term continuing changes.
- **Use the back arrow at the top left of the Internet Explorer screen if necessary to return to the prior screen. There is also a forward arrow that can be used to navigate throughout the online system.**
- Several information options are available from this screen. Email is explained later in this User Guide.
- You can also [View Authorizations](#) for this member (for a specific date range, diagnosis or procedure code or based on specific words in the *Reasons* fields on the original Authorization Request) by selecting the link at the top of the *Select Member* screen. See Section 7 for more information.

## 5. Member Listed with Incorrect Information or Not Found Online

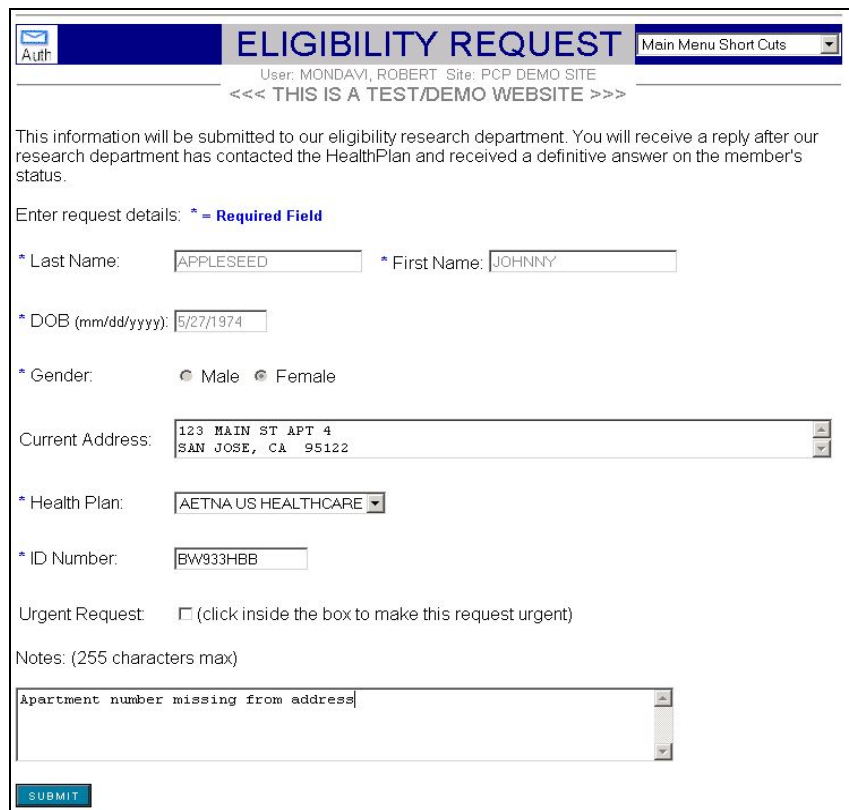
- **Use this function when the member is not listed online or is listed with incomplete information.** Patients may be listed incorrectly in the Eligibility database, or may be terminated from one health plan and not yet registered for another.

- To access the *Member Request* screen, select the *Support* option on the *Main Menu* or use the *Member Request* option in the *Short Cuts* or the link at the bottom of the Eligibility screens.

- If your patient's address is incorrect or incomplete, at the top of the *Selected Member* screen, click **Submit Request to Eligibility Dept.**

- Then, on the *Eligibility Request* screen pictured at right, insert the correct information under *Current Address*, and fill out the Notes to indicate why you are making the change.

- Users can also input revisions for the Health Plan ID and ID Number.



Auth **ELIGIBILITY REQUEST** Main Menu Short Cuts

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

This information will be submitted to our eligibility research department. You will receive a reply after our research department has contacted the HealthPlan and received a definitive answer on the member's status.

Enter request details: \* = Required Field

\* Last Name:  \* First Name:

\* DOB (mm/dd/yyyy):

\* Gender:  Male  Female

Current Address:

\* Health Plan:

\* ID Number:

Urgent Request:  (click inside the box to make this request urgent)

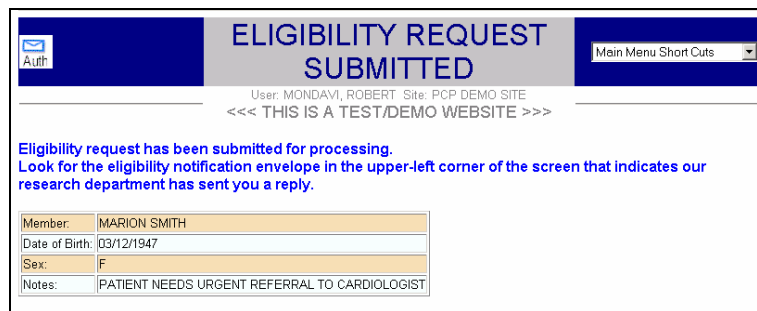
Notes: (255 characters max)

Completed Member Request information will be submitted to the eligibility dept. The user will receive an *Eligibility Request Submitted* confirmation, and will be notified by email when the eligibility group receives an answer from the health plan. Patients should also contact their health plans with the correct information.

## 6. Member Not Found Online

Use this function when the member is NOT listed online.

- The *Member Not Found* function can be accessed from the Support option on the *Main Menu*, the *Short Cuts*, and other Eligibility screens. Eligibility screen is similar to the one described in the previous section.
- Patients who are not listed in the eligibility database may have enrolled late for their health plan or switched from another medical group.
- The information on this screen will be submitted to your medical group Eligibility Research department. The user will receive an *Eligibility Request Submitted* confirmation (below), and will be notified by email when your administrator receives an answer from the plan. In the meantime, without correct Eligibility information, Authorization Requests will not be accepted by the system. Please call the UM Department for further information. For a longer term solution, please advise these members to contact their health plans directly with the correct information.



Member:	MARION SMITH
Date of Birth:	03/12/1947
Sex:	F
Notes:	PATIENT NEEDS URGENT REFERRAL TO CARDIOLOGIST

## 7. Check Active Authorizations for Provider Office or Member

- Provider office users can use the *Search Authorizations* function in the *Main Menu* or *Short Cuts* to list all authorizations for a specific office for a specific day or authorization number. The *Auth Search* screen allows the user to generate a list of authorizations that meet the specific search criteria selected.
- Alternatively, the *Main Menu* or *Shortcuts* may be used to identify the member using the *Eligibility* functions described in Sections 3, 4 and 5. This method generates the *Selected Member* screen pictured in Section 4.



**SELECTED MEMBER**

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

[View authorizations](#) | [Search authorizations](#) | [Submit request to eligibility dept](#) | [View eligibility history](#)  
[View POC/contingent payments](#) | [View claims](#)

Name	APPLESEED, JANE
DOB	5/27/1974
Sex	F
HMO ID	BW933HBB
Alternate Member ID	
Effective Date	8/1/2001
Termination Date	
PCP	<u>JORGE V CONTRERAS MD, INC.</u>
PCP Eff Date	9/1/2000
Address / Phone	123 MAIN ST SAN JOSE, CA 95122 4085551212
Plan	04306603
Plan Copay / Coinsurance	PCP Office Visits - \$10.00 Specialist Office Visits - \$10.00 Urgent Office Visits - \$35.00
Health Plan Name	AETNA US HEALTHCARE
IPA	Region 1
Quality Measure Data	<b>PAP TEST</b>

[Search for another member](#) | [Send Email about this member](#)

**SEARCH AUTHORIZATIONS**

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

Current member: APPLESEED, JANE PCP: JORGE V CONTRERAS MD, INC.

Authorization Class:   
 From Date:   
 To Date:   
 Diagnosis Code:   
 Procedure Code:   
 Reason (Exact Phrase):

[Back to selected member](#)

**SELECT AUTHORIZATION**

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

Current member: APPLESEED, JANE PCP: JORGE V CONTRERAS MD, INC.

Date	Number	Type	Referred From	Referred To	Status
<u>6/6/2006</u>	10000496	Referral/Auth	JORGE V CONTRERAS MD, INC.	PATRICK H BITTER SR MD	Cancel Authorization
<u>6/6/2006</u>	10000497	Referral/Auth	JORGE V CONTRERAS MD, INC.	NORMAN LOWENBRAUN MD	Approved by system - autologic
<u>5/30/2006</u>	10000495	Referral/Auth	JORGE V CONTRERAS MD, INC.	KURT N BAUSBACK MD	Approved by system - autologic
<u>5/23/2006</u>	10000493	Referral/Auth	JORGE V CONTRERAS MD, INC.	PATRICK H BITTER SR MD	Cancel Authorization
<u>5/22/2006</u>	10000491	Referral/Auth	JORGE V CONTRERAS MD, INC.	DWAIN L COGGINS MD	Pended by system - autologic
<u>5/15/2006</u>	10000489	Referral/Auth	ROBERT NORMAN MD	ROSE GARDEN DIALYSIS	Override Approved

Once the member is identified, the user can select *Search Authorizations* in the *Selected Member* screen to search Auths by diagnosis or procedure codes or by words used in the Reason section of the Authorization.

Or, the user can select *View Authorizations for member* in the *Selected Member* screen by clicking the underlined selection at the top left of the *Selected Member* screen or selecting the *Display Authorizations* function from Shortcuts.

- Either way, the user will see a list of authorizations like the one above.  
**Hold the cursor over underlined text to find out the reason for a referred visit.**
- To view a specific authorization, click on a particular authorization date and number underlined in red in the *Date* column and you will see the Authorization screen on the next page, or you can *Search* for another Member.

SELECTED AUTHORIZATION	
User: MONDAVI, ROBERT Site: PCP DEMO SITE <<< THIS IS A TEST/DEMO WEBSITE >>>	
<a href="#">Back</a> <a href="#">Printer version</a>	
Member:	APPLESEED, JANE 123 MAIN ST / SAN JOSE, CA 95122 / 4085551212
Plan / HMO ID:	Aetna Commercial / BW933HBB
Date of Birth:	5/27/1974
PCP:	JORGE V CONTRERAS MD, INC. / REGION 1
Date / Number:	5/22/2006-10000491
Expiration Date:	9/19/2006
Patient Requested?:	No
Category:	Emergency
Referred From:	JORGE V CONTRERAS MD, INC. 841 BLOSSOM HILL ROAD, SUITE 215 / SAN JOSE, CA 95123 / (408) 629-7095
Referred To:	DWAIN L COGGINS MD Cardiology 555 KNOWLES DRIVE, SUITE 200 / LOS GATOS, CA 95032 / (408) 341-1100
Place of Service:	Office
Diagnosis:	1) 410.0 - AMI ANTEROLATERAL WALL
Procedures:	1) 99232 - SUBSEQUENT HOSPITAL CARE Modifier: Units: 1
Requested Service (s):	POST DISCHARGE AMI
Status:	<b>Pended by system - autologic</b>
Decision Date:	
Type:	Referral/Auth
<a href="#">Back</a> <a href="#">[ Send Email about this Authorization ]</a> <a href="#">[ View Letter History ]</a> <a href="#">[ Add Notes ]</a> <a href="#">[ Upload Attachments ]</a>	

- The *Selected Authorization* screen above provides basic information about a specific authorization, as well as several links at the bottom of the page to (a) send an e-mail or upload attachments about the authorization, (b) view letter history, (c) add notes, and (d) upload attachments. Specific information about these functions is provided later in this user guide. The caduceus insignia indicates there is a relevant Care Tip for this patient (described in Section 13).

## 8. Find a Network Provider

SELECT PROVIDER	
User: MONDAVI, ROBERT Site: PCP DEMO SITE <<< THIS IS A TEST/DEMO WEBSITE >>>	
Enter provider information here:	
Name:	<input type="text"/>
Office/Facility Name:	<input type="text"/>
Specialty:	<input type="text"/> -OR- <input type="text" value="Cardiology"/>
City:	<input type="text" value="san jose"/>
IPA:	<input type="text" value="01-Region 1"/>
<input type="button" value="Search"/>	

- The *Select Provider* screen is used to identify your network providers. It can be accessed— (a) from the *Main Menu*, (b) from a Referral or Authorization screen, or (c) using the links at the bottom of some screens.

- To search for a provider, enter the last name or part of the last name with an asterisk. Users who input *B\** and *Search*, get a screen listing all names beginning with B. Users who select *Search*, get an alpha list of preferred providers.
- Alternatively, the user may select *Specialty* from the drop-down menu to generate a shorter list. The user can input *Cardiology* from the pull-down menu or *car* --***the use of partial words eliminates many unmatched entries.***

Name	Specialty	Address	City	Phone
<a href="#">JOSEPH M CASEY MD</a>	Cardiology	2400 SAMARITAN DRIVE, SUITE 200	SAN JOSE	(408) 369-7500
<a href="#">CONSTANTINO GALLO, MD.</a>	Cardiology	173 N MORRISON AVE #D	SAN JOSE	(408) 293-1992
<a href="#">MICHAEL M.GOLD MD</a>	Cardiology	2585 SAMARITAN DR #303	SAN JOSE	(408) 358-3458
<a href="#">STEPHEN GREEN MD</a>	Cardiology	2400 SAMARITAN DRIVE STE #200	SAN JOSE	(408) 369-7500
<a href="#">STEPHEN GREEN MD</a>	Cardiology	2410 SAMARITAN DRIVE, SUITE 101	SAN JOSE	(408) 369-7500
<a href="#">JERRY A HANSON MD</a>	Cardiology	55 N 13TH ST	SAN JOSE	(408) 295-2257
<a href="#">DAVID S.HIRSCHFELD MD</a>	Cardiology	2585 SAMARITAN DR #303	SAN JOSE	(408) 358-3458
<a href="#">ADA A KORANSKY MD</a>	Cardiology	2505 SAMARITAN DRIVE, SUITE 404	SAN JOSE	(408) 358-4000
<a href="#">CHUNG H LIAO MD</a>	Cardiology	2020 FOREST AVENUE, SUITE 8	SAN JOSE	(408) 295-3563
<a href="#">CHUNG H LIAO MD</a>	Cardiology	393 BLOSSOM HILL RD #325	SAN JOSE	(408) 224-1254

- Region and Patient Site information for the search are summarized at the top of the screen.
- Select the red **Provider Name** to the left, to see a third *Selected Provider* screen with more information (including street address) about the selected provider.
- If the user is researching providers for a Referral or Authorization, the Provider selected will automatically be transferred to the Referral or Authorization that is being completed.***

Name	CONSTANTINO GALLO, MD.		
Office/Facility	COSTANTINO GALLO MD		
<b>Region 1</b>			
Specialty	Plan type	Address	Phone
Cardiology	Commercial	173 N MORRISON AVE #D SAN JOSE, CA 95126	(408) 293-1992 Fax: (408) 293-0213
Cardiology	Commercial	18500 ST LOUISE DR, #201 MORGAN HILL, CA 95037	(408) 779-0113 Fax: (408) 776-5687
Cardiology	Commercial	700 W 6TH ST #K GILROY, CA 95020	(408) 848-2008 Fax: (408) 848-2064
Cardiology	Commercial	941 SUNSET DR HOLLISTER, CA 95023	(408) 637-1120
Cardiology	Senior	173 N MORRISON AVE #D SAN JOSE, CA 95126	(408) 293-1992 Fax: (408) 293-0213
Cardiology	Senior	18500 ST LOUISE DR, #201 MORGAN HILL, CA 95037	(408) 779-0113 Fax: (408) 776-5687
Cardiology	Senior	700 W 6TH ST #K GILROY, CA 95020	(408) 848-2008 Fax: (408) 848-2064
Cardiology	Senior	941 SUNSET DR HOLLISTER, CA 95023	(408) 637-1120

[ Search again ] [ Search again same provider ]

- If the user selects a provider that is not a preferred provider for a Referral or Authorization, you will be asked to make another provider selection.
- Since all preferred contracting providers are listed online, use of a non-Plan or unlisted provider will only be authorized if needed care is unavailable from a preferred provider.

- **If a provider is not listed in the Access Express database, use Provider Not Listed as provider of choice for the authorization. Two essential facts must always accompany a Provider Not Listed request in the Notes field--**
  - Name and telephone number of the unlisted provider, and
  - Explanation of why a listed provider could not be used
- See Section 11 for information about Authorizations.

## 9. Find the Correct Diagnosis Code

- **Access Express** helps the user select appropriate diagnosis codes when completing Referrals and Authorizations. Access the *Select Diagnosis* screen from the *Main Menu* or from one of the Referral or Authorization screens.
- If the user inputs a partial word general description like *hyster*, a second screen will come up with a list of diagnosis codes and descriptions for the full range of problems that include *hyster*.
- **The Asterisk (\*) can be used in place of part of a number field to find all occurrences that match.** For example, V68\* will not only find codes equal to V68, but also codes beginning with V68, like V68.7.
- Cancer diagnoses are often listed under *neoplasm* or *mal neo* depending on their listing in the ICD-9 tables.
- **Access Express will accept multiple diagnoses.** For Authorizations, a second blank diagnosis input line will appear once the first diagnosis is completely filled out. The third diagnosis input line will appear once the second diagnosis is filled out, and so on.

Code	Description
300.1	HYSTERIA
300.10	HYSTERIA NOS
68.0	HYSTEROTOMY
68.12	HYSTEROSCOPY
68.3	SUBTOT ABD HYSTERECTOMY
68.4	TOTAL ABD HYSTERECTOMY
68.5	VAGINAL HYSTERECTOMY
68.6	RADICAL ABD HYSTERECTOMY
68.7	RADICAL VAG HYSTERECTOMY
68.9	OTHER UNSPECIFIED HYSTERECTOMY
74.91	HYSTEROTOMY TO TERMIN PG
87.82	GAS HYSTEROSALPINGOGRAM
87.83	DYE HYSTEROSALPINGOGRAM
87.84	PERCUTANEOUS HYSTEROGRAM

- When directed to the *Diagnosis* screen from a Referral or Authorization, users can select the appropriate **red code** at the left on the second screen. Both code and description will automatically be transferred to the Referral or Authorization in process. When researching a Diagnosis with no associated Referral or Authorization, a new screen will come up with the information selected from the listing above.

## 10. Find the Correct Procedure Code

- The *Select Procedure* screen can be accessed from the *Main Menu* or from one of the Referral or Authorization screens.
- A general description like 'knee', will generate a second screen with a list of codes and descriptions for the full range of procedures associated with the knee.** If 'Biopsy' is input, the user will get a list of biopsy codes. Check the past section for information about how to use the Asterisk (\*) character for number fields to select a range of procedure codes.

Code	Description
15980	REMOVE KNEE PRESSURE SORE
15981	REMOVE KNEE PRESSURE SORE
15982	REMOVE KNEE PRESSURE SORE
15983	REMOVE KNEE PRESSURE SORE
27301	DRAIN THIGH/KNEE LESION
27310	EXPLORATION OF KNEE JOINT
27311	EXPLORATION OF KNEE JOINT
27329	REMOVE TUMOR, THIGH/KNEE
27330	BIOPSY KNEE JOINT LINING
27331	EXPLORE/TREAT KNEE JOINT
27332	REMOVAL OF KNEE CARTILAGE
27333	REMOVAL OF KNEE CARTILAGE
27334	REMOVE KNEE JOINT LINING
27335	REMOVE KNEE JOINT LINING
27340	REMOVAL OF KNEECAP BURSA

- When directed to the *Select Procedure* screen from a Referral or Authorization, users can select the appropriate **red code** on the second *Procedure* screen. Both code and description will automatically be transferred to the Referral or Authorization in process.
- When researching a Procedure with no associated Referral or Authorization, users will see a new screen with the information selected from the listing above.



## 11. Referrals & Authorizations

There are four types of Authorizations that can be entered by the UM and provider office staff—

- **Referrals** completed by PCP offices to request visits to Specialists and by Specialist offices to request additional visits/followups through PCPs.
- **Precertifications** for all services performed in a facility (hospital, surgicenter or hospital outpatient surgical suite) with the exception of Special Procedure Authorizations (below).
- **Special Procedure Authorizations** involve special procedures & medical equipment your administrator wants to review before care is rendered (listed in the drop-down list of the online input form).
- **Emergency Authorizations** are required for urgent care already taken place that has not been authorized in advance due to specific clinical circumstances.

### 11A. How to Get Started with Authorizations

- The first step in every Authorization is to identify the Member using the Member Eligibility inquiry screens described in the section on *Eligibility*. Select *Eligibility* from the *Short Cut* drop-down menu or from the *Inquiry* section of the *Main Menu*. Enter the *Health Plan ID* number without prefix from the card. Alternatively, you can input any data you know (*Member Last Name-First Name* or *Initial*, *Date of Birth* or *Health Plan*) to help identify the member. Once the member has been identified as a possible match, click the red [Member Name](#) to view more information.
- Once the *Selected Member* screen is displayed and the user has verified the correct member, click on the *Main Menu Short Cut* drop-down menu. Select the type of authorization and the correct screen will be displayed with the *Selected Member* and *PCP* data filled in.
- Check the box to indicate if the Referral or Authorization was requested by the Patient.
- Fill in the *Category* which will determine the priority with which the request will be reviewed—*Emergency*, *Urgent*, *Routine* or *Retro (retroactive)*. *Categories are not used for Emergency authorizations*. From this point, each type of authorization has specific requirements which are listed in this section.

### 11B. Search Strategy for Authorizations

With *Access Express*, users can complete the entire request while connected to the Internet system. All Authorizations use the search strategy described in prior sections to identify members, specialists, facilities, diagnoses and procedures.

- As users click on each search tab, the screen shifts to the individual screens described in prior sections.
- When the search is complete, the user's selection is added to the original *Authorization Request* screen.
- When the request has been completed and submitted, the user sees the message--*Authorization Submitted*. The provider's office will receive an email or online response once the request is reviewed.

*Assuming Authorization letters are used by your administrator:*

- An Auth letter will be sent to the patient and also to specialists/facilities that don't use *Access Express*
- The specialist and/or facility will also receive an online response if the office is an *Access Express* user.

## 11C. Authorization Guideline Questions

*Access Express* users who request referrals and authorizations will often be required to answer additional questions about their requests. These questions were developed by the medical director to expedite referral and authorization requests by making sure requestors include the information required for an appropriate decision.

For example, your organization may have decided that all referrals to otolaryngologists for chronic or recurrent otitis media should be made only after two trials of antibiotics and sinus films or CAT scans. For these types of referrals, requesters will be asked to answer two questions—

1. Has patient failed at least 2 courses of antibiotics?
2. Has patient had sinus films or CAT scan of sinuses?

The answers to these questions will be factored in when the referral decision is made.

## 11D. Urgent Referrals to Specialists & Urgent Procedures/ Precertifications

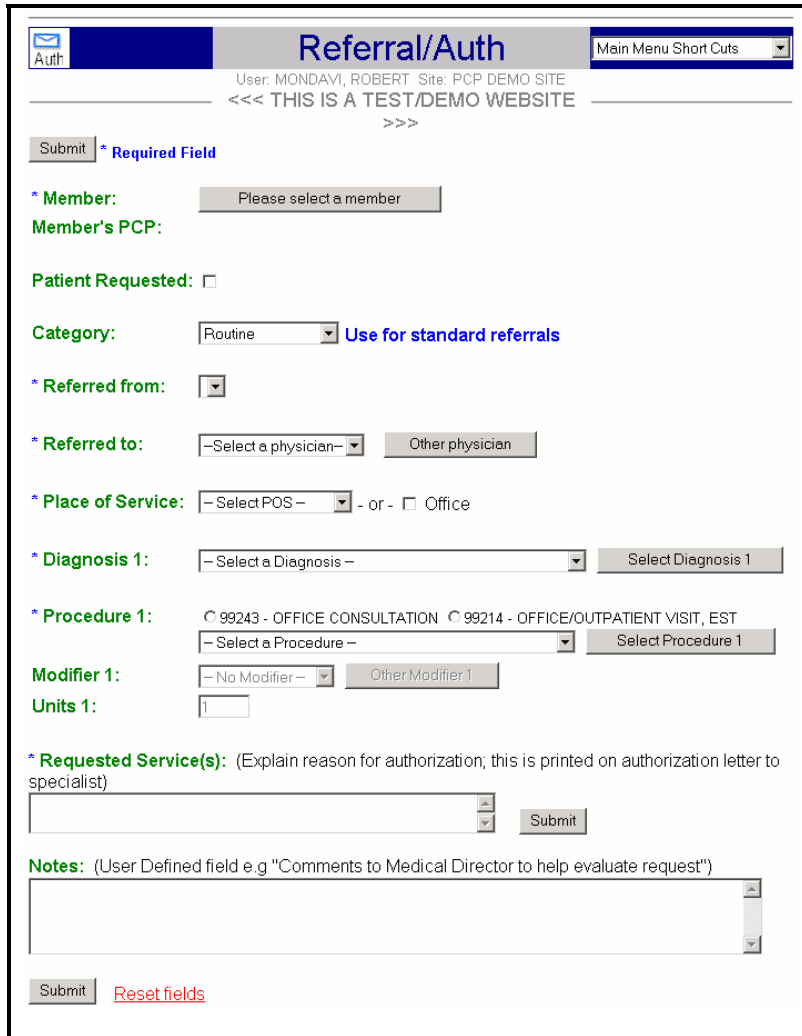
- ***If care has not yet taken place:***

Fill out a Referral, Precertification or Procedure Authorization Request explaining why the care is Urgent in the Note Section.

- ***If care has already been provided on an Emergency basis:***

Fill out an Emergency Request explaining why the care was required as Urgent or Emergency care without advance authorization.

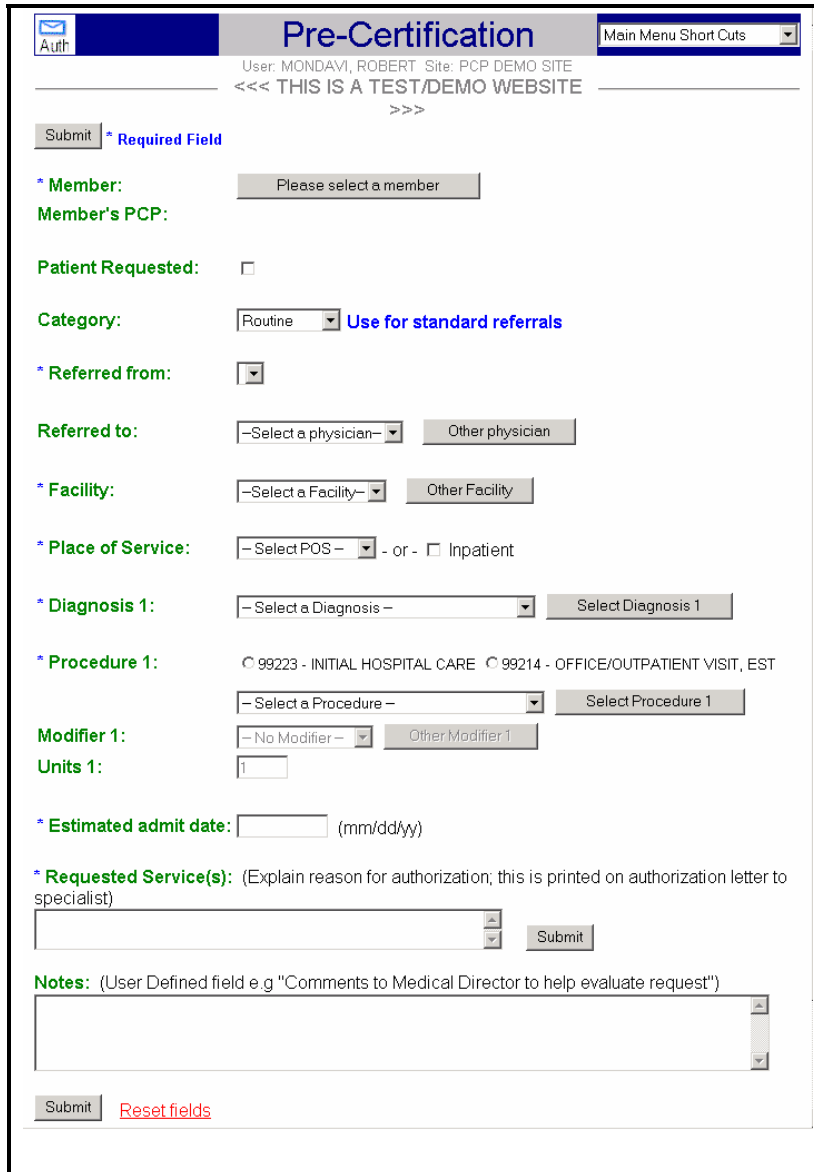
## 11E. Referral Authorizations



- The system will recognize the user once the user signs in and it will automatically fill in the *Referred from* field.
- Check the box provided if the Patient requested the Referral.
- Select the Referral Category—Urgent, Emergency, Routine, Appeal, Retro.
- The *Referred to Select a Physician* drop-down list will populate with the user's most common choices as it is used.
- Until your list develops, click the *Other Physician* button to bring up the *Select Provider* screen (see *Select Provider* Section 8 and *Search Strategy* Section 11B). In the *Name* field, create a specialty list by clicking *Pick A Specialty* or enter last name (or partial last name) of the physician to generate a screen with a list of physicians with that name. Select the desired name, and return to the *Referral Authorization* screen with the *Referred to* physician filled in.

- For Diagnosis, the *Select a Diagnosis* drop-down list will populate as more referrals are completed. To begin, enter the diagnosis code in the *Code* box and click the *Other Diagnosis* button. If it is a valid code, the Code and Description will appear in the *Diagnosis* field. If not, use the Asterisk\* and the *Other Diagnosis* button to search for the right code.
- Enter the number of visits. Default is one (1) visit. If needed, adjust the number of visits, then proceed.
- *Explain the Reason for this Authorization* is a description of why the Referral is requested—either the patient's symptoms or the doctor's diagnosis. **Avoid using codes or unique specialty abbreviations; depending on the policy of your organization, this is the only information the specialist or facility will receive to explain the patient's problem. This field is printed exactly as entered in letters to facility and specialist but does not display on the patient's letter.**
- The *Notes* field is an optional entry only viewed by the Requester and Medical Director. This information will not show in letters to patients or specialists. The entry might include the reasons for urgency of the referral.
- When all information has been entered for this Referral, click *Submit*, and expect to see the *Authorization Submitted* screen as your confirmation. Once the Referral is reviewed, the physician office will see the AUTH E-mail icon displayed at the top left of the screen. If they click on the icon, they will be able to view/print any authorizations they have received.

## 11F. Precertifications



The screenshot shows a web form titled "Pre-Certification" with a navigation menu and a "Main Menu Short Cuts" dropdown. The user is identified as "MONDAVI, ROBERT" at "PCP DEMO SITE". A warning message states "THIS IS A TEST/DEMO WEBSITE". The form includes several required fields:

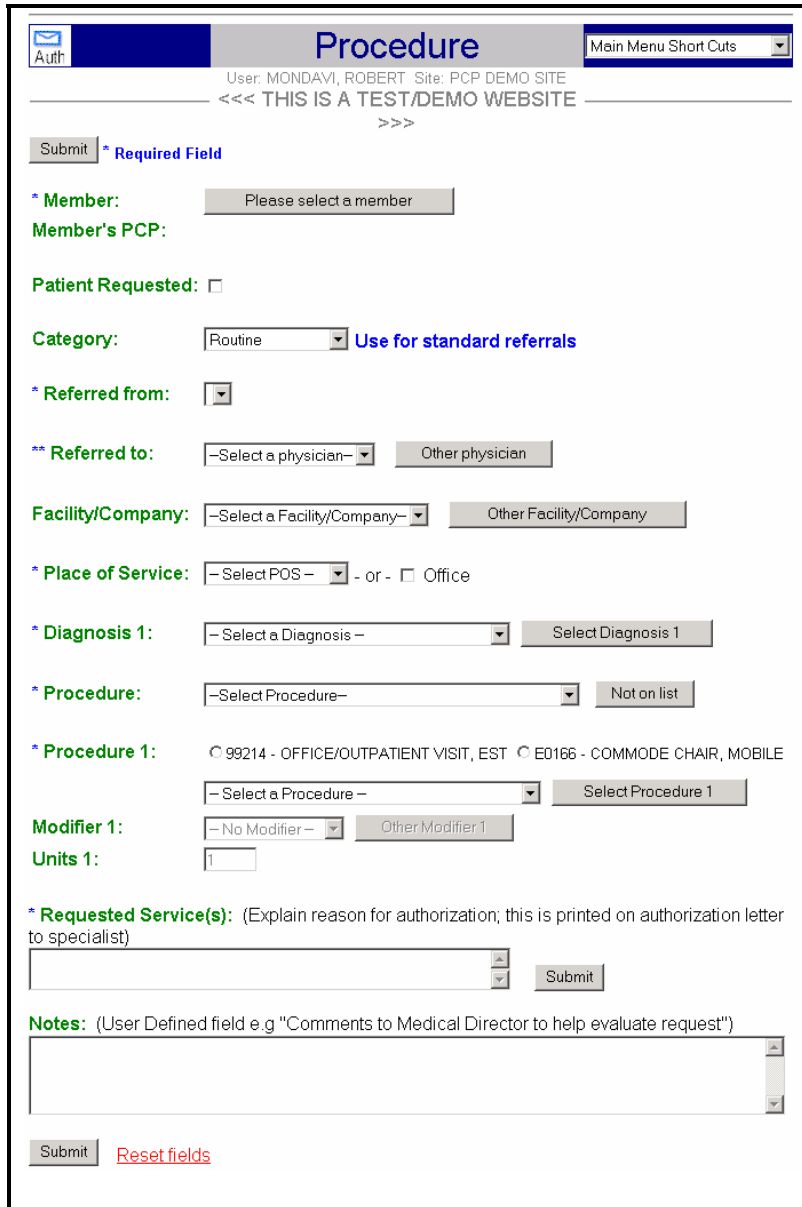
- Member:** A dropdown menu with the text "Please select a member".
- Member's PCP:** A text input field.
- Patient Requested:** A checkbox.
- Category:** A dropdown menu set to "Routine" with a link "Use for standard referrals".
- Referred from:** A dropdown menu.
- Referred to:** A dropdown menu set to "--Select a physician--" and an "Other physician" button.
- Facility:** A dropdown menu set to "--Select a Facility--" and an "Other Facility" button.
- Place of Service:** A dropdown menu set to "--Select POS --" and an "Inpatient" checkbox.
- Diagnosis 1:** A dropdown menu set to "--Select a Diagnosis --" and a "Select Diagnosis 1" button.
- Procedure 1:** Radio buttons for "99223 - INITIAL HOSPITAL CARE" and "99214 - OFFICE/OUTPATIENT VISIT, EST", a dropdown menu set to "--Select a Procedure --", and a "Select Procedure 1" button.
- Modifier 1:** A dropdown menu set to "--No Modifier --" and an "Other Modifier 1" button.
- Units 1:** A text input field containing "1".
- Estimated admit date:** A text input field with a placeholder "(mm/dd/yy)".
- Requested Service(s):** A text area with a "Submit" button and a note: "(Explain reason for authorization; this is printed on authorization letter to specialist)".
- Notes:** A text area with a note: "(User Defined field e.g. 'Comments to Medical Director to help evaluate request')".

At the bottom of the form are "Submit" and "Reset fields" buttons.

- Fill in *Referred From* and *To* spaces as described under *Referral* and in the Search Strategy on Sections 8 & 11B.
- Check the box provided if the Patient requested the Precert.
- Select the Category—Urgent, Emergency, Routine, Appeal, Retro.
- The *Facility* is the site where the procedure will be performed—either a surgery center or hospital. The *Select a Facility* drop-down list will populate with the user's choices as more precert requests are entered. Until your list develops,, click the *Other Facility* button to bring up the *Select Provider* screen. In the *Name* or *Facility* field, enter the name or type of facility, bringing up a list that matches the request. Select the desired facility and you will return to the *Precertification* screen with the *Facility* filled in. Partial words can also be used to research facilities.
- The *Diagnosis* code for this *Precertification* is filled out like the *Referral Authorization* on the prior page. However, the *Precertification* allows for an optional *Secondary Diagnosis*. Fill in the *Units* and *Modifier* for professional or technical services, where they apply.

- *Estimated admit date* should be filled in using 2 digits each for month, day and year—09/12/05.
- *Explain the Reason* is a description of the doctor's diagnosis or why the Precert is requested for the procedure to be performed. **Avoid using codes or unique specialty abbreviations; depending on the policy of your organization, this is the only information the specialist or facility will receive to explain the patient's problem. This field is printed exactly as entered in letters to facility and specialist but does not display on the patient's letter.**
- The *Notes* field is an optional entry only viewed by the Requester and Medical Director. This information will not show in letters to patients or specialists. The entry might include the reasons for urgency of the precert.
- When all information for this Precert has been entered, click the *Submit* button, and expect to see the *Authorization Submitted* screen as your confirmation. Once the Precert is reviewed, the physician office will see the AUTH E-mail icon displayed at the top left of the screen. If they click on the AUTH E-mail icon they will be able to view/print any authorization they have received as either a response to their own request or one by another *Access Express* physician office.

## 11G. Procedure Authorizations



The screenshot shows a web form titled "Procedure" with a navigation bar at the top containing "Auth", "Main Menu Short Cuts", and user information: "User: MONDAVI, ROBERT Site: PCP DEMO SITE". A warning message reads: "<<< THIS IS A TEST/DEMO WEBSITE >>>".

The form includes the following fields and controls:

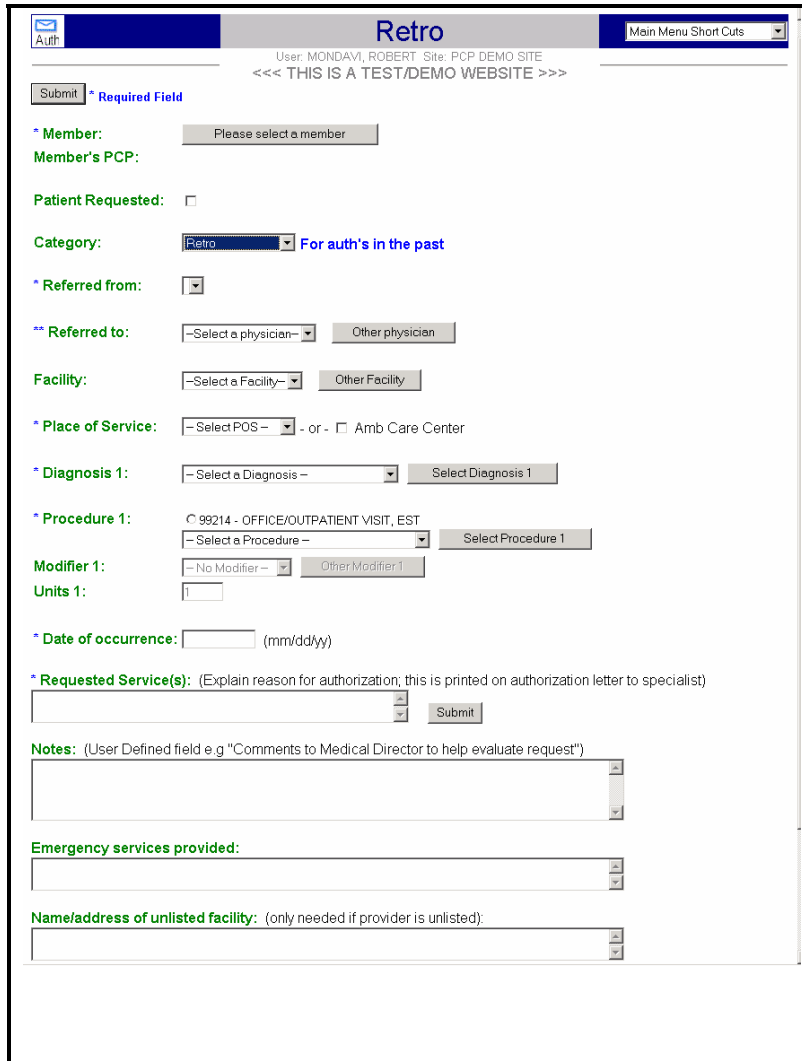
- Submit** button and a note: *\* Required Field*
- \* Member:** A text box with the placeholder "Please select a member".
- Member's PCP:** A text box.
- Patient Requested:** A checkbox.
- Category:** A dropdown menu currently set to "Routine" with a link: "Use for standard referrals".
- \* Referred from:** A dropdown menu.
- \*\* Referred to:** A dropdown menu with "-Select a physician-" and a button "Other physician".
- Facility/Company:** A dropdown menu with "-Select a Facility/Company-" and a button "Other Facility/Company".
- \* Place of Service:** A dropdown menu with "-Select POS-" and radio buttons for "- or -" and "Office".
- \* Diagnosis 1:** A dropdown menu with "-Select a Diagnosis -" and a button "Select Diagnosis 1".
- \* Procedure:** A dropdown menu with "-Select Procedure-" and a button "Not on list".
- \* Procedure 1:** Radio buttons for "99214 - OFFICE/OUTPATIENT VISIT, EST" and "E0166 - COMMODE CHAIR, MOBILE", followed by a dropdown menu with "-Select a Procedure -" and a button "Select Procedure 1".
- Modifier 1:** A dropdown menu with "-No Modifier -" and a button "Other Modifier 1".
- Units 1:** A text box containing the number "1".
- \* Requested Service(s):** A text area with a note: "(Explain reason for authorization; this is printed on authorization letter to specialist)". A "Submit" button is located to the right.
- Notes:** A text area with a note: "(User Defined field e.g. 'Comments to Medical Director to help evaluate request')".
- At the bottom, there is a "Submit" button and a "Reset fields" link.

- Fill in *Referred From* and *To* spaces as described under *Referral* and in the Search Strategy in Sections 8 & 11B.
- Check the box provided if the Patient requested the Procedure.
- Select the Category—Urgent, Emergency, Routine, Appeal, Retro
- The *Facility* is the site where this procedure will be performed. The *Select a Facility* drop-down list will populate with the user's own choices as more procedure requests are entered. Until your list develops, click the *Other Facility* button to bring up the *Select Provider* screen. In the *Name* or *Facility* field, enter the name or type of facility, bringing up a list that matches the request. Select the desired facility and you will return to the *Procedure* screen with *Facility* filled in. Partial words can also be used to research facilities.
- *Diagnosis* codes are filled out using the Search Strategy described on page 19.
- Fill in the number of *Visits Requested*.

- Use the drop-down menu to select the *Special Procedure* for this authorization. If the procedure to be reviewed is not included in this menu, it is not designated by your organization as a *Special Procedure*, and should be requested as a *Referral*, a *Precertification* or *Emergency*. Select *Not on list* for further information about authorizations. Each Special Procedure includes all related services (e.g. Home Health includes all services possible in a single day).
- *Explain the Reason for this Procedure* is a description, up to 100 characters, of why the Procedure is being requested. ***Avoid using codes or unique specialty abbreviations; depending on the policy of your organization, this is the only information the specialist or facility will receive to explain the patient's problem. This field is printed exactly as entered in letters to facility and specialist but does not display on the patient's letter.***
- The *Notes* field is an optional entry that is only viewable to the Requester and the Medical Director. This information will never show in letters to patient or specialist. This entry might include reasons for the urgency of the procedure or specific injectables to be administered. When the information has been entered, click *Submit*, and you will see the *Authorization Submitted* screen confirmation. Providers who click on the AUTH E-mail icon can view/print any authorization they received as either a response to their own request or one by another *Access Express* physician office.

## 11H. Emergency/Retro Authorizations

Emergency Authorizations are required for urgent care that has already taken place that has not been authorized in advance due to specific clinical circumstances. This allows past unauthorized emergent care to be described for possible retroactive approval. Be sure to note WHY the problem was not reported until after the care was rendered. Select the Emergency option from the *Main Menu* under *Input Authorizations*. The Emergency Authorization is the only Authorization that cannot be accessed from *Short Cuts*.



- Fill in *Referred From* and *To* spaces as described under *Referral* and in the Search Strategy in Sections 8 & 11B.
- Check the box provided if the Patient requested the Emergency Room visit.
- Fill in the *Facility* as described in the *Precertification* and *Procedure* instructions. Partial words can be used to research facilities.
- Complete the *Diagnosis* section as indicated in the *Procedure* and *Precert Authorization* sections.
- Enter the *Date of Occurrence*, using MM/DD/YY format (for the January 5, 2005 you would enter 01/05/05).
- *Requested Services* is the reason for the services, up to 100 characters, including patient symptoms and/or diagnosis. **Avoid using codes or abbreviations.** **Depending on the policy of your organization, this field is printed exactly as entered in letters to facility and specialist but does not display on the patient's letter.**

- Fill in the *Notes*, an optional entry that is only viewable to the Requester and the Medical Director. This information will never show in letters to patient or specialist. This entry should include reasons for the urgency of the procedure.
- Enter the *Emergency Services Provided* to this member.
- If services were rendered at an *Unlisted Facility*, enter the name and address of that facility in the field provided.
- Click the *Submit* button and expect to see the *Authorization Submitted* screen displayed to confirm your submission. When the Emergency Authorization has been reviewed, physician office personnel will see the AUTH E-mail icon displayed at the top left of the screen. They can click on the icon to view/print any authorization received as either a response to their own request or one initiated by another *Access Express* physician office.

## 12. Pay For Performance Quality Measures

Pay for Performance (P4P) is an employer initiative that requires health plans and physician organizations to demonstrate their patients are getting appropriate care based on specific standard quality measures like immunizations for children under age 2, Pap & mammogram screenings for women, Glycohemoglobin tests for diabetics, and suppressor drug treatment for asthmatics.

Access Express helps maximize your physician's P4P score by insuring the most current administrative data is recorded and submitted for your office. Measurement is based on claims and encounters from your office and on data submitted by pharmacy and lab providers. **Neither your physicians nor your managed care organization get P4P credit for needed care, unless the data is recorded in the Access Express administrative records.**

- Since each HMO member is linked to a specific Primary Care Physician, most organizations rely on their PCPs to gather and input all P4P information.
- Access Express functions use PCP office staff time efficiently to enter missing information so your office can meet P4P goals.

### How to Update P4P Quality Measures To Add Missing Information & Conditions Excluded from Quality Measures

Once a health plan member is qualified for a P4P measure, the Access Express system views each measure as either—Passed, Missing or Excluded (based on valid P4P criteria).

- **Select Quality Measures** in the **Main Menu/ Support** section, to find the list of patients who lack specific P4P measures according to your medical group records.
- **Use the information below to enter missing Quality Measures online for each patient listed for your office.**

**The Quality Measures screen shows the cutoff date (01/15/06) for data extracted from claims, prescriptions & encounter data.**

**Select the right filter from the Filter section in blue dots.** You can choose to—

- Show ONLY measures that need action
- List patients for EACH physician OR for ALL physicians in the practice
- Show patients who require a specific Quality Measure for a SPECIFIC disease OR
- Show ALL Quality Measures

*This example filters only patients of Dr. To with no specific last name, who need a Pap Test.*

Quality Measures

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

Quality Measure dates and values have been extracted from claims, prescriptions, and encounters received as of **01/15/2006**  
 Please add in missing data from **2005** if care was given but not reflected below.

Please select a member to edit.

Member	DOB	Age	PCP	Measure
ARMSTRONG, LOUIS	5/27/1953	53	MICHAEL E KAN MD	HBA1C, LDLC
BEETHOVEN, MARY	4/9/1984	22	WILLIAM G BROAD MD	CHLAMYDIA, Pap-Test
BRANDYBUCK, MERRIWEATHER	12/9/1977	29	HIEN V NGUYEN MD	PAP TEST
CEASER, JULIE	9/4/1964	42	AN N TO MD	Mammogram, PAP TEST
FERGUSON, MAYNARD	2/22/1942	64	ROBERT NORMAN MD	ASTHMA RX
KENOBI, OBLWAN	4/3/1950	56	EMIRO BURBANO MD	LDLC
KIPLING, RUDYARD	10/10/1946	60	DIANA F FINK MD	HBA1C, LDLC
SCROOGE, EBENEZER	3/8/1948	58	JAMES PELLEGRIN MD	LDLC
VAN GOGH, LORIE	6/15/1948	58	ALBERT PANGLOSS MD	Mammogram, PAP TEST

<< First < Prev Next >> Last >>> (Page 1 of 1. Total Records: 9) HIDE FILTERS

Measure Name: Pap Test  
 Measure Status: Measures Missing Date  
 Member Last Name:  
 Provider Name: AN N TO MD  
 APPLY FILTERS

**Quality Measures**

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

Quality Measure dates and values have been extracted from claims, prescriptions, and encounters received as of **01/15/2006**.  
 Please add in missing data from **2005** if care was given but not reflected below.

Please select a member to edit.

Member	DOB	Age	PCP	Measure
<b>CEASER, JULIE</b>	9/4/1964	42	AN N TO MD	Mammogram, <b>PAP TEST</b>

<< First < Prev Next > Last >> (Page: 1 of 1. Total Records: 1) **HIDE FILTERS**

Click one of the names to see a summary of the measures on record & the measures required for that patient.

**For each member, you will see a list of Quality Measures still missing from the P4P database.**

*In this case, Julie Ceaser has an acceptable mammogram exclusion, but still requires a Pap.*

**If historical data is included in your organization's database, the DATE OF THE LAST EXAM will be listed.**

- **FILL IN** the missing data, if there has been a more recent test. Because of the lag time, your data will usually be more timely than the database.
- **If the member is due** for a new test, leave it blank for now, but place a note in the patient chart to order the missing test at the next visit.

**Edit Quality Measure Data**

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
 <<< THIS IS A TEST/DEMO WEBSITE >>>

Name: **CEASER, JULIE**  
 HMO ID: 1543986917  
 Eff Date: 11/1/2000 Term Date:  
 Sex: F DOB: 9/4/1964 Age: 42  
 PCP: AN N TO MD

Quality Measure dates and values have been extracted from claims, prescriptions, and encounters received as of **01/15/2006**.  
 Please add in missing data from **2005** if care was given but not reflected below.

**Mammogram - Breast Cancer Screening**

Please get a mammogram on this person or record the date of the most recent mammogram in the box below. The only official reason for not obtaining a mammogram is a history of bilateral mastectomy. This exclusion reason needs to be recorded.

Mammogram Excluded: 76092 REMOVAL OF BREAST with mod code 09950 (Bilateral) Exclusion Note: **RESET**

**Pap Test - Cervical Cancer Screening**

Please record date of most recent Pap test. Enter date of known Pap test even if you were not the one that obtained this Pap. Previous hysterectomy is an obvious valid reason for not doing this test which needs to be documented as a selected exclusion. Should be done at least every 3 years.

Pap Test Date(s):  **EXCLUDE**

**SAVE CANCEL/REMAIN**

- **Click Exclude** to enter the appropriate reason your patient should be excluded from the measure. Only valid exclusions will remove a member from a physician's P4P score. For example, a Bilateral Mastectomy is an official exclusion for the Breast Cancer Screening measure. The next screen will pop up with a list of valid exclusions.
- After entering a valid exclusion (see below), click **Save** to save the data added to the database.

**Quality Measure Collection Exclusion**

**Member Demographics**

Member Name: CEASER, JULIE  
 DOB: 9/4/1964  
 HMO ID: 1543986917

In rare situations a member can be excluded from measure collection. Please select the proper exclusion for this member.

**Measure / Exclusion**

Cervical Cancer Screening: Pap Test

- Select Exclusion -  
 - Select Exclusion -  
 58150 Total Hysterectomy  
 \*Temporarily turn off notification

**SAVE EXCLUSION CANCEL**

**To Enter A Valid Exclusion, Click on the exclusion, then click SAVE EXCLUSION at the bottom of the window to update the database.**

- The Exclusion screen at the right shows **Bilateral Mastectomy** is the only acceptable exclusion for a mammogram.
- Although **Patient declined test** is not an approved exclusion under P4P, it should be filled in where appropriate.



- Quality Measures required for a specific member are also referenced on the **Member Eligibility Screen**.
  - If the Measure is listed in **BOLD RED** P4P data is still required—either there is no date or no value entered or the data does not satisfy P4P.
  - If the Measure is listed in regular type, P4P data is up-to-date.
  - If the Measure is ~~crossed-out~~, it is excluded for that patient.

*In this example, the Mammogram is excluded but the PAP TEST is still required.*

- Click on the Quality Measure listed at the bottom of the screen to link with the *Edit Quality Measure* screen pictured on the previous page.
- To the right is the POP-UP Quality Measure Reminder that shows up when the PCP office checks this Member's eligibility or requests an Authorization.

SELECTED MEMBER	
User: MONDAVI, ROBERT Site: PCP DEMO SITE <<< THIS IS A TEST/DEMO WEBSITE >>>	
<a href="#">[ View authorizations ]</a> <a href="#">[ Search authorizations ]</a> <a href="#">[ Submit request to eligibility dept ]</a> <a href="#">[ View eligibility history ]</a> <a href="#">[ View PCP capitation payments ]</a> <a href="#">[ View claims ]</a>	
Name	CEASER, JULIE
DOB	9/4/1964
Sex	F
HMO ID	1543986917
Medical ID number	
Effective Date	11/1/2000
Termination Date	
PCP	<del>ANN TO MD</del>
PCP Eff Date	12/1/1996
Address / Phone	123 MAIN ST SAN JOSE, CA 95132 4085551212
Plan	04306603
Plan Copay / Coinsurance	PCP Office Visits - \$10.00 Specialist Office Visits - \$10.00 Urgent Office Visits - \$10.00
Health Plan Name	AETNA LIS MED MEMBERSHIP
IPA	Region 1
Quality Measure Data	<del>Mammogram</del> , <b>PAP TEST</b>
<a href="#">[ Search for another member ]</a> <a href="#">[ Send Email about this member ]</a>	

### Quality Measure Reminder

Member Demographics	
Member Name:	CEASER, JULIE
DOB:	9/4/1964
HMO ID:	1543986917

Quality Measures require your attention!

PAP TEST

REVIEW/UPDATE

IGNORE


## 13. Care Tips

Care Tips brings health plan guidelines and clinical information directly to the doctor or nurse at the point of service where it can do the most good. It provides the providers in your organization (and, where appropriate, patients) with detailed clinical information and recognized medical source data to facilitate care. It distributes health plan and medical group treatment guidelines to providers in a timely, efficient manner.

Care Tips may be used for guidelines that are specific to a particular health plan. For example, for a Health Net Substance Abuse carveout that applies to Medicare members, Care Tips reminds the provider staff that, following acute detoxification, care should be arranged by Health Net's subsidiary, MHN.

Care Tips will also be used for medical group guidelines that apply to specific diagnoses like asthma, diabetes and coagulation problems that have been reviewed and accepted by UM and Quality Committees. Physician offices will also have access to Milliman Care Guidelines from the appropriate the Care Tip.

To find Care Tips: Click the Caduceus symbol

SELECTED AUTHORIZATION	
User: HOPPE, BEBE Site: INTERNAL DEMO SITE	
<<< THIS IS A TEST/DEMO WEBSITE >>>	
<a href="#">Back</a> <a href="#">Printer version</a>	
Member:	SILVER, LONG, JANE 123 MAIN ST / SAN JOSE, CA 95135 / 4085551212
Plan / HMO ID:	HealthNet Commercial / 1177301205
Date of Birth:	1/22/1948
PCP:	GEORGE P KENT MD / REGION 1
Date / Number:	12/20/2004-10000312
Expiration Date:	4/19/2005
Patient Requested?:	No
Category:	
Referred From:	GEORGE P KENT MD 25 N. 14TH STREET, SUITE 1020 / SAN JOSE, CA 95112 / (408) 977-4677
Referred To:	ROBERT D DAIGLE MD Chemical Dependency 1425 Fruitdale Avenue / SAN JOSE, CA 95138 / (408) 568-7004
Facility:	GOOD SAMARITAN HOS INPATIENT Hospital, Inpatient 2425 SAMARITAN DRIVE / SAN JOSE, CA 95124 / (408) 559-2011
Place of Service:	Office
Estimated Admit Date:	12/20/2004
Admit Date:	
Discharge Date:	
Diagnosis:	1) 303.01 - AC ALCOHOL INTOX-CONTIN 
Protocol:	DEFAULT
Requested Service(s):	RUM DRINKER- NEEDS ACUTE DETOXIFICATION. KEEPS CALLING DARBY MCGUIRE FOR RUM AND SEES HIM IN HALLUCINATIONS
Latest Note:	
Status:	Approved by Medical Director
Received Date:	12/20/2004
Decision Date:	12/20/2004 2:50:31 PM
Type:	Pre-Certification

Click to find the Milliman Care Guidelines listed below.

Then Search "Alcohol" to find the related Milliman Care Guidelines.

**Access Express Care Tips** Today's date: 7/10/2006 Close

Please review the following Care Tips from HealthNet.

Care Tip Context	MbrNo	Health Plan	ReferredTo Specialty
SILVER, LONG JANE (Female: 58)	00003664001	HealthNet Commercial	Chemical Dependency
Diagnosis: 303.01 AC ALCOHOL INTOX-CONTIN			

**Care Tip For: Alcohol Abuse, Health Net HMO**

**HEALTHNET COMMERCIAL** Diagnosis 303.00:305.02 v2 12/14/2005 4:25:32 PM

Acute detoxification from alcohol is a medical group financial responsibility. However, once the acute in-patient detoxification has been rendered, all further care must be provided by the health plan mental health providers, not the medical group. If the patient was or is hospitalized for acute detox, once detoxification has occurred, the patient must be discharged from the Access Express system.

Please contact the special Plan mental health provider network at (888)426-0030 for Managed Health Network for substance abuse care once the acute detoxification episode has resolved.

---

[Milliman's Care Guidelines](#) are also available for your review.

Elig
CARE GUIDELINES
Main Menu Short Cuts

User: HOPPE, BEBE Site: INTERNAL DEMO SITE  
<<< THIS IS A TEST/DEMO WEBSITE >>>

Select Milliman Content:

Inpatient and Surgical Care - 10th Edition


Search Results for alcohol:

Description	Codes	Keywords	GLOS
Acute Delirium, Not Associated with Alcohol or Drugs	(Search phrase found in ORG title)	N/A	3
Alcohol Dependence	(Search phrase found in ORG title)	N/A	3
Alcohol Withdrawal	(Search phrase found in ORG title)	N/A	3
Alcohol Withdrawal and Dependence	N/A	Annotation;Annotated Bibliography	N/A
Acute Delirium, Not Associated with Alcohol or Drugs	ORG: MH-110 HSIM: 15-43-95-0a ICD-9 Diagnosis: 293.0, 293.1, 780.09; DSM-IV: 293.0, 780.09;	Cognitive Disorder; Dementia; Disturbance in Consciousness; Hallucinations; Impaired Mental Status	3
Alcohol Dependence	ORG: PS-60 HSIM: 15-63-31-0b ICD-9 Diagnosis: 303.00, 303.01, 303.02, 303.90, 303.91, 303.92; ICD-9 Procedure: 94.61, 94.62, 94.63, 94.67, 94.68, 94.69; DSM-IV: 303.00, 303.90;	Addiction; Alcohol Hallucinations; Alcohol Intoxication; Alcohol Withdrawal; Delirium tremens	3
Alcohol Withdrawal	ORG: PS-410 HSIM: 15-63-41-0b ICD-9 Diagnosis: 291.0, 291.3, 291.5, 291.81, 303.00, 303.01, 303.02, 303.03, 303.90, 303.91, 303.92, 303.93, 305.00, 305.01, 305.02, 305.03; ICD-9 Procedure: 94.62, 94.66; DSM-IV: 291.0, 291.0, 291.3, 291.5, 291.81, 303.00, 303.90, 305.00;	Addiction; Alcohol Hallucinations; Alcohol Intoxication; Alcohol Withdrawal; Delirium tremens	3

Select the appropriate Milliman Care Guideline from the list at the left.

A sample Milliman Care Guideline is pictured on the next page.

## Sample Milliman Care Guideline



# CARE GUIDELINES

User: HOPPE, BEBE Site: INTERNAL DEMO SITE  
<<< THIS IS A TEST/DEMO WEBSITE >>>

Main Menu Short Cuts

**Select Milliman Content:** Inpatient and Surgical Care

**Milliman Care Guidelines®**  
*Inpatient and Surgical Care*  
10th Edition

EDITED BY  
JAMES M. SCHIBANOFF, M.D.

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Search for:  Go Reset

- [User Guide](#)
- [Index: Optimal Recovery Guidelines](#)

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## 14. Add an Attachment to an Authorization Request

- An *Authorization Attachment* can be uploaded after submitting an authorization or receiving an email response. The user must input an authorization before managing the attachments. Attachments may be added to the authorization when it is requested or at a later date.
- Click **Upload** in red at the bottom of the Authorization page. The user can browse all files on the system for a new file to attach or the user can enter the path and new file name. A message is issued indicating whether the upload was successful. The Attachment continues to be part of the Authorization Request.

The ID number for this Attachment is:	67
Your batch description:	Mary Poppins caught flying
Auth Key:	2005071110000361
File Name:	mary_poppins_pdf.pdf
File Extension:	pdf
Verified File Size in bytes:	88475

- Once files have been attached to the authorization, a summary line appears on the attachment screen. The attached files may be selected and viewed by selecting the appropriate file name **underlined in red**.

Action	InputDateTime	File Name	Description
<input checked="" type="checkbox"/>	7/11/2006 1:49:00 PM	<u>mary_poppins_pdf.pdf</u>	
<input checked="" type="checkbox"/>	7/11/2006 4:22:00 PM	<u>mary_poppins_pdf.pdf</u>	Mary Poppins caught flying

## 15. Send Email to Referring or Referred to Physicians

- The Message/Email system allows *Access Express* users to exchange messages with participating physician offices and administrator personnel. To create a message, click *Create Message* from the *Messages /Email* section on the *Main Menu*. This will bring up the *Create Message* Screen.
- Now select from three lists of recipients, *Physician's office*, *On-Line Access Express user* or *User Type*. Click on the circle before your choice to activate the selected list.
- Users who select *Physician's office* will find the *Select Provider* search screen with some changes built in. Since *not all* providers are enrolled in *Access Express*, email can only be sent to participating physicians who are underlined on the list. Physicians who do not participate online are indicated by an asterisk(\*).

The screenshot shows the 'SELECT USER' interface. At the top, it displays 'User: HOPPE, BEBE Site: INTERNAL DEMO SITE' and '<<< THIS IS A TEST/DEMO WEBSITE >>>'. There are two main options:

- OPTION I: IDENTIFY SPECIFIC USER**: This section contains four input fields: 'First Name', 'Last Name', 'User Name', and 'Group/Practice Name'. A 'SEARCH' button is located below these fields.
- OPTION II: SEND TO SPECIFIC DEPARTMENT AT DEMO CUSTOMER**: This section contains five buttons: 'Authorizations', 'Claims', 'ECS Support', 'Provider Services', and 'Access Express Support'.

At the bottom, there is a link: 'For instructions on how to get help about specific issues regarding eligibility, claims, or authorizations, please visit our [help page](#).'

- To select an *Access Express* user, click on the *Last Name* field then enter the user's *Last Name* or initial and click *Search*. This will bring up the *Select User* screen below with a list of users who match the request.
- Alternatively, an email can be sent to a specific administrator department.

- Click the desired *User Name* to be sent back completed to the *Create Message* screen with the User Name filled in.

The screenshot shows the 'SELECT USER' interface with a list of users. The table below is a representation of the data shown in the screenshot:

User Name	First Name	Last Name	Group/Practice/Site
BEBE	bebe	hoppe	INTERNAL DEMO SITE
CAREMORE	care	more	INTERNAL DEMO SITE
CAREMOREPCP	caremore	PCP	PCP DEMO SITE
DHIGGASQ	dottie	higgason-robinson	INTERNAL DEMO SITE
dtakamin	Derek	Takamine	INTERNAL DEMO SITE
GUZMAN	gina	guzman	PCP DEMO SITE
MONTANEZ	Michelle	Montanez	PCP DEMO SITE
NAMM	Demara	Nuzum	INTERNAL DEMO SITE
PATRICK	patrick	fitzgerald	PCP DEMO SITE
PCPSITE	Robert	Mondavi	PCP DEMO SITE
SCVHHS	Santa Clara	Valley	INTERNAL DEMO SITE
SMCMG	St Mary's	Choice Med	PCP DEMO SITE
TSCHULZE	Tim	Schulze	INTERNAL DEMO SITE

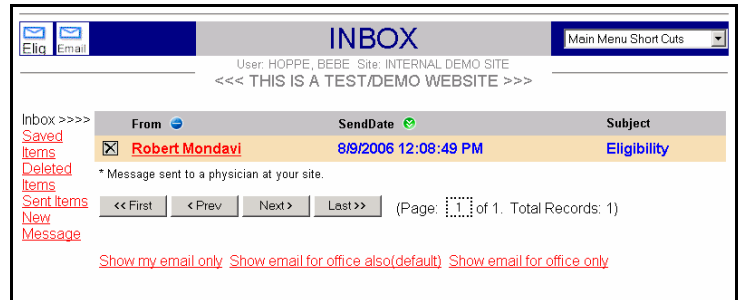
Navigation controls at the bottom include: '<< First', '< Prev', 'Next >', 'Last >>', '(Page: 1 of 1. Total Records: 13)', and '[ Search again ]'.

- Now, to complete the original Email, click on the *Subject* field and type a few words.
- The body of the message can be as long as several pages. Use the *Enter* key for spacing to make the email more readable. When the message is complete, click the *Send* button at the bottom of the screen. NOTE: there is no spell check or grammar check.

## 16. Review Email Replies

Incoming email is most easily accessed through the letter icon visible at the top left of the *Access Express* screen when email is received. (The icon is similar to the AUTH icon pictured at the top left of the Main Menu.) Click the icon to display a summary list of the mail sent to the user.

- From the *Inbox* screen, the user may read email directed to the office, email directed to the user who is logged in, or a combined list which is the default option.
- Click the icon to display a summary list of the mail sent to the user. From the *Inbox* screen, the user may read email directed to the office, email directed to the user who is logged in, or a combined list which is the default option.



- **To view the message**, click the underlined name. **To delete a message**, click the 'X' box before the senders name.

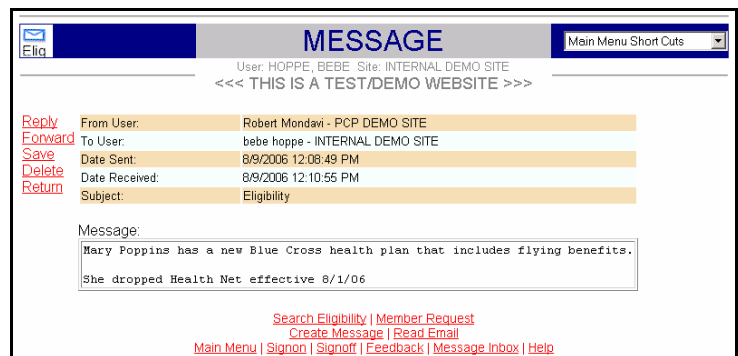
- **To open & view saved, deleted or sent items** click the underlined item in the list.

- **To reply to a message, forward, save or delete it**, click on the corresponding underlined item to the left of the message header.

- **To print the message**, click your browser *Print* icon or use your browser print option (file/print).

- **To return to the message Inbox**, click the *Return* item to the left of the message header.

- From the *Message* screen the user can display the relevant authorization and the member eligibility information which is underlined in red toward the center of the screen.



## 17. Review Authorization Replies Delivered by Email

When the AUTH Icon is visible at the top left of the screen, you will be able to access the most recent responses to authorizations submitted by your office.

Follow the instructions detailed in the blue box on the screen to examine each authorization, remove authorizations from the list, or print authorizations for your office.

Auth

### RECENT AUTHORIZATIONS

Main Menu Short Cuts

User: MONDAVI, ROBERT Site: PCP DEMO SITE  
<<< THIS IS A TEST/DEMO WEBSITE >>>

Selected?	Date	Number	Member	Type	Referred From	Referred To	Status
<input type="checkbox"/>	4/4/2006	10000462	FERGUSON, MAYNARD	Procedure	ROBERT NORMAN MD 25 N. 14TH STREET, SUITE 1020, SAN JOSE 95112	HANGER/NOVACARE 25 N 14TH ST STE #120, SAN JOSE 95112	Approved by Nurse
<input type="checkbox"/>	11/19/2004	10000304	POPPINS, MARY	Referral/Auth	JOE L MORGENSEN MD 2410 SAMARITAN DR #201, SAN JOSE 95124	PATRICK H BITTER SR MD 15195 NATIONAL AVE #205, LOS GATOS 95032	Denied Medical Necessity
<input type="checkbox"/>	10/23/2003	10000194	POPPINS, MARY	Referral	JOE L MORGENSEN MD 2410 SAMARITAN DR #201, SAN JOSE 95124	HARDEN MEDICAL GROUP 1756 N MAIN STREET, SALINAS 93906	Denied - Modified

<< First
 < Prev
 Next >
 Last >>
(Page: 1 of 1. Total Records: 3)

Show my requests only. Change to: [Show all](#)

This screen highlights the final status of recent authorizations submitted by your office. An authorization will remain in this list until someone from your office views the authorization details. All authorizations removed from the list remain in the system and can always be found via a member lookup.

There are three ways to remove authorizations from this list:

1. Clicking the link found under the "Date" field will take you to the authorization details and remove this authorization from the list.
2. You can also remove multiple authorizations from this list by selecting one or more "Selected" column checkboxes and then clicking the "Remove Selected" button.
 

Select All
Clear All
Remove Selected
3. To View and/or Print all authorizations at once:
  - o Display all authorizations (shown in a separate window). Display All
  - o View and/or print the displayed authorizations.
  - o After you have finished, close the other window and click "Remove All" to remove all of the authorizations from the list. Remove All

[ [Search again](#) ]
[ [Search for authorizations](#) ]

## 18. Check Claims & Capitation Payments for a Member

Once a specific member has been identified using Eligibility search, additional information can be checked. This information is updated after every capitation and claims check-run--

- **View Capitation Payments** by clicking [View Capitation Payments](#) at the top of the screen. The user will find a history of cap payments to your PCP group for each member along with check numbers and dates.
- Use the links at the bottom of the screen to send e-mail to your IPA/medical group or to check cap payments for other members.

Elig

### SELECTED MEMBER

Main Menu Short Cuts

User: HOPPE, BEBE Site: INTERNAL DEMO SITE  
<<< THIS IS A TEST/DEMO WEBSITE >>>

[ [View authorizations](#) ]
[ [Search authorizations](#) ]
[ [Submit request to eligibility dept](#) ]
[ [View eligibility history](#) ]

[ [View PCP capitation payments](#) ]
[ [View claims](#) ]

Name	EYRE, JANE
DOB	3/11/1932
Sex	F
HMO ID	960369836F
Medical ID number	
Effective Date	1/1/2001
Termination Date	
PCP	ROBERT NORMAN MD
PCP Eff Date	12/1/1993
Address / Phone	123 MAIN ST SAN JOSE, CA 95111 4085551212
Plan	04306603
Plan Copy / Coinsurance	PCP Office Visits - \$10.00 Specialist Office Visits - \$10.00 Urgent Office Visits - \$35.00
Health Plan Name	AETNA US HEALTHCARE
IPA	Region 1

[ [Search for another member](#) ]
[ [Send Email about this member](#) ]
[ [Add To Case Management](#) ]



PCP CAP PAYMENTS						
User: HOPPE, BEBE Site: INTERNAL DEMO SITE						
<<< THIS IS A TEST/DEMO WEBSITE >>>						
Current member: EYRE, JANE PCP: ROBERT NORMAN MD						
Cap Month	Carrier	PCP	Amount	Process Date	Check Number	Check Date
2/1/2002	HealthNet	ROBERT NORMAN MD	-24.00	4/10/2002	186669	4/15/2002
2/1/2002	HealthNet	ROBERT NORMAN MD	24.00	2/11/2002	182273	2/15/2002
1/1/2002	HealthNet	ROBERT NORMAN MD	-24.00	4/10/2002	186669	4/15/2002
1/1/2002	HealthNet	ROBERT NORMAN MD	24.00	1/12/2002	180344	1/15/2002
12/1/2001	HealthNet	ROBERT NORMAN MD	-24.00	4/10/2002	186669	4/15/2002
12/1/2001	HealthNet	ROBERT NORMAN MD	24.00	12/11/2001	178452	12/17/2001
11/1/2001	HealthNet	ROBERT NORMAN MD	24.00	11/12/2001	176019	11/14/2001
10/1/2001	HealthNet	ROBERT NORMAN MD	24.00	10/11/2001	173826	10/12/2001
9/1/2001	HealthNet	ROBERT NORMAN MD	24.00	9/11/2001	171314	9/12/2001
8/1/2001	HealthNet	ROBERT NORMAN MD	24.00	8/14/2001	169627	8/16/2001
7/1/2001	HealthNet	ROBERT NORMAN MD	24.00	7/6/2001	166779	7/10/2001

<< First < Prev Next > Last >> (Page: 1 of 1. Total Records: 11)

Information is for PCP capitation payments only. Information is current as of 5/1/2002 and only shows recent history.

[ [E-mail research request](#) ] [ [Back to member](#) ]

- **View Claims** by clicking *View Claims* at the top of the Selected Member screen. The user will find a history of claims payments to your group for that member, listed by date of service and diagnosis. Click the provider name, for details of a specific claim.

SELECT CLAIM					
User: HOPPE, BEBE Site: INTERNAL DEMO SITE					
<<< THIS IS A TEST/DEMO WEBSITE >>>					
Current member: EYRE, JANE PCP: ROBERT NORMAN MD					
Provider	First Date of Service	Diagnosis	Billed	Pay amount	Status
PROFESSIONAL NOT ON F UNLISTED	6/18/2002	462	\$95.00	\$60.50	IN PROCESS
PROFESSIONAL NOT ON F UNLISTED	6/18/2002	388.70	\$80.00	\$50.00	IN PROCESS
PROFESSIONAL NOT ON F UNLISTED	6/17/2002	382.00	\$80.00	\$35.00	IN PROCESS
PROFESSIONAL NOT ON F UNLISTED	6/17/2002	464.4	\$80.00	\$45.00	IN PROCESS

<< First < Prev Next > Last >> (Page: 1 of 1. Total Records: 4)

[ [Search for another member](#) ] [ [Back to member](#) ]

View Details of specific line items by clicking the CPT. The links at the bottom of the screen can be used to send your administrator an email about a claim or to select a different claim.

SELECTED CLAIM							
User: HOPPE, BEBE Site: INTERNAL DEMO SITE							
<<< THIS IS A TEST/DEMO WEBSITE >>>							
Provider	PROFESSIONAL NOT ON F UNLISTED	Payor					
Claim #	00000008 - 6/18/2002	Claim ID	00982192				
Member ID/Name	360369838F / EYRE, JANE	Patient ID	18101				
Carrier	HealthNet	Place of Service	11				
Diagnosis 1	462 - ACUTE PHARYNGITIS	Auth #					
CPT	DOS	Billed	Copay	Pay Amount	Status	Check Number	Check Date
86403 - RAPID TEST, INFECTIOUS AGENT	6/18/2002	\$15.00	\$0.00		0 - Payable claim - will release during future posting		
99213 - OFFICE/OUTPATIENT VISIT, EST	6/18/2002	\$80.00	\$0.00		0 - Payable claim - will release during future posting		
<a href="#">SHOW LINE DETAIL</a> <a href="#">SELECT DIFFERENT CLAIM</a> <a href="#">MESSAGE ABOUT THIS CLAIM</a>							
[ <a href="#">Back to member</a> ]							

- Click **Show Line Detail** at the bottom of the screen for more information about a claim, or click to send a message about this claim or to see the original electronic HCFA claim.

Provider		PROFESSIONAL NOT ON F UNLISTED	Payor		
Claim #		00000008 - 6/18/2002	Claim ID		00982192
Member ID/Name		860369838F / EYRE, JANE	Patient ID		18101
Carrier		HealthNet	Place of Service		11
Diagnosis 1		462 - ACUTE PHARYNGITIS	Auth #		

CPT	DOS	Billed	Copay	Pay Amount	Status	Check Number	Check Date
86403 - RAPID TEST, INFECTIOUS AGENT	6/18/2002	\$15.00	\$0.00		0 - Payable claim - will release during future posting		

Received	Allowed	Withhold	Denied	Reason
6/19/2002	\$5.50	\$0.00	\$0.00	Allowable is based on the contracted fee schedule and the provider's affiliation with the IPA. Non-contracted provider allowable is based on Usual & Customary. Do not balance bill patient.

CPT	DOS	Billed	Copay	Pay Amount	Status	Check Number	Check Date
99213 - OFFICE/OUTPATIENT VISIT, EST	6/18/2002	\$80.00	\$0.00		0 - Payable claim - will release during future posting		

Received	Allowed	Withhold	Denied	Reason
6/19/2002	\$55.00	\$0.00	\$0.00	Allowable is based on the contracted fee schedule and the provider's affiliation with the IPA. Non-contracted provider allowable is based on Usual & Customary. Do not balance bill patient.

[HIDE LINE DETAIL](#)    [SELECT DIFFERENT CLAIM](#)    [MESSAGE ABOUT THIS CLAIM](#)

[ [Back to member](#) ]

## 19. Preferences

- The *Preferences* screen can be accessed from the *Main Menu*. It reflects the information provided during signup, as well as subsequent changes made by users online. When a user logs in to the online system, it will automatically adjust to reflect the preferences most recently set.
- If the physician practice would like to change a *Password* following the departure of a staff member, select a new password.
- *Preferences* can be used to establish a personal online user profile to fit individual or group workflow patterns. Users can check the boxes midway in the screen to display Menu shortcuts and to be notified of messages that have been approved or denied. Notification occurs via the email icon at top left of the screen.
- The final section of this screen allows users to select the items to be reset on the system screens after *Submitting* the data in the authorization screens.
  - If the user checks *Reset Member*, the system will reset the member ID after the auth has been submitted. Or, s/he can leave it unchecked to have the system remember the member ID so other auths for the member can be submitted without requiring a search.
  - Users in a PCP office may set *Preferences* to fill in the PCP physician name automatically in the *Referred From* designation. Or, if an obstetric office refers patients most frequently for an ultrasound, the *Preferences* can be set to fill in ultrasound automatically for all referrals, with variable information added for non-ultrasound referrals.

Elic		<b>PREFERENCES</b>		Main Menu Short Cuts	
User: HOPPE, BEBE Site: INTERNAL DEMO SITE <<< THIS IS A TEST/DEMO WEBSITE >>>					
After modifying your personal preferences below, you must press the 'submit' button for your changes to take effect.					
<b>User Information:</b>					
User Name:	BEBE				
First Name:	bebe	Last Name:	hoppe		
Phone:	3131	Phone Ext.:			
<a href="#">Click here to change your password</a>					
<b>Application Settings:</b>					
<input checked="" type="checkbox"/> Menu shortcuts - Display the drop-down list of menu shortcuts in the upper-right corner of every screen.					
<input type="checkbox"/> If I have email that is more than 0 hours old, send a reminder message to the following email address (es): na					
<input checked="" type="checkbox"/> This office (INTERNAL DEMO SITE) can receive general email from other Online users					
<b>Reset these fields after submitting an authorization request:</b>					
<input checked="" type="checkbox"/> Reset Member	<input checked="" type="checkbox"/> Reset Physician	<input checked="" type="checkbox"/> Reset Referred From			
<input checked="" type="checkbox"/> Reset Facility	<input checked="" type="checkbox"/> Reset Diagnosis	<input checked="" type="checkbox"/> Reset Special Procedure			
<input checked="" type="checkbox"/> Reset Procedure Code	<input checked="" type="checkbox"/> Reset Reason	<input checked="" type="checkbox"/> Reset DOS			
<input checked="" type="checkbox"/> Reset Patient Request	<input checked="" type="checkbox"/> Reset Category				
<input checked="" type="checkbox"/> Reset Place of Service					
<input type="button" value="SUBMIT"/>					