



Provider Portal User Guide

Updated: January 1, 2019

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Introduction

Overview

The provider portal allows providers access to AllWays Health Partners member information under the context of the provider site the user is associated with. The provider portal supports access to multiple provider sites with a single account if required.

AllWays Health Partners strives to protect the privacy of each member's Protected Health Information (PHI) and other personally identifiable information. User actions are audited regularly. Your access to the Provider Portal is subject to the approval of the designated site administrator of the provider site you are associated with as well as AllWays Health Partners.

User access to their provider site information must be renewed every 365 days. Accounts inactive for 90 days or more are subject to automatic terminations.

Accessing the Provider Portal

You can access the Provider Portal at allwaysprovider.org. A link to the provider portal is also available from the provider section of AllWays Health Partners' website at allwayshealthpartners.org. Registration is required in-order-to access the Provider Portal.

Supported Browsers

The provider portal currently supports the following browsers:

- Microsoft Internet Explorer Versions 6, 7, 8, and 9
- Mozilla Firefox (PC, MAC, LINUX)
- Google Chrome (PC, MAC, LINUX)

User Interface

The Provider Portal's user interface consists of 3 sections: Top Navigation Bar, Accessible Functions Bar and the page content.

Top Navigation Bar



The Top Navigation Bar appears on every page within the Provider Portal. It allows users to switch the currently selected provider site in addition to offering quick links to common functions.

To switch the provider site you are currently accessing, click on the drop-down box. When applicable, this will bring up a list of other provider sites the user has access to. Click on the provider site name to switch to that provider site. The user can switch currently selected sites at any time during the login session.

Accessible Functions Bar



The Accessible Functions Bar appears on every page within the Provider Portal. It lists the full Provider Portal functionality for the currently selected provider site. Hovering over a category will bring up a drop-down list of available functions. Clicking on a function button will bring you that option specific to that function.

Each function is relative to the currently selected site as displayed in the Top Navigation Bar. For example, clicking on the Authorizations & Referrals function you will provide Authorizations and Referral information specific to the site shown in the Top Navigation Bar.

Forgotten Password

The I Forgot My Password link within the Provider Portal login page allows users to reset their password upon logging in and providing a contact phone number and answering the selected security question. Users unable to provide this information must contact their User Administrator for assistance with password recovery. If a site does not have a User Administrator, the user can contact Provider Portal Research Team at prweb@allwayshealth.org for assistance.

Support

The Provider Portal Research Team is available for assistance and can be reached via email at prweb@allwayshealth.org or via telephone at 855-444-4647.

How to Register for the Provider Portal

1. Access the Provider Portal at allwaysprovider.org
2. Click on the **Account Registration** button



3. Read the Provider Portal User Agreement
4. Click **I Accept This Agreement** to proceed



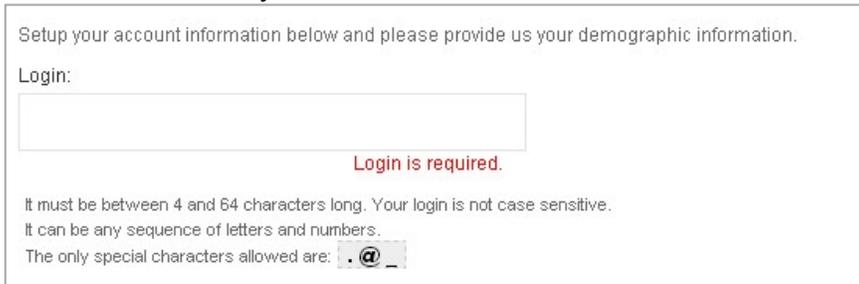
5. Read the helpful hints and then click **OK** to proceed



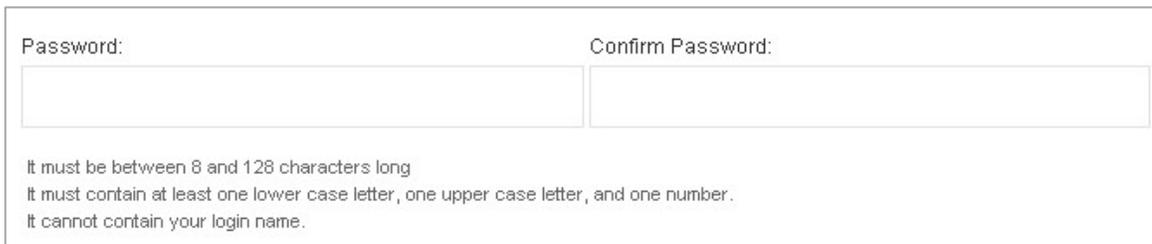
6. On the following page:
 - Type your practice site's name in the **Site Name** field. A drop-down list will appear, and you can select your site. You can enter the full name or part of the name to yield results.
 - Enter your Tax Identification Number in the **TIN** field
 - Click **Verify** to proceed

A screenshot of a registration form. It has two input fields: "Site Name:" and "TIN:". Below the "TIN:" field is a blue "Verify" button.

7. Enter a Login ID. We recommend using your email address if possible. Please review the login criteria below carefully.

A screenshot of a form for entering a login ID. It says "Setup your account information below and please provide us your demographic information." There is a "Login:" label and an empty input field. Below the field is a red error message: "Login is required." Below that are three lines of text: "It must be between 4 and 64 characters long. Your login is not case sensitive.", "It can be any sequence of letters and numbers.", and "The only special characters allowed are: . @ _".

8. Enter a password. Please review the criteria below carefully. **TIP: Please write down your password and security question answer because this information is not stored in our systems and cannot be retrieved**

A screenshot of a form for entering a password. It has two input fields: "Password:" and "Confirm Password:". Below the fields are three lines of text: "It must be between 8 and 128 characters long", "It must contain at least one lower case letter, one upper case letter, and one number.", and "It cannot contain your login name."

9. Select a security question from the drop-down arrow and answer it. Please review the security question criteria below carefully. **Tip: Please write down your password and security question answer because this information is not stored in our systems and cannot be retrieved**

Choose a Security Question:

What is my mother's maiden name? ▼

Answer to Security Question:

It must be at least 4 characters in length and no longer than 256 characters.
A character must not repeat more than two times in a row.

10. Select **Yes** or **No** in the drop-down box if you will be a User Administrator for this practice site. Please click the Provider Portal User Administrator Application link if you are going to be a User Administrator.
11. Type in the reasons for site access (example: Eligibility Verification, Claims Status, Submit Authorizations)
12. Enter your demographic information. The demographic information should be the user who is filling out the online application. Please do not fill this out in someone else's name. Click **Submit**.
13. If you successfully registered for the Provider Portal, you will see a confirmation box and receive a confirmation email. If you do not receive a confirmation, then you did not successfully register and will have to register again.

Tips & Hints

- After successfully completing the online registration application, please allow 24-48 hours for processing. If you have not been approved after 48 hours, please contact prweb@allwayshealth.org.
- If you are requesting User Administrator site access, please make sure you complete and submit the [Provider Portal User Administrator Application](#). Failure to submit the form to AllWays Health Partners will delay your approval.

How to Fill Out a User Administrator Application

1. Please print a [Provider Portal User Administrator Application](#)
2. The user administrator application needs to be filled out accurately in order for your Provider Portal account to be approved. Please make sure you:
 - Have a valid signature and title of the approving executive. Unless you are the owner of the practice you cannot sign for yourself.
 - Use the group NPI of the practice or physician, not their individual NPI.
3. A user administrator application is required for every group Tax ID number (TIN) you need site access to, so you might have to fill out multiple forms. For practice sties that have different NPIs but share the same TIN, one user administrator form can be used. Please list all NPIs on the form.

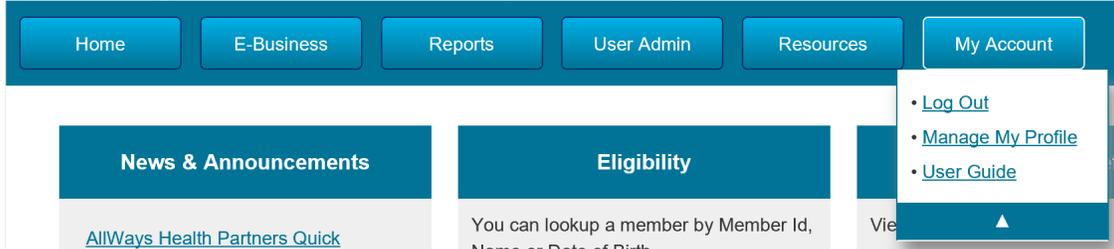
Tips & Hints

- If you are registering as a user administrator, then please fill out the online registration application prior to faxing in the User Administrator Application.
- Failure to complete the online application prior to faxing the User Administrator Application will delay your approval for the Provider Portal.

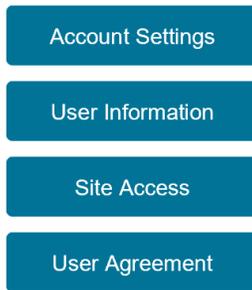
- If you registered as a regular user, please contact your site administrator to be approved for the Provider Portal.

Manage Your Profile

- Select **Manage Your Profile** within the My Account drop-down list.



- The next page brings up Profile Options, divided into four pages:



Account Settings

Account Settings allows users to view their login ID, reset their password or their security question, and also update preferences.

- Account Settings
- User Information
- Site Access
- User Agreement

Manage Profile - Account Settings

Login: billtestqa

Last Login: 12/26/2018 03:08 PM

Password Last Reset: 06/19/2017 02:06 PM Change My Password

Security Question: What is the name of my favorite pet? Change My Security Question

Notifications

Include me on the AllWays Health Partners Provider Relations news letter email list.

Notify me by email when my site access requests are approved.

Notify me by email when my site access is about to expire.

Administrator Notifications

Notify me by email when new site access requests are submitted for any site I administer.

Notify me by email when my site access requests are approved.

Notify me by email when my site access is about to expire.

Update Settings

User Information

User Information allows users to update their demographic information.

Profile - User Information
If you need to make any update to this information, make any changes required and click update.
Fields marked with ● are required.

Information Last Updated: 01/29/2013 04:57 PM

First Name: ●

Last Name: ●

Are you a primary care provider? ●

Employer: ●

Employer Street Address: ●

Employer City: ●

Employer State: ●

Employer Zip Code: ●

Contact Phone Number: - - ●

Email: ●

Update

Site Access

Site Access allows the user to:

- Request new site access
- Submit a request to the User Administrator to renew a user's site access
- View their currently available sites
- Monitor site access expiration
- View site permissions
- Verify the User Administrator for the selected site
- Request to be removed as a user if access to the Provider Portal is no longer required

Profile - Site Access
If you need changes to your site access or have questions about your approval you should contact the user administrator. If you require further assistance you can contact ALIWAYS Health Partners Provider Relations using the information at the bottom of your screen.

Request Site Access

Your Site Access List

Site Name	Days Until Expiration			
Provider Site A	267	Permissions	Administrators	Remove
Provider Site B	267	Permissions	Administrators	Remove

Permissions

Click **Permissions** to view your currently available features.

- If you need access to a feature not currently available, click **Administrators** to contact your User Administrator for permission access.

Request Site Access

Click **Request Site Access** to request access to a new site. The Request Site Access window will appear.

- Enter the name (or partial name) of the site for which you need access
- Click Select
- Enter the site's Tax ID
- Enter the reason(s) for your request
- Select yes or no in the drop-down box if you will be a User Administrator for this site. Please click the Provider Portal User Administrator Application link if you are going to be the User Administrator. The form must be faxed to AllWays Health Partners to facilitate your account approval. If you are not requesting User Administrator access, your account will need to be approved by the User Administrator.
- Click Submit

The screenshot shows a web form titled "Request Site Access". At the top, there is a header bar with the title and a close button. Below the header, there is a text input field labeled "Enter Site Name:" followed by a "Select" button. A horizontal line separates this section from the next. Below the line, a note states "Fields marked with ● are required." The form contains three required fields: "Request Access to Site TIN:" with a text input field and a red dot to its right; "Request Reason:" with a larger text area and a red dot to its right; and "Do you need to be a user administrator?:" with a dropdown menu showing "No" and a red dot to its right. At the bottom of the form, there are two buttons: "Submit" and "Cancel".

Provider Portal User Agreement

The Provider Portal User Agreement Tab allows you to view the terms that a user administrator or other user accessing the provider portal have.

- Account Settings
- User Information
- Site Access
- User Agreement

Provider Portal Registration

Provider Portal User Agreement

Please review this agreement and accept or decline it using the buttons below.

This Provider Portal User Agreement was last updated on January 1, 2019.

By accessing and using the AllWays Health Partners Provider Portal, you are agreeing to be legally bound by this User Agreement. As used herein, the term "you" means a User Administrator or other User accessing the Provider Portal.

Overview

The Provider Portal is AllWays Health Partners' Web-based transaction service for providers. The Provider Portal capabilities include the ability to verify patient eligibility; view claim status and a patient's personal health record (PHR)/Protected Health Information (PHI); create/view notification of specialty referrals/authorizations; view/download your electronic Explanation of Payment (remittance advice); and PCP assignment changes.

Conditions of Use

AllWays Health Partners may change any term in this User Agreement at any time. The changes will appear in this User Agreement, and your use of the Provider Portal after any changes have been posted will constitute your agreement to the modified User Agreement and all of the changes. Therefore, you should read this User Agreement each time you access the Provider Portal.

By accessing and using the Provider Portal, you are also agreeing to be legally bound by the Provider Portal Terms of Use. For more information, see the full Terms of Use.

User Administration

User Administrators have access to three main functions under User Administration. From the home page, hover over User Administration to display the links.

- Site Access Requests
- Manage Site Users
- Provider Group Details

Site Access Requests

The Access Requests tab will display all pending user registrations, excluding requests for User Administrators (these users are only approved by AllWays Health Partners).

1. Click **Approve/Deny** to review the request
2. To approve the request, click **Approve**. A new window will open.
3. Click OK on the popup to confirm approval
4. Select the appropriate level of access on the 4 permissions tabs:
 - E-Business
 - Dashboards
 - Reports
 - Other

Manage Site Users

The Manage Site Users tab will display all active users that currently have access to your site. From this feature you can renew accounts and manage permissions.

[Access Requests](#)

[Manage Users](#)

[Provider Group Details](#)

Manage Site Users

Last Name	First Name	User Admin	Days Until Expires					
Smith	John	Yes	355	Renew	Manage Permissions	View Details	Audit User	Remove User
Smith	Jane	Yes	355	Renew	Manage Permissions	View Details	Audit User	Remove User

Renew

- A User Administrator can only renew a regular user.
- Renewing a regular user gives that user 365 days of access.
- After clicking Renew, a pop-up window will appear confirming a successful transaction.

Manage Permissions

Select the appropriate level of access on the 4 permissions tabs:

- E-Business
- Dashboards
- Reports
- Other

View Details

Shows demographics for a selected user.

Audit User

Allows a User Administrator to view usage history for a selected user. Select a Start Date and an End Date and click **Submit**.

[Access Requests](#)

[Manage Users](#)

[Provider Group Details](#)

User Audit:

Start Date:

End Date:

[Submit](#) [Cancel](#)

Remove User

Clicking Remove User will remove the user's access to the selected site.

Provider Group Details

The Provider Group Details tab will give you information about your currently selected site.

Access Requests	<h3>Provider Group Details</h3>
Manage Users	If any information is incorrect please contact AllWays Health Partners Provider Enrollment Department at prweb@allwayshealth.org
Provider Group Details	Site Name:
	Site NPI:
	Site TIN:
	Site Address:
	Site Phone:

Tips & Hints

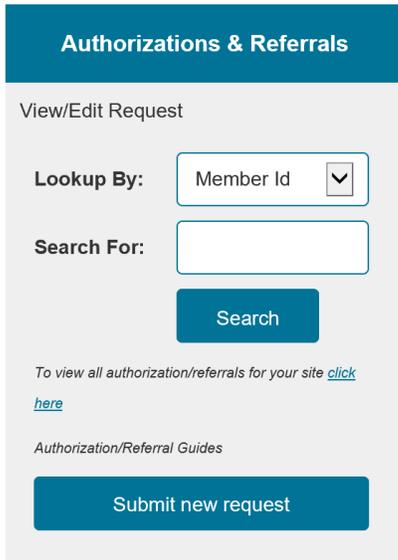
- The designated User Administrators for a provider site manages and determines the provider portal access and permissions for all users within their site. This individual is responsible for monitoring access and utilization for all users within their site and processing updates (terminations, editing of permissions, etc.) in a timely manner. AllWays Health Partners staff will not alter or in any way modify access for a specific user when an User Administrator has been established. To provide continuous support (vacations etc) it is strongly recommended that two User Administrators be appointed for each provider site.
- User Administrators can approve access, change access, remove access, and audit a user's access to the Provider Portal features.
- A request to be designated as the User Administrator requires approval by the Provider Portal Research Team and evidence that the request has been approved internally within the user's entity. Once approved, User Administrators are granted default access to all the provider portal functions. Please note that User Administrators must contact the Provider Portal Research Team at

prweb@allwayshealth.org for assistance with the Provider Portal access (i.e. renew access, locked accounts).

Authorizations & Referrals

There are multiple Authorization and Referral Status Options you can choose from.

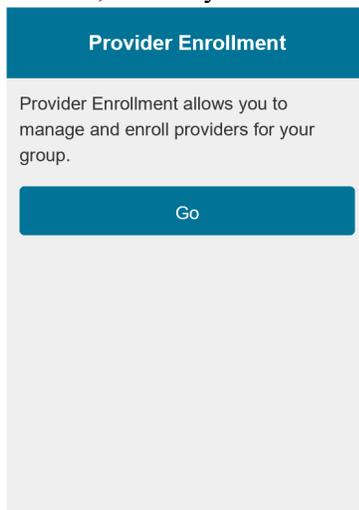
- If you have the authorization/referral number, or AllWays Health Partners Member ID, enter the number directly from the home page. Select the appropriate lookup type from the drop-down list.
- You can view all authorizations/referrals for your site
- If you have access to Submit or Revise Authorizations and Referrals, click **Submit New Request** to access this function. Please refer to the Online Authorization and Referral User Guides for step-by-step instructions on how to Submit or Revise Authorizations and Referrals.



The screenshot shows a user interface for "Authorizations & Referrals". At the top is a teal header with the text "Authorizations & Referrals". Below the header, the text "View/Edit Request" is displayed. There are two input fields: "Lookup By:" with a dropdown menu currently showing "Member Id", and "Search For:" with an empty text box. A teal "Search" button is positioned below the "Search For:" field. Below the search area, there is a link: "To view all authorization/referrals for your site [click here](#)". Underneath that, the text "Authorization/Referral Guides" is visible. At the bottom of the interface is a large teal button labeled "Submit new request".

Provider Enrollment Portal

On the Provider Portal home page, click on the **Go** button on the Provider Enrollment Tab. If you do not see this link, contact your User Administrator for access to this function.



The Provider Enrollment Portal is divided into 3 sections:

- My Managed Groups
- Provider Lookup
- Your Recent Transactions

My Managed Groups

[BOSTON MEDICAL CENTER](#)
NPI: 1346218294

[BRIGHAM AND WOMEN'S FAULKNER HOSPITAL, INC.](#)
NPI: 1578677811

Provider Lookup

You can lookup a provider by name (last, first) or NPI. Partial name searches are supported.

Search By:

Search For:

Your Recent Transactions

<u>Name</u>	<u>Type</u>	<u>Status</u>
LYONS, CHRISTOPHER J.	Add Provider To	Inprocess

My Managed Groups

This area displays all groups associated with the Tax ID(s) from your Provider Portal accessible groups. Clicking on a group in this section will allow you to generate the following provider enrollment transactions:

- Affiliating a new doctor
- Download a completed HCAS form
- Opening or closing a panel
- Terminating an affiliation
- Submitting demographic changes to AllWays Health Partners' Provider Enrollment team

Affiliating a New Provider to Your Group

Follow these steps to enroll a new provider to your group. If the provider does not already exist in AllWays Health Partners' system, you will need to complete all the fields that are included on a standard enrollment form. If the provider already exists in AllWays Health Partners' system, many fields will already be prepopulated with the data we currently have on file.

Select the appropriate group under **My Managed Groups**, Click **Enroll A New Provider** Under This Group.

Add Provider To Group window will display. Enter the NPI of the individual provider you are requesting to be added to your group, then click Submit.

Add Provider To Group

Please enter the provider's NPI. If the indicated provider's NPI exists in our system you may simply add the provider to your group else you will be prompted for the provider's demographic, specialty, and credential information.

You will have the ability to add the provider to additional groups that you manage in addition to the group indicated below.

Group: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL, INC.

Provider NPI:

Submit

On the Provider Information screen, you will enter demographic information for the provider you're adding to your group. Any field with a **red dot** beside it will be required. You can also upload supporting documents by using the Attach File function at the bottom of the page.

Add Provider To Group

Provider Information

Fields marked with ● are required.

First Name:	<input type="text" value="Julian"/> ●	Middle Initial:	<input type="text"/>
Last Name:	<input type="text" value="Edelman"/> ●	Degree/Title:	<input type="text" value="MD - Medical Doctor"/> ●
SSN:	<input type="text" value="111222333"/> ●	Date of Birth:	<input type="text" value="2/5/1990"/> ●
Gender:	<input type="text" value="M"/> ●	Email:	<input type="text" value="julian@edelman.com"/>
Languages Spoken:	ENGLISH X		
	<input type="button" value="Add Language"/>		
Primary Specialty:	<input type="text" value="INTERNAL MEDICINE"/>		
Secondary Specialties:	<input type="button" value="Add Secondary Specialty"/>		
CAQH ID:	<input type="text" value="456789"/>	NPI:	<input type="text" value="1821299306"/>
Medicare Number:	<input type="text" value="MM123456789"/>	MMIS Number:	<input type="text" value="100000154546849"/>
Ethnicity:	<input type="text" value="PORTUGUESE"/>	License #:	<input type="text" value="S0000"/> ●
		DEA #:	<input type="text" value="234567"/>
Note to NHP:	<input type="text" value="Enrolling new doctor to my group."/>		
Attach File:	<input type="button" value="Browse..."/>		

The Provider Practice Locations section is next. Here is where you'll enter information on the role and locations where your provider is practicing. You can also add hospital privileges. As a reminder, the effective date of the affiliation is ultimately decided by AllWays Health Partners' credentialing committee based on receipt of all required information. Complete this section, then click Submit.

Provider Practice Locations

Fields marked with ● are required.

Desired Effective Date (Must be a future date): ●

Practice Location:	FAMILY MEDICAL ASSOCIATES, PC		
Role:	<input type="text" value="PCP"/>	Include in NHP Directory:	<input type="text" value="Yes"/>
PCP Panel Open:	<input type="text" value="Yes"/>	Gender Restriction:	<input type="text" value="None"/>
Patient Minimum Age in Years:	<input type="text" value="0"/>	Patient Maximum Age in Years:	<input type="text" value="120"/>

Click **Add Practice Location** to display a pop-up window which allows you to select other locations in your practice. Please include all locations where your provider will be practicing. You must enter role information for each location.

Practice Location: FAMILY MEDICAL ASSOCIATES

Role: Specialist

Include in NHP Directory: Yes

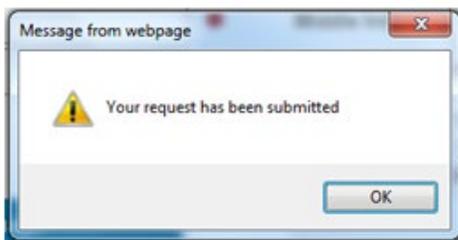
Patient Minimum Age in Years: 0

Patient Maximum Age in Years: 120

Remove

Submit Cancel

The response pop-up will display confirming your submission to AllWays Health Partners.



The Transaction Detail page will display.

Transaction Detail - Add Provider To Group

If you have any questions or issues with this transaction please contact Provider Enrollment

Transaction Number: 497 Current Status: Inprocess
 Created: 02/15/2017 Created By: Test Account

Download HCAS Form

Provider Information

First Name: Julian	Middle Initial:
Last Name: Edelman	Degree/Title: MD - Medical Doctor
SSN: 111223232	Date of Birth: 01/01/1981
Gender: M	Email:
Languages Spoken: ENGLISH	
Primary Specialty: ADDICTION MEDICINE	
Secondary Specialties:	
CAQH ID:	NPI: 1841219102
Medicare Number:	MMIS Number:
Ethnicity:	
License #: WE232	DEA #:

Provider Practice Locations

Practice Location: FAMILY MEDICAL ASSOCIATES

Role: Specialist Include in Directory: Yes

Patient Minimum Age in Years: Not Applicable Patient Maximum Age in Years: Not Applicable

Effective Date: 03/29/2017

Click the **Download HCAS Form** button to produce an electronic copy of the HCAS form you just completed. You must enter the SSN and Date of Birth for confirmation. The completed HCAS form will display as a PDF.



HCAS Provider Enrollment Form

Please send only first 2 pages of this form to the health plan

02/15/2017	Test User	test@provider.com
DATE	COMPLETED BY	TELEPHONE/EMAIL OF PERSON COMPLETING FORM

Provider Information

Julian		Edelman	MD - Medical Doctor	111223232	1/1/81	M <input type="checkbox"/> F <input type="checkbox"/>
Provider First Name	Middle Initial	Provider Last Name	Degree/Title	Social Security Number	Date of Birth	Gender

Provider Email Address: _____ Languages spoken: ENGLISH

Specialty: ADDICTION MEDICINE Board Certified? Yes No If you are not certified, are you eligible? Yes No If yes, exam date: _____

Sub Specialty: _____ Board Certified? Yes No If you are not certified, are you eligible? Yes No If yes, exam date: _____

CAQH ID:	National Provider Identifier (NPI): 1841219102	License # WE232	DEA #:
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PCP <input type="checkbox"/> Specialist <input checked="" type="checkbox"/> Both <input type="checkbox"/>				
Hospitalist Only <input type="checkbox"/>				

Provider Category	Primary Hospital Affiliation	Secondary Hospital Affiliation	Staff Position	If no hospital affiliation, provide admitting arrangements and MD name
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Nurse Practitioner Board Certificate number : _____ Provide collaborating MD For all NP's, PA's and APRN's:
Some emergency medicine, radiologists, anesthesiologists, or pathologists who practice exclusively within a facility and who do not receive direct referrals may qualify for an abbreviated process. Please check here if you meet the criteria.

Your request will be displayed on the Home Page under “Your Recent Transactions”

Your Recent Transactions

Name	Type	Status
LYONS, CHRISTOPHER J.	Add Provider To	Inprocess

If the provider is already in Allways Health Partners’ system, many of the fields will be prepopulated. You can report new information or changes via the “Note to Allways Health Partners” field. Use the Add New Specialty to report additional specialties not already listed. Use the New Practice Locations section to indicate role(s) at each new affiliation location.

Add Provider To Group

Name: BRADY, TOM
 NPI: 1234567890
 Gender: M
 Languages Spoken: ENGLISH
 Primary Specialty:

Degree: MD - Medical Doctor
 Ethnicity:
 Specialty: ORTHOPEDIC SURGERY
 Effective: 01/01/2001
 Type: PRIMARY
 Termination:
 Status: LICENSED

Secondary Specialties: None
 New Specialties: [Add New Specialty](#)
 Note to NHP:
 Attach File: [Browse...](#)

Provider Practice Locations As Of 01/11/2017

Group: PATRIOT ORTHOPEDICS
 Group Address: 12 Bellchick Drive
 Foxboro, MA 02005
 Group Type: GROUP OF PROVIDERS

New Practice Locations

Fields marked with ● are required.

[Add Practice Location](#)

Desired Effective Date (Must be a future date): ●

Practice Location: SIX RINGS ORTHOPEDICS

Role:

Include in Directory:

Patient Minimum Age in Years:

Patient Maximum Age in Years:

[Remove](#)

[Submit](#) [Cancel](#)

How to Open or Close a PCP Panel

On the PEP Home Page, select the practice location to display the provider roster. Click **Manage** next to the provider's name. All current affiliations will display. Click the **Open/Close PCP Panel** link.

Provider Practice Locations As Of 01/11/2017

Group:	DYNASTY PRIMARY CARE	Group Tax ID:	011000005
Group Address:	1 PATRIOTS DRIVE FOXBORO, MA 02005	Has PCP Panel:	Yes
Group Type:	GROUP OF PROVIDERS	PCP Panel Roster Count:	6
Group NPI:		Gender Restriction:	None
Role:	PCP	Maximum Age Restriction:	
PCP Panel Status:	Closed	Termination:	
Listed in Directory:	Yes		
Minimum Age Restriction:			
Effective:	02/01/2010		

Select **Open or Closed** from the drop-down for each practice location where you are making a change. Click **Submit**.

Create Open/Close Provider Panels Transaction

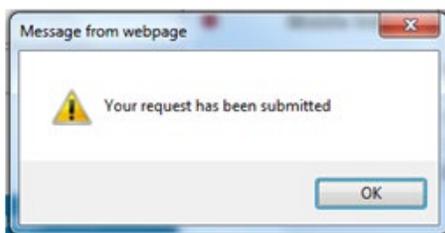
Provider Name: BRADY, TOM
 Provider NPI: 1234567890
 Provider Type: PHYSICIAN

Provider Panels As Of 01/18/2017

Group:	DYNASTY PRIMARY CARE	Group Tax ID:	160000005
Group Address:	1 Patriots PL Foxboro, MA 02005	PCP Panel Roster Count:	6
Group Type:	GROUP OF PROVIDERS	PCP Panels Open at this Group:	66.67 %
Group NPI:	1234567891		
Current PCP Panel Status:	Closed		
New PCP Panel Status:	<input type="text" value="Closed"/>		

Group:	DYNASTY PRIMARY CARE at BOSTON	Group Tax ID:	160000005
Group Address:	1 City Hall Square Boston, MA 02201	PCP Panel Roster Count:	95
Group Type:	GROUP OF PROVIDERS	PCP Panels Open at this Group:	83.33 %
Group NPI:			
Current PCP Panel Status:	Open		
New PCP Panel Status:	<input type="text" value="Open"/>		

The pop-up confirmation window will display and you will see your request in the transaction history on the Home Page.



How to Terminate a Provider

On the PEP Home Page, select the practice location to display the provider roster. Click Manage next to the provider's name. All current affiliations will display. Click the Terminate link.

Provider Practice Locations As Of 01/11/2017

Group:	DYNASTY PRIMARY CARE	Group Tax ID:	011000005
Group Address:	1 PATRIOTS DRIVE FOXBORO, MA 02005	Has PCP Panel:	Yes
Group Type:	GROUP OF PROVIDERS	PCP Panel Roster Count:	6
Group NPI:		Gender Restriction:	None
Role:	PCP	Maximum Age Restriction:	
PCP Panel Status:	Closed	Termination:	
Listed in Directory:	Yes		
Minimum Age Restriction:			
Effective:	02/01/2010		

Select a **Termination Reason** from the drop-down list, and include a **Terminate Date** (must be current date or future date). Indicate in the **Note to AllWays Health Partners** free-text box any additional information that may be relevant for AllWays Health Partners' Enrollment Staff.

Select the **check-box** for each location which you are terminating. If terminating a PCP, we must receive instructions on where to move their panel to complete transaction. Include these instructions in the free text field. Your request will be delayed if you leave this field blank.

Click **Submit** at the bottom of the page.

(Note: Click **Toggle All** if you would like to select all locations)

Create Terminate Provider Transaction

Fields marked with ● are required.

Provider Name: BRADY, TOM
 Provider NPI: 1234567890
 Termination Reason: Resigned ●
 Note:
 Provider Type: PHYSICIAN
 Termination Date: 01/20/2017 ●

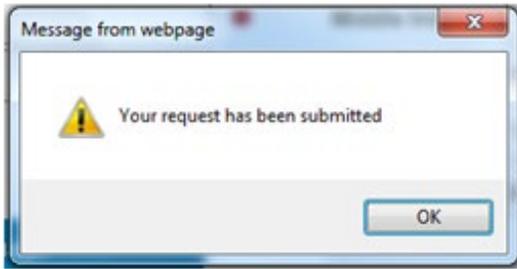
Provider Practice Locations As Of 01/18/2017

Toggle All

Group:	DYNASTY PRIMARY CARE	Group Tax ID:	160000005
Group Address:	1 Patriots PL Foxboro, MA 02005	Has PCP Panel:	Yes
Group Type:	GROUP OF PROVIDERS	PCP Panel Roster Count:	6
Group NPI:	1234567891		
Role:	PCP		
PCP Panel Status:	Closed		
PCP Panel Instructions:	<i>This panel has members assigned to it. If you are terminating this practice location please provide instructions as to which provider the members should be reassigned to.</i> Please move patients to any available PCP with an open panel		
Effective Date:	02/01/2010	Termination Date:	

Terminate provider at this practice location.

The pop-up confirmation window will display and you will see your request in the transaction history on the Home Page.



Demographic Changes

Demographic change requests can be submitted for changes at a group level or for individual providers.

To make a demographic change for a location, select the practice location on the home page. Click the **Notify AllWays Health Partners of Incorrect Group Information** link.

FAMILY MEDICAL ASSOCIATES

Group Type: GROUP OF PROVIDERS	Tax ID: 999999999
NPI: 1234567890	Billing Address: 123 Main St. Boston, MA 02210
Physical Address: 123 Main St. Boston, MA 02210	Fax: (617) 333-4444
Phone: (617) 111-2222	
PCP Panels Open: 83.33 %	

 [Notify Of Incorrect Group Information](#)

Service Locations

FAMILY MEDICAL ASSOCIATES AT CENTRAL AVE.	12 Brady St. Foxboro, MA 02213 (617) 749-7464
FAMILY MEDICAL ASSOCIATES	6 Belichick Blvd. Foxboro, MA 02214 (617) 757-1212

Current Roster As Of 12/08/2016 For FAMILY MEDICAL ASSOCIATES, PC

[Enroll A New Provider Under This Group](#)

Name	NPI	Type	
GEBHARD, ELIZABETH A.	1234567890	PHYSICIAN	Manage

Select the appropriate change type from the **drop-down** (more choices will be added in the future). Use the **Details** field to include all necessary information relating to your demographic change. Use the **Attach File** link to uploading supporting documentation for your request. Click **Submit**.

Request Other Change For **BRADY, TOM**

Provider: BRADY, TOM
Provider Type: PHYSICIAN
NPI: 1234567890 Title/Degree: DO - Doctor of Osteopathy
Gender: M Date Of Birth: 2/1/77

Type Of Change: Name Change

Details:
*** New First Name:
*** New Last Name:
*** New Middle Initial:
*** Reason For Change:

Attach File: Browse...

Submit

Cancel

Claims Status

There are multiple Claims Status Options you can choose from.

1. If you have the claim number, enter the number directly from the home page.
2. Click Go.
3. For additional search options (by Member ID, all claims for your site), click View additional search options

Claims Status

Please note that the Provider Portal will only display data for claims on which the currently selected site is listed as the pay to entity.

View by Claim Number:

[View additional search options.](#)

Additional Search Options

To View a Claim by Claim Number

1. Select the “View Claims by Claim Number” option from the drop-down box.
2. Enter the AllWays Health Partners Claim Number in the “Claim Number” Field
3. Click Go

Claim Status

Please note, until a claim is finalized in AllWays Health Partners system, the final disposition of the claim is subject to change. For finalized claim detail, please refer to your AllWays Health Partners Explanation of Payment (EOP).

The Provider Portal will only display data for claims on which the currently selected site is the pay to entity.

[Click here for AllWays Health Partners Claim Status definitions](#)

- For Claim Number:** Enter 10-digit with hyphen.
- For Member ID:** Enter AllWays Health Partners Member ID (exact match required).
- For Member ID Look-up:** Enter full or partial member name (Last, First) or date of birth.
- For Current Site:** Only claims for the selected Site are shown.

View Claims By: Claim Number ▼

OR [Show All Claims for This Site](#)

Claim Number:

To View Claims for a Member

1. Select the “View Claims by Member ID” option from the drop-down box.
2. Enter the AllWays Health Partners Member ID number in the “Member ID” Field

- From the drop-down box, select the time period for claims status on your selected member
- Click Go

View Claims By: Member Id ▼

[OR Show All Claims for This Site](#)

Enter Member ID or [Lookup member ID](#) Go

Show Claims: Submitted Within The Last 3 Months ▼

If you do not know the AllWays Health Partners Member ID then you can find it using the “Lookup Member ID” button.

Member ID Search □

Member Name:

Date of Birth:

Go

To View Claims for This Site

- Select the “Show All Claims for This Site” option

View Claims By: Claim Number ▼

[OR Show All Claims for This Site](#)

- A report window will pop-up. By default, paid claims for the most recent 30 days are displayed.
- Select which Process and Finalized Status(s) you want to view
- From the drop-down, choose if you want to view claims by submission date, check date or service date
- Select a start and end date. By default, the report chooses the most recent week.
- After selecting your options, click the View Report button
- Once your report is rendered, click the export icon to export the data to PDF, Excel, CSV, etc

Report Viewer

Close Report

Claims At Status(s): PAY, PAID ▼ Limit Results By: Submission Date ▼

Start Date: 11/27/2018 📅 End Date: 12/26/2018 📅

⏪ ◀ 1 of 2 ▶ ⏩ ⏴ ⏵ Whole Page ▼ Find | Next

Tips & Hints

- Selecting the “Show All Claims for This Site” option will give you a report that mirrors your weekly Explanation of Payment (EOP) in an Excel format.
- For additional assistance interpreting these reports, please contact the Provider Portal Research Team at prweb@allwayshealth.org

Claims Status Descriptions

In Process Status(s):	Descriptor
PAY	Set to pay, will appear on EOP.
DENY	Set to deny, will appear on EOP.
PEND	To be adjudicated by AllWays Health Partners
REV	Original claim payment set to be retracted resulting in a R1 claim.
WARN	Claim or individual claim line may be denied for lack of authorization or other claim edit rule.
Finalized Status(s):	Descriptor
PAID	Claim has paid and appeared on an EOP.
DENIED	Claim has denied and appeared on an EOP.
REVERSED	Original claim payment has been retracted.

Explanation of Payments (EOPs)

1. From the home page, click within the Check Date field.
2. A calendar window will pop-up. Choose the appropriate EOP date.
3. Click Go.

Explanation of Payment

EOPs prior to 9/17/2008 are not available for download. Please contact AllWays Health Partners for Historical Explanation of Payment data.

AllWays Health Partners issues EOPs on Wednesdays

Check Date:

[EFT/ERA Enrollment](#)

Dec 2018

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

4. The EOP will open as a PDF. Save the file to a location of your choosing.

Tips & Hints

- For assistance with downloading EOPs, please contact the Provider Portal Research Team at prweb@allwayshealth.org.
- In addition to downloading EOPs, you can also sign up for Electronic Funds Transfer (EFT) and/or Electronic Remittance Advise (ERA - 835). Click on the EFT/ERA link on the main page and follow the on-screen instructions to complete the process.

Explanation of Payment

EOPs prior to 9/17/2008 are not available for download. Please contact AllWays Health Partners for Historical Explanation of Payment data.

AllWays Health Partners issues EOPs on Wednesdays

Check Date:

[EFT/ERA Enrollment](#)



Primary Care Provider (PCP) Changes

Follow these steps to change a member's PCP within your practice.

1. In the E-Business tab, go to the Primary Care Provider Changes.



2. Within the Member Information field, you can look-up a member by name (or partial name) or AllWays Health Partners Member ID.
3. Once you've entered search information, click Search

Primary Care Provider (PCP) Changes

Enter any one of the following member information criteria to search for a member.

Last Name, First Name (partial names ok)

Member ID (exact match)

4. Choose the member you have searched for and Click Select
5. The Site drop-down box will show your affiliated sites (typically satellite offices). If the member is seeing a PCP at an affiliated site, select that site from the drop-down list. Otherwise, continue to the PCP listing below.
6. Choose the new PCP you wish to assign to this member and click Select.
 - a. Only PCPs with open panels are available. If you wish to open a PCP's panel, please contact prweb@allwayshealth.org to initiate the request.

Primary Care Provider (PCP) Changes

[Return to Member Search](#)

Member Name:	JONES, FIRST NAME A
Member ID:	1234567
Date Of Birth:	10/22/1958
Member Active:	ACTIVE
Gender:	Female
Current PCP Effective Date:	9/1/2012
Current PCP:	PCP NAME A

Site: PROVIDER SITE NAME ▼

Name	Accepting New Patients	Choose New PCP
PCP NAME B	Yes	Select
PCP NAME C	Yes	Select
PCP NAME D	Yes	Select
PCP NAME E	No	

7. Enter the effective date of the PCP change.
8. Confirm that you have the patient's consent to make the change by selected the check box.
9. Click Submit

Primary Care Provider (PCP) Changes

[Return to Member Search](#)

Member Name:	JONES, FIRST NAME A
Member ID:	NHP1234567
Date Of Birth:	10/22/1958
Member Active:	ACTIVE
Gender:	Female
Current PCP Effective Date:	9/1/2012
Current PCP:	PCP NAME A

[Choose a different PCP](#)

New PCP Name:

New PCP Effective Date:

I confirm that I have this patient's consent to transfer his/her care to our practice and acknowledge that at the member's request

10. The following screen will show you the pending PCP changes for your site. It takes 1-2 business days for the change to be effective.

Primary Care Provider (PCP) Changes

Enter any one of the following member information criteria to search for a member:

Last Name, First Name (partial names ok)
 ID (exact match)
 Social Security Number (exact match)

The following PCP changes have been submitted to NHP from this site and are in progress:

Member	Member ID	New PCP	New Provider Name	Effective Date	Created	Created By
JONES, FIRST NAME A	1234567	PCP NAME B	PROVIDER SITE NAME	11/01/2012	11/01/2012 12:15 PM	USERID

Tips & Hints

- Users can change/correct PCP information for all active AllWays Health Partners members.
- The attestation box confirms you have the patient's consent to initiate the PCP change.
- If the PCP you want to assign to the member is not accepting new patients then you cannot select them through the Provider Portal. Please contact the Provider Services Line at 855-444-4647 to change the member's PCP.

Eligibility

1. Go to the AllWays Health Partners' Eligibility tile on the provider portal home page.
2. Select the 'Search By' criteria from the drop-down box.
3. You can search by Member ID, Name or Date of Birth.
4. Click Search

Eligibility

You can lookup a member by Member Id, Name or Date of Birth.

Search By:

Search For:

Search Results Page

1. If you search by date of birth or name, you will then see the search results page.
2. The Current Status column will indicate if the member is currently enrolled.
3. Select the appropriate member, click View.

Eligibility Search

You can lookup a member by Member ID, Name or Date of Birth.

Search By: **Search For:**

Name	Gender	Date Of Birth	Member Id	Current Status	
SMITH JR, JOHN	M	05/09/2015	2250080150	INACTIVE	View
SMITH, JOHN	M	01/16/1972	1179721117	ACTIVE	View
SMITH, JOHN	M	05/09/2015	1504026080	INACTIVE	View

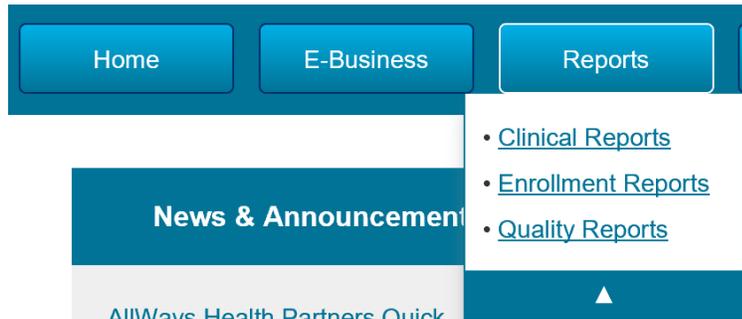
Eligibility Page

1. Eligibility information will be displayed on the screen.
2. You can also view co-pays, deductibles and coinsurance for specific services. There is also a link to the Summary of Benefits page for detailed benefit information.

Reports

The Reports function is divided down into three sections:

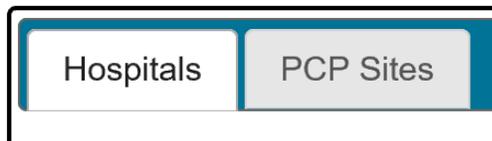
- Clinical Reports
- Enrollment Reports
- Quality Reports



Clinical Reports

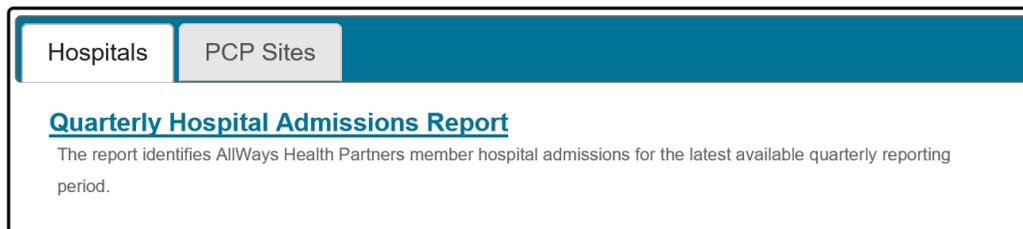
The Clinical Reports function is divided into two sections:

- Reports for Hospitals
- Reports for PCP Sites



Reports for Hospitals

1. Click Quarterly Hospital Admissions Report. A window will pop-up.



2. The report defaults to the most recent quarter available. Click the drop-down to choose a different time period.
3. Click View Report
4. Once the report is rendered, click Export icon to export the data to PDF, Excel, CSV, etc.

Reports for PCP Sites

You can also view clinical reports for PCP sites. Some of the reports offered:

- Asthma and Diabetes reports
- ER site summary reports
- Infant and adolescent screening reports

Enrollment Reports

The Enrollment Reports function is divided into four sections:

- **Member Roster Report** - This report will display all members assigned to PCP's within the currently selected site.
 - The report defaults to the current date.
 - Select either all or specific AllWays Health Partners products
 - Select a PCP or PCPs
 - Click View Report
 - Once the report is rendered, click the Export icon to export the data to PDF, Excel, CSV, etc.
- **Member Transaction Report** - This report will display all member transactions for the currently selected site according to the criteria selected.
 - The report defaults to the current date.
 - Select the date range you wish to view
 - Select the transaction type
 - Click View Report
 - Once the report is rendered, click the Export icon to export the data to PDF, Excel, CSV, etc.
- **Redetermination Report** - This report will display all members for the currently selected site with recent Medicaid and Connector redetermination dates.
 - Once the report is rendered, click the Export icon to export the data to PDF, Excel, CSV, etc.
 - The report is updated ad—hoc by MassHealth.
 - The report includes MassHealth members whose coverage is due to expire within the next 30 days.
 - To the extent a provider's system allows it, the data can be used to flag patients upon registration that their coverage is at risk such that registration staff can remind the patient
 - The report can also be downloaded for primary care sites to initiate mailings, telephonic outreach, etc.
 - For additional assistance in interpreting these reports, please contact the Provider Portal Research Team via email at prweb@allwayshealth.org.
- **Site Provider Roster Report** - This report displays all AllWays Health Partners enrolled providers affiliated with the selected site. Use this report to verify credentialing status, panel status and effective date.
 - When reviewing the AllWays Health Partners Provider Roster Report please note the following:

<u>PCP</u>	<u>Panel</u>	<u>Explanation</u>
Y	Closed	Practitioner is currently closed to new patients
Y	Open	Practitioner is open to patient assignments
Y	N/A	Denotes a covering PCP, not subject to member assignments.
N	N/A	Denotes a Specialty provider. No panel assignment applies.

- Changes to a practitioner’s panel status should be reported to AllWays Health Partners’ Provider Enrollment team at pec@allwayshealth.org. AllWays Health Partners’ Provider Relations Managers also review panel status at each provider visit.
- The report defaults to the current date.
- To verify your site’s provider roster for a prior date, click the calendar icon to choose a new date
- Click View Report
- Once the report is rendered, click the Export icon to export the data to PDF, Excel, CSV, etc.

Quality Reports

The Quality Reports detail measures and data relating to quality of care.

PCP Site Quality

PCP Site Quality Reports

These reports detail measures and data relating to quality of care.

- [AAB - Dashboard](#)
Avoidance of Antibiotic Therapy for Adults With Acute Bronchitis Dashboard
- [AAB - Detailed](#)
Avoidance of Antibiotic Therapy for Adults With Acute Bronchitis detailed report.
- [AAB Top Providers](#)
Avoidance of Antibiotic Therapy for Adults With Acute Bronchitis - Top Providers
- [ADD - Dashboard](#)
ADHD Initiation Medication Follow-Up
- [ADD C&M Follow-Up Care for Children Prescribed ADHD Medication](#)
ADHD Medication Follow-Up - Continuation and Maintenance (C&M) Phase
- [ADD Initiation Follow-Up Care for Children Prescribed ADHD Medication](#)
ADHD Initiation Medication Follow-Up - Initiation Phase
- [AMR - Actionable](#)
Asthma Medication Ratio
- [AMR - Dashboard](#)
Asthma Medication Ratio
- [AWC - Adolescent Well-Care Visit](#)
Adolescent Well-Care Visit