



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

## **i-Transact User Guide: Vendor**

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Title		Department	
iTransact User Guide – Vendor		Web Portal	
Document No.	0110.002	Effective Date	10/01/2021
Procedure Code	TRA	Revision Date	10/31/2022
Code Description	Training User Guide		
Purpose	The purpose of this document is to outline the various functions of the secure web portal designed for Vendors, such as reviewing and submitting Authorizations and Claims.		

### 1.0 SCOPE

This User Guide delivers a detailed explanation on how Vendors can access their online account to view and submit Authorizations and Claims. In addition, it outlines the various functions that a Vendor might conduct through the online portal known as i-Transact; this includes, but is not limited to, verifying member eligibility, and reviewing payments received.

### 2.0 BACKGROUND

i-Transact is a secure web portal designed for workflow management over the Internet. Web portals are provided for members, providers, and vendors, with various options for the health plan administrator.

The web portal offers immediate claim submission, claim inquiry, member ID card requests, as well as online communication with the customer service department of the health plan.

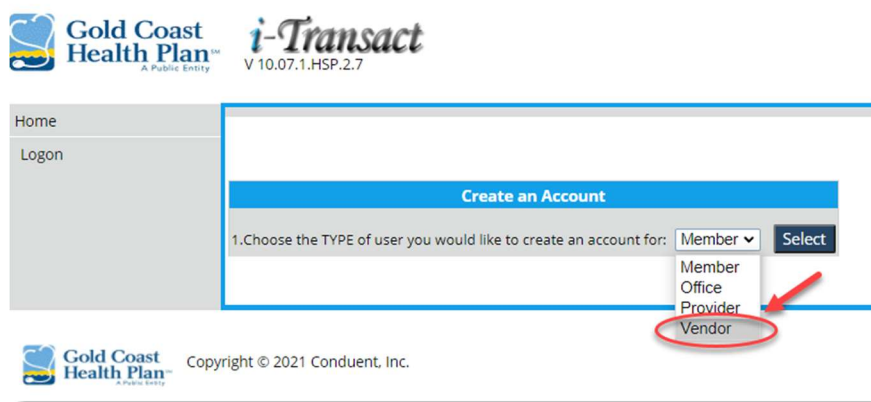
### 3.0 HOW TO CREATE AN ACCOUNT

1. First time users accessing the login portal URL (see link below) will click on the [Click here to create a new user](#) hyperlink.

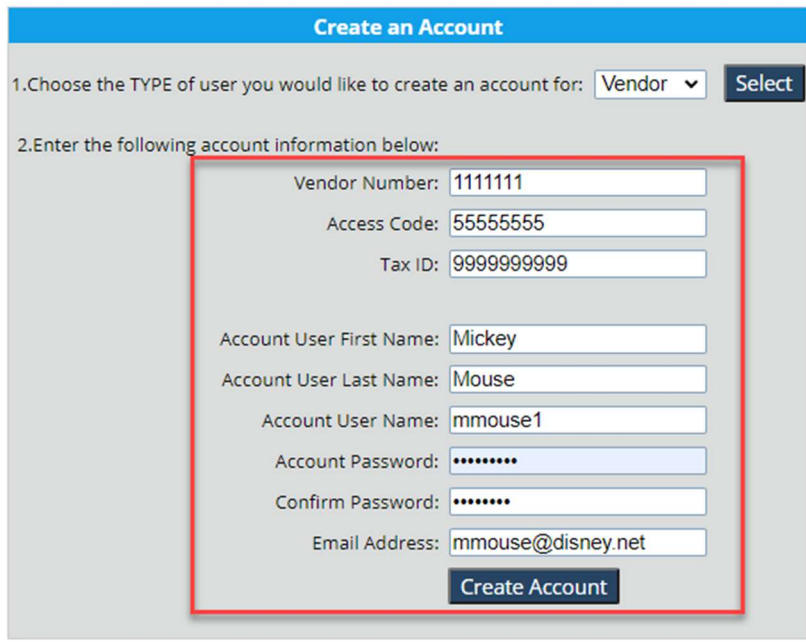
URL: <https://gchphsp.services.conduent.com/HSP/iTransact/Logon/Logon.aspx>



- This will move the user to the Create an Account screen.
- The user chooses Vendor from the User Type drop-down list.



- This will display all the fields that must be filled out by the selected user type to create the account.



Field	Description
Vendor Number	Assigned number by Gold Coast Health Plan. If unknown, please contact customer service line <b>888-301-1228</b> to obtain vendor number.
Access Code	Number can be obtained from Gold Coast Health Plan by contacting Customer Service line <b>888-301-1228</b> .



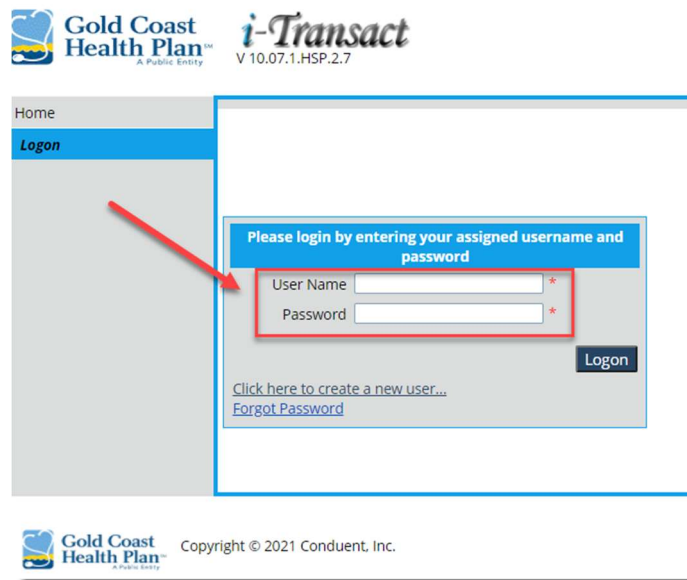
Field	Description
Tax ID	Enter the Tax ID Number (TIN/EIN)
Account User First Name	User's First Name (individual seeking access)
Account User Last Name	User's Last Name (individual seeking access)
Account Password	<p><b><u>Password Criteria – must contain at least:</u></b></p> <ul style="list-style-type: none"> <li>• 8 character(s) long</li> <li>• 1 Capital Letter</li> <li>• 1 Non-alphabetic character(s)</li> </ul>
Confirm Password	Enter established password based on criteria above
Email Address	Work (Medical Group/Vendor's Office) email address

- The user will finalize the creation of account by clicking on the **Create Account** button.

#### 4.0 HOW TO ACCESS AN ACCOUNT

- For the initial portal access, once the user has created their account, they will need to open the URL for i-Transact and create a profile.

URL: <https://gchphsp.services.conduent.com/HSP/iTransact/Logon/Logon.aspx>



- On the login screen for i-Transact, the user will enter their username and password to enter their profile. First time users will have to set their preferences. Refer to [My Preferences](#) section located at NEXT PAGE of this document for more details.

 **Please setup your preferences before continuing.**

Authorized for External Use – Conduent Confidential



5.0 iTRANSACTION PORTAL NAVIGATION

My Preferences

The **My Preferences** tab allows the user to change their preferences with regards to how they view system information. To ensure that user can look up and submit Authorizations and/or Claims, must complete the following steps below:

1. Make sure to select an Office – *the office selected here will be the defaulted office for submitting authorizations and claims. The office can be changed as needed under this section.*
2. Also select a Provider – *the provider selected here will be the defaulted provider for submitting authorizations and claims. The provider can be changed as needed under this section.*
3. Click the **Save** button should be selected to save the preferences.

1. How many checks to display per page: 50

2. How many days back for checks lookup: Last Month

3. How many claims/authorizations to display per page: 50

4. How many days back for claims/authorizations lookup: Last Month

5. Select provider type:  Dental  Medical

6. Show EOP after submitting a claim:  Yes  No

7. Show details after submitting a referral:  Yes  No

8. Default to Assignment of Benefits:  Yes  No

9. Default to Place of Service on Claim Submission page: 11-office

10. Member Number Search Option ( Member Number / Policy Number ) Member #

11. Submit a claim default options: None

12. Default billing currency: U.S. dollar

13. To select an office and provider, first select the desired office then the desired provider. Once the selection is made please select Continue or Save to apply these changes.

Select an Office: 1

	Office Name	Office Number	Office Address	City	State	Zip	Contact Phone
Select	All	All	All	All	All	All	All
Select				OXNARD	CA	930368210	
Select				VENTURA	CA	930037307	
Selected				VENTURA	CA	93003	

Select a Provider: 2

	Provider NPI	Provider Number	Provider Name
Select	All	All	All
Selected			
Select			

Save 3

Note: If you are needing to set up your Preferences every time you log in, please make sure to delete your Cookies from Internet Options.



## Vendor's Claims

The **Vendor's Claims** tab allows the user to view claims submitted by the vendor for the currently selected office. At the top of the page it will display the profile being viewed.

- The default view is set to Search by Date, but the user may change the search options. The user can search by any combination of criteria:

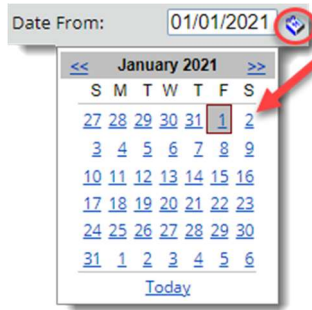
a. Search by Date – default

b. Search by Claim Number

c. Search by Patient Account Number



2. To search by date, the steps below are the recommended minimum search criteria to be considered.
  - a. **Claim Type** – Claims
  - b. **Claim Status** – ALL
  - c. **Date Criteria** – Choose from [Date Received](#) and [Service Date](#)
  - d. **Date from and Date To** – expand date span if needed to 01/01/2021



Search by Date  
  Search by Claim Number  
  Search by Patient Account Number

Claim Type:       Claim Status:

Date Criteria:       Date From:       Date To:

Member:  \*optional, last name or member #      Policy #:

Provider:  \*optional, last name or provider #

Office:  \*optional, office name     

---

3 of 3 Claim(s) found.

Claim #	View EOP	Provider LastName	Provider #	Office Name	Member #	Policy #	Member LastName	Member FirstName	Patient Acct #	Ext. CLM #	Claim Status	Service Date From	Service Date To	Charges	Date Received	Form Type	Claim Type
											Completed	6/1/2021	6/1/2021	\$265.00	6/22/2021	HCF	CLM
											Historical	1/13/2021	1/27/2021	\$415.00	4/20/2021	HCF	CLM
											Historical	1/27/2021	1/27/2021	\$265.00	4/20/2021	HCF	CLM

Note: To view claims for another office, use the **My Preferences** tab to select another office.





## Submit a Claim

The **Submit a Claim** tab allows the user to submit a claim and attach necessary information in support of the claim (e.g. x-rays and clinical notes).

*Note: If the **PROVIDER / OFFICE** for which the claim being submitted for is not displayed at the top, the user must go back to **My Preferences** tab and select the appropriate Provider and/or Office.*

1. Fill out the Patient Fields in any of the combinations identified on the section, then click **Find**.

2. Fill out the applicable fields below:

3. Continue to enter the default values to lines, then click on **Apply** button.

*Note: The place of service (POS) will default to the user's preference set under the My Preference tab.*



4. At least one diagnosis is required for the claim.

Diagnosis Codes						
A. <input type="text" value="N20.0"/>	B. <input type="text" value="G40.909"/>	C. <input type="text" value="Z87.820"/>	D. <input type="text" value="Z93.0"/>	E. <input type="text"/>	F. <input type="text"/>	*At least one Diagnosis Code is required
G. <input type="text"/>	H. <input type="text"/>	I. <input type="text"/>	J. <input type="text"/>	K. <input type="text"/>	L. <input type="text"/>	

- 5. Add claim identifiers.
  - a. Service Date
  - b. Procedure Code
  - c. Amount

Remove	Line	* Serv. Date From	* Serv. Date To	* Procedure Code	Modifier	* Diag Ptr	POS	Units	Amount	Description
<a href="#">Remove</a>	1	01/01/2021	03/02/2021	Z7610		N20.0	23	1	57.75	
<a href="#">Remove</a>	2	01/01/2021	03/02/2021	96374		N20.0	23	1	97.25	
<a href="#">Remove</a>	3	01/01/2021	03/02/2021	Z7502		N20.0	23	1	3539.75	
<a href="#">Remove</a>	4	01/01/2021	03/02/2021	J0696		N20.0	23	4	592.75	
<a href="#">Remove</a>	5	01/01/2021	03/02/2021	36415		N20.0	23	1	144.75	
<a href="#">Remove</a>	6	01/01/2021	03/02/2021	80053	TC	N20.0	23	1	1837.00	
<a href="#">Remove</a>	7	01/01/2021	03/02/2021	85027	TC	N20.0	23	1	930.75	
<a href="#">Remove</a>	8	01/01/2021	03/02/2021	87086	TC	N20.0	23	1	1121.75	
<a href="#">Remove</a>	9	01/01/2021	03/02/2021	87077	TC	N20.0	23	2	375.00	
<a href="#">Remove</a>	10	01/01/2021	03/02/2021	81001	TC	N20.0	23	2	821.00	

\* Add service line(s) # of lines: 1 Total Charge: \$9517.75

[Hide Procedure Description](#)

- Line 1 Procedure Code: Z7610; Code Description: MISC DRUGS AND MED SUPPLIES, ADMIN STAT
- Line 2 Procedure Code: 96374; Code Description: Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug
- Line 3 Procedure Code: Z7502; Code Description: USE OF EMERGENCY ROOM
- Line 4 Procedure Code: J0696; Code Description: Injection, ceftriaxone sodium, per 250 mg
- Line 5 Procedure Code: 36415; Code Description: Collection of venous blood by venipuncture
- Line 6 Procedure Code: 80053; Code Description: Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Pot
- Line 7 Procedure Code: 85027; Code Description: Blood count: complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
- Line 8 Procedure Code: 87086; Code Description: Culture, bacterial; quantitative colony count, urine
- Line 9 Procedure Code: 87077; Code Description: Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate
- Line 10 Procedure Code: 81001; Code Description: Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy

6. Additional lines can be added or removed by clicking the **Remove** hyperlink function or the **Add service line(s)** button.

<a href="#">Remove</a>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>				25	1	<input type="text"/>	<input type="text"/>
<a href="#">Remove</a>	12	<input type="text"/>	<input type="text"/>	<input type="text"/>				25	1	<input type="text"/>	<input type="text"/>
* Add service line(s) # of lines: 1											Total Charge: <input type="text"/>

- 7. Selecting the **Additional Information** check box, it will expand the section below to enter Other Health Insurance Information (OHI) that may be related to the claim (e.g. *Primary Payer, Worker's Comp*).

Additional Information

Does the Member have another health plan?

Remarks

Treatment Resulting From  
 Occupational illness/injury  Auto Accident  Other Accident  
Date Of Accident:  Auto Accident State:

- 8. Selecting the **Add File** button allows the user to attach documents to the claim.

Additional Information

Add File

Click browse to select a file and Add to attach.

Choose File No file chosen Category: Unclassified

Add

Close

- 9. Select the **Submit Claim** button to complete the process.

I Agree  
PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE  
I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits either to myself or to the party who accepts assignment above.

I Agree  
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE  
I authorize payment of medical benefits to the undersigned physician or supplier for services described above.

Submit Claim



## My Authorizations

The **My Authorizations** tab allows the user to view authorizations submitted by the vendor for the currently selected office. At the top of the page it will display the profile being viewed.

*Note: If the **PROVIDER / OFFICE** for which the authorization being reviewed is not displayed at the top, the user must go back to **My Preferences** tab and select the appropriate Provider and/or Office.*

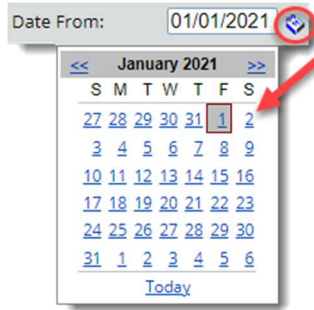
1. The default view is set to Search by Date, but the user may change the search options. The user can search by any combination of criteria:

a. Search by Date – default

b. Search by Authorization Number



2. To search by date, the steps below are the recommended minimum search criteria to be considered.
  - a. **Authorization Status** – ALL
  - b. **Date Search** – Choose from **Date Submitted** and **Planned Date of Service**
  - c. **Date from and Date To** – expand date span if needed to 01/01/2021
  - d. **Member #** – GCHP Member ID
  - e. **Member Last Name** – enter text
  - f. **My Role** – Choose from **Rendering** and **Referring**
  - g. **Office** – Auth Office
  - h. **Provider** – Auth Provider



Search by Date Search by Authorization Number

Authorization Status: ALL Date Search: Planned Date of Service Date From: 01/01/2021 Date To: 10/5/2021 Member #: Member Last Name:

My Role: Rendering Referring Auth Office Office: Auth Office Provider: Auth Provider Search

1210 Authorization(s) found

Authorization #	External Authorization #	Member #	Member Last Name	Member First Name	Status	Date Submitted	Authorization Class	Authorization Type	Requested Eff. Date	Requested Exp. Date
00					Pended	9/22/2021	21-Inpatient Hospital	PICU	9/14/2021	9/20/2021
00					Pended	9/1/2021	99-Other Place of Service	Acute Rehabilitation	9/1/2021	9/15/2021
00					Pended	8/31/2021	32-NURSING FACILITY	LTC	9/1/2021	11/1/2021
00					Pended	8/31/2021	32-NURSING FACILITY	LTC	7/24/2021	8/8/2021
00					Pended	8/31/2021	32-NURSING FACILITY	LTC	9/25/2021	7/31/2022
00					Approved	8/31/2021	32-NURSING FACILITY	LTC	9/1/2021	9/1/2022
00					Voided	8/31/2021	32-NURSING FACILITY	SNF Level 2	9/2/2021	9/15/2021
00					Approved	8/31/2021	32-NURSING FACILITY	LTC	8/3/2021	8/1/2022
00					Approved	8/31/2021	32-NURSING FACILITY	Bed Hold	8/10/2021	8/13/2021
00					Approved	8/31/2021	32-NURSING FACILITY	Bed Hold	8/20/2021	8/27/2021
00					Voided	8/31/2021	32-NURSING FACILITY	SNF Level 2	8/21/2021	8/28/2021
00					Pended	8/31/2021	32-NURSING FACILITY	LTC	9/1/2021	9/1/2022
00					Approved	8/31/2021	32-NURSING FACILITY	LTC	9/1/2021	9/1/2022
00					Approved	8/31/2021	31-Skilled Nursing Facility	SNF Level 2	8/31/2021	9/14/2021
00					Approved	8/31/2021	32-NURSING FACILITY	Bed Hold	8/26/2021	8/28/2021
00					Partially Approved	8/30/2021	31-Skilled Nursing Facility	Subacute without vent	4/27/2021	10/27/2021
00					Voided	8/30/2021	34-Hospice	Hospice	8/25/2021	11/22/2021



## Submit Authorization

The **Submit Authorization** tab allows the user to submit an authorization and attach necessary information in support of the authorization (e.g. lab work).

**Tip:** If the following error message (image below) displays after entering all the information for the authorization. The user is to go back to [My Preferences](#) tab and select the appropriate office.

**Add File**

Choose File No file chosen UM Attachments

1. Requesting Office Id must be for an office mapped to the Requesting Provider Id when both are provided.

*Note: If the **PROVIDER / OFFICE** for which the authorization being submitted for is not displayed at the top, the user must go back to [My Preferences](#) tab and select the appropriate Provider and/or Office.*

- Vendor
- Vendor's Claims
- Submit a Claim
- My Authorizations
- Submit Authorization
- My Checks
- My Providers & Offices
- Check Member Eligibility
- My Members
- My Profile
- My Preferences
- Other Providers
- Attachments
- Manage Users
- Resources
- Logoff

Viewing : Vendor - ( ) -

Provider - ( ) - NPI: - Office - VENTURA, CA, 93003 ( )

**\* Patient: (Please select a patient)**

Member #: Policy #: Last Name: First Name: DOB:

\* Please search by number or any 2 combinations of last name, first name, and date of birth

**Diagnosis Codes**

# Qualifier:	Primary:	# Qualifier:	Other:	# Qualifier:	Other:
1	Diagnosis (ICD-10)	2	Diagnosis (ICD-10)	3	Diagnosis (ICD-10)
# Qualifier:	Other:	# Qualifier:	Other:		
4	Diagnosis (ICD-10)	5	Diagnosis (ICD-10)		

**General Information**

Class: Type: Requested Eff. Date: Days: Requested Exp. Date:

<none> <none> [calendar] 90 [calendar]

Expedited:

\*Contact Phone Number: [text box]

\*Contact Name: [text box]

**Facility**

Last Name: Zip: Distance: Provider Type: Sub-type: Specialty:

[text box] [text box] Select a distance... Any Any Any  [show advance filters](#)

Remove:# From: To: Procedure Code: Units: Unit Type: Mod:

[Remove](#) 1 [calendar] [calendar] [text box] 1 <none> [text box]

1 additional service rows.

If incorrect Provider / Office is displayed here. Go into [My Preference](#) tab and select appropriate office



- Fill out the Patient Fields in any of the combinations identified on the section, then click **Find**.

**\* Patient: (Please select a patient)**

Member #:  Policy #:  Last Name:  First Name:  DOB:  **Find**

**Selected Member:**  **(Show)**

\* Please search by number or any 2 combinations of last name, first name, and date of birth

- If you click on the **Blue Line where it says (Show)** it will expand the information to display further details about the member.

**\* Patient: (Please select a patient)**

Member #:  Policy #:  Last Name:  First Name:  DOB:  **Find**

**Selected Member:**  **(Hide)**

Member #	Policy #	Last Name	First Name	DOB	Group	Effective Date	Expiration Date
Selected					Medi-Cal	7/1/2014	3/31/2016

\* Please search by number or any 2 combinations of last name, first name, and date of birth

- Enter the applicable diagnosis codes in support of the authorization.

**Diagnosis Codes**

# Qualifier: Primary: # Qualifier: Other: # Qualifier: Other:

1   2   3

# Qualifier: Other: # Qualifier: Other:

4   5

- Continue to enter general information about the authorization.

**General Information**

Class:  Type:  Requested Eff. Date:  Days:  Requested Exp. Date:

Expedited:

\*Contact Phone Number:

\*Contact Name:

*Note: it is REQUIRED to enter the Contact Phone Number and Contact Name of the individual entering the Authorization.*



4. Facility and/or Servicing Provider information is to be entered in the next section

**Facility**

Last Name:  Zip:  Distance:  Provider Type:  Sub-type:  Specialty:   [show advance filters](#)

**Search for Provider (Hide)**

Provider NPI	Last Name	First Name	Office Address	Office Zip
Select				
Select				
Select				

1 2

Remove: # From: To: Procedure Code: Units: Unit Type: Mod:

1

1 additional service rows.

5. Add authorization Facility and/or Servicing Provider identifiers

- a. Last Name – enter text
- b. Zip – enter zip code
- c. Distance – select from **1** to **100** miles
- d. Provider Type – Choose from drop-down options
- e. Sub-Type – dependent on Provider Type it may have a Sub-Type
- f. Specialty – dependent on Sub-Type it may have a Specialty
- g. Date From and Date To – authorization span dates
- h. Procedure code – enter text
- i. Units – enter total of max units/visits being requested
- j. Unit Type – Choose from **Max Units** or **Max Visits**
- k. Mod – enter modifiers if applicable

**Facility**

Last Name:  Zip:  Distance:  Provider Type:  Sub-type:  Specialty:   [show advance filters](#)

**Selected Provider: Green (Hide)**

Provider NPI	Last Name	First Name	Office Address	Office Zip
Select	Green			
Select	Green			
Select	Green			
Select	Green			
Select	Green			
Select	Green			
Select	Green			
Select	Green			
Select	Green			
Select	Green			

1 2

*Note: By entering the Facility Name under the “Last Name” field and conducting a search you can find all providers in the vicinity to the miles selected under distance.*





6. Additional lines can be added or removed by clicking the **Remove** hyperlink function or the **Add** button.
  - a. If both the **Servicing & Facility Providers** are added in the Authorization – the Procedure Codes only need to be entered once.

Remove: # From: To: Procedure Code: Units: Unit Type: Mod:

Remove 1 [ ] [ ] [ ] [ ] 1 <none> [ ]

Add 1 additional service rows.

7. Advanced filters can be added by clicking the **Show Advance Filters** hyperlink function, to display the additional fields.

- a. Country – Canada, Mexico, and United States
- b. City – enter text
- c. State – Choose from drop-down
- d. County – Choose from drop-down
- e. Network – <Any>
- f. Gender – Choose from radial button
- g. Language Spoken – Choose from drop-down

Last Name: Zip: Distance: Provider Type: Sub-type: Specialty: Find [show advance filters](#)

Remove: # From: To: Procedure Code: Units: Unit Type: Mod:

Remove 1 [ ] [ ] [ ] [ ] 1 <none> [ ]

Add 1 additional service rows.

**Additional Filters**

Country: United States City: [ ] State: Any County: County...

Network: Any Gender:  Male  Female  Any Language spoken: Any



8. The user can add **Additional Information** that supports the authorization request by:
  - a. Adding information under the Clinical Note field
  - b. Selecting the **Choose File** button to select the supporting documentation
  - c. Continue by selecting **Upload** to attach document(s) to the authorization
  - d. All documents must be in **PDF format**, other document types are not accepted

9. Select the **Submit** button to complete the process.

## My Checks

The **My Checks** tab allows the user to verify the status of their check(s) paid out to the vendor for the currently selected office. At the top of the page it will display the profile being viewed.

1. The default view is set to Search by Date, but the user may change the search options. The user can search by any combination of criteria:
  - a. Search by Date – default



b. Search by Check Number

Search by Date  Search by Check Number  
 Check number:  Search

2. To search by date, the steps below are the recommended minimum search criteria to be considered.

- a. **Check Type** – Choose from [Claim](#) and [Capitation](#)
- b. **Date from and Date To** – expand date span if needed to less than a year ago.

Date From: 01/01/2021

January 2021						
S	M	T	W	T	F	S
27	28	29	30	31	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	1	2	3	4	5	6

Today

3. Once the search criteria are successful it will display the following fields with information about the check.

- a. Check #
- b. Check Type
- c. Amount
- d. Check Date
- e. Method of Payment
- f. Record ID

Viewing: Vendor -  
 Provider - NPI: - Office -

Search by Date  Search by Check Number  
 Check Type: Claim From: 11/01/2020 To: 10/6/2021  
 Refresh

1 of 1 Check(s) found.

Check #	Check Type	Amount	Check Date	Method of Payment	Record ID
NA	Provider	\$0.00	7/6/2021	Paper Check	



## My Providers & Offices

The **My Providers & Offices** tab allows the user to view the office locations and Providers that are affiliated with the vendor. At the top of the page it will display the profile being viewed.

Vendor	Viewing : Vendor - [redacted] - [redacted]																															
Vendor's Claims	Provider - [redacted] - NPI: [redacted] - Office - [redacted]																															
Submit a Claim																																
My Authorizations	<b>Optional Filters</b>																															
Submit Authorization	Office Name: <input type="text"/>	Office Name: 8500 [redacted]																														
My Checks	Office City: <input type="text"/> *Complete city name required <input type="button" value="Refresh"/>	Provider's Last Name: <input type="text"/> <input type="button" value="Refresh"/>																														
<b>My Providers &amp; Offices</b>	<table border="1"> <thead> <tr> <th>Office Name</th> <th>Office Number</th> <th>Office Address</th> <th>City</th> <th>State</th> <th>Zip</th> <th>Contact Phone</th> </tr> </thead> <tbody> <tr> <td><a href="#">Select</a> All</td> <td>All</td> <td>All</td> <td>All</td> <td>All</td> <td>All</td> <td>All</td> </tr> <tr> <td>Selected 8500</td> <td>11</td> <td></td> <td>BEVERLY HILLS CA</td> <td>90211</td> <td></td> <td></td> </tr> </tbody> </table>	Office Name	Office Number	Office Address	City	State	Zip	Contact Phone	<a href="#">Select</a> All	All	All	All	All	All	All	Selected 8500	11		BEVERLY HILLS CA	90211			<table border="1"> <thead> <tr> <th>NPI</th> <th>Provider #</th> <th>Provider Name</th> </tr> </thead> <tbody> <tr> <td><a href="#">Select</a> All</td> <td>All</td> <td>All</td> </tr> <tr> <td>Selected</td> <td></td> <td></td> </tr> </tbody> </table>	NPI	Provider #	Provider Name	<a href="#">Select</a> All	All	All	Selected		
Office Name	Office Number	Office Address	City	State	Zip	Contact Phone																										
<a href="#">Select</a> All	All	All	All	All	All	All																										
Selected 8500	11		BEVERLY HILLS CA	90211																												
NPI	Provider #	Provider Name																														
<a href="#">Select</a> All	All	All																														
Selected																																
Check Member Eligibility																																
My Members																																
My Profile																																
My Preferences																																

1. By default it will display the currently selected office. The user can complete a search for additional affiliated offices and providers by entering information in any of the fields.
  - a. Office Name
  - b. Office City – **required field**
  - c. Provider's Last Name

## Check Member Eligibility

The **Check Member Eligibility** tab allows the user to verify a single or multiple member(s) eligibility records for all programs. At the top of the page it will display the profile being viewed.

Vendor	Viewing : Vendor - [redacted]								
Vendor's Claims	Provider - [redacted] - NPI: [redacted] - Office - [redacted]								
Submit a Claim									
My Authorizations	<b>Eligibility Verification Search</b>								
Submit Authorization	Information provided below will be cross-checked with member eligibility records for all programs.								
My Checks	You can search by Member Number, Policy Number, Social Security Number or a combination of Member First Name, Last Name and Date of Birth. A Service Date is always required.								
My Providers & Offices									
<b>Check Member Eligibility</b>									
My Members	Remove	Line	Member Number	Member Policy Number	Member SSN	Member Last Name	Member First Name	Member Date of Birth	Date of Service
My Profile	<a href="#">Remove</a>	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
My Preferences	<a href="#">Remove</a>	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



1. The user can search by:
  - a. Member Number & Service Date; or
  - b. Policy Number & Service Date; or
  - c. Social Security & Service Date; or
  - d. Combination of = Member First Name, Last Name, Date of Birth & Service Date

Note: Service Date is ALWAYS required.

2. The results page will provide the Member Eligibility Status, PCP, Other Health Coverage (OHI), Share of Cost (SOC) along with the Member Number for validation. Below are images of how a member’s account looks like for the following scenarios:

Other Health Coverage?	SOC Responsibility
<b>YES</b> – Member has other health insurance coverage <i>(e.g. Medicare, Worker’s Comp, Group Health Plan, etc.)</i>	<b>YES</b> – Member has not met the SOC responsibility
<b>NO</b> – Member does not have other insurance coverage	<b>NO</b> – Member has satisfied the SOC responsibility
	<b>N/A</b> – Member doesn’t have SOC responsibility

**OTHER HEALTH COVERAGE - EXAMPLES**

**a. Member has Other Health Coverage**



**b. Member does not have Other Health Coverage**

Eligibility Verification Search Results								
Eligibility Verification Search Results								
Submitted Data		Eligibility Results						
Original Search Criteria	Date Of Service	Member Number	Member Name	Member Date Of Birth	Eligibility Status	PCP	Other Health Coverage?	SOC Responsibility
1 query text	09/15/2021				Eligible: Medi-Cal	Office: 550 SAINT CHARLES DR STE 200 PCP Name: Dignity Health Med Group of Ventura	No	N/A
<small>Note1: if "Member Not Found" is displayed, the system was unable to locate a valid member in our system based on the information submitted. You may retry your query with different data.</small>								
<a href="#">Modify Search</a> <a href="#">New Search</a>		<a href="#">Print</a>						

**SHARE OF COST (SOC) RESPONSIBILITY - EXAMPLES**

**a. Member has not met SOC responsibility**

Eligibility Verification Search Results								
Eligibility Verification Search Results								
Submitted Data		Eligibility Results						
Original Search Criteria	Date Of Service	Member Number	Member Name	Member Date Of Birth	Eligibility Status	PCP	Other Health Coverage?	SOC Responsibility
1 query text	09/15/2021				Eligible: Medi-Cal	Office: MemberPCP Office PCP Name: ADMIN-MULT	Yes	Yes
<small>Note1: if "Member Not Found" is displayed, the system was unable to locate a valid member in our system based on the information submitted. You may retry your query with different data.</small>								
<a href="#">Modify Search</a> <a href="#">New Search</a>		<a href="#">Print</a>						

**b. Member has satisfied SOC responsibility**

Eligibility Verification Search Results								
Eligibility Verification Search Results								
Submitted Data		Eligibility Results						
Original Search Criteria	Date Of Service	Member Number	Member Name	Member Date Of Birth	Eligibility Status	PCP	Other Health Coverage?	SOC Responsibility
1 query text	09/15/2021				Eligible: Medi-Cal	Office: MemberPCP Office PCP Name: ADMIN-MULT	Yes	No
<small>Note1: if "Member Not Found" is displayed, the system was unable to locate a valid member in our system based on the information submitted. You may retry your query with different data.</small>								
<a href="#">Modify Search</a> <a href="#">New Search</a>		<a href="#">Print</a>						

**c. Member doesn't have SOC responsibility**

Eligibility Verification Search Results								
Eligibility Verification Search Results								
Submitted Data		Eligibility Results						
Original Search Criteria	Date Of Service	Member Number	Member Name	Member Date Of Birth	Eligibility Status	PCP	Other Health Coverage?	SOC Responsibility
1 query text	09/15/2021				Eligible: Medi-Cal	Office: 550 SAINT CHARLES DR STE 200 PCP Name: Dignity Health Med Group of Ventura	No	N/A
<small>Note1: if "Member Not Found" is displayed, the system was unable to locate a valid member in our system based on the information submitted. You may retry your query with different data.</small>								
<a href="#">Modify Search</a> <a href="#">New Search</a>		<a href="#">Print</a>						



## My Members

The **My Members** tab allows the user to view all the members assigned to the vendor in the system for the specified month. At the top of the page it will display the profile being viewed.

**Tip:** If no members are found for the Provider / Office selected. The user must go back to **My Preferences** tab and select the appropriate Provider and/or Office where all members are assigned to.

1. The user can access and utilize the functions listed below:

Utilizations	Member Facesheet	Member Add	Provider Claim	Last Name	Provider # NPI	Member Number	Last Name	First Name	DOB	Gender	Address	City	State	Zip	Home Phone	Effective	Expiration
<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>							M		VENTURA	CA	930033271		6/1/2021	12/31/9999
<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>							M		VENTURA	CA	930036243		/1/2020	12/31/9999



a. View Utilizations – see members utilization of liabilities

ALL | A\*B\*C\*D\*E\*F\*G\*H\*I\*J\*K\*L\*M\*N\*O\*P\*Q\*

2581 Member(s) Found

Utilizations	Member Facesheet	Member Add Events	Member Add Claim	Provider Last Name	Provider # NPI
<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>		

**Member** [Add Claim](#)

Member #: [redacted] Start Date: 11/1/2020 End Date: 10/21/2021

Last Name: [redacted] First Name: [redacted] [Refresh](#)

\*Note - Next Available Date and Units will only be provided when the End Date for Utilizations is set to today

Liability Type Description	Liability Item Description	Period Start Date	Period End Date	Units Used	Unit Value	Unit Type	Period	Next Available Date	Units Available

b. View Member Face sheet – 360 view of members medical history

ALL | A\*B\*C\*D\*E\*F\*G\*H\*I\*J\*K\*L\*M\*N\*O\*P\*Q\*

2581 Member(s) Found

Utilizations	Member Facesheet	Member Add Events	Member Add Claim	Provider Last Name	Provider # NPI
<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>		

Male, [redacted]  
DOB: [redacted]

Profile | PCP Assignment | Lab Results | Scripts | Immunizations | Diseases

**Active Member Coverage(s)**

Member Number	Subscriber Number	Subscriber Name	Relationship	Group Name
[redacted]	[redacted]	[redacted]	Self	Medi-Cal

Numbers	Address	Additional
Home Phone: [redacted] Work Phone:(000) 000-0000 Cell Phone:(000) 000-0000	[redacted]	Marital Status:Unreported Ethnicity:Not Provided Primary Language:English Email Address:NONE

There are no Lab Results for [redacted]  
There are no Rx Records for [redacted]

Note: if the facesheet doesn't pop-up or populate, please change your pop-up blocker settings under the internet options.





c. Add Member Events

ALL | A\*B\*C\*D\*E\*F\*G\*H\*I\*J\*K\*L\*M\*N\*O\*P\*Q\*

2581 Member(s) Found

Utilizations	Member Facesheet	Member Add Events	Member Add Claim	Provider Last Name	Provider #	NPI
<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>			

Viewing: ( ) - NPI: . VENTURA, CA, 93003 ( )

**Member Events:** ( )

Contact Reason:

Description:

\*Subject:

Details:

d. Add a Claim – once the user selects the coverage span dates, it will open the **Submit Claim** tab.

ALL | A\*B\*C\*D\*E\*F\*G\*H\*I\*J\*K\*L\*M\*N\*O\*P\*Q\*

2581 Member(s) Found

Utilizations	Member Facesheet	Member Add Events	Member Add Claim	Provider Last Name	Provider #	NPI
<a href="#">view</a>	<a href="#">view</a>	<a href="#">add</a>	<a href="#">add</a>			

Please select a member coverage for the claim you would like to submit

Member #	Policy #	Last Name	First Name	Date of Birth	Group	Plan	Effective Date	Expiration Date
<a href="#">Select</a>						Medi-Cal Medi-Cal	11/1/2020	12/31/9999
<a href="#">Select</a>						Medi-Cal Medi-Cal	9/1/2020	9/30/2020



Vendor: Viewing : Vendor - Auth Vendor  
 Provider - NPI:

Vendor's Claims

**Submit a Claim**

My Authorizations

Submit Authorization

My Checks

My Providers & Offices

Check Member Eligibility

My Members

My Profile

My Preferences

Other Providers

Attachments

**\* Patient: (Please select a patient)**

Member #:  Policy #:

Last Name:  First Name:  DOB:

\* Please search by number or any 2 combinations of last name, first name, and date of birth

Patient Acct #:  Referral #:  Authorization #:

\* Billed Currency:

**Apply default values to lines**

## My Profile

The **My Profile** tab allows the user to view their Vendor Information, Corporation Properties, pay to Addresses, Contracts, and Mapped Providers and Offices as it exists in the system. At the top of the page it will display the profile being viewed.

Vendor: Viewing : Vendor - Auth Vendor  
 Provider - NPI: Office :

Vendor's Claims

Submit a Claim

My Authorizations

Submit Authorization

My Checks

My Providers & Offices

Check Member Eligibility

My Members

**My Profile**

My Preferences

Other Providers

Attachments

Manage Users

Resources

Logoff

**Vendor Properties**

Name: Auth Vendor [view info](#)

Address: CAMARILLO, CA 93010 US

Contact Name:

Contact Email:

Phone #:

**Corporation Properties**

Name: Auth Corp [view info](#)

Address: CAMARILLO, CA 93010 US

Contact Name:

Contact Email:

Phone #:

EIN:

**Contract: Auth Contract**

Contract Number	Contract Description	Contract Effective Date	Contract Expiration Date
99999	Auth Contract	01/01/1900	12/31/9999

**Mapped Providers and Offices**

Contract Number	Last Name	First Name	Number	NPI	Office Name	Office Number	Office Address	City	State	Zip	Country Code	Contact Phone	Effective Date	Expiration Date
99999	Auth Provider				Auth Office			CAMARILLO	CA	93010	US	999999999	01/01/1900	12/31/9999



Other Providers

The **Other Providers** tab allows the user to search for providers in the system, for the purpose of completing member referrals.

- Submit a Claim
- My Authorizations
- Submit Authorization
- My Checks
- My Providers & Offices
- Check Member Eligibility
- My Members
- My Profile
- My Preferences
- Other Providers**
- Attachments
- Manage Users
- Resources
- Logoff

### Find a Provider

1. Where do you want to find a provider?  
 Country:   
 City, State or County:  ,    
 Or Zip:   
 within:

---

2. Which network are you interested in?  
 Network:

---

3. What type of provider are you looking for?  
 Provider Type:   
 Sub-type:   
 Specialty:   
 Panel Status:   
**Selected Specialty:** Specialists > Pulmonology > Pulmonary Disease

---

4. Would you like to refine your search for provider?  Yes  No  
 Last Name:  \*If you know the provider's last name  
 Gender:  Male  Female  Any  
 Language spoken:

Location: Oxnard, VENTURA, CA (US)

Network:

Specialty: Specialists > Pulmonology > Pulmonary Disease

Other Preferences: Gender: Any

[Print this page](#) [Search again](#) 25 Provider(s) found

Provider	Additional Info:	Distance
	Gender: Male	N/A
	Gender: Male	N/A
	Gender: Female	N/A

OXNARD , CA 930303722  
 County: VENTURA  
 Country Code: US  
 Office Phone Not Available

OXNARD , CA 930303722  
 County: VENTURA  
 Country Code: US  
 Office Phone Not Available

OXNARD , CA 930303722  
 County: VENTURA  
 Country Code: US  
 Office Phone Not Available



## Attachments

The **Attachments** tab allows the user to attach documents to their profile. These documents would be accessible through their profile to all other payer suite applications were permissioned.

Vendor	<b>Attachments</b>
Vendor's Claims	<b>Attachment Type</b> <b>File</b>
Submit a Claim	Provider Document <a href="#">Confirmation of NPI for tav.docx</a>
My Authorizations	Provider Document <a href="#">PRV00003121.PNG</a>
Submit Authorization	Provider Document <a href="#">PRV00003218.JPG</a>
My Checks	Provider Document <a href="#">PRV00003314.XLSX</a>
My Providers & Offices	Provider Document <a href="#">PRV00003361.GIF</a>
Check Member Eligibility	Provider Document <a href="#">PRV00003362.TIF</a>
My Members	Provider Document <a href="#">PRV00003364.DOCX</a>
My Profile	Provider Document <a href="#">PRV00003365.JPG</a>
My Preferences	Provider Document <a href="#">PRV00003486.PDF</a>
Other Providers	Unclassified <a href="#">PRV00003201.PNG</a>
<b>Attachments</b>	Unclassified <a href="#">PRV00003363.PDF</a>
Manage Users	Unclassified <a href="#">PRV00003366.PNG</a>
Resources	Unclassified <a href="#">PRV00003487.DOCX</a>
<b>Add Attachments</b>	
Attachment Types:	
Provider Document <input type="button" value="v"/>	

## Manage Users

The **Manage Users** tab allows the user to change/manage their own Username and Password, as well to create additional user logins to access the account online.

My Authorizations	<b>User Name</b> <b>First Name</b> <b>Last Name</b> <b>Connected</b> <b>User Status</b> <b>Change Status</b> <b>Change Password</b>
Submit Authorization	<a href="#">Edit</a> <a href="#">View Roles</a> Active <a href="#">Disable</a> <a href="#">Edit</a>
My Checks	<a href="#">Edit</a> <a href="#">View Roles</a> Disabled <a href="#">Enable</a> <a href="#">Edit</a>
My Providers & Offices	<a href="#">Edit</a> <a href="#">View Roles</a> Active <a href="#">Disable</a> <a href="#">Edit</a>
Check Member Eligibility	<a href="#">Edit</a> <a href="#">View Roles</a> Active <a href="#">Disable</a> <a href="#">Edit</a>
My Members	<a href="#">Edit</a> <a href="#">View Roles</a> Active <a href="#">Disable</a> <a href="#">Edit</a>
My Profile	<a href="#">Edit</a> <a href="#">View Roles</a> Active <a href="#">Disable</a> <a href="#">Edit</a>
My Preferences	<a href="#">Edit</a> <a href="#">View Roles</a> Active <a href="#">Disable</a> <a href="#">Edit</a>
Other Providers	<a href="#">Edit</a> <a href="#">View Roles</a> Active <a href="#">Disable</a> <a href="#">Edit</a>
Attachments	
<b>Manage Users</b>	<a href="#">Add a User</a>
Resources	

1. This is the method by which a Business Office Manager, Billing Specialist, or any other individual employed by the Vendor can create, edit, enable, disable, and change the password to an account.

*Note: Only users who have a Primary Web account and Web vendor selected can create accounts.*



2. To add a user, click on the **Add a User** hyperlink.

a. A new screen will display; fill out all asterisk fields and finalize by clicking on the **Add a User** button.

	User Name	First Name	Last Name	Connected	User Status	Change Status	Change Password
My Authorizations							
Submit Authorization	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
My Checks	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Disabled	<a href="#">Enable</a>	<a href="#">Edit</a>
My Providers & Offices	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
Check Member Eligibility	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
My Members	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
My Profile	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
My Preferences	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
Other Providers	<a href="#">Edit</a>			Y	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
Attachments	<a href="#">Edit</a>			N	<a href="#">View Roles</a> Active	<a href="#">Disable</a>	<a href="#">Edit</a>
<b>Manage Users</b>	<a href="#">Add a User</a>						
Resources							

**Adding additional user to**

\*User Name:

\*Password:

\*Confirm Password:

\*First Name:

\*Last Name:

Middle Initial:

\*Email Address:

## Resources

The **Resources** tab allows the user to view links to information pertaining to the Vendor/Provider. This information can be other websites, an intranet page, PDFs, Word documents, or Excel spreadsheets.


Vendor	Viewing : Vendor - Provider -      - NPI:      - Office -
Vendor's Claims	
Submit a Claim	<ul style="list-style-type: none"> <li>▪ <a href="#">Formulary - Formulary (.pdf)</a></li> <li>▪ <a href="#">WebMD - WebMD Website</a></li> </ul>
My Authorizations	
Submit Authorization	
My Checks	
My Providers & Offices	
Check Member Eligibility	
My Members	
My Profile	
My Preferences	
Other Providers	
Attachments	
Manage Users	
<b>Resources</b>	

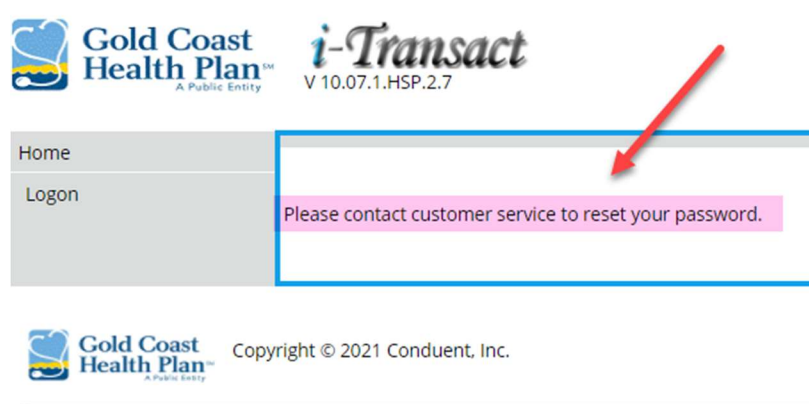
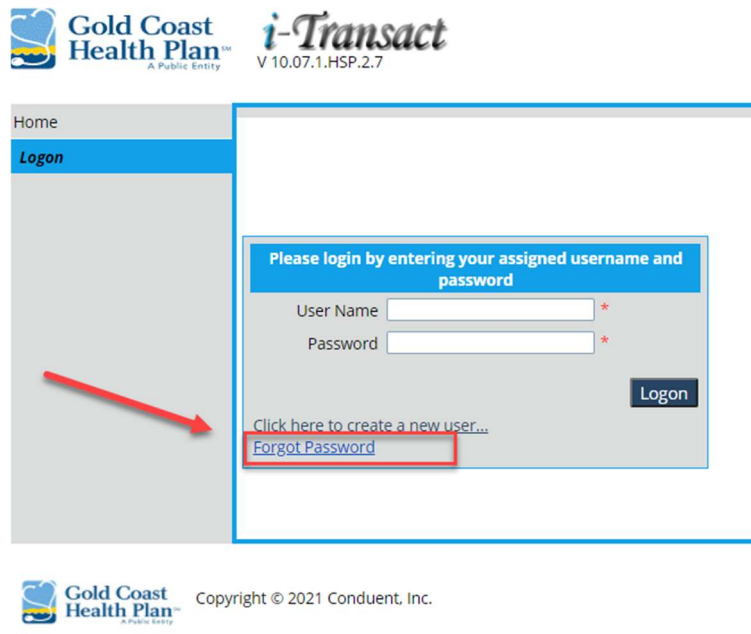


## 6.0 CHANGE / FORGOT / RESET USERS PASSWORD

Should a user find that they forgot or need to change/reset their password, the following steps can be taken.

1. The user clicks on the [Forgot Password](#) hyperlink for instructions.

 **Tip:** It is recommended for users to first contact their assigned super user and/or admin to have their password reset. If there are any further issues, if instructed then continue in contacting the Customer Service line **888-301-1228**.





**Authorized for External Use – Conduent Confidential**

Maricela Alvarez-Montes  
Rebecca Bocan-Fister

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