



# PROVIDER PORTAL USER MANUAL

## Commercial and Exchange Plans

The Prominence Health Plan website and secure Provider Portal allows providers and their office staff the ability to access important information and perform various online functions securely.

The Prominence Health Plan Provider Portal is available 24/7. To access the portal, registered users must have Internet access and a secure email address.

For questions regarding information found within this document, please email the Prominence Health Plan Provider Relations team at **[PHP-ProviderRelations@uhsinc.com](mailto:PHP-ProviderRelations@uhsinc.com)**.

Last Updated:

**Prominence**<sup>®</sup>  
**Health Plan**

# USER MANUAL CONTENTS

## 1.0: New User Registration

Creating an Account

## 2.0: Home Page

Online Provider Search Directory

PDF Provider Directory

Join the Network

Access Online Requests

- Demographic Change Request
- Allowable Request for Contracted Providers
- Claims Questions
- Prior Authorization Request

PCP Empanelment List

Access Medicare Advantage Portal - Nevada

Access Medicare Advantage Portal –Texas

Provider News

Quick Member Search

## 3.0: Eligibility & Benefits

Eligibility & Benefits Search

PCP Empanelment List

## 4.0: Claims & Payments

Claim Status

Claim Reconsideration

Claim Submission – Nevada

Claim Submission – Texas

## 5.0: Authorizations

Authorization submission

Authorization Status

Authorization Required Lists

HCP (Healthcare Partners)

## 6.0: Tools & Resources

### Forms

- Authorization For Disclosure Health Information Forms
- Pharmacy Forms
- Continuity of Care Form
- Prior Authorization Requirement Lists
- Prior Authorization Request Forms for Providers
- Advance Directives, Healthcare Decision-Making
- Other Forms

### [Preventive Health Guidelines/Immunizations](#)

- Preventive Healthcare Guidelines and Health Screenings
- Immunization Schedules for Adult and Children
- Health Coaching Referral Form

### [Pharmacy/Lab Services](#)

- Pharmacy Forms
- Lab Services – Nevada
- Lab Services – Texas

### [Online Provider Directory](#)

- Prominence Health Plan Provider Online Search Directory

### [Clinical Practice Guidelines](#)

- General Wellness
- Behavioral Health

### [Provider Newsletters](#)

- Nevada
- Texas

## **[7.0: Contact Us](#)**

A list of frequently called numbers for Prominence Health Plan

- Submitting Online Contact Form with general inquiries, comments and suggestions

## **[8.0: Account User Tools](#)**

Account Profile

- Account Info
- Security Info
- Provider Info

Forgot username or password

Locked Account

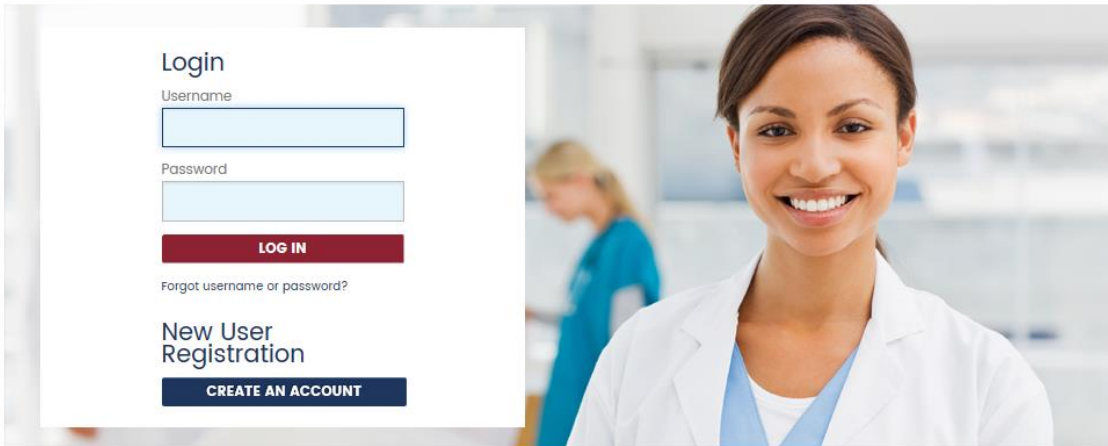
Account Deactivation

Logging Out

## 1.0: [New User Registration](#)

Go to <http://prominencehealthplan.com/> website

Hover mouse over the **“Providers”** option located at the top tool bar of the page > hover over **“Provider Portal Logins”** > Select **“Commercial Provider Login”**



If you have any questions or need help with the user sign-up process, please contact (866) 500-2741 or by clicking [HERE](#) to send an email. If you do not currently have an email application open, feel free to send an email later to [PHP-ProviderRelations@uhsinc.com](mailto:PHP-ProviderRelations@uhsinc.com)

Click on **“CREATE A NEW ACCOUNT”** under the Portal Login Box

### Step 1: Review and Accept the Security Agreement

**Step 2: Verify User Contact Information:** by completing the all of the requested fields. **Note:** Enter one TIN number and one NPI number; however, you may enter more than one NPI number for the associated TIN number by placing a comma between each number without a space.

**For example,** you may enter 999999999 in the TIN field and 8888888888, 7777777777,6666666666 in the NPI field to request access to data related to these three provider ID's in association to the TIN number.

**Step 3: Create Login Information:** You will use this information to log in to your user account. Keep this information stored safely so your account information remains secure!

**Step 4: User Registration Complete.** Please verify the information is correct. Click on "Finish" to complete this step in the registration process. After clicking "Finish" a formal request will be sent for review to allow access to services where confidential information, including but not limited to Protected Health Information (PHI), Electronic Protected Health Information (ePHI), physician information, medical, financial or other confidential information can be viewed.

*You have successfully created a user account for the Prominence Provider portal.*

**Final Step: Access to Member Information Must Be Reviewed**

All access requests must be verified and user accounts activated by Prominence before any protected health information is available for viewing on this site. Once confirmed, you will receive an email notification of your access status. **\*Verification may take up to 5-7 business days\***

If you have any questions or need help with the user sign-up process, please contact **(866) 500-2741** or send an email to: [PHP-ProviderRelations@uhsinc.com](mailto:PHP-ProviderRelations@uhsinc.com)

## 2.0: Home Page

From here, you will be able to access and conduct a quick search for important information.

The screenshot shows the top navigation bar with links: HOME, ELIGIBILITY & BENEFITS, CLAIMS & PAYMENTS, AUTHORIZATIONS, TOOLS & RESOURCES, and CONTACT US. Below the navigation bar is a section titled "I want to . . ." with several links: "Access the Online Provider Search", "Access Provider Directory PDFs", "Join the Network", "Access Online Requests", "PCP Empanelment List", "Access Medicare Advantage Portal - Nevada", and "Access Medicare Advantage Portal - Texas". There is also a section for "Any Questions?" with contact information for Prominence Health Plan at 866-500-2741 or a link to send an email. Below that is "Provider News" with a link for "New Pharmacy Benefit Manager Effective 1/1/2016". To the right of the navigation bar is the "Member Search" form. It includes instructions: "To search for a Member, enter the Member ID number(s) or the member's last name and date of birth." and "You may enter multiple Member ID numbers in the search, but you must press the 'Enter' key after each ID number to search for multiple members by Member ID number at the same time." The form has input fields for "First Name:", "Last Name:", "Member ID(s):", and "Date of Birth:". A red "SEARCH" button is located below the "Date of Birth:" field.

**Access the Prominence Health Plan Online Provider Search Directory:** Utilize the online provider search tool to enter specific criteria to filter and search for in-network providers and facilities.

**Access PDF Provider Directories:** Select your region “Nevada or Texas” to view all pdf directories for each product in that particular region.

**Join the Network:** Select your Region “Nevada or Texas” to access downloadable forms, credentialing applications, and instructions that are required when credentialing and contracting providers and facilities with Prominence.

**Access Online Requests:** Online Request forms for in-network providers to utilize:

- **Demographic Change Request** - Utilize this request form if there is a change to any of the demographic information that is currently on file with the health plan. There is an attachment tab for uploading source documents to support the change request.
- **What is my contracted allowable for a CPT?** Complete all required fields. Up to 8 CPT codes can be listed.
- **Question about a specific claim** - To address questions regarding a specific claim, please complete all required fields on this online form. There is an attachment tab for uploading documents. This feature is not for submitting a formal claim reconsideration request.

Questions about claims can also be addressed by calling Customer Service at 775-770-9311 or 866-500-2741.

**Prior Authorization Request:** This is an online prior authorization request form. **Please do NOT use this feature for the following requests:**

- eviCore
- HealthCare Partners
- Southern Nevada Tier 2

**Please refer to section 5.0 Authorizations for information about prior authorization.**

**PCP Empanelment List:** Provides in-network primary care providers (PCPs) with a list of all HMO patients empaneled to them. The PCP is responsible for providing, arranging and coordinating the medical needs for the member. This list can be cross-referenced with the information in your EMR system.

**Medicare Advantage portal links:** These links are here for your convenience.

[Medicare Advantage Portal - Nevada](#)

[Medicare Advantage Portal - Texas](#)

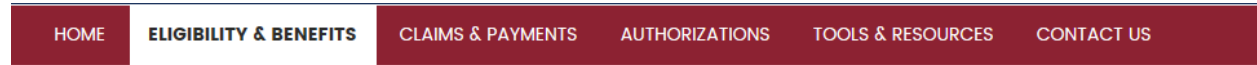
**Member Search from the Home Page:** This feature provides a quick point to search for members. To search for a member, enter the Member ID number(s) *or* the member's last name and date of birth.

**Note:** You may enter multiple Member ID numbers in the search, but you must press the "Enter" key after each ID number to search for multiple members by Member ID number at the same time. Select the member by double clicking on the member name. Once, the member is selected you will be auto navigated to the Eligibility and Benefits tab to review the info.

### 3.0: Eligibility & Benefits

**ELIGIBILITY AND BENEFITS:** To search for a member, enter the Member ID number(s) **or** the member's last name and date of birth.

**Note:** You may enter multiple Member ID numbers, but you must press the "Enter" key after each ID number to search for multiple members by Member ID number at the same time.



• Eligibility & Benefits

To search for a member, enter the Member ID number(s) **or** the member's last name and date of birth.

If entering multiple Member ID numbers, press the "Enter" key after each ID number.

**Eligibility**

First Name:

Last Name:

Member ID(s):

Date of Birth:

**SEARCH**

[Find A Provider/Facility](#) Use this feature to quickly navigate to the online provider directory.



**PCP EMPANELMENT LIST:** is the other drop down selection within the “ELIGIBILITY & BENEFITS” tab (hover over ELIGIBILITY & BENEFITS to see). It provides in-network primary care providers (PCPs) with a list of all HMO patients empaneled to them. This list can be cross-referenced with the information that you have in your EMR.

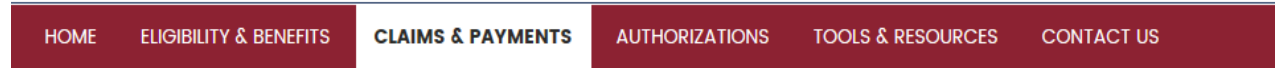
If a user has access to multiple NPI's, please select the NPI via the drop down arrow that you would like to pull up the listing for.

The screenshot shows a web application interface with a dark red navigation bar at the top containing the following menu items: HOME, ELIGIBILITY & BENEFITS, CLAIMS & PAYMENTS, AUTHORIZATIONS, TOOLS & RESOURCES, and CONTACT US. Below the navigation bar, there is a breadcrumb trail: • PCP Empanelment List. A red note states: "Note: The Download Results feature below puts your roster into an Excel spreadsheet format. Please be aware that the downloaded results may not show four leading zeros for the Member IDs." Below the note, the text "Select Provider:" is followed by a dropdown menu showing the value "1894321689" with a downward arrow. Underneath the dropdown is a light blue horizontal bar with the text "Empanelment List" on the left side. At the bottom left of the interface is a dark red button labeled "SEARCH".

## 4.0: Claims & Payments

**CLAIM STATUS:** To search for a member's claims, enter the Member ID *or* the claim number.

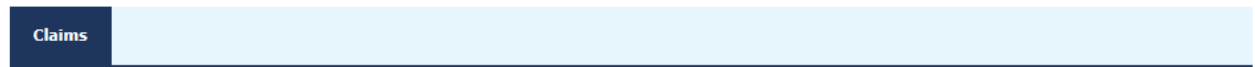
**Note:** A Patient ID, claim number or check number is required. If entering multiple claim numbers, please separate each number with a comma.



• Claim Status

To search for a member's claims, enter the Member ID *or* the claim number.

If entering multiple claim numbers, please separate each number with a comma.



Claim Number(s):

Member ID:

Begin Date:

Check Number:

Date of Birth:

End Date:

**CLAIM RECONSIDERATION:** If you disagree with a payment decision or a denial of a claim you have the right to request a reconsideration within 180 days of the date on the Remittance Advice. You can attach appropriate documentation to the online request form.

* Claim Number:	<input type="text"/>
* Date(s) of Service:	<input type="text"/>
Group Name:	
* Member ID:	<input type="text"/>
* Patient Name:	<input type="text"/>
* Date of Birth:	<input type="text"/>
Healthcare Professional or Facility Name:	
* First and Last Name of person completing the form:	<input type="text"/>
* Phone #:	<input type="text"/>
* Email Address	<input type="text"/>
Submission Date:	3/16/2017
* Reason for Reconsideration:	<input type="text"/>
Additional Comments:	<input type="text"/>

**CLAIM SUBMISSION INFORMATION:** Provides specific information by region for claims remittance address and electronic payer ID. These links are here for your convenience:

- [CLAIM SUBMISSION – NEVADA](#)
- [CLAIM SUBMISSION – TEXAS](#)

## 5.0: Authorizations

**AUTHORIZATION SUBMISSION:** Services that require prior authorization are submitted to either Prominence Health Plan or eviCore. The Prior Authorization Requirement list will indicate where the prior authorization should be sent.

For general authorization information please, [click here](#) and select the option titled “PA Nevada HMO/POS & PPO and Texas HMO (PDF)” for a list of which services require prior authorization.

**Prior authorization must be submitted to eviCore for the following services:**

- General Radiology
- Cardiology
- Radiation Therapy
- Med Oncology Infusion
- Musculoskeletal
- Genetic Labs
- Sleep Studies

Visit [www.eviCore.com](http://www.eviCore.com) to access clinical guidelines, forms and the secure provider portal.

For Behavioral Health authorization requests, [click here](#). For all other authorization requests, [click here](#).

**AUTHORIZATION STATUS:** This screen allows you to submit a prior authorization to Prominence Health Plan and check on the status of a previously submitted authorization.

To submit a prior authorization to Prominence Health plan or check status of a prior authorization request, search for and select the patient first.

- To search for the patient, enter the Member ID(s) **or** the patient’s last name and DOB.
- If entering multiple Member IDs, press the “Enter” key after each number.
- Either a patient ID or authorization number is required to check status on an authorization.

Submit Prior Auth Request	Authorization Status	
First Name: <input type="text"/>	Member ID(s): <input type="text"/>	Date of Birth: <input type="text"/>
Last Name: <input type="text"/>		
<input type="button" value="SEARCH"/>		

**AUTHORIZATION REQUIREMENT LISTS:** Re-directs to the Prominence Health Plan website page “[General Forms and Resources](#)”. Find the “**Prior Authorization Requirement Lists**” and “**Prior Authorization Request Forms**”.

**HCP (HealthCare Partners):** Re-directs to the Prominence Health Plan website page “[General Forms and Resources](#)”. Find the “**Prior Authorization (PA) Requirement Lists**” and select “**PA Southern Nevada HealthCare Partners**” under PA Request forms.

## 6.0: Tools & Resources

**FORMS** - Access a variety of downloadable forms and resources for prior authorization, pharmacy, continuity of care and more.

**PHARMACY/LAB SERVICES** - Access Pharmacy forms and region specific information for Lab Services

**Note: eviCore Prior Authorizations do not go through Medimpact**

[Pharmacy Forms](#)

[Lab Services - Nevada](#)

[Lab Services - Texas](#)

**PREVENTIVE HEALTH GUIDELINES & IMMUNIZATIONS** - Review current Preventive Healthcare Guidelines and Immunization Schedules.

**ONLINE PROVIDER DIRECTORY** - Access the Online Provider Directory to search for in-network primary care providers, specialists, facilities, medical equipment services, home health services and more.

**CLINICAL PRACTICE GUIDELINES** - Access nationally recognized clinical practice guidelines and best practice standards that assist practitioners in achieving consistent quality care and improved outcomes. Visit [www.evicore.com](http://www.evicore.com) to access eviCore Clinical Guidelines and forms for Prior Authorization.

**PROVIDER NEWSLETTERS** - Review region specific news for Nevada and Texas commercial providers.

## 7.0: Contact Us

Provides a listing of frequently called phone numbers for various Prominence Health Plan Departments and office location addresses for each region we serve.

There is an additional method to reach out to Customer Service. Simply complete the required fields via the online form (you may first have to verify that you are not a robot) and hit 'SEND'.

For general inquiries, comments and suggestions, please complete the form below and include your comment or question within the "Message" portion.

First Name (required)

Last Name (required)

Address (required)

City (required)

State (required)

Zip code (required)

Telephone (required)

Email (required)

Subject

Message (if commenting about a page, please specify the title or location in the site)

I'm not a robot



SEND

## 8.0: User Account Tools

**ACCOUNT PROFILE:** Located in the upper right corner of the portal. Users can view and update certain information within their profile.

Click the **“Profile”** hyperlink and you will see the following three options:

1. **Account Info:** First/last name, username and email show in this tab. From here you are able to update your email address.

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• Profile

Account Info Security Info Provider Info

### Account Information

First Name: Marissa  
Last Name: Jones  
Username: teamjones24  
Created: 2/16/2017 6:33:21 AM

### Contact Options

E-mail Address:

**UPDATE**

2. **Security Info:** Change user account passwords and security questions/answers in this tab. You will be required to confirm current password in order to make any changes to account settings.

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• Profile

Account Info Security Info Provider Info

### Confirm Password

Please enter your current password in order to change any settings on this page.

\* Current Password:

### New Password

New Password:

Verify New Password:

### Security Questions

In what city were you born? (Enter full name of city only)

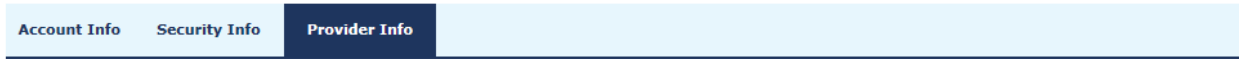
What is your mother's middle name?

In what city was your father born? (Enter full name of city only)

**UPDATE**

- 3. **Provider Info:** This tab specifies the contact name, phone number, practice name and the TIN's/NPI's associated with the user account. You can complete an online request to add, change, or delete TIN's or NPI's by selecting "click [HERE](#)".

• Profile



To add, change or delete TIN's or NPI's, please click [HERE](#) to complete request.

### Provider Information

Contact Name:

Contact Phone:

Practice Name:

### Tax ID Numbers (TIN)

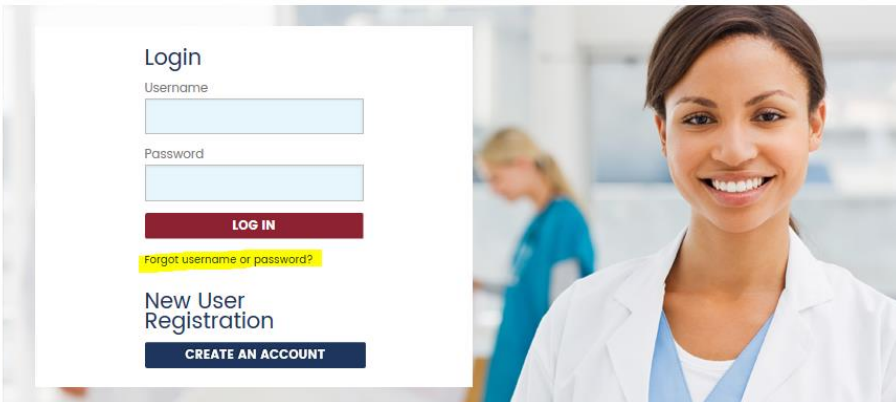
Tax ID Numbers:

National Provider IDs (NPI): 1894321689

**UPDATE**

### FORGOT USERNAME OR PASSWORD:

**Step 1:** Go to the portal log in screen and select the "Forgot username or password?" hyperlink that is located directly under the portal login fields.



If you have any questions or need help with the user sign-up process, please contact (866) 500-2741 or by clicking [HERE](#) to send an email. If you do not currently have an email application open, feel free to send an email later to [PHP-ProviderRelations@uhsinc.com](mailto:PHP-ProviderRelations@uhsinc.com)



**Step 2:** Complete the required fields. Enter the **Tax ID** associated with the user account into the **TIN** field, and the user **first and last name**.

**Step 3:** Answer the security questions that are on file for the account to change password. If you don't remember your security questions, please click the "**Customer Support**" link at the bottom of the form for password reset assistance.

**Note!** Be sure to provide your user name within the request to customer support.

### Forgot your password? Please answer your security questions below.

If you forgot your password then you can reset it now by answering the security questions below.

What is your mother's middle name?\*

In what city were you born? (Enter full name of city only)\*

NEXT

CANCEL

Need assistance? Contact [customer support](#).

**LOCKED ACCOUNT:** Ten consecutive failed attempts logging in with an incorrect username or incorrect password will lock the user out for a specified period of time. An error message will appear indicating that the login failed and the account is locked for a certain period of time.

Please wait the specified period of time before attempting to log-in again as the next failed login will impose a larger duration of time that the user will then be locked out.

**ACCOUNT DEACTIVATION:** Providers are responsible for employee usage and access. It is important to notify Prominence Health Plan when a user leaves or if a user's office function has changed to ensure that all users have the appropriate access for their role.

To deactivate a portal account(s), please email Provider Relations at [PHP-ProviderRelations@uhsinc.com](mailto:PHP-ProviderRelations@uhsinc.com). The health plan will send an email response back confirming that the account(s) have been deactivated.

**LOGGING OUT:** "Logout" is located in the upper right hand corner. Always log-out of the portal when finished to ensure that the program is closed.

The system will timeout after a certain period of inactivity and the user will be required to log back in.