

Help for Eligibility Portlet

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Eligibility Portlet Overview

The screenshot displays the 'Eligibility Portlet' interface. At the top, there are tabs for 'Submit Requests' and 'View Responses', along with a 'Help' icon. Below this is a 'Lookup Patient' link and a note: 'Please use Lookup Patient first. If Patient Not Found complete information below to submit request.' The form is divided into three main sections: 'Patient Information' with fields for First Name, Last Name, Date of Birth (MM/DD/YYYY), and Service Type (30 - Health Benefit Plan Cover); 'Provider Information' with a dropdown for Provider (Health Partners Hospital), an 'Add Provider' button, and Service Dates (12/15/2009 - 12/15/2009); and 'Payer Information' with a dropdown for Payer, a Member ID field, and a 'Patient Is Dependent' checkbox. Below these sections are 'Add To List' and 'Clear' buttons. A 'Delete Checked' section contains a table with columns: Patient Name, Date of Birth, Provider, Payer, Member ID, Service Start, and Service Type. At the bottom are 'Submit List' and 'Clear All' buttons.

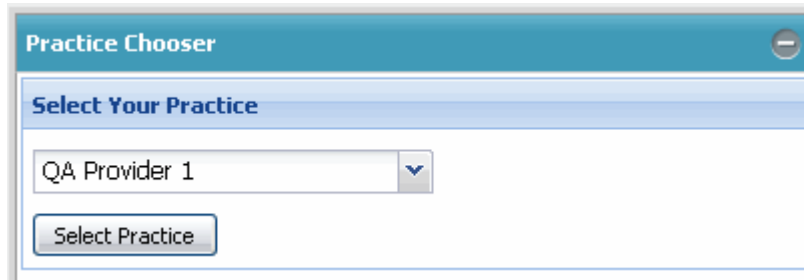
If your system is connected to a Master Patient Index (MPI) to retrieve patient data, the "Lookup Patient" option is displayed above Patient Information.

ITEM:	TASK:	DESCRIPTION:
2	Submit Eligibility Request	Request eligibility from one or more insurance payers for one or more patients at one time.
3	Review Responses to Eligibility Requests	View eligibility responses for submitted requests.

Selecting the Practice

(If your office does not support multiple practices, skip this task)

1. Navigate to the *Practice Chooser* portlet.

The screenshot shows a web portlet titled "Practice Chooser" with a close button in the top right corner. Below the title bar is a section labeled "Select Your Practice". Inside this section, there is a dropdown menu currently displaying "QA Provider 1" with a downward arrow on the right. Below the dropdown menu is a button labeled "Select Practice".

2. From the drop down menu, click on the practice for which you wish to submit requests or review responses.
3. Click **Select Practice**. The screen refreshes, and the practice is selected.

RESULT:

You have successfully selected the practice.

Submitting Check Eligibility Request

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

Submit Requests View Responses Help

Lookup Patient First, If Patient Not Found complete information below to submit request.

Patient Information

First Name: Date of Birth: MM/DD/YYYY

Last Name: Service Type: 30 - Health Benefit Plan Coverz

Provider Information

Provider: Health Partners Hospital Service Dates: 12/15/2009 - 12/15/2009

Payer Information

Payer: Member ID: ☐ Patient Is Dependent

<input type="checkbox"/>	Patient Name	Date of Birth	Provider	Payer	Member ID	Service Start	Service Type

3. Click **Submit Requests** tab. If your system is connected to a Master Patient Index (MPI) to retrieve patient data, the "Lookup Patient" option is displayed above Patient Information.
4. In the *Patient Information section*, add information regarding the patient. (Note: In the case of a dependant, do not add the insured person's last name and other information, key in the patient information. You will identify the patient as a dependant later in this request.). Key in the required fields regarding the patient:

The screenshot shows the 'Eligibility' portlet interface. The 'Patient Information' section is highlighted with a pink box. It contains the following fields:

- Last Name: [Redacted]
- First Name: [Redacted]
- Date of Birth: 05/05/2000
- Provider: QA Provider 1
- Service Dates: 05/07/2009 - 05/07/2009
- Service Type: 4 - Diagnostic X-Ray

Below the 'Patient Information' section is the 'Payers' section, which includes:

- Payer: Health Alliance Plan
- Member ID: 232319
- Patient Is Dependent: ☒

At the bottom of the portlet, there is a 'Delete' section with a table header and a 'Submit' button.

- Last name.
- First name.
- Date of Birth - you may select from the date by clicking the calendar icon, or you may enter the date into the field using MM/DD/YYYY format.
- Select the *Provider* from the drop down list.



If the *Provider* for whom you are checking is not in the list, you may wish to add the provider to the list.

- Select the *dates of service* from the Service Dates calendars. You will only need to use the second calendar date if the patient's services lasted more than 24 hours.
 - Select the *service type* from the drop down menu.
- In the Provider Information section, populate each required field:
 - Select the *Provider* from the drop down list.
 - Select the *dates of service* from the Service Dates calendars. You will only need to use the second calendar date if the patient's services lasted more than 24 hours.
 - Select the *service type* from the drop down menu.
 - In the Payer Information section, populate each required field:
 - Select a *Payer* from the drop down menu
 - Key in the *Member ID* in the open text box.
 - If the patient is a dependant, enable the checkbox next to "Patient is Dependant".
 - Perform one or more of the following:

IF YOU WISH TO... THEN...

Add additional payers to the list

repeat *steps 5a. - 5c. as desired in the row below.*

The screenshot shows the 'Eligibility' form with tabs for 'Requests' and 'Responses'. Under 'Patient Information', fields for Last Name, First Name, Date of Birth, Provider, Service Dates, and Service Type are visible. The 'Payers' section includes a 'Payer' dropdown (set to 'Health Alliance Plan'), a 'Member ID' field (232319), and two 'Patient is Dependent' checkboxes. A red box highlights the 'Add Payer' button and the 'Patient is Dependent' checkboxes. Below the Payers section is a 'Delete' section with a table header: Patient Name, DOB, Provider, Payer, Member ID, Service Start, Service Type. At the bottom are 'Submit' and 'Clear All' buttons.

Remove a payer from the request before adding to the list

click the *delete icon* next to the appropriate payer.

This screenshot is identical to the previous one, but the red box highlights the 'Delete' button (represented by a red circle with a white 'X') located to the left of the 'Health Alliance Plan' payer entry in the Payers section.

Change payer information

modify fields as desired.

5. Click **Add to List**.
6. Perform one or more of the following:

IF YOU WISH TO...

THEN...

Add additional patients to the list before submitting

repeat steps 4a.- 5c.

Remove a patient eligibility request from the list before submitting

Enable the checkbox next to the patient's name, then click *delete*.

IF YOU WISH
TO...

THEN...

Delete

<input type="checkbox"/>	Patient Name	DOB	Provider	Payor	Member Id	Service Start	Service Type
<input checked="" type="checkbox"/>				Health Alliance Plan		05/07/2009	Consultation

Submit

Clear All

7. Click **Submit List**. The screen refreshes, the request is submitted, and system auto-displays the response on the response tab.

RESULT:

You have successfully submitted a request to check eligibility.

Reviewing Responses

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

Submit Requests View Responses Help

Lookup Patient

Message: Lookup Patient First: If Patient Not Found complete information below to submit request.

Patient Information

First Name: Date of Birth:

Last Name: Service Type:

Provider Information

Provider: Add Provider Service Dates: -

Payer Information

Payer: Member ID:

☐ Patient Is Dependent

Patient Name	Date of Birth	Provider	Payer	Member ID	Service Start	Service Type

3. Click **View Responses** tab.
4. Click *Refresh*.

Request Date	Patient Name	Member ID	Payer	Eig	CoPay	Ded	Status
12/14/2009 03:15:20 PM			UCare - Eligibility - TH				W
12/14/2009 03:08:08 PM			HealthPartners - Eligibility - TH				W
12/14/2009 03:05:53 PM			UCare - Eligibility - TH				W
12/14/2009 02:44:45 PM			BCBSMN - Eligibility - TH				W
12/14/2009 02:12:42 PM			HealthPartners	H			C
12/14/2009 12:57:23 PM			PreferredOne	Y		3000	C
12/14/2009 12:46:12 PM			PreferredOne	H			C

Patient

Payer
BCBSMN - Eligibility - TH
Member ID:
Effective Dates:
Subscriber Name:

Primary Care Physician

5. Enable the radio button of the response you wish to view. (Find a particular response by performing a search for a response).

Details of the response are listed at the bottom of the portlet. This response will clear as soon as you remove the check from the checkbox.

The screenshot shows a web application interface for checking eligibility. At the top, there are buttons for 'Submit Requests' and 'View Responses', and a 'Help' link. Below this is a search bar labeled 'Search Eligibility Responses'. A 'Refresh' button is highlighted with a red box. The main part of the interface is a table with the following columns: Request Date, Patient Name, Member ID, Payer, Elig, CoPay, Ded, and Status. The table contains several rows of data, with the fourth row (dated 12/14/2009 02:44:45 PM) selected. Below the table, there is a section titled 'BCBSMN - Eligibility - TH' with a 'Print Details' button. This section is divided into three columns: Patient, Payer, and Primary Care Physician. The Payer column contains details for 'BCBSMN - Eligibility - TH', including Member ID, Effective Dates, and Subscriber Name.

Request Date	Patient Name	Member ID	Payer	Elig	CoPay	Ded	Status
12/14/2009 03:15:20 PM	[REDACTED]	[REDACTED]42	UCare - Eligibility - TH				W
12/14/2009 03:08:08 PM	[REDACTED]	[REDACTED]42	HealthPartners - Eligibility - TH				W
12/14/2009 03:05:53 PM	[REDACTED]	[REDACTED]42	UCare - Eligibility - TH				W
12/14/2009 02:44:45 PM	[REDACTED]	[REDACTED]42	BCBSMN - Eligibility - TH				W
12/14/2009 02:12:42 PM	[REDACTED]	[REDACTED]42	HealthPartners	II			C
12/14/2009 12:57:23 PM	[REDACTED]	[REDACTED]42	PreferredOne	Y		3000	C
12/14/2009 12:46:12 PM	[REDACTED]	[REDACTED]42	PreferredOne	II			C

Patient	Payer	Primary Care Physician
[REDACTED]	BCBSMN - Eligibility - TH Member ID: [REDACTED] Effective Dates: Subscriber Name:	



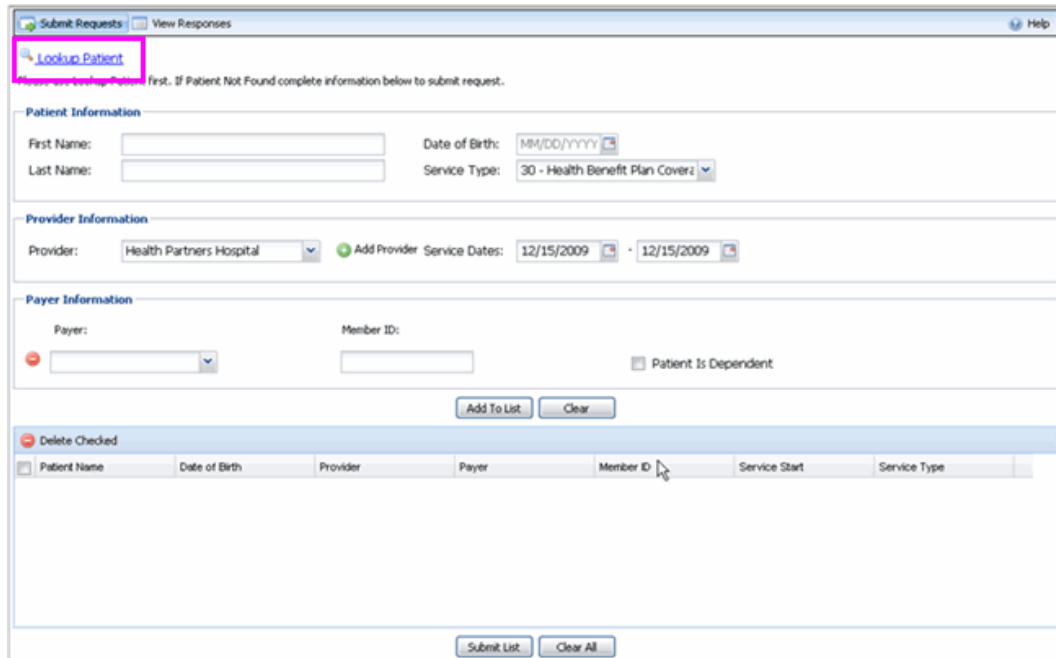
In the case of multi-payers for a patient, results are tabbed per payer.

RESULT:

You have successfully reviewed responses to eligibility requests.

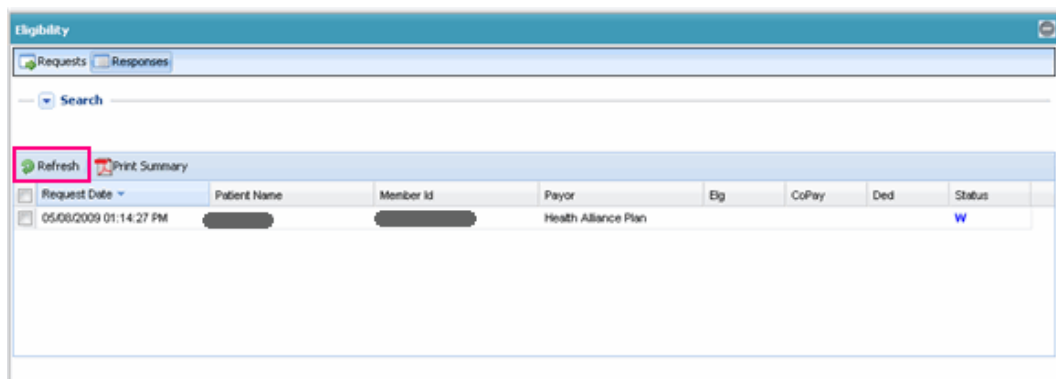
Printing Details of a Response

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.



The screenshot shows the 'Submit Requests' portlet. At the top, there are tabs for 'Submit Requests' and 'View Responses', with a 'Help' icon on the right. Below the tabs, the 'Lookup Patient' button is highlighted with a red rectangle. A note below it says: 'Please use Lookup Patient first. If Patient Not Found complete information below to submit request.' The form is divided into three sections: 'Patient Information' with fields for First Name, Last Name, Date of Birth (MM/DD/YYYY), and Service Type (30 - Health Benefit Plan Coverz); 'Provider Information' with a dropdown for Provider (Health Partners Hospital) and a date range for Add Provider Service Dates (12/15/2009 - 12/15/2009); and 'Payer Information' with a dropdown for Payer, a field for Member ID, and a checkbox for Patient Is Dependent. Below these sections are 'Add To List' and 'Clear' buttons. At the bottom, there is a table with columns: Patient Name, Date of Birth, Provider, Payer, Member ID, Service Start, and Service Type. The table is currently empty. At the very bottom are 'Submit List' and 'Clear All' buttons.

3. Click **Responses** tab.
4. Click *Refresh*.



The screenshot shows the 'Eligibility' portlet. At the top, there are tabs for 'Requests' and 'Responses', with the 'Responses' tab selected. Below the tabs is a search bar. Below the search bar, the 'Refresh' button is highlighted with a red rectangle. Next to it is a 'Print Summary' button. Below these buttons is a table with columns: Request Date, Patient Name, Member Id, Payor, Elg, CoPay, Ded, and Status. The table contains one row with the following data: Request Date: 05/08/2009 01:14:27 PM, Patient Name: [REDACTED], Member Id: [REDACTED], Payor: Health Alliance Plan, Elg: [REDACTED], CoPay: [REDACTED], Ded: [REDACTED], and Status: W.

5. Enable the checkbox of the response for which you wish to print details. (Need to search for a response?) *Response details* are listed at the bottom of the portlet.

The screenshot shows the 'Eligibility Portlet' interface. At the top, there are tabs for 'Submit Requests' and 'View Responses', with 'View Responses' being the active tab. Below the tabs is a search bar labeled 'Search Eligibility Responses'. A 'Refresh' button, represented by a circular arrow icon, is highlighted with a red box. Below the search bar is a table with the following columns: Request Date, Patient Name, Member ID, Payer, Elg, CoPay, Ded, and Status. The table contains several rows of data, with the fourth row (dated 12/14/2009 02:44:45 PM) selected. Below the table, there is a section titled 'BCBSMN - Eligibility - TH' with a 'Print Details' icon. The 'Print Details' section shows fields for Patient, Payer (BCBSMN - Eligibility - TH), Member ID, Effective Dates, and Subscriber Name, along with a Primary Care Physician field.



In the case of multi-payers for a patient, results are tabbed accordingly as shown:

This screenshot is identical to the one above, showing the 'Eligibility Portlet' interface with the 'Refresh' button highlighted. It demonstrates the multi-payer scenario where results are tabbed accordingly.

3. Click *Print Details* icon. Details are displayed in PDF format where you are able to print and/or save the file.

RESULT:

You have successfully printed details of a response.

Printing a Summary of Responses

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

The screenshot shows the 'Submit Requests' portlet. The 'Lookup Patient' button is highlighted with a red box. Below it, there are sections for Patient Information, Provider Information, and Payer Information. At the bottom, there is a table with columns: Patient Name, Date of Birth, Provider, Payer, Member ID, Service Start, and Service Type. The 'Add To List' and 'Clear' buttons are visible above the table.

3. Click **Responses** tab.
4. Click *Refresh*.

The screenshot shows the 'Eligibility' portlet. The 'Responses' tab is selected. The 'Refresh' button is highlighted with a red box. Below it, there is a table with columns: Request Date, Patient Name, Member Id, Payor, Elg, CoPay, Ded, and Status. The 'Print Summary' button is also visible.

5. Enable the *check all* checkbox. (Perform a search to identify a particular criteria)

The screenshot shows the 'Eligibility' portlet. The 'Responses' tab is selected. The 'check all' checkbox is highlighted with a red box. Below it, there is a table with columns: Request Date, Patient Name, Member Id, Payor, Elg, CoPay, Ded, and Status. The 'Print Summary' button is also visible.

6. Click *Print Summary*. Summary of results are displayed in PDF format where you are able to print and/or save the file.

The screenshot shows the 'Requests' tab selected in the top navigation bar. Below it is a search bar. The main content area displays a table with columns: Request Date, Patient Name, Member Id, Payor, Elg, CoPay, Ded, and Status. Two rows of data are visible, both with a status of 'W'. The 'Print Summary' button, located above the table, is highlighted with a red box.

Request Date	Patient Name	Member Id	Payor	Elg	CoPay	Ded	Status
05/06/2009 12:29:54 PM	[REDACTED]	[REDACTED]	QA Payer 1				W
05/06/2009 01:14:27 PM	[REDACTED]	[REDACTED]	Health Alliance Plan				W

RESULT:

You have successfully printed a summary of responses.

Searching for a Response

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

Submit Requests View Responses Help

Lookup Patient
Please use Lookup Patient first. If Patient Not Found complete information below to submit request.

Patient Information

First Name: Date of Birth:

Last Name: Service Type:

Provider Information

Provider: Add Provider Service Dates: -

Payer Information

Payer: Member ID: ☐ Patient Is Dependent

Delete Checked

<input type="checkbox"/>	Patient Name	Date of Birth	Provider	Payer	Member ID	Service Start	Service Type

3. Click **View Responses** tab.
4. Click *Refresh*.

Submit Requests View Responses Help

Search Eligibility Responses

First Name: Request Start:

Last Name: Request End:

Date of Birth: Member ID:

Refresh

Request Date	Patient Name	Member ID	Payer	Eg	CoPay	Ded	Status
12/14/2009 03:15:20 PM	██████████	██████████	UCare - Eligibility - TH				W
12/14/2009 03:08:08 PM	██████████	██████████	HealthPartners - Eligibility - TH				W
12/14/2009 03:05:53 PM	██████████	██████████	UCare - Eligibility - TH				W
12/14/2009 02:44:45 PM	██████████	██████████	BCBSMN - Eligibility - TH				W
12/14/2009 02:12:42 PM	██████████	██████████	HealthPartners	H			C
12/14/2009 12:57:23 PM	██████████	██████████	PreferredOne	Y		3000	C
12/14/2009 12:46:12 PM	██████████	██████████	PreferredOne	H			C

The screenshot shows the 'Eligibility' portlet interface. At the top, there are tabs for 'Requests' and 'Responses'. Below these is a search bar with a 'Search' button. A 'Refresh' button is highlighted with a red box. To the right of the 'Refresh' button is a 'Print Summary' button. Below the buttons is a table with the following columns: Request Date, Patient Name, Member Id, Payor, Elg, CoPay, Ded, and Status. The table contains one row of data.

Request Date	Patient Name	Member Id	Payor	Elg	CoPay	Ded	Status
05/08/2009 01:14:27 PM			Health Alliance Plan				W

5. Open the Search section of portlet.
6. Key in search criteria as desired, then click **Search**. (More search criteria added will narrow results).

RESULT:

You have successfully searched for a response.

Managing the Provider List


Adding Providers

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

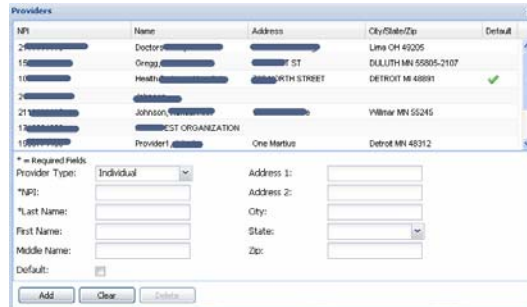
The screenshot shows the 'Submit Requests' web application interface. At the top, there are tabs for 'Submit Requests' and 'View Responses', with a 'Help' link on the right. Below the tabs, a pink box highlights the 'Lookup Patient' link. A message below the link reads: 'Please use Lookup Patient first. If Patient Not Found complete information below to submit request.' The form is divided into three sections: 'Patient Information' with fields for 'First Name', 'Last Name', 'Date of Birth' (MM/DD/YYYY), and 'Service Type' (30 - Health Benefit Plan Cover); 'Provider Information' with a 'Provider' dropdown (Health Partners Hospital), an 'Add Provider' button, and 'Service Dates' (12/15/2009 - 12/15/2009); and 'Payer Information' with 'Payer' and 'Member ID' dropdowns, and a 'Patient Is Dependent' checkbox. Below these sections are 'Add To List' and 'Clear' buttons. At the bottom, there is a table with columns: Patient Name, Date of Birth, Provider, Payer, Member ID, Service Start, and Service Type. The table is currently empty. At the very bottom are 'Submit List' and 'Clear All' buttons.

3. Click **Submit Requests** tab

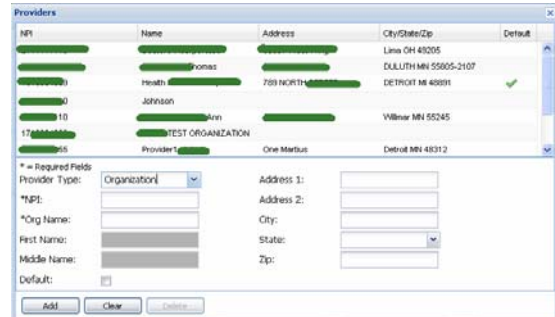
This screenshot shows the same 'Submit Requests' web application interface, but with the 'Add Provider' button in the 'Provider Information' section highlighted in a pink box. The 'Submit Requests' tab is selected at the top. The 'Lookup Patient' link is still visible. The form fields and layout are identical to the previous screenshot, including the 'Patient Information', 'Provider Information', and 'Payer Information' sections, the 'Add To List' and 'Clear' buttons, and the empty table at the bottom.

4. Click  **Add Provider** next to the Provider drop down menu. The Provider Management screen is displayed.

View the screen: Add Individual Provider Type



View the Screen: Add Organization Provider Type



5. Select *Organization* or *Individual* from the Provider Type drop down menu.
6. Key in the NPI code
7. If Organization provider type was selected (in step 5), key in the Organization name in the Org Name field.
8. If Individual provider type was selected (in step 5), key in the Individual's name in the Last, First, and Middle name fields.
9. Key in address information.
10. Enable the checkbox next to Default if you wish to make this the default provider in the drop down menu.
11. Click **Add**. The screen refreshes, and the provider is available for selection.
12. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:

You have successfully added a provider.

Changing the Default Provider

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

The screenshot shows a web application window titled 'Submit Requests' with a 'View Responses' link and a 'Help' icon. A red box highlights the 'Lookup Patient' button. Below the button is a note: 'First, if Patient Not Found complete information below to submit request.' The form is divided into three sections: 'Patient Information' with fields for First Name, Last Name, Date of Birth (MM/DD/YYYY), and Service Type (30 - Health Benefit Plan Cover); 'Provider Information' with a dropdown for Provider (Health Partners Hospital) and a date range for Add Provider Service Dates (12/15/2009 - 12/15/2009); and 'Payer Information' with fields for Payer, Member ID, and a checkbox for Patient Is Dependent. At the bottom are 'Add To List' and 'Clear' buttons. Below the form is a table with columns: Patient Name, Date of Birth, Provider, Payer, Member ID, Service Start, and Service Type. The table is currently empty. At the very bottom are 'Submit List' and 'Clear All' buttons.

3. Click **Submit Requests** tab
4. Click Add Provider next to the *Provider drop down menu*. The Provider Management screen is displayed.

The screenshot shows a 'Providers' management window. It contains a table with columns: NPI, Name, Address, City/State/Zip, and Default. The table lists several providers, with the last one, 'Provider1', marked as the default with a green checkmark. Below the table is a section for adding a new provider, starting with '* = Required Fields'. It includes a 'Provider Type' dropdown (set to 'Individual') and fields for Address 1, Address 2, City, State (dropdown), Zip, *NPI, *Last Name, First Name, Middle Name, and a 'Default' checkbox. At the bottom are 'Add', 'Clear', and 'Delete' buttons.

NPI	Name	Address	City/State/Zip	Default
21-XXXXXX	Doctors, XXXXX	XXXXXX	Lima OH 49205	
15-XXXXXX	Gregg, XXXXX	XXXX ST	DULUTH MN 55805-2107	
10-XXXXXX	Health, XXXXX	700 NORTH STREET	DETROIT MI 48891	✓
2-XXXXXX	Johnson, XXXXX	XXXXXX	Willmar MN 55245	
21-XXXXXX	XXXX EST ORGANIZATION	XXXXXX	XXXXXX	
15-XXXXXX	Provider1, XXXXX	One Martius	Detroit MN 48312	✓

The screenshot shows a web form titled "Eligibility Portlet" with a header bar containing "Submit Requests" and "View Responses" links. Below the header is a "Lookup Patient" section with a magnifying glass icon and a note: "Please use Lookup Patient first. If Patient Not Found complete information below to submit request." The form is divided into three main sections: "Patient Information", "Provider Information", and "Payer Information".

Patient Information

First Name: Date of Birth:

Last Name: Service Type:

Provider Information

Provider: **Add Provider** Service Dates: -

Payer Information

Payer: Member ID:

☐ Patient Is Dependent

Buttons at the bottom: "Add To List" and "Clear"

5. From the list, click on the name of the Provider you wish to select as the default. The screen refreshes, and the selected provider is identified in blue highlighter.
6. Enable the checkbox next to **Default**.
7. Click **Update**. The screen refreshes, and the default provider is modified.
8. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:

You have successfully changed the default provider.

Modifying Provider Details

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

The screenshot shows a web application window titled "Submit Requests" with a "View Responses" link and a "Help" icon. A red box highlights the "Lookup Patient" button. Below the button, a message reads: "First, If Patient Not Found complete information below to submit request." The form is divided into three sections: "Patient Information" with fields for First Name, Last Name, Date of Birth (MM/DD/YYYY), and Service Type (30 - Health Benefit Plan Cover); "Provider Information" with a dropdown for Provider (Health Partners Hospital) and Service Dates (12/15/2009 to 12/15/2009); and "Payer Information" with fields for Payer, Member ID, and a checkbox for "Patient Is Dependent". At the bottom of the form are "Add To List" and "Clear" buttons. Below the form is a table with columns: Patient Name, Date of Birth, Provider, Payer, Member ID, Service Start, and Service Type. The table is currently empty. At the bottom of the window are "Submit List" and "Clear All" buttons.

3. Click **Requests** tab
4. Click Add Provider next to the *Provider drop down menu*. The Provider Management screen is displayed.

The screenshot shows a "Providers" management screen. It features a table with columns: NPI, Name, Address, City/State/Zip, and Default. The table lists several providers, including "Doctors", "Gregg", "Health", "Johnson", and "EST ORGANIZATION". The "Default" column has a green checkmark next to "EST ORGANIZATION". Below the table is a form to add a new provider. The form includes a "Provider Type" dropdown (set to "Individual"), a "Default" checkbox, and fields for "Address 1", "Address 2", "City", "State" (dropdown), and "Zip". At the bottom of the form are "Add", "Clear", and "Delete" buttons.

The screenshot shows a web form titled "Eligibility Portlet" with tabs for "Submit Requests" and "View Responses". A link "Lookup Patient" is present. Below it, a note states: "Please use Lookup Patient first. If Patient Not Found complete information below to submit request." The form is divided into three main sections: "Patient Information", "Provider Information", and "Payer Information".

Patient Information

First Name: Date of Birth:

Last Name: Service Type:

Provider Information

Provider: **Add Provider** Service Dates: -

Payer Information

Payer: Member ID:

☐ Patient Is Dependent

Buttons at the bottom: "Add To List" and "Clear".

5. From the list, click on the name of the Provider you wish to edit. The screen refreshes, and the edit fields display current information.
6. Modify information as necessary.
7. Click **Update**. The screen refreshes, and the provider information is updated.
8. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:

You have successfully modified provider details.

Deleting a Provider

1. Select the practice from the Practice Chooser portlet. (If your office does not support multiple practices, skip this step).
2. Navigate to the *Eligibility* portlet.

The screenshot shows a web application window titled 'Submit Requests' with a 'View Responses' link and a 'Help' icon. The 'Lookup Patient' button is highlighted with a red rectangle. Below the button is a note: 'First, if Patient Not Found complete information below to submit request.' The form is divided into three sections: 'Patient Information' with fields for First Name, Last Name, Date of Birth (MM/DD/YYYY), and Service Type (30 - Health Benefit Plan Cover); 'Provider Information' with a dropdown for Provider (Health Partners Hospital) and a date range for Add Provider Service Dates (12/15/2009 - 12/15/2009); and 'Payer Information' with fields for Payer, Member ID, and a checkbox for Patient Is Dependent. At the bottom of the form are buttons for 'Add To List', 'Clear', 'Submit List', and 'Clear All'. Below the form is a table with columns: Patient Name, Date of Birth, Provider, Payer, Member ID, Service Start, and Service Type. The table is currently empty.

3. Click **Submit Requests** tab
4. Click Add Provider next to the *Provider drop down menu*. The Provider Management screen is displayed.

The screenshot shows a web application window titled 'Providers'. It contains a table with columns: NPI, Name, Address, City/State/Zip, and Default. The table lists several providers, including 'Doctors', 'Gregg', 'Health', 'Johnson', and 'EST ORGANIZATION'. The 'Default' column has a green checkmark next to 'DETROIT MI 48891'. Below the table is a section for adding a new provider. It includes a legend: '* = Required Fields'. The form has fields for: Provider Type (Individual), Address 1, Address 2, City, State (dropdown), Zip, *NPI, *Last Name, First Name, Middle Name, and Default (checkbox). At the bottom are buttons for 'Add', 'Clear', and 'Delete'.

The screenshot shows a web form titled "Eligibility Portlet" with tabs for "Submit Requests" and "View Responses". A "Lookup Patient" link is at the top. Below it, a message states: "Please use Lookup Patient first. If Patient Not Found complete information below to submit request." The form is divided into three main sections: "Patient Information", "Provider Information", and "Payer Information".

Patient Information: Includes fields for "First Name", "Last Name", "Date of Birth" (with a date picker set to MM/DD/YYYY), and "Service Type" (a dropdown menu currently showing "30 - Health Benefit Plan Coverz").

Provider Information: Includes a "Provider" dropdown menu showing "Health Partners Hospital", a green "Add Provider" button with a plus icon, and "Service Dates" (two date pickers set to 12/15/2009).

Payer Information: Includes a "Payer" dropdown menu with a red minus icon, a "Member ID" text field, and a checkbox labeled "Patient Is Dependent".

At the bottom right of the form are two buttons: "Add To List" and "Clear".

5. From the list, click on the name of the Provider you wish to delete. The screen refreshes, and the selected provider is identified in blue highlighter.
6. Click **Delete**. The screen refreshes, and the provider information is removed.
7. Click **Yes** to confirm deletion.
8. Click **X** at the top of the Provider Management screen to close and return to the portal.

RESULT:

You have successfully deleted a provider.