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Registration Changes

• An administrator will be assigned at the Group NPI level / Type II NPI.
• Administrators will grant access and permissions to all subsequent users.
  ✓ this includes external billers, referral coordinators, front desk etc.
• Administrators will be responsible for deleting or inactivating users who no longer require access.
Registration Changes

• Post go-live, administrators may self register.

• NOTE: the first person to register for the Group/Type II NPI will automatically be assigned as the administrator. It is important that immediate registration take place by the appropriate party to avoid confusion.

• Once an administrator is created, any subsequent request to register will be routed to the assigned administrator.
  ✓ the user will be notified who the Administrator is.

• If you are part of a large organization DMC, Trinity, Beaumont, MHP, Ascension etc. We have likely already designated an administrator for your group.
• Billers will need to be granted access by each owner of the Tax ID tied to a specific Group/Type II NPI.
  ✓ This means you may have more than one user ID.
  ✓ There will no longer be an option to have a single sign-on to access multiple accounts. Billers may go to the Clarity portal to access EOPs for multiple accounts under a single-sign on. View your EOP received in March for additional details on this option (also see slide 6).

• Total Health Care will no longer grant access for billers.
  ✓ All inquiries for access will be redirected back to the designated administrator.
Self registration is available on the Total Health Care Homepage at www.thcmi.com. Access by selecting “SIGN UP NOW”, then “I’m A Provider” from the following page.

Proceed by completing the required fields marked with an asterisk on the page(s) that follow.
How to Self Register an Admin

Select Practice from the ‘Search For’ drop down. If you select “Provider” access to a single practitioner rather than the entire practice will be granted.
EOPs are now obtained through our new Ventanex Provider Payment Portal with the access information received in the mail.

Link to Provider Payment (Ventanex) Portal
https://providerpay.secureconduit.net/

This link will also be located on our website.
Eligibility

To view eligibility:
- Select Eligibility from the OFFICE MANAGEMENT drop down
- Search options include either Last Name or Member/Medicaid ID AND Date of Birth

Recommendation: Search using “All Providers”
- By selecting a specific PCP, your search is narrowed to that PCP
Eligibility

- Select the patient name
- Select your provider’s name from the Requesting Provider drop down
- If your TIN is associated with many doctors, you will have to type the name of the provider and select ADD
- Select Submit Eligibility Request
Eligibility

- Information includes demographic information, group number, product.
- End date is defaulted to 1/1/3000 if member is active.
- Benefits can be found by hovering over “Benefit Documents” and selecting “Benefit Plan Details” from the pop up.
Eligibility

• Eligibility can also be searched under Patient Management
  ✓ Select Search Patients
  ✓ Search and select patient (see page 7&8)

• Recent Searches will appear in the drop down

• Select Benefits and Eligibility to view the selected patient’s information
Referrals

- Search and Select the desired patient from PATIENT MANAGEMENT and “Search Patients” drop down

- Search patient using required fields

- Select SEARCH at the bottom of page once required fields are completed
Referrals

Selected Patient information will appear

NOTE: You must be listed as the patient's PCP in order to generate a referral

Select your member from the Patient Search Results page
Referrals

• Once the patient is selected, choose “Referrals/Authorizations” from the Patient Management drop down.

There are two Referral templates
  ✓ Specialist
  ✓ Outpatient

Select the type of referral you want to process.
Referrals

- Complete the required fields shown by * and select SUBMIT at the bottom of the page.

**NOTE:**
- Requesting provider must be patient’s assigned PCP.
- Servicing provider can be a physician (specialist referral) or a facility (outpatient referral).
- To search, type the name of the location or practitioner NPI will display, however provider cannot be searched by NPI.
Referrals- IMPORTANT NOTES

- **“Paperwork”** - These fields are required if you are submitting an attachment. By uploading supporting documentation to your request, UM can review services that require a prior authorization. Uploading is in lieu of faxing.

- **Pended requests**
  - ✓ indicate a need for final Approval by Total Health Care
  - ✓ submission of supporting clinical documentation is **required** to begin processing
  - ✓ Type or attach supporting documentation to the request or Fax to Total Health Care - 313.748.1312
  - ✓ Please **DO NOT** submit another request if your request pends
Searching Referrals and Authorizations

- Search for patient referrals
- Search and select desired patient under PATIENT MANAGEMENT (see page 7)
- Select Referrals/Authorizations

- Search options include
  - Requesting provider
  - Servicing Provider
  - Request Number
  - Date Range
Searching Referrals and Authorizations

- Referrals and Authorizations can also be searched under the Office Management drop down.

- Search the request number in the “Search by Request Number” field at the top of the page OR select “Advanced Search” for additional search options.

- To search a patient or provider you have not searched before be sure to first select the
Referrals and Authorizations- Creating Templates

- You now have the opportunity to create referral templates for future use

  ✓ Create a new request and fill out the fields you wish to save on your template

  ✓ Select SAVE at the bottom of the page

  ✓ Check the box that says Save As template and name your Template

  ✓ Select SAVE
• To access your saved Template
  ✓ Select Referrals/Authorizations
  ✓ Select your template under Custom Templates
Referrals and Authorizations

• Each tile can be selected to display the corresponding referrals and authorizations

• Requests on the dashboard can be customized to show requests made within the last
  ✓ 7 days
  ✓ 2 weeks
  ✓ Month
  ✓ Year
Claim status

- Select “Claims” under the OFFICE MANAGEMENT drop down
- Claims can be searched on any of the following
  - Claim number
  - Date of Service
  - Patient
  - Provider
Remittance Advice

Select “Claims” under the OFFICE MANAGEMENT drop down

Remittance Advice can be searched on any of the following:

- Provider
- Tax ID
- Practice
- Check Number
- Check date
Remittance Advice

- Select the check number from the Remittance Advice Search Results

- EOP will display below the Claim detail
Remittance Advice

- Detail can also be viewed by selecting the claim number
- At the bottom of the Claim Status Detail page view the Service Line Information
- Explanation of payment is located below under “Payor Remarks”
Member Roster

- View member roster by selecting “Reports” under OFFICE MANAGEMENT

- Select Roster type
  - Member Roster by PCP
  - Member Roster by Practice
Member Roster

- To view all current members
  - Do not change default settings under “Select Type of Members”
  - Select the practice from the Practice drop down (Member Roster by Practice Report)
  - Select the provider from the provider drop down (Member Roster by PCP report)
Adding Users

- **Administrators** will be responsible for creating additional users.

To add a user under the admin:
- Select System Admin from the ADMINISTRATION drop down.
- Select ADD USER.
- Fill in all required fields.
Adding Users

- Select ADD under User Role Maintenance
- Choose the role you want to assign to the user
- Entity List should auto populate with your practice name
- Choose SELECT ROLE
- Review the role you selected displays at the bottom of the page and Submit

**IMPORTANT:** if you do not select the SUBMIT button (above User Role Maintenance) after adding a role your user will not save
Adding Users

Once you have submitted your registration correctly you will arrive at a review page of your submission.

NOTE: If you do not arrive at this page, your submission is not complete.
Adding users - Creating users with the ability to add users

• To give access to a user that will be granting access to others:
  • Follow the steps to create a user on page 26-28 granting the role Provider office manager
  • Select the users name under system admin
  • At the bottom of the page select the Local Administrator check box and fill in the required address field below
  • Select SUBMIT
Contact Us

For questions related to user names and passwords please contact our portal vendor directly:

HealthTrio
877.814.9909

All other questions, please contact

Total Health Care - Provider Relations
844.THC-DOCS or 844.842.3627