Chapter 2: Online Services

Washington Healthcare Forum

The Washington Healthcare Forum is a coalition of physicians, medical clinics, hospitals, health plans, and associations that joined together to improve the healthcare system and reduce administrative burdens.

Premera actively participates in the Forum and supports the administration simplification policies and guidelines. To learn more about the Washington Healthcare Forum, visit the Forum's website at wahealthcareforum.org.

Administrative Simplification

The Washington Healthcare Forum steering committee identified specific projects that met the following criteria:

- Reduce staff costs to refer, authorize, bill, and process claims
- Decrease turnaround time between claims submissions and payment
- Improve the patient experience

In 2008, the Forum created the WorkSmart Institute and asked OneHealthPort (OHP) to manage initiatives going forward. Administrative Simplification policies and guidelines are available for the following areas:

- Claims Processing
- Practitioner Credentialing
- Referral and Prospective Review

OneHealthPort

OneHealthPort (OHP) is a healthcare security service that provides access to multiple sites through a single sign-on feature. The OneHealthPort ID allows access to participating sites and online services, including: health plan sites, clinical sites, administrative tools, and clinical tools. Some of the online services are fee-based, but the basic OneHealthPort service is offered free of charge to health professionals (the costs of the service are paid by the participating sites). OneHealthPort registration is free. Once you register, you will receive a user ID and password, which allows you to access our secure provider website. **Please visit onehealthport.com to learn more.**

Provider Website

Our provider website contains secure pages and non-secure pages. To access the secure pages of our website, you will need a secure login ID and password from OneHealthPort.

Our provider website is your source for:

- Member eligibility and benefits information
- Claims status information (per patient, provider, or clinic)
- Explanation of payments
- Prospective review request submission and status
- Provider tools and forms
- Provider communications and manuals
- Reference information

Provider Website – Secure

To access patient information within the secure area of the provider website, you must first complete a one-time, free registration with OneHealthPort. Then you can access the secure area by entering your user ID and password. The options listed below are located in the secure area of the website.

Find a Doctor

Click on the *Find a Doctor* link that appears on the left-hand side, under *Tools*, to confirm that the information listed for the providers in your office is correct. If you see a discrepancy, call Physician and Provider Relations at 877-342-5258, option 4.

RX Search

RX Search takes you to the pharmacy section of the website. Once on the pharmacy page, click on **Drugs Requiring Approval** to view the prior authorization drug list and download necessary forms to request approval.

Eligibility and Benefits

You can obtain member eligibility and benefits by entering two of three selections provided:

- Member ID and suffix (suffix is optional)
- Last name, first name
- Date of birth

You can search up to 24 months prior to the current date. (***Note:*** Field defaults to the current date.)

BlueExchange

By clicking on the BlueExchange box in the Eligibility and Benefits search tool or on the Claims & Payments tool, you can look up patient information using Blue Cross Blue Shield data exchange. When accessing BlueExchange Eligibility and Benefits, you will need the patient alpha prefix, member ID number and one of the following:

- Last name, first name
- Date of birth

Claims & Payments

Using the Claims & Payments Search tool, you can easily search for claims or payments, then look up, print, and download PDF copies of your explanations of payment (EOPs). Claim status is available for viewing up to 24 months prior to the service date. EOPs are available for viewing up to 24 months prior to the payment date. View claim status by entering patient, physician or clinic, provider, or member information. Claim detail for completed claims includes:

- Dollar totals
- Payment reference number
- Check number and cash dates
- Diagnosis codes
- Secondary insurance payer information
- Claims editing rationale (when available)
- EOP attached to the claim once it is finalized

View your EOP by searching under "Payments" by entering a date span, payment reference ID number, payee name, or payable amount. The electronic EOP contains the same information as the paper EOP mailed to providers, with the Provider Summary and the Payment Detail, as well as the Statement of Overpayment Recovery Activity (SORA), if one was included.

EOP statement files must be downloaded before they are available to view; selecting "Request EOP" starts the processing of the electronic EOP. Once requested, your EOPs are added to a library. The library can be found by selecting the "My EOP Documents" link on the right side of the Claims and Payments Search page. While your EOP file is being created, status will show as "Processing" until it's completed. While it's processing, you can leave the library and return later. When you see "view" as your status, the EOP is ready.

Electronic Funds Transfer

Sign up today for Electronic Funds Transfer (EFT) and save a trip to the bank! The online EFT enrollment tool is available on the left menu of the secure provider website.

Claims Editor

The Claims Editor **What If Tool** tests hypothetical billing scenarios and code combinations to determine which claims-editing rules apply. *Note:* The What If Tool does not provide historical, eligibility, specific member benefit, or cross-claims editing information.

Change Clinic / Facility

If your OneHealthPort login is affiliated with more than one organization, you can use the Change Clinic/Facility tool to change affiliations at any time. When you using our secure web tools, remember that the organization under which you're currently logged in gives you access only to that particular organization. You can tell which affiliation you are logged in under by viewing the organization name in the top right corner of the page.

Submit Estimate / Claim

The Real-Time Estimate/Claims tool generates estimates of the patient's share of cost prior to or at the time of service for those services billed on a CMS-1500 form. The calculation response is delivered within seconds based on the following:

- Contract pricing for each specific physician or provider
- Patient eligibility
- Patient current deductible, coinsurance, or copay
- All accumulators met to date and out-of-pocket maximum

For best results:

- Set the Internet browser to allow pop-ups
- Create templates for common services to save keying time
- Maximize the screen and reduce scrolling by clicking on the small black arrow located on the left navigational menu
- Use the help file for detailed, step-by-step instructions and more tips

Prospective Review

Our newly enhanced Prospective Review Tool is a convenient way to submit and check pre-service reviews during the day and after hours, helping to reduce calls and save time.

Use this secure tool to:

- Determine if prior authorization is required or pre-service review is recommended
- Submit a new review request
- Check the status of an existing review

Advanced Imaging

Certain advanced imaging services are subject to the pre-service review process and an order number must be obtained. For specific information including a CPT code list, clinical guidelines and a link to AIM Specialty Health, click on the Advanced Imaging link under Tools.