

MyPlan: THP's Primary Provider Portal

User Guide



1110 Main Street, Wheeling, WV 26003



Effective January 1, 2023, MyPlan is THP's Primary Provider Portal

Register

Begin registration by visiting myplan.healthplan.org/Register

Resources & Functions

Providers and their staff can access The Health Plan's (THP) [secure portal](#) to:

- Verify Member eligibility & benefits
- Submit and check claims status
- View payment vouchers
- Access Announcements and the Resource library

Through a single sign on, Altruista GuidingCare® enhancement gives providers access to directly communicate with THP clinical staff and a better view into:

- Prior Authorizations (with the ability to upload documentation)
- Disease and Case Management
- Care Coordination
- Quality Measures/Care Gaps



All features are available and active prior to January 1, 2023.

Request a training or demo of the portal by contacting your area's Practice Management Consultant.

Visit our website to view our network map –

“For Providers” tab → “Meet your PMC”

<https://www.healthplan.org/providers/overview/meet-practice-management-consultant>

Home

Providers can view upcoming events and sign up for Provider Communications

- Event Example: Regional Education Seminars
- Communications Example: ProviderFocus Newsletters

Quick Claim Search option

- 10-digit claim number is required

Change Account Details (“My Account”)

- Change password
- Clear & Reset security questions
- Resend Confirmation Email

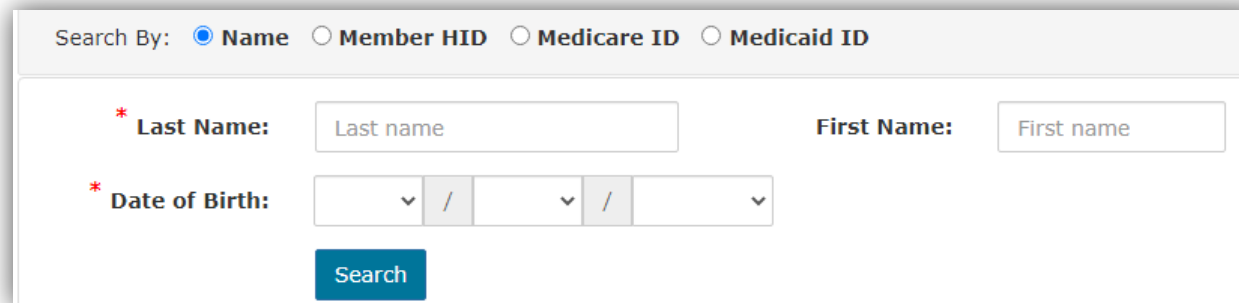
Search Patients

Providers have multiple ways to search patients. A specific patient can be found by searching either by:

- Last & First Name and Date of Birth
- Member HID Number (Identification number on patient's card)

Must include suffix separately

- Medicare ID #
- Medicaid ID #



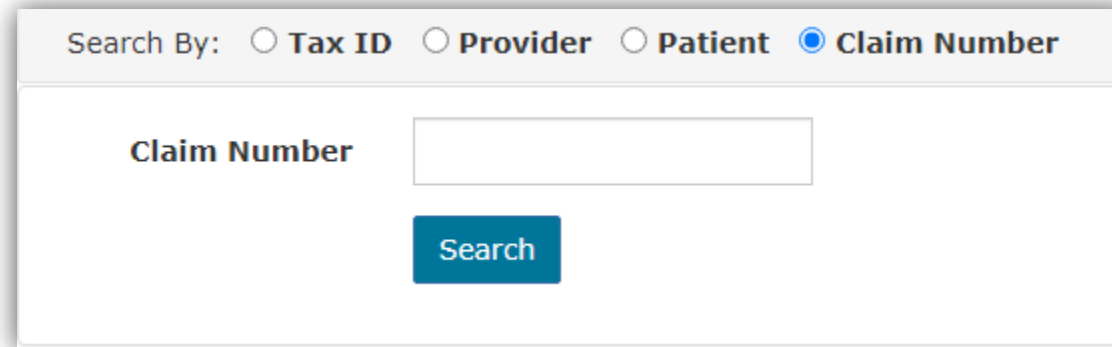
The screenshot shows a search form with the following elements:

- Search By:** Radio buttons for **Name** (selected), **Member HID**, **Medicare ID**, and **Medicaid ID**.
- Last Name:** A text input field with the placeholder "Last name".
- First Name:** A text input field with the placeholder "First name".
- Date of Birth:** Three dropdown menus separated by slashes, with a red asterisk indicating it is required.
- Search:** A blue button.

Claims

Providers checking claim status can narrow results by searching by:

- Group Tax ID
- Rendering Provider
- Patient
- THP Claim Number



The screenshot shows a search interface with the following elements:

- Search By:** A row of radio buttons with labels: Tax ID, Provider, Patient, and Claim Number. The **Claim Number** option is selected.
- Claim Number:** A text input field with a light gray border.
- Search:** A blue rectangular button with white text.

Claim Status Types: Paid, In Process, Denied, Credit (Takeback), Adjusted, Re-Submitted

Claims Cont.

Submit a Claim

Member HID # and Date of Service are required to begin

- The “H” is already entered
- Date of Service is defaulted as today’s date

Complete each section to ensure accurate processing

- Ability to add multiple diagnosis for each procedure when adding a line

Once the claim is submitted, a notification of status will populate. Unaccepted or Rejected claims will need to be corrected and resubmitted

- Reason why a claim might be rejected: Provider or member Information entered on claim form was incorrect

Authorizations

A list of codes is available to help providers determine if prior authorization is required

Submit an Authorization – MyPlan

Member HID # and Date of Service are required to begin

- The “H” is already entered
- Date of Service is defaulted as today's date

**Below ‘Patient Information’, ‘Ordering Provider’ information is required to be completed.
Select a provider from the drop-down list and information will auto-populate.**

Authorizations Cont.

Depending on the procedure code, the provider will be re-directed through a single sign on to **Altruista GuidingCare or eviCore.**

- Examples of authorization types through eviCore: Durable Medical Equipment (DME), Radiology, and Cardiology

Check Authorization Status - MyPlan

Search by: Authorization #, Provider, Member Name, or Member HID #

Manage my Authorizations

Providers will be redirected to Altruista GuidingCare to review authorization details

All authorizations submitted through the portal will show.

- * If an authorization was submitted through fax or via phone, it will **not** show on the provider portal. *

Results can be filtered by: Authorization Type, Priority, and Creation Date

Roster

Providers can view a roster of all members, current or historic

- Search options: Individual Provider or Tax ID
- To export the roster to Excel, choose “Download”

Vouchers

Providers can access a remittance by searching with: Tax ID, Individual Provider, or Check Number and selecting a date range

- THP Suggests searching by tax ID

Once the correct date range and tax ID are chosen, a list of vouchers will populate

- Providers must click on the green date for the voucher to open
 - Vouchers will open in a new tab/window

Vouchers Cont.

Date	Voucher	Provider	Check #
10/19/2022	The Health Plan		

- Section 'Voucher' will indicate the group
 - "THP Insurance Company" and "The Health Plan" are vouchers for members that do **not** have a Self-Funded plan
 - The name of the member's employer will show if the voucher is for a Self-Funded plan member
- Section 'Provider' indicates the rendering provider name
 - The group name will show if claim didn't require the rendering provider NPI or the rendering provider is hospital based or not credentialed with THP.
- If a check number isn't present, this indicates no payment was made or that claims are processing.

Resource Library

Forms

Electronic Claim Fax Cover Sheet

- Providers are required to use this form when submitting supporting documentation for an electronic claim e.g., medical records
 - One cover sheet is required per claim

Provider Onboarding and Credentialing

- *Credentialing Request*
 - Groups that are already contracted with THP and have a provider that is joining the group and needs credentialed to see THP members will complete and return this form

Resource Library Cont.

- **Practice Update**

- Groups that closed, moved, or opened a practice location will complete and return this form
- Groups that are shutting down completely will complete and return this form

- **Provider Term Request**

- Groups that have a provider(s) leaving their group will complete and return this form

- **Remittance Update**

- *Groups that have a new remittance or 1099 billing address will complete and return this form*

- **Announcements**

- Topic specific provider communications are posted on this section of the provider portal

- **Training & Education**

Required provider trainings:

- Cultural Competency/SDoH
- DSNP
- Fraud, Waste, & Abuse

THP Provider Portal Section Walkthrough



Manage My Members

This section will redirect providers straight into Altruista GuidingCare

The dashboard is a high-level overview of areas. Providers can navigate through the tabs and tiles to get more comprehensive information.

The screenshot shows a dashboard interface with a blue header and a left-hand navigation menu. The dashboard is titled "Dashboard" and has two tabs: "Population" (selected) and "Quality Measure Performance". In the top right corner, there is a notification for "Email Notifications: ".

The main content area consists of several data tiles:

- CARE PLAN:** 0 New / Updated Care Plan(s), 0 Review Care Plan
- ACTIVITIES:** 2 Pending Activity Request(s), 0 Unread Message(s)
- MY MEMBERS:** 0 New Member (Last 30 Days)
- QUALITY MEASURES:** 0 Not Addressed, 0 In-Progress
- CARE TRANSITIONS ADT:** 0 Member(s) with Not Addressed Status, 0 Member(s) with In-Progress Status
- CARE TRANSITIONS IP:** 0 Member(s) with Not Addressed Status, 0 Member(s) with In-Progress Status
- AUTHORIZATIONS (LAST 30 DAYS):** 0 Pending, 0 Denied, 0 Approved, 1 Partially Approved, 0 Others
- IN-PATIENTS ADMISSIONS & DISCHARGES:** 0 New Admissions (Last 30 days), 0 New Discharges (Last 30 days)
- EMERGENCY DEPARTMENT DISCHARGES:** 0 Discharges (Last 30 days)
- ASSESSMENTS:** 0 Pending Requests

The left-hand navigation menu includes icons for: My Members, Quality Measures, Admission/Discharges, My Calendar, Knowledge Library, Requests, and Authorizations.

Manage My Members Cont.

Care Plan

- View, sign off, or reject a members care plan

MyMembers

- New members assigned to a provider within the last 30 days
 - View all membership associated to the providers by clicking into the MyMembers tab
 - Information can be narrowed by provider
 - Export to excel option
 - Providers can dive deeper into a member's case management by clicking on a specific member name
 - Member's care givers and care team information
 - Details of current and past care plans
 - Advanced Directives can be viewed, added, or edited
 - If the chosen member has any authorizations, those will display in the Authorization tab

Manage My Members Cont.

Quality Measures

Number of measures that have not been addressed or are in progress will show on the dashboard tile

- View all quality measure information by clicking into the Quality Measures tab
- Status Symbols:

Completed	
Not Applicable	-
Not Completed	

Activities

- New Messages from members of THP's care team sent through the portal

Manage My Members Cont.

Authorizations

- Number of authorizations submitted within the last 30 days will show on the dashboard tile
- Providers can view authorizations by clicking into the Authorizations tab.
 - * Only authorizations submitted the portal will show *
- Providers have the option of beginning an authorization here by clicking on the Inpatient or Outpatient icon

In-patient, Admissions, Discharges

- Number of new admits and discharges within the last 30 days will show on the dashboard tile