



**Florida  
Health Care  
Plans®**



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# **FHCP PROVIDER PORTAL USER GUIDE**

Revised October 2021

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## Introduction

Welcome to the **Florida Health Care Plans (FHCP)** Provider Portal User Guide. This guide contains important information on using the FHCP Provider Portal. In this portal, you will be able to:

- Perform a Real-Time Eligibility and Benefits verification for a patient
- View the status and details of prior authorizations requests
- View the status and details of submitted Claims
- View and print your RedCard Remittance Advice
- Generate a Continuity of Care document (CCD) for a patient
- Access Commonly Used Resources
  - Patient Forms
  - Formularies
  - Provider Resource Guide (PRG)
  - Referral Guides by County

## Initial Account Registration Process

Registering for the Provider Portal is quick and easy, but there are some things to keep in mind before doing so. The first individual that registers for a practice is assigned the role of Local Administrator. In most cases, the Office Manager should be assigned this role. The Local Administrator has access to all standard features, plus the system Administration feature for setting up and overseeing all other users of the registered office.

### Registration Process

During the registration process, you will establish your user ID, password and security questions (required to reset a forgotten password). The following items are required for registration:

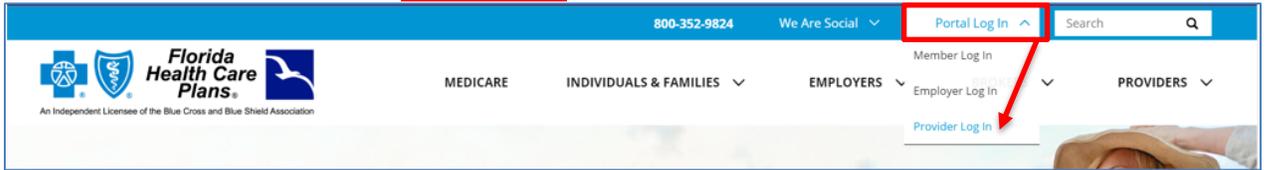
- Tax ID and name of your practice/organization
- Vendor ID – This number is given at contracting and is located on your organization’s Remittance Advice (RA) supplied by FHCP
- A business email address

**The steps required for Provider Portal access are listed below:**

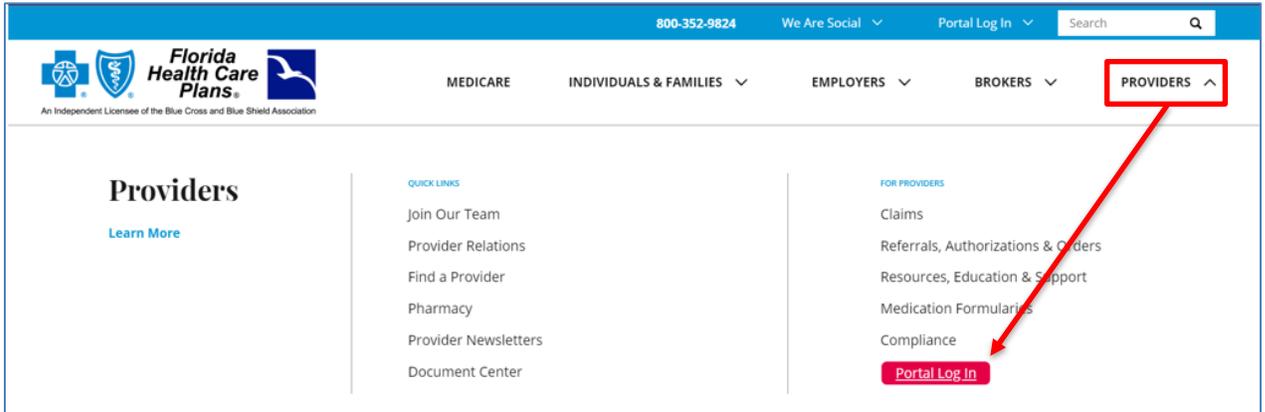
1. From [www.fhcp.com](http://www.fhcp.com) click on either the **Portal Log In** drop down or on the **PROVIDERS** tab in the upper right-hand corner.



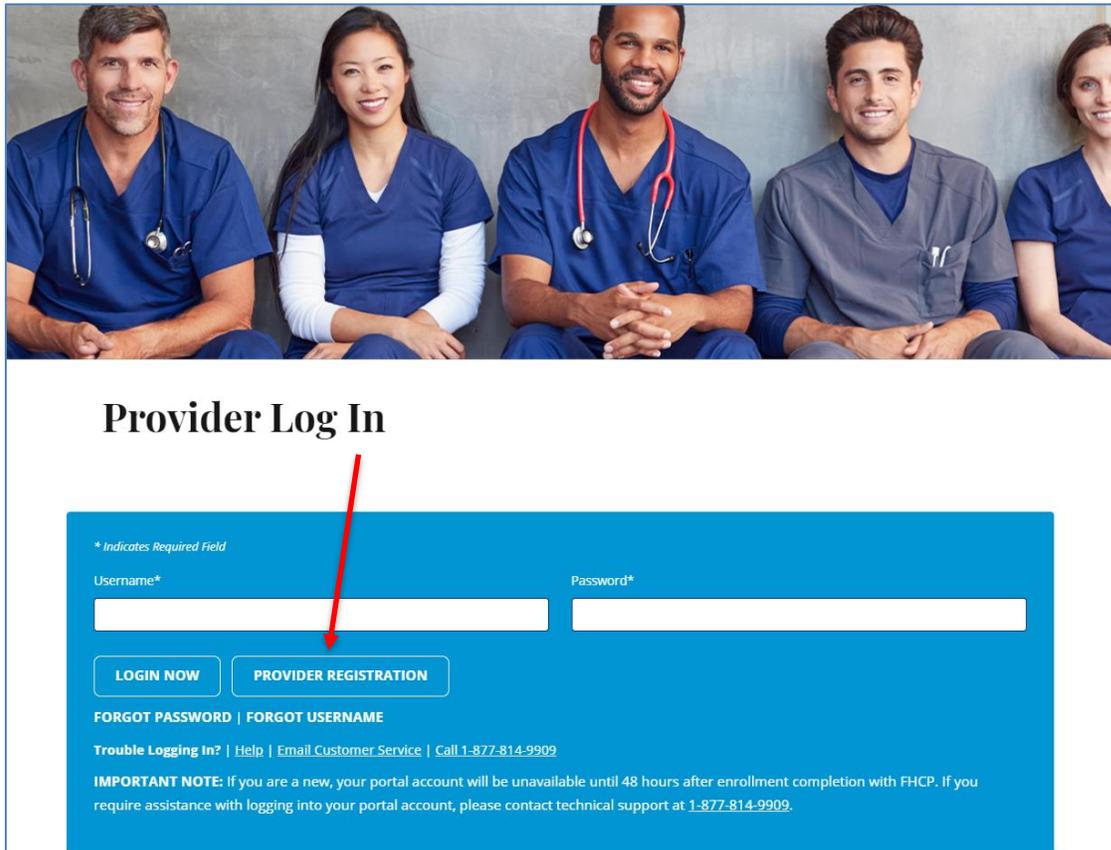
2. By using the **Portal Log In** drop down, select the **Provider Log In** option. If you clicked **PROVIDERS**, select the red **Portal Log In** button (as shown in the images below).



OR



3. The **Provider Log In** window displays – select the **PROVIDER REGISTRATION** button to bring you to the fillable application.



4. Once the **Provider Registration** button is selected; complete the application as required.
  - Required fields are marked with a red asterisk \*
  - Create your username and password (Store this for logging in)
    - Must contain at least 1 upper case letter
    - Must contain at least 1 special character such as @, #, \$, %, &, \* and +
    - Must contain at least 1 number
    - Must not contain your first or last name
  - Create three (3) security questions (**required for password resets**); users will be required to 'reset' their security questions when changing their password
    - Must not contain your name
    - Must not contain your password
    - Are case sensitive

**User Information**

IMPORTANT:

FHCP will grant access to the provider portal to ONLY providers that participate in an FHCP network.

If you are an existing user of the Connect system please login. [Click here to start your session.](#)

First Name *	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name *	<input type="text"/>
Title *	<input type="text"/>
E-Mail *	<input type="text"/>
Confirm E-Mail *	<input type="text"/>
Office Phone *	<input type="text"/> <small>Example: (555) 555-5555</small>
Extension #	<input type="text"/> <small>Example: 123456</small>
Office Fax	<input type="text"/> <small>Example: (555) 555-5555</small>
User Name *	<input type="text"/>
Password *	<input type="password"/>
Confirm Password *	<input type="password"/>
Security Question 1 *	<input style="width: 100%;" type="text"/>
Security Answer 1 *	<input type="text"/> <small>Your answer may not contain your username.</small>
Security Question 2 *	<input style="width: 100%;" type="text"/>
Security Answer 2 *	<input type="text"/> <small>Your answer may not contain your username.</small>
Security Question 3 *	<input style="width: 100%;" type="text"/>
Security Answer 3 *	<input type="text"/> <small>Your answer may not contain your username.</small>
Local Admin	<input checked="" type="checkbox"/> As the primary registrant, you are automatically a local admin

5. FHCP will confirm or deny your registration within three (3 to 5) business days. Our Vendor, HealthTrio, will notify you via email when your account is available for use.

## Logging into Provider Portal

Use the credentials you created during registration (see step 2-4 above) and log into the FHCP Provider Portal, using the login link from <https://www.fhcp.com/provider-login/>

## Portal User Agreement

Initial login to the Provider Portal will prompt the required Provider Portal User Agreement. Please read the Portal User Agreement and **click Accept** to continue to the home page.

## FHCP Provider Portal Home Page

When you sign into the Provider Portal, the Home Page displays. The Home Page consists of the top navigation menu bar, a welcome screen that is updated with pertinent information from FHCP, and some quick link buttons for commonly used functions. Much of the FHCP Provider Portal content is actionable. Clicking on content often opens additional information.

The screenshot shows the FHCP Provider Portal Home Page with several callouts:

- Takes you back to the home page:** Points to the Home link in the top right navigation bar.
- Portal Support Information:** Points to the Support link in the top right navigation bar.
- Current User and Role:** Points to the user profile area showing "Hello, Christie Benishek" and "Role: FHCP Office Manager".
- Top Navigation menu options beneath:** Points to the menu items: PATIENT MANAGEMENT, OFFICE MANAGEMENT, RESOURCES, FORMS, and ADMINISTRATION.
- Quick Access to often used links:** Points to a red-bordered box containing three buttons: "Change Your Password", "Change Your Email", and "Provider Portal Support".
- Provider Portal Homepage Carousel is frequently updated with announcements and new features:** Points to a carousel banner for the "2020 FHCP WINTER PROVIDER NEWSLETTER".
- Quick Access to some Resources:** Points to a section with two "View" buttons for "FHCP Provider Portal Quick Guide" and "Provider Portal User Guide".

**Toolkit**

- Patient Search
- Benefits & Eligibility
- Claims & RAs (EOPs)
- Referrals & Authorizations
- Quality Reporting
- DME Orders (Apria)
- Referral Guidelines:
  - Brevard County
  - Volusia and Flagler Counties
  - Seminole County
  - St. Johns and Putnam Counties

**Patient Search**  
Search for an FHCP member by name or member number.  
[Search]

**Claims & RAs (EOPs)**  
Search by FHCP claim number or member number.  
-Select- [v] Search... [Search]

**Quick Access to often used links:**

- Change Your Password
- Change Your Email
- Provider Portal Support

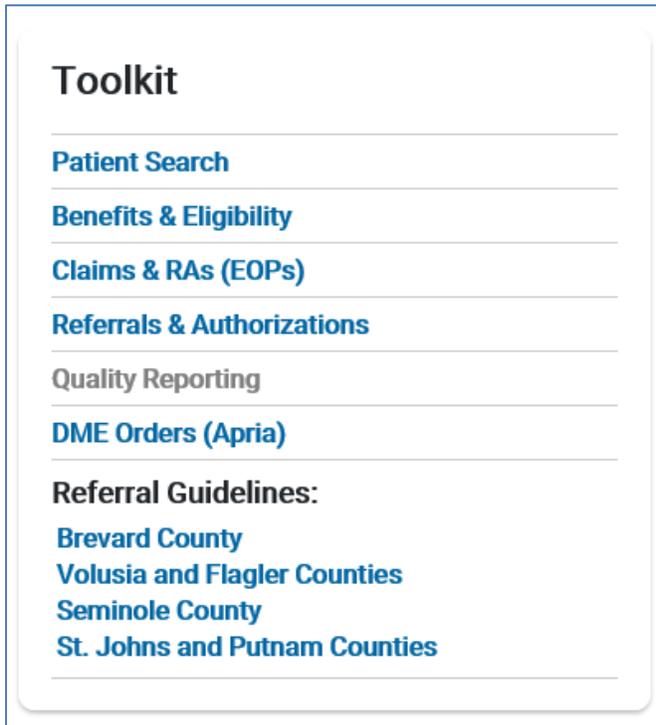
**Quick Access to some Resources:**

- FHCP Provider Portal Quick Guide  
A quick guide for easy reference of the FHCP Provider Portal. [View]
- Provider Portal User Guide  
Guideline containing important information on using the FHCP Provider Portal. [View]

**Note:** Some features or menu locations may change as we add future enhancements to the portal

## ToolKit

The Provider Portal has a **ToolKit** conveniently located on the Homepage. In this Toolkit, you will find a variety of frequently used functions, right at your fingertips!



### Patient Search

This link will bring the user directly to the **Patient Search** display. Additionally, this function can be performed under the **PATIENT MANAGEMENT** menu.

### Benefits & Eligibility

This link directs the user to the Eligibility Search screen found under the **OFFICE MANAGEMENT** menu. **Please Note:** When filling out the search screen, ALL the fields with the denoted blue dot need to be completed in order to run the transaction.

### Claims & RAs (EOPS)

This link guides the user to the **Claims Status Search** screen. Additionally, this function can be performed under the **OFFICE MANAGEMENT** menu, by clicking **Medical Claims Search**. The most effective way for the user to conduct a search, would be to utilize the TIP box at the top of the screen.

### Referrals & Authorizations

This link leads the user to the **Referral & Authorizations** search screen. Reference the Referrals and Authorizations section for full details on how to efficiently search using this screen.

## Quality Reporting

This link is currently **“Under Construction”** and the user guide will be updated once the enhancements have been made.

## DME Orders (Apria)

This link drives the user to the **DMEhub**, which is Apria’s Online Web Portal. With this portal, the user will be able to submit their DME orders electronically. Once an account is created, the user will be contacted for one-on-one training. **DMEhub** offers same day acceptance/processing and prequalifies your order for acceptance or rejection.

## Referral Guidelines by County

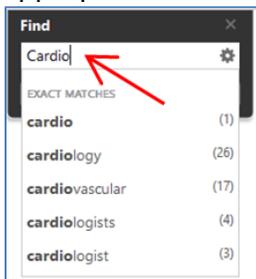
**Referral Guidelines:**

- [Brevard County](#)
- [Volusia and Flagler Counties](#)
- [Seminole County](#)
- [St. Johns and Putnam Counties](#)

These links make the Referral Guidelines easily accessible to the user and are updated monthly. These guides are interactive as well – **NO** need to scroll!

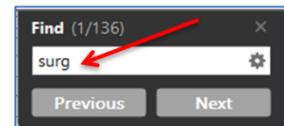
### Helpful Tips when navigating these guides:

- By typing Ctrl + F – it brings up the “Find” function box. By typing the Specialty in the “Find” box, it will display exact matches to the user. The user should then select the appropriate match they are trying to reference (as shown below)



- Additionally, the user can type in a part of a Specialty such as “surg”

Everything in the Table of Contents that matches will highlight in blue. The user should then select the specialty they are trying to reference



SUBSTANCE ABUSE – OUTPATIENT	ES
SUBSTANCE ABUSE – PARTIAL	ES
SUBSTANCE ABUSE – RESIDENTIAL	ES
SUBSTANCE ABUSE – SUBOXONE INDUCTION SERVICES	ES
SURGERY-CARDIOVASCULAR	ES
SURGERY-COLON	ES
MINOR SURGICAL CLINIC	ES
SURGERY-GENERAL	ES
SURGERY-GENERAL(CONTINUED)	ES
SURGERY-HAND	ES
SURGERY-NEURO	ES
SURGERY-ORAL	ES
SURGERY-ORTHOAEDICS	ES
SURGERY-ORTHOAEDICS (CONTINUED)	ES
SURGERY-ORTHOAEDICS (CONTINUED)	ES
SURGERY-PLASTIC	ES
SURGERY-RECTAL	ES
UROGYNECOLOGY RECONSTRUCTIVE PELVIC SURGERY	ES
SURGERY-VASCULAR	ES
PERIPHERAL VASCULAR INTERVENTION	ES
SURGERY-VASCULAR (CONTINUED)	ES
SURGICAL FACILITIES	ES
SURGICAL FACILITIES (CONTINUED)	ES

- Once selected, it transports the user directly to the specialty, under the Table of Contents. Click on the specialty. That will then lead the user to the desired selection

CARDIAC CATHETERIZATION .....	21
CARDIAC MONITORING .....	22
CARDIAC REHABILITATION .....	22
<b>CARDIOLOGY</b> .....	23
CARDIOLOGY (CONTINUED).....	25
CARDIOLOGY- NUCLEAR .....	26

<b><u>CARDIOLOGY</u></b>		
Stephen Minor, M.D. #10P180 Ryan A. Smith, D.O. #068788 David Williams, M.D. #000706 Patients 18 years and older <b>Records needed prior to scheduling</b>	FHCP Center 350 N. Clyde Morris Blvd., Daytona Beach, FL 32114  740 Dunlawton Ave., Port Orange, FL 32127  <b>MEDICAL RECORDS FAX – 386 / 481-5009</b>	386 / 238-3289 Fax: 386 / 238-3296 386 / 238-3289 Fax: 386 / 238-3296
Robert Bianco, M.D. #005086 Patients 18 years and older	FHCP Center 145 City Place, Palm Coast, FL 32164  <b>MEDICAL RECORDS FAX – 386 / 481-5009</b>	386 / 302-0975 Fax: 386 / 302-0976

- Alternately, if the user is unsure of the Specialty they are searching for, Ctrl + F might not be ideal. In this case, scrolling through the Table of Contents to find the Specialty, would give the user a better experience. When the Specialty has been located, the user should click directly on the line from the Table of Contents. This will bring the user to the section of their choice
- By typing **Ctrl + Home** – That will bring the user back to the top of the PDF document
- Any Specialty highlighted in **BLACK**, indicates **pre-authorization** is needed

<b><u>BARIATRIC SURGERY PROGRAM</u></b>		
Joel Sebastien, M.D., FACS	East Coast Bariatrics at Halifax Health 201 N. Clyde Morris Blvd., Ste. 210, Daytona Beach, FL 32114	386 / 238-3208 Fax: 386 / 238-3234

## Search Tools

There are two Search Tools on the home page of the Provider Portal. These Searching Tools are quick and easy to use if the user already knows the information they are searching.

### Patient Search –

This is a quick access search button for the user to run a Patient Search. To use this screen, reference the **PATIENT MANAGEMENT** section, titled “Search for a Patient”.

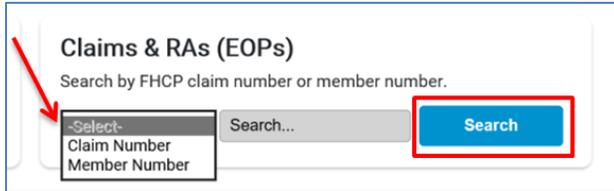
**Patient Search**

Search for an FHCP member by name or member number.

Search

### Claims & RAs (EOPs) –

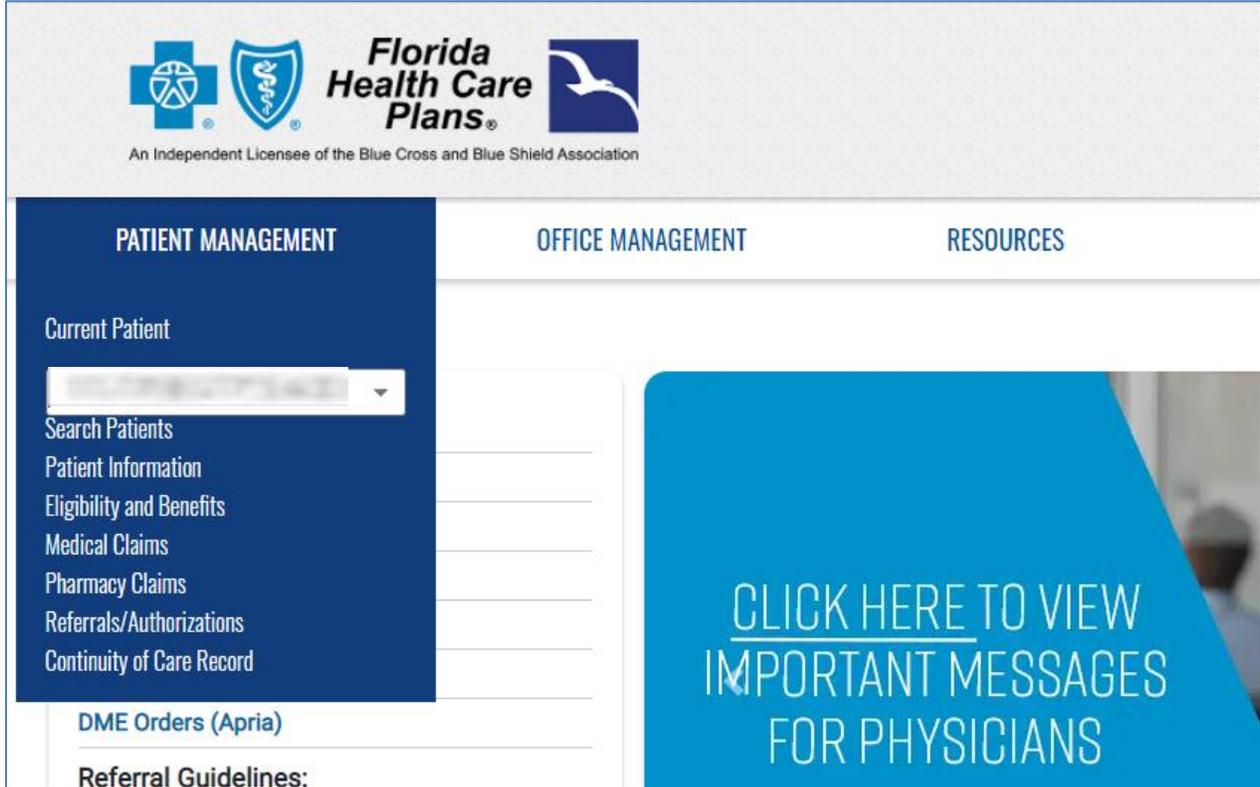
If the FHCP Claim (form) Number or the FHCP Member number is known, the user can run a search by selecting Claim Number or Member Number from the drop down. Then additionally, typing in the appropriate number for the selected and clicking Search.



## Patient Management Menu

The **PATIENT MANAGEMENT** Menu allows you to search for and view Patient Information. After Patient Information has been accessed, the drop-down list provides a convenient way to quickly access the patients you have most recently worked with.

The Current Patient list will contain up to 50 selected patients. When you access a patient within the portal, the patient will be added to this list. If your Current Patient list already contains the one you want to view, click on the drop-down arrow, and select the patient's name. When a patient name appears in the Current Patient box, additional menu options will be available under **PATIENT MANAGEMENT** (See below).



## Search for a Patient

**Step 1:** Go to the **PATIENT MANAGEMENT** Menu

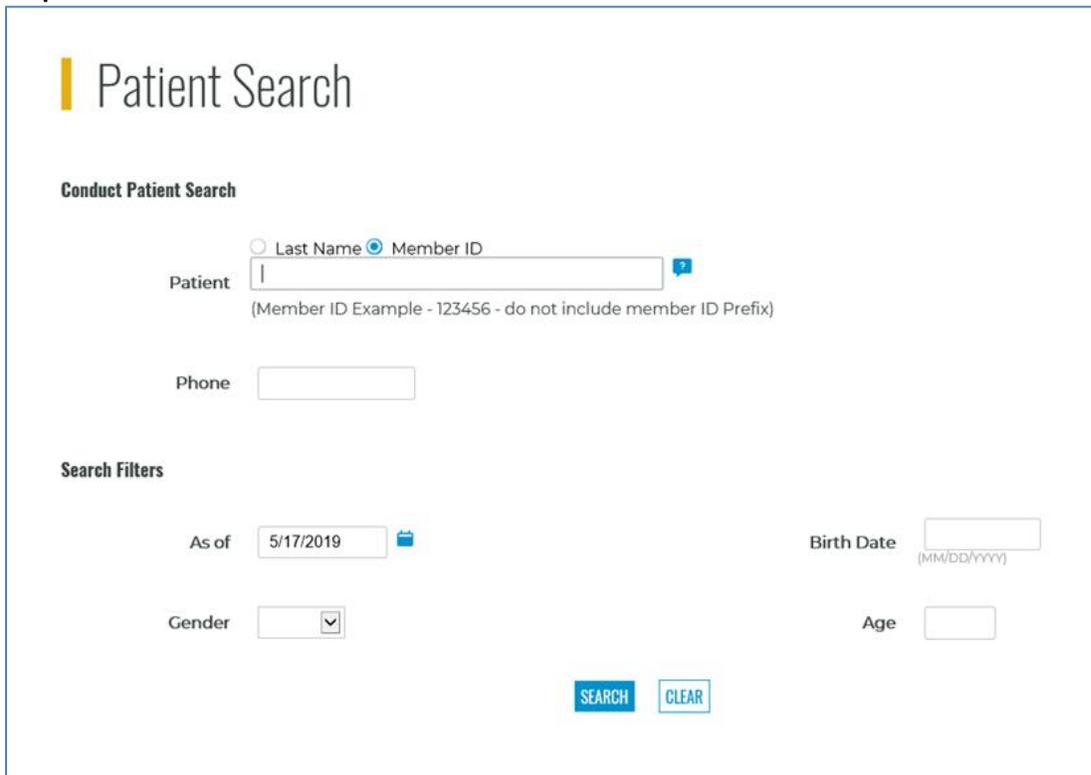
**Step 2:** Click **Search Patients**



A dark blue rectangular menu titled "PATIENT MANAGEMENT". Below the title, it says "Current Patient" followed by a dropdown menu showing "(None)". At the bottom of the menu, the "Search Patients" button is highlighted with a red rectangular box.

**Did you know?** This can also be performed by using the link in the **Toolkit** and the **Patient Search** button on the home page.

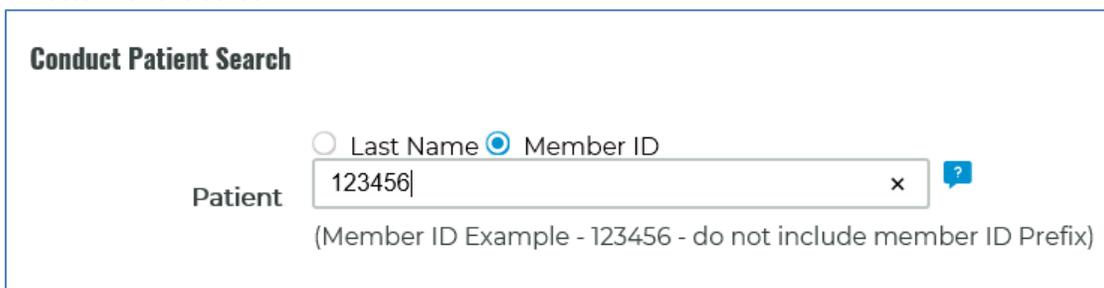
**Step 3:** Enter the Patient Search criteria.



The "Patient Search" screen features a header with a vertical bar and the text "Patient Search". Below this is a section titled "Conduct Patient Search". It includes two radio buttons: "Last Name" (unselected) and "Member ID" (selected). A text input field labeled "Patient" contains a vertical bar. Below the field is the text "(Member ID Example - 123456 - do not include member ID Prefix)". There is also a "Phone" input field. Underneath is a "Search Filters" section with "As of" (5/17/2019), "Birth Date" (MM/DD/YYYY), "Gender" (dropdown), and "Age" (input field). At the bottom are "SEARCH" and "CLEAR" buttons.

**There are different ways to utilize the Patient Search screen:**

- Search by **Member ID** – Select the **Member ID** radio button and type in the patient's six-digit Member ID (MRN). The rest of the fields should be left blank and click the **SEARCH** button at the bottom of the screen.



This screenshot shows the "Conduct Patient Search" section with the "Member ID" radio button selected. The "Patient" input field now contains the number "123456". Below the field is the text "(Member ID Example - 123456 - do not include member ID Prefix)".

- Search by **Last Name** – Select the **Last Name** radio button and type in a minimum of 2 characters of the patient’s last name. Then, click the **SEARCH** button at the bottom of the screen.

- Search by **%%** - This is considered a **“Wildcard Search”** and is conducted in the Last Name field. It is a way to open the search to all patients associated with the organization’s security list. However, broad searches can return large numbers of records or exceed the maximum result limit. The search will then have to be narrowed down to alleviate this error.

**Additional techniques to narrow down the %% search below:**

You can use a combination of these along with additional search filters to refine your search.

**Step 4:** Select the desired patient one (1) of two (2) ways:

- (1) Clicking the **SELECT** button to the left of the patient’s name, displays the Patient Information screen

Name	Sex	Birth Date	Address	Phone	Member ID	Primary Care Provider
[REDACTED]	F	6 Jul 1989	[REDACTED]	[REDACTED]	[REDACTED]	Milcarsky, Edward

**Did you know?** By clicking the patient’s clinician/caregiver’s name, it displays detailed provider information such as location, specialties, certifications, hospital affiliations and locations.

- (2) Alternately, clicking directly on the patient's name will display the results of a real-time Benefits and Eligibility verification request.

Patient Search Results							
	Name	Sex	Birth Date	Address	Phone	Member ID	Primary Care Provider
<input type="button" value="SELECT"/>	[REDACTED]	F	6 Jul 1989	[REDACTED]	[REDACTED]	[REDACTED]	Milcarsky, Edward

**Step 5:** It will then prompt the user to select a **Requesting Provider** from the drop down, select **SUBMIT ELIGIBILITY REQUEST**.

**Select Requesting Provider**

Provider: \*

### When working with a Current Patient

All patient-centric functions and tools are located inside of the **PATIENT MANAGEMENT** menu, and you will be required to select a patient before you will be able to access these functions and tools.

If you wish to select a different patient, execute a new patient search or select a different patient from the Current Patient drop-down list.



### Patient Information

Clicking the **Patient Information** link from the **PATIENT MANAGEMENT** Menu displays basic Patient Demographics.

PATIENT MANAGEMENT
OFFICE MANAGEMENT
RESOURCES
FORMS
ADMINISTRATION

Name: [REDACTED]    DOB: 6 Jul 1989    Gender: Female    PCP: Edward Milcarsky

**Member ID:** [REDACTED]

Return to Provider Portal Home Page

**Patient Information**

<b>Date of Birth</b> 6 Jul 1989	<b>Sex</b> Female	<b>Address</b> [REDACTED]
<b>Primary Phone</b> [REDACTED]	<b>Email</b> [REDACTED]	

**PCP**

<b>Name</b> Edward J. Milcarsky	<b>Phone</b>
---------------------------------	--------------

## Eligibility and Benefits

Use this tool to conduct real-time benefits and eligibility (B&E) verification

- Basic member information
- Benefit Plan Information and Eligibility History (up to 2 years)
- Detailed information on all coverages
- Benefit Accumulators (deductible, out of pocket, and expenses incurred)

**Step 1:** Go to the **PATIENT MANAGEMENT** Menu and select the patient you would like to work with from the Current Patients drop-down list or use **Search Patients** to make the desired patient current (see the section titled Search for a Patient).

**Step 2:** Return to the **PATIENT MANAGEMENT** Menu and click the **Benefits and Eligibility** link. The 'Eligibility Search' screen appears for your selected patient.



Service Type PCP - Office Visit (BY) [dropdown arrow]

SEARCH CLEAR

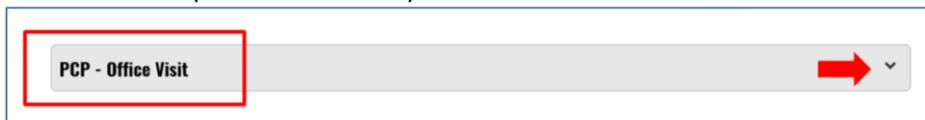
**Did you know?** when searching the copay for a **PCP Office Visit**, type "PC" in the 'Service Type' drop down, "PCP-Office Visit (BY)" should appear, hit Enter.

**Please note:** The above tip can be applied for any specific benefit category desired

**Step 3:** Click **SEARCH**

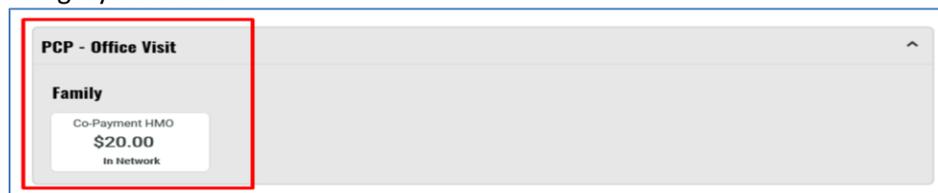
**Please note:** The **Benefits and Eligibility** transaction can take up to 15 seconds to complete.

- In order to locate the copay amount, scroll to the '**BENEFITS**' section and click on the caret "v" icon (as shown below)



PCP - Office Visit [dropdown arrow]

- This opens to a drop down, which populates the requested copay amount for the benefit category selected.



PCP - Office Visit [dropdown arrow]

**Family**

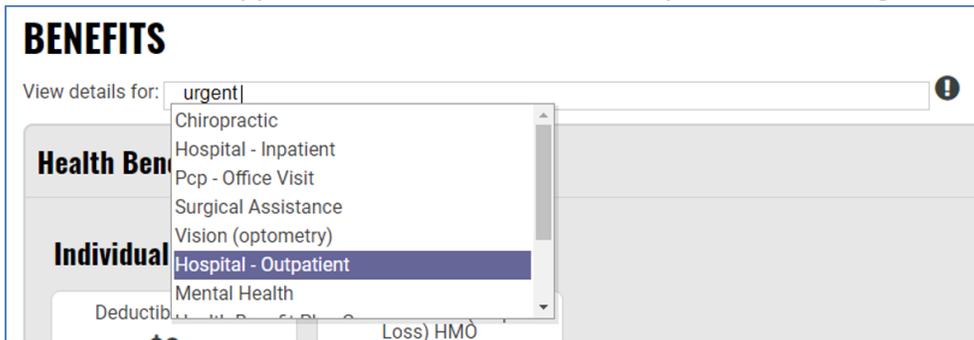
Co-Payment HMO  
\$20.00  
In Network

**Did you know?** Additionally, once on the **Benefits & Eligibility** display – another option to look up copays would be to go to the **BENEFITS** section; this is a way for the user to search the copays of a requested benefit category.

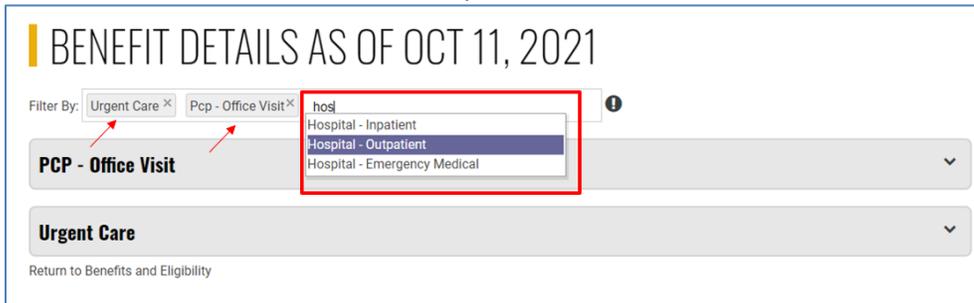
## BENEFITS

View details for: [input field] [info icon]

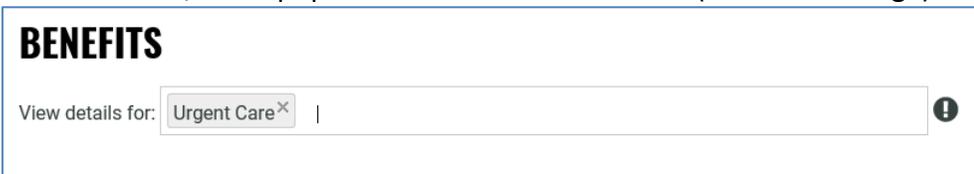
- For example – If the user wanted to search for an Urgent Care copay, the user would begin typing “Urgent Care” in the “**View details for:**” box (as shown below). A drop down of selections will appear, select the correct benefit you are searching for. Hit Enter.



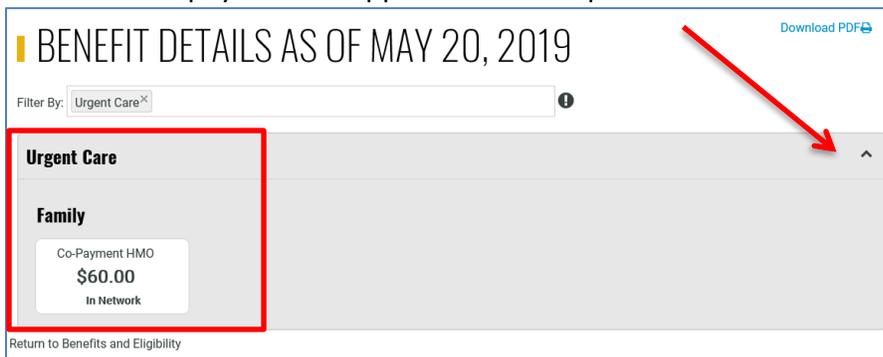
**NOTE:** For added convenience, you may also select *multiple Benefit categories* during one search. Hit Enter, once all the Benefits you need are entered into the “**view details for**” box.



- Once selected, it will populate in the “**BENEFITS**” box (see below image):

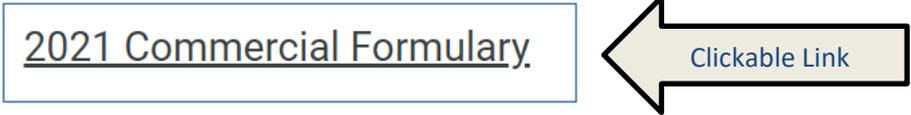


- Then automatically transports the user to the **BENEFIT DETAILS** screen for the currently selected patient
- The Copay amount appears in the drop down

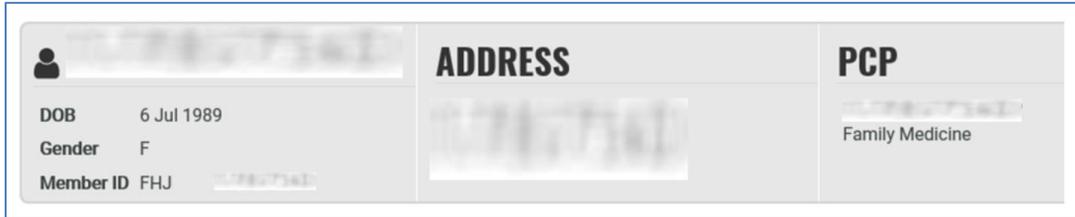


After the transaction is complete, you will find a variety of information displayed on this screen:

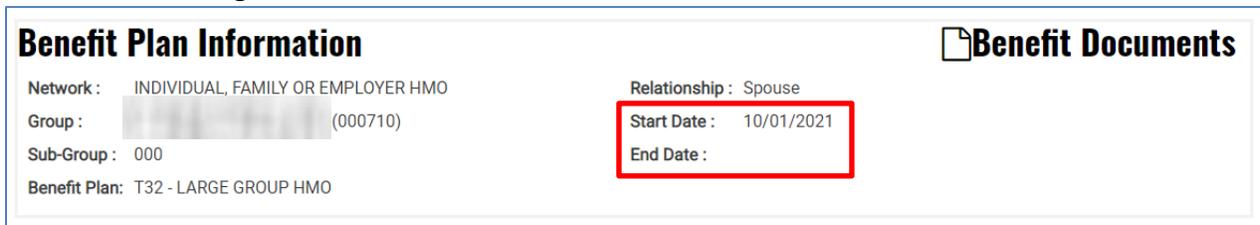
- **Patient-Specific Formulary-** this can be found at the top of the screen; Click to view



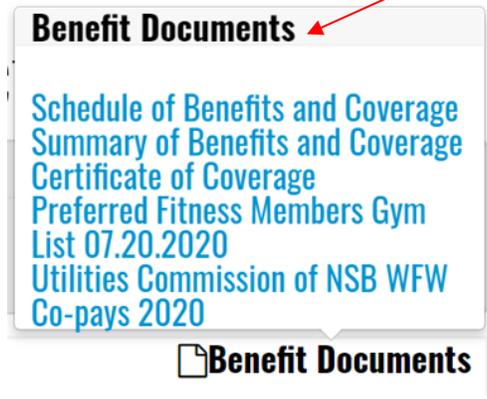
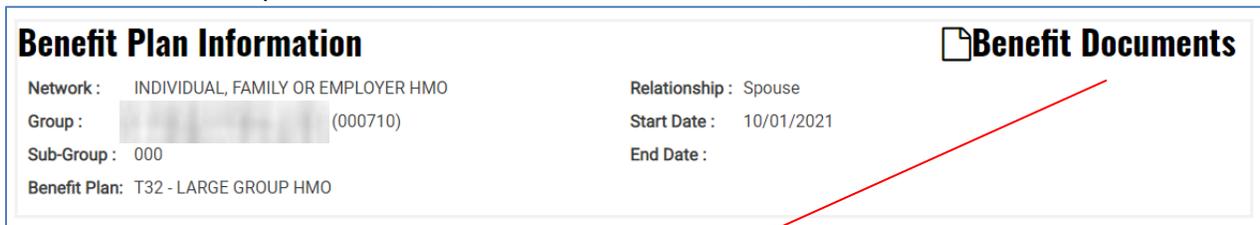
- **Demographics** for the patient selected- which includes DOB, address and PCP



- **Benefit Plan Information** - Current coverage information, **start and end date** of coverage



- **Benefit Documents** - Documents are found in the **BENEFIT PLAN INFORMATION** section. Hover over the words **Benefit Documents** to see a list of Documents for the selected patient. Then, click on the name to access/view the actual document.



- **Details for Covered benefits-** Deductible and out of pocket Thresholds; copay/co-insurance values for each benefit category

### Health Benefit Plan Coverage

#### Individual

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Deductible HMO  <b>\$0</b>            In Network         </div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Out of Pocket (Stop Loss) HMO  <b>\$2500.00</b>            In Network         </div>
---	--

#### Family

<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Deductible HMO  <b>\$0</b>            In Network         </div>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">           Out of Pocket (Stop Loss) HMO  <b>\$5000.00</b>            In Network         </div>
---	--

- **Accumulators-** display current values for the selected patient

### ACCUMULATORS

Out of Pocket (Stop Loss) - HMO <small>- In Network</small>	<i>\$2236.71 Remaining</i> <i>\$2500.00</i>
<div style="border: 1px solid #ccc; width: 100%; height: 10px; background-color: #ccc; margin-bottom: 2px;"></div> <div style="border: 1px solid #ccc; width: 20%; height: 10px; background-color: #007bff; margin-bottom: 2px;"></div> \$263.29 Used	
Family - In Network	
<div style="border: 1px solid #ccc; width: 100%; height: 10px; background-color: #ccc; margin-bottom: 2px;"></div> <div style="border: 1px solid #ccc; width: 20%; height: 10px; background-color: #007bff; margin-bottom: 2px;"></div> \$634.97 Used	<i>\$4365.03 Remaining</i> <i>\$5000.00</i>
Deductible - HMO <small>- In Network</small>	
<div style="border: 1px solid #ccc; width: 100%; height: 10px; background-color: #ccc; margin-bottom: 2px;"></div> <div style="border: 1px solid #ccc; width: 0%; height: 10px; background-color: #007bff; margin-bottom: 2px;"></div> 0 Used	<i>0 Remaining</i> <i>0</i>
Family - In Network	
<div style="border: 1px solid #ccc; width: 100%; height: 10px; background-color: #ccc; margin-bottom: 2px;"></div> <div style="border: 1px solid #ccc; width: 0%; height: 10px; background-color: #007bff; margin-bottom: 2px;"></div> 0 Used	<i>0 Remaining</i> <i>0</i>

- **Additional Information-** displays important information and identifies Riders for the selected patient, as well as the grace period for ACA members

### Additional Information

HAS GYM RIDER

HAS WORKFORCE WELLNESS RIDER

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

See Below: **ACA Status** displays for the selected patient

### Additional Information

INACTIVE - PENDING INVESTIGATION - MEMBER IS IN THEIR FHCP PAYMENT GRACE PERIOD AS FULL PREMIUM PAYMENT HAS NOT YET BEEN RECEIVED. ADJUDICATION OF CLAIMS FOR THIS DATE OF SERVICE IS CURRENTLY SUSPENDED.

HAS GYM RIDER

**Did you know?** The Benefits and Eligibility screen displays differently for an inactive patient. The crucial marker is in the **BENEFIT PLAN INFORMATION** section. The patient will have an end date shown for their coverage (see below example). Additionally, most of the other sections are empty. An active patient will **NOT** have an end date.

**BENEFITS AND ELIGIBILITY AS OF 11 OCT 2021**

	ADDRESS	PCP
DOB: 12/10/1991 Gender: F Member ID: FHJ	PORT ORANGE FL 32128	HEDDERICH, MICHELLE Family Medicine

**Benefit Plan Information**

Network: INDIVIDUAL, FAMILY OR EMPLOYER HMO	Relationship: Self
Group: (VV3120)	Start Date: 12/01/2018
Sub-Group:	End Date: 12/01/2018
Benefit Plan: V65 - SMAG ESS + PLAT HMO GYM	

**Other Insurance**  
No other insurance available.

**BENEFITS ACCUMULATORS**

**Additional Information**  
UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE



### Invalid Request Error 42

- The real-time B&E verification process has a constraint that will not allow the same request for the same patient, within the same 60 seconds. This error will be displayed in these instances

**INVALID REQUEST**

**Reject Reason:**  
The system is unable to retrieve this information at this time. (42)

**Suggested Action:**  
Please try again after one minute, or feel free to contact FHCP member services directly (see Support button above). (R)

## Referrals and Authorizations

In this section, the user can access/view the Current Patient's Referrals and Authorizations.

**Step 1:** Select your patient or choose from the Current Patients drop down menu

**Step 2:** Return to the **PATIENT MANAGEMENT** and click on **Referrals/Authorizations**

- If the patient has Referrals/Authorizations, they will appear. To view the authorization detail, click **view**.

Name: [REDACTED] DOB: [REDACTED] Gender: Female PCP: Halifax Health Center for Family & Sports Medicine

### Search Requests

Modify Search ▾ [Return to Provider Portal Home Page](#)

<b>Approved</b>	<b>Specialist</b>	Authorization Number [REDACTED]
Patient [REDACTED]	Effective Dates 6/16/2021-6/24/2022	<b>VIEW &gt;</b>
Requesting Provider HUMAYUN JAMIDAR	Servicing Providers MAYO CLINIC FLORIDA	
<b>Approved</b>	<b>Admission</b>	Authorization Number [REDACTED]
Patient [REDACTED]	Effective Dates 5/29/2021-5/29/2021	<b>VIEW &gt;</b>
Requesting Provider SHARON OGLESBY	Servicing Providers HALIFAX HEALTH MEDICAL CENTER	
<b>Approved</b>	<b>Admission</b>	Authorization Number [REDACTED]
Patient [REDACTED]	Effective Dates 5/21/2021-6/1/2021	<b>VIEW &gt;</b>
Requesting Provider MELANIE VANDEMARK	Servicing Providers HALIFAX HEALTH MEDICAL CENTER	

- The detail for the selected authorization will appear.

### NOTE:

FHCP is implementing a new referral system which will reflect some changes on current Provider Portal views. Due to the new system configuration, the number of **Approved Visits/Units** will no longer be populated. The heading remains due to our having 5 years of historical data that would have appeared in this location at one time and may need to be accessed. The information of the number of **Approved Visits/Units** will now be reflected in the **Reasons for Referral** section of the authorization.

### Search Requests

## Authorization Detail

## SPECIALIST REQUEST

Approved

### Patient

[REDACTED]

### Member ID

[REDACTED]

### Authorization Number

[REDACTED]

### Submitted On

6/16/2021

### Confirmation Number

[REDACTED]

## DIAGNOSIS

### Diagnosis Codes

I27.20 Pulmonary hypertension, unspecified

## REQUESTING PROVIDER

### Provider

JAMIDAR, HUMAYUN (000027)

### Provider NPI

1417921701

### Address

311 N CLYDE MORRIS BLVD  
SUITE 320  
DAYTONA BEACH, FL, 321142756

### Contact Name

### Contact Medium

### Contact Info

## SERVICING PROVIDERS OR SPECIALTY

MAYO CLINIC FLORIDA

[See More](#) ▾

### Contact Name

### Contact Medium

### Contact Info

## REQUESTED SERVICE

### Place of Service

### Approved Units

0

### Level of Service (Routine)

**Start Date**  
6/16/2021

**End Date**  
6/24/2022

### Related Causes

### Incident Date

### Incident Location

## REQUESTED PROCEDURES

99203; OFFICE/OUTPATIENT VISIT, NEW

[See More](#) ▾

## ADDITIONAL INFORMATION

### Reason for Referral

one year of service Mayo Clinic Jax, Pulmonary Dr. Burger,

## PAPERWORK

No records available.

## ATTACHMENTS

No records available.

## Medical Claims

In this section, the user can access/view the Current Patient's Medical claims.

**Step 1:** Select your patient

**Step 2:** Return to the **PATIENT MANAGEMENT** menu and click on **Medical Claims**

- If the patient has claims, they will populate.

### Claim Status Search Criteria

Patient [REDACTED]

### Claim Status Search Results For [REDACTED]

View RA	Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Medical Group Name	Billed
View	[REDACTED]	Finalized/Payment	[REDACTED]	[REDACTED]	11 Jun 2021	SORRELL, VICKIE L.	URGENT CARE CTR OF PORT ORANGE	\$120.00
View	[REDACTED]	Finalized/Payment	[REDACTED]	[REDACTED]	26 May 2021	QUEST DIAGNOSTICS-TAMPA	QUEST DIAGNOSTICS CLINICAL LAB	\$240.53
View	[REDACTED]	Finalized/Payment	[REDACTED]	[REDACTED]	26 May 2021	Desai, Meetesh	VITALMD GRP HLD LLC	\$156.00
View	[REDACTED]	Finalized/Payment	[REDACTED]	[REDACTED]	11 Mar 2021	QUEST DIAGNOSTICS-TAMPA	QUEST DIAGNOSTICS CLINICAL LAB	\$219.25

## Pharmacy Claims

In this section, the user can access/view the Current Patient's Pharmacy Claims. This information is generated from claims data.

**Step 1:** Select your Patient

**Step 2:** Return to the **PATIENT MANAGEMENT** menu and click on **Pharmacy Claims**

- If the patient is currently on medications or has a medication history, they will populate. Use the tab at the top of the screen to toggle between.

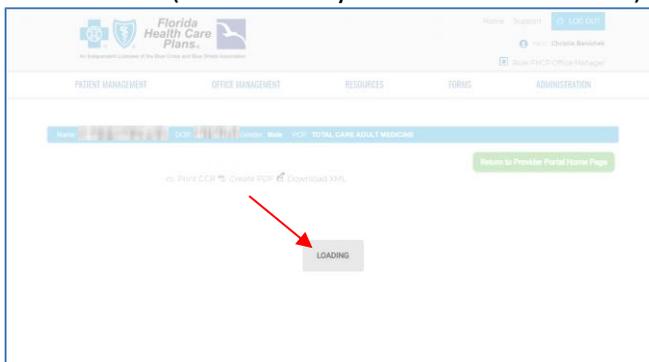
CURRENT		HISTORY								
Run Med Check   Print										
Current Medications										
Paid Date	Medication	Prescribing Clinician	Dispensing Pharmacy	Frequency	Last Filled	Refill	Member Paid	Plan Paid	Source	
16 Nov 2018	DIAZEPAM 5 MG (NDC 00172392670)	De Castro, Raymond M.	OIS FHCP ORMOND BEACH	Qty:90.0 Days:30	16 Nov 2018		\$10.00	\$0.49		
17 Jul 2018	DIAZEPAM 5 MG (NDC 00172392670)	De Castro, Raymond M.	OIS FHCP ORMOND BEACH	Qty:90.0 Days:30	30 Aug 2018	1	\$10.00	\$0.49		

## Continuity of Care

In this section, the user can generate a Continuity of Care Document (CCD) for the current patient.

**Step 1:** Select your Patient

**Step 2:** Return to the **PATIENT MANAGEMENT** menu and click on the link **Continuity of Care Record (NOTE: it may take a minute to load)**



**Step 3:** Review the (CCD) record

**Note:** This record can be downloaded into a PDF or can be printed out for a patient.

Name:	DOB:	Gender:	PCP:			
		Female	Edward Milcarsky			
<a href="#">Return to Provider Portal Home Page</a>						
<a href="#">Print CCR</a>   <a href="#">Create PDF</a>   <a href="#">Download XML</a>						
<b>Table of Contents</b>						
<ul style="list-style-type: none"> <li>Payers</li> <li>Problems</li> <li>Immunizations</li> <li>Results</li> <li>Procedures</li> <li>Encounters</li> <li>People</li> <li>Organizations</li> </ul>						
<b>Continuity of Care Record</b>						
<b>CCR ID:</b>		<b>Patient Language:</b>	English			
<b>Date/Time Created:</b>		<b>Version:</b>	V1.0			
<b>Created by:</b>						
<b>Purpose:</b>						
<b>Signature:</b>						
<b>Patient Demographics</b>						
Name	Date of Birth	Gender	ID	Address	Phone	Email
<b>Payers</b>						
Insurance	Insurance Type	Coverage Type	Group ID	Member ID	Source	
Florida Health Care Plans	Primary Health Insurance				Florida Health Care Plans	
<b>Problems</b>						
Type	Description	Code	Date Recorded	Status	Source	
Condition	Superficial injury of hand	SNOMED283034002 ICD10CM560.S21A	13 Jul 2020	Active	Florida Health Care Plans	
Condition	Enteritis	SNOMED64613007 ICD10CMK52.9	08 Mar 2020	Active	Florida Health Care Plans	
Condition	Nausea and/or vomiting	SNOMED16932000 ICD10CMR11.2	08 Mar 2020	Active	Florida Health Care Plans	

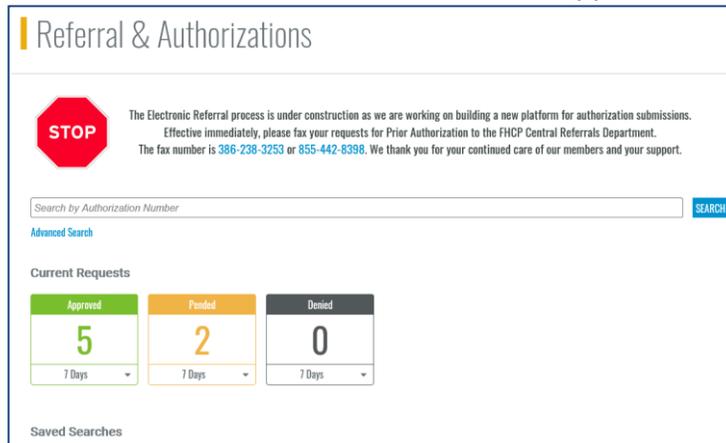
# Office Management Menu



## Referrals and Authorizations

Under the **OFFICE MANAGEMENT** menu, the user has the ability to access and view all the Referrals and Authorizations associated with their office. This can be done in a few different ways.

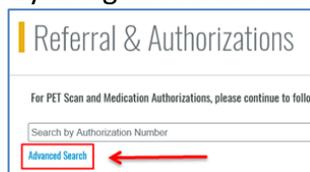
- By going to the **OFFICE MANAGEMENT** menu and clicking on **Referrals/Authorizations**
- Once the **Referral & Authorization** screen appears:



- The user will have the ability to conduct a search by utilizing the search bar



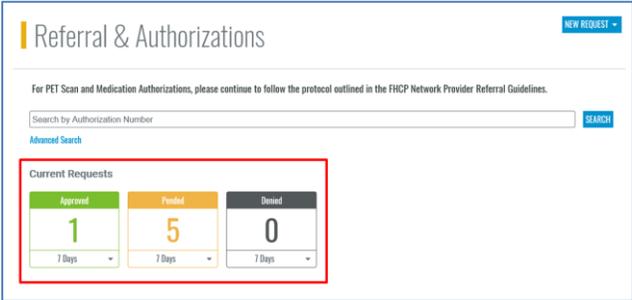
- By using the Advanced Search option



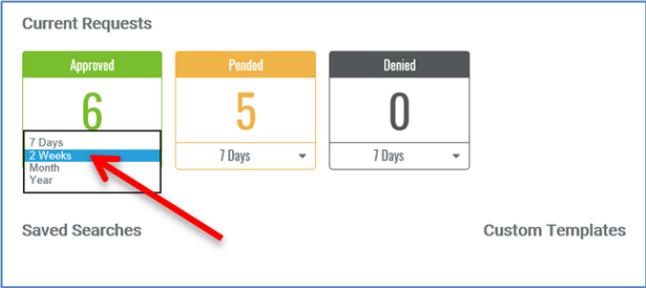
- When using this function, use the below **TIP box** when conducting a search

**TIP:**  
 Search for Authorizations by **ONE** of the following methods:  
 1 - Enter the FHCP authorization number and click **SEARCH** (all other filters are IGNORED)  
 -OR-  
 2 - Use the **remaining** filters (except Authorization Number) in combination or individually:  
 a) Patient - Begin typing the patient name or MRN. The field will populate the name as you type.  
 b) Provider (Servicing/Requesting) - Begin typing the physician name. The field will populate the name as you type or pick the magnifying glass for additional search fields.  
 c) Requested Service - Uncheck/check desired options.  
 d) Date range - Authorization data (or estimated date of service, if applicable).  
 e) Status - Uncheck/check desired options.

- By operating the dashboard to search and view authorizations



- With this feature, you can see how many authorizations have been approved, pended or denied
- **Note: It automatically defaults to the last seven days.** For example, if you wanted to view how many authorizations that had been approved, pended or denied overtime, you could select that option from the drop-down menu.



- To view the selected authorizations, simply click on the box of the authorizations you want to view. The authorizations will appear.

<p>Approved</p> <p>Requesting Provider MEGAN BAGWELL</p>	<p>Admission</p> <p>Effective Dates 3/18/2019-3/20/2019</p> <p>Servicing Providers ADVENTHEALTH DAYTONA BEACH</p>	<p>Authorization Number</p> <p>VIEW &gt;</p>
<p>Approved</p> <p>Patient</p> <p>Requesting Provider CECILLE TAPIA-SANTIAGO</p>	<p>Admission</p> <p>Effective Dates 3/17/2019-3/18/2019</p> <p>Servicing Providers ADVENTHEALTH DAYTONA BEACH</p>	<p>Authorization Number</p> <p>VIEW &gt;</p>

## Medical Claims Search

Under the **OFFICE MANAGEMENT** menu, the user has the ability to access and view all the Medical Claims associated with their office.

- Go to the **OFFICE MANAGEMENT** menu and click on **Medical Claims Search**



- Once selected, the **Claim Status Search** displays.
- Use the **TIP box** below on how to Search effectively.

**TIP:** Search for claims by **ONE** of the following methods:

- 1 - Enter claim number (minimum two numbers) and click **SEARCH** (all other filters are **IGNORED**)

-OR-

- 2 - Use the **remaining** filters (except claim number) in combination or individually:
  - a) Date of Service – Choose from calendar icon
  - b) Patient – Choose from patient list drop down (quickest method)
  - c) Provider – Choose from drop down
  - d) Medical Group – Choose from drop down
  - e) Status – Uncheck/check desired options

## Claim Status Search

Claim Number

Date of Service  To

Last Name
  Member ID

Patient 
  
(Last Name Example - Smith, John)  
 (Last Name Wildcard search - %%)  
 (Member ID Example - 123456 - do not include member ID Prefix)

Provider

Medical Group

Status  Paid
  Pended
  Denied
  Voided

[SEARCH](#) [CLEAR](#)

Indicates non-standard HIPAA data element

- **Note:** For all completed claims a link to view and print your remittances advice will be available.
- See **'View RA'** link.

### Claim Status Search Results For

<a href="#">View RA</a>	Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Medical Group Name	Billed	Paid
<a href="#">View</a>	123456789	Finalized/Payment	123456789	123456789	17 Oct 2018	Desai , Meetesh	VITALMD GRP HLD LLC	\$156.00	\$140.00
<a href="#">View</a>	123456789	Finalized/Payment	123456789	123456789	11 Oct 2017	Desai , Meetesh	VITALMD GRP HLD LLC	\$100.00	\$100.00

## Eligibility and Benefits

Use this tool to conduct eligibility searches and finding Benefits and Eligibility information.

- Go to the **OFFICE MANAGEMENT** menu and click on **Eligibility and Benefits**.

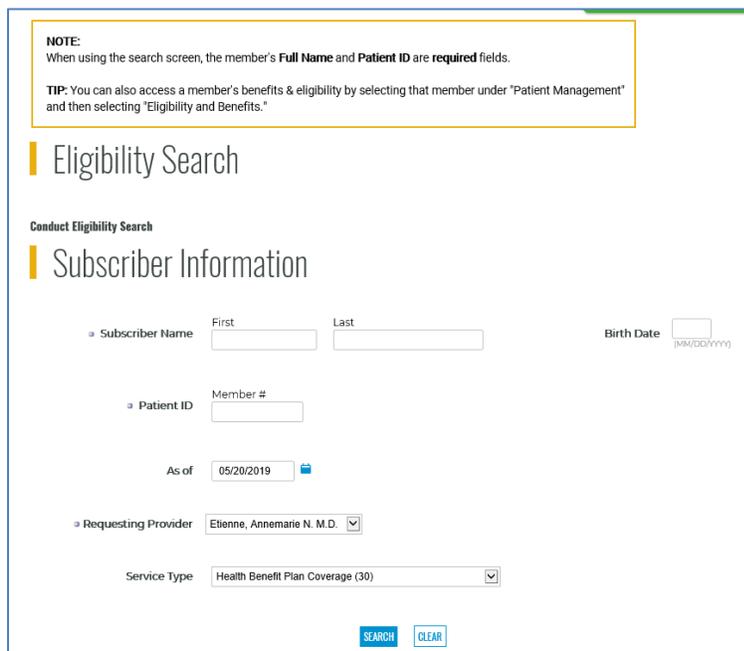


**Did you know?** This can also be preformed by using the link in the Toolkit.

- Basic member information
- Benefit Plan Information and Eligibility History (up to 2 years)
- Detailed information on all coverages
- Benefit Accumulators
- Riders
- ACA Grace Period Status

The process to run an Eligibility and Benefits check in **OFFICE MANAGEMENT** is the same as in **PATIENT MANAGEMENT**.

However, there is a difference. The user must fill out all the fields with the denoted blue dot, if they choose to go this route (see the below image).

A screenshot of a web application interface for "Eligibility Search". At the top, there is a yellow-bordered box containing a "NOTE" and a "TIP". Below this, the heading "Eligibility Search" is followed by "Conduct Eligibility Search". The main section is titled "Subscriber Information" and contains several input fields: "Subscriber Name" with "First" and "Last" sub-fields, "Birth Date" with a date picker, "Patient ID" with a "Member #" sub-field, "As of" with a date picker set to "05/20/2019", "Requesting Provider" with a dropdown menu showing "Etienne, Annemarie N. M.D.", and "Service Type" with a dropdown menu showing "Health Benefit Plan Coverage (30)". At the bottom of the form are "SEARCH" and "CLEAR" buttons.

## Document Manager

**Document Manager** is a repository of documents for any report you may run on the Provider Portal.

## MY DOCUMENTS

[ADD DOCUMENT](#)

[CURRENT DOCUMENTS](#) | [ARCHIVED DOCUMENTS](#)

### DOCUMENT SEARCH:

Search term:  Category:  Date Range:  to

Owner:  Status:  Member:

[SEARCH](#) [Clear](#)

Member Roster by PCP_2 0181024-020447.csv	10/24/2018	Floridahealthcareplans - Sponsor	  	  
Member Roster by PCP_2 0181023-114851.csv	10/23/2018	Floridahealthcareplans - Sponsor	  	  
Member Roster by PCP_2 0181023-114616.csv	10/23/2018	Floridahealthcareplans - Sponsor	  	  
Member Roster by PCP_2 0181023-114038.csv	10/23/2018	Floridahealthcareplans - Sponsor	  	  

## Reports

Under the **Reports** section, it gives you the option to run three different reports.

### Available Reports

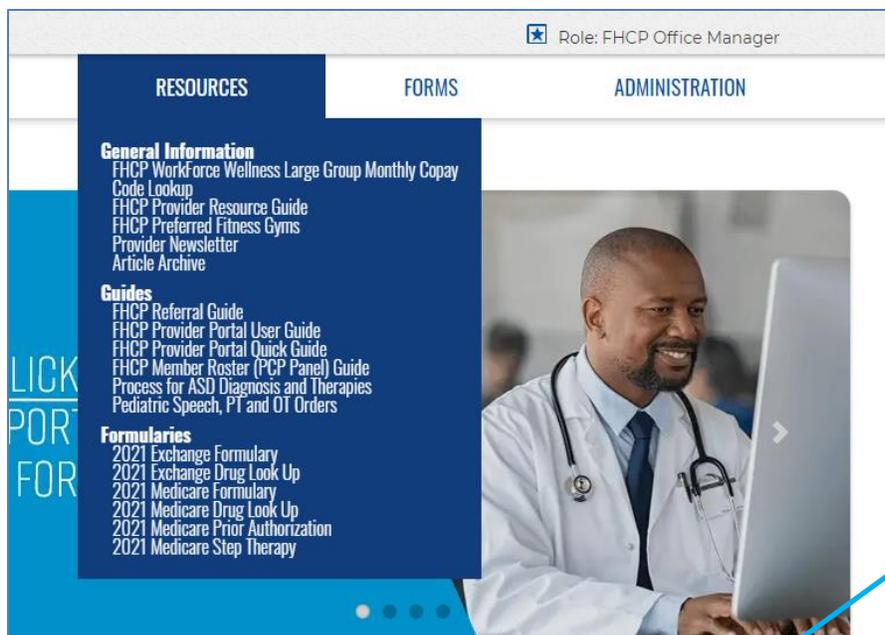
Report Name	Report Description
Member Roster by Access List	Displays a list of members grouped by selected access list.
Member Roster by PCP	Displays a list of members grouped by a selected provider.
Member Roster by Practice	Displays a list of members grouped by a selected practice.

**Did you know?** For more detailed instructions on how to run these reports, refer to the **RESOURCES** menu and click on the **FHCP Member Roster (PCP Panel) Guide**.

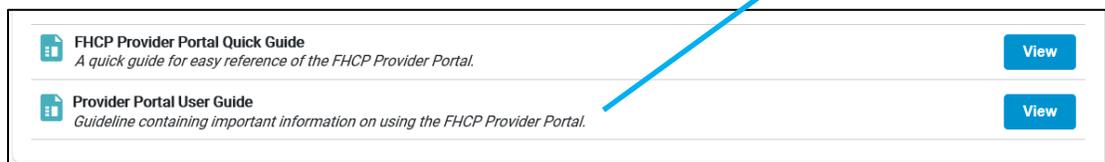
Guides
<a href="#">FHCP Referral Guide</a>
<a href="#">FHCP Provider Portal User Guide</a>
<a href="#">FHCP Member Roster (PCP Panel) Guide</a>

## Resources Menu

You can easily access useful resources and tools by hovering over the **RESOURCES** Menu and then clicking the link to the desired information.



**Did you know?**  
Some additional quick links to frequently used resources can be found on the Homepage.



**Under the General Information section:**

- **FHCP Workforce Wellness Large Group Monthly Copay**- a worksheet to verify a patient’s WFW copay for services rendered. **NOTE:** This PDF is updated monthly, so it is not recommended for printing
- **Code Lookup** – is an easy way to quickly look up medical codes. You can execute a general search or directly look up codes based on type
- **FHCP Provider Resource Guide** - opens the FHCP Provider Resource Guide. **NOTE:** this is updated quarterly
- **FHCP Preferred Fitness Gyms** – List of Fitness Gyms and their locations for patients with the Gym Rider
- **Provider Newsletter** – The most current Provider Newsletter – all past issues can be found at [www.fhcp.com](http://www.fhcp.com)
- **Article Archive** – Articles that were previously located under the “Important Messages” slide of the carousel

**Under the Guides section:**

- **FHCP Referral Guide** – connects you directly to the FHCP guide for providers

- **FHCP Provider Portal User Guide**- This guide is available here and is updated routinely
- **FHCP Provider Portal Quick Guide**- This PowerPoint is a quick “Go to” guide for fast reference
- **FHCP Member Roster (PCP Panel) Guide**- These are step-by-step instructions on how to run and download a list of FHCP members assigned to your PCP panel
- **Process for ASD Diagnosis and Therapies** – The process to acquire an ASD diagnosis and therapy for an FHCP Member
- **Pediatric Speech, PT and OT Orders** – How to send a referral to Speech Works for therapies through Ability Health Services & Rehabilitation, LP

**Under the Formularies section:**

- **FHCP Formularies** – Each applicable formulary associated with FHCP members.

**Note:** Some features or menus may change as we add future enhancements to the website. Images may also vary from the current website. The website contains the most current resources available.

## Forms Menu

Easily access frequently used forms by hovering over the **Forms** Menu and then clicking the link to the desired document. Documents will load in the most appropriate format.



- FHCP Referral Form
- FHCP Care Transition Form
- FHCP Medical History Form
- FHCP Medication Transition Form
- PCP CHANGE REQUEST FORM
- Quarterly Provider Survey

**Note:** Some features or menu locations may change as we add future enhancements to the website

# User Administration

## Local Administrator Role

- The first user for your organization is the local administrator for your organization. The local administrator is responsible for:
  - Creating, maintaining and disabling user accounts for the organization.
  - Responsible for the user account validation process described below.
- User accounts within the organization are associated to the local administrator account. If the local administrator account is disabled, all user account(s) “associated with the local administrator” will also be disabled. For this reason, it is **required** that each organization always have two local administrators.
- If you add a user that is external to your organization such as a clearinghouse, it is advisable that you enter into a Business Associates Agreement (BAA) as you will be sharing patient PHI (Personal Health Information) as defined under HIPAA regulations.

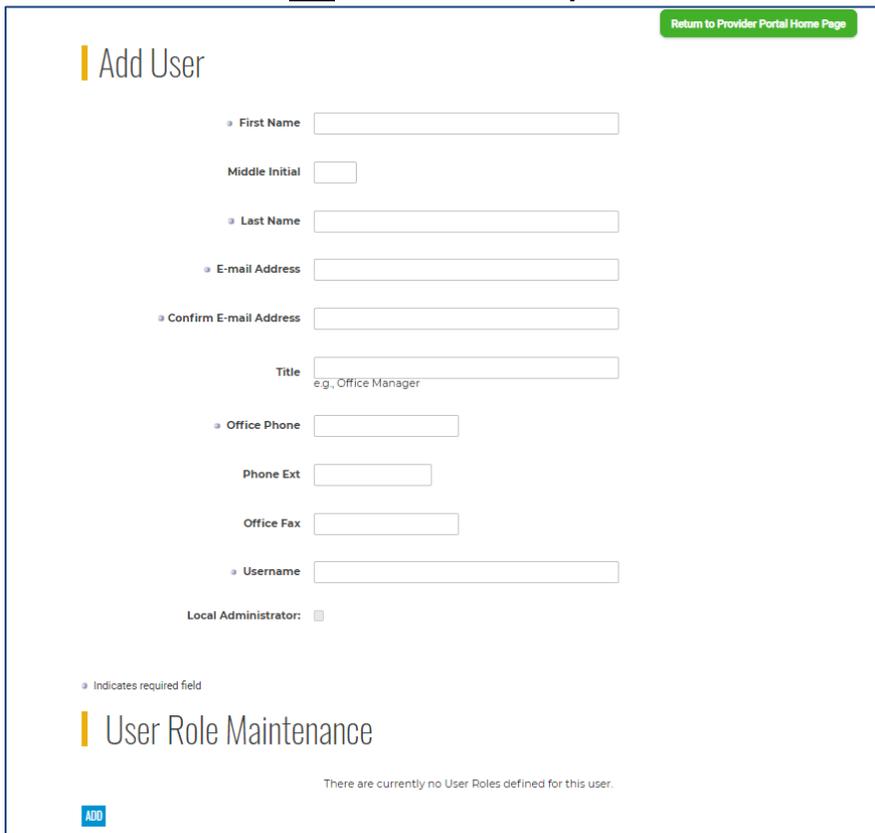
## Adding a New User

**Step 1:** Go to the **ADMINISTRATION**, click **System Admin**



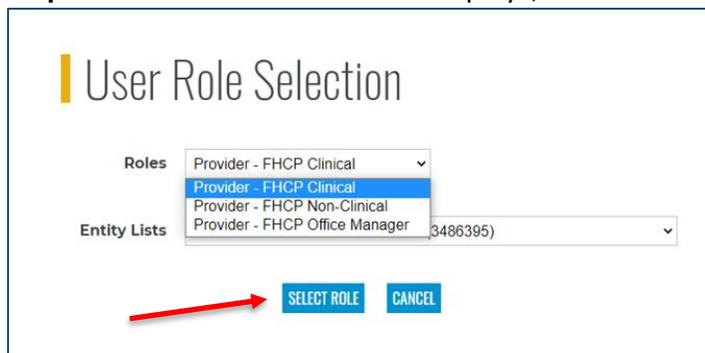
**Step 2:** Click  and you enter required fields denoted with a blue dot

**\*\*\* IMPORTANT: Do not hit SUBMIT until you have added the user role (below)**

A screenshot of a web form titled "Add User". The form contains several input fields, each with a blue dot indicating it is a required field. The fields are: First Name, Middle Initial, Last Name, E-mail Address, Confirm E-mail Address, Title (with a subtext "e.g., Office Manager"), Office Phone, Phone Ext, Office Fax, and Username. There is also a checkbox for "Local Administrator". At the bottom of the form, there is a section titled "User Role Maintenance" with a subtext "There are currently no User Roles defined for this user." and a blue "ADD" button. A green button labeled "Return to Provider Portal Home Page" is located in the top right corner of the form area.

**Step 3:** Click **ADD** under **User Role Maintenance**

**Step 4:** The **User Role Selection** displays; Select the user Role:



- **Provider - FHCP Clinical** – includes all portal features and information related to patient care.
- **Provider - FHCP Non-Clinical** – includes access to information not directly related to patient care.
- **Provider - FHCP Office Manager** – includes office administrative features in addition to Clinical staff and patient care information.

**Step 5:** Click **SELECT ROLE**

**Step 6:** Click **SUBMIT**

### Adding Local Administrator Access to a User

**Step 1:** Go to the **ADMINISTRATION**, click **System Admin**

**Step 2:** Click on the username that you need to modify

**Step 3:** Click the check box for Local Administrator

**Step 4:** Enter the organization address

**Step 5:** Click **SUBMIT**

### User Account Revalidation

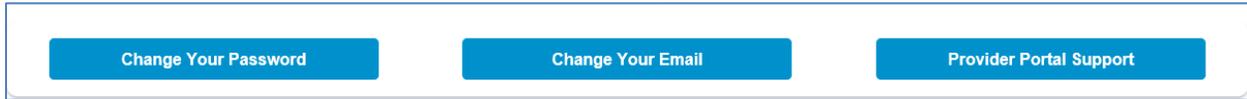
User Account Revalidation is a monthly process to identify inactive Local Administrators and users. The audit process is set to occur every 30 days. The Provider Portal Coordinator will send an email reminder to all Local Administrators and users that show inactive for 60 days or more. If no response is received within 5 days (or designated deadline), the account will be removed. The administrator will need to review active users and **MUST** select all those accounts that are **STILL** valid and confirm them within the system. If a user account is no longer required, the account should be manually deleted by the local administrator. To delete, remove the role(s) associated with the user account. An account with **NO** role is considered 'disabled'.

If revalidation is not completed within the deadline, all user accounts and local administrator account(s) for this organization will be removed and will not be usable.

**NOTE:** In order to regain access once lost, you must register through [www.fhcp.com](http://www.fhcp.com) and create a new username and password.

## Update My Profile/Change Password

To update your user information, go to the **Administration** menu and click **Update My Profile/Change Password**. Update the fields as desired and then click the Submit button. Additionally, for quick access there are links located on the homepage for your convenience.



To change your password:

**Step 1:** Go to the **ADMINISTRATION** menu; click **Update My Profile/Change Password** or click the quick link

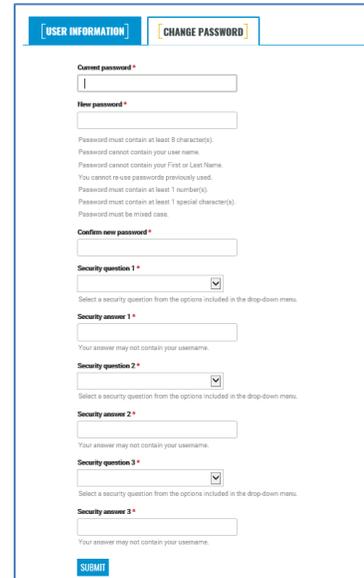
**Step 2:** Enter your current password in the appropriately marked field

**Step 3:** Following all password naming requirements listed, enter your desired new password in the appropriately marked field

**Step 4:** Re-Enter your new password in the appropriately marked field

**Step 5:** Establish your Security Questions. You may re-use the same questions used if desired

**Step 6:** Click **SUBMIT** button. A confirmation screen will display

A screenshot of a web form titled "CHANGE PASSWORD". The form is divided into sections: "Current password", "New password", "Confirm new password", and three "Security question" sections. Each section has a text input field and a dropdown menu. The "New password" section includes several lines of small text providing password requirements: "Password must contain at least 8 character(s)", "Password cannot contain your user name.", "Password cannot contain your First or Last Name.", "You cannot re-use passwords previously used.", "Password must contain at least 1 number(s)", "Password must contain at least 1 special character(s)", and "Password must be mixed case." At the bottom of the form is a blue "SUBMIT" button.