



Provider Training Lesson Plan

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What is VHP Access

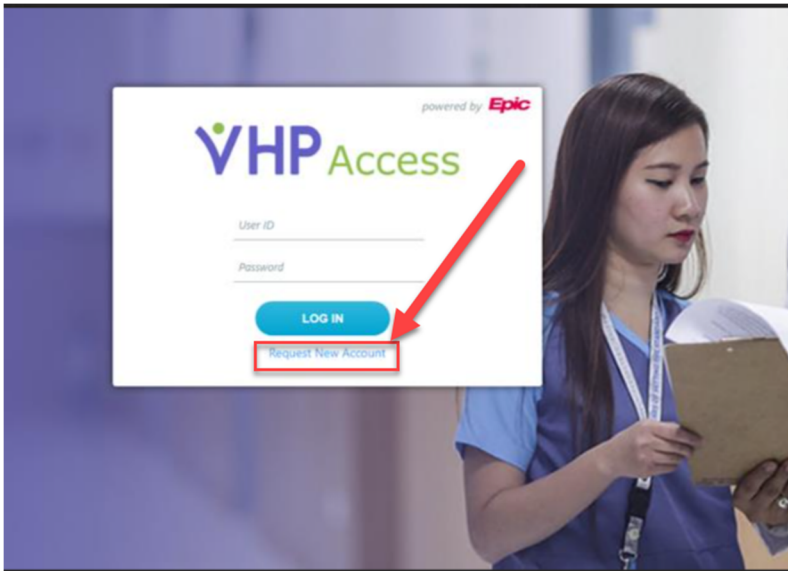
- VHP Access is an online portal where affiliates can access managed care data.
- By granting affiliated providers and other users' access to Epic over the web, you can reduce the amount of time you spend
 - Manually entering paper referrals
 - Taking claim or referral status request phone calls
- Receiving this data electronically allows users to spend less time transcribing them into Epic.
- This class is designed to give context to how these external users will interact with VHP Access and how they are granted access.

Accessing Member and Health Plan Data from VHP Access

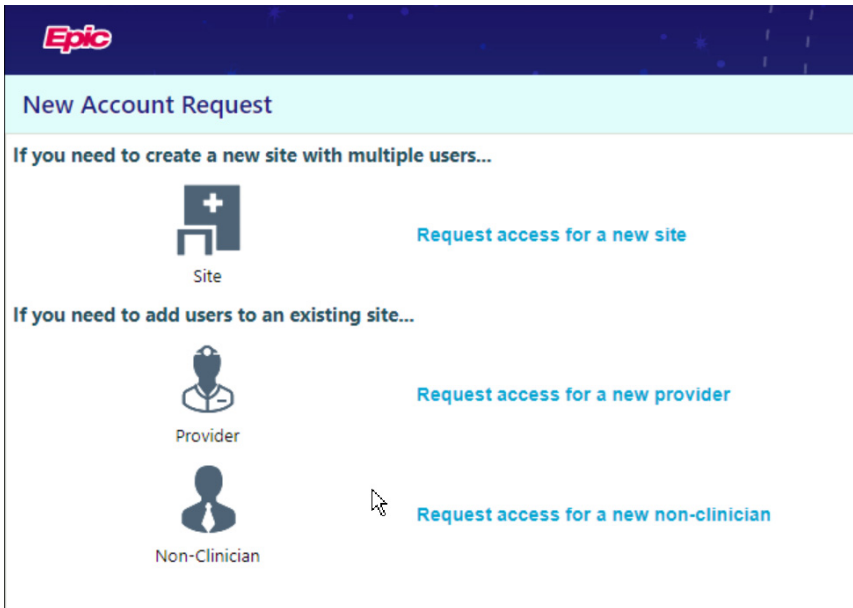
- VHP Access is a web portal utilizing Epic's Tapestry Link product that will allow:
 - Providers, with access, to create referrals, view claims & payments for their patients that are VHP members and ask questions
 - Future state it will also allow community providers access to review population health trends & reports to see any care gaps and care needs for their patients that are VHP members. This will not be available at Go Live but will be part of a future build
- Data entered via VHP Access is immediately available in Hyperspace for the VHP organization to review.

Creating Accounts for New Users

- Once the initial User records are created for Go-Live, the easiest way to manage new user requests is through the link directly on the VHP Access splash page.



- After clicking the Request New Account from the Login page, the Requesting User will then click on the user access that most closely matches their role at their site



- This takes a potential user through a series of questions that collects the most important data for the type of access they need.
- That information is placed in an In Basket work list for VHP Provider Relations staff to work from when they are in Hyperspace.
- If the Organization/Provider does not already have a Site set up with VHP then they would need to select "Request Access for a new site"
- If the Organization/Provider already has a Site set up, then they would select the appropriate request option to add a user to an existing site

- I will now demonstrate where this is found on our Playground Tapestry Link environment that will be rebranded to VHP Access.
- From this initial landing page, it is possible to click **Request New Account**
- Select the User Access for your appropriate Role within your organization (site)
 - Request Access for New Site
 - This option would be selected for the person at the requesting organization that should have the role of Site Administrator. There is no limit to the amount of Site Admins allowed per Site
 - A site admin can request a new account or deactivate a user for users at their site, but they cannot change any security for their users
 - This request would route to the In Basket for VHP Provider Relations to Review the request.
 - You would need to fill out all Hard Stops and should fill out any Recommended fields as well
 - Request Access for other Roles within an existing Site for Provider, Clinical Staff, & Non-Clinician
 - You will need to fill out any Hard Stops and should fill out any Recommended fields as well

How the System Determines Which Patients to Display

1. The User Logs into VHP Access and only has access for data associated to their site (Vendor)
2. The System checks the user record for the user context (role)
3. The system creates a list of all the patient groups (members) that also have that user context.
4. The system loads all the members in those patient groups to the user's patient List

Associating Patients

- Once an account is created in the system, based upon the Provider Group, Patient Group & User Context of the User, they will only be allowed to have access to the members that they have been associated to.
 - When access is requested, they must provide a Site Name (or Organization name).
 - The associated Site in our VHP system correlates to the Vendor built into Epic that has a valid Tax ID#.

- The User requesting access is then linked to that Vendor (aka Site). This is what Epic calls the Provider Group.
- The Provider Group and/or Site then has associated Patient Groups.
- Patient groups are records that contain members that are grouped together that are then associated to the Vendor.
- Based upon the User Context or User Type (Provider, Non-Clinician) of the requested User Access, the data they can access is also filtered and/or limited.
- The Provider Relations Epic Analysts for Tapestry will maintain the User Contexts, Patient Groups, and Provider Groups.

Provider Activities

- In Basket and CRM Communications
- Coverage and Benefits
- Referral Entry and Review
- Claims Entry and Review
- Remittance Advice
- Explanation of Payment from Capitation

Non-Clinician Activities

- In Basket and CRM Communications
- Coverage and Benefits
- Referral Entry and Review
- Claims Entry and Review
- Remittance Advice
- Explanation of Payment from Capitation

Site Admin Activities

- Manage My Clinic
- New Account Request
- Site Verification
- User Management
- In Basket and CRM Communications

Guest Claims Access

- Go Back to the VHP Splash Page
- VHP Access will also allow "Guest Access" for visitors that do not have a login yet to Check Claim Status & Verify Eligibility
- Click on Check Claim Status
- In order to check claim status, as a guest you would need to provide the following pieces of information:
- Enter in your Provider NPI or Vendor Tax ID Number in the "Who submitted the claims" section
- In the "What were the claim details" section, enter in one of the following:
 - a) Claim ID + Earliest Date of Service
 - b) Claim ID + Billed Amount
 - c) Billed Amount + Earliest Date of Service
- In the "Who was the claim for?"
 - a) Member ID + Date of Birth
- Complete the "I'm not a robot" activity and select **search**
- If all information was entered correctly, you will be able to see the Claims' status as a Guest

The screenshot shows a web form titled "Find a Claim" with the Epic logo at the top. Below the title is a brief instruction: "Use this page to check on the status of a submitted claim. We'll need a few pieces of information to narrow down your search. To securely view additional claim details, please log in or create an account." The form is divided into three numbered steps, each with a dashed blue line indicating the flow:

- 1 Who submitted the claim?**
Enter one of the following:
A) Provider NPI
B) Vendor Tax ID
Fields: Provider NPI, Vendor Tax ID
- 2 What were the claim details?**
Enter one of the following:
A) ID + Earliest Date of Service
B) ID + Billed Amount
Fields: ID (dropdown menu with "Claim ID or submitted ID" selected), Billed Amount, Earliest Date of Service (calendar icon)
- 3 Who was the claim for?**
Enter one of the following:
A) Member ID + Date of Birth
Fields: Member ID, Date of Birth (calendar icon), ZIP Code

At the bottom of the form, there is a checkbox labeled "I'm not a robot" next to a reCAPTCHA logo, and a "Search" button with a magnifying glass icon.

Guest Eligibility Status Access

- Go Back to the VHP Splash Page
- Select the **Verify Eligibility Status** activity
- In order to check the eligibility status for a member, you would need to provide the following pieces of information:
- Enter in you Provider NPI in the “Who is requesting information” section
- In the “Who are you verifying eligibility for” section, enter in the
 - a) Member’s Member ID
 - b) Date of Birth
 - c) Legal Sex, and Zip Code fields are not required
- Enter in a date in which you are verifying the Member’s eligibility for
- Complete the “I’m not a robot” activity and select **search**
- If all information was entered correctly, you will be able to see the Member’s Eligibility as a Guest

Epic

Verify Eligibility

Use this page to check on the eligibility status for a member. We'll need a few pieces of information to narrow down your search. To securely view additional eligibility details, please [log in](#) or [create an account](#).

1 Who is requesting information?
Enter one of the following:
A) Provider NPI

Provider NPI

2 Who are you verifying eligibility for?
The following are required to look up the member:
A) Member ID
B) Date of Birth

Member ID

Date of Birth

Legal Sex

ZIP Code

What date do you want to verify eligibility for?
If no date is entered, we will check current eligibility.

View eligibility as of:

I'm not a robot

reCAPTCHA
Privacy - Terms

Accessing Patient Data in VHP Access

- With the right security, there are two ways for users to directly look at patient data: First Access and Managed Access
- **First Access**
 - If the staff member or provider hasn't worked with this patient recently, they can search manually
- **Managed Access through a Patient List**
 - Managed Access is the members that the User has been associated to based upon their site (organization/vendor record), patient groups associated to the vendor along with their associated User role.
- **Log in:**
 - User Name: mcprovider
 - Password: Welcome12345
- If the staff member or provider hasn't worked with a patient recently, they can search manually. From a technical perspective, looking up a patient manually is called using **First Access**.
- If you are a Specialist, logging in the first time, then you would not have any members assigned to you that you would be able to see on your patient list. To add them to your list you may need to look up the member which could then be added to your patient list.
- Select the 'Patient' activity in the top toolbar

- From the **Demographics** tab, select the 'Search All Patients' activity
- Enter in all required information

- Patient Full Name: Vincent Grape
- Sex: Male
- Birth Date: 10/21/1982
- Member ID – can search using VHP ID or Universal ID: 1000184
- Zip Code: 95131
- **select Search**
- If all information has been entered correctly, the patient you are searching for will appear
- Select the Member from the suggested list
- Select the Reason for accessing the patient
- Select the **Provider Group** in which the Member should be associated to (multiple groups will appear if the User searching for the member is associated with multiple groups)

Search My Patients **Search All Patients** ☆

🔍 **Confirm Patient Selection**
Click Select to add this patient/member to your list.

Grape, Vincent - 1000184

Born 10/21/1982 xxx-xx-3296
 40 y.o. Male 408-555-1212 (H)
 2480 N. First Street No e-mail address on file
 SAN JOSE California 95131

Reason Comment

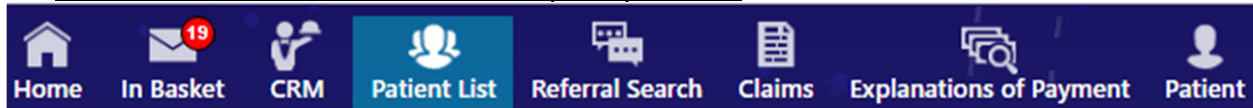
Select the groups to which you want to add the patient:

EHS Link Group !
 Tapestry Link Patients

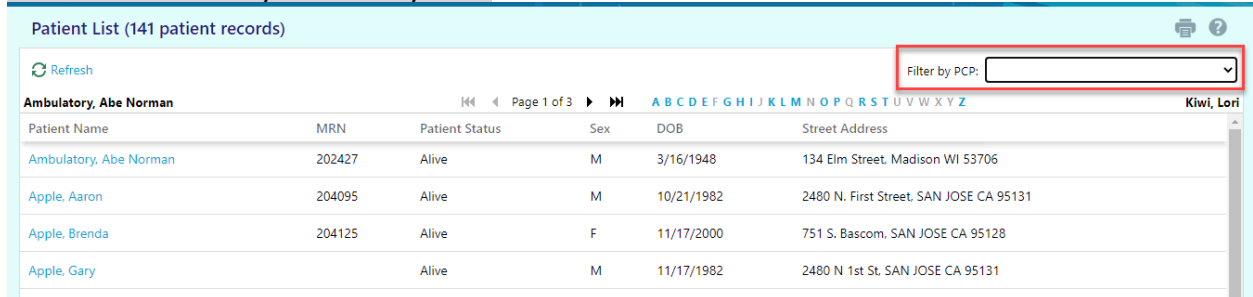
Accept and Continue

- **Managed Access through a Patient List**
 - The other option for locating patient data is for a user to use the Patient List. The Patient List activity is a curated set of patients generated through a tool called Managed Access.
 - Managed Access has the potential to look at patients that are referred to a physician, patients associated to a physician through PCP assignment, patients associated to a physician through hospital admission, and more.

- Click on Patient List Icon to view your patients



- You can filter your list by PCP



Overview of VHP Access Activities

- Let's take a quick look at the different Activities available across the top of your toolbar once logged into VHP Access. I will go into a more in-depth explanation later during this lesson
- As with all Epic products you can move your mouse over an Icon and hover to discover to give you a basic explanation of the various icons.



- The Home Icon takes you to your initial login page where you can quickly choose options which allow you to:
 - Select a patient
 - Create a Referral
 - Do a Claim Search
 - Look up a Remittance Advice
 - See a summary of your Unread Messages



- In Basket takes you to your messages



- CRM allows you to view any outstanding Requests for Information & Any submitted CRMs from a Selected Provider that is part of your site or Organization






- Patient List allows you to easily view a list of all patients that you have been associated with



- Referral Search allows you to find referrals that you search based upon Effective Dates, Referral ID, Referred to Specialty or Provider, and Referral Status. Please note that all referrals for VHP would have a Referral Type of

Outgoing since VHP is a Health Plan that does not provide care for VHP members.

-  Claims allows you to do a claim search in addition to a Remittance Advice Search
-  Explanations of Payment allows you to search for payment information
-  Allows you to view & search for information specific to a single VHP member

Review Coverage and Claim Information

- From your Home page Click on Select Patient
- From the My Patients patient list tab I will Select Gary Apple
- You will see the patient’s storyboard on the left side where you can use your mouse to hover to discover
- On the Storyboard if you used First Access to access the patient you will see Access Ends will show a date of when the patient will fall off your list and you would need to do another First Access search to find your patient.
 - If patient is part of your curated patient list through Managed Access, then the Access Ends date will show Never
- From the member's workspace, click the **Coverages & Benefits** tab.

The screenshot displays the 'Coverages & Benefits' workspace for a patient named Gary Apple. The patient's profile on the left includes their name, gender (Male), date of birth (11/17/1982), MRN (1000251), and current plan (VALLEY HEALTH PLAN / IFP SILVER 70). The 'ACCESS ENDS (Never)' status is highlighted with a red box. The main area shows a table of coverages on file, with the 'View all coverages on file' button and 'Benefits Summary'/'Coverage Detail Report' buttons also highlighted with red boxes.

Payor/Plan	Eff. Date	Term. Date	Member ID	Employer Group	Filing Order
<input checked="" type="radio"/> VALLEY HEALTH PLAN / IFP SILVER 70	01/01/2022		2906779	IFP Silver 70 Reg 7	1
<input type="radio"/> VALLEY HEALTH PLAN / IFP PLATINUM 90	11/01/2022		4483547	IFP Platinum 90 Reg 7	2

- Select **View all coverages on file** to see a full list of the member's past and present coverages.
 - You can also choose to view coverage based upon a specific date
 - *The system will allow you to do up to a 2 year look back for a member’s eligibility*
- Note that anytime you see a Printer Icon you can print out that page
- From any page you can click on the Question Mark Icon on the top right corner to get help and information regarding what is currently showing on your screen.
- From the Coverages & Benefits workspace, click **Benefits Summary** to see the details about the member's specific benefits plan and package. This will show you the member’s copay amounts along with their deductibles and if their deductibles have been met. Along with their Out of Pocket spent amounts.
- You can also do a search for members covered benefits under the Benefit Details section search bar.
 - You can search by description
 - You can search by CPT/Procedure code
 - Please note to review each category of service on the navigator on the left side to review all your results

- If a service is not a covered benefit then your search results would be blank

The screenshot displays the Epic system interface for a member's coverage and benefits. The main area shows the plan details for 'IFP Silver 70 Reg 7' under 'VALLEY HEALTH PLAN - IFP SILVER 70'. It includes a 'Deductibles and MOOPs' section with four donut charts showing remaining amounts: Member-Level Deductible (\$4,750.00), Account-Level Deductible (\$9,500.00), Member-Level Out of Pocket (\$8,750.00), and Account-Level Out of Pocket (\$17,500.00). A 'Benefits Details' sidebar is open, showing a search for 'Specialist Office Visit' and 'Other Practitioner Office Visit'. The search results for 'Specialist Office Visit' show a copay of \$85.00 and a 'Next level after' of \$85.00 used in Specialist Visit-1. The search results for 'Other Practitioner Office Visit' show a copay of \$45.00 and a 'Next level after' of \$45.00 used in Other Practitioner Visit-1. Red boxes highlight the 'Go back to list' link, the 'Coverage Detail Report' link, and the search results area.

- Click [Go back to list](#) to return to the Coverages & Benefits workspace.
- Click [Coverage Detail Report](#) to review information about the member's coverage information and Networks

Referral by Member Demographics **Coverages & Benefits** Provider Search New Referral Claim by Member

Coverages & Benefits Coverage Detail Report

Eligibility Information as of 12/09/2022 APPLE,GARY [1000251]

Eligibility

Employer Group IFP Silver 70 Reg 7 [59] Service Area EHS SERVICE AREA	Benefit Plan IFP SILVER 70 [103002103] Networks QUATERNARY OPEN (IFP & COCA) PLUS PLUS (IFP & COCA) SPECIALTY (IFP & COCA)	Carrier IFP [2] Primary Location EHS CLINIC	Payer VALLEY HEALTH PLAN [103002] PCP NATASHA AHMED
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Coverage Information

Covered Flag Covered Relationship to Subscriber Self - Self Rx BIN 610602	Type Managed Care Member Number 2906779 Rx Group	Effective From 01/01/2022 Patient Application Date	Effective To Patient Late Enrollment
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Subscriber Level Information

Subscriber ID 2906779	Subscriber Name Apple,Gary	Employment Date	COBRA Status	COBRA Date
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- Click on the **Demographics** tab to see a summary of information about the member

Referral by Member **Demographics** Coverages & Benefits Provider Search New Referral Claim by Member

Demographics

Basic Demographics

Name Apple, Gary	MRN 1000251	SSN xxx-xx-0000	Sex Male	Date of Birth 11/17/1982 (40 yrs)
Ethnic Group N/A	Marital Status N/A	Patient Status Alive	Sex assigned at birth	Gender identity

Contact Information

Address (Permanent)
2480 N 1st St
SAN JOSE CA 95131

PCP and Center

Primary Care Provider Natasha Ahmed	Center EHS CLINIC
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Administrative

Signature on File No	Date Filed None on file
Power of Attorney No	Date Asked None on file
Advance Directive No	Date Asked None on file

Patient Contacts

None on File

Active Insurance as of 12/9/2022

Patient has no active insurance coverage on file for 12/9/2022.

- Click the **Provider Search** tab this allows you to view the different Providers to see if a particular provider is part of the member's network or not

GA
Gary Apple
 Male, 40 y.o., 11/17/1982
 MRN: 1000251
 VALLEY HEALTH PLAN / IFP SILVER 70
 Effective: 1/1/2022
 Rel to Sub: Self
 Member ID: 2906779
 PCP: Natasha Ahmed
 ACCESS ENDS (Never)

Provider Search

Name: City:
 State: ZIP:
 Internal Department: Department Specialty:
 Provider Specialty: Gender:
 Language: Clinical Interest:

- Click the **New Referral** tab this allows you to create a referral for the member you have open
- Click the **Referral by Member** tab this allows you to view any associated referrals for the member. By changing the view option, you can view just active referrals or all referrals.

BA
Brenda Apple
 Female, 22 y.o., 11/17/2000
 MRN: 1000201
 VALLEY HEALTH PLAN / SC COUNTY COMM CLASSIC
 Effective: 8/26/2021
 Rel to Sub: Self
 Member ID: 1606725
 PCP: Fareeda N Adeeb
 ACCESS ENDS (Never)

Referral by Member

View Option: Show Active Referrals

Click on the referral ID to view more information about that referral

Search Results: 3 referrals found

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
2498	VALLEY HEALTH PLAN	WHITECOAT, WALT	STANFORD HEALTH CARE	AUTH	11/21/2022	02/20/2023	11/22/2022
2497	VALLEY HEALTH PLAN	WHITECOAT, WALT	SANTA CLARA VALLEY MEDICAL CENTER	AUTH	11/17/2022	02/16/2023	11/18/2022
2496	VALLEY HEALTH PLAN	WHITECOAT, WALT	ANN CHEN	AUTH	11/17/2022	02/15/2023	11/17/2022

- Click the **Claim by Member** tab allows you to view any claims associated with that member

OA
Oli Apple
 Male, 40 y.o., 10/21/1982
 MRN: 1000181
 VALLEY HEALTH PLAN / SC COUNTY COMM CLASSIC
 Effective: 10/21/2021
 Rel to Sub: Self
 Member ID: 1346217
 PCP: Jean Philippe M Abraham
 ACCESS ENDS (Never)

Claims Inquiry

Search for vendor, tax ID, provider, claim ID...

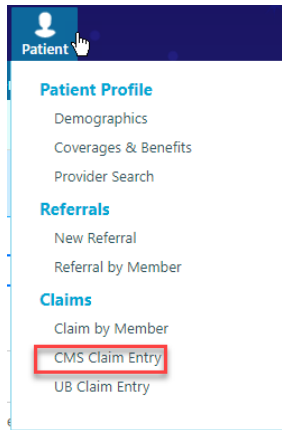
From date: 12/29/2021 To date: 12/29/2022

Advanced Search

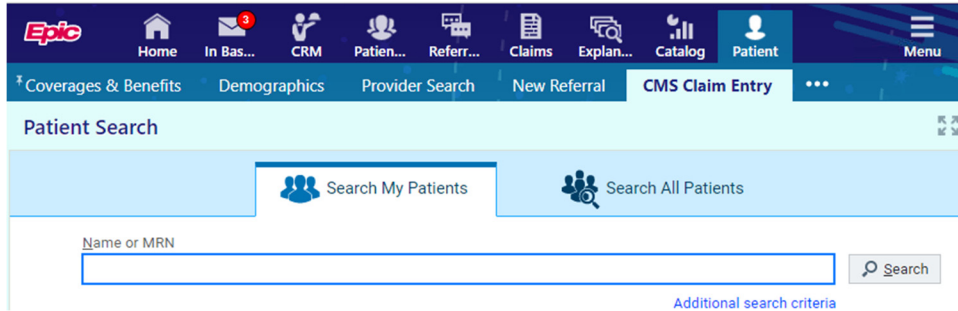
Claim #	Svc Frm Dt	Clm Rcv Dt	Status
3742	10/23/2022	10/25/2022	Payment Processed

Submit a CMS Claim

- From the Home screen, select the **Patient** tab.
- Click **CMS Claim Entry**



- You can Enter the member in the **Name** field and click **Search**.



- Please note that you should fill in as much information as you can to ensure your claim goes through as clean for payment instead of erring for missing information.
- You would need to complete all required fields as indicated by the red stop sign, along with any additional optional fields of your choosing.
- Fields containing a yellow yield sign with an exclamation point is recommended but not required.

EPIC TIME SHORTCUTS

- Y = year
 - y-1 = a year ago
- W = week
 - W-1 = a week ago
- T = today or (time right now)
 - T+3 = 3 days from now
- N = time right now
 - N-60 = time 60 minutes ago using AM/PM

- Double click on your assigned Aaron member's name from your patient list.
- Enter the following information:
 - Diagnosis (21): M54.5-Low back pain
 - Service from date (24a): w-1 (last week)
 - Place of service type (24b): 71-Public Health Clinic
 - Service (24d): 99211-PR Office/Outpatient Established Minimal Problem(s) CPT(R)
 - Associated diagnosis (24e): A
 - Amount billed (24f): 500
 - Note that you can add additional service lines by clicking on the +New at the bottom of the Services section of the claim

#	From Date	To Date	POS Type	Service	Code T...	Modifiers	Asso...	Amount Bi...	Quan...	Prior Ins...	Prior Pat...
1									1.00		

Service Entry - Line 1

24a. Service from date: [calendar icon]

24a. Service to date: [calendar icon]

24b. Place of service type: [dropdown with error icon]

24d. Service: [dropdown with error icon]

24d. Modifiers: [dropdown]

24e. Associated diagnosis: [dropdown with error icon]

24f. Amount billed: [dropdown with warning icon]

24g. Quantity: 1.00 [calendar icon]

Buttons: Time Info, NDC Info, UPN Info, Ambulance Info, **+ New**, Delete, Next, Previous

- Total billed (28): 500
- Vendor (33): MC John Smith Therapeutic Services
- Provider (24j): Tapestry, Physical Therapy
- If you find you are not ready to submit the claim, you can click **cancel**. Once you click accept the claim is submitted and you cannot delete/void the claim.
- Click **Accept**.to enter the claim into the VHP system.
- If you need to make changes to the claim after submission you would follow your normal procedure for submitting a corrected claim or void claim.

Referral by Member | Demographics | Coverages & Benefits | Provider Search | New Referral | **Claim by Member**

AA

Aaron Apple
Male, 40 y.o., 10/21/1982
MRN: 1000171

VALLEY HEALTH PLAN / SC COUNTY COMM CLASSIC
Effective: 10/21/2021
Rel to Sub: Self
Member ID: 4868935
PCP: Jean Philippe M Abraham
ACCESS ENDS 12/19/2022

Search for vendor, tax ID, provider, claim ID...

From date: 12/9/2021 To date: 12/9/2022

Advanced Search

Claim #	Svc Frm Dt	Clm Rcv Dt	Status
5771	12/02/2022	12/09/2022	Received - Thank You!
3730	10/23/2022	10/23/2022	Processing

Review claims

- From a member's workspace, click the **Claim by Member** tab.
- Enter the member in the **Name or MRN** field and click **Search**.
- Use the **Select a Provider** field to choose a provider whose claims you would like to review.

The screenshot shows the 'Claims Inquiry' page with the following elements:

- Navigation tabs: Coverages & Benefits, Demographics, Provider Search, New Referral, Referral by Member, **Claim by Member**.
- Page title: Claims Inquiry
- Search bar: Search for vendor, tax ID, provider, claim ID...
- Date filters: From date (11/26/2021) and To date (11/26/2022).
- Advanced Search section:
 - Vendor: [Searchable field]
 - Tax ID: [Searchable field]
 - Provider: [Searchable field]
 - Claim ID: [Field]
 - Submitted ID: [Field]
 - Check Number: [Field]
 - Billed Amount: Min [Field] Max [Field]
 - Claim Type: Any, CMS, UB
- Message: **No claims were found.**

- For class we will just select a patient from your patient list:
 - Aaron has a claim that is processing
 - Oli or Vincent has a paid claim
- *Claims look back is up to 3 years*
- Claims search is by service date
- Please note that you can search for claims by just Provider
- Please note that if you are unable to find your claim you may need to adjust your From & To dates
- Click the claim number link to view detailed claim information.

Ask a question about a claim

- If you have an open claim that you are reviewing, you can click on the Ask a Question Icon

The screenshot shows the 'Claim by Member' section of the member portal. The user is viewing details for a CMS Claim #3730. The status is 'Processing' with an adjudication amount of \$100.00. The member is Aaron Apple, and the claim is for a Specialist Consultation. The page includes sections for Coverage, Billing Info, Authorizations, and Processing. A red arrow points to the 'Ask a Question' icon in the top right corner of the page.

- From Claim by member section, click **Ask a Question**.
- The message will open and will already have that member & claim attached
- Enter as much information as you can
- Fill out the fields in the window.
 - Subtopic: Select appropriate subtopic from the drop-down list
 - Source Provider: This automatically populates with your name, but you can change this if needed
 - Priority: Select High, Routine, or Low.
 - Summary: Type a Summary of your Inquiry
 - Site: If you are associated to multiple sites then you would need to select the correct one
 - Attachments: Claim or Referral is already attached but you can remove if you want
 - Details: Enter your question or request in the free-text field.

- Documents: Required to Attach additional files

Topic: General Claims Inquiry (Non-Dispute)

! Subtopic:

Source Provider:

Priority: High Routine Low

Summary:

Site:

Patient: Apple, Aaron [1000171]

Attachments:

Claim #	Svc Frm Dt	Clm Rcv Dt	Status
3730	10/23/2022	10/23/2022	Processing

! Details:

Additional Documents

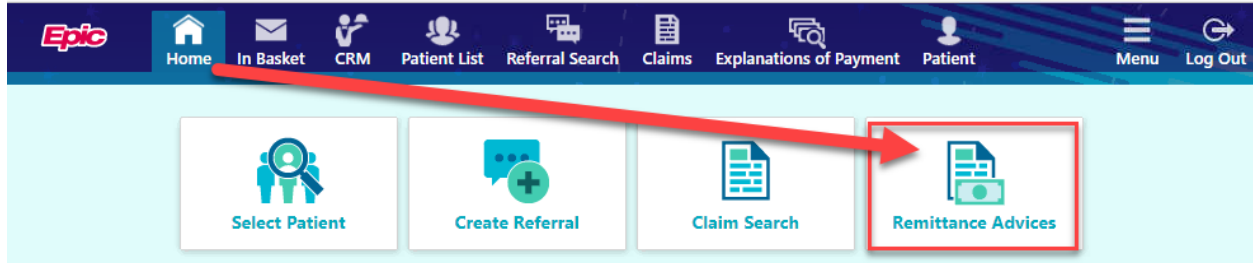
! Documents:

100.0 MB Total Allowed 0 Files (i)

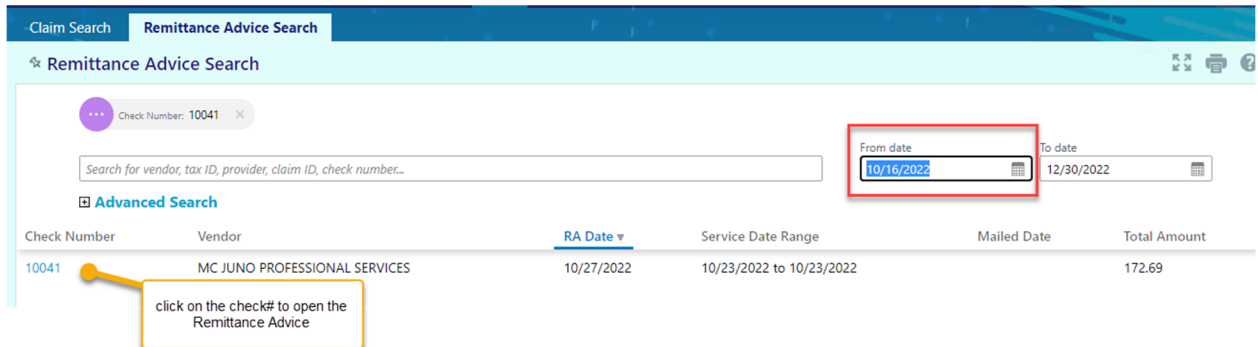
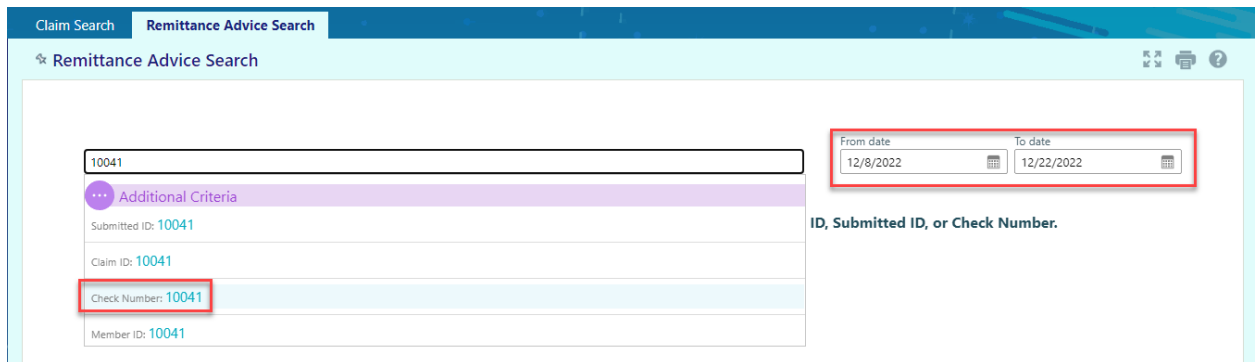
- Click **Submit** to route the question to an appropriate user. You will receive a response within **the regulatory guidelines**.
- Responses to Inquiries would be found in the In Basket as a Customer Service Reply
- You can view your submitted CRMs by clicking **CRM** in the toolbar and entering your name in the **Provider** field.
- Any Responses to CRMs can be found in your In Basket as a CRM reply

Review Remittance Advices

- From the Home screen, click **Remittance Advice**.



- You can also click on the Claims Icon and click on the Remittance Advice Search Tab
- Search for remittance advices by vendor or check number.
- Enter your check#
 - In the PLY environment you can find a paid claim check number to search for from Oli or Vincent
- If you don't see the remittance advice that you are searching for then check your From & To dates.
- Click the check number link to access detailed remittance advice.



- You can print and save the remittance advice and then click on the **Back** button to close out of the remittance advice

Claim Search | Remittance Advice Search

Remittance Advices > Remittance Advice Report

Page 1 of 2

Remittance Advice for Mc Juno Professional Services
Business Group: Amount: \$172.69
Check: 10000 (Dated: 10/27/22)

Whitecoat, Walt

Commercial - Classic

Ins. Co. County Of Santa Clara [1641800100] Claim 3673 Group SCC Commercial Classic [1640001025]
Patient Zzapstep,Vincent Member ID 1000088 DOB 10/21/1982
Withhold 0.00 Interest 0.00 Penalty 0.00

Date	Proc / DRG	Billed	Disallow	Bef Ben Penalty	Allowed	Not Covrd	Deduct	Copy / Coins	Exceed Benefit	Patient Total	Adjust	Adjust	Progra m Adjust	Aft Ben Penalty	Discount Codes	Primary Net Paymen
99214		100.00	0.00	0.00	100.00	20.00	0.00	0.00	0.00	20.00	0.00	0.00	0.12	0.00	0.00 144N807	0.00 80.12
10/23/22																
Totals		100.00	0.00	0.00	100.00	20.00	0.00	0.00	0.00	20.00	0.00	0.00	0.12	0.00	0.00	80.12

Reason Codes
144: Incentive adjustment
Remark Codes
N807: Payment adjustment based on the Merit-based Incentive Payment System (MIPS).

Ins. Co. County Of Santa Clara [1641800100] Claim 3674 Group SCC Commercial Classic [1640001025]
Patient Zzapstep,Oli Member ID 1000089 DOB 10/21/1982
Withhold 0.00 Interest 0.00 Penalty 0.00

← Back

Process a Request for Information

If Tapestry requires some additional documentation on your submitted claim, Tapestry sends you a Request for Information (RFI) letter.

This integrates with our internal CRM module and would route to the appropriate VHP person or group to answer the Providers inquiry

- From the Home screen, select the **CRM** tab.
- Click **Request for Information**.

Tapestry Link

https://epiccarelink-np.et1268.epichosted.com/TapestryLink_REL/common/epic_main.asp

Epic Home In Basket CRM Patient List Referral Search Claims Explanations of Payment Catalog Patient Menu Log Out

Submitted CRM Request For Information

Request For Information

There are no outstanding requests for information.

- Click the **Submit Documentation** button in the far-right column to create a new CRM for the highlighted claim that has a request for Information.
- Click the Claim ID link in the far-left column to view a report with claim details.
 - To create a new CRM for the claim from the report, click the **Submit Documentation** button.

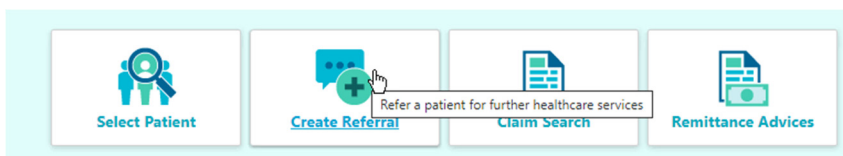
Entering Referrals in VHP Access

- When a member requires services above and beyond what the PCP can provide, or services that are not offered by your organization, authorization is required in the form of a referral. There are several ways that referrals can be entered in your system:
- Affiliate providers can use our VHP Access online portal to enter a referral
- Referrals can be faxed and the VHP referrals coordinator will use **Referral Entry** to manually enter the referrals into Epic.

Creating a Referral in the Online Portal

Brenda is experiencing back pain and would like a referral to see a chiropractor. We will login as our General Tapestry provider to enter a referral for our member.

- Log into VHP Access with the credentials below.
 - **User ID:** mcprovider
 - **Password:** Welcome12345
- Click on the **Create Referral**



- Select you Brenda Member from your patient list
- In the Referral Type Field select **Chiropractic [33]**
 - Select the appropriate Referral Type to ensure your referral is routed to the correct VHP UM department

▪ Click **Next**

The screenshot shows the 'New Referral' form for a patient named Brenda Apple. The patient's information includes: Female, 22 y.o., 11/17/2000, MRN: 1000201. The plan is Valley Health Plan / SC County Comm Classic, effective 8/26/2021. The PCP is Fareeda N Adeb. The form has tabs for 'Referral Type', 'General Information', and 'Diagnoses/Services'. A 'Referral' icon is displayed in the center of the form area. Below the icon is a search field for 'Referral type' with 'Chiropractic [33]' entered. A 'Next' button is visible at the bottom right.

- This then takes you to the General Information section
- In the Priority Field select **Routine [1]**
- In the Reason Field select **Specialty Services Required [5]**
 - The Reason Field is not required
- Number of visits enter 6
- Mark the Retroactive Referral box if the service already occurred without getting a prior authorization

The screenshot shows the 'General Information' section of the 'New Referral' form. It includes the following fields:

- Priority:** Routine [1]
- Type:** Chiropractic [33]
- Reason:** Specialty Services Required [5]
- Number of visits:** 6
- Retroactive referral?**

Entering Referred by and Referred to Information

- Referral By will automatically be populated with the user you logged in as, but this can be changed if entering a Referral for another Provider
- Location/Place of Service is not Required for Referred By Provider
- Your organization can use Provider Finder to help refer patients to In-Network Providers and Providers with whom your VHP has favorable relationships.
 - In Network Providers for VHP will be listed first

- Out of Network Providers will be listed last and you must select the “All Providers” option within Provider Finder to see this

- In the **Referral To** field Click the magnifying glass to open the Provider Search

Referral By

Provider: Location/POS:

Referral To

Provider: Location/POS:

Provider specialty:

Vendor:

Clicking here will open Provider Search

- Use Provider Search to suggest providers with a specialty of Chiropractic Medicine [47]
- You can search for a Provider by any of the listed fields:
 - Provider City, State, or Zip
 - Internal Department
 - Provider Specialty
 - Gender
 - Language
 - Clinical Interest
 - Location/Place of Service
- Click **Search**

Provider Search

Name: City:

State: ZIP:

Internal Department: Provider Specialty:

Gender: Language:

Clinical Interest: Location/Place of Service:

- Provider Finder will let you know if Provider is in Network
- There is option to select All In-Network Levels or All Providers
 - All Providers would show you Out of Network Providers

Provider Search

Search Criteria

Search Results: 50 providers found

(More Level 4) (All In-Net Levels) (All Providers)

Name	In Preferred Network	Network Level	City	State	ZIP	Gender	Multiple External Department	Multiple Provider Specialties	Multiple Languages	Clinical Interests	Location
<input type="radio"/> William Hamilton	Yes	In Network				Male		Chiropractic			700 W PARR AVE LOS GATOS CA 95032
<input type="radio"/> William Hamilton	Yes	In Network				Male		Chiropractic			15720 WINCHESTER BLVD LOS GATOS CA 95030
<input type="radio"/> Thomas Gallardo	Yes	In Network				Male		Chiropractic			135 N JACKSON AVE SAN JOSE CA 95116
<input type="radio"/> Donald G Ajlouni	Yes	In Network				Male		Chiropractic	Spanish		1865 ALUM ROCK AVE SAN JOSE CA 95116

- Select a Provider
- Click Next

Entering Diagnoses and Services

- The **Diagnosis/Services** form holds information about the patient's diagnoses and the services requested by the provider.
 - You must enter at least one diagnosis and service but may enter more than one if applicable.
 - Entering the proper codes allows the system to calculate the net payable, patient amounts, and potentially automatically authorize the referral.
- In Diagnosis field enter Low Back Pain (M54.5)
 - Click the +Add button to add additional diagnoses
- In Primary Procedure field enter CPT code **98942 (PR CHIROPRACTIC MANIP, SPINAL, 5 REGIONS)**
 - You must enter at least one diagnosis and service but may enter more than one if applicable by clicking on the +Add button.
- From this form, the referring provider can also add notes or attachments to the referral to communicate additional information to the referred to provider.

★ New Referral 🖨️ ?

✓ Referral Type ✓ General Information **Diagnoses/Services**

Diagnoses

Low back pain [M54.5] 🔍

+ Add

Services (It is required to fill in at least one item in this section)

98942 - PR CHIROPRACTIC MANIPULATIVE TX SPIN 🔍 Revenue code 🔍 Modifiers 🔍 Qty ⚠️ Unit type 🔍

+ Add

Notes

Note summary

? 📄 ↶ ↷ 📄

Attachment

Add file

100.0 MB Total Allowed i

Allowed file types: doc, docx, jpeg, jpg, mpg, pdf, png, tif, tiff, txt, wav

← Back
✓ Request Referral
✗ Cancel Request

- Hover over the ⓘ to show the file types that will be accepted
- You should always add medical necessity documentation to a referral request.
- If you are not ready to submit your referral than click **Cancel Request**. Once your request is submitted you can't void/delete the referral.
- Click Request Referral once you are ready to submit.
- You will now see an overview summary of the referral that you just entered.

The screenshot displays the 'Referral by Member' interface. At the top, navigation tabs include 'Referral by Member', 'Demographics', 'Coverages & Benefits', 'Provider Search', 'New Referral', and 'Claim by Member'. The 'Referral by Member' tab is active, showing 'Referral Details' for a specific referral. A red box highlights two buttons: 'Add Note/Attachment' and 'Referral Message'. The patient information for Brenda Apple is shown on the left, including her date of birth (11/17/2000) and MRN (1000201). The referral details include patient information (Apple, Brenda), general information (authorized from 12/22/2022, expires 3/22/2023, type Chiropractic, class Outgoing, status Pending Review, priority Routine), referred to (William Hamilton, Chiropractic), referred by (General External Provider Tapestry, MD), procedure information (98942 - PR CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS), diagnosis (M54.5 - Low back pain), and scheduling info (Ready to Schedule, Schedule By Date 1/21/23).

- If you find that you forgot to add an attachment for medical necessity you can click on the Add Note/Attachment.
- If you want to send a message regarding the referral you can click on Referral Message
- Click on the Referral by Member Tab
- This will show you all the referrals for the member and the referral status
 - Under View Option you can select to Show Active Referrals or Show All Referrals

Referral by Member | Demographics | Coverages & Benefits | Provider Search | New Referral | Claim by Member

BA

Brenda Apple
Female, 22 y.o., 11/17/2000
MRN: 1000201

VALLEY HEALTH PLAN / SC COUNTY COMM CLASSIC
Effective: 8/26/2021
Rel to Sub: Self
Member ID: 1606725

PCP: Fareeda N Adeeb

ACCESS ENDS (Never)

Referral by Member

View Option: Show All Referrals

Click on the referral ID to view more information about that referral

Search Results: 6 referrals found

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
3982	VALLEY HEALTH PLAN	TAPESTRY, GENERAL EXTERNAL PROVIDER	WILLIAM HAMILTON	PEND	12/22/2022	03/22/2023	12/22/2022
2498	VALLEY HEALTH PLAN	WHITECOAT, WALT	STANFORD HEALTH CARE	AUTH	11/21/2022	02/20/2023	11/22/2022
2497	VALLEY HEALTH PLAN	WHITECOAT, WALT	SANTA CLARA VALLEY MEDICAL CENTER	AUTH	11/17/2022	02/16/2023	11/18/2022
2494	VALLEY HEALTH PLAN	BRIAN BLACKBURN	PAMF, DOC	DENIED	12/20/2021	06/18/2022	11/18/2022
2496	VALLEY HEALTH PLAN	WHITECOAT, WALT	ANN CHEN	AUTH	11/17/2022	02/15/2023	11/17/2022
2495	VALLEY HEALTH PLAN	WHITECOAT, WALT	FAREEDA N ADEEB	DENIED	11/16/2022	02/14/2023	11/17/2022

- You can click on any referral in the list to see the referral Summary and from this view you can select Add Note/Attachment or Referral Message

Referral by Member | Demographics | Coverages & Benefits | Provider Search | **New Referral** | Claim by Member

BA

Brenda Apple
Female, 22 y.o., 11/17/2000
MRN: 1000201

VALLEY HEALTH PLAN / SC COUNTY COMM CLASSIC
Effective: 8/26/2021
Rel to Sub: Self
Member ID: 1606725

PCP: Fareeda N Adeeb

ACCESS ENDS (Never)

Referral by Member | **Referral Details**

Add Note/Attachment | Referral Message

Referral Referral # 3982

Patient Information

Patient Name	Gender Identity	DOB	SSN
Apple, Brenda	Female	11/17/2000	xxx-xx-4071

General Information

Authorized From	Expires	Type	Class	Status	Priority
12/22/2022	3/22/2023	Chiropractic	Outgoing	Pending Review	Routine

Referred To

Provider: William Hamilton
Location: WILLIAM HAMILTON CHIROPRACTIC

Referred By

Provider: General External Provider Tapestry, MD

Procedure Information

Service Details	Modifiers	Revenue Code	Provider	Requested
98942 (CPT®) - PR CHIROPRACTIC MANIPULATIVE TX SPINAL 5 REGIONS	None	None		1

Diagnosis Information

Diagnosis
M54.5 (ICD-10-CM) - Low back pain

Scheduling Info

Scheduling Status	Schedule By Date
Ready to Schedule	1/21/23

Appointments (0)

- You can then type your note with additional information and add an attachment to show medical necessity by clicking **Add File** and then click on **Add Note**



Enter a referral note below. You must enter at least a **Note summary** or a **Note**. You may attach a file to the referral note by clicking the **Browse** button next to the **Attachment** field.

New Referral Note

Note type: Provider Comments

Note summary:

Note:

Attachment:

100.0 MB Total Allowed

Enter a referral note below. You must enter at least a **Note summary** or a **Note**. You may attach a file to the referral note by clicking the **Browse** button next to the **Attachment** field.

New Referral Note

Note type: Provider Comments

Note summary: See attached medical necessity documentation

Note:

Attachment:

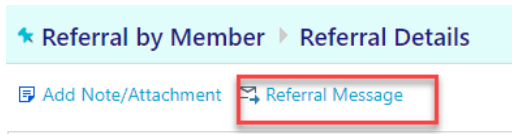
- You will then see your added referral note with attachment added to the referral

The screenshot shows the 'In Basket' interface for 'Referral Details'. At the top, there is a navigation bar with icons for Home, In Basket, CRM, Patient List, Referral Search, Claims, Explanations of Payment, Catalog, and Test, Erik. Below this, the 'In Basket' section is active, showing 'Referral Details' and a 'Schedule by date: 9/28/2022'. A red box highlights the 'Referral Notes' section, which contains a table with the following data:

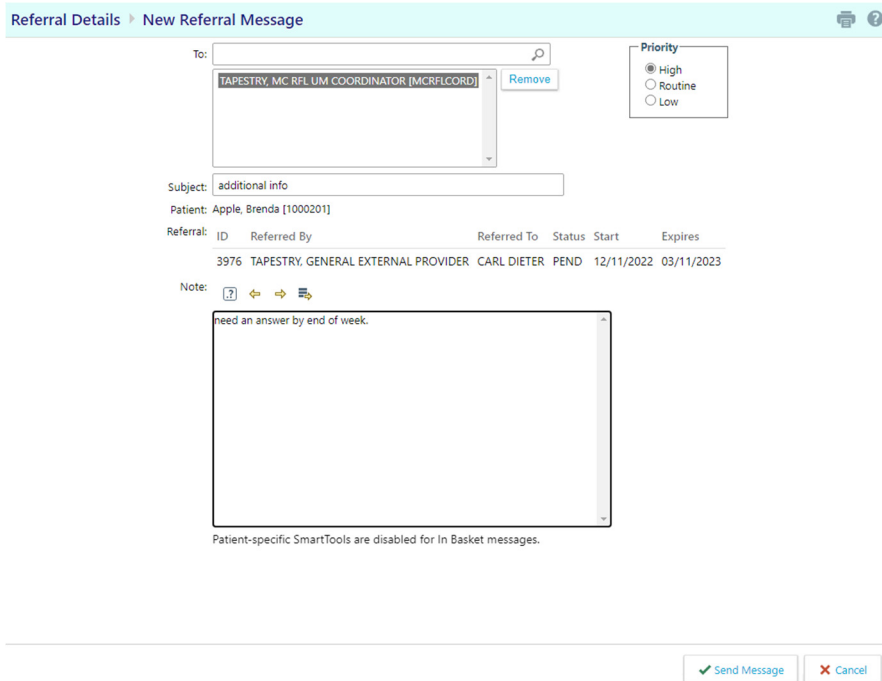
Type	Date	User	Summary	Attachment
Provider Comments	11/26/2022 11:04 AM	Lauren Provider Tapestry, MD	Requested information	Referral Attachment - Document on 11/26/2022 11:04 AM: Fax Referral Attachment for Jessica.pdf

Below the table, there is a 'Note' section with the text: 'This is medically necessary'. The interface also shows a 'Number of Notes: 2' indicator and a warning message: 'The following note will not be printed.'

- If you want to send a message about that referral you can click on Referral Message



- A message is created with the referral information attached
- Select who you want to send the message to
- Select a Priority
- Enter you note
- Click Send Message



Reviewing a Referral's Status

- Once a referral is requested, the system automatically determines if the referral should be authorized, pending for review or denied.
- The process the system uses to determine the referrals status is called Auto Status Assignment.
- If the system can automatically determine the referral's status without a user's manual review, the referring provider can see the decision immediately upon submitting the referral.
- Referral Statuses are:
 - Authorized
 - Cancelled
 - Case Management Review
 - Closed
 - Denied
 - Incomplete
 - Modified (same as Partial approval)
 - New Request
 - Open
 - Pending Review (Sent for Further Review)

In Basket

- [Go to In Basket](#)
- Notifications can be sent to the referring provider and the patient with status updates as the referral proceeds through authorization or denial.
- If Provider has a login to VHP Access, these referral notifications will be sent to their In Basket. If they do not have VHP Access then the notification will be sent by fax. If no fax then it would be sent by mail.
- If additional information is required, this request will also be sent as an In Basket message

- You can click on **Reply** to send a message back

The screenshot shows a web interface for CRM messages. At the top, there are tabs for 'My In Basket' and 'My Messages > CRM'. Below the tabs, there is a toolbar with buttons for 'New Msg', 'Refresh', 'Reply' (highlighted with a red box), 'Search', 'Sort', and 'Properties'. A table of messages is displayed with columns for Priority, CRM Date, Time, Source of Report, Topic, Pool?, Regarding, Task Owner, and Last Contacted. The first row is selected, and its details are shown in a summary box at the bottom of the screen.

Priority	CRM Date	Time	Source of Report	Topic	Pool?	Regarding	Task Owner	Last Contacted
<input checked="" type="checkbox"/>	5/23/2022	13:56:45	Tapestry, Andrea [E2798] (Patient)	Contracts - Contract or LOA Question	YES	1707 (Referral)		05/23/2022
<input type="checkbox"/>	5/24/2022	14:35:38	Tapestry, Beth [E2802] (Patient)	Contracts - Contract or LOA Question	YES	1770 (Referral)		05/24/2022
<input type="checkbox"/>	6/2/2022	12:10:41	Tapestry, Beth [E2802] (Patient)	Member Inquiry - Eligibility Verification	YES	1905 (Referral)		06/02/2022
<input type="checkbox"/>	6/14/2022	14:30:05	Tapestry, Andrea [E2798] (Patient)	Contracts - Contract or LOA Question	YES	2052 (Referral)	MC PROVIDER RELATIONS	06/14/2022
<input type="checkbox"/>	7/6/2022	12:18:01	Testsubscriber, Subscriber [E4324] (Patient)	Member Assistance	YES			07/06/2022
<input type="checkbox"/>	7/13/2022	13:11:51	Bunyan, Paul [1000003] (Patient)	Member Appeal - Pre-Service - Other Appeal	YES	Bunyan, Paul [1000003] (Patient)		07/13/2022
<input type="checkbox"/>	8/24/2022	13:47:26	Bunyan, Paul [1000003] (Patient)	Provider Dispute Inquiry - General Inquiry	YES	Bunyan, Paul [1000003] (Patient)		08/24/2022
<input type="checkbox"/>	11/4/2022	13:55:27	Meion, Aaron [1000170] (Patient)	Health Education - Complaint/Issue	YES			11/04/2022

CRM # 162
 Priority: Routine Created on: 05/23/2022 01:56 PM By: Mc Rfl Um Coordinator Tapestry
 Owner: None
 Status: Unresolved

- Fill out the fields.
 - To: Can change or add who you want to send the reply to
 - Priority: Select High, Routine, or Low.
 - Subject: Enter a Topic for your message
 - Phone: Enter a phone number you can be reached at if you want to be called
 - Do not resolve CRM: check this box if you do not want your reply to resolve the CRM you are responding to
 - Note: Enter your question or request in the free-text field.
- Click **Send Message**

To: Remove

Priority: High Routine Low

Subject:

Phone: Call Me
 Do not resolve CRM

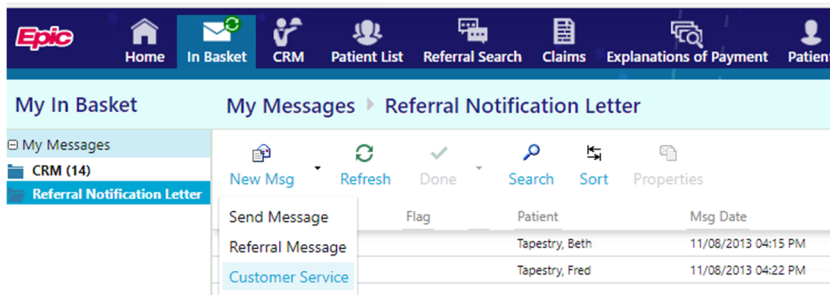
Note:

Existing notes (read only):

----- Message -----
 From: Physician Mychart Dt, MD
 Sent: 7/15/2016 11:39 AM PST
 To: Crm

Create a CRM in In Basket

- From the Home screen, select the **In Basket** tab.
- Click the drop-down arrow next to the **New Msg** button.
- Click **Customer Service**.



- Fill out the fields.
 - Topic: Enter a topic of your choice
 - Subtopic: Some topics will require a subtopic to be selected
 - Source Provider: This will default in your name, but you can change this
 - Priority: Select High, Routine, or Low.
 - Summary: Enter a summary of the CRM.

- Site: Select appropriate site if you are associated with more than one
 - Patient: Select a member record if applicable
 - Attachments: Attach a file such as a claim or a referral.
 - Details: Enter your question or request in the free-text field.
 - Documents: Attach additional files if necessary.
- Click **Submit**.

In Basket ▶ Customer Service Request 🖨️ ?

New Customer Service Request

Topic: Priority
 High
 Routine
 Low

Subtopic:

Source Provider:

Summary:

Associated Site

Site:

Patient

Patient:

Attachments:

Claim #	Svc Frm Dt	Clm Rcv Dt	Status
3730	10/23/2022	10/23/2022	Processing

Details

Details:

Additional Documents

Documents:

100.0 MB Total Allowed 0 Files

Issues with VHP Access Portal

- Go to In Basket and Send a message to Customer Service
- Topic: Report a Problem with Portal
- Fill out the Report a Problem section
- Detail: Enter any relevant details
- Click **Submit**

New Customer Service Request

Topic: Report a Problem with Portal

Source Provider: TAPESTRY, GENERAL EXTERNAL PROVIDER

Summary:

Priority

High

Routine

Low

Associated Site

Site: EHS LINK USERS

Report a problem

Is this a problem, request, or question?

What activity were you using when the problem occurred?


What browser and version are you using? (Example: Internet Explorer 9)

What operating system are you using? (Example: Windows XP)

Details

Details:

HELP When in VHP Access

- When using VHP Access you can click on the  Question Mark in the top right corner of every screen to get Help on the screen that you are on.