



Provider Portal Registration & User Guide

- Notification of User Access Termination 1
- Introduction to the Clever Care Health Plan Provider Portal 1
- Registration 2
- Dashboard Widgets 4
- Prior Authorization Submission & Inquiry 5
 - Prior Authorization Submission 5
 - Prior Authorization Inquiry 10
- Claims Submission & Inquiry 12
 - Claim Submission 12
 - Claim Inquiry 12
- Help Button 14

Notification of User Access Termination

As part of our commitment to keep our patients' information secure, it is required that Clever Care Health Plan be notified immediately upon termination of an employee who is registered for the Clever Care Provider Portal. Please send an email to ccmapd.eznet.support@ccmapd.com including the below information (bold indicates mandatory field):

Subject Title: Portal Access Termination Request

Email Details: › **Request: Please terminate the below employee(s) access to the Clever Care Provider Portal**

- › **Clinic Name**
- › **Name of employee**
- › **Email address used to register for the Clever Care Provider Portal**
- › User ID:

Introduction to the Clever Care Health Plan Provider Portal

The Clever Care Health Plan Provider Portal is a secured, web-based Cedargate application that delivers a controlled method for provider offices and organizations to access healthcare information including claims, eligibility, benefits, authorization, and provider directories while protecting member privacy.

To access the Provider Portal, open **Internet Explorer** and follow this link:

<https://eznet.clevercarehealthplan.com/>

Useful links to Clever Care-specific forms, applications, and documents are available prior to login that can be found on the login page:

Clever Care HEALTH PLAN The Clever Choice in Comprehensive Health Care

Home About us Contact us

Friday, January 08, 2021 10:17:24 AM

Welcome Clever Care Providers

Clever Care's provider portal is a secure, HIPAA compliant platform for providers to communicate with Clever Care. This site will allow you to submit authorizations and check on status, look up claims, and check benefits.

New to the provider portal? Register today by filling out and signing this agreement: [Clever Care EZ-NET Access Agreement](#). You may send us an email to clevercare.ezsupport@ccmapd.com or to your provider relations representative with your completed agreement. Your account will be created within 5 business days or sooner.

Login:

Username:

Password:

[Forgot Username/Password ?](#)

Links

[Clever Care Health Plan's website](#)

[Find a provider](#)

[Learn more about Clever Care's plan benefits for your members](#)

Delegated Entities
 Rx: [MediImpact](#)
 Behavioral Health: [Windstone Health Services](#)
 Dental: [Liberty Dental](#)
 Vision: [EyeMed](#)
 Hearing Aids: [Nations Hearing \(866\) 304-7557](#)
 OTC: [Nations OTC](#)
 Herbal Supplements: [TS Emporium](#)

Clever Care directly contracted network (not IPA networks)
 Lab: [LabCorp](#)
 Imaging: [RadNet](#)

Participating IPAs

For a full list of participating groups with contact information on how to submit claims and authorizations to them, please click on this link: [Clever Care Medical Group Contact List](#).

Access IPA	IN Physician Associates
AMG IPA	Noble AMA
Center IPA	NXT IPA
Doctors Choice Medical Group	Physician Partners IPA
Equality Health Network PC	Preferred IPA
Freedom Physicians	PremierCare
Golden Physician	Prospect Health Plan and their affiliated IPAs
Greater Tri Cities IPA Medical Group	Providence Health Network and their affiliated IPAs
Health Excel IPA	St. Vincent IPA Medical Group

References and Forms

EZ-NET
[Provider Portal Registration and User Guide](#)
[Clever Care EZ-NET Access Agreement](#)

UM
[Prior Authorization List](#)
[Prior Authorization Request Form](#)

Claims and Clearinghouse Information

Office Ally

Registration

Complete this User Acceptance form – [Clever Care EZ-NET Data Access Agreement](#) – and return it to Clever Care’s EZ-NET Department via fax (657) 276-4758 or email clevercare-ezsupport@ccmapd.com.

Within 5 business days upon receipt of a completed form, your account will be created. An email notification will be sent to you with your login information and a temporary password.

This form can also be found on the login page. To access the Provider Portal, open **Internet Explorer** and follow this link: <https://CleverCareEzNet/EZ-NET60/Login.aspx>

Clever Care
HEALTH PLAN

The Clever Choice in Comprehensive Health Care

Home About us Contact us

Friday, January 08, 2021 10:12:12 AM

Welcome Clever Care Providers

Clever Care's provider portal is a secure, HIPAA compliant platform for providers to communicate with Clever Care. This site will allow you to submit authorizations and check on status, look up claims, and check benefits.

New to the provider portal? Register today by filling out and signing this agreement: [Clever Care EZ-NET Access Agreement](#). You may send us an email to clevercare-ezsupport@ccmapd.com or to your provider relations representative with your completed agreement. Your account will be created within 5 business days or sooner.

Login:

Username:

Password:

Login >

[Forgot Username/Password ?](#)

References and Forms

[EZ-NET Provider Portal Registration and User Guide](#)
[Clever Care EZ-NET Access Agreement](#)

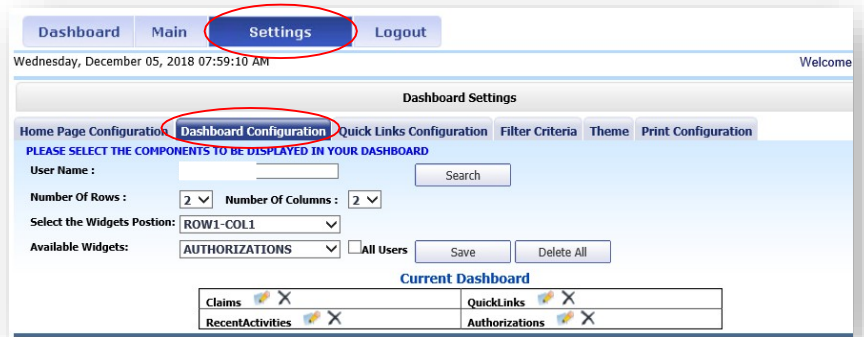
Callout Box: Click one of the links for the Access Agreement



Footer: Dental: [Liberty Dental](#)
Vision: [EyeMed](#)
Hearing Aids: Nations Hearing (866) 304-7557
OTC: [Nations OTC](#)
Herbal Supplements: [TS Emporium](#)

Dashboard Widgets

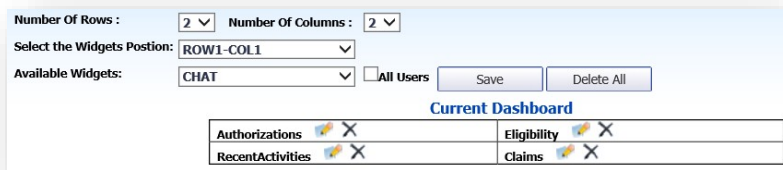
You can customize your dashboard (your 'homepage' after login) for quick access to your most useful components.

- 1) After logging in, select the Settings tab
- 2) Select the Dashboard Configuration tab



- 3) Select the number of rows and columns you would prefer to be configured for the widgets on your dashboard. Example shown below.
- 4) Select a widget through the "Available Widgets" drop-down list.
- 5) Then select .
- 6) Repeat the process until you have all desired widgets saved.
- 7) To delete a widget from your dashboard, click the  near the widget, and save
 - a. Widgets can be deleted directly from the dashboard by clicking the  on the widget
 - b. Widgets can be moved by dragging and dropping the header section of the widget

Example of two rows, two columns selected:



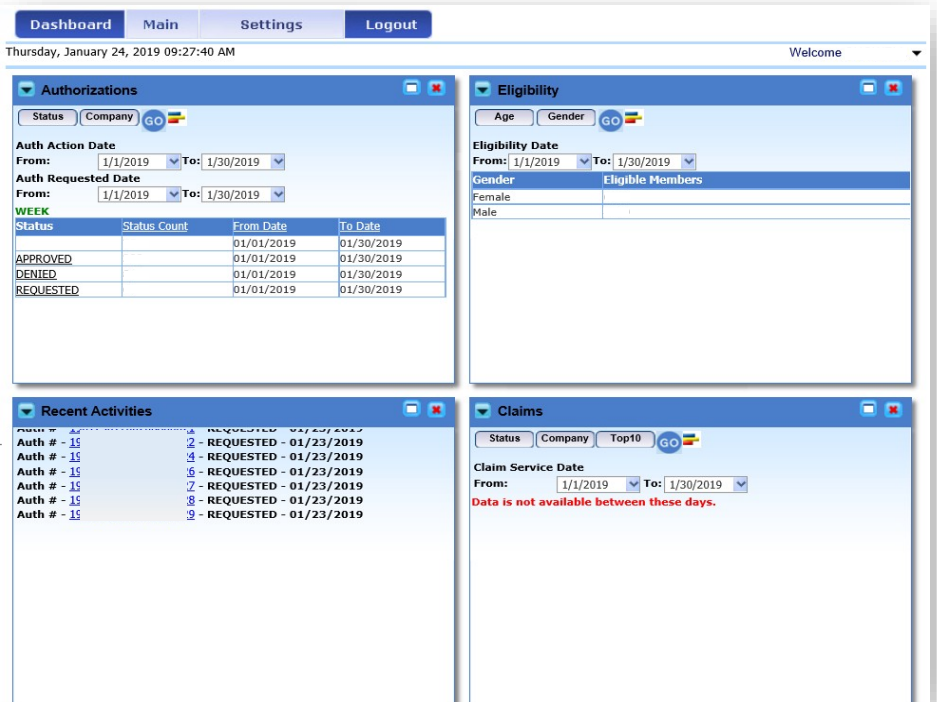
← Dashboard configuration example

↓ Actual Dashboard

USEFUL TIP

The **Recent Activities** module allows the user to view prior authorization submissions within the last seven days.

When configuring the dashboard, the option "Recent Activities" must be selected.



Prior Authorization Submission & Inquiry

The 2021 Clever Care Prior Authorization List is posted in the Provider Portal. Please review this list to confirm whether the procedure you are requesting needs prior authorization.

Prior Authorization Submission

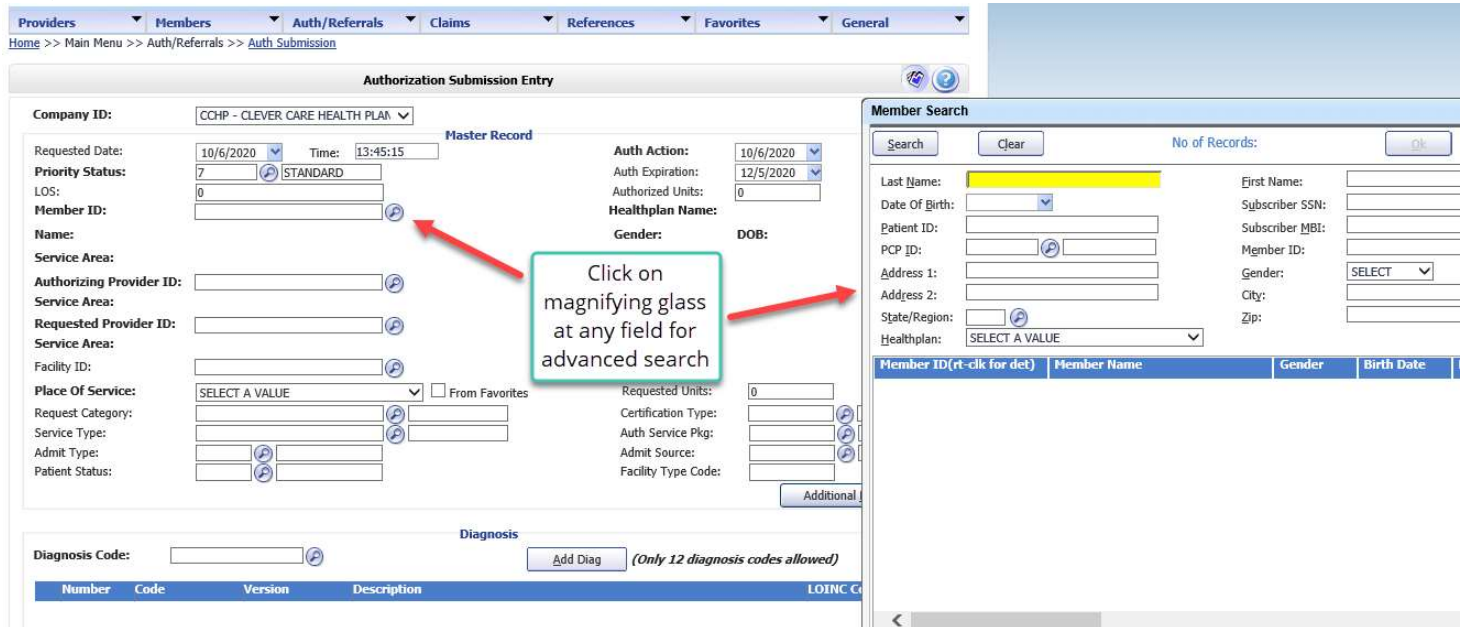
Prior Authorization requests can be submitted to Clever Care directly through the Provider Portal system.

To begin a submission:


- 1) After login, click on the Main tab
- 2) Hover mouse over the Auth/Referrals tab and select "Auth Submission"



- 3) Fill in all fields that are labeled with **bold text**:



- a. **Company ID:** Automatically defaults to your geographical market
- b. **Priority Status:** Automatically defaults to a Standard request (14-day turnaround). Expedited requests must meet expedited criteria.
- c. **Auth Action:** Automatically defaults to today's date

- d. **Member ID:** Click the search () button to pull up the dialog box
 - i) Enter any given information and select "Search" (recommended to search using only 1-2 fields at a time for best results)
 - ii) Double click your selection; or highlight your selection and select "Ok"
- e. **Healthplan Name:** Will auto-fill once the member ID is completed
- f. **Name:** Will auto-fill once the member ID is completed
- g. **Service Area:** will auto-fill once the member ID is completed
- h. **Gender:** Will auto-fill once the member ID is completed
- i. **DOB:** Will auto-fill once the member ID is completed
- j. **Authorizing Provider ID:** This field should indicate the provider who is ordering the treatment/procedure/equipment. Click the search button to pull up the dialog box
 - i) Enter any given information and select "Search" (recommended to search using only 1-2 fields at a time for best results)
 - ii) Double click your selection; or highlight your selection and select "Ok"
- k. **Requested Provider ID:** This field should indicate the provider desired to render the treatment/procedure/equipment. Click the search button to pull up the dialog box
 - i) Enter any given information and select "Search" (recommended to search using only 1-2 fields at a time for best results)
 - ii) Double click your selection; or highlight your selection and select "Ok"
- l. **Place of Service:** This field should indicate the setting in which the service will be provided. Select the place of service from the drop down menu.

- 4) **Diagnosis Code:** Enter the member’s diagnosis(es) in one of two ways:
 - a. Type in the exact ICD-10 code in the Diagnosis Code box (must be the full code; if you need to search for the correct code, skip to the next option)
 - b. Select “Add Diagnosis”

Diagnosis

Diagnosis Code: **a)** M54.16 **b)** (Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code
--------	------	---------	-------------	------------

OR

- a. Select the search button to open the dialog box
- b. Type in all or part of the diagnosis code or description and select “Search”
- c. Double click, or highlight the desired line and click “Ok”

Diagnosis Code: **a)**

Diagnosis Code Search

Search No of Records: 10

Diagnosis Code **b)** Description:

Version:

Begins With
 Contains
 From Favorites

Code	Description	From Date	To Date
<input type="checkbox"/>	M54.1	RADICULOPATHY	10/1/2015
<input type="checkbox"/>	M54.10	RADICULOPATHY, SITE UNSPECIFIED	10/1/2015
<input type="checkbox"/>	M54.11	RADICULOPATHY, OCCIPITO-ATLANTO-AXIAL	10/1/2015
<input type="checkbox"/>	M54.12	RADICULOPATHY, CERVICAL REGION	10/1/2015
<input type="checkbox"/>	M54.13	RADICULOPATHY, CERVICOTHORACIC	10/1/2015
<input type="checkbox"/>	M54.14	RADICULOPATHY, THORACIC REGION	10/1/2015
<input type="checkbox"/>	M54.15	RADICULOPATHY, THORACOLUMBAR REGION	10/1/2015
<input type="checkbox"/>	M54.16	RADICULOPATHY, LUMBAR REGION	10/1/2015
<input type="checkbox"/>	M54.17	RADICULOPATHY, LUMBOSACRAL REGION	10/1/2015
<input type="checkbox"/>	M54.18	RADICULOPATHY, SACRAL AND SACROCOCCYGEAL REGION	10/1/2015

c) Double click or select and click “Ok”

- d. Repeat if multiple diagnosis codes. Each diagnosis should appear in the Diagnosis box if selected correctly. See image below.

Diagnosis

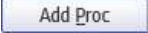
Diagnosis Code: (Only 12 diagnosis codes allowed)

Number	Code	Version	Description	LOINC Code	
<input type="checkbox"/>	1	M54.16	10	RADICULOPATHY, LUMBAR REGION	
<input type="checkbox"/>	2	M54.31	10	SCIATICA, RIGHT SIDE	
<input type="checkbox"/>	3	M48.0	10	SPINAL STENOSIS*	

5) **Procedure Code:** Enter the requested treatment, service, or procedure code(s):

- a. Type in the exact CPT or HCPCS code
- b. Select "Add Proc"

OR

- a. Select the search button to open the dialog box
- b. Type in all or part of the CPT/HCPCS code or description and select "Search"
- c. Double click, or highlight the desired line and click "OK"
- d. Click 
- e. Repeat until all requested codes are displayed in the procedure section

- a. Repeat if multiple CPT/HCPCS codes. Each service, treatment, or equipment should appear in the Procedure box if selected correctly. See image below.

Additional Detail Info	Auth Action	Auth Expiration	Auth Proc Grp	Service Type	Description	Mod1	Mod2	Mod3	Mod4	Auth Qty	Diag Ref	Admit D
	1/31/2019	5/1/2019		72148	P MRI LUMBAR SPINE W/O DYE					1.0	1	
	1/31/2019	5/1/2019		72149	P MRI LUMBAR SPINE W/DYE					1.0	1	

6) Select modifiers (if applicable)

Modifier 1:	50 - BILATERAL PROCEDURE	▼
Modifier 2:	SELECT A VALUE	▼
Modifier 3:	SELECT A VALUE	▼
Modifier 4:	SELECT A VALUE	▼

7) Requested Qty: Enter the desired quantity (if applicable)

Service Requested

Procedure Code: Service Type: PROF ▼

Auth Procedure Group:

Modifier 1: SELECT A VALUE From Favorites

Modifier 2: SELECT A VALUE

Modifier 3: SELECT A VALUE

Modifier 4: SELECT A VALUE

Service Line Amount: Line Rate:

Auth Qty: 1.0 Diag Ref: 1

Admit Date: Discharge Date:

Number of Days: 0 Admit Type:

Admit Source: Requested Qty: 1.0

Request Category: Certification Type:

Service Type: Facility Type Code:

8) Auth Notes: Enter any relevant notes. Please note this field accepts a limited number of characters; do NOT copy and paste clinical notes into this area. Please attach them as a document using instructions in Step #10

Auth Notes

(Click to Enlarge Notes)

IF THIS REQUEST NEEDS TO BE EXPEDITED, PLEASE CALL.

9) Clinical Information: Upload the member’s clinical documentation (including but not limited to notes, images, labs, etc.) by clicking the Document Manager button at the right side of the Authorization Submission Entry ribbon:

Providers ▼ Members ▼ Auth/Referrals ▼ Claims ▼ References ▼ Favorites ▼ General ▼

Home >> Main Menu >> Auth/Referrals >> Auth Submission

Authorization Submission Entry 

Company ID: CCHP - CLEVER CARE HEALTH PLAN ▼

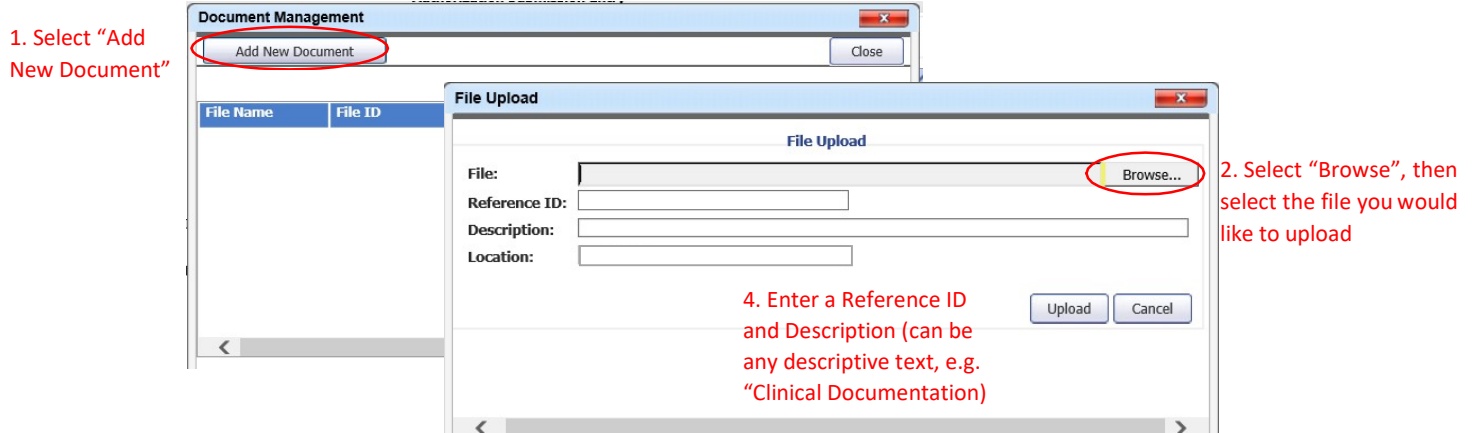
Requested Date: 10/6/2020 ▼ Time: 13:45:15

Priority Status: 7 STANDARD

Master Record

Auth Action: 10/6/2020 ▼

Auth Expiration: 12/5/2020 ▼

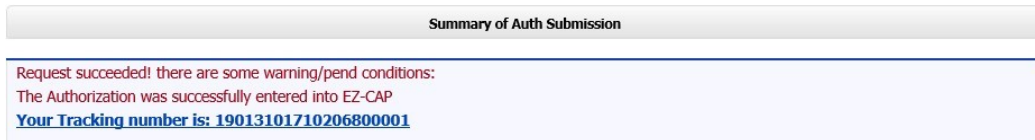


a. Repeat this process to upload additional files

10) Once complete, select **Submit Request** at the bottom of the page

11) The following Summary page will indicate whether the submission was successful and provide a tracking number

a. Click on the tracking number in blue to review the details of the authorization

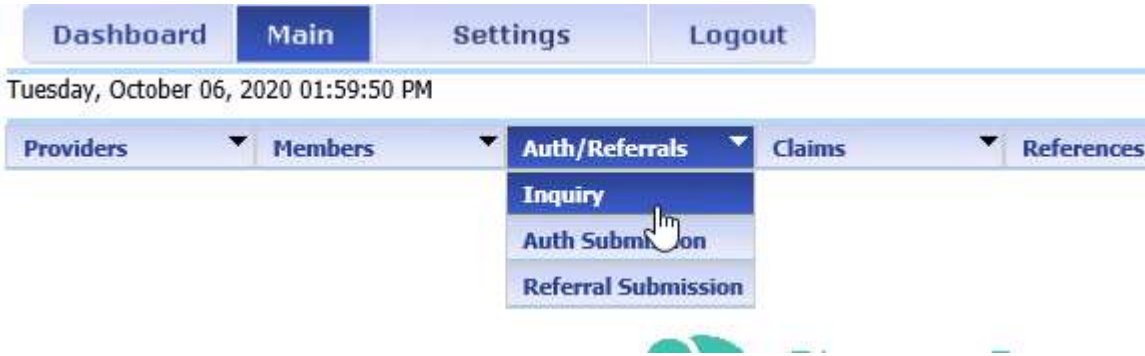


Prior Authorization Inquiry

The Auth Inquiry screen allows the user to look up the status of a submitted prior authorization.

Whether originally submitted via the Clever Care Provider Portal or facsimile, the portal enables users to view all authorizations submitted.

- 1) To begin an inquiry, select the Main tab,



- a. To search by member name, select the search button on the “Member ID” line
- b. Enter any available information in the dialog box and select “Search”
- c. Double click, or highlight the desired line and click “Ok” (search by name will pull all authorization requests for that patient; searching by authorization number will bring up only that specific authorization)



- 2) Select “Search” on the main Auth / Referral Search screen
- 3) See status in the “Status” column, or Select the Authorization number underlined in blue to view authorization details

Auth/Referral Number	Request Type	Status	Memb ID	Memb Name	Gender	DOB
<u>00000000000000000001</u>	A	REQUESTED	XBU999123456	<u>MEMBER A</u>	FEMALE	12/17/1950
<u>00000000000000000002</u>	A		XBU999123456	<u>MEMBER B</u>	FEMALE	5/28/1933
<u>00000000000000000003</u>	A	APPROVED	XBU999123456	<u>MEMBER C</u>	FEMALE	10/2/1944
<u>00000000000000000004</u>	A	APPROVED	XBU999122946	<u>MEMBER D</u>	MALE	2/6/1951

Claims Submission & Inquiry

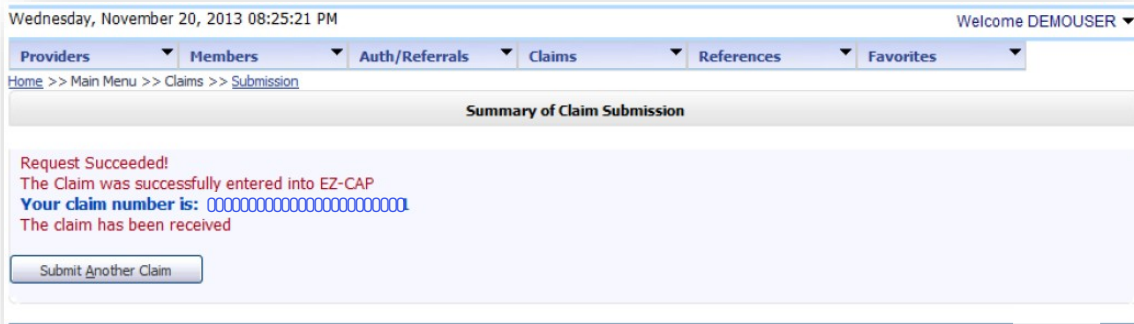
Claim Submission

Claim requests can be submitted to Clever Care directly through the Provider Portal system.

- 1) To begin a submission, hover your mouse over the Claims section in the Main tab and select "Submission"
- 2) Fill in all required fields and select "Submit Request" at the bottom of the form



- 3) After submission, the notification dialog box will display the submission status. To review details of a claim, click on the line that says "Your claim number is: #####":



Claim Inquiry

The Claim Inquiry screen allows the user to look up the status of a submitted claim.

- 1) To begin an inquiry, hover your mouse over the Claims section in the Main tab and select "Inquiry".



- 2) Fill in any available information and click "Search". Select the claim number underlined in blue to display claim detail.

Providers ▾ Members ▾ Auth/Referrals ▾ Claims ▾ References ▾ Favorites ▾ General ▾

[Home](#) >> [Main Menu](#) >> [Claims](#) >> [Inquiry](#)

Claim Search ?

ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED

<p>Company ID: <input style="width: 100%;" type="text" value="CCHP - CLEVER CARE HEALTH F"/></p> <p>Claim#: <input style="width: 100%;" type="text" value="20090101900002200001"/></p> <p>Provider Last Name: <input style="width: 100%;" type="text"/></p> <p>Patient Last Name: <input style="width: 100%;" type="text"/></p> <p>Service Date From: <input style="width: 40%;" type="text" value="7/8/2020"/> To <input style="width: 40%;" type="text"/></p> <p>Provider Patient ID: <input style="width: 100%;" type="text"/></p> <p>Medical Record#: <input style="width: 100%;" type="text"/></p> <p>Cross Reference ID: <input style="width: 100%;" type="text"/></p>	<p>Member ID: <input style="width: 100%;" type="text"/></p> <p>Status: <input style="width: 100%;" type="text" value="NONE SELECTED"/></p> <p>Provider First Name: <input style="width: 100%;" type="text"/></p> <p>Patient First Name: <input style="width: 100%;" type="text"/></p> <p>Auth/Referral#: <input style="width: 100%;" type="text"/></p> <p>Hosp Patient ID: <input style="width: 100%;" type="text"/></p> <p>Provider Claim#: <input style="width: 100%;" type="text"/></p> <p>Sort By: <input style="width: 100%;" type="text" value="CLAIM #"/></p>
--	--

Claim Number	Member Name	Provider Name	Provider Claim ID	Date Of Service	Status
<u>20090101900002200001</u>	<u>TEST, DINESH</u>	<u>**TEST,PROVIDER</u>	20062201900000100004	12/3/2020	RELEASE TO A/P

Help Button

Most pages in the Provider Portal have a help button on the righthand side of the module. This button offers useful tutorials with screenshots for each respective page/module.

The screenshot displays the EZ-NET Provider Portal interface. At the top, there are navigation tabs: Dashboard, Main (selected), Settings, and Logout. Below this, the date and time are shown as "Tuesday, October 06, 2020 03:30:29 PM" and the user is greeted as "Welcome ATAKEYAMA". A secondary navigation bar includes dropdown menus for Providers, Members, Auth/Referrals, Claims, References, Favorites, and General. The breadcrumb trail reads "Home >> Main Menu >> Members >> Member Search".

The main content area is titled "Member Search" and contains the instruction: "ENTER YOUR SEARCH CRITERIA BELOW. ANY COMBINATION MAY BE SELECTED". Below this are input fields for "Company ID" (set to "CCHP - CLEVER CARE HEALTH PLA..."), "Healthplan" (set to "SELECT HEALTHPLAN"), and "Member ID". A "Search" button is visible.

A red circle highlights a help button (a question mark icon) in the top right corner of the Member Search module. An inset window, titled "EZ-NET_Members - Internet Explorer", shows the help content for the Member Search page. The help content includes:

- A breadcrumb trail: [Home](#) > [Members](#) > Member Search
- ## Member Search
- This chapter describes the procedures necessary to verify eligibility through EZ-NET. Accurate eligibility verification by the provider's office ensures the legitimacy of all encounters, avoiding lost time and effort on the part of patient, provider and EZ-CAP client.
- ### Searching For A Member
- Click on **Member Search** in the Members section in the Main Menu to search for members.
- To search for a particular member, enter any criteria you wish to narrow the results (or leave all fields empty to search ALL members) and then click on the button.
- EZ-NET will display the search result in the window below, sorted in your specified order ("Sort By" drop-down list). If the system does not locate any records that meet your search criteria, a message stating that "**NO**