

IDRP Portal

User Guide for Providers and Plans

Version 1.6, March 2020

Controlled electronic version prevails over printed copy of this document.

Provided by MAXIMUS Federal Services, Folsom, CA.

Contents

| | | | |
|--|-----------|--|-----------|
| About this reference guide | 3 | Notifications | 24 |
| Intended audience | 3 | Dashboard overview | 25 |
| Presentation of information..... | 3 | Menu Bar | 26 |
| Code conventions..... | 3 | Icon functionality | 26 |
| Commonly used acronyms..... | 3 | Search cases..... | 27 |
| IDRP Portal overview | 4 | Clear search criteria for a new search..... | 27 |
| What is the IDRP Portal? | 4 | View search results | 28 |
| Browser support..... | 4 | Sort search results..... | 29 |
| Portal address | 4 | Case status and definitions..... | 29 |
| Portal User Guide | 4 | View case details..... | 30 |
| What's new in the IDRP Portal? | 5 | Case Info tab | 30 |
| Register for an account..... | 6 | Claims tab..... | 30 |
| Information needed for registration | 6 | View claim information | 30 |
| Provider - Register for an account..... | 7 | Reimbursement amount..... | 30 |
| Add a new Provider | 8 | Documents tab..... | 30 |
| Plan - Register for an account | 10 | View documents | 31 |
| Provider | 12 | Download document | 31 |
| Create an IDRP request..... | 12 | Change document classification | 31 |
| Enter claims and claim lines | 13 | Request Information tab..... | 32 |
| Enter the Narrative Summary | 16 | ROPR tab (Plan only) | 32 |
| Upload supporting documents..... | 17 | View and respond to RFIs | 33 |
| Document Type..... | 17 | Upload supporting documents | 34 |
| Document Classification | 18 | Delete a document prepared for upload | 34 |
| Select file..... | 18 | Approve pending registrations (Admin) | 35 |
| Claim IDs | 18 | Update Account Information..... | 36 |
| Save a draft | 19 | Update contact information | 36 |
| Withdraw an IDRP Request | 19 | Add an existing Provider organization | 36 |
| Plans | 20 | Add a new Provider organization..... | 38 |
| Respond to ROPR | 20 | Add another Plan organization | 40 |
| ROPR 1 - Plan is Payor | 20 | Update security question and answer | 41 |
| ROPR 1 - Delegated Entity is Payor | 21 | Update password | 41 |
| ROPR 2 | 22 | Update PIN delivery method..... | 41 |
| Common functionality | 23 | Invoice and Payment..... | 41 |
| First time sign in | 23 | Search Invoices | 42 |
| | | View invoice details | 42 |
| | | Print invoice | 42 |
| | | Pay invoice | 42 |

About this reference guide

Intended audience

This guide is intended for users of the IDRP Portal including Providers, Plans, and Delegated Entities (henceforth: Plan) organizations.

Presentation of information

Functions specific to each organization type are separated into a section for Providers, and a section for Plans.

- The Provider section provides instructions for creating an IDRP Request.
- The Plan section provides instructions for ROPR responses.
- Functionality shared between Provider and Plan organizations is presented in the section **Common Functionality**.

Code conventions

For clarity and readability, keywords referring to fields and text in screenshots appear in **bold**.

Important notes or tips are indicated in a blue box and preceded by **Note**:

Examples or other information are indicated in a pale yellow box.

Commonly used acronyms

| | |
|-------------|---|
| DMHC | Department of Managed Health Care |
| FDL | Final Determination Letter |
| IDRP | Independent Dispute Resolution Process |
| PIN | Personal Identification Number |
| RFI | Request for Information |
| RO | Review Organization |
| ROPR | Request for Opposing Party Response: Two phases. ROPR 1 requests Payor identification and |

IDRP Portal overview

What is the IDRP Portal?

The IDRP Portal was developed to facilitate independent dispute resolution under AB72 for the **Department of Managed Health Care (DMHC)**; a regulatory body governing managed health care plans in California.

AB72, enacted in 2016, protects consumers from surprise medical bills from non-contracting Providers at contracted facilities and adds a binding Independent Dispute Resolution Process (IDRP).

The Portal allows non-contracting Providers to electronically submit IDRP requests in the form of applications and supporting documentation to DMHC to appeal claim disputes. DMHC reviews each case and identifies the Payor responsible for the case. Payors may submit documents to DMHC in response. If the case is determined to be valid, DMHC submits the case to the review organization for independent review.

Browser support

The Portal is optimized to run in Google Chrome. The Portal will run in all browsers that support HTML5 including Firefox, Safari, Opera, IE 10, IE 11 and IE Edge with some limitations in functionality.

| Browser | Windows | Mac |
|--------------------------------|---------------|-----------|
| Chrome (Major versions) | Supported | Supported |
| Firefox (Major versions) | Supported | Supported |
| Internet Explorer 10 and above | Supported | N/A |
| Opera (Major versions) | Supported | Supported |
| Safari (Major versions) | Not supported | Supported |

Portal address

<https://AB72IDRP.maximus.com>

Portal User Guide

The most current version of the Portal user guide for Providers and Plans can be accessed by clicking the **Portal User Guide** link on the Sign in page.

What's new in the IDR Portal?

Release March 2020

- Document classification, Confidential or Non-Confidential, may be selected when uploading documents to the IDR Portal.
- The document owner may change the classification of documents in the Documents tab after submission.
- DMHC can send RFIs on closed cases. Providers and Plans will receive RFI notifications and can respond to RFIs on closed cases.

Release December 2018

- The choice to receive a PIN by either SMS text (cell phone) or email is now available at registration.
- For registered users, the ability to switch the method in which you receive a PIN (SMS text or email) is available in the My Account page.

Release July 2018

- Provider and Plan representatives can select more than one organization when registering for an account.
- Provider and Plan representatives can update the organizations they represent by adding or deleting organizations from the My Account page in the dashboard.
- People representing more than one Provider can select the organization being represented at the time of case creation.
- Provider and Plan representatives responsible for more than one organization can search cases by a given organization.
- Provider and Plan representatives responsible for more than one organization can search invoices by a given organization.
- Provider can save an IDR request as a draft.
- DMHC can submit RFIs at the claim level.
- Plan can respond to ROPR at the claim level.
- Provider and Payor can view reimbursement and default decision amounts for individual claims.

Register for an account

All new Provider and Plan representatives are required to register with the Portal to request an account. Asterisks next to field labels indicate required fields.

Note: Signing in to the Portal requires multi-factor authentication. Registration includes submission of the mobile phone number and email address of the person requesting the account. For each sign in, the account holder will receive a text message on the registered mobile phone or email address providing a PIN to be entered into the Sign in page immediately after the email address and password have been successfully submitted.

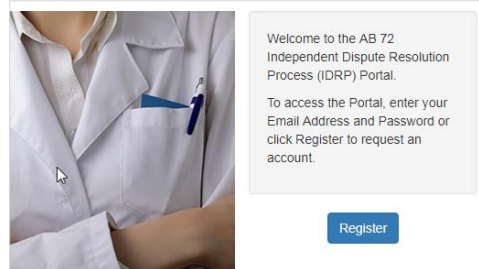
| Information needed for registration | Provider | Plan or Delegated Entity | Notes |
|--|----------|--------------------------|---|
| Email Address | x | x | An email address is needed for sign in, to receive a unique PIN for each sign in by email, and to receive notifications from the IDRP Portal. |
| Mobile Phone | x | x | A mobile phone is needed to receive a unique PIN for each sign in by mobile phone. |
| NPI Number | x | | If an NPI number does not already exist in the Portal, the representative will be prompted to register an NPI number and create an account for that Provider. |
| Plan or Delegated Entity Administrator Email Address | | x | If the representative does not enter an email address for the Plan or Delegated Entity Administrator, registration cannot proceed. |

- When the account is approved by an Administrator, the representative will receive an email notification containing their sign in information. New accounts for existing Providers and Plans are approved by Administrators internal to each organization.
- New accounts for organizations submitting new business NPI numbers are approved by Portal Administrators.

Provider - Register for an account

A person may register to represent one or more Providers. All registration and account creation approvals are completed by Administrators specific to the individual Providers.

- From the Portal **Sign in / Register** page, click **Register**.



- On the **Registration Request** page, read the notice about multi-factor authentication and check the box indicating you agree to and understand the policy.
- Click the **Organization type** drop-down and select **Provider**.
- Click the **Select Providers** drop-down and select one or more Providers you represent.

Registration Request

The Portal uses multi-factor authentication requiring your username, password, and a unique PIN (Personal Identification Number) at sign in. The PIN will be sent through a text message to the mobile phone registered on this page each time you sign in. If you do not have a mobile phone, you will not be able to use the Portal at this time.

☒ I understand and agree to the above policy

Organization

Organization Type *

Please Choose

Please Choose

Plan/Delegated Entity

Provider

[Contact Us](#) [About Us](#) [Privacy Policy](#)

Copyright © 2017 MAXIMUS Inc. All rights reserved

If the Provider you want to select does not appear in the list, you need to add a new Provider. (See **Add a new Provider**)

- Your selections appear in the **Organization Type** list.
- If you incorrectly selected a Provider, click the red **Remove** (trashcan) icon to remove the Provider from the list.

Registration Request

The fields with asterisks are required

The Portal uses multi-factor authentication requiring your username, password, and a unique PIN (Personal Identification Number) at sign in. The PIN will be sent through a text message to the mobile phone registered on this page each time you sign in. If you do not have a mobile phone, you will not be able to use the Portal at this time.

☒ I understand and agree to the above policy

Organization

Organization Type *

Provider

Select Providers *

2 checked

☐ CHC1

☐ CICO ORg

☒ Dignity Health

☒ Dignity Health Medical Foundation

☐ Hacker Lab Sacramento

☐ Hacker Lab Sacramento

☐ KP Org Provider

☐ Lian Medical Group

☐ Lian Medical Group

☐ MAXI

☐ Maximus Provider

Registering as Administrator

☐ No

☐ No

You may request to add a new organization if it is not available

Note that the registration along with a new provider organization can only be

Organization

Organization Type *

Provider

Select Providers *

2 checked

| # | Organization | Type | Registering as Administrator | |
|---|---|----------|------------------------------|--|
| 1 | Dignity Health 1234 Street Drive, Sacramento, CA, 95829 185-456-4891 | Provider | <input type="checkbox"/> No | |
| 2 | Dignity Health Medical Foundation 123 Street Drive, Davis, CA, 95616 530-668-2600 | Provider | <input type="checkbox"/> No | |

- If you are registering as an Administrator, toggle **Yes** in the **Registering as an Administrator** column.

Note: Administrators are responsible for administrative tasks in the Portal such as approving and denying accounts for the given Provider. Administrator accounts are reviewed and approved by DMHC.

| Organization Type * | | Select Providers * | |
|---------------------|------------------------------|--------------------|---|
| Provider | | 1 checked | |
| # | Organization Name | Type | Registering as Administrator |
| 1 | Tri-City Emergency Medical11 | Provider Entity | <input checked="" type="checkbox"/> Yes |

Add a new Provider

If a Provider does not appear in the Select Providers drop-down list, submit a request to add a new Provider.

Note: A request to add a new Provider should only be submitted by the person who is also registering as the Provider's Administrator. Administrators are responsible for administrative tasks in the Portal such as approving and denying accounts for the given Provider.

- In the **Organization** section, click **Add New Provider**.

The Enter Organization Details dialog is displayed.

- Select **Yes** to the question **Are you registering as an entity administrator?**
- Enter the **Organization** (Provider name), **NPI Number** (business NPI), **Phone Number**, **Address**, **City**, **State**, and **ZIP Code**, and click **Add**.

Enter Organization Details

The fields with asterisks are required

Registration for a new provider organization can be submitted only if you are registering as the organization administrator.

Are you registering as organization administrator? *

☒ Yes ☐ No

Organization * NPI Number *

Phone Number *



Address 1 * Address 2 (optional)

City * State * ZIP Code *

Please Choose

Add Cancel

The new Provider is displayed in the Organization list.

| # | Organization Name | Type | Registering as Administrator | |
|---|-------------------|----------|------------------------------|---|
| 1 | QQQ | Provider | Yes |   |

To update the Provider information, click the blue **Update** icon in the last column. To remove the Provider from the list, click the red **Remove** icon.

- Complete the **Your Contact Information** section including your **Mobile Phone** number.

Note: A mobile phone is required to receive the sign in PIN by SMS text. Do not enter a land line number.

Your Contact Information

Email *

First Name *

Last Name *

Work Phone *

Mobile Phone *

Fax (optional)

- In the **Multi-Factor Authentication** section, select the method you prefer to use to receive your sign in PIN – either **Email** or **SMS text on mobile phone**.
- Review the information you entered and click **Submit**.

Multi-Factor Authentication

How would you like to receive the PIN? *

☐ Email

☐ SMS text on mobile phone

Submit

Reset

Cancel

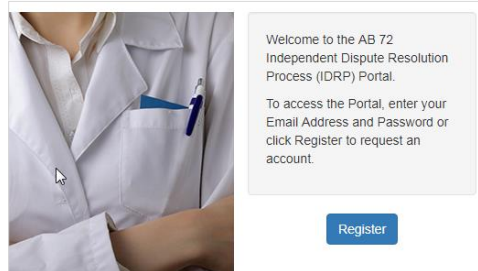
A confirmation of your account creation request will be displayed after submission. When your account is approved, you will receive an email notification containing your sign in credentials.

Plan - Register for an account

There are two registration scenarios for Plan organizations: register as a representative and register as an Administrator.

Note: Administrators are responsible for administrative tasks in the Portal such as approving and denying accounts.

From the Portal **Sign in - Registration** page, click **Register**.



- On the **Registration Request** page, read the notice about multi-factor authentication and check the box indicating you agree to and understand the policy.
- Click the **Organization type** drop-down and select **Plan/Delegated Entity**.

Registration Request

The Portal uses multi-factor authentication requiring your username, password, and a unique PIN (Personal Identification Number) at sign in. The PIN will be sent through a text message to the mobile phone registered on this page each time you sign in. If you do not have a mobile phone, you will not be able to use the Portal at this time.

☒ I understand and agree to the above policy

Organization

Organization Type *

Please Choose

Please Choose

Plan/Delegated Entity

Provider

[Contact Us](#) [About Us](#) [Privacy Policy](#)

Copyright © 2017 MAXIMUS Inc. All rights reserved

- Click the **Select Health Plans** drop-down and select the Health Plans you represent.
- Click the **Select Delegated Entities** drop-down and select the Delegated Entities you represent.

Organization

Organization Type *
Plan/Delegated Entity

Select Health Plans *
1 checked

Select Delegated Entities *
Select

[Check All](#) [Uncheck All](#)

Search...

☐ Cigna Behavioral Health of California, Inc.

☒ **KP Org**

☐ My Health

☐ Test Orgw

☐ Health net

☐ Aetna Health of California, Inc.

☐ Alameda Alliance for Health

☐ Anthem Blue Cross

Your Contact Information

Email *

First Name *

- Your selections appear in the Organization Type list. If you selected incorrectly, click the red **Remove** icon to remove the incorrect selection.

Organization Type *
Plan/Delegated Entity

Select Health Plans *
1 checked

Select Delegated Entities *
Select

| # | Organization Name | Type | Registering as Administrator | |
|---|-------------------|-------------|------------------------------|------------------------|
| 1 | KP Org | Health Plan | <input type="checkbox"/> No | Remove |

- If you are registering as an Administrator, toggle **Yes** in the Registering as an Administrator column.

Note: Administrators are responsible for administrative tasks in the Portal such as approving and denying accounts for the given Provider. Administrator accounts are reviewed and approved by DMHC.

Organization

Organization Type * Plan/Delegated Entity Select Health Plans * 1 checked Select Delegated Entities * Select

| # | Organization Name | Type | Registering as Administrator | |
|---|-------------------|-------------|---|--|
| 1 | KP Org | Health Plan | <input checked="" type="checkbox"/> Yes | |

- Complete the **Your Contact Information** section including your **Mobile Phone** number.

Note: A mobile phone is required to receive the sign in PIN by SMS text. Do not enter a land line number.

Your Contact Information

Email *

First Name * Last Name *

Work Phone * Mobile Phone *

Fax (optional)

- In the **Multi-Factor Authentication** section, select the method you prefer to use to receive your sign in PIN – either **Email** or **SMS text on mobile phone**.
- Review the information you entered and click **Submit**.

Multi-Factor Authentication

How would you like to receive the PIN? *

☒ Email ☐ SMS text on mobile phone

A confirmation of your account creation request will be displayed after submission. When your account is approved, you will receive an email notification containing your sign in credentials.

Provider

Note: This section contains instructions specific to Providers. For all additional functionality, refer to the Common Functionality section.

Create an IDRP request

- From **My Dashboard**, click **Create Case**.
- The **IDRP Request** page is displayed.
- Review the instructions for submitting an IDRP Request.
- In the **Select a Provider** section, click the Provider Organization drop-down and select the Provider you are submitting for.
- In the **Provider** section, ensure your auto populated details are correct.
- In the **Submitter** section, ensure your auto populated details are correct.

IDRP Request

Your complete IDRP Application will be viewed by the DMHC, the party opposing this dispute, and the independent organization reviewing this dispute. While there is no limit on the number of documents you submit or their respective lengths, only relevant documents should be submitted and it is your responsibility to redact all confidential or protected health information that is irrelevant to the claim(s) at issue.

You will not have the ability to update or revise your IDRP Application once you click the submit button.

The following documents must be included with your IDRP Application in order for it to be processed by the DMHC:

- Claim Form(s)
- Explanation(s) of Benefits and/or Remittance Advice
- Provider Dispute Resolution (PDR) Determination Letter(s)

▼ **Select a Provider**

Provider Organization

Please Choose ▼

NASA

UAT Medical Group

▼ **Provider**

| | | |
|---|------------------|------------|
| Organization (Group / Other Affiliation) | NPI | |
| UAT Medical Group | 07051963 | |
| Address 1 | Address 2 | |
| 625 Coolidge Drive | Suite 150 | |
| City | State | Zip |
| Folsom | CA | 95630 |
| Phone | | |
| 999-395-3838 | | |

▼ **Submitter**

| | | |
|-------------------|-------------------|------------|
| First Name | Last Name | |
| Eric | Lian | |
| E-mail | Work Phone | Fax |
| elian63@mail.com | 925-395-3896 | |

- In the **Payor Information** section, click the **Plan** drop-down and select the Plan and the Delegated Entity if known.

▼ Payor Information

Plan *

Aetna Health Of California, Inc. ▼

Delegated Entity

Please Choose ▼

- In the **Claim Information** section, click the appropriate responses to the questions:
Have you submitted a written appeal through the Payor's Dispute Resolution Process?

▼ Claim Information

Have you submitted a written appeal through the Payor's Dispute Resolution Process? *

☐ Yes ☒ No

Are all of the claim issues non-emergent? *

☐ Yes ☒ No

Are all of the claim issues non-emergent?

- Click the **Service Type** drop-down to select the service type.
- Click the **Provider Type** drop-down to select the provider type.
- In **Dispute Type**, click the disputes that apply.

Service Type *

Inpatient Services ▼

Provider Type *

Radiology ▼

Dispute Type (Check All that Apply) *

☐ Reimbursement Amount

☐ Coding Dispute (e.g., bundling, downcoding, etc.)

Enter claims and claim lines


Up to 50 claims may be entered, each containing 50 claim lines for each IDR Request.

- Click **Add Claim** to begin entering claim header and claim line information for the first claim.

Please enter a single procedure code and its modifiers in a given line. In the event of multiple procedures, add an additional claim line. A minimum of one claim line is required to submit case.

Add Claim

- Enter all required fields.


Patient date of birth (**DOB**) can be entered using the number pad or by clicking the calendar icon .

- Enter at least one **Diagnosis**.

Note: If the diagnosis contains a decimal, do not enter the decimal.

- Click **Add Claim Header** to add the information to the claim.

Enter Claim Details

| | | |
|---|---|---|
| Subscriber Name * | Patient First Name * | Patient Last Name * |
| <input type="text" value="Jane Markowski"/> | <input type="text" value="Jane"/> | <input type="text" value="Markowski"/> |
| Patient DOB * | Patient ID * | |
| <input type="text" value="01/01/1960"/>  | <input type="text" value="01011960"/> | |
| Service Facility Name * | Service Facility Street Address * | Service Facility City * |
| <input type="text" value="Sutter Memorial Hospital"/> | <input type="text" value="155 Glasson Way"/> | <input type="text" value="Grass Valley"/> |
| Service Facility State * | Service Facility Zip * | |
| <input type="text" value="CA"/> | <input type="text" value="95945"/> | |
| Diagnosis * | | |
| <input type="text" value="S82841"/> | <input type="text" value="Enter Diagnosis 2"/> | <input type="text" value="Enter Diagnosis 3"/> |
| | <input type="text" value="Enter Diagnosis 4"/> | <input type="text" value="Enter Diagnosis 5"/> |
| | <input type="text" value="Enter Diagnosis 6"/> | |
| <input type="text" value="Enter Diagnosis 7"/> | <input type="text" value="Enter Diagnosis 8"/> | <input type="text" value="Enter Diagnosis 9"/> |
| | <input type="text" value="Enter Diagnosis 10"/> | <input type="text" value="Enter Diagnosis 11"/> |
| | <input type="text" value="Enter Diagnosis 12"/> | |
| <input type="button" value="Add Claim Header"/> | | |
| <input type="button" value="Cancel"/> | | |

Claim Header information is displayed on the bottom left.

- To enter a claim line, enter all required fields.

Up to four modifiers may be entered.

- Click **Add Claim Line** to add the claim line to the claim.

Enter Claim Details

| | | | |
|--------------------|--------------------------|------------------------|---------------------|
| Claim Number * | Start DOS (MM/DD/YYYY) * | End DOS (MM/DD/YYYY) * | |
| 6736714 | 08/01/2017 | 08/01/2017 | |
| Place of Service * | CPT/HCPCS * | Product Type * | Diagnosis Pointer * |
| 21 | 99258 | HMO | ABC |
| Modifiers | | | |
| 57 | Enter Modifier 2 | Enter Modifier 3 | Enter Modifier 4 |
| Charge * | Units * | Allowed Amount * | Disputed Amount * |
| 665 | 1 | 200 | 465 |

Add Claim Line

Claim Header

| | |
|---|--|
| Patient Jane Markowski Id - 01011960 Date of Birth - 01/01/1960 Subscriber Name - Jane Markowski | Service Facility Sutter Memorial Hospital 155 Glasson Way Grass Valley, CA 95945 |
|---|--|

Cancel

Note: To edit Claim Header information, click the edit icon to the right of the Claim Header label.

The claim line is displayed on the bottom right of the form and the form is cleared to create an additional claim line.

Repeat this process until all claim lines for the current claim are added.

- When you are finished adding claim lines to the current claim, click **Add Claim and Close form**.

The form closes and returns you to the **IDRP Request** page.

Enter Claim Details

| | | | |
|------------------------|--------------------------|------------------------|-------------------------|
| Claim Number * | Start DOS (MM/DD/YYYY) * | End DOS (MM/DD/YYYY) * | |
| Enter Claim Number | mm/dd/yyyy | mm/dd/yyyy | |
| Place of Service * | CPT/HCPCS * | Product Type * | Diagnosis Pointer * |
| Enter Place Of Service | Enter CPT/HCPCS | Enter Product Type | Enter Diagnosis Pointer |
| Modifiers | | | |
| Enter Modifier 1 | Enter Modifier 2 | Enter Modifier 3 | Enter Modifier 4 |
| Charge * | Units * | Allowed Amount * | Disputed Amount * |
| Charge | Enter Units | Enter Allowed Amount | Enter Disputed Amount |

Add Claim Line

Claim Header

| | |
|---|--|
| Patient Jane Markowski Id - 01011961 Date of Birth - 01/01/1961 Subscriber Name - Jane Markowski | Service Facility Sutter Memorial Hospital 155 Glasson Way Grass Valley, CA 95945 |
|---|--|


Claim Lines

| | | | | | |
|---|---------|-------------|-------------|--|--|
| 1 | 6736714 | Aug 1, 2017 | Aug 1, 2017 | | |
| 2 | 6736715 | Aug 5, 2017 | Aug 5, 2017 | | |

Add Claim and Close form **Cancel**


Note: To edit a claim line, click on the Edit icon to the right of the claim line.

To delete the claim line, click on the Delete icon to the right of the claim line.


The claim is displayed in the claim bar on the IDR Request page. From here, you may edit, delete, or view the claim detail. To expand the claim to view more detail, click the **View** icon .


Click the **Claim Lines** number to toggle through the claim lines.


Click the **Close** icon  to retract the claim bar.

| Claims | | | | |
|--------|----------------|----------|------------|---|
| 1 | Jane Markowski | 01011961 | 01/01/1961 |  |

1


 **Jane Markowski**
Id# 01011961
Date of Birth 01/01/1961
Subscriber Name Jane Markowski

 **Sutter Memorial Hospital**
Address 155 Glasson Way
City Grass Valley
State CA
Zip Code 95945

 **Diagnosis**

| | | |
|-----------|----|-----|
| 1. S82841 | 5. | 9. |
| 2. | 6. | 10. |
| 3. | 7. | 11. |
| 4. | 8. | 12. |

Claim Lines

| | | | |
|---|-----------------------|--|-------------------|
| 1 | # 6736714 |  Modifiers | \$ Amounts |
| 2 | Start DOS 08/01/2017 | 1. 57 | Charge \$665.00 |
| | End DOS 08/01/2017 | 2. | Units 1 |
| | Place of Service 21 | 3. | Allowed \$200.00 |
| | CPT/HCPCS 99258 | 4. | Disputed \$465.00 |
| | Diagnosis Pointer ABC | | |
| | Product Type HMO | | |

- To add additional claims, click **Add Claim** on the IDR Request page and repeat the Enter a claim process.

Please enter a single procedure code and its modifiers in a given line. In the event of multiple procedures, add an additional claim line. A minimum of one claim line is required to submit case.


[Add Claim](#)

Enter the Narrative Summary

When you are finished adding claims and return to **IDR Request** page, enter the **Narrative Summary** into the text box. You may also upload the narrative summary as a document.

Narrative Summary *(State your understanding on the basis for the claim calculation and payment made by the payor and provide your rebuttal argument against the payor.)

Add up to 1000 characters for the Narrative Summary or upload a document containing the Narrative Summary.



894 characters left

Upload supporting documents

- In the Documentation Required for IDRP Submission section, note the documents necessary to submit a complete IDRP request.

Note: All uploaded documents must be .pdf files with a maximum file size of 100MB.

The screenshot shows a form for uploading documents. On the left, there are four sections: 'Document Type *' with a 'Select' dropdown, 'Document Classification *' with a 'Select' dropdown and a note '(When a document is marked "Confidential", it will not be displayed to opposing party)', 'File *' with a 'Click to choose a file' button, and 'Claim IDs *' with an 'Add associated Claim IDs' field. An 'Add Document' button is at the bottom right. On the right, a 'Documents' section lists six items with checkmarks: 'Initial claim form submitted *', 'Payor's EOB/RA *', 'Copy of Payor's Dispute Resolution Determination Letter *', 'Copy of provider's written appeal to payor', 'Any other documentation supporting the request for additional payment', and 'Any medical records submitted to the payor for claim adjudication'.

Document Type

- Click the **Document Type** drop-down and select the type of document you are uploading.

Note: If your document contains more than one document type (e.g., Claim Form, and Medical Records), select the additional document types.

The screenshot shows the 'Document Type *' dropdown menu open. It displays a list of document types with checkboxes. 'Claim Form' is selected and highlighted. The list includes: Accounts Receivable Log, Authorization Related Document, Claim Form, Provider Dispute Resolution (PDR) Document, Explanation of Benefits (EOB), Evidence of Coverage (EOC), Correspondence (Letter, Email, Phone Log), Fee Schedule/Rates, Payor's Notice of Reimbursement or Overpayment, Provider's Reimbursement of Overpaid Claim, Remittance Advice (RA), Division of Financial Responsibility, Narrative Summary Justification, Medical Records, and Other. At the top of the menu, it says '1 checked' and has 'Check All' and 'Uncheck All' links.

- To view which documents have been selected, hover your cursor over the **Document Type** drop-down menu after it has been closed. An information bubble will display all of the document types selected. The drop-down menu bar will display the number of document types selected.

The screenshot shows the document upload form with the 'Document Type *' dropdown menu closed. A tooltip bubble is visible above the dropdown, displaying 'Claim Form'. The dropdown menu itself shows '1 checked'. The rest of the form, including 'Document Classification', 'File', 'Claim IDs', and the 'Add Document' button, is visible.

Document Classification

- Click the **Document Classification** drop-down to select if the document should be considered **Confidential** or **Non-Confidential**.

When Confidential is selected, the document will not be displayed to the opposing party.

Select file

- Click the File drop-down and select a document to prepare for upload.

Note: Only one document can be prepared for upload at a time, but more than one document can be uploaded at submission.

Claim IDs

- In the **Claim IDs** field, enter the claim numbers the selected document should be associated with. If entering more than one claim number, separate the claim numbers with a comma.
- To prepare the document for upload, click **Add Document**.

The document is prepared for upload and displayed below the **Add** button.

- To add additional documents, repeat the Upload supporting documentation process.

| File Name | Document Type | Document Classification | Claim IDs | Size | Progress |
|-------------------------------------|---------------------------------|-------------------------|-----------|-----------|-------------------------|
| Claim Form.pdf | Claim Form | Non-Confidential | 010203 | 225.14 KB | Uploaded ✖ |
| Narrative Summary Justification.pdf | Narrative Summary Justification | Confidential | 010203 | 139.84 KB | Uploaded ✖ |
| Total Files: 2 | | | | | Remove All |

- When the IDRP Request is completed and all documents have been prepared for upload, click Submit.

A case number will be assigned and a confirmation message will be displayed. The case will appear on your dashboard.

| File Name | Document Type | Document Classification | Claim IDs | Size | Progress | |
|-------------------------------------|---------------------------------|-------------------------|-----------|-----------|----------|---|
| Claim Form.pdf | Claim Form | Non-Confidential | 010203 | 225.14 KB | Uploaded | ✖ |
| Narrative Summary Justification.pdf | Narrative Summary Justification | Confidential | 010203 | 139.84 KB | Uploaded | ✖ |

Total Files: 2

Remove All

Submit

Save

Reset

Cancel

Save a draft

A draft of the IDRP Request may be saved at any time.

- Scroll to the bottom of the IDRP Request page and click **Save**.

A green banner will be displayed with a case number and the draft will appear in the **Case History** section of the dashboard in the **Request Status Draft** section.

Withdraw an IDRP Request

To withdraw an IDRP Request, do one of the following:

- If the IDRP Request has an open RFI with the Department, respond to the RFI and indicate you would like to withdraw the IDRP Application.
- If the IDRP Request does not have an open RFI with the Department, send an email to AB72IDRP@dmhc.ca.gov requesting an RFI from the Department. The email should include the IDRP Application #. The Department monitors that inbox and will send an RFI in response. You can then respond to the RFI to request the withdrawal of the IDRP Request.

! Note: IDRP Requests withdrawn after payment of IDRP fees have been submitted will not result in a refund.

Plans

Note: This section contains instructions specific to Plans. For all additional functionality, refer to the **Common Functionality** section.

Respond to ROPR

When a new IDR Request is received from a Provider, DMHC reviews the request for completeness. Next, the responsible Payor is identified through the Request Opposing Party Response (ROPR) process. DMHC submits the first step in the ROPR process to the Plan. The Plan receives an email notification that a ROPR has been received, which asks the Plan to sign in to the Portal to review the ROPR 1.

ROPR 1 - Plan is Payor

The ROPR 1 identifies the responsible Payors for individual claims in a case. For example, if a single case contains two claims, and the Plan is the Payor for Claim 1, but the Delegated Entity is the Payor for Claim 2, the Plan can make that distinction. In this scenario, the Plan is the designated Payor for both claims.

- In case details, click on the **ROPR** tab.
- Select **Yes** or **No** to the question **DMHC Jurisdiction?**
- Select **Yes** to the question **Health Plan is Payor for the purposes of IDR?**
- Enter any comments in the **Comments** text box.
- Click **Submit**.

| BR18-000183-1 | |
|---|---|
| Subscriber Name | 1SubscriberName |
| Patient Name | 1PatientFN 1PatientLn |
| Patient ID | 2656576 |
| Patient DOB | May 5, 1995 |
| Dates of Service | Jan 1, 2017 - Jan 11, 2017 |
| Facility Name | 1FacilityName |
| DMHC Jurisdiction? * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Health Plan is Payor for the purposes of IDR? * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Comments | <input type="text" value="Add a Comment"/> |

| BR18-000183-2 | |
|---|---|
| Subscriber Name | 2SubscriberName |
| Patient Name | 2PatientFN 2PatientLn |
| Patient ID | 3656576 |
| Patient DOB | May 5, 1995 |
| Dates of Service | Jan 1, 2017 - Jan 11, 2017 |
| Facility Name | 2FacilityName |
| DMHC Jurisdiction? * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Health Plan is Payor for the purposes of IDR? * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Comments | <input type="text" value="Add a Comment"/> |

The ROPR 1 is submitted to DMHC and the case status is update to Pending DMHC ROPR Review.

ROPR 1 - Delegated Entity is Payor

In this scenario, the Plan is the designated Payor for claim 1 and the Delegated Entity is the designated Payor for claim 2.

- In case details, click on the **ROPR** tab.
- Select **Yes** or **No** to the question **DMHC Jurisdiction?**
- Select **No** to the question **Health Plan is Payor for the purposes of IDR?**

The **Please specify the Delegated Entity?** drop-down is displayed.

- Select the Delegated Entity from the list.
- Enter any comments in the **Comments** text box.
- Click **Submit**.

The screenshot displays two identical form sections, one for case BR18-000183-1 and another for BR18-000183-2. Each section is divided into two columns. The left column contains a list of fields: Subscriber Name, Patient Name, Patient ID, Patient DOB, Dates of Service, and Facility Name, each followed by a text input field. The right column contains three questions with radio button options: 'DMHC Jurisdiction? *' (Yes/No), 'Health Plan is Payor for the purposes of IDR? *' (Yes/No), and 'Please specify the Delegated Entity *' (a dropdown menu with 'Please Choose' selected). Below these questions is a 'Comments' section with a text area labeled 'Add a Comment'.

The ROPR 1 is submitted to DMHC and the case status is updated to Pending DMHC ROPR Review.

ROPR 2

The ROPR 2 may be sent to the Plan or Delegated Entity identified in ROPR 1 and collects documentation supporting the Plan's response.

- In case details, click on the **ROPR** tab.

The details of the ROPR 1 are displayed along with the ROPR 2 request.

- Select **Yes** or **No** to the question **Provider completed Internal Appeal Process?** for each claim and enter a comment in the Comment field if necessary.
- Prepare any supporting documents to upload to the case. (For additional details about uploading supporting documentation, see View and respond to RFIs section.)
- Enter any comments in the **Comments** text box.
- Click **Submit**.

| BR17-000031-1 | |
|---|---------------------------|
| Subscriber Name | Bluenose |
| Patient Name | Sang Le |
| Patient ID | 123456 |
| Patient DOB | Dec 12, 1983 |
| Dates of Service | Oct 1, 2015 - Oct 5, 2015 |
| Facility Name | OTS Facility |
| Provider completed Internal Appeal Process? * <input type="radio"/> Yes <input type="radio"/> No | |
| Comments <input type="text" value="Add a Comment"/> | |

| BR17-000031-2 | |
|---|-----------------------------|
| Subscriber Name | Bluenose |
| Patient Name | Sang Le |
| Patient ID | 123456 |
| Patient DOB | Dec 12, 1983 |
| Dates of Service | Aug 21, 2017 - Aug 22, 2017 |
| Facility Name | OTS Facility |
| Provider completed Internal Appeal Process? * <input type="radio"/> Yes <input type="radio"/> No | |
| Comments <input type="text" value="Add a Comment"/> | |

Document Type *

Document Classification * (When a document is marked 'Confidential', it will not be displayed to opposing party)

File * :

Claim IDs *

The ROPR 2 is submitted to DMHC and the case status updates to Pending DMHC ROPR Review.

Common functionality

First time sign in

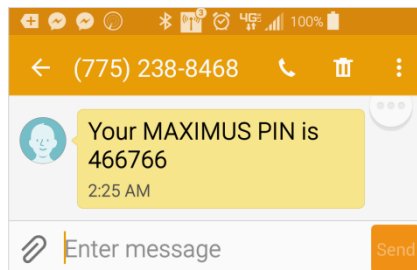
When you receive your sign in credentials and sign in for the first time, you will be prompted to create a security question and update your password.

From the Portal **Sign in - Registration** page, enter your registered **Email Address** and **Password**, and click **Sign in**.



The sign-in form is titled "Sign in - Registration". It contains two input fields: "Email Address" with the value "elian@maximus.com" and "Password" with masked characters "*****". Below the password field is a blue "Sign in" button. Underneath the button are two links: "I forgot my password" and "Portal User Guide".

Sign in triggers the system to send a PIN to your registered mobile phone.



Enter the PIN received on your mobile phone and click **Sign in**.



The sign-in form is titled "Enter Token Pin:". It contains a "Token" input field with the value "751885". Below the token field is a blue "Sign in" button. Underneath the button are two links: "I forgot my password" and "Portal User Guide".

The Portal displays your dashboard.

Notifications

Email notifications are triggered in the Portal whenever an action requires a party to respond or as a confirmation for an action performed. Notifications invite parties to sign in to the Portal to view an action and do not contain personal identification information or personal health information.

Dear UAT Medical Group.

A Request for Opposing Party Response (ROPR) has been issued for IDRP Case No. BR17-000058.

Please sign in to the IDRP Portal, review the ROPR, and submit your response by Mon, 25 Sep 2017 17:27:01.

Thank you,

IDRP Staff

MAXIMUS Federal Services

CONFIDENTIALITY NOTICE: This e-mail, including attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies and the original message.

Dashboard overview

Your dashboard contains sections for:

- **Case History:** Your recent cases.
- **Case Pending Request for Information:** Requests for information submitted by DMHC.
- **Case Pending ROPR Response** (Plan only):

▼ Case History

| ▼ Case Number | Submitted Date | Request Status | Provider |
|-----------------------------|----------------|------------------------------------|----------|
| BR17-000058 | 08/26/2017 | Pending Final Determination Letter | chc |
| BR17-000057 | 08/26/2017 | Pending RO Response | CICO ORg |
| BR17-000056 | 08/26/2017 | Pending DMHC RFI Review | CICO ORg |
| BR17-000053 | 08/26/2017 | Pending RFI Response | CICO ORg |
| BR17-000052 | 08/26/2017 | Pending RO Response | CICO ORg |

Showing 1 to 5 of 5 entries

[View More](#)

▼ Case Pending Request for Information

| ▼ Case Number | Submitted Date | Request Status | Provider |
|-----------------------------|----------------|----------------------|----------|
| BR17-000053 | 08/26/2017 | Pending RFI Response | CICO ORg |

Show 10 entries

Showing 1 to 1 of 1 entries

First

Previous

1

Next

Last

▼ Case Pending ROPR Response

| ▼ Case Number | Submitted Date | Request Status | Provider |
|-----------------------------|----------------|--|------------------|
| BR17-000018 | 08/21/2017 | Pending ROPR Response | Provider Org 101 |
| BR17-000013 | 08/20/2017 | Pending Responsible Payor Confirmation | chc |

Show 10 entries

Showing 1 to 2 of 2 entries

First

Previous

1

Next

Last

▼ Invoice History

| ▼ Case Number | Submitted Date | Request Status | Provider |
|----------------------------|----------------|----------------|----------|
| No data available in table | | | |

Show 10 entries

Showing 0 to 0 of 0 entries

First

Previous

Next

Last

Menu Bar

My Dashboard Create Case Search Case Invoices Pending Registrations My Account Welcome : Eric [Sign Out]

Your menu bar contains links to pages providing additional functionality:

| | |
|---|---|
| My Dashboard: | Displays your dashboard. |
| Create Case (Provider Only) | Opens a new electronic form to create a new IDRP request. |
| Search Case | Displays a choice of options to search your cases. |
| Invoices | Displays your invoices. |
| Pending Registrations (Admin only) | Displays account creation requests. |
| My Account | Display options to change your contact information, change security question and answer, and change password. |
| Sign out | Exit the Portal. |

Icon functionality

Icons used in the Portal that provide functionality:



The **Calendar** icon provides a pop-up calendar to select a month and date to enter into date fields.



The **Edit** icon allows you to edit case information. Example: A claim line or Document Type.



The **View** icon expands information that is currently hidden from view.



The **Close** icon retracts expanded information and hides it from view.



The **Download** icon opens PDF documents in a new browser tab.



The **Information** icon provides additional information in the form of pop-up text.



The **Delete** icon deletes lines of information. **Example:** Delete a claim line.



This **Delete** icon, associated with documents prepared for upload, deletes a document before upload.

Search cases

- Click **Search Case** in the menu bar to navigate to the **Search Cases** page.

Search Cases

Case Number

Case Status

Please Choose

Provider Organization

Please Choose

Close Reason

Please Choose

Search Cases

Reset Criteria

The **Search Cases** page allows you to use a single or combination of criteria to view your cases.

| Search criteria | Description |
|-----------------------|---|
| Case Number | Enter a full or partial case number. |
| Case Status | Select to search by cases case status. |
| Provider Organization | Select to search for cases by Provider. |
| Plan | Select to search for cases by Plan. |
| Delegated Entity | Select to search for cases by Delegated Entity. |
| Close Reason | Select to search for cases by Close Reason. |

- To run a search, enter or select your criteria and click **Search Cases**.

Clear search criteria for a new search

- To run a new search based on new criteria, click the **Reset Criteria** button to clear the previous search criteria.

View search results

Search results are displayed in the **Search Results** section.

▼ **Search Results**

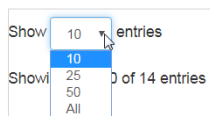
| Case Number | Requested | Status | Provider | Close Reason |
|-----------------------------|------------|--------------------------|-------------------|-------------------------------------|
| BR17-000057 | 08/26/2017 | Pending RO Response | CICO ORg | |
| BR17-000056 | 08/26/2017 | Pending DMHC RFI Review | CICO ORg | |
| BR17-000053 | 08/26/2017 | Pending RFI Response | CICO ORg | |
| BR17-000052 | 08/26/2017 | Pending RO Response | CICO ORg | |
| BR17-000051 | 08/26/2017 | Pending DMHC RFI Review | CICO ORg | |
| BR17-000029 | 08/23/2017 | Case Closed | UAT Medical Group | Final Determination Letter Issued |
| BR17-000028 | 08/22/2017 | Pending DMHC ROPR Review | CICO ORg | |
| BR17-000027 | 08/22/2017 | Case Closed | CICO ORg | Default Determination Letter Issued |

Show entries

Showing 1 to 10 of 20 entries

First Previous **1** 2 Next Last

The default view is **Show 10 entries**. To increase the number of cases displayed, click the **Show entries** drop-down and select a larger number.



You may also use the page advance/decrease buttons to scroll through additional pages.



Sort search results

| ↑ Case Number | ↕ Requested | ↕ Status | ↕ Provider | ↕ Plan | ↕ Delegated Entity | ↕ Close Reason |
|-----------------------------|-------------|-------------------------|------------------|-----------------------------------|--|-----------------------------------|
| BR17-000001 | 08/17/2017 | Case Closed | KP Org Provider | Anthem Blue Cross | | Withdraw |
| BR17-000002 | 08/17/2017 | New Application | CICO ORg | Health Plan of San Mateo | Asian Community dba Associated Dignity Medical Group | |
| BR17-000003 | 08/17/2017 | Pending DMHC RFI Review | Provider Admin 1 | Dignity Health Provider Resources | Access Medical Group, Inc. | |
| BR17-000004 | 08/17/2017 | Case Closed | CICO ORg | Dignity Health Provider Resources | Beaver Medical Group | Final Determination Letter Issued |

Search results can be sorted ascending or descending by column by clicking on the arrows next to the column labels.

Example: To sort cases by case number ascending or descending, click the arrows to the left of the **Case Number** label.

- To sort cases by earliest date received, click the arrows to the left of the **Requested** label.
- To sort cases by latest date received, click the arrows to the left of the **Requested** label a second time.

Case status and definitions

Case status indicates where a case is in the IDRP process and displayed in case information. The most notable indicator of case status is the large, light blue bar when viewing case details. In drop-downs, case status is listed in alphabetical order based on the second word of the status.

| | |
|---|--|
| New Application | A new IDRP Request (Application) has been submitted. |
| Pending Default Determination Letter | DMHC is reviewing a default determination. |
| Pending DMHC RFI Review | Provider or Payor have responded to an RFI. |
| Pending DMHC RO Memo | DMHC has received the ROPR 2 response and is determining IDRP eligibility. |
| Pending DMHC ROPR Review | Payor has responded to ROPR 1 or ROPR 2. |
| Pending Final Determination Letter | RO has completed IDRP and the FDL has been submitted to DMHC. |
| Pending Responsible Payor Confirmation | A ROPR has been submitted to a Plan and awaiting identification of the Payor. |
| Pending RFI Response | An RFI has been submitted by DMHC to a Provider or Payor and is awaiting |
| Pending RO Response | The IDRP has been submitted by DMHC to the RO. |
| Pending ROPR Response | A ROPR 1 or ROPR 2 has been submitted by DMHC to a Payor and is awaiting response. |

View case details

View case detail by clicking on the case number link in the **Search Results** section. A series of tabs are displayed that contain all of the information for the case.

Case Info tab

The **Case Info** tab contains general information about the case, contact information for the **Provider** and **Submitter**, the identified **Plan** and **Delegated Entity**, and Narrative Summary.

BR17-000063 Pending RO Response

[Case Info](#) [Claims](#) [Documents](#) [Request Information](#)

| Provider | | Submitter | |
|--------------|--|------------|-----------------|
| Organization | UAT Medical Group | Full Name | Eric Lian |
| NPI | 07051963 | Email | elian@gmail.com |
| Address | 625 Coolidge Drive, Suite 150, Folsom, CA 95630 | Work Phone | 985-385-3896 |
| Phone | 925-395-3896 | Fax | |


Plan
Dignity Health Provider Resources

Narrative Summary (This field may appear blank. Please review all information and documents related to this claim(s) dispute in the "Claims" and "Documents" tabs above.)
See documents for narrative summary.

Claims tab

View claim information

The **Claims** tab contains claim related information, claim details including claim header, claim line information, and reimbursement amounts when decisions are returned from the reviewing organization.

- To view claim details in the **Claims** section, click the View icon  on the claim bar to expand the claim bar.

In this example shown as:
BR17-000063-1, BR17-000063-2

BR17-000063 Pending RO Response

[Case Info](#) [Claims](#) [Documents](#) [Request Information](#)

Submitted a written appeal through the Payor's Dispute Resolution Process: Yes


Are all of the claims in this IDR Application for non-emergency services?: Yes

Service Type: Inpatient Services

Provider Type: Radiology

Dispute Type(s): Reimbursement Amount, Coding dispute

Claims

1 


| Lydia Perez | Sutter Memorial Hospital | Diagnosis |
|-----------------------------|---------------------------|-----------|
| ID# 01011960 | Address 155 Gleason Drive | 1. S22841 |
| Date of Birth 01/01/1960 | City Grass Valley | 2. 5. |
| Subscriber Name Lydia Perez | State CA | 3. 6. |
| | Zip Code 95945 | 4. 7. |
| | | 5. 8. |
| | | 6. 9. |
| | | 7. 10. |
| | | 8. 11. |
| | | 9. 12. |

Claim Lines

| BR17-000063-1 | # 07051963 | Modifiers | \$ Amounts |
|---------------|-----------------------|-----------|-------------------|
| BR17-000063-2 | Start DOS 08/01/2017 | 1. 57 | Charge \$685.00 |
| | End DOS 08/02/2017 | 2. | Units 1 |
| | Place of Service 21 | 3. | Paid \$200.00 |
| | CPT/HCPCS 99285 | 4. | Disputed \$465.00 |
| | Diagnosis Pointer ABC | | |
| | Product Type HMO | | |

Reimbursement amount

When decisions are returned from the review organization, each claim displays the reimbursement amount for decisions or default decisions.

- To close claim details, click the **Close**  icon.

Claim Lines

BR18-000094-2

Decision


IDRP Decision Reimbursement Amount **\$9,000.00**

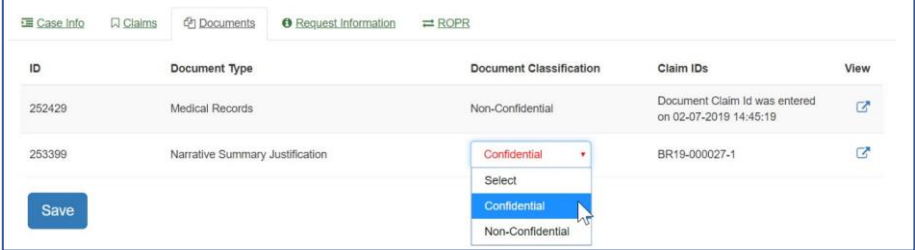
| # 222222 | Modifiers | \$ Amounts |
|-----------------------|-----------|----------------------|
| Start DOS 09/29/2017 | 1. 59 | Charge \$13,000.00 |
| End DOS 09/29/2017 | 2. 33 | Units 300 |
| Place of Service 25 | 3. | Paid \$3.00 |
| CPT/HCPCS 55555 | 4. | Disputed \$10,000.00 |
| Diagnosis Pointer ABC | | |
| Product Type PCS | | |



Documents tab

The **Documents** tab contains all documents that have been uploaded for a case by all parties.

View documents

- To view a document, click on the **Download** icon  in the **View** column.



| ID | Document Type | Document Classification | Claim IDs | View |
|--------|---------------------------------|--|--|---|
| 252429 | Medical Records | Non-Confidential | Document Claim Id was entered on 02-07-2019 14:45:19 |  |
| 253399 | Narrative Summary Justification | <div>Confidential Select Confidential Non-Confidential</div> | BR19-000027-1 |  |

Save

The document is loaded into a new browser tab to view.

Download document

- To save the document to your computer, right-click on the document opened in the new tab and select **Save as...**

Change document classification

The document owner can change the classification of a document any time after submission. Documents classified as confidential will not be displayed to the opposing party.

- Click the **Document Classification** drop-down and select **Confidential** or **Non-Confidential**.
- Click **Save**.

The document classification is displayed in the Document Classification column.

Request Information tab

The **Request Information** tab contains the history of RFI requests and responses.

In this example, the RFI has been submitted to the **Provider**. **Sent to** and the **Due by** date are displayed, and the comments for the RFI are visible.

Any documents uploaded for an RFI response can be accessed here and in the **Documents** tab.

BR17-000063 Pending RO Response

Case Info Claims Documents **Request Information**

Sent to Provider Due by Sep 1, 2017

| Request | | |
|--------------|-------------|---|
| Sent | Due by | Comments |
| Aug 27, 2017 | Sep 1, 2017 | Please resubmit a copy of the claim form. The claim form received in the original upload is illegible. Thank you. -Eric |

| Response | |
|-----------------------|--|
| Responded on | Comments |
| Aug 27, 2017 | Please disregard this RFI. We just received the new copy of the claim form. Thank you. -Eric |
| Documents | |
| No uploaded documents | |

ROPR tab (Plan only)

The ROPR tab contains the history of ROPR requests and responses.

In this example, the ROPR 1 has been submitted to the **Payor**. **Sent to** and the **Due by** date are displayed, and case status is updated to **Pending Responsible Payor Confirmation**.

Case Info Claims Documents **Request Information** **ROPR**

ROPR-I

The fields with asterisks are required

Sent To Payor

Due By Jul 5, 2018

Provider Name Provider Two

BR18-000183-1

| | | | |
|------------------|----------------------------|--|--|
| Subscriber Name | 1SubscriberName | DMHC Jurisdiction? * | <input type="radio"/> Yes <input type="radio"/> No |
| Patient Name | 1PatientFN 1PatientLn | Health Plan is Payor for the purposes of IDRP? * | <input type="radio"/> Yes <input type="radio"/> No |
| Patient ID | 2656576 | Comments | <input type="text" value="Add a Comment"/> |
| Patient DOB | May 5, 1995 | | |
| Dates of Service | Jan 1, 2017 - Jan 11, 2017 | | |
| Facility Name | 1FacilityName | | |

BR18-000183-2

| | | | |
|------------------|----------------------------|--|--|
| Subscriber Name | 2SubscriberName | DMHC Jurisdiction? * | <input type="radio"/> Yes <input type="radio"/> No |
| Patient Name | 2PatientFN 2PatientLn | Health Plan is Payor for the purposes of IDRP? * | <input type="radio"/> Yes <input type="radio"/> No |
| Patient ID | 3656576 | Comments | <input type="text" value="Add a Comment"/> |
| Patient DOB | May 5, 1995 | | |
| Dates of Service | Jan 1, 2017 - Jan 11, 2017 | | |
| Facility Name | 2FacilityName | | |

View and respond to RFIs

DMHC may submit a request for information (RFI) to Providers and Plans if they require addition information to determine IDRP eligibility or if information is required after a case has been closed. RFIs can be viewed in the dashboard in the **Case Pending Request for Information** section or from the **Search Cases** page by searching Case Status > **Pending RFI Response**.

- To view an RFI, click on the case number link.

Case details will open in the **Case Info** tab.

- Click on the **Request Information** tab to view the RFI.

The tab displays the **Sent to** and **Due by** dates, and **Comments** regarding the information requested.

The screenshot shows the 'Case Info' tab for case BR17-000053. The 'Request Information' tab is selected, displaying a table with the following data:

| Sent | Due by | Comments |
|--------------|-------------|---------------------------------------|
| Aug 26, 2017 | Sep 1, 2017 | This goes to Payor in the rfi section |

Buttons for 'Case Info', 'Claims', 'Documents', 'Request Information', and 'ROPR' are visible at the top. A 'Respond' button is at the bottom left.

- To respond to the RFI, click **Respond**.

- Enter any comments in the **Comments** field.
- If documents were requested, prepare one or more supporting documents for upload.
(See the **Upload documents** section.)

- Click **Submit**.

The RFI is submitted to DMHC and the case status changes to Pending DMHC RFI Review.

The screenshot shows the 'RFI Response' form. It includes the following fields and controls:

- Claim IDs:** BR18-000187-1
- Comments:** A text area for entering comments.
- Document Type:** A dropdown menu with 'Select' as the current value.
- Document Classification:** A dropdown menu with 'Confidential' as the current value. A note states: '(When a document is marked "Confidential", it will not be displayed to opposing party)'.
- File:** A button labeled 'Click to choose a file'.
- Claim IDs:** A dropdown menu with 'Select' as the current value.
- Add Document:** A blue button to add a new document.
- Table:** A table with columns 'File Name', 'Doc Type', and 'Claim IDs'. The 'Total' row shows '0'.
- Buttons:** 'Submit' and 'Cancel' buttons at the bottom.

Upload supporting documents

Case documents can be uploaded when responding to RFIs and ROPRs.

- Click the **Document Type** drop-down to identify the type of document that will be uploaded.
- Click **Document Classification** to select if the document should be classified as **Confidential** or **Non-Confidential**.

Documents marked Confidential will not be displayed to the opposing party.

- Click the **File** drop-down and select a document to prepare for upload.

Note: Only one document can be prepared for upload at a time, but more than one document can be uploaded at submission.

The selected file name will be displayed above the drop-down.

- In the **Claim IDs** field, enter the claim numbers the document should be associated with. If the document is associated with more than one claim number, separate the claim numbers with a comma.

Example: 001, 002, 003

The screenshot shows the 'RFI Response' form. At the top, it says 'The fields with asterisks are required'. Below this, there are fields for 'Claim IDs' (with value 'BR18-000187-1') and 'Comments *'. The 'Document Type *' is set to 'Select'. The 'Document Classification *' is set to 'Confidential'. The 'File *' field has a button 'Click to choose a file'. Below this is another 'Claim IDs *' field set to 'Select'. An 'Add Document' button is at the bottom right. At the bottom of the form, there is a table with columns 'File Name', 'Doc Type', and 'Claim IDs'. The table is currently empty, showing 'Total 0'. 'Submit' and 'Cancel' buttons are at the very bottom.

The document is prepared for upload and displayed below the **Add Document** button.

- To add additional documents, repeat the process.
- When finished adding documents, click **Submit**.

Delete a document prepared for upload

- To delete a document prepared for upload, click the red **X** in the document row of the document to be deleted.

The screenshot shows a table with the following data:

| File Name | Doc Type | Claim IDs | Comments | | |
|--|---|-----------|---------------------------|----|---|
| Markowski Case Files and Documents.pdf | MedicalRecords , Correspondence , AuthorizationRelated Document | 3763424 | this is for claim 3763424 | Ok | X |
| Total 1 | | | | | |

At the bottom of the table are 'Submit' and 'Cancel' buttons.

Approve pending registrations (Admin)

- From your dashboard, click **Pending Registrations**.
- In the **Pending Registration** section, click **Approve** or **Deny** for each pending registration.
- If **Deny**, enter a reason for the denial in the **Denial Reason** text box.

Note: The denial reason text will be included in the notification to the person who registered the account.

Click **Submit**.

The page is cleared of the selected registrations and a green banner is displayed with the number of approved and denied registrations.

Registration Request

▼ Pending Registration

| Name | Email | Phone | Approve | Deny | Denial Reason |
|----------------|-------------------------------------|--------------|----------------------------------|----------------------------------|------------------------------|
| Dana McDermott | danamcdermott@dignityhealthwest.com | 999-631-2215 | <input checked="" type="radio"/> | <input type="radio"/> | |
| David Strebal | davidstrebal@dignityhealthwest.com | 999-631-7214 | <input type="radio"/> | <input checked="" type="radio"/> | Not authorized at this time. |

Show 10 entries

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

Submit

Registration Request

✓ 1 registration(s) approved and 1 registration(s) denied successfully.

▼ Pending Registration

| Name | Email | Phone | Approve | Deny | Denial Reason |
|----------------------------|-------|-------|---------|------|---------------|
| No data available in table | | | | | |

Show 10 entries

Showing 0 to 0 of 0 entries

First Previous Next Last

Submit

Update Account Information

Account information you can update includes:

- your contact information
- security question and answer
- password

Update contact information

- From your dashboard, click **My Account**.
- In the **Personal Details** section, update your information and click **Update Personal Details**.

Note: Grayed out fields cannot be edited

My Account

Personal Details

| | | |
|---|---|---|
| First Name * | Last Name * | |
| <input type="text" value="Eric"/> | <input type="text" value="Lian"/> | |
| Email | Work Phone * | Mobile Phone * |
| <input type="text" value="ericlian63@gmail.com"/> | <input type="text" value="925-395-3896"/> | <input type="text" value="925-395-3896"/> |
| Fax | <input type="text"/> | |

[Update Personal Details](#)

Add an existing Provider organization

If you represent more than one Provider organization and did not select that organization when you registered, you can add additional organizations in this section.

- From your dashboard, click **My Account**.
- In the **Organizations** section, click **Add Another Organization**.

Organization(s)

| Organization | Type | Requested Date | Approved/Denied Date | Admin | Status | |
|---|----------|----------------|----------------------|-------|----------|--|
| Dignity Health 1234 Street Drive, Sacramento, CA, 95829 185-456-4891 | Provider | 01/26/2018 | | No | Pending | |
| NASA 123 Main St, Houston, TX, 22222 222-222-2222 | Provider | 01/26/2018 | 01/26/2018 | Yes | Approved | |

[Add Another Organization\(s\)](#)

- In the **Add Organizations** dialog, click the **Select Providers** drop-down and either search or scroll for the Providers you want to add.
- Click the check boxes associated with each Provider.

Add Organization(s)

Select Providers *

1 checked

- ☐ Provider Org 100
- ☐ Provider Org 101
- ☐ Respite services
- ☐ Sacramento Family Medical
- ☐ Sacramento Family Medical Clinic
- ☐ Test
- ☐ Test Org
- ☒ UAT Medical Group
- ☐ UAT Medical Group
- ☐ UC Davis
- ☐ UC Davis Medical Center

| Type | Registering as Administrator | |
|----------|------------------------------|--|
| Provider | <input type="checkbox"/> No | |

If the Provider Organization you wish to add is not available in the above Providers' list, you can request to add a new Provider Organization. Please note that you will be added as an administrator to the new provider organization. If you are not an administrator of the new organization, please ask the organization administrator to add the organization for you or else the request may not be approved.

[Add New Provider](#)

[Submit for Approval](#) [Cancel](#)

- In the **Registering as Administrator** column, toggle the switch to **Yes** if you are registering as an administrator. The default selection is No.
- Click **Submit for Approval**.

Add Organization(s)

Select Providers *

1 checked

| # | Organization | Type | Registering as Administrator | |
|---|---|----------|------------------------------|--|
| 1 | UAT Medical Group 625 Coolidge Drive, Suite 150, Folsom, CA, 95630 925-395-3896 | Provider | <input type="checkbox"/> No | |

If the Provider Organization you wish to add is not available in the above Providers' list, you can request to add a new Provider Organization. Please note that you will be added as an administrator to the new provider organization. If you are not an administrator of the new organization, please ask the organization administrator to add the organization for you or else the request may not be approved.

[Add New Provider](#)

[Submit for Approval](#) [Cancel](#)

Your request will be displayed in the list under the status of Pending until approved by the organization or Portal administrator.

| Organization(s) | | | | | |
|--|----------|----------------|----------------------|-------|----------|
| Organization | Type | Requested Date | Approved/Denied Date | Admin | Status |
| Dignity Health 1234 Street Drive, Sacramento, CA, 95829 185-456-4891 | Provider | 01/26/2018 | | No | Pending |
| NASA 123 Main St, Houston, TX, 22222 222-222-2222 | Provider | 01/26/2018 | 01/26/2018 | Yes | Approved |
| UAT Medical Group 625 Coolidge Drive, Suite 150, Folsom, CA, 95630 925-395-3896 | Provider | 02/09/2018 | | No | Pending |

Add a new Provider organization

If you represent more than one Provider organization and the organization you want to add does not exist in Select Providers drop-down list, you can add the organization in this section.

- From your dashboard, click **My Account**.
- In the **Organizations** section, click **Add Another Organization**.

| Organization(s) | | | | | |
|---|----------|----------------|----------------------|-------|----------|
| Organization | Type | Requested Date | Approved/Denied Date | Admin | Status |
| Dignity Health 1234 Street Drive, Sacramento, CA, 95829 185-456-4891 | Provider | 01/26/2018 | | No | Pending |
| NASA 123 Main St, Houston, TX, 22222 222-222-2222 | Provider | 01/26/2018 | 01/26/2018 | Yes | Approved |

[Add Another Organization\(s\)](#)

- In the **Add Organizations** dialog, click **Add New Provider**.

Add Organization(s)

The fields with asterisks are required

Select Providers *

Select

Please select or add new organization(s).

If the Provider Organization you wish to add is not available in the above Providers' list, you can request to add a new Provider Organization. Please note that you will be added as an administrator to the new provider organization. If you are not an administrator of the new organization, please ask the organization administrator to add the organization for you or else the request may not be approved.

[Add New Provider](#)

[Cancel](#)

- To the question **Are you registering as organization administrator?**, select **Yes**.
- Enter the requested name and contact information in the fields displayed, and click **Add**.

Add Organization(s)

The fields with asterisks are required

Enter Organization Details

Registration for a new provider organization can be submitted only if you are registering as the organization administrator.

Are you registering as organization administrator? *

☒ Yes ☐ No

Organization *

NPI Number *

Phone Number *

Address 1 *

Address 2 (optional)

City *

State *

ZIP Code *

[Add](#) [Cancel](#)

- The organization is added to your list of organizations. **Click Submit for Approval.**

Add Organization(s)

The fields with asterisks are required

Select Providers *

1 checked

| # | Organization | Type | Registering as Administrator | |
|---|---|----------|---|--|
| 1 | Dignity Health # 1234 Street Drive, Sacramento, CA, 95829 ☎ 185-456-4891 | Provider | <input type="checkbox"/> No | |
| 2 | Zantel Health # 1313 Mockingbird Lane, Los Angeles, CA, 95550 ☎ 303-628-2471 | Provider | <input checked="" type="checkbox"/> Yes | |

If the Provider Organization you wish to add is not available in the above Providers' list, you can request to add a new Provider Organization. Please note that you will be added as an administrator to the new provider organization. If you are not an administrator of the new organization, please ask the organization administrator to add the organization for you or else the request may not be approved.

[Add New Provider](#)

[Submit for Approval](#) [Cancel](#)

The organization is listed in your dashboard under the status Pending. When the Portal administrator approves the request, the status will change to Approved and you can begin working cases on behalf of that Provider.

| Organization(s) | | | | | |
|--|----------|----------------|----------------------|-------|----------|
| Organization | Type | Requested Date | Approved/Denied Date | Admin | Status |
| Dignity Health # 1234 Street Drive, Sacramento, CA, 95829 ☎ 185-456-4891 | Provider | 6/12/2018 | | No | Pending |
| Mercy San Juan Hospital # 8563 Maple Ave, Culverton, CA, 95558 ☎ 316-718-8281 | Provider | 08/22/2017 | 08/22/2017 | Yes | Approved |
| Zantel Health # 1313 Mockingbird Lane, Los Angeles, CA, 95550 ☎ 303-628-2471 | Provider | 07/27/2018 | | Yes | Pending |

[Add Another Organization\(s\)](#)

Add another Plan organization

If you represent more than one Plan organization and did not select that organization when you registered, you can add additional organizations in this section.

- From your dashboard, click **My Account**.
- In the **Organizations** section, click **Add Another Organization**.
- From the **Health Plans** and **Delegated Entities** drop-downs, select the organizations you represent. The organizations you selected are displayed in the dialog.
- For each of the organizations you selected, use the toggle in the **Registering as Administrator** column to indicate whether you are will be representing the organization as an Administrator.
- Click **Submit for Approval**.

The organizations you selected are listed in your dashboard under the status Pending. When the Portal administrator approves the request, the status will change to Approved and you can begin working cases on behalf of that organization.

| Organization(s) | | | | | |
|---|-------------|----------------|----------------------|-------|----------|
| Organization | Type | Requested Date | Approved/Denied Date | Admin | Status |
| Blue Shield of California 1164757808 | Health Plan | 08/22/2017 | 08/22/2017 | Yes | Approved |
| Add Another Organization(s) | | | | | |

Add Organization(s)

The fields with asterisks are required

Health Plans * 1 checked ▼ Delegated Entities * Select ▼

☐ Anthem Blue Cross
☐ Bay Area Accountable Care Network Inc.
☐ Chinese Community Health Plan
☐ Cigna Behavioral Health of California, Inc.
☒ Cigna HealthCare of California, Inc.
☐ Community Care Health Plan
☐ Contra Costa County HealthPlan
☐ County of Ventura
☐ Davita Health Plan of California Inc.
☐ Dignity Health Provider Resources
☐ Epic Health Plan

Registering as Administrator

☐ No 🗑️

[Submit for Approval](#) [Cancel](#)

Add Organization(s)

The fields with asterisks are required

Health Plans * 1 checked ▼ Delegated Entities * Select ▼

| # | Organization | Type | Registering as Administrator | |
|---|--------------------------------------|-------------|--|--|
| 1 | Cigna HealthCare of California, Inc. | Health Plan | <input checked="" type="checkbox"/> No 🗑️ | |

[Submit for Approval](#) [Cancel](#)

Update security question and answer

- From your dashboard, click **My Account**.
- In the **Security Question** section, click the **Security Question** drop-down to select a question.
- In the **Answer** field, enter the answer to the question selected.
- In the **Current Password** field, enter your current password.
- Click **Update**.

The screenshot shows the 'Security Question' section of a user account. It includes a dropdown menu for 'Security Question *' with 'Please Choose' selected. Below it are two text input fields: 'Answer *' (with a red note 'Please note the answer is case sensitive.') and 'Current Password *'. At the bottom are three buttons: 'Update' (highlighted in blue), 'Do Not Save Changes', and 'Go to change password page'.

Update password

- From your dashboard, click **My Account**.
- Scroll to the **Update Password** section.
- In the **Current Password** field, enter your current password.
- In the **New Password** field, enter your new password.
- In the **Verify New Password** field, enter your new password.
- Click **Update**.

The screenshot shows the 'My Account' section with the 'Update Password' sub-section. It features three text input fields: 'Current Password *', 'New Password *', and 'Verify New Password *'. Below these fields is a 'PASSWORD POLICY' section with five numbered rules. At the bottom are two buttons: 'Update' (highlighted in blue) and 'Do Not Save Changes'.

Update PIN delivery method

- From your dashboard, click **My Account**.
- Scroll to the **Multi-Factor Authentication** section.

Your current PIN delivery method will be selected.

- To change your PIN delivery method, click the radio button for the delivery method you would like to switch to.
- Click **Update PIN Delivery Method**.

Note: Allow 30 minutes for the new delivery method to take effect.

Multi-Factor Authentication

How would you like to receive the PIN? *

☒ Email ☐ SMS text on mobile phone

Allow 30 minutes for the PIN delivery change to take effect.

Update PIN Delivery Method

Invoice and Payment

To search and view invoices, click on **Invoices** in the menu bar.

Search Invoices

- To search invoices, enter a **Case Number**, select a **Status** from the drop-down, or enter a date range and click **Search**.

Search results are displayed in the **Search Results** section.

Invoice Search

Case ID: Status:

Invoiced From Date: Invoiced To Date:

Search Results

| Case Number | Invoice Number | Dated | Status | Amount | Action |
|-------------|----------------------------------|------------|--------|--------|------------------------------------|
| BR17-000063 | 100075-05-000022 | 08/28/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |
| BR17-000029 | 100075-05-000006 | 08/23/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |
| BR17-000017 | 100075-05-000002 | 08/21/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |
| BR17-000016 | 100075-05-000004 | 08/22/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |

Show: entries

Showing 1 to 4 of 4 entries

View invoice details

- To view invoice details, click the **Invoice Number** link in the **Search Results** section.

Invoice details are displayed.

| Case Number | Invoice Number | Dated | Status | Amount | Action |
|-------------|----------------------------------|------------|--------|--------|------------------------------------|
| BR17-000063 | 100075-05-000022 | 08/28/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |
| BR17-000029 | 100075-05-000006 | 08/23/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |
| BR17-000017 | 100075-05-000002 | 08/21/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |
| BR17-000016 | 100075-05-000004 | 08/22/2017 | Unpaid | 260 | <input type="button" value="Pay"/> |

Print invoice

- To print the invoice, click **Print**.

The invoice will open in a new window. Print to file as a PDF or select a local printer.

Pay invoice

- To pay the invoice, click **Pay Invoice**.

Invoice # 100075-05-000022

Billed To:
 Eric Lian
 625 Coolidge Drive
 Suite 150
 Folsom, CA 95630



Dated Aug 28, 2017
Due by Sep 27, 2017
Status Unpaid

Summary

| Case Number | Amount |
|---------------|-----------------|
| BR17-000063 | \$260.00 |
| Total: | \$260.00 |

The payment page is displayed.

- In the **Choose Payment Option** section, ensure the radio button is selected.
- In the **Pay With Your Credit Card** section, enter your credit card details, click the I'm not a robot check box, and click **Pay With Your Credit Card**.

**AB 72 Independent Dispute Resolution Process**



Review Your Order

Invoice Number
100075-05-000022

| Quantity | Item | Unit | Price |
|--------------|-------------|--------------|---------------|
| 1 | BR17-000063 | \$260.00 USD | 260.00 |
| Total | | USD | 260.00 |

[Return to IDRP](#)



Choose Payment Option

☒  

Pay With Your Credit Card

Cardholder Name

Credit Card Number


Expiry Date (MMYY)

Email

A confirmation email will be sent to this address.

Verification

☐ I'm not a robot


reCAPTCHA
[Privacy](#) [Terms](#)

Your private information is secured using SSL (Secure Sockets Layer), the leading security protocol on the Internet. Information is encrypted and exchanged with an https server.

We respect your privacy. We will pass your name, address or e-mail address on only to the merchant.

Secure Payment provided by [First Data Corp.](#)