IDRP Portal

User Guide for

Providers and Plans

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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

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMHC</td>
<td>Department of Managed Health Care</td>
</tr>
<tr>
<td>FDL</td>
<td>Final Determination Letter</td>
</tr>
<tr>
<td>IDRP</td>
<td>Independent Dispute Resolution Process</td>
</tr>
<tr>
<td>PIN</td>
<td>Personal Identification Number</td>
</tr>
<tr>
<td>RFI</td>
<td>Request for Information</td>
</tr>
<tr>
<td>RO</td>
<td>Review Organization</td>
</tr>
<tr>
<td>ROPR</td>
<td>Request for Opposing Party Response: Two phases. ROPR 1 requests Payor identification and</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Browser</th>
<th>Windows</th>
<th>Mac</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chrome (Major versions)</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td>Firefox (Major versions)</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td>Internet Explorer 10 and above</td>
<td>Supported</td>
<td>N/A</td>
</tr>
<tr>
<td>Opera (Major versions)</td>
<td>Supported</td>
<td>Supported</td>
</tr>
<tr>
<td>Safari (Major versions)</td>
<td>Not supported</td>
<td>Supported</td>
</tr>
</tbody>
</table>

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 IDRP Portal?

**Release March 2020**

- Document classification, Confidential or Non-Confidential, may be selected when uploading documents to the IDRP 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 IDRP 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.

<table>
<thead>
<tr>
<th>Information needed for registration</th>
<th>Provider</th>
<th>Plan or Delegated Entity</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
<td>x</td>
<td>x</td>
<td>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.</td>
</tr>
<tr>
<td>Mobile Phone</td>
<td>x</td>
<td>x</td>
<td>A mobile phone is needed to receive a unique PIN for each sign in by mobile phone.</td>
</tr>
<tr>
<td>NPI Number</td>
<td>x</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Plan or Delegated Entity Administrator Email Address</td>
<td>x</td>
<td></td>
<td>If the representative does not enter an email address for the Plan or Delegated Entity Administrator, registration cannot proceed.</td>
</tr>
</tbody>
</table>

- 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.
  
  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.
• 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.

### 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**.

The new Provider is displayed in the Organization list.

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.

- 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**.

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**.

- 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.

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

• 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.

• 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**.

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

- 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?
  - 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.

**Enter claims and claim lines**

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

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

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.

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

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 IDRP 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.

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

Enter the Narrative Summary

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

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

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

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.

- 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.
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 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.

- 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.

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 IDRP 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**.

The ROPR 1 is submitted to DMHC and the case status is updated 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 IDRP?

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 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.

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**.

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 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 IDR Case No. BR17-000058.

Please sign in to the IDR 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

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Submitted Date</th>
<th>Request Status</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>BR17-000058</td>
<td>08/26/2017</td>
<td>Pending Final Determination Letter</td>
<td>cho</td>
</tr>
<tr>
<td>BR17-000057</td>
<td>08/26/2017</td>
<td>Pending RO Response</td>
<td>CICO ORg</td>
</tr>
<tr>
<td>BR17-000056</td>
<td>08/26/2017</td>
<td>Pending DMHC RFI Review</td>
<td>CICO ORg</td>
</tr>
<tr>
<td>BR17-000053</td>
<td>08/26/2017</td>
<td>Pending RFI Response</td>
<td>CICO ORg</td>
</tr>
<tr>
<td>BR17-000052</td>
<td>08/26/2017</td>
<td>Pending RO Response</td>
<td>CICO ORg</td>
</tr>
</tbody>
</table>

Showing 1 to 5 of 5 entries

### Case Pending Request for Information

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Submitted Date</th>
<th>Request Status</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>BR17-000053</td>
<td>08/26/2017</td>
<td>Pending RFI Response</td>
<td>CICO ORg</td>
</tr>
</tbody>
</table>

Showing 1 to 1 of 1 entries

### Case Pending ROPR Response

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Submitted Date</th>
<th>Request Status</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>BR17-000038</td>
<td>08/21/2017</td>
<td>Pending ROPR Response</td>
<td>Provider Org 101</td>
</tr>
<tr>
<td>BR17-000039</td>
<td>08/20/2017</td>
<td>Pending Responsible Payor Confirmation</td>
<td>cho</td>
</tr>
</tbody>
</table>

Showing 1 to 2 of 2 entries

### Invoice History

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Submitted Date</th>
<th>Request Status</th>
<th>Provider</th>
</tr>
</thead>
</table>

No data available in table

Showing 0 to 0 of 0 entries

First  Previous  1  Next  Last
Menu Bar

<table>
<thead>
<tr>
<th>Link</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Dashboard</td>
<td>Displays your dashboard.</td>
</tr>
<tr>
<td>Create Case (Provider Only)</td>
<td>Opens a new electronic form to create a new IDRP request.</td>
</tr>
<tr>
<td>Search Case</td>
<td>Displays a choice of options to search your cases.</td>
</tr>
<tr>
<td>Invoices</td>
<td>Displays your invoices.</td>
</tr>
<tr>
<td>Pending Registrations (Admin only)</td>
<td>Displays account creation requests.</td>
</tr>
<tr>
<td>My Account</td>
<td>Display options to change your contact information, change security question and answer, and change password.</td>
</tr>
<tr>
<td>Sign out</td>
<td>Exit the Portal.</td>
</tr>
</tbody>
</table>

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.

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

<table>
<thead>
<tr>
<th>Search criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Number</td>
<td>Enter a full or partial case number.</td>
</tr>
<tr>
<td>Case Status</td>
<td>Select to search by cases case status.</td>
</tr>
<tr>
<td>Provider Organization</td>
<td>Select to search for cases by Provider.</td>
</tr>
<tr>
<td>Plan</td>
<td>Select to search for cases by Plan.</td>
</tr>
<tr>
<td>Delegated Entity</td>
<td>Select to search for cases by Delegated Entity.</td>
</tr>
<tr>
<td>Close Reason</td>
<td>Select to search for cases by Close Reason.</td>
</tr>
</tbody>
</table>

- 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.

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

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

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.

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

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.

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.

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.

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.

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.
View and respond to RFIs

DMHC may submit a request for information (RFI) to Providers and Plans if they require additional 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.

- 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.
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 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.
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.
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

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.
• 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.

• 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**.

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

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

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

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.
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.
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.

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.

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.

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.

View invoice details

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

Invoice details are displayed.

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**.
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**.