



# Portal Quick Reference Guide (QRG) for Providers

GAINWELL TECHNOLOGIES

Welcome to Portal’s Quick Reference Guide, a comprehensive system designed to streamline access to clinical review documents and information for providers. Within Portal, providers can effortlessly locate medical record requests, verify claims status, submit appeals, upload medical records, and run reports. This user-friendly guide has been created to walk you through these essential tasks, providing a step-by-step breakdown of how to successfully accomplish them. This reference guide will equip you with the knowledge and confidence to navigate Portal efficiently and effectively. Let’s dive in and explore the world of simplified medical record review management together.

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## Logging into Portal

Welcome to the Quick Reference Guide for logging into the Portal. This guide will provide you with simplified instructions to quickly access the system. By following these steps, you'll be able to log in efficiently and start utilizing the Portal's features. Let's get started!

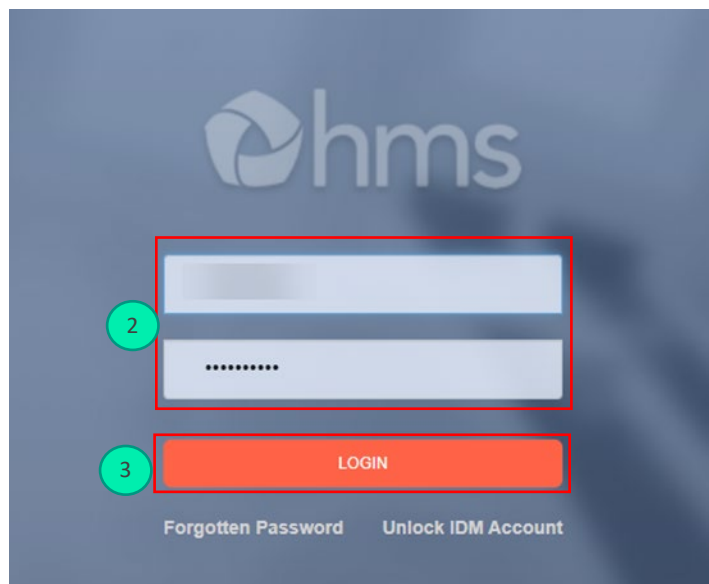
### Step 1: Access Portal

- 1 Open your preferred web browser (Microsoft Edge or Google Chrome) and visit the following URL: <https://hmsportal.hms.com>.

**Step 2:** On the Portal's login page, enter your username and password in the designated fields.

**Note:** Be sure to enter the correct information as provided by your system administrator.

**Step 3:** Click the *Login* button to initiate the login process.



## My Workload

After logging into Portal, you will arrive at My Workload. Here you will find a task list, if you have any tasks they will be located here. This page will contain items and/or letters that you will need to act on. If there are no items, then there are no tasks that need your attention. At the top of the page, there are options for which you can drill down on Lines of Business (Utilization Review and Disallowance), Providers, and Clients.

When working in My Workload the items for which you will need to take action will appear under the Letter Type section. Once a medical record request is generated it will appear here (see Image A).

Different action is required depending on the Letter Type.

1. Medical Record Requests
2. Denial Letters
3. Appeal Upheld Letters

**Step 1:** Click on the Letter Type

**Step 2:** Click on **View Claims** this will take you to the Claims tab. Follow the steps outlined in the Claims section of the QRG.

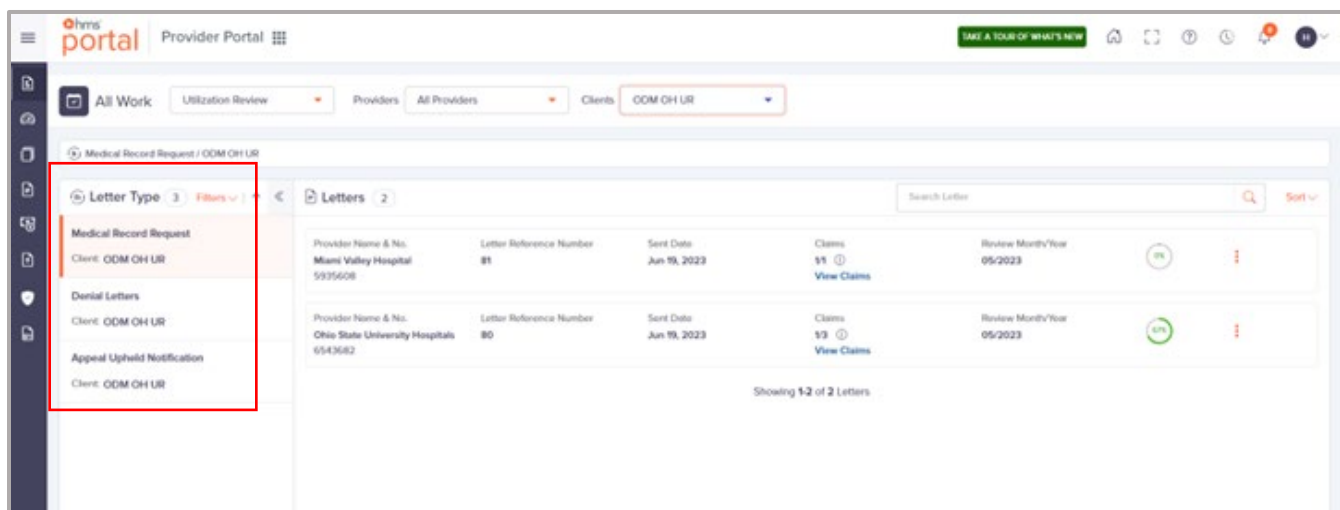


Image A

## Portal Homepage Overview

After logging into Portal, you will need to navigate to the dashboard. The dashboard will give the user an overall idea of the status of the claim and the location of the claim. You can also click on the fields located on the dashboard.

**Providers:**

**Step 1:** Click on the Dashboard icon or click on the hamburger icon and select Dashboard.

**Step 2:** Click on the drop-down arrow and select the provider.

**Line of Business**

**Step 3:** Click on the drop-down arrow and select the appropriate line of business.

**Claims Summary – Utilization Review.**

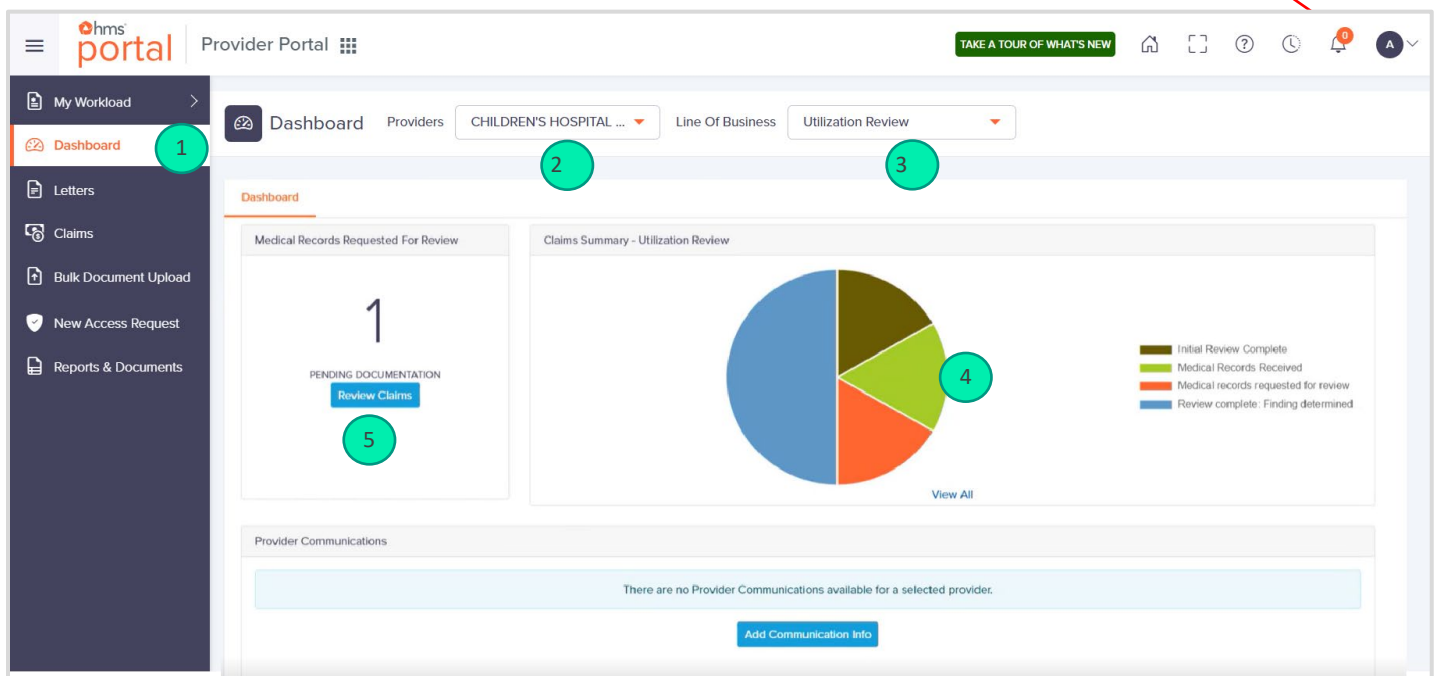
**Step 4:** Click on the different *Claims Summaries – Utilization Review*

- Initial Reviews
- Medical Records Received
- Medical records requested for review.
- Review complete finding determined.

**Medical Records Requested for Review**

**Step 5:** Click on the *Review Claims*

Here you can hover over each icon to see what it does. If you have an orange circle it indicates notifications.



Below are the statuses and definitions that appear on the dashboard pie chart and throughout the portal for claim status:

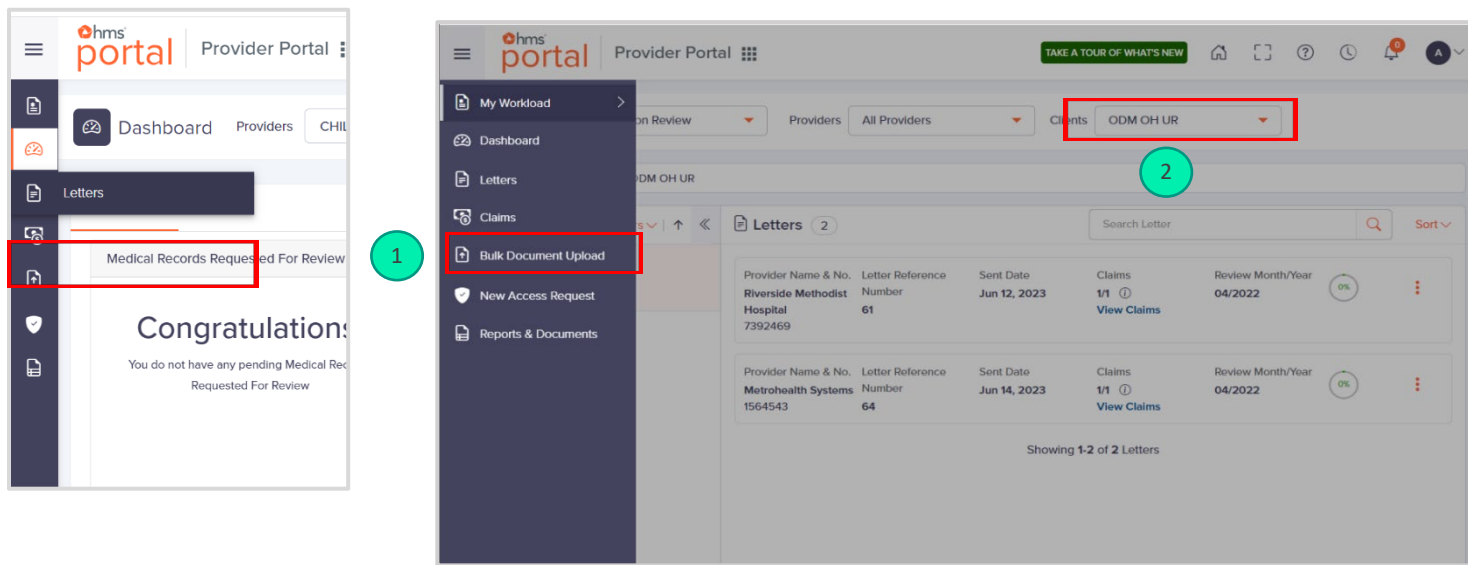
Status	Definition
Medical Records Requested for Review	Claims were requested for review, Permedion waiting on the provider to provide medical record.
Medical Records Received	Provider has submitted and Permedion has received medical records.
Medical Records Received – Under Review	Permedion is currently reviewing medical record received by the provider.
Medical Records Requested for Review (Reminder Sent)	Provider has received a reminder to submit their medical records for initial review
Initial Review Complete	Permedion has completed its initial review of submitted medical records.
Review Complete: No Findings	Permedion has approved claim and there are no adverse findings.
Review Complete: Finding Determined	Permedion has denied claim with an adverse determination.
Review Complete: Missing Documentation	Permedion has completed its initial review and has issued a technical denial due to incomplete record missing information
Technical Denial Finding Due to No Medical Records Received	Technical denial issued due to provider not submitting medical records for the initial review process.
Reporting	Permedion has determined the Presentation on Admission (POA) was incorrectly submitted and was changed for reporting purposes. The provider's reimbursement will not be affected based on these findings.
Request For Appeal Received	Provider has submitted and Permedion has received appeal.
SURS 1 <sup>st</sup> Level Appeal Received	Permedion has received a first level appeal from provider, pending appeal response from SURS
Request For Appeal Received – Under Review	Appeal received and Permedion is in the process of reviewing.
TD Modified	The original technical denial decision was modified to another decision.
Appeal Review Complete: Original Finding Overturned	Overturn decision rendered after receipt of appeal and completion of appeal review
Appeal Review Complete: Original Finding Upheld	Upheld decision rendered after receipt of appeal and completion of appeal review
Appeal Request Denied Due to Untimely Submission	Permedion received a late request for appeal and will not be processing due to untimeliness
SURS 2 <sup>nd</sup> Level Appeal Received	Permedion has received a second level appeal from provider, pending appeal response from SURS
SURS Appeal Response – Overturned	ODM SURS overturned the denial that Permedion issued on the claim.
SURS Appeal Response – Upheld	ODM SURS upheld the denial that Permedion issued on the claim.

## Locating Letters

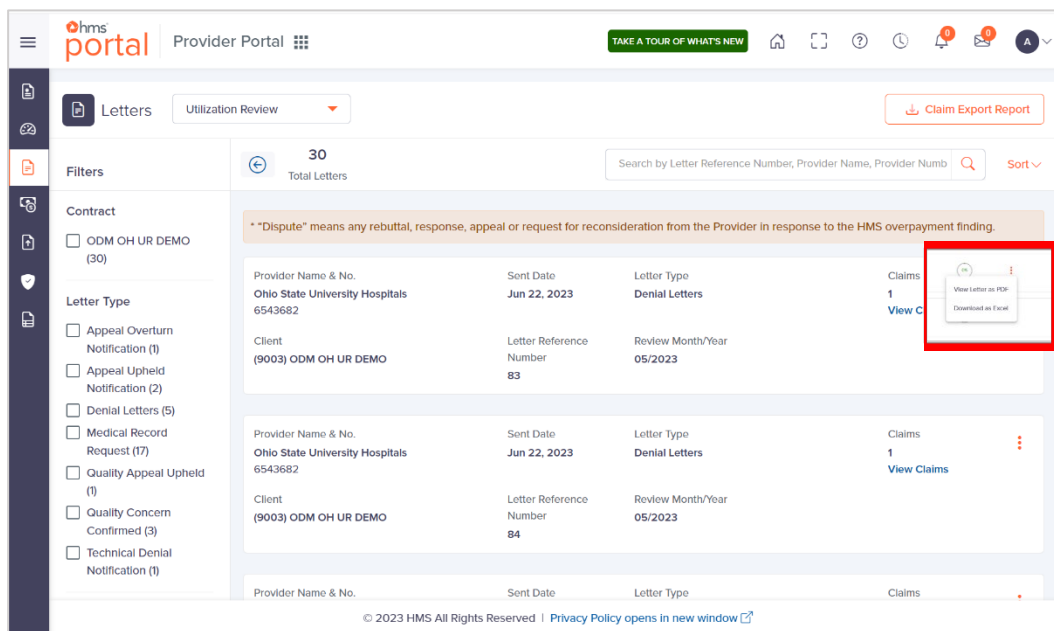
Now, we will move on to how to locate Letters within the Portal system.

**Step 1:** Click on the **Letters** tab or click on the hamburger icon and select the **Letters** tab.

**Step 2:** Click on the **Clients** drop-down arrow and select the **Client** (If multiple clients, click on the appropriate client).

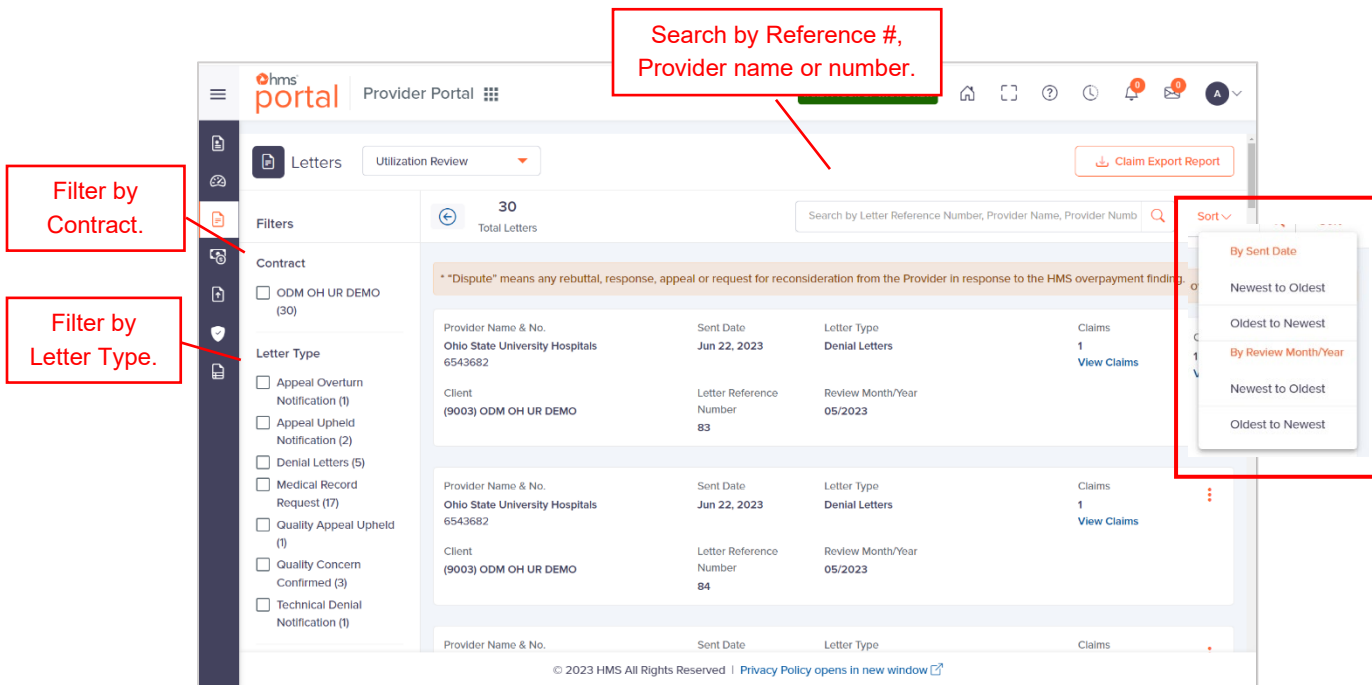


**Step 3:** Click on the three dots to the far right of each letter to view as a .pdf or download as an Excel file.



## Filtering Letters:

You can filter letters by Contract, Letter type, and via search parameters (letter reference number, provider name, and provider number.) You can also sort letters, see image below.



Search by Reference #, Provider name or number.

Filter by Contract.

Filter by Letter Type.

Sort

- By Sent Date
  - Newest to Oldest
  - Oldest to Newest
- By Review Month/Year
  - Newest to Oldest
  - Oldest to Newest

## Review Status of Claim

To review the status of a claim once a medical record has been located, a provider can look at the pdf or Excel file that they downloaded. The provider can also check the status of a claim through the Claim tab.

- Verifying a claim via the Excel File

Client Cor	Client	Letter Reference Num	Letter Type	Letter Date	Provider No	Provider Name	Provider Number	Provider Federal Tax	Claim Number	Finding Name	Permedion ID (Gainwell Case)	Claim Status	Claim Status Updated	Pat
999	ODM OH UR	76	Medical Record Request	6/15/2023		UNIVERSITY HOSPITALS CASE	999-9962421		TCN17557040	1	17557040	Initial Review Complete	07/11/2023 19:47:53 +00:00	1755
999	ODM OH UR	76	Medical Record Request	6/15/2023		UNIVERSITY HOSPITALS CASE	999-9962421		TCN17557059	1	17557059	Initial Review Complete	07/11/2023 19:47:53 +00:00	1755
999	ODM OH UR	76	Medical Record Request	6/15/2023		UNIVERSITY HOSPITALS CASE	999-9962421		TCN17557060	1	17557060	Initial Review Complete	07/11/2023 19:47:53 +00:00	1755

**Step 1: Verify *Claim number*.**

**Step 2: Verify *Finding name*.**

**Step 3: Verify *Claim Status*.**

**Step 4: Verify *Claim Status Updated* date.**





- Downloading the letter as PDF

**Ohio Medicaid Utilization Review Program - Inpatient**



Date:

To:

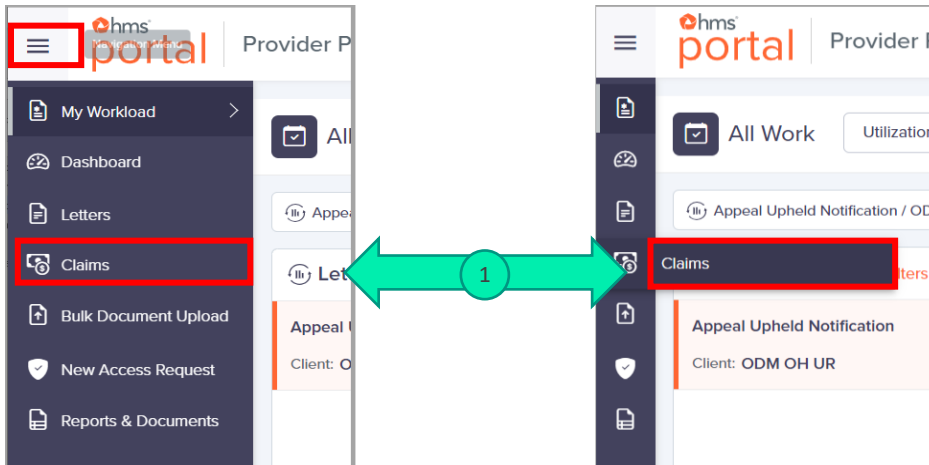
From: **Anthony J. Beisler, MD, MBA, FACS, CHCQM**  
**Medical Director**  
**Permedion**

Re: **Apparently did not demonstrate that patient was ready for discharge.**

PATIENT NAME:	LNAME, FNAME
RECIPIENT ID:	17557050
RECIPIENT DOB:	8/7/2011
ATTENDING PHYSICIAN:	
OHIO LICENSE NO.:	
OHIO MEDICAID PROVIDER NO.:	
FACILITY NAME:	CHILDREN'S HOSPITAL AKRON
FACILITY PROVIDER NO.:	1473203
PERMEDION ID:	17557050-1
ADMISSION DATE:	7/13/2016
REVIEW MONTH:	04/22

## Accessing a Claim via Claims Tab

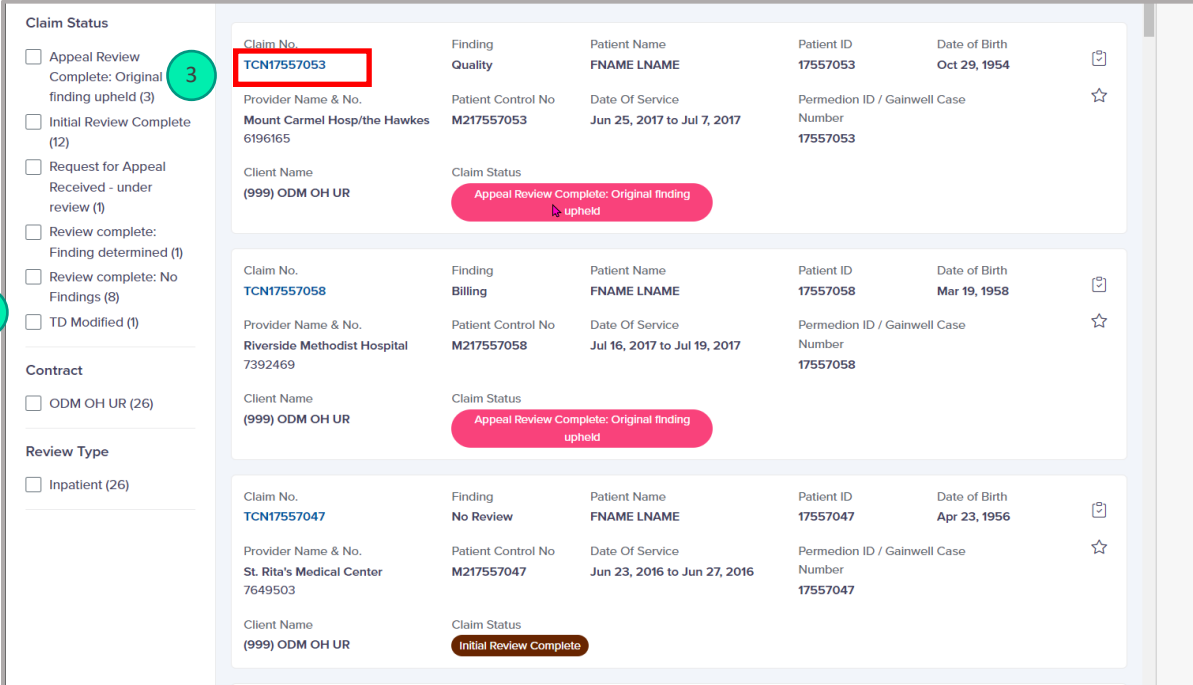
**Step 1:** Click on the hamburger icon *in* the upper left-hand corner or hover over the claims icon and then click on **Claims**.



**Step 2:** The Claims page option will open; locate the claim you want to verify.

**Note:** From the claims page you will see all the claims associated with that provider. Each one will have the Claim number, the finding, the patient's name, ID & DoB, Provider Name & No, the Patient's Control No, DoS, Case #, Client Name, and Claim Status. To get a more detailed breakdown of the claim you need to click on the Claim No.

**Step 3:** Click on the **Claim No.** to get a more detailed look at the claim.



The screenshot shows a web interface for managing claims. On the left, there are filter sections: 'Claim Status' with checkboxes for 'Appeal Review Complete: Original finding upheld (3)', 'Initial Review Complete (12)', 'Request for Appeal Received - under review (1)', 'Review complete: Finding determined (1)', 'Review complete: No Findings (8)', and 'TD Modified (1)'; 'Contract' with 'ODM OH UR (26)'; and 'Review Type' with 'Inpatient (26)'. A green circle with the number '2' is next to the 'Contract' section. The main area displays three claim entries. The first entry has 'Claim No.' 'TCN17557053' highlighted with a red box and a green circle with the number '3'. The second entry has 'Claim No.' 'TCN17557058'. The third entry has 'Claim No.' 'TCN17557047'. Each entry shows 'Finding', 'Patient Name', 'Patient ID', 'Date of Birth', 'Provider Name & No.', 'Patient Control No', 'Date Of Service', 'Permedion ID / Gainwell Case Number', and 'Client Name'. The first two entries have a pink status bar that says 'Appeal Review Complete: Original finding upheld'. The third entry has a brown status bar that says 'Initial Review Complete'.

Claim No.	Finding	Patient Name	Patient ID	Date of Birth
TCN17557053	Quality	FNAME LNAME	17557053	Oct 29, 1954
TCN17557058	Billing	FNAME LNAME	17557058	Mar 19, 1958
TCN17557047	No Review	FNAME LNAME	17557047	Apr 23, 1956

## Claims Overview

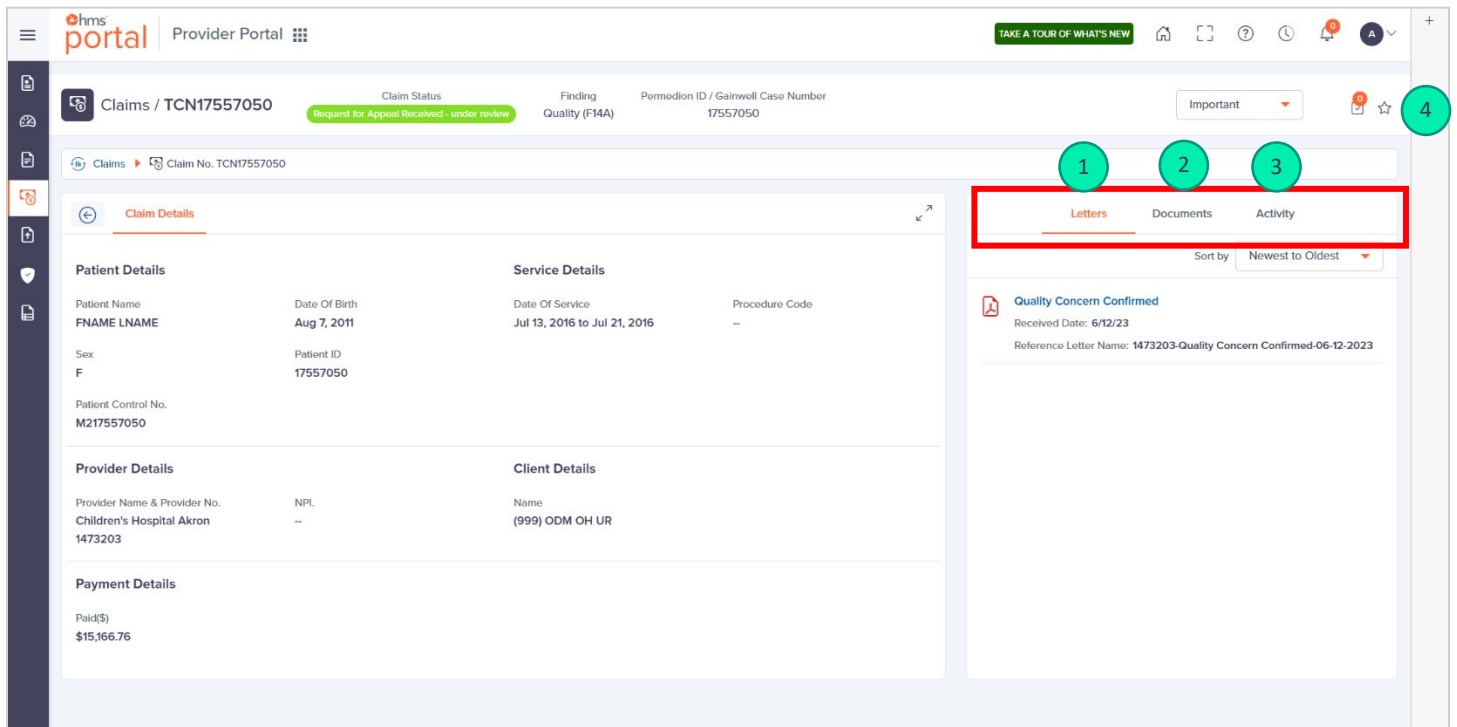
The claim has the patient details, provider details, and payment details.

**Step 1:** Click on **Letters**, to access the letter associated with the claim.

**Step 2:** Click on **Documents**, to upload or access any documentation associated with the claim.

**Step 3:** Click on **Activity**, to see the activity on the claim.

**Step 4:** Click on the **Star** to mark the claim as Important.



hms portal Provider Portal

Claims / TCN17557050

Claim Status: Request for Appeal Received - under review

Finding Quality (F14A)

Permedion ID / Gainwell Case Number: 17557050

Claims > Claim No. TCN17557050

Claim Details

Patient Details

Patient Name	Date Of Birth	Date Of Service	Procedure Code
FNAME LNAME	Aug 7, 2011	Jul 13, 2016 to Jul 21, 2016	--
Sex	Patient ID		
F	17557050		
Patient Control No.			
M217557050			

Service Details

Provider Details

Provider Name & Provider No.	NPI	Name
Children's Hospital Akron 1473203	--	(999) ODM OH UR

Client Details

Payment Details

Paid(\$)
\$15,166.76

Letters Documents Activity

Sort by Newest to Oldest

Quality Concern Confirmed

Received Date: 6/12/23

Reference Letter Name: 1473203-Quality Concern Confirmed-06-12-2023

## Uploading Documents/Medical Records and/or Submitting an Appeal

### Uploading and submitting an Appeal Through the Claim

There are two places a provider can upload documents. A provider can upload medical records or other documentation via the Claims page or via Bulk Document Upload.

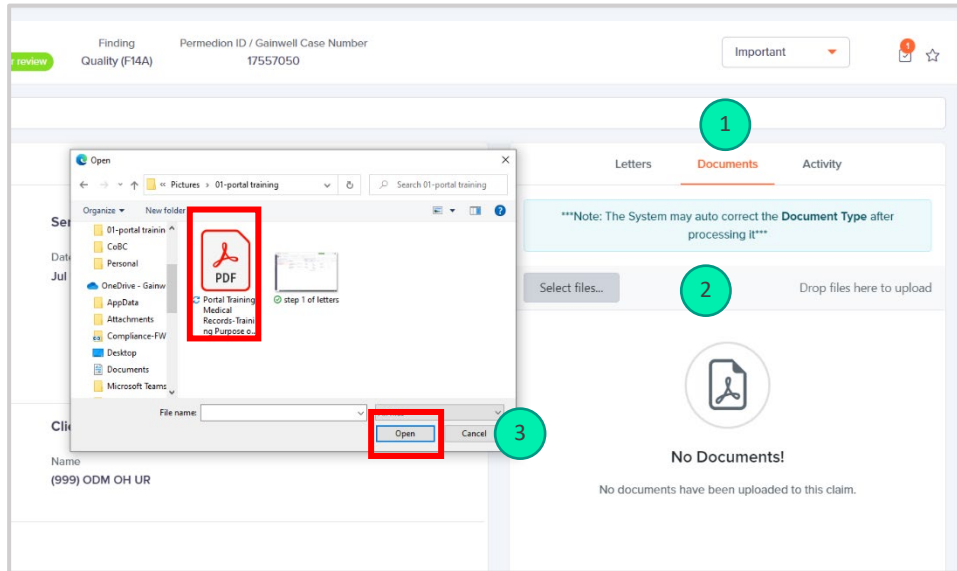
After navigating to the claim details, you will see to the right a place to upload documents.

**Step 1:** Click on **Documents**

**Step 2:** Click on **Select files** or *drag and drop files to the location*.

**Step 3:** Locate and click **Open** to add the file you want to the claim.

**Note:** Only PDFs can be uploaded here. Files can also be drag and dropped.

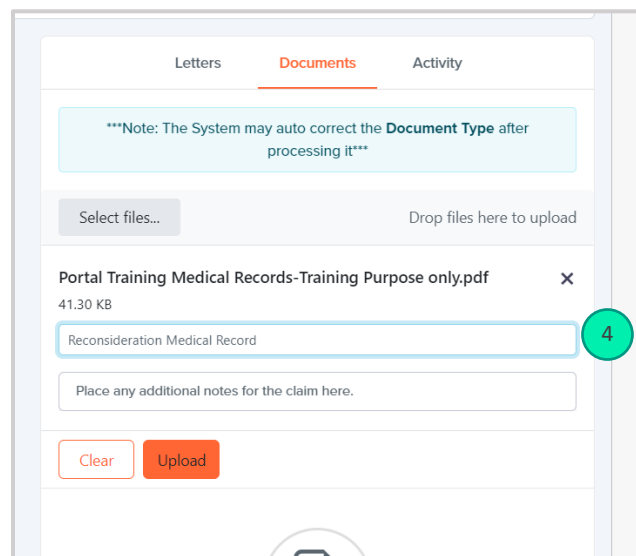


**Step 4:** Click and select one of the following:

- For an appeal: **Reconsideration Medical Record**
- For Medical record request documentation upload: **Medical Record Docs**

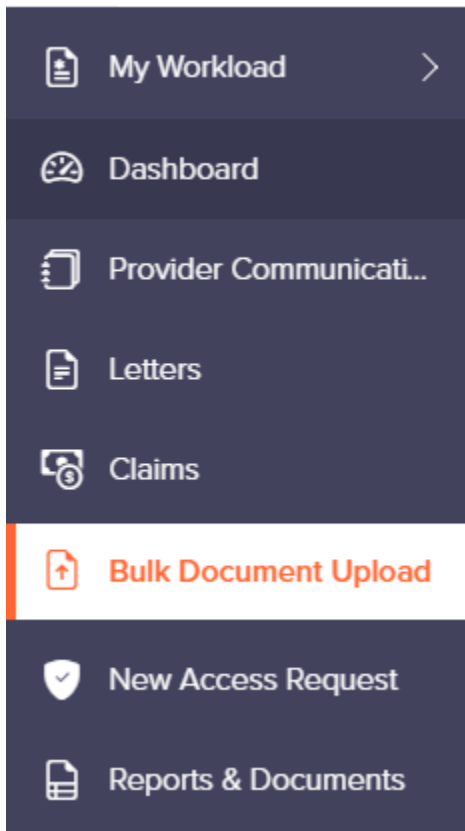
**Step 5:** Place any additional notes pertaining to the claim here.

**Step 6:** Click **Upload**.



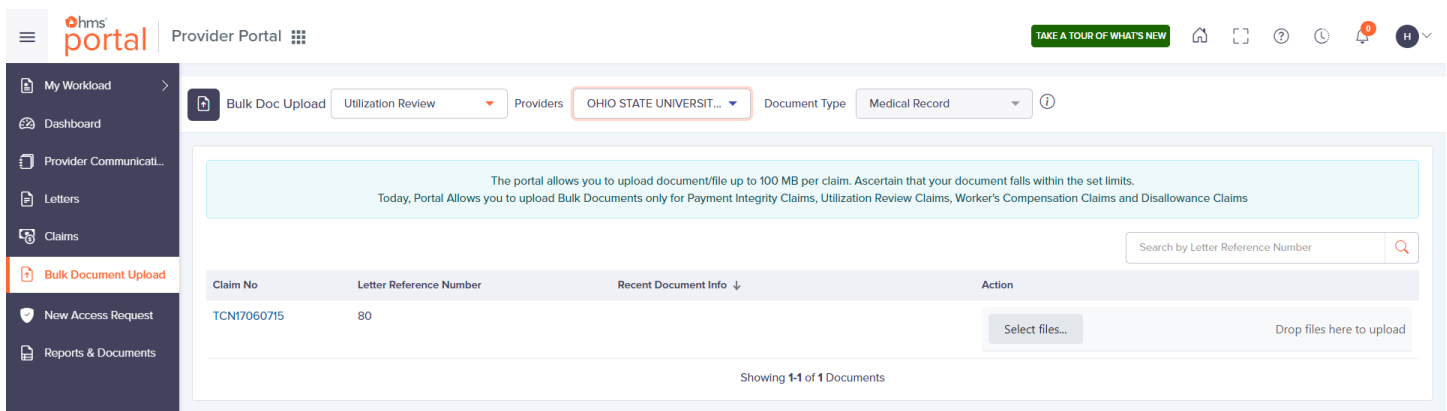
## Bulk Document Upload

Providers can also upload medical records through our Bulk Upload option.



Select **Bulk Document Upload**

Select **Provider and Document Type**



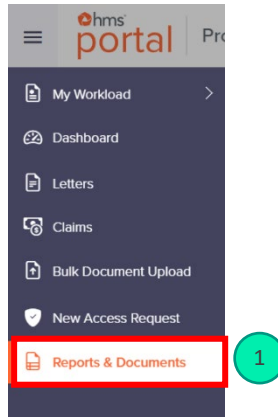
Claim numbers will load according to that provider and document type.

Select files that correspond to that claim number.

# Reporting

Now we will cover how to download a report in the Portal system.

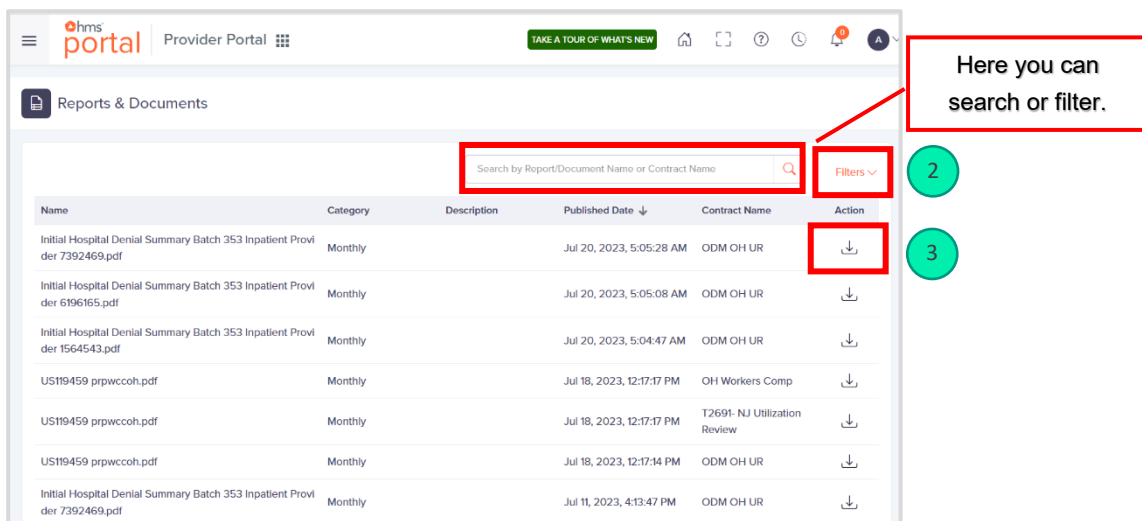
**Step 1:** Click on **Reports & Documents** from the menu.



The Reports & Documents section will open. Here a list of reports will appear.

**Step 2:** Locate the report you want to download. Reports can be searched by **Report/Document Name** or **Contract Name** or filtered down by “**All**” or **Monthly**.

**Step 3:** Click the **download icon**.



Here you can search or filter.

Name	Category	Description	Published Date ↓	Contract Name	Action
Initial Hospital Denial Summary Batch 353 Inpatient Provider 7392469.pdf	Monthly		Jul 20, 2023, 5:05:28 AM	ODM OH UR	↓
Initial Hospital Denial Summary Batch 353 Inpatient Provider 6196165.pdf	Monthly		Jul 20, 2023, 5:05:08 AM	ODM OH UR	↓
Initial Hospital Denial Summary Batch 353 Inpatient Provider 1564543.pdf	Monthly		Jul 20, 2023, 5:04:47 AM	ODM OH UR	↓
US119459 prpwccoh.pdf	Monthly		Jul 18, 2023, 12:17:17 PM	OH Workers Comp	↓
US119459 prpwccoh.pdf	Monthly		Jul 18, 2023, 12:17:17 PM	T2691- NJ Utilization Review	↓
US119459 prpwccoh.pdf	Monthly		Jul 18, 2023, 12:17:14 PM	ODM OH UR	↓
Initial Hospital Denial Summary Batch 353 Inpatient Provider 7392469.pdf	Monthly		Jul 11, 2023, 4:13:47 PM	ODM OH UR	↓