Secure Client Portal

Instructional Guide

Introduction

The Secure Client Portal is a secure website developed to allow Vendors across Centene health plans to perform a variety of functions from their office. By having an account created and registering the account, a Vendor employee can easily check patient eligibility. Vendors can view authorizations, care plans, health record information--Visits, Medications, Immunizations, Labs, and Allergies through the website. Vendors can view and submit Assessments and have the ability to upload and view uploaded documents for the member. A secure messaging feature allows a Vendor employee to communicate with the health plan without having to pick up the telephone.

How to Use the Manual

This manual is intended to be a quick reference for using a tool or function offered on the website when a Vendor employee needs assistance. The manual also explains many ways to use the site in order to get the most out of the resource.

System Requirements

Access the Secure Vendor website using Internet Explorer 10.0 or higher, Firefox and/or Google Chrome. Each browser should be updated to the most recent version available optimal performance.

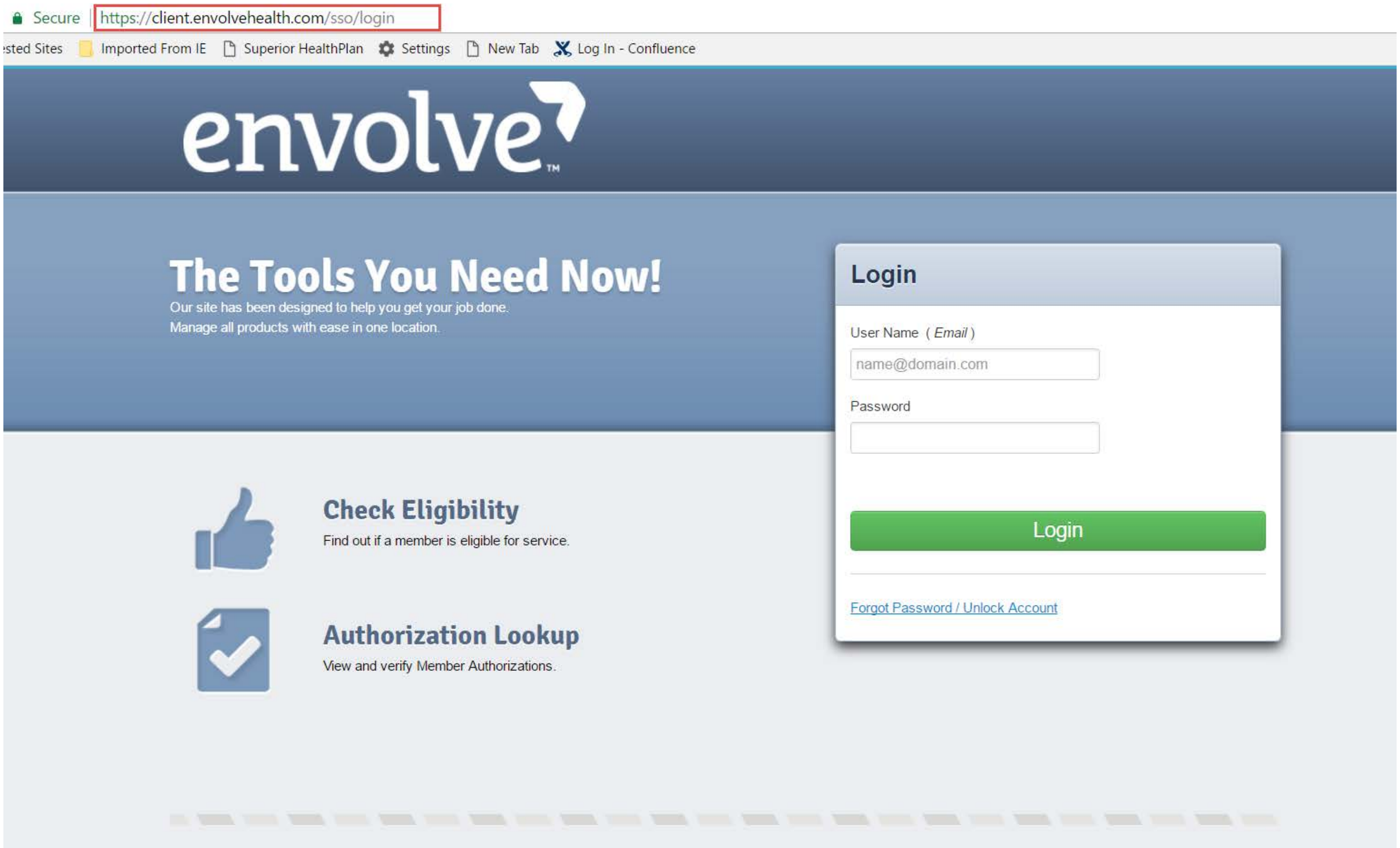
Google Chrome is the preferred browser to be used for the Client Portal.

Contents

Create an account/Register new user:

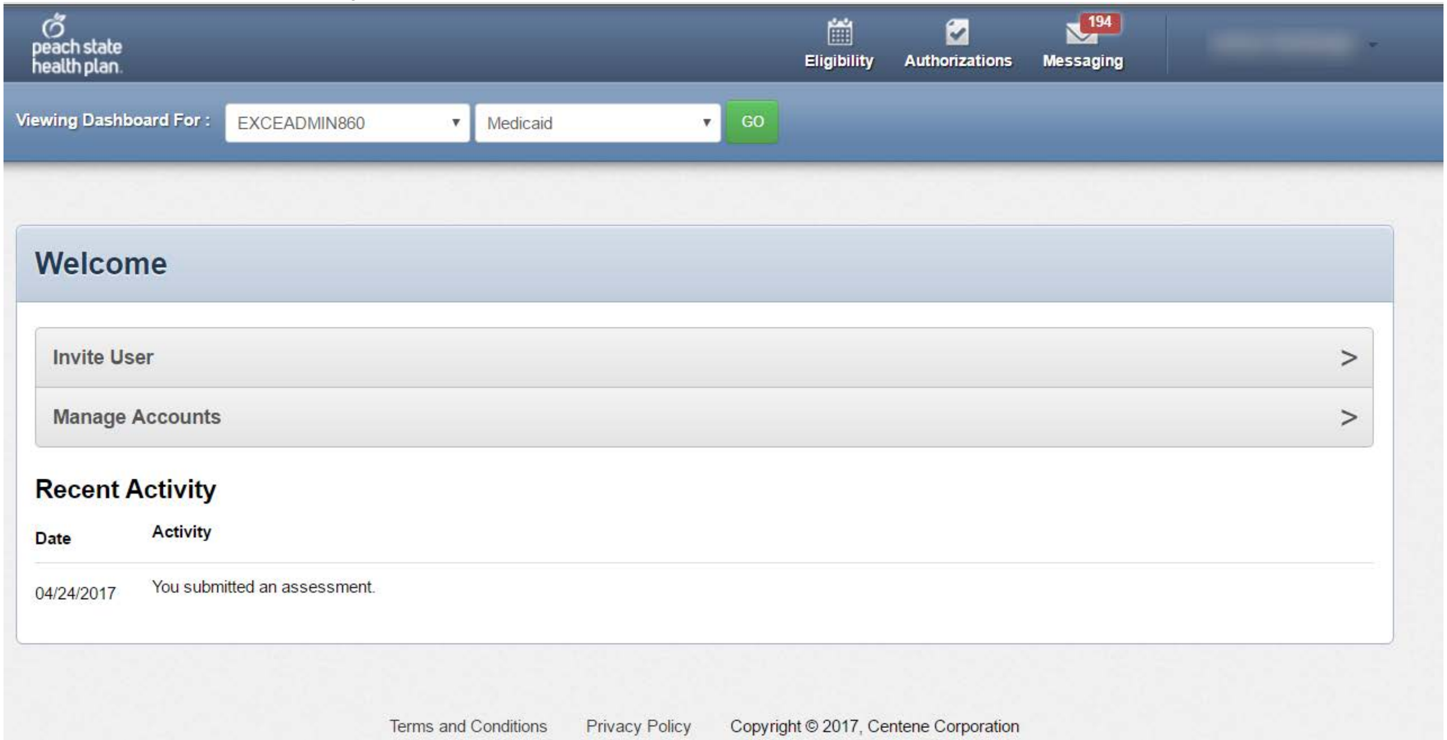
The screen below appears:

Enter your User Name and Password



Landing page allows administrators to:

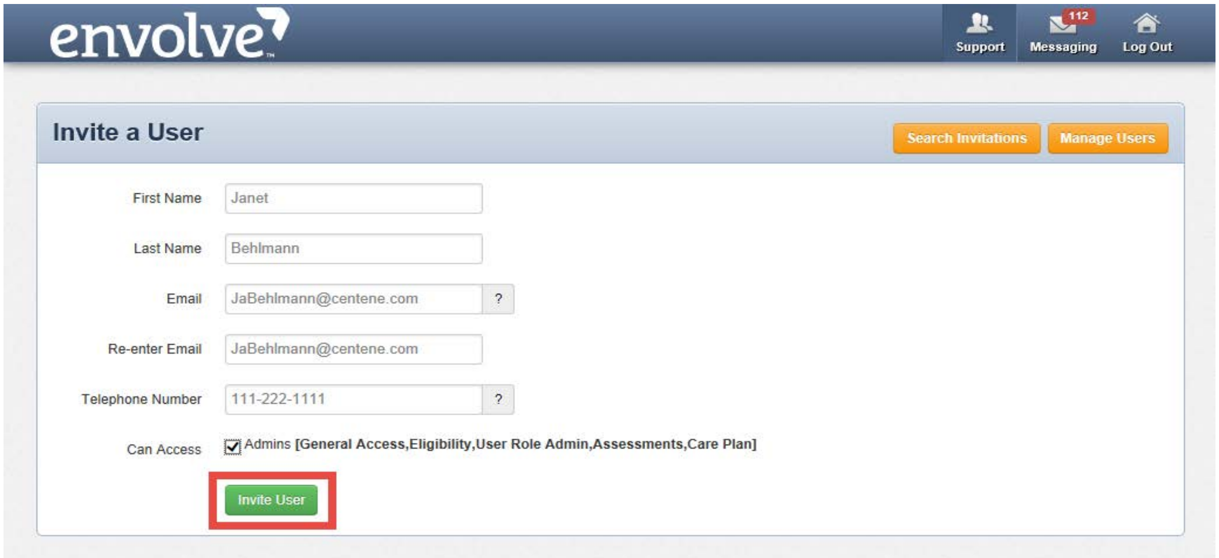
- Invite and manage users' accounts
- View Recent Activity



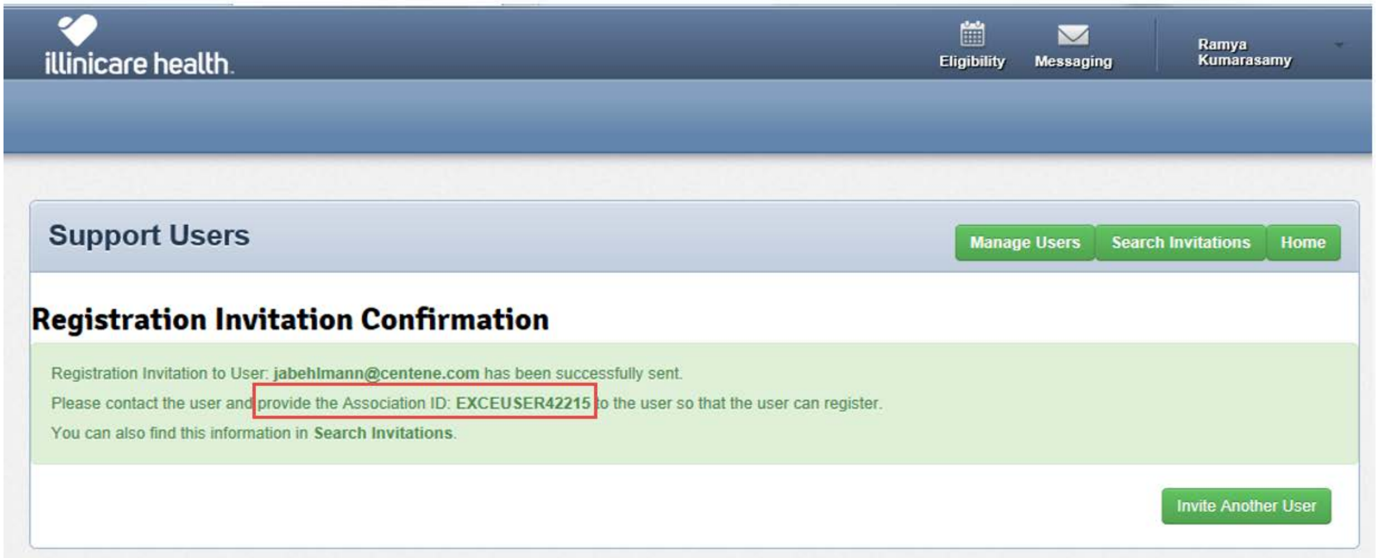
To create a new account, click on Invite User.

- Complete the invitation
  - Ensure that you do not enter any spaces before or after the end of your text, additional spaces can prevent the user from accessing the website

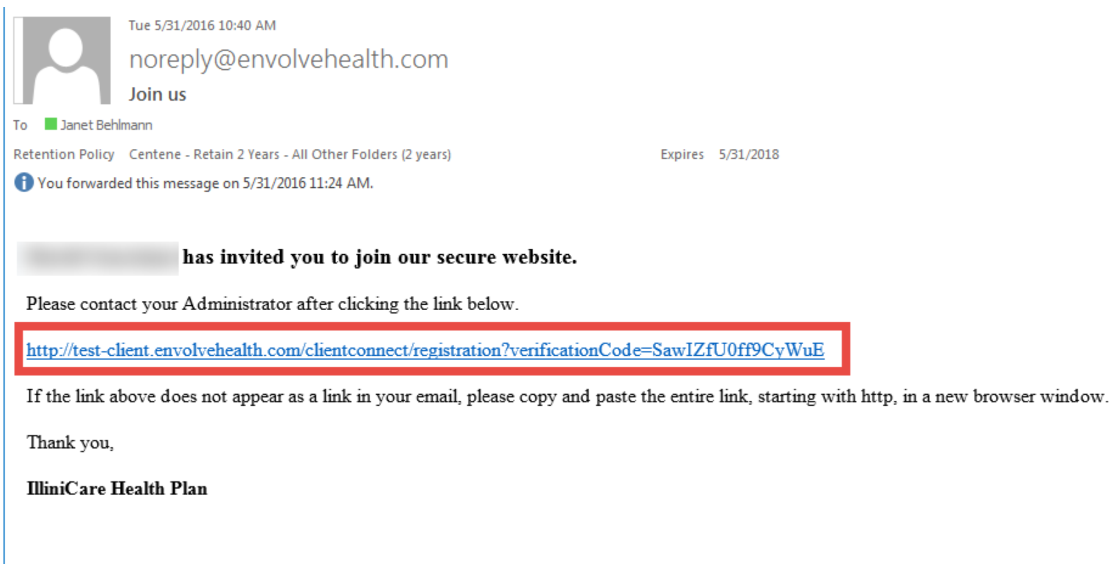
Click on “Invite User”



When the invitation is submitted, the Registration Invitation Confirmation will open—this will generate an email from noreply@envolvehealth.com.
The Association ID number will be required to complete the user's access.



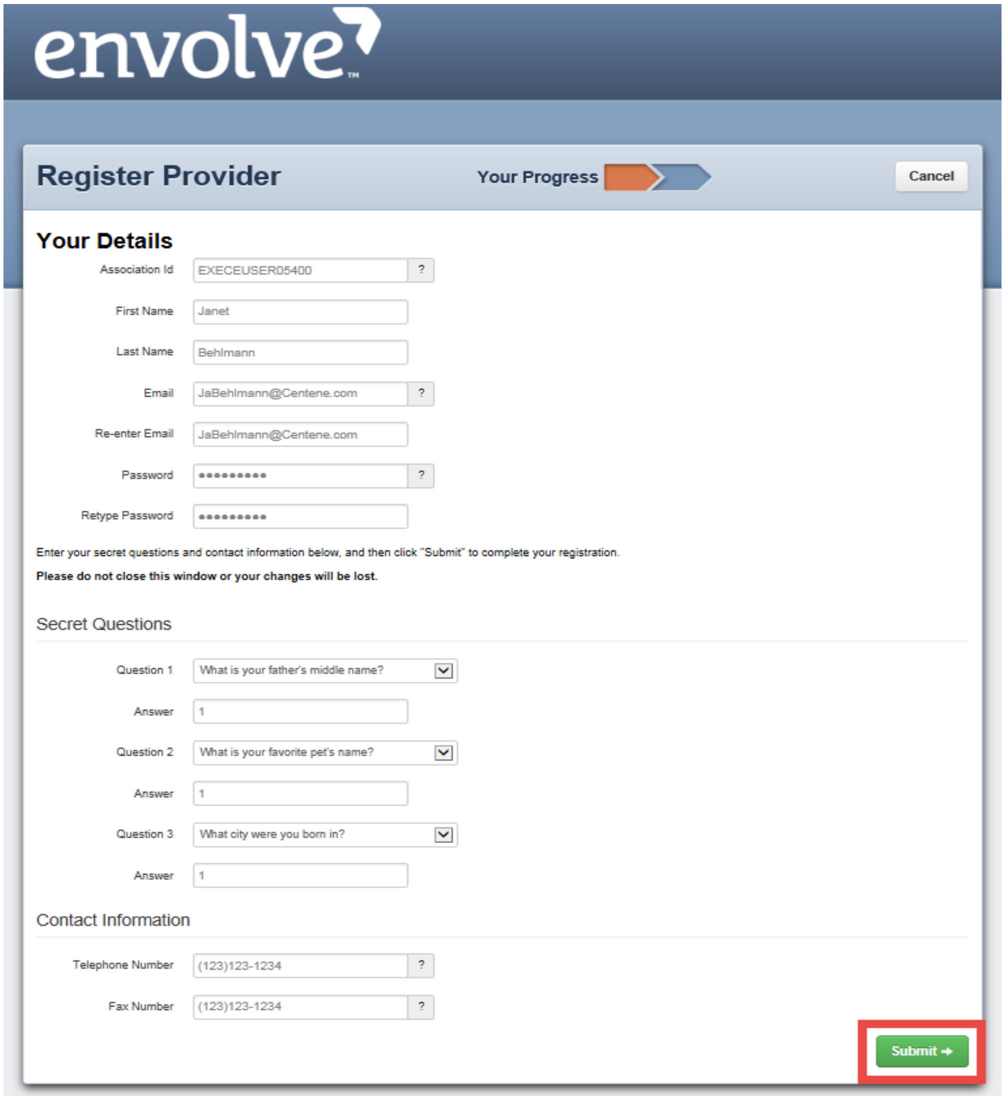
The user should click on the hyperlink inside of the email.



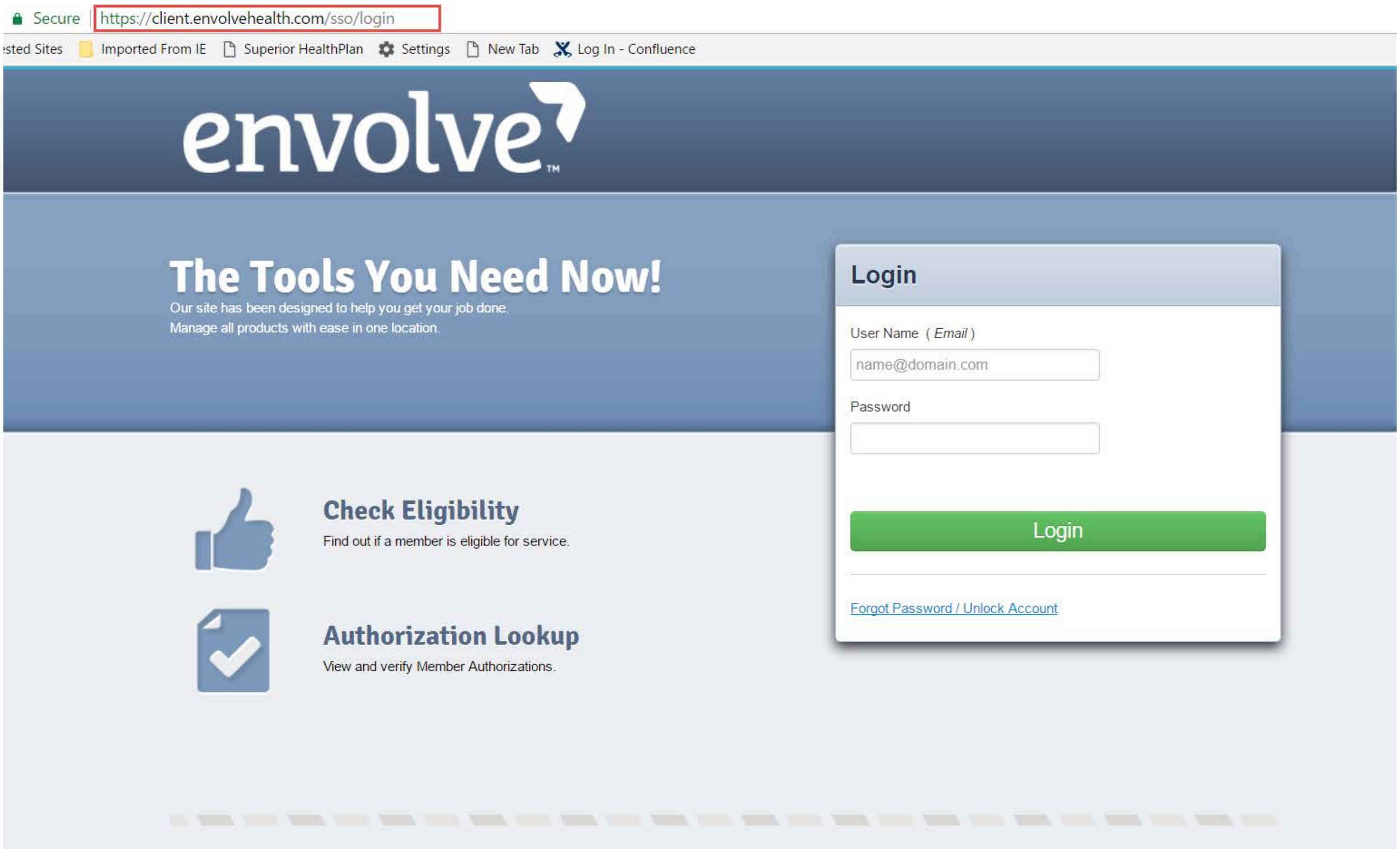
The hyperlink will open the "Register Provider" form.

- All information enter must match exactly what was entered on the invitation.
  - Please complete the secret questions and answers.
  - The telephone number is required. The fax number is not required.

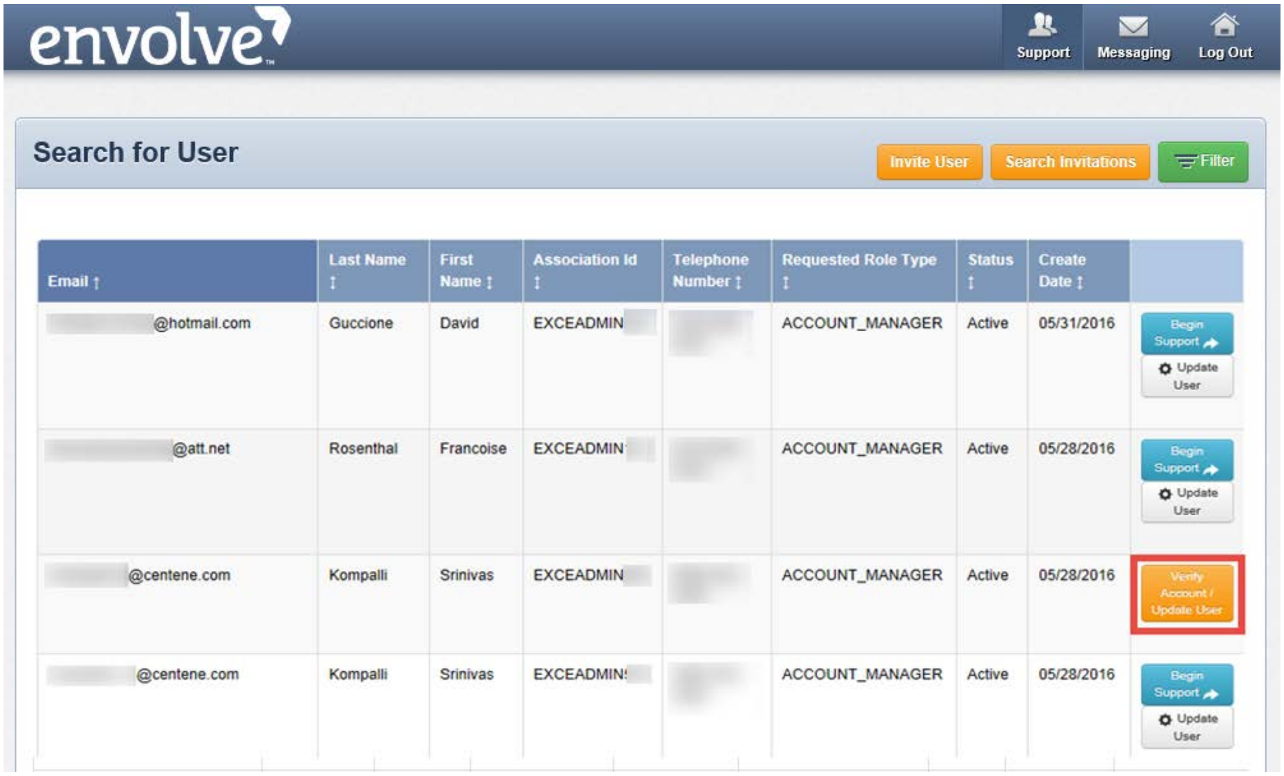
  - Click "Submit"



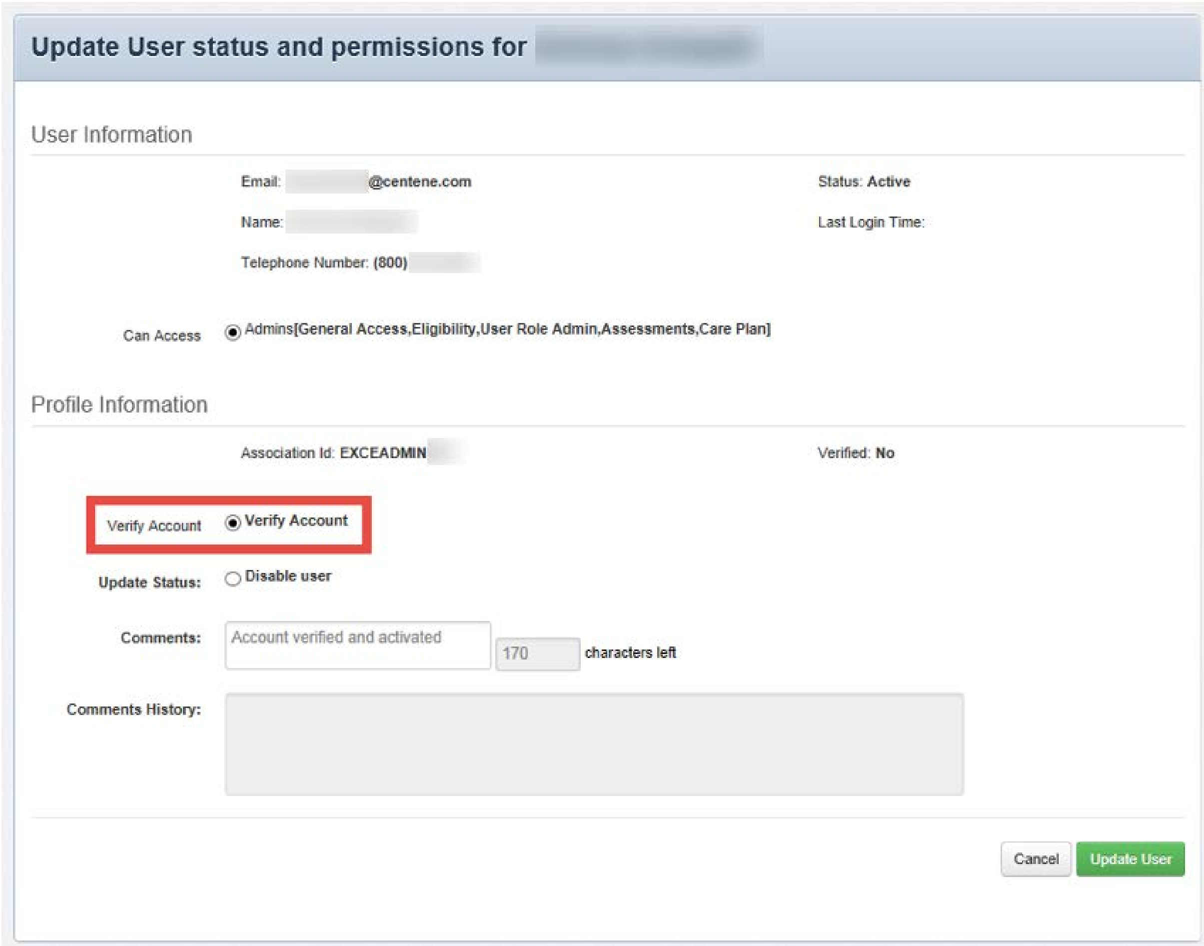
To verify and complete registration, the client portal administrator will log into the website using their user name and password.



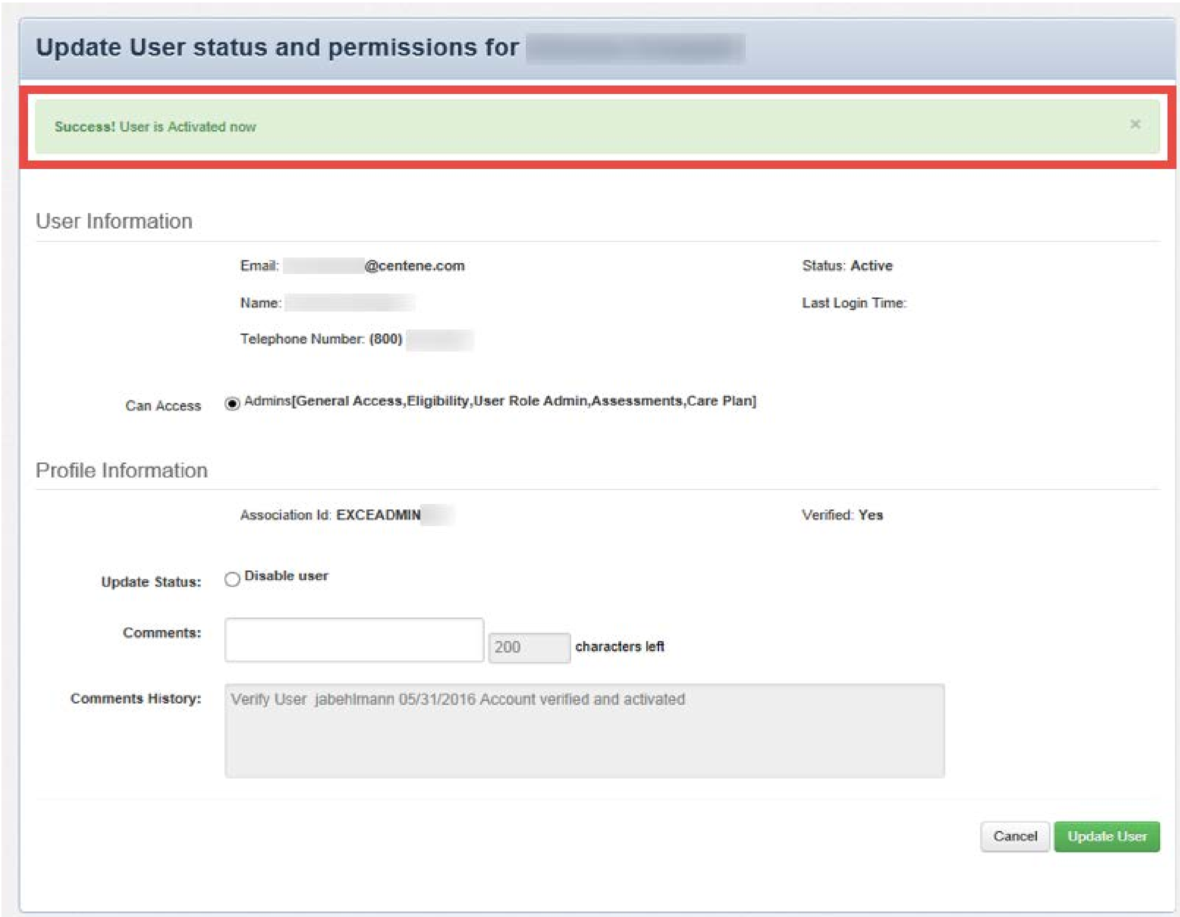
On the manage accounts page, once the invited user has completed their registration form, an orange button will instruct the administrator to verify account and update user.
Click on “Verify Account/Update User.”



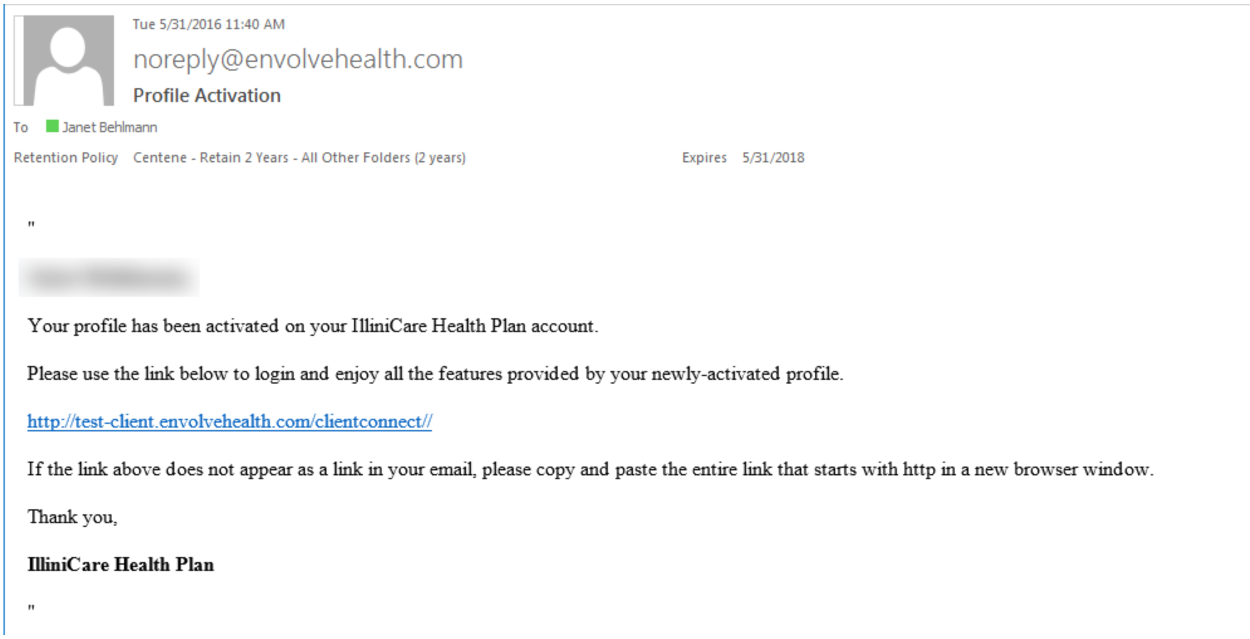
To verify the account, review the user information and what the user will be able to access. In comments, enter the date the account was verified and any additional information required per health plan protocol Click “Update User.”

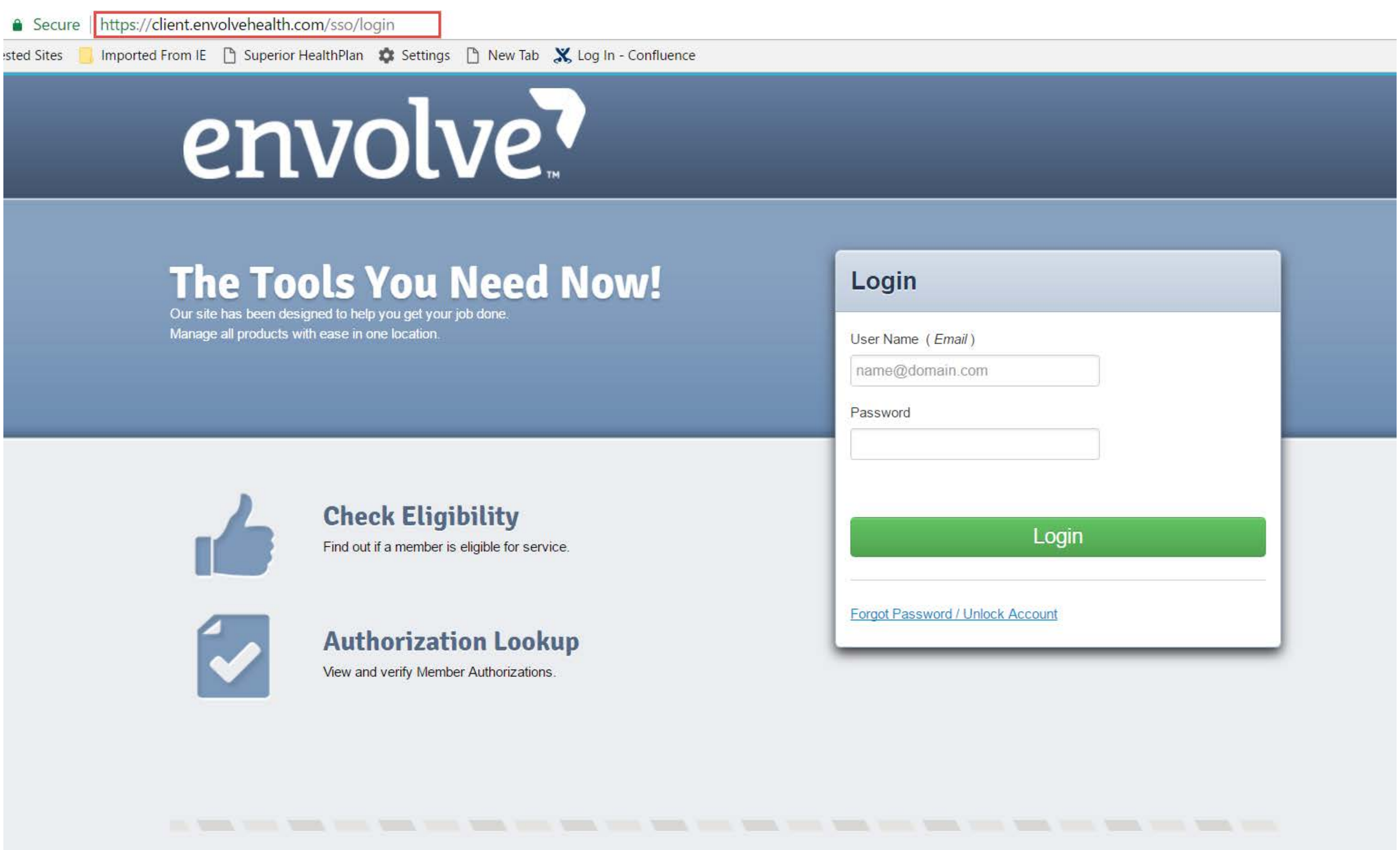


When the account is successfully updated, a green banner will appear stating the account is activated. An email will automatically be generated to the new user.



The user will receive an email from noreply@envolvehealth.com that their account has been activated. The enclosed hyperlink in the email should be saved to enter the website.

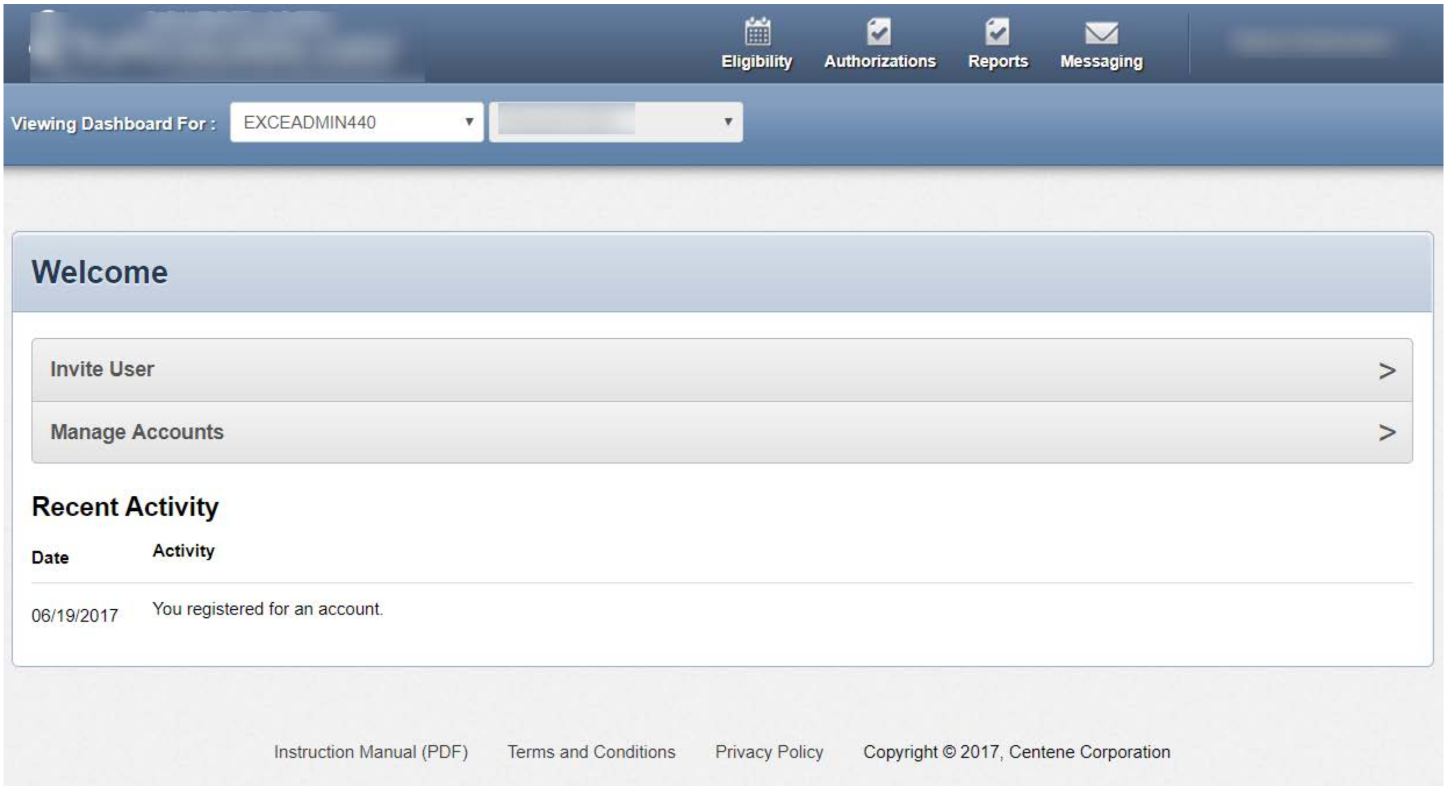




Depending on the users' access in the Client Portal you will have different views of items in the Client Portal.

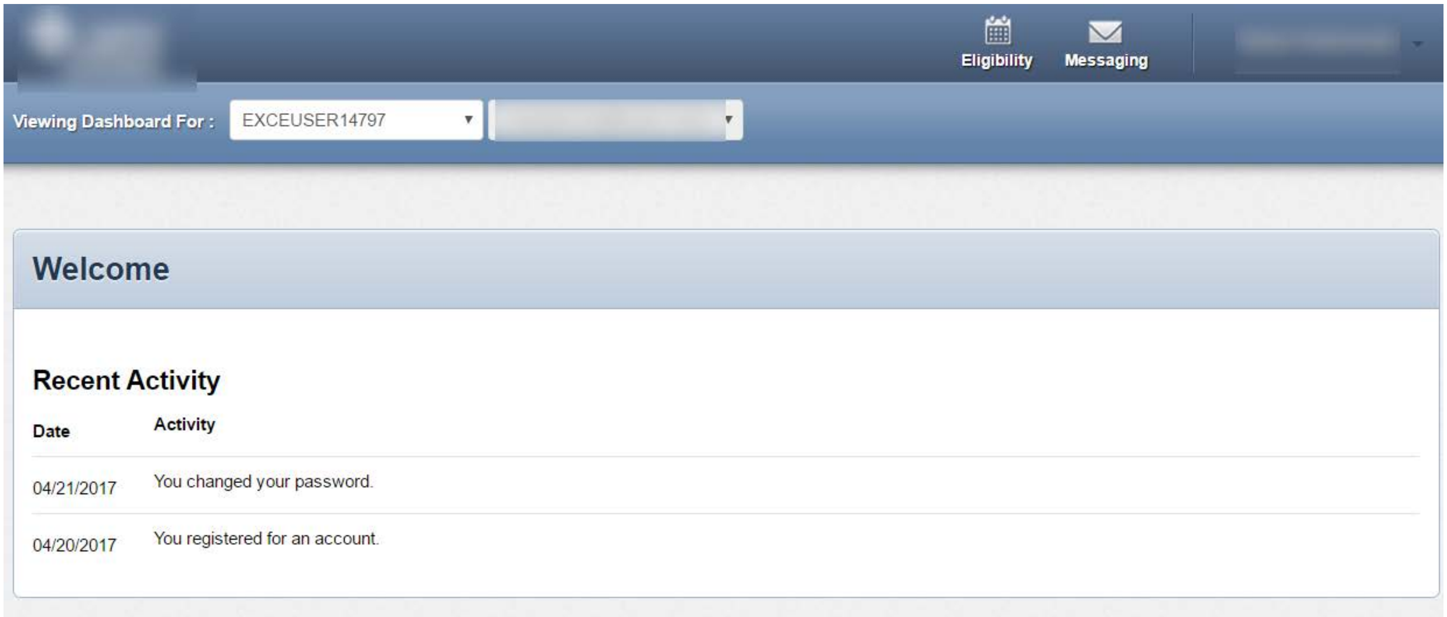
Admin View

Admin view—the Admin view gives you the ability to invite users to the Client Portal



Medical Management view

Coordination of Benefits view

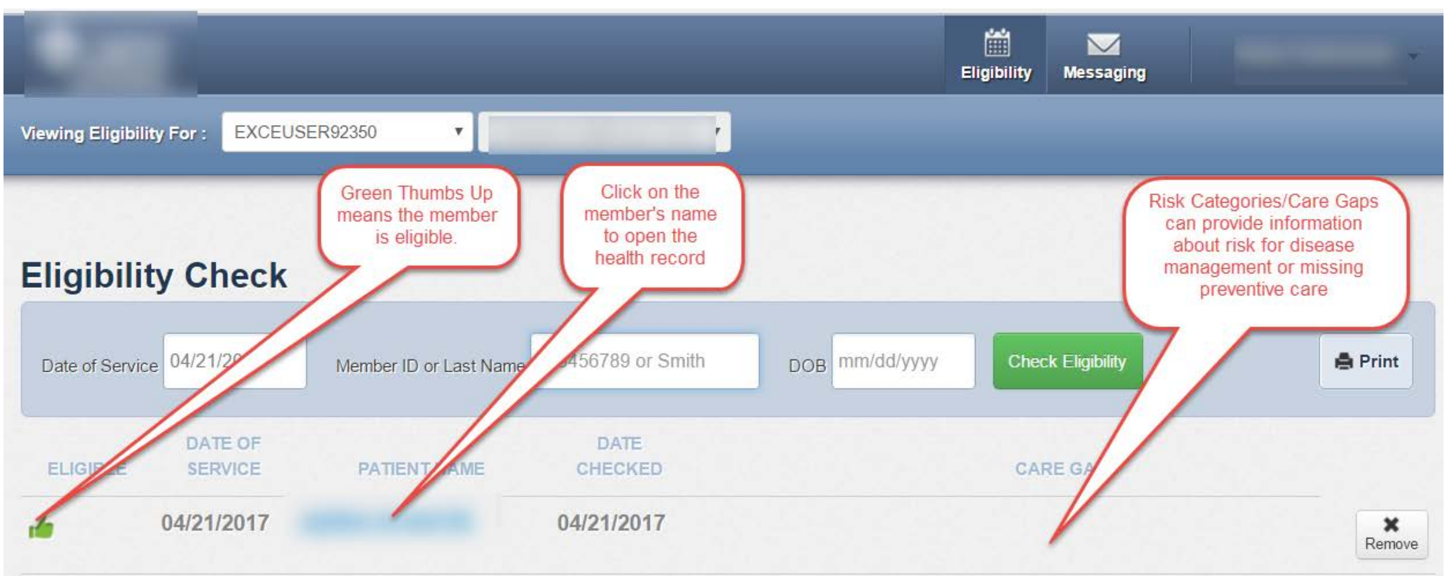


To check for a member:
You MUST have two identifying pieces of member information to find the member.

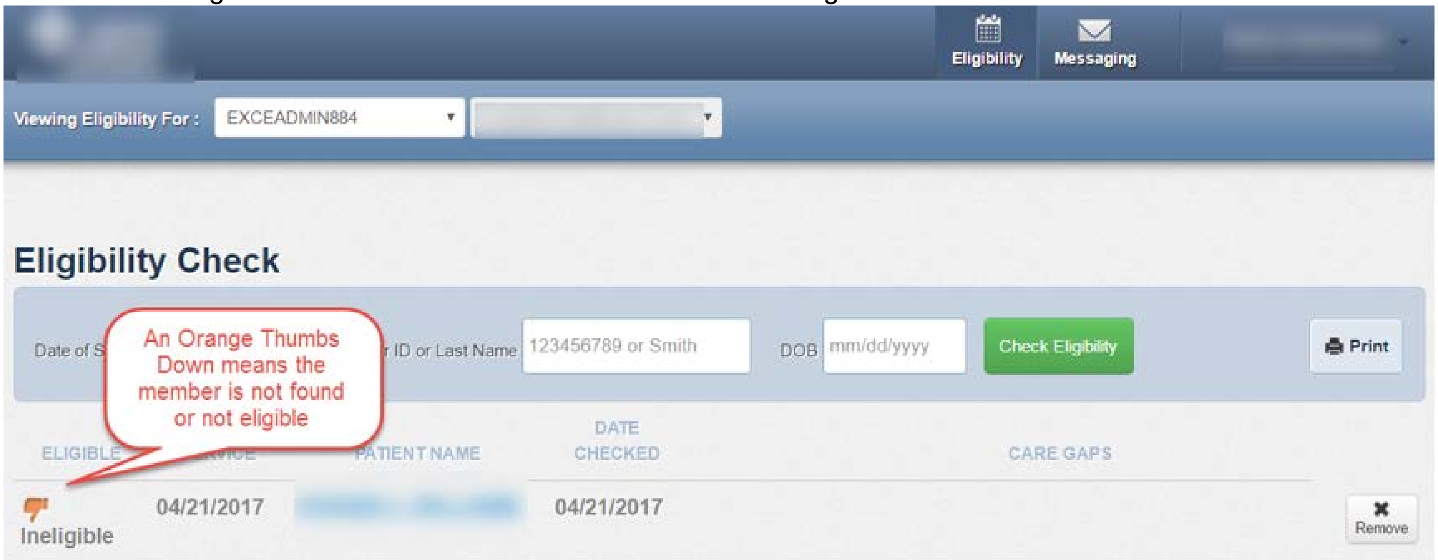
- Enter the member's last name or Member ID
- Enter the member's Date of Birth
- Click Check Eligibility or Enter

You will see on the Eligibility Check Page

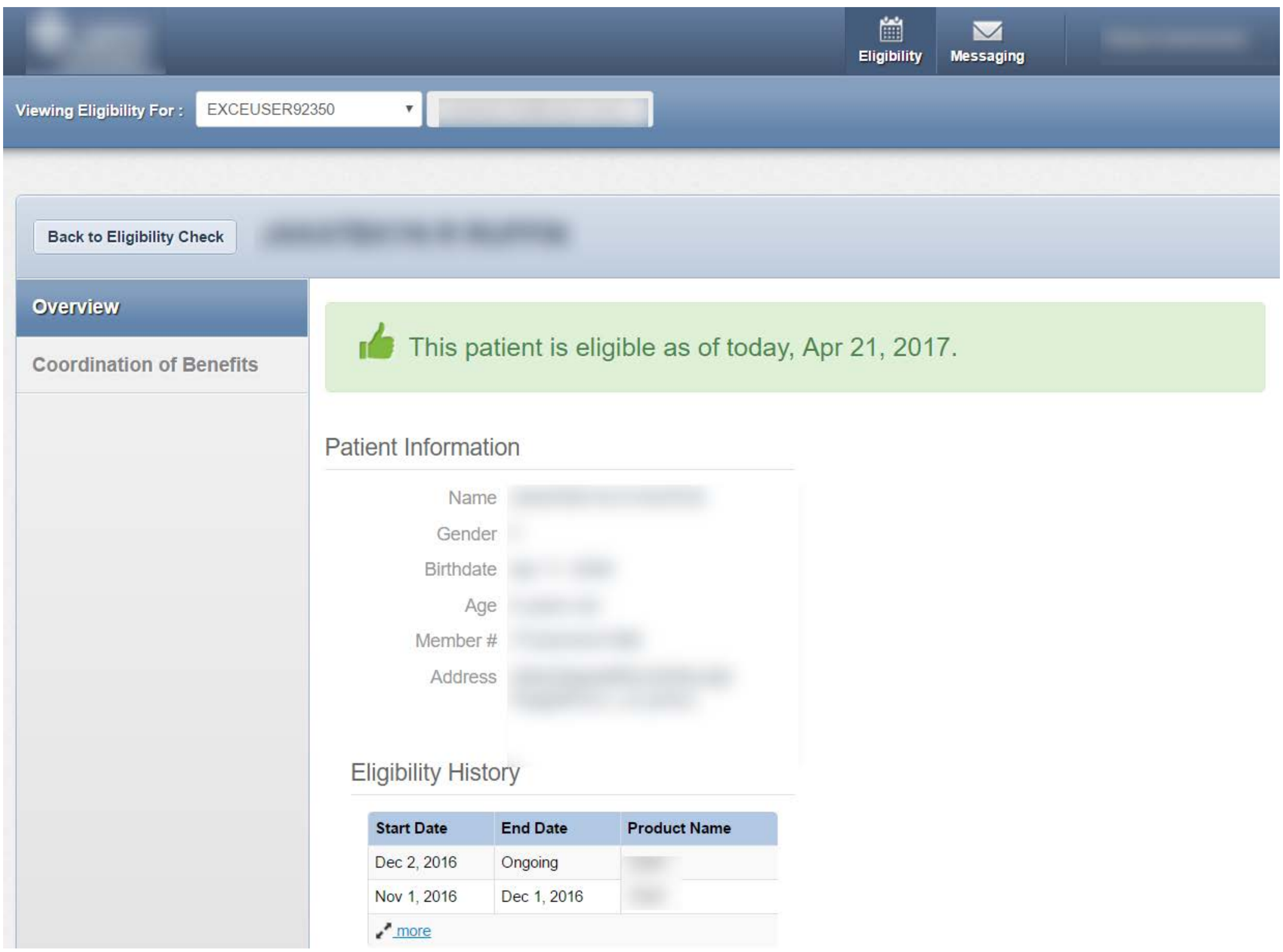
- A Green Thumbs Up means the member is eligible. Risk Categories can provide information about risk for disease management or missing preventative care components.
- Click on the member's name to open the health record



- An Orange Thumbs Down means the member is Not Eligible



This is the member Overview Page. This is limited information regarding the member.

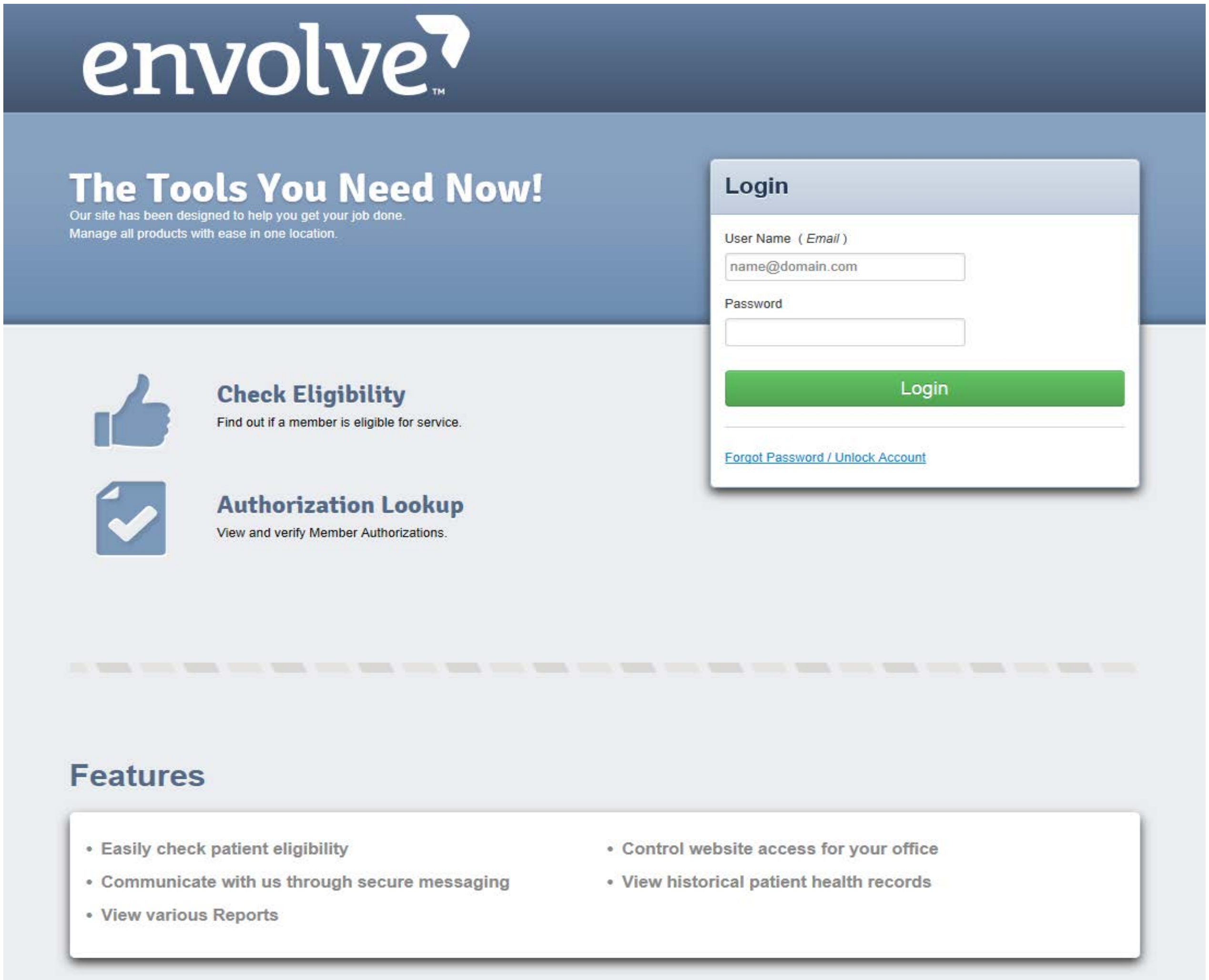


Click on the Coordination of Benefits tab.

- Coordination of Benefits will display on the member

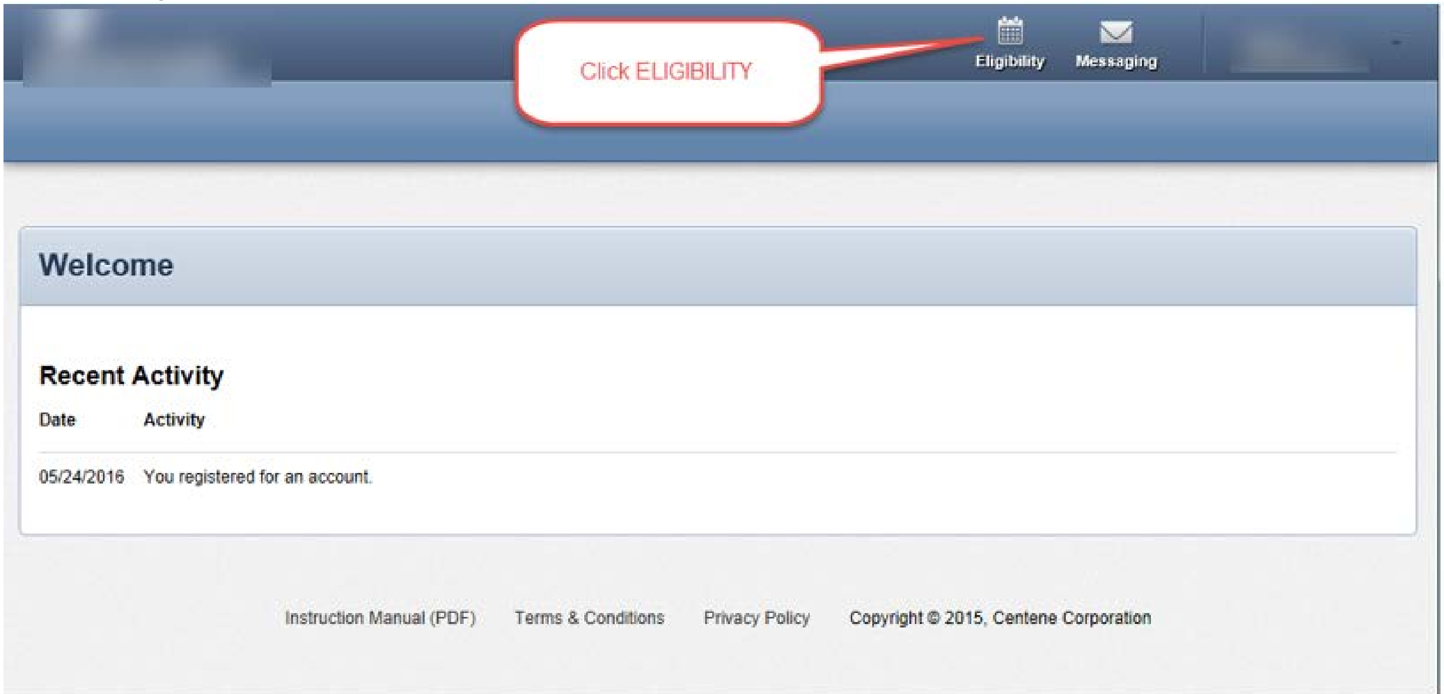
Client Portal for Case Management:

Log into the Client Portal using your email and password

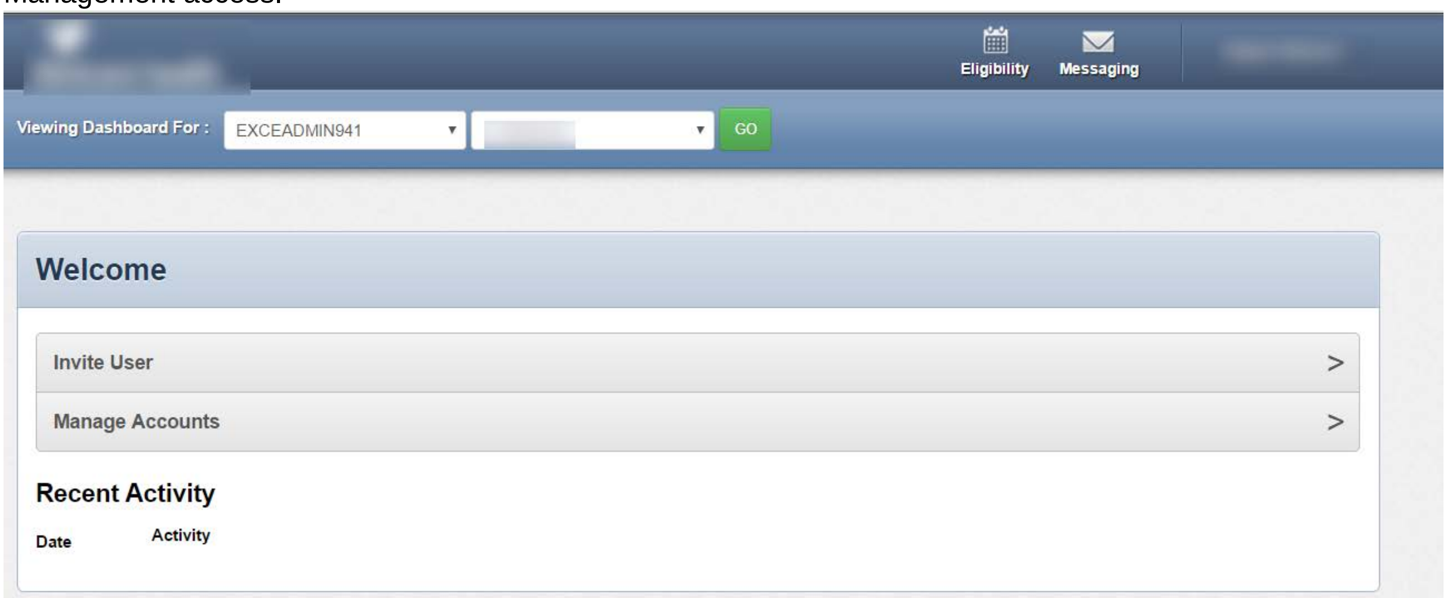


Depending on your account you will see of the screens below when you login.

Case Management view



Admin view—the Admin view gives you the ability to invite users to the Client Portal with Medical Management access.

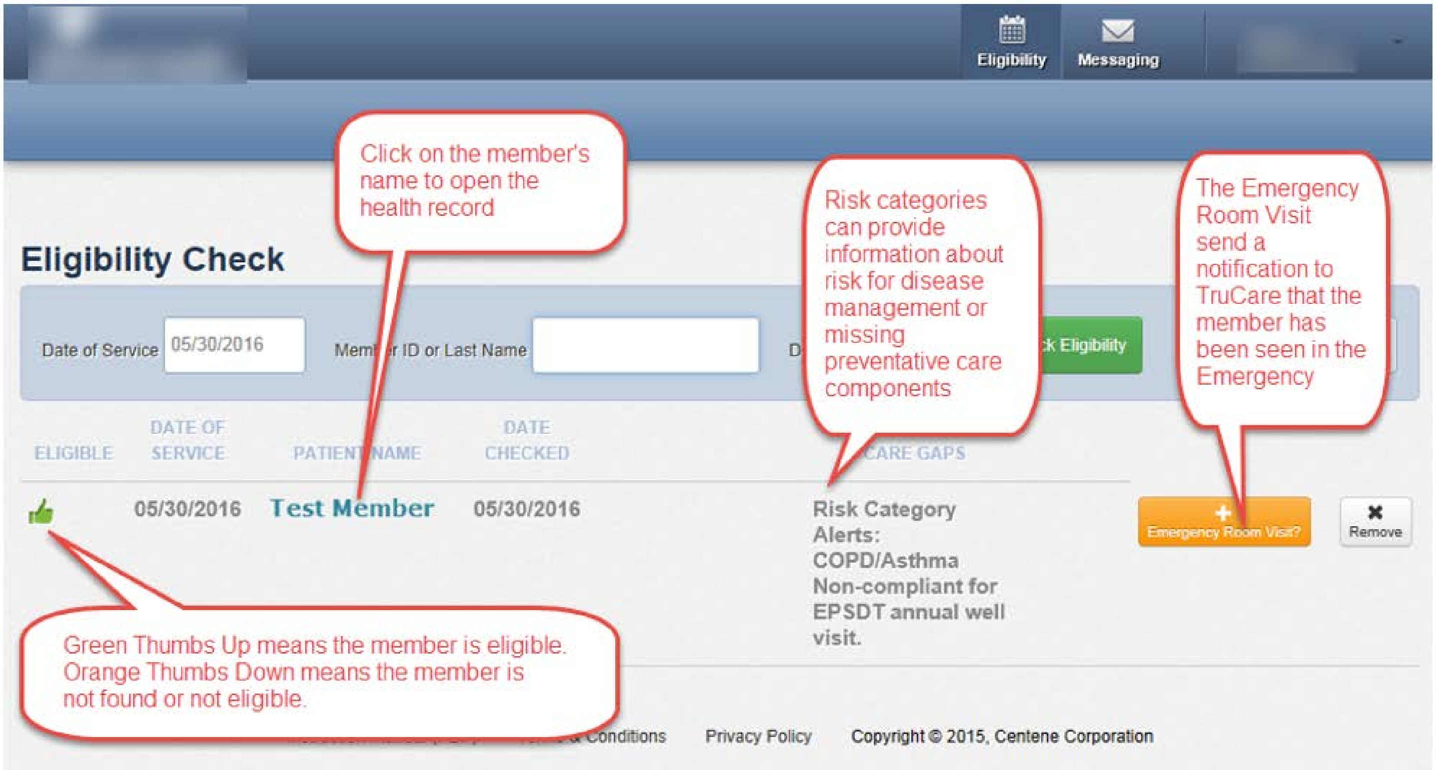


To check for a member:
You MUST have two identifying pieces of member information to find the member.

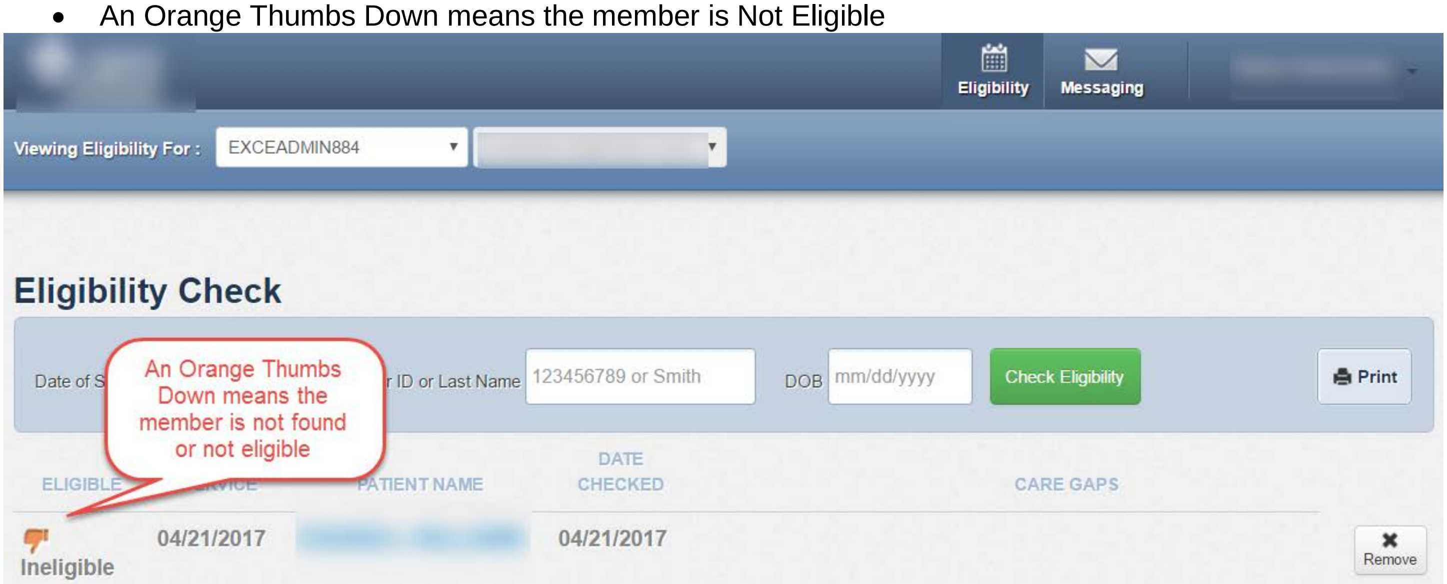
- Enter the member's last name or Member ID
- Enter the member's Date of Birth
- Click Check Eligibility or Enter

You will see on the Eligibility Check Page

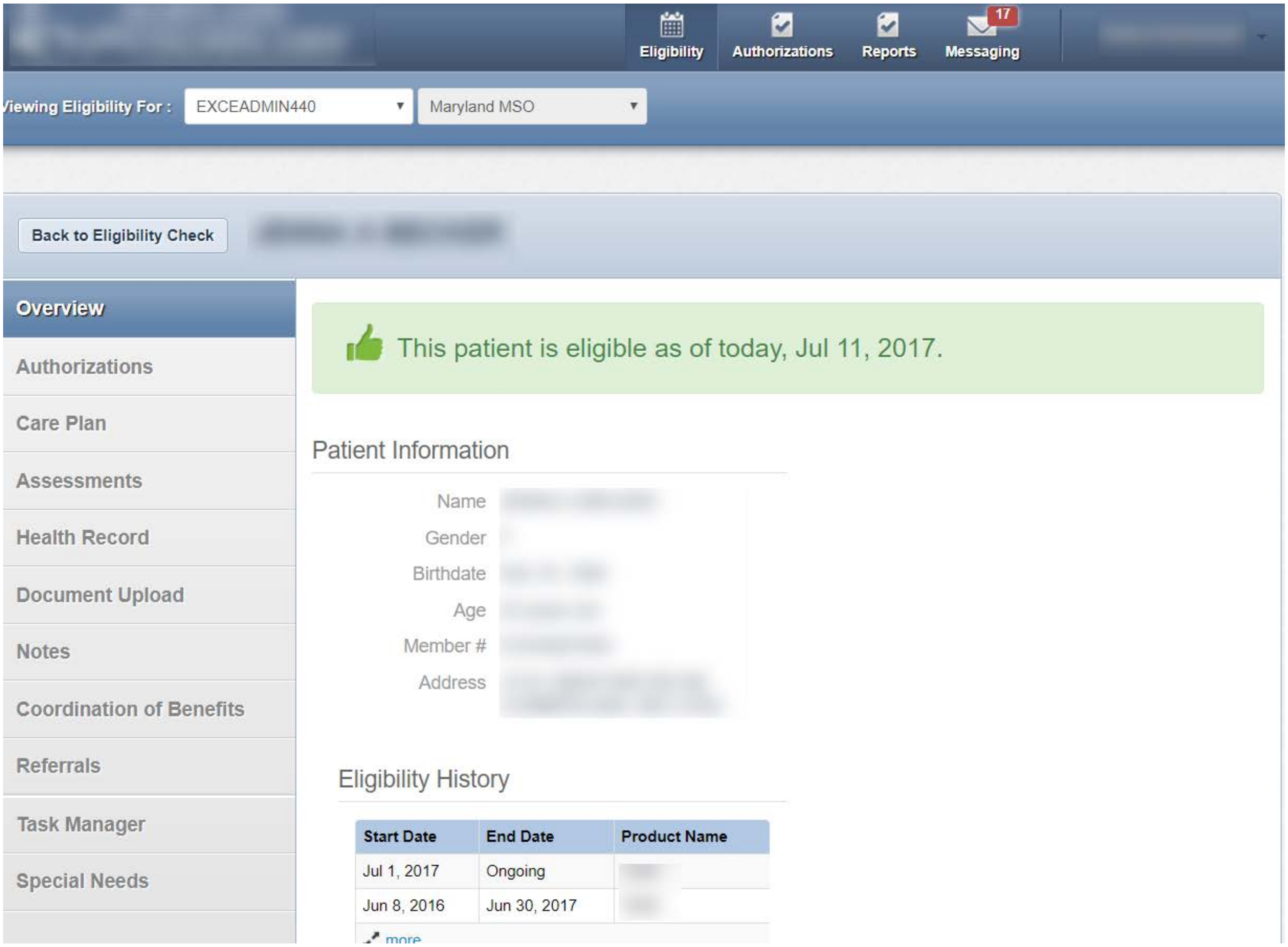
- A Green Thumbs Up means the member is eligible. Risk Categories can provide information about risk for disease management or missing preventative care components.
- The Orange Emergency Room Visit tab will send a notification to TruCare that the member has been seen in the Emergency Room.
- Click on the member's name to open the health record



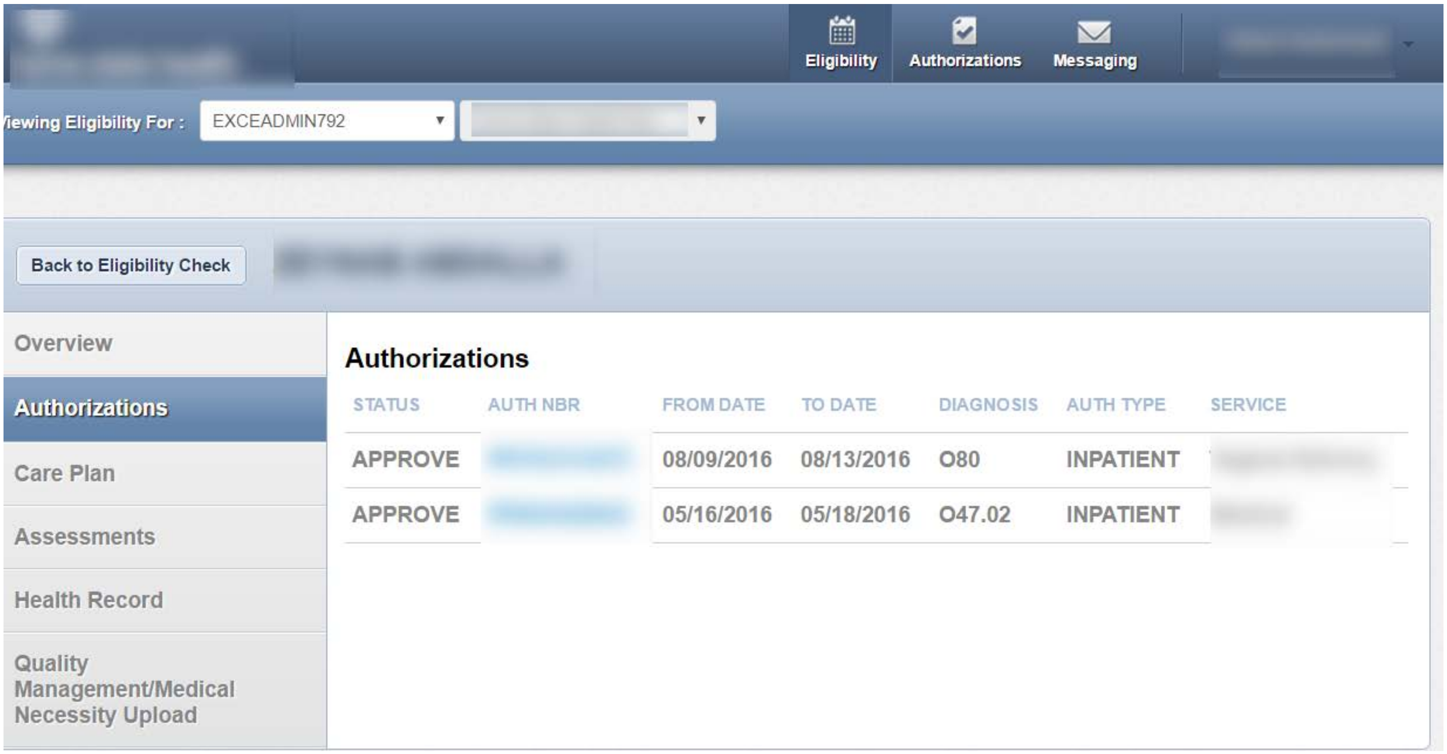
- An Orange Thumbs Down means the member is Not Eligible



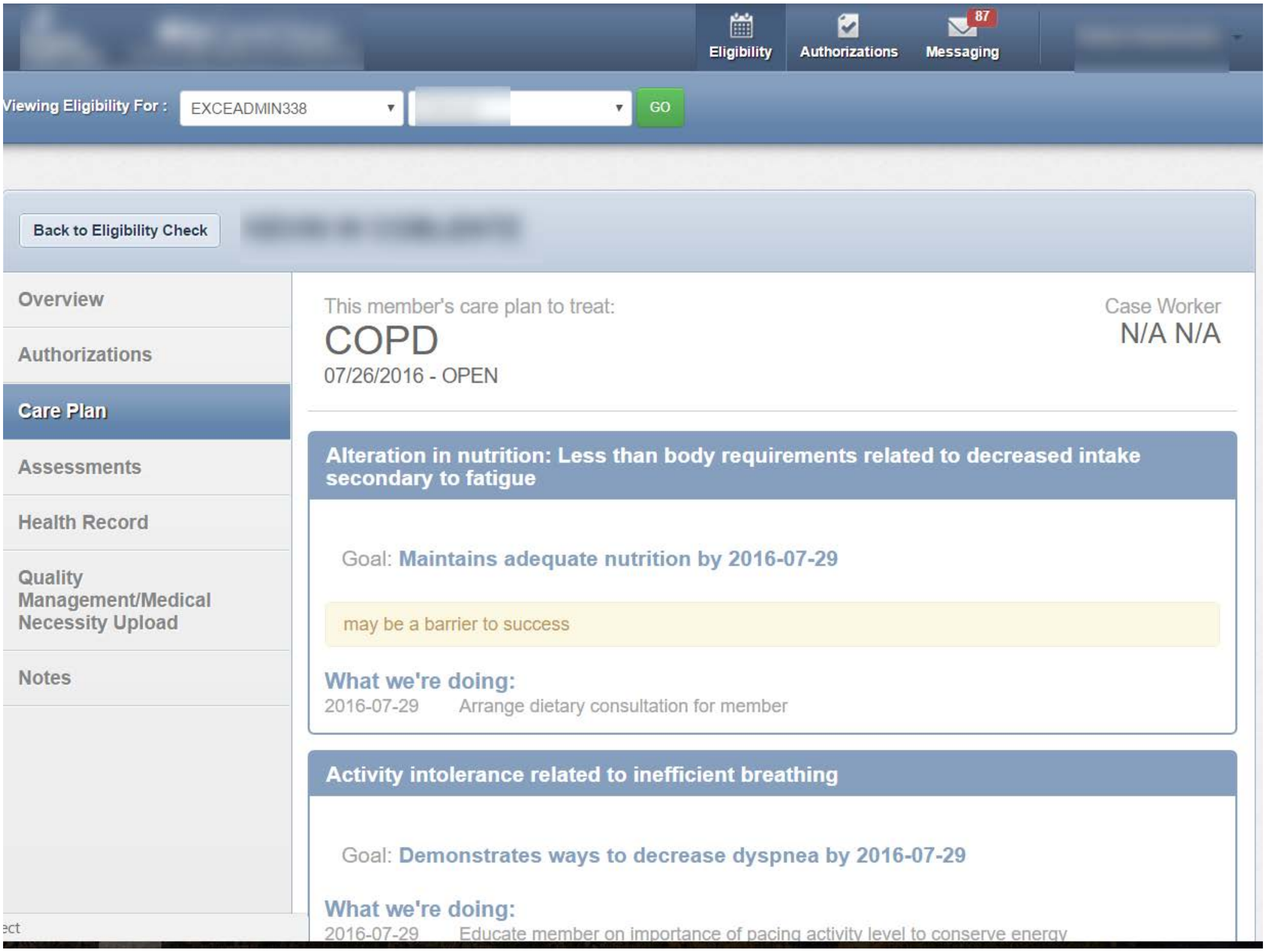
This is the member Overview Page. This is limited information regarding the member.



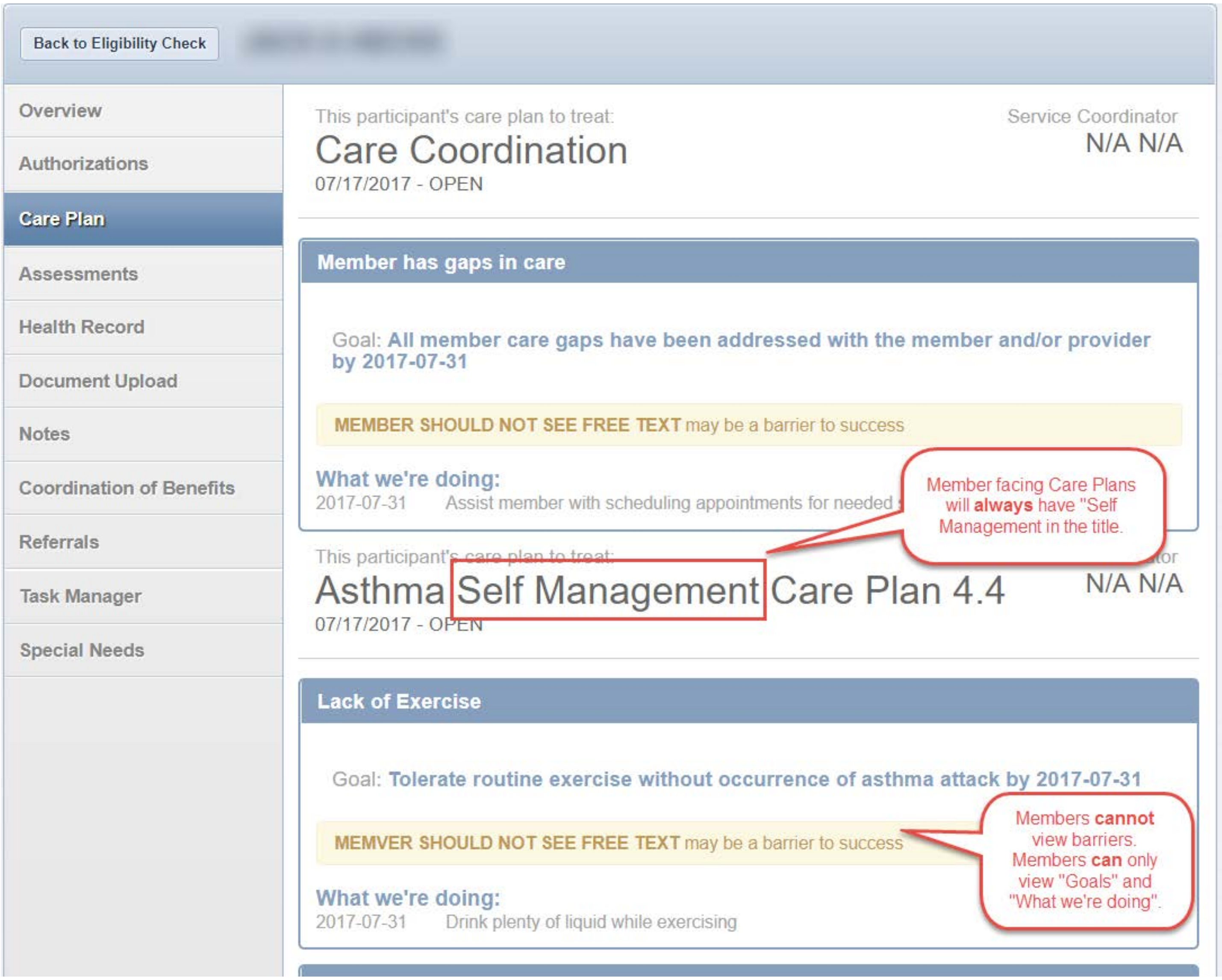
When you click the Authorizations tab to open any previously submitted authorizations will be listed for the member—the authorization number will be a blue hyperlink. If you click the authorization number the authorization will open with the details of the authorization visible.



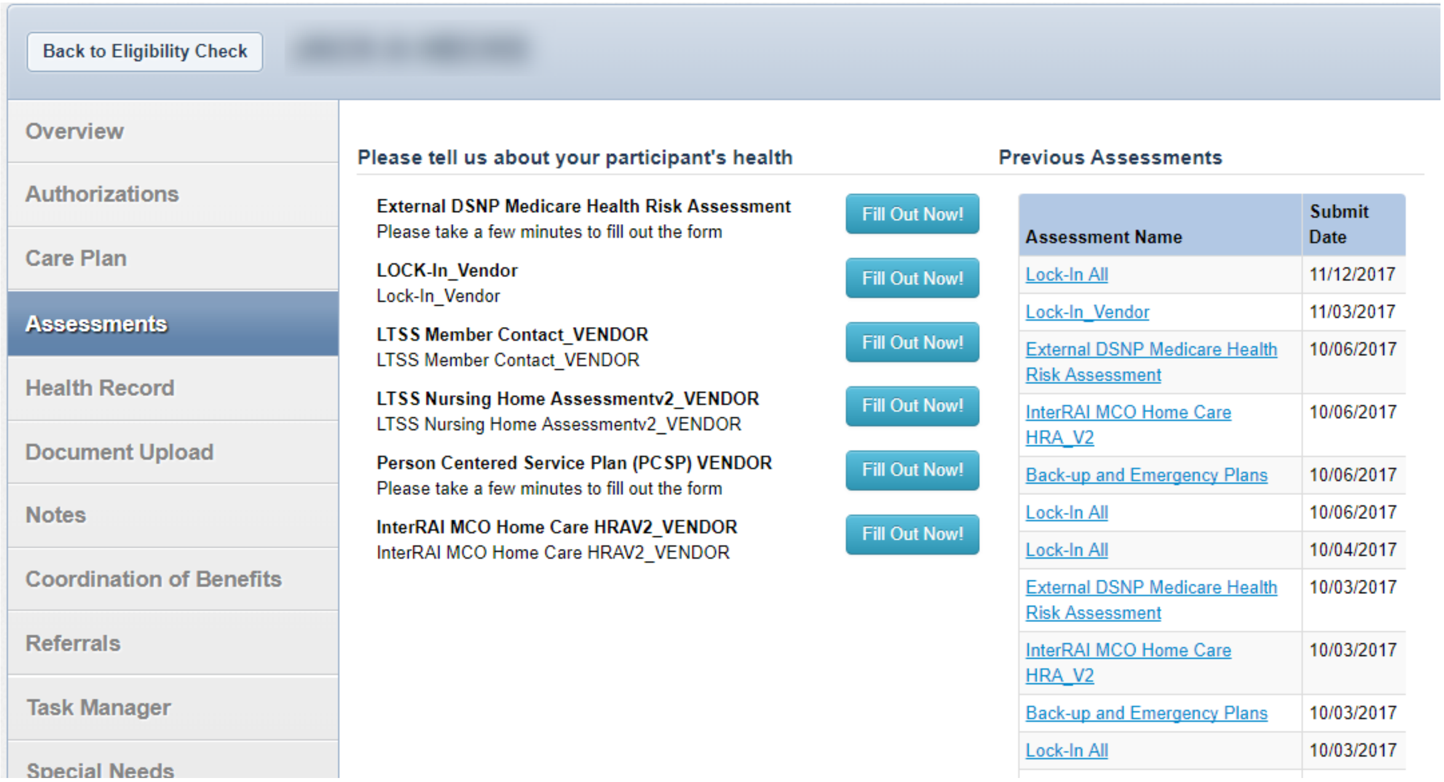
When Care Plan tab is clicked any Care Plans that is currently open on the member will display.



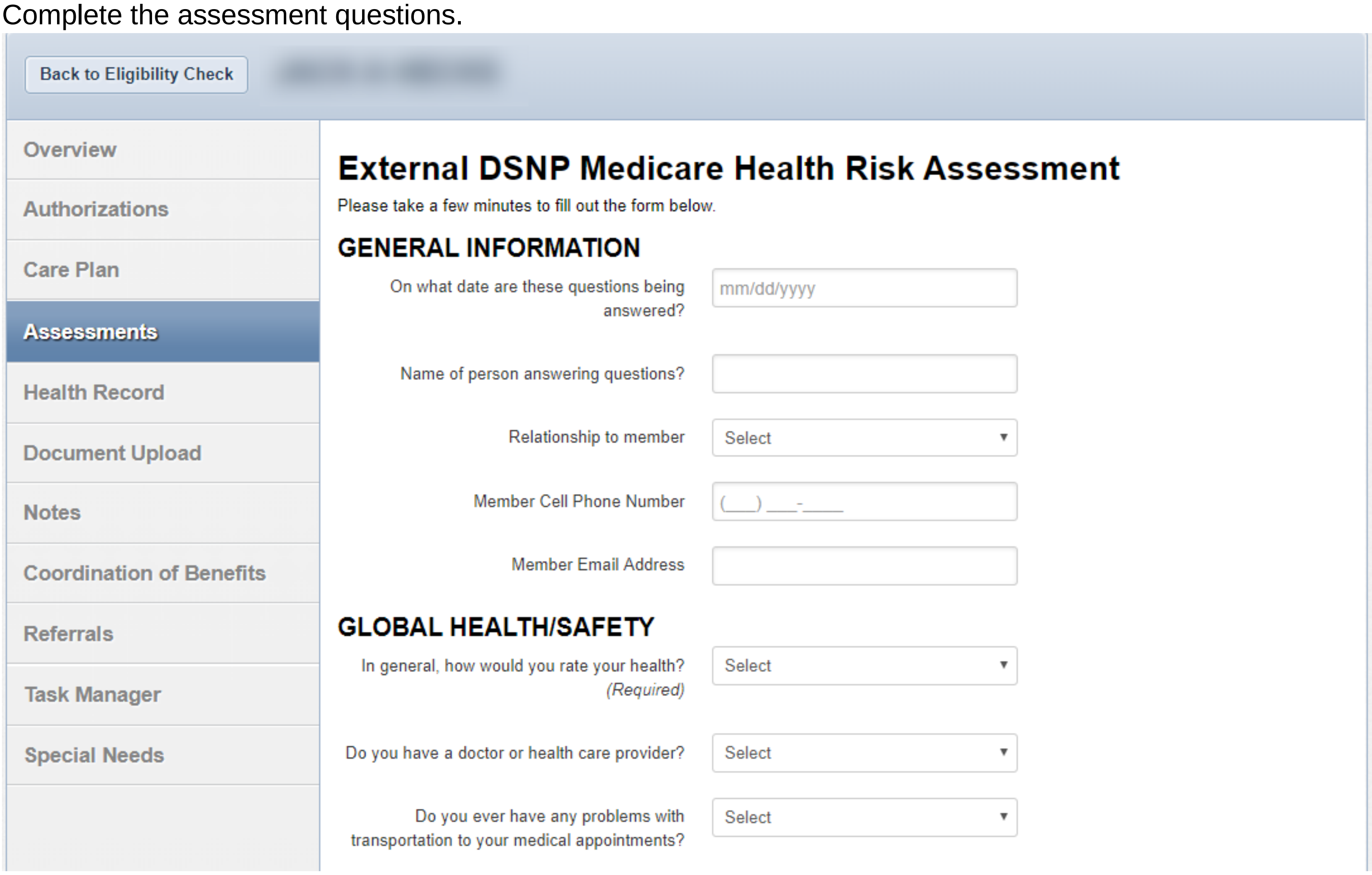
- Member facing Care Plans will **always** have “Self Management” in the title
- Members cannot view barriers. Members can only view “Goals” and “What we’re doing”.



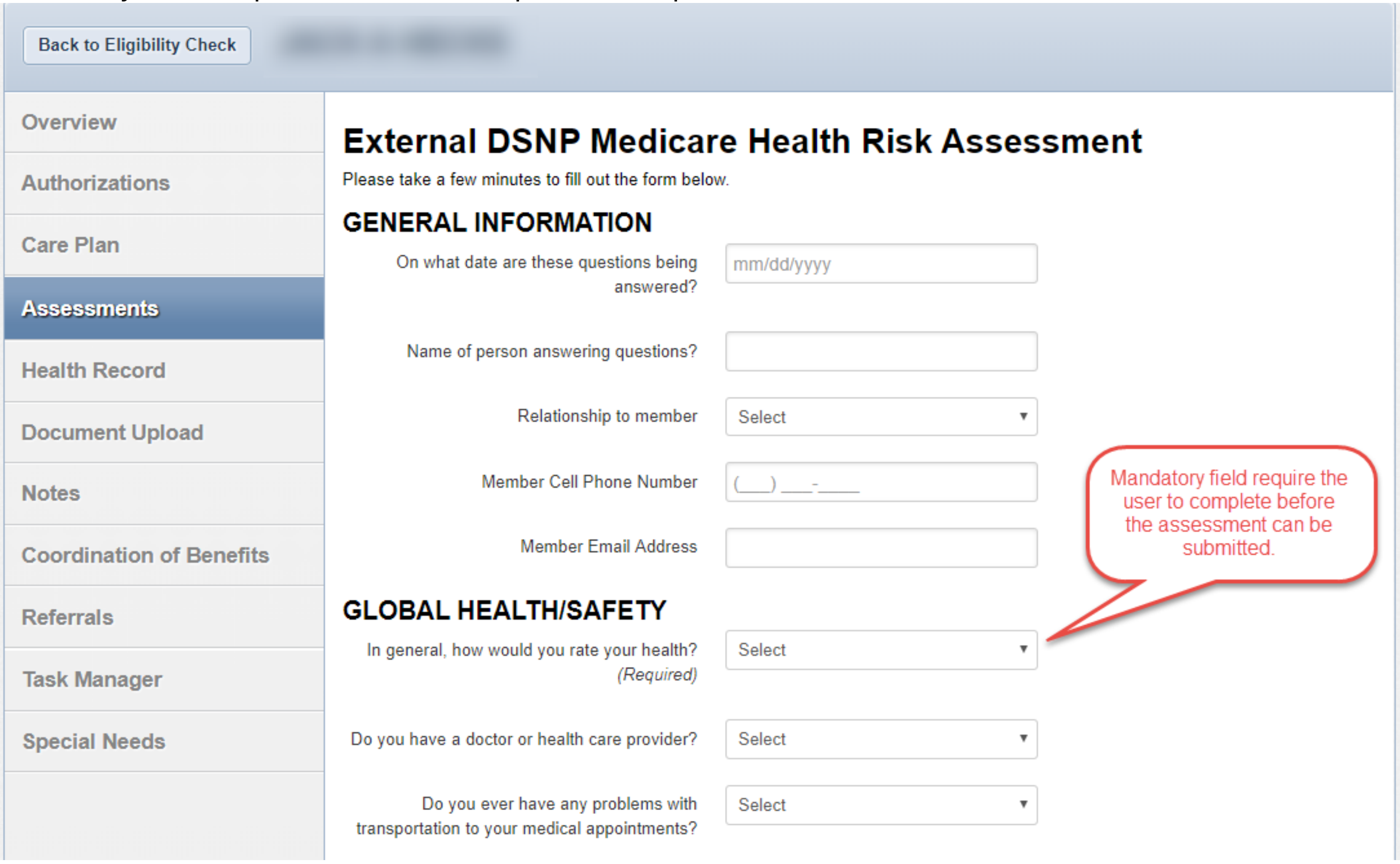
To complete the assessment click Fill Out Now!—the assessment will open. Any previously completed assessments will display with a blue hyperlink—you can click on the name of the assessment—which will be a blue hyperlink.



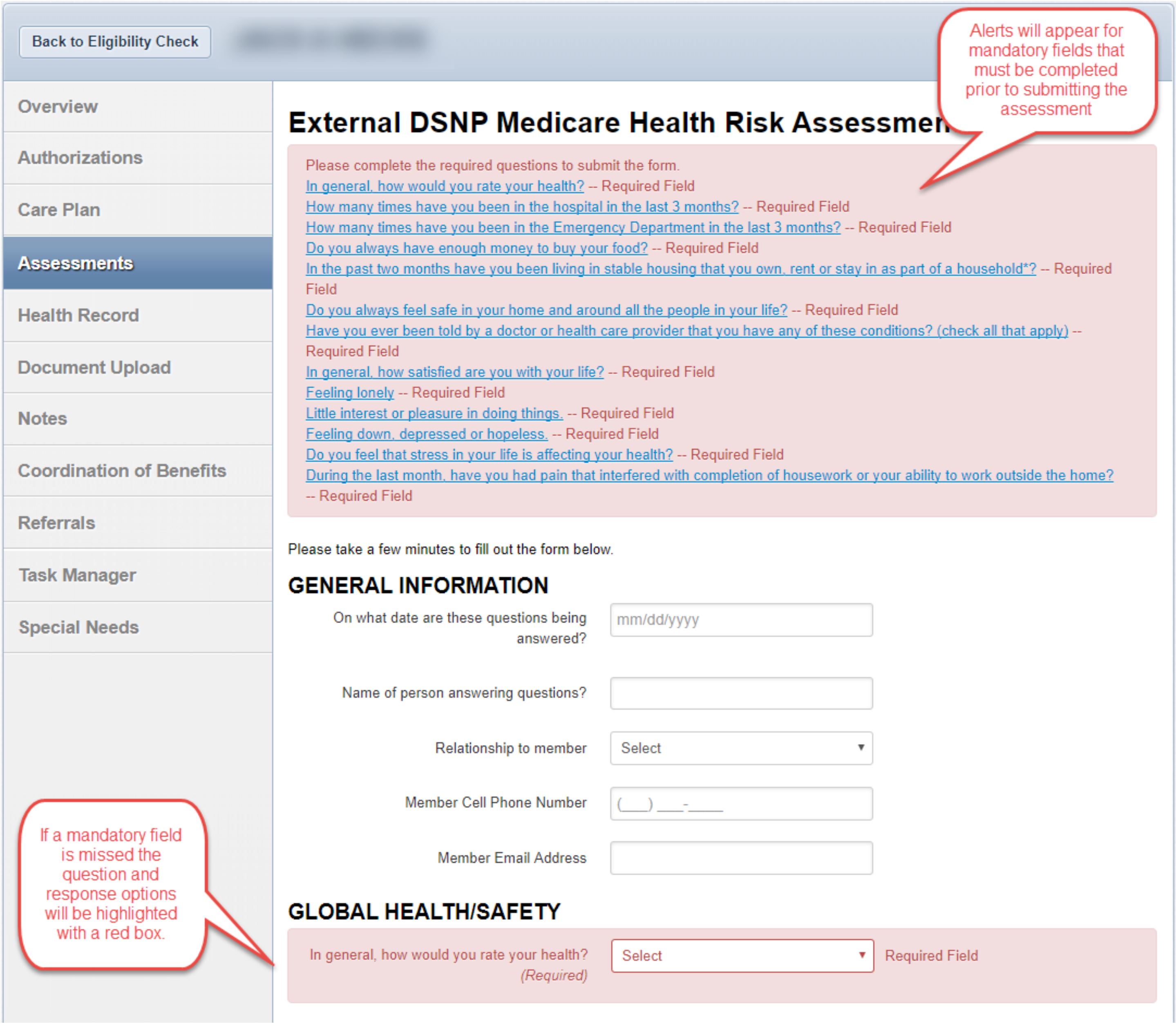
Complete the assessment questions.



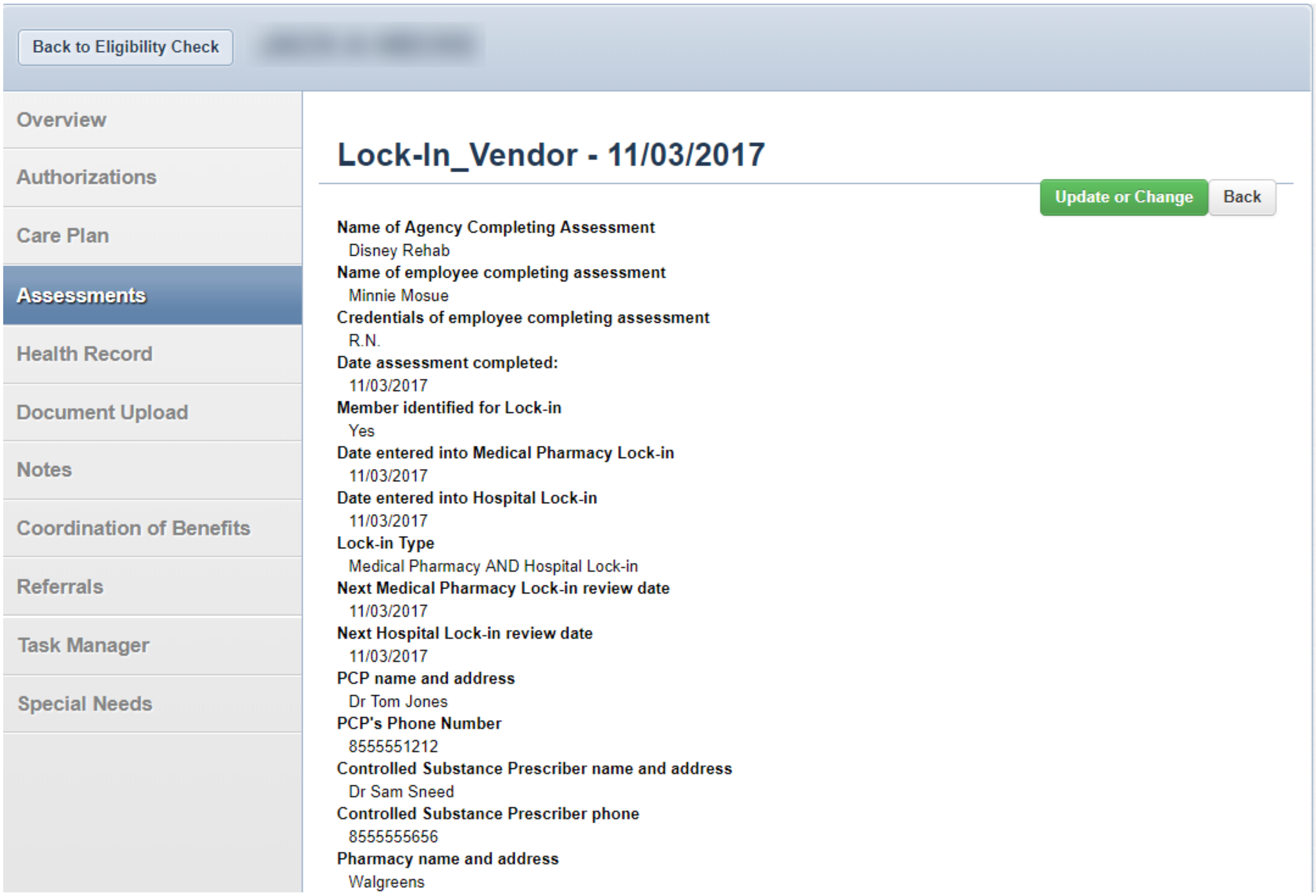
Mandatory fields require the user to complete those questions.

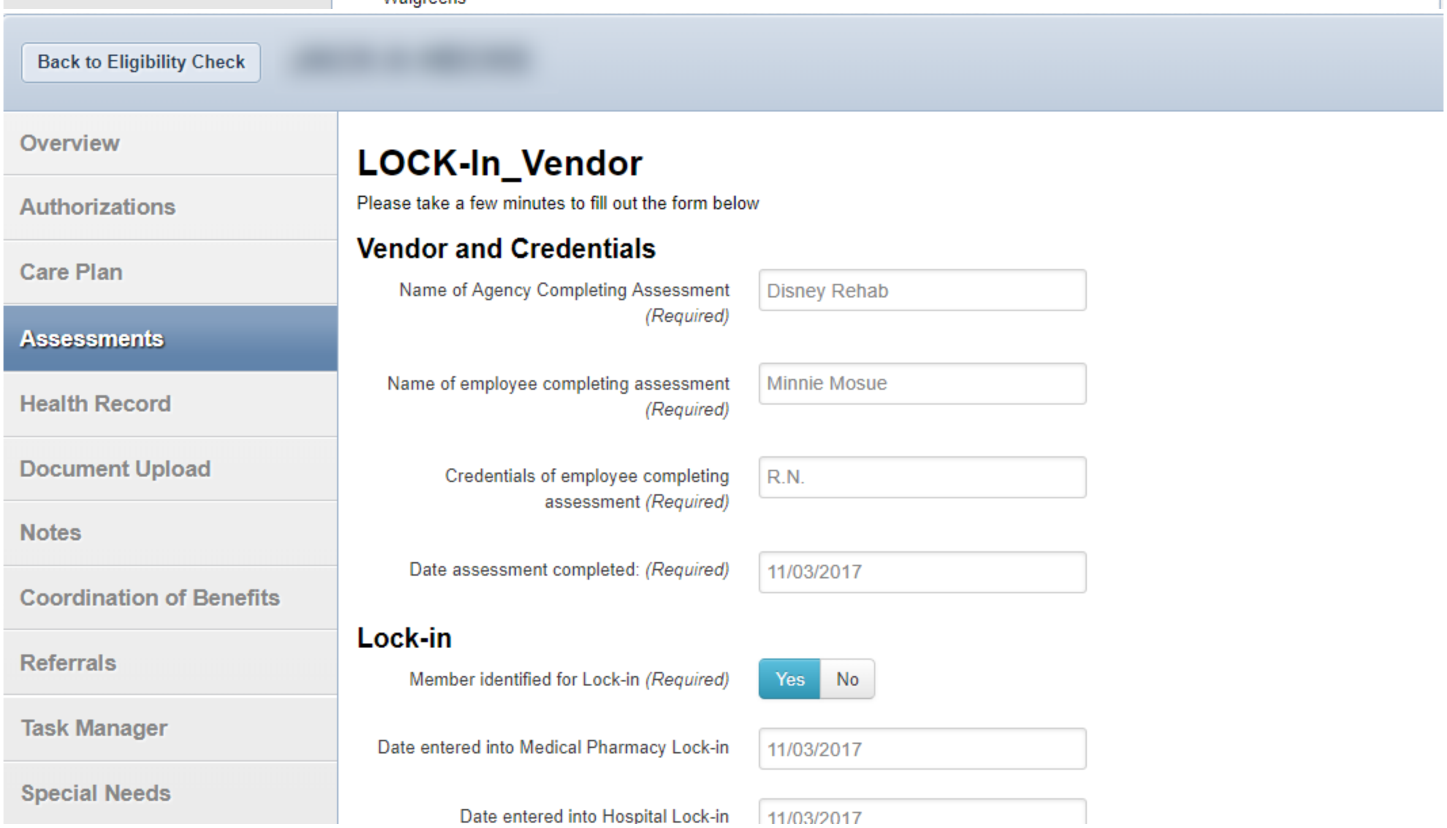


Alerts will appears for mandatory fields that must be completed to be able to submit the assessment. The missed questions will be highlighted by a red box.

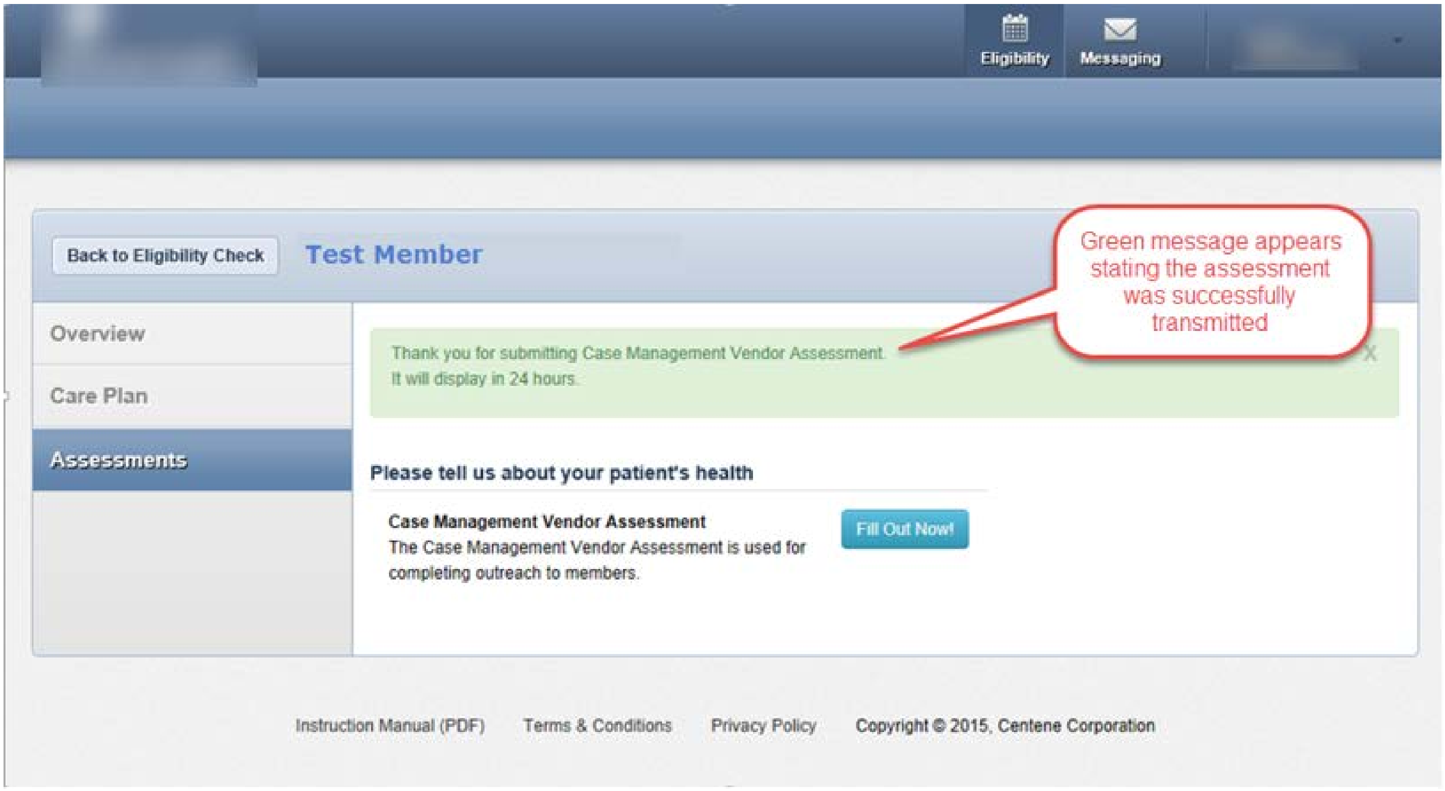


The previously completed assessment will open with the answers—you will now be able to edit or update the assessment.

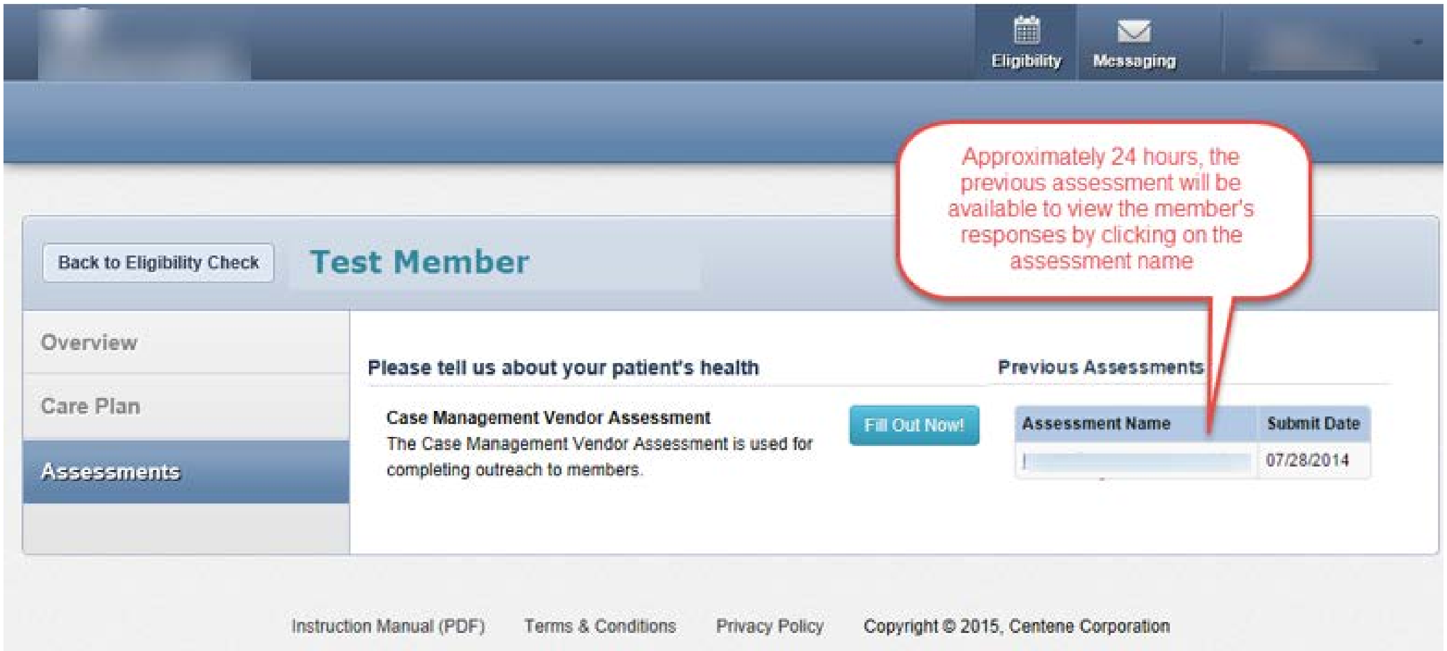


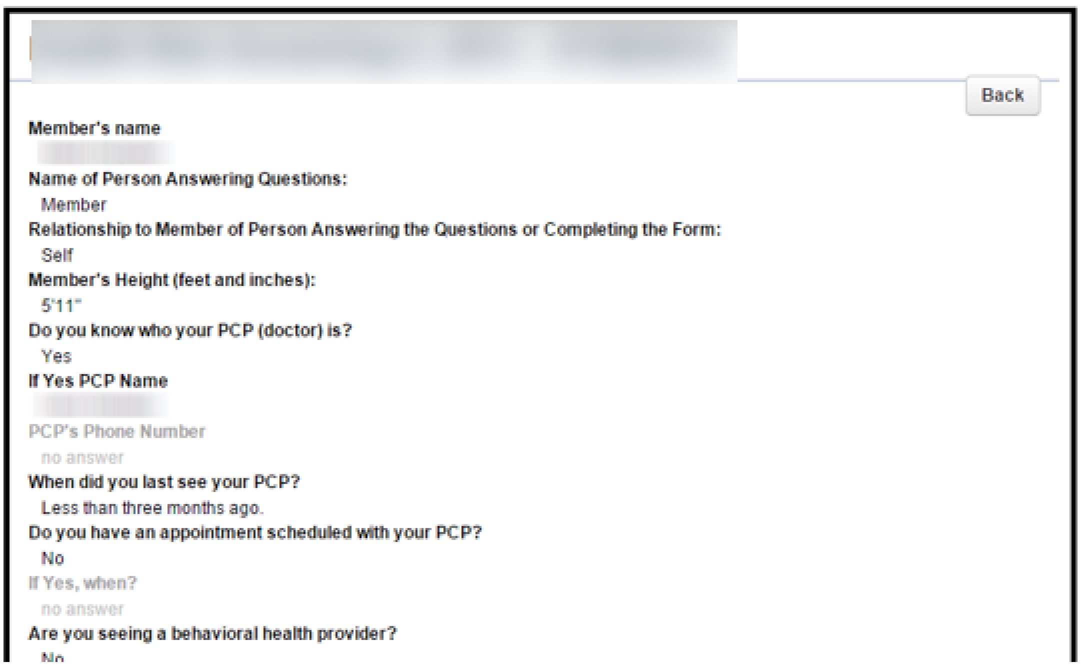


Green banner appears with the message stating the assessment was successfully submitted.



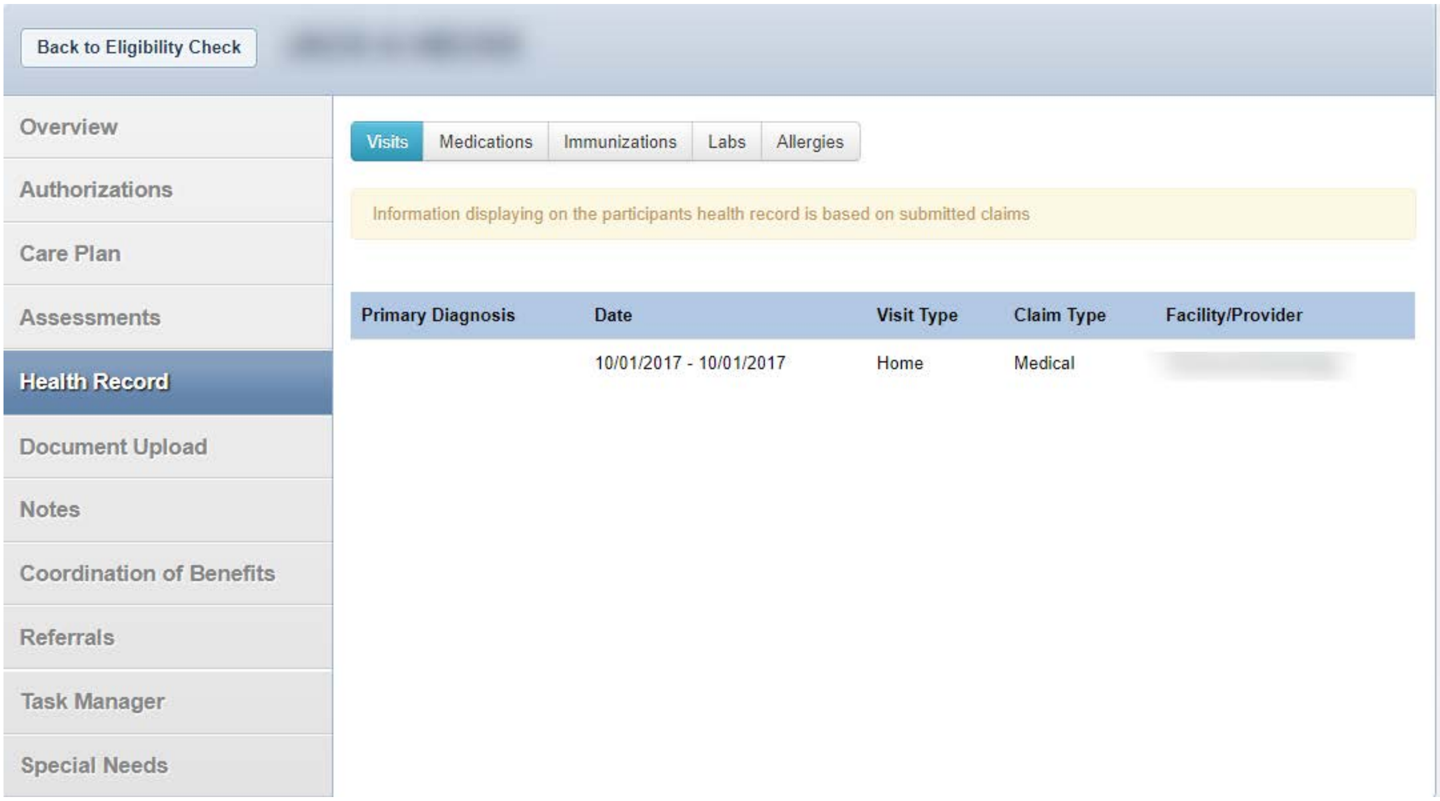
In approximately 24 hours, the previous assessment will be available to view on the Client Portal. The member's responses will be visible by clicking on the blue hyperlink assessment name under Previous Assessments.



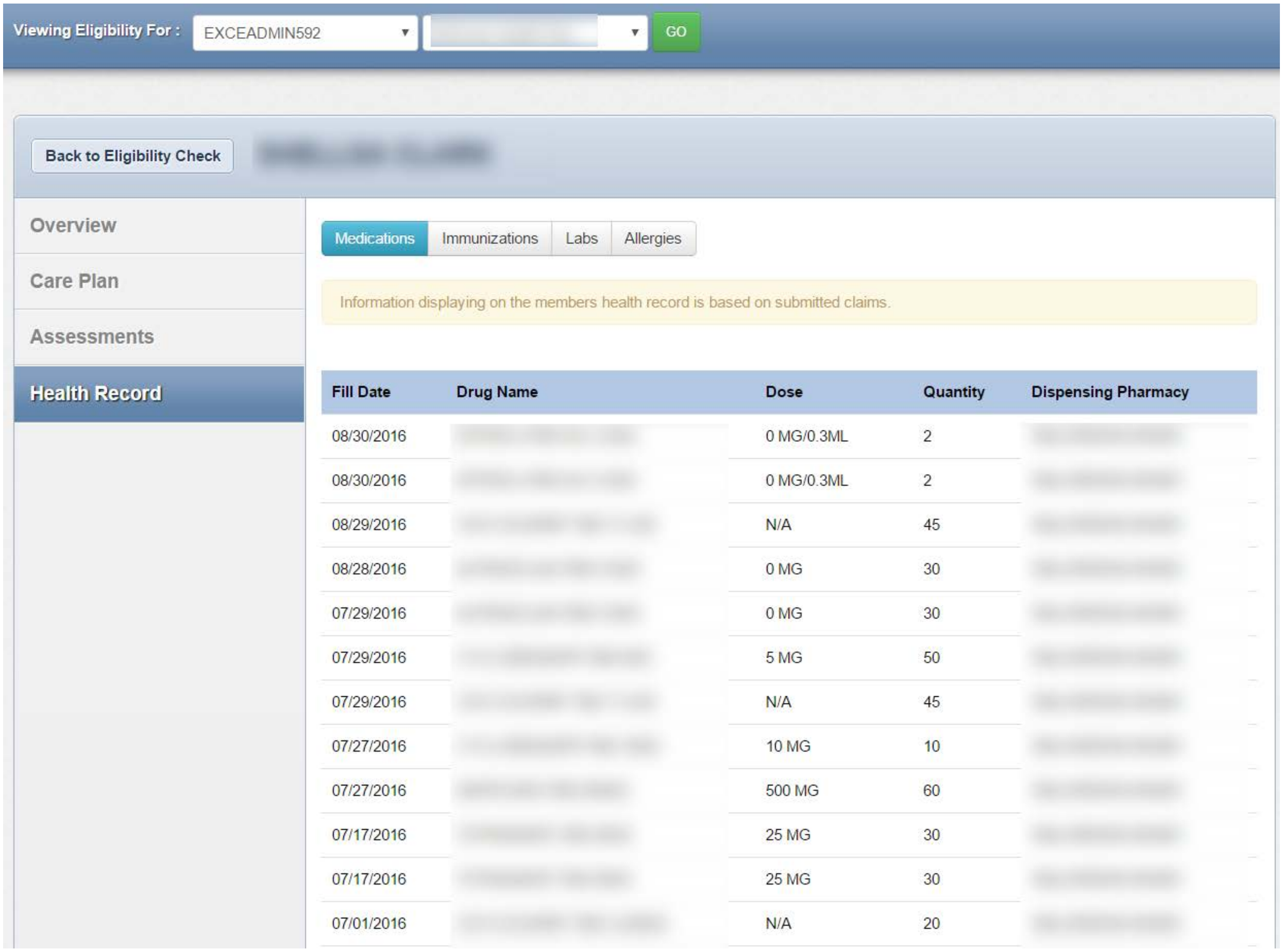


The Health Record tab will have Visits, Medications, Immunizations, Labs, and Allergies.

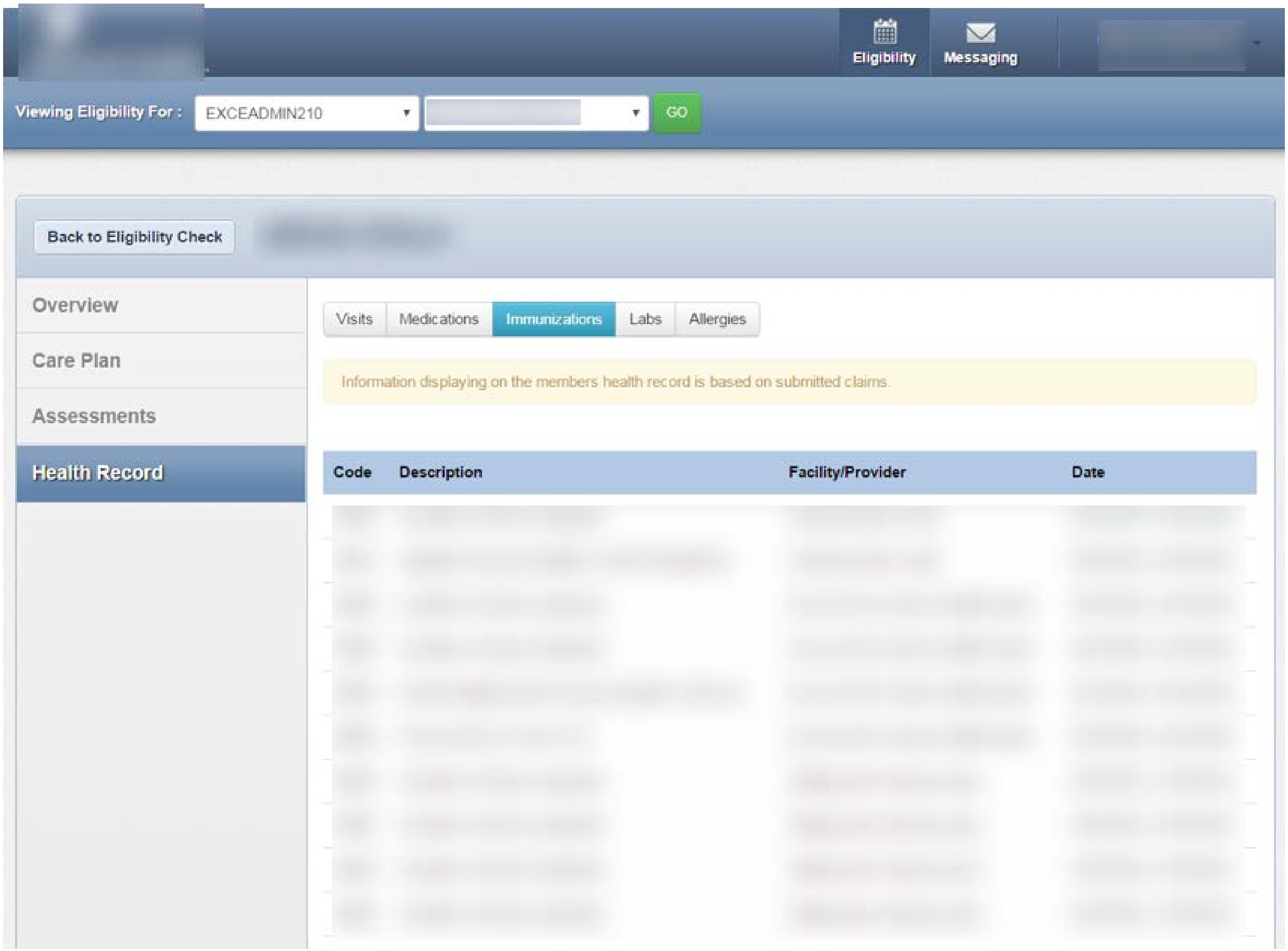
- The Visits tab will display Primary Diagnosis, Date, Visit Type, Claim Type, and Facility/Provider



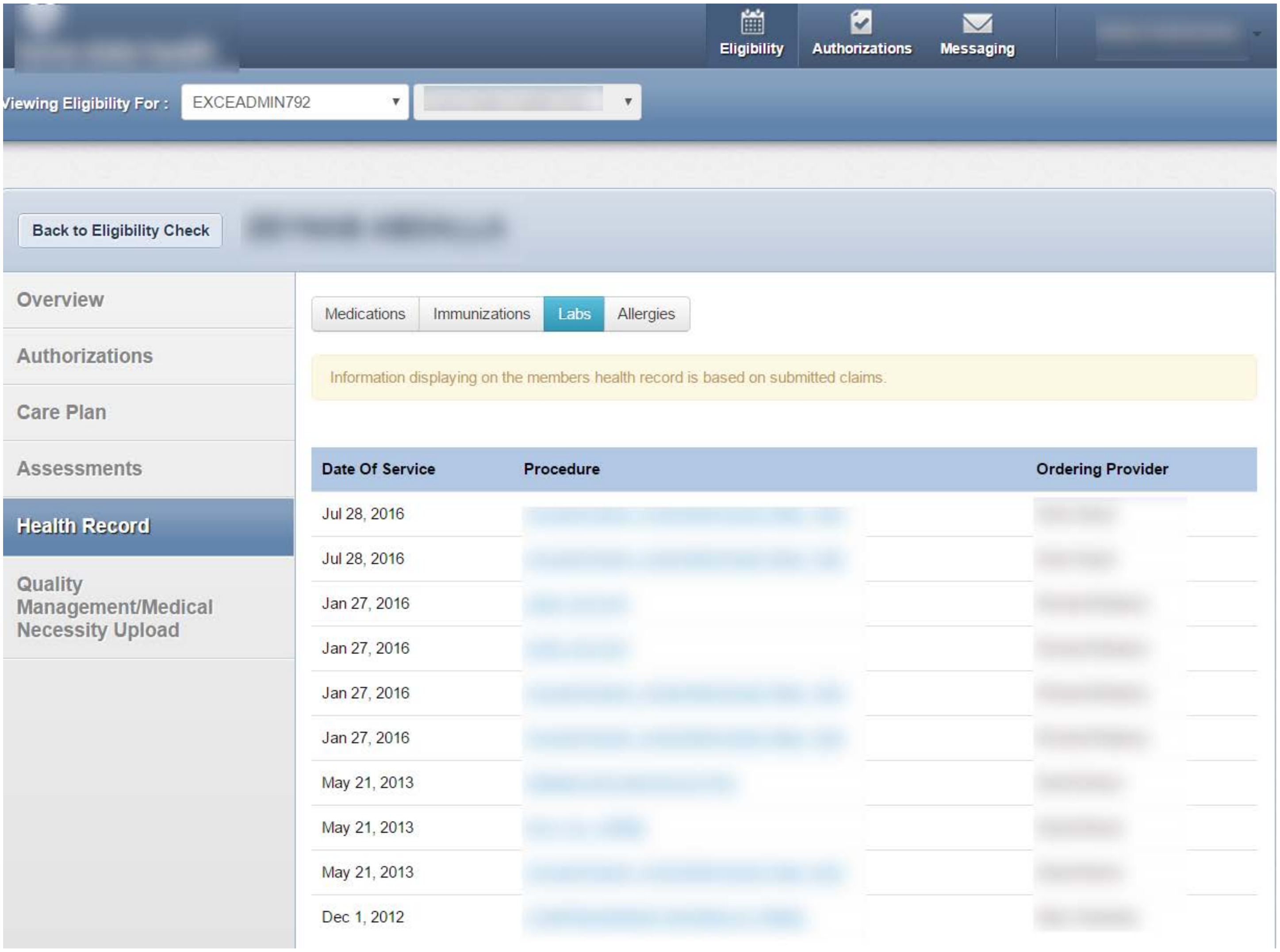
- The Medications tab will display the Fill Date, Drug Name, Dose, Quantity, and Dispensing Pharmacy.



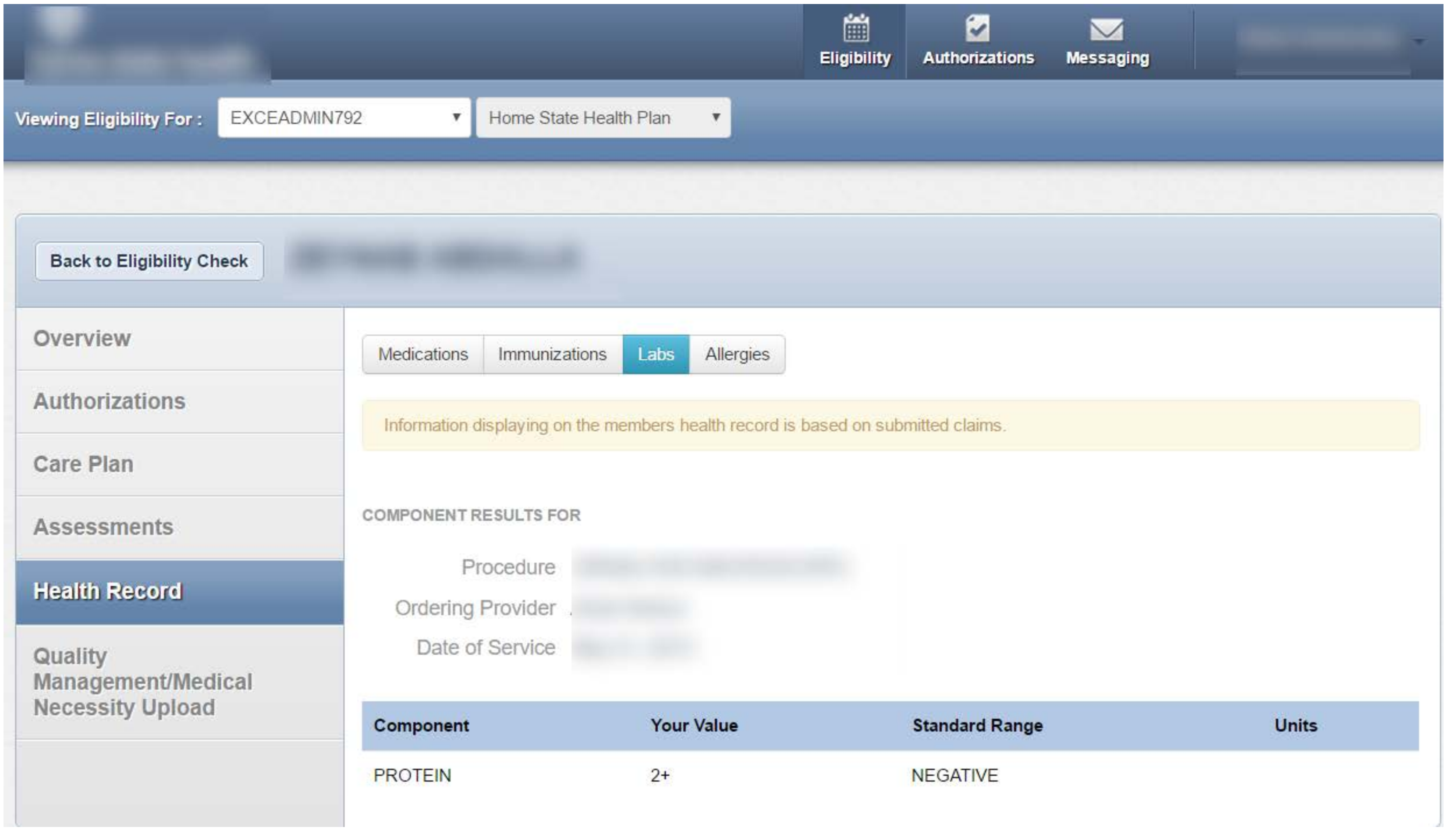
When the Immunizations tab is clicked Code, Description, Facility/Provider and Date will display.



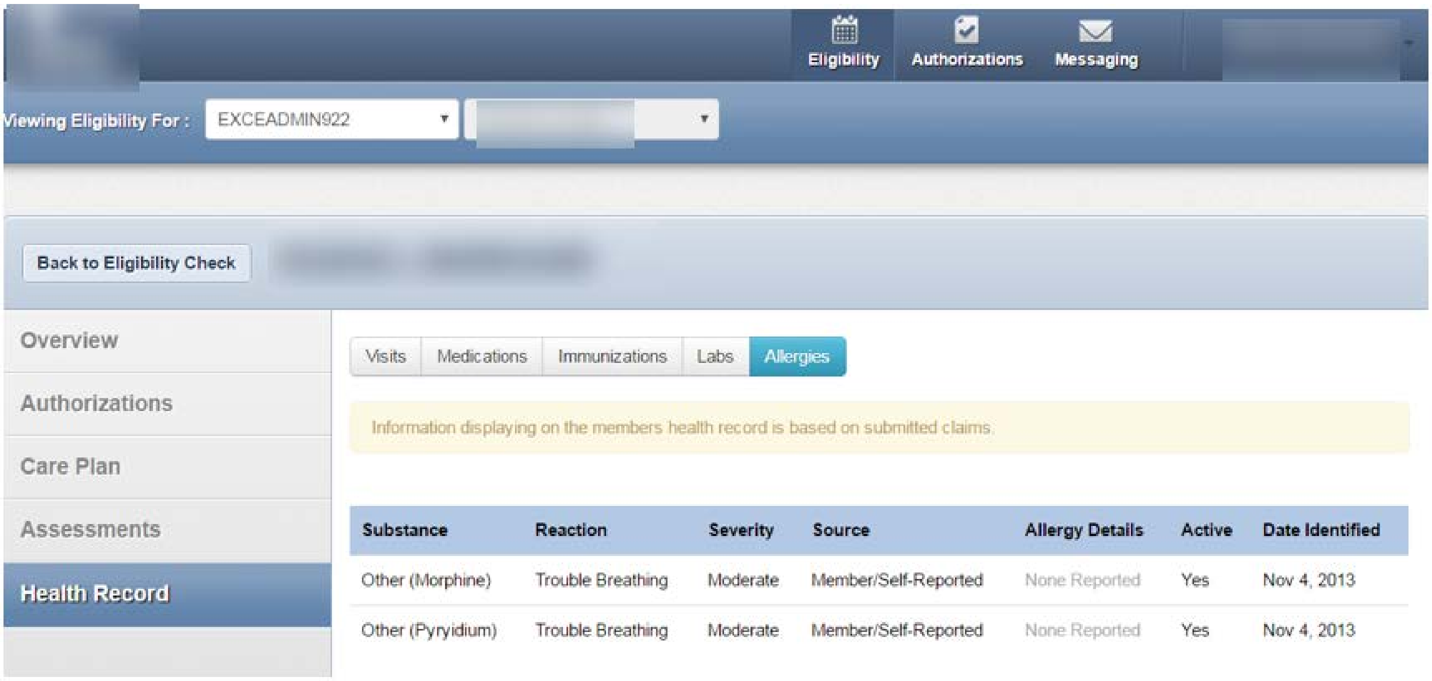
When Labs tab is clicked the Date of Service, Procedure, and Ordering Provider is displayed.



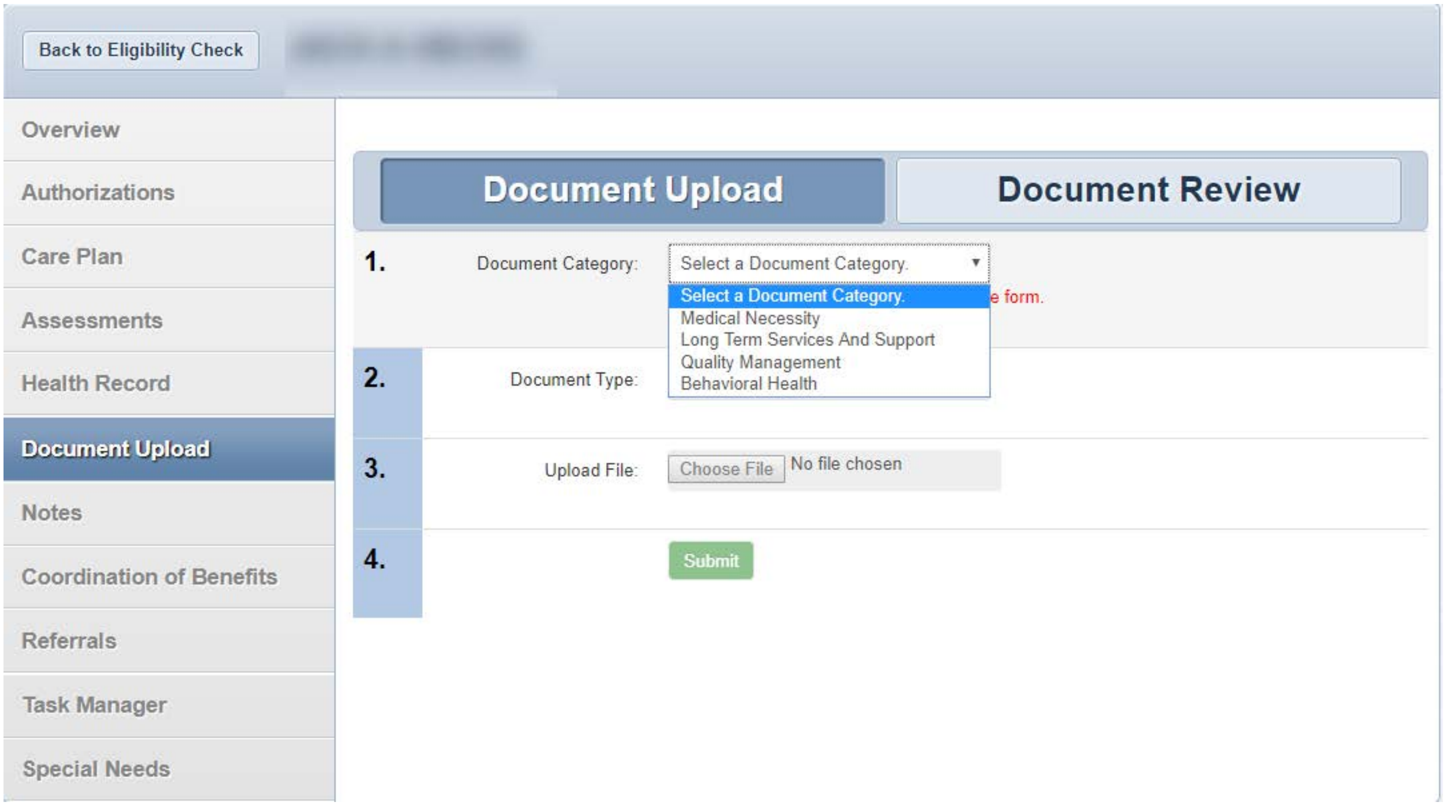
If you click on the Procedure the Procedure, Ordering Provider, and Date of Service will display. Component, You Value, Standard Range, and Units values will display.



When Allergies tab is Clicked, Substance, Reaction, Severity, Source, Allergy Details, Active, and Date Identified will display



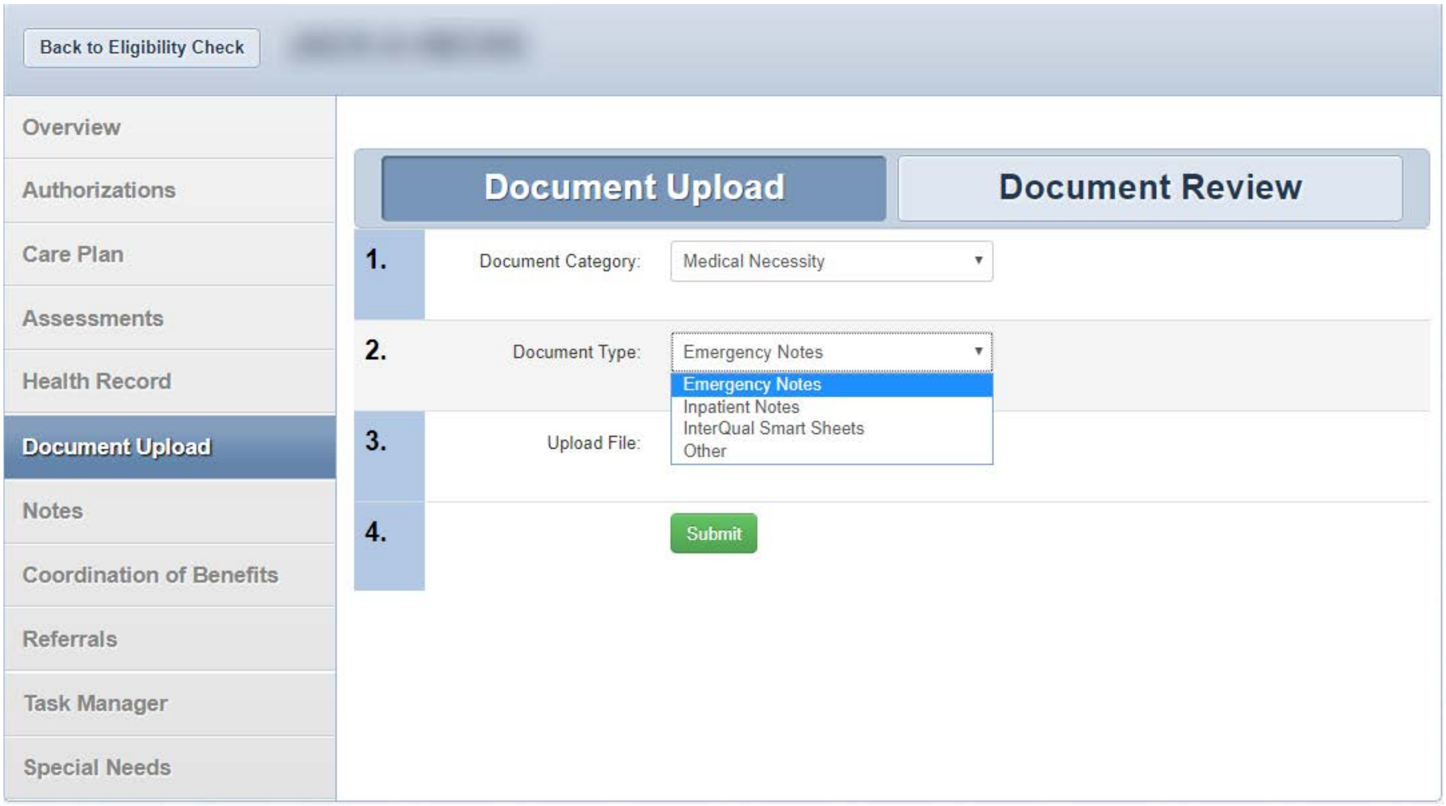
Document Upload gives the user the ability to upload additional Medical Necessity, Long Term Services and Support, Quality Management, or Behavioral Health information on the member.



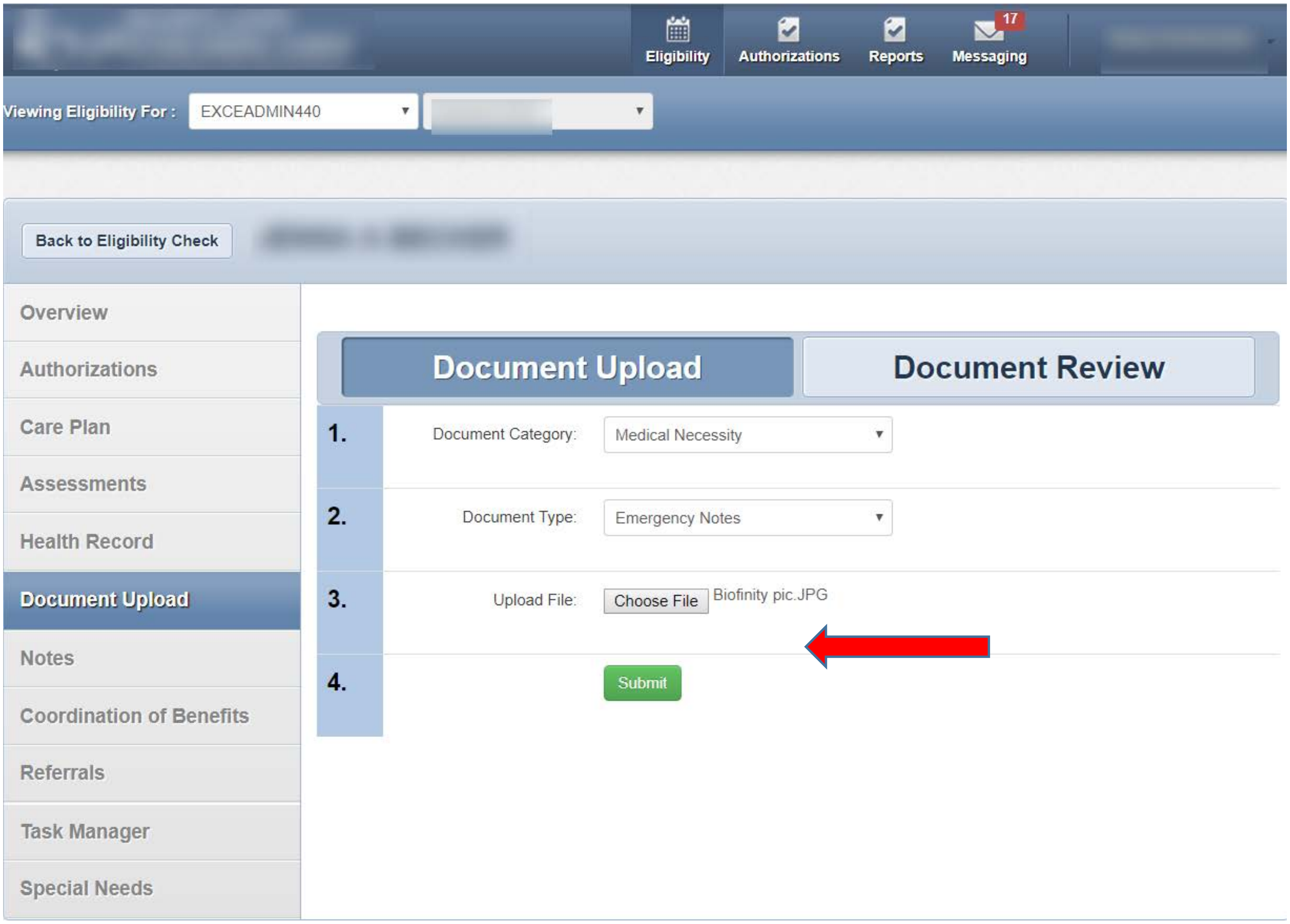
Document formats accepted for uploading from the web portal are as follows:

- BMP
- DOC
- DOCX
- GIF
- JPG
- LIC
- PDF
- PNG
- PPT
- PPTX
- RTF
- TIF
- TXT
- XLS
- XLSX

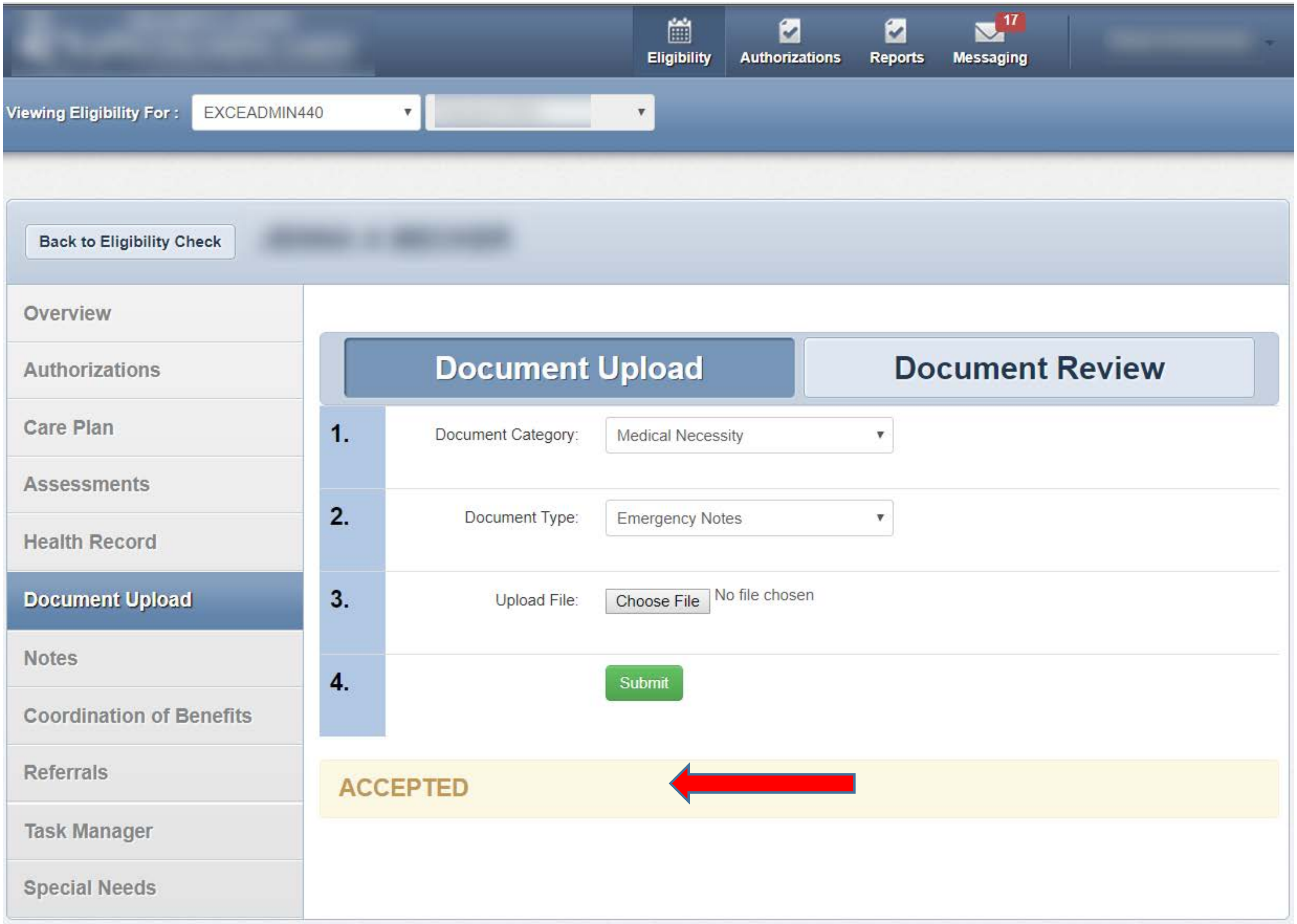
In Document Category select Medical Necessity then select the Document Type selections are Emergency Notes, Inpatient Notes, InterQual Smart Sheets, and Other are displayed.



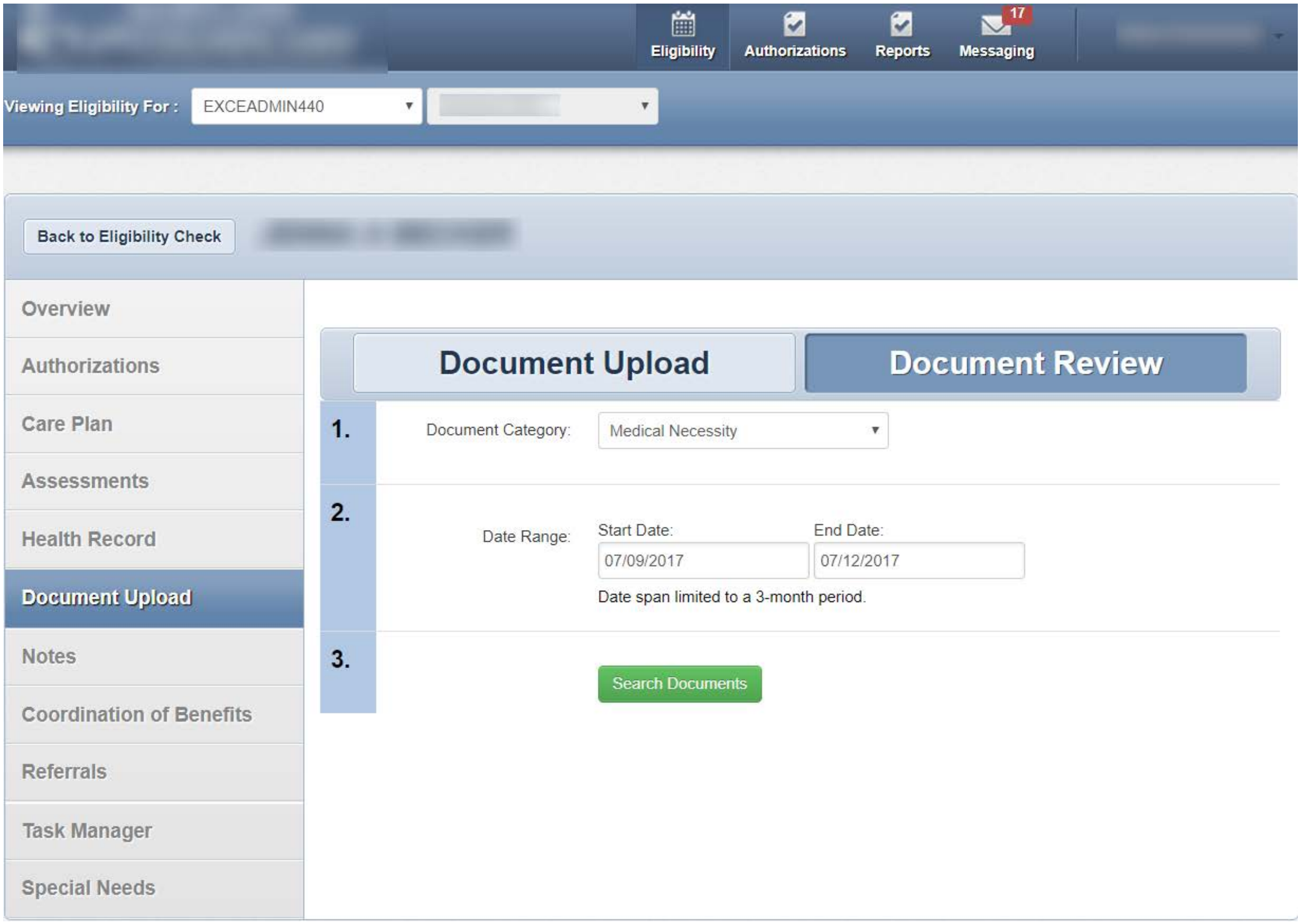
Choose the Document Type and click Choose File—make the selection of the file you wish to upload. You **MUST** click Submit to Upload the document.



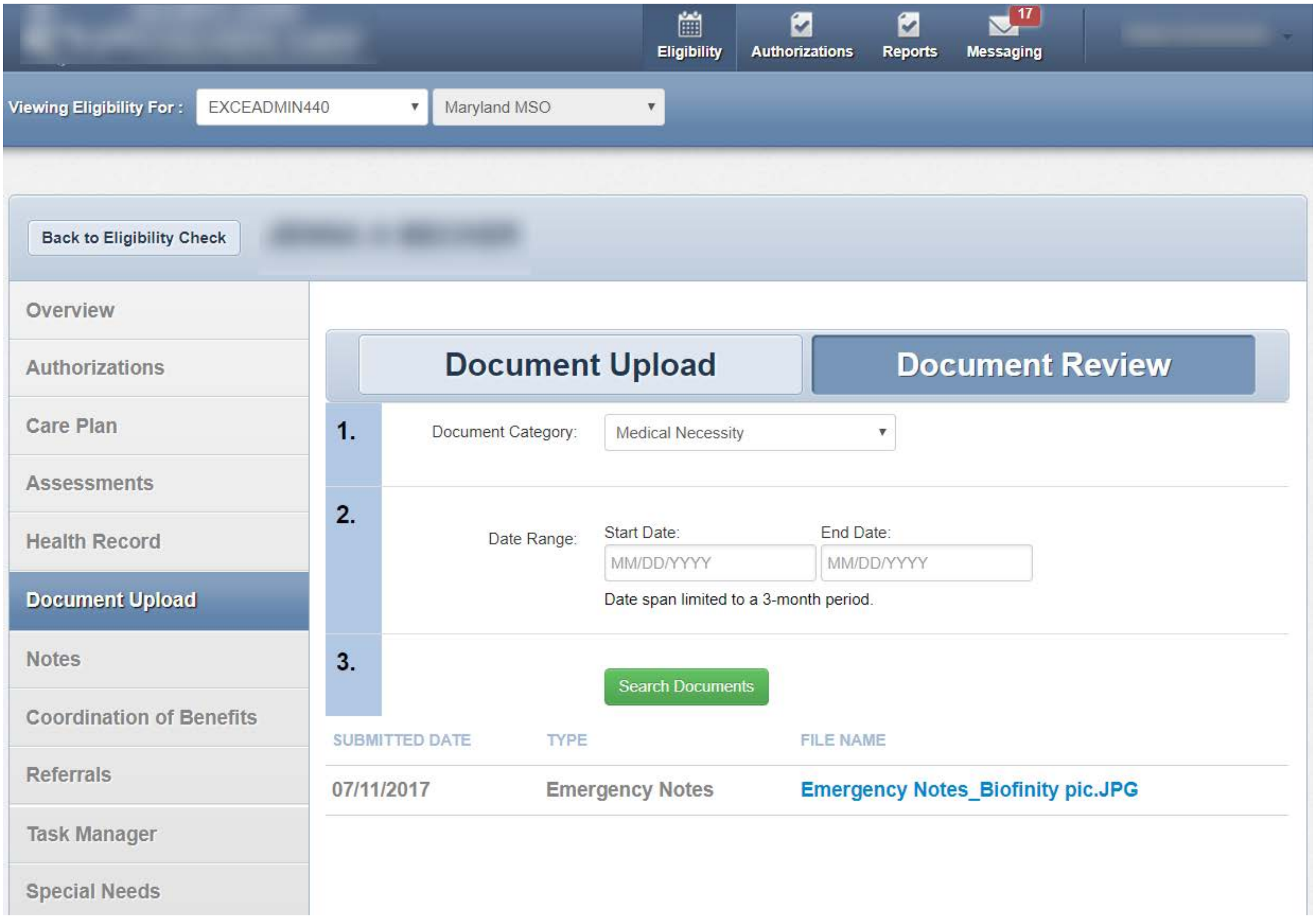
Accepted will display once the upload is successful.



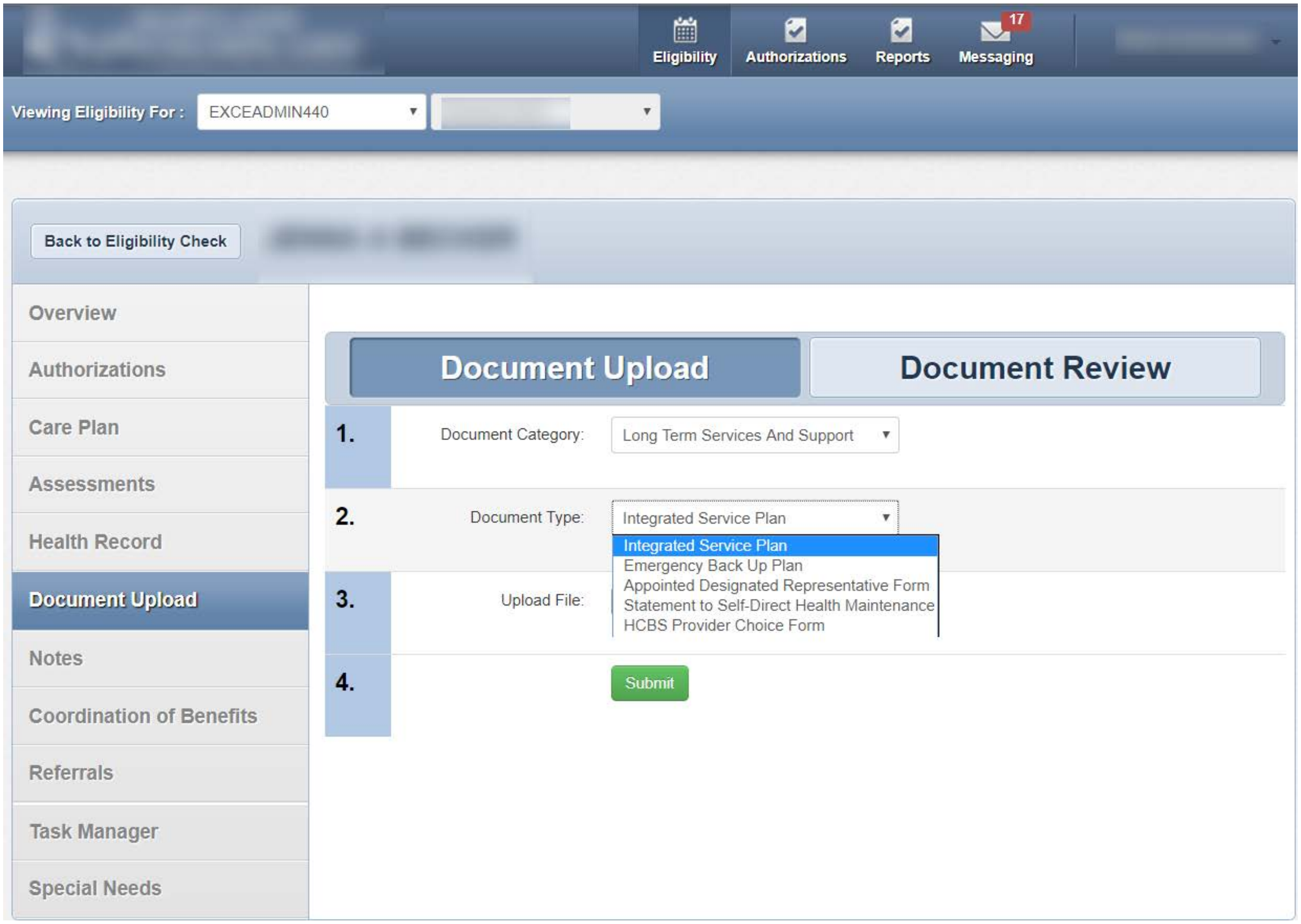
You have the ability to view documents that have been uploaded from the Client Portal. Select Document Review then make a selection in Document Category of Medical Necessity and enter a Date Range into the Start Date and End Date—please note **Date span is limited to a 3 month period.**



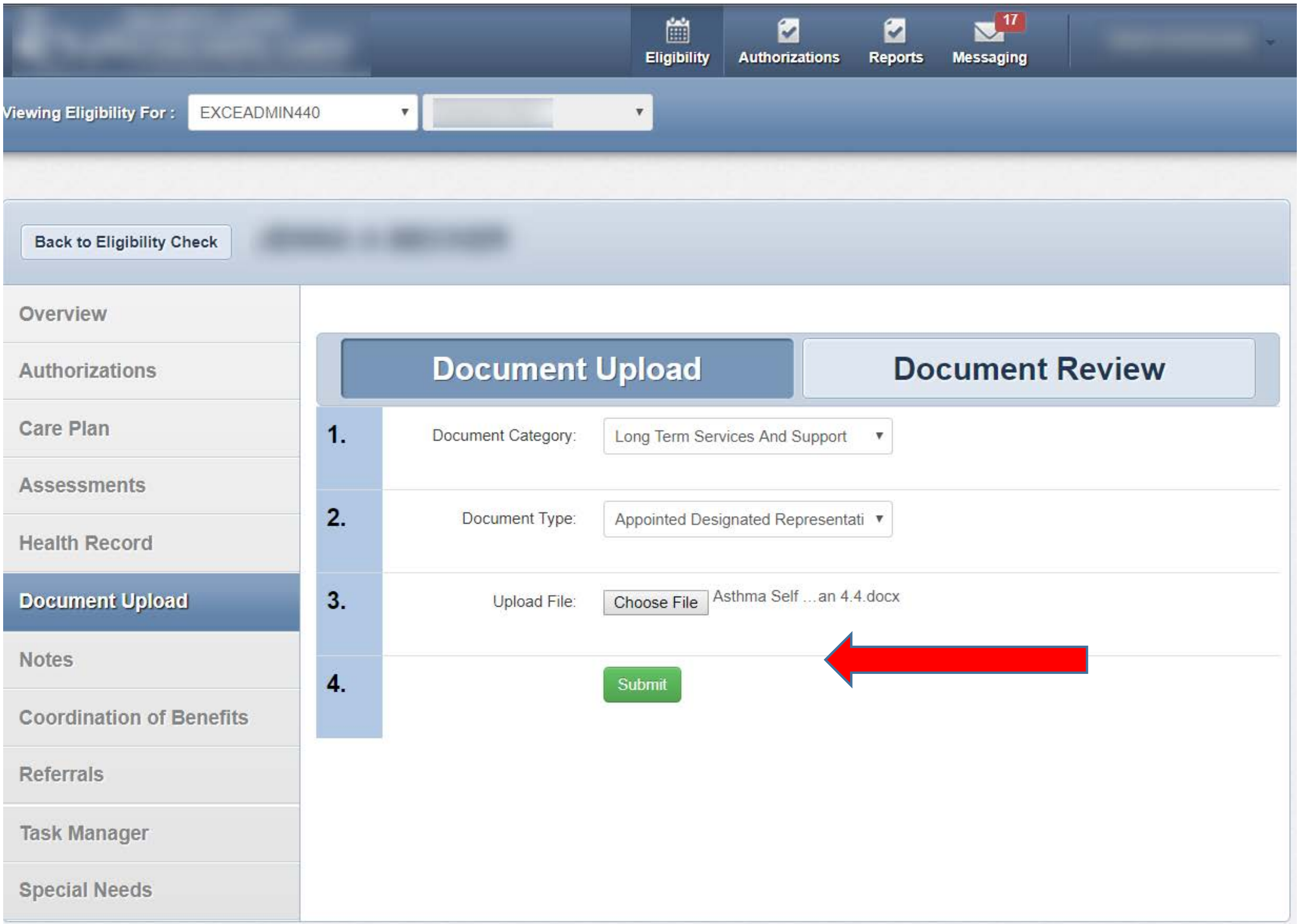
When Search Documents is selected a document list will be displayed of documents that have been uploaded



In Document Category select Long Term Services and Support then select the Document Type. Selections are Integrated Service Plan, Emergency Back Up Plan, Appointed Designated Representative Form, Statement to Self-Direct Health Maintenance, and HCBS Provider Choice Form are displayed.



Choose the Document Type and click Choose File—make the selection of the file you wish to upload. You **MUST** click Submit to Upload the document.



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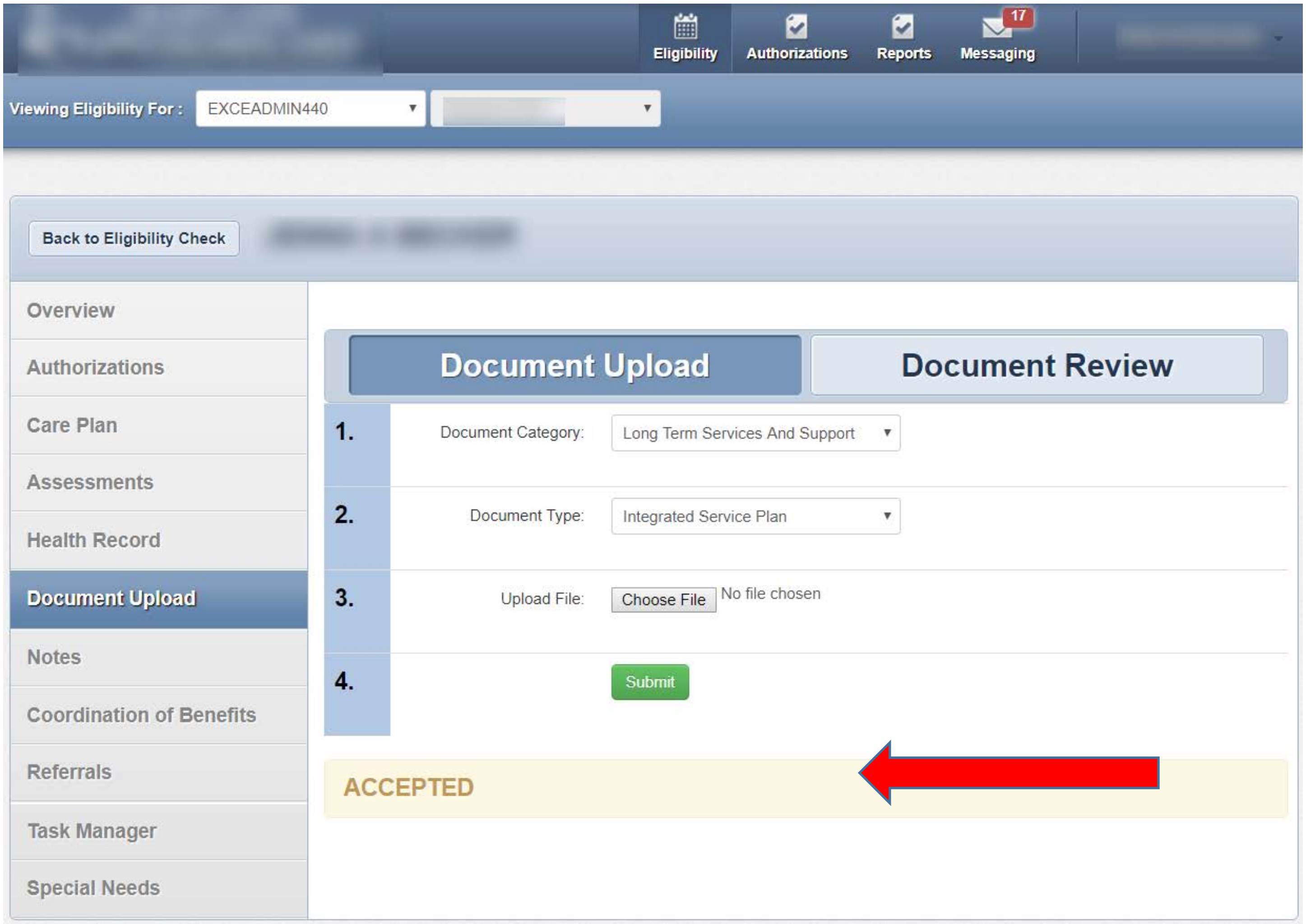
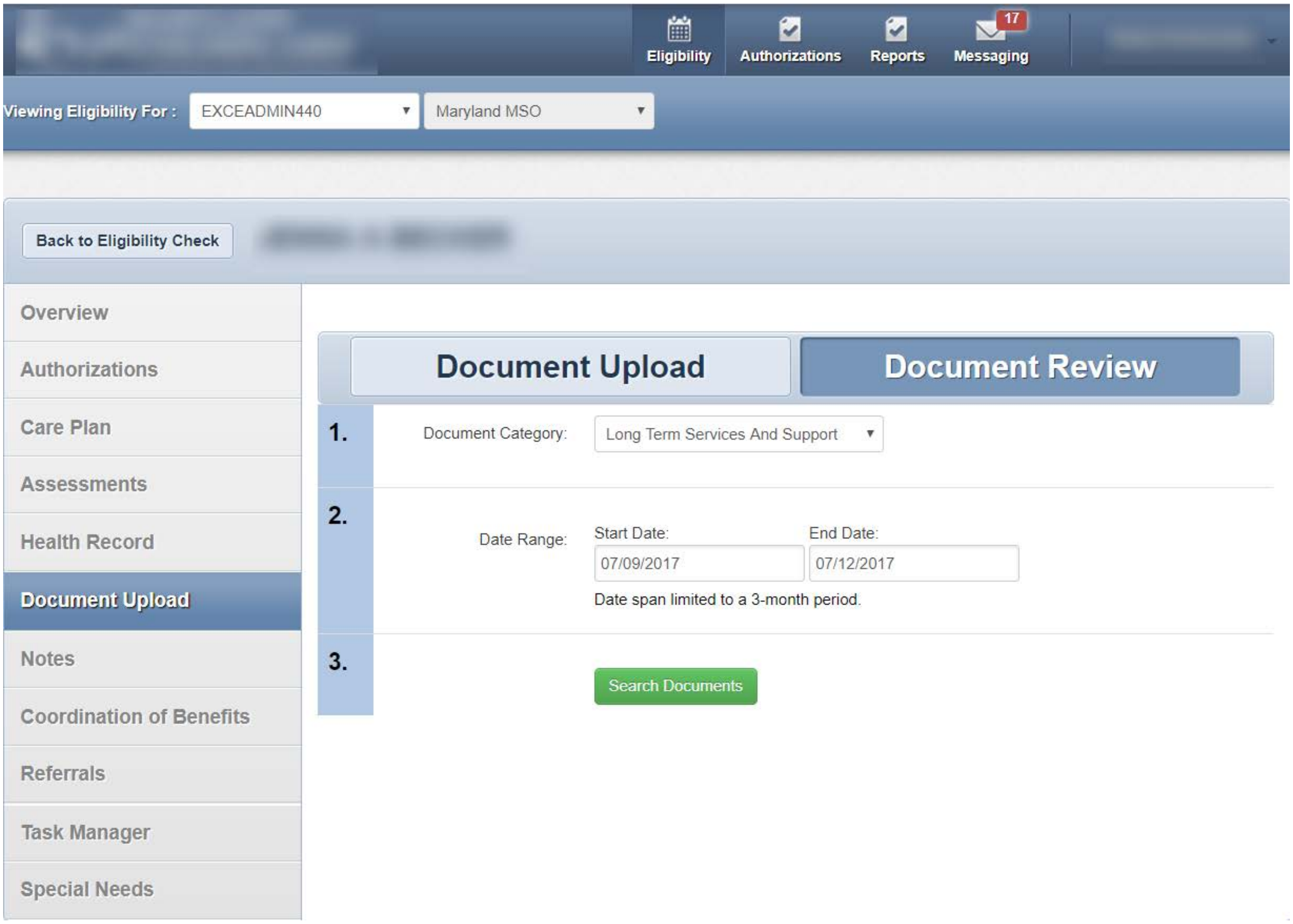


You have the ability to view documents that have been uploaded from the Client Portal. Select Document Review then make a selection in Document Category of Long Term Services and Support and enter a Date Range into the Start Date and End Date—please note **Date span is limited to a 3 month period.**



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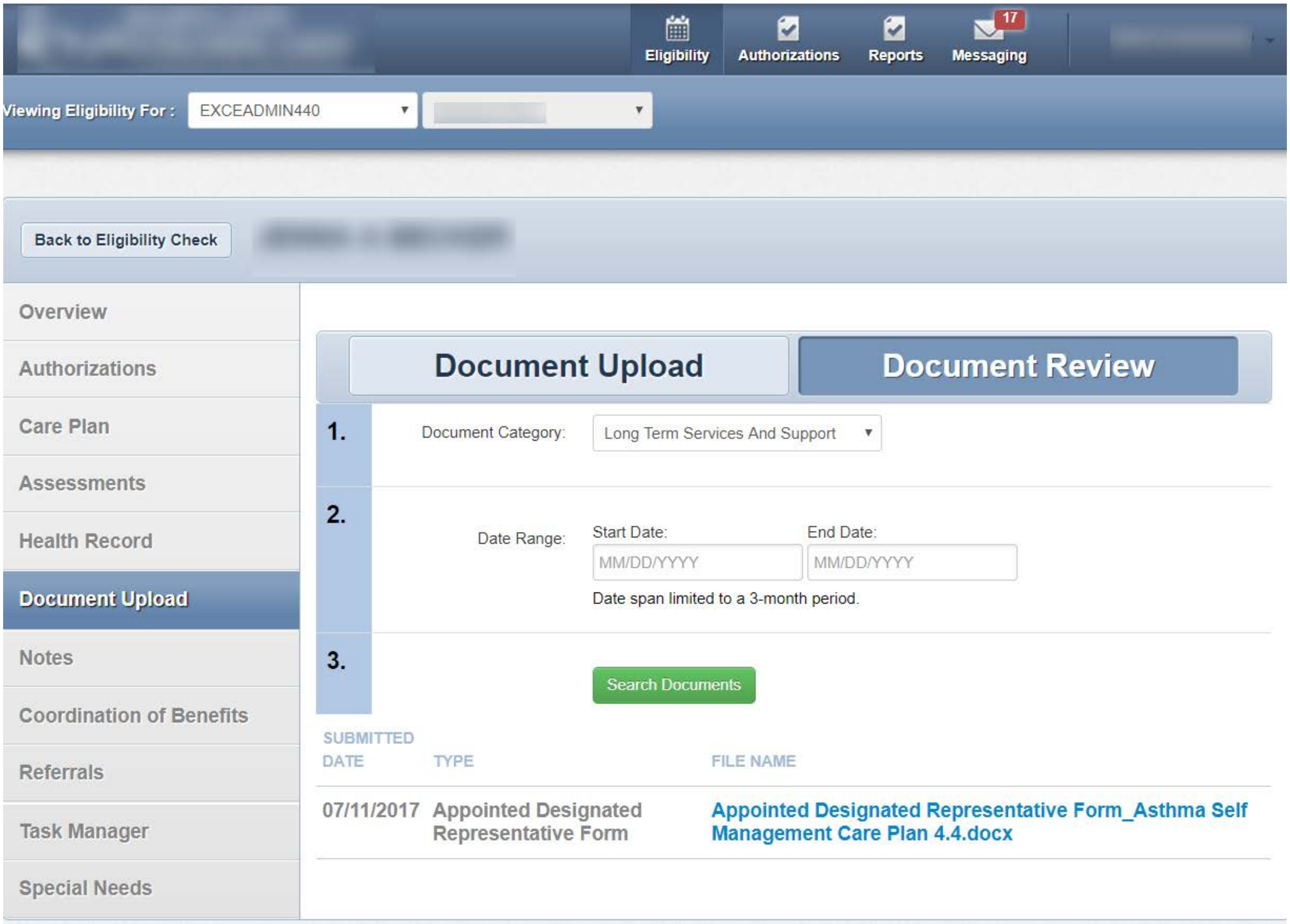
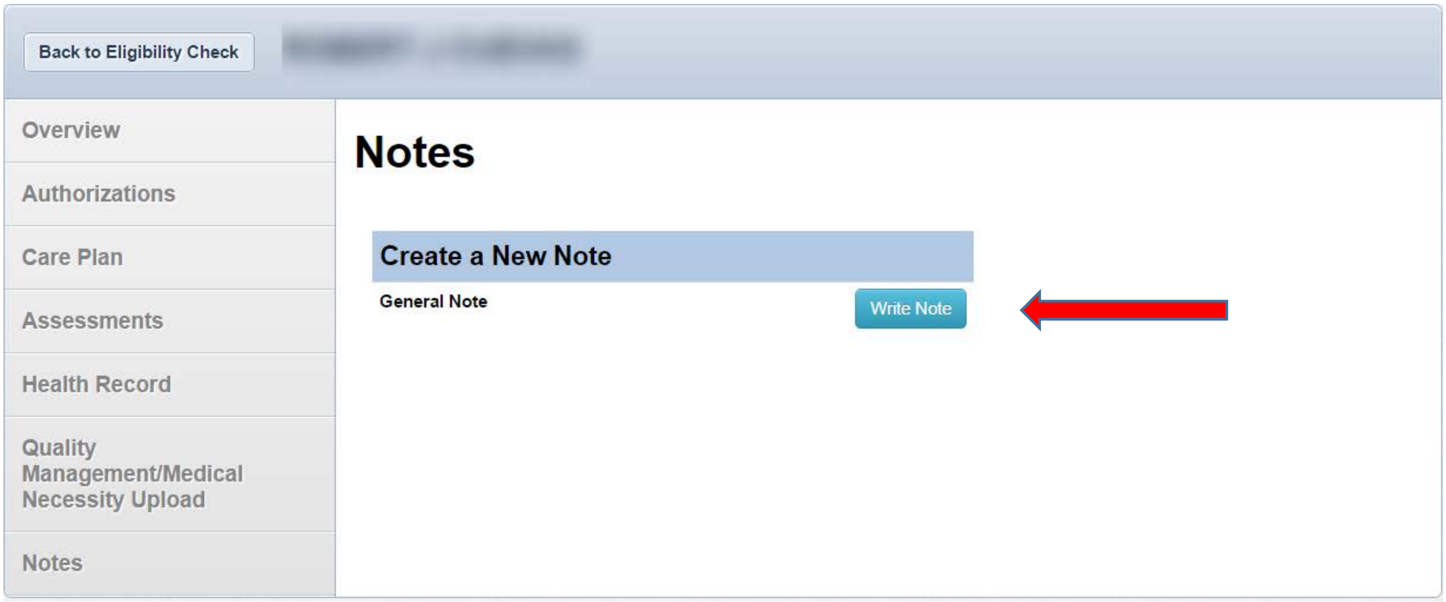
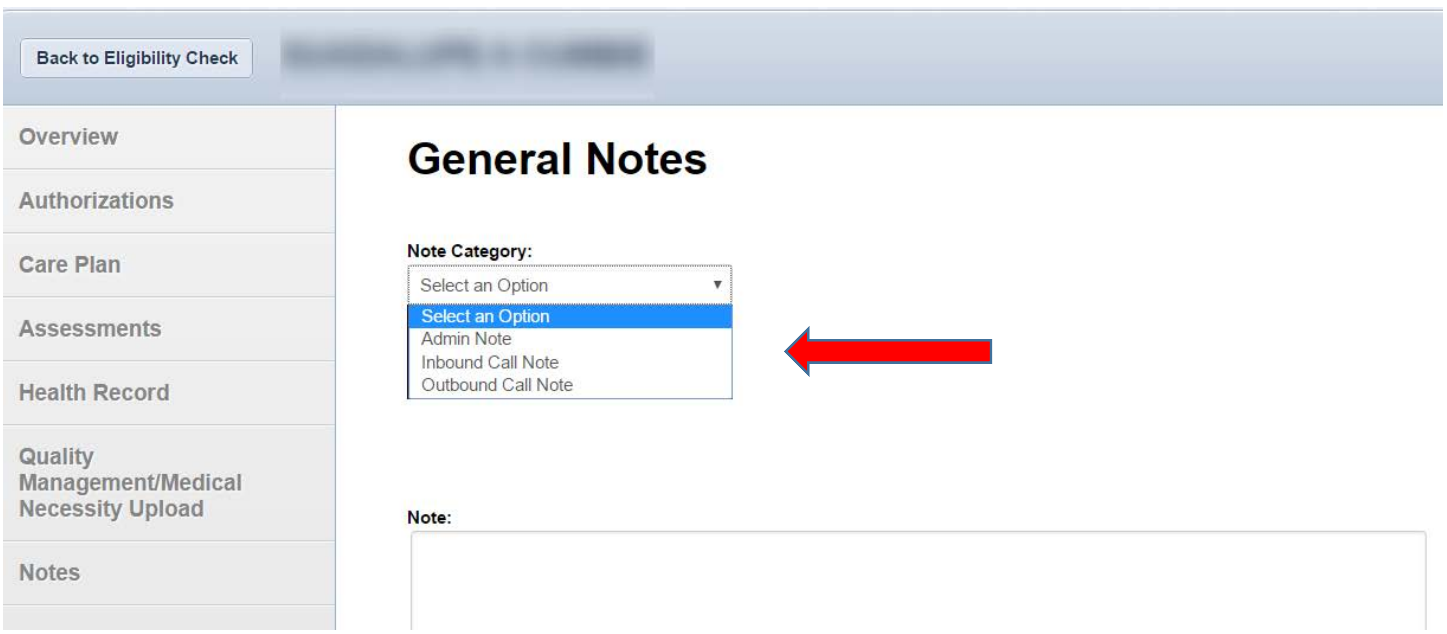


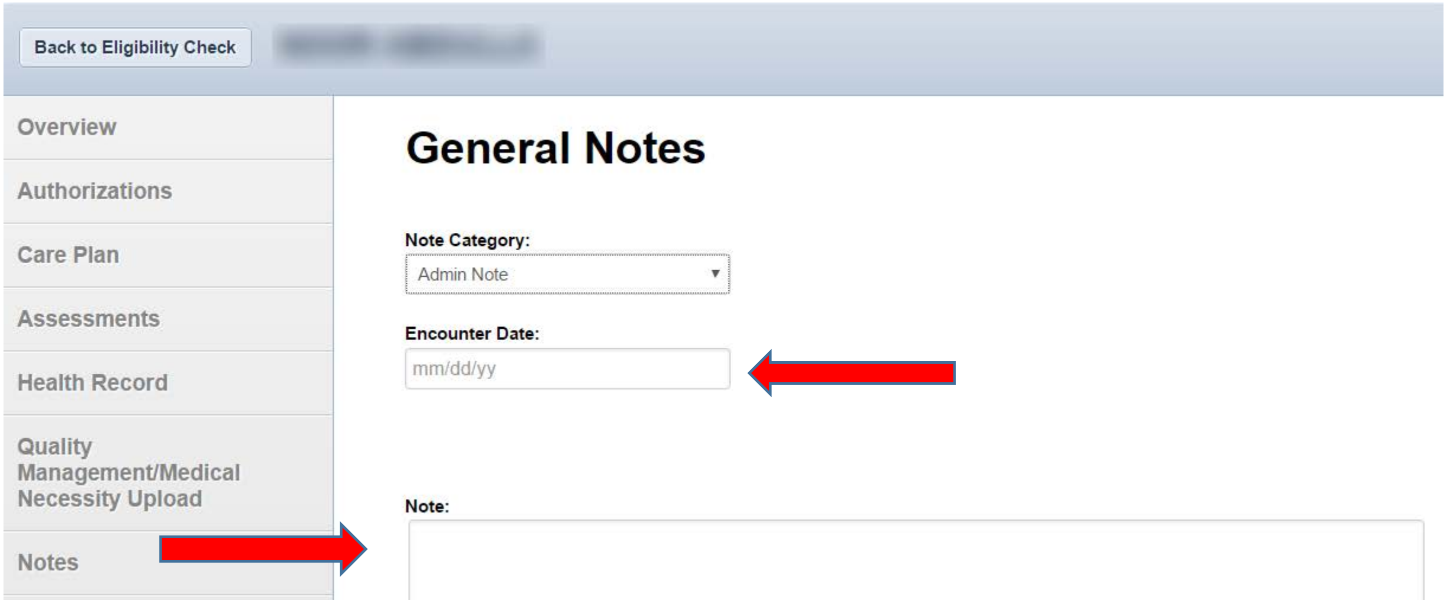
When the Notes tab is selected—Write Note must be clicked.



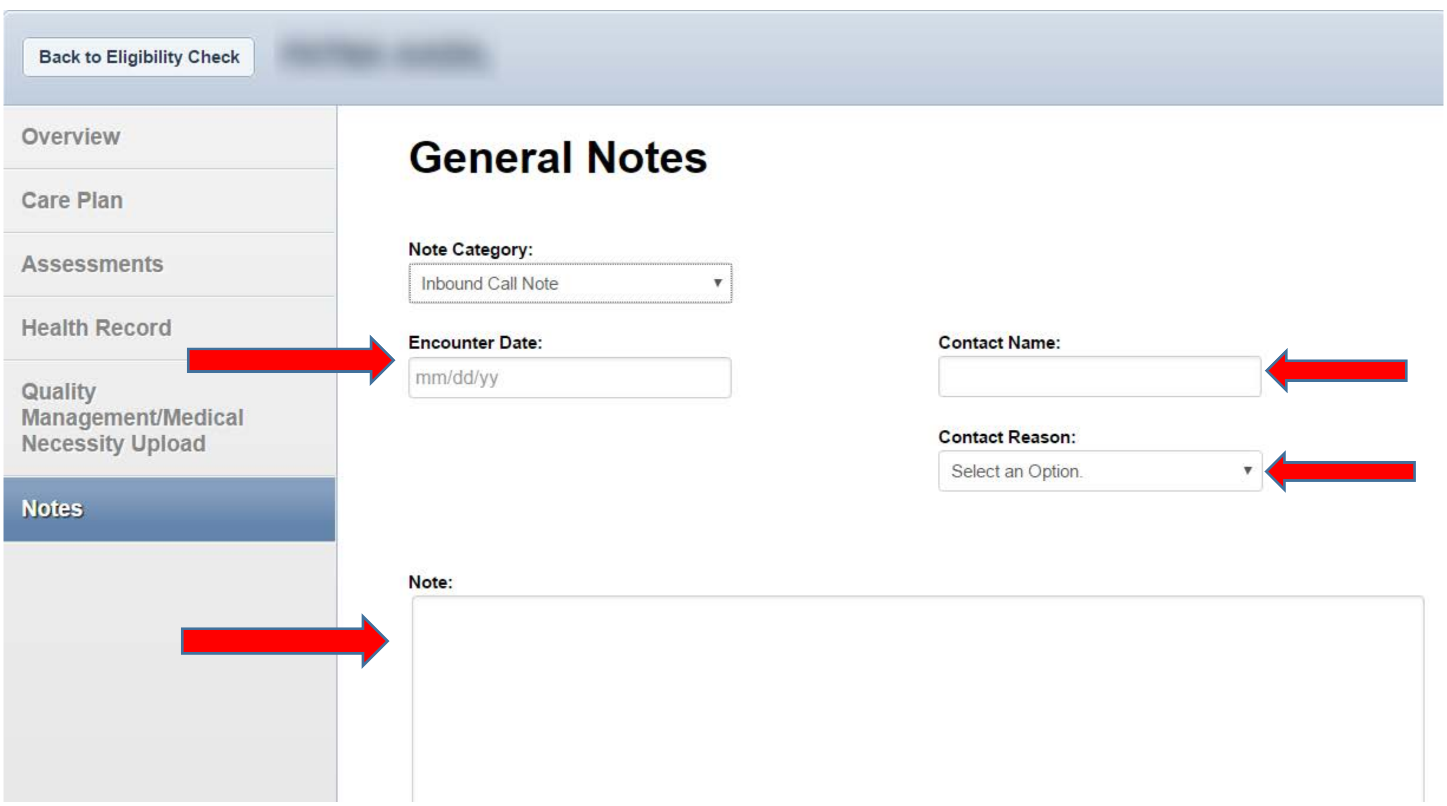
General Notes will open and you must select an Option from the drop down box.



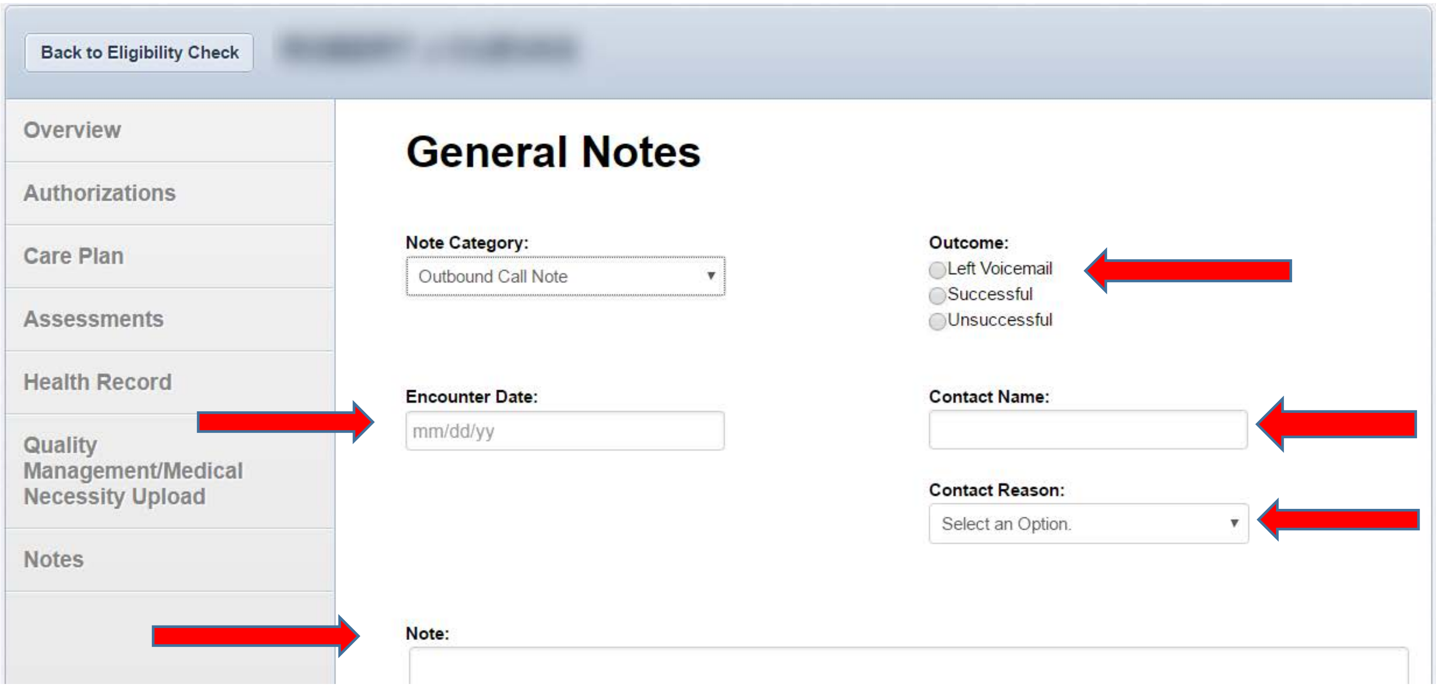
Admin Notes selection will display the following: Encounter Date and Note. You must complete Encounter Date and Note area—there is a 9,500 character limit inside the Note area.



Inbound Call Note will display the following: Encounter Date, Contact Name, Contact Reason, and Note area. You must complete Encounter Date, Contact Name, Contact Reason and Note area—there is a 9,500 character limit inside the Note area.

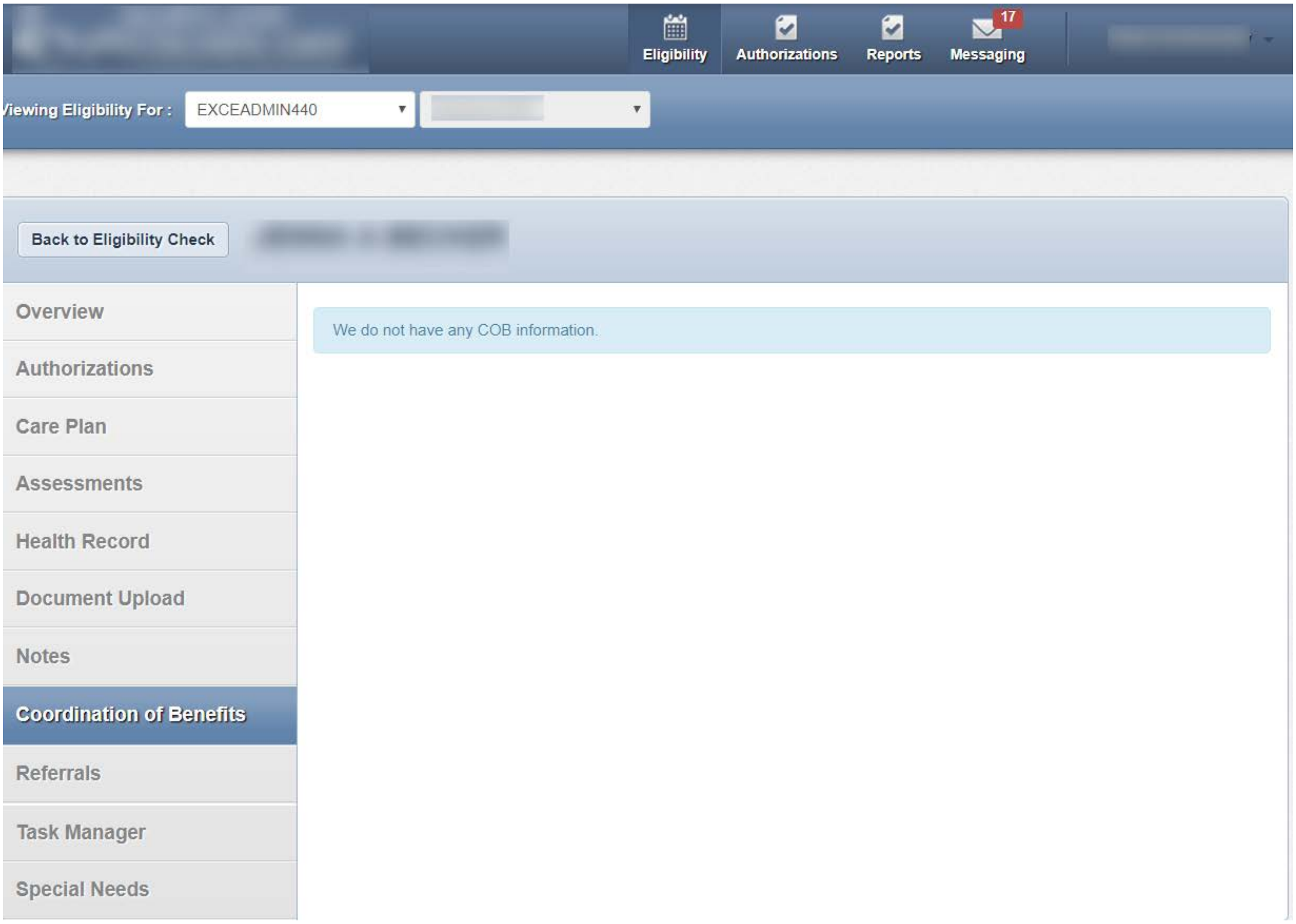


Outbound Call Note will display the following: Encounter Date, Outcome, Contact Name, Contact Reason, and Note area. You must complete Encounter Date, Outcome, Contact Name, Contact Reason and Note area—there is a 9,500 character limit inside the Note area.

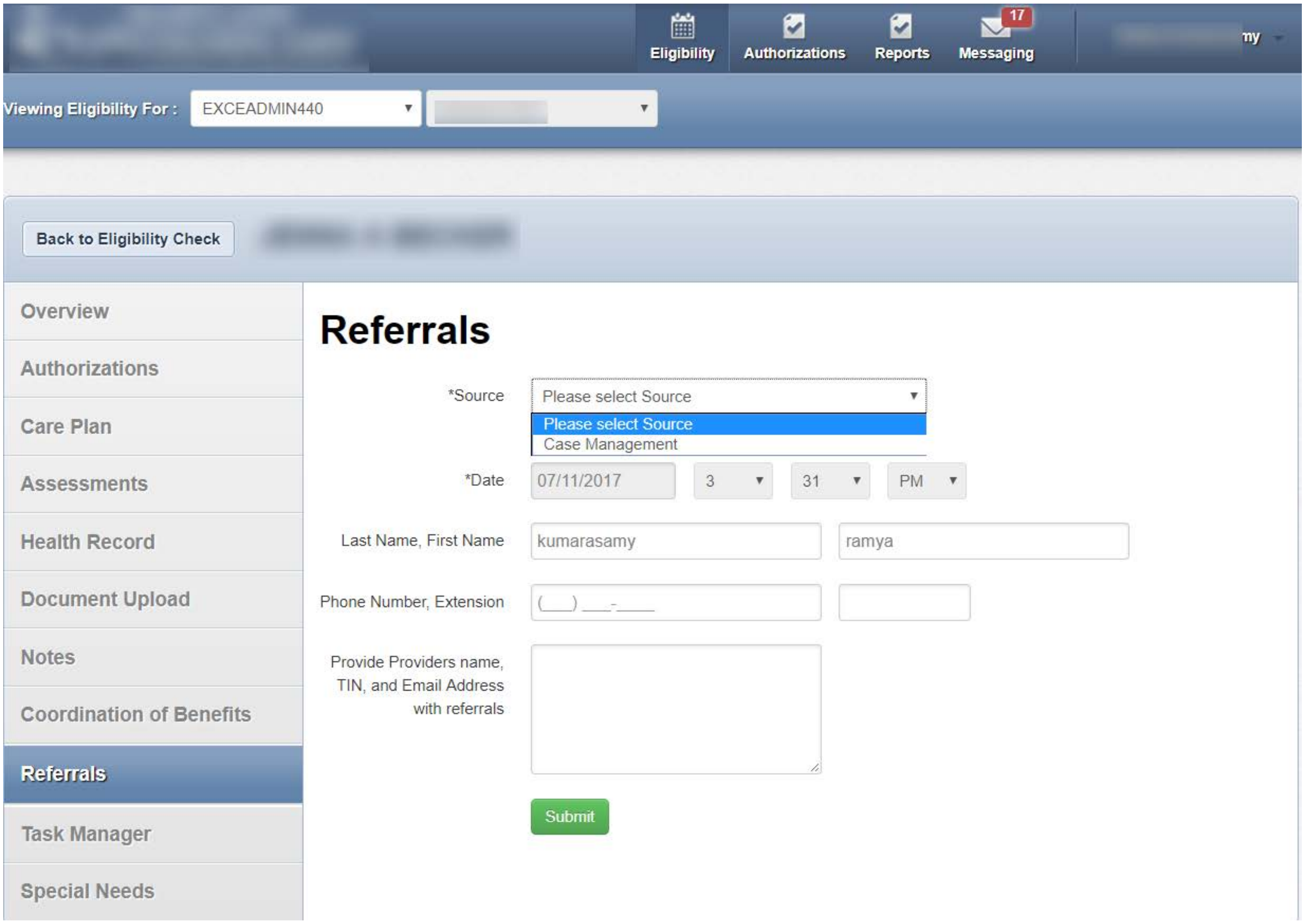


Click on the Coordination of Benefits tab.

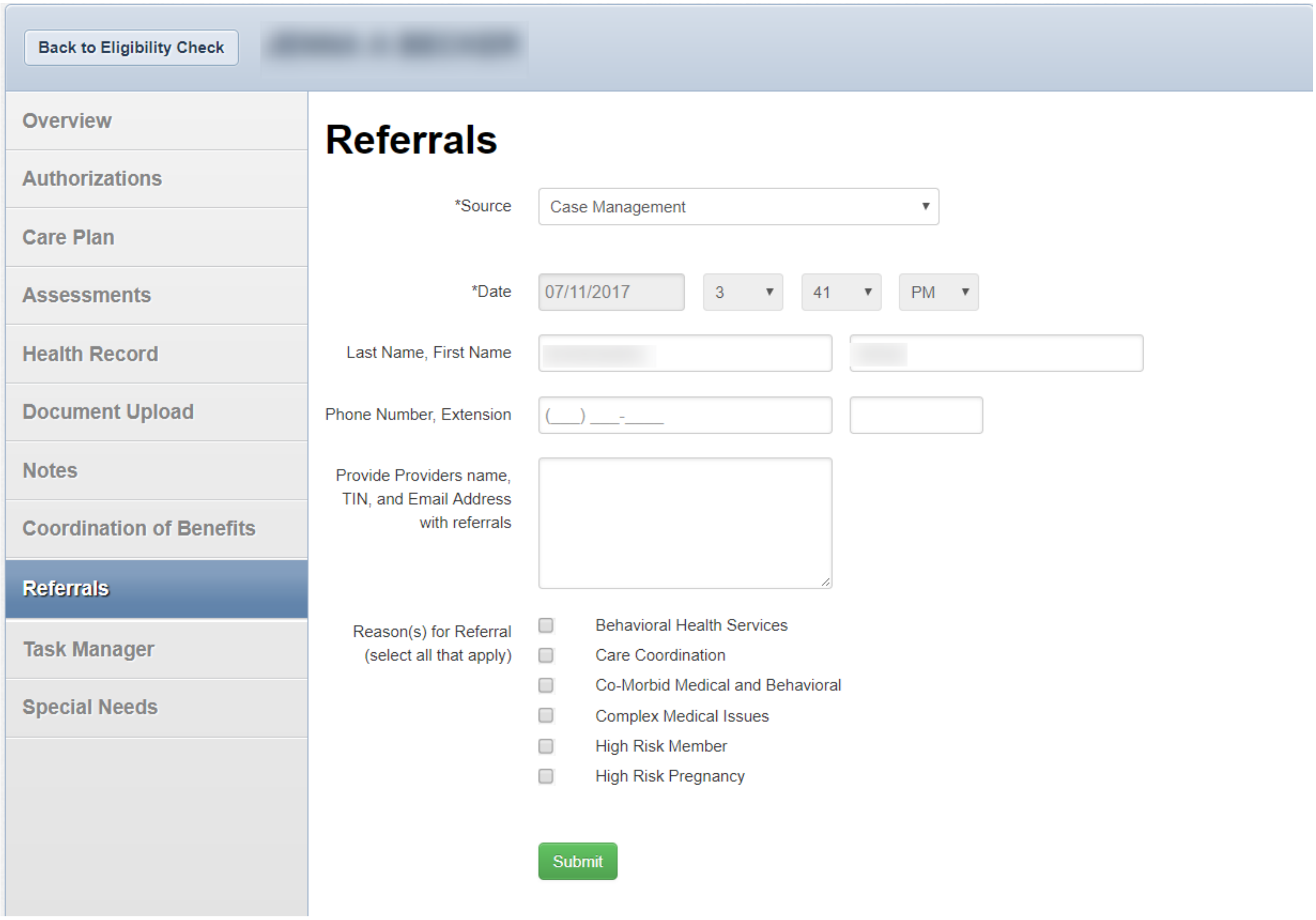
- Coordination of Benefits will display on the member



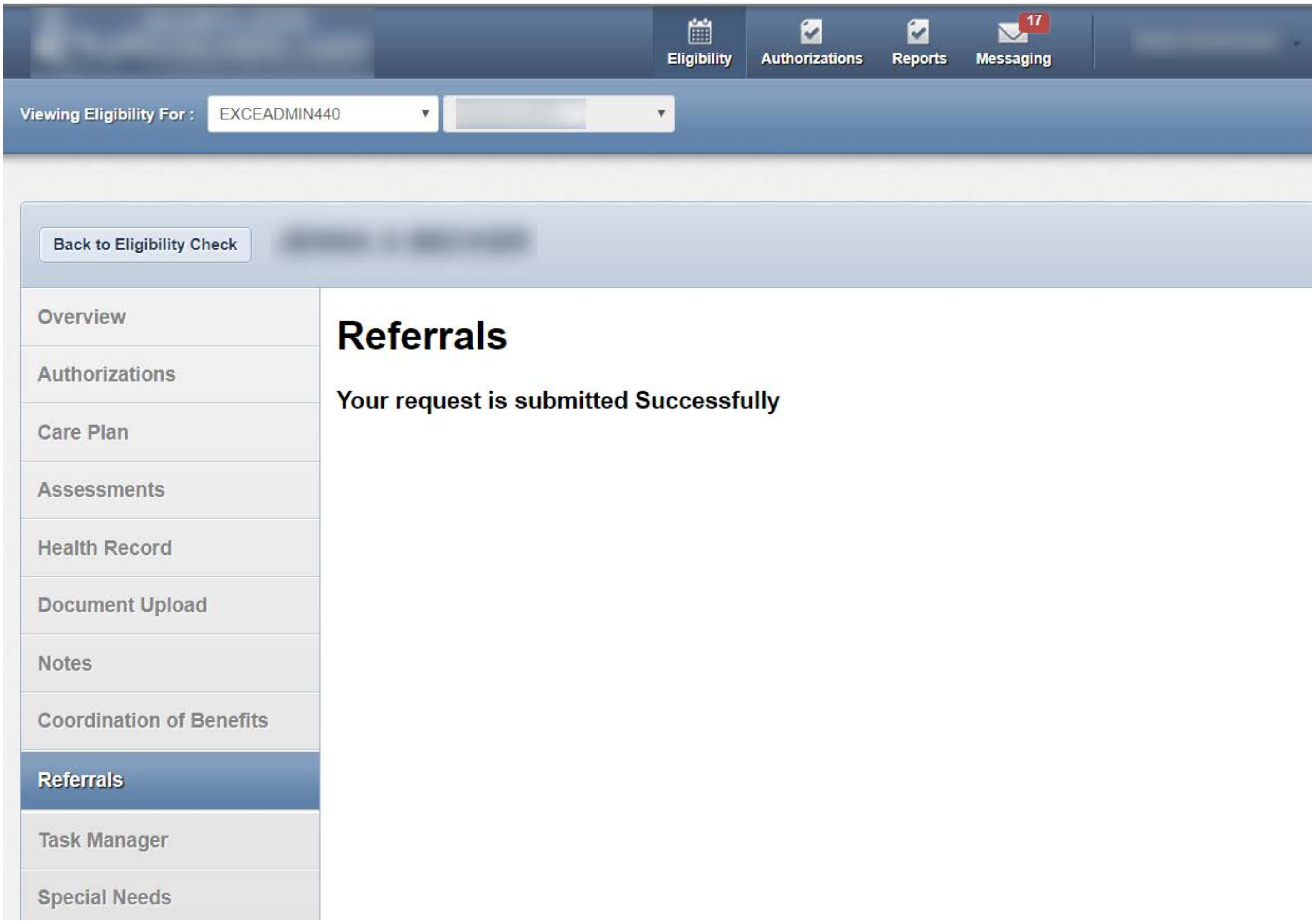
Select the Referrals tab—you will have the ability to create a Case Management Referral. When a referral is submit to TruCare, it will generate a task that can be found on the member's health record and in the specific queues



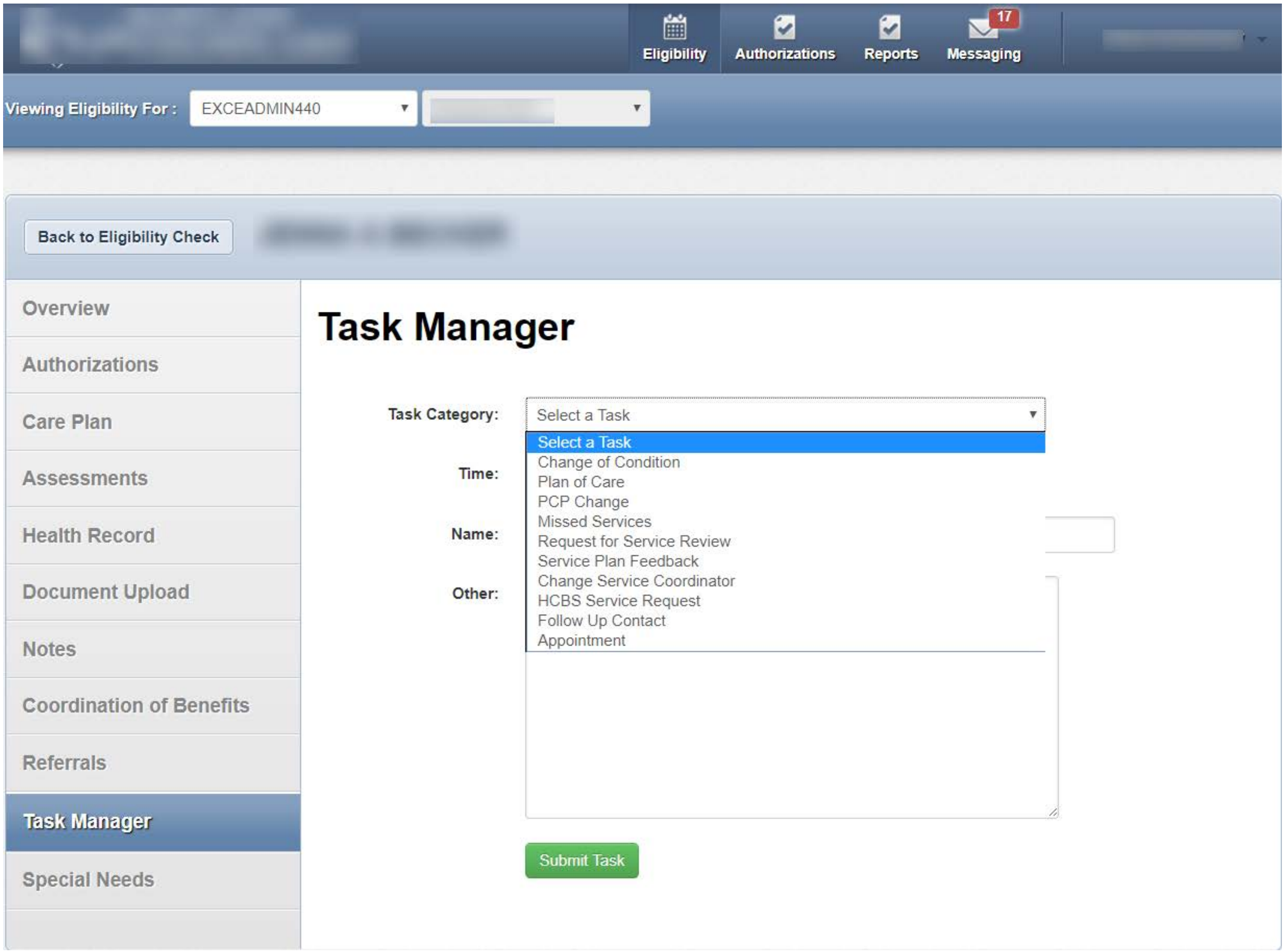
Complete applicable fields



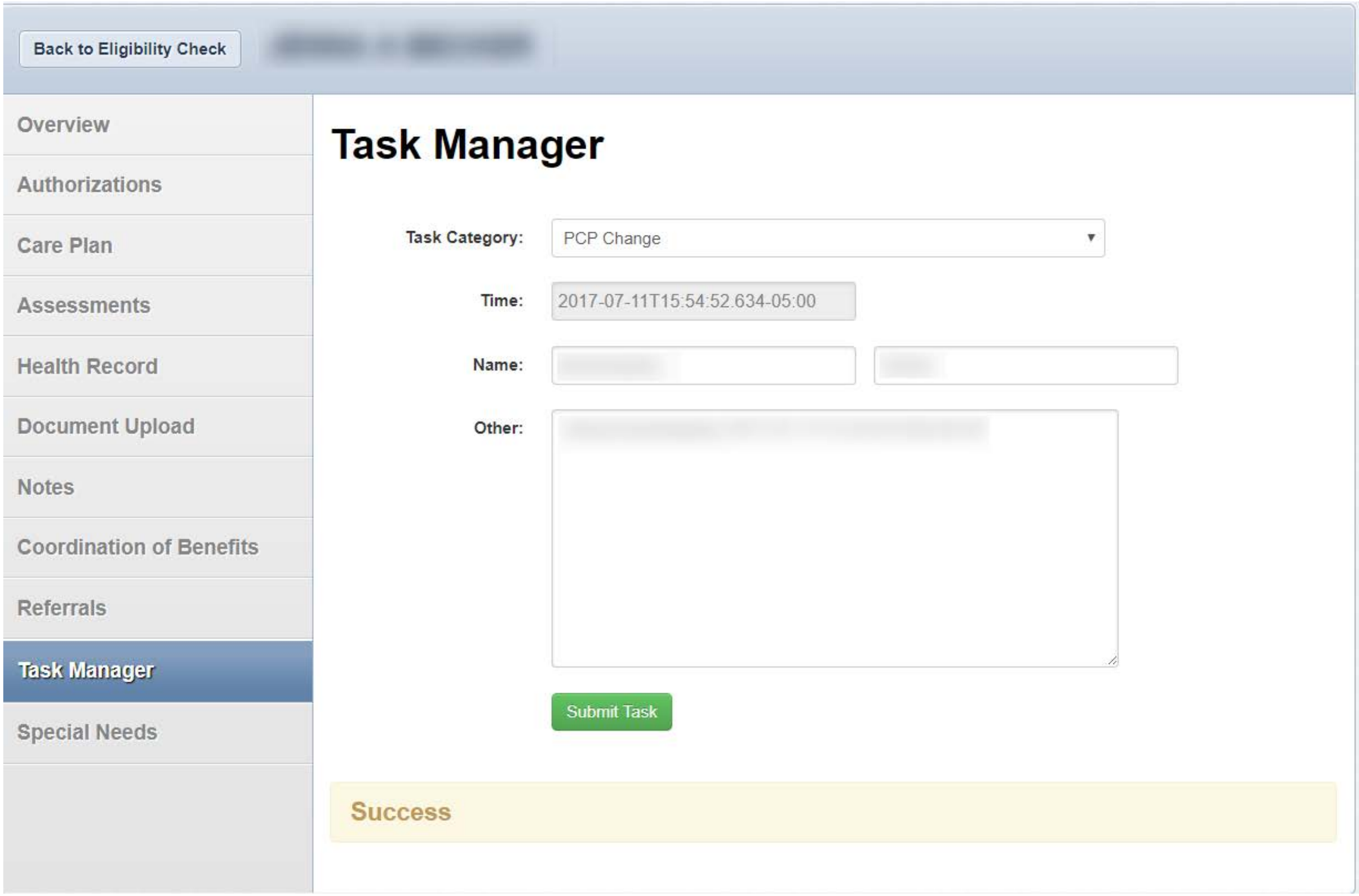
When a referral is submit to TruCare, it will generate a task that can be found on the member's health record and in the specific queue.



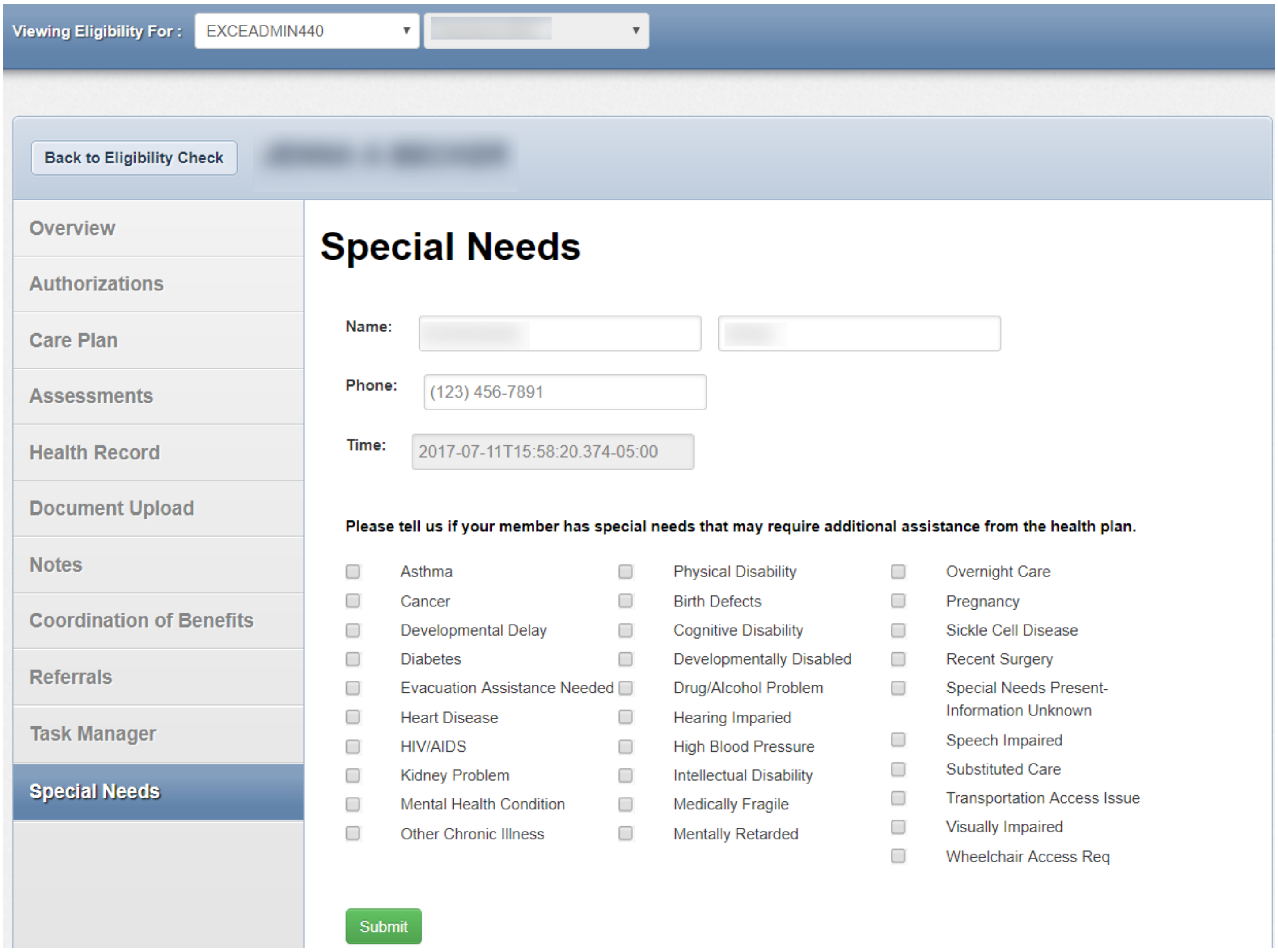
When Task Manager is selected you will have the ability to create a task. This task will be visible on the member's record.



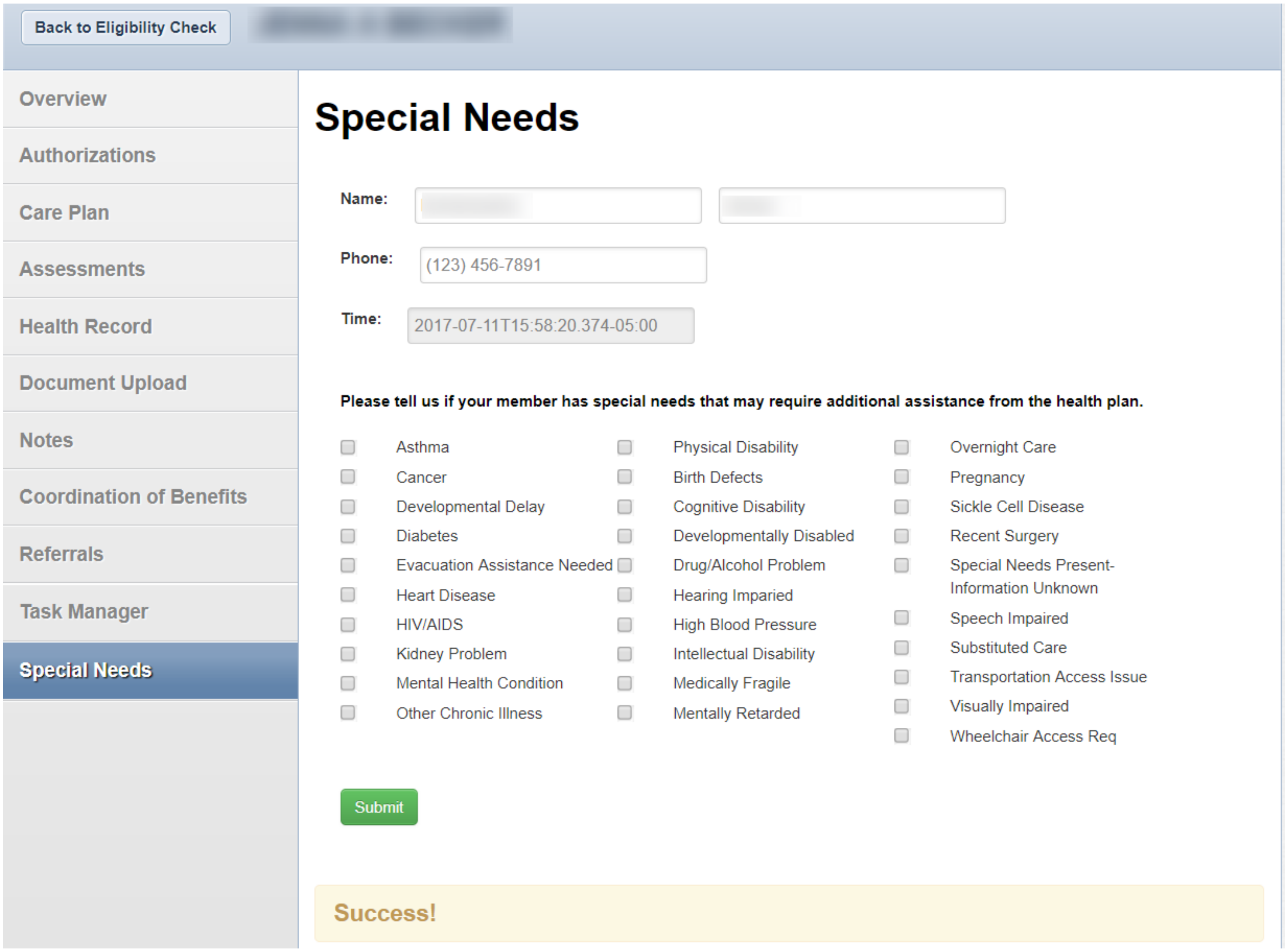
When Submit Task submission is successful you will receive the following:



When you select Special Needs complete applicable fields.

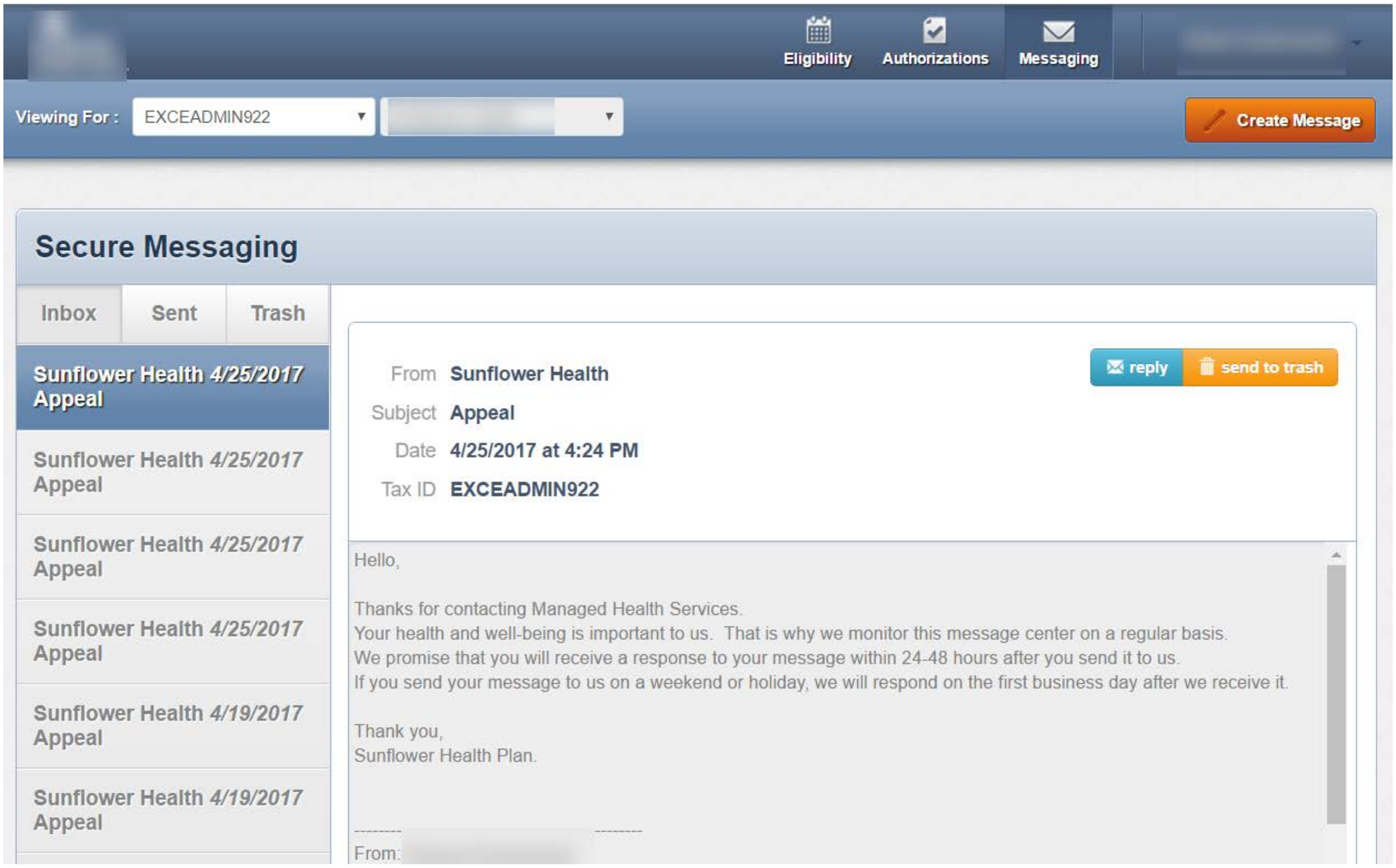


When Special Needs submission is successful you will receive the following:



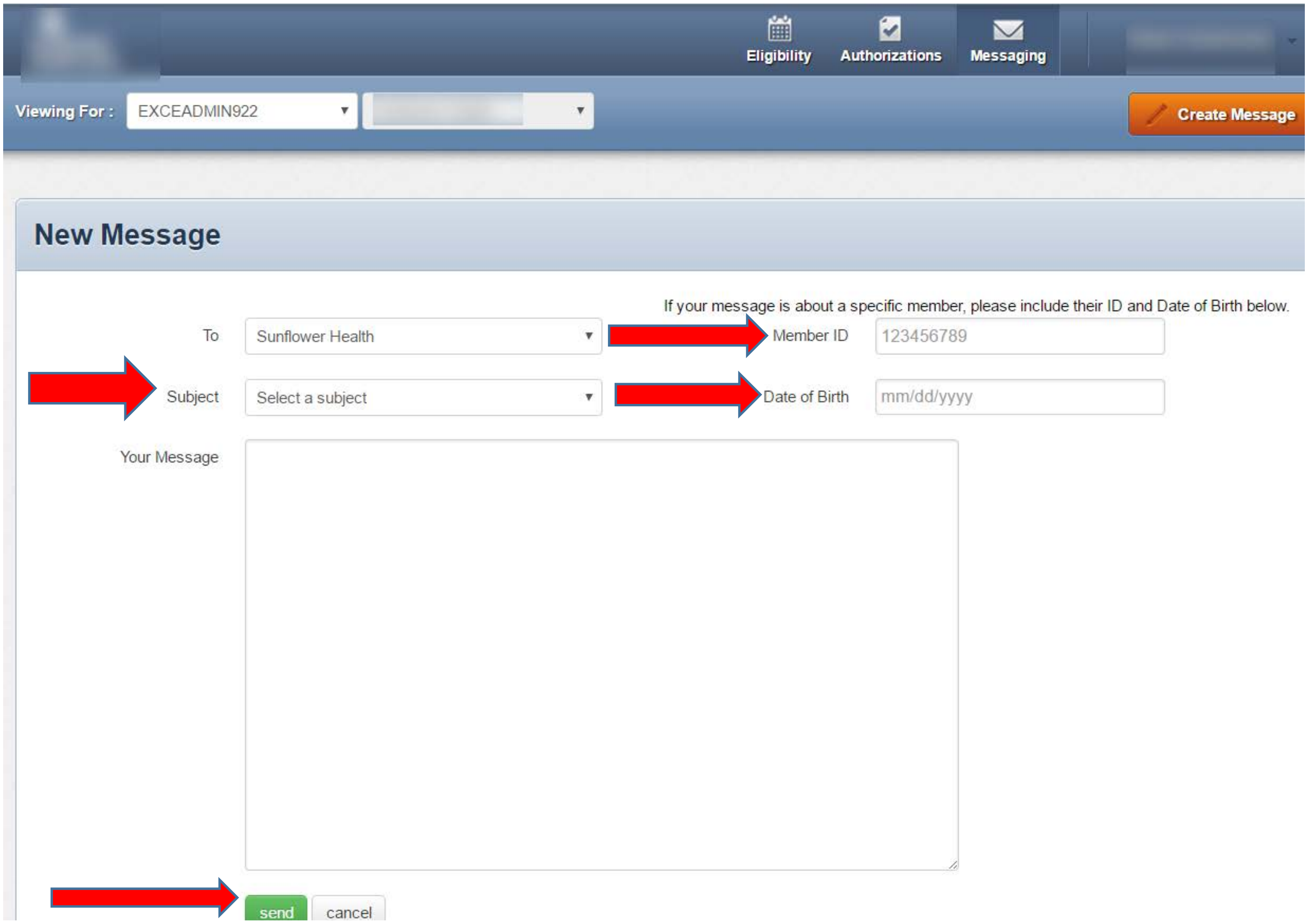
To send a Secure Message

- Click Messaging from the Dashboard
- The Secure Messaging Inbox appears displaying any messages for that user.

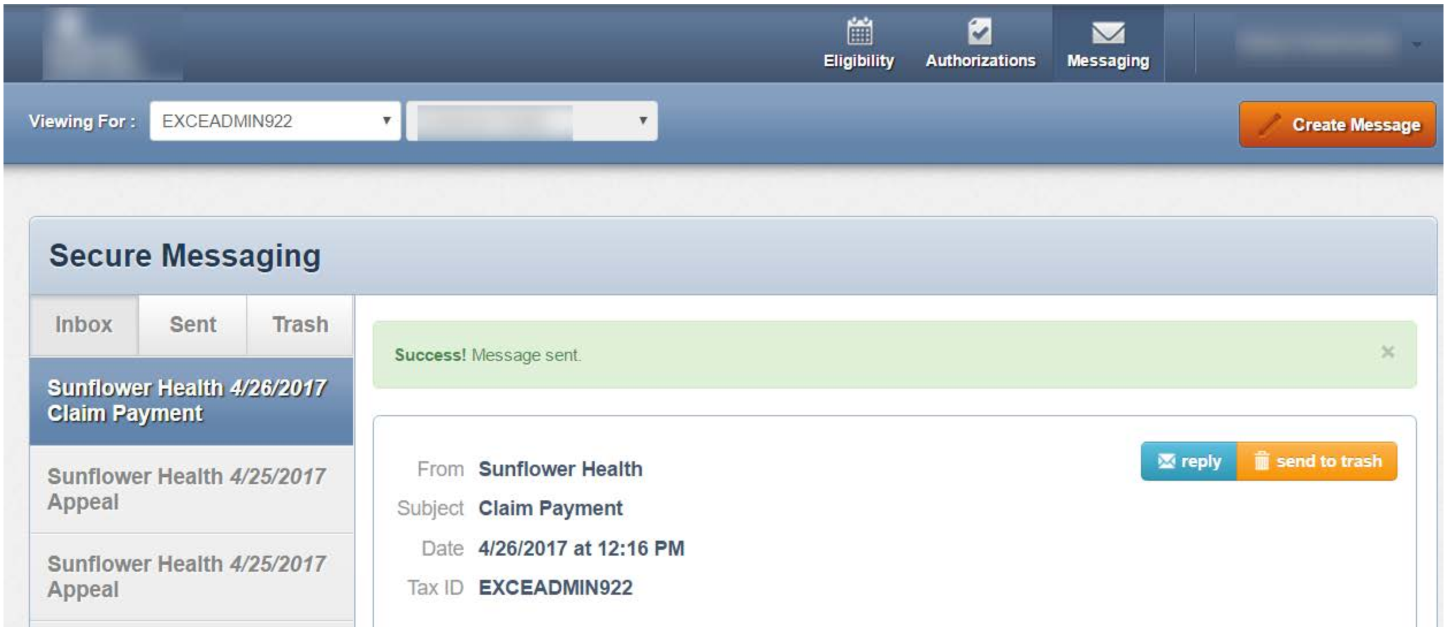


To create a Secure Message

- Click Create Message
- In the New Message screen the To field is populated
- You are able to select a Subject from the drop down menu
- If this message is regarding a Member complete the Member ID and Date of Birth fields
- In the Your Message field you can type the message to the Health Plan staff.
- Click Send when complete.

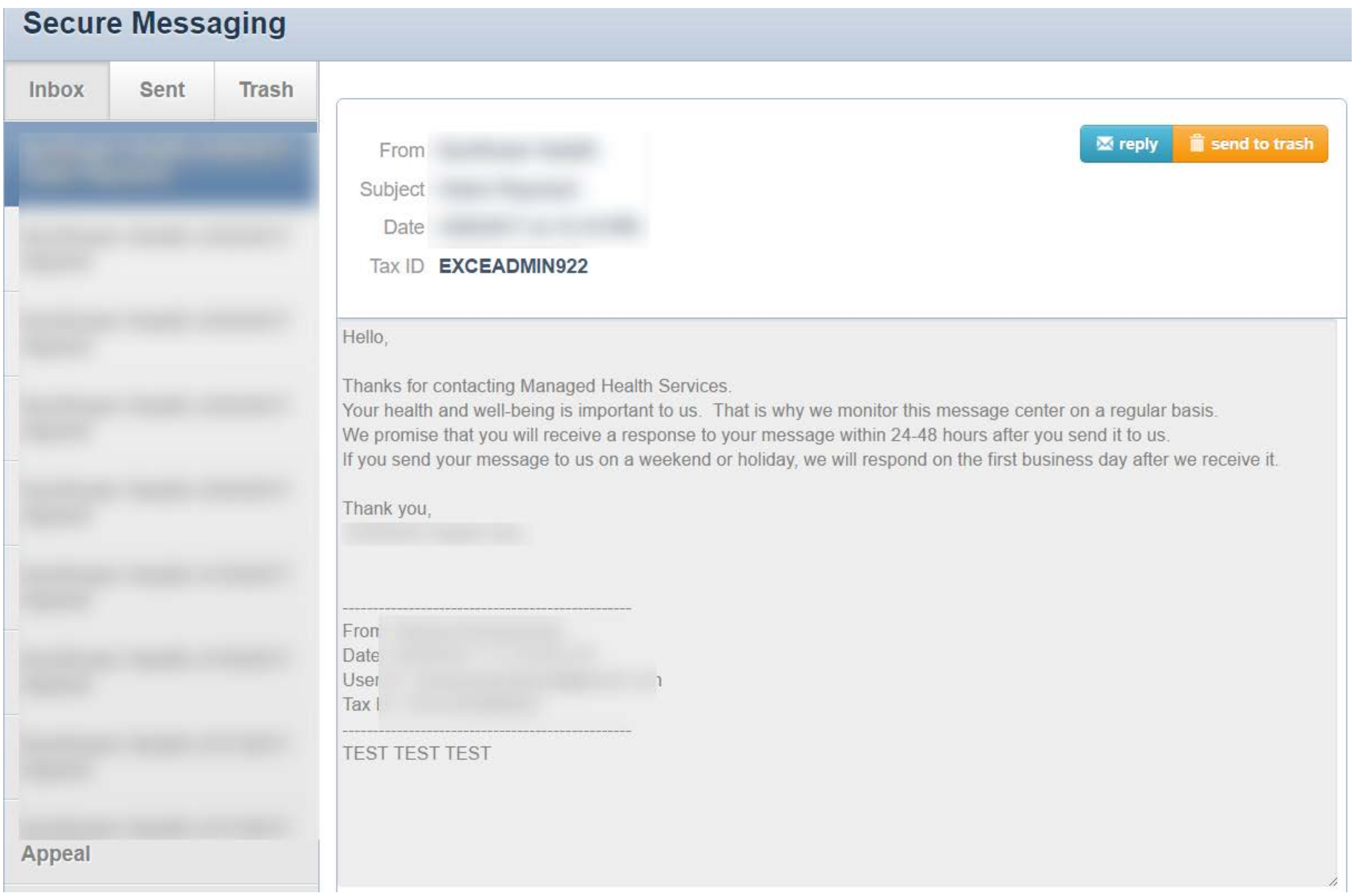


- A confirmation message appears that your message successfully sent.



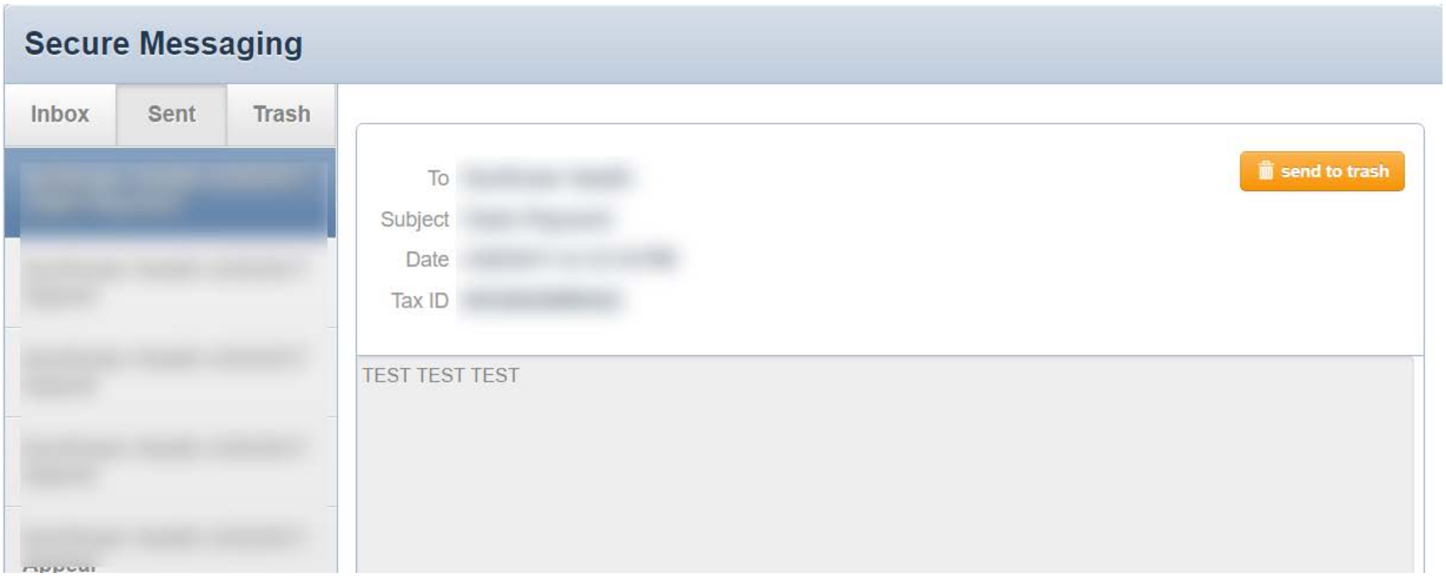
The Inbox will allow you to view received messages

- Click Inbox—your message will appear
- To send to Trash—click the Send to Trash button



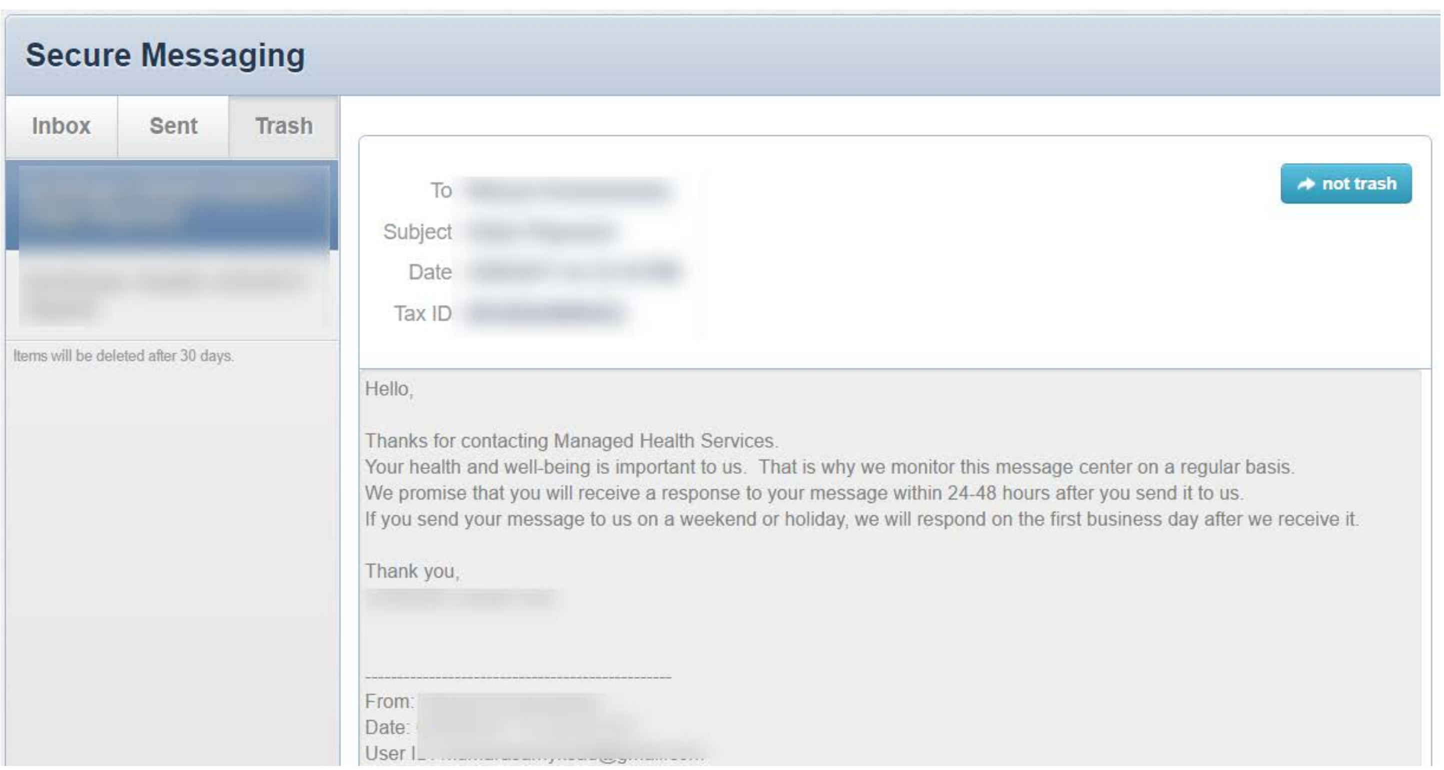
To view Sent messages

- Click Sent—your message will appear
- To send to Trash—click the Send to Trash button



To view message sent to Trash

- Click Trash—the messages sent to Trash appear
- **Note:** The message sent to Trash will be deleted after 30 days.
- If a message is not trash but is found under the Trash tab, you can reverse it by clicking the Not Trash button



Reports may be available based on the access that you have and the Health Plan requested reports. Click Reports on the top ribbon you may see reports: