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:

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

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

**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. Reider, MD, MBA, FACS, CHCQM
Medical Director
Permedion

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

PATIENT NAME: LNAME, FNAME
RECIPIENT ID: 17557530
RECIPIENT DOB: 8/7/2011
ATTENDING PHYSICIAN:
OHI0 LICENSE NO.: OHI0 MEDICAID PROVIDER NO.: FACILITY NAME: CHILDREN'S HOSPITAL AKRON
FACILITY PROVIDER NO.: 1432523
PERMEDION ID: 17557530-1
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.

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**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.
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.