myPRES Provider Portal

User Guide

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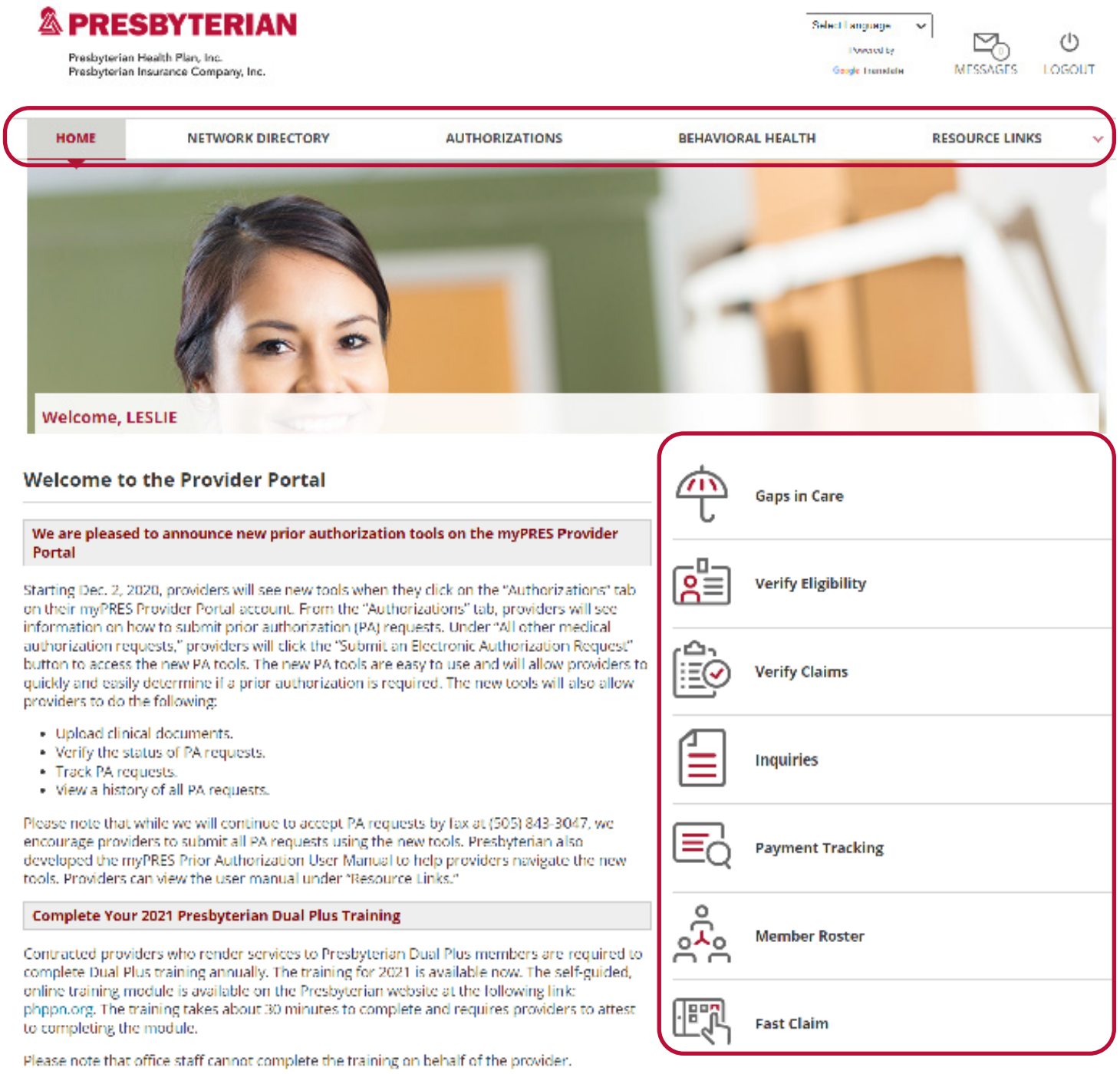
myPRES Provider Portal Welcome Page

The myPRES Provider Portal home page contains a menu bar and quick lings to reach other areas of the portal. We will review each area in the user guide.

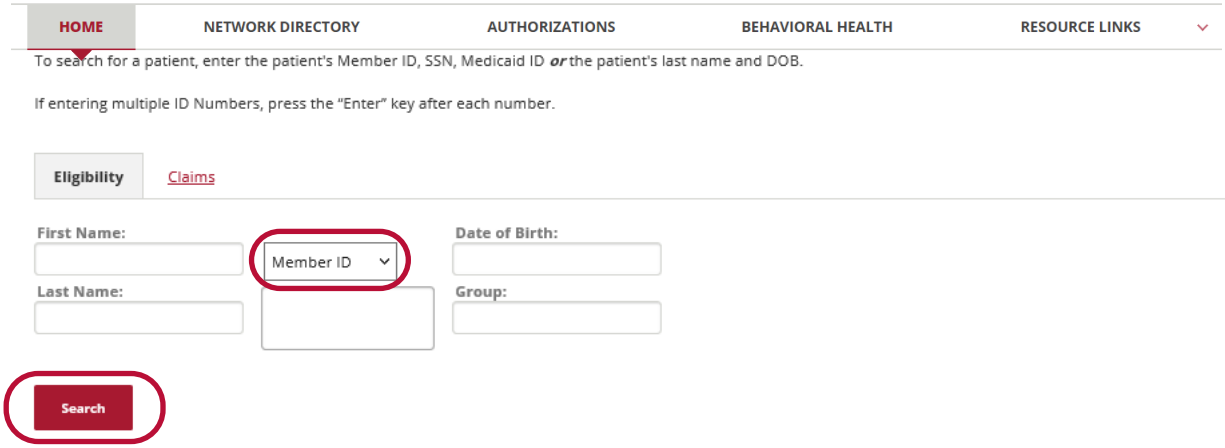


Provider Tools

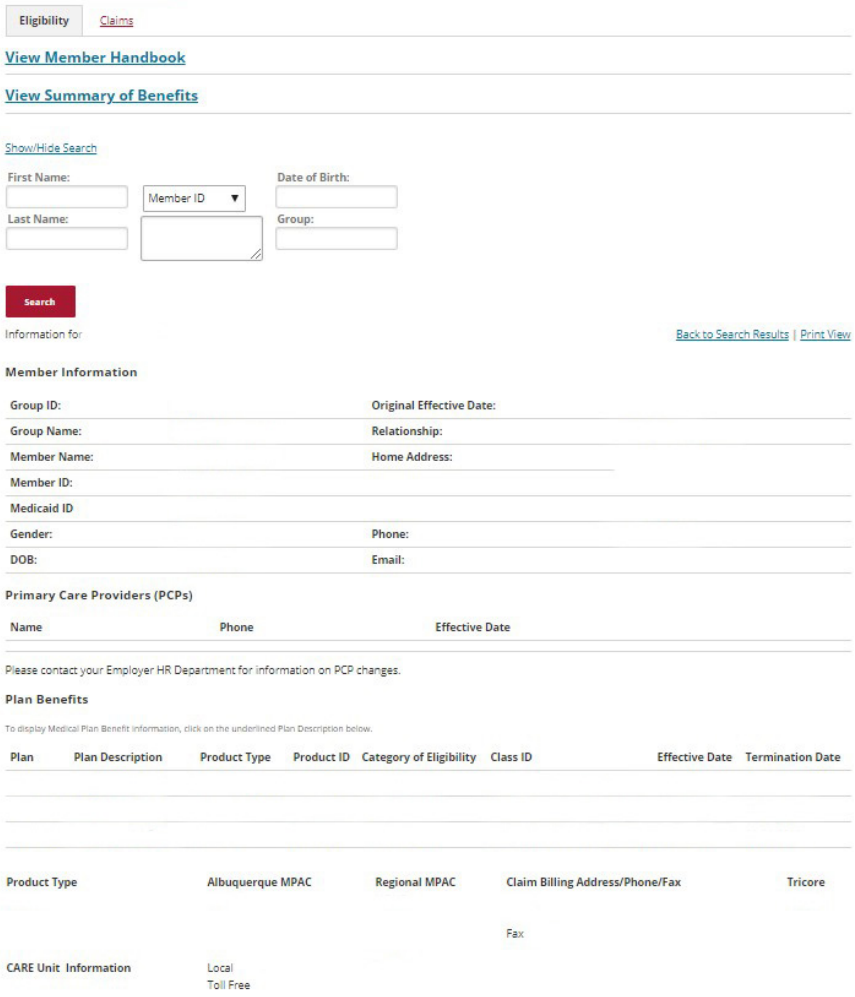
The toolbar along the right side of the screen contains quick link buttons that link to services where providers can look up a member's eligibility information, check the status of a claim, request a claim adjustment, find the payment status of a claim and bring up a member roster that is applicable to the provider's patient base.

Verify Eligibility

The Verify Eligibility quick link provides access to member eligibility information. The search requires entry of the member ID found on the member's ID card or entry of the patient's/member's last name and date of birth. If a provider only has a patient's/member's last name or date of birth, a search can also be performed by using that information with a Group number. Providers may search for multiple member ID's at the same time by entering a member ID, clicking the "Enter" button after each entry, then clicking on the "Search" button to activate the search.

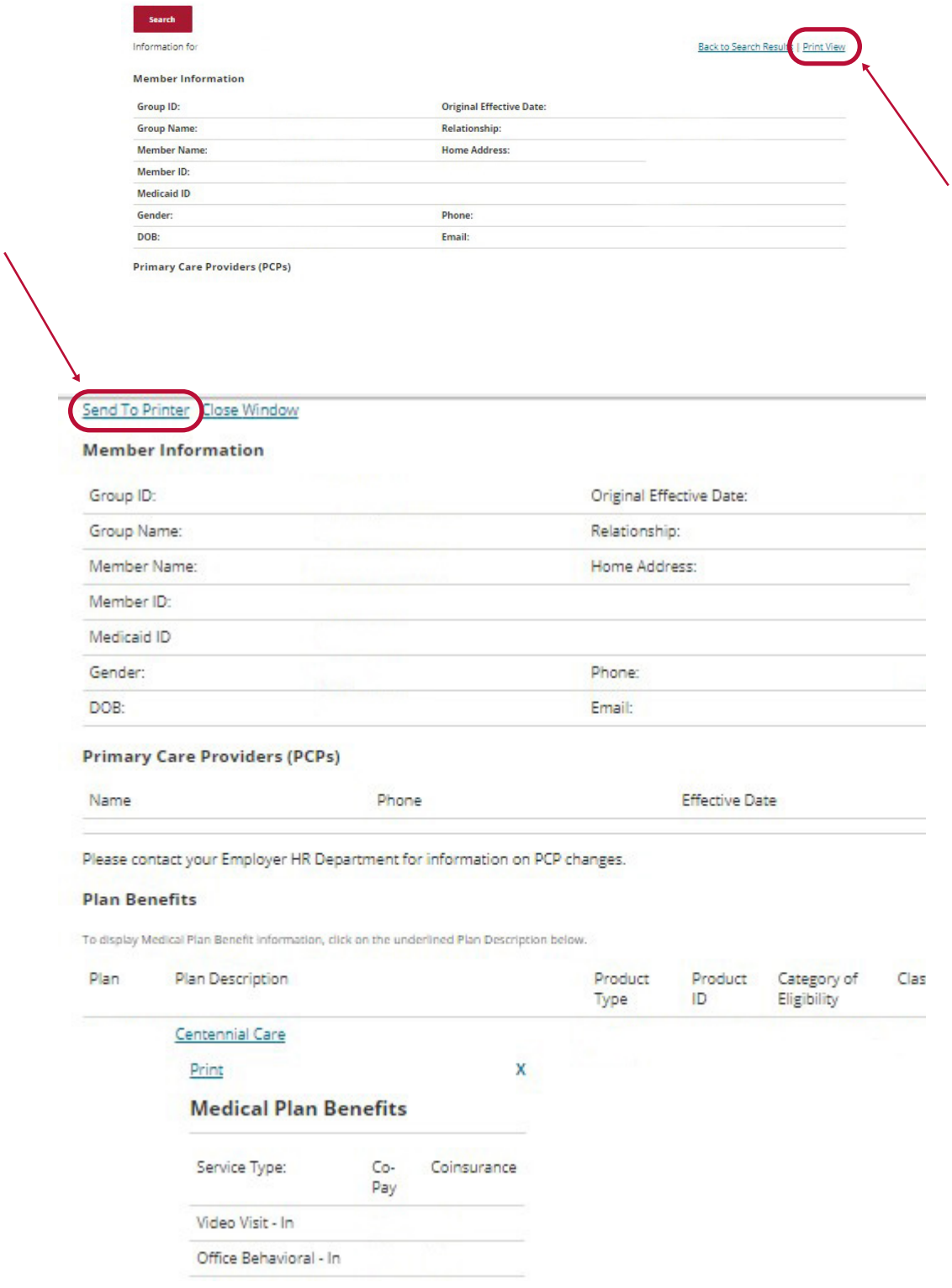


After the search results screen appears, click on the member's name to see the eligibility details. The data on the results screen can be sorted by clicking on the column headings.



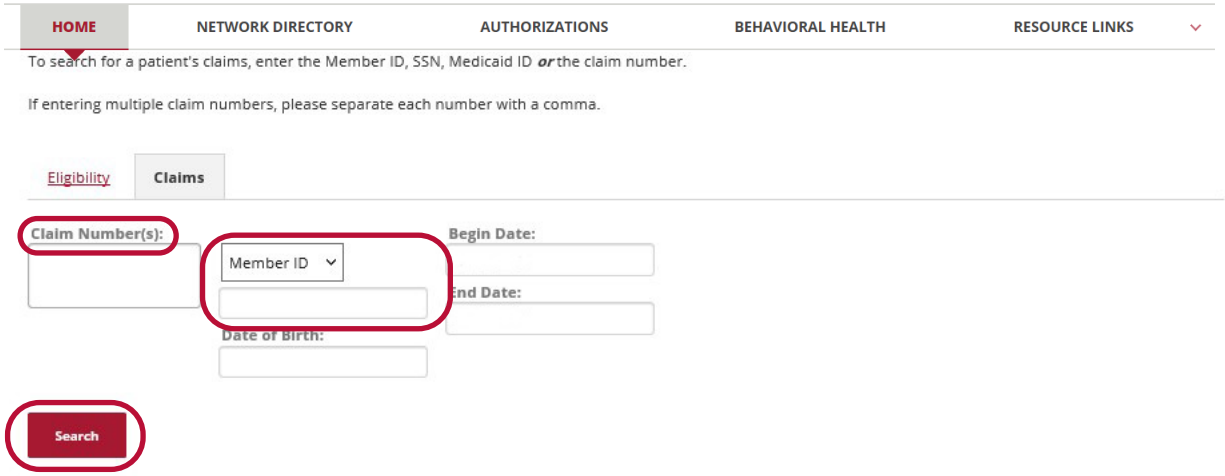
Eligibility Detail contains access to the Network Directory where a provider search can be performed. The link for this service is located under the Provider Care Providers (PCPs) section. This same service can be accessed from the menu bar by choosing “Network Directory” service.

Within the “Eligible For” section, there is a link from the medical Plan Description where a provider can access summary information concerning the co-pays, coinsurance, out-of-pocket and plan limits of benefit plan under which an individual is covered. A Print View option is available if a copy ot the summary must be kept on file.

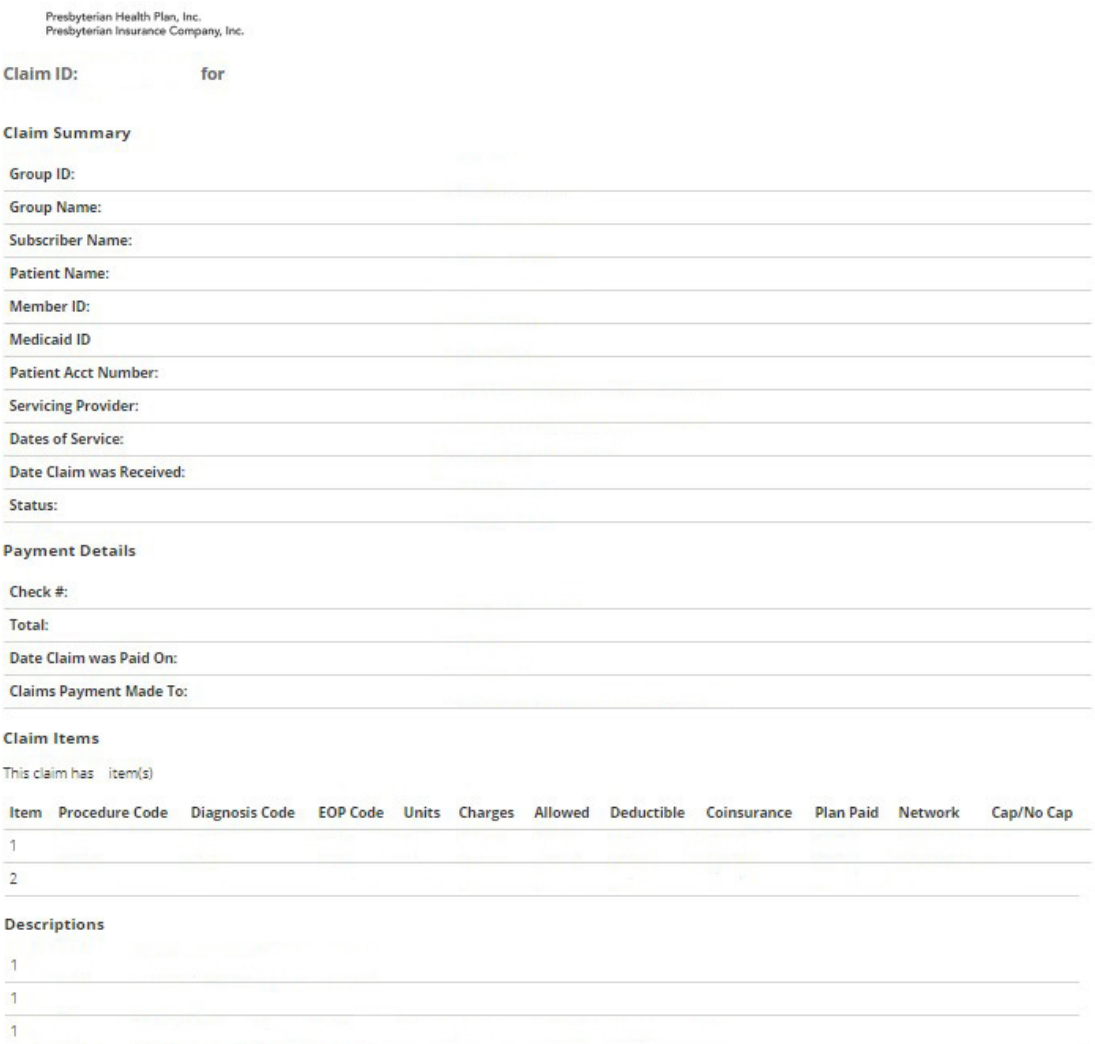


Verify Claims

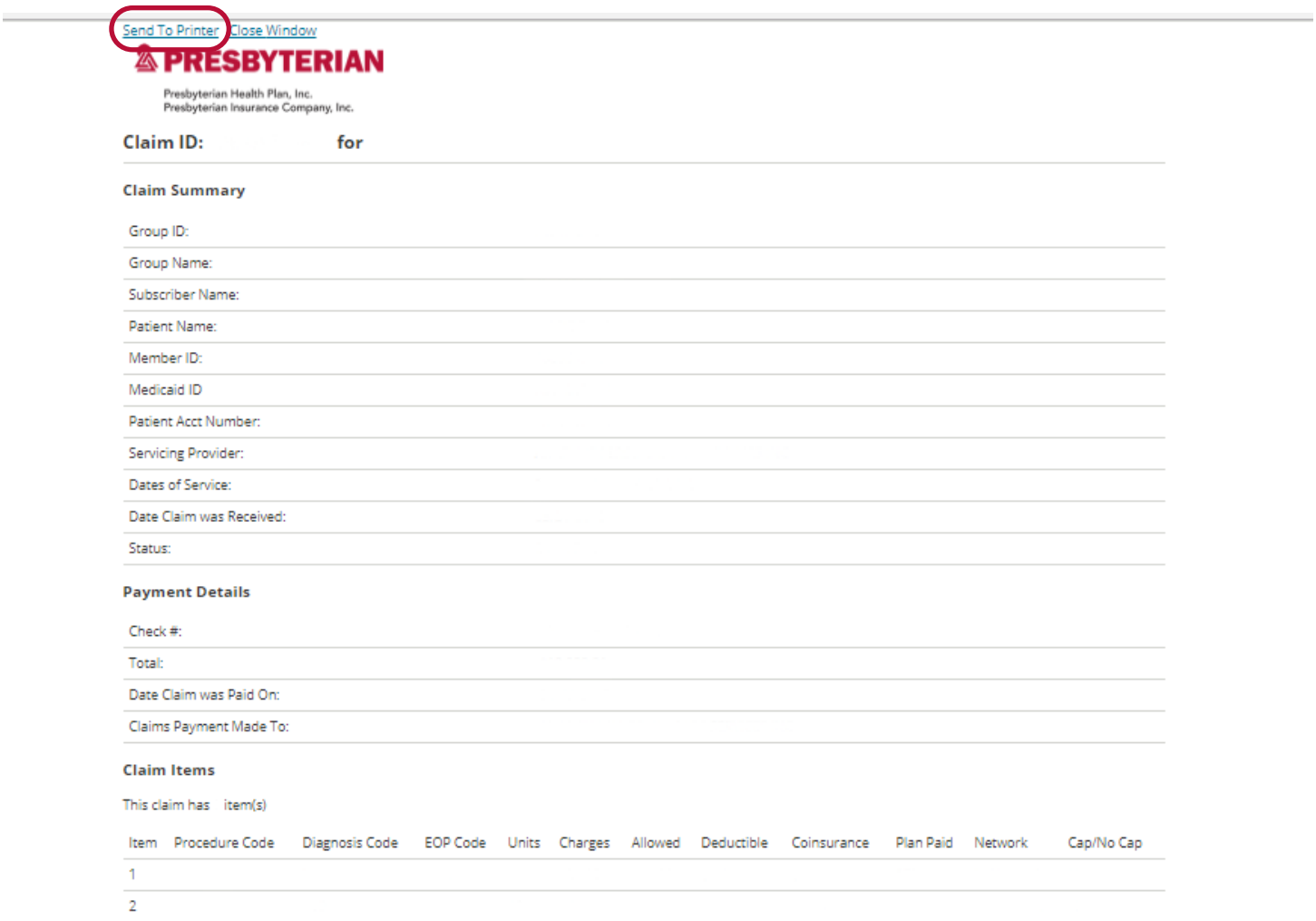
This quick link provides access to search for member claim information. The search requires entry of a member ID or a claim number. Providers can search for multiple claims at the same time by entering a claim number, then a comma before entering the next one. Click on the "Search" button to activate the search.



When the search results screen appears, click on the claim number to view details. The data on the results screen can also be sorted in this service by clicking on the column headings.



A print view option is available on the claim detail screen, if a copy of the claim must be kept on file (image below).



Send To Printer | Close Window

PRESBYTERIAN

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Claim ID: **for**

Claim Summary

Group ID:
Group Name:
Subscriber Name:
Patient Name:
Member ID:
Medicaid ID
Patient Acct Number:
Servicing Provider:
Dates of Service:
Date Claim was Received:
Status:

Payment Details

Check #:
Total:
Date Claim was Paid On:
Claims Payment Made To:

Claim Items

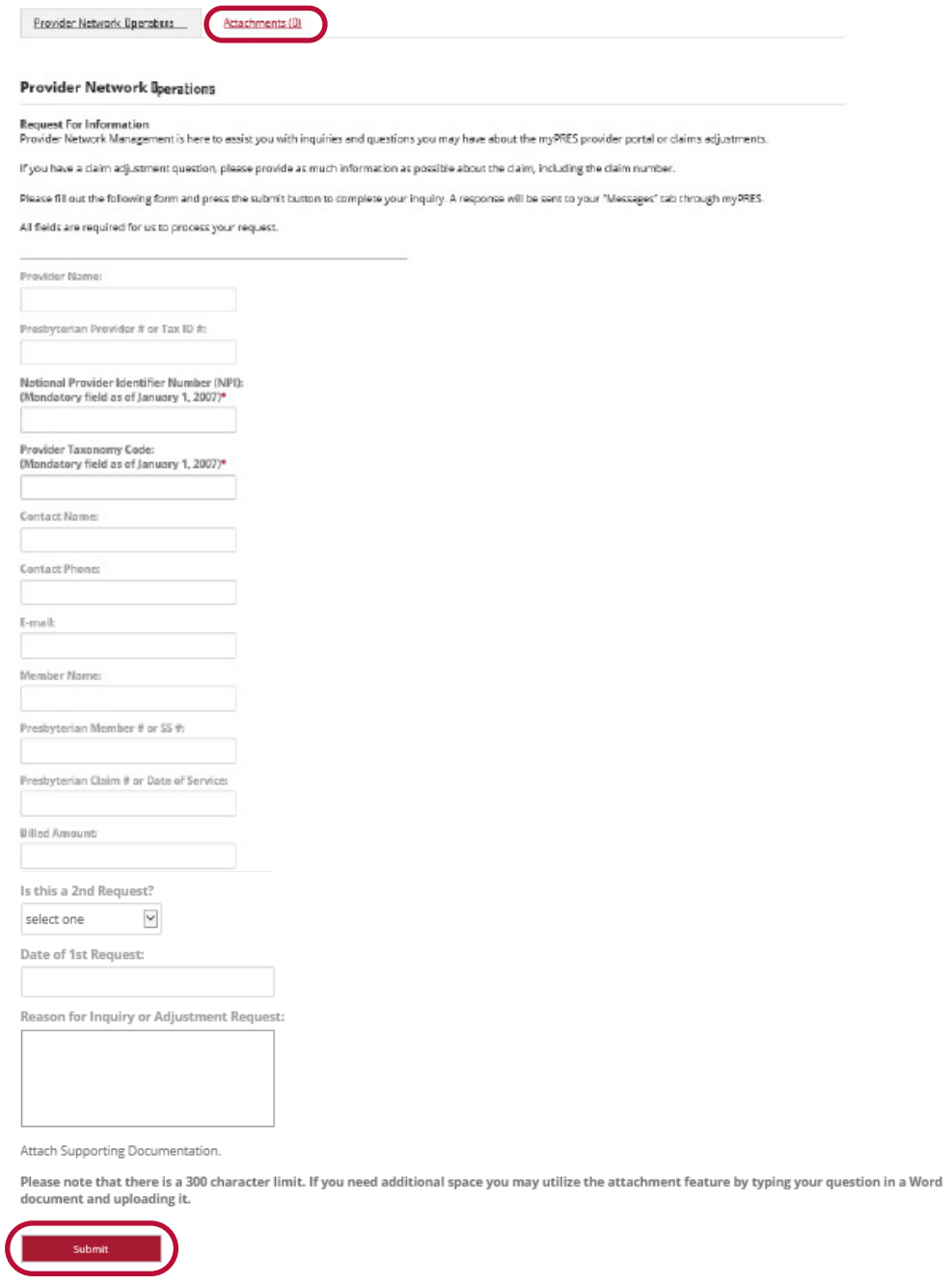
This claim has item(s)

Item	Procedure Code	Diagnosis Code	EOP Code	Units	Charges	Allowed	Deductible	Coinsurance	Plan Paid	Network	Cap/No Cap
1											
2											

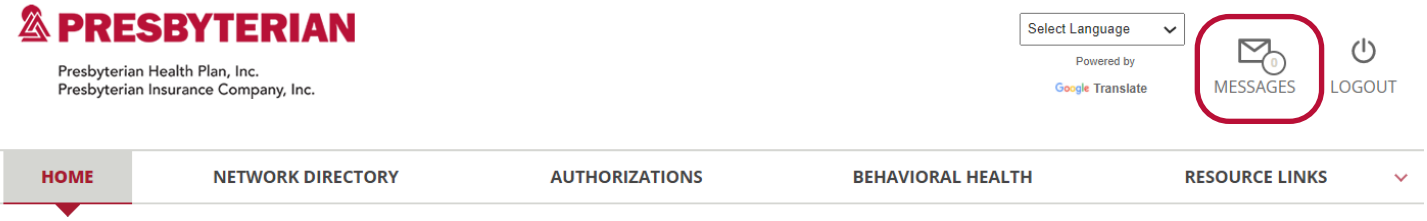
Claim Inquiry

This quick link provides access to request a claim adjustment form the Provider Network Operations department, if the matter cannot be resolved through the myPRES Provider Portal, IVR, Healthcare Extranet or the Provider CARE Unit. An attachment option is available to use if the “Reason for Inquiry” or “Adjustment Request” on the form is more that 300 characters. If additional space is needed, it may be placed in a separate document and attached to the request before submission. This feature can also be used to submit any documentation applicable to the request.

When the request form opens, providers should complete the required fields and click on “Submit” at the bottom of the screen.



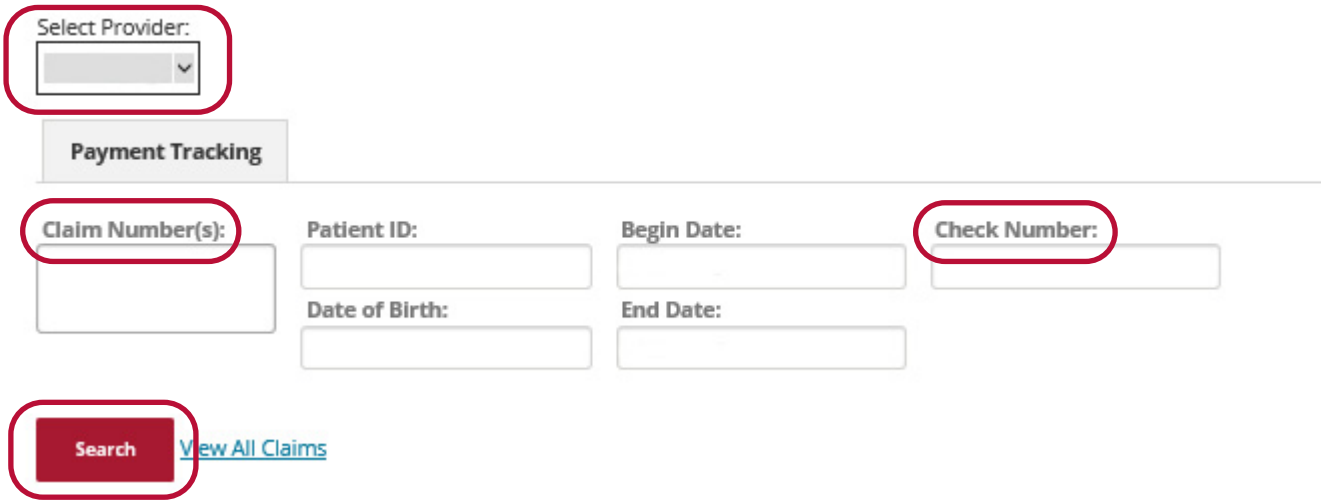
A response to the request will be sent as soon as the matter has been researched. A notice will be sent to the provider user account of the individual making the request. The reply message can be accessed from the “Messages” link at the top of the website.



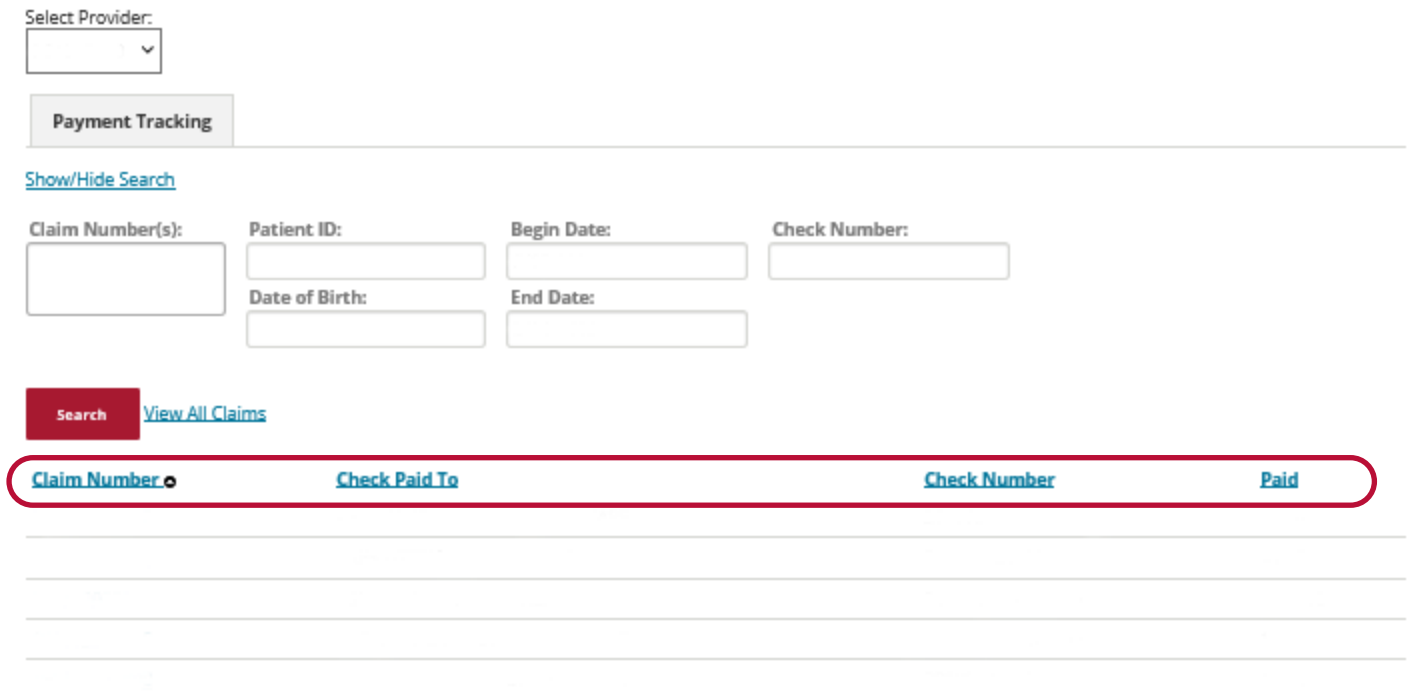
A confirmation message with a tracking number will appear online for the provider’s records.

Payment Tracking

This quick link provides access to research claims payment details by claim number or check number. The search can be set to look for claims or check numbers applicable to all providers in the same practice or facility as well as those applicable to a specific provider of service within a practice or facility. To change the search from “All Providers” to a specific provider, use the “Select Provider” dropdown box to choose the provider ID number associated with that provider. If you are performing the search by claim number, then multiple claim numbers may be entered for the same search as long as the claim numbers are separated by a comma. Providers may also search by patient ID, date of birth or date range. Click on the “Search” button to activate the search.

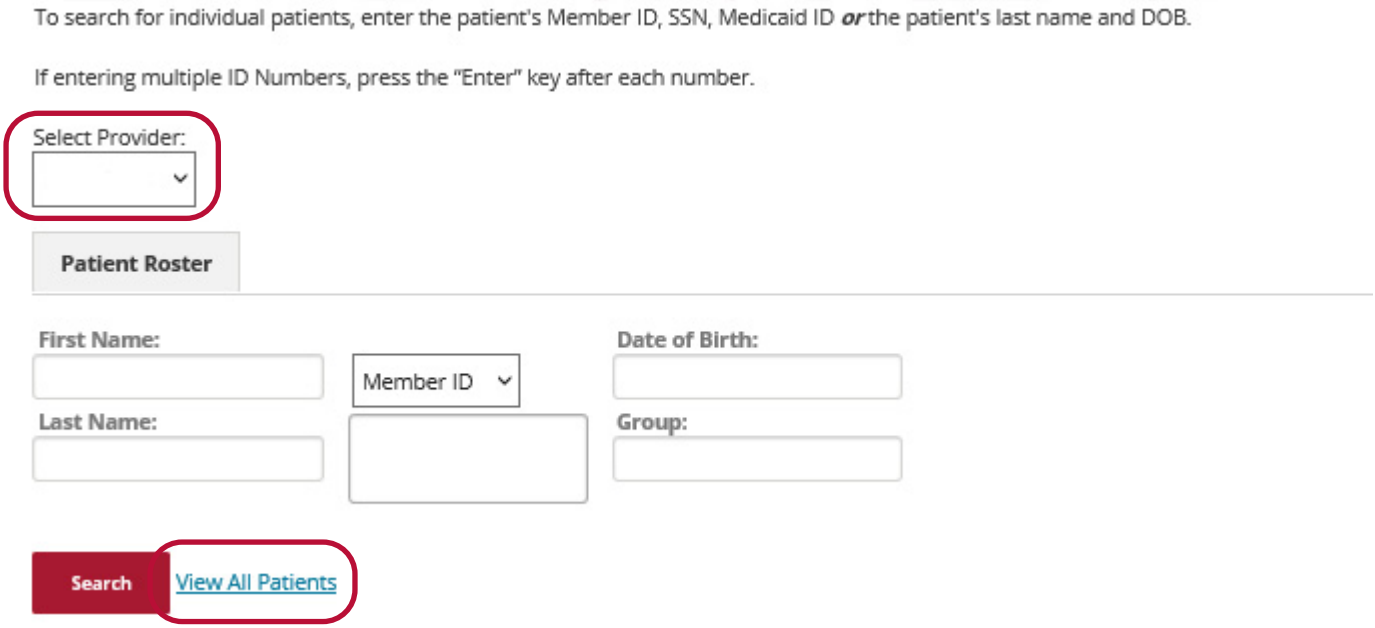


The results of the search may be sorted by clicking on the column heading a user may wish to sort by. To view the claim detail, select the claim number in the results grid.

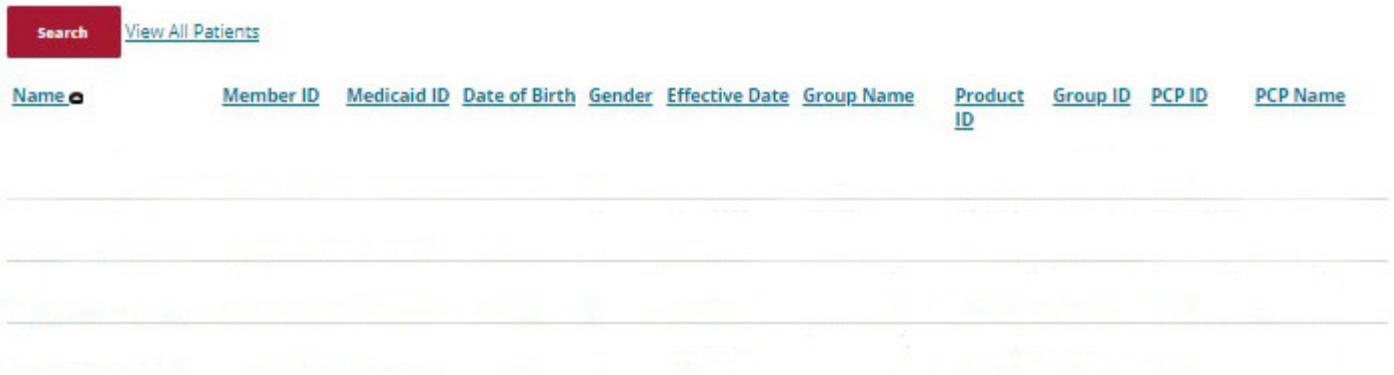


Member Roster

This quick link provides access to pull together a list of all members where the provider is assigned as the PCP or where one of the providers within a practice or facility is assigned as the member's PCP. After selecting the provider, click on the "View All Patients" link. The other fields and the "Search" button can be used to do an eligibility search on a specific member, if desired. All data in the results of the member roster search is sortable. The results of the search may be sorted by clicking on the column heading a use may wish to sort by.



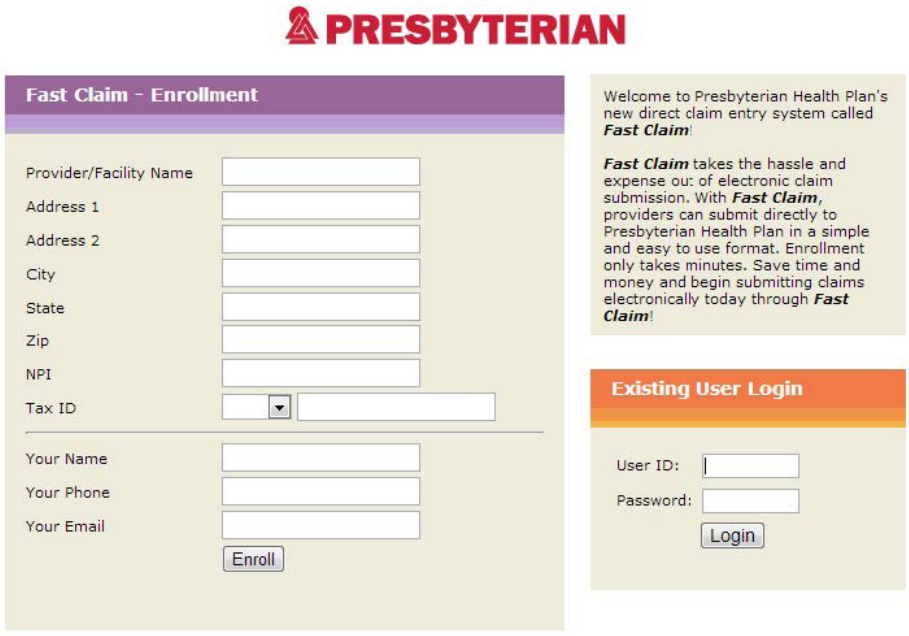
Rosters can be exported into Microsoft Excel by clicking on the “Downlod Results” link (image below). To view details on a specific member’s eligibility, click on the member’s name.



The eligibility detail can be printed by clicking on the “Print View” link. To return to the member roster, click the “View All Patients” link next to the “Search” button.

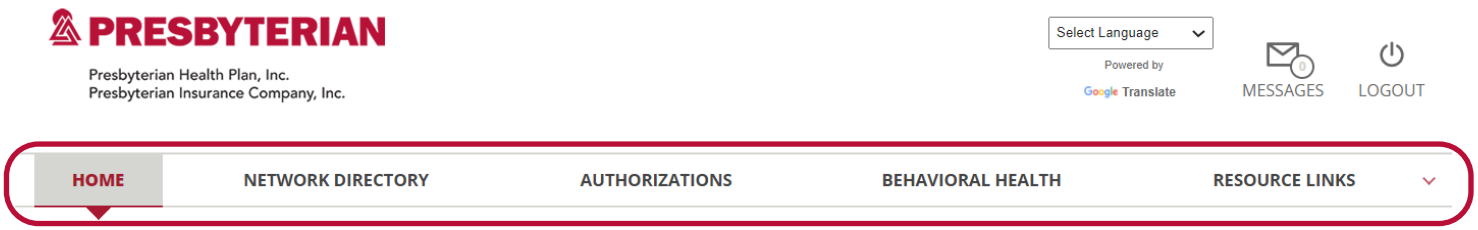
Fast Claim

This quick link takes providers to a service where they can either enroll to participate in the online claims submission service or to log in to submit a claim online.



Menu Bar

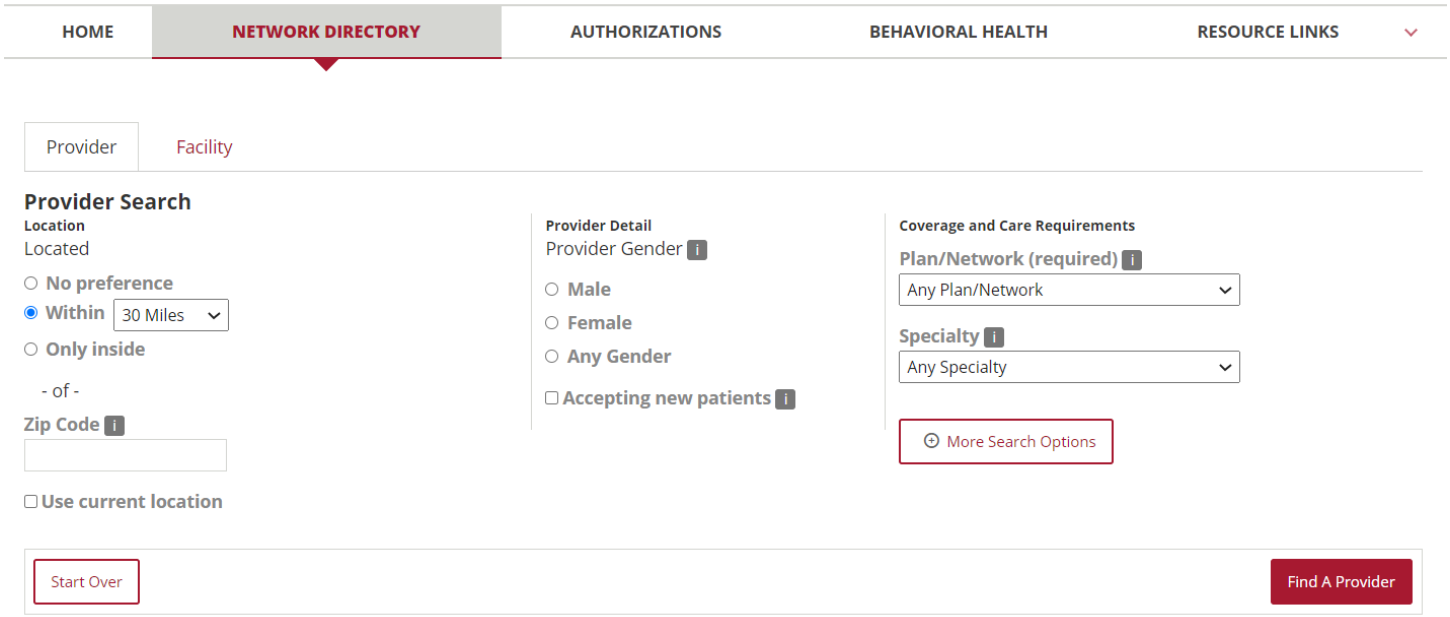
Items on the menu bar provide access to additional services a provider might need.



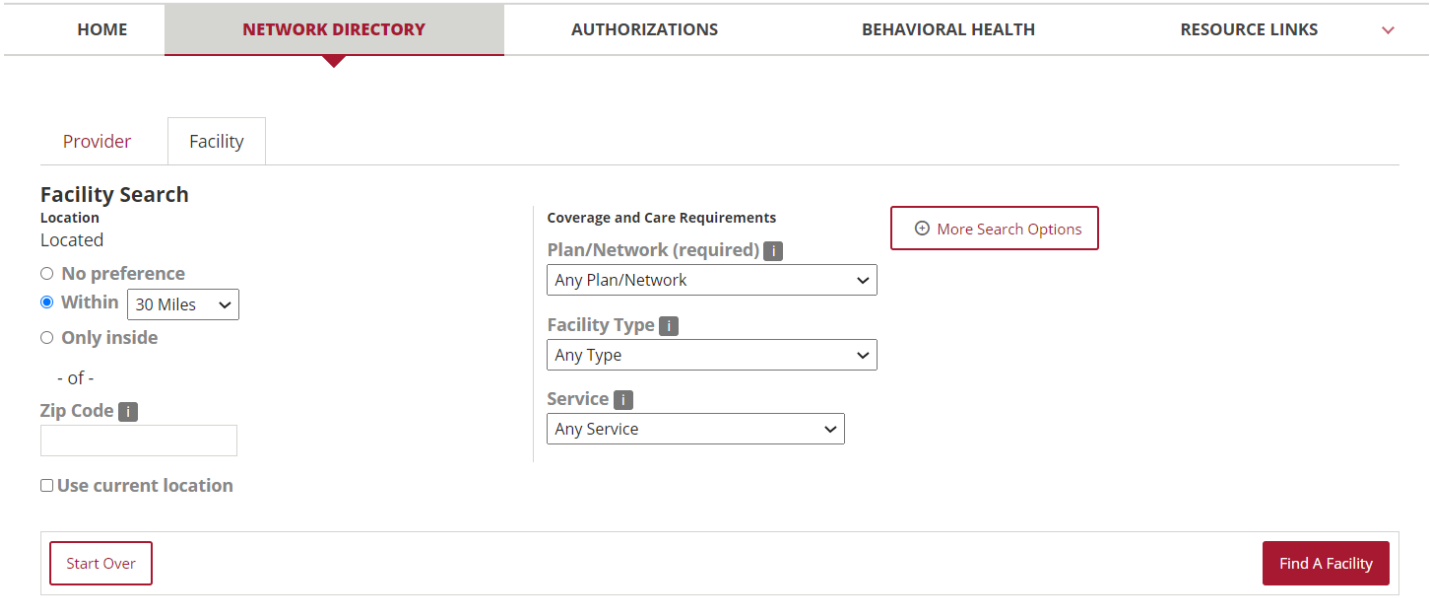
Network Directory

Selecting Network Directory form the menu bar will take the provider to a provider network search service. Providers can choose to search by a provider or by a facility by completing the fields on this page.

Searching by Provider

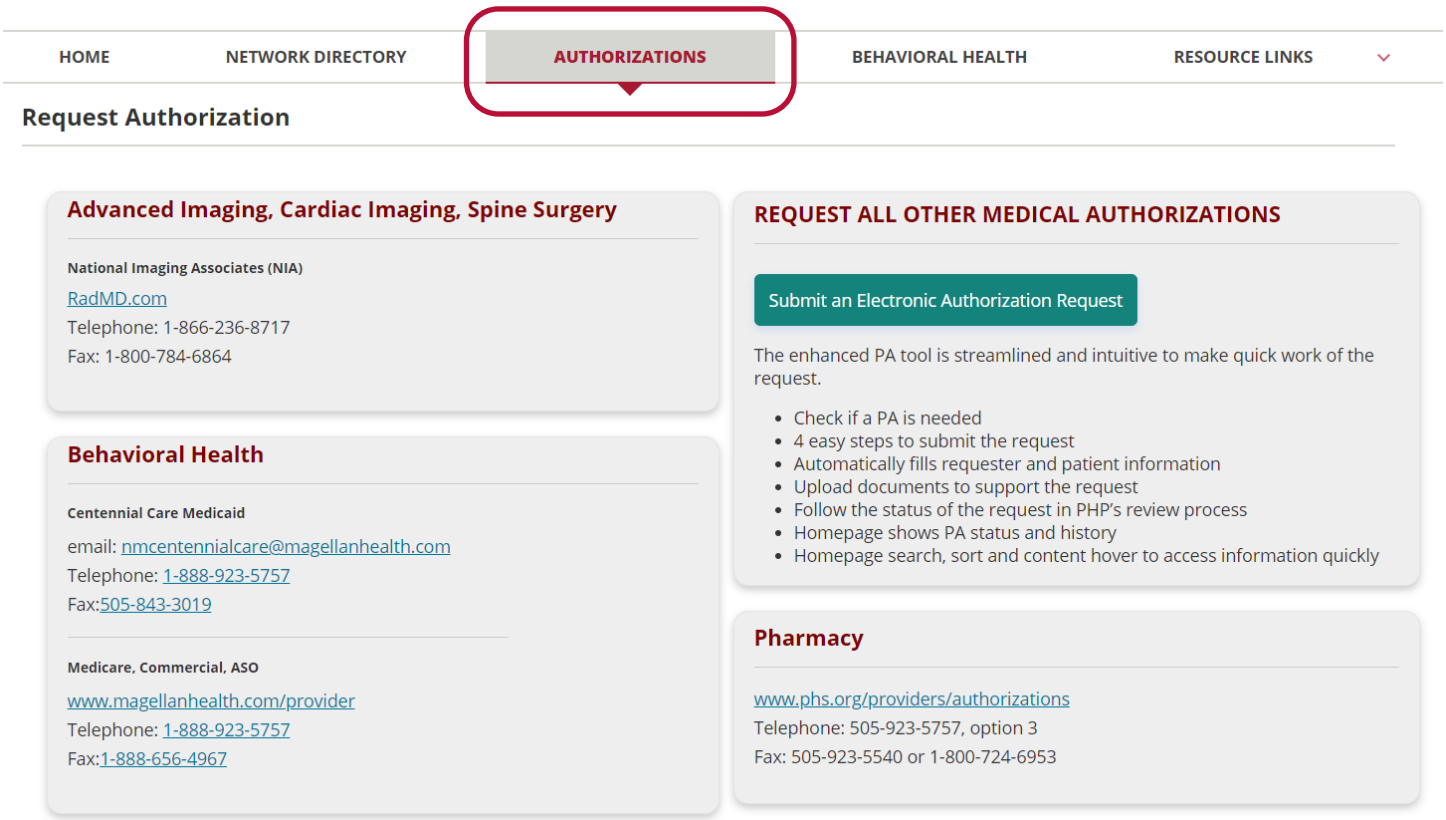


Searching by Facility



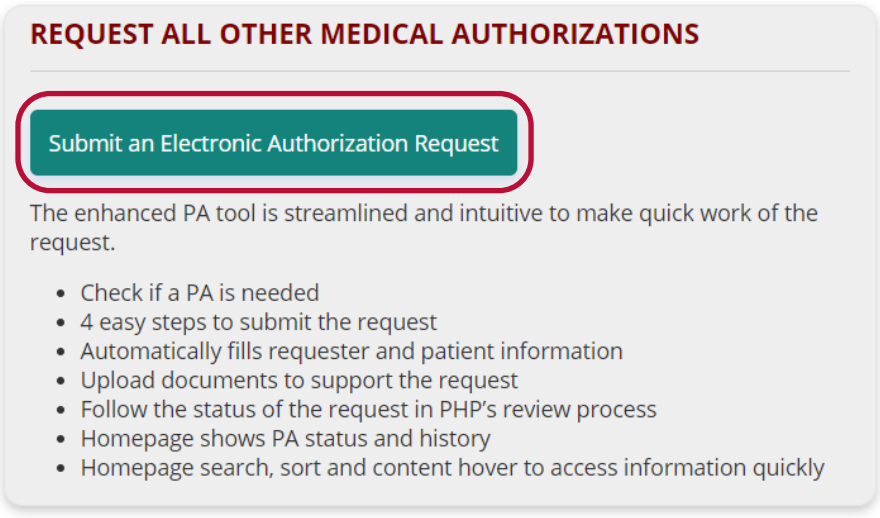
Authorization/Notification

When providers select “Authorizations” from the menu bar, it will open a new tab with information about requesting an authorization.

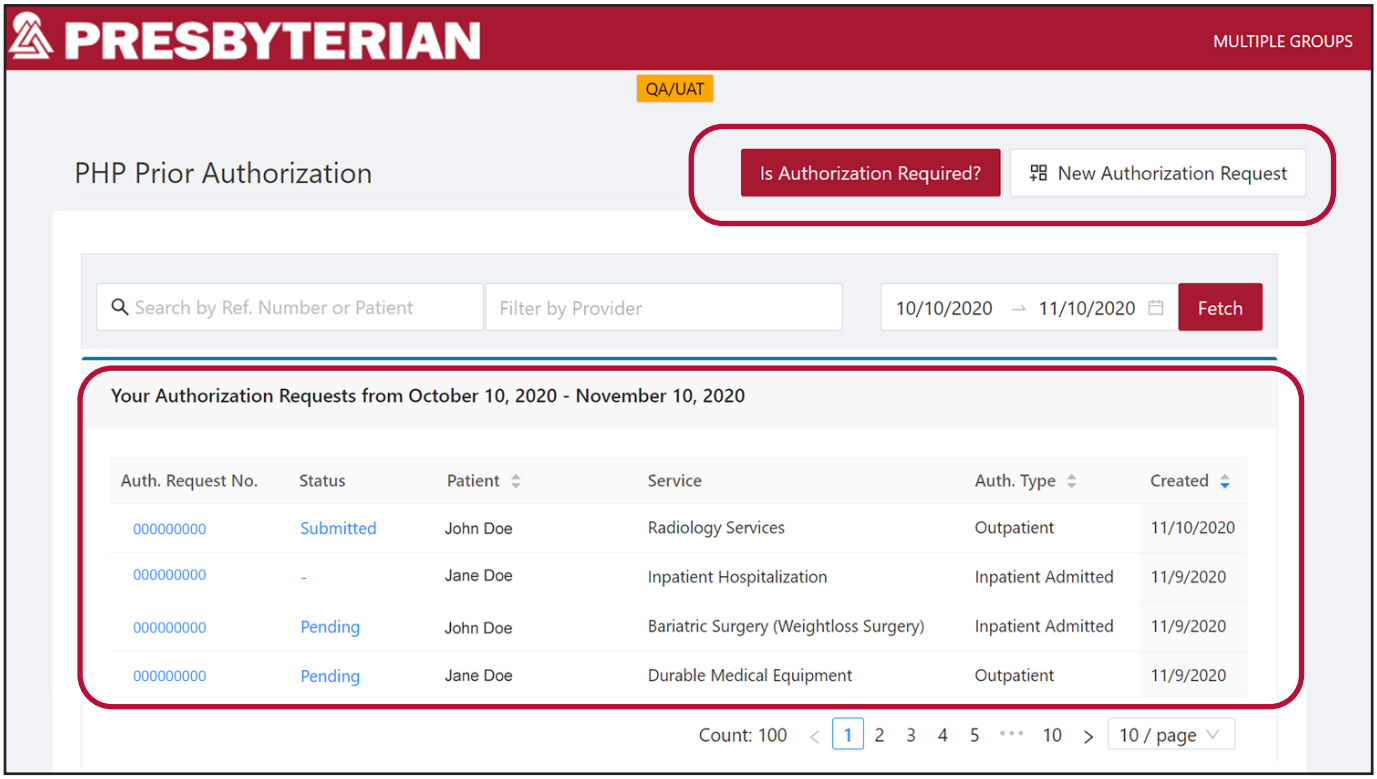


Use the information this page to submit a request. For advanced imaging, cardiac imaging, spine surgery, behavioral health and pharmacy prior authorization requests, use the information provided on this page to submit a request.

For all other medical authorization requests, click on the “Submit and Electronic Authorization Request.”



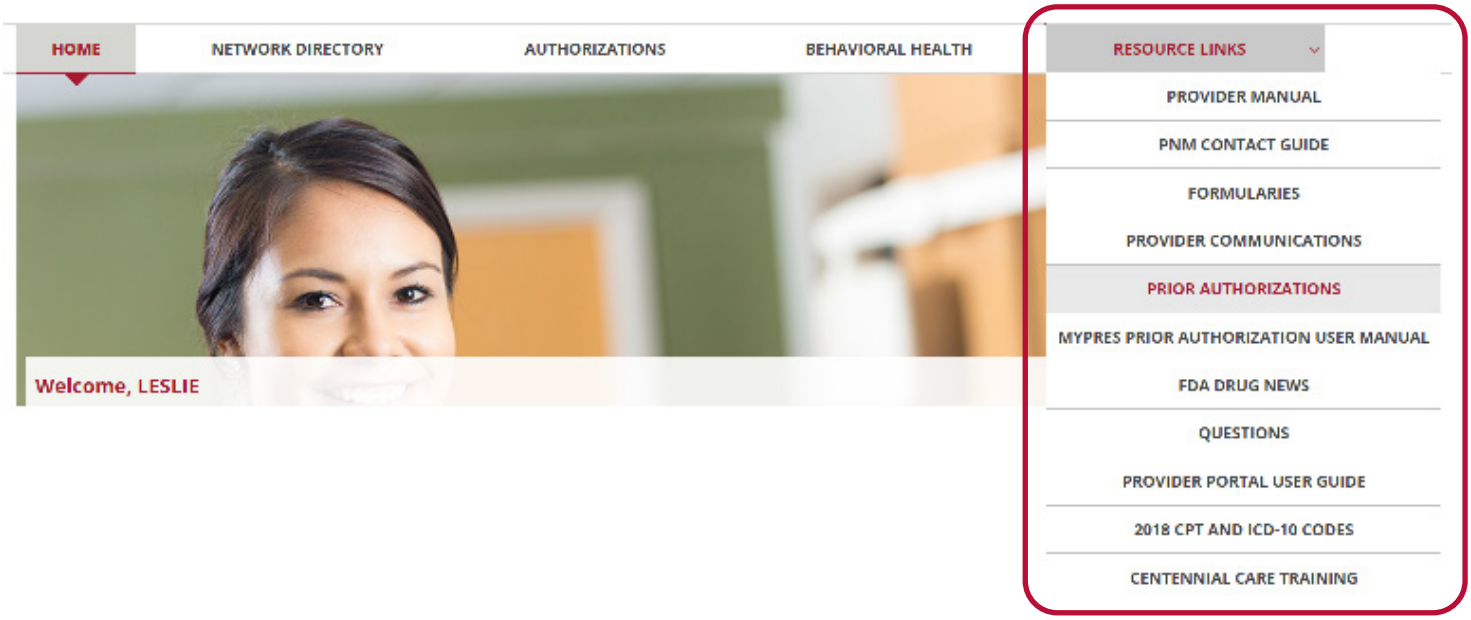
For all other medical authorization requests, click on the “Submit and Electronic Authorization Request.” This will open page where providers can determine if an authorization is required, submit a new request and check the status of previous requests.



For a complete walkthrough of these new tools, please see the myPRES Prior Authorization User Manual at http://docs.phs.org/idc/groups/public/documents/communication/pel_00953009.pdf.

Resource Links

The “Resource Links” form the menu bar will bring up the final list of services available to providers.

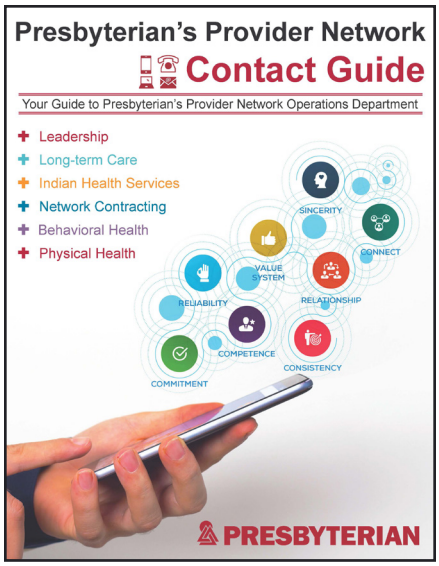


Provider Manual

The Provider Manual service contains essential information for providers and is an extension of the provider contract. It provides access to Presbyterian programs, policies and procedures for HMO, PPO, ASO, Indemnity, Presbyterian Senior Care, Presbyterian Dual Plus (HMO SNP), Medical PPO, and Presbyterian Centennial Care plans. Click the PDF icon link to open the manual.

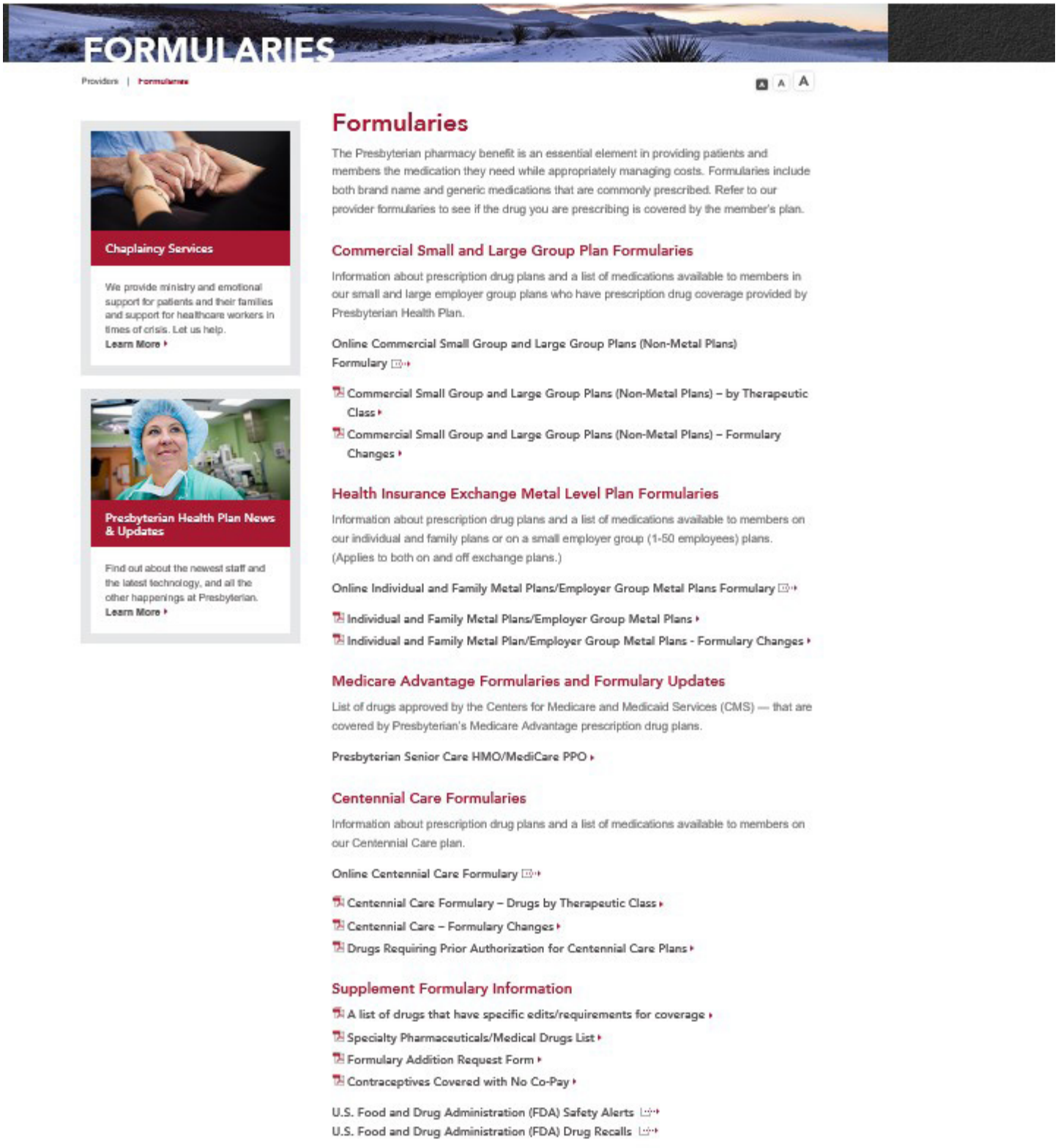
Contact Guide

The Provider Network Operations Contact Guide link opens a PDF document that contains contact information so providers can contact their Provider Network Operations relationship executive. The guide categorizes the various provider type service areas, and lists names, direct phone numbers, and email addresses for PNO staff.



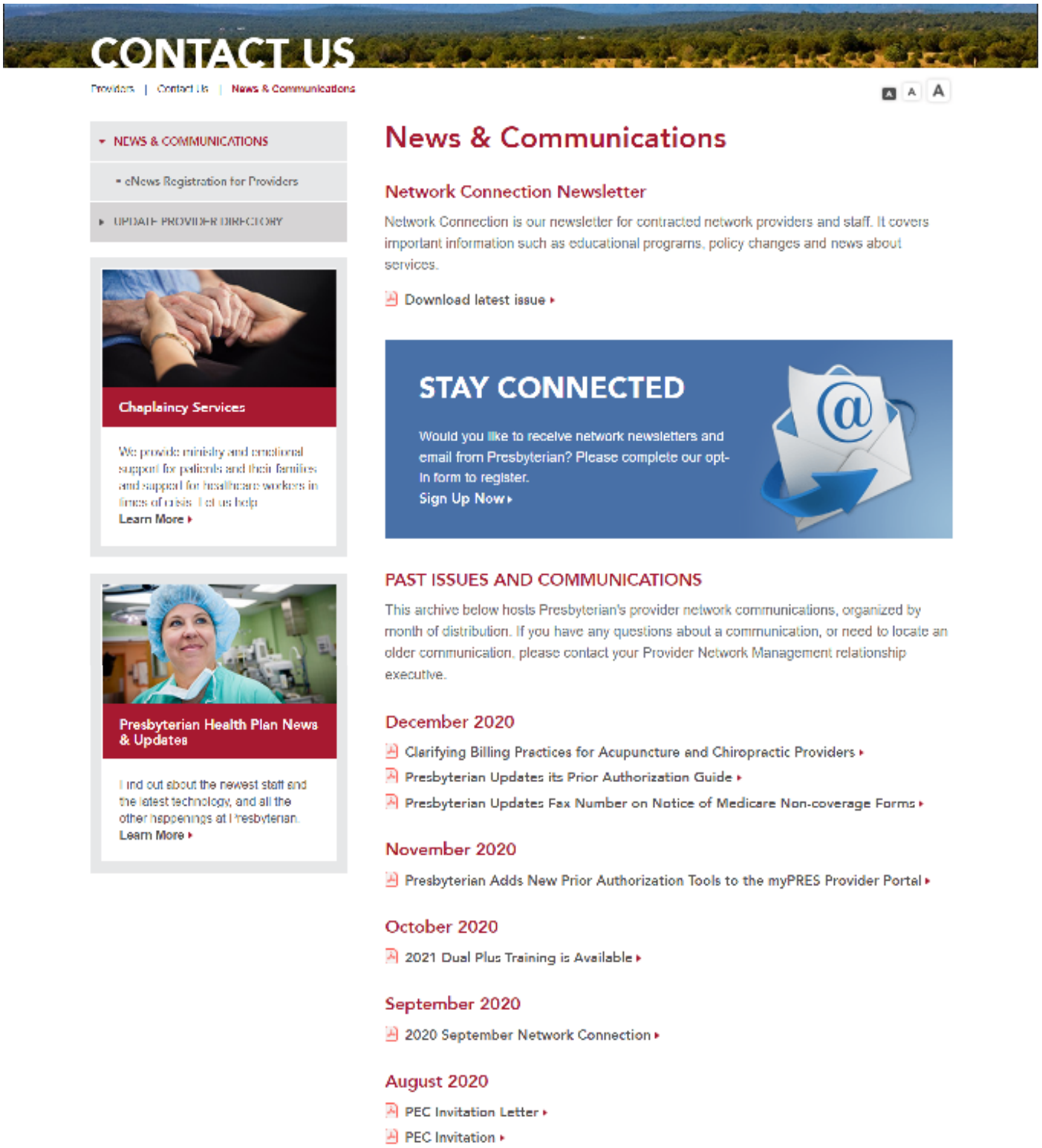
Formularies

The Formularies service displays the following screen where the provider can access pharmacy benefit information.



Provider Communications

The Provider Communications service allows access to the Presbyterian Communications archive.



Prior Authorizations

The Prior Authorization item on the service menu dropdown provides access to the Presbyterian Medical Policy Manual, Prior Authorization guide, printable Prior Authorization Request form, and instructions on how to fax authorizations to Presbyterian, general provider communications, preventive healthcare and clinical guidelines, specific disease material and miscellaneous forms.

Providers | Authorizations

Is Prior Authorization Required?

You can check to see if medical prior authorization is required.
Get started ▸

Chaplaincy Services

support for patients and their families and support for healthcare workers in times of crisis. Let us help.
Learn More ▸

Presbyterian Health Plan News & Updates

Find out about the newest staff and the latest technology, and all the other happenings at Presbyterian.
Learn More ▸

Authorizations

Certain specialized services and prescription drugs require a prior authorization or inpatient notification before being rendered to patients and members. Prior authorizations and inpatient notifications ensure that patients are receiving the right amount of medically necessary care in the right setting for the insurance plan for which they're enrolled.

Medical

- Prior Authorization Guide ▸
- Intel Connected Care Prior Authorization Grid ▸
- Prior Authorization Request Form ▸
- Referral Form: Care Coordination/Case Management/Disease Management ▸
- Criteria for Total Hip Replacement (Checklist) ▸
- Criteria for Total Knee Replacement (Checklist) ▸
- Notice of Medicare Non-coverage Form ▸
- Notice of Medicare Non-coverage Form (Spanish) ▸
- Notice of Medicare Non-coverage Presbyterian Dual Plus Form ▸

Fax completed Prior Authorization form to Presbyterian at:

- Prior Authorization (505) 843-3047
- Inpatient Utilization Management (505) 843-3107
- UNM Prior Authorization (505) 843-3108

- OR -

Complete and submit Prior Authorization online ▸

Pharmacy

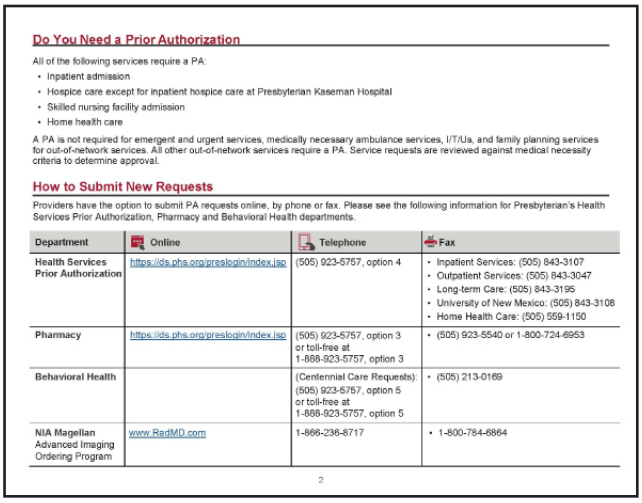
- A list of drugs that have specific edits/requirements for coverage ▸
- Specialty Pharmaceuticals/Medical Drugs List ▸
- Pharmacy Prior Authorization Form ▸
- How to Submit a Prior Authorization Online ▸
- Synagis Prior Authorization Form ▸
- Systemic Estrogen Prior Authorization Form for Medicare ▸
- Suboxone/Subutex Prior Authorization Form for Commercial and Medicare Plans ▸

Fax completed Prior Authorization forms to Presbyterian Pharmacy Services at (505) 843-3019 or at 1-888-656-4967.

- OR -

Complete and submit Prior Authorization online ▸

When the Prior Authorization Guide service is selected, a PDF document that contains specific guidelines on different types of services is presented. Only a portion of the document is displayed below.



Do You Need a Prior Authorization

All of the following services require a PA:

- Inpatient admission
- Hospice care except for inpatient hospice care at Presbyterian Kaseman Hospital
- Skilled nursing facility admission
- Home health care

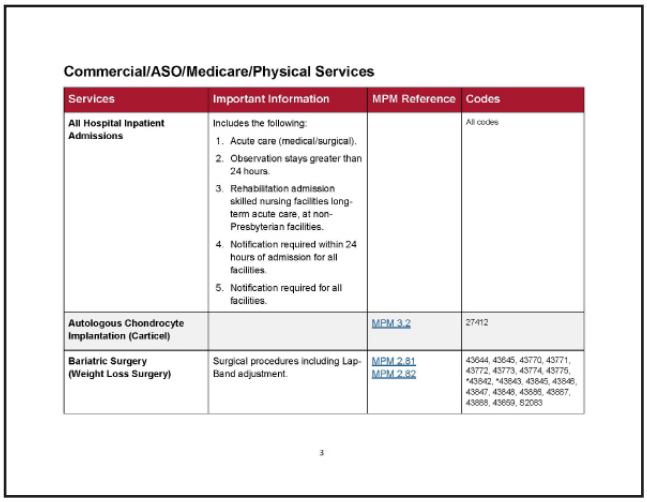
A PA is not required for emergent and urgent services, medically necessary ambulance services, I/T/Us, and family planning services for out-of-network services. All other out-of-network services require a PA. Service requests are reviewed against medical necessity criteria to determine approval.

How to Submit New Requests

Providers have the option to submit PA requests online, by phone or fax. Please see the following information for Presbyterian's Health Services Prior Authorization, Pharmacy and Behavioral Health departments.

Department	Online	Telephone	Fax
Health Services Prior Authorization	https://ds.phs.org/preslogin/index.jsp	(505) 923-5757, option 4	• Inpatient Services: (505) 843-3107 • Outpatient Services: (505) 843-3047 • Long-term Care: (505) 843-3195 • University of New Mexico: (505) 843-3108 • Home Health Care: (505) 559-1150
Pharmacy	https://ds.phs.org/preslogin/index.jsp	(505) 923-5757, option 3 or toll-free at 1-888-923-5757, option 3	• (505) 923-5540 or 1-800-724-6953
Behavioral Health		(Centennial Care Requests): (505) 923-5757, option 5 or toll-free at 1-888-923-5757, option 5	• (505) 213-0169
NIA Magellan Advanced Imaging Ordering Program	www.RadMD.com	1-866-236-8717	• 1-800-784-6864

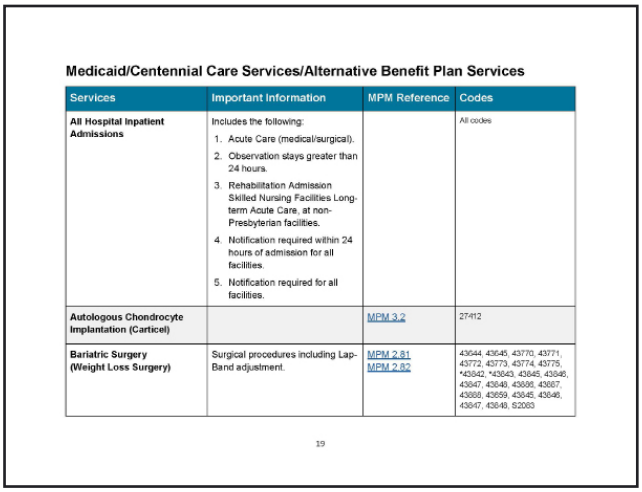
2



Commercial/ASO/Medicare/Physical Services

Services	Important Information	MPM Reference	Codes
All Hospital Inpatient Admissions	Includes the following: 1. Acute care (medical/surgical). 2. Observation stays greater than 24 hours. 3. Rehabilitation admission skilled nursing facilities long-term acute care, at non-Presbyterian facilities. 4. Notification required within 24 hours of admission for all facilities. 5. Notification required for all facilities.		All codes
Autologous Chondrocyte Implantation (Carticel)		MPM 3.2	27412
Bariatric Surgery (Weight Loss Surgery)	Surgical procedures including Lap-Band adjustment.	MPM 2.81 MPM 2.82	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, *43842, *43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659, S2083

3



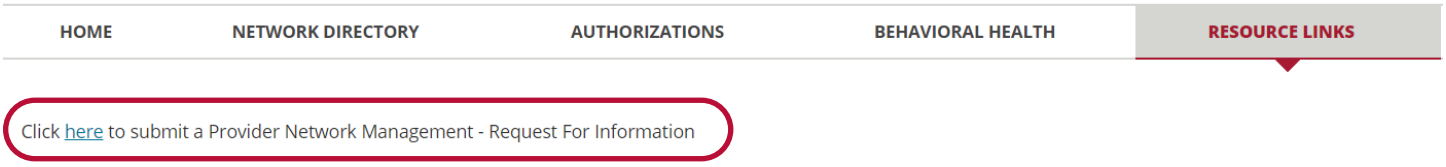
Medicaid/Centennial Care Services/Alternative Benefit Plan Services

Services	Important Information	MPM Reference	Codes
All Hospital Inpatient Admissions	Includes the following: 1. Acute Care (medical/surgical). 2. Observation stays greater than 24 hours. 3. Rehabilitation Admission Skilled Nursing Facilities Long-term Acute Care, at non-Presbyterian facilities. 4. Notification required within 24 hours of admission for all facilities. 5. Notification required for all facilities.		All codes
Autologous Chondrocyte Implantation (Carticel)		MPM 3.2	27412
Bariatric Surgery (Weight Loss Surgery)	Surgical procedures including Lap-Band adjustment.	MPM 2.81 MPM 2.82	43644, 43645, 43770, 43771, 43772, 43773, 43774, 43775, *43842, *43843, 43845, 43846, 43847, 43848, 43886, 43887, 43888, 43659, 43845, 43846, 43847, 43849, S2083

19

Questions

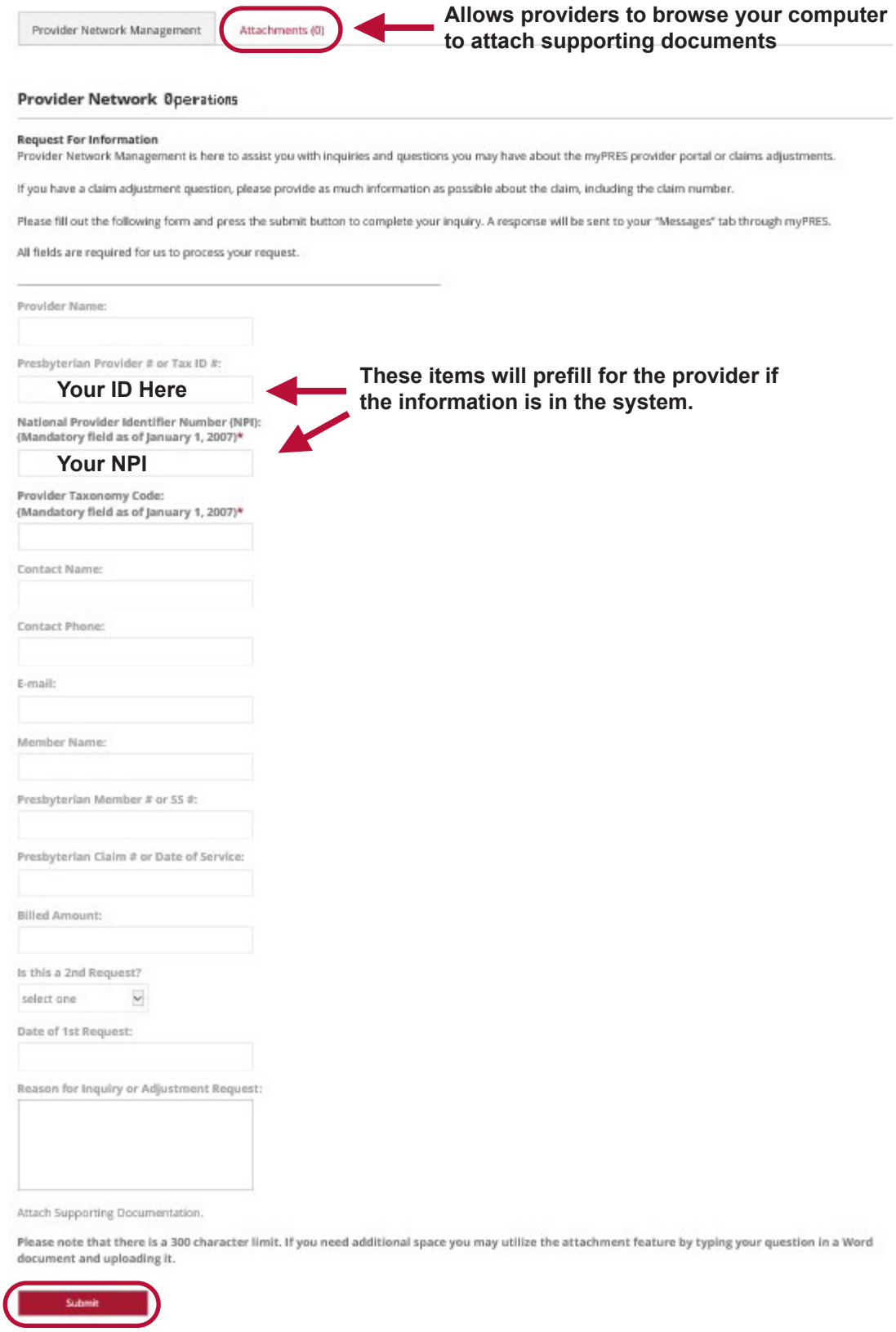
Providers can submit questions and request for informations to Provider Network Operations. Please see the image below.



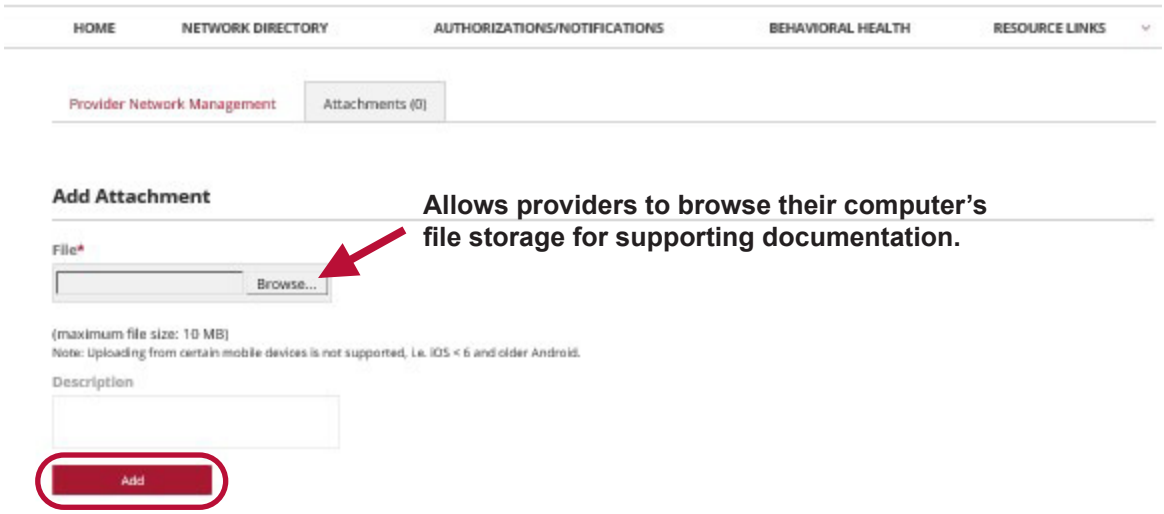
To open the request form, click on the “here” link shown above. Complete the required fields to submit a request for information to the PNO department if the matter cannot be resolved through myPRES, IVR, Healthcare Extranet or the Provider Care Unit. An attachment option is available to use if the “Reason for Inquiry or Adjustment Request” on the form is more than 300 characters. If additional space is needed, it may be placed in a separate document and attached to the request before submission. This feature can also be used to submit any documentation applicable to the request.

When the request is complete, provider should click on “Submit” at the bottom of the screen to send the request. A confirmation message with a tracking number will appear online for the provider’s records.

A response to the request will be sent as soon as the matter has been researched. A notice will be sent to the provider user account of the individual making the request. The reply message can be accessed from the “Messages” link at the top of the website.



Providers may also add an attachment to the request for information prior to submitting the request.



The remainder of the "Resource Links" tab includes this user guide, a link to FDA Drug News. web-based Centennial Care training, and the Provider Quality Incentive Program Gaps in Care reports.

Finally, the links on the provider footer section of each screen open documents which set out information on items such as contacting customer service, Presbyterian news, terms/conditions of website use and privacy.

***All member, provider and procedure pricing information used throughout this directory has been created for the purpose of training.