DEPARTMENT OF VETERANS AFFAIRS
Financial Services Center
Dialysis Provider Portal User Guide

Version 3.0
May 2015

1. Provider Portal for Dialysis Overview

The VA Financial Services Center (FSC) Dialysis Provider Portal gives medical providers access to EOB and Authorization information sent by the VA. All EOB information can be printed and saved.

This document provides step-by-step instructions for using the Provider Portal. For additional issues and information about the Provider Portal, contact the VA FSC Customer Service Help Desk at 877-353-9791 or **vafsccshd@mail.va.gov** .

A. System requirements

Ensure you meet the following requirements prior to creating an account on the Provider Portal:

- Windows XP or later
- Internet Explorer Version 7.0 or later
- A valid email address
- A current business relationship with the VA, which includes a Tax ID number and a check/trace number from existing transactions with the VA medical facilities.

2. Create an Account

Open the Provider Portal website at **https://www.vahcps.fsc.va.gov/** and then click on the ***Not already a user?*** **Click here to create a new account** link.

A. Fill Out the User Registration Form

Use this guide to fill out the *User Registration* form.

User Registration

All required fields are in **bold**.

First Name: *First Name*

Last Name: *Last Name*

Title: *Title*

Employer or Company Name: *Company Name*

Address 1: *Mailing Address*

Address 2:

City:

State: Select Your State

Zip code:

Phone: ( )

Email: *Secure Email*

Password: *1 number, 1 capital, 1 lowercase, 1 character*

Confirm Password:

First Password Question: *This question is necessary to retrieve your password. Ex. Who was your first employer?*

First Password Answer: *Answer to the password question.*

Second Password Question: *Do not use the same question.*

Second Password Answer: *Answer to the password question.*

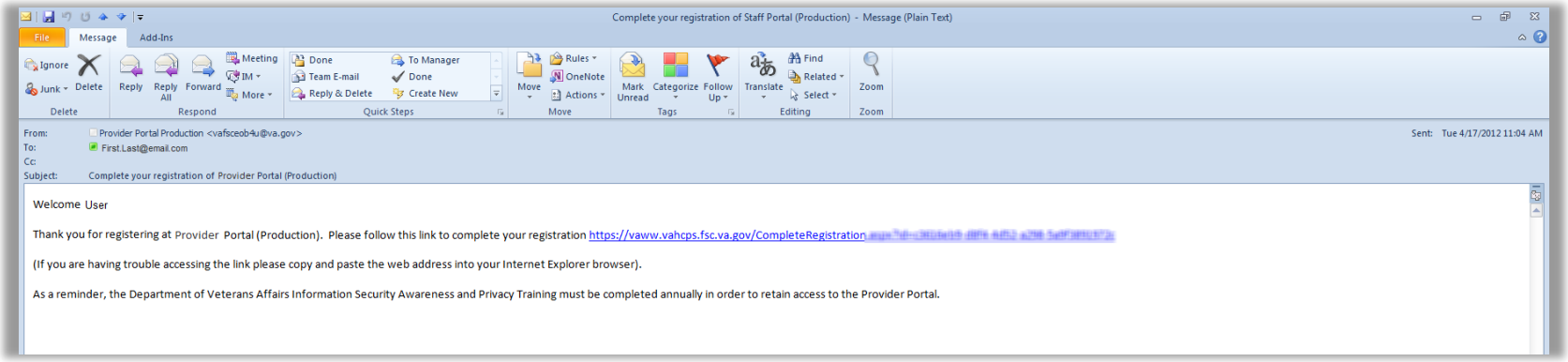
Register Cancel

B. Email Registration

After the registration is submitted, a notice is presented to the user and an email will be sent to the email address used for registration. Check your email! You have 30 minutes before your access request expires.

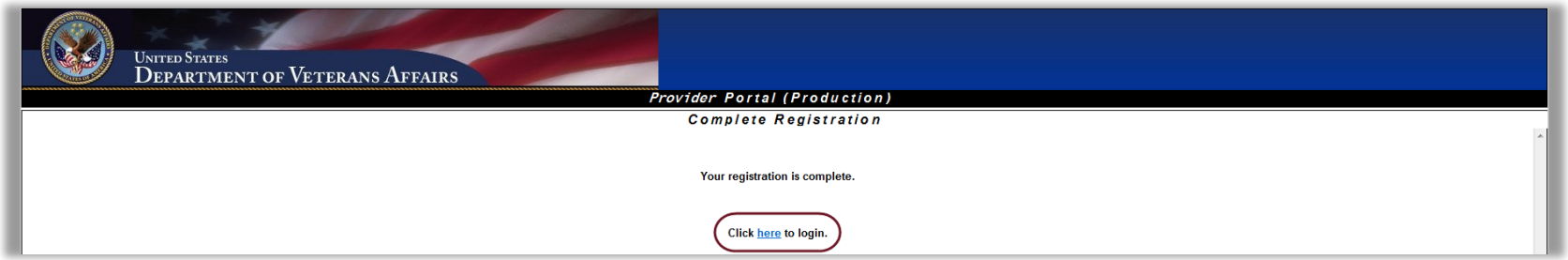
C. Check Your Email!

The registration email will have a login link that expires 30 minutes from your registration. Click the link or copy and paste the link into an Internet Explorer browser.



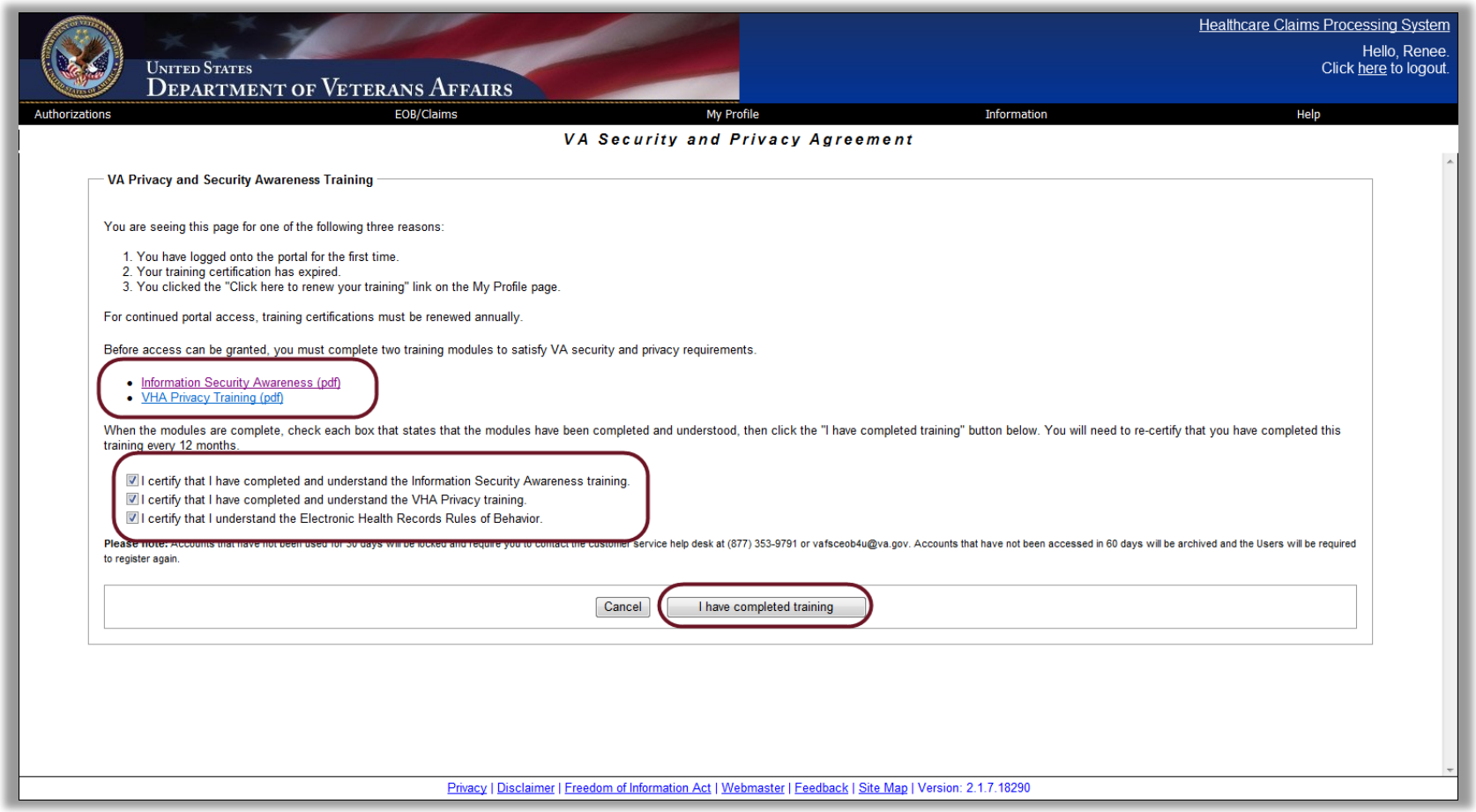
i. Registration Complete Notice

After you click the email link, the *Complete Registration* page provides a login link. Click the **here** link to login with the email and password used for registration.



D. Complete Security Training

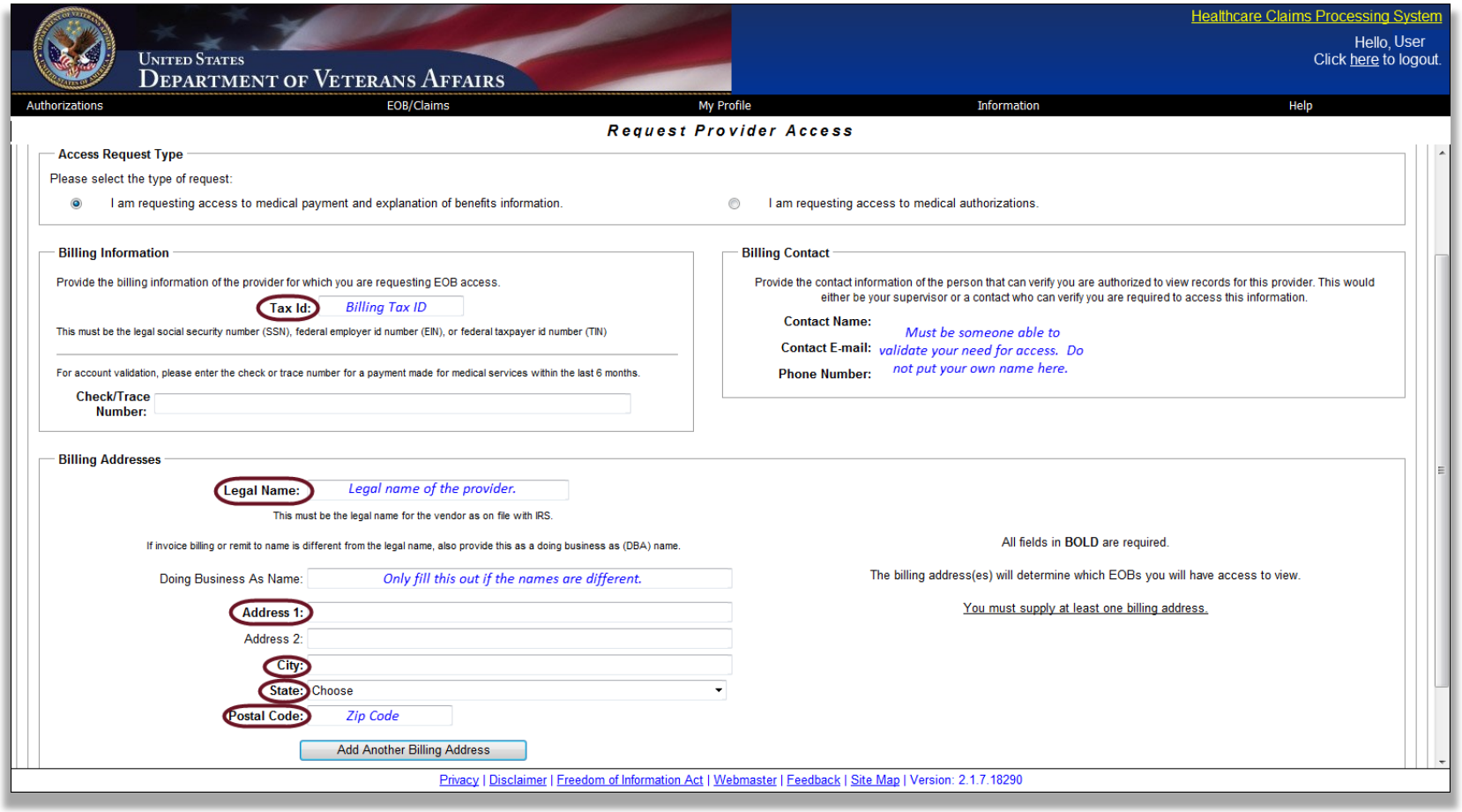
To gain access to the Provider Portal System you must complete the *Information Security Awareness* training and the *VHA Privacy* training. Click the links to open the PDF documents. After completing the training, check the boxes certifying training has been completed. Then click the **I have completed training** button.



3. Request Provider Access

The VA requires this step to validate each user requesting access to the system. It also allows the VA to determine which claims or authorizations the user should have access to. The VA determines access using providers' billing addresses. Include all billing addresses when filling out the form.

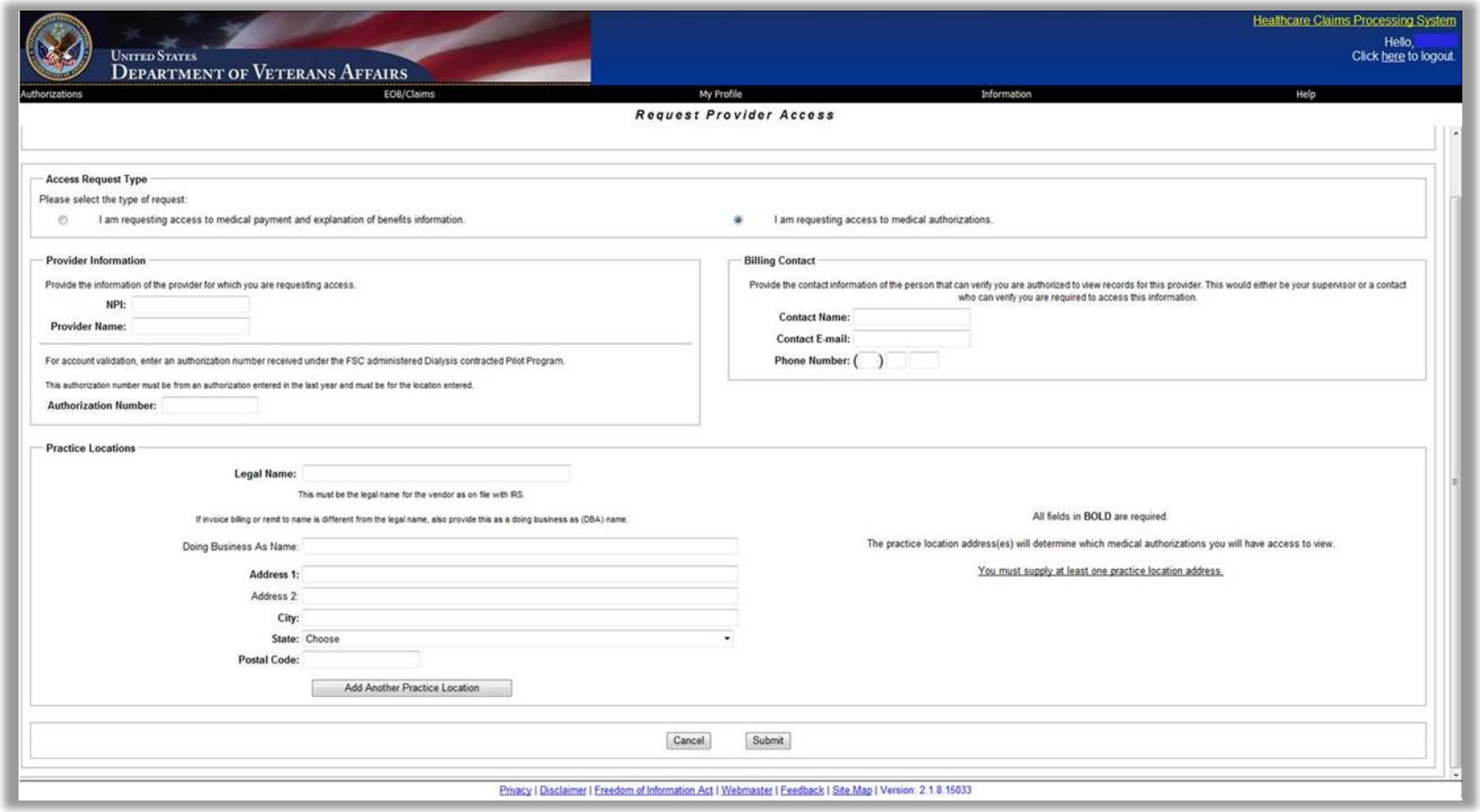
Requesting access to Explanation of Benefits (EOB) example:



If you are selecting **Request to Access Medical Authorizations**, the screen shown below is what you will see when doing so. Fill out all the required information and then click **SUBMIT**.

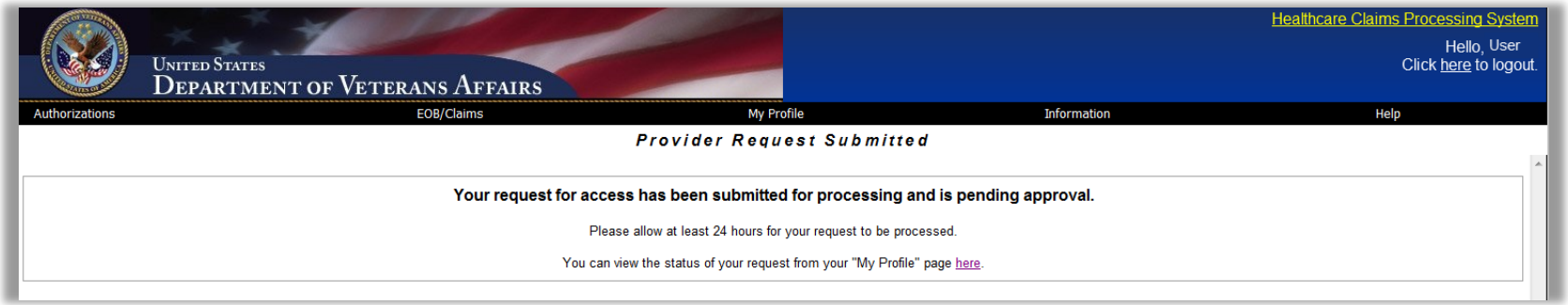
NOTICE: You will have to enter an authorization number that belongs to the facility for which you are requesting access.

Requesting access to Authorizations example:



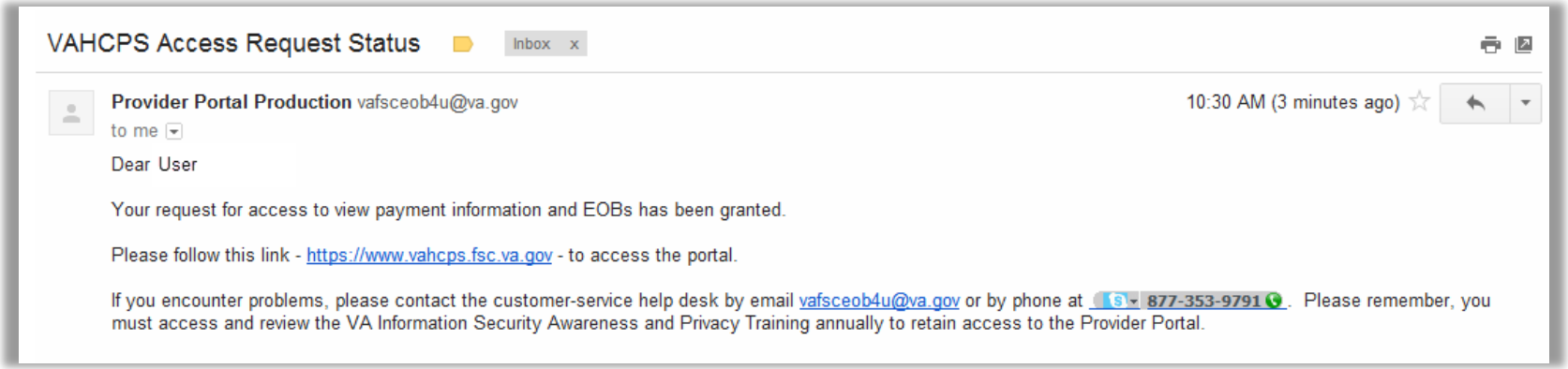
A. Provider Request Submitted

Allow 24 hours for your request to be processed. The system automatically searches for a billing address and check number match to identify the correct provider account. If a match is not found, the billing contact will be called or emailed to determine the correct provider account.



B. Access Granted Email

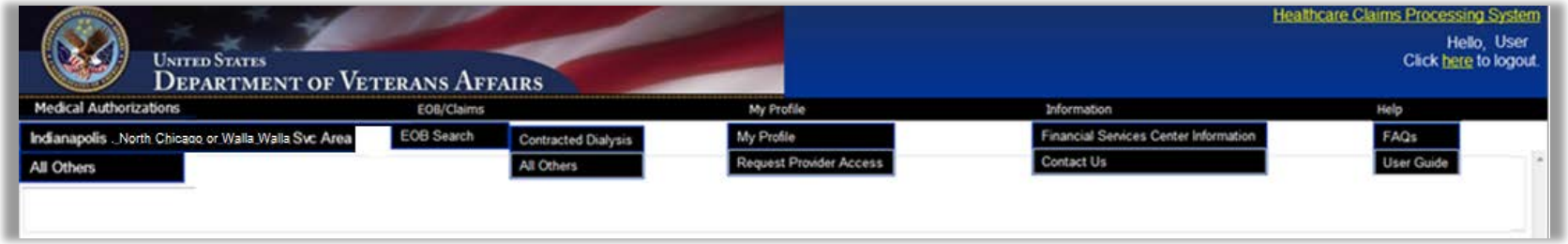
An email granting access will be sent to the user. Enter the user name and password created during the registration process to log in.



4. Navigating the Provider Portal

A. Provider Portal Menus

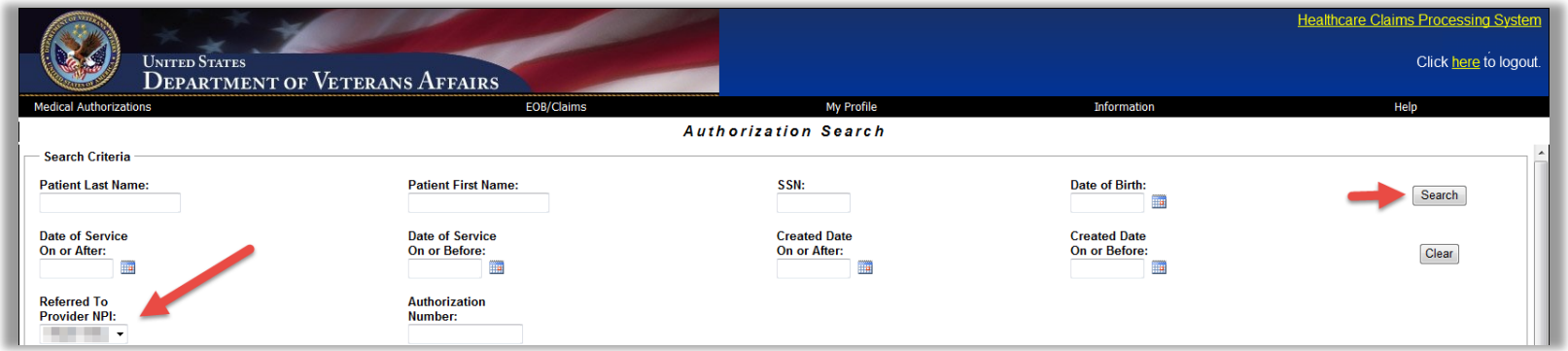
This is the home page with all menus expanded. During registration, each user designates the access they need. Users will either have access to *Authorizations*, *EOBs/Claims* or both. All users have access to the *My Profile*, *Information* and *Help* menus.



B. Medical Authorizations – All Others option

Click on the *Medical Authorizations* menu tab and select **All Others** to open the *Authorizations Workflow* screen. The **All Others** option allows you to search for authorizations created by all VA Medical Centers, with the exception of Indianapolis, North Chicago or Walla Walla. For instructions on searching for Indianapolis, North Chicago or Walla Walla VAMC patient authorizations, select the **Indianapolis, North Chicago or Walla Walla Svc Area** option and skip to section 4C.

The **Referred To Provider NPI** field initially displays your National Provider Identifier (NPI) number. If you have more than one NPI number, you can select the desired number from the drop-down list.

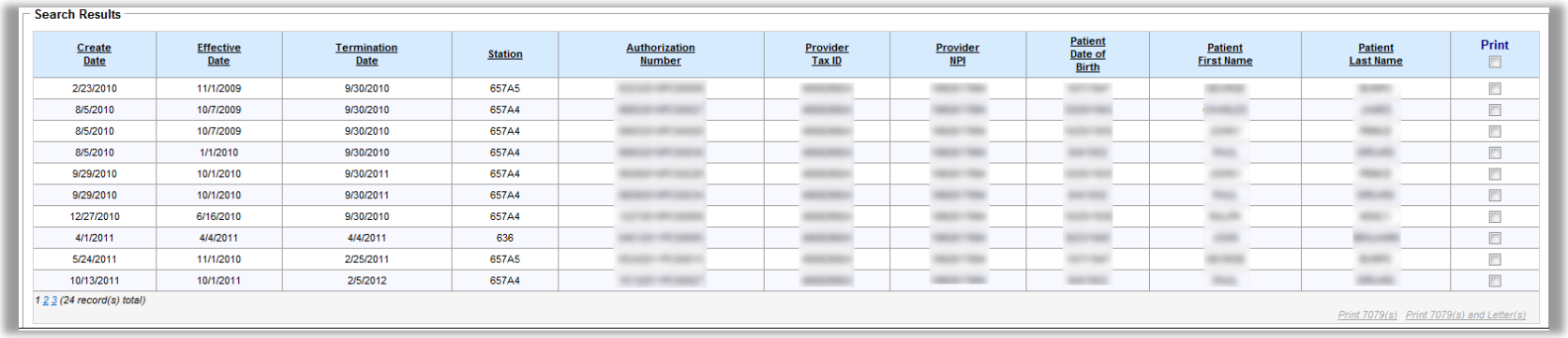


Each of the input fields in the **Search Criteria** section help you narrow your search. The more information you can enter into these fields, the more precise your search will be in locating the desired authorizations. Enter as much information as you have in the fields provided.

1. In the **Date** fields, you can enter a specific date (mm/dd/yyyy format) or use the calendar icons to search for and select a date.
2. To locate authorizations for a specific provider, select the provider's NPI number from the **Referred To Provider NPI** drop-down list.
3. Click **Search**.

i. Authorization Search Results

This screen displays a list of authorization records the system found based on the search criteria you entered.



Search Results

Create Date	Effective Date	Termination Date	Station	Authorization Number	Provider Tax ID	Provider NPI	Patient Date of Birth	Patient First Name	Patient Last Name	Print
2/23/2010	11/1/2009	9/30/2010	657A5							
8/5/2010	10/7/2009	9/30/2010	657A4							
8/5/2010	10/7/2009	9/30/2010	657A4							
8/5/2010	1/1/2010	9/30/2010	657A4							
9/29/2010	10/1/2010	9/30/2011	657A4							
9/29/2010	10/1/2010	9/30/2011	657A4							
12/27/2010	6/16/2010	9/30/2010	657A4							
4/1/2011	4/4/2011	4/4/2011	636							
5/24/2011	11/1/2010	2/25/2011	657A5							
10/13/2011	10/1/2011	2/5/2012	657A4							

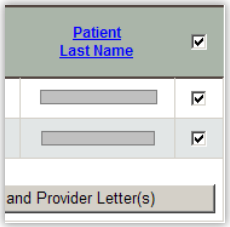
1 2 3 (24 record(s) total)

Print 7079(s) Print 7079(s) and Letter(s)

a) Sort the Claims

To sort the claims by one of the column headings, simply click on the column heading to sort in that order. For example, to sort the authorizations in Authorization Number order, click on the **Authorization Number** column heading. The system displays the total number of authorizations (records) it found at the bottom of the screen. To page through the claims, click on a page number link to display that page.

b) View Authorization Forms (7079)



To display 7079 forms, click on the **Print 7079(s)** link. The system displays the authorization form for that record.

1. To display 7079 forms for all records listed, select the **checkbox** at the far right of the column headings. This selects all of the records.
2. To select a specific record, select the **checkbox** for that record.
3. Click on the **Print 7079(s)** link. The system displays the authorization form for those records.

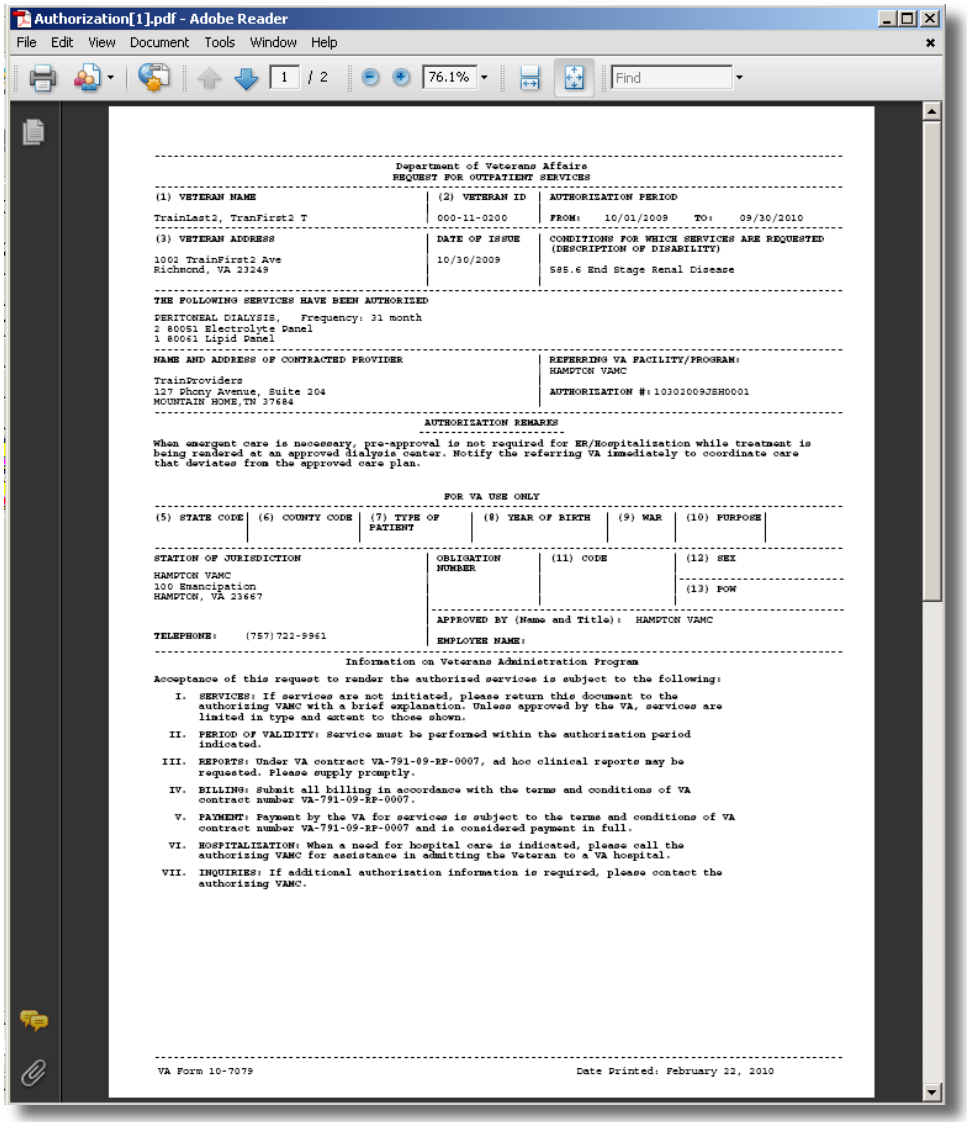
Print the Authorization

From the list of authorizations, you can print one or more authorization forms. To print the authorization(s) from the displayed PDF in Adobe Reader, under the *File* menu, select **Print**, then follow the prompts, or simply click on the print icon and then click **OK**. To close the PDF, click on the close icon (**X**) in the top right corner of the PDF screen.

Save the Authorization

To save the authorization(s) to your PC or network hard drive, from within the displayed PDF in Adobe Reader, under the *File* menu, select **Save a Copy**, then follow the prompts, or simply click on the save icon and then click **OK**. To close the PDF, click on the close icon (**X**) in the top right corner of the PDF screen.

The authorization form (7079) displays in an Adobe Reader PDF screen. From this screen you can print the form or save it to your PC or network hard drive.



Authorization[1].pdf - Adobe Reader

File Edit View Document Tools Window Help

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Department of Veterans Affairs
REQUEST FOR OUTPATIENT SERVICES

(1) VETERAN NAME	(2) VETERAN ID	AUTHORIZATION PERIOD
TrainLast2, TranFirst2 T	000-11-0200	FROM: 10/01/2009 TO: 09/30/2010

(3) VETERAN ADDRESS	DATE OF ISSUE	CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
1002 TrainFirst2 Ave Richmond, VA 23249	10/30/2009	S85.6 End Stage Renal Disease

THE FOLLOWING SERVICES HAVE BEEN AUTHORIZED

PERITONEAL DIALYSIS, Frequency: 31 month
2 80061 Electrolyte Panel
1 80061 Lipid Panel

NAME AND ADDRESS OF CONTRACTED PROVIDER	REFERRING VA FACILITY/PROGRAM:
TrainProviders 127 Phony Avenue, Suite 204 MOUNTAIN HOME,TN 37684	HAMPTON VAMC AUTHORIZATION #: 10302009JSH0001

AUTHORIZATION REMARKS

When emergent care is necessary, pre-approval is not required for ER/Hospitalization while treatment is being rendered at an approved dialysis center. Notify the referring VA immediately to coordinate care that deviates from the approved care plan.

FOR VA USE ONLY

(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE

STATION OF JURISDICTION	OBLIGATION NUMBER	(11) CODE	(12) SEX
HAMPTON VAMC 100 Emancipation HAMPTON, VA 23667			(13) POW
TELEPHONE: (757)722-9961	APPROVED BY (Name and Title): HAMPTON VAMC EMPLOYEE NAME:		

Information on Veterans Administration Program

Acceptance of this request to render the authorized services is subject to the following:

I. SERVICES: If services are not initiated, please return this document to the authorizing VAMC with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.

II. PERIOD OF VALIDITY: Service must be performed within the authorization period indicated.

III. REPORTS: Under VA contract VA-791-09-RP-0007, ad hoc clinical reports may be requested. Please supply promptly.

IV. BILLING: Submit all billing in accordance with the terms and conditions of VA contract number VA-791-09-RP-0007.

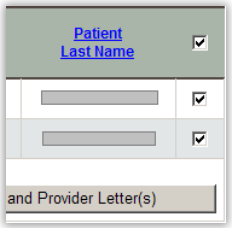
V. PAYMENT: Payment by the VA for services is subject to the terms and conditions of VA contract number VA-791-09-RP-0007 and is considered payment in full.

VI. HOSPITALIZATION: When a need for hospital care is indicated, please call the authorizing VAMC for assistance in admitting the Veteran to a VA hospital.

VII. INQUIRIES: If additional authorization information is required, please contact the authorizing VAMC.

VA Form 10-7079 Date Printed: February 22, 2010

c) View Authorization forms (7079) and Provider Letters



The system gives you a way to print both the authorization form and the provider letter at the same time.

1. To display 7079 forms for all records listed, select the checkbox at the far right of the column headings. This selects all of the records.
2. To select a specific record, click on the **checkbox** for that record.
3. Click on the **Print 7079(s) and Provider Letter(s)** link. The system displays both the 7079 and the provider letter in an Adobe Reader PDF screen. From this screen you can print the form or save it to your PC or network hard drive.

Print the Authorization and Provider Letter

To print the authorization(s) and Provider Lettes from the displayed PDF in Adobe Reader, under the *File* menu, select **Print**, then follow the prompts, or simply click on the print icon and then click **OK**. To close the PDF, click on the close icon (**X**) in the top right corner of the PDF screen.

Save the Authorization and Letter

To save the authorization(s) and Provider Letter to your PC or network hard drive, from within the displayed PDF in Adobe Reader, under the *File* menu, click on **Save a Copy**, then follow the prompts, or simply click on the save icon and then click **OK**. To close the PDF, click on the close icon (**X**) in the top right corner of the PDF screen.

C. Medical Authorizations – Indianapolis, North Chicago or Walla Wall Svc Area option

Click on the *Medical Authorizations* menu tab and select **Indianapolis, North Chicago or Walla Walla Svc Area** to open the *Authorizations Workflow* screen.

The **Referred To Provider NPI** field initially displays your NPI number. If you have more than one NPI number, you can select the desired number from the drop-down list.

Each of the input fields in the **Search Criteria** section help you narrow your search. The more information you can enter into these fields, the more precise your search will be in locating the desired authorizations.

1. Enter as much information as you have in the fields provided. In the **Date** fields, you can enter a specific date (mm/dd/yyyy format) or use the calendar icons to search for and select a date.
2. To locate authorizations for a specific provider, select the provider's National Provider Identifier number from the **Referred To Provider NPI** drop-down list.
3. Click on **Search**.

ii. Authorization Search Results

This screen displays a list of authorization records the system found based on the search criteria you entered.

Search Results

Create Date	Effective Date	Termination Date	Station	Authorization Number	Provider Tax ID	Provider NPI	Patient Date of Birth	Patient First Name	Patient Last Name	Action	Action
6/30/2014	6/30/2014	6/30/2015	0447V	0447V-2014-1						Print 7079	Print Provider Letter

1 (1 record(s) total)

a) Sort the Claims

To sort the claims by one of the column headings, simply click on the column heading to sort in that order. For example, to sort the authorizations in Authorization Number order, click on the **Authorization Number** column heading. The system displays the total number of authorizations (records) it found at the bottom of the screen. To page through the claims, click on a page number link to display that page.

b) View Authorization Form (7079)

To display 7079 forms, click on the **Print 7079(s)** link. The system displays the authorization form for that record.

Print the Authorization

To print authorization(s), from the displayed PDF in Adobe Reader, under the *File* menu, select **Print**, then follow the prompts, or simply click on the print icon and then click **OK**. To close the PDF, click on the close icon (**X**) in the top right corner of the PDF screen.

Save the Authorization

To save the authorization(s) to your PC or network hard drive, from within the displayed PDF in Adobe Reader, under the *File* menu, select **Save a Copy**, then follow the prompts, or simply click on the save icon and then click **OK**. To close the PDF, click the close icon (**X**) in the top right corner of the PDF screen.

c) View Provider Letters

Click on the **Print Provider Letter** link. The system displays the provider letter in an Adobe Reader PDF screen. From this screen you can print the form or save it to your PC or network hard drive.

1. To display 7079 forms for all records listed, select the checkbox at the far right of the column headings. This selects all of the records.
2. To select a specific record, click on the checkbox for that record.
3. Click on the **Print 7079(s) and Provider Letter(s)** link. The system displays both the 7079 and the provider letter in an Adobe Reader PDF screen. From this screen you can print the form or save it to your PC or network hard drive.

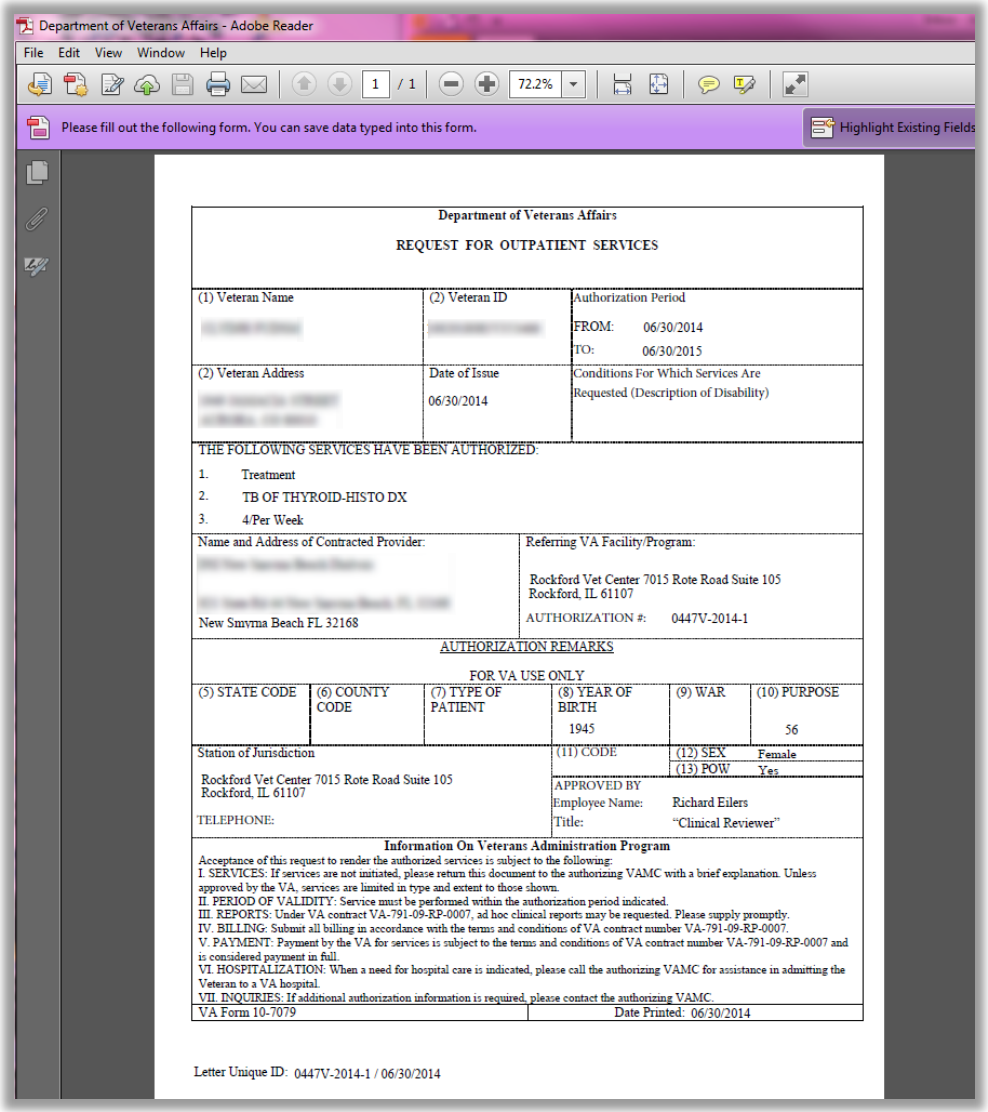
Print the Provider Letter

To print the Provider Letter, from the displayed PDF in Adobe Reader, under the *File* menu, select **Print**, then follow the prompts, or simply click on the print icon and then click **OK**. To close the PDF, click on the close icon (**X**) in the top right corner of the PDF screen.

Save the Provider Letter

To save the Provider Letter to your PC or network hard drive, from within the displayed PDF in Adobe Reader, under the *File* menu, select **Save a Copy**, then follow the prompts, or simply click on the save icon and then click **OK**. To close the PDF, click on the close icon (**X**) in the top right corner of the PDF screen.

The authorization form (7079) displays in an Adobe Reader PDFscreen. From this screen you can print the form or save it to your PC or network hard drive.



Department of Veterans Affairs - Adobe Reader

File Edit View Window Help

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Please fill out the following form. You can save data typed into this form. Highlight Existing Fields

Department of Veterans Affairs

REQUEST FOR OUTPATIENT SERVICES

(1) Veteran Name	(2) Veteran ID	Authorization Period
		FROM: 06/30/2014 TO: 06/30/2015
(2) Veteran Address	Date of Issue 06/30/2014	Conditions For Which Services Are Requested (Description of Disability)

THE FOLLOWING SERVICES HAVE BEEN AUTHORIZED:

1. Treatment
2. TB OF THYROID-HISTO DX
3. 4/Per Week

Name and Address of Contracted Provider:	Referring VA Facility/Program:
New Smyrna Beach FL 32168	Rockford Vet Center 7015 Rote Road Suite 105 Rockford, IL 61107 AUTHORIZATION #: 0447V-2014-1

AUTHORIZATION REMARKS

FOR VA USE ONLY

(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF PATIENT	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE
			1945		56

Station of Jurisdiction	(11) CODE	(12) SEX Female (13) POW Yes
Rockford Vet Center 7015 Rote Road Suite 105 Rockford, IL 61107 TELEPHONE:	APPROVED BY Employee Name: Richard Eilers Title: "Clinical Reviewer"	

Information On Veterans Administration Program

Acceptance of this request to render the authorized services is subject to the following:
I. SERVICES: If services are not initiated, please return this document to the authorizing VAMC with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.
II. PERIOD OF VALIDITY: Service must be performed within the authorization period indicated.
III. REPORTS: Under VA contract VA-791-09-RP-0007, ad hoc clinical reports may be requested. Please supply promptly.
IV. BILLING: Submit all billing in accordance with the terms and conditions of VA contract number VA-791-09-RP-0007.
V. PAYMENT: Payment by the VA for services is subject to the terms and conditions of VA contract number VA-791-09-RP-0007 and is considered payment in full.
VI. HOSPITALIZATION: When a need for hospital care is indicated, please call the authorizing VAMC for assistance in admitting the Veteran to a VA hospital.
VII. INQUIRIES: If additional authorization information is required, please contact the authorizing VAMC.

VA Form 10-7079	Date Printed: 06/30/2014

Letter Unique ID: 0447V-2014-1 / 06/30/2014

D. EOB Claims

Hover over the *EOB/Claims* menu and select **Contracted Dialysis**.

i. Contracted Dialysis EOB Search

The Provider Tax ID for your account is prepopulated. If you have more than one, use the drop down menu to navigate between Provider Tax IDs.

- **Blank Search**—*Do not* enter any search criteria, just click **SEARCH**. The results will display all dialysis EOBs. If there are more than 200 EOBs, enter at least one search criterion.
- **Criteria Search**—Enter a single criterion or more to limit the search results. Key **ENTER** or click **SEARCH** for results to appear.

a) Sort by Headers

Click on the header name to sort by that category. In this image the data is sorted by Claim Status.

Search Results

Export to Pdf...

Provider	Dates of Service	EOB Date	Patient	Billed Amount	Date of Payment	Check/Trace Number	Payment To Provider	Invoice Number	Claim Status	Action
	6/30/10	8/13/2010		$5,536.40			$0.00		Denied	View EOB
	7/5 - 7/26/10	8/19/2010		$4,482.75			$0.00		Denied	View EOB
	8/2 - 8/23/10	9/8/2010		$2,168.63			$0.00		Denied	View EOB
	9/6 - 9/13/10	10/13/2010		$1,846.49			$0.00		Denied	View EOB
	10/1 - 10/29/10	11/18/2010		$49,200.60			$0.00		Denied	View EOB
	11/1 - 11/15/10	12/15/2010		$788.64			$0.00		Denied	View EOB
	2/14 - 2/16/11	3/8/2011		$1.80			$0.00		Denied	View EOB
	7/2 - 7/30/10	8/19/2010		$75,928.63	9/7/2010		$5,200.00		Paid	View EOB
	8/2 - 8/30/10	9/8/2010		$72,772.54	9/27/2010		$4,800.00		Paid	View EOB
	9/1 - 9/29/10	10/13/2010		$68,307.91	10/29/2010		$5,200.00		Paid	View EOB

1 2 (20 record(s) total)

Click the header again to reverse the sort order.

Search Results

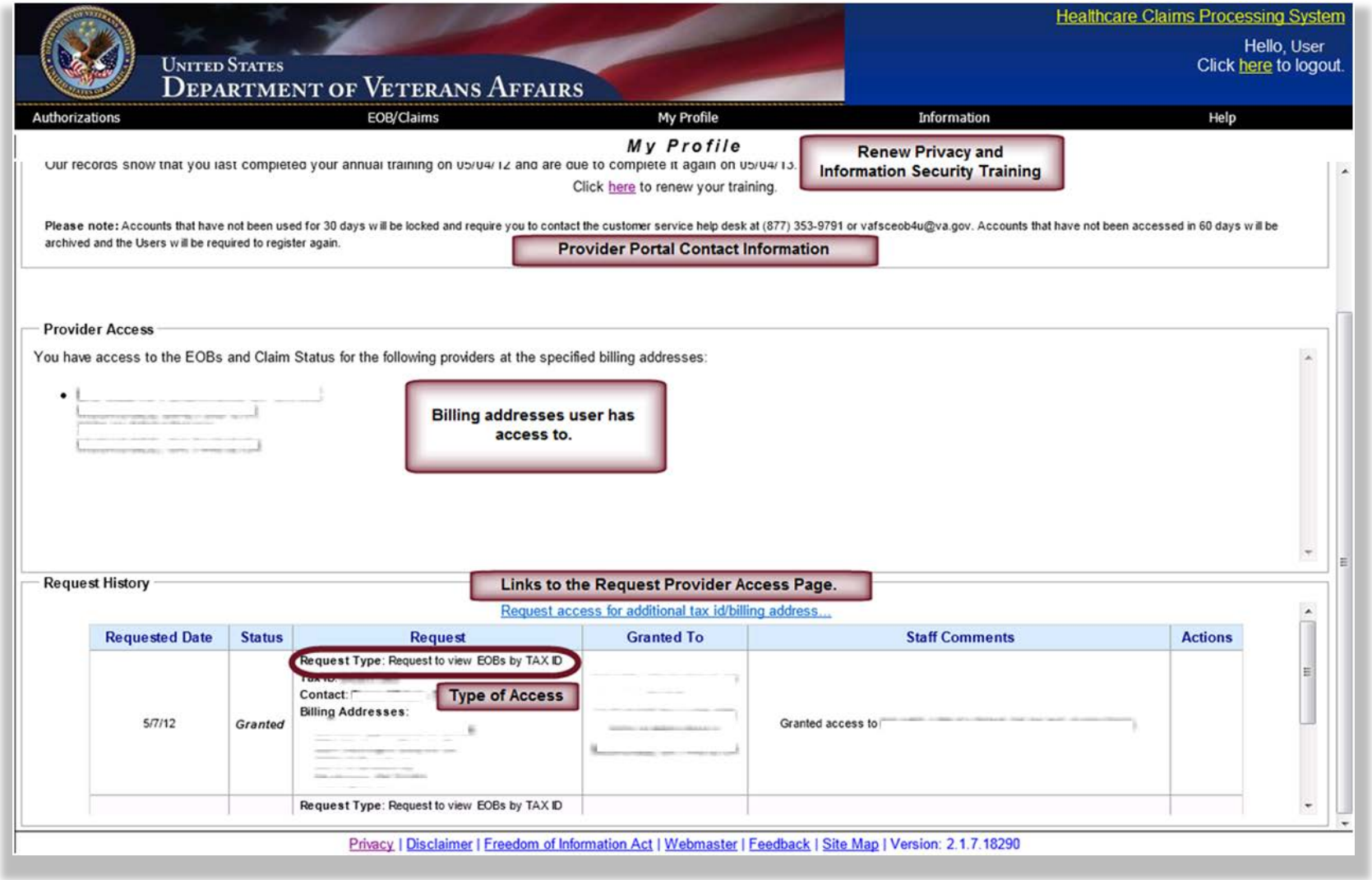
Export to Pdf...

Provider	Dates of Service	EOB Date	Patient	Billed Amount	Date of Payment	Check/Trace Number	Payment To Provider	Invoice Number	Claim Status	Action
	7/2 - 7/30/10	8/19/2010		$75,928.63	9/7/2010		$5,200.00		Paid	View EOB
	8/2 - 8/30/10	9/8/2010		$72,772.54	9/27/2010		$4,800.00		Paid	View EOB
	9/1 - 9/29/10	10/13/2010		$68,307.91	10/29/2010		$5,200.00		Paid	View EOB
	6/30/10	11/30/2010		$5,536.40	12/13/2010		$400.00		Paid	View EOB
	11/1 - 11/29/10	12/16/2010		$61,739.65	12/28/2010		$5,200.00		Paid	View EOB
	12/1 - 12/31/10	1/13/2011		$61,217.77	1/31/2011		$5,200.00		Paid	View EOB
	10/1 - 10/29/10	1/26/2011		$49,200.60	2/14/2011		$5,200.00		Paid	View EOB
	1/3 - 1/31/11	2/9/2011		$61,069.71	2/28/2011		$5,200.00		Paid	View EOB
	2/4 - 2/28/11	3/8/2011		$41,706.46	3/28/2011		$4,400.00		Paid	View EOB
	3/2 - 3/30/11	4/7/2011		$48,577.35	4/29/2011		$5,200.00		Paid	View EOB

1 2 (20 record(s) total)

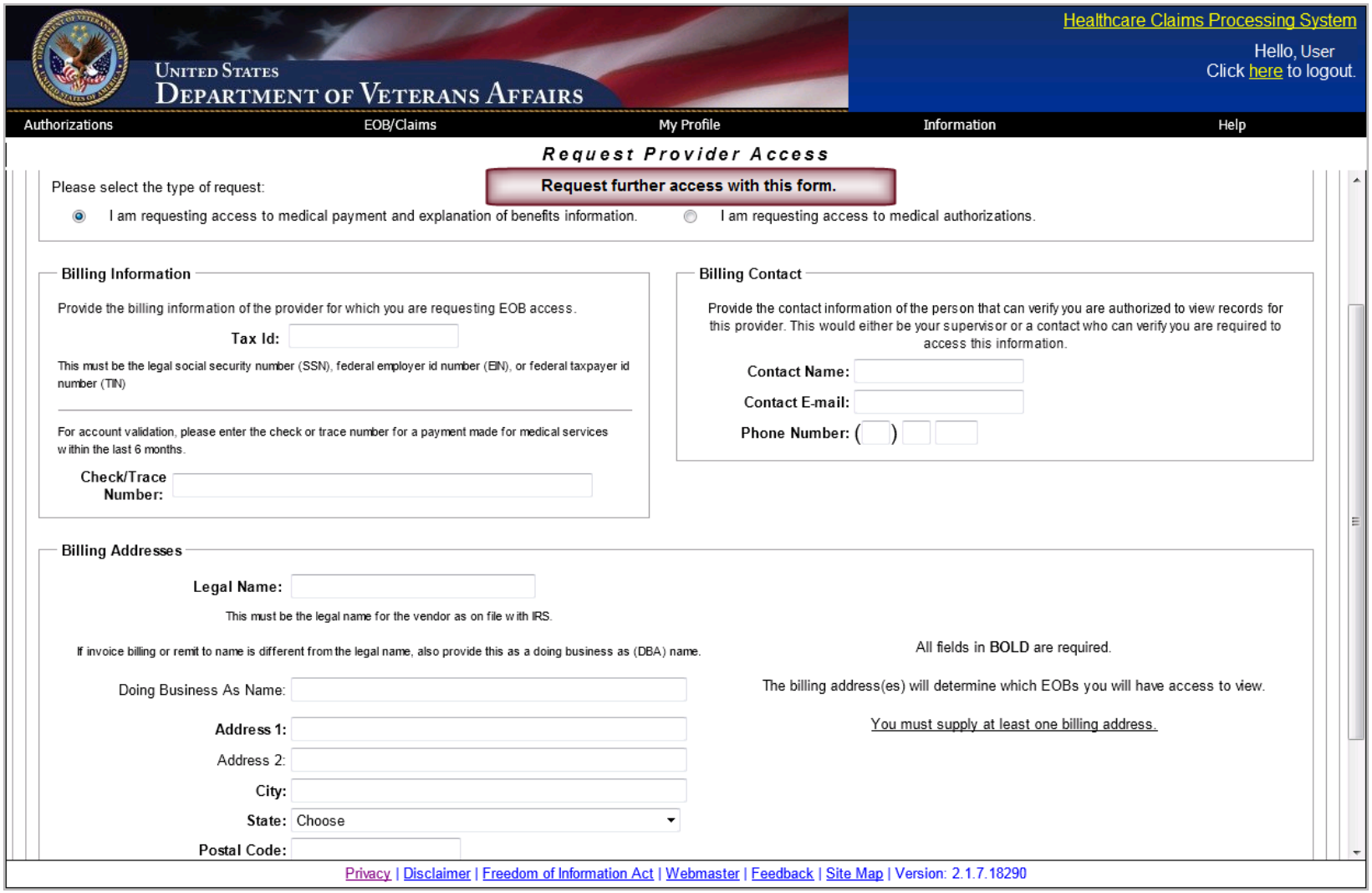
E. My Profile

On the *My Profile* page, you have the opportunity to renew training, review access type and billing addresses, and request access to other billing addresses. *Contact* information and *Provider Portal Help Desk* information is also found here.



ii. Request Provider Access

Under the *My Profile* menu you can select **Request Provider Access**. This allows you to request access to more billing addresses or Authorization access if you already have EOB access.



F. Information

The information menu provides contact details for the Provider Portal and a link to information about the Financial Services Center.

G. Help

The Help menu provides a link to Frequently Asked Questions (FAQ) and a link for this guide.