



Provider Web Portal Quick Guide – Delegate Access

Definitions

A reminder that users are only able to delegate the functions that they have. If not seeing one of the below functions in the list it is because the user does not have access to that function.

Care Management – Submit Resubmit Authorization

Allows access to create an authorization and view, edit or add providers on the Maintain Favorite Providers page used by authorizations.

1. Care Management – View Authorization

Allows access to search for and view authorizations.

2. Claim – Inquiry

Allows access to search for and view Dental, Institutional and Professional claims.

3. Claim – Submit and Resubmit

Allows access to submit, resubmit, copy and void Dental, Institutional and Professional Claims.

4. EHR Incentive Payment Program

Allows access to the EHR Incentive Payment Program

5. Files Exchange (EDI)

Allows access to File Upload and Download pages where X12 files can be uploaded or downloaded.

6. Member Focus Viewing

Allows access to the Member Focus Viewing page. This page provides high level information about eligibility, claims and authorizations and should only be given to those delegates who also have access to eligibility, claims and authorizations.

7. Provider Maintenance

Allows access to the Provider Maintenance process where a user can access and update much of the data a provider submitted during enrollment.

8. Resources – Download Reports

Allows access to the Report Download page under the Resources tab. Here a user can download CTMS letters, RA pdf reports and other non-X12 letters and reports.

9. Resources – Search HIPAA Error Codes

Allows access to the Search HIPAA Error Codes page where a user can search for additional information on CARC and RARC codes.

10. Revalidation

Allows access to the Revalidation process that most providers will need to perform every 3-5 years as currently defined under ACA rules. (Note: The provider's link to Revalidation is only available to them during their Revalidation period and therefore, if delegated, would only be available to the delegate during the Revalidation period.)

11. Search Accounts Receivable

Allows access to the Search Accounts Receivable page where users can search for and pay ARs.

12. Search Alerts

Allows access to the Search Alerts page. Colorado interChange will create various alerts for such things as Prior Authorizations and Claims. These alerts can be viewed on this page.

13. Search Payment History

Allows access to the Search Payment History page. Here a user can search for a payment, view the claims associated to that payment, download the PDF version of the Remittance Advice (RA) and also download a delimited version of the RA.

14. Secure Correspondence

Allows access to Secure Correspondence where a user can view, submit or reply to secure correspondence messages.

15. Verify Eligibility

Allows access to Verify Eligibility where a user can:

- Verify Coverage information for a member including copayment amounts.
- Verify Limit information for a member, both dollar and unit limits
- Verify Managed Care Assignment information for a member
- Verify Lock-In details for a member
- Verify Plan of Care details for a member, including patient liability
- Verify EPSDT details for a Member
- View Other Insurance Information, including Medicare A & B
- Add Other Insurance Information

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