

# PROVIDER ACCOUNT PROVIDER SELF-SERVICE (PSS) USER GUIDE



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# About the Provider Account Portal

The Provider Account is a provider self-service (PSS) portal for Providers to view Member/Dependent eligibility, view/print EOBs, and, if a dental Provider, create Dental Eligibility Inquiries. Providers are also able to share information with the Fund Office using secure messaging and document upload features.

## About the Provider Account Interface

When you sign into the Provider Account portal, you will be presented with the user interface. The exact options displayed and available features depend on your account permissions (e.g., Administrator account or regular account).

An example of the interface is shown in the image below.

UFCWTRUST	Billing Provide	er: Test Provider				Welcome TES Last Login: 9:06 am toda		O User	-	
Home For Administrator	Secure Messag	e				New Message	Filters	TFO A (News		
Provider Documents	Inbox 🗿 Sent	Archive						Date	Title	Mess
Eligibility & Claims	Unread Subject	ct Attachn	nent Icon Indicator De	tails			Date	No data t	found	
Navigation Pane	You have no messag	es to show								
	Provider Info						Edit			
	Provider Name Test Provider	Type Dental	Tax ID 98765432	NPI	Postal Code ID 95661	Provider Specialty				

Tabs	
<b>Navigation Pane</b>	Use the navigation pane to access a specific tab.
Tabs	The active tab is highlighted in blue.
User Profile	The User Profile provides the option to change your username, security
	questions, and more.
Logout	Closes the application and returns you to the Login screen.



## User Profile

The User Profile option available from the top of the user interface allows you to change your user profile, such as: username, password, and security questions.

## **TFO Alerts**

The TFO Alerts or "**News**" section displays messages from the Trust Fund Office (TFO), also known as UFCW & Employers Trust, LLC, or TotalTrust, LLC, to all Providers about special announcements, upcoming events, and benefit changes.

TFO A	lerts (Nev	ws)	
Date	Title	Message	
No data f	ound		

## Secure Messages

The Secure Message option provides you with the ability to send secure messages to and receive secure messages from the TFO. Once sent, your message is displayed in the Sent folder, and replies from the TFO will be visible in the Inbox. Once satisfied, you have the option to move messages to the Archive folder.

#### Create and Send New Messages

#### To create and send a new secure message to the TFO:

1. Click the **Create** icon below the "Inbox" label.

1	Secure Mes	ssage			
	INBOX 🧿	SENT	ARCHIVE		
	Create				
	Subject		Message		Date
	Dental bill >		When will my	dental bill be paid?	02/11/2022
	RMD >		I will be turnir	ng 72 next year, when do I need to start my required minimum distribution?	02/11/2022

The New Message popup window is displayed.



New Message	×	
Subject *		
Claims Question		
Topic *		
Dental Claims	-	
Type here Hi, I have a question about claim #3298493 from November 30,		
2021.		
Cancel	I Seno	ď

- 2. In the **Subject** field, enter a short description of what the message is about.
- 3. Click in the **Topic** field and select the topic that best describes the reason for the message. Select from:
  - Active Member Eligibility
  - Dental Claims

General Support

Medical Claims

- Pension
- Prescriptions •
  - Registration
- Registration or • Login Issues
- **Retiree Member** • Eligibility
- Sick Leave
- Website Related **Questions or Errors**
- 4. Click in the **Type here...** box, and type in your message.
- 5. Click Send.

When you return to the Secure Message window, you can click the Sent tab to see your message. Replies will go to your Inbox.

#### Access and Reply to Messages

#### To access and reply to a secure message:

- 1. Click the **Inbox** tab.
- 2. Locate the item you want to view, then click on the link (underlined text) in the **Subject** column.

Secure M	lessage			
	SENT	ARCHIVE		
Create				
Unread	Subject			Message
•	Medical cla	aim available i	n MSS >	Hi Austin,Per our call on 2/2, your claim #13498 EOB is available in your MSS portal. Pl
•				



The Secure Message popup window displays the full message.

Secure Message	×
Şəuy.22. Tildlik you.	•
From: ANDERSON, MARY	3:14 PM
Hello, please be advised that we are reviewing that claim and you ASAP. Thank you.	will update
	-
Archive	e Reply

3. To reply to the secure message, click **Reply**.

Secure Message	×	Secure Message	Attach File : X
5509.22. ППапк уоu.	•		
rom: INDERSON, MARY	3:14 PM	Thank you, please send me a correference.	opy of the EOB so I can use for
Hello, please be advised that we are reviev	wing that claim and will update		
you ASAP.			
Thank you.			
	-		

- 4. A new text field displays in the popup window. Enter your reply.
- 5. Click Send.

## Archive and Unarchive Messages

If you have received the information you requested, or have the answers you needed, you can send your messages to the Archive folder. Archived messages can always be retrieved, if needed.

#### To archive a message:

- 1. Go to the Inbox or Sent folder to access the appropriate message.
- 2. In the **Subject** column, click the item you want to archive.



Subject	Message		Date
Medical claim aya	ilable in MSS > )	Hi Austin,Per our call on 2/2, your claim #13498 EO	B is available in your MSS portal. Please click th
Dental bill >	When will n	ny dental bill be paid?	02/11/2022

The message is opened.

3. Scroll to the bottom of the message, click **Archive**.



The message is moved to the **Archive folder**.

#### To unarchive a message:

1. Go to the **Archive** folder to access the message.

Secure Message	
INBOX 0 SENT ARCHIVE	
Create	
Subject	Message
Medical claim available in MSS >	Hi Austin,Per our call on 2/2, your claim #13498 EOB is available in your MSS portal. Please click th

2. In the **Subject** column, click the item you want to unarchive.

	Subject	Message	Date
	Medical claim ayailable	in MSS >	Hi Austin,Per our call on 2/2, your claim #13498 EOB is available in your MSS portal. Please click th
_			



3. At the bottom of the message window, click **Unarchive**.

Secure Message	×	
Hi Austin,		•
Per our call on 2/2, your claim #13498 EOB is available in your MSS portal. Please click the cloud icon to download the claim.		
Best, Mary		
Unarchive	oly	Ī

The message is moved back to the folder where it originated.

## **Provider Documents**

The Provider Documents tab allows you to view created documents, upload documents, and create a Dental Eligibility Inquiry if you are a dental Provider.

Documents	Upload	Dental Eligibility Inquiry	Filters
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## Documents

The Documents section provides you the ability to view, download, sort, print, and upload documents. Available documents include the results of Dental Eligibility Inquiries (for Dental Providers), and documents that your office(s) have uploaded to the TFO.

**NOTE:** The file types allowed for upload are <u>.pdf, .bmp, .gif, .jpeg, .jpg, .png, .tif and .tiff</u>. The <u>maximum file size allowed is 10mb</u> and the time it takes to upload a file will depend on file size.

#### Upload New Documents

#### To upload a new document:

1. From the Documents section, click the **Upload** icon.



2. The Upload Documents popup window is displayed:



Upload Documents	×
n this screen, you can upload documents from your device. Begin by interacting with the uploa 'he file types allowed for upload are .pdf, .bmp, .gif, .jpeg, .jpg, .png, .tif and .tiff. The maximur llowed is 10mb and the time it takes to upload a file will depend on file size.	
6	
Click to upload, or drag and drop files here.	
Canc	el Upload

- 3. Click the **cloud symbol** to select a file from your computer OR **drag and drop** a file from your computer onto the cloud symbol on the screen.
- 4. Click Upload.

#### Filter Document List

The Filters option allows you to narrow down the documents in the list, by filtering on one or more filter options.

#### To filter the document list:

1. From the Documents section, click the **Filters** icon in the upper right corner.

Documents	}	(	Filters
-	2	Filter by	
Upload	3	Name	~
	5	Date	~
Document Type	2	Direction	~
	$\overline{\langle}$	Label	~
	5	Status	~
-	3	Sort by	- 1
-	2 :	Document Name	~
		Date	~
	ξ.		_

The Filter by / Sort by option is displayed.

2. Select the **Filter by** option (Name, Date, etc.) you want to use to filter the list. You can use more than one filter at once, but you must set them one at a time.



3. Under **Sort by**, you can select the item by which you want the list to be sorted. In the example below, we chose to filter by a *custom date* range, and then returned and sorted the list by *ascending date*.

Date • Last 90 Days Last 6 Months Last 12 Months	^	Documents         Filter: Date (02/10/2022 to 02/11/) fort. D           Openal         Sort. D	ate (Ascending) 🛞 🚽 ren	Click the X to nove the filter or sort by option.	Filters
🗸 Custom Dates	Apply	Document Type	Description	Status	
From		Spouse/DP Other Insurance Information Letter V	2 > Spouse/DP Other Insurance	Information Letter V2 We ger	nerated on 02/10/2022
02/10/2022		Marriage Certificate - HWS >	DP certificate	We upl	oaded on 02/11/2022
To 02/11/2022		HWS - Claim Dental >	copy of invoice	We upl	loaded on 02/11/2022

4. To remove a filter or sort option, simply click the **X** on the option you want to remove.

#### Open and View a Document

#### To open and view a document:

1. Locate the document you want to open, then click the **link** in the **Document Type** column.

Actions	Document Name	Patient Name	Date Created
• (	Dental Fax Template Standard 13 wHist		11/15/2022 12:35:08 PM

2. By default, the document is opened in a new browser window in PDF format. From here, you can print or download the document. Refer to the sections below for instructions.

Spouse_DP Other Insurance Information Letter V	/2 1 / 2   − 100% +   🖸 👌	Ŧ	ē	:
Approximation of the second se	UFCW & Employers Trust, LLC P.O. Box 4100 Concord, CA 94524-4100			
1	January 25, 2022			
	000			
	Member: Member ID#			
	The Plan rules require your Spouse/Demestic Partner who have access to another employer-provided plan will be required enroll in that plan, and must enroll in the option that is at least as comprehensive as the UEBT Retiree Health Plan in which they are currently enrolled, without regard to the cost of the plan. This would include Medical, Prescription Drug, and Denta Plans offered by his or her employer.	1		
	The rule does not apply if: 1. Your Spouse/Domestic Partner is not employed and their previous employer does not offer him her any benefits			



## Download a Document

Once you have opened a document, you can choose to download that document (PDF file) to a location on your computer.

#### To download the document:

1. From the document window, click on the download icon in the top-right corner of the document.



- 2. The Save As window is opened. Select the **folder** to which you want it saved.
- 3. Provide a name for the file. Click **Save**.

Save As		×
← → ~ ↑	→ This PC → Downloads → ♂ Search Downloads	
Organize 🔻 Ne	ew folder	• ?
<ul> <li>This PC</li> <li>3D Objects</li> <li>Desktop</li> <li>Documents</li> <li>Downloads</li> </ul>	<ul> <li>Name</li> <li>No items match your search.</li> </ul>	
• Downloads	✓ <	>
File name:	New Hire Enrollment Submitted Confirmation.pdf	~
Save as type:	PDF File (*.pdf)	~
∧ Hide Folders	Save	ancel

#### Print a Document

Once you have opened a document, you can choose to send the document to a printer.

#### To print the document:

1. From the document window, click on the Print icon in the top-right corner of the document.



The Print Dialog window is opened.



2. Select your **printer**. Click **Print**.

CUFCWTRUST MAR PARENT MAR PARENT	Print	6 sheets of paper
Telepione (inc	Destination	EPSON 🔻
Dard Thank you for submitting one New Hear ( hits) Excellenced. The exclused summary report reflects your benefits electricits, and of their insurances of information. Pleases environ the information candidal, if you have an environment of their answers, and please and the final of control their and environment of the information <b>SPECOM. EXCLUSION ( and Control Systematory</b> ).	Pages	All
The protonution balance confirms the athlike of your health benefit electrons as of COMMODIFY 133 CM AMPERT Complete the complete the complete Terms and Conditions You K Second Electrons You K Complete Conditions You K Conditions Participations Conditions You K Conditions Participation Conditions Conditions Conditions Conditions You K Conditions Participation Conditions Con	Copies	1
Required Documentation Yes	Color	Color 👻
		Print Cancel

## Eligibility & Claims

#### To view Member eligibility:

1. From the Eligibility and Claims tab, click on the Verify Member Details button.

<ul><li>✿ Home</li><li>✿ For Administrator</li></ul>	Claims History								
Provider Documents	Subscriber Name	Patient Name	Claim Number	Date Of Service From	Date Of Service To	Claim Status	Released Date	Paid Amount	Patient Responsible Amt
🚊 Eligibility & Claims	No data found								

2. Enter in the **Subscriber's (i.e., the Member's)** information and click Next.

/erify Member Details			×
1	2	3	
Identification	Pick a covered person	Member Details	
Search by (Must be Subscriber Info only)*			
Member ID			-
Enter Member ID*			
First Name*			
Last Name*			
Date Of Birth*			Ē
Cancel			Next



3. All covered persons (Member and Dependents) of the Subscriber's (the Member's) Plan are then displayed. Select the Patient and then click Next.

Verify N	lember Details			×
	$\bigcirc$	2	3	
	Identification	Pick a covered person	Member Details	
Please s	elect Member/Dependents	s to see Eligibility, Carrier, COI	B details	
	TOM TESTGUY Member 03/03/1960 1106033U0	JOHN TESTGUY Natural Child 10/22/1987 1104389U4	JOSE TESTGUY Natural Child 01/01/1999 1148889U7	
	MICHEAL TESTGUY Natural Child 07/26/2006 1104434U6	TINA TESTGUY Natural Child 12/01/2011 1113208U0	WILLIAM TESTGUY Natural Child 03/23/2018 1149126U8	
	JOSH TEST Natural Child 04/01/2020 1148229U4	DORY TESTGUY Natural Child 05/01/2022 1149134U2	MINNIE TESTGUY Natural Child 05/08/2022 1149126U9	
		PETUNIA TESTGUY Spouse 12/25/1964 1104511U1		
Cancel			Previous	Next

4. Current eligibility will be displayed for the selected Patient.

erify Membe	r Details				:
lden	tification	Pick a covered person	י ר		
First Name TOM	Last Name TESTGUY	Relation Member	Date Of Birth 03/03/1960	Member ID 1106033UC	)
ligibility					Filters
Start date	Stop date	Fund Nar	ne	Plan Name	
No data found					



# Health Claims

Claims will automatically be shown for received claims from your, the Provider's, TIN.

Claims Histo	ry						Verify Member D	etails	Filters	0
Subscriber Name	Patient Name	Claim Number	Date Of Service From	Date Of Service To	Claim Status	Released Date	Paid Amount	Patient Amt	Respons	ible

Field Name	Definition
Subscriber Name	This is the name of the Member, who has enrolled the Patient covered by the claim.
Patient Name	This is the name of the Patient for the claim.
Claim Number	Number assigned to this claim. Adjusted Claims will have -xx (i.e., -01, -02, etc.) appended to the original Claim Number.
Date of Service from	The start date of service for the claim.
Date of Service To	The end date of service for the claim.
Claim Status	The current status of the claim.
Release Date	Date claim was released.
Paid Amount	The total dollar amount being paid by the Plan.
Patient Responsible Amt	The total dollar amount not covered by the Plan and required to be paid by the Member.



## H&W Claims Filters

Search by	
<b>Q</b> First Name, Last Name,	
Filter by	
Claim Status	$\sim$
Claim Number	$\sim$
Patient First Name	$\sim$
Patient Last Name	$\sim$
Insured ID/ SSN	$\sim$
Date of Service	$\sim$

Filter Name	Definition	
Claim Status	Claims can be filtered by status type.	
Claim Number	Claims can be filtered by Claim Number.	
Patient First Name	Claims can be filtered by patient's first name.	
Patient Last Name	Claims can be filtered by patient's last name.	
Insured ID/SSN	Claims can be filtered by Member ID or SSN	
Date of Service	Claims can be filtered by Claim Date	
	Last 90 Days	
	Last 6 Months	
	Last 12 Months	
	Custom Dates	

## Viewing an EOB

#### To view an H&W (Health & Welfare) claim:

1. Click the **cloud icon** • to view or print the claim EOB.