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BENEFIT RECOVERY
Provider Portal Operations Manual
August 2021

VERSION CHANGE/REVIEW LOG

Version	Date	Author	Change Description
v.1	20210121	Rian Mahaffey	Created Document
v.2	20210802	Rian Carrell	Added section to link provider accounts and updated old screenshots

Executive Summary

This document summarizes the requirements and instructions for proper operation of the Provider Portal. The Benefit Recovery Provider Portal was created to provide healthcare providers a way to communicate with the state of Pennsylvania regarding disputes involving patient insurance, coordination of benefits, and/or overpayments made by the state to providers. It is suggested that users access the Provider Portal using Chrome.

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Provider Portal Operations Manual

1 Access

Providers would receive a letter with login instructions if they provided services to a patient who had other primary coverage, but the State of Pennsylvania paid the provider as the primary payer. The letter will detail how to login for the first time with a temporary username/password.

Example of letter:



12/31/2020

Dear Medical Assistance Provider:

The Pennsylvania Department of Human Services Third Party Liability Department (Department) has contracted with Benefit Recovery Specialists, Inc. (BRSi) to perform recovery activities to recover funds paid by Medical Assistance (MA) in error. Benefit Recovery has identified claims paid by MA to you, the provider, when another payer should have been billed as primary. Federal regulations at 42 C.F.R. Section 433.139 require that the Department recover payments when a liable third party is identified. Pursuant to 55 Pa. Code section 1101.64, Third Party Medical Resources, MA is the payer of last resort; therefore, Medicare Part A and/or B is the liable third-party payer.

For claims generally paid by MA between FROM_DATE and TO_DATE, Benefit Recovery has identified that Medicare Part A and/or B should have been billed as the primary insurance carrier and has liability to pay the identified claims. Medicare coverage was not necessarily available on the Eligibility Verification System (EVS) when services were provided. These claims largely represent Medicaid recipients whose Medicare eligibility was recently discovered through data matches with various federal sources and represent retroactive Medicare coverage. The attached data sheet will provide information you need to log onto the Provider Portal to view the claims paid to you in error. In accordance with regulations, the Pennsylvania Department of Human Services Medical Assistance program will automatically recoup the total dollar amount indicated on the Provider Portal unless your facility refutes recoupment within ninety days (90) from the date of this notice. The Medicare Part A and/or Part B timely filing limits for these claims will typically expire one year from the date(s) of service. Therefore, it is in your best interest to bill these claims to Medicare immediately. Instructions to do so are included in this letter. For claims that are already past the one-year timely filing limit, the Provider Portal provides special billing instructions.

BRSi has developed an enhancement to the previous Medicare recoupment process and all activity will be conducted via a Provider Portal. Initial sign in and credentials are provided below. Should you wish to dispute the recoupment of these funds after your review of the impacted claims on the Provider Portal, you must provide proper justification in the Claims section of the portal.

All correspondence, documentation, and inquiries regarding this recoupment notice must be addressed within the provider portal: <https://providerportal.benefitrecovery.com>. Claim resubmissions other than for coinsurance/deductibles will not be accepted if your facility does not follow these instructions and/or meet the required timely filing deadlines. The only course of action will be to appeal to the Bureau of Hearings and Appeals.

Bureau of Program Integrity | Division of Third Party Liability
PO Box 8486 | Harrisburg, Pennsylvania 17109-8486



Important Instructions

1. DO NOT SEND CHECKS, CASH, OR A VOID REQUEST TO THE DEPARTMENT. There will be no process in place to stop the recoupment other than those mentioned in these instructions. Refund checks cannot be accepted. Recoverable funds will be recouped on a future Remittance Advice.
2. If you receive payment from Medicare equal to or greater than the MA fee you were paid, DO NOT RESPOND to this notice. The Department will process the claim adjustment to recover funds for any claim for which a response is not received.
3. Log onto the Provider Portal to view the impacted claims. If you wish to refute the claims, please follow these steps inside the portal:
 - a. Log on
 - b. Identify the claim you refute
 - c. Upload documentation supporting your request for no recoupment. Upload instructions are on the portal
4. Only AFTER the claim is processed and the funds are retracted by the Department should a new paper claim and EOB be submitted when MA is responsible for payment of the Medicare deductible or coinsurance.
5. The new paper claim must follow all Department claim submission guidelines. In addition, the original ICN and the Adjustment ICN (begins with Region Code "54") should be placed on the UB-04 paper claim in Box 80-Remarks, or on the CMS-1500 in the space provided at the bottom of the claim. The Department will process these new paper claims after the recoupment has been completed.

We greatly appreciate your cooperation in this effort to ensure appropriate expenditure of MA funds.

Sincerely,

A handwritten signature in black ink that reads "Vince A. Porter".

Vince A. Porter, TPL Division Director

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Your user credentials and temporary password pertaining to login are as follows:

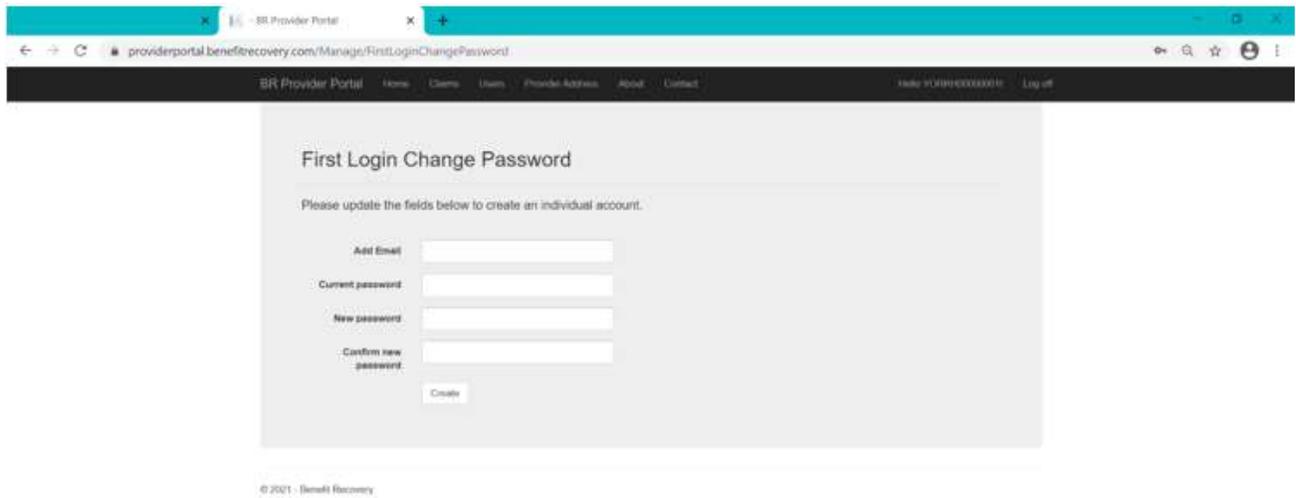
Please note, you will be prompted to register an Administrator and change your password after successfully logging in for the first time. Please retain your user credentials and updated password. Future correspondence regarding Medicare Part A and/or Part B recoupments will not contain your user credentials. You will be directed to the Provider Portal to obtain additional information.

This letter is being sent to the same location the Department issues payment. If future notices should be sent to a different address, please make the necessary change on the Provider Portal. This change will only impact future Medicare recovery notices and will not change any other address with the Department.

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2 First Time Login

After logging in for the first time with credentials provided in the letter, users will be prompted to enter their email address and create a new password:

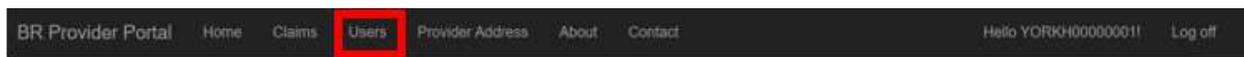


After entering the required fields, click Create.

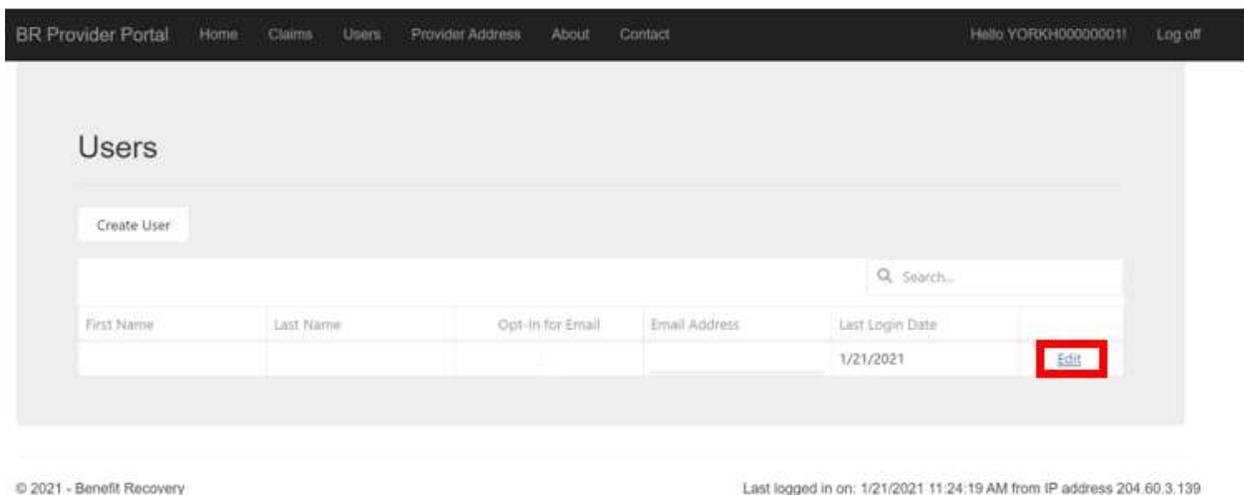
This will create the user’s account and redirect the user to the Claims Screen.

3 Editing User Info

From the Menu Bar, click Users:



The Users screen will be displayed; in the grid, click Edit:



The User Detail pop up will open:

User Detail [Close]

Username: YORKH00000001 **Email Address: *** [Red Error Icon]

First Name: [] **Last Name:** []

Administrator: **Opt-In for Email:**

Password: []

Password must be at least 6 characters long and no more than 25 characters. Must have an uppercase & a lowercase letter, a number and one special character. If you leave the password blank and update the user record the password will not be changed.

[Submit] [Cancel]

[Delete User]

Enter the Email Address, First Name, and Last Name for the user. Once completed, click Submit. Users can also update their password from this screen and opt-in for email updates.

4 Working Claims

To access outstanding claims that require correspondence, click Claims from the menu bar:



The user will be redirected to the Claims screen:

BR Provider Portal Home Claims Users Provider Address About Contact Hello YORKH00000001! Log off

Claims

Drag a column header here to group by that column

Letter Date	Expiration Da	Date of Servic	Claim Status	Days to Expin	First Name	Last Name	Claim Amoun	
1/21/2021	3/22/2021	8/13/2020	NEW	60			642.2	Edit
1/21/2021	3/22/2021	7/2/2020	NEW	60			384.2	Edit
1/21/2021	3/22/2021	6/18/2020	NEW	60			642.2	Edit

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Last logged in on: 1/21/2021 11:24:19 AM from IP address 204.60.3.139

Click Edit for the record to be updated:

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Claims

Drag a column header here to group by that column

Letter Date	Expiration Da	Date of Servic	Claim Status	Days to Expin	First Name	Last Name	Claim Amoun	
1/21/2021	3/22/2021	8/13/2020	NEW	60			642.2	Edit
1/21/2021	3/22/2021	7/2/2020	NEW	60			384.2	Edit
1/21/2021	3/22/2021	6/18/2020	NEW	60			642.2	Edit

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This will open the Claim pop up for the individual record. In the Claim Detail tab, users can see specific data related to the individual record:

Claim ×

Claim Detail	Comments	Documents	
Date of Letter:	Mon Jan 25 2021	Date of Service:	
Expiration Date:	Sun Apr 25 2021		
Patient's First Name:		Patient's Last Name:	
Status:	NEW	Amount:	
Medicare ID:		PA Provider Medicaid ID Number:	
Medicaid Member ID:		Patient Account Number :	
Patient DOB:		Provider NPI:	

All unworked records will be in 'New' Status.

To add comments to a record, click the Comments tab:

Claim ×

Claim Detail	Comments	Documents	
Date of Letter:	Mon Jan 25 2021	Date of Service:	
Expiration Date:	Sun Apr 25 2021		
Patient's First Name:		Patient's Last Name:	
Status:	NEW	Amount:	
Medicare ID:		PA Provider Medicaid ID Number:	
Medicaid Member ID:		Patient Account Number :	
Patient DOB:		Provider NPI:	

In the Comments tab, enter a comment in the New Comment field then click Add Comment to add the information to the record:

Claim [Close]

Claim Detail | **Comments** | Documents

New Comment: Hello

Add Comment

Date Entered	Entered By	Comment/Note
01/21/2021 02:50 PM		Hello

To add and/or view attachments/documents for an individual record, click the Documents tab:

Claim [Close]

Claim Detail | Comments | **Documents**

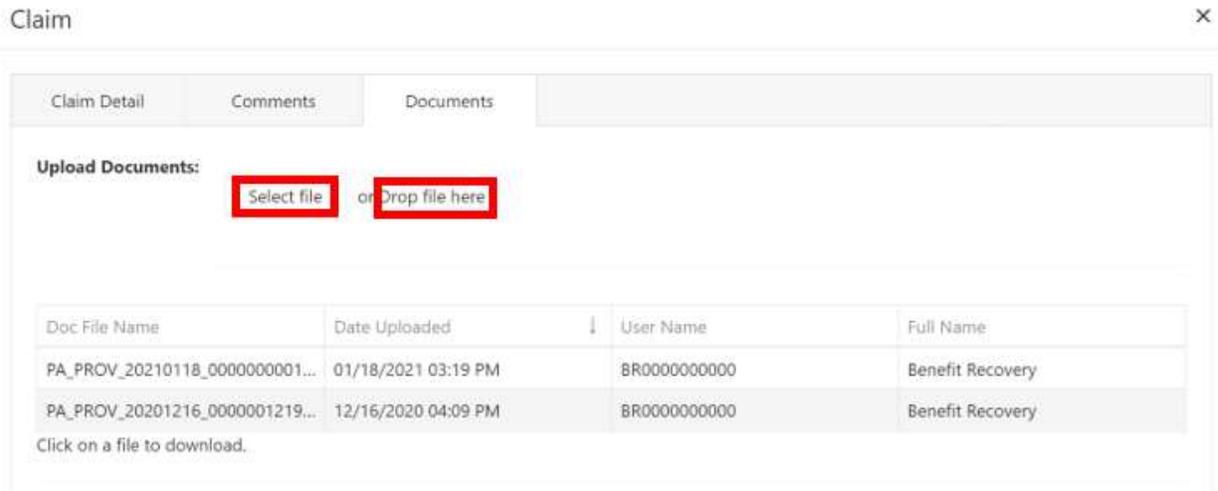
Upload Documents: Select file or Drop file here

Doc File Name	Date Uploaded	User Name	Full Name
PA_PROV_20210118_0000000001...	01/18/2021 03:19 PM	BR0000000000	Benefit Recovery
PA_PROV_20201216_0000001219...	12/16/2020 04:09 PM	BR0000000000	Benefit Recovery

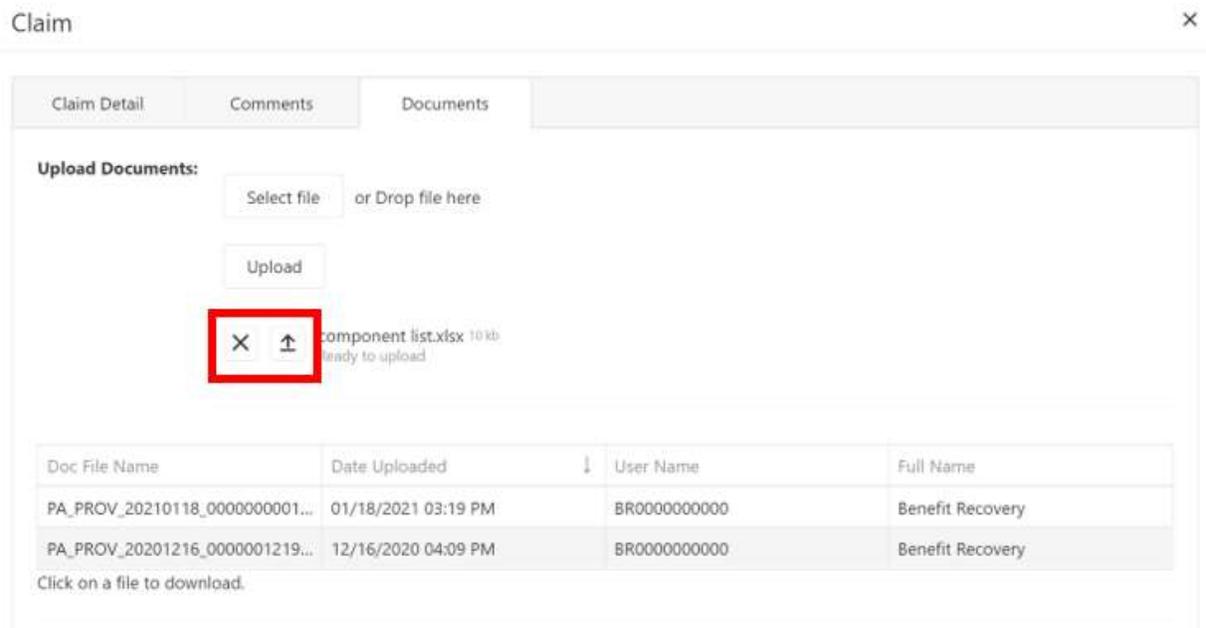
Click on a file to download.

To view an existing attachment, click on the file name, in the Doc File Name column, to download the attachment.

To add a new attachment, drag the file and drop it to the area that states Drop file here or click Select file:



If Select file is clicked, be sure to click Yes and/or OK if prompted to allow access to files. Once the file is selected, click Open from the Windows Explorer screen. If the file was dragged/dropped to the screen, or uploaded through the Select File button, the attachment will display in the screen. Click the Up Arrow to upload the file to the record. Click the X to cancel the upload:



NOTE: If the up arrow is not clicked once a document is selected, it will not attach to the individual record.

Once a record has a comment and/or document attached, the system will automatically update the status to 'Waiting for Response:'

Claim Detail	Comments	Documents
Date of Letter: Thu Jan 21 2021	Date of Service: Thu Aug 13 2020	
Expiration Date:		
Patient's First Name:	Patient's Last Name:	
Status: Waiting for Response	Amount: 642.2	
Set Status to Work in Progress		

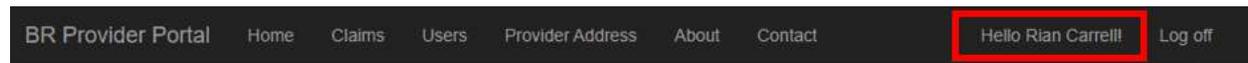
The 'Waiting for Response' status will prompt a representative from the state to review the submitted information to determine if the data is sufficient to justify the original claim processing or if a recoupment will occur on the account.

5 Linking Provider Accounts

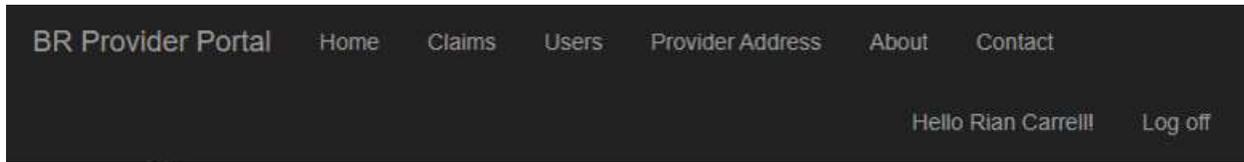
In some cases, a provider may receive multiple logins for different billing locations/providers that are managed by one central billing office/location. If a provider has more than one login, they can now associate their other logins to one main (parent) login.

First, the user must determine which account they want to use as the parent login. When logging into this account, users will see data for all logins (child) linked to the main login (parent).

1. Log into the Provider Portal with the parent login credentials.
2. Click Hello PROVIDER NAME



3. Click the Request NPI link hyperlink

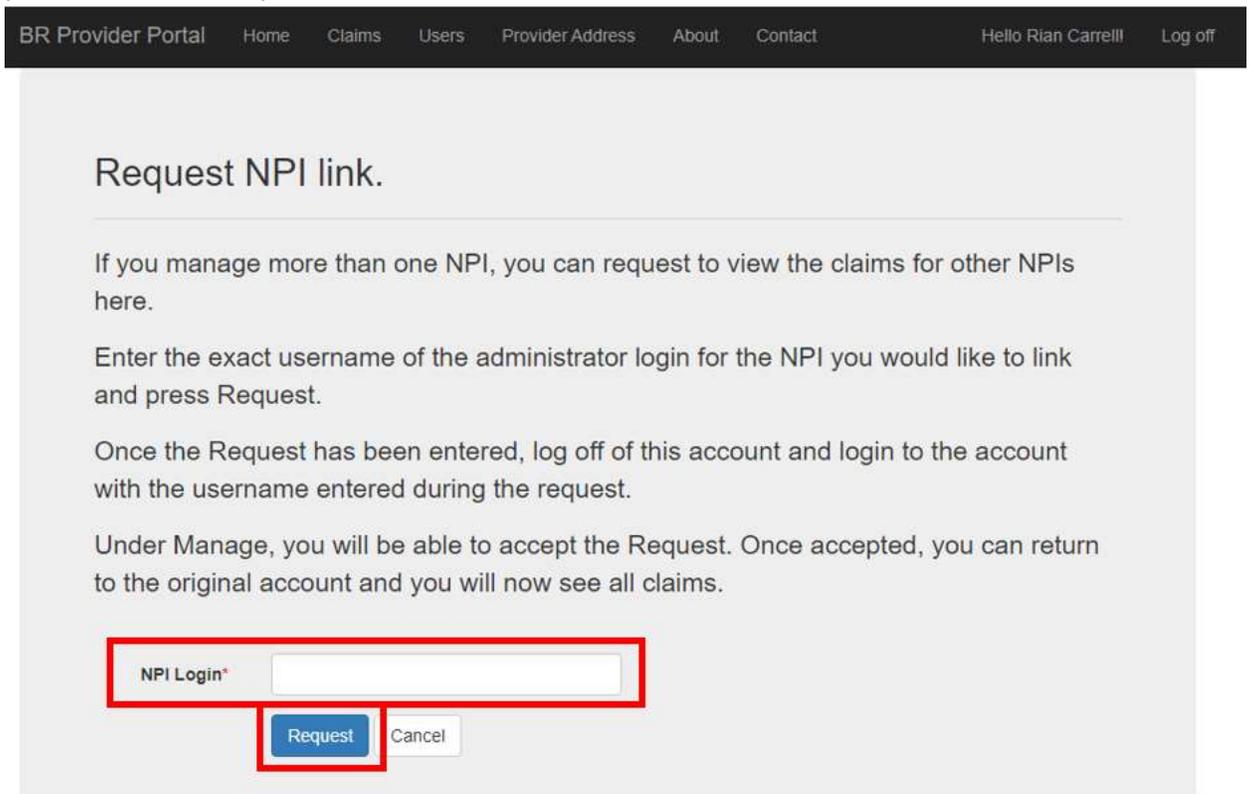


Change your account settings

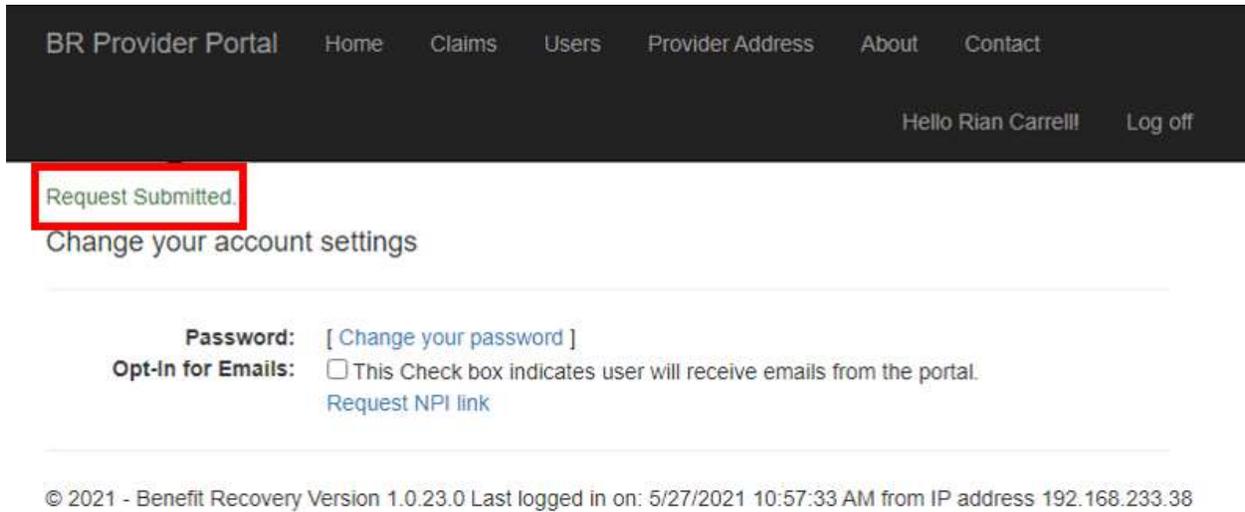
Password: [\[Change your password \]](#)
Opt-In for Emails: This Check box indicates user will receive emails from the portal.
[Request NPI link](#)

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4. In the Request NPI Link screen, enter the NPI Login for the site to be linked (child) to the parent and click Request.



5. The screen will refresh, and you will see a confirmation that the request was submitted.



6. Log out of the parent login
7. Log back into the portal using the child login that will be linked to the parent
8. Click on Hello PROVIDER NAME
9. Click Review Link Request
10. Click Approve

BR Provider Portal Home Claims Users Provider Address About Contact

Hello Rian Carrell Log off

Review Link Request.

A request to link this NPIs claims has been made by
SUSQUEHANNA HEALTH HOSPITALIST SERVICE.

To approve this request, click Approve below. To deny this
request click Deny.

If you feel you have received this Request in error, please
contact the helpdesk.

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11. The screen will refresh, and a confirmation will be displayed

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Hello Rian Carrell Log off

Request Approved.

[Change your account settings](#)

Password: [\[Change your password \]](#)

Opt-In for Emails: This Check box indicates user will receive emails from the portal.

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12. Log out of the child login
13. Log back into the portal with the parent login. User should now see records for both the parent and the child logins.
14. This can be repeated for each additional child log in that should be linked to the parent.

Final Page

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