

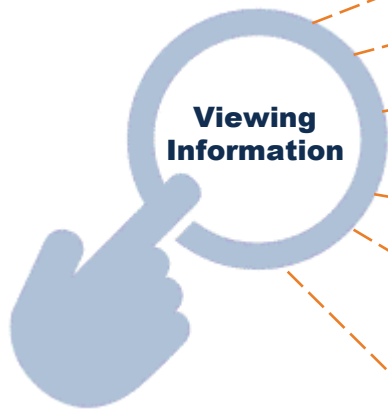


# Medical Providers: Using the Provider Portal

## Step-by-Step Guide v22.2

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### Provider Portal Information



#### Accessing the Provider Portal

- Login to the portal with your ID.ME credentials.

#### User Registration (ePP Provider Administrator)

- Register the provider organization with the portal.

#### Add Providers and Users (ePP Provider Administrator)

- Add new provider domain(s), add new users, manage user profiles, associate providers and users to domain(s), and associate provider(s) to users.

#### Claims Search

- Find individual claims by VA Claim ID or Authorization Number.
- Access lists of claims by Provider or Claimant.

#### Payments and Explanation of Payment Search

- Find individual payments by VA Claim ID, Authorization Number, or Check Number.
- Access lists of payments by Provider or Claimant.
- Access the Explanation of Payment letter.

#### Annual Verification (ePP Provider Administrator)

- Revalidate the Domain.
- Reauthorize Provider Users.

### Accessing the Provider Portal

#### ID.ME CREDENTIALS

ePP Provider Administrators and ePP Provider Users access the Provider Portal using their ID.ME credentials.

### User Registration

Before registration with the eCAMS HCE provider portal, your organization must be registered with SAM.gov.

#### SETTING UP ACCESS

1. Reference the Welcome email, sent to the Accounts Receivable point-of-contact (POC) email address, for the URL to the portal login page where you will access the eCAMS HCE Provider Portal.
2. Select **No** to the first question about whether you have received the Temporary Key.
3. Enter your organization's **Tax ID**, **Accounts Receivable POC Email**, **UEI**, and, if assigned, **EFT Indicator**.
4. Select **Submit**.

The eCAMS Provider Portal (ePP) is a web tool for Medical Providers to view the status of Claims and Payments. To access ePP, your Provider organization must have an active account with System for Award Management (SAM.gov).

**User Registration**

First Name:  \* Middle Name:

Last Name:  \*

Email Address:  Work Phone Number:

Have you already received a Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email? \* ☒ No ☐ Yes

Tax ID:  \* UEI:  \*

Accounts Receivable POC Email:  \* EFT Indicator:

Successful submission will generate a Temporary Key for your Accounts Receivable POC Email. The Temporary Key will expire in 15 minutes.

Once the information is validated, a Temporary Key is sent to the Accounts Receivable POC email. The Temporary Key is valid for 15 minutes. If the 15 minutes expires, select **No** in step 2, then repeat steps 3 and 4.



## SETTING UP ACCESS (cont.)

5. Select **Yes** to the previous question and enter the Temporary Key in the **Temporary Key** field.
6. If your organization has a Billing Provider NPI, answer **Yes** to that question and enter the **NPI**.
7. Enter the **Billed Amount** and **VA Claim ID**, or the **Patient Control Number** associated with the **NPI**.
8. To further validate this claim information, enter one of the following:
  - **Check/EFT Number** and **Check/EFT Trace Date** of the check or EFT payment received for this claim.

**OR**

  - **Submitted Client Identifier Last 4**. From the next drop-down field, select **Authorization Number**, **Diagnosis Code**, or **Procedure Code** and enter the value for the selection.
9. Select **Submit**.

Welcome to eCAMs Provider Portal

Help

The eCAMs Provider Portal (ePP) is a web tool for VA Medical Providers to view the status of Claims and Payments. To access ePP, your Provider organization must have an active account with System for Award Management (SAM.gov).

User Registration

First Name: \*

Middle Name:

Last Name: \*

Email Address: \*

Work Phone Number:

Have you already received a Temporary Key for eCAMs Provider Portal Registration in your Accounts Receivable POC Email? \* ☐ No ☒ Yes

Temporary Key: \*

Do you have an active National Provider Identifier (NPI) associated with your organization? \* ☐ No ☒ Yes

Please enter the Billed amount and VA Claim ID Or Patient Control Number associated with the entered NPI.

NPI: \*

Billed Amount: \*

VA Claim ID:

Patient Control Number:

Please enter any one of the combinations of: Check/EFT Trace Number and Check/EFT Trace Date Or Submitted Client Identifier Last 4 and Authorization Number or Diagnosis Code or Procedure Code.

Check/EFT Trace Number:

Check/EFT Trace Date:

Submitted Client Identifier Last 4:

Authorization Number

Authorization Number

Diagnosis Code

Procedure Code

Submit

Upon verification of the entered information, the registration of your organization is successful, and the provider domain for your Tax ID is set up. You will be assigned the ePP Provider Administrator and ePP Provider User profiles for this registered domain. Your **My Inbox** page in the Provider Portal now displays.

## Add Providers and Users

## ADDING A PROVIDER DOMAIN

As an ePP Provider Administrator or an ePP Provider User, you can add a provider domain to the portal. To do so, you must have your organization's **Tax ID, Accounts Receivable POC Email, UEI, and EFT Indicator**.

1. Select the **Admin** tab, then select **Domain List** from the menu.

The screenshot shows the eCAMHS HCE Admin interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Claims'. The left sidebar shows 'MyInbox' and 'My Reminders'. The main content area is divided into two columns. The left column has 'BATCH MAINTENANCE' with a link to 'User Association Batch List'. The right column has 'USER MAINTENANCE' with a link to 'User List'. Below these, the 'DOMAIN MAINTENANCE' section is visible, with the 'Domain List' link highlighted by a red rectangle.



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### ADDING A PROVIDER DOMAIN

2. Select the **Add Provider Domain** button.

123456789 Bugg, Aida Profile: ePP Provider Administrator Help

MyInbox > Domain List

Close Add Provider Domain Annual Revalidation

Manage Domains

Filter By: [Dropdown] [Go] [Clear Filter] [Save Filter] [My Filters]

	Domain Name	Domain Description	Start Date	End Date	Status	Annual Validity Date	Locked
<input type="checkbox"/>	123123123	PEDIATRIC CARE	01/01/2010	12/31/2999	Approved	09/30/2023	No
<input type="checkbox"/>	456456456	CHILDREN PEDIATRIC ASSOCIATION	01/01/2010	12/31/2999	Approved	09/30/2022	No

View Page: 1 [Go] [Page Count] [SaveToCSV] Viewing Page: 1 [First] [Prev] [Next] [Last]

3. Answer **Yes** or **No** to the Temporary Key question. If **No**, then enter the following information to receive your Temporary Key: **Tax ID**, **Accounts Receivable POC Email**, **UEI**, and **EFT Indicator** information for the provider organization. Then select **OK**.

Help

Add Provider Domain

Have you already received Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email? \* ☐ No ☒ Yes

Tax ID: [Text Field] \* UEI: [Text Field] \*

Accounts Receivable POC Email: [Text Field] \* EFT Indicator: [Text Field]

Successful submission will generate a Temporary Key for your Accounts Receivable POC Email. The Temporary Key will expire in 15 minutes.

[OK] [Cancel]

4. When you receive the Temporary Key, select **Yes** to the previous question and enter the Temporary Key in the **Temporary Key** field.
5. As you did on the **User Registration** page, enter the Billing Provider's NPI, if applicable, and enter the details in the appropriate fields for a paid claim submitted by the organization to the VA. Then select **OK**.

Help

Add Provider Domain

Have you already received Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email? \* ☐ No ☒ Yes

Temporary Key: [Text Field] \*

Do you have an active National Provider Identifier (NPI) associated with your organization? \* ☐ No ☒ Yes

Please enter the Billed amount and Claim ID Or Patient Control Number associated with the entered NPI.

NPI: [Text Field] \* Billed Amount: [Text Field] \*

Claim ID: [Text Field] Patient Control Number: [Text Field]

Please enter any one of the combinations of: Check/EFT Trace Number and Check/EFT Trace Date Or Submitted Client Identifier Last 4 and Authorization Number or Diagnosis Code or Procedure Code.

Check/EFT Trace Number: [Text Field] Check/EFT Trace Date: [Text Field]

Submitted Client Identifier Last 4: [Text Field]

[Dropdown Menu: Authorization Number, Diagnosis Code, Procedure Code]

[OK] [Cancel]

The **Manage Domains** page now displays the new provider domain.



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### ADDING A PROVIDER TO A DOMAIN

1. Select the **Admin** tab, then select **Domain List** to navigate to the **Manage Domains** page.
2. Select the link under the **Domain Name** column for the domain to which you want to add the provider.

The screenshot shows the eCAMS HOE Admin interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Claims'. The 'Admin' tab is selected. The breadcrumb trail is 'MyInbox > Domain List'. The 'Manage Domains' section is active. A table titled 'Domain List' contains the following data:

Domain Name	Domain Description	Start Date	End Date	Status	Annual Validity Date	Locked
123123123	PEDIATRIC CARE	01/01/2010	12/31/2999	Approved	09/30/2023	No
456456456	CHILDREN PEDIATRIC ASSOCIATION	01/01/2010	12/31/2999	Approved	09/30/2022	No

3. Select the **Associated Providers List** from the **Show** drop-down menu.

The screenshot shows the eCAMS HOE Admin interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Claims'. The 'Admin' tab is selected. The breadcrumb trail is 'MyInbox > Domain List > Domain Details'. The 'Domain Details' section is active. The 'Domain ID' is 999 and the 'Name' is 123123123. The 'Domain Name' field contains '123123123' and the 'Domain Description' field contains 'PEDIATRIC CARE'. The 'Start Date' is '01/01/2010' and the 'Expiration Date' is '12/31/2999'. The 'Show' dropdown menu is open, and 'Associated Providers List' is selected.

The **Add Provider To Domain** page displays.

4. Select **Add Provider**.

The screenshot shows the eCAMS HOE Admin interface. The top navigation bar includes 'My Inbox', 'Admin', and 'Claims'. The 'Admin' tab is selected. The breadcrumb trail is 'MyInbox > Domain List > Domain Details > Providers Association List'. The 'Providers Association List' section is active. The 'Domain ID' is 999 and the 'Name' is 123123123. The 'Add Provider' button is highlighted with a red box. The 'Providers Association List' table contains the following data:

NPI/Tax ID	Type	EOP Subscription
987654321	NPI	Paper EOP subscribed
222222222	NPI	Paper EOP subscribed



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### ADDING A PROVIDER TO A DOMAIN (cont.)

5. As you did on the **Add Provider to Domain** page, enter the Billing Provider's NPI, if applicable, and enter the details in the following fields:
- **Check/EFT Number** and **Check/EFT Trace Date** of the check or EFT payment received for this claim;
  - OR**
  - **Submitted Client Identifier Last 4**. From the drop-down field, select **Authorization Number**, **Diagnosis Code**, or **Procedure Code**. Then select **OK**.

The **Providers Association List** page now displays the associated provider's **NPI/Tax ID**.

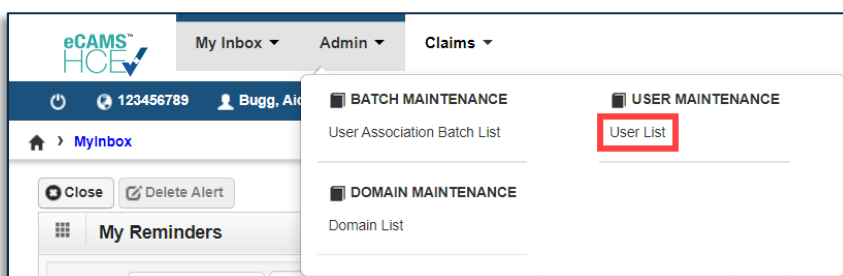
NPI/Tax ID	Type	EOP Subscription
987654321	NPI	Paper EOP subscribed
222222222	NPI	Paper EOP subscribed

The page also includes a 'Filter By' section, a 'Go' button, and a 'View Page: 1' section with 'Go' and 'Page Count' buttons. There are also 'Delete', 'Save To CSV', and navigation buttons (First, Prev, Next, Last).

### ADDING PROVIDER USERS

Provider Users must be registered using their ID.ME email address.

1. Select the **Admin** tab, then select **User List** from the menu.





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### ADDING PROVIDER USERS (cont.)

- At the **Manage Users** page, select the **Add Provider User** button.

Manage Users

Filter By: [ ] And: [ ] With Status: All User Type: Provider [Go] [Clear Filter] [Save Filter] [My Filters]

	Name	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date	Locked	Active
<input type="checkbox"/>	Erd, Liz	123123123	Approved	06/08/2021	12/31/2999	Provider	erd@gmail.com	09/30/2024	No	Yes
<input type="checkbox"/>	Akew, Barb	123123123	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022	No	No
<input type="checkbox"/>	Chovey, Ann	123123123	Approved	06/24/2021	10/06/2022	Provider	ac123@zmail.com	09/30/2022	No	Yes

View Page: 2 [Go] [Page Count] [Save To CSV] Viewing Page: 1 [First] [Prev] [Next] [Last]

- At the **Add Provider User** page, enter the user's **First Name**, **Last Name**, **Email**, **From** and **To Dates**, and then select **OK**.

Add Provider User

First Name: [ ] Middle Name: [ ]  
Last Name: [ ] Email: [ ]  
Domain: 123123123 Phone No: [ ]  
From Date: 02/06/2023 To Date: 12/31/2999  
[OK] [Cancel]

The **Manage Users** page now displays the new provider user.

### ASSOCIATING A USER TO A PROFILE

- Select the **Admin** tab, then select **User List**.
- At the **Manage Users** page, select a user hyperlink to display the **User Details** page.

Manage Users

Filter By: [ ] And: [ ] With Status: All User Type: Provider [Go] [Clear Filter] [Save Filter] [My Filters]

	Name	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date	Locked	Active
<input type="checkbox"/>	Erd, Liz	123123123	Approved	06/08/2021	12/31/2999	Provider	erd@gmail.com	09/30/2024	No	Yes
<input type="checkbox"/>	Akew, Barb	123123123	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022	No	No
<input type="checkbox"/>	Chovey, Ann	123123123	Approved	06/24/2021	10/06/2022	Provider	ac123@zmail.com	09/30/2022	No	Yes

View Page: 2 [Go] [Page Count] [Save To CSV] Viewing Page: 1 [First] [Prev] [Next] [Last]



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### ASSOCIATING A USER TO A PROFILE (cont.)

3. Select the **Show** drop-down menu, then select **Associated Profiles**.

User Login ID: BuggA@mail.com Name: Bugg, Aida

Close Save View History Show

User Details

First Name: Erd Middle Name: Last Name: Liz Domain Name: 123123123 Start Date: 06/24/2021 Expiration Date: 10/06/2022 Status: Approved Remarks: 10/07/2022 -

Add Delete

Communication Detail List

Communication Detail Type	Communication Value
Work - Email	erd@gmail.com

View Page: 1 Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

4. At the **Manage User Profile** page, select **Add**.

User Login ID: BuggA@mail.com Name: Bugg, Aida

Close Add Approve Reject Show

Manage User Profiles

Filter By: With Status: All Go Clear Filter Save Filter My Filters

Name	Description	Start Date	End Date	Status
ePP Provider Administrator	ePP Provider Administrator	07/09/2021	12/31/2999	Rejected
ePP Provider User	ePP Provider User	09/07/2022	10/06/2022	In Review

Delete View Page: 1 Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

5. Select the profile from the **Available Profiles** selection box, select the double right arrow button to move the profile to the **Associated Profiles** selection box, then select **OK**.

Help

Add New Profiles to User

User Name: Erd, Liz

Start Date: 02/06/2023 End Date: 02/06/2024

Available Profiles

Associated Profiles

ePP Provider Administrator

OK Cancel

The **Manage User Profile** page now displays the associated profile.





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### ASSOCIATING A PROVIDER TO A USER

Associating a provider to a user enables the user to access claims information for the associated provider.

1. Navigate to the **User Details** page as described in “Associating a User to a Profile,” then select **Provider User Association List** from the **Show** drop-down menu.

User Login ID: BuggA@mail.com Name: Bugg, Aida

Close Save View History Show

**User Details**

First Name: Liz Middle Name: Last Name: Erd Lock User: ☐ Activate User: ☐

Domain Name: 123123123 Start Date: 06/24/2021 Expiration Date: 10/06/2022 Status: Approved

Remarks: 10/07/2022 - .

Add Delete

**Communication Detail List**

Communication Detail Type	Communication Value
Work - Email	BuggA@mail.com@cns-inc.com

View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last

2. Select the **Add** button.

User Login ID: BuggA@mail.com Name: Bugg, Aida

Close Add Show

**Provider User Association List**

Filter By: Go Clear Filter Save Filter My Filters

NPI/Tax ID	Provider Name	Type
9876543210	EXAMPLE, PROVIDER	NPI
222222222	LAST, FIRST	NPI

Delete View Page: 1 Go Page Count SaveToCSV Viewing Page: 1 First Prev Next Last





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### ASSOCIATING A PROVIDER TO A USER (cont.)

- At the **Associate Provider to User** page, select the provider(s) in the **Available Providers** selection box that you want to associate, select the double right arrow button to move these to the **Selected Providers** selection box, then select **OK**.

The dialog box titled "Associate Provider To User" has two main sections: "Available Providers" and "Selected Providers". The "Available Providers" list contains "789789789-PROVIDER EXAMPLE". The "Selected Providers" list contains "4564564564-LAST, FIRST". Between the lists are two arrow buttons: a double right arrow (») and a double left arrow («). At the bottom right, there are "OK" and "Cancel" buttons. The "OK" button is highlighted with a red box.

The **Provider Association List** page now displays the associated Billing Provider's NPI or Tax ID.

### ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD

- Select the **Admin** tab, then select **User Association Batch List** from the menu.

The screenshot shows the eCAMS HCE Admin menu. The "Admin" tab is selected. A dropdown menu is open, showing options: "BATCH MAINTENANCE", "USER MAINTENANCE", and "DOMAIN MAINTENANCE". Under "BATCH MAINTENANCE", the option "User Association Batch List" is highlighted with a red box. Other options visible include "My Inbox", "Claims", "My Reminders", and "Delete Alert".

- Select **Download Provider Association Template** and save the template to your local drive.

The screenshot shows the "User Association Batch History List" page. At the top, there are buttons for "Close", "Upload Batch", "Download Provider Association Template" (highlighted with a red box), and "Download User Association Template". Below the buttons is a table with the following columns: "Batch File ID", "File Name", "Upload Date", "Success Count", "Failure Count", "File Upload Status", and "Upload By". The table contains two rows of data:

Batch File ID	File Name	Upload Date	Success Count	Failure Count	File Upload Status	Upload By
25175	Provider Association Batch Upload Test.xlsx	12/08/2022	0	76	Success	Bugg, Aida
25174	Provider Association Batch Upload Test 2.xlsx	12/08/2022	0	1	Success	Bugg, Aida

At the bottom, there are navigation controls including "View Page: 2", "Go", "Page Count", "Save To CSV", "Viewing Page: 1", and "First", "Prev", "Next", "Last" buttons.



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### ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD (cont.)

- Open the saved file and see the instructions on the first sheet for completing the template.

	<p>The Batch file name of the uploaded file for Provider Association Batch Upload must begin with "Provider Association Batch Upload"</p> <p><b>NPI Association:</b></p> <ul style="list-style-type: none"> <li>Please mark all the cells in "Text" format before entering the values</li> <li>Only up to 100 records per sheet are allowed</li> <li>Please do not delete any sheet/column or change the name of the sheet/column</li> </ul>
Column	Notes
Tax ID	<p>User must enter a value for this field</p> <ul style="list-style-type: none"> <li>User must be associated with the entered Tax ID</li> <li>Entered Tax ID must be same as the logged-in Tax ID</li> <li>Accepts 9 digits (numeric values only)</li> <li>e.g. 123456789</li> </ul>
NPI	<p>User must enter a value for this field</p> <ul style="list-style-type: none"> <li>Only BILLING Provider NPI is permitted</li> <li>NPI must be associated with the entered Tax ID</li> <li>Accepts 10 digits (numeric values only)</li> <li>e.g. 1915161218</li> </ul>
VA Claim ID	<p>User must enter a value for either VA Claim ID or Patient Control Number</p> <ul style="list-style-type: none"> <li>User must enter VA Claim ID associated with the entered NPI and Billed Amount</li> <li>VA Claim ID is not required to enter if Patient Control Number is entered</li> <li>Accepts 18 digits (numeric values only)</li> <li>e.g. 302128449124589000</li> </ul>
Patient Control Number	<p>User must enter a value for either Patient Control Number or VA Claim ID</p> <ul style="list-style-type: none"> <li>User must enter Patient Control Number associated with the entered NPI and Billed Amount</li> <li>Patient Control number is not required to enter if VA Claim is entered</li> <li>Accepts up to 80 Alphanumeric Characters</li> <li>Accepts Space</li> <li>e.g. 2.1.5 2STL</li> </ul>
Billed Amount	<p>User must enter a value for this field</p> <ul style="list-style-type: none"> <li>User must enter Billed Amount associated with the entered NPI and VA Claim ID or Patient Control Number</li> <li>Dollar sign is not required</li> <li>Accepts 15 digits including the decimal and 2 digits after the decimal</li> <li>Valid Characters are integers, Decimal Point and Sign Characters + OR -</li> <li>Decimal is allowed only once</li> <li>Sign Character is allowed once as the first character.</li> <li>e.g. -125.57 or 125.57</li> </ul>
Check/EFT Trace Number	<p>User must enter a value for either (Check/EFT Trace Number and Check/EFT Trace Date) OR (Submitted Client Identifier Last 4 and Authorization Number/Diagnosis Code/Procedure Code)</p> <ul style="list-style-type: none"> <li>User must enter a complete Check/EFT Trace Number(including leading zeros if any) associated with the entered NPI, Billed Amount and VA Claim ID/Patient Control Number</li> <li>Accepts up to 30 Alphanumeric Characters</li> <li>No space allowed</li> </ul>
Check/EFT Trace Date	<p>Data Entry for this field is required only if the Check/EFT Trace Number has been entered else it must be left blank</p> <ul style="list-style-type: none"> <li>User must enter Check/EFT Trace Date associated with the entered Check/EFT Trace Number</li> <li>Future date is not allowed</li> <li>No space allowed</li> <li>Date must be entered only in the format of MM/DD/YYYY</li> <li>e.g. 12/31/2019</li> </ul>
Submitted Client Identifier Last 4	<p>User must enter a value for either (Check/EFT Trace Number and Check/EFT Trace Date) OR (Submitted Client Identifier Last 4 and Authorization Number/Diagnosis Code/Procedure Code)</p> <ul style="list-style-type: none"> <li>User must enter Submitted Client Identifier Last 4 associated with the entered NPI, Billed Amount and VA Claim ID/Patient Control Number</li> <li>Accepts 4 digits (numeric values only)</li> <li>No space allowed</li> <li>e.g. 1234</li> </ul>
Authorization Number	<p>User must enter Authorization Number/Diagnosis Code/Procedure code only if the Submitted Client Identifier Last 4 have been entered else it must be left blank</p> <ul style="list-style-type: none"> <li>User must enter Authorization Number associated with the claim</li> <li>Accepts up to 50 Alphanumeric Characters and special characters_ and -</li> <li>No space Allowed</li> <li>e.g. 1703_PH-T</li> </ul>
Diagnosis Code	<p>User must enter Authorization Number/Diagnosis Code/Procedure code only if the Submitted Client Identifier Last 4 have been entered else it must be left blank</p> <ul style="list-style-type: none"> <li>User must enter Diagnosis Code associated with the claim</li> <li>Accepts up to 10 Alphanumeric Characters</li> <li>No space allowed</li> <li>e.g. T6101XA</li> </ul>
Procedure Code	<p>User must enter Authorization Number/Diagnosis Code/Procedure code only if the Submitted Client Identifier Last 4 have been entered else it must be left blank</p> <ul style="list-style-type: none"> <li>User must enter Procedure Code associated with the claim</li> <li>Accepts up to 10 Alphanumeric Characters</li> <li>No space allowed</li> <li>e.g. 02327</li> </ul>

The template appears on the second sheet.

	A	B	C	D	E	F	G	H	I	J	K
	Tax ID	NPI	VA Claim ID	Patient Control Number	Billed Amount	Check/EFT Trace Number	Check/EFT Trace Date	Submitted Client Identifier Last 4	Authorization Number	Diagnosis Code	Procedure Code
1											
2											
3											

Instructions **NPI Association**

- Fill in the providers you want to add, one per row, as outlined in the instructions.
- Save the file with a meaningful name, such as "Provider Batch 7-29-2021.xlsx."



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### ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD (cont.)

6. On the **User Association Batch History List**, select **Upload Batch**.

The screenshot shows the 'User Association Batch History List' page. At the top, there are buttons for 'Close', 'Upload Batch' (highlighted with a red box), 'Download Provider Association Template', and 'Download User Association Template'. Below these is a filter section with 'Filter By' dropdowns and a 'Go' button. The main table has columns: 'Batch File ID', 'File Name', 'Upload Date', 'Success Count', 'Failure Count', 'File Upload Status', and 'Upload By'. Two rows are visible, both with 'Success' status. At the bottom, there are pagination controls and a 'Save To CSV' button.

7. Select **Provider Association Batch Upload** from the **Template Type** drop-down. Then, select **Choose File** and locate the file you just created. Select **Ok**.

The screenshot shows the 'Batch File Upload' dialog. It contains a message about uploading a duly filled file. Below the message, there is a 'Template Type' dropdown menu set to 'Provider Association Batch Upload' and a 'File Name' field with a 'Choose File' button (highlighted with a red box). At the bottom right, there are 'Ok' and 'Cancel' buttons (the 'Ok' button is highlighted with a red box).

The **User Association Batch History List** page displays the file upload status.

8. To check the status of the batch file upload, select the **Batch File ID** hyperlink.

The screenshot shows the 'User Association Batch History List' page. The 'Batch File ID' 25175 is highlighted with a red box. The 'File Upload Status' column shows 'Success' for both rows. The 'Upload By' column shows 'Bugg, Aida' for both rows. The pagination controls at the bottom show 'Viewing Page: 1'.

9. Select the **Status** hyperlink for the Provider on the **Batch Association List** page.

The screenshot shows the 'Batch Association List' page. It has a 'Filter By' section with a dropdown and a 'Go' button. The main table has columns: 'Tax ID', 'Upload Type', 'Upload Sub Type', 'Status', and 'Description'. One row is visible with 'Status' set to 'Success' (highlighted with a red box) and 'Description' 'Provider User has been added'. At the bottom, there are pagination controls and a 'Save To CSV' button.



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### ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD (cont.)

The **Provider Association Detail** page displays.

**Provider Association Detail**

Tax ID:	123123123	NPI:	1234567890
Patient Control Number:	12345-1234	Claim ID:	
Billed Amount:	500.00	Authorization Number:	
Diagnosis Code:		Procedure Code:	
Check/EFT Trace Number:	1234567	Check/EFT Trace Date:	12/08/2022
Submitted Client Identifier Last 4:		Description:	Provider Association has been added

[Cancel](#)

### ADDING MULTIPLE USERS/ASSOCIATING PROVIDERS TO USERS VIA BATCH FILE UPLOAD

Using the **User Association Template**, you can add multiple users to the current domain as well as associate a list of providers to a list of users via batch file upload. The batch file template provides worksheets for each action, and you can complete both worksheets, or you complete one worksheet while leaving the other blank.

1. Navigate to **User Association Batch History List** page as described in “Adding Multiple Providers to a Domain via Batch File Upload,” then select **Download User Association Template**.

**User Association Batch History List**

Batch File ID	File Name	Upload Date	Success Count	Failure Count	File Upload Status	Upload By
20454	User Association Batch Upload Test.xlsx	09/17/2021	0	1	Success	Bugg, Aida
20453	User Association Batch Upload Test 2.xlsx	09/17/2021	1	0	Success	Bugg, Aida

View Page: 2 | [Go](#) | [Page Count](#) | [Save To CSV](#) | Viewing Page: 1 | [First](#) | [Prev](#) | [Next](#) | [Last](#)



# Medical Providers: Using the Provider Portal

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### ADDING MULTIPLE USERS/ASSOCIATING PROVIDERS TO USERS VIA BATCH FILE UPLOAD (cont.)

- Open the saved file and read the instructions on the first sheet for completing the template.

	<p>The Batch file name of the uploaded file for User Association Batch Upload must begin with "User Association Batch Upload"</p> <p><b>Add User:</b></p> <ul style="list-style-type: none"><li>This sheet must be completed to add the users to the logged-in Tax ID</li><li>This sheet can be left blank if the users are not required to be added</li><li>Please mark all the cells in "Text" format before entering the values</li><li>Only up to 100 records per sheet are allowed</li><li>Please do not delete any sheet/column or change the name of the sheet/column</li></ul> <p><b>User Provider Association:</b></p> <ul style="list-style-type: none"><li>This sheet must be completed to associate the users to single/multiple NPI or to the logged-in Tax ID</li><li>This sheet can be left blank if such associations are not required</li><li>User association will be permitted only if the user has an existing association with the entered NPI or Tax ID</li><li>Please mark all the cells in "Text" format before entering the values</li><li>Only up to 100 records per sheet are allowed</li><li>Please do not delete any sheet/column or change the name of the sheet/column</li></ul>
Column	Notes
Tax ID	<ul style="list-style-type: none"><li>User must enter a value for this field</li><li>User must be associated with the entered Tax ID</li><li>Entered Tax ID must be same as the logged-in Tax ID</li><li>Accepts 9 digits (numeric values only)</li><li>e.g. 123456789</li></ul>
NPI/Tax ID	<ul style="list-style-type: none"><li>User must enter a value for this field</li><li>Only BILLING Provider NPI or the logged-in Tax ID is permitted</li><li>NPI must be associated with the entered Tax ID</li><li>Accepts 9 or 10 digits (numeric values only)</li><li>e.g. 1915161218</li></ul>
Email	<ul style="list-style-type: none"><li>User must enter a value for this field in a standard email format</li><li>Accepts up to 100 characters</li><li>e.g. jsmith21_pt@example-inc.com</li></ul>
First Name	<ul style="list-style-type: none"><li>User must enter a value for this field</li><li>Allowed characters for this field are a-z A-Z 0-9 (Alphanumeric) (Single quote) (Double quote) (Full stop) (Hyphen) (Vertical Bar) and Space in between</li><li>Accepts up to 50 Alphanumeric Characters</li><li>e.g. John23'</li></ul>
Middle Name	<ul style="list-style-type: none"><li>Data entry for this field is not mandatory</li><li>Allowed characters for this field are a-z A-Z 0-9 (Alphanumeric) (Single quote) (Double quote) (Full stop) (Hyphen) (Vertical Bar) and Space in between</li><li>Accepts up to 50 Alphanumeric characters</li><li>e.g. JohnSr23'</li></ul>
Last Name	<ul style="list-style-type: none"><li>User must enter a value for this field</li><li>Allowed characters for this field are a-z A-Z 0-9 (Alphanumeric) (Single quote) (Double quote) (Full stop) (Hyphen) (Vertical Bar) and Space in between</li><li>Accepts up to 50 Alphanumeric Characters</li><li>e.g. Smith23'</li></ul>
Work Phone Number	<ul style="list-style-type: none"><li>Data entry for this field is not mandatory</li><li>If entered, this field will only accept 10 digits</li><li>e.g. 3016344600</li></ul>

The templates appear on the second and third sheets.

	A	B	C	D	E	F	G	H
1	Tax ID	Email	First Name	Middle Name	Last Name	Work Phone Number		
2								
3								
	Instructions	Add User	User Provider Association					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Tax ID	Email	NPI/Tax ID											
2														
3														
	Instructions	Add User	User Provider Association											

- On the **Add User** sheet, enter the Tax ID for the current domain and fill in the users you want to add, one per row, as outlined in the instructions.
- On the **User Provider Association** sheet, enter the Tax ID for the current domain, then list the users and providers you want to associate to one another on a separate row each.
- Save the file with a meaningful name, such as "User Batch 7-29-2021.xlsx."



# Medical Providers: Using the Provider Portal

## Step-by-Step Guide v22.2

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### ADDING MULTIPLE USERS/ASSOCIATING PROVIDERS TO USERS VIA BATCH FILE UPLOAD (cont.)

- On the **User Association Batch History List**, select **Upload Batch**. The **User Association Batch History List** page will show if the file successfully uploaded.
- To check the status of the batch file upload, select the **Batch File ID** hyperlink.

Batch File ID	File Name	Upload Date	Success Count	Failure Count	File Upload Status	Upload By
20454	User Association Batch Upload Test.xlsx	09/17/2021	0	1	Success	Bugg, Aida
20453	User Association Batch Upload Test 2.xlsx	09/17/2021	1	0	Success	Bugg, Aida

The **Batch Association List** page shows the status.

- Select the **Status** hyperlink to view the **User Association Detail** page.

Tax ID	Upload Type	Upload Sub Type	Status	Description
123123123	User Association	Add Provider User	Success	Provider User has been added

The **User Association Detail** page displays.

**User Association Detail**

Tax ID: 123123123  
First Name: Liz  
Last Name: Erd  
Description: Provider User has been added

Email: Erd@gmail.com  
Middle Name:  
Work Phone Number:

[Cancel](#)

## Claims Search

### SEARCHING FOR CLAIM INFORMATION

- Select the **Claims** tab and select **Provider Claim Inquiry** from the menu. The **Provider Claim Inquiry** page displays.

eCAMS HCE

My Inbox Admin Claims

123456789 Bugg, Aida Profile

My Inbox

Close Delete Alert

My Reminders

Filter By:

**CLAIMS**

- CORRESPONDENCE
  - Explanation of Payments Inquiry
  - Remittance Advice Inquiry
- PROVIDER**
  - Provider Claim Inquiry**
  - Provider Bill of Collections Inquiry



# Medical Providers: Using the Provider Portal

## Step-by-Step Guide v22.2

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### SEARCHING FOR CLAIM INFORMATION

2. Enter the **VA Claim ID** and select **Submit** to find an individual claim.  
**OR** Select **Submit** to see all claims from all associated providers.  
**OR** Enter search criteria, such as **Provider ID**, **Claim Status**, and so forth, to see claims that meet those criteria.

**Provider Claim Inquiry**

- The Provider ID and Claim Status selection fields below are required (Indicated by the \*).
- When performing a search using First Name and/or Last Name, please also enter Date of Birth in the DOB field.
- When performing a search with Date of Birth, please also enter the First and/or Last name.
- When performing a search using To DOS, please also enter the From DOS, the range of these dates cannot exceed six months.

**Available Provider ID**  
789789789789 - Provider Example  
456456456456 - Last, First

**Selected Provider ID**  
All

**Available Claim Status**  
Adjusted  
Adjustment Complete  
Cancelled  
Denied  
In Process  
Paid  
Rejected

**Selected Claim Status**  
All

**Claim ID:**  **Authorization Number:**  **Tax ID:** 123456789

**First Name:**  **Last Name:**  **Submitted Client Identifier:**

**DOB:**  **From DOS:**  **To DOS:**

**Patient Control Number:**

3. From the list displayed, select the **VA Claim ID** hyperlink to view the claim details.

**Claim Inquiry Providers List**

Claim ID	From DOS	To DOS	Claim Status	Billed Amount	Paid Amount	Provider ID	Tax ID	Client Name	Patient Control Number
<a href="#">20000000000000000000</a>	03/07/2019	03/07/2019	Adjusted	\$444.00	\$0.00	789789789	123123123	Last, First	77777777Y
<a href="#">20000000000000000001</a>	02/19/2020	02/19/2020	In Process	\$700.00	\$0.00	789789789	123123123	Last, First	77777777Y
<a href="#">20000000000000000002</a>	02/01/2020	02/01/2020	In Process	\$1,400.00	\$0.00	789789789	123123123	Last, First	77777777Y
<a href="#">20000000000000000003</a>	06/06/2019	06/06/2019	Denied	\$100.00	\$0.00	789789789	123123123	Last, First	77777777Y
<a href="#">20000000000000000004</a>	06/15/2018	06/22/2018	Paid	\$8,000.00	\$2,140.80	789789789	123123123	Last, First	88888888Z
<a href="#">20000000000000000005</a>	01/01/2018	03/30/2018	Paid	\$20,000.00	\$296.06	789789789	123123123	Last, First	88888888Z
<a href="#">20000000000000000006</a>	04/01/2018	04/01/2018	Adjusted	\$5,000.00	\$0.00	789789789	123123123	Last, First	88888888Z

View Page: 2 Go Page Count SaveToCSV Viewing Page: 1

First Prev Next Last





# Medical Providers: Using the Provider Portal

## Step-by-Step Guide v22.2

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### SEARCHING FOR CLAIM INFORMATION (cont.)

The claim details are displayed on the **Claims Details** page.

4. Select **View Correspondence** to view the explanation of payment and vendor letter details.

123456789 Bugg, Aida Profile: ePP Provider Administrator Help

MyInbox > Provider Claim Inquiry > Claim Inquiry Providers List > Claim Details

Close View Correspondence

#### Claim Details

Claim ID: 20000000222223333 Claim Received Date: 07/05/2019 From DOS - To DOS: 03/07/2019 - 03/07/2019  
Patient Control Number: 999999999Y Billed Amount: \$444.00 Paid Amount: \$0.00  
Adjudication Date: 07/05/2019 Check/EFT Trace Date: 07/05/2019 Check/EFT Trace Number:  
Claim Status: Adjusted Remittance Advice Number: 114962 Interest:  
Authorization Number: 1703\_BILATERLFOCAUTH

Billing Provider Name: EXAMPLE, PROVIDER Provider ID: 7897897897 Tax ID: 123123123

Client Name: Last, First Submitted Client Identifier: XXX-XX-0000

Diagnosis Codes: P: N401 O1: N138 O2: R3915 O3: R3912

#### Service Line Details

Line #	Revenue Code	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Billed Amount	Paid Amount	Line Status
1		21485	50	21	03/07/2019	03/07/2019	2	\$444.00	\$0.00	Adjusted

5. Select the **E2 VAULT KEY** hyperlink to review the vendor letter.  
**OR** Select **SaveToCSV** to save the vendor letter section.

123456789 Bugg, Aida Profile: ePP Provider Administrator Help

MyInbox > Provider Claim Inquiry > Claim Inquiry Providers List > Claim Details > Provider EOP List

Close SaveToCSV

#### EOP List

Paid/Denied Date	EOP File Name	VA Claim ID	From DOS	To DOS	Billed Amount	Paid Amount	Provider ID	Client Name	Check/EFT Trace Number
No Records Found!									

#### Vendor Letter

E2 VAULT KEY	CORRESPONDENCE TITLE	SENT DATE	VA Claim ID
PE3767	Vendor	08/31/2021	200000000222224444

The vendor letter is displayed.

100000005437

Department of Veterans Affairs  
Financial Services Center  
Financial Healthcare Service

March 15, 2021

RE: Vendor Code 877-355-0791  
Payment Identification Number: 877-355-0791

SUBJECT: Partial Offset Notification

The following credit(s) have been offset against the payment(s) below:

VOUCHER	VOI DATE	PO REFERENCE	INVOICE DATE	INVOICE/CREDIT MEMO	AMOUNT
MB	03/15/21	329662328115032021	03/15/21	329662328115032021	20.00 PART
MB	03/15/21	329662328115032021	03/15/21	329662328115032021	1,400.00 PART
TX 454574580J	10/10/20	AU 345450345A	10/10/20	Offet_1216_1058A	-600.00 CRO
TX 454574580J	10/10/20	AU 30450345A	10/10/20	Offet_1216_1058	-600.00 CRO

If you have any questions pertaining to the above information, please call:  
Austin, TX FSC  
877-355-0791

Should you disagree with this offset action, please send a copy of this letter and your claim explaining the reason(s) for your disagreement. We will review your claim and will notify you of our action/finding.



# Medical Providers: Using the Provider Portal

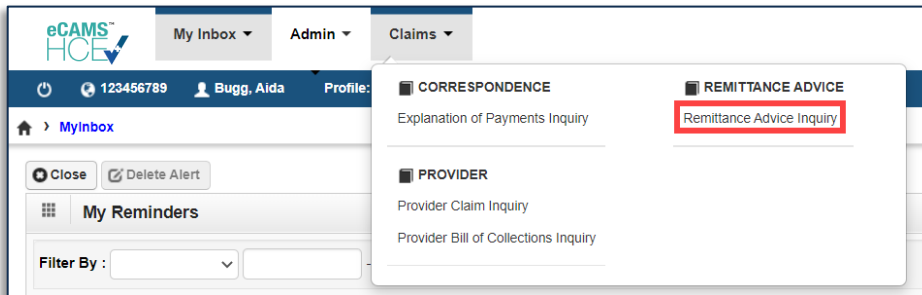
## Step-by-Step Guide v22.2

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### Payments and Explanation of Payment Search

#### SEARCHING FOR PAYMENT INFORMATION

1. Select the **Claims** tab and select **Remittance Advice Inquiry** from the menu.



The **Remittance Advice Inquiry** page displays with the **Tax ID** field auto-populated.

2. Enter one of the following: **Check/EFT Trace Number**, **Check/EFT Trace Date**, **Remittance Advice Number**, or **Remittance Advice Date**.
3. Select **Submit**.

The screenshot shows the 'Remittance Advice Inquiry' page. The 'Submit' button is highlighted in red. Below it, the 'Tax ID' field is auto-populated with '123123123'. The input fields for 'Check/EFT Trace Number', 'Check/EFT Trace Date', 'Remittance Advice Number', and 'Remittance Advice Date' are also highlighted in red.

The **Remittance Advice Payments List** page shows the Remittance Advice record(s) matching your inquiry.

4. Select the **Remittance Advice Number** hyperlink to view the **Remittance Advice Payments Detail**.

The screenshot shows the 'Remittance Advice Payments List' page. The table displays the following data:

Remittance Advice Number	Check/EFT Trace Number	Check/EFT Trace Date	Remittance Advice Date	Claim Count	Billed Amount	Paid Amount	Program	Tax ID	Cancelled/Reissued
321321	5678912345678912345	07/21/2021	07/21/2021	1	\$400.00	\$717.13	CCNC	123123123	Cancelled
345345	5678912345678912346	07/21/2021	07/21/2021	2	\$800.00	\$415.13	CCNC	123123123	Reissued

View Page: 2 | Go | Page Count | Save To CSV | Viewing Page: 1 | First | Prev | Next | Last



# Medical Providers: Using the Provider Portal

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### SEARCHING FOR PAYMENT INFORMATION (continued)

The Payments Detail page is displayed.

**Payments Detail**

Payee Name: EXAMPLE MEDICAL CENTER  
Payee Tax ID: 123456789  
Paid Amount: \$214,188.10  
Payment Method: EFT

Check/EFT Trace Date: 02/07/2023  
Check/EFT Trace Number: 567891234567891  
Remittance Advice Number: 345345  
Total Interest: \$180.00

**Remittance Advice Payments Detail List**

Claim ID	Claim Status	Billed Amount	Paid Amount	Interest	Client Name	Patient Control Number	From DOS	To DOS	Provider ID	Reference Remittance Advice
345678000000777001	Paid	\$1,400.00	\$69.82	\$2.00	LAST, FIRST	456456456Y	10/14/2019	10/14/2019	7897897897	
345678000000777002	Paid	\$4,200.00	\$923.30	\$2.00	LAST, FIRST	456456456Y	08/16/2020	08/16/2020	7897897897	
345678000000777003	Paid	\$11,400.00	\$4,176.47	\$2.00	LAST, FIRST	456456456Y	06/17/2020	06/17/2020	7897897897	

View Page: 2 | Go | Page Count | Save To CSV | Viewing Page: 1 | First | Prev | Next | Last

OR

1. Open the Claim Details page as described in "Searching for Claim Information."
2. Select the **Remittance Advice Number** hyperlink to view the Remittance Advice details for claims already processed.

**Claim Details**

Claim ID: 222200000000777000  
Patient Control Number: 7657657Y  
Adjudication Date: 07/05/2019  
Claim Status: Adjusted  
Authorization Number: 1703\_BILATERLFOCAUTH

Claim Received Date: 07/05/2019  
Billed Amount: \$444.00  
Check/EFT Trace Date: 07/05/2019  
Remittance Advice Number: [111111](#)

From DOS - To DOS: 03/07/2019 - 03/07/2019  
Paid Amount: \$0.00  
Check/EFT Trace Number:  
Interest:

Billing Provider Name: LAST, FIRST  
Provider ID: 7897897897  
Tax ID: 123456789

Client Name: LAST, FIRST  
Submitted Client Identifier: XXX-XX-0000

Diagnosis Codes: P: N401 O1: N138 O2: R3915 O3: R3912

**Service Line Details**

Line #	Revenue Code	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Billed Amount	Paid Amount	Line Status
1		21485	50	21	03/07/2019	03/07/2019	2	\$444.00	\$0.00	Adjusted



# Medical Providers: Using the Provider Portal

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### SEARCHING FOR PAYMENT INFORMATION (cont.)

The payment details are displayed on the **Payments Detail** page.

Claim ID	Claim Status	Billed Amount	Paid Amount	Interest	Client Name	Patient Control Number	From DOS	To DOS	Provider ID	Reference Remittance Advice
222200000000777000	Adjusted	\$444.00	\$0.00		LAST, FIRST	7657657Y	03/07/2019	03/07/2019	7897897897	

### SEARCHING EXPLANATION OF PAYMENTS

1. Select the **Claims** tab and select **Explanation of Payments Inquiry** from the menu.

The **EOP Inquiry** page shows a list of Provider IDs and other search criteria.

2. Select the Provider ID or enter other search criteria, then select **Submit**.

Available Provider ID

- 789789789789 - Provider Example
- 456456456456 - Last, First

Selected Provider ID

All

Claim ID: [ ] Authorization Number: [ ] Check/EFT Trace Number: [ ]

First Name: [ ] Last Name: [ ] Submitted Client Identifier: [ ]


DOB: [ ] From DOS: [ ] To DOS: [ ]

Paid/Denied From Date: [ ] Paid/Denied To Date: [ ] Patient Control Number: [ ]







- [illegible]

**OR**


- 

[My Inbox](#)
[Admin](#)
[Claims](#)



 123456789
  Bugg, Aida
 [Profile: ePP Provider Administrator](#)
 Help

[Home](#) > [MyInbox](#) > [EOP Search](#) > [Provider EOP List](#)

[Close](#)
[Save To CSV](#)



EOP List



Paid/Denied Date	EOP File Name	Claim ID	From DOS	To DOS	Billed Amount	Paid Amount	Provider ID	Client Name	Check/EFT Trace Number	Patient Control Number
08/25/2020	ABCDOne_1	200000000000000000	09/07/2017	09/07/2017	\$0.00	\$0.00	789789789	Last, First		TTTTTTTTTY
07/16/2021	ABCDOne_1	2000000000000000001	02/18/2019	02/20/2019	\$0.00	\$0.00	789789789	Last, First		TTTTTTTTTY

My Inbox

Admin

Claims

123456789

Bugg, Aida

Profile: ePP Provider Administrator

Help

MyInbox

EOP Search

Provider EOP List

Claim Details

Close

View Correspondence

Claim Details

Claim ID: 333300000000333000

Patient Control Number: 1234123Y

Adjudication Date: 07/16/2021

Claim Status: Denied

Authorization Number: NEW\_03242021\_CAH

Claim Received Date: 03/13/2019

Billed Amount: \$1,000.00

Check/EFT Trace Date:

Remittance Advice Number: 333333

Type of Bill: 121

From DOS - To DOS: 02/18/2019 - 02/20/2019

Paid Amount: \$0.00

Check/EFT Trace Number:

Interest:

Billing Provider Name: EXAMPLE PROVIDER

Provider ID: 7897897897

Tax ID: 123123123

Client Name: LAST, FIRST

Submitted Client Identifier: XXX-XX-0000

Diagnosis Codes: P: C801

O1: I5033

O2: N179

O3: I517

O4: Z9114

O5: I440

O6: I444

O7: E669

O8: E785

O9: D649

O10: E876

A: Z4800

Service Line Details

Line #	Revenue Code	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Billed Amount	Paid Amount	Line Status
1	0120	11101	FX	21	02/18/2019	02/18/2019	1	\$500.00	\$0.00	Denied
2	0120	11201	FX	21	02/18/2019	02/18/2019	1	\$500.00	\$0.00	Denied



# Medical Providers: Using the Provider Portal

## Step-by-Step Guide v22.2

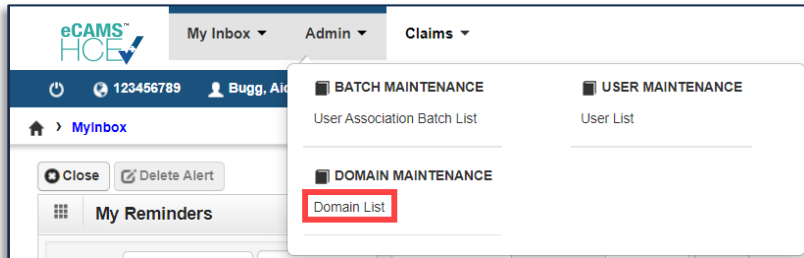
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### Annual Verification

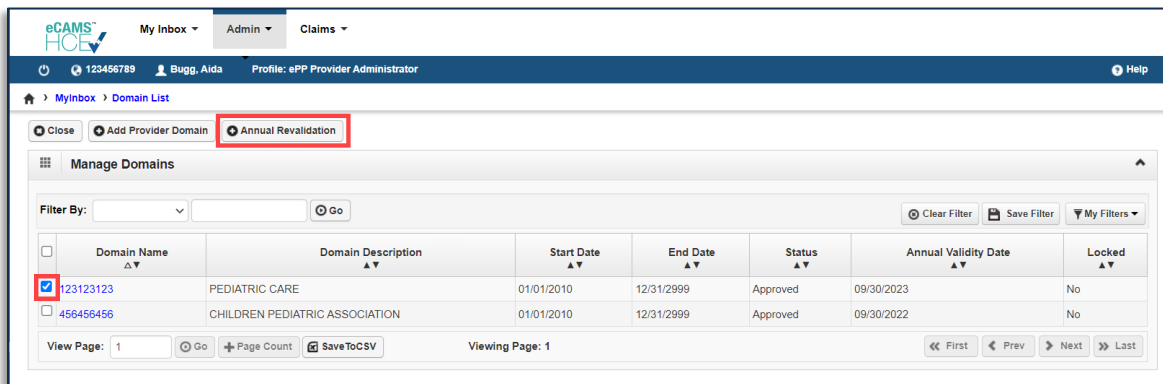
The ePP Provider Administrator completes the annual verification process by 09/30. Domain validation must be complete before users of the domain can be reauthorized.

### DOMAIN REVALIDATION

1. Select the **Admin** tab and select **Domain List** from the menu.



2. Select the checkbox for the current domain and select the **Annual Revalidation** button.



3. On the **Domain Revalidation** page, select **No** to the first question about whether you have received the Temporary Key.
4. Enter the provider's **Unique Entity Identifier (UEI)** number, **Accounts Receivable POC Email**, and, if applicable, the provider's **EFT Indicator** number.
5. Select **Submit**.

Below revalidation will extend the validity of this domain until 09/30/2023.

Have you already received a Temporary Key in your Accounts Receivable POC Email? \* ☒ No ☐ Yes

Tax ID: 123456789

Accounts Receivable POC Email:

UEI:

EFT Indicator:

Successful submission will generate a Temporary Key for your Accounts Receivable POC Email. The Temporary Key will expire in 15 minutes.

If successful, ePP displays a message that a one-time use/unique Temporary Key has been sent to the ePP Provider Administrator's Accounts Receivable POC email address. The Temporary Key expires in 15 minutes. If the Temporary Key is invalid or expires before registration is complete, repeat the preceding steps.



# Medical Providers: Using the Provider Portal

## Step-by-Step Guide v22.2

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### DOMAIN REVALIDATION (cont.)

- When you have the Temporary Key, select **Yes** to the first question to display the **Temporary Key** field.
- Enter the Temporary Key in the **Temporary Key** field.
- Select **Submit**.

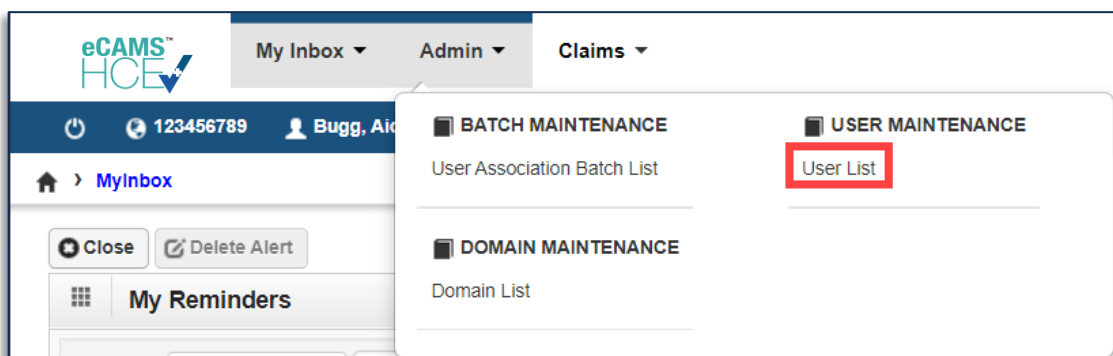
The **Manage Domains** page displays with the new annual validation date shown in the **Annual Validity Date** column.

Domain Name	Domain Description	Start Date	End Date	Status	Annual Validity Date	Locked
123123123	PEDIATRIC CARE	01/01/2010	12/31/2999	Approved	09/30/2023	No
456456456	CHILDREN PEDIATRIC ASSOCIATION	01/01/2010	12/31/2999	Approved	09/30/2022	No

### USER REAUTHORIZATION

Only the ePP Provider Administrator can reauthorize users. Domain validation must be complete before the ePP Provider Administrator can reauthorize users of the domain. The domain's ePP Provider Administrator is reauthorized automatically when the domain is revalidated.

- Select the **Admin** tab and select **User List** from the menu.







# Medical Providers: Using the Provider Portal

## Step-by-Step Guide v22.2

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### USER REAUTHORIZATION (cont.)

- On the **Manage Users** page, use the **Filter By** fields to search for the user you want to reauthorize.

	Name	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date	Locked	Active
<input type="checkbox"/>	Erd, Liz	123123123	Approved	06/08/2021	12/31/2999	Provider	erd@gmail.com	09/30/2024	No	Yes
<input type="checkbox"/>	Akew, Barb	123123123	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022	No	No
<input type="checkbox"/>	Chovey, Ann	123123123	Approved	06/24/2021	10/06/2022	Provider	ac123@zmail.com	09/30/2022	No	Yes

- Select the checkbox for the user you want to reauthorize and select the **Annual Reauthorization** button.  
**Note:** You can reauthorize multiple users on one page.

	Name	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date	Locked	Active
<input checked="" type="checkbox"/>	Erd, Liz	123123123	Approved	06/08/2021	12/31/2999	Provider	erd@gmail.com	09/30/2024	No	Yes
<input type="checkbox"/>	Akew, Barb	123123123	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022	No	No
<input checked="" type="checkbox"/>	Chovey, Ann	123123123	Approved	06/24/2021	10/06/2022	Provider	ac123@zmail.com	09/30/2022	No	Yes

- On the **User Reauthorization** page, enter the optional comment regarding the reauthorization.
- Select **Submit**.

The reauthorization will extend the validity of this user account until 09/30/2024.

Comment:



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### USER REAUTHORIZATION (cont.)

6. The **Manage Users** page displays the new annual reauthorization date for the user in the **Annual Validity Date** column.

The screenshot shows the 'Manage Users' interface in the eCAMs HCE system. The table lists three users: Erd, Liz; Akew, Barb; and Chovey, Ann. The 'Annual Validity Date' column is highlighted with a red box, indicating the new reauthorization date for each user.

	Name	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date	Locked	Active
<input type="checkbox"/>	Erd, Liz	123123123	Approved	06/08/2021	12/31/2999	Provider	erd@gmail.com	09/30/2024	No	Yes
<input type="checkbox"/>	Akew, Barb	123123123	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022	No	No
<input type="checkbox"/>	Chovey, Ann	123123123	Approved	06/24/2021	10/06/2022	Provider	ac123@zmail.com	09/30/2022	No	Yes



### Version History Log

Sprint Cycle	Date	Summary of Changes
22.2	May, 2024	<p>Page 6:</p> <ul style="list-style-type: none"><li>Replaced screenshot in both instances of the <b>Manage Users</b> page.</li></ul> <p>Page 23:</p> <ul style="list-style-type: none"><li>Replaced screenshot in both instances of the <b>Manage Users</b> page.</li><li>Step 3: Updated note to reflect multiple users being reauthorized.</li><li>Step 4: Updated step to reflect adding comments is optional.</li></ul> <p>Page 24:</p> <ul style="list-style-type: none"><li>Replaced screenshot of the <b>Manage Users</b> page.</li></ul>