



Network Medical Management

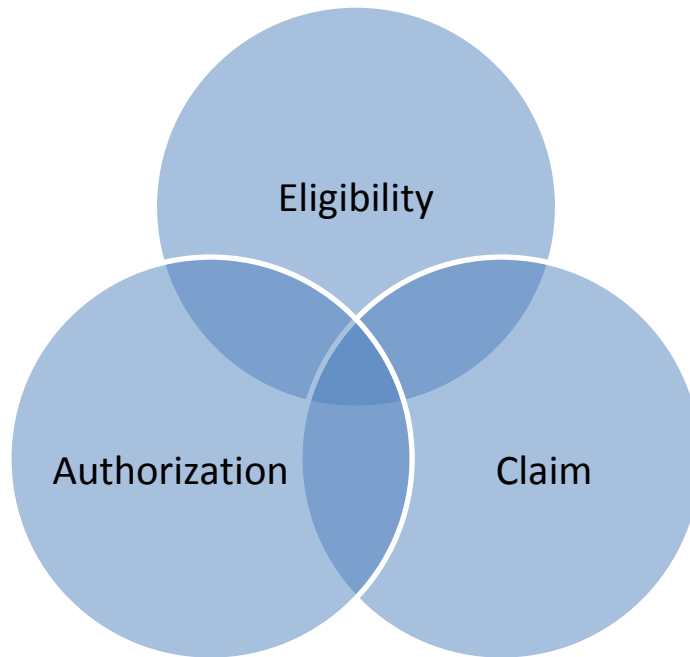
Web Portal User Guide

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I. Introduction

Network Medical Management's Provider Web Portal is a web based application that enables provider offices to conveniently verify member eligibility, submit/view authorization requests, and submit¹/view claim data from any location with internet access.



This user guide is intended to educate providers on the different features and capabilities of the web portal. Should you have any questions, comments, or require assistance, please do not hesitate to contact us at:

portal.help@nmm.cc – technical issues and questions

portal.inquiries@nmm.cc – new user setup and login assistance

¹Claim submission feature is not currently available for LaSalle providers.

II. User Accounts

In most cases, provider offices will be assigned up to two web portal user accounts. One will be designated for billing purposes and the other for general office use.

Obtaining an Username / New Users

To obtain a web portal username and password, please contact Web Portal Support at (626) 943-6046 or email portal.inquiries@nmm.cc. When emailing, please include requestor name, vendor/company name, phone number, best time to call, email address, and provider(s) name. Alternatively, you can click on the [User Registration Form] link at https://www.nmm.cc/Portal_LSMA.

LaSalle Medical Associates, IPA



Web Portal New Account Registration Form

*Please fill out all required entries and fax completed form to (626) 943-6350.

*Vendor/Group Name:	*Office Contact/Manager:
*Phone Number and Extension:	*Best Time to Contact:
Office E-Mail Address:	User ID:

*Please list all doctors under this vendor/group	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

*What areas of the Web Portal will your office need access to? (check all that apply)

- Eligibility
- Authorization (view)
- Authorization (submit)
- Claim (view)

*Would your office authorize an outside biller to access the data above? Yes No

If yes, please list the outside billing company's contact information:

Billing Company:	Billing Contact Person:
Biller Phone Number:	Best Time to Contact:

Authorized Signature: _____ Date: _____

Print Name: _____

Password Policy

All user passwords must meet the following minimum requirements:

1. Cannot be the same as the current password
2. Cannot contain the User ID
3. Must be at least 6 characters
4. Must contain characters that meet at least 3 categories
 - a. Uppercase characters [A through Z]
 - b. Lowercase letters [a through z]
 - c. Numbers [0 through 9]
 - d. Special characters [~!@#\$\$%^&*()]

In addition, the Web Portal will prompt users to change their passwords every ninety (90) days. Your new password **cannot** be the same as your current one. The portal will begin reminding you that your password will expire 15 days prior to the actual expiration date.

III. Access Web Portal

The URL for the web portal is: https://www.nmm.cc/Portal_LSMA

It is recommended that you add this URL to your bookmarks for easy access.

Minimum Requirements

Currently the web portal only supports Microsoft Internet Explorer 7 and above. Other browsers such as Firefox, Google Chrome, and Safari are not supported.

Logging In

1. Open Internet Explorer and go to:

https://www.nmm.cc/Portal_LSMA

2. Enter your username
3. Enter your password (case sensitive)
4. Click [Log In]

A screenshot of a web portal's login interface. At the top, there is a dark blue header with the text "Log In" in white. Below the header, there are two input fields: "User Name:" followed by a text box, and "Password:" followed by a text box. To the right of the password field is a button labeled "Log In". Below the input fields, there is a blue hyperlink that reads "User Registration Form".

[NOTICE OF PRIVACY PRACTICES](#)

Note: If this is your first time logging in, you may be prompted to change your password. Please refer to the Password Policy in section II of this guide for reference.

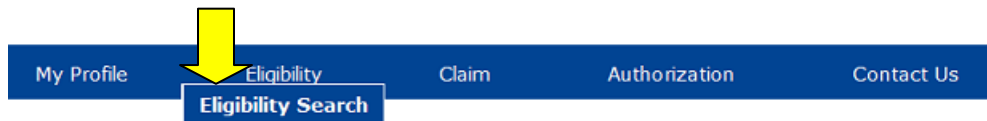
IV. Eligibility

To search member's eligibility status:

- Select [Eligibility] located in the blue bar at the top of the page



- Click [Eligibility Search]



- “Member Eligibility” page will appear.
- Choose the provider from the drop down list

Member Eligibility - Select a Member

Provider	Member ID	Last Name	First Name	DOB	Search			
By PCP By PCP By Other								
last	First Name	Gender	DOB	Health Plan	Option	Start Date	Term Date	Eligible

- To select a member, please enter either
 - partial “Member ID” and complete DOB (mm/dd/yyyy) or
 - partial “Last Name” + partial “First Name” + complete DOB (mm/dd/yyyy).
- Then, click “Search”.


Last Name	First Name	DOB	Search
Doe	John	1/1/2000	

- Once the member is found, you can click on high-lighted “Member ID” link to view member’s detail. Notice both the current membership and previously terminated membership are both shown.

Member Eligibility - Select a Member

Provider: [dropdown] Member ID: [input] Last Name: [input] First Name: [input] DOB: [input] [Search]

IPA	Member ID	Last Name	First Name	Gender	DOB	Health Plan	Option	Start Date	Term Date	Eligible
LSMA	1234567	Doe	Jane	F	06/14/1953	IEHP MEDI-CAL	MC	03/01/2012		YES
LSMA	1234567	Doe	Jane	F	06/14/1953	IEHP MEDI-CAL	MC	04/01/2007	12/31/2011	NO



- A new page for member information will pop up. You can click on “Authorization History” for more information about this patient.

Print

Eligibility - Member Information

Company ID: [redacted]
 Member Name: [redacted] Birthday: [redacted]
 Member ID: [redacted] Gender: [redacted]
 Health Plan: [redacted]
 Address: [redacted]
 City/ST/Zip: [redacted]

Member Benefit Information

Benefit Plan: [redacted] PCP OV Co-Pay: [redacted]
 Benefits Effective: [redacted] Benefits Termed: [redacted]

Primary Care Provider Information

PCP Name: [redacted] Provider ID: [redacted]
 Specialty: [redacted] Fax #: [redacted]
 Phone #: [redacted] PCP Termination: [redacted]
 PCP Effect Date: [redacted]

Authorization History

Close

**** ELIGIBILITY PROVIDED BY THE IPA DOES NOT GUARANTEE THE MEMBER’S UP TO DATE ELIGIBILITY INFORMATION. PLEASE VERIFY ELIGIBILITY AT THE TIME OF SERVICE WITH THE MEMBER’S HEALTH PLAN. THE IPA IS NOT RESPONSIBLE FOR SERVICES RENDERED FOR MEMBERS NOT ELIGIBLE WITH THE IPA AT THE TIME OF SERVICE. ****

- Once on member's information page, you can click the high-lighted "Auth Number" link to get detail of that particular authorization.

IPA	Auth Number	Refer To Provider	Status	Expired Date
LSMA	2012	VICTOR VALLEY ADVANCED - SUITE 190,RADNET	APPROVED	09/06/2012
LSMA	2012	ST MARY MEDICAL CENTER,	APPROVED	09/06/2012
LSMA	2012	NGUYEN,KHOI N	APPROVED	09/06/2012
LSMA	2012	NGUYEN,KHOI N	APPROVED	08/22/2012
LSMA	2012	ST MARY MEDICAL CENTER,	REQUESTED	06/13/2012

- Authorization detail will be loaded after the click.



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Authorization Detail

Close

Auth Number : 20121001PA610001
 Health Plan Auth No :
 Request Date : 8/20/2012
 Referral Type :

Status : **APPROVED**
 Action Date : 8/20/2012
 Expiration Date : 11/18/2012
 Retro Date :

Patient Name : Doe, John
 123 Street
 Alhambra CA 91801

DOB : 1/1/2000 Gender : M
 Member ID : 1234567

Health Plan : IEHP MEDI-CAL

Member PCP : Dr. PCP

Request Provider : Dr. Requesting

Referral To : Dr. Requested

Address : 456 Street
 Alhambra Ca 91801 804

POS : (2) OUTPATIENT HOSPITAL

Telephone : (626) 123-4567

REFERENCE	DIAG CODE	DESCRIPTION
1	783.3	FEEDING PROBLEM
2	564.00	CONSTIPATION NOS

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
76700	US EXAM ABDOM COMPLETE		783.3	1.0

Attachment

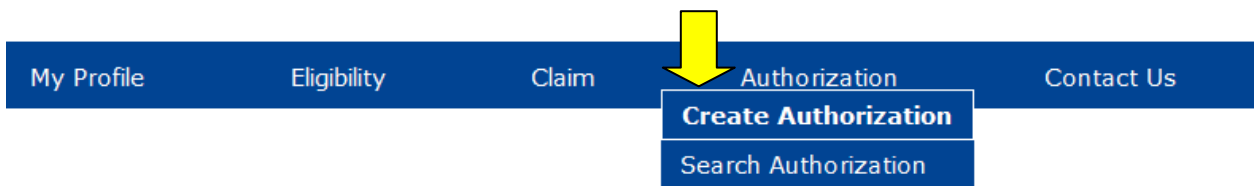
V. Authorization

V.1. To create new authorization:

- Click [Authorization] located in the blue bar at the top of the page.



- Then select [Create Authorization].



- This will bring you to the “Create Authorization – Select a Member” page.
- Choose a requesting provider from the drop down list.

Create Authorization - Select a Member

Provider	Member ID	Last Name	First Name	DOB	RETRO DOS	Search
LSMA – (C) Dr. A						
LSMA – (S) Dr. B						
LSMA – (S) Dr. C						
LSMA – (C) Dr. D						
LSMA – (S) Dr. E						
LSMA – (S) Dr. F						
LSMA – (C) Dr. G						
LSMA – (C) Dr. H						

Last Name First Name Gender DOB Health Plan Option Start Date Term Date Eligible

- To select a member, please enter either
 - partial “Member ID” and complete DOB(mm/dd/yyyy) or
 - partial “Last Name” + partial “First Name” + complete DOB(mm/dd/yyyy).
- For regular authorization, leave “RETRO DOS” blank
- For retro-authorization, you can enter a date up to 30 days before today’s date.
- Click “Search” afterward.



Member ID	Last Name	First Name	DOB	RETRO DOS	
<input type="text"/>	Doe	John	01/01/2000	<input type="text"/>	<input type="button" value="Search"/>

- Once the member is found, click on the high-lighted “Member ID” link.

Create Authorization - Select a Member

Provider	Member ID	Last Name	First Name	DOB	RETRO DOS	
Dr. Requesting	<input type="text"/>	Doe	John	01/01/2000	<input type="text"/>	<input type="button" value="Search"/>

IPA	Member ID	Last Name	First Name	Gender	DOB	Health Plan	Option	Start Date	Term Date	Eligible
LSMA	1234567	Doe	John	M	1/1/2000	MOLINA HEALTHY FAMILIES	HF5	07/01/2011		YES



- This will take you to the authorization request form for this particular member.



Authorization Information

1 → -Refer Type

Member Information

Member : Doe, John Member ID : 1234567 DOB : 1/1/2000
 Health Plan : IEHP MEDI-CAL MC Gender : M

Referring Physician
 Referring Physician : ALBANO,FELIX A (MD)

2 → -Place of Service

3 → -Enter Diagnosis(ICD 9) (min 1, max 8)

Remove	Diagnosis Code	Description
-	<input type="text"/>	<input type="text"/>

4 → -Enter CPT Codes

Remove	CPT Code	Description	Modifier	Diag Ref	Qty
-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5.1 → -Requested Provider
 Select Specialty
[ABCDEFGHIJKLMN OPRLSTUVW](#)
[ABDOMINAL SURGERY](#)
[ADOLESCENT MEDICINE](#)
[AEROSPACE MEDICINE](#)
[ALLERGY](#)
[ALLERGY & IMMUNOLOGY](#)
[AMBULANCE](#)
[ANESTHESIOLOGY](#)
[AUDIOLOGY](#)
[BARIATRIC](#)
[BLOODBANKING](#)
[BREAST CENTER](#)
 -Refer To Provider
 Refer To :

5.2 → Select a Provider

Selected Specialty :

5.3 → Specialist by Location

6 → Symptoms and Treatments

7 → Attachment (only file of type tif, tiff, jpg or pdf will be accepted.)

- (1) On the top left corner is the authorization information box, please select the “Refer Type”.

Authorization Information

*Refer Type

Routine (5 Business Days) ▾

Routine (5 Business Days)

Urgent (3 Business Days)

Member Request (5 Business Days)

- (2) Select place of service from a drop down list.

*Place of Service

4 HOMELESS SHELTER ▾

Please select POS

01 PHARMACY

03 SCHOOL

11 OFFICE

12 HOME

13 ASSISTED LIVING FACILITY

14 GROUP HOME

15 MOBILE UNIT

20 URGENT CARE FACILITY

21 INPATIENT HOSPITAL

22 OUTPATIENT HOSPITAL

23 EMERGENCY ROOM - HOSPITAL

24 AMBULATORY SURGICAL CENTER

25 BIRTHING CENTER

- If place of service is 21,22, or 24, the facility information is required
- You can choose facility from the drop down list

*Facilities

[COMMUNITY HOSPITAL SAN BERNARDINO](#) X

1805 MEDICAL CENTER DR
SAN BERNARDINO (909) 887 6333

[CORONA REGIONAL MEDICAL CENTER](#)

800 S MAIN ST
CORONA (951) 736 6270

[LOMA LINDA UNIVERSITY MEDICAL CENTER](#)

11234 ANDERSON ST
LOMA LINDA (909) 558 4000

- If the facility is not on the drop down list, choose “OTHER HOSPITAL” on the bottom of the list and type in the name of the facility

*Facilities

- (3) Enter Diagnosis by either
 - complete ICD-9 code or
 - partial ICD-9 code or partial description, press tab, and make selection from drop down list.

*Enter Diagnosis(ICD 9) (min 1, max 8)

Remove	Diagnosis Code	Description
	<input type="text" value="250"/>	Please select Diagnosis Code

Please select Diagnosis Code

250. DIABETES MELLITUS*

250.0 DIABETES MELLITUS UNCOMP

250.00 DMII WO CMP NT ST UNCNTR


250.01 DMI WO CMP NT ST UNCNTRL

250.02 DMII WO CMP UNCNTRLD

- Then, click “Add”.

*Enter Diagnosis(ICD 9) (min 1, max 8)

Remove	Diagnosis Code	Description
	<input type="text" value="250.01"/>	DMI WO CMP NT ST UNCNTRL



- (4) Enter CPT codes by either
 - complete CPT code or
 - partial CPT code or partial description, press tab, and make selection from drop down list.

*Enter CPT Codes

Remove	CPT Code
	<input type="text" value="9920"/>

Please select Service Code
 99200 MIGRATION DO NOT USE
99201 OFFICE/OUTPATIENT VISIT
 99202 OFFICE/OUTPATIENT VISIT
 99203 OFFICE/OUTPATIENT VISIT
 99204 OFFICE/OUTPATIENT VISIT
 99205 OFFICE/OUTPATIENT VISIT
 Please select Service Code ▼

- Select “Modifier” and “Diag Ref” if necessary.
- Then, click “Add”.

*Enter CPT Codes

Remove	CPT Code	Description	Modifier	Diag Ref	Qty	
	<input type="text" value="99201"/>	OFFICE/OUTPATIENT VISIT	<input type="text" value=""/>	<input type="text" value="250.01"/>	<input type="text" value="1"/>	 <input type="button" value="Add"/>

- (5.1) Under “Select Specialty” section, please select the specialty of the provider.

Select Specialty

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [L](#) [M](#) [N](#) [O](#) [P](#) [R](#) [L](#) [S](#) [T](#) [U](#) [V](#) [W](#)

[PEDIATRIC RHEUMATOLOGY](#)

[PEDIATRIC SURGERY](#)

[PEDIATRIC UROLOGY](#)

[PEDIATRICS](#)

[PERINATOLOGY](#)

[PET SCAN](#)

[PHARMACY](#)

[PHYSICAL MEDICINE & REHAB](#)

[PHYSICAL THERAPY](#)

[PHYSICIAN ASSITANT](#)

[PLASTIC AND RECONSTRUCTIVE SUR](#)

[PEDIATRIC](#)

- (5.2) Then choose a provider from the list in the middle column.

Select a Provider

[A](#) [C](#) [F](#) [G](#) [L](#) [M](#) [N](#) [S](#) [Y](#)

[IPA help Choose Provider](#)

[Dr. A](#)
Dr. A's Address

[Dr. B](#)
Dr. B's Address

- Alternatively, you may select [IPA help Choose Provider]. IPA will then choose the provider for you

Select a Provider

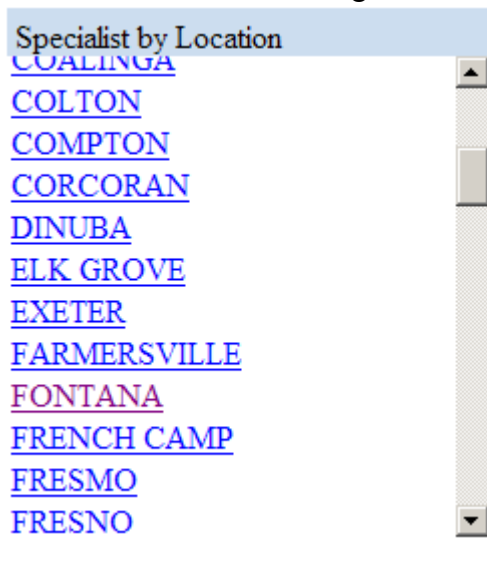
[A](#) [C](#) [F](#) [G](#) [L](#) [M](#) [N](#) [S](#) [Y](#)

[IPA help Choose Provider](#)

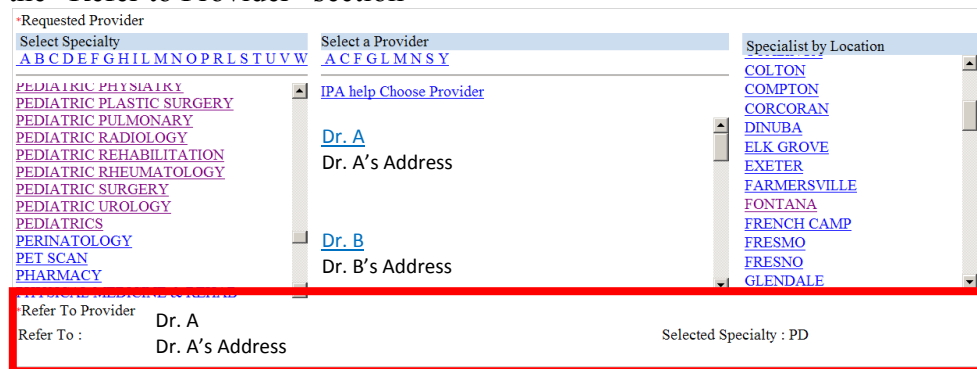
[Dr. A](#)
Dr. A's Address

[Dr. B](#)
Dr. B's Address

- (5.3) Another option in selecting a provider is by location, “Specialty by Location”, which is located at the far right of the screen in the “Select Specialty” section.



- After you have chosen the provider, the provider’s information will be shown in the “Refer to Provider” section



- (6) Type Symptoms and Treatments in the text box

*Symptoms and Treatments

- (7) To attach additional files, click “Browse...” to select files

Attachment (only file of type tif, tiff, jpg or pdf will be accepted.)

Upload Attachment

Browse...



- Then click “Upload Attachment” to attach the file

Attachment (only file of type tif, tiff, jpg or pdf will be accepted.)

Upload Attachment

C:\test.pdf

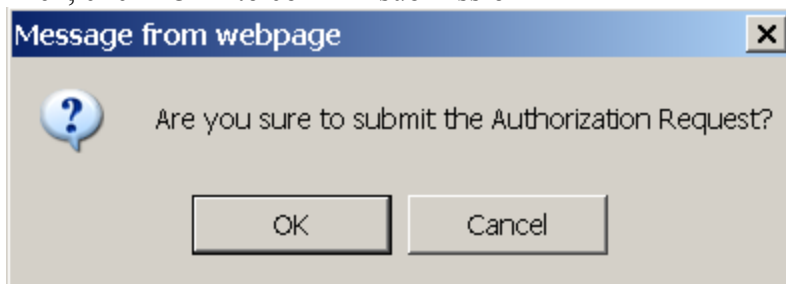
Browse...



- Once you have entered all the required information (marked with an *) click [Submit] at the bottom of the page

Submit

- Then, click “OK” to confirm submission



- Then, you will have an option to create another authorization with the same or a different member

Create another Authorization with the same member



Create another Authorization with different member

V.2. To search authorization:

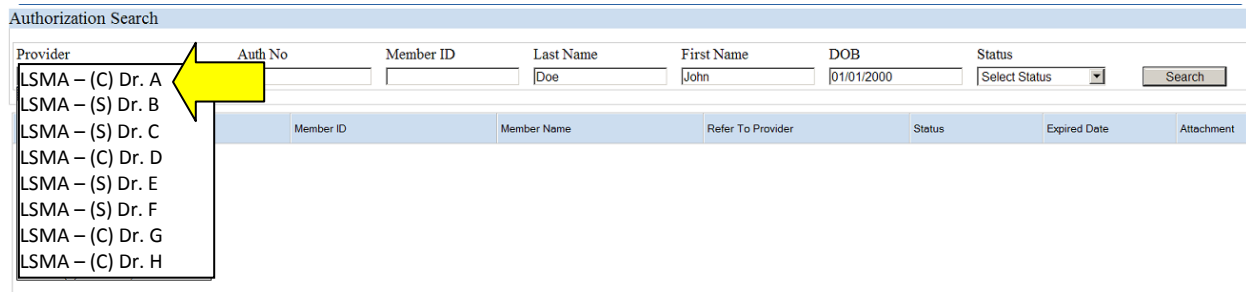
- Click [Authorization] located in the blue bar at the top of the page



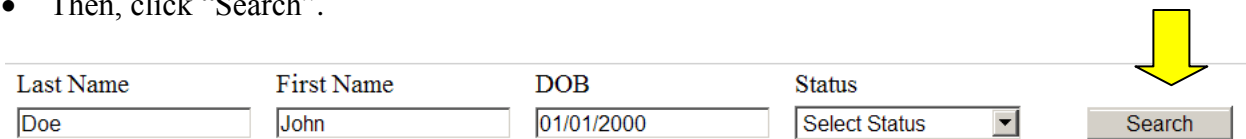
- Select [Search Authorization]



- “Authorization Search” page will appear.
- Choose the provider from the drop down list



- You can search authorization by “Auth No”, “Member ID”, “Last Name”, “First Name”, “DOB”, “Status”, or any combination of the fields.
- Then, click “Search”.



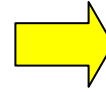
- Once inside authorization detail, you can either
 - Extend authorization by clicking “Extend Auth” or
 - Print by clicking “Print.”

Extend Auth



Auth Number : 2012100199900001
Health Plan Auth No :
Request Date : 10/1/2012
Referral Type :

Status : **APPROVED**
Action Date : 10/4/2012
Expiration Date : 1/2/2013
Retro Date :



Print

- Authorization which can be extended on the web portal must meet all of the following criteria:
 - POS is 11.
 - Status is “APPROVED” or “MODIFIED”.
 - Today’s date must be within 15 days before and 30 days after expiration date.
 - Authorization can be extended at most 2 times, including online and fax request.

- To attach additional file to the particular authorization, click “Add Attachment” after you found the authorization.

Provider	Auth No	Member ID	Last Name	First Name	DOB	Status	
All Providers			Doe	John		Select Status	Search

IPA	Auth Number	Member ID	Member Name	Refer To Provider	Status	Expired Date	Attachment
LSMA	20121001PA610001	1234567	Doe, John	PROVIDER NOT IN SYSTEM	REQUESTED	01/13/2013	Add Attachment
LSMA	20121001PA610001	1234567	Doe, John	ELITE ADVANCED IMAGING,RADNET	APPROVED	12/26/2012	

- In order to add attachment, authorization must have status “REQUESTED” or “SYSTEM HOLD”
- Authorization Attachment page will appear. You can attach your attachment at the end of the page



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Authorization Attachment

Close

Auth Number : 20121001PA610001 Status : **REQUESTED**
 Health Plan Auth No : Action Date : 10/15/2012
 Request Date : 10/15/2012 Expiration Date : 1/13/2013
 Referral Type : Retro Date :

Patient Name : Doe, Jane DOB : 1/1/2000 Gender : F
 Member ID : 1234567
 Health Plan : IEHP MEDI-CAL Member PCP : Dr. PCP

Request Provider : Dr. Requesting Referral To : Dr. Requested
 (L2) SEE MEMO LINE 2
 POS : (11) OFFICE

REFERENCE	DIAG CODE	DESCRIPTION
1	377.39	OPTIC NEURITIS NEC
2	368.9	VISUAL DISTURBANCE NOS

CPT CODE	DESCRIPTION	MODIFIER	DIAG REF	QUANTITY
99204	OFFICE/OUTPATIENT VISIT		377.39	1.0

Attachment (only file of type tif, tiff, jpg or pdf will be accepted.)

Upload Attachment

Browse...

VI. Claim

To search claim:

After a claim has been loaded into our system, it will no longer be listed in “Submitted Claims” or “Submitted Batch Claims” (usually after 24 hours). If a claim is no longer listed, you can still search for the claim using the “Search Claims” function.

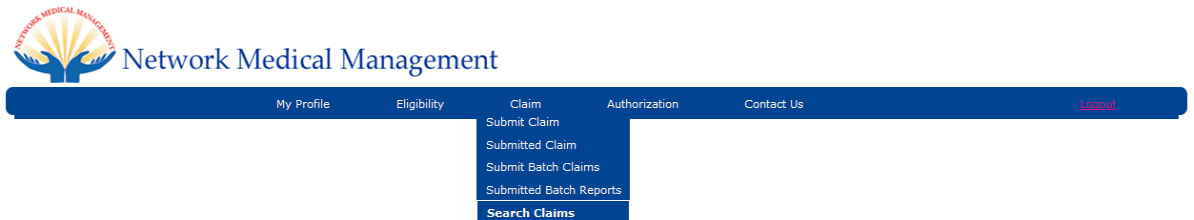
- All functions besides “Search Claim” are not currently available.

Claim - Member Search

Provider: [Dropdown] Member ID: [Text] Last Name: [Text] First Name: [Text] DOB: [Text] DOS: [Text] Search

IPA	Member ID	Last Name	First Name	Gender	DOB	Health Plan	Option	Start Date	Term Date
<div style="border: 1px solid gray; padding: 5px;"> <p>Message from webpage</p> <p>Sorry! None of the providers associate with this user id has write access to claim module. No Interactive claims can be created.</p> <p>OK</p> </div>									

- Click on [Search Claims]



- You can search for a claim by Provider, Claim Number, Claim Reference Number, Member ID, Last Name, First Name, Date of Birth, or any combination of fields.

Claim Search

Provider: [Dropdown] Claim Ref: [Text] Member ID: [Text] Last Name: [Text] First Name: [Text] DOB: [Text] Search

IPA	Claim Number	Member ID	Member Name	Billing Provider	Status	Date Received	Date Paid
APC	2010010199900001	000ABC123	DOE, JOHN	SMTH, JOHN	RELEASE TO A/P	11/18/2010	
APC	2010010199900002	000ABC123	DOE, JOHN	SMTH, JOHN	PAID	11/10/2010	11/15/2010

11/22/2010 3:34:24 PM © RuleMeister Inc, All Rights Reserved

Prev Next Report Issue

- Click on a Claim Number to view the claim details.



Close

Claim No : [REDACTED]	Status : [REDACTED]
Date Received : [REDACTED]	Date Paid : [REDACTED]
Auth No : [REDACTED]	Check No : [REDACTED]
Provider Claim No : [REDACTED]	Place of Service : [REDACTED]

Member : [REDACTED]	Member ID : [REDACTED]
Gender : [REDACTED]	DOB : [REDACTED]
HP Name : [REDACTED]	Opt : [REDACTED]

Provider Name : [REDACTED]	Provider ID : [REDACTED]
	Specialty : [REDACTED]

REFERENCE	DIAG CODE	DESCRIPTION
1	[REDACTED]	[REDACTED]

From TO	CPT	Modifier	Diag REF	Qty	Billed	Co-pay/ ADJ Co-insure	Net Paid
05/15/2012 05/15/2012	[REDACTED]		[REDACTED]			[REDACTED]	
05/15/2012 05/15/2012	[REDACTED]		[REDACTED]			[REDACTED]	

Total : [REDACTED]

VII. Report Issue

- For any portal issue, including forgotten password, please contact us at:

Email: Portal.Help@nmm.cc

Phone: (626) 943-6046

At the bottom right of each Portal page, there will be a “Report Issue” link. This link will go directly to our “Report Issue” page for users to submit their issues through the portal.

11/15/2012 7:44:40 PM

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[Report Issue](#)



- The Report Issue form will directly send your report to Portal.Help@nmm.cc. Our technician will contact as soon as possible and provide the necessary support.

Report Issue	
Contact Person *	<input type="text"/>
Phone Number *	<input type="text"/>
Best Time to Call	<input type="text"/>
E-mail Address *	<input type="text"/>
Remark *	<input type="text"/>
<input type="submit" value="Submit"/>	