



Provider Portal Toolkit

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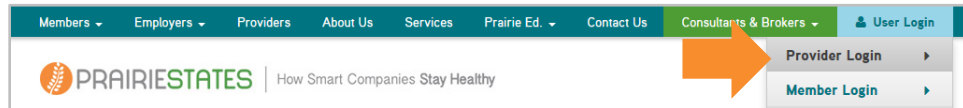
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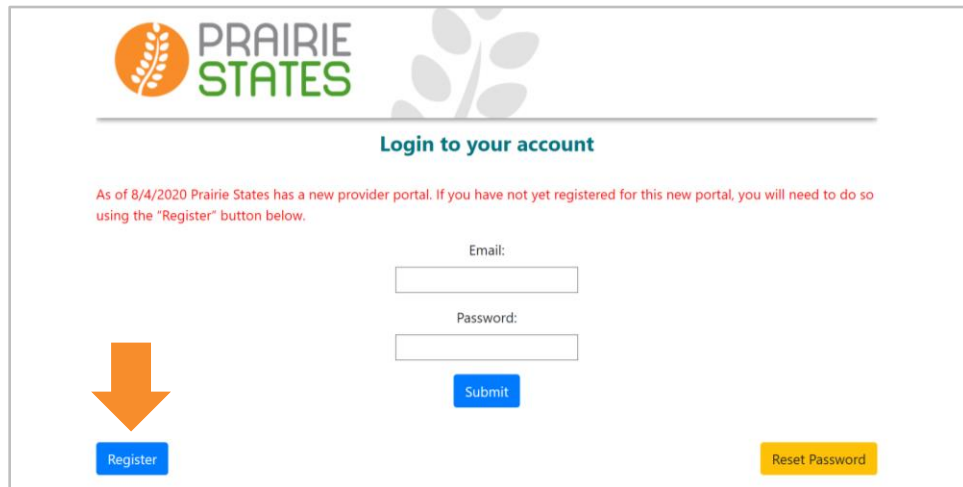
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Registration Process

1. Go to www.prairieontheweb.com. Under **User Login**, select **Provider Login**.

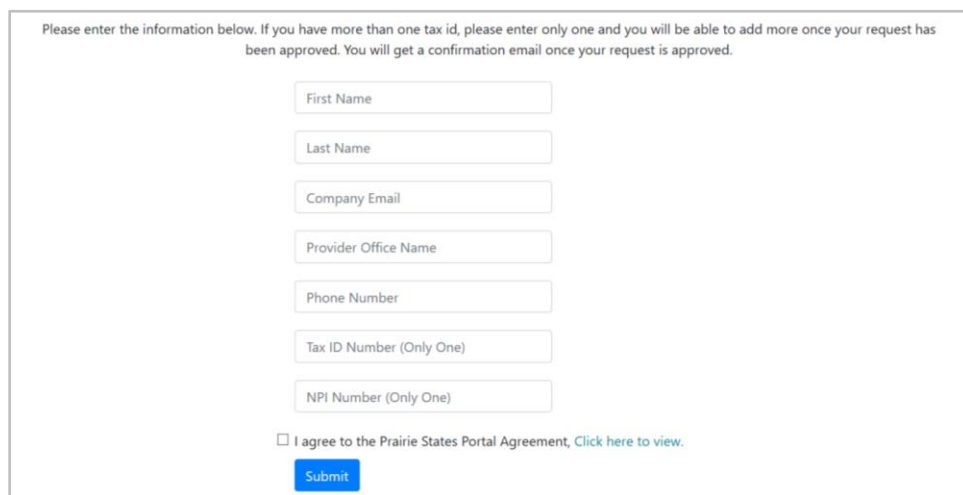


2. On the login page, select **Register**.

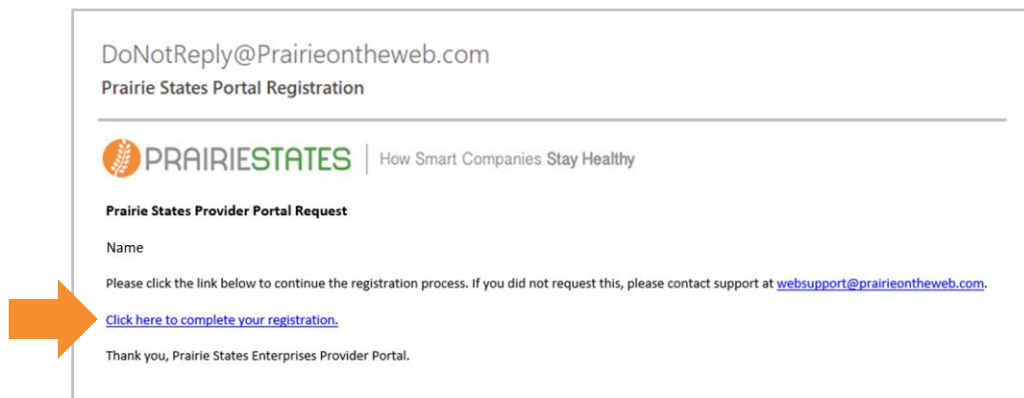


3. Enter the requested information, check the box to agree to the **Prairie States Portal Agreement**, and select **Submit**.

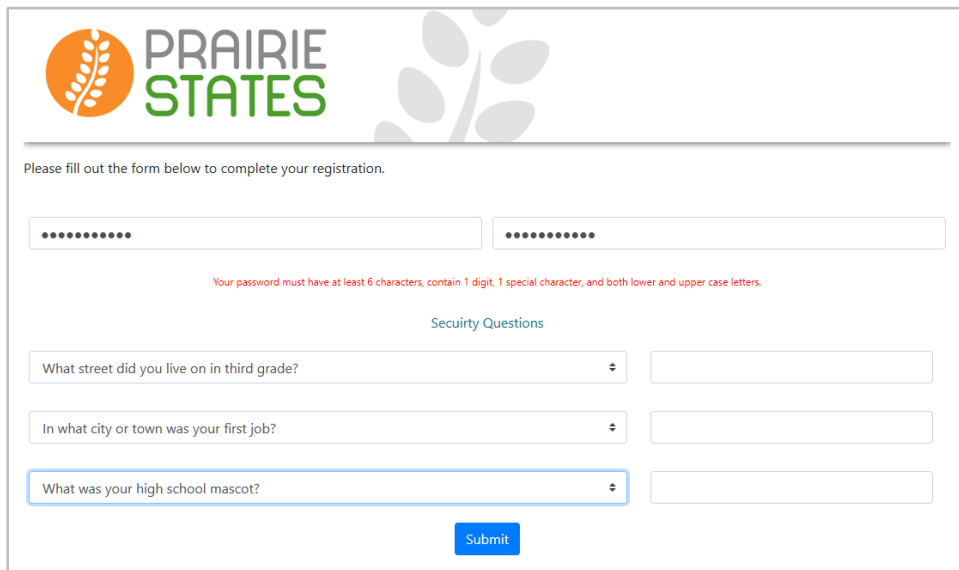
Please note that if you have more than one Tax ID Number, only enter one during this step. You will be able to add more once your request has been approved. Also, if the email address you enter has already been registered in the portal, you will receive an error notification.



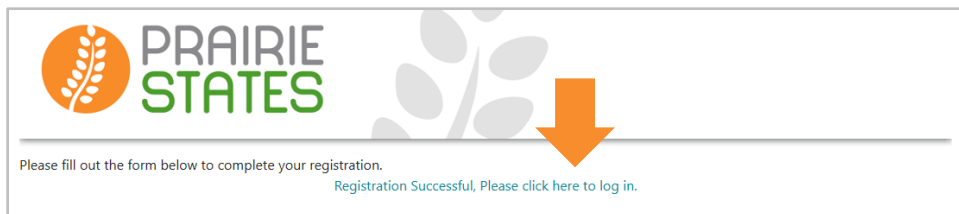
4. A Prairie States Portal Registration email will be sent to the email address provided. Select the **Click here to complete your registration** link.



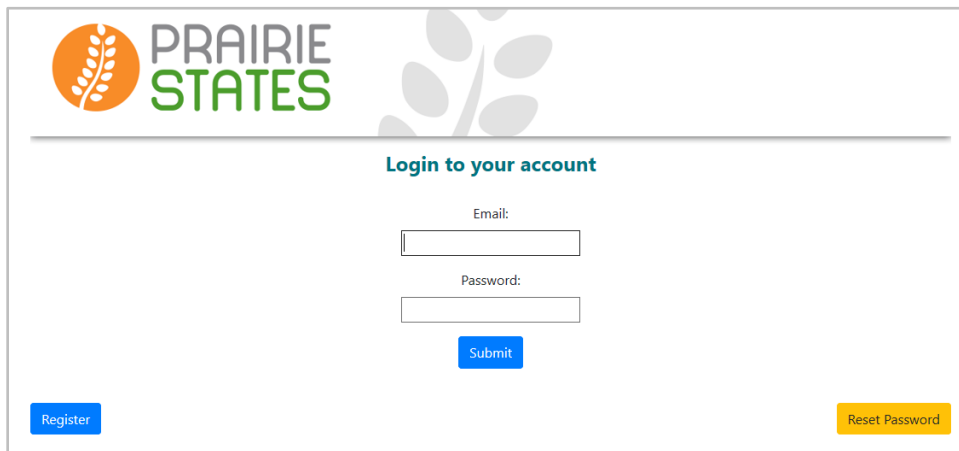
5. In order to complete your registration, follow the directions for entering a Password and answer three Security Questions. Select **Submit**.



6. Your registration is complete. Click the **Registration Successful, Please click here to log in** link.



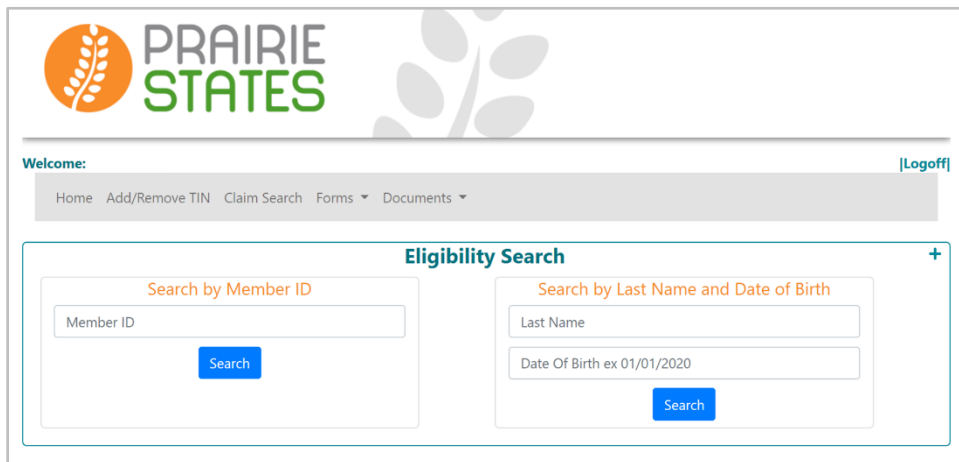
7. You will be taken back to the login page. Enter your Email and Password. Select **Submit**.



The screenshot shows the Prairie States login page. At the top left is the Prairie States logo. Below it, the text "Login to your account" is centered. There are two input fields: "Email:" and "Password:". Below the "Password:" field is a blue "Submit" button. At the bottom left is a blue "Register" button, and at the bottom right is a yellow "Reset Password" button.

8. Welcome to your Prairie States Provider Portal account page. The portal is always available with detailed and secure information, including features such as:

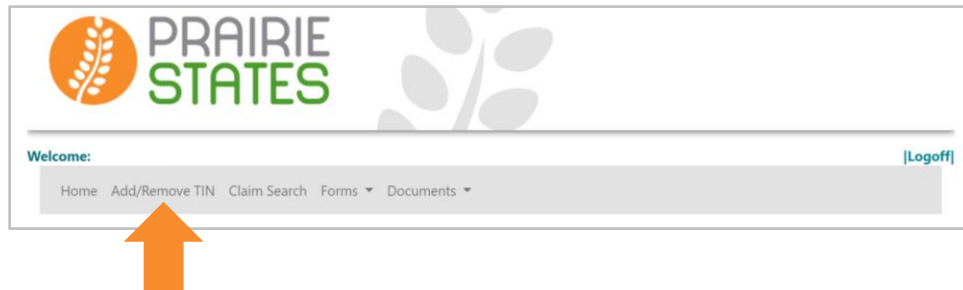
- Eligibility Search
- Add or Remove TIN
- Claim Search
- Forms
- Documents



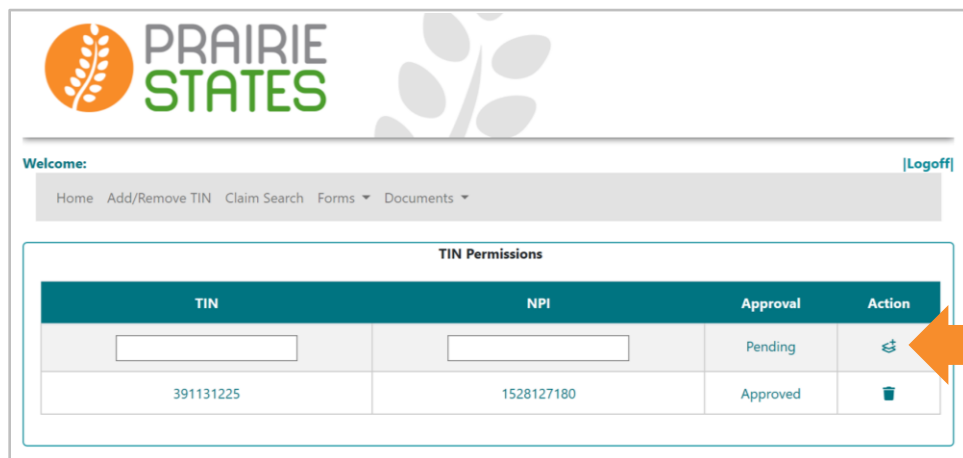
The screenshot shows the Prairie States Provider Portal account page. At the top left is the Prairie States logo. Below it, the text "Welcome:" is on the left and "|Logoff|" is on the right. Below this is a navigation bar with links: "Home", "Add/Remove TIN", "Claim Search", "Forms", and "Documents". Below the navigation bar is a section titled "Eligibility Search" with a "+" icon. There are two search boxes: "Search by Member ID" with a "Member ID" input field and a "Search" button, and "Search by Last Name and Date of Birth" with "Last Name" and "Date Of Birth ex 01/01/2020" input fields and a "Search" button.

TIN Permissions

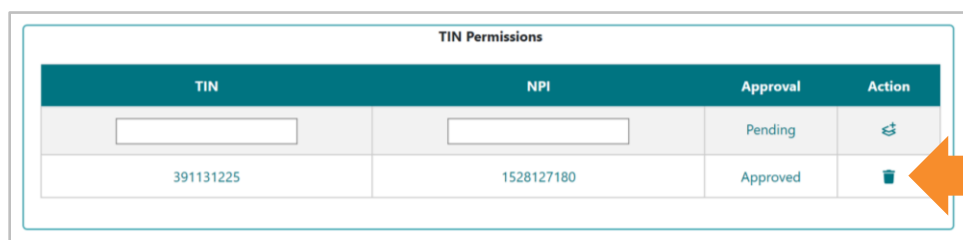
1. During the registration process, you were able to enter only one Tax ID Number and NPI Number. If you need to add additional TIN and NPI information, select **Add/Remove TIN** from the navigation bar.



2. To add permissions, enter the TIN and NPI information and click the + under Action.

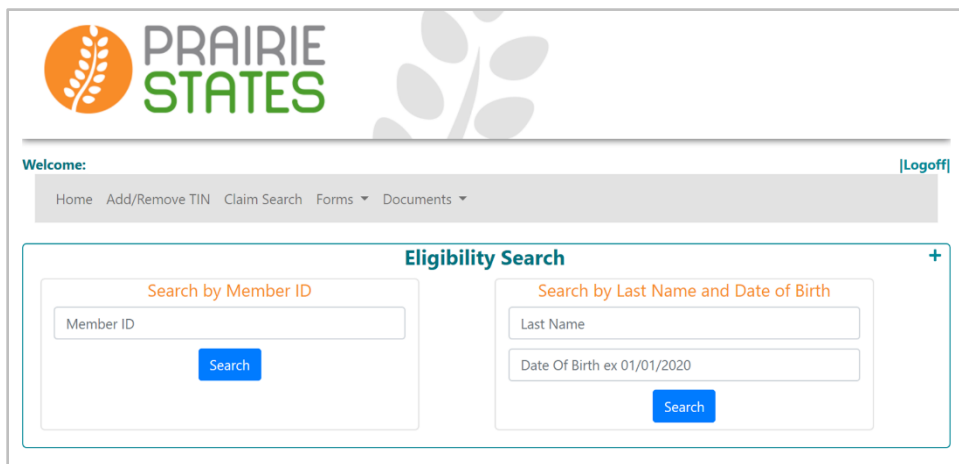


3. To remove permissions, click the trash can symbol under Action.

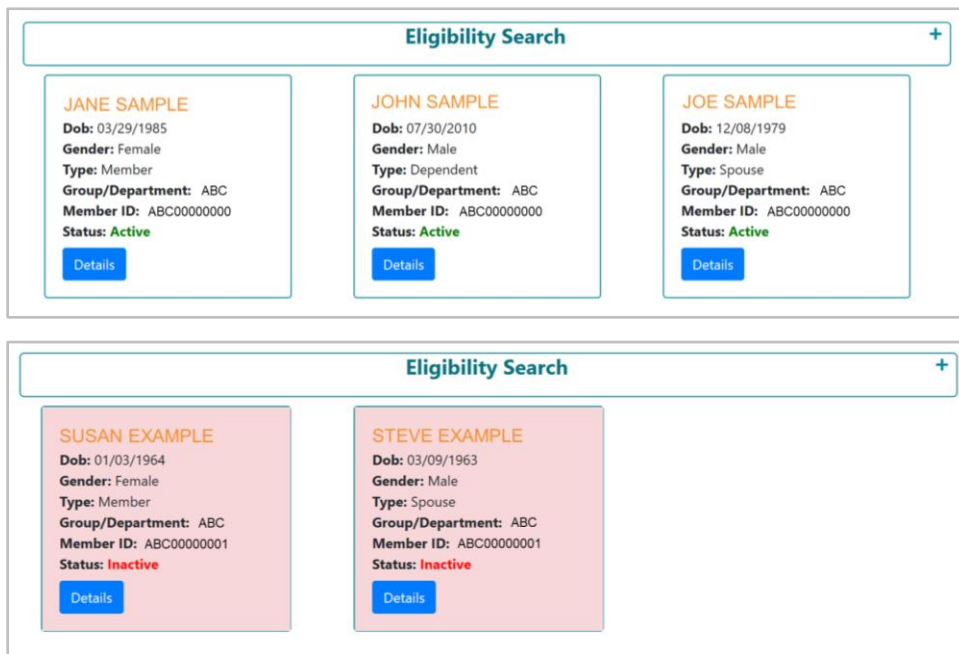


Eligibility Search with Access to Authorizations and EOBs

1. The Eligibility Search feature is located on your Home page. You can either search by Member ID or by Last Name and Date of Birth (MM/DD/YYYY). Select **Search**.



2. The Eligibility Search results will display both Active and Inactive accounts. Select **Details** to be taken to that individual's Member Details page.



Member Name	Dob	Gender	Type	Group/Department	Member ID	Status
JANE SAMPLE	03/29/1985	Female	Member	ABC	ABC00000000	Active
JOHN SAMPLE	07/30/2010	Male	Dependent	ABC	ABC00000000	Active
JOE SAMPLE	12/08/1979	Male	Spouse	ABC	ABC00000000	Active
SUSAN EXAMPLE	01/03/1964	Female	Member	ABC	ABC00000001	Inactive
STEVE EXAMPLE	03/09/1963	Male	Spouse	ABC	ABC00000001	Inactive

3. View member details, eligibility, plan documents, deductibles, authorizations, claim status, and EOBs.
Select **Back To Results** to return to the Eligibility Search results page.

[Back To Results](#)

Member Details

Employee Name
JANE SAMPLE

Address
123 ANY STREET ANY CITY, WI 00000

Member ID
ABC00000000

DOB
1985-03-29

Gender
F

Company
ABC Sample Company, Inc.

Current Eligibility

Coverage	Plan	Plan Document	Start/Change Date	End Date	Status
Medical	100ABCA	100ABCA.pdf	01/01/2020	01/01/2021	Active

2020 Deductible

Name	Year	Type	Current Met	Maximum Amount	Percent Met
Medical Deductible - In Network	2020	Individual	0.00	1000.00	0%
Medical Deductible - In Network	2020	Family	0.00	2000.00	0%
Medical Deductible - Out of Network	2020	Individual	0.00	2000.00	0%
Medical Deductible - Out of Network	2020	Family	0.00	4000.00	0%
Medical Out of Pocket - In Network	2020	Individual	0.00	2500.00	0%
Medical Out of Pocket - In Network	2020	Family	0.00	5000.00	0%
Medical Out of Pocket - Out of Network	2020	Individual	0.00	5000.00	0%
Medical Out of Pocket - Out of Network	2020	Family	0.00	10000.00	0%

Authorizations

Authorization Number	Member	Provider	Date Submitted	Status
0000000000-000000	JANE SAMPLE	EXAMPLE PROVIDER	07/19/2017	Denied

Claim Status

Claim Number	Status	Provider	Date of Service	Type	Total Charges	CoPay	Plan Paid	Member Responsibility
00000000000	Pended	SAMPLE PROVIDER	2020-06-10	Medical	495.00	Pending	Pending	Pending

- To access Authorizations, go under Authorizations and click on the **Authorization Number**. The authorization details will display. Select **Back to Results** to return to the previous page.

Authorizations

Authorization Number	Member	Provider	Date Submitted	Status
0000000000-000000	JANE SAMPLE	EXAMPLE PROVIDER	07/19/2017	Denied

Back To Results

Authorizations

Auth Number	0000000000-000000
Provider Name	EXAMPLE PROVIDER
Provider TIN	123456789
Start Date	07/19/2017
End Date	09/17/2017
Units	1
Decision	Denied
Description	Outpatient
DX Code	M47.816
DX Description	Spondylosis w/o myelopathy or radiculopathy, lumbar region

- To access an Explanation of Benefits (EOB), go under Claim Status and click on the **Claim Number**. The **Explanation of Benefits (EOB)** will open.

Claim Status

Claim Number	Status	Provider	Date of Service	Type	Total Charges	CoPay	Plan Paid	Member Responsibility
112233445566	Paid	SAMPLE PROVIDER	2020-06-10	Medical	181.00	0.00	0.00	56.87

Prairie States Enterprises, Inc.
PO Box 23
Sheboygan, WI 53082-0023

TransactionID: 123456789

Transaction Date: 06/10/2020

Tax ID: 123456789

Check #: 123456

TransactionID: 123456789

Transaction Date: 06/10/2020

Tax ID: 123456789

Check #: 123456

Your name, SAMPLE PROVIDER SYSTEM, INC., and Tax ID have been verified by the IRS.

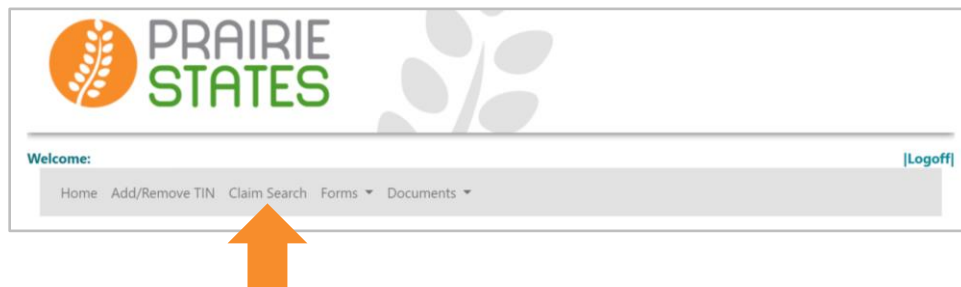
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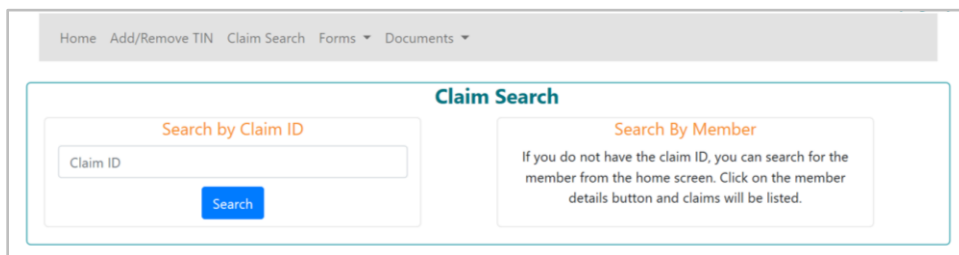
Claim Search with Access to EOBs

1. Select **Claim Search** from the navigation bar.



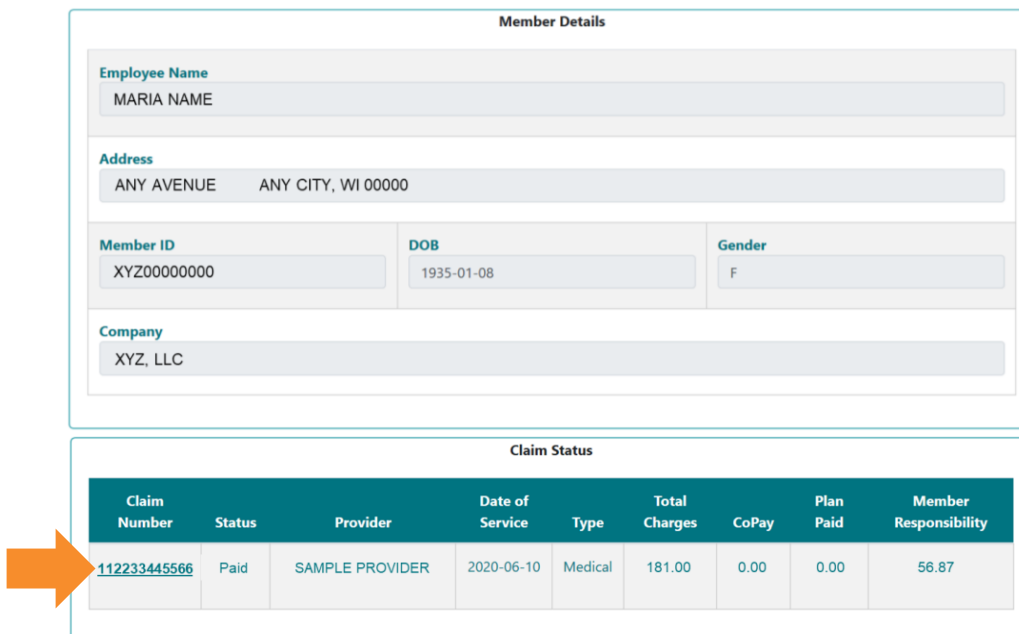
2. Enter the Claim ID and select **Search**.

Please note that if you do not have the Claim ID, you can return to the Home screen and use the Eligibility Search to access Member Details, including claims and EOBs.



The screenshot shows the 'Claim Search' section of the website. It has two tabs: 'Search by Claim ID' and 'Search By Member'. The 'Search by Claim ID' tab is active, showing a text input field for the Claim ID and a 'Search' button. The 'Search By Member' tab is inactive, showing a message: 'If you do not have the claim ID, you can search for the member from the home screen. Click on the member details button and claims will be listed.'


3. The search results will show Member Details and Claim Status. To view the Explanation of Benefits (EOB) for a claim, go under Claim Status and click on the **Claim Number**.



The screenshot shows the 'Member Details' and 'Claim Status' sections. The 'Member Details' section includes fields for Employee Name (MARIA NAME), Address (ANY AVENUE ANY CITY, WI 00000), Member ID (XYZ00000000), DOB (1935-01-08), Gender (F), and Company (XYZ, LLC). The 'Claim Status' section shows a table with columns: Claim Number, Status, Provider, Date of Service, Type, Total Charges, CoPay, Plan Paid, and Member Responsibility. The first row of the table is highlighted with an orange arrow pointing to the 'Claim Number' column header.

Claim Number	Status	Provider	Date of Service	Type	Total Charges	CoPay	Plan Paid	Member Responsibility
112233445566	Paid	SAMPLE PROVIDER	2020-06-10	Medical	181.00	0.00	0.00	56.87

- The **Explanation of Benefits (EOB)** will open.

Prairie States Enterprises, Inc. PO Box 23 Sheboygan, WI 53082-0023	<div data-bbox="951 384 1153 420">  </div> <div data-bbox="915 426 1185 457"> Explanation of Benefits </div> <div data-bbox="951 464 1153 504"> Retain this for tax purposes THIS IS NOT A BILL </div> <div data-bbox="883 510 1240 667"> <table border="1"> <tr> <td> Customer Service Payment Questions? Please call 800-615-7020 </td> </tr> <tr> <td> TransactionID: 123456789 Transaction Date: 06/10/2020 Tax ID: 123456789 Check #: 123456 </td> </tr> </table> </div>	Customer Service Payment Questions? Please call 800-615-7020	TransactionID: 123456789 Transaction Date: 06/10/2020 Tax ID: 123456789 Check #: 123456	
Customer Service Payment Questions? Please call 800-615-7020				
TransactionID: 123456789 Transaction Date: 06/10/2020 Tax ID: 123456789 Check #: 123456				
SAMPLE PROVIDER SYSTEM, INC. PO BOX 12345 ANY CITY, WI 00000				
Your name, SAMPLE PROVIDER SYSTEM, INC., and Tax ID have been verified by the IRS.				
<table border="1"> <tr> <td>Claim # :</td> <td>Provider :</td> <td>Patient Acct :</td> </tr> </table>		Claim # :	Provider :	Patient Acct :
Claim # :	Provider :	Patient Acct :		

Forms and Documents

1. You are able to access Forms and Documents through the navigation bar.

