**Penn Medicine**
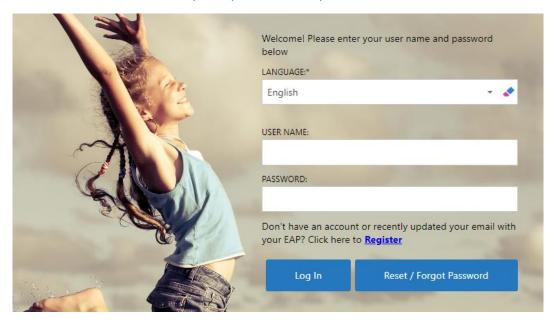**Princeton Health**
Employee Assistance Program

Thank you for being an EAP Affiliate Provider! Below is some guidance for navigating the Provider Portal and submitting sessions for payment.

1. The link to the portal is https://us.providerfiles.com/Login.aspx

    a. Your username is your email address.
    b. If you do not remember your password you can receive a link to reset it. Just make sure to check your spam folder if you don't receive the link.
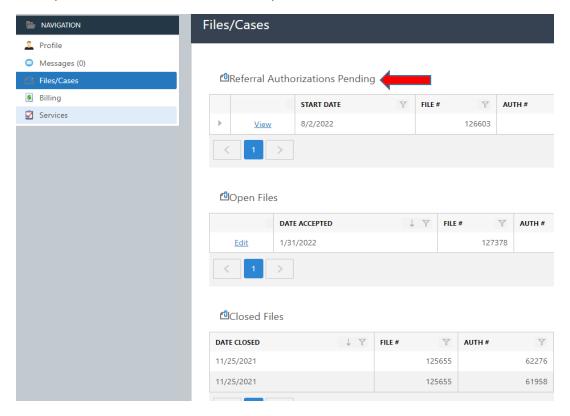


2. Once you log into the portal, you will see the home page. To see your referrals, click on Files/Cases under Navigation on the left.
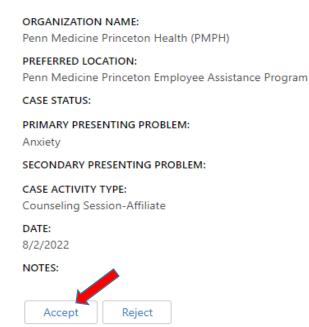
3. Any new referrals that were sent to you will be under "Referral Authorizations Pending".

| NAVIGATION |
| --- |
| Profile |
| Messages (0) |
| Files/Cases |
| Billing |
| Services |

## Files/Cases

### Referral Authorizations Pending

| | | START DATE | FILE # | AUTH # |
| --- | --- | --- | --- | --- |
| ▶ | View | 8/2/2022 | 126603 | |

< 1 >

### Open Files

| | DATE ACCEPTED | FILE # | AUTH # |
| --- | --- | --- | --- |
| Edit | 1/31/2022 | 127378 | |

< 1 >

### Closed Files

| DATE CLOSED | FILE # | AUTH # |
| --- | --- | --- |
| 11/25/2021 | 125655 | 62276 |
| 11/25/2021 | 125655 | 61958 |

4. Click on the "View" button so you can accept the referral:

**ORGANIZATION NAME:**
Penn Medicine Princeton Health (PMPH)

**PREFERRED LOCATION:**
Penn Medicine Princeton Employee Assistance Program

**CASE STATUS:**

**PRIMARY PRESENTING PROBLEM:**
Anxiety

**SECONDARY PRESENTING PROBLEM:**

**CASE ACTIVITY TYPE:**
Counseling Session-Affiliate

**DATE:**
8/2/2022

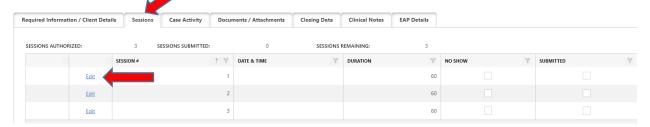**NOTES:**

| Accept | Reject |
| --- | --- |

5. Once you accept the referral, you will be able to submit sessions when they're completed. Click on the "Edit" button to the left of "Date Accepted"
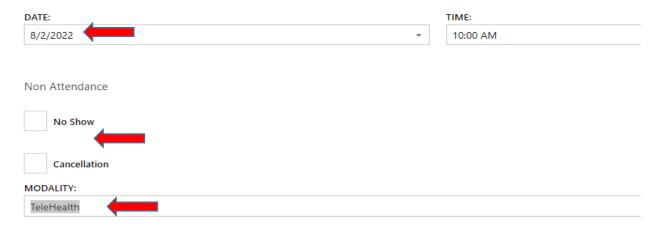
Open Files

| | DATE ACCEPTED | FILE # | AUTH # |
|---|---|---|---|
| Edit | 8/2/2022 | 126603 | 63812 |
| Edit | 1/31/2022 | 127378 | 62667 |

6. Go to the "Sessions Tab" (second tab from the left). Click on the "Edit" button to the left of the session(s) completed

| Required Information / Client Details | Sessions | Case Activity | Documents / Attachments | Closing Data | Clinical Notes | EAP Details |
|---|---|---|---|---|---|---|

SESSIONS AUTHORIZED:  3    SESSIONS SUBMITTED:  0    SESSIONS REMAINING:  3

| | SESSION # | DATE & TIME | DURATION | NO SHOW | SUBMITTED |
|---|---|---|---|---|---|
| Edit | 1 | | 60 | ☐ | ☐ |
| Edit | 2 | | 60 | ☐ | ☐ |
| Edit | 3 | | 60 | ☐ | ☐ |

7. Enter the date of the session. You can also indicate if the session was a no-show or cancellation. Choose the modality (in-person, telehealth, telephone).

DATE:

8/2/2022

TIME:

10:00 AM

Non Attendance

☐ No Show

☐ Cancellation
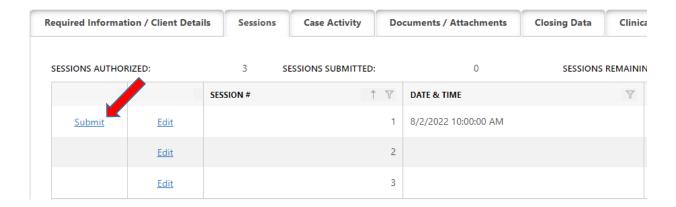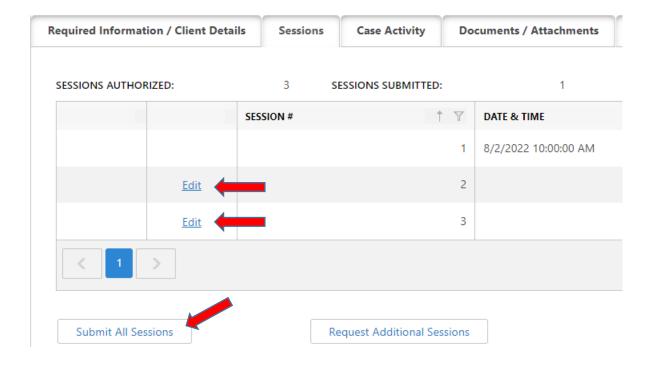
MODALITY:

TeleHealth

8. Click the "save" button on the top right side of the screen.



9. Click the "Submit" button to the left of the session that you just entered.



10. You can also enter all sessions that were completed and click on the "Submit All Sessions" button on the bottom left.

11.  On the top right side of the screen, click the "Save" or "Save and Close" button.

| Save | Cancel | Print Authorization | Save and Close |

| | |
|---|---|
| **AUTH START DATE:** 08/02/2022 | **SESSION TYPE:** Counseling Session-Affiliate |
| **AUTH END DATE:** 08/02/2022 | **SESSIONS AUTHORIZED:** 3 |

Your sessions will be recorded in the client's file and will also populate on the provider claims list to be paid. Claims are paid within 10 days and will be send to the address that was indicated on your W-9. Please remember to send a new W-9 if your address has changed.

W-9's and other documents or questions can be sent to nancy.mazotas@pennmedicine.upenn edu or rita.anderson@pennmedicine.upenn.edu.