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We make Benefits Better.

My Benefits Manager: Provider Portal Guide

Use My Benefits Manager to submit or check the status of a pre-determination/pre-authorization, to check the status of a claim, view remittances and explanation of benefits (EOBs), check member eligibility and view a member's benefit usage and limitations.

Creating an Account

1. Access the portal via: www.paisc.com

2. Click on Create account

3. Fill out the information requested.

Note: A paid claim number from a member who has been active in the last 180 days is required to create your account.

Signing in

4. Access the portal via: www.paisc.com

5. Enter your credentials and click Sign in.

6. Enter the code sent via text or email, depending on how you requested your multifactor authentication.

Checking Claim Status

7. Select the Claims tab and enter the claim number(s) you wish to research and select search.

8. Using the links and the browser back button, you can toggle through the claim results. Once you select a claim, select "Original View" under Claims to view a remittance/EOB.

Checking Member Eligibility

9. Select the Eligibility tab and enter the member ID(s) you'd like to check and select search.

10. Using the links and the browser back button, you can toggle through the eligibility results.

11. You can also view a member's benefits usage and limits.

Checking Member Eligibility Continued

12. To view any family member(s) that may be associated with the subscriber's number, click on the subscriber's name.

13. Click on View all family members.

14. A list of any family member(s) associated with the subscriber's number will be displayed. Click on any family member to view that member's information.

Checking Pre-Authorization

15. Select the Authorizations tab and select either Search responses or Search the original requests. Enter the requested information.

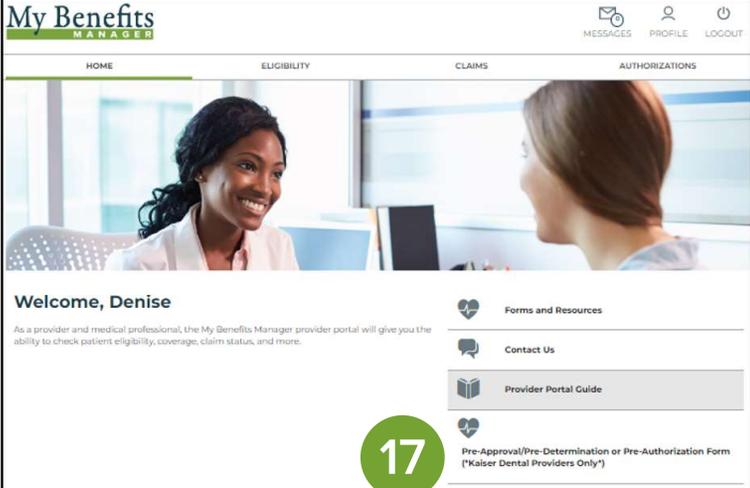16. Use the links to view the authorization details.

Reviewing or Submitting a Pre-Determination or Pre-Authorization

17. To review or submit a Pre-Approval/Pre-Determination or Pre-Authorization, select Pre-Approval/Pre-Determination Form.

18. Enter the requested information and select Review or Submit. Documentation can be attached to support the services by selecting Attachments and uploading the file and clicking Add.
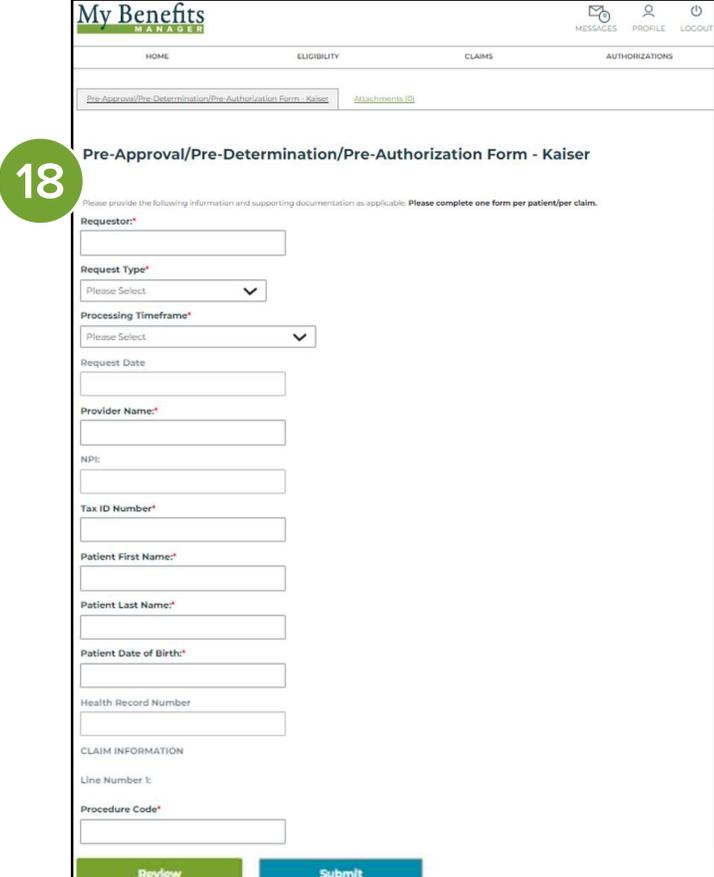
Note:

Please obtain pre-authorization on all procedures over $500. Pre-authorizations can be submitted via the portal or mail to the claims address at the end of the guide or can be identified as a pre-authorization claim to be submitted electronically through Web MD, Change Healthcare, Proximed or Availity by using Payer ID RP073. Documentation can be attached to support the services the pre-authorization will include.

If you need assistance, please contact **Customer Service**.

My Benefits
MANAGER