



## **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](http://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](http://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.

My Benefits  
MANAGER

Sign in to your account

Username  
Password

Sign in Create account

[Forgot your username or password?](#)

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Account Information

First Name:  
Last:  
Last Name:  
\*Username:  
Account created:  
Address:  
Update Account Information

Security Information

Change your password

Please enter your current password in order to change any settings on this page.

Current Password:  
New Password:  
Verify New Password:

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Enter security code

For additional security, we need to verify your identity before you can sign into the account.

We sent a one-time security code to (\*\*) \*\*\*-2703.

Once you receive it, please enter it below. If you have not received the code or still have trouble signing in, please call member services.

One-time security code  
Don't receive a code? Resend

Remember this device for 14 days  
Do not check if you are on a public or shared computer.

Sign in

## 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.

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Member	Date of service	Charge	Net Covered	Paid
Member ID: 0111002	Service Provider: DR Betty Kaye, MD	\$302.78	\$0.00	\$37.18
Subscriber: 0	Total Charges: \$302.78	Claim Status: BND	Net Covered: \$0.00	Paid: \$37.18

Claim Details	CH	CHARGE	NUMBER OF CLAIMS/CHARGES	NET COVERED	PAYED
Drugs	0011	\$11.77	\$11.77	\$0.00	\$0.00
Laboratory	0043	\$54.30	\$54.30	\$0.00	\$0.00
Professional Component	0010	\$132.71	\$132.71	\$0.00	\$0.00
<b>Total</b>		<b>\$302.78</b>	<b>\$302.78</b>	<b>\$0.00</b>	<b>\$37.18</b>

**Reason Code Descriptions**

BND - Services have been denied in the appeal review.  
 0011 - LABORATORY (NOT WORKING MALE)  
 0043 - EXC PEN FLUQIC SRV + SGM EDV (M)  
 0010 - LABORATORY (NOT WORKING MALE)

**Disclaimer**  
 This is not a bill.  
 EOB is for info only.

## 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.

HOME ELIGIBILITY CLAIMS AUTHORIZATIONS

### Eligibility

To search for a claim:

- Enter the Member ID #
- Enter the last Name and Date of Birth (MM/DD/YYYY)
- Multiple Member IDs can be entered. Press the enter key after each Member ID.

Select Provider:  
All Providers

Member Info Search [Download Results](#)

First Name:  Member ID(s):  Birth Date:

Last Name:

Search

Name	MemberID	Group	Date of Birth	Gender	Benefit Plan	Address	Home Phone
NAME: SUBJECT NAME	MP12345678	123456	01/01/1980		X1234567	123 Street Address, CA, 90000	

Records found: 1 | Page 1 of 1

### Eligibility

Select Provider:  
All Providers

Member Info Search [Download Results](#)

Last Name:  Member ID(s):  Birth Date:

LAST NAME:  Group:

Search

#### Participant

Member:	NAME, SUBJECT NAME	Group Name:	01234567
Member ID:	MP12345678	Group Number:	123456
EMAIL:	ACTUA		

#### Coverages

**MEDICAL - Silver**  
Coverage Date: 01/01/2018 - 12/31/2021

**DENTAL - Silver**  
Coverage Date: 01/01/2018 - 12/31/2021

**VISION - Silver**  
Coverage Date: 01/01/2018 - 12/31/2021

#### Benefit Usage and Limits

Usage Type:  Plan Year:

5am - Individual Deductible

IN NETWORK:  NON-QUALIFYING MED:  NON-QUALIFYING ACCIDENT:

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## Checking Member Eligibility Continued

- To view any family member(s) that may be associated with the subscriber's number, click on the subscriber's name.
- Click on View all family members.
- 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.

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Search form with fields: First Name, Last Name, Member ID(s), Date of Birth, Group. Search button.

Name	MemberID	Group	Date of Birth	Gender	Benefit Plan	Address	Home Phone
NAME, SUBSCRIBER	KP12345678	123456	01/01/1980	M	K1234567	123 Street Address, City, 00000	

1 record found.

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Search form with fields: First Name, Last Name, Member ID(s), Date of Birth, Group. Search button.

[View all family members](#)

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My Benefits Manager  
MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS AUTHORIZATIONS

### Eligibility

Select Provider:  
All Providers

Search form with fields: First Name, Last Name, Member ID(s), Date of Birth, Group. Search button.

[View all family members](#)

SUBSCRIBER NAME  
DEPENDENT ONE  
DEPENDENT TWO  
DEPENDENT THREE

## 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.

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### Authorizations

Home / Authorizations

Search responses
  Search original requests

Authorization Number (optional)

No additional information is required if you enter an authorization number.

Member ID (optional) Search for member:   
 Status:

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### View Form

Home / Authorizations / View Form

Print

#### Authorization #C50000018

Authorization #	C00000018	Status	Partially Approved	Requested Type	Approved Type	Outpatient	Requested Date of Service	0/23/2021
Requesting Provider:	Billy Carter MD	Member Name:	Sam Jones	Member ID:	111111110	Date of Birth:	1/1/1962	
Requesting Provider:	Billy Carter MD	Diagnosis Code:	M2031	Description:	Other reactive arthropathies, current	Diagnosis Date:	1/1/2021	Diagnosis Status:

#### Service Details

Service 1

Procedure Code	150	Status	Approved
Description:	Reaction with arthropathy, current	Study result:	
Place of Service:		Charge Amount:	
Requested Units:		Approved Units:	1
Date of purchase:		Date of study:	
Approved Dates of Service:	1/1/2021		

Service 2

Procedure Code	25246	Status	Partial
Description:	Reaction with arthropathy	Study result:	
Place of Service:		Charge Amount:	
Requested Units:		Approved Units:	1
Date of purchase:		Date of study:	
Approved Dates of Service:	1/1/2021		

#### Providers

Requesting Provider

Provider:	Billy Carter MD
Requesting Provider TIN:	100000
Requesting Provider NPI:	258504-2528

Referring Provider

Provider:	Billy Carter MD
Referring Provider TIN:	100000
Referring Provider NPI:	200004-2000
ID:	GAN_R_1000

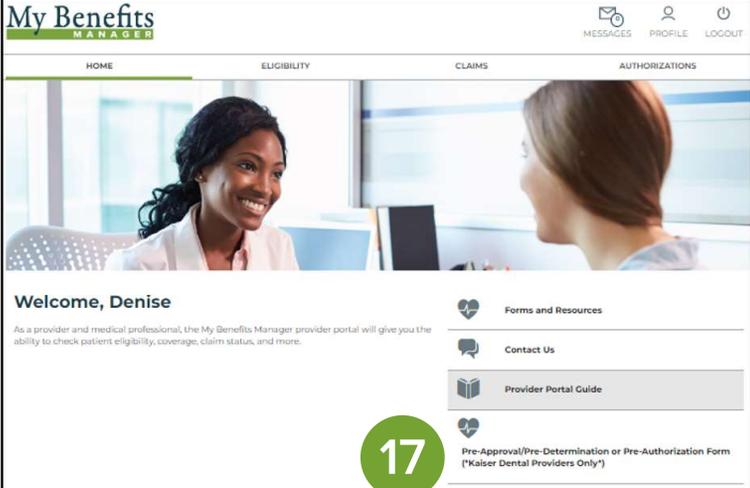
## Reviewing or Submitting a Pre-Determination or Pre-Authorization

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.

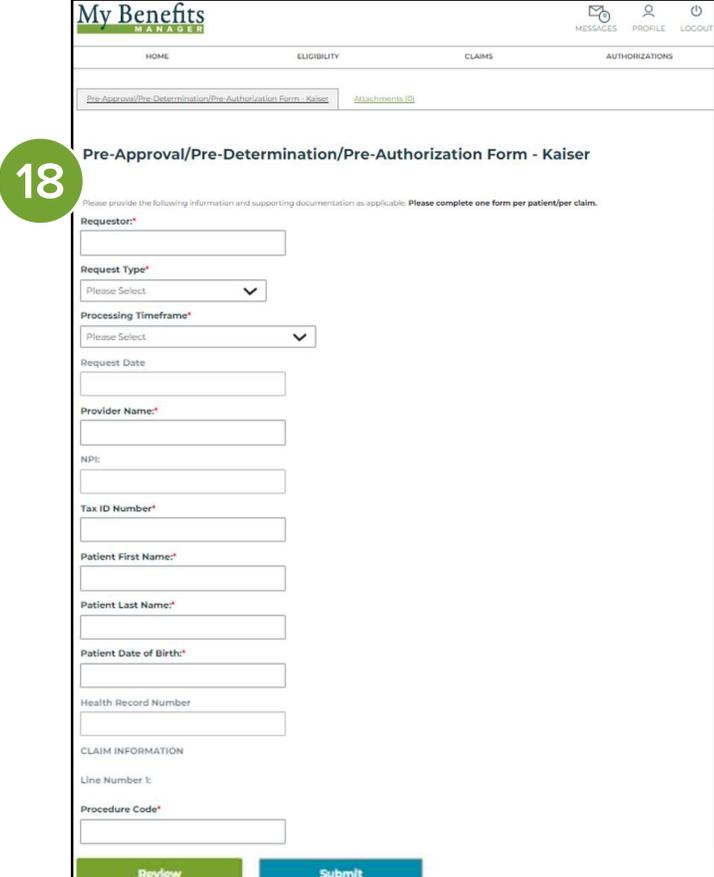
Note:

*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.*



The screenshot shows the 'My Benefits Manager' homepage. At the top, there are navigation tabs for HOME, ELIGIBILITY, CLAIMS, and AUTHORIZATIONS. Below the navigation is a header image of a smiling woman. The main content area includes a 'Welcome, Denise' message and a list of resources: 'Forms and Resources', 'Contact Us', 'Provider Portal Guide', and 'Pre-Approval/Pre-Determination or Pre-Authorization Form (\*Kaiser Dental Providers Only\*)'. A green circle with the number '17' is overlaid on the bottom right of the page.



The screenshot shows the 'Pre-Approval/Pre-Determination/Pre-Authorization Form - Kaiser'. The form is titled 'Pre-Approval/Pre-Determination/Pre-Authorization Form - Kaiser' and includes a sub-link for 'Attachments (0)'. The form contains the following fields:

- Requestor\*
- Request Type\* (Please Select)
- Processing Timeframe\* (Please Select)
- Request Date
- Provider Name\*
- NPI
- Tax ID Number\*
- Patient First Name\*
- Patient Last Name\*
- Patient Date of Birth\*
- Health Record Number
- CLAIM INFORMATION
- Line Number 1:
- Procedure Code\*

At the bottom of the form, there are two buttons: 'Review' (green) and 'Submit' (blue). A green circle with the number '18' is overlaid on the left side of the form.

If you need assistance, please contact [Customer Service](#).

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