



fidiacomplete

User Guide HCP Portal 2017



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brought to you by:
 **asembia**

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Overview

FidiaComplete.com is an online Healthcare Provider tool that allows Healthcare Professionals to:

- Enter new referrals
- Obtain status updates on current referrals
- Direct message the Fidial complete team
- Upload additional clinical documents for Prior Authorization and Pre-Determination reviews

No matter how the Healthcare Provider prefers to submit new referrals (i.e fax), having a user name and password to FidialComplete.com will allow for these additional support benefits. First Time user and Logging On.

To access Fidialcomplete go to: **www.FidialComplete.com**

fidialcomplete
A simple process for your patients' complete benefits summary
Select the prescribed product below

HYALGAN
(sodium hyaluronate)
Defy The Pain

HYMOVIS
High Molecular Weight
Viscoelastic Hyaluronan

Indications and Important Safety Information
Indications: Hyalgan® and Hymovis® are indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and to simple analgesics (e.g. acetaminophen).

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Last Update: May 2017

Contact Us | Assess Privacy Policy


Click on desired product





Login and First Time Users



User Login







[Forgot username or password?](#)

New User?

Click here to register now >>

Enter your User name and Password in the User Login Screen. For first-time users, click "New User?"

Returning Users

Enter the office information that includes: Office Name, address, Phone, Fax, user name and password.

- Accept terms of use.

The screenshot shows the Hyalgan website's registration page. At the top, the Hyalgan logo (sodium hyaluronate) and tagline "Defy The Pain" are on the left. On the right, contact information is listed: "Phone: 844-632-9266 | Fax: 877-447-9734". A navigation bar includes links for Home, About, My Profile, My Enrollments, Contact, and Login. The main content area is divided into three sections: "Registration" with instructions, "Prescriber/Practice Registration" with a form for office details (Name, Address 1 & 2, Zip, City, State, Phone, Fax, User Name, Email, Password, and Re-enter Password), and "User Agreements" with links to Website Access Terms of Use, HIPAA/Business Associate Terms of Use, and Privacy Policy, along with a checkbox for agreement and a "Save" button. A password requirement note and a mandatory field indicator are at the bottom of the registration form.

Once completed a Confirmation email will be sent to the email on file.

The screenshot shows a "Registration Confirmation" dialog box with a close button (X). It contains the text "Thank You!" and "Your registration was successful." with an "OK" button at the bottom right.

For previously enrolled users that have forgotten their user name or password. Clicking the "Forgot user name and password" link will prompt the user to enter their email address.

The screenshot shows a "User Login" dialog box with a close button (X). It features input fields for "Username" and "Password", a "Forgot username or password?" link, and a "New User? Click here to register now >>" link at the bottom.

The screenshot shows a "Forgot Username or Password" form with an input field for "Email Address" and "Submit" and "Cancel" buttons.

Forgot Your Password

To change a current password, click on the highlighter username.

HYALGAN
(sodium hyaluronate)
Defy The Pain

Phone: 844-632-9266 | Fax: 877-447-9734 | Asembia Test

Home About My Profile My Enrollments Contact Logout

By selecting the “Change Password” Icon you can update passwords for Fidiacomplete. In the My Profile section, the user has the ability to: Update office address, contact information, user names and prescribers.

My Profile
You can edit information about your account and change your password. Be sure to click SAVE when finished.

My Account
*Required field

*Username: test **Change Password**

*Email address: test@test.com

My Account
*Prescriber/Practice Name: test

*Phone Number: (111) 111-1111 Fax Number:

Sales Representative's Referral Code:

☐ Do not send me any status update emails

Save Cancel

By selecting the “Edit” icon, users can update prescriber’s information, update prescriber contact information, or delete a prescriber or contact.

My Profile
You can edit information about your account and change your password. Be sure to click SAVE when finished.

My Account
*Required field

*Username: AsembiaTest **Change Password**

*Email address: asembia.test@asembia.com

My Account
*Prescriber/Practice Name: Asembia Test

*Phone Number: (000) 000-0000 Fax Number:

Sales Representative's Referral Code:

☐ Do not send me any status update emails

Prescriber Information
You can edit a specific prescriber's profile by clicking Edit below.

First Name	Last Name	NPI	Edit
Asembia	Test	0000000000	edit

Add New Prescriber

Prescriber Contact Profile
You can edit a specific contact profile by clicking Edit below.

First Name	Last Name	Phone	Edit
Asembia	Test	0000000000	edit

Add New Prescriber Contact

By selecting “Add new Prescriber” from the My Profile page, you will be able to add multiple prescribers to a single account.

Prescriber Information

Please complete prescriber information and click Save.

*First Name: Asembia *Last Name: Test

*Address: 100 Test Drive Address 2:

*Zip: 07000 *City: Test City *State: NJ

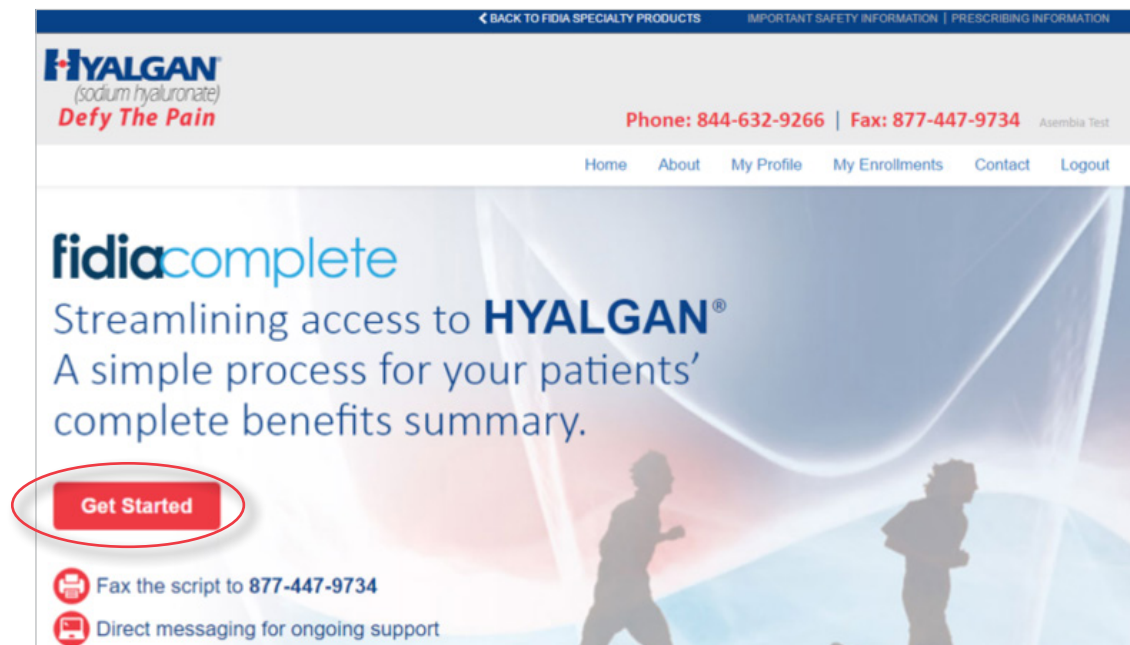
Specialty: Phone: (000) 000-0000 *Fax:

*NPI #: 0000000000 Tax ID: State License Number:

Save Cancel

My Profile Page

Starting a new referral can be completed by clicking “Get Started” after logging in from the home page.



Referrals can be created with 2 steps.

Step 1

Enter the patient information, select or add the prescriber and contact, select the medication, and enter all other pertinent information.

If a patient has been previously entered into the system, a message will prompt user to confirm if it's the same patient.

The screenshot shows the 'Step 1' enrollment form. It includes sections for 'Enrollment Type', 'Patient Information', and 'Select Product'. The 'Patient Information' section has fields for Name, Address, City, State, Zip, Date of Birth, Gender, and Race. There are also fields for Phone, Email, and a checkbox for 'Is this patient a new patient?'. The 'Select Product' section has a dropdown for 'Select Product' and a 'Select' button. There are also buttons for 'Add New Prescription' and 'Add New Office Contact'.The screenshot shows a 'Matching Patients' dialog box. It contains the text: 'We found 1 matching patient. You may select a patient to populate the form.' Below this is a table with columns: Name, Birthdate, Zip, and a 'select' button. The table has one row with the following data: Name: Test, Asembia; Birthdate: 01/01/1901; Zip: 07000. At the bottom of the dialog is a 'Cancel' button.

Creating a Referral

Select a prescriber or add a new prescriber. To enter a new Health Care Professional, select “add a new prescriber”.

Select appropriate quantity, dose form, injection site, and other required information. By selecting “Primary Diagnosis,” a drop down menu will appear revealing all associated codes with the drug.

*Prescriber

Asembia Test

Asembia Test

*Prescriber

Add New Prescriber

*Select Product

HYALGAN® 20mg/ 2ml

Sig: Administer by intra-articular injection as directed

*Quantity

3 5 Other

*Dose

Vial Syringe

*Injection Site

Right knee Left knee Bilateral

Does the patient have a failure, contraindication, or intolerance to the following treatment options? (Check all that apply)

☐ Non-pharmacologic (e.g. exercise, physical therapy, weight loss if overweight)

☐ Intra-articular corticosteroids

☐ Non-steroidal anti-inflammatory medications (e.g. ibuprofen)

☐ Non-narcotic analgesics (e.g. acetaminophen)

*Does the individual have documented symptomatic osteoarthritis of the knee?

Yes No

*Has the patient tried any other medications for this condition?

Yes No

*Primary Diagnosis

*Primary Diagnosis

M17.0 : (715.16) Bilateral primary osteoarthritis of knee

M17.10 : (715.16) "Unilateral primary osteoarthritis, unspecified knee"

M17.11 : (715.16) "Unilateral primary osteoarthritis, right knee"

M17.12 : (715.16) "Unilateral primary osteoarthritis, left knee"

M17.2 : (715.26) Bilateral post-traumatic osteoarthritis of knee

M17.30 : (715.26) "Unilateral post-traumatic osteoarthritis, unspecified knee"

M17.31 : (715.26) "Unilateral post-traumatic osteoarthritis, right knee"

M17.32 : (715.26) "Unilateral post-traumatic osteoarthritis, left knee"

M17.9 : (715.36) "Osteoarthritis of knee, unspecified"

Other

Step 2

Enter the primary and secondary medical insurance, prescription plan as well as upload any relevant documents if available. If the user does not have all the insurance cards available please select “Not Applicable/Cash”.

Step 2

Insurance Information

Primary Insurance (Required)

*Plan Type

Secondary Insurance (Optional)

*Plan Type

Prescription Plan (Required)

*Plan Type

Upload Scanned Insurance Card(s)

Accepted file types: PDF, JPG, PNG, GIF

Upload

0 files selected

Upload Relevant Documents

Accepted file types: PDF, JPG, PNG, GIF

Upload

0 files selected

Previous Next

Creating a Referral *continued*

To enter the Primary insurance, select either: Commercial, Medicare, Medicaid or Not Applicable/Cash.

Select appropriate quantity, dose form, injection site, and other required information. By selecting "Primary Diagnosis," a drop down menu will appear revealing all associated codes with the drug.

Enter in the remaining plan information Such as: Plan name, Subscriber name, ID and Group.

Insurance Information

Primary Insurance (Required)

* Plan Type

- Commercial
- Medicare
- Medicaid
- Not Applicable/Cash

Prescription Plan (Required)

Insurance Information

Primary Medical Insurance (Required)

Plan Type *

Plan Name *

Regional Plan *

Subscriber Name

Relation to Patient

Member ID# *

Group # * ?

Insurance Phone

Plan Type *

Prescription Plan *

The system will generate the most appropriate plan name by typing in the beginning characters.

If user is unsure what specific plan information is required hovering over the question mark icon will display a sample prescription card.

Primary Insurance (Required)

* Plan Type

* Plan Name

* Subscriber's Name

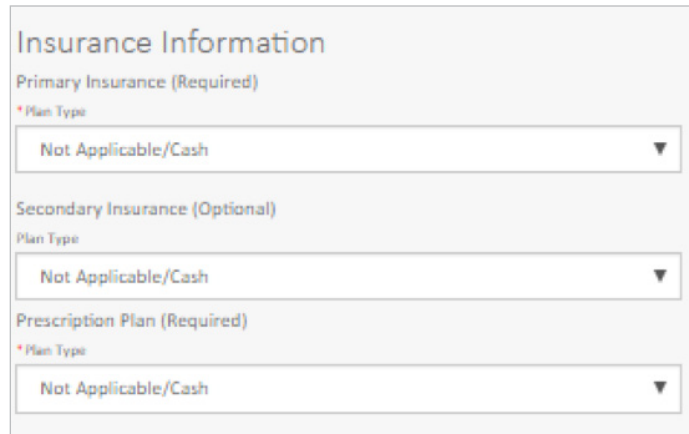
* Policy #

* Group # ?



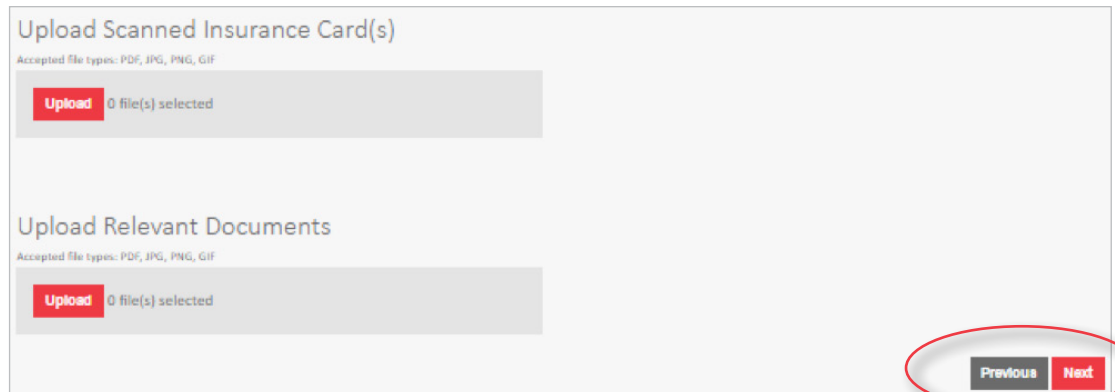
Creating a Referral *continued*

If “Not Applicable/Cash” fields are selected, user will not be prompted to enter any insurance information.



The form is titled "Insurance Information". It contains three sections, each with a dropdown menu for "Plan Type". The first section is "Primary Insurance (Required)" with a dropdown showing "Not Applicable/Cash". The second section is "Secondary Insurance (Optional)" with a dropdown showing "Not Applicable/Cash". The third section is "Prescription Plan (Required)" with a dropdown showing "Not Applicable/Cash".

At the end of the demographic field the user will have the option to upload any additional important documents (i.e. copy of the insurance cards and clinical chart notes.)




The form contains two upload sections. The first is "Upload Scanned Insurance Card(s)" with a subtext "Accepted file types: PDF, JPG, PNG, GIF" and a button labeled "Upload" next to "0 file(s) selected". The second is "Upload Relevant Documents" with the same subtext and a button labeled "Upload" next to "0 file(s) selected". At the bottom right of the form, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red circle.

Click “Next” to continue.

Creating a Referral *continued*

At this step, user will have the ability to review the referral and make changes if applicable. To make a change the user can select any of the “Edit” icons. Once completed select “Add Signature”.

Referral Review	Patient Information	Product Selection
Review all selections and proceed by creating a product referral.	<div>ASEMBIA TEST2</div> <div>100 Test Drive</div> <div>Test City, NJ 07000</div> <div>PRIMARY PHONE: (000) 000-0000</div> <div>SEX: MALE</div> <div>DATE OF BIRTH: 01/01/1901</div> <div>Last 4 SSN:</div> <div>CELL PHONE:</div>	<div>HYALGAN® 20mg/ 2ml</div> <div>Quantity: 5</div> <div>Dose: Vial</div> <div>Sig: Administer by intra-articular injection as directed</div> <div>Diagnosis: M17.32</div>
	<div>Insurance Information</div> <div>PRIMARY INSURANCE</div> <div>BCBS FEP</div> <div>Subscriber: Asembia Test</div> <div>Relation to Patient:</div> <div>r0000000000</div> <div>GROUP#: 65006500</div> <div>PHONE:</div> <div>SECONDARY INSURANCE</div> <div>Subscriber:</div> <div>Relation to Patient:</div> <div>GROUP#:</div> <div>PHONE:</div> <div>PRESCRIPTION INSURANCE</div> <div>BCBS FEP</div> <div>Subscriber: Asembia Test</div> <div>Relation to Patient: Member</div> <div>(000) 000-0000</div> <div>PERSON CODE:</div> <div>ID#: r00000000000000</div> <div>RXGRP#: 65006500</div> <div>PCN: 000000</div> <div>RXBIN#: 000000</div>	
	<div>Insurance Card</div> <div> asembia test insurance card.jpg</div> <div>Upload</div>	<div>Supporting Documentation</div> <div>Upload</div>
	<div>Prescriber Information</div> <div>Asembia Test</div> <div>NPI: 0000000000</div> <div>DEA:</div> <div>Taxid:</div> <div>Specialty:</div> <div>100 Test Drive</div> <div>Test City, NJ 07000</div> <div>test93@test.com</div> <div>Phone: (000) 000-0000</div> <div>Fax: (000) 000-0000</div> <div>Staff Contact: Asembia Test</div> <div>Phone: (000) 000-0000</div> <div>Email: Asembia.Test@asembia.com</div>	<div>Digital Signature</div> <div>Add Signature</div>

Previous Create Referral

Creating a Referral *continued*

There are several options for the prescribing Health Care Professional to sign the document.

1. Sign with the mouse and type the full name of the prescribing Health Care Professional.
2. Apply a signature that has been previously saved.
3. Upload a written signature via pdf or jpeg. After selection, the signature will populate the

1 Signature Options ×

Option 1: You can sign the form with your mouse below.

Please continue your signature.

*Then type in your full name.

Apply Signature **Cancel** **Clear Signature**

Option 2: You can select your previously saved signature from the drop down below.

Apply Signature **Cancel**


Option 3: Or upload an image of your signature.

Choose File No file chosen

3 Full Name:

Upload **Cancel**

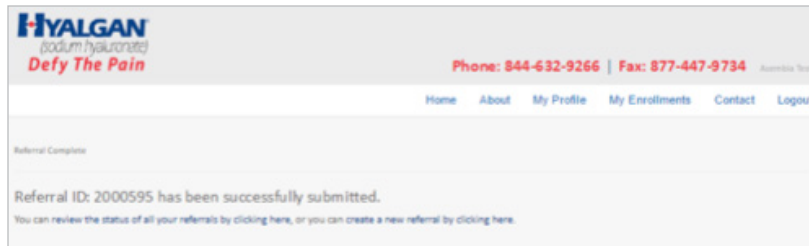
Once ready to submit the completed referral, select "Create Referral".

Prescriber Information	Digital Signature
<div><div>Edit</div><div>Asembia Test NPI: 0000000000 DEA: TaxId: Specialty: Staff Contact: Asembia Test Phone: (000) 000-0000 Email: Asembia.Test@asembia.com</div></div>	<div><div>Asembia Test</div><div> Add Signature</div></div>

Previous **Create Referral**

Viewing Your Active Referrals

Application will display a notification that referral has successfully been created.



To view previously prescribed medications, select "My Enrollments". Portal displays status of referral, the date it was submitted, and any notes associated with the account.

The screenshot shows the 'Specialty Pharmacy Rx Status' table. The table has columns: ID, Prescriber Name, Patient Name, Product, Referral Submitted, Status, Info, Last Updated, Message, and Actions. The table contains four rows of data. The first row is highlighted. Below the table is a 'Print/Export' button.

ID	Prescriber Name	Patient Name	Product	Referral Submitted	Status	Info	Last Updated	Message	Actions
2000595	Asembia Test	Asembia Test2	HYALGAN	5/9/2017	In Process ASPN	i	05/09/2017 12:06 PM		Cancel
0	Asembia Test	Asembia Test	HYALGAN	Not Submitted	Incomplete	i	05/09/2017 11:07 AM	View all messages	Cancel
1998471	Asembia Test	Asembia Test	HYALGAN	5/9/2017	In Process ASPN	i	05/09/2017 11:05 AM	View all messages	Cancel
1998451	Asembia Test	test99 test99	HYALGAN	5/9/2017	In Process ASPN	i	05/09/2017 11:02 AM	View all messages	Cancel

Clicking on the referral submitted date will allow the user to review the submitted referral, its status, and upload any additional documentation if needed.

The screenshot shows the 'Patient Enrollment: Asembia Test2' form. It has a 'Status' section with fields for Enrollment Submitted (5/9/2017), Triage for Processing, Product Shipped, Cancelled, Prior Authorization Approval Date, and Prior Authorization Expiration Date. Below this is an 'Attachments' section with a file named 'INTAKEFORM_164155.pdf'. There is also an 'Insurance Card' section with a file named 'assembia test insurance card.jpg'. To the right of the attachments is a 'Supporting Documentation (i.e. Prior Authorization Forms)' section with an 'Upload' button.

Patient Enrollment: Asembia Test2

Status

Enrollment Submitted: 5/9/2017

Triage for Processing:

Product Shipped:

Cancelled:

Prior Authorization Approval Date:

Prior Authorization Expiration Date:

Attachments:

INTAKEFORM_164155.pdf

Insurance Card

assembia test insurance card.jpg

Supporting Documentation (i.e. Prior Authorization Forms)

Upload

Viewing Your Active Referrals *continued*

Clicking on the “i” button will display any actions taken by the pharmacy.

Status History			
Change	Time Stamp	Status	Changed By
1	05/09/17 12:06 PM	Unassigned	INCOMINGASPNRX_BATCHMANAGER
2	05/09/17 12:06 PM	In Process ASPN - New Referral	INCOMINGASPNRX_BATCHMANAGER

To view any messages from the pharmacy or to relay any messages to the pharmacy, the user can click “View all messages”. The user can also send a message to the pharmacy and to which the pharmacy may respond to via the same channel.

Notes

Please advise if PA will be needed.

1. Please expedite BV process. Patient needs ASAP.
Order note by AsembiaTest on 5/9/2017 at 1:40 PM

Send Close

To cancel a referral, select the “cancel” hyperlink. The user will be prompted to confirm the cancellation. Please note that the user may only cancel the referral through the web portal for up to 48 hours after its creation. Any cancellations after 48 hours will have to be done via telephone. For assistance, please call 844-632-9266.

Cancel Referral

Yes No

FAQs

How do I change a password?

Please refer to the top of page 4.

If I have any questions, is there someone I can call?

Yes, we have a team able to help answer technical questions, please select the “Contact” hyperlink located at the bottom of the screen or call 844-632-9266.

Can I add multiple prescribers to a single user name and password?

Yes, multiple prescribers can be added on the “My Profile” page. Please see page 4 for more details.

If I cancel a referral by mistake, how can I recover it?

You may re-enter the enrollment or call us at 844-632-9266 to restart the patient.