eHEALTHsuite

eHEALTHsuite Provider Portal
User Guide

eHEALTH Suite Provider Portal

Available September 1,2019

To access the eHealth Suite Provider Portal:

- Visit our website at www.positivehealthcare.org
    - Select the applicable State of your location (Florida or Georgia)
    - Under " For Provider" then select Provider Portal

or

- Visit: https://phpphcportal.org/

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eHEALTH Suite Portal

For additional assistance logging in, please contact your Plan's Provider Relations Department. California: (888) 726-5411 Florida: (888) 456-4718 Georgia: (833) 267-6771.

PHP Providers will now have access to view

- **Provider details.**
- **Members eligibility.**
- **Submit Referrals/Authorizations, and view authorization status.**
- **Submit claims, check claim status and view remittance advices.**

Registration Letter

Sample Letter

Your registration letter will contain the following:

- Group/Business name and address
- Provider PIN Number: AHF123
- Instructions on how to register

New Provider Registration

To access eHEALTHsuite for the first time, providers will need to create a login and password.

1. Click the Providers link. The login dialog displays.

2. Select New User

Click here for Provider Registration

New User? Click here to create new or additional provider logins

3. Enter Provider assigned Pin Number

Provider Portal PIN Number

Continue   Clear

(*This unique pin number can be found on your Provider Portal Registration Letter*)

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Administrator functionality

- Administrator has the option to:
- Add multiple users
- Term any user access
- Reset password
- Make minor demographic changes

***Note**:

Initial email addresses used during registration can be changed based on employment status

Practice Info / Terms & Conditions Remittance Preferences

Enter the legal Facility/Practice name or Physician name.

*Facility/Practice or Last Name	
First Name	

Enter your zip code, e-mail address, and press Continue.

*Office Zip Code	
*E-Mail Address	
*Confirm E-Mail Address	

Continue   **Clear**

3. Enter name and zip as indicated on your Provider Portal Registration Letter

4. Review Terms & Conditions and select:

   ○ I Agree
   ○ I Do Not Agree

5. Select RA's Preferences: ○ Email ○ Paper

Mailing Preferences

Would you like to stop receiving paper Remittance Advice statements?
Users who choose to discontinue the mailing of their RAs will receive an e-mail informing them when a claim is processed. You can change your mailing preference at any time by selecting the Account Maintenance option from the main menu.

◉ I do not want paper Remittance Advice (RA) statements mailed to me. I will be contacted by e-mail whenever a new RA statement is available and will view it online.

Current E-Mail Address:	
E-Mail Address:	
Confirm E-Mail Address:	

○ I want paper Remittance Advice (RA) statements mailed to me.

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Provider Login

Log in Options:

- Enter User ID /Password in lower left field
- Click Providers Icon on Option Display

Provider Functionality

Online Provider Service Options:

- ✓ Provider Details
- ✓ Member Eligibility
- ✓ Authorization
- ✓ Claims
- ✓ Remittance Advice

View Provider Details

Provider Details Tab Enables the Provider to View:

- Basic Provider Information
- Tax ID/ NPI
- Provider Type
- Address and Phone Number

View Member's Eligibility

Providers Can Look-Up Members by Entering the Following Data:

- **PHP – Member Number & D.O.B**
- **Ryan White – Member last name & D.O.B**

To select a Member, Click the Member Name.

Enter Referral / Authorization

Member Number	968110265	🔍 KEVIN DRISCOLL
Referred/Authorized Provider	000008719	🔍 VERNON JESSUP
Referring Provider	000008719	🔍 VERNON JESSUP
Referral Type	OFFICE ⌄	
Reason for Request	Office visit	
Requested Service Dates	03/25/2019 📅 – 03/25/2019 📅	
Number of Visits	1	
Authorization Date	03/13/2019 📅	
Diagnosis Code	7245	🔍 UNSPECIFIED BACKACHE
		🔍
		🔍

Referral / Authorization Can be Initiated by Entering:

- Member ID Number
- Corresponding Fields
- Clicking Search Icon 🔍

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Authorization
Diagnosis and Procedure Code Look Up

Diagnosis Code Search

To search for a Diagnosis Code, please enter a Diagnosis Code or Description.

Diagnosis Code or Description [back ✕]

[Search] [Clear] [Back]

To select a diagnosis code, click the diagnosis code number.

Diagnosis Code	Description
36201	BACKGROUND DIABETIC RETINOPATHY
3621	OTHER BACKGROUND RETINOPATHY
36210	UNSPECIFIED BACKGROUND RETINOPATHY
64871	BN&JNT D/O MAT BACK PELV&LW LMB DEL
64873	BN&JNT D/O MAT BACK&LW LMB ANTPRTM
64874	BN&JNT D/O MAT BACK PP COND/COMPL
724	OT/UNS DISORDER OF BACK
7245	UNSPECIFIED BACKACHE

- Enter a Diagnosis/ Procedure Code or description and click Search to display results.
- Click the applicable Diagnosis/Procedure Code value to add it to the Authorization.

Example of A Completed Authorization Entry

Authorization Entry Completed

Your authorization was successfully captured.

Authorization Id	225309039
Member	968110265 - KEVIN DRISCOLL
Referred/Authorized Provider	000008719 - JESSUP
Referring Provider	-
Reason for Request	Office visit
Requested Service Dates	03/25/2019 - 03/25/2019
Number of Visits	1
Authorization Date	2019-03-25
Diagnosis	7245 - UNSPECIFIED BACKACHE
Procedure	0W0L0ZZ - ALTERATION LOWER BACK OPEN
Comment	
Attachment2	Note 1.txt

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Submit New Claim

The Submit New Claim menu allows providers to enter a new CMS 1500 claim's through eHEALTHsuite.

Institutional claims forms (UB-04) cannot be submitted through the eHEALTHsuite Provider Portal. The provider office will need to submit via mail or electronic claims via Clearing house Change Healthcare: 1 (888) 363-3361 Electronic Payer ID: 95411

- Once all the required fields have been completed the user will click the Save button and a Claim Reference Number will populate.

- Select the Submit New Claim menu from the Provider's main page.

- Select the CMS 1500 Claim link to display the Health Insurance Claim Form and begin entering a new CMS 1500 claim.

HEALTH INSURANCE CLAIM FORM

The claim has been successfully submitted.
The claim number is 494205498.
You can use Check Claim Status to check the status of this claim.

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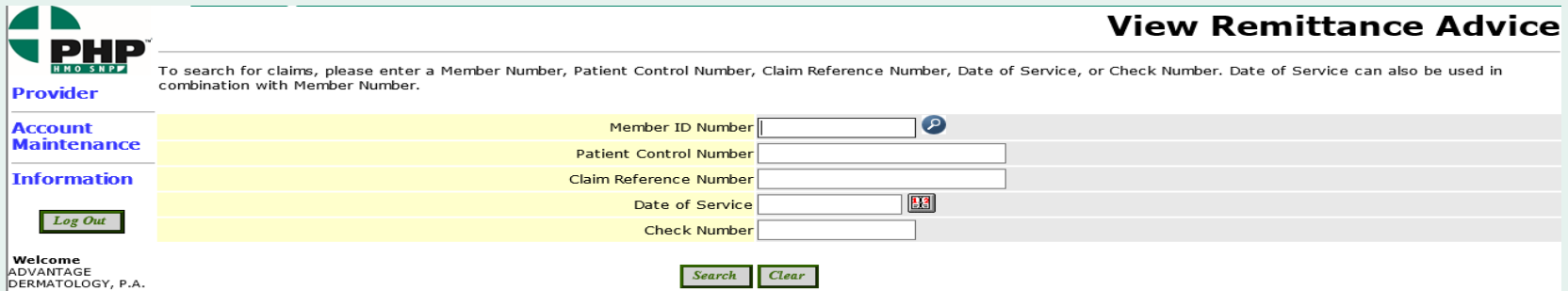
Claims

- Select the View Claim Status menu on the Provider's Main Page
- Enter the member's ID Number
- A list of all member's claims that fit the criteria entered will be displayed
- To view more claim information, select the member's name. The below page displays:

Note: Logged in provider's can only see submitted claims of affiliated group or facilities.

Remittance Advice

The View Remittance Advice menu provides view status of all claims on a single remittance advice.

Select the View Remittance Advice menu on the Provider's Main Page

Search Criteria Methods:

- Member ID Number or Click on Icon
- Claims Reference Number
- Check Number

(when searching by check number, the dialog displays a Statement of Remittance for that check number)

Contact Information

Claims Department

Call: (888) 662-0626 Fax: (888) 235-9274

Member Services

Call: (888) 456-471500

Utilization and Case Management

Call: (866) 990-9322 Fax: (888) 972-5340

Contracting and Provider Relations

Call: (888) 456-4718 Fax (954) 522-3260

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Provider Relations Contact Info

In the event you have any questions, please do not hesitate to contact your assigned Provider Relations Representative:

FL Providers located in Broward County: Tania Fils, 954.522.3132 x3259

FL Providers located in Duval County: Jafari Harris, 904.381.9651 x3129

FL Providers located in Miami-Dade County: Julianne Allende, 954.522.3132 x3258

GA Providers: Jason Griggs, 470.346.1068

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