



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/>

eHEALTH Suite Portal

PHP
HMO SNP

FULL SERVICE CUSTOMER CARE
Quickly access the information you need by clicking on a selection to the right after logging in.

LOG-IN TO CONTINUE
If you have a user ID for the Member or Provider portal, click on a link to the right.

User ID:

Password:

Log In

Members
Providers
Employers
Brokers
Information

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Version 4.12.05

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

*Provider Portal PIN Number

3. Enter Provider assigned Pin Number

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

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

New Provider Registration

Practice Info / Terms & Conditions Remittance Preferences

Enter the legal Facility/Practice name or Physician name.

*Facility/Practice or Last Name	<input type="text"/>
First Name	<input type="text"/>

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

*Office Zip Code	<input type="text"/>
*E-Mail Address	<input type="text"/>
*Confirm E-Mail Address	<input type="text"/>

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.

Provider Login

PHP
HMO SNP

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If you are a member and need a user ID, send an email (send to member.portal.access@aidshealth.org) and give us your name, member ID and date of birth, or call the Member Services on the back of your ID card.
If you are a provider and need a user ID, send us an email (send to provider.portal.access@aidshealth.org) with your details.

Log in Options:

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

Provider Functionality



Providers eHEALTH SUITE PORTAL

Online Provider Services

- [View Provider Details](#)
- [Member Eligibility](#)
- [Enter Referral/Authorization](#)
- [Submit New Claim](#)
- [View Claim Status](#)
- [View Remittance Advice](#)
- [View Authorizations](#)

Provider

Account Maintenance

Information

[Log Out](#)

Welcome


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Online Provider Service Options:

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

View Provider Details

**Providers** eHEALTH SUITE PORTAL

View Provider Details

Provider

Account Maintenance

Login Maintenance

Information

Log Out

Provider Number:

Provider Name:

Tax Id:

Type:

Address:

Phone:

NPI:

Contract List

Type	Plan	Product	Status	Status Date
GRANTS	AIDS HEALTHCARE FOUNDATION	AHF	ACTIVATION	10/11/2018
PARTICIPATING	CA MEDI- CAL	PHC- CA	ACTIVATION	10/11/2018
PARTICIPATING	CA MEDICARE ADVANTAGE- H5852	PHP- CA	ACTIVATION	10/11/2018

Address

Type	Address	Phone	Fax	Effective Date	Expiration Date
MAILING	4940 VAN NUYS BLVD STE 200 SHERMAN OAKS, CA 91403	(818) 380-2626	(818) 380-2620	01/01/1960	
OFFICE	4940 VAN NUYS BLVD STE 200 SHERMAN OAKS, CA 91403	(818) 380-2626	(818) 380-2620	01/01/1960	
PAYEE	6255 W SUNSET BLVD, 21ST FL ATTN: LYLE HONIG LOS ANGELES, CA 90028 - 7403	(328) 860-5200		03/27/2002	


Welcome MARY L ADAIR

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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** eHEALTH SUITE PORTAL

Verify Member Eligibility

To verify the eligibility of a member, please enter the Member Number and the Date of Birth.

Provider	Member Number	<input type="text"/>
Account Maintenance	Last Name	<input type="text"/>
Information	First Name	<input type="text"/>
	DOB	<input type="text"/>
	As Of Date	<input type="text" value="06/06/2019"/> 

[Log Out](#)[Search](#)[Clear](#)

Welcome MARY L ADAIR

To find a member, please enter the Last Name or DOB

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.


Member Name	Member Number	DOB	PCP	Plan	Relationship	Status
JAMES	8209	05/31/1955	PC - ADAM ZWEIG	PHC-CA	SELF	ACTIVATION (06/01/2009)

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 

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

View Claim Status

To search for claims, please enter a Member Number, Patient Control Number, Claim Reference Number, Date of Service, or Check Number. Date of Service can also be used in combination with Member Number.

Member Number	<input type="text" value="485831593"/>	
Patient Control Number	<input type="text"/>	
Claim Reference Number	<input type="text"/>	
Date of Service	<input type="text"/>	
Check Number	<input type="text"/>	

To select a claim, click the member name.

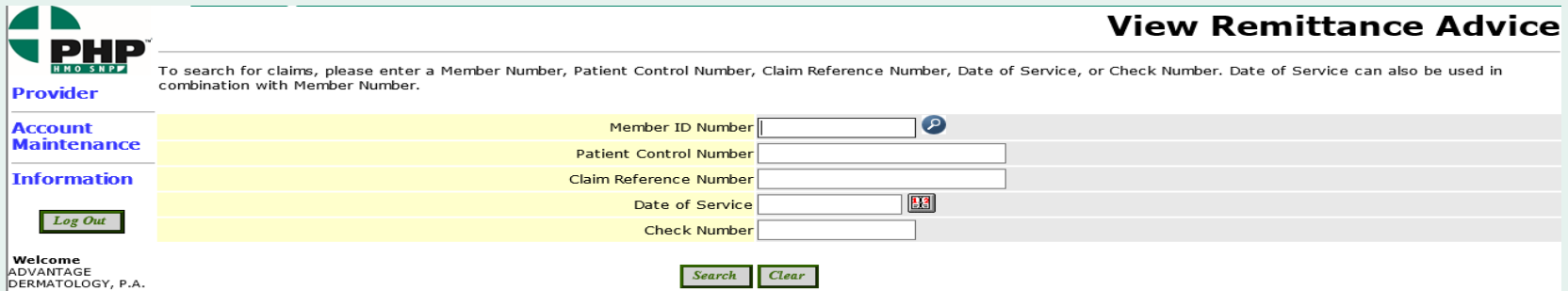
Member Name	Member Number	Claim Reference Number	Dates of Service	Status	Claim Amount	Paid Amount	Paid Date	Check Number	Check Cleared Date
NCOUNTER PRY	485831593	INSTITUTION2	03/22/2016 03/22/2016	PAID	\$500.00	\$400.00	11/02/2016	687456425	

- 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.




The screenshot shows the 'View Remittance Advice' form. On the left is a sidebar with the PHP HMO SNP logo, 'Provider' status, 'Account Maintenance' link, 'Information' link, a 'Log Out' button, and a 'Welcome' message for 'ADVANTAGE DERMATOLOGY, P.A.'. The main area has a title 'View Remittance Advice' and a search instruction: 'To search for claims, please enter a Member Number, Patient Control Number, Claim Reference Number, Date of Service, or Check Number. Date of Service can also be used in combination with Member Number.' Below this are five input fields: 'Member ID Number' (with a magnifying glass icon), 'Patient Control Number', 'Claim Reference Number', 'Date of Service' (with a calendar icon), and 'Check Number'. At the bottom are 'Search' and 'Clear' buttons.

Search Criteria	Input Field
Member ID Number	<input type="text"/>
Patient Control Number	<input type="text"/>
Claim Reference Number	<input type="text"/>
Date of Service	<input type="text"/>
Check Number	<input type="text"/>

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

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