

Aids Health Foundation

eHealth Suite Provider Portal



eHEALTH Suite Portal



The eHEALTH Suite Provider Portal provides a secure web portal for eHEALTH suite providers to interact in real-time with AHF. The self service capabilities permit our providers to conduct transactions from their office or home through a secure Internet connection. eHEALTH Suite also supports real-time submissions and adjudication of claims enabling health plans to minimize the expense and effort involved in claims' processing.

Effective July 1st:

To access the eHealth Suite Portal you must log in using the :

http://phpphcportal.org/

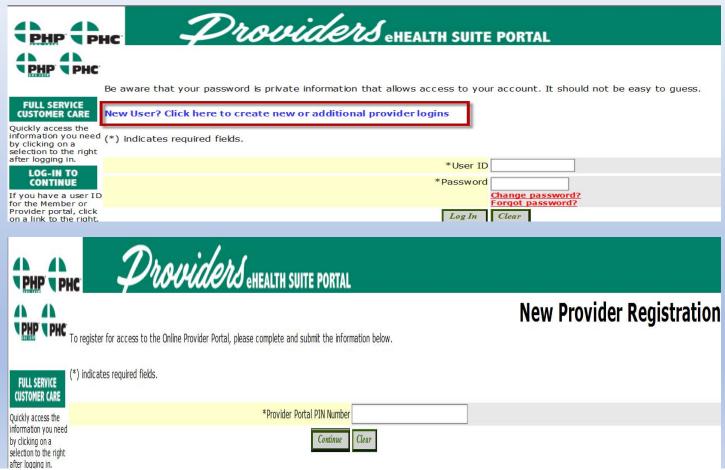
Once you have access the website http://phpphcportal.org/, you will see the following menu:

eHEALTH SUITE PORTAL



All providers contracted with our California PHP and PHC California network will receive an eHSProvider Portal notification letters providing your Provider Portal Pin Number to utilize during the new registration process.

If you have not received this communication notification please contact the California Provider Relations department at capr@aidshealth.org or call 888-726-5411 for further assistance.

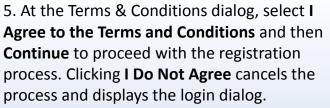


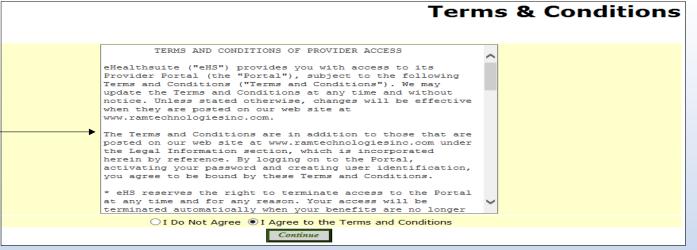


4. The provider is then to enter the Facility/Practice or Last/first name, zip code, and email address.

The name and zip code can also be found on the header of the Provider Portal Registration Letter

To register for access to the Online Provider Portal, please complete	and submit the information below.
(*) indicates required fields.	
Enter the legal Facility/Practice name or Physician name	
*Faci	lity/Practice or Last Name
	First Name
Enter your zip code, e-mail address, and press Continue	
*Off	<mark>ice Zip Code</mark>
*E-	Mail Address
*Confirm E-	Mail Address
	Continue





Remember to click the Update button to save your changes

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.

Current E-Mail Address:

E-Mail Address:

Confirm E-Mail Address:

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

Update

6. Enter a user ID and password and specify a security question and answer

Note: Do not use an apostrophe in the Security Question or Security Answer fields

A "Welcome to eHEALTHsuite Provider Portal" email is sent to the email address that was used during registration

*Note you may register multiple users for your provider Facility/Practice

*Ensure the email addresses used to register can be suspended if an employee is terminated

7. The provider is then to select their mailing preferences

6

View Provider Details



View Provider Details

Example

This function enables the provider to view basic provider information that is on file with the health plan. Information includes provider number, provider name, Tax ID, type of provider, address, phone number and NPI.

The provider is also able to view their contracts, view their addresses on file, and view their affiliations.

The provider does **not** have access to update anything on this screen.

Select the View Provider Details menu on the Provider's main page



Member Eligibility



Member Eligibility

The member eligibility menu is used for providers to verify the member's eligibility for active and reinstated members in the database.

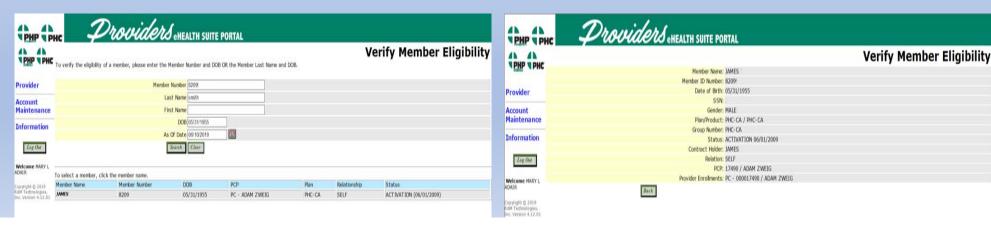
Select the Member Eligibility menu on the Provider's main page Enter Member Number and DOB or Last Name and DOB



The results will then show in a table format. Select the member's name to view all of the member's eligibility information.

First page of Member Eligibility





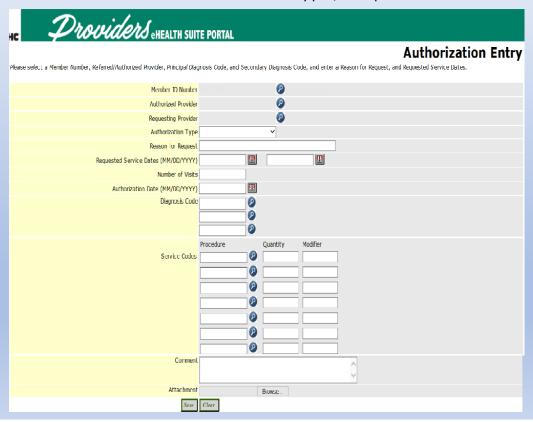
Enter Referral/Authorization



Enter Referral/Authorization

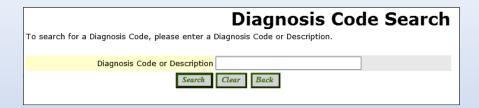
The Enter Referral/Authorization menu is used for providers to enter an authorization via the web that is sent directly to the health plan.

- 1. Select the Enter Referral/Authorization menu on the Provider's main page
- 2. The Authorization Entry page displays
 - a. Required fields to submit an authorization are Member ID Number, Authorized Provider, Authorization Type, requested service dates, authorization date and procedure codes

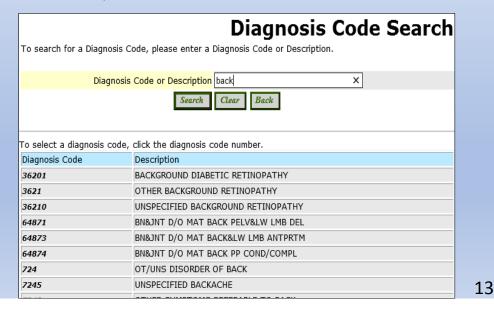


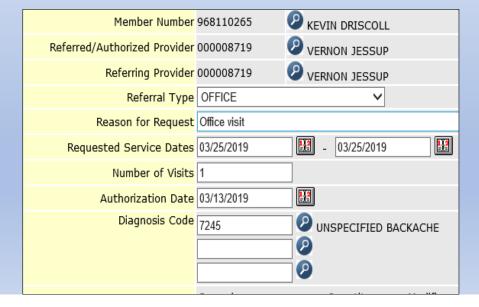
- 3. Enter the Member ID Number. Clicking the Member Search icon a displays the Member Search dialog and allows users to populate the member Number and name fields through a search.
- 4. Enter the Authorization Provider and Requesting provider. Clicking the Provider Search icon @displays the Provider Search dialog and allows users to populate both fields through a search.
- 5. Select an Authorization Type and Reason for Request.

- 6. Select the Requested Service Dates (to and from). Clicking the 🚨 icon displays a calendar for date selection.
- 7. Enter the Number of Visits.
- 8. Enter the Authorization Date. Clicking the 🔠 icon displays a calendar for date selection.
- 9. Enter up to three Diagnosis Codes. Clicking the Diagnosis Search icon 2 displays the Diagnosis Code Search dialog.



a. Enter a diagnosis code or description and click Search to display results. * Utilize the same code search to review procedure codes. *





Once you have enter the appropriate diagnosis and procedure codes.

Click Save to complete the authorization. The Authorization Entry Completed dialog displays an authorization summary (example below).

Authorization Entry Completed

Your authorization was successfully captured.

Authorization Id 225309039

Member 968110265 - KEVIN DRISCOLL

Referred/Authorized 000008719 - JESSUP

Provider

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



Submit New Claim/View Claim Status



Submit New Claim

The Submit New Claim menu allows providers to enter new CMS 1500 claims through eHEALTHsuite.

UB-04 claims cannot be submitted through the eHEALTHsuite Provider Portal. The provider office will need to submit via mail or Clearing House

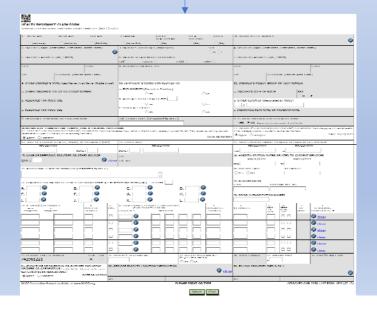


Select the Submit New Claim menu from the Provider's main page Select the CMS 1500 Claim link to display the Health Insurance Claim Form and begin entering a new CMS 1500 claim

UB-04 claims cannot be submitted through the eHEALTHsuite Provider Portal. The provider office will need to submit via mail or Clearing House



1. The CMS 1500 claim form then appears



- 2. Enter the insured's ID number. Clicking the Member Search icon in box 1a displays the Member Search dialog and allows users to populate the member fields through a search.
- 3. Enter the patients' name. Clicking the Member Search icon ② in box 2 displays the Member Search dialog for selecting the applicable member covered under the insured's plan. Additional fields on the form are automatically populated after selecting the member.

		Member Sear				
member name.						
Number Date Of	Birth Relation	ship Status				
07/16/1	1961 SELF	ACTIVATION	(01/01/2018)			
265 12/13/1	1960 SPOUSE	ACTIVATION	(01/01/2018)			
	Number Date Of 07/16/1	Number Date Of Birth Relations 07/3 07/16/1961 SELF	Number Date Of Birth Relationship Status 073 07/16/1961 SELF ACTIVATION			

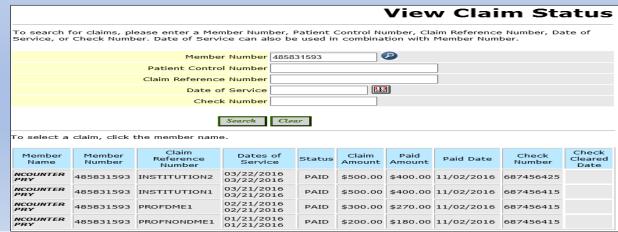
- 4. Fill out the remaining fields on the form.
 - a. In boxes 17 and 24J, clicking the Provider Search icon @ displays the Provider Search dialog and allows users to populate the provider fields through a search.
 - b. In box 21, clicking the Diagnosis Search icon@displays the Diagnosis Code Search dialog. Enter a diagnosis code or description and click Search to display results, then select the applicable code.
 - c. In box 24D, clicking the Procedure Search icon ② displays the Procedure Code Search dialog, Enter a diagnosis code or description and click Search to display results, then select the applicable code.
- 5. Click Save (or Submit) to submit the claim. Messages related to any required fields that have not been completed will display at the top of the screen.

View Claim Status

The View Claim Status menu can be used to view the status of a claim that was submitted by the provider.

Note: The logged in provider can only see claims in which they are the submitting provider on the claim or the logged in provider has an affiliation with the submitting provider.

- 1. Select the View Claim Status menu on the Provider's Main Page
- 2. Enter the member's ID Number
 - a. Clicking the Member Search icon 2 displays the Member Search dialog and allows users to populate the members fields through a search.
- 3. A lists of all member's claims that fit the criteria are displayed.
- 4 . To view more claim information, select the member's name.



View Remittance Advice/View Authorizations



View Remittance Advice

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

- •1. Select the View Remittance Advice menu on the Provider's Main Page
- •2. Enter Search Criteria
 - a. Searching by **check number** is the most common search method to use on the View Remittance Advice Dialog
 - b. Clicking the Member Search icon p displays the Member Search dialog and allows users to populate the member fields through a search.
- 3. Click Search. When searching by check number, the dialog displays a Statement of Remittance for that check number.
- 4. When searching by other criteria, the dialog displays claims results in the same manner as on the View Claim Status dialog.



View Authorizations

The view authorizations menu allows providers to view the status of an authorization in which the logged in provider is the authorizing or referring provider.

- 1. Select the View Authorizations menu on the Provider's main page
- 2. Enter a date range
- 3. Select Show Authorizations



4. Select the Authorization Number for more detailed information.





Thank you! Please email the California Provider Relations Department if you have any questions:

Email: capr@aidshealth.org

