



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:

1. Click the **Providers** link. The login dialog displays.
2. Select **New User? Click here for Provider Registration**
3. Click the **Providers** option to proceed forward.

The screenshot displays the 'eHEALTH SUITE PORTAL' website. At the top left, there are two logos for 'PHP' and 'PHC'. Below these, a green box contains the text 'FULL SERVICE CUSTOMER CARE' and a paragraph: 'Quickly access the information you need by clicking on a selection to the right after logging in.' Below this is a 'LOG-IN TO CONTINUE' button. Further down, there is a 'User ID' field, a 'Password' field, and a 'Log In' button. On the right side, a large circular graphic features a globe and a photo of two medical professionals. Five blue links are connected to this graphic: 'Members', 'Providers', 'Employers', 'Brokers', and 'Information'. The 'Providers' link is highlighted with a red underline.

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.

The screenshot shows the top of the Providers eHEALTH SUITE PORTAL. It features the PHP and PHC logos on the left and the portal name in a green header. Below the header, there is a warning about password privacy. A green sidebar on the left contains a 'FULL SERVICE CUSTOMER CARE' button and a 'LOG-IN TO CONTINUE' button. A red-bordered box highlights a link: 'New User? Click here to create new or additional provider logins'. The main form area has two input fields: '*User ID' and '*Password'. Below the password field are links for 'Change password?' and 'Forgot password?'. At the bottom of the form are 'Log In' and 'Clear' buttons.

The screenshot shows the 'New Provider Registration' page of the Providers eHEALTH SUITE PORTAL. It features the PHP and PHC logos on the left and the portal name in a green header. The title 'New Provider Registration' is prominently displayed on the right. Below the header, there is a registration instruction. A green sidebar on the left contains a 'FULL SERVICE CUSTOMER CARE' button. The main form area has one input field: '*Provider Portal PIN Number'. Below the field are 'Continue' and 'Clear' buttons.



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.

*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

5. At the Terms & Conditions dialog, select **I Agree to the Terms and Conditions** and then **Continue** to proceed with the registration process. Clicking **I Do Not Agree** cancels the process and displays the login dialog.

Terms & Conditions

TERMS AND CONDITIONS OF PROVIDER ACCESS

eHealthsuite ("eHS") provides you with access to its Provider Portal (the "Portal"), subject to the following Terms and Conditions ("Terms and Conditions"). We may update the Terms and Conditions at any time and without notice. Unless stated otherwise, changes will be effective when they are posted on our web site at www.ramtechnologiesinc.com.

The Terms and Conditions are in addition to those that are posted on our web site at www.ramtechnologiesinc.com under the Legal Information section, which is incorporated herein by reference. By logging on to the Portal, activating your password and creating user identification, you agree to be bound by these Terms and Conditions.

* eHS reserves the right to terminate access to the Portal at any time and for any reason. Your access will be terminated automatically when your benefits are no longer

I Do Not Agree I Agree to the Terms and Conditions

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.

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.

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

View Provider Details

PHP **PHC**

Providers eHEALTH SUITE PORTAL

PHP **PHC**

Online Provider Services

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Welcome MARY L ADAIR

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View Provider Details

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

Example

The screenshot shows the 'View Provider Details' page for MARY L ADAIR. The page is divided into several sections: Provider Information, Account Maintenance, Login Maintenance, Information, Contract List, Address, and Affiliations. The header includes the PHP/PHC logo and the text 'Providers eHEALTH SUITE PORTAL'.

Provider Information:

- Provider Number: 000009905
- Provider Name: MARY L ADAIR
- Tax Id: 163/10381
- Type: MD FVEI
- Address: 4940 VAN NUYS BLVD, STE 200, SHERMAN OAKS, CA 91403
- Phone: (818) 380-2626
- NPI: 1841340080

Contract List:

Type	Plan	Product	Status	Status Date
GRANIS PARTICIPATING	AIDS HEALTHCARE FOUNDATION	AHF	ACTIVATION	10/11/2018
PARTICIPATING	CA MEDI-CAL	PHC-CA	ACTIVATION	10/11/2018
PARTICIPATING	CA MEDICINE 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) 380-2626	01/01/1960	
PHYS	4940 VAN NUYS BLVD, STE 200, SHERMAN OAKS, CA 91403	(818) 380-2626	(818) 380-2626	01/01/1960	
PAYEE	6255 W SUNSET BLVD, 2151 LL, ALHAMBRA, CA 90028-7403	(626) 860-5200		03/21/2002	

Affiliations:

Name	Number	Type	Effective Date	Expiration Date
AHF HOLLYWOOD HCC	000003614	PHYSICIAN	01/01/2015	03/28/2018
AHF VALLEY HCC	000014639	PHYSICIAN	10/05/2018	
AHF BIENESTAR HCC	000021882	PHYSICIAN	01/01/2016	06/29/2017

Member Eligibility

PHP PHC *Providers* eHEALTH SUITE PORTAL

PHP PHC *Online Provider Services*

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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

Second page of Member Eligibility

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

Member Name: JAMES
 Member ID Number: 8209
 Date of Birth: 05/31/1955
 SSN:
 Gender: MALE
 Plan/Product: PHC-CA / PHC-CA
 Group Number: PHC-CA
 Status: ACTIVATION 06/01/2009
 Contract Holder: JAMES
 Relation: SELF
 PCP: 17400 / ADAM ZWEIG
 Provider Enrollments: PC - 000017490 / ADAM ZWEIG

Enter Referral/Authorization

PHP PHC *Providers* eHEALTH SUITE PORTAL

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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

The screenshot shows the 'Authorization Entry' form in the Providers eHEALTH SUITE PORTAL. The form is titled 'Authorization Entry' and includes a sub-header: 'Please select a Member Number, Referred/Authorized Provider, Principal Diagnosis Code, and Secondary Diagnosis Code, and enter a Reason for Request, and Requested Service Dates.' The form fields are as follows:

- Member ID Number: Text input field with a search icon.
- Authorized Provider: Text input field with a search icon.
- Requesting Provider: Text input field with a search icon.
- Authorization Type: Dropdown menu.
- Reason for Request: Text input field.
- Requested Service Dates (MM/DD/YYYY): Two date input fields with calendar icons.
- Number of Visits: Text input field.
- Authorization Date (MM/DD/YYYY): Date input field with a calendar icon.
- Diagnosis Code: Three text input fields, each with a search icon.
- Service Codes: A table with columns for Procedure, Quantity, and Modifier. Each cell contains a search icon.
- Comment: Text area with a scroll bar.
- Attachment: Text input field with a 'Browse...' button.
- Buttons: 'Save' and 'Clear' buttons at the bottom.

3. Enter the Member ID Number. Clicking the Member Search icon 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  displays the Diagnosis Code Search dialog.

Diagnosis Code Search

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

Diagnosis Code or Description

Search
Clear
Back

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

Diagnosis Code Search










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

Diagnosis Code or Description

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

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	<input style="width: 100%;" type="text" value="1"/>	
Authorization Date	03/13/2019	
Diagnosis Code	<input style="width: 100%;" type="text" value="7245"/>	 UNSPECIFIED BACKACHE
	<input style="width: 100%;" type="text"/>	
	<input style="width: 100%;" type="text"/>	

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 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/View Claim Status

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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


Submit A Claim

Please select the appropriate claim form:

[CMS 1500 CLAIM](#)

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  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 Search

To select a member, click the member name.


Member Name	Member Number	Date Of Birth	Relationship	Status
BONNIE DRISCOLL	070372973	07/16/1961	SELF	ACTIVATION (01/01/2018)
KEVIN DRISCOLL	968110265	12/13/1960	SPOUSE	ACTIVATION (01/01/2018)

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  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  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 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	
NCOUNTER PRY	485831593	INSTITUTION1	03/21/2016 03/21/2016	PAID	\$500.00	\$400.00	11/02/2016	687456415	
NCOUNTER PRY	485831593	PROFDME1	02/21/2016 02/21/2016	PAID	\$300.00	\$270.00	11/02/2016	687456415	
NCOUNTER PRY	485831593	PROFNONDME1	01/21/2016 01/21/2016	PAID	\$200.00	\$180.00	11/02/2016	687456415	

View Remittance Advice/View Authorizations

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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  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.

TRC-COUNTY MEDICAL ASSOC													
STATEMENT OF REMITTANCE													
Provider Name/Number TRC COUNTY MEDICAL ASSOC/P116600													
Network													
Telephone #													
Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copy Amount	Unknt Amount	Cont Amount	Medicare/ OIG Paid	Field Amount	Patient(s) Owed(s)	Ren
99212	OFFICE/OUTPATIENT VISIT LSI	10/17/2015	10/17/2015	1	\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	1405
Total for RALPH A TOLEDO:					\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	
Patient Name RALPH A TOLEDO													
Patient Control Number 90058010													
DCN# 00001000													
Processed 01/21/2017													
Msg. Codes													
99212	OFFICE/OUTPATIENT VISIT PRT	10/16/2015	10/16/2015	1	\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	1405
Total for RALPH A TOLEDO:					\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	
Total for TRC-COUNTY MEDICAL ASSOC					\$200.00	\$16.79	\$3.00	\$0.00	\$0.00	\$0.00	\$16.92	\$153.00	

CLAIM EXPLANATION NOTES:
 *LARGE OR PULSILENT OR CLARIS
 *2000 MEMBERSHIP PROGRAM PARTICIPATION FEE WITHIN A SURVIVAL LEVEL SHOWN

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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

1. Enter a date range

Dates of Service

From January 1 2019 Through June 10 2019

2. Click on a selection below

MARY L ADAIR [Show Authorizations](#)

3. To select an authorization, click the authorization number.

Member Name	DOB	Authorization Number	Requesting Provider	Authorized Provider	Dates of Service	Decision	Requestor	Reason for Request	Entered Date
JAMES	05/31/1955	801945828	MARY	MARY	06/08/2019 - 06/10/2019	N/A		hospice	06/07/2019
DIEGO	01/01/1987	343903249		MARY	05/01/2019 - 05/05/2019	FULLY FAVORABLE			05/31/2019

4. Select the Authorization Number for more detailed information.

View an Authorization

Member Name	JAMES	Authorization Number	801945828
DOB	05/31/1955	Requesting Provider	MARY I
Diagnosis	I10 - ESSENTIAL PRIMARY HYPERTENSION	Authorized Provider	MARY
Decision	N/A	Status	
Requestor		Entered Date	06/07/2019
Reason for Request	hospice		

Services								
Line1	From	Through	Procedure	Modifier	Units Requested	Units Approved	Units Denied	Units Used
1	06/08/2019	06/10/2019	DIR SNS RN HH/HOSPICE SET EA 15 MIN		1	1	0	0

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[Request New Authorization](#)



Thank you!

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

Email: capr@aidshealth.org

A dark red square containing the letters 'AHF' in a white, serif font.

AHF