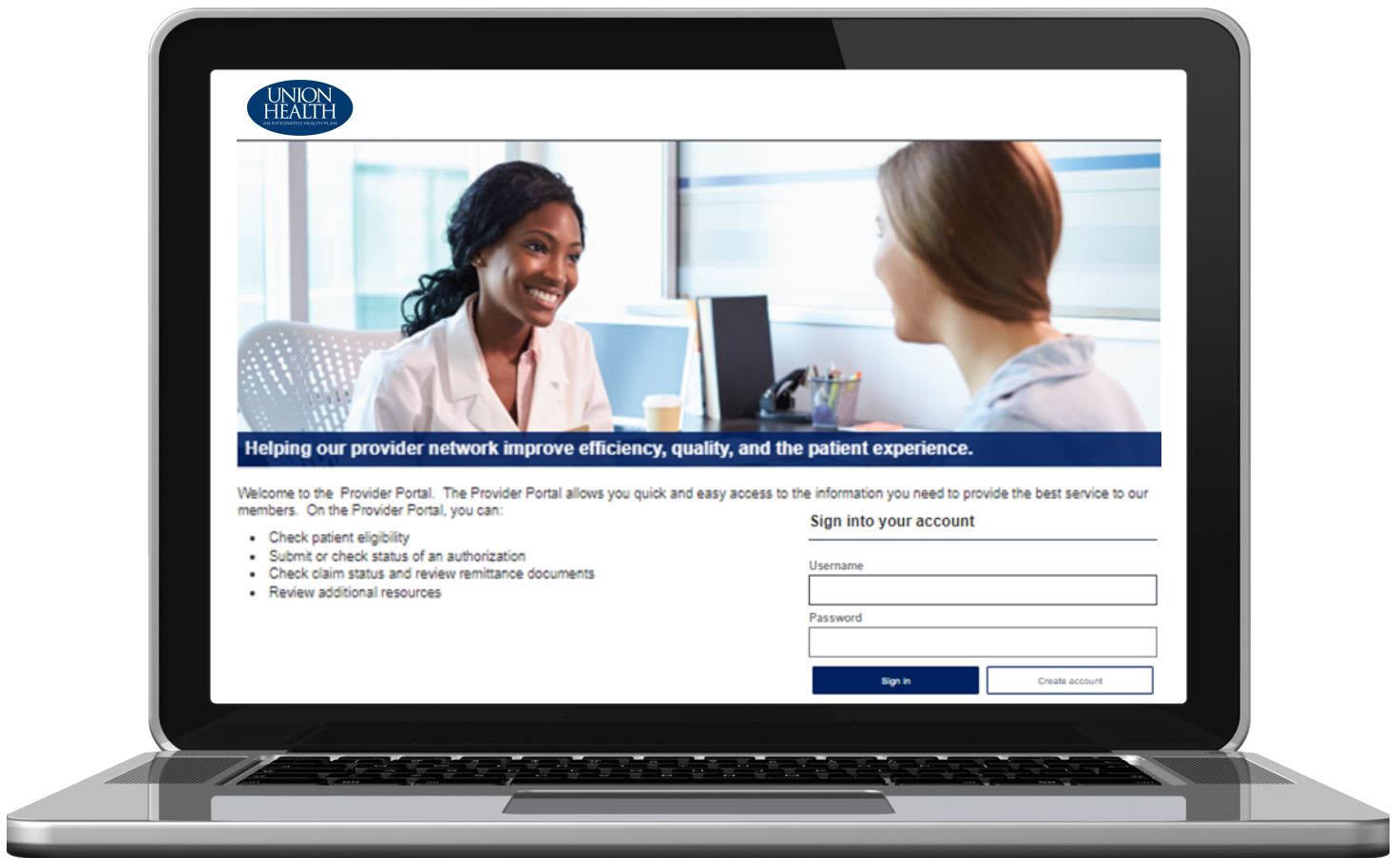




PROVIDER ACCESS PORTAL



If you have any questions, please contact our Provider Services team, Monday-Friday 8 a.m. - 5 p.m. EST.

Phone:

Local: (812) 645-2652
Toll-Free: (833) 324-0675

Email:

Provider.Services@siho.org

Mail:

Union Health -
An Integrated Health Plan
P.O. Box 427
Columbus, IN 47202

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ABILITIES

- Check Eligibility
- Review Benefits
- View Claims Status
- Submit and View Authorizations/Referrals
- Access Provider Manual and Resources
- Submit a question

CREATING AN ACCOUNT

- 1 To create a login for the *Union Health - An Integrated Health Plan Provider Portal*, a provider/facility with current claims will need to create an account. Click the *Create Account* button.



Helping our provider network improve efficiency, quality, and the patient experience.

Welcome to the Provider Portal. The Provider Portal allows you quick and easy access to the information you need to provide the best service to our members. On the Provider Portal, you can:

- Check patient eligibility
- Submit or check status of an authorization
- Check claim status and review remittance documents
- Review additional resources

Provider Information

I would like to be contacted to become a contracted provider

I would like to start the credentialing provider process

I want to submit a claim

Sign into your account

Username

Password

Sign in

Create account

2

A license agreement screen will display, and the provider will need to click the **Accept** box, then **Next**.

License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthix Inc., reserves all rights not expressly granted in this Agreement.

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Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the products, data, or any information about the products. We are not liable for errors in data or transmission or for lost data. Any questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

Accept Next

3

The provider will need to complete all fields. First and Last name should be the name of the person creating the account. The Organization NPI and a paid Claim Number are required. Enter the Organizational NPI (billing/ Type 2 NPI), and a recent paid claim number including the leading zeros. Click **Add Provider** at bottom of the form.

First Name

Last Name

Address Line 1

City

State

-- Select --

Zip

Phone

Organizational NPI

Paid Claim Number

Previous Add Provider Cancel

4

Click **Add Provider** in the middle of screen.

First Name

Last Name

Select Providers

Practice Name OR Facility Name

Provider Name Here

Add Provider Cancel Search

Address Line 1

417 Washington St

City

Columbus

State

Indiana

Zip

47201

Phone

Organizational NPI

0000000000

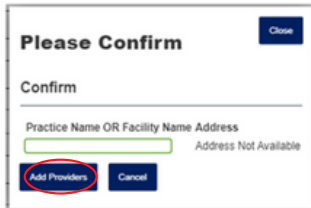
Paid Claim Number

0000000000

Previous Add Provider Cancel

5

A confirmation box will appear, click **Add Providers**.



Please Confirm [Close]

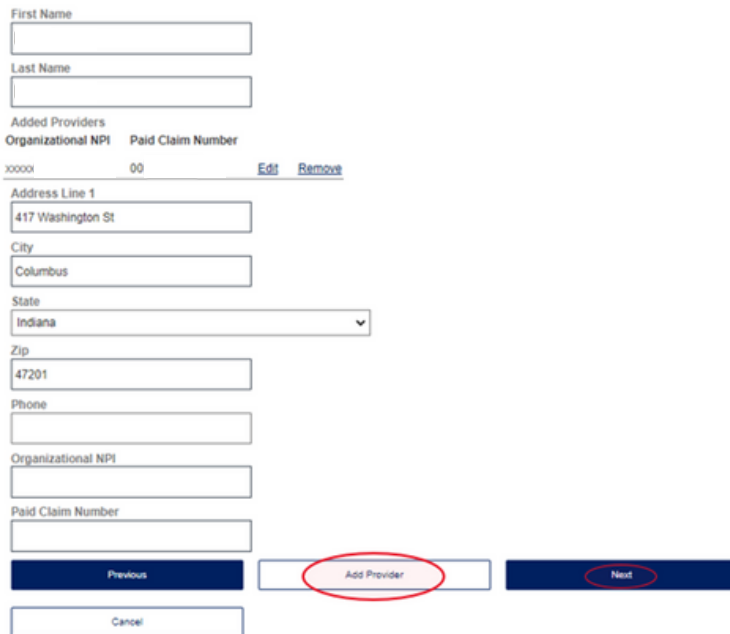
Confirm

Practice Name OR Facility Name Address
 Address Not Available

Add Providers [Cancel]

6

To add multiple Organization NPI numbers, complete those fields, and click **Add Provider** at the bottom of the screen. Click **Next** to proceed with the Sign-up process. To add multiple providers, repeat steps 4-6. Once all providers are added, click **Next**.



First Name

Last Name

Added Providers

Organizational NPI	Paid Claim Number	
xxxxxx	00	Edit Remove

Address Line 1

City

State

Zip

Phone

Organizational NPI

Paid Claim Number

Previous **Add Provider** **Next**

Cancel

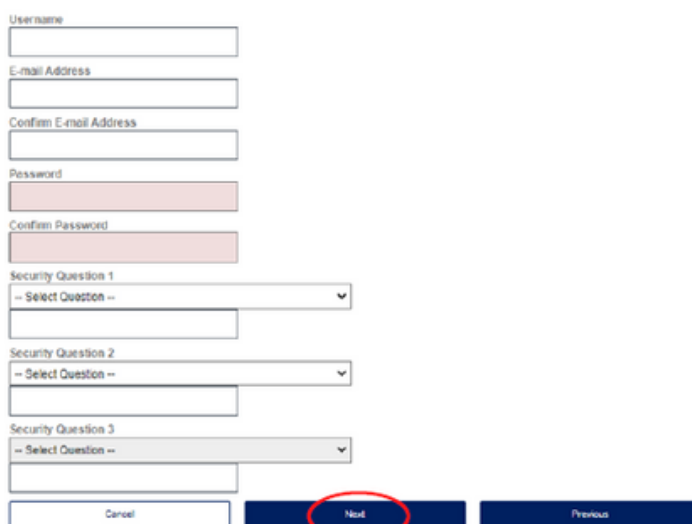
7

Create your Username and Password and select three security questions. Click **Next**.

Username: Must be at least 3 characters in length and start with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash), _ (underscore) and @ (at sign)

Please enter your full business email address, for example, name@domain.com

Password: At least 8 characters! Alpha-numeric and special characters - _ !@%&*~(){}+`



Username

E-mail Address

Confirm E-mail Address

Password

Confirm Password

Security Question 1
 -- Select Question --

Security Question 2
 -- Select Question --

Security Question 3
 -- Select Question --

Cancel **Next** **Previous**

8

Review account information on next screen and click **Finish**. You will receive an email as confirmation that your account was created.

ELIGIBILITY

Search member's eligibility by:

- Member ID
- Last Name and Date of Birth
- Last Name and Group
- Date of Birth and Group



Eligibility

First Name:	Member ID ▼	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:		Group:
<input type="text"/>		<input type="text"/>

Search

CLAIMS

Search claims by entering a Patient ID or claim number. You can also submit a claim by completing the required fields and attaching the claim form.



Select Provider:

All Providers ▼

Claims

Claim Number(s):	Patient ID ▼	Begin Date:
<input type="text"/>	<input type="text"/>	<input type="text" value="10/13/2019"/>
	Date of Birth:	End Date:
	<input type="text"/>	<input type="text" value="10/13/2022"/>

Search

I want to submit a claim

AUTHORIZATIONS

You can submit a new authorization or search for existing authorizations by using the *Authorizations* tab.



MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS **AUTHORIZATIONS** RESOURCES FORMS PROVIDER DIRECTORY

Authorization Search

Home / Authorization Search

☒ Search responses ☐ Search original requests

Authorization Number (optional)

No additional information is required if you enter an authorization number.

Member ID (optional) [Search for member](#) Status
 Any status

Inpatient/Outpatient
Any type

Date From To
Date of Service 03/22/2023 06/22/2023

Submit a new authorization

Would you like to submit a new authorization request?
[Inpatient Services](#)
[Outpatient Services](#)

RESOURCES

Under the *Resources* tab, you have access to our Provider Manual, Contact Information, and EFT/ERA information.



MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS AUTHORIZATIONS **RESOURCES** FORMS PROVIDER DIRECTORY

Resources

[Claims Payment, EFT/ERA Information \(PDF\)](#)
[Contact Information \(PDF\)](#)
[Provider Manual \(PDF\)](#)

FORMS

This tab allows you to access blank forms for W9, Medical Claim, and Prior Authorization.



MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS AUTHORIZATIONS RESOURCES **FORMS** PROVIDER DIRECTORY

Forms

Medical Forms Mental Health Provider Authorization Information

PROVIDER DIRECTORY

Search by Provider:

Providers can input the required information and click *Find a Provider* or click on the *Facility* tab to find a facility.

The screenshot shows the Union Health Provider Directory search interface. At the top, there is a navigation bar with links: HOME, ELIGIBILITY, CLAIMS, AUTHORIZATIONS, RESOURCES, FORMS, and PROVIDER DIRECTORY (highlighted with a red circle). Below the navigation bar, there are two tabs: Provider and Facility (both highlighted with a red circle). A 'Start Over' button is on the left, and a 'Find A Provider' button is on the right. The main search area is divided into three columns: 'By Location' (with options for 'No preference', 'Within 10 Miles', and 'Only inside'), 'By Provider Detail' (with fields for 'Provider First Name', 'Provider Last Name', 'Provider Gender', and a checkbox for 'Only show providers who are accepting new members'), and 'By Coverage and Care Requirements' (with dropdowns for 'Network', 'Provider Type', and 'Specialty'). A 'More Search Options' button is highlighted with a red circle in the 'By Coverage and Care Requirements' section. The Union Health logo is in the top left corner, and 'MESSAGES', 'PROFILE', and 'LOGOUT' links are in the top right corner.

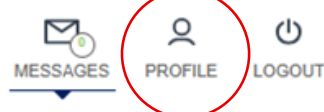
MESSAGES

The provider can click on a message to see the details.

The screenshot shows the Union Health Messages interface. At the top, there is a navigation bar with links: HOME, ELIGIBILITY, CLAIMS, AUTHORIZATIONS, RESOURCES, FORMS, and PROVIDER DIRECTORY. Below the navigation bar, there are three tabs: MESSAGES (highlighted with a red circle), PROFILE, and LOGOUT. The main content area is titled 'Messages' and contains a 'Filter Messages' section. This section has a search bar with a dropdown for 'Tracking #' and a 'Search' button. There are also dropdowns for 'Folder' (set to 'All Messages') and 'Sort Results' (set to 'Tracking #' and 'Descending'). Below the filter section, there is a 'Message List' section. It shows a list of messages with columns: SUBJECT, FROM, UPDATED DATE, SUBMITTED DATE, TRACKING #, GROUP, and STATUS. The first row of the list is highlighted. Below the list, it says 'No records found'. The Union Health logo is in the top left corner, and 'MESSAGES', 'PROFILE', and 'LOGOUT' links are in the top right corner.

PROFILE

In the *Profile* tab, you have the ability to access and update account information, change your password, set security questions, and see associated NPIs.



HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

RESOURCES

FORMS

PROVIDER DIRECTORY

1

To change your Username, click the *Update Account Information* button below.

Update Account Information

2

To change and update your password or security questions, click the *Update Security Information* button.

Update Security Information

3

To add additional Group NPI number(s), click the *Add Group NPI* button.

Associated NPIs

GROUP NPI (TYPE 2)	INDIVIDUAL NPI (TYPE 1)	CONTACT	PHONE
--------------------	-------------------------	---------	-------

Add Group NPI

4

Enter the GNPI (Type 2 NPI) and the Paid Claim Number, then click the *Add Group NPI* button.

Edit Group NPI (Type 2)

Group NPI (Type 2)

Paid Claim Number

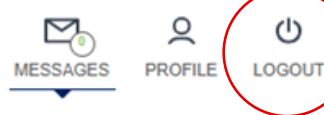
(must be a paid claim
number within the last 180
days)

National Provider
Identifier(s) (comma
separated)

Add Group NPI

LOGOUT

When you are ready to exit the portal, click on the *Logout* tab in the upper righthand side of the screen. This will bring you back to the original *Log In* screen.



HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

RESOURCES

FORMS

PROVIDER DIRECTORY