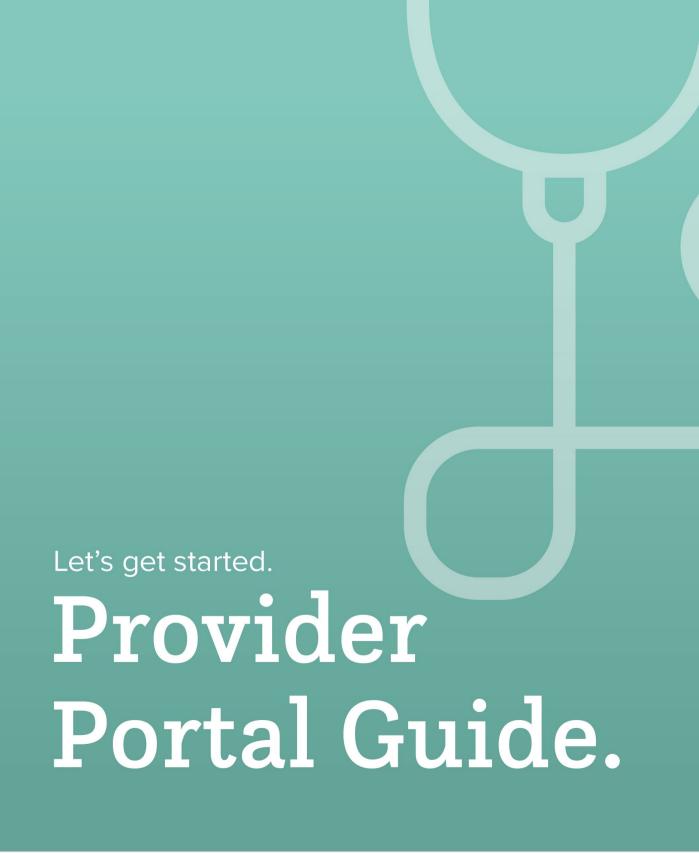
Healthcare

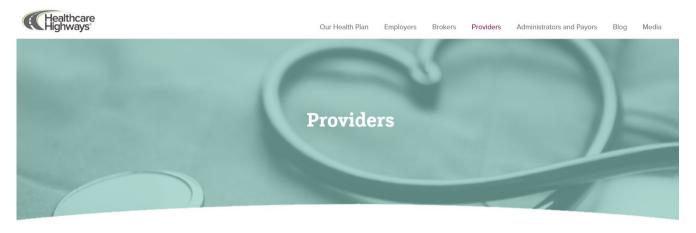


Contents

Login Instructions	3
Quick Start - Navigating the Main Menu	5
Admin Password	7
Resources	9
Prior Authorization	10
Make a Precertification Request	10
Make a Clinical Update Request	11
Verify Member Eligibility and Benefits	13
Covered Benefits	15
Refer to Care Coordination	16
View Recent Claims	17
ID Card	18
More	19

Login Instructions

1. Go to healthcarehighways.com/providers.



The Importance of the "P2P" Model

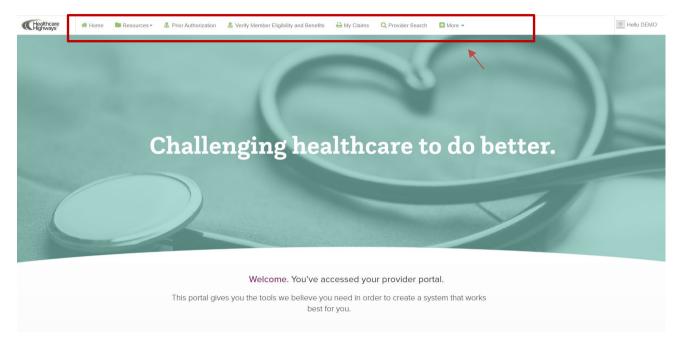
Healthcare should be re-centered around the primary care physician-to-patient relationship (P2P). We want you to have increased volume and better patient engagement. To support physicians and specialists we offer data reporting and risk-management tools, a Provider Support Team, a web-based Resource Center, and a secure Provider Portal.

2. Scroll down and look for the section that is titled **Provider Portal**. Once here, look for the group number that matches your group number and click on the login button accordingly, which will bring you to a new screen.

PROVIDER PORTAL	PROVIDER SEARCH
Check claims and claim status; review authorizations; discuss discharge planning and case management; and review member benefits, coverage, and eligibility by logging in.	Utilize our provider search directory and find the network(s) associated with your patients' plans by searching here.
HH Provider HCH Provider Advantage	Provider Search Learn More

3. Enter your credentials to access the portal and click the sign in button. **Note:** Your sign in screen will look different, depending on the letter combination that your group number starts with (i.e. HH, HCH, Medicare Advantage).

4. Once you've entered your credentials, you will be taken to the home page, where you will see the main menu at the top.



And **quick access buttons** if you scroll down. **Note**: The quick access buttons are shortcuts to features you can access quickly. You can still access the features in the quick access menu through the **Main Menu**.

	10
Welcome. You've accessed your provider portal. This portal gives you the tools we believe you need in order to create a system that works best for you.	
Verify Eligibility New Member ID Cards View Recent/Status of Claims	
View View View	
Refer a member to Care Coordination (SPD and SBC)	
View View	

Quick Start - Navigating the Main Menu

The following table provides brief details of the features available in the Main Menu:

Table 1 : Men	u and Descriptions					
ltem						
Home TabT	akes you to the hom	epage.				
Healthcare	🐐 Home 🖿 Resources 🕶	Prior Authorization	& Verify Member Eligibility and Benefits	🔒 My Claims	Q Provider Search	🗄 More 👻
Quick	ab Allows you acc reference guide der Administrative Ha		below:			
Healthcare	A Home Resources	& Prior Authorization	& Verify Member Eligibility and Benefits	🔒 My Claims	Q Provider Search	🗄 More 👻
Prece	ization Tab access to the items rtification Request al Update Request	below:				
Healthcare	🕷 Home 💼 Resources 🕶	B Prior Authorization	🍰 Verify Member Eligibility and Benefits	🔒 My Claims	Q Provider Search	Hore -
Allows you to Verify Place View/F	er Eligibility and Be access to the items eligibility and benefit a referral to care coo Claims Request ID card(s) deductible/out-of-poo	below: s ordination				
Healthcare	🖌 Home 📄 Resources 🔹	🖁 Prior Authorization	🚵 Verify Member Eligibility and Benefits	🔒 My Claims	Q Provider Search	🛨 More 👻
Claims Tab						



Q Provider Search

🗄 More 👻

Provider Se	arch Tab						
		or a provider	based on:				
-	or's name	·					
 Spec 	-						
 Locat 	tion						
Healthcare	倄 Home	Resources -	🌡 Prior Authorization	🍰 Verify Member Eligibility and Benefits	🔒 My Claims	Q Provider Search	🗄 More 👻
/lore Tab							
akes you to	page with	n contact info	ormation				
	😤 Home	Decement	Prior Authorization	& Verify Member Eligibility and Benefits	A My Claims	Q Provider Search	Hore -

Admin Password

When you first register to the HCH portal, you will be able to create your username/password. In order to do so, you will need your Tax ID Number (TIN). If you have any questions about this, please contact the Healthcare Highways Provider Support Team at: 1-866-806-3400.

However, in the event that you'd like to change your password, you would follow the steps below:

	👤 Hello Admin 🗸	
	Change Password Log off	
Fig	gure 1 – Change Passwor	rd

Step 1: Locate the Hello Admin menu on the top right-hand side. Select Change Password.

The Reset Password screen is displayed. Note: even though it says reset, you are still changing your password.

Reset Password		
Current password *		
New password *	•	
Confirm new password *		-
Change password		
	Figure 2 – Reset Password	

Enter the following information:

- a. Current Password: enter the currently used password.
- b. New Password: enter the new password to access the portal.

Hover on this 🛄 icon to view the information regarding the setting of the new password.

c. Confirm New Password: Re-enter the new password for confirmation.

Click the Change Password button.

The password will be successfully updated.

Resources

Healthcare	ome Home	Resources -	& Prior Authorization	🍰 Verify Member Eligibility and Be	enefits 🔒 My Claims	Q Provider Search	🛨 More 👻
Reset Passwo	ord	Quick Referen	nce Guide				
Current password *							
New password *					0		
Confirm new passw	vord *						
A Chan	ge password						
			Figure	3 – Resources tab			

To locate resources, hover over the Resources tab, where you will see the following features:

✤ QUICK REFERENCE GUIDE

This guide includes:

- Important resources
- EDI information
- EFT and ERA information
- ID cards

✤ PROVIDER ADMINISTRATIVE GUIDE

This is a resource for you that goes over:

- Healthcare Highways Resources
- Provider Responsibilities
- Claim Payment Information & Policies
- Utilization Management
- Quality Management Program

Once you click on either selection (**Quick Reference Guide** or **Provider Administrative Guide**), a PDF version of the document will open on a browser.

Prior Authorization

In this section, you can:

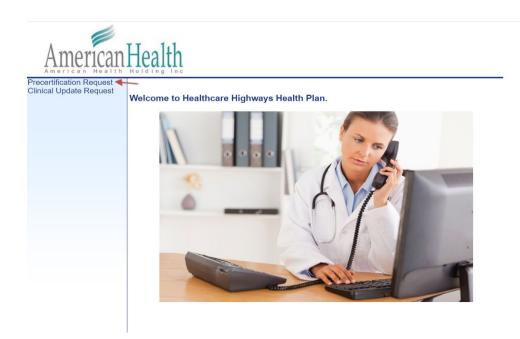
- 1. Make a precertification request
- 2. Make a clinical update request

Make a Precertification Request



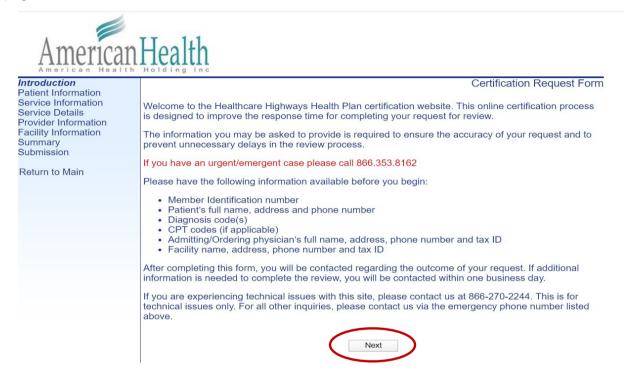
Start by locating the **Prior Authorization** tab at the top and clicking on it.

A new browser will open. On the left-hand side, click on **Precertification Request**, as shown below.



The screen will have American Health Holding, as shown above. American Health Holding handles the precertification and utilization management processes for Healthcare Highways.

You will be prompted to fill the form fields. Fields with asterisks(*) are required information. After all information is entered on a screen, click on the next button at the bottom until you reach the submission page.



Make a Clinical Update Request

Start by locating the Prior Authorization tab at the top and clicking on it.



1. A new browser will open. On the left-hand side, click on **Clinical Update Request**, as shown below.



3. You will be prompted to fill the form fields. Fields with asterisks(*) are required information. After all information is entered on the screen, click on the **Submit** button at the bottom of the page

Return to Main					Clinical Update Reque
	Please provide the fol	lowing information	n. Fields marked w	ith an * are require	d.
	Person completin	g form			
	Name:*				
	Phone:*				
	Fax:*				
	Email:				
	Source:*	٣			
	Patient Informatio	n			
	Reference No:				
	Member ID:*				
	Name: .			*	
	(Fi	-	(Middle)	(Last)	
	Birth Date:*	(MM/	DD/YYYY)	Gender:*	•
	Address 1:* Address 2:				
	Address 2: City:*		State:*		•
	Postal Code:*		State.		
	Postal Code.				
	-Clinical Informatio		7		
	Date of Servic	ce:*	(MM/DD/YYYY)	01 (
	Clinical Informatio			Character	s used: 0 out of 5000
	Cimical mormatic	/1.			
1					

Verify Member Eligibility and Benefits

Start by locating the Verify Member Eligibility and Benefits tab at the top and click on it.



You will be taken to a screen where you can perform a member search as shown below.

- 1. In the Filter By drop-down selection, choose to filter by member or dependent.
- 2. Enter information in the last name, first name, and member ID/SSN fields.
- 3. Click on the Search button to populate member.

Member Search

Member V Kelton Corey Member ID/SSN	Filter By	Last Name	First Name	Member ID/SSN
Q Search :** Reset	Member •	Kelton	Corey	Member ID/SSN
Q Search ** Reset	Wentber	Koton	Coloy	
	Q Search	: Reset		

4. To view more specific member information, click on the Member ID

Filter By		I	Last Name	First	Name		Member ID/SSN			
Membe	r	•	Kelton	Cor	еу		Member ID/SSN			
	Q Search		🔅 Reset							
	Q Search		() Reset						ļ	
	Q Search Group Number		Reset Group Name	Last Name	Fi	irst Name	Date of Birth	Ţ	Member ID	Effective Date

5. Once you've clicked on the member ID, you will be taken to a screen where at the top you will see buttons for:

- Covered benefits
- Referral to Care Coordination
- View Recent Claims
- ID Card
- •

As well as information displaying the member's:

- Group Details
- Employee Details
- Plan Details

oup Details		Employee Details)				
Froup Number	HCH9000	First Name	Dan	Date of Birth	11/14/1988	Cell Phone Number	
oup Name	HCH Test Group	Middle Initial		Effective Date	12/15/2019	Alternate Number	
		Last Name	Jonathan	Gender	Male	Email	kilyas@tfntech.com
		MemberID	H900000266-01				
ductible	0.00						
00							
ut-of-Pocket Max	0.00						
.00 Ist Refresh	1/21/2020 10:25:46	Mailing Address	Mailing address		City	Lahhore	Zip
	AM	Mailing Address 2			State	AL	
	(Plans Detail					
		Category	Medical	Plan Name	MEC BASIC	Tier	EE

Covered Benefits

an Jonatha	in	(Covered Benefits	Ref to C	Care Coordination	View Recent Claims	s ID Card
roup Details		Employee Details	;				
Group Number Group Name	HCH9000 HCH Test Group	First Name Middle Initial	Dan	Date of Birth Effective Date	11/14/1988	Cell Phone Number Alternate Number	
Group Hame		Last Name MemberID	Jonathan H9000000266-01	Gender	Male	Email	kilyas@tfntech.com
Deductible	0.00	include the					
Out-of-Pocket Max	0.00						
Last Refresh	1/21/2020 10:39:35 AM	Mailing Address Mailing Address 2	Mailing address		City State	Lahhore	Zip

- 1. To access a member's covered benefits, on the Member ID menu click on the **Covered Benefits** button.
- 2. To view specific covered benefits, click on the Summary of Benefits and Coverage (**SBC**) button on the right-hand side.

Covered Benefits Member: Plan Year: ALL Member ALL ALL												
Relationship	Name	Gender	DOB	Age	ID#	Plan Year	Plan	Effective Date	Term Dat	e Coverage Amount	Status	ѕвс
Self	Dan Jonathan	Male	11/14/1988	31	H900000266-01	2019-01-01	MEC BASIC	12/15/2019			Active	SBC
Show 5 • Previous 1 Next												

3. A file will auto-download with member-specific coverage information.

Refer to Care Coordination

The **refer to care coordination** function allows you to connect a patient with a benefit that will help them in the event that they encounter a health or medical situation. The care coordination benefit includes a care coordination team dedicated to helping them navigate and make the most of their healthcare services. The member will have access to a confidential team of professionals that provides them with personalized, one-on-one, care coordination and navigation assistance to help eliminate barriers to their health care needs.

The care coordination team will work directly with the member and their primary care providers (PCPs) to identify, understand, and take control of health risks and chronic diseases so that they have the best health outcomes possible.

1. To access the Referral to Care Coordination function, on the Member ID menu click on the **Ref to Care Coordination** button at the top.

Dan Jonathan	1			Covered Benefits	Ref to Care C	oordination View R	Recent Claims	ID Card
Group Details		Employee Details						
Group Number Group Name	HCH9000 HCH Test Group	First Name Middle Initial	Dan	Date of Birth Effective Date	11/14/1988 12/15/2019	Cell Phone Number Alternate Number		
Deductible	0.00	Last Name MemberID	Jonathan H900000266-01	Gender	Male	Email	kilyas@tfntech.	:om
Out-of-Pocket Max 0.00 Last Refresh	0.00 1/21/2020 10:25:46 AM	Mailing Address Mailing Address 2	Mailing address		City State	Lahhore AL	Zip	
		Plans Detail						
		Category	Medical	Plan Name	MEC BASIC	Tier	E	E
O H 	8 0 0 5 5 4	<u>a</u> <u>a</u> « I	🔽 🤹 🛎 🗾 Figure –	Members				10: 1/2

2. A message will appear, letting you know a member of the care coordination team will be contacting you, as shown below.

han				ID
(
нсн	Thank you for referring Coordinators v	g this member to Ca will reach out to this		
		Close)∂tfntech.coi
x	0.00			

Show 25 T

View Recent Claims

1. To access the View Recent Claims function, on the Member ID menu click on the **View Recent Claims** button at the top.

an Jonathar	1			Covered Benefits	Ref to Care	Coordination View R	ecent Claims ID Card
roup Details		Employee Details					
Group Number	HCH9000	First Name	Dan	Date of Birth	11/14/1988	Cell Phone Number	
Group Name	HCH Test Group	Middle Initial		Effective Date	12/15/2019	Alternate Number	
		Last Name	Jonathan	Gender	Male	Email	kilyas@tfntech.com
		MemberID	H900000266-01				
Deductible	0.00						
0.00 Out-of-Pocket Max	0.00						
0.00							
Last Refresh	1/21/2020 10:25:46 AM	Mailing Address	Mailing address		City	Lahhore	Zip
		Mailing Address 2			State	AL	
		Plans Detail					
		Category	Medical	Plan Name	MEC BASIC	Tier	EE

2. A list of all the claims will pop-up and display, as shown below.

Claim ID Claim Type Patient Service Date Billed Paid Provider Status Paid Date EOB	cent Claim	s									
Claim ID Claim Type Patient Service Date Billed Paid Provider Status Paid Date EOB											

Previous Next

ID Card

1. To access the ID Card function, on the Member ID menu click on the **ID Card** button at the top.

Dan Jonathan			Covered Benefit	s Ref to Care C	Cordination View R	iD Card
roup Details	Employee Details					
Group Number HCH9000 Group Name HCH Test Group	First Name Middle Initial Last Name	Dan Jonathan H900000266-01	Date of Birth Effective Date Gender	11/14/1988 12/15/2019 Male	Cell Phone Number Alternate Number Email	kiiyas@tintech.com
Deductible 0.00 0.00	MemberID	H900000280-01				
0.00 Last Refresh 1/21/2020 10:25:46 AM	Mailing Address Mailing Address 2	Mailing address		City State	Lahhore AL	Zip
	Plans Detail					
	Category	Medical	Plan Name	MEC BASIC	Tier	EE
: o # @ m 🙋 🎯 💁	🗾 🖩 👩 🤻 🗎	🕞 🤹 💶 🧶 🛛	Group Deta			

2. You will be prompted to the screen below. Click on the New ID Card button.

Healthcare	A Home	Resources -	B Prior Authorization	💩 Verify Member Eligibility and Benefits	🛨 More 👻
ID Card					
New ID Card	>				

3. A screen will pop-up verifying that you're requesting a new ID card. Click on the green **Submit** button.

New ID Card	×	
Do you want to request a New Card.?		
Submit Cancel		

More

This area allows you to:

Contact Us

Healthcare	A Home Resources -	Prior Authorization	& Verify Member Eligibility and Benefits	🔒 My Claims	Q Provider Search	Hore -					
Recent Claims	Recent Claims										
Claim ID Show 5 V											
	Figure 8 – Employee Detail										

1. Start out by hovering over the **More** tab, which will display a second drop-down menu, where you will click on **Contact Us**.

2. You will be taken to the Contact Us screen, where you can find business contact information, such as the Healthcare Highways Provider Contact phone number, as well as addresses.