myPromiseHealthPlan.com Provider User Guide

UPDATED 1/2024



Get ready to experience mypromisehealthplan.com, the self-service portal that provides better and more personalized service. The site has a fresh look and feel, making navigation and retrieval of information easier and faster than ever before.

Welcome to myPromiseHealthPlan.com



This guide takes you through the steps you'll need to register, check on claims status, get answers to your questions, and much more. Take a tour, using this guide as your roadmap!

Use the portal to:

- Register as a first-time user of mypromisehealthplan.com
- Update your account profile
- Check the status of claims
- Check eligibility history
- Use the message center to send messages to various departments to obtain information, read replies to your messages, or view the messages you've sent

This guide takes you through the steps you'll need to register, check on claims status, get answers to your questions, and much more. Take a tour, using this guide as your roadmap!

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General Requirements

- Cookies and JavaScript must be enabled in the browser.
- Pop-up blockers must be disabled to allow links to partner sites.

PC / Mac Browser Requirements

• Current versions of Chrome, FireFox, Microsoft Edge, and Safari

Mobile Requirements

- Android 4.3 and higher
- IOS Version 5 and higher
- Current versions of IOS, Chrome, FireFox, and Safari

Create Account - Provider

Before using the portal, providers must register with a few simple steps.

Note: Providers must complete the registration in one session. The system will not allow you to begin the process, stop and finish it at a later time.

1. Go to mypromisehealthplan.com



2. In the *"Provider"* box, click *Create Your Account* to start the process. The Account Creation security box opens. This feature is an account security measure that protects members' important information.

Provider Check the status of your patients' claims and confirm their eligibility history.

CREATE YOUR ACCOUNT

3. Click in the box for "I am not a robot". Then click Next.

Create Account - Provider - continued

- 4. Create an account by entering:
 - a. A username (minimum 4 characters) and password. The system will tell you immediately if the user name has already been taken. Create a password of 6 to 32 characters with at least one non-alpha character.

| 0 | Account Creation - Complete the information below to create an account. All |
|-------|---|
| field | ds are required. |

| 20 | |
|------------------|------------------|
| Password | |
| | (See note below) |
| Confirm Password | |
| | |

Passwords are case-sensitive. Passwords must be 6 to 32 characters long with at least one non-alpha character.

| First Name | |
|------------|--|
| | |
| Last Name | |
| Email | |
| | |

c. Answers to all three selected security questions. These replies are case sensitive.

b. Your name and email address.

Click Submit. The confirmation page for your password displays.

| Select a security question | |
|----------------------------|----------|
| Or Enter Your Own Question | |
| Enter your answer | |
| Select a security question | V |
| Or Enter Your Own Question | |
| Enter your answer | |
| Select a security question | T |
| Or Enter Your Own Question | |
| Enter your answer | |

5. Re-enter your password

Click Next. The registration page displays to enter your specific provider information.

| Username: | And a second |
|-------------|--|
| First name: | |
| Last name: | |
| E-mail: I | the second second second second |
| Please re- | enter your password to protect your security |
| Password | |

Account Creation - The following user information has been created.

| First name: | |
|-------------------------|---------------|
| Last name: | |
| E-mail: I | |
| Please re-enter your pa | ssword to pro |
| Password | |
| | |

NEXT

Provider Registration

The account creation provides the username and password you will use. The next step is to connect your user name and password with your provider information.

1. Enter your information into the required fields to link your account to your provider tax ID information. Enter your first and last name as the user but enter the provider's tax ID number. The provider information should be the same as the W-9. If your tax ID is found in our provider database, your registration will be automatically approved. If the tax ID number is not currently on file with us, a message appears:

"All of the taxpayer identification numbers are not found within our provider database. Please fax a copy of the Provider's W9 to 800-647-1791 or you can email a copy of the Provider's W9 to; registerprovider@hlthben.com to gain access. Once the Provider taxpayer information is entered, you will be able to register. This process can take up to 5 business days. Thank you for visiting mypromisehealthplan.com."

Indicate whether you are a billing center or a provider or facility.

You can request Claims Access and/or Eligibility Access but we will review the request and authorize appropriate access.

If you meet the criteria for automatic

approval, both claims and eligibility access will be checked.



Registration

A To conjeter for accore places onter all of the information below for each TIN you would like to conjeter. Click Suboit to add each TIN

| U to register for access, please enter a | 11 141 | are information below for each the you would nee to register. Citic Sublini to and each the |
|--|--------|---|
| Provider First/Last Name: | * | |
| Taxpayer Identification Numbers: | * | |
| | | (You may enter multiple TINs for one location separated by a comma) |
| Provider Organization: | * | |
| UŚA: | | $\mathbf{\nabla}$ |
| Address 1: | * | |
| Address 2: | | |
| City: | * | State: * ZIP Code: * |
| Contact Phone: | * | |
| Email: | * | |
| Please let us know the type of access | ую | uneed to our portal. We find most of our providers require both claim access and eligibility access to manage their patient accounts. |
| Access Type: | | O Claims Access O Eligibility Access I Claims and Eligibility Access |

Cancel

Click Submit. For multiple Tax ID numbers at the same address, enter them in the Taxpayer Identification Numbers field, separated by a comma. For a Tax ID number at a different address, complete the Registration page again.

Click Cancel to restart the registration process. Select Provider, then re-enter the information on this registration page.

Once the registration process is complete, you receive a message that provider registration submitted successfully.

(continued on Page 6)

Provider Registration - continued

If the Tax ID number is not currently on file, then access as a provider user will require approval. A portal message goes to the appropriate department for approving the provider registration. Once the approval is assigned you will receive an email that you have a portal message.

Log in to **mypromisehealthplan.com** with your username and password. Click on the Messages tab to review your messages.

| Inbox | | | |
|--|--|-------------|---------------------|
| $igoplus_{	ext{0}}$ Use the arrows in the column headings to sort the inform | mation contained in the specific column. | | |
| Select All Delete Selected | | Sent Mess | ages New Message |
| 🔋 Topic 🛦 | Subject 🛦 | Regarding 🔺 | Date |
| Registration | About your Registration | | 01/18/2023 08:33 PM |
| | | | |

Message Detail

| Received Message | |
|--|---------------------------------------|
| Sender: | Topic: Registration |
| Subject: About your Registration | Date: 05/11/2016 01:36 PM |
| The Taxpayer Identification Number (TIN) for which yo x319683190 | ou have registered has been approved. |
| | |
| | |
| | |
| | |
| | |
| | / |

Reply

Log in to mypromisehealthplan.com 365 days a year, 24 hours a day.

Forgot Password or Username

1. If you forget your password or username do not create another account. To unlock an account, follow this same process.

| Log in | |
|-----------------------|---|
| Username | |
| Password | |
| SUBMIT | |
| Forgot your password | |
| Forgot your username? | ? |

Click Forgot your Password?

Enter your username and click *Submit*.

Click **Reset** to clear the box and re-enter the username.

Forgot your password?

Please provide the following information



Forgot Password or Username - continued

One of the security questions you answered during registration appears.

Enter the answer to the security question, exactly as it was entered during registration. The answer is case sensitive. If the answer was entered in upper case (capital) letters during registration, it must be entered with upper case letters here. You are given two chances per security question to answer a security question correctly. Click **Submit** when done.

If you are unable to answer a security question correctly after the 6 tries, you will see a message: "You have made too many incorrect attempts. You must wait 30 minutes to start the Forgot Password process again."

After the 30 minutes have passed, start the Forgot Password process again. If you are unsuccessful in answering a security question correctly after 6 more attempts, you will see a message: *"You have made too many incorrect attempts. You must wait 24 hours to start the Forgot Password process again."*

If you attempt to start the Forgot Password process too early, you will see a message to wait XX hours/ minutes to start the process again.

If you successfully answer a security question, you will receive an email at the email address used during registration. Click on the link in the email to Change Password within 24 hours. This will take you to the Reset Password page. Enter a new password of 6-32 characters with at least one character not being an alphabetic character. Retype the same password and click *Submit*.

After 24 hours the link is disabled and you will need to start the Forgot Password process again.

Results: You are returned to the login page. Log in with the username and new password

Forgot your password?

Please answer the following question

Username testreg511 Question In what city were you born? Answer SUBMIT RESET

(continued on Page 9)

Forgot Password or Username - continued

Step 2.

When you have forgotten your username, click *Forgot your Username?*

| Log in | |
|-----------------------|--|
| Username | |
| Password | |
| SUBMIT | |
| Forgot your password? | |
| Forgot your username? | |

Enter the email address you used to register and click *Submit*.

You will receive an email with your username and a link to *Click Here for the Login Page*.

Click on the link to log in with the username provided in the email.

Forgot your username?

Please provide the following information

| Email you reg | gistered witl | 1 | | |
|---------------|---------------|-------|--|--|
| SUBM | п | RESET | | |

Home

1. The **Home** page is the default page after signing into the portal. The Provider Dashboard displays any active TINs you have registered. Since a new registration requires review and approval, there may be Pending TINs listed that are waiting for the approval to be completed.

| Home Claims A | ccumulators Check | Eligibility | | | | Messages ▾ My Links ▾ My Profile ▾ |
|---|------------------------------------|-------------------------------|-----------|---------------|------------------|--|
| Member ID To find a patient enter | SSN all information. Claim Numb | First Name er is optional. | Last Name | Date of Birth | Gender 🗸 Claim N | Number Find Clear Reset |
| Provider Dashboa | rd | | | | | |
| Active TINs • X232185776 • X319522215 • X319766906 • X319933319 • X320061536 Pending TINs | | | | | | Welcome to your patient portal - quick and easy access to claim and benefit information for your patients! |
| Denied TINs | | | | | | |

2. Once a patient's information is found, the Provider Dashboard may display links in the center box that the client has elected to display (one example is a link to view the patient's ID card), and the third box may display the logo for the subscriber's employer and a Welcome message.

| Provider Dashboard | |
|---|---|
| Active TINs • x319683190 Pending TINs | Welcome to your patient portal - quick and easy access to claim and benefit information for your patients! |
| Denied TINs | |
| | |
| | |
| | |

Check the Status of Claims

1. Click the *Claims* tab at the upper left of the screen. The Claims tab opens, and defaults to the Claims sub menu.

| Home Claims | Accumulators | Check Eligibil | ity | | | | | Messages 👻 | My Links 👻 My Profile 👻 |
|--|------------------------------------|---------------------------------------|-------------------------------------|--|--|---|---|---------------------------|---------------------------|
| Member ID | SSN enter all information. Clai | First N | | Last Name | Date of Birth | ▼ Gender ∨ Claim | Number | ind Clear Res | et |
| Claim Summary Did you know you ca claims data. Need to | in sort claims by clicking th | e column heading enefits (EOB)? No | s or filter claim: problem! Simp | s with our filter tool? (ly click "view details" | Dur claims are automatically sor next to the claim in question an | ted to show you the most recently d then click to "view Explanation of | processed claims on top a Benefits". | nd you have access to a r | olling 3 years of |
| ▼ Filter | | | | | | | | | |
| Service Date From | ▼ Service Date To | • | Status 🗸 | Provider TIN 🗸 | 10 🗸 | | | | |
| Status 🔺 | Service Date 🔺 | Paid Date | Patient 🔺 | Provider TIN 🔺 | Provider 🔺 | Bill Amount 🔺 | HRA/HSA Paid 🔺 | Patient Cost 🔺 | |
| Processed | 03/22/2020 | 03/31/2020 | Doe, Beth | X319683190 | M Bob Jones Md Md | \$187.00 | \$0.00 | \$0.00 | view details |
| Processed | 02/28/2020 | 03/09/2020 | Doe, Beth | X319683190 | R Bob Jones Md Md | \$449.00 | \$176.01 | \$211.01 | view details |

You can access and view claims information in several ways from the Claim Summary. You can search for a
particular member by completing the Member ID or SSN, First Name, Last Name, Date of Birth and Gender and
clicking *Find*. You can also search for a claim directly by entering the Claim Number and clicking *Find*.

| Home Claims Accumulators Check Eligibility | Messages ▾ My Links ▾ My Profile ▾ |
|---|--|
| Member ID SSN First Name Last Name Date of Birth Gender Claim Number To find a patient enter all information. Claim Number is optional. | Find Clear Reset |
| Claim Summary | |

Did you know you can sort claims by clicking the column headings or filter claims with our filter tool? Our claims are automatically sorted to show you the most recently processed claims on top and you have access to a rolling 3 years of claims data. Need to find your Explanation of Benefits (EOB)? No problem! Simply click "view details" next to the claim in question to see more information and then click "view Explanation of Benefits".

- The Claim Summary lists 5, 10, or 100 claims at a time. To **view additional pages of claim summary information**, click the page number and/or arrows at the bottom right of the screen.
- To sort the claim summary information, click any column heading; the shading of that column heading changes.
- To view details, click the view details to open the Claim Details section at the bottom of the page.
- To filter the claim summary information, click the *Filter* banner (upper left) to expand the Claim Summary section. Then select the filter criteria: Service Date. Status (open, processed), or TIN. Enter a TIN when you are registered with more than one TIN at the same address.

To remove a filter, click the blue **X** above the Filter banner. For members with integrated HRA or HSA reimbursements, these payments are also reflected

Claim Summary

| Did you know you can years of claims data. Filter Service Date From | | | | | | | | | |
|--|----------------|------------|-----------|----------------|--------------|---------------|----------------|----------------|---------------------|
| Status 🛦 | Service Date ▲ | Paid Date | Patient 🔺 | Provider TIN 🛦 | Provider 🔺 | Bill Amount 🛦 | HRA/HSA Paid ▲ | Patient Cost 🔺 | |
| Processed | 09/25/2021 | 01/26/2022 | Doe, Beth | X319766906 | Bob Jones Md | \$697.68 | \$0.00 | \$0.00 | <u>view details</u> |

Check the Status of Claims - continued

3. Click the *Claims* tab at the upper left of the screen. The Claims tab opens, and defaults to the Claims sub menu.

Select **View Details** to view additional information including payments:

- Type of Service
- Service Date
- Billed Charges
- Benefit Payment
- HRA/HSA Payment
- Reason Codes (Code descriptions appear in the Reason Code Descriptions below.)
- Status

Open claims have been received but have not completed processing. Therefore, limited details are available – billed charges, date of service.

Processed claims have been completed and may be paid, pended, corrected, or denied.

Payment Information

- Paid Date
- Provider Payment Number (check number)
- Provider Payment Amount
- Plan Participant Payment Number (for split payment)
- Plan Participant Payment Amount (for split payment)

Reason Code Description

• Explanation of claim handling, discounts, denials, etc.

If you have a question regarding this claim, click **Ask** *a question about this claim* to send a message to Customer Service. You'll receive a message the question has been sent successfully. Expect an answer in your Message Center within 1-2 business days.

Click *View explanation of benefits* to see an image of the provider's Explanation of Benefits.

| Claim Detai | ils | - | | | | |
|---|---|-----------------------|---|-------------------|----------------------------------|-----------|
| Claim #: Plan Participa Patient: Provider: | 012302-893-89 Int:Beth Doe Beth Doe Bob Jones Md | Coverage Type:Medical | <u>View explanation of benefits</u> <u>Ask a question about this claim</u> | | | |
| Line# | Service A | Service Date 🛦 | Billed 🔺 | Benefit Payment 🛦 | HRA/HSA Payment & Reason Codes & | Status 🛦 |
| 1 | 1 Lab | 09/25/2021 | \$49.96 | \$0.00 | \$0.00 PSP | Processed |
| 2 | 2 Lab | 09/25/2021 | \$52.10 | \$0.00 | \$0.00 PSP | Processed |
| 3 | 3 Lab | 09/25/2021 | \$35.60 | \$0.00 | \$0.00 PSP | Processed |
| 4 | 4 Lab | 09/25/2021 | \$38.54 | \$0.00 | \$0.00 PSP | Processed |

View Accumulators

Home Claims Accumulators Check Eligibility

View Accumulator information to determine how much deductible or out-of-pocket expenses have been accumulated for each family member. This information is updated nightly.

1. Click *Accumulators*. The Accumulators screen displays member and family accumulators for Year-to-Date Deductibles and Out-of-Pocket Expenses.

| lome Claims | Accumulators | Check Eligibility | | | | Messages ▾ My Links ▾ My Profile ▾ |
|----------------------|----------------------------|-----------------------|-----------|---------------|-------------------------|--|
| Member ID | SSN | First Name | Last Name | Date of Birth | ▼ Gender ∨ Claim Number | Find Clear Reset |
| To find a patient en | ter all information. Clair | m Number is optional. | | | | |

- You can view additional information for the current and prior benefit year. To change the benefit year, click the Benefit Year drop-down menu at the top left of the page and select Current or Previous plan year.
- To sort the accumulator information, click any column heading in the section.
- To filter the accumulator information, click the *Filter* banner (upper left) to expand the section. Accumulator data can be filtered by coverage type (medical, dental, etc.).

Messages 🗸 🛛 My Links 🗸 🛛 My Profile 🗸

| Member ID | SSN | st Name | Last Name | Date of Birth | ▼ Gender ∨ | Claim Number | Find Clear Reset | |
|---------------------------|--|---------------------------|------------------------|---------------|------------|------------------|------------------|--------------|
| To find a patient enter | all information. Claim Number is | optional. | | | | | | |
| | | | | | | | | |
| Accumulators | | | | | | | | |
| | | | | | | | | |
| Benefit Year: Current: 01 | /01/2023 - 12/31/2023 🗸 | | | | | | | |
| Year to Date Deduct | tibles | | | | | | | |
| | olumn headings to sort the informa | ation contained in the sp | ecific column. | | | | | |
| Benefit Year: 01/01/2023 | - 12/31/2023 | | | | | | | |
| ➡ Filter | | | | | | | | |
| Coverage: 🔘 Medical | | | | | | | | |
| Patient Name ▲ | Begin Date ▲ | End Date 🔺 | Description | | | Maximum Amount A | Met Amount ▲ | Balance ▲ |
| | | | Description A | | | | | |
| Doe, Beth | 01/01/2023 | 12/31/2023 | Domestic Deductible | | | \$1,200.00 | | \$1,023.99 |
| Doe, Beth | 01/01/2023 | 12/31/2023 | Network Deductible | | | \$2,000.00 | \$176.01 | \$1,823.99 |
| Doe, Beth | 01/01/2023 | 12/31/2023 | Non-Network Deductible | | | \$5,000.00 | \$0.00 | \$5,000.00 |
| Family | 01/01/2023 | 12/31/2023 | Domestic Deductible | | | \$2,400.00 | \$176.01 | \$2,223.99 |
| Family | 01/01/2023 | 12/31/2023 | Network Deductible | | | \$4,000.00 | \$176.01 | \$3,823.99 |
| Family | 01/01/2023 | 12/31/2023 | Non-Network Deductib | le | | \$10,000.00 | \$0.00 | \$10,000.00 |
| Out of Pocket Exper | 1606 | | | | | | | |
| - | olumn headings to sort the information | ation contained in the sp | ecific column. | | | | | |
| Benefit Year: 01/01/2023 | - 12/31/2023 | | | | | | | |
| ✓ Filter | | | | | | | | |
| Coverage: 🔘 Medical | | | | | | | | |
| Patient Name ▲ | Begin Date 🔺 | End Date ▲ | Description 🛦 | | | Maximum Amount | ▲ Met Amount | Balance 🔺 |
| Doe, Beth | 01/01/2023 | 12/31/2023 | Domestic Out Of Pocket | : | | \$3,000.0 | 0 \$211.0 | L \$2,788.99 |
| Doe, Beth | 01/01/2023 | 12/31/2023 | Network Out Of Pocket | | | \$5,000.0 | 0 \$211.0 | L \$4,788.99 |
| Family | 01/01/2023 | 12/31/2023 | Domestic Out Of Pock | ket | | \$6,000.0 | 0 \$211.0 | L \$5,788.99 |
| Family | 01/01/2023 | 12/31/2023 | Network Out Of Pock | et | | \$10,000.0 | 0 \$211.0 | \$9,788.99 |
| | | | | | | | | |

Check Eligibility

View Eligibility information for members.

1. Click Check Eligibility.

| Home Claims Accumulators Check Eligibility | | Messages ▾ My Links ▾ My Profile ▾ |
|---|---|--|
| Member ID SSN First Name To find a patient enter all information. Claim Number is optional. | Last Name Date of Birth Gender Claim Number | Find Clear Reset |

2. The eligibility of a patient's coverage for the past two years is displayed. All of the elected benefits for the effective date are checked.

Check Eligibility

| • | 1 The patient's last two calendar years, plus the current year of coverage information is displayed below. | | | | | | | | |
|--------------------------|---|-------------------------|------------|------------|---|---|---|--|--|
| | Note: for benefit details about this patient, contact us by clicking the link below. To ensure your question is answered in a timely manner, please be specific in the type of benefit details you are inquiring about. | | | | | | | | |
| Ask a benefit question a | Ask a benefit question about this patient | | | | | | | | |
| Location/Division 🔺 | Location/Division A Benefit Plan A Network A Effective Date A Medical Dental Vision | | | | | | | | |
| - LOCATION BT | Choice Plan w/Optional Coverages | ABC PROVIDER NETWORK | 01/01/2023 | | ~ | ~ | ~ | | |
| - LOCATION BT | Exclusive Plan w/Optional Coverages | ABC HEALTH + ABC HEALTH | 01/01/2022 | 12/31/2022 | ~ | ~ | ~ | | |
| - LOCATION BT | Exclusive Plan w/Optional Coverages | ABC HEALTH + ABC HEALTH | 01/01/2021 | 12/31/2021 | ~ | ~ | ~ | | |

Message Center

The Message Center allows you to send messages or ask questions about claims or eligibility to customer service. Messages stay within the secure features of the portal. You will receive an email notification that a message has been received and then you can log into the Message Center to view the response.

1. Click the *Messages* tab at the upper right section of the home page.



The Message Center opens. You are able to see any messages sent or received by the username you used to log in.



2. When you select *Inbox* you are able to view incoming messages. Messages are bolded until they are read. They remain in the Inbox until you delete them.

| Inbox | | | |
|--|---|-------------|---------------------|
| Use the arrows in the column headings to sor | t the information contained in the specific | column. | |
| Select All Delete Selected | | Sent Met | ssages New Message |
| 🔋 Topic 🛦 | Subject 🔺 | Regarding a | Date |
| Registration | About your Registration | | 01/18/2023 08:33 PM |

To view a message, click the subject.

To **delete messages**, click the checkbox to the left of the message(s) you want to delete. Then click **Delete Selected**.

(continued on Page 16)

Message Center - continued

3. To send a message:

Select *New Message* in the drop-down Messages tab or click the *New Message* button above Inbox.

- Select your topic from the drop down list.
- Enter a subject.
- Enter the details of your message in the large white box. If your message is regarding a particular claim or member, include the claim number or member number in the message.
- If applicable, documentation can be included with the message. To include documentation, select **Browse** to the right of **Attachment**. A file explorer pop-up window will appear. Navigate to the desired file, select it and then select **Open**. The maximum file size is 5 MB.
- Click Send.



 To respond to an incoming message in your inbox, click the message subject. Click *Reply*. The original subject appears in the **Subject** box with **RE**: for reply.

Add your message in the top box and click Send.

(continued on Page 17)

| | Compose Message |
|--------------------------------|----------------------------|
| Торіс: | Registration |
| Subject: | * |
| RE: About you | r Registration |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Attachment: | Choose File No file chosen |
| Attachment: (File size limi | |
| | |
| (File size limi | |

Message Center - continued

5. To view your sent messages:

Click the Sent Messages button in your Inbox or,

| Inbox | | | |
|--|--|-------------|---------------------------|
| Use the arrows in the column headings to sort the Select All Delete Selected | nformation contained in the specific column. | | Sent Messages New Message |
| [] Topic ▲ | Subject 🛦 | Regarding 🛦 | Date |
| Registration | About your Registration | | 01/18/2023 08:33 PM |

Select Sent Messages in the drop-down Messages tab.



My Links

The **My Links** tab provides quick and easy access to information the client has selected to make available to providers. The **My Links** drop down list may be blank if the client (employer) did not select any options for provider users.

| Home Claims Ad | cumulators Check | Eligibility | | | | Messages ▾ My Links ▾ My Profile ▾ |
|-------------------------------------|------------------------------------|-------------------------------|-----------|---------------|-------------------------|--|
| Member ID To find a patient enter a | SSN Ill information. Claim Numb | First Name er is optional. | Last Name | Date of Birth | ▼ Gender ∨ Claim Number | Find Clear Reset |

A list of links opens, depending on the client's choices for links viewable by providers. This section may be blank.

My Profile

You can update your portal password, name, and/or email address in the My Profile tab.

Access My Profile

1. Click the drop-down *My Profile* tab at the upper right of the home page. The **Update Account Profile** screen displays.

| Home Claims Accumulators Check Eligibility | Messages ▾ My Links ▾ My Profile ▾ |
|---|--------------------------------------|
| Member ID SSN First Name Last Name Date of Birth Gender V Claim Number To find a patient enter all information. Claim Number is optional. | Find Clear Reset |

- 2. Select User Profile. The Update Account Profile screen opens.
- **3.** Update your account profile information as necessary. Then click *Update* to save your changes.

Your account profile is updated with the new information.

User Profile

Update Account Profile - You must supply your current password to update your profile information.

| Jsername |
|-----------------------|
| |
| Current Password |
| |
| New Password |
| |
| Confirm New Password |
| |
| Password Strength |
| |
| irst Name |
| |
| ast Name |
| |
| mail Address |
| |
| Confirm Email Address |
| |

Note: Changes to this information apply only to your online account. Changes made here will not update information stored in the Trustmark Health Benefits healthcare benefit administration system.

| UPDATE | CLOSE |
|--------|-------|
| | |

(continued on Page 19)

Access My Profile - continued

3. Select *Registration* to add another TIN under your username. Select *Provider*.

| Registration |
|--|
| If you are a plan participant or a dependent of a plan participant, select "Member" to register. If you are a Provider user, do not register as a "Member". If you are a Provider user, select "Provider" to register. |
| Member: () |
| Provider: 🔘 |
| Next |

This is only necessary if you bill under multiple TINs at different addresses.

Complete the Provider First/Last Name.

- Enter the Tax ID number(s).
- Enter the address associated with the Tax ID number.
- Enter your Contact Phone number.
- Enter your E-mail address.
- Select Access Type to view claims and eligibility.
- Click Submit.

| Home Claims Accumulators Check Eligibility Messa | ges 👻 | My Links 👻 | My Profile 👻 | |
|--|-------|------------|--------------|-----------------------------|
| Provider Dashboard 🔸 Home | | | User Profile | 1 |
| Registration | | | Registration | nt and Terms and Conditions |
| To register for access, please enter all of the information below for each TIN you would like to register. Click Submit to add each TIN. Provider First/Last Name: Taxpayer Identification Numbers: * | | | | |
| (You may enter multiple TINs for one location separated by a comma) Provider Organization: * | | | | |
| USA: | | | | |
| Address 1: * | | | | |
| Address 2: | | | | |
| City: * State: * V ZIP Code: * | | | | |
| Contact Phone: * | | | | |
| Email: * | | | | |
| 🚯 Please let us know the type of access you need to our portal. We find most of our providers require both claim access and eligibility access to manage their patient accounts. | | | | |
| Access Type: O Claims Access Eligibility Access Claims and Eligibility Access | | | | |
| Submit Cancel | | | | |

You are registed for two TINs under the same Username. When you log in and choose the **Claims** tab, use the Filter feature to select the TIN you want for reviewing claims.

Select Terms and Conditions to view the Terms and Conditions.

