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# **eHEALTHsuite<sup>®</sup>**

## **eHEALTHsuite User Guide**

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## Contents

1. Introduction.....	3
2. Main Menu.....	3
2.1 Providers .....	4
2.1.1 New Provider Registration.....	4
2.2 Provider Login.....	6
View Provider Details .....	7
Member Eligibility .....	8
Enter Referral/Authorization .....	9
Submit New Claim.....	13
View Claim Status .....	15
View Remittance Advice.....	17
View Authorizations.....	18
2.3 Provider Search .....	19
Search by Location .....	20
Search by Name .....	21
2.4 Account Maintenance.....	23
Mailing Preferences .....	23
Change Password.....	24
Change Email Address.....	24
Logins .....	24
Revision History.....	25



## 1. Introduction

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

This document details the different menus and options found in eHEALTHsuite for providers. This guide can be used as a training guide for external use.

## 2. Main Menu

There will be two separate links that can be used to log into eHEALTHsuite.

**For external use (providers), use the below link:**

<https://atrioprod.ramtechinc.net/>

OR through Atrio's Website

<https://www.atriohp.com/Providers.aspx>

Once you have accessed the website, the below menu will show:



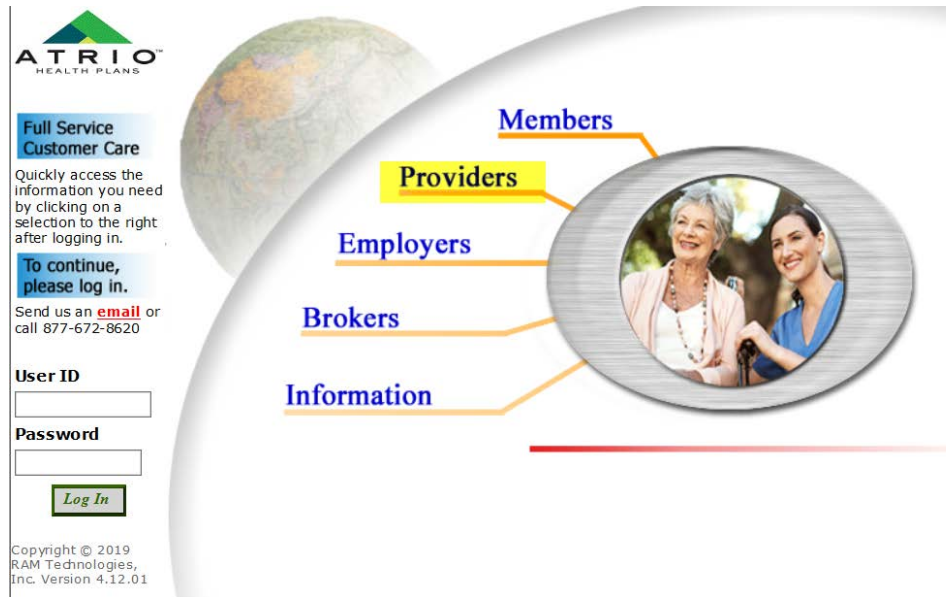
## 2.1 Providers

ATRIO Providers have access to select the Providers menu on the main page and either register as a new provider to use the eHEALTHsuite provider portal or if they already have a log in they have access view provider details, view member eligibility, enter referrals/authorizations, submit new claims, view claim status, view remittance advices, and view authorizations.

### 2.1.1 New Provider Registration

If a provider is accessing eHEALTHsuite for the first time, they will want to create a log in and password.

1. Click the **Providers** link. The login dialog displays.



**ATRIO**  
HEALTH PLANS

**Full Service Customer Care**  
Quickly access the information you need by clicking on a selection to the right after logging in.

**To continue, please log in.**  
Send us an **email** or call 877-672-8620

**User ID**

**Password**

**Log In**

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**Members**

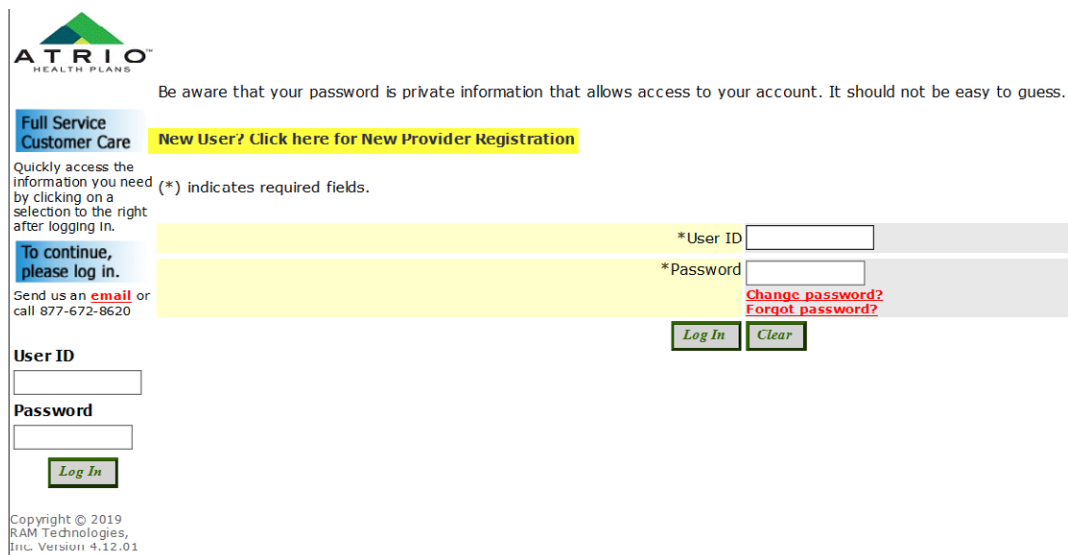
**Providers**

**Employers**

**Brokers**

**Information**

2. Select **New User?** Click here for **Provider Registration**



**ATRIO**  
HEALTH PLANS

Be aware that your password is private information that allows access to your account. It should not be easy to guess.

**Full Service Customer Care** **New User? Click here for New Provider Registration**

Quickly access the information you need by clicking on a selection to the right after logging in. (\*) indicates required fields.

**To continue, please log in.**  
Send us an **email** or call 877-672-8620

**\*User ID**

**\*Password**

**Change password?**  
**Forgot password?**

**Log In** **Clear**

**User ID**

**Password**

**Log In**

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3. The provider is then to enter their **Provider Portal ID Number** which was supplied to the provider on the ATRIO Provider Portal Registration Letter
4. The provider is then to enter the Facility/Practice or Last name, zip code, and email address.
  - a. The name and zip code can also be found on the header of the ATRIO Provider Portal Registration Letter



- 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](http://www.ramtechnologiesinc.com).

The Terms and Conditions are in addition to those that are posted on our web site at [www.ramtechnologiesinc.com](http://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

- Enter a user ID and password and specific a security question and answer
  - Note: Do not use an apostrophe in the Security Question or Security Answer fields

A welcome email is then sent to the email address that was provided during registration

- The provider is then to select their mailing preferences

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.

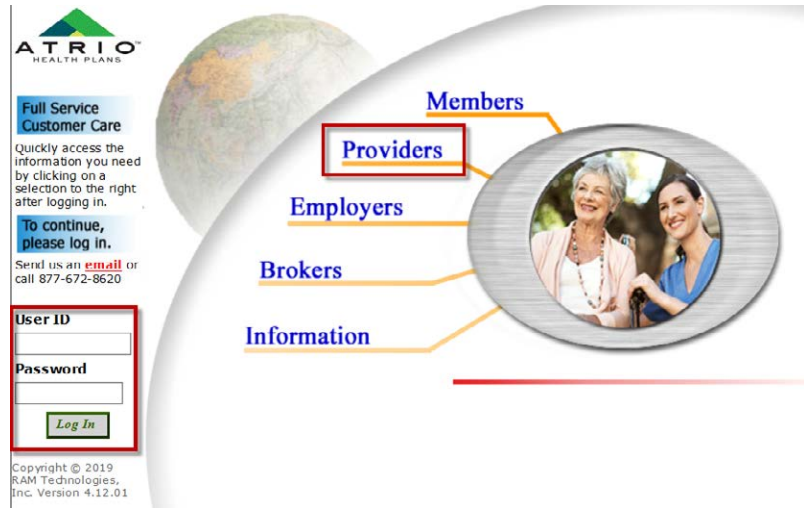
I do not want paper Remittance Advice (RA) statements mailed to me. I will be contacted by e-mail whenever a new RA statement is available and will view it online.

Current E-Mail Address: :	
E-Mail Address:	
Confirm E-Mail Address:	

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

## 2.2 Provider Login

- The provider can login by either entering their user name and password on the bottom left field or selecting **Providers** and then logging in on the Provider Login page



Once logged in, the provider has the option to view provider details, view member eligibility, enter referrals/authorizations, submit new claims, view claim status, view remittance advices, and view authorizations. Please see below for more details on each option.


### 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 address on file, and view their affiliations.

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

1. Select the **View Provider Details** menu on the Provider's main page



**Provider**

**Account Maintenance**

**Information**

[Log Out](#)

Provider Number: 000000239

Provider Name: BEAR CREEK SURGERY

Tax Id: 742961221

Type: GROUP PRACTICE

Address: 1801 HWY 99 N, STE 2  
ASHLAND, OR 97520

Phone:

NPI: 1942252937

**Contract List**

Medical Group

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Type	Plan	Product	Status	Status Date
MEDICAL GROUP	ATRIO HEALTH PLANS	H6743 - MA/MAPD	ACTIVATION	01/01/2005
MEDICAL GROUP	ATRIO HEALTH PLANS	H3814 - SNP	ACTIVATION	01/01/2005
MEDICAL GROUP	ATRIO HEALTH PLANS	H5995 - SNP (WILLIAMETTE)	ACTIVATION	01/01/2005
MEDICAL GROUP	ATRIO HEALTH PLANS	H7006 - MA/MAPD (MARLON AND POLK)	ACTIVATION	01/01/2005

**Address**

Type	Address	Phone	Fax	Effective Date	Expiration Date
MAILING	1801 HWY 99 N, STE 2 ASHLAND, OR 97520			01/01/2005	
OFFICE	1801 HWY 99 N, STE 2 ASHLAND, OR 97520			01/01/2005	
PAYEE	1801 HWY 99 N, STE 2 ASHLAND, OR 97520			01/01/2005	

**Affiliations**


Name	Number	Type	Effective Date	Expiration Date
------	--------	------	----------------	-----------------

## Member Eligibility

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

1. Select the Member Eligibility menu on the Provider's main page
2. Enter **Member Number and Member DOB** or **Member Last Name and Member DOB**
3. 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*



**Provider**

**Account Maintenance**

**Information**

[Log Out](#)

### Verify Member Eligibility

To verify the eligibility of a member, please enter the ATRIO member number (including leading alpha characters), OR the members last name AND the Date of Birth.

Member Number (CASE SENSITIVE)

Last Name

First Name

\* DOB MM/DD/YYYY

As Of Date

Medical Group


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To select a member, click the member name.

Member Name	Member Number (CASE SENSITIVE)	* DOB MM/DD/YYYY	PCP	Plan	Plan Name	Status
<b>Jon Snow</b>		12/03/1953		ATRIO	SNP_DOUG_H3814-007	ACTIVATION (12/01/2018)

*Second page of Member Eligibility*





## Verify Member Eligibility


<b>Provider</b>	Member Name: <b>Jon Snow</b>
<b>Account Maintenance</b>	Member ID Number:
<b>Information</b>	Date of Birth: 12/03/1953
<a href="#">Log Out</a>	Gender: MALE
<a href="#">Back</a>	Plan/Product: ATRIO / H3814
	Group Number:
	Status: ACTIVATION 12/01/2018
	Contract Holder: DARRELL L AAMOLD
	Relation: SELF
	PCP:
	Provider Enrollments:

Welcome BEAR CREEK SURGERY  
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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








## Authorization Entry

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.

<b>Provider</b>	Member ID Number	<input type="text"/>	<input type="button" value="P"/>																											
<b>Account Maintenance</b>	Authorized Provider	<input type="text"/>	<input type="button" value="P"/>																											
<b>Information</b>	Requesting Provider	<input type="text"/>	<input type="button" value="P"/>																											
<a href="#">Log Out</a>	Authorization Type	<input type="text"/>																												
<a href="#">Back</a>	Reason for Request	<input type="text"/>																												
	Requested Service Dates (MM/DD/YYYY)	<input type="text"/> - <input type="text"/>																												
	Number of Visits	<input type="text"/>																												
	Authorization Date (MM/DD/YYYY)	<input type="text"/>																												
	Diagnosis Code	<input type="text"/>	<input type="button" value="P"/>																											
		<input type="text"/>	<input type="button" value="P"/>																											
		<input type="text"/>	<input type="button" value="P"/>																											
	Services	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Procedure</th> <th>Quantity</th> <th>Modifier</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Procedure	Quantity	Modifier	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>																												
<input type="text"/>	<input type="text"/>	<input type="text"/>																												
<input type="text"/>	<input type="text"/>	<input type="text"/>																												
	Comment	<input type="text"/>																												
	Attachment	<input type="button" value="Browse..."/>																												
		<input type="button" value="Submit"/>	<input type="button" value="Clear"/>																											

Welcome BEAR CREEK SURGERY  
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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 Authorized Provider and Requesting Provider. Clicking the Provider Search icon  displays the Provider Search dialog and allows users to populate both fields through a search. See section 2.3 for details on searching for a provider.

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

- a. Enter a diagnosis code or description and click **Search** to display results.

### Diagnosis Code Search

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











Diagnosis Code or Description

x

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

- b. Click the applicable Diagnosis Code value to add it to the authorization.

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	1	
Authorization Date	03/13/2019 	
Diagnosis Code	7245	 UNSPECIFIED BACKACHE
		
		

10. Enter up to three Diagnosis Codes.

11. Clicking the Procedure Search icon  displays the Procedure Code Search dialog.

### Procedure Code Search

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

Procedure Code or Description

a. Enter a procedure code or description and click **Search** to display results.

### Procedure Code Search

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

Procedure Code or Description

To select a procedure code, click the procedure code number.

Procedure Code	Procedure Type	Description	Code Type
<b>60764001101</b>	N4	3 CONCEPT EYES BACK TO BABY	NDC NATIONAL DRUG CODE
<b>60764002702</b>	N4	3CE LIP LACQUER BACKSTAGE	NDC NATIONAL DRUG CODE
<b>67536022301</b>	N4	Absorbine BACK Therapeutic Pain Rel	NDC NATIONAL DRUG CODE
<b>67536022302</b>	N4	Absorbine BACK Therapeutic Pain Rel	NDC NATIONAL DRUG CODE
<b>15686</b>	HC	ADD LOW EXTREM BELW KNEE BACK CHECK	HCPCS
<b>0J070ZZ</b>	IO	ALTER BACK SUBQ TISSUE FASCIA OPEN	ICD10
<b>0J073ZZ</b>	IO	ALTER BACK SUBQ TISSUE FASCIA PERQ	ICD10
<b>0W0L07Z</b>	IO	ALTERATION LOWER BACK AUTO OPEN	ICD10
<b>0W0L47Z</b>	IO	ALTERATION LOWER BACK AUTO PC ENDO	ICD10
<b>0W0L37Z</b>	IO	ALTERATION LOWER BACK AUTO SUB PERQ	ICD10
<b>0W0L4KZ</b>	IO	ALTERATION LOWER BACK NAUTO PC ENDO	ICD10
<b>0W0L0KZ</b>	IO	ALTERATION LOWER BACK NONAUTO OPEN	ICD10

b. Click the applicable Procedure Code value to add it to the authorization.

Service Code / Quantity	Procedure	Quantity	Modifier	
	<input type="text" value="0W0L0ZZ"/>	<input type="text"/>	<input type="text"/>	ALTERATION LOWER BACK OPEN
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	

c. Enter Quantity and Modifier values for each Service Code.

12. Enter any relevant comments in the Comments field.
13. If necessary, add an attachment by browsing and selecting the file.
14. Click **Save** to complete the authorization. The Authorization Entry Completed dialog displays an authorization summary.

<b>Authorization Entry Completed</b>	
<b>Your authorization was successfully captured.</b>	
<b>Authorization Id</b>	225309039
<b>Member</b>	968110265 - KEVIN DRISCOLL
<b>Referred/Authorized Provider</b>	000008719 - JESSUP
<b>Referring Provider</b>	-
<b>Reason for Request</b>	Office visit
<b>Requested Service Dates</b>	03/25/2019 - 03/25/2019
<b>Number of Visits</b>	1
<b>Authorization Date</b>	2019-03-25
<b>Diagnosis</b>	7245 - UNSPECIFIED BACKACHE
<b>Procedure</b>	0W0LOZZ - ALTERATION LOWER BACK OPEN
<b>Comment</b>	
<b>Attachment2</b>	Note 1.txt
<input type="button" value="Back"/>	

### Submit New Claim

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

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

<b>Submit A Claim</b>
Please select the appropriate claim form:
<a href="#"><b>CMS 1500 CLAIM</b></a>

3. The CMS 1500 claim form then appears



**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		TRICARE <input type="checkbox"/> (DD/ID/CH)		CHAMPVA <input type="checkbox"/> (Member ID #)		GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		FECA SUK LUNG <input type="checkbox"/> (ID#)		OTHER <input type="checkbox"/> (ID#)		18. INSURED'S I.D. NUMBER					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE (MM/DD/YY)				SEX <input type="checkbox"/> M <input type="checkbox"/> F		4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP TELEPHONE (Include Area Code)				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP TELEPHONE (Include Area Code)											
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? PLACE(State) <input type="checkbox"/> <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				11. INSURED'S POLICY GROUP OR FECA NUMBER				a. INSURED'S DATE OF BIRTH SEX <input type="checkbox"/> M <input type="checkbox"/> F							
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. RESERVED FOR NUCC USE				b. OTHER CLAIM ID (Designated by NUCC)				c. INSURANCE PLAN NAME OR PROGRAM NAME							
c. RESERVED FOR NUCC USE				d. INSURANCE PLAN NAME OR PROGRAM NAME				10d. CLAIM CODES (Designated by NUCC)				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>If yes, return to and complete item 9, 9a, 9d.</i>							
<b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b>												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits when to myself or to the party who accepts assignment below.												DATE 06/10/2019							
<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree												<input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM/DD/YYYY				15. OTHER DATE MM/DD/YYYY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM/DD/YYYY TO MM/DD/YYYY				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM/DD/YYYY TO MM/DD/YYYY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE QUAL I <input type="checkbox"/>				17a. <input type="checkbox"/> clear				17b. NPI				20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <input type="checkbox"/>																			
A. <input type="checkbox"/>		B. <input type="checkbox"/>		C. <input type="checkbox"/>		D. <input type="checkbox"/>		E. <input type="checkbox"/>		F. <input type="checkbox"/>		G. <input type="checkbox"/>		H. <input type="checkbox"/>					
I. <input type="checkbox"/>		J. <input type="checkbox"/>		K. <input type="checkbox"/>		L. <input type="checkbox"/>													
24. A. DATE(S) OF SERVICE FROM MM/DD/YYYY TO MM/DD/YYYY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EMP/ Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER 742961221				SSN <input type="checkbox"/> EIN <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE		29. AMOUNT PAID		30. Roid for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <input checked="" type="checkbox"/> Agree <input type="checkbox"/> Disagree												DATE 06/10/2019							
32. SERVICE FACILITY LOCATION INFORMATION NPI												33. BILLING PROVIDER INFO & PH # NPI							




NUCC Instruction Manual available at [www.nucc.org](http://www.nucc.org)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

- 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.
- Enter the patient's 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.

<b>Member Search</b>				
To select a member, click the member name.				
Member Name	Member Number	Date Of Birth	Relationship	Status
<b>BONNIE DRISCOLL</b>	070372973	07/16/1961	SELF	ACTIVATION (01/01/2018)
<b>KEVIN DRISCOLL</b>	968110265	12/13/1960	SPOUSE	ACTIVATION (01/01/2018)

6. 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. See section 2.3 for details on searching for a provider.
  - 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.
7. 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.

## HEALTH INSURANCE CLAIM FORM

The claim has been successfully submitted.  
 The claim number is 494205498.  
 You can use [Check Claim Status](#) to check the status of this claim.

[Back](#)


### 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 member fields through a search
- 4. A list of all member's claims that fit the criteria entered are displayed

### 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
<b><i>NCOUNTER PRY</i></b>	485831593	INSTITUTION2	03/22/2016 03/22/2016	PAID	\$500.00	\$400.00	11/02/2016	687456425	
<b><i>NCOUNTER PRY</i></b>	485831593	INSTITUTION1	03/21/2016 03/21/2016	PAID	\$500.00	\$400.00	11/02/2016	687456415	
<b><i>NCOUNTER PRY</i></b>	485831593	PROFDME1	02/21/2016 02/21/2016	PAID	\$300.00	\$270.00	11/02/2016	687456415	
<b><i>NCOUNTER PRY</i></b>	485831593	PROFNONDME1	01/21/2016 01/21/2016	PAID	\$200.00	\$180.00	11/02/2016	687456415	

- 5. To view more claim information, select the member's name. The below page displays:





	<b>HEALTH PLAN REMITTANCE ADVICE</b> Mailing address:
--	--

STF 200  
4940 VAN NUYS BLVD  
SHERMAN OAKS, CA 91403

Date: 06/10/2019  
Claim Total: \$0.00  
Provider Id: 000009905  
Provider NPI: XXXXX0080  
Federal Tax Id: 163719381

**Provider  
STATEMENT OF REMITTANCE**


Provider Name/Number 7/000009905		Network				Telephone #						
Patient Name	Member Id	Relationship SELF	Patient Control Number		DCN# 940133177	Processed 05/31/2019	Msg. Codes					
Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe(s) Rsn
00215	ANESTH SKULL REPAIR/FRACT	04/30/2019	04/30/2019	1	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00 942
<b>Total for</b>					\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total for</b>					\$100.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CLAIM EXPLANATION NOTES:  
\*942 THIS IS A CAPITATED SERVICE

[Back](#) | [Print this page](#)

### 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.



**HEALTH PLAN REMITTANCE ADVICE**

Mailing address:

**TRI-COUNTY MEDICAL ASSOC**  
 2ND FLOOR  
 735 DAVIS ROAD  
 SOUTHAMPTON, PA 18966

Date 06/11/2019  
 Check Number 000021117  
 Check Amount \$858.91  
 Check Number 000053500  
 Check Amount \$49.85  
 Claim Total \$908.76  
 Provider Id P416688  
 Provider NPI XXXXXX9890  
 Federal Tax Id 446688000

**Provider STATEMENT OF REMITTANCE**

Provider Name/Number		Network		Telephone #									
TRI-COUNTY MEDICAL ASSOC/P446688													
Patient Name	Member Id	Relationship	Patient Control Number	DCN#	Processed	Msg. Codes							
RALPH A TOLEDO	910508223	SELF	965581042	044742420	01/31/2017								
Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe(s)	Rsn
99212	OFFICE/OUTPATIENT VISIT LST	10/17/2015	10/17/2015	1	\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	1405
<b>Total for RALPH A TOLEDO:</b>					\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	
Patient Name	Member Id	Relationship	Patient Control Number	DCN#	Processed	Msg. Codes							
RALPH A TOLEDO	910508223	SELF	965581042	059221656	01/31/2017								
Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe(s)	Rsn
99212	OFFICE/OUTPATIENT VISIT EST	10/16/2015	10/16/2015	1	\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	1405
<b>Total for RALPH A TOLEDO:</b>					\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	
<b>Total for TRI-COUNTY MEDICAL ASSOC</b>					\$200.00	\$46.92	\$0.00	\$0.00	\$0.00	\$0.00	\$46.92	\$153.08	

CLAIM EXPLANATION NOTES:  
 \*1405 QA - PERCENT OF CLAIMS  
 \*1966 MEMBER PROGRAM PARTICIPATION FALLS WITHIN A SERVICE DATE SPAN

[Back](#) [Print this page](#)

- When searching by other criteria, the dialog displays claim results in the same manner as on the View Claim Status dialog (see section *View Claim Status*)

### 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.

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

1. Enter a date range

**Dates of Service**  
 From    Through

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	545903249		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	

[Back](#) [Printable Version](#) [Request New Authorization](#)

## 2.3 Provider Search

The Provider Search function can be accessed in the following ways on the Provider Portal:

- Clicking the **Enter Referral/Authorization** menu function, then clicking the search button next to a provider field.

### Make A Referral

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.

Member Number	<input type="text"/>	<input type="button" value="P"/>
Referred/Authorized Provider	<input type="text"/>	<input type="button" value="P"/>
Referring Provider	<input type="text"/>	<input type="button" value="P"/>

- Clicking the **Submit New Claim** menu function, then click the claim type link and search button in the Name of Referring Provider field.

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

QUAL |

## Search by Location

Click the **Search by Location** tab to enable this search type.

### Provider Search

**Search by location or provider name**

<b>Search by Location</b>	<i>Search by Name</i>
---------------------------	-----------------------

\*Zip Code

\*Distance in miles

\*Plan/Product

Select from the options below to further refine your search results.

Type	<input type="text" value="All"/>
Specialty	<input type="text" value="All"/>
Gender	<input checked="" type="radio"/> No Preference <input type="radio"/> FEMALE <input type="radio"/> MALE
Language	<input type="text" value="No Preference"/>

Enter a zip code, distance in miles, and select a Plan/Product; any other search criteria such as provider Type, Specialty, Gender, and Language is optional. Click **Search**.

## Provider Search

**Search by location or provider name**

Search by Location	Search by Name
*Zip Code <input type="text" value="19002"/>	
*Distance in miles <input type="text" value="100"/>	
*Plan/Product <input type="text" value="BETHLEHEM PIKE HEALTH PLAN - BETHLEHEM PIKE BASE MEDICAL"/>	
Select from the options below to further refine your search results.	
Type <input type="text" value="PHYSICIAN"/>	
Specialty <input type="text" value="All"/>	
Gender <input checked="" type="radio"/> No Preference <input type="radio"/> FEMALE <input type="radio"/> MALE	
Language <input type="text" value="No Preference"/>	
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Back"/>	

To select a provider, click the provider name.

Provider	Type	Location	Specialty	Gender	Language	Map
<b>GRETA IBSEN</b>	PHYSICIAN	(OFFICE): 200 BETHLEHEM PIKE AMBLER, PA 19002				<i>Show the map and direction</i>
<b>CHRISTINE SMART</b>	PHYSICIAN	(OFFICE): 12 7TH AVE AMBLER, PA 19002	UROLOGY			<i>Show the map and direction</i>

Clicking a provider name selects the provider; clicking **Show the map and direction** opens a map showing the provider's address in the Location column.

To select a provider, click the provider name.

Provider	Type	Location	Specialty	Gender	Language	Map
<b>GRETA IBSEN</b>	PHYSICIAN	(OFFICE): 200 BETHLEHEM PIKE AMBLER, PA 19002				<i>Show the map and direction</i>
<b>CHRISTINE SMART</b>	PHYSICIAN	(OFFICE): 12 7TH AVE AMBLER, PA 19002	UROLOGY			<i>Show the map and direction</i>

### Search by Name

Click the **Search by Name** tab to enable this search type.

## Provider Search

**Search by location or provider name**

Search by Location	Search by Name
*Facility Name/Last Name <input type="text"/>	
First Name <input type="text"/>	
*Plan/Product	BETHLEHEM PIKE HEALTH PLAN - BETHLEHEM PIKE BASE MEDICAL ▼
Select from the options below to further refine your search results.	
Type	All ▼
Specialty	All ▼
Gender	<input checked="" type="radio"/> No Preference <input type="radio"/> FEMALE <input type="radio"/> MALE
Language	No Preference ▼
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Back"/>	

Enter a Facility Name or Last Name, and select a Plan/Product; any other optional search criteria such as provider Type, Specialty, Gender, and Language is optional. Click **Search**.

## Provider Search

**Search by location or provider name**

Search by Location	Search by Name					
*Facility Name/Last Name <input type="text" value="Smart"/>						
First Name <input type="text"/>						
*Plan/Product	BETHLEHEM PIKE HEALTH PLAN - BETHLEHEM PIKE BASE MEDICAL ▼					
Select from the options below to further refine your search results.						
Type	All ▼					
Specialty	All ▼					
Gender	<input checked="" type="radio"/> No Preference <input type="radio"/> FEMALE <input type="radio"/> MALE					
Language	No Preference ▼					
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Back"/>						
To select a provider, click the provider name.						
<b>Provider</b>	<b>Type</b>	<b>Location</b>	<b>Specialty</b>	<b>Gender</b>	<b>Language</b>	<b>Map</b>
<i>CHRISTINE SMART</i>	PHYSICIAN	(OFFICE): 12 7TH AVE AMBLER, PA 19002	UROLOGY			<i>Show the map and direction</i>

The system finds providers matching the name and Plan/Product criteria, plus any optional criteria entered.

To select a provider, click the provider name.


Provider	Type	Location	Specialty	Gender	Language	Map
<b>CHRISTINE SMART</b>	PHYSICIAN	(OFFICE): 12 7TH AVE AMBLER, PA 19002	UROLOGY			<b>Show the map and direction</b>

Clicking a provider name selects the provider; clicking **Show the map and direction** opens a map showing the provider’s address in the Location column.

## 2.4 Account Maintenance

The Account Maintenance menu provides access to various user account functions and can be accessed from the **Account Maintenance** link on any screen.

PROVIDERS



**ATRIO**  
HEALTH PLANS

*Online Provider Services*

**Provider**

**Account Maintenance**

**Information**

[Log Out](#)

**Welcome BEAR CREEK SURGERY**

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RAM Technologies,  
Inc. Version 4.12.01

[View Provider Details](#)

[Member Eligibility](#)


[Enter Referral/Authorization](#)

[Submit New Claim](#)

[View Claim Status](#)

[View Remittance Advice](#)

[View Authorizations](#)



Once Account Maintenance is selected, the user has access to update their mailing preferences, change their password, change their email address, and view all logins for the provider.

## Mailing Preferences

Mailing preferences gives the provider the option to receive paper or electronic Remittance Advices.



### 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:	SERA.AREVALO@ATRIOHP.COM
E-Mail Address:	<input type="text"/>
Confirm E-Mail Address:	<input type="text"/>

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

## Change Password

The provider has the option to change their password. To change your password, enter the old password. Enter a new password and retype the password to confirm.

**Remember to click the Update button to save your changes**

### Change Password

To change your password, please type your old password. Select a new password and re-type your new password to confirm.  
A valid password must be 3 to 15 characters.  
Be aware that your password is private information that allows access to your account. It should not be easy to guess.

Reset Password for:	BEARCREEK (BEAR CREEK SURGERY)
Old Password:	<input type="text"/>
New Password:	<input type="text"/>
Confirm New Password:	<input type="text"/>

## Change Email Address

The provider has the option to change their email address that is affiliated with their log in. To change an email address, enter the new email and then retype it to confirm.

**Remember to click the Update button to save your changes**

### Change E-Mail

To change your e-mail, type your new e-mail address. Confirm your new e-mail address by typing it again.

Current E-Mail Address:	JTULIO@RAMTECHINC.COM
New E-Mail Address:	<input type="text"/>
Confirm New E-Mail Address:	<input type="text"/>

## Logins

The provider has the option to view all logins that are affiliated with the provider. This would be used to determine the user IDs, email addresses, the last time the provider logged in and the login count.





Provider Id: 239  
 Provider Name: BEAR CREEK SURGERY

**Login List**

User Id	Name / E-Mail Address	Locale	Last Login	Login Count
ALISAT	BEAR CREEK SURGERY ALISAT@RAMTECHINC.COM	en_US	2019-06-02	1
ALISATULIO	BEAR CREEK SURGERY TULIO@RAMTECHINC.COM	en_US	2019-06-03	3
BEARCREEK	BEAR CREEK SURGERY JTULIO@RAMTECHINC.COM	en_US	2019-06-10	1
SARLVALO2	BEAR CREEK SURGERY SERVALEVALO@RAMTECHINC.COM	en_US	2019-06-03	1

**Revision History**

Date	Version	Description
06/10/19	1.0	Document created