
***eHEALTH*suite[®]**

Provider *eHEALTH*suite User Guide

October, 2023

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1. Introduction

The eHEALTHsuite Provider Portal provides a secure web portal for HEALTHsuite 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.

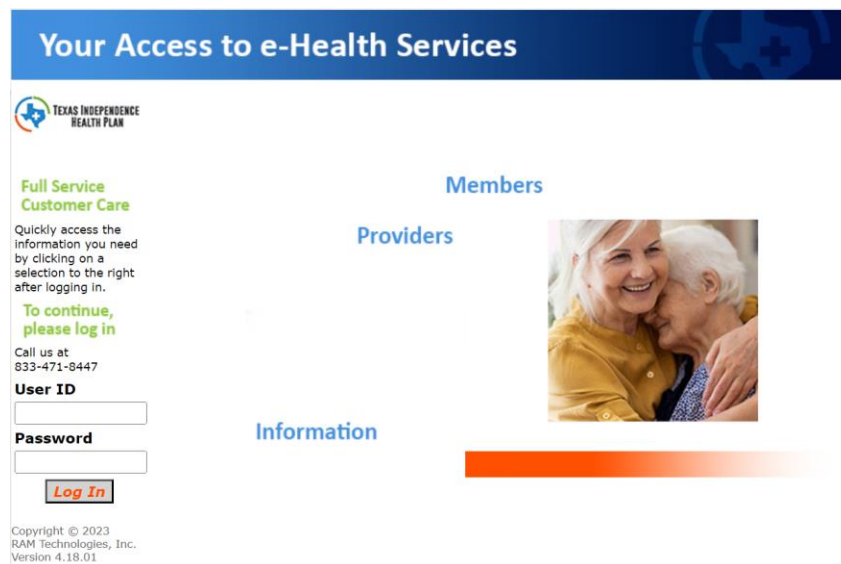
This document details the different menus and options found in eHEALTHsuite for providers. This guide can be used as a training guide for internal and external use.

2. Main Menu

To log into the portal, use the below link:

<https://ehealth-thp.healthsuiteadvantage.com>

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



2.1 Providers

TIHP Providers have access to select the Providers menu on the main page and can either:

1. Register as a new provider to use the eHEALTHsuite provider portal
2. Log in with their existing username & password.

Once they create a username and password; they have access to view provider details, view member eligibility, enter new authorizations, view claim status, 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.
2. Select **New User? Click here for Provider Registration**

Be aware that your password is private information that allows access to your account. It should

Full Service Customer Care [New User? Click here to create new or additional provider logins](#)

Quickly access the information you need by clicking on a selection to the right after logging in.

To continue, please log in

Call us at 833-471-8447

User ID
SYSTEMADMIN

Password

Members - Your assigned User ID will match your assigned Member ID.
Providers - Your User ID is self assigned at registration.

Log In Clear

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 TIHP Provider Portal Registration Letter

New Provider Registration

To register for access to the Online Provider Portal, please complete and submit the information below.

(*) indicates required fields.

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

Call us at 833-471-8447

***Provider PIN Number**

Members - Your assigned User ID will match your assigned Member ID.
Providers - Your User ID is self assigned at registration.

Continue Clear

4. The provider is then to enter the Facility/Practice or Last/first name, zip code, and email address.
 - a. The name and zip code can also be found on the header of the TIHP Provider Portal Registration Letter

To register for access to the Online Provider Portal, please complete and submit the information below.

(*) indicates required fields.

Enter the legal Facility/Practice name or Physician name.

*Facility/Practice or Last Name	<input type="text"/>
First Name	<input type="text"/>

Enter your zip code, e-mail address, and press Continue.

*Office Zip Code	<input type="text"/>
*E-Mail Address	<input type="text"/>
*Confirm E-Mail Address	<input type="text"/>

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

Terms & Conditions

TERMS AND CONDITIONS OF PROVIDER ACCESS

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

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

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

I Do Not Agree I Agree to the Terms and Conditions

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

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

2.1.2 New Provider Registration Requirements

Each provider is registered at the TIN level meaning that the portal access letter is sent to the provider record which holds the TIN. The person who receives the Provider Portal Pin Letter is then responsible for providing the PIN to the other providers within the office so that all individual providers can register to use the portal.

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

Your Access to e-Health Services



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

Call us at
833-471-8447

User ID

Password

Log In

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Members

Providers



Information

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

Your Access to e-Health Services

Providers



Online Provider Services

Provider

Account Maintenance

Login Maintenance

Information

Log Out

Welcome BERKLEY EYE INSITUTE

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View Provider Details

Member Eligibility

Enter Referral/Authorization

Submit New Claim

View Claim Status

View Authorizations



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Texas Independence Health Plan Customer Service:
Phone: (833) 471-8447 TTY: (833) 414-8447

Provider Services Hours of Operation:
Monday through Friday 8am-5pm CST

View Provider Details

The View Provider Details menu is used so the provider can verify the information that is on file with the health plan. If changes need to be made to the information, the provider should call the customer service help desk.

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

View My Account Info

Provider	Provider PIN Number:	00000019																														
	Provider Name:	PRACTICE NAME - UPDATE																														
Account Maintenance	Tax Id:																															
	Type:	ORGANIZATION																														
	Address:	/																														
Login Maintenance	Phone:																															
	NPI:	999999999																														
Information	Contract List																															
Log Out																																
Welcome DAKOTA SURGERY & LASER CENTER LLC																																
<small>Copyright © 2021 RAM Technologies, Inc. / version 4.14.04</small>																																
	<table border="1"><thead><tr><th>Type</th><th>Plan</th><th>Product</th><th>Status</th><th>Status Date</th></tr></thead><tbody><tr><td>FACILITY (PAR)</td><td>Good Samaritan Plan of Nebraska</td><td>ISNP - NE</td><td>ACTIVE</td><td>01/01/2020</td></tr><tr><td>FACILITY (PAR)</td><td>Sanford Health Plan</td><td>ISNP - SD</td><td>ACTIVE</td><td>01/01/2020</td></tr><tr><td>FACILITY (PAR)</td><td>Sanford Health Plan</td><td>MAPD - ND/SD</td><td>ACTIVE</td><td>01/01/2020</td></tr><tr><td>FACILITY (PAR)</td><td>Sanford Health Plan</td><td>ISNP - ND</td><td>ACTIVE</td><td>01/01/2020</td></tr><tr><td>FACILITY (PAR)</td><td>Sanford Health Plan of Minnesota</td><td>MAPD - MN</td><td>ACTIVE</td><td>01/01/2020</td></tr></tbody></table>	Type	Plan	Product	Status	Status Date	FACILITY (PAR)	Good Samaritan Plan of Nebraska	ISNP - NE	ACTIVE	01/01/2020	FACILITY (PAR)	Sanford Health Plan	ISNP - SD	ACTIVE	01/01/2020	FACILITY (PAR)	Sanford Health Plan	MAPD - ND/SD	ACTIVE	01/01/2020	FACILITY (PAR)	Sanford Health Plan	ISNP - ND	ACTIVE	01/01/2020	FACILITY (PAR)	Sanford Health Plan of Minnesota	MAPD - MN	ACTIVE	01/01/2020	
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FACILITY (PAR)	Sanford Health Plan of Minnesota	MAPD - MN	ACTIVE	01/01/2020																												


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 DOB** or **Last Name and DOB**

Verify Member Eligibility

To verify the eligibility of a member, please enter Member Number & DOB or Last Name & DOB.

Member Number	<input type="text"/>
Last Name	<input type="text"/>
First Name	<input type="text"/>
Date of Birth	<input type="text"/>
As Of Date	<input type="text" value="02/02/2023"/> 
<input type="button" value="Search"/> <input type="button" value="Clear"/>	

3. The results will then show in a table format. Select the member's name to view more information

Enter an Authorization

The Enter an Authorization menu option gives the provider the ability to submit authorization requests from the portal to the health plan.

1. Select the Enter an Authorization menu option from the Provider's main page
2. Search for the member

Make A Referral

Please select a Member Number, Referred/Authorized Provider, Referral Type, Principal Diagnosis Code, Secondary Diagnosis Code, enter a Reason for Request, and Requested Service Dates.

Member Number	<input type="text"/>																									
Referred/Authorized Provider	00000001	FRANKLIN MEDICAL GROUP																								
Referring Provider	<input type="text"/>																									
Referral Type	<input type="text"/>																									
Expedite Authorization (Per CMS, expedited response is reserved for members who are at risk of declining health or loss of life when waiting for a standard turnaround time.)	<input type="checkbox"/>																									
Requested Service Dates	<input type="text"/> - <input type="text"/>																									
Principal Diagnosis Code	<input type="text"/>																									
Service Code / Quantity	<table border="1"><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></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"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>																								
Comment	<input type="text"/>																									

The Below fields are mandatory when requesting an authorization

3. Enter the Member Number
4. Enter the Authorized Provider
5. Enter the Request Dates of Service
6. Enter the Authorization Date (Date the request is being made)
7. Enter the Principal Diagnosis Code
8. Enter the Service Code

Once complete, the Authorization Entry Completed dialog will display and the provider will be given the authorization number. Please note the authorization still needs to be reviewed by the health plan and a decision has to be made.


Authorization Entry Completed

Provider	Your authorization was successfully captured.	
Account Maintenance	Authorization Id	045307062
	Member	950774086 - MONICA E GELLER
	Referred/Authorized Provider	000000025 - DAKOTA SURGERY & LASER CE
Login Maintenance	Referring Provider	-
	Requested Service Dates	01/01/2022 - 01/02/2022
	Number of Visits	
Information	Authorization Date	2022-01-01
Log Out	Principal Diagnosis Code	-
	Secondary Diagnosis Code	-
Welcome DAKOTA SURGERY & LASER CENTER LLC	Procedure	99215 - OFFICE O/P EST HI 40-54 MIN
	Comment	
	Attachment2	
<small>Copyright © 2021 IAM Technologies, Inc. /ersion 4.14.04</small>	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
NCOUNTER PRY	485831593	INSTITUTION2	03/22/2016 03/22/2016	PAID	\$500.00	\$400.00	11/02/2016	687456425	
NCOUNTER PRY	485831593	INSTITUTION1	03/21/2016 03/21/2016	PAID	\$500.00	\$400.00	11/02/2016	687456415	
NCOUNTER PRY	485831593	PROFDME1	02/21/2016 02/21/2016	PAID	\$300.00	\$270.00	11/02/2016	687456415	
NCOUNTER PRY	485831593	PROFNNDME1	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:

	HEALTH PLAN REMITTANCE ADVICE Mailing address:
--	--

STE 200
4940 VAN NUYS BLVD
SHERMAN OAKS, CA 91403

Date	06/10/2019
Claim Total	\$0.00
Provider Id	000009905
Provider NPI	XXXXXX0080
Federal Tax Id	163719381

**Provider
STATEMENT OF REMITTANCE**

Provider Name/Number V000009905		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
Total for												\$0.00

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
Total for					\$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

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, or the providers are under the same TIN.

1. Select the View Authorizations menu on the Provider's main page
2. Enter a date range
3. Select Show Authorizations

1. Enter a date range

Dates of Service

From 1 Through 10

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](#)

2.4 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.

Your Access to e-Health Services Providers



Provider

Account Maintenance

Login Maintenance

Information


[Log Out](#)

Welcome BERKLEY EYE INSTITUTE

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Online Provider Services

- [View Provider Details](#)
- [Member Eligibility](#)
- [Enter Referral/Authorization](#)
- [Submit New Claim](#)
- [View Claim Status](#)
- [View Authorizations](#)



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Texas Independence Health Plan Customer Service:
Phone: (833) 471-8447 TTY: (833) 414-8447

Provider Services Hours of Operation:
Monday through Friday 8am-5pm CST

Once Account Maintenance is selected, the user has access to update their mailing preferences and view logins under their account:

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 TEST@TEST.COM	en_US	2019-06-03	3
BEARCREEK	BEAR CREEK SURGERY JTULIO@RAMTECHINC.COM	en_US	2019-06-10	1
SAREVALO2	BEAR CREEK SURGERY SERA.AREVALO@ATRIOHP.COM	en_US	2019-06-03	1

1.5 Login Maintenance

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

Your Access to e-Health Services Providers

Online Provider Services

- View Provider Details
- Member Eligibility
- Enter Referral/Authorization
- Submit New Claim
- View Claim Status
- View Authorizations

Provider

Account Maintenance

Login Maintenance

Information

Log Out

Welcome BERKLEY EYE INSITUTE

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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"/>

[Update](#)

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"/>

[Update](#)

Revision History

Date	Version	Description
09/01/2023	1.0	Document created