OhioHealthy

myOhioHealthy.com

Provider User Guide

UPDATED 12/2023

Welcome to myOhioHealthy.com

Get ready to experience myOhioHealthy.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.

Use the portal to:

- Register as a first-time user of myOhioHealthy.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!

Table of Contents

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 **www.myOhioHealthy.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.

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.

   b. Your **name and email address**.

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

Click *Next*. The confirmation page for your password displays.

ⓘ **Account Creation** - Complete the information below to create an account. All fields are required.

Username

Password   (See note below)

Confirm Password

Password Strength

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

First Name

Last Name

Email

Please Select and Answer 3 Security Questions

Select a security question ▼
Or Enter Your Own Question
Enter your answer

Select a security question ▼
Or Enter Your Own Question
Enter your answer

Select a security question ▼
Or Enter Your Own Question
Enter your answer

SUBMIT   RESET

5. Re-enter your password

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

ⓘ **Account Creation** - The following user information has been created.

Username:
First name:
Last name:
E-mail:

Please re-enter your password to protect your security

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 myOhioHealthy.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.

Additional Information Needed for Your Account

Indicate the type of provider user account you need to our portal.

○ **I am a billing center:** By choosing this option you represent that you are a business associate of the covered entity whose TIN you are providing, as defined by HIPAA (45 CFR § 160.103), and that you are accessing this website for payment purposes as allowed under HIPAA.

○ **I am a provider or facility:** By choosing this option you represent that you are a covered entity, as defined by HIPAA (45 CFR § 160.103), and that you are accessing this website for treatment, payment, and operations purposes as allowed under HIPAA.

[Submit]

Registration

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:** ＊ ⌄ **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: ○ Claims Access ○ Eligibility Access ● Claims and Eligibility Access

[Submit] [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.

Provider Registration - continued

Access as a provider user requires our 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 **www.myOhioHealthy.com** with your username and password. Click on the *Messages* tab to review your messages.

Inbox

ⓘ Use the arrows in the column headings to sort the information contained in the specific column.

Select All	Delete Selected			Sent Messages	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
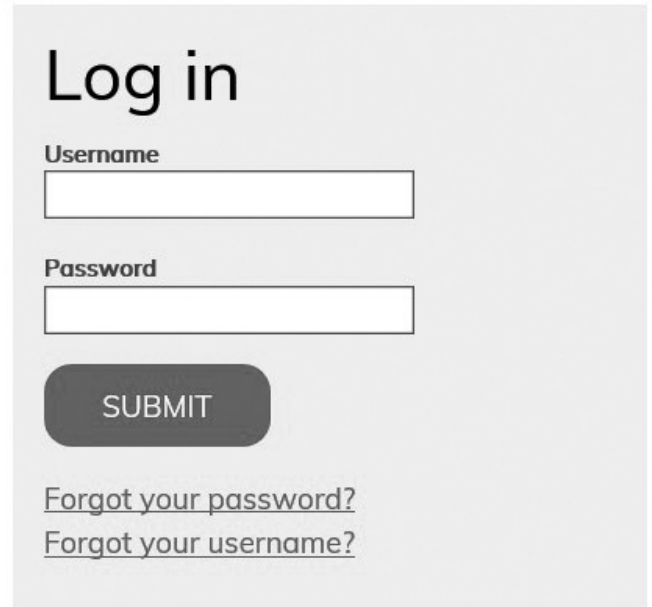
Date: 05/11/2016 01:36 PM

The Taxpayer Identification Number (TIN) for which you have registered has been approved.
x319683190

[Reply]

Log in to www.myOhioHealthy.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.

Click *Forgot your Password?*

Enter your username and click *Submit*.

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

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
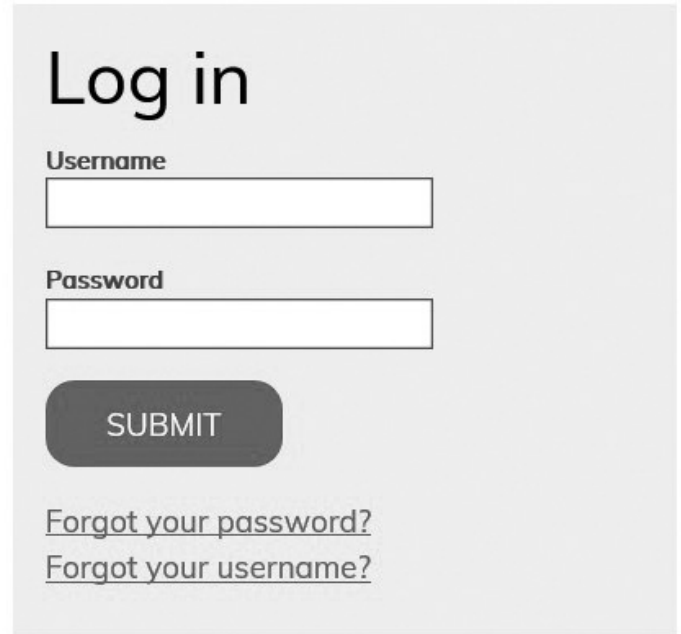testreg511

Question
In what city were you born?

Answer

[   ]

[SUBMIT]   [RESET]

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 registered with

SUBMIT   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.

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.

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.

2. 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*.

- 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

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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 Details

Claim #:		Coverage Type: Medical	View explanation of benefits
Plan Participant:			Claim Reconsideration Request
Patient:			View additional claim details
Provider:			View claim form
Provider TIN:			View authorizations

Line#	Service	Service Date	Billed	Discount	Adjustments	Other Plan Payment	Ineligible	Co-Pay	Deductible	Co-Ins	Benefit Payment	Reason Codes	Status
1	270-Hospital Serv		$3.00	$0.72	$0.00	$0.00	$0.00	$0.00	$0.00	$0.46	$1.82	F!A	Processed
2	611-Hospital Serv		$3,201.00	$762.32	$0.00	$0.00	$0.00	$0.00	$0.00	$440.59	$1,998.09	029 F!A	Processed
3	636-Hospital Serv		$340.00	$80.96	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$259.04	F!A	Processed
	Total:		$3,544.00	$844.00	$0.00	$0.00	$0.00	$0.00	$0.00	$441.05	$2,258.95		

Payment Information:

Line#	Paid Date	Provider Payment Number	Provider Payment Amount	Plan Participant Payment Number	Plan Participant Payment Amount
1	11/16/2017	18601	$1.82		$0.00
2	11/16/2017	18601	$1,998.09		$0.00
3	11/16/2017	18601	$259.04		$0.00

Reason Code Descriptions:

Reason Code	Reason Code Description
029	Maximum Out Of Pocket Limitation Reached

View Accumulators

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.**

2. 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.).

Check Eligibility

View Eligibility information for members.

1.   Click *Check Eligibility*.

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.

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.

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**.
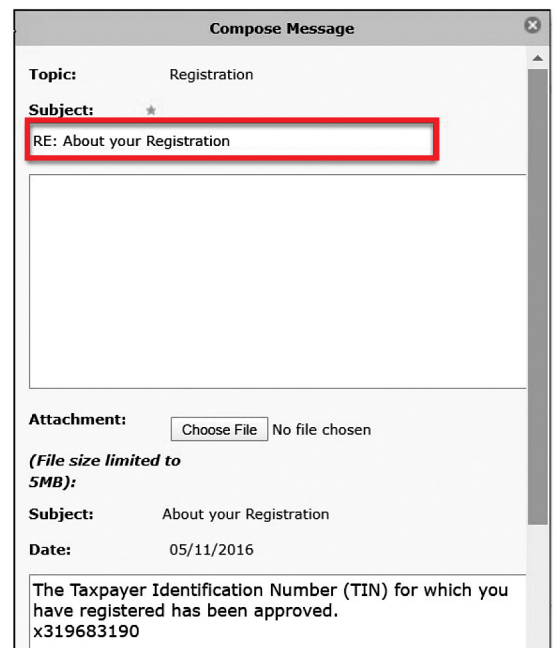
Message Center - continued

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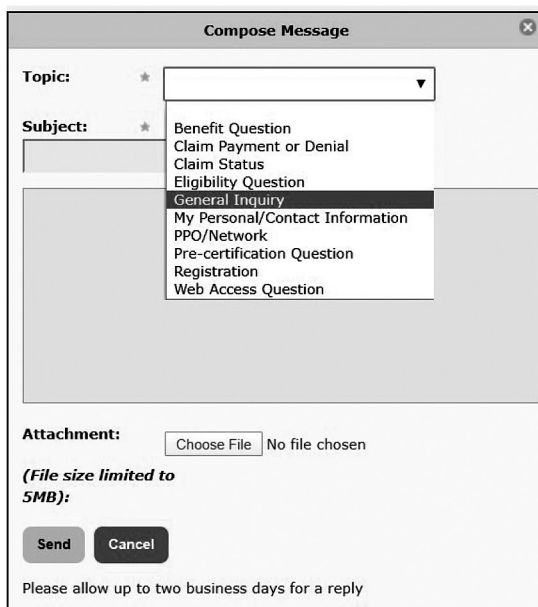
4. To respond to an incoming message in your inbox, click the message subject. Click *Reply*. The original subject appears in the **Subject** box with **RE:** for reply.

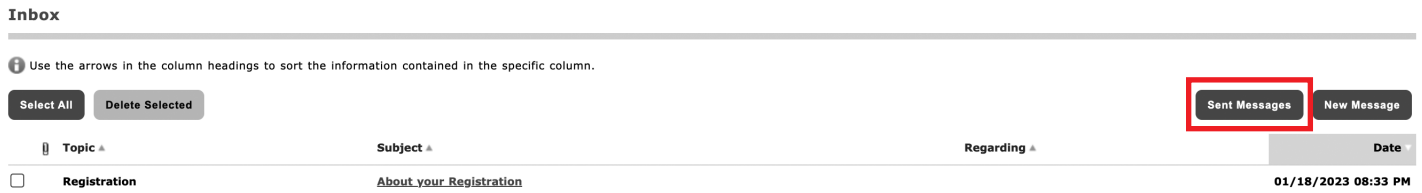Add your message in the top box and click *Send*.

Message Center - continued

5. To view your sent messages:

Click the *Sent Messages* button in your Inbox or,

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.

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.

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.

Username

Current Password

New Password

Confirm New Password

Password Strength

First Name

Last Name

Email 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 healthcare benefit administration system.

UPDATE   CLOSE

Access My Profile - continued

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

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*.

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.