

A Provider's Guide To Registering on myOhioHealthy.com



To register as a provider on myOhioHealthy.com for the first time, you will need to follow these steps:

Step One: Create an Account

Go to myOhioHealthy.com and select the **Create Your Account** button under the Provider section.

Each Provider should create their own account.



Also available in Spanish.



Note: If at any time, you forget your username or password, you can select the appropriate link under the login button on the home page, and then follow the prompts.

Step Two: Provider Account Creation

Create an account by entering:

- 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.
- Your name and email address.
- Answers to all three selected security questions. These replies are case sensitive.
- Click Next. The confirmation page for your password displays.

i 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

Confirm Email

Please Select and Answer 3 Security Questions

Select a security question ▼

Select a security question ▼

Select a security question ▼

Note: If you encounter the following message, click the link and then follow the prompts to verify your information.

Step Three: Re-enter Your Password

Re-enter your password and then click Next. The registration page displays to enter your specific provider information.



Account Creation - The following user information has been created.

Username: providerdemo1
First Name: Bob
Last Name: Jones
E-mail: doctor@email.com

Please re-enter your password to protect your security

Password

.....

NEXT

Step Four: Provider Registration

Enter your information into the required fields to link your account to your provider tax ID information.

- a. 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; HBW9@luminarehealthbenefits.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."

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.

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

You can request Claims Access and/or Eligibility Access, but OhioHealthy will review the request and authorize appropriate access. If you meet the criteria for automatic approval, both claims and eligibility access will be checked.

Click **Submit**.

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.

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: * []

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.

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**

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.

All of the taxpayer identification numbers submitted 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 HBW9@trustmarkbenefits.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.

Provider First/Last Name: * Bob Jones

Taxpayer Identification Numbers: * -319683190
(You may enter multiple TINs for one location separated by a comma)

