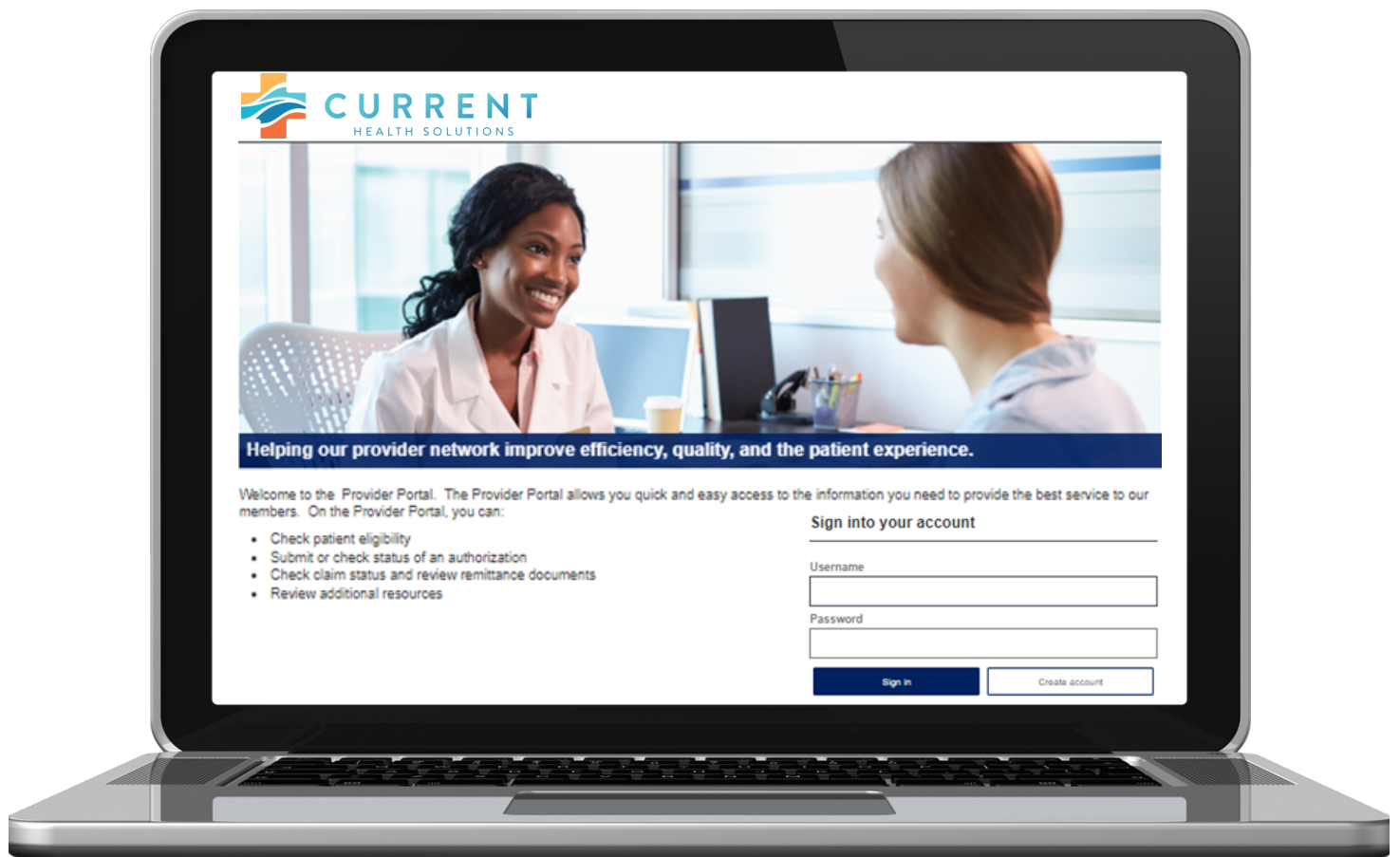




PROVIDER ACCESS PORTAL



If you have any questions, please contact our Provider Services team, Monday-Friday 7 a.m. - 4 p.m. CST.

Phone:

Local: (217)-641-7156
Toll-Free: (855)-247-3233

Email:

Provider.services@currenthealth.org

Mail:

Current Health Solutions
P.O. Box 1727
Columbus, IN 47202-1787

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ABILITIES

- Check Eligibility
- Review Benefits
- View Claims Status
- Submit and View Authorizations/Referrals
- Access Provider Manual and Resources
- Submit a question

CREATING AN ACCOUNT

1

To create a login for the *Current Health Solutions Provider Portal*, a provider/facility with current claims will need to create an account. Click the *Create Account* button.



Helping our provider network improve efficiency, quality, and the patient experience.

Welcome to the Provider Portal. The Provider Portal allows you quick and easy access to the information you need to provide the best service to our members. On the Provider Portal, you can:

- Check patient eligibility
- Submit or check status of an authorization
- Check claim status and review remittance documents
- Review additional resources

Provider Information

I would like to be contacted to become a contracted provider

I would like to start the credentialing provider process

I want to submit a claim

Sign into your account

Username

Password

Sign in

Create account

2

A license agreement screen will display, and the provider will need to click the **Accept** box, then **Next**.

License Agreement

License Grant. This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthix Inc., reserves all rights not expressly granted in this Agreement.

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☒ Accept

Cancel Next

3

The provider will need to complete all fields. First and Last name should be the name of the person creating the account. The Organization NPI and a paid Claim Number are required. Enter the Organizational NPI (billing/ Type 2 NPI), and a recent paid claim number including the leading zeros. Click **Add Provider** at bottom of the form.

First Name

Last Name

Address Line 1

City

State
 -- Select --

Zip

Phone

Organizational NPI

Paid Claim Number

Previous Add Provider Cancel

4

Click **Add Provider** in the middle of screen.

First Name

Last Name

Select Providers
 Practice Name OR Facility Name
 Provider Name Here
 Cancel Search

Address Line 1
 417 Washington St

City
 Columbus

State
 Indiana

Zip
 47201

Phone

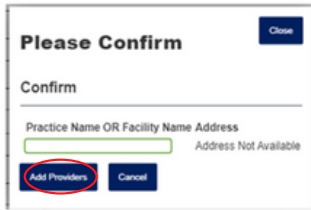
Organizational NPI
 0000000000

Paid Claim Number
 0000000000

Previous Add Provider Cancel

5

A confirmation box will appear, click **Add Providers**.



Please Confirm [Close]

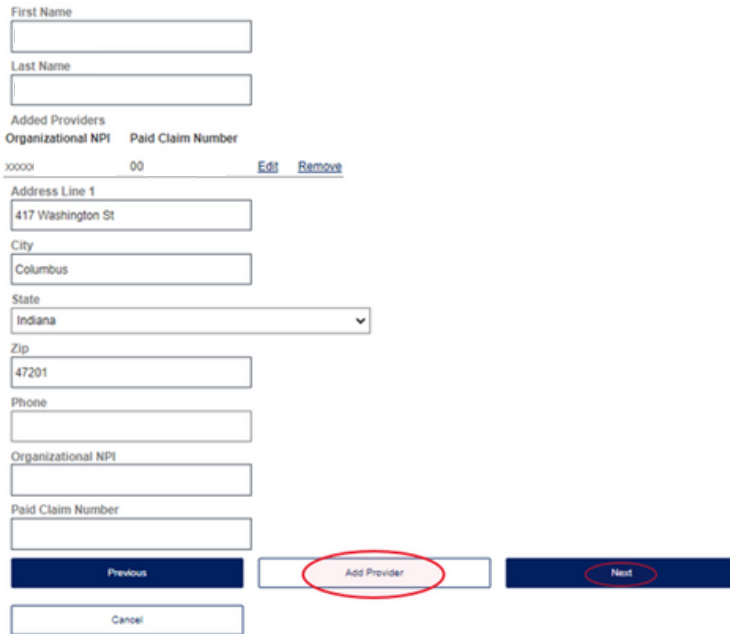
Confirm

Practice Name OR Facility Name Address
 Address Not Available

Add Providers [Cancel]

6

To add multiple Organization NPI numbers, complete those fields, and click **Add Provider** at the bottom of the screen. Click **Next** to proceed with the Sign-up process. To add multiple providers, repeat steps 4-6. Once all providers are added, click **Next**.



First Name

Last Name

Added Providers

Organizational NPI	Paid Claim Number	
xxxxxx	00	Edit Remove

Address Line 1

City

State

Zip

Phone

Organizational NPI

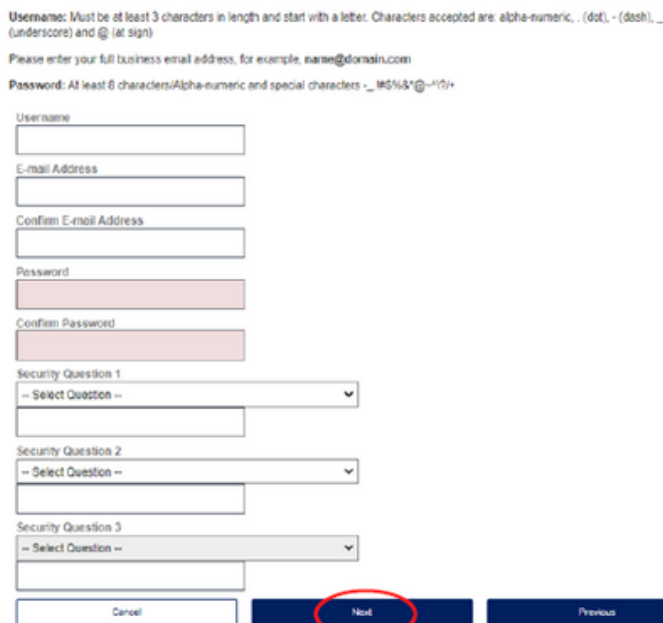
Paid Claim Number

Previous **Add Provider** **Next**

Cancel

7

Create your Username and Password and select three security questions. Click **Next**.



Username: Must be at least 3 characters in length and start with a letter. Characters accepted are: alpha-numeric, . (dot), - (dash), _ (underscore) and @ (at sign)

Please enter your full business email address, for example, name@domain.com

Password: At least 8 characters! Alpha-numeric and special characters - _ !@%&*~!~!~!

Username

E-mail Address

Confirm E-mail Address

Password

Confirm Password

Security Question 1
 -- Select Question --

Security Question 2
 -- Select Question --

Security Question 3
 -- Select Question --

Cancel **Next** **Previous**

8

Review account information on next screen and click **Finish**. You will receive an email as confirmation that your account was created.

ELIGIBILITY

Search member's eligibility by:

- Member ID
- Last Name and Date of Birth
- Last Name and Group
- Date of Birth and Group



MESSAGES PROFILE LOGOUT

HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

RESOURCES

FORMS

PROVIDER DIRECTORY

Eligibility

First Name:

Member ID

Date of Birth:

Last Name:

Group:

Search

CLAIMS

Search claims by entering a Patient ID or claim number. You can also submit a claim by completing the required fields and attaching the claim form.



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Select Provider:

All Providers

Claims

Claim Number(s):

Patient ID

Begin Date:

10/13/2019

End Date:

10/13/2022

Date of Birth:

Search

I want to submit a claim

AUTHORIZATIONS

You can submit a new authorization or search for existing authorizations by using the *Authorizations* tab.

CURRENT
HEALTH SOLUTIONS

MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS **AUTHORIZATIONS** RESOURCES FORMS PROVIDER DIRECTORY

Authorization Search

Home / Authorization Search

☒ Search responses ☐ Search original requests

Authorization Number (optional)

No additional information is required if you enter an authorization number.

Member ID (optional) [Search for member](#) Status

Inpatient/Outpatient

Date From To

Submit a new authorization

Would you like to submit a new authorization request?
[Inpatient Services](#)
[Outpatient Services](#)

RESOURCES

Under the *Resources* tab, you have access to our Provider Manual, Contact Information, and EFT/ERA information.

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MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS AUTHORIZATIONS **RESOURCES** FORMS PROVIDER DIRECTORY

Resources

[Claims Payment, EFT/ERA Information \(PDF\)](#)
[Contact Information \(PDF\)](#)
[Provider Manual \(PDF\)](#)

FORMS

This tab allows you to access blank forms for W9, Medical Claim, and Prior Authorization.

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MESSAGES PROFILE LOGOUT

HOME ELIGIBILITY CLAIMS AUTHORIZATIONS RESOURCES **FORMS** PROVIDER DIRECTORY

Forms

Medical Forms Mental Health Provider Authorization Information

PROVIDER DIRECTORY

Search by Provider:

Providers can input the required information and click *Find a Provider* or click on the *Facility* tab to find a facility.

The screenshot shows the 'PROVIDER DIRECTORY' page. At the top, there's a navigation bar with 'HOME', 'ELIGIBILITY', 'CLAIMS', 'AUTHORIZATIONS', 'RESOURCES', 'FORMS', and 'PROVIDER DIRECTORY' (highlighted with a red circle). Below this, there are tabs for 'Provider' and 'Facility' (both highlighted with a red circle). A 'Start Over' button is on the left, and a 'Find A Provider' button is on the right. The main search area is divided into three columns: 'By Location', 'By Provider Detail', and 'By Coverage and Care Requirements'. The 'By Location' column includes options for 'No preference', 'Within 10 Miles' (selected), and 'Only inside', along with a 'Zip Code' field and a 'Use current location' checkbox. The 'By Provider Detail' column includes fields for 'Provider First Name', 'Provider Last Name', and 'Provider Gender' (Male, Female, Any Gender), and a checkbox for 'Only show providers who are accepting new members'. The 'By Coverage and Care Requirements' column includes dropdowns for 'Network', 'Provider Type', and 'Specialty'. A 'More Search Options' button is highlighted with a red circle.

MESSAGES

The provider can click on a message to see the details.

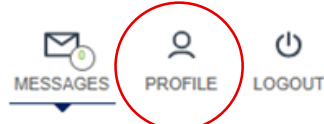
The screenshot shows the 'MESSAGES' page. At the top, there's a navigation bar with 'HOME', 'ELIGIBILITY', 'CLAIMS', 'AUTHORIZATIONS', 'RESOURCES', 'FORMS', and 'PROVIDER DIRECTORY'. Below this, there are icons for 'MESSAGES' (highlighted with a red circle), 'PROFILE', and 'LOGOUT'. The main content area is titled 'Messages' and includes a 'Filter Messages' section. This section has a search bar with 'Tracking #' selected, a 'Folder' dropdown set to 'All Messages', a 'Search' button, and a 'Sort Results' section with 'Tracking #' and 'Descending' selected. Below the filter section is a 'Message List' table. The table has columns for 'SUBJECT', 'FROM', 'UPDATED DATE', 'SUBMITTED DATE', 'TRACKING #', 'GROUP', and 'STATUS'. Below the table, it says 'No records found'.

PROFILE

In the *Profile* tab, you have the ability to access and update account information, change your password, set security questions, and see associated NPIs.



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PROVIDER DIRECTORY

- 1 To change your Username, click the *Update Account Information* button below.

Update Account Information

- 2 To change and update your password or security questions, click the *Update Security Information* button.

Update Security Information

- 3 To add additional Group NPI number(s), click the *Add Group NPI* button.

Associated NPIs

GROUP NPI (TYPE 2) *	INDIVIDUAL NPI (TYPE 1)	CONTACT	PHONE
----------------------	-------------------------	---------	-------

Add Group NPI

- 4 Enter the GNPI (Type 2 NPI) and the Paid Claim Number, then click the *Add Group NPI* button.

Edit Group NPI (Type 2)

Group NPI (Type 2)

Paid Claim Number

(must be a paid claim number within the last 180 days)

National Provider Identifier(s) (comma separated)

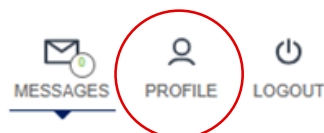
Add Group NPI

LOGOUT

When you are ready to exit the portal, click on the *Logout* tab in the upper righthand side of the screen. This will bring you back to the original *Log In* screen.



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