

This document explains features available for users of the Aspirus Health Plan Medicare Advantage Provider Portal. A key for formatting in this document is as follows:

- *Italic font* – indicates something seen in the system. Things like headers, field names and titles on buttons.
- **Bold font** – indicates what you are taking an action on, for example, the button or link to be clicked or the text to be entered.

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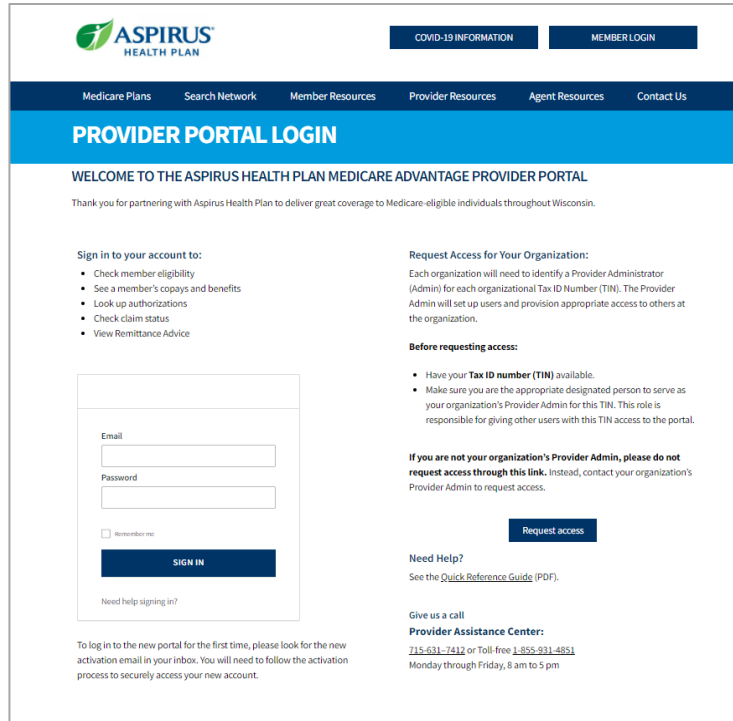
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New User Setup

All Provider Portal User accounts are established by the Provider Portal Administrator (Admin) for your organization's Tax ID Number (TIN). When your Provider Admin gives you access, you will receive an email with instructions to create a Password and Multifactor Authentication. You may then login to the Provider Portal.

Here is the URL for the Aspirus Health Plan Medicare Advantage Provider Portal. You may want to bookmark it for future use:
<https://www.aspirushealthplan.com/medicare/providers/login>



The screenshot shows the Aspirus Health Plan Medicare Advantage Provider Portal login page. At the top, there is a navigation bar with the Aspirus Health Plan logo, a COVID-19 INFORMATION button, and a MEMBER LOGIN button. Below this is a menu bar with links for Medicare Plans, Search Network, Member Resources, Provider Resources, Agent Resources, and Contact Us. The main heading is "PROVIDER PORTAL LOGIN".

The page content includes:

- WELCOME TO THE ASPIRUS HEALTH PLAN MEDICARE ADVANTAGE PROVIDER PORTAL**
- Thank you for partnering with Aspirus Health Plan to deliver great coverage to Medicare-eligible individuals throughout Wisconsin.
- Sign in to your account to:**
 - Check member eligibility
 - See a member's copays and benefits
 - Look up authorizations
 - Check claim status
 - View Remittance Advice
- Request Access for Your Organization:** Each organization will need to identify a Provider Administrator (Admin) for each organizational Tax ID Number (TIN). The Provider Admin will set up users and provision appropriate access to others at the organization.
- Before requesting access:**
 - Have your **Tax ID number (TIN)** available.
 - Make sure you are the appropriate designated person to serve as your organization's Provider Admin for this TIN. This role is responsible for giving other users with this TIN access to the portal.
- If you are not your organization's Provider Admin, please do not request access through this link.** Instead, contact your organization's Provider Admin to request access.
- Request access** button
- Need Help?** See the [Quick Reference Guide \(PDF\)](#).
- Give us a call**
- Provider Assistance Center:**
[715-631-7412](tel:715-631-7412) or Toll-free [1-855-931-4851](tel:1-855-931-4851)
Monday through Friday, 8 am to 5 pm
- Sign in form:** Includes fields for Email and Password, a "Remember me" checkbox, and a "SIGN IN" button. Below the form is a link for "Need help signing in?".
- Footer note:** To log in to the new portal for the first time, please look for the new activation email in your inbox. You will need to follow the activation process to securely access your new account.

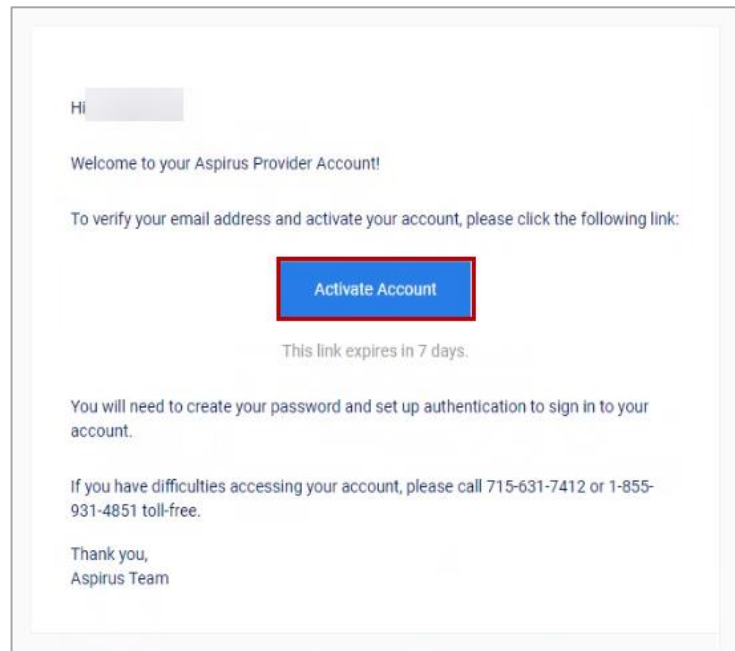
Notification of Access

Email to Activate Your Account

Once the Provider Admin for your organization adds you to the new Provider Portal, you will receive an email with instructions to begin activating your account.

- Click the **Activate Account** button.

You will be able to verify your email address, create your password and set up multifactor authentication.



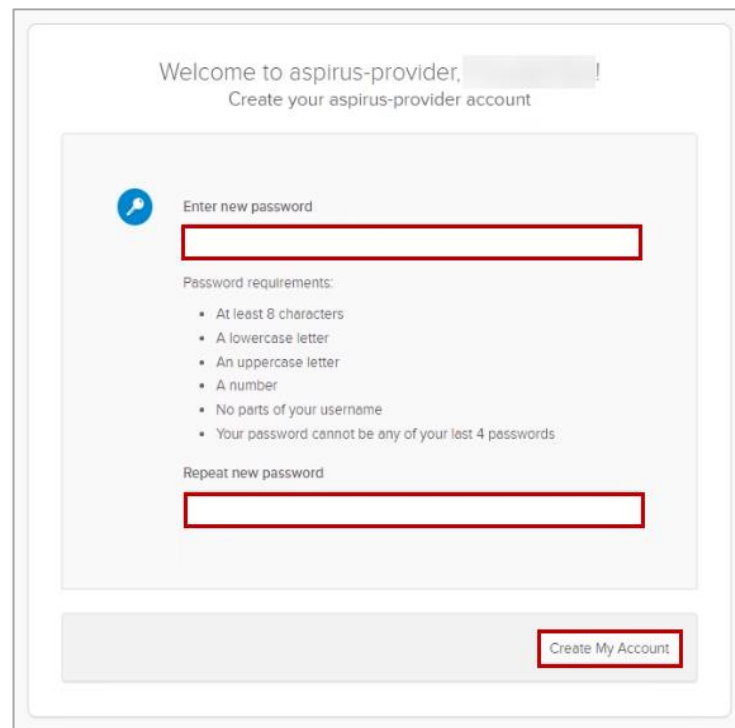
Activate Your Account

Create a New Password

After clicking the **Activate Account** button from the approval email, a browser window opens in which you will be able to create your Aspirus Provider account.

On the screen that displays, set up a new password according to the requirements for creating your Aspirus Health Plan Provider account.

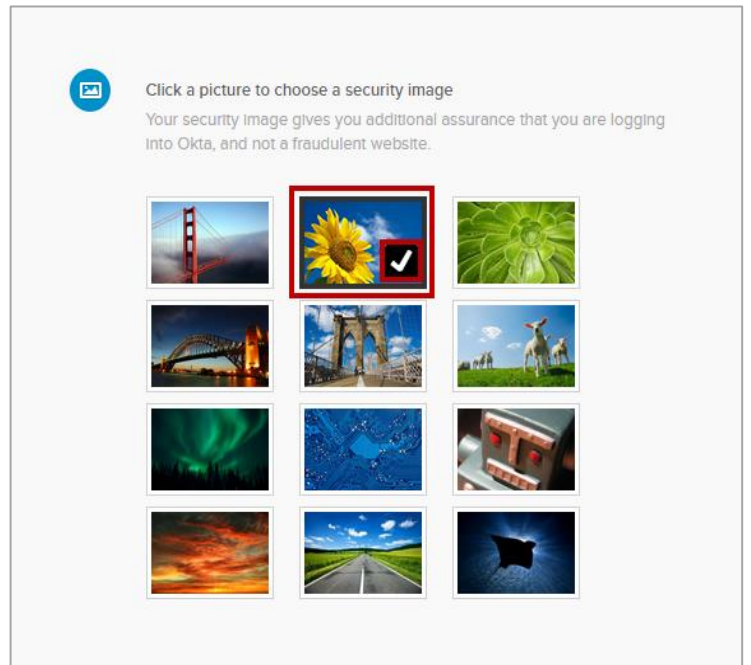
- **Enter a new password**
- **Reenter the new password**
- Click **Create My Account**



Choose a Security Image

Select the image you like best on this page.

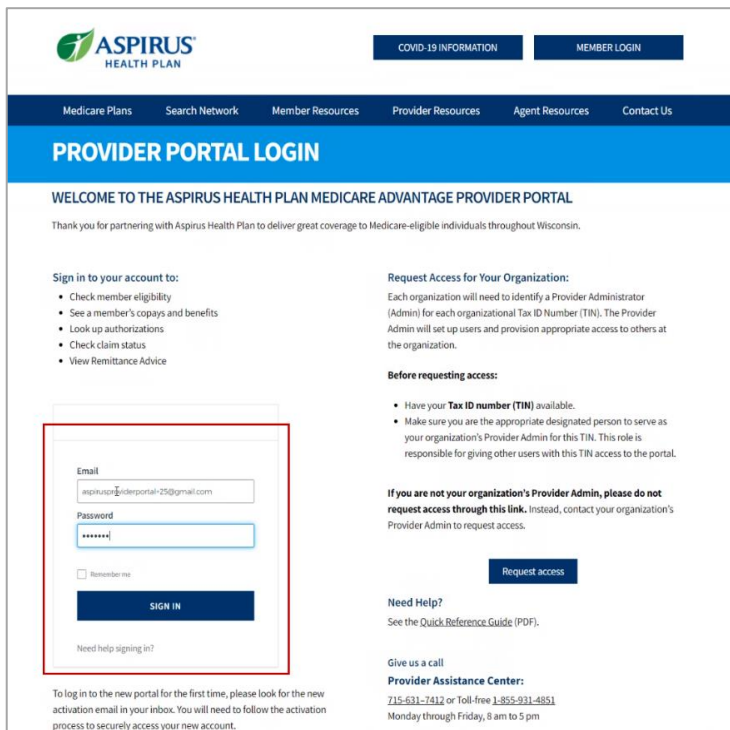
Upon subsequent usage of Okta, seeing the image you selected will confirm you are accessing Okta, not any other suspicious (fraudulent) website.



Sign In to Provider Portal and Set MFA

Next sign in with your new password:

- *Email* = **Type Email**
- *Password* = **Enter Password**
- Click **Sign In**



A new page displays, on which you will set up your MFA.

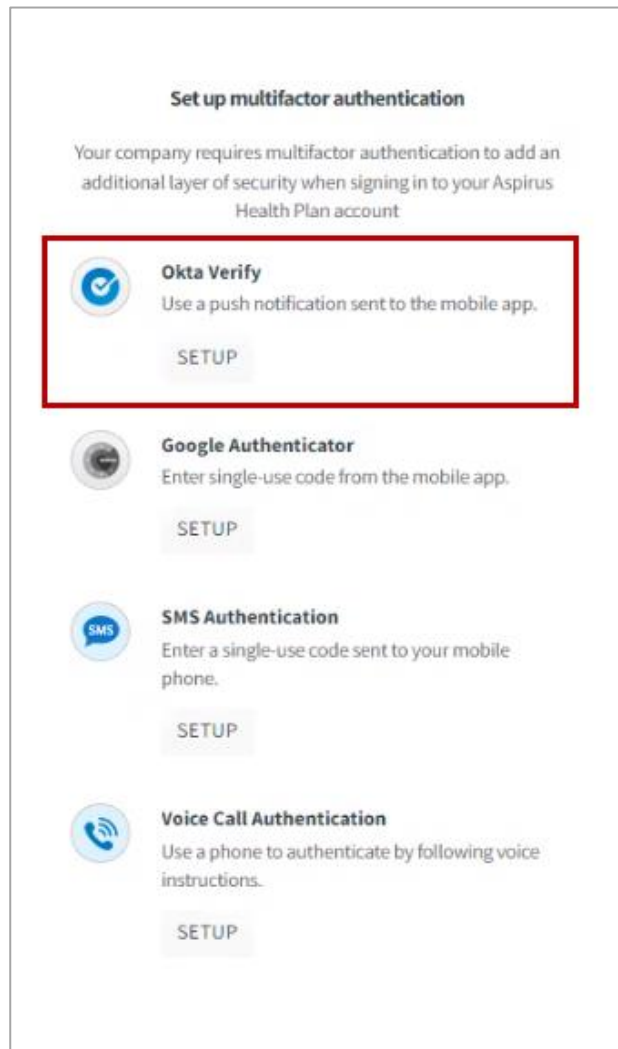
Doing this enables another layer of security when signing into your account with Aspirus Health Plan.

There are four choices for MFA. Choices are:

- *Okta Verify* = a push notification sent to an app on your phone
- *Google Authenticator* = a single-use code sent to an app on your phone
- *SMS Authentication* = a single-use code sent as a text message to your phone
- *Voice Call Authentication* = voice instructions to authenticate given by phone call

Each option will provide onscreen instruction for set up.

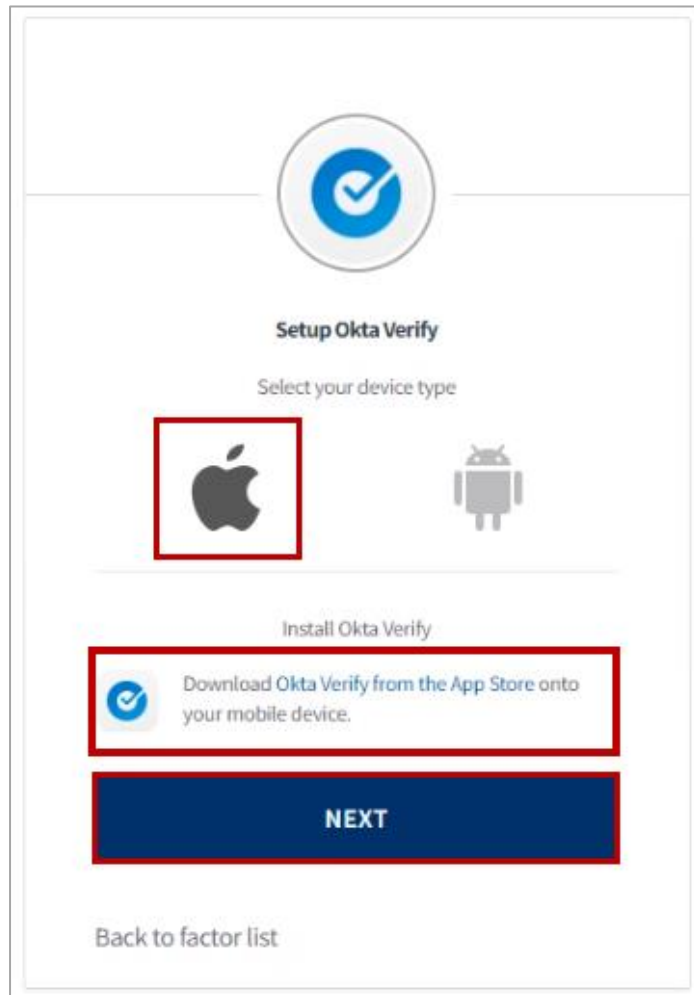
In this example, the selection shown is *OKTA Verify*.



MFA Example: Okta Verify

On the next page, the portal will walk you through getting set up to use your MFA choice, in this case, *Okta Verify*.

- *Select your device type* = click either the **Apple** icon, or the **Android** icon to identify the type of phone you have.
- On your phone, go to the Apple App Store (iOS) or the Google Play Store (Android). Search for Okta Verify app.
- Install Okta Verify on your device.
- Click the **Next** button.



Complete MFA Setup

The final step to set up this MFA choice (*Okta Verify*) is to open the app on your mobile device to add the account that will enable you to log into the portal.

Launch the *Okta Verify* app on your device, select **Add an account**.

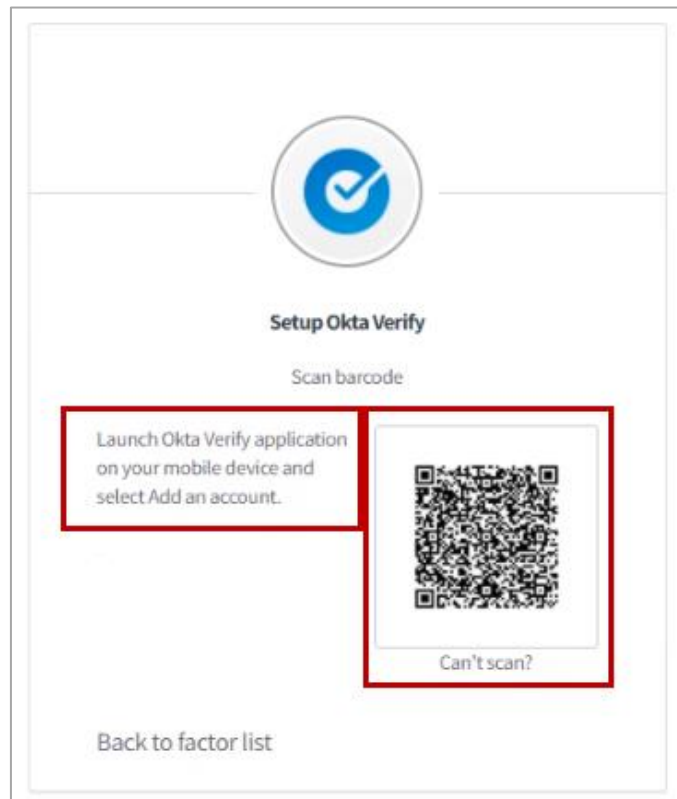
Then, scan the QR code from this page.

If you have problems, or can't scan the code for some reason, click **Can't scan?** for assistance.

Google Verify is also available and works similarly to Okta Verify.

NOTE: If you prefer to not use an app on your phone for verification, phone call and text options are also available.

NOTE II: If a user switches to a new mobile phone for their authentication, they will need to call PAC and request a Multifactor reset.



Request for Help Logging In

If you cannot remember your password, or need help logging in,

- Click **Need help signing in?**

Two additional links display.

If the reason you are having trouble signing in is because you have forgotten your password,

- Click **Forgot password?**

Enter your email address and instructions for resetting the password will be sent to your email immediately.

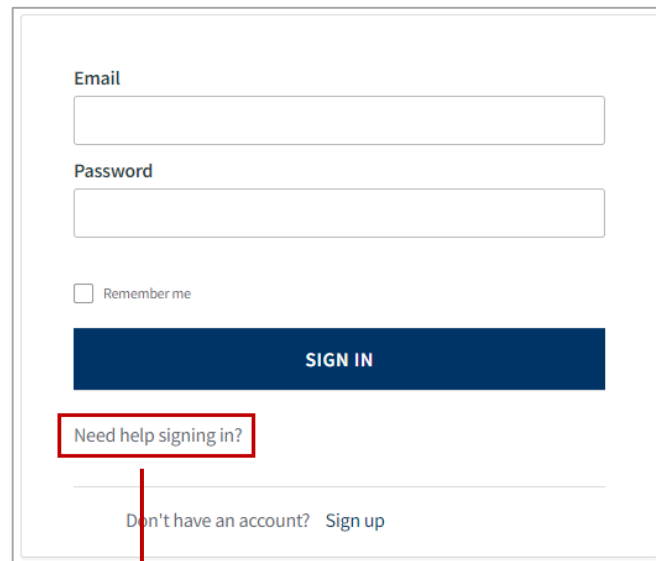
If the reason you are having trouble signing in is because your account is locked (after five incorrect log in attempts, your account is locked for 60 minutes),

- Click **Unlock account?**

Enter your email address and follow the instructions emailed to you.

For assistance with other frequently asked questions,

- Click **Help.**



Email

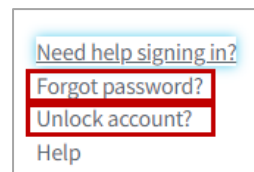
Password

Remember me

SIGN IN

Need help signing in?

Don't have an account? [Sign up](#)



Need help signing in?

Forgot password?

Unlock account?

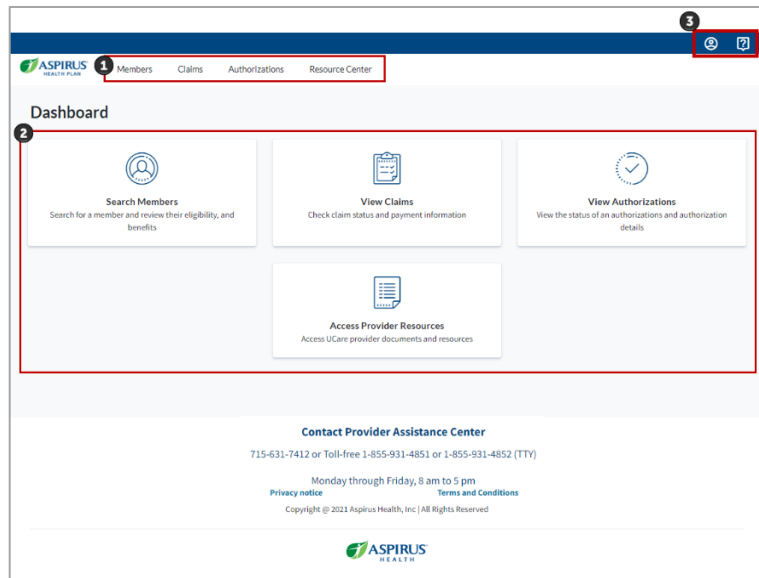
Help

Provider Portal Homepage

The Homepage of the Aspirus Health Plan Provider Portal is referred to as the *Dashboard*. It has several areas to help the user navigate the functionality they may wish to access:

1. Dashboard header row
2. Dashboard tiles
3. Help tools

We will look at each of these to describe what can be done from that area.



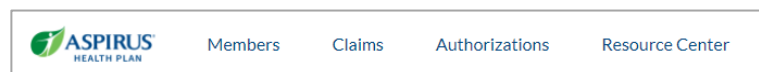
Dashboard Header Row

Each of the links on the header row takes you to a different page or group of pages within the Provider Portal.

Links are for:

- *Members*
- *Claims*
- *Authorizations*
- *Resource Center*

We will cover each page separately in this user guide.



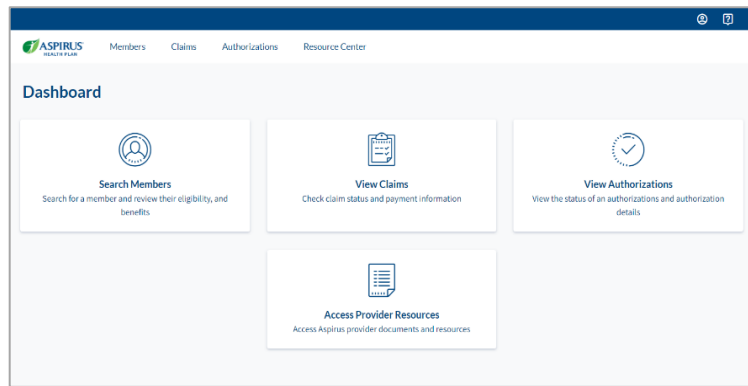
NOTE: Provider Administrators will also have *User Management* on the header row when they log into the Provider Portal.

Dashboard Tiles

The *Dashboard* displays tiles showing the functionality available in the portal.

Click a tile to be taken to the page where the corresponding functionality is located.

NOTE: The tiles correspond to the headers found on the header row.



NOTE: Once you begin to navigate to the various pages within the portal, it will be easiest to go to a different function using the header row (always available) rather than returning to the Dashboard where you see the tiles.

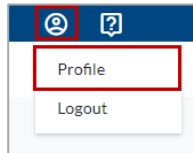
Help Tools

Click **Profile** to view the details of your user profile.

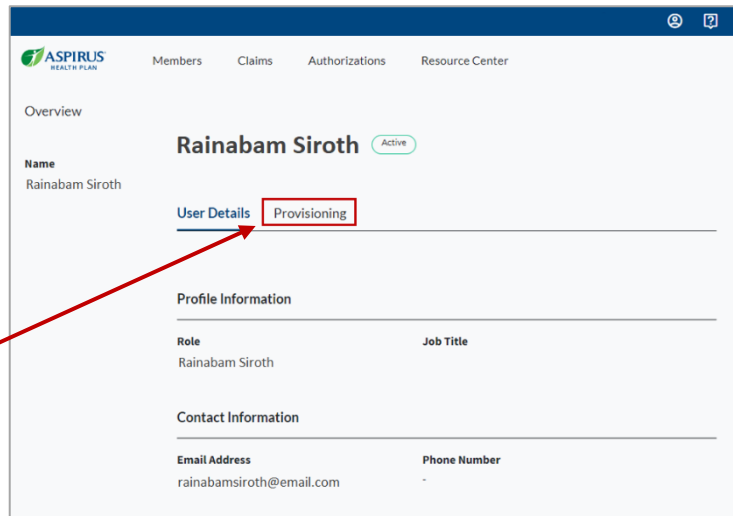
If your name, job title, or role must be edited, contact the Provider Admin assigned to your organization's Tax ID.

If your email address or phone number changes, call the Provider Assistance Center. (See phone number on the bottom of any portal page.)

To confirm the TINs you have access to, click on the **Provisioning** tab.

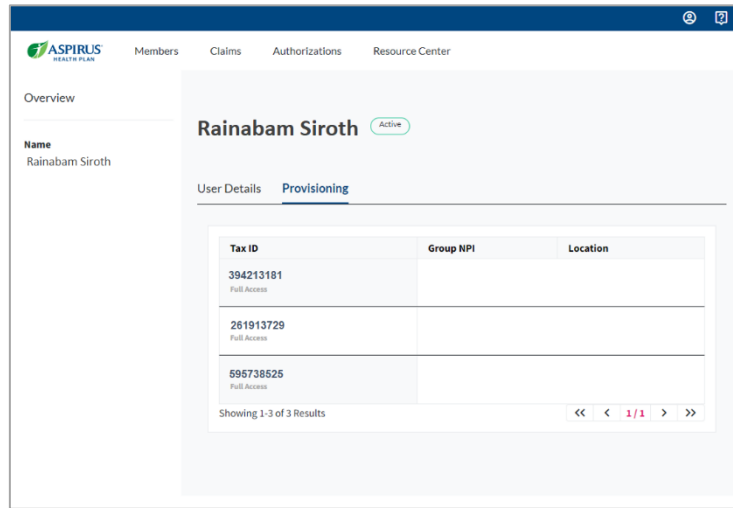


When you are finished working in the Provider Portal, click **Logout**.




Here you will see all TINs for which you have been provisioned and have access to view details for those locations.

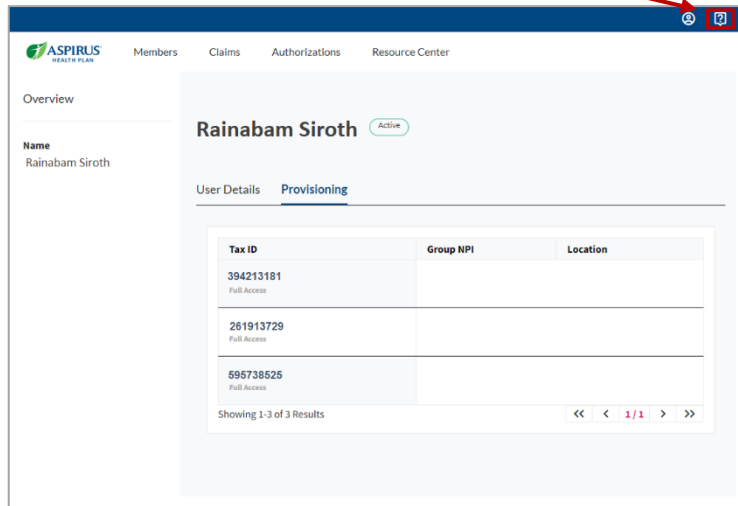
In this example, you have been given *Full Access* to the TINs and all Group NPIs and Locations within.



Help and FAQs

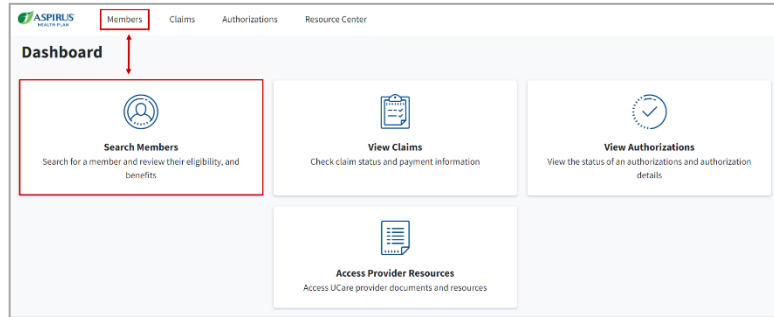
When you click the **Help/FAQ** icon , a new browser window opens.

The new window contains a list of *Frequently Asked Questions (FAQs)*.



Member Search

To initiate a search for a member, click either the **Members** link on the Dashboard header, or the **Search Members** Dashboard tile.



On the *Members* page, three search fields are available for use depending on the information you have.

Enter criteria in at least one of the following:

- **Member Name**
- **Member ID**
- **Date of Birth**

Then, click the **Search** button.

NOTE: It is possible that there could be more than one matching result, so it is best practice to search at least two pieces of information. For example, the member's name and their date of birth, if you know both pieces of information.

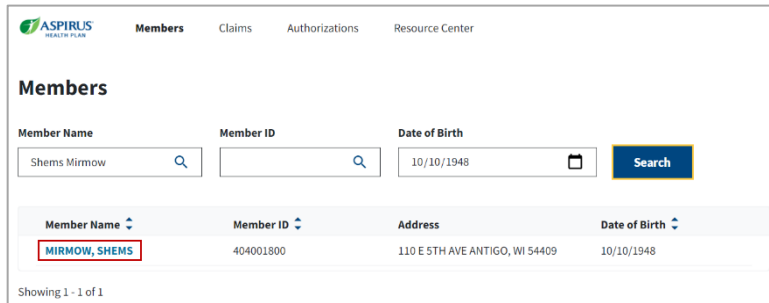
In this example, the search is:

- *Member Name* = **Shems Mirmow**
- *Date of Birth* = **10/10/1948**

Then, click the **Search** button.



Click the **Member Name** in the results list to display the member record.



ASPIRUS HEALTH PLAN Members Claims Authorizations Resource Center

Members

Member Name: Shems Mirmow Member ID: Date of Birth: 10/10/1948 Search

Member Name	Member ID	Address	Date of Birth
MIRMOW, SHEMS	404001800	110 E 5TH AVE ANTIGO, WI 54409	10/10/1948

Showing 1 - 1 of 1

Member Pages

Overview and Benefits

The Member record displays the following information in the left-side panel:

- Overview** – demographic information about the member including their *Member ID*, *Date of Birth*, *Address* and *Primary Care Clinic* if it is known.
- Coverage** – information regarding the member’s Aspirus Health Plan coverage including their *Plan* name and dates of *Eligibility*, *Group Number* and *Coordination of Benefits*, if applicable.

Five types of information can be viewed for this member. Click the tabs next to the member’s name to view details for this member’s: *Benefits*, *Costs*, *Claims*, *Authorizations* and *Eligibility History*.

Notice the indicator next to the member’s name that shows if their coverage is currently *Active* or *Inactive*.

Benefits	Coverage Details
Ambulance	\$300 copay
Annual Physical	\$0 copay
Benefit Highlights	Annual physical: Yes Dental: Yes Eyewear: Yes Hearing Aids: Yes Hearing: Yes Medicare Part D: Yes Over the counter: Yes Vision: Yes Worldwide emergency care: Yes
Dental	Routine dental with optional coverage available
Diagnostic Eye Exam	\$45 copay
Diagnostic Hearing Exam	\$45 copay
Diagnostic Tests	20% coinsurance, up to \$75 maximum per day
Emergency Care	\$90 copay (waived if admitted within 24 hours)
Eyewear	\$100 allowance per year
Fitness Benefit	Free fitness club membership through One Pass fitness program or up to \$30 reimbursement on your monthly health club membership fees
Hearing Aids	2 per year; \$699 copay per Advanced Aid; \$999 copay per Premium Aid
Inpatient Hospital Care	\$350 copay per day (days 1 – 5), then 100% coverage
Lab Services	\$0 copay
Medicare Part D	Copays based on drug tiers
Out of Network Coverage	25% coinsurance for most services while traveling in the U.S.
Out Of Pocket Maximum	\$5900
Over-the-counter Items	\$60 allowance semiannually
Part D Deductible	\$295 deductible; only applies to some drugs - see Drug Formulary for details
Primary Care Doctor Office Visits	\$0 copay
Routine Eye Exam	1 per year, \$0 copay
Routine Hearing Exam	1 per year, \$0 copay
Skilled Nursing Facility	\$0 copay per day (days 1 – 20), \$188 copay per day (days 21 – 53), no prior hospital stay required
Specialty Office Visits	\$45 copay
Urgent Care	\$25 copay
Worldwide Emergency Care	\$90 copay

SHEMS MIRMOW
Active

Costs

Click the **Costs** tab.

The *Costs* page shows detailed information for *In Network* and *Out of Network* spending.

Amount *spent* and amount *remaining* toward *out-of-pocket* limits will display.

[Benefits](#)
[Costs](#)
[Claims](#)
[Authorizations](#)
[Eligibility History](#)

< [All Members](#)

SHEMS MIRMOW Active

[Benefits](#)
[Costs](#)
[Claims](#)
[Authorizations](#)
[Eligibility History](#)

Individual ▾

In Network

Out-of-pocket

Spent \$ Remaining \$

Out of Network

Claims

Click **Claims** to view claims this member has with your organization.

To view detailed information on any of the claims displayed, click the link for the **Claim Number**.

You may also search for a claim within this member's record. Enter criteria in at least one of the following:

- **Claim Number**
- **Service Start Date**
- **Service End Date**

Claims matching your criteria will display. Click the **Claim Number** to show more details.

Benefits
Costs
Claims
Authorizations
Eligibility History

SHEMS MIRMOW Active ▼ Actions

Benefits Costs **Claims** Authorizations Eligibility History

Claim Number Service Start Date Service End Date

Claim Number	Service Date	Billed Amount	Paid Amount	Claim Status
202108909906	03/24/2021	\$357.00	\$173.50	Final
202108407138	03/01/2021	\$6,654.00	\$0.00	Denied
202108407144	02/16/2021	\$37.00	\$0.00	Denied
202108407148	01/04/2021	\$376.00	\$148.71	Final
202108309442	03/20/2021	\$19,895.22	\$5,835.91	Final

Showing 1 - 5 of 5 << < 1 / 1 > >>

Claim Number Service Start Date Service End Date

Claim Number Service Start Date Service End Date

Claim Number	Service Date	Billed Amount	Paid Amount	Claim Status
202106310143	02/16/2021	\$298.00	\$127.32	Final

Showing 1 - 1 of 1

Member Claims: Overview

An overview of the claim will display.

Information such as the *name* and *NPI* for the servicing provider, the *paid date* and *diagnosis codes* are visible on this page.

To see other details for this claim, click the headers for **Payment Information** or **Claim Lines**.

Click the **Payment Information** tab to view what that page includes.

Member Claims: Payment Information

On the *Payment Information* page, you will see details regarding how the claim was billed and paid – including:

- Billed Amount
- Allowed Amount
- Denied Amount
- Coinsurance
- Copay
- Deductible
- Sequestration
- Paid Amount

In the lower section, you will see *Payment Details*:

- Check Number
- Check Issue Date
- Check Amount

Click the **Claim Lines** tab to view what that page includes.

Member Claims: Claim Lines

On the *Claim Lines* page, a list of services by *Procedure Code* will be displayed.

Click the description of the **Service** to view that specific claim line.

Service	Procedure Code	Billed Amount	Line Number	Status
ROUTINE VENIPUNCTURE	36415	\$32.00	1	Final
OFFICE O/P EST MOD 30-39 MIN	99214	\$266.00	2	Final

On the *Claim Line Details* page, you can view information about the claim line – including:

- *Billing Details*
 - *Billed Amount*
 - *Paid Amount*
 - *Paid Date*
- *Claim Details*
 - *Units*
- *Procedure*
 - *Procedure Code*
 - *Procedure Description*
- *Modifiers*

Often, the *Claim Adjustment Reason* and *Remittance Advice Remarks* will be of interest.

Claim Line Details

Line Number: 2

Authorization Number: -

Procedure Code: 99214

Billed Amount: \$266.00

Denied Amount: \$0.00

Claim Adjustment Reason: -

Remittance Advice Remark: -

Claim Line Status: Final

Billing Details

Billed Amount	Paid Amount	Paid Date
\$266.00	\$124.32	-

Claim Details

Units: 1.00000

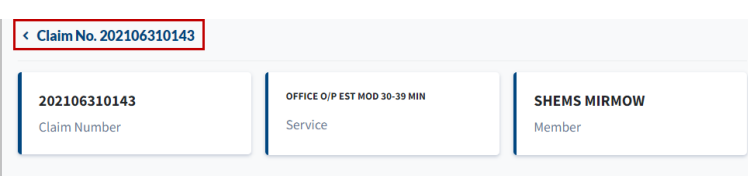
Procedure

Code	Description
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.

Modifiers

Code	Description

To return to the member record, click the **Claim No.** link.



The screenshot shows a user interface for a claim record. At the top, there is a navigation link labeled '< Claim No. 202106310143' which is highlighted with a red box. Below this, there are three data cards arranged horizontally. The first card displays the claim number '202106310143' with the label 'Claim Number' underneath. The second card displays 'OFFICE O/P EST MOD 30-39 MIN' with the label 'Service' underneath. The third card displays the member name 'SHEMS MIRMOW' with the label 'Member' underneath.

Member Claims: Claim Lines – continued

Then, click the **Member Name** to go back to the main *Overview* page for this member.

< SHEMS MIRMOW

202106310143 Claim Number	SHEMS MIRMOW Member	Final Status
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Authorizations

Click the **Authorizations** tab.

The member’s *Authorizations* page displays authorizations this member has with your organization.

Click the **Authorization Number** to view details for the Authorization.

Benefits Costs Claims **Authorizations** Eligibility History

< All Members

SHEMS MIRMOW Active Actions

Benefits Costs Claims **Authorizations** Eligibility History

Authorization Number	Provider Name	Start Date	Authorization Status
0129F88D1	ALLINA HEALTH BUFFALO SPECIALTY CLINIC	02/01/2021	Approved

Showing 1 - 1 of 1

Member Authorization: Details

On the *Authorization Details* page, specifics such as the *Provider Name*, *Start Date* and *Authorization Status* are found on the left-side panel.

More information is given in the main section of the page:

- *Service Type*
- *Priority*
- *Dates:*
 - *Start and End*
 - *Decision*
 - *Admit* (if applicable)
 - *Discharge* (if applicable)
- *Diagnosis*
 - *Code*
 - *Description*
- *Procedure*
 - *Requested Units/Days*
 - *Approved Units/Days*
 - *Code*
 - *Description*

Authorization Details

Provider Name
ALLINA HEALTH BUFFALO SPECIALTY CLINIC

Start Date
02/01/2021

Authorization Status
Approved

Status Reason
Closed

< SHEMS MIRMOW

0129F88D1
Authorization Number

SHEMS MIRMOW
Member

Approved
Status

Details

Service Type
Outpatient-CLS

Priority
Standard Prospective IFP

Dates

Start Date	End Date	Decision Date
02/01/2021	02/05/2021	01/29/2021

Admit Date
02/01/2021

Discharge Date
01/01/1901

Diagnosis

Code	Description
R68.89	OTHER GENERAL SYMPTOMS AND SIGNS

Procedure

Requested Units/Days	Approved Units/Days
5	5

Procedure

Code	Description
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.

Member Authorization: Details – continued

When you are done viewing details of the Authorization, click the **Member Name** to go back to the main *Overview* page for this member.

< SHEMS MIRMOW

0129F88D1
Authorization Number

SHEMS MIRMOW
Member

Approved
Status


Details

Member Eligibility History

Click the **Eligibility History** tab.

All health plans the member has been enrolled in display on this page along with:

- Status
- Plan Name
- Effective Date
- End Date
- Primary Care Clinic

Click the **arrow**  next to the *Status* of each record to expand (or compact) in order to see *Group Number* and *Member ID*.

NOTE: The indicator next to the member's name shows if their coverage is currently *Active* or *Inactive*.

SHEMS MIRMOW Active

Benefits Costs Claims Authorizations **Eligibility History**

SHEMS MIRMOW Active Actions

Benefits Costs Claims Authorizations **Eligibility History**

Status	Plan Name	Effective Date	End Date	Primary Care Clinic
Active	Essential Rx	01/01/2021	12/31/9999	

Showing 1 - 1 of 1

Status	Plan Name	Effective Date	End Date	Primary Care Clinic
Active	Essential Rx	01/01/2021	12/31/9999	
Group Number A00001_001				
Member ID 404001800				

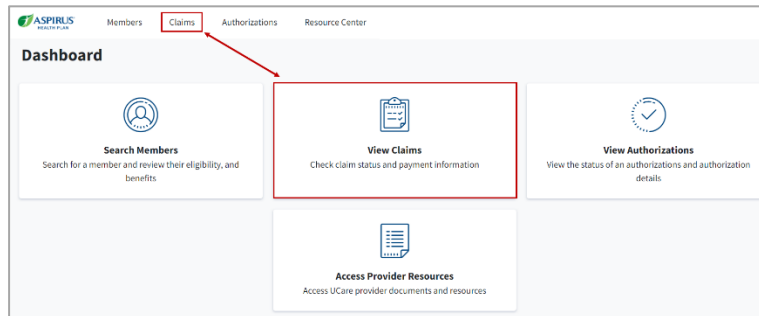
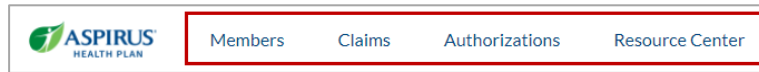
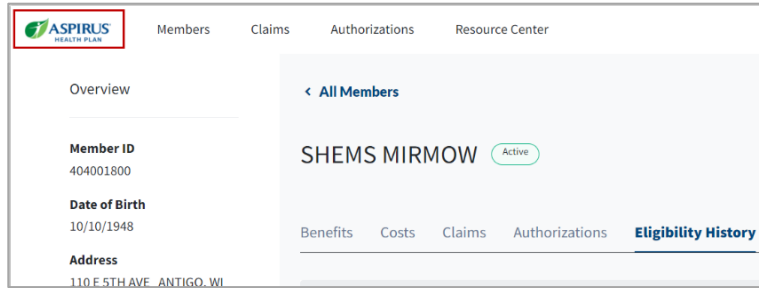
SHEMS MIRMOW Active

Claims

Return to the Dashboard by clicking on the **Aspirus Health Plan** icon in the upper left corner.

You may also click any of the headers without returning to the Dashboard Homepage.

Click the **View Claims** tile, or **Claims** header to display claims associated with your provisional access.



Claim Search

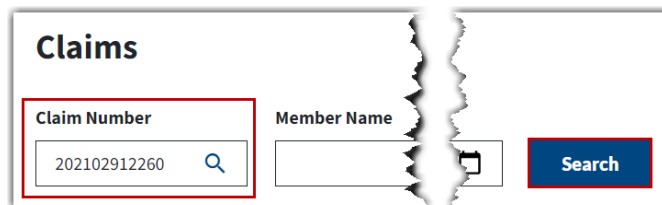
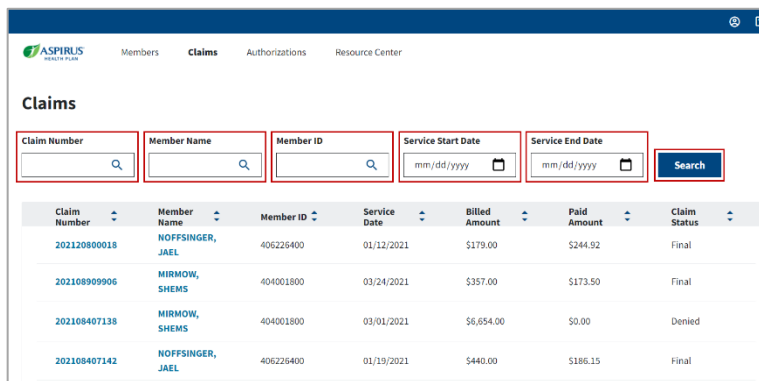
On the main *Claims* page, five fields are available to search for a claim, depending on the information you have.

Enter criteria in at least one of the following:

- **Claim Number**
- **Member Name**
- **Member ID**
- **Service Start Date**
- **Service End Date**

Then, click the **Search** button.

In this example the search is for *Claim Number = 202102912260*.



Click the **Claim Number** in the results list to display the claim record.

The claim record opens for viewing.

NOTE: Alternatively, you can click on the **Member Name link**. The member record opens and the claim can then be accessed from the *Claims* page of the member record.

Claims

Claim Number: 202102912260 | Member Name: | Member ID: | Service Start Date: mm/dd/yyyy | Service End Date: mm/dd/yyyy | Search

Claim Number	Member Name	Member ID	Service Date	Billed Amount	Paid Amount	Claim Status
202102912260	NOFFSINGER, JAEL	406226400	01/19/2021	\$261.00	\$33.96	Final

Showing 1 - 1 of 1

Claims

Claim Number: 202102912260 | Member Name: | Search

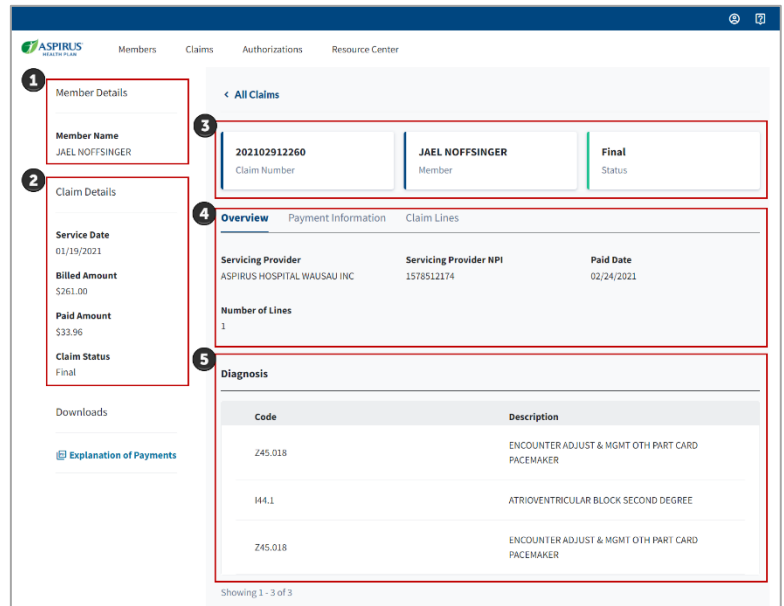
Claim Number	Member Name
202102912260	NOFFSINGER, JAEL

Showing 1 - 1 of 1

Claims

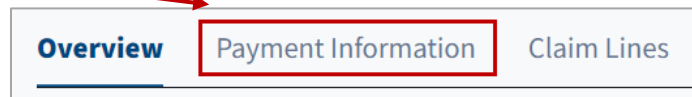
In the claims page, you will see several sections of information including:

1. *Member Details* and
2. *Claim Details* in the left panel.
3. *Claim Number*, *Member name* and *Status* of the claim display at the top of the main section.
4. *Overview* information includes:
 - *Servicing Provider*
 - *Servicing Provider NPI*
 - *Paid Date*
 - *Number of Lines*
5. In the lower section, you will see *Diagnosis*:
 - *Code*
 - *Description*



NOTE: The Claim Reconsideration Form is available at: www.aspirushealthplan.com/medicare/providers/claims-billing/

Click the **Payment Information** tab to view claim payment details.



Claims: Payment Information

On the *Payment Information* page, find details regarding how the claim was billed and paid.

- *Billed Amount*
- *Allowed Amount*
- *Denied Amount*
- *Coinsurance*
- *Copay*
- *Deductible*
- *Sequestration*
- *Paid Amount*

In the lower section you will see *Payment Details*:

- *Check Number*
- *Check Issue Date*
- *Check Amount*

To see detailed information on the *Claim Lines*, click **Claim Lines**.

Claims: Claim Lines

On the *Claim Lines* page, there are individual links you may click for each *Service*. Also shown are:

- *Procedure Codes*
- *Billed Amount*

To see further details for the lines of service, click the link for the *Service* you are interested in viewing. In this example, **DETERMINE REFRACTIVE STATE** is selected.

Claim Lines: Details

The left panel of the *Claim Line Details* page contains several pieces of information that have already been shown.

New in this section are the *Claim Adjustment Reason* and *Remittance Advice Remark*.

In the main body of the page, you will see:

Billing Details:

- Billed Amount
- Paid Amount
- Paid Date

Claim Details:

- Units

Procedure:

- Code
- Description

Modifiers:

- Code
- Description

Claim Line Details

Line Number: 1
 Authorization Number: -
 Procedure Code: 66984
 Billed Amount: \$57.52
 Denied Amount: \$0.00
Claim Adjustment Reason: Claim/Service lacks information or has submission/billing error(s). Usage: Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT). R
Remittance Advice Remark: Missing/incomplete/invalid rendering provider primary identifier.
 Claim Line Status: Denied

Billing Details

Billed Amount	Paid Amount	Paid Date
\$57.52	\$0.00	-

Claim Details

Units: 1.00000

Procedure

Code	Description
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation

Modifiers

Code	Description
RT	RIGHT SIDE (USED TO IDENTIFY PROCEDURES PERFORMED ON THE RIGHT SIDE OF THE BODY)

Contact Provider Assistance Center
 715-631-7412 or Toll-free 1-855-931-4853 or 1-855-931-4852 (TTY)
 Monday through Friday, 8 am to 5 pm
[Privacy notice](#) [Terms and Conditions](#)
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Authorizations

Return to the *Dashboard* by clicking the **Aspirus Health Plan** logo.

You may also click any of the headers without returning to the Dashboard Homepage.

Click the **View Authorizations** tile, or **Authorizations** header.

Members Claims Authorizations Resource Center

Members Claims Authorizations Resource Center

Dashboard

Search Members
Search for a member and review their eligibility, and benefits

View Claims
Check claim status and payment information

View Authorizations
View the status of an authorization and authorization details

Access Provider Resources
Access UCare provider documents and resources

Authorization Search

On the *Authorizations* page, six fields are available to search, depending on the information you have.

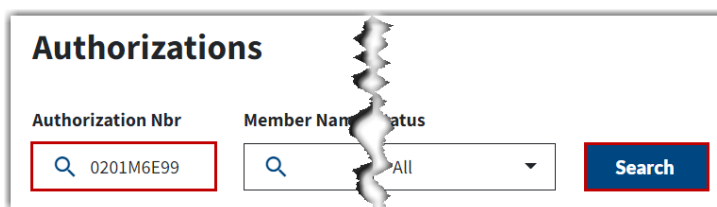
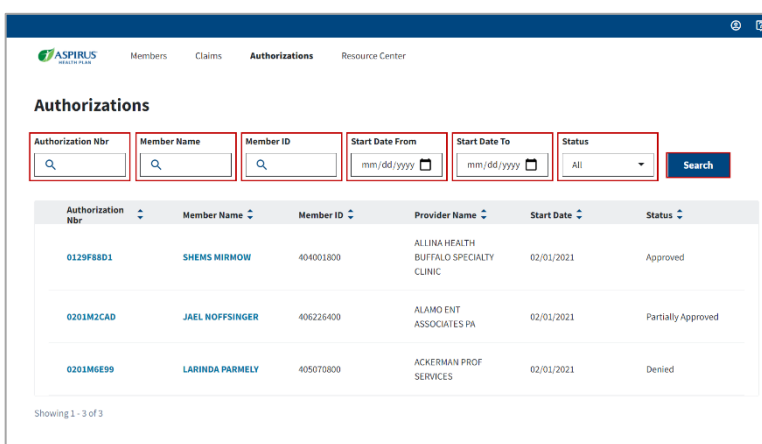
Enter criteria in at least one of the following:

- **Authorization Nbr**
- **Member Name**
- **Member ID**
- **Start Date From**
- **Start Date To**
- **Status**

Then, click the **Search** button.

In this example the search is for *Authorization Nbr* = **0201M6E99**.

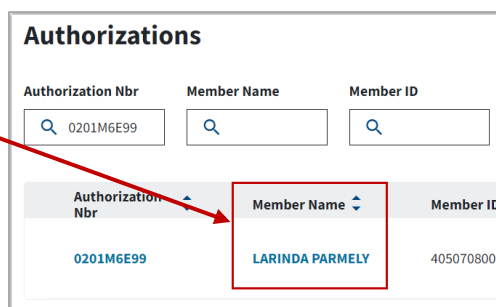
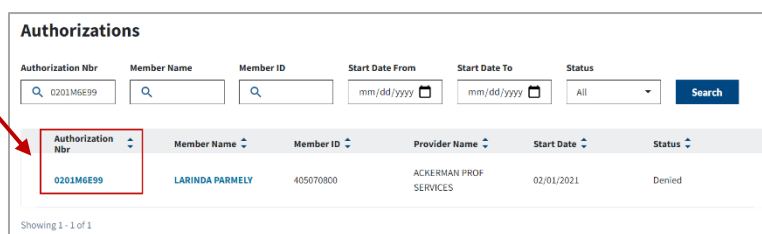
NOTE: Auth information can be accessed in the Provider Portal for up to 2 years from the date of the Auth.



Click the **Authorization Nbr** in the results list to display the authorization record.

The authorization record opens for viewing.

NOTE: Alternatively, you could click on the **Member Name** link. The member record opens and the authorizations can be accessed from the *Authorizations* page of the member record.



Authorization Details

On the left panel of the *Authorization Details* are the *Provider Name, Start Date, Authorization Status* and *Status Reason*.

In the main body of the page you will see:

Details:

- *Priority*

Dates:

- *Start Date*
- *End Date*
- *Decision Date*
- *Admit Date*
- *Discharge Date*

Diagnosis:

- *Code*
- *Description*

Procedure:

- *Requested Units/Days*
- *Approved Units/Days*
- *Code*
- *Description*

The screenshot displays the 'Authorization Details' page. The left sidebar shows a summary: Provider Name (ASTOUNDING PROF SERVICES), Start Date (02/01/2021), Authorization Status (Denied), and Status Reason (---). The main content area is titled 'Authorizations' and shows a denied authorization for member LUCERITA PREMESCOVAL. It includes sections for Details (Priority: ---), Dates (Start Date: 02/01/2021, End Date: 02/04/2021, Decision Date: 02/05/2021, Admit Date: 02/01/2021, Discharge Date: 01/01/1901), Diagnosis (Code: A30.9, Description: LEPROSY UNSPECIFIED), Procedure (Requested Units/Days: 2, Approved Units/Days: 2), and another Procedure section (Code: 0003U, Description: Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score).

Resource Center

Click the **Resource Center** link on the header row.

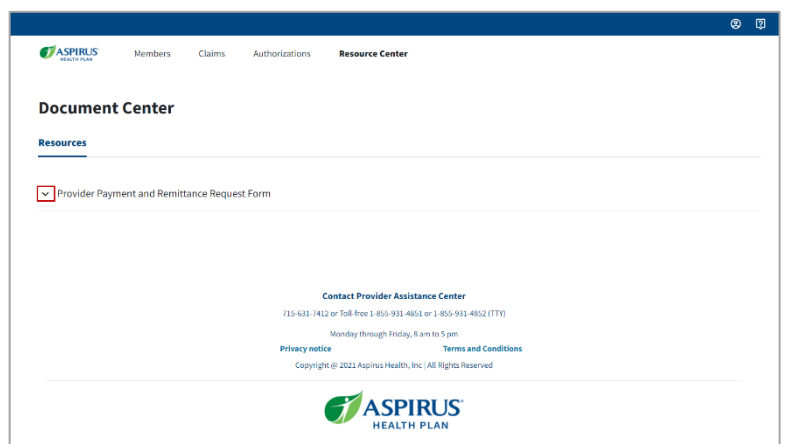
The screenshot shows the top navigation bar with the Aspirus Health Plan logo and four menu items: Members, Claims, Authorizations, and Resource Center. The 'Resource Center' link is highlighted with a red box.

Document Center

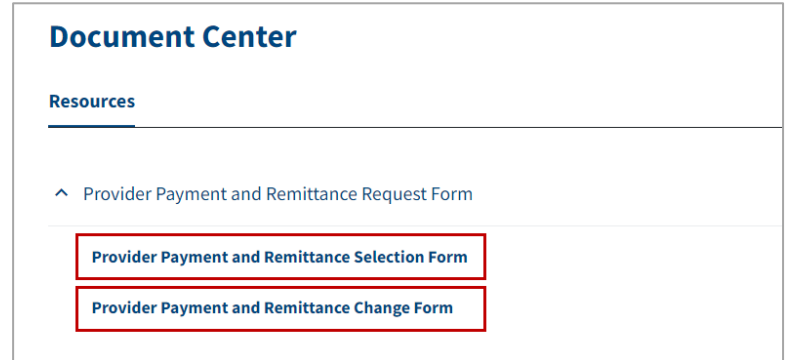
The *Resource Center/Document Center* provides access to the Provider Payment and Remittance (EFT/ERA) Selection and Change Forms.

Click the **down-arrow** to expand the section and access the forms:

- Click **Provider Payment and Remittance Selection Form** to submit a request for EFT or ERA
- Click **Provider Payment and Remittance Change Form** to change EFT or ERA information



Provider Payment and Remittance Request Form



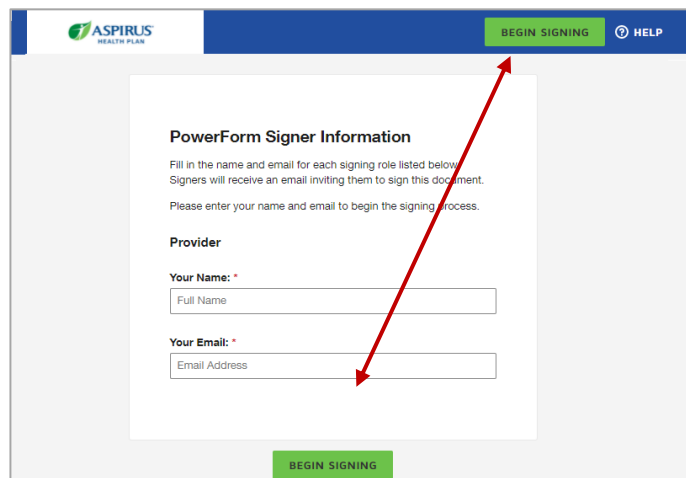
Complete Forms Using DocuSign

When you click either of the links, for the *Payment and Remittance Forms*, you will be redirected to DocuSign to complete the forms.

Fill in:

- **Your Name**
- **Your Email**

Then, click **Begin Signing** button.

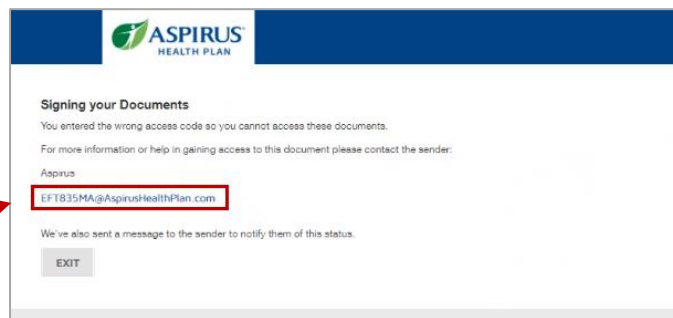
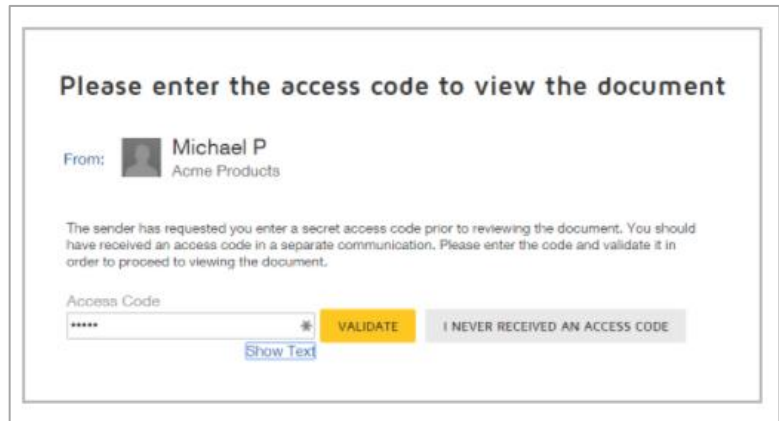


A dialogue box displays in which you will enter an **access code** sent by Aspirus Health Plan via DocuSign.

Do one of the following:

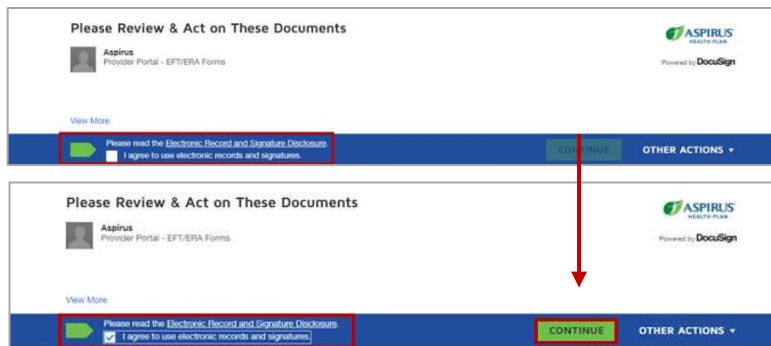
- Enter the **Access Code** you received, then
- Click **VALIDATE** or
- Click **I NEVER RECEIVED AN ACCESS CODE** [a message is sent requesting an access code]

NOTE: You have three attempts to enter the access code correctly. Click the link to initiate an email to request a new code.



Accept the electronic record and signature disclosure, then click the **Continue** button.

Complete the EFT/ERA forms.



Click the **Start** button to begin completing the form.

Please review the documents below. FINISH OTHER ACTIONS ▾

DocuSign Envelope ID: 5361684E-6287-4343-842D-2869FCE33880

START

ASPIRUS HEALTH PLAN

New Provider Payment and Remittance Selection Form

All sections must be completed. Missing and/or incomplete information may result in processing delays.
 One form per Federal Tax Identification Number (TIN) or Employer Identification Number (EIN).

Please allow 10 business days to process the information.
 If you have questions, please contact: EFTS3204@aspirushealthplan.com

Provider Information
 NOTE: Enter Federal ID name exactly as shown on your SS-4 (Corporate) or Social Security Card (Individual) and all of Type II NPI's associated with the TIN/EIN.

Provider Name:

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

Type II National Provider Identification (NPI) Number(s):

Contact Information
 Provider Contact Name: E-mail Address:

Telephone Number: Fax Number:

Payment Information **Remittance Information**

Method of Payment (EFT) Clearinghouse* (Paper ID: 36492)
 (CHECK ONE) Paper Check (CHECK ONE) Paper Remittance
 Online Remittance Retrieval

*The information below is required to receive Electronic Funds Transfer (EFT) payments.
 NOTE: Please send a voided check or an authorization from your bank with this form.

Financial Institution Name:
 Financial Institution Routing Number:
 Financial Institution Account Number:

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DocuSign will step you through the fields that must be filled out. Follow the arrow which reads, *Fill In*.

DocuSign Envelope ID: 5361684E-6287-4343-842D-2869FCE33880

A clearinghouse must be selected in order to retrieve Aspirus \$35s from your clearinghouse
 NOTE: You must register with a clearinghouse ready to receive \$35s from Aspirus

Avelity Change Healthcare Claimixx Cortex EDI
 eProvider Solutions FNC Bank (USA remittance only) SSI Group TrueBridge
 Waystar

Authorized Signature

Print Name: Required Title:

Direct Contact: Office Manager:

Authorized Signer: (MUST be signer on applicable bank account.) Date: 1/13/2022

FILL IN →

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Click **ADOPT AND SIGN**.

Select the sign field to create and add your signature.

Adopt Your Signature

Confirm your name, initials, and signature.

* Required

Full Name* Initials*

Janet Linkert JL

SELECT STYLE DRAW UPLOAD

PREVIEW Change Style

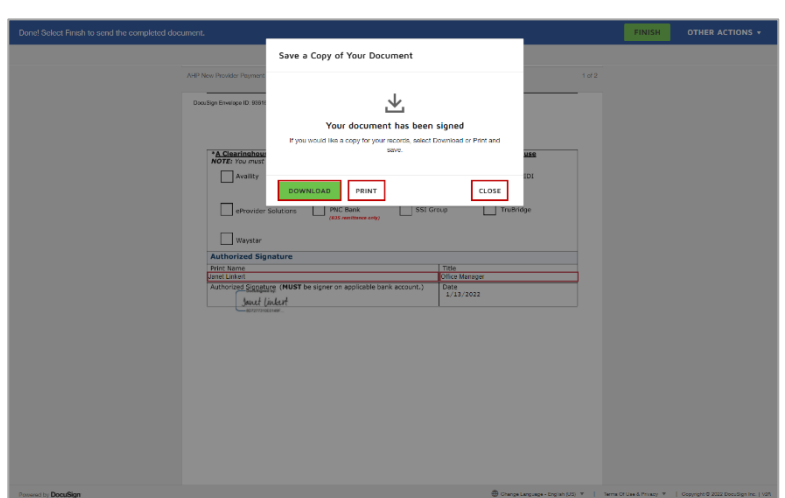
DocuSigned by:
 Janet Linkert

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I or my agent use them on documents, including legally binding contracts - just the same as a pen and paper signature or initial.

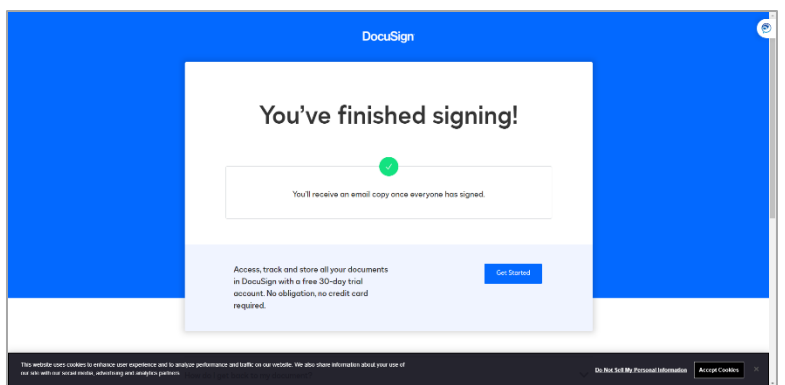
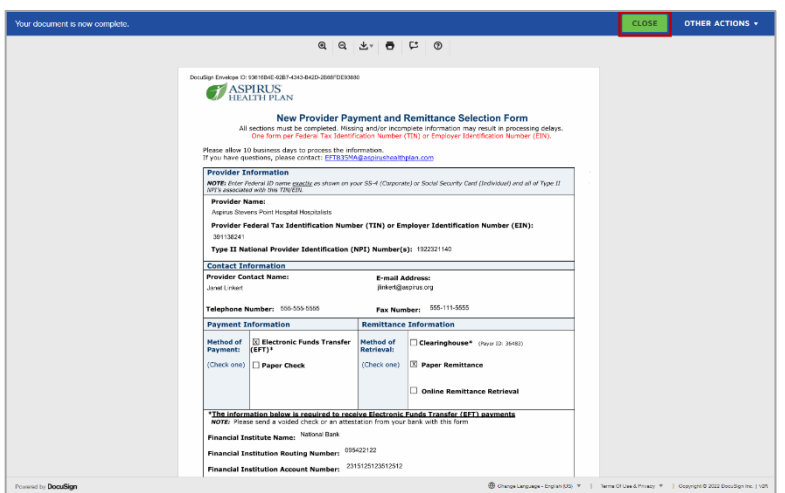
ADOPT AND SIGN CANCEL

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The document has been signed. You may now download, print and close the document as needed.



Click the **Close** button.



If you have any further questions, please refer to the FAQs or contact the Provider Assistance Center.