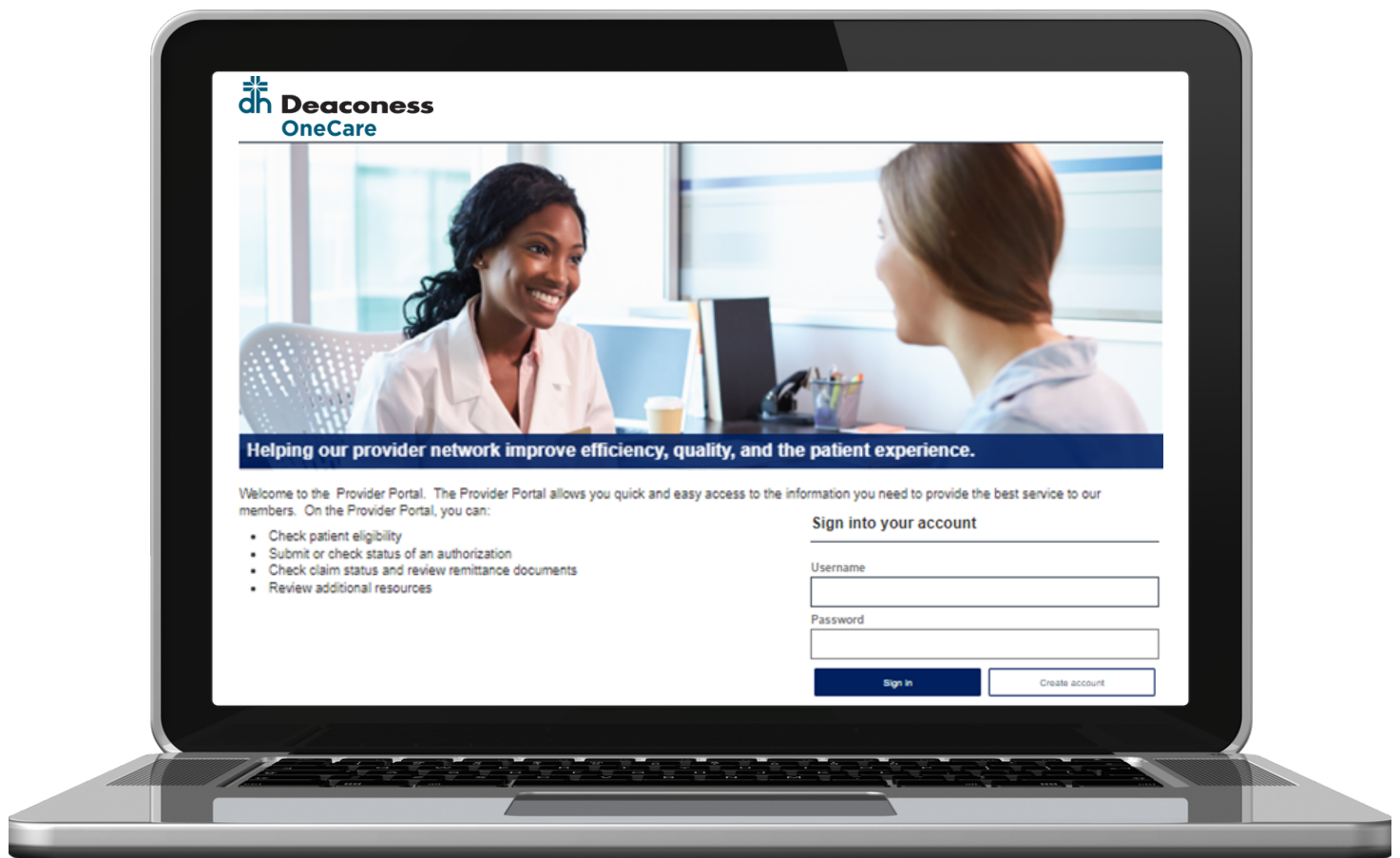


# PROVIDER ACCESS PORTAL



If you have any questions, please contact our Provider Services team, Monday-Friday 8 a.m. - 5 p.m. EST.

**Phone:**

Local: (812) 378-7103

Toll-Free: (844) 378-7103

**Email:**

[Provider.Services@DeaconessOneCare.com](mailto:Provider.Services@DeaconessOneCare.com)

**Mail:**

Deaconess OneCare  
P.O. Box 407  
Columbus, IN 47202

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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 *Deaconess OneCare 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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Content of the Website. The insurance products, data, and other information referenced in the website are provided by parties other than the producer of the website. We make no representations regarding the products, data, or any information about the products. We are not liable for errors in data or transmission or for lost data. Any questions, complaints, or claims regarding the products or data must be directed to the appropriate provider or vendor.

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

4

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

First Name

Last Name

Select Providers  
Practice Name OR Facility Name  
Provider Name Here

Address Line 1  
417 Washington St

City  
Columbus

State  
Indiana

Zip  
47201

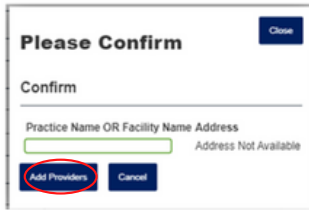
Phone

Organizational NPI  
000000000

Paid Claim Number  
000000000

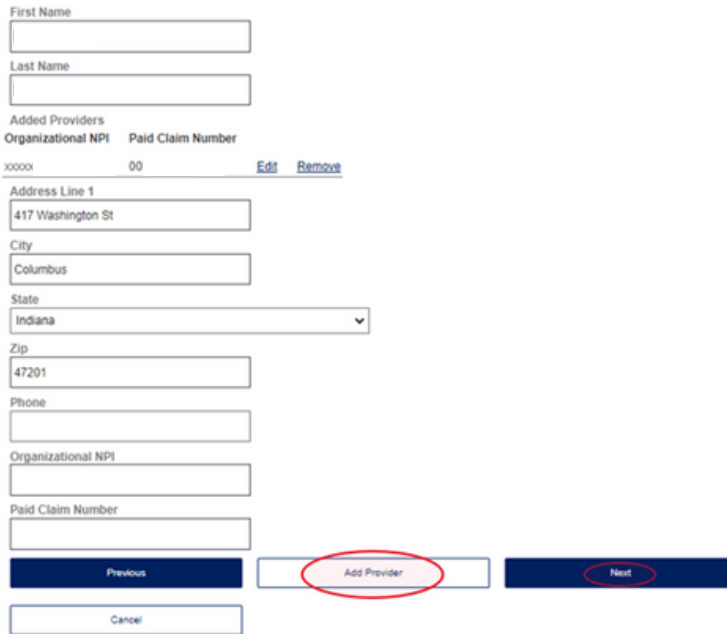
5

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



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**.



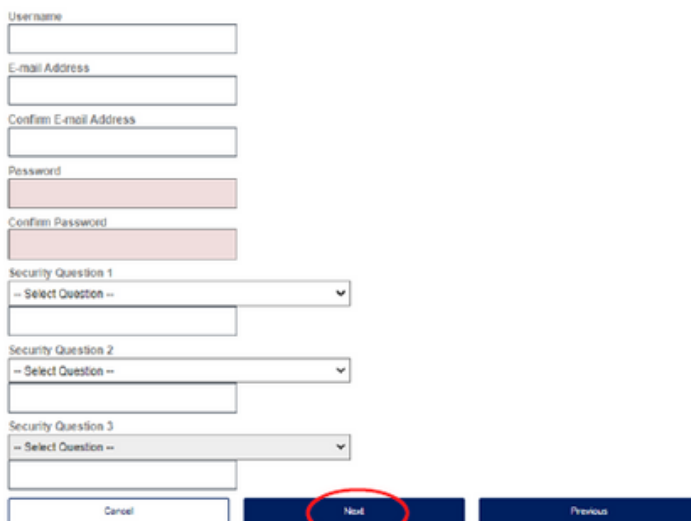
7

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: \_ !@#\$%^&\*()-+=



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



Eligibility

First Name:  Member ID  Date of Birth:   
Last Name:  Group:



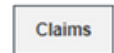
# CLAIMS

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.

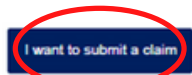


Select Provider:

All Providers



Claim Number(s):  Patient ID  Begin Date:   
Date of Birth:  End Date:



# AUTHORIZATIONS

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

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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.

**dh Deaconess OneCare**

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.



## Provider Search

By Location

Located

- No preference
- Within 10 Miles
- Only inside

- of -

Zip Code

Use current location

By Provider Detail

Provider First Name

Provider Last Name

Provider Gender

- Male
- Female
- Any Gender

Only show providers who are accepting new members

By Coverage and Care Requirements

Network

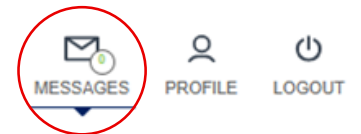
Provider Type

Specialty

More Search Options

# MESSAGES

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



## Messages

### Filter Messages

Search by  Folder  Search Sort Results

### Message List

All Messages  Inbox (0)  Sent  Archived

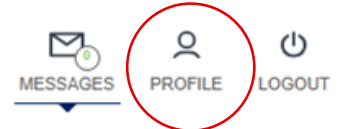
<input type="checkbox"/>	SUBJECT	FROM	UPDATED DATE	SUBMITTED DATE	TRACKING #	GROUP	STATUS
--------------------------	---------	------	--------------	----------------	------------	-------	--------

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.



HOME    ELIGIBILITY    CLAIMS    AUTHORIZATIONS    RESOURCES    FORMS    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

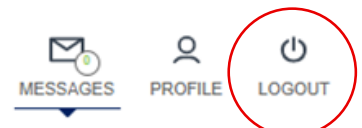
(must be a paid claim number within the last 180 days)

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.



HOME    ELIGIBILITY    CLAIMS    AUTHORIZATIONS    RESOURCES    FORMS    PROVIDER DIRECTORY