

PROVIDER ACCESS PORTAL



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

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TABLE OF CONTENTS

Abilities.....	3
Creating an Account.....	3
Eligibility.....	6
Claims.....	6
Authorizations.....	7
Resources.....	7
Forms.....	7
Provider Directory.....	8
Messages.....	8
Profile.....	9
Logout.....	9

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 *SIHO 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 SIHO 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

siho.provider

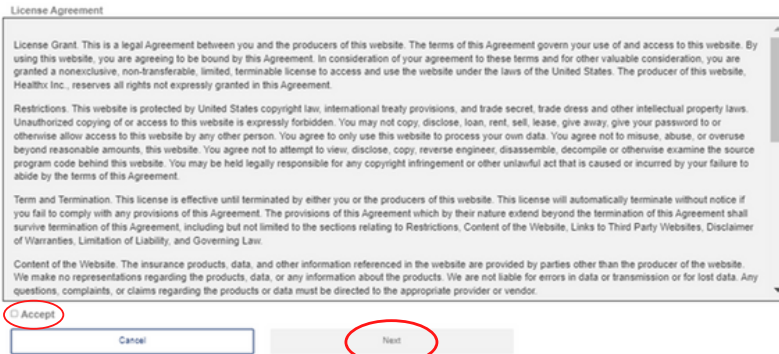
Password

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

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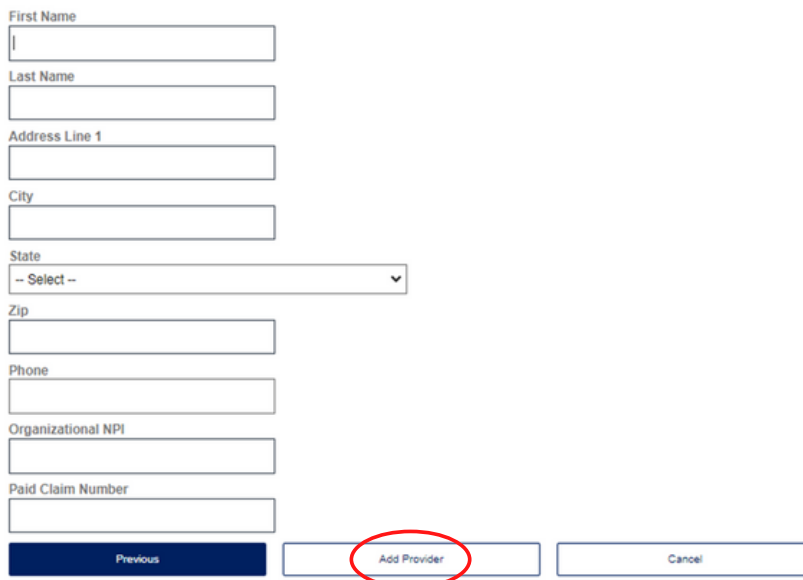
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Accept Cancel Next

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

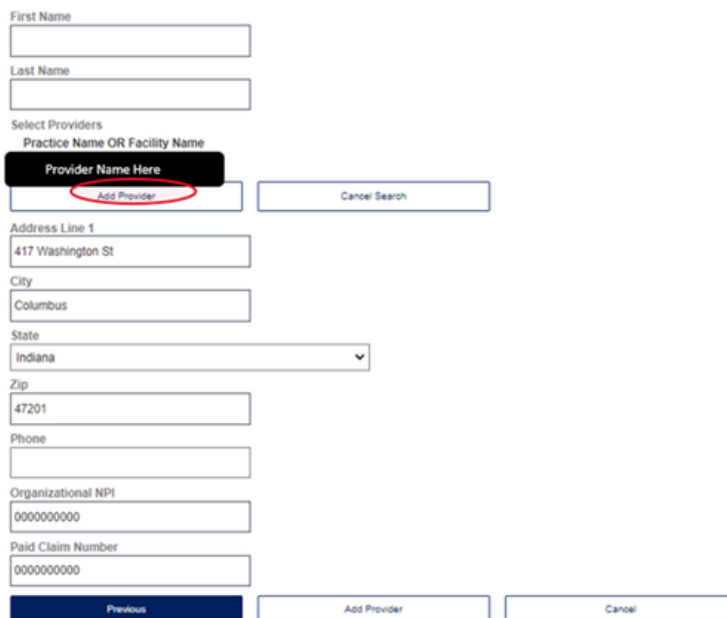
Organizational NPI

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

Add Provider 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 Provider 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		
417 Washington St		
City		
Columbus		
State		
Indiana		
Zip		
47201		
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 6 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 -- 

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.



MESSAGES PROFILE LOGOUT

HOME

ELIGIBILITY

CLAIMS

AUTHORIZATIONS

RESOURCES

FORMS

PROVIDER DIRECTORY

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.

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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
 Any status

Inpatient/Outpatient
Any type

Date From To
Date of Service 03/22/2023 06/22/2023

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.





MESSAGES



PROFILE



LOGOUT

HOMEELIGIBILITYCLAIMSAUTHORIZATIONSRESOURCESFORMSPROVIDER DIRECTORY

ProviderFacility

Start OverFind A Provider

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

Please Select

Provider Type

Any Type

Specialty

Any Specialty

More Search Options

MESSAGES

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





MESSAGES



PROFILE



LOGOUT

HOMEELIGIBILITYCLAIMSAUTHORIZATIONSRESOURCESFORMSPROVIDER DIRECTORY

Messages

Filter Messages

Search by

Tracking #

Folder

All Messages

Search

Sort Results

Tracking #

Descending

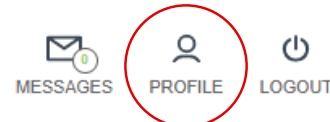
Message List

All MessagesInbox (0)SentArchived

☐	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
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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

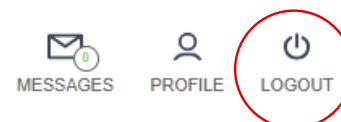
(must be a paid claim number within the last 180 days)

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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