

PROVIDER ACCESS PORTAL



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

Phone:

Toll-Free: (855) 926-2551

Email:

Provider.Services@siho.org

Mail:

Parkview Select Care
P.O. Box 1775
Columbus, IN 47202-1775

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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 *Parkview Select Care 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

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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



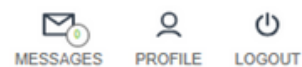
Eligibility

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

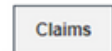


CLAIMS

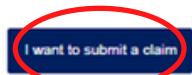
Search claims by entering a Patient ID or claim number. You can also submit a claim by completing the required fields and attaching the claim form.



Select Provider:

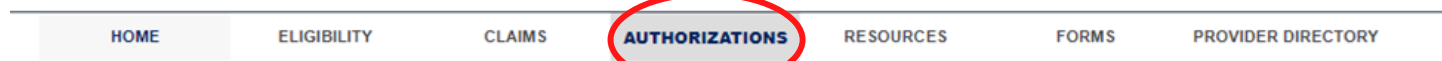


Claim Number(s): Patient ID Begin Date:
Date of Birth: End Date:



AUTHORIZATIONS

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



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](#)

FORMS

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



Forms

Medical Forms

- [Medical Claim Form \(PDF\)](#)
- [Physician Claim Form \(PDF\)](#)
- [Physician Dental Form \(PDF\)](#)
- [Prior Authorization Form](#)
- [Provider Data Sheet \(PDF\)](#)
- [W9 \(PDF\)](#)

Mental Health

- [Outpatient Mental Health Treatment \(PDF\)](#)
- [Outpatient Mental Health Continued Treatment \(PDF\)](#)
- [Outpatient Psych Precertification Process \(PDF\)](#)
- [Applied Behavior Analysis ABA Treatment \(PDF\)](#)

Provider Authorization Information

- [Click here to contact Provider Services for help \(PDF\)](#)
- [Click here for the SIHO Provider Authorization Request Form](#)
- [Click here for the Authorization Code List for SIHO FI Groups](#)

PROVIDER DIRECTORY

Click on *Provider Directory* at top of screen and then click on the desired Network.



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



- Agility Employer Portal
- Provider Directory
- Provider Portal
- Parkview Health
- Contact Us

Health Plans ▾ Employee Medicine ▾ 🔍

Home / Employer Solutions / Select Care / Parkview Select Care Provider Directory

Parkview Select Care

For Members

For Employers

Provider Directories

Parkview Select Care Provider Directories

With Parkview Select Care, you have access to over 21,000 physicians, specialists, and advanced practice providers (Nurse Practitioners and Physician Assistants).

When searching for providers, please note:

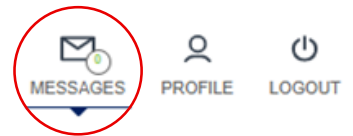
Providers/professionals include individual doctors, MDs, DOs, PhDs, and other healthcare professionals such as nurse practitioners, physician assistants, chiropractors, dieticians, audiologists, behavioral or mental health counselors.

Facilities include hospitals including general, acute care, urgent care facilities, and specialized sources of care including laboratories, hospice, home infusion, home health agencies, clinics, radiology providers, lithotripsy, ambulatory surgery centers, renal dialysis centers, skilled nursing services, durable medical equipment (like wheelchairs), and rehabilitation therapy centers (for speech, occupational or physical therapy).

Some providers are not listed. Examples of such providers include pathologists, emergency medicine, anesthesiologists and radiologists.

MESSAGES

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



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

Messages

Filter Messages

Search by Folder Sort Results

Message List

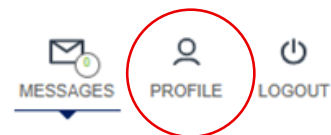
All Messages Inbox (0) Sent Archived

<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
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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

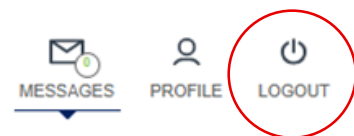
(must be a paid claim number within the last 180 days)

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.



HOME ELIGIBILITY CLAIMS AUTHORIZATIONS RESOURCES FORMS PROVIDER DIRECTORY