

## Provider and Vendor Access Portal



One stop access for your guide to utilizing SIHO's new iTransact platform.



### Welcome to the SIHO iTransact portal.

Primary [access codes](#) will be given to key contacts at offices once they notify SIHO that they wish to use the iTransact portal. Additional users can be added by the primary account holder.

Requests for access codes or any questions can be directed to SIHO's Provider Relations.

Email: [provider.services@siho.org](mailto:provider.services@siho.org)

Phone: (800) 443-2980

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# Roles & Permissions

Please note that at least one role must be assigned to each user. Please also be advised that roles have different permissions within the portal. Protected Health Information (PHI) may not be accessed, used or released without a member's authorization except for specific purposes related to administration of the health plan. Therefore, please make sure the roles assigned to each user are limited to those necessary for proper administration of the plan. **If a user should not have access to PHI information, you should notify SIHO prior to the user's account creation so we can remove PHI access.** If you have questions, please contact Provider Relations by email at [provider.services@siho.org](mailto:provider.services@siho.org) or by phone at 800-443-2980.

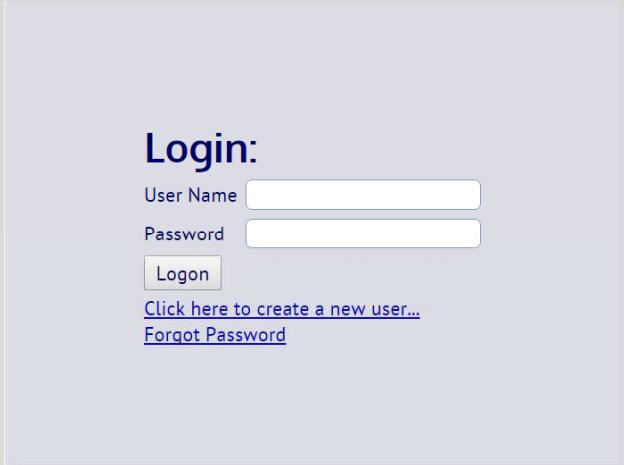
Role Name	Description	Potential Key User	Screens Available to Role
PrimaryWebAccount	<p><b><i>This role has access to member's Protected Health Information (PHI).</i></b></p> <p>This role is responsible for the Provider and Vendor Portals (including editing users' accounts). In addition, this role has access to all of the functions of the other roles and can assign roles to others.</p>	<ul style="list-style-type: none"> <li>Primary Contact</li> <li>Office Manager</li> <li>Billing Manager</li> <li>Provider</li> </ul>	<ul style="list-style-type: none"> <li>View Claims</li> <li>View and Submit Authorizations</li> <li>View and Submit Referrals</li> <li>Check Eligibility</li> <li>View My Offices, My Profile, My Preferences</li> <li>Talk To Us</li> <li>Attachments</li> <li>Manage <b>All</b> Users Accounts</li> <li>Resources</li> </ul>
WebVendor	<p><b><i>This role may or may not have access to member's Protected Health Information (PHI).</i></b></p> <p>This role is able to see all vendor information and is able to view financial information. This role may be given or denied access to PHI.</p> <p>*If access to PHI is denied, the role will not be able to view claims. Please contact us prior to user account creation to remove PHI access.</p>	<ul style="list-style-type: none"> <li>Additional Contacts</li> <li>Billing Managers</li> <li>Billing Personnel</li> </ul>	<ul style="list-style-type: none"> <li>View Claims*</li> <li>My Checks</li> <li>My Providers and Offices</li> <li>View and Submit Referrals</li> <li>Check Eligibility</li> <li>My Members, My Profile, My Preferences</li> <li>Talk To Us</li> <li>Attachments</li> <li>Manage Users (Personal Account)</li> <li>Resources</li> </ul>
WebProvider	<p><b><i>This role has access to member's Protected Health Information (PHI).</i></b></p> <p>This role is only able to view personal account information and has no access to other accounts. This role is not able to see financial information.</p>	<ul style="list-style-type: none"> <li>Providers</li> </ul>	<ul style="list-style-type: none"> <li>View Claims</li> <li>View and Submit Authorizations</li> <li>View and Submit Referrals</li> <li>Check Eligibility</li> <li>My Offices, My Profile, My Preferences</li> <li>Talk to Us</li> <li>Attachments</li> </ul>

# The Provider Portal

# Getting Started - Provider Portal

## Logging On

1. Go to <https://my.siho.org>
2. Once there you must sign in using the username and password that was provided to you by SIHO. Please contact us at [provider.services@siho.org](mailto:provider.services@siho.org) to get your access code information.



The screenshot shows a login interface with the following elements:

- Login:** A heading in bold blue text.
- User Name:** A text input field.
- Password:** A text input field.
- Logon:** A button with a light blue background and dark blue text.
- [Click here to create a new user...](#): A blue hyperlink.
- [Forgot Password](#): A blue hyperlink.

3. You now have the ability to navigate through the **Control Panel** that is located on the left-side of your screen. At the click of a button, these tabs will allow you access to all of your documents, reports, and tools.

<b>Provider's Claims</b>
My Authorizations
Submit Authorization
Provider's Referrals
Submit a Referral
Check Eligibility
Check Multiple Eligibilities
My Offices
My Profile
My Preferences
Talk To Us
Attachments
Manage Users
Resources
Logoff

# Navigating the Provider Portal

The **Control Panel** located on the left-hand side of the screen makes it easy to navigate the Provider Portal. This section discusses each tab on the **Control Panel**. After you read this section you will be ready to navigate the Provider Portal on your own.

## View Claims

The **Provider's Claims** page allows you to see the claims that have been submitted for each of your members. From the **Provider's Claims** page you are able to select the member, check claim information, and see an EOP for the claim.

### 1. Find the Claim You Wish to View

1. Search for a member's claim by entering format for which you wish to search at the top of the screen:  
Search by Date, Search by Claim Number, Search by Patient Account Number

The screenshot shows a search interface with a blue header containing three radio buttons: "Search by Date" (selected), "Search by Claim Number", and "Search by Patient Account Number". Below the header are several input fields: "Claim Type" (dropdown menu with "Claims" selected), "Claim Status" (dropdown menu with "ALL" selected), "Return Referring Claims" (dropdown menu with "No" selected), "Date Criteria" (dropdown menu with "Date Received" selected), "Date From" (text input with "8/24/2015" and a calendar icon), "Date To" (text input with "9/24/2015" and a calendar icon), "Member" (text input with a placeholder "optional, last name or member #"), and "Policy #" (text input). A "Refresh" button is located on the right side of the form.

2. Select the details for which you would like to filter your search including Claim Type, Claim Status, Date of Service, etc... and click Refresh.
3. The claim information for the selected member will populate below.

The screenshot shows the search results table. The header is the same as in the previous screenshot. Below the search form, it says "1 Claim(s) found". The table has the following columns: Claim #, Member #, Policy #, Member LastName, Member FirstName, Patient Acct #, Ext. CLM #, Claim Status, Service Date From, Service Date To, Billed Currency, Charges, Date Received, Form Type, Claim Type, and Referring Entity. The first row of data is highlighted in blue and contains the following information: Claim # 0000202715, Member #, Policy #, Member LastName, Member FirstName, Patient Acct #, Ext. CLM #, Claim Status Pending, Service Date From 7/5/2015, Service Date To 7/5/2015, Billed Currency U.S. dollar, Charges 100.00, Date Received 9/22/2015, Form Type HCF, Claim Type CLM, and Referring Entity N.

Claim #	Member #	Policy #	Member LastName	Member FirstName	Patient Acct #	Ext. CLM #	Claim Status	Service Date From	Service Date To	Billed Currency	Charges	Date Received	Form Type	Claim Type	Referring Entity
<a href="#">0000202715</a>							Pending	7/5/2015	7/5/2015	U.S. dollar	100.00	9/22/2015	HCF	CLM	N

4. From here, you are able to see member information as well as claim status
5. Select the highlighted link under "Claim #" to view further claim details.
6. From the "Provider Claim Summary" screen, you will be able to view additional member and provider information on the claim as well as an EOP.

# View Authorizations

## 1. View Authorizations

1. Select the “My Authorizations” tab on the Control Panel
2. You may search for an authorization by date or by authorization number.
3. You should then select your specific search criteria for the authorization you are trying to find including your role as the provider. Once you enter your criteria, authorizations will populate below and you will be able to select the one you would like to view

The screenshot shows a search interface with a blue header bar containing two radio buttons: "Search by Date" (selected) and "Search by Authorization Number". Below the header, there are several input fields: "Authorization Status:" with a dropdown menu set to "ALL"; "Date Search:" with a dropdown menu set to "Date Submitted" and two date pickers showing "8/29/2015" and "9/29/2015"; "My Role:" with radio buttons for "Rendering" (selected) and "Referring"; "Member #:" and "Member Last Name:" with text input fields; and a "Search" button.

## 2. Submit Authorizations

1. Select the “Submit Authorizations” tab on the Control Panel
2. You should enter the appropriate information into the required boxes including Patient information, Diagnosis Codes, General Information, Facility Information, Treating Providers, etc... and select “Submit”
3. Once you have entered your information, your authorization information confirmation will appear on the next screen.

The screenshot shows an "Authorization Summary[00002446]" form. It is divided into three main sections: "Member", "Requesting Provider", and "Requesting Office". Each section has a blue header bar. The "Member" section includes fields for Member Plan Name, Member Last Name, Member Phone Number, Date Received, Member First Name, and Date of Birth. The "Requesting Provider" section includes fields for Provider NPI, Provider Last Name, Specialty, Provider Type, and Provider First Name. The "Requesting Office" section includes fields for Office Name, Office Address, Office Number, and Contact.



# View Referrals

## 1. View Referrals

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1. Select the “Provider’s Referrals” tab on the Control Panel and enter the appropriate information
2. Referrals will populate at the bottom of the screen once the appropriate information is entered



# Check Eligibilities

## 1. Check Eligibility

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1. You are able to check the eligibility for members both in singular and multiple formats. To look at one member’s eligibility select the “Check Eligibility” tab and to check multiple members’ eligibility, select the “Check Multiple Eligibilities” tab.
2. Enter the appropriate information for the member. This includes a combination of the member’s first name, last name, and either member number, policy number, or date of birth.



3. If the member is eligible, he or she will appear below and have links to the Member Facesheet, Benefits, and Utilizations which will give more specific information on the member’s plan benefits, demographic information, and current usage of his or her plan.

Utilizations	Benefits	Member Facesheet	Member #	Policy #	Last Name	First Name	DOB	Group Name	Effective Date	Expiration Date
<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	00069980302	000699803	Member	Test	10/13/1986	PPO Active Demo Group	8/1/2014	8/31/2014

# My Offices, My Profile, My Preferences

## 1. My Offices

1. You are able to select your primary office location from the offices that are attached to your account

Office #	Office Address	Contact Phone
Selected 000001626		
Select 000008725		

## 2. My Profile

1. You are able to see your demographic information, office information (both primary and secondary offices), and your contract names and effective dates from the “My Profile” tab

Personal Information		Identification Numbers	
Name:		Federal ID	
Provider #:		UPIN	
DOB:		NPI	
Sex:		Medicare ID	
Language(s):		Medicaid ID	
Specialties:		DEA #	
		SSN #	
		NCPDP #	

Office	Contact Information	Office Hours	Language(s)	More Info	Add. Services
		Monday: -			
		Tuesday: -		Wheelchair Access: Y	
		Wednesday: -		Available After Hours: Y	
		Thursday: -		Number of Physicians: 1	
		Friday: -		Facility Operating Number:	
		Saturday: -		Permanent Facility ID:	
		Sunday: -			
		Monday: -			
		Tuesday: -		Wheelchair Access: Y	
		Wednesday: -		Available After Hours: Y	
		Thursday: -		Number of Physicians: 1	
		Friday: -		Facility Operating Number:	
		Saturday: -		Permanent Facility ID:	
		Sunday: -			

## 3. My Preferences

1. You will be asked to set up your account based on how your information is displayed to you including referral details and claim submission default options

1. Select your office:

Name	Number	Address	City	State/Zip	Contact Phone
Select	000001626				
Select	000008725				

2. Select provider type:  Dental  Medical

3. Show EOP after submitting a claim:  Yes  No

4. Show details after submitting a referral:  Yes  No

5. Default to Assignment of Benefits:  Yes  No

6. How many items to display per page: 50

7. How many days back for lookup: Last Month

8. Default to Place of Service on Claim Submission page: 11-office

9. Member Number Search Option ( Member Number / Policy Number ) Member #

10. Submit a claim default options: Service Date(s)

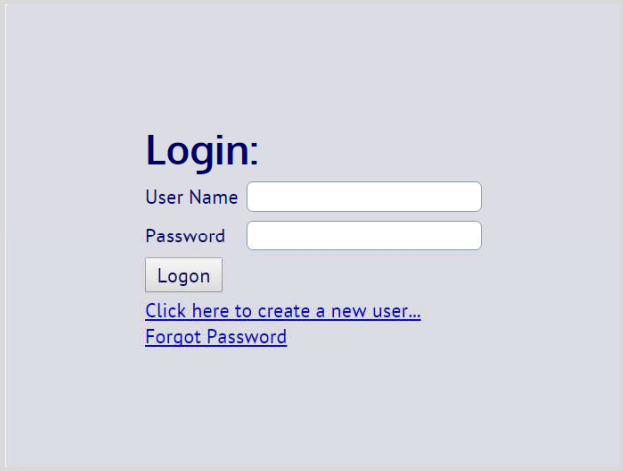
11. Default billing currency: U.S. dollar

# The Vendor Portal

# Getting Started - Vendor Portal

## Logging On

1. Go to <https://my.siho.org>
2. Once there you must sign in using the username and password that was provided to you by SIHO. Please contact us at [provider.services@siho.org](mailto:provider.services@siho.org) to get your access code information.



The screenshot shows a login form on a light gray background. At the top left of the form area is the word "Login:" in a bold, dark blue font. Below it are two white input fields: the first is labeled "User Name" and the second is labeled "Password". To the right of the "Password" field is a small gray button with the word "Logon" in white text. Below the input fields and button are two blue hyperlinks: "Click here to create a new user..." and "Forgot Password".

3. You now have the ability to navigate through the **Control Panel** that is located on the left-side of your screen. At the click of a button, these tabs will allow you access all of your documents, reports, and tools.

Vendor's Claims
My Checks
My Providers & Offices
Vendor's Referrals
Submit a Referral
Check Eligibility
Check Multiple Eligibilities
My Members
My Profile
My Preferences
Talk To Us
Attachments
Manage Users
Resources
Logoff

# Navigating the Vendor Portal

The **Control Panel** located on the left-hand side of the screen makes it easy to navigate the Provider Portal. This section discusses each tab on the **Control Panel**. After you read this section you will be ready to navigate the Provider Portal on your own.

## View Claims

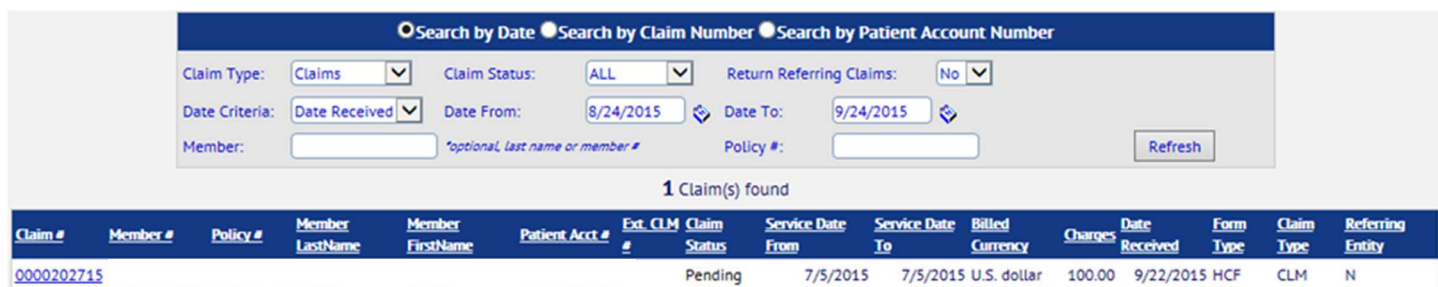
The **Provider's Claims** page allows you to see the claims that have been submitted for each of your members. From the **Provider's Claims** page you are able to select the member, check claim information, and see an EOP for the claim.

### 1. Find the Claim You Wish to View

1. Search for a member's claim by entering format for which you wish to search at the top of the screen:  
Search by Date, Search by Claim Number, Search by Patient Account Number



2. Select the details for which you would like to filter your search including Claim Type, Claim Status, Date of Service, etc... and click Refresh.
3. The claim information for the selected member will populate below.



Claim #	Member #	Policy #	Member LastName	Member FirstName	Patient Acct #	Ext. CLM #	Claim Status	Service Date From	Service Date To	Billed Currency	Charges	Date Received	Form Type	Claim Type	Referring Entity
<a href="#">0000202715</a>							Pending	7/5/2015	7/5/2015	U.S. dollar	100.00	9/22/2015	HCF	CLM	N

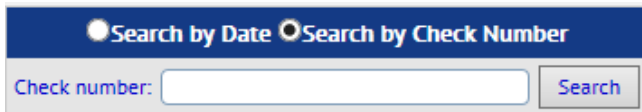
4. From here, you are able to see member information as well as claim status
5. Select the highlighted link under "Claim #" to view further claim details.
6. From the "Provider Claim Summary" screen, you will be able to view additional member and provider information on the claim as well as an EOP.

# My Checks

## 1. View Checks

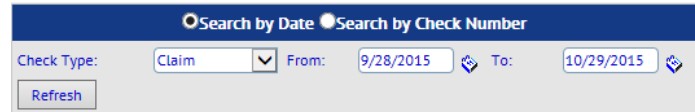
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1. Select the “My Checks” tab on the Control Panel to view the checks specific to your group
2. You may search for a check using the “Search by Date or the “Search by Check Number” options.



Search by Date Search by Check Number

Check number:  Search



Search by Date Search by Check Number

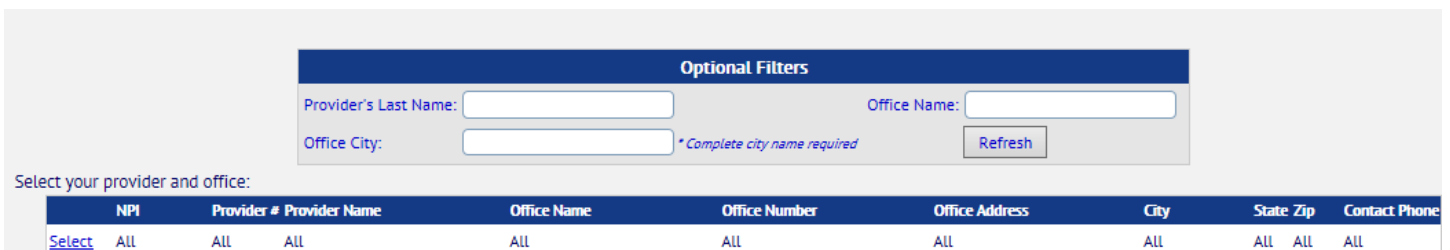
Check Type: Claim From: 9/28/2015 To: 10/29/2015 Refresh

# My Providers and Offices

## 1. Select Provider and Offices

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1. Select the “My Providers and Offices” tab on the Control Panel to view the information on the providers that practice at your locations
2. You are able to select the providers and their offices for which you wish to view information
3. You may narrow down your search by entering demographic information for the provider including name, office name, and office city
4. Once you complete your search criteria, providers and their offices will appear below



Optional Filters

Provider's Last Name:  Office Name:

Office City:  \* Complete city name required Refresh

Select your provider and office:

	NPI	Provider #	Provider Name	Office Name	Office Number	Office Address	City	State	Zip	Contact Phone
Select	All	All	All	All	All	All	All	All	All	All

# View and Submit Referrals

## 1. View Referrals

1. Select the “Vendor’s Referrals” tab on the Control Panel
2. You may search for a referral by date, status, form type, or by member number.
3. Once you search according to the appropriate referral information, you will be able to select the referral information below to pull up additional details of the referral.

The screenshot shows a search interface titled "Search for Referrals:". It contains several input fields: "Form Type:" with a dropdown menu showing "<none>", "Referral Status:" with a dropdown menu showing "<none>", "From:" with a date field set to "10/28/2014", "To:" with a date field set to "10/29/2015", "Member Number:" with an empty text box, and "Member Policy Number:" with an empty text box. A "Search" button is located to the right of the Member Policy Number field.

## 2. Submit Referrals

1. Select the “Submit a Referral” tab on the Control Panel
2. You should enter the appropriate information into the required boxes including Patient information, Specialty Information, and Referral Information including Diagnosis Codes, Form Types, Period, etc...and select “Submit”. You may also include additional documentation when submitting.
3. Once you have entered your information, you will receive confirmation that your referral has been submitted. Please keep this confirmation number for tracking and receipt purposes.

The screenshot shows a multi-section form for submitting a referral. The top section is titled "Patient: (Please select a patient)" and includes fields for "Member #:", "Last Name:", "First Name:", and "DOB (mm/dd/yyyy):", along with a "Find" button and radio buttons for "Search by Member #" (selected) and "Search by Policy #". The middle section is titled "Specialty Information (Please select a specialty)" and includes dropdown menus for "Provider Type:" (set to "< Any >"), "Sub-type:", and "Specialty:". The bottom section is titled "Referral Information" and includes a "Form Type:" dropdown (set to "HCFA"), checkboxes for "Emergency Referral" and "Consultation With Treatment", and fields for "\*Period From:" (10/29/2015), "\*Period To:" (11/29/2015), "\*Max Visits:" (1), and "\*Date Of Referral:" (10/29/2015). It also has fields for "Primary Diagnosis Code:", "Secondary Diagnosis Code:", "Notes:", "External Referral Number:", "Number Of Radiographs:", and "External Radiograph #:". An "Add File" button is located below the "External Radiograph #" field. A "Submit" button is at the bottom left of the form.

# Check Eligibilities

## 1. Check Eligibility

1. You are able to check the eligibility for members both in singular and multiple formats. To look at one member's eligibility select the "Check Eligibility" tab and to check multiple members' eligibility, select the "Check Multiple Eligibilities" tab.
2. Enter the appropriate information for the member. This includes a combination of the member's first name, last name, and either member number, policy number, or date of birth.

**Member Coverage Lookup (enter the following search criteria)**

Member #:  Policy #:

Last Name:  First Name:  DOB:  

3. If the member is eligible, he or she will appear below and have links to the Member Facesheet, Benefits, and Utilizations which will give more specific information on the member's plan benefits, demographic information, and current usage of his or her plan.

Utilizations	Benefits	Member Facesheet	Member #	Policy #	Last Name	First Name	DOB	Group Name	Effective Date	Expiration Date
<a href="#">view</a>	<a href="#">view</a>	<a href="#">view</a>	00069980302	000699803	Member	Test	10/13/1986	PPO Active Demo Group	8/1/2014	8/31/2014

## My Members, My Profile, My Preferences

### 1. Find Members

1. You can find information for certain providers by selecting the "My Members" tab on the Control Panel. The "My Members" tab provides a member roster that you are able to use to search members associated with your group by month.
2. You may search for specific members by last name initial or all members present in the roster by month

**Member Roster for Month:**

October  2015

View members by last name initial:

[ALL](#) | [A](#)•[B](#)•[C](#)•[D](#)•[E](#)•[F](#)•[G](#)•[H](#)•[I](#)•[J](#)•[K](#)•[L](#)•[M](#)•[N](#)•[O](#)•[P](#)•[Q](#)•[R](#)•[S](#)•[T](#)•[U](#)•[V](#)•[W](#)•[X](#)•[Y](#)•[Z](#)



## 2. My Profile

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1. You can view demographic information for your group and corporation by selecting the “My Profile” tab from the control panel
2. You are able to view address information in text format on the main screen or in map format when you by select the “View Map” function next to the name of the vendor or corporation .

## 3. My Preferences

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1. In the “My Preferences” tab on the control panel, you are able to select the info you would like to see based on the providers that practice at the vendor address.
2. By selecting different providers, information will populate based on the members and offices linked to the provider. Member information for the selected provider will also appear, but other member information for other providers will not be accessible, until his or her provider is selected under the “My Preferences” tab

1. How many checks to display per page: 50

2. How many days back for checks lookup: Last Month

3. How many claims to display per page: 50

4. How many days back for claims lookup: Last Month

5. Select provider type: Dental Medical

6. Show EOP after submitting a claim: Yes No

7. Show details after submitting a referral: Yes No

8. Default to Assignment of Benefits: Yes No

9. Default to Place of Service on Claim Submission page: 11-office

10. Member Number Search Option ( Member Number / Policy Number ) Member #

11. Submit a claim default options: None

12. Default billing currency: U.S. dollar

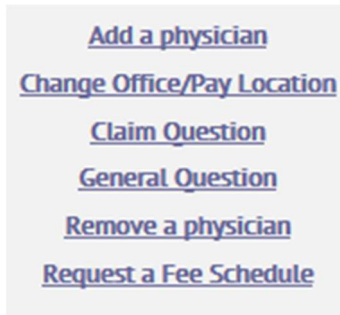
13. Select provider and office

	NPI	Provider #	Provider Name	Office Name	Office Number	Office Address	City	State	Zip	Contact Phone
<a href="#">Select</a>	All	All	All	All	All	All	All	All	All	All

# Additional Tools

# Talk to Us

SIHO's Provider Relations Team is here to assist you with any of your company's questions.



1. Select the option that matches your reason for contacting Provider Relations.

**Talk To Us:** (Please be sure to fill out all required fields)

Contact Reason: **General Question**

Description: Thank you for contacting SIHO Provider Services. Please fill out the information below. If you have any documents that you would like to include, please attach below and click "upload". You can expect to hear from us within 3 business days. Thank you for your patience. SIHO Provider Services Team

\*Subject:

\*Details:

\*Enter Phone Number:

\*Confirm Phone Number:

\*Enter Email Address:

\*Confirm Email Address:

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Attachment(s):

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2. Fill out all fields.

3. If you wish to, you may upload an attachment to assist with explaining your question to SIHO's Provider Relations Team.

4. Click **Process Request** to submit.

# Attachments

View the documents that have been added to your file. You may also request us to add additional documents that you would like to be able to access from your account.

1. Click the attachment **File Name** to view the document you have asked us to upload.

Attachments		
Attachment Type	File	Subject
Addendums	<a href="#">Sample Addendum.pdf</a>	Sample Addendum
Contracts	<a href="#">Sample Contract.pdf</a>	Sample Contract
Fee Schedule	<a href="#">Sample Fee Schedule.pdf</a>	Sample Fee Schedule
Provider Data Sheet	<a href="#">Sample Provider Data Sheet.pdf</a>	Sample Provider Data Sheet
W-9	<a href="#">sample W-9.pdf</a>	Sample W-9

2. Examples of documents that you may wish to upload to your file:

- W-9s
- Contracts
- Special Amendments
- Special Fee Schedules
- Provider Data Sheet
- Additional Information

**Form W-9**  
Request for Taxpayer Identification Number and Certification

Give Form to the requestor. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name(s) (unrelated entity name, if different from above)

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual sole proprietor or single-member LLC  
 S Corporation  
 C Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (S-C corporation, S-S corporation, FLP/partnership) in the space below the box.  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above the tax classification of the single-member owner.  
 Other (see instructions)

4 Address (number, street, and apt. or suite no.)  
 5 City, state, and ZIP code  
 6 List account number(s) (see instructions)

7 Requestor's name and address (optional)  
 8 Taxpayer's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**  
 Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.  
 Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**  
 Under penalties of perjury, I certify that:  
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and  
 3. I am a U.S. citizen or other U.S. person (defined below); and  
 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 3 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person  
 Date

**General Instructions**  
 Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments: Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](#).

**Purpose of Form**  
 An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:  
 • Form 1041-INT (interest earned or paid)  
 • Form 1041-CR (dividends, including those from stocks or mutual funds)  
 • Form 1041-MISC (miscellaneous types of income, prizes, awards, or gross proceeds)  
 • Form 1042-S (stock or mutual fund sales and certain other transactions by brokers)  
 • Form 1042-G (gross proceeds from real estate transactions)  
 • Form 1042-B (grossed-out and third-party network transactions)

• Form 1041 (form mortgage interest), Form 1 (substantive interest), Form 7 (debit)  
 • Form 1041-C (canceled debt)  
 • Form 1041-A (acquisition or abandonment of secured property)  
 Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.  
 If you are not a U.S. person, you are not required to provide your TIN, but you must provide your correct TIN if you are a U.S. person.  
 By signing this W-9, you are certifying that you are not subject to backup withholding on page 3.  
 1. Certify that the TIN you are giving is correct (if you are waiting for a number to be issued).  
 2. Certify that you are not subject to backup withholding, or  
 3. Claim exemption from backup withholding (you are a U.S. exempt person). If applicable, you are also certifying that as a U.S. person, your allowable share of any partnership income from a U.S. trust or business is not subject to the withholding law on foreign partner share of effectively connected income, and  
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.

Cat. No. 15291X Form W-9 (Rev. 12-2014)

# Manage Users

Managing Users is simple on the Provider Portal.


## Modifying Users


1. The Manage Users screen will display all registered users accessing the Provider Portal.

 **Note:** Only the PrimaryUserAccount can modify users' account

User Name	First Name	Last Name	User Status	Change Status
<a href="#">Edit</a> HR.DEMO	HR	DEMO	<a href="#">View Roles</a> Active	<a href="#">Disable</a>

2. Click **Edit** to modify a users account to change a user's User Name, Password, Last Name, First Name, Middle Initial, and Email Address. Additionally, the Primary Web Account users can also change a persons status (Disable and enable an account) and call SIHO directly

 **Note:** New passwords must be at least 8 character(s) long, include at least 1 capital letter, and 1 number and/or special character.

 **Note:** Passwords expire after 180 days.

3. Click **Update User** when finished.

### Updating User: DEMO( HR.DEMO )

User Name\*:

Password\*:

Confirm Password\*:

Last Name\*:

First Name\*:

Middle Initial:

Email Address\*:

## Changing User Role(s)

Please note that at least one role must be assigned to each user. Please also be advised that roles have different permissions within the portal. Protected Health Information (PHI) may not be accessed, used or released without a member's authorization except for specific purposes related to administration of the health plan. Therefore, please make sure the roles assigned to each user are limited to those necessary for proper administration of the plan. **If a user should not have access to PHI information, you should notify us prior to the user's account creation so we can remove PHI access.** If you have questions, please contact **Provider Relations** by email at [provider.services@siho.org](mailto:provider.services@siho.org).

1. Click **View Roles**.

User Name	First Name	Last Name	User Status	Change Status
<a href="#">Edit</a> HR.DEMO	HR	DEMO	<a href="#">View Roles</a> Active	<a href="#">Disable</a>

2. Here you can remove and add roles to each account.

### Current User Role(s)

PrimaryWebAccount

WebProvider


# Adding a User

1. Select **Add a User**.

 **Note:** Only the PrimaryWebAccount can add new users.

User Name	First Name	Last Name	User Status	Change Status
<a href="#">Edit</a> HR.DEMO	HR	DEMO	<a href="#">View Roles</a> Active	<a href="#">Disable</a>

2. Fill in additional user information. *The PrimaryWebAccount user must communicate the First-Time password to any new users being added to the employer's account.*

 **Note:** New passwords must be at least 8 character(s) long, include at least 1 capital letter, and 1 number and/or special character.

 **Note:** Passwords will expire after 180 days.

**Adding additional user to DEMO**

\*User Name:

\*Password:

\*Confirm Password:

\*First Name:

\*Last Name :

Middle Initial:

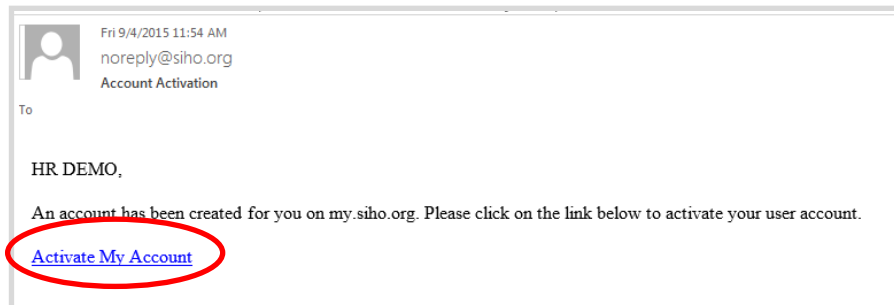
\*Email Address:

3. Click **Add User**.

4. Assign Role(s) to this new user account.

**Remember:** The roles assigned to each user are limited to those necessary for proper administration of the plan.

5. An activation email will be sent to the user with information on how to activate their account.
6. The new user must now log into their email account that the PrimaryWebAccount linked to this user.
7. To activate the new account, the new user must open the email and select **Activate My Account**.



8. Upon selecting **Activate My Account**, the new user must then input the first-time login password provided by the PrimaryWebAccount user.
9. Upon signing in for the first time, the new user will be asked to change his/her password.

**Change Password**

 Your password has expired. Please update your password in order to continue.

User Name:

Current Password:

New Password\*:

Confirm Password\*:

# Resources

Providers and Vendors may find documents out on the Resources tab to help with their daily operations.

## Tools

**Provider Data Sheet**- new provider information who have or wish to contract with SIHO.

**SIHO Provider Manual**- information which talks about SIHO's policies for topics such as credentialing, medical management, quality management, preventative health benefits, etc...

**Member Submit Medical Claim Form**- allows member's to submit a claim on their own behalf to be reviewed by SIHO.

**HCFA 1500 Claim Form**- the newest HCFA 1500 claim form which will be required to submit claims

**Physician Dental Claim Form**- claim form for dental providers who are submitting claims to SIHO

**SIHO Prior Authorization Request Form**- correct form for submitting a Prior Authorization Request

**Authorization to Release Information (PHI)**- allows members to submit a request to disclose PHI information to selected persons so that SIHO is able to provide information to the intended recipients

**Clean Claim Letter**- SIHO's letter to providers requesting submission of clean claims for faster reimbursement

**W-9**- correct form for provider to submit Tax Id changes, address changes, and billing address changes

We know that managing your practice is very important. You deserve all the information you need to make the right choices with regards to your information. After reviewing this User Guide, please feel free to contact SIHO Provider Relations at [provider.services@siho.org](mailto:provider.services@siho.org) or **(800) 443-2980** with any questions.

