

myEVHC.com Provider User Guide

UPDATED 5/2023





Get ready to experience myEVHC.com, the self-service portal that provides better and more personalized service. The site has a fresh look and feel, making navigation and retrieval of information easier and faster than ever before.

Use the portal to:

- Register as a first-time user of myEVHC.com
- Update your account profile
- Check the status of claims
- Check eligibility history
- Use the message center to send messages to various departments to obtain information, read replies to your messages, or view the messages you've sent

This guide takes you through the steps you'll need to register, check on claims status, get answers to your questions, and much more. Take a tour, using this guide as your roadmap!

Table of Contents

Portal Overview1
Create Account - Provider2
Provider Registration4
Forgot Password or Username6
Home9
Check the Status of Claims10
View Accumulators12
Check Eligibility13
Message Center14
My Links16
My Profile

General Requirements

- Cookies and JavaScript must be enabled in the browser.
- Pop-up blockers must be disabled to allow links to partner sites.

PC / Mac Browser Requirements

• Current versions of Chrome, FireFox, Microsoft Edge, and Safari

Mobile Requirements

- Android 4.3 and higher
- IOS Version 5 and higher
- Current versions of IOS, Chrome, FireFox, and Safari

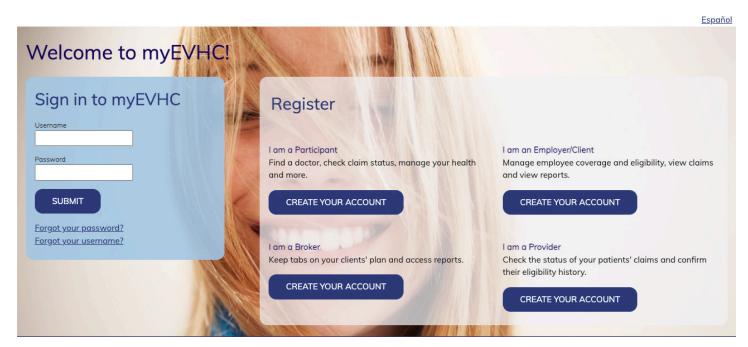
Create Account - Provider

Before using the portal, providers must register with a few simple steps.

Note: Providers must complete the registration in one session. The system will not allow you to begin the process, stop and finish it at a later time.

1. Go to www.myEVHC.com





2. In the "*Provider*" box, click *Create Your Account* to start the process. The Account Creation security box opens. This feature is an account security measure that protects members' important information.

I am a Provider

Check the status of your patients' claims and confirm their eligibility history.

CREATE YOUR ACCOUNT

3. Click in the box for "I am not a robot". Then click Next.

(continued on Page 4)

Create Account - Provider - continued

4. Create an account by entering:

- A username (minimum 4 characters) and password. The system will tell you immediately if the user name has already been taken.
 Create a password of 6 to 32 characters with at least one non-alpha character.
- Account Creation Complete the information below to create an account. All fields are required.

Password		
	(See note below)	
Confirm Password		

Passwords are case-sensitive. Passwords must be 6 to 32 characters long with at least one non-alpha character.

First Name	1
Last Name	1
Email	1

с.	Answers to all three selected security
	questions. These replies are case sensitive.

Your name and email address.

b.

Click **Submit**. The confirmation page for your password displays.

Select a security question	
Or Enter Your Own Question	
Enter your answer	
Select a security question	T
Or Enter Your Own Question	
Enter your answer	
Select a security question	Ţ
Or Enter Your Own Question	
Enter your answer	

Account Creation - The following user information has been created.

5. Re-enter your password

Click *Next*. The registration page displays to enter your specific provider information.

Username:	and the second se
First name:	
Last name:	
E-mail: I	and the second
Please re-enter v	our password to protect your security

NEXT

Provider Registration

The account creation provides the username and password you will use. The next step is to connect your user name and password with your provider information.

Enter your information into the required fields to link your account to your provider tax ID information. Enter your first and last name as the user but enter the provider's tax ID number. The provider information should be the same as the W-9. If your tax ID is found in our provider database, your registration will be automatically approved. If the tax ID number is not currently on file with us, a message appears:

"All of the taxpayer identification numbers are not found within our provider database. Please fax a copy of the Provider's W9 to 800-647-1791 or you can email a copy of the Provider's W9 to; registerprovider@trustmarkbenefits.com to gain access. Once the Provider taxpayer information is entered, you will be able to register. This process can take up to 5 business days. Thank you for visiting myEVHC.com."

Indicate whether you are a billing	Additional Information Needed for Your Account			
center or a provider or facility.				
You can request Claims Access and/or Eligibility Access but we will review the request and authorize appropriate access. If you meet the criteria for automatic approval, both claims and eligibility access will be checked.	 Indicate the type of provider user account you need to our portal. I am a billing center: By choosing this option you represent that you are a busine associate of the covered entity whose TIN you are providing, as defined by HIPAA (45 CFR 160.103), and that you are accessing this website for payment purposes as allowed under HIPAA. I am a provider or facility: By choosing this option you represent that you are a covered entity, as defined by HIPAA (45 CFR § 160.103), and that you are accessing this website for treatment, payment, and operations purposes as allowed under HIPAA. 			
🕕 To register for access, please enter all of the information below for each TIN you would like to register. Click Submit to add each TIN.				
Provider First/Last Name: *				
Taxpayer Identification Numbers: *				
(You may enter multiple TINs for one location separated by a comma)				

dentification Numbers:	×	
		(You may enter multiple TINs for one location separated by a comma)
rganization:	*	
		Z
I	*	
1		
	*	State: * V ZIP Code: *
one:	*	

🚯 Please let us know the type of access you need to our portal. We find most of our providers require both claim access and eligibility access to manage their patient accounts.

Access Type:

Provider O

USA: Address 1: Address 2:

City:

Email:

Contact Ph

○ Claims Access ○ Eligibility Access Claims and Eligibility Access

Submit Cancel

 $_{\pm}$

Click *Submit*. For multiple Tax ID numbers at the same address, enter them in the Taxpayer Identification Numbers field, separated by a comma. For a Tax ID number at a different address, complete the Registration page again.

Click *Cancel* to restart the registration process. Select Provider, then re-enter the information on this registration page.

Once the registration process is complete, you receive a message that provider registration submitted successfully.

(continued on Page 6)

Provider Registration - continued

If the Tax ID number is not currently on file, then access as a provider user will require approval. A portal message goes to the appropriate department for approving the provider registration. Once the approval is assigned you will receive an email that you have a portal message.

Log in to www.myEVHC.com with your username and password. Click on the Messages tab to review your messages.

Inbox			
🚯 Use the arrows in the column headings to sort the information contained in the specific column.			
Select All Delete Selected		Se	nt Messages New Message
🛿 Topic 🛦	Subject 🛦	Regarding 🛦	Date
Registration	About your Registration		01/18/2023 08:33 PM

Message Detail

Received Message			
Sender:	Topic: Registration		
Subject: About your Registration	Date: 05/11/2016 01:36 PM		
The Taxpayer Identification Number (TIN) for which y x319683190	ou have registered has been approved.		

Reply

Log in to www.myEVHC.com 365 days a year, 24 hours a day.

Forgot Password or Username

1. If you forget your password or username do not create another account. To unlock an account, follow this same process.

Log in		
Username		
Password		
SUBMIT		
Forgot your password	17	
Forgot your username		

Click Forgot your Password?

Enter your username and click *Submit*.

Click *Reset* to clear the box and re-enter the username.

Forgot your password?

Please provide the following information



(continued on Page 8)

Forgot Password or Username - continued

One of the security questions you answered during registration appears.

Enter the answer to the security question, exactly as it was entered during registration. The answer is case sensitive. If the answer was entered in upper case (capital) letters during registration, it must be entered with upper case letters here. You are given two chances per security question to answer a security question correctly. Click **Submit** when done.

If you are unable to answer a security question correctly after the 6 tries, you will see a message: "You have made too many incorrect attempts. You must wait 30 minutes to start the Forgot Password process again."

After the 30 minutes have passed, start the Forgot Password process again. If you are unsuccessful in answering a security question correctly after 6 more attempts, you will see a message: *"You have made too many incorrect attempts. You must wait 24 hours to start the Forgot Password process again."*

If you attempt to start the Forgot Password process too early, you will see a message to wait XX hours/ minutes to start the process again.

If you successfully answer a security question, you will receive an email at the email address used during registration. Click on the link in the email to Change Password within 24 hours. This will take you to the Reset Password page. Enter a new password of 6-32 characters with at least one character not being an alphabetic character. Retype the same password and click *Submit*.

After 24 hours the link is disabled and you will need to start the Forgot Password process again.

Results: You are returned to the login page. Log in with the username and new password.

Forgot your password?

Please answer the following question

Username testreg511

testregor

Question

In what city were you born?

Answer



(continued on Page 9)

Forgot Password or Username - continued

Step 2.

When you have forgotten your username, click *Forgot your Username?*

Log in	
Username	
Password	_
SUBMIT	
Forgot your password? Forgot your username?	

Enter the email address you used to register and click *Submit*.

You will receive an email with your username and a link to *Click Here for the Login Page*.

Click on the link to log in with the username provided in the email.

Forgot your username?

Please provide the following information

Email you registere	d with	
SUBMIT	RESET	

Home

1. The Home page is the default page after signing into the portal. The Provider Dashboard displays any active TINs you have registered. Since a new registration requires review and approval, there may be Pending TINs listed that are waiting for the approval to be completed.

Home Claims Accumulators Check Eligibility		Messages ▾ My Links ▾ My Profile ▾
Member ID SSN First Name To find a patient enter all information. Claim Number is optional.	Last Name Date of Birth	Gender V Claim Number Find Clear Reset
Provider Dashboard		
Active TINs • X222185776 • x319523215 • X319766906 • x319933319		Welcome to your patient portal - quick and easy access to claim and benefit information for your patients!
• x320061536 Pending TINs Denied TINs		

2. Once a patient's information is found, the Provider Dashboard may display links in the center box that the client has elected to display (one example is a link to view the patient's ID card), and the third box may display the logo for the subscriber's employer and a Welcome message.

Provider Dashboard	
Active TINs	Welcome to your patient portal - quick and easy access to claim and benefit information for your patients!
• x319683190	
Pending TINs	
Denied TINs	

Check the Status of Claims

1. Click the Claims tab at the upper left of the screen. The Claims tab opens, and defaults to the Claims sub menu.

Home Claims	Accumulators	Check Eligibilit	у				M	lessages 👻 My Li	nks 🕶 My Profile 🕶
Member ID To find a patient of	SSN enter all information. Cla	First Nar		Last Name	Date of Birth	▼ Gender ▼ Claim Number	Find	Clear Reset	
						lly sorted to show you the most recently proc In question to see more information and ther			ss to a rolling 3
▼ Filter									
Service Date From	Service Date To	▼ State	us 🗸 Pro	ovider TIN 🗸 🛛	laims Per Page 🗸				
Status 🛦	Service Date 🛦	Paid Date	Patient 🔺	Provider TIN 🔺	Provider 🛦	Bill Amount 🔺 🛛 HRA/H	ISA Paid ▲	Patient Cost 🔺	
Processed	09/25/2021	01/26/2022	Doe, Beth	X319766906	Bob Jones Md	\$697.68	\$0.00	\$0.00	view details
Processed	12/16/2021	12/31/2021	Doe, Beth	X319766906	Bob Jones Md Hp	\$4,844.60	\$0.00	\$0.00	<u>view details</u>

You can access and view claims information in several ways from the Claim Summary. You can search for a particular member by completing the Member ID or SSN, First Name, Last Name, Date of Birth and Gender and clicking *Find*. You can also search for a claim directly by entering the Claim Number and clicking *Find*.

Home Claims Accumulators Check Eli	gibility		Messages \bullet My Links \bullet My Profile \bullet
Member ID SSN F	irst Name Date of Bi is optional.	rth 🔹 Gender 🗸 Claim Number F	ind Clear Reset

Claim Summary

Did you know you can sort claims by clicking the column headings or filter claims with our filter tool? Our claims are automatically sorted to show you the most recently processed claims on top and you have access to a rolling 3 years of claims data. Need to find your Explanation of Benefits (EOB)? No problem! Simply click "view details" next to the claim in question to see more information and then click "view Explanation of Benefits".

- The Claim Summary lists 5, 10, or 100 claims at a time. To **view additional pages of claim summary information**, click the page number and/or arrows at the bottom right of the screen.
- To sort the claim summary information, click any column heading; the shading of that column heading changes.
- To view details, click the view details to open the Claim Details section at the bottom of the page.
- To filter the claim summary information, click the *Filter* banner (upper left) to expand the Claim Summary section. Then select the filter criteria: Service Date. Status (open, processed), or TIN. Enter a TIN when you are registered with more than one TIN at the same address.

To remove a filter, click the blue **X** above the Filter banner. For members with integrated HRA or HSA reimbursements, these payments are also reflected

Claim Summary Did you know you can sort claims by clicking the column headings or filter claims with our filter tool? Our claims are automatically sorted to show you the most recently processed claims on top and you have access to a rolling 3 years of claims data. Need to find your Explanation of Benefits (EOB)? No problem! Simply click "view details" next to the claim in question to see more information and then click "view Explanation of Benefits". ➡ Filter Service Date From Service Date To -Status ~ Provider TIN 🗸 Claims Per Page 🗸 Status 🔺 Paid Date Provider A HRA/HSA Paid ▲ Patient Cost # Service Date Patient # Provider TIN # Bill Amount # Processed 09/25/2021 01/26/2022 Doe, Beth X319766906 Bob Jones Md \$697.68 \$0.00 \$0.00 view details

Check the Status of Claims - continued

3. Click the *Claims* tab at the upper left of the screen. The Claims tab opens, and defaults to the Claims sub menu.

Select **View Details** to view additional information including payments:

- Type of Service
- Service Date
- Billed Charges
- Benefit Payment
- HRA/HSA Payment
- Reason Codes (Code descriptions appear in the Reason Code Descriptions below.)
- Status

Open claims have been received but have not completed processing. Therefore, limited details are available – billed charges, date of service.

Processed claims have been completed and may be paid, pended, corrected, or denied.

Payment Information

- Paid Date
- Provider Payment Number (check number)
- Provider Payment Amount
- Plan Participant Payment Number (for split payment)
- Plan Participant Payment Amount (for split payment)

Reason Code Description

• Explanation of claim handling, discounts, denials, etc.

If you have a question regarding this claim, click **Ask a question about this claim** to send a message to Customer Service. You'll receive a message the question has been sent successfully. Expect an answer in your Message Center within 1-2 business days.

Click *View explanation of benefits* to see an image of the provider's Explanation of Benefits.

Claim Detai	ils					
Claim #: Plan Participa Patient: Provider:	012302-893-89 Int:Beth Doe Beth Doe Bob Jones Md	Coverage Type:Medical	<u>View explanation of benefits</u> Ask a question about this claim			
Line# 4	Service 🛦	Service Date 🛦	Billed 🛦	Benefit Payment 🛦	HRA/HSA Payment & Reason Codes &	Status 🔺
t	1 Lab	09/25/2021	\$49.96	\$0.00	\$0.00 PSP	Processed
2	2 Lab	09/25/2021	\$52.10	\$0.00	\$0.00 PSP	Processed
3	3 Lab	09/25/2021	\$35.60	\$0.00	\$0.00 PSP	Processed
4	4 Lab	09/25/2021	\$38.54	\$0.00	\$0.00 PSP	Processed

View Accumulators

View Accumulator information to determine how much deductible or out-of-pocket expenses have been accumulated for each family member. This information is updated nightly.

1. Click *Accumulators*. The Accumulators screen displays member and family accumulators for Year-to-Date Deductibles and Out-of-Pocket Expenses.

Home Claims	Accumulators	Check Eligibility				Messages \checkmark My Links \checkmark My Profile \checkmark
Member ID To find a patient of	SSN	First Name	Last Name	Date of Birth	Gender Claim Number	Find Clear Reset

- 2. You can view additional information for the current and prior benefit year. To change the benefit year, click the *Benefit Year* drop-down menu at the top left of the page and select *Current* or *Previous* plan year.
- To sort the accumulator information, click any column heading in the section.
- To filter the accumulator information, click the *Filter* banner (upper left) to expand the section. Accumulator data can be filtered by coverage type (medical, dental, etc.).

Match Species Set	lome Claims Ac	cumulators Check Elig	jibility					Messages 👻 My	Links 👻 My Profile
Image: Control of find a patient enter all information. Claim Number is optional. Maximum Number is optional. Accumulators Second Se									
Accumulators Benefit Year Cirrent: 01/01/022 - 12/31/2023 V Vot To Dato Deducibility Visit Year Visit Year Visit Year Us the arrows the colume badings to sort the information contained in the specific colume. New Year New Year New Year Visit Year: 01/01/0223 - 12/31/2023 New Year: 01/01/0223 - 12/31/2023 New Year: 01/01/0223 New Year: 01/01/01/023 New Year: 01/01/01/023 New Year: 01/01/01/023 New Year: 01/01/01/01/01/01/01/01/01/01/01/01/01/0	Member ID	SSN Fir	rst Name	Last Name	Date of Birth 🔻	Gender 🗸	Claim Number	Find Clear Reset	
Banelit Year: 10/10/2022 - 12/31/2023 V Year to Date Deductibles Other bandwards to serve the information contained in the specific column. Server to 10/10/2023 - 12/31/2023 Filter Colorer gene (0)/10/2023 - 12/31/2023 Patient Hame 4 Begin Date A Bescription A Mediamount Amount A Met Amount A Patient Hame 4 Begin Date A End Date A Description A Med Amount A Patient Hame 4 Begin Date A End Date A Description A Med Amount A Medical Diversion Deductible Mediamount A Med Amount A Description A Med Amount A Med Amount A Diversion Deductible Scorer and Score Biologica Diversion Deductible Scorer and Score Diversion Devektore Deductible Diversion Deductible Scorer and Score Diversion Devektore Deductible Med Amount A Diversion Devektorer In Information Contalmed In the specific column.	To find a patient enter al	l information. Claim Number i	s optional.						
Variable Control Contrel Contro Control Contrel Control Control Control Control Control	Accumulators								
Operation Begin Date A End Date A Description A Maximum Amount A MetAmount A Paint Name A Begin Date A End Date A Description A Maximum Amount A MetAmount A Paint Name A Begin Date A End Date A Description A Maximum Amount A MetAmount A Dase, Beth 0/0/0203 12/0/020 Domesite Doductible 50.000.00 5176.01 Dase, Beth 0/0/0203 12/0/020 Non-Network Deductible 50.000.00 5176.01 Dase, Beth 0/0/0203 12/0/203 Non-Network Deductible 50.000.00 5176.01 Daway 0/0/0203 12/0/203 Non-Network Deductible 50.000.00 5176.01 Finity 0/0/0203 12/0/203 Non-Network Deductible 50.000.00 50.000.00 50.000 Operator Devoker Express 0/0/0203 12/0/203 Non-Network Deductible 50.000.00 50.000 50.000 Point Name A MetAmouth Secondor Secondor 50.000.00 50.000 50.000 50.000 50.000	enefit Year: Current: 01/01	1/2023 - 12/31/2023 🗸							
And and a strain of the strain of t	ear to Date Deductib	les							
Itter Name A Begin Date A End Date A Description A Maximum Amount A Met Amount A Des. Beth 01/01/023 12/31/2023 Domestic Deductible \$1,200,00 \$176,01 Des. Beth 01/01/2023 12/31/2023 Network Deductible \$1,200,00 \$176,01 Des. Beth 01/01/2023 12/31/2023 Network Deductible \$1,000,00 \$176,01 Des. Beth 01/01/2023 12/31/2023 Network Deductible \$3,000,00 \$176,01 Family 01/01/2023 12/31/2023 Network Deductible \$4,000,00 \$176,01 Family 01/01/2023 12/31/2023 Network Deductible \$4,000,00 \$176,01 Family 01/01/2023 12/31/2023 Non-Network Deductible \$4,000,00 \$176,01 Full of Pocket Expenses 01/01/2023 12/31/2023 Non-Network Deductible \$10,000,00 \$0,00 Ves the arrows in the column hadings to sort the information contained in the specific column. Standard Standar	Use the arrows in the colum	nn headings to sort the inform	ation contained in the spe	ecific column.					
Coverage: Nedical Patient Name A Begin Date A End Date A Description A Maximum Amount A Met Amount A Des, Beth 01/01/2023 12/31/2023 Domestic Deductible 51.00.00 517.6.01 Des, Beth 01/01/2023 12/31/2023 Nom-Network Deductible 50.00.00 517.6.01 Des, Beth 01/01/2023 12/31/2023 Nom-Network Deductible 51.00.00 517.6.01 Family 01/01/2023 12/31/2023 Nom-Network Deductible 51.00.00 517.6.01 Family 01/01/2023 12/31/2023 Nom-Network Deductible 51.00.00 \$17.6.01 Family 01/01/2023 12/31/2023 Nom-Network Deductible \$10,000.00 \$17.6.01 Family 01/01/2023 12/31/2023 Nom-Network Deductible \$10,000.00 \$10.00 Out of Pocket Expenses State Arrow Arr		2/31/2023							
Patient Name A Begin Date A End Date A Description A Maximum Anount A Met Amount A Des, Beth 01/01/2023 12/31/2023 Domestic Deductible 51.00.00 517.601 Des, Beth 01/01/2023 12/31/2023 Network Deductible 55.00.00 517.601 Des, Beth 01/01/2023 12/31/2023 Non-Hetwork Deductible 55.00.00 50.00 Family 01/01/2023 12/31/2023 Non-Hetwork Deductible 51.00.00 51.00.00 Family 01/01/2023 12/31/2023 Non-Hetwork Deductible 51.00.00 50.00 Family 01/01/2023 12/31/2023 Non-Hetwork Deductible 51.00,00 50.00 Family 01/01/2023 12/31/2023 Non-Hetwork Deductible 51.00,00.00 50.00 Out of Pocket Expenses Visit Arrora A Non-Yetwork Deductible 51.00,00.00 50.00 O Us the arrows in the column head-mation contained in the specific column. Sectific arrows in the column head-mation contained in the specific column. Sectific arrows in the column head-mation contained in the specific column. Poter Sectific	▼ Filter								
Doe, Beth01/01/202312/31/2023Domestic Deductible51/20.00\$176.01Doe, Beth01/01/202312/31/2023Network Deductible52.000.00\$176.01Doe, Beth01/01/202312/31/2023Non-Network Deductible55.000.00\$0.00Family01/01/202312/31/2023Domestic Deductible\$2,400.00\$176.01Family01/01/202312/31/2023Non-Network Deductible\$4,000.00\$176.01Family01/01/202312/31/2023Non-Network Deductible\$0,000.00\$0.00Family01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Could Pocket Expenses10/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Use the arrows in the column headings to sort the information contained in the specific column. Benefit Year:\$10,000.00\$0.00\$0.00Patient Name ABegin Date AEnd Date ADescription AMaximum Amount AMet Amount ADes, Beth01/01/202312/31/2023Domestic Out Of Pocket\$3.000.00\$211.01Dee, Beth01/01/202312/31/2023Demestic Out Of Pocket\$3.000.00\$211.01Family01/01/202312/31/2023Demestic Out Of Pocket\$3.000.00\$211.01	Coverage: 🖲 Medical								
Dee, Beth01/01/202312/31/2023Network Deductible42.000.00\$176.01Dee, Beth01/01/202312/31/2023Non-Network Deductible\$5,000.00\$0.00Family01/01/202312/31/2023Domestic Deductible\$4,000.00\$176.01Family01/01/202312/31/2023Network Deductible\$4,000.00\$10.01Family01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Control Pocket Expenses01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Out of Pocket Expenses01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Out of Pocket Expenses01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Out of Pocket Expenses01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Out of Pocket Expenses	Patient Name ▲	Begin Date 🛦	End Date 🔺	Description A			Maximum Amount 🛦	Met Amount 🛦	Balance 🛦
De. Beth01/01/202312/31/2023Non-Network Deductible55,00.0090.01Family01/01/202312/31/2023Domestic Deductible52,400.0051/76.01Family01/01/202312/31/2023Non-Network Deductible51.0051.00Family01/01/202312/31/2023Non-Network Deductible50.0050.00Gut of Pocket Expenses O use the arrows in the column headings to sort the information contained in the specific column. Benefit Year: 01/01/2023 - 12/31/2023Non-Network DeductibleMaximu Amount 4Met Amount 4Potent Name ABegin Date AEnd Date ADescription AMaximu Amount 4Met Amount 4De., Beth01/01/202312/31/2023Network Out Of Pocket53.000.005211.01Family01/01/202312/31/2023Domestic Out Of PocketStateStateMaximu Amount 4Met Amount 4De., Beth01/01/202312/31/2023Domestic Out Of PocketStateStateStateFamily01/01/202312/31/2023Demestic Out Of PocketStateStateStatePatient Name ABegin Date AEnd Date ADescription AMaximu Amount 4Met Amount 4De., Beth01/01/202312/31/2023Domestic Out Of PocketStateStateFinally01/01/202312/31/2023Demestic Out Of PocketStateStateStateGut AMaximu Amount 4Met Amount 4StateStateStateGut A01/01/202312/31/2023Demestic O	Doe, Beth	01/01/2023	12/31/2023	Domestic Deductible			\$1,200.00	\$176.01	\$1,023.99
Family01/01/202312/31/2023Domestic Deductible\$2,400.00\$176.01Family01/01/202312/31/2023Network Deductible\$4,000.00\$0.00Family01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Out of Pocket Expenses• Use the arrows in the column headings to sort the information contained in the specific column. Benefit Year: 01/01/2023 - 12/31/2023Patient Name ABegin Date AEnd Date ADescription AMaximum Amount AMet Amount ADee, Beth01/01/202312/31/2023Domestic Out Of Pocket\$3,000.00\$211.01Dee, Beth01/01/202312/31/2023Network Out Of Pocket\$5,000.00\$211.01Family01/01/202312/31/2023Domestic Out Of Pocket\$6,000.00\$211.01	Doe, Beth	01/01/2023	12/31/2023	Network Deductible			\$2,000.00	\$176.01	\$1,823.99
Family01/01/202312/31/2023Network Deductible\$4,000.00\$176.01Family01/01/202312/31/2023Non-Network Deductible\$10,000.00\$0.00Out of Pocket ExpensesOut of Pocket Expenses• Filter• FilterCoverage:	Doe, Beth	01/01/2023	12/31/2023	Non-Network Deductible			\$5,000.00	\$0.00	\$5,000.00
Family 01/01/2023 12/31/2023 Non-Network Deductible \$10,000.00 \$0.00 Out of Pocket Expenses Filler Coverage:	Family	01/01/2023	12/31/2023	Domestic Deductible			\$2,400.00	\$176.01	\$2,223.99
Maximum Amount A Met Amount A Benefit Year: 01/01/2023 - 12/31/2023 Filter Coverage: Medical Patient Name A Begin Date A End Date A Description A Met Amount A Met Amount A Doe, Beth 01/01/2023 12/31/2023 Domestic Out Of Pocket \$3,000.00 \$211.01 Doe, Beth 01/01/2023 12/31/2023 Network Out Of Pocket \$5,000.00 \$211.01 Finily 01/01/2023 12/31/2023 Domestic Out Of Pocket \$6,000.00 \$211.01	Family	01/01/2023	12/31/2023	Network Deductible			\$4,000.00	\$176.01	\$3,823.99
Outso the arrows in the column headings to sort the information contained in the specific column. Benefit Year: 01/01/2023 - 12/31/2023 Filter Coverage:	Family	01/01/2023	12/31/2023	Non-Network Deductib	ble		\$10,000.00	\$0.00	\$10,000.00
Begin Date A End Date A Description A Maximum Amount A Met Amount A Doe, Beth 01/01/2023 12/31/2023 Domestic Out Of Pocket \$3,000.00 \$211.01 Doe, Beth 01/01/2023 12/31/2023 Network Out Of Pocket \$5,000.00 \$211.01 Family 01/01/2023 12/31/2023 Domestic Out Of Pocket \$6,000.00 \$211.01)ut of Pocket Expense	25							
Benefit Year: 01/01/2023 - 12/31/2023 Filter Coverage: Medical Patient Name A Ben Date A End Date A Description A Met Amount A Met Amount A Des. Beth 01/01/2023 12/31/2023 Denestic Out Of Pocket \$\$3,000.00 \$\$211.01 Finity 01/01/2023 12/31/2023 Denestic Out Of Pocket \$	•		ation contained in the spe	ecific column.					
Coverage: Medical Patient Name A Begin Date A End Date A Description A Maximum Amount A Met Amount A Doe, Beth 01/01/2023 12/31/2023 Domestic Out Of Pocket \$3,000.00 \$211.01 Doe, Beth 01/01/2023 12/31/2023 Network Out Of Pocket \$5,000.00 \$211.01 Family 01/01/2023 12/31/2023 Domestic Out Of Pocket \$6,000.00 \$211.01	- enefit Year: 01/01/2023 - 12	2/31/2023							
Patient Name A Begin Date A End Date A Description A Maximum Amount A Met Amount A Dee, Beth 01/01/2023 12/31/2023 Domestic Out Of Pocket \$3,000.00 \$211.01 Dee, Beth 01/01/2023 12/31/2023 Network Out Of Pocket \$5,000.00 \$211.01 Family 01/01/2023 12/31/2023 Domestic Out Of Pocket \$6,000.00 \$211.01	▼ Filter								
Doe, Beth 01/01/2023 12/31/2023 Domestic Out Of Pocket \$3,000.00 \$211.01 Doe, Beth 01/01/2023 12/31/2023 Network Out Of Pocket \$5,000.00 \$211.01 Family 01/01/2023 12/31/2023 Domestic Out Of Pocket \$6,000.00 \$211.01	Coverage: 🖲 Medical								
Doe, Beth 01/01/2023 12/31/2023 Network Out Of Pocket \$5,000.00 \$211.01 Family 01/01/2023 12/31/2023 Domestic Out Of Pocket \$6,000.00 \$211.01	Patient Name 🔺	Begin Date 🔺	End Date 🔺	Description 🔺			Maximum Amount 4	Met Amount	Balance 🔺
Family 01/01/2023 12/31/2023 Domestic Out Of Pocket \$6,000.00 \$211.01	Doe, Beth	01/01/2023	12/31/2023	Domestic Out Of Pocket	t		\$3,000.00	\$211.0	L \$2,788.99
	Doe, Beth	01/01/2023	12/31/2023	Network Out Of Pocket			\$5,000.00	\$211.0	L \$4,788.99
Family 01/01/2023 12/31/2023 Network Out Of Packet \$10,000,00 \$211,01	Family	01/01/2023	12/31/2023	Domestic Out Of Poc	ket		\$6,000.00	\$211.0	\$5,788.99
	Family	01/01/2023	12/31/2023	Network Out Of Pock	cet		\$10,000.00	\$211.0	\$9,788.99

Check Eligibility

View Eligibility information for members.

1. Click Check Eligibility.

Home Claims Accumulators Check Eligibility		Messages ▾ My Links ▾ My Profile ▾
Member ID SSN First Name To find a patient enter all information. Claim Number is optional.	Last Name Date of Birth T Gender V Claim Number	Find Clear Reset

2. The eligibility of a patient's coverage for the past two years is displayed. All of the elected benefits for the effective date are checked.

Check Eligibility

the patient's last two calendar years, plus the current year of coverage information is displayed below. Note: for benefit details about this patient, contact us by clicking the link below. To ensure your question is answered in a timely manner, please be specific in the type of benefit details you are inquiring about. Ask a benefit question about this patient								
Location/Division A	Benefit Plan ▲	Network 🔺	Effective Date	Expiration Date 🔺	Medical	Dental	Vision	
- LOCATION BT	Choice Plan w/Optional Coverages	ABC PROVIDER NETWORK	01/01/2023		~	~	~	
- LOCATION BT	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2022	12/31/2022	~	~	~	
- LOCATION BT	Exclusive Plan w/Optional Coverages	ABC HEALTH + ABC HEALTH	01/01/2021	12/31/2021	~	~	~	

Message Center

The Message Center allows you to send messages or ask questions about claims or eligibility to customer service. Messages stay within the secure features of the portal. You will receive an email notification that a message has been received and then you can log into the Message Center to view the response.

1. Click the *Messages* tab at the upper right section of the home page.

Home Claims Accumulators Check Eligibility			Messages 👻	My Links 👻 My Profile 👻
Member ID SSN First Name U To find a patient enter all information. Claim Number is optional.	Date of Birth	Gender Claim Number	nd Clear Re	eset

The Message Center opens. You are able to see any messages sent or received by the username you used to log in.



2. When you select *Inbox* you are able to view incoming messages. Messages are bolded until they are read. They remain in the Inbox until you delete them.

Inbox							
🚯 Use the arrows in the column headings to sort the information contained in the specific column.							
Select All Delete Selected		Sent Messages	New Message				
🔋 Topic 🛦	Subject 🛦	Regarding 🛦	Date				
Registration	About your Registration	01,	/18/2023 08:33 PM				

To view a message, click the subject.

To **delete messages**, click the checkbox to the left of the message(s) you want to delete. Then click **Delete Selected**.

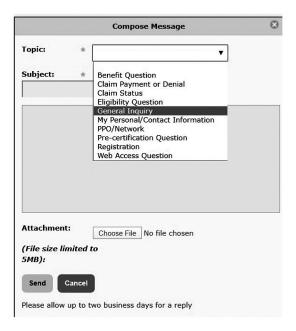
(continued on Page 16)

Message Center - continued

3. To send a message:

Select New Message in the drop-down Messages tab or click the New Message button above Inbox.

- Select your topic from the drop down list.
- Enter a subject.
- Enter the details of your message in the large white box. If your message is regarding a particular claim or member, include the claim number or member number in the message.
- If applicable, documentation can be included with the message. To include documentation, select *Browse* to the right of **Attachment**. A file explorer pop-up window will appear. Navigate to the desired file, select it and then select *Open*. The maximum file size is 5 MB.
- Click Send.



4. To respond to an incoming message in your inbox, click the message subject. Click *Reply*. The original subject appears in the **Subject** box with **RE:** for reply.

Add your message in the top box and click **Send**.

(continued on Page 17)

	Compose Message	
Topic:	Registration	
Subject:	*	
RE: About you	ur Registration	
Attachment:	Choose File No file chosen	
Attachment: (File size lim 5MB):		
(File size lim		

Message Center - continued

5. To view your sent messages:

Click the Sent Messages button in your Inbox or,

Inbox			
Use the arrows in the column headin	ngs to sort the information contained in the specific column.		Sent Messages New Message
🔋 Topic 🛦	Subject 🔺	Regarding 🛦	Date
Registration	About your Registration		01/18/2023 08:33 PM

Select Sent Messages in the drop-down Messages tab.



My Links

The **My Links** tab provides quick and easy access to information the client has selected to make available to providers. The **My Links** drop down list may be blank if the client (employer) did not select any options for provider users.

Home Claims Accumulators Check Eligibility		Messages ▾ My Links ▾ My Profile ▾
Member ID SSN First Nan	Last Name Date of Birth V Gender V Claim Num	nber Find Clear Reset
Member ID SSN First Nam To find a patient enter all information. Claim Number is optic	Last Name Date of Birth Claim Num	ber Find Clear Reset

A list of links opens, depending on the client's choices for links viewable by providers. This section may be blank.

My Profile

You can update your portal password, name, and/or email address in the My Profile tab.

Access My Profile

1. Click the drop-down *My Profile* tab at the upper right of the home page. The **Update Account Profile** screen displays.

Home Claims Accumulators Check Eligibility	Messages ▾ My Links ▾ My Profile ▾
Member ID SSN First Name Last Name Date of Birth Gender Claim Number To find a patient enter all information. Claim Number is optional. Claim Number	Find Clear Reset

- 2. Select User Profile. The Update Account Profile screen opens.
- **3.** Update your account profile information as necessary. Then click *Update* to save your changes.

Your account profile is updated with the new information.

User Profile

Update Account Profile - You must supply your current password to update your profile information.

Username
Current Password
New Password
Confirm New Password
Password Strength
First Name
Last Name
Email Address
Confirm Email Address

Note: Changes to this information apply only to your online account. Changes made here will not update information stored in the Trustmark Health Benefits healthcare benefit administration system.

UPDATE	CLOSE

(continued on Page 19)

Access My Profile - continued

3. Select *Registration* to add another TIN under your username. Select *Provider*.

Registration	
If you are a plan participant or a dependent of a plan participant, select "Member" to register. If you are a Provider user, do not register as a "Member". If you are a Provider user, select "Provider" to register.	
Member: O Provider:	
Next	

This is only necessary if you bill under multiple TINs at different addresses.

Complete the Provider First/Last Name.

- Enter the Tax ID number(s).
- Enter the address associated with the Tax ID number.
- Enter your Contact Phone number.
- Enter your E-mail address.
- Select Access Type to view claims and eligibility.
- Click Submit.

Home Claims Accumulators Check Eligibility Messages 🕶	My Links 👻	My Profile -	
Provider Dashboard • Home	ſ	User Profile	
Registration		Registration	nt and Terms and Conditions
To register for access, please enter all of the information below for each TIN you would like to register. Click Submit to add each TIN. Provider First/Last Name: *			
Taxpayer Identification Numbers: *			
(You may enter multiple TINs for one location separated by a comma) Provider Organization: *			
USA:			
Address 1: *			
Address 2:			
City: * State: * V ZIP Code: *			
Contact Phone: *			
Email: *			
f Please let us know the type of access you need to our portal. We find most of our providers require both claim access and eligibility access to manage their patient accounts.			
Access Type: O Claims Access O Eligibility Access O Claims and Eligibility Access			
Submit Cancel			

You are registed for two TINs under the same Username. When you log in and choose the **Claims** tab, use the Filter feature to select the TIN you want for reviewing claims.

Select *Terms and Conditions* to view the Terms and Conditions.

