



Select
Health

Select Health Provider Portal External Training

March 2025

Confidential and property of Select Health

Provider Tools Questionnaire



Provider Tools Questionnaire

For an office requesting access for the first time, a Provider Tools Questionnaire form will need to be filled out and submitted to Select Health. All fields indicated with a * is a **required** field

This form will be used to help determine contracting status and designating a Primary Contact or Data Security Administrator for the Account

Once the form has been filled out with the required information, click the next button at the bottom of the screen

Provider Tools Questionnaire

*Date
03/14/2023

* Full Name of Health Care Organization Requesting Access ⓘ
Test Clinic

* Tax ID Number
123456789

* Tax ID Name
Test Clinic

⌵ Please list any Provider/Clinician names and NPIs of those that are contracted with Select Health **Add**

* Provider/Clinician Name ⓘ
Test Provider

* Provider/Clinician NPI
0123456789

* Health Care Organization Primary Location Address ⓘ
5381 S Green St, Murray, UT 84123, USA

* Street
5381 South Green Street

* City
Murray

* State
UT

* ZipCode
84123

* Health Care Organization Primary Location Phone Number
(801) 888-8888

Health Care Organization Primary Location Fax:

Select Health contracted HCO website address/URL

* Do you require access for non-HCO staff? ⓘ
No

HCO DSA Contact Information

HCO DSA Name

* First Name ⓘ
Jessie

Middle Name

* Last Name
Smith

* HCO DSA DOB
12/31/1990

* HCO DSA Last 4 of SSN ⓘ
1234

* HCO DSA Phone Number
(801) 888-8888

* HCO DSA Email Address
test@selecthealth.org

We require your HCO to fill out and sign our information Technology Services Agreement. Who will serve as authorized signatory for your HCO?

* Authorized Signatory Name
Jessie Smith

* Authorized Signatory Title
Office Manager

Next

Provider Tools Questionnaire

A Summary Review will display allowing you to review and verify the information being submitted

Once you have verified the information is correct, click the Submit button

A confirmation page will display showing your request has been submitted and provides a case number for the user to reference

The screenshot shows the 'Summary Review' page of the Provider Tools Questionnaire. The page has a dark purple header with the Select Health logo and a 'Log in' button. The main content area is white and contains a form with the following fields:

- Date:** 03/14/2025
- Full Name of Health Care Organization Requesting Access:** Test Clinic
- Tax ID Number:** 123456789
- Tax ID Name:** Test Clinic
- Health Care Organization Primary Location Address:** 5381 South Green Street, Murray, UT, 84123
- Health Care Organization Primary Location Phone Number:** (801) 888-8888
- Clinician Name:** Test Provider
- Authorized Signatory Name:** Jessie Smith
- Health Care Organization Primary Location Fax:** Select Health contracted HCO website address/URL
- Do you require access for non-HCO staff?:** No
- HCO DSA First Name:** Jessie
- HCO DSA Middle Name:**
- HCO DSA Last Name:** Smith
- Clinician NPI:** 0123456789
- Authorized Signatory Title:** Office Manager
- HCO DSA DOB:** 12/31/1990
- HCO DSA Last 4 of SSN:** 1234
- HCO DSA Phone Number:** (801) 888-8888
- HCO DSA Email Address:** test@selecthealth.org

At the bottom of the form, there are two buttons: 'Previous' and 'Submit' (highlighted with a red border).

The screenshot shows the 'Request Submitted' confirmation page of the Provider Tools Questionnaire. The page has a dark purple header with the Select Health logo and a 'Log in' button. The main content area is white and contains the following text:

Request Submitted

Thank you for your submission. Please note your case number, **00146426**, for future reference. Select Health Provider Web Services has received your request. We will contact you if any additional information is needed.

****IMPORTANT INFORMATION ABOUT YOUR SUBMISSION****

Requests for access to our secure Select Health Provider Tools/Portal may require up to 30 days to complete. PLEASE DO NOT SUBMIT MORE THAN ONCE IF YOU HAVE NOT HEARD BACK FROM US BEFORE 30 DAYS. DOING SO MIGHT ADD TO OUR BACKLOG AND MAY RESULT IN DELAYS. You are, however, welcome to submit an inquiry regarding the status of your request through our Provider Portal or by emailing us at providerwebservices@selecthealth.org

We will contact you with further instructions once we have reviewed your submission.

Provider Tools Questionnaire

A confirmation email will be sent to the user confirming the questionnaire has been submitted and includes the case number for reference

From: Select Health Provider Web Services <providerwebservices@selecthealth.org>
Sent: Friday, February 7, 2025 10:57 AM
To: Sandy Leo <sandy.leo@selecthealth.org>
Subject: Sandbox: Thank you for your submission of case #00065069

This Message Is From an External Sender

This message came from outside your organization.

Report Suspicious

Thank you for your submission. Please note your case number, **00065069**, for future reference.

Select Health Provider Web Services has received your request. We will contact you if any additional information is needed.

****IMPORTANT INFORMATION ABOUT YOUR SUBMISSION****

Requests for access to our secure Select Health Provider Tools/Portal may require up to 30 days to complete. PLEASE DO NOT SUBMIT MORE THAN ONCE IF YOU HAVE NOT HEARD BACK FROM US BEFORE 30 DAYS. DOING SO MIGHT ADD TO OUR BACKLOG AND MAY RESULT IN DELAYS. You are, however, welcome to submit an inquiry regarding the status of your request through our Provider Portal or by emailing us at providerwebservices@selecthealth.org

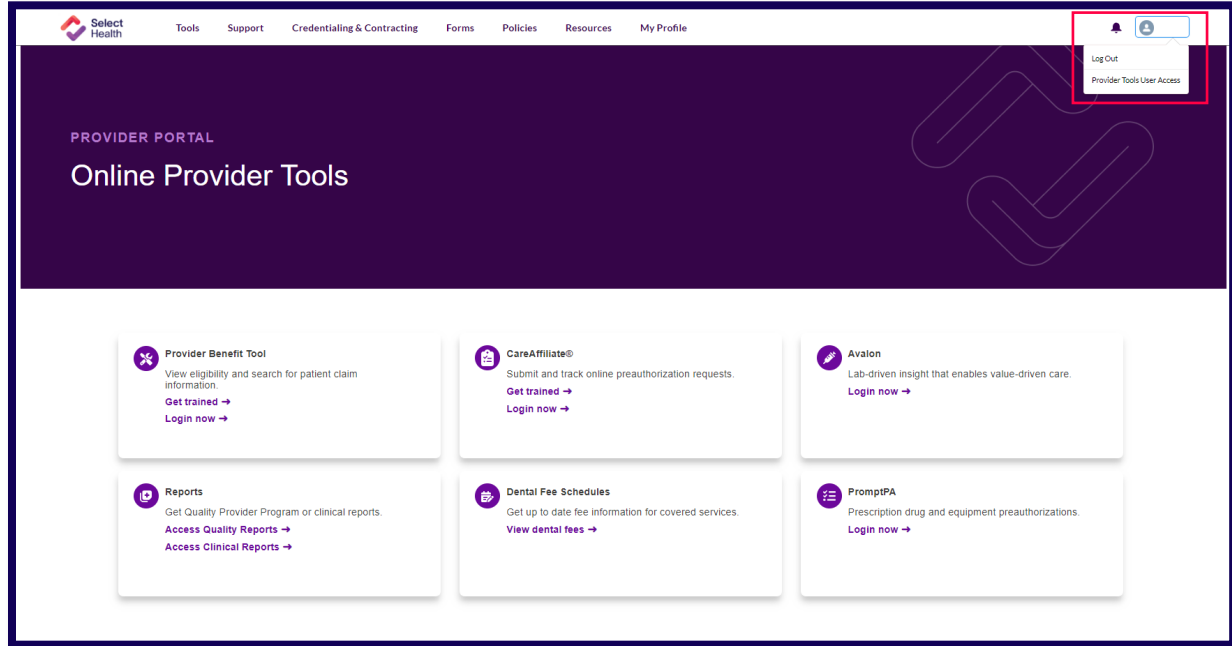
We will contact you with further instructions once we have reviewed your submission.

HCO User Provider Tools Access Form

HCO User Provider Tools Access Form

Office Managers, Provider Group Admins, Data Security Administrators, and Credentialers have the option to submit Provider Tools User Access Requests online

To request access for new users, click on your username in the top right corner and select Provider Tools User Access from the dropdown menu



The screenshot displays the Select Health Provider Portal interface. The top navigation bar includes the Select Health logo and links for Tools, Support, Credentialing & Contracting, Forms, Policies, Resources, and My Profile. The main header area is dark purple with the text 'PROVIDER PORTAL' and 'Online Provider Tools'. A red box highlights the user profile dropdown menu in the top right corner, which contains 'Log Out' and 'Provider Tools User Access' options. The main content area features six tool cards: Provider Benefit Tool, CareAffiliate®, Avalon, Reports, Dental Fee Schedules, and PromptPA. Each card includes a brief description and links for 'Get trained' and 'Login now'.

HCO User Provider Tools Access Form

Auto populated fields:

Date

DSA Name

DSA Email Address

Fill out the **required fields:**

Full Name of HCO Making

Request – Select the correct HCO
from the dropdown menu

**Access Third Party Revenue
cycle Management/Billing**

Companies? – If the user is from a
third-party billing company, select
Yes. If the user is directly affiliated
with the HCO, select No

Click Next

Select Health Tools Support Credentialing & Contracting Forms Policies Resources My Profile

HCO User Provider Tools Access Form

Date: 03/05/2025

DSA Name: _____

DSA Call Back Number: _____

DSA Email Address: _____

* Full Name of HCO Making Request: _____

* Access Third Party Revenue cycle Management/ Billing Companies?
Yes No

Next

HCO User Provider Tools Access Form

Select the correct Tax ID
Number under the Available
column and click the right arrow
button to move the Tax ID
Number to the Chosen column

Click Next

The screenshot shows the 'HCO User Provider Tools Access Form' interface. At the top, there is a navigation bar with the Select Health logo and links for Tools, Support, Credentialing & Contracting, Forms, Policies, Resources, and My Profile. The main heading is 'HCO User Provider Tools Access Form'. Below this, there is a section titled 'Tax ID Number & Name' containing two columns: 'Available' and 'Chosen'. A red box highlights a Tax ID number in the 'Available' column. Below the columns are two buttons: 'Previous' and 'Next'.

The screenshot shows the same 'HCO User Provider Tools Access Form' interface. The Tax ID number has been moved from the 'Available' column to the 'Chosen' column, as indicated by the red box. The 'Next' button is also highlighted with a red box, indicating it should be clicked to proceed.

HCO User Provider Tools Access Form

Fill out the **required** fields:

First Name

Last Name

Email

Last 4 digits of SSN

DOB

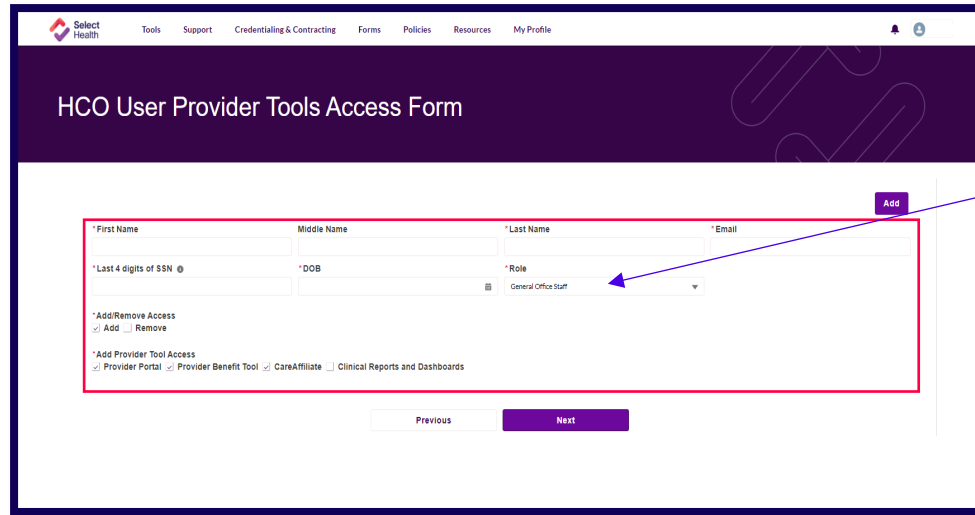
Role

Add/Remove Access

Add Provider Tool Access – Provider Portal, Provider Benefit Tool, Care Affiliate, Clinical Reports and Dashboards

For a single user after filling out the required fields, click next to proceed to the next screen

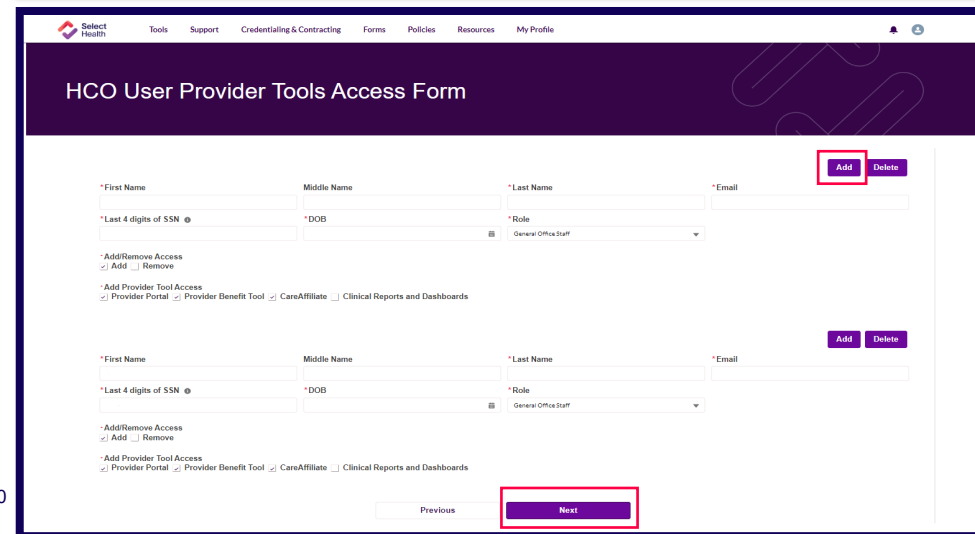
To add additional users, click the Add button, fill out the **required** fields for additional users and then click Next



The screenshot shows the 'HCO User Provider Tools Access Form' with a single user entry. A red box highlights the required fields: First Name, Middle Name, Last Name, Email, Last 4 digits of SSN, and DOB. The Role dropdown is set to 'General Office Staff'. There are 'Add', 'Remove', and 'Next' buttons.

Overview of roles assigned within the Provider Portal

Office Manager, DSA, Provider Group Admin and Credentialer – These roles will allow access to the HCO User Provider Tool Access form to submit access requests for other users. This role will also have the option to Add New Providers within the My Profile page.



The screenshot shows the 'HCO User Provider Tools Access Form' with multiple user entries. A red box highlights the 'Add' and 'Delete' buttons for the first entry, and another red box highlights the 'Next' button at the bottom.

General Office Staff & Third-Party Billing Representative - These roles will have standard Provider Portal access. Does **not** enable access to the HCO User Provider Tool Access form

HCO User Provider Tools Access Form

A Summary Review will display allowing you to review and verify the information being submitted

Once you have verified the information is correct, click the Submit button

The screenshot shows the 'Summary Review' section of the HCO User Provider Tools Access Form. The page title is 'HCO User Provider Tools Access Form'. Below the title, there is a 'Summary Review' section with the subtitle 'Review and verify the information'. The form contains several fields for review:

- Date:** 2025-03-05
- Primary Healthcare Organization:** (empty)
- Primary Call Back Number:** (empty)
- Primary Contact Email Address:** (empty)
- Full Name of HCO Making Request:** (empty)
- Tax ID Number & Name:** (empty)
- Access to Third Party Revenue cycle Management Billing Companies:** No

Below these fields is a table with the following data:

| First Name | Middle Name | Last Name | Email | SSN | Role | DOB | Add Access | Remove Access |
|------------|-------------|-----------|-------|------|----------------------|----------|---|---------------|
| Jane | | Smith | | 1234 | General Office Staff | 1/1/1990 | Provider Portal/Provider Benefit Tool/CareAffiliate | |
| John | | Smith | | 5678 | General Office Staff | 1/2/1995 | Provider Portal/Provider Benefit Tool/CareAffiliate | |

Below the table, it states 'Number of Individuals needing access: 2'. At the bottom of the form, there are two buttons: 'Previous' and 'Submit'. The 'Submit' button is highlighted with a red border.

A confirmation page will display showing your inquiry has been submitted and provides an inquiry number for the user to reference

A confirmation email will be sent once an account has been created and access has been provisioned

Click Go To Homepage to return to the Provider Portal main page

The screenshot shows the 'Inquiry Submitted' confirmation page of the HCO User Provider Tools Access Form. The page title is 'HCO User Provider Tools Access Form'. Below the title, there is a green checkmark icon and the text 'Inquiry Submitted'. Below this, it says 'Your inquiry, 00069179, is being reviewed.' At the bottom of the page, there is a button labeled 'Go To Homepage'.

Provider Portal



Provider Portal

The Provider Portal provides a variety of tools, forms, and resources available to users

Tools – Links to the Provider Benefit Tool, Care Affiliate, Avalon, Reports, Dental Fee Schedules, and Prompt PA

Support – Submit inquiries directly to Provider Development and Provider Operations

Credentialing & Contracting – View the details and status of credentialing & contracting related inquiries

Forms - Links to the Select Health forms page where you can access a variety of Provider related forms to submit to Select Health

Policies – Links to the Select Health Policies page where you can access Select Health's medical policies and medical/dental coding and reimbursement policies

Resources – Links to the Select Health publications and resources page where you can access our quarterly Provider Insight Newsletter, our monthly provider bulletin, our provider reference manuals and our provider training and attestation materials

My Profile – View the Providers/Facilities that you have access to in the Provider Portal. This page will also allow you to add new providers to your practice or submit changes to provider demographic information

The screenshot shows the Select Health Provider Portal interface. At the top, there is a navigation bar with the Select Health logo and menu items: Tools, Support, Credentialing & Contracting, Forms, Policies, Resources, and My Profile. Below the navigation bar is a dark purple header with the text "PROVIDER PORTAL" and "Online Provider Tools". The main content area features six white cards, each representing a different tool or resource:

- Provider Benefit Tool**: View eligibility and search for patient claim information. Includes links for "Get trained" and "Login now".
- CareAffiliate®**: Submit and track online preauthorization requests. Includes links for "Get trained" and "Login now".
- Avalon**: Lab-driven insight that enables value-driven care. Includes a "Login now" link.
- Reports**: Get Quality Provider Program or clinical reports. Includes links for "Access Quality Reports" and "Access Clinical Reports".
- Dental Fee Schedules**: Get up to date fee information for covered services. Includes a "View dental fees" link.
- PromptPA**: Prescription drug and equipment preauthorizations. Includes a "Login now" link.

Provider Portal

Overview of the Forms page and the resources available

The screenshot shows the Select Health Provider Portal. At the top, there is a navigation bar with the Select Health logo, a phone number (800-538-5054), and buttons for 'Email Us' and 'Provider Login'. Below the navigation bar are links for 'Preauthorization', 'Claims', 'Policies', 'Join Our Networks', 'Programs', and 'Publications & Resources'. The main content area is titled 'Forms' and includes a brief introduction about the forms available. It features a section for 'Credentialing/Contracting Forms' with sub-sections for 'For Clinicians' and 'For Facilities and Vendors'. There is also a 'Secure Content Access Request' section with a list of steps and a note about secure member information. A 'Preauthorization Requests' section includes a table of request forms for different states and plans, and a link to learn more about services/procedures requiring preauthorization. The 'Electronic Data Interchange (EDI) Forms' section lists forms for remittance advice and funds transfer. Finally, there are sections for 'Appeals Request' and 'Medicare Advantage Requests/Notifications'.

Select Health 800-538-5054 [Email Us](#) [Provider Login](#)

[Preauthorization](#) [Claims](#) [Policies](#) [Join Our Networks](#) [Programs](#) [Publications & Resources](#)

[HOME](#) / [PROVIDERS](#) / [FORMS](#)

Forms

Access the forms you need for appeals, information changes, access requests, preauthorization requests, electronic claims payment, and more. Most forms can be completed online, downloaded, and attached to the email indicated on the form.

Credentialing/Contracting Forms

- For Clinicians:**
 - [Provider Participation Request](#), which details provider information needed by Select Health to begin the credentialing process. There is also a shorter version designed for [expansion markets](#).
 - Credentialing forms for [physicians](#) and [advance practice providers](#) without a Council for Affordable Quality Healthcare (CAQH) profile.
- For Facilities and Vendors:**
 - [Select Health Panel Request form](#) for initiating a credentialing/contracting request by a facility or vendor.
 - [Facility/Vendor Credentialing Request form](#), which details provider information needed by Select Health to complete the credentialing process.

Secure Content Access Request

Request access to the Select Health secure Provider Portal and online tools by completing BOTH:

- [IT Services Agreement \(ITSA\)](#): An agreement between your office and Select Health regarding access to the Select Health system. You only need to complete and return pages 1 and 14.
- [Login Application](#): Access request for Portal and practice management tools, such as the Provider Benefit Tool, for checking member eligibility and claims status. Be sure to list ALL new users on this form. **NOTE:** Access to secure member information via the Provider Benefit Tool is only available to providers and facilities contracted with Select Health.

The [Select Health Provider Portal](#) requires a secure login and 2-step authentication for contracted providers to use online tools, such as the Provider Benefit Tool and CareAffiliateSM, for verifying member eligibility and tracking claims. Learn more about [cybersecurity and 2-step authentication](#).

Preauthorization Requests

Access the relevant request form for your practice using the table below.

| Utah & Idaho | Nevada | Colorado |
|--|---|------------------------|
| All Commercial Plans, Select Health Medicare | Select Health Med SM Network | Select Health Value |
| Select Health Community Care SM (Medicaid) in Utah only | Select Health Medicare | Select Health Medicare |

[Request for Medical Preauthorization](#)
[Behavioral Health-Related Preauthorization-Initial Request](#)

Learn more about [services/procedures requiring preauthorization](#).

Use [EromptPA](#) for prescriptions and infusible drug preauthorization requests.

Electronic Data Interchange (EDI) Forms

EDI forms include:

- [The Electronic Remittance Advice \(ERA or 835\)](#), which details payment information on claims.
- [The Electronic Funds Transfer \(EFT\)](#), which deposits funds for Select Health claim payments directly into your bank account. To receive the EFT, you must also be able to accept the 835.

Learn more about [EDI](#).

Appeals Request

Request that Select Health reconsider a service, supply, or drug determination.

[Provider/Dental Appeal Form](#)

Medicare Advantage Requests/Notifications

Request a [Redetermination of Medicare Prescription Drug Denial](#).

Inform beneficiaries/enrollees of a [Notice of Medicare Non-Coverage \(NOMNC\)](#).

Provider Portal

Overview of the Select Health Policies page and the resources available

The screenshot shows the 'Select Health Policies' page in the Provider Portal. At the top, there is a navigation bar with the Select Health logo, a phone number (800-538-5054), and buttons for 'Email Us' and 'Provider Login'. Below the navigation bar are links for 'Preauthorization', 'Claims', 'Policies', 'Join Our Networks', 'Programs', and 'Publications & Resources'. The main heading is 'Select Health Policies'. A paragraph explains that these policies represent the determination of whether services or devices are standard medical practice, experimental/investigational, cosmetic, or within coding standards. There are three main categories: 'MEDICAL POLICIES' (booklets organized by specialty practice), 'MEDICAL CODING & REIMBURSEMENT POLICIES' (individual policies listed alphabetically), and 'DENTAL CODING & REIMBURSEMENT POLICIES' (individual policies listed in numerical order). Each category has a 'See Policies' link. Below this is a 'Policy Development' section, which includes a disclaimer and a 'Pharmacy Policies' section with a list of links: 'View pharmacy policies state by state and by drug here', 'Use [PrometPA](#) to obtain preauthorization for prescriptions and infusible drugs and to see pharmacy coverage requirements', and 'To submit a pharmacy-related appeal, please follow this simple process:' followed by three steps: 'Step 1: Access the [online appeals form](#).', 'Step 2: On the appeals form, be sure to select plan, fill in required fields, and attach supporting documentation (if necessary).', and 'Step 3: Click the submit button at the bottom right of the form.' There is also a 'Policy Resources' section with links to 'Latest Select Health Monthly Policy Update Bulletin', 'Policy Update Bulletin Archive', 'FDA Overview of Device Regulation', and 'InterQual® Criteria'.

Provider Portal

Overview of the Publications & Resources page and the resources available

The screenshot displays the 'Publications & Resources' page of the Select Health Provider Portal. At the top, the Select Health logo is on the left, and the phone number 800-538-5054, an 'Email Us' button, and a 'Provider Login' button are on the right. A navigation bar below the header includes links for 'Preauthorization', 'Claims', 'Policies', 'Join Our Networks', 'Programs', and 'Publications & Resources'. The main content area features a dark purple background with the title 'Publication & Resources' and two tabs: 'Publications' (active) and 'Resources'. Below this, there are five resource cards: 'PROVIDER INSIGHT' (Quarterly provider newsletter by state, with a 'See insights' link), 'PROVIDER BULLETIN' (Monthly policy updates with direct links, with a 'View bulletins' link), 'REFERENCE MANUALS' (Navigate Select Health policies and procedures, with a 'See manuals' link), 'TRAINING RESOURCES' (Provider training and attestation materials, with a 'View training resources' link), and 'PROVIDER TOOLS' (Useful provider tools and links, with a 'See providers tools' link).

Provider Portal

My Profile – User account view

Provider Portal – My Profile

On the My Profile page a user can view information associated with their account such as Provider name, effective date, NPI, TIN, and next recredentialing date

Users also have the option to add a new provider (based on role) or change user profile information from this page

My Profile

Jessie Smith3

Email: test@test.com Phone: 801-888-8888

[Add New Provider](#) [Change Profile Information](#)

My Providers/Facilities

* Search by Provider/NPI/TIN. Please click on the row to view the account information.

Q Search

| Provider Name | Original Effective Date | NPI | TIN | Next Recredentialing Date |
|---------------|-------------------------|-----------|-----------|---------------------------|
| Jordan Smith | 1/2/2023 | 123456789 | 123456789 | 2/1/2024 |
| Chris Simpson | 1/2/2023 | 987654321 | 888000888 | 5/1/2024 |
| Dave Jones | 1/2/2023 | 123455559 | 123456666 | 12/1/2024 |

Provider Portal

My Profile – Add New Provider
(based on role) within a user
account

Provider Portal – My Profile - Add New Provider

To add a new provider (based on role) to an existing account for credentialing, click the Add New Provider button

The next page will ask if the user is a Proxy or Provider and for a Provider Group or Facility

Click the next button after selecting the appropriate options for the ***required** fields

My Profile

Jessie Smith3

Email: test@test.com | Phone: 801-888-8888

Add New Provider | **Change Profile Information**

My Providers/Facilities

* Search by Provider/NPI/TIN. Please click on the row to view the account information.

Q Search

| Provider Name | Original Effective Date | NPI | TIN | Next Recredentialing Date |
|---------------|-------------------------|-----------|-----------|---------------------------|
| Jordan Smith | 1/2/2023 | 123456789 | 123456789 | 2/1/2024 |
| Chris Simpson | 1/2/2023 | 987654321 | 888008888 | 5/1/2024 |
| Dave Jones | 1/2/2023 | 123455559 | 123456666 | 12/1/2024 |

Portal Registration

Information Verification
Check primary contact information and CAQH status.

I am a:
Proxy | Provider

*Are you a Proxy for:
Provider Group | Facility

Next

Provider Portal – My Profile - Add New Provider

Fill out the ***required** fields on the form and click next and continue through the prompts to submit the form

Provider Group Details Information Verification
Check primary contact information and CAQH status.

| | | | |
|---|--|---|---|
| <p>* Provider Group Name <input type="text"/></p> <p>Group NPI <input type="text"/></p> <p>Group Manager First Name <input type="text" value="Jessie"/></p> <p>Last Name <input type="text" value="Smith3"/></p> <p>Phone <input type="text"/></p> <p>Credentialer First Name <input type="text" value="Jessie"/></p> <p>Last Name <input type="text" value="Smith3"/></p> <p>Phone <input type="text"/></p> <p>* Credentialing State</p> <table border="1" style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Available <ul style="list-style-type: none">AAAEAKALAPAR</td><td style="width: 50%; vertical-align: top;">Chosen <div style="border: 1px solid gray; height: 40px;"></div></td></tr></table> | Available <ul style="list-style-type: none">AAAEAKALAPAR | Chosen <div style="border: 1px solid gray; height: 40px;"></div> | <p>* Group Legal Name <input type="text"/></p> <p>* Group TIN <input type="text"/></p> <p>Middle Name <input type="text"/></p> <p>Email <input type="text" value="sandy.lee@selecthealth.org"/></p> <p>Middle Name <input type="text"/></p> <p>Email <input type="text" value="sandy.lee@selecthealth.org"/></p> |
| Available <ul style="list-style-type: none">AAAEAKALAPAR | Chosen <div style="border: 1px solid gray; height: 40px;"></div> | | |

*** Primary Practice Location**

| | |
|---|--|
| * Street <input type="text"/> | * City <input type="text"/> |
| * State <input type="text" value=""/> | * Zipcode <input type="text"/> |

*** Remit Address**

| | |
|---|--|
| * Street <input type="text"/> | * City <input type="text"/> |
| * State <input type="text" value=""/> | * Zipcode <input type="text"/> |

*** Group or Self Pay? (Claims Pay to Groups or individual Providers?)**

Group Self

Provider Portal

My Profile – Change User Profile
Information within a user account

Provider Portal – My Profile - Change Profile Information in the User view

To change user profile information,
click on the Change Profile
Information button

Select the type of request you would
like to change and the desired
effective date and click next

Note: Multiple request types can be selected
and changed in one submission

Follow the prompts on the
subsequent pages ensuring all
***required** fields are filled out
depending on the request type and
submit the form

My Profile

Jessie Smith

Email: test@test.com | Phone: 801-888-8888

Change Profile Information

My Providers/Facilities

* Search by Provider/NPI/TIN. Please click on the row to view the account information.

| Provider Name | Original Effective Date | NPI | TIN | Next Recredentialing Date |
|---------------|-------------------------|-----------|-----------|---------------------------|
| Jordan Smith | 1/2/2023 | 123456789 | 123456789 | 2/1/2024 |
| Chris Simpson | 1/2/2023 | 987654321 | 888000888 | 5/1/2024 |
| Dave Jones | 1/2/2023 | 123455559 | 123456666 | 12/1/2024 |

Change of Information

Request Details

* Type of Request (Select all that apply)

- Change of Contact Name
- Change of Phone
- Change of Email
- Add Healthcare Organization
- Remove Healthcare Organization

* Desired Effective Date: [Date Field] | Web Email: [Text Field]

Next

Provider Portal

My Profile – Provider account view
and Change Profile Information
within a Provider account

Provider Portal - My Profile – Provider View

Example of the My Profile page from the Provider view and the Provider and contract information that is displayed

Test Provider - 123456789 [Change Profile Information](#)

▼ **Provider Information**
Original Effective Date: 07/11/2018 Next Recredentialing Date

▼ **Specialty**
Specialty: Chiropractor

▼ **Healthcare Facility**

| Provider Account | Tax ID | Healthcare Facility | Address | Phone Number | Accepting New Patients | List in Directory |
|------------------|--------|---------------------|---------|--------------|------------------------|-------------------|
| | | | | | | |

▼ **Education**

▼ **Hospital Affiliation**

▼ **Contracted Network**

| Healthcare Payer Network | Healthcare Provider Facility |
|--------------------------|------------------------------|
| Select Health Med | Sample Facility |
| Select Health Value | Sample Facility |
| Select Health Medicare | Sample Facility |
| Select Health Share | Sample Facility |
| Select Health Care | Sample Facility |
| Select Health Choice | Sample Facility |

▼ **Noncontracted Network**

| Healthcare Payer Network Name | Network Market |
|----------------------------------|----------------|
| CHIP | UT |
| Select Health Community Care | UT |
| Select Health Signature | UT |
| Select Health Classic (Dental) | UT |
| Select Health Prime (Dental) | UT |
| Select Health Dental Fundamental | UT |
| Dental Advantage (UT Resident) | UT |

▼ **Board Certification**

▼ **Person Language**

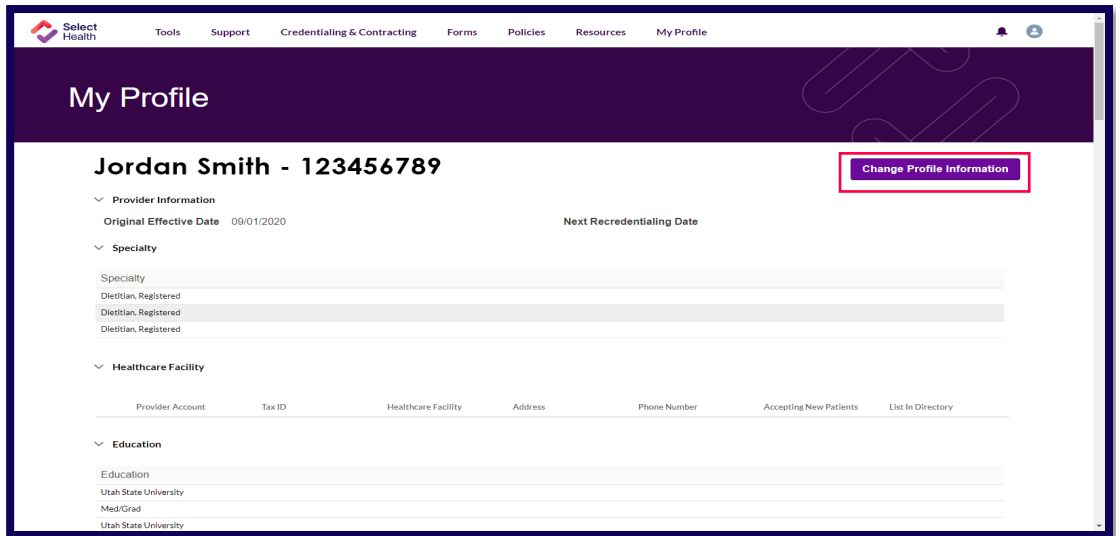
Provider Portal - My Profile – Change Profile Information in the Provider view

To change provider profile information, click on the Change Profile Information button

Select the type of request you would like to change and the desired effective date and click next

Note: Multiple request types can be selected and changed in one submission

Follow the prompts on the subsequent pages ensuring all ***required** fields are filled out depending on the request type and submit the form



My Profile

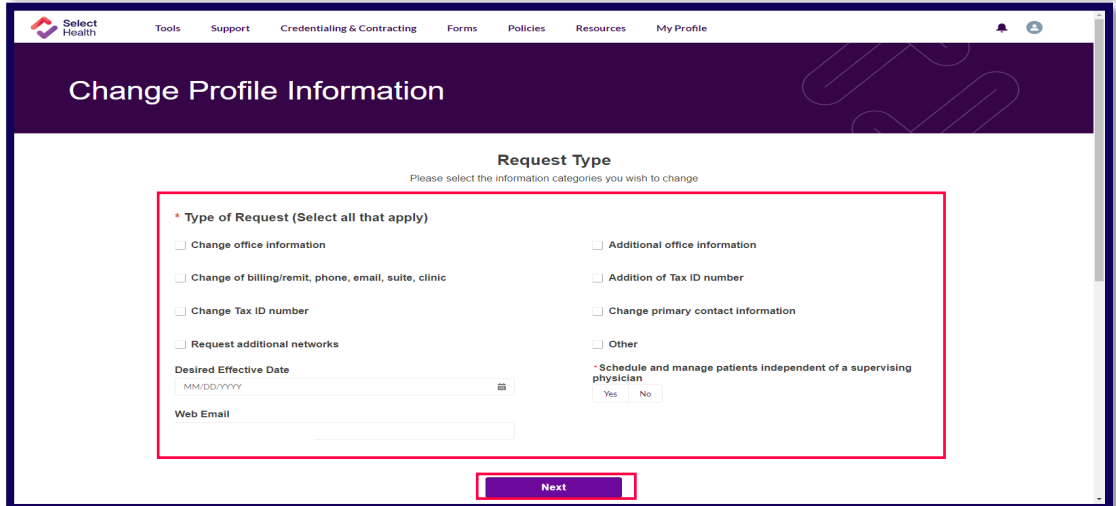
Jordan Smith - 123456789 Change Profile Information

▼ **Provider Information**
Original Effective Date 09/01/2020 Next Recredentialing Date

▼ **Specialty**
Specialty
Dietitian, Registered
Dietitian, Registered
Dietitian, Registered

▼ **Healthcare Facility**
Provider Account Tax ID Healthcare Facility Address Phone Number Accepting New Patients List In Directory

▼ **Education**
Education
Utah State University
Med/Grad
Utah State University



Change Profile Information

Request Type
Please select the information categories you wish to change

* Type of Request (Select all that apply)

Change office information Additional office information

Change of billing/remittance, phone, email, suite, clinic Addition of Tax ID number

Change Tax ID number Change primary contact information

Request additional networks Other

Desired Effective Date

Web Email

Schedule and manage patients independent of a supervising physician
Yes No

Next

Provider Portal

Support – Inquiries

Provider Portal Support – Inquiries

From the Support page, users can view open and closed inquiries by clicking the Open Inquiries and Closed Inquiries tabs

To submit a new inquiry, click on the Create New Inquiry button

The screenshot shows the Select Health Provider Portal Support page. The navigation bar includes 'Tools', 'Support' (highlighted), 'Credentialing & Contracting', 'Forms', and 'More'. The main header displays 'PROVIDER PORTAL' and 'Provider Support' with an illustration of a person using a tablet. A 'Create New Inquiry' button is visible. Below, there are tabs for 'Open Inquiries' and 'Closed Inquiries'. The 'Open Inquiries' tab is active, showing a table with the following data:

| CASE N... | ACCOUNT NAME | SUBJECT | CASE REASON | CATEGORY | STATUS | CONTACT N... | DATE/TIME OPENED |
|-----------|--------------|---------------------------------|--------------|----------------------------|--------|---------------|--------------------|
| 00064398 | CLINIC | Testing | Web Services | Access Issues | Open | Jessie Smith3 | 1/29/2025, 8:35 AM |
| 00064700 | CLINIC | CLINIC - Update Contact Info... | Web Services | Update Contact Information | Open | Jessie Smith3 | 1/31/2025, 9:27 AM |
| 00065696 | CLINIC | CLINIC - Update Contact Info... | Web Services | Update Contact Information | Open | Jessie Smith3 | 2/11/2025, 2:06 PM |

Provider Portal Support – Inquiries

Fill out the ***required** fields on the inquiry form and once complete, click the Submit Inquiry button

The screenshot shows the 'Create an inquiry' form. The form is titled 'Create an inquiry' and is located in the 'Support' section of the 'Credentiaing & Contracting' menu. The form includes the following fields:

- *Category (dropdown menu)
- Organization/Provider Name (dropdown menu)
- Subject (text input)
- *Description (text input)
- *Web Email (text input)
- *Account TIN (dropdown menu)

A 'Submit Inquiry' button is located at the bottom right of the form.

The screenshot shows the 'Category' dropdown menu. The menu lists the following categories:

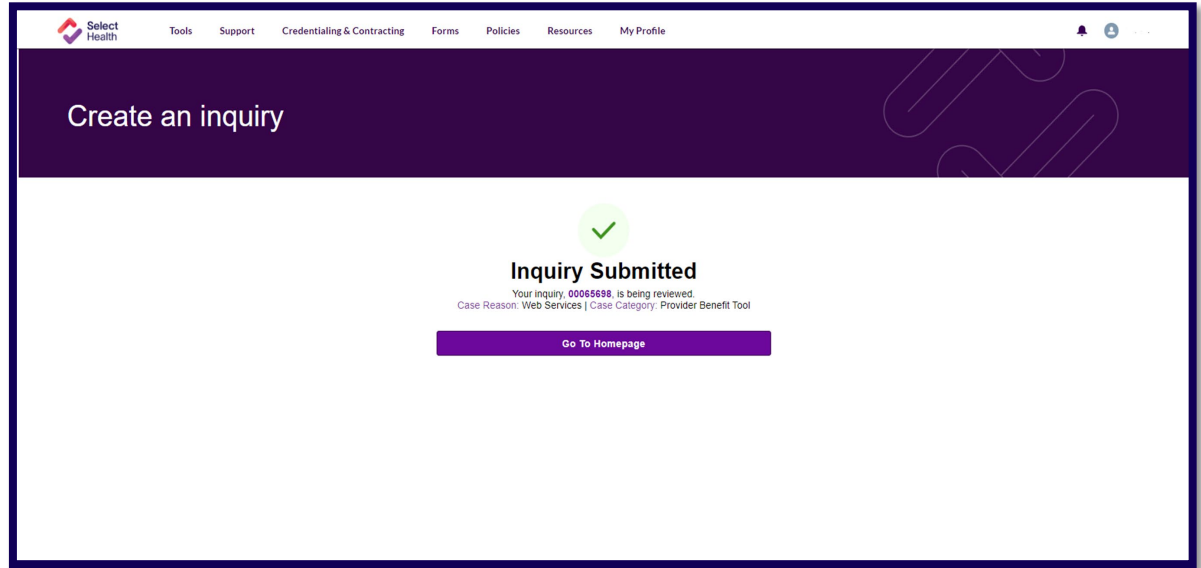
- Access Issues
- Application Requests
- Claims Denials
- Contract Status
- Credentiaing Process
- Credentiaing Status
- Dental
- Directory
- Effective Date
- Fee Schedule Request
- Other
- Provider Benefit Tool
- Provider Panel Status
- Re-credentiaing Date
- Representative Contact Information

**Example of the available
categories a user can
submit an inquiry for**

Provider Portal Support – Inquiries

A confirmation page will display showing your inquiry has been submitted and provides an inquiry number for the user to reference

Click Go To Homepage to return to the Provider Portal main page



Provider Portal Support – Inquiries

To view a specific inquiry that was previously submitted, click on the case number to view the inquiry details

The screenshot displays the 'Provider Support' section of the Select Health Provider Portal. At the top, there is a navigation bar with 'Tools', 'Support', 'Credentialing & Contracting', 'Forms', and 'More'. Below this, the 'PROVIDER PORTAL' header is visible, followed by 'Provider Support' and an illustration of a person using a tablet. A 'Create New Inquiry' button is located on the right. The main content area shows a table of 'Open Inquiries' with the following data:

| CASE N... | ACCOUNT NAME | SUBJECT | CASE REASON | CATEGORY | STATUS | CONTACT N... | DATE/TIME OPENED |
|-----------|--------------|---------------------------------|--------------|----------------------------|--------|---------------|--------------------|
| 00064398 | CLINIC | Testing | Web Services | Access Issues | Open | Jessie Smith3 | 1/29/2025, 8:35 AM |
| 00064700 | CLINIC | CLINIC - Update Contact Info... | Web Services | Update Contact Information | Open | Jessie Smith3 | 1/31/2025, 9:27 AM |
| 00065696 | CLINIC | CLINIC - Update Contact Info... | Web Services | Update Contact Information | Open | Jessie Smith3 | 2/11/2025, 2:06 PM |

Provider Portal Support – Inquiries

Example of the inquiry details page and the information that can be found within the inquiry details

00065698

| Account Name | Case Reason | Category | Status | Date/Time Opened |
|--------------|--------------|-----------------------|--------|---------------------|
| TEST CLINIC | Web Services | Provider Benefit Tool | Open | 2/11/2025, 14:02 pm |

Details

Case Information

| | | | |
|------------------|------------------|-------------------|--------------------|
| Case Number | 00065698 | Account Name | Test Clinic |
| Case Record Type | Provider Inquiry | Organization Name | 27 |
| Type | Provider Inquiry | TIN | 123456789 |
| Entity Type | | Date/Time Opened | 2/11/2025, 2:18 PM |
| | | Date/Time Closed | |

Additional Information

| | | | |
|-----------------------|--------------------------|----------|--------|
| Case Reason | Web Services | Status | Open |
| Category | Provider Benefit Tool | Priority | Medium |
| Supervising Physician | <input type="checkbox"/> | | |
| Case Origin | Web - Self Service | | |

Description Information

Subject
Unable to log into the Provider Benefit Tool

Description
I am unable to log into the Provider Benefit Tool because my password is expired.

Web Email
test@selecthealth.org

Contact Details

| | | | |
|---------------|-----------------------|---------------|--|
| Contact Name | Test Provider | Contact Phone | |
| Contact Email | test@selecthealth.org | | |

Provider Portal Support – Inquiries

To reopen a previously closed inquiry, click on the associated case number under the Closed Inquiries tab

PROVIDER PORTAL
Provider Support

Create New Inquiry

Open Inquiries Closed Inquiries

| CASE N... | ACCOUNT NAME | SUBJECT | CASE REASON | CATEGORY | STATUS | CONTACT N... | DATE/TIME OPENED | DATE/TIME CLOSED |
|-----------|---------------|---------------------------------|--------------|------------------------|--------|---------------|--------------------|--------------------|
| 00065698 | HEALTH CLINIC | Unable to log into the Provi... | Web Services | Provider Benefit To... | Closed | Jessie Smith3 | 2/11/2025, 2:18 PM | 2/27/2025, 9:57 AM |

Provider Portal Support – Inquiries

From the Inquiry Details
page, click on Reopen
Inquiry

Select Health Tools Support Credentialing & Contracting Forms Policies Resources My Profile

Inquiry Details

00065698 [Reopen Inquiry](#)

| Account Name | Case Reason | Category | Status | Date/Time Opened | Date/Time Closed |
|--------------|--------------|-----------------------|--------|---------------------|--------------------|
| TEST CLINIC | Web Services | Provider Benefit Tool | Closed | 2/11/2025, 11:02 pm | 2/25/2025, 4:09 pm |

Details

Case Information

| | | | |
|------------------|------------------|-------------------|--------------------|
| Case Number | 00065698 | Account Name | TEST CLINIC |
| Case Record Type | Provider Inquiry | Organization Name | |
| Type | Provider Inquiry | TIN | TEST CLINIC |
| Entity Type | | Date/Time Opened | 2/11/2025, 2:18 PM |
| | | Date/Time Closed | 2/25/2025, 4:09 PM |

Additional Information

| | | | |
|-----------------------|--------------------------|----------|--------|
| Case Reason | Web Services | Status | Closed |
| Category | Provider Benefit Tool | Priority | Medium |
| Supervising Physician | <input type="checkbox"/> | | |
| Case Origin | Web - Self Service | | |

Description Information

Subject
Unable to log into the Provider Benefit Tool

Description
Your issue has been resolved.

Web Email
test@selecthealth.org

Contact Details

| | | | |
|--------------|---------------|---------------|-----------------------|
| Contact Name | Test Provider | Contact Phone | |
| | | Contact Email | test@selecthealth.org |

Provider Portal Support – Inquiries

Fill out the description explaining the reason for reopening the inquiry and any helpful details pertaining to your inquiry

Click Submit Inquiry

A confirmation page will display showing your inquiry has been reopened and provides the inquiry number for the user to reference

Click View Inquiry to return to the Inquiry Details page

The screenshot shows the 'Reopen Inquiry' page in the Select Health Provider Portal. The page has a dark purple header with the Select Health logo and navigation links: Tools, Support, Credentialing & Contracting, Forms, Policies, Resources, and My Profile. The main content area is white and contains a form with two input fields: 'Subject' and 'Description'. The 'Subject' field contains the text 'Unable to log into the Provider Benefit Tool'. The 'Description' field contains the text 'I am still unable to log into the Provider Benefit Tool. Can you please look into this again?'. Below the form is a purple button labeled 'Submit Inquiry'.

The screenshot shows the 'Reopened Inquiry' confirmation page in the Select Health Provider Portal. The page has a dark purple header with the Select Health logo and navigation links: Tools, Support, Credentialing & Contracting, Forms, Policies, Resources, and My Profile. The main content area is white and contains a confirmation message. At the top is a green checkmark icon. Below it is the text 'Reopened Inquiry' in bold. Underneath, it says 'Your inquiry, 00055698, is being reviewed.' and 'Case Reason: Web Services | Case Category: Provider Benefit Tool'. At the bottom is a purple button labeled 'View Inquiry'.