

# Provider Portal User Guide

10/29/2024



## Provider Portal User Guide

An Eligibility and Benefits Inquiry should be completed for each Sendero Health Plans patient prior to every scheduled appointment. Eligibility and benefit quotes include important information regarding the patient's benefits, such as membership verification, coverage status, applicable copayment, coinsurance and deductible amounts. Additionally, the benefit quote may include information on applicable benefit prior authorization requirements. Checking eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.

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[www.eixsys.com](http://www.eixsys.com)

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# Not yet registered!

Visit [Sendero Health Plans](https://senderohealth.com/) and complete the online registration today, at no cost.

## Getting Started

OR

<ul style="list-style-type: none"><li>➤ Go to <a href="https://senderohealth.com/">https://senderohealth.com/</a></li><li>➤ Click on "For Providers" menu then Portal.</li><li>➤ On the provider page click on <b>Provider Portal Login</b> button under Provider Portal section.</li></ul>	<p>You can directly go to <a href="https://senprovider.eixsys.com/">https://senprovider.eixsys.com/</a></p>
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On this page you have three options:



Sign in to your account

User Name\*

Password\*

[Forgot password](#)

**2**   **1** **3**

### 1. Register (New User):

**If you are NOT a practice administrator for your practice, then please contact your practice administrator to create an account for you.**

If you are the practice administrator, you must first register and get approved by the provider network team at Sendero Health Plans. By default, your role is organization Admin. This means you can create new user accounts within your organization and assign them the following roles.

Roles:

**ADMIN:** Organization Admin.

**PRACTICE ADMIN:** Specific location admin

**FRONT DESK:** Front desk role

**CLINICAL:** ability to see clinical information on a patient

**BILLING:** ability to see claims status

**AGENT:** Third party company working on behalf of you utilizing the portal.

## 2. Login:

Note: Only registered Provider Portal users can access

- Eligibility and Benefits
- New Authorization & Inquiry
- Check claims status, EOP and
- access other functions.

## 3. Password Reset:

### Forgot Password

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Email\*

A verification code will be sent to the email provided.

**RESET PASSWORD**

## Eligibility Verification:

Member eligibility can be verified using the

- Member ID

or

- First Name
- Last Name

- DOB
- Date of service

## Results Sample:

### Eligibility Result as of 09-16-2024

Amin Salahuddin | M | 49 Years (Eligibility Begin : 07-13-2023 | End : 07-12-2024)

Address: 123 Unknown Street, Round Rock, TX	Date of Birth:	Plan Type: MAP BASIC	Group ID: 53230000	Current PCP: NA	NPI: NA
Coverage: Active	Member ID: 123456	Plan ID: BASIC100	Date of Service: 09-16-2024	Phone No: NA	Provider ID: NA

### Benefit Summary

Copayment	Rx Benefits
Primary Care Physician Copay: \$0 Copay	Pharmacy Formulary (0-30 days supply) : \$7.00 Copay
Specialist Copay: \$0 Copay	Pharmacy Formulary (31-90 days supply) : \$14.00 Copay
Ambulatory Surgery Center Copay: \$0 Copay	Pharmacy Non-Formulary (0-30 days supply) : \$10.00 Copay
Primary Dental Copay: \$0 Copay	Pharmacy Non-Formulary (31-90 days supply) : \$20.00 Copay
Specialty Dental Copay: \$0 Copay	
Dentures Copay: \$0 Copay	
Urgent Care Copay: \$0 Copay	
Hospitalization/In-Patient Copay: \$0 Copay	
Emergency Copay: \$0 Copay	

## Authorization:

Authorizations can be submitted online using the portal or by faxing the paper form. Highlighted fields are required to submit online authorization request.

### Add Authorization

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<b>Member ID*</b>	<b>Member Name*</b>
<input type="text" value="79999999-01"/>	<input type="text" value="Enter member name"/>
<b>Select Services*</b>	<b>Select Priority*</b>
<input type="text" value="Select Service"/>	<input type="text" value="Select Priority"/>
<b>Date Requested From*</b>	<b>Date Requested Through*</b>
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="mm/dd/yyyy"/>
<b>Requesting Provider*</b>	
<input type="text" value="Select Requesting Provider"/>	
<b>Servicing Provider *</b>	<input type="button" value="SEARCH PROVIDER"/>
<input type="text"/>	
<b>Procedure codes*</b>	<input type="button" value="ADD"/> <input type="button" value="RESET"/>
<input type="text" value="Search Procedure Code or Description"/>	
<b>Diagnosis codes*</b>	<input type="button" value="ADD"/> <input type="button" value="RESET"/>
<input type="text" value="Search Diagnosis Code or Description"/>	

**Attach Relevant Clinical Information**

Drag n Drop

**Enter a reason for Authorization**

## Authorization Inquiry

Authorization inquiry uses billing provider Tax ID as default to seek update on authorizations submitted via paper form or through online portal. The authorization inquiry can be further filtered to be specific to authorization number or member number.

## Claims & Payment:

Claims status can be checked on any claims for the past 3 years. Billing provider will be automatically populated associated with your registration.

### Claims Status

(Submit claim status request and receive the result in real-time)

**Billing Provider Tax ID\***

746203203

**Search By**

---select---

**Service Start Date\***

04/01/2024

**Service End Date\***

11/15/2024

SEARCH

CLEAR



## Explanation of Payment (EOP)

- On the top right "PDF" button allows you to download EOP as a PDF, where you can print it.
- The date when check was paid
- Contains your check number
- Any explanation codes.

**Claim details** GO BACK PDF  
for claim number# [REDACTED]

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Sendero Health Plans  
PO Box 759  
Austin, TX 78767  
Phone Number: (844) 800-4693



Remit To: [REDACTED]  
[REDACTED]  
AUSTIN, TX 787121850

Fedral Id: [REDACTED]

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Member: [REDACTED] ID: [REDACTED]

Date Of Service	Claim #	Acc #	Procedure	Mod.	Units	Billed Price	Allowed	Co-Pay	Not Covered	Paid	Ex Codes
04-29-2024 - 04-29-2024	[REDACTED]	[REDACTED]	73564	TC	1	\$65.00	\$45.49	\$0.00	\$8.00	\$45.49	N16
Claim Total:						\$65.00	\$45.49	\$0.00	\$0.00	\$45.49	

Payor : Sendero Health Plans      Payee : UNIVERSITY OF TEXAS AT AUSTIN UT HEALTH AUSTIN      Check : No check issued      Paid Date:

**Explanation Codes:**  
N16 - Family/member Out-of-Pocket maximum has been met. Payment based on a higher percentage.

# Tools & Resources

## User Management

Practice administrators can add new users and assign them roles. Based on their role, users will see the selective menu when they login.

Practice admin can also perform the following functions on a user

- Update user role and access level
- Disable the account
- Reset password

**User Management**

Export to Excel Active Inactive Search...

Drag a column header and drop it here to group by that column

FULL NAME	PHONE NO	USER NAME	ADDRESS	ACTIONS
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[Icons: checkmark, edit, lock]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[Icons: checkmark, edit, lock]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[Icons: checkmark, edit, lock]

**Add User**

First Name\* [Input Field]

Last Name\* [Input Field]

Email\* [Input Field: nirav.gohel@eixsys.com]

Role type \* [Dropdown: ADMIN]

Password\* [Input Field]

Confirm password\* [Input Field: Enter Confirm Password]

Office Address\* [Dropdown: Select your Office Address]

ACTION	SELECT ACCESS LEVEL	ACCESS IN EFFECT
Eligibility & Benefits	[None]	
Provider Search	[None]	
Claims & Payments	[None]	
Tools & Resources	[None]	
-- Forms	[None]	
-- User Management	[None]	

SAVE CANCEL

## Contact Us:

Customer service representatives are here to assist you during normal business hours.

### Contact Us

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#### New Claims/Appeals Mailing Address

Sendero Health Plans, PO Box 17307 Austin, TX 78760

#### Provider Customer Service

1-844-800-4693  
1-844-800-4693