

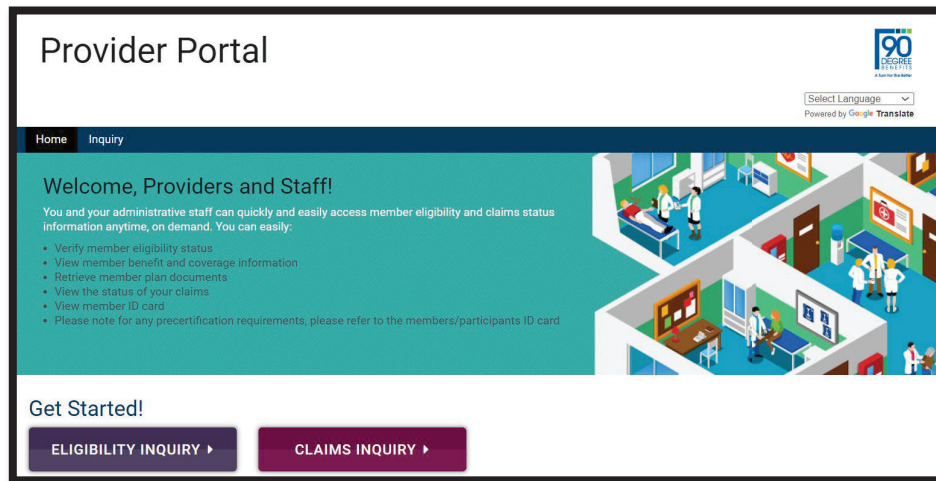
Provider Portal Quick Guide

Provider Portal

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Use the link below to access the Provider Portal:

<https://portal.90degreebenefits.com/providerportal/>



The provider portal is different than the member portal; for example, the provider portal does not require a login for access. The provider portal has two functions.

- Eligibility Inquiry
- Claim Inquiry

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Eligibility Inquiry

Benefit Type	The provider will choose medical, dental, or vision. If vision benefits are included under the medical plan, then the provider should choose the medical plan.
Subscriber SSN or Card ID	Providers will need the member ID or SSN for the search.
Subscriber Group Number	Group number is located on the ID card
Patient First Name	Optional field
Patient Gender	Required field
Patient Date of Birth	Required field
Provider TIN or SSN	When entering the provider TIN into the field, do not use any spaces or characters. The field is only for the TIN number. Example – 123456789
ReCAPTCHA & Submit	ReCAPTCHA is required. Once the box is checked, the provider can click Submit.

Search

Eligibility

Claims

Eligibility

Fields marked with * are required.

Benefit Type*

Medical

Subscriber SSN or Card ID*

9999999900

Subscriber Group #*

99999

Patient First Name

Patient Gender*

☒ Male
 ☐ Female

Patient Date of Birth*

01/01/1950

Provider TIN or SSN* (used in billing)

99999999

☒ I'm not a robot

Clear

Submit

Eligibility Results

This is a summary of member eligibility and/or claim status. The information provided is current as of the date and time of inquiry. We do not assume any obligation to notify you of any changes in eligibility, not every service or charge is covered under a plan, and this is not a guarantee of payment or a final determination of current eligibility. Actual benefits are subject to all plan terms, definitions, limitations, and exclusions that are in effect on the date of service, including any limitations or exclusions related to preexisting conditions, medical necessity, or usual and reasonable charges. Changes in status, like employment, marital status, disability, or student status that may be known to the subscriber and/or member may not be reflected here at the time of inquiry, though the latest information we have is shown.

Eligibility Status as of February 25, 2022.

ID Card

Subscriber Information

Subscriber ID

Name

Address

Member Information

Member ID

Name

Gender

Date of Birth

Relationship

Member Eligibility Status

Group Name

Group Number

Plan Name

Benefit

Benefit Status

Benefit Start Date

Benefit End Date

Accumulators

Listed below are accumulators related to current and past health plan enrollments. Click the "+" on each bar to view details.

Deductibles, Coinsurance, and other Accumulator amounts are subject to change as claims are processed.

Benefit Period*: 2022

ABC Group (01/01/2022-12/31/2022)

The provider will then have detailed information on the member. The provider can view or download the member ID card at this point. The provider is also given a PDF file with the member's benefit information.

Claim Inquiry

The claim inquiry function is similar to the eligibility function. The form has a few more fields specific to claims.

NPI	Not required
Claim Start Date	Date of Service
Claim End Date	End of Date of Service
	Note: Usually, this is the date of service; if the patient is admitted for treatment, it will change to the release date.

Claims

Fields marked with * are required.

Benefit Type*

Subscriber SSN or Card ID*

Subscriber Group #*

Patient First Name

Patient Gender*

☐ Male ☐ Female

Patient Date of Birth*

MM/DD/YYYY

Provider TIN or SSN* (used in billing)

National Provider Identifier (NPI)

Claim Start Date of Service*

MM/DD/YYYY

Claim End Date of Service*

MM/DD/YYYY

☐ I'm not a robot



Valid

Clear

Submit

Claim Status

EOP	Claim #	Claim Status	Service From	Service To	Received	Paid	Submitted	Allowed
		Paid	01/29/2021	01/29/2021	02/08/2021	03/02/2021	\$285.00	\$116.70

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Accumulators

Listed below are accumulators related to current and past health plan enrollments. Click the "+" on each bar to view details. Deductibles, Coinsurance, and other Accumulator amounts are subject to change as claims are processed.

Benefit Period:

Plan Documentation

My Plan	Document Name	Effective From	Through	Download
✓	Texas Schools Health Benefits Program - 2020 - Copay Plan - eff. 9-1-20 20200824	08/24/2020	08/31/2021	Download
✓	MED.pdf			Download

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Once the provider chooses submit, a new page will populate. The claim number will appear as a hyperlink. The hyperlink leads to an Explanation of Benefits.

Notice: this option allows for the providers to review benefit information.

Lastly, if the provider has more than one member inquiry, the provider can click on the clear button to refresh the page to start a new search.

Clear Submit