

Zipari Provider Portal Guide for Providers

Zipari (previously HealthX) Portal Account and Navigation Instructions
Registrations Instructions | Portal Navigation | Claims & Eligibility

About The Guide

This document will guide you through the process of registering for a Zipari (formerly HealthX) portal account and show you how to use its features such as:

Verify Eligibility Status:

Check the eligibility status for members, their spouses, and their dependents.

Check Claim Payments and Reimbursements:

View the status and details of claim payments and reimbursements.

Request Pre-Authorization:

Submit requests for pre-authorization of services.

Submit Updated W-9 Forms:

Update and submit your W-9 forms directly through the portal.

Send Inquiries:

Contact HMA's Customer Care Support Team for assistance with any questions or issues.

Let's get started!

- Already have a Zipari portal account? Start on page 6: Features and Functions.
- Don't have a Zipari portal account? Start on page 3: Creating your Zipari Account.

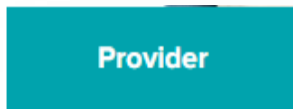
Creating Your Zipari Account

Providers can register for a Zipari portal account by visiting either the [www.accesshma](http://www.accesshma.com) or www.accessrga.com website.

Provider Registration – Start Here

1

First, select the **Provider** tile.



2

You can select any one of the following tiles to register for an account:



3

Not registered? Select the **Not Registered?** link as shown below.

HMA

Login Required

The page you are requesting requires a username and password. Please log in.

Account Information

Username

Password

Can't access your account?

Not Registered?

If you haven't registered, now is the time to do it!

Report Privacy & Security Issues:

If you have a concern regarding privacy or security of member data, you can [complete this form](#) and the Privacy Office will be notified. If you have additional questions, please call us at 1(800) 869-7093 x 3189.

Welcome to the Healthcare Management Administrators' Provider Services Portal. This HIPAA compliant web site give Healthcare Providers free online access to useful patient information.

System Features allow providers to:

- View eligibility status of patients
- Determine status of claims
- Confirm payment of claims
- Review plan documents
- Confirm PPO networks

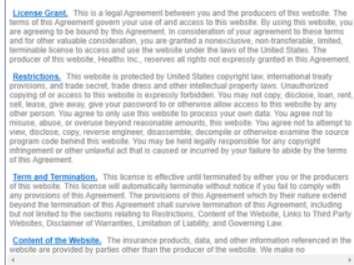


4

Accept the License Agreement

HMA

— Step 1 of 5: License Agreement —



License Agreement.

Please read the license agreement. Click 'Agree' to continue or 'Disagree' to go back to the login page.

To register for an account, you must first agree to the License Agreement by clicking on the **Agree** button.

5 Provider Information

HMA

– Step 3 of 5: Provider Information –

Contact Name:

Contact Phone:

Practice Name:

Primary Specialty:

Personal Information
Please fill these fields in

Previous Next Cancel

Fill out your contact information and click the **Next** button.

6 Identification

HMA

– Step 4 of 5: Identification –

National Provider ID:

Tax ID 1:

Tax Identification Numbers
Please fill these fields in

Previous Next Cancel

Enter your NPI and TIN and click the **Next** button.

7 Create a username, password, and secret questions, then click **Finish**.

HMA

– Step 5 of 5: Create User ID (Username) and Password –

* Username:

* E-mail Address:

* Confirm E-mail Address:

* Password:

* Confirm Password:

* Secret Question:

* Secret Answer:

Account
Username: Username must be at least 3 in length start with a letter. Characters accepted are: alpha-numeric, (dot), (-dash) and @.
Please enter your full email address, for example, name@domain.com
Password: At least 8 characters/Alpha-numeric and special characters ~, !, % & * @ ~ - ! ? ~

Previous Finish Cancel

8 Your Zipari account is now created! You can now review eligibility, claims, benefit information, and submit questions through the **Express Requests** feature.

For more detailed information on each of these features, see the Features and Functions section on page 6.

Navigating Zipari

There are several features and functions providers can do within the Zipari platform:

Check Eligibility and Benefits:

Quickly verify the eligibility status and benefits for members, their spouses, and their dependents.

View Claim Status:

Check the status of your claims

Express Requests:

Submit questions easily through the Express Requests option for prompt assistance.

Submit Pre-Authorization Requests:

Expedite the approval process for required services by submitting pre-authorization requests directly through the platform.

Update TIN and NPI Numbers:

Ensure your Tax Identification Number (TIN) and National Provider Identifier (NPI) are always up-to-date.

Need an account? Register for a Zipari portal account by visiting either the www.accesshma or www.accessrga.com website.



Navigating Zipari : Eligibility and Claims Features

The Zipari portal offers robust features to help providers efficiently manage eligibility and claims. Eligibility details can be found under the "Eligibility" tab, and claims details can be accessed through the "Claims" tab. The following pages of this guide will walk you through how to use these features and more within the platform.

The screenshot displays the HMA Zipari portal interface. At the top, the HMA logo is prominent, with a blue arrow pointing to the "Eligibility and Claims" tab in the navigation menu. The navigation menu includes "Home", "Eligibility and Claims", "Express Requests", and "Provider Forms & Info". The "Eligibility and Claims" tab is selected, and a breadcrumb trail shows "Home > Eligibility and Claims".

Below the navigation, there is a section titled "Providers:" with the instruction "To search for a member, the following criteria is needed:". The criteria listed are:

- Member ID
- OR -
- Last Name AND Date of Birth
- OR -
- Group Number AND Date of Birth OR Last Name

Below the criteria, there are two dropdown menus: "Select Provider" and "Providers". Below these are two tabs: "Eligibility" and "Claims". The "Eligibility" tab is selected, and the search form is displayed. The form includes the following fields:

- First Name:
- Last Name:
- Member ID(s):
- Date of Birth:
- Group:

A "Search" button is located at the bottom left of the form.

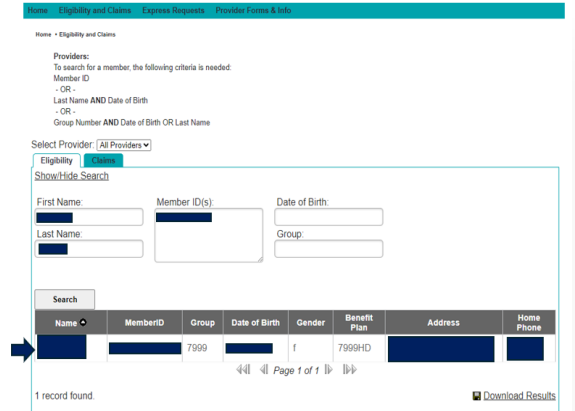
Need an account? Register for a Zipari portal account by visiting either the www.accesshma or www.accessrga.com website. Steps to create your account are on page 4.

Using the Eligibility Tab

1 The Eligibility option allows the provider to search by a Member ID **OR** Last Name **AND** Date of Birth **OR** Group Number **AND** Date of Birth **OR** Last Name.



2 They would then click on the member's name which is a link to their eligibility details.



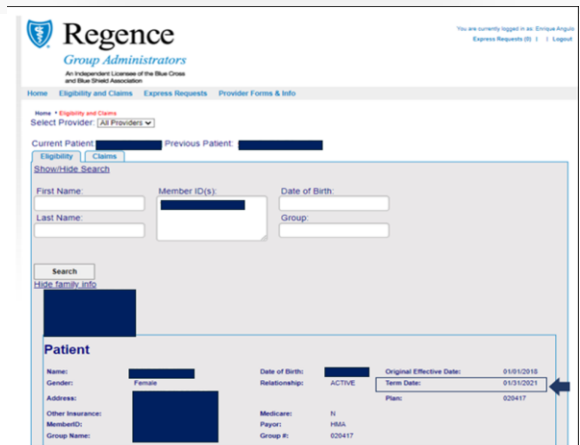
3 From here, the provider can view a member's original effective date, term date, if they are Medicare eligible, types of coverage they currently have, and the summary of benefits (the Benefits Summary).

Note: Plan documents are loaded at the group level and not the individual level.

4 If there are other family members, the provider can click on the "View all family members" link.



5 If a family member is termed, there will be a term date in the Term Date field.



Using the Claims Tab

1 The Claims option allows the provider to search using claim numbers (they can enter more than one claim number, or they can use the Begin Date and End Date fields to complete a search.

Once a provider has entered the claim number(s), they can click on the link to the specific claim they want to view.

Service Date	Claim Number	Claim Status	Total Charge	Member Charge
8/20/2024			\$202.40	\$0.00
7/18/2023			\$9.20	\$0.00
7/17/2023			\$373.30	\$0.00
2/20/2024			\$553.90	\$0.00
8/24/2023			\$386.60	\$231.99
10/7/2021			\$202.60	\$133.20
8/20/2024			\$420.90	\$0.00
9/13/2022			\$379.20	\$0.00
12/19/2022			\$218.10	\$0.00
8/24/2023			\$131.60	\$77.74

Once they have clicked on the claim number link, they are presented with the information shown below.

3 Once they have clicked on the claim number link, they are presented with the information shown below.

Claim Information Section
Provides information such as claim number, status, received date, and other patient information.

Payment Information Section
Provides information on who was paid, check number, paid amount, paid date, and check.

Claim Details Section
Provides line-by-line breakdown of CPT codes submitted.

Comments
Comments are used by Claim Analysts to provide additional information to the member and provider. This information is added to the claim notes in our internal claims processing system which reflect under Comments and on the EOB and EPP.

COB
This field is not currently populated.

Remarks
Provides remark code(s) and their definition.

Explanation of Provider Payment (EPP)
This page also allows provider to obtain a print view of the specific claim, or they can access their EPP (also known as an EOP).

4 Below is an example of a member who had an adjusted claim. The Claim Analyst enter notes to indicate the member did not have any patient responsibility.

Claim Information

Payment Information

Claim Details

Comments
THE PATIENT'S LIABILITY AFTER THIS ADJUSTMENT IS \$0.00

Remarks
20 - THIS IS AN ADJUSTMENT TO A PREVIOUSLY PROCESSED CLAIM
P0 - SERVICES OF A NON-PREFERRED PROVIDER ARE PAID AT THE PREFERRED LEVEL DUE TO EMERGENT CARE
PA - AMOUNT REPRESENTS CHARGES PREVIOUSLY CONSIDERED.

8

Providers may complete a search for their claims to obtain status information.

In the example below, you can see we searched for claims within a 06/01/2024-09/09/2024 date range. The system returned 12 claims for this provider for this one member.

Home Eligibility and Claims Express Requests Provider Forms & Info

Home • Eligibility and Claims

If you do not have the claim number of the claim you are looking for, you can perform an eligibility search to locate the member under the "Eligibility" tab. Once you locate the member, select the "Claims" tab to see all related claims for the patient.

Select Provider:

Current Patient:

Eligibility Claims

Show/Hide Search

Claim Number(s):

Begin Date:

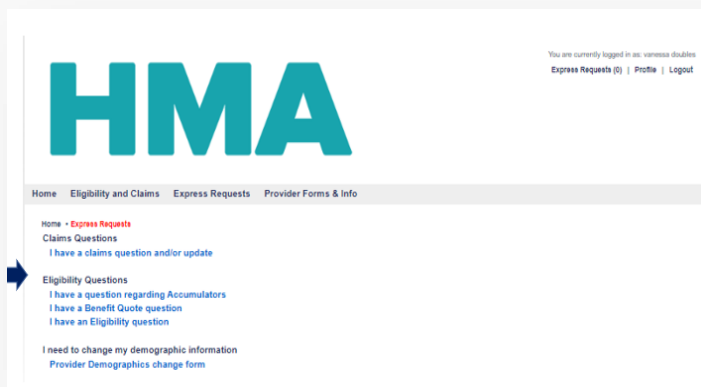
End Date:

Service Date	Claim Number	Claim Status	Total Charge	Member Charge
8/20/2024	REDACTED		\$202.40	\$0.00
7/18/2023	REDACTED		\$9.20	\$0.00
7/17/2023	REDACTED		\$373.30	\$0.00
2/20/2024	REDACTED		\$553.90	\$0.00
8/24/2023	REDACTED		\$386.60	\$231.99
10/7/2021	REDACTED		\$202.60	\$133.20
8/20/2024	REDACTED		\$420.90	\$0.00
9/13/2022	REDACTED		\$379.20	\$0.00
12/19/2022	REDACTED		\$218.10	\$0.00
8/24/2023	REDACTED		\$131.60	\$77.74

Page 1 of 2

12 claims found for [Download Results](#)

Using the Express Requests Tab



The Express Requests Tab has multiple options for the provider to choose from depending on their needs. providers can inquire on a claim, ask about accumulators, clarify benefits or eligibility, or update their demographic information.

Each option is outlined below.

Eligibility and Claims Question(s)

I have a claims question and/or update.

When the provider selects this option, they are presented with the form shown below. They simply enter the information requested and click the Submit button. Their inquiry is then reflected on the administration platform.

I have a question regarding Accumulators

When the provider selects this option, they are presented with a form. They simply enter the members information and write out their questions related to accumulators (Out-of-Pocket, Deductible, Visit Limits) requested and click the Submit button. Their inquiry is then reflected on the administration platform.

I have a Benefit Quote question

When the provider selects this option, they are presented with a form. They simply enter the members information and write out their questions related to accumulators (Out-of-Pocket, Deductible, Visit Limits) requested and click the Submit button. Their inquiry is then reflected on the administration platform.

I have an Eligibility question

When the provider selects this option, they are presented with a form. They simply enter the members information and write out their questions related to accumulators (Out-of-Pocket, Deductible, Visit Limits) requested and click the Submit button. Their inquiry is then reflected on the administration platform.

I need to change my demographic information

Providers can update their practice name, phone numbers, physical address. They can also attach their W-9 form.

Using Provider Forms & Information Tab



Providers can access claim address information, submit questions, submit pre-authorization requests, and update their NPI and TIN information.

Claims Address Info

Providers can access our claims mailing address information by selecting the "Claims Address info" section

Customer Service Questions

This option is an alternate way to navigate to the Express Requests tab. This allows providers to submit email/written requests to our Customer Care team.

Forms

Authorization Request- Providers can submit a request for pre-authorizations. This option also allows them to attach medical records with their request.

Nation Provider Identifier (NPI) Submission Form- This form allows providers to submit NPI numbers to HMA and include their address details and the facility/TIN that they are associated with.

W-9 Form- Provides a Link to the most up to date W-9 form (Request for Taxpayer Identification Number and Certification).

Guidelines

Provider can access a list of remark codes that they may see on claims. Providers should refer to their Explanation of Provider Payment (EPP) for details on the remark codes and processing of a claim.

Links

Currently, there is no data or links available.