



**CNIC**  
**Health Solutions®**

A Rocky Mountain Health Plans TPA

## Using the CNIC Health Solutions Online Site



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## Logging in for the First Time

Go to <http://secure.healthx.com/cnicnew.asp>. You will be directed to a logon screen; click on “sign-up” to create your account.

**Home**   **Getting Started**

**Login**  
Username:  
Password:  
  
[Forgot your password?](#)  
[Forgot your username?](#)

If you are a new user, click [Sign-Up](#) to create your account.

Otherwise type your user name and password and click the login button.

**Secured by Thawte**  
2010-02-23

[Learn about security on this site](#)

**Welcome to your online portal! Sign on to obtain information 24/7!**

**Easy and powerful web service that provides access to your benefits information!**

- \* 24 hour access to your paid claims and eligibility
- \* Ask benefit questions anytime!
- \* Medical information, messaging service, and much, much more!

Review the Terms of Use and click on “Agree” to continue.

**Home**   **Registration**

**License Grant.** This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this

Fill in Personal Information. You must have a valid e-mail address – this is where new claim notification will be sent.

## Registration

Please refer to your ID card to complete the fields below and create an account on the system.

- Enter your Date of Birth, Group Number and Member ID from your ID card. **DO NOT enter dashes when entering your Member ID.**
- Enter a valid e-mail address
- Choose a User ID and Password (password must be at least 8 alpha-numeric characters)
- Click on "Continue" at the bottom of the page

**Note:** In order to provide password verification or lost password option, e-mail address is a required field for this website. To get a free Yahoo e-mail address click ['Here'](#)

### Personal

\* Date of Birth:

\* E-Mail Address:

\* Group Number:

\* Confirm E-Mail Address:

\* Member ID/SSN:

Select a user name and set a password. User names can be from 3 to 30 characters, and must start with a letter. Passwords must be at least 8 characters in length and can not have dashes, spaces, or non-alpha-numeric characters (a-z, 0-9). Select a hint question and hint answer – this will be used to provide validation in the event you forgot your password. Click "Continue".

### Create User ID (Username) and Password

\* Username:

(At least 3 characters/Must begin with a letter)

\* Password:

(At least 8 characters/Alpha-numeric/No dashes or spaces)

\* Confirm Password:

\* Hint Question:

(Select a hint question or enter your own below)

Enter your own here:

\* Hint Answer:

You are now free to navigate through the site and take advantage of the ability to view claims and family eligibility!

## Go Paperless

Once you have successfully created an account, you will see a screen that says “Did you know?” This is where you have the option to sign up for paperless EOBs. If you don't want to do this at the moment, click the “Close” button. Otherwise, click “Continue”.

**DID YOU KNOW?...**

You can help the environment and reduce healthcare costs at the same time?

**SHARE THE BENEFITS**

of Technology

**GO PAPERLESS!**

Do not show this again

Close Continue

Click on “Yes” if you want to receive notification via e-mail of a paid claim, or “No” if you wish to receive the EOB in the mail.

Explanations of Benefits (EOBs) inform you that a medical or dental claim has been processed on your behalf. You now have the option to elect to eliminate the paper EOB and receive a paperless EOB Notice instead informing you that your electronic EOB is available.

Electronic EOBs have the same information that you had previously and are print-ready, so if you need the paper for any reason you will be able to generate your own copy from this website. If you do not have a printer and need a paper copy of your EOB sent to you, contact Customer Service.

You too can help the environment and reduce healthcare costs at the same time!

By clicking YES below, you have selected "Electronic EOB's Only". Your EOB paper statements will no longer be mailed to you (or to any minor dependents if you are the primary subscriber). By selecting "Electronic EOB's Only" and submitting this form, you agree that we may provide you with access to EOB communications in an electronic format and that we may discontinue sending paper communications to you. You may withdraw your consent and begin receiving mailed paper EOB statements again by going to the "Personal Profile" tab and selecting "Paper EOBs".

Yes No

If “No” is selected, you will be brought the home page. If “Yes” is selected, you will see the following image. Click “Close” to go to the home page.

**Thank You**

Close

## Returning Users

Log in to <http://secure.healthx.com/cnicnew.asp>

**Home** | **Getting Started**

**Login**  
Username:  
  
Password:  
  
  
[Forgot your password?](#)  
[Forgot your username?](#)

If you are a new user, click [Sign-Up](#) to create your account.

Otherwise type your user name and password and click the login button.

**Secured by Microsoft**  
2010-02-23

[Learn about security on this site](#)

### Welcome to your online portal! Sign on to obtain information 24/7!

**Easy and powerful web service that provides access to your benefits information!**

- \* 24 hour access to your paid claims and eligibility
- \* Ask benefit questions anytime!
- \* Medical information, messaging service, and much, much more!

You will be greeted with your welcome screen.

**Home** | **Express Requests** | **Personal Profile** | **Health Info** | **Logoff**

Click folders to expand

**My Menu**

- \* All Members
  - [Downloading Adobe Reader](#)
  - [HIPAA Auth Form](#)
  - [News Bulletins](#)
  - [Other Important Links](#)
- My Benefits
  - [Benefit Plan Documents](#)
  - [Contact Us](#)
  - [Eligibility](#)
  - [Forms](#)
  - [Medical Information Links](#)
  - [Online Customer Service](#)
  - [Paid Claims](#)
  - [Provider Web Links](#)

[System Ideas/Problems](#)

### Welcome

You have 3 Notification of new EOB(s).

**Last logged in: 01/18/2010**

**Current E-mail address:**  
[Update E-Mail](#)  
**Need an E-Mail Address?** [Hotmail](#) [Yahoo](#)  
[E-Mail Policy](#)

**News**

**News Bulletins**

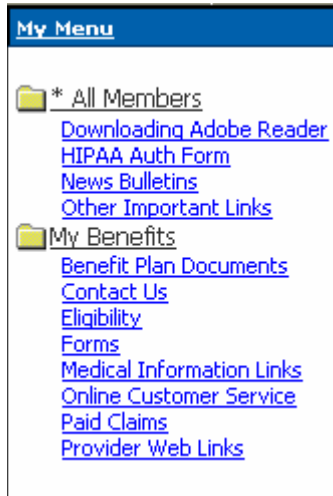
- ▶ [Electronic \(Paperless\) EOBs!](#)

**NEW SERVICE AVAILABLE!**

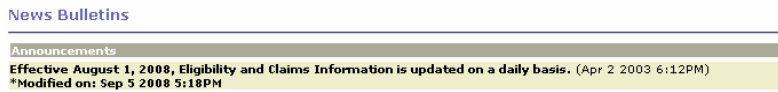
Please be sure to check out the Health Info tab, your 24/7 gateway to health information and decision support tools!

## **Sidebar Navigation**

In the menu pane on the left, the first heading under “My Menu” is an image of a folder with the label “All Members”. Here you will find links to the CNIC Health Solutions website, instructions on downloading Adobe Reader (this is needed to read some documents on the site), the HIPAA authorization form, News Bulletins, and Other Important Links.



The “News Bulletins” link takes you to a screen where announcements display, if there are any.



“Other Important Links” takes you to the CNIC Health Solutions home page.

The next folder is “My Benefits”. Here you will find a link to your company’s plan documents if available, contact information, a link to view eligibility status for you and your family, , downloadable forms, links to medical information, the link to view your claims status, Online Customer Service FAQs and forms, and a link to your provider networks.

The “Provider Web Links” link takes you to a list of links to your providers’ websites.

## **Provider Web Links**



Clicking on the link for “Paid Claims” takes you to a claims search. Here, you can search by claim number or date range; or you can perform a “quick search” which selects claims over a time period.

**My Claims**

- To perform a "Quick Search" - choose a point from the list and select a member from the drop down choices. Click on "Search".
- To perform a "Date Range Search" - choose the 'from:' and 'to:' time frame from the drop down choices and select a member from the drop down choices. Click on "Search".
- To perform a "Claim Number Search" enter up to 10 claim numbers, press 'enter' after each claim number. Click on "Search".

**Quick search:**

Last 10 Claims  
 Last 20 Claims  
 Last Month  
 Last 3 Months  
 Last 6 Months  
 Last 1 Year

**Date Range search:**

**from:** -- -- -- --  
**to:** -- -- -- --

**Claim Number Search:**

**Claim Number(s):**  Enter up to 10 Claim Numbers (one per line)

A list of claims will appear.

**HR Claims - Claim Search Results**

Click the claim number to see more on a specific claim.

Claim #	Provider	Patient Name	Patient DOB	DOS Start	DOS End
<a href="#">N636156001</a>	Rehabilitation Hospital of Indiana	Alidia Jones	5/7/1995	10/18/2004	10/18/2004
<a href="#">N636156001</a>	Rehabilitation Hospital of Indiana	Alidia Jones	5/7/1995	10/18/2004	10/18/2004
<a href="#">N636189001</a>	St Vincent Immediate Care	Alidia Jones	5/7/1995	9/24/2004	9/24/2004
<a href="#">N636189001</a>	St Vincent Immediate Care	Alidia Jones	5/7/1995	9/24/2004	9/24/2004
<a href="#">N636186001</a>	Robert Love MD	Sam Jones	1/5/1962	5/17/2004	5/17/2004
<a href="#">N636186001</a>	Robert Love MD	Sam Jones	1/5/1962	5/17/2004	5/17/2004
<a href="#">N636156003</a>	Karen Adkins MD	Elizabeth Jones	9/13/1965	4/12/2004	4/12/2004
<a href="#">N636156003</a>	Karen Adkins MD	Elizabeth Jones	9/13/1965	4/12/2004	4/12/2004
<a href="#">N636154001</a>	St Vincent Indianapolis Hospital	Elizabeth Jones	9/13/1965	4/12/2004	4/12/2004
<a href="#">N636154001</a>	St Vincent Indianapolis Hospital	Elizabeth Jones	9/13/1965	4/12/2004	4/12/2004

Page 1 of 2


Search for a Claim Number:

(Requires Adobe's Acrobat Reader. Click [here](#) to get it.)



In order to view an explanation of benefits summary for a particular claim, click on the claim number in the left column of the table. For some groups, this will open a PDF file. For other groups, it will open the following (Status field can read Completed, In Progress, or Denied):


[Online View](#) | [Original EOB View](#) | [Print View](#)

	<b>Enrollee:</b> JOHN DOE <b>Patient:</b> BABY DOE <b>Soc Sec #:</b> 999-99-9999 <b>Group:</b> GENERIC COMPANY <b>Group #:</b> 99991234 <b>Claim #:</b> 0888776655 <b>Patient #:</b> 897979797 <b>Date:</b> 09/23/2008 <b>Status:</b> COMPLETED																																																													
<b>THIS IS NOT A BILL</b>																																																														
Explanation of Benefits for Services Provided By: MCCALLEN MD, JULIE A																																																														
<table border="1"> <thead> <tr> <th>Dates of Service</th> <th>Service Code</th> <th>Total Charge</th> <th>Ineligible</th> <th>Reason Code</th> <th>Covered By Plan</th> <th>Deductible Amount</th> <th>Co-Pay Amount</th> <th>Balance</th> <th>Paid At</th> <th>Payment Amount</th> </tr> </thead> <tbody> <tr> <td>09/05/2008 - 09/05/2008</td> <td>30</td> <td>\$145.00</td> <td>\$36.82</td> <td>+Y</td> <td>\$73.18</td> <td>\$0.00</td> <td>\$35.00</td> <td>\$38.18</td> <td>100%</td> <td>\$73.18</td> </tr> <tr> <td></td> <td><b>TOTAL</b></td> <td><b>\$145.00</b></td> <td><b>\$0.00</b></td> <td></td> <td><b>\$108.18</b></td> <td><b>\$0.00</b></td> <td><b>\$35.00</b></td> <td><b>\$73.18</b></td> <td></td> <td><b>\$73.18</b></td> </tr> <tr> <td colspan="10" style="text-align: right;"><b>Other Insurance Credits or Adjustments:</b></td> <td><b>\$0.00</b></td> </tr> <tr> <td colspan="10" style="text-align: right;"><b>Total Net Payment:</b></td> <td><b>\$73.18</b></td> </tr> </tbody> </table>	Dates of Service	Service Code	Total Charge	Ineligible	Reason Code	Covered By Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount	09/05/2008 - 09/05/2008	30	\$145.00	\$36.82	+Y	\$73.18	\$0.00	\$35.00	\$38.18	100%	\$73.18		<b>TOTAL</b>	<b>\$145.00</b>	<b>\$0.00</b>		<b>\$108.18</b>	<b>\$0.00</b>	<b>\$35.00</b>	<b>\$73.18</b>		<b>\$73.18</b>	<b>Other Insurance Credits or Adjustments:</b>										<b>\$0.00</b>	<b>Total Net Payment:</b>										<b>\$73.18</b>	<table> <tr> <td><b>Payment To</b></td> <td><b>Check No.</b></td> <td><b>Amount</b></td> </tr> <tr> <td>MCCALLEN MD, JULIE A</td> <td>00261277</td> <td>\$73.18</td> </tr> </table>	<b>Payment To</b>	<b>Check No.</b>	<b>Amount</b>	MCCALLEN MD, JULIE A	00261277	\$73.18
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To view the original EOB (below), click on the link at the top that states "Original EOB View".

..... 1 PAYEE NAME ADDRESS LINE 1 CITY, STATE ZIP	Prepared On: 11/10/2000 <b>Patient Responsibility</b> Amount Not Covered: .00 Co-Pay Amount: .00 Deductible: .00 Co-Insurance: 2.30 Patient's Total Responsibility: 2.30 Other Insurance Payment: .00																																																																																												
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The PDF file also contains a voided copy of the check sent.

GROUP NAME ADDRESS CITY, STATE ZIP	4 0810 21(0)	CHECK NO. 55555 VOID AFTER 180 DAYS ISSUE DATE 11/10/00
	Claim Number: 012-345-6-78-90123456-78	
PAY *** TWENTY DOLLARS AND 70/100 ***	VOID	AMOUNT *****20.70**
TO THE ORDER OF PAYEE NAME PAYEE ADDRESS CITY, STATE ZIP		
MY BANK N.A. CITY, STATE ZIP BRANCH OFFICE		 Authorized Signature
⑈000123456 ⑆555555555⑆ 10123456789⑈		

The eligibility link shows you the members of your family on the plan. It also has a link for you to print a temporary ID card if necessary.

- [Print a temporary ID card](#)

[Online View](#) | [Print View](#)

Subscriber					
<b>Employee Name:</b>	GENERIC USER NAME				
<b>Address:</b>	1234 W. FIFTH STREET SOMEWHERE, WY 88888				
<b>Member No:</b>	403100000	<b>DOB:</b>	01/01/1950	<b>Gender:</b>	Female
<b>Group #:</b>	22204031	<b>Group Name:</b>	WYOMING SCHOOL BRD ASSOC		
<b>Payor:</b>	WYOMING SCHOOL BRD ASSOC	<b>Primary Care Physician:</b>		<b>Primary Care Physician Code:</b>	
<b>Original Effective Date:</b>	11/01/2007	<b>COB:</b>	No	<b>Plan:</b>	00FPREM
Coverages					

Clicking on a name shows you the details for that person:

[Online View](#) | [Print View](#)

Patient					
<b>Dependent Name:</b>	JANE DOE				
<b>Address:</b>					
<b>Dependent ID:</b>	s	<b>DOB:</b>	12/25/1972	<b>Gender:</b>	FEMALE
<b>Relationship:</b>	Spouse	<b>COB:</b>	No	<b>Original Effective Date:</b>	04/01/2008
Coverages					
- MEDICAL					
<b>Current Benefit Effective Date</b>	08/01/2008	<b>Termination Date</b>		<b>Tier</b>	EMP/SPOUSE
<b>Plan</b>	8000	<b>Class</b>	0002	<b>Volume</b>	\$0.00
- DENTAL					
<b>Current Benefit Effective Date</b>	08/01/2008	<b>Termination Date</b>		<b>Tier</b>	EMP/SPOUSE
<b>Plan</b>	8000	<b>Class</b>	0002	<b>Volume</b>	\$0.00
- VISION					
<b>Current Benefit Effective Date</b>	08/01/2008	<b>Termination Date</b>		<b>Tier</b>	EMP/SPOUSE
<b>Plan</b>	8000	<b>Class</b>	0002	<b>Volume</b>	\$0.00

Online Customer Service is where you would go to find out information on various tasks, such as requesting a new ID card, finding out Benefit Effective Dates, finding out about pre-certification for various procedures, and numerous other questions that arise.

#### Eligibility Requests or Questions

*All eligibility questions require patient name and date of birth.*

- [Print a temporary ID card](#)
- [Please send me a new I.D. card](#)
- [What is patient's medical plan effective date?](#)
- [What is patient's dental plan effective date?](#)
- [Have you received my change of coverage request?](#)

#### PPO Network Question

*Requires Dr. or facility name, address, city, state and zip code)*

- [Is my physician or facility in-network?](#)

#### Pre-Certification and Referral Questions

- [Who should be contacted for pre-certification and/or utilization review?](#)
- [Does the treatment or procedure recommended require pre-certification?](#)
- [Has the patient's doctor called for a pre-certification or referral?](#)

#### Claim Questions

*Requires patient name, date of birth, date of services, provider name and charge amount*

- [Have you received the patient's claim?](#)
- [Have you paid the patient's claim?](#)
- [Why was the patient's claim denied?](#)
- [The patient's claim was not paid in full, what portion is my responsibility to pay?](#)
- [Would you like to report an accident or injury?](#)

Clicking on a link on this page will bring up a corresponding form, which will then be electronically submitted to the appropriate parties.

**If a new I.D. card is requested, please identify the specific plan member for whom the card is being requested by providing the following information:**

---

*Fields marked with an \* are required.*

\*Patient Name:

\*Patient Date of Birth: (mm/dd/yyyy)

\*Relationship to Policy Holder:

Additional information / comments:

## Top Navigation

Across the top of the webpage, beneath the CNIC Health Solutions' logo, is a navigation bar offering the choices of "Home" (takes you back to the Welcome Screen), "Express Requests" (links to the Express Request menus, not usually used by an employee account), "Personal Profile" (where you can update your information), "Health Info" (opens <http://www.nlm.nih.gov/medlineplus/> in a new window or tab), and "Logoff" (logs you out and takes you back to log-in page).



## Updating Profile Information

To update your personal profile, click the "Personal Profile" link.

Fill in the required information and click "Update Fields".

[Your Personal Profile](#)

---

Updating your personal profile on the System does not update your personal information with your employer or your benefits administrator. Contact your HR Administrator or benefits administrator to update your information with your employer and benefits administrator.

**Profile Information**

\* Denotes a required field.

First Name: John	
Middle Name:	
Last Name: Doe	
* Username: <input type="text" value="john.doe7"/>	Begin with a letter, and use only letters (a-z), numbers (0-9), the underscore (_), the dot (.), the dash (-), the at (@), <b>no spaces</b> and a maximum length of 255 characters. (Example: Joe.Smith)
Phone: <input type="text" value="(720) 555-5555"/>	
* E-mail: <input type="text" value="jdoe@cnichs.com"/>	This is the e-mail address that the system will use to communicate with you. Changing this address will cause the system to send messages to the newly specified e-mail address.

You can also update your password and password hints here.

The screenshot shows a web form titled "Password Information". It contains the following fields and options:

- Old Password: [text input]
- New Hint Question: [dropdown menu with "Select Hint Question" selected]
- (or enter your own) New Hint Question: [text input]
- New Hint Answer: [text input]
- New Password: [text input]
- Retype New Password: [text input]

A dropdown menu is open from the "New Hint Question" field, listing the following options:

- Select Hint Question
- Name of the city where you were born
- Last name of your favorite author
- Favorite fictional character (highlighted)
- Mother's middle name
- Father's middle name
- Favorite car
- Favorite person from history
- Pet's name
- Favorite film
- Favorite team
- Favorite food

Below the form is a button labeled "Update Fields".

**Additional Profile Fields**

Some services require additional information to be activated. Therefore you may be prompted to fill in additional profile fields the first time you attempt to access these services.

**Profile Information**

[text input]

[button: Update Fields]

Click on the "Update Fields" button to save your changes.

This is also where you can opt in or out of electronic EOBs.

#### Additional Profile Fields

Some services require additional information to be activated. Therefore you may be prompted to fill in additional profile fields the first time you attempt to access these services.

The screenshot shows a web form titled "Profile Information" with a section for "EOB Delivery Option".

**EOB Delivery Option:** [dropdown menu with "Electronic EOB" selected]

Options in the dropdown menu:

- Electronic EOB (highlighted)
- Electronic EOB
- Paper EOB

Text to the right of the dropdown:

If you have selected the "Paper EOB" option, you will continue to receive your printed EOBs in the mail. If you have selected the "Electronic EOB" option, you will receive an email notifying you that your electronic EOB is available online.

[button: Update Fields]

## Health Info

The “Health Info” link opens the National Library of Medicine’s Medline Plus site, where you can find all sorts of health-related topics, including current health news. The site is available in Spanish (as well as providing health information in over 40 languages), and has links to interactive tutorials, videos of surgeries, and much more. This site is an excellent resource that enables everyone to take a more active role in their personal well-being.

Site navigation

**MedlinePlus®**  
Trusted Health Information for You

A service of the U.S. NATIONAL LIBRARY OF MEDICINE  
and the NATIONAL INSTITUTES OF HEALTH

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español

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**Health Topics**  
Start here with 750 topics on conditions, diseases and wellness

**Drugs & Supplements**  
About your prescription and over-the-counter medicines, herbs and supplements

**Medical Encyclopedia**  
Includes pictures and diagrams

**Dictionary**  
Spellings and definitions of medical words

**News**  
Current health news and press announcements

**Directories**  
Find doctors, dentists and hospitals

**Go Local**  
A service for finding local resources for health-related issues

**Other Resources**  
Local health services, libraries, organizations, international sites and more

**Multiple Languages**  
Health information in over 40 languages

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**Current Health News**

- ▶ [Acetaminophen Linked to Childhood Asthma](#)
- ▶ [More Kids Getting Kidney Stones](#)
- ▶ [Whole Grains, Leafy Greens May Lower Diabetes Risk](#)
- ▶ [More news](#)

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**Featured Site**

September is Fruit and Vegetable Month. [Learn more](#) from the Centers for Disease Control and Prevention



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