



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

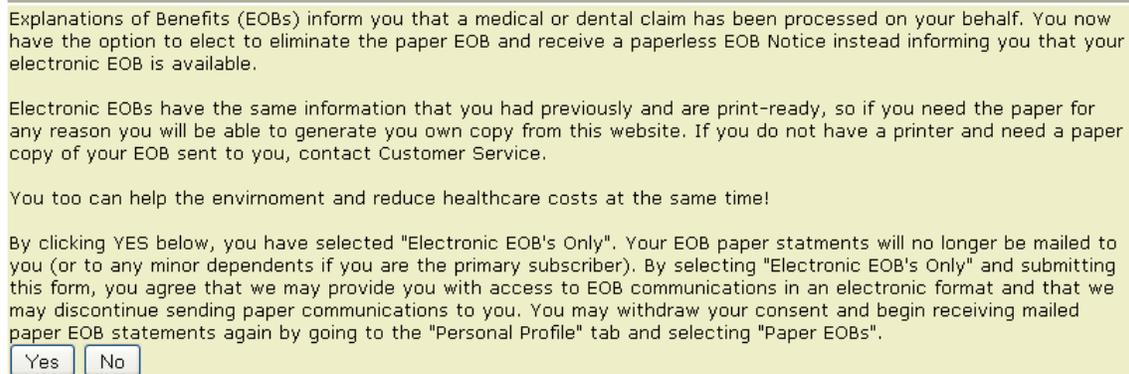
of Technology

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

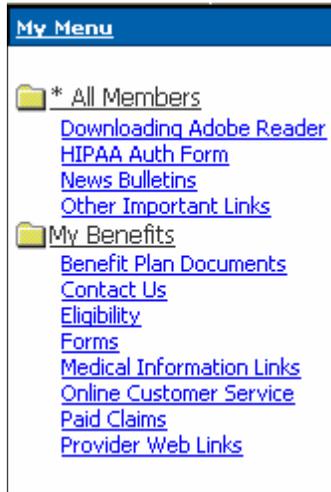
News Bulletins
▶ [Electronic \(Paperless\) EOBs!](#)

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.

News Bulletins



“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
N636156001	Rehabilitation Hospital of Indiana	Alida Jones	5/7/1995	10/18/2004	10/18/2004
N636156001	Rehabilitation Hospital of Indiana	Alida Jones	5/7/1995	10/18/2004	10/18/2004
N636189001	St Vincent Immediate Care	Alida Jones	5/7/1995	9/24/2004	9/24/2004
N636189001	St Vincent Immediate Care	Alida Jones	5/7/1995	9/24/2004	9/24/2004
N636186001	Robert Love MD	Sam Jones	1/5/1962	5/17/2004	5/17/2004
N636186001	Robert Love MD	Sam Jones	1/5/1962	5/17/2004	5/17/2004
N636156003	Karen Adkins MD	Elizabeth Jones	9/13/1965	4/12/2004	4/12/2004
N636156003	Karen Adkins MD	Elizabeth Jones	9/13/1965	4/12/2004	4/12/2004
N636154001	St Vincent Indianapolis Hospital	Elizabeth Jones	9/13/1965	4/12/2004	4/12/2004
N636154001	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](#)

Enrollee:	JOHN DOE
Patient:	BABY DOE
Soc Sec #:	999-99-9999
Group:	GENERIC COMPANY
Group #:	99991234
Claim #:	0888776655
Patient #:	897979797
Date:	09/23/2008
Status:	COMPLETED

THIS IS NOT A BILL

Explanation of Benefits for Services Provided By:
MCCALLEN MD, JULIE A

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
	TOTAL	\$145.00	\$0.00		\$108.18	\$0.00	\$35.00	\$73.18		\$73.18
Other Insurance Credits or Adjustments:										\$0.00
Total Net Payment:										\$73.18

Payment To MCCALLEN MD, JULIE A	Check No. 00261277	Amount \$73.18
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Service Code
30 - PHYSICIAN VISIT

Reason Code Description

Messages

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 Patient Responsibility Amount Not Covered: .00 Co-Pay Amount: .00 Deductible: .00 Co-Insurance: 2.30 Patient's Total Responsibility: 2.30 Other Insurance Payment: .00
--	--

EXPLANATION OF BENEFITS

Treatment Dates	Service Code	Proc. Code	Charge Amount	Not Covered	Reason Code	Provider Discount	Covered Amount	Deductible Amount	Co-Pay Amount	Paid At	Payment Amount
02/04-02/04/2000	540	36415	15.50	.00	D3	8.50	7.00	.00	.00	90%	6.30
02/04-02/04/2000	540	85025	35.00	.00	D3	19.00	16.00	.00	.00	90%	14.40
TOTAL			50.50	.00		27.50	23.00	.00	.00		20.70
Other Insurance Credits or Adjustments											0.00
Total Payment Amount											20.70

Accumulators	Payment To:	Check No.	Amount
	PAYEE NAME	55555	20.70
	JAMIE Q. PUBLIC		.00

Service Code 540 DIAGNOSTIC XRAY & LAB	Reason Code D3 NETWORK NAME
--	---------------------------------------

The PDF file also contains a voided copy of the check sent.

GROUP NAME		4 0810	21(0)	CHECK NO. 55555
ADDRESS				VOID AFTER 180 DAYS
CITY, STATE ZIP		Claim Number: 012-345-6-78-90123456-78	ISSUE DATE	11/10/00
				AMOUNT
				*****20.70**
PAY *** TWENTY DOLLARS AND 70/100 ***				
TO THE ORDER OF	PAYEE NAME PAYEE ADDRESS CITY, STATE ZIP	VOID		
	MY BANK N.A. CITY, STATE ZIP BRANCH OFFICE	 Authorized Signature		
⑆000123456 ⑆555555555⑆ ⑆0123456789⑆				

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

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

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

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

Password Information

Old Password:

New Hint Question:

(or enter your own) New Hint Question:

New Hint Answer:

New Password:

Retype New Password:

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

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.

Profile Information

EOB Delivery Option:

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.

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

Search MedlinePlus

About MedlinePlus | Site Map | FAQs | Contact Us

español

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

Current Health News

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

Featured Site

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



In the Spotlight

Stay in Circulation

Learn if you are at risk for P.A.D. at www.aboutpad.org

Interactive Tutorials
Over 165 slideshows with sound and pictures

ClinicalTrials.gov
Studies for new drugs and treatments

NIH Senior Health
Health information for older adults

Surgery Videos
Videos of surgical procedures

NEW [What's New](#)

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