

ASHLINK® USER GUIDE

AMERICAN SPECIALTY HEALTH REHABILITATION SERVICES



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LOGGING IN FOR THE FIRST TIME

Here are the steps to follow at first login. American Specialty Health will provide a single master account for the Rehabilitation Services Provider. Accounts can be activated online or by calling our Customer Service Dept. Below are the steps for account activation and logging in for the first time.

1. Go to www.ashlink.com and click Activate your account.



2. Enter the Username and PIN provided on your welcome letter and click continue.

The screenshot shows the ASHLink account activation page, specifically 'STEP 1 - Enter User Credentials'. The page has a blue header with the ASHLink logo and the text 'Account Activation - STEP 1 - Enter User Credentials'. Below the header, there's a message: 'If you received your ASHLink User ID and PIN in the mail and need to complete your registration - follow the steps below to begin using ASHLink today!'. A progress indicator shows three steps, with the first step (1) highlighted in green. The instructions for Step 1 are: 'Step 1: Please enter your User ID and PIN provided in your Welcome Letter'. There are two input fields: 'ASHLink User ID:' and 'PIN:'. Below these fields is a CAPTCHA image showing the letters 'F G H Z' and the text 'Enter the code shown:'. There's a small input box for the CAPTCHA code and a 'Continue' button. At the bottom, there's a note: 'Note: If you are unable to identify the text above, please refresh this page for a new character set.'

3. Enter the Verification Code that is also included in your welcome letter and click continue.

The screenshot shows the ASHLink logo at the top left. Below it is a blue header bar with the text "Account Activation - STEP 1 - Enter User Credentials". Underneath the header, a message reads: "If you received your ASHLink User ID and PIN in the mail and need to complete your registration - follow the steps below to begin using ASHLink today!". A progress indicator shows three steps, with the first step (1) highlighted in green. Below the progress indicator, the text says "Step 1: Please enter the following additional information to verify your account:". A text input field labeled "Verification Code:" contains the text "ASH-C00BDD066". Below the input field is a blue button labeled "Continue...".

4. Follow the steps displayed on each of the succeeding screens. You will need a valid email address that you can access to complete the online activation.

The screenshot shows the ASHLink logo at the top left. Below it is a blue header bar with the text "Account Activation - STEP 2 - Verify Email Address". Underneath the header, a message reads: "If you received your ASHLink User ID and PIN in the mail and need to complete your registration - follow the steps below to begin using ASHLink today!". A progress indicator shows three steps, with the second step (2) highlighted in green. Below the progress indicator, the text says "Step 2: Please verify your email address". A text box displays "The email address on file is.... cchiro@hotmail.com". Below this, there are two columns of options. The left column is titled "No" and contains the text: "The email address is NOT correct or I do NOT have access to this account. Please do not continue with the online activation. Contact a representative to complete the activation process." Below this text is a blue button labeled "Contact a Representative". The right column is titled "Yes" and contains the text: "The email address IS correct and I DO have access to this account. Please continue with the online activation. A confirmation email will be sent to this email address." Below this text is a blue button labeled "Continue Activation Process".

The screenshot shows the ASHLink logo at the top left. Below it is a blue header bar with the text "Account Activation - STEP 1 - Enter Verification Information". Underneath the header, a message reads: "If you received your ASHLink User ID and PIN in the mail and need to complete your registration - follow the steps below to begin using ASHLink today!". A progress indicator shows three steps, with the second step (2) highlighted in green. Below the progress indicator, the text says "Step 2: Please verify your email address". Below this, the text says "Your Confirmation Email Was Sent". Below this, the text says "Please review your confirmation email to complete the activation process and obtain your temporary ASHLink password". Below this, the text says "Important: The activation link in your confirmation email will expire in 24 hours".

5. Confirm your email address by clicking on the link provided in the email message.
6. Once your email is confirmed, another email will be sent containing your temporary password.
7. Log in to ASHLink.com and enter your Username, Temporary Password, and PIN.



8. Read and Accept the Terms and Conditions.
9. Select a new password and a challenge phrase. Follow the instructions on each page thereafter.

10. You will then be redirected to the HOME page.

ASHLink

Password + Challenge Phrase

Welcome to ASHLink!
Before proceeding, please update your Primary Account by selecting a new Password and Challenge Phrase below.
Your new Password will take effect the next time you log-in to ASHLink and your Challenge Phrase is used if you forget your Log-in User ID, Password or PIN.

Account Management - Password + Challenge Phrase

Note - Passwords must be at least eight (8) characters in length and meet the criteria below:

- **ASHLink Password**
Please create a unique password in order to access your ASHLink account. Passwords must meet the following criteria:
 - Must be at least eight (8) characters in length.
 - Must contain at least one (1) capitalized letter and one (1) lower case letter.
 - Must contain at least one (1) number (0-9).
 - Does not contain four (4) or more of the same characters in a row.
 - Does not match or contain username.

Enter Password:

Re-enter Password:

ASHLink Challenge Phrase
The ASHLink Challenge Phrase is used as an added measure of identification should you forget your username or password and is unique to your account. Please select one of the challenge phrase questions and enter its answer in the text box provided. You will need to remember both if used.

Select Challenge Phrase Question:

Enter an Answer to your Challenge Phrase Question:

ASHLink

Password + Challenge Phrase

Thank You for updating your ASHLink account!
Any changes will take effect upon your next visit to ASHLink.

Account Management - Password + Challenge Phrase

Thank You!

Your Account has been updated!
Please click the Continue button below:

11. A welcome message will be sent to your mailbox. This completes your activation and registration process.

ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox

Home Text:

Welcome to ASHLink - PTOT Providers!

This custom text for the PTOT specialty would be edited at the Tridion level. This is simply a test blurb designed only for the PTOT specialty.

ASHLink Temporarily Unavailable This Weekend

Another test PTOT only message

ChooseHealthy

Save More. Live Better.

Value Added Program

Get access to 10,000+ fitness centers nationwide for only \$25 a month.

Save on popular fitness and wellness products with free shipping

Review ETP Statements

MENU ITEMS

This training manual is designed to introduce and guide Rehabilitation Services Providers users to ASHLink, a free and secure provider website provided by American Specialty Health.

Please note: Menu options and documents displayed are dependent on the user's access level rights, which will be discussed in detail in the succeeding chapters.

These are main menu items:

- Home Page: Users will find important news bulletins from ASH, including updates about the ASHLink website.
- Search Page: This feature allows you to look up members and any submitted Medical Necessity Review Forms (MNR) and Claims.
- Account Page: Create and maintain sub-accounts for your office staff and/or billing service; edit your Challenge Phrase & Answer for User ID/Password retrieval.
- Resources: This section contains forms, Client summaries, and fee schedules. As well as, newsletters, operations manuals, and other items you may find useful.
- Batch Claims: This page allows you to view and upload your Batch claims, including information about ASH and other participating clearinghouses.
- Compliance: This page provides information on specific compliance requirements that the Medicare Advantage and/or Medicaid Managed Care plans require ASH and its contracted practitioners meet.
- Help: FAQ's, Website Tips, and access to submit online questions or comments are provided on this page.
- Inbox: All correspondences sent to and received from ASH and/or ASHLink can be viewed on this page. This includes broadcast messages, responses to eligibility, claims or MNR questions, and general inquiries.



gettyimages | 25
Rowan Jordan

SEARCH MENU

This allows users to search for members and transactions. This button is located on the top bar of every page.

You have 4 different Search options:

- **New Patient Search:** You can use this when searching for a member who have not yet been seen by your office.
- **Existing Patient Search:** This is used to search for members on your existing roster, including current patients and those who have been previously treated.
- **Transactions:** Search for MNR forms, Claims, Payments—including eTransactions as appropriate.
- **Remittance Advice:** Search/View your latest ASH Remittance Advice Forms and print them out in PDF file format.

SEARCH FOR PATIENT/MEMBERS

1. Click on the Search Menu. You have 2 options: A New Patient or Existing Patient Search.
2. User can search using Member ID or Member Name, Month, and Birth Year and click search. Complete Last Name is required. However, partial first name search will be accepted.

The screenshot displays the ASHLink web application interface. At the top, the ASHLink logo is visible. Below it is a navigation bar with links: Home, Search, Account, Resources, Batch Claims, Compliance, Help, Inbox, and a LOG OUT button. The main content area is titled "ASHLink Search" and contains a search form. The form has four tabs: "New Patient", "Existing Patient", "Transactions", and "Remittance Advice". The "Existing Patient" tab is currently selected. The search form includes fields for "Member First name:", "Member Last name:", and "Member ID:". Below these fields is a section labeled "- OR -" with a "Member ID:" field. A note states: "Search/View the Eligibility Information of a Patient from your Existing Patient Roster, and link directly to the E-Claim, E-MNR, and/or the Reopen/Modification submission process. If the Member ID search yields no results, please enter the Member First Name, Member Last Name and Member DOB and search again prior to submitting an Eligibility Research Request." A small asterisk indicates that the Member ID field is a required field.

3. Patient search results page will display all records that match your search criteria; as well as, the type of specialty benefit the selected member has.

ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT +

Patient Search Results

Your search criteria has returned the following result(s). Please select from the list to the right in order to view more detailed information - including claim, MNR, and reopen/modification submissions.

Member Eligibility Request

Member not listed? Please ensure the Member ID is correct and Submit an Eligibility Research Request.

[View Form...](#)

Existing Patient List - Search Results

Click the icon to view member benefits and eligibility status

View removed Patients and Re-Add to your list: [View List](#)

View	Member ID	Suffix	Last Name	First Name	DOB	Plan Name
	ERehab142116	00-1	ERehab142116	Nexus	01/01/1960	CIGNA PT/OT

4. Click on the magnifying glass (view icon) to view details of the selected member record. The selected patient record and specialty will be the data that are carried over to the subsequent pages/selections.

View	Member ID	Suffix	Last Name	First Name	DOB	Plan Name
	ERehab142116	00-1	ERehab142116	Nexus	01/01/1960	CIGNA PT/OT
	ERehab142166	00-1	ERehab142166	Nexus	01/01/1970	CIGNA PT/OT

5. The eligibility display page is displayed. This contains benefit information for the selected member. Links to submit an E-claim, E-MNR, or question are also provided on this page.

ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT +

Existing Patient List - Display Eligibility

DISCLAIMER: Eligibility verification is not a guarantee of payment. Coverage is subject to all of the terms and conditions of the member's description of benefits.

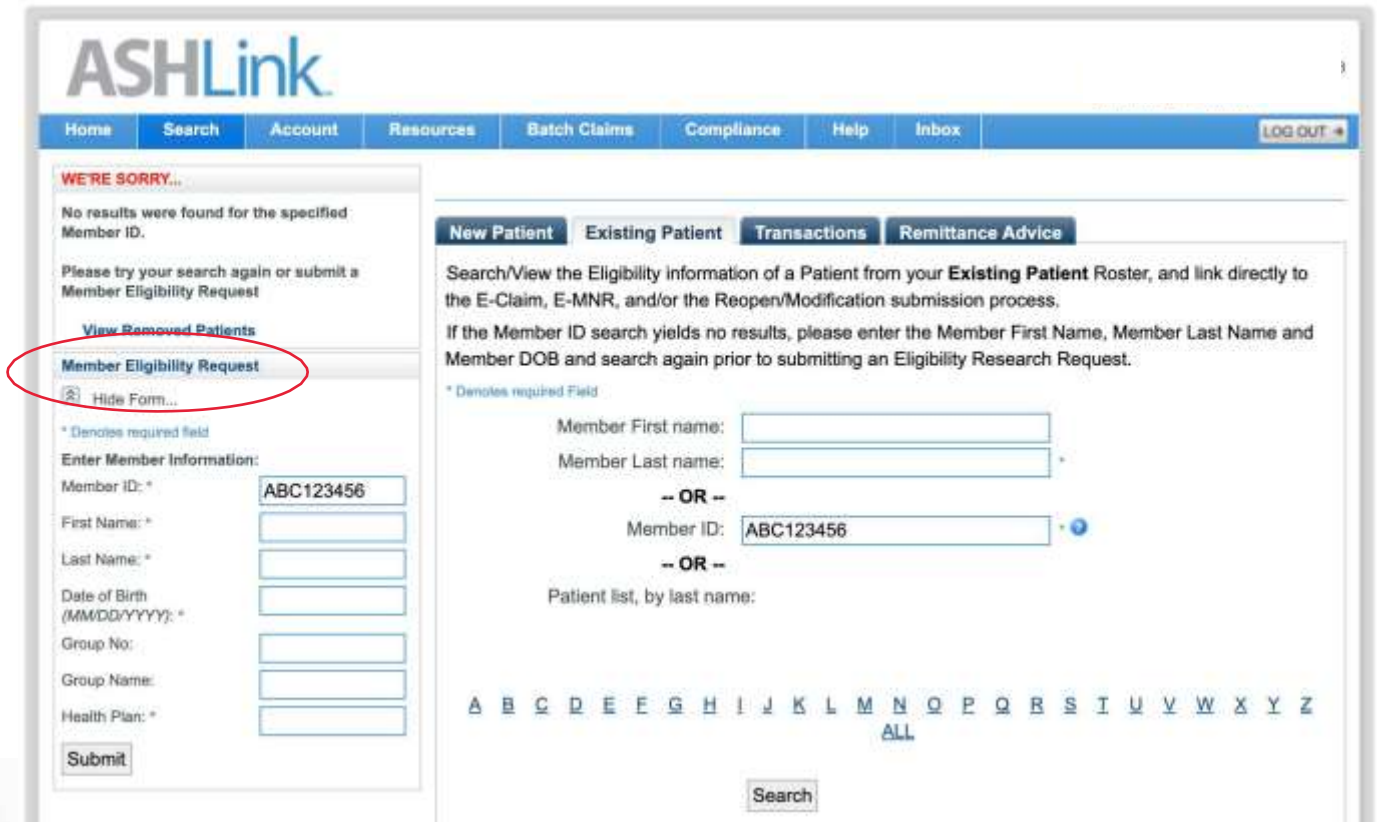
Eligibility Display: Nexus ERehab142116

[Submit A Question](#) [E-Claim](#) [E-MNR](#) [Return](#)

Member Information

Member Name:	Nexus ERehab142116	Group Number:	000000
Member ID:	ERehab142116-00	ASH Contract#:	142116
Date of Birth:	1/1/1960	Health Plan:	CIGNA PT/OT
Member Status:	Active	Funding Type:	Self-funded
Effective Date:	1/1/2010		

- If your search does not return any results or does not contain the patient record you are seeking, you can submit a Member Eligibility Research Request online. You can click on the Verify Eligibility link or complete the Eligibility Request form, whichever is available.



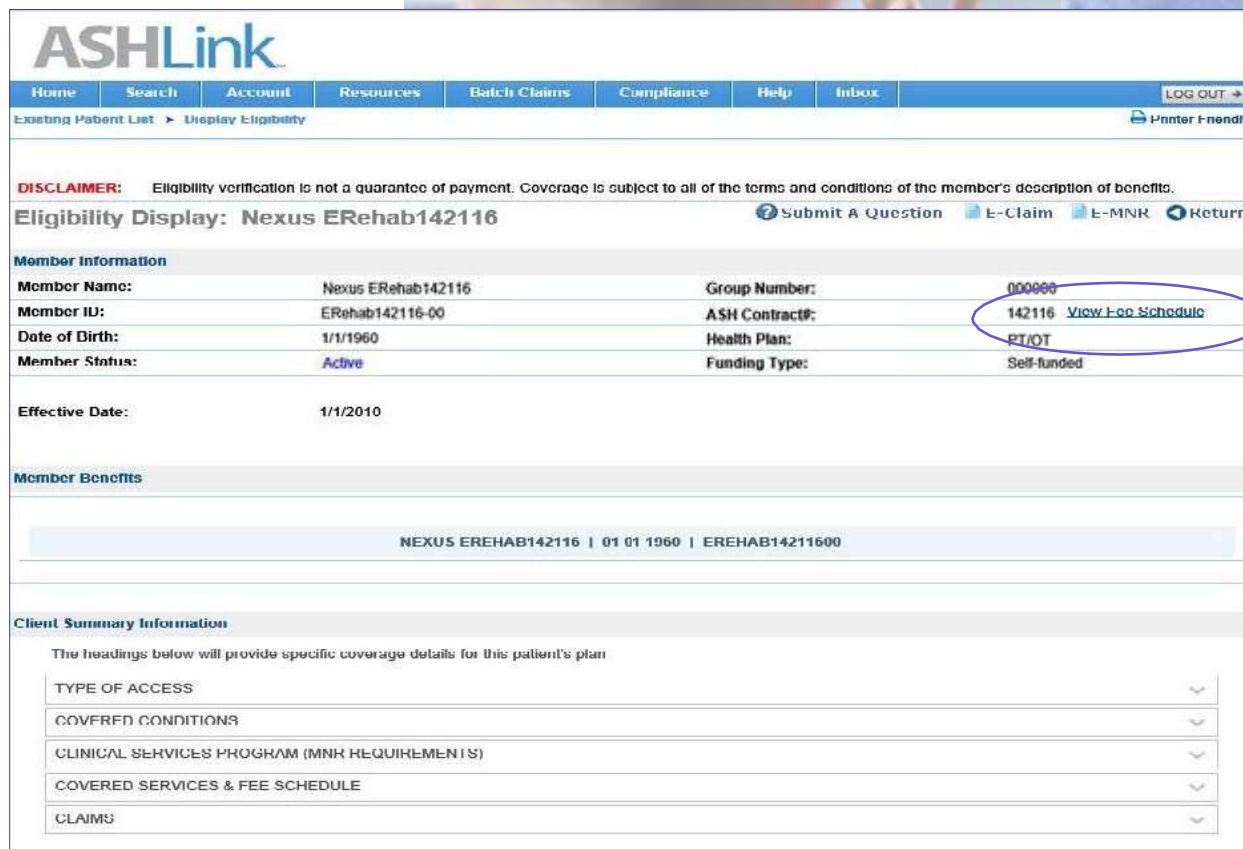
The screenshot displays the ASHLink web application interface. The top navigation bar includes links for Home, Search, Account, Resources, Batch Claims, Compliance, Help, and Inbox, along with a LOG OUT button. A message on the left states: "WE'RE SORRY... No results were found for the specified Member ID. Please try your search again or submit a Member Eligibility Request." Below this, a red circle highlights the "Member Eligibility Request" link. The main content area features tabs for "New Patient", "Existing Patient", "Transactions", and "Remittance Advice". The "Existing Patient" tab is selected, showing instructions to search/view eligibility information and a form to enter member details. The form includes fields for Member ID, First Name, Last Name, Date of Birth, Group No, Group Name, and Health Plan, with a "Submit" button. A "Patient list, by last name:" section shows an alphabetical index (A-Z) and an "ALL" link. A "Search" button is located at the bottom right of the form area.



VIEWING FEE SCHEDULES

The Eligibility Display page will now also include an option to view the applicable Fee Schedule for the member's contract.

1. Search for the member/patient. (See page 7 for instructions.)
 2. A new link is displayed next to the Member's contract number.
- Please note: This will only appear for the Master, Levels 1 and 2 Accounts.



ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT

Existing Patient List > Display Eligibility Printer Friendly

DISCLAIMER: Eligibility verification is not a guarantee of payment. Coverage is subject to all of the terms and conditions of the member's description of benefits.

Eligibility Display: Nexus ERehab142116 Submit A Question E-Claim E-MNR Return

Member Information

Member Name:	Nexus ERehab142116	Group Number:	000000
Member ID:	ERehab142116-00	ASH Contract#:	142116 View Fee Schedule
Date of Birth:	1/1/1960	Health Plan:	PT/OT
Member Status:	Active	Funding Type:	Self-funded
Effective Date:	1/1/2010		

Member Benefits

NEXUS EREHAB142116 | 01 01 1960 | EREHAB14211600

Client Summary Information

The headings below will provide specific coverage details for this patient's plan

TYPE OF ACCESS	>
COVERED CONDITIONS	>
CLINICAL SERVICES PROGRAM (MNR REQUIREMENTS)	>
COVERED SERVICES & FEE SCHEDULE	>
CLAIMS	>

- When this link is clicked, we determine which fee schedules (PT, OT, ST, or AT) are available for the Member's contract. We also get all the linked practitioners for this provider to come up with the specialties they should see. For example: If a provider only has a linked practitioner for PT, they would only be allowed to see the PT fee schedule. Click "Display" to view fee schedules.

Fee Schedule

Client Fee Schedule

Select Fee Schedule to View: Physical Therapy Display

Physical Therapy
Occupational Therapy
Speech Therapy

Fee Schedule

Client Fee Schedule

Select Fee Schedule to View: Physical Therapy Display

INITIAL EVALUATION/RE-EVALUATION

CODE	Description	Fee
97001	PHYSICAL THERAPY EVALUATION	
97002	PHYSICAL THERAPY RE-EVALUATION	

(1) Reimbursed under the all-inclusive, maximum reimbursable amount for the Chiropractic Manipulative Treatment (CPT codes 98940-98943)

(2) 97110-97546 billed with modifier -52 will be covered at 50% of the base code rate listed above

MODALITIES The following services will be covered up to the maximum daily rate of \$10.00

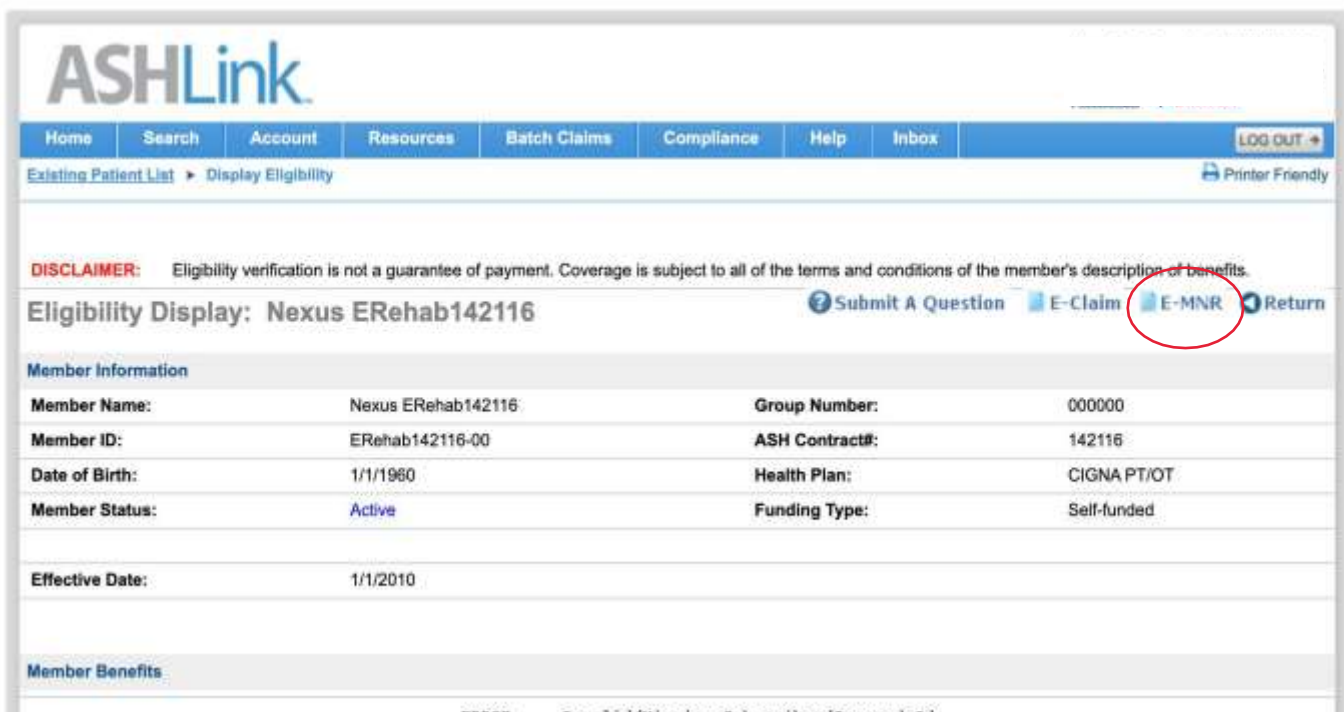
CODE	Description	Fee
95833	MUSCLE TEST, MAN W/RPT, TOTAL BODY EVAL EXCL HANDS	
95834	MUSCLE TEST, MAN W/RPT, TOTAL BODY EVAL INCL HANDS	
95864	NEEDLE ELECTROMYOGRAPHY, 4 EXTREMITIES	
95867	NEEDLE ELECTROMYOGRAPHY, CRAN NERVE SUP MUSCLES, UNI	
95868	NEEDLE ELECTROMYOGRAPHY, CRAN NERVE SUP MUSCLES, BI	
95869	NEEDLE ELECTROMYOGRAPHY, THORACIC PARASP MUSCLES	
95870	NEEDLE ELECTROMYOGRAPHY, LIMITED STUDY OF MUSCLES	
95875	ISCHEMIC LIMB XERS TST SPEC ACQUISJ METAB	
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELA	
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, COMPLETE	

Ok

SUBMITTING E-MNRS

Providers and Practitioners may be required to submit Medical Necessity Forms for their patients. Below are the steps:

1. Search for the patient following the steps discussed on Chapter 2.
2. Click on the E-MNR link.



ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT

Existing Patient List > Display Eligibility Printer Friendly

DISCLAIMER: Eligibility verification is not a guarantee of payment. Coverage is subject to all of the terms and conditions of the member's description of benefits.

Eligibility Display: Nexus ERehab142116

Submit A Question E-Claim **E-MNR** Return


Member Information

Member Name:	Nexus ERehab142116	Group Number:	000000
Member ID:	ERehab142116-00	ASH Contract#:	142116
Date of Birth:	1/1/1960	Health Plan:	CIGNA PT/OT
Member Status:	Active	Funding Type:	Self-funded
Effective Date:	1/1/2010		

Member Benefits

3. Make your selections from this page. Your selections determine which form will be displayed on the succeeding pages.

- If you selected YES and want to submit a Health Status form, you will be redirected to that page. It will be the first tab that you will see on your screen. Otherwise, you will be redirected to the E-MNR form type that you selected. The member information will be pre-populated.



[Home](#)
[Search](#)
[Account](#)
[Resources](#)
[Batch Claims](#)
[Compliance](#)
[Help](#)
[Inbox](#)
[LOG OUT](#)

E-MNR Submission for: ERehab142116, Nexus (Member #: ERehab142116-00)

[Save](#)

[Health Status Form](#)
[E-MNR](#)
[Review/Submit](#)

Member Information

Last Name:	ERehab142116	First Name:	Nexus	Group#:	000000
DOB:	1/1/1960	Sex:	M		
Address:	123 ACNSQL Street				
City:	San Diego	State:	CA	Zip:	92105
ID#:	ERehab142116	Health Plan:	CIGNA PT/OT		
Employer:		Occupation:		Primary Language:	

Area of Complaint

Please describe the current problem and how it began:

Is this? ☐ Work
Related ☐ Auto
Related ☐ N/A
Onset Date:

How often are your symptoms presently?

☐ Constantly (75-100% of the day)
 ☐ Frequently (51-75% of the day)
 ☐ Occasionally (26-50% of the day)
 ☐ Intermittently (0-25% of the day)

Describe the nature of your pain:

☐ Sharp
 ☐ Dull Ache
 ☐ Numb
 ☐ Shooting
 ☐ Burning
 ☐ Tingling

How is your condition changing?:

☐ Getting Better
 ☐ Not Changing
 ☐ Getting Worse

Current Complaint Level (how you feel today):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 No Pain Unbearable Pain

In the past week, how much has your pain interfered with your daily activities (e.g. work, social activities, or household chores?):

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 No Interference Unable to carry on any activities

ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT →

E-MNR Submission for: ERehab142116, Nexus (Member #: ERehab142116-00)

Save

Health Status Form **E-MNR** Review/Submit

E-MNR Type: New Condition
Therapy Type: PT
Service Location: Nexus Rehab CA Clinic, 4301 Brookfield Dr, 95823, Sacramento, CA
MNR Form: Neuro/Peds Conditions

ICD-10 CODES/DIAGNOSES (Highest Level of Specificity - Primary Condition(s) and Pathology Codes)

1. Dx 2. Dx 3. Dx 4. Dx

Services Already Rendered for this Episode Prior to the "From" Date of this Form

Have services already been rendered? ☐ Yes ☐ No
Were these services rendered for? ☐ PT ☐ OT
Eval/1st Visit Date for this episode: mm/dd/yyyy
Total number of visits rendered for this episode: 0
Response to care:

Remaining: 2500

EMG/NCV/Tests and Measures/Other (Describe and Provide CPT Codes)

1. CPT 2. CPT
3. CPT 4. CPT

- Complete the form and submit. You will receive a confirmation with an E-MNR #. This means your submission was successful.

ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT →

E-MNR Submission for: ERehab142116, Nexus (Member #: ERehab142116-00)

Health Status Form **E-MNR** Review/Submit

Your E-MNR has been submitted successfully!

There is no need to submit a duplicate paper/faxed version for this MNR.
e-MNR #: **4290016** Submitted: **07/14/2020 12:41 PM**
Member Information:
Last Name: **ERehab142116** Address: **123 ACNSQL Street**
First Name: **Nexus** City/ST/Zip: **San Diego, CA 92105**
Member ID: **ERehab142116** Group #: **000000**
DOB: **1/1/1960**
 [Click here for a printable copy for your records.](#)

SUBMITTING E-CLAIMS

Providers/ Practitioners may submit their claims online. All user access levels except Level 3s can submit e-claims. Here are the steps:

1. Search for the patient following the steps discussed on Chapter 2.
2. Click on the E-MNR link.

ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT

Existing Patient List > Display Eligibility Printer Friendly

DISCLAIMER: Eligibility verification is not a guarantee of payment. Coverage is subject to all of the terms and conditions of the member's description of benefits.

Eligibility Display: Nexus ERehab142116 Submit A Question E-Claim E-MNR Return

Member Information

Member Name:	Nexus ERehab142116	Group Number:	000000
Member ID:	ERehab142116-00	ASH Contract#:	142116
Date of Birth:	1/1/1960	Health Plan:	CIGNA PT/OT
Member Status:	Active	Funding Type:	Self-funded
Effective Date:	1/1/2010		

Member Benefits

3. If there are multiple practitioners and/or locations, a selection should be made from this page. Otherwise, you will be redirected to the E-Claim form.

Electronic Claim - John Smith

Provider Information
Provider Name: Test A PTOT Provider

Select Billing Information
1). Specialty: PTOT
2). Billing Address: (HCFA Box #33)

Select	Tax ID#	Billing Address	Clinic Address
<input type="radio"/>	999999988	123 A ST San Diego, CA 92103	123 A St San Diego, CA 92103
<input type="radio"/>	999999988	123 C ST SAN DIEGO, CA 92103	123 C St San Diego, CA 92103
<input type="radio"/>	999999988	123 D ST SAN DIEGO, CA 92103	123 D St San Diego, CA 92103
<input type="radio"/>	999999988	123 F ST LAS VEGAS, NV 89117	123 F St Las Vegas, NV 89117
<input type="radio"/>	999999988	123 I ST BROOKLYN, NY 11212	123 I St Brooklyn, NY 11212

3). Service Location: (HCFA Box #32)

Select	Clinic	Address	Effective	Termed
<input type="radio"/>	Test A PTOT Clinic	123 A St San Diego, CA 92103	10/22/2012	
<input type="radio"/>	Test C PTOT Clinic	123 C St San Diego, CA 92103	10/22/2012	
<input type="radio"/>	Test D PTOT Clinic	123 D St San Diego, CA 92103	10/22/2012	

CHAPTER 3 - SUBMITTING CLAIMS

4. Complete the E-claim form. The member information will be pre-populated. A drop down box of the NPI listing is provided. You can also click on the arrows to open a new window that lists the practitioner names and NPI numbers.

Please note: Each line item will need an NPI number of the servicing practitioner.

The screenshot shows the 'Electronic Claim' form with several sections: Practitioner Information, Processing Information, Patient Information, Diagnosis, and Services. The Services section contains a table with columns for Date, CPT Code, Description, NPI, and Units x Charges. A dropdown menu for NPI Listing is open, showing a list of practitioners. Two callout boxes provide more detail: one shows the NPI and Name for 'Test Practitioner A - 1999099984', and the other shows the NPI Listing dropdown menu with the same practitioner selected.

Electronic Claim - [Save]

Practitioner Information
Practitioner: Billing Address: 10221 WATERIDGE CIR Service Location: 10221 Wateridge Cir
[Change Clinic Selections]

Processing Information
This claim is for: (If applicable)
☐ Coordination of Benefits/Other Insurance ☐ Adjusted Claim (to a previous submission)

Patient Information
ID#: Last Name: First Name: DOB: Sex: Address: City: State: Zip: Phone: Health Plan: CIGNA FT/OT Group#: Does this Patient have other coverage? Yes ☐ or No ☐

Diagnosis
Is the diagnosis the result of an
☐ Auto and/or ☐ Work related injury?
1. 2. 3. 4. 5.

Services [Add More Rows]

Date	CPT Code	Description	NPI	Units x Charges
				1 x 0.00 = 0.00
				1 x 0.00 = 0.00
				1 x 0.00 = 0.00
				1 x 0.00 = 0.00
				1 x 0.00 = 0.00

Total Claim Amount: \$0.00
Total Services: 0

NPI Listing
NPI: 1999099984 Name: Test Practitioner A - 1999099984

NPI Listing
Test Practitioner A - 1999099984

5. Complete the form and submit. You will receive a confirmation with an E-MNR #. This means your submission was successful.

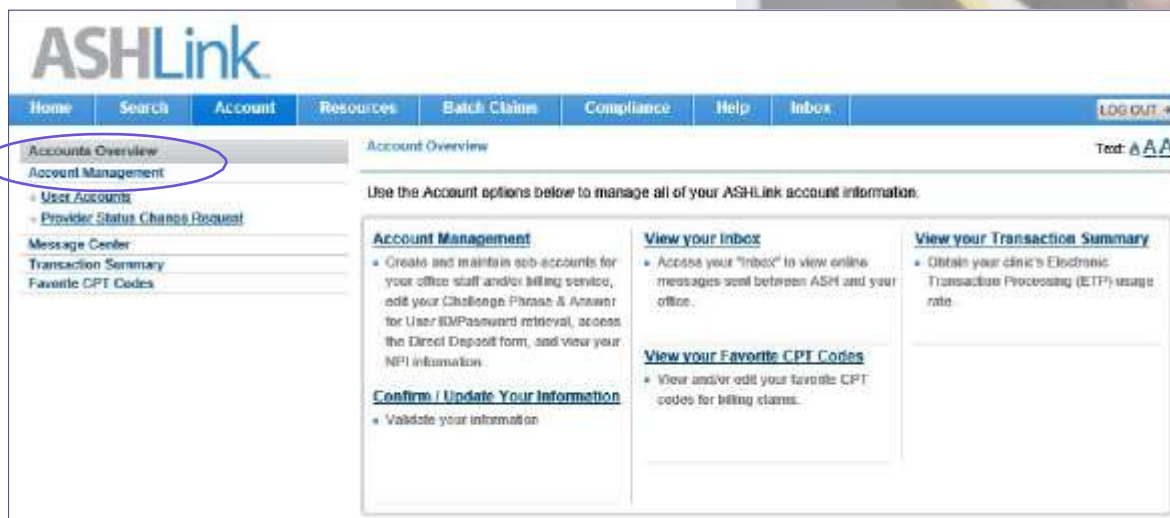
ACCOUNT MENU

There are multiple sections on this page:

- **Account Management:** Create and maintain sub-accounts for your office staff and/or billing service, edit your Challenge Phrase & Answer for User ID/Password retrieval, access the Direct Deposit form, and view your NPI information.
- **Confirm/Update Your Information:** Validate and submit changes to your information.
- **Message Center:** Access your "Inbox" to view online messages sent between ASH and your office.
- **View Transaction Summary:** Obtain your clinic's Electronic Transaction Processing (ETP) usage rate.
- **View Your Favorite CPT Codes:** View and/or edit your favorite CPT codes for billing claims.

ACCOUNT MANAGEMENT

It is important that the master account keeps the login information confidential. Use ASHLink's Account Management feature to set-up sub-accounts for your representatives, practitioners, office managers, or billing person. Once these sub-accounts are created, each user will be able to view patient information and perform transactions (subject to the assigned account access level), but will not be able to edit the primary/master account information.



ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox LOG OUT

Accounts Overview
Account Management
• User Accounts
• Provider Status Changes Request
Message Center
Transaction Summary
Favorite CPT Codes

Account Overview

Use the Account options below to manage all of your ASHLink account information.

Account Management

- Create and maintain sub-accounts for your office staff and/or billing service, edit your Challenge Phrase & Answer for User ID/Password retrieval, access the Direct Deposit form, and view your NPI information.

Confirm / Update Your Information

- Validate your information

View your Inbox

- Access your "Inbox" to view online messages sent between ASH and your office.

View your Favorite CPT Codes

- View and/or edit your favorite CPT codes for billing claims.

View your Transaction Summary

- Obtain your clinic's Electronic Transaction Processing (ETP) usage rate.

CREATING SUB-ACCOUNTS

This page will display the step-by-step process on how to create a sub-account. There is no limit on to how many accounts can be created. Each sub-account will have the same capability and access rights (except to create another sub-account) as the master.

Please note: This screen is only accessible for the MASTER Account and Level 1 Sub-Account users.

1. Click on Account Management > User Accounts.
2. You will see 3 tabs: New Sub-Account, Existing Sub-Account and User Information.
3. Click on New Sub-Account. Select the location(s) and access level that you will be assigning to your sub-account. This will determine the type of transactions they can submit and information that they can view on the website. Access Levels are defined as follows:
 - Level 1: Users are granted full access to all features of ASHLink. This mirrors the access rights of the Master Account.
 - Level 2: Same as Level 1 - with the exception of viewing Practitioner Service Agreements and creating additional accounts.
 - Level 3: User access is limited to submitting + viewing messages, viewing benefits, and submitting MNR forms.
4. Enter the Sub-Accounts full name and Login/UserID. We recommend that you use an email address as a Login/user ID but it is not required.

New Sub Account Existing Sub-Accounts User Information

Choose the clinic(s) this account can access:

Use the Filter box below to search against any part of the clinic address

Filter **View All**

	Name	Address	City	State	Zip Code
<input type="checkbox"/>			Avondale	AZ	85392
<input type="checkbox"/>			Gilbert	AZ	85297
<input type="checkbox"/>			Glendale	AZ	85308
<input type="checkbox"/>			Anaheim	CA	92800
<input type="checkbox"/>			Los Angeles	CA	90045
<input type="checkbox"/>			Los Gatos	CA	95032
<input type="checkbox"/>			Palo Alto	CA	94301
<input type="checkbox"/>			Tempe	AZ	85284
<input type="checkbox"/>			Surprise	AZ	85374

CHAPTER 4 - ACCOUNTS & SUB-ACCOUNTS

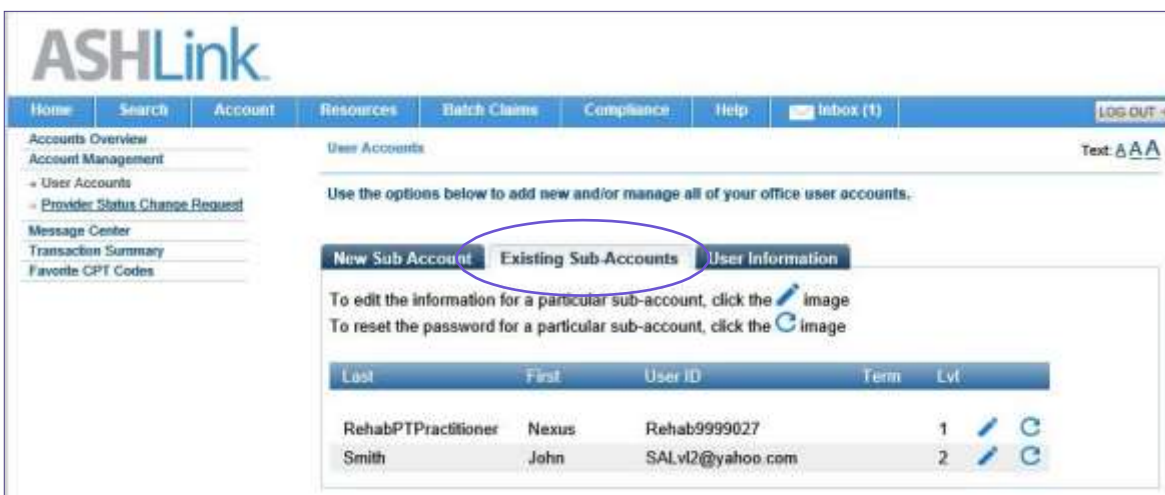
The filter box is to help users search for specific clinics/locations they want to assign to the sub-account. Users can filter by the clinic name, part of the address, city, state, or ZIP code. Previously selected locations will remain selected until unchecked. You can keep searching without losing those previously selected locations.

5. A confirmation with the sub-account login information will display.
The Master Account or Level 1 Sub-Account user is responsible to keep track and provide this information to the assigned sub-account user.







The screenshot shows the ASHLink web application interface. The top navigation bar includes links for Home, Search, Account, Resources, Batch Claims, Compliance, Help, and an Inbox (1) icon. A 'LOG OUT' button is in the top right. The left sidebar contains a menu with 'Accounts Overview', 'Account Management', 'User Accounts', 'Provider Status Change Request', 'Message Center', 'Transaction Summary', and 'Favorite CPT Codes'. The main content area is titled 'User Accounts' and features a green success message: 'Thank You - A New Sub-Account Has Been Successfully Created.' Below this is an 'IMPORTANT - NEXT STEP' section with instructions to provide credentials to J. Smith, including fields for User Name, Password, and PIN. A warning states 'PLEASE BE CAUTIOUS IN SHARING THIS ACCESS INFORMATION'. Further instructions explain how to view or edit the account. A link at the bottom says 'Please Click Here to return to the User Accounts screen'.

6. Click on the Existing Sub-Account Tab to verify that this sub-account was created and added.



This screenshot shows the 'Existing Sub-Accounts' tab selected in the ASHLink application. The 'New Sub Account' tab is circled in blue. The page instructs users to use the options below to add new and/or manage all of their office user accounts. It provides instructions on how to edit information (click the edit icon) or reset the password (click the reset icon) for a specific sub-account. Below the instructions is a table listing the existing sub-accounts.

Last	First	User ID	Term	Lvl
RehabPTPractitioner	Nexus	Rehab9999027	1	 
Smith	John	SALvl2@yahoo.com	2	 

EDIT/TERM EXISTING SUB-ACCOUNTS

This page will display the step-by-step process on how edit, term, or reset password for an existing sub-account.

Please note: This feature is only available for the Master Account and Level 1 Sub-Account User.

1. Click on the Existing Sub-Accounts tab.
2. Click on the Pencil Icon to make changes to the sub-account.

ASHLink

Home Search Account Resources Batch Claims Compliance Help Inbox (1) LOG OUT

Accounts Overview
Account Management
+ User Accounts
- Provider Status Change Request
Message Center
Transaction Summary
Favorite CPT Codes

User Accounts Text: AAA

Use the options below to add new and/or manage all of your office user accounts.

New Sub Account Existing Sub-Accounts User Information

To edit the information for a particular sub-account, click the image
To reset the password for a particular sub-account, click the image





Last	First	User ID	Term	Lvl
RehabPTPractitioner	Nexus	Rehab9999027	1	1
Smith	John	SALv2@yahoo.com	2	2

3. You will see the edit page which is similar to create new sub-account tab; except that it has the information associated with the sub-account you are editing.



- Click on the “Circular Arrow” icon if the sub-account password needs to be reset.

The screenshot shows the ASHLink interface. The left sidebar contains links: Accounts Overview, Account Management, User Accounts, Provider Status Change Request, Message Center, Transaction Summary, and Favorite CPT Codes. The main content area is titled 'User Accounts' and includes instructions: 'Use the options below to add new and/or manage all of your office user accounts.' There are three tabs: 'New Sub Account', 'Existing Sub Accounts', and 'User Information'. Below the tabs is a table of sub-accounts:

Last	First	User ID	Term	Ln	Actions
RehabPTPractitioner	Nexus	Rehab9999027	1		 
Smith	John	SALv12@yahoo.com	2		 

- A confirmation page like this will display. It contains the temporary password assigned to that sub-account.

The screenshot shows the ASHLink interface with the 'User Information' tab selected. The main content area displays the following information:

Reset Password For Sub-Account User: SALv12@yahoo.com

***NOTE:** Resetting the password will create a new temporary password for the sub-account user. Upon the next login, they will be required to update their password to a permanent entry.

New Temporary Password Will Become: **gUck32qOp**

Please click the 'Update' button below to complete this change.

PLEASE NOTE THE TEMPORARY PASSWORD HIGHLIGHTED ABOVE

To complete this Password Reset, please click the 'Update' button below.

Buttons:

- The sub-account user can now log in using their User ID, temporary password, and PIN. They will be asked to change their password to a permanent one.

CONFIRM/UPDATE YOUR INFORMATION

This page allows you to submit changes and/or validate your information at any given time. This is the same page required during the quarterly validation.

Quarterly Validation

For auditing and compliance purposes, ASH is required to validate your information on a quarterly basis. Regulations require an affirmative response from providers that their information is current and accurate. Failure to respond to ASH validation request may result in delay of payment or reimbursement of claims.

Validation Status

Thank You!
 All information has been verified at this time.

Provider Account Validation

Please select the clinic name below to validate information and submit any corrections. If you would like to add or close clinic locations, please submit a [Provider Status Change Request](#).

Search against any part of the clinic name or address

Clinic Name	Address	Validation Status
Nexus Rehab CA Clinic	4301 Brookfield Dr	

RESOURCES MENU

This section contains forms, Client summaries, and fee schedules. As well as, newsletters, operations manuals, and other items you may find useful. There are several sections on this page and they are as follows:

Please note: Some of these items are not viewable for Level 2 and 3 Sub-Accounts users. Refer to the Access Level information on page 16.


- **Practitioner Services Agreement:** Detail about Provider/Practitioner obligations agreed to for participation with ASH.
- **Client Summaries:** Information on covered services, fees, and other specific requirements for benefit plans offered by ASH-contracted health plans and employer groups.
- **Operations Manual:** Information on the administrative and clinical guidelines pertaining to provider specialty.
- **Forms:** ASH paper forms listed in alphabetical order.
- **Notifications:** Updates, correspondences, and revisions sent by ASH to the provider/practitioner.
- **Newsletters:** View ASH's newsletter: Inside American Specialty Health.
- **Provider Education Library:** Administrative and Clinical Topics materials.
- **Value Added Program:** Discount information on malpractice insurance, equipments, and supplies, etc.
- **CPS Annual Review/Tier Assignment Letter:** View letter with information on your current CPS Performance & Tier Assignment.

BATCH CLAIM MENU

This page allows you to view and upload your Batch claims, including information about ASH and other participating clearinghouses.

If your ASHLink account has NOT been set up for Batch Claims, your Batch Claims menu will display the Batch Claims Questionnaire. Complete this questionnaire in order to set up your ASHLink account with Batch Claim functionality.

Batch Claims Questionnaire

Text: 

ASH continuously looks for ways to assist our contracted Practitioners with efficiencies that save time and money. Using batch claims allows you to submit claims, directly to ASH, from most Practice Management software.

To begin using batch claims you must first verify that your Practice Management software is compatible. You can verify compatibility by completing the batch claims questionnaire. Once you complete the questionnaire further instructions on how to submit a test batch will be sent to your Message Center.

ASH is currently collecting information in order to establish your batch claim capabilities. Please take a moment to complete the survey below

1. Do you currently submit batch claims electronically? ☐ Yes ☐ No
2. What is your Practice Management software?

– Choose One –

If "Other", please enter the name of your software:
3. Is your Practice Management software capable of submitting batch claims? ☐ Yes ☐ No
4. How do you currently submit your claims to ASH?

☐ Online using ASHLink

☐ Paper submission to ASH

☐ Both ASHLink and paper submissions

☐ Billing Service
5. To begin testing batch claims with ASH, please complete/confirm the information below and submit the questionnaire. Look in your message center for further helpful instructions on submitting batch claims through ASHLink.

Name:

Phone:

Email:

Submit Questionnaire

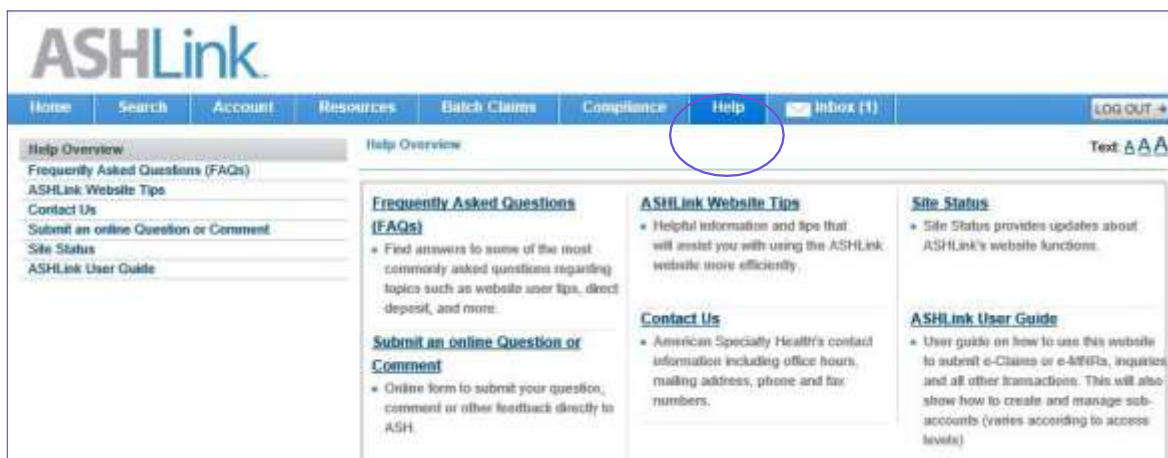
If your ASHLink account has already been set up for Batch Claims, your Batch Claims menu will provide links for uploading batches and viewing batch summaries.

- **Batch Claims Upload:** Page where you can upload a batch of ASH claims directly to ASH Clearinghouse using ASHLink.
- **Batch Claims Summary:** Page where you can view information on past batch claim submissions.
- **ASH Clearinghouse:** Page where you can access information on standard transaction formats and how to submit HIPAA compliant Batch Claims to ASH Clearinghouse via ASHLink.
- **ASH Contracted Clearinghouses:** Review the list of clearinghouses that are currently submitting batch claims to ASH



HELP MENU

FAQ's, Website Tips, and access to submit online questions or comments are provided on this page.



HOW TO CONTACT ASH

Please select the phone or fax number based upon your specialty, or please use the mailing address to contact us via postal mail.

OFFICE HOURS

Monday through Friday, 5:00 a.m. - 6:00 p.m. PT.

MAILING ADDRESS

American Speciality Health

P.O. Box 509001

San Diego, CA 92150-9001

CUSTOMER SERVICE CONTACT NUMBER

1.800.972.4226

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