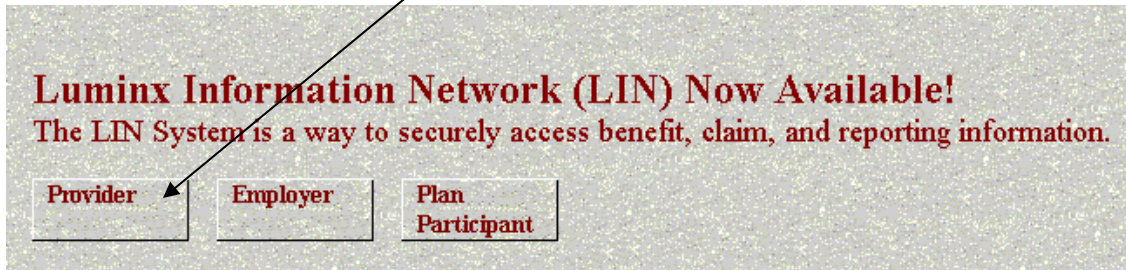


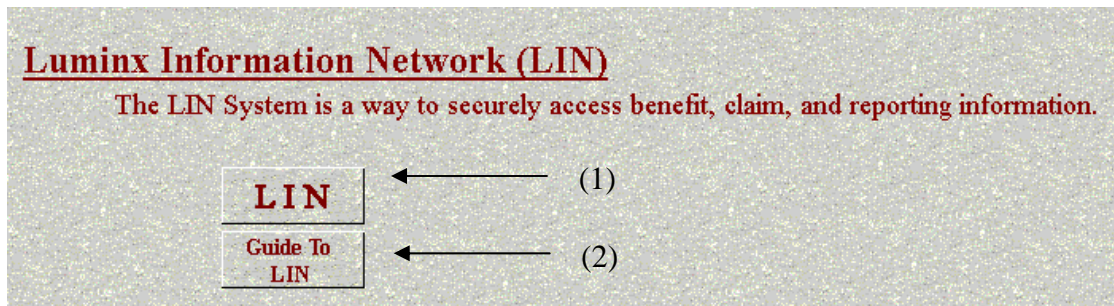
LuminX Information Network (LIN)

Operating Instructions for Providers

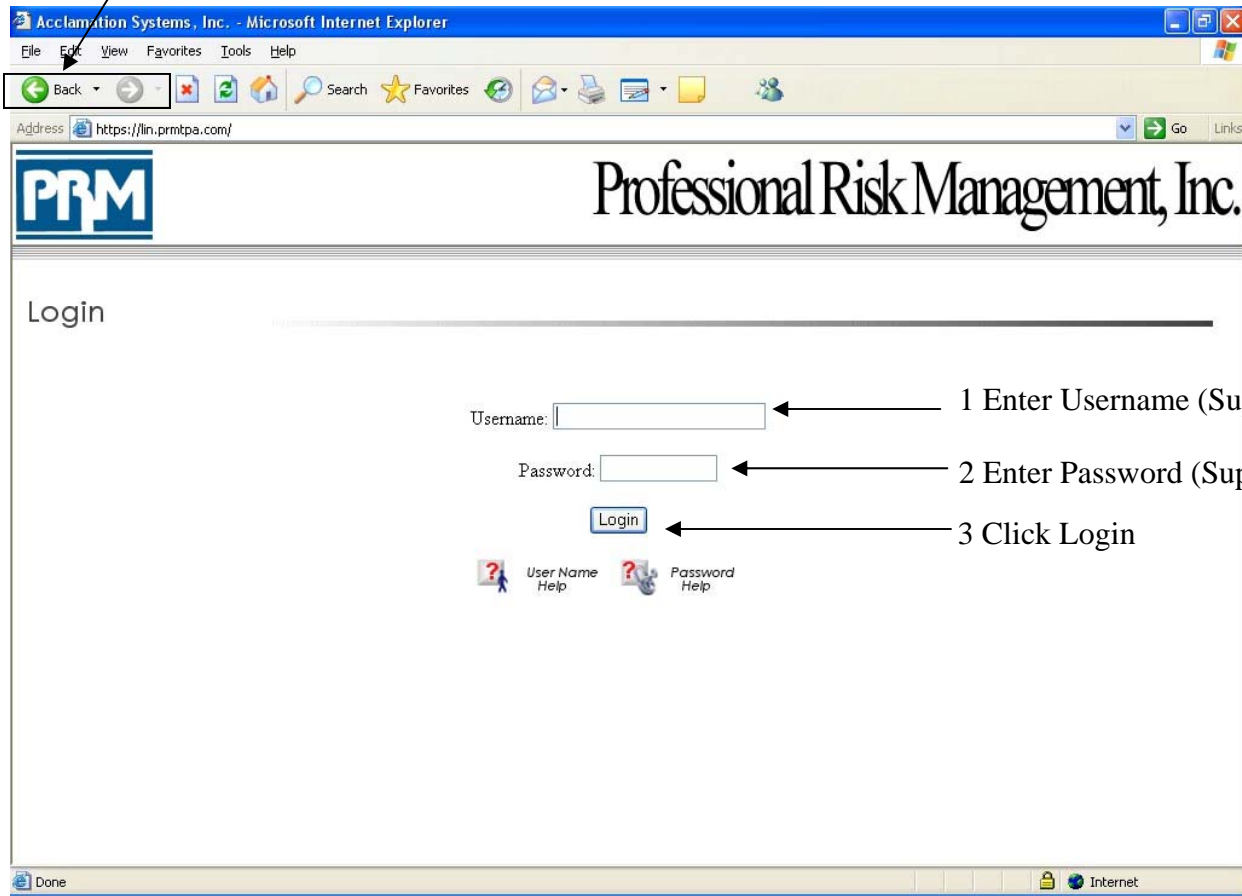
To access PRM's LuminX Information Network please go to our website at www.prmtpa.com. Then click on the Provider button located on the homepage.



The next page has two buttons associated with LIN. The first (1) will direct you to the login page for LIN. The second (2) will open documentation illustrating the features and uses available to date.



When using LIN do not use the “Back” or “Forward” keys to navigate



Sample ID Card



Information required for efficient participant lookup

- 1) Participant ID #
- 2) Employer Group # - When looking up participant information only the first four digits of the group # are used. In this case 9800



Professional Risk Management, Inc.

(Options Menu)

powered by
LuminX Information Network

Options

-  [Claims History](#)
-  [Document Library](#)
-  [Eligibility](#)
-  [Log-out](#)

Welcome



Welcome to the LuminX Information Network (LIN). LIN provides an easy and efficient way to access your Benefit Information.

To get started, click an option from the list on the left.

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Options available in LIN

Claims History - summary claim data for medical, dental and vision claims

Document Library - schedules of benefits separated by group #, plan documents, or other similar documents

Eligibility - dependent personal, employment, and / or coverage information



- 1 **Claims History**
- Document Library**
- Eligibility**
- Log-out**

Claims History



Use **Claims History** to open a notebook containing a chronological history of your Claims. Click on a claim number to see an Explanation of Benefits.

To display a history of claims activity, complete the following and click Submit:

Participant ID: * required 2

Group: * required 3

Enter Start Date: / / 4
m.m/dd/yyyy

5

- 1 Click Claims History
- 2 Enter Participant ID # (Including dependent # if applicable)
Please see documentation on Eligibility Section (Pages 9 & 12)
- 3 Enter Group #
- 4 Enter Date of Service -Narrows the claim data (Start Date -> Current Date)
- 5 Click Submit

* Clicking on the magnifying glass will open the window below.
Click Submit when finished. This module allows searching by at least 3

Find a Participant

Search by Participant ID or Last Name - enter at least 3 characters. The search may be narrowed by entering the First Name, Group ID, Date of Birth, and State.

Click the **Submit** button to begin the search.

Participant ID:

Name:
last first

Group ID:

Date of Birth: / /

State:



Claims History



Claims History

Document Library

Eligibility

Log-out

ID Number: 999999999

Group: 9999TEST

Name: DOE, JOHN II 1

Participant Coverage Effective: 10/01/2005 Thru 99/99/9999

Address: 222 SMITH ROAD ANYTOWN, OH 44444

Coverages: LIF[P00], MED[F99], VIS[F99]

Birth: 02/02/1950

Participant Remarks:

Participant: DOE, JOHN II

▶ 04/25/2006	Claim: 200606200002	Provider:TEST PROVIDER	4	Reviewed & Waiting to be Paid processed
▶ 06/06/2006	Claim: 200606200069	Provider:TEST PROVIDER	2	

Claims History

Benefits at a Glance

Billing

Claims History

EOB

Provider

Claimant

Document Library

Eligibility

Patient Authorization

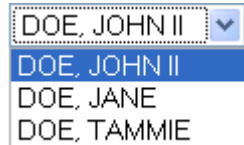
Reports

Security Maintenance

Verification of Benefits

Log-out

This window displays a list of claims for the employee with ID# 99999999. To look up dependent claims information open the name drop down box (1). Select one of the dependents to view the available information.



The claim processing for services performed 6-6-2006 is completed. Clicking the claim number in this example "200606200069" (2) will expose additional items on the Options menu underneath Claims History labeled EOB (3) (Explanation of Benefits). This option will say either Provider or Claimant depending upon what type of user is accessing the claim. Claim numbers beginning with "18....." are claims which were converted from our old system and do not include EOB's.


To view an image of the EOB simply click on Provider or Claimant. The image will open in a new web browser window. When finished viewing / printing the image, close the new window and continue using LIN.

** (4) A cross reference illustrating claim status is available on the following page


STATUS

STATUS DESCRIPTION

Pending Examiner Review	Claim has been received but has not yet been processed by a benefit analyst.
Pending Claimant Information	Claim has been initially reviewed but is missing information necessary to complete the claim.
Reviewed & Waiting to be Paid	Claim has been processed and is waiting for a payment request to the client.
Payment Pending	Claim has been processed and is waiting for client funding in order to be released.
Voided	The claim has been voided or refunded.
processed	The claim has been funded and checks and Eob's are in the mail. Checks dated the last day of the month may be an exception. If the claim has a paid date due to a Stop/Loss advance, the checks and Eob's may not have been mailed at this time.

-  **Document Library**

-  **Claims History**
-  **Document Library**
-  **Eligibility**


-  **Log-out**

Document Library




The **Document Library** provides access to a variety of documents from your employer and/or benefit administrator.

To display a listing of available documents, complete the following and click Submit:

Group: 

Division:


 **Submit**

- 1 Enter Group #
- 2 Enter Division #
- 3 Click Submit

Document Library



Please Note: Click on a document to open it. Microsoft Word documents can be opened with Word, or using the Microsoft [Word Viewer](#). PDF documents can be opened using [Adobe Acrobat Reader](#).

-  **9800**
-  [PRM_1001_SOB.pdf](#)

These files will be in adobe PDF format and require adobe acrobat reader to open. This application is available free from adobe.com which can be accessed by clicking the following link.

Shown in this example is the schedule of benefits for group 9800 division 1001
Single click the file and it should automatically open.

- 1 Click Eligibility on the options menu
- 2 Enter Group Number (Or use magnifying glass to search by group name)

- 3 Enter Participant ID # (Or use magnifying glass to search by at least 3 characters of the participant's last name)

Find a Participant

Search by Participant ID or Last Name - enter at least 3 characters. The search may be narrowed by entering the First Name, Group ID, Date of Birth, and State.

Click the **Submit** button to begin the search.

Participant ID:

Name:
last first

Group ID:

Date of Birth: / /

State:

- 4 Click Submit

Eligibility

Claims History

Document Library

Eligibility

Personal

Employment

Volumes

Coverage

Coverage Categories

Claims Info

Coordination of Benefits

Medicare

Dependents

Employee Information

Name: JOHN II [] DOE []
first middle last

Identification Number: 999999999

Address: 222 SMITH ROAD [] []
street address address 2
 ANYTOWN [], OH [] 44444 []
city state/province zipcode/postal code

Country: [] Medicare State-County: [] - []

Phone Number: [] Address Effective as of: 06 / 20 / 2006
m/m/dd/yyyy

Remark:
 []
 []

Personal Information

Sex: Male Female Smoker: No Yes

Date of Birth: 02 / 02 / 1950 Retiree: No Yes
m/m/dd/yyyy

Marital Status: M Disabled: No Yes

Number of Children: 1 Date of Death: [] / [] / []
m/m/dd/yyyy

Employment Information

Date of Hire: [] / [] / [] m/m/dd/yyyy Last Re-hire Date: [] / [] / []
m/m/dd/yyyy

Termination Date: [] / [] / []
m/m/dd/yyyy

Payroll Clock Number: [] Actual Status: Employee [v]

Occupation: []

COBRA Information

Employee Letter Sent: [] / [] / []
m/m/dd/yyyy

Address Letter Sent: [] / [] / []
m/m/dd/yyyy

COBRA Coverage Level: P S D

Volume Information

Job Class: Salary: [] Effective Date: 10 / 01 / 2005
m/m/dd/yyyy

Volumes	Participant	Spouse	Dependents	Other
Life	0	0	0	0
Accidental Death & Dismemberment	0	0	0	0
Short Term Disability	0	0		
Long Term Disability	0	0		
Miscellaneous 1	0	0	0	0
Miscellaneous 2	0	0	0	0

Eligibility

Claims History

Document Library

Eligibility

Personal

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Coverage Categories

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Coordination of Benefits

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Dependents

Coverage Information

Coverage Dates

Initial Effective Date: 10 / 01 / 2005 to Termination Date: / /

Benefits Effective Date: 10 / 01 / 2005 Document of Insurability Approved: / /

Date of Change Card: / / Last ID Card Printed: / /

Billed to Group Thru: / / Billed to Individual Thru: / /

Cafeteria Value Available: .00 Cafeteria Value Used: .00

Late Entrant:

Medical? No Yes Satisfied Days: /

Dental? No Yes Satisfied Days: /

Coverage History

Coverage Effective Dates: 10 / 01 / 2005 to: 99 / 99 / 9999 LIF, MED, VIS

Claims Information

Eligible for Medicare: 02 / 01 / 2015 Extended Benefits End: / /

Stop Loss Specific Level: 1 Track to Aggregate?: Yes No

Pre-Existing Conditions: Waive Pre-Existing? Yes No

-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Extension of Benefits

Diagnosis	Last Treatment Date
/ /	/ /
/ /	/ /
/ /	/ /

Manually Adjudicate? No Yes

Coordination of Benefits

COB Flags: Y = Yes, N = No, M = Medicare, S = Same Employer, 2 = Secondary (Dependent Only)

	Participant	Spouse	Dependents
Medical:	N	N	N
Dental:	N	N	N
Vision:	N	N	N

COB Insurer Name: / / /

Dependents

- Claims Info
- Coverage

Dependent Claims Information

Benefit Dates
Document of Insurability Approved: [] / [] / []
m/m/dd/yyyy

Extended Benefits End: [] / [] / [] Eligible for Medicare: [] / [] / []
m/m/dd/yyyy m/m/dd/yyyy

Stop Loss:
Stop Loss Specific Level: 1 Track to Aggregate?: Yes No

Pre-Existing Conditions: Waive Pre-Existing? Yes No

[]	-	[]	[]	[]	-	[]	[]
[]	-	[]	[]	[]	-	[]	[]
[]	-	[]	[]	[]	-	[]	[]
[]	-	[]	[]	[]	-	[]	[]

Extension of Benefits

Diagnosis	Last Treatment Date
[]	[] / [] / [] m/m/dd/yyyy
[]	[] / [] / [] m/m/dd/yyyy
[]	[] / [] / [] m/m/dd/yyyy

Alternate Payee Data:
Should Claimant Payments be made to the Participant? Yes No
Name of Payee: []

Dependent / Alternate Payee Address:
Address: [] [] [] [] (Number, Direction, Street Name)
Address 2: [] (Apartment Number, Building Number)
Address 3: [] [] [] (City, State, Zipcode)
Phone Number: [] [] [] [] [] []
Address Effective Date: [] / [] / []
m/m/dd/yyyy
Remark: []

Manually Adjudicate No Yes
Transferred to Other Group No Yes

Dependents

- Claims Info
- Coverage

Coverage History

Coverage Effective Dates: 07 / 01 / 2000 to: 99 / 99 / 9999 MED, []
m/m/dd/yyyy m/m/dd/yyyy Coverage Categories

Options

- Claims History
- Document Library
- Eligibility
- Log-out

When finished using LIN please select Log-out from the options menu. This will prevent someone from viewing information they are not authorized to, but also properly log out of our system.