



## MEMBER PORTAL GUIDE

# Table of Contents

REGISTRATION.....	3
ACCESSING MEMBER PORTAL.....	8
MEMBER PORTAL FEATURES .....	11
CLAIM HISTORY.....	11
BENEFIT SUMMARY.....	12
MAIL ORDER REFILL.....	13
FORMULARY LOOKUP.....	14
CHANGING PASSWORD & EMAIL .....	15

## REGISTRATION

To access the member portal, open your internet browser with the following address: <http://www.rxipm.com> and follow the steps below:

1. Click on the “member” tab:



2. Click on “Register”:

**IPM** **INTEGRATED  
PRESCRIPTION  
MANAGEMENT**

About | Contact Us **Inc.  
500**

Because the strongest advocate for  
your health should be you.

home member client provider

**Welcome IPM Members**

Your medication therapy is an essential part of your overall health and wellness, and IPM's easy-to-use online tools can help you find the information you need to make informed decisions about your prescription care. If you need additional information, please [contact us](#) at our Member Services Help Desk, and we will be happy to assist you.

**Learn More About Prescription Drugs**

**Register** **Log In**

**Members Links**

- [Locate a pharmacy](#)
- [Formulary Look-Up](#)
- [Member ID Card Request](#)
- [Manual Claim Form](#)

## 3. Please enter the following:

- First Name
- Last Name
- Member ID or Social Security Number
- Group Number

(The Rx Group number on the back of your card)

This is your health plan identification card. Present it to the provider of health care when you or your eligible dependents receive services. See your Summary Plan Description (SPD) for a detail of the benefits, terms, conditions, limitations and exclusions of coverage. When submitting inquiries always include your healthcare ID from the face of this card. Possession or use of this card does not guarantee eligibility or benefits.

For Pre-Authorization or Pre-Service review, Providers call 800.274.7767.

Prescription Benefits provided independently by:

Rx Bin: 014658

www.rxipm.com

Rx Group: 7

Customer Service: 877.860.8846

Rx PCN: IPM



Chiropractic Benefits provided by Chirometrics www.edcarechiro.com or 877.519.8839

**EAP and Mental Health benefits provided by Halcyon**

www.edcaremhsa.com

www.halcyoneap.com

Customer Service: 888.425.4800



For providers not in your primary network visit: www.multiplan.com/dhs

Anthem Blue Cross provides no administrative or claims payment services and does not assume any financial risk or obligation with respect to claims. No network access is available from Blue Cross and/or Blue Shield plans outside Anthem Blue Cross' service area. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association.

- Date of Birth (Month – Date – Year)

Click on the 'Sign Up' button to continue.

[About](#) | [Contact Us](#)

Because the strongest advocate for your health should be you.

[home](#)
[member](#)
[client](#)
[provider](#)

## Member Sign Up

Please sign up with your IPM membership information.

First Name: \*

Last Name: \*

Member ID / SSN: \*

Group Number: \*

Date of Birth (mm dd yyyy): \*

## For more info.

Contact IPM Customer Service  
at [info@rxipm.com](mailto:info@rxipm.com) or call 1.877.860.8846

4. Once your information is validated:
  - a. Please enter your email address and password.

The password has to satisfy the following criteria:

    - Must contain at least 8 Alpha-Numeric characters
    - Must contain at least 1 uppercase letter (A-Z)
    - Must contain at least 1 number (0-9)
  - b. Enter your password one more time in the 'Confirm Password' field.
  - c. Review IPM's Terms & Conditions and click on the check box to agree.
  - d. Click on the 'Submit' button

## Member Sign Up (Con't)

Your eligibility has been approved. Please continue below...

Email: \* (We will send your portal activation code here)

Password: \*

Confirm Password: \*

☒ Agree to the IPM's Terms & Conditions.

5. You will be receiving an activation code on your email:

Welcome to RxIPM Online Portal  
=====

JOHN DOE, Thank you for your registration.  
You will need to finalize your registration process by copy-paste the following activation code:

**df65fbcd-c8b2-48a9-bec8-1bb2d54ff7ad**

Login at <http://rxipm.com/login?initiate=activation>

Please do not share your login information with anyone else for your own privacy and security.

6. Please copy the activation code, click the link on the email (or go back to the internet browser), and paste the code in the 'One-time Activation Code' field. Please also enter your email and password.

### Member Log-In

Please login below to access your info.

One-time Activation Code: \*

Re-Send Activation Code

Email: \*

Password: \*

### Activation Needed.

You had registered but your account is not yet activated.  
← Please enter your activation code sent to your email.

---

### IPM Customer Service

email us at [info@rxipm.com](mailto:info@rxipm.com)  
or call 1.877.860.8846

Integrator



## ACCESSING MEMBER PORTAL

After completing the registration process above, the member portal can be accessed by following the steps below:

1. Open your internet browser and enter the following address: <http://www.rxipm.com> and click on the 'member' tab:





2. Click on the 'Log In' button:



About | Contact Us

**Inc.**  
**500**

**IPM** **INTEGRATED  
PRESCRIPTION  
MANAGEMENT**

Because the strongest advocate for  
your health should be you.

home member client provider

### Welcome IPM Members

Your medication therapy is an essential part of your overall health and wellness, and IPM's easy-to-use online tools can help you find the information you need to make informed decisions about your prescription care. If you need additional information, please [contact us](#) at our Member Services Help Desk, and we will be happy to assist you.

#### Learn More About Prescription Drugs

IPM encourages members to be strong advocates for their own health and the health of their family members. Learning more about your prescription options will help you partner with your prescriber to find the best treatments at the right price.

Register

Log In

### Members Links

- [Locate a pharmacy](#)
- [Formulary Look-Up](#)
- [Member ID Card Request](#)
- [Manual Claim Form](#)

3. Enter the email and password that you had set during the registration process and click the 'Submit' button:

**IPM**

**INTEGRATED  
PRESCRIPTION  
MANAGEMENT**

[About](#) | [Contact Us](#)





Because the strongest advocate for your health should be you.

[home](#) [member](#) [client](#) [provider](#)

### Member Log-In

Please login below to access your info.

Email: \*

Password: \*

### IPM Customer Service

email us at [info@rxipm.com](mailto:info@rxipm.com)  
or call 1.877.860.8846



## MEMBER PORTAL FEATURES

### CLAIM HISTORY

The claim history is displayed for the registered user. The primary cardholder would also be able to view the claim history for their dependents under the age of 18. The claim history for the dependents can be viewed by selecting the name of the dependent from the list of available members. The claims shown are grouped by each of the pharmacies that filled the prescriptions. The claims can also be ordered by each of the column headers (Rx#, Date, Drug Name, Qty, Days of Supply, Copay). To save the claim history data, click on the 'Export to Excel' button (Open "ExportedData.xls" at the bottom of your browser or in your 'Download' folder).

[Claim History](#)
[Benefit Summary](#)
[Formulary Lookup](#)

[Settings](#)
[Log Out](#)

## Welcome, James Hanson

### Claim History

[Show more/less claims](#)
[Click here to select a dependent](#)
[Filter claim result by entering drug name or pharmacy name](#)

Show  entries
Member 
Search:

RX#	Date	Drug Name	Qty	Days of Supply	Copay
<div> <div> WALGREENS 03277 (NABP: 0505682) </div> <div> Claims are grouped by pharmacy </div> <div> Pharmacy Info </div> <div> 4172 N 1ST ST FRESNO, CA 937264312 Phone: 559-243-0124 </div> </div>					
1234864	10/01/2014	ASPIRIN TAB 81MG EC	30	30	\$ 0
1234862	10/01/2014	VITAMIN D3 CAP 400UNIT	30	30	\$ 2.78
123471	10/01/2014	CYCLOBENZAPR TAB 10MG	30	30	\$ 7.06
123472	10/01/2014	AZITHROMYCIN TAB 250MG	6	30	\$ 10
1234863	10/01/2014	NICOTINE DIS STEP 3	30	30	\$ 0
123470	10/01/2014	ALPRAZOLAM TAB 0.25MG	30	30	\$ 3.83

Showing 1 to 6 of 6 entries (filtered from 11 total entries)

[First](#)
[Previous](#)
1
[Next](#)
[Last](#)

[Export to Excel](#)
Export and save the claim data into an Excel format

## BENEFIT SUMMARY

The benefit summary shows the default copays for your prescription benefit. The definition of the tier copays can be seen in the benefit summary document (if available for your plan). You can also refill your mail order prescriptions by clicking one of the links in this section. If you have not registered with the mail order provider, you can download the mail order registration form. The answers to the most common questions can be accessed from the F.A.Q. sheet document.

### Benefit Summary

Tier Level	Copay	
	30-Day Supply	90-Day Supply
Tier 1	\$10	\$20
Tier 2	\$40	\$80
Tier 3	\$70	\$140

Copay calculations are an estimate only.

The copay for any specific claim may be different from that listed herein. For more information, please refer to your benefit summary or call client services at (877) 860-8846.

The definition of the copay tiers above can be found inside the benefit summary document

[Download Benefit Summary \(PDF\)](#)

### Mail Order

- BK Pharmacy (Code = "quickpass")
- Walgreens

[Download Mail Order Form \(PDF\)](#)

### Frequently Asked Questions

[Download F.A.Q. Sheet \(PDF\)](#)

Links to refill mail order Rx

Mail Order registration form

Refer to this document for answers of common questions

## MAIL ORDER REFILL

To refill your mail order prescriptions through BK Pharmacy, click on the BK Pharmacy link in the Benefit Summary section (as described above) . Choose the delivery method, enter the prescription number, enter the word 'quickpass' in the 'Code' field, then press the "Quick Refill" button.

**Mail Order Form**

**QUICK REFILL**

Enter prescription number

**Delivery Method \***  
Pickup ▾ → Choose delivery method

**Rx Number \***  
1234567

**Code \***  
quickpass → Enter the word shown

Quick Refill

*For security purposes, to use the quick refill system, you must know the pass code. To obtain the pass code, please contact us.*

## FORMULARY LOOKUP

Formulary lookup is a tool that can be used to determine the estimated copay for your prescriptions. Enter the name of the drug and click the 'Search' button. A list of matching drugs is displayed along with the associated strength (e.g.: 40 MG) and form (e.g.: BOTTLE). Choose one from the list and click the 'Select' button. A table of information will be shown which includes whether it is a maintenance medication, whether the medication is within a formulary, whether a prior authorization is required, and the estimated copays for 30-day supply and 90-day supply.

### Formulary Lookup

Our website's formulary information is provided as a guide and is updated periodically. The drugs on your formulary were selected to give you the highest standard of quality and the greatest potential value from your prescription drug benefit.

Enter drug name here

☒ Starts with keyword...
 ☐ Contains keyword...

Keyword:

Or, Browse by the first letter:

A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

### Search results for nexium : 18

NEXIUM CAP 20MG	BOTTLE
NEXIUM CAP 20MG	BOX
NEXIUM CAP 40MG	
Esomeprazole Magnesium Cap Delayed Release 40 MG	BOTTLE
	<input type="button" value="Select"/>
NEXIUM CAP 40MG	BOX
NEXIUM GRA 10MG DR	BOX
NEXIUM GRA 2.5MG DR	BOX
NEXIUM GRA 20MG DR	BOX
NEXIUM GRA 40MG DR	BOX

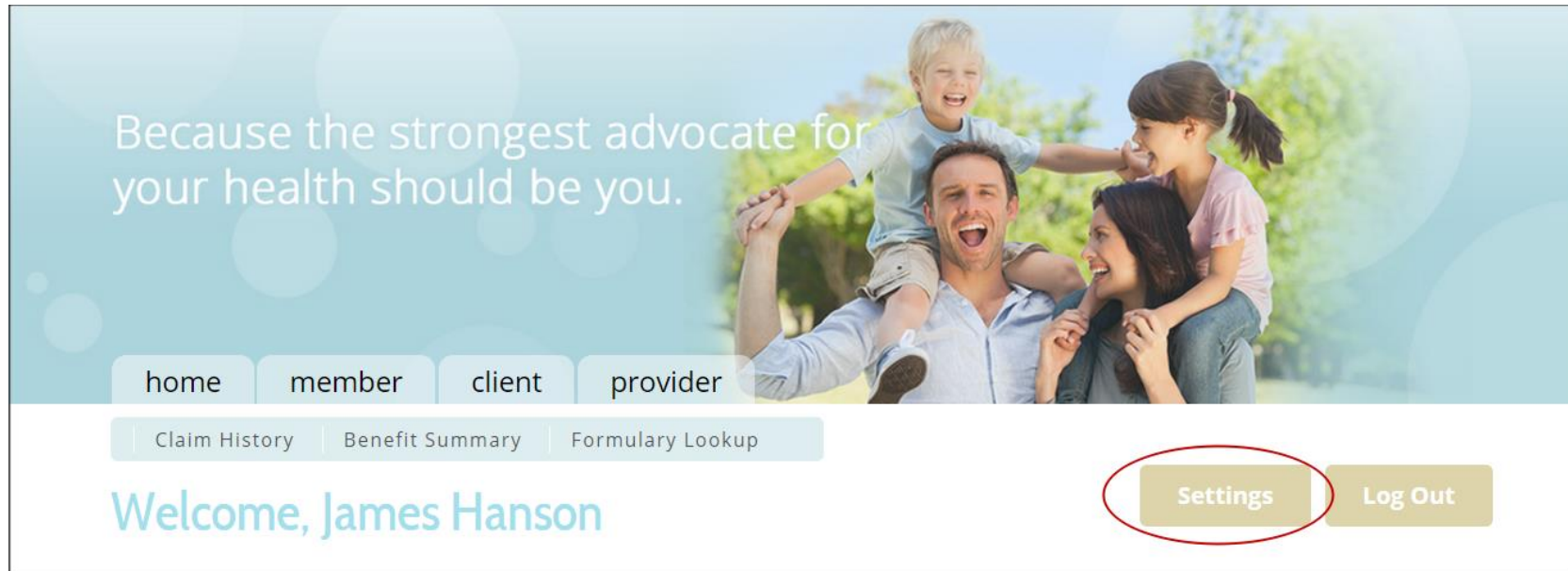
NEXIUM CAP 40MG			Copoly	
Esomeprazole Magnesium Cap Delayed Release				
40 MG (Base Eq)				
Maintenance	Preferred	Prior Authorization Required	30-Day Supply	90-Day Supply
Yes	N/A	No	\$40	\$80

Copay calculations are an estimate only.

The copay for any specific claim may be different from that listed herein. For more information, please refer to your benefit summary or call client services at (877) 860-8846.

## CHANGING PASSWORD & EMAIL

To change your password and/or the registered email address, click on the 'Settings' button on the top right corner of the portal.





## Account Settings

[Go Back](#)

### Change My Password

You will be prompted to log out upon successful submission. Please log back in with your new password.

Current Password:

New Password:

Confirm New Password:

### Update My Email Address

Current Email: jhanson@rxipm.com (confirmed)

You will be asked to verify your new email address by logging into your new email account and click the confirmation link.

Current Password:

New Email:

Confirm New Email: