MyCare Ohio Provider Portal User Guide May, 2014





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MYCARE OHIO PROVIDER PORTAL

The Provider Portal is a secure online application that provides access to member Service Plans and allows for HIPAA-compliant claim submissions.



Log In

Before you log in the portal the first time, you must complete the <u>Registration</u> process to create a username and password.

When you have a username and password, complete these steps to log in the Provider Portal:

STEP	Action
1.	Access the CareSource home page (<u>www.caresource.com</u>).
2.	Click the Provider Portal link
3.	Select the appropriate provider state (e.g., Ohio or Kentucky).
4.	Complete the case-sensitive <u>Username</u> and <u>Password</u> fields.
5.	Click Log In.

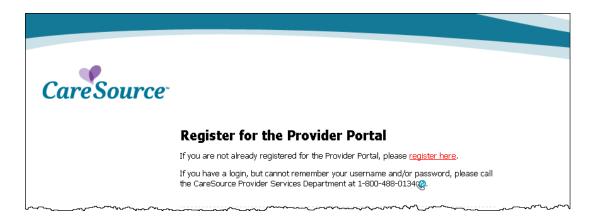
Log Out

To exit the provider portal, click the **Logout** link in the upper right corner of any screen.

REGISTRATION

You can register as a group or as a practitioner. After the information is validated, the provider can create a username and a password.





After you click *register here*, complete this three-step process:

Step	ACTION		
1.	Provider Eligibility		
	a. Complete the following required fields:		
	Provider Type: select Practitioner or Group		
	<u>Registrant's First Name</u>		
	Registrant's Last Name		
	<u>Group Name</u> : required only if Group is selected in <u>Registration Type</u>		
	<u>Tax ID</u>		
	CareSource Provider ID		
	<u>Zip Code</u> : the zip code for any CareSource address record (e.g., remit, billing, practice)		
	User Registration Step 1 of 3 - Provider Eligibility		
	Provider Type: C Practitioner C Group		
	Registrant's First Name:		
	Registrant's Last Name:		
	Group Name:		
	Tax ID:		
	CareSource Provider ID:		
	Zip Code:		
	Next		
	b. Click the Next button.		



STEP	ACTION		
2.	Accept Provider Agreement screen		
	a. Review the agreement.		
	b. Click the I Accept radio button at the bottom of the agreement.		
	c. Click the Next button.		
3:	Create User screen		
	a. Enter a username in the <u>User name</u> field.		
	b. Enter the same password in the <i>Password</i> and <i>Confirm Password</i> fields.		
	Password must be at least eight characters, and include one non- alphanumeric character (e.g., #, -, ^, \$)		
	c. Enter an email address in the <u><i>E-mail</i></u> field.		
	Email address must be unique for each registration request (e.g., cannot use a practice email for the provider, office manager, and billing clerk).		
	d. Select a security questions in the <u>Security Question</u> dropdown list.		
	e. Enter the answer in the <u>Security Answer</u> field.		
	f. Click the Finish Registration button.		
	User Registration		
	Step 3 of 3 - Create User		
	User Name:		
	Confirm Password:		
	E-mail:		
	Security Question: What is your mother's maiden name?		
	Security Answer:		
	Previous Finish Registration		



MANAGE USERS

In this section, the Admin adds, changes, or deletes users and manages user permissions.	CareSource
Click Manager User to display the Current Users and Add User tabs.	Users
You can:Filter users by UserName or Email.Select Show All Users or Filter Users	Manage Users Update My Account Providers
Manage Users Current Users Add User My Account	
UserID Email	Set Password
Sphilling Addengespheries and	
Users Filter by UserName Filter by Email Show All Users Filter Users	
Page(s): 1	Record(s): 1
UserID Email Actions	
	Set Permissions 🖴 Make Admin
Qge(s): 1	3 (d) Record(s): 1

CURRENT USER TAB

STEP	ΑстιοΝ	
	User Access to the Portal:	
	a. Click $ imes$ next to the user's name.	
	b. Click OK to complete the process.	
	Message from webpage	
	Are you sure you want to delete User	
	OK Cancel	



Step	ΑстιοΝ		
2	Set Password		
	 If users forget their passwords, you can reset them. If the primary account password need to be reset, call CareSource Provider Service Center (800) 488-0134 from 8 AM to 6 PM Monday through Friday. You will need your User Id for the primary account. To change a user's password, complete these steps: a. Click Set Password to enter a new password for the account. b. Enter the user's ID in the <u>User ID</u> field. c. Enter the same password in the <u>Password</u> and <u>Confirm Password</u> fields. d. Click Set Password. 		
3	Set Permissions By default, when you create users, they have access to all permissions. You use this feature to change what users see in the portal. Set Account Permissions User ID: Current Permissions: Image: Home Health Coordinator Image: Member Eligibility Image: Member Health Information Image: Member History Image: Claims and Payment Inquiry Image: Claims Management Image: Provider Demographics Manager		
4	Make Admin Click Make Admin to select a different user as the Admin account.		
	Click wake Admin to select a different user as the Admin account.		



ADD USER TAB

Click the **Add User** tab to add users to the portal.

STEP	ACTION
1.	Enter the new user's name in the <u>User ID</u> field.
2.	Enter a password in the <i>Password</i> field.
3.	Re-enter the same password at the Confirm Password field.
4.	Enter the user's email address in the <i>Email</i> field.
5.	Click Add to add the new user.

Man	Manage Users	
Cur	rent Users Add User	
	Add User	
	User ID:	
	Password:	
	Confirm Password:	
	Email:	
	Add	

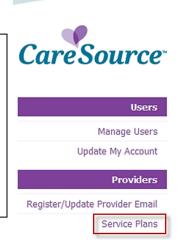


SERVICE PLANS

In this section you view Service Plan details and interact with plan information.

You may receive Alerts, acknowledge service plans, request changes, and export a service plan with details to a PDF.

Alerts indicate if a member has a new Service Plan or if any item has been updated on a member's service plan, etc.



VIEW MEMBER SERVICE PLAN

STEP		ACTION
1.	Click Ser	vice Plans under the <u>Providers</u> on the left side of the screen.
2.	Click viev	Member Roster, and complete these steps:
	STEP	ACTION
	а	Specify tab selection: CareSource ID, Medicaid ID or Member Info.
	b	Enter search criteria in the field.
	С	Click the Search button.
		J Use Reset to begin a new search
3.		appropriate Last Name to view member details in the Member on section.



Step	ACTION
4.	Click Service Plan Summary to view service plan items for the member.
	Member Information
	* Service Plan Summary
	📽 See Tem 🖲 Lpdnet Tem 🔗 Adrewinger Tem 🛞 Verlet Tem 🛞 Deletel Tem 🔘 Corpletel Tem
	Militian Priori Priori Service Type Service Code Service Type Service Code Service Type Service Code Service Type Service Type <th< th=""></th<>
	Equit Service Res Survey (52)
	Report Service Plan Dange Activities Plan Dange Activities Plan Dange Activities Plan Items
	+ Care Treatment Plan
	Reference the Legend for Alert status.
	Alerts indicate if:
	 a new Service Plan Item has been added
	an item has been updated
	 the assigned provider has acknowledged the service plan an item has been verified complete by the Care Manager
	 an item has been deleted from the care plan
	 an item is complete (date span has ended)
5.	Click View Details to view the Service Plan details
	Sever Par basis for Par Autorption (2016) Provider Information
	Provider Rime: Area Agency on Ageg 11 Drc Provider Type: Hedral Acknowledged:
	Service Information
	Service Details Service Type: Notori Quantity: 103.
	Note of Service: # Unit of Heasen: 0 Service Code: 1211 Beaching: UN
	Service Description: Pursual care services, per 13 minutes, not for an inputient or resident of a heaptait, surging facility, 15/398 or 360, part of the indeductor plan of treatment (pole may Service Researchers) personal care services
	Associated bitweetiles: Of will educate member/family/compose that a medical evolution is required to assess and treat underlying medical problem(s) that are leading to a functional decime.
	Spen/Duration Start Onles: 51/2014 #el/Valks: 1
	Red Bute: 420/2015 # of Ream/Vinit: 2.00
	Recurrence Details: Doors every week on Handey, Treadey,
	Base: 201 Subsequent: 204 Completion Verification
	Verfiel by: Verfiel bate: Report Schreiten
	Submit Respect
6.	Click Submit Request to send a note about the Service Plan Item to the
_	Care Manager to request a copy of the Service Plan.



STEP	ΑстιοΝ
7.	Choose the appropriate reason in the <u>Reason For Request</u> dropdown list. CareSource Request Submit Request For Service Plan Member Name: Reason For Request: Select Reason Request Details: • Add new service plan item • Update Service information • Update Units • Item Complete
8.	Enter details regarding your request in the <u>Request Details</u> field.
9.	Click Submit to send the request.

OTHER SERVICE PLAN ACTIONS

STEP	Action				
1.	 Click: Request Service Plan Change to send a note to the Care Manager about a change request to the Service Plan. Acknowledge Service Plan to send a note to the Care Manager to let them know you have reviewed the Service Plan. 				
	Solate Novelar lance Service Type				
2.	Click Back Up Plan to view backup plan details regarding the member's Service Plan. Herber Mundle Service Flan Herber Mundle Service Flan Herber Mundle Service Flan Herber Mundle Service Flan Service				
	Notes: neighbor (Eackap Senior Plan) + Care Treatment Plan				

CLAIM ENTRY STEPS

r.					
r.					
		Click Service Plan Summary.			
Bogan Dat	6e End Date 4/15/2014 4/20/2014	4 123456	s Submit Result Change Submit Claim Result Change Submit Claim		
	4/25/2014	4 125496 4 54021			
			plan item.		



STEP	ACTION				
5.	Complete t	he Service Plan Cl	aim	Submission screen.	
	CareSourc				
	CareSourc	ce.			
	Service Plan Submit a new Claim for P OTT or HCPCS Code OTT or HCPCS Modifier	59128 - Speech therapy, in the home, per dem			
	Base Units Date(x) of Service	K April 2014 > Please select the price 5 M T W T F S 36 31 2 3 4 5 Press the Calcular	Th	ne code and description fields pre-populate.	
			а.	Select the date(s) of service.	
		6 7 8 9 10 11 12 13 14 15 16 17 18 19	b.	Enter the base units per day.	
		20 21 22 23 24 25 26	c.	Enter the cost per base units.	
	2 2 2 2 3 1 2 3 4 5 6 7 8 9 31 2 3 8xee Units Per Day	27 28 29 30 1 2 3 4 5 6 7 8 9 20	d.	· · · · · · · · · · · · · · · · · · ·	
			e.	Enter the cost per subsequent units.	
		f.	Click the Calculate button		
		г. g.	 The system calculates your base unit, subsequent unit, and claim total cost. Select the billing provider in the dropdown list to 	C	
		4 5 6 7 8 9 10		display the remaining billing information.	
	Sub-Units Per Day Price Per Sub-Unit \$		h.	Click Submit Claim.	
		Calculate Total	Ĵ	A confirmation number displays for your record.	
	Base Unit Tutal \$	-	-		
	Sub-Unit Total \$	-			
	Claim Total \$				
	Billing Information				
	Select Provider	Select Provider	•		
	Address	-			
	City, State Zo	_			
	Plone	_			
	TIN	-			
				Please verify the Claim information above is correct.	



CLAIM ENTRY STEPS FOR MEMBER WITH NO SERVICE PLAN

STEP	Action					
1.	Click Service Plans under Providers.					
2.	Click link					
	Click Here to Submit a Claim for Member Not Found in the Service Plan List Above.					
3.	Select Type Of Service Performed from dropdown list.					
	Service Plan Claim Submission					
	Since no service plan is on file to assist in member selection, please enter the member's eligibility for service.					
	Type of Service Performed:					
	Please Select a Service					
4.	Enter Medicaid or Subscriber Number and Click Verify Member					
	*					
	Patient's Medicaid or *					
	CareSource Subscriber Number:					
	Verify Member					
5.	Review Patient Information and Click Confirm Patient and Service Type					
0.	Member Name: Address:					
	CareSource Id: City, State, Zip:					
	Medicaid Id: County: Case Number: Phone:					
	Gender: Female Date of Birth:					
	Relationship to Subscriber/Insured Subscriber:					
	Program: MyCare Medicaid Only Member					
	Primary Care Baakin, Samia C. Phone: (440) 250-2070 Provider (PCP): (440) 250-2070 (440) 250-2070					
	Confirm Patient and Service Type					



STEP	Action		
6.	Complete the Service Plar	n Claim Submission screen.	
	CareSource		
	March Control of Service (April 2014) (The code and description fields pre-populate. i. Select the date(s) of service. j. Enter the base units per day. k. Enter the cost per base units. l. If applicable, select dates and enter the subsequent units per day. m. Enter the cost per subsequent units. n. Click the Calculate button The system calculates your base unit, subsequent unit, and claim total cost. o. Select the billing provider in the dropdown list to display the remaining billing information. D. Click Submit Claim. A confirmation number displays for your record. 	
	Ζφ		
	Phone		
		Picase verify the Claim information above is correct.	

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