MyCare Ohio Provider Portal
User Guide
May, 2014
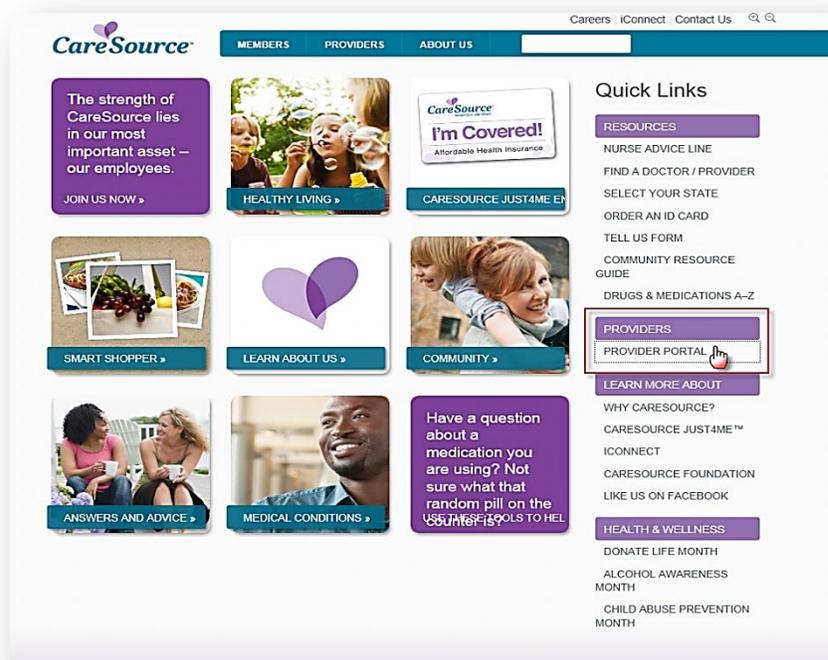
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MYCARE OHIO PROVIDER PORTAL

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 Registration process to create a username and password.

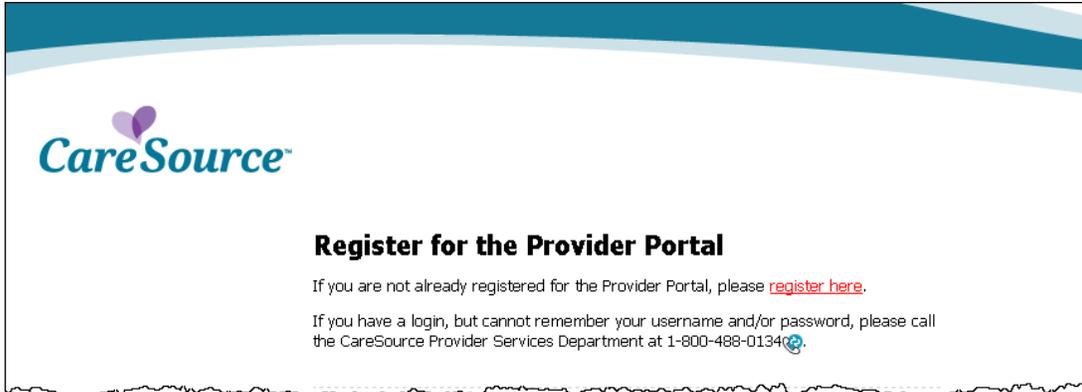When you have a username and password, complete these steps to log in the Provider Portal:

STEP	ACTION
1.	Access the CareSource home page (www.caresource.com).
2.	Click the **Provider Portal** link
3.	Select the appropriate provider state (e.g., Ohio or Kentucky).
4.	Complete the case-sensitive *Username* and *Password* 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.

Register for the Provider Portal

If you are not already registered for the Provider Portal, please register here.

If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department at 1-800-488-0134.

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 *Registrant's First Name* *Registrant's Last Name* *Group Name*: required only if **Group** is selected in *Registration Type* *Tax ID* *CareSource Provider ID* *Zip Code*: the zip code for any CareSource address record (e.g., remit, billing, practice) b. Click the **Next** button.

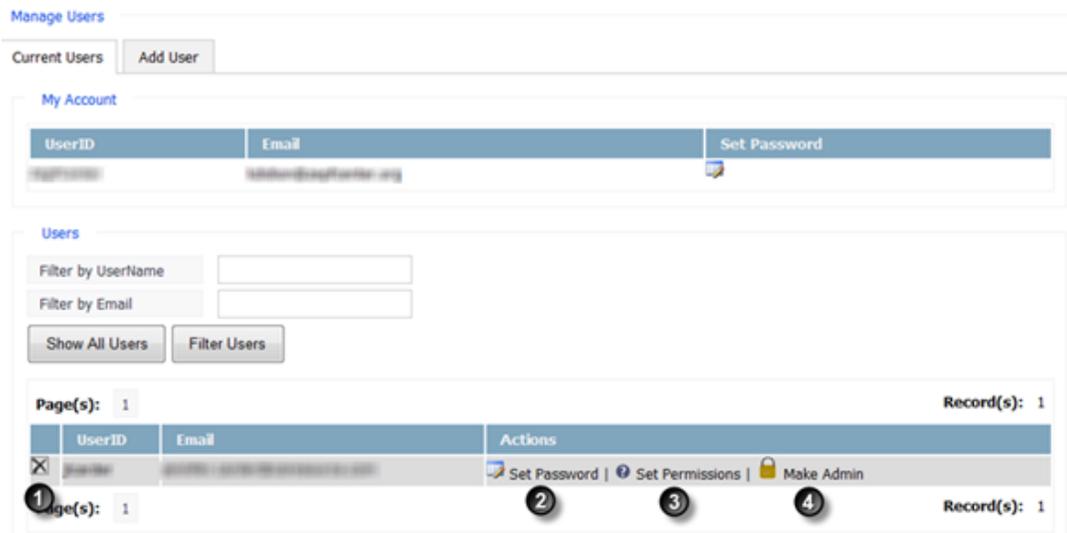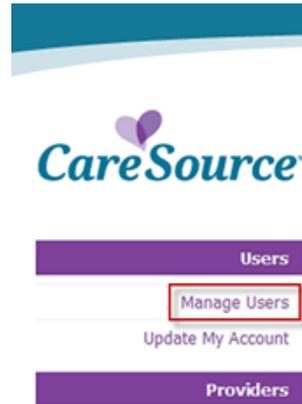| STEP	ACTION
2.	Accept Provider Agreement screen a. Review the agreement. b. Click the **I Accept** radio button at the bottom of the agreement. c. Click the **Next** button.
3:	Create User screen a. Enter a username in the _User name_ field. b. Enter the same password in the _Password_ and _Confirm Password_ fields. ✎ Password must be at least eight characters, and include one non-alphanumeric character (e.g., #, -, ^, $) c. Enter an email address in the _E-mail_ 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 _Security Question_ dropdown list. e. Enter the answer in the _Security Answer_ field. f. Click the **Finish Registration** button. User Registration Step 3 of 3 - Create User User Name: _____ * Password: _____ * 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.
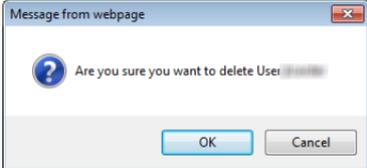
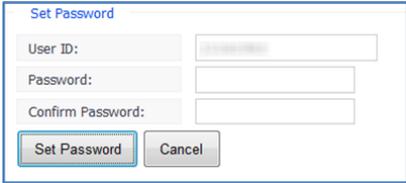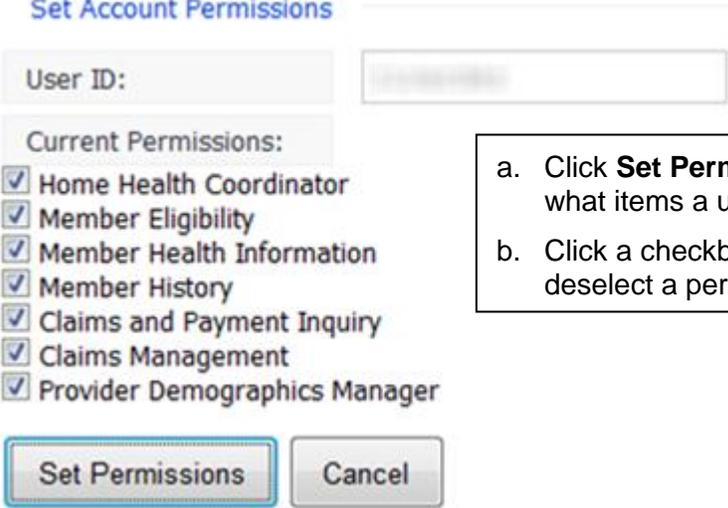Click **Manager User** to display the Current Users and Add User tabs.

You can:
- Filter users by UserName or Email.
- Select Show All Users or Filter Users

CURRENT USER TAB

STEP	ACTION
❶	User Access to the Portal: a. Click ✕ next to the user's name. b. Click **OK** to complete the process.

STEP	ACTION
❷	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 _User ID_ field. c. Enter the same password in the _Password_ and _Confirm Password_ fields. d. Click **Set Password**. **Set Password** User ID: [_____] Password: [_____] Confirm Password: [_____] [Set Password] [Cancel]
❸	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: ☑ Home Health Coordinator ☑ Member Eligibility ☑ Member Health Information ☑ Member History ☑ Claims and Payment Inquiry ☑ Claims Management ☑ Provider Demographics Manager [Set Permissions] [Cancel] a. Click **Set Permissions** to set what items a user can see. b. Click a checkbox to select / deselect a permission.
❹	Make Admin Click **Make Admin** to select a different user as the Admin account.

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ADD USER TAB

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

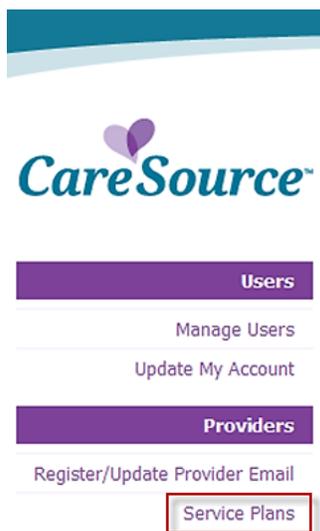| STEP	ACTION
1.	Enter the new user's name in the _User ID_ field.
2.	Enter a password in the _Password_ field.
3.	Re-enter the same password at the _Confirm Password_ field.
4.	Enter the user's email address in the _Email_ field.
5.	Click **Add** to add the new user.

SERVICE PLANS

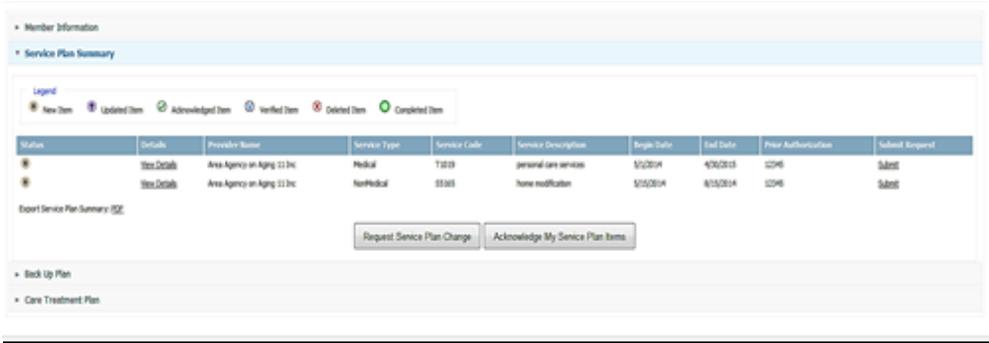In this section you view Service Plan details and interact with plan information.

You may receive Alerts, acknowledge service plans, request changes, and export a service plan with details to a PDF.
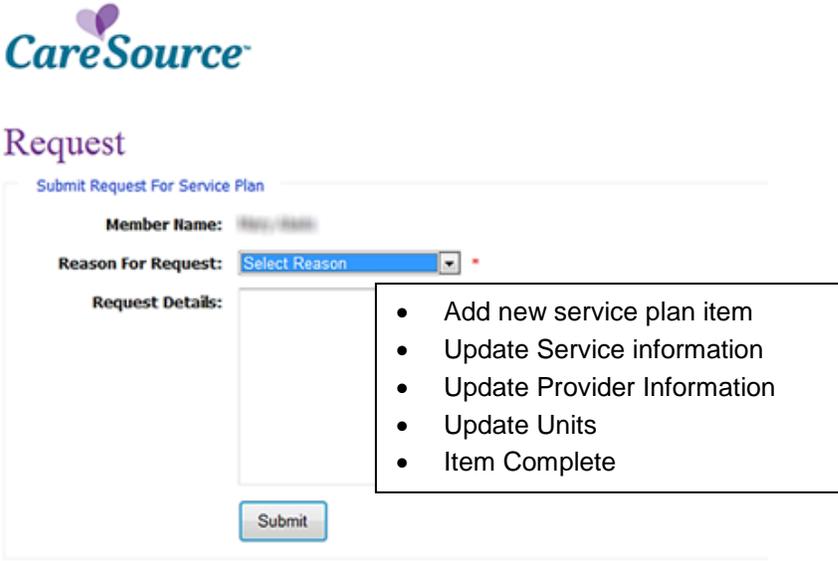
Alerts indicate if a member has a new Service Plan or if any item has been updated on a member's service plan, etc.
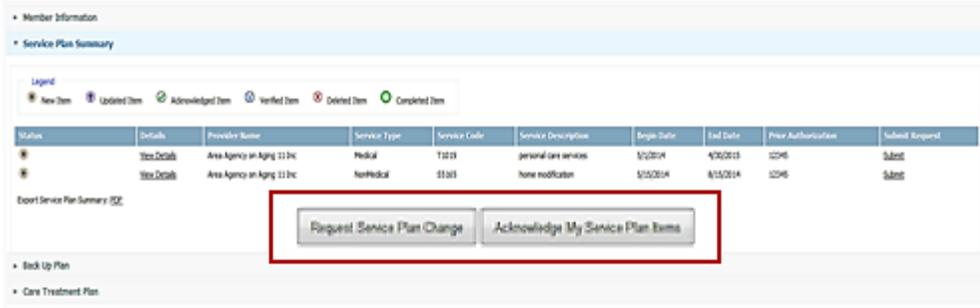
Users
Manage Users
Update My Account

Providers
Register/Update Provider Email
Service Plans

VIEW MEMBER SERVICE PLAN

STEP	ACTION
1.	Click **Service Plans** under the *Providers* on the left side of the screen.
2.	Click view **Member Roster**, and complete these steps: | STEP	ACTION | |---|---| | a | Specify tab selection: **CareSource ID, Medicaid ID or Member Info.** | | b | Enter search criteria in the field. | | c | Click the **Search** button. ☞ Use **Reset** to begin a new search |
3.	Click the appropriate **Last Name** to view member details in the Member Information section.

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STEP	ACTION
4.	Click **Service Plan Summary** to view service plan items for the member. 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
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	ACTION
7.	Choose the appropriate reason in the _Reason For Request_ 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 Provider Information • Update Units • Item Complete Submit
8.	Enter details regarding your request in the _Request Details_ field.
9.	Click **Submit** to send the request.

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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.
2.	Click **Back Up Plan** to view backup plan details regarding the member's Service Plan**.**

CLAIM ENTRY STEPS

STEP	ACTION
1.	Click **Service Plans** under Providers.
2.	Search for or select the member to submit a claim for.
3.	Click **Service Plan Summary**.
4.	Click **Submit Claim** next to the appropriate service plan item.
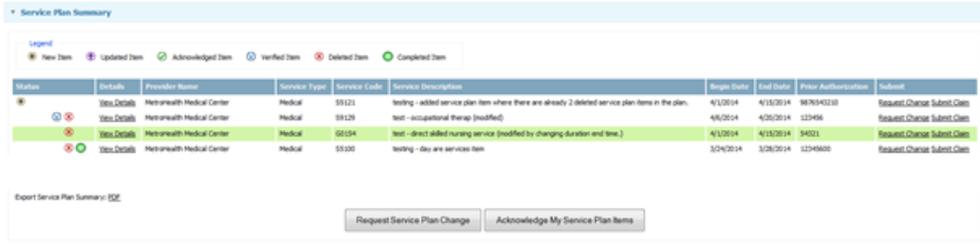
STEP	ACTION
5.	Complete the Service Plan Claim Submission screen. **CareSource** **Service Plan Claim Submission** Submit a new Claim for Prior Authorization 100248 The code and description fields pre-populate. a. Select the date(s) of service. b. Enter the base units per day. c. Enter the cost per base units. d. If applicable, select dates and enter the subsequent units per day. e. Enter the cost per subsequent units. f. Click the **Calculate** button ✎ The system calculates your base unit, subsequent unit, and claim total cost. g. Select the billing provider in the dropdown list to display the remaining billing information. h. Click **Submit Claim**. ✎ A confirmation number displays for your record.

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** Member Name: Address: CareSource Id: City, State, Zip: Medicaid Id: County: Case Number: Phone: Gender: Female Date of Birth: Relationship to Subscriber: Subscriber/Insured Program: MyCare Medicaid Only Member Primary Care Provider (PCP): Baakini, Samia C. Phone: (440) 250-2070 Confirm Patient and Service Type

STEP	ACTION
6.	Complete the Service Plan Claim Submission screen.

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.

p.   Click **Submit Claim**.

↻ A confirmation number displays for your record.

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