



PROVIDER PORTAL SOLUTIONS



Tools You Need to Save You Time

At CareSource PASSE™, we make it easier for you to do business with us – 24 hours a day, seven days a week with our free, secure Provider Portal.

Time-Saving Benefits of the Provider Portal:

- **Member Eligibility & Termination** – Multiple member eligibility look-up for up to 24 months and member termination, if applicable
- **Claims Information** – Check claim status, submit claims and necessary attachments, submit and check status of claim disputes and appeals
- **Coordination of Benefits** – Confirm coordination of benefits for patients
- **Payment History** – Search for payments by check number or claim number
- **Explanation of Payment** – Access from the secure portal with the option to print
- **Prior Authorization** – Medical inpatient/outpatient, specialty pharmacy, and prior authorization warning messages to verify accuracy
- **Care Treatment Plans** – You can access care plans online through the Provider Portal to easily provide input into your patients' care plans and consult with care managers
- **Care Management Referrals** – Automated care management forms for efficient enrollment
- **Member Profile** – Comprehensive view of patient medical/ pharmacy utilization
- **Clinical Practice Registry** – Innovative online tool showing health partners when members are in need of tests or services; filter data to show preventive health opportunities
- **Resources** – Access training modules that help navigate portal functionalities

Easy to Access

Accessing our Provider Portal is free, secure, and easy to use.

- Visit **CareSourcePASSE.com** and click **Login > Provider** at the top right corner. Select the Arkansas Provider Portal.
- Enter your username and password and click **Login**.

Four easy steps to register for the Provider Portal:

1. Click “**Sign Up**” to establish your account by creating your username and password.
2. For added security, set up the multifactor authentication.
3. To connect your account, you will need your Provider Name, Tax ID, CareSource PASSE Provider ID and your Zip Code.
4. Review and accept the Agreement.