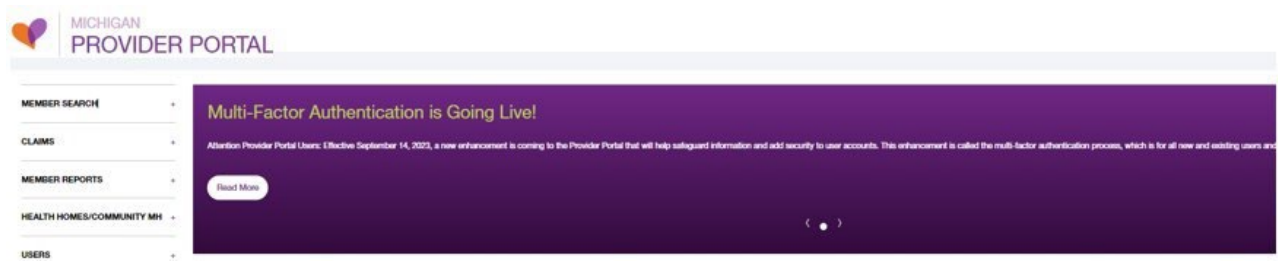




## HAP CARESOURCE PROVIDER PORTAL

The [HAP CareSource Provider Portal](#) is a key self-service tool for our providers and defines how our providers engage with us. The HAP CareSource Provider Portal is a secure, encrypted online tool available for any provider serving our members. Providers will need to be registered on the HAP Provider Portal to use the HAP CareSource Provider Portal.



### PROVIDER FEEDBACK

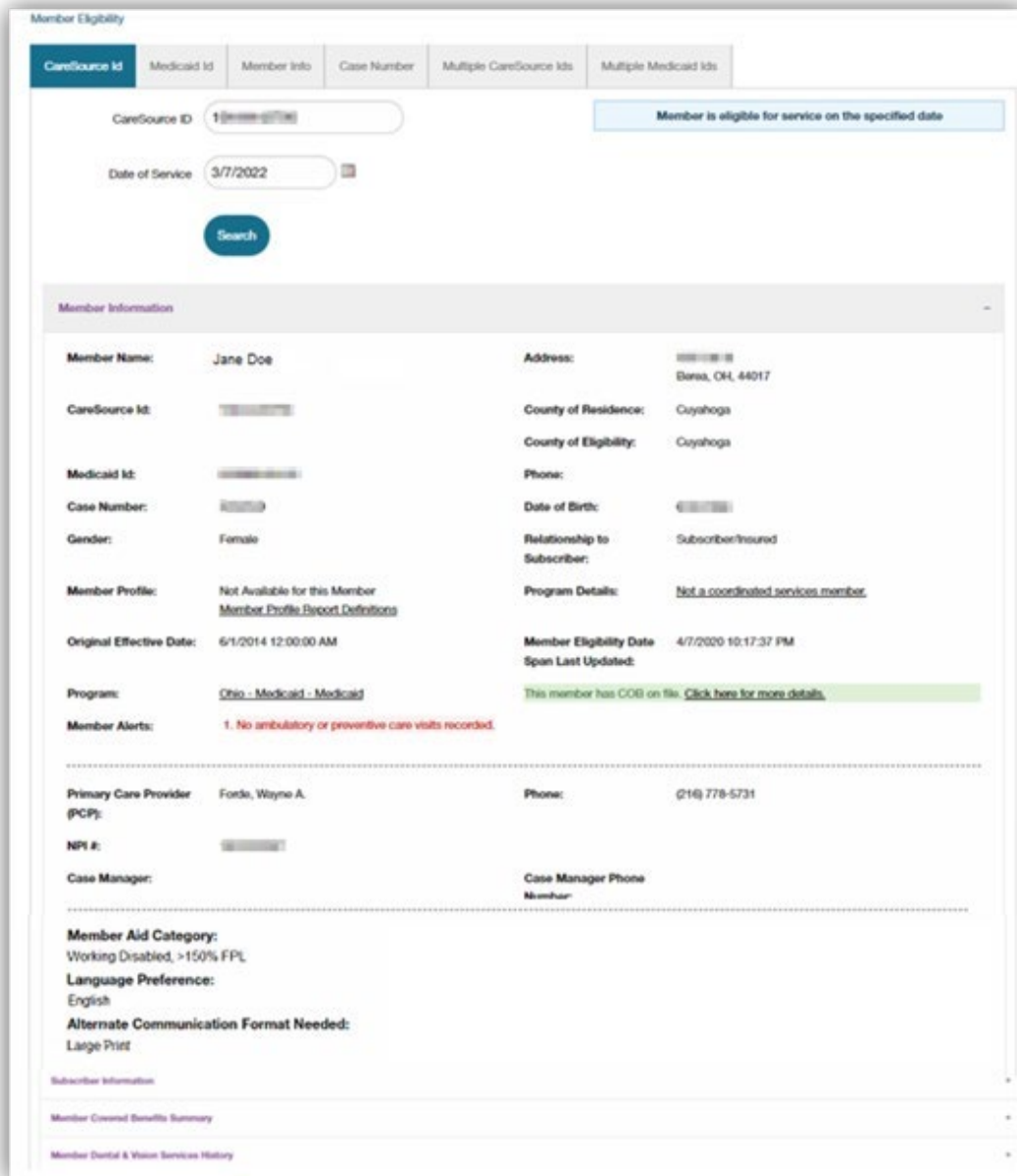
Provider satisfaction with the portal is a key metric that we monitor closely. We have implemented a feedback loop where we elicit provider feedback, gather that feedback into key enhancement themes and then build a thoughtful enhancement roadmap that delivers new features that our providers find useful. The enhancements are released iteratively throughout the year and target highly requested items.

We place satisfaction surveys directly on the portal to capture feedback about your overall experience with completing your daily tasks.

### MEMBER ELIGIBILITY

The portal enables quick access to relevant member information, such as member eligibility and enrollment, including a member's primary language information and any other special communication needs.

By going to **Member Search > Member Eligibility**, providers can search for member eligibility using one of the search options, or search for multiple members at a time. Providers can easily export and print member data as needed. Providers can also access a member's case management plan and submit a request to update case management information.



The Member Profile supports coordinated member care between the member's primary care provider (PCP) and other care coordinators by providing access to comprehensive patient medical information in one convenient location. The data in the Member Profile can be used to offer coordinated, streamlined care for patients.

- Patient demographics
- Primary Care Provider information
- Prior prescribing information
- Historical diagnoses
- Patient-specific quality metrics (such as mammography screening, A1C value and more)



- Prior hospital admissions
- Emergency room visits
- Specialist visits
- Case management activity

Member Eligibility

CareSource Id	Medicaid Id	Member Info	Case Number	Multiple CareSource Ids	Multiple Medicaid Ids
CareSource ID: 10388111300			Member is eligible for service on the specified date		
Date of Service: 9/1/2023					
<a href="#">Search</a>					

Member Information

Member Name:	Stephaney Caraffa	Address:	5416 E 134th Garfield Heights, OH, 44125
CareSource Id:	10388111300	County of Residence:	Lake
Medicaid Id:	10356888699	County of Eligibility:	Cuyahoga
Case Number:	1014255	Phone:	(440) 390-1646
Gender:	Female	Date of Birth:	10/27/1992
Member Profile:	<a href="#">Click To View Member Profile Report Definitions</a>	Relationship to Subscriber:	Subscriber/Insured
Original Effective Date:	3/1/2012 12:00:00 AM	Program Details:	<a href="#">Not a coordinated services member</a>
Program:	Ohio - Medicaid - Medicaid	Member Eligibility Date Span Last Updated:	3/27/2021 3:58:03 AM
Language Preference:	English	Alternate Communication Format Needed:	N/A
Special Communication Needs:			
Member Aid Category:	Healthy Families		
Primary Care Provider (PCP):	Cooper, Danielle D.	Phone:	(440) 352-4880
NPI #:	1740256643		
Case Manager:		Case Manager Phone Number:	

## PROVIDER MEMBERSHIP LIST

The Provider Membership List allows providers to view the members currently assigned to the Providers acting as PCPs and who are related to their Affiliation Number. The list can be sorted by a specific provider related to a group or for the entire group's member list. Membership lists can be sorted by clicking on a column heading and/or exported in either plain text or comma delimited formats. Access the **Provider Membership List** from the **Member Reports** left-hand menu.

Alerts that display on the Provider Membership List remain for 90 days from the triggering event. Events include:

- **New Assessment:** The member has a new health risk assessment available for review.
- **New Care Treatment Plan:** The member has a new care treatment plan that can be reviewed/acknowledged.
- **Updated Care Treatment Plan:** The member has an updated care treatment plan that can be reviewed/acknowledged.



**MICHIGAN PROVIDER PORTAL**

Member Reports / Provider Membership List

### Provider Membership List

This screen allows you to view the members currently assigned to the Providers acting as Primary Care Physicians and who are related to your Affiliation. To view a membership list for a specific Provider relating to your Group, select the Provider from the dropdown menu below.

Membership lists can be sorted by clicking on the column headings. In addition, membership lists may be exported for Provider or Group levels in either plain text or comma delimited formats.

Providers: **Bellville, Nicholas**

Export Options: [Export Group's Member List as CSV](#)

Alert Legend:

- New Assessment
- New Care Treatment Plan
- Updated Care Treatment Plan

Alerts	Details	First Name	Last Name	CareSource ID	Medicaid ID	Gender	Birth Date	Ling Type	Member Phone	Program Name
New Assessment	View Details	Sally	...	...	...	M	6/25/1983	ENG	...	Chc_Medicaid_Medicaid
New Assessment	View Details	Johnny	...	...	...	F	7/11/2002	ENG	...	Chc_Medicaid_Medicaid
	View Details	Sally	...	...	...	F	3/26/1990	ENG	...	Chc_Medicaid_Medicaid
	View Details	Johnny	...	...	...	F	11/28/1967	ENG	...	Chc_Medicaid_Medicaid
	View Details	Sally	...	...	...	F	7/24/1983	ENG	...	Chc_Medicaid_Medicaid
	View Details	Johnny	...	...	...	F	1/9/2000	ENG	...	Chc_Medicaid_Medicaid
	View Details	Sally	...	...	...	M	1/1/1945	ENG	...	Chc_Medicaid_Medicaid
	View Details	Johnny	...	...	...	F	6/16/1988	ENG	...	Chc_Medicaid_Medicaid
	View Details	Sally	...	...	...	F	6/22/1982	ENG	...	Chc_Medicaid_Medicaid
	View Details	Johnny	...	...	...	F	10/28/1989	ENG	...	Chc_Medicaid_Medicaid

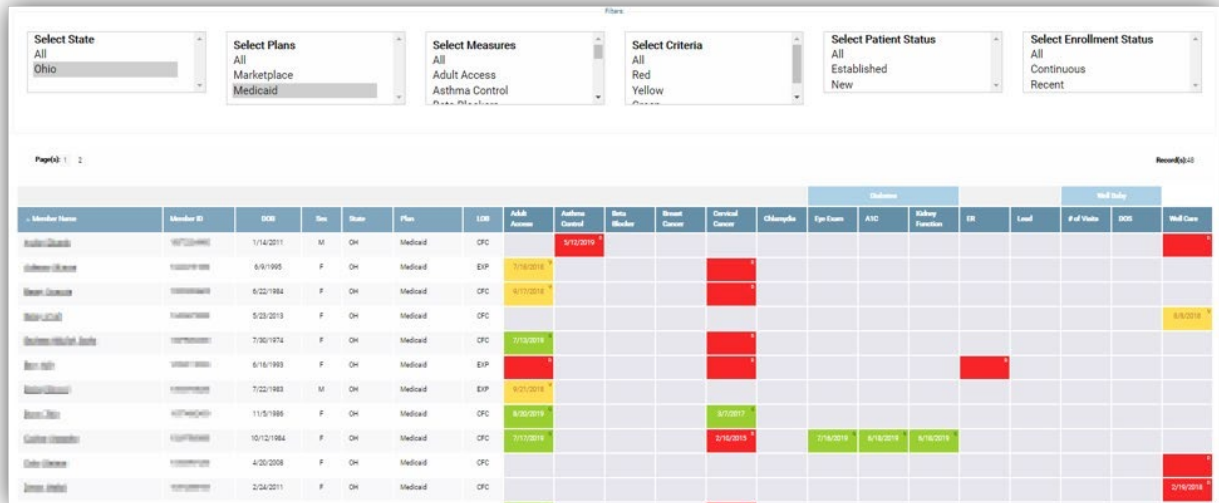
Page 10 of 273

Export Selected Provider's Member List [BDE / CSV](#)  
Export Entire Group's Member List [CSV](#)

## CLINICAL PRACTICE REGISTRY

The HAP CareSource™ MI Coordinated Health (HMO D-SNP) Clinical Practice Registry (CPR) is an online tool available to health partners to identify and prioritize needed health care services, screening and tests for HAP CareSource MI Coordinated Health members. The CPR is easy to access via the secure HAP CareSource Provider Portal on the Member Reports tab.

- **Identify gaps in care:** View preventive service history and easily identify Healthcare Effectiveness Data and Information Set (HEDIS®) gaps in care to discuss during appointments.
- **Holistically address patient care:** Receive alerts when HAP CareSource MI Coordinated Health members need tests or screenings, review member appointment histories and view their prescriptions.
- **Improve clinical outcomes:** Easily sort HAP CareSource MI Coordinated Health members into actionable groups for population management.
- **Attributed as PCP via Claims:** Indicates the member is attributed to a provider based on claims data. This type of attribution generally means the member has attributable claims history and is engaged with this provider or provider group.
- **Attributed as PCP via Self-Selection:** Indicates the member has selected a PCP for assignment and is attributed to their self-selected provider. This type of attribution generally means the member has no attributable claims history.
- **Assigned as PCP:** Indicates the member is attributed to their geographically assigned provider. This type of attribution generally means the member has no attributable claims history.



The **Claim Information** feature allows providers to review necessary claim information including payment information with check number, process, adjustment reason of how the claim was reviewed and more.

Highlights of the Claim Details include:

- **Process Reason** – Claim clinical edits
- **Adjustment Reason**
- **Remittance Reason**
- **Authorization Number** – The related authorization, if applicable
- **Disallowed Amount** – The disallowed amounts on the claim and line items
- **Rendering Provider Name** – The rendering provider on the claim



### Claim Detail

General Information	
Claim #:	
Date Received:	3/21/2022
Adjusted From Claim #:	---
Total Amount Charged:	\$77.00
Adjusted To Claim #:	---
Total Patient Responsibility:	\$0.00
Original Claim #:	---
Total Amount Paid:	\$0.00
Patient Account #:	
Processed Date:	3/21/2022
Check Number:	Not Applicable
Adjustment Amount:	\$0.00
Remaining Balance Due:	\$0.00

#### Claim Detail

[List View](#) [Table View](#) [Dispute](#) [Post Service Appeal](#) [Related Documents](#) [Recovery Request](#)

Line Number: 1			
Status:	Processed		
Date of Service:	3/21/2022		
Amount Charged:	\$77.00		
Process Reason:	z11 - This claim line is being disallowed because the procedure code has been deleted. - Procedure Code 99201 has been deleted as of 12/31/2020.		
Adjustment Reason:	181 - Procedure code was invalid on the date of service.		
Remittance Reason:	N56 - Procedure code billed is not correct/valid for the services billed or the date of service billed.		
Procedure:	99201 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused exam	Patient Responsibility:	\$0.00
Diagnosis:	S129XXS - Fracture of neck, unspecified, sequela	Amount Paid:	\$0.00
Place of Service:	On Campus - Outpatient Hospital	Recovery Amount:	\$0.00

## CLAIMS SUBMISSION

The option to submit a claim via the HAP CareSource Provider Portal will be for date of service January 1, 2026, or later. This can be found on the **Claims > Online Claim Submission** page.

Member Search / Member File Upload

### MEMBER SEARCH + Online Claims Submission

#### CLAIMS -

- Online Claim Submission
- Claim Information and Attachments
- Rejected Claims
- Real Time Claims
- Payment History
- Recovery Request
- Disputes
- Post Service Appeals

#### Online Claims Submission

**Member Search**

Search by ID  MemberID

Start Date of Service



## DISPUTES AND APPEALS

Providers can easily submit Disputes or Post Service Claim Appeals while viewing a claim on the Portal on the **Claims** tab. As part of the submission process, additional information or documentation can be submitted up to 100 MB. Using the reference number that is provided upon submissions, providers can check the appeal status and review acknowledgement and decision letters associated to the appeal.

The image displays two overlapping screenshots of the HAP CareSource portal. The background screenshot shows the 'Post Service Appeals' form, which includes a sidebar with navigation links like 'MEMBER SEARCH', 'CLAIMS', and 'Online Claim Submission'. The main content area has tabs for 'Submit Appeal' and 'Check Status'. It contains fields for 'Claim ID', 'Appeal Type' (set to 'Authorization Denial (Medical)'), an 'Authorization Number', a 'Do you have a completed Member Consent form?' checkbox, an 'Attachments' section with a 'Choose File' button and an 'Upload' button, a 'Files Uploaded' section, and a 'Reason for appeal/dispute and desired outcome' text area. The foreground screenshot shows the 'Disputes' form, which also has 'Submit Dispute' and 'Check Status' tabs. It includes fields for 'Claim ID', 'Dispute Type' (set to 'Please Select'), 'Issue Category' (set to 'Claim Dispute Medical'), 'Provider Contact Name', 'Notes', and an 'Attachments' section with a 'Choose File' button. Both forms have 'Cancel' and 'Submit' buttons at the bottom.

## PRE-SERVICE APPEALS

Providers can submit pre-service appeals while viewing a denied authorization on the portal. As part of the submission process, additional information or documentation can be submitted up to 100 MB. Using the reference number that is provided upon submissions, providers can check the appeal status and review acknowledgement and decision letters associated to the appeal.





## Pre Service Authorization Appeals

Impersonate Provider ID:

Receipt Method Please Select

Received Date

Received Time

Appeal Type: Authorization Denial-Medical

Do you have a completed Member Consent form?

☐ Yes ☐ No

## Reference #: 0413W1LDU

Reference #:	0413W1LDU		
Description:	Inpatient Elective		
Place Of Service:	21 Inpatient Hospital		
Submitting Provider:	Wentworth Medical Center		
Requesting/Ordering Provider:	Wentworth Medical Center Hospital/Acute Care F		
Servicing/Rendering Provider:			
Facility:	Wentworth Medical Center Hospital/Acute Care F		
Member Information			
Member Name:	Bradon [REDACTED]		
CareSource Id:	[REDACTED]		
Birth Date:	[REDACTED]		
Gender:	Male		
Admission Event			
Diagnosis Code:	F13.129 Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified; M22 Disorder of patella		
Procedure:	97120 Tx,1 Area,30 Min,Ea,iontophoresis; 99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed		
Line #1			
Requested Received Date:	4/13/2022 10:00:00 AM	Requested Days:	1
Start Date of Service:	4/13/2022	Authorized Days:	0
End Date of Service:	4/14/2022	Status:	Denied

## DISPUTE AND APPEAL LETTERS

Providers can easily access Disputes or Post Service Claim Appeal acknowledgement and decision letters on the HAP CareSource Provider Portal from three locations:

- While checking the status of the dispute or appeal
- While viewing the associated claim
- From the Provider Documents page





Switch state specific portal Log Out

CHS Provider Portal

Claims / Post Service Appeals

Post Service Appeals

Submit Appeal Check Status

Providers: Please Select

Claim ID:

Appeal ID: Q21 973786C

Member Number:

Search

Page 1 of 1 Records: 1

Documents	Received	Member Name	Member ID	Claim ID	Appeal ID	Method	Status	Decision	Closed
View	01/01/2022	Paul L. Lammiman	000000000000	000000000000	Q21 973786C	Fax	Closed	Dismissed	02/09/2022

Page 1 of 1 Records: 1

Disputes

Submit Dispute Check Status

Providers: Please Select

Claim ID:

Dispute ID: Q21 973786C

Member Number:

Search

Page 1 of 1 Records: 1

Documents	Received	Member Name	Member ID	Claim ID	Dispute ID	Status
View	02/09/2022	John Wang	10248111600	000000000000	Q21 973786C	Denied

Page 1 of 1 Records: 1

## PRIOR AUTHORIZATION SUBMISSION

The HAP CareSource Provider Portal allows providers to submit an inpatient or outpatient prior authorization request and receive an automatic approval for over 200 procedure codes. Through the **Providers > Prior Authorizations and Notifications** page, providers can enter clinical details and receive a decision on the authorization within seconds in addition to an authorization reference number. Cite Auto Authorization matches the entered procedure and diagnosis information to the integrated clinical criteria and policies to display for the provider to complete that is required for the authorization to be processed. A determination is then made within seconds and given to the provider based on the selected clinical criteria. If a submitted authorization is pending and requires additional clinical information, providers may use the HAP CareSource Provider Portal to update the authorization and attach documentation.



#### Prior Authorization and Notifications

Medical (Inpatient & Outpatient)	Newborn Delivery Notification	BOT	Observation	Status
----------------------------------	-------------------------------	-----	-------------	--------

Edit

An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and / or qualifications and will be determined when the claim is received for processing.

For Physician Administered Pharmacy Codes, please [click here](#) to complete your Prior Authorization

CareSource Id	Medicaid Id	Member Info
---------------	-------------	-------------

Provider ID:

Impersonate

CareSource ID

Start Date of Service

Search

#### Authorization Request

Select Care Setting

☐ Inpatient

☒ Outpatient

Select Category

Outpatient Services

Select Type of Prior Authorization Request

Outpatient Services Other

Will service be performed in a Facility?

\* Required

☐ Yes

☐ No

Requesting/Ordering Provider Information

Search:

Provider Name

\* Required

Servicing/Rendering Provider Information

☐ Same As Requesting/Ordering

If unable to locate the physician please use the facility.

Search:

Provider Name

\* Required

## PRIOR AUTHORIZATION STATUS

Providers can check status of a prior authorization, make updates to an existing prior authorization and view related letters.



Recent Prior Authorizations ^

Page(s): 1 2 Record(s):11

Details	Authorization Number	Member ID	Description	Service Start Date	Status
<a href="#">View Details   Update</a>	10310310300	10310310300	Inpatient Elective	12/4/2021	Pending Decision
<a href="#">View Details   Update</a>	10310310300	10310310300	Outpatient Elective	12/21/2020	Fully Approved
<a href="#">View Details   Update</a>	10310310300	10310310300	Outpatient Elective	12/18/2020	Fully Approved
<a href="#">View Details   Update</a>	10310310300	10310310300	Inpatient Elective	12/10/2020	Fully Approved
<a href="#">View Details   Update</a>	10310310300	10310310300	Inpatient Elective	12/7/2020	Pending Decision
<a href="#">View Details   Update</a>	10310310300	10310310300	Inpatient Emergency	12/1/2020	Pending Decision
<a href="#">View Details   Update</a>	10310310300	10310310300	Inpatient Emergency	11/30/2020	Pending Decision
<a href="#">View Details</a>	10310310300	10310310300	Outpatient Elective	11/26/2020	Pending Decision
<a href="#">View Details</a>	10310310300	10310310300	Outpatient Elective	11/26/2020	Pending Decision
<a href="#">View Details</a>	10310310300	10310310300	Outpatient Elective	11/24/2020	Pending Decision

Page(s): 1 2 Record(s):11

Prior Authorization and Notifications

Medical (Inpatient & Outpatient) Newborn Delivery Notification BOT Observation **Status**

Eds

Marketplace and Medicaid lines of business only: To check the status of a previously submitted Physician Administered Pharmacy Prior Authorization, [click here](#)

Member ID Medicaid ID Member Info Authorization Number **Facility**

Select the facility: In State Hospital - 2222222222 \*

Authorization(s) found

Start Date: 10/1/2021

End Date: 10/18/2021

Search

Page(s): 1 Record(s):30

Details	Authorization Number	Member ID	Member First Name	Member Last Name	Gender	Birth Date	Description	Service Start Date	Service End Date	Actual Discharge Date	Status
<a href="#">View Details   Update   Letters</a>	10310310300	11810310300	Jordan	Black	F	10/1/2021	Inpatient Elective	10/18/2021	10/19/2021		Pending Decision
<a href="#">View Details   Update   Letters</a>	10310310300	10210310300	Elmer	Prater	M	10/1/2021	Inpatient Elective	10/18/2021	10/19/2021		Pending Decision
<a href="#">View Details   Update   Letters</a>	10310310300	11810310300	Nina	Polley	F	10/1/2021	Inpatient Elective	10/17/2021	10/18/2021		Pending Decision
<a href="#">View Details   Update   Letters</a>	10310310300	11810310300	Cherise	Prater	F	10/1/2021	Inpatient Elective	10/16/2021	10/17/2021		Pending Decision
<a href="#">View Details   Update   Letters</a>	10310310300	10210310300	Shawn	Wiley	M	10/1/2021	Inpatient Elective	10/15/2021	10/16/2021		Pending Decision
<a href="#">View Details   Update   Letters</a>	10310310300	11810310300	Shirley	Harris	F	10/1/2021	Inpatient Elective	10/14/2021	10/15/2021		Pending Decision

## PROVIDER SOURCING

The **Provider Sourcing** tool on the Provider Portal enables Care Managers to post bids for HAP CareSource MI Coordinated Health members for nursing, personal care aide, supplemental transportation, home care attendant and therapies. Service providers can respond to bids and review if they were awarded.

You can access Provider Sourcing using the **Providers > Provider Sourcing** menu option.



## Service Plan Details

Service Plan Details for Prior Authorization: 0910TSSRG

### Provider Information

Provider Name:	Comfort Keepers - Mirkin & Associates	Provider Type:	W-Wheelchair Van G
Acknowledged:	Friday, November 6, 2020		

### Service Information

#### Service Details

Service Type:	CPT	Quantity:	2080
Place Of Service:	---	Unit of Measure:	Units
Service Code:			
Service Description:	Personal care Aide		
Service Narrative:	to provide PCS Mon-Fri for 2 hours/day to assist with dressing, grooming, bathing, laundry, cleaning, shopping and preparing meals.		

#### Span/Duration

Start Date:	11/1/2020	Frequency:	Weekly
End Date:	10/31/2021		

## WAIVER SERVICE CLAIMS AND SERVICE PLANS

Waiver services providers can submit claims through the HAP CareSource Provider Portal via a streamlined process integrated with the member's approved service plan. Waiver providers only need to enter three items (date, units and charge) prior to submission. Additional lines can be added as needed. All claims for waiver services reimbursement or appeals for claim denials should be submitted electronically through our HAP CareSource Provider Portal. To access [Service Plans](#) and submit [Waiver Claims](#), use the **Providers > Service Plans** menu options.



MEMBER SEARCH

CLAIMS

MEMBER REPORTS

HEALTH HOMES/COMMUNITY MH

USERS

PROVIDERS

Cardiac & Orthopedic Services Prior Authorization

Care Management Referral

Dental Provider Login

File Grievance

MyCare Level of Care Request / Respite Request

## Waiver Claims

[Edit](#)

A corrected claim is only allowed for a claim originally submitted via the Provider Portal.

To search and view your claims that were not submitted through the Provider Portal, please go to the [Claim Information](#) page.

Waiver Claims

Search by ID

Search by ID  Any

Start Date:

End Date:

Search

Reset

H4193\_MI-SNP-P-4672331\_C