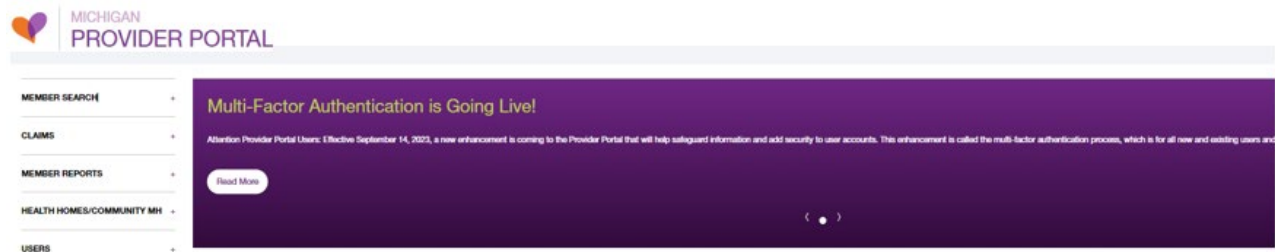




HAP CARESOURCE PROVIDER PORTAL

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.



Member Eligibility

CareSource Id Medicaid Id Member Info Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource ID Member is eligible for service on the specified date

Date of Service

Member Information

Member Name:		Address:	
CareSource Id:		County of Residence:	
Medicaid Id:		County of Eligibility:	
Case Number:		Phone:	
Gender:		Date of Birth:	
Member Profile:	Not Available for this Member Member Profile Report Definitions	Relationship to Subscriber:	
Original Effective Date:		Program Details:	Not a coordinated services member
Program:		Member Eligibility Date	
Member Alerts:	1. No ambulatory or preventive care visits recorded.		
Member Eligibility Date	Span Last Updated:		
	This member has COB on file. Click here for more details.		

Primary Care Provider (PCP):		Phone:	
NPI #:			
Case Manager:		Case Manager Phone	
		Member	

Member Aid Category:
Working Disabled, >150% FPL

Language Preference:
English

Alternate Communication Format Needed:
Large Print

[Subscriber Information](#)

[Member Covered Benefits Summary](#)

[Member Dental & Vision Services History](#)

MEMBER PROFILE

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 Member is eligible for service on the specified date

Date of Service

[Search](#)

Member Information

Member Name:	Address:
CareSource Id:	County of Residence:
Medicaid Id:	County of Eligibility:
Case Number:	Phone:
Gender:	Date of Birth:
Member Profile: Click To View Member Profile Report Definitions	Relationship to Subscriber:
Original Effective Date:	Program Details:
Program:	Member Eligibility Date Span Last Updated:
Language Preference:	Alternate Communicat
Special Communication Needs:	
Member Aid Category:	
Primary Care Provider (PCP):	Phone:
NPI #:	
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

MEMBER SEARCH + **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.

Provider Membership List

Providers: **Bilinski, Nicholas**

Export Options: **Entire 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 M	Medicaid M	Gender	Birth Date	Lang Type	Member Phone	Program Name
	View Details	Sally	NYSTZ			M		ENG	(248) 810-1000	
	View Details	Johnny	LSJ2002			F		ENG	(248) 810-1000	
	View Details	Sally	Sick			F		ENG	(248) 810-1000	
	View Details	Johnny	MS2002			F		ENG	(248) 810-1000	
	View Details	Sally	MS2002			F		ENG	(248) 810-1000	
	View Details	Johnny	Green			F		ENG	(248) 810-1000	
	View Details	Sally	Reyn			M		ENG	(248) 810-1000	
	View Details					F		ENG	(248) 810-1000	
	View Details					F		ENG	(248) 810-1000	
	View Details					F		ENG	(248) 810-1000	

Export Selected Provider's Member List: **CSV** / **CSV**
Export Entire Group's Member List: **CSV**

CLINICAL PRACTICE REGISTRY

The HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) Clinical Practice Registry (CPR) is an online a tool available to health partners to identify and prioritize needed health care services, screening, and tests for HAP CareSource MI Health Link 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 Health Link members need tests or screenings, review member appointment histories and view their prescriptions.
- **Improve clinical outcomes:** Easily sort HAP CareSource MI Health Link 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.



Claim Detail

General Information			
Claim #:		Date Received:	
Adjusted From Claim #:		Total Amount Charged:	
Adjusted To Claim #:		Total Patient Responsibility:	
Original Claim #:		Total Amount Paid:	
Patient Account #:		Processed Date:	
		Check Number:	
		Adjustment Amount:	
		Remaining Balance Due:	

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:	S129XX - 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 Jan. 1, 2024 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

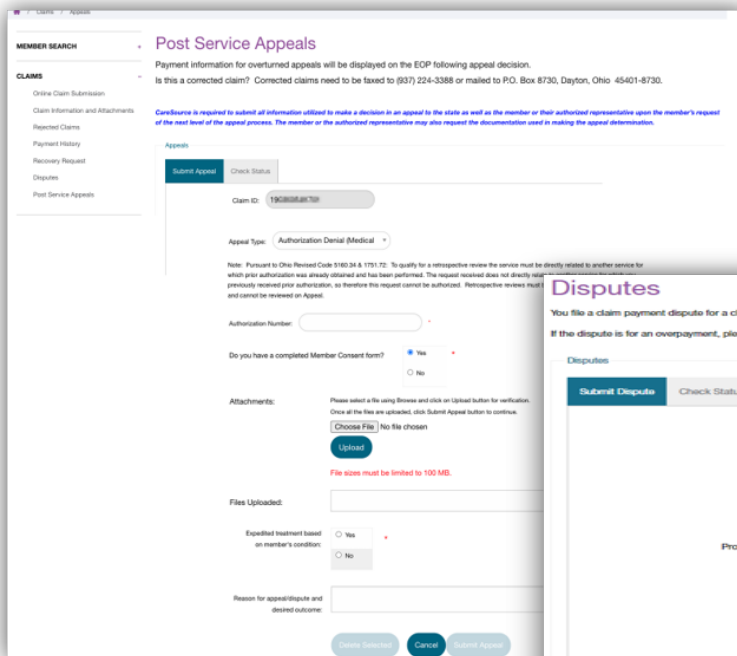
Member Search

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.



MEMBER SEARCH

CLAIMS

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

Post Service Appeals

Payment information for overturned appeals will be displayed on the EOP following appeal decision.

Is this a corrected claim? Corrected claims need to be faxed to (937) 224-3388 or mailed to P.O. Box 8730, Dayton, Ohio 45401-8730.

CareSource is required to submit all information utilized to make a decision in an appeal to the state as well as the member or their authorized representative upon the member's request of the next level of the appeal process. The member or the authorized representative may also request the documentation used in making the appeal determination.

Appeals

Submit Appeal | Check Status

Claim ID: 19030444470

Appeal Type: Authorization Denial (Medical)

Note: Pursuant to Ohio Revised Code 5160.24 & 1791.12: To qualify for a retrospective review the service must be directly related to another service for which prior authorization was already obtained and has been performed. The request received does not directly relate to a previously received prior authorization, so therefore this request cannot be authorized. Retrospective reviews must and cannot be reviewed on Appeal.

Authorization Number:

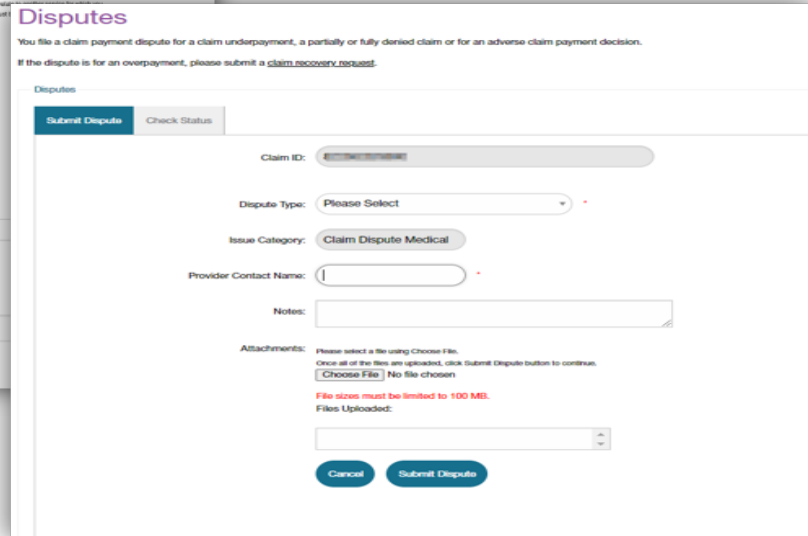
Do you have a completed Member Consent form? Yes No

Attachments: Please select a file using Browse and click on Upload button for verification. Once all of the files are uploaded, click Submit Appeal button to continue.
 No file chosen

Files Uploaded:

Expedited treatment based on member's condition: Yes No

Reason for appeal/issue and desired outcome:



Disputes

You file a claim payment dispute for a claim underpayment, a partially or fully denied claim or for an adverse claim payment decision.

If the dispute is for an overpayment, please submit a [claim recovery request](#).

Disputes

Submit Dispute | Check Status

Claim ID: 19030444470

Dispute Type: Please Select

Issue Category: Claim Dispute Medical

Provider Contact Name:

Notes:

Attachments: Please select a file using Choose File. Once all of the files are uploaded, click Submit Dispute button to continue.
 No file chosen
File sizes must be limited to 100 MB.
 Files Uploaded:



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 #:

Reference #:	0411041220		
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:			
CareSource Id:	101010101010		
Birth Date:	1/1/1970		
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		
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

PROVIDER PORTAL

Home / Claims / Post Service Appeals

MEMBER SEARCH

Post Service Appeals

Submit Appeal | Check Status

Providers: Please Select

Claim ID:

Appeal ID: 00187378C

Member Number:

Search

Page(s): 1 | Record(s): 1

Documents	Received	Member Name	Member ID	Claim ID	Appeal ID	Method	Status	Decision	Closed
View	01/31/2022	MEMBER NAME	MEMBER ID	CLAIM ID	00187378C	Fax	Closed	Dismissed	02/29/2022

Page(s): 1 | Record(s): 1

Disputes

Submit Dispute | Check Status

Providers: Please Select

Claim ID:

Dispute ID: 00187378C

Member Number:

Search

Page(s): 1 | Record(s): 1

Documents	Received	Member Name	Member ID	Claim ID	Dispute ID	Status
View	02/29/2022	John Young	1024811400	0000000000	002880000	Denied

Page(s): 1 | Record(s): 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:

Select Type of Prior Authorization Request:

Will service be performed in a Facility? Yes No

Requesting/Ordering Provider Information

Search: * Required

Servicing/Rendering Provider Information

Same As Requesting/Ordering

If unable to locate the physician please use the facility.

Search: * 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
View Details Update			Inpatient Elective		Pending Decision
View Details Update			Outpatient Elective		Fully Approved
View Details Update			Outpatient Elective		Fully Approved
View Details Update			Inpatient Elective		Fully Approved
View Details Update			Inpatient Elective		Pending Decision
View Details Update			Inpatient Emergency		Pending Decision
View Details Update			Inpatient Emergency		Pending Decision
View Details			Outpatient Elective		Pending Decision
View Details			Outpatient Elective		Pending Decision
View Details			Outpatient Elective		Pending Decision

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

Prior Authorization and Notifications

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

ES:

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 - 222222222 * 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
View Details Update Letters		118888888	Jenifer	Blak	F	10/1/1988	Inpatient Elective	10/16/2021	10/19/2021		Pending Decision
View Details Update Letters		100199999	Diana	Blaine	M	01/11/1982	Inpatient Elective	10/16/2021	10/19/2021		Pending Decision
View Details Update Letters		110099999	Bliss	Walley	F	2/20/2000	Inpatient Elective	10/17/2021	10/18/2021		Pending Decision
View Details Update Letters		110099999	Clayton	Prasad	F	01/20/2002	Inpatient Elective	10/16/2021	10/17/2021		Pending Decision
View Details Update Letters		100999999	Thomas	Wiley	M	01/18/1987	Inpatient Elective	10/15/2021	10/16/2021		Pending Decision
View Details Update Letters		118888888	Shelby	Blak	F	01/10/1989	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 Health Link 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.

Schedule	County	Posted	Ends In	Respond
Monday/Friday, Afternoon; 2h; Every Week	HURON	5/10/2021	7 days	<input type="radio"/>
Mon/Tue/Wed/Thu/Fri, Morning; 5h; Every Week	SENECA	5/10/2021	7 days	<input type="radio"/>
Mon/Tue/Wed/Thu/Fri, No preference; 3h; Every Week	HURON	5/10/2021	7 days	<input type="radio"/>
Every Day, No preference; 8h	WAYNE	4/19/2021	9 days	<input type="radio"/>
Every Day, No preference; 5h	Summit	4/19/2021	9 days	<input type="radio"/>
Every Day, Varies; 8h	SUMMIT	4/19/2021	9 days	<input type="radio"/>

Service Plan Details

Service Plan Details for Prior Authorization: 0910TSSRG

Provider Information

Provider Name:	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 + [Waiver Claims](#)

Edit

CLAIMS + 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.

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
- Laboratory
- Pharmacy
- Prior Authorization and Notifications
- Provider Documents
- Provider Maintenance
- Provider Sourcing
- Quality Enhancer
- Radiology Benefits Manager
- State Plan Services Claims
- Service Plans
- Teladoc
- Waiver Claims

Waiver Claims

Search by ID

Search by ID Any

Start Date:

End Date:

Sorry for the inconvenience.

The Provider Portal is currently experiencing technical issues.
Please contact our Provider Services Department to report the problem at:
1-800-488-0134 (Medicaid, Marketplace, MyCare)
1-844-679-7865 (Medicare Advantage)

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