




Provider Portal Instructions:
How to Check the Status of Prior Authorization for
Physician Administered Pharmacy Drug Codes for
Outpatient Medicaid and Marketplace Members

Select 'State'

select plan

cert-providerportal.caresource.com/GL/SelectPlan.aspx


 CARESOURCE
PROVIDER PORTAL

Which **Provider Portal** would you like to use?

OHIO INDIANA KENTUCKY

WEST VIRGINIA GEORGIA ARKANSAS

New Provider?
[Check Enrollment Status](#)

 CareSource

CAREERS | CONTACT US | CARESOURCE.COM | TERMS & CONDITIONS | HIPAA PRIVACY PRACTICES

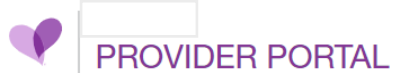
[f](#) [in](#) [ig](#) [tw](#)

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SYSTEM



Enter username and password



Provider Login:

Username:

Password:

Log In

[Forgot password?](#)

[Register for an account](#)

The Provider Portal makes it easier for you to work with us 24/7. It has critical information and tools to save your practice time.

- Member & Eligibility Search
- Claims Search, EOP & Submissions
- Prior Authorization Search & Submissions
- PCP Roster & Clinical Practice Registry

New Provider Setup:

- [Check Enrollment Status](#)

Step-by-Step Guidance:

- [Register for the Provider Portal](#)
- [Reset Your Password](#)

MESSAGES

Extended use dates to assist with EpiPen intermittent supply interruptions

Due to the intermittent supply interruptions of EpiPen, FDA is alerting health care professionals and patients of updated dates through which some EpiPens and the authorized generic version, manufactured by Meridian Medical Technologies, a Pfizer company, may be used beyond the manufacturer's labeled expiration date. To help ensure patient safety, these products should have been — and should continue to be — stored as labeled.

Learn more at the [FDA website](#).


Medicaid Pregnancy Risk Assessment Form



Select 'Providers' under the left navigation

cert-providerportal.caresource.com/OH/Default.aspx

Switch state-specific portal

 PROVIDER PORTAL

MEMBER SEARCH -

- Member Eligibility
- Coordination of Benefits
- Member File Upload

CLAIMS +

MEMBER REPORTS +

USERS +

PROVIDERS +

ASSESSMENTS +

PROGRESS NOTES +

Collabor8 Diagnosis Coding Validation and Education Portal

CareSource has partnered with Pulse8 to continue to promote Risk Adjustment education and gap closure efforts for CareSource members. Use the link below to learn more, or to access the Pulse8 portal.

- [Quick Reference Guide](#) for Managing Your CareSource Provider Alerts and Resources
- Access the [Collabor8 Diagnosis' Coding Validation and Education Portal](#)

Remittance Delay for Wednesday, December 5, 2018 Payment Cycle

The purpose of this notice is to inform Ohio health partners of a one business day delay in the remittance for CareSource's Wednesday, December 5, 2018 payment cycle.

CareSource's remittance for the Wednesday, December 5, 2018 payment cycle will be received beginning Monday, December 10, instead of beginning on Friday, December 7.

Please contact Provider Services at **1-800-488-0134** with any questions.

Thank you for serving CareSource members.

Inventory Reduction Update

CareSource continues to deliver operational improvements to our health partners, and we are making progress on addressing reported issues. We are pleased to share our metrics and progress in the [Inventory Reduction Progress and Issue Reporting](#) network notification.

Mass Claims Adjustments

When CareSource implements a system update or correction that impacts previously adjudicated claims, CareSource will automatically reprocess impacted claims. To ease your administrative burden, it is not necessary to resubmit claims for reprocessing, as the result in a denial as a duplicate claim. Similarly, in these situations, filing an appeal is not necessary either. Your health partner relations specialist will communicate the estimated completion date for Mass Claims Adjustments related to system updates and



Select ‘Prior Authorization and Notifications’ under the left navigation

USERS	+	Remittance Delay for Wednesday, December 5, 2018 Payment Cycle
PROVIDERS	-	<p>The purpose of this notice is to inform Ohio health partners of a one business day delay in the remittance for CareSource's Wednesday, December 5, 2018 payment cycle.</p> <p>CareSource's remittance for the Wednesday, December 5, 2018 payment cycle will be received beginning Monday, December 10, instead of beginning on Friday, December 7.</p> <p>Please contact Provider Services at 1-800-488-0134 with any questions.</p> <p>Thank you for serving CareSource members.</p>
Care Management Referral		
Dental Provider Login	+	
File Grievance		
Laboratory		
Pharmacy		
Prior Authorization and Notifications		<h3>Inventory Reduction Update</h3> <p>CareSource continues to deliver operational improvements to our health partners, and we are making progress on addressing reported issues. We are pleased to share our metrics and progress in the Inventory Reduction Progress and Issues network notification.</p>
Provider Documents		
Provider Maintenance		
Quality Enhancer		
Radiology Benefits Manager		
State Plan Services Claims		
SIM Reports		
ASSESSMENTS	+	<h3>Mass Claims Adjustments</h3> <p>When CareSource implements a system update or correction that impacts previously adjudicated claims, CareSource will automatically reprocess impacted claims. To ease your administrative burden, it is not necessary to resubmit claim as that will result in a denial as a duplicate claim. Similarly, in these situations, filing an appeal is not necessary either. Your health partner relations specialist will communicate the estimated completion date for Mass Claims Adjustments updates and corrections.</p> <h3>Durable Medical Equipment (DME) Update</h3> <p>CareSource values your partnership, and as we continue to deliver operational improvements to our health partners, we want to share our recent progress on a durable medical equipment (DME) issue. Outstanding DME claims that are paid rather than rental are in the process of being corrected.</p> <h3>Network Notifications</h3> <p>Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our Updates & Announcements pages:</p> <ul style="list-style-type: none">• Medicaid• Marketplace• Medicare Advantage• CareSource MyCare Ohio





Steps to Check the Status for Outpatient Medicaid and Marketplace Prior Authorizations for Physician Administered Pharmacy Codes

Click on status box (it will highlight in blue)
For Medicaid and Marketplace, Outpatient Lines of Business go to the words, “click here”
This will take you to the page to check status for Physician Administered pharmacy codes
Click this link ONLY for Medicaid and Marketplace outpatient requests for Physician Administered/Home infusion pharmacy codes

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Care Management Referral

Dental Provider Login

+

File Grievance

Laboratory

Pharmacy

Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager

State Plan Services Claims

SIM Reports

SESSMENTS

+

Prior Authorization and Notifications

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

Observation


Status

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
CareSource ID <input type="text"/>				
Start of Service Date Range (Maximum 180 days)				
Begin Date	<input type="text"/>		*	
End Date	<input type="text"/>		*	



You have now entered the portal for Medicaid and Marketplace outpatient requests for Physician Administered/Home Infusion Pharmacy codes
This is ONLY for Medicaid and Marketplace outpatient requests for Physician Administered/Home Infusion Pharmacy codes
Pick the dropdown called View Authorization Pharmacy under Prior Authorization Pharmacy heading



Prior Authorization Pharmacy

Request Pharmacy PA

View Authorizations Pharmacy

Pharmacy Authorizations

*Prior Authorization Request Status for Provider

Nothing selected

Show Search Fields

Prior Authorization Request Status

Show entries

DATE SUBMITTED

AUTH#

MEMBER NAME

REQUEST TYPE

MEDICATION NAME

INJECTIBLE DRUG

REQUESTING PROVIDER

SERVICING PROVIDER

STATUS

STATUS REASON

PAYER

Search: Search...

Previous1Next

Confidential & Proprietary

8

Pick provider in the dropdown Prior Authorization Request Status



Prior Authorization Pharmacy

Request Pharmacy PA

View Authorizations Pharmacy

Pharmacy Authorizations

*Prior Authorization Request Status for Provider

Show Search Fields

Prior Authorization Request Status 24

Show entries

Search: Search



A user will only be able to view requests for authorizations
The User ID logged into the system is either Submitting, Requesting or Servicing provider
Click blue Authorization number to view details of the authorization

TO VIEW DETAILS OF THE AUTHORIZATION, CLICK AUTH NUMBER

Prior Authorization Request

Pharmacy

Request Pharmacy PA

View Authorizations Pharmacy

Pharmacy Authorizations

*Prior Authorization Request Status for Provider

Show Search Fields

Prior Authorization Request Status

14

Show entries

Search:

Search...

DATE SUBMITTED	MEMBER NAME	REQUEST TYPE	MEDICATION NAME	INJECTIBLE DRUG	REQUESTING PROVIDER	SERVICING PROVIDER	STATUS	STATUS REASON	PA#
07-07-2021	Candy Mark	Prior Authorization Medical Benefit	Unknown Drug Name	j1745-injection efalizumab, 10 mg			<div>Approved</div>	<div>Medical necessity</div>	CareSource Medicaid plans
07-07-2021		Prior Authorization Medical Benefit		0011A-immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) 2019-nCoV vaccine (COVID-19) vaccine, mRNA, LNP, spike protein, preservative free, 100 mcg/0.5mL, dosage: first dose			<div>In Progress</div>	<div>In Progress</div>	CareSource Medicaid plans
07-07-2021	Candy Mark	Prior Authorization Medical Benefit		0055-injection, quadrotabumumab, 1 unit			<div>In Progress</div>	<div>In Progress</div>	CareSource Medicaid plans
07-07-2021	Candy Mark	Prior Authorization Medical Benefit		03490-unclassified drugs			<div>In Progress</div>	<div>In Progress</div>	CareSource Medicaid plans
07-07-2021	Candy Mark	Prior Authorization Medical Benefit		j1745-injection, efalizumab, excludes bimezanar, 10 mg			<div>In Progress</div>	<div>In Progress</div>	CareSource Medicaid plans



You can scroll down through the member, provider, drug, diagnosis, documentation and communication sections for review
You can also review or print the provider and members determination letters by clicking on the link

urce

Pharmacy Auth Details

Supporting Documents

Uploaded Documents

DOCUMENT NAME	TYPE
Osteo.docx	Clinical Attachment
Osteo.docx	Clinical Attachment

Correspondence

Correspondence

NAME	CORRESPONDENCE TYPE	RECEIVED DATE
Servicing Provider PA Approval Letter		07-07-2021 08:33:41
Requesting Provider PA Approval Letter		07-07-2021 10:37:52
Requesting Provider PA Approval Letter		07-07-2021 08:33:41
Member PA Approval Letter		07-07-2021 08:33:40

PrintCancel