



Request for Change or Request for Case Update



Access the Provider Portal via CareSource.com.

Select the appropriate state based on Member's benefits.

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

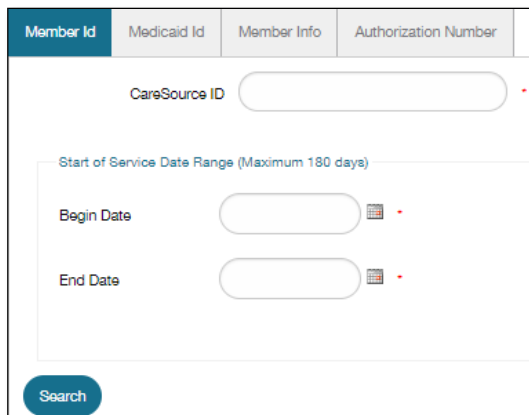
OHIO INDIANA KENTUCKY

WEST VIRGINIA GEORGIA



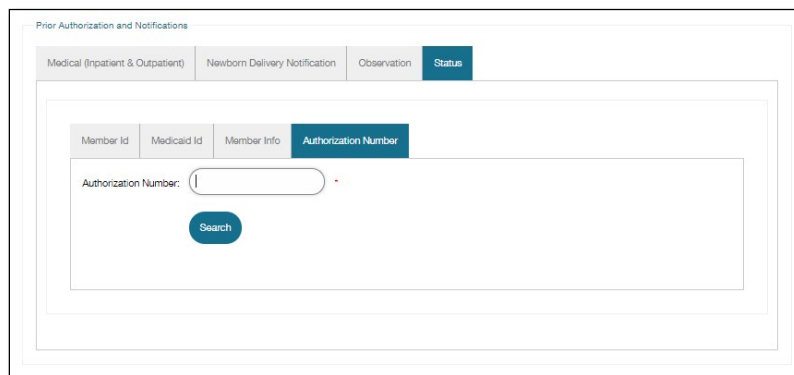
In the left navigation panel click “+” at PROVIDERS section to expand and select Prior Authorization and Notifications.

Click **STATUS** tab and **MEMBER ID**, enter **CareSource ID and Date Span** and click Search.



The screenshot shows a search form with four tabs: Member Id, Medicaid Id, Member Info, and Authorization Number. The Member Id tab is selected. Below the tabs, there is a text input field labeled 'CareSource ID'. Underneath, a section titled 'Start of Service Date Range (Maximum 180 days)' contains two date input fields: 'Begin Date' and 'End Date', each with a calendar icon. A blue 'Search' button is located at the bottom left of the form.

Click **STATUS** tab and **AUTHORIZATION NUMBER**, enter **Original Authorization** and click Search.



The screenshot shows the 'Prior Authorization and Notifications' section with four tabs: Medical (Inpatient & Outpatient), Newborn Delivery Notification, Observation, and Status. The Status tab is selected. Below the tabs, there is a sub-section with four tabs: Member Id, Medicaid Id, Member Info, and Authorization Number. The Authorization Number tab is selected. Below this sub-section, there is a text input field labeled 'Authorization Number:' and a blue 'Search' button.



Previous case details will appear. Under case Details, click View Details|Update. Access is only allow if Tax ID number is affiliated with authorization.

Details	Authorization Number	Member ID	Description	Service Start Date	Status
View Details Update	800001400	104104 10000	Outpatient Elective	9/5/2019	Fully Approved
	800001400	104104 10000	Outpatient Elective	8/19/2019	Voided (Change to Date)
View Details Update	800001300	104104 10000	Inpatient Elective	8/17/2019	Fully Approved
View Details	800001300	104104 10000	Inpatient Elective	8/17/2019	Denied
View Details Update	800001000	104104 10000	Inpatient Elective	8/12/2019	Pending Decision

****if the case Status is Denied or Voided you are unable to update, a new case will need to be submitted****

Complete Contact Information.

Request for Change

Contact Information

Contact Name: * Required

Contact Phone: * Required

Contact Phone Ext:

Contact Fax: * Required

Contact Email:



Inpatient Services: Use drop down to select Change Details.

Change Details

Select Change Request type: --Choose One--

- Choose One--
- Attach Additional Clinical
- Continued Stay Review Request
- Discharge Details
- Start Date of Service Change
- Other

Complete changes and required fields. Drop down to select Type of Attachment. Choose File and locate electronic saved copy (no limit on number of attachments). Click Submit and allow system to process the change/update.

Change Details

Select Change Request type: Start Date of Service Change

New Start Date: * Required

Comments: * Required

3000 Characters maximum: Characters Remaining 3000

Attachments: Accepted file types: Word, Excel, PDF, Notepad, Image(tiff)

Select Attachment Type: --Choose One--

No file chosen

Files Uploaded:

Utilization Review is notified of update/change to review case and complete process



Outpatient services : Use drop down to select Change Details.

Change Details

Select Change Request type: --Choose One--

- Choose One--
- Attach Additional Clinical Request For Change

Complete changes and required fields. Drop down to select Type of Attachment. Choose File and locate electronic saved copy (no limit on number of attachments). Click Submit and allow system to process the change/update.

Change Details

Select Change Request type: Request For Change

Comments: * Required

3000 Characters maximum: Characters Remaining 3000

Attachments: Accepted file types: Word, Excel, PDF, Notepad, Image(tiff)

Select Attachment Type: --Choose One--

No file chosen

Files Uploaded:

Utilization Review is notified of update/change to review case and complete process



