



# PROVIDER PORTAL SOLUTIONS



## Tools You Need to Save You Time

At CareSource, 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** – Multiple claim searches simultaneously for up to 24 months; search claim status and submit claims, claim disputes and appeals on the portal
- **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** – Available when completing an eligibility check; may require member consent on file to share Care Plan with the provider
- **Care Management Referrals** – Automated care management forms for efficient enrollment
- **Member Profile** – Comprehensive view of patient medical/pharmacy utilization; may require member consent
- **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

Our Provider Portal is free, secure and easy to use.

- Visit **CareSource.com** and click **Login** > Provider at the top right corner. Select your state portal.
- Enter your username and password and click Login.

Four easy steps to register for the 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, Provider ID, and your ZIP Code.
- 4 ▶ Review and accept the Agreement.