

MyCare Ohio Provider Portal User Guide



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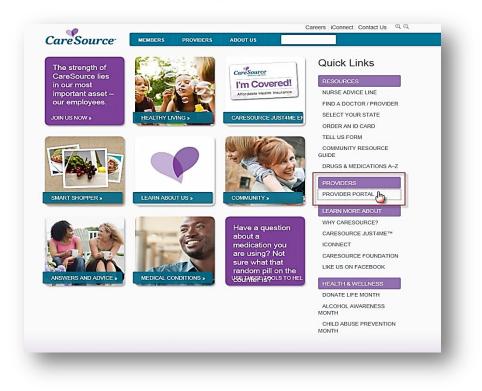
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MYCARE OHIO PROVIDER PORTAL

The Provider Portal is a secure online application that provides access to member Service Plans and allows for HIPAA-compliant claim submissions.



Log In

Before you log in the portal the first time, you must complete the <u>Registration</u> process to create a username and password.

When you have a username and password, complete these steps to log in the Provider Portal:

STEP	ACTION	
1.	Access the CareSource home page (<u>www.caresource.com</u>).	
2.	Click the Provider Portal link	
3.	Select the appropriate provider state (e.g., Ohio or Kentucky).	
4.	Complete the case-sensitive <u>Username</u> and <u>Password</u> fields.	
5.	Click Log In.	

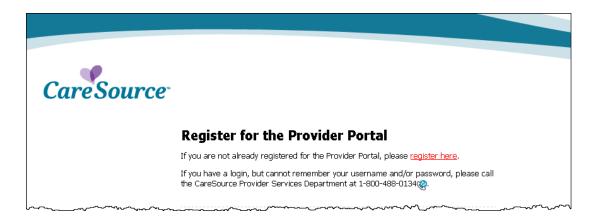
Log Out

To exit the provider portal, click the **Logout** link in the upper right corner of any screen.

REGISTRATION

You can register as a group or as a practitioner. After the information is validated, the provider can create a username and a password.





After you click *register here*, complete this three-step process:

Step	ACTION			
1.	Provider Eligibility			
	a. Complete the following required fields:			
	Provider Type: select Practitioner or Group			
	<u>Registrant's First Name</u>			
	Registrant's Last Name			
	<u>Group Name</u> : required only if Group is selected in <u>Registration Type</u>			
	<u>Tax ID</u>			
	CareSource Provider ID			
	<u>Zip Code</u> : the zip code for any CareSource address record (e.g., remit, billing, practice)			
	User Registration			
	Step 1 of 3 - Provider Eligibility Provider Type: C Practitioner G Group			
	Registrant's First Name:			
	Registrant's Last Name:			
	Group Name:			
	Tax ID:			
	CareSource Provider ID:			
	Zip Code:			
	Next			
	h Click the Next button			
	b. Click the Next button.			



STEP	ACTION		
2.	Accept Provider Agreement screen		
	a. Review the agreement.		
	b. Click the I Accept radio button at the bottom of the agreement.		
	c. Click the Next button.		
3:	Create User screen		
	a. Enter a username in the <u>User name</u> field.		
	b. Enter the same password in the <i>Password</i> and <i>Confirm Password</i> fields.		
	Password must be at least eight characters, and include one non- alphanumeric character (e.g., #, -, ^, \$)		
	c. Enter an email address in the <i>E-mail</i> field.		
	Image an email address must be unique for each registration request (e.g., cannot use a practice email for the provider, office manager, and billing clerk).		
	d. Select a security questions in the <u>Security Question</u> dropdown list.		
	e. Enter the answer in the <u>Security Answer</u> field.		
	f. Click the Finish Registration button.		
	User Registration		
	Step 3 of 3 - Create User		
	User Name:		
	Password:		
	Confirm Password:		
	E-mail:		
	Security Question: What is your mother's maiden name?		
	Security Answer:		
	Previous Finish Registration		



MANAGE USERS

In this section, the Admin adds, changes, or deletes users and manages user permissions.	CareSource
Click Manager User to display the Current Users and Add User tabs.	Users
You can:Filter users by UserName or Email.Select Show All Users or Filter Users	Manage Users Update My Account Providers
Manage Users Current Users Add User	
My Account	
UserID Email	Set Password
Users Filter by UserName	
Filter by Email	
Show All Users Filter Users	
Page(s): 1	Record(s): 1
UserID Email Actions	
Set Password	Set Permissions Make Admin
Qge(s): 1	3 (4) Record(s): 1

CURRENT USER TAB

STEP	ACTION	
0	User Access to the Portal:	
	a. Click $ imes$ next to the user's name.	
	b. Click OK to complete the process.	
	Message from webpage	
	Are you sure you want to delete User and the second sec	
	OK Cancel	



STEP	ΑстιοΝ		
2	Set Password		
	 If users forget their passwords, you can reset them. If the primary account password need to be reset, call CareSource Provider Service Center (800) 488-0134 from 8 AM to 6 PM Monday through Friday. You will need your Userid for the primary account. To change a user's password, complete these steps: a. Click Set Password to enter a new password for the account. b. Enter the user's ID in the <u>User ID</u> field. c. Enter the same password in the <u>Password</u> and <u>Confirm Password</u> fields. d. Click Set Password. 		
3	Set Permissions By default, when you create users, they have access to all permissions. You use this feature to change what users see in the portal. Set Account Permissions User ID: Current Permissions: Home Health Coordinator Member Eligibility Member Health Information Member History Claims and Payment Inquiry Claims Management Provider Demographics Manager Set Permissions Cancel		
4	Make Admin		
	Click Make Admin to select a different user as the Admin account.		



ADD USER TAB

Click the **Add User** tab to add users to the portal.

STEP	Action	
1.	Enter the new user's name in the User ID field.	
2.	Enter a password in the <i>Password</i> field.	
3.	Re-enter the same password at the Confirm Password field.	
4.	Enter the user's email address in the <i>Email</i> field.	
5.	Click Add to add the new user.	

Manage Users	
Current Users Add User	
Add User	
User ID:	
Password:	
Confirm Password:	
Email:	
Add	



SERVICE PLANS

In this section you view Service Plan details and interact with plan information.

You may receive Alerts, acknowledge service plans, request changes, and export a service plan with details to a PDF.

Alerts indicate if a member has a new Service Plan or if any item has been updated on a member's service plan, etc.



VIEW MEMBER SERVICE PLAN

STEP	ACTION			
1.	Click Service Plans under the Providers on the left side of the screen.			
2.	Click view	Click view Member Roster, and complete these steps:		
	STEP	ACTION		
	а	Specify tab selection: CareSource ID, Medicaid ID or Member Info.		
	b	Enter search criteria in the field.		
	С	Click the Search button.		
3.		appropriate Last Name to view member details in the Member on section.		
	Hodizat Cara Indu Kara Indu Hangan Bat Prisang Cara Provider (M Hangan Bat Prisang Cara Provider (M Sanaga Patri Sanaga Sanaga Patri Sanaga	Mit County Free Prese Pres Pres		
	Gas Truthest/Ren			



Step	Action			
4.	Click Service Plan Summary to view service plan items for the member.			
	* Member Monaton			
	* Service Pas Summary			
	tagend ● New Imm ● Update/Tem			
	States Installe Pervale Type Service Cole Service Type Service Cole Service Type Service Cole Service Type Service Cole Service Type			
	Ime Zolah Ana Apano an Apang II Inc. Neethodial II 2015 home neethodian \$25,2014 8,25,2014 12945 Saladi Loord Sinda Par Jammary 152			
	Request Service Plan Charge Acknowledge My Service Plan Items			
	Bock Up Man Care Treatment Plan			
	Reference the <i>Legend</i> for Alert status.			
	Alerts indicate if:			
	a new Service Plan Item has been added			
	an item has been updated			
	 the assigned provider has acknowledged the service plan an item has been verified complete by the Care Manager 			
	 an item has been deleted from the care plan 			
	 an item is complete (date span has ended) 			
5.	Click View Details to view the Service Plan details			
5.				
	Service Per Details for Hear Authoritation 12245 Provider Information			
	Previder Rame: Ann April 10 Dc Previder Type: Medical Advance/Registry -			
	Service Information			
	Service Details			
	Service Type: Hoto:// Quantity: 1/14 Mace of Service: Hone Unit of Messawer: 0			
	Service Code: 1019 BiodRet: UA Service Description: Functoria per 13 minutes, not for an implicit or resident of a heapthic, norms facility, 105/98 or 300, part of the indexidational plan of treatment (pade may			
	Service Karstone: personi are services Associated Interventions: Oit will educate member/limit/composer but a medical evaluation is required to assess and treat underlying medical problem(s) that are leading to a functional decime.			
	Spen/Duration			
	Start Bullet: \$12014 #of Visible: 1			
	End Bute: 434(2015 # of Neury/Holiz: 2.00 Recurrence Details: Cours every week on Hinday, Thanday, Tha			
	Calculated Units			
	Buse: 201 Subsequent: 1044 Completion Verification			
	Verlied by: Verlied base:			
	Substitugen			
6.	Click Submit Request to send a note about the Service Plan Item to the Care Manager to request a copy of the Service Plan.			
	sare manager to requeet a copy of the corridor run.			



STEP	ACTION		
7.	Choose the appropriate reason in the <u>Reason For Request</u> dropdown list. CareSource Request Submit Request For Service Plan Member Name: Reason For Request: Request Details: Add new service plan item Update Service information Update Provider Information Update Units Item Complete Submit Enter details regarding your request in the <u>Request Details</u> field.		
9.	Click Submit to send the request.		

OTHER SERVICE PLAN ACTIONS

STEP	ACTION									
1.	Click:									
	 Request Service Plan Change to send a note to the Care Manager about a change request to the Service Plan. 									
	Acknowledge Service Plan to send a note to the Care Manager to let them know you have reviewed the Service Plan.									
	Member Information									
	* Service Plan Summary									
	toprd ® Ann 2m B Look	ntilen @ Adree	delgel Inn 🔞 Verfiel Inn 🛞	Dekind Tem O Carps	ched Zama					
	Status	DeSals	Provider Rame	Service Type	Service Code	Service Description	Regin Date	Ind Date	PerAdoristics	Submit Request
		Yex Details	Area Agency on Aging 11 Dec	Nedical	T10018	personal care services	20204	400,0013	2045	tubent
	 Boot Service Pan Summery (5) 	Hen Details	Ana Agency on Ageng 11 Dec	Northdial	158	hone modification	\$25064	A1252804	226	Sant
			Re	quest Senice Pa	Oarge /	Acknowledge My Senio	a Plan Isms			
	 Bitck Up Plan 									
	Care Treatment Plan									



STEP	ACTION						
2.	Click Back Up Plan to view backup plan details regarding the member's Service Plan.						
	Member Information						
	 Service Plan Summary 						
	+ Back tip Plan						
	Type: Reighbor Rame: xxxxx Plan Yenfled: 412,2014 Robe: neighbor (Backup Service Plan)	Address: xxxx Grg, State, Sig: xxxx, 04, 12345 Phone: (12) 345-6719					
	 Care Treatment Flan 						



HOW TO SUBMIT A NEW CLAIM

CLAIM ENTRY STEPS

STEP	Action								
1.	Click Service Plans under Providers.								
2.	Search for or select the member to submit a claim for.								
3.	Click Service Plan Summary * Security * Security								
4.	Click Submit Claim next to the appropriate service plan item.								
5.	 Complete the Service Plain Claim Submission screen. a. Select billing provider in the drop down list. b. The Service Category and CPT Procedure Code are pre-populated, however they can be changed if necessary c. Enter the cost per Base units and Sub units (i applicable). d. Enter the number of Base and Sub units for each day. The system calculates your base unit, subsequent unit, and claim total cost. e. Click Submit Claim. A confirmation number displays for your record 								



CLAIM ENTRY STEPS FOR MEMBER WITH NO SERVICE PLAN

STEP	ΑстιοΝ								
1.	Click Service Plans under Providers.								
2.	Click link <u>Click Here to Submit a Claim for Member Not Found in the Service Plan List Above.</u>								
3.	Enter Medicaid or Subscriber Number and Click Verify Member Patient's Medicaid or CareSource Subscriber Number: Verify Member								
4.	Review member information and Confirm Patient Selection Member Name: Address: CareSource Id: City, State, Zp: Medicaid Id: County: Case Number: Phone: Gender: Female Date of Birth: Subscriber/Insured Subscriber: Program: Otio Medicaid Otio Medicaid								
	Primary Care Provider Phone: (PCP): Confirm Patient Selection								
5.	Select Billing Provider from drop down list								
	Billing Provider Please Select a Billing Provider								
6.	Enter Start and End Dates								
	Start 6/9/2014								
	End 7/9/2014								



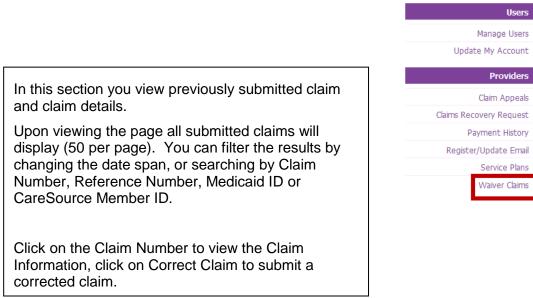
STEP		ACTION						
7.	Select Service Category							
	Service Category:	Please Select a Service Category						
	CPT Procedure Code:	Please Select a Service Category All Service Codes Adult Day Health Services						
	Submit	Assisted Living Services						
		Choices Home Care Attendant - Employer & Budget Autho Chore Services						
		Community Transition						
		Emergency Response Services Enhanced Community Living						
		Home Care Attendant						
		Home Delivered Meals						
		Home Modifications & Environmental Accessibility Adap Homemaker						
		Independent Living Assistance						
		Nutritional Consultation Out of Home Respite Care						
		Personal Care Aide Services						
		Pest Control						
		Social Work Counseling Specialized Medical Equipment & Supplies						
		State Plan						
		Supplemental Adaptive & Assistive Devices Waiver Nursing						
		Waiver Mursing Waiver Transportation (Not Adult Day Health)						
8.	Select CPT Procedure (Code						
		a CPT Procedure						
	Please Select	a CPT Procedure						
	A0080UA - Adu: A0090U2 - Adu:	lt Day Health Services - Transportation Per Mile - PASSPORT lt Day Health Services - Transportation Per Mile (2nd Person) - ODA CHOICES						
	A0100U2 - Wait	lt Day Health Services - Transportation Per Mile - ODA CHOICES ver Transportation - Non-Hedical 1 Way Trip (2nd Person) ur Transportation - Non-Wedical 1 Way Trip						
	A0200U2 - Wait	ver Transportation - Non-Medical 1 Way Trip ver Transportation - Non-Medical Round Trip (2nd Person) ver Transportation - Non-Medical Round Trip						
	G0151 - Physic G0152 - Occupa	cal Therapist - Home Health Or Hospice Setting - Base Units ational Therapist - Home Health Or Hospice Setting - Base Units						
	G0154 - Licens	h-Language Pathologist - Home Health Or Hospice Setting - Base Units sed Nurse (LPN or RN) - Home Health Or Hospice Setting - Base Units						
	G0156 - Home H	ial Work Counseling Health/Hospice Aide - Home Health Or Hospice Setting - Base Units f Home Respite Care						
	S0215 - Waiver S5100U1 - Adu	r Transportation - Supplemental Transportation lt Day Health Services - Intensive 15 Minutes						
	S5100UB - Adu:	lt Day Health Services - Enhanced 15 Minutes - PASSPORT 1t Day Health Services - Enhanced 15 Minutes - ODA CHOICES						
	S5101U2 - Adu	Day Health Services - Half Day 10 Day Health Services - Intensive Half Day 10 Day Health Services - Thtensive Half Day						
	S5101UB - Adu	lt Day Health Services - Enhanced Half Day - PASSPORT lt Day Health Services - Enhanced Half Day - ODA CHOICES Day Health Services - Full Day						
	S5102U3 - Adu	Lt Day Health Services - Intensive Full Day Lt Day Health Services - Enhanced Full Day - PASSPORT						
	S5102UB - Adu: S5121UA - Chor	lt Day Health Services - Enhanced Full Day - ODA CHOICES re Services						
	S5121UB - Pest	t Control						



Step	ACTION								
9.	Complete the Service Plain Claim Submission screen.								
	Science Since Science	 a. Select billing provider in the drop down list. b. The Service Category and CPT Procedure Code are pre-populated, however they can be changed if necessary c. Enter the cost per Base units and Sub units (if applicable). d. Enter the number of Base and Sub units for each day. The system calculates your base unit, subsequent unit, and claim total cost. e. Click Submit Claim. A confirmation number displays for your record. 							



HOW TO SUBMIT WAIVER CORRECTED CLAIMS



Provider Portal – Providers – Vi	/aiver Claims								
Waiver Claims	5								
Walver Claims									
Search by ID									
Search by ID	Ānj	· •							
Start Date:	5/10/2014								
End Date:	7/9/2014								
	Search Reset								
Page(s): 1 2	3 4 5								Record(s): 220
Claim Number	Reference Number	Received	Date(s) of Service	Member ID		Submitted			Actions
11100017100	11.0000001000	07/01/2014	6/1/2014 - 6/2/2014	0010710710	A0080U2	\$2.00	\$0.00	Pended	Correct Claim
1110001/1000	111100000000000000000000000000000000000	07/01/2014	5/29/2014 - 5/31/2014	101000110	T1019	\$69.84	\$0.00	Pended	Correct Claim
1110001/100		07/01/2014	6/28/2014 - 7/1/2014	0010772550	T1002UA	\$359.80	\$0.00	Pended	Correct Claim
111100011100	10.00000000.1700	07/01/2014	5/27/2014 - 5/31/2014	0013220800	T1002	\$177.92	\$0.00	Pended	Correct Claim
1110001/100	-11100000000	07/01/2014	5/29/2014 - 6/5/2014	101010000	T1019	\$285.12	\$0.00	Pended	Correct Claim
Las an and the second	The second se	07/01/2014	6/10/2014 6/10/2014	THE REAL PROPERTY.	T1002H0	\$242.57	¢0.00	Dended	Connect Cision



SUBMIT WAIVER CORRECTED CLAIMS

