

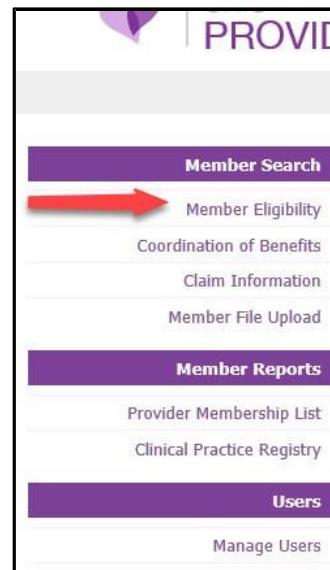
How to Submit Abortion, Hysterectomy, and Sterilization (AHS) Consent Forms

You can submit abortion, hysterectomy and sterilization (AHS) consent forms through the provider portal. You can also attach other documents supporting the consent.

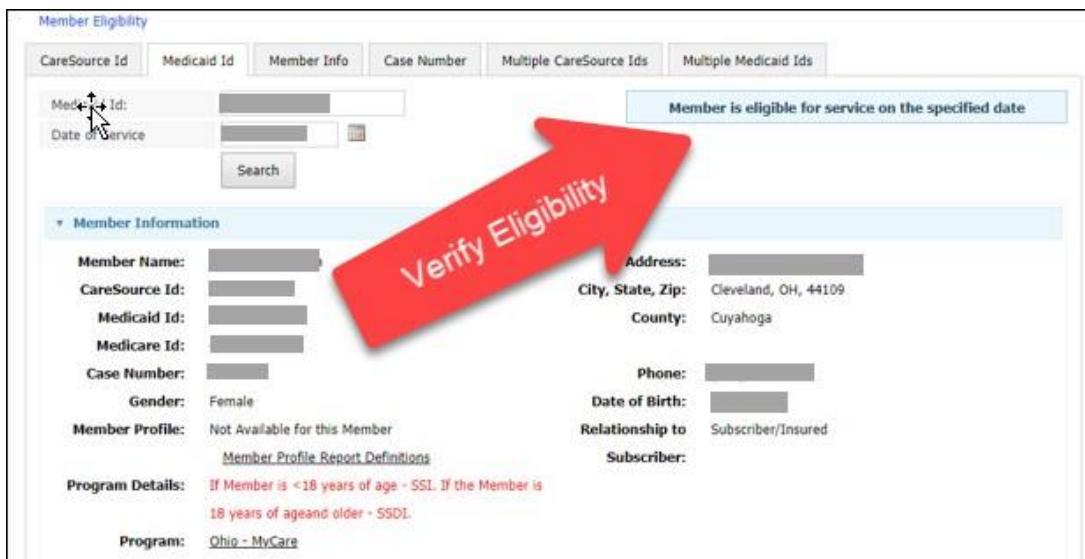
This process requires you to verify member eligibility and then upload the consent form with any other supporting documents. After uploading the document(s), you can verify the upload was successful. The portal maintains the last 100 consent forms you've uploaded.

VERIFY MEMBER ELIGIBILITY

1. In the Provider Portal, access the **Member Eligibility** option in the left navigation.



2. Complete an eligibility check for the member on the date of service.

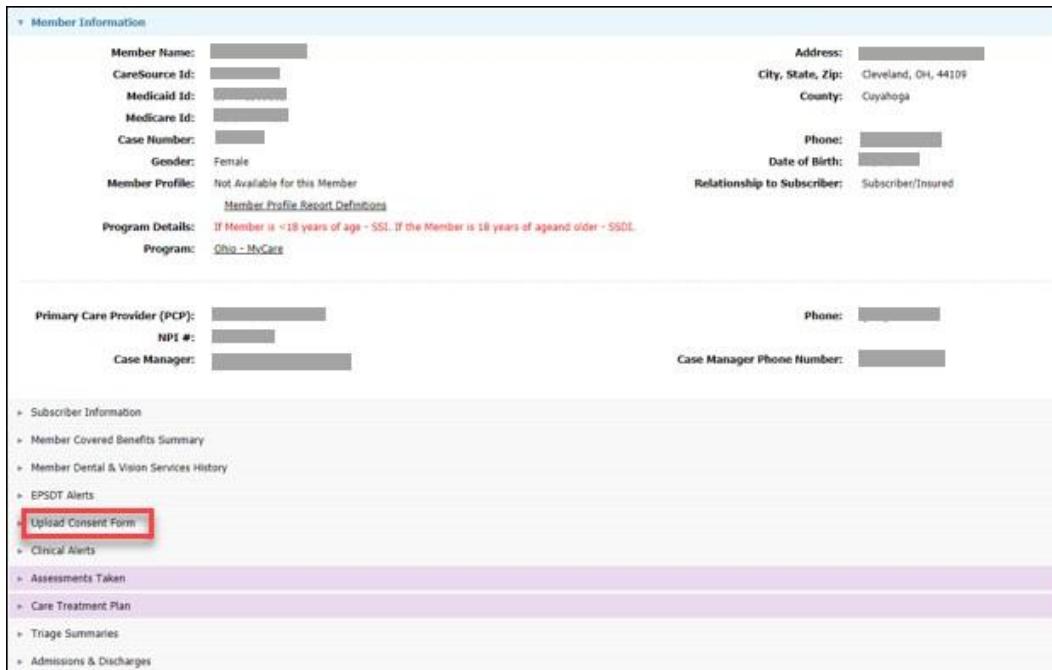


Member Eligibility

CareSource Id	Medicaid Id	Member Info	Case Number	Multiple CareSource Ids	Multiple Medicaid Ids
Medicaid Id:				Member is eligible for service on the specified date	
Date of Service:					
<input type="button" value="Search"/>					
Verify Eligibility					
Member Information					
Member Name:		Address:			
CareSource Id:		City, State, Zip:	Cleveland, OH, 44109		
Medicaid Id:		County:	Cuyahoga		
Medicare Id:		Phone:			
Case Number:		Date of Birth:			
Gender:	Female	Relationship to:	Subscriber/Insured		
Member Profile:	Not Available for this Member				
Member Profile Report Definitions					
Program Details:	If Member is <18 years of age - SSL. If the Member is 18 years of age and older - SSDI.				
Program:	Ohio - MyCare				

UPLOAD CONSENT FORM

1. Following the date of service and member validation step, select **Upload Consent Form** at the bottom of the **Member Information** page.



The screenshot shows the 'Member Information' page with various demographic and program details. The 'Upload Consent Form' link under 'EPSDT Alerts' is highlighted with a red box.

Member Information

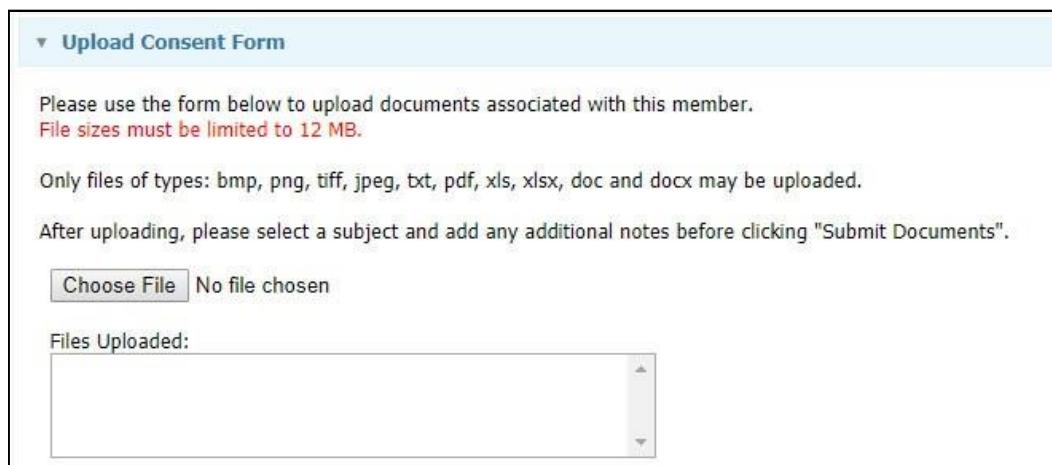
- Member Name: [REDACTED]
- CareSource Id: [REDACTED]
- Medicaid Id: [REDACTED]
- Medicare Id: [REDACTED]
- Case Number: [REDACTED]
- Gender: Female
- Member Profile: Not Available for this Member
- Program Details: If Member is <18 years of age - SSI. If the Member is 18 years of age and older - SSDI.
- Program: Ohio - MyCare
- Address: [REDACTED]
- City, State, Zip: Cleveland, OH, 44109
- County: Cuyahoga
- Phone: [REDACTED]
- Date of Birth: [REDACTED]
- Relationship to Subscriber: Subscriber/Insured
- Primary Care Provider (PCP): [REDACTED]
- NPI #: [REDACTED]
- Case Manager: [REDACTED]
- Phone: [REDACTED]
- Case Manager Phone Number: [REDACTED]

Subscriber Information

- Member Covered Benefits Summary
- Member Dental & Vision Services History
- EPSDT Alerts
- Upload Consent Form** (highlighted with a red box)
- Clinical Alerts
- Assessments Taken
- Care Treatment Plan
- Triage Summaries
- Admissions & Discharges

2. In the **Upload Consent Form** area, click the **Choose File** button, navigate to the location where you stored the consent form and upload the document. Repeat this step for any additional documents that support the consent. The file size cannot exceed 12MB.

NOTE: A lack of signatures on consent forms may result in denied claims.



Upload Consent Form

Please use the form below to upload documents associated with this member.
File sizes must be limited to 12 MB.

Only files of types: bmp, png, tiff, jpeg, txt, pdf, xls, xlsx, doc and docx may be uploaded.

After uploading, please select a subject and add any additional notes before clicking "Submit Documents".

No file chosen

Files Uploaded:

3. After uploading the consent form and any additional supporting documents, you must access the **Procedure Type** drop-down menu and make a selection:
 - Abortion
 - Hysterectomy
 - Sterilization
4. Enter the associated **Claim Number**, if available, and click the **Submit Documents** button.

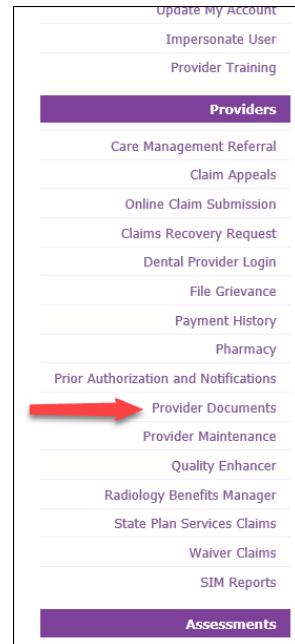
Lack of signatures on consent forms may result in denied claims.

AHS Consent Form

Service Date	5/10/2019	?
Procedure Type:	Select Type	* Required
Claim Number:	<input type="text"/>	
<input type="button" value="Cancel"/> <input type="button" value="Submit Documents"/>		

VERIFY UPLOAD

1. In the Provider Portal, access the **Provider Documents** option in the left navigation.



2. If the consent form you uploaded is listed, your upload was successful. Click the download link to view the document.

Provider Documents					
Details	Document Name	Provider ID	Document Type	Document Date	
Download	CL - Member Consents - 7/3/2019	999999999999	CL - Member Consents	7/3/2019 12:25:16 PM	
Download	CL - Member Consents - 6/27/2019	999999999999	CL - Member Consents	6/27/2019 9:24:48 AM	
Download	CL - Member Consents - 5/31/2019	999999999999	CL - Member Consents	5/31/2019 8:00:22 AM	

NOTE: The portal maintains the last 100 consent forms you've uploaded.