

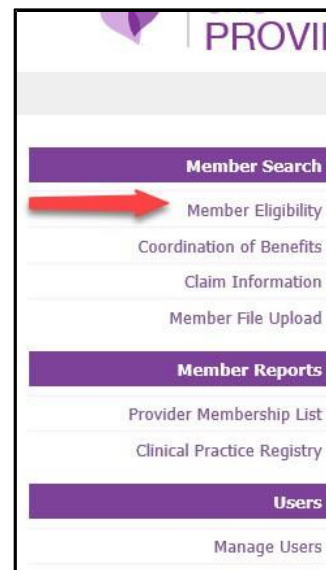
How to Submit Abortion, Hysterectomy, and Sterilization (AHS) Consent Forms

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

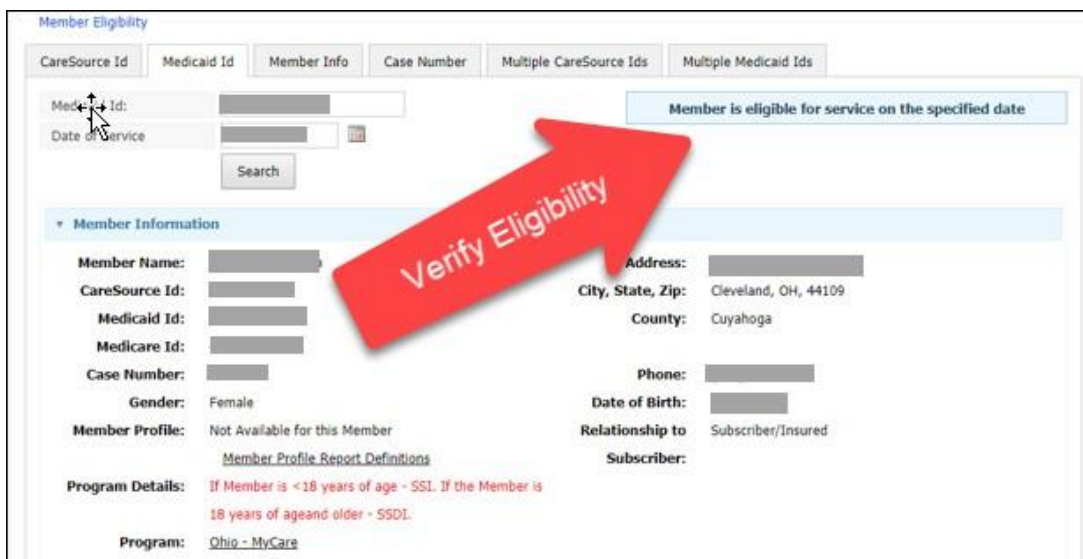
This process requires you to verify member eligibility and then upload the consent form with any other supporting documents. After uploading the document(s), you can verify the upload was successful. The portal maintains the last 100 consent forms you've uploaded.

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.



The screenshot shows the 'Member Eligibility' form. At the top, there are tabs for 'CareSource Id', 'Medicaid Id', 'Member Info', 'Case Number', 'Multiple CareSource Ids', and 'Multiple Medicaid Ids'. Below these tabs, there are input fields for 'Medicaid Id' and 'Date of Service', followed by a 'Search' button. A message box states 'Member is eligible for service on the specified date'. Below this, there is a 'Member Information' section with various fields: 'Member Name', 'CareSource Id', 'Medicaid Id', 'Medicare Id', 'Case Number', 'Gender' (set to Female), 'Member Profile' (Not Available for this Member), 'Program Details' (If Member is < 18 years of age - SSL. If the Member is 18 years of age and older - SSDI), 'Program' (Ohio - MyCare), 'Address', 'City, State, Zip' (Cleveland, OH, 44109), 'County' (Cuyahoga), 'Phone', 'Date of Birth', 'Relationship to Subscriber' (Subscriber/Insured), and 'Subscriber'. A large red arrow with the text 'Verify Eligibility' points to the bottom right of the form.

UPLOAD CONSENT FORM

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



Member Information

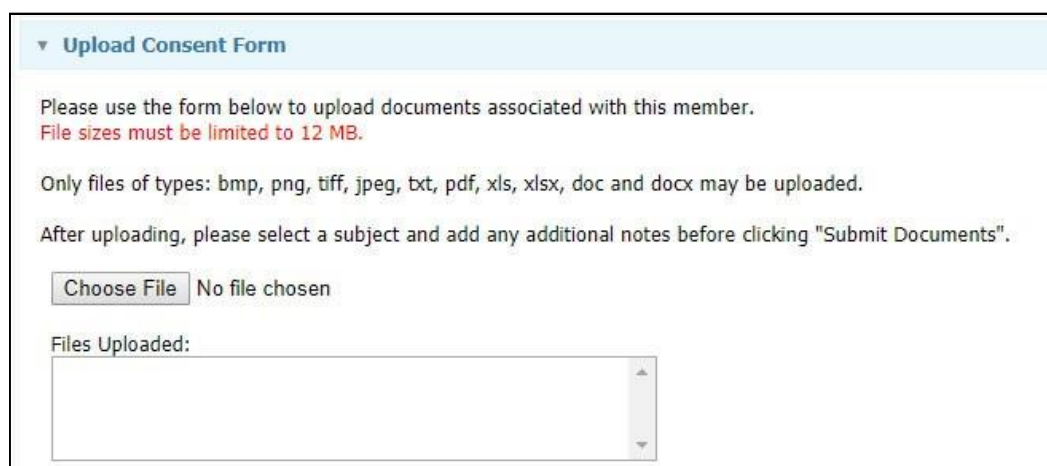
Member Name: [Redacted] Address: [Redacted]
 CareSource Id: [Redacted] City, State, Zip: Cleveland, OH, 44109
 Medicaid Id: [Redacted] County: Cuyahoga
 Medicare Id: [Redacted] Phone: [Redacted]
 Case Number: [Redacted] Date of Birth: [Redacted]
 Gender: Female Relationship to Subscriber: Subscriber/Insured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

Primary Care Provider (PCP): [Redacted] Phone: [Redacted]
 NPI #: [Redacted]
 Case Manager: [Redacted] Case Manager Phone Number: [Redacted]

- Subscriber Information
- Member Covered Benefits Summary
- Member Dental & Vision Services History
- EPSDT Alerts
- Upload Consent Form**
- Clinical Alerts
- Assessments Taken
- Care Treatment Plan
- Triage Summaries
- Admissions & Discharges

- 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".

Choose File No file chosen

Files Uploaded:

[Empty list box]

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.

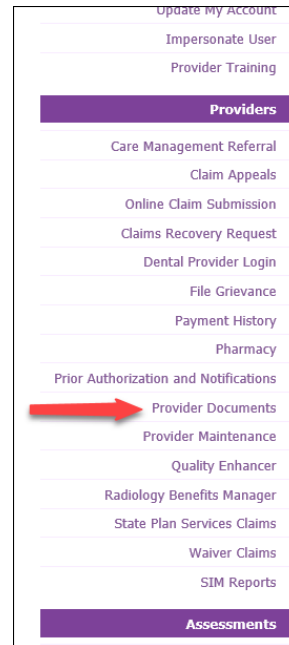
Lack of signatures on consent forms may result in denied claims.

AHS Consent Form

Service Date	<input type="text" value="5/10/2019"/> ?
Procedure Type:	<input type="text" value="Select Type"/> * Required
Claim Number:	<input style="width: 100%;" type="text"/>

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.