

MyCare Ohio Provider Portal User Guide



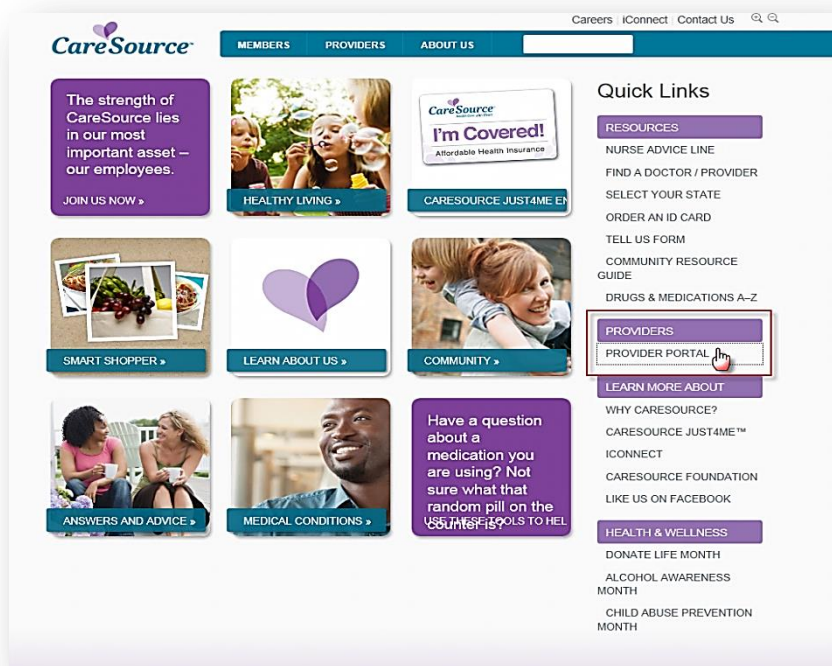
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MYCARE OHIO PROVIDER PORTAL

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 [Registration](#) process to create a username and password.

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

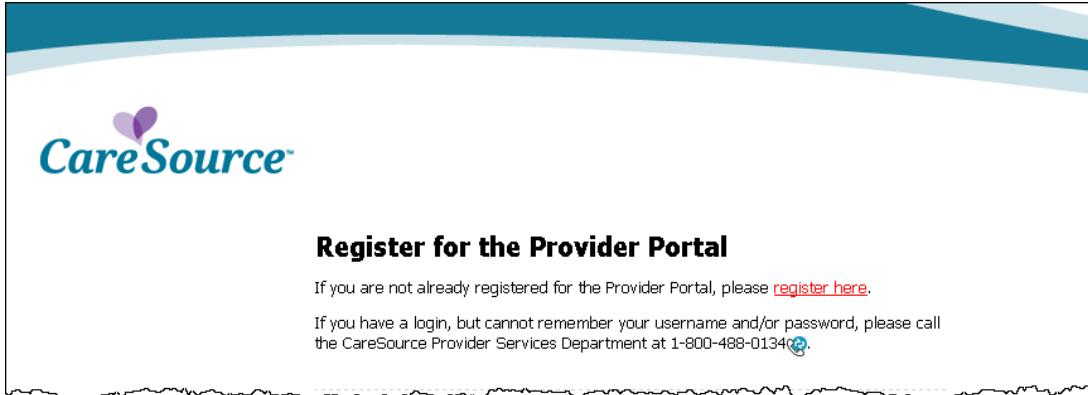
STEP	ACTION
1.	Access the CareSource home page (www.caresource.com).
2.	Click the Provider Portal link
3.	Select the appropriate provider state (e.g., Ohio or Kentucky).
4.	Complete the case-sensitive <u>Username</u> and <u>Password</u> fields.
5.	Click Log In .

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.	<p>Provider Eligibility</p> <p>a. Complete the following required fields:</p> <p><u>Provider Type</u>: select Practitioner or Group</p> <p><u>Registrant's First Name</u></p> <p><u>Registrant's Last Name</u></p> <p><u>Group Name</u>: required only if Group is selected in <u>Registration Type</u></p> <p><u>Tax ID</u></p> <p><u>CareSource Provider ID</u></p> <p><u>Zip Code</u>: the zip code for any CareSource address record (e.g., remit, billing, practice)</p> <div data-bbox="440 1241 1138 1656" style="border: 1px solid #ccc; padding: 10px; margin: 10px 0;"> <p>User Registration</p> <p>Step 1 of 3 - Provider Eligibility</p> <p>Provider Type: <input type="radio"/> Practitioner <input checked="" type="radio"/> Group</p> <p>Registrant's First Name: <input type="text"/> *</p> <p>Registrant's Last Name: <input type="text"/> *</p> <p>Group Name: <input type="text"/> *</p> <p>Tax ID: <input type="text"/> *</p> <p>CareSource Provider ID: <input type="text"/> *</p> <p>Zip Code: <input type="text"/> *</p> <p style="text-align: center;"><input type="button" value="Next"/></p> </div> <p>b. Click the Next button.</p>

STEP	ACTION
2.	<p>Accept Provider Agreement screen</p> <ol style="list-style-type: none"> Review the agreement. Click the I Accept radio button at the bottom of the agreement. Click the Next button.
3:	<p>Create User screen</p> <ol style="list-style-type: none"> Enter a username in the <u>User name</u> field. Enter the same password in the <u>Password</u> and <u>Confirm Password</u> fields. <ul style="list-style-type: none"> ✎ Password must be at least eight characters, and include one non-alphanumeric character (e.g., #, -, ^, \$) Enter an email address in the <u>E-mail</u> field. <ul style="list-style-type: none"> ✎ Email address must be unique for each registration request (e.g., cannot use a practice email for the provider, office manager, and billing clerk). Select a security questions in the <u>Security Question</u> dropdown list. Enter the answer in the <u>Security Answer</u> field. Click the Finish Registration button. <div data-bbox="393 930 1135 1354" style="border: 1px solid gray; padding: 10px; margin-top: 10px;"> <p>User Registration</p> <p>Step 3 of 3 - Create User</p> <p>User Name: <input type="text"/> *</p> <p>Password: <input type="password"/> *</p> <p>Confirm Password: <input type="password"/> *</p> <p>E-mail: <input type="text"/> *</p> <p>Security Question: What is your mother's maiden name? ▾</p> <p>Security Answer: <input type="text"/> *</p> <p style="text-align: center;"> <input type="button" value="Previous"/> <input type="button" value="Finish Registration"/> </p> </div>

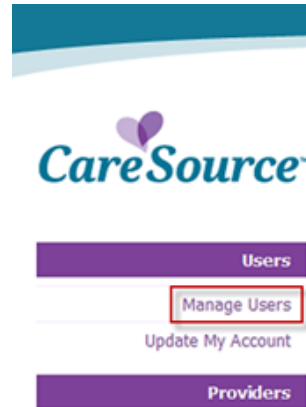
MANAGE USERS

In this section, the Admin adds, changes, or deletes users and manages user permissions.

Click **Manager User** to display the Current Users and Add User tabs.

You can:

- Filter users by UserName or Email.
- Select Show All Users or Filter Users



Manage Users

Current Users Add User

My Account

UserID	Email	Set Password
123456789	12345@caresource.org	

Users

Filter by UserName:

Filter by Email:

Show All Users Filter Users

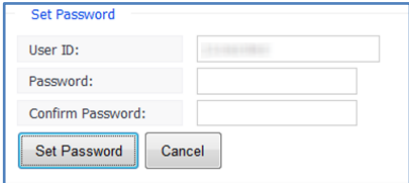
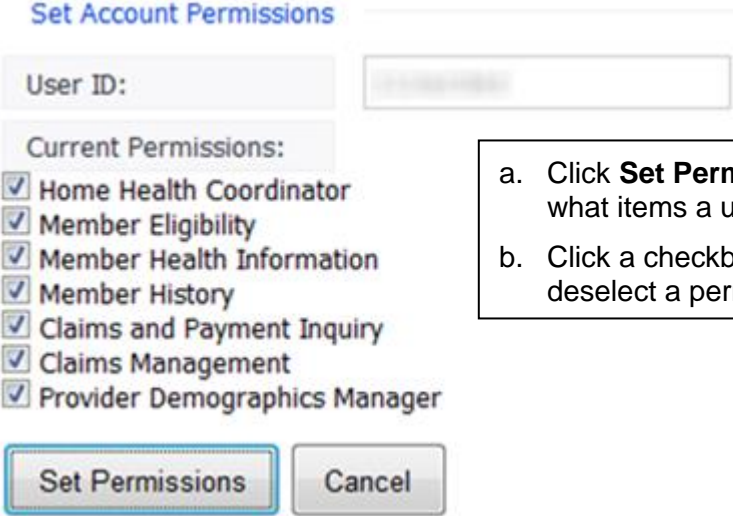
Page(s): 1 Record(s): 1

UserID	Email	Actions
123456789	12345@caresource.org	Set Password Set Permissions Make Admin

1 Page(s): 1 2 3 4 Record(s): 1

CURRENT USER TAB

STEP	ACTION
1	<p>User Access to the Portal:</p> <ol style="list-style-type: none"> Click X next to the user's name. Click OK to complete the process.

STEP	ACTION
<p>2</p>	<p>Set Password</p> <ul style="list-style-type: none"> • 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. <p>To change a user’s password, complete these steps:</p> <ol style="list-style-type: none"> Click Set Password to enter a new password for the account. Enter the user’s ID in the <u>User ID</u> field. Enter the same password in the <u>Password</u> and <u>Confirm Password</u> fields. Click Set Password. 
<p>3</p>	<p>Set Permissions</p> <p>By default, when you create users, they have access to all permissions. You use this feature to change what users see in the portal.</p> <p>Set Account Permissions</p>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <ol style="list-style-type: none"> Click Set Permissions to set what items a user can see. Click a checkbox to select / deselect a permission. </div>
<p>4</p>	<p>Make Admin</p> <p>Click Make Admin to select a different user as the Admin account.</p>

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

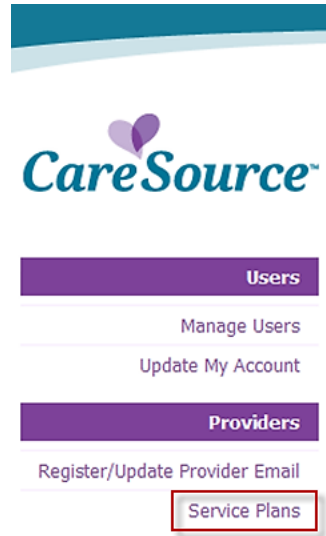
The screenshot shows a web interface titled "Manage Users". At the top, there are two tabs: "Current Users" and "Add User". The "Add User" tab is selected. Below the tabs, there is a form with the following fields: "User ID:", "Password:", "Confirm Password:", and "Email:". Each field has a corresponding text input box. At the bottom of the form is a button labeled "Add". A mouse cursor is shown clicking the "Add" button.

SERVICE PLANS

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

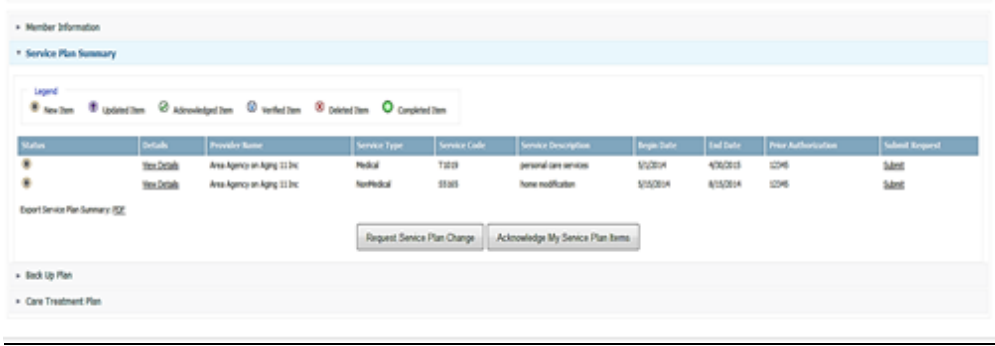

You may receive Alerts, acknowledge service plans, request changes, and export a service plan with details to a PDF.

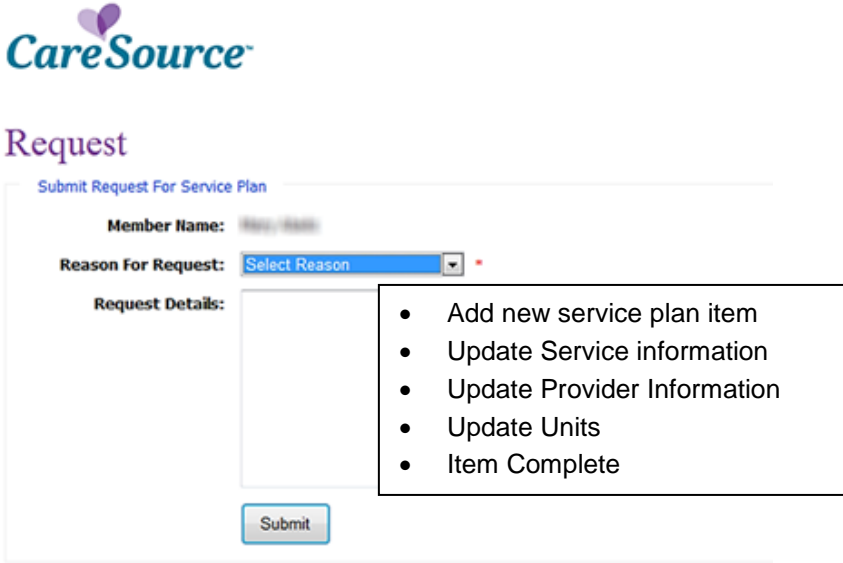
Alerts indicate if a member has a new Service Plan or if any item has been updated on a member's service plan, etc.



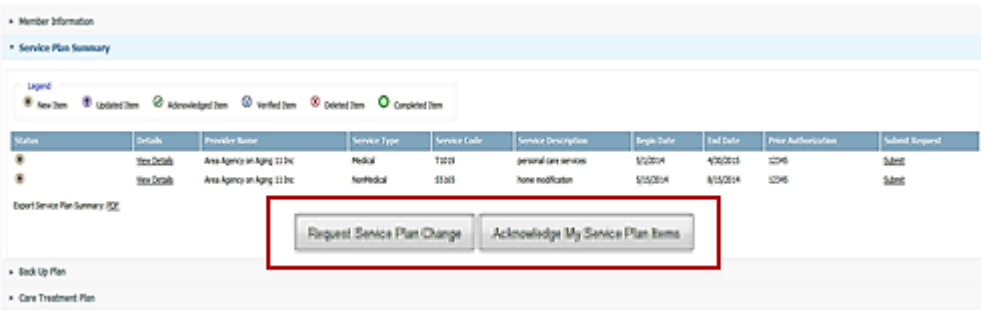
VIEW MEMBER SERVICE PLAN

STEP	ACTION								
1.	Click Service Plans under the <u>Providers</u> on the left side of the screen.								
2.	Click view Member Roster , and complete these steps: <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th>STEP</th> <th>ACTION</th> </tr> </thead> <tbody> <tr> <td>a</td> <td>Specify tab selection: CareSource ID, Medicaid ID or Member Info.</td> </tr> <tr> <td>b</td> <td>Enter search criteria in the field.</td> </tr> <tr> <td>c</td> <td>Click the Search button. Use Reset to begin a new search</td> </tr> </tbody> </table>	STEP	ACTION	a	Specify tab selection: CareSource ID, Medicaid ID or Member Info.	b	Enter search criteria in the field.	c	Click the Search button. Use Reset to begin a new search
STEP	ACTION								
a	Specify tab selection: CareSource ID, Medicaid ID or Member Info.								
b	Enter search criteria in the field.								
c	Click the Search button. Use Reset to begin a new search								
3.	Click the appropriate Last Name to view member details in the Member Information section. <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> </div>								

STEP	ACTION
4.	<p>Click Service Plan Summary to view service plan items for the member.</p>  <p>Reference the <u>Legend</u> for Alert status.</p> <p>Alerts indicate if:</p> <ul style="list-style-type: none"> • 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.	<p>Click View Details to view the Service Plan details</p> 
6.	<p>Click Submit Request to send a note about the Service Plan Item to the Care Manager to request a copy of the Service Plan.</p>

STEP	ACTION
7.	Choose the appropriate reason in the <u>Reason For Request</u> dropdown list. 
8.	Enter details regarding your request in the <u>Request Details</u> field.
9.	Click Submit to send the request.

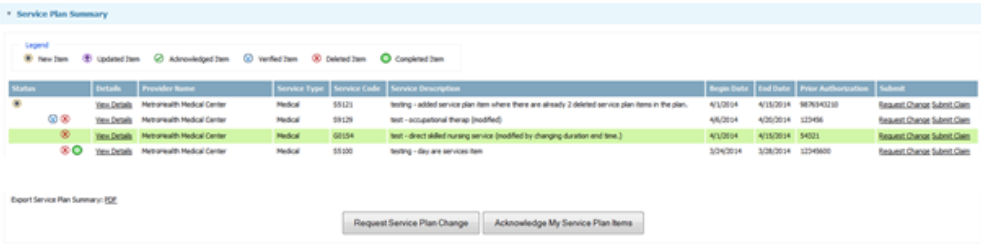
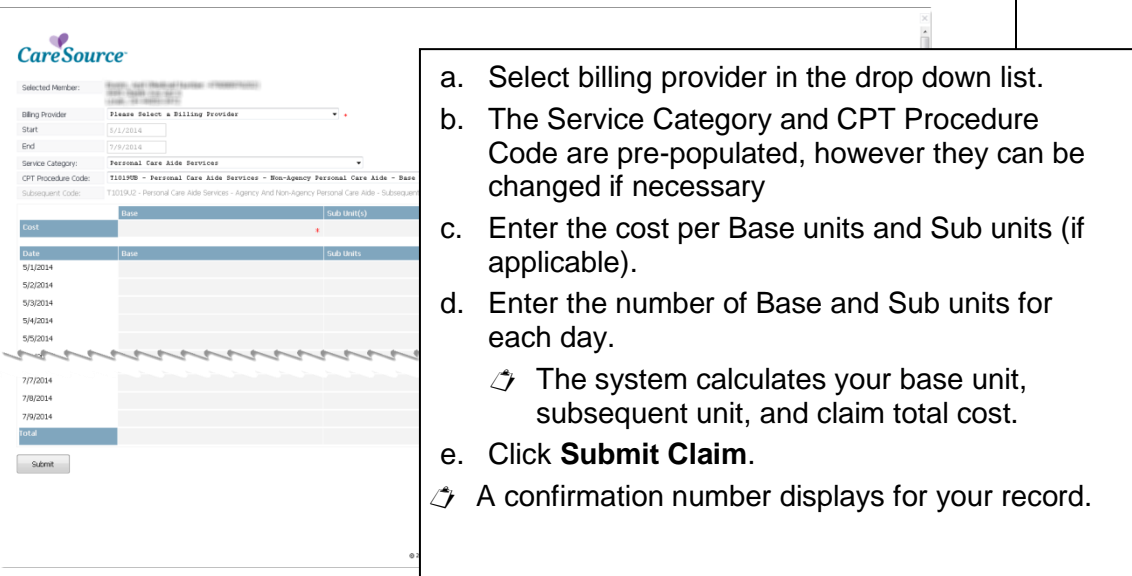
OTHER SERVICE PLAN ACTIONS

STEP	ACTION
1.	Click: <ul style="list-style-type: none"> • 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. 

STEP	ACTION								
2.	<p>Click Back Up Plan to view backup plan details regarding the member's Service Plan.</p> <div style="border: 1px solid #ccc; padding: 5px;"> <ul style="list-style-type: none"> Member Information Service Plan Summary <li style="background-color: #e0f2f7;">Back Up Plan Care Treatment Plan <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Type: neighbor</td> <td style="width: 33%;">Address: xxx</td> </tr> <tr> <td>Name: xxx</td> <td>City, State, Zip: xxx, OH, 12345</td> </tr> <tr> <td>Plan Verified: 4/11/2014</td> <td>Phone: (11) 345-6789</td> </tr> <tr> <td colspan="2">Notes: neighbor Backup Service Plan</td> </tr> </table> </div>	Type: neighbor	Address: xxx	Name: xxx	City, State, Zip: xxx, OH, 12345	Plan Verified: 4/11/2014	Phone: (11) 345-6789	Notes: neighbor Backup Service Plan	
Type: neighbor	Address: xxx								
Name: xxx	City, State, Zip: xxx, OH, 12345								
Plan Verified: 4/11/2014	Phone: (11) 345-6789								
Notes: neighbor Backup Service Plan									

HOW TO SUBMIT A NEW CLAIM

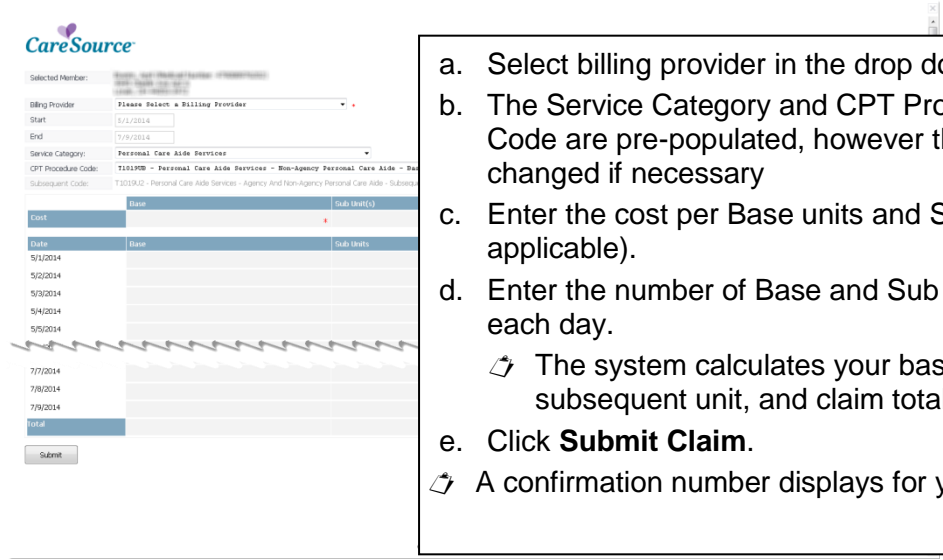
CLAIM ENTRY STEPS

STEP	ACTION
1.	Click Service Plans under Providers.
2.	Search for or select the member to submit a claim for.
3.	<p>Click Service Plan Summary.</p> 
4.	Click Submit Claim next to the appropriate service plan item.
5.	<p>Complete the Service Plain Claim Submission screen.</p>  <ol style="list-style-type: none"> Select billing provider in the drop down list. The Service Category and CPT Procedure Code are pre-populated, however they can be changed if necessary Enter the cost per Base units and Sub units (if applicable). Enter the number of Base and Sub units for each day. <ul style="list-style-type: none"> The system calculates your base unit, subsequent unit, and claim total cost. Click Submit Claim. <p>A confirmation number displays for your record.</p>

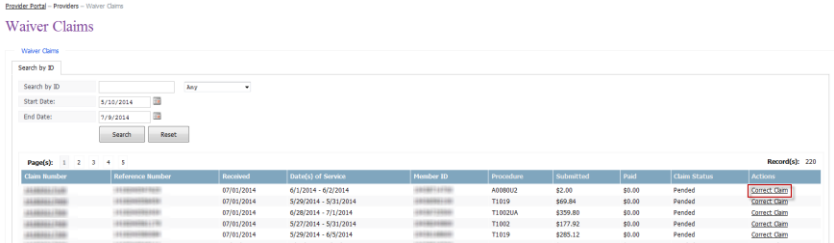
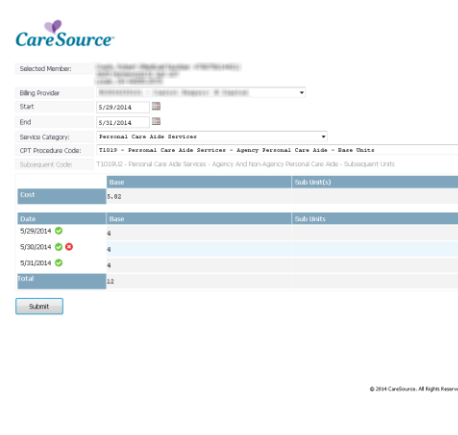
CLAIM ENTRY STEPS FOR MEMBER WITH NO SERVICE PLAN

STEP	ACTION
1.	Click Service Plans under Providers.
2.	Click link <p style="text-align: center;"><u>Click Here to Submit a Claim for Member Not Found in the Service Plan List Above.</u></p>
3.	Enter Medicaid or Subscriber Number and Click Verify Member <div style="text-align: center;"> </div>
4.	Review member information and Confirm Patient Selection <div style="text-align: center;"> </div>
5.	Select Billing Provider from drop down list <div style="text-align: center;"> </div>
6.	Enter Start and End Dates <div style="text-align: center;"> </div>

STEP	ACTION
7.	<p>Select Service Category</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <p>Service Category:</p> <p>CPT Procedure Code:</p> <p><input type="button" value="Submit"/></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Please Select a Service Category</p> <p>Please Select a Service Category</p> <p>All Service Codes</p> <p>Adult Day Health Services</p> <p>Assisted Living Services</p> <p>Choices Home Care Attendant - Employer & Budget Author</p> <p>Chore Services</p> <p>Community Transition</p> <p>Emergency Response Services</p> <p>Enhanced Community Living</p> <p>Home Care Attendant</p> <p>Home Delivered Meals</p> <p>Home Modifications & Environmental Accessibility Adapt</p> <p>Homemaker</p> <p>Independent Living Assistance</p> <p>Nutritional Consultation</p> <p>Out of Home Respite Care</p> <p>Personal Care Aide Services</p> <p>Pest Control</p> <p>Social Work Counseling</p> <p>Specialized Medical Equipment & Supplies</p> <p>State Plan</p> <p>Supplemental Adaptive & Assistive Devices</p> <p>Waiver Nursing</p> <p>Waiver Transportation (Not Adult Day Health)</p> </div> </div>
8.	<p>Select CPT Procedure Code</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <p>CPT Procedure Code:</p> <p><input type="button" value="Submit"/></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Please Select a CPT Procedure</p> <p>Please Select a CPT Procedure</p> <p>A0080U2 - Adult Day Health Services - Transportation Per Mile (2nd Person) - PASSPORT</p> <p>A0080UA - Adult Day Health Services - Transportation Per Mile - PASSPORT</p> <p>A0090U2 - Adult Day Health Services - Transportation Per Mile (2nd Person) - ODA CHOICES</p> <p>A0090UE - Adult Day Health Services - Transportation Per Mile - ODA CHOICES</p> <p>A0100U2 - Waiver Transportation - Non-Medical 1 Way Trip (2nd Person)</p> <p>A0100UA - Waiver Transportation - Non-Medical 1 Way Trip</p> <p>A0200U2 - Waiver Transportation - Non-Medical Round Trip (2nd Person)</p> <p>A0200UA - Waiver Transportation - Non-Medical Round Trip</p> <p>G0151 - Physical Therapist - Home Health Or Hospice Setting - Base Units</p> <p>G0152 - Occupational Therapist - Home Health Or Hospice Setting - Base Units</p> <p>G0153 - Speech-Language Pathologist - Home Health Or Hospice Setting - Base Units</p> <p>G0154 - Licensed Nurse (LPN or RN) - Home Health Or Hospice Setting - Base Units</p> <p>G0155UA - Social Work Counseling</p> <p>G0156 - Home Health/Hospice Aide - Home Health Or Hospice Setting - Base Units</p> <p>H0045 - Out Of Home Respite Care</p> <p>S0215 - Waiver Transportation - Supplemental Transportation</p> <p>S5100U1 - Adult Day Health Services - Intensive 15 Minutes</p> <p>S5100UA - Adult Day Health Services - Enhanced 15 Minutes - PASSPORT</p> <p>S5100UE - Adult Day Health Services - Enhanced 15 Minutes - ODA CHOICES</p> <p>S5101 - Adult Day Health Services - Half Day</p> <p>S5101U2 - Adult Day Health Services - Intensive Half Day</p> <p>S5101UA - Adult Day Health Services - Enhanced Half Day - PASSPORT</p> <p>S5101UE - Adult Day Health Services - Enhanced Half Day - ODA CHOICES</p> <p>S5102 - Adult Day Health Services - Full Day</p> <p>S5102U3 - Adult Day Health Services - Intensive Full Day</p> <p>S5102UA - Adult Day Health Services - Enhanced Full Day - PASSPORT</p> <p>S5102UE - Adult Day Health Services - Enhanced Full Day - ODA CHOICES</p> <p>S5121UA - Chore Services</p> <p>S5121UE - Pest Control</p> </div> </div>

STEP	ACTION
9.	<p data-bbox="391 247 1092 279">Complete the Service Plain Claim Submission screen.</p> <div data-bbox="391 289 1328 846">  </div> <div data-bbox="808 325 1515 840" style="border: 1px solid black; padding: 10px;"> <ol style="list-style-type: none"> 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. <ul style="list-style-type: none"> ☞ The system calculates your base unit, subsequent unit, and claim total cost. e. Click Submit Claim. <p>☞ A confirmation number displays for your record.</p> </div>

SUBMIT WAIVER CORRECTED CLAIMS

STEP	ACTION
1.	Click Waiver Claims under Providers.
2.	<p>Click on Correct Claim for the claim you want to correct:</p> 
3.	<p>The original claim information will pre-populate the form:</p> 

You can change any of the following items on the claim:

- Billing Provider
- Start Date
- End Date
- Service Category
- CPT Procedure Code
- Cost for Base and Sub Units
- Number of Base & Sub Units for any day
 - The Total for units and cost will automatically update
- After all changes are made click on Submit
 - A confirmation number will display for your records