

MyCare Ohio Provider Portal User Guide

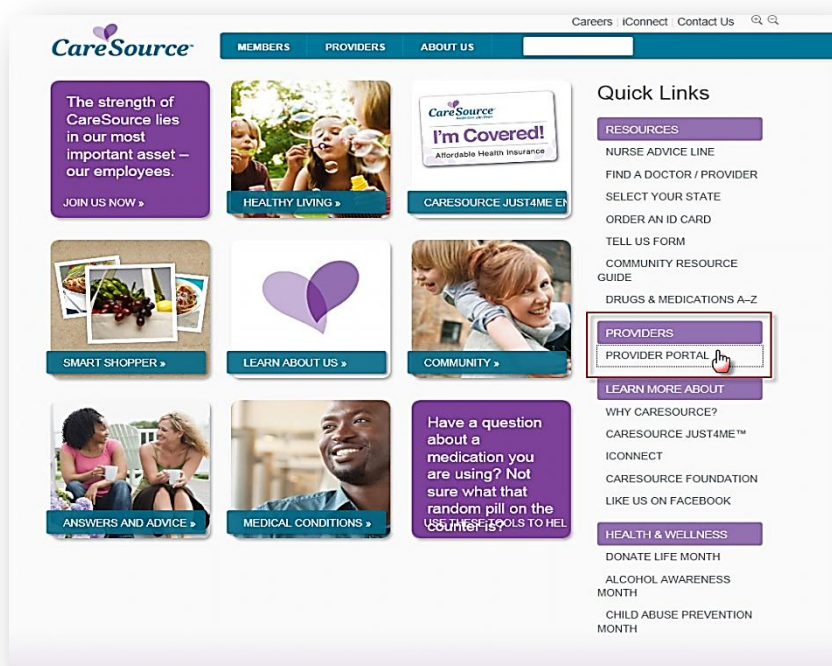


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MYCARE OHIO PROVIDER PORTAL

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 1140 1661" 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 1140 1356" 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>

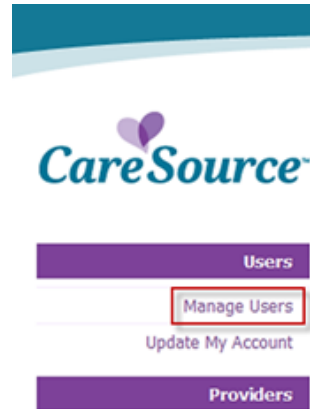
MANAGE USERS

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@careprovider.org	

Users

Filter by UserName:

Filter by Email:

Show All Users Filter Users

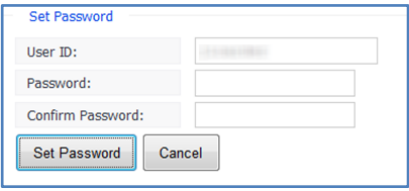
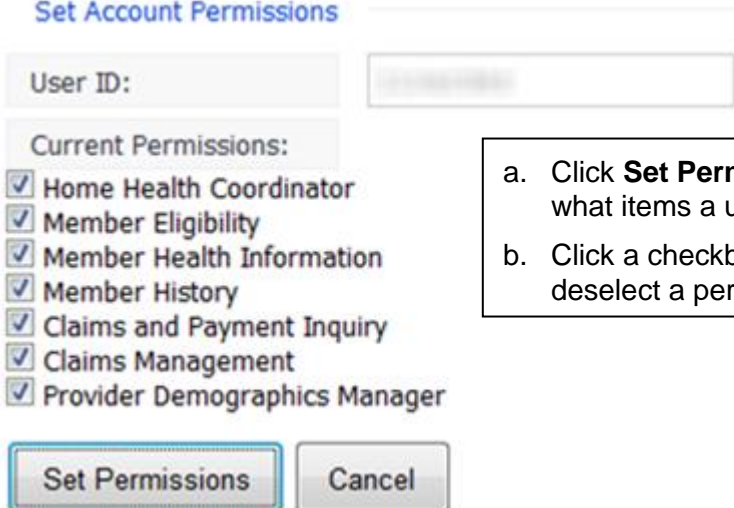
Page(s): 1 Record(s): 1

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

Page(s): 1 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.

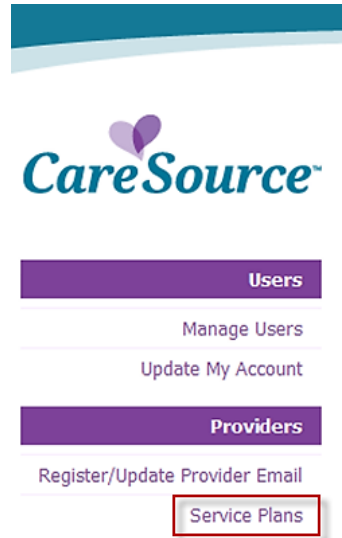
The screenshot shows a web interface titled "Manage Users". At the top, there are two tabs: "Current Users" and "Add User". The "Add User" tab is selected. Below the tabs, there is a form with the following fields: "User ID:", "Password:", "Confirm Password:", and "Email:". Each field has a corresponding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

SERVICE PLANS

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

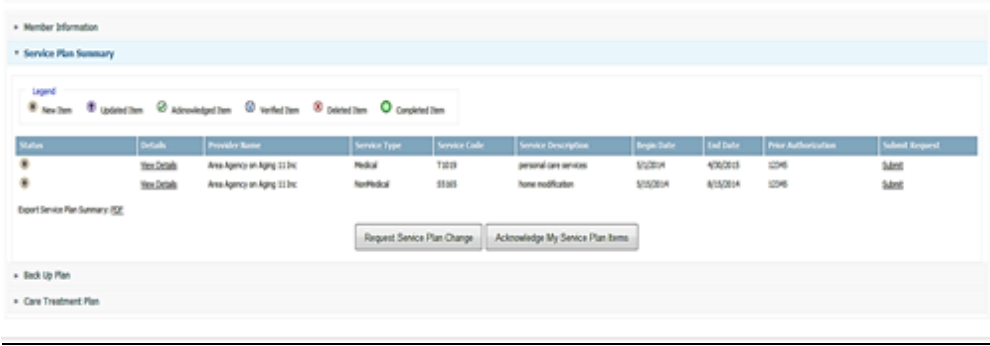

You may receive Alerts, acknowledge service plans, request changes, and export a service plan with details to a PDF.

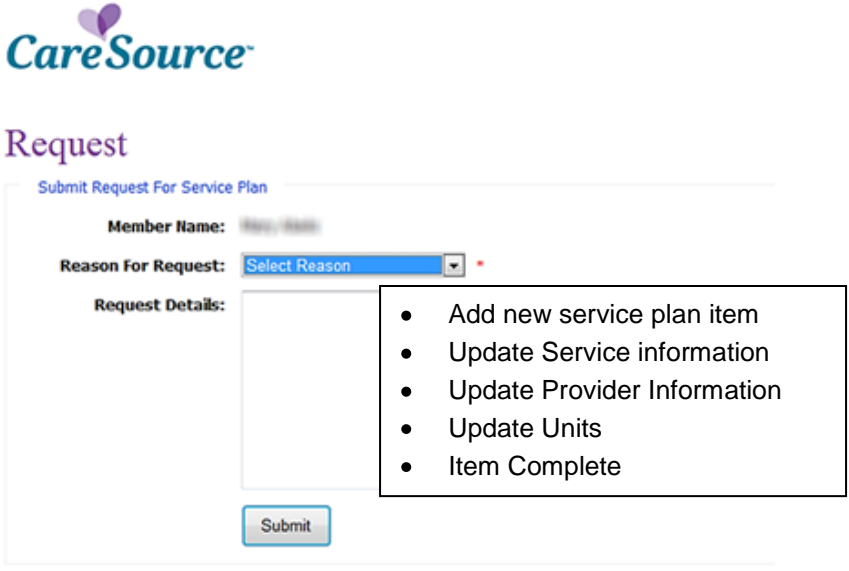
Alerts indicate if a member has a new Service Plan or if any item has been updated on a member's service plan, etc.



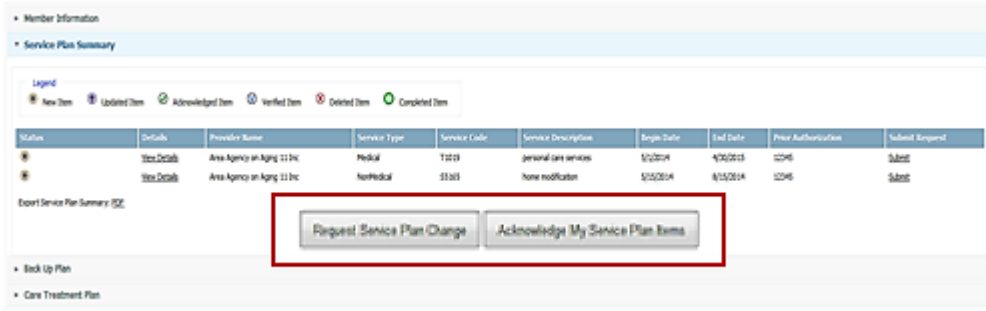

VIEW MEMBER SERVICE PLAN

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								
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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;"> <p>Member Information</p> <table style="width: 100%; font-size: 0.8em;"> <tr> <td>Member Name: [REDACTED]</td> <td>Address: [REDACTED]</td> </tr> <tr> <td>Cardance ID: [REDACTED]</td> <td>City, State, Zip: [REDACTED]</td> </tr> <tr> <td>Medicaid ID: [REDACTED]</td> <td>County: [REDACTED]</td> </tr> <tr> <td>Case Number: [REDACTED]</td> <td>Phone: [REDACTED]</td> </tr> <tr> <td>Gender: Female</td> <td>Date of Birth: [REDACTED]</td> </tr> <tr> <td>Member Profile: [REDACTED]</td> <td>Relationship to Subscriber: Subscriber/Spouse</td> </tr> <tr> <td colspan="2">Program Details: * Member is < 18 years of age - 001. If the Member is 18 years of age and older - 000</td> </tr> <tr> <td>Primary Care Provider (PCP): [REDACTED]</td> <td>Phone: [REDACTED]</td> </tr> </table> <p> Service Plan Summary Back-Up Plan Care Treatment Plan </p> </div>	Member Name: [REDACTED]	Address: [REDACTED]	Cardance ID: [REDACTED]	City, State, Zip: [REDACTED]	Medicaid ID: [REDACTED]	County: [REDACTED]	Case Number: [REDACTED]	Phone: [REDACTED]	Gender: Female	Date of Birth: [REDACTED]	Member Profile: [REDACTED]	Relationship to Subscriber: Subscriber/Spouse	Program Details: * Member is < 18 years of age - 001. If the Member is 18 years of age and older - 000		Primary Care Provider (PCP): [REDACTED]	Phone: [REDACTED]
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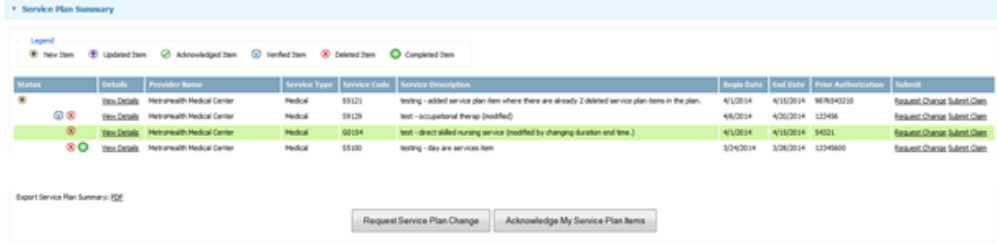
STEP	ACTION
4.	<p>Click Service Plan Summary to view service plan items for the member.</p>  <p>Reference the <u>Legend</u> for Alert status.</p> <p>Alerts indicate if:</p> <ul style="list-style-type: none"> • a new Service Plan Item has been added • an item has been updated • the assigned provider has 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>

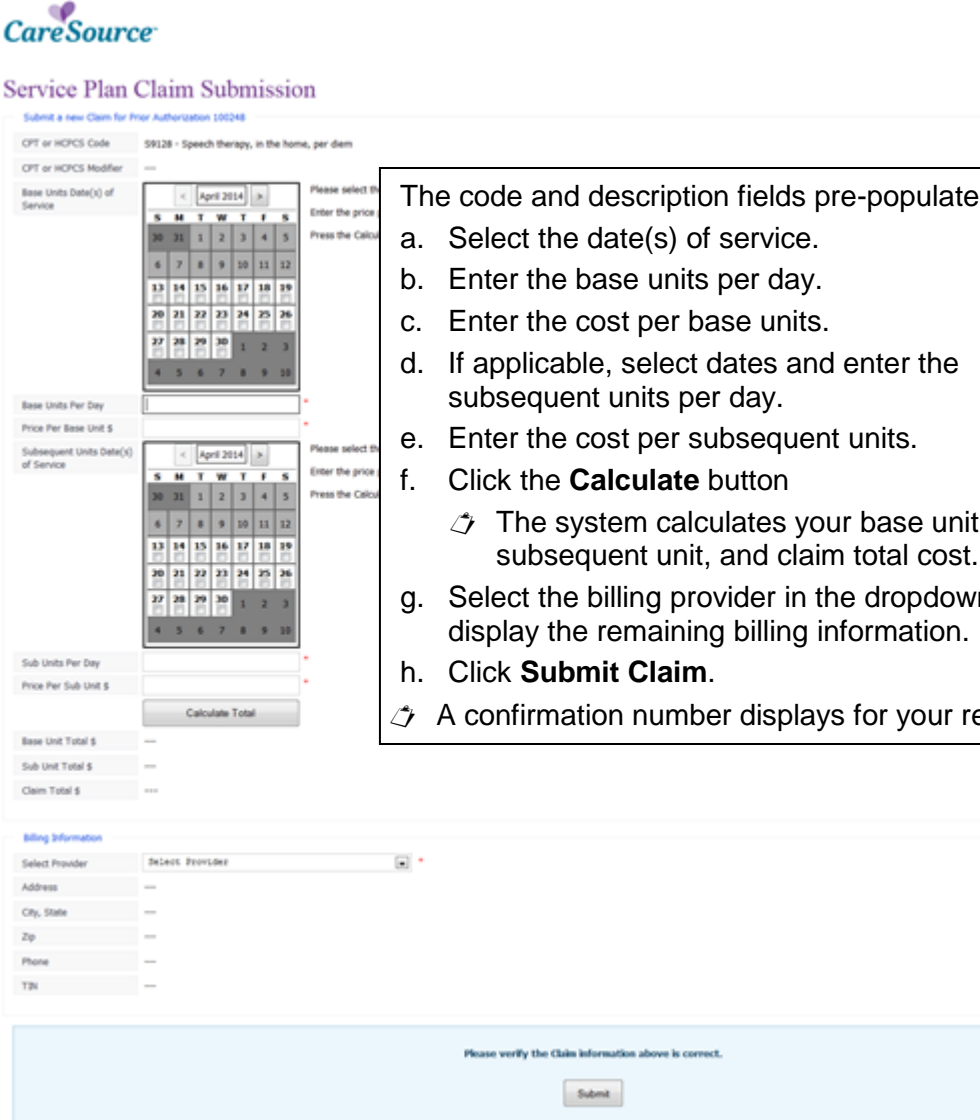
STEP	ACTION
7.	<p>Choose the appropriate reason in the <u>Reason For Request</u> dropdown list.</p> 
8.	Enter details regarding your request in the <u>Request Details</u> field.
9.	Click Submit to send the request.

OTHER SERVICE PLAN ACTIONS

STEP	ACTION
1.	<p>Click:</p> <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. 
2.	<p>Click Back Up Plan to view backup plan details regarding the member's Service Plan.</p> 

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.

STEP	ACTION
<p>5.</p>	<p>Complete the Service Plain Claim Submission screen.</p>  <p>The code and description fields pre-populate.</p> <ol style="list-style-type: none"> Select the date(s) of service. Enter the base units per day. Enter the cost per base units. If applicable, select dates and enter the subsequent units per day. Enter the cost per subsequent units. Click the Calculate button <ul style="list-style-type: none"> The system calculates your base unit, subsequent unit, and claim total cost. Select the billing provider in the dropdown list to display the remaining billing information. Click Submit Claim. <p>A confirmation number displays for your record.</p>