HCBS Provider Training
MyCare Ohio

Secure Provider Web Portal: Create an Authorization
The Secure Provider Web Portal is a secure website developed to allow Providers to perform a variety of functions from their office. By registering and creating an account, a Provider can easily check patient eligibility, view and submit both authorizations and claims through this website. Additionally, a secure messaging feature allows a Provider to communicate with the health plan without having to pick up the telephone.
Provider Login

The Tools You Need Now!
Our site has been designed to help you get your job done.

- **Check Eligibility**
  Find out if a member is eligible for service.

- **Authorize Services**
  See if the service you provide is reimbursable.

- **Manage Claims**
  Submit or track your claims and get paid fast.

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**Step 1:** Login with your username & password. This will be the same if already a user of this portal for other Buckeye Health Plan products.

![Login Form]

- **UserName (Email)**
  name@domain.com

- **Password**

[Login Button]

**Need To Create An Account?**
Registration is fast and simple, give it a try.

[Create An Account Button]
Provider Dashboard

- **Dashboard features:**
  - View Claims & Status
  - Check eligibility
  - View Patient List
  - Submit Claims
  - Send a Secure Message
  - Manage Accounts
  - Access Reports

- **Step 2:** Click the Eligibility icon on the Provider Dashboard header.
Eligibility

Step 3: Enter the patient’s last name or member ID and DOB. Check eligibility. Click on member’s name to open the Overview.
Step 4: Select the Authorizations tab.
Authorizations displays requests previously submitted or Create a New Authorization request.

**Step 5:** Select “Create a New Authorization”.

<table>
<thead>
<tr>
<th>Status</th>
<th>Auth Nbr</th>
<th>From Date</th>
<th>To Date</th>
<th>Diagnosis</th>
<th>Auth Type</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVE</td>
<td></td>
<td>01/01/2015</td>
<td>09/30/2015</td>
<td>V68.81</td>
<td>OUTPATIENT</td>
<td>Personal Care Worker</td>
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<td>05/22/2014</td>
<td>08/21/2014</td>
<td>343.9</td>
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<td>DME</td>
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<tr>
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<td>12/31/2014</td>
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<td>OUTPATIENT</td>
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</tr>
</tbody>
</table>
The authorization form opens and displays two sections. The left side will display definition of **Urgent Request**, **Disclaimer** and the completed fields for prior authorization as it is being created. The right side is where data is entered for **Provider Request**, **Service Line**, and **Finish Up**.
Step 6: Select a **Service Type** from the drop-down list.
Step 7: Enter provider last name, business name or NPI number.

Once the service type is selected, the **Requesting Provider** information will display. The provider’s last name, business name or NPI number can be entered to search.
Select a Provider

<table>
<thead>
<tr>
<th>PROVIDER NAME</th>
<th>PHONE NUMBER</th>
<th>TAX ID</th>
<th>NPI</th>
<th>SPECIALTY DESC</th>
<th>SELECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH AND NEPH</td>
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<tr>
<td>SMITH</td>
<td></td>
<td></td>
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<td>SKILLED NURSING FACILITY</td>
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<td>SMITH</td>
<td></td>
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<td></td>
<td>GENERAL SURGERY</td>
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<td>SMITH</td>
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<td>SMITH</td>
<td></td>
<td></td>
<td></td>
<td>HEMATOLOGY ONCOLOGY</td>
<td></td>
</tr>
</tbody>
</table>

**Step 8:** Click **Select** for the appropriate provider.

The list of providers and their specialty will display.
Provider Information

The requesting provider NPI will appear in the search field. Below will display the NPI, TIN and name.
Primary Diagnosis

- **Step 9:** Enter Primary Diagnosis code. The corresponding clinical name will display under the CPT code entered.

The Primary Diagnosis can be entered for known or hyperlinks to ICD-10 are available.
Additional Diagnosis

- To add Additional Diagnosis, click on the + sign and the diagnosis field will appear. Enter the ICD code.
Step 10: When all of the diagnosis codes have been entered, click on Next.
Service Line

```
Service Line will open.
```

The requesting provider information and the member’s diagnosis display on the left side of the screen. Fields required for the service lines are on the right side of the form.
Servicing Provider

- **Step 11:** If the **Servicing Provider** is the same as the requesting provider, click the box. The provider information will auto-populate name, NPI, and TIN.

If the servicing provider is **different**, enter the provider’s last name, business name or NPI and search. When the names display, select the appropriate provider.
Service Dates

- Step 12: Enter **Start** and **End Date**.

The Start and End Date fields have calendar widgets that appear when the user clicks inside the field.
Days/Visits/Units

Step 13: Enter the requested number of days, visits, or units under the service dates.
Primary Procedure

Step 14: Enter Primary Procedure code.

Primary Procedure codes can be entered into the field or can be searched for by the code lookup.
Procedure Name

The corresponding procedure name will appear under the procedure code.

Additional procedure codes can be entered by clicking on the + sign.
Step 15: When all of the procedure codes have been entered, click on Next.
View Service Line

- The first service line completed can be viewed in detail on the left side.

If the first service line needed to be edited, click on underlined service line. If the service line needs to be removed, click the X.
Add Service Line

- Under the place of service, the provider can Add Service Lines for more services by clicking the addition sign.
Step 16: If no additional service lines, Click Next.
Finish Up

- Finish Up auto-populates the user's name, phone, fax, and email address.
Step 17: Click on icon to open Questionnaire.
The questionnaire that displays will vary based on the service type selected. If additional information is not applicable, N/A must be entered.
The questionnaire is a **mandatory** field. If it is not completed, an alert will appear.
Up to five Attachments can be added to the prior authorization request.

- **Step 18:** Click on **Browse**.
Attachments

Step 19: Highlight the appropriate document, image, etc. Click **Insert.**
Attachments

- The document name will appear in the browse field.
Attachments

- **Step 20**: Verify that is the correct document. Click **Attach** and the document will appear below the button.
- **Repeat** Steps 18 – 20 until all required documents have been uploaded.
Submit

- **Step 21:** Click **Submit**. The request is assigned a confirmation number. This number should be recorded and used to determine the status of a missing authorization.
Contacts, Care Management Teams

Service Plan & Waiver Authorization Requests
(866) 246-4356 ext 24365

Medicare & Medicaid Authorization Questions
(866) 296-8731 Choose Option for Authorization Request/Status

Care Management (866) 549-8289 option 3
(Leave a message that will be returned within 2 business days)
Contacts, Provider Network

For questions related to claims or billing, please contact:
Provider Services MyCare Concierge Team at 1-866-296-8731
or your regional HCBS Provider Network Specialist:

Northeast Area (Cuyahoga, Geauga, Lake, Lorain & Medina counties)
Anne Marie Hillton ◆ 866.246.4356 x24367 ◆ ahillton@centene.com

Northwest Area (Fulton, Lucas, Ottawa and Wood counties)
Laura Anaple ◆ 866.246.4356 x24816 ◆ lanaple@centene.com

West Central Area (Clark, Greene and Montgomery counties)
Derek Goode ◆ 866.246.4356 x24162 ◆ dgoode@centene.com