



# HCBS Provider Training MyCare Ohio

*Secure Provider Web Portal:  
Create an Authorization*

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# Secure Provider Web Portal



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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.

## Login

User Name (Email)

Password

Login

[Forgot Password / Unlock Account](#)

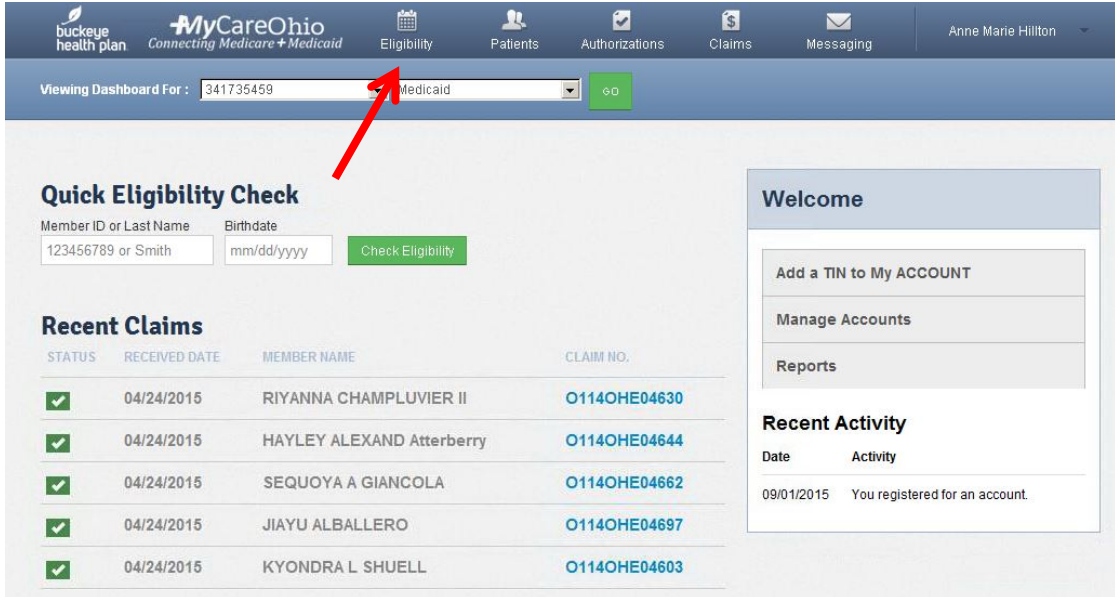
## Need To Create An Account?

Registration is fast and simple, give it a try.

Create An Account

- **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.

# Provider Dashboard



Viewing Dashboard For : 341735459 Medicaid

### Quick Eligibility Check

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy [Check Eligibility](#)

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
✓	04/24/2015	RIYANNA CHAMPLUVIER II	<a href="#">O114OHE04630</a>
✓	04/24/2015	HAYLEY ALEXAND Atterberry	<a href="#">O114OHE04644</a>
✓	04/24/2015	SEQUOYA A GIANCOLA	<a href="#">O114OHE04662</a>
✓	04/24/2015	JIAYU ALBALLERO	<a href="#">O114OHE04697</a>
✓	04/24/2015	KYONDRA L SHUELL	<a href="#">O114OHE04603</a>

### Welcome

- [Add a TIN to My ACCOUNT](#)
- [Manage Accounts](#)
- [Reports](#)

### Recent Activity

Date	Activity
09/01/2015	You registered for an account.

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



## Dashboard features:

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

# Eligibility

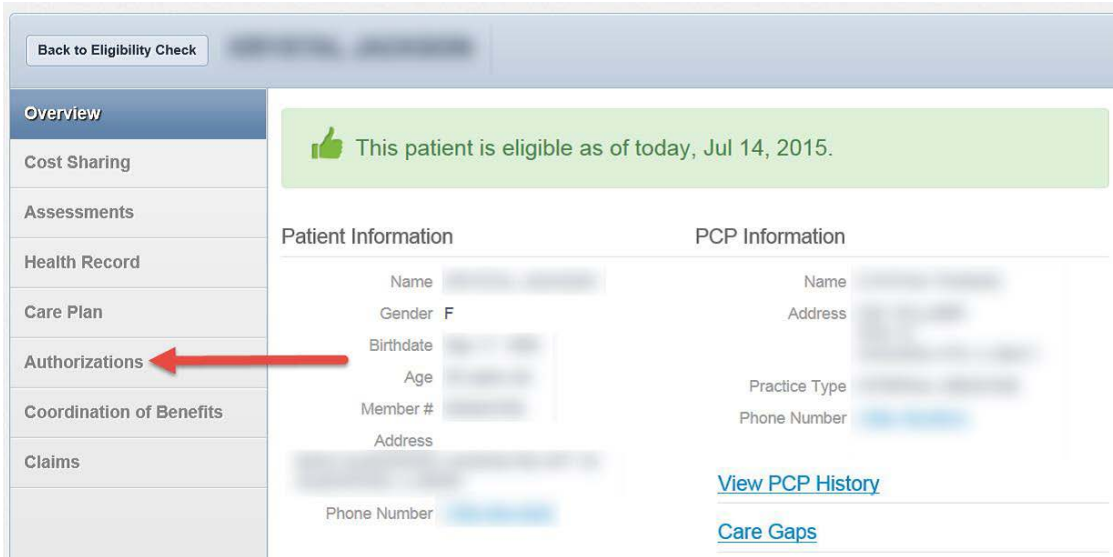
**Eligibility Check**

Date of Service:  Member ID or Last Name:  DOB:

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED	CARE GAPS
	07/14/2015		07/14/2015	Due for annual physical. <input type="button" value="+ Emergency Room Visit?"/> <input type="button" value="x Remove"/>

- **Step 3: Enter** the patient's last name or member ID and DOB. Check eligibility. **Click** on member's name to open the Overview.

# Overview



Back to Eligibility Check

**Overview**

Cost Sharing

Assessments

Health Record

Care Plan

**Authorizations**

Coordination of Benefits

Claims

👍 This patient is eligible as of today, Jul 14, 2015.

**Patient Information**

Name

Gender F

Birthdate

Age

Member #

Address

Phone Number

**PCP Information**

Name

Address

Practice Type

Phone Number

[View PCP History](#)

[Care Gaps](#)

- **Step 4:** Select the **Authorizations** tab.

# Authorizations

Back to Eligibility Check

Overview

Cost Sharing

Assessments

Health Record

Care Plan

**Authorizations**

Coordination of Benefits

Claims

### Authorizations

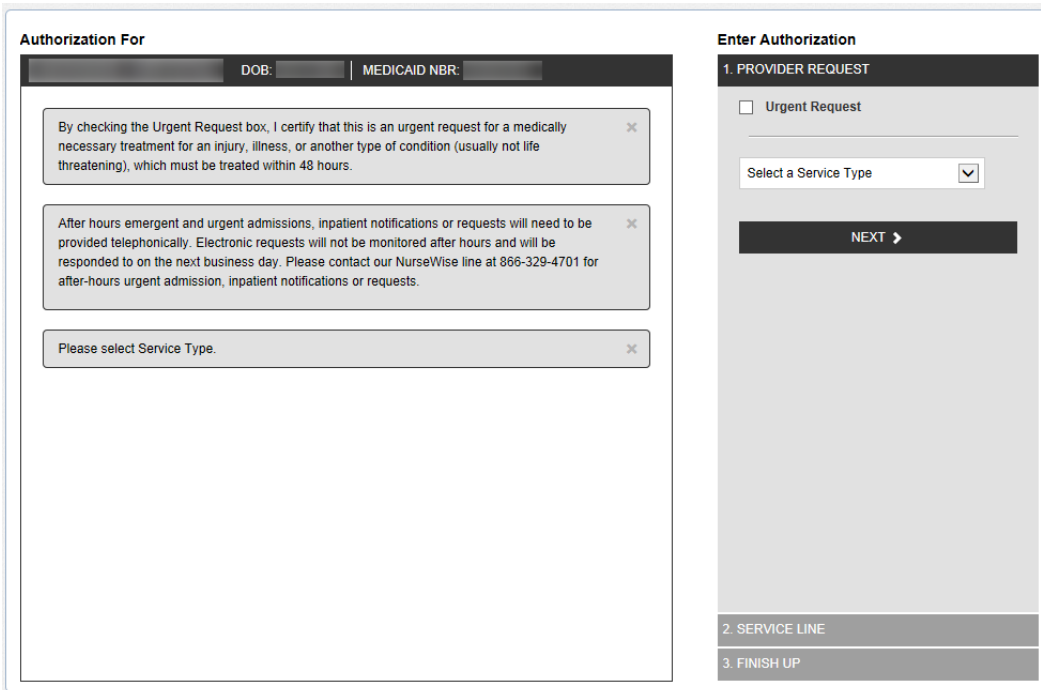
STATUS	AUTH NBR	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
APPROVE		01/01/2015	09/30/2015	V68.81	OUTPATIENT	Personal Care Worker
APPROVE		05/22/2014	08/21/2014	343.9	OUTPATIENT	DME
APPROVE		01/01/2014	12/31/2014	V68.81	OUTPATIENT	Personal Care Worker

Create a New Authorization

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

Authorizations displays requests previously submitted or Create a New Authorization request.

# Authorization Form



The screenshot shows a web form titled "Authorization Form" divided into two main sections: "Authorization For" on the left and "Enter Authorization" on the right.

**Authorization For:** This section contains a header with fields for "DOB:" and "MEDICAID NBR:". Below this are three informational boxes, each with a close button (x):

- Box 1: "By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours."
- Box 2: "After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-329-4701 for after-hours urgent admission, inpatient notifications or requests."
- Box 3: "Please select Service Type."

**Enter Authorization:** This section is titled "1. PROVIDER REQUEST" and includes:

- An unchecked checkbox labeled "Urgent Request".
- A dropdown menu labeled "Select a Service Type".
- A "NEXT >" button.
- Below this section, a list of steps is visible: "2. SERVICE LINE" and "3. FINISH UP".

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**.



# Service Type

**Authorization For**

DOB: [ ] MEDICAID NBR: [ ]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. [X]

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-329-4701 for after-hours urgent admission, inpatient notifications or requests. [X]

Please select Service Type. [X]

**Enter Authorization**

1. PROVIDER REQUEST

Urgent Request

Select a Service Type

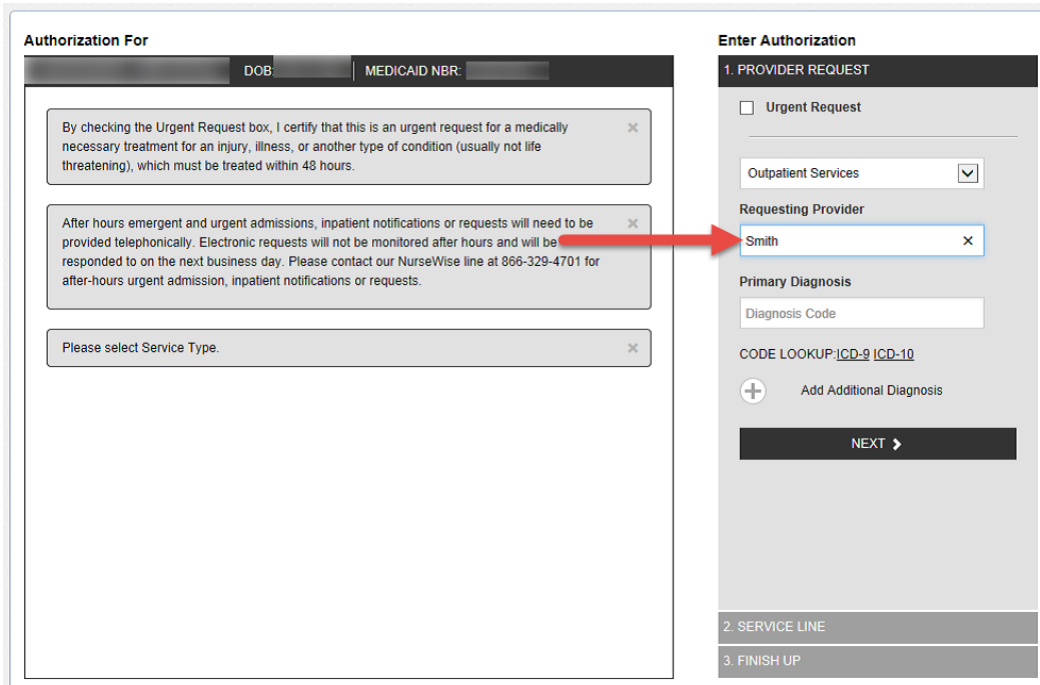
- Medical Outpatient
  - Biopharmacy
  - Cardiac / Pulmonary Rehabilitation
  - Cochlear Implants & Surgery
  - DME
  - Genetic Testing & Counseling
  - Home Health
  - Hospice
  - Neuropsych Testing
  - OB Ultrasound
  - Office Visit
  - Orthotics
  - Outpatient Services
  - Outpatient Surgery
  - Pain Management
  - Prosthetics
  - Therapy
  - Transport
- Medical Inpatient
  - C-Section Delivery
  - Medical
  - Premature/False Labor
  - Rehab Inpatient
  - Skilled Nursing
  - Sub Acute
  - Surgical
  - Transplant
  - Vaginal Delivery

2. SERVICE LINE

3. FINISH UP

- **Step 6:** Select a **Service Type** from the drop-down list.

# Requesting Provider



The screenshot shows a web form for authorization. On the left, under 'Authorization For', there are fields for 'DOB' and 'MEDICAID NBR'. Below these are three informational boxes with 'x' icons. The second box contains text about after-hours requests. A red arrow points from this box to the 'Requesting Provider' field on the right. The right side is titled 'Enter Authorization' and has a '1. PROVIDER REQUEST' section. It includes an 'Urgent Request' checkbox, an 'Outpatient Services' dropdown menu, and a 'Requesting Provider' text input field containing 'Smith'. Below that is a 'Primary Diagnosis' section with a 'Diagnosis Code' field. At the bottom of this section is a 'CODE LOOKUP: ICD-9 | ICD-10' link and an 'Add Additional Diagnosis' button with a plus sign. A 'NEXT >' button is at the bottom of the form.

- **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

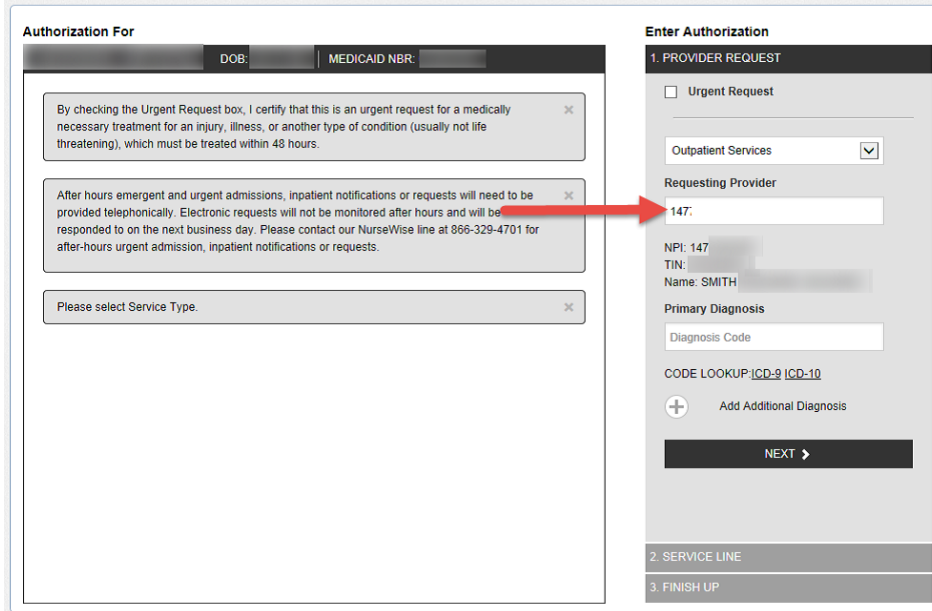
Select a Provider X

PROVIDER NAME	PHONE NUMBER	TAX ID	NPI	SPECIALTY DESC	SELECT
SMITH AND NEPH					Select
SMITH				SKILLED NURSING FACILITY	Select
SMITH				GENERAL SURGERY	Select
SMITH,				EMERGENCY MEDICINE	Select
SMITH.				GENERAL SURGERY	Select
SMITH.				HEMATOLOGY ONCOLOGY	Select

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

The list of providers and their specialty will display.

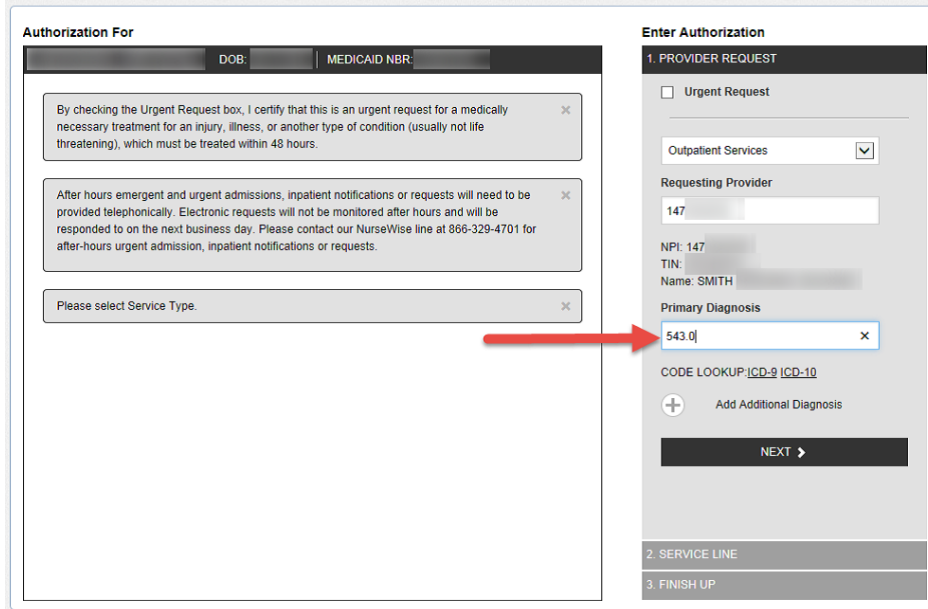
# Provider Information



The screenshot shows a web form for authorization. On the left, under 'Authorization For', there are fields for 'DOB' and 'MEDICAID NBR'. Below these are three informational boxes with 'x' icons: the first certifies the urgent request, the second explains after-hours procedures, and the third asks for the service type. On the right, under 'Enter Authorization', there is a '1. PROVIDER REQUEST' section. It includes an unchecked 'Urgent Request' checkbox, a dropdown for 'Outpatient Services', and a 'Requesting Provider' section with a search field containing '147:'. Below the search field, the provider's details are displayed: 'NPI: 147', 'TIN:', and 'Name: SMITH'. There is also a 'Primary Diagnosis' section with a 'Diagnosis Code' field and a 'CODE LOOKUP: ICD-9 ICD-10' link. A '+ Add Additional Diagnosis' button is present. At the bottom of this section is a 'NEXT >' button. Below the '1. PROVIDER REQUEST' section are sections for '2. SERVICE LINE' and '3. FINISH UP'.

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

# Primary Diagnosis

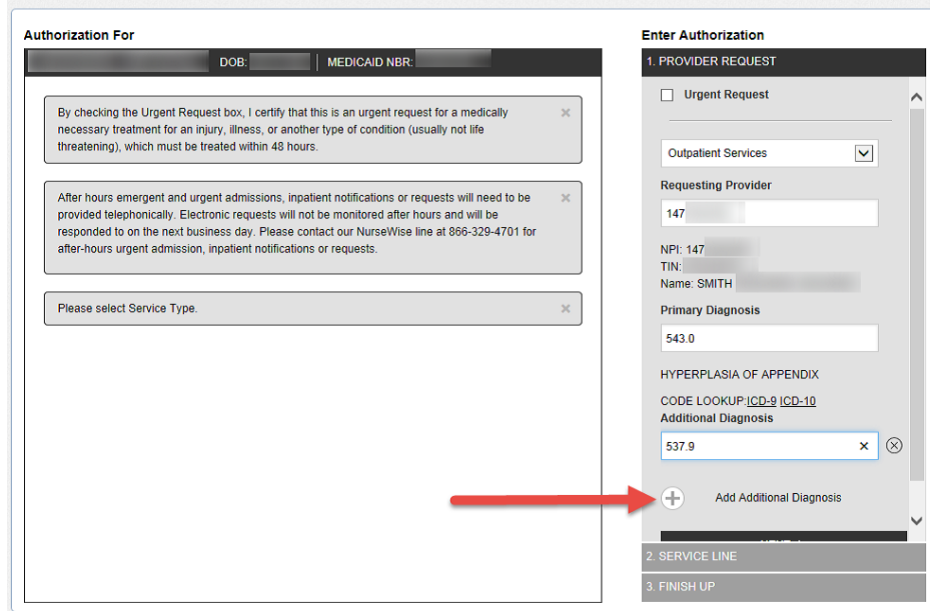


The screenshot shows a web form for authorization. On the left, under 'Authorization For', there are fields for 'DOB' and 'MEDICAID NBR'. Below these are three informational boxes with 'x' icons: one about urgent requests, one about after-hours admissions, and one asking to select a service type. On the right, under 'Enter Authorization', there is a '1. PROVIDER REQUEST' section. It includes an 'Urgent Request' checkbox, an 'Outpatient Services' dropdown menu, and a 'Requesting Provider' section with fields for NPI (147), TIN, and Name (SMITH). The 'Primary Diagnosis' field contains '543.0' and is highlighted with a red arrow. Below this is a 'CODE LOOKUP: ICD-9 | ICD-10' section with an 'Add Additional Diagnosis' button. At the bottom of this section is a 'NEXT >' button. Below the '1. PROVIDER REQUEST' section are sections for '2. SERVICE LINE' and '3. FINISH UP'.

- **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



The screenshot shows a web form for authorization. On the left, under 'Authorization For', there are fields for 'DOB' and 'MEDICAID NBR.' and three informational boxes. On the right, under 'Enter Authorization', there is a section for '1. PROVIDER REQUEST'. This section includes a checkbox for 'Urgent Request', a dropdown for 'Outpatient Services', and fields for 'Requesting Provider' (ID: 147), 'NPI: 147', 'TIN:', and 'Name: SMITH'. Below this is the 'Primary Diagnosis' field with the code '543.0' and the text 'HYPERPLASIA OF APPENDIX'. Underneath is a 'CODE LOOKUP: ICD-9 ICD-10' section with an 'Additional Diagnosis' field containing '537.9'. At the bottom of this section is a button with a plus sign and the text 'Add Additional Diagnosis', which is highlighted by a red arrow.

- To add **Additional Diagnosis**, click on the **+** sign and the diagnosis field will appear. **Enter** the ICD code.

**Authorization For**

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-329-4701 for after-hours urgent admission, inpatient notifications or requests. ✕

Please select Service Type. ✕

**Enter Authorization**

1. PROVIDER REQUEST

Outpatient Services

Requesting Provider

147

NPI: 147  
TIN: [REDACTED]  
Name: SMITH

Primary Diagnosis

543.0

HYPERPLASIA OF APPENDIX  
CODE LOOKUP: [ICD-9](#) [ICD-10](#)

Additional Diagnosis

537.9 ✕


UNSPEC DISORDER STOMACH&DUODENUM

+ Add Additional Diagnosis

**NEXT >**

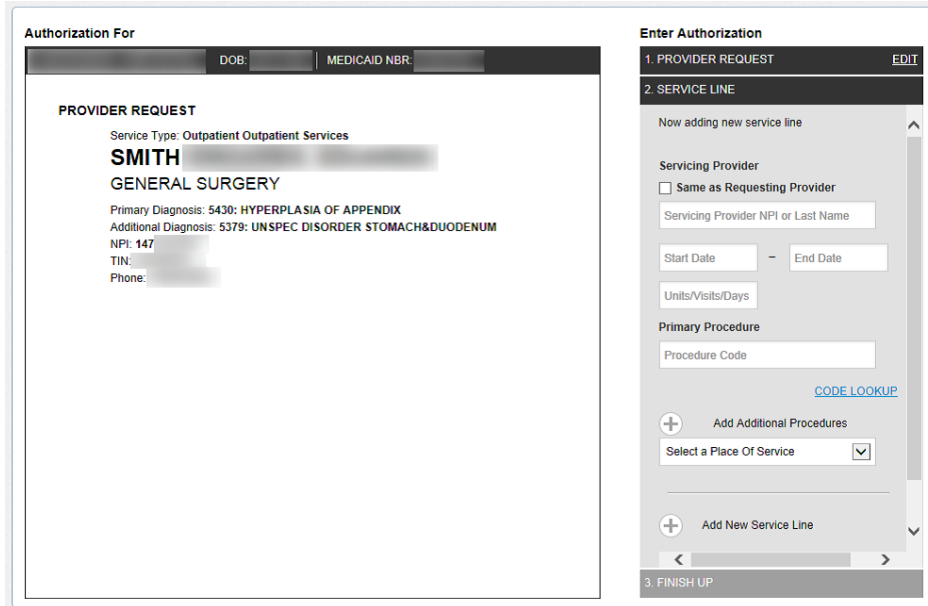
2. SERVICE [LINE](#)

3. FINISH UP



- **Step 10:** When all of the diagnosis codes have been entered, click on **Next**.

# Service Line



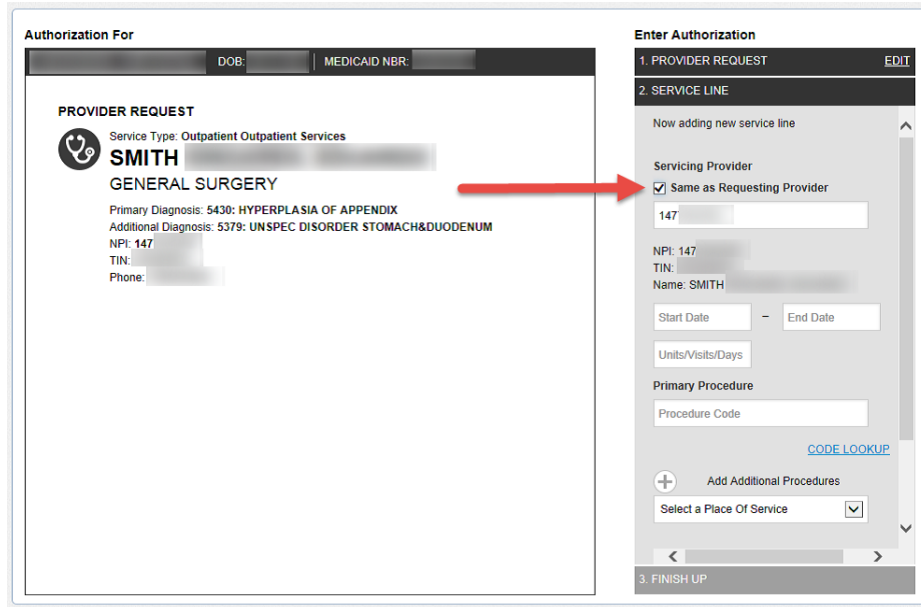
The screenshot displays a web-based authorization form. On the left, the 'PROVIDER REQUEST' section shows patient information for SMITH, including service type (Outpatient Outpatient Services), primary diagnosis (5430: HYPERPLASIA OF APPENDIX), and additional diagnosis (5379: UNSPEC DISORDER STOMACH&DUODENUM). On the right, the 'Enter Authorization' section is active, showing a 'SERVICE LINE' entry form. This form includes fields for 'Servicing Provider' (with a checkbox for 'Same as Requesting Provider'), 'Start Date', 'End Date', 'Units/Visits/Days', and 'Primary Procedure' (with a 'CODE LOOKUP' link). There are also buttons for 'Add Additional Procedures' and 'Add New 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

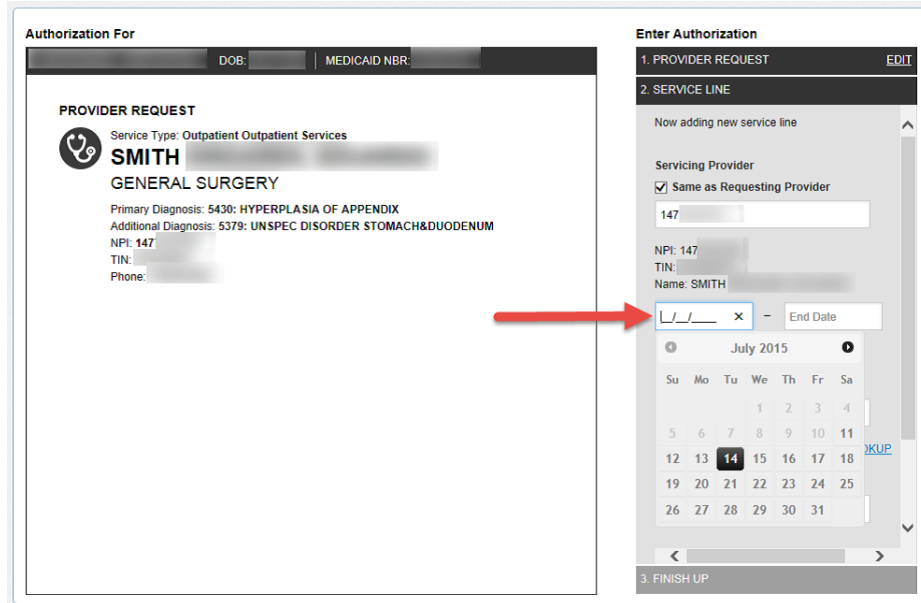


The screenshot shows two panels. The left panel, titled 'Authorization For', contains a 'PROVIDER REQUEST' section with the following details: Service Type: Outpatient Outpatient Services; PROVIDER: SMITH; GENERAL SURGERY; Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX; Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM; NPI: 147; TIN: [redacted]; Phone: [redacted]. The right panel, titled 'Enter Authorization', has a '2. SERVICE LINE' section. It includes a 'Servicing Provider' section with a checked checkbox for 'Same as Requesting Provider' and a text input field containing '147'. Below this are fields for NPI (147), TIN, Name (SMITH), Start Date, End Date, Units/Visits/Days, and Primary Procedure (Procedure Code). A 'CODE LOOKUP' link is present. At the bottom of the right panel is a '3. FINISH UP' section.

- **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



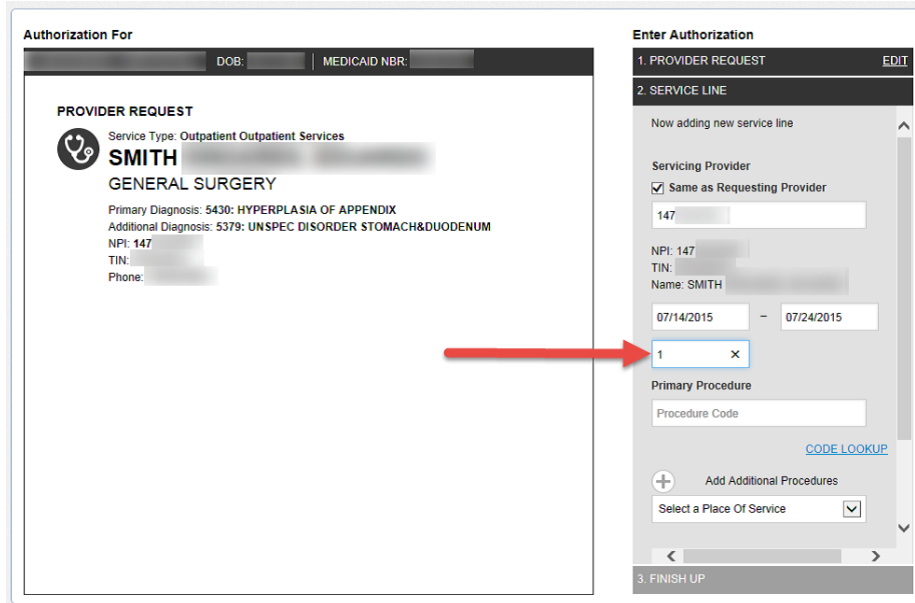
The screenshot shows a web form for entering an authorization. The left pane, titled 'Authorization For', contains a 'PROVIDER REQUEST' section for 'SMITH GENERAL SURGERY'. The right pane, titled 'Enter Authorization', has three steps: '1. PROVIDER REQUEST', '2. SERVICE LINE', and '3. FINISH UP'. In step 2, there is a date field for 'End Date' with a calendar widget open for July 2015. A red arrow points to the date field.

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- 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



**Authorization For**

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

**PROVIDER REQUEST**

Service Type: Outpatient Outpatient Services

**SMITH**

GENERAL SURGERY

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX  
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Servicing Provider

Same as Requesting Provider

147

NPI: 147  
TIN: [REDACTED]  
Name: SMITH

07/14/2015 - 07/24/2015

1 x

Primary Procedure

Procedure Code

[CODE LOOKUP](#)

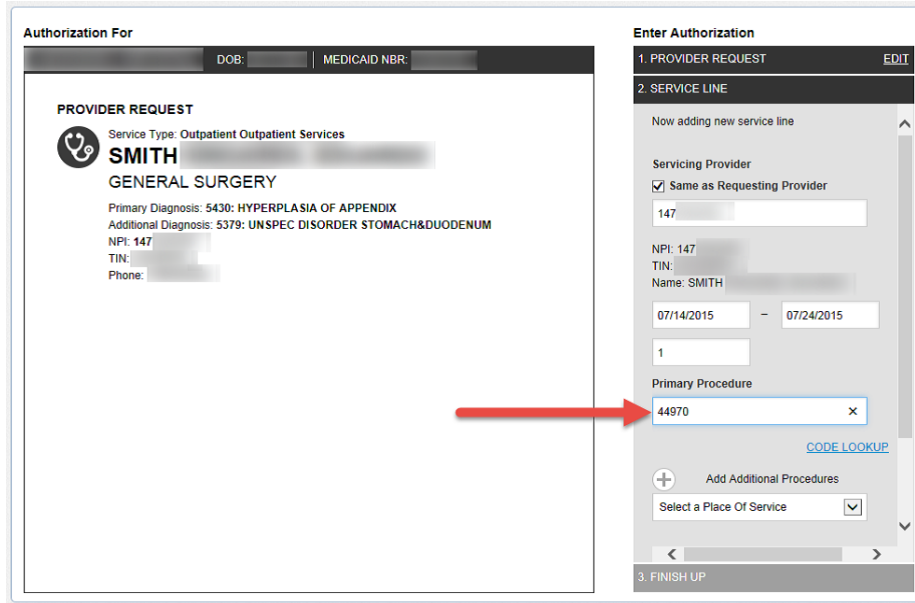
+ Add Additional Procedures

Select a Place Of Service

3. FINISH UP

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

# Primary Procedure

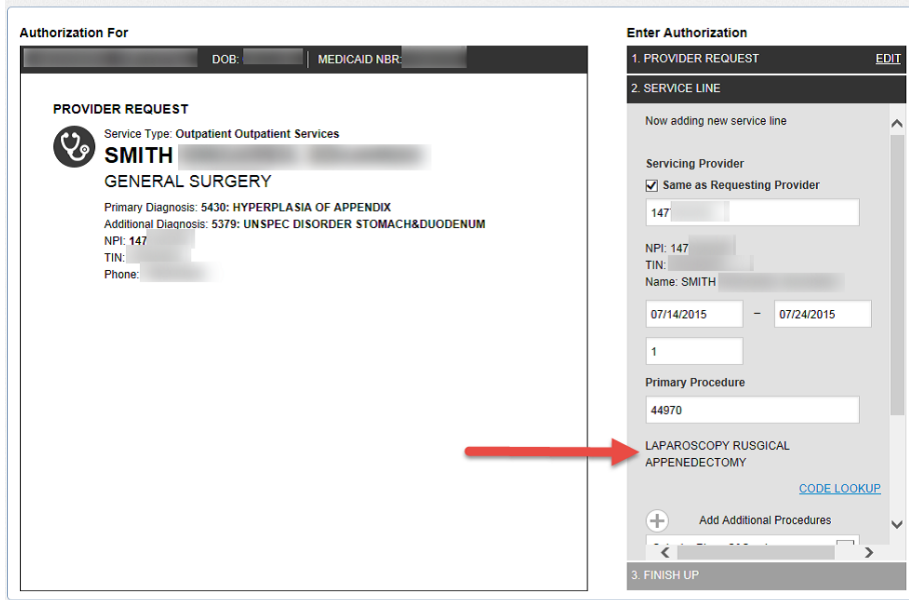


The screenshot shows a web portal interface for entering an authorization. On the left, the 'PROVIDER REQUEST' section displays patient information for SMITH, including service type (Outpatient Outpatient Services), primary diagnosis (5430: HYPERPLASIA OF APPENDIX), and additional diagnosis (5379: UNSPEC DISORDER STOMACH&DUODENUM). On the right, the 'Enter Authorization' section is active, showing a '2. SERVICE LINE' entry. A red arrow points to the 'Primary Procedure' field, which contains the code '44970'. Below this field is a 'CODE LOOKUP' link. The interface also includes fields for 'Servicing Provider' (checked as 'Same as Requesting Provider'), NPI (147), TIN, Name (SMITH), and dates (07/14/2015 to 07/24/2015).

- 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



**Authorization For**

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

**PROVIDER REQUEST**

Service Type: Outpatient Outpatient Services

**SMITH**

**GENERAL SURGERY**

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX  
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

147

147

NPI: 147  
TIN: [REDACTED]  
Name: SMITH

07/14/2015 - 07/24/2015

1

Primary Procedure

44970

LAPAROSCOPY RUSGICAL APPENEDECTOMY

[CODE LOOKUP](#)

+ Add Additional Procedures

3. FINISH UP

- The corresponding procedure name will appear under the procedure code.

Additional procedure codes can be entered by clicking on the + sign.

Authorization For

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

**PROVIDER REQUEST**

Service Type: Outpatient Outpatient Services  
**SMITH**  
GENERAL SURGERY  
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX  
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**SERVICE LINES**

Service Line 1

**SMITH**  
GENERAL SURGERY  
Dates: 07/14/2015 - 07/24/2015  
Units: 1  
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY  
Place Of Service: Ambulatory Surgical Center  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

NPI: 196  
TIN: [REDACTED]  
Name: BROWN,  
07/14/2015 - 07/24/2015  
2  
Primary Procedure  
99224

SUBSEQUENT OBSERVATION CARE  
[CODE LOOKUP](#)

+ Add Additional Procedures  
Ambulatory Surgical Center

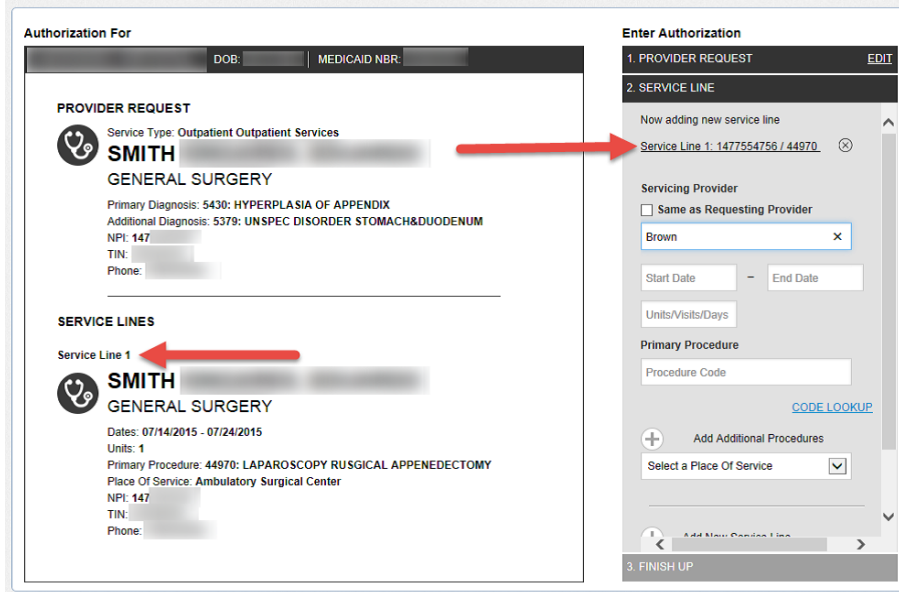
+ Add New Service Line

**NEXT >**

3. FINISH UP

- **Step 15:** When all of the procedure codes have been entered, click on **Next**.

# View Service Line



**Authorization For**

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

**PROVIDER REQUEST**

Service Type: Outpatient Outpatient Services

**SMITH** [REDACTED]

**GENERAL SURGERY**

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX  
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**SERVICE LINES**

Service Line 1 [REDACTED]

**SMITH** [REDACTED]

**GENERAL SURGERY**

Dates: 07/14/2015 - 07/24/2015  
Units: 1  
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY  
Place Of Service: Ambulatory Surgical Center  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

Now adding new service line

Service Line 1: 1477554756 / 44970

Servicing Provider

Same as Requesting Provider

Brown

Start Date - End Date

Units/Visits/Days

Primary Procedure

Procedure Code

[CODE LOOKUP](#)

+ Add Additional Procedures

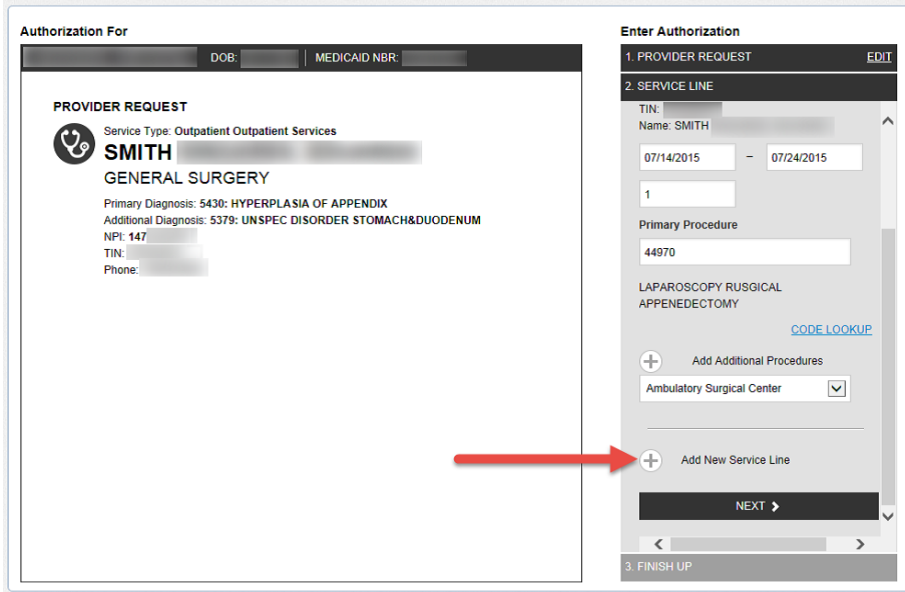
Select a Place Of Service

3. FINISH UP

- 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



**Authorization For**

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

**PROVIDER REQUEST**

Service Type: Outpatient Outpatient Services

**SMITH**

**GENERAL SURGERY**

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX  
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**Enter Authorization**

1. PROVIDER REQUEST [EDIT](#)

2. SERVICE LINE

TIN: [REDACTED]  
Name: SMITH  
07/14/2015 - 07/24/2015  
1  
Primary Procedure  
44970

LAPAROSCOPY RUSGICAL  
APPENDECTOMY

[CODE LOOKUP](#)

+ Add Additional Procedures  
Ambulatory Surgical Center

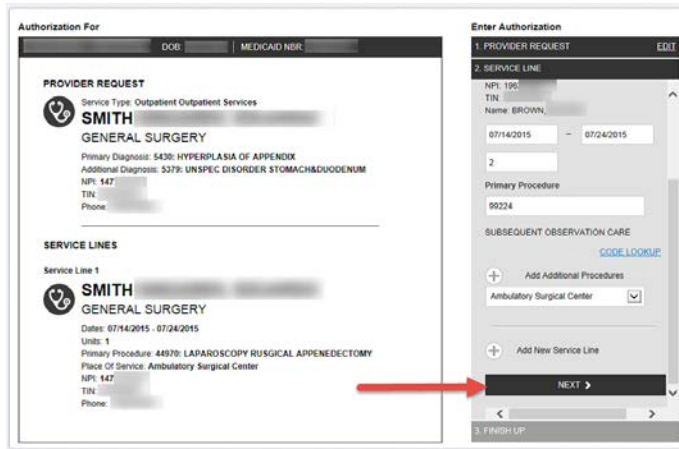
+ Add New Service Line

**NEXT** >

3. FINISH UP

- Under the place of service, the provider can **Add Service Lines** for more services by clicking the addition sign.





Authorization For: [DOB] | MEDICAID NBR

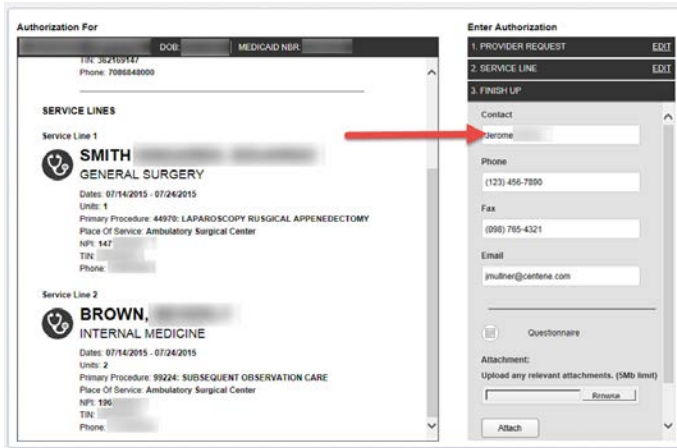
**PROVIDER REQUEST**  
Service Type: Outpatient Outpatient Services  
**SMITH**  
GENERAL SURGERY  
Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX  
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM  
NPI: 147  
TIN:  
Phone:

**SERVICE LINES**  
Service Line 1  
**SMITH**  
GENERAL SURGERY  
Date: 07/14/2015 - 07/24/2015  
Units: 1  
Primary Procedure: 44970: LAPAROSCOPY RUSGICAL APPENEDECTOMY  
Place Of Service: Ambulatory Surgical Center  
NPI: 147  
TIN:  
Phone:

**Enter Authorization**  
1. PROVIDER REQUEST EDIT  
2. SERVICE LINE  
NPI: 190  
TIN:  
Name: BROWN  
07/14/2015 - 07/24/2015  
2  
Primary Procedure  
99224  
SUBSEQUENT OBSERVATION CARE  
[CODE LOOKUP](#)  
+ Add Additional Procedures  
Ambulatory Surgical Center  
+ Add New Service Line  
**NEXT** >  
3. FINISH UP

- **Step 16:** If no additional service lines, Click **Next**.

# Finish Up



The screenshot displays a web portal interface for creating an authorization. It is divided into two main sections: 'Authorization For' and 'Enter Authorization'.

**Authorization For:**

- DOB: [REDACTED]
- MEDICAID NBR: [REDACTED]
- TIN: J021031447
- Phone: 7086848000

**SERVICE LINES:**

**Service Line 1:**

- SMITH** GENERAL SURGERY
- Dates: 07/14/2015 - 07/24/2015
- Units: 1
- Primary Procedure: 44970: LAPAROSCOPY SURGICAL APPENDECTOMY
- Place Of Service: Ambulatory Surgical Center
- NPI: 147
- TIN: [REDACTED]
- Phone: [REDACTED]

**Service Line 2:**

- BROWN,** INTERNAL MEDICINE
- Dates: 07/14/2015 - 07/24/2015
- Units: 2
- Primary Procedure: 99224: SUBSEQUENT OBSERVATION CARE
- Place Of Service: Ambulatory Surgical Center
- NPI: 196
- TIN: [REDACTED]
- Phone: [REDACTED]

**Enter Authorization:**

- 1. PROVIDER REQUEST [EDIT]
- 2. SERVICE LINE [EDIT]
- 3. FINISH UP

**Contact:**

- Name: Jerome
- Phone: (123) 456-7890
- Fax: (098) 765-4321
- Email: jmultner@centene.com

Questionnaire

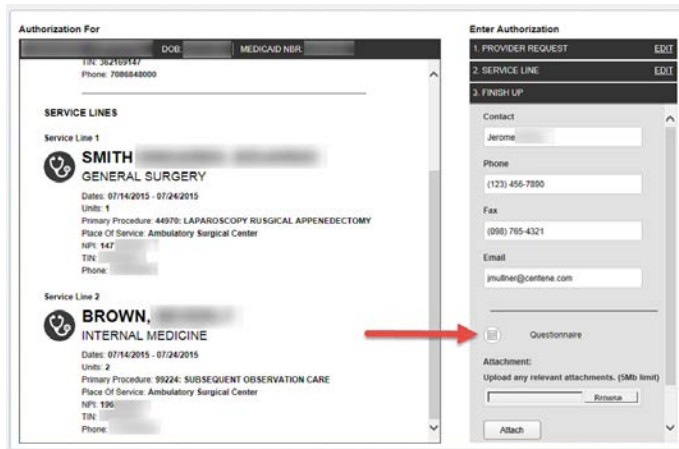
Attachment:  
Upload any relevant attachments. (5Mb limit)

[REDACTED] [Remove]

[Attach]

- **Finish Up** auto-populates the user's name, phone, fax, and email address.

# Questionnaire



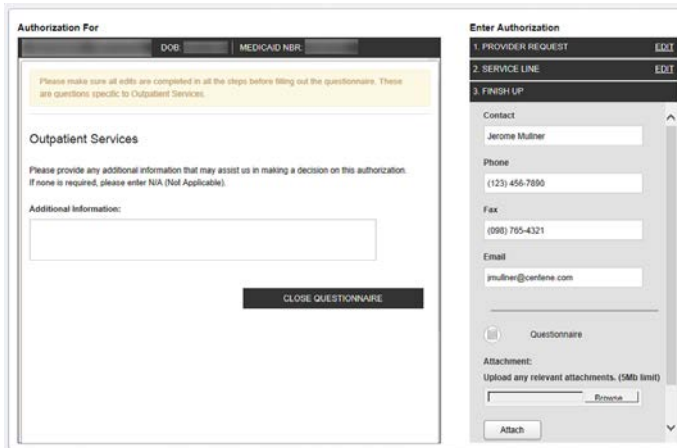
The screenshot displays a web interface for creating an authorization. On the left, under 'Authorization For', there are two service lines:

- Service Line 1:** SMITH, GENERAL SURGERY. Dates: 07/14/2015 - 07/24/2015. Units: 1. Primary Procedure: 44970: LAPAROSCOPY SURGICAL APPENDECTOMY. Place Of Service: Ambulatory Surgical Center. NPI: 147. TIN: [redacted]. Phone: [redacted].
- Service Line 2:** BROWN, INTERNAL MEDICINE. Dates: 07/14/2015 - 07/24/2015. Units: 2. Primary Procedure: 99224: SUBSEQUENT OBSERVATION CARE. Place Of Service: Ambulatory Surgical Center. NPI: 196. TIN: [redacted]. Phone: [redacted].

On the right, the 'Enter Authorization' form has three steps: 1. PROVIDER REQUEST, 2. SERVICE LINE, and 3. FINISH UP. In the 'FINISH UP' section, there is a checkbox labeled 'Questionnaire' which is highlighted by a red arrow. Below this are fields for 'Attachment:' with a file selection button and an 'Attach' button.

- **Step 17:** Click on icon to open Questionnaire.

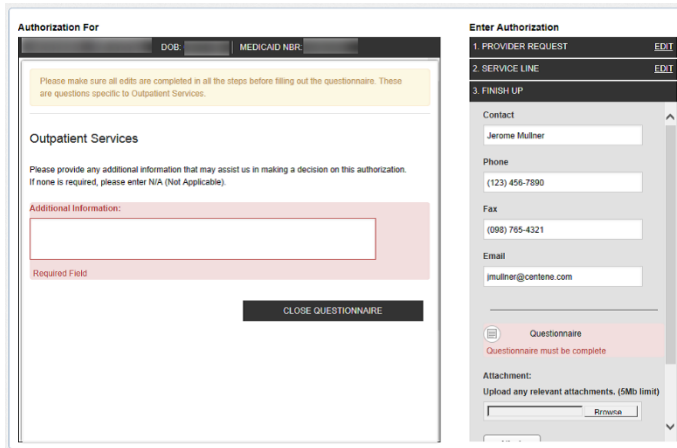
# Questionnaire



The screenshot shows a web form titled "Authorization For" with two main sections. The left section, "Outpatient Services", includes a header with "DOB" and "MEDICAID NBR" fields, a yellow warning box, and a text area for "Additional Information" with a "CLOSE QUESTIONNAIRE" button. The right section, "Enter Authorization", has a sidebar with "1. PROVIDER REQUEST", "2. SERVICE LINE", and "3. FINISH UP" options, each with an "EDIT" button. Below this are fields for "Contact" (Jerome Mulner), "Phone" ((123) 456-7890), "Fax" ((000) 705-4321), and "Email" (jmulner@centene.com). At the bottom, there is a "Questionnaire" checkbox, an "Attachment" section with a file upload field and "Attach" button.

- The questionnaire that displays will vary based on the **service type** selected. If additional information is not applicable, N/A must be entered.

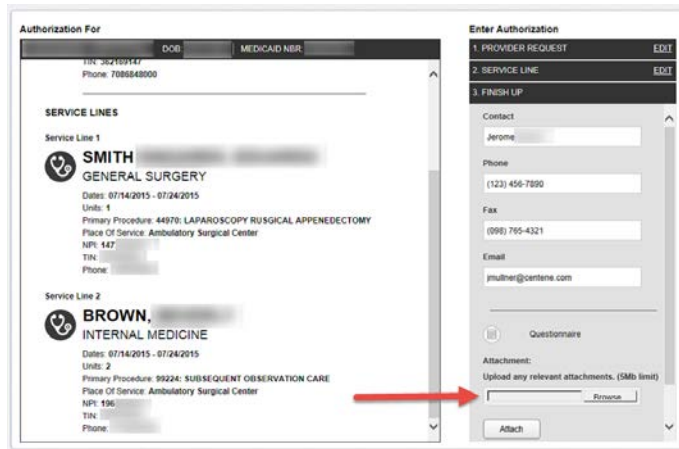
# Questionnaire



The screenshot displays a web interface for creating an authorization. On the left, the 'Authorization For' section includes fields for 'DOB' and 'MEDICAID NBR'. Below these is a yellow warning box: 'Please make sure all edits are completed in all the steps before filling out the questionnaire. These are questions specific to Outpatient Services.' The 'Outpatient Services' section contains a red-bordered 'Additional Information' field with a 'Required Field' label and a 'CLOSE QUESTIONNAIRE' button. On the right, the 'Enter Authorization' sidebar shows a progress indicator with three steps: '1. PROVIDER REQUEST', '2. SERVICE LINE', and '3. FINISH UP'. The '3. FINISH UP' step is active. Below the progress indicator are input fields for 'Contact' (Jerome Mullner), 'Phone' ((123) 456-7890), 'Fax' ((000) 795-4321), and 'Email' (jmullner@centens.com). A red error message states 'Questionnaire must be complete'. At the bottom, there is an 'Attachment' section with the text 'Upload any relevant attachments. (5Mb limit)' and a file upload button labeled 'Browse'.

- The questionnaire is a **mandatory** field. If it is not completed, an alert will appear.

# Attachments



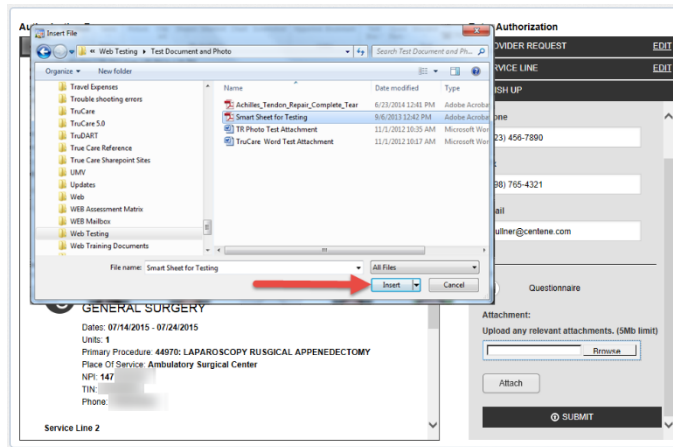
The screenshot shows a web form for authorization. On the left, under 'Authorization For', there are two service lines: 'SMITH GENERAL SURGERY' and 'BROWN INTERNAL MEDICINE'. On the right, under 'Enter Authorization', there are three steps: '1. PROVIDER REQUEST', '2. SERVICE LINE', and '3. FINISH UP'. Below these steps are fields for 'Contact', 'Phone', 'Fax', and 'Email'. At the bottom right, there is an 'Attachment:' section with a text input field and a 'Browse...' button. A red arrow points to this 'Browse...' button.

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

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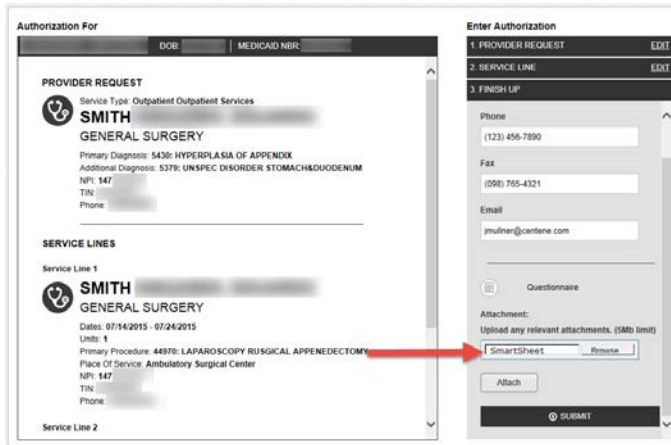
Up to five Attachments can be added to the prior authorization request.

# Attachments



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

# Attachments



Authorization For

DOB: [REDACTED] MEDICAID NBR: [REDACTED]

**PROVIDER REQUEST**

Service Type: Outpatient Outpatient Services

**SMITH** [REDACTED]

**GENERAL SURGERY**

Primary Diagnosis: 5430: HYPERPLASIA OF APPENDIX  
Additional Diagnosis: 5379: UNSPEC DISORDER STOMACH&DUODENUM  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

**SERVICE LINES**

Service Line 1

**SMITH** [REDACTED]

**GENERAL SURGERY**

Dates: 07/14/2015 - 07/24/2015  
Units: 1  
Primary Procedure: 44970: LAPAROSCOPY RUSSICAL APPENDECTOMY  
Place Of Service: Ambulatory Surgical Center  
NPI: 147  
TIN: [REDACTED]  
Phone: [REDACTED]

Service Line 2

**Enter Authorization**

1. PROVIDER REQUEST EDIT

2. SERVICE LINE EDIT

3. FINISH UP

Phone: (123) 456-7890

Fax: (098) 765-4321

Email: jmulner@centene.com

Questionnaire

Attachment: Upload any relevant attachments. (5Mb limit)

SmartSheet Remote

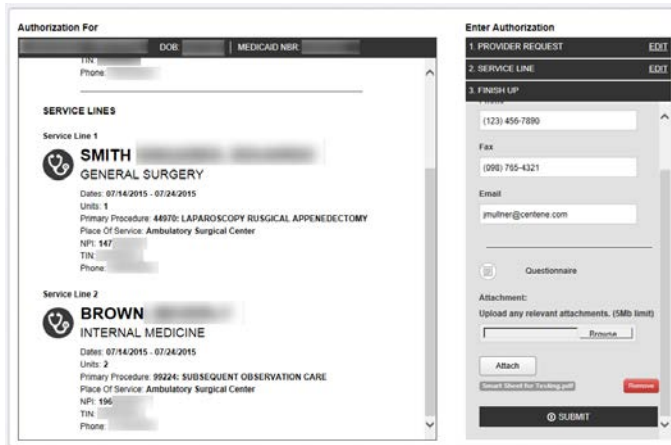
Attach

SUBMIT

- The document name will appear in the browse field.



# Attachments



The screenshot shows a web portal interface for creating an authorization. It is divided into two main sections: 'Authorization For' and 'Enter Authorization'.

**Authorization For:**

- Fields for TIN, DOB, and MEDICAID NBR.
- Fields for Name and Phone.
- SERVICE LINES:**
  - Service Line 1:** SMITH GENERAL SURGERY. Dates: 07/14/2015 - 07/24/2015. Units: 1. Primary Procedure: 44870: LAPAROSCOPY RUSSICAL APPENEDECTOMY. Place Of Service: Ambulatory Surgical Center. NPI: 147. TIN: [redacted]. Phone: [redacted].
  - Service Line 2:** BROWN INTERNAL MEDICINE. Dates: 07/14/2015 - 07/24/2015. Units: 2. Primary Procedure: 99224: SUBSEQUENT OBSERVATION CARE. Place Of Service: Ambulatory Surgical Center. NPI: 196. TIN: [redacted]. Phone: [redacted].

**Enter Authorization:**

1. PROVIDER REQUEST (EDIT)
2. SERVICE LINE (EDIT)
3. FINISH UP (EDIT)

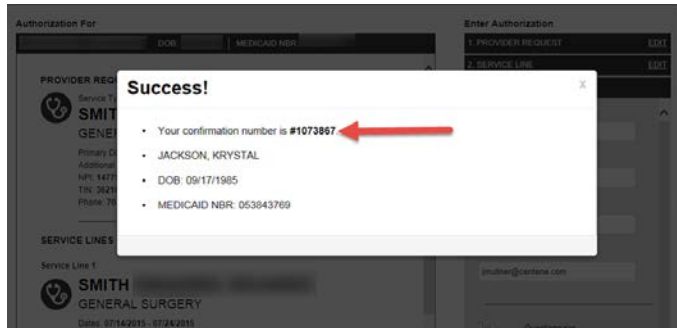
Fields for (123) 456-7890, Fax (000) 755-4321, and Email jmulner@centene.com.

Attachment section: "Attachment: Upload any relevant attachments. (5Mb limit)" with an "Attach" button and a "Smart Check for Texting.pdf" link.

A "SUBMIT" button is at the bottom.

- **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](mailto:ahillton@centene.com)

**Northwest Area (Fulton, Lucas, Ottawa and Wood counties)**

Laura Anaple ♦ 866.246.4356 x24816 ♦ [lanaple@centene.com](mailto:lanaple@centene.com)

**West Central Area (Clark, Greene and Montgomery counties)**

Derek Goode ♦ 866.246.4356 x24162 ♦ [dgoode@centene.com](mailto:dgoode@centene.com)