



TRUECARE™ PROVIDER PORTAL

The TrueCare™ Provider Portal is a key self-service tool for our providers and continues to redefine how our providers engage with us. The Provider Portal is a secure, encrypted online tool available for any provider serving our members. All providers who have a TrueCare Provider ID can register and access information on the Portal.

A screenshot of the TrueCare Provider Portal interface. On the left is a sidebar menu with sections: "MEMBER SEARCH" (containing links for Member Eligibility, Coordination of Benefits, Community Transition Program, and Member File Upload) and "CLAIMS" (containing links for Online Claim Submission, Claim Information and Attachments, Rejected Claims, Real Time Claims, Payment History, Recovery Request, Disputes, and Post Service Appeals). The main content area has a purple header banner with the text "Multi-Factor Authentication is Going Live!" and a "Read More" button. Below this is a "Member Alerts:" section with a search bar containing filters for "Dates" (7/15/2023 to 8/14/2023), "CareSource ID", "Member Name", and "Alert Type" (set to "All"). A "Filter" button is on the right. Below the search bar, it states "No alerts found for the given filters."

PROVIDER FEEDBACK

Provider satisfaction with the Portal is a key metric that we monitor closely. We have implemented a feedback loop where we elicit provider feedback, gather that feedback into key enhancement themes, and then build a thoughtful, enhancement roadmap that delivers new features that our providers find useful. The enhancements are released iteratively throughout the year and target highly requested items. Some of our provider feedback mechanisms include:

- Provider focus groups
- In-person Provider training sessions with Q&A
- Surveys available on the Portal
- Feedback from the Health Partner Team who are working directly with our providers
- Call center reporting

We place satisfaction surveys directly on the Portal to capture feedback about a provider's overall experience with completing their daily tasks. To close the feedback loop, we provide communication around new features through What's New Network Notifications and Provider Quarterly Newsletters that are available on MSTrueCare.com and linked from the Portal home page, provider training sessions specifically designed to introduce new functionality, and through communications with the Health Partner Representatives.



1. Ask

Install feedback portal and feedback widget on your site. Use surveys and Live Chat.

2. Collect

Collect all kinds of feedback at organized single place of help of specialized softwares.

3. Analyze and Plan

Build Product Roadmaps based on the best insights from your customers.

4. Implement

Improve your product based on user suggestions.

5. Notify

Show your clients that their time and opinion is important.



MEMBER ELIGIBILITY

The Portal enables quick access to relevant member information, such as member eligibility and enrollment, including a member's primary language information and any other special communication needs.

Providers can search for member eligibility using one of the search options, or search for multiple members at a time. Providers can easily export and print member data as needed. Providers can also access a member's case management plan and submit a request to update case management information.

Member Eligibility

CareSource Id Medicaid Id Member Info Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource ID: [Member is eligible for service on the specified date](#)

Date of Service:

[Search](#)

Member Information

Member Name: Jane Doe	Address: Berea, OH, 44017
CareSource Id:	County of Residence: Cuyahoga
Medicaid Id:	County of Eligibility: Cuyahoga
Case Number:	Phone:
Gender: Female	Date of Birth:
Member Profile: Not Available for this Member Member Profile Report Definitions	Relationship to Subscriber: Subscriber/Insured
Original Effective Date: 6/1/2014 12:00:00 AM	Program Details: Not a coordinated services member.
Program: Ohio - Medicaid - Medicaid	Member Eligibility Date: 4/7/2020 10:17:37 PM
Member Alerts: 1. No ambulatory or preventive care visits recorded.	Span Last Updated: This member has COI on file. Click here for more details.

Primary Care Provider (PCP): Ford, Wayne A.	Phone: (216) 778-5731
NPI #:	
Case Manager:	Case Manager Phone Number:

Member Aid Category: Working Disabled, >150% FPL
Language Preference: English
Alternate Communication Format Needed: Large Print

[Subscriber Information](#)

[Member Covered Benefits Summary](#)

[Member Dental & Vision Services History](#)



MEMBER PROFILE

The Member Profile supports coordinated member care between the member's PCP and other care coordinators by providing access to comprehensive patient medical information in one convenient location. The data in the [Member Profile](#) can be used to offer coordinated, streamlined care for patients.

- Patient demographics
- Primary Care Provider (PCP) information
- Prior prescribing information
- Historical diagnoses
- Patient-specific quality metrics (such as mammography screening, A1C value, and more)
- Prior hospital admissions
- Emergency room visits
- Specialist visits
- Case management activity

Member Eligibility

CareSource Id Medicaid Id Member Info Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource ID:

Date of Service:

Member is eligible for service on the specified date

Member Information

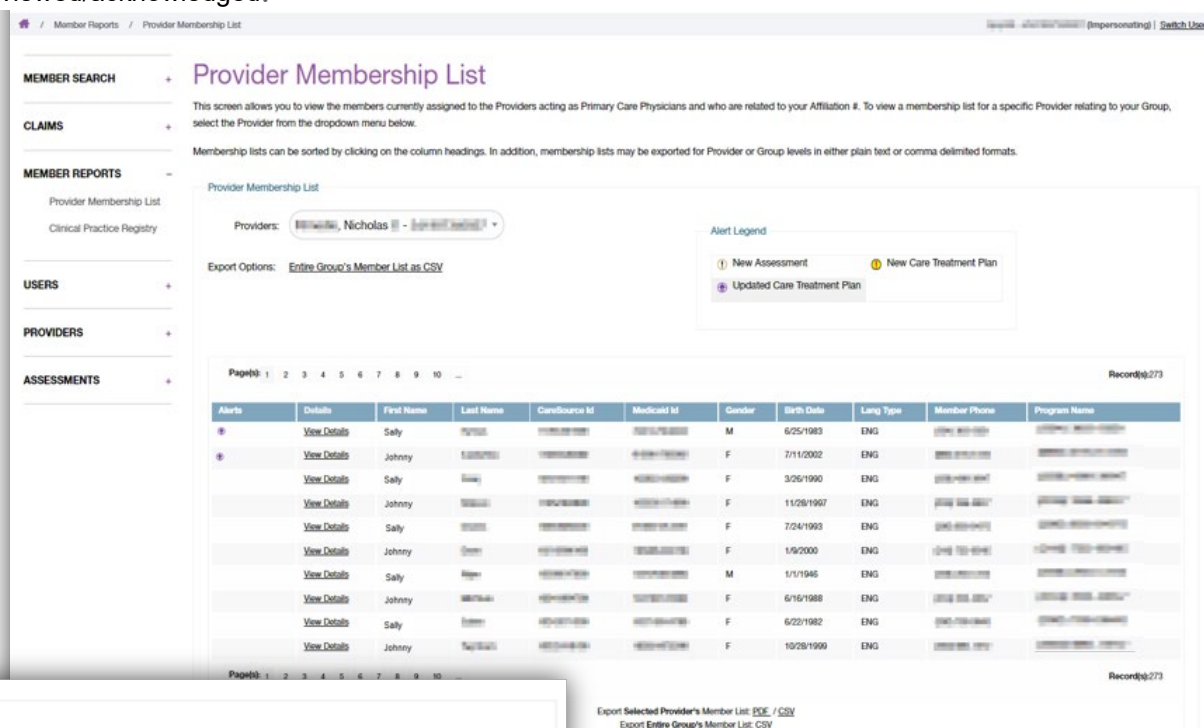
Member Name:	Mr. [Redacted]	Address:	[Redacted]
CareSource Id:	[Redacted]	County of Residence:	[Redacted]
Medicaid Id:	[Redacted]	County of Eligibility:	[Redacted]
Case Number:	[Redacted]	Phone:	[Redacted]
Gender:	Male	Date of Birth:	[Redacted]
Member Profile:	Click To View	Relationship to Subscriber:	Subscriber/Insured
	Member Profile Report Definitions	Program Details:	Not a coordinated services member
Original Effective Date:	7/1/2021 12:00:00 AM	Member Eligibility Date Span Last Updated:	3/22/2022 11:43:09 AM
Program:	Ohio - Medicaid - Medicaid		
Member Alerts:	1. 1-2 ER visits in 15 mos 2. Screening Needed: A1c		
Language Preference:	English	Alternate Communication Format Needed:	N/A
Member Aid Category:	ABD - Disabled		
Primary Care Provider (PCP):	[Redacted]	Phone:	[Redacted]
NPI #:	[Redacted]		
Case Manager:		Case Manager Phone Number:	

PROVIDER MEMBERSHIP LIST

The Provider Membership List allows providers to view the members currently assigned to the Providers acting as Primary Care Physicians and who are related to their Affiliation Number. The list can be sorted by a specific provider related to a group or for the entire group's member list. Membership lists can be sorted by clicking on a column heading and/or exported in either plain text or comma delimited formats.

Alerts that display on the Provider Membership List remain for 90 days from the triggering event. Events include:

- **New Assessment:** The member has a new health risk assessment available for review.
- **New Care Treatment Plan:** The member has a new care treatment plan that can be reviewed/acknowledged.
- **Updated Care Treatment Plan:** The member has an updated care treatment plan that can be reviewed/acknowledged.



The screenshot shows the 'Provider Membership List' interface. On the left is a sidebar with navigation links: MEMBER SEARCH, CLAIMS, MEMBER REPORTS (selected), USERS, PROVIDERS, and ASSESSMENTS. The main content area is titled 'Provider Membership List' and includes a dropdown menu for 'Providers' (currently showing 'Blinoville, Nicholas'). Below this is an 'Export Options' section with a link to 'Export Entire Group's Member List as CSV'. An 'Alert Legend' box is visible, showing icons for 'New Assessment' (yellow exclamation mark), 'New Care Treatment Plan' (yellow exclamation mark), and 'Updated Care Treatment Plan' (purple exclamation mark). The main table displays member information with columns: Alerts, Details, First Name, Last Name, CardSource Id, Medicaid Id, Gender, Birth Date, Lang Type, Member Phone, and Program Name. The table shows 10 rows of data. At the bottom, there are pagination controls (Page 1 of 10) and a 'Record(s) 273' indicator.

Alert Legend



CLINICAL PRACTICE REGISTRY

The TrueCare Clinical Practice Registry is an online tool available to health partners to identify and prioritize needed health care services, screening, and tests for TrueCare members. The Clinical Practice Registry is easy to access via the secure TrueCare Provider Portal.

- **Identify gaps in care:** View preventive service history and easily identify HEDIS® (Healthcare Effectiveness Data and Information Set) gaps in care to discuss during appointments.
- **Holistically address patient care:** Receive alerts when TrueCare members need tests or screenings, review member appointment histories and view their prescriptions.
- **Improve clinical outcomes:** Easily sort TrueCare members into actionable groups for population management.
- **Attributed as PCP via Claims:** Indicates the member is attributed to a provider based on claims data. This type of attribution generally means the member has attributable claims history and is engaged with this provider or provider group.
- **Attributed as PCP via Self-Selection:** Indicates the member has selected a PCP for assignment and is attributed to their self-selected provider. This type of attribution generally means the member has no attributable claims history.
- **Assigned as PCP:** Indicates the member is attributed to their geographically assigned provider. This type of attribution generally means the member has no attributable claims history.

Filters

Select State
All
Ohio

Select Plans
All
Marketplace
Medicaid

Select Measures
All
Adult Access
Asthma Control
Breast Cancer

Select Criteria
All
Red
Yellow

Select Patient Status
All
Established
New

Select Enrollment Status
All
Continuous
Recent

Page 1 of 2

Member Name	Member ID	DOB	Sex	State	Plan	LOB	Adult Access	Asthma Control	Breast Cancer	Colon Cancer	Chlamydia	Eye Exam	A1C	Flu Shot	FR	Lead	# of Visits	SSS	Well Care
Andrew, Charles	1000000001	1/14/2011	M	OH	Medicaid	OPC		5/12/2019											
Andrew, Charles	1000000002	6/1/1995	F	OH	Medicaid	EXP	7/16/2019												
Andrew, Charles	1000000003	6/22/1984	F	OH	Medicaid	OPC	6/17/2019												
Andrew, Charles	1000000004	5/23/2013	F	OH	Medicaid	OPC													5/15/2019
Andrew, Charles, Jr.	1000000005	7/30/1974	F	OH	Medicaid	OPC	7/16/2019												
Ben, John	1000000006	6/16/1993	F	OH	Medicaid	EXP													
Ben, John	1000000007	7/22/1983	M	OH	Medicaid	EXP	6/17/2019												
Ben, John	1000000008	11/5/1986	F	OH	Medicaid	OPC	6/16/2019												
Charles, Andrew	1000000009	10/12/1984	F	OH	Medicaid	OPC	7/16/2019					7/16/2019	6/16/2019	6/16/2019					
Charles, Andrew	1000000010	4/20/2008	F	OH	Medicaid	OPC													
Charles, Andrew	1000000011	2/24/2011	F	OH	Medicaid	OPC													7/16/2019



CLAIMS STATUS/CLAIM DETAIL

The [Claim Information](#) feature allows providers to review necessary claim information including payment information with check number, process, and adjustment reason of how the claim was reviewed, and more.

Claim status is updated daily on the Provider Portal. Providers can check claims that were submitted for the previous 24 months. Search options include Recipient ID number, member name and date of birth or claim number, patient number, check number and external reference number, or a custom date range.

Highlights of the Claim Details include:

- [Process Reason](#) – Claim clinical edits
- [Adjustment Reason](#)
- [Remittance Reason](#)
- [Authorization Number](#) – The related authorization, if applicable.
- [Disallowed Amount](#) – The disallowed amounts on the claim and line items.
- [Rendering Provider Name](#) – The rendering provider on the claim.

Claim Detail

General Information	
Claim #:	
Date Received:	3/21/2022
Adjusted From Claim #:	---
Total Amount Charged:	\$77.00
Adjusted To Claim #:	---
Total Patient Responsibility:	\$0.00
Original Claim #:	---
Total Amount Paid:	\$0.00
Patient Account #:	
Processed Date:	3/21/2022
Check Number:	Not Applicable
Adjustment Amount:	\$0.00
Remaining Balance Due:	\$0.00

Claim Detail

List ViewTable ViewDisputePost Service AppealRelated DocumentsRecovery Request

Line Number: 1	
Status:	Processed
Date of Service:	3/21/2022
Amount Charged:	\$77.00
Process Reason:	z11 - This claim line is being disallowed because the procedure code has been deleted. - Procedure Code 99201 has been deleted as of 12/31/2020.
Adjustment Reason:	181 - Procedure code was invalid on the date of service.
Remittance Reason:	N56 - Procedure code billed is not correct/valid for the services billed or the date of service billed.
Procedure:	99201 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused exam
Patient Responsibility:	\$0.00
Diagnosis:	S1290XS - Fracture of neck, unspecified, sequela
Amount Paid:	\$0.00
Place of Service:	On Campus - Outpatient Hospital
Recovery Amount:	\$0.00



CLAIMS SUBMISSION

The option to submit a claim via the TrueCare Provider Portal will be for Date of Service July 1, 2025 or later.

TRUECARE

CLAIMS

+ New HCFA Claim

+ New UB04 Claim

+ New Dental Claim

Upload Claim

+ Reports

HCFA Claims
(1)

UB-04 Claims
(1)

SEARCH CLAIMS

Select filters

Clear text

SUBMISSION DATE:CLAIM ID:INSURED ID:STATUS:DCN:

Start Date (MMDDYYYY)End Date (MMDDYYYY)Type Claim IdType Insured IdSelect statusType DCNSearch

10 LATEST CLAIMS (HCFA)

CLAIM INFO

PATIENT INFO

INSURED INFO

IN_PROGRESS

Claim ID: 5abcea5e-6eb1-ade2-c6d7-aa32cecb13ba

March 4th 2024, 13:31:24 by test_user_ms

March 4th 2024, 13:31:24

test_user_ms

DDE_PORTAL

FNAME LNAME

Insured ID: 111111111

FNAME LNAME

01012022

Edit

View

Copy



DISPUTES AND APPEALS

Providers can easily submit Disputes or Post Service Claim Appeals while viewing a claim on the Portal. As part of the submission process, additional information or documentation can be submitted up to 100MB. Using the reference number that is provided upon submissions, providers can check the appeal status and review acknowledgement and decision letters associated with the appeal.

Post Service Appeals

Payment information for overturned appeals will be displayed on the EOP following appeal decision.
Is this a corrected claim? Corrected claims need to be faxed to (937) 224-3388 or mailed to P.O. Box 8730, Dayton, Ohio 45401-8730.

Appeals

Submit Appeal | Check Status

Claim ID: 1908080441701

Appeal Type: Authorization Denial (Medical)

Note: Pursuant to Ohio Revised Code 5160.34 & 1751.72: To qualify for a retrospective review the service must be directly related to another service for which prior authorization was already obtained and has been performed. The request received does not directly relate previously received prior authorization, so therefore this request cannot be authorized. Retrospective reviews must and cannot be reviewed on Appeal.

Authorization Number:

Do you have a completed Member Consent form?

☒ Yes ☐ No

Attachments: Please select a file using Browse and click on Upload button for verification. Once all of the files are uploaded, click Submit Appeal button to continue.
 No file chosen

File sizes must be limited to 100 MB.

Files Uploaded:

Expedited treatment based on member's condition:

☐ Yes ☒ No

Reason for appeal/dispute and desired outcome:

Disputes

You file a claim payment dispute for a claim underpayment, a partially or fully denied claim or for an adverse claim payment decision.
If the dispute is for an overpayment, please submit a [claim recovery request](#).

Disputes

Submit Dispute | Check Status

Claim ID: 1908080441701

Dispute Type: Please Select

Issue Category: Claim Dispute Medical

Provider Contact Name:

Notes:

Attachments: Please select a file using Choose File. Once all of the files are uploaded, click Submit Dispute button to continue.
 No file chosen

File sizes must be limited to 100 MB.

Files Uploaded:



PRE-SERVICE APPEALS

Providers can submit pre-service appeals while viewing a denied authorization on the Portal. As part of the submission process, additional information or documentation can be submitted up to 100MB. Using the reference number that is provided upon submissions, providers can check the appeal status and review acknowledgement and decision letters associated with the appeal.

Reference #: 041

Reference #:

041

Description:

Inpatient Elective

Place Of Service:

21 Inpatient Hospital

Submitting Provider:

Stamford Hospital Medical Center

Requesting/Ordering Provider:

Stamford Hospital Medical Center Hospital/Acute Care F

Servicing/Rendering Provider:

Facility:

Stamford Hospital Medical Center Hospital/Acute Care F

Member Information

Member Name:

Bradon Marshall

CareSource Id:

10000000000000000000

Birth Date:

04/13/2000

Gender:

Male

Admission Event

Diagnosis Code:

F13.129 Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified; M22 Disorder of patella

Procedure:

97120 Tx,1 Area,30 Min,Ea;iontophoresis; 99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed

Line #1

Requested Received Date:

4/13/2022 10:00:00 AM

Requested Days:

1

Start Date of Service:

4/13/2022

Authorized Days:

0

End Date of Service:

4/14/2022

Status:

Denied

Pre Service Authorization Appeals

Impersonate Provider ID:

Receipt Method

Please Select

Received Date

Received Time

Appeal Type:

Authorization Denial-Medical

Do you have a completed Member Consent form?

☐ Yes

☐ No

MSTrueCare.com



DISPUTE AND APPEAL LETTERS

Providers can easily access Disputes or Post Service Claim Appeal acknowledgement and decision letters on the Portal. The letters are available from three locations on the Portal:

- While checking the status of the dispute or appeal
- While viewing the associated claim
- From the Provider Documents page

Post Service Appeals

Submit Appeal **Check Status**

Provider: Please Select

Claim ID:

Dispute ID:

Member Number:

Page 1 of 1

Documents	Received	Member Name	Member ID	Claim ID	Appeal ID	Method	Status	Decision	Closed
View	02/29/2022	John Young	10248111600	000000000000	0200000000		Denied		

Page 1 of 1

Records: 1



PRIOR AUTHORIZATION SUBMISSION

The TrueCare Provider Portal allows providers to submit an inpatient or outpatient prior authorization request and receive an automatic approval for over 200 procedure codes. Providers can enter clinical details and receive a decision on the authorization within seconds in addition to an authorization reference number. Cite Auto Authorization matches the entered procedure and diagnosis information to the integrated clinical criteria and policies to display for the provider to complete that is required for the authorization to be processed. A determination is then made within seconds and given to the provider based on the selected clinical criteria. If a submitted authorization is pending and requires additional clinical information, providers may use the Provider Portal to update the authorization and attach documentation.

The image shows a screenshot of the TrueCare Provider Portal's Prior Authorization Submission interface. The main page is titled "Prior Authorization and Notifications" and has a tabbed interface with "Medical (Inpatient & Outpatient)" selected. Below the tabs, there is a disclaimer: "An authorization or notification is not a guarantee of payment, but is based on medical necessity determined when the claim is received for processing." and a link for physician-administered pharmacy codes. The form includes fields for "Provider ID", "CareSource ID", and "Start Date of Service", along with an "Impersonate" button and a "Search" button. An "Authorization Request" modal is open, showing fields for "Select Care Setting" (Inpatient/Outpatient), "Select Category" (Outpatient Services), "Select Type of Prior Authorization Request" (Outpatient Services Other), "Will service be performed in a Facility?" (Yes/No), and "Requesting/Ordering Provider Information" (Search: Provider Name). It also includes a "Servicing/Rendering Provider Information" section with a "Same As Requesting/Ordering" checkbox and a note: "If unable to locate the physician please use the facility.".



PRIOR AUTHORIZATION STATUS

Providers can check the status of a prior authorization, make updates to an existing prior authorization, and view related letters.

Recent Prior Authorizations ^

Page(s): 1 2 Record(s): 11

Details	Authorization Number	Member ID	Description	Service Start Date	Status
View Details Update	1000000000	10310310300	Inpatient Elective	12/4/2021	Pending Decision
View Details Update	1000000000	10310310300	Outpatient Elective	12/21/2020	Fully Approved
View Details Update	1000000000	10310310300	Outpatient Elective	12/18/2020	Fully Approved
View Details Update	1000000000	10310310300	Inpatient Elective	12/10/2020	Fully Approved
View Details Update	1000000000	10310310300	Inpatient Elective	12/7/2020	Pending Decision
View Details Update	1000000000	10310310300	Inpatient Emergency	12/1/2020	Pending Decision
View Details Update	1000000000	10310310300	Inpatient Emergency	11/30/2020	Pending Decision
View Details	1000000000	10310310300	Outpatient Elective	11/26/2020	Pending Decision
View Details	1000000000	10310310300	Outpatient Elective	11/26/2020	Pending Decision
View Details	1000000000	10310310300	Outpatient Elective	11/24/2020	Pending Decision

Page(s): 1 2 Record(s): 11

Prior Authorization and Notifications

Medical (Inpatient & Outpatient) New

Ed:

Marketplace and Medicaid lines of business only: To check the status of a previously submitted Physician Administered Pharmacy Prior Authorization, [click here](#)

Member ID Medicaid ID Member Info Authorization Number Facility

Select the facility: In State Hospital - 2222222222

Authorization(s) found

Start Date: 10/1/2021

End Date: 10/18/2021

Search

Page(s): 1 Record(s): 30

Details	Authorization Number	Member ID	Member First Name	Member Last Name	Gender	Birth Date	Description	Service Start Date	Service End Date	Actual Discharge Date	Status
View Details Update Letters	1000000000	11000000000	Andrew	Black	F	10/1/1988	Inpatient Elective	10/18/2021	10/19/2021		Pending Decision
View Details Update Letters	1000000000	10000000000	Diana	Black	M	10/1/1988	Inpatient Elective	10/18/2021	10/19/2021		Pending Decision
View Details Update Letters	1000000000	11000000000	Bina	Black	F	10/1/1988	Inpatient Elective	10/17/2021	10/18/2021		Pending Decision
View Details Update Letters	1000000000	11000000000	Clayton	Black	F	10/1/1988	Inpatient Elective	10/16/2021	10/17/2021		Pending Decision
View Details Update Letters	1000000000	10000000000	Thomas	Black	M	10/1/1988	Inpatient Elective	10/15/2021	10/16/2021		Pending Decision
View Details Update Letters	1000000000	11000000000	Nancy	Black	F	10/1/1988	Inpatient Elective	10/14/2021	10/15/2021		Pending Decision

MS-MED-P-3700708