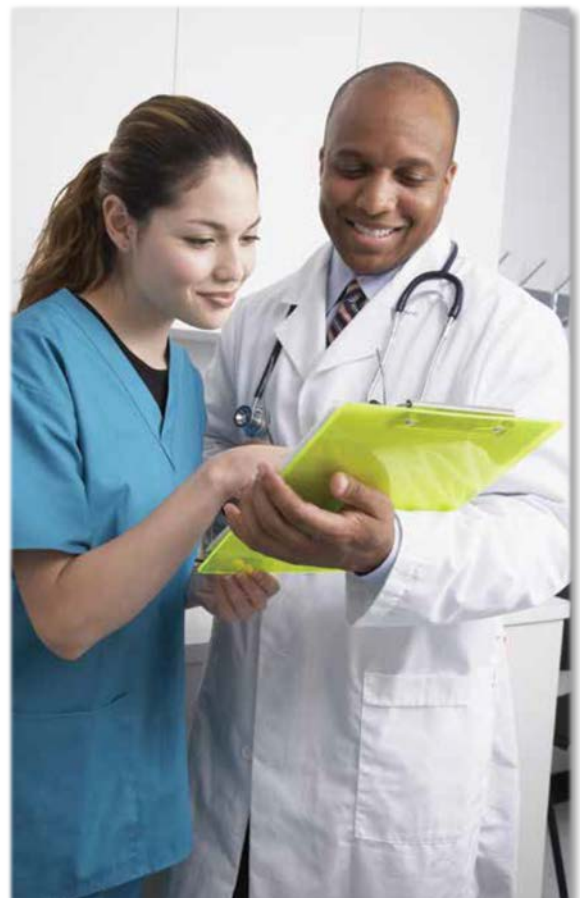




Health Partner Guide to the Provider Portal: Assessments and Care Treatment Plans



Provider Portal: <https://providerportal.caresource.com/OH/>

Our secure online Provider Portal allows you instant access at any time to valuable information, tools including the Member Profile and CareSource Clinical Practice Registry, various self-service options, clinical and preventive guidelines and other resources. Simply enter your username and password (if already a registered user), or submit your information to become a registered user. Assisting you is one of our top priorities in order to deliver better health outcomes for our members.

Portal Registration

If you are not registered with CareSource's Provider Portal, please follow these easy steps:

1. Click on the "Register Now" button and complete the three-step registration process. You will need to have your Tax ID number, provider ID number (found in your welcome letter) and nine-digit ZIP code.
2. Click the "Continue" button.
3. Note the username and password you create so that you can access the portal's many helpful tools.

If you do not remember your username/password, please call the Health Partner Services department at **1-800-488-0134**.

Assessments & Care Treatment Plans

CareSource encourages you to take an active role in your patient's care management program through the Patient Profile feature on the Provider Portal. We believe communication, coordination and collaboration are integral to ensure the best care for these patients. We invite and encourage you to provide input into patient assessment activity and participate in the development and monitoring of a care plan individualized to the needs of your patient, as outlined below:

- Visit the Provider Portal at providerportal.caresource.com and review the patient's assessment and care treatment plan. You can find your patient's plan on the Provider Member List link.
- If you would like to provide feedback on the treatment plan online, click the "Acknowledgement" button to confirm your review of the care plan and/or assessments. You can also enter comments that you would like to share with the care manager.
- We will notify you when updates to the care plan are made; however, feel free to check the Provider Portal for updates and any changes to the member profile.

Step-by-Step Instructions:

Care Treatment Plan and Assessment Updates/Acknowledgments

To access a new/updated care treatment plan and assessment entered on a member, access the portal, go to Member Eligibility and enter member ID -> Search. Note that the Assessments

Taken and Care Treatment Plan sections are highlighted in purple (they will be flashing on the portal). This signifies a change to one or both of those sections.

Member Name: J	Address:
CareSource Id: 1	City, State, Zip:
Medicaid Id: 1	County: Franklin
Case Number:	Phone: () - - - - - 3
Gender: Female	Date of Birth:
Member Profile: Not Available for this Member Member Profile Report Definitions	Relationship to Subscriber: Subscriber/Insured
Program Details: Not a coordinated services member.	Program: Ohio - Medicaid
Member Alerts: 1. 1-2 ER visits in 15 mos	

Primary Care Provider (PCP): Krupko, John B.	Phone: () - - - - - 3
Case Manager: Turner, Suzanne	Case Manager Phone Number: () - - - - - 3

- ▶ Subscriber Information
- ▶ Member Covered Benefits Summary
- ▶ Member Dental & Vision Services History
- ▶ EPSDT Alerts
- ▶ Clinical Alerts
- ▶ Assessments Taken
- ▶ Care Treatment Plan
- ▶ Triage Summaries
- ▶ Admissions & Discharges
- ▶ COB Information

Assessments

Expand the Assessments Taken section. A new assessment will have the exclamation point icon in the Status column and the options to make Comments or Acknowledge are available. Also, you can click View Details to see contents of the assessment. If the assessment is scored (in the case of PHQ-9), the score is also visible.

Assessments Taken

Status Legend

! New Assessment

Page(s): 1

Record(s): 1

Status	Details	Assessment	Interviewer	Date Taken	Score	Comments	Acknowledge
!	View Details	PHQ-9	Suzanne Turner	11/29/2017	10	Comments	Acknowledge

Page(s): 1

Record(s): 1

Care Treatment Plan

Triage Summaries

After clicking View Details, a PDF of the assessment will open in a separate window.



PHQ-9

Date: 11/29/2017 2:36:19 PM
HraId: 199
HraVersion: 41

Member

Medicaid Number: :
Subscriber Id: : -

Interviewer

Name: Suzanne Turner

Answered Questions

1: Little interest or pleasure in doing things

Not at all

2: Feeling down, depressed, or hopeless

Several days

3: Trouble falling or staying asleep, or sleeping too much

Several days

4: Feeling tired or having little energy

More than half the days

5: Poor appetite or overeating

Nearly every day

6: Feeling bad about yourself—or that you are a failure or have let yourself or your family down

Not at all

7: Trouble concentrating on things, such as reading the newspaper or watching television

Nearly every day

8: Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual

Not at all

9: Thoughts that you would be better off dead, or of hurting yourself in some way

Not at all

10: If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Somewhat difficult

11: PHQ-9 Score

Question not answered.

Open the Comments section. Here, you may enter comments, then click Submit. Comments will pass to CareSource's Clinical Care Advance system (CCA) in a progress note.



Commenting Providers

No Providers Have Commented

Enter Comment

Test Comment

Clear

Submit

Comments

Test


[Back to Providers](#)

Progress Notes








[Open Entry](#)
[Add Progress Note](#)
[Back to Progress Notes](#)
[Full Text View](#)
[Vo](#)

[Hide Additional Fields](#)

Subject:
 Assessment Comment - Default Provider

File: **Select Template:** 


☐ **This is a member interaction** *(Checking this box will show additional fields)*

Font Size Color
B *I* U |
 







Default Provider created a comment on the following assessment: PHQ-9.

The comment was:
 Test comments.

You will receive a confirmation on the portal that the comment was successfully submitted.



Commenting Providers

No Providers Have Commented

Enter Comment

Test comments.

Comment successfully submitted!

Clear

Comments

Test

[Back to Providers](#)

When you click Acknowledge, a comment section will open so you can add a comment. After clicking Submit, you will get a confirmation and the acknowledgement will pass to CCA in a progress note.

Comments:

Assessment acknowledgement

Cancel Submit

Progress Notes

Open Entry	Add Progress Note	Back to Progress Notes	Full Text View	Void Progress Note	More Options ▾
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[⌕ Hide Additional Fields](#)
Subject:
 Assessment Acknowledgment - Default Provider

Security: Level 3 **Category:** <Select>

File: **Select Template:**

Case: C - Portal Test

☐ **This is a member interaction** (Checking this box will show additional fields)

Font ▾ Size ▾ Color ▾
 B I U
 [List Icons] [Copy] [Paste] [Print]

The following assessment was acknowledged by Default Provider :PHQ-9.

Once acknowledged, the date/time will show in the Acknowledge column.

Clinical Alerts

Assessments Taken

Status Legend

New Assessment

Page(s): 1

Record(s): 1

Status	Details	Assessment	Interviewer	Date Taken	Score	Comments	Acknowledge
	View Details	PtHQ-9	Suzanne Turner	11/29/2017	10	Comments	11/29/2017 - 7:42 PM

Page(s): 1

Record(s): 1

Care Treatment Plan

Triage Summaries

Care Treatment Plan

Expand the Care Treatment Plan section to view the member's plan of care. The legend in the upper right explains if the care plan is new or updated.

Care Treatment Plan

Last Updated: 11/29/17 at 14:35:19
Last Acknowledged: N/A

Status Legend
① New Care Treatment Plan
② Updated Care Treatment Plan

① 2017/11/29 - Risk for ineffective health maintenance due to complex health conditions

Goal	Interventions	Outcomes
Member/caregiver able to communicate with case manager by utilizing appropriate resources related to communication barriers e.g. language and/or disability. Member/caregiver verbalizes understanding of the role of the Case Manager, the importance of collaboration, and agrees to case management.	<ul style="list-style-type: none">Resources accessed to facilitate therapeutic communication - FutureMember/caregiver educated on the role of the Case Manager - FutureMember/caregiver educated on importance of collaboration with the Case Manager and his/her treating providers - Future	<ul style="list-style-type: none">Member/caregiver able to communicate with case manager - FutureMember/caregiver voices understanding of the Case Manager's role - FutureMember/caregiver agrees to collaboration with Case Management - Future
Member/caregiver understands their rights and healthcare benefits	<ul style="list-style-type: none">Case Manager educates Member/caregiver on member rights - FutureMember/caregiver educated on healthcare benefits per product line - FutureCase Manager educates member/caregiver regarding pharmacy benefits per product line - FutureCase Manager encourages member/caregiver to utilize benefits to maintain optimum health - FutureCase Manager will educate member/caregiver on process and need to maintain eligibility - FutureCase Manager assists member/caregiver with transition of care benefits - FutureCase Manager educates, facilitates, and coordinates access to participating providers with member/caregiver - FutureCase Manager educates and assists Member/caregiver with coordination of all benefits - Future	<ul style="list-style-type: none">Member/caregiver voices understanding of their rights - FutureMember/caregiver voices understanding of their CareSource benefits - FutureMember/caregiver able to access appropriate providers - FutureMember/care giver voices understanding of pharmacy benefits - Future

Acknowledge Plan Updates

View and Submit Comments

The Comments link opens a window with the comment field. Enter comments, and click Submit. Comments will pass to CCA in a progress note. You will see a message that comments were submitted successfully.

Wedge: N/A

CareSource

Commenting Providers

No Providers Have Commented

Enter Comment

Test CIP Comments

Clear

Submit

Commenting Providers

No Providers Have Commented


Enter Comment

Test CTP Comments

Comment successfully submitted!

Clear

Click the link to Acknowledge. A window will open to acknowledge and leave comments (if applicable). Then click Submit. The acknowledgement will pass to CCA in a progress note and you will receive a confirmation message.



Please include any comments about the Care Treatment Plan here, then use the submit button to send your acknowledgement of the current plan.

Comments are optional, but you must still press the submit button to acknowledge the plan.

Comments:

CTP Acknowledge

Cancel Submit

Acknowledged: N/A

Submit

Please include any comments about the Care Treatment Plan here, then use the submit button to send your acknowledgement of the current plan.
Comments are optional, but you must still press the submit button to acknowledge the plan.

Comments:

CTP Acknowledge

Acknowledgment and Comment submission Successful!

If you return to the Care Treatment Plan section on the portal, you will see the last acknowledgement date.

▼ **Care Treatment Plan**

Last Updated: 11/29/17 at 14:35:19
Last Acknowledged: 11/30/17 at 10:09:19

2017/11/29 - Risk for ineffective health maintenance due to complex health conditions

Performing Assessments from the Portal

In the left navigation area of the portal, the Assessments section contains assessments that can be performed from the portal.

Waiver Claims

SIM Reports

Assessments

Pregnancy Risk

Reproductive Life Plan

Progress Notes

Select the desired assessment and enter the CareSource ID.

Provider Portal

Assessments

Pregnancy Risk

Member

CareSource Id

Medicaid Id

Member Info

CareSource ID:

Search

The member information will populate and a message displays to verify member information before proceeding.

Pregnancy Risk

Member

CareSource Id

Medicaid Id

Member Info

CareSource ID:

11

Search

Member Information

Member Name:

CareSource Id:

11

Medicaid Id:

Case Number:

111111

Gender:

Female

Member Profile:

Not Available for this Member

[Member Profile Report Definitions](#)

Program Details:

Not a coordinated services member.

Member Alerts:

1. 1-2 ER visits in 15 mos

Address:

City, State, Zip:

County:

Franklin

Phone:

()

Date of Birth:

Relationship to Subscriber:

Subscriber/Insured

Program:

Ohio - Medicaid

Primary Care Provider (PCP):

Krupko, John B.

Case Manager:

Turner, Suzanne

Phone:

()

Case Manager Phone Number:

Please verify the member information above.

Verify Member

After you click to Verify Member, you will be required to enter your first name, last name and title before proceeding.

Interviewer		
First Name:	<input type="text"/>	*Required
Last Name:	<input type="text"/>	*Required
Title:	<input type="text"/>	*Required
<input type="button" value="Pregnancy Risk Assessment"/>		

The Assessment will open. Answer each question and click Next to progress through the assessment. Click Submit on the last page of the assessment. A confirmation number will appear once submitted to keep on record.

A progress note will generate in CCA stating that the assessment was imported. The assessment will also feed into CCA so that the CCA user can see the answers provided.

Progress Notes from the Portal

In the left navigation area of the portal, the Progress Notes section contains content that can be entered from the portal.

Reproductive Life Plan
Progress Notes
Face To Face Contact
General Contact
Medication Reconciliation
Nursing Note
Opt Out
Referenced Referral Response
Unable To Reach

Click on the type of Progress Note to be entered. The portal will ask for the CareSource ID of the member. Click Search.

Provider Portal – Progress Notes – Unable To Reach

Unable To Reach

Member

CareSource Id Medicaid Id Member Info

CareSource ID: *

Search

The member information will populate and a message displays to verify member information before proceeding.

Member

CareSource Id Medicaid Id Member Info

CareSource ID: 11

Member Information

Member Name: [REDACTED]	Address: [REDACTED]
CareSource Id: [REDACTED]	City, State, Zip: [REDACTED]
Medicaid Id: [REDACTED]	County: Franklin
Case Number: [REDACTED]	Phone: (614) [REDACTED]
Gender: Female	Date of Birth: [REDACTED]
Member Profile: Not Available for this Member Member Profile Report Definitions	Relationship to Subscriber: Subscriber/Insured
Program Details: Not a coordinated services member.	Program: Ohio - Medicaid
Member Alerts: 1. 1-2 ER visits in 15 mos	

Primary Care Provider (PCP): Krupko, John B. **Phone:** [REDACTED]

Case Manager: Turner, Suzanne **Case Manager Phone Number:** [REDACTED]

Please verify the member information above.

After you click to Verify Member, you will be required to enter your first name, last name and title before proceeding.

Interviewer

First Name:	<input type="text"/>	*Required
Last Name:	<input type="text"/>	*Required
Title:	<input type="text"/>	*Required

Start Unable To Reach Form

The Progress Note will open. Answer each question and click Submit to save. A confirmation number will display after it is submitted so that you can keep it on record.



We value your input. To ensure the comprehensive health needs of your patient are met, we encourage you to provide input to the care treatment plan and to consult with your patient's care manager. Collaborating with you is a great opportunity to address the comprehensive needs of our members – physical, behavioral and psychosocial – and achieve optimal health results.

If you have questions, or would like to discuss your patients care with us directly, please feel free to call us at 1-800-993-6902.