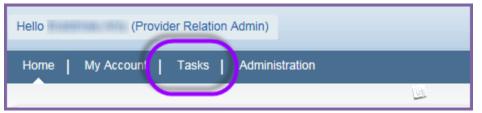
(Please note, <u>this is not the process for a corrected claim</u>. Corrected claims can be submitted through the same process as submitting a new claim using our WebConnect tool and designating the claim as a corrected claim.)

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- 1. The Provider logs into the Secure Provider Portal Medicaid Web Portal (MWP).
- 2. Click on **Tasks** from the banner on the top



3. Click on Claims Search located in the left pane under "Tasks".

Hello (Provider Relation	n Admin)	
Home My Account Tasks	Administration	Ş
	Home Tasks Autho	
	About Authorizatio	
	You can see which ser	vices your provider(s) have asked us p
	Search Authorizati	ions
Tasks		}
Authorization Search	Note: Please enter Member	r last name or Provider last name, then use sub-
Claims Search	Member/Provider Infor	mation
Search Remittances	Member Last Name	Member Last Name Q
Search Members	Provider Last Name	Provider Last Name
Search Panel Roster		
Search Providers		
Health Tools		3
nearth roots	and and	Advanta and

4. The **Provider Name** should default to the logged in provider. Enter **Claim ID**, and click the **search** button at the lower right.

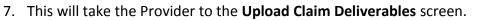
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Hello (Provider Relation	Admin)					Home Hel	p FAQ	Sign Out	^
Home My Account Tasks	Administration								
	Home Tasks Claims	s Search							11
	About Claims Sear	ch							
	You can view your clair	ms to see which services you	ur provider(s) has	billed and if they've been pai	id.				
Tasks	Search Claims								
Authorization Search	Member/Provider Infor	mation		Claim Information			_		
Claims Search	Member Last Name	Member Last Name	٩	Claim ID	Enter Clai	m ID	×		
Search Remittances	Member ID	Member ID		Claim Type	Claim Typ	be	~		
Search Members	Provider Last Name	Provider Last Name	Q	Claim Status	Claim Sta	itus	~		
Search Panel Roster	Provider ID	Defaults to Provider		Check Number	Check Nu	mber			
Search Providers				Service Date Range					
Health Tools				-					
				Date From (mm/dd/yyyy)	Date Fron	n (mm/dd/yyyy)		
				Date To (mm/dd/yyyy)	Date To (I	mm/dd/yyyy)			
						1:14	1		
						Searc	h Can	cel	
									J
<									ľ

- 5. The Search results grid will load.
- 6. The Provider will see **"Claim Deliverable"** link under the **Claim Deliverable** column in the Search results grid. Click on the **Claim Deliverable** link to begin the Dispute process for the selected claim.

About Claim	ns Search										
	claim records m claim list using th			. Se	elect the Claim	Number to	o di	splay the de	tails of the cla	im. You can Pr	int or
Search Clai	ms										
Bearch Res	ults (1)										•
Claim ID	Check No	Claim Type	Member Name	¢	Paid Date	Provider Name	¢	Claim Status	Total Billed Amount	Total Paid	Claim Deliverabl
		Professiona I	-			OLIN, KEVIN S		OPENL	\$235.00	\$124.98	Claim Deliverab
Showing 1 -	1 of 1 results									1	

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8. Most of the information on the screen will be 'Auto populated' based on the claim number

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- 9. Provider will select a **Type of Claim Resubmission (Dispute)** from the dropdown and enters the information in the relevant Mandatory fields;
 - a. Submitter's First Name,
 - b. Submitter's Last Name, &
 - c. Submitter's Phone Number

his form is only for resubmissions, which do not r	equire a Corrected Claim. All Resubmissions require supporting documenta	tion. This form shall not be used to submit Grievances and Appea
Claim Number 14210E32035	Type of Claim ResubmissionSelect	NPI 1043293632
Provider Name OLIN, KEVIN S	Submitter's First Name	Submitter's Last Name
Submitter's Phone Number	Provider Street Address 6225 S Rural Rd Ste 111	Provider City Tempe
Provider State AZ	Provider ZIP 85283	Provider Contact Number 4807207488
Remittance Advise Date	Date of Service (From) 04/02/2014	Date of Service (To) 04/02/2014
Amount Billed 235.0000	Amount Paid 124,9800	Member Name Q\$Y\$YT33, PQOFJ\$32
Member ID 932865088	Comments	

10. The **Comments** field is a mandatory input required, *when* the selected Type of claim Resubmission (Dispute) is "Other"

his form is only	for resubmissions, which do not r	equire a Corrected Claim. All Resubmissions require suppor	rting documentation. This form shall not be used to submit Grievances and Appe
Claim Number	14210E32035	Type of Claim ResubmissionSelect	✓ NPI 1043293632
Provider Name	OLIN, KEVIN S	Submitter's First Name	Submitter's Last Name
Submitter's Phor	ne Number	Provider Street Address 6225 S Rural Rd 5	Ste 111 Provider City Tempe
Provider State	AZ	Provider ZIP 85283	Provider Contact Number 4807207488
Remittance Advi	se Date	Date of Service (From) 04/02/2014	Date of Service (To) 04/02/2014
Amount Billed	235.0000	Amount Paid 124,9800	Member Name QSYSYT33, PQOFJS32
Member ID g	32865088	Comments	

11. The Provider can upload supporting documentation (any type of file) from here by clicking the "**Browse**" button and thus activating the Browse functionality.

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nis torm is only for resubmissions, which do ne	ot require a Corrected Claim. All Resubmissions require supporting docu	internation. This form shall not be used to submit onevarices and Appr
Claim Number 14210E32035	Type of Claim ResubmissionSelect	✓ NPI 1043293632
Provider Name OLIN, KEVIN S	Submitter's First Name	Submitter's Last Name
Submitter's Phone Number	Provider Street Address 6225 S Rural Rd Ste 111	Provider City Tempe
Provider State AZ	Provider ZiP 85283	Provider Contact Number 4807207488
Remittance Advise Date	Date of Service (From) 04/02/2014	Date of Service (To) 04/02/2014
Amount Billed 235.0000	Amount Paid 124,9800	Member Name Q\$Y\$YT33, PQOFJ\$32
Member ID 932865088	Comments	

12. On successful attachment of the supporting documentation, the Provider clicks
"Submit" at the bottom and receives a Confirmation message window. Upon clicking
"Yes" the provider receives a success message, completing the workflow for submission.

Confirmation
Are you sure you want to Submit this Claim deliverable?
✓ Yes 🗶 No
Upload Claim Deliverables
This form is only for resubmissions, which do not require a Corrected Claim. All Resubmissions require supporting documentation. This form shall not be used to submit Grievances and Appeals Claim Deliverable has been submitted successfully !!!

13. The Provider can view a previously submitted document (any type of file) from the below screen through clicking the link under the **Claim ID** column of the displayed grid, thus activating the **View Deliverable** functionality.

Kevin Olin	SubmitGrievance-LA(4).pdf	3/6/2017 7:26:56 PM	
Kevin Olin	SubmitGrievance-LA(2).pdf	3/6/2017 6:24:16 PM	±
Kevin Olin	$adverselncident {\tt Reporting} Instructions {\tt Definitions-LA(3).pdf}$	3/6/2017 6:22:55 PM	±
Kevin Olin		3/6/2017 6:21:50 PM	±.
Kevin Olin	Testing worddoc for Upload(2).docx	3/6/2017 3:51:30 PM	±.
	Kevin Olin Kevin Olin	Kevin Olin adverselncidentReportingInstructionsDefinitions-LA(3).pdf Kevin Olin	Kevin Olin adverseIncidentReportingInstructionsDefinitions-LA(3).pdf 3/6/2017 6:22:55 PM Kevin Olin 3/6/2017 6:21:50 PM 3/6/2017 6:21:50 PM

14. The submitted resubmission form is displayed, and the user can view the previously submitted information on the form and download the attachment by clicking the **Download File** button or through the **Button** below the **View Deliverable** column of the displayed Grid

NPI: 1043293632 Provider Name: OLIN, KEVIN S Submitter's name: Tejas, Moola Submitter's Phone Number: 7654329876 Provider Street Address: 6225 S Rural Rd Ste 111 Provider Street Address: 6225 S Rural Rd Ste 111 Provider Street Address: 6225 S Rural Rd Ste 111 Provider Street Address: 6225 S Rural Rd Ste 111 Provider City: Tempe Provider State: AZ Provider State: 4207207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date: 124.9800 Amount Billed: 235.0000 Member Name: GSYSYT33, PQOFJS32 Member ID: 12548789	Claim Number(s):	14210E32035
Provider Name: OLIN, KEVIN S Submitter's name: Tejas, Moola Submitter's Phone Number: 7654329876 Provider Street Address: 6225 S Rural Rd Ste 111 Provider City: Tempe Provider State: AZ Provider State: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Armount Billed: 235.0000 Armount Paid: 124.380 Member Name: GSYSYT33, PQOFJS32 Member ID: 25548789	Type of Claim Resubmission:	Medical Records Required
Provider Street Address: Tejas, Moola Submitter's Phone Number: 7654329876 Provider Street Address: 6225 S Rural Rd Ste 111 Provider City: Tempe Provider State: AZ Provider State: AZ Provider State: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Armount Billed: 235.0000 Armount Paid: 124.9800 Member Name: QSYSYT33, PQOFJS32 Member ID: 4125448789	NPI:	1043293632
Submitter's Phone Number: 7654329876 Provider Street Address: 6225 S Rural Rd Ste 111 Provider City: Tempe Provider State: AZ Provider State: 85283 Provider Phone Number: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date: 124.9800 Amount Billed: QSYSYT33, PQOFJS32 Member ID: 125448789	Provider Name:	OLIN, KEVIN S
Provider Street Address: 6225 S Rural Rd Ste 111 Provider City: Tempe Provider State: AZ Provider Zip: 85283 Provider Zip: 85283 Provider Phone Number: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date: 235.0000 Amount Billed: 235.0000 Amount Paid: 124.9800 Member Name: QSYSYT33, PQOFJS32 Member ID: 125448789	Submitter's name:	Tejas, Moola
Provider City: Tempe Provider State: AZ Provider State: BS283 Provider Zip: BS283 Provider Zip: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date: 235.0000 Amount Billed: 235.0000 Member Name: QSYSYT33, PQOFJS32 Member ID: 12548789	Submitter's Phone Number:	7654329876
Provider State: AZ Provider Zip: 85283 Provider Phone Number: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date:	Provider Street Address:	6225 S Rural Rd Ste 111
Provider Zip: 85283 Provider Phone Number: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date:	Provider City:	Tempe
Interface Interface Provider Phone Number: 4807207488 Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date: 235.0000 Amount Billed: 235.0000 Amount Paid: 124.9800 Member Name: QSYSYT33, PQOFJS32 Member ID: A125448789	Provider State:	AZ
Date of Service (From): 4/2/2014 12:00:00 AM Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date: 235.0000 Amount Billed: 235.0000 Amount Paid: 124.9800 Member Name: QSYSYT33, PQOFJS32 Member ID: A125448789	Provider Zip:	85283
Date of Service (To): 4/2/2014 12:00:00 AM Remittance Advise Date: 235:0000 Amount Billed: 235:0000 Amount Paid: 124:9800 Member Name: QS/SY133, PQOFJS32 Member ID: A125448789	Provider Phone Number:	4807207488
Remittance Advise Date: 235.0000 Amount Billed: 235.0000 Amount Paid: 124.9800 Member Name: QSYSYT33, PQOFJS32 Member ID: A125448789	Date of Service (From):	4/2/2014 12:00:00 AM
Amount Billed: 235.0000 Amount Paid: 124.9800 Member Name: QSYSYT33, PQOFJS32 Member ID: A125448789	Date of Service (To):	4/2/2014 12:00:00 AM
Amount Paid: 124.9800 Member Name: QSYSYT33, PQOFJS32 Member ID: A125448789	Remittance Advise Date:	
Member Name: QSYSYT33, PQOFJS32 Member ID: A125448789	Amount Billed:	235.0000
Member ID: A125448789	Amount Paid:	124.9800
	Member Name:	QSYSYT33, PQOFJS32
	Member ID:	A125448789
Comments:	Comments:	

- 15. Alternatively click **Close** button to exit.
- 16. The provider's Dispute submission will be reviewed and processed by claims operations team. Please note, there is no status provided of the Dispute on the tool. A remit will be sent with the new claim to the provider once the request has been processed.

Note – The Provider has to repeat the process from claim search to upload deliverables for another claim