

# Provider Web Portal Navigation Guide



**Quick Reference  
Guide**

## Provider Web Portal Overview

The Missouri Care provider web portal allows providers to communicate health care service information directly with the health plan. Users can perform a variety of tasks, such as verifying eligibility, checking prior authorizations, checking billing status and more.

### Account Menu Tab

The Account Menu Tab allows the provider to manage administrative tasks in the secure provider web portal.

**User Profile** – Displays user account information and permits the user to make name, password, email address and security question changes.

**Contact the Health Plan** – Enables the user to send secure messages to the health plan.

### Product Menu Tab

The **Product** Menu Tab allows the provider to view member, provider, claim, authorization, remit and panel roster information in the secure provider web portal.

**Member Eligibility Search** – Verify current eligibility on one or more members.

**Panel Roster** – View members currently assigned to the provider as the primary care provider.

**Provider List** – Search for a specific health plan provider by name, specialty or location.

**Claim Status Search** – Search claims by various criteria. Only claims associated with the user's account provider identification (ID) will be displayed.

**Remittance Advice Search** – Search for claim payment information by various criteria. Only remits associated with the user's account provider ID will be displayed.

**Authorization List** – Search authorizations by various criteria. Only authorizations associated with the user's account provider ID will be displayed.

**Submit Authorizations** – Many authorizations can be requested online. Please check the provider web portal for details.

## Helpful Tips

### Navigation Breadcrumbs

Breadcrumbs are links at the top of the page showing a trail of where you have been in the application. Do not use the browser back button to navigate through the application.

### Sorting Results

On most screens, searches display the resulting information in a table. Sort the results on the **underlined** table columns by clicking the column heading.

## Printing Reports

Search results and detail information can be printed in two ways:

- **Printer-Friendly Format button** – This function opens a separate browser window to display the resulting report. Note that the printed report will only contain the information that is viewable on the page.
- **Download File button** – This function downloads the full search result set into a spreadsheet format. You are then able to open and work with the search result file using your normal office desktop spreadsheet application.

### Blue Underlined Text

Many page displays contain blue underlined text that can be clicked on to show further associated detail.

## Getting Started

### To Register as a New User

A user name and password are required to access the secure website. User names and passwords are distributed by the Missouri Care Provider Relations Department. They can be reached at 1-800-322-6027.

### To Access the Secured Portion of the Website

To log on to the secure website:

- Access your Internet Explorer or other browser.
- Enter the URL [www.missouricare.com](http://www.missouricare.com)
- From the main page, click the **Providers** tab at the top.
- Click on **Provider Web Portal** on the left-hand navigation bar. The secured website login screen will display. Enter your User Name and Password and click **Login**. Passwords are case-sensitive and must be entered exactly as assigned. User Names are not case-sensitive.
- If the browser prompts you with a request to remember your password, click **No**.

### To Request Your Password

If you are not able to log in to the system because you have forgotten your password:

- At the login window, click the **Forgot your password? Click Here** link.
- Enter your User Name, User Last Name and First Name and click the **Next>** button.
- On the confirmation screen, click the **Send Password** button. Your password will be sent to you via the e-mail address assigned to the user account.

### To Sign Out

Click **Sign Out** at the top right of the screen.

## User Account Maintenance

### Add a User

Two steps are required to add a new user account – add the employee record and then create the new account.

- Select User List option from the **Account** tab.
- Click on the **Add User** option.
- Select the User Type = Provider Employee from the list and click on the **Next>** button.
- Click on the **Add Employee** option.
- Enter the employee's information and click **Submit**.
- Click on the **Select** link next to the name of the new employee record that was just created.

- Enter the required user account information (required fields are marked with \*) and click **Submit**.
- Search for the new user account to verify creation and active status.

### Edit a User

- Select User List option from the **Account** tab.
- Search for and click on the user's name to edit.
- Click on the **Edit User** option.
- Update the desired account fields and click **Submit**.

### Delete a User

- Select User List option from the **Account** tab.
- Search for the user to be deleted and click on the **Delete** option link on the right side of the screen.
- Alternatively, search for and click on the user's name to delete. Click on the **Delete User** option.
- Click on the **Delete** button.
- The User List window displays with the "Deleted column = Y" for the selected user.

### Reset a User Password

- Select User List option from the **Account** tab.
- Search for and click on the user's name to reset.
- Click on the **Reset Password** option.
- Click on the **Reset Password** button. The randomly generated password displays. Click **Submit**.
- Click the **User List** breadcrumb to return.

## Health Care Data Inquiry

### Member Eligibility Verification

The Member Eligibility Verification inquiry enables you to search, view and print member-specific health plan eligibility and enrollment information.

- Select the Member Eligibility Search option from the **Product** tab. Please note that eligibility files are updated daily and not maintained in real time. There is a one-day delay on member information.
- Enter the member selection information to perform the search. The member ID number is required as the minimum search data set. Click **Search**.
- The initial search screen provides the option to select up to five members. If more are needed, click the **Add Member** option. Each click will add another block of five members.
- Click on the member's name to display current demographic, eligibility and assigned primary care provider (PCP) information.

- To display all historical eligibility periods, click on the **View Eligibility History** option.
- To display any member claims submitted by the provider, click on the **View Claims** option.
- Click on the **HEDIS** field link to display the member's HEDIS measures.

### Claim Status

The Claims Status inquiry enables you to search, view and print a report of your claims.

- Select the Claim Status Search option from the **Product** tab.
- Enter the claims selection information to perform the search. Click **Search**.
- Click on an individual claim number to display the claim header and service line detail information.

### Authorization Status

The Authorization Status inquiry enables you to search, view and print an authorization request.

- Select the Authorization List option from the **Product** tab.
- Enter the authorization selection information to perform the search. Click **Search**.
- Click on the **Detail** link next to the authorization number to display the authorization header and detail information.

### Remittance Advice (RA) Status

The RA inquiry enables you to search, view and print a Remittance Advice summary report of paid claims.

- Select the Remittance Advice Search option from the **Product** tab.
- Enter the RA selection information to perform the search. Click **Search**.
- Click on an individual check number to display the RA payment amount and associated claim detail information.
- Click on a specific claim number to show the Claim Status Detail screen.
- Click on the **Expand/Collapse** option next to an individual claim to display the claim payment detail information.

### Panel Roster

The Panel Roster inquiry enables you to view, print and download a list of members currently assigned to the PCP.

- Select the Panel Roster option from the **Product** tab.
- Click on the magnifying glass icon to search for affiliated providers.
- Click on the **Select** link next to the desired provider, then click **Search**.

- Members assigned to the selected provider's panel roster will display.
- Click on a member's name to display current demographic, eligibility and assigned PCP information.

## Provider Search

### To Perform a Provider List Search

Provider users are allowed to view all affiliated providers to their office.

- Select the Provider List option from the **Account** tab.
- Enter the search criteria and click **Search**.
- Click on the provider's name to display the provider's current demographic, specialty, effective date and affiliation information.

### To Perform a Provider Directory Search

To perform a search of all providers, on the Home page, click on the **Find A Provider** tab to be directed to the Provider Directory Search function on the static website.

## Prior Authorization Requirement Search Tool

Prior to submitting the authorization request, providers should first determine if a prior authorization (PA) is required for the service. This is done using the Prior Authorization Requirement Search Tool. From the web portal home page, click the **Prior Authorization Requirement Search Tool** icon under My Health Tools/Resources.

- A new browser window will open with the tool.
- Searches may be performed either by individual CPT/HCPCS code or by the CPT/HCPCS group designator.
- After entering individual CPT/HCPCS code or CPT/HCPCS group designator, click **Search**.
- Each code has one of the following designations, applicable on the date the search is performed:
  - > YES – Prior authorization is required for the selected CPT/HCPCS code.
  - > NO – Prior authorization is not required for the selected CPT/HCPCS code.
  - > NON-COV – The CPT/HCPCS code selected is not a covered benefit by the health plan.
  - > INVALID – The CPT/HCPCS code selected is either an invalid code or the code cannot be found in the health plan code list.
  - > EXPIRED – The CPT/HCPCS code usage termination date has passed and the code is no longer valid for use on health plan prior authorization requests.

- To search for codes by CPT/HCPCS group designator within the prior authorization group, simply check the box to the right before performing the search.
- The **notepad** icon indicates additional information is available. To display, hover the cursor over the icon and a tip box will appear.
- To sort further, column headers are available. Click on any column header displayed as blue underlined text and results will be redisplayed on the specified column in ascending order. Click on the header again and the list will be redisplayed in descending order.
- To remove all previously entered search criteria and start again, click on the **Clear** button.
- To send the results of a search to an Excel spreadsheet for printing, click on the **Export** button and the report will be formatted.
- When all CPT/HCPCS code searches are complete, close the browser window by clicking the red **X** in the upper right corner of the screen to return to the web portal home page.

## To Submit Authorizations

Emergency services do not require authorization, although notification requirements apply. (Note: If your request for authorization is urgent or emergent, do not submit via the website. For information on submitting urgent or emergent authorizations, call 1-800-322-6027.)

### Step 1 – Authorization Type

- In the **Product** tab, under the Submit Authorizations option, click on Outpatient, DME – Rental or Behavioral Health to select the type.

### Step 2 – Member Information

- Click on the **Search for a Member** magnifying glass icon to perform the search.
- Enter the desired member information. Authorizations should only be submitted on members with current enrollment benefits.
- After entering the selection criteria, click **Search**.
- Click on the **Select** link next to the desired member.

### Step 3 – Medical Indications

- In the Diagnosis Code box, enter the first diagnosis code for the member. To search for a specific code by the description, click the **Search for a Diagnosis Code** magnifying glass icon.
- To enter an additional diagnosis code (up to four can be submitted on the authorization), click on the **Add a Diagnosis Code** option.
- In the Medical/Clinical Indications box, enter a detailed description of the services being requested. Please include a contact name and phone number.
- Enter the requested date range of the authorization period in the Start Date and End Date boxes. Start Date is a required field for all authorization types.

### Step 4 – Requesting/Service Provider

- Click on the **Search for a Provider** magnifying glass icon.
- Enter the provider name and/or ID information to perform the search. Click **Search**.
- Click on the **Select** link next to the desired provider.

### Step 5 – Authorization Service Information

- In the CPT/Revenue Code box, enter the first service code requested. To search for a specific code by the description, click on the **Search for a CPT/Revenue Code** magnifying glass icon.
- In the Units box, enter the number of units (days, services, increments, etc.) for the selected procedure or service.
- To enter an additional authorization service (up to 25 can be submitted), click on the **Add Another Service** line option.

### Step 6 – Final Submission of the Authorization

- When all authorization information has been entered, click the **Submit** button.
- If there are errors in the data entered on the authorization, the Authorization Request window will redisplay with the message “There were problems with this page. Please correct the entries flagged before proceeding.” Each field containing an error will be indicated by a red triangle. Hover the pointer over the red triangle to display the specific field error message.
- Upon completion of the authorization submission, a success window will display showing the assigned authorization number.
- Click **Done** to return to the home page.



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