



Secure Provider Portal

Registering and Verifying Member Eligibility

Secure Provider Portal Introduction

Secure Provider Portal Introduction

The Provider Portal allows providers to:

- Check eligibility
- View member health records
- View prior authorizations
- View patient care gaps
- And much more

Secure Provider Portal General Information

- Driven by Tax ID Number (TIN)
- Performs best in the current version of Chrome
- Does ***not*** house member, provider, claim, or authorization data, it merely displays information from CCH back-end systems

Provider Portal Registration & Login

Portal Registration: provider.carolinacompletehealth.com

Tip: add no-reply@mail.entrykeyid.com to your email contacts

Log In

Username (Email)

LOG IN

Create New Account

single password



reliable security

EntryKeyID

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Create Your Account

Let's get started - creating an account is quick and easy.

Email

First Name

Last Name

Language Preference

Password

Passwords must be at least 8 characters and include three of the four items below:

- One uppercase letter
- One lowercase letter
- One number
- One special character (For example: &, \$, !, *)

CREATE ACCOUNT

CANCEL

Portal Login

Log In

Username (Email)

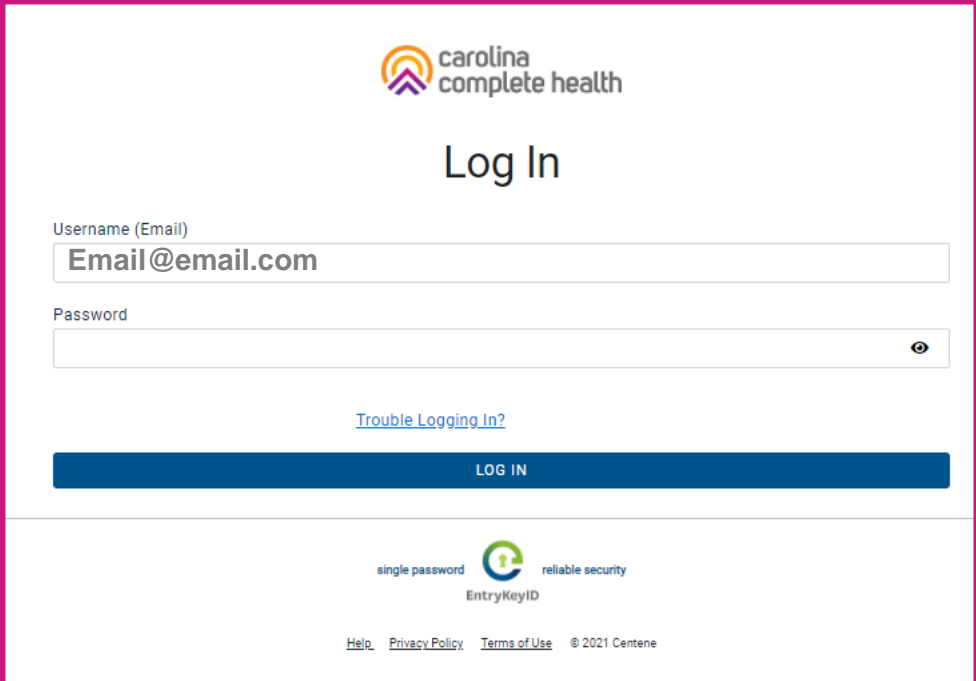
Email@email.com

LOG IN

[Create New Account](#)

single password  reliable security
EntryKeyID

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The screenshot shows the Carolina Complete Health login page. At the top right is the logo for Carolina Complete Health. Below it is the heading "Log In". There are two input fields: "Username (Email)" containing "Email@email.com" and "Password" which is currently empty. To the right of the password field is an eye icon for toggling visibility. Below the password field is a link for "Trouble Logging In?". At the bottom of the form is a blue "LOG IN" button. Below the form, there is a section for "single password" and "reliable security" with the "EntryKeyID" logo. At the very bottom, there are links for "Help", "Privacy Policy", and "Terms of Use", along with the copyright notice "© 2021 Centene".

Portal Functionality: Check Eligibility

Eligibility Check

Within Eligibility Check results, the Patient Overview displays patient demographic, claims, authorizations and other pieces of information. It can be used to identify Care Gaps, view ER visits, and PCP history.


Quick Eligibility Check

Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

1 Member ID or Last Name *

2 Member Date of Birth



3 Select Action Type *

Select

- View Eligibility & Patient Information
- Create New Claim
- Create Recurring Claim
- Create Authorization

SUBMIT

Claims Overview

Shows claims for the last 30 days from today's date.

| REJECTED | DENIED | PENDING |
|----------|--------|---------|
|----------|--------|---------|

Eligibility Check

The screenshot shows a web application interface for an eligibility check. At the top, there is a navigation bar with icons for Eligibility (1), Patients, Authorizations, Claims, and Messaging. Below this is a search bar with 'Viewing Eligibility For:' and two dropdown menus: 'TIN' and 'Plan Type' (set to 'Medicaid'). A green 'GO' button is to the right. The main section is titled 'Eligibility Check' and contains a form with fields for 'Date of Service' (05/27/2020), 'Member ID or Last Name' (123456789 or Smith) (2), and 'DOB' (mm/dd/yyyy) (3). A green 'Check Eligibility' button (4) and a 'Print' button are also present. Below the form is a table with columns: ELIGIBLE, DATE OF SERVICE, PATIENT NAME, DATE CHECKED, RECENT ADT, CARE GAPS, and LOG ER VISIT. The first row shows a thumbs-up icon, the date 05/27/2020, a patient name with a '>View details' link (5), the date 05/27/2020, 'NO' for recent ADT, and 'Non-compliant for annual well visit.' for care gaps. The 'LOG ER VISIT' column contains an 'ER Visit?' button and a 'Remove' button.

If Eligibility Check is for an ER visit, click **ER Visit?**

Eligibility Tips

- When checking eligibility, if the member does not pull up, verify data entered
- If Member ID + DOB does not pull up the member, try Member Last Name + DOB
- As best practice, always check member eligibility before creating a web authorization or web claim



Tip: The member drives your Plan Type selection. For example, an Ambetter member will not pull up under Medicaid.

Patient Overview

The screenshot shows a web application interface for patient eligibility. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. Below this is a search bar with the text "Viewing Eligibility For:" and a dropdown menu set to "Medicaid", followed by a green "GO" button. The main content area is titled "Overview" (highlighted with a red box) and contains a green banner stating "This patient is eligible as of today, May 27, 2020." with a thumbs-up icon and a red arrow pointing to the date. To the right of the banner is a "Print Eligibility Overview" link with a printer icon and a red arrow. Below the banner are two columns of information: "Patient Information" and "PCP Information", both with red arrows pointing to their respective sections. The "Patient Information" section includes fields for Name, Gender (M), Birthdate, Age, Member #, and Address. The "PCP Information" section includes fields for Name (TERRIE), Address, Practice Type (MEDICINE), and Phone Number. Below these are links for "View PCP History", "EPSDT", and "Care Gaps", each with a red arrow. The "Eligibility History" section features a table with columns for Start Date, End Date, and Product Name, containing two rows of data. A "more" link with a red arrow points to a red text annotation: "Click more, to view full Eligibility History". Other links include "View Clinical Information" and "Allergies" (with a red arrow). A "Risk Category Alerts: COPD/Asthma" box and a "None On File" box are also visible.

Viewing Eligibility For : [dropdown] Medicaid [GO]

Back to Eligibility Check [button]

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

This patient is eligible as of today, May 27, 2020.

[Print Eligibility Overview](#)

Patient Information

PCP Information

Name [redacted]

Gender M

Birthdate [redacted]

Age [redacted]

Member # [redacted]

Address [redacted]

Name TERRIE [redacted]

Address [redacted]

Practice Type [redacted] MEDICINE

Phone Number [redacted]

[View PCP History](#)

[EPSDT](#)

[Care Gaps](#)

[Eligibility History](#)

| Start Date | End Date | Product Name |
|-------------|--------------|--------------|
| Dec 1, 2018 | Ongoing | SSI Non-Dual |
| May 1, 2018 | Nov 30, 2018 | TANF |

[more](#)

[View Clinical Information](#)

[Allergies](#)

Risk Category Alerts: COPD/Asthma

None On File

Click more, to view full Eligibility History

Patient Overview, cont.

[View Clinical Information](#) ←

→ Three Most Recent ER Visits

| Primary Diagnosis | Date | Facility/Provider |
|--|------------|-------------------|
| EPISTAXIS | 10/29/2019 | |
| EPISTAXIS | 08/28/2018 | |
| PNEUMONIA UNSPECIFIED ORGANISM | 07/20/2018 | |

→ Three Most Recent Inpatient Admissions

| Primary Diagnosis | Date | Facility/Provider |
|--|------------|-------------------|
| HYPERTROPHY TONSILS W/HYP ADENOIDS | 06/10/2019 | |
| MOD PERSIST ASTHMA ACUTE EXACERBAT | 04/30/2019 | |

→ Three Most Recent Office Visits

| Primary Diagnosis | Date | Facility/Provider |
|--|------------|-------------------|
| HYPERTROPHY TONSILS W/HYP ADENOIDS | 11/13/2019 | |
| HYPERTROPHY TONSILS W/HYP ADENOIDS | 10/30/2019 | |
| DELAYED MILESTONE IN CHILDHOOD | 10/03/2019 | |

Top 5 Most Occurring Diagnosis ←

- MIX RECEPTIVE-EXPRESSV LANGUAGE D/O
- DELAYED MILESTONE IN CHILDHOOD
- SHORT STATURE CHILD
- MOD PERSIST ASTHMA ACUTE EXACERBAT
- HYPERTROPHY TONSILS W/HYP ADENOIDS

Recent Pharmacy Activity ←

- FLOVENT HFA AER 44MCG
- MUPIROCIN OIN 2%
- CEFDINIR SUS 250/5ML

Patient Overview – Cost Sharing

Back to Eligibility Check

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Cost Sharing Summary

This member has no co-pay ← This member has no co-pay.

[Print Cost Sharing](#)

Patient Overview – Assessments

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Please tell us about your patient's health

Child Welfare Referral Assessment
A Child Welfare Referral helps determine why a member is being referred to case management. [Fill Out Now!](#)

Person Centered Service Plan (PCSP) Signature Addendum
Please take a few minutes to fill out the form below. [Fill Out Now!](#)

Previous Assessments

You have not told us about anything yet. Please fill out a form.

If notice of pregnancy (NOP) were applicable for the member, it would be available.

Patient Overview – Health Record

Back to Authorizations

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

Visits Medications Immunizations Labs Allergies

Information displaying on the members health record is based on submitted claims.

| Primary Diagnosis | Date | Visit Type | Claim Type | Facility/Provider |
|--|-------------------------|---------------------|------------|-------------------|
| Low Back Pain | 01/08/2020 - 01/08/2020 | Home | Medical | |
| Low Back Pain | 12/05/2019 - 12/05/2019 | Home | Medical | |
| Low Back Pain | 11/07/2019 - 11/07/2019 | Home | Medical | |
| Htn Heart Disease W/Heart Fail | 11/01/2019 - 11/01/2019 | Inpatient Hospital | Medical | |
| Cellulitis Of Right Lower Limb | 10/31/2019 - 11/01/2019 | Inpatient Hospital | Medical | |
| Cellulitis Of Right Lower Limb | 10/30/2019 - 10/30/2019 | Inpatient Hospital | Medical | |
| Primary Osteoarthritis Rt Shoulder | 10/30/2019 - 10/30/2019 | Inpatient Hospital | Medical | |
| Oth Nonspecific Abn Find Lng Field | 10/30/2019 - 10/30/2019 | Outpatient Hospital | Medical | |

Patient Overview – Care Plan

[Back to Authorizations](#)

Care Plans come from the clinical system.
These care plans are setup with the case manager(s) for the patient.

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

This member's care plan to treat: Case Worker

Integrated Care

05/12/2020 - OPEN

Member is hospitalized

Goal: **Member will transition from hospital to home setting with appropriate support in place. by 2020-06-16**

Member is a young adult and may still be dependent on older adults/ family members to successfully n may be a barrier to success

What we're doing:

| | |
|------------|--|
| 2020-06-16 | CM will communicate with member/member family &/or inpatient case management/discharge planning and assist with member's transition to home setting as needed. |
| 2020-06-16 | Member/ member family will communicate with inpatient case management/discharge planning/ CM regarding status of ongoing home health needs and preferences |

Patient Overview – Authorizations

Back to Authorizations

When viewing a member's authorizations, the list will display the last 18 months, regardless of the submitting provider.

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Power Account Service Estimate

Document Resource Center

Notes

Authorizations

| STATUS | AUTH NBR | FROM DATE | TO DATE | DIAGNOSIS | AUTH TYPE | SERVICE |
|-----------------|----------|------------|------------|-----------|------------|-------------|
| APPROVE | IP190 | 02/04/2020 | 12/31/9999 | E87.6 | INPATIENT | Medical |
| APPROVE | IP179 | 10/29/2019 | 11/01/2019 | I50.9 | INPATIENT | Medical |
| APPROVE | IP167 | 07/19/2019 | 07/22/2019 | L03.115 | INPATIENT | Medical |
| APPROVE | OP16 | 07/09/2019 | 09/06/2019 | Z48.01 | OUTPATIENT | Home Health |
| PARTIAL_APPROVE | IP162 | 06/08/2019 | 06/25/2019 | L03.90 | INPATIENT | Medical |
| APPROVE | IP161 | 05/21/2019 | 05/24/2019 | L03.90 | INPATIENT | Medical |
| APPROVE | IP158 | 04/24/2019 | 04/29/2019 | I50.9 | INPATIENT | Medical |

Create a New Authorization

Click an Auth NBR to view the authorization details

Click **Create a New Authorization**, to submit a web authorization request for the member

Patient Overview – Coordination of Benefits

[Back to Authorizations](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

[Print Coordination of Benefits](#)

| Effective Date | Term Date | Policy Number | Group Number | Carrier Name | Coverage |
|----------------|------------|---------------|--------------|--------------|-------------------------|
| 07/01/2016 | 12/31/9999 | | | BC BS | MEDICAL AND HOSPITAL MO |

Coordination of Benefits (COB) information on file for the member displays here.

Patient Overview – Claims

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Referrals

Coordination of Benefits

Claims

Document Resource Center

Notes

Claims: Recent

Click **Create a New Claim**, to submit a web claim for the member. -----> [Create a New Claim](#)

The last one month of claims for this member are displayed below. To view more claims for this member, [visit the Claims page](#).

Show claims for [GO](#) [View most recent month](#)

| CLAIM NO. ↑ | REF/ACCT NO. ↑ | DOS RANGE ↑ | PAYMENT DATE ↑ | RECEIVED DATE ↑ | BILLED/ PAID ↑ | STATUS ↑ |
|----------------------|----------------|-------------------------|----------------|-----------------|----------------|----------|
| T148 | | 05/22/2020 - 05/22/2020 | 06/04/2020 | 05/27/2020 | \$643.00 / \$1 | PAID |
| T150 | | 05/22/2020 - 05/22/2020 | 06/04/2020 | 05/29/2020 | \$75.00 / \$2 | PAID |
| T153 | | 05/22/2020 - 05/22/2020 | | 06/01/2020 | \$145.00 / \$9 | PAID |

3 items found, displaying all items. Page 1/1 1

Click **Claim Number**, to view the claims details

Patient Overview – Document Resource Center

Documents for the member can be uploaded here based on Document Category options. Options may vary by Health Plan.

The screenshot shows a web interface for the Document Resource Center. On the left is a vertical sidebar with menu items: Overview, Cost Sharing, Assessments, Health Record, Care Plan, Authorizations, Referrals, Coordination of Benefits, Claims, Document Resource Center (highlighted with a red box), and Notes. The main content area is titled 'Document Upload' and contains a form with four numbered steps: 1. Document Category (dropdown menu with options: Please Select a Category, Medical Necessity, Quality Management), 2. Document Type (dropdown menu), 3. Upload File (button: Choose File, status: No file chosen), and 4. Submit (green button). A callout box at the top right explains that document categories vary by health plan.



Tips: The 1st page of the document, should include:

- Reason for upload (i.e. Requested clinical documents, etc.)
- Authorization #, if applicable

Patient Overview – Notes

[Back to Authorizations](#)

Notes

Create a New Note

General Note [Write Note](#)

| Previous Notes | Date |
|------------------------------|--------------|
| General Note | Oct 15, 2019 |
| General Note | Jan 29, 2020 |

Allows portal users to create and view notes regarding the member.

Notes

- Overview
- Cost Sharing
- Assessments
- Health Record
- Care Plan
- Authorizations
- Referrals
- Coordination of Benefits
- Claims
- Document Resource Center