



PROVIDER PORTAL

The Provider Portal is a key self-service tool for our providers and defines how our providers engage with us. Our Provider Portal is a secure, encrypted online tool available for any provider serving our members. Providers will need to register to use the Provider Portal.

 MASSACHUSETTS
PROVIDER PORTAL

See What's New

Switch User

MEMBER SEARCH

Member Eligibility

Coordination of Benefits

Member File Upload

Welcome CCA Providers

Visit our [Provider Training](#) page for resources and guides to get started.

Interpreter Services

CLAIMS

For medical appointments outside of the surgical, hospital or emergency room setting*, CCA offers onsite sign and language interpreters, as well as over-the-phone (OPI) and video remote interpreting (VRI), when appropriate. These services are available to CCA members who are hearing impaired, do not speak English or have limited English-speaking proficiency. These services are available at no cost to the member or provider.

MEMBER REPORTS

To request an interpreter for your patient, please use the [Propio Self-Service Portal](#). First-time users may begin the process of creating an account through [Propio](#). For questions, please contact [Provider Services](#).

USERS

We ask that you let us know of members in need of interpreter services, as well as any members that may receive interpreter services through another resource.

PROVIDERS

**CCA requires hospitals, emergency rooms and skill nursing facilities, at their own expense, to offer sign and other language interpreters for members who are hearing impaired, do not speak English or have limited English-speaking proficiency. This includes providers that perform in-office surgeries. These services should be available at no cost to the member.*

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, enhanced roadmap that delivers new features that our providers find useful. The enhancements are released iteratively throughout the year and target highly requested items. We place satisfaction surveys directly on the portal to capture feedback about your overall experience with completing your daily tasks.

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.

By going to Member Search > Member Eligibility, 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 care management plan and submit a request to update care management information.

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

Date of Service

6/4/2026

Search

Member is eligible for service on the specified date

Member Information

Member has not consented to sharing sensitive health information. Because the member has not consented to sharing their health information, you may not be viewing the complete record. Member may grant consent by completing the Member Consent/HIPAA Authorization Form on www.caresource.com. They may also contact CareSource Member Services with questions or to obtain additional information.

Member Name:	TestHSCompTDM TestMemberSzkVCNTDM	Address:	
Member Id:		County:	
Medicaid Id:		Phone:	
Medicare Id:			
Case Number:		Date of Birth:	
Gender:	Male	Relationship to Subscriber:	Subscriber/Insured
Original Effective Date:	1/1/2026 12:00:00 AM	Program Details:	Not a coordinated services Member.
Redetermination Date:		Member Eligibility Date Span Last Updated:	2/12/2026 11:20:07 AM
Program:	Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)		
Member Alerts:	1 Past due: mammogram 2 Past due: PAP test		
Language Preference:	1 Please Select	Alternate Communication Format Needed:	N/A
Special Communication Needs:			
Primary Care Provider (PCP):		Phone:	1
NPI #:			
Case Manager:		Case Manager Phone Number:	

Subscriber Information

Member Dental & Vision Services History

EPSDT Alerts

Upload Consent Form

COB Information

Eligibility Spans

MEMBER PROFILE

The Member Profile supports coordinated beneficiary care between the member's primary care provider (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
- 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
- Care management activity

Member/Beneficiary Eligibility

CareSource Id	Medicaid Id	Member/Beneficiary Info	Case Number	DBN	Multiple CareSource Ids	Multiple Medicaid Ids	Multiple DBNs	DoD ID
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CareSource ID:

Date of Service:

[Member/Beneficiary is eligible for service on specified date](#)

[Search](#)

Member/Beneficiary Information

Member/Beneficiary Name:		Address:	ATLANTA, GA, 30327
CareSource Id:		County:	Fulton
DOD ID:		Phone:	
DBN ID:		Date of Birth:	
Exchange Plan Id:		Relationship to Subscriber:	Subscriber/Insured
Gender:	Male	Program Details:	Not a coordinated services Member/Beneficiary.
Member/Beneficiary Profile:	Click to view Profile Report Definitions		
Original Effective Date:	7/1/2025 12:00:00 AM		
Redetermination Date:			
Program:			
Eligibility Date Span Last Updated:	8/5/2025 6:42:11 PM		

MEMBERSHIP LIST

The Membership List allows providers to view the member currently assigned to the providers acting as PCPs 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. To access the Membership List, go to the Member Reports section in the left-hand menu.

Alerts that display on the 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.

Provider Membership List

Providers:

Filter By Redetermination Date: -

Export Options: [Entire Group's Member List as CSV](#)

Alert Legend

- ! New Assessment
- ! New Care Treatment Plan
- ! Updated Care Treatment Plan

Page(s): 1 2 3 4 5 Record(s): 46

Alerts	Details	First Name	Last Name	Member Id	Medicaid Id	Gender	Birth Date	Effective Date	Redetermination Date	Lang Type	Member Phone	Program Name
	View Details					F		1/1/2026	3/1/2026			Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)
	View Details					M		1/1/2026	3/1/2026	ENG		Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)
	View Details					F		1/1/2026	8/30/2026			Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)
	View Details					F		1/1/2026	8/30/2026			Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)
	View Details					F		4/1/2024	8/30/2026			Massachusetts - Medicare Medicaid - CCA Senior Care Options (HMO D-SNP)
	View Details					M		1/1/2026	3/1/2026			Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)
	View Details					F		6/1/2024	5/31/2026	HAT		Massachusetts - Medicare Medicaid - CCA Senior Care Options (HMO D-SNP)
	View Details					F		1/1/2026	8/30/2026			Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)
	View Details					M		1/1/2026	1/1/2026	ENG		Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)
	View Details					F		1/1/2026	8/30/2026			Massachusetts - Medicare Medicaid - CCA One Care (HMO D-SNP)

CLINICAL PRACTICE REGISTRY

The Clinical Practice Registry (CPR) is an online tool available to health partners to identify and prioritize needed health care services, screening, and tests for Commonwealth Care Alliance® (CCA) members. The CPR is easy to access via the secure Provider Portal on the Member Reports tab.

- Identify gaps in care:** View preventive service history and easily identify Healthcare Effectiveness Data and Information Set (HEDIS®) gaps in care to discuss during appointments.
- Holistically address patient care:** Receive alerts when members need tests or screenings, review beneficiary appointment histories, and view their prescriptions.
- Improve clinical outcomes:** Easily sort 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 beneficiary 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
Data Release

Select Criteria
All
Red
Yellow

Select Patient Status
All
Established
New

Select Enrollment Status
All
Continuous
Recent

Page 1 of 2 Records 1-12

Member Name	Member ID	DOB	Sex	Race	Plan	DOB	Adult Access	Asthma Control	State	Recent Cause	Control Cause	Chronicity	Eye Exam	A1C	Vaccine	IR	Lead	# of Visits	SCS	Well Care
Member 1	123456789	1/14/2011	M	OH	Medicaid	OPC		8/10/2019												
Member 2	123456789	6/4/1995	F	OH	Medicaid	EXP		7/18/2019												
Member 3	123456789	6/22/1984	F	OH	Medicaid	OPC		6/17/2019												
Member 4	123456789	5/23/2013	F	OH	Medicaid	OPC														6/3/2019
Member 5	123456789	7/30/1974	F	OH	Medicaid	OPC		7/12/2019												
Member 6	123456789	6/16/1993	F	OH	Medicaid	EXP														
Member 7	123456789	7/22/1993	M	OH	Medicaid	EXP		6/17/2019												
Member 8	123456789	11/5/1986	F	OH	Medicaid	OPC		6/16/2019				6/16/2019								
Member 9	123456789	10/12/1984	F	OH	Medicaid	OPC		7/12/2019				5/16/2019	7/16/2019	6/16/2019	6/16/2019					
Member 10	123456789	4/20/2008	F	OH	Medicaid	OPC														
Member 11	123456789	2/24/2011	F	OH	Medicaid	OPC														5/16/2019

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 member information, patient number, check number, or external reference number. Claim information can be found on the Claims > Claim Information and Attachments page.

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 #:	1010101010	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 #:	1010101010	Processed Date:	3/21/2022
		Check Number:	Not Applicable
		Adjustment Amount:	\$0.00
		Remaining Balance Due:	\$0.00

Claim Detail

List View Table View Dispute Post Service Appeal Related Documents Recovery 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 examin	Patient Responsibility:	\$0.00
Diagnosis:	S129XS - 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 Provider Portal will be for June 28, 2026, or later. This can be found on the Claims > Online Claim Submission page.

MEMBER/BENEFICIARY SEARCH

Online Claims Submission

CLAIMS

Online Claim Submission
Claim Information and Attachments
Rejected Claims
Real Time Claims
Payment History
Recovery Request
Disputes
Post Service Appeals

Online Claims Submission

Member Search

Search by ID 1010101010

MemberID

Start Date of Service 07/01/2022

Search

Reset

DISPUTES AND APPEALS

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

The image displays two overlapping screenshots of a provider portal interface. The background screenshot shows the 'Post Service Appeals' form, which includes a sidebar with navigation links like 'MEMBER/BENEFICIARY SEARCH', 'CLAIMS', and 'Online Claim Submission'. The main content area has tabs for 'Submit Appeal' and 'Check Status'. It contains fields for 'Claim ID', 'Appeal Type' (set to 'Authorization Denial (Medical)'), 'Authorization Number', and a section for attachments with a 'Choose File' button and an 'Upload' button. A note at the bottom indicates 'File sizes must be limited to 100 MB.' The foreground screenshot shows the 'Disputes' form, which also has 'Submit Dispute' and 'Check Status' tabs. It includes fields for 'Claim ID', 'Dispute Type' (set to 'Please Select'), 'Issue Category' (set to 'Claim Dispute Medical'), 'Provider Contact Name', and 'Notes'. It also features an 'Attachments' section with a 'Choose File' button and an 'Upload' button, with a note stating 'File sizes must be limited to 100 MB.' Both forms have 'Cancel' and 'Submit' buttons at the bottom.

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 100 MB. 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.

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

Reference #: 0413W1LDU

Reference #: 0413W1LDU

Description: Inpatient Elective

Place Of Service: 21 Inpatient Hospital

Submitting Provider: Washoe Health Medical Center

Requesting/Ordering
Provider: Washoe Health Hospital/Acute Care F

Servicing/Rendering Provider:

Facility: Washoe Health Hospital/Acute Care F

Member Information

Member Name: Bradon Washoe Health

CareSource Id: Washoe Health

Birth Date: Washoe Health

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;ontophoresis; 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

DISPUTE AND APPEAL LETTERS

Providers can easily access Disputes or Post-Service Claim Appeal acknowledgement and decision letters on the Provider Portal from three locations:

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

Disputes

Submit Dispute **Check Status**

Providers: Please Select

Claim ID:

Dispute ID:

Member Number:

Search

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

Documents	Received	Member Name	Member ID	Claim ID	Dispute ID	Status
View	02/28/2022	John Young	1024811400	220800000000	022800000000	Denied

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

Post Service Appeals

Submit Appeal **Check Status**

Providers: Please Select

Claim ID:

Appeal ID:

Member Number:

Search

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

Documents	Received	Member Name	Member ID	Claim ID	Appeal ID	Method	Status	Decision	Closed
View	01/01/2022	Paul L. L. L. L. L.	1024811400	220800000000	021800000000	Fax	Closed	Dismissed	02/28/2022

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

PRIOR AUTHORIZATION SUBMISSION

The Provider Portal allows providers to submit an inpatient or outpatient prior authorization request and receive an automatic approval for over 200 procedure codes. Through the Providers > Prior Authorizations and Notifications page, providers can enter clinical details and receive a decision on the authorization within seconds in addition to an authorization reference number. Cite AutoAuth 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 our Provider Portal to update the authorization and attach documentation.

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

BOT

Observation

Status

[Edit](#)

An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and / or qualifications and will be determined when the claim is received for processing.

For Physician Administered Pharmacy Codes, please [click here](#) to complete your Prior Authorization

CareSource Id

Medicaid Id

Member Info

Provider ID:

Impersonate

CareSource ID

Start Date of Service

Search

Authorization Request

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

Requesting/Ordering Provider Information

Search:

Provider Name ▾

* Required

Servicing/Rendering Provider Information

☐ Same As Requesting/Ordering

If unable to locate the physician please use the facility.

Search:

Provider Name ▾

* Required

PRIOR AUTHORIZATION STATUS

Providers can check 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	10310310300	10310310300	Inpatient Elective	12/4/2021	Pending Decision
View Details Update	10310310300	10310310300	Outpatient Elective	12/21/2020	Fully Approved
View Details Update	10310310300	10310310300	Outpatient Elective	12/18/2020	Fully Approved
View Details Update	10310310300	10310310300	Inpatient Elective	12/10/2020	Fully Approved
View Details Update	10310310300	10310310300	Inpatient Elective	12/7/2020	Pending Decision
View Details Update	10310310300	10310310300	Inpatient Emergency	12/1/2020	Pending Decision
View Details Update	10310310300	10310310300	Inpatient Emergency	11/30/2020	Pending Decision
View Details Update	10310310300	10310310300	Outpatient Elective	11/26/2020	Pending Decision
View Details Update	10310310300	10310310300	Outpatient Elective	11/26/2020	Pending Decision
View Details Update	10310310300	10310310300	Outpatient Elective	11/24/2020	Pending Decision
Page(s): 1 2		Record(s):11			

Prior Authorization and Notifications

Medical (Inpatient & Outpatient)	Newborn Delivery Notification	DOT	Observation	Status
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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
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Select the facility: In State Hospital - 222222222 ▾

Start Date: 10/1/2021

End Date: 10/18/2021

Search

Authorization(s) found

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

Details	Authorization Number	Member ID	Member First Name	Member Last Name	Gender	DOB Date	Description	Service Start Date	Service End Date	Actual Discharge Date	Status
View Details Update Letters	1010000000	1100000000	Jordan	Smith	F	07/01/1988	Inpatient Elective	10/15/2021	10/19/2021		Pending Decision
View Details Update Letters	1010000000	1001000000	Diana	Rubio	M	07/01/1988	Inpatient Elective	10/15/2021	10/19/2021		Pending Decision
View Details Update Letters	1010000000	1100000000	Nina	Haley	F	01/01/1988	Inpatient Elective	10/17/2021	10/18/2021		Pending Decision
View Details Update Letters	1010000000	1100000000	Cynthia	Brown	F	01/01/1988	Inpatient Elective	10/16/2021	10/17/2021		Pending Decision
View Details Update Letters	1010000000	1000000000	David	Tracy	M	01/01/1988	Inpatient Elective	10/15/2021	10/16/2021		Pending Decision
View Details Update Letters	1010000000	1100000000	Nancy	Harris	F	01/01/1988	Inpatient Elective	10/14/2021	10/15/2021		Pending Decision

MA-Multi-P-5645050