

CorrectCare Integrated Health Provider Portal User Guide

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SUMMARY

The CorrectCare Integrated Health (CCIH) Provider Portal enables authorized users to check the status of their California Department of Corrections and Rehabilitation (CDCR)/California Correctional Health Care Services (CCHCS) claims.

This document provides information about the CCIH Provider Portal, including:

- How to request an account;
- The account approval and notification process; and
- How to access and navigate the Provider Portal.

Microsoft Edge and Google Chrome are the recommended browsers for this site. Other browsers (such as Firefox or) may still work but are not supported.

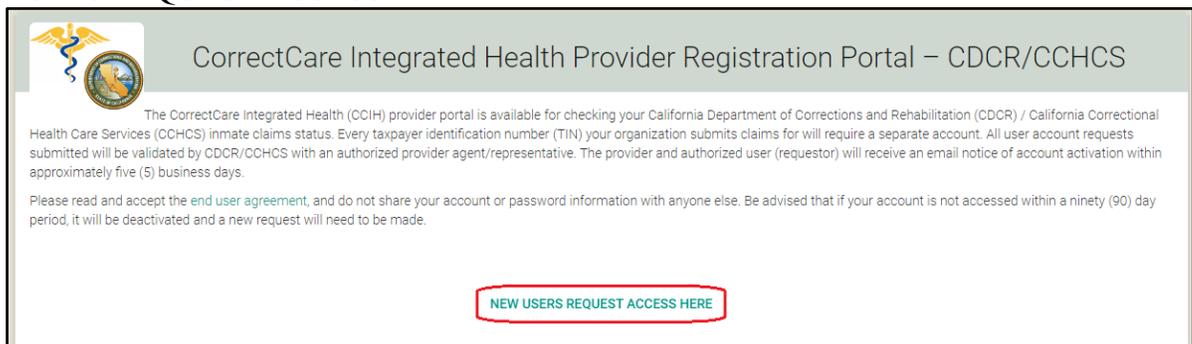
The CCHCS Help Desk provides technical support for the CCIH Provider Portal Monday to Friday (excluding holidays) between 8 AM and 5 PM Pacific Time. You can reach the Help Desk at 1 (916) 691-0699.

THE PROVIDER PORTAL REGISTRATION PROCESS

1. User completes the Provider Portal Access Request Form (https://tpa.correctcare.com/pp_reg/portal/ca_index/);
2. User completes the Provider Portal account creation process;
3. User requests access to the applicable payer;
4. CDCR/CCHCS verifies the user's account with an authorized agent/representative;
5. User receives email notification with access details (if authorized) or with denial information (if not authorized).

Provider Portal Access Request Form

1. User navigates to https://tpa.correctcare.com/pp_reg/portal/ca_index/ and clicks NEW USERS REQUEST ACCESS HERE.



CorrectCare Integrated Health Provider Registration Portal – CDCR/CCHCS

The CorrectCare Integrated Health (CCIH) provider portal is available for checking your California Department of Corrections and Rehabilitation (CDCR) / California Correctional Health Care Services (CCHCS) inmate claims status. Every taxpayer identification number (TIN) your organization submits claims for will require a separate account. All user account requests submitted will be validated by CDCR/CCHCS with an authorized provider agent/representative. The provider and authorized user (requestor) will receive an email notice of account activation within approximately five (5) business days.

Please read and accept the [end user agreement](#), and do not share your account or password information with anyone else. Be advised that if your account is not accessed within a ninety (90) day period, it will be deactivated and a new request will need to be made.

[NEW USERS REQUEST ACCESS HERE](#)

The “CCIH Terms & Conditions” agreement appears (see “[END USER AGREEMENT](#)” on page 9 to review this information);

2. After reading the agreement, the user checks the checkbox and then clicks AGREE & PROCEED TO PRE-REGISTRATION. The “Provider Portal Access Request Form” appears;

CCIH Terms & Conditions

Please read this agreement carefully. By accessing or using the CorrectCare Integrated Health Care (CCIH)/WLT Claims Portal (the Portal), you agree to be bound by the terms set out below. If you do not wish to be bound by this Agreement, do not continue to use or request access of this portal. This agreement is applicable to the use of this portal and the use of its data, regardless how you plan to access this information.

Your continued access to or use of this portal constitutes your binding acceptance of this Agreement, including any changes or modifications made hereafter. The updated, on-line version of this Agreement shall supersede any prior version. By accepting and agreeing to this Agreement, you represent that you are the person authorized by CCIH and the California Department of Corrections and Rehabilitation (CDCR)/California Correctional Health Care Services (CCHCS) to access the portal. You expressly authorize or otherwise provide your permission for us to send or cause to be sent to you, directly or indirectly, any email or other electronic messages.

Purpose for information. The information contained in this portal is intended to provide general medical claims information only, and no attorney-client, doctor-patient, accountant-client or employer-employee relationship is created by reason of your use of this portal. CCIH and/or CDCR/CCHCS may deny access to its information systems to anyone at any time for any reason.

Provider Access Restrictions. The provider's authorizing agent (the provider) is responsible for assigning a limit of two (2) authorized users to act as Provider's agents by using the Provider's taxpayer identification number (TIN) to use the portal.

I have read the terms the CCIH Terms and Conditions

AGREE & PROCEED TO PRE-REGISTRATION

3. The user supplies all requested information on the Provider Portal Access Request Form page (including the captcha) and then clicks SUBMIT FOR APPROVAL. An “Almost Done...” screen appears;

Provider Portal Access Request Form

Please supply the following information. This will allow CCHCS to document that you've accepted the security and usage agreements and verify your eligibility to access a sign to the provider portal. Once the form is completed you will be directed to the provider portal to create an account. The account will be activated and you will receive a confirming email. Following activation of your account to CCHCS, you may request your account to be deactivated or suspended at any time. You may also request that you be removed from the list of authorized users.

CCIH-WLT Desk: 847-811-8333 Health Services Desk: 916-487-0868

PRE-REGISTRATION INFORMATION

Provider Name: _____

Federal Tax ID: _____

Billing Address

Street Address: _____

City/PO Office #: _____

City: _____

State: _____

Zip Code: _____

Account User: _____

User Title: _____

User Email Address: _____

Primary Authorizing Representative Agent

Name: _____ Title: _____ Phone: _____

577-711 [CAPTCHA]

SUBMIT FOR APPROVAL

4. On the “Almost Done...” screen, the user clicks PROCEED TO ACCOUNT CREATION. The CCIH Provider Portal login page appears;

Almost Done...

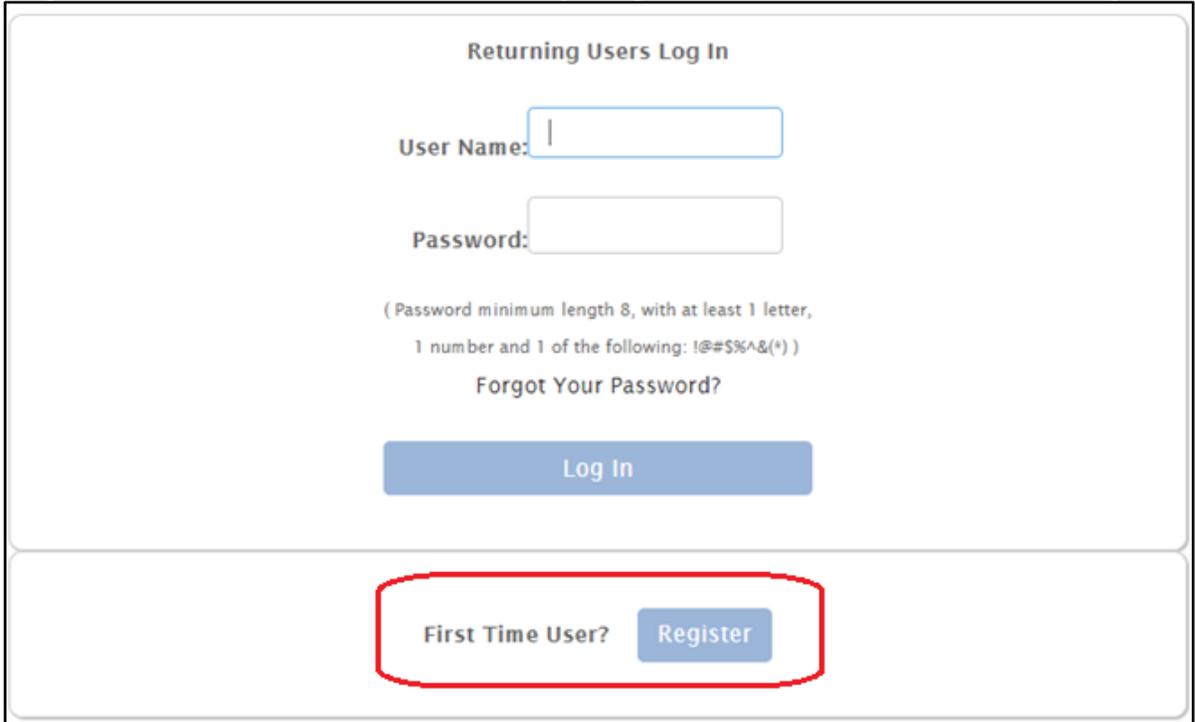
To complete the registration process, you must create a user account.

PROCEED TO ACCOUNT CREATION -->

You will receive an email notification when your account is activated.

Provider Portal Account Creation Process

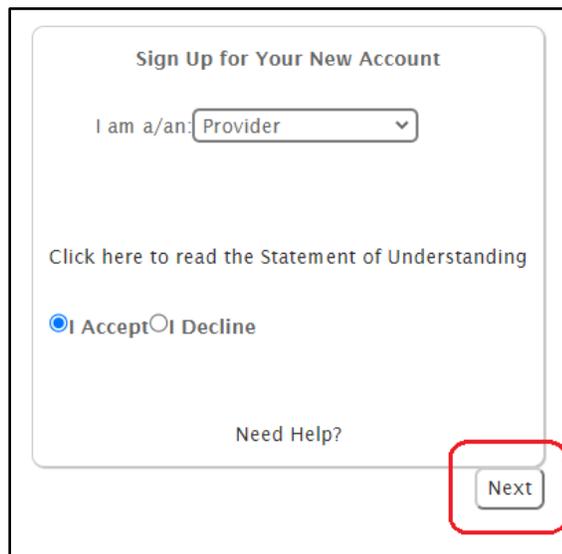
1. On the Provider Portal login page (<https://www.mediconnx.com/MediCIm/Login.aspx?clientid=4899>), the user clicks Register.



The screenshot shows the 'Returning Users Log In' page. It features a 'User Name:' input field, a 'Password:' input field, and a 'Log In' button. Below the password field, there is a note: '(Password minimum length 8, with at least 1 letter, 1 number and 1 of the following: !@#%&^(*))'. A link for 'Forgot Your Password?' is also present. At the bottom, a red box highlights the 'First Time User?' text and the 'Register' button.

The account creation process begins, and the Sign Up for Your New Account page appears.

2. On the Sign Up for Your New Account page, the user:
 - a. Selects the “Provider” value from the dropdown menu;
 - b. Clicks the “Statement of Understanding” link to read this agreement;
 - c. Selects the “I accept” radio button and then clicks Next.



The screenshot shows the 'Sign Up for Your New Account' page. It features a dropdown menu for 'I am a/an:' with 'Provider' selected. Below this is a link: 'Click here to read the Statement of Understanding'. There are two radio buttons: 'I Accept' (selected) and 'I Decline'. At the bottom, there is a 'Need Help?' link and a 'Next' button, which is highlighted with a red box.

3. On the Personal Information and Provider Information page, the user completes all fields and then clicks Next.

Personal Information

First Name:

Last Name:

Provider Information

Practice/Provider Name:

(For TIN - Enter only numbers, do not enter dashes, slashes etc.)

TIN:

NPI:

Phone:

Previous Next

4. On the Sign Up page, the user completes all fields and then clicks Create User.

Sign Up

User Name:

Password:

Confirm Password:

E-mail:

Confirm E-mail:

1st Security Question:

Will be displayed as a reminder when using "Forgot Password"

1st Security Answer:

When using "Forgot Password" you must enter the answer as defined here

2nd Security Question:

2nd Security Answer:

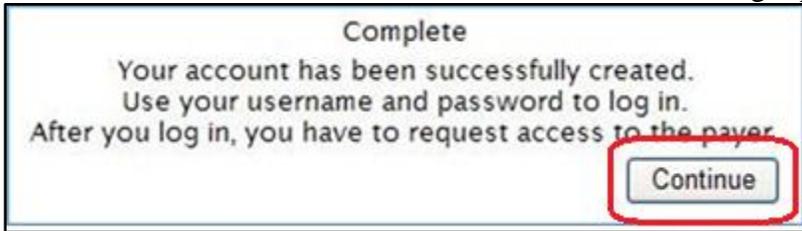
3rd Security Question:

3rd Security Answer:

Create User

A message appears confirming that the user's account has been successfully created;

5. The user clicks Continue to return to the Provider Portal login page;



Request Access to Payer

1. On the Provider Portal login page, the user logs in with the username and password that was just created;
2. After logging in, the user selects the “Payer Access” tab and then:
 - a. Selects the “CorrectCare Integrated Health, Inc.” value from the “Choose a Payer:” dropdown menu;
 - b. Clicks Submit Request. A table appears that indicates that the user’s access request is “Pending”;



At this point, the user has completed all required registration steps and CDCR/CCHCS will begin the account verification process.

The user can view the status of the access request at any time by logging in to Provider Portal and clicking the “Payer Access” tab. However, the user cannot view any data unless his/her account is activated.

User Account Verification, Activation, and Notification

CDCR/CCHCS screens the information provided by the user to verify its accuracy and authenticity. Generally, the verification process requires 2-3 business days after the user completes the account creation process. If CDCR/CCHCS approves the account, then the user receives an email with access details. If not approved, though, the user will be notified of the denial.

Note: A separate portal account must be requested for each unique taxpayer identification number (TIN). One provider can have a maximum of five (5) registered users (i.e. access to five (5) unique TINs). The provider's authorizing agent ("the provider") is responsible for assigning a limit of five (5)

authorized users to act as Provider's agents by using the Provider's taxpayer identification number (TIN) to use the portal ("Authorized Users").

GENERAL PROVIDER PORTAL NAVIGATION AND TASKS

Logging in to the Provider Portal

1. Open a browser and navigate to <https://www.mediconnx.com/MediClm/Login.aspx?clientid=4899>;
2. Enter your User Name and Password and click Log In;
3. If necessary, reset your password by clicking Forgot Your Password?.

Searching for Patient Information

1. Log in to the Provider Portal;
2. Click the Select Patient tab;



The screenshot shows the 'Patient Selection' form. At the top, there are navigation tabs: Home, Info, Select Patient (highlighted), Payer Access, and Upload Claims. Below the tabs, the form has a title 'Patient Selection'. It contains a 'Choose a Payer:' dropdown menu with 'Select' as the current selection. Below that, there are two more dropdown menus: 'Patient is:' with 'The Insured' selected, and 'I want to look up patient by:' with 'Member ID' selected. There are two text input fields: 'Member ID (From ID Card):' and 'Date of Birth:'. A 'Select' button is located below the Date of Birth field.

3. In the “Choose a Payer” dropdown menu, select the “CorrectCare Integrated Health, Inc” value;



This screenshot shows the same 'Patient Selection' form as the previous one, but with the 'Choose a Payer:' dropdown menu open. The dropdown list shows 'Select' at the top and 'CorrectCare Integrated Health, Inc.' selected. A mouse cursor is pointing at the selected option. The rest of the form, including the 'Patient is:' and 'I want to look up patient by:' dropdowns, and the text input fields, remains the same.

4. Choose “Member ID” (selected by default), “Social Security No”, or “Name” from the dropdown;

The screenshot shows the 'Patient Selection' form with the following fields and values:

- Home | Info | **Select Patient** | Payer Access | Upload Claims
- Choose a Payer: CorrectCare Integrated Health, Inc.
- Patient is: The Insured
- I want to look up patient by: Member ID (dropdown menu is open showing options: Member ID, Social Security #, Name)
- Member ID (From ID Card):
- Date of Birth:
- Select

5. Enter the applicable value(s) depending on your selection in step 4:
 - a. For Member ID, enter the patient’s CDCR ID;
 - b. For Social Security No, enter the patient’s SSN;
 - c. For Name, enter the patient’s first and last name;
6. Enter the patient’s Date of Birth;
7. Click Select.

The screenshot shows the 'Patient Selection' form with the following fields and values:

- Home | Info | **Select Patient** | Payer Access | Upload Claims
- Choose a Payer: CorrectCare Integrated Health, Inc.
- Patient is: The Insured
- I want to look up patient by: Member ID
- Member ID (From ID Card): 000001
- Date of Birth: 1/1/1980
- Select (highlighted in red)

Each matching patient appears or, if not matches exist, “Patient not found” appears.

Searching for Claim Adjudication Information

1. Log in to the Provider Portal;
2. Click the Payer’s Claims tab;
3. In the Choose a Payer dropdown, select “Correct Care Integrated Health, Inc”;
4. Search by one or a combination of the following criteria:
 - a. Claim #: Enter the applicable claim number;

- b. Acct Type: Use “All” (default);
 - c. Claim Type: Use “All” (by default) or select a more specific type (such as “Medical” or “Dental”);
 - d. View: Select a predefined date range value (such as “Last 30 Days”) or choose “Date Range” and then enter the “Occurrence Date” values below;
 - e. Occurrence Date: Enter a date range;
 - f. Paid Date: Enter a date range during which the claim was paid;
5. Click the “Refresh List” button. All claims that match the selected criteria appear or, if no claims match, then the screen is blank;
 6. To download all matching claims’ information to Excel, click the “Export to Excel” button;
 7. The following options are available for each individual matching claim:
 - a. To view detailed information about the claim’s adjudication, click Select on the left-hand side of the claim’s row. A separate tab opens that displays detailed claim information;
 - b. To view the claim’s EOB, click Print on the right-hand side of the claim’s row. A separate tab opens that displays the claim’s EOB.

END USER AGREEMENT

The user **must** agree to abide by the terms of the CCIH Agreements & Security conditions outlined below before proceeding to the Pre-Registration page and requesting an account.

All users must read and accept the end user agreement *before* using the Provider Portal.

This is the Agreement(s) & Security statement:

Please read this agreement carefully. By accessing or using the CorrectCare Integrated Health Care (CCIH)/WLT Claims Portal (the “portal”), you agree to be bound by the terms set out below. If you do not wish to be bound by this Agreement, do not continue to use, or request access of this portal. This agreement is applicable to the use of this portal and the use of its data, regardless how you plan to access this information.

Your continued access to or use of this portal constitutes your binding acceptance of this Agreement, including any changes or modifications made hereafter. The updated, on-line version of this Agreement shall supersede any prior version. By accepting and agreeing to this Agreement, you represent that you are the person authorized by CCIH and the California Department of Corrections and Rehabilitation (CDCR)/California Prison’s Health Care Services (CCHCS) to access the portal. You

expressly authorize or otherwise provide your permission for us to send or cause to be sent to you, directly or indirectly, any email or other electronic messages.

Purpose for information. The information contained in this portal is intended to provide general medical claims information only, and no attorney-client, doctor-patient, accountant-client or employer-employee relationship is created by reason of your use of this portal. CCIH and/or CDCR/CCHCS may deny access to its information systems to anyone at any time for any reason.

Provider Access Restrictions. The provider's authorizing agent ("the provider") is responsible for assigning a limit of five (5) authorized users to act as Provider's agents by using the Provider's taxpayer identification number (TIN) to use the portal ("Authorized Users").

The Provider's authorizing agent is the managing supervisor. The Provider warrants that Authorized Users shall be authorized only to the extent necessary to perform their functions on behalf of Provider, each Authorized User will be held to the same standard of confidentiality applicable to the Provider, and that the Provider will be responsible for use of the portal by any such Authorized User. The provider's authorizing agent/managing supervisor shall ensure controlled access for each such authorized user in accordance with the instructions of CCIH and shall assure that such access is promptly terminated should an Authorized User no longer be authorized by Provider to have such access.

Provider will assure appropriate use of the CCIH portal by Authorized Users including the implementation of procedures to assure such appropriate use and to preserve the confidentiality of information available through the portal. As part of such office procedures, the Provider will assure that when any Authorized User, employee, or agent, who may have had access to the portal, leaves the employ of Provider, the user id and access code ("Password") used by Provider for the portal will be deactivated/terminated by submitting an account termination request to CCHCS Help Desk. Provider will assure the implementation of appropriate Password security procedures are adhered to by the Authorized Users. The Provider and Authorized Users shall not divulge or share account identities and/or Passwords. Any Password that has been compromised shall be changed immediately by notifying CCHCS Help Desk at (916) 691-0699.

The Provider and its Authorized Users will request information only for new, existing and historical patients claim data and will use such information only in connection with the performance of administrative services related to claims payments.

The Provider understands that the transactions conducted with CCIH are subject to the data standards requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Provider understands that by using the portal, it is a covered entity for the purposes of the administrative simplification provisions of HIPAA including, without limitation, regulations relating to the privacy and security of health information (45 C.F.R. Parts 160-164). Provider shall be and remain in compliance with all applicable HIPAA regulations.

The Provider understands that if its Authorized User is not a staff member of Provider's workforce (e.g., a billing vendor, billing administrator), said Authorized User is a Business Associate of provider under HIPAA, and Provider and its Business Associates must be bound by a written agreement that complies with the Business Associate provisions in the HIPAA Privacy and Security Rules, as well as the terms of this Agreement.

The Provider understands that information available through CCIH is confidential, electronic Protected Health Information ("PHI") as more fully defined by HIPAA. Provider agrees to preserve such information as confidential in accordance with the law. Provider will immediately notify CCHCS Help Desk at (916) 691-0699 if the portal security has been compromised in any way, if there are any system errors, inaccuracies, faults, or if the portal is being used to otherwise contribute to unauthorized use or disclosure of PHI.

Reliance on Your Changes. You agree that CCIH and CDCR/CCHCS may rely, in whole or in part, on any changes, modifications or updates that you make to any information on this portal, including, but not limited to your address change or other contact information. Any such change shall be processed by CCIH and CDCR/CCHCS within a reasonable time.

Duty to Report Misuse. If you become aware of or suspect fraudulent activity or any other activity that may threaten the security of CDCR/CCHCS inmate protected health information therein, you agree to report such activity to CDCR/CCHCS immediately.

Improper Use of Portal. You shall not use the portal in a manner which may violate the laws and regulations of the United States or any other nation. If you use or attempt to use the portal or its content for purposes including, but not limited to tampering, hacking, modifying, or otherwise corrupting the security of the portal, your access will be terminated and you will be responsible for all damages including, but not limited to criminal prosecution and civil and criminal penalties.

Indemnification. You agree to defend, indemnify, and hold CCIH and/or CDCR/CCHCS harmless from and against any claims brought against CCIH arising out of your action or inaction in violation of these terms of this Agreement or your use or misuse of this portal.

Applicable Law. These terms are governed by the laws of the State of California and the Commonwealth of Kentucky without regard to its conflict of laws principles. Any dispute arising from these terms may be resolved in the state and federal courts in either State.

Limitation of Liability, Waivers and Disclaimers. You waive any claim against CCIH and/or CDCR/CCHCS based upon the quality, accuracy, completeness, or availability of this portal, regardless of cause. You acknowledge that the use of this portal is subject to risks inherent to the internet and to communications generally. CCIH makes no representation that any data sent to or from, or residing at, this portal or systems are safe from destruction, corruption, misdirection, or service interruption.

You agree that CCIH and/or CDCR/CCHCS shall not be liable for failure to provide services or access to this portal during any period and for any reason, directly or indirectly, including, but not limited to failure of any electric or mechanical equipment or communication line, telephone or interconnect problems, computer viruses, unauthorized access, theft, operator error, severe weather, earthquakes, natural disasters, power failure, accident, labor controversy, act of God, or the intervention of any government authority.

Communications with our portal. CCIH and CDCR/CCHCS welcomes your feedback and suggestions about how to improve our products and services and this portal. You agree that CCIH may use all suggestions, ideas, concepts, improvements, reports, information, material or other content, whether written or oral, furnished by you to CCIH without accounting to you in any manner whatsoever.

Survival. Your obligations regarding privacy, confidentiality, indemnification, security, and compliance with state and federal laws shall survive the termination of this Agreement.