

AultCare

Vendor

Login

Guide

REVISED 11/15/2018

Background

AultCare can currently accept files via web file submission as well as SFTP. Before you can use the AultCare website, you must register for an account. This document is designed to give you information on how to create an AultCare Web login account.

Creating a Vendor login to the AultCare website

Open a web browser and go to www.aultcare.com.

Click on [Account Login](#) link at the right top of the screen.



Select "Register for new account" on the next page.



Account Login

Login to your account

Username

Password

ACCOUNT LOGIN

[Forgot your password?](#)
[Forgot your username?](#)
[Register for new account](#)

Need more help?
Download the PDF
"How to Create an
Account -
AultCare - On the Web"

Important Notice

- Your password is case sensitive
- Multiple invalid tries will result in a lock on your account
- If your account is locked, please contact us

Why enroll?

- Increased security**
We took our already secure site and made it even stronger.
- Our Go Green Mission**
Save trees by eliminating paper needs. View your account statements, benefits and Claims online anywhere anytime.
- Stay Informed**
Receive alerts to stay informed on the news from your employer and AultCare.
- Resource Documents**
Learn how to access resourceful member information including:
 - Summary of Benefits and Coverage/Plan Certificate
 - Deductible and out-of-pocket accumulators
 - Identification Card

Select “Vendors – My company works as a 3rd party to another company.” and click on “Sign Up Now!”



Select Your Membership Type

- Member - I have insurance and would like to check my personal information (claims, benefits, etc).
- Employers- The company I work for has AultCare insurance and I am responsible for our employee enrollments and/or financial items.
- Providers - I provide healthcare to individuals.
- Brokers - My company provides enrolling assistance to Employers.
- Vendors - My company works as a 3rd party to another company.
- Non-members - I am part of the AultCare Wellness program but do not have insurance through AultCare.

Sign Up Now!

Steps for Registration

Sign up today to create your Web Account and View all the information you need. It's easy, secure and quick. Enjoy access to your information Information when you want it, not just during business hours. It's a 24x7 world.

- 1 Terms of service**
Read and get informed about our Service and Web Agreements.
- 2 Identify yourself**
Enter your member id and select your Name.

Why enroll?

- Increased security**
We took our already secure site and made it even stronger. Our site is tested regularly. AultCare is very careful to follow the latest internet security advice.
- Our Go Green Mission**
Save trees by eliminating paper needs. View your account statements, benefits and Claims online anywhere anytime.
- Stay Informed**
See your Care Alerts! These are health interventions recommended by doctors based upon generally accepted medical guidelines.

Top questions

How long will it take?
Signing up should take you about 10-15 minutes.

Step # 1 – You must agree with our “Terms of Service” before you can create an account with us. From this page:

1. Read the Terms of Service;
2. Select “I Agree” to agree with the “Terms of service” outlined on this page;
3. Indicate your approval by entering your name in “By:” textbox;

Click on “Continue” button to proceed



Account Registration

Terms Of Service Step 1 of 6 ■ □ □ □ □ □

Request for Access / Non-Disclosure

"My AultCare" is a secure, web-based application. It requires a user name and password to access. By requesting a user name and password, you acknowledge that you have the authority to request such access. "My AultCare" is intended to assist AultCare's clients with their health care operations or payment activities, such as eligibility verification or claims submission. It is provided as a service to AultCare's clients. Misuse of this privilege may result in the revocation of your ability to access the "My AultCare"; application.

By using "My AultCare" you agree that "My AultCare" provides access to confidential protected health information, and that you will maintain this confidentiality in accordance with all applicable state and federal laws. You further agree that you will not share your username, password, or any information learned from this application, and that you will notify AultCare if you have reason to believe someone has learned your username or password. Furthermore, you agree that your duty to maintain the confidentiality of protected health information maintained on the "My AultCare" database survives the termination of your relationship with AultCare .

To access "My AultCare" go to www.aultcare.com .
The terms of this non-disclosure agreement also apply to using the AultCare FTP site which requires a separate login and password.

I Agree I Do Not Agree

By: (typing your name will represent your signature)

Print this agreement

Continue >>

Step # 2 – Enter the following information:

Your first name;

Your middle initial;

Your last name;

A phone number where we can reach you;

The title of your position.

Click on the “Continue” button to proceed.



Account Registration

Personal Details Step 2 of 6

Your First Name:

Middle Initial:

Your Last Name:

Phone Number:
Format: XXX-XXX-XXXX

Position:

Information

Please enter your:

- First Name
- Last Name
- Phone Number
- Position at your workplace

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Step # 3 – Fill this page in the following manner:

1. Enter the 9 digit Tax ID number of your company (without the dash);
2. Enter the name of your company;
3. Enter the Address of your company;

Adding the Group Numbers: (if applicable)

1. Enter the Group Number of a company
2. Click “Add” button.
3. The Group Number will then appear in a listbox underneath.
4. If you need to add more groups, repeat the steps in this section.
5. Add the reason why you are asking access to these groups.

Optional Information on this page:

If you already know someone at AultCare (e.g Account Coordinator), you can help us expedite the verification process for your vendor account by supplying the following “optional” information:

1. Enter the phone number of your company – where we can reach you;
2. Enter the name of the person you know at AultCare; (e.g. Account Coordinator)

AULTCARE
Where You Matter.

Account Registration

Company Details Step 3 of 6

Tax ID: Please enter your numeric tax ID (no dashes)

Company Name:

Company Address Line 1:

Company Address Line 2:

City, State, and Zip-Code: City: State: Zip: (XXXXXX)

Please enter the groups you would like to have access to:

Enter a Group number and click the 'Add' button to add it to the list

Please specify why you need access to the selected groups

Company Phone Number: Format: XXX-XXX-XXXX

Contact Information: Enter the name of your contact person with AultCare, Aultra, or PrimeTime

Information

Please enter at the minimum, your:

- Company's tax ID number
- Company's name
- Company's address

Step # 4 – Enter the following information:

- Username for your account When you enter a username of your choice, the system will tell you if it is already taken or not. If the username is already taken, please choose and enter different username.

Username: Username already in use
Enter a username

- **Password for your account.** The password that you choose should consist of:
 - At least 8 characters
 - At least one uppercase character and one lowercase character
 - At least one number
- **Your email address.** Please enter correct email address. We will use this email to communicate with you.
- **Three security questions with answers.** Please select your security questions carefully. We will ask you these questions if you forget your username and/or password.

Click on “CONTINUE” button to proceed.

AultCAS Online Registration

Account Information Step 4 of 6

Username: Username already in use
Enter a username

Please enter a password:
Confirm your password:

Please enter your Email:
Same value must be entered twice

Please select and answer a few security questions:

Select Password Question 1: Which city do you live in?
Answer:

Select Password Question 2: How many brothers and sisters do you have?
Answer:

Select Password Question 3: Who is your favorite leader?
Answer:

Information

Please enter the following information that will represent your account information

- A unique username
- A password that contains:
 - 8 characters
 - At least one uppercase character
 - At least one lowercase character
 - At least one number
- Your email address
- Three security questions with answers

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Step # 5 – Fill this page in the following manner:

1. **Reason for requesting access.** Select your reason(s) for requesting access. You can select more than one reason.
2. **SFTP IP Addresses.** If you will be using secure FTP transfer in addition to our website, please list the IP address(s) that will be used.
3. **Authorization to represent your company.** Since you are applying for an vendor account, you will need to select “I Agree” to agree that you are an authorized representative of the company you are applying this account for; Indicate your approval by entering your name in “By:” textbox;

Optional Information on this page:

If you need to send us a message or a note in relation to the account or access you are requesting, you can enter it in the comments box.

Click on “**CONTINUE**” button to proceed.

AULTCARE
Where You Matter.

Account Registration

Additional Information Step 5 of 6

Reason for Requesting Access:

- Exchange Electronic Claims
- Rebills
- Sending Eligibility
- Receiving Month End Reports
- Monthly Billing
- Case 275/271
- Online Eligibility Verification
- Prior Authorization
- File Transfer

Select reason(s) for requesting access so that we can process your request accordingly. (HOLD the CTRL to select multiple reasons)

If you will be using secure FTP transfer in addition to our website, please list the IP address(es) that will be used:

Information

Please enter, at minimum, the following information to assist us in setting up your requested account properly:

- Reason for requesting access
- Authorization to represent your company

Authorization

I, Name McNameion, am an authorized representative of Company

I Agree I Do Not Agree

By: (typing your name will represent your signature)

Print this agreement

Please enter any message, comments, or additional notes here.

This is the final page of your account registration process. You must agree to the Trading Partner Agreement specified on this page. You can print this agreement by clicking on "Print this agreement".

On this page:

1. Read the Trading Partner Agreement.
2. Select "I Agree" to agree to the "Trading Partner Agreement" outlined on this page;
3. Indicate your approval by entering your name in "By:" textbox;

Click on "FINISH" button to proceed.

AultCAS
Online Registration

Trading Partner Agreement Step 6 of 6

AULTCARE
Trading Partner Agreement

This Trading Partner Agreement is made this 20 day of July, 2011, by and between AultCare Corporation, 2000 Sixth Street SW, Canton, OH 44710, and a health plan, health care clearinghouse or health care provider, or any other entity acting on behalf of a health plan, health care clearinghouse, or health care provider who transmits any health information in electronic form in connection with a transaction covered by 40 CFR Parts 160 and 162 ("Trading Partner"). AultCare Corporation represents that it is acting on behalf of itself and its affiliated entities Aultro Administrative Group and/or MetLife Life Insurance Company.

The Trading Partner intends to conduct transactions with AultCare Corporation in electronic form. Both parties acknowledge and agree that the privacy and security of data held or exchanged by them contains Protected Health Information (PHI). Each party agrees to take all reasonable steps necessary to ensure that transactions between them comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations promulgated thereunder. The parties agree as follows:

1. Each party will take reasonable steps to ensure that information submitted in an electronic transaction is timely, complete, accurate, and secure. The parties agree to take reasonable steps to ensure that information submitted in an electronic transaction is timely, complete, accurate, and secure.

IN WITNESS WHEREOF, the parties herunto fix their signatures to duplicate copies, each of which shall be deemed an original, at _____ (City), _____ (State).

Name (Printed)

Street Address

City, State, Zip Code


Telephone Number

Tax Identifier Number

Revision Date: 06/06/2005, 07/05/2007, 11/05/08


I Agree I Do Not Agree

By: _____

 Print this agreement

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--Network Websites-- 

Upon successful completion of your account registration, you will see the following message:

Thank you for the submission of your registration request. You will be receiving an email shortly advising on the next steps to complete the process.



What happens next?

Upon completion of the registration process, you should receive an email stating that the registration process has been completed. (Note: At this time, your account is not active yet)

We will review the application and finish with the account setup process.

When your account setup has been completed, you will receive an email informing you that your account has been set up and is ready for use. (Note: At this time, the process is complete and you will be able to login to our new website)

