

AultCare Provider Account Registration Guide

REVISED 11/4/2011

Background

AultCare has launched a new website (AultCAS.com) which offers better tools and improved security. AultCare.com (the current AultCare site) will eventually be re-directed to AultCAS.

It is important to us to ensure that you as an employer can move your account from our current website to the new AultCAS website as smoothly as possible. Before you can use the AultCAS website, you must register for an account. This document is designed to give you information on how to create an AultCAS Web login account.

We also encourage you to read the “Frequently Asked Questions” over [here](#).

Thank you,

AultCAS Web Team

AultConnect@AultCare.com

Creating an Provider login to the AultCare-AultCAS website

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

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

The screenshot shows the AultCare website homepage. At the top, there is a navigation bar with links for "Provider Directory", "Aultra Group", "Individual Coverage", and a search box. Below this is the AultCare logo and the tagline "Caring Professionals · Caring Providers · Caring People · Caring About Your Health". A secondary navigation bar includes "Members Home", "About Us", "Provider Info", "Pharmacy Center", "Forms", "Health & Wellness", "Help", "Open Enrollment", and "Policies & Disclaimers".

The main content area features a large banner with a photograph of a doctor and a patient. The text in the banner reads: "Welcome to worry-free healthcare!" followed by a quote: "Trust the AultCare Assurance: 'Just bring your card and you are done!' With AultCare, we do the rest. The last thing you want to worry about is paperwork. Just present your AultCare card and we'll take care of you." Below this, it asks: "Are you looking for a healthcare option while you are between your own company or as an individual? AultCare is the healthcare alternative that is available, adaptable and affordable for 1 or 1,000." A red arrow points to the "Create Login" link in the right-hand sidebar.

The right-hand sidebar contains a "Manage Your Accounts" section with a dropdown menu set to "Members" and a "Login" button. Below this is a "Forgot Password" link and a "Create Login" link. Further down is an "Information Center" section with a link to "Swine Flu FAQ's".

At the bottom of the page, there are several logos and social media links. On the left, there is a "Quality Improvement" logo and "AULTCARE TEAM SPIRIT SCHOLARSHIPS" logo. In the center, there are three icons labeled "Members", "Employers", and "Providers". On the right, there is an "NCQA ACCREDITATION EXCELLENT Commercial HMO" logo and an "AULTMAN cares" logo. At the very bottom, there are social media icons for Twitter and Facebook, and a "Browser Support Information" link.

The footer contains a list of links: "About Us | Contact Us | AultHealth Newsletter | Web Disclaimer | Privacy Policy | Aultman Hospital | Aultman Foundation | Site Directory". Below this is the address: "AultCare • 2600 Sixth Street S.W. • Canton, Ohio 44710 Copyright © 2011 AultCare". At the bottom center, there is a search box with the text "--Network Websites--" and a "Go" button.

Select "Providers" as your "Membership Type" and click on "SIGN UP NOW" button.

Steps for Registration

Sign up today to create your AultCas 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.
- 3 Create your User Name and password**
Pick a available username of your Choice and create a secure password.
- 4 Select your secret Questions**
Select 3 secret questions and answers for your account .
- Review and Create your Account**
Confirm and Activate your Account by entering the activation code sent to your email

Why enroll in AULTCAS?

- 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.
- What do I need to register?**
You will need your company information.
- I already have an account on AultCare.com or AultGroup.com, do I need to re-register?**
Due to new security, yes, you will have to re-register.
- I just registered but I cannot log in..**
Please give us at least two days to complete the approval process.

Select Your Membership Type:

Providers	▼
Employers	
Providers	
Vendors	



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

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

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

AultCAS
Online 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:

Print this agreement

Continue >>

[About Us](#) | [Contact Us](#) | [AultHealth Newsletter](#) | [Web Disclaimer](#) | [Privacy Policy](#) | [Aultman Hospital](#) | [Aultman Foundation](#) | [Site Directory](#)

AultCare • 2600 Sixth Street S.W. • Canton, Ohio 44710 Copyright © 111 AultCare

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 “CONTINUE” button to proceed.

AultCAS Online Registration

Personal Details Step 2 of 6

Your First Name:

Middle Initial:

Your Last Name:

Phone Number:
Format: XXX-XXX-XXXX

Relation to the practice you are requesting access for: Physician Front Desk Secretary Other

Information

Please enter your:

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

[About Us](#) | [Contact Us](#) | [AultHealth Newsletter](#) | [Web Disclaimer](#) | [Privacy Policy](#) | [Aultman Hospital](#) | [Aultman Foundation](#) | [Site Directory](#)

AultCare • 2600 Sixth Street S.W. • Canton, Ohio 44710 Copyright © 111 AultCare

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

1. Enter the 9 digit Tax ID number of your office (without the dash);
2. Enter the name of your practice;
3. Select the relation you are to the practice;
4. Enter the physician’s name of the practice;
5. Enter the Street Address of your company;

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 employer 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. Group Account Coordinator)

Click on “CONTINUE” button to proceed.

Company Details
Step 3 of 6

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

Practice Name:

Relation to the practice you are requesting access for:

Panel Physician
 Non-panel Physician
 Panel Dental Provider
 Non-panel Dental Provider

Physician Name:

Company Address Line 1

Company Address Line 2

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

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

<< Previous
Continue >>

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:
 - 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 available
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:
Answer:

Select Password Question 2:
Answer:

Select Password Question 3:
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

<< Previous
Continue >>

[About Us](#) | [Contact Us](#) | [AultHealth Newsletter](#) | [Web Disclaimer](#) | [Privacy Policy](#) | [Aultman Hospital](#) | [Aultman Foundation](#) | [Site Directory](#)
 AultCare • 2600 Sixth Street S.W. • Canton, Ohio 44710 Copyright © 111 AultCare

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

1. **Reason for requesting access**
Select your reason(s) for requestng access. You can select more than one reason.
2. **Voucher number**
The voucher number is used to verify that you have access to the information that you will be gaining access to on our website. Please enter one froma recent claim.
3. **Authorization to represent your company**
Since you are applying for an provider account, you will need to select “I Agree” to agree that you are an authorized representative of the provider 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.

AultCAS Online Registration

Additional Information Step 5 of 6

Reason For Requesting Access:

- Exchange Electronic Claims
- Remits
- Sending Eligibility
- Receiving Month End Reports
- Monthly Billing
- Core 270/271
- Online Eligibility Verification

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

Enter a voucher number that you have received on one of your payments from us:
This is used to validate your account request

Authorization

I, John Provider, am an authorized representative of Dr John's Practice, authorized to conduct business in the State of Ohio

I Agree I Do Not Agree

By:

Print this agreement

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

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


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”.

From this page:

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

Click on “FINISH” button to proceed.

AultCAS
Step 6 of 6



Trading Partner Agreement

This Trading Partner Agreement is made this 29 day of July, 2011, by and between AultCare Corporation, 2600 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 45 CFR Parts 160 and 162 (“Trading Partner”). AultCare Corporation represents that it is acting on behalf of itself and its affiliated entities Aultra Administrative Group and/or McKinley 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 care to ensure that information submitted in an electronic transaction is timely, complete, accurate, and secure. The parties agree to take reasonable

IN WITNESS WHEREOF, the parties hereunto 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 Identification Number

Revision Date: 08/26/2005, 07/25/2007, 11/05/08

I Agree
 I Do Not Agree

By:

 Print this agreement

<< Previous
Finish

[About Us](#) | [Contact Us](#) | [AultHealth Newsletter](#) | [Web Disclaimer](#) | [Privacy Policy](#) | [Aultman Hospital](#) | [Aultman Foundation](#) | [Site Directory](#)

AultCare • 2600 Sixth Street S.W. • Canton, Ohio 44710 Copyright © 2011 AultCare

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.



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.

[About Us](#) | [Contact Us](#) | [AultHealth Newsletter](#) | [Web Disclaimer](#) | [Privacy Policy](#) | [Aultman Hospital](#) | [Aultman Foundation](#) | [Site Directory](#)

AultCare • 2600 Sixth Street S.W. • Canton, Ohio 44710 Copyright © 2011 AultCare

--Network Websites--

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**)

Registration Confirmation for

Inbox | X



★ NoReply@aultcas.com to me [show details](#) 9:45 AM [Reply](#)

Hello

This email is to inform you that you have completed the registration process. Once the provided information has been reviewed and approved, we will send you a registration completion email.

Regards,
AultCAS Web Team

[Reply](#) [Forward](#)

- 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)