Aultra Provider Account Registration Guide

REVISED 11/4/2011

Background

Aultra has launched a new website (AultCAS.com) which offers better tools and improved security. AultraGroup.com (the current Aultra 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 <u>here</u>.

Thank you,

AultCAS Web Team AultConnect@AultCare.com

Creating an Provider login to the Aultra-AultCAS website

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

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



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--Network Websites--

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;



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

Personal Details		Step 2 of 6 🗌 🔲 🔲 🗌 🗌
our First Name:	John	Information
liddle Initial:	Q	Please enter your:
our Last Name:	Provider	First Name
hone Number:	555-555-5555	Last Name Phone Number Position at your
	Format: XXX-XXX-XXXX	workplace
elation to the practice ou are requesting access or:	Physician 🔘 Front Desk 💿 Secretary 🔘 Other 🔘	

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 Aultra (e.g Account Coordinator), you can helps 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 Aultra; (e.g. Group Account Coordinator)

Company Details				Step 3 of 6 🗌	
Tax ID:	999999999 Please enter your numerio	c tax ID (no dashes)			Information
Practice Name:	Dr John's Practice				Please enter at the minimum, your:
Relation to the practice you are requesting access for:	Panel Physician No	n-panel Physician	○ Panel Dental Provider	Non-panel Dental Provider	 Company's tax ID number Company's name Company's address
Physician Name:	John Provider				
Company Address Line 1	100 Provider Rd.				
Company Address Line 2	Suite 101				
City, State, and Zip-Code:	City: Canton	State: Oh	io 💌 Zip	-(XXXXX)	
Company Phone Number	555-555-5555 Format: XXX-XXX-XXXX				
Contact Information	My POC				
	Enter the name of your co	ontact person with Aul	tcare, Aultra, or PrimeTime		
<< Previou	s Continue >>				
About Us C	ontact Us AultHealth Nev	vsletter Web Discla	imer Privacy Policy Ault	man Hospital Aultman Founda	tion Site Directory
	AultC	are • 2600 Sixth Street S	.W. • Canton, Ohio 44710 Copy	right © 111 AultCare	
		Networ	k Websites		

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:	my username	Username already in use
	Enter a username	

Password for your account

The password that you choose should consist of:

- o 8 characters
- o 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.

JohnQProvider1 Usemame available Information Please enter a username Information Please enter the following information that will represent your account information Please enter your Email: JohnQ@provider.com - A unique username - A unique username Idease enter your Email: JohnQ@provider.com - A thick of the account information - A torigue username JohnQ@provider.com Same value must be entered twice - At least one uppercase - At least one lowercase Please select and answer: Select Password Question 1: Which city do you live in? - At least one lowercase If few security questions: Select Password Question 2: How many brothers and sisters do you have? - At least one umber Answer: answer 2 Select Password Question 3: Who is your favorite leader? - Answer: answer 3 - - -	JohnOProvider1 Usemame available Information Please enter a password:	Account Information			Step 4 of 6 🗌 🔲 🔲 🔲 🗌
Please enter a password:	Please enter a password: Please enter the following information that will represent your account information t	Jsername:	JohnQProvider1 Enter a username	Username available	Information
••••••••••••••••••••••••••••••••••••	••••••••••••••••••••••••••••••••••••	Please enter a password:	•••••		Please enter the following information that will represent
 A password mat contains A password mat contains 8 characters At least one uppercase Character At least one uppercase Character At least one lowercase At least one number Your email address Three security questions with answers Select Password Question 3: Who is your favorite leader? Answer: answer 3 	 A password mat contact - A password mat contact - 8 characters At least one uppercase At least one lowercase Character At least one lowercase Three security questions: Select Password Question 2: How many brothers and sisters do you have? Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3 		•••••• Confirm your passwo	rd	A unique username
JohnQ@provider.com uppercase Same value must be entered twice - At least one Select Password Question 1: Which city do you live in? Answer: answer 1 Select Password Question 2: How many brothers and sisters do you have? Answer: answer 2 Select Password Question 3: Who is your favorite leader?	JohnQ@provider.com Same value must be entered twice Select Password Question 1: Which city do you live in? Answer: answer 1 Select Password Question 2: How many brothers and sisters do you have? Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3	Please enter your Email:	JohnQ@provider.com		 A password that contrans 8 characters At least one
Please select and answer if ew security questions: Select Password Question 1: Which city do you live in? Image: Character security questions Answer: answer 1 Image: Character security questions Image: Character security questions Select Password Question 2: How many brothers and sisters do you have? Image: Character security questions Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3	Please select and answer if ew security questions: Select Password Question 1: Which city do you live in? Image: Character in the character is the character in the character in the character in the character is the character in the character is the character in the character in the character is the character in the character in the character is the character in the character in the character is the ch		JohnQ@provider.com Same value must be	entered twice	uppercase character • At least one
Answer: answer 1 number Select Password Question 2: How many brothers and sisters do you have? Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3	Answer: answer 1 number • Your email address • Three security questions with answers Select Password Question 3: Who is your favorite leader? • Answer: answer 3	lease select and answer few security questions:	Select Password Qu	estion 1: Which city do you live in?	lowercase character • At least one
Select Password Question 2: How many brothers and sisters do you have? Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3	Select Password Question 2: How many brothers and sisters do you have? Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3		Answer: answer 1		number • Your email address • Three security questions
Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3	Answer: answer 2 Select Password Question 3: Who is your favorite leader? Answer: answer 3		Select Password Qu	estion 2: How many brothers and sisters do you have?	with answers
Select Password Question 3: Who is your favorite leader?	Select Password Question 3: Who is your favorite leader?		Answer: answer 2		
Answer: answer 3	Answer: answer 3		Select Password Qu	estion 3: Who is your favorite leader?	
			Answer: answer 3		
			Casting		

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

- Reason for requesting access Select your reason(s) for requesting 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 from a 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.

Addition	nal Information		Step 5 of 6 🗌	
Reason F Access:	or Requesting	Exchange Electronic Claims Remits Sending Eligibility Receiving Month End Reports Monthly Billing Core 270/271 Online Eligibility Venfication	e can process your request accordingly. (Hold the Ctrl to	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
Enter a v	oucher number	123456789A		your company
that you one of yo from us:	have received on our payments	This is used to validate your account request		
Authoriz	ation			
I John Pro	wider am an authoriz	ad representative of Dr. John's Practice, authorized t	to conduct business in the State of Obio	
		ed representative of Dr John's Fractice, autorized t	to conduct business in the State of Onio	
I Agree	I Do Not Agree			
By:	John Provider			
🚔 Print t	his agreement			
Please er message, additiona	iter any comments, or il notes here:	If you have any questions, * please contact me.		

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.

	artner Agreement	Step 6 of 6 🗌 💭 💭 🗖
	Tradin	g Partner Agreement
his Trading F health plan, formation in s affiliated er	artner Agreement is made this 29 day of July, 2011, by and between Au health care clearinghouse or health care provider, or any other entity act electronic form in connection with a transaction covered by 45 CFR Parts titles Autra Administrative Group and/or McKinley Life Insurance Compar	tCare Corporation, 2600 Sixth Street SW, Canton, OH 44710, and ing on behalf of a health plan, health care clearinghouse, or health care provider who transmits any heal 160 and 162 ("Trading Partner"). AutCare Corporation represents that it is acting on behalf of itself and ty.
he Trading P y them conta ortability and	artner intends to conduct transactions with AutiCare Corporation in electr ins Protected Health Information (PHI). Each party agrees to take all reaso Accountability Act of 1996 (HIPAA) and regulations promulgated thereun	onic form. Both parties acknowledge and agree that the privacy and security of data held or exchanged nable steps necessary to ensure that transactions between them comply with the Health insurance der. The parties agree as follows:
Each party	will take reasonable care to ensure that information submitted in an elect	ronic transaction is timely, correlate, appounde, and secure. The parties agree to take reasonable
WITNESS W	HEREOF, the parties hereunto fix their signatures to duplicate copies, ear	ch of which shall be deemed an original, at (City), (State),
		Name (Printed
		Street Addres
		City, State, Zip Cod
Revision Da	e: 08/26/2005, 07/25/2007, 11/05/08	Telephone Numbe
I Agree	I Do Not Agree	Tax Identification Number
Byi		
Print th	s agreement	

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.

ItCAS Online Registratio	on		
Thank you for the submission of your regis	istration request. You will be recieving a	an email shortly advising on the n	ext steps to complete the process.
Thank you for the submission of your regis	istration request. You will be recieving a	an email shortly advising on the n	ext steps to complete the process.
Thank you for the submission of your regis About Us Contact Us AultHe	istration request. You will be recieving a	an email shortly advising on the n	ext steps to complete the process. ospital Aultman Foundation Site Directory

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	Inbax X	@ ₽
NoReply@aultcas.com to me	show details 9:45 AM	s Reply
Hello		
This email is to inform you that you have completed Once the provided information has been reviewed a send you a registration completion email.	I the redistration process. and approved, we will	
Regards, AultCAS Web Team		
← <u>Reply</u> → <u>Forward</u>		

- 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)