AultCare VENDOR LOGIN GUIDE

AULTCARE

Vendor Account REGISTRATION GUIDE

- AultCare currently accepts files via web file submission, in addition to SFTP.
- Vendors must register for an online account.
- Please use this resource and follow the instructions to create an online account.

HOW TO CREATE YOUR VENDOR LOGIN ON THE AULTCARE WEBSITE



- Open a web browser and go to <u>www.aultcare.com.</u>
- Click Account Login in the upper right corner and select Vendor from the drop down menu.



• Then, click on the **Register for a new account** link.

count Login	
Please click here to go to the new member portal!	
Login to your account	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: • Stummary of Benefits and Coverage/Plan Certificate • Deductible and out-of-pocket accumulators • Identification Card
 Your password is case sensitive Multiple invalid tries will result in a lock on your account If your account is locked, please contact us About Us Contact Us AutCare * 260 	
	 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.



Step #1

You must agree with our Terms of Service before you can create an account with us.

- Select I Agree to agree with the Terms of Service outlined on this page. 1.
- By entering your name next to the **By** text-box, you are signing your signature. 2.

	Where You Matter.	
	Registration	and the second s
	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 request authority to request such access. "My AultCare" is intended to assist AultCare's clients with their health care o submission. It is provided as a service to AultCare's clients. Misuse of this privilege may result in the revocation	perations or payment activities, such as eligibility verification or claims
	By using "My AultCare" you agree that "My AultCare" provides access to confidential protected health informat applicable state and federal laws. You further agree that you will not share your username, password, or any i you have reason to believe someone has learned your username or password. Furthermore, you agree that yo maintained on the "My AultCare" database survives the termination of your relationship with AultCare.	nformation learned from this application, and that you will notify AultCare if
	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 separa	ite login and password.
	I Do Not Agree	
	By: (typing your name will represent your signature)	
	Continue >>	
	About Us Contact Us Privacy Aultman Hospital Aultman AultCare * 2600 Sixth Street S.W. * Canton, Ohio 44710 Cop	
	Network Websites	

Step #2 Enter the following information:

- First Name •
- Middle Initial •
- Last Name •

Information

Please enter your:

First Name

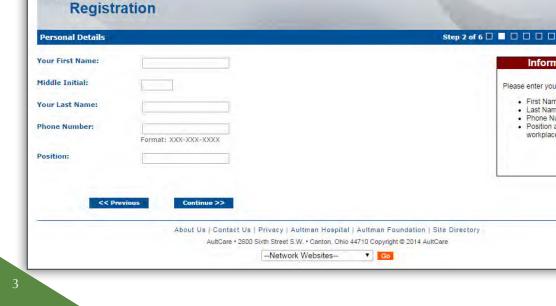
Last Name
 Phone Number
 Position at your

workplace

- A phone number • where we can reach you
- The title of your • position at your company

Click CONTINUE to proceed.





AULTCARE

Account

Where You Matter.

STEP #3

- 1. Enter the 9 digit Tax ID number of your company (without the dash).
- 2. Enter the name of your company.
- 3. Enter the street address, city, and state of your company.

Adding Group Numbers

- 1. Enter the Group Number of your company.
- 2. Click Add button.
- 3. The Group Number will then appear in a list box underneath.
- 4. If you need to add more groups, repeat the steps in this section.

Optional

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 your phone number.
- 2. Enter the name of the person you know at AultCare; (e.g., Group Account Coordinator).

Click on CONTINUE button to proceed.

Account Registrat	ion		
Account Information		Step 4 of 6	
sername:	Enter a username		Information
lease enter a password:	Confirm your password		Please enter the following information that will represent your account information • A unique username
lease enter your Email:	Be sure to enter an email address that is readily available. The same value must be entered twice		 A password that contains: 8 characters 8 characters at least one uppercase character At least one lowercase character
Please select and answer a few security questions:	Select Password Question 1: Which city do you live in?		At least one number Your email address Three security questions with answers
	Select Password Question 2: How many brothers and sisters do you have? Answer:	۲	
	Select Password Question 3: What is your mother's maiden name? Answer:	T	

Where You Matter. Account Registration Please enter your numeric tax 10 (no dashe inter at the minimum Company Name: Company Address Line 1 Company's name Company's address Company Address Line 2 City, State, and Zip-Code: City: State: - Select a State -- • Zip: s to which you Add Contact Information Enter the name of your contact person with Aultrare, Aultra, ar PrimeTime Continue >> About Us | Contact Us | Privacy | Aultman Hospital | Aultman Foundation | Site Directory et S.W. • Canton, Ohio 44710 Cop 4 m 2014 A -Network Websites--• 60

STEP #4 Enter the following information:

Username for your account

When you enter a username, the system will tell you if it is already taken or not. If the username is already taken, please choose and enter a different username.

Password for your account

The password 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 your 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 CONTINUE to proceed.



Step #5

- Reason for requesting access
 Select your reason(s) for requesting access. You can select more than one reason.
- 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.
- Authorization to represent your company Select I Agree to state you are an authorized representative of the company you are applying for this account.

Sign your name electronically by entering your name in **By** textbox.

Optional on this page

If you need to send us a message or have a question, enter it in the last text box.

Click on **CONTINUE** to proceed.

Account Registrati	on	
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 according select multiple reasons)	access
If you will be using secure TP transfer in addition to our website, please list he IP address(s) that will be used:		Authorization to represent your company
Authorization I, John Smith, am an authorize I Agree By: Print Unis agreement	d representative of X Company.	
Please enter any message, comments, or additional notes here:		



Step #6

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:

- 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** to proceed.



Trading Partner Agreement

Ing Partner Agreement is made this 26 day of September, 2014, by and between AultCare Corporation, 2600 Sloth Street SW, Canton, OH 44710, v Canton, Oho 44710, a nealth plan, heaith care clearinghouse or health care provider, or any other entity acting on behand of a health plan, hear re provider who transmits any health information in exections from in connection with a transaction covered by 45 GPR parts 163 and 162 ("Trading on previsents that It is acting on behand of itself and its affiliated entities Aultra Administrative Group and/or AultCare Insurance Company." wh Street SW, Canton, OH 44710, and US Electronics 4744

The Trading Partner Intenos to conduct transactions with AutiCale Corporation in electronic form. Both parties acknowledge and agree that the privacy and sec schanged by them contains Protected Health Information (PHI). Each party agrees to take all reasonable steps necessary to parties that transactions between watch Insurance Portolatily and Accountability Act of 1956 (IHEA) and regulations promulpathe threunder. The parties agrees as follows:

Each party will take reasonable care to ensure that information submitted in an electronic transaction is timely, complete, accurate, and secure. The partie ecoutions to prevent unauthorized access to its own and the other party's transmission and processing systems, the transmissions themselves, and the or appressions between them.

2. Clearinghouse or Provider is responsible for all costs, charges, or fees it may incur by transmitting electronic transactions to, or receiving transactions from, AutiCare

3. Trading Partner will ensure that each submitted transaction conforms to the applicable Transaction Specification Addendum, as well as any specifications of the AutiCa Guide AutiCare may amend the Companion Guide at any time without amendment to this Trading Partner Agreement. Trading Partner shall not be required to implement sooner than 60 days after polication, unless a shorter compliance period in necessary to comply with applicable terrar lay or regulation. The tast-steed coefficient of each type will be effective as of the date specification in Specifications Addendum and Companion Guide. AutiCare may reject any transaction that does not conform to the Specifications Addendum and the Compation Build.

4. Trading Partner assumes responsibility for obtaining current Companion Guide from AutiCare website. AutiCare will ensure amendments to the Companion Guide are revision date and posted to the AutiCare website.

5. The Trading Partner agrees that it will not require any changes to definition, data condition, or use of data elements or segments, nor any additions to any data element or nor unaution/zed uses of data or elements, as proscribed in the HHS Transaction Standard Regulation at 45 CFR Part 162.915 (a)-(a), as may be amended from the transaction standard Regulation at 45 CFR Part 162.915 (a)-(a), as may be amended from the transaction standard Regulation at 45 CFR Part 162.915 (a)-(a), as may be amended from the transaction standard Regulation at 45 CFR Part 162.915 (a)-(a), as may be amended from the transaction standard Regulation at 45 CFR Part 162.915 (a)-(a).

6. Before submitting any transaction in HIPAA standard transaction format, and thereafter throughout the term of this Agreement, the Trading Partner will cooperate with AultCare in any testing of the transmission and processing systems deemed necessary to ensure the accuracy, timeliness, completeness, and security of each data transaction. 7. Each party is solely responsible for the preservation, privacy, and security of data in its possession, including data in transmissions received from the other party and each party is easily as a second party is solely receives data from the other role intended for it, the party shall immediately notify the sending party and arrange for the return, retransmission, or destruction information, as the sending party directs.

 Termination of this Agreement or any underlying service agreement does not terminate either party's obligation under this Agreement or under federal and state laws and regulations pertaining to the privacy and security of individually identifiable Health information, nor does it terminate either party's obligations regarding the confidentiality of proprietary information. 9. This Agreement shall take effect when signed by the Tracing Partner and received by AutCare. In case of conflict between this Agreement and any prior contracts between the parties, this Agreement will onevail.

IN WITNESS WHERECF, the parties hereunto fix their signatures to duplicate copies, each of which shall be deemed an original, at Canton/City), Chio(Citale), this 26 day of September, 2014.

Revision Date: 06/26/2005, 07/25/2007, 11/05/08 I Agree I Do Not (typing your name will represent your signature) Finish << Presions About Us | Contact Us | Privacy | Aultman Hospital | Aultman Foundation | Site Directory AutCare + 2600 Sixth Street S.W. + Canton, Ohio 447 (0 Copyright © 2014 AutCare --Network Websites--Ge

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

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

What to expect next?

- Upon completion of the registration process, you should receive an email stating 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 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 website.)

If you have questions, you can contact your group coordinator, or for technical assistance, email the AultCare Web Team at https://bit.ly/ACVendors

