



## Network Notification

**Notice Date:** February 10, 2020  
**To:** All Ohio Plans and Marketplace Providers  
**From:** CareSource  
**Subject:** Instructions on Attaching Medical Records in Provider Portal

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### CareSource Provider Portal Medical Record Attachments

CareSource wants to make claim submission more efficient for providers by increasing the features of the CareSource Provider Portal ([caresource.com](https://caresource.com) > Providers > [Provider Portal Login](#)). As functionality is added to the portal for claim medical record attachments, CareSource will release a network notification to notify providers. This document describes how to submit the following medical attachments digitally:

- Member Consent Forms for **Abortion, Hysterectomy** and **Sterilization** Claims
- Hospital Medical Record Attachments for **Re-Admission, Re-Admit Original Discharge** or **Unlisted Code** Claim Submissions

### Abortion, Hysterectomy and Sterilization Consent Form

To ensure that a claim for abortion, hysterectomy or sterilization is processed correctly, providers can upload a Member Consent Form on the CareSource Provider Portal for the procedure. The consent form will be matched up with member's corresponding claim to ensure successful processing of the claim.

Before accessing the option to upload a consent form, a provider should complete an eligibility check for the member for a particular date of service (DOS).

Member Eligibility

CareSource Id   Medicaid Id   Member Info   Case Number   Multiple CareSource Ids   Multiple Medicaid Ids

Medicaid Id:    **Member is eligible for service on the specified date**

Date of Service: 5/10/2019  

**Member Information**

<b>Member Name:</b> Brenda	<b>Address:</b> Apt Up
<b>CareSource Id:</b> 1000000000	<b>City, State, Zip:</b> Cleveland, OH, 44109
<b>Medicaid Id:</b> 0000000000	<b>County:</b> Cuyahoga
<b>Medicare Id:</b> 0000000000	<b>Phone:</b> (216) 000 0000
<b>Case Number:</b> 000000	<b>Date of Birth:</b> 11/12/19
<b>Gender:</b> Female	<b>Relationship to Subscriber:</b> Subscriber/Insured
<b>Member Profile:</b> Not Available for this Member <a href="#">Member Profile Report Definitions</a>	<b>Subscriber:</b>
<b>Program Details:</b> If Member is <18 years of age - SSI. If the Member is 18 years of age and older - SSDI.	
<b>Program:</b> <a href="#">Ohio - MyCare</a>	

Upon validation that the member is eligible for the selected DOS, the provider should select the **Upload Consent Form** option listed in the **Member Information** section.

Member Information	
<b>Member Name:</b> Brenda [REDACTED]	<b>Address:</b> [REDACTED] Apt Up
<b>CareSource Id:</b> [REDACTED]	<b>City, State, Zip:</b> Cleveland, OH, 44109
<b>Medicaid Id:</b> [REDACTED]	<b>County:</b> Cuyahoga
<b>Medicare Id:</b> [REDACTED]	<b>Phone:</b> (216) [REDACTED]
<b>Case Number:</b> [REDACTED]	<b>Date of Birth:</b> 11/12/19[REDACTED]
<b>Gender:</b> Female	<b>Relationship to Subscriber:</b> Subscriber/Insured
<b>Member Profile:</b> Not Available for this Member <a href="#">Member Profile Report Definitions</a>	
<b>Program Details:</b> If Member is <18 years of age - SSI. If the Member is 18 years of age and older - SSDI.	
<b>Program:</b> Ohio - MyCare	
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<b>Primary Care Provider (PCP):</b> [REDACTED], Christine A.	<b>Phone:</b> (216) [REDACTED]
<b>NPI #:</b> [REDACTED]	
<b>Case Manager:</b> [REDACTED], Jacqueline	<b>Case Manager Phone Number:</b> (800) [REDACTED]
<ul style="list-style-type: none"> <li>▶ Subscriber Information</li> <li>▶ Member Covered Benefits Summary</li> <li>▶ Member Dental &amp; Vision Services History</li> <li>▶ EPSDT Alerts</li> <li>▶ Upload Consent Form</li> <li>▶ Clinical Alerts</li> <li>▶ Assessments Taken</li> <li>▶ Care Treatment Plan</li> <li>▶ Triage Summaries</li> <li>▶ Admissions &amp; Discharges</li> </ul>	

In the **Upload Consent Form** area, the provider should browse, select and upload the consent form for the member. The file size is limited to 12MB.

After uploading the consent form for the member, the provider must select a **Procedure Type**:

- Abortion
- Hysterectomy
- Sterilization

The provider can add the associated **Claim Number**, if available, but this is not required.

Lack of signatures on consent forms may result in denied claims.

AHS Consent Form	
Service Date	5/10/2019 ?
Procedure Type:	Select Type * Required
Claim Number:	
<input type="button" value="Cancel"/> <input type="button" value="Submit Documents"/>	

After submitting the consent form, CareSource staff will be able to process the appropriate claim by matching it up with the consent form for the DOS provided.

### Medical Document Attachments for Hospital Claims

A hospital/facility can now upload large files (up to 100MB) to the Provider Portal in conjunction with their **Re-Admission, Re-Admit Original Discharge** or **Unlisted Code** claim submissions.

To access the option to upload medical records, click the **Providers > Claim Attachment** option in the left-hand navigation menu. Search for a member using the correct **Date of Service** to ensure proper eligibility.

After verifying the patient eligibility, select the appropriate **Submission Reason**, enter the required information (indicated with a red asterisk), upload the appropriate documents and click **Submit**.

Please submit records that directly correspond and support the billed services that were denied. Submitting an entire medical record instead of documents related to a specific stay/visit could delay the processing turnaround time.

Medical Document Attachments

Member ID: 10

Line of Business: OhioMedicaid

Provider ID: 999999999999

Provider Name: CareSource - (SysAdmin)

Claim ID:

Submission Reason: --Select Reason-- \*

Date Of Service: Re-Admission  
Re-Admit Original Discharge  
Unlisted Code

Provider Contact Email: \*

Notes:

Maximum file size: 100 MB

Choose File No file chosen

Files Uploaded:

Maximum Files: 1

Submit

**NOTE:** A claim number is not a required field on the Provider Portal when uploading consent forms or when submitting attachments for readmissions. However, consent forms and attachments for readmissions submitted without a corresponding claim number **will apply only to claims received after the receipt date of the consent form or readmission attachments.**

- For example, a consent form or readmission attachment uploaded on 1/6/2020 will systematically apply to claims received by CareSource on or after 1/6/2020. It will not apply to claims received prior to 1/6/2020.

To upload a consent form or readmissions attachment applicable to a **previously submitted claim**, you must enter the corresponding claim number when submitting the attachment to ensure systematic alignment.