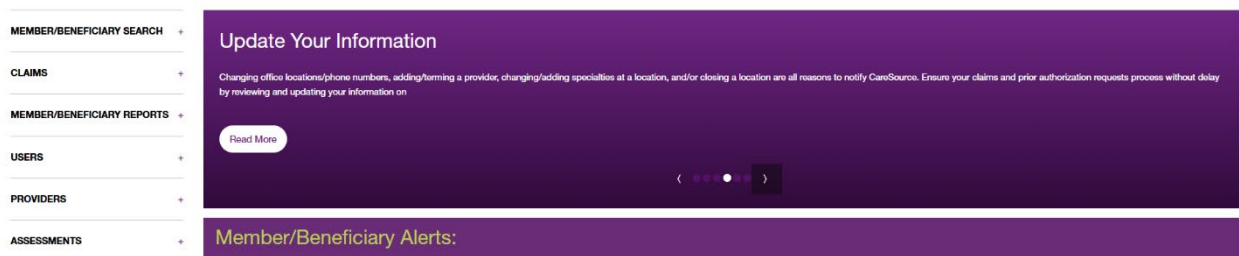# PROVIDER PORTAL

The TRICARE Prime® Demo by CareSource Military & Veterans™ Provider Portal is a key self-service tool for our providers and defines how our providers engage with us. Our Provider Portal is a secure, encrypted online tool available for any provider serving our beneficiaries. Providers will need to be registered to use the Provider Portal.

PROVIDER FEEDBACK

Provider satisfaction with the portal is a key metric that we monitor closely. We have implemented a feedback loop where we elicit provider feedback, gather that feedback into key enhancement themes and then build a thoughtful, enhanced roadmap that delivers new features that our providers find useful. The enhancements are released iteratively throughout the year and target highly requested items. We place satisfaction surveys directly on the portal to capture feedback about your overall experience with completing your daily tasks.

MEMBER/BENEFICIARY ELIGIBILITY

The portal enables quick access to relevant beneficiary information, such as beneficiary eligibility and enrollment, including a beneficiary's primary language information and any other special communication needs.

By going to Member/Beneficiary Search > Member/Beneficiary Eligibility, providers can search for beneficiary eligibility using one of the search options, or search for multiple beneficiaries at a time. Providers can easily export and print beneficiary data as needed. Providers can also access a beneficiary's case management plan and submit a request to update case management information.

Member/Beneficiary Eligibility

| CareSource Id | Medicaid Id | Member/Beneficiary Info | Case Number | DBN | Multiple CareSource Ids | Multiple Medicaid Ids | Multiple DBNs | DoD ID |

CareSource ID [ ]

Member/Beneficiary is eligible for service on specified date

Date of Service 11/25/2025

Search

Member/Beneficiary Information

Member/Beneficiary Name:		**Address:**	ATLANTA, GA, 30327
CareSource Id:		**County:**	Fulton
DOD ID:		**Phone:**	
DBN ID:			
Exchange Plan Id:		**Date of Birth:**	
Gender:	Male	**Relationship to Subscriber:**	Subscriber/Insured
Member/Beneficiary Profile:	Not Available for this Member/Beneficiary Profile Report Definitions	**Program Details:**	Not a coordinated services Member/Beneficiary.
Original Effective Date:	7/1/2025 12:00:00 AM	**Eligibility Date Span Last Updated:**	8/5/2025 6:42:11 PM
Redetermination Date:			
Program:	Georgia - CareSource Military & Veterans - TRICARE Prime		
Alerts:	1 No ambulatory or preventive care visits recorded.		

Language Preference: ⓘ English

Alternate Communication Format Needed: N/A

Special Communication Needs:

Primary Care Provider (PCP) / Primary Care Manager (PCM):	Zesiewicz, Mary	**Phone:**	(352) 622-4488
NPI #:			
Case Manager:		**Case Manager Phone Number:**	

Subscriber Information	+
Benefits Summary	+
Dental & Vision Services History	+
Medication List	+
EPSDT Alerts	+

MEMBER PROFILE

The Member/Beneficiary Profile supports coordinated beneficiary care between the beneficiary's primary care provider (PCP) and other care coordinators by providing access to comprehensive patient medical information in one convenient location. The data in the Member/Beneficiary Profile can be used to offer coordinated, streamlined care for patients.

- Patient demographics
- PCP information
- Prior prescribing information
- Historical diagnoses
- Patient-specific quality metrics (such as mammography screening, A1C value and more)
- Prior hospital admissions
- Emergency room visits
- Specialist visits
- Case management activity

MEMBERSHIP/BENEFICIARY LIST

The Membership/Beneficiary List allows providers to view the beneficiaries currently assigned to the Providers acting as PCPs and who are related to their Affiliation Number. The list can be sorted by a specific provider related to a group or for the entire group's beneficiary list. Membership lists can be sorted by clicking on a column heading and/or exported in either plain text or comma delimited formats. Access the Membership/Beneficiary List from the Member/Beneficiary Reports left-hand menu.

Alerts that display on the Membership/Beneficiary List remain for 90 days from the triggering event.

Events include:

- New Assessment. The beneficiary has a new health risk assessment available for review.
- New Care Treatment Plan. The beneficiary has a new care treatment plan that can be reviewed/acknowledged.
- Updated Care Treatment Plan. The beneficiary has an updated care treatment plan that can be reviewed/acknowledged.

Membership/Beneficiary List

Membership/Beneficiary List

Providers: Back, Steven - ▮▮▮▮▮ ▾

Filter By
Redetermination Date: [   ] 🗓 - [   ] 🗓

Export Options: Entire Group's Member/Beneficiary List as CSV

Alert Legend

ⓘ New Assessment   ⓘ New Care Treatment Plan
✚ Updated Care Treatment Plan

Page(s): 1 2 3 4 5 6 7 8 9 10 ...   Record(s):574

Alerts	Details	First Name	Last Name	CareSource Id	Medicaid Id	Gender	Birth Date	Effective Date	Redetermination Date	Lang Type	Member Phone	Program Name
	View Details	▮▮▮	▮▮▮	▮▮▮		M	▮▮▮	9/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View Details	▮▮▮	▮▮▮	▮▮▮		M	▮▮▮	10/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View Details	▮▮▮	▮▮▮	▮▮▮		F	▮▮▮	7/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View Details	▮▮▮	▮▮▮	▮▮▮		F	▮▮▮	7/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View Details	▮▮▮	▮▮▮	▮▮▮		M	▮▮▮	8/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View Details	▮▮▮	▮▮▮	▮▮▮		M	▮▮▮	4/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View Details	▮▮▮	▮▮▮	▮▮▮		M	▮▮▮	6/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View Details	▮▮▮	▮▮▮	▮▮▮		M	▮▮▮	7/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
	View	▮▮▮	▮▮▮	▮▮▮		F	▮▮▮	7/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime
		▮▮▮	▮▮▮	▮▮▮		F	▮▮▮	7/1/2025			▮▮▮	Florida - CareSource Military & Veterans - TRICARE Prime

Alert Legend

ⓘ New Assessment   ⓘ New Care Treatment Plan
✚ Updated Care Treatment Plan

Record(s):574

Export **Selected Provider's** Member List: PDF / CSV
Export **Entire Group's** Member List: CSV

CLINICAL PRACTICE REGISTRY

The Clinical Practice Registry (CPR) is an online tool available to health partners to identify and prioritize needed health care services, screening and tests for TRICARE Prime Demo beneficiaries. The CPR is easy to access via the secure Provider Portal on the Member/Beneficiary Reports tab.

- Identify gaps in care: View preventive service history and easily identify Healthcare Effectiveness Data and Information Set (HEDIS®) gaps in care to discuss during appointments.
- Holistically address patient care: Receive alerts when beneficiaries need tests or screenings, review beneficiary appointment histories and view their prescriptions.
- Improve clinical outcomes: Easily sort beneficiaries into actionable groups for population management.
- Attributed as PCP via Claims: Indicates the beneficiary is attributed to a provider based on claims data. This type of attribution generally means the beneficiary has attributable claims history and is engaged with this provider or provider group.
- Attributed as PCP via Self-Selection: Indicates the beneficiary has selected a PCP for assignment and is attributed to their self-selected provider. This type of attribution generally means the beneficiary has no attributable claims history.
- Assigned as PCP: Indicates the beneficiary is attributed to their geographically assigned provider. This type of attribution generally means the beneficiary has no attributable claims history.

CLAIMS STATUS/CLAIM DETAIL

The Claim Information feature allows providers to review necessary claim information including payment information with check number, process and adjustment reason of how the claim was reviewed and more.

Claim status is updated daily on the Provider Portal. Providers can check claims that were submitted for the previous 24 months. Search options include member/beneficiary information, patient number, check number, external reference number, DOD ID or DBN ID. Claim information can be found on the Claims > Claim Information and Attachments page.

Highlights of the Claim Details include:

- Process Reason – Claim clinical edits
- Adjustment Reason
- Remittance Reason
- Authorization Number – The related authorization, if applicable
- Disallowed Amount – The disallowed amounts on the claim and line items
- Rendering Provider Name – The rendering provider on the claim

Claim Detail

General Information

Claim #:	▓▓▓▓▓▓	Date Received:	3/21/2022
Adjusted From Claim #:	---	Total Amount Charged:	$77.00
Adjusted To Claim #:	---	Total Patient Responsibility:	$0.00
Original Claim #:	---	Total Amount Paid:	$0.00
Patient Account #:	▓▓▓▓	Processed Date:	3/21/2022
		Check Number:	Not Applicable
		Adjustment Amount:	$0.00
		Remaining Balance Due:	$0.00

Claim Detail

List View | Table View | Dispute | Post Service Appeal | Related Documents | Recovery Request

Line Number: 1

Status:	Processed	Date of Service:	3/21/2022
Amount Charged:	$77.00		
Process Reason:	z11 - This claim line is being disallowed because the procedure code has been deleted. - Procedure Code 99201 has been deleted as of 12/31/2020.		
Adjustment Reason:	181 - Procedure code was invalid on the date of service.		
Remittance Reason:	N56 - Procedure code billed is not correct/valid for the services billed or the date of service billed.		
Procedure:	99201 - Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examin	Patient Responsibility:	$0.00
Diagnosis:	S129XXS - Fracture of neck, unspecified, sequela	Amount Paid:	$0.00
Place of Service:	On Campus - Outpatient Hospital	Recovery Amount:	$0.00

CLAIMS SUBMISSION

The option to submit a claim via the Provider Portal will be for Date of Service January 1, 2026, or later. This can be found on the Claims > Online Claim Submission page.

MEMBER/BENEFICIARY SEARCH +

CLAIMS −
- Online Claim Submission
- Claim Information and Attachments
- Rejected Claims
- Real Time Claims
- Payment History
- Recovery Request
- Disputes
- Post Service Appeals

Online Claims Submission

Online Claims Submission

Member Search

Search by ID [1010101010]   MemberID ▾ *

Start Date of Service [07/01/2022] 📅

[Search]   [Reset]

DISPUTES AND APPEALS

Providers can easily submit Disputes or Post-Service Claim Appeals while viewing a claim on the portal on the Claims tab. As part of the submission process, additional information or documentation can be submitted up to 100 MB. Using the reference number that is provided upon submissions, providers can check the appeal status and review acknowledgement and decision letters associated to the appeal.

PRE-SERVICE APPEALS

Providers can submit pre-service appeals while viewing a denied authorization on the portal. As part of the submission process, additional information or documentation can be submitted up to 100 MB. Using the reference number that is provided upon submissions, providers can check the appeal status and review acknowledgement and decision letters associated with the appeal.

Pre Service Authorization Appeals

Impersonate Provider ID:	
Receipt Method	Please Select ▾ *
Received Date	*
Received Time	*

Appeal Type:	Authorization Denial-Medical ▾
Do you have a completed Member Consent form?	○ Yes ○ No *

Reference #: 0413W1LDU

Reference #:	0413W1LDU
Description:	Inpatient Elective
Place Of Service:	21 Inpatient Hospital
Submitting Provider:	Medical Center
Requesting/Ordering Provider:	Hospital/Acute Care F
Servicing/Rendering Provider:	
Facility:	Hospital/Acute Care F

Member Information

Member Name:	Bradon
CareSource Id:	
Birth Date:	
Gender:	Male

Admission Event

Diagnosis Code:	F13.129 Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified; M22 Disorder of patella
Procedure:	97120 Tx,1 Area,30 Min,Ea;iontophoresis; 99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed

Line #1

Requested Received Date:	4/13/2022 10:00:00 AM	Requested Days:	1
Start Date of Service:	4/13/2022	Authorized Days:	0
End Date of Service:	4/14/2022	Status:	Denied

DISPUTE AND APPEAL LETTERS

Providers can easily access Disputes or Post-Service Claim Appeal acknowledgement and decision letters on the Provider Portal from three locations:
- While checking the status of the dispute or appeal
- While viewing the associated claim
- From the Provider Documents page

PRIOR AUTHORIZATION SUBMISSION

The Provider Portal allows providers to submit an inpatient or outpatient prior authorization request and receive an automatic approval for over 200 procedure codes. Through the Providers > Prior Authorizations and Notifications page, providers can enter clinical details and receive a decision on the authorization within seconds in addition to an authorization reference number. Cite AutoAuth matches the entered procedure and diagnosis information to the integrated clinical criteria and policies to display for the provider to complete that is required for the authorization to be processed. A determination is then made within seconds and given to the provider based on the selected clinical criteria. If a submitted authorization is pending and requires additional clinical information, providers may use our Provider Portal to update the authorization and attach documentation.

Medical (Inpatient & Outpatient)	Newborn Delivery Notification	BOT	Observation	Status

Edit

An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and / or qualifications and will be determined when the claim is received for processing.

For Physician Administered Pharmacy Codes, please click here to complete your Prior Authorization

CareSource Id	Medicaid Id	Member Info

Provider ID: _____

Impersonate

CareSource ID _____ *

Start Date of Service _____ 🗓 *

Search

Authorization Request

Select Care Setting
- ○ Inpatient
- ● Outpatient

Select Category   Outpatient Services ▾

Select Type of Prior Authorization Request   Outpatient Services Other ▾

Will service be performed in a   * Required   ○ Yes
Facility?   ○ No

Requesting/Ordering Provider Information

Search: Provider Name ▾   _____   * Required

Servicing/Rendering Provider Information
☐ Same As Requesting/Ordering

If unable to locate the physician please use the facility.

Search: Provider Name ▾   _____   * Required

PRIOR AUTHORIZATION STATUS

Providers can check status of a prior authorization, make updates to an existing prior authorization and view related letters.

Recent Prior Authorizations ⌃

Page(s): 1 2   Record(s):11

Details	Authorization Number	Member ID	Description	Service Start Date	Status
View Details	Update		10310310300	Inpatient Elective	12/4/2021	Pending Decision
View Details	Update		10310310300	Outpatient Elective	12/21/2020	Fully Approved
View Details	Update		10310310300	Outpatient Elective	12/18/2020	Fully Approved
View Details	Update		10310310300	Inpatient Elective	12/10/2020	Fully Approved
View Details	Update		10310310300	Inpatient Elective	12/7/2020	Pending Decision
View Details	Update		10310310300	Inpatient Emergency	12/1/2020	Pending Decision
View Details	Update		10310310300	Inpatient Emergency	11/30/2020	Pending Decision
View Details		10310310300	Outpatient Elective	11/26/2020	Pending Decision
View Details		10310310300	Outpatient Elective	11/26/2020	Pending Decision
View Details		10310310300	Outpatient Elective	11/24/2020	Pending Decision

Page(s): 1 2   Record(s):11

Prior Authorization and Notifications

| Medical (Inpatient & Outpatient) | Newborn Delivery Notification | BOT | Observation | **Status** |

Edit

Marketplace and Medicaid lines of business only: To check the status of a previously submitted Physician Administered Pharmacy Prior Authorization, click here

| Member Id | Medicaid Id | Member Info | Authorization Number | **Facility** |

Select the facility: In State Hospital - 2222222222 ▾   Authorization(s) found

Start Date: 10/1/2021

End Date: 10/18/2021

[Search]

Page(s): 1   Record(s):30

Details	Authorization Number	Member ID	Member First Name	Member Last Name	Gender	Birth Date	Description	Service Start Date	Service End Date	Actual Discharge Date	Status
View Details	Update	Letters	10...	118...	Jordan	Small	F	...	Inpatient Elective	10/18/2021	10/19/2021		Pending Decision
View Details	Update	Letters	101...	100...	Diana	Brown	M	...	Inpatient Elective	10/18/2021	10/19/2021		Pending Decision
View Details	Update	Letters	101...	110...	Nina	Riley	F	...	Inpatient Elective	10/17/2021	10/18/2021		Pending Decision
View Details	Update	Letters	10...	115...	Carolyn	Howard	F	...	Inpatient Elective	10/16/2021	10/17/2021		Pending Decision
View Details	Update	Letters	10...	108...	Daniel	Henry	M	...	Inpatient Elective	10/15/2021	10/16/2021		Pending Decision
View Details	Update	Letters	10...	118...	Beverly	Harris	F	...	Inpatient Elective	10/14/2021	10/15/2021		Pending Decision

CSMV-TRICARE-P-4780443