

Provider Portal Claims Attachment Quick Start Guide

There are multiple ways that you can upload documentation or attachments on the CareSource Provider Portal. This document provides instructions for submitting medical records for claims.

You can click the link to navigate directly to the relevant section of the document.

- <u>Submit medical records for denied claims</u>
- <u>Submit medical records proactively for claims</u>

In addition to this guide, please refer the following, as needed:

- <u>Payment Review Tool</u>, to understand CareSource's policy for claim reviews such as readmissions, inpatient hospital claims with diagnosis-related group (DRG), high dollar claims, place of service validation and DRG.
- The Provider Manual that is available on CareSource.com for each plan, which outlines claim submission timely filing information. The Provider Manual may be found at CareSource.com > Providers > Tools & Resources > Provider Manual.
- Appeal information, such as when and how to file a dispute or an appeal, is also located on CareSource.com > Providers > Provider Portal > Provider Appeals.



SUBMIT MEDICAL RECORDS FOR DENIED CLAIMS

A **Document Upload** tab is available on the **Claims Detail** view when a claim is denied due to missing medical records. Use this option to upload documentation instead of submitting an appeal or corrected claim.

To upload documentation for a denied claim, do the following:

- 1. From the left hand **Claims** menu, click **Claim Information and Attachments**. Locate the claim using one of the search criteria available on the **Claim Information and Attachments** page.
- 2. Click the **View Details** link for the denied claim.
- 3. On the **Document Upload** tab, review the reason the claim was denied and then upload the appropriate documentation. The file size is limited to 100 MB.

- 4. Complete the required fields (marked with a red asterisk).
- 5. Add **Notes** if needed.
- 6. Click Submit Documents.

NOTES:

- Submitted documentation will be reviewed according to documented guidelines.
- The documents that are uploaded will be available on the **Attached Documents** tab approximately a half hour after they are uploaded.
- Submit records that directly correspond and support the billed services that were denied. Submitting an entire medical record versus documents related to a specific stay or visit could delay the processing turnaround time.



SUBMIT MEDICAL RECORDS PROACTIVELY FOR CLAIMS

If you need to submit medical records for a new claim, you can do so using the **Claim Information and Attachments** page. The attachments will be matched with member's corresponding claim so that the claim can be processed successfully.

To upload medical records, do the following:

1. From the left hand **Claims** menu, click **Claim Information and Attachments** to perform a search to locate the specific member for whom you want to upload records.

Claim Inf	ormatic	ON and methods and ente	Attachi	ments	status of any claim yo	ou have submitted in the last 24 m	nonths. We update our claim status daily.
Claim Information a	nd Attachments						
CareSource Id	Medicaid Id	Member Info	Claim Number	Patient Number	Check Number	External Reference Number	
	Medicaid Id:	123456789	00				Member(s) have related Claims information
		Search					

- 2. In the **Claim Summary** section, click the **Claim Attachment** tab. **NOTES**:
 - If the member does not have existing claims, this tab opens by default.
 - If you want to submit attachments for a denied claim, click the **View Details** link for the specific claim and follow the instructions to <u>Submit Medical records for denied claims</u>.

Claim Summary	
Claims Claim Attachment	
Use the Claim Attachment functionality to submit supporting documentation	n for claims.
NOTE: It is best to submit your claim number along with your documentation For example, an attachment uploaded on 3/1/2020 will systematically appli	n if possible. If you do not provide your claim number with your attachment, your attachment will apply only to claims received after the receipt date of the attachments. to claims received by CareSource on or after 3/1/2020. It will not apply to claims received prior to 3/1/2020.
To upload attachments applicable to a previously submitted claim, you must	t enter the corresponding claim number when submitting the attachment to ensure systematic alignment.
File sizes must be limited to 100 MB. Only files of types: bmp, png, tiff, jpeg, txt, pdf, xls, xlsx, doc and docx may b	e uploaded.
Files Uploaded:	
patient_number.png	
Delete Selected	

3. Click Choose File to locate the attachment. The file size is limited to 100 MB.

Submit records that directly correspond and support the billed services. Submitting an entire medical record versus documents related to a specific claim could delay the processing turnaround time.



4. Enter the **Service Date** for the claim.

NOTES:

- The member must be eligible for the selected date of service to continue with the attachment.
- If you are including a claim number with the attachment, the date of service must match what is on the claim.
- If the claim is for a service with a date range, enter the first date that appears on the claim.

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OTE: It is best to submit your claim numb r example, an attachment uploaded on 3,	er along with your documentation if possible. If you do not provide your claim number with your attachment, your attachment will apply only to claims received after the receipt date of the attachm /1/2020 will systematically apply to claims received by CareSource on or after 3/1/2020. It will not apply to claims received prior to 3/1/2020.
upload attachments applicable to a prev	iously submitted claim, you must enter the corresponding claim number when submitting the attachment to ensure systematic alignment.
e sizes must be limited to 100 MB. ly files of types: bmp, png, tiff, jpeg, txt, p	df, xis, xisx, doc and docx may be uploaded.
les Uploaded:	
patient_number.png	¢
Delete Selected	
Claim Attachment Form	
Claim Attachment Form Member CareSource ID:	10
Claim Attachment Form Member CareSource ID: Service Date	10 Required
Claim Attachment Form Member CareSource ID: Service Date Submission Reason:	10 Required -Select Reason- • Required
Claim Attachment Form Member CareSource ID: Service Date Submission Reason: Claim Number:	10 -Select Reason-
Claim Attachment Form Member CareSource ID: Service Date Submission Reason: Claim Number: Provider Contact Email:	10 Select Reason- *Required *Required
Claim Attachment Form Member CareSource ID: Service Date Submission Reason: Claim Number: Provider Contact Email: Notes:	10 • Required • Required • Required
Claim Attachment Form Member CareSource ID: Service Date Submission Reason: Claim Number: Provider Contact Email: Notes:	10 -Select Reason- • Required • Required
Claim Attachment Form Member CareSource ID: Service Date Submission Reason: Claim Number: Provider Contact Email: Notes:	10

- 5. Select the appropriate **Submission Reason**.
- 6. Enter the **Claim Number**, if available.
- 7. Enter your contact information and any applicable notes.
- 8. Click **Submit Documents**.

NOTE: If you submit documentation for a claim and do not indicate the specific claim number for which the documentation applies, the documentation will apply **only** to claims received **after** the receipt date of the medical records. For example, documentation 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 documentation applicable to a previously submitted claim, you must enter the corresponding claim number when submitting the attachment to ensure systematic alignment.**