



# NETWORK *Notification*

**Notice Date:** November 15, 2021  
**To:** CareSource Georgia Medicare Advantage and Dual Special Needs Providers  
**From:** CareSource  
**Subject:** 2021 Quarter 3 Provider Portal Updates

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## Provider Portal External Release Notes

### SUMMARY

Your partnership is important to us, and we strive to ensure you are aware of the latest updates to our tools and resources. This network notification highlights recent Provider Portal updates.

### PRIOR AUTHORIZATION

- **Discharge Instructions** - When the selection for the patient is marked as discharged while submitting a prior authorization, you will now be instructed to please add discharge notes and instructions.
- **Inpatient Prior Authorization Types** – Two Prior Authorization Types have been renamed when submitting an *Inpatient Authorization*. The following authorization types were renamed:
  - *Elective* is now *Medical Elective*
  - *Emergency* is now *Medical Emergency*

### SERVICE PLAN ACKNOWLEDGEMENT INDICATORS

Service plans are considered new if the service plan was created within the most recent 90 days. The Service Plan acknowledgement indicators on the Portal have been updated to indicate if acknowledgement of the service plan has occurred, even if the plan falls within the new timeframe (90 days). The **New Indicator** now only shows when the service plan created date is within the last 90 days, and the plan is not yet acknowledged. The new indicator will not display when the service plan created date is within the last 90 days and the plan is acknowledged.

### MEMBER ELIGIBILITY LAST UPDATE DATE

On the Provider Portal, when Member Information displays, the following information is now available:

- Original effective date of the current eligibility span
- Date that the member's eligibility was last updated (modified date on the record)

## MODEL OF CARE TRAINING – UPDATE

The Model of Care training materials and attestation is now available on the Provider Training page.

## USER ADMINISTRATION

When assigning a user to an account, it is now required to specify a first name and last name for the new account.

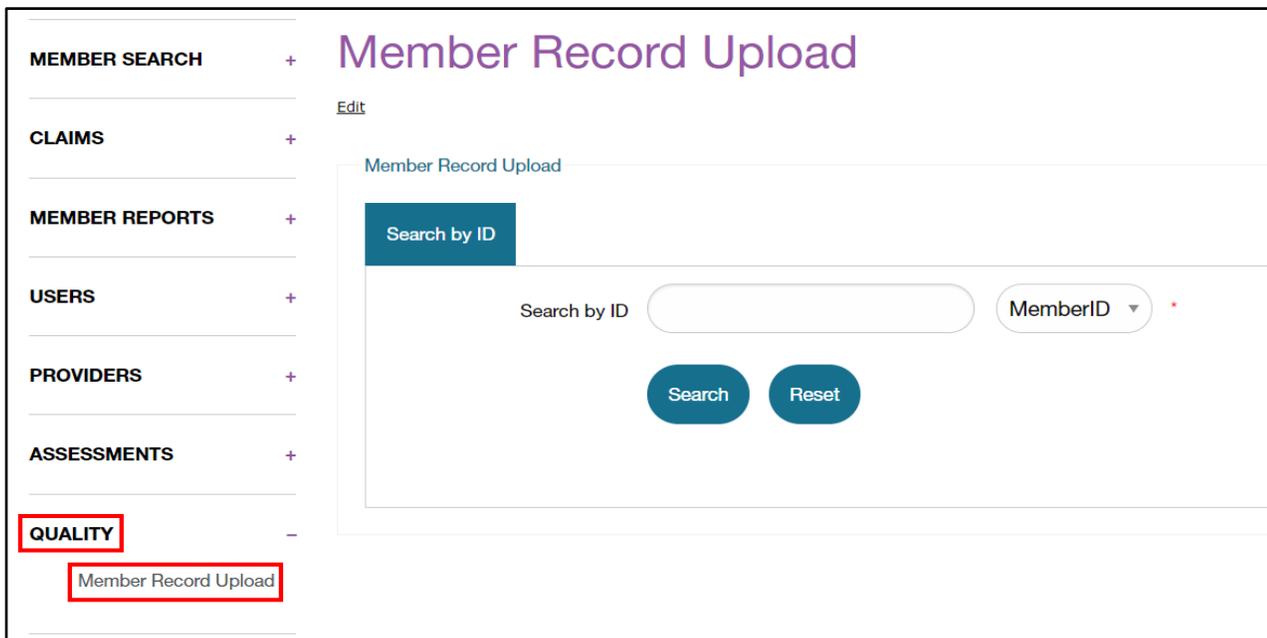
## PRE-SERVICE & POST SERVICE APPEALS

Pre-Service Appeals are now available for providers to appeal a decision of an authorization prior to the service being rendered, also known as a **Clinical Appeal**. You may access this new option when reviewing the status of the authorization.

- As a result of the Pre-Service Appeal addition, the left navigation link “**Appeals**” has been changed to “**Post Service Appeals**”.

## MEDICAL RECORD UPLOAD

In addition to the current medical records that are available to be uploaded via the portal (such as consent forms) providers are now able to upload medical records related to HEDIS measures. You can access this new feature by clicking **Quality** from the left navigation > **Member Record Upload**.



## PROVIDER MAINTENANCE STATUS

Provider Maintenance submissions will now display an ID that you may use to later check status. Upon submission of a demographic change, provider add, or update to cultural/linguistic/accessibility Info, a new message displays that includes an ID that can be used later to check status of the submission. A new **Status** tab is available for entering the submission ID and returning a status.

## MEMBER REPORTS

The Provider Membership List and Clinical Practice Registry (CPR) have been updated to display any provider that is associated with your tax ID. Previously, the only providers that would display were those assigned as a Primary Care Physician (PCP). Now, all providers whether a PCP or other will display in the drop-down to select.

## ACCOUNT LINKER

A new left navigation option, called *Account Linker*, has been added on the Provider Portal that will allow users to connect and toggle between all of their user accounts without forcing the user to log out and log in each time. Review additional details below on this new feature:

- Each account being linked will need to be registered with a user ID and password prior to being linked.
- Users will only be able to link accounts within the same state.
  - For example, if a user has an account registered in the **Ohio Portal** and the **Indiana Portal**, they will NOT be able to link together.
- If a user is an administrator on one account and is not an admin on the linked account, users should use the administrator account to link all other accounts.
- Users should use one main account to link all accounts and manage the links.
- Toggle between accounts from the right side drop-down, shown below.
  - The user's ID, Provider Name and CareSource ID will be displayed in this drop-down.



## CLAIMS

- **Corrected Claim Submission** – A new option has been added to the Online Claim Submission tool that will allow you to now submit corrected claims for paper claim submissions (including the upload of a paper claim). After clicking Online Claim Submission from the Claims menu, click **Work Item > Resubmission**. You may search for a claim using a variety of search criteria (shown below). The previously submitted claim will populate once located, and you may edit the necessary fields and resubmit the claim.

The screenshot shows the CareSource interface for claim resubmission. The left sidebar has a green background with a menu where 'Resubmission' is highlighted with a red box. The main content area is titled 'CLAIM RESUBMIT' and is enclosed in a red border. It contains several input fields for search criteria: Document Number, DCN, Claim Status, LOB/Claim Type (dropdown), Incoming Mode, TotalCharges, From PCH Load Date, To PCH Load Date, PatientDOB (MM/DD/YYYY), InsuredDOB (MM/DD/YYYY), From DOS, To DOS, Insured ID, Insured LastName, Insured FirstName, Patient LastName, Patient FirstName, and Reject Reason. There are 'Search' and 'Reset' buttons at the bottom right of the form. Below the form is a 'RESULTS' section with a 'Reveal Columns' dropdown and a 'Show 10 entries' dropdown. A table header is visible with columns: Edit, Document Number, DCN, Claim Status, Imageview, LOB/Claim Type, Incoming Mode, TotalCharges, From PCH Load Date, PatientDOB (MM/DD/YYYY). The table content is empty, showing 'No data available' and 'Showing 0 to 0 of 0 entries'.

## PROVIDER DOCUMENTS

The Provider Documents page has been updated to display only the last 30 days of documents received for the provider as a default. You may use the Begin Date and End Date fields to search for additional documents beyond the defaulted 30 days.

The screenshot shows the 'Provider Documents' page. At the top, there is a search bar with the text 'Select multiple document types' and a dropdown menu showing 'Claim/Appeal/Dispute ID'. To the right of the search bar, the 'Begin Date' and 'End Date' fields are highlighted with a red box. Below the search bar, there is a 'Page(s): 1' indicator and a 'Record(s):1' indicator. A table with the following columns is displayed: Details, Document Name, Provider ID, Document Type, and Document Date. The table contains one row of data: 'Download', 'CL - Medical Records - READMIT - DISALLOW SUBMIT MED RECORDS - 9/16/2021', a redacted Provider ID, 'CL - Medical Records', and '9/16/2021 3:16:46 PM'. At the bottom, there is another 'Page(s): 1' and 'Record(s):1' indicator.

GA-Multi-P-994366