

CareSource Provider Portal Claim Submission User Guide

Version 2.2



Table of Contents

| | Page |
|------------------------|------|
| 1. Introduction..... | 1 |
| 2. Prerequisites..... | 1 |
| 3. Main Page | 1 |
| 4. Menu Items | 2 |
| 4.1. Dashboard | 3 |
| 4.2. Create Claim..... | 4 |
| 4.3. Work-Item | 7 |
| 4.4. Reports..... | 10 |

Table of Figures

| | |
|--|----|
| Figure 1: Main Page | 1 |
| Figure 2: Menu Items..... | 2 |
| Figure 3: Menu Tab..... | 2 |
| Figure 4: Dashboard..... | 3 |
| Figure 5: Create HCFA..... | 4 |
| Figure 6:Create UB..... | 5 |
| Figure 7: Create Dental..... | 6 |
| Figure 8: Create Attachment | 7 |
| Figure 9: Work Item | 8 |
| Figure 10: DDC draft Item | 9 |
| Figure 11: Health Insurance claim form | 9 |
| Figure 12: Reports | 10 |
| Figure 13: Document Screen | 11 |

1. Introduction




The Claims Direct Data Entry (DDE) Portal allows providers to perform direct data entry of HCFA, UB, and Dental claims, along with the attachment of appropriate supporting documentation.

2. Prerequisites

1. Operating System: Windows 7 & Above
2. Browser: Google Chrome, Internet Explorer

3. Main Page

The Main Page appears as shown below.

1. The document status screen appears as shown below.
2. The user can filter according to search criteria listed under the Report Filter. This enables the user to search according to defined criteria, such as document number, insured information, patient information, state, total charges, or status.
3. Click on the  button to execute the search.
4. Click on the  button to refresh the filter screen.
5. Click on the **DocView** icon  to view the entire document information.

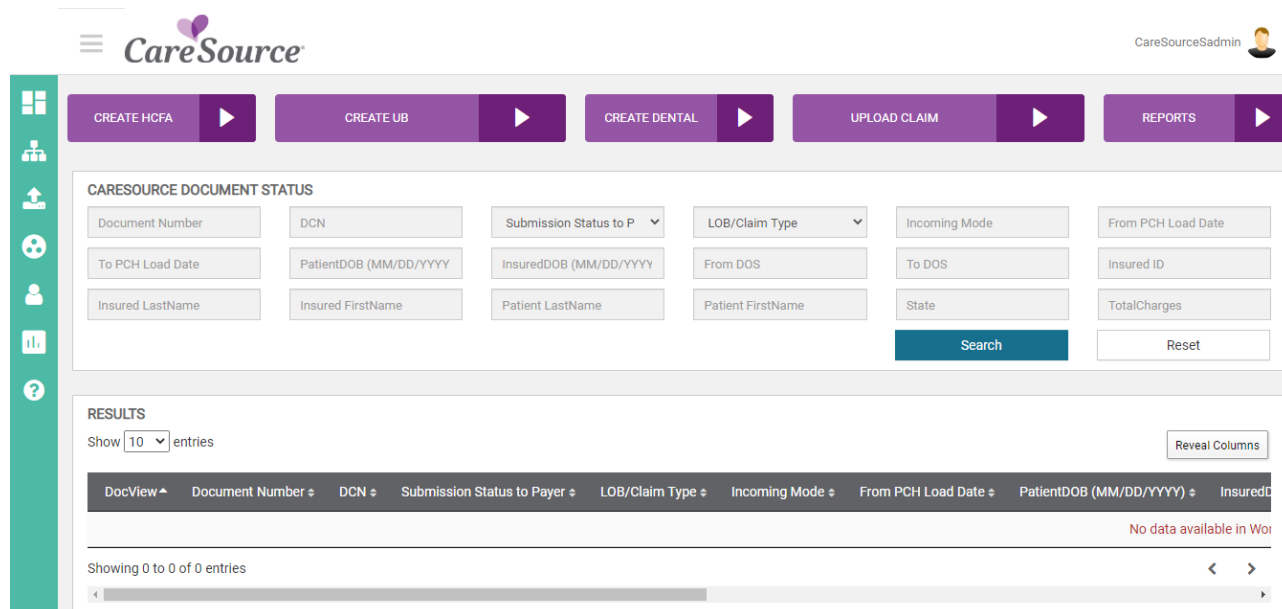


Figure 1: Main Page

4. Menu Items

The Main Page contains the following menu items

When you click on 'Document Status' the user will land upon the same landing page.

The screenshot shows the CareSource portal interface. At the top, there is a navigation bar with the CareSource logo on the left and the user name 'CareSourceAdmin' on the right. Below the navigation bar is a horizontal menu with five buttons: 'CREATE HCFA', 'CREATE UB', 'CREATE DENTAL', 'UPLOAD CLAIM', and 'REPORTS'. The main content area is titled 'CARESOURCE DOCUMENT STATUS'. It contains a grid of input fields for searching documents, including 'Document Number', 'DCN', 'Submission Status to P', 'LOB/Claim Type', 'Incoming Mode', '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', 'State', and 'TotalCharges'. There are 'Search' and 'Reset' buttons at the bottom of the grid. Below the search section is a 'RESULTS' section with a 'Show 10 entries' dropdown and a 'Reveal Columns' button. A table header is visible with columns: 'DocView', 'Document Number', 'DCN', 'Submission Status to Payer', 'LOB/Claim Type', 'Incoming Mode', 'From PCH Load Date', 'PatientDOB (MM/DD/YYYY)', and 'Insured'. The table body is empty, showing 'No data available in Wor'. At the bottom of the results section, it says 'Showing 0 to 0 of 0 entries'.

Figure 2: Menu Items

Click on the Menu Tab the following list will appear:

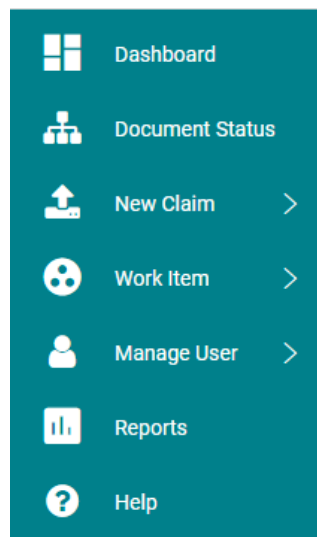


Figure 3: Menu Tab

4.1. Dashboard

The Dashboard menu items allow you to CREATE HCFA, CREATE UB, or CREATE DENTAL claims. It also provides the opportunity to attach and upload supporting documentation using Direct Data Entry (DDE) mode.

1. New Claim Shortcut Links:
 - a. Create HCFA – Open the DDE screen for Professional/HCFA claims
 - b. Create UB – Open the DDE screen for Institutional/UB claims
 - c. Create Dental - Open the DDE screen for Dental claims
2. Reports Shortcut Link – Open the Reports page
3. Processing Count – Represents the count of documents processed, by date.
4. Doctype Processing Ratio – Displays the percentage distribution of the different types of documents processed.
5. Provider Submission Count – Shows the number of documents submitted by the provider

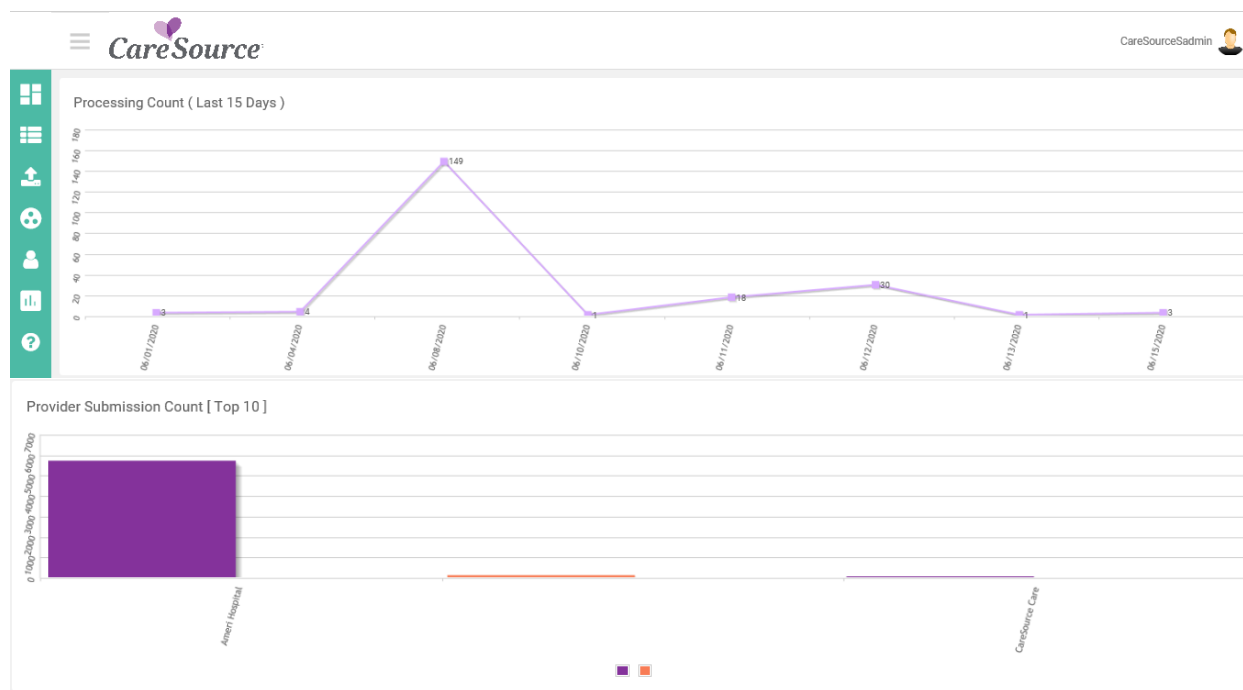
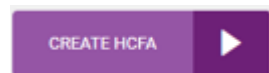


Figure 4: Dashboard

4.2. Create Claim

1. Click **CREATE HCFA**



- a. The HCFA form appears as shown below.

CareSource HCFA Attachments

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☐
(Medicare #) (Medicaid #) (Sponsor's SSN) (SSN or ID) (Medicare #) (SSN) (ID)

1.a INSURED'S ID NUMBER (For program in Item 1)
INSURED ID

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
LAST NAME FIRST NAME MIDDLE INITIAL
SUFFIX

3. PATIENT'S BIRTH DATE SEX
MMDDCCYY Male ☐ Female ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
LAST NAME FIRST NAME MIDDLE INITIAL
SUFFIX

5. PATIENT'S ADDRESS (No., Street)
ADDRESS 1
ADDRESS 2
CITY
STATE
ZIP CODE EXT
TELEPHONE NUMBER


6. PATIENT RELATIONSHIP TO INSURED
Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street) ☐ Same as Pat. Add
ADDRESS1
ADDRESS2
CITY
STATE
ZIP CODE EXT
TELEPHONE NUMBER

8. RESERVED FOR NUCC USE
NUCC USE

Save Draft Submit Close

Figure 5: Create HCFA

- b. Complete the form with all the relevant information.
- c. Some fields are mandatory and must be entered. The alert  icon will appear when mandatory field(s) are left blank.

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☐
(Medicare #) (Medicaid #) (Sponsor's SSN) (SSN or ID) (Medicare #) (SSN) (ID)

1.a INSURED'S ID NUMBER (For program in Item 1)
INSURED ID

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
LAST NAME FIRST NAME MIDDLE INITIAL
SUFFIX

3. PATIENT'S BIRTH DATE SEX
MMDDCCYY Male ☐ Female ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
LAST NAME FIRST NAME MIDDLE INITIAL
SUFFIX

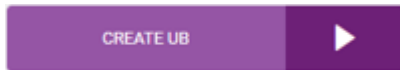
5. PATIENT'S ADDRESS (No., Street)
ADDRESS 1
ADDRESS 2
CITY
STATE
ZIP CODE
TELEPHONE NUMBER EXT

6. PATIENT RELATIONSHIP TO INSURED
Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street) ☐ Same as Pat. Add
ADDRESS1
ADDRESS2
CITY
STATE
ZIP CODE
TELEPHONE NUMBER EXT

8. RESERVED FOR NUCC USE
NUCC USE

2. Click **CREATE UB**



- a. The UB form appears as shown below.

CareSource UB Attachments

CARESOURCE

| | | | | | | | |
|--|--|---|--|---|--|---------------------------------|--|
| 1. CARESOURCEORNAME CARESOURCEADDRESS1 ADDRESS 2 AL AL 12345 ZIP EXT TELEPHONE NO | | 2. NAME (ORGANIZATION) ADDRESS ADDRESS 2 CITY STATE ZIP ZIP EXT TELEPHONE NO | | 3. a. PATIENT CNTL.# PATIENT CONTROL | | 4. TYPE OF BILL TYPE OF BILL | |
| b. MEDICAL REC.# MEDICAL RECORDS | | 5. FED.TAX NO. 123456789 | | 6. STATEMENT COVERS PERIOD MMDDCCYY MMDDCCYY | | 7. | |


| | | | |
|----------------------------------|---------------|---|----------------|
| 8. a. PATIENT NAME PATIENT ID | | 9. a. PATIENT ADDRESS PATIENT ADDRESS1 PATIENT ADDRESS2 | |
| b. PATIENT LAST | PATIENT FIRST | PATIENT I | |
| b. PATIENT CITY | | c. PATIENT STAT | d. PATIENT ZIP |
| e. PATIENT ZIP E | | | |

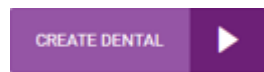
| | | | | | | | | | | | | | | | | | | |
|--|------------------|--|--|--|--|--|---------------------------|---|--|---|--|---------------|--|--|--|--|--|---------------------------------------|
| 10. BIRTHDATE MMDDCCYY | 11. SEX PATIE | ADMISSION 12. DATE 13. HR 14. TYPE 15. SRC PATIENT PATI PATIENT AC PATIEN PATI | | | | 16. DHR PATIENT | 17. STATUS CODE PAT | COND. CODE 1 18 19 20 21 22 23 24 25 26 27 28 PAT PAT PATI PATI PATI PATI PATI PATI PATI PATI PATI PATI | | | | | | | | | | 29. ACCIDENT STATE PATIENT ACCIDEN |
| 31. OCCURRENCE CODE DATE PATIENT OC MMDDCCYY | | 32. OCCURRENCE CODE DATE PATIENT OC MMDDCCYY | | 33. OCCURRENCE CODE DATE PATIENT OC MMDDCCYY | | 34. OCCURRENCE CODE DATE PATIENT OC MMDDCCYY | | 35. OCCURRENCE SPAN CODE FROM THROUGH PATIE MMDD MMDD PATIE MMDD MMDD | | 36. OCCURRENCE SPAN CODE FROM THROUGH PATIE MMDD MMDD | | 37. A B | | | | | | |

| | | | | | | |
|-----|----------|--------|----------|--------|----------|--------|
| 38. | 39. CODE | AMOUNT | 40. CODE | AMOUNT | 41. CODE | AMOUNT |
|-----|----------|--------|----------|--------|----------|--------|

Save Draft Submit Close

Figure 6:Create UB

- b. Complete the form with all the relevant information.
- c. Some fields are mandatory and must be entered. The alert  icon will appear when mandatory field(s) are left blank.

3. Click **CREATE DENTAL**

- a. The Dental form appears as shown below.

CareSource DENTAL Attachments

ADA American Dental Association Dental Claim Form

CARESOURCE

HEADER INFORMATION

01. TYPE OF TRANSACTION (MARK ALL APPLICABLE BOXES)

☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization ☐ EPSDT / Title XIX

02. PREDETERMINATION/PREAUTHORIZATION NUMBER

PREAUTHORIZATION NUMBER

DENTAL BENEFIT PLAN INFORMATION

03. COMPANY/PLAN NAME, ADDRESS, CITY, STATE, ZIP CODE, ZIP CODE EXT

COMPANY/PLAN NAME ADDRESS CITY

STATE ZIP CODE ZIP CODE EXT

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

04. ☐ Dental ? ☐ Medical ? (If both, complete 5-11 for dental only.)

05. NAME OF POLICYHOLDER/SUBSCRIBER IN # 4 (LAST, FIRST, MIDDLE INITIAL, SUFFIX)

LAST NAME FIRST NAME MIDDLE NAME

SUFFIX

06. DATE OF BIRTH (MM/DD/CCYY)

MMDDCCYY

07. GENDER

--SELECT--

08. POLICYHOLDER/SUBSCRIBER ID (ASSIGNED BY PLAN)

POLICYHOLDER ID

09. PLAN/GROUP NUMBER

10. PATIENT'S RELATIONSHIP TO PERSON NAMED IN #5

POLICYHOLDER/SUBSCRIBER INFORMATION (Assigned by Plan Named in #3)

12. POLICYHOLDER/SUBSCRIBER NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX), ADDRESS, CITY, STATE, ZIP CODE, ZIP CODE EXT

LAST NAME FIRST NAME MIDDLE NAME

SUFFIX ADDRESS CITY

STATE ZIP CODE ZIP CODE EXT

13. DATE OF BIRTH (MM/DD/CCYY)

MMDDCCYY

14. GENDER

--SELECT--

15. POLICYHOLDER/SUBSCRIBER ID (ASSIGNED BY PLAN)

POLICYHOLDER ID

16. PLAN/GROUP NUMBER

PLAN NUMBER

17. EMPLOYER NAME

EMPLOYER NAME

PATIENT INFORMATION

18. RELATIONSHIP TO POLICYHOLDER/SUBSCRIBER IN #12 ABOVE

--SELECT--

19. RESERVED FOR FUTURE USE

20. NAME (LAST, FIRST, MIDDLE INITIAL, SUFFIX), ADDRESS, CITY, STATE, ZIP CODE, ZIP CODE EXT


LAST NAME FIRST NAME MIDDLE NAME

SUFFIX ADDRESS CITY

STATE ZIP CODE ZIP CODE EXT

Save Draft Submit Close

Figure 7: Create Dental

- b. Complete the form with all the relevant information.
- c. Some fields are mandatory and must be entered. The alert  icon will appear when mandatory field(s) are left blank.

4. Attachments Tab

- a. If supporting documentation/attachments need to be submitted with the claim, click the Upload tab. The upload screen appears as shown below:

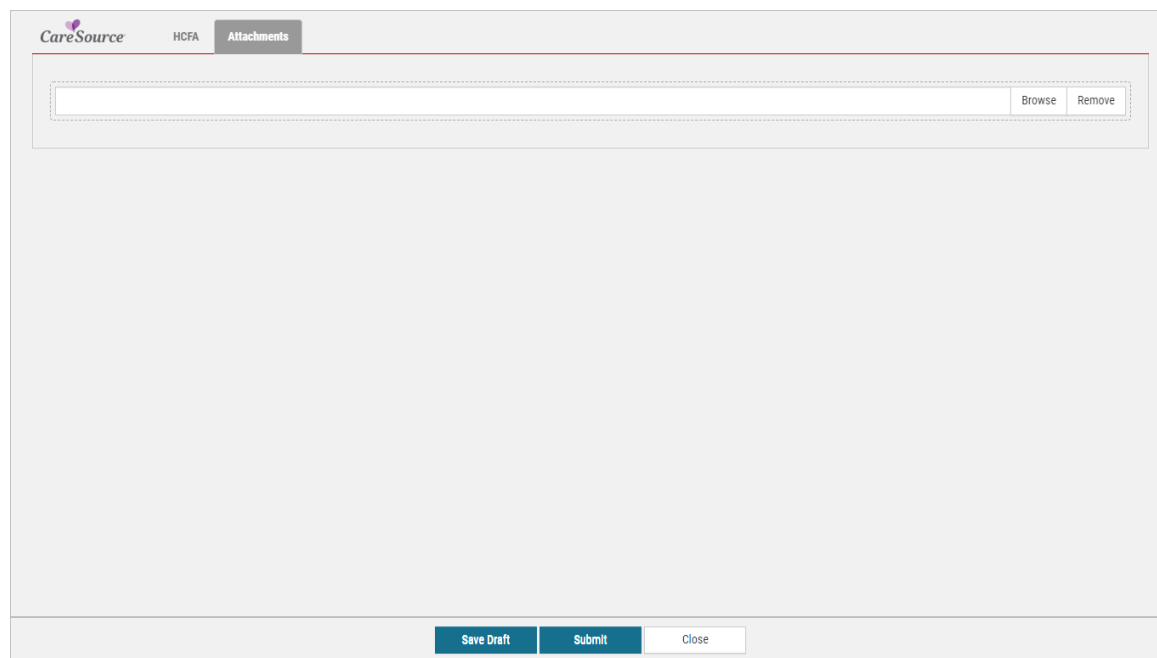

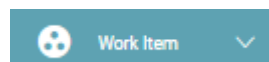

The screenshot shows the 'Attachments' tab in the CareSource portal. At the top, there's a header with the CareSource logo, 'HCFA', and the 'Attachments' tab. Below this is a large rectangular area for uploading files. In the top right corner of this area, there are 'Browse' and 'Remove' buttons. At the bottom of the screen, there are three buttons: 'Save Draft', 'Submit', and 'Close'.


Figure 8: Create Attachment

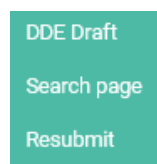
- i. Click Browse and choose the file for attachment.
 1. If multiple attachments are required, repeat this step to add additional attachments as needed.
 2. The total file size of all attachments should not exceed 100 MB.
 - b. Click the **Claim** (HCFA, UB, or Dental) tab to return to the claim.
 - c. To save the claim and return later to submit, click **Save Draft**. To access the claim later for further processing, click **DDE Draft** from the **Work Item**  menu on the Dashboard page.
6. To submit the claim for processing, click **Submit** and you will be returned to the Dashboard page.

4.3. Work-Item



This menu item  is used to view and correct claims that were previously submitted via the portal in direct data entry mode. Previously submitted claims can be located by accessing the **Resubmit** menu item. Claims that were saved to draft can be located by using the **DDE Draft** menu item.

1. Click **Work-Item** . Submenus appear as shown below.



- a. To view, access, and correct claims that were previously submitted via the portal in direct data entry mode, click **Resubmit**.
- i. The Resubmit page appears as shown below.

RESUBMIT

DCN Document Type Submission Date Submission User Customer DCN Ack Received Date Claim Status Reject Code Reject Reason

Search Reset

RESULTS

Show 10 entries

| Category | DCN | Document Type | Submission Date | Submission User | Customer DCN | Ack Received Date | Claim Status | Reject Code | Reject Reason |
|----------|-----------------|---------------|-----------------|------------------------|---------------------|-------------------|--------------|-------------|--------------------------|
| Resubmit | 200150200000002 | UB COB | 01/15/2020 | 346004382001austin | 20028230HP021000744 | 02/05/2020 | Processed | | |
| Resubmit | 200150200000003 | UB COB | 01/15/2020 | 346004382001austin | 20028230HP021000745 | 06/02/2020 | Rejected | 1234 | 180 - Discharge Status i |
| Resubmit | 200150200000003 | UB COB | 01/15/2020 | 346004382001austin | 20028230HP021000745 | 06/02/2020 | Rejected | 1234 | 194-Attending Physiciar |
| Resubmit | 200160200000001 | Dental COB | 01/16/2020 | 346004382001aastanacio | 20028230HP021000746 | 03/02/2020 | Rejected | 1234 | 211-Place of Treatment |
| Resubmit | 200160200000002 | HCFA COB | 01/16/2020 | 346004382001aboothe | 20028230HP021000747 | 02/05/2020 | Processed | | |
| Resubmit | 200160200000003 | Dental COB | 01/16/2020 | 346004382001aastanacio | 2002823WVP021000748 | 01/29/2020 | Processed | | |

Figure 9: Work Item

- ii. Click the **Resubmit** link to see the claim form.
- iii. The claim form appears as shown below, with all previously submitted data present. Correct any previously submitted information and resubmit the claim by clicking **Submit** at the bottom of the claim:

Save Draft Submit Close

CARESOURCE

1. TRUMBULL REGIONAL MEDICA
1350 E MARKET ST
ADDRESS 2
WARREN
OH 44483 6608
TELEPHONE NO

2. NAME (ORGANIZATION)
PO BOX 419749
ADDRESS 2
BOSTON
MA 02241 9749
TELEPHONE NO

3. PATIENT ID # TRA012625759
4. TYPE OF BILL 137
5. MEDICAL REC # TM00797976
6. STATEMENT COVERS PERIOD 11292019 11292019
7. 815457243

8. PATIENT NAME FLEMING KIERA
9. PATIENT ID 3470 HEWITT GIFFORD RD
10. PATIENT ADDRESS 44481
11. PATIENT ZIP EXT
12. PATIENT BIRTHDATE 03062006
13. PATIENT SEX F
14. PATIENT ADMISSION DATE 11/29/2019
15. PATIENT STATUS PATIENT
16. PATIENT TYPE PATIENT
17. PATIENT SRC 1
18. PATIENT DATE 11/29/2019
19. PATIENT TYPE PATIENT
20. PATIENT SRC 1
21. PATIENT DATE 11/29/2019
22. PATIENT TYPE PATIENT
23. PATIENT SRC 1
24. PATIENT DATE 11/29/2019
25. PATIENT TYPE PATIENT
26. PATIENT SRC 1
27. PATIENT DATE 11/29/2019
28. PATIENT TYPE PATIENT
29. PATIENT SRC 1
30. PATIENT DATE 11/29/2019
31. PATIENT TYPE PATIENT
32. PATIENT SRC 1
33. PATIENT DATE 11/29/2019
34. PATIENT TYPE PATIENT
35. PATIENT SRC 1
36. PATIENT DATE 11/29/2019
37. PATIENT TYPE PATIENT
38. PATIENT SRC 1

Save Draft Submit Close

1b. To access a claim that was saved to draft, use the **DDE Draft** menu item to retrieve the claim for further processing.

i. The DDE Draft page appears as shown below.

DDE DRAFT ITEM

DCN Project Name Doc Type Search Reset

RESULTS

Show 10 entries Reveal Columns

| Category | DCN | Project Name | Doc Type | Process Date | No of Hours in Draft |
|----------------------|-----------------|--------------|----------|--------------|----------------------|
| View | 200850200000028 | CareSource | HCFA COB | 03/25/2020 | 1951 |
| View | 201130200000003 | CareSource | HCFA COB | 04/22/2020 | 1299 |
| View | 201350200000001 | CareSource | HCFA COB | 05/14/2020 | 770 |
| View | 201400200000002 | CareSource | HCFA COB | 05/19/2020 | 645 |
| View | 201420200000001 | CareSource | HCFA COB | 05/21/2020 | 596 |
| View | 201420200000002 | CareSource | HCFA COB | 05/21/2020 | 596 |
| View | 201460200000010 | CareSource | HCFA COB | 05/25/2020 | 496 |

Figure 10: DDC draft Item

ii. Open the claim by clicking [View](#).

CareSource HCFA Attachments

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARESOURCE
CARESOURCE
PO BOX 8730
DAYTON
OH
454018730

1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☐ OTHER ☐
(Medicare#) (Medicaid #) (Sponsor's SSN) (SSN or ID) (Medicare#) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
##FSFSF# FIRST NAME MIDDLE INITIA
SUFFIX

3. PATIENT'S BIRTH DATE SEX
MMDDCCYY Male ☐ Female ☐

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
LAST NAME FIRST NAME MIDDLE INITIA
SUFFIX

5. PATIENT'S ADDRESS (No., Street)
ADDRESS 1
ADDRESS 2
CITY
STATE
ZIP CODE EXT
TELEPHONE NUMBER

6. PATIENT RELATIONSHIP TO INSURED
Self ☐ Spouse ☐ Child ☐ Other ☐

7. INSURED'S ADDRESS (No., Street) ☐ Same as Pat. Add
ADDRESS1
ADDRESS2
CITY
STATE
ZIP CODE EXT

8. RESERVED FOR NUCC USE
NUCC USE

Save Draft Submit Close

Figure 11: Health Insurance claim form

- iii. Once the claim is complete and ready for submission, click **SUBMIT**.

4.4. Reports

1. The status of documents previously submitted via the portal can be viewed by accessing the **Document Status** menu item.
 - a. Click on **Document Status**. This allows for different search options to locate the status of a claim that has been uploaded via the portal.
 - i. The document status screen appears as shown below.

REPORTS

Document Status ▾

REPORT FILTER

Document Number Submission Status to Payer DCN LOBClaim Type ▾ IncomingMode

From PCH Load Date To PCH Load Date PatientDOB (MMDDYYYY) InsuredDOB (MMDDYYYY) From DOS

InsuredID InsuredLastName InsuredFirstName PatientLastName PatientFirstName

Search

RESULTS

Show 10 ▾ entries

📄 📄 📄 📄 📄

| Document Number | Submission Status to Payer | DCN | LOBClaim Type | IncomingMode | State | PCH Load Date | PatientDOB (MMDDYY) |
|-----------------|-------------------------------|------------|---------------|--------------|-------|---------------|---------------------|
| 200770200000011 | 837 Submitted Waiting for Ack | UB COB | DDE | | | | |
| 200770200000012 | 837 Submitted Waiting for Ack | Dental COB | DDE | | | | |

Figure 12: Reports

- ii. Filter using the search criteria listed under the Report Filter. This enables the ability to search according to defined criteria, such as document number, insured information, patient information, state, total charges, or status.
- iii. Click on **Search** button to execute the search.
- iv. Click on **Reset** to refresh the filter screen.
- v. Click the **DocView** icon 📄 to view the entire document information.

| Preview | Document Number | Reference Number | Batchid | Mode | Submission Date | Submission User | Document Type | Payer Name | PO Box | Client DCN | Processed Date | Status |
|---------|------------------|------------------|---------|------|-----------------|-----------------|---------------|------------|--------|------------|----------------|-----------------|
| | 2002802000000092 | | | XML | 01/28/2020 | BGSystem | Dental EOB | CareSource | | | | Data Processing |

- vi. The document screen appears as shown below.

[illegible]

Figure 13: Document Screen

- Document preview
- Metadata/documents fields
- Audit Trail – Action performed for the respective document can be tracked systematically
- Back Button – Click the **Back** button to come to Document Status.