



## ***Network Notification***

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**Date:** June 1, 2015  
**To:** Ohio Health Partners  
**From:** CareSource®  
**Subject:** Submit Claims Online Through Provider Portal

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Health partners now have the option to submit claims through the secure, online provider portal. Online submission saves you money by eliminating the costs associated with printing and mailing paper claims. In addition, CareSource offers this service via our portal at no cost. Using the portal for claims submission also provides additional benefits:

- Improves accuracy by decreasing the opportunities for transcription errors and missing or incorrect data
- Allows tracking and monitoring of claims through a convenient online search tool

### **Who Can Submit Claims Via the Portal?**

CareSource's traditional health partners, community partners and delegates, and health homes all may submit claims through the provider portal.

### **What Types of Claims Can Be Submitted?**

- Professional medical office claims
- Dental claims
- Institutional claims

### **Getting Started**

To help you get started with this process, we are providing simple instructions and screenshots in this Network Notification. This notice explains the following:

- How to access the online claim submission forms
- How to search for previously submitted claims
- How to submit new claims

We recommend using Google Chrome or Firefox browsers to log into the portal and submit claims. Health partners using Internet Explorer browser versions 8 and 9 will not be able to submit attachments with claims.

### **Access the Online Claim Submission Form**

- **Step 1** – To begin, sign into the [provider portal](#). If you have not yet registered to use the portal, please take a moment to go to the [registration page](#) and provide the information requested.

- **Step 2** – After signing in, locate the link for “Online Claim Submission” under the “Providers” tab. It is the third option under the “Providers” tab, as shown in Figure 1 to the right.
- **Step 3** – Click on this link to connect to the online claim submission forms.



Figure 1: Link to Online Claim Submission

**Viewing and Searching for Claims**

After you click the link for “Online Claim Submission,” you will be directed to the online claim submission main page. Under the “Main” tab (shown below in Figure 2), you will see a search tool on the left. Folders that contain previously submitted claims are found on the right. Instead of seeing “Default Provider” next to the main folder, a provider will see his or her name or the name of his or her practice.

**Using the Search Tool** – To quickly locate claims and check their payment statuses, use the search tool on the left. Fill in one or more of the search fields and click “Search” to locate a claim.

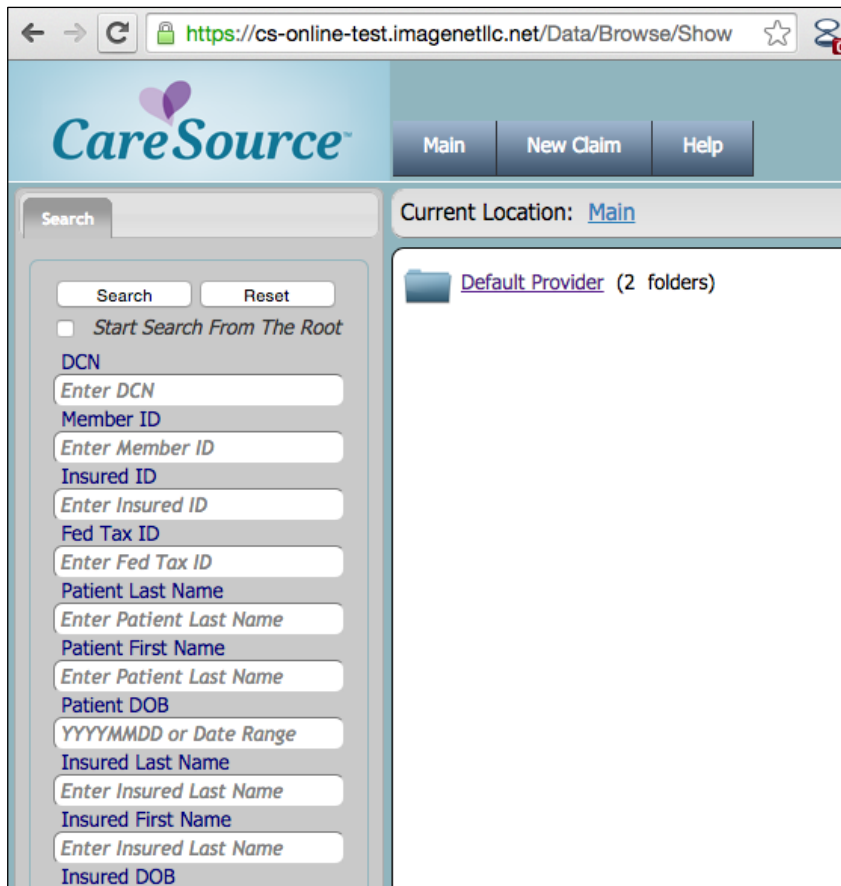


Figure 2: A View of the Online Claim Submission Main Page

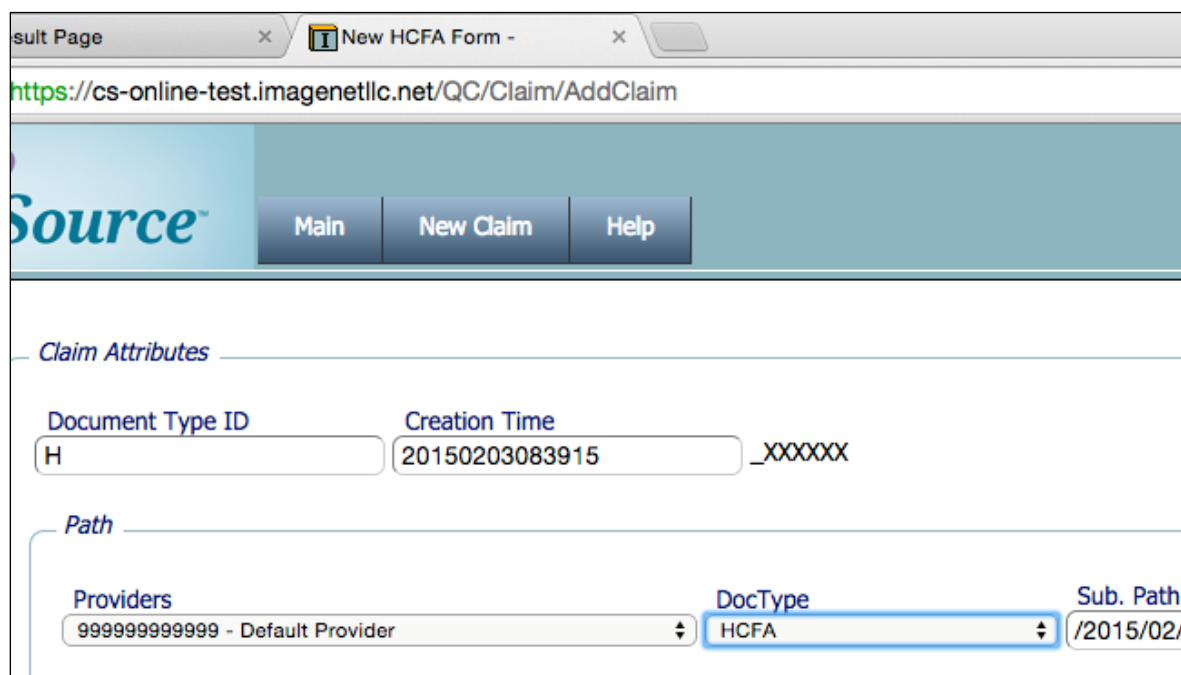
**Searching by Folders** – A user can also open the folders on the right to see previously submitted claims. Claims are stored in folders based on claim types.

✓ **SEARCH TOOL TIP #1**  
*The fastest way to locate a previously submitted claim is to enter the Member ID number in the search tool and click “Search.”*

✓ **SEARCH TOOL TIP #2**  
*To make sure you are searching all folders for a claim, check the box next to “Start Search From The Root” before you click “Search.”*

## **Submitting Claims**

To submit a claim online, click the “New Claim” tab, shown in Figure 3 below.



The screenshot shows a web browser window with the address bar displaying <https://cs-online-test.imagenetllc.net/QC/Claim/AddClaim>. The page has a header with the 'Source' logo and three navigation tabs: 'Main', 'New Claim', and 'Help'. Below the header, the 'Claim Attributes' section contains two input fields: 'Document Type ID' with the value 'H' and 'Creation Time' with the value '20150203083915'. To the right of the 'Creation Time' field is a placeholder '\_XXXXXX'. Below this is the 'Path' section, which includes three dropdown menus: 'Providers' with the selected value '999999999999 - Default Provider', 'DocType' with the selected value 'HCFA', and 'Sub. Path' with the selected value '/2015/02/'.

Figure 3: Creating a New Claim

After clicking the “New Claim” tab, select the “DocType” or type of claim form to be submitted from the drop down menu. There are three types of forms to choose from:

- HCFA claim form (CMS-1500 equivalent) for professional medical office claims
- American Dental Association claim form for dental claims
- UB-04 Institutional claim form for facility claims

After selecting the appropriate form, click the “Create” claim button. You will see a blank claim form to be completed. Samples of each type of form are shown on pages 4 and 5 of this notice.

## **Helpful Tips for Completing Forms**

- Please provide **all** information requested in **all** parts of each form before submitting. Claims may be rejected or denied if information is missing.
- As you begin to complete a form, please remember to select the appropriate State ID from the drop down menu under Form Part 1.
- As you work on a form, you have the options to “Submit, Save or Delete.” These options appear in the upper right of the form screen. If you don’t have time to complete a form, please click the “Save” option. This will allow you to complete the form later without losing your work.

## HCFA Form Sample

Figure 4 below shows a sample HCFA form. Along the top of the form are four tabs to allow the user to move easily through all four parts of the form. Please complete all four parts.

The screenshot displays the CareSource web interface for a HCFA form. At the top, there is a navigation bar with 'Main', 'New Claim', and 'Help' buttons. The form header includes 'Form Part 1' through 'Form Part 4' and 'Attachments' tabs. Below the tabs, there are input fields for 'DCN' (H20150309111401\_0010880), 'Mail Receive Date' (15068), 'State ID' (Ohio), and 'Doc Type' (Professional). There are 'Submit', 'Save', and 'Delete' buttons. The main form area is divided into several sections with red borders:

- Medicare:  Medicaid:  Tricare:  Champva:  Group:  FECA:  Other:
- 1a. Insured's ID Number
- 2. Patient's Name (Last, First, Middle Initial)
- 3. Patient's Birth Date Sex (M:  F: )
- 4. Insured's Name (Last, First, Middle Initial)
- 5. Patient's Address (No., Street)
- 6. Patient Rel To Insured (Sif:  Spous:  Chld:  Othr: )
- 7. Insured's Address (No., Street)
- 8. Reserved for NUCC Use
- 9. Other Insured Name (Last, First, Middle Initial)
- 10. Patient Cond Related To (a. Employment? Yes:  No: ; b. Auto Accident? Place(State) Yes:  No: )
- 11. Insured's Policy Group or FECA Number (a. Insured's Date Of Birth Sex (M:  F: ); b. Other Claim ID)

Figure 4: Sample HCFA form (CMS-1500 equivalent)

## Dental Form Sample

Figure 5 below shows a sample Dental form. This form has five parts to be completed.

The screenshot displays the CareSource web interface for a Dental Claim Form. At the top, there is a navigation bar with 'Main', 'New Claim', and 'Help' buttons. The form header includes 'Form Part 1' through 'Form Part 5' and 'Attachments' tabs. Below the tabs, there are input fields for 'DCN' (D20150309112629\_0010882), 'Mail Receive Date' (15068), 'State ID' (Ohio), and 'Doc Type' (Dental). There are 'Submit', 'Save', and 'Delete' buttons. The main form area is divided into several sections with red borders:

- HEADER INFORMATION (1. Type of Transaction (mark all applicable boxes)  Statement of Actual Services  Request for Predetermination/Preauthorization  EPSDT / Title XIX; 2. Predetermination/Preauthorization Number)
- INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION (3. Company/Plan Name, Address, City, State, Zip Code)
- POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3) (12. Policyholder/Subscrber Name, Address, City, State, Zip Code; 13. Date Of Birth; 14. Gender (M:  F: ); 15. Policyholder/Subscrber ID (SSN or ID#))

Figure 5: A Sample Dental Claim Form

## UB-04 Form Sample

Figure 6 below shows a sample UB-04 form. This form has four parts to be completed.

The screenshot shows the CareSource UB-04 form interface. At the top, there is a header with the CareSource logo and navigation tabs for Form Part 1, Form Part 2, Form Part 3, Form Part 4, and Attachments. The form fields include: DCN (U20150310011034\_0010997), Mail Receive Date (15069), State ID (Ohio), and Doc Type (Institutional). The form is divided into sections for provider information (3a, 3b, 4), patient information (8, 9), admission details (10-17), condition codes (18-28), and occurrence spans (31-37).

Figure 6: A Sample UB-04 Form

## Need Help?

If you have questions or need assistance, please call us at 1-800-488-0134, Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time (EST).