Notice Date: October 5, 2020
To: Ohio Providers
From: CareSource
Subject: Quarter 2 Provider Portal Updates

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.

Provider Portal Updates

Streamlined Claims Tasks	Providers can now complete multiple tasks while viewing the details of a claim. After locating the appropriate claim, click the **View Details** link. You can now: • Submit a dispute or check dispute status • Submit an appeal or check appeal status • Submit a recovery request • View attachments that you have submitted for the claim on the **Related Documents** tab
Claim Recovery Dollars Viewable at the Claim Level	Recovery dollar amounts that are associated with a claim are now available, when applicable, while viewing the details of a claim.

Provider Documents	Several enhancements have been made to the **Provider Documents** page, including new documents now available. Enhancements include:
	
	 New Documents Available
	 Several new documents are now available. The new documents display, when applicable, and are filterable using the document name and date range filters at the top of the page.
	 • Appeal Decision Letters now available for:
	      o OH Medicaid (from 2018 to present)
	      o OH Marketplace (from 2018 to present)
	 OH Medicaid appeal decision letters are also available on the **Related Documents** tab of the **Claim Detail View** for the claim associated with the specific appeal (see below).
	 • Additional Dispute/Appeal letters, as well as Utilization Management (UM) and Case Management (CM) letters, for some plans are available, when applicable, on the **Provider Documents** page.
	
	 Additional letters for disputes and appeals for:
	      o D-SNP
	      o All Marketplace plans

	NOTE: The Appeal or Dispute ID displays at the end of the Document Name. The ID can be used to check status of a dispute or an appeal on the Portal.
	    o Letters for Utilization Management and Case Management are available, when applicable for:
	        ▪ OH Medicaid, D-SNP, Marketplace, and MA
	
	• Recovery Notification Letters are available on the **Provider Documents** page. Recovery Notification Letters that were generated after July 29th, are also available on the **Related Documents** tab of the **Claim Detail** view for the claim associated with the specific recovery.
	• Coordination of Benefits (COB) related Recovery Notification letters are also now available on the **Provider Documents** page.
	
	Provider Billing Balance Letters, which include important information for Providers about collecting Medicare cost-sharing dollars from Medicare Advantage and OH D-SNP members, are now available for the following plans:
	    o OH Medicare Advantage relating to a grievance or appeal Coordination of Benefits (COB) related Recovery Notification letters are also now available on the **Provider Documents** page.
	
	Filtering
	• The filter list that is available on the Provider Documents page has been updated to only show relevant documents that pertain to the logged in Provider. Additionally, a new option has been added to the to allow you to search applicable letters by Claim ID, Appeal ID, or Dispute ID in the Claim/Appeal/Dispute ID field shown below. Once the search criteria is entered, documents displayed will be associated to the specific claim, appeal, or dispute.

Dispute and Appeals	A new message will display when an appeal or dispute is submitted, listed below. Please ensure to take note of the Appeal or Dispute ID given to be able to check the status.
	    o Appeals – "Retain the following Appeal ID in order to Check Status".
	    o Disputes – "Retain the following Dispute ID in order to Check Status".
	Appeal and dispute letters are now available when searching for the status. Once an appeal or dispute is searched from the **Claims** navigation, you will be able to click **View** under the _Documents_ column. A pop-up will display for all available letters. From there the, click **View** for the specific letter to see the letter.

Provider Maintenance	• An update has been made to the Provider Maintenance page to include your practice address if you practice at multiple locations. This will assist in selecting your correct Provider ID to choose which account to submit maintenance to. • The **Provider Add** page will now include verbiage in the **Product Type** section to advise to "Select all that apply". You are able to select more than one if applicable. In addition, the form has also been updated to add the _Social Security Number_ and _Date of Birth_ fields for the provider being added. Both of these fields are required to be completed.
New Online Claim Submission Form	A new online claims submission form is now available when accessing **Claims > Online Claim Submission**. In addition to manually completing an online

	claim plus attachments, providers can also upload a claim with attachments, and locate a previously submitted online claim in order to resubmit the claim with corrections. This new form was made available in Ohio July 22, 2020.
Altruista – Guiding Care Additional Plans	Additional plans are now transitioned to CareSource's new care management tool for member assessments and care treatment plans. A Quick Start Guide is available for more information about this tool. You can now manage members in Medicaid and MyCare using this new Member Care Management tool.
Outpatient Durable Medical Equipment (DME) Prior Authorizations	A new dollar amount field is available, but not required, for outpatient DME prior authorizations. This allows CareSource to understand the cost associated with the DME items.
Newborn Notifications	Updates have been made to the Newborn Notification submission **Apgar** field. If the **Disposition** of _Live Birth_ is chosen, the **Apgar** field will be available however, 0 cannot be chosen. If the **Disposition** chosen is _Fetal Demise_, the **Apgar** field will list 0 as an option. Additionally, an update has been made for clarification to the newborn's name. If the newborn has not been assigned a legal name, please leave the First and Last Name fields blank.
New Place of Service Emergency & Psychiatric Codes	When submitting an inpatient stay prior authorization for Emergency or Psychiatric types on the Prior Authorization page, a new place of service option will be available: **51 – Inpatient Psychiatric Facility**
Retro Authorizations	Per CMS guidelines, in order for a claim that has been denied for an authorization to be reconsidered, you must submit as an appeal. An update has been made to the Prior Authorization page to ask if the request being submitted is for a past date of service and if it is in reference to a denied claim. If Yes is selected, a message will be displayed advising "Please be aware CMS now considers your issue to be a claim appeal. Please submit your request through the claim appeal section of the provider portal for review". If the No is selected, it will continue with the authorization as normal. This will only be displayed for the following lines of business: - DSNP - Medicare Advantage - MyCare

You can access the CareSource Provider Portal at CareSource.com > Login > Provider Portal. Simply enter your username and password (if already a registered user) or submit your information to become a registered user.

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