



Network Notification

Notice Date: March 23, 2020
To: Ohio Providers
From: CareSource
Subject: Recent 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

Integration with ECHO® Health for Provider Payments	Effective Jan. 11, 2020, CareSource completed our migration to ECHO Health, Inc. The ECHO Health Explanation of Payment (EOP) is available on the Provider Portal when viewing a claim.
Claim Messaging	Additional detail is now available when viewing a denied claim on the Provider Portal. Clinical edits, which provide detailed information regarding the claim denial, can now be viewed in the Process Reason when viewing the claim details.
Member Eligibility	Providers can now search for multiple members at once using an Excel file containing the necessary IDs. A spreadsheet template is available for use as well.
Provider Maintenance	In an effort to help maintain proper mailing addresses, provider submissions for changes to a mailing or remit address using the Provider Maintenance form are immediately updated into the CareSource systems. All other changes submitted on this form will continue to be reviewed and processed by a CareSource Credentialing Coordinator. Additionally, when adding a new provider using the Provider Maintenance form, the Capacity field is no longer required unless the provider is a Primary Care Provider (PCP).
New Workflow for Denied Claim Attachments	<p>A more streamlined experience is now available for submitting attachments for denied claims. A new Document Upload tab is available on the Claims Detail view when a claim is denied due to missing attachments. You are then prompted to upload the appropriate attachment for the denied claim.</p> <p>This workflow is now in place for claims that have been denied for missing consent forms or for missing medical records needed for hospital re-admission, re-admit original discharge, or unlisted code claims.</p>
Updated Consent Form Attachment	When uploading a consent form for abortion, hysterectomy, or sterilization claims from the Member Eligibility section of the Portal, there is a new option to select if the consent form is for a denied claim. If selected, the claim number is a required field.
Urine Drug Test (UDT) Prior Authorization	Medicaid If the Rendering/Service Provider for a Urine Drug Test (UDT) prior authorization is a qualified, non-participating (non-par) lab , you will be prompted to select a participating laboratory using CareSource's Find-a-

	<p>Doctor tool. Whether you change to a participating lab or not, the prior authorization can still be submitted.</p> <p>If the Rendering/Service Provider for a UDT prior authorization is a non-par, non-qualified lab, then you will be prompted to select a participating laboratory in CareSource's network using the Find-a-Doctor tool before proceeding.</p>
Appeal Letters	<p>Medicare and MyCare</p> <p>The following appeal letters are now available, when applicable, on the Provider Documents page for claim appeals submitted for OH Medicare and OH MyCare:</p> <ul style="list-style-type: none"> • Acknowledgement Letter • Decision Letter • Extension Letter • Initial Denial Letter • NIA Cover Letter • WOL Dismissal Letter <p>NOTE: Appeal letters for OH Marketplace and OH Medicaid plans will be available in the July timeframe.</p>
Dispute Letters	<p>Dispute acknowledgement and decision letters are now available, when applicable, on the Provider Documents page for all plans except for OH DSNP.</p> <p>NOTE: Dispute letters for OH DSNP letters will be available in the July timeframe.</p>

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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