



# CareSource Ohio Provider Portal Newborn Notification Overview

# Select Prior Authorization and Notifications in the left navigation.

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**Provider Portal Survey**

CareSource would love to hear about your experience on the provider portal today. The results from this survey will teach us insights on how we can improve the provider portal.

[Start the survey](#)

**2019 Medicaid/Marketplace Applied Behavior Analysis Rates**

CareSource will pay applied behavior analysis (ABA) claims with 2019 dates of service based upon rates recommended by the Ohio Department of Medicaid (ODM). You may [view the rates here](#).

**Form 1099-MISC**

CareSource will mail your Form 1099-MISC by January 31 to the tax address we have on file for your organization. CareSource is required to file Form 1099-MISC for all recipients to whom we have paid \$600 or more in medical and health care claims. Form 1099-MISC income may be required to be included on your federal or state and local income tax return. Please consult your tax advisor with questions about reporting Form 1099-MISC income.

For an incorrect mailing address on Form 1099-MISC, please complete the provider intake form under the Maintenance section. You are required to attach an updated Form W-9 in order to change your Form 1099-MISC mailing address. Please note the tax address on Form 1099-MISC may not be the same as the mailing or correspondence address that CareSource has on file with your organization.

**Inventory Reduction Update**

CareSource continues to deliver operational improvements to our health partners, and we are making progress on addressing reported issues. We are pleased to share our metrics and progress in the [Inventory Reduction Progress and Issue Reporting](#) network notification.

**Mass Claims Adjustments**

When CareSource implements a system update or correction that impacts previously adjudicated claims, CareSource will automatically reprocess impacted claims. To ease your administrative burden, it is not necessary to resubmit claims for reprocessing, as that will result in a denial as a duplicate claim. Similarly, in these situations, filing an appeal is not necessary either. Your health partner relations specialist will communicate the estimated completion date for Mass Claims Adjustments related to system updates and corrections.

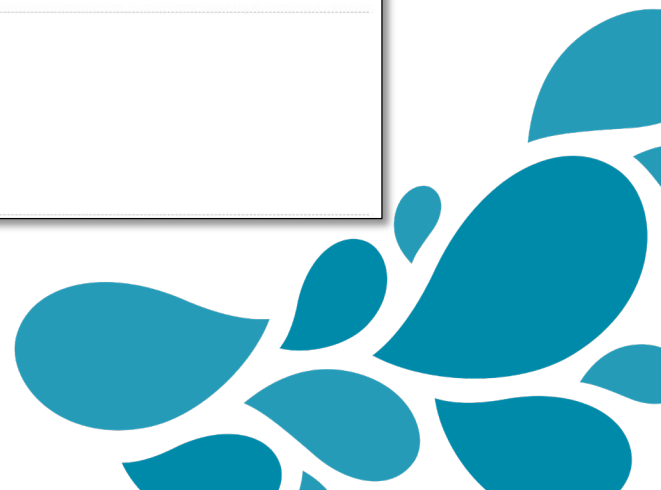
**Durable Medical Equipment (DME) Update**

CareSource values your partnership, and as we continue to deliver operational improvements to our health partners, we want to share our recent progress on a durable medical equipment (DME) issue. Outstanding DME claims that are paying as purchase rather than rental are in the process of being corrected.

**Network Notifications**

Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our [Updates & Announcements](#) pages:

- [Medicaid](#)
- [Marketplace](#)
- [Medicare Advantage](#)
- [CareSource MyCare Ohio](#)



## **Select Newborn Delivery Notification Tab**

Enter CareSource ID, Medicaid ID or the Member Information and Start Date of Service.  
Click Search.

Note: Member Eligibility is directly affected by Date of Service.


Prior Authorization and Notifications

Medical (Inpatient & Outpatient) **Newborn Delivery Notification** Observation Status

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

CareSource Id Medicaid Id Member Info

CareSource ID:

Start Date of Service:  

Search



Enter provider information. Use the dropdown to search by Provider Name, NPI or CareSource Provider Number.

Search:    \* Required

Complete remaining required fields and select Continue to proceed.

**Dates of Service**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Admission Date:  ⓘ

**Mother Information**

Estimated Due Date:  ⓘ

Delivery Type:

\* Required

☐ Vaginal Delivery  
☐ C Section

Was sterilization performed?


\* Required ☐ Yes  
☐ No

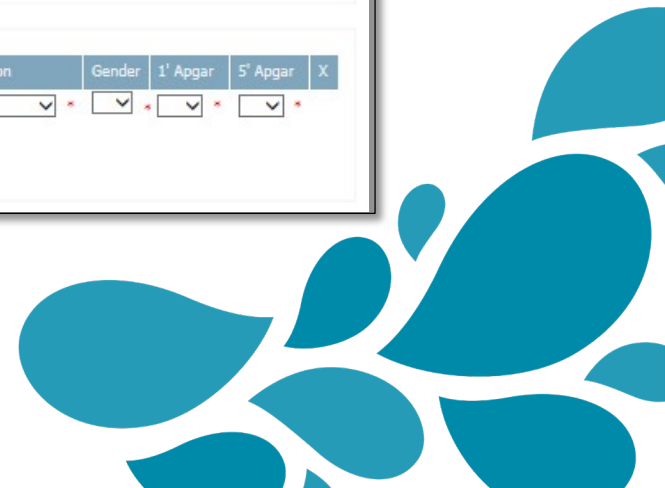
Is Mother still in the hospital?

\* Required ☐ Yes  
☐ No

**Newborn(s) Delivery Information**

#	First Name	Last Name	Date of Birth	Weight (grams)	Gestational Age	Disposition	Gender	1' Apgar	5' Apgar	X
1	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/> ⓘ	<input type="text" value="#####"/> (g) *	Weeks: <input type="text"/> * Days: <input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>

 Click here to add for multiple birth delivery



Review information. Click Submit Request to proceed.

**Authorization Request**


✓ Request Form

▶

✓ MCG Guideline Documentation Not Required

▶

3 Submit Request



**Patient :** [REDACTED] **Name :** [REDACTED] **DOB :** [REDACTED] **Gender :** Female [▼ show more](#)

**Authorization :** EPS-00011503 **Type :** Delivery **Status :** NoDecisionYet [▼ show more](#)  
**Diagnosis Codes :** O80(ICD-10 Diagnosis) *primary* **Procedure Codes :**

**Disclaimers**

**O80 - ICD-10 Diagnosis**

- An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing. You will receive a reference ID and authorization status **after submitting** this request.
- CareSource does not require additional documentation at this time.

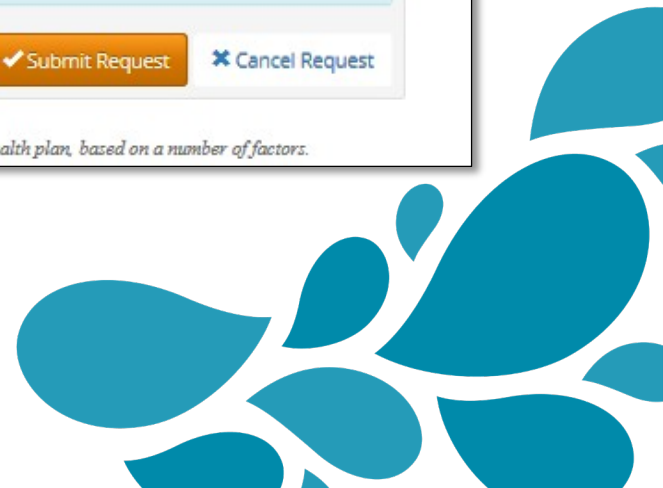
✓ **Diagnosis Code:** O80 (ICD-10 Diagnosis) **Description :** Encounter for full-term uncomplicated delivery

MCG Guideline Documentation Not Required

✓ Submit Request

✕ Cancel Request

*This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.*



# Results Screen: Two Potential Outcomes

**Outcome 1: No case created, confirmation number is provided.**

Results

Thank you for your delivery notification at this time, the information submitted has been captured in our system. If further questions or concerns arise here's your confirmation: [redacted] **Confirmation number-date entered with Medicaid ID number**

**Outcome 2: Case created, Reference number is provided. *\*Reminder to attach documents on this screen.***

Results

Prior Authorization request has been successfully submitted. If clinical information to support this request has not been submitted, please send (via e-mail, fax or telephone) clinical review to the Medical Management Department within one business day.

Your reference ID for this submission request is: [redacted]

**Next Review Date:**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

To submit another prior authorization request please return to the top of the page and enter the member's CareSource ID, Medicaid ID or Member info.

**Reference #:** [redacted]

**Upload Attachments:**

If your authorization status is Pending, please attach member Clinical information in order to expedite your authorization process. If you are unable to attach Clinical information, please click on this link to access the appropriate fax number.

Accepted file types: Word, Excel, PDF, Notepad, Image(tif)

No file chosen **Click Choose File to locate saved file/documents**

Files Uploaded:

**You MUST click Attach to Request to successfully upload file/documents**

**Reference #:** [redacted]  
**Description:** Inpatient Emergency  
**Place Of Service:** 21 Inpatient Hospital  
**Submitting Provider:** [redacted]  
**Requesting/Ordering Provider:** [redacted]  
**Servicing/Rendering Provider:** [redacted]  
**Facility:** [redacted]

**Admission Event**

**Diagnosis Code:** O36.4XX1 Maternal care for intrauterine death, fetus 1  
**Procedure:**

Line #1	Requested Received Date:	Start Date of Service:	End Date of Service:	Requested Days:	Authorized Days:	Status:
	4/9/2019 2:00:00 PM	4/7/2019	4/8/2019	1	0	Pending



