



## ***Network Notification***

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**Date:** June 1, 2015  
**To:** Ohio CareSource Just4Me™ 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.

Providers
Care Management Referral
Claim Appeals
Online Claim Submission
Claims Recovery Request
Dental Provider Login
Payment History

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**

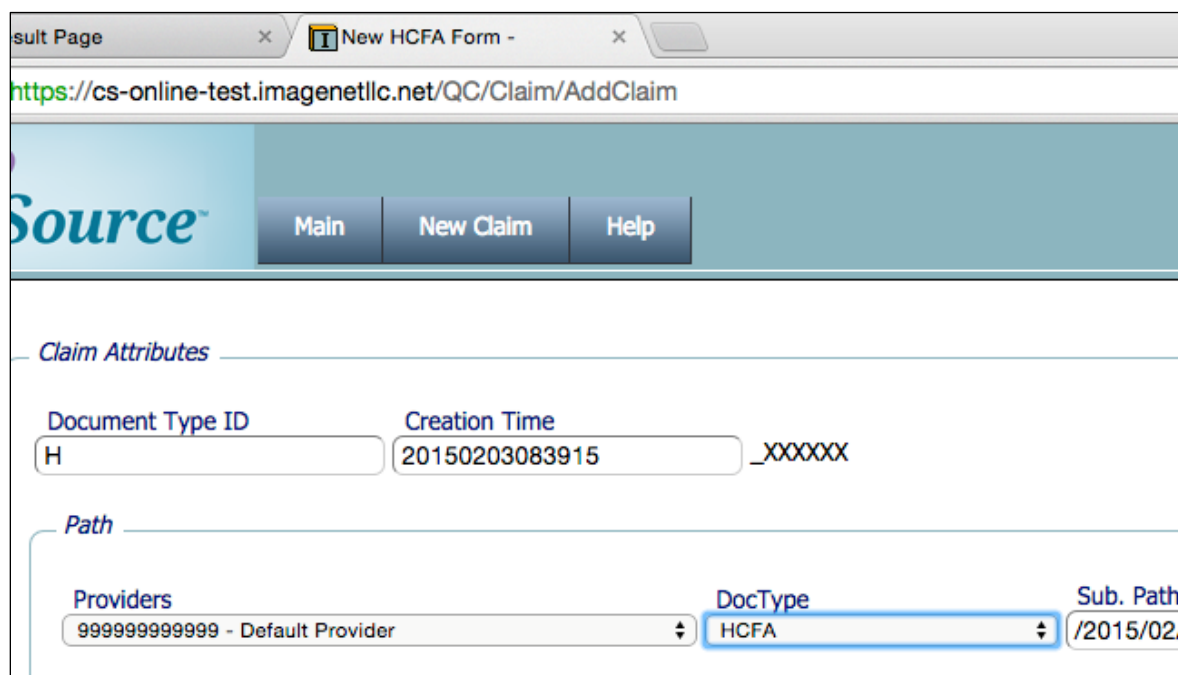
*The fastest way to locate a previously submitted claim is to enter the Member ID number in the search tool and click “Search.”*

#### ✓ **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' (which is selected), and 'Help'. Below the header, the 'Claim Attributes' section contains several input fields: 'Document Type ID' with the value 'H', 'Creation Time' with the value '20150203083915', and a field labeled '\_XXXXXX'. Below these, the 'Path' section contains three dropdown menus: 'Providers' with the value '999999999999 - Default Provider', 'DocType' with the value 'HCFA' (highlighted with a blue border), and 'Sub. Path' with the 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 the HCFA form. At the top, there's a header with the CareSource logo, navigation links (Main, New Claim, Help), and a welcome message. Below the header, there are four tabs: Form Part 1, Form Part 2, Form Part 3, Form Part 4, and Attachments. The form is titled "Form Part 1" and contains fields for DCN (H20150309111401\_0010880), Mail Receive Date (15068), State ID (Ohio), and Doc Type (Professional). There are buttons for Submit, Save, and Delete. The form is divided into several sections with red borders. The first section includes checkboxes for Medicare, Medicaid, Tricare, Champva, Group, FECA, and Other. The second section contains fields for Patient's Name, Birth Date, Sex, Address, City, State, Zip, and Phone. The third section includes fields for Insured's Name, Birth Date, Sex, Address, City, State, Zip, and Phone. The fourth section contains fields for Other Insured Name, Policy or Group Number, Date of Birth, Sex, and Other Claim ID. The fifth section includes checkboxes for Employment, Auto Accident, and Place/State.

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 the Dental Claim Form. At the top, there's a header with the CareSource logo, navigation links (Main, New Claim, Help), and a welcome message. Below the header, there are five tabs: Form Part 1, Form Part 2, Form Part 3, Form Part 4, and Form Part 5, and an Attachments tab. The form is titled "Form Part 1" and contains fields for DCN (D20150309112629\_0010882), Mail Receive Date (15068), State ID (Ohio), and Doc Type (Dental). There are buttons for Submit, Save, and Delete. The form is divided into several sections with red borders. The first section is titled "HEADER INFORMATION" and includes checkboxes for Statement of Actual Services, Request for Predetermination/Preauthorization, and EPSDT / Title XIX. The second section is titled "INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION" and includes fields for Company/Plan Name, Address 1, Address 2, and City, State, Zip Code. The third section is titled "POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)" and includes fields for Policyholder/Subscriber Name, Address 1, Address 2, City, State, Zip Code, Date of Birth, Gender, and Policyholder/Subscriber 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 links: Main, New Claim, and Help. The form is titled "Form Part 1" and includes fields for DCN (U20150310011034\_0010997), Mail Receive Date (15069), State ID (Ohio), and Doc Type (Institutional). There are buttons for Submit, Save, and Delete. The form is divided into sections for patient information, admission details, and occurrence data.

10 Birthdate		11 Sex	12 Admission				16 DHR	17 Stat	18 Condition Codes										28 State	30 ACDT
10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	30	
31 Occurrence		32 Occurrence		33 Occurrence		34 Occurrence		35 Occurrence Span				36 Occurrence Span				37				
Code	Date	Code	Date	Code	Date	Code	Date	Code	Date	Code	From	Through	Code	From	Through					
a																				
b																				

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).

OH-EXCP-57