

Provider Portal/Service Plan

Claim Entry and Service Plan Training



Exciting Updates

Claims Submission for Waiver Services Made Easier!

- CareSource wants you to know about these updates to make the claims submission process for Waiver Services easier:
- New Provider Portal Claim Entry Form
 - Waiver codes no longer have a separate code to reflect subsequent units
- Multiple visits provided to a member on the same date of service will have separate codes
- Member eligibility documented on Claim Submission Form

Entering Claim Via Service Plan

- No changes to the process to enter a claim via the Service plan once the portal has been accessed
 - Select Service Plans
 - Service Plan List will Populate
 - Select Member
 - Select Service Plan Summary
 - View summary of Active or Historical Service Plan in which DOS of Claim will be submitted
 - Select Submit Claim Option for code in which claim is to be submitted

Claim Form will Populate and Provider Must Confirm Patient Selection



Please enter either a Medicaid ID or a CareSource Subscriber Number, then hit the tab or enter key, and verify the member.

Member Number:	
Member Name:	
CareSource Id:	
Medicaid Id:	
Medicare Id:	
Case Number:	
Gender:	
Address:	
City, State, Zip:	
County:	
Phone:	
Date of Birth:	
Relationship to Subscriber:	
Program:	MyCare Dual Benefits Member

Primary Care Provider (PCP):		Phone:	
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Confirm Patient Selection



Provider is Required to Select Their Correct Billing Provider ID and Service Category will Default to the Service Category in the Service Plan



Please enter either a Medicaid ID or a CareSource Subscriber Number, then hit the tab or enter key, and verify the member.

Member Number:	<input type="text"/>
Verified Member:	<input type="text"/>

Billing Provider	<input type="text"/>
Service Category:	Waiver Nursing <input type="button" value="v"/>
Service Plan Start	5/1/2015
Service Plan End	4/30/2016
Member Eligibility:	5/1/2014 - 12/31/2014 1/1/2015 - 3/17/2016




Provider Will Select DOS from Calendar Drop, Select Code from Drop Down, Add Units, Enter Charge Amount and Select Add Line





Member Number: [Redacted]
Verified Member: [Redacted]

Billing Provider: [Redacted]
Service Category: Waiver Nursing [v]
Member Eligibility: 5/1/2014 - 12/31/2014
1/1/2015 - 3/17/2016

Submission Form

Date	Code	Units	Charge
<input type="text" value=""/>	Please Select [v]	<input type="text" value=""/>	<input type="text" value=""/>



-  Date Required
-  Code Required
-  Units Required
-  Charge Required

Once the Date(s) of Service has been entered provider will select the Submit option to enter the claim.

Member Number: [Redacted]
Verified Member: [Redacted]

Billing Provider: [Redacted]
Service Category: Waiver Nursing [Dropdown Arrow]
Member Eligibility: 5/1/2014 - 12/31/2014
1/1/2015 - 3/17/2016

Submission Form

Date	Code	Units	Charge
3/1/2016	T1002 - Waiver Nursing - [Dropdown Arrow]	5	67.58

Eligible Submissions

3/1/2016	T1002	5	67.58
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** By Submitting this form, you agree to its accuracy.

Submit Total: \$67.58

Submitting a Claim Without a Service Plan

- Provider will select link to submit claim for member not found on Service Plan List

[Click Here to Submit a Claim for Member Not Found in the Service Plan List Above.](#)

Claim Form will Populate



Please enter either a Medicaid ID or a CareSource Subscriber Number, then hit the tab or enter key, and verify the member.

Member Number: *

Billing Provider:

Service Category:

Member Eligibility: NA

Submission Form

Date	Code	Units	Charge
<input type="text" value=""/>	<input type="text" value="Please Select"/>	<input type="text" value=""/>	<input type="text" value=""/>

Eligible Submissions

** By Submitting this form, you agree to its accuracy.

Total: \$0.00



Provider Will Enter Member ID and Confirm Patient Selection



Please enter either a Medicaid ID or a CareSource Subscriber Number, then hit the tab or enter key, and verify the member.

Member Number:	<input type="text"/>		
Member Name:	<input type="text"/>	Address:	<input type="text"/>
CareSource Id:		City, State, Zip:	
Medicaid Id:		County:	
Medicare Id:		Phone:	
Case Number:		Date of Birth:	
Gender:		Relationship to Subscriber:	
		Program:	<u>MyCare Dual Benefits Member</u>
Primary Care Provider (PCP):	<input type="text"/>	Phone:	<input type="text"/>
<input type="button" value="Confirm Patient Selection"/>			



Provider is Required to Select Their Correct Billing Provider ID and Service Category

Billing Provider	<input type="text"/>
Service Category:	Waiver Nursing <input type="button" value="v"/>

Provider Will Select DOS from Calendar Drop, Select code, Add Units, Enter Charge Amount and Select Add Line



Member Number: [Redacted]
Verified Member: [Redacted]

Billing Provider: [Redacted]
Service Category: Waiver Nursing [v]
Member Eligibility: 5/1/2014 - 12/31/2014
1/1/2015 - 3/17/2016

Submission Form

Date	Code	Units	Charge
<input type="text"/>	Please Select [v]	<input type="text"/>	<input type="text"/>



- ! Date Required
- ! Code Required
- ! Units Required
- ! Charge Required

Once the Date(s) of Service has been entered provider will select the Submit option to enter the claim.

Member Number: [Redacted]
Verified Member: [Redacted]

Billing Provider: [Redacted]
Service Category: [Redacted]
Member Eligibility: 5/1/2014 - 12/31/2014
1/1/2015 - 3/17/2016

Submission Form

Date	Code	Units	Charge
3/1/2016	T1002 - Waiver Nursing - <input type="checkbox"/>	5	67.58

Eligible Submissions

3/1/2016	T1002	5	67.58
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** By Submitting this form, you agree to its accuracy.

Total: \$67.58

Editing or Deleting the Claim line

Provider can edit or delete a claim line if an error occurs during the initial submission or when submitting a corrected claim

- Selecting the pencil symbol will allow the provider to edit the claim line

3/1/2016	T1002	5	67.58	
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- Selecting the trash can symbol will allow the provider to delete the claim line 



*What changes you will see
on the Service plan PDF*

Changes effective 3/24/16

Service plan in View Details or PDF format

A separate line for the Subsequent code and units will no longer appear on the View Details or PDF for all Service Plans entered on or after 3/24/16.

Service plan PDF

Provider will no longer see a separate Subsequent Procedure Code line.

Prior Authorization

Provider Information

Provider Name: [REDACTED]
Provider Type: [REDACTED]
Independent Provider: [REDACTED]

Provider ID: [REDACTED]
Self-Directed Care Services: No
Family Member: No

Service Information

Place of Service: [REDACTED]
Service Description: Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may [REDACTED])

Procedure Code: T1019UB
Subsequent Procedure Code: T1019U2 ←

Start Date: 08/01/2015
End Date: 07/31/2016

Service Narrative: NAP aide-[REDACTED]
M/W/F 9a-4p

Base Units: 1464
Subsequent Units: 8784 ←
Frequency: Occurs every week on Sunday, Monday, Tuesday, Wednesday, Thursday, Friday and Saturday

Intervention Association

- CM/Waiver Service Coordinator will educate, support and link the member with needed providers and services, across the continuum of care.



Next round of updates

Upcoming changes Effective 4/15/16

Upcoming Changes

Effective 4/15/16

- The ability to submit claims via the Service Plan portal will no longer be available for codes unless the service has a service plan approval
- Provider portal will be limited to only allow claims submissions for waiver members
- The submit claims link for members not found on the providers Service Plan will no longer be available.
- Only Nursing, Personal Care Aides, Homemaker and Home Care Attendants will have the capability to submit claims via the submit claims link.

