Transportation

The CareSource transportation benefit is different **_depending upon the type of MyCare Ohio coverage the member has with CareSource._** The member may have either Medicare and Medicaid coverage (opt-in) with CareSource, **or** Medicaid-only (opt-out) coverage with CareSource. In addition to this transportation benefit, CareSource members may utilize ambulance/ambulette services with a Certification of Medical Necessity approved by the member's ordering physician.

Additionally, MyCare members **_may_** be eligible for waiver services, including waiver transportation, **_provided the waiver transportation is approved (prior authorization) and included in the member's service plan._**

Member Status	Transportation Benefits
Medicare & Medicaid (Opt In)	• CareSource provides up to 30 round trips of less than 30 miles; if the trip is over 30 miles, there is no limit and CareSource provides transportation. • After 30 round trips have been exhausted, Non-Emergency Transportation (NET) may be available from Job and Family Services (JFS). • After NET is exhausted, waiver-eligible members can get van/car or ambulance/ambulette service (depending on member mobility) through waiver transportation.
Medicaid Only (Opt Out)	• NET is available from JFS unless the trip is over 30 miles or the member is waiver-eligible. • If the trip is over 30 miles, CareSource provides services. • Waiver-eligible members can get van/car or ambulance/ambulette service (depending on member mobility) through waiver transportation

Additional points:
- **CareSource transportation is arranged by calling 1-855-475-3163.**
- **JFS transportation is arranged by calling the member's local JFS office.**
- **Waiver transportation must be coordinated through the member's Care Manager (requires prior authorization and updated service plan).**
- **Ambulette services must be billed using medical codes and via Electronic Data Interchange (EDI), Online Claims Submission through the CareSource Provider Portal or paper claims.**

The following ambulette services qualify (no prior authorization required). These services must be billed on a HCFA-CMS-1500 form.

Emergent and Facility transfers; Hospital to hospital	Hospital based dialysis facility to nursing facility; Nursing facility to hospital based dialysis facility	Residence/Nursing Facility to Non-hospital based dialysis facility; Non-hospital based dialysis facility to residence/nursing facility
Residence to Physician's office; Physician's office to residence	Hospital to nursing facility; Nursing facility to hospital	Nursing facility to physician's office; Physician's office to nursing facility

- **Ambulance services are a covered benefit by the member's Medicare plan. If the member does not have CareSource for Medicare (opt-out status), providers are responsible for working with the member's Medicare carrier/plan for payment.**

Ambulance/Ambulette Transportation Service Codes:

- A0130 – Nonemergency Transportation by wheelchair – accessible vehicle
- A0426 – Ambulance service, advanced life support, nonemergency transport, level 1
- A0427 – Ambulance service, advanced life support, emergency transport, level 1
- A0428 – Ambulance service, basic life support, nonemergency transport
- A0429 – Ambulance service, basic life support, emergency transport
- A0425 – Ground Mileage, per statute mile
- S0209 – Wheelchair van, mileage, per mile

Ambulance/Ambulette Transportation Modifiers:

RP – Residence to Physician's Office
PR – Physician's Office to Residence
RJ – Residence to Non-hospital based Dialysis Facility
JR – Non-hospital based Dialysis Facility to Residence
GN – Hospital based Dialysis Facility to Nursing Facility
NG – Nursing Facility to Hospital based Dialysis Facility
NJ – Nursing Facility to Non-hospital based Dialysis Facility
JN – Non-hospital based Dialysis Facility to Nursing Facility
HH – Hospital to Hospital
HN – Hospital to Nursing Facility
NH – Nursing Facility to Hospital
NP – Nursing Facility to Physician's Office
PN – Physician's Office to Nursing Facility

Place of Service Codes:

41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.

The Provider Portal is a secure online application that provides access to member Service Plans and allows for HIPAA-compliant claim submissions.
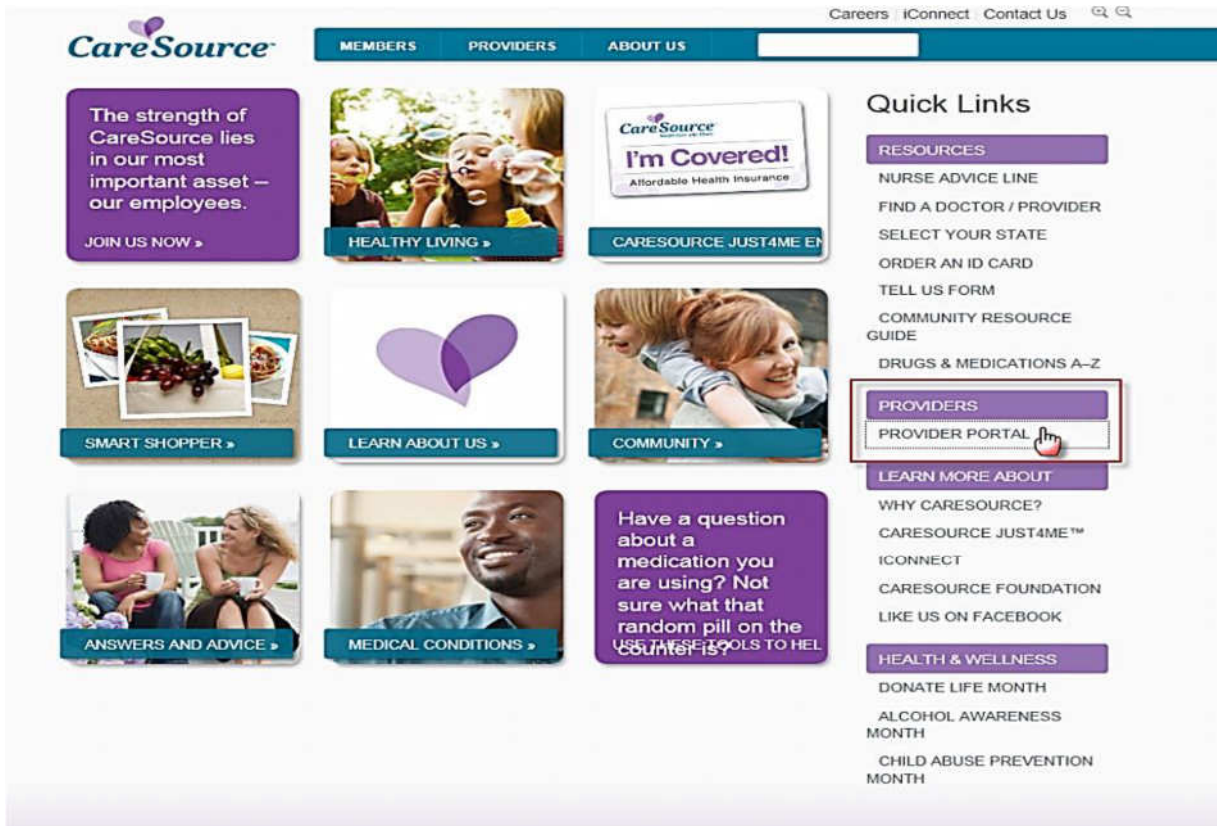
LOG IN

Before you log in the portal the first time, you must complete the Registration process to create a username and password. When you have a username and password, complete these steps to log in the Provider Portal:

STEP	ACTION
1.	Access the CareSource home page (www.caresource.com).
2.	Click the **Provider Portal** link
3.	Select the appropriate provider state (e.g., Ohio or Kentucky).
4.	Complete the case-sensitive *Username* and *Password* fields.
5.	Click **Log In**.

LOG OUT

To exit the provider portal, click the **Logout** link in the upper right corner of any screen.

REGISTRATION

You can register as a group or as a practitioner. After the information is validated, the provider can create a username and a password.

Register for the Provider Portal

If you are not already registered for the Provider Portal, please register here.

If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department at 1-800-488-0134.
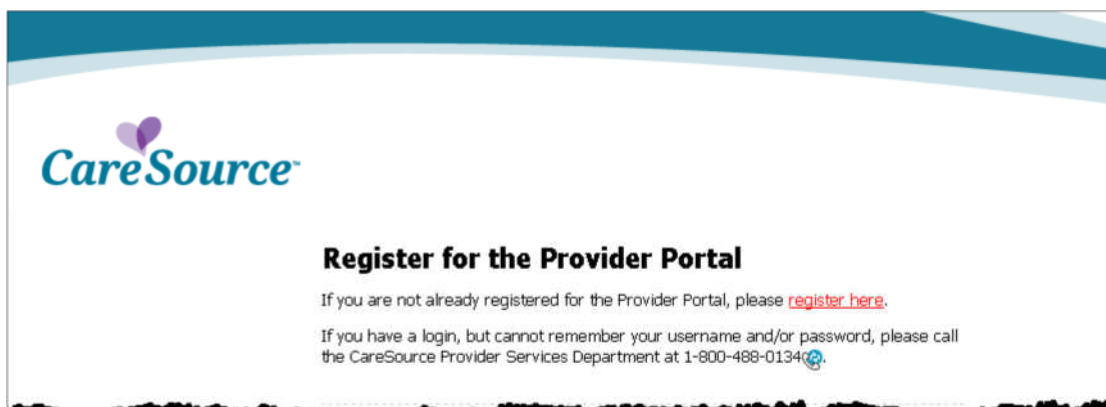
After you click *register here*, complete this three-step process:

CareSource

STEP	ACTION
1.	**Provider Eligibility** a. Complete the following required fields: *Provider Type*: select Practitioner or Group *Registrant's First Name* *Registrant's Last Name* *Group Name*: required only if **Group** is selected in *Registration Type* *Tax ID* *CareSource Provider ID* *Zip Code*: the zip code for any CareSource address record (e.g., remit, billing, practice) **User Registration** Step 1 of 3 - Provider Eligibility Provider Type: ☐ Practitioner ☑ Group Registrant's First Name: [_____] * Registrant's Last Name: [_____] * Group Name: [_____] * Tax ID: [_____] * CareSource Provider ID: [_____] * ❓ Zip Code: [_____] * [Next] b. Click the **Next** button.

MANAGE USERS

In this section, the Admin adds, changes, or deletes users and manages user permissions.

Click **Manager User** to display the Current Users and Add User tabs.
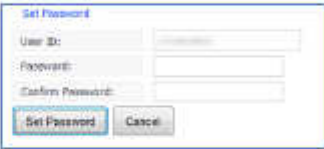
You can:
- Filter users by UserName or Email.
- Select Show All Users or Filter Users

CURRENT USER TAB
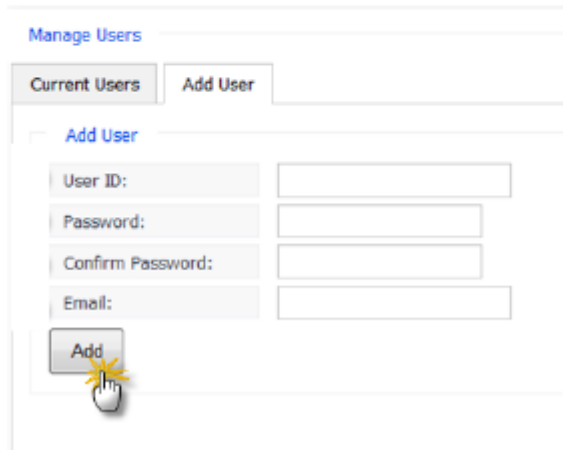
STEP	ACTION
①	User Access to the Portal: a. Click ✕ next to the user's name. b. Click **OK** to complete the process.

STEP	ACTION
❷	**Set Password** • If users forget their passwords, you can reset them. • If the primary account password need to be reset, call CareSource Provider Service Center (800) 488-0134 from 8 AM to 6 PM Monday through Friday. You will need your Userid for the primary account. To change a user's password, complete these steps: a. Click **Set Password** to enter a new password for the account. b. Enter the user's ID in the *User ID* field. c. Enter the same password in the *Password* and *Confirm Password* fields. d. Click **Set Password**.
❸	**Set Permissions** By default, when you create users, they have access to all permissions. You use this feature to change what users see in the portal. a. Click **Set Permissions** to set what items a user can see. b. Click a checkbox to select / deselect a permission.
❹	**Make Admin** Click **Make Admin** to select a different user as the Admin account.

Add User Tab

Click the **Add User** tab to add users to the portal.

Step	Action
1.	Enter the new user's name in the *User ID* field.
2.	Enter a password in the *Password* field.
3.	Re-enter the same password at the *Confirm Password* field.
4.	Enter the user's email address in the *Email* field.
5.	Click **Add** to add the new user.

Manage Users

Current Users | Add User

Add User

User ID:

Password:

Confirm Password:

Email:

Add

CareSource™

SUBMIT CLAIMS ONLINE THROUGH PROVIDER PORTAL

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

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.

HOW TO ACCESS CLAIMS ONLINE SUBMISSION

After signing in, locate the link for "Online Claim Submission" under the "Providers" tab. It is the fourth option under the "Providers" tab, as shown in Figure 1 to the right.

Click on this link to connect to the online claim submission forms.

Providers

Accessibility Directory Survey

Care Management Referral

Claim Appeals

Online Claim Submission

Claims Recovery Request

Submitting Claims

To submit a claim online, click the "New Claim" tab, shown in Figure 2 below.

Figure 1: Link to Online Claim Submission
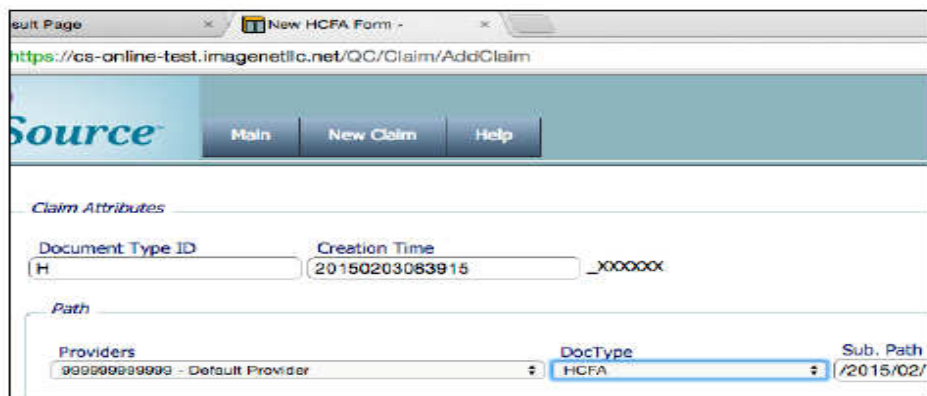
Figure 2: Creating New Claim

After clicking the "New Claim" tab, select the "DocType" or type of claim form to be submitted from the drop down menu.
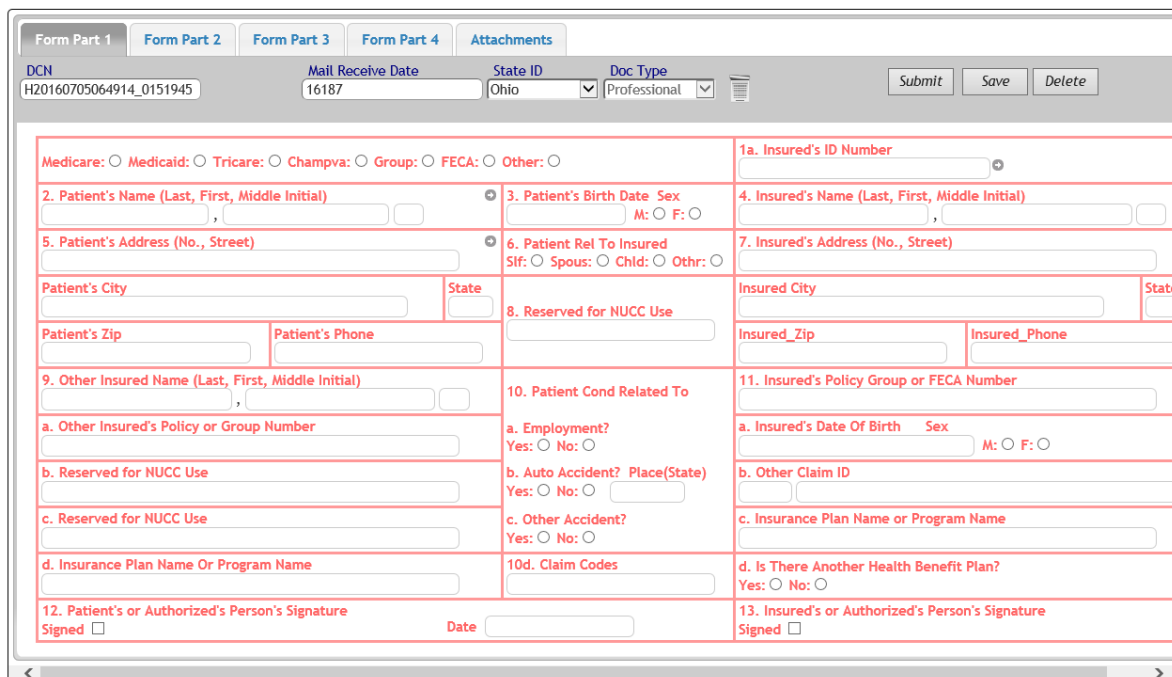
- HCFA claim form (CMS-1500 equivalent) for professional medical office and ambulance/ambulette claims

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 below.

HCFA Form Sample
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.

Form Part 1: Select State, Plan Coverage Type; i.e. Medicare or Medicaid and enter Member information

Figure 3: Part 1 Sample HCFA Form (CMS-1500 equivalent)

Form Part 2: Referring Provider Information, Diagnosis Code(s), Prior Authorization #
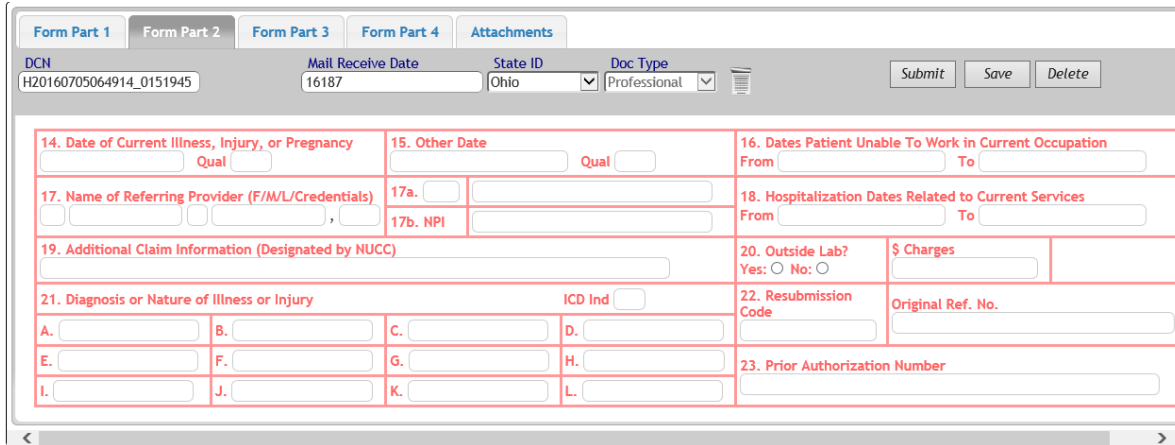

Figure 4: Part 2 Sample HCFA Form (CMS-1500 equivalent)

Helpful tip

In the ICD Ind box found in box 21, providers should place a 0 if this diagnosis is ICD and a 9 if it's a claim prior to October 2015.

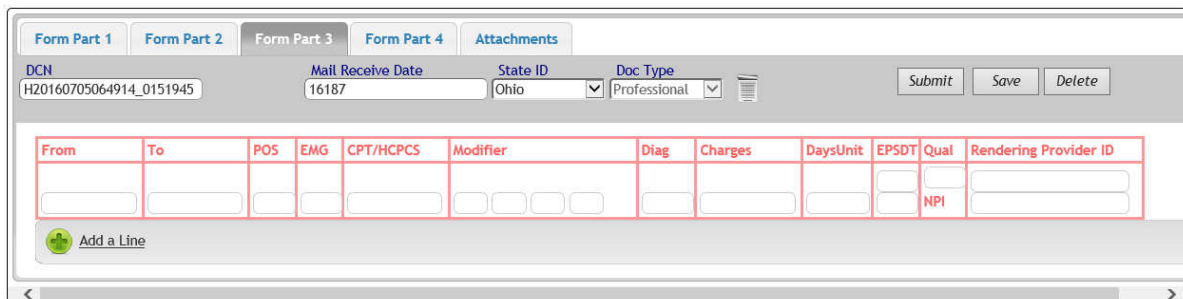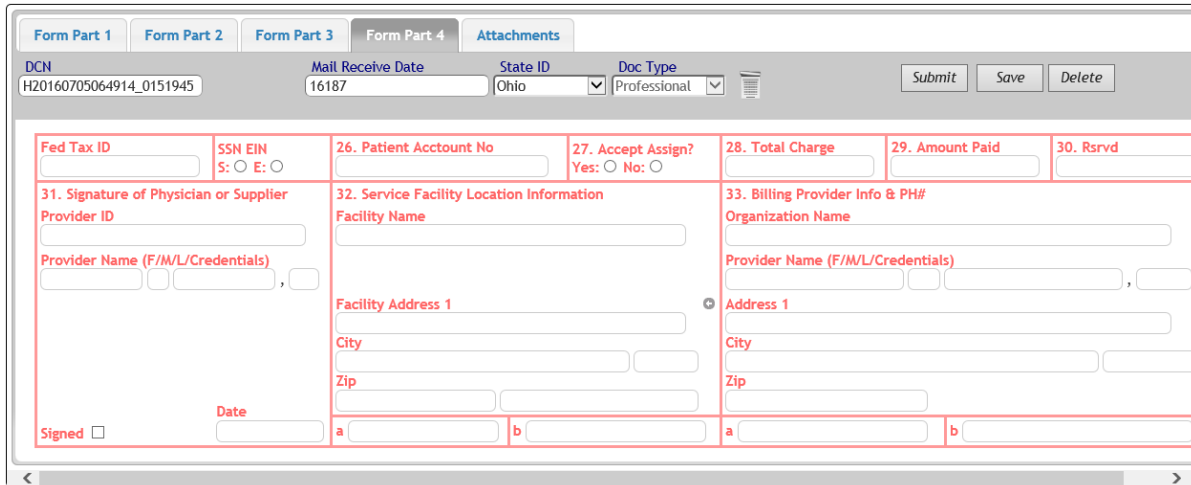Form Part 3: Date of Service, Place of Service, CPT/HCPCS code, Charges, Units and Rendering Provider ID

Figure 5: Part 3 Sample HCFA Form (CMS-1500 equivalent)

Form Part 4: Tax ID, Patient Account Number, Total Charge of claim, Service Facility Location Information and Billing Provider Information.

Figure 6: Part 4 Sample HCFA Form (CMS-1500 equivalent)

Attachments: Supporting Documentation of Service

Figure 7: Attachments
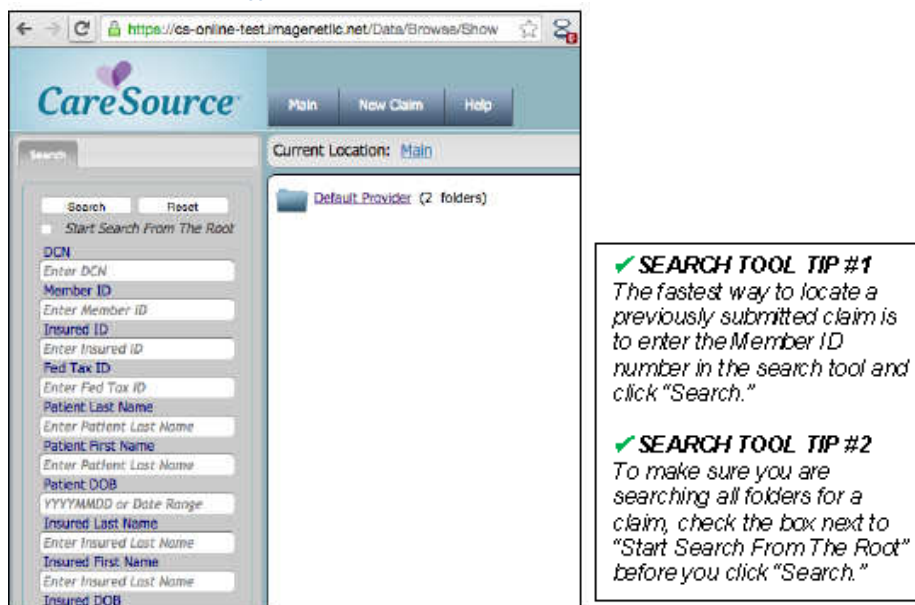
Helpful Tips for Completing Forms
- Please provide **all** information requested in **all** parts of each form before submitting. Claims may be rejected or denied if information is missing.
- As you begin to complete a form, please remember to select the appropriate State ID from the drop down menu under 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.

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 4), 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.

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.

Figure 8: A View of the Online Claim Submission Main Page

Ohio Administrative Code Resources:

Chapter 5160-15 Medical Transportation Services

5160-15-11 Transportation: non-emergency services through a CDJFS: general provisions.

5160-15-12 Transportation: non-emergency services through a CDJFS: requirements and limitations.

5160-15-13 Transportation: non-emergency services through a CDJFS: administration.

5160-15-21 Transportation: services from an eligible provider: provider requirements.

5160-15-22 Transportation: services from an eligible provider: wheelchair van services.

5160-15-23 Transportation: services from an eligible provider: ground ambulance services.

5160-15-25 Transportation: services from an eligible provider: points of transport.

5160-15-28 Transportation: services from an eligible provider: payment.

H8452_OHPMC-0226