

CareSource Provider Portal Claim Submission User Guide

Version 2.2



Table of Contents

	Page
1. Introduction.....	1
2. Prerequisites.....	1
3. Main Page.....	1
4. Menu Items.....	2
4.1. Dashboard.....	3
4.2. Create Claim.....	4
4.3. Work-Item.....	7
4.4. Reports.....	10

Table of Figures

Figure 1: Main Page.....	1
Figure 2: Menu Items.....	2
Figure 3: Menu Tab.....	2
Figure 4: Dashboard.....	3
Figure 5: Create HCFA.....	4
Figure 6: Create UB.....	5
Figure 7: Create Dental.....	6
Figure 8: Create Attachment.....	7
Figure 9: Work Item.....	8
Figure 10: DDC draft Item.....	9
Figure 11: Health Insurance claim form.....	9
Figure 12: Reports.....	10
Figure 13: Document Screen.....	11

1. Introduction




The Claims Direct Data Entry (DDE) Portal allows providers to perform direct data entry of HCFA, UB, and Dental claims, along with the attachment of appropriate supporting documentation.

2. Prerequisites

1. Operating System: Windows 7 & Above
2. Browser: Google Chrome, Internet Explorer

3. Main Page

The Main Page appears as shown below.

1. The document status screen appears as shown below.
2. The user can filter according to search criteria listed under the Report Filter. This enables the user to search according to defined criteria, such as document number, insured information, patient information, state, total charges, or status.
3. Click on the  button to execute the search.
4. Click on the  button to refresh the filter screen.
5. Click on the **DocView** icon  to view the entire document information.

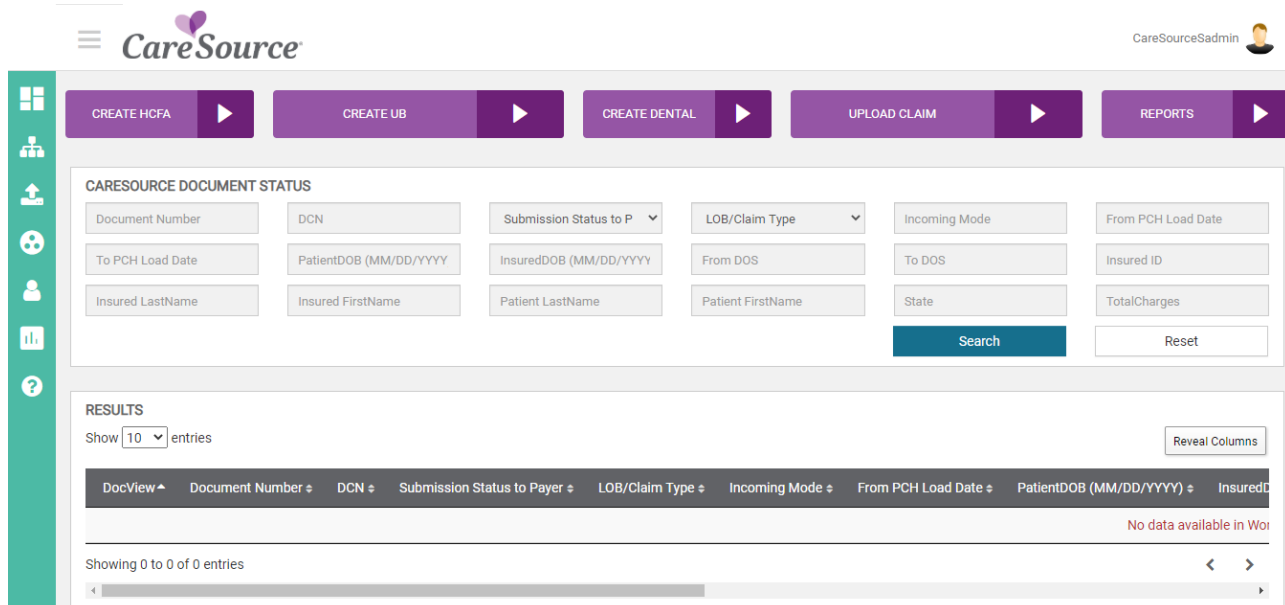


Figure 1: Main Page

4. Menu Items

The Main Page contains the following menu items

When you click on 'Document Status' the user will land upon the same landing page.

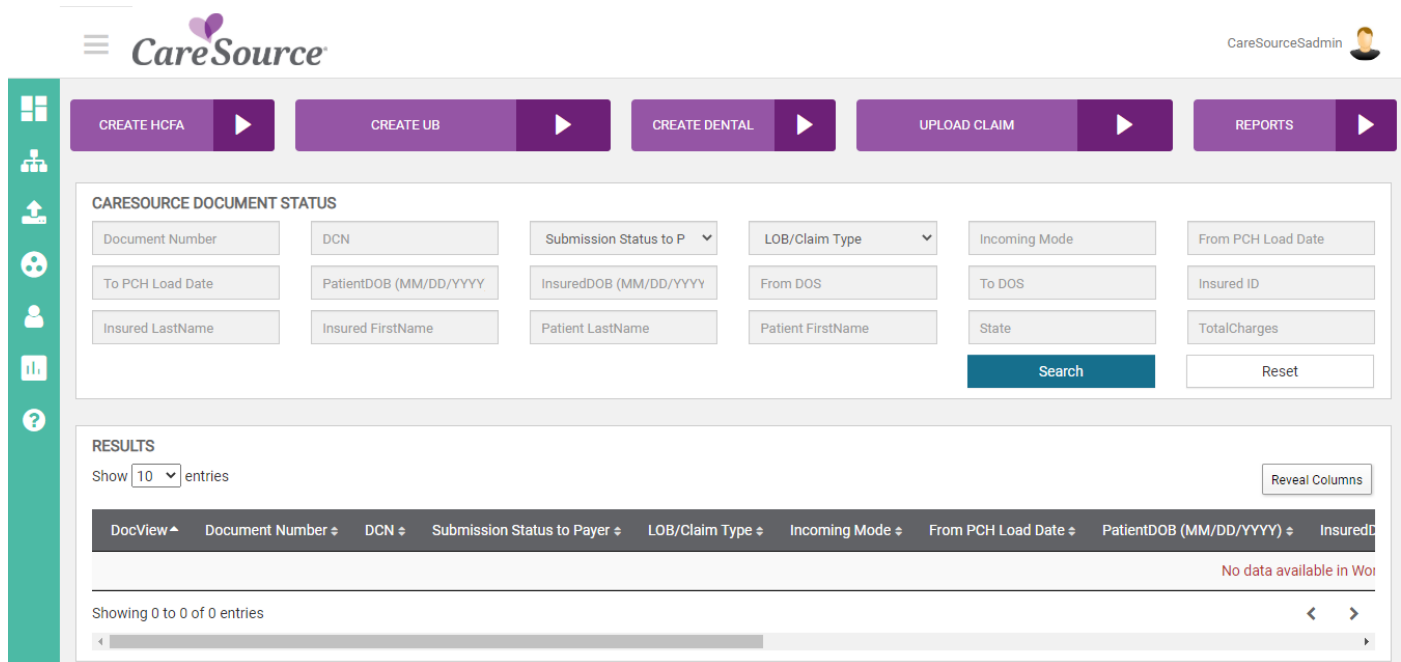


Figure 2: Menu Items

Click on the Menu Tab the following list will appear:

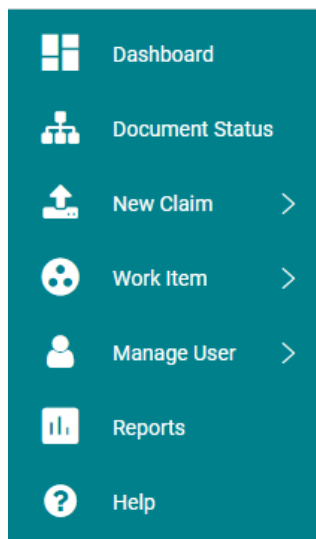


Figure 3: Menu Tab

4.1. Dashboard

The Dashboard menu items allow you to CREATE HCFA, CREATE UB, or CREATE DENTAL claims. It also provides the opportunity to attach and upload supporting documentation using Direct Data Entry (DDE) mode.

1. New Claim Shortcut Links:
 - a. Create HCFA – Open the DDE screen for Professional/HCFA claims
 - b. Create UB – Open the DDE screen for Institutional/UB claims
 - c. Create Dental - Open the DDE screen for Dental claims
2. Reports Shortcut Link – Open the Reports page
3. Processing Count – Represents the count of documents processed, by date.
4. Doctype Processing Ratio – Displays the percentage distribution of the different types of documents processed.
5. Provider Submission Count – Shows the number of documents submitted by the provider



Figure 4: Dashboard

4.2. Create Claim


1. Click **CREATE HCFA**



a. The HCFA form appears as shown below.

Figure 5: Create HCFA

b. Complete the form with all the relevant information.

c. Some fields are mandatory and must be entered. The alert  icon will appear when mandatory field(s) are left blank.

2. Click **CREATE UB**



a. The UB form appears as shown below.


The screenshot shows the CareSource UB form interface. At the top, there's a header with the CareSource logo and 'UB Attachments'. Below that is a dropdown menu set to 'CARESOURCE'. The form is divided into several sections:

- 1. CARESOURCEORNAME**: Fields for organization name, address, city, state, zip, and telephone number.
- 2. NAME (ORGANIZATION)**: Fields for patient name, address, city, state, zip, and telephone number.
- 3. PATIENT CNTL.#**: Field for patient control number (e.g., PATIENT CONTROL).
- 4. TYPE OF BILL**: Field for type of bill (e.g., MEDICAL RECORDS).
- 5. FED.TAX NO.**: Field for federal tax number (e.g., 123456789).
- 6. STATEMENT COVERS PERIOD**: Fields for start and end dates (MMDDCCYY).
- 7. TYPE OF BILL**: Field for type of bill.
- 8. PATIENT NAME**: Fields for patient name (last, first, middle), patient ID, patient address (address 1, address 2), patient city, patient state, patient zip, and patient zip ext.
- 10. BIRTHDATE**, **11. SEX**, **12. DATE**, **13. HR**, **14. TYPE**, **15. SRC**, **16. DHR**, **17. STATUS CODE**, **18-28**: A grid of fields for patient demographics and admission details.
- 29. ACCIDENT STATE**: Field for accident state (e.g., PATIENT ACCIDEN).
- 31. OCCURRENCE**, **32. OCCURRENCE**, **33. OCCURRENCE**, **34. OCCURRENCE**, **35. OCCURRENCE SPAN**, **36. OCCURRENCE SPAN**: A grid of fields for occurrence codes and dates.
- 37.**: Field for occurrence code (e.g., A, B).
- 38.**: Field for occurrence code.
- 39. CODE**, **40. CODE**, **41. CODE**: Fields for codes and amounts.

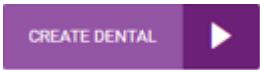
At the bottom of the form, there are three buttons: 'Save Draft', 'Submit', and 'Close'.

Figure 6:Create UB

b. Complete the form with all the relevant information.

c. Some fields are mandatory and must be entered. The alert  icon will appear when mandatory field(s) are left blank.


3. Click **CREATE DENTAL**



a. The Dental form appears as shown below.

Figure 7: Create Dental

b. Complete the form with all the relevant information.

c. Some fields are mandatory and must be entered. The alert  icon will appear when mandatory field(s) are left blank.

4. Attachments Tab

- a. If supporting documentation/attachments need to be submitted with the claim, click the Upload tab. The upload screen appears as shown below:

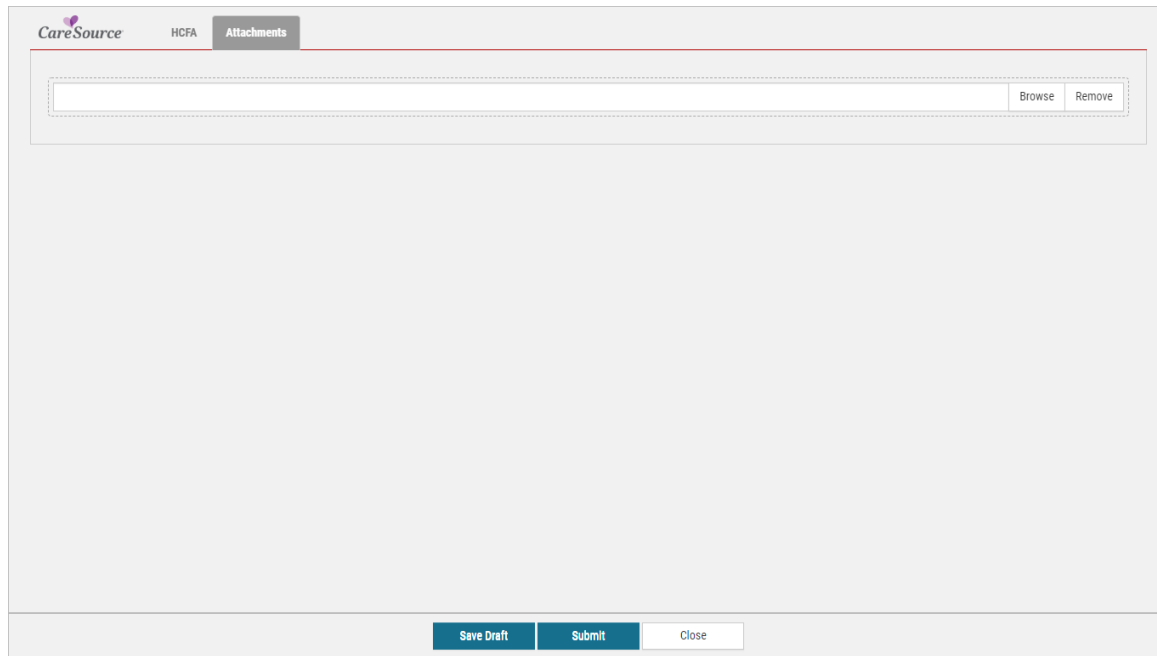

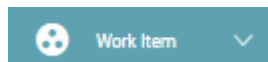


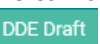



Figure 8: Create Attachment

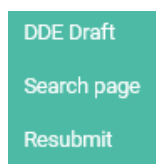
- i. Click Browse and choose the file for attachment.
 1. If multiple attachments are required, repeat this step to add additional attachments as needed.
 2. The total file size of all attachments should not exceed 100 MB.
 - b. Click the **Claim** (HCFA, UB, or Dental) tab to return to the claim.
 - c. To save the claim and return later to submit, click **Save Draft**. To access the claim later for further processing, click **DDE Draft** from the **Work Item**  menu on the Dashboard page.
6. To submit the claim for processing, click **Submit** and you will be returned to the Dashboard page.

4.3. Work-Item



This menu item  is used to view and correct claims that were previously submitted via the portal in direct data entry mode. Previously submitted claims can be located by accessing the  menu item. Claims that were saved to draft can be located by using the  menu item.

1. Click **Work-Item** . Submenus appear as shown below.



- a. To view, access, and correct claims that were previously submitted via the portal in direct data entry mode, click **Resubmit**.
 - i. The Resubmit page appears as shown below.

RESUBMIT

DCN Document Type Submission Date Submission User Customer DCN Ack Received Date

Claim Status Reject Code Reject Reason

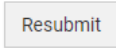
Search Reset

RESULTS

Show 10 entries Reveal Columns

Category	DCN	Document Type	Submission Date	Submission User	Customer DCN	Ack Received Date	Claim Status	Reject Code	Reject Reason
Resubmit	200150200000002	UB COB	01/15/2020	346004382001aaustin	20028230HP021000744	02/05/2020	Processed		
Resubmit	200150200000003	UB COB	01/15/2020	346004382001aaustin	20028230HP021000745	06/02/2020	Rejected	1234	180 - Discharge Status i
Resubmit	200150200000003	UB COB	01/15/2020	346004382001aaustin	20028230HP021000745	06/02/2020	Rejected	1234	194-Attending Physician
Resubmit	200160200000001	Dental COB	01/16/2020	346004382001aatanacio	20028230HP021000746	03/02/2020	Rejected	1234	211-Place of Treatment
Resubmit	200160200000002	HCFA COB	01/16/2020	346004382001abothe	20028230HP021000747	02/05/2020	Processed		
Resubmit	200160200000003	Dental COB	01/16/2020	346004382001aatanacio	20028230HP021000748	01/29/2020	Processed		

Figure 9: Work Item

- ii. Click the  link to see the claim form.
- iii. The claim form appears as shown below, with all previously submitted data present. Correct any previously submitted information and resubmit the claim by clicking **Submit** at the bottom of the claim:

Save Draft Submit Close

CARESOURCE

1. TRUMBULL REGIONAL MEDICA
1350 E MARKET ST
ADDRESS 2
WARREN
OH 44483 6608
TELEPHONE NO

2. NAME (ORGANIZATION)
PD BOX 419749
ADDRESS 2
BOSTON
MA 02241 9749
TELEPHONE NO

3. PATIENT CNTL # TRA012625759

4. TYPE OF BILL 137

5. MEDICAL REC # TM00797976

5. FED. TAX NO. 815457243

6. STATEMENT COVERS PERIOD 11292019 11292019

7. PATIENT NAME FLEMING, KIERA
8. PATIENT ID
9. PATIENT ADDRESS 3470 HEWITT GIFFORD RD, WARREN, OH 44481
10. BIRTHDATE 03062006
11. SEX F
12. DATE, 13. HR, 14. TYPE, 15. SRC, 16. DHR, 17. STATUS CODE, 18-28. CONG. CODE I, 29. ACCIDENT
31. OCCURRENCE, 32. OCCURRENCE, 33. OCCURRENCE, 34. OCCURRENCE, 35. OCCURRENCE SPAN, 36. OCCURRENCE SPAN, 37. CODE, DATE, CODE, DATE, CODE, FROM, THROUGH, CODE, FROM, THROUGH

Save Draft Submit Close

1b. To access a claim that was saved to draft, use the **DDE Draft** menu item to retrieve the claim for further processing.

i. The DDE Draft page appears as shown below.

DDE DRAFT ITEM

DCN Project Name Doc Type

Search Reset

RESULTS

Show entries Reveal Columns

Category	DCN	Project Name	Doc Type	Process Date	No of Hours in Draft
<input type="button" value="View"/>	200850200000028	CareSource	HCFA COB	03/25/2020	1951
<input type="button" value="View"/>	201130200000003	CareSource	HCFA COB	04/22/2020	1299
<input type="button" value="View"/>	201350200000001	CareSource	HCFA COB	05/14/2020	770
<input type="button" value="View"/>	201400200000002	CareSource	HCFA COB	05/19/2020	645
<input type="button" value="View"/>	201420200000001	CareSource	HCFA COB	05/21/2020	596
<input type="button" value="View"/>	201420200000002	CareSource	HCFA COB	05/21/2020	596
<input type="button" value="View"/>	201460200000010	CareSource	HCFA COB	05/25/2020	496

Figure 10: DDC draft item

ii. Open the claim by clicking .

CareSource HCFA Attachments

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE <input type="radio"/> MEDICAID <input type="radio"/> TRICARE <input type="radio"/> CHAMPVA <input type="radio"/> GROUP HEALTH PLAN <input type="radio"/> FECA BLK LUNG <input type="radio"/> OTHER <input type="radio"/> <small>(Medicare#) (Medicaid #) (Sponsor's SSN) (SSN or ID) (Medicare#) (SSN) (ID)</small>		1.a INSURED'S ID NUMBER (For program in Item 1) INSURED ID <input type="text"/>
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) #FSPF# <input type="text"/> FIRST NAME <input type="text"/> MIDDLE INITIA <input type="text"/> SUFFIX <input type="text"/>	3. PATIENT'S BIRTH DATE <input type="text" value="MMDDCCYY"/> SEX Male <input type="radio"/> Female <input type="radio"/>	4. INSURED'S NAME (Last Name, First Name, Middle Initial) LAST NAME <input type="text"/> FIRST NAME <input type="text"/> MIDDLE INITIA <input type="text"/> SUFFIX <input type="text"/>
5. PATIENT'S ADDRESS (No., Street) ADDRESS 1 <input type="text"/> ADDRESS 2 <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/> EXT <input type="text"/>	6. PATIENT RELATIONSHIP TO INSURED Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other <input type="radio"/>	7. INSURED'S ADDRESS (No., Street) <input type="checkbox"/> Same as Pat. Add ADDRESS1 <input type="text"/> ADDRESS2 <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/> EXT <input type="text"/>
8. RESERVED FOR NUCC USE NUCC USE <input type="text"/>		

Save Draft Submit Close


Figure 11: Health Insurance claim form


- iii. Once the claim is complete and ready for submission, click **SUBMIT**.

4.4. Reports

1. The status of documents previously submitted via the portal can be viewed by accessing the **Document Status** menu item.
 - a. Click on **Document Status**. This allows for different search options to locate the status of a claim that has been uploaded via the portal.
 - i. The document status screen appears as shown below.

Figure 12: Reports

- ii. Filter using the search criteria listed under the Report Filter. This enables the ability to search according to defined criteria, such as document number, insured information, patient information, state, total charges, or status.
- iii. Click on **Search** button to execute the search.
- iv. Click on **Reset** to refresh the filter screen.
- v. Click the **DocView** icon  to view the entire document information.

Preview	Document Number	Reference Number	Batchid	Mode	Submission Date	Submission User	Document Type	Payer Name	PO Box	Client DCN	Processed Date	Status
	200280200000092			XML	01/28/2020	BGSystem	Dental EOB	CareSource				Data Processing

- vi. The document screen appears as shown below.

The screenshot displays the CareSource portal interface. At the top left is the CareSource logo. The main area is titled 'DOCUMENT VIEW' and shows 'Pages 1 of 1'. A QR code is visible on the left. The central part of the screen is a form titled 'HEALTH INSURANCE CLAIM FORM' with the following details: CARESOURCE, CARESOURCE PO BOX 8730, DAYTON OH, 454018730. The form includes fields for patient information (SAFD, SADF), insured information (SAFD, SADF), and various checkboxes for insurance types and conditions. On the right side, there is a progress bar with four steps: Claim Upload, Data Processing, Exception, and Payer Submission. Below the progress bar is a 'Claim' summary table:

HTN	201530200000008
Submission Date	06/01/2020
Submission User	CareSourceAdmin
Document Type	HCFA COB
Payer Name	CareSource
PO Box	
Client DCN	
Processed Date	
Claim Amount	
Status	

Below the claim summary is an 'Audit Trail' section. It shows a table with columns for DCN, Status, Created By, and Created On. The table contains two entries:

DCN	Status	Created By	Created On
201530200000008	Submit to Workflow	CareSourceAdmin	06/01/2020 06:03:03
201530200000008	DDE SUBMITTED	CareSourceAdmin	

At the bottom of the audit trail, it says 'Showing 1 to 2 of 2 entries' and there is a 'Back' button.

Figure 13: Document Screen

- a. Document preview
- b. Metadata/documents fields
- c. Audit Trail – Action performed for the respective document can be tracked systematically
- d. Back Button – Click the **Back** button to come to Document Status.