

A photograph of a woman with dark hair, wearing a bright pink top and large hoop earrings, smiling warmly. She is hugging a young child from behind. The child, wearing a white shirt with a blue and red geometric pattern, is laughing with their mouth wide open and eyes closed. The background is softly blurred, showing hints of greenery and a building.

WORKING WITH CARESOURCE PASSE™

MMIS Annual Billing Workshop



Claim Submissions

Providers can submit claims through the following methods:

Online through our secure CareSource PASSE Provider Portal

* Paper claims can also be scanned and uploaded through Portal*

Electronically (EDI) through a clearinghouse

CareSource PASSE payer ID number: **ARCS1**

CareSource PASSE uses Availity for a clearinghouse

www.availity.com

1-800-282-4548

Paper claims can be mailed to:

CareSource PASSE

Attn: Claims Department

P.O. Box 2308

Dayton, OH 45401

****Timely filing deadline is 365 calendar days from the date of service****



Electronic Funds Transfer (EFT)

CareSource PASSE has partnered with **ECHO Health**, Inc to deliver electronic payments.

ECHO offers three payment options:

- Electronic fund transfer (EFT) – preferred
- Virtual Card Payment (QuicRemit) – Standard bank and card issuer fees apply*
- Paper Checks

*Payment processing fees are what you pay your bank and credit card processor for use of payment via credit card.

Enrollment Instructions

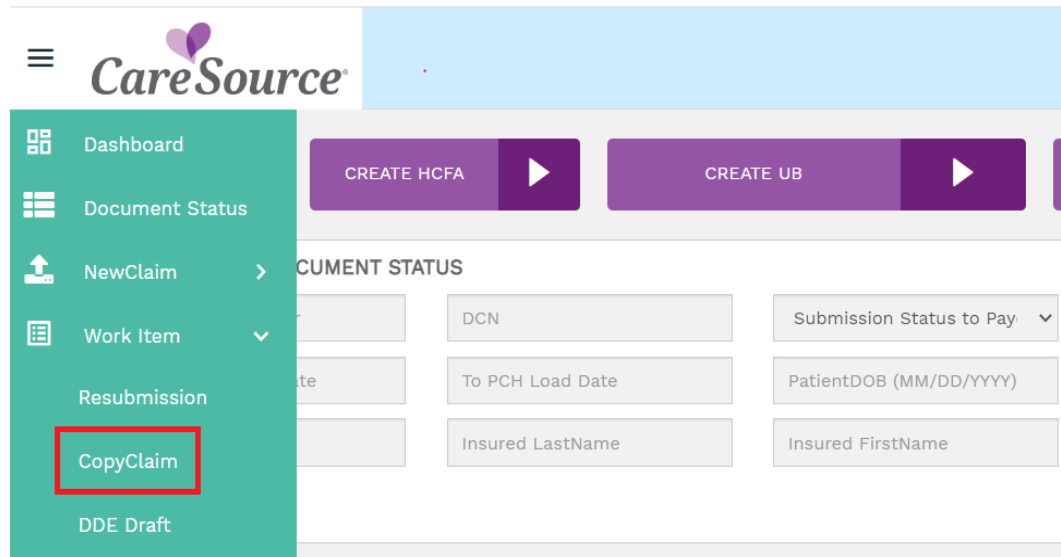
Enroll with ECHO for payment and choose EFT as your payment preference for CareSource PASSE. The [ECHO enrollment form](#) is available on the CareSource PASSE website.

Questions? Call ECHO Customer Support at 1-888-834-3511.



Copy Claims on Provider Portal

Previous claims entered on the Provider Portal can be copied and relevant details can be edited which allows for less data entry or room for error



The screenshot displays the CareSource Provider Portal interface. On the left, a teal sidebar contains a menu with the following items: Dashboard, Document Status, NewClaim, Work Item, Resubmission, CopyClaim (highlighted with a red rectangle), and DDE Draft. The main content area features a light blue header with the CareSource logo and a navigation bar with 'CREATE HCFA' and 'CREATE UB' buttons. Below this, a 'DOCUMENT STATUS' section contains several input fields: DCN, Submission Status to Pay (dropdown), PatientDOB (MM/DD/YYYY), To PCH Load Date, Insured LastName, and Insured FirstName.



Corrected Claims

Electronic claims

Enter Claim Frequency Type code (billing code) 7 for a replacement/correction, or 8 to void a prior claim, in the 2300 loop in the CLM*05 03. Enter the original claim number in the 2300 loop in the REF*F8*.

Paper claims

HCFA 1500 claims must include the original CareSource claim number and a frequency code of “7” per industry standards. When submitting a corrected or voided claim, enter a “7” for the resubmission code in Box 22 and the original claim number in Original Ref No.

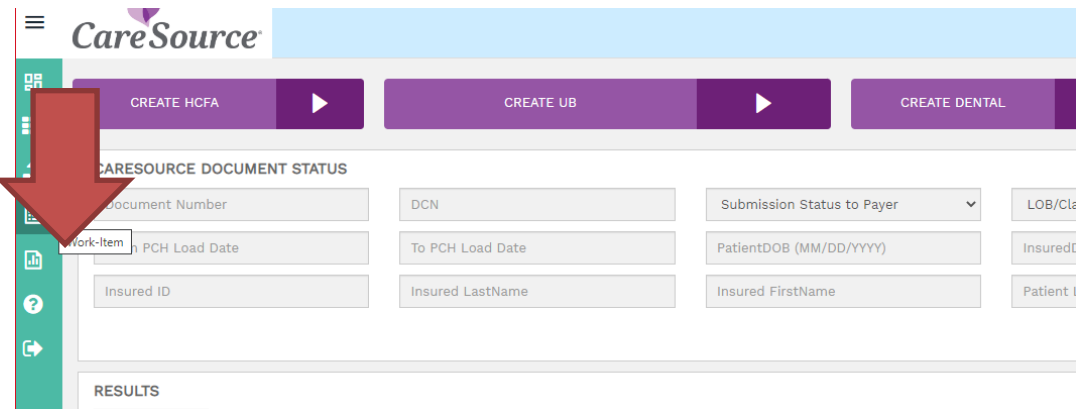
22. RESUBMISSION CODE	ORIGINAL REF. NO.

Corrected UB04 claims must include the original CareSource claim number in Box 64 and a valid type of bill frequency code in Box 4 per industry standards.

✓ **Corrected claims should be submitted 90 days from the EOP**



Correcting Claims on the Provider Portal



CareSource

CREATE HCFA CREATE UB CREATE DENTAL

CARESOURCE DOCUMENT STATUS

Document Number DCN Submission Status to Payer LOB/Cl

Work-Item PCH Load Date To PCH Load Date PatientDOB (MM/DD/YYYY) InsuredD

Insured ID Insured LastName Insured FirstName Patient L

RESULTS

CLAIMS

Online Claim Submission

Claim Information and Attachments

Rejected Claims

Payment History

Recovery Request

Disputes

Post Service Appeals

22. RESUBMISSION

CODE

ORIGINAL REF. NO.

7=corrected/replacement Original claim n

8= Void



Edit Document Number DCN Claim Status

Resubmit 222970200000705 222970200000705 837 Processed by CS

Correct relevant fields and click Resubmit

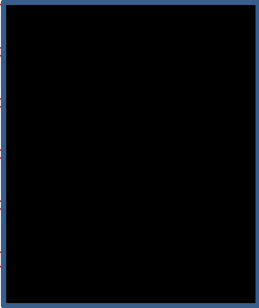
****Only claims submitted on the Provider Portal can be corrected on the Provider Portal ****



Atypical Claims on the Provider Portal

For atypical claims billed on the CareSource Provider Portal, the billing Qualifier and PIN field must be completed. For atypical providers, G2 should be placed in the Qualifier field and the Medicaid ID should be entered in PIN field. **If the NPI field auto-populates then delete the information in the NPI field.**

33. BILLING PROVIDER INFO & PH #

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
CREDENTIAL			
(or)			
			
PROVIDER TELEPHONE NUMBER			EXT
NPI	Qualifier	PIN	
Delete NPI	QUAL G2	PIN Medicaid ID	



Viewing Adjustments to Claims on Provider Portal

Home / Claims / Claim Information and Attachments

MEMBER SEARCH

CLAIMS

Online Claim Submission

Claim Information and Attachments

Rejected Claims

Payment History

Recovery Request

Disputes

+ Claim Information and Attachments

Please select one of the following search methods and enter the requested information to check if your claim meets the guidelines. Please allow seven days for processing. You can also upload attachments for denied claims.

Use the Claim Attachment functionality to submit supporting documentation for claims.

NOTE: It is best to submit your claim number along with your documentation if possible. If you do not, an attachment uploaded on Nov. 1, 2021 will systematically apply to claims received by that date.

Claim Information and Attachments

Recent Claims

Claim Search

Active Credit Balance

1. Click on Claim Information and Attachments

2. Click on Claim Search and enter claim numbers, Click Search

3. Click on View Details

Claims

Claim Attachment

Page(s): 1

Record(s):1

Details	Claim Number	Status	Type	Received	DOS	Member ID	Servicing Provider	Patient Number	Paid DRG
View Details EOP	2 [REDACTED]	Adjusted	M	04/19/2022	01/25/2022	[REDACTED]	[REDACTED]	[REDACTED]	

Page(s): 1

Record(s):1



Viewing Adjustments to Claims on Portal

Claim Detail

General Information

Claim #:		Date Received:	
Adjusted From Claim #:		Total Amount Charged:	
Adjusted To Claim #:		Total Patient Responsibility:	
Original Claim #:		Patient Account #:	
Processed Date:		Rendering Provider Name:	
Check Number:		Authorization Number:	
Adjustment Amount:		Remaining Balance Due:	
Total Disallowed Amount:		Total Amount Paid:	

Claim Detail

List ViewTable ViewDisputePost Service AppealRelated DocumentsRecovery Request

Upload Date	Document Name	Attachment
7/28/2022 6:27:48 AM	Recovery Notification Letters - 7/28/2022	Download
7/11/2022 10:58:45 AM	Explanation of Benefits (EOB) - 7/11/2022	Download



Claims Disputes and Appeals

Providers can submit Disputes and Appeals through our secure, online Provider Portal at <**CareSourcePASSE.com**> Log-In > Provider

CareSource PASSE™ provides several opportunities for you to request review of claim or authorization denials. Actions available after a denial include:

- **Dispute** – must be filed **within twenty-five (25) days of determination**
- **Appeal** – must be filed **within sixty (60) days of determination**
- Peer to Peer- you can discuss the Utilization Management (UM) medical necessity determination of a denial or decrease in level of care with CareSource PASSE's Medical Director/Behavioral Health Medical Director or designee **within five (5) business days** of the notification of the determination
- Clinical Appeals – **must be filed within sixty (60) days** of determination. All pre-service appeals are clinical appeals and require the member's written consent.

Additional information can be found:

<https://www.caresource.com/ar/providers/provider-portal/appeals/caresource-passe/#claimappeal>





Participating and non-participating providers can register for the portal using their CareSource PASSE Provider ID. Contact Provider Services for your Provider ID

Provider Login:

1. Enter your provider name, Tax ID, CareSource PASSE Provider ID, and Zip Code
2. Review and accept the agreement
3. Create your username and password

**CareSource PASSE
Provider Services
833-230-2005**

Log In

Forgot password?

Register for an account

New Provider Setup:

- [Check Enrollment Status](#)

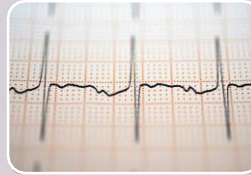
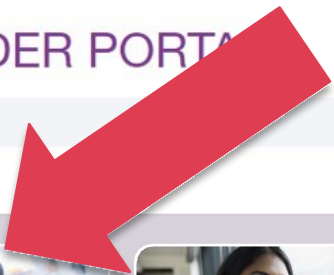
Step-by-Step Guidance:

- [Register for the Provider Portal](#)
- [Reset Your Password](#)





ARKANSAS PROVIDER PORTAL



Check
Member
Eligibility

Search
Claims

Run
Member
Reports

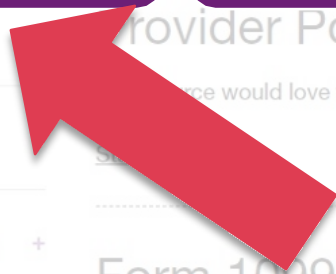
Submit
Prior
Authori-
zations

Access
Documents

Review
Pharmacy,
Radiology,
and Dental
Info

Access
Assess-
ments &
Progress
Notes

Submit
Updates to
Your
Provider
Roster



Provider Portal Survey




We 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.

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.

CareSource PASSE Member ID Cards

FRONT

	
Member Name: <Member Name>	 RxBIN - <003858> RxPCN - <MA> RxGRP - <RXINN01>
Member ID#: <XXXXXXXXXX>	
Member Services: <1-833-230-2005 (TDD/TTY: 711)> Monday - Friday, 8 a.m. to 5 p.m. Central Time P.O. Box 8730 Dayton, OH 45401-8730>	
CareSource24® Nurse Advice Line: <1-833-687-7305 (TDD/TTY: 711)>	

BACK

THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY

MEMBERS: Show your ID card to providers **BEFORE** you receive care. Never let anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your care coordinator or call our CareSource24® Nurse Advice Line.

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit <CareSourcePASSE.com> or call <1-833-230-2100> to verify.

PHARMACIST HELP DESK: <1-800-716-2939>

AR-PAS-M-297615



Provider Information Updates - Rosters

Update Your Information

Please submit any changes for your practice using the Provider Maintenance Form on the Provider Portal. Simply log in and select “Provider Maintenance” from the left-hand navigation. You should update CareSource PASSE™ with changes such as:

- ✓ Adding a provider to a group
- ✓ Changing an address or phone number
- ✓ Adding new restrictions or capacity limitations

The information will be submitted electronically to CareSource PASSE and you will receive an email verifying the requested changes.

You can also update your Information by submitting a [CareSource PASSE Common Roster Template](#) to providermaintenance@caresource.com.

Note – To change your Tax ID number or update your IRS name, you must make those changes through an amendment to your contract, not through maintenance. You can make those changes using the [New Health Partner Contract Form](#) or by contacting your Health Partner Representative.



Roster Updates

In order to ensure prompt claims payment to all of your providers update your Provider Rosters on a regular basis.

The CareSource Roster template can be found [here](#)

Contracting, Credentialing and Practice Changes

- **[New Health Partner Contract Form](#)** – Submit this form if you are interested in becoming a CareSource PASSE™ provider. Need help? Refer to the [User's Guide for Completing New Health Partner Contract Form](#). If you have additional general questions about the New Health Partner Contract Form, call Provider Services at **1-833-230-2100**.
- **[Provider Change Request Form](#)** (*coming soon*) – Submit this form to alert CareSource PASSE to report a change within your practice.
- **[Provider Attestation Form](#)**– Submit this form to attest to practice competency prior to working with CareSource PASSE.
- **[CCVS Provider Authorization and Release Form](#)** – Submit this form to authorize release of credentialing information to CareSource PASSE.
- **[Organizational Credentialing Application](#)** – This form should be completed by organization/facility for credentialing.
- **[HCBS Credentialing Application](#)** – This form should be completed by HCBS providers to be credentialed with CareSource.
- **[Debarment Form](#)** – Use this form to provide ownership of disclosure information.
- **[CareSource PASSE Common Roster Template](#)** – This form should be completed by large facilities needing to add a large number of providers. Providers may attach the completed form to their [New Health Partner Contracting Form](#) application, or [email](#) the form to us if they've already filled out an application.
- **[Provider Maintenance Form](#)** – Use the [Provider Portal](#) to alert CareSource PASSE to changes in your practice. Log in to the portal and select "Provider Maintenance" from the navigation.



Service Determination/UM Contact Information

Online	CareSource Provider Portal https://www.caresource.com/ar/providers/caresource-passe/
Provider Services	1.833.230.2100
SD Team Email	servicedeterminations@caresourcepasse.com
Care Coordination Email	carecoordination@caresourcepasse.com
Fax	1.844.542.2608
Mail	425 W. Capitol Ave. Ste 3000 Little Rock, AR 72201

For more information about Prior Authorizations visit the CareSource PASSE [website](#)



CareBridge EVV Information

Contacts	
Online	www.carebridgehealth.com/arevv
Phone	(844) 922-2584
E-Mail	arevv@carebridgehealth.com
Data Integration Support (for providers using a third party EVV)	evvintegrationsupport@carebridgehealth.com

[Section 12006\(a\) of the 21st Century Cures Act](#) mandates that states implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) that require an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

States must require EVV use for **all** Medicaid-funded PCS by January 1, 2020 and **HHCS by January 1, 2023**.



Incident Reporting

Incident Reporting	
Providers can email this box to report an incident	Incident.reporting@CaresourcePASSE.com
DHS Incident Reporting Form	DHS Forms - Arkansas Incident Report
CareSource PASSE Incident Reporting Form	CareSource PASSE Incident Reporting Form
Call Center (Provider and Member)	1-833-230-2100 – Provider Services 1-833-230-2005 – Member Services
24/7 Nurse Line	1-833-687-7305
Care Coordination	CareCoordination@CareSourcePASSE.com



Provider Communication

STAY UP TO DATE on CareSource PASSE NEWS

Bookmark [CareSourcePASSE.com](https://www.caresource.com/passe), where you can access:

- Provider Portal
- Newsletters & Communications
- Updates & Announcements/Network Notifications
- Provider Handbook
- Forms

➡ To subscribe to our email blasts, please email Arkansas_Network@caresource.com

Follow us on Facebook as well <https://www.facebook.com/CareSourcePASSE>



Communicating with CareSource

8AM TO 5PM – MONDAY THROUGH FRIDAY

Provider Services

- Eligibility
- Medical Prior Authorization
- Pharmacy Prior Authorization
- Claims
- Quality
- Appeals/Complaints/Grievances
- Network/Credentialing Questions

1-833-230-2100

Member Services

- Care Coordination
- Eligibility
- Appeals/Complaints/Grievances

1-833-230-2005

24/7 Nurse Line & Care Coordination

1-833-687-7305

Care Coordination - Email

CareCoordination@CareSourcePASSE.com



Health Partner Regional Coverage

Network Team Members

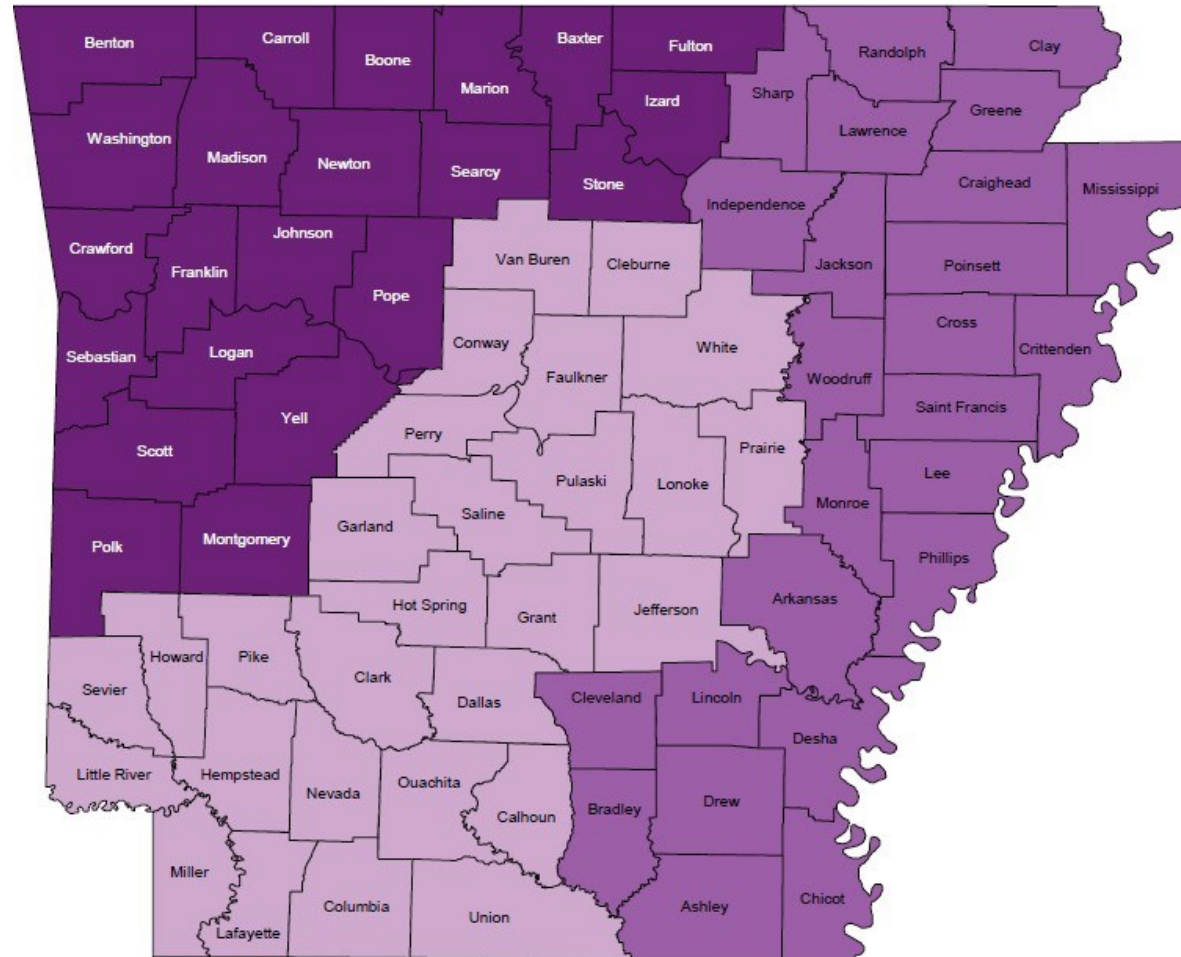
Tony Kempisty, Director of Network Development
Tony.Kempisty@caresourcepasse.com

Janna Brown, Health Partner Resources Manager
Janna.Brown@CareSourcePASSE.com
501.539.6130

Kristie Threatt, Health Partner Contracting Specialist II
Kristie.Threatt@caresourcePASSE.com
501.553.7911

Raymond Liszewski
Health Partner Contracting Specialist II
Raymond.Liszewski@caresourcePASSE.com
501.253.9290

General Provider Questions:
Arkansas_Network@CareSourcePASSE.com
833.230.2100





Are you contracted with CareSource PASSE?

Join us on our journey to healthy outcomes

Visit [CareSourcePASSE.com](https://www.CareSourcePASSE.com) to start the
contracting process





PARTNER with *Purpose*