

CARE 1ST HEALTH PLAN OF CALIFORNIA (C1SCA) SUBMITTING CLAIM ATTACHMENTS



STEP 1 – SUBMIT THE CLAIM

To submit attachments for Care1st claims, you must first submit the Care1st claim through Office Ally

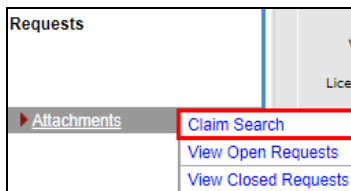
Once you submit the claim through Office Ally, please wait until the processing cycle for that claim is complete as claims and attachments cannot be submitted at the same time.

Once the claim processes, you can use the assigned Claim ID (sent back on a report) to find the claim in the Attachments tool.

STEP 2 – SUBMIT THE ATTACHMENT

If you're new to submitting attachments electronically through Office Ally, and you do not see the **Attachments** link in the Service Center, please contact Customer Service at (360) 975-7000 Opt. 1 or Support@officeally.com to have it activated.

To submit a claim attachment, hover over **Attachments** and click on **Claim Search**.



The below **Claim Search** screen will appear.

Claim Search & Attachments Request

Search for Claims

Select Payer: ? --- All Payers ---

Date Type: ? DOS Upload Processed None

Form Type: ? HCFA UB04

From Date: ? [] [] [] (mm/dd/yyyy)

To Date: ? [] [] [] (mm/dd/yyyy)

Type of Attachment: ? -- All --

Status: ? -- All --

Sort By: ? --

Master Vendor: ? []

State License ID: ? []

Patient Name: ? L [] F []

Patient Acct Num: ? []

File ID: ? []

Claim ID: ? []

Search

The only required field within **Claim Search** is the **From Date**.

If you have the Office Ally Claim ID readily available, you can enter that into the **Claim ID** field.

Apart from being able to locate the claim by the Office Ally Claim ID, you also have the option to search by:

- Payer
- Provider Tax ID (Master Vendor)
- Patient Name
- Patient Account Number
- Office Ally File ID

Once you've entered your search criteria, click the **Search** button. The results will be returned below the search tool:

Attach	Status	Att. Type	FileID/RequestID	ClaimID	PayerID	Last, First	Account #	From DOS	Total Charge
ATTACH			464839401	1544269658	C1SCA			10/13/2017	\$139.00

Locate the claim you wish to send an attachment for (verify claim number) and click the **ATTACH** link next to it (on the left).

You will be taken to the **Upload Attachments** screen for the claim selected:

Claim Details

ClaimID	Type	Payer	Processed	Patient Name	From Date	Total Charges	Status
1544269658	HCFA	C1SCA	10/20/2017		10/13/2017	\$139.00	Claim Processed ()

Upload Attachments for this Claim

Note: The attachment tool only allows .pdf and .tif file extensions to be uploaded.

Attachment Type and Description

The **Description** and **Type of Attachment** will be applied to all the attachments in the upload control when you press upload. If you wish to assign a different descriptions and attachment types then: Clear the control, select the attachment, select the attachment type or enter a description and then click Upload.

Type of Attachment: -- Select Attachment Type --

Description:

Click on the **Select File** button and a browse window will pop up.

Locate the document you want to attach and click **Open**.

Please Note: PDF and TIF files are the only formats allowed for attachments.

The document will show in the **Upload Attachments** box.

Upload Attachments for this Claim

Files (1)	Size (79KB)
C:\Users\... \Desktop\PatientX_Medical_Record.pdf	81,234 bytes

Note: The attachment tool only allows .pdf and .tif file extensions to be uploaded.

Enter the **Description** and choose the **Type of Attachment**.

Attachment Type and Description

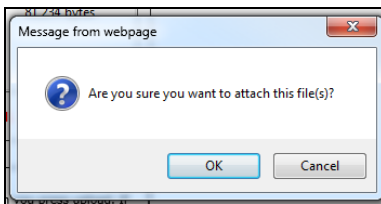
The **Description** and **Type of Attachment** will be applied to all the attachments in the upload control when you press upload. If you wish to assign a different descriptions and attachment types then: Clear the control, select the attachment, select the attachment type or enter a description and then click Upload.

Type of Attachment:

Description:

Click **Upload File**.

A pop up box will appear asking you to confirm the submissions of the attachment. Click **Yes**.



The attachment will display in the **Existing Attachments for this Claim** section and the attachment will be made available to the payer within 1 business day.

Claim Details

ClaimID	Type	Payer	Processed	Patient Name	From Date	Total Charges	Status
1544269658	HCFA	C1SCA	10/20/2017		10/13/2017	\$139.00	Claim Processed ()

Existing Attachments for this Claim

Note: If [Delete](#) is blank, the payer has downloaded this attachment.

Attached Date	File Name	Description	Att. Type	Delete	Download
10/23/2017	PatientX_Medical_Record.pdf	Patient X's Medical Records	Medical Record Attachment	Delete	Download

You may Delete or Download (view) the attachment, if needed.