Agenda

About CareSource
CareSource Claims
Claim Submission
- Electronic
- Paper
Claim Concerns
- Disputes/Appeals
Member Responsibility
Member Billing
CareSource Health Partner
Contacts
About CareSource

OUR MISSION:
To make a lasting difference in our members’ lives by transforming their health and well-being

OUR PLEDGE:
✓ Make it easier for you to work with us
✓ Partner with providers to help members make healthy choices
✓ Direct communication
✓ Timely and low-hassle medical reviews
✓ Accurate and efficient claims payment
Submitting Institutional and Professional Claims
CareSource Claims

Billing Methods

CareSource accepts claims in a variety of formats:

• Electronic claims submitted through a clearinghouse
• Claim data submitted directly via our provider portal
• Postal mail

We encourage health partners to *submit claims electronically* for faster processing, reduced administrative costs, decreased probability of error and faster feedback on claims status.
CareSource Claims

Timely Filing

• For in-network providers, claims must be submitted within 90 calendar days of the date of service or discharge.
• For out-of-network providers, claims must be submitted within 365 calendar days of the date of service or discharge.

We will not be able to pay a claim if there is incomplete, incorrect or unclear information on the claim.

Exceptions:

• **Newborns:** Services rendered within the first 30 days of life have a 365 day timely filing limit.
• **Coordination of Benefits (COB):** The claim and primary payer’s EOB must be submitted to us within 90 calendar days from the primary payer’s EOB date. If a copy of the claim and EOB is not submitted within the required time frame, the claim will be denied for timely filing.
• **Open Network:** The timely filing limit, for dates of service ranging from 01/01/2017 – 05/31/2018, was lifted for Hoosier Healthwise and Healthy Indiana Plan (HIP).
CareSource Claims

NPI, Tax ID and Taxonomy

The National Provider Identifier (NPI) number, Tax Identification Number (TIN) and Taxonomy Code are *required on all claims*.

- UB-04 Claim – billing provider service location name, address and expanded ZIP Code + 4 in form field 1
- UB-04 Claim – 10 digit NPI for the billing provider in form field 56
- 1500 Claim – billing provider taxonomy code is required in 33b
- 1500 Claim – billing provider NPI is required in 33a

Please contact your Electronic Data Interchange (EDI) vendor to find out where to use the appropriate identifying numbers on the forms you are submitting to the vendor.

Rendering Provider Linkage

Health partners must be linked to all rendering locations in CoreMMIS. If not, claims may reject.
CareSource Claims

Box 33 of CMS-1500 Claim & form field 1 of the UB-04 must have the provider service location name, address and the ZIP code + 4 as listed on the IHCP provider enrollment profile.
CareSource Claims

Effective May 1, 2018, CareSource will no longer accept a P.O. Box as the provider’s billing address in box 33 of the CMS-1500 or Box 1 of the UB-04.

All claims should be submitted with a physical address for the provider’s service location.

Claims billed with a P.O. Box will be rejected and sent back to the provider for updating and resubmission.
Electronic Claims Submission

To submit claims electronically, health partners must work with an electronic claims clearinghouse. We currently accept electronic claims through the clearinghouses listed below.

Please provide the clearinghouse with the CareSource payer ID number INCS1

<table>
<thead>
<tr>
<th>CLEARINGHOUSE</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availity (RealMed)</td>
<td>1-800-282-4548</td>
<td><a href="http://www.availity.com">www.availity.com</a></td>
</tr>
<tr>
<td>Change Healthcare (formerly Emdeon)</td>
<td>1-800-845-6592</td>
<td><a href="http://www.chargehealthcare.com">www.chargehealthcare.com</a></td>
</tr>
<tr>
<td>Quadax</td>
<td>1-440-777-6305</td>
<td><a href="http://www.quadax.com">www.quadax.com</a></td>
</tr>
<tr>
<td>Relay Health (McKesson)</td>
<td>1-866-735-2963</td>
<td>connectcenter.relayhealth.com</td>
</tr>
</tbody>
</table>
Billing Provider NPI – UB04

On 837I Institutional claims, the billing provider NPI should be in the following location:

2010AA Loop – Billing Provider Name
- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Billing Provider NPI

2310B Loop – Rendering Provider Name
- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Rendering Provider NPI

The billing health partner TIN must be submitted as the secondary provider identifier using a REF segment which is either the EIN for the organization or the SSN for individuals:
- Reference Identification Qualifier – REF01 = E1 (for EIN) or SY (for SSN)
- Reference Identification – REF02 = Billing Provider TIN or SSN

On all electronic claims, the Member ID number should go on:
- 2010BA Loop – Subscriber Name
- NM109 = Member ID Name
Billing Provider NPI - 1500

On 837P professional claims, the billing provider NPI should be in the following location:

2010AA Loop – Billing Provider Name

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Billing Provider NPI

2310B Loop – Rendering Provider Name

- Identification Code Qualifier – NM108 = XX
- Identification Code – NM109 = Rendering Provider NPI

The billing provider Tax Identification Number (TIN) must be submitted as the secondary provider identifier using a REF segment which is either the EIN for the organization or the SSN for individuals:

- Reference Identification Qualifier – REF01 = E1 (for EIN) or SY (for SSN)
- Reference Identification – REF02 = Billing Provider TIN or SSN

On all electronic claims, the Member ID number should go on:

- 2010BA Loop – Subscriber Name
- NM109 = Member ID Name
Online Claim Submission

Under Providers, click on “Online Claim Submission”.

Attention All Providers:
The Centers for Medicare & Medicaid Services (CMS) requires CareSource to periodically update provider information. Please make sure your information is up-to-date. If you have not made an update within the last six months, please complete our provider information survey now.

Attention Dental Health Partners: Change in Dental Authorization Submission Process
We want to alert you to a change in our process for prior authorization requests submissions. As of January 1, 2017, please send authorizations to the following address: CareSource IN Authorizations, P.O. Box 745, Milwaukee, WI, 53201.

Attention All Health Partners – Member Data May Be Incomplete
In accordance with Indiana’s regulations concerning HIV/AIDS/STD consent requirements, member data may be incomplete unless a consent is on file. Please contact Health Partner Services at 1-844-607-2831 if additional information is needed.

Network Notifications
Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our Updates & Announcements pages:
Online Claim Submission (continued)

1. Select New Claim
2. Select Providers
3. Select DocType
4. Select Create

1. Select New Claim.
2. Select Providers from the dropdown menu.
3. Select DocType.
4. Select Create.
Continue to complete each form and finish by clicking Submit.
Paper Claim Submission

UB 04 or 1500 Paper Claims

• Submission must be done using the most current form version as designated by CMS.
  
  CareSource does not accept handwritten claims, black and white claim forms or SuperBills.

• Detailed instructions for completing the UB 04 are available at http://provider.indianamedicaid.com/general-provider-services/provider-reference-materials.aspx

  Please note: On paper UB 04 claims, the billing provider's NPI number should be placed in Box 56.

• Detailed instructions for completing the CMS 1500 are available at http://provider.indianamedicaid.com/media/155451/claim%20submission%20and%20processing.pdf

  Please note: On paper 1500 claims, the rendering NPI number should be placed in Box 24J and the billing provider NPI number in Box 33a and Group Taxonomy in 33b.
Paper Claim Submission

To ensure optimal claims processing timelines:

• Use only original claim forms; do not submit claims that have been photocopied or printed from a website.
• Font should be 10-14 point with printing in *black ink*.
• Do not use liquid correction fluid, highlighters, stickers, labels or rubber stamps.
• Ensure printing is aligned correctly so that all data is contained within the corresponding boxes on the form.
• NPI, TIN and taxonomy are required for all claim submissions.

Send all paper claim forms to CareSource at:
CareSource
Attn: Claims Department
P.O. Box 3607
Dayton, OH 45401
How to Resolve a Claim Concern
Claim Concerns

Claim Status

Claim status is updated daily on the CareSource Provider Portal. You can check claims that were submitted for the previous 24 months.

Additional information on the portal:

- Determine reason for payment or denial
- Check numbers and dates
- Procedure/diagnosis
- Claim payment date
- View and print remittance advice
- Check status of claim disputes or appeals
Corrected Claims

Definition: The “corrected claims” process begins when a health partner receives an Explanation of Payment (EOP) detailing the claims processing results. A corrected claim should only be submitted for a claim that has already paid or denied by CareSource for which the health partner needs to correct information on the original claim submission.

- If a claim is submitted with incorrect or unclear information, health partners have 365 calendar days from the date of service or discharge to submit a corrected claim.

- **UB 04** claims, the health partner must include the original CareSource claim number in Box 64 and a valid type of bill frequency code in Box 4 per industry standards.

- **HCFA 1500** claims, the health partner 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” in the left-hand side of Box 22 and the original claim number in the right-hand side of that box.

Please note: If a corrected claim is submitted without this information, the claim will be processed as an original claim or rejected/denied as a duplicate.
Claim Concerns

Claim Dispute

Definition: A disagreement with the adjudication of a claim.
• Available for participating and non-participating providers

All disputes must be:
• Submitted in writing via the CareSource Provider Portal or on paper
• Submitted within 60 days after receipt of the Explanation Of Payment (EOP)
• Completed prior to requesting an appeal

If CareSource surpasses prompt pay, the dispute submission period extends to 90 days.
Claim Concerns

Claim Appeal Form:

CareSource.com/documents/in-med-provider-clinicalclaim-appeal-form/

- May only submit appeal after completing dispute process
- Must be submitted within 60 days of the dispute determination, allowing CareSource 45 days for resolution, otherwise determined as approval
- May submit via the CareSource Provider Portal, fax (937-531-2398), or by paper to:
  Claim Appeals Department
  P.O. Box 2008
  Dayton, OH 45401-2008
CareSource Member Responsibility
Member Copayments

HIP

Copayments at time of service for HIP Basic and HIP State Plan Basic:
- $8 for non-emergent emergency room (ER) visit
- $4 for doctor visits and preferred drugs
- $8 for non-preferred drugs
- $75 for inpatient services

Copayments at time of service for HIP Plus:
- $8 for non-emergent ER visit

HHW

- Package C, $10 copay for emergency ambulance & non-emergent ambulance services between medical facilities when requested by a participating physician
- Package C, $3 copayment for generic, compound and sole-source prescriptions; $10 copayment for brand-name prescriptions

Note: No copayment is required for preventive care, including early periodic screening, diagnostic and testing services, or family planning services, regardless of plan type.
Member Billing

Not permitted:

- Balance billing a member for a Medicaid-covered service
- Billing a member in emergent situations

To charge a member for non-covered services, health partners must disclose in writing:

- Service to be rendered is not covered by Medicaid.
- Whether procedures or treatments that are covered by Medicaid are available in lieu of non-covered service.
- The health partner must offer, on a disclosure form, the member's willingness to accept the financial responsibility of the non-covered service, the amount to be charged for the non-covered service, and the specific date the service is to be performed.
- Documentation must be signed by the member prior to rendering the specific non-covered service.

Note: Medicaid covered services cannot be billed to the member.
How to Contact CareSource
# How to Reach Us

<table>
<thead>
<tr>
<th>Provider Services</th>
<th>1-844-607-2831</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hours</strong></td>
<td>Monday to Friday 8 a.m. to 8 p.m. (EST)</td>
</tr>
<tr>
<td><strong>Member Services</strong></td>
<td>1-844-607-2829</td>
</tr>
<tr>
<td><strong>Hours</strong></td>
<td>Monday to Friday 8 a.m. to 8 p.m. (EST)</td>
</tr>
</tbody>
</table>
CareSource Health Partner
Engagement Representatives

Leadership
Denise Edick, Manager, Health Partnerships
317-361-5872
Denise.Edick@caresource.com

Amy Williams, Team Lead, Health Partnerships
317-741-3347
Amy.Williams@caresource.com

Behavioral Health
Angelina Warren, Behavioral Health Partner Engagement Specialist
317-658-4904
Angelina.Warren@caresource.com

Associations & Dental
Brian Greveich, Ancillary, Associations and Dental
317-296-0519
Brian.Greveich@caresource.com

Contracting Managers – Hospitals/Large Health Systems
Tenise Hill – North
317-220-0861
Tenise.Hill@caresource.com

Mandy Bratton – South
317-209-4404
Mandy.Bratton@caresource.com

Sylvia Vargas
219-713-7775
Sylvia.Vargas@caresource.com
Franciscan Alliance, St. Joseph Regional Medical Center

Cathy Pollick
260-403-8657
Catherine.Pollick@caresource.com
Parkview, Lutheran

Tonya Thompson
219-214-3950
Tonya.Thompson2@caresource.com
Union Hospital, American Health Network

Maria Crawford
317-416-6851
Maria.Crawford@caresource.com
Indiana University, Suburban Health Organization

Jeni Little
765-993-7118
Jennifer.Little@caresource.com
Community Health Network, Eskenazi

Bonnie Waelde
812-454-5832
Bonnie.Waelde@caresource.com
Deaconess & St. Vincent Health

Paula Garrett
812-447-6661
Paula.Garrett@caresource.com
KentuckyOne, Norton, Baptist Health Floyd
Thank you!