

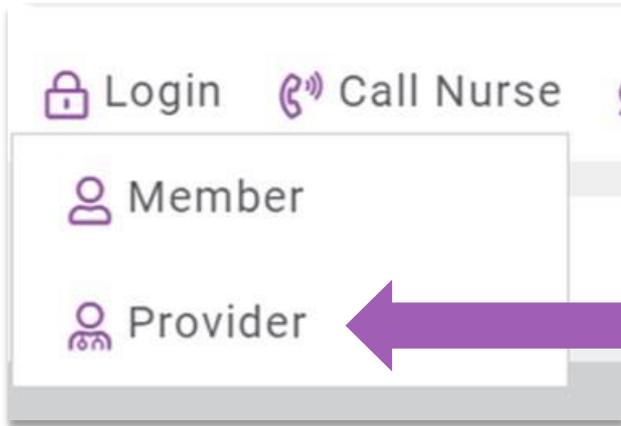


*Provider Portal*

**IHCP 2019**  
Annual Seminar

  
**CareSource**<sup>®</sup>

# Provider Portal Registration



1. Go to **CareSource.com**.
2. On the top right corner of the page, hover over Login and select **Provider**.
3. Select Indiana.
4. Click [register here](#) under **Register for the Provider Portal**.
5. Enter your information, including your CareSource Provider Number (located in your welcome letter).
6. Follow remaining steps to register.

## 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 1-866-286-9949.

## Register for the CareSource E-Communication System

Cut down on clutter and go green! Register for CareSource Provider E-Communication System and receive relevant and timely information via email. [Please register here](#).

Provider Login:

Username:  \*

Password:  \*

Log In

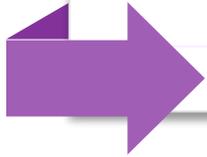
## Helpful Hint:

- The zip code is the practitioner's primary location.



# Provider Portal Resource Library

<b>Member Search</b>
Member Eligibility
Coordination of Benefits
Claim Information
Member File Upload
<b>Member Reports</b>
Provider Membership List
Clinical Practice Registry
<b>Users</b>
Manage Users
Update My Account
Impersonate User
Provider Training



[Provider Portal](#) – Users – Provider Training

[Edit](#)

## Provider Portal Resource Library

CareSource wants you to have the tools you need to manage your CareSource members in an efficient and timesaving manner. The Provider Portal makes it easy for you to work with us 24/7 and has critical information and tools to save your practice time.

Access the links below to learn about resources on the portal, how to use them and which ones will work best for your practice!

- [Changing Demographic Information](#)
- [Adding an Existing Practitioner to an Existing Practice](#)
- [Adding an Existing Practitioner to a New Group](#)
- [Adding a New Practitioner to an Existing Group](#)
- [Adding a New Practitioner to a New Group](#)

## CareSource Anti-Fraud Plan

The [CareSource Anti-Fraud Plan](#) is now available for your reference. It was developed to support the broader CareSource Corporate Compliance Plan and achieve the following objectives:

- Follow all federal and state rules, laws, regulations and other requirements
- Deter and prevent future fraud, waste and abuse
- Ensure the highest quality of care for our members
- Facilitate the identification and investigation of fraud

We offer training resources to help you learn how to use our Portal. Navigate to “Provider Training” under the “Users” menu.



# How to Check Eligibility

## Member Eligibility

CareSource™

Switch to State-Specific Portal ▾

**Member Search**

Member Eligibility

Coordination of Benefits

Claim Information

Member File Upload

Member Eligibility

Recipient Id CareSource Id Member Info Multiple Recipient Ids Multiple CareSource Ids

Recipient Id: \*

Date of Service 9/5/2018

Search

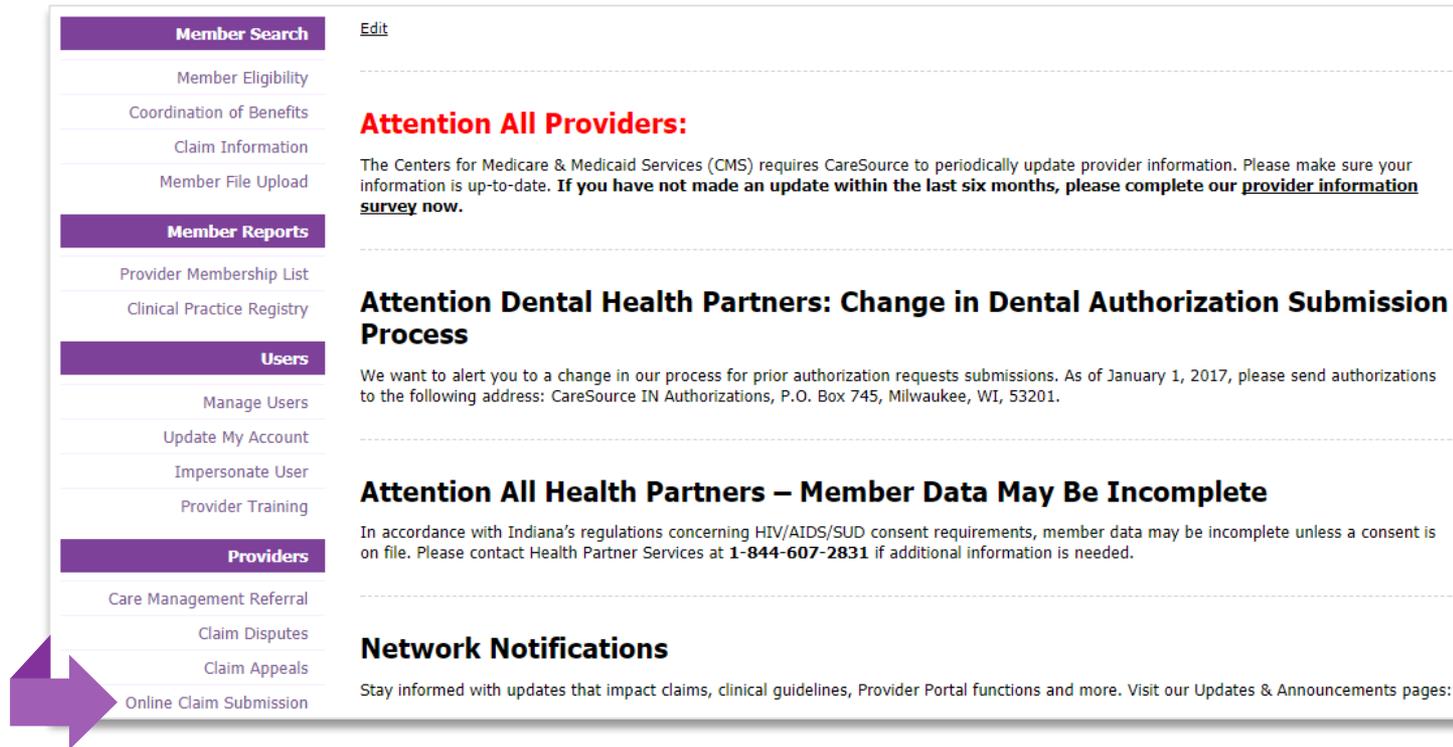
Upon logging into the Provider Portal, health partners will be able to view member eligibility:

- 24 months of history
- Member span information
- Multiple member look-up (up to 50)

**Verify eligibility at every visit prior to rendering services.**



# Online Claim Submission



**Member Search** [Edit](#)

Member Eligibility

Coordination of Benefits

Claim Information

Member File Upload

**Member Reports**

Provider Membership List

Clinical Practice Registry

**Users**

Manage Users

Update My Account

Impersonate User

Provider Training

**Providers**

Care Management Referral

Claim Disputes

Claim Appeals

**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/SUD 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:

Under Providers, click on “**Online Claim Submission**”.



# Online Claim Submission

The screenshot shows the CareSource web application interface. The top navigation bar includes 'Main', 'New Claim', and 'Help'. The main content area is titled 'Claim Attributes' and contains several input fields and dropdown menus. A search sidebar is visible on the left. Four purple arrows point to specific elements: 1. A large arrow points to the 'New Claim' button in the top navigation. 2. An arrow points to the 'Providers' dropdown menu, which is currently set to '1400000000 - Default Provider'. 3. An arrow points to the 'DocType' dropdown menu, which is currently set to 'HCFA'. 4. An arrow points to the 'Create' button at the bottom of the form.

**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”**.



# Online Claim Submission



Form Part 1		Form Part 2	Form Part 3	Form Part 4	Attachments				
DCN H20170807013253_0424904		Mail Receive Date 17219	State ID <Select>	Doc Type Professional	Submit Save Delete				
Medicare: <input type="radio"/> Medicaid: <input type="radio"/> Tricare: <input type="radio"/> Champva: <input type="radio"/> Group: <input type="radio"/> FECA: <input type="radio"/> Other: <input type="radio"/>			1a. Insured's ID Number <input type="text"/>						
2. Patient's Name (Last, First, Middle Initial) <input type="text"/>		3. Patient's Birth Date Sex <input type="text"/> M: <input type="radio"/> F: <input type="radio"/>		4. Insured's Name (Last, First, Middle Initial) <input type="text"/>					
5. Patient's Address (No., Street) <input type="text"/>			6. Patient Rel To Insured Sif: <input type="radio"/> Spous: <input type="radio"/> Chld: <input type="radio"/> Othr: <input type="radio"/>		7. Insured's Address (No., Street) <input type="text"/>				
Patient's City <input type="text"/>		State <input type="text"/>		Insured City <input type="text"/>		State <input type="text"/>			
Patient's Zip <input type="text"/>		Patient's Phone <input type="text"/>		8. Reserved for NUCC Use <input type="text"/>		Insured_Zip <input type="text"/>		Insured_Phone <input type="text"/>	
9. Other Insured Name (Last, First, Middle Initial) <input type="text"/>			10. Patient Cond Related To <input type="text"/>		11. Insured's Policy Group or FECA Number <input type="text"/>				
a. Other Insured's Policy or Group Number <input type="text"/>			a. Employment? Yes: <input type="radio"/> No: <input type="radio"/>		a. Insured's Date Of Birth Sex <input type="text"/> M: <input type="radio"/> F: <input type="radio"/>				
b. Reserved for NUCC Use <input type="text"/>			b. Auto Accident? Place(State) Yes: <input type="radio"/> No: <input type="radio"/>		b. Other Claim ID <input type="text"/>				
c. Reserved for NUCC Use <input type="text"/>			c. Other Accident? Yes: <input type="radio"/> No: <input type="radio"/>		c. Insurance Plan Name or Program Name <input type="text"/>				
d. Insurance Plan Name Or Program Name <input type="text"/>			10d. Claim Codes <input type="text"/>		d. Is There Another Health Benefit Plan? Yes: <input type="radio"/> No: <input type="radio"/>				
12. Patient's or Authorized's Person's Signature Signed <input type="checkbox"/>			Date <input type="text"/>		13. Insured's or Authorized's Person's Signature Signed <input type="checkbox"/>				

Continue to complete each form and finish by clicking **“Submit”**.



# How to Check Claim Status



## Claim Information

A screenshot of the "Claim Information" search form. The form has a title "Claim Information" and a sub-title "Claim Information". Below the title are seven tabs: "Recipient Id", "CareSource Id", "Member Info", "Claim Number", "Patient Number", "Check Number", and "External Reference Number". The "Recipient Id" tab is selected. Below the tabs is a search input field labeled "Recipient Id:" with a red asterisk to its right. A "Search" button is located below the input field.

Select **Claim Information** on the left navigation under the **Member Search** menu.

Claim status is updated daily on our Provider Portal, and you can check claims that were submitted for the previous 24 months. You can search by Recipient ID number, member name and date of birth or claim number, patient number, check number and external reference number.

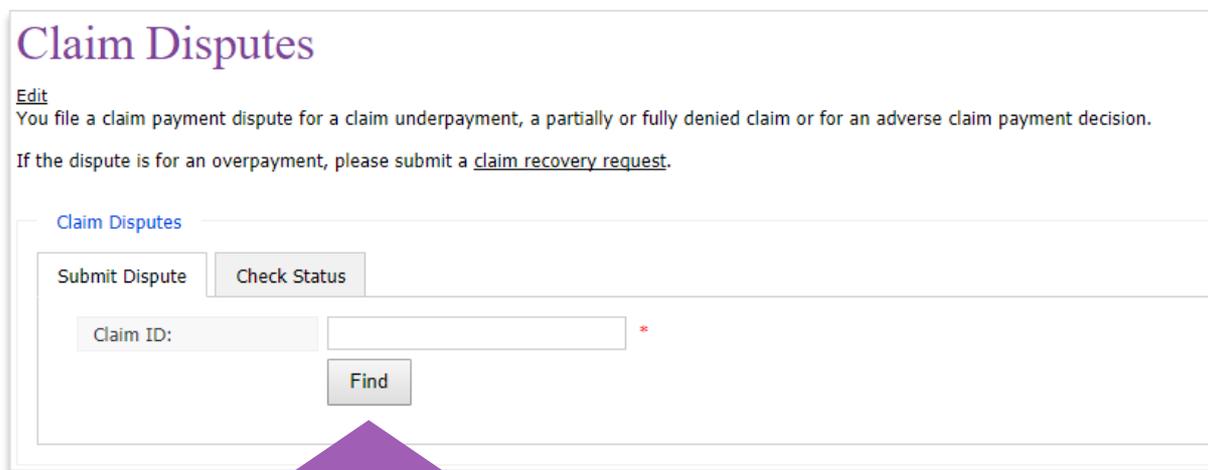


# Claim Disputes

Providers
Care Management Referral
Claim Appeals
 Claim Disputes
Online Claim Submission
Claims Recovery Request
Dental Provider Login
ER Referral
File Grievance
HIP Provider Cost Estimator
Payment History
Pharmacy
Prior Authorization and Notifications
Provider Documents
Provider Maintenance
Quality Enhancer
Radiology Benefits Manager

CareSource allows you to submit Claim Disputes on the Provider Portal.

Click on “**Claim Disputes**” under the “**Providers**” section.



**Claim Disputes**

[Edit](#)  
You file a claim payment dispute for a claim underpayment, a partially or fully denied claim or for an adverse claim payment decision.  
If the dispute is for an overpayment, please submit a [claim recovery request](#).

Claim Disputes

Submit Dispute   Check Status

Claim ID:  \*

Find



**Note: All disputes must be**

- Submitted in writing via the CareSource Provider Portal or on paper
- Submitted within 60 days after receipt of the EOP
- Completed prior to requesting an appeal



# Claim Disputes

**Claim Disputes**

You file a claim payment dispute for a claim underpayment, a partially or fully denied claim or for an adverse claim payment de  
If the dispute is for an overpayment, please submit a [claim recovery request](#).

Claim Disputes

Submit Dispute    Check Status

Claim ID: 123456789101

Dispute Type: **Please Select** \*

Notes:

Attachments:

Files Uploaded:

Delete Selected    Cancel    Submit Dispute

*(Dropdown menu options: Please Select, Incorrect Payment, Authorization, Overpayment, Clinical Edit, Timely Filing, Duplicate Claim, Procedure Dispute, Eligibility, Consent Form, Coordination of Benefits, Recoupment, Provider ID Dispute)*

*(Text: Upload button for verification. Dispute button to continue.)*

Select Dispute Type from the dropdown menu

Include any pertinent documentation

Once the Provider Portal identifies your claim:

- Enter your Dispute Type
- Attach any pertinent documentation supporting your dispute

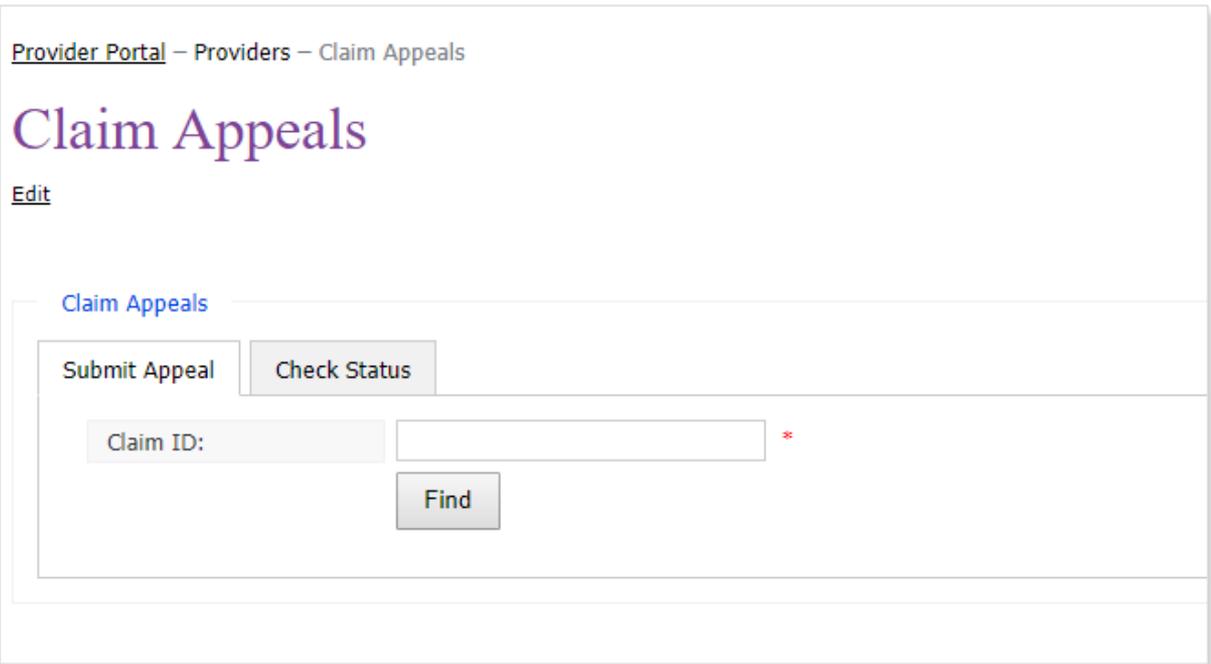
**Note: Disputes must be submitted within 60 days after receipt of the EOP and completed prior to filing an appeal**



# File an Appeal

CareSource allows you to submit Claim Appeals on the Provider Portal.

Click on “**Claim Appeals**” under the “**Providers**” section.



## Note:

- May only submit appeal *after* completing dispute process
- Must be submitted within 60 days of the resolution of the dispute determination OR if dispute was not responded to timely, appeal must be filed w/in 60 days after the 30 day dispute response window.



# File an Appeal

<b>Providers</b>
Care Management Referral
Claim Appeals
Claim Disputes
Online Claim Submission
Claims Recovery Request
Dental Provider Login
ER Referral
File Grievance
HIP Provider Cost Estimator
Payment History
Pharmacy
Prior Authorization and Notifications
Provider Documents
Provider Maintenance
Quality Enhancer
Radiology Benefits Manager

## Claim Appeals

Submit Appeal

Check Status

Claim ID:

Appeal Type:  \*



Appeal Routing: Did your claim deny due to lack of authorization? \*

Yes

No

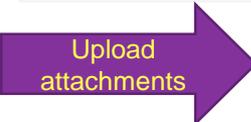
Are you appealing the denial of authorization for services? \*

Yes

No

Notes:

Attachments: Please select a file using Browse and click on Upload button for verification. Once all the files are uploaded, click Submit Appeal button to continue.



No file chosen

**Accepted file types: bmp, png, tiff, jpeg, txt, pdf, xls, xlsx, doc and docx.**

File sizes must be limited to 12 MB.

Files Uploaded:

## Appeal Types

Consent/AB Form	Provider ID Dispute
Anesthesia	Eligibility
ER Report Required	Timely filing
Clinical editing	Incorrect payment
Authorization	Procedure dispute
Duplicate claim	Dental
COB	NIA RAD
Pharmacy	Recoupment



# Claim Recovery Request/Recoupment

## Providers

Care Management Referral

Claim Appeals

Claim Disputes

Online Claim Submission

Claims Recovery Request

Dental Provider Login

ER Referral

File Grievance

HIP Provider Cost Estimator

Payment History

Pharmacy

Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager

## Claims Recovery Request

### Claims Recovery

#### Contact

Contact Name:  Required

Contact Phone:  Required

#### Claims

Member Name:  Required

Member ID:  Required

Begin Date of Service:  Required

End Date of Service:  Required

Claim Number:  Required

Reason for Adjustment:  Primary Insurance  
 Claim Recovery  
 Other

Primary Insurance Name:  Required

Subscriber's Policy Number:  Required

Add Claim

Attachments: Please submit primary carrier EOP.

Choose File No file chosen

Files Uploaded:

Submit Request

CareSource allows you to submit Claim Recovery Requests/Recoupments on the Provider Portal.

Click on **“Claim Recovery Request”** under the **“Providers”** section.

**Must complete required information.**



# View Payment History

**Providers**

- Care Management Referral
- Claim Disputes
- Claim Appeals
- Online Claim Submission
- Claims Recovery Request
- Dental Provider Login
- ER Referral
- File Grievance
- HIP Provider Cost Estimator
- Payment History**
- Pharmacy
- Prior Authorization
- Provider Maintenance
- Radiology Benefits Manager

Provider Portal – Providers – Payment History

## Payment History

[Edit](#)

Payment History

Search Payments

Search for payments using one or more of the following criteria.

Start Date:

End Date:

Check Number:

Claim Number:

Enter date range

Input Check OR Claim number



# Updating Information

CareSource allows you to submit Provider Maintenance requests on the Provider Portal. Click on **“Provider Maintenance”** under the **“Providers”** section.

The screenshot shows the Provider Portal interface. On the left is a navigation menu with the following items: Providers, Care Management Referral, Claim Appeals, Claim Disputes, Online Claim Submission, Claims Recovery Request, Dental Provider Login, ER Referral, File Grievance, HIP Provider Cost Estimator, Payment History, Pharmacy, Prior Authorization and Notifications, Provider Documents, Provider Maintenance, Quality Enhancer, and Radiology Benefits Manager. The 'Providers' menu item is highlighted in purple. The 'Provider Maintenance' item in the menu is also highlighted with a large purple arrow pointing to it from the left. The main content area shows the 'Provider Maintenance' page with three tabs: 'Demographic Change', 'Provider Add', and 'Cultural/Linguistic/Accessibility Info'. Below the tabs is a form with a 'Providers:' label and a dropdown menu currently showing 'Please Select'.

Advance written notice of status changes, such as a change in address, phone or adding a health partner to your practice helps us keep our records current and are critical for claims processing.

Select Provider Maintenance on the left navigation under the **Providers** menu.

**Note:** Updates to information **MUST** be made in CoreMMIS **PRIOR** to submitting to CareSource.



# Pharmacy

## Member Search

- Member Eligibility
- Coordination of Benefits
- Claim Information
- Member File Upload

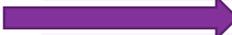
## Member Reports

- Provider Membership List
- Clinical Practice Registry

## Users

- Manage Users
- Update My Account
- Impersonate User
- Provider Training

## Providers

- Care Management Referral
- Claim Appeals
- Claim Disputes
- Online Claim Submission
- Claims Recovery Request
- Dental Provider Login
- ER Referral
- File Grievance
- HIP Provider Cost Estimator
- Payment History
-  Pharmacy
- Prior Authorization and Notifications
- Provider Documents
- Provider Maintenance
- Quality Enhancer
- Radiology Benefits Manager

## Pharmacy

### Preferred Drug Lists (PDLs)

Use the following online drug lists to determine if our plans cover specific medications:

- [CareSource HIP & HHW plans](#)
- [CareSource Marketplace plans](#)
- [CareSource Medicare Advantage plans](#)

### Prior Authorization

You must submit a prior authorization (PA) request for some medications, such as specialty medications. You may also submit a PA request if your patient needs an alternative medication that is not covered.

### Electronic Submissions

If you have a National Provider Identifier (NPI) number on file with us, you can submit electronic PA requests for covered medications that require PA.

Electronic PA submissions will be available September 1, 2017.

Electronic PA requests can only be made for medications listed on the PDL that require prior authorization. Please check the online drug list for your patient's plan (see links above) to verify if a medication is on our PDL and requires prior authorization.

[Submit Electronic Prior Authorization](#) (Use only for covered medications that require a PA)

*Note: The Comments field on the electronic form should not be used. For 'Dispense As Written' and quantities greater than plan limitations, you must attach documentation to the request. You may also attach clinical documentation that supports your request.*

### Form Submissions

Submit all other PA requests using the appropriate PA form.

CareSource HIP & HHW plan PA forms:

- [Pharmacy Prior Authorization Form](#)
- [Synagis Prior Authorization Form](#)
- [Medication-Assisted Treatment Prior Authorization Form](#)

CareSource Marketplace plan PA forms:

- [Pharmacy Prior Authorization Form](#)
- [Specialty Pharmacy Prior Authorization Form](#)
- [Synagis Prior Authorization Form](#)
- [Hepatitis C Prior Authorization Form](#)
- [Medication-Assisted Treatment \(Buprenorphine Products\) Prior Authorization Form](#)
- [Compound Prior Authorization Form](#)
- [Extended Release Opioid Prior Authorization Form](#)

# Membership Lists



Home / Providers / Claim Appeals

MEMBER SEARCH

MEMBER REPORTS



Provider Membership List

Clinical Practice Registry

CareSource allows you to pull membership lists by clicking **“Provider Membership List”** under the **“Member Reports”** section.

Provider Portal – Member Reports – Provider Membership List

## Provider Membership List

[Edit](#)

Provider Membership List

Member is eligible for service on the specified date

Alert Legend

⚠ New Assessment

🕒 New Care Treatment Plan

🔄 Updated Care Treatment Plan

Providers: Default Provider - 9999999999999999 ▾

Export Options: [Entire Group's Member List as CSV](#)

Page(s): 1 2 3 4 5 6 7 8 9 10 ...

Record(s): 6556

Select your Provider from the drop down arrow to easily access a list of your CareSource patients. It's also easy to download into a printable format!



# Clinical Practice Registry

CareSource allows users to pull reports to identify gaps in care. Simply click **“Clinical Practice Registry”** under the **“Member Reports”** section.

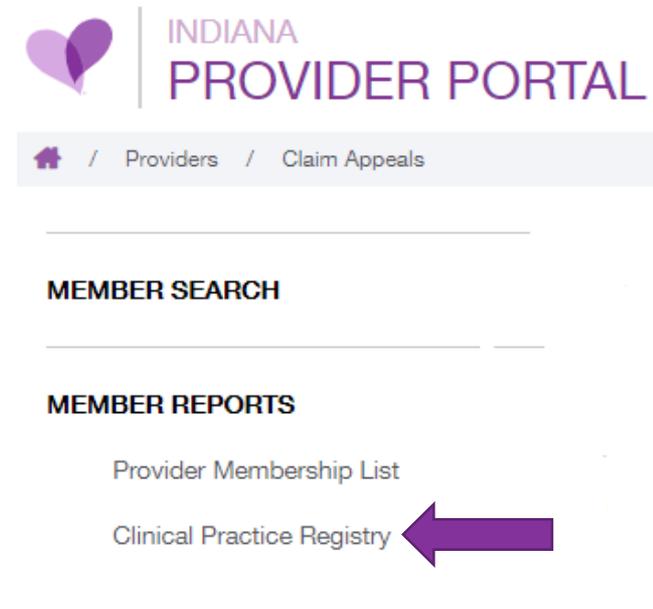
Use the Clinical Practice Registry to:

- Identify gaps in care
- Holistically address patient care
- Improve clinical outcomes

The registry is color coded to easily identify areas of focus for your patients.

The registry includes information on, but not limited to:

- Adult access
- Asthma
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Chlamydia screening
- Diabetes (HbA1c, eye exam, kidney/urine micro-albumin)
- Emergency room visits
- Lead screening



# Prior Authorization

## Member Search

Member Eligibility

Coordination of Benefits

Claim Information

Member File Upload

## Member Reports

Provider Membership List

Clinical Practice Registry

## Users

Manage Users

Update My Account

Impersonate User

Provider Training

## Providers

Care Management Referral

Claim Appeals

Claim Disputes

Online Claim Submission

Claims Recovery Request

Dental Provider Login

ER Referral

File Grievance

HIP Provider Cost Estimator

Payment History

Pharmacy

Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager

## Assessments

Pregnancy Risk

Reproductive Life Plan

## Marketplace Providers: Enroll with ECHO Health, Inc., CareSource's New Provider Payment Partner

Effective Oct. 25, 2019, CareSource will partner with ECHO Health, Inc. (ECHO), to deliver provider payments. **In order to prevent any interruption in payment, you must register or update your profile with ECHO and choose a payment method preference by Oct. 25, 2019.**

[Learn more](#)

## 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.

For an incorrect mailing address on Form 1099-MISC, please complete the provider intake form under the Maintenance section. You are required to attach an updated Form W-9 in order to change your Form 1099-MISC mailing address. Please note the tax address on Form 1099-MISC may not be the same as the mailing or correspondence address that CareSource has on file with your organization.

## 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 visit [provider maintenance](#) where you are able to update your demographic, cultural, linguistic and accessibility information.

Note: If you have questions on how to update your information, please call Provider Services at: Indiana Medicaid Provider Services at 1-844-607-2831 or Indiana Marketplace Provider 1-866-286-9949.

## Member Data May Be Incomplete

In accordance with Indiana's regulations concerning HIV/AIDS/SUD 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:

- [Medicaid](#)
- [Marketplace](#)

## Anti-Fraud Plan

CareSource understands the profound financial and personal effect healthcare fraud, waste and abuse (FWA) can have on everyone included in the healthcare process – members, providers, health plans, government agencies and tax payers. CareSource is committed to the fight against healthcare FWA and has established a Special Investigations Unit (SIU) to lead this effort. Please view our [2018 Anti-Fraud plan](#) for all laws, regulations and other requirements.

Select 'Prior Authorization'  
under the Providers tab in the  
left navigation



# Prior Authorization

Enter CareSource ID and Start Date of Service and select “Search”.

Medical (Inpatient & Outpatient)    Newborn Delivery Notification    Observation    Status

**An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.**

Recipient Id    CareSource Id    Member Info

Provider ID:

Recipient Id:  \*

Start Date of Service:

**Note: Member Eligibility is directly affected by date of service**



# Prior Authorization

## Select Care Setting and Category.

**Authorization Request**  
  Inpatient  Outpatient  
  \*

Enter provider information. Use the dropdown to search by providers NPI Number or CareSource Provider Number. Select appropriate provider from dropdown.

Search:   \* Required



# Prior Authorization

Complete remaining required fields.

**Dates of Service**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

Start Date: 8/28/2018 ⓘ

End Date: 8/28/2018 📅

**Treatment Type**

Treatment Type: --Choose One-- \* Required

**Place Of Service**

Place Of Service: --Choose One-- \* Required

**Diagnosis Codes**

Code Type: ICD10 Diagnosis Codes ▼

Search By: Code ▼ [ ] \* Required

**Procedure Codes**

Code Type: All Procedure Codes ▼

Search By: Code ▼ [ ] \* Required

**Contact Information**

Contact name of person completing this request: [ ] \* Required

Contact phone number: [ ] \* Required

Contact phone number extension: [ ]

Contact fax number: [ ] \* Required

Contact email: [ ]



# Prior Authorization

Complete remaining fields and click “Continue”.

Received Date

Received Date:   \* Required

Received Time:  \* Required

Contact Information

Contact name of person completing this request:  \* Required

Contact phone number:  \* Required

Contact phone number extension:

Contact fax number:  \* Required

Contact email:

Additional Information

3000 Characters

Continue



# Prior Authorization

Select “Document Clinical” to continue.

Authorization Request  

Patient : 5634024 Name : Saur, Dino DOB : 8/10/1982 Gender : Male [show more](#)

Authorization : EPS-0001952 Type : Beyond Benefit Limits Status : NoDecisionYet [show more](#)

Diagnosis Codes : Procedure Codes : 80324(CPT/HCPCS) **primary**

**Disclaimers**

80324 - CPT/HCPCS

- REVIEW REQUIRED: This request requires review. Select the 'Document Clinical' button to continue.

Procedure Code: 80324 (CPT/HCPCS) [Document Clinical](#)

Requested Units: 1

[Submit Request](#) [Cancel Request](#) [Back](#)

Select “Submit Request ” to proceed

**Disclaimers**

80324 - CPT/HCPCS

- Criteria met** for this request. Please select the 'Submit Request' button to proceed. You will receive your **authorization status** and **reference ID** after submitting this request. An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.
- REVIEW REQUIRED: This request requires review. Select the 'Document Clinical' button to continue.

 Procedure Code: 80324 (CPT/HCPCS) [show more](#)

Requested Units: 1

[Submit Request](#) [Cancel Request](#) [Back](#)



# Prior Authorization Results Screen

Reference # and Authorization status will be displayed on the Provider Portal after submitting the request. Please note you are able to attach additional clinical information.

**Results**

Prior Authorization request has been successfully submitted. If clinical information to support this request has not been submitted, please send (via e-mail, fax or telephone) clinical review to the Medical Management Department within one business day.

**Your reference ID for this submission request is:** **10079534017**

**Next Review Date:** **4/22/2019**

An authorization is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.

To submit another prior authorization request please return to the top of the page and enter the member's CareSource ID, Medicaid ID or Member info.

**Member Info**

**Member ID:** [REDACTED]  
**Member Name:** [REDACTED]  
**Member DOB:** [REDACTED]

**Reference #: 10079534017**

**Upload Attachments:**

If your authorization status is Pending, please attach member Clinical information in order to expedite your authorization process. If you are unable to attach Clinical information, please click on this link to access the appropriate [fax number](#).

Accepted file types: Word, Excel, PDF, Notepad, Image(tiff)

No file chosen ← Click Choose File to locate saved file/documents

Files Uploaded:

← You MUST click Attach to Request to successfully upload file/documents to case

**Reference #:** 10079534017  
**Description:** Outpatient Elective  
**Place Of Service:** 22 On Campus - Outpatient Hospital  
**Submitting Provider:** Not Selected, PCP, Practitioner, CareSource ID: 999999999999  
**Requesting/Ordering Provider:** [REDACTED]  
**Servicing/Rendering Provider:** [REDACTED]  
**Facility:** [REDACTED]

**Service Event**

**Diagnosis Code:** I34 Other and unspecified disorders of nose and nasal sinuses  
**Procedure:** 30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft

Line #1				
<b>Requested Received Date:</b>	4/22/2019 4:00:00 PM	<b>Requested Units:</b>	2	
<b>Start Date of Service:</b>	4/29/2019	<b>Authorized Units:</b>	2	
<b>End Date of Service:</b>	7/29/2019	<b>Status:</b>	Approved	



# Updates & Announcements

Visit the Updates and Announcements page located on our website, <https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/>, for frequent network notifications.

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements



# *Provider Payment Processing*

Effective October 25, 2019, CareSource is transitioning from InstaMed to ECHO Health, Inc.

<https://www.caresource.com/documents/in-p-0674-echo-health-announcement-network-notification/>

This new partnership will improve the way you are reimbursed as CareSource looks to achieve the following:

- Increase the frequency of payment
- Offer more options for electronic payment
- Enhance your overall payment experience
- GO **GREEN!**



# *Provider Payment Processing*

## **Payment methods offered by ECHO Health, Inc.:**

- Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)
- Virtual Card Payment
- Paper Check



# *Provider Payment Processing*

Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)  
(Preferred method of payment for CareSource)

To register, please visit

<http://view.echohealthinc.com/eftera/EFTERAInvitation.aspx?tp=MDAxODk=>

You will need:

- Your CareSource Provider ID (available via the Provider Portal or by calling Provider Services at (1-844-607-2831))
- Your bank routing number and bank account number

If already registered with ECHO, please have the following available to expedite registration:

- ECHO provider portal credentials or Tax Identification Number (TIN)
- An ECHO draft number and draft amount (you may use **any** ECHO draft number and corresponding draft amount issued to you by ECHO) to authenticate your registration

\*When signing up without a previous payment from ECHO, select “Enroll using Enrollment Code.” Enter your CareSource Provider ID as your Enrollment Code.



# *Provider Payment Processing*

## Virtual Card Payment

Standard credit card processing & transaction fees apply. Fees are based on your credit card processor's fees and your current banking rates. ECHO does not charge any additional fee for processing.

- For each payment transaction, a credit card number unique to that payment transaction is sent either by secure fax, or by mail.
- Processing these payments is similar to accepting and entering patient payments via credit card into your payment system.



# *Provider Payment Processing*

## Paper Check Payment

If your office would prefer to receive check payments, please call ECHO Support at 1-888-485-6233.

\*\*\*\*\*Please note, for the security of your personal information, **CareSource cannot convert your banking information from InstaMed to ECHO.** If you do not proactively register with ECHO for EFT payments from CareSource, your payment method will default to QuicRemit Virtual Card Payment (VCP) or paper check.



# *How to Reach Us*

<b>Provider Services</b>	<b>1-844-607-2831</b>
<b>Hours</b>	Monday to Friday 8 a.m. to 8 p.m. (EST)
<b>Member Services</b>	<b>1-844-607-2829</b>
<b>Hours</b>	Monday to Friday 8 a.m. to 8 p.m. (EST)



## CareSource Health Partner Engagement Representatives

**Denise Edick, Manager, Health Partnerships**  
317-361-5872  
[Denise.Edick@caresource.com](mailto:Denise.Edick@caresource.com)

**Amy Williams, Team Lead, Health Partnerships**  
317-741-3347  
[Amy.Williams@caresource.com](mailto:Amy.Williams@caresource.com)

**Angelina Warren, Behavioral Health Partner Engagement Specialist (Northern Territory)**  
317-658-4904  
[Angelina.Warren@caresource.com](mailto:Angelina.Warren@caresource.com)

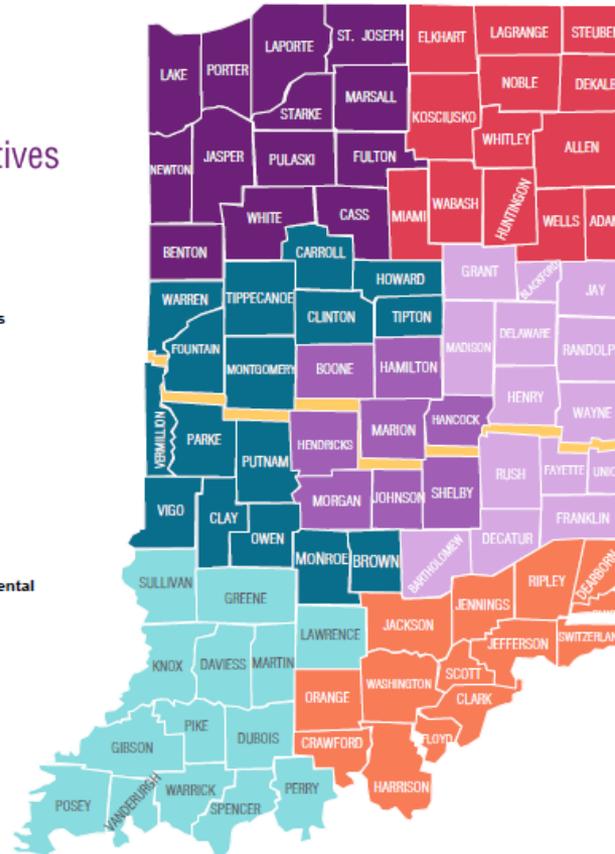
**Stephanie Gates, Behavioral Health Partner Engagement Specialist (Southern Territory)**  
317-501-6380  
[Stephanie.gates@caresource.com](mailto:Stephanie.gates@caresource.com)

**Brian Groevich, Ancillary, Associations and Dental**  
317-296-0519  
[Brian.Groevich@caresource.com](mailto:Brian.Groevich@caresource.com)

## Contracting Managers – Hospitals/Large Health Systems

**Tenise Hill – North**  
317-220-0861  
[Tenise.Hill@caresource.com](mailto:Tenise.Hill@caresource.com)

**Mandy Bratton – South**  
317-209-4404  
[Mandy.Bratton@caresource.com](mailto:Mandy.Bratton@caresource.com)



## Regional Representatives

 **Sylvia Vargas**  
219-713-7775  
[Sylvia.Vargas@caresource.com](mailto:Sylvia.Vargas@caresource.com)  
Franciscan Alliance, St. Joseph Regional Medical Center

 **Cathy Pollick**  
260-403-8657  
[Catherine.Pollick@caresource.com](mailto:Catherine.Pollick@caresource.com)  
Parkview, Lutheran

 **Sarah Tinsley**  
317-607-4844  
[Sarah.Tinsley@caresource.com](mailto:Sarah.Tinsley@caresource.com)  
Union Hospital, American Health Network

 **Maria Crawford**  
317-416-6851  
[Maria.Crawford@caresource.com](mailto:Maria.Crawford@caresource.com)  
Indiana University, Suburban Health Organization

 **Jeni Little**  
765-993-7118  
[Jennifer.Little@caresource.com](mailto:Jennifer.Little@caresource.com)  
Community Health Network, Eskenazi

 **Paula Garrett**  
812-447-6661  
[Bonnie.Waelde@caresource.com](mailto:Bonnie.Waelde@caresource.com)  
Deaconess & St. Vincent Health

 **Erin Samuels**  
812-454-4846  
[Erin.samuels@caresource.com](mailto:Erin.samuels@caresource.com)  
KentuckyOne, Norton, Baptist Health Floyd



*Thank you!*



# *Session Survey*

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1031>

