



IHCP Spring Roadshow 2022

 **CareSource**

Agenda

- Member Success Story
- Enrollment Process
- Provider Maintenance
- Cultural Competency
- Gaps in Care
- High Dollar Claims
- Important Reminders
- Important Updates & Announcements
- Q&A





Our MISSION

To make a lasting difference in our members' lives by improving 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

Member Success Story

Enrollment Process





Rule #1 to Enroll

- Do you know?
- Enter in the chat.....
- Providers must be enrolled with IHCP prior to enrollment with CareSource





Enrollment with CareSource



Enrollment with CareSource is different than enrollment with IHCP

- Once enrolled with IHCP enroll with CareSource
- Visit <https://www.caresource.com/in/providers/education/become-caresource-provider/medicaid/>



Plan Participation

- Not currently a participating provider?
- Visit this website
<https://www.caresource.com/in/providers/education/become-caresource-provider/medicaid/>
- Click “New Health Partner Contracting Form”

Step 1 – Contracting

Contracting is the process of the provider and Managed Care Entity (MCE) formally executing an agreement for the provider to deliver medical services that outlines reimbursement rates, scope of services, etc.

To initiate contracting, please complete the **New Health Partner Contracting Form**. This form consists of 4 tabs that will need to be completed.





Plan Participation

- Link takes you to the Form
- Click General Information
- Select an option



New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.

1. Instructions

2. General Information

How Can We Help You Today?

I am not in the CareSource network and would like to create a contract request

I am a contracted CareSource Health Partner and would like to remove or add a new product to my contract

I am a contracted CareSource Health Partner and would like to change my Tax ID number; or update my IRS name

I am a contracted CareSource Health Partner and would like to: add a provider, add a location, update demographic information



Plan Participation

Tab 1 - Instructions Tab

New Health Partner Contract Form



If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.

1. Instructions	2. General Information	3. Provider(s)	4. Submission
-----------------	------------------------	----------------	---------------

New Health Partner Contract Form

Thank you for your interest in joining the CareSource® team. This online application consists of four (4) tabs.

1. Instructions: This is the current tab which you may refer back to as you continue on with the completion of tabs 2 and 3 for General Information and Health Partner Information.

2. General Information: This tab collects general information about your Group and contract information. Much of this information is required and must be completed before any type of submission is possible.

Tip: Once information is entered into the Remit Address fields, that information can be automatically populated into the Mailing Address and Contractual Updates Address sections by simply checking the boxes at the top of each section respectively.

3. Health Partner Information: This tab allows you to enter any number of health partner records that will be associated with this submission. For your final submission, at least one health partner will be required. You may enter as many health partners as are needed. If you need additional time to add more health partners, the form will allow you to submit the form in an incomplete status which you will be able to access and complete at a later date/time. This option is available on tab #4 – Submission.

Tip: The Common address will be used to complete health partner's information as a master address. However, if for any reason the address needs to be changed, the button "Clear Common Address," can delete the address allowing insertion of a different address.

4. Submission: This tab contains the options related to your submission of this form to CareSource. All providers will be required to attach at least a W9 and Debarment form. For IN MEDICAID Organizational providers will also need to submit an organization application located in Section 4.

Tip: The "Attach NOW – W9" "Attach NOW – Debarment Form" and "Attach NOW – Supporting Documents" buttons allow you to search and select from a local drive documentation that needs to be attached to support the processing of the form.

You must submit your W-9 form and the Debarment Form for your request to be reviewed. To obtain a copy of the Debarment Form, please fill out this form and select the Debarment Form location located on Section 4.

Plan Participation



Tab 2 – General Information

New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.



- 1. Instructions
- 2. General Information
- 3. Provider(s)
- 4. Submission

How Can We Help You Today?

I am not in the CareSource network and would like to create a contract request

Are you a Georgia Medicaid Provider who wishes to initiate a CareSource GA Medicaid contract or change your Tax ID and/or IRS Name?

NO

If you are an Arkansas provider, please use this form [here](#) to submit your information to become a participating provider with CareSource.

THIS FORM IS FOR NEW CONTRACT REQUESTS, ADDING NEW PRODUCTS, AND TAX ID OR IRS NAME CHANGES. ALL OTHER REQUESTS SUCH AS ADDING A PROVIDER OR LOCATION NEED TO BE SUBMITTED ONLINE USING THE MAINTENANCE FORM LOCATED IN THE PROVIDER PORTAL AT: <https://ProviderPortal.CareSource.com/CL/SelectPlan.aspx> (REGISTRATION REQUIRED).

Group Information

Application Number 223515	Application Date 	<input type="checkbox"/> Enter Tax ID * <input type="checkbox"/> Enter SSN * Please either Tax ID or Social Security Number.	Group NPI Number * 	NOTE: At least one PRODUCT must be ADDED for all Onboarding applications. If you are making changes to your Tax ID or updating your IRS name, this field is NOT required. Please Add Products Add Product * Contract Code
IRS Name * 			Medicare Number 	
Doing Business As 			Medicaid Number 	
WebSite URL Address 		Is this a tax ID change to a current contract? 		
		Is this an IRS name change to a current contract? 		

Office Contact

Last Name *	First Name *
Phone Number *	Phone Extension
Email *	
Are you a CMHC provider? *	Organization

Contract (or Signatory) Information

Last Name *	First Name *
Signatory Title *	
Signatory Email *	

Plan Participation



Tab 3 – Providers

New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.



- 1. Instructions
- 2. General Information
- 3. Provider(s)
- 4. Submission

Common Address for Re-Use		Provider Add Instructions
Street Address	Phone Number	View
<input type="text"/>	<input type="text"/>	
Street Address 2	Fax Number	
<input type="text"/>	<input type="text"/>	
City		
<input type="text"/>		
County		
<input type="text"/>		
State		
<input type="text"/>		
Zip Code		
<input type="text"/>		
Clear Common Address		
Provider Count		
<input type="text"/>		
Add Providers		
Provider Information		
Name *	<input type="text"/>	
Degree	<input type="text"/>	
Notes	<input type="text"/>	
<input type="checkbox"/> Click here if SSN/DOB is not available because your submission is for a provider entity not an individual provider.		
Date of Birth (DOB) *		
<input type="text"/>		
Provider Social Security # *		
<input type="text"/>		

Plan Participation



Tab 4 – Submission

1. Instructions 2. General Information 3. Provider(s) 4. Submission

Submitted By

☐ Submitter Same As Office Contact

Last Name *

First Name *

Phone *

E-mail Address *

Attach Documents (Please do not attach ZIP files) (0)

NOW – W9 *

Attach NOW – W9

NOW – Supporting Documents

Attach NOW – Supporting Documents

(0)

NOW – Debarment Form *

Attach NOW – Debarment Form

You must enter a product on tab 2

Submit



Plan Participation



What do you need to submit the application?

- Signed and dated W-9 Tax Form
- Provider Debarment Form

Plan Participation



Are you a Facility?

Organizational Application



Quiz Time



What two forms can be attached to the New Health Partner Application, and are required?



Answer



1) W-9

2) Debarment Form



Provider Maintenance



Provider Maintenance



CareSource Provider Portal



INDIANA PROVIDER PORTAL

PROVIDERS

Care Management Referral

Dental Provider Login

ER Referral

File Grievance

HIP Provider Cost Estimator

Pharmacy

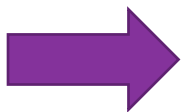
Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager



Provider Maintenance Requests

Preferred method Provider Portal

- Providers
- Provider Maintenance

Provider Maintenance



Provider Maintenance

Providers can now submit updates to their provider information online, including address or phone changes, adding a provider, etc. Please select the appropriate tab to submit your updates to CareSource online. Typical requests are processed within 7-10 business days. If your request requires additional information, a CareSource representative will contact you. Questions? Call 1-866-286-9949. For all new providers, the initial onboarding process can take up to 90 business days. If your credentialing request requires clarification or additional information, a Credentialing Coordinator will contact you.

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](#).

If you have a delegated contract for credentialing with CareSource, you will not be able to submit your maintenance request using this site. All new providers (additions); changes (additional address, phone # updates, etc.) and terminations will need to be submitted through a monthly roster. If you have questions, please contact your contracted delegated entity to submit your information.



Provider Maintenance

Demographic Change

Provider Add

Cultural/Linguistic/Accessibility Info

Status

Providers:

Please Select



Provider Maintenance

Submitting credentialing requests via email:

- Submit a Hierarchy Form (HIE) and W-9 to providermaintenance@caresource.com
- For large group updates providers can fill out page 1 of the HIE form and attach a roster (see below for pertinent information).

Provider		Deg.								
John Doe (SAMPLE)		MD								
Address			City/County		State		Zip			
123 Main St			Anytown		Indiana		99999			
Phone	Fax	NPI #	CAQH#		Medicaid/IHCP #		Medicare #			
317-555-1212	317-555-1213	1234567890	123456		1234567A		1234567			
Specialty		PCP? Y/N	HHW Capacity? (Min. 50)	HIP Capacity? (Min 50)	Cultural Competency (Y/N)		Competency Training Name			
Family Practice		Y	100	100	Yes		Cultural Comptency Training Name			
Age Restrictions? (18 yrs & older)		Race/Ethnicity	Gender Restrictions	Office Hours						
				Mon	Tues	Wed	Thur	Fri	Sat	Sun
N		See below	N							

Provider Maintenance

CAQH (Council for Affordable Quality Healthcare) Information

Please keep CAQH information for providers up-to-date. Per CAQH:

Re-attestation is required every 120 days

Importance:

- Ensure data is maintained
- Ensure data is accurate
- Avoid credentialing or re-credentialing delays



Provider Maintenance



Do providers need to submit term requests when providers leave a group?

Put your answer in the chat.



Provider Maintenance

The answer is ...

YES!!!

Please submit termination requests via

- 1) Provider Portal
- 2) Emailing HIE

NOTE: Enter in the NOTES field the reason for the request

Importance

- Removing provider from the Directory
- Re-assigning assigned members
- Avoids calls from Credentialing when it's time for re-credentialing
- Accurate information for members



Cultural Competency



Cultural Competency



What does CareSource expect from Health Partners?

- Remove language barriers
- Accommodate unique ethnic, cultural and social needs
- Meet applicable state and federal laws and regulations



Cultural Competency

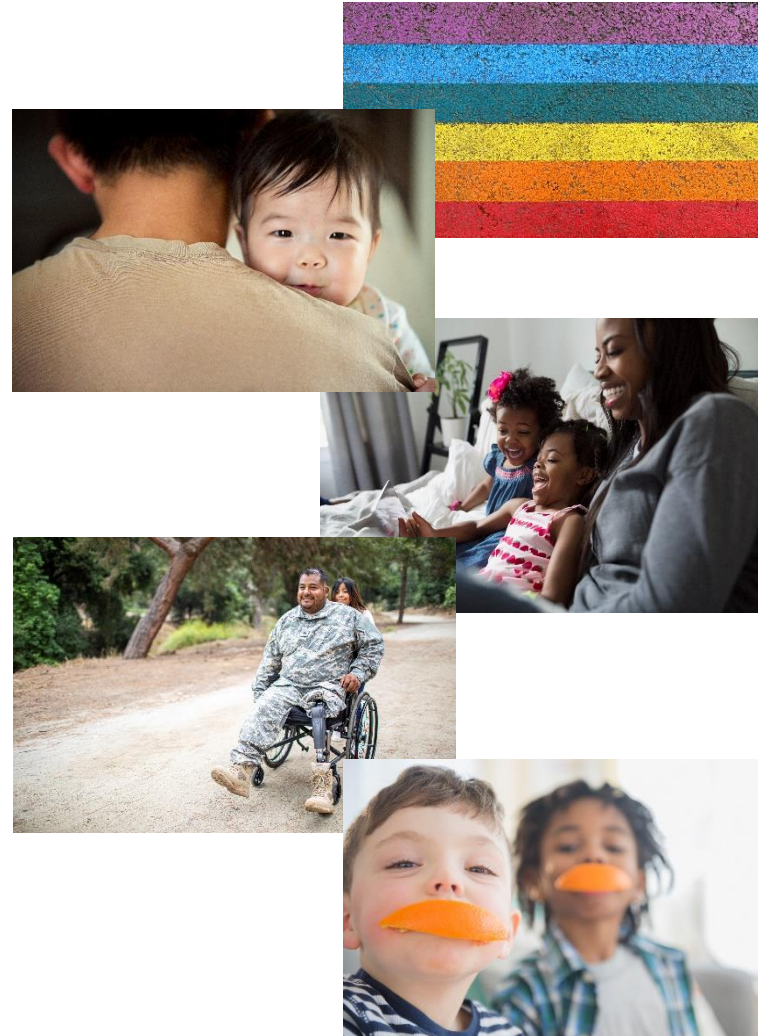


CareSource prohibits:

Refusing treatment or services

Due to:

- Race
- Color
- Religion
- National Origin
- Sex
- Age
- Gender
- Orientation (intersex, transgendered, and transsexual)
- Disability





Cultural Competency

CareSource will not discriminate against Health Partners.

Initiatives:

- Resources & Materials
 - Tools from health-related organizations
 - Gaps in Care
 - Culturally competent care

CareSource requires Health Partners to:

- Fully comply with the Cultural Competency Plan
- Provide a summary of approach

<https://www.caresource.com/documents/cultural-competency-plan/>



Cultural Competency



Department of Health & Human Services

- Training on Cultural Competency
- www.ThinkCulturalHealth.hhs.gov
 - Educational resources
 - Tool Kits
 - Free nine-credit continuing CME course
 - Physician's Practice Guide to Culturally Competent Care



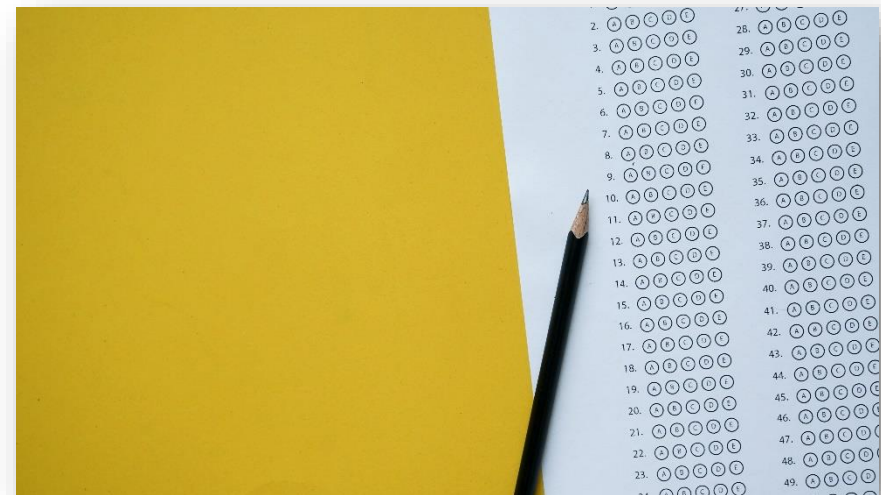
Multiple Choice



Do you know?

What is one expectation of cultural competency?

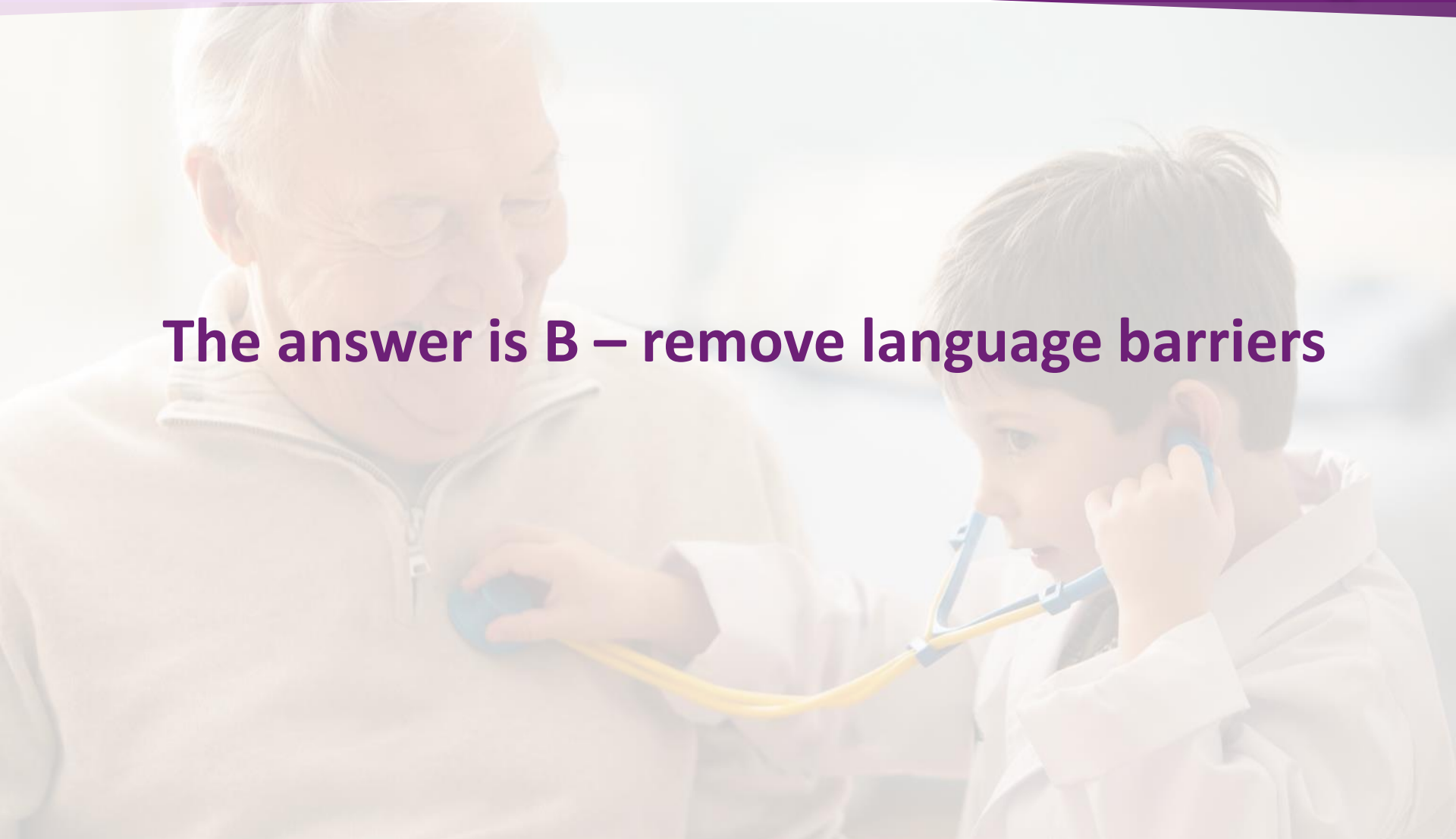
- A) Treat patients
- B) Remove language barriers
- C) Drive patients to their appointments
- D) See patients within 30 minutes of arrival time



Answer



The answer is B – remove language barriers



Gaps In Care



Clinical Practice Registry



**The Perfect Tool to
Streamline Your
Practice**



Identify Gaps in Care



**Holistically address
patient care**



**Improve clinical
outcomes**



Clinical Practice Registry



How do I access the Clinical Practice Registry?



INDIANA
PROVIDER PORTAL

MEMBER SEARCH



CLAIMS



MEMBER REPORTS



Provider Membership List

Clinical Practice Registry

USERS



Marketplace Behavioral Health Cus

View the CareSource Marketplace plan codes not priced on the Medicare fee

Claim Payment Advice (835) Enhar

CareSource is implementing enhancements to the outbound 835 EDI files to partner.

[Learn More](#)

Provider Portal Survey



Clinical Practice Registry



Clinical Practice Registry

Clinical Practice Registry

[Learn More](#)

Providers: All - 22222222

Filters:

Select State
All

Select Plans
All

Select Measures
All
Adult Access
Asthma Control
Beta Blocker

Select Criteria
All
Red
Yellow
Green

Select Patient Status
All
Established
New

Select Enrollment Status
All
Continuous
Recent

Member Name	Member ID	DOB	Sex	State	Plan	LOB	Adult Access	Asthma Control	Beta Blocker	Breast Cancer	Cervical Cancer	Colorectal Cancer
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	IN	Medicaid	EXP	11/16/2020 Y				2/25/2020 G	
				IN	Medicaid	EXP	6/3/2021 G			12/2/2019 Y		
				IN	Medicaid	CFC						
				IN	Medicaid	EXP	4/14/2021 G					
				IN	Medicaid	EXP	12/15/2020 Y					
				IN	Medicaid	CFC						
				IN	Medicaid	EXP						
				IN	Medicaid	EXP	6/4/2021 G				6/3/2021 G	

The registry is color-coded, so you can easily identify areas of focus for your patients:

Green Service was rendered

Yellow Service needed

Red Service past due

Grey Not applicable

Clinical Practice Registry



Member Alerts via the Provider Portal

- Verifying Eligibility
- Demographic Information
- Alerts are in Color

Member Alerts:

1. Member is Normal on Immunization events
2. Member is Urgent on Dental Checkup events
3. Member is Urgent on Well Visit events
4. 1-2 ER visits in 15 mos



HPI Reporting Tool

HPI (Health Partner Incentives) reporting can be provided by your Community Health Liaison on a site-specific basis including a gap report summary with associated member contact lists.

Measure	Target Improvement	Actual Claims For Hedis Reporting Period	Members to Move to Reach Target	Prior Year Hedis Reporting Period
AAP0100 - Adult Access to Preventive Svcs - 1 or More Visits	100.00 %	39.08 %	746	39.84 %
ADV0100 - Annual Dental Visit - Annual Dental Visit	100.00 %	14.25 %	519	15.85 %
CIS1900 - Childhood Immunization Status - Combo 10	100.00 %	21.67 %	53	25.93 %
LSC0100 - Lead Screening in Children - Lead Screening in Children	100.00 %	65.30 %	24	66.67 %
PPC0100 - Prenatal and Postpartum Care - Timeliness of Prenatal Care	100.00 %	77.27 %	6	66.67 %
PPC0200 - Prenatal and Postpartum Care - Postpartum Care	100.00 %	36.36 %	15	23.81 %
W300100 - Well-Child Visits in 1st 30 Months - First 15 Months	100.00 %	17.67 %	45	-
W300200 - Well-Child Visits in 1st 30 Months - 15-30 Months	100.00 %	42.64 %	31	-
WCV0100 - Child and Adolescent Well-Care Visits - 1 or More Visits	100.00 %	17.57 %	929	-

HEDIS

HEDIS

- Defined
- 90 measures
 - Effectiveness of care
 - Access & Availability of Care
 - Experience of care

Please return records request timely



Knowledge Check



What does the color **RED** indicate on the Clinical Practice Registry (CPR)?

Put your answer in the chat.

Answer



The color **RED** indicates

The service is past due



High Dollar Claims



Itemized Bill Review



Equian

- Inpatient hospital claims
- Diagnosis group (DRG) outliers

The purpose

- Assess claims
- Identify defects
- Identify improprieties



Itemized Bill Review

- Inpatient Hospital Claim – claims for a member receiving inpatient services

vs.

- Itemized Bill – comprehensive list of all goods & services provided during the inpatient hospital stay





Itemized Bill Review

- Supplies, items, and services not typically separately billable
 - Capital/ medical equipment
 - Fluoroscope
 - Oximetry
 - Rental Equipment
 - Routine Supplies
 - Hydration flushes
- Implants & Supplies
- Inpatient Private Duty Nursing
(not an all-inclusive list)





Itemized Bill Review



FAQ # 1

What logic is being utilized by Equian to deny charges?

- State and Federal guidelines
- Proper billing guidelines
- CareSource policy

Itemized Bill Review



FAQ # 2

Equian has given time extensions to review findings for some claims. Is that communicated to CareSource?

- Yes





Itemized Bill Review



FAQ # 3

Who do I send appeals to, CareSource or Equian?

- CareSource



Itemized Bill Review

FAQ # 4

Who do I submit a response to an itemized bill request to?

Equian

via email mca@equian.com

via fax (800) 435-2049





Itemized Bill Review

Resources

Itemized billing policy – <https://www.caresource.com/documents/Medicaid-in-policy-admin-ad-0865-20210201/>

Equian Contact Information:

Email claimsresolution@equian.com

Phone number 888-895-2254

Submit itemized email mca@equian.com

Fax 800-435-2049

Itemized Bill Review



Questions?



Important Reminders





Indiana Medicaid Claims

Box 33 Reminder

- Group NPI
- Service Location
- Zip + 4
- Taxonomy

Banner BR201820

- Professional claims – The actual physical service location address must be entered in Field 33 of the *CMS-1500* claim form or the equivalent field of an electronic transaction. Note: For IHCP claims, Field 32 of the *CMS-1500* form, or its electronic equivalent, is optional. It is not used for claim processing.

In most instances, the service location address is the actual physical location where a service was rendered. However, for professional claims, if the member is seen at a hospital, nursing facility, the member's home, or other non-office-based location, the specific service location address to which the rendering provider is linked should be used.

32. SERVICE FACILITY LOCATION INFORMATION

Optional - not used by the IHCP for claims processing.

33. BILLING PROVIDER INFO & PH # ()

Required - enter the group/billing provider's address/service location on file with the IHCP.



Indiana Medicaid Claims

Claims & Submission Provider Reference Module

<https://www.in.gov/medicaid/providers/files/claim-submission-and-processing.pdf>

33	<p>BILLING PROVIDER INFO & PH # – Enter the <i>service location</i> name and address (including ZIP Code+4) as listed on the provider enrollment profile for the billing or group provider. The address in this field should match the <i>service location</i> (practice site) address (not the home office [legal], pay-to, or mail-to address) on file for the billing or group provider. Required.</p> <div><p><i>Note: If the U.S. Postal Service provides an expanded ZIP Code (ZIP Code+4) for a geographic area, this expanded ZIP Code must be entered on the claim form.</i></p></div>
33a	<p>BILLING PROVIDER – NPI – Enter the billing or group provider NPI. Required.</p> <p>Atypical providers should follow instructions in 33b.</p>
33b	<p>BILLING PROVIDER – [QUALIFIER AND ID NUMBER] – If the billing provider is an atypical provider, enter the qualifier G2 and the billing provider’s IHCP Provider ID. Healthcare providers may enter a qualifier of ZZ or PXC and the billing provider taxonomy code. Taxonomy may be needed to establish a one-to-one NPI/Provider ID match if the provider has multiple locations. Required, if applicable.</p>



Disputes & Appeals



#1 – Dispute First

- 60 Calendar Days of EOP
- Multiple claims
- Generic forms are not recommended
- Different issues must be disputed separately
- Always include a detailed explanation to avoid delays



Disputes & Appeals

Reasons to Submit a Dispute

- Disagree with a denied, adjusted or contested claim
- Challenge an overpayment or underpayment
- Seek resolution of a billing determination / monetary dispute
- Retrospective review

Reasons to Appeal

- Clinical appeals
- Disputes unresolved in 30 days
- Disputes upheld

Important Updates & Announcements



Updates & Announcements



Plans ▾

Members ▾

Providers ▾

Producers ▾

About Us ▾

Provider Overview

[Find A Doctor/Provider](#)

[COVID-19 Provider Resources](#)

[Contact Us](#)

Tools & Resources

[Drug Formulary](#)

[Forms](#)

[Procedure Code Lookup Tool](#)

[Provider Manual](#)

[Provider Policies](#)

[Quick Reference Materials](#)

[Request Patient Services](#)

[Updates & Announcements](#)



Provider Portal

[Check Eligibility](#)

[Claims](#)

[Provider Disputes and Appeals](#)

[Prior Authorization](#)

[Provider Grievances](#)

[Provider Maintenance](#)

Education

[Behavioral Health](#)

[Become a Participating Provider](#)

[Care & Disease Management](#)

[Dental](#)

[FAQs](#)

[Fraud, Waste & Abuse](#)

[Newsletters & Communications](#)

[Patient Care](#)

[Pharmacy](#)

[Quality Improvement](#)

[Training & Events](#)

Procedure Code Look-Up Tool



Procedure Code Lookup

Complete Steps

1 Choose Line of Business

IN - Medicaid

2 Enter a CPT/HCPCS Code

ABC90 or 92507



DISCLAIMER CareSource does not represent or warrant, whether expressed or implied, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose the results of the Procedure Code Prior Authorization Lookup Tool ("Results"). Results are provided "AS IS" and "AS AVAILABLE" and do not guarantee approval or payment for services. Approval or payment of services can be dependent upon the following, but not limited to, criteria: member eligibility, members <21 years old, medical necessity, covered benefits, modifiers, diagnosis and revenue codes, limits and number of visit variances, provider contracts, provider types, correct coding and billing practices. For specific details, please refer to the [Health Partner Provider Manual](#) on the CareSource website. If you are unsure whether or not a prior authorization is required, please refer to [Health Partner Policies](#) or the [Prior Authorization](#) page on the CareSource website.

Please Note:

- All non-par providers and all requests for inpatient services require prior authorization.
- For all high tech radiology: CT, CTA, MRI, MRA and PET scans; providers should contact NIA or their web portal at www.radmd.com.
- For more information about drugs that require prior authorization, access our [Pharmacy](#) webpage.
- Reference our Dental Provider Manual for dental services that require prior authorization.

<https://procedurelookup.caresource.com/>

Quarterly Friday Forums



- CareSource is now offering Quarterly Friday Forums!!!
- Invites are posted to our Updates & Announcements page
- Next Forum is scheduled 5/20/2022 at 2 pm EST
- Reach out to your Health Partner Specialist for an invite



Virtual Trainings



Trainings are available on our website!!!

<https://www.caresource.com/in/providers/education/training-events/medicaid/>

TRAINING & EVENTS

We look forward to meeting you in a future event! Check back frequently for upcoming event announcements.

Provider Education Series: Assignment and Attribution

Provider Education Series: Provider Satisfaction Surveys

Provider Education Series: Contracting

Provider Education Series: Credentialing

SBIRT & HBAI Educational Training

Major Depression & HEDIS Educational Training

Provider Education Series: Access and Availability

Provider Education Series: Life Services

Provider Education Series: Provider Portal



Contact Us





CareSource Health Partner Engagement Representatives

Denise Cole, Manager Health Partnerships
317-361-5872
Denise.Cole@CareSource.com

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

Angelina Warren, Behavioral Health
Resolution Specialist (Northern Territory)
317-658-4904
Angelina.Warren@CareSource.com

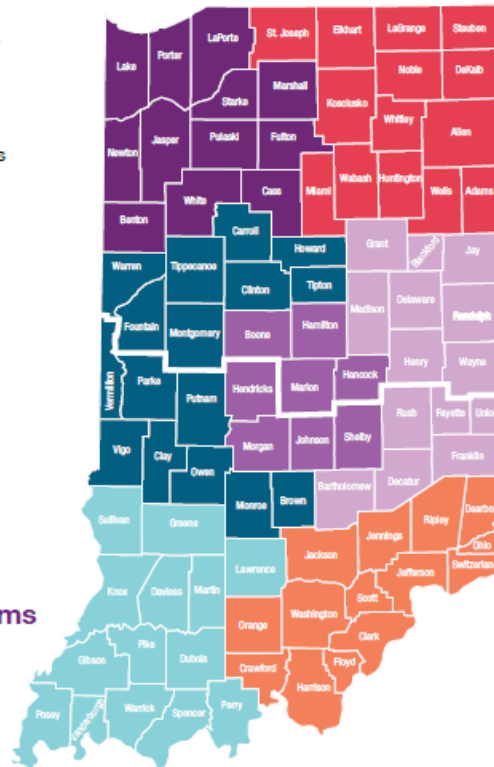
Stephanie Gates, Behavioral Health
Resolution Specialist (Southern Territory)
317-501-6380
Stephanie.Gates@CareSource.com

Brian Grcevich, Health Partner Engagement
Specialist Ancillary, Dental, Skilled Nursing
Facilities, Home Health and Hospice
317-296-0519
Brian.Grcevich@CareSource.com

Contracting Managers – Hospitals/Large Health Systems

Cathy Pollick – North
260-403-8657
Catherine.Pollick@CareSource.com

Tenise Cornelius – South
317-220-0861
Tenise.Cornelius@CareSource.com



Regional Specialist

Tammy Garrett
219-221-7065
Tammy.Garrett@CareSource.com
Franciscan Alliance, Fresenius
(Statewide)

Leigh Hoover
765-425-0462
Leigh.Hoover@CareSource.com
Parkview, Lutheran, St. Joseph
Regional Medical Center, Beacon

Sarah Tinsley
317-607-4844
Sarah.Tinsley@CareSource.com
Union Hospital, American Health
Network

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

Sara Hall
765-256-9617
Sara.Hall@CareSource.com
Community Health Network,
Eskenazi, Reid
Health

Paula Egan
812-447-6661
Paula.Garrett@CareSource.com
Deaconess, Ascension –
St. Vincent Health

Erin Samuels
812-454-4846
Erin.Samuels@CareSource.com
University of Louisville, Norton,
Baptist Health Floyd, ATI
Physical Therapy (Statewide)

IN-P-0190K
Date Issued: 08/30/2021
OMPP Approved: 07/30/2020



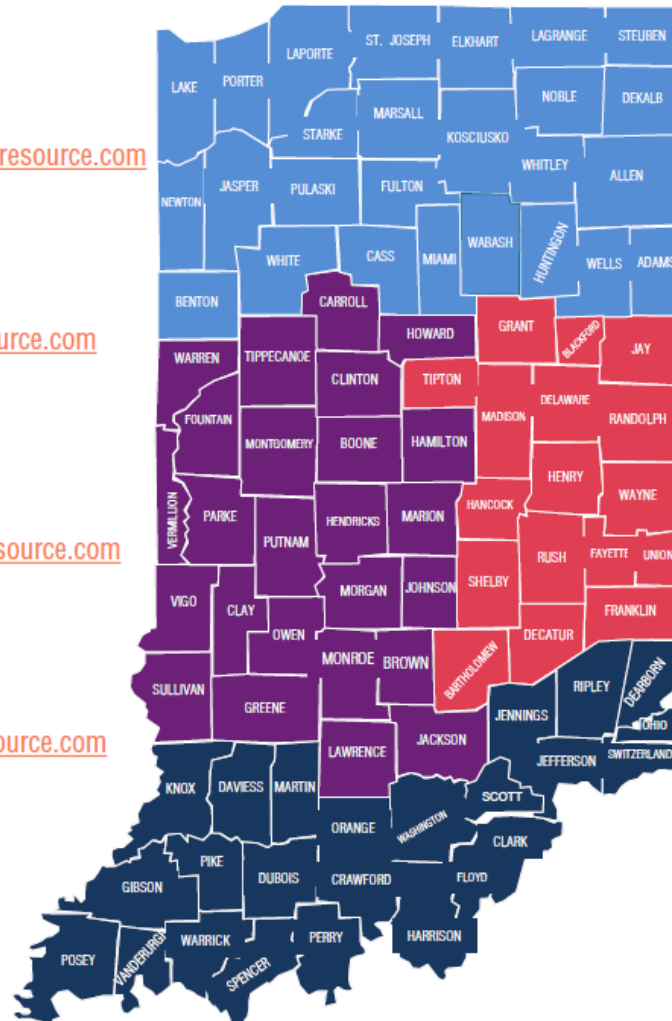
CareSource Community Health Liaison Team

 Jason Mollenkopf
317-601-2728
Jason.Mollenkopf@caresource.com

 Carole Harris
317-447-9088
Carole.Harris@caresource.com

 Breanna Moore
317-665-0590
Breanna.Moore@caresource.com

 Troy McKinley
765-425-5636
Troy.McKinley@caresource.com



Q&A

