CareSource®

Provider Portal

2020 IHCP Works
Annual Seminar

Agenda

- Plan Participation
- Portal Registration
- Resource Library
- Member Search
- Claims
- Member Reports
- Provider
- Updates & Announcements
- How to Reach Us

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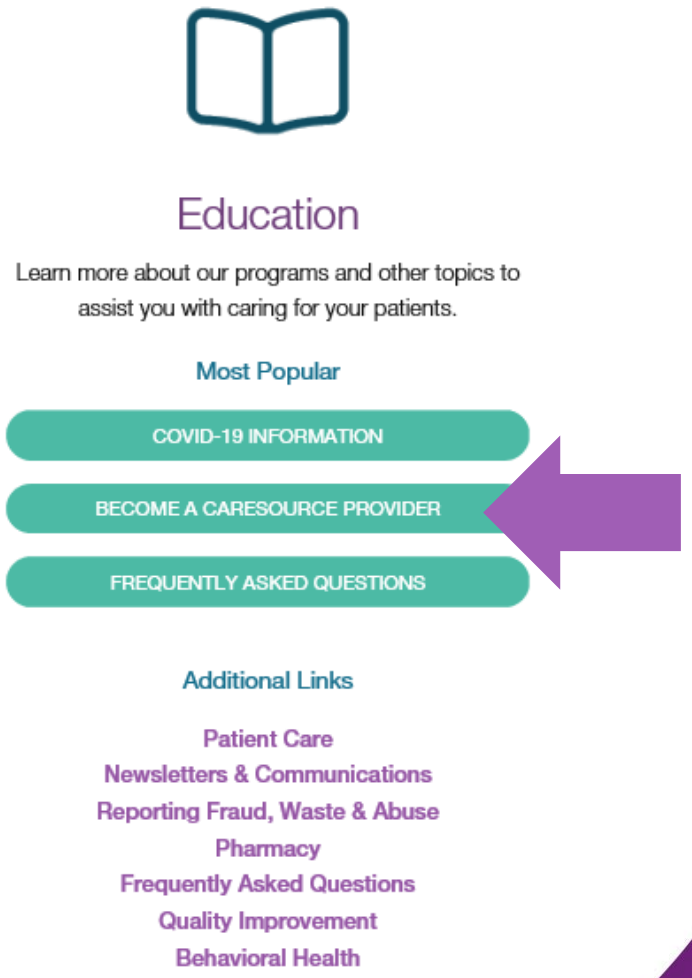
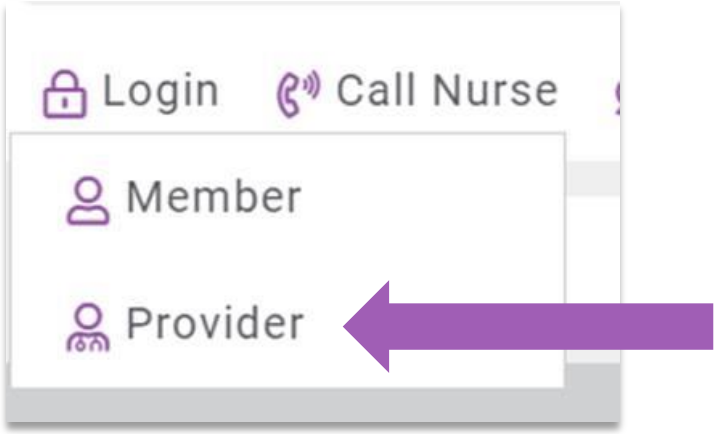
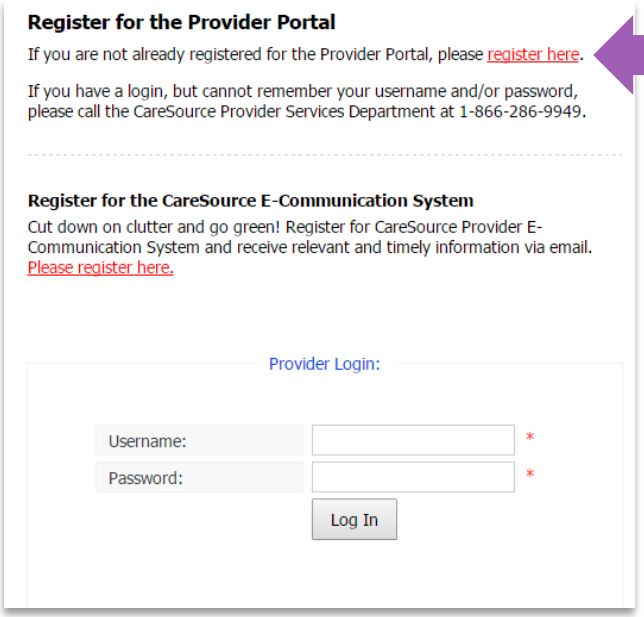
Plan Participation

- Not currently a participating provider?
- Visit **CareSource.com/in/providers** and scroll down to click on *Become A CareSource Provider*.
- Complete our **New Health Partner Contract Form**



Provider Portal Registration



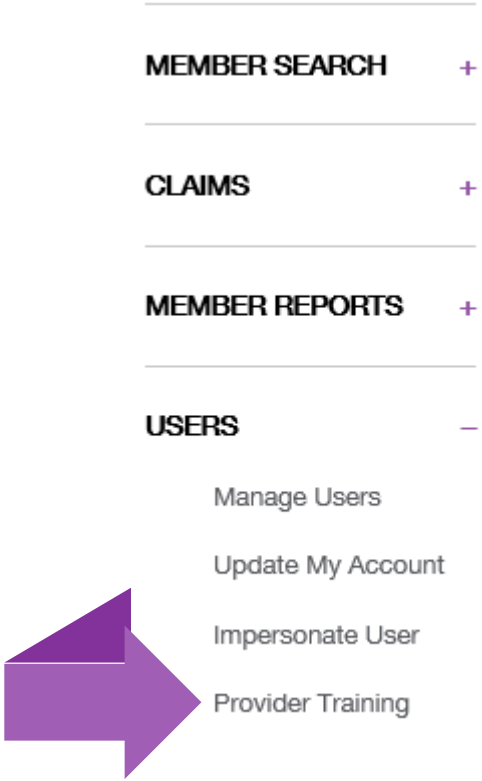


1. Go to **CareSource.com**.
2. On the top right corner of the page, hover over Login and select **Provider**.
3. Select Indiana.
4. Click register here under **Register for the Provider Portal.**
5. Enter your information, including your CareSource Provider Number (located in your welcome letter).
6.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

Helpful Hint:

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

Provider Portal Resource Library



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!

If you are having trouble viewing the training materials and are using Chrome, please try to use Firefox or Internet Explorer.

- Provider Portal User Guide
- 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

Member Search

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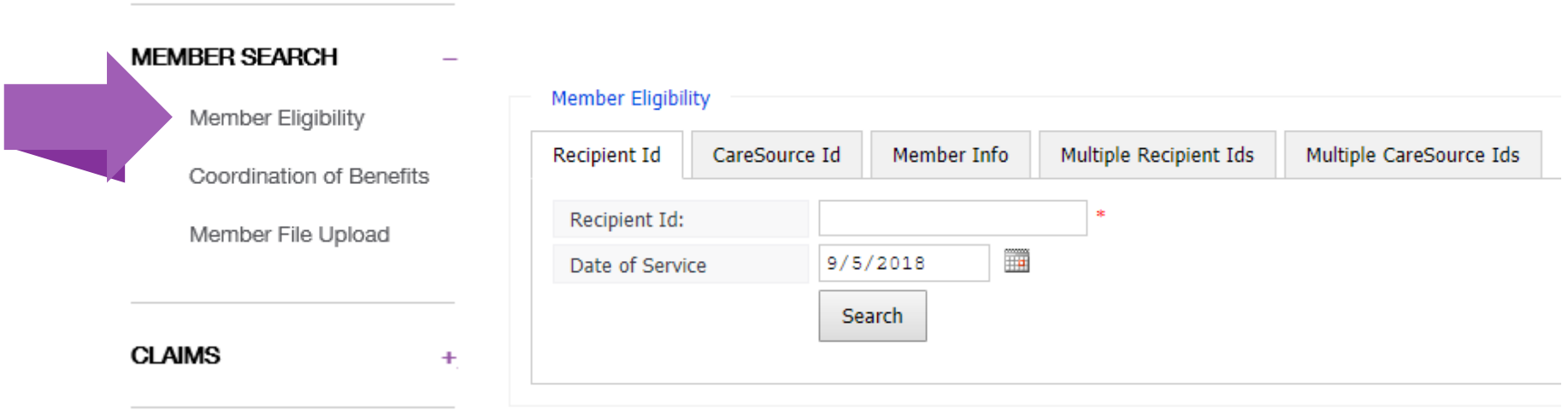
Member Eligibility



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.

Coordination of Benefits

COB Information

Carrier:	Anthem Blue Cross Blue Shield (BCBS) Ohio PO BOX 105187 Atlanta, GA 303485187	**Insurance Type:**	Medical
Carrier Phone:	(855) 690-7796	**Group Number:**	[redacted]
		Policy Number:	[redacted]
		Effective Date:	1/1/2017
Policy Holder Name:	[redacted]	**Term Date:**	2/1/2017
Relationship to Policy Holder:	Unavailable	**Last Verification Date:**	5/8/2017

* The presence of an asterisk may indicate an incomplete record for the field indicated. Note: Please contact the primary carrier for any information that is **"Unavailable."**

Add COB Information | Edit COB Information

Member File Upload

Member Eligibility

Health care providers should always verify member eligibility before rendering services, except in an emergency.

It is important to verify that CareSource members are eligible for care on the date of service; therefore, the date of service is required to conduct a search. This helps prevent unpaid claims. Please select one of the following search methods and enter the requested information. Then select "Search." You can verify eligibility for dates of service up to 24 months ago.

Uploading Consent Forms

If you need to upload a member's consent form for abortion, hysterectomy, or sterilization, first check the member's eligibility for the appropriate date of service, and then scroll to the Upload Consent Form option on this page to upload the consent form.

Corrected claim forms are not necessary when submitting documentation on the Portal.

How to Upload Consent Form

NOTE: If you are submitting documentation for a claim and do not indicate the specific claim number for which the documentation applies, the documentation ***will apply only to claims received after the receipt date of the consent form***. For example, a consent form uploaded on 1/6/2020 will systematically apply to claims received by CareSource on or after 1/6/2020. It will not apply to claims received prior to 1/6/2020.

To upload a consent form applicable to a ***previously submitted claim***, you must enter the corresponding claim number when submitting the attachment to ensure systematic alignment.

Claims

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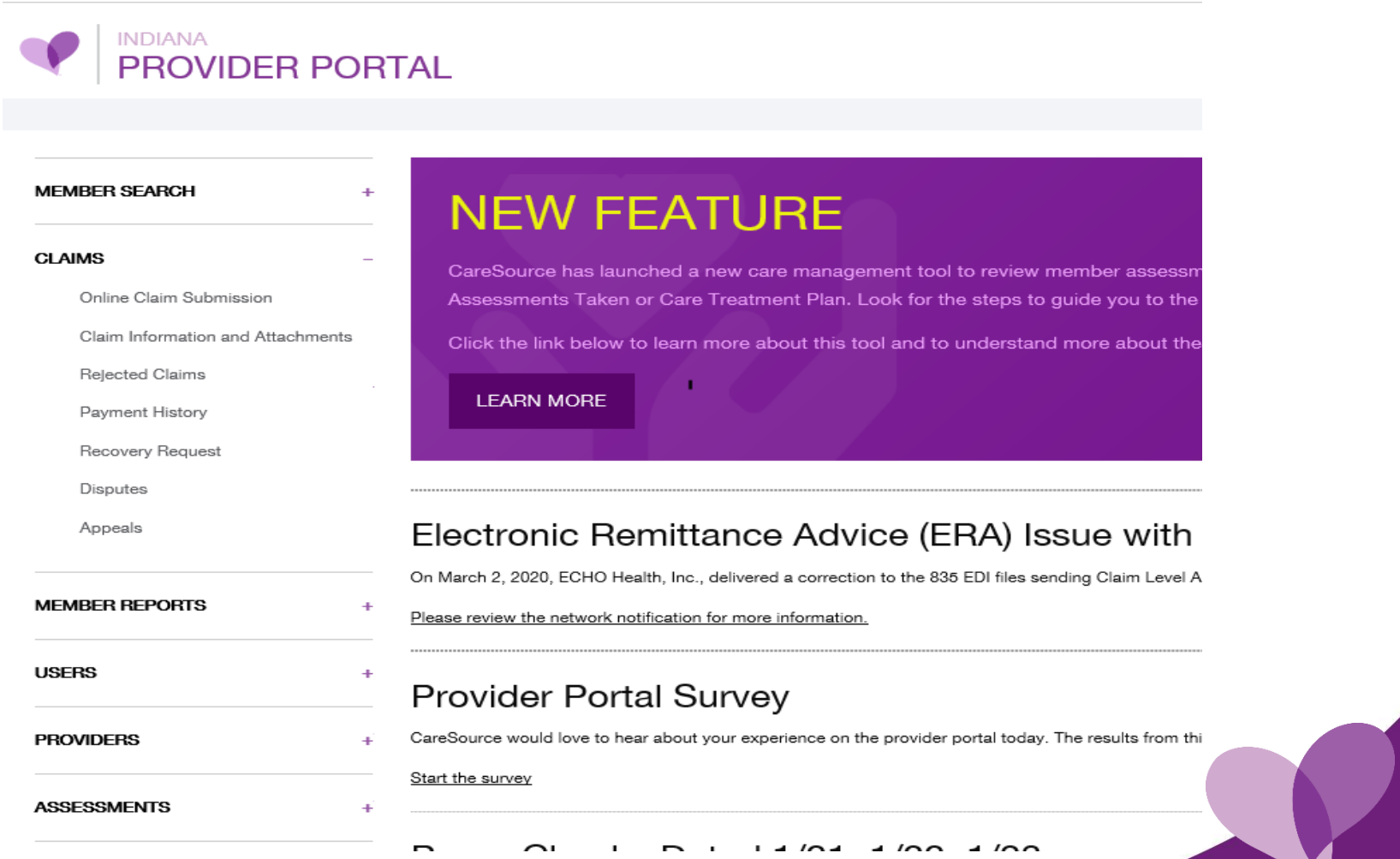
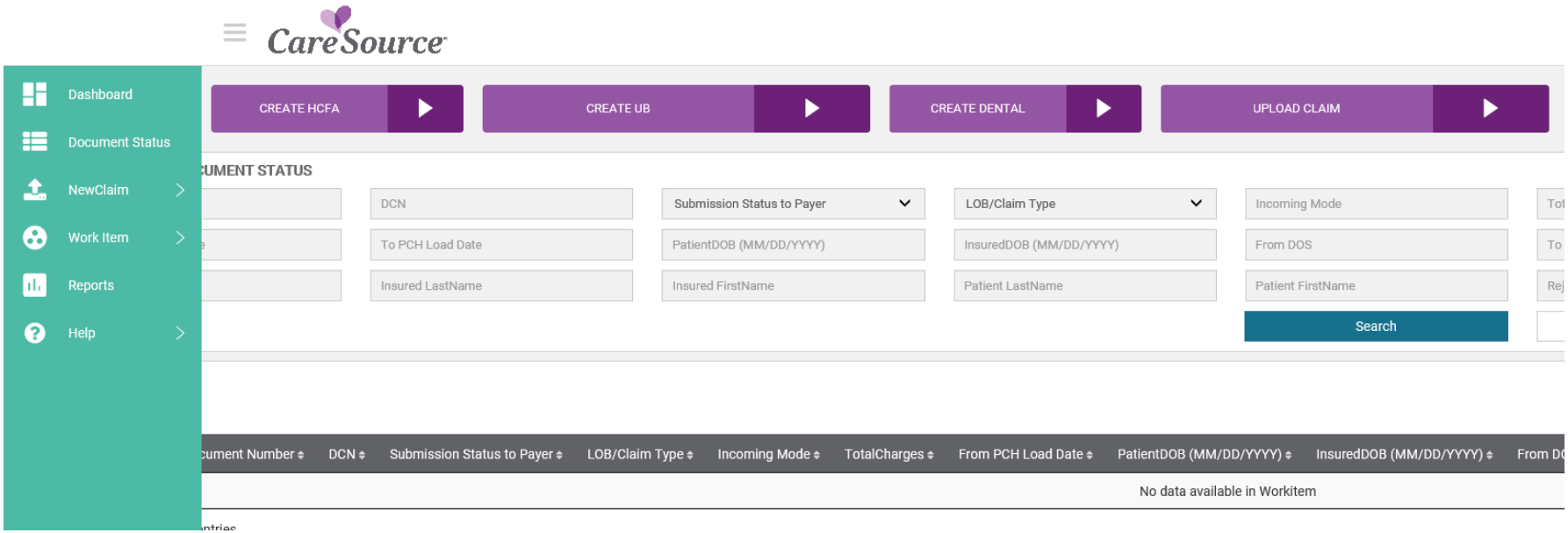
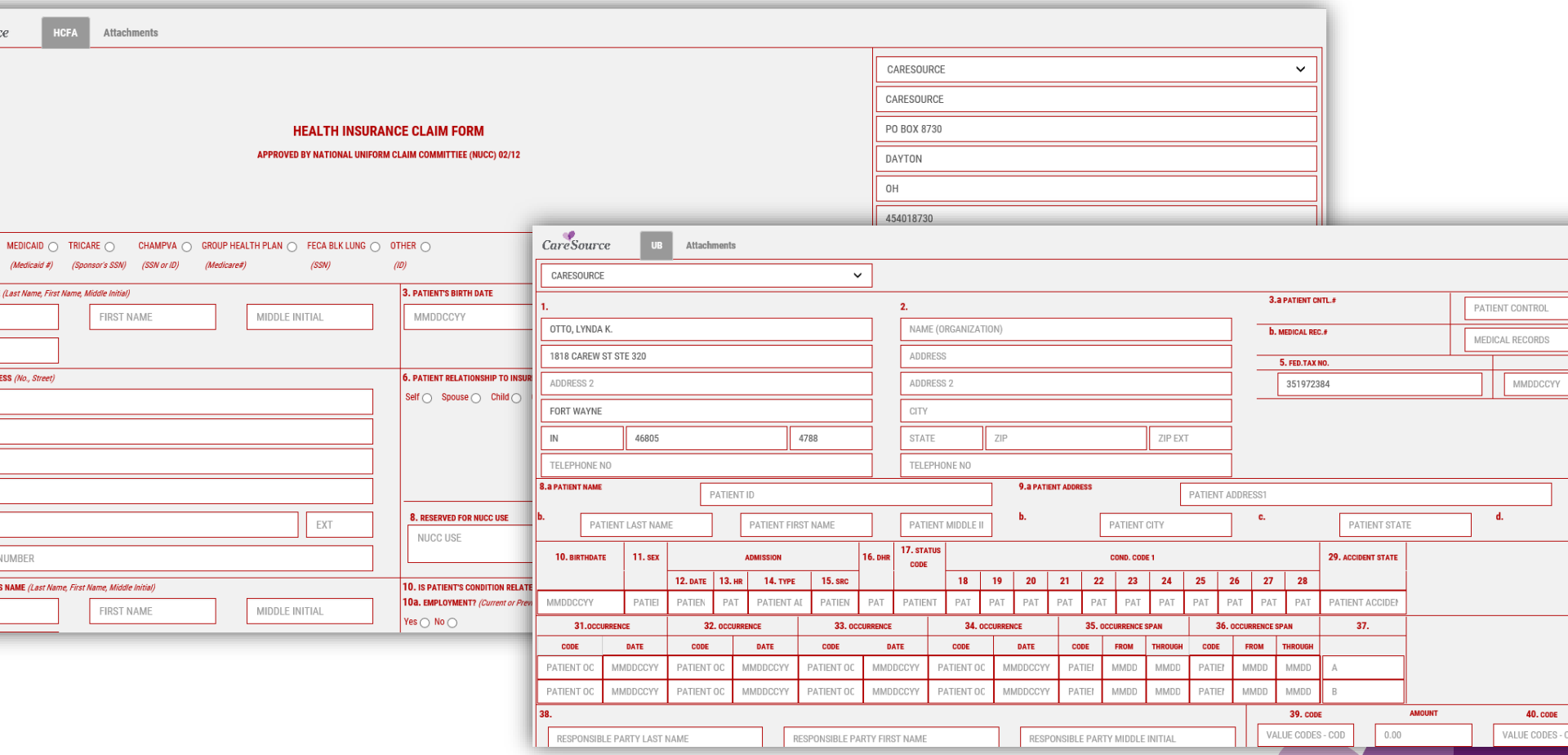
Claims


INDIANA
PROVIDER PORTAL
MEMBER SEARCH +
CLAIMS –
Online Claim Submission
Claim Information and Attachments
Rejected Claims
Payment History
Recovery Request
Disputes
Appeals
MEMBER REPORTS +
USERS +
PROVIDERS +
ASSESSMENTS +
NEW FEATURE
CareSource has launched a new care management tool to review member assessm
Assessments Taken or Care Treatment Plan. Look for the steps to guide you to the
Click the link below to learn more about this tool and to understand more about the
LEARN MORE
Electronic Remittance Advice (ERA) Issue with
On March 2, 2020, ECHO Health, Inc., delivered a correction to the 835 EDI files sending Claim Level A
Please review the network notification for more information.
Provider Portal Survey
CareSource would love to hear about your experience on the provider portal today. The results from thi
Start the survey

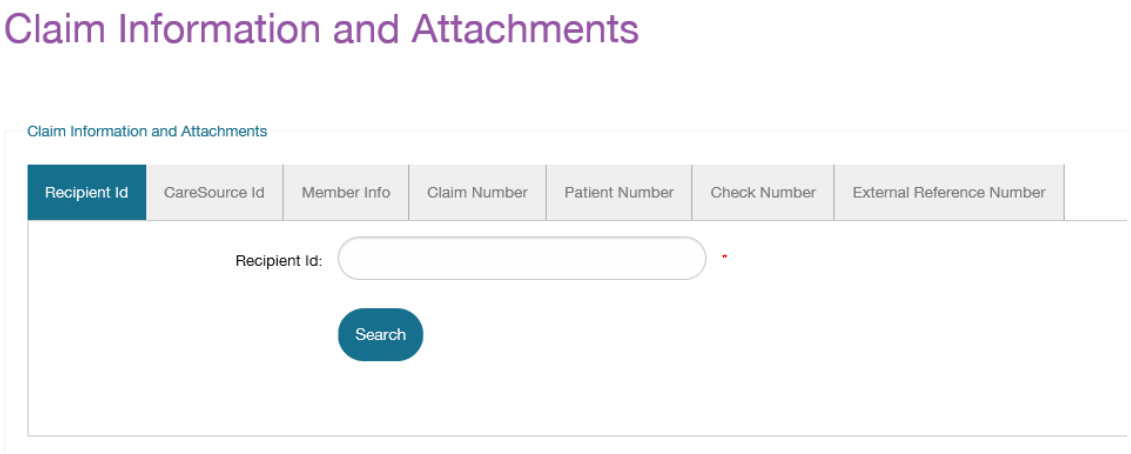
Online Claim Submission



Online Claim Submission

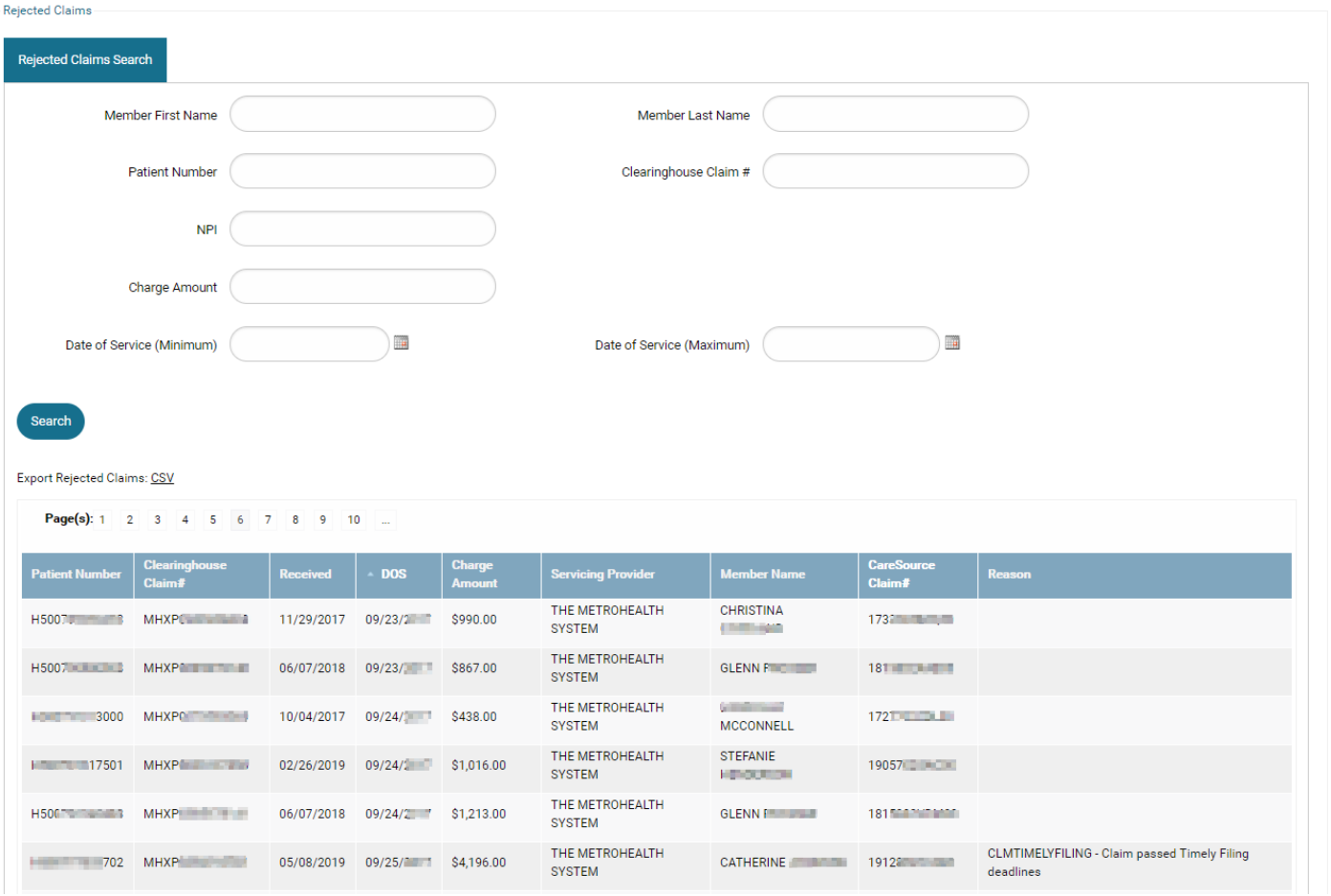


Claim Information & Attachments



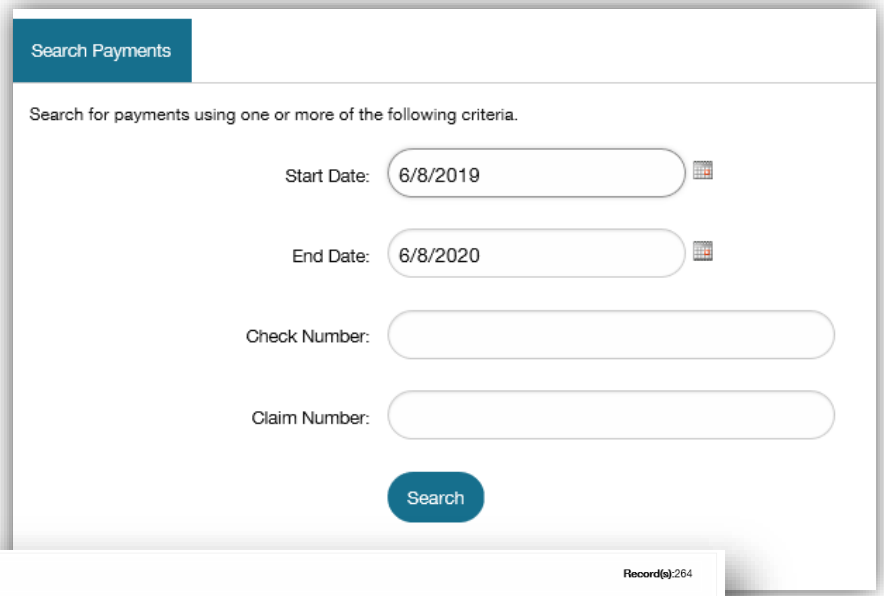
- Claim status is updated daily on our Provider Portal
- Check claims that were submitted for the previous 24 months.
- Additional details are now available when viewing a denied claim on the Provider Portal, including additional clinical edits.
- A new Document Upload tab is available on the Claims Detail view when a claim is denied due to missing attachments.

Rejected Claims



Payment History

- Upon entering your date range and check OR claim number, the Provider Portal will list applicable remittance advice.
- Full EOB can be pulled up and reviewed

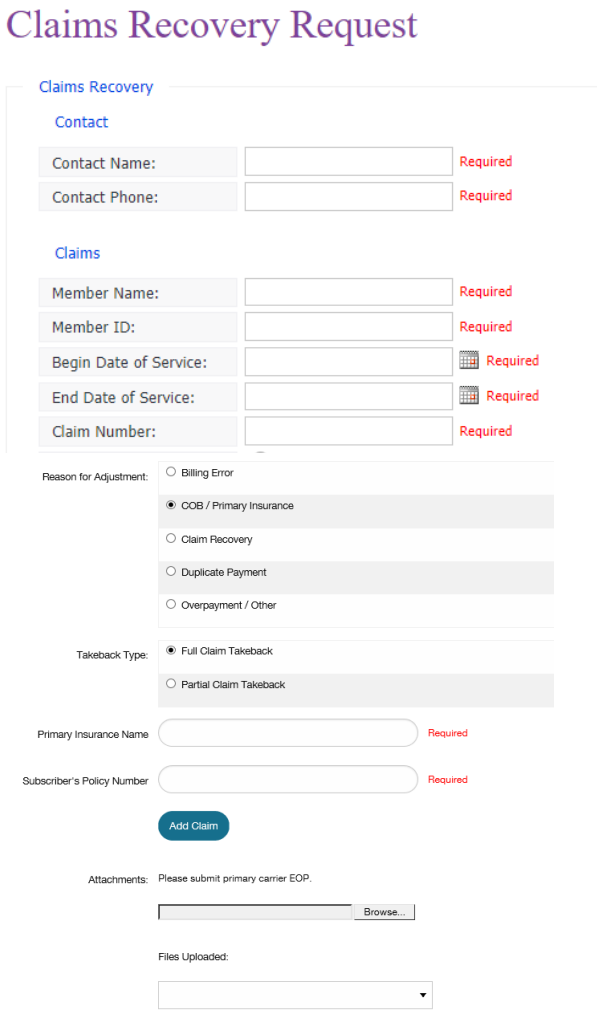


Page(s): 1 2 3 4 5 6 7 8 9 10 ...

Record(s):264

EOP	Check Number	Processed Date	Remit Address	Check Amount
View EOP	Not Applicable	6/3/2020	230 N Main St Dayton, OH 454021263	$0.00
View EOP	Not Applicable	5/16/2020	230 N Main St Dayton, OH 45402	$0.00
View EOP	Not Applicable	5/16/2020	230 N Main St Dayton, OH 45402	$0.00
View EOP	Not Applicable	5/16/2020	230 N Main St Dayton, OH 45402	$0.00
View EOP	Not Applicable	5/13/2020	230 N Main St Dayton, OH 45402	$0.00
View EOP	Not Applicable	5/9/2020	230 N Main St Dayton, OH 45402	$0.00
View EOP	Not Applicable	5/9/2020	230 N Main St Dayton, OH 45402	$0.00

Recovery Request (Recoupment)



- Claim should be reviewed and recovered (if needed) within 30 days.
- Please note that Member ID will be their Subscriber ID when completing this form.

Disputes

Disputes

File a claim payment dispute for a claim underpayment, a partially or fully denied claim (*please see below for a few exceptions*), or for an adverse claim payment decision.

A claim number is required to submit your claim dispute through the Portal. Any supporting documentation should also be attached.

The following should not be submitted as a Dispute:

If you are responding to a denied authorization that requires medical necessity review, please submit an appeal.

If you are submitting a request due to overpayment, please submit a claim recovery request.

If your claim was denied due to a missing consent form, please upload the consent form.

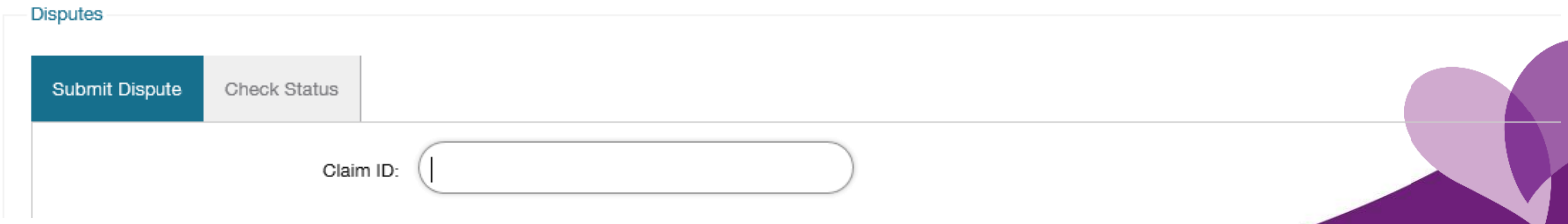
If your hospital claim was denied due to missing medical records, please upload the medical records.

Notice:

CareSource is currently unable to receive dental appeals or disputes through the Portal. If you need to submit an appeal or dispute involving a dental claim, please mail your submission to:

CareSource
Attn: Grievance and Appeals
P.O. Box 1947
Dayton, OH 45401-1947

You can also fax your submission to **937-531-2398**.



Appeals

Appeals

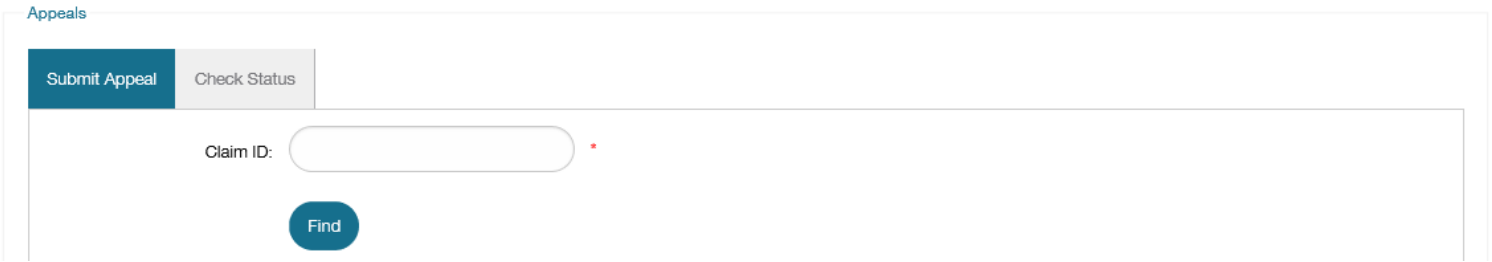
Prior to filing an appeal you must submit a claim dispute to CareSource. You have the right to appeal once you have received your claim dispute decision or 30 calendar days have passed since CareSource received your dispute.

Notice:

CareSource is currently unable to receive dental appeals or disputes through the provider portal. If you need to submit an appeal or dispute involving a dental claim, please mail your submission to:

CareSource
Attn: Grievance and Appeals
P.O. Box 1947
Dayton, OH 45401-1947

You can also fax your submission to **937-631-2398**.



Member Reports

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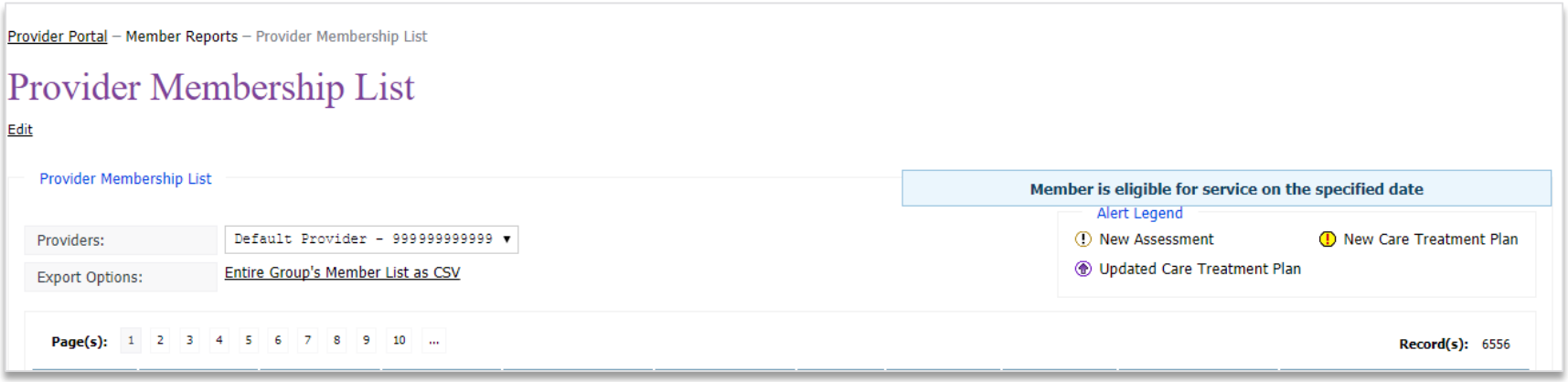
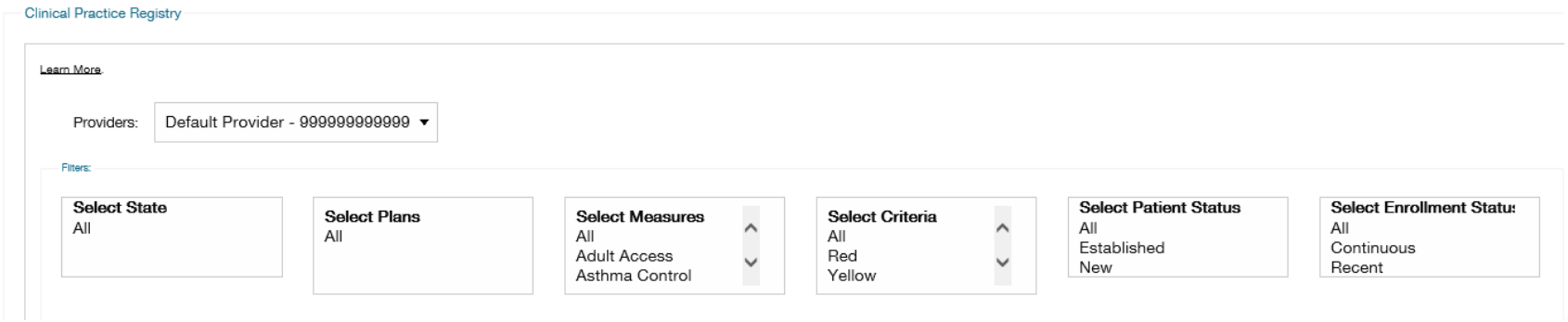
Member Reports



Clinical Practice Registry



Providers

CareSource™

Providers

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

Prior Auths & Notifications

Prior Authorization Requirements

- Medicaid
- Marketplace

Using CareSource Provider Portal Prior Authorizations

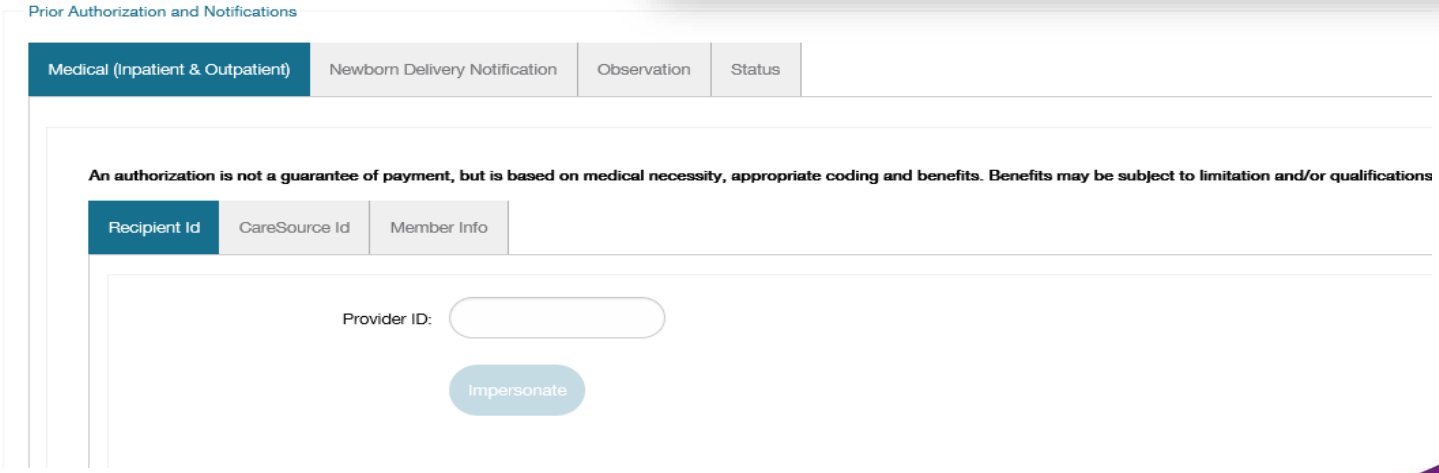
To help you with the features of CareSource Provider Portal Prior Authorizations, please refer to the following links:

- Using CareSource Provider Portal Prior Authorizations Presentation Slides
- Fax Numbers for Pended PA's
- Indiana Newborn Notification Overview
- Indiana Outpatient Prior Authorization Submission Overview
- Indiana Inpatient Prior Authorization Submission Overview
- Marketplace Providers: Request for Change or Request for Case Tip Sheet
- Medicaid Providers: Request for Change or Request for Case Tip Sheet
- Inpatient Emergency Services Tip Sheet
- Frequently Asked Questions (FAQs)
- Email questions

Prior Authorization Results Screen

Reference # and Authorization status will be displayed on the Provider Portal after submitting the request.

***Please note you are also able to attach additional clinical information.**

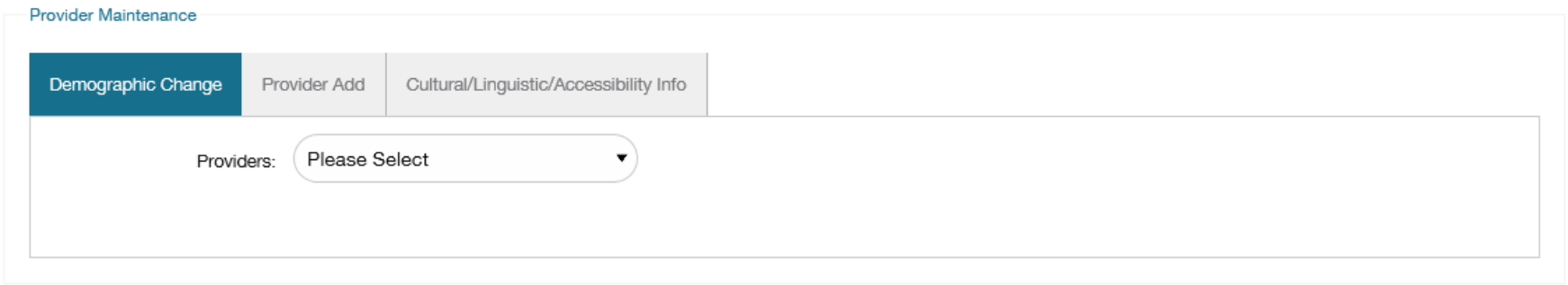


Provider Maintenance

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.



**Note: All changes must be submitted to CoreMMIS prior to submitting to CareSource

Credentialing Reminders

- A current CAQH is needed for credentialing any provider.
- Additional organization applications are required for Hospitals, Urgent Clinics, Skilled Nursing Facilities, Home Health Agencies, Ambulatory Surgical Centers, CMHCs and County Health Departments.
- W9 is required for all new requests and changes.

Updates & Announcements

Visit the **Updates and Announcements page** located on our website for frequent network notifications.

https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements
- Additional portal enhancements

How to Reach Us

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

CareSource

PARTNER with Purpose

CareSource Health Partner Engagement Representatives

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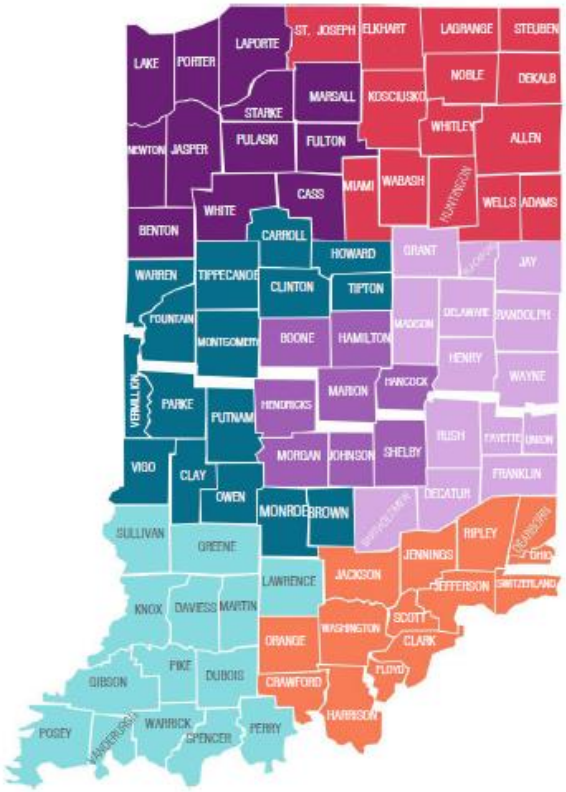

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OMPP Approved: 07302020

CareSource

IN-P-0803a Issue Date: 9/9/20

OMPP Approved: 9/9/20