



Provider Enrollment

2022 IHCP Works
Annual Seminar



Agenda

- Become a Participating Provider
- Contracting
- Provider Maintenance
- Credentialing
- Enrollment
- Onboarding
- Updates/Announcements



Become a Participating Provider





Become a Participating Provider



Ready to join our network? Here's what comes next.

[New Provider Step-by-Step Guide to Become a CareSource Health Partner](#)

Thank you for your interest in becoming a participating CareSource provider.

All providers and provider groups should follow the below step-by-step guide to assist you with this process. If you are unable to follow the below steps, please contact your [Health Partner Engagement](#) Specialist for assistance.

Please note: A provider must be fully enrolled and active with Indiana Health Coverage Programs (IHCP) prior to becoming a participating CareSource provider.

Please review the IHCP [Network Effective Date Policy](#) for requirements related to the onboarding process for Indiana Medicaid.

Contracting

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 four tabs that will need to be completed.

- Tab 1 - Instructions: This tab provides instructions guiding you through the completion of tabs 2-4.
- Tab 2 - General Information: Please verify that the IRS name entered in Tab 2 matches line 1 of your W-9. The IRS name will be used to create your contract.
- Tab 3 - Provider(s): Enter both practitioner and facility data.
- Tab 4 - Submission: The following documents are required to be attached within tab 4.

New Health Partner Contract Form



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



New Health Partner Contract Form



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.

New Health Partner Contract Form



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="text"/>	<input type="checkbox"/> Enter Tax ID * <input type="checkbox"/> Enter SSN * Please either Tax ID or Social Security Number.	Group NPI Number * <input type="text"/>	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 <input type="button" value="Add"/> <input type="text" value="Product *"/> Contract Code <input type="text"/>
IRS Name * <input type="text"/>			Medicare Number <input type="text"/>	
Doing Business As <input type="text"/>			Medicaid Number <input type="text"/>	
WebSite URL Address <input type="text"/>	Is this a tax ID change to a current contract? <input type="text"/>			
		Is this an IRS name change to a current contract? <input type="text"/>		

Office Contact

Last Name * <input type="text"/>	First Name * <input type="text"/>
Phone Number * <input type="text"/>	Phone Extension <input type="text"/>
Email * <input type="text"/>	
Are you a CMHC provider? * <input type="text"/>	Organization <input type="text"/>

Contract (or Signatory) Information

Last Name * <input type="text"/>	First Name * <input type="text"/>
Signatory Title * <input type="text"/>	
Signatory Email * <input type="text"/>	

New Health Partner Contract Form



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

Street Address	Phone Number	Clear Common Address
<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"/>		

Provider Count

1

Add Providers

Provider Information

Name *	<input type="text"/>
Degree	<input type="text"/>
Notes	<input type="text"/>

☐ 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"/>

New Health Partner Contract Form



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*

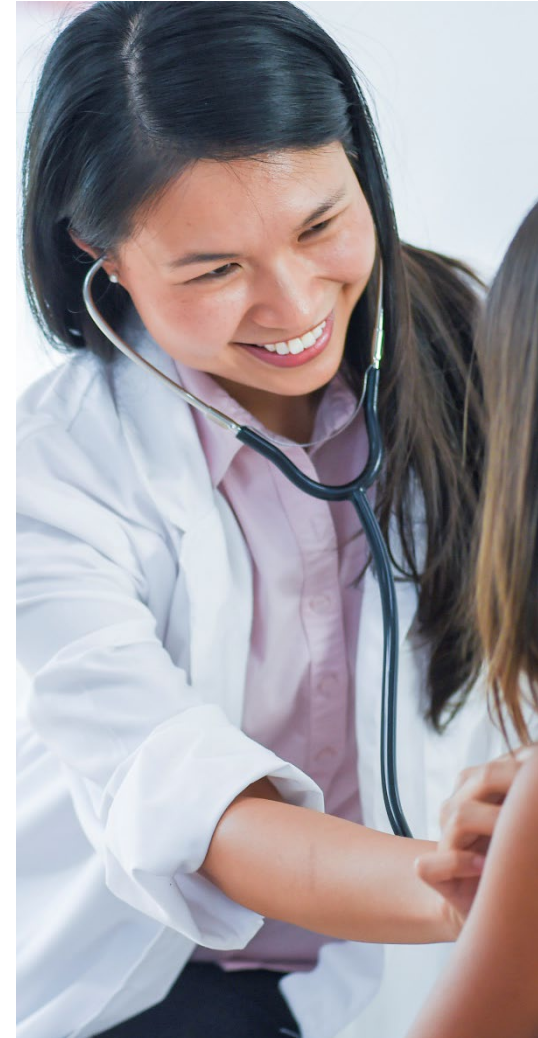
E-mail Address*

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](#)



Required Documents



- Signed and dated **W-9 Tax Form**
- **Provider Debarment Form**
- **Organizational Provider Credentialing Application – Required For the Following:**
 - Ambulatory Surgical Centers
 - Birthing Centers
 - Dialysis/End Stage Renal
 - Opioid Treatment Programs
 - Urgent Care
 - Health Departments
 - Home Health/Home Infusion
 - Hospital
 - Hospice
 - Skilled Nursing Facilities
 - Rehabilitation Facilities
 - Orthotic Suppliers
 - Behavioral Health Facilities (i.e., CMHC/SUD)
 - Pathology Laboratories

Notification of Incomplete Requests



Notification of an incomplete network participating request will be sent within **five business days** after receipt of initial request.

An incomplete network participation request is defined as a request that CareSource cannot fully process due to missing/illegible documentation or information needed to write a contract.



Health Partner Contract Form



If you offer medical services and want more information about becoming a participating provider, please submit the **New Health Partner Contract Form**.

At CareSource, we work with our healthcare providers to ensure the highest quality of care for our members, and we are committed to making it easy for you and your staff to do business with us.

CareSource offers education and training at **Education | Indiana – Medicaid | CareSource**

Your Application Status

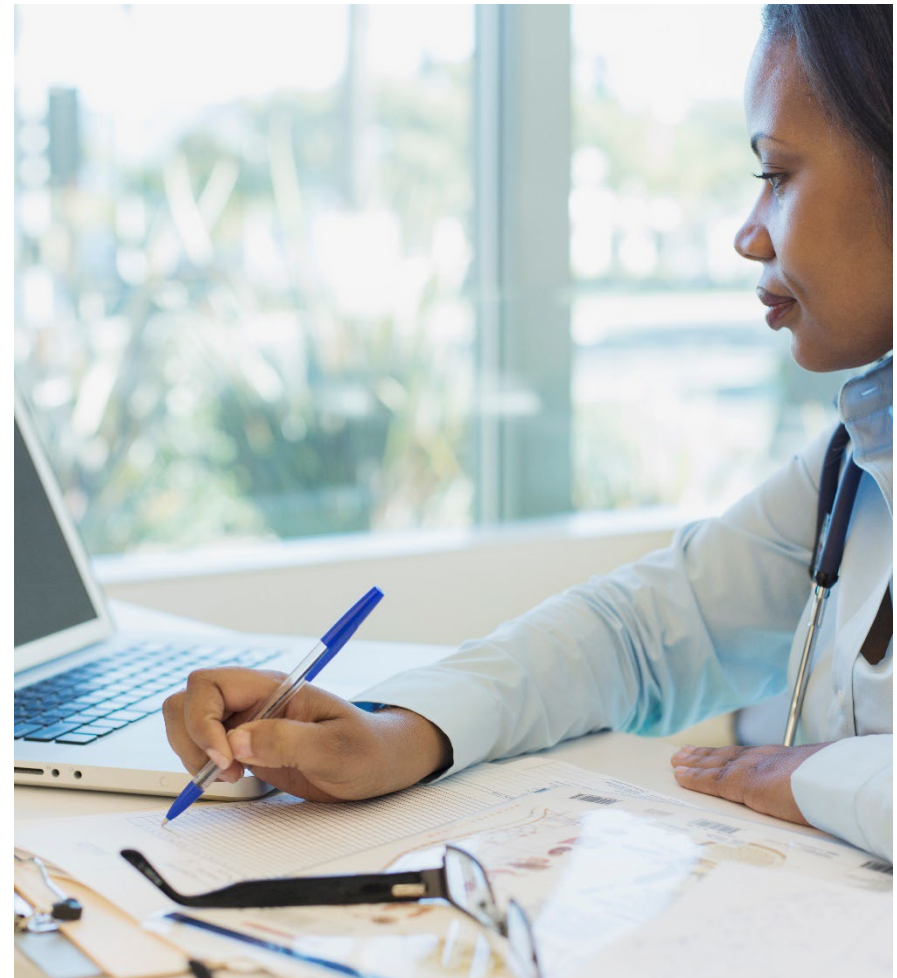


Once you submit your application, you will receive a confirmation email. ***Please save this email, as it will contain your Application ID.***

Please note, if **contracting** one of the following facility types, your request will be forwarded to a health partner contracting manager for processing:

- Dialysis
- Hospital (Acute, Behavioral, or Critical Access)
- Hospice
- Rehabilitation
- Skilled Nursing
- Substance Use Disorder

The Office Contact listed on the New Health Partner Contracting form will receive an email from their assigned Health Partner Contract Manager confirming receipt of their participation request. If any additional **supporting documentation** is needed to create the contract, it will be included in this email.



Provider Maintenance

Provider Maintenance



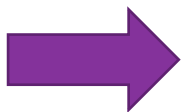
CareSource Provider Portal



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



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).
- For a copy of the hierarchy form, please contact your Health Partner Engagement Specialist.

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



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



CAQH (Council for Affordable Quality Healthcare) Information

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

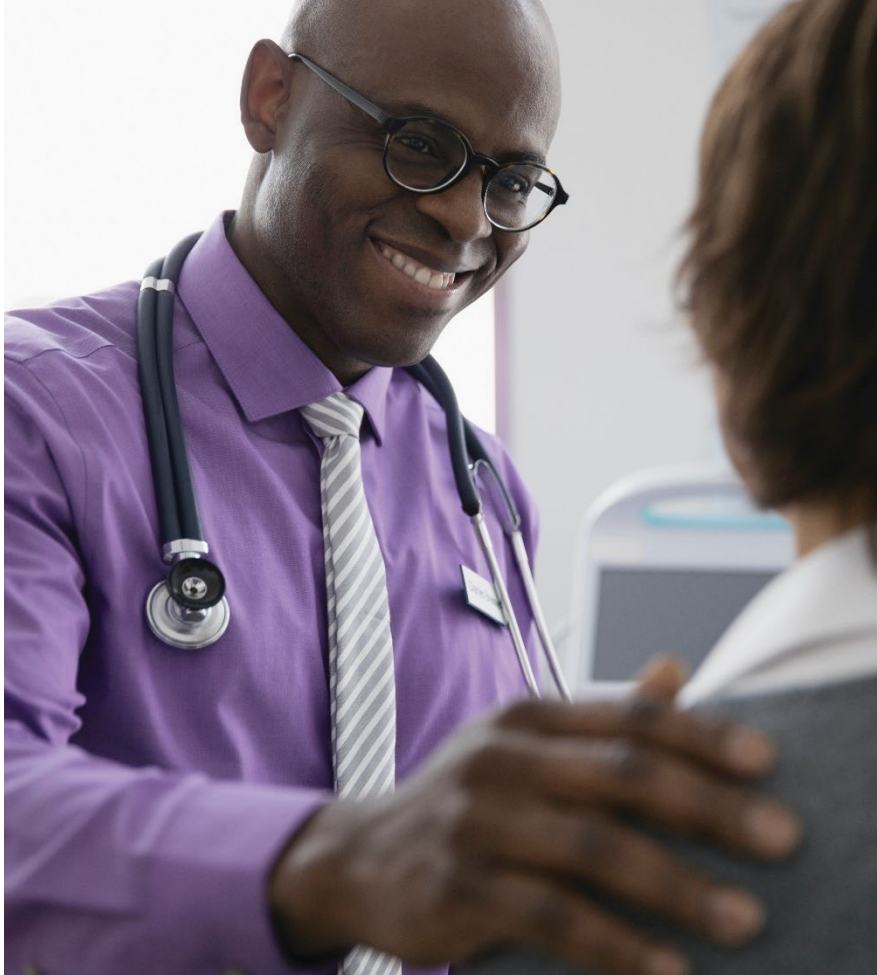
Re-attestation is required every 120 days

Importance:

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



Knowledge Check



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

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



Credentialing

Step 2 - Credentialing



Credentialing refers to the process of reviewing the qualifications and appropriateness of a provider to join the health plan's network.

Contracting and Recredentialing Process

Credentialing requirements and processes follow NCQA and the Indiana Office of Medicaid Policy and Planning (OMPP) guidelines.

OMPP requires that you submit, to CareSource:

- A complete Council for Affordable Quality Healthcare (CAQH) application or CAQH number.
- National Provider Identifier (NPI) number.
- Active Indiana Medicaid ID.



Who Requires Credentialing?



- Practitioners who are licensed, certified, or registered by Indiana Health Coverage Programs (IHCP) to practice independently (without direction or supervision). These provider types may include, but are not limited to: MD, DO, NP, PA, LISW (LCSW), DC, PSYD, LMFT, LPCC, etc.
- Practitioners who have an independent relationship with CareSource. Family Medicine, Internal Medicine, and Pediatrics.
- Practitioners who provide care to members under CareSource medical benefits, such as Dentists, Oral Maxillofacial Surgeons, Optometrists, and Ophthalmologists.

Who Requires Credentialing?



- Some Facilities and Organizational providers who contract with CareSource. These provider types may include, but are not limited to: Hospitals, Home Health Agencies, Skilled Nursing Facilities, Ambulatory Surgery Centers, Urgent Care Facilities, etc.
- Providers who practice exclusively within the inpatient hospital setting and provide care for CareSource members only as a result of being directed to the hospital/facility do not need to be credentialed by CareSource unless otherwise noted. These provider types may include hospitalists, pathologists, radiologists, anesthesiologists, and emergency room physicians.

Common Credentialing Barriers



CareSource is unable to access your CAQH application.

To grant CareSource authorization please follow these steps:

1. Log onto CAQH using your account information.
2. Select the authorization tab.
3. Make sure CareSource is listed as an authorized plan. If not, check the “Authorized” box to add.

Common Credentialing Barriers



Omission of the following documents within the CAQH application:

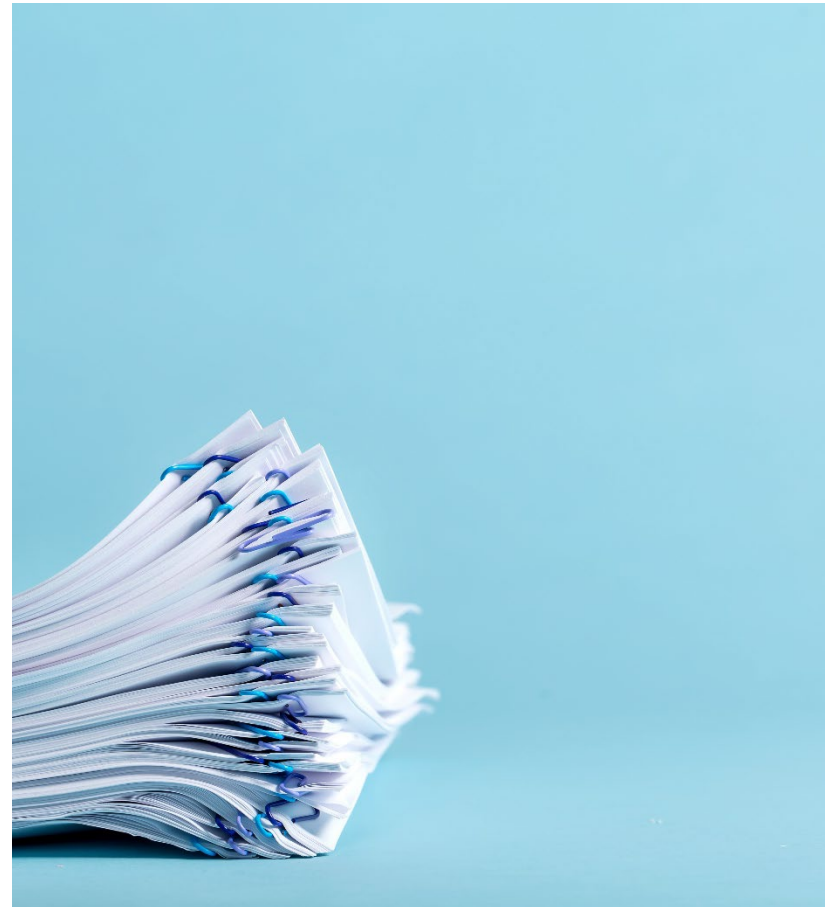
- Drug Enforcement Administration (DEA) certificate
- Malpractice insurance fact sheet
- Clinical Laboratory Improvement Amendment (CLIA) certificate, if applicable
- Collaborative practice agreement, if applicable

Incomplete documents

All documents must be complete and current.

Missing or Expired Documents

If there are missing/expired documents, you will receive a notification letter with instructions to correct and submit the updated information.



Enrollment

Step 3 - Enrollment



- **Provider enrollment** refers to the process of loading a contracted and credentialed provider to all CareSource's internal systems, loading for claims payment, and loading to the provider directory (if applicable). Provider enrollment does not take place until the provider is fully approved and credentialed.
- After a provider completes the contracting and credentialing process, provider information will be loaded into CareSource internal systems.

Onboarding

Step 4 - Onboarding



- Welcome to the CareSource network! *Once you receive your Welcome Letter from CareSource with your CareSource ID number, you have completed the contracting and credentialing process.*
- As you prepare to see CareSource members, we encourage you to familiarize yourself with our plan, tools, and resources.



Onboarding Resources



Tools & Resources

Access information to help you with practice administration.

Most Popular

[DRUG FORMULARY](#)

[PROVIDER MANUAL](#)

[QUICK REFERENCE MATERIALS](#)

Additional Links

[COVID-19 Information](#)

[Provider Policies](#)

[Request Patient Services](#)

[Forms](#)

[Updates & Announcements](#)



Provider Portal

Discover all the different functions you have available on the Provider Portal.

Most Popular

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[FILE A DISPUTE OR APPEAL](#)

[PRIOR AUTHORIZATION](#)

Additional Links

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[Provider Referrals](#)

[Provider Maintenance](#)

[Check Eligibility](#)



Education

Learn more about our programs and other topics to assist you with caring for your patients.

Most Popular

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[PATIENT CARE](#)

[FREQUENTLY ASKED QUESTIONS](#)

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[Newsletters & Communications](#)

[Pharmacy](#)

[Quality Improvement](#)

[Reporting Fraud, Waste & Abuse](#)

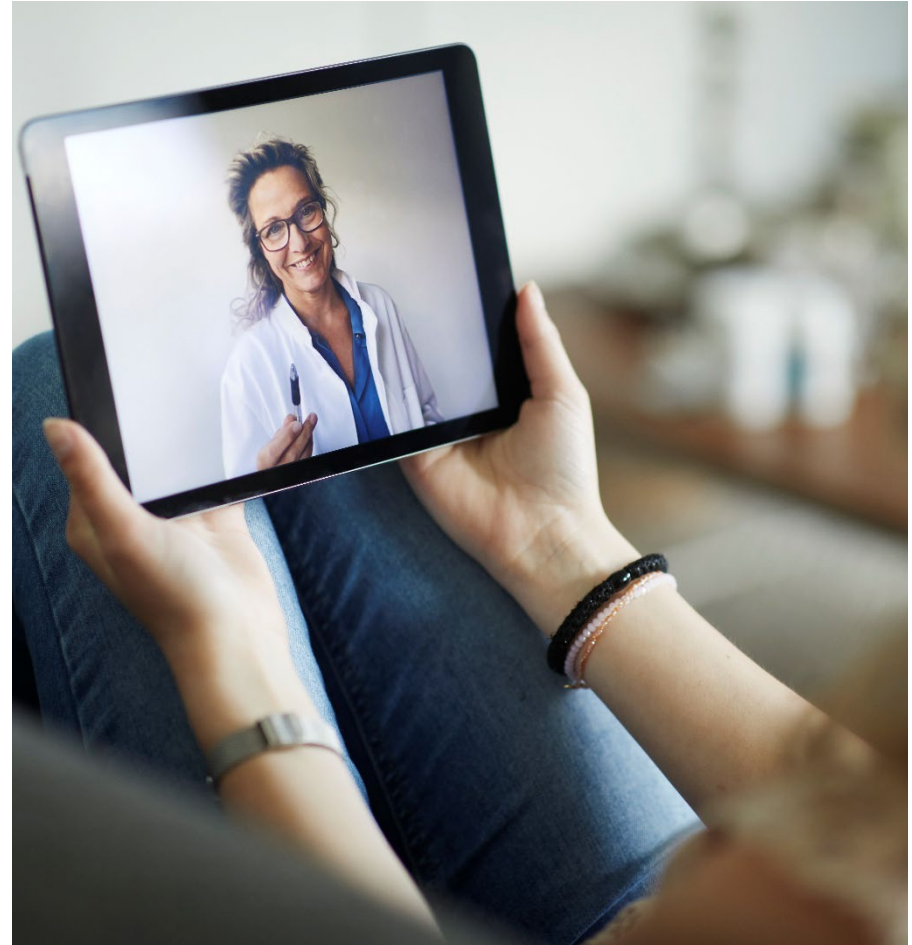
[Training & Events](#)

Welcome Letter



- Once the enrollment process is completed and your provider information has been added to the CareSource system and Provider Directory, CareSource will generate a Welcome Letter within five business days. Your CareSource Welcome Letter will include important information, such as:

- Network Effective Date
- Enrolled Products
- CareSource Provider ID
- Additional instructions for claims submission
- Contact information



Checking Status



How to check your application status

- You can check your application and credentialing status on the Provider Portal on the “Check Provider Enrollment” page. You will need to enter your NPI and Application ID.
- Check the Captcha checkbox and then click the “Check Status” button.
- The tool will allow you to view your status in the contracting, credentialing, and enrollment process as well as specific documents that may still be needed.

Checking Status



Contact Us

- Need help? If you have additional general questions about getting contracted, please call CareSource's Provider Services at **1-844-607-2831** or [email us](#).
- We are always looking for ways to improve our network. If you have any suggestions or would like to refer a provider to us, we want to hear from you. Share your ideas or referrals on the [Access Opportunity Form](#).

CareSource Onboarding Resources



- [Create a Provider Portal account.](#)
- [Take the provider orientation training.](#)
- [Set up electronic payments.](#)
- [Bookmark news from CareSource.](#)
- [Share the good news!](#)
- [Explore training and resources.](#)

Updates & Announcements

Updates and Announcements



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

[Updates & Announcements | Indiana – Medicaid | CareSource](#)

Quarterly Friday Forum



- Revenue cycle, contracting, credentialing, clinical operations, quality, or administrative staff are welcome to attend.
- Brief presentation covering updates
- Live Q&A follows presentation
- **Dec. 16, 2022 – 2 to 4 p.m. EST**
- Save the Date will be published on our Updates & Announcements page.
- Please reach out to your Health Partner Engagement Specialist for any topics you want to hear about.

Provider Resources



Visit the [CareSource.com](https://www.caresource.com) Plan Resources page to access the following resources:

- Printable health partner manual
- Printable orientation slides
- Newsletters & network notifications
- Formularies
- Covered benefits
- Quick reference guides
- And more

CareSource Provider Portal:

<https://providerportal.caresource.com/IN>

Contact Us



Health Partner Engagement Specialists



HEALTH PARTNER ENGAGEMENT REPRESENTATIVES

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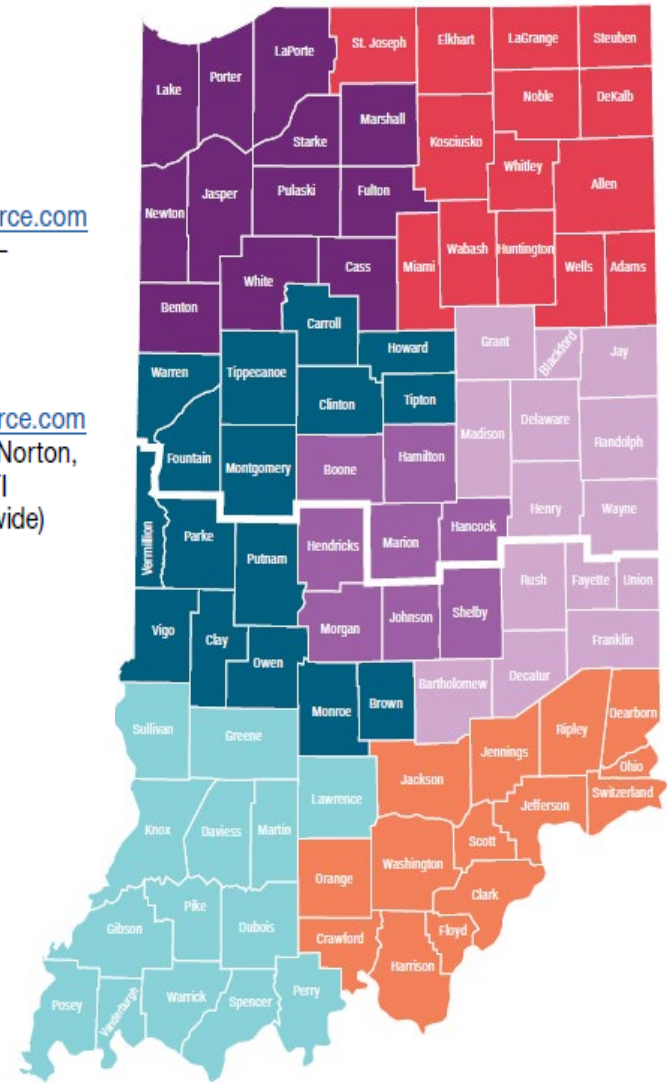
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[Contact Us](#) | [Indiana – Medicaid](#) | [CareSource](#)





Thank you!!!