



# PROVIDER TIPS, TRICKS, AND HELPFUL HINTS

**2025 Indiana Health Coverage Programs (IHCP) Works Annual Seminar**

# Agenda

Provider Enrollment

Provider Add/Update/Terms

Access and Availability (A&A)

Attestation

Site Visits

How to Reach Us



# Provider Enrollment

# The Process:

## Understanding the Process

### Application

The correct completion and submission of a [Health Partner Contract Form](#) by the provider.

### Contracting

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.

### Credentialing

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

### Enrollment

Provider Enrollment is the process of loading a contracted and credentialed provider to all MCE internal systems, loading for claims payment, and loading to the provider directory (if applicable).

For additional information on enrollment, please refer to the [CareSource Medicaid Provider Manual](#)



# Before Enrollment with CareSource IN Medicaid:

Verify your group(s) and *ALL* the practitioners are BOTH enrolled with IN Medicaid before submitting requests to participate with CareSource.

If adding a practitioner, confirm they are registered, enrolled, and linked to the group with IN Medicaid before submitting a Hierarchy (HIE) request to CareSource.

Ensure the practitioner(s) are linked to every service location where they practice.

Address and Zip+4 listed on enrollment requests must match Indiana Health Coverage Programs (IHCP) enrollment. Only locations that match IHCP enrollment will be loaded for CareSource.

**For additional information on enrollment with IN Medicaid, please follow this link:**

[IHCP Quick Hits Provider Enrollment](#)



# Reminder: Give Access of CAQH to CareSource

Please make sure that CareSource has access to your provider Council for Affordable Quality Healthcare (CAQH) Information **before you submit your CAQH number** on provider maintenance submissions.



1. Log on to [CAQH](#) using your account information.
2. Select the Authorization tab.
3. Make sure CareSource Indiana is listed as an authorized health plan.
4. If not, check the Authorized box to add.

Include the following documents:

- Drug Enforcement Administration (DEA) registration number.
- Malpractice insurance face sheet.
- Clinical Laboratory Improvement Awards (CLIA) certificate, if applicable.
- Collaborative practice agreement, if applicable.



It is essential that all documents are complete and current, or CareSource will discontinue the contracting and credentialing process.

If you have missing or expired documents, the Credentialing staff will send you a letter with instructions to correct and submit the updated information.



# Disclosure of Ownership, Debarment, and Criminal Convictions

1. Before CareSource enters in to or renews an agreement with your practice or corporate entity, you must disclose any debarment, proposed for debarment, suspension, or declared ineligible status related to federal programs for yourself, your managing employees, and anyone with an ownership or controlling interest in your practice or corporate entity.
2. You must also notify CareSource of any federal or state government current or pending legal actions, criminal or civil, convictions, administrative actions, investigations, or matters subject to arbitration.
3. In addition, if the ownership or controlling interest of your practice or corporate entity changes, you have an obligation to notify us immediately. This also includes ownership and controlling interest by a spouse, parent, child, or sibling.
4. If you have ownership of a related medical entity where there are significant financial transactions, you may be required to provide information on your business dealings upon request.
5. If you fail to provide this information, we are prohibited from doing business with you. Please refer to the [Code of Federal Regulations 42 CFR 455.100-106](#) for more information and definitions of relevant terms.
6. To obtain a copy of the Debarment Form, please download and fill out the form [here](#).



# Indiana Medicaid - ATTENTION!

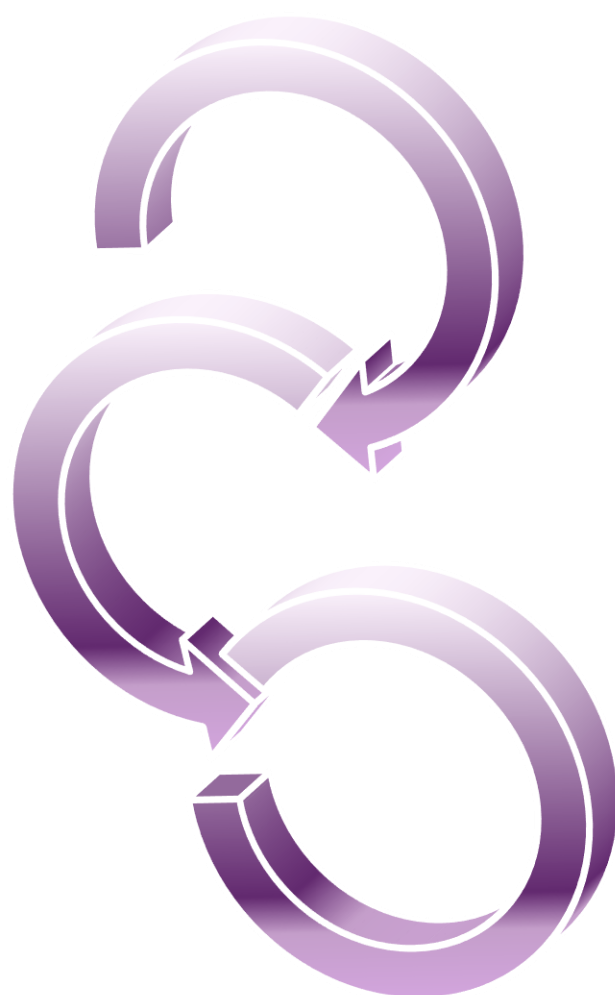
IN Medicaid Organizational Provider Types that operate under the provider types listed, are required to also attach a CareSource organizational application found [here](#) to the supporting documents button.

- Ambulatory Surgery Center
- Birth Center
- Community Mental Health Center (CMHC)
- Substance Use Disorder (SUD)
- Dialysis/ End State Renal
- Health Departments
- Home Health Providers
- Home Infusion
- Hospice Hospital
- Opioid Treatment Program (OTP)
- Orthotic Suppliers
- Pathology Laboratories
- Rehabilitation Facility
- Skilled Nursing Facility
- Urgent Care





# Notification of Incomplete Request



Notification of an incomplete network participating request will be sent by email within **five (5) 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.

If CareSource does not receive the additional information requested within **five (5) business days** of the email, the request will be closed.

- The provider will have to restart the process by re-requesting.
- This will also change the effective date of the request.



# Contracting Questions

Support and general questions can be addressed by contacting Provider Services.



**Medicaid Provider Services**

**1-844-607-2831**

**Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)**



# Contracting and Enrollment Tips:

## Add New Product

Use this option when adding IN Medicaid to your existing contract.

## Large Group

A roster can be uploaded please use the CareSource [Large Group Roster](#).

## Attaching Documents

Do **not** attach Zip Files.

## Checking Status

Always keep a record of your application ID from the original submission so you can check the status on the portal.



# **Provider Enrollment Add/Updates/Terms**

# Provider Enrollment - Add/Updates/Terms

Providers should notify CareSource of changes prior to the time frames listed below.

Type of Change	Notice Required
Adding new practitioner or deleting practitioner	30 calendar days
Rendering practitioner leaving the practice	30 calendar days
Phone number change	30 calendar days
Address change	30 calendar days
Change in panel size and/or accepting new patients	30 calendar days
Provider group intent to terminate contract	90 calendar days



# Provider Maintenance Requests

## Provider Portal Submission Preferred Method

- Provider Group must be contracted with CareSource to have access to the Provider Portal
- Confirmation sent via email that includes information entered and request number
- Request Number can be used to check status of request online

## Form Submitted Via Email

- Provider completes the CareSource Provider/Group – Hierarchy Change Request Form (HIE)
- Form is emailed to [providermaintenance@caresource.com](mailto:providermaintenance@caresource.com)
- Group will receive an email response that only states request was received. Request number is not included



# Tips for HIE Form

## Adding a Provider

- Choose Adding a Provider on the HIE form.
- Complete all applicable fields.
- Add any pertinent information in the notes section.

## Deleting a Provider

- Use only if the provider is no longer with the group.
- For PCPs, enter changes in the notes section.
- Add a note to reassign panels if necessary.

## Changing Demographics

- Used for Practice location add/term/update to address/phone/hours/capacity/restrictions.
- Add notes as needed to further explain changes.



# Include a Copy of W-9 with All Requests

W-9 should be included with request, whether done on the CareSource provider portal or submitted via email.

- W-9 Form should be the most recent version.
  - You can get a copy of W-9 Form at <https://www.irs.gov/forms-pubs/about-form-w-9>
- Confirm TIN on W-9 matches the TIN entered

<b>Form W-9</b> (Rev. March 2024) Department of the Treasury Internal Revenue Service		<b>Request for Taxpayer Identification Number and Certification</b> Go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.		Give form to the requester. Do not send to the IRS.
<b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.				
Print or type. See <i>Specific Instructions</i> on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
	<b>2</b> Business name/disregarded entity name, if different from above.			
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)			
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)			
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>			
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code			
<b>7</b> List account number(s) here (optional)				





# Effective Date Policy

IHCP-enrolled provider  
submits network  
participation request.

CareSource logs the receipt  
date of the network  
participation request.

Provider and CareSource  
execute contract/amendment.

CareSource conducts all  
applicable network participation  
processes.

The effective date will be the first of the  
month following the receipt of  
a complete application.



# Maintenance Tips

## Add New Product

- Use this option when adding IN Medicaid to your existing contract.

## Remove Product

- This option is used for terming/removing a contract for a line of business.

## Tax ID Change

- Requires a new W-9 and debarment form that must not match the W-9 and debarment form on file.

## IRS Name Change

- Requires a new W-9 and debarment form that must not match the W-9 and debarment form on file.



# **Access and Availability (A&A)**

# Access to Care and After-Hours Standards

CareSource promotes access to care by partnering with health care providers to ensure our members receive the best possible health care services.

Evaluations based on:

- Availability
- Accessibility
- Acceptability



# Medicaid Primary Medical Providers (PMPs)

For Medicaid PMPs only: Provide 24-hour availability to your CareSource patients by telephone. Whether through an answering machine or a taped message used after hours, patients should be given the means to contact their PMP or an **English** and **Spanish** speaking back-up provider to be triaged for care. It is not acceptable to use a phone message that does not provide access to you or your back-up provider and only recommends emergency department use for after hours.

Please keep in mind the following access standards for each level of care:

## Primary Medical Providers (PMPs)

Appointment Type	Medicaid Standard
Routine/preventive visit	14 calendar days
Urgent care	48 hours
Emergency care	Immediately upon presentation



# Non-PMP Specialists

Appointment Type	Medicaid Standard
Regular/routine care	30 calendar days
Urgent care	48 hours
Emergency care	Immediately upon presentation
Prenatal care (OB/GYN)	14 calendar days



# Behavioral Health Providers

Appointment Type	Medicaid Standard
Initial routine	10 business days
Follow-up routine	30 calendar days
Follow-up after discharge	Within 7 calendar days
Urgent Needs	48 hours
Non-life-threatening emergency	Not to exceed 6 hours
Emergency care	Immediately upon presentation



# Access and Availability Education

## Education Overview

- QUALITY IMPROVEMENT
- BECOME A PARTICIPATING PROVIDER
- ICD-10
- TRAINING & EVENTS

## TRAINING & EVENTS

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

**Provider Attestation Education Form:** Use this form to provide attestation of completing education requirements.

Provider Education Series: Access and Availability Standards	+
Provider Education Series: Provider Portal Overview	+
Provider Education Series: Prior Authorization Submission Overview	+





# Attestations

# Provider Attestation



**Accurate provider directory information** ensures we can connect the right patients to the right provider.



CMS requires health plans to verify the accuracy of provider directory information **every 90 calendar days.**



We want to collaborate with you to ensure all provider directory information is current.



# Provider Directory Attestation



Providers are required to attest to directory information every 90 calendar days.



This information is also reportable to Medicaid and Medicare.



This validation ensures we have the most accurate information for claims payment and provider directories.



# What Happens if I Do Not Attest?

Not attesting to your information and/or providing updated information can result in claims payment issues and inaccurate provider data in our online and printed directories.



# Site Visits

# Code of Federal Regulations

## § 455.432 Site visits.

The State Medicaid agency—

- (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as “moderate” or “high” categorical risks to the Medicaid program. The purpose of the site visit will be to verify that the information submitted to the State Medicaid agency is accurate and to determine compliance with Federal and State enrollment requirements.
- (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.

Must terminate or deny enrollment if the provider fails to permit access to provider locations for any site visits under § 455.432, unless the State Medicaid agency determines that termination or denial of enrollment is not in the best interests of the Medicaid program and the State Medicaid agency documents that determination in writing.





# What Happens if the Office Fails the Site Survey?

Providers will be allotted 30 calendar days to adhere to the standards.

An additional site survey will be completed within 6 months until performance standards have been met.

# What Happens if the Office Does Not Comply with the On-site Survey Request?

Failure to permit access to provider locations for any site visits will result in denial or termination of enrollment following regulation: [42 CFR 455.416](#).





# How to Reach Us

# Communicating with CareSource

Provider Services	1-844-607-2831
Hours	Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)

Member Services	1-844-607-2829
Hours	Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)

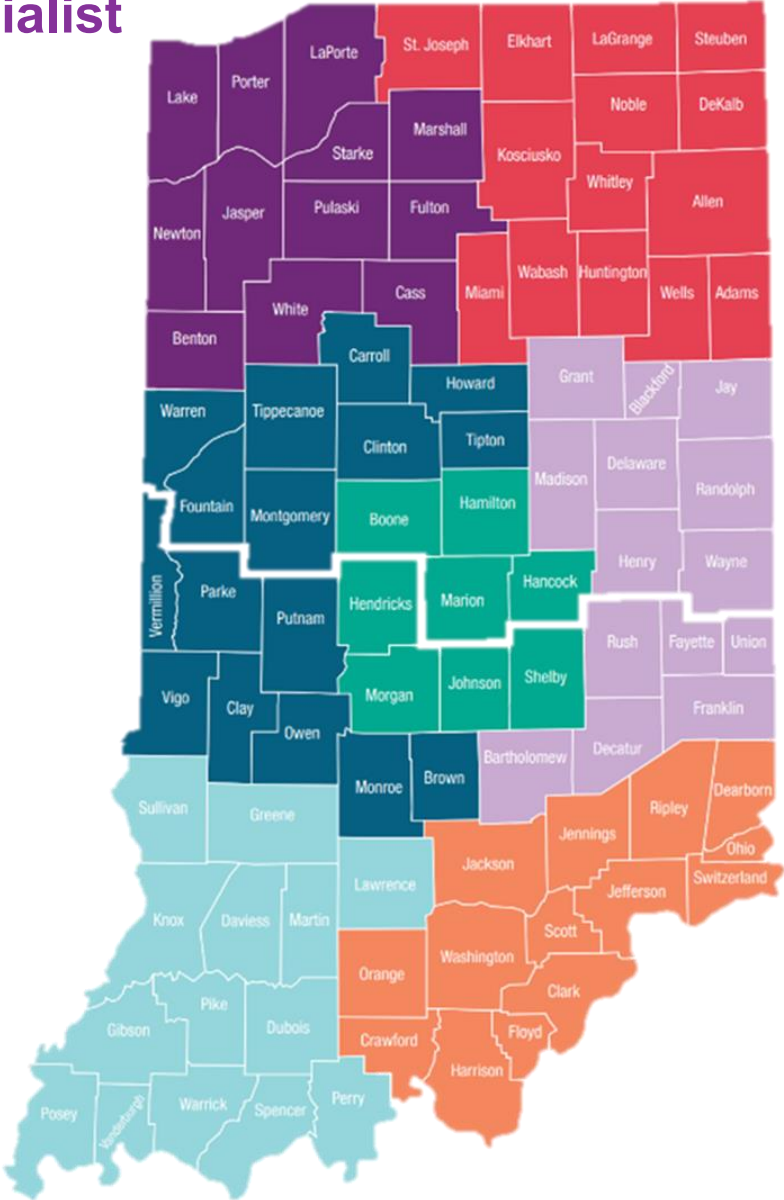


# Health Partner Engagement Representatives – Regional Specialist

**Tammy Garrett**  
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University of Louisville, Norton, Baptist Health  
Floyd, ATI Physical Therapy (Statewide)

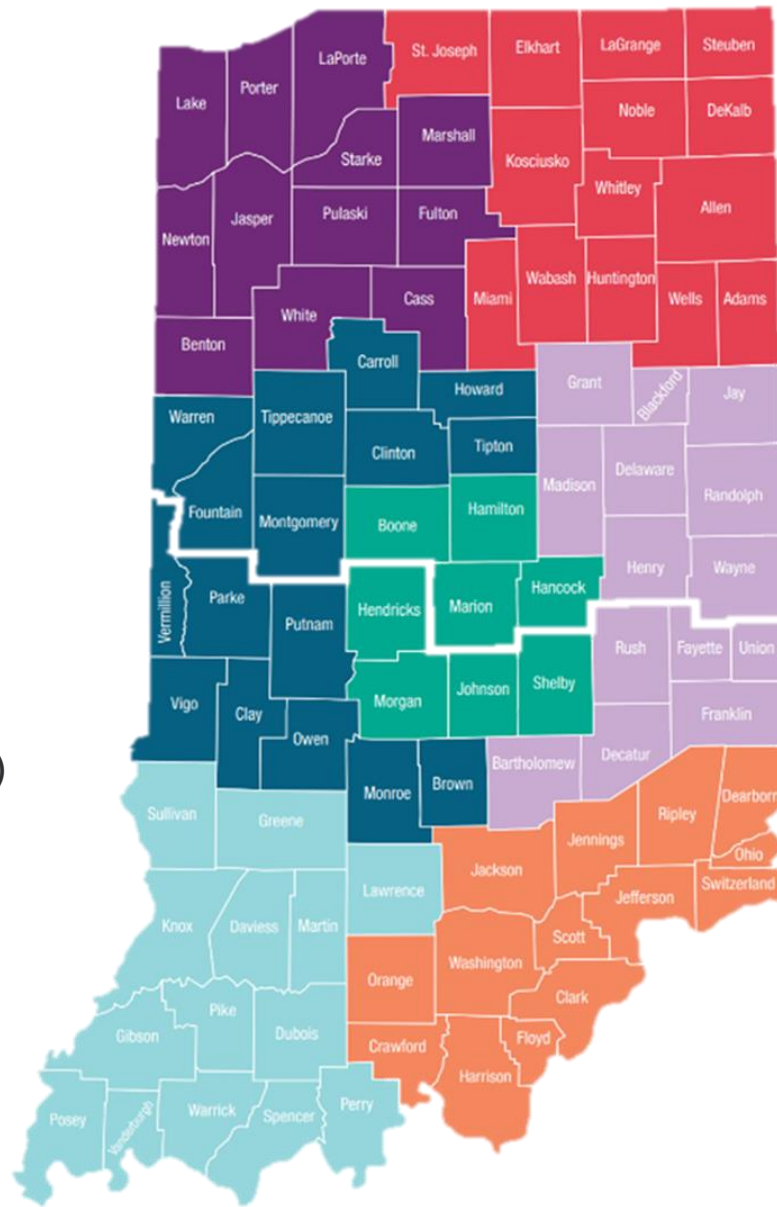
[Contact Us](#) | [Indiana – Medicaid](#) | [CareSource](#)



## Health Partner Engagement Representatives – Behavioral Health

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## Contracting Managers – Hospitals/Large Health Systems

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**Sara Culley (Southern Territory)**  
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# Health Partner Engagement Representatives – **Manager**

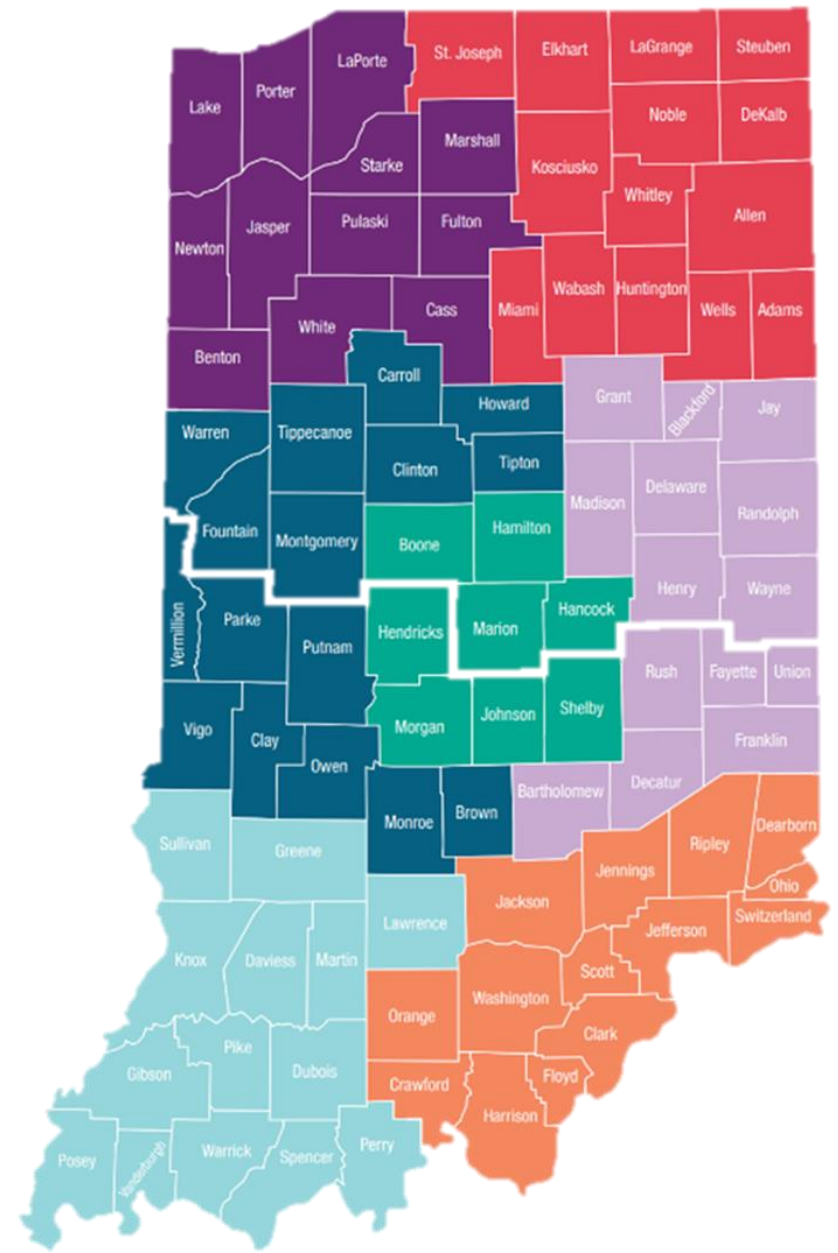
**Amy Williams**

Manager Health Partnerships

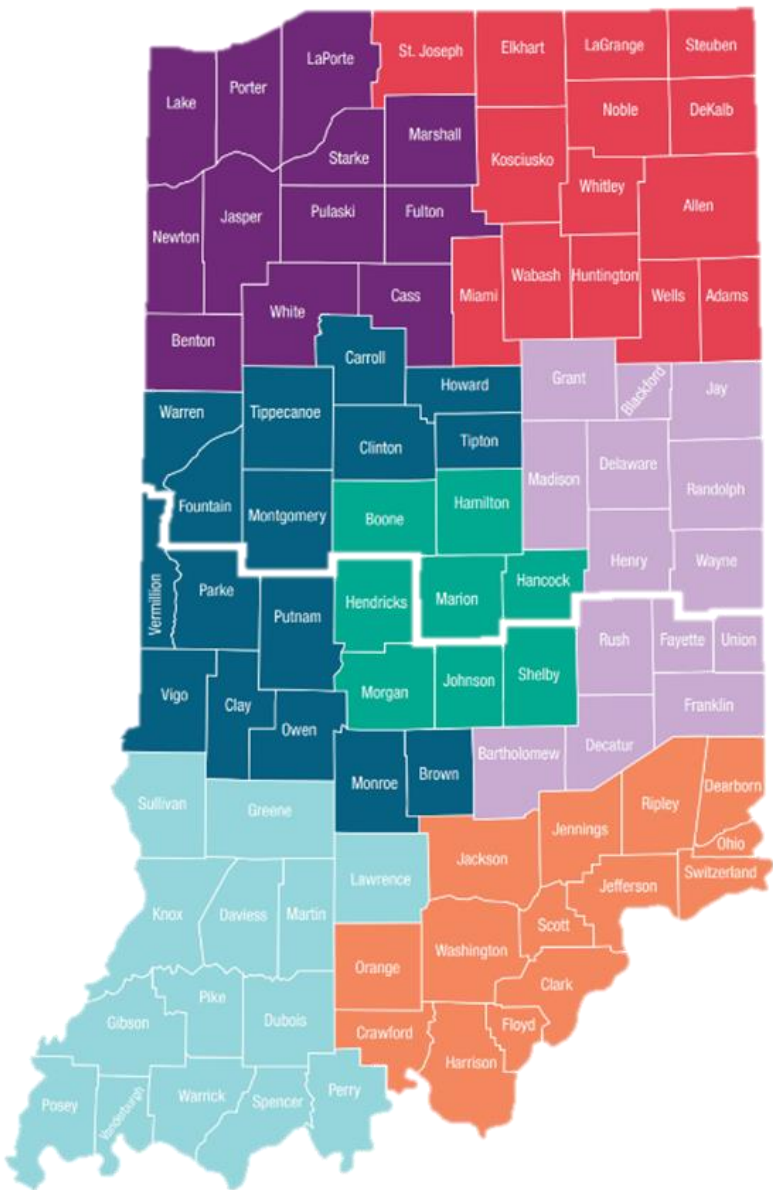
317-741-3347

[Amy.Williams@CareSource.com](mailto:Amy.Williams@CareSource.com)

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



# Scan for a copy of the HP Engagement map





# Thank you for attending!

By taking a few moments to complete the event and session evaluations, you help us understand your experience and shape the future of our programs.

