



DENTAL – A COMPREHENSIVE OVERVIEW

2026 IHCP WORKS ANNUAL
SEMINAR OCTOBER 6 – 8,
2026

DETAILED INSIGHTS INTO
DENTAL PROVIDER
MANAGEMENT PROCESSES



PRESENTATION AGENDA OVERVIEW



- Dental Enrollment Process
- Claims Submission Procedures
- Dental Claims Processing Workflow
- Prior Authorization Guidelines
- Provider Education and Resources
- How to Reach Us



DENTAL ENROLLMENT PROCESS

CARESOURCE DENTAL IS AN OPEN NETWORK



What an Open Dental Network Means

- CareSource welcomes **new dental providers** to apply for participation.
- Contracting is **not closed or capped** to specific practices or regions.
- Providers may request to join CareSource once they are actively enrolled with the Indiana Health Coverage Programs (IHCP) and able to serve members.



OPEN NETWORK + CONTRACTED STATUS = FULL SUPPORT

- Open network **does not mean limited support.**
- Contracted providers receive:
 - Inclusion in the CareSource provider directory
 - Access to provider education, tools, and resources
 - Dedicated Health Partner Engagement Specialist support for claims and authorizations



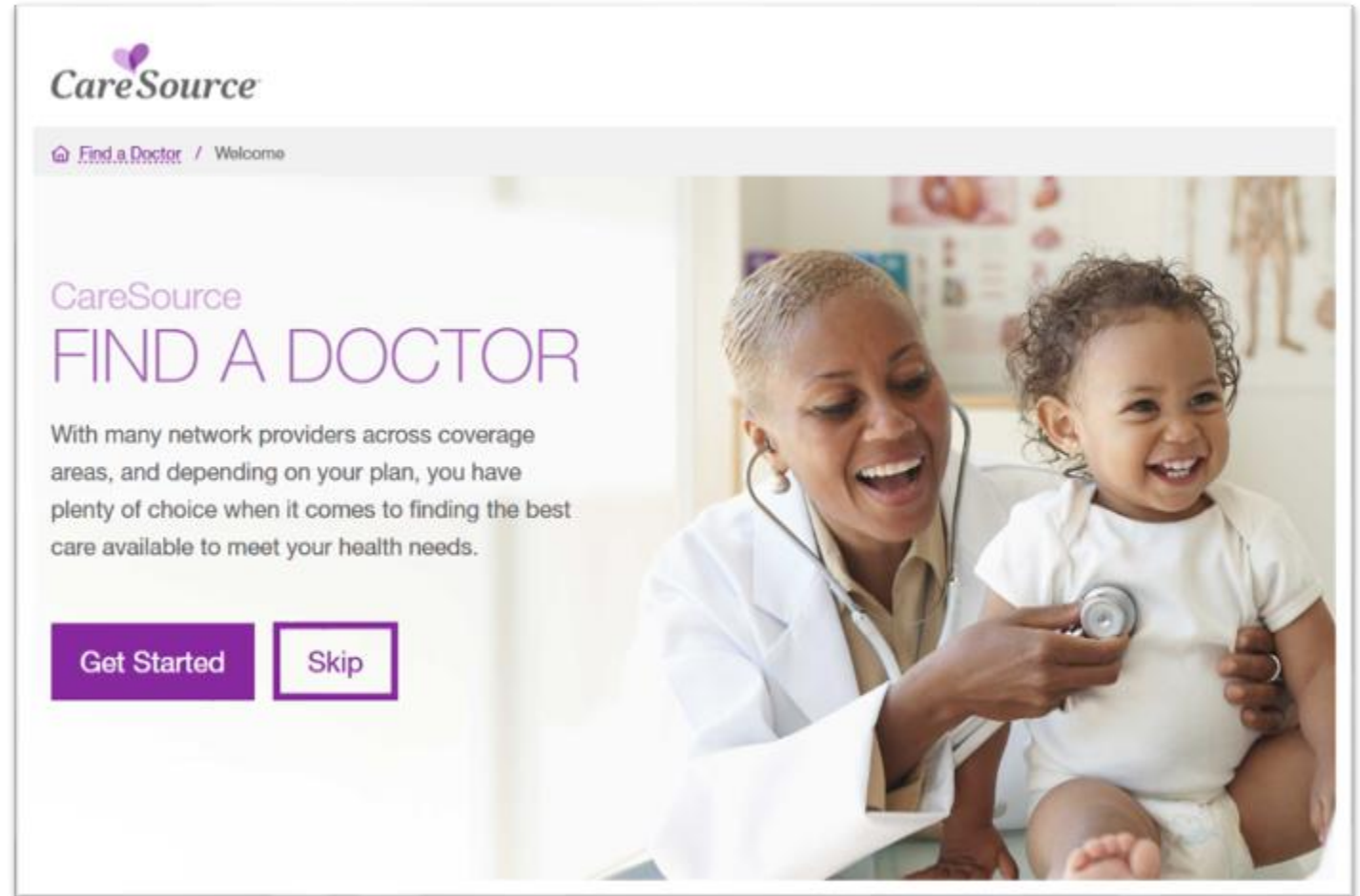
WHAT CONTRACTED STATUS MEANS FOR YOUR PRACTICE

Additionally, as a Contracted Provider, You Receive:

- Access to attributed member lists for dental homes
- Direct support for claims, authorizations, and enrollment

Why This Matters:

- Members know where to go for care
- Fewer billing surprises
- Stronger continuity of care for patients



CONTRACTED VS. NON-CONTRACTED: WHAT PROVIDERS EXPERIENCE

Contracted Providers:

- Clear claims and authorization guidance
- Faster issue resolution through Provider Services team
- Visibility to assigned members
- Participation in outreach initiatives (Dental Days, quality efforts)

Non-Contracted Providers:

- Limited access to tools and support
- Increased administrative follow-up
- Less visibility to members seeking a dental home



SUPPORTING QUALITY & MEMBER ACCESS

Why Contracted Providers Matter

- Members aged 18 to 20 need consistent dental homes
- Preventive care reduces emergency and restorative needs
- Contracted providers help close access gaps statewide

How CareSource Supports You

- Outreach and education initiatives
- Dental Days and community engagement
- Ongoing communication and policy updates



CareSource's "Dental Home" model uses an innovative approach to oral health and overall health that leverages the principles of collaborative interprofessional and coordinated care and shares actionable quality data information with providers to decrease care gaps and improve outcomes for members.



INTERESTED IN JOINING THE NETWORK?

Next Steps:

- Submit an enrollment application indicating intent to contract
- Please review the IHCP Network Effective Date Policy for requirements related to the onboarding process for Indiana Medicaid
- Complete credentialing and contracting requirements
- Work with Provider Services for onboarding and setup



CareSource encourages providers who are interested in serving Medicaid members to explore contracting opportunities.



STEPS FOR PROVIDER ENROLLMENT



COMMON CHALLENGES AND TROUBLESHOOTING SUPPORT



Incomplete Documentation

Enrollment issues often arise from missing or incomplete documentation delaying the process.

Verification Delays

Verification delays can slow enrollment, requiring additional time for confirmation.

Available Support Resources

Provider Services can be reached via telephone by calling 1-844-607-2831. We are open Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET).



CLAIMS SUBMISSION PROCEDURES

TYPES OF CLAIMS AND ACCEPTED SUBMISSION METHODS

Dental Claim Types

Dental claims can be submitted either electronically or via paper forms, depending on payer requirements and provider capabilities.

Accepted Submission Channels

Claims must be submitted through approved channels, such as secure online portals or designated mailing addresses, to ensure compliance.



PAYER ID AND MAILING ADDRESS

Online:

[SkyGen Provider Web Portal \(PWP\)](#)

Electronic Data Interchange (EDI) Payer ID:
INCS1

Paper:

CareSource
Attn: Claims Department
P.O. Box 3607
Dayton, OH 45401-3607

RETURNING USERS

Username *

Password *

LOGIN

Forgot your [user name](#) or [password](#)?



CRITICAL DATA FIELDS AND CODING REQUIREMENTS

Importance of Accurate Data

Completing critical data fields accurately prevents claim denials and supports timely payment processing.

Coding Standards Compliance

Following proper coding requirements ensures claims meet guidelines and reduces processing errors.



COMMON SUBMISSION ERRORS AND HOW TO AVOID THEM

Frequent Submission Errors

Common errors include missing data, incorrect codes, and formatting problems that cause claim rejections.

Error Minimization Strategies

Implementing careful data review and validation reduces submission errors and improves claim acceptance.

Improving Acceptance Rates

Adopting best practices in coding and formatting leads to higher claim approval and fewer resubmissions.



MATCHING LOGIC

This information can be found in the IHCP [Claim Submission and Processing](#) provider reference module. Also, see the [Dental Services](#) provider reference module.

Dental Services Covered/Billed Under Medical Benefit/ CMS-1500

33	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 provider. The address in this field should match the <i>service location</i> address (not the legal [home office], pay-to, or mail-to address) on file for the billing provider. Required. <i>Note: The billing provider on the claim must be enrolled in the IHCP under either the billing or group enrollment classifications.</i> <i>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>
33a	BILLING PROVIDER – NPI – Enter the billing provider NPI. Required unless the billing provider is an atypical (nonhealthcare) provider. Atypical providers should follow instructions in 33b.
33b	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. Required for atypical billing providers. Healthcare providers enter a qualifier of ZZ or PXC and the billing provider taxonomy code in this field. Taxonomy may be needed to establish a one-to-one NPI/Provider ID match if the provider has multiple locations. Required for healthcare providers if necessary for establishing a one-to-one match the for the NPI in filed 33a.

BILLING DENTIST OR DENTAL ENTITY	
48	Name, Address, City, State, Zip Code – Enter the billing provider's service location name and address, including street address, city, state and nine-digit ZIP code+4. Required. <i>Note: The billing provider on the claim must be enrolled in the IHCP under either the billing or group enrollment classifications.</i>
49	NPI – Enter the 10-digit numeric NPI of the billing provider. Required.
50	License Number – Leave field blank.
51	SSN or TIN – Enter the billing provider's taxpayer identification number (TIN) – either Social Security number (SSN) or employer identification number (EIN). Optional.
52	Phone Number – Optional.
52a	Additional Provider ID – Enter the taxonomy code for the billing provider NPI. Required if needed to establish one-to-one NPI/IHCP Provider ID match, if the provider has multiple locations.
TREATING DENTIST AND TREATMENT LOCATION INFORMATION	
53	Signed (Treating Dentist) – IHCP participating providers must have a signature on file; therefore, this field is optional. Date – Provide the date the claim was submitted, in an MMDDYYYY format. Optional.
54	NPI – Enter the rendering provider's NPI. Required. <i>Note: If two or more dentists perform services on the same patient on the same date of service, these services must be filed on separate claims.</i>
55	License Number – Optional.
56	Address, City, State, Zip Code – Enter the rendering provider address. Optional.
56a	Provider Specialty Code – Enter the rendering provider taxonomy code for the NPI. Optional.
57	Phone Number – Optional.
58	Additional Provider ID – Leave field blank.



CORRECTED CLAIMS

CORRECTED CLAIMS: KEY POINTS

- Paid claims: Submit corrected claims within 60 calendar days from the EOP date when original information was incomplete, incorrect, or unclear.
- Denied claims: Resubmit with corrected information; the claim is treated as an initial claim and must be submitted within the 90-calendar-day timely filing limit.
- Duplicate claims: Denied claims resubmitted without corrected information are considered duplicates.
- Common correction examples: Missing tooth number/surface, date of service, procedure or diagnosis code, unit count, modifier, provider, place of service, National Provider Identification (NPI), or facility location.
- Action needed: Resubmit the entire claim as a “Corrected Claim.” An appeal is not required.
- Corrected claims can be submitted via EDI/Clearinghouse, PWP or paper.



SUBMITTING A CORRECTED CLAIM

Online Submission

- Providers can make corrections on the original claims via the [PWP](#).
 - Edit or correct dental claim form fields.
 - Review or remove attachments/documents associated with the original claim, to determine if they should remain attached to the corrected claim.
- EDI/Clearing House submissions

Paper Submission

- Write “Corrected Claim” in large, clear letters across the top of the paper claim form. Add the original claim number in the remarks section (box 35).
- Include any supporting documents with the corrected claim.
- Mail the claim form and documents to:
CareSource
ATTN: Corrected Claims Dept.
P.O. Box 3607
Dayton, OH 45401.



DEFINITION OF A CLAIMS DISPUTE



A dispute is the **first** formal review of the processing of a claim by CareSource (excluding denials based on medical necessity) and is submitted prior to submitting a claim appeal.

You can submit a claim payment dispute when you disagree with payment and any other post-service claim denial.



DENTAL CLAIM DISPUTES

A claim dispute can be filed using the [claim dispute form](#).

Adjustments to any overpayments will be made on subsequent reimbursements to the provider or the provider can issue refund checks to CareSource for any overpayments.

Mail

CareSource
Coordinator Attn: Health
Partner
Claims Disputes - Indiana
P.O. Box 2008
Dayton, OH 45401-2008

Fax

Provider Claims Disputes
Fax Number:
937-531-2398



DENTAL CLAIM APPEALS

- Providers may only submit appeals after completing the claim dispute process as previously outlined.
- Appeals must be submitted within **60 calendar days** of the dispute decision.
- CareSource must issue a written decision within **30 calendar days** of receipt of the written request for appeal.
- If the appeal is not resolved within **30 calendar days**, the appeal will be determined as an approval.
- Appeal requests must be submitted using either the by mail or fax.

Please include member's name and member ID number (MID), provider name, NPI and TIN, codes and reasons the determination should be reconsidered, and any additional available medical information that supports your request to reverse the determination or that supports medical necessity.



HOW TO SUBMIT A DENTAL CLAIM APPEAL

To submit a Claims Appeal, you must include:

- A completed [Claims Appeal Form](#).
- All supporting documentation.
- Any original remittance advice.

Mail:

CareSource
Attn: Provider Appeals
P.O. Box 2008
Dayton, OH 45401

Fax:

- 1-937-531-2398
- If faxed, all documentation (including radiographs and photos) must be clear and readable.
- Faxes must be in accordance with confidentiality guidelines and governed by the same authorization requirements as any other release of health care information.



DENTAL CLAIMS PROCESSING WORKFLOW

INITIAL CLAIMS REVIEW AND VERIFICATION

Claims Completeness Validation

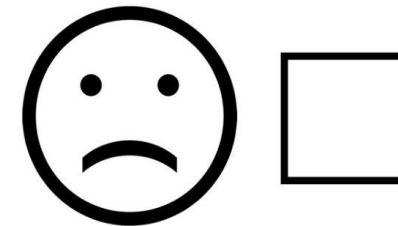
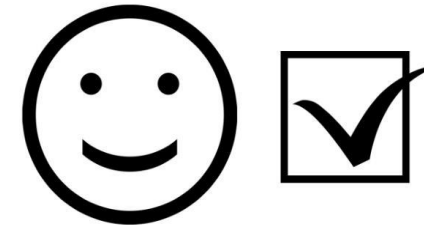
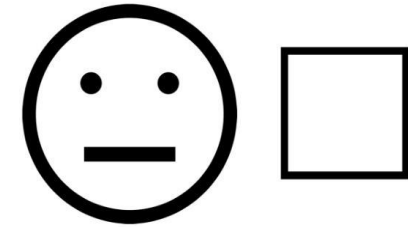
Claims undergo validation to ensure all required information is complete before processing.

Eligibility Checks

Eligibility is verified to confirm the member meets all necessary criteria for coverage.

Service Detail Verification

Service details are verified to ensure accuracy and readiness for claims adjudication.



ADJUDICATION PROCESS AND PAYMENT TIMELINES



Claims Evaluation

Claims are carefully reviewed against policy benefits to ensure eligibility and accuracy before approval.



Payment Determination

Determining payment amounts involves applying contract terms and benefit limits to the approved claims.



Payment Timelines

Providers can expect payments to be processed and disbursed within established timelines for efficiency.



ENROLLING IN ELECTRONIC FUNDS TRANSFER (EFT)

Enrollment in EFT can be complete at the [SkyGen epayment center](#).

- Follow the instructions to obtain a registration code. Your registration will be reviewed by a customer service representative, and a link will be sent to your email once confirmed.
- For more information, please call (855) 774-4392 or email help@epayment.center.



EFT OPTIONS

ZELIS ELECTRONIC OPTIONS

- **Zelis ACH - ACH** is the most efficient way to maximize payments for your practice, facility, or health system by directly depositing electronic payments into your bank account. ACH payment delivery is CAQH CORE® certified, which ensures compliance with ACA standards and HIPAA requirements. Once enrolled, your funds are automatically deposited into your bank account. ACH only allows funds to be directly deposited into your account; it does not allow funds to be recouped from your account.
- **Zelis Virtual Card** – Zelis has partnered with MasterCard (through Optum Financial) to provide payments for card-based payments. By utilizing the Zelis Virtual card office staff simply enters the virtual card information into the card terminal to receive payments for the claim(s) submitted. Card numbers and Explanations of Payment can either be delivered by fax or download from the Zelis Payments secure web portal.



HANDLING DENIALS, REJECTIONS, AND APPEALS

Understanding Denial Reasons

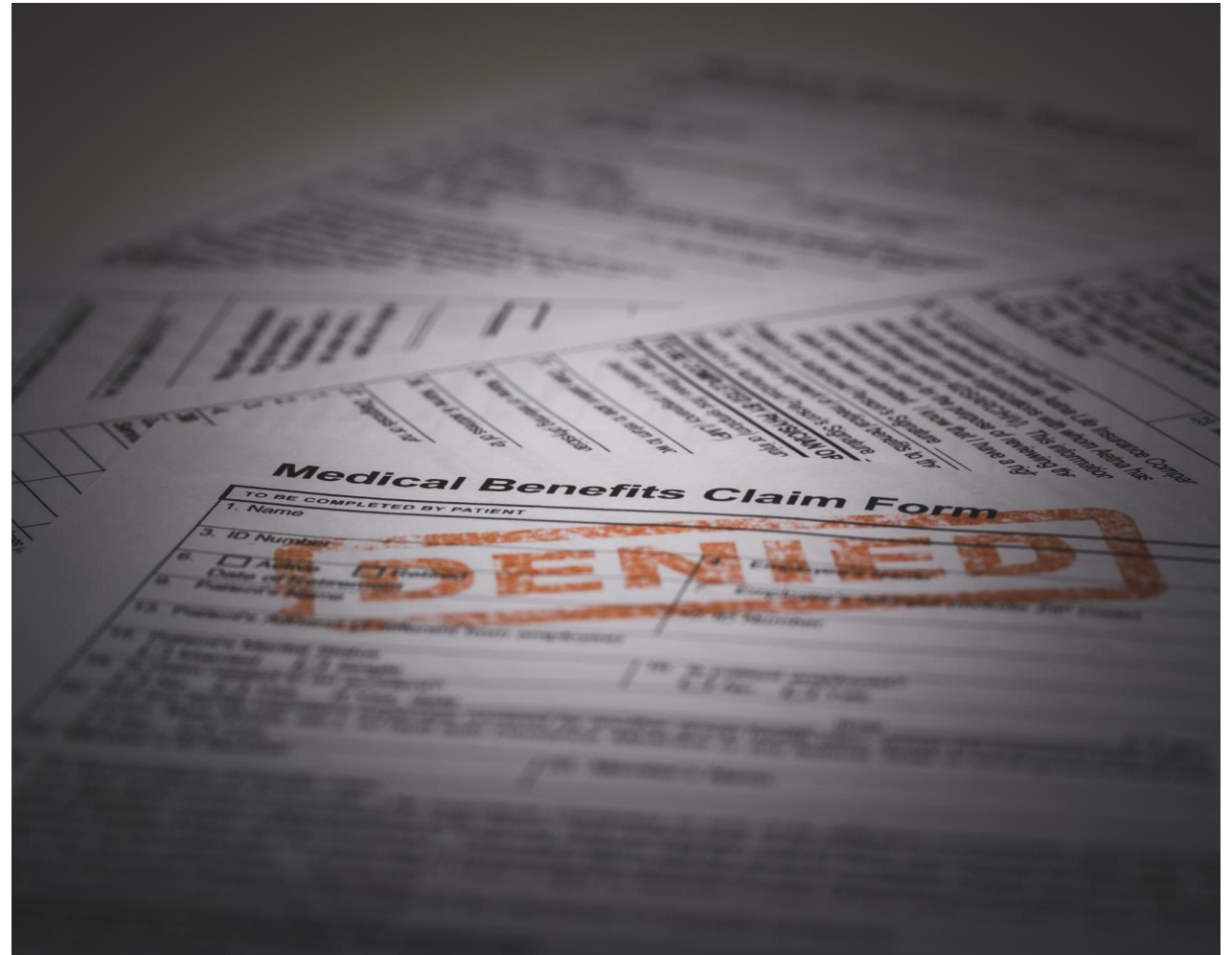
Identifying the causes of claim denials helps providers address issues accurately and avoid repeated errors.

Correction and Resubmission

Providers should correct claim errors promptly and resubmit to facilitate faster reimbursement.

Dispute/Appeal Procedures

Following structured steps ensures providers can challenge wrongful denials effectively.



PRIOR AUTHORIZATION GUIDELINES

SERVICES REQUIRING PRIOR AUTHORIZATION

Dental Provider Office Reference Manual (ORM)

2026| Indiana | Medicaid
Edition 2.0

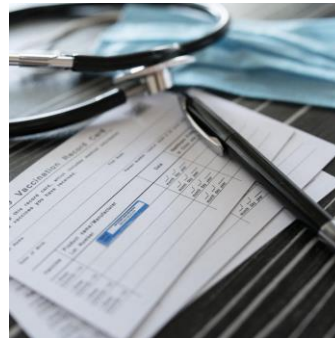
HOOSIER HEALTHWISE (HHW)
& HEALTHY INDIANA PLAN (HIP)

[CareSource Dental Provider ORM](#)



Importance of Prior Authorization

Prior authorization ensures necessary approvals before providing services, minimizing payment denials and delays.



Avoiding Payment Issues

Knowing which treatments require approval prevents unexpected payment denials and financial complications.



Reducing Service Delays

Obtaining prior authorization before delivery helps avoid delays in patient care and treatment.



SUBMISSION PROCESS AND DOCUMENTATION NEEDS

Proper Submission Procedure

Follow clearly defined steps to submit prior authorization requests correctly and avoid delays.

Supporting Documentation Importance

Include all necessary supporting documents to facilitate timely review and approval decisions.



HOW TO SUBMIT A PRIOR AUTHORIZATION

Online

Dental health partners may submit prior authorizations online at [LANDING \(SCIONDENTAL.COM\)](https://www.sciondental.com).

Paper

CareSource IN: Authorizations
P.O. Box 745
Milwaukee, WI, 53201

Contact CareSource Health Partner Services at 1-844-607-2831, Monday through Friday, 8 a.m. to 8 p.m. ET, for any questions regarding prior authorizations.



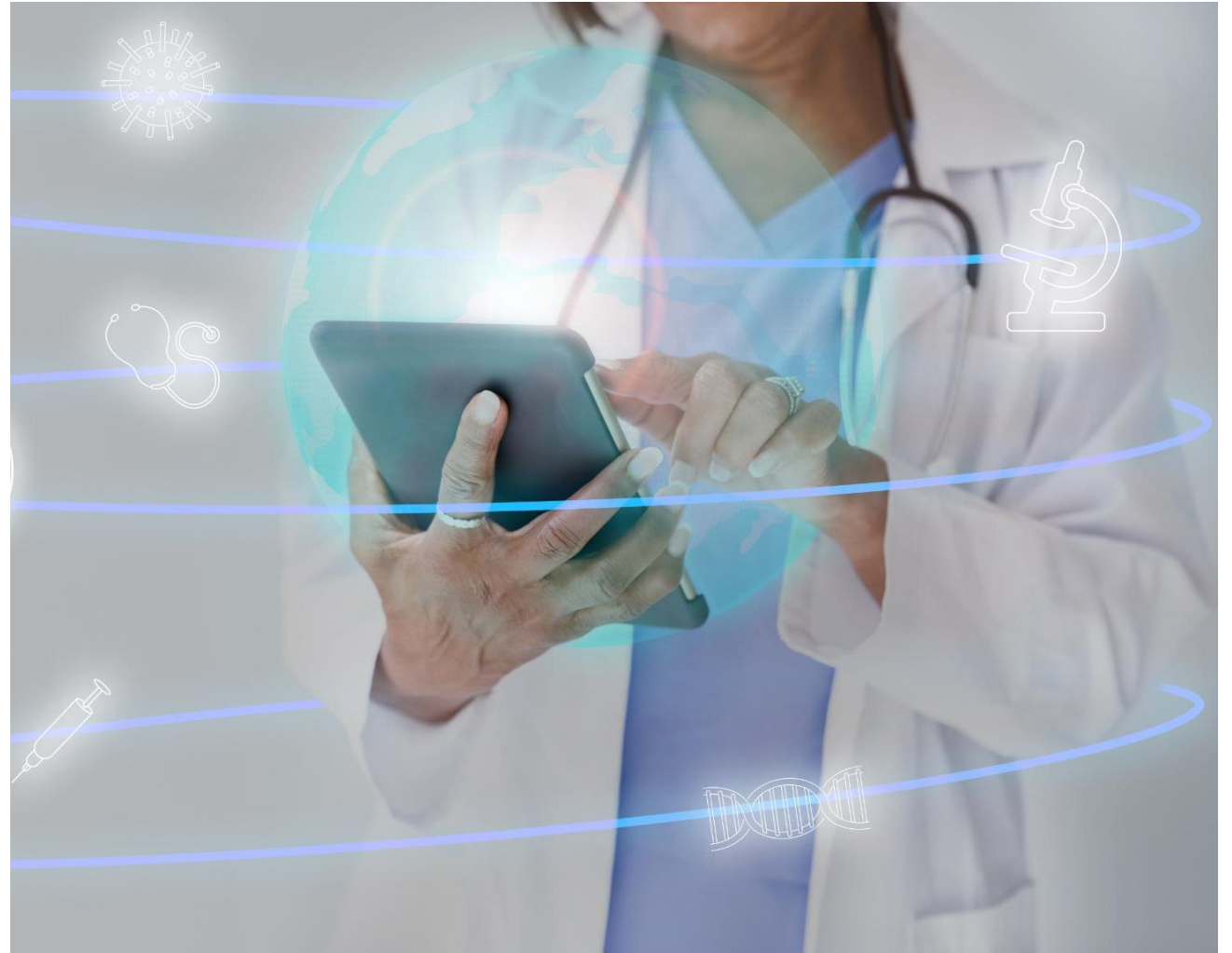
MANAGING AUTHORIZATIONS

Authorization Status

Knowing the authorization status helps providers stay informed and plan treatments effectively.

Efficient Communication

Managing authorizations enables timely updates and clear communication with patients.



SKYGEN DENTAL PORTAL QUESTIONS

For issues related to SkyGen portal access,
contact the web portal team at

ProviderPortal@scion.com

Or by phone:

Electronic Outreach Team at 855-434-9239



PROVIDER EDUCATION AND RESOURCES

Table 1 – New codes included in the 2026 annual HCPCS update, effective for DOS on or after Jan. 1, 2026

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
D0426	Collection, preparation, and analysis of saliva sample - point-of-care	Noncovered	N/A	N/A	N/A
D0461	Testing for cracked tooth	Noncovered	N/A	N/A	N/A
D1720	Influenza vaccine administration	Noncovered	N/A	N/A	N/A
D5877	Duplication of complete denture - maxillary	Noncovered	N/A	N/A	N/A
D5878	Duplication of complete denture - mandibular	Noncovered	N/A	N/A	N/A
D5909	Maxillary guidance prosthesis with guide flange	Noncovered	N/A	N/A	N/A
D5930	Maxillary guidance prosthesis without guide flange	Noncovered	N/A	N/A	N/A
D5938	Resection prosthesis, maxillary complete removable	Noncovered	N/A	N/A	N/A
D5939	Resection prosthesis, mandibular complete removable	Noncovered	N/A	N/A	N/A
D5940	Resection prosthesis, maxillary partial removable	Noncovered	N/A	N/A	N/A
D5941	Resection prosthesis, mandibular partial removable	Noncovered	N/A	N/A	N/A
D5942	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5943	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5944	Resection prosthesis, maxillary implant/abutment supported removable prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D5945	Resection prosthesis, mandibular implant/abutment supported removable prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D5946	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5947	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for edentulous arch	Noncovered	N/A	N/A	N/A
D5948	Resection prosthesis, maxillary implant/abutment supported fixed prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D5949	Resection prosthesis, mandibular implant/abutment supported fixed prosthesis for the partial edentulous arch	Noncovered	N/A	N/A	N/A
D6049	Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure	Noncovered	N/A	N/A	N/A

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
 "Noncovered" indicates that the IHCP does not cover the service for any programs.

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Table 1 – New codes included in the 2026 annual HCPCS update, effective for DOS on or after Jan. 1, 2026

Procedure code	Description	Program coverage*	PA required	NDC required	Special billing information
D6196	Removal of an indirect restoration on an implant retained abutment	Noncovered	N/A	N/A	N/A
D6280	Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch	Noncovered	N/A	N/A	N/A
D9128	Photobiomodulation therapy - first 15 minute increment, or any portion thereof	Noncovered	N/A	N/A	N/A
D9129	Photobiomodulation therapy - each subsequent 15 minute increment, or any portion thereof	Noncovered	N/A	N/A	N/A
D9224	Administration of general anesthesia with advanced airway - first 15 minute increment, or any portion thereof	Covered	No	No	Restricted to ages 0-20 years Limited to one unit per day
D9225	Administration of general anesthesia with advanced airway - each subsequent 15 minute increment, or any portion thereof	Covered	No	No	Restricted to ages 0-20 years Limited to five units per day
D9244	In-office administration of minimal sedation - single drug - enteral	Covered	No	No	Restricted to ages 0-20 years Limited to one unit per day
D9245	Administration of moderate sedation - enteral	Covered	No	No	Restricted to ages 0-20 years Limited to one unit per day
D9246	Administration of moderate sedation - non-intravenous parenteral - first 15 minute increment, or any portion thereof	Covered	No	No	Restricted to ages 0-20 years Limited to one unit per day
D9247	Administration of moderate sedation - non-intravenous parenteral - each subsequent 15 minute increment, or any portion thereof	Covered	No	No	Restricted to ages 0-20 years Limited to five units per day
D9936	Cleaning and inspection of occlusal guard - per appliance	Noncovered	N/A	N/A	N/A

* "Covered" indicates that the service is covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits.
 "Noncovered" indicates that the IHCP does not cover the service for any programs.

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BT202630 - Coverage and billing information for the 2026 annual HCPCS codes update

ACCESSING PROVIDER MANUALS AND GUIDELINES

Comprehensive Support Materials

Manuals provide detailed instructions covering enrollment, claims, and authorizations to assist providers effectively.

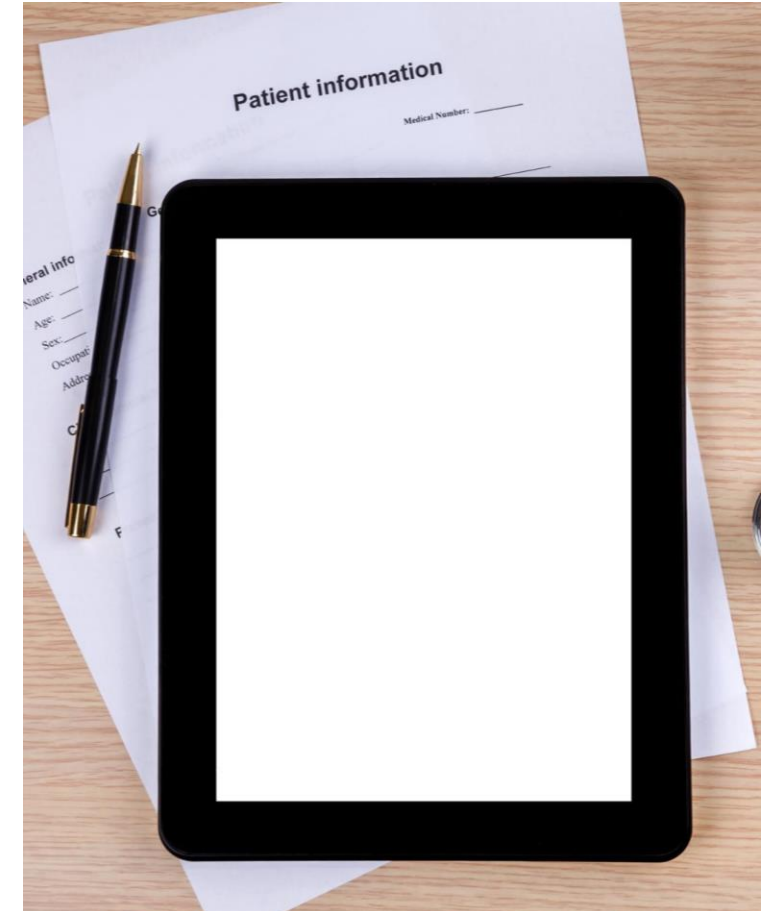
Enrollment Guidance

Step-by-step enrollment instructions help providers navigate the registration process smoothly.

Claims and Authorization Process

Clear guidelines on claims submission and authorizations ensure accurate and timely provider reimbursements.

[CareSource Dental ORM](#)



ONGOING COMMUNICATION AND PROGRAM UPDATES

Timely Policy Updates

Regular communication keeps providers informed about important policy changes affecting care delivery.

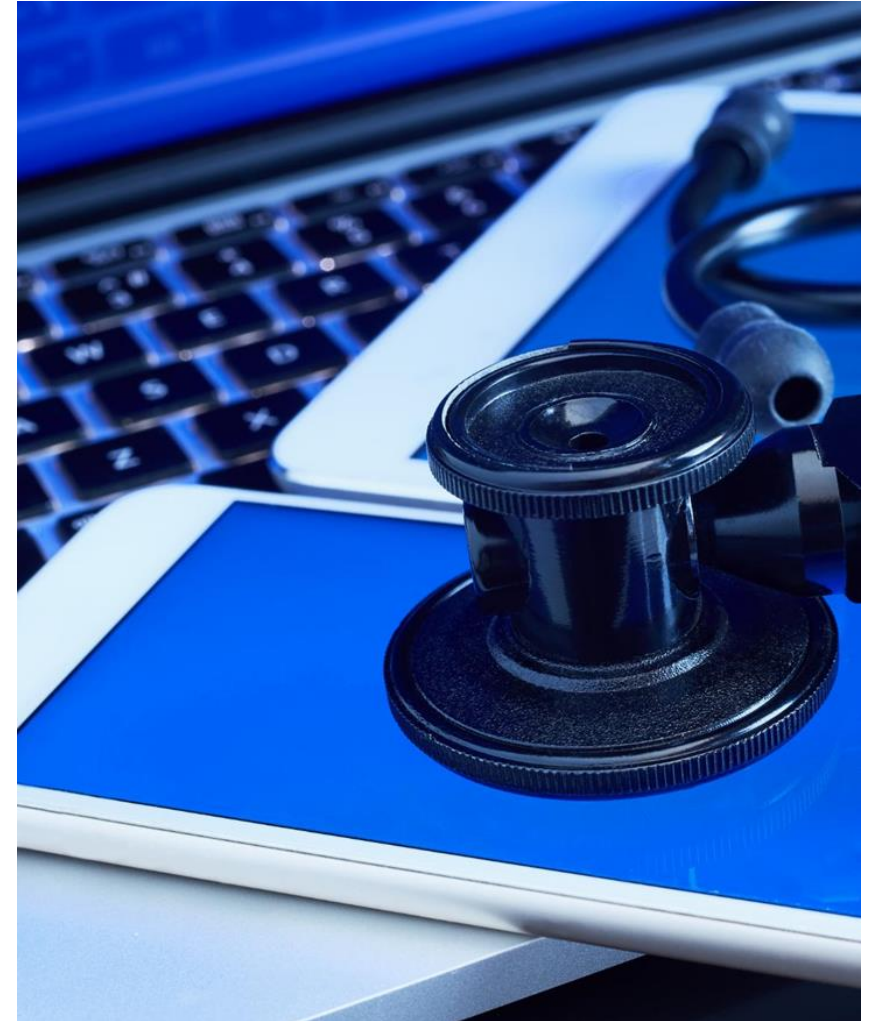
System Enhancements

Providers receive updates on system improvements to optimize healthcare operations and workflows.

Educational Events

Educational events are communicated regularly to support continuous provider learning and quality care.

[Updates and Announcements](#)



COMPONENTS OF DENTAL MANAGEMENT SUCCESS

Comprehensive Management

Dental provider management covers enrollment, claims processing, authorization, and continuous education for success.

Operational Efficiency

Mastering these components ensures streamlined operations and reduces administrative bottlenecks in dental care.

Improved Patient Care

Effective dental provider management supports better patient outcomes and higher quality of care.



HOW TO REACH
US

Communicating with CareSource

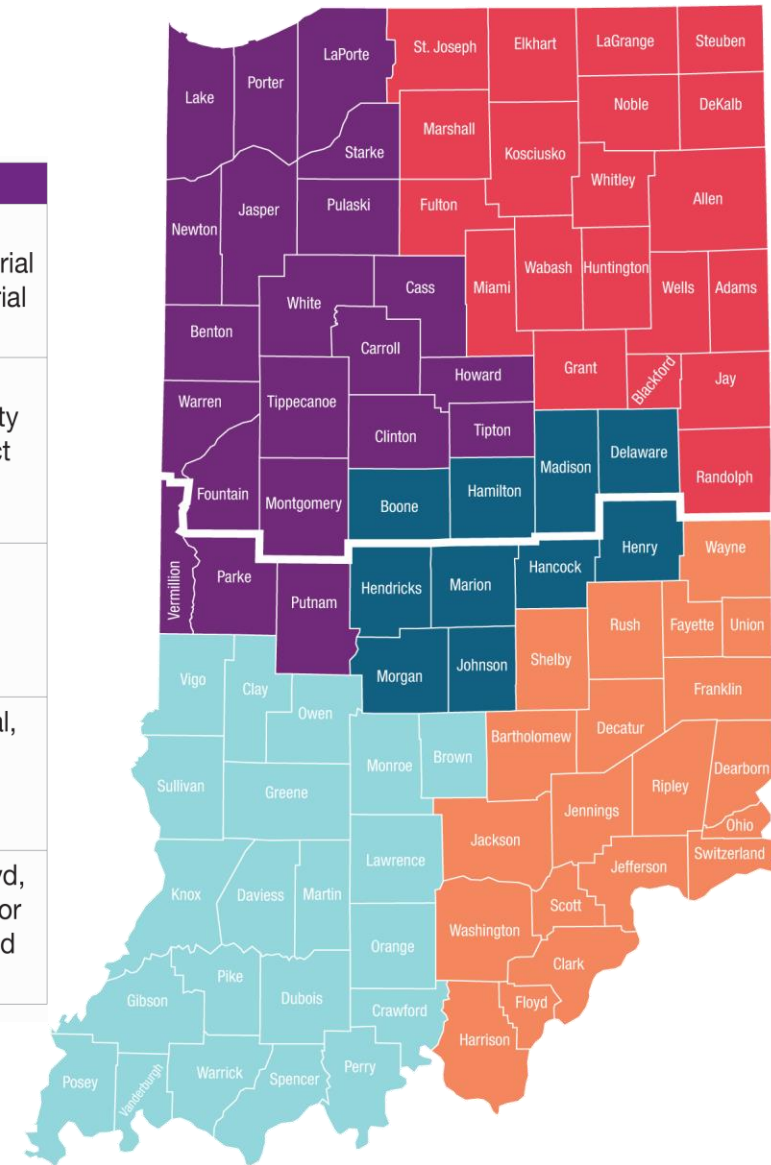
Provider Services	1-844-607-2831
Hours	Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)

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

Specialist	Counties	Health Systems
Danyelle Pittman North West 463-327-2297 Danyelle.Pittman@CareSource.com	Lake, Porter, LaPorte, Newton, Jasper, Starke, Pulaski, Benton, White, Cass, Warren, Tippecanoe, Carroll, Clinton, Howard, Tipton, Fountain, Montgomery, Vermillion, Parke and Putnam	Methodist, Powers Health, American Health Network, Lurie Children's Hospital, Iroquois Memorial Hospital, University of Chicago, Woodlawn Memorial Hospital and Putnam County Hospital
Leigh Hoover North East 765-425-0462 Leigh.Hoover@CareSource.com	St. Joseph, Elkhart, LaGrange, Steuben, Marshall, Kosciusko, Noble, DeKalb, Whitley, Allen, Fulton, Miami, Wabash, Huntington, Wells, Adams, Grant, Blackford, Jay and Randolph	Beacon Hospital Systems, Select Health Network, St. Joseph Regional Medical Center, Adams County Hospital, Goshen Health, Cameron Hospital, Select Physical Therapy, Lutheran Health Network and Marion General Hospital/Physicians
Amy Dagon West Central 317-417-9652 Amy.Dagon@CareSource.com	Boone, Hamilton, Hendricks, Marion, Morgan, Johnson, Madison, Delaware, Hancock and Henry	Hendricks Regional Health, Johnson Memorial Hospital, Henry County Hospital/Physicians and Hancock Regional Hospital/Physicians
Paula Egan South West 812-447-6661 Paula.Egan@CareSource.com	Clay, Owen, Monroe, Sullivan, Greene, Lawrence, Knox, Daviess, Martin, Gibson, Pike, Dubois, Orange, Posey, Vanderburgh, Warrick, Spencer, Perry, Crawford, Vigo and Brown	Good Samaritan Hospital, Daviess County Hospital, Greene County General Hospital, Perry County Memorial Hospital, Union Hospital/Physicians and Terre Haute Regional
Bonnie Waelde South East 812-480-9203 Bonnie.Waelde@CareSource.com	Bartholomew, Decatur, Franklin, Jackson, Jennings, Ripley, Dearborn, Washington, Scott, Jefferson, Switzerland, Ohio, Harrison, Floyd, Clark, Shelby, Rush, Wayne, Fayette and Union	Columbus Regional Hospital, Baptist Health – Floyd, Decatur County Memorial, Norton Healthcare, Major Hospital/Physicians, Scheck Memorial Hospital and Rush Memorial Hospital/Physicians



CareSource Health Partner Engagement Team



Health Partner Engagement Representatives – Statewide Specialists

Sarah Tinsley

Health Partner Engagement Specialist III
317-607-4844

Sarah.Tinsley@CareSource.com

Statewide Health Systems:

IU Health, Deaconess, Eskenazi, Ascension St. Vincent
and Witham Health Services, **Urgent Dental Center, D2
Dental, Kids and Adult Dental, Heartland Dental and
Familia Dental**

Tammy Garrett

Health Partner Engagement Specialist III
219-221-7065

Tammy.Garrett@CareSource.com

Statewide Health Systems:

Community Health Network, Franciscan Health Alliance, Parkview
Health, Reid Health, Riverview Health, **Ladd Dental,
Benevis/Pippin Dental, Lakewood Dental, Mortenson Family
Dental and White River Dental**

Ancillary Provider Support

INAncillaryProviderSupport@CareSource.com

Home Health, Hospice, Durable Medical Equipment,
Skilled Nursing Facilities



Health Partner Engagement Representatives – Behavioral Health Resolution Specialist

Amanda Denny

Behavioral Health Resolution Specialist

Northern Territory

765-620-6722

Amanda.Denny@CareSource.com

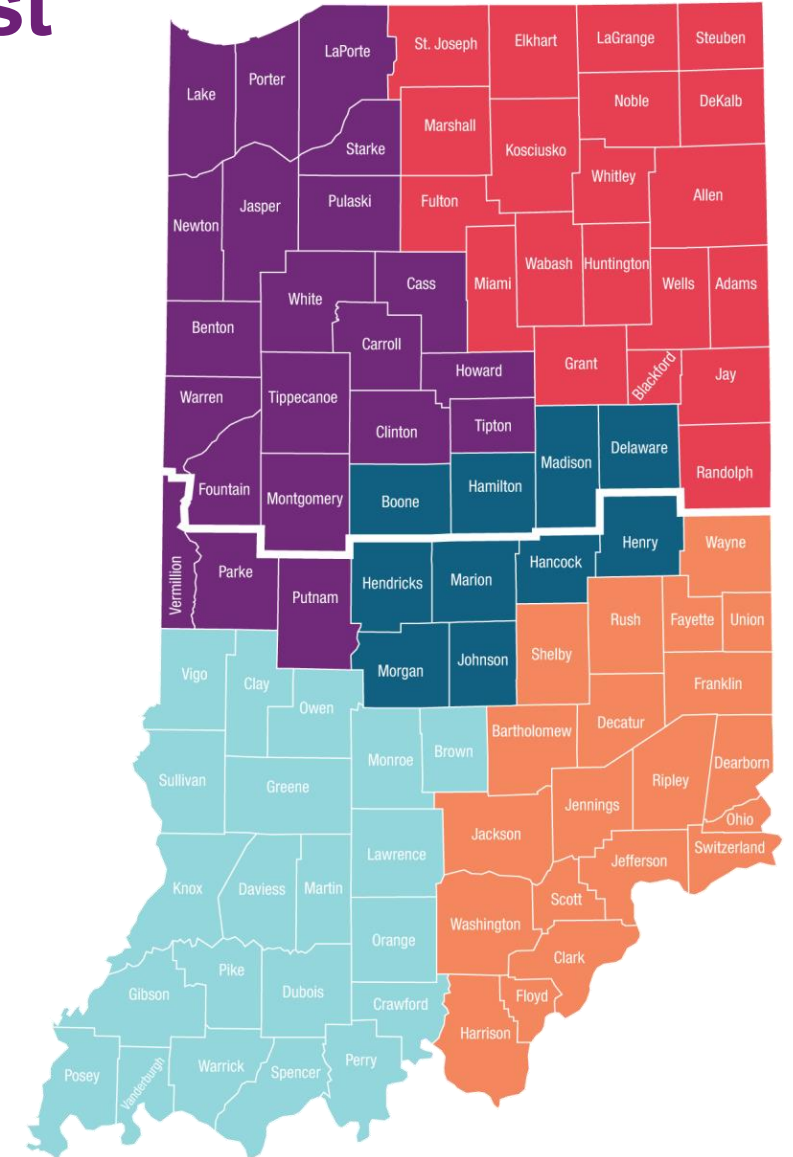
Stephanie Gates

Behavioral Health Resolution Specialist

Southern Territory

317-501-6380

Stephanie.Gates@CareSource.com



Evaluation QR Code



CareSource Health Partner Engagement Team

Thank You

OCTOBER 6 – 8, 2026

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OMPP Approved: 08/31/2026

