



***Behavioral Health***

**2023 IHCP Works  
Annual Seminar**

# CareSource Agenda

- **Meet the CareSource Team**
- **Programs and Resources**
- **Prior Authorization**
- **Retro Authorizations**
- **Appeal Process**
- **Important Reminders**
- **Updates & Announcements**
- **Provider Resources/Contact Information**



***Meet the  
CareSource  
Team***



# ***Behavioral Health: North - Amanda***

**Amanda Denny** is the **Behavioral Health Resolution Specialist** for the northern half of the state of Indiana. She has been with CareSource since February 2019. She has been in the medical insurance field since 1995.



# ***Behavioral Health: South - Stephanie***

**Stephanie Gates** is the **Behavioral Health Resolution Specialist** for the southern half of the state of Indiana. She has been with CareSource since June 2019. She has been in the medical insurance field since 1991.



# ***Behavioral Health Director: Kristi***

**Kristi Carney, MSW, LSW, CCM,  
Behavioral Health Director** – Kristi began her career in public health over 20 years ago, serving people living with HIV. Kristi joined the CareSource team in November of 2016 as the Behavioral Health Manager and was promoted to Director in July of 2019.



# ***Behavioral Health Initiative Team Lead: Brittany***

**Brittany Burtraw** is the **Behavioral Health Initiative Team Lead**. Brittany started at CareSource in 2017 as a Care Manager and joined the Behavioral Health team in 2020.



# ***Behavioral Health Initiative Lead: North - Gayle***

**Gayle Smith** is the **Behavioral Health Initiative Lead for Northern Indiana**. She has been employed at CareSource since April 2017 as a Care Manager, Transitions Coordinator and was promoted in December 2020 to her current position, where she works with our providers and develops relationships with the local Community Mental Health Centers.





## ***Behavioral Health Initiative: Emma***

**Emma Dartis** has been employed at CareSource for five years, where she is currently one of three **Behavioral Health Initiative Leads** in the Indiana Market. Prior to becoming a Behavioral Health Initiative Lead, Emma was one of two Enterprise Transition Coordination Managers on the Transitions of Care Team.



# ***Coordination of Care***



# Coordination of Care

## The importance of Coordination of Care

- Allows Primary Medical Care Provider (PMP) and Behavioral Health (BH) providers to collaborate regarding member's care
- Reduces cost, duplicative services, and medication interactions

## Provider Resources

- HIPAA Consent Form
  - Online at [CareSource – HIPAA Consent Form](#) and [Coordination of Healthcare Exchange of Information Form](#)
- Behavioral Health Member Profile
  - [BH Member Profile](#)
- CareSource Tools & Resources
  - [Tools & Resources | Indiana – Medicaid | CareSource](#)
  - CareSource Tools and Resources flier [caresource.com/documents/rr2022-in-med-p-164526-caresource-tools-resources-flier/](https://caresource.com/documents/rr2022-in-med-p-164526-caresource-tools-resources-flier/)
  - 42 CFR Confidentiality of Substance Use Disorder Patient Records [eCFR :: 42 CFR Part 2 -- Confidentiality of Substance Use Disorder Patient Records](#)

***BeMe Health***

  
***CareSource***<sup>®</sup>

# BeMe is a teen mental health app



BeMe services are free for CareSource members ages 13 to 18.

## What does BeMe help teens with?

- Building resilience and coping skills
- Improving interpersonal skills and communication
- Creating behavior change in daily habits (e.g. sleep, exercise, nutrition)
- Navigating stressors (e.g. school, parental separation, breakups, trauma)
- Working on identity and self-esteem
- Feeling less alone

## How does BeMe do it?



### Coaching

BeMe coaches provide real-time, text-based support, helping teens learn coping and resilience-building skills while creating culturally-responsive connections. Real human connection (no bots)!



### Content

Content forms the basis for teen engagement, psychoeducation, and skill-building. Original content is available in English and Spanish.



### Care

BeMe links teens, as needed, to virtual clinical care from behavioral health clinicians specializing in adolescents.



### Crisis

Teens have access to 24/7 support: Safety planning, CareSource24, 988 Suicide & Crisis Lifeline, Crisis Text Line, and The Trevor Project.

Dealing with stress?

Fighting with friends?

Low mood?

Trauma?

## Feel better with BeMe

- Chat with a personal coach
- Deal with school, family, & friends
- Build self-esteem
- Cope with stress, anxiety & depression

### Your safe space

- No ads
- Not social media
- We don't sell your data
- No judgment, just support



Brought to you by CareSource

BeMe is no cost  
for CareSource  
Hoosier Healthwise  
teens 13-18.



Scan to download  
the BeMe app!

"I find it useful in  
building up my  
confidence and  
well-being."

-15 year old

"Where has this  
app been all my  
life? I'm so happy  
I found it."

-17 year old

Feel good  
inside and out



Brought to you by CareSource

BeMe is no cost for CareSource Hoosier Healthwise teens 13-18.

For questions please call CareSource Member Services at  
1-844-807-2829 (TTY: 1-800-743-3333 or 711) Monday through Friday from 8:00 a.m. to 8:00 p.m.  
or CareSource Care Management at 1-833-330-3330 Monday through Friday 8:00 a.m. - 5:00 p.m.



PR2022-IN-MED-M-1687855-V.1, First use: 12/4/2022

OMPP Approved: 12/4/2022

# ***Tobacco Cessation***





# **CareSource Tobacco Cessation Treatment Options**

## **Medications**

- NRT Gum
- NRT Patch
- NRT Lozenge
- NRT Inhaler\*\*
- NRT Nasal Spray\*\*
- Bupropion
- Varenicline (Chantix)

## **Counseling**

- Individual Therapy
- Group Therapy
- The Indiana Quit Now Program

For additional information please review the IHCP bulletin: [BT2022100 \(in.gov\)](https://www.in.gov/bulletin/BT2022100)

\*\*Requires prior authorization

**Members Can Earn Up to \$200 in Rewards**





# *Indiana Medicaid Billing & Reimbursement*

## **CPT Codes & Description**

**99406** – Smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes.

**99407** – Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes.

**D1320** – Tobacco counseling for the control and prevention of oral disease.

## **Did You Know?**

- **No limit** on tobacco dependence counseling per member per calendar year, for procedure codes **99406 and 99407**.
- **Omit** U6 Modifier – Billing modifier U6 for claims using code **99407** is no longer required. Please see bulletin for billing information regarding modifiers needed.
- Removal of the previously established requirements to obtain prior authorization (PA) if exceeding 180 days of tobacco cessation therapy.
- D1320 – is only billable by a dentist rendering counseling services.

These updates in tobacco dependence counseling will be reflected in the following code tables: Mental Health and Addiction codes, Telemedicine Service Codes and Vision Services Codes

- **For additional information, please review the IHCP Bulletin: [BT2022100 \(in.gov\)](https://www.in.gov/bulletin/2022/01/2022100)**



## ***Who can bill for tobacco dependence treatment services?***

- Certified nurse midwife
- Clinical nurse specialist
- Dentist
- Health service provider in psychology (HSPP)
- Licensed psychologist
- Licensed independent practice school psychologist
- Licensed clinical addiction counselor (LCAC)
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Nurse practitioner
- Optometrist
- Pharmacist
- Physician
- Physician assistant
- Registered nurse (RN)
- Respiratory therapist (RT)

Please refer to [BT2022100 \(in.gov\)](https://www.in.gov/bt/2022/01/10/bt2022100)



# CareSource Tobacco Cessation Resources

- Tobacco Cessation Toolkit for Providers
  - [CareSource Tobacco Cessation Toolkit for BH Providers](#)
- Tobacco Cessation Webinar with a Behavioral Health Focus – Posted on CareSource Website
  - [Training & Events | Indiana – Medicaid](#)
- Provider Incentive for Tobacco Counseling
  - [Tobacco Counseling Provider Incentive](#)

# ***Provider Training***



# CareSource Behavioral Health Training Offerings

Learn how to support your friends, family, and neighbors

- **Adult Mental Health First Aid**
  - Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance abuse challenges among adults.
  - Class can be taken virtually or in person.
  - Mental Health First Aid Certification is good for 2 years.
- **Youth Mental Health First Aid**
  - Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance abuse challenges among children and adolescents ages 6 to 18.
  - Class can be taken virtually or in person.
  - Mental Health First Aid Certification is good for 2 years.



# CareSource Behavioral Health Training Offerings Question Persuade Refer- QPR

- **Question Persuade Refer (QPR)**
  - QPR Gatekeepers are anyone trained to recognize a suicide crisis and because of their training knows how and where to find help.
  - QPR Gatekeepers are intended to teach those; who are in a position, to recognize the warning signs, clues, and suicidal communications of people in trouble to act vigorously to prevent a possible tragedy.
  - Class can be taken virtually or in person.
  - QPR Certification is good for 2 years.



# MENTAL HEALTH FIRST AID

## LEARN HOW TO SUPPORT YOUR FRIENDS, FAMILY, AND NEIGHBORS

Mental Health First Aid (MHFA) teaches you how to identify, understand, and respond to signs of mental health and substance use challenges among adults.

You'll build skills and confidence you need to reach out and provide initial support to those who are struggling. You'll also learn how to help connect them to appropriate support.

### AFTER THE COURSE, YOU'LL BE ABLE TO:

- Recognize common signs and symptoms of mental health challenges.
- Recognize common signs and symptoms of substance use challenges.
- Understand how to interact with a person in crisis.
- Know how to connect a person with help.
- Use self-care tools and techniques.

Join the more than  
**2.6 MILLION**  
First Aiders who  
have chosen to be  
the difference in  
their community.

## REGISTER TODAY!

### Delivery Format:

<Delivery Format Line 1>

<Delivery Format Line 2>

### Date and Time:

<Insert Date and Time>

### Location:

<Insert Location>

### Where to Register:

<Insert Registration Information>

Learn how to respond with the Mental Health First Aid Action Plan (ALGEE):

- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

# YOUTH MENTAL HEALTH FIRST AID

## WHY YOUTH MENTAL HEALTH FIRST AID?

Youth Mental Health First Aid teaches you how to identify, understand and respond to signs of mental health and substance use challenges among children and adolescents ages 6-18.

**10.2%**

of youth will be diagnosed with a substance use disorder in their lifetime.

Source: Youth Mental Health First Aid\*\*

**1 IN 5**

teens and young adults lives with a mental health condition.

Source: National Alliance for Mental Illness\*

**50%**

of all mental illnesses begin by age 14, and 75% by the mid-20s.

Source: Archives of General Psychiatry\*\*\*

## WHO SHOULD KNOW MENTAL HEALTH FIRST AID?

- Teachers.
- School Staff.
- Coaches.
- Camp Counselors.
- Youth Group Leaders.
- Parents.
- Adults who Work with Youth.

## WHAT MENTAL HEALTH FIRST AID COVERS

- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD).
- Common signs and symptoms of substance use challenges.
- How to interact with a child or adolescent in crisis.
- How to connect the youth with help.
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying.

Learn how to respond with the Mental Health First Aid Action Plan (ALGEE):

- A**ssess for risk of suicide or harm.
- L**isten nonjudgmentally.
- G**ive reassurance and information.
- E**ncourage appropriate professional help.
- E**ncourage self-help and other support strategies.

## THREE WAYS TO LEARN

- **In-person** – Learners will receive their training as an 8-hour, Instructor-led, in-person course.
- **Blended** – Learners complete a 2-hour, self-paced online course, and participate in a 4.5- to 5.5-hour, Instructor-led training. This Instructor-led Training can be:
  - A video conference.
  - An in-person class.

### Sources

\* National Alliance on Mental Illness. (n.d.). Kids. <https://www.nami.org/Your-Journey/Kids-Teens-and-Young-Adults/Kids>

\*\* Mental Health First Aid. (2020). Mental Health First Aid USA for adults assisting children and youth. National Council for Mental Wellbeing.

\*\*\* Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walters, E.E. (2005, June). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6); 593-602. doi:10.1001/archpsyc.62.6.593



## Question, Persuade, Refer

QPR Suicide Prevention: It's What People Do

Like CPR, QPR is an emergency response to someone in a suicide crisis. Also, like CPR in the Chain of Survival from a life-threatening medical crisis, early recognition of warning signs, early intervention and early professional assessment and care can save lives.



### The QPR Institute

Our mission is to save lives and reduce suicidal behaviors by providing innovative, practical and proven suicide prevention training.

#### Our Training Programs are:

- Easily accessible (onsite, self-study, online)
- Innovative and low-cost
- Practical and cost-effective
- Recognized for continuing education credits
- Listed in the National Registry of Evidence-Based Practices and Programs (NREPP)

#### QPR Assessment Tools are:

- User-friendly
- Comprehensive
- Award-winning
- Registered "best practices"

#### QPR Institute Authors and Faculty are:

- Experts in their fields
- Experienced instructors
- Upbeat, positive and engaging
- Committed to making a difference

### Available Trainings

#### QPR Gatekeeper Training

This heavily researched 60 minute to 2-hour training is for the general public and teaches participants the warning signs for suicide and the three-step QPR method. It is available in classroom settings from qualified instructors or online.

#### Online QPR Gatekeeper Training

This self-paced, multimedia blend of video, text and voice lecture, which is also accessible, affordable and available on a PC or mobile device, uses interactive e-learning technologies to teach anyone how to prevent suicide.



# ***Prior Authorizations***



# Prior Authorization Services

All Inpatient Services	All Inpatient Rehabilitative Service
Applied Behavior Analysis therapy services (ABA)	All Inpatient Behavioral Health admissions
Transcranial Magnetic Stimulation	Intensive Outpatient Program Services
Genetic Testing	Ambulance Transport – non-emergent
Home Health Care Services	Hearing Aids
Skilled Nursing Facility Services	Prosthetic and Orthotic devices
All powered or customized wheelchairs and supplies	Durable Medical Equipment, rental equipment and specific DME require authorization
	All DME miscellaneous codes (example: E1399)

**\*\*\*This is not an all-inclusive list, please refer to the Procedure Code Look-Up Tool on our website at [Prior Authorization | Indiana – Medicaid | CareSource](#)**

# Prior Authorization Services

<p>PAIN MANAGEMENT SERVICES</p> <ul style="list-style-type: none"> <li>➤ FACETS</li> <li>➤ EPIDURALS</li> <li>➤ FACETS</li> <li>NEUROTOMY</li> <li>➤ SI JOINTS</li> </ul>	<p>OUTPATIENT SERVICES:</p> <ul style="list-style-type: none"> <li>➤ COSMETIC/PLASTIC/RECONSTRUCTIVE PROCEDURES</li> <li>➤ SPINAL CORD STIMULATORS</li> <li>➤ IMPLANTABLE PAIN PUMPS</li> </ul>
<p>Organ Transplants</p>	<p><b>Partial Hospitalization Program (PHP)</b></p>
<p><b>Residential services</b></p>	<p>Services beyond benefit limits for members 20 years of age and under, including therapies</p>
<p>Gender Dysphoria Surgeries</p>	<p>Any surgery or procedures that are potentially cosmetic or investigational will require a prior authorization</p>

**\*\*\*This is not an all-inclusive list, please refer to the Procedure Code Look-Up Tool on our website. [Prior Authorization | Indiana – Medicaid | CareSource](#)**

# Procedure Code Look-Up Tool



[Follow this link: CareSource | Procedure Code Lookup](#)



Procedure Code Lookup

## Complete Steps

1 Choose Line of Business

-- Line of Business --

2 Enter a CPT/HCPCS Code

ABC90 or 92507



# Procedure Code Look-Up Tool



- **DISCLAIMER**

- 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](#)

# Procedure Code Look-Up Tool



## 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 [RADMD | RADMD-HOME](#).
- For more information about drugs that require prior authorization, access our [Pharmacy](#) webpage.
- Reference our [Dental Provider Office Reference Manual \(ORM\)](#) for dental services that require prior authorization.

# How to Submit PA Requests

## Provider Portal

[Users - User Login \(caresource.com\)](https://caresource.com)

## Fax

Fax the Medical prior authorization form to **844-432-8924** including supporting clinical documentation. The prior authorization request form can be found on [CareSource.com](https://caresource.com).

## Mail

CareSource Attn: IN Utilization Management  
P.O. Box 1307  
Dayton, OH 45401-1307

## Phone

**844-607-2831**

Monday – Friday 8:00 am. Thru 8:00 p.m.

**\*Please include supporting clinical documentation with all submissions.**

# Prior Authorization Form

## IHCP Universal Prior Authorization Request Form

**Indiana Health Coverage Programs  
Prior Authorization Request Form**

Select the radio button of the entity that must authorize the service.  
(For managed care, check the member's plan, unless the service is carved out [delivered as fee-for-service].)

Fee-for-Service	<input type="radio"/> Kepron	P: 866-725-9991	F: 800-261-2774
Hoosier Healthwise	<input type="radio"/> Anthem Hoosier Healthwise	P: 866-408-6132	F: 866-406-2803
	<input type="radio"/> CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise Hoosier Healthwise	P: 888-961-3100	F: 888-665-5581
Healthy Indiana Plan (HIP)	<input type="radio"/> MHS Hoosier Healthwise	P: 877-647-4848	F: 866-912-4245
	<input type="radio"/> Anthem HIP	P: 844-533-1995	F: 866-406-2803
	<input type="radio"/> CareSource HIP	P: 844-607-2831	F: 844-432-8924
Hoosier Care Connect	<input type="radio"/> MDwise HIP	P: 888-961-3100	F: 866-613-1642
	<input type="radio"/> MHS HIP	P: 877-647-4848	F: 866-912-4245
	<input type="radio"/> Anthem Hoosier Care Connect	P: 844-284-1798	F: 866-406-2803
	<input type="radio"/> MHS Hoosier Care Connect	P: 877-647-4848	F: 866-912-4245
	<input type="radio"/> UnitedHealthcare	P: 877-610-9785	F: 844-897-6514

Please complete all appropriate fields.

Patient Information

IHCP Member ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Patient/Guardian Phone: \_\_\_\_\_

PMP Name: \_\_\_\_\_

PMP NPI: \_\_\_\_\_

PMP Phone: \_\_\_\_\_

Ordering, Prescribing or Referring (OPR) Provider Information

OPR Provider NPI: \_\_\_\_\_

Medical Diagnosis  
(Use of ICD Diagnostic Code Is Required)

Dx1	Dx2	Dx3

Please check the requested assignment category below:

<input type="checkbox"/> DMH	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Purchased	<input type="checkbox"/> Observation	<input type="checkbox"/> Speech Therapy
<input type="checkbox"/> Rental	<input type="checkbox"/> Office Visit	<input type="checkbox"/> Transportation
<input type="checkbox"/> Home Health	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Other
<input type="checkbox"/> Hospice	<input type="checkbox"/> Outpatient	

Requesting Provider Information

Requesting Provider NPI/Provider ID: \_\_\_\_\_

Taxonomy: \_\_\_\_\_

Taxpayer Identification Number (TIN): \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Rendering Provider Information

Rendering Provider NPI/Provider ID: \_\_\_\_\_

TIN: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Preparer's Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Dates of Service	Procedure/	Place of Service	Units	Dollars
Start	Service Codes	(POS)		

Notes:

PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.

Signature of Qualified Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

See the [IHCP Quick Reference Guide](#) for information about where to mail this form.

IHCP Prior Authorization Request Form  
Version 8.0, July 2023

Page 1 of 1

Show me information for -- Select -- GO

FORMS

↑ Choose ↓

- Select --
- Georgia
  - Medicare
    - Dual Special Needs
    - Medicare Advantage
  - Medicaid
  - P4HB
  - Marketplace
- Indiana
  - Medicare
    - Dual Special Needs
    - Medicare Advantage
  - Medicaid
  - Marketplace
- Kentucky
  - Medicare
    - Dual Special Needs
    - Medicare Advantage
  - Medicaid
  - Marketplace

## Indiana Health Coverage Programs Prior Authorization Request Form



# Prior Authorization Form - SUD

The SUD universal standard PA form is located on [www.CareSource.com](http://www.CareSource.com).

Please include the Initial Assessment form and reassessment form when requesting SUD PAs.

Please ensure the rendering provider is the facility when requesting these services, as specialty type 836 is a billing provider.

[SUD-PA-form.pdf \(in.gov\)](#)

## Indiana Health Coverage Programs Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form

Please use this form and its associated attachment if you have a 3.1 or 3.5 American Society of Addiction Medicine (ASAM) residential designation or are an inpatient psychiatric facility/hospital.

Select the radio button of the entity that must authorize the service based on the member's enrollment/benefits.

Fee-for-Service	<input type="radio"/> Kepro	P: 866-725-9991	F: 800-261-2774
Hoosier Healthwise	<input type="radio"/> Anthem Hoosier Healthwise	P: 866-408-6132	F: Inpatient: 877-434-7578 Outpatient: 866-877-5229
	<input type="radio"/> CareSource Hoosier Healthwise	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise Hoosier Healthwise	P: 888-961-3100	F: 888-465-5581
	<input type="radio"/> MHS Hoosier Healthwise	P: 877-647-4848	F: Inpatient: 844-288-2591 Outpatient: 866-694-3649
Healthy Indiana Plan (HIP)	<input type="radio"/> Anthem HIP	P: 844-533-1995	F: Inpatient: 877-434-7578 Outpatient: 866-877-5229
	<input type="radio"/> CareSource HIP	P: 844-607-2831	F: 844-432-8924
	<input type="radio"/> MDwise HIP	P: 888-961-3100	F: Inpatient: 866-613-1631 Outpatient: 866-613-1642
	<input type="radio"/> MHS HIP	P: 877-647-4848	F: Inpatient: 844-288-2591 Outpatient: 866-694-3649
Hoosier Care Connect	<input type="radio"/> Anthem Hoosier Care Connect	P: 844-284-1798	F: Inpatient: 877-434-7578 Outpatient: 866-877-5229
	<input type="radio"/> MHS Hoosier Care Connect	P: 877-647-4848	F: Inpatient: 844-288-2591 Outpatient: 866-694-3649
	<input type="radio"/> UnitedHealthcare	P: 877-610-9785	F: Inpatient and Outpatient: 844-897-6514

Please complete all appropriate fields.

Patient Information				
IHCP Member ID:				
Date of Birth:				
Patient Name:				
Address:				
City/State/ZIP Code:				
Patient/Guardian Phone:				
PMP Name:				
PMP NPI:				
PMP Phone:				
Ordering, Prescribing or Referring (OPR) Provider Information				
OPR Provider NPI:				
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)				
Dx1		Dx2		Dx3

Requesting Provider Information	
Requesting Provider NPI:	
Taxonomy:	
Taxpayer Identification Number (TIN):	
Provider Name:	
Provider Address:	

Rendering Provider Information	
Rendering Provider NPI:	
TIN:	
Name:	
Address:	
City/State/ZIP Code:	
Phone:	
Fax:	

Preparer's Information	
Name:	
Phone:	
Fax:	

Dates of Service	Procedure/	Modifiers	Service Description	Taxonomy	Place of Service (POS)	Units	Dollars
Start	Stop	Service Codes					

# Prior Authorization Timeframes



To check the status of a prior authorization request, call **844-607-2831** or by accessing the provider portal at [www.caresource.com](http://www.caresource.com).

Authorization Type	Decision
Standard pre-service	5 business days
Urgent pre-service	48 hours
Urgent concurrent	1 business day (after receiving all necessary information)
Post service (retrospective review)	30 calendar days

## ***Important Reminder: COB PA Submissions***

If CareSource requires a prior authorization for a service, and the member has additional insurance that is primary, the provider must follow the primary insurer requirement for obtaining a prior authorization and must also obtain a prior authorization for CareSource.

# ***Important Reminder: Changes in Approved PA Submission***

- If there are any changes with how the PA was approved (change in rendering practitioner, CPT/HCPCS codes, DOS etc.), those changes could create a denial in the claims processing.
  - If the rendering practitioner changed, the PA needs updated with this change.
  - If the code/service changes, you will need to update the PA to reflect this change.
  - If the units change, you will need to update the units on the PA.

**Note:** These updates can be done via phone **844-607-2831**, fax **844-432-8924** or Provider Portal at **[Users - User Login \(caresource.com\)](#)**

# ***Retro- Authorizations***



# *Retro- Authorizations*

## **Circumstances for a Retrospective/Post-Service Review**

- Member eligibility
- Administrative delays
- Services rendered outside of Indiana
- Transportation services
- Provider is unaware of member eligibility
  - The provider's records document that the member refused or was physically unable to provide the member identification (RID) number.
  - The provider can substantiate that the provider continually pursued reimbursement from the patient until Medicaid eligibility was discovered.
  - The provider submitted the request for prior authorization within sixty (60) days of the date Medicaid eligibility was discovered.





# *Retro- Authorizations Timeframes*

Retrospective (post-service) reviews will be decided upon **30** calendar days from the receipt of the request.

**Note:** Dispute/appeal process may be required for a denied claim.

# ***Appeal Process***





# *Expedited Appeals*

- Call CareSource at **855-202-1058** to expedite a clinical appeal.
- Expedited appeals will be resolved, and verbal notification will be made within **48 hours**.
- CareSource will decide whether to expedite an appeal within **24 hours**.



# Provider Portal: Post-Service Review

## CLAIMS

Online Claim Submission

Claim Information and Attachments

Rejected Claims

Real Time Claims

Payment History

Recovery Request

Disputes

Post Service Appeals

## Post Service Appeals

Submit Appeal

Check Status

Claim ID:

Find

# Provider Clinical/Claim Appeal Form

**CareSource**

## Provider Clinical/Claim Appeal Form

Please note the following to avoid delays in processing clinical/claim appeals:

Include supporting documentation • Incomplete submission will be returned for additional information • Applicable timely filing limits apply


Please indicate the following patient information:

Member Name _____	Date of Service _____
Member ID Number _____	Code/Service Not Covered _____
	Place of Service _____

Please indicate the following provider information:

Provider Name _____	CareSource Provider ID _____
Provider NPI Number _____	Claim Number _____
Provider Telephone Number (____) _____	Requestor Name _____

Select the most appropriate appeal type:

<input type="checkbox"/> <b>Claim Appeal</b> — An adverse decision regarding payment for a submitted claim or a denied claim for services rendered to a CareSource member.	<b>Include required documentation:</b> <ul style="list-style-type: none"> <li>• Appeal form</li> <li>• Supporting documentation</li> <li>• Original remittance advice</li> </ul> <p>The provider/facility rendering services has 365 days from the date of service to file a claim appeal.</p>
<input type="checkbox"/> <b>Clinical Appeal</b> — A request to review a determination not to certify an admission, extension or stay, or other health care service conducted by a peer review who was not involved in any previous adverse determination /non-certification decision pertaining to the same episode or care.	<ul style="list-style-type: none"> <li>• Appeal form</li> <li>• Records supporting medical necessity</li> <li>• Original remittance advice</li> </ul> <p>The provider/facility rendering service has 180 days from the date of service to file a clinical appeal.</p>
<input type="checkbox"/> <b>Corrected Claim</b> — Any correction of the date of service, procedure/diagnosis code, incorrect unit count, location code and/or modifier to a previously processed claim.  Resubmit the entire claim with updated information as a <b>Corrected Claim</b> . If you disagree with the amount paid on a claim line, you will need to submit an appeal.	<b>Please send Corrected Claims to:</b>  CareSource ATTN: Claims Dept. P.O. Box 3007 Dayton, OH 45401-3007

Reason for appeal request:

Mail or fax all information to:

Claim Appeals Department P.O. Box 2008 Dayton, OH 45401-2008	Clinical Appeals Department P.O. Box 1947 Dayton, OH 45401-1947	Provider Claim Appeals Coordinator Fax Number: 937-531-2398
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OMPP Approved: 11/07/2022

[Provider Disputes or Appeals | Indiana – Medicaid | CareSource](#)

**Clinical Appeal** — A request to review a determination not to certify an admission, extension or stay, or other health care service conducted by a peer review who was not involved in any previous adverse determination /non-certification decision pertaining to the same episode or care.

- Appeal form
- Records supporting medical necessity
- Original remittance advice

The provider/facility rendering service has 180 days from the date of service to file a clinical appeal.

# *Administrative Denials*



- Late notification of inpatient admission
- Member not eligible at time of request for authorization
- Late Retro Physician Denial
- Needs to be submitted within 60 days from DOS
- Non-Covered Codes

# Peer-to-Peer Review

- CareSource members' health is always the number one priority.
- Requesting clinical rationale
- Discussing an adverse decision with physician reviewer
  - By phone **833-230-2168**
  - Within **seven** business days of the determination

Our new line was created with a special team dedicated to answer live calls.

**You will be able to reach a live staff member anytime during normal business hours.**



# ***Important Reminders***



# Important Reminders

- Verifying eligibility
- Failure to obtain a prior authorization may result in a denial for reimbursement.
- **Authorization is not a guarantee of payment for services.**
- CareSource does not require prior authorization for unlisted CPT codes, however:
  - Signed, clinical record must be submitted with your claim.
  - Claims submitted without clinical records for unlisted CPT codes will be denied.
  - Denials will be reconsidered through the claim's dispute/appeal process.



# *Important Reminders Credentialing*

## **Please remember to:**

- Keep CAQH information updated and to allow CareSource access.
- Ensure all rendering practitioners are enrolled with the IHCP at each service location prior to claims submissions.
- Include all state licensures, current DEA or CSR certificate, education, training, etc. when submitting applications.
- Include the W-9 and Debarment form.
- Complete the organizational provider credentialing application for SUD, OTP, CMHC and Facilities.
- Include your malpractice insurance information, and collaborative practice agreement, if required for your specialty.
- The effective date will be the first date of the following month once CareSource has received all pertinent documentation for credentialing.





# ***Important Reminders Credentialing- continued***

- Additions, terminations, demographic changes – please ensure you are keeping CareSource notified of any changes within your facility.
- Please ensure you are responding timely to credentialing/recredentialing requests for additional information/documents.



# Important Reminders Claims

## Opioid Treatment Program

- As most, if not all, of our OTP providers, are enrolled with IHCP as a group classification and the practitioners are enrolled as rendering classification. Below are some guidelines:
  - Please make sure any/all practitioner(s) who will be billed in box 24j on the CMS -1500 form type have been enrolled in IHCP/CoreMMIS as rendering classification.
  - Please make sure any/all rendering providers who work at specific service location(s) are linked to that service location in IHCP/CoreMMIS.



# *Important Reminders Claims*

## **Coordination of Benefits – COB**

Providers should verify other insurance information through the CareSource provider portal for each member visit.



# *Important Reminders Claims*

## **277 Rejection Report**

Front end rejection reasons

- 1:1 Match
  - ZIP+4
  - NPI
  - Taxonomy
- Rendering NPI linked to service location in box 33 enrolled with IHCP



# ***Updates & Announcements***





## ***Updates & Announcements***

Visit the [Updates and Announcements page](#) located on our website for frequent network notifications.

Updates may include:

- Medical, pharmacy, and reimbursement policies
- Authorization requirements



## Quarterly Friday Forum

- Revenue cycle, contracting, credentialing, clinical operations, quality, and/or administrative staff are welcome to attend.
- Brief presentation covering updates
- Live Q&A following presentation
- 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/Contacting  
Us***







# *Provider Resources*

Visit the [www.CareSource.com](http://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>

# CareSource Contacts

	Medicaid	Marketplace	D-SNP
<b>Provider Services</b>	1-844-607-2831	1-866-286-9949	1-833-230-2176
<b>Utilization Management Fax</b>	1-844-432-8924	1-877-716-9480	1-844-417-6157
<b>Provider Portal</b>	<a href="https://providerportal.caresource.com/IN">https://providerportal.caresource.com/IN</a>  <b>SKYGEN Dental Portal (HHW/HIP):</b> <a href="https://pwp.sciondental.com/PWP/Landing">https://pwp.sciondental.com/PWP/Landing</a> <b>DentaQuest Dental Portal (HIX &amp; D-SNP):</b> <a href="http://www.Dentaquest.com">www.Dentaquest.com</a>		
<b>Electronic Funds Transfer</b>	ECHO Health: 1-888-485-6233		
<b>Electronic Claims Submission</b>	INCS1		
<b>Claim Address</b>	CareSource, Attn: Claims Department, P.O. Box 3607, Dayton, OH, 45401-3607		
<b>Timely Filing</b>	90 days from date of service or discharge		

# Communicating with US

	Medicaid	Marketplace	D-SNP
Provider Services	1-844-607-2831	1-866-286-9949	1-833-230-2176
Hours	Monday – Friday 8 a.m. to 8 p.m. EST		Monday – Friday 8 a.m. to 6 p.m.
Member Services	1-844-607-2829	1-877-806-9284	1-833-230-2020
Hours	Monday – Friday 8 a.m. to 8 p.m. EST Please note: From Oct. 1 – Feb. 1 we are open the same hours 7 days a week.		

Visit the Provider Portal on [CareSource.com](https://www.caresource.com) for regular online submissions.

# ***BH Clinical Staff Contacts***

**Kristi Carney, BH Director**

317-982-6247

[Kristi.Carney@caresource.com](mailto:Kristi.Carney@caresource.com)

**Brittany Burtraw, BH Initiative Team Lead**

317-409-1100

[Brittany.Burtraw@caresource.com](mailto:Brittany.Burtraw@caresource.com)

**Gayle Smith, BH Initiative Lead (BH Specialist)**

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**Emma Dartis, BH Initiative Lead (BH Specialist)**

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**BH Mailbox:** [Indiana.BH@caresource.com](mailto:Indiana.BH@caresource.com)

Fax: 937-396-3964

# *Health Partner Engagement Specialist*

## **HEALTH PARTNER ENGAGEMENT REPRESENTATIVES**

**Denise Cole, Director**

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[Denise.Cole@caresource.com](mailto:Denise.Cole@caresource.com)

**Amy Williams, Manager**

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

## **BEHAVIORAL HEALTH: HEALTH PARTNER RESOLUTION SPECIALISTS**

**Amanda Denny – North**

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**Stephanie Gates – South**

317-501-6380

[Stephanie.Gates@caresource.com](mailto:Stephanie.Gates@caresource.com)

## **HEALTH PARTNER ENGAGEMENT SPECIALIST**

**Brian Grcevich – Ancillary, Dental, Skilled Nursing Facilities, Home Health and Hospice**

317-296-0519

[Brian.Grcevich@caresource.com](mailto:Brian.Grcevich@caresource.com)

## **CONTRACTING MANAGERS – HOSPITALS/LARGE HEALTH SYSTEMS**

**Cathy Pollick – Director**

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**Maria Crawford – North**

317-416-6851

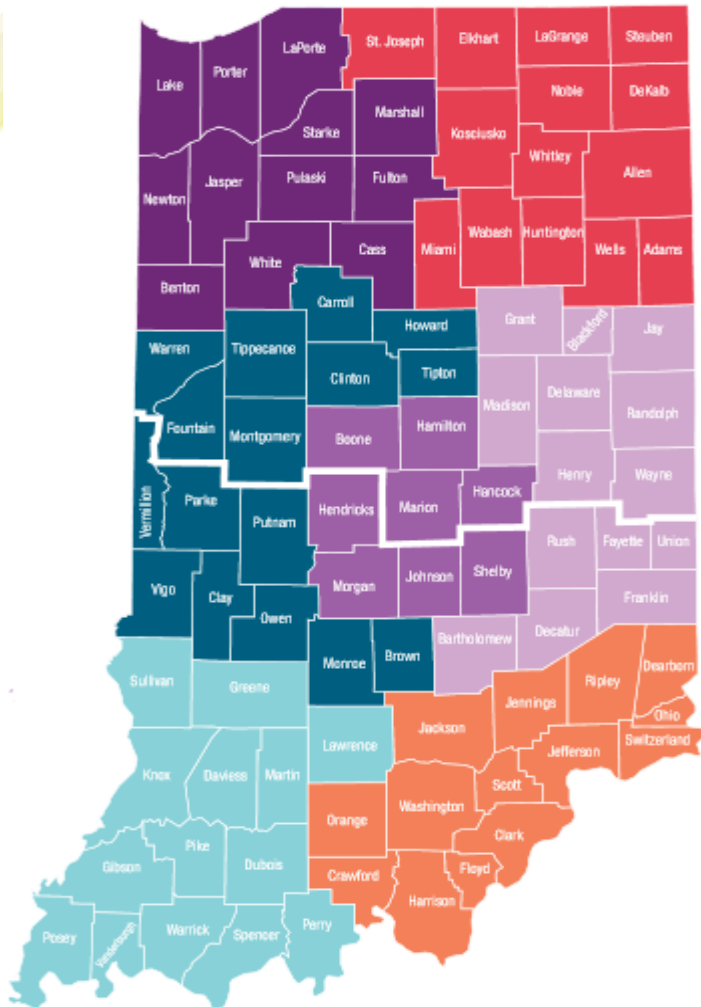
[Maria.Crawford@caresource.com](mailto:Maria.Crawford@caresource.com)

**Sara Cully – South**

765-256-9617

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# Health Partner Engagement Specialist



## Regional Specialists

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Regional Medical Center, Beacon

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

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Date Issued: 04/07/2023  
OMPP Approved: 07/30/2020



## Partners with *Purpose*

Are you contracted with CareSource for all our plans? **Join us** by contacting your Health Partner Engagement Specialist.

Or visit

<https://www.caresource.com/in/providers/education/become-caresource-provider/medicaid/> to

start the contracting process.



*Thank you!*

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