Claims

2023 IHCP Works

Annual Seminar

Agenda

About CareSource

Member Eligibility

Claim Submission

Submitting Vision and Dental Claims

Claim Reminders

Claim Rejections

Claim Denials and Resolutions

Provider Portal Claims Dashboard

Provider Payment Processing

Disputes and Appeals

Important Updates and Reminders

CareSource Health Partner Contacts

Member Eligibility

Eligibility Verification

Member Eligibility

Recipient Id	CareSource Id	Member Info	Multiple Recipient Ids

INDIANA
PROVIDER

🏠 / Member Search / Member El

MEMBER SEARCH –

Member Eligibility

Coordination of Benefits

Member File Upload

Recipient Id:

Date of Service 7/31/2023

Search

Verify eligibility at every visit prior to rendering services.

Member Not Eligible

Recipient Id	CareSource Id	Member Info	Multiple Recipient Ids	Multiple CareSource Ids

Recipient Id: ████████████

Date of Service: 7/31/2023

Search

Member is not eligible for service on the specified date

Member Information

Member has not consented to sharing sensitive health information. Because the member has not consented to sharing their health information, you may not be viewing the complete record. Members may grant consent by completing the Consent/HIPAA Authorization Form on www.caresource.com. They may also contact CareSource Member Services with questions or to obtain additional information.

Member Name: Member is not eligible ████████████

CareSource Id: ████████

Recipient Id: ████████

Case Number: ████████

Gender: Male

Address: ████████████ ████████████

County: Blackford

Phone: ████████████

Date of Birth: ████████

Relationship to Subscriber: Subscriber/Insured

Member Eligible

Recipient Id	CareSource Id	Member Info	Multiple Recipient Ids	Multiple CareSource Ids

Recipient Id: ██████████

Member is eligible for service on the specified date

Date of Service: 8/17/2023

Search

Member Information

Member has not consented to sharing sensitive health information. Because the member has not consented to sharing their health information, you may not be viewing the complete record. Members may grant consent by completing Consent/HIPAA Authorization Form on www.caresource.com. They may also contact CareSource Member Services with questions or to obtain additional information.

|			
Member Name:	████████	**Address:**	████████ ████████
CareSource Id:	████████	**County:**	HENDRICKS
Recipient Id:	████████	**Phone:**	████████
Case Number:	████████	**Date of Birth:**	████████
Gender:	Female	**Relationship to Subscriber:**	Subscriber/Insured
		Program Details:	Not a coordinated services member.
Original Effective Date:	3/1/2021 12:00:00 AM	**Member Eligibility Date Span Last Updated:**	3/2/2022 12:42:40 PM
Program:	Indiana - State Health Plans - Healthy Indiana Plan (HIP)	This member has COB on file. Click here for more details.	

Claim Submission

CareSource Claims Billing Methods
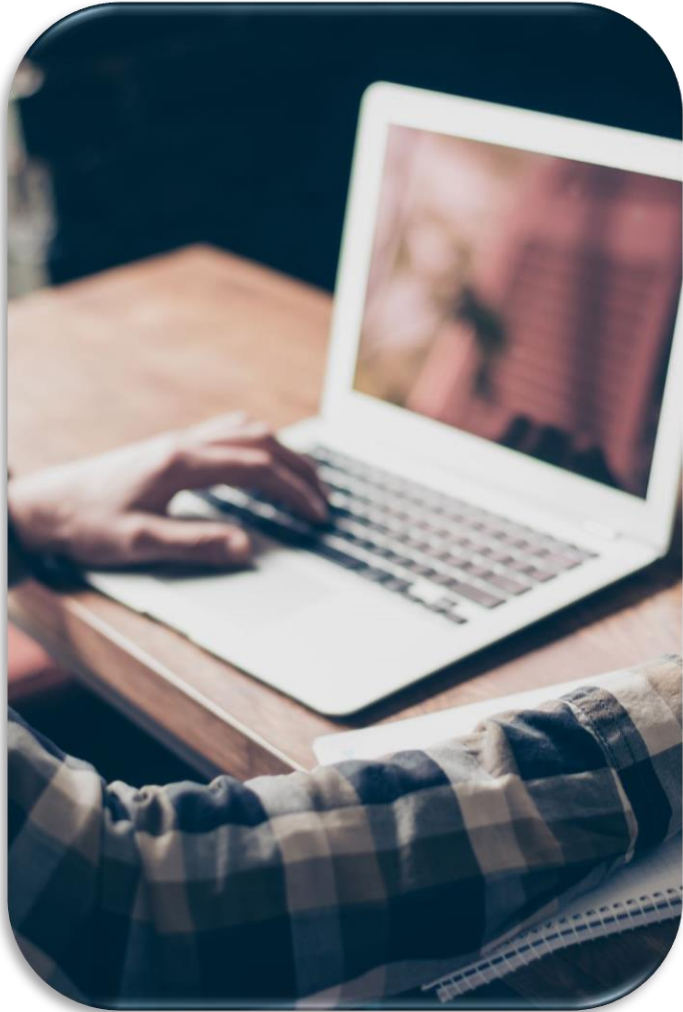
- Electronic claims submitted through a clearinghouse

- Claims data submitted directly via our Provider Portal

- Postal mail

Electronic Claims Submission

- Claim is transmitted to an EDI transaction

- EDI transaction sent to CareSource through Availity

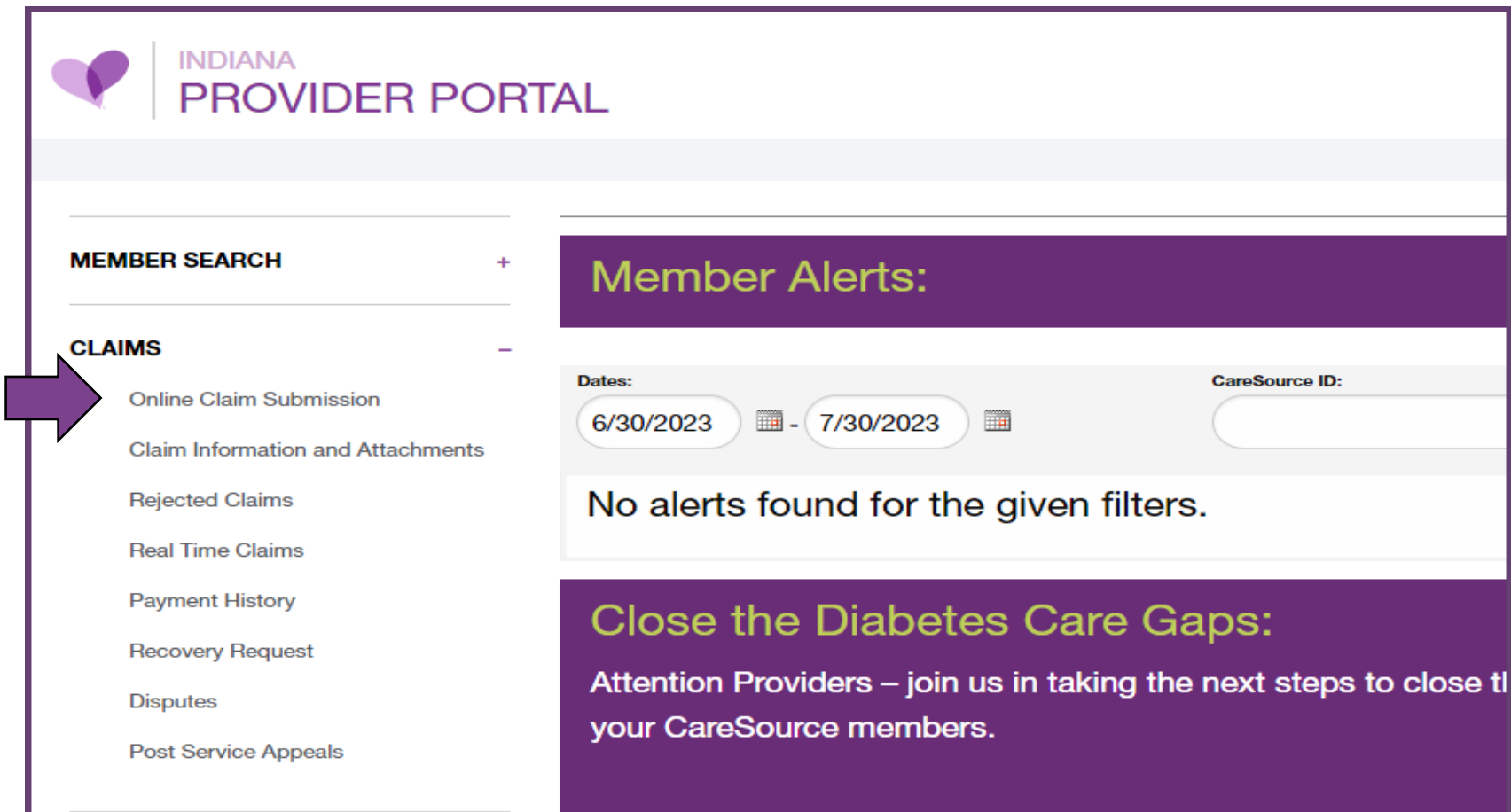- Received as the 837 file (also known as loop and segment or raw data)
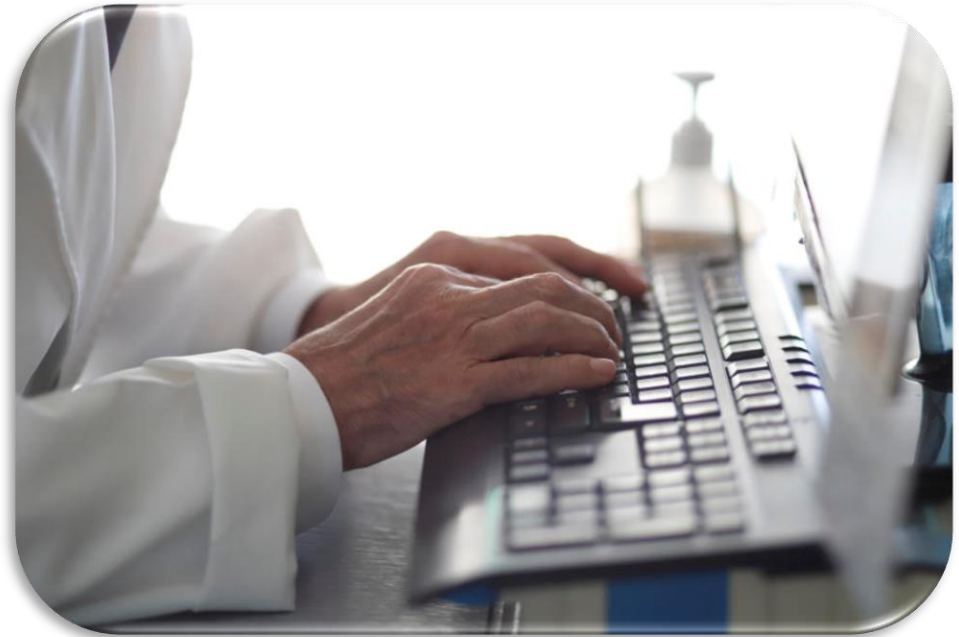
CareSource payer ID, **INCS1**

Availity's Client Services
1-800-282-4548

Portal Claim Submission

Under Claims, click on **Online Claim Submission**.

Create Online Claim

Online Claim Submission

25. FEDERAL TAX ID NUMBER

611764853   SSN ○   EIN ○

26. PATIENT'S ACCOUNT NO.

PATIENT ACCOUNT NO

27. ACCEPT ASSIGNMENT?

Yes ○   No ○

28. TOTAL CHARGE $

$ 0.00

29. AMOUNT PAID $

$ 0.00

30. BALANCE DUE $

$ 0.00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS   *(I certify that the statements on the reverse apply to this bill and are made a part thereof.)*

LAST NAME	FIRST NAME	MIDDLE INITIA	SUFFIX
CREDENTIAL	MMDDCCYY	Y	

32. SERVICE FACILITY LOCATION INFORMATION   ☐ Ambulance

FACILITY NAME

FACILITY ADDRESS 1

FACILITY ADDRESS 2

FACILITY CITY

FACILITY STATE

FACILITY ZIP CODE   EXT

NPI   Qualifier   PIN

FACILITY NPI   FACILITY QUAL   FACILITY PIN

33. BILLING PROVIDER INFO & PH #

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

CREDENTIAL

(Or)

IN

47129   8957

PROVIDER TELEPHONE NUMBER

NPI   Qualifier   PIN

                QUAL   PIN
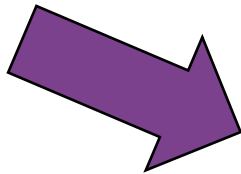
33. BILLING PROVIDER INFO & PH

LAST NAME	FIRST NAME

Upload Claim Forms

Claim forms can also be uploaded to CareSource Provider Portal

Paper Claim Submission

To ensure optimal claims processing timelines:

- Use only original claim forms; do not submit claim forms that have been photocopied or printed from a website.

- Font should be 10-14 point with printing in **black ink.**

- Do not use liquid correction fluid, highlighters, stickers, labels, or rubber stamps.

- Ensure printing is aligned correctly so that all data is contained within the corresponding boxes on the form.

- NPI, TIN, and taxonomy are required for all claim submissions.

Send all paper claim forms to CareSource at:
CareSource
Attn: Claims Department
P.O. Box 3607
Dayton, OH 45401

Paper Claim Notes

Detailed instructions for completing the CMS-1500 and the UB-04 are available in the IHCP provider reference module "[Claims Submission and Processing](#)" module.

CMS-1500 Notes:
- Rendering NPI – Box 24J
- Billing Provider NPI – Box 33a
- Group Taxonomy – Box 33b

UB-04 Note:
- Attending provider must be enrolled with IHCP.

Submitting Vision and Dental Claims

Vision Claims

Routine Vision Claims
Versant (Superior) Vision

Medical Vision Claims
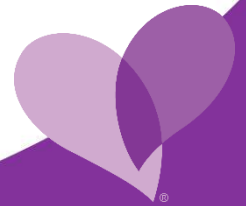CareSource

Dental Claims

SkyGen manages:

- Claims payment

- Prior Authorization

- Electronic Funds Transfer (EFT)

- Portal issues

CareSource manages:

- Member-related concerns such as claim issues, covered services, and patient eligibility

- Contracting with dental providers

Dental Claim Submission

Online:
https://pwp.sciondental.com/PWP/Landing

Electronic Data Interchange (EDI) Payer ID: INCS1

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

The filing limit for participating providers is 90 days.

RETURNING USERS

Username *

Password *

LOGIN

Forgot your user name or password?

Claim Reminders

Timely Filing

For in-network providers, claims must be submitted within 90 calendar days of the date of service or discharge.

For out-of-network providers, claims must be submitted within 180 calendar days of the date of service or discharge.

Claim Status

Additional information on the portal:

- Determine reason for payment or denial
- Check numbers and dates
- Procedure/diagnosis codes
- Claim payment date
- View and print remittance advice
- View status of claim disputes or appeals

Claim status is updated daily on the CareSource Provider Portal. You can view claims that were submitted for the previous 36 months.

Coordination of Benefits

Exceptions:

- ***Coordination of Benefits (COB):*** The claim and primary payer's explanation of payment (EOP) must be submitted to us within ***90 calendar days*** from the primary payer's EOP date. If the claim and primary insurance EOP are not submitted within the required time frame, the claim will be denied for timely filing.

Corrected Claims

60 calendar days from the date of EOP

UB-04

- Replacement/corrected claims require a Type of Bill with a Frequency Code "7" (field 4) and claim number in the Document Control Number (field 64)

CMS-1500

- enter a "7" in the left-hand side of Box 22 and the original claim number in the right-hand side of that box

Please note: If a corrected claim is submitted without this information, the claim will be processed as an original claim or rejected/denied as a duplicate.

Claim Rejections

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Top Reasons for Rejected Claims

For CMS-1500 Claims:

One-To-One Match/NPI Rejections

Information that is submitted in boxes 24j and 33 – 33 a/b must match the provider and group enrollment with IHCP.

- Confirm provider listed in 24j is linked to group NPI in box 33a and is active for date of service of claim.
- Confirm address in Box 33 is **service address** for group NPI. Address must include Zip+4.
- Taxonomy code listed in 33b matches group NPI and is active.

Invalid Corrected Claim Number
- Wrong iteration of claim used
- No claim reference used

Portal Online Claims Submission Rejections

Claims submitted on the Portal that are rejected can only be found on the Provider Portal under claims submission.

- Claim can be found by using search fields.
- Rejected claims will show under the dark grey header.
  - To see reason for rejection you will need to scroll the far right.

Claims Denials and Resolutions

CareSource™

Coordination of Benefits (COB)

COB information has not been updated.

- Update COB information in CareSource Provider Portal, if incorrect.

Member has primary insurance.

- Submit claim to primary insurance.

Explanation of Payment (EOP) from primary was not included/attached to claim.

- Resubmit claim with EOP to CareSource as a corrected claim within 90 days of receipt of EOP.

Reminder: Verifying eligibility prior to appointments can help avoid COB denials.

Timely Filing Denials

Was this a corrected claim that was submitted as an original claim in error?

- Review claim type and resubmit claim if appropriate.

Was the primary payor's EOB dated within 60 days of claim submission?

- Review EOB date from primary payor.

Was this due to retro eligibility and provider was unable to submit claim timely?

- Dispute will need to be filed.

Invalid Rendering Provider NPI

KNP Incomplete denial reason

- Attending Provider NPI and/or taxonomy number

- Address in Box 33

- Billing Provider NPI and/or taxonomy number

Please note: If the provider treats a member prior to their effective date of the service location, claims will be denied as out-of-network.

IHCP Provider Reference Module for Claims Submission and Processing

Service Requires Authorization

Denial occurs when authorization was not present on claim or authorization was not requested

- Is the authorization number in Box 23 for professional or Box 50 for UB.
- Is the authorization number correct?

When claim details do not match what was requested on the authorization

- Do the units match what was requested?
- Do the Current Procedural Terminology (CPT) codes and diagnosis codes match what was submitted on authorization request?

Duplicate Claim

Denial occurs when claim was submitted after same claim was already processed.

- Has the claim already been processed/paid?

Denial occurs when a corrected claim is missing an original claim number.

- Does the corrected claim have a frequency code 7 and reference the most recent, processed claim number?

Unbundled Relationship

Occurs when CPT codes cannot be reimbursed when billed together

- Verify
  - NCCI Edits
  - Correct Coding Practices
  - CCI Edits

- Resolution Steps
  - Dispute
  - Appeal

Provider Portal Claims Dashboard

CareSource™

Claim Information

Claim information including submission, status, and more can be located under the Claims menu from the left navigation.

Claim Search and Details

Claim information and details may be located by searching for the claim by:

- Recipient ID
- CareSource ID
- Member Info
- Patient Number
- Check Number
- External Reference Number
- All Claims

Once a claim has been located, click View Details to see additional information about the claim and processed status.

Recent Claims Dashboard

A new feature is now available on the Provider Portal, called *Recent Claims*, where you may see a consolidated view of recent claims.

This includes:

- Claims requiring documentation
- Denied Claims
- Pending Recoveries
- Paid Claims

Claim Documentation Attachments and Uploads

Documentation including medical records, explanation of benefits, etc. can be uploaded for future or processed claims. This can be completed by:

- Locating the claim and clicking the Document Upload tab

- If the claim has not been submitted, an attachment can be uploaded by completing the *Claim Attachment* form.
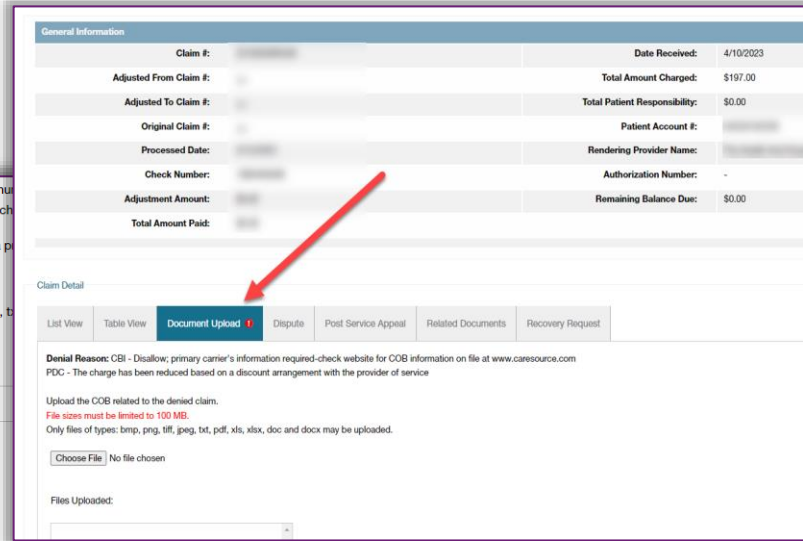
Provider Payment Processing

CareSource™

Provider Payment Processing

Payment methods offered by ECHO Health, Inc.:

- Electronic Funds Transfer (EFT)

- Electronic Remittance Advice (ERA)

- Virtual Card Payment

- Paper Check
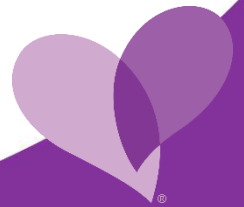
Electronic Funds Transfer and Electronic Remittance Advice

EFT and ERA are the preferred methods of payments.

To register, please visit https://enrollments.echohealthinc.com/

You will need:
- **Your CareSource Provider ID.**
- **Your practice's bank routing number and bank account number.**

If already registered with ECHO, you will need:
- **ECHO provider portal credentials or Tax Identification Number (TIN).**
- **An ECHO draft number and draft amount.**

Virtual Card Payment

- Standard credit card processing and transaction fees apply.

- A unique credit card number will be assigned.

- Processing fees are based on your credit card processor's fees.

Paper Check Payment

If your office would prefer to receive check payments, please call ECHO Support at 1-888-485-6233.
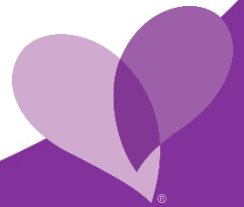
Disputes and Appeals

CareSource™

Claim Disputes

All disputes must be:

- Submitted in writing via the CareSource Provider Portal.

- May submit via the CareSource Provider Portal, fax (937-531-2398), or by paper to:

  Claim Disputes Department
  P.O. Box 2008
  Dayton, OH 45401-2008

- Submitted within **60 days** after receipt of the EOP.

- Completed **prior** to requesting an appeal.

If CareSource fails to render a determination for the dispute within **30 days** after receipt, an appeal may be submitted.

Dental Claim Disputes

- The health partner must complete a claim dispute prior to requesting an appeal. The claim dispute form can be located within the *Dental Health Partner Manual* at **CareSource.com.**

- The dispute must be submitted within **60 days** after the health partner's receipt of the written determination of the claim.

Claim Appeals

- Paper appeal form can be found at CareSource.com

- May only submit appeal *after* completing dispute process

- Must be submitted within **60 days** of the resolution of the dispute

- May submit via the CareSource Provider Portal, fax (937-531-2398), or by paper to:

    Claim Appeals Department
    P.O. Box 2008
    Dayton, OH 45401-2008

Timely filing appeals must include proof of original receipt of the appeal by fax or EDI for reconsideration.

Dental Claim Appeals

Health partners may only submit appeals <u>after</u> completing the claim dispute process as previously outlined.

Appeals must be submitted within **60 days** of the dispute decision.

- CareSource must issue a written decision within **45 days** of receipt of the written request for appeal.

- If the appeal is not resolved within the **45-day** time frame, the appeal will be determined as an approval.

Updates and Announcements

Member Billing

Not permitted:

- Balance billing a member for a Medicaid-covered service
- Billing a member in emergent situations

To charge a member:

- The service rendered must be determined to be non-covered by IHCP;
- The member has exceeded the program limitations for a particular service;
- The member must understand, before receiving the service, that the service is not covered under the IHCP, and that the member is responsible for the charges associated with the service;
- The provider must maintain documentation that the member voluntarily chose to receive the service, knowing that the IHCP did not cover the service.

Note: A generic consent form is not acceptable unless it identifies the specific procedure to be performed, and the member signs the consent before receiving the service. See the IHCP Provider Manual for more information

Updates and Announcements

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

Updates may include:

• Medical, pharmacy and reimbursement policies

• Authorization requirements

Updates & Announcements | Indiana – Medicaid | CareSource

Provider Communications Sign Up Form

The **sign-up** form:
https://secureforms.caresource.com/ProviderCommunicationSignup

The **unsubscribe** function at
https://secureforms.caresource.com/ProviderCommunicationSignup/unsubscribe

Provider Resources

Visit the CareSource website Plan Resource page to access the following resources**:**

- Printable health partner manual

- Printable orientation slides

- Formularies

- Covered benefits

- Quick reference guides

- And more

CareSource Provider Portal

Quarterly Friday Forums

- A Save the Date will be published on the Updates & Announcements page.

- Revenue cycle, contracting, credentialing, clinical operations, quality, or administrative staff are welcome to attend.

- Brief presentation covering updates.

- Live question and answer follows presentation.

Please reach out to your Health Partner Engagement Specialist for any topics you want to hear about.

Contacts

How to Reach Us

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

Health Partner Engagement Team Contacts

HEALTH PARTNER ENGAGEMENT LEADERSHIP

Denise Cole, Director
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Denise.Cole@caresource.com

Amy Williams, Manager
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Stephanie Gates – South
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CONTRACTING MANAGERS – HOSPITALS/LARGE HEALTH SYSTEMS

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HEALTH PARTNER ENGAGEMENT SPECIALIST

Brian Grcevich – Ancillary, Dental, Skilled Nursing Facilities, Home Health and Hospice
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Health Partner Engagement Specialists

Regional Specialists

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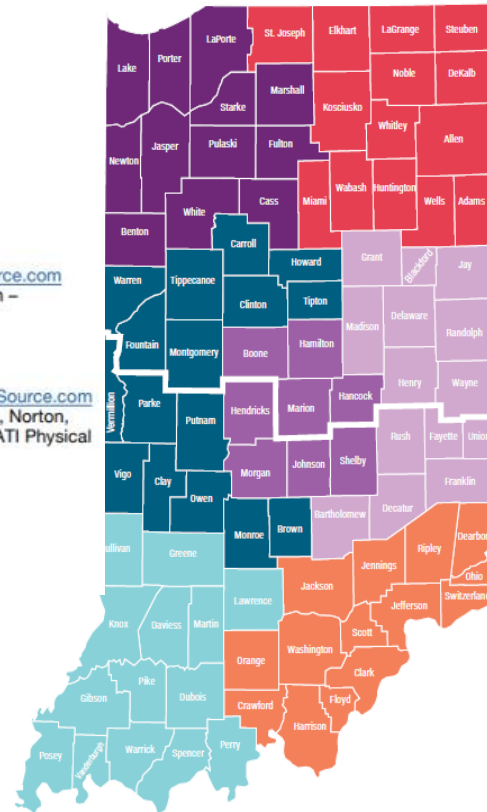Parkview, Lutheran, St. Joseph Regional Medical Center, Beacon

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Deaconess, Ascension – St. Vincent Health

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

Contact Us | Indiana – Medicaid | CareSource

Thank you!

CareSource®