

A woman with voluminous curly hair, wearing a light grey blazer over a blue top, is smiling and talking to a doctor. She is holding a blue pen in her right hand and a clipboard in her left. The doctor, seen from the back, has dark hair and is wearing a white lab coat. They are in a bright, modern office setting with a window in the background.

CareSource Indiana
Behavioral Health
Reference Guide



ABOUT CARESOURCE

Medicaid Plan

CareSource currently serves Indiana Medicaid members enrolled in the Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) programs.

Marketplace Plan

Your CareSource patients have access to affordable, high quality health insurance with all the essential health benefits required by the Affordable Care Act, including behavioral health services, maternity care, prescription drug coverage and more. Plus, they can purchase a Dental and Vision plan with adult coverage for dental, vision and fitness benefits. Marketplace plans cover people with pre-existing conditions and don't carry lifetime coverage caps for most benefits.

MEMBER ELIGIBILITY

Please refer your CareSource patients to in-network providers only and collect any deductibles, coinsurance or copayments that apply. Please check eligibility at every visit.

Hoosier Healthwise Member ID Card

CareSource Hoosier Healthwise Health Care Program

Member Name: First Last
Member RID: RID #
Member Services: 1-844-607-2829 (TTY 1-800-743-3333 or 711)
Member Services Hours: 8 a.m. – 8 p.m. Monday – Friday
 Log on to **MyCareSource.com** to check for eligibility and Primary Medical Provider (PMP).
CareSource24® Nurse Advice Line: 1-844-206-5947 (TTY: 711)

CareSource Rx innovations
 Powered by Express Scripts
RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01

EMERGENCIES:
FOR EMERGENCIES CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM (ER)
 For non-emergency visits to the ER, a copay may apply. If your health event is not life-threatening and you are not sure about going to the ER, call the RNs at **CareSource24®, Nurse Advice Line for help** at 1-844-206-5947 (TTY: 1-800-743-3333 or 711).
PHARMACIST: 1-800-416-3632
MEMBER PHARMACY SERVICES: 1-844-607-2831
PROVIDER SERVICES: 1-844-607-2831

IN-MMED-3276

Healthy Indiana Plan Member ID Card

CareSource HiP HEALTHY INDIANA PLAN

Member Name: First Last
Member RID: RID #
Member Services: 1-844-607-2829 (TTY 1-800-743-3333 or 711)
Member Services Hours: 8 a.m. – 8 p.m. Monday – Friday
 Log on to **MyCareSource.com** to check for eligibility and Primary Medical Provider (PMP).
CareSource24® Nurse Advice Line: 1-844-206-5947 (TTY: 711)

CareSource Rx innovations
 Powered by Express Scripts
RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01
Deductible - \$2500

EMERGENCIES:
FOR EMERGENCIES CALL 911 OR GO TO THE NEAREST EMERGENCY ROOM (ER)
 For non-emergency visits to the ER, a copay may apply. If your health event is not life-threatening and you are not sure about going to the ER, call the RNs at **CareSource24®, Nurse Advice Line for help** at 1-844-206-5947 (TTY: 1-800-743-3333 or 711).
PHARMACIST: 1-800-440-0474
MEMBER PHARMACY SERVICES: 1-844-607-2831
PROVIDER SERVICES: 1-844-607-2831

IN-MMED-3276

Marketplace Member ID Card

CareSource Silver Low Deductible Dental & Vision

Member: Jeff Doe
Member ID: 14800000000-00
Health Plan: XXXXXXXXXXXXXXX-XX
Payer ID: 31114

Dependents:
 01 Jane Doe
 02 John Doe
 03 Mike Doe
 04 Ron Doe
 05 Susan Doe
 06 Sara Doe
 07 Joe Doe
 08 Sam Doe

IN 2020

Office: \$/%* ER: \$/%* Spec: \$/%* UrgCare: \$/%*

AM-EXCM-0653 *after deductible

CareSource.com/marketplace
 This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.

MEMBERS: 1-800-479-9502 (TTY: 1-800-750-0750 or 711)
24/7 Nurseline: 1-866-206-4240 **Providers:** 1-800-488-0134

BENEFITS MANAGER

Pharmacy	Express Scripts	1-800-488-0134
Vision (Ped Only)	EyeMed	1-833-337-3129
Hearing	TruHearing	1-866-202-2561
Fitness	Active&Fit	1-877-771-2746

PHARMACY NUMBERS: RxBin: 004336 | RxPCN: ADV | RxGrp: RX3156
MEDICAL CLAIMS: P.O. Box 8730, Dayton, OH 45401-8730
 Coverage not provided through the Health Insurance Marketplace

CARESOURCE CONTACTS

Provider Services	Medicaid: 1-844-607-2831 Marketplace: 1-866-286-9949
Website	CareSource.com/providers
Provider Portal	https://providerportal.caresource.com
Utilization Management	Call Provider Services and select the menu option for prior authorizations.
Check Claim Status	Log in to the Provider Portal or call Provider Services.

COVERED BEHAVIORAL HEALTH SERVICES

Listed below are the services covered in Indiana, including for Hoosier Healthwise (both packages A and C) and Healthy Indiana Plan (HIP).

Routine Services

Code	Service	Prior Authorization
Evaluation & Management Office Visits		
99201-99205	Evaluation & Management New Patient	No
99211-99215	Evaluation & Management Established Patient	No
99341-99345	Home Visit New Patient	No
99347-99350	Home Visit Established Patient	No
Psychotherapy		
90832, 90834, 90837	Individual Therapy 30 minutes, 45 minutes, 60+ minutes	No
90833,90836, 90838	Individual Therapy With E/M Service	No
90853	Group Therapy Not Multi-Family	No
Family Supports		
90846	Family Without Patient	No
90847	Family Conjoint; with Patient	No
90849	Family Multiple Group	No

Code	Service	Prior Authorization
Evaluation		
90791	Psychiatric Diagnostic Evaluation Without Medical Evaluation	No
90792	Psychiatric Diagnostic Evaluation With Medical Evaluation	No
G0444	Annual Depression Screening	Yes (after 1 per year with provider)
96110	Development Screening With Interpretation	No
Psychiatric Testing		
96130-93131	Psychological Testing Evaluation First Hour, Additional Hours	No
96136-96137	Psych/Neuropsychological Testing Administration/Scoring (30 min, Additional 30 min)	No
96138-96139	Psych/Neuropsychological Testing Two or More Tests (30 min, Additional 30 min)	No
96146	Psych/Neuropsychological Testing Single Automated, with Automated Results	No
96112-96113	Developmental Testing/Interpretation First Hour, Additional 30 min	No
96116, 96121	Neurobehavioral Status Exam First Hour, Additional Hours	No
96132-96133	Neuropsychological Testing Evaluation First Hour, Additional Hours	No
H2000	Comprehensive Multidisciplinary Evaluation	No
Psychiatric Services/Therapy		
90899	Unlisted Psychiatric Services or Procedure	No
90845	Psychoanalysis	No
Applied Behavioral Analysis		
97151-97158, 0362T, 0373T	ABA Treatment	Yes
Prolonged Evaluation & Management		
99354	Psychotherapy First Additional Hour, Additional 30 min	No

Enhanced Services

Code	Service	Prior Authorization
Intensive Outpatient Treatment Psychiatric		
S9480 or Rev Code 905 and 906	IOT Professional, Facility	Yes

Code	Service	Prior Authorization
Partial Hospitalization		
H0035	PHP	Yes
Stimulation/Therapy		
90867-90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) 18 and Older	Yes
90870	Electroconvulsive Therapy (ECT)	No
Interactive Complexity		
90785	Interactive Complexity Note: Add-on code which may be reported in conjunction with Psychiatric Diagnostic Evaluation (90791, 90792), Psychotherapy (90832, 90834, and 90837), Psychotherapy Add-ons (90833, 90836, and 908383), and Group Psychotherapy (90853)	No

Emergent Services

Code	Service	Prior Authorization
Crisis Psychotherapy		
90839-90840	Crisis Psychotherapy First 60 min, Additional 30 min	No
H2011	Crisis Intervention Service Per 15 min	No
Inpatient Psychiatric Hospital		
H2034 H0010	Inpatient Psychiatric Hospital Paid per diem and based on level of care	Yes

Residential Treatment Services

For Medicaid, CareSource covers low-intensity residential treatment (ASAM Level 3.1) and high-intensity residential treatment (ASAM Level 3.5). Providers must be certified by the Department of Mental Health and Addictions (DMHA) to offer this service. For Marketplace plans, CareSource covers behavioral health care in a residential treatment program. These services can include: individual and group psychotherapy, family counseling, nursing services, mental health and substance abuse and pharmacological therapy in a supportive 24-hour community. Prior authorization is required for all residential stays.

Self-Referral Services

Members enrolled in Medicaid can access behavioral health services – including mental health, psychiatric, substance abuse, and chemical dependency services – on a self-referral basis. Members can self-refer to any Indiana Health Coverage Program (IHCP)-enrolled provider licensed to provide psychiatric services within their scope of practice. A referral from the member’s primary medical provider is not required.

Tobacco Cessation Services

CareSource members can receive tobacco cessation support services online when they create a MyCareSource account. Registered members gain access to online tobacco cessations resources that reward members for engaging in tobacco treatment.

Healthy Indiana Plan Copayments and Prior Authorizations

Some HIP plans have additional prior authorization and co-payment requirements.

- Behavioral health services: \$4 copay; PA required for Inpatient Services
- Psychotherapy: Up to \$75 copay (Inpatient); \$4 copay (Outpatient); No PA
- Residential SUD Treatment: \$4 copay; PA required
- Partial Hospitalization (PHP) Treatment: \$4 copay; PA required
- Intensive Outpatient Program (IOP): \$4 copay; PA required
- Medication Assisted Treatment (MAT): \$4 copay; No PA
- Vivitrol: \$4 copay; No PA
- Applied Behavioral Analysis (ABA): \$4 copay; PA required

Qualifying Billing Providers

Indiana Health Coverage Programs (IHCP) reimburses mental health services provided by licensed physicians, psychiatric hospitals, general hospitals, outpatient mental health facilities, and psychologists endorsed as health service providers in psychology (HSPPs).

CareSource will contract with behavioral health providers that meet IHCP-required provider types:

- Outpatient mental health clinics
- Community mental health centers (CMHCs)
- Psychologists
- Certified psychologists
- Health service providers in psychology (HSPPs)
- Certified social workers
- Psychiatric nurses
- Independent nurses
- Independent practice school psychologists
- Advanced practice nurses (APNs), credentialed in psychiatric or mental health nursing by the American Nurse Credentialing Center
- Persons holding a master’s degree in social work, marital and family therapy, or mental health counseling

IHCP reimburses the following mid-level practitioners for outpatient mental health services:

- Licensed psychologist
- Licensed independent practice school psychologist
- Licensed clinical social worker (LCSW)
- Licensed marriage and family therapist (LMFT)
- Licenses mental health counselor (LMHC)
- Person holding a master’s degree in social work, marital and family therapy, or mental health counseling
- An advanced practice nurse (APN) who is a licensed, registered nurse holding a master’s degree in nursing, with a major psychiatric or mental health nursing, from an accredited school of nursing

Mid-level Practitioner Billing Code Modifiers

- AH – Services provided by a clinical psychologist
- AJ – Services provided by a clinical social worker
- HE in conjunction with SA – Services provided by a nurse practitioner or clinical nurse specialist
- HE – Services provided by any other mid-level practitioner
- SA – Nurse practitioner or clinical nurse specialist in a non-mental-health area

PRIOR AUTHORIZATIONS

Services Requiring Prior Authorization

Some services require prior authorization (PA) before delivery of service. Failure to obtain PA may result in denied claims.

Please note: This is not a comprehensive list.

Medicaid

- Inpatient Behavioral Health Services
- Inpatient Substance Use Disorder (SUD) Services
- Partial Hospitalization Treatment (PHP)
- Intensive Outpatient Program (IOP)
- Applied Behavioral Analysis (ABA)
- SUD Residential Services

Marketplace

Services are provided within the benefit limits of the member’s enrollment.

- Behavioral Outpatient Services
- Residential Services
- Intensive Outpatient Program (IOP)
- Partial Hospitalization Program (PHP)
- Applied Behavioral Analysis (ABA)

For a more comprehensive listing of prior authorization services, visit **CareSource.com** > Providers > Prior Authorization.

Prior Authorization Process

You can submit PAs online. Please visit the Provider Portal at CareSource.com > Login > Provider to log in to the portal and submit your PA. Or, you can use one of the methods below to submit directly to our Utilization Management department.

Please note: CareSource has set up separate channels for behavioral health-related requests.

Alternative Submission Methods

Email	Medicaid: inmedmgt@caresource.com Marketplace (medical PAs): MMHIX-Just4Me@caresource.com Behavioral Health: mm-bh@caresource.com
Fax	Medicaid: 844-432-8924 Marketplace: 877-716-9480 Behavioral Health IMD: 937-487-0688 Behavioral Health (non-IMD): 937-487-1664
Mail	Medicaid: CareSource Attn: Utilization Management Dept. P.O. Box 44493 Dayton, OH 45401 Marketplace: CareSource Attn: Utilization Management Dept. P.O. Box 1307 Dayton, OH 45401-1307
Phone	Medicaid: 1-844-607-2831 Marketplace: 1-866-286-9949

Timeliness of Prior Authorization Decision

Medicaid

- Urgent outpatient request: within 48 hours
- Non-urgent outpatient request: 7 days
- Inpatient (initial): 1 calendar day
- Inpatient (concurrent): 1 calendar day
- Retrospective: within 30 days

Marketplace

- Urgent outpatient request: within 72 hours
- Non-urgent outpatient request: 2 business days
- Inpatient (initial): 24 hours
- Inpatient (concurrent): 24 hours
- Retrospective: within 2 business days

Clinical Appeals

Providers can submit a clinical appeal if they disagree with a clinical decision made regarding medical necessity. The appeal requires:

- Submission within 60 calendar days from the date of the notice of action
- Submission through the Provider Portal or Clinical Claims Appeal Form

Providers must have a member’s written consent to file an appeal on behalf of a member and to appeal pre-service issues. Expedited clinical appeals may be submitted by calling 1-855-202-1058. CareSource will decide whether to expedite an appeal within 24 hours.

For more information about clinical appeals, including submission, visit <https://www.caresource.com/in/providers/provider-portal/appeals/medicaid/>.

PROVIDER ENROLLMENT

Contracting Process

To join CareSource’s network, an online Provider Contract Form must be completed at **CareSource.com** > Provider > [Become a Participating Provider](#). On the page you can find instructions for completing the form. The following information must be submitted when completing the form:

- W-9 tax form
- Name
- Specialty
- CAQH ID number
- Tax ID number
- NPI number
- Medicaid ID number

Credentialing Process

CareSource credentials and re-credentials all licensed independent practitioners – including physicians, facilities, behavioral health providers and non-physicians. Through credentialing, CareSource checks the qualifications and performance of providers.

For behavioral health, CareSource credentials Community Mental Health Centers (CMHCs) at the individual level. If a mid-level mental health provider (LPCC, LISW, SW, LCSW, LMFT, ADC, CDC) does not have an Indiana Medicaid number, we credential using the group’s Indiana Medicaid numbers at the billing Medicaid number.

All CMHC behavioral health providers follow the traditional credentialing process through our participation with Council for Affordable Quality Healthcare (CAQH) as outlined below.

Please make sure that we have access to your provider application prior to submitting your CAQH number:

- Log on to the CAQH website at www.CAQH.org, utilizing your account information.
- Select Authorization tab and ensure CareSource is listed as an authorized health plan (if not, please check the Authorized box to add).

Please include copies of the following documents:

- Malpractice insurance face sheet
- Drug Enforcement Administration (DEA) certificate (current)
- Clinical Laboratory Improvement Amendment (CLIA) certificate (if applicable)
- Standard care arrangement (if an advanced practice nurse or a physician assistant)

Provider Qualifications

CareSource credentials Behavioral Health practitioners, including psychiatrists and physicians who are:

- Certified or trained in addiction, child and adolescent, and geriatric psychiatry
- Doctoral and clinical psychologists who are state licensed
- Master-level clinical social workers, mental health counselors, and marriage and family therapists who are state licensed
- Master-level clinical nurse specialists or psychiatric nurse practitioners who are nationally and state-certified, as well as licensed by the state
- Other behavioral health care specialists

For questions about the credentialing and re-credentialing process, contact Provider Services.





CLAIMS SUBMISSION AND APPEALS

CareSource encourages providers to submit claims electronically for the most efficient processing. Paper claims are encouraged for services that require clinical documentation or other forms to process.

Electronic Payment

CareSource has partnered with ECHO Health, Inc. to deliver provider payments. ECHO offers three payment options:

- Electronic funds transfer (EFT) – preferred
- Virtual Card Payment (QuicRemit) – Standard bank and card issuer fees apply*
- Paper checks

*Payment processing fees are what you pay your bank and credit card processor for use of payment via credit card.

Enroll with ECHO for payment and choose EFT as your payment preference for CareSource. You can also complete the ECHO enrollment form located on CareSource.com > Provider > Claims and fax, email, or mail it back to ECHO. For questions, call ECHO Customer Support at 1-888-834-3511.

All claims must have the NPI and Tax ID. The CareSource provider number is recommended, but not required. EFT payments can be paid by NPI instead of at the TIN level.

EDI Payer ID: INCS1

Timely Filing

Medicaid: 90 calendar days from the date of service or discharge

Marketplace: 365 calendar days from the date of service or discharge

Claims Submission Methods

Online	Submit claims through the Provider Portal at CareSource.com > Provider > Provider Portal
Mail	<p>Medicaid: CareSource Attn: Claims Department P.O. Box 3607 Dayton, OH 45401</p> <p>Marketplace: CareSource Attn: Claims Department P.O. Box 3607 Dayton, OH 45401</p>

Secondary claims can be filed electronically as long as primary information and payment is on the claim.

Claim Disputes

If you believe a claim was processed incorrectly due to incomplete, incorrect or unclear information, you should submit a corrected claim through the claim submission process. You do not need to file a dispute. Claim disputes are submitted if you are still dissatisfied with the outcome of your claim and require:

- Submission within 60 days of the written determination of the claim
- Submission through the Provider Portal or Claim Dispute Form
- CareSource review with resolution within 30 calendar days
- Completion before requesting claim appeal

Claim Appeals

Providers must exhaust the claim dispute process as outlined above before filing a claim appeal. Claim appeals require:

- Submission within 60 days of the resolution of the dispute process
- Submission through the Provider Portal or Claim Appeals Form

To submit claim disputes and appeals, visit CareSource.com > Provider Portal > [Claims](#).



ADDITIONAL CARESOURCE SERVICES & PROGRAMS

CareSource encourages providers to educate and refer members to CareSource's enhanced programs. Please visit [CareSource.com](https://www.caresource.com) for more information about our programs and how to refer.

Member Support Services

CareSource 24/7 Nurse Advice Line – This 24-hour nurse triage line provides an avenue for members to speak with a registered nurse at any time about health concerns and be directed to an appropriate level of care or supported with health education

MyStrength – Personalized, digital tool to promote mental health and well-being; members can learn techniques to reduce stress, track moods online, manage depression and anxiety and share inspirations

JobConnect – Available for HIP and HHW members (aged 14 and older, including parents of minor children), participants can receive support to pursue a goal that improves their health or overall well-being

Drug Programs

Step Therapy – Medication program designed to preserve best practice and protect our member's financial medication burden and is administered in accordance with applicable state laws

Medication Therapy Management – Designed to help ensure members are taking the most effective medications with specially trained pharmacists who work collaboratively with prescribers and engage members to enhance drug safety

Care Management Services

Case Management – We manage care by focusing on the multifaceted, chronic and relapsing nature of mental health and substance use disorders; CareSource uses a community-based approach with regional coordinators who help connect members to local resources and address their behavioral and safety concerns

Substance Use Disorder (SUD) Rewards Program – HIP members are eligible to receive \$10 for each Intensive Outpatient Program (IOP) group session they attend, up to \$100 per calendar year; members also accrue rewards in their MyHealth account that are redeemable for gift cards

For more information on our BH programs and member outreach, please email your Behavioral Health team at: Indiana_BH@caresource.com

QUALITY IMPROVEMENT

Behavioral Health HEDIS Measures

Certain services must be coded properly to meet HEDIS standards:

- Follow-Up After Hospitalization for Mental Illness
- Follow-Up After Emergency Department Visit for Mental Illness
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Antidepressant Medication Management
- Follow-Up for Children Prescribed ADHD Medications
- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Diabetes Monitoring for People with Diabetes and Schizophrenia
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Use of Multiple Concurrent Antipsychotics in Children and Adolescents
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers

Providers can reference the CareSource Behavioral Health Coding Guide, including the procedural codes and modifiers, on our website at [CareSource.com](https://www.caresource.com) > Providers > Quick Reference Materials.

Transition Programs

CareSource assists providers with coordinating care between primary care and behavioral health care through our transition programs. In addition to interventions such as emergency room diversion and medication management, we assist providers with member follow-up after behavioral health-related hospitalization.

HEDIS guidelines emphasize seven-day post-discharge follow-up for member behavioral health hospitalizations. With this intervention, Transition Coordinators and Specialists reach out to members once they have been discharged from the hospital to coordinate post-discharge care. Follow-up activities include medication adherence, referral to community mental health centers (CMHCs), and preventive measures to avoid psychiatric readmissions and avoidable ED visits.

Access to Care Standards

Type of Visit	Timeframe to Be Seen
Emergency needs	Immediately upon presentation
Non-threatening emergency	Not to exceed 6 hours
Urgent care*	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 business days
Follow-up routine care	Not to exceed 30 business days based off condition

*A member should be seen as expeditiously as the member’s condition warrants based on severity of symptoms. It is expected that if a provider is unable to see the member within the appropriate timeframe, CareSource will facilitate an appointment with a participating provider or a non-participating provider, if necessary.

PROVIDER TOOLS & RESOURCES

Providers can find a variety of plan and orientation resources on **CareSource.com**.

Coordination Tools

Provider Portal – CareSource’s online tool that allows providers easy access to time-saving services and critical information; the tool is available 24 hours a day, 7 days a week on any electronic device

Clinical Practice Registry – Providers can view and sort CareSource members into actionable groups for improved focus on preventive care

Member Profile – Providers can access a comprehensive view of patient medical/pharmacy utilization

Online Drug Formulary – Our easy-to-use online search tool which allows providers to facilitate pharmacological care for members in all substance use clinical scenarios; providers can also find generic alternatives and identify prior authorization requirements

Behavioral Health Member Profile – Member profile listing physical and behavioral health treatment received by members; PCPs can access the profile for assigned members on the Provider Portal to view daily updates to members’ health and treatment status (information about substance abuse treatment and HIV is only released if the member has signed a consent form)

Quality Resources

Behavioral Health HEDIS Coding Guide – Resource outlining all behavioral health HEDIS measures, goals, and coding guidelines

CAHPS Tips Brochure – Resource providing guidance on improving patient satisfaction and CAHPS ratings, including associated patient questions from survey

Clinical Practice Guidelines – Resources explaining nationally recognized clinical practice and preventive health guidelines, including ADHD and depression

Access these resources at **CareSource.com** > Provider > [Quick Reference Materials](#)

Communication Channels

CareSource communicates with our provider network through a variety of channels, including phone, fax, [Provider Portal](#), newsletters, CareSource.com and network notifications. We encourage you to reach out to your assigned Provider Engagement Representative with any questions.

Website – Accessing our website, [CareSource.com](#) is quick and easy. On the Provider section of the site you will find commonly used forms, newsletters, updates and network announcements, our Provider Manual, claims information, frequently asked questions, clinical and preventive guidelines and much more.

Provider Portal – Our secure online [Provider Portal](#) allows you instant access at any time to valuable information. You can access the CareSource Provider Portal at **CareSource.com** > Login > [Provider Portal](#). Simply enter your username and password (if already a registered user), or submit your information to become a registered user. Assisting you is one of our top priorities in order to deliver better health outcomes for our members.

Provider Portal Access Instructions

To create a Practitioner account, the following is required:

- Tax ID number
- CareSource provider number
- Zip code

To create a Group account, the following is required:

- Group name
- Tax ID number
- CareSource provider number
- Zip code





Multiple accounts can be set up from one Tax ID number in the Provider Portal. Instructions on the portal provide guidance on completing the process. Providers registered for the portal have access to all lines of business once their registration is complete.

Provider Portal Benefits

- Easy access to a secure online (encrypted) tool with time-saving services and critical information
- Available 24 hours a day, seven days a week
- Accessible on any PC without any additional software

Provider Manual – CareSource’s Provider Manual explains important requirements and guidelines for working with CareSource. Refer to this manual for the details on the topics featured in this guide.

Newsletters – Our provider newsletter contains operational updates, clinical articles and new initiatives underway at CareSource.

Network Notifications – Network notifications are published for CareSource providers to regularly communicate updates to policies and procedures. Network notifications are found on our website at **CareSource.com** > Providers > Tools & Resources > [Updates & Announcements](#).

Provider Demographic Changes and Updates – Advance written notice of status changes, such as a change in address, phone, or adding or deleting a physician to your practice helps us keep our records current. Your current information is critical for efficient claims processing.

Online

CareSource.com > Providers > [Provider Portal](#)

Email

ProviderMaintenance@caresource.com

Fax

937-396-3076

Mail

CareSource
Attn: Provider Maintenance
P.O. Box 8738
Dayton, OH 45401-8738





CareSource.com