

# Indiana Medicaid Network Effective Date Policy

## Effective Jan. 1, 2022

The effective date for all network participation requests for Indiana Medicaid are assigned and should be followed for all provider types and for all delegated provider networks. The same effective date policy will be in place regardless of whether the network participation request is for a hospital/ancillary provider or a practitioner. Providers must be fully enrolled and effective as an Indiana Health Coverage Program (IHCP) provider prior to becoming effective with CareSource.

Providers will be effective with CareSource based on the additional guidance below.

- A brand-new provider that is not part of an existing contract with CareSource will be effective the first of the month following the contract execution. The contract execution date is the date CareSource dually executes a contract signed by all parties, in addition to receipt of the provider's complete network participation request electronically via an online portal, email, postal mail, or fax. All required fields must be completed, required supporting documentation provided, etc. for the network participation request to be considered complete. This is for both facility and professional providers.
- A provider that is being added to an existing contract will also be effective the first of the month following receipt of the network participation request from the provider. The network participation receipt date is the date CareSource receives the provider's complete network participation request electronically via an online portal, email, postal mail, or fax. All required fields must be completed, required supporting documentation provided, etc. for the network participation request to be considered complete.
- In order to be able to receive reimbursement for medically necessary covered services, the contract or contract amendment must still be executed by both parties.
- CareSource uses the standard out of network process for services rendered by providers prior to the effective date if needed for member access to care.
- CareSource network effective date must also be after the IHCP effective date. Providers must be enrolled and effective with IHCP prior to being effective with CareSource.
- The effective date will be the first of the month following the receipt of a complete network participation request, regardless of the contract execution date or credentialing completion date. In some cases, the effective date may be retroactive back to the first of the month following receipt of the complete network participation request since providers will not be fully effective until they are credentialed by and have a signed contract or contract amendment with CareSource.
  - If a provider is unable to be credentialed with CareSource, the provider will not be effective with CareSource.
  - If the provider and CareSource cannot come to terms with a contract, the provider will not be effective with CareSource.
- Providers should hold all claims until the final welcome letter from CareSource is received confirming that they are effective, unless directed otherwise by CareSource. All pieces of the network participation process are expected to be completed timely by both

parties. However, in instances where the network participation process extends for a time period longer than the standard timeframe, CareSource will not hold providers to the timely filing limit for claims rendered before the provider is confirmed effective.

- The Office of Medicaid Planning and Policy (OMPP) is allowing CareSource's flexibility to deny the provider participation request if the contracting phase cannot be completed in an acceptable timeframe that is no more than 60 days. This will allow the effective date policy to remain consistent but also hold all parties accountable for the turnaround of necessary items for the network participation process. It is important that CareSource educates providers on the significant impact any delay in signing a contract will have and that if they do not meet the timeframe their request will be denied.
- CareSource must reimburse for medically necessary services provided between the date in which the provider was credentialed and the network participation date according to the following rules:
  - If the provider was fully credentialed without the need for provisional credentialing, CareSource must reimburse to the date in which the provider was fully credentialed.
  - If the provider was provisionally credentialed and then fully credentialed, CareSource must reimburse back to the date in which the provider was provisionally credentialed.
  - If the provider was provisionally credentialed but *not* fully credentialed, CareSource is not required to reimburse for any services during the provisionally credentialed timeframe.
- For reimbursement of medically necessary services rendered between the credentialing decision date and the network participation date, CareSource has the discretion to utilize the out-of-network reimbursement rate for all services.
- Services provided before a provider has successfully completed the network participation process are subject to the prior authorization process.

OMPP is allowing CareSource the flexibility to negotiate an appropriate retroactive effective date with a provider in the following situations:

- When the retroactive date is in the best interest of member care.
- In situations involving changes of ownership, including provider mergers, acquisitions, or tax identification changes.
- In situations where a provider has a preexisting contractual relationship with CareSource and has sought a change in their provider enrollment type or classification with the IHCP (i.e., when a provider was enrolled as a Billing provider but has decided to enroll as a Group provider)
- Upon request from providers in federally qualified health centers (FQHCs) or rural health clinics (RHCs)

When CareSource negotiates a retroactive effective date outside of the normal network participation effective date policy, CareSource must provide notification to OMPP through the submission of the quarterly *Timeliness of Requests to Join Provider Network* report.

**Provider Network Participation Steps**

1. IHCP-enrolled provider submits network participation request.
2. CareSource logs the receipt date of the network participation request.
3. Provider and CareSource execute contract/amendment.
4. CareSource conducts all applicable network participation processes (credentialing, enrollment and contracting).
5. Provider's effective date will be retroactive back to the first of the month following the receipt of the network participation request.
6. Welcome letter is sent.

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