



NETWORK Notification

Notice Date: July 14, 2023
To: Indiana Medicaid Providers
From: CareSource
Subject: Reminder: Provider Demographic Information Notification of Changes

Summary

Advance written notice of status changes, such as a change in address, phone, or adding or deleting a provider to your practice helps us keep our records current, are critical for claims processing, and ensures provider directory accuracy. For proper claims matching, provider information on claims must match their listing in Indiana's state enrollment data for a 1:1 enrollment match.

Type of Change	Notice Required Please notify CareSource of the change prior to the timeframes listed below.
New providers or deleting providers	Immediate
Providers leave the practice	Immediately upon provider notice
Phone number change	10 calendar days
Address change	60 calendar days
Change in capacity to accept members	60 calendar days
Providers intent to terminate	90 calendar days

For providers with a delegated credentialing agreement:

All new providers (additions), changes (additional addresses, phone number updates, etc.), and terminations will need to be submitted through your monthly roster. Monthly reporting is due by the 15th calendar day of the month for the previous month's delegated service activities and other reports as requested.

Importance

Timely receipt of this information ensures that our Provider Directories are up-to-date, which is critical for our members seeking the right care for their needs. This information is also reportable to Medicaid and Medicare.

How to Submit Changes

Information updates can be submitted on the CareSource Provider Portal at **CareSource.com** > Providers > [Provider Portal](#).

Other ways to submit changes include:

Fax: 937-396-3076

Mail:

CareSource

Attn: Provider Maintenance

P.O. Box 8738

Dayton, OH 45401-8738

If you have any questions, please contact your Health Partner Engagement Specialist.

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OMPP Approved: 07/10/2023