



# NETWORK *Notification*

**Notice Date:** August 2, 2021  
**To:** CareSource Indiana Medicaid Providers  
**From:** CareSource  
**Subject:** Q4 Provider Portal Updates

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## Summary

Your partnership is important to us, and we strive to ensure you are aware of the latest updates to our tools and resources. This network notification highlights recent Provider Portal updates.

## Provider Portal Updates

<b>Claims</b>	The Online Claim Submission tool will now open in a new tab within your browser when clicked. This will assist when submitting claims while also being able to click back to the Provider Portal when necessary.
<b>Alert Notifications</b>	A new alert notification has been added to the <u>Login</u> and <u>Home</u> page of the Provider Portal. These alerts will display in a box with the ability to scroll through when multiple alerts are available. The alert will have a <u>Title</u> , an <u>Excerpt</u> and a <b>Read More</b> button to click to review additional information regarding the notification.
<b>Prior Authorization Enhancements</b>	Several enhancements were completed for the Prior Authorization page to help streamline the authorization process. This includes saving your contact information when submitting an authorization and additional ways to check authorization status. Please review the below for additional details on each enhancement: <ul style="list-style-type: none"><li>• <b>Contact Information</b> – When submitting a prior authorization, your contact information entered will now be saved to use for all prior authorizations being entered during your session. This will limit the need for you to re-enter information for each individual prior authorization. You will also be able to edit the contact information fields if needed after the information is saved.</li></ul> <b>Note:</b> The information will only be saved for the current session (i.e. if you log out of the portal and log back in, it will not be saved).
<b>Authorization Status by Facility</b>	You now have the ability to search authorizations by facility and authorization date. When clicking the <u>Status</u> tab from the <u>Prior Authorization and Notifications</u> page, you will now see a new tab for <b>Facility</b> . Click this tab and choose from a facility drop-down list (it will display the Facility Name and NPI). You may then type in the <u>Start Date</u> and <u>End Date</u> with a maximum date range of <b>30 days</b> . The search results will give all of the authorizations for the Facility chosen and date range.

<b>Authorization Documents</b>	An update has been made to the display of prior authorization letters. Previously, when searching prior authorizations, the <i>Details</i> column would display an <i>Attachments</i> link to view letters. The link has been updated to the title " <i>Letters</i> " in the place of " <i>Attachments</i> ."
<b>Behavioral Health Authorizations</b>	Updates have been made to specific Behavioral Health related authorizations to display. Review the below on these updates: <ul style="list-style-type: none"> <li>○ <b>Psychological Testing</b> – This option will now display for all lines of businesses.</li> <li>○ <b>SBIRT Services</b> – This option will now display for all lines of businesses.</li> <li>○ <b>SUD Residential Treatment</b> – This option will now display for all lines of businesses.</li> </ul>
<b>Newborn Delivery Authorizations</b>	When submitting an inpatient authorization for newborn deliveries, you will now have the option to choose the diagnosis code for the authorization instead of the code being set to a default.
<b>Status of Prior Authorization</b>	An update has been made to the results that display after a prior authorization has been submitted. The results will now provide a status reason, if available, to assist in explaining the status processed (Example: Status is " <b>Void</b> ", Status Reason is " <b>Prior Auth Not Needed.</b> ")
<b>Prior Authorization Verbiage</b>	When submitting an authorization, a message will display indicating: " <i>An authorization or notification is not a guarantee of payment, but is based on medical necessity, appropriate coding and benefits. Benefits may be subject to limitation and/or qualifications and will be determined when the claim is received for processing.</i> " Previously, the message did not include that the payment is based on medical necessity.
<b>Intensive Outpatient Program</b>	A new outpatient authorization type, <i>Intensive Outpatient Program</i> , has been added to the Outpatient prior authorization drop-down list for the following plan: <ul style="list-style-type: none"> <li>○ IN Medicaid</li> </ul> This new option will be available when <b>Outpatient</b> is selected from the <i>Care Setting</i> and <b>Behavioral Health</b> is selected from the <i>Category</i> .
<b>Provider Portal Login Page</b>	The <b>Login</b> page of the Provider Portal was updated to display a cleaner, more user-friendly page. There is a new text area next to the <i>Username</i> and <i>Password</i> fields that contains the step-by-step guidance for registering and resetting a password. Additionally, it provides tips on what can accomplished on the portal.
<b>Disputes &amp; Appeals</b>	<b>Waiver of Liability Disclaimer</b> – A new disclaimer has been added to the Provider Portal <i>Disputes &amp; Appeals</i> page when a Waiver of Liability displays advising that "Beginning 1/1/2021 providers must submit any claim appeals and payment disputes within 60 days from the date of service, date of denial, date of discharge, or date of payment denial (unless otherwise specified in the provider's contract) in order to submit an appeal or payment dispute. Any claim appeal or payment dispute received past this timeframe, without documentation of Good Cause for the delay, will not be processed for determination."

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.

