CareSource™
Health Care with Heart

New Provider Step-by-Step Guide to Become a CareSource Health Partner

Becoming a CareSource participating provider can be achieved in three simple steps:

1) **Contracting** - the process of the provider and Managed Care Entity (MCE) formally executing an agreement for the provider to deliver medical services that outlines reimbursement rates, scope of services, etc.

2) **Credentialing** - the process of reviewing the qualifications and appropriateness of a provider to join the health plan's network.

3) **Enrollment** - Provider Enrollment is the process of loading a contracted and credentialed provider to all MCE internal systems, loading for claims payment, and loading to the provider directory (if applicable). Provider enrollment does not take place until the provider is fully approved and credentialed.

Each step is outlined below. **Please note: A provider must be fully enrolled and active with Indiana Health Coverage Programs (IHCP) prior to becoming a CareSource participating provider.** If you need assistance with any of these steps, please reach out to your Health Partner Engagement Specialist **https://www.caresource.com/documents/in-hp-representatives/**.

Step 1. CONTRACTING

To initiate the contracting step, please complete the New Health Partner Contract Form https://www.caresource.com/in/providers/education/become-caresource-provider/medicaid/. The New Health Partner Contracting Form consists of four tabs.

Tab 1 - **Instructions guiding you through completion of tabs 2-4.**

Tab 2 - **General Information.** Please verify that the IRS name entered in Tab 2 matches line 1 of your W-9. The IRS name will be used to create your contract.

Tab 3 - **Provider(s).** Enter practitioner data. This includes all rendering providers of providers enrolled, even if rendering providers are not required to enroll with IHCP. Rendering providers are defined as those providers who are performing the service for which a provider bills the Contractor or IHCP.

- (i/e Certified Registered Nurse Anesthetists (CRNA); Advanced Practice Nurses (APN) employed by physicians or are working in a physician directed group or clinic; Certified Physical Therapist Assistants, etc)

Facilities, please check the following box and then enter your facility information:

☐ Click here if SSN/DOB is not available because your submission is for a provider entity not an individual provider.

Tab 4 - **Submission.** The following documents are required to be attached within Tab 4. These documents can be found at https://www.caresource.com/in/providers/toolsresources/forms/medicaid/:

- Signed and dated W-9

- Debarment Form (Disclosure of Ownership)
- Organizational Application (Required for Ambulatory Surgical Centers, Urgent Care, Health Departments, Home Health/Home Infusion, Hospital, Hospice, Skilled Nursing Facility, Behavioral Health Facility)

Once you submit your New Health Partner Contract Form & required documents, you will receive a confirmation email. **Please save this email as it will contain your Application** ID. Application status can be checked on our Provider Portal, https://providerportal.caresource.com/IN/. You will need to enter your NPI and Application ID to view your status.

PLEASE NOTE IF CONTRACTING ONE OF THE FOLLOWING FACILITY TYPES, YOUR REQUEST WILL BE FORWARDED TO A HEALTH PARTNER CONTRACTING MANAGER FOR PROCESSING:

Dialysis
Hospital (Acute, Behavioral or Critical Access)
Hospice
Rehabilitation
Skilled Nursing
Substance Use Disorder

The individual listed as the office contact, on the New Health Partner Contract Form, will receive an email from their assigned Health Partner Contract Manager confirming receipt of their participation request. The Health Partner Contract Manager will inform the office contact if any supporting documentation is needed to create the contract.

SUPPORTING DOCUMENTATION CAN BE LOCATED AT
https://www.caresource.com/in/providers/tools-resources/forms/medicaid/.

Step 2. CREDENTIALING

Providers who wish to contract with CareSource must also be credentialed. Credentialing is utilized to monitor the qualifications and performance of physicians and other health care practitioners. Providers are credentialed a minimum of every three years and are considered to be recredentialed unless otherwise notified.

Providers that require Credentialing are:

- Practitioners who are licensed, certified, or registered by Indiana Health Coverage Programs (IHCP) to practice independently (without direction or supervision). These provider types may include, but are not limited to: MD, DO, NP, PA, LISW, DC, PSYD, LMFT, LPCC, etc.
- Practitioners who have an independent relationship with CareSource. An independent relationship is defined when the organization directs its members to see a specific practitioner or group of practitioners, including all practitioners whom members can select as primary care practitioners. These provider types may include, but are not limited to: Family Medicine, Internal Medicine, and Pediatrics.
- Practitioners who provide care to members under CareSource medical benefits, such as Dentists, Oral Maxillofacial Surgeons, Optometrists, and Ophthalmologists.
- Some Facilities and Organizational providers who contract with CareSource. These provider types may include, but are not limited to: Hospitals, Home Health Agencies, Skilled Nursing Facilities, Ambulatory Surgery Centers, Urgent Care Facilities, etc.

Providers who practice exclusively within the inpatient hospital setting and provide care for CareSource members only as a result of being directed to the hospital/facility do not need to be credentialed by CareSource **unless** otherwise noted. These provider types may include hospitalists, pathologists, radiologists, anesthesiologists, and emergency room physicians.

Credentialing requirements and processes follow NCQA guidelines. CareSource credentials providers using guidelines from the Indiana Office of Medicaid Policy and Planning (OMPP) and the National Committee for Quality Assurance (NCQA). OMPP requires that you submit, to CareSource, a complete Council for Affordable Quality Healthcare (CAQH) application or CAQH number, National Provider Identifier (NPI) number and an active Indiana Medicaid ID.

CareSource will notify providers when an incomplete network participation request is received. Notification of an incomplete network participation request will be sent to providers within five (5) business days after receipt of the initial request. An incomplete network participation request is a request that CareSource cannot fully process because there is missing documentation or information needed to write a contract, etc. An incomplete network participation request also includes an unclean credentialing application, that contains at least one error and must be returned to the provider for correction, with a description of the deficiency. If the error was on the CAQH application, CareSource will specify the item on the application resulting in its status as unclean.

 Common credentialing barriers:

(1) CareSource is unable to access your CAQH application. To grant CareSource authorization please follow these steps:

Log onto CAQH https://www.caqh.org/ using your account information.

Select the Authorization tab.

 Make sure CareSource is listed as an authorized plan. If not, check the "Authorized" box to add.

(2) Omission of the following documents within the CAQH application:
 a. Drug Enforcement Administration (DEA) certificate
 b. Malpractice insurance fact sheet
 c. Clinical Laboratory Improvement Amendment (CUA) certificate, if applicable
 d. Collaborative practice agreement, if applicable
(3) Incomplete documents
 All documents must be complete and current
(4) Missing or Expired Documents
 If there are missing/expired documents, you will be notified via letter with instructions to correct and submit the updated information.

Step 3. ENROLLMENT

Once the enrollment process is complete and your provider information has been added to the CareSource system and Provider Directory, a **Welcome Letter** will be generated within five business days. Your CareSource Participating Provider Welcome Letter will include important information such as the below:

- Participation Effective Date
- Enrolled Products
- CareSource Provider ID
- Additional instructions for claims submission
- Contact information

Enrollment Status:

Providers can check their Enrollment Status by going to the below link and clicking "Check Enrollment Status". Next, enter your Valid Application ID# and NPI #. Check the captcha checkbox and then click "Check Status" button. https://www.caresource.com/in/providers/provider-portal/

IHCP enrolled Individual/Group/Facility submits New Health Partner Contract Form

CareSource processes the Individual/Group/Facility New Health Partner Contract

Individual/Group contract is sent electronically to Individual/Group for review

After contract is executed by both parties, credentialing process is initiated

New Health Partner Contract forms received for facilities are forwarded to Contract Manager for Processing.

Contract Manager creates facility contract and sends to facility signatory for

Credentialing approved, provider enrolled in to CareSource systems, Welcome Letter generated and sent to provider

Upon receipt of signed facility contract, Contract Manager has contract executed and confirmed receipt of all required and supporting documentation and submits to Credentialing