



CareSource Indiana Provider Portal **Newborn Notification Overview**

Select Prior Authorization and Notifications in the left navigation.

Member Search

Member Eligibility

Coordination of Benefits

Claim Information

Member File Upload

Member Reports

Provider Membership List

Clinical Practice Registry

Users

Manage Users

Update My Account

Impersonate User

Provider Training

Providers

Care Management Referral

Claim Appeals

Claim Disputes

Online Claim Submission

Claims Recovery Request

Dental Provider Login

ER Referral

File Grievance

HIP Provider Cost Estimator

Payment History

Pharmacy

Prior Authorization and Notifications

Provider Documents

Form 1099-MISC

CareSource will mail your Form 1099-MISC by January 31 to the tax address we have on file for your organization. CareSource is required to file Form 1099-MISC for all recipients to whom we have paid \$600 or more in medical and health care claims. Form 1099-MISC income may be required to be included on your federal or state and local income tax return. Please consult your tax advisor with questions about reporting Form 1099-MISC income.

For an incorrect mailing address on Form 1099-MISC, please complete the provider intake form under the Maintenance section. You are required to attach an updated Form W-9 in order to change your Form 1099-MISC mailing address. Please note the tax address on Form 1099-MISC may not be the same as the mailing or correspondence address that CareSource has on file with your organization.

Attention All Providers:

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to periodically update provider information. Please make sure your information is up-to-date. If you have not made an update within the last six months, please visit [provider maintenance](#) where you are able to update your demographic, cultural, linguistic and accessibility information.

Note: If you have questions on how to update your information, please call Provider Services at: Indiana Medicaid Provider Services at 1-844-607-2831 or Indiana Marketplace Provider 1-866-286-9949.

Member Data May Be Incomplete

In accordance with Indiana's regulations concerning HIV/AIDS/SUD consent requirements, member data may be incomplete unless a consent is on file. Please contact Health Partner Services at **1-844-607-2831** if additional information is needed.

Network Notifications

Stay informed with updates that impact claims, clinical guidelines, Provider Portal functions and more. Visit our Updates & Announcements pages:

- [Medicaid](#)
- [Marketplace](#)

Anti-Fraud Plan

CareSource understands the profound financial and personal effect healthcare fraud, waste and abuse (FWA) can have on everyone included in the healthcare process – members, providers, health plans, government agencies and tax payers. CareSource is committed to the fight against healthcare FWA and has established a Special Investigations Unit (SIU) to lead this effort. Please view our [2018 Anti-Fraud plan](#) for all laws, regulations and other requirements.



Select Newborn Delivery Notification Tab

Enter Recipient ID, CareSource ID or the Member Information and Start Date of Service. Click Search.

Note: Member Eligibility is directly affected by date of service

Prior Authorization and Notifications

Medical (Inpatient & Outpatient) **Newborn Delivery Notification** Status

An authorization 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.

Recipient Id CareSource Id Member Info

Recipient Id: *

Start Date of Service: *

Search



Enter provider information. Use the dropdown to search by Provider Name, NPI or CareSource Provider Number

Search: * Required

Complete remaining required fields and select Continue to proceed.

Dates of Service

An authorization 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.

Admission Date:

Mother Information

Estimated Due Date

Delivery Type

* Required

☐ Vaginal Delivery
☐ C Section

Was sterilization performed?

* Required

☐ Yes
☐ No


Is Mother still in the hospital?

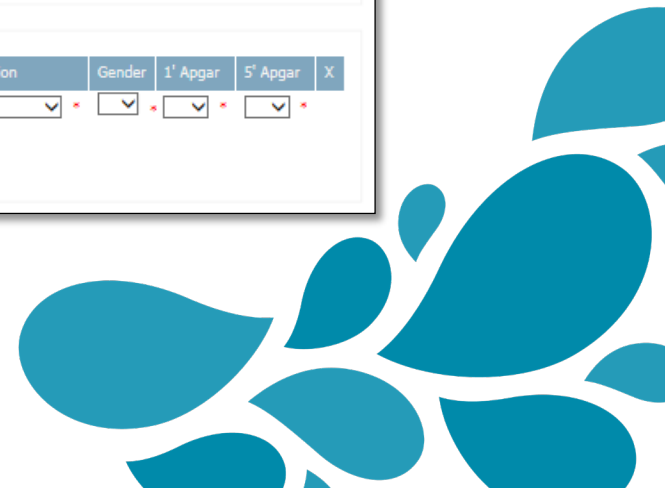
* Required

☐ Yes
☐ No

Newborn(s) Delivery Information

#	First Name	Last Name	Date of Birth	Weight (grams)	Gestational Age	Disposition	Gender	1' Apgar	5' Apgar	X
1	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/> <input type="button" value="calendar"/>	<input type="text" value="#####"/> (g) *	Weeks: <input type="text" value="##"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/>
					Days: <input type="text" value="##"/> *					

 Click here to add for multiple birth delivery



Review information. Click Submit Request to proceed.

Authorization Request


✓ Request Form

▶

✓ MCG Guideline Documentation Not Required

▶

3 Submit Request



Patient : ████████ **Name :** ████████ **DOB :** ████████ **Gender :** Female [▼ show more](#)

Authorization : EPS-00011498 **Type :** Delivery **Status :** NoDecisionYet [▼ show more](#)
Diagnosis Codes : O80(ICD-10 Diagnosis) *primary* **Procedure Codes :**

✓ **Diagnosis Code:** O80 (ICD-10 Diagnosis)
Description : Encounter for full-term uncomplicated delivery

MCG Guideline Documentation Not Required

✓ Submit Request

✕ Cancel Request

This system provides access to MCG evidence-based guidelines; however the determinations made using this system are directed by the health plan, based on a number of factors.

Results Screen: Two Potential Outcomes

Outcome 1: No case created, confirmation number is provided.

Results

Thank you for your delivery notification at this time, the information submitted has been captured in our system. If further questions or concerns arise here's your confirmation: [redacted] **Confirmation number-date entered with Medicaid ID number**

Outcome 2: Case created, Reference number is provided. **Reminder to attach documents on this screen.*

Results

Prior Authorization request has been successfully submitted. If clinical information to support this request has not been submitted, please send (via e-mail, fax or telephone) clinical review to the Medical Management Department within one business day.

Your reference ID for this submission request is: [redacted]

Next Review Date:

An authorization 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.

To submit another prior authorization request please return to the top of the page and enter the member's CareSource ID, Medicaid ID or Member info.

Reference #: [redacted]

Upload Attachments:

If your authorization status is Pending, please attach member Clinical Information in order to expedite your authorization process. If you are unable to attach Clinical Information, please click on this link to access the appropriate fax number.

Accepted file types: Word, Excel, PDF, Notepad, Image(tif)

No file chosen **Click Choose File to locate saved file/documents**

Files Uploaded:

You MUST click Attach to Request to successfully upload file/documents

Reference #: [redacted]
Description: Inpatient Emergency
Place Of Service: 21 Inpatient Hospital
Submitting Provider: [redacted]
Requesting/Ordering Provider: [redacted]
Servicing/Rendering Provider: [redacted]
Facility: [redacted]

Admission Event

Diagnosis Code: O36.4XX1 Maternal care for intrauterine death, fetus 1
Procedure:

Line #1	Requested Received Date:	Start Date of Service:	End Date of Service:	Requested Days:	Authorized Days:	Status:
	4/9/2019 2:00:00 PM	4/7/2019	4/8/2019	1	0	Pending



