



Network Notification

Notice Date: July 22, 2019
To: Indiana Medicaid Providers
From: CareSource
Subject: 2019 Indiana Medicaid Provider Manual Now Available
Effective Date: July 22, 2019

Summary

A revised version of the [Indiana Medicaid Provider Manual](#) is now available and will be effective as of July. It is important for all providers to review the new provider manual, as your participation agreement with CareSource contains a compliance obligation with the provisions of the manual.

Impact

Notable updates and additions in this edition include the following:

Claim Submissions Chapter

- Update: Timely claim submission procedure – Out-of-network providers have **180 calendar days** from the date of service or discharge to submit claims for timely submission
- Update: Member \$8 emergency room copayment fee
- Update: Hoosier Healthwise Package C member copayments
- Update: Mailing address for submission of claims disputes

Referrals and Prior Authorizations Chapter

- Update: Dental authorization vendor and contact information
- Update: Retrospective review procedure – Providers have **60 days** from the date of service or discharge to request a retrospective review

Behavioral Health Chapter

- Addition: New behavioral health treatment services
- Addition: CareSource behavioral health initiatives
 - MYidealDOCTOR Behavioral Health Counseling
 - CareSource MyHealth Journey Rewards Program
 - Provider Behavioral Health Educational Series
- Addition: Member prior consent information

Covered Services and Exclusions Chapter

- Update: Package P (pregnancy presumptive eligibility)
- Update: Pharmacy, Transportation, Dental, and Behavioral Health services, benefit limits and/or prior authorization requirements

Member Enrollment and Eligibility Chapter

- Update: Presumptive Eligibility program
- Update: Member ID referenced as "RID number"

Member Support Services and Benefits Chapter

- Update: Non-emergent transportation benefit has unlimited trips of less than 50 miles each year without prior authorization for Package A members
- Addition: Telemedicine services
- Addition: Provider electronic care management referrals

Quality Management and Improvement Program Chapter

- Update: Program purpose, strategy, goals and scope
- Addition: Hoosier Healthwise and HIP initiatives
- Addition: Quality measure benchmarks
- Update: Access standards

Importance

The Provider Manual is updated annually as a guiding document addressing key aspects of doing business with CareSource. Reviewing the manual will help ensure your awareness of any process and requirement changes that impact your partnership with CareSource.

Questions?

You may request a printed version of the manual by calling Provider Services at **1-844-607-2831** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).