

## CareSource<sup>®</sup> NETWORK Notification

Notice Date:	November 2, 2022
To:	Indiana Medicaid Providers
From:	CareSource
Subject:	Provider Alternative Format Request

## Summary

Providers can now see whether their CareSource members have requested an alternate format for communications when they check the member's eligibility. This information can be found on the Provider Portal under the member eligibility screen (see below).

CareSo	urce Id	Medicaid	ld	Member Info	Case Number	Multip	le CareSource Ids	Multiple Medicaid Ids			
CareSource ID 10101010101								Member is eligible fo	r service on the specified date		
	Date of	Service	8/10 Sea								
Men	nber Infor	mation							-		
Me	ember Na	me:					Address:				
Ca	CareSource Id:					County of Residence:					
Me	Medicaid Id:						County of Eligibility: Phone:				
Ca	Case Number:					Date of Birth:					
Gender:						Relationship to Subscriber:					
Me	Member Profile:					Program Details:					
Or	Original Effective						Member Eligibility Date				
	Date:						Span Last Updated:				
	ogram:										
Me	ember Ale	rts:							_		
Language Preference: English						Alternate Visual Impairment Communication Format Needed:					
	ecial Con eds:	nmunicatior	ı								
Me	ember Aid										

Alternative format options include braille, large print, audio CD or verbal. If no alternative format has been requested, the field will be blank.

CareSource encourages providers to consider these needs when communicating with their patients.

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OMPP Approved: 10/27/2022

**PARTNER** with **PURPOSE**