



Dental 101

2023 IHCP

Works Annual Seminar


CareSource[®]



Agenda

- **About CareSource**
- **New Oral Health Initiative**
- **Working with CareSource**
- **Working with SkyGen**
- **2023 Dental Manual**
- **Resources**

About CareSource

Our **MISSION**

To make a lasting difference in our members' lives by improving their health and well-being.

OUR PLEDGE:

- Make it easier for you to work with us
- Partner with providers to help members make healthy choices
- Direct communication
- Timely and low-hassle medical reviews
- Accurate and efficient claims payment



Health Care With Heart

MISSION FOCUSED

Comprehensive, **member-centric** health and life services

EXPERIENCED

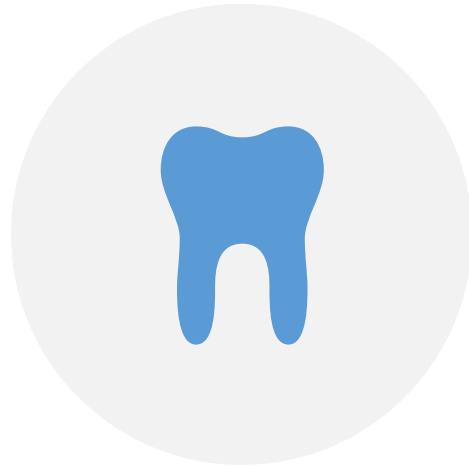
Over **29 years of service**

DEDICATED

Serving over **1.9 million members** through our Medicaid and Marketplace plans.



NEW ORAL HEALTH INITIATIVE

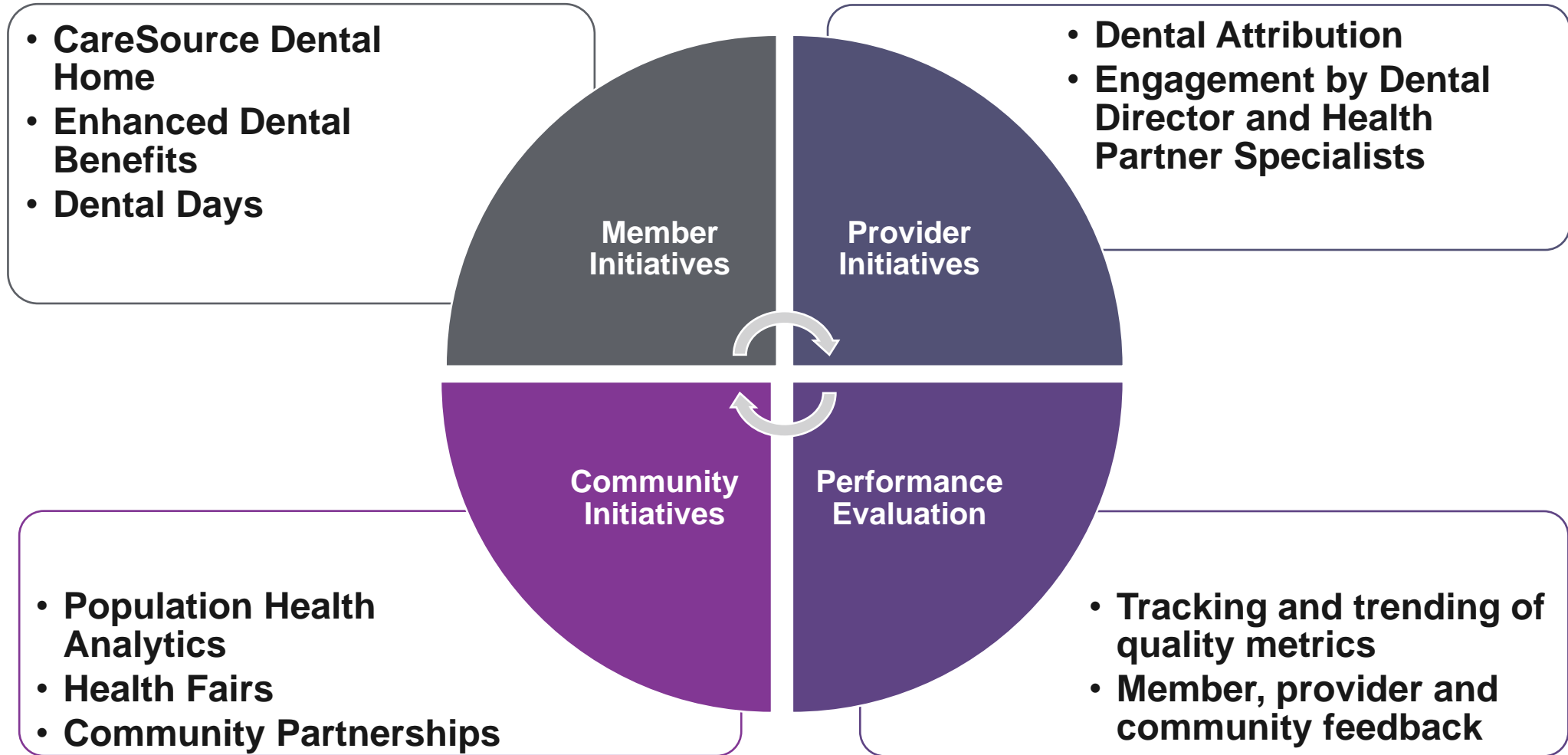


DENTAL HOME
MODEL INFORMATION

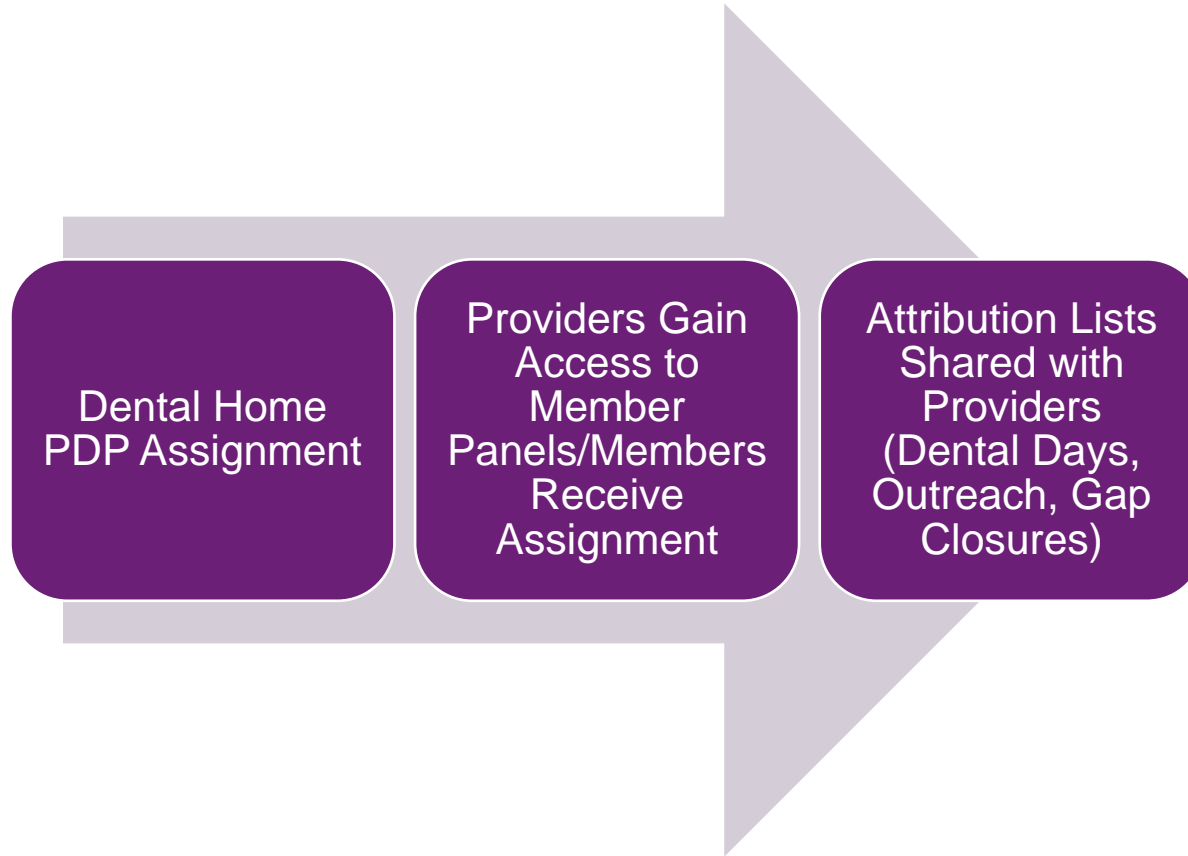


2023 DENTAL MANUAL

CareSource's Oral Health Strategy Overview



Welcome Dental Home



Oral Health Progress Report

Dental Home Go-Live

Dental Director/Health Partner Specialist Roadshows

New Dental Provider Office Reference Manual for 2023

Engagement with Community Outreach Specialists

Development of Dental Provider Survey



Evolution of the Oral Health Strategy

2021

Operational Excellence

- Prompt payment of claims
- Timely credentialing of providers
- Development of enhanced dental benefits

2022

Optimal Utilization
Management

- Development and approval of expansive dental policies and procedures
- Dental attribution processes were developed

2023

Quality, Health Equity,
Population Health

- Focus on ensuring adequate and equitable utilization of services by all members
- Collaboration with external entities including community organizations and schools to improve oral health
- Launching CareSource Dental Home



Oral Health Program Performance

Elicit feedback from:

- **Members**
 - Member Advisory Council
 - Care Management Interactions
 - Life Services Interactions
- **Providers**
 - Provider Advisory Committee
 - Provider engagement by Health Partner Specialists
 - Provider Satisfaction Survey
 - Provider Engagement by Dental Director
 - Feedback from Indiana Primary Health Care Association (IPHCA), Rural Health Association, and other provider groups
- **Community**
 - Community Events
 - Foundation Grant Applications/ Engagement
 - Participation with Trade Organizations



Working with CareSource



CARESOURCE IS AN OPEN DENTAL NETWORK

CareSource has been and is currently an open network for both the Hoosier Healthwise and Healthy Indiana Plans.

This means:

- If the individual seen has active benefits at the time of service through either plan
- And the rendering provider is active with Indiana Medicaid
- And the Provider is registered with the State for the location
- And the Service does not require Prior Authorization

Then:

- The provider may bill, and be reimbursed as in Network
- Providers are allowed to see any member, and members may see any provider who is a part of the IHCP for services.



Contracting



Contracting is 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.

To initiate contracting, please complete the **New Health Partner Contracting Form**. This form consists of four tabs that will need to be completed.

- Tab 1 - Instructions: This tab provides instructions guiding you through the 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 both practitioner and facility data.
- Tab 4 - Submission: The following documents are required to be attached within tab 4.

Plan Participation

- Not currently a participating provider?
- Visit **CareSource.com/in/providers** and scroll down to click on *Become A CareSource Provider*.
- Complete our **New Health Partner Contract Form**.



Education

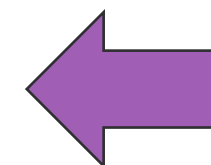
Learn more about our programs and other topics to assist you with caring for your patients.

Most Popular

BECOME A CARESOURCE PROVIDER

PATIENT CARE

FREQUENTLY ASKED QUESTIONS



Additional Links

Behavioral Health

Health Care Links

Newsletters & Communications

Pharmacy

Quality Improvement

Reporting Fraud, Waste & Abuse

Training & Events

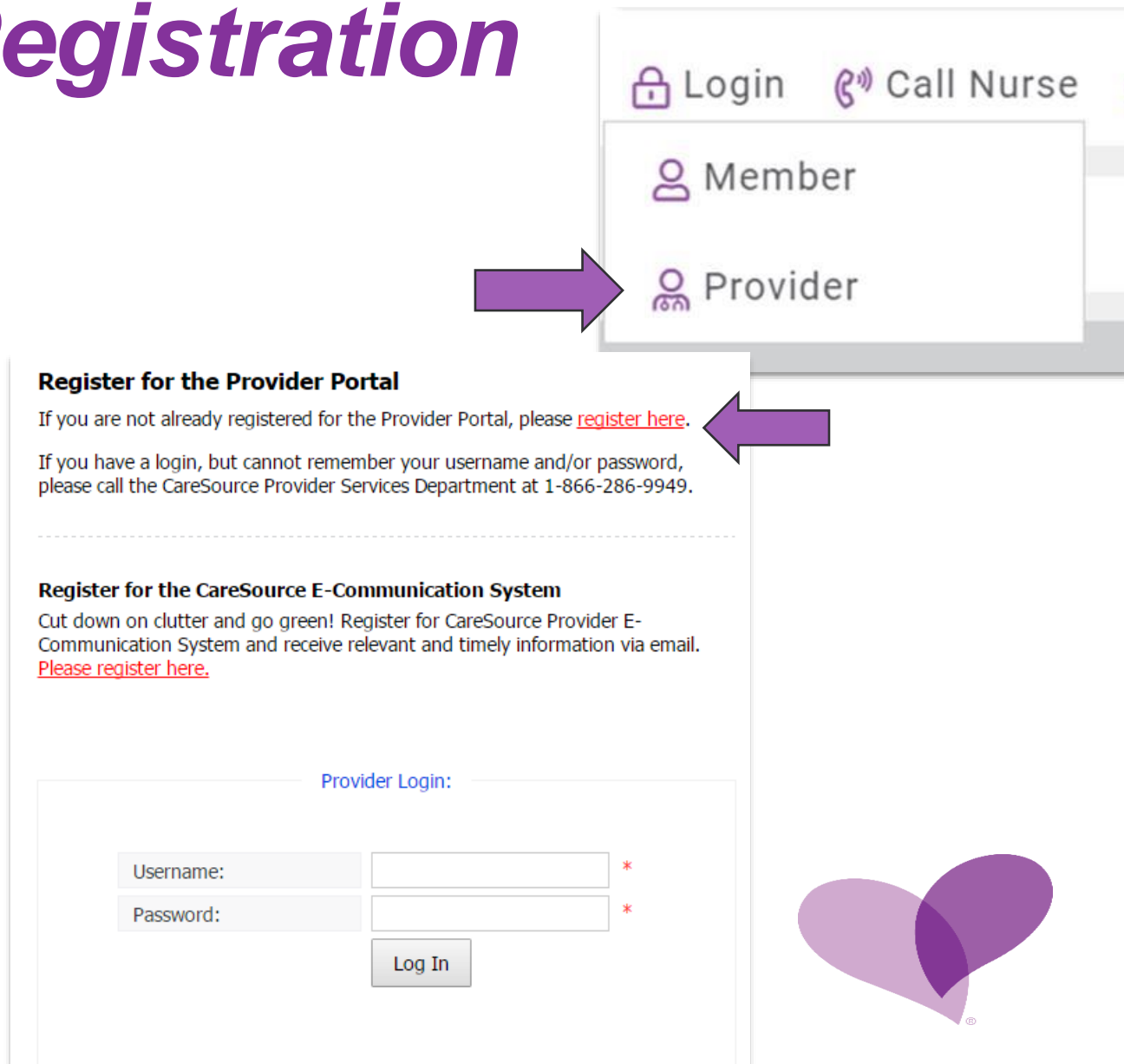


Provider Portal Registration

1. Go to **CareSource.com**.
2. On the top right corner of the page, hover over Login and select **Provider**.
3. Select Indiana.
4. Click [register here](#) under **Register for the Provider Portal**.
5. Enter your information, including your CareSource Provider Number (located in your welcome letter).
6. Follow remaining steps to register.

Helpful Hint:

- The zip code is the practitioner's primary location.



Login Call Nurse

Member

Provider

Register for the Provider Portal

If you are not already registered for the Provider Portal, please [register here](#).

If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department at 1-866-286-9949.

Register for the CareSource E-Communication System


Cut down on clutter and go green! Register for CareSource Provider E-Communication System and receive relevant and timely information via email. [Please register here](#).

Provider Login:

Username: *

Password: *

Log In





Eligibility Verification

INDIANA PROVIDER

Member Eligibility

Recipient Id CareSource Id Member Info Multiple Recipient Ids Multiple CareSource Ids

Recipient Id: *

Date of Service:

MEMBER SEARCH

- Member Eligibility
- Coordination of Benefits
- Member File Upload

Verify eligibility at every visit prior to rendering services.

Find a Doctor



1 STEP ONE
Choose Location

2 STEP TWO
Choose Plans

3 STEP THREE
Choose Filters

[Find a Doctor](#) / Step 1 of 3 / Choose Location

CHOOSE LOCATION

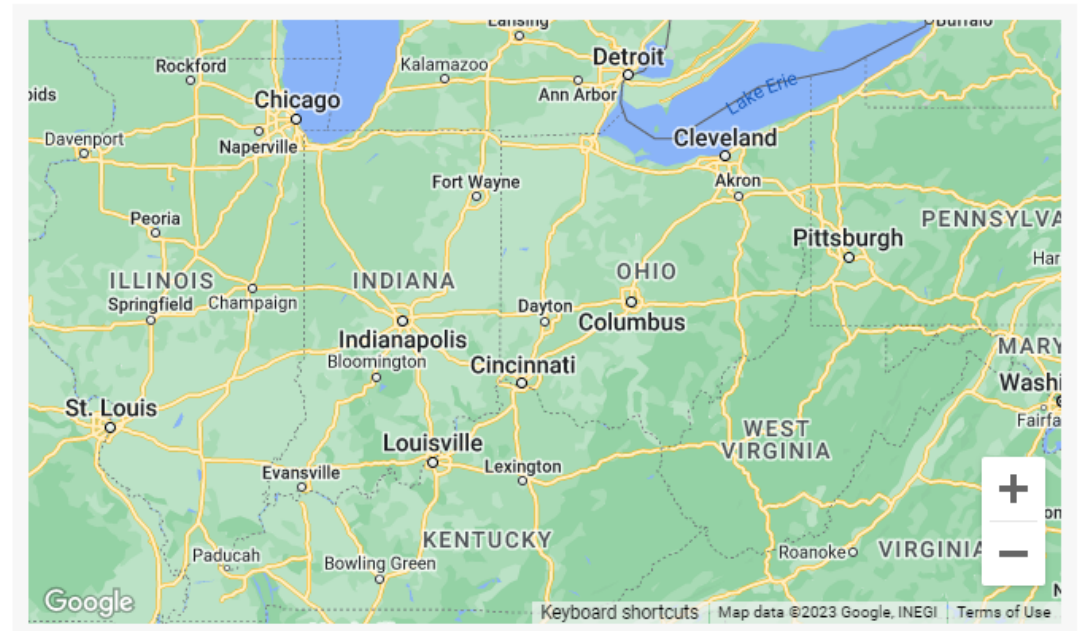
Skip

In order to better serve you...

[Share Your Location](#)

Or, enter a street address

Enter an Address



[Find a Doctor | CareSource](#)

SKYGEN USA™

POWERING HEALTHCARE FOR THE DIGITAL AGE

[Landing \(sciondental.com\)](http://sciondental.com)

 *CareSource*™



CareSource and SkyGen Dental

SkyGen manages:

- Claims payment
- Prior Authorization
- Electronic Funds Transfer (EFT)
- Portal issues

CareSource manages:

- Member-related concerns such as claim issues, covered services, and patient eligibility
- Contracting with dental providers

CareSource partners with SkyGen Dental to enhance efficiency and consistency of our Dental Management Services.

SkyGen Dental Provider Portal



To access the Skygen Dental Portal:

- Log in to the CareSource Provider Portal, click on the “Dental Provider Login” link under the “Providers” heading, and register, or
- Access the Scion portal directly at <https://pwp.sciondental.com/PWP/Landing>

SkyGen Dental Provider Portal

Logging in

- Please click on the register now tab under new user when logging in for the first time.
- You will need to have your SkyGen ID to create a log in. You can get this from SkyGen directly, or through the CareSource customer service team.

USERS

Username *

Password *

LOGIN

[Forgot your user name or password?](#)

NEW USER?

REGISTER NOW



SkyGen Dental Provider Portal cont.

- Please know that you can register through SkyGen as a payee, location, or provider.
- Register as a **provider** if you work with only your own patients. As a provider, you will have access to your own information
- Register as a **location** if you are administrative staff for an office or clinic location. As a location, you will have access to information for all of the providers associated with your physical location.
- Register as a **payee** if you receive payment for adjudicated claims on behalf of one or more providers and/or locations. As a payee, you will have access to information for all of your associated providers and locations.



Scion Dental Provider Portal



Some of the time-saving functions of the Dental Provider Web Portal include:

- View member service history, covered benefits and fee schedules.
- Create a member eligibility calendar and view real-time eligibility for multiple members.
- View authorization guidelines and required documentation prior to submitting authorizations.
- Submit authorizations with attachments for faster determinations.
- Submit and track claims
- View current and past remits
- Register for EFT

SkyGen Dental Portal Questions?

Contact the web portal team
at ProviderPortal@scion.com
for issues related to Portal
access.



2023 Dental Manual



Dental Provider Office Reference Manual (ORM)

2023 | Indiana | Medicaid | Edition 2.0

HOOSIER HEALTHWISE (HHW) &
HEALTHY INDIANA PLAN (HIP)

The Dental Provider Office Reference Manual (ORM) is a comprehensive resource for our dental providers and serves as a link between your office and CareSource. It includes important information on topics such as covered services, services that require prior authorization, claim submission, and much more.



Dental Services That Require Prior Authorization

- Periodontal Services and some Endodontic Surgery
- Space maintenance for children under 3 years of age or if permanent teeth are missing
- Dentures (complete and partial) \geq Age 21
- Sleep Apnea Appliances
- Frenectomy and Corticotomy
- General anesthesia and sedation \geq Age 21
- Repairs and relines of dentures (complete and partial) for members \geq Age 21
- Orthodontics



Prior Authorization Helpful Information



Some dental services may require PA for specific age groups. Some services may require post treatment/prepayment review. Any unspecified services by report require prior authorization. The provider manual should be consulted for specific prior authorization requirements.



Enhanced Benefits

- CareSource offers some Enhanced Dental Benefits for HIP and HHW Members. See Benefit Coverage for details. The specific enhancements are noted in the Dental Manual.
- Value-added services are services that are not offered in the standard State Medicaid benefit coverage and are voluntarily provided by CareSource to improve health outcomes.
- caresource.com/documents/in-med-dental-health-partner-manual/



Enhanced Benefits cont.

One example of an enhanced benefit is D1110 or D1120. This is illustrated on page 85 of the Dental Manual.



D1110	Prophylaxis – Adult	Age 1 to 20 or institutionalized Members (any age) = One of (D1110, D1120) per 6 Month(s) Age 21 and older = One of (D1110) per 6 Month(s)
D1120	Prophylaxis – Child	<i>(Standard is one per 12 months, additional cleaning is enhanced benefit for Age 21 and older)</i> Under age 12 months – EPSDT Request

Dental Claim Submission



Online:

<https://pwp.sciodontal.com/PWP/Landing>

Electronic Data Interchange (EDI) Payer ID:

INCS1

Paper:

CareSource

Attn: Claims Department

P.O. Box 3607

Dayton, OH 45401-3607

The filing limit for participating providers is 90 days and non-participating provider is 180 days.

RETURNING USERS

Username *

Password *

LOGIN

[Forgot your user name or password?](#)

How to Submit a Prior Authorization



Online: Dental health partners may submit prior authorizations online at [Landing \(sci dental.com\)](https://sci dental.com).

Paper:

CareSource IN: Authorizations

P.O. Box 745

Milwaukee, WI, 53201

Contact CareSource Health Partner Services at **1-844-607-2831** (Monday to Friday 8 a.m. to 8 p.m. (EST)) for any questions regarding prior authorizations.

Corrected Claims



In the event of incomplete, incorrect, or unclear information was originally submitted on a claim; corrected claims should be submitted within 60 days from the date of the EOP. Examples include missing tooth number or surface, the date of service, procedure/ diagnosis code, incorrect unit count, and/or modifier, provider, place of service, wrong provider NPI or facility location. Resubmit the entire claim with updated information as a “Corrected Claim”. You do not need to file an appeal.

Submitting a Corrected Claim

1. Identify the claim as “corrected” by boldly and clearly marking the claim as “Corrected Claim” across the top of a paper claim form.
2. Identify the original Claim/Encounter Number by writing it in the Remarks section (Box 35) on a paper ADA form.
3. Attach any supporting documentation and send documentation in the same package with the paper claim form. Send paper forms and documents to:

CareSource

ATTN: Corrected Claims Dept.

P.O. Box 3607

Dayton, OH 45401

Dental Claim Disputes

If a service line on a claim was overpaid or underpaid—For example, if a claim is paid but Provider feels it was not paid at right amount then a claim dispute can be filed.

caresource.com/documents/in-med-claim-dispute-form/

Adjustments to any overpayments will be made on subsequent reimbursements to the Health Partner/Provider or the Provider can issue refund checks to CareSource for any overpayments

Mail: CareSource
Coordinator Attn: Health Partner
Claims Disputes - Indiana
P.O. Box 2008
Dayton, OH 45401-2008

Fax: Provider Claims Disputes
Fax Number: 937-531-2398



Dental Claim Appeals

Health partners may only submit appeals after completing the claim dispute process as previously outlined.

Appeals must be submitted within **60 days** of the dispute decision

- CareSource must issue a written decision within **45 days** of receipt of the written request for appeal.
- If the appeal is not resolved within the **45-day** time frame, the appeal will be determined as an approval.

Appeal requests must be submitted using one of the following methods:

Provider Portal: <https://providerportal.caresource.com/IN/User/Login.aspx>

- Click the “Claim Appeals” link on the left

Paper: Use the Claim Appeal form in the Dental Health Partner manual.

Please include:

- Member’s name and Member ID number (MID)
- Health partner’s name and ID number
- Codes and reasons the determination should be reconsidered
- Any additional available medical information that supports your request to reverse the determination or that supports medical necessity



Electronic Funds Transfer and Electronic Remittance Advice



EFT and ERA are the preferred methods of payments.

To register, please visit <https://enrollments.echohealthinc.com/>

You will need:

- Your CareSource Provider ID.
- Your practice's bank routing number and bank account number.

If already registered with ECHO, you will need:

- ECHO provider portal credentials or Tax Identification Number (TIN).
- An ECHO draft number and draft amount.

Member Billing

Not permitted:

- Balance billing a member for a Medicaid-covered service
- Billing a member in emergent situations

To charge a member for non-covered services, health partners must disclose in writing:

- Service to be rendered is not covered by Medicaid.
- Whether procedures or treatments that **are** covered by Medicaid are available in lieu of non-covered service.
- The health partner must offer, on a disclosure form, the member's willingness to accept the financial responsibility of the non-covered service, the amount to be charged for the non-covered service and the specific date the service is to be performed.
- **Documentation must be signed by member prior to rendering the specific non-covered service.**

Note: Medicaid covered services **cannot** be billed to the member.





Updates and Announcements



Updates and Announcements

Visit the **Updates and Announcements page** located on CareSource.com website for frequent network notifications.

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements

Updates & Announcements | Indiana – Medicaid | CareSource





Provider Communications Sign Up Form

The **sign-up** form:

<https://secureforms.caresource.com/ProviderCommunicationSignup>

The **unsubscribe** function at

<https://secureforms.caresource.com/ProviderCommunicationSignup/unsubscribe>



Provider Resources

Visit the CareSource website [Plan Resources](#) page to access the following resources:

- Printable health partner manual
- Printable orientation slides
- Formularies
- Covered benefits
- Quick reference guides
- And more

[CareSource Provider Portal](#)



Quarterly Friday Forums

- A Save the Date will be published on the Updates & Announcements page.
- Revenue cycle, contracting, credentialing, clinical operations, quality, or administrative staff are welcome to attend.
- Brief presentation covering updates.
- Live question and answer follows presentation.

Please reach out to your Health Partner Engagement Specialist for any topics you want to hear about.



Contacts

How to Reach Us

Provider Services	844-607-2831
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)
Member Services	844-607-2829
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)



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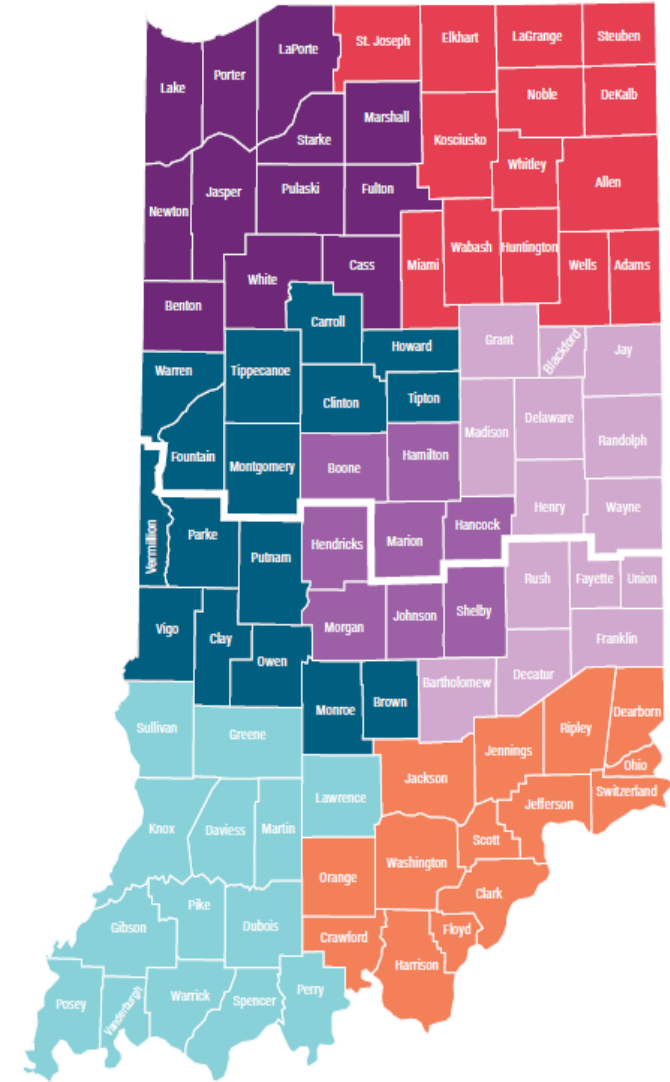
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Thank you!