



IMPORTANT INFORMATION AND RESOURCES FOR PROVIDERS FOR CARESOURCE PROVIDERS

2026 Indiana Health Coverage Programs (IHCP) Works Annual Seminar

October 6 – 8, 2026

Agenda

CareSource.com

Provider Enrollment

Provider Adds/Updates/Terms

Access and Availability (A and A)

Attestations

Site Visits

How to Reach Us

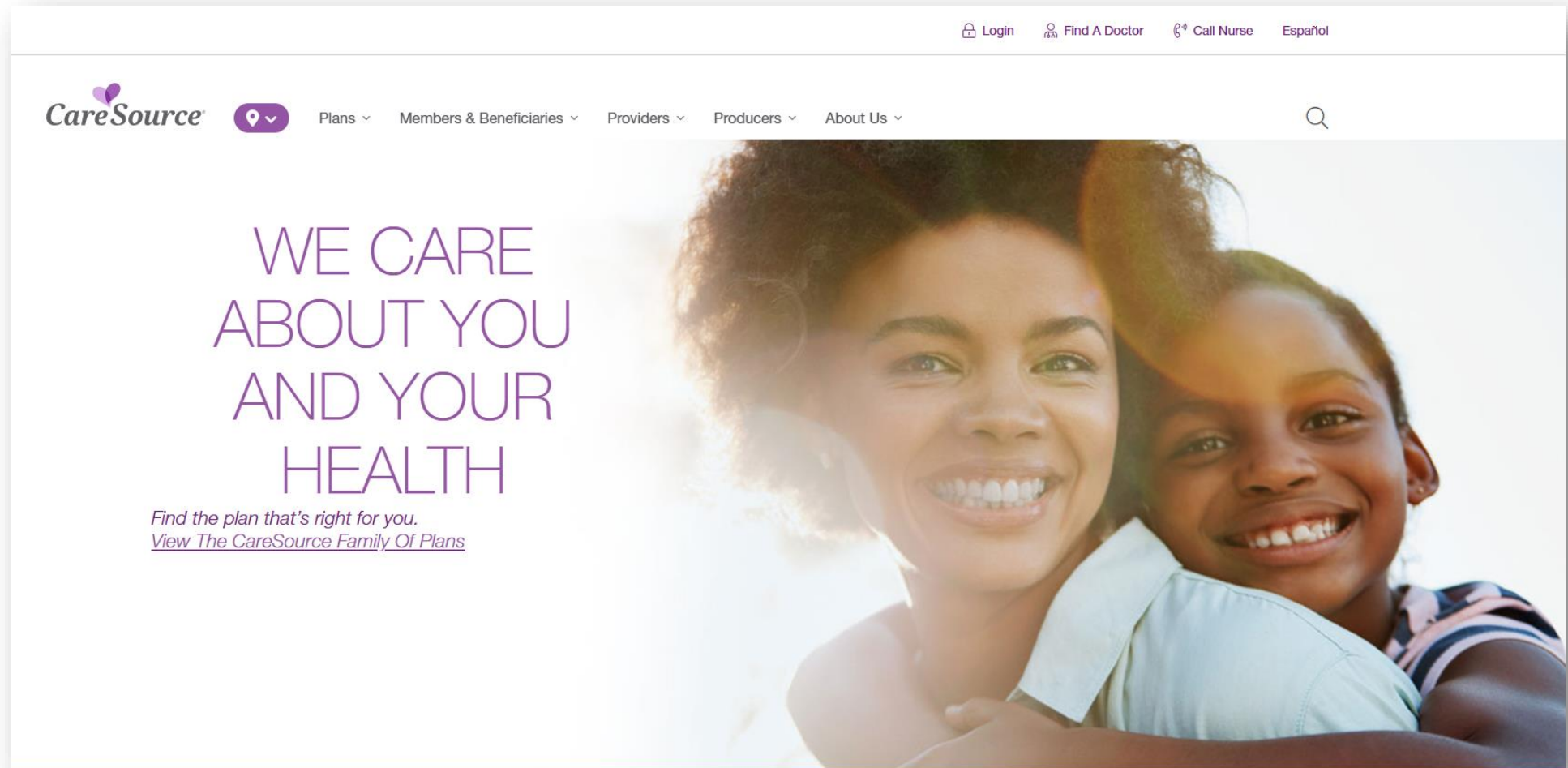


The background is a solid dark purple color. Overlaid on this are several large, overlapping circles in lighter shades of purple, creating a layered, organic effect. The circles vary in opacity and position, with some appearing more prominent than others.

CareSource.com

CareSource.com

CareSource | Health Care with Heart®



CareSource.com Indiana

Customize your experience!

Select a state from the list below.

Arkansas

 Florida Georgia

 Indiana

 Michigan

Nevada

 Ohio West Virginia Wisconsin

Let Us Guide You

Find what you need quickly

I am

Looking for Insurance

and I want to

See Plans in My State

GUIDE ME





Tools & Resources

Access information to help you with practice administration.

Most Popular

DRUG FORMULARY

PROVIDER MANUAL

QUICK REFERENCE MATERIALS

Additional Links

[COVID-19 Information](#)

[Provider Policies](#)

[Request Patient Services](#)

[Forms](#)

[Updates & Announcements](#)



Provider Portal

Discover the many functions available on the Provider Portal.

Most Popular

FILE CLAIMS

FILE A DISPUTE OR APPEAL

PRIOR AUTHORIZATION

Additional Links

[Submit a Grievance](#)

[Provider Referrals](#)

[Provider Maintenance](#)

[Check Eligibility](#)

[Update Practice Information](#)



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](#)



Updates and Announcements

Visit the **Updates and Announcements** page located on CareSource provider webpage under the Tools and Resources section for frequent network notifications.

Updates may include:
Medical, pharmacy and reimbursement policies
Authorization requirements

[Updates & Announcements | Indiana – Medicaid | CareSource](#)

 IN Plans Members & Beneficiaries Providers Producers About Us

CareSource / Indiana / Provider Overview / Tools & Resources / Updates & Announcements

Currently viewing: Indiana Medicaid

Tools & Resources

DRUG FORMULARY +

PROCEDURE CODE LOOKUP TOOL

PROVIDER MANUAL

QUICK REFERENCE MATERIALS

PROVIDER POLICIES +

REQUEST PATIENT SERVICES

SCHOOL BASED HEALTH PROGRAMS

FORMS

UPDATES & ANNOUNCEMENTS -

UPDATES & ANNOUNCEMENTS

We strive to make partnering with us simple. We're aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner.

Visit the Updates & Announcements page frequently to find all the latest CareSource news.

Please Note: The files below are in PDF format. If you do not have Adobe Acrobat Reader, you may download it [here](#).

General Updates

2026	Date
September 2026 Pharmacy Policy Updates	09/01/2026
Important Notice about Part D Drug Coverage	09/01/2026
Save the Date: September 2026 Behavioral Health Live Orientation	08/21/2026
Save the Date: September 2026 Live Provider Orientation	08/21/2026

Quick References

- [Pharmacy information](#), including our Preferred Drug Lists (PDLs)
- Medical, pharmacy, reimbursement and administrative [policies](#)



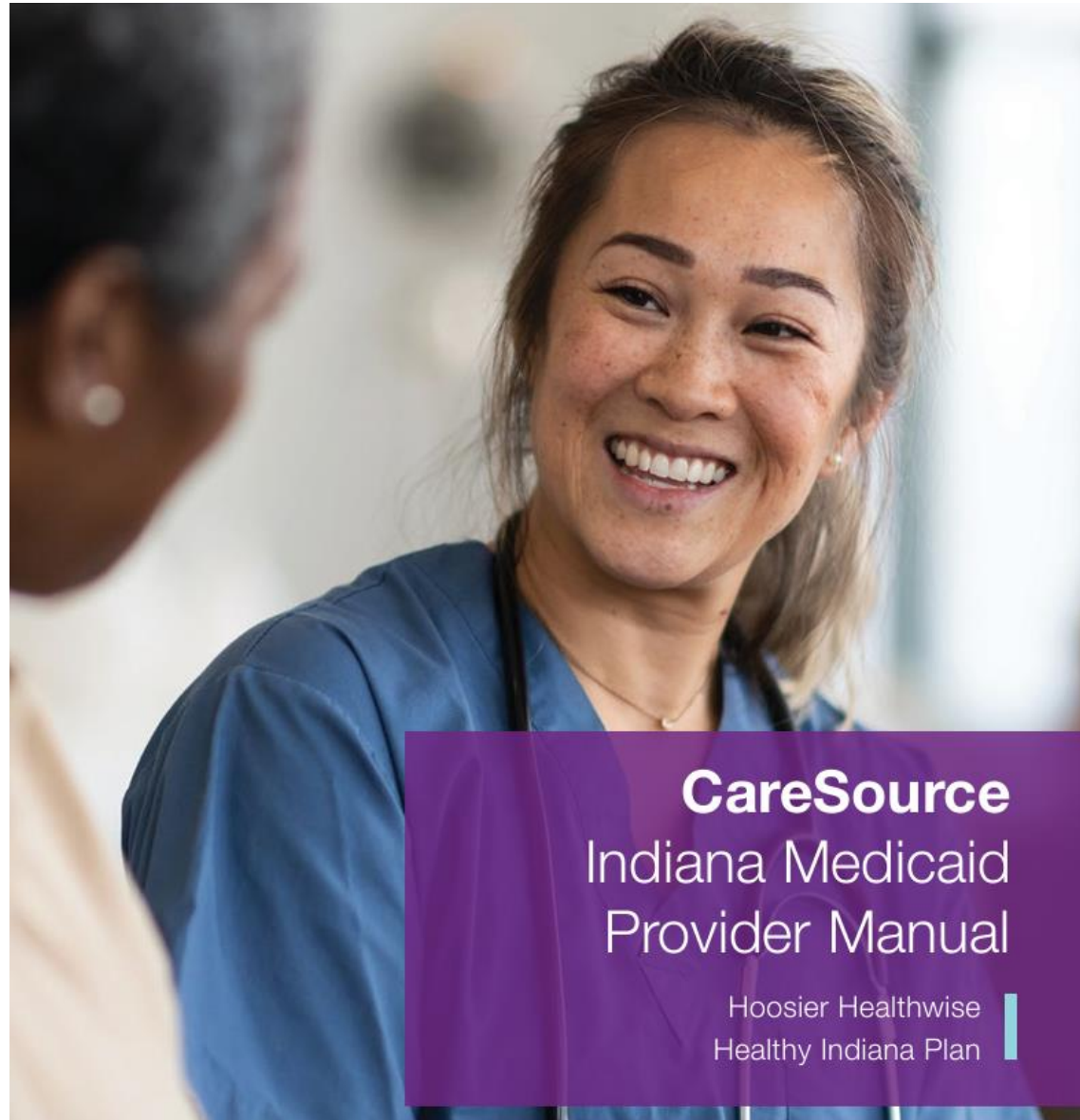
Provider Communications Sign Up Form

To receive provider communications, complete the sign-up form [here](#).

[Unsubscribe function](#)



Provider Manual – Resources For Your Practice



[Provider Manual | Indiana – Medicaid | CareSource](#)



Provider Enrollment

The Process:

For additional information on enrollment, please refer to the [CareSource Medicaid Provider Manual](#)

Enroll with IHCP

Complete an IHCP provider enrollment application. For more information, refer to the [IHCP Provider Enrollment](#) page.

CareSource Application

The correct completion and submission of a [Health Partner Contract Form](#) by the provider.

Contracting

The process of the provider and managed care organization (MCO) formally executing an agreement for the provider to deliver medical services that outlines reimbursement rates, scope of services, etc.

Credentialing

The process of reviewing the qualifications and appropriateness of a provider to join the health plan's network.

Enrollment

Provider Enrollment is the process of loading a contracted and credentialed provider to all MCO internal systems, loading for claims payment, and loading to the provider directory (if applicable).



Before Enrollment with CareSource IN Medicaid:

- Verify your group(s) and *ALL* the practitioners are BOTH enrolled with IN Medicaid before submitting requests to participate with CareSource.
- If adding a practitioner, confirm they are registered, enrolled, and linked to the group with IN Medicaid before submitting a Hierarchy (HIE) request to CareSource.
- Ensure the practitioner(s) are linked to every service location where they practice.
- Address and Zip+4 listed on enrollment requests must match Indiana Health Coverage Programs (IHCP) enrollment. Only locations that match IHCP enrollment will be loaded for CareSource.

For more information refer to the webpage [Indiana Medicaid: Providers: Provider Enrollment](#)



Reminder: Give Access of CAQH to CareSource

Please make sure that CareSource has access to your provider Council for Affordable Quality Healthcare (CAQH) Information **before you submit your CAQH number** on provider maintenance submissions.



1. Log on to [CAQH](#) using your account information.
2. Select the Authorization tab.
3. Make sure CareSource Indiana is listed as an authorized health plan.
4. If not, check the Authorized box to add.

Include the following documents:

- Drug Enforcement Administration (DEA) registration number.
- Malpractice insurance face sheet.
- Clinical Laboratory Improvement Awards (CLIA) certificate, if applicable.
- Collaborative practice agreement, if applicable.



It is essential that all documents are complete and current, or CareSource will discontinue the contracting and credentialing process.

If you have missing or expired documents, the Credentialing staff will send you a letter with instructions to correct and submit the updated information.



Disclosure of Ownership, Debarment, and Criminal Convictions

1. Before CareSource enters into or renews an agreement with your practice or corporate entity, you must disclose any debarment, proposed for debarment, suspension, or declared ineligible status related to federal programs for yourself, your managing employees, and anyone with an ownership or controlling interest in your practice or corporate entity.
2. You must also notify CareSource of any federal or state government current or pending legal actions, criminal or civil, convictions, administrative actions, investigations, or matters subject to arbitration.
3. In addition, if the ownership or controlling interest of your practice or corporate entity changes, you have an obligation to notify CareSource immediately. This also includes ownership and controlling interest by a spouse, parent, child, or sibling.
4. If you have ownership of a related medical entity where there are significant financial transactions, you may be required to provide information on your business dealings upon request.
5. If you fail to provide this information, we are prohibited from doing business with you. Please refer to the [Code of Federal Regulations 42 CFR 455.100-106](#) for more information and definitions of relevant terms.
6. To obtain a copy of the Debarment Form, please download and fill out the form [here](#).



Indiana Medicaid - ATTENTION!

IN Medicaid Organizational Provider Types that operate under the provider types listed, are required to also attach an [Organizational Provider Credentialing Application Form](#) to the supporting documents button.

Ambulatory Surgery Center
Birthing Center
Community Mental Health Center
(CMHC)
Substance Use Disorder (SUD)
Dialysis/End State Renal
Health Departments
Home Health Providers
Home Infusion
Hospice Hospital
Opioid Treatment Program (OTP)
Orthotic Suppliers
Pathology Laboratories
Rehabilitation Facility
Skilled Nursing Facility
Urgent Care



Notification of Incomplete Request



Notification of an incomplete network participating request will be sent by email within **five (5) business days** after receipt of initial request.

- An incomplete network participation request is defined as a request that CareSource cannot fully process due to missing/illegible documentation or information needed to write a contract.

If CareSource does not receive the additional information requested within **five (5) business days** of the email, the request will be closed.

- The provider will have to restart the process by re-requesting.
- This will also change the effective date of the request.



Contracting Questions

Support and general questions can be addressed by contacting Provider Services.



CareSource Provider Services

1-844-607-2831

Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)



Contracting and Enrollment Tips:

Add New Product

Use this option when adding IN Medicaid to your existing contract.

Large Group

A roster can be uploaded please use the CareSource [Large Group Roster](#).

Attaching Documents

Do **not** attach Zip Files.

Checking Status

Always keep a record of your application ID from the original submission so you can check the status on the portal.



Provider Enrollment Adds/Updates/Terms

Provider Enrollment - Add/Updates/Terms

Providers should notify CareSource of changes prior to the time frames listed below.

Type of Change	Notice Required
Adding new practitioner or deleting practitioner	30 calendar days
Rendering practitioner leaving the practice	30 calendar days
Phone number change	30 calendar days
Address change	30 calendar days
Change in panel size and/or accepting new patients	30 calendar days
Provider group intent to terminate contract	90 calendar days



Provider Maintenance Requests

Provider Portal Submission Preferred Method

- Provider Group must be contracted with CareSource to have access to the [Provider Portal](#)
- Confirmation sent via email that includes information entered and request number
- Request Number can be used to check status of request online

Form Submitted Via Email

- Provider completes the CareSource Provider/Group – HIE
- Form is emailed to providermaintenance@caresource.com
- Group will receive an email response that only states request was received. Request number is not included



Tips for HIE Form

Adding a Provider

- Choose Adding a Provider on the HIE form.
- Complete all applicable fields.
- Add any pertinent information in the notes section.

Deleting a Provider

- Use only if the provider is no longer with the group.
- For PMPs, enter changes in the notes section.
- Add a note to reassign panels if necessary.

Changing Demographics

- Used for Practice location add/term/update to address/phone/hours/capacity/restrictions.
- Add notes as needed to further explain changes.



Include a Copy of W-9 with All Requests

W-9 should be included with request, whether done on the CareSource provider portal or submitted via email.

- W-9 Form should be the most recent version.
 - You can get a copy of W-9 Form [here](#).
- Confirm tax identification number (TIN) on W-9 matches the TIN entered on request.

W-9 Form (Rev. March 2024) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.		Give form to the requester. Do not send to the IRS.
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.				
Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)			
	2 Business name/disregarded entity name, if different from above.			
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____			
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)			
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐			
	5 Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	6 City, state, and ZIP code			
7 List account number(s) here (optional)				



Effective Date Policy

IHCP-enrolled provider
submits network
participation request.

CareSource logs the receipt
date of the network
participation request.

Provider and CareSource
execute contract/amendment.

CareSource conducts all
applicable network participation
processes.

The effective date will be the first of the
month following the receipt of
a complete network participation
request.



Maintenance Tips

Add New Product

- Use this option when adding IN Medicaid to your existing contract.

Remove Product

- This option is used for terming/removing a contract for a line of business.

Tax ID Change

- Requires a new W-9 and debarment form that must not match the W-9 and debarment form on file.

IRS Name Change

- Requires a new W-9 and debarment form that must not match the W-9 and debarment form on file.



Access and Availability (A and A)

Access to Care and After-Hours Standards

CareSource promotes access to care by partnering with health care providers to ensure our members receive the best possible health care services.

Evaluations based on:

- Availability
- Accessibility
- Acceptability

[Access & Availability Standards | Indiana – Medicaid | CareSource](#)

[Access to Care and After-Hours Standards](#)



Medicaid Primary Medical Providers (PMPs)

Appointment Type	Medicaid Standard
Routine/preventive visit	14 calendar days
Urgent care	48 hours
Emergency care	Immediately upon presentation



Non-PMP Specialists

Appointment Type	Medicaid Standard
Regular/routine care	30 calendar days
Urgent care	48 hours
Emergency care	Immediately upon presentation
Prenatal care (OB/GYN)	14 calendar days



Behavioral Health Providers

Appointment Type	Medicaid Standard
Initial routine	10 business days
Follow-up routine	30 calendar days
Follow-up after discharge	Within 7 calendar days
Urgent Needs	48 hours
Non-life-threatening emergency	Not to exceed 6 hours
Emergency care	Immediately upon presentation



After-Hours Standards for PMP's and BH providers

After-Hours Standard Effective as of July 1, 2026, PMP and BH providers must provide 24-hour availability to their CareSource patients by telephone. Whether through an answering machine or a taped message used after hours, patients should be given the means to contact their PMP/BH* provider or a back-up provider to be triaged for care.

It is not acceptable to use a phone message that does not provide access to you or your back-up provider and only recommends emergency department use for after hours.

*BH providers may refer their patients to the 988 Suicide & Crisis Hotline or the Indiana Crisis Hotline at 1-833-227-3464 if a provider is not available for the call.



Attestations

Provider Attestation



Right patient, right provider

Accurate provider directory information ensures we can connect the right patients to the right provider.



Verify every 90 days

Centers for Medicare & Medicaid Service (CMS) requires health plans to verify the accuracy of provider directory information every 90 calendar days.



A partnership with you

We want to collaborate with you to ensure all provider directory information stays current.



Provider Directory Attestation



Providers are required to attest to directory information every 90 calendar days.



This information is also reportable to CMS.



This validation ensures we have the most accurate information for claims payment and provider directories.



What Happens if I Do Not Attest?

Not attesting to your information and/or providing updated information can result in claims payment issues and inaccurate provider data in our online and printed directories.



Site Visits

Code of Federal Regulations

§ 455.432 Site visits.

The State Medicaid agency—

- (a) Must conduct pre-enrollment and post-enrollment site visits of providers who are designated as “moderate” or “high” categorical risks to the Medicaid program. The purpose of the site visit will be to verify that the information submitted to the State Medicaid agency is accurate and to determine compliance with Federal and State enrollment requirements.
- (b) Must require any enrolled provider to permit CMS, its agents, its designated contractors, or the State Medicaid agency to conduct unannounced on-site inspections of any and all provider locations.

Must terminate or deny enrollment if the provider fails to permit access to provider locations for any site visits under § 455.432, unless the State Medicaid agency determines that termination or denial of enrollment is not in the best interests of the Medicaid program and the State Medicaid agency documents that determination in writing.





What Happens if the Office Fails the Site Survey?

Providers will be allotted 30 calendar days to adhere to the standards.

An additional site survey will be completed within 6 months until performance standards have been met.

What Happens if the Office Does Not Comply with the On-site Survey Request?

Failure to permit access to provider locations for any site visits will result in denial or termination of enrollment following regulation [42 CFR 455.416](#).



How to Reach Us

Communicating with CareSource

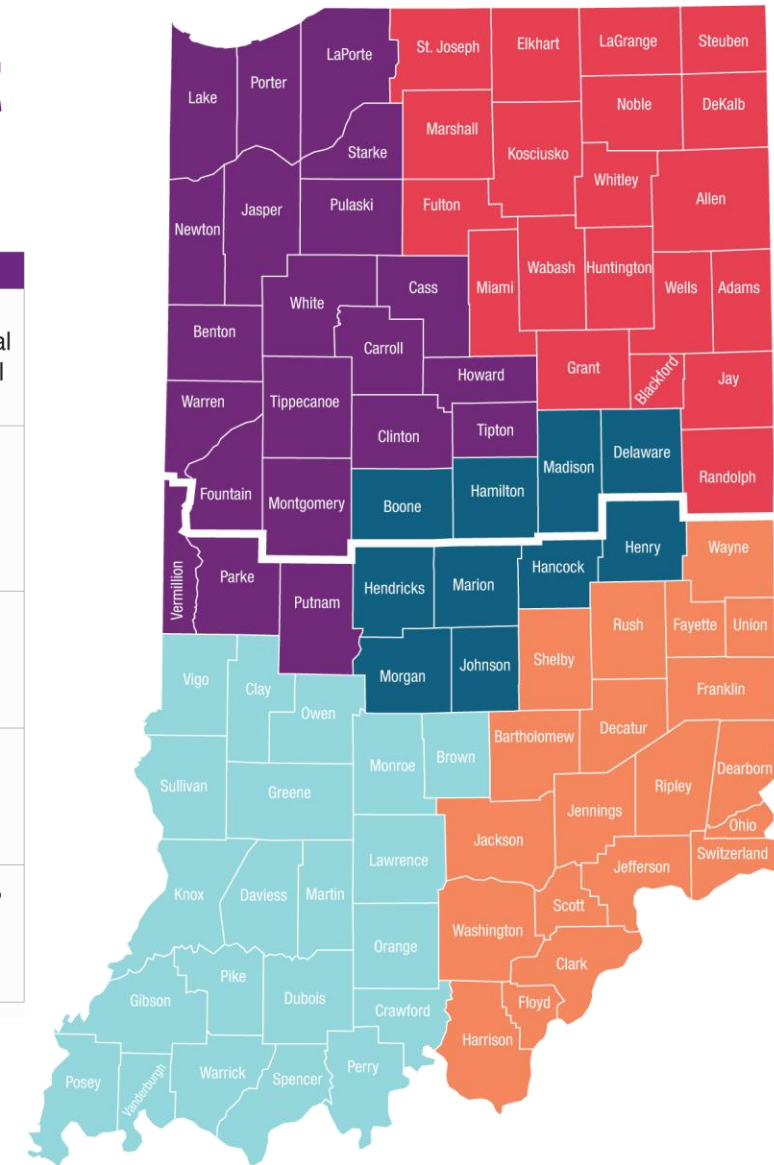
Provider Services	1-844-607-2831
Hours	Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)

Member Services	1-844-607-2829
Hours	Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)



Health Partner Engagement Representatives – Regional Specialist

Specialist	Counties	Health Systems
Danyelle Pittman North West 463-327-2297 Danyelle.Pittman@CareSource.com	Lake, Porter, LaPorte, Newton, Jasper, Starke, Pulaski, Benton, White, Cass, Warren, Tippecanoe, Carroll, Clinton, Howard, Tipton, Fountain, Montgomery, Vermillion, Parke and Putnam	Methodist, Powers Health, American Health Network, Lurie Children's Hospital, Iroquois Memorial Hospital, University of Chicago, Woodlawn Memorial Hospital and Putnam County Hospital
Leigh Hoover North East 765-425-0462 Leigh.Hoover@CareSource.com	St. Joseph, Elkhart, LaGrange, Steuben, Marshall, Kosciusko, Noble, DeKalb, Whitley, Allen, Fulton, Miami, Wabash, Huntington, Wells, Adams, Grant, Blackford, Jay and Randolph	Beacon Hospital Systems, Select Health Network, St. Joseph Regional Medical Center, Adams County Hospital, Goshen Health, Cameron Hospital, Select Physical Therapy, Lutheran Health Network and Marion General Hospital/Physicians
Amy Dagon West Central 317-417-9652 Amy.Dagon@CareSource.com	Boone, Hamilton, Hendricks, Marion, Morgan, Johnson, Madison, Delaware, Hancock and Henry	Hendricks Regional Health, Johnson Memorial Hospital, Henry County Hospital/Physicians and Hancock Regional Hospital/Physicians
Paula Egan South West 812-447-6661 Paula.Egan@CareSource.com	Clay, Owen, Monroe, Sullivan, Greene, Lawrence, Knox, Daviess, Martin, Gibson, Pike, Dubois, Orange, Posey, Vanderburgh, Warrick, Spencer, Perry, Crawford, Vigo and Brown	Good Samaritan Hospital, Daviess County Hospital, Greene County General Hospital, Perry County Memorial Hospital, Union Hospital/Physicians and Terre Haute Regional
Bonnie Waelde South East 812-480-9203 Bonnie.Waelde@CareSource.com	Bartholomew, Decatur, Franklin, Jackson, Jennings, Ripley, Dearborn, Washington, Scott, Jefferson, Switzerland, Ohio, Harrison, Floyd, Clark, Shelby, Rush, Wayne, Fayette and Union	Columbus Regional Hospital, Baptist Health – Floyd, Decatur County Memorial, Norton Healthcare, Major Hospital/Physicians, Scheck Memorial Hospital and Rush Memorial Hospital/Physicians



CareSource Health Partner Engagement Team



Health Partner Engagement Representatives – Statewide Specialists

Sarah Tinsley

Health Partner Engagement Specialist III
317-607-4844

Sarah.Tinsley@CareSource.com

Statewide Health Systems:

IU Health, Deaconess, Eskenazi, Ascension St. Vincent and Witham Health Services, Urgent Dental Center, D2 Dental, Kids and Adult Dental, Heartland Dental and Familia Dental

Tammy Garrett

Health Partner Engagement Specialist III
219-221-7065

Tammy.Garrett@CareSource.com

Statewide Health Systems:

Community Health Network, Franciscan Health Alliance, Parkview Health, Reid Health, Riverview Health, Ladd Dental, Benevis/Pippin Dental, Lakewood Dental, Mortenson Family Dental and White River Dental

Ancillary Provider Support

INAncillaryProviderSupport@CareSource.com

Home Health, Hospice, Durable Medical Equipment, Skilled Nursing Facilities



Health Partner Engagement Representatives – Behavioral Health Resolution Specialist

Amanda Denny

Behavioral Health Resolution Specialist

Northern Territory

765-620-6722

Amanda.Denny@CareSource.com

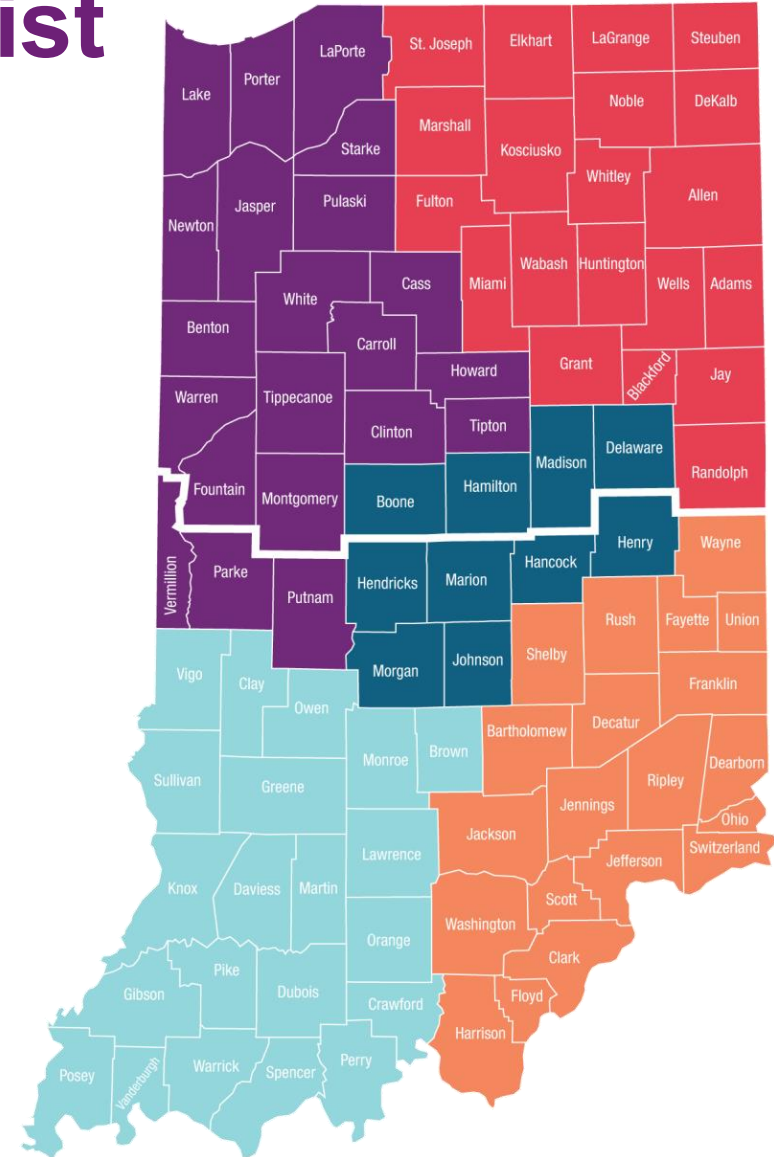
Stephanie Gates

Behavioral Health Resolution Specialist

Southern Territory

317-501-6380

Stephanie.Gates@CareSource.com



Evaluation QR Code



Presented by:

CareSource Health Partnerships Team

Thank You

October 6 - 8, 2026

IN-MED-P-6131952; First Use: 08/31/2026

OMPP Approved: 08/31/2026

