



# PROVIDER PORTAL

2026 IHCP Works Annual Seminar - October 6 – 8, 2026



**PARTNER** with *Purpose*

# Agenda

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## **Provider Portal Overview**

Introduction to the CareSource Provider Portal  
Key Benefits and Resources Available to Providers

2

## **Accessing the Provider Portal**

How and Where to Login  
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## **Provider Portal Functionality**

Eligibility Verification and Member Information  
Claims Submission, Status Inquiries, Disputes and Appeals  
Provider Maintenance  
Prior Authorization and Self-Service Features

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## **Important Contact Information**



# Provider Portal Overview



# Provider Portal Overview

The CareSource Provider Portal is a robust and secure, encrypted online tool. The portal enables quick access to information related to member care to enable better health outcomes. Providers can also securely submit medical documentation for claims, disputes and appeals.

Some key highlights include:

- View member benefits, eligibility, claims and coordination of benefits information .
- Access a member's case management plan and submit a request to update case management information .
- View member gap in care alerts .



# Provider Portal Overview – Breakdown

## Self Service

Providers can perform many timesaving self-service tasks



**Member Eligibility & Termination**  
Member eligibility and benefit look-up for up to 24 months and member termination, if applicable.



**Coordination of Benefits**  
Confirm coordination of benefits for patients.



**Claims Information**  
Check claim payment status, submit claims and necessary documentation, submit and check status of claim disputes and appeals.



**Payment History**  
Search for payments by check number or claim number.



**Explanation of Payment**  
Access from the secure portal with the option to print.



**Disputes or Appeal**  
Submit disputes or appeals and necessary documentation, check status, and review decision letters.



**Prior Authorization**  
Submit medical inpatient/outpatient and specialty pharmacy auths, with auto-authorization feedback and ability to check status and review decision letters.



**Maintenance requests**  
Update practice demographic and accessibility information, add a provider to a group, and check status of your submissions.

## Care Coordination



**Care Management Referrals and Care Treatment Plans**  
Connect members with essential medical, behavioral health and social services that can have a significant impact on their health and well-being.



**Member Assessments**  
Complete member assessments to assist in determining the member's health and if they require additional care.

## Population Health



**Member Profile**  
Real-time online, comprehensive view of member-specific medical history, pharmacy data, ED and inpatient and utilization, and history of preventative services.



**Clinical Practice Registry**  
Innovative online tool that identifies and prioritizes needed health care services, screenings, and tests for CareSource members.

## Resources



**Resources**  
Access to Training Modules, Quick Reference Guides, Notifications, Forms, Policies, and CPT Tool for Prior Authorization Requirements

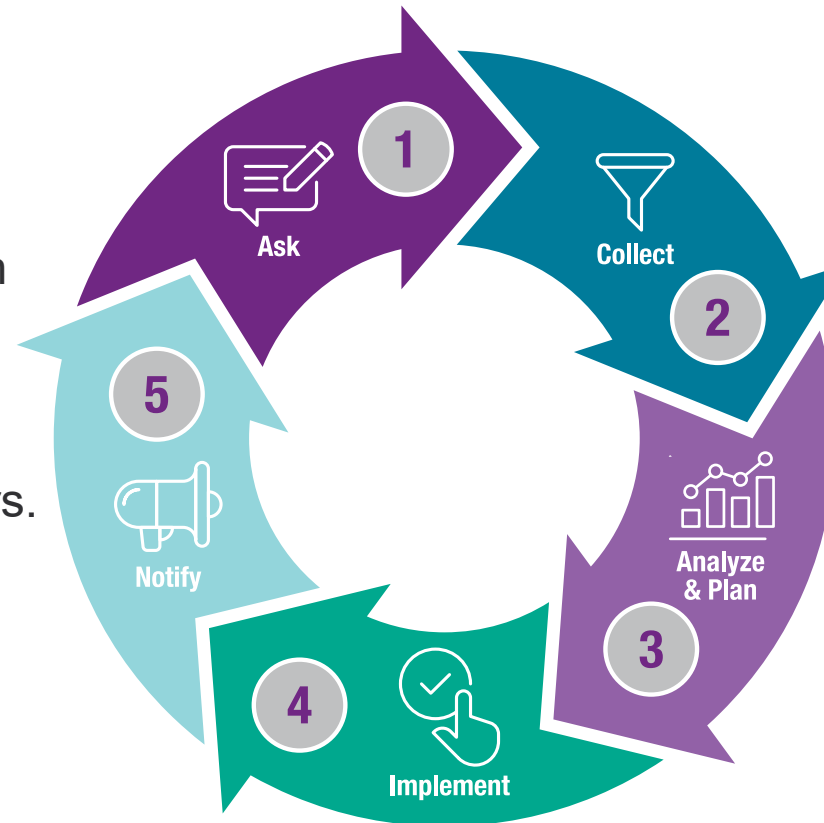


# Provider Portal – Feedback Mechanisms

Provider satisfaction with the portal is a key metric that we monitor closely. Some of our provider feedback mechanisms include:

- Provider focus groups
- In-person provider training sessions with Q&A
- Surveys available on the portal
- Feedback from the Health Partner team who are working directly with our providers.
- Call center reporting

We place satisfaction surveys directly on the portal to capture feedback about a provider's overall experience with completing their daily tasks.



## 1. Ask

Install feedback portal and feedback widget on your site. Use surveys and Live Chat.

## 2. Collect

Collect all kinds of feedback at organized single place of help of specialized softwares.

## 3. Analyze and Plan

Build Product Roadmaps based on the best insights from your customers.

## 4. Implement

Improve your product based on user suggestions.

## 5. Notify

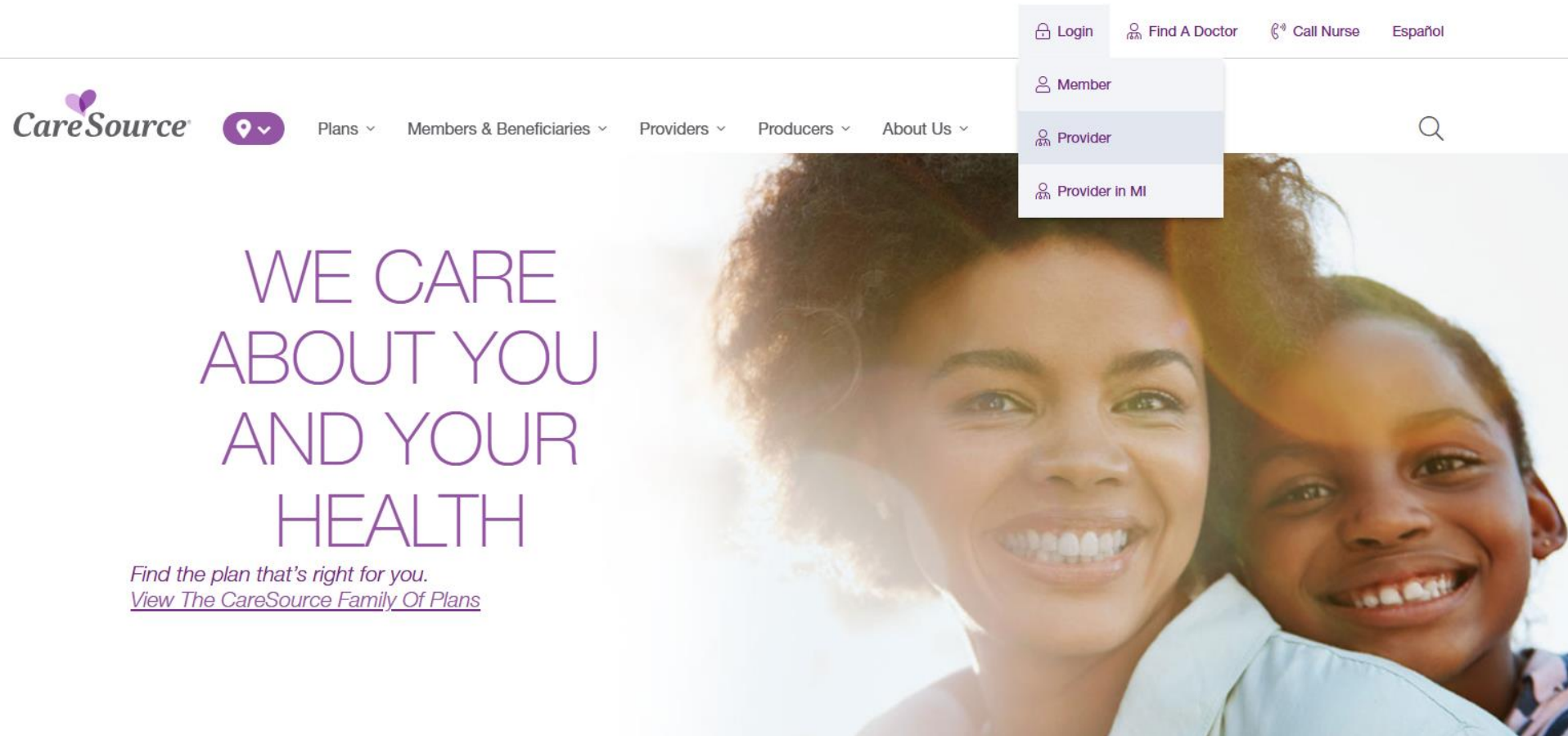
Show your clients that their time and opinion is important.



# Accessing the Provider Portal



# Accessing from CareSource.com

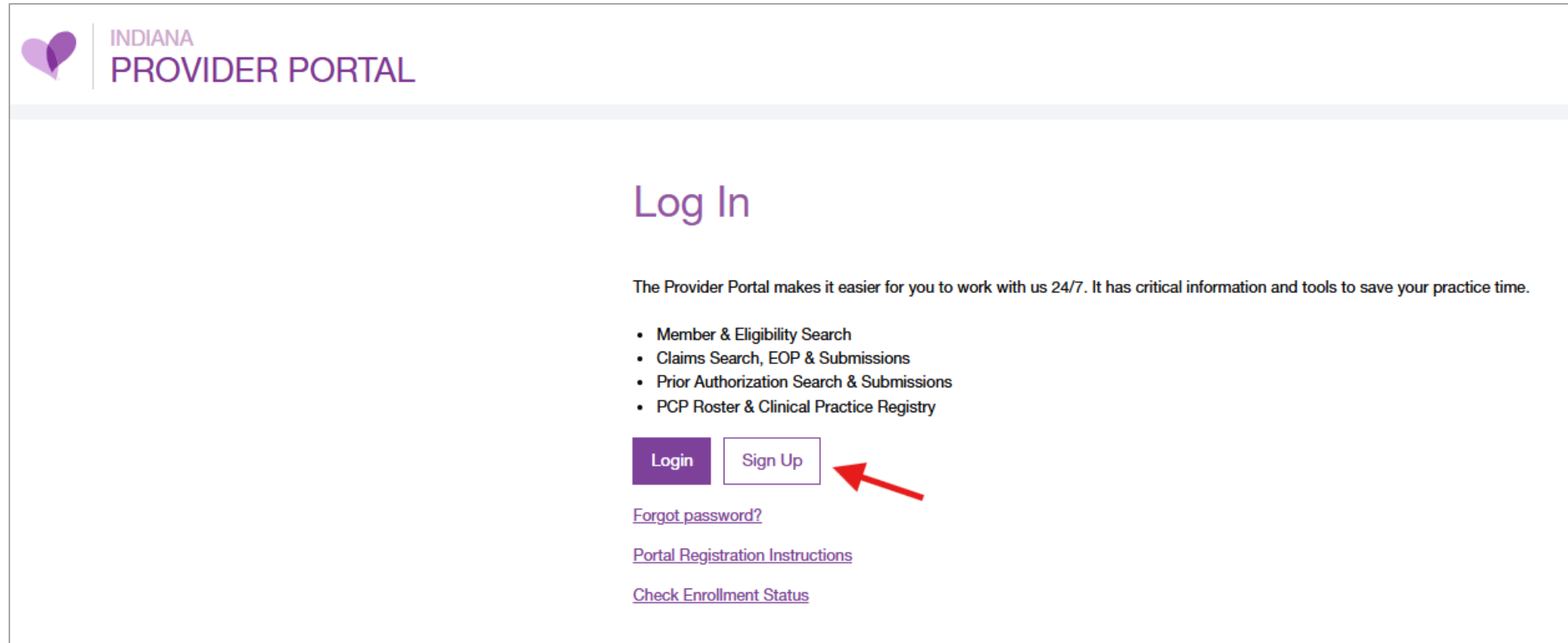


A Provider Portal Login option is available from the top navigation links from [CareSource.com](https://www.caresource.com). The first time you access the portal, you will be prompted to create an account on the CareSource identity portal. After creating a user account, you will be prompted to activate your account.



# Accessing from the Login Page

Providers can create an account in the [CareSource Provider Portal](#).



INDIANA  
PROVIDER PORTAL

## Log In

The Provider Portal makes it easier for you to work with us 24/7. It has critical information and tools to save your practice time.

- Member & Eligibility Search
- Claims Search, EOP & Submissions
- Prior Authorization Search & Submissions
- PCP Roster & Clinical Practice Registry

[Login](#) [Sign Up](#)

[Forgot password?](#)

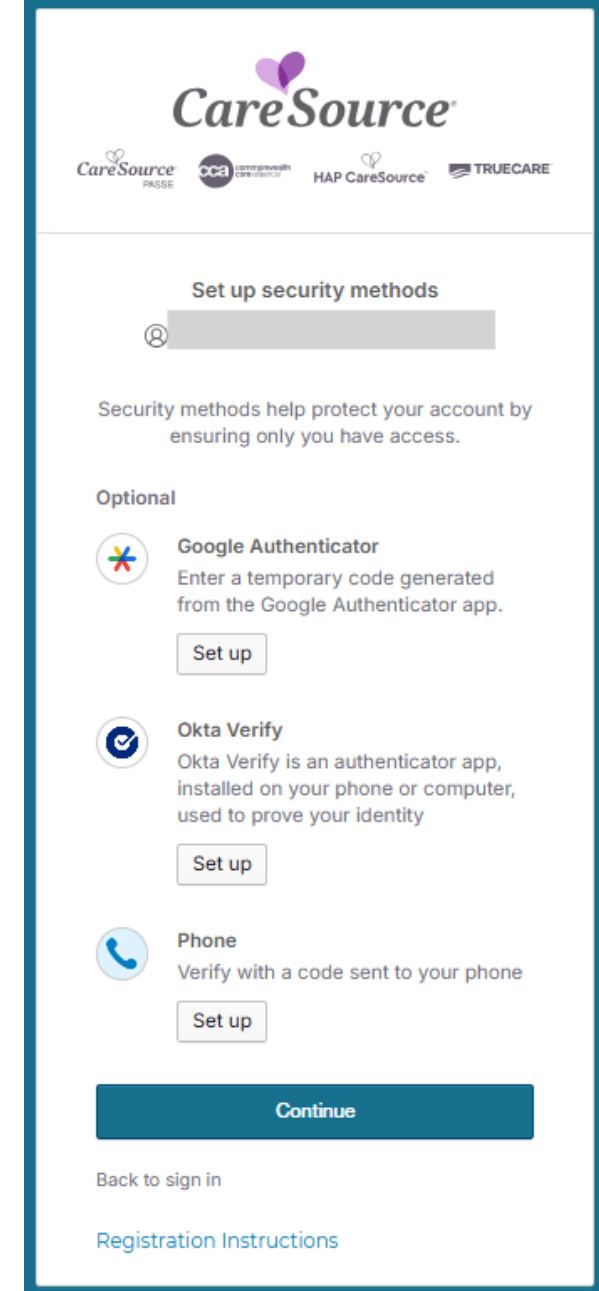
[Portal Registration Instructions](#)

[Check Enrollment Status](#)



# Multi-Factor Authentication

Once you have your password setup and confirm your email address, you can choose to setup multi-factor authentication by selecting one of the setup options, or you can click “Continue”.



The screenshot shows the CareSource login interface for setting up multi-factor authentication. At the top, the CareSource logo is displayed alongside logos for its partner organizations: CareSource PASSE, DCA, Commonwealth Care Alliance, HAP CareSource, and TRUECARE. Below the logos, the heading "Set up security methods" is followed by a greyed-out input field for a user identifier. A message states: "Security methods help protect your account by ensuring only you have access." Under the "Optional" section, three authentication methods are listed: Google Authenticator (with a description to enter a temporary code and a "Set up" button), Okta Verify (with a description of the app and a "Set up" button), and Phone (with a description to verify with a code sent to the phone and a "Set up" button). At the bottom of the setup options is a large blue "Continue" button. Below this button are two links: "Back to sign in" and "Registration Instructions".

CareSource®

CareSource PASSE DCA commonwealth care alliance HAP CareSource TRUECARE

Set up security methods

Security methods help protect your account by ensuring only you have access.

Optional

 **Google Authenticator**  
Enter a temporary code generated from the Google Authenticator app.  
[Set up](#)

 **Okta Verify**  
Okta Verify is an authenticator app, installed on your phone or computer, used to prove your identity  
[Set up](#)

 **Phone**  
Verify with a code sent to your phone  
[Set up](#)

[Continue](#)

[Back to sign in](#)

[Registration Instructions](#)



# Provider Portal Functionality

## Eligibility Verification and Member Information

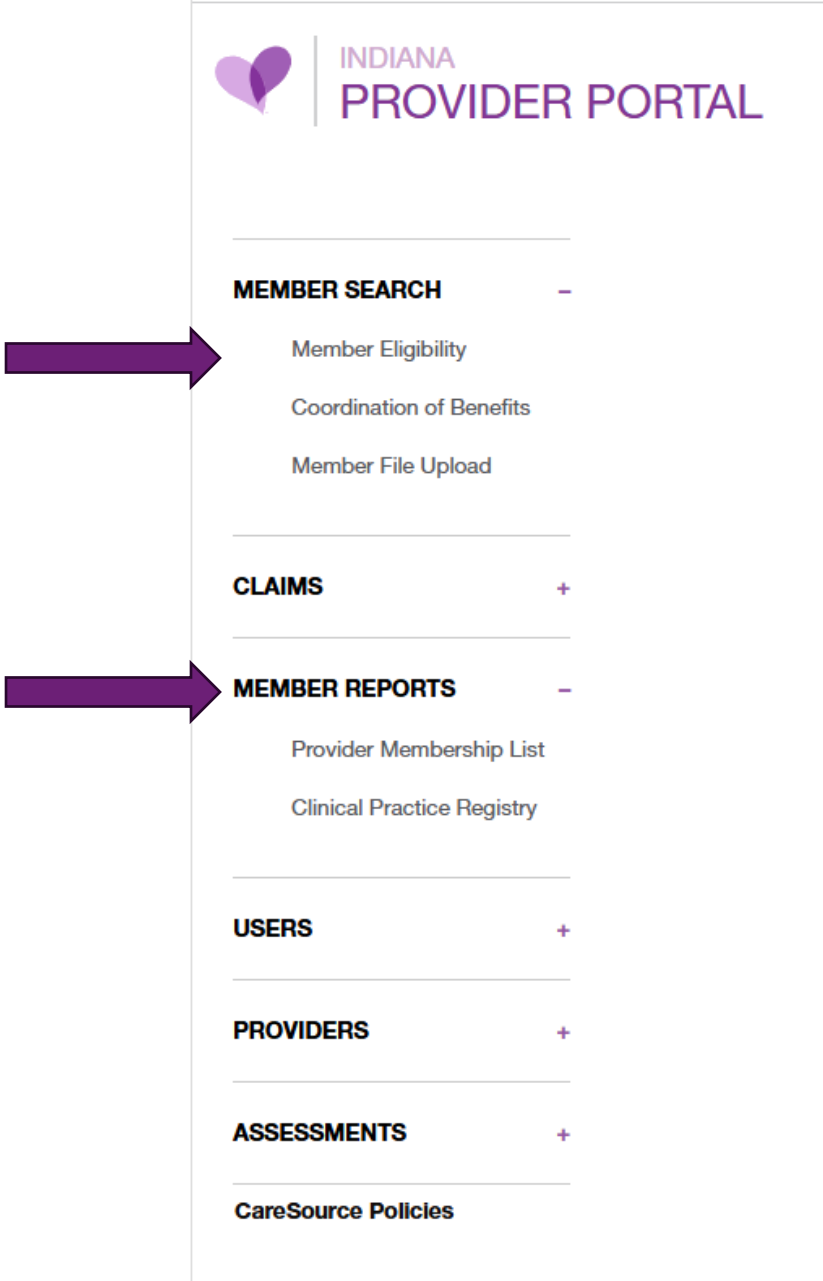


# Member Eligibility and Reports

The Provider Portal enables quick access to relevant member information, such as member eligibility and enrollment.

Providers can search for member eligibility using one of the search options, or search for multiple members at a time.

Providers can also access a member’s case management plan and submit a request to update case management information.



# Member Eligibility Search

Member Eligibility

Recipient Id

CareSource Id

Member Info

Multiple Recipient Ids

Multiple CareSource Ids

CareSource ID

Date of Service

Search

Member is eligible for service on the specified date

Member Information

Member has not consented to sharing sensitive health information. Because the member has not consented to sharing their health information, you may not be viewing the complete record. Member may grant consent by completing the Member Consent/HIPAA Authorization Form on [www.caresource.com](#). They may also contact CareSource Member Services with questions or to obtain additional information.

Member Name:

CareSource Id:

Recipient Id:

Case Number:

Gender:

Member Profile:

Original Effective Date:

Redetermination Date:

Program:

Member Alerts:

Address:

County:

Phone:

Date of Birth:

Relationship to Subscriber:

Program Details:

Member Eligibility Date Span Last Updated:

Click To View

Member Profile Report Definitions

2/1/2025 12:00:00 AM

3/31/2026 12:00:00 AM

Indiana - State Health Plans - Healthy Indiana Plan (HIP)

1 9+ months since last ambulatory or preventive care visit. 7/3/2025

2 Past due: PAP test

3 Dental Appointment Recommended 6/13/2025

Language Preference:

English

Alternate Communication Format Needed:

N/A

Special Communication Needs:

Cost Sharing:

The member's 5 percent maximum expense limit has been met. Effective 7/10/2026 the member will have no further cost sharing for the remainder of the calendar quarter.

Primary Care Provider (PCP):

NPI #:

Case Manager:

POWER Account Balance Available:

\$0.00

Phone:

Case Manager Phone Number:

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# Member Profile

The Member Profile supports coordinated member care between the member's primary medical provider (PMP) and other care coordinators by providing access to comprehensive patient medical information in one convenient location.

**Member Information**

**Member has not consented to sharing sensitive health information.** Because the member has not consented to sharing their health information, you may not be viewing the complete record. Member may grant consent by completing the Member Consent/HIPAA Authorization Form on [www.caresource.com](#). They may also contact CareSource Member Services with questions or to obtain additional information.

|                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Member Name:</b><br><br><b>CareSource Id:</b><br><br><b>Recipient Id:</b><br><br><b>Case Number:</b><br><br><b>Gender:</b><br><br><b>Member Profile:</b><br><br><b>Original Effective Date:</b><br><br><b>Redetermination Date:</b><br><br><b>Program:</b><br><br><b>Member Alerts:</b> | <b>Address:</b><br><br><b>County:</b><br><br><b>Phone:</b><br><br><b>Date of Birth:</b><br><br><b>Relationship to Subscriber:</b><br><br><b>Program Details:</b><br><br><b>Member Eligibility Date Span Last Updated:</b><br><br><br><b>Language Preference:</b><br><br><br><b>Special Communication Needs:</b><br><br><b>Cost Sharing:</b> | <div> <div></div> <div>FREEDOM, IN, 47431-7221</div> </div> <div>Owen</div> <div></div> <div></div> <div>Subscriber/Insured</div> <div><a href="#">Not a coordinated services Member.</a></div> <div>3/31/2025 2:26:20 PM</div><br><div>English</div> <div>Alternate Communication Format Needed:</div> <div>N/A</div><br><div>The member's 5 percent maximum expense limit has been met. Effective 7/10/2026 the member will have no further cost sharing for the remainder of the calendar quarter.</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

---

|                                                                                      |                                                            |
|--------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Primary Care Provider (PCP):</b><br><br><b>NPI #:</b><br><br><b>Case Manager:</b> | <b>Phone:</b><br><br><br><b>Case Manager Phone Number:</b> |
|--------------------------------------------------------------------------------------|------------------------------------------------------------|

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**POWER Account Balance Available:** \$0.00



# Member Profile – What It Can Do For Your Practice

The data in the **Member Profile** can be used to offer coordinated, streamlined care for patients.

- Patient demographics
- Primary Medical Provider (PMP) information
- Prior prescribing information
- Historical diagnoses
- Patient-specific quality metrics (such as mammography screening, A1C value and more)
- Prior hospital admissions
- Emergency room visits
- Specialist visits
- Case management activity



# Provider Membership List

The Provider Membership List allows providers to view the members currently assigned to the providers acting as a PMP. The list can be sorted by a specific provider related to a group or for the entire group's member list. Membership lists can be sorted by clicking on a column heading and/or exported in either plain text or comma delimited formats.

Alerts that display on the Provider Membership List remain for 90 calendar days from the triggering event.

### Provider Membership List

Provider Membership List

Providers:

Filter By Redetermination Date:  -

Export Options: [Entire Group's Member List as CSV](#)

**Alert Legend**

- New Assessment
- New Care Treatment Plan
- Updated Care Treatment Plan
- BH Clinical Info

| Alerts | Details                      | First Name | Last Name | CareSource Id | Medicaid Id | Gender | Birth Date | Effective Date | Redetermination Date | Lang Type | Member Phone | Program Name                                              |
|--------|------------------------------|------------|-----------|---------------|-------------|--------|------------|----------------|----------------------|-----------|--------------|-----------------------------------------------------------|
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 2/1/2025       | 3/31/2026            | ENG       |              | Indiana - State Health Plans - Healthy Indiana Plan (HIP) |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 5/1/2022       | 10/31/2026           | ENG       |              | Indiana - State Health Plans - Hoosier Healthwise (H-HW)  |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 1/1/2026       | 12/31/2299           | ENG       |              | Indiana - State Health Plans - Healthy Indiana Plan (HIP) |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 12/1/2023      | 7/31/2026            | ENG       |              | Indiana - State Health Plans - Healthy Indiana Plan (HIP) |
|        | <a href="#">View Details</a> |            |           |               |             | M      |            | 8/1/2024       | 10/31/2025           | ENG       |              | Indiana - State Health Plans - Healthy Indiana Plan (HIP) |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 3/1/2020       | 8/31/2026            | ENG       |              | Indiana - State Health Plans - Healthy Indiana Plan (HIP) |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 10/1/2022      | 10/31/2026           | ENG       |              | Indiana - State Health Plans - Healthy Indiana Plan (HIP) |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 3/23/2024      | 4/30/2026            | ENG       |              | Indiana - State Health Plans - Hoosier Healthwise (H-HW)  |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 1/1/2026       | 7/31/2026            | ENG       |              | Indiana - State Health Plans - Hoosier Healthwise (H-HW)  |
|        | <a href="#">View Details</a> |            |           |               |             | F      |            | 3/1/2025       | 9/30/2025            | ENG       |              | Indiana - State Health Plans - Healthy Indiana Plan (HIP) |

Page(s): 1 2 3 4 5 6 7 Record(s):70

Export Selected Provider's Member List: [PDF](#) / [CSV](#)  
Export Entire Group's Member List: [CSV](#)



# Clinical Practice Registry

The Clinical Practice Registry is an online tool available to health partners to identify and prioritize needed health care services, screening and tests for members.

Identify gaps in care:

- View preventive service history and easily identify Healthcare Effectiveness Data and Information Set (HEDIS®) gaps in care to discuss during appointments.
- Holistically address patient care: Receive alerts when members need tests or screenings, review member appointment histories and view their prescriptions.
- Improve clinical outcomes: Easily sort members into actionable groups for population management.



# Clinical Practice Registry View

Select State  
All  
Florida  
Indiana

Select Plans  
All  
Marketplace  
Medicaid

Select Measures  
All  
Adult Access  
Asthma Control  
Beta Blockers

Select Criteria  
All  
Red  
Yellow  
Green

Select Patient Status  
All  
Established  
New

Select Enrollment Status  
All  
Continuous  
Recent

Select Attribution Type  
All  
Assigned as PCP  
Attributed as PCP via Claims

Page(s): 1 2 3

Record(s): 74

| Attribution Type | Member Name | CareSource ID | DOB | Sex | State | Plan        | LOB   | Adult Access           | Asthma Control | Beta Blocker | Breast Cancer | Cervical Cancer        | Colorectal Cancer | Chlamydia | Diabetes |     |                 | ER | Lead | Well Baby   |     |           |
|------------------|-------------|---------------|-----|-----|-------|-------------|-------|------------------------|----------------|--------------|---------------|------------------------|-------------------|-----------|----------|-----|-----------------|----|------|-------------|-----|-----------|
|                  |             |               |     |     |       |             |       |                        |                |              |               |                        |                   |           | Eye Exam | A1C | Kidney Function |    |      | # of Visits | DOS | Well Care |
| Claims           |             |               |     |     | IN    | Marketplace | INHIX | 2/6/2026 <sup>G</sup>  |                |              |               | 2/17/2025 <sup>G</sup> |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Marketplace | INHIX | 4/7/2026 <sup>G</sup>  |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Medicaid    | HIP   | 6/29/2026 <sup>G</sup> |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Marketplace | INHIX | 6/25/2026 <sup>G</sup> |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Marketplace | INHIX | 7/16/2026 <sup>G</sup> |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Medicaid    | HHW   |                        |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Marketplace | INHIX | 1/5/2026 <sup>G</sup>  |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Assignment       |             |               |     |     | IN    | Marketplace | INHIX | 1/12/2026 <sup>G</sup> |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Assignment       |             |               |     |     | IN    | Medicaid    | HHW   |                        |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Assignment       |             |               |     |     | IN    | Medicaid    | HHW   |                        |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Marketplace | INHIX | 6/10/2026 <sup>G</sup> |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |
| Claims           |             |               |     |     | IN    | Marketplace | INHIX | 4/28/2026 <sup>G</sup> |                |              |               |                        |                   |           |          |     |                 |    |      | 0           |     |           |



# Care Management Referral

Providers can create a Care Management Referral for a member, which is routed directly to the appropriate care management team to review and address the referral.

INDIANA  
PROVIDER PORTAL

 / Providers / Care Management Referral

MEMBER SEARCH

CLAIMS

MEMBER REPORTS

USERS

PROVIDERS

Cardiac & Orthopedic Services Prior Authorization

Care Management Referral

## Care Management Referral

Member

| Recipient Id                       | CareSource Id | Member Info |
|------------------------------------|---------------|-------------|
| Recipient Id: <input type="text"/> |               |             |
| <div>Search</div>                  |               |             |

### Submit a Referral

What case management service most closely align to your member's needs?

☐ Pregnancy / Maternal Child

☐ Neonatal Care (NICU)

☐ Inpatient Transitions of Care

☐ Behavioral Health

☐ Wellness Program

☐ Care coordination of multiple co-morbidities or other needs

Please describe the reason for referral

Submit

VIEW PROGRESS NOTES WITH OUR NEW CARE MANAGEMENT TOOL

Visit the Care Management dashboard



# Member Care Treatment Plans

After logging into the Provider Portal, the provider can access the Care Coordination Portal to review the case management information for their members. Go to MEMBER SEARCH > Member Eligibility and search for a member. Expand the “Care Treatment Plan” panel to see instructions. Click “Visit the Care Management Dashboard”.

Care Treatment Plan

VIEW CARE PLANS WITH OUR NEW CARE MANAGEMENT TOOL

**STEP 1**

From the **Care Management Dashboard**, select a member using the left-hand **My Members** link or by searching for a member at the top of the screen.

**STEP 2**

Once your member is selected you will be taken to the **Member Info** panel on the **Member Summary** page.

**STEP 3**

Select **Care Plan** on the left-hand side of the Member Summary page to review care plans for the selected member.

[Visit the Care Management dashboard](#)

↑  
Step 1

Step 2 →

altruista HEALTH

MEMBER NAME Enter Text

Welcome Patrick Provider User Time zone: EST

Member Access...

Dashboard

Population Quality Measure Performance

Email Notifications: ☐

|                                                                                                             |                                                                                                            |                                                                                                                 |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>CARE PLAN</b><br>2 New / Updated Care Plan(s)<br>2 Review Care Plan                                      | <b>ACTIVITIES</b><br>0 Pending Activity Request(s)<br>2 Unread Message(s)                                  | <b>MY MEMBERS</b><br>20 New Member (Last 30 Days)                                                               | <b>QUALITY MEASURES</b><br>0 Not Addressed<br>0 In-Progress                                                          |
| <b>CARE TRANSITIONS ADT</b><br>0 Member(s) with Not Addressed Status<br>0 Member(s) with In-Progress Status | <b>CARE TRANSITIONS IP</b><br>0 Member(s) with Not Addressed Status<br>0 Member(s) with In-Progress Status | <b>AUTHORIZATIONS (LAST 30 DAYS)</b><br>0 Pending<br>0 Denied<br>0 Approved<br>0 Partially Approved<br>0 Others | <b>IN-PATIENTS ADMISSIONS &amp; DISCHARGES</b><br>0 New Admissions (Last 30 days)<br>0 New Discharges (Last 30 days) |
| <b>EMERGENCY DEPARTMENT DISCHARGES</b><br>0 Discharges (Last 30 days)                                       | <b>ASSESSMENTS</b><br>0 Pending Requests                                                                   |                                                                                                                 |                                                                                                                      |



# Claims Submission, Status Inquiries, Disputes and Appeals

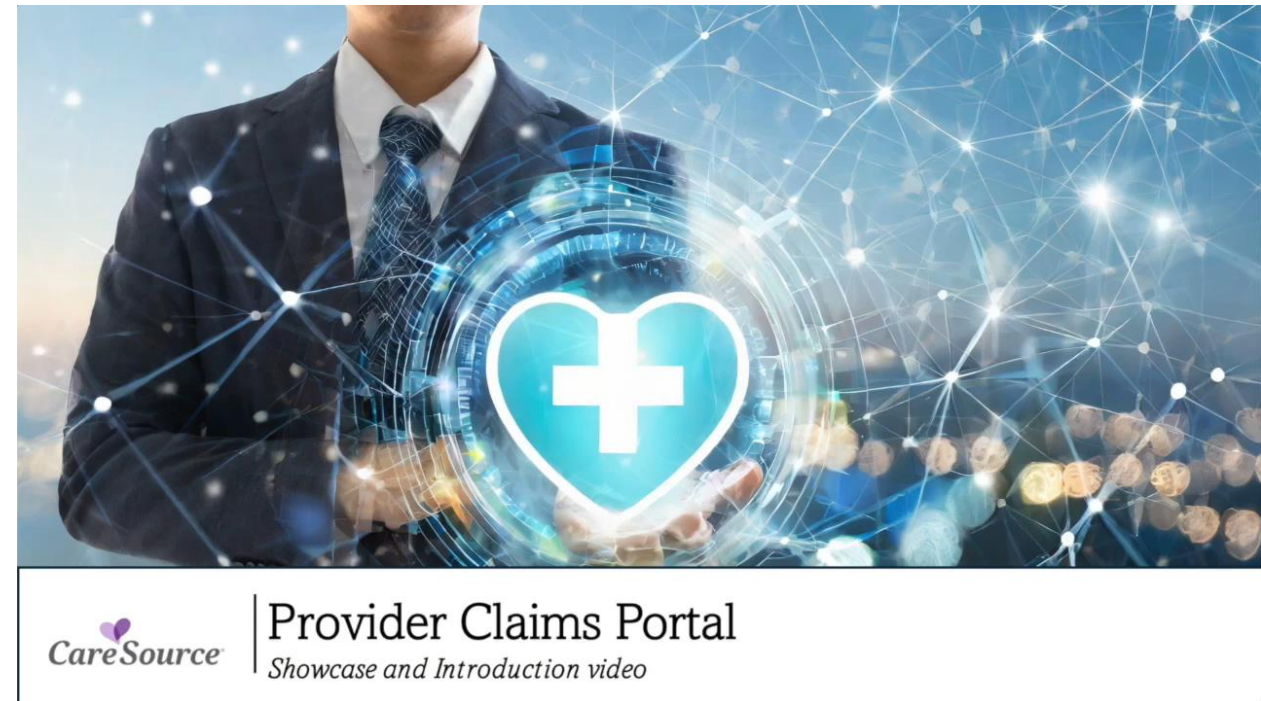


# Claim Submission

The CareSource Provider Portal allows users to perform direct data entry (DDE) of *CMS-1500* and *UB-04* claims, along with the attachment of appropriate supporting documentation.

Users can also upload claims and their associated attachments.

We are including a video resource, to provide additional information on submitting claims via the CareSource Provider Portal. This video is also available on the [CareSource Provider Portal](#), Provider Training under the claims section.



# Portal Flow at a Glance

- 1 Search/start**  
Use landing page filters or dashboard shortcuts.
- 2 Create claim**  
Select *HCFA/CMS-1500* or *UB-04* and complete the form.
- 3 Attach files**  
Add supporting documentation when required.
- 4 Save or submit**  
Save draft or submit after validation
- 5 Track status**  
Search by claim identification number (ID) or document control number (DCN) and use reports.



# Online Claims Submission

Under claims select Online Claim Submission to submit or upload your claims for processing.

- 
- MEMBER SEARCH

+
- CLAIMS

-
- Online Claim Submission
- Claim Information and Attachments
- Rejected Claims
- Real Time Claims
- Payment History
- Recovery Request
- Disputes
- Pharmacy Appeals
- Post Service Appeals
- MEMBER REPORTS

+
- USERS

+
- PROVIDERS

+



# Claim Submission Landing Page

**CLAIMS** [+ New HCFA Claim](#) [+ New UB Claim](#) [+ New Dental Claim](#) [⬆ Upload Claim](#) [+ Reports](#)

  
**HCFA Claims**  
(0)

  
**UB Claims**  
(0)

  
**Dental Claims**  
(0)

### SEARCH CLAIMS

SUBMISSION DATE:  >  CLAIM ID:  INSURED ID:  STATUS:  DCN:  [🔍 Search](#) [☑ Select filters](#) [🗑 Clear text](#)

#### 10 LATEST CLAIMS (HCFA)

|  CLAIM INFO    |  PATIENT INFO |  INSURED INFO |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <br>No data |                                                                                                |                                                                                                  |

## Search Filters:

- Claim ID
- DCN
- Insured and patient information
- Total charges
- Status

- Select filters add more criteria.
- Clear text resets the filter screen



# Creating a New Claim

MS

+ New HCFA Claim

+ New UB Claim

+ New Dental Claim

⬆️ Upload Claim

+ Reports



HCFA Claims  
(0)



UB Claims  
(0)



Dental Claims  
(0)

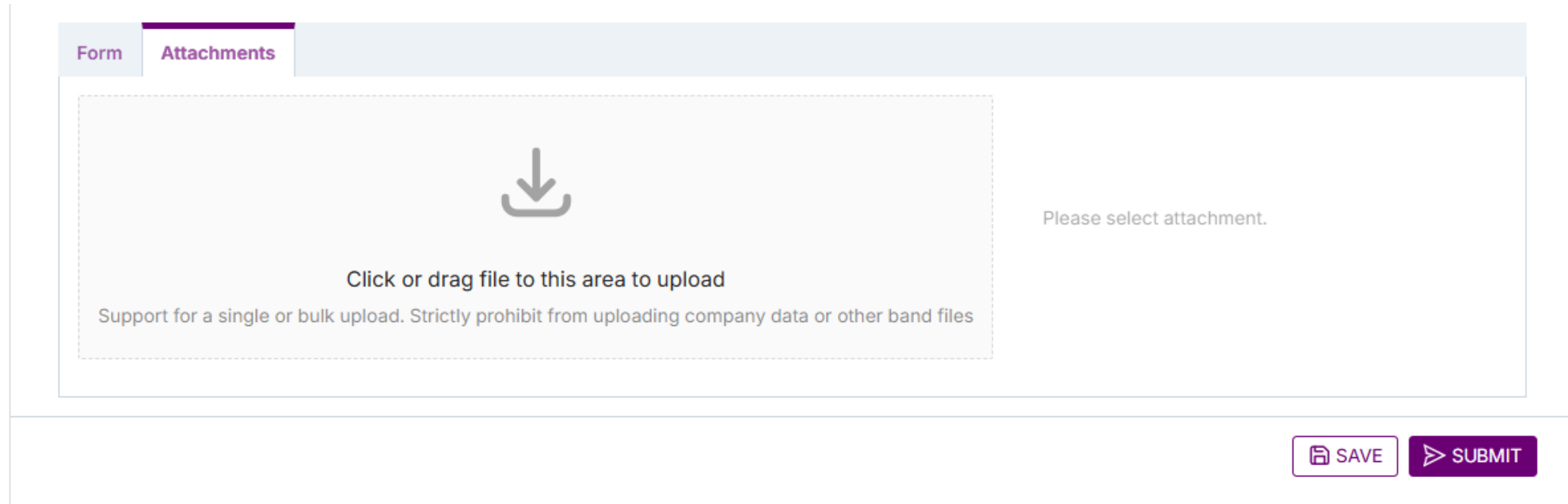
- Select create a new HCFA/*CMS-1500* claim or *UB-04* claim to open the form.
- Complete all relevant information before submitting.
- Select save to generate a Claim ID and return later.
- Mandatory fields trigger validation messages if left blank.
- Submit opens a confirmation pop-up before final submission.

## Submission pop-up options:

- Copy Claim ID
- Create new HCFA/*CMS-1500* or *UB-04* claim
- Back to the search page



# Attachments: Supporting Documentation



The screenshot shows a web form interface with two tabs: 'Form' and 'Attachments'. The 'Attachments' tab is active. It features a large grey rectangular area with a dashed border, containing a downward-pointing arrow icon. Below the icon, the text reads: 'Click or drag file to this area to upload' and 'Support for a single or bulk upload. Strictly prohibit from uploading company data or other band files'. To the right of this area, the text 'Please select attachment.' is displayed. At the bottom right of the form, there are two buttons: a 'SAVE' button with a floppy disk icon and a 'SUBMIT' button with a right-pointing arrow icon.

## Attachments Tab:

- Use Attachments tab when supporting documentation must accompany a claim.
- Click the grey upload area to choose files.
- Repeat the step for multiple attachments as needed.
- Total DDE attachment size should not exceed 100 MB.
- Return to the Form tab to keep working or submit.



# Uploading Claims

## CLAIMS

+ New HCFA Claim

+ New UB Claim

+ New Dental Claim

⬆ Upload Claim

+ Reports



HCFA Claims  
(0)



UB Claims  
(0)



Dental Claims  
(0)

- Upload is used to upload claims and attachments.
- Multiple attachments are allowed.
- Choose an attachment type from the dropdown.
- Total upload size should not exceed 50 MB.



# After Submission: Status Tracking



## Portal submitted

Status: Submit\_Finished  
Meaning: Document submitted in the portal.



## Downstream export

Status: External\_Export\_Finished  
Meaning: DCN is generated for follow-up communications.

Use for follow-up: Claim ID or DCN



# Claim Status Reference

## **837 Submission in Progress**

DDE/upload claim is converted to EDI and 837 is submitted.

## **837 Successfully submitted**

837 is submitted to adjudication system.

## **837 Submitted and waiting for Acknowledgement**

837 submitted to front end system and waiting for adjudication.

## **In Progress**

Claim entered in screen but not submitted in portal yet.

## **Submit started/Submit Finished**

Submit initiated by user / submit successful.

## **Submit error / Resubmitted / Rejected**

Error encountered / claim resubmitted / claim rejected by CareSource adjudication.

## **External export finished**

Claim exported from portal to create EDI.



# Claims Status

Providers can locate claims using specific search criteria or through the Recent Claims feature.

Claim status is updated daily on the Provider Portal.

Providers can check claims that were submitted for the previous 36 months.

Search options include recipient ID number, member name and date of birth or claim number, patient number, check number and external reference number or a custom date range.



MEMBER SEARCH



CLAIMS



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# Claims Status Detail

Highlights of the Claim Details include:

- Process Reason – Claim clinical edits
- Adjustment Reason
- Remittance Reason
- Authorization Number – The related authorization, if applicable.
- Disallowed Amount – The disallowed amounts on the claim and line items.
- Rendering Provider Name – The rendering provider on the claim.

Providers may choose to review individual claims, search multiple claims for a specific member, or search for all claims within a date range. Additionally, providers may review any related documents to the claim.



# Claims Status Detail – Example

| General Information      |           |                               |         |
|--------------------------|-----------|-------------------------------|---------|
| Claim #:                 |           | Date Received:                |         |
| Adjusted From Claim #:   | ---       | Total Amount Charged:         | \$72.00 |
| Adjusted To Claim #:     | ---       | Total Patient Responsibility: | \$0.00  |
| Original Claim #:        | ---       | Patient Account #:            |         |
| Processed Date:          | 8/31/2026 | Rendering Provider Name:      |         |
| Check Number:            |           | Authorization Number:         | -       |
| Adjustment Amount:       | \$0.00    | Remaining Balance Due:        | \$0.00  |
| Total Disallowed Amount: | \$72.00   | Total Amount Paid:            | \$0.00  |
| Total Withhold Amount:   | \$0.00    |                               |         |

## Claim Detail

| List View          | Table View                                                                                                                                                                                                                | Dispute                 | Post Service Appeal | Related Documents | Recovery Request |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|-------------------|------------------|
| Line Number: 1     |                                                                                                                                                                                                                           |                         |                     |                   |                  |
| Status:            | Processed                                                                                                                                                                                                                 | Date of Service:        |                     |                   |                  |
| Amount Charged:    | \$72.00                                                                                                                                                                                                                   |                         |                     |                   |                  |
| Process Reason:    | JM3 - Svc Inconsistent w/Modifier / Missing                                                                                                                                                                               |                         |                     |                   |                  |
| Adjustment Reason: | 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. |                         |                     |                   |                  |
| Remittance Reason: | N657 - This should be billed with the appropriate code for these services.                                                                                                                                                |                         |                     |                   |                  |
| Procedure:         | 73562 - Radiologic examination, knee; 3 views                                                                                                                                                                             | Patient Responsibility: | \$0.00              |                   |                  |
| Modifiers:         | TC                                                                                                                                                                                                                        |                         |                     |                   |                  |
| Diagnosis:         | M25562 - Pain in left knee                                                                                                                                                                                                |                         |                     |                   |                  |
| Place of Service:  | Office                                                                                                                                                                                                                    | Recovery Amount:        | \$0.00              |                   |                  |
| Disallowed Amount: | \$72.00                                                                                                                                                                                                                   | Amount Paid:            | \$0.00              |                   |                  |
| Withhold Amount:   | \$0.00                                                                                                                                                                                                                    |                         |                     |                   |                  |



# Disputes and Appeals

Providers can easily submit disputes or post-service claim appeals while viewing a claim on the Provider Portal. As part of the submission process, additional information or documentation can be submitted up to 100 MB. Using the reference number that is provided after submission, providers can check the dispute or appeal status and review acknowledgement and decision letters associated with the appeal.

 INDIANA  
PROVIDER PORTAL

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ASSESSMENTS

Disputes

You file a claim payment dispute for a claim underpayment, a partially or fully denied claim or for an adverse claim payment decision.

If the dispute is for an overpayment, please submit a [claim recovery request](#).

Disputes

Submit DisputeCheck Status

Receipt MethodPlease Select

Received Date

Received Time

Claim ID:

Find

 INDIANA  
PROVIDER PORTAL

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Post Service Appeals

Submit AppealCheck Status

Receipt MethodPlease Select

Received Date

Received Time

Claim ID:

Find

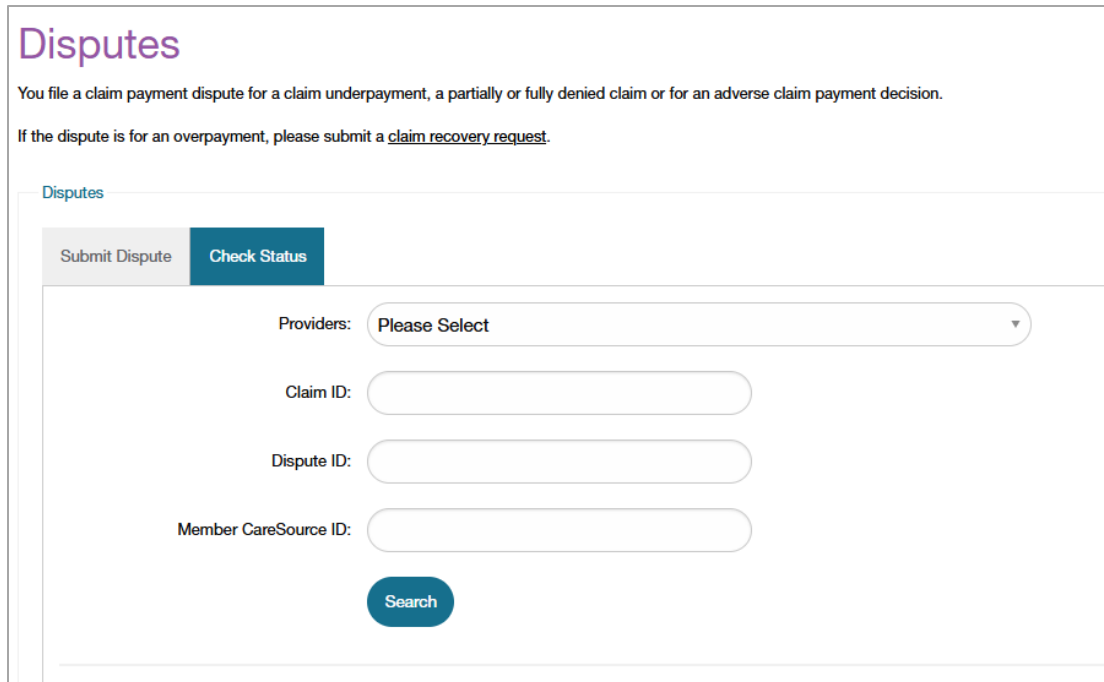


# Dispute and Appeal Letters

Providers can easily access Disputes or Post-Service Claim Appeals acknowledgement and decision letters on the portal.

The letters are available from three locations on the Provider Portal:

- While checking the status of a dispute or appeal
- While viewing the associated claim
- From the Provider Documents page



**Disputes**

You file a claim payment dispute for a claim underpayment, a partially or fully denied claim or for an adverse claim payment decision.

If the dispute is for an overpayment, please submit a [claim recovery request](#).

Disputes

Submit Dispute Check Status

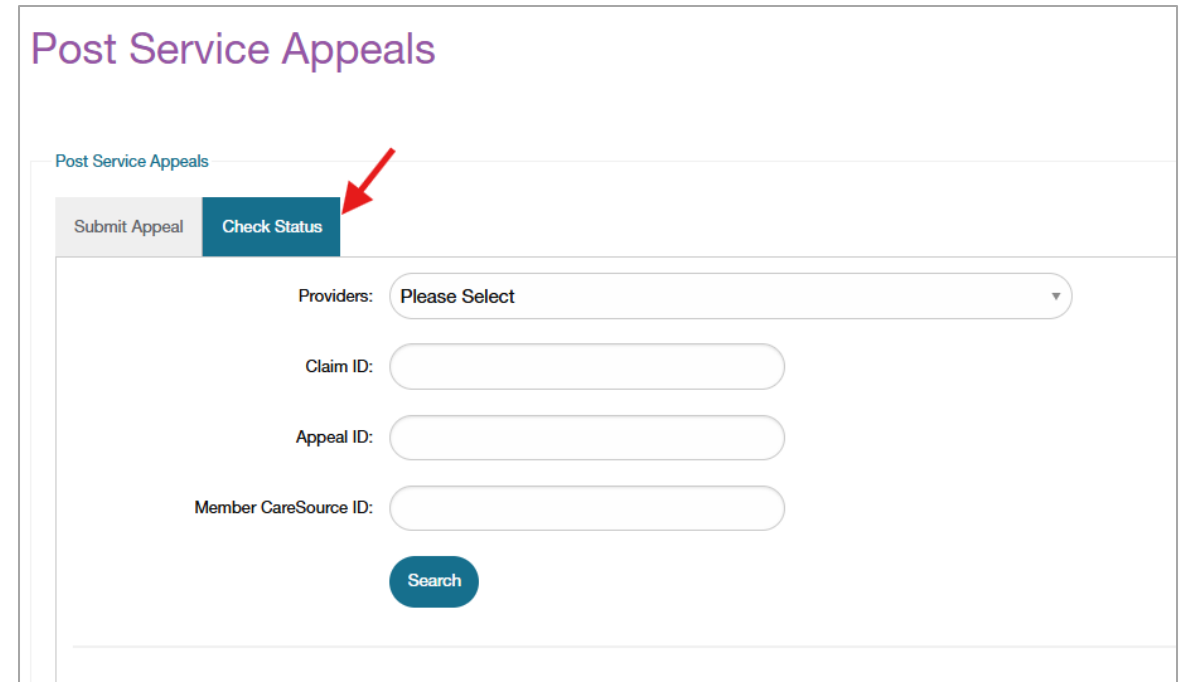
Providers: Please Select

Claim ID:

Dispute ID:

Member CareSource ID:

Search



**Post Service Appeals**

Post Service Appeals

Submit Appeal Check Status

Providers: Please Select

Claim ID:

Appeal ID:

Member CareSource ID:

Search



# Provider Maintenance



# Provider Maintenance

Providers can now submit updates to their provider information online, including address or phone changes, adding a provider, etc. Please select the appropriate tab to submit your updates online. Typical requests are processed within seven (7) to 10 business days. If your request requires additional information, a representative will contact you.

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CLAIMS +

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Cardiac & Orthopedic Services Prior Authorization

Care Management Referral

Dental Provider Login +

ER Referral

File Grievance

HIP Provider Cost Estimator

Pharmacy

Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager



# Provider Maintenance – Demographic Changes

Provider Maintenance

Participation **Demographic Change** Provider Add Cultural/Linguistic/Accessibility Info Status

Providers: Please Select

Provider Maintenance

**Participation** Demographic Change Provider Add Cultural/Linguistic/Accessibility Info Status

Plan Participation

Providers: Please Select

Page(s): 1 Record(s):3

| Plan Name                                       | Effective Date |
|-------------------------------------------------|----------------|
| Blue Cross Blue Shield of Michigan - Blue Cross | 01/01/2019     |
| Blue Cross Blue Shield of Michigan - Blue Cross | 02/01/2023     |
| Blue Cross Blue Shield of Michigan - Blue Cross | 01/01/2024     |

Page(s): 1 Record(s):3

Add Existing Provider to Existing Group

Existing Provider Information

Group Name Please Select

Group NPI

Medicaid ID

Medicare ID

Practitioner Name

Social Security Number

Date of Birth

NPI Number

Specialty

Capacity NA

Telemedicine Services Provided? ☐ Yes ☐ No

Please attach your W9 and any other documents you wish to submit.

Attachments Choose File No file chosen

Files Uploaded:

Notes



# Provider Maintenance – Adding Providers

Add a Provider to a group on the Provider Add tab. Enter the provider NPI number and the group Tax ID.

## Provider Maintenance

Provider Maintenance

Participation

Provider Add

Status

Provider

Instructions

Providers NPI number

\*

Tax ID of target Group

\*

Submit



# Prior Authorization and Self-Service Features



# Prior Authorization Submissions

Providers can enter clinical details and receive a decision on the authorization within seconds in addition to an authorization reference number.

Cite Auto Authorization matches the entered procedure and diagnosis information to the integrated clinical criteria and policies to display for the provider to complete that is required for the authorization to be processed. A determination is then made within seconds and given to the provider based on the selected clinical criteria.

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PROVIDER PORTAL

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Cardiac & Orthopedic Services Prior Authorization

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HIP Provider Cost Estimator

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Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager

+



# Prior Authorization Entry

Prior Authorization and Notifications

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

Observation

Status

An authorization or notification 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 v determined when the claim is received for processing.

Recipient Id

CareSource Id

Member Info

Provider ID:

Switch User

Recipient Id:

Start Date of Service

Search

## Authorization Request

Select Care Setting

Inpatient

Outpatient

[Submit a newborn delivery notification](#)

[Submit an observation notification](#)

Select Category

Outpatient Services

Select Type of Prior Authorization Request

Outpatient Services Other

Will service be performed in a Facility?

Yes

No

\* Required

Requesting/Ordering Provider Information

Search:

Provider Name

\* Required

Taxonomy:

Servicing/Rendering Provider Information

Same As Requesting/Ordering

If unable to locate the physician please use the facility.



# Prior Authorization Status

Providers can check status of a prior authorization, make updates to an existing prior authorization and view related letters. If a submitted authorization is pending and requires additional clinical information, providers may use the Provider Portal to update the authorization and attach documentation.

Prior Authorization and Notifications

Medical (Inpatient & Outpatient)

Newborn Delivery Notification

Notification Of Pregnancy

Observation

Status

Recipient Id

CareSource Id

Member Info

Authorization Number

Facility

Recipient Id:

Start of Service Date Range (Maximum 180 days)

Begin Date

End Date

Search

Page(s): 1

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| Details                                                | Authorization Number | CareSource ID | Description         | Service Start Date | Status         |
|--------------------------------------------------------|----------------------|---------------|---------------------|--------------------|----------------|
| <a href="#">View Details</a>   <a href="#">Letters</a> |                      |               | Outpatient Elective |                    | Fully Approved |

Page(s): 1

Record(s):1



# Important Contact Information



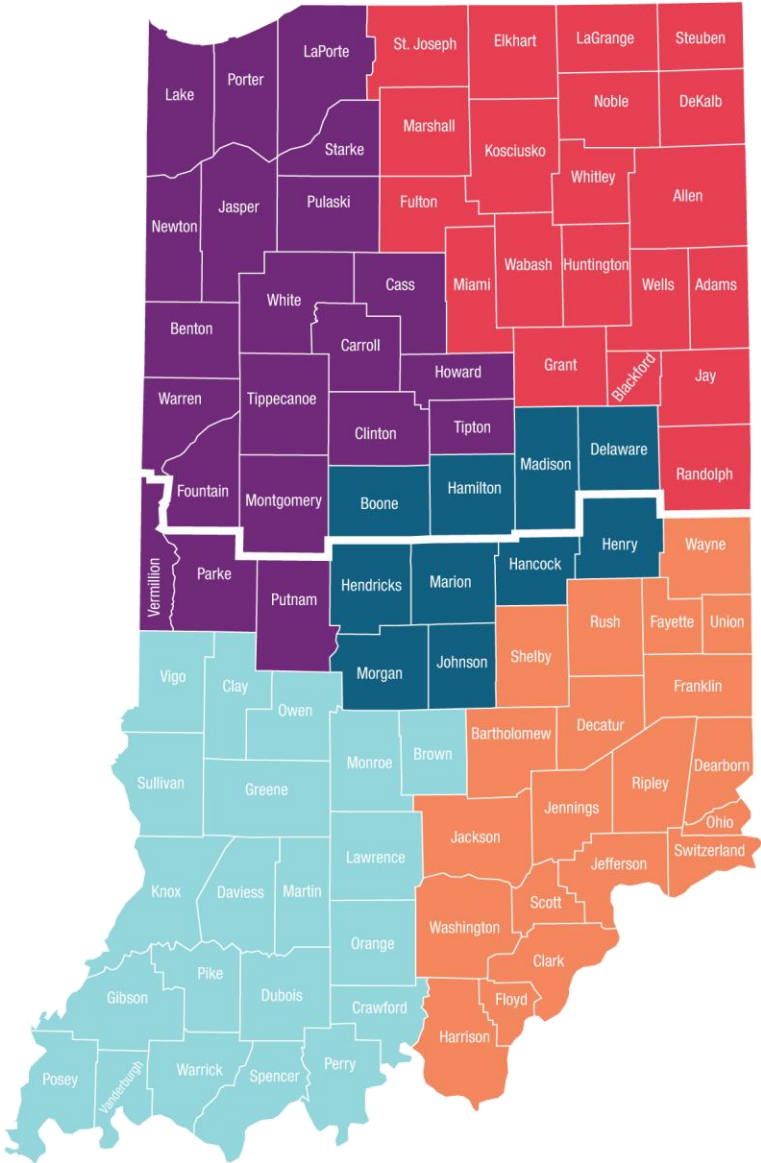
# Communicating with CareSource

| Provider Services |                |                                         |
|-------------------|----------------|-----------------------------------------|
| Medicaid          | 1-844-607-2831 | Monday to Friday<br>8 a.m. to 8 p.m. ET |
| Member Services   |                |                                         |
| Medicaid          | 1-844-607-2829 | Monday to Friday<br>8 a.m. to 8 p.m. ET |



# Health Partner Engagement Representatives – Regional Specialist

| Specialist                                                                               | Counties                                                                                                                                                                              | Health Systems                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Danyelle Pittman</b><br>North West<br>463-327-2297<br>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                                              |
| <b>Leigh Hoover</b><br>North East<br>765-425-0462<br>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 |
| <b>Amy Dagon</b><br>West Central<br>317-417-9652<br>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                                                                                                     |
| <b>Paula Egan</b><br>South West<br>812-447-6661<br>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                                                                |
| <b>Bonnie Waelde</b><br>South East<br>812-480-9203<br>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](mailto: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](mailto: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](mailto: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](mailto:Amanda.Denny@CareSource.com)

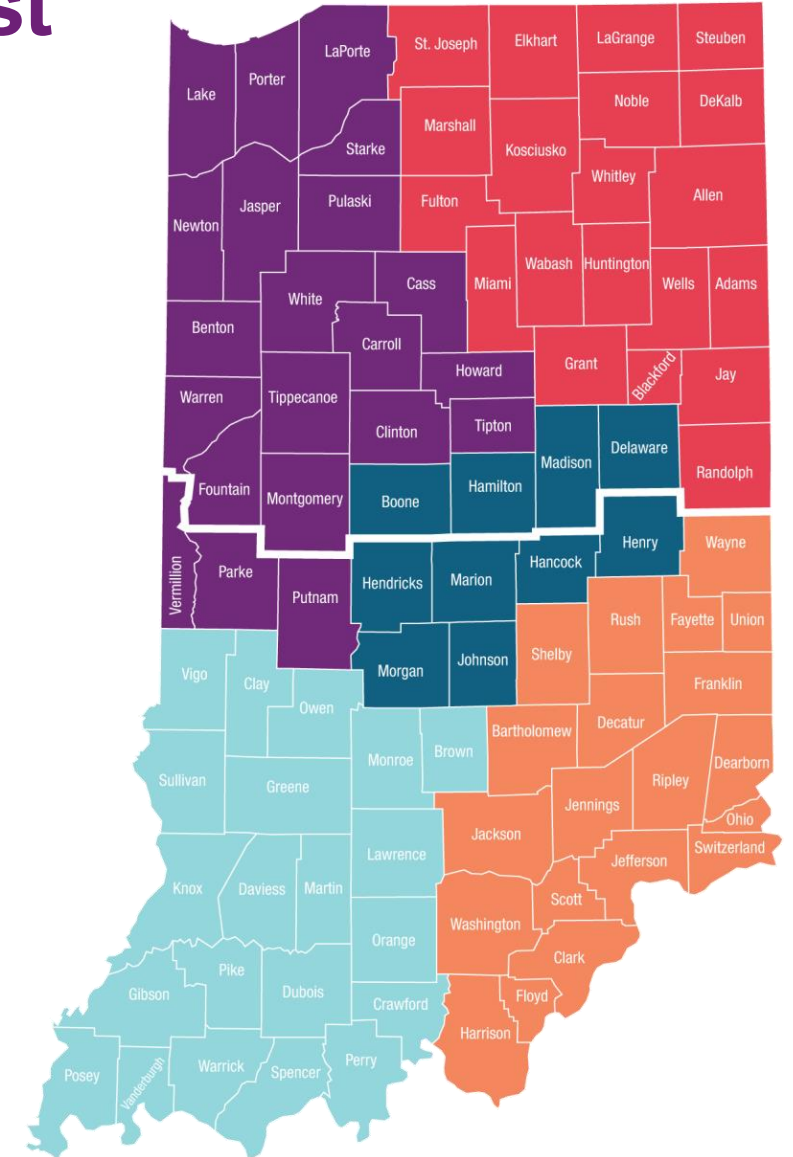
**Stephanie Gates**

Behavioral Health Resolution Specialist

Southern Territory

317-501-6380

[Stephanie.Gates@CareSource.com](mailto:Stephanie.Gates@CareSource.com)



Questions?



# Evaluation QR Code



Presented by:

**CareSource Health Partnerships Team**

**Thank You**

October 6 - 8, 2026

IN-MED-P-6132100; First Use: 08/31/2026

OMPP Approved: 08/31/2026



**PARTNER** with *Purpose*