



Dental 101

***2024 IHCP Works
Annual Seminar***


CareSource[®]

Agenda

- **About CareSource**
- **New Oral Health Initiative**
- **Working with CareSource**
- **Working with SkyGen**
- **2024 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**

EXPERIENCED

DEDICATED

Comprehensive
member-centric
health and life
services

Over **29 years** of
service

Serving over **2
million members**
through our
Medicaid and
Marketplace plans



NEW ORAL HEALTH INITIATIVE



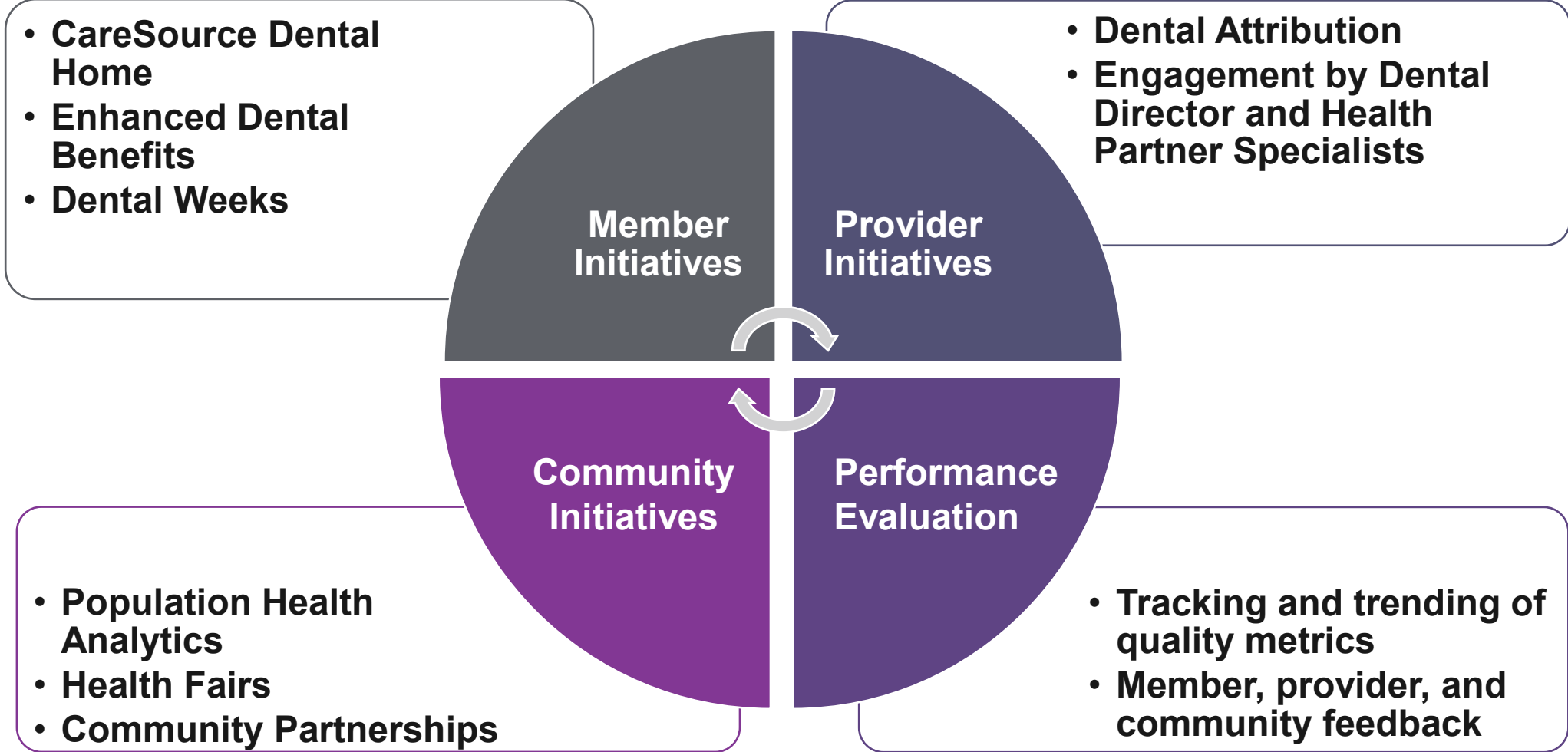
DENTAL HOME MODEL INFORMATION



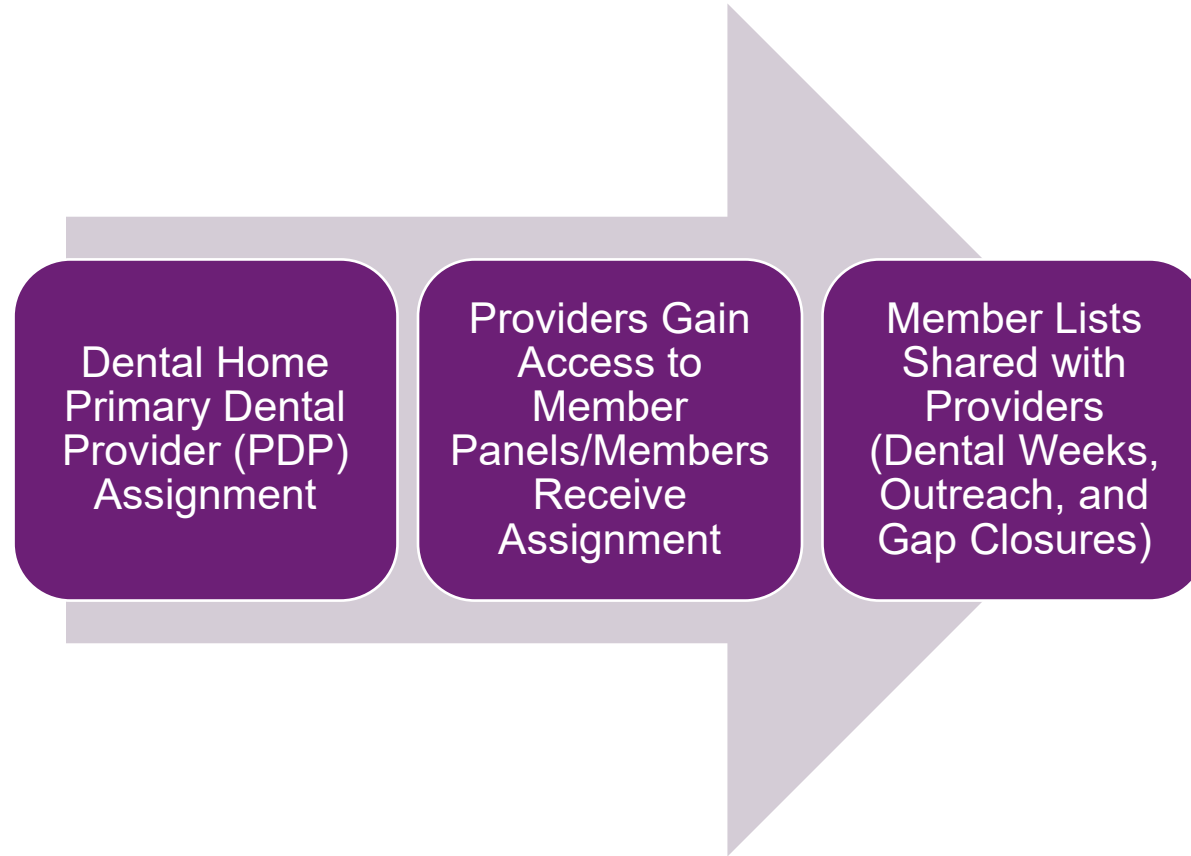
2024 DENTAL MANUAL



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 (ORM) for 2024

Engagement with Community Outreach Specialists

Delivery of Smile Packs to Members



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,
and 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



The Oral Health Strategy in 2024

2024

Operational Excellence

- Prompt payment of claims
- Timely credentialing of providers
- Focusing on utilization of enhanced benefits to fit members' needs

2024

Optimal Utilization Management

- Development and approval of expansive dental policies and procedures
- Dental assignment in place with quarterly review for improvement and optimization

2024

Quality, Health Equity, and 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
- Expansion of the Dental Home Model



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), Indiana Rural Health Association (IRHA), 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.



Provider Portal Registration

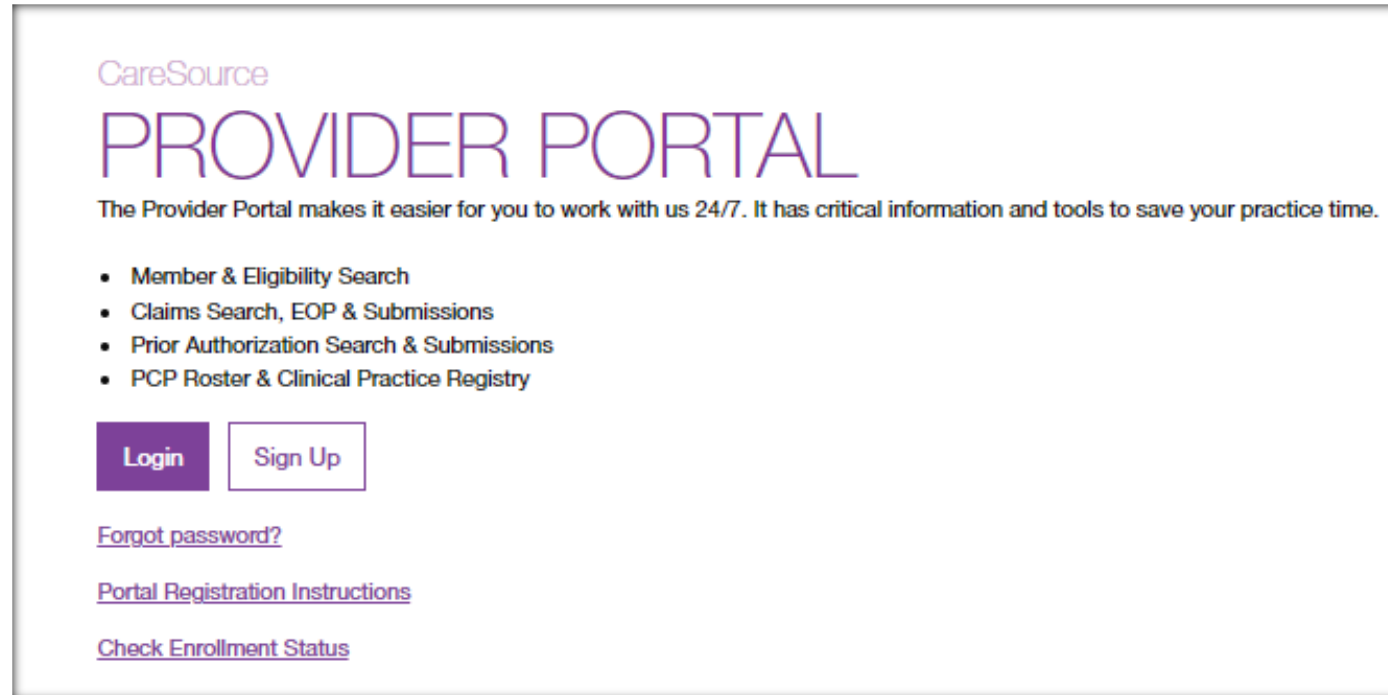
Go to [CareSource.com](https://www.caresource.com). Click **Provider** from the **Log-in** drop-down.

Select **Indiana**.

Click **Register For an Account** under **Provider Portal Login**.

Enter your information, including your CareSource Provider Number (located in your welcome letter).

Follow remaining steps to register.



CareSource
PROVIDER PORTAL

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](#)

For issues with the Provider Portal contact CareSource Provider Services: **1-844-607-2831**



Eligibility Verification

Offers ability to search by member information: first name, last name, and date of birth.

Member Eligibility

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

Recipient Id:

Date of Service: 6/25/2024

Search

Member is eligible for service on the specified date

Member Information

Use Recipient ID tab to search by the member's Medicaid number.

Contained demographic details on the searched member.

Eligibility Response will be blue (see above) if member is eligible. If member is not eligible the red box below will display.

Member is not eligible for service on the specified date



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™

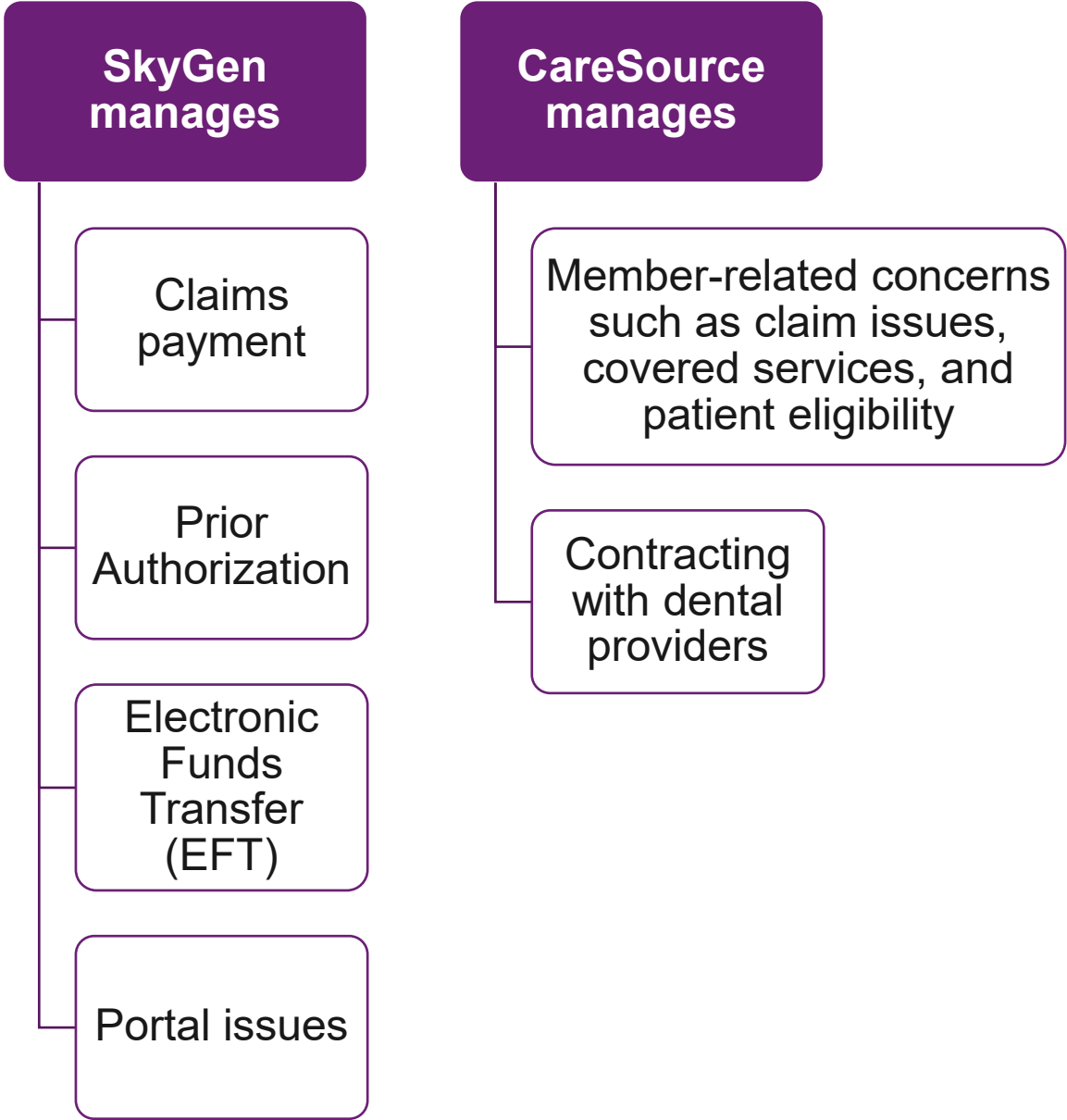
POWERING HEALTHCARE FOR THE DIGITAL AGE

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

 *CareSource*™

CareSource and SkyGen Dental

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 Login

USERS

Username *

Password *

LOGIN

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

NEW USER?

REGISTER NOW

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 CareSource Provider Services at 1-844-607-2831.



Types of Registration

Register as a 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

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 the providers associated with your physical location.

Register as a payee

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 your associated providers and locations.



Time-Saving Functions of Portal

View CareSource 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

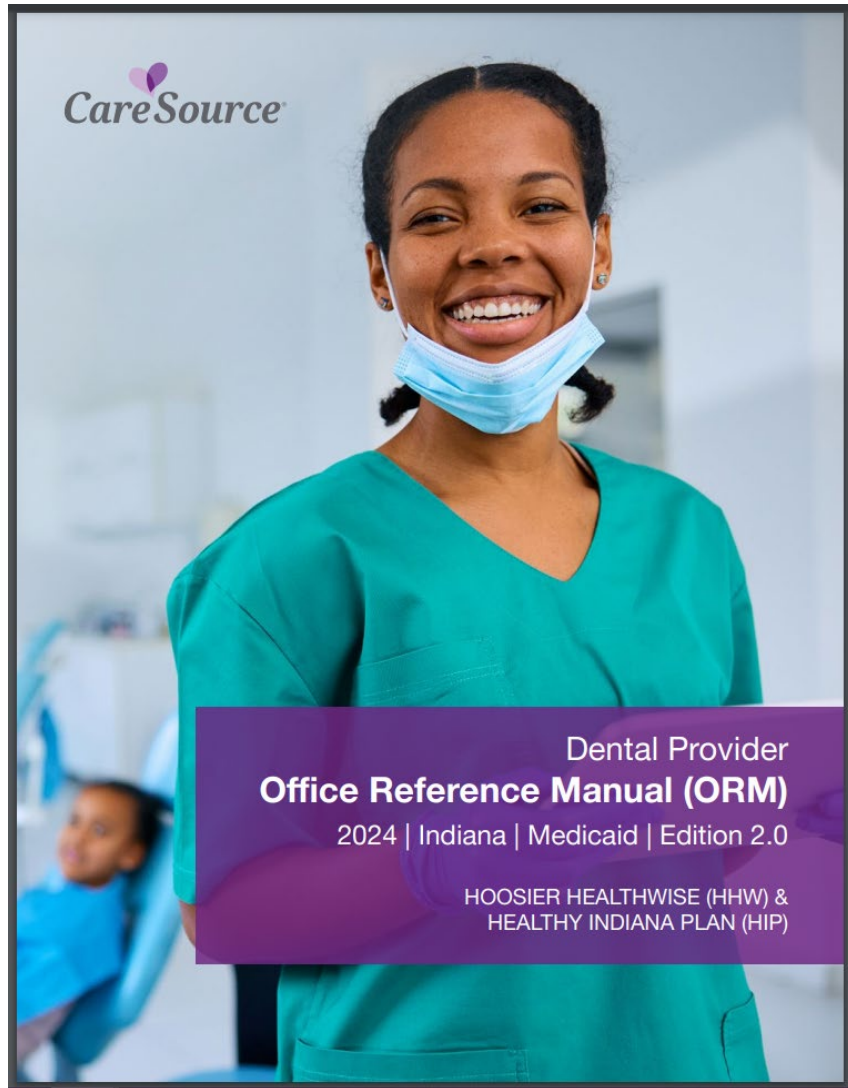
Contact the web portal team
at ProviderPortal@scion.com
for issues related to Portal
access.



2024 Dental Manual



Dental Manual



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 (PA)

Periodontal Surgery
and some Endodontic
Surgery

Space maintenance
for children under 3
years of age or if
permanent teeth are
missing

Dentures (complete
and partial)

Sleep Apnea
Appliances

Some Frenectomy
and Corticotomy
Procedures

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 Dental Office Reference Manual (ORM) 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.

[Dental Provider Office Reference Manual \(ORM\)](#)



Enhanced Benefits Example

One example of an enhanced benefit is code D1206. This is illustrated on page 82 of the Dental Manual.



Code	Service Description	Benefit Limitations/Frequency
D1206	Topical Application of Fluoride Varnish	One of (D1206, D1208) per 6 Month(s). Age 0 – 20 Enhanced Benefit One (D1206) per 6 month(s) (Reimbursable for Age ≥ 21 with documented high caries risk or medical condition increasing susceptibility to caries)
D1208	Topical Fluoride Application- Excluding Varnish	



Dental Claim Submission

RETURNING USERS

Username *

Password *

LOGIN

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

Online: <https://pwp.sciondental.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 calendar days and non-participating providers is 180 calendar days.



How to Submit a Prior Authorization

Online

Dental health partners may submit prior authorizations online at [Landing \(sciondental.com\)](http://Landing.sciondental.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 that incomplete, incorrect, or unclear information was originally submitted on a claim; corrected claims should be submitted within 60 calendar days from the date of the explanation of payment (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


Identify the claim as “corrected” by boldly and clearly marking the claim as “Corrected Claim” across the top of a paper claim form.



Identify the original Claim/Encounter Number by writing it in the Remarks section (Box 35) on a paper ADA form.



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 the right amount then a claim dispute can be filed using the 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 calendar days** of the dispute decision.

CareSource must issue a written decision within **45 calendar days** of receipt of the written request for appeal.

If the appeal is not resolved within the **45-calendar day** time frame, the appeal will be determined as an approval.

Appeal requests must be submitted using either the provider portal or by paper.



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, and 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. [Here](#) you will find the policy pertaining to member billing exceptions.



Resources



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

Provider Communications Sign Up Form

The **sign-up** form:

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

The **unsubscribe** function at

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



Plan 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



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.



Communicating with Us

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 7 a.m. to 7 p.m. Eastern Time (ET) Please note: From Oct. 1 – Feb. 1 we are open the same hours as above, seven days a week.



Health Partner Engagement Representatives – Regional Specialist

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219-221-7065

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Franciscan Alliance, Fresenius (Statewide)

Amy Wasson

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Amy.Wasson@CareSource.com

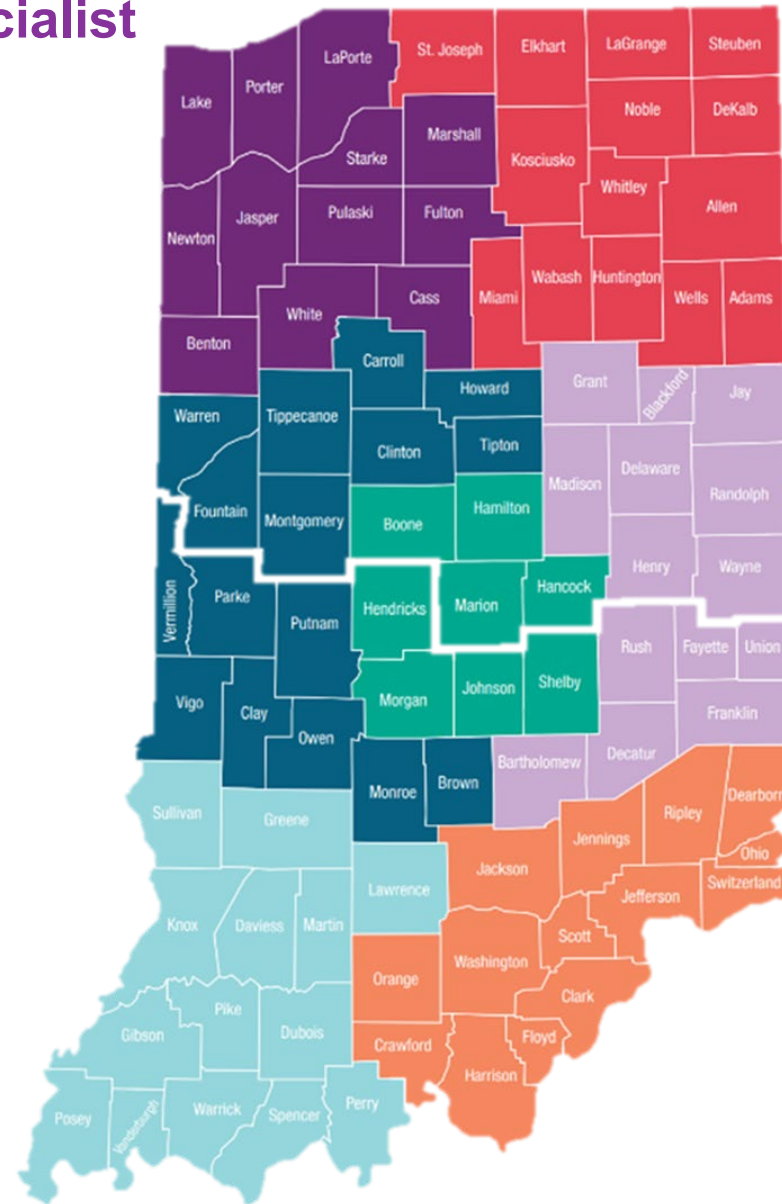
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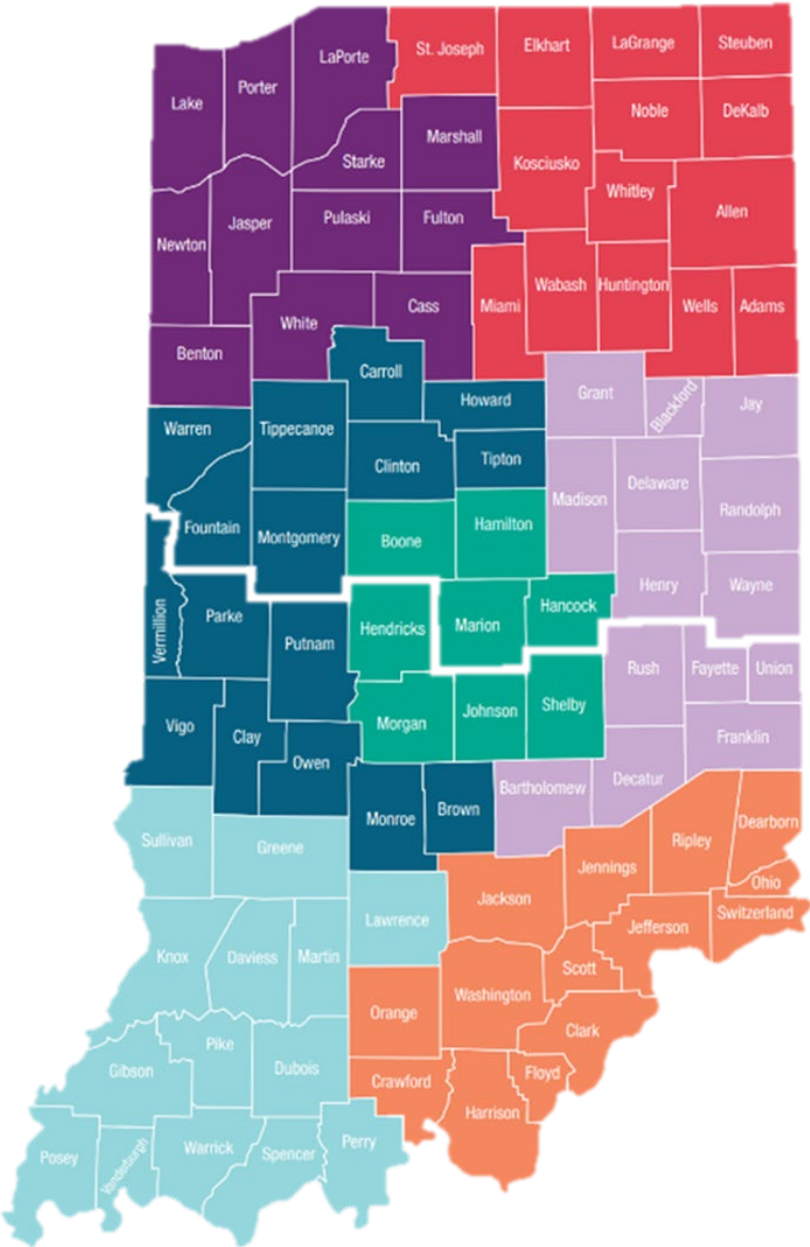
University of Louisville, Norton, Baptist Health
Floyd, ATI Physical Therapy (Statewide)

[Contact Us](#) | [Indiana – Medicaid](#) | [CareSource](#)



Health Partner Engagement Representatives – **Manager**

Amy Williams
Manager Health Partnerships
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Health Partner Engagement Representatives – **Ancillary**

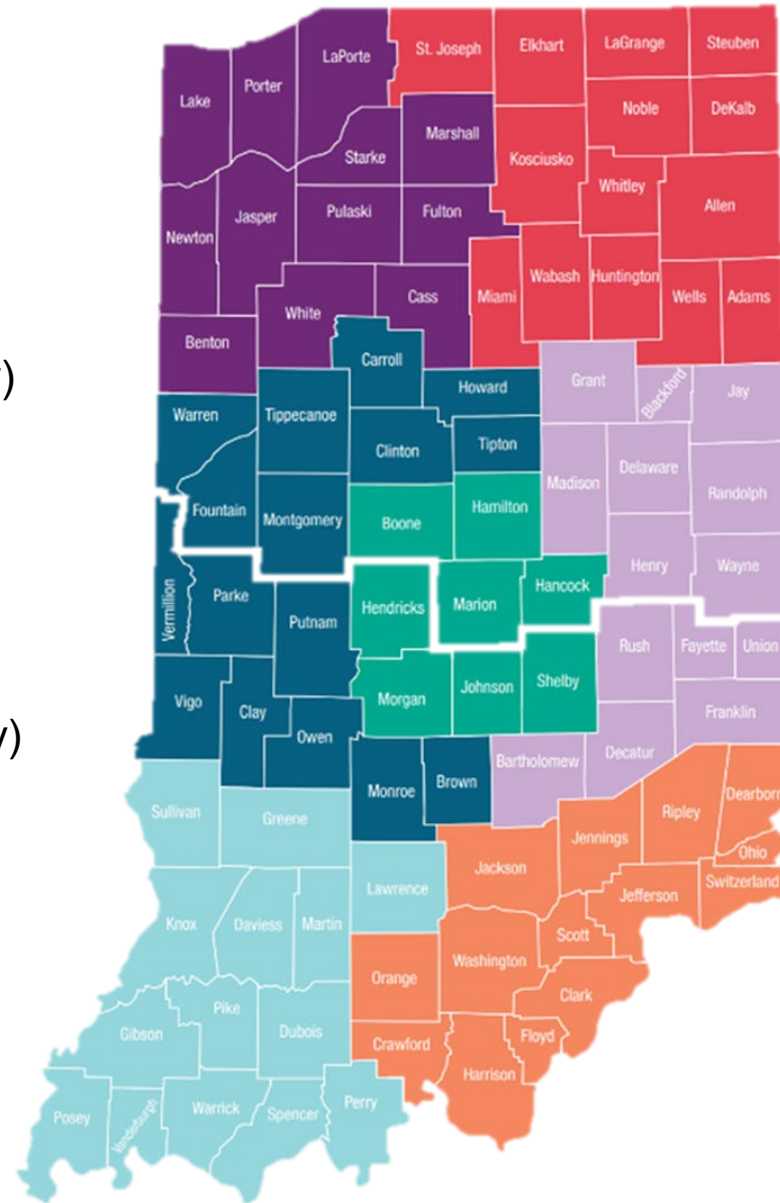
Brian Grcevich
Health Partner Engagement
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**Stephanie Gates, Behavioral Health
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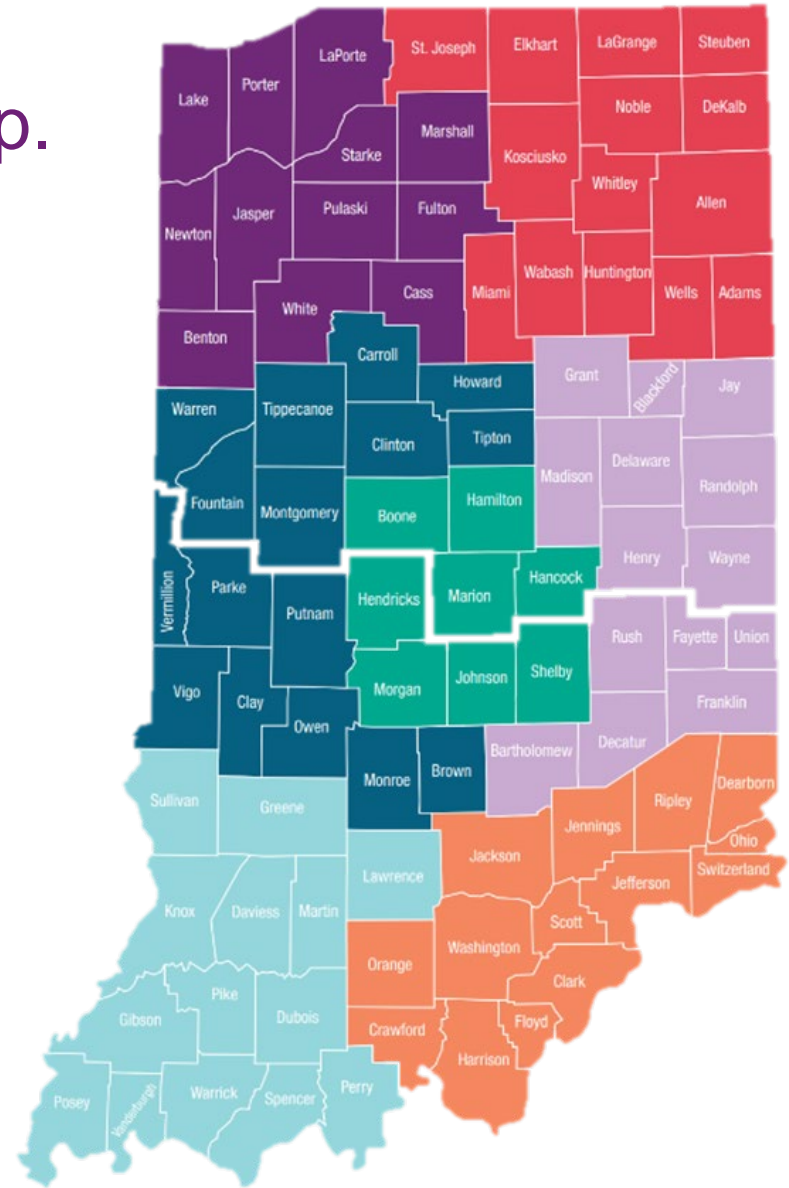
Contracting Managers – Hospitals/Large Health Systems

Maria Crawford (Northern Territory)
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Sara Culley (Southern Territory)
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Sara.Culley@CareSource.com



Scan for a copy of the HP Engagement map.





PARTNER with *Purpose*

Thank you for attending today's event.