Provider Enrollment

2024 IHCP Works Annual Seminar

CareSource®

AGENDA

Become a Participating Provider

Contracting

Provider Maintenance

Credentialing

Onboarding

Updates and Announcements

Contact Us

Questions

Become a Participating Provider

Contracting

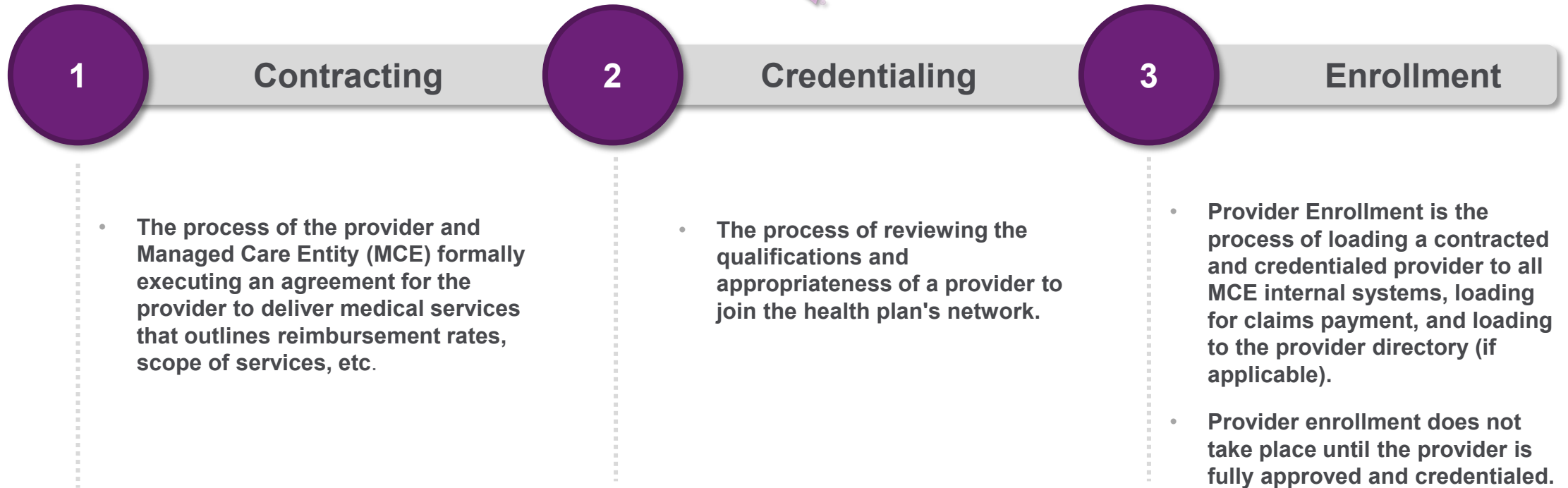Provider Maintenance

Credentialing

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Three Step Process to Becoming a Participating Provider

1 — Contracting

- 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.

2 — Credentialing

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

3 — Enrollment

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

- Provider enrollment does not take place until the provider is fully approved and credentialed.

Medicaid

- A provider must be fully enrolled and active with Indiana Health Coverage Programs (IHCP) prior to becoming a CareSource participating provider.

- Please review the IHCP Network Effective Date Policy for requirements related to the onboarding process for Indiana Medicaid.

Contracting

Become a Participating Provider

Provider Maintenance

Credentialing

Onboarding

Updates and Announcements

Contact Us

Questions

Required Documents to Include with Application

W-9 Tax Form
Signed and dated

Provider Debarment Form

Organizational Provider Credentialing Application
Required for Ambulatory Surgical Centers, Birthing Centers, Dialysis/End Stage Renal, Opioid Treatment Programs, Urgent Care, Health Departments, Home Health/Home Infusion, Hospital, Hospice, Skilled Nursing Facilities, Rehabilitation Facilities, Orthotic Suppliers, Behavioral Health Facilities (i.e., CMHC/SUD), and Pathology Laboratories.

Notification of an incomplete network participating request will be sent within five 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.

CareSource is a Participating Organization with CAQH

Please make sure that CareSource has access to your provider application **before you submit your CAQH number** on contract forms or future provider maintenance submissions.

1. Log on to CAQH using your account information.
2. Select the Authorization tab.
3. Make sure CareSource 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.

Contracting – New and Existing Providers

To initiate the contracting process, you can use the link

New Health Partner Contracting Form

or go to CareSource.com to access
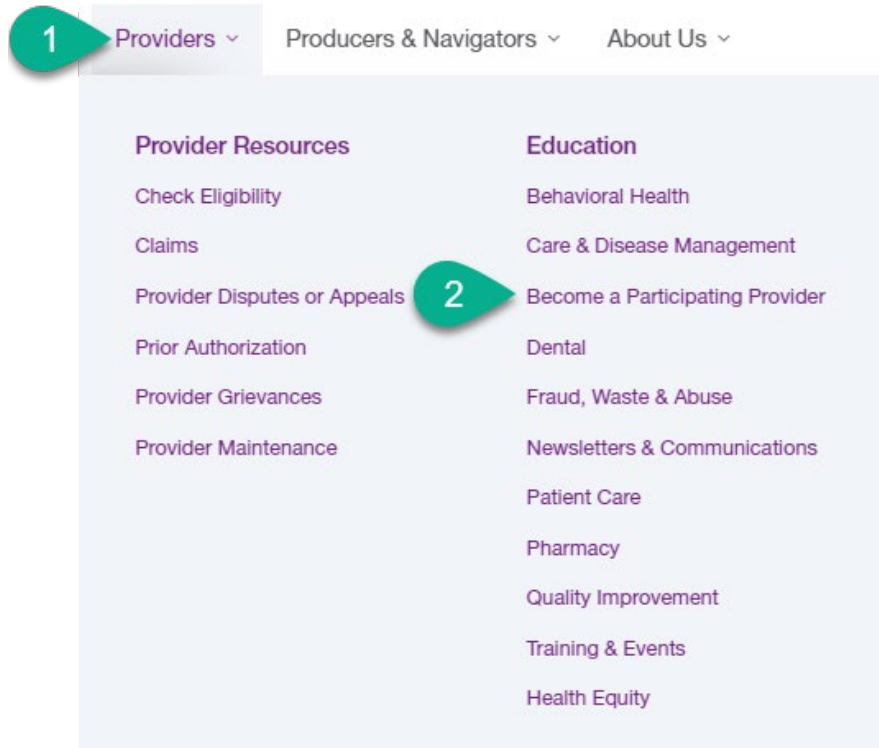
This form is used to:

- Create a new contract (single or multiple lines of business)

- Add or remove a product to existing CareSource contract

- Change Tax Identification Number **or** update Internal Revenue Service name

- If changing <u>both</u> TIN/IRS name, you will need to initiate a **new** contract

Select a Plan

Select a Plan

Select your plan below to view more information!

CareSource PASSE (AR)

CTP (OH)

Dual Special Needs
(Medicare + Medicaid)

HAP CareSource (MI)

Marketplace

1 Medicaid

2 Georgia   Indiana   Kentucky   Ohio

- Do not create a new contract for each line of business. When initiating the contract, you can add multiple lines of business to your application.

- If adding more than one plan, it is recommended that prior to initiating a new contract, you review each plan for specific plan guidance before starting the contracting process.

Contract Form Tabs Overview

This form consists of four tabs that will need to be completed.

1. Instructions	2. General Information	3. Provider(s)	4. Submission
Provides instructions guiding you through the completion of tabs 2-4.	Collects general information about your Group and contract information. Much of this information is required and must be completed before any type of submission is possible. **Tip**: Once information is entered into the Remit Address fields, that information can be automatically populated into the Mailing Address and Contractual Updates Address sections by simply checking the boxes at the top of each section, respectively.	Allows you to enter any number of health partner records that will be associated with this submission. • For your final submission, at least **one** health partner will be required. • You may enter as many health partners that are needed. • If you need additional time to add more health partners, the form will allow you to submit the form in an incomplete status which you will be able to access and complete at a later date/time. • This option is available on tab #4 – Submission. • **Tip**: The Common address will be used to complete health partner's information as a master address. However, if for any reason the address needs to be changed, the button "Clear Common Address," can delete the address allowing insertion of a different address.	Contains the options related to your submission of this form to CareSource. • All providers will be required to attach at least a W-9 and Debarment form. • For IN MEDICAID: Organizational providers will also need to submit an organization application located in Section 4.

General Information – Getting Started

New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.

1. Instructions	2. General Information

How Can We Help You Today?

[▼]

I am not in the CareSource network and would like to create a contract request

I am a contracted CareSource Health Partner and would like to remove or add a new product to my contract

I am a contracted CareSource Health Partner and would like to change my Tax ID number; or update my IRS name

* I am a contracted CareSource Health Partner and would like to: add a provider, add a location, update demographic information

* To add/delete/change individual provider information, please visit the online Provider Portal at providerportal.caresource.com. You will need your login credentials to access the portal. If you have not created an account yet, instructions will be provided on the portal.

Group Information

- Grey fields are auto populated by the application

- 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

- New contract should include all lines of business that group would like to contract

- Adding Line of business – only include the new line of business you would like to add

Contact Information

Office Contact

Last Name *

First Name *

Phone Number *

Phone Extension

Email *

Are you a CMHC provider? *

Organization

Contract (or Signatory) Information

Last Name *

First Name *

Signatory Title *

Signatory Email *

Remit Address

Remit Name *

Street 1 *

Street 2

City *

County

State *

Zip Code *

Mailing Address

☐ Mailing Same as Remit Address

Mailing Address Name

Street 1 *

Street 2

City *

County

State *

Zip Code *

Contractual Updates Address

☐ Contractual Updates Same as Remit Address

Contractual Updates Address Name

Street 1 *

Street 2

City *

County

State *

Zip Code *

All fields marked with * are required.

Required fields must be populated before an application can be saved as a draft or be completed.

Adding Providers

Common Address for Re-Use

Street Address

Phone Number

Clear Common Address

Street Address 2

Fax Number

City

County

State

Zip Code

Provider Count

0

Add Providers

Provider Add Instructions

Hide

1. Identify total number of providers to be added.

2. Click 'ADD' to create data containers for total number of providers. These data containers can be removed one at a time using the 'REMOVE' button.

Common Address Instructions

Hide

1. Use the 'Providers Common Address for Re-Use' fields if you wish to use single practice address for multiple providers.

2. Use 'Clear Common Address' button to delete the values from common address fields.

3. The common address can be copied to each providers address by using 'Copy From Common Address' button in the Providers information section.

4. If you changed the common address after copying it to certain Providers address, system will still maintain the old common address you had initially provided. The new address will only be copied to the providers address fields when you add new Providers after changing common address.

Submission/Requesting Additional Time

New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.

CareSource™

| 1. Instructions | 2. General Information | 3. Provider(s) | 4. Submission |

Submitted By

☐ Submitter Same As Office Contact

Last Name *

First Name *

Phone *

E-mail Address *

Additional Information

Notes

Submit

Need More Time?

☐ Request additional time

(NOTE: you may Save this form as incomplete. The system will send you an e-mail with a link that will grant you access to complete the form at a later time).

NOTE: Requesting additional time will remove the requirement to attach the required matching W-9 form at this time. The W-9 form attachment will still be required at the time of your final submission.

Disclosure of Ownership, Debarment and Criminal Convictions

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 of yourself and your managing employees and anyone with an ownership or controlling interest in your practice or corporate entity.

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.

In addition, if the ownership or controlling interest of your practice or corporate entity changes, you have an obligation to notify us immediately. This also includes ownership and controlling interest by a spouse, parent, child or sibling.

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.

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.

To obtain a copy of the Debarment Form, please visit caresource.com/providers/tools-resources/forms/. Select the state and product you would like to contract with and click "Go." Once complete, **attach the form below.**

Attach Documents (Please do not attach ZIP files) (0)

NOW – W9 *

[Attach NOW – W9]

NOW – Supporting Documents

[Attach NOW – Supporting Documents]

Attach Debarment Form (0)

NOW – Debarment Form *

[Attach NOW – Debarment Form]

Online Application Completed

Once you submit your application, you will receive a confirmation email. ***Please save this email, as it will contain your Application ID.***

Please note, if **contracting** one of the following facility types, your request will be forwarded to a health partner contracting manager for processing:

- Dialysis

- Hospital (Acute, Behavioral, or Critical Access)

- Hospice

- Rehabilitation

- Skilling Nursing

- Substance Use Disorder

The Office Contact listed on the New Health Partner Contracting form will receive an email from their assigned Health Partner Contract Manager confirming receipt of their participation request. If any additional **supporting documentation** is needed to create the contract, it will be included in this email.

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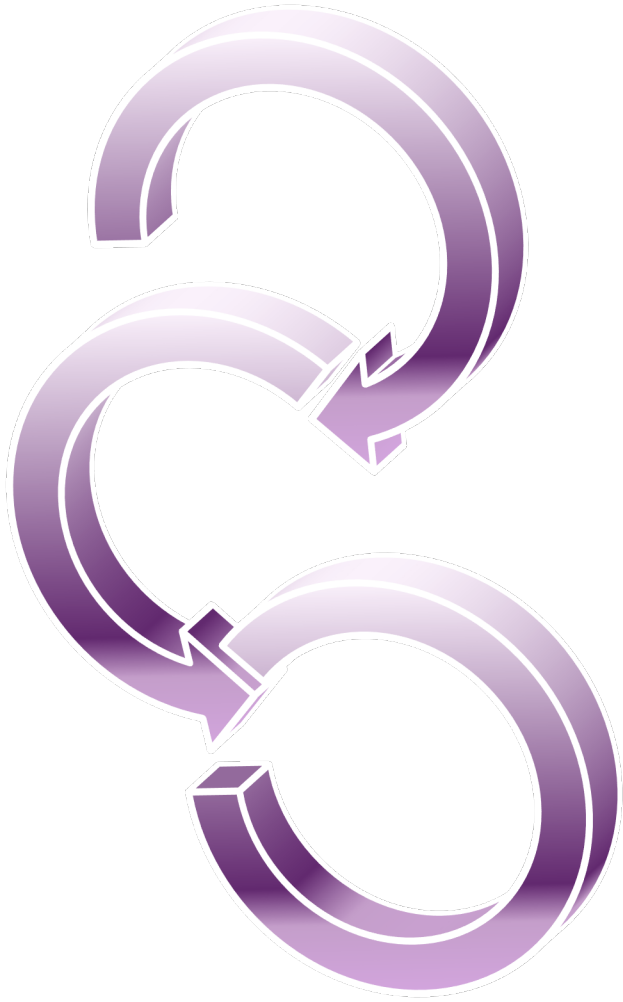
Notification of an incomplete network participating request will be sent by email within **five (5) business days** after receipt of initial request.

- 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.

Check Status of Application

Contracting Application Status

CARESOURCE PROVIDER PORTAL

Enrollment Status

Request ID:		Application Number:	
Request Date:	1/2/2024 4:49:26 PM	Request Type:	ONBOARDING

Status	ProviderName	NPI	TIN	Status
				Received, In Progress

Documents

Details	Name	Type	Date
Download	NOW - Debarment Form - 1/3/2024 -	NOW - Debarment Form	1/3/2024 2:17:25 PM
Download	NOW - Supporting Documents - 1/2/2024 -	NOW - Supporting Documents	1/2/2024 4:43:25 PM
Download	NOW - W9 - 1/2/2024 -	NOW - W9	1/2/2024 4:43:25 PM
Download	NOW - Debarment Form - 1/2/2024 -	NOW - Debarment Form	1/2/2024 4:43:25 PM

Back

Provider Maintenance

Become a Participating Provider

Contracting

Credentialing

Onboarding

Updates and Announcements

Contact Us

Questions

Notification of Changes for Provider Demographics

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

Type of Change	Notice Required
Adding new practitioner or deleting practitioner	Immediate
Rendering practitioner leaving the practice	Immediately upon provider notice
Phone number change	10 calendar days
Address change	60 calendar days
Change in panel size and/or accepting new patients	60 calendar days
Provider group intent to terminate contract	90 calendar days

- Advance written notice of status changes, such as a change in address, phone, or adding or deleting a provider to your practice helps us keep our records current and are critical for claims processing.

- Timely receipt of this information ensures that our Provider Directories are up-to-date, which is critical for our members seeking the right care for their needs. This information is also reportable to Medicaid and Medicare.

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 – Hierarchy Change Request Form (HIE)

- Provider Group will need to reach out to Health Partner Engagement Specialist to receive copy of HIE form

- Form is emailed to providermaintenance@caresource.com

- Group will receive an email response that only states request was received. Request number is not included

Reminder: Give Access of CAQH to CareSource

Please make sure that CareSource has access to your provider CAQH Information **before you submit your CAQH number** on provide 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.

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 at https://www.irs.gov/forms-pubs/about-form-w-9

- Confirm Tax Identification Number (TIN) on W-9 matches the TIN entered on request.

Provider Maintenance Requests

Provider Maintenance Requests:
- Typical requests are processed within 7-10 business days.
- If your request requires additional information, a CareSource representative will contact you.
- If your credentialing request requires clarification or additional information, a Credentialing Coordinator will contact you.

Delegated Providers will **not** be able to submit your maintenance request using this site.
- All new providers (additions), changes (additional address, phone # updates, etc.), and terminations will need to be submitted through a monthly roster. If you have questions, please contact your contracted delegated entity to submit your information.

Provider Maintenance

Demographic Changes

Provider Maintenance

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

Providers: Please Select ▾

Locations

Instructions

Location
123 Main St
Hometown, IN 11111-4000
Marion

Phone (Office): (317)
Fax: (317)

Mailing, Practice, and Remit

[Edit] [Delete]

[Add]

Edit
Remove pre-populated data and replace with new detail then select '**Update**'

Delete
If you are a Primary Care Provider (PCP) and you are deleting a location, you will be required to redistribute the deleted locations capacity to other location(s). In Notes section provide instructions on who providers panel should be assigned. Include provider name and individual NPI.

Add
To add new location; populate requested fields then select '**Update**'

A request with a P.O. Box for practice locations will be rejected

•**For specialty changes, please contact your Provider Relations Representative.**

Adding a Provider

Provider Maintenance

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

Provider

Instructions

Providers NPI number [_____] *

Tax ID of target Group [_____] *

[Submit]

Provider to Existing Group

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's NPI will populate as read-only. If provider is contracted with CareSource provider's name and specialty will be populated as read-only.

- Group Name drop down will list group records under contracted TIN and open list of CareSource Product Types

- Address associated with group record will populate for ease of adding address.
  - You can select to add to providers record or add address(es) as needed.

- Providers are added to the CareSource Online Directory by default, if location should be suppressed from directory, enter in notes "**Suppress Address from Online Directory**"

Status of Request

Check the status of your provider maintenance request by entering the request ID you received in email in the Reference ID.

Hierarchy Change Request Form

Captures the same information as provider maintenance on CareSource Provider Portal.

Form should not include multiple TIN & Group NPI combinations.

If you need to make a large group update, complete the top portion of the form and attach a roster of providers. Reach out to your Health Partner Engagement Specialist to receive a copy of roster format.

Tips for HIE Form

Deleting a Provider (Deleting a provider from a participating group)
> Use only if the provider is **no longer with the group.**

If the provider is a PCP with the group, they will need to enter in the NOTES section of form
- Provider (Name/NPI) is a complete Term for TIN/Grp NPI
- Provider's panel should be reassigned to **Provider Name – NPI – TIN - Group NPI**

Changing Demographics
(Ex. Practice location add/term/update address/phone/hours/capacity/restrictions)

If the provider is requesting to have panel size updated (example increasing from 50 to 100) they would update the capacity. Providers should use the notes field to tell provider maintenance details on what they are requesting.

Close vs. Hold of Panel - If the request is for a panel to be "closed" we'll close it out full. Instead, they should request panel is put on HOLD, which will make sure no one is auto assigned.

☐ Adding a Provider   (Adding a provider to a participating group)
☐ Deleting a Provider   (Deleting a provider from a participating group)
☐ Changing Demographics (Ex. Practice location change, specialty change, NPI/Phone/Fax Change, Capacity, Restrictions)

Provider Attestation

QUEST ANALYTICS

BetterDoctor

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

CMS requires health plans to verify the accuracy of provider directory information **every 90 days.**

We have partnered with Quest Analytics to streamline your verification process through their **BetterDoctor solution**.

Completing the Attestation Process:

1. You should receive an email or fax from BetterDoctor
2. Go to: betterdoctor.com/validate
3. Locate the access token on the fax or email you received from BetterDoctor (it is an eight-character alphanumeric code (for example ABC123D4), and it is not case sensitive)
4. Enter the access token
5. Click 'Submit'
6. Verify and update your information using the online tool via the BetterDoctor portal
7. Larger practices can submit rosters directly to Quest Analytics

Issues? Contact **support@betterdoctor.com**

Credentialing

Become a Participating Provider

Contracting

Provider Maintenance

Onboarding

Updates and Announcements

Contact Us

Questions

Credentialing

Credentialing

Process through which CareSource checks qualifications and performance of health care practitioners.

Contracting and Recredentialing Process

Credentialing requirements and processes follow National Committee for Quality Assurance (NCQA) and the Indiana Office of Medicaid Policy and Planning (OMPP) guidelines.

OMPP requires that providers submit, to CareSource, a complete Council for Affordable Quality Healthcare (CAQH) application or CAQH number, National Provider Identifier (NPI) number, and an active Indiana Medicaid ID.

There are 4 Steps to the Credentialing Process

Application and Document Submission

Verification of Information

Decision

Ongoing Monitoring and Re-Credentialing
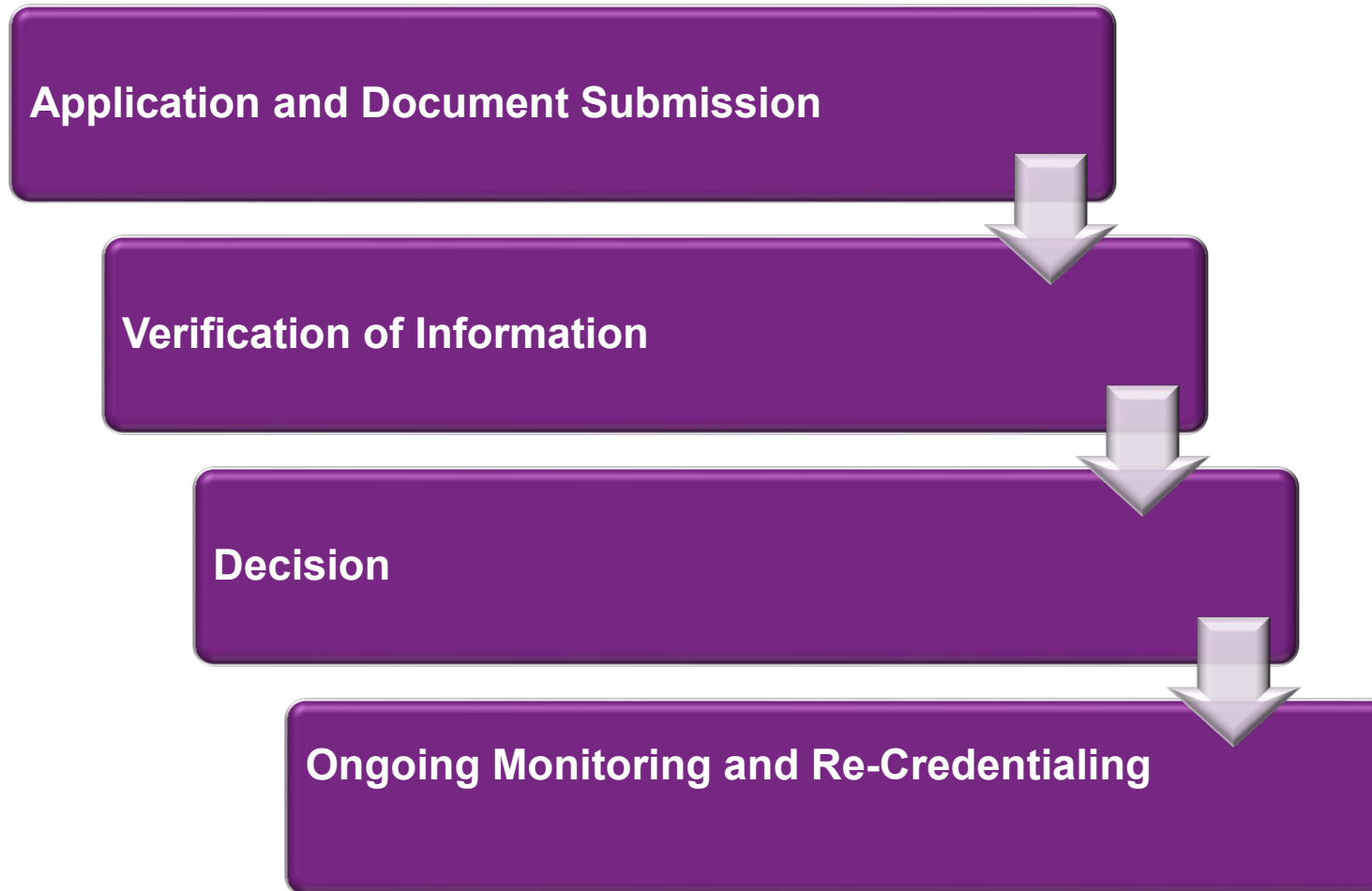
CareSource partners with a 3rd party vendor to complete the credentialing process.

Who Requires Credentialing?

- Practitioners who are licensed, certified, or registered by the Indiana Health Coverage Programs (IHCP) to practice independently (without direction or supervision). These provider types may include, but are not limited to:
    - Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Nurse Practitioner (NP), Physician Assistant (PA), Licensed Independent Social Worker (LISW), Doctor of Chiropractic (DC), Doctor of Psychology (PSYD), Licensed Marriage and Family Therapists (LMFT), Licensed Professional Clinical Counselor (LPCC)

- CMS implemented two new provider types on Jan. 1, 2024:
    - Marriage and Family Therapist
    - Mental health counselor
    - To enroll or for additional information, follow this link, https://www.cms.gov/training-education/medicare-learning-network/newsletter/2023-12-07-mlnc#_Toc152767793

- Practitioners who have an independent relationship with CareSource such as Family Medicine, Internal Medicine, and Pediatrics.

- Practitioners who provide care to members under CareSource medical benefits, such as Dentists, Oral Maxillofacial Surgeons, Optometrists, and Ophthalmologists.

- Some Facilities and Organizational providers who contract with CareSource. These provider types may include, but are not limited to: Hospitals, Home Health Agencies, Skilled Nursing Facilities, Ambulatory Surgery Centers, Urgent Care Facilities, etc.

- Providers who practice exclusively within the inpatient hospital setting and provide care for CareSource members only as a result of being directed to the hospital/facility do not need to be credentialed by CareSource unless otherwise noted. These provider types may include hospitalists, pathologists, radiologists, anesthesiologists, and emergency room physicians.

Credentialing and Re-Credentialing

National Committee for Quality Assurance (NCQA)

- Mandates re-credentialing occur every 36 months or 3 years

Council for Affordable Quality Healthcare (CAQH)

- The provider must attest that their CAQH data is accurate every 120 calendar days

Common Credentialing Barriers

CareSource is unable to access CAQH Application:

CareSource is unable to access your CAQH Application. Remember to grant CareSource access to your application.

Omission of the following documents within the CAQH application:

- Drug Enforcement Administration (DEA) registration number

- Malpractice insurance face sheet

- Clinical Laboratory Improvement Awards (CLIA) certificate, if applicable

- Collaborative practice agreement, if applicable (NP's and PA's)

Incomplete, Missing or Expired Documents

All documents must be complete and current. If there are missing/expired documents, you will receive a notification letter with instructions to correct and submit the updated information.

Failure to Submit Documents and Information

If CareSource does not receive your information and documentation by the end of business, on the last day of the month in which you are recredentialing, you will face two outcomes:

- De-credential and removal from provider panel
- Repeat initial credentialing process from the beginning

CareSource's credentialing vendor Verisys (formally Aperture) will notify you by mail approximately 120 calendar days prior to the due date of your recredentialing.

You will receive a reminder every 30 calendar days until your deadline to submit recredentialing documents to CareSource.

Submit documents to credfax@CareSource.com or Fax to 937.393.3168

Onboarding

Become a Participating Provider

Contracting

Provider Maintenance

Credentialing

Updates and Announcements

Contact Us

Questions

Onboarding – Welcome to the CareSource Network

Once you receive your Welcome Letter from CareSource with your CareSource ID number, you have completed the contracting and credentialing process.

Your CareSource Participating Provider Welcome Letter will include important information such as:

- Participation Effective Date
- Enrolled Products
- CareSource Provider ID
- Additional Instructions for Claims Submission
- Contact Information

Checklist You Will Want to Complete

☑ Create a Provider Portal account.

☑ New Provider Orientation – A Health Partner Engagement Specialist will reach out to schedule after the group has completed onboarding.

☑ Enroll with ECHO for payment and choose EFT as your payment preference for CareSource. You can also complete the ECHO enrollment form and fax, email, or mail it back to ECHO. Questions? Call ECHO Customer Support at 1-888-834-3511.

☑ Bookmark Updates and Announcements from CareSource

☑ Explore CareSource.com for training and resources

☑ Share the good news with your community that you are now a CareSource Provider!

Updates and Announcements Links

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

Contact Us

Become a Participating Provider

Contracting

Provider Maintenance

Credentialing

Onboarding

Questions

Updates and Announcements

Health Partner Engagement Representatives – Regional Specialist

Tammy Garrett
219-221-7065
Tammy.Garrett@CareSource.com
Franciscan Alliance, Fresenius (Statewide)

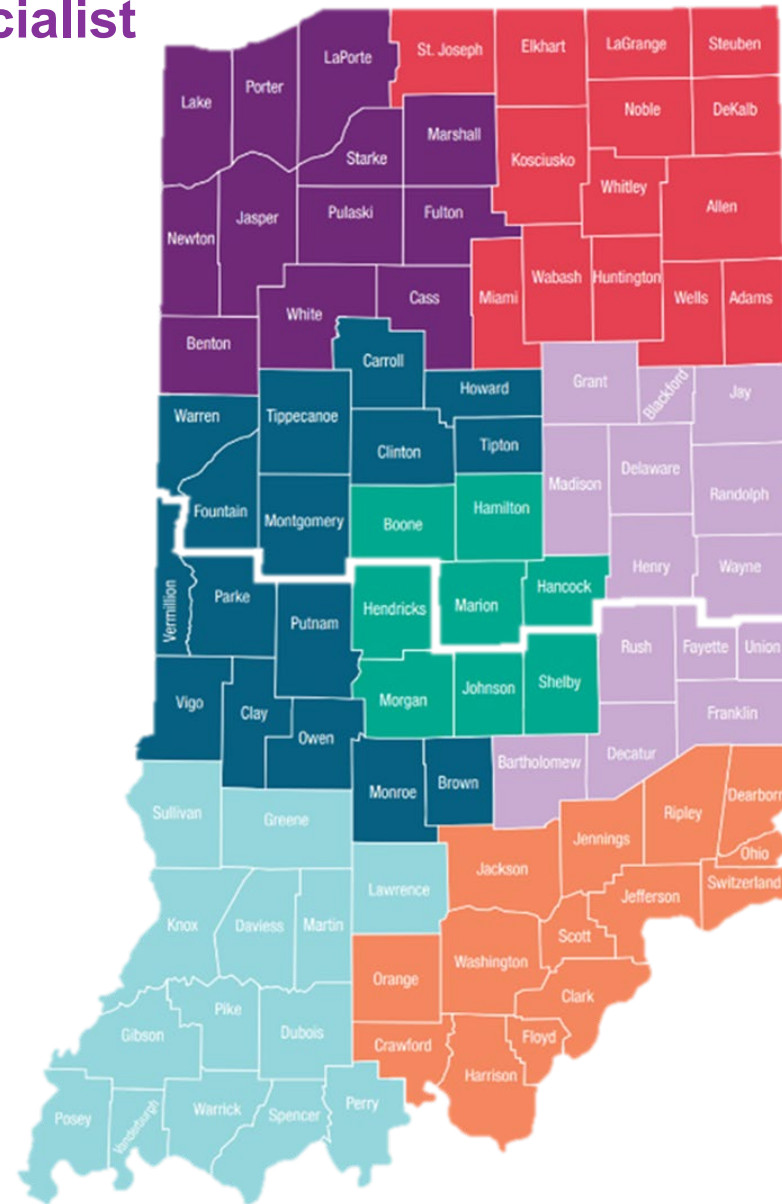**Amy Wasson**
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Bonnie.Waelde@CareSource.com
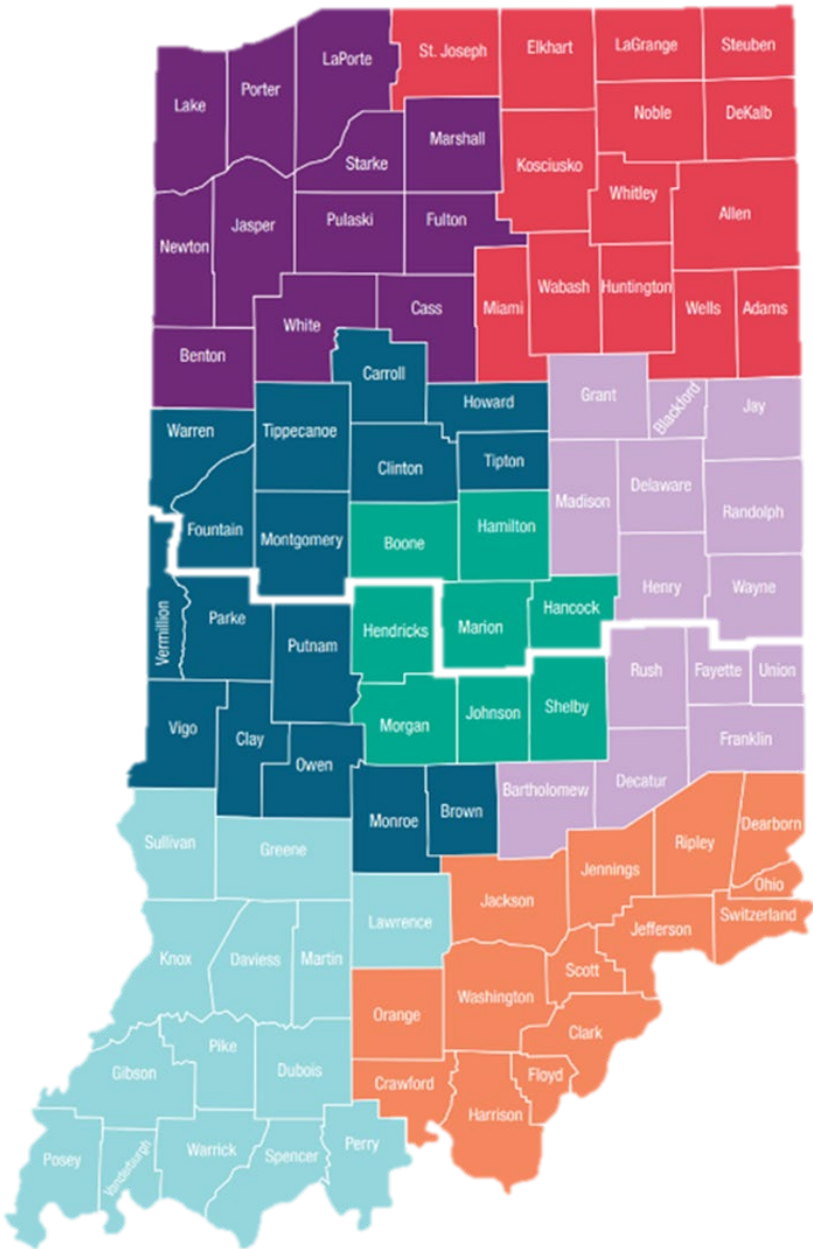University of Louisville, Norton, Baptist Health Floyd, ATI Physical Therapy (Statewide)

Contact Us | Indiana – Medicaid | CareSource

PARTNER with *Purpose*

Health Partner Engagement Representatives – **Manager**

Health Partner Engagement Representatives – **Ancillary**

Amy Williams
Manager Health Partnerships
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Amy.Williams@CareSource.com

Brian Grcevich
Health Partner Engagement
Specialist Ancillary, Dental, Skilled
Nursing Facilities, Home Health and
Hospice
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Contact Us | Indiana – Medicaid | CareSource

PARTNER with *Purpose*

Health Partner Engagement Representatives – **Behavioral Health**

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Amanda.Denny@CareSource.com

Stephanie Gates, Behavioral Health
Resolution Specialist (Southern Territory)
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Stephanie.Gates@CareSource.com
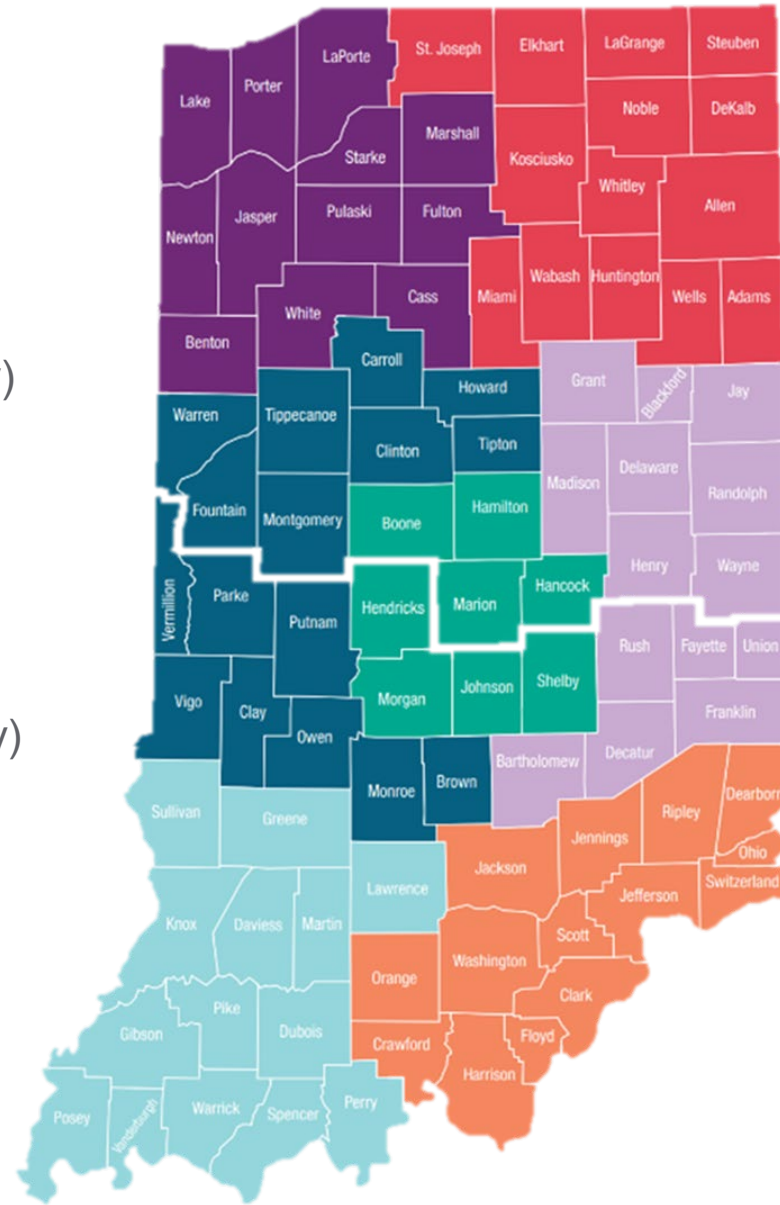
Contracting Managers – **Hospitals/Large Health Systems**

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Contact Us | Indiana – Medicaid | CareSource

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Questions

Become a Participating Provider

Contracting

Provider Maintenance
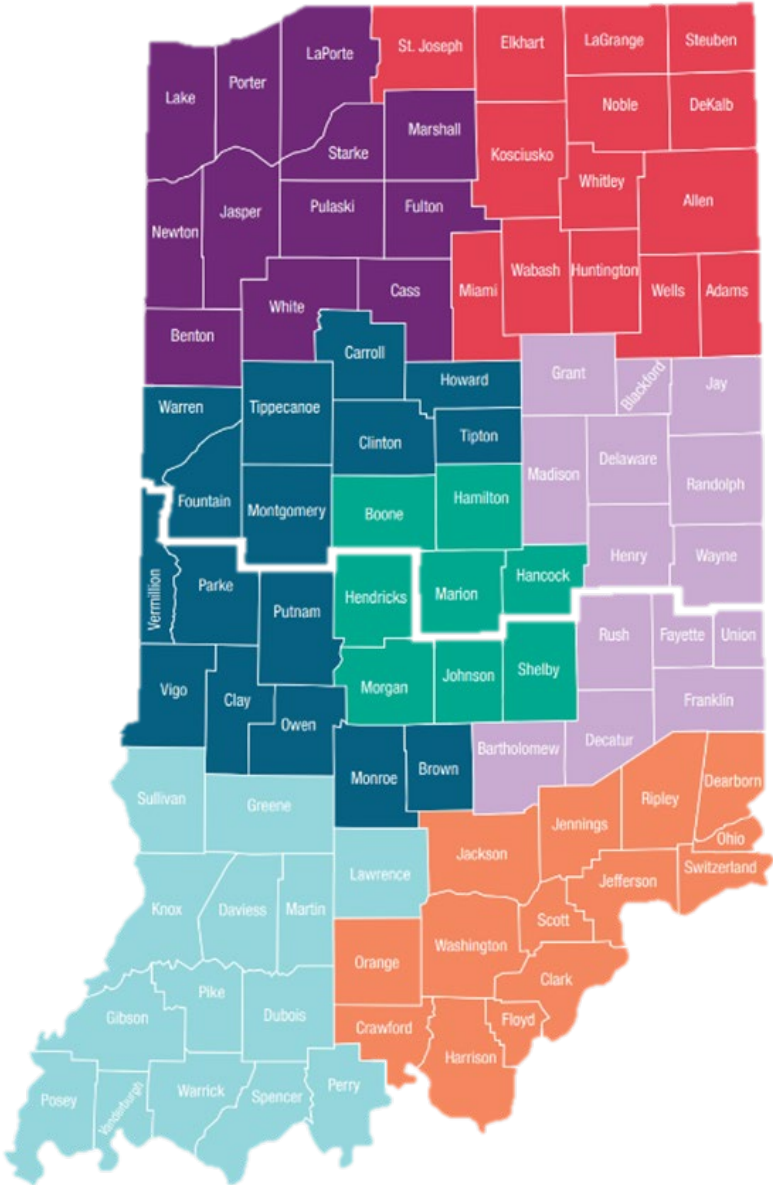
Credentialing

Onboarding

Updates and Announcements

Contact Us

Scan for a copy of the HP Engagement map

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Thank you for attending today's event.