

# About Us



## Welcome

Welcome and thank you for becoming a participating provider with CareSource. We are a non-profit, community-based health plan that serves consumers of:

- Medicaid (TANF and ABAD)
- Medicare Advantage Special Needs Plan (SNP), who are full dual eligibles with Medicaid and Medicare benefits

CareSource distributes the member rights and responsibility statement to the following groups upon their enrollment and annually thereafter.

- New members
- Existing members
- New Practitioners
- Existing practitioners

Our goal is to create an integrated medical home for our members. This means that we focus on prevention and partnering with local health care providers to offer the services our members need to remain healthy.

As a managed health care organization, our goal is to improve the health of our members by utilizing a defined network of participating health care providers. Primary Care Providers (PCPs) within the network provide a range of primary care services to our members, and also coordinate patient care by referring them to specialists when needed, or obtaining prior authorization from CareSource for certain services.

## About Us

CareSource is founded on the principles of quality and service delivered with compassion, and a thorough understanding of caring for underserved consumers. As a non-profit, we are mission-driven to provide quality care to our members. We offer process efficiencies and value-added benefits for our members and participating providers.

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## Our Services Include

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- Provider relations
- Member eligibility information
- Claims processing
- Credentialing
- Case and medical management
- Decision-support informatics
- Quality improvement
- Regulatory compliance
- Fraud, Waste and Abuse

Member services include a member call center and a 24-hour nurse triage phone line.

### Vision and Mission

- Our **Vision** is leading the way to healthier communities by empowering our members through advocacy, information and innovative health care.
- Our **Mission** is to make a difference in the lives of underserved people by improving their health care.
- At CareSource, our mission is one we take to heart. In fact, we call our mission our “heartbeat.” It is the essence of our company, and our unwavering dedication to it is a hallmark of our success.

## CareSource Foundation

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CareSource has a close connection to our members. A majority of them are traditional Medicaid consumers — moms and kids in situational or long-term poverty. Over two-thirds of our members are children. Their stories become our stories. We listen, we learn.

The CareSource Foundation launched in 2006 to add another component to our professional services — community response.

Since inception, the Foundation has responded at significant levels and made some very good friends — non-profit organizations and other charitable funders who were equally committed to good health for all communities. We are addressing tough issues and growing together.

Over the last four years, the CareSource Foundation has awarded hundreds of grants totaling over \$3 million. In 2010, the CareSource Foundation awarded 88 grants totaling \$935,000 to non-profit organizations focused on issues of the uninsured, community health, special populations and critical health trends.

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The Foundation believes in people, organizations and initiatives that actively work to improve the physical health and well-being of individuals residing in the CareSource services areas. We believe that passion, knowledge and vision generate positive, long-lasting change, and that meaningful collaboration creates strong partnerships with grantees.

## Corporate Compliance

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At CareSource, we serve a variety of audiences — members, health care providers, government regulators, community partners and each other. We serve them best by working together with honesty, respect and integrity. Our Corporate Compliance Plan, along with state and federal regulations, outlines the personal, professional, ethical and legal standards we must all follow.

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Our Corporate Compliance Plan is an affirmation of CareSource’s ongoing commitment to conduct business in a legal and ethical environment. It has been established to:

- Formalize CareSource’s commitment to honest communications within the company and within the community.
- Develop and maintain a culture that promotes integrity and ethical behavior.
- Facilitate compliance with all applicable local, state and federal laws and regulations.
- Implement a system for early detection and reporting of noncompliance with laws, regulations or CareSource policy. This allows us to resolve problems promptly and minimize any negative impact on our members or business such as financial losses, civil damages, penalties, criminal sanctions, etc.

CareSource’s Corporate Compliance Plan is a formal company policy that outlines how everyone who represents CareSource should conduct themselves. This includes how we do our work and how we relate to each other in the workplace. It also includes the conduct of those we have business relationships with such as health care providers, consultants and vendors.

### We Expect Providers to

- Act according to these standards
- Let us know about suspected violations or misconduct
- Let us know if you have questions or don’t know what to do or how to act

The CareSource Corporate Compliance Plan is posted on the CareSource website at [www.caresource.com](http://www.caresource.com) for your reference.

Please let us know if you have questions regarding the CareSource Corporate Compliance Plan. We appreciate your commitment to corporate compliance.

In the day-to-day business of patient treatment, payment and health care operations, CareSource and its providers routinely handle large amounts of Personally Identifiable Information (PII). In the face of increasing identity theft, there are various standards and industry best practices that guide that PII be appropriately protected wherever it is stored, processed, and transferred in the course of conducting normal business. As a health care provider, you should be taking measures to secure your sensitive provider data, which is a type of PII, and you are mandated by the Health Insurance Portability and Accountability Act (HIPAA) to secure Personal Health Information (PHI). There are many controls you should have in place to protect sensitive PII and PHI.

## Here are a Few Important Places to Start

- Utilize a secure message tool or service to protect data sent by email
- Limit paper copies of PHI and PII left out in the open in your workspace, and shred this content when no longer needed
- Encrypt laptops and other portable media like CD-ROMs and USB flash drives

## Accreditation

CareSource's Medicaid health care plans are accredited by URAC, an independent, non-profit organization, known as a leader in promoting health care quality through its accreditation and certification programs. The URAC accreditation process demonstrates a commitment to quality services, and serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards.

CareSource's 24-hour nurse triage health call center also has been granted health call center accreditation by URAC. URAC's health call center standards apply to organizations that provide triage and health information services over the telephone. The standards ensure that these services are performed in a manner that is timely, confidential, and includes medically appropriate care and treatment advice.

## Verify Member Eligibility

To prevent unpaid claims, please remember to verify member eligibility on the date of service, and before you provide services or supplies to CareSource members. For your convenience, you may check eligibility on our secure Provider Portal: <https://providerportal.caresource.com/MI/>.

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## Claims Submission

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Please submit claims or corrected claims within 365 days of the date of service or discharge. You have 365 days from the date of service or discharge to file an appeal if you choose to dispute the reason for the denial. You can track the status of submitted claims online at <https://providerportal.caresource.com/MI/>.

CareSource and CareSource Advantage accept hard copy claims submitted via U.S. Mail and Electronic Data Interchange (EDI) transmissions. For more information about registering for EDI transmissions, visit [www.caresource.com](http://www.caresource.com), or contact your provider relations representative or Provider Services at **1-800-390-7102** during regular business hours.

## Please submit all hard copy Medicaid/Medicare claims to:

CareSource  
Attn: Claims  
P.O. Box 1307  
Dayton, OH 45401-1307

**Please Submit all Hard Copy Medicaid/Medicare Appeals to:**

CareSource  
Attn: Provider Appeals  
P.O. Box 2008  
Dayton, OH 45401-2008

You can now submit appeals through our secure provider portal:  
<https://providerportal.caresource.com/MI/>

**Referrals**

CareSource offers a no-hassle referral process. No forms or referral numbers are needed. The member's Primary Care Provider (PCP) simply documents the referral in the patient's medical chart and notifies the specialist.

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If you have difficulty finding a specialist for your CareSource or CareSource Advantage member, please call Provider Services at **1-800-390-7102** and select the option to speak to someone in Provider Services.

**Medicare**

CareSource Advantage members are not required to obtain referrals from their PCP prior to obtaining services from specialists. However, PCPs are asked to assist CareSource Advantage members in obtaining specialty services.

**Provider Information Changes**

CareSource is committed to ensuring prompt and accurate claims payment. To achieve this goal, it is critical for us to have up-to-date demographic and financial information. It is also needed to publish an accurate provider directory for our members. The Michigan Department of Community Health (MDCH) also requires CareSource to report provider additions, terminations and office location changes.

Participating providers must notify us of these changes. If you change any of the items listed above, you must notify us as soon as you are aware of them. You can now submit changes on our secure Provider Portal at <https://providerportal.caresource.com/MI/>.

**Coordination of Benefits**

CareSource collects Coordination of Benefits (COB) information for our members. This information helps us to ensure that we are paying claims appropriately, and we are required to comply with the federal regulations that Medicaid programs serve as the payer of last resort.

You can check member COB information online at <https://providerportal.caresource.com/MI/>. While we try to maintain information as accurately as possible, we rely on numerous sources of information that are updated periodically, and some information may not always be fully reflected online. Please ask CareSource members for all health care insurance information at the time of service.

We ask you that you submit member COB information to us. If you submit COB information to us about one of our members, please make sure that you are sending correct documentation. A copy of the member's insurance card is ideal. However, we will also accept most documentation that contains carrier name, phone number and policy number. CareSource cannot accept a primary carrier's Explanation of Benefits if it has been highlighted. We are unable to read the information because it turns black when scanned.

**Helpful COB Information:**

- Group number
- Policyholder name
- Member's date of birth
- Member's Social Security number (especially if you have no policy number)

**Please Send COB Information to:**

CareSource COB  
P.O. Box 8730  
Dayton, OH 45401-8730

**Medical Management**

The Medical Management Department is responsible for health care resource utilization review and monitoring the health care provided to our members. Some health care services and supplies must be authorized by our Medical Management team before they can be provided to a CareSource member. Please contact the Medical Management Department with requests for prior authorizations, hospital admissions, organ transplants and benefit limit extensions.

*The Medical Management Department is responsible for health care resource utilization review and monitoring the health care provided to our members.*

**Medical Prior Authorizations**

Prior authorization may be requested via our website, by telephone, or in writing from the CareSource Medical Management Department. Faxes should be sent to 1-888-752-0012.

**Disease Management, Case Management and Outreach Services**

Disease management, case management and outreach services play a key role in our service to CareSource members. Nurses, social workers and health care specialists are available to assist your CareSource patients with a variety of health care education and coordination needs.

**Provider Relations**

Our Provider Relations Department is responsible for provider services. Please contact your provider relations representative with questions about contracts, reimbursement issues, credentialing requirements, requests for provider orientations or in-services, and with changes in your provider practice, such as address or name changes. To contact your provider relations representative, please visit [www.caresource.com](http://www.caresource.com).

## **Provider Services — 1-800-390-7102**

Please call Provider Services with questions or issues regarding covered services, procedures or services that require referrals or prior authorizations, basic reimbursement rate inquiries, member dismissal procedures, and other CareSource policies. Please have the member name and Medicaid member ID number ready when you call.

## **Provider Services Hours**

8:00 a.m. to 5:30 p.m., Monday through Friday (except for holidays)

## **Fraud, Waste and Abuse**

CareSource has a comprehensive fraud, waste and abuse program in our Special Investigations Unit. Please help us by reporting questionable situations.

## ***Medicaid/Medicare***

You can report fraud, waste and abuse to CareSource by the following methods:

- **Call: 1-800-390-7102**
- **Email: [fraud@caresource.com](mailto:fraud@caresource.com)**
- **Fax: 1-800-418-0248**
- **Mail:**  
Send a letter or our Fraud, Waste and Abuse Reporting Form to:

CareSource  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940

## ***Medicaid Only***

You may also report fraud directly to the Michigan Department of Community Health (MDCH):

- **Call: 1-866-428-0005**
- **Write:**

MDCH  
Medicaid Integrity Program Section  
Capitol Commons Center Building, 6th Floor  
P.O. Box 30479  
400 S. Pine Street  
Lansing, MI 48909-7979

Information reported to us or to MDCH can be reported ***anonymously*** and is kept ***confidential*** to the extent permitted by law.

More detailed information regarding types of fraud and the False Claims Act can be found in the Fraud, Waste and Abuse section of this manual or on **[www.caresource.com](http://www.caresource.com)**.



## Contact Information

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At CareSource, we are committed to providing communication solutions to all our providers. We currently own and operate a state-of-the-art contact center solution. CareSource continually monitors and updates its contact center technologies to make sure that you are always routed to the most appropriate agent. We also provide telephone based self-service applications that allow you to verify member eligibility. We will continue to expand our self-service offerings so that we can meet each provider's needs for information.

### Medicaid

Please direct questions to CareSource through our toll-free telephone number at **1-800-390-7102**. Follow the menu prompts to reach the department you need.

### Hours

8:00 a.m. to 5:30 p.m., Monday through Friday (except for holidays)

Please verify member eligibility on the date of service before providing services or supplies. Eligibility can be verified on our secure Provider Portal: <https://providerportal.caresource.com/MI/>

*Please verify member eligibility on the date of service before providing services or supplies.*

### Fax Numbers

Claims . . . . . 1-937-224-3388  
Case Management Services . . . . . 1-800-413-8260  
Fraud, Waste and Abuse . . . . . 1-800-418-0248  
Medical Management . . . . . 1-888-577-5507  
Provider Relations . . . . . 1-800-480-5313  
Service Center . . . . . 1-937-396-3140  
Pharmacy . . . . . 1-866-930-0019

**Website** . . . . . [www.caresource.com](http://www.caresource.com)

### Addresses

CareSource  
P.O. Box 23037  
Lansing, MI 48909-3037

CareSource Headquarters  
P.O. Box 8738  
Dayton, OH 45401-8738

CareSource Fraud, Waste and Abuse (Medicaid/Medicare)  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940



## **Medicare**

CareSource Advantage Special Needs Plan (SNP)

Monday – Friday, 8:00 a.m. to 5:30 p.m. (Provider Services)

Monday – Friday, 8:00 a.m. to 8:00 p.m. (Member Services)

### **Phone Numbers**

SNP Medicare Member Services . . . . . 1-877-725-4581

CareSource 24 - Nurse Triage Line (SNP) . . . . . 1-866-206-0437

### **Fax Numbers**

Medicare Part D Formulary Exception/

Prior Authorization Form . . . . . 1-866-950-5359

Medical Management Prior Authorization Form . . . 1-888-752-0012

**Website.** . . . . . [www.caresource.com](http://www.caresource.com)

### **Medicare Advantage Special Needs Plan for Dual Eligibles in Michigan**

Alcona, Allegan, Alpena, Antrim, Berrien, Branch, Cass, Calhoun, Charlevoix, Cheboygan, Emmet, Genesee, Gladwin, Grand Traverse, Hillsdale, Iosco, Kalamazoo, Kent, Leelanau, Mason, Mecosta, Monroe, Montmorency, Muskegon, Newaygo, Ogemaw, Otsego, Ottawa, Presque Isle, St. Joseph and Van Buren counties

### **Provider Directory**

You can access the Provider Directory at [www.caresource.com](http://www.caresource.com).

### **Website/Online Provider Portal**

Our secure Provider Portal allows instant access at any time to a wealth of information such as CareSource member eligibility, claim status, member profile and much more. We encourage you to take advantage of these time-saving services and hope you find them to be valuable administrative tools.

### **Provider Portal Registration**

We offer a secured area on our website called the Provider Portal for you to handle a number of transactions electronically.

#### **Steps:**

1. Visit [www.caresource.com](http://www.caresource.com) and select Provider Portal from the menu options
2. Click on “Register Now”
3. Complete the Registration Form (a 3-step process)
4. You will receive a security password and user ID. You will need your password and user ID each time you log into the Provider Portal. As a registered user, you can complete all of the transactions listed below online at any time.

## Benefits to the Provider Portal

- **Verify member eligibility and access COB information.** You can check member eligibility up to 24 months on the Provider Portal. You can search by date of service plus any one of the following: member name and date of birth, case number, Medicaid or Medicare number, or member ID number. You can also quickly access coordination of benefits information.
- **Track the status of submitted claims.** Claim status is updated daily, and you can check claims that were submitted up to 24 months ago. You can search by member ID number, member name and date of birth, or claim number.

### Additional claims enhancements include:

- Claims history up to 24 months
  - Check numbers
  - Claims payment date
- **Online Prior Authorization requests.** You can obtain information on services that require prior authorization and how to submit prior authorization requests on our website. Please periodically check this site for the most up-to-date prior authorization information.
  - **Submit Demographic/Affiliation Information online.** You can submit online your demographic changes and other requests such as adding a provider or affiliation. Providers can now select the appropriate menu to submit their changes to CareSource.
  - **Retrieve monthly membership lists.** PCPs can view and download current monthly membership lists. The lists are designed in an easy-to-read format and include other pertinent member information.

*You can check member eligibility up to 24 months on the Provider Portal.*

## Member Profile and CareSource Clinical Practice Registry

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### Member Profile

With its comprehensive view of patient medical and pharmacy data, the CareSource Member Profile can help you improve health outcomes for your CareSource patients. The Member Profile can help you determine an accurate diagnosis more efficiently, reduce unnecessary diagnostic tests and minimize emergency room visits.

### CareSource Clinical Practice Registry

The Clinical Practice Registry includes population and member-level actionable and relevant data. You'll find data for areas such as asthma, diabetes, emergency room visits, screenings and more for your CareSource patients.

The report is color coded, which easily identifies patients who've recently had a service, need a service or have a service that is past due. And for your convenience, the report can be downloaded into a PDF or Excel spreadsheet format.

Member's phone numbers are included (excel format) to assist you in your outreach efforts. The tool also provides accessibility to the CareSource Member Profile for individual members of interest.

### Online Provider Directory

You can find any provider in our panel through our "Find a Doctor" tool. You can search by name, group name, zip code, county and specialty.

*The Member Profile can help you determine an accurate diagnosis more efficiently, reduce unnecessary diagnostic tests and minimize emergency room visits.*