

Key Contract Provisions



To make it easier for you, we have outlined key components of your contract. These key components strengthen our partnership with you and enable us to meet or exceed our commitment to improve the health care of the underserved. We appreciate your cooperation in carrying out our contractual arrangements and meeting the needs of underserved consumers.

Participating Providers are Responsible for:

These key components strengthen our partnership with you and enable us to meet or exceed our commitment to improve the health care of the underserved.

- Providing CareSource with advance written notice of any intent to terminate an agreement with us. This must be done 90 days prior to the date of the intended termination and submitted on your organization's letterhead.
 - **60-day notice is required if you plan to close your practice to new patients.** If we are not notified within this time period, you will be required to continue accepting CareSource Members for a 60-day period following notification.
- **For PCPs only:** Providing 24-hour availability to your CareSource patients by telephone. Whether through an answering machine or a taped message used after-hours, patients should be given the means to contact their PCP or a back-up Provider to be triaged for care. It is not acceptable to use a phone message that does not provide access to you or your back-up Provider and only recommends Emergency Room use for after hours.
- Submission of claims or corrected claims should be submitted within 365 days of the date of service or discharge.
- Appeals must be filed within 365 days of the date of service or discharge.
- Providers should keep all demographic and practice information up-to-date. Email updates to: providermaintenance@caresource.com

Our Agreement also Indicates that CareSource is Responsible for:

Our Agreement also indicates that CareSource is responsible for paying 90 percent of clean claims within 30 days of receipt.

- Paying 90 percent of clean claims within 30 days of receipt.
- Providing you with an appeals procedure for timely resolution of any requests to reverse a CareSource determination regarding claims payment. Our appeal process is outlined in the "Provider Appeals" section of this manual.
- Offering a 24-hour nurse triage service for Members to reach a medical professional at any time with questions or concerns.
- Coordinating benefits for Members with primary insurance which involves subtracting the primary payment from the lesser of the primary carrier allowable or the Medicaid allowable. If the Member's primary insurer pays a Provider equal to or more than CareSource's fee schedule for a covered service, CareSource will not pay the additional amount.

These are just a few of the specific terms of our agreement. In addition, we expect participating Providers to follow standard practice procedures even though they may not be spelled out in our Provider agreement.

For Example:

- Participating Providers, or their designee, are expected to make daily visits to their patients who have been admitted as inpatient to an acute care facility or arrange for a colleague to visit.
- Participating PCPs are expected to have a system in place for following up with patients who miss scheduled appointments.
- Participating Providers are expected to treat Members with respect. CareSource Members should not be treated any differently than patients with any other health care insurance. Please reference Member rights in the “Member Support Services and Benefits” section of this manual.

Participating Providers are expected to treat Members with respect.

CareSource expects participating Providers to verify Member eligibility and ask for all their health care insurance information before rendering services, except in an emergency. You can verify Member eligibility and obtain information for other health care insurance coverage that we have on file by logging onto the **Provider Portal** from the menu options.

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.

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Timeline of Provider Changes:

Type of Change	Notice Required
New Providers or Deleting Providers	Immediate
Phone number change	10 calendar days
Address change	60 calendar days
Providers leave the practice	60 calendar days
Change in capacity to accept Members	60 calendar days
Providers Intent to Terminate	90 calendar days

Why is it Important to Give Changes to CareSource?

This information is critical to process your claims. In addition, it ensures our Provider Directories are up-to-date, and reduces unnecessary calls to your practice. This information is also reportable to Medicaid and Medicare.

How to Submit Changes to CareSource:

Email: providermaintenance@caresource.com

Fax: 937-396-3076

Mail: CareSource

P.O. Box 8738

Dayton, OH 45401-8738

Attn: Provider Maintenance

Americans with Disabilities Act (ADA) Standards:

Additionally, Providers will remain compliant with ADA standards, including but not limited to:

- a. Utilizing waiting room and exam room furniture that meet needs of all enrollees, including those with physical and non-physical disabilities
- b. Accessibility along public transportation routes, and/or provide enough parking
- c. Utilizing clear signage and way finding (e.g., color and symbol signage) throughout facilities
- d. Providing secure access for staff-only areas

MEDICARE

Medicare Contract Provisions

In support of our Medicare Special Needs Plan, CMS requires that specific terms and conditions be incorporated into the Agreement between a Medicare Advantage Organization or First Tier Entity and a First Tier Entity or Downstream Entity to comply with the Medicare laws, regulations, and CMS instructions. The topics covered in these requirements are as follows:

- Record Retention
- Privacy and Accuracy of Records
- Hold Harmless
- Hold Harmless for MAs offering plans with dual eligible enrollees
- Compliance with MAO's contractual obligations
- Prompt Payment
- Compliance with Applicable Medicare Laws and Regulations

These provisions will be included in contracts with CareSource Providers who serve CareSource Advantage Members.