Key Contract Provisions

As a participating provider with CareSource, please remember the following key components of our provider agreement with you. CareSource continually strives to meet or exceed all of the provisions outlined in our agreement. We feel that adhering to our commitment to providers is the best way to foster our partnership with you and to serve our members. We appreciate your cooperation in carrying out our contractual arrangements.

Our Agreement Indicates that Participating Providers are Responsible For:

- Providing CareSource with advance written notice of any provider's plan to terminate an agreement with us. This must be done 90 to 120 days as specified in the individual provider agreement prior to the date the provider intends to terminate the agreement. Please provide written notice on your organization's letterhead. There is a 90-day notice required if you plan to relocate your office.
- **For Primary Care Providers (PCPs) only**: PCPs must provide 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 physician to be triaged for care. It is not acceptable to use a phone message which does not provide access to you or a back-up physician and only recommends Emergency Room use for after hours.

Our Agreement also Indicates that CareSource is Responsible For:

- Paying all clean claims within 45 days of receipt if submitted no later than 365 days from the date of service
- Providing you with a 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)

These are just a few of the specific terms of our agreement. In addition, we also expect participating providers to follow standard practice procedures even though they may not be spelled out in our provider agreement. Please call your provider relations representative if you have further questions.

CareSource Advantage Special Needs Plan (SNP) Counties in Michigan

- Alpena, Genesee, Kalamazoo, Macomb, Oakland, Saginaw, St. Joseph, Van Buren and Wayne counties

Definition of Terms
Following are definitions of terms that may be used in CareSource's provider agreement with you:

CAQH — Council on Affordable Quality Healthcare
CMS — Center for Medicare and Medicaid Services is the federal agency that oversees both Medicaid and Medicare
Dual Eligibility — Dual Eligibility refers to people who are eligible to receive both Medicare and Medicaid
EPSDT — Early Periodic Screening Diagnosis and Treatment Program
HIPAA — Health Insurance Portability and Accountability Act
MAHP — Michigan Association of Health Plans
Medicaid — Medicaid is medical assistance provided under a state plan approved under Title XIX of the Social Security Act
Medicare — Medicare is medical assistance provided through the federal government under the terms of Title XIII of the Social Security Act
Medicare Advantage Organization — This organization is the name used by the federal government to describe Medicare managed care
MCH — Maternal Child Health
MDCH — Michigan Department of Community Health
MHP — Medicaid Health Plan
PBM — Pharmacy Benefit Manager
SNP — Medicare Advantage special needs plan. This refers to CareSource's coverage of special needs plan members enrolled with Medicare through CareSource, and full Medicaid in their state of residence

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. You may also make changes on our website at **www.caresource.com**.

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Participating providers must notify us of these changes. Contact your local provider relations representative with any of the changes listed below as soon as you are aware of them.

- Provider additions (provide MAHP or CAQH credentialing form and accompanying documents, if needed)
- Office address changes/closures
- Provider terminations
- Mailing address changes
- Standard office hours
- Remit address changes
- Tax ID changes (please include W-9 form)
- Group practice changes
- Capacity changes
- Member restrictions
- Provider leaves of absence