

Member Enrollment and Eligibility

Member Enrollment

Medicaid eligibility is determined by the Department for Community Based Services (DCBS) in the county where the consumer resides.

The commonwealth provides eligibility information to Humana – CareSource on a daily basis via an 834 file for members assigned to Humana – CareSource. Eligibility begins on the first day of each calendar month for consumers joining Humana – CareSource, with two exceptions:

1. Newborns, born to an eligible mother, will be eligible upon birth; and
2. Consumers who meet the definition of unemployed in accordance with 45 CFR 233.100 will be eligible on the date they are deemed unemployed.

Medicaid Member ID Cards

All new Humana – CareSource members receive a Humana – CareSource membership ID card in addition to the state Medicaid ID card. New Humana – CareSource ID cards are not issued monthly as are state Medicaid ID cards. A new card is issued only when the information on the card changes, if a member loses a card, or if a member requests an additional card.

The member ID card is used to identify a Humana – CareSource member; it does not guarantee eligibility or benefits coverage. Members may disenroll from Humana – CareSource and retain their previous ID card. Likewise, members may lose Medicaid eligibility at any time. Therefore, it is important to verify member eligibility prior to every service.

Providers may use the secure provider portal on our website to check member eligibility or call provider services.

Provider portal: <https://providerportal.caresource.com/KY>

Click on “Member Eligibility” on the left, which is the first tab.

Provider Services: 1-855-852-7005

Members are asked to present an ID card each time services are accessed.

If you are not familiar with the person seeking care, and cannot verify the person as a member of our health plan, please ask to see photo identification.

Information included on the Humana – CareSource ID card:

Member's Name

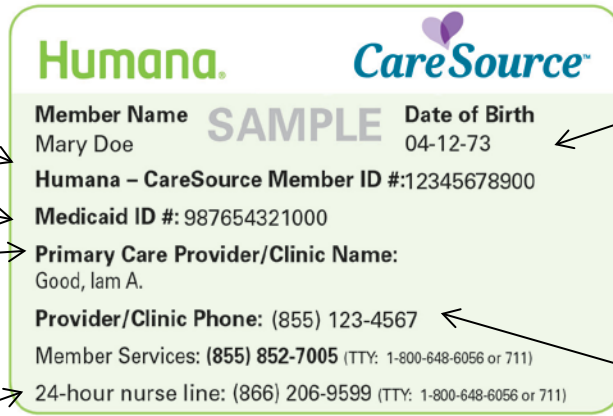
Humana – CareSource

Member's ID #
use this number on claims.

MMIS # *is the Member's State Medicaid ID number; please do **not** use this to bill Humana – CareSource.*

Member Services
phone number and TTY for the hearing impaired.

Nurse Advice Line



Member's Date of Birth
this number may be valid for multiple household members. It is not the member's ID number.

Primary Care Provider/Clinic Phone Number

Members choose a participating provider to be his/her primary care provider (PCP). If a choice is not made, a PCP is assigned.

(Back of member ID card)

Behavioral Health Hotline Number

Website — Our Website contains plan information as well as special functionality: verify eligibility, check claims and prior authorization status, submit a prior authorization, check COB and more.

Provider Services

The toll-free phone number for providers who have questions or wish to verify eligibility over the phone.

Send Paper Claims

Pharmacy Information

*Humana – CareSource
P.O. Box 824
Dayton, OH 45402-0824*

**THIS CARD IS FOR IDENTIFICATION ONLY
AND DOES NOT VERIFY ELIGIBILITY.**

MEMBER: Show your ID card to medical providers BEFORE you receive care. Never let others use your ID card. Call 911 if you have an emergency. You can also call your PCP or our toll-free 24-hour nurse advice line if you're not sure if it's an emergency.

BEHAVIORAL HEALTH HOTLINE: 877-380-9729

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit CareSource.com/KY or call (855) 852-7005 to access this information. Authorization required for inpatient admission.

MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 824, Dayton, OH 45401-0824

PHARMACY: Providers call (855) 852-7005

BENEFITS MANAGER: CVS Caremark

RxBIN 004336 RxPCN ADV RxGRP RX5046
CareSource.com/KY

Please note: Humana – CareSource may be notified by the commonwealth that a member has lost eligibility retroactively. This occurs occasionally, and in those situations, Humana – CareSource will take back payments made for dates when a member lost eligibility. The take-back code will appear on the next Explanation of Payment (EOP) for impacted claims.

Medicaid Member Eligibility Verification:

Before providing all services EXCEPT emergency services, providers are expected to verify member eligibility.

- Log on to www.caresource.com/ky and select “Provider Portal” from the menu options. Using our secure provider portal, you can check Humana – CareSource member eligibility up to 24 months after the date of service. You can search by date of service plus any one of the following: member name and date of birth, case number, Medicaid (MMIS) number or Humana – CareSource member ID number. You can submit multiple member ID numbers in a single request.
- Call our automated member eligibility verification system at 1-855-852-7005 and follow the appropriate menu options to reach our automated member eligibility verification system. The automated system, available 24 hours a day, will prompt you to enter the member ID number and the month of service to check eligibility.

Each month, primary care providers (PCP) can view a list of eligible members who have chosen them or are assigned to them as of the first day of that month. Log onto our secure provider portal to view or print your membership list.

Eligibility changes can occur throughout the month, and the member list does not prove eligibility for benefits or guarantee coverage. Please use one of the above methods to verify member eligibility on date of service.

Newborn Enrollment

Humana – CareSource begins coverage of newborns on his/her date of birth when the newborn's mother is a member of a Humana – CareSource Medicaid plan. The newborn will appear on the PCP's member eligibility list after it is added to the Humana – CareSource system.

To verify eligibility for a newborn, please use the secure provider section of our website at www.caresource.com/ky and select "Provider Portal" from the menu options. Once you enter the mother's case number, you should be able to view all eligible members of the household.

Member Disenrollment

Members may disenroll from Humana – CareSource for a number of reasons. If members lose Medicaid eligibility, they lose eligibility for Humana – CareSource benefits. Humana – CareSource, DCBS or the member can initiate disenrollment.

Reasons for Member Disenrollment

- Unauthorized use of a member ID card
- Use of fraud or forgery to obtain medical services
- Disruptive or uncooperative behavior to the extent that it seriously impairs the ability to provide services to the member or others

Please notify the Humana – CareSource care management department if one or all of the situations listed above occur. Review the "Member Support Services and Benefits" section for more information. Please see the section below for procedures for dismissing noncompliant members from your practice. We can counsel the member, or in severe cases, initiate a request to DCBS for disenrollment. DCBS will review each of our requests for member disenrollment and determine if the request should be granted. Disenrollment from Humana – CareSource will always occur at the end of the effective month.

Procedures for Dismissing Non-compliant Members

Participating health care providers can request that a Humana – CareSource member be involuntarily dismissed from their practice if a member does not respond to recommended patterns of treatment or behavior. Examples include: noncompliance with medication schedules, no-show office policies or failure to modify behavior as requested. When a member misses three or more consecutive appointments, providers are asked to notify our care management department for assistance.

Humana – CareSource requires that a provider's office make at least three attempts to educate the member about noncompliant behavior and document them in the patient's record. Please remember that Humana – CareSource's outreach staff can assist you in educating the member. After three attempts, providers may initiate the dismissal by following the guidelines below.

- The provider office must notify the member of the dismissal by certified letter.
- A copy of the letter must be sent or faxed to Humana – CareSource at the following address:

Mail: Humana – CareSource
Attn: Member Services Manager
P.O. Box 221529
Louisville, KY 40252-1529

Fax: 1-937-226-6916

For PCPs only: The letter must contain specific language stating that:

- The member must contact Humana – CareSource member services to choose another PCP.
- The dismissing PCP will provide 30 days of emergency coverage to the patient from the date of dismissal.

Please call provider services at 1-855-852-7005 if you have questions about disenrollment reasons or procedures.

Automatic Renewal of Membership

If Humana – CareSource members lose Medicaid eligibility, but become eligible again within 60 days, they are automatically re-enrolled in Humana – CareSource and assigned to the same PCP, if possible.