



 CareSource

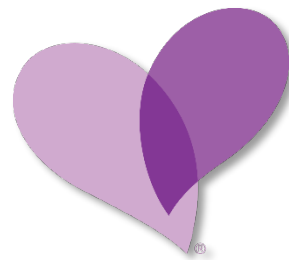
WORKING with *CareSource*

Health Partner Orientation

How to use this **PRESENTATION**

This presentation is an orientation training for certain CareSource's health partners in Kentucky, including those serving members of:

- Marketplace
- Medicare Advantage
- Dual Advantage (D-SNP)



About CareSource

PART 1

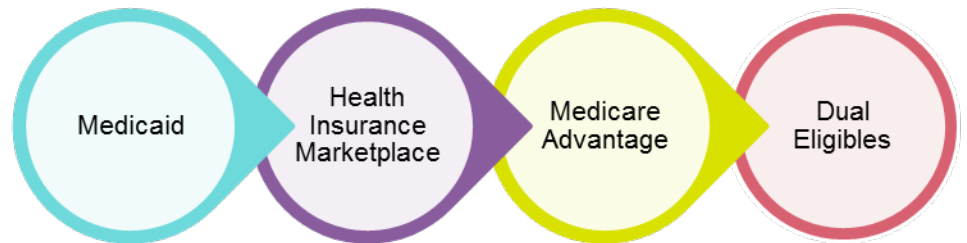
Our MISSION

To make a lasting difference in our members' lives by improving their health and well-being.



CARESOURCE

- A nonprofit health plan and national leader in Managed Care
- Nearly 30-year history of serving low-income populations across multiple states and insurance products
- Currently serving members in Georgia, Indiana, Kentucky, Ohio and West Virginia



1.8M
members



Health Care with **HEART**



MISSION FOCUSED

Comprehensive, **member-centric** health and life services

EXPERIENCED

With **over 29 years of service**, CareSource is a leading non-profit health insurance company

DEDICATED

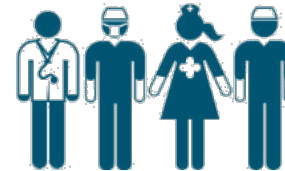
We serve over **1.8 million members** through our Medicaid, Marketplace, Medicare Advantage and Dual Special Needs (D-SNP) plans and our Veterans Choice partnership with TriWest Healthcare Alliance.

30+

YEARS
MISSION-DRIVEN
CARE



1.8 MILLION
MEMBERS



93%
MEDICAL COST RATIO



COVERAGE
OH, KY, IN, WV, GA

A-Z

CONSUMER
ADVOCACY



\$14.5 M
IN FOUNDATION GRANTS

Our PLANS



HEALTH INSURANCE MARKETPLACE

MARKETPLACE

Details:

- Established 2015
- Qualified health plan
- Individual and Family health insurance plans
- All plans include Pediatric Dental & Vision
- Optional Adult Dental, Vision & Fitness coverage
- Members may receive reduced premiums or cost-sharing, depending on their income

MEDICARE Eligible

65+

CARESOURCE ADVANTAGE

Details:

- Offers more coverage that original Medicare
- Medicare Part A, Part B, and prescription drug Part D benefits
- No limits due to pre-existing conditions

Members must continue to pay Medicare Part A and B

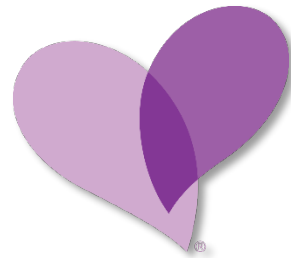
DUAL Eligible

CARESOURCE DUAL ADVANTAGE

Details:

- Adds additional benefits outside of Medicare and Medicaid plans

As of 2017



Working with CareSource

PART 2

Provider NETWORK



When referring patients, verify other providers are in-network to ensure coverage.

Use our Find A Doc tool at **CareSource.com** to help you locate a participating CareSource provider by plan. Note that routine vision and hearing services are covered through our EyeMed, DentaQuest and TruHearing network providers.

With limited exceptions, out-of-network services are **NOT** covered unless they are emergency services or prior authorized by CareSource.

“DO YOU TAKE CARESOURCE?”

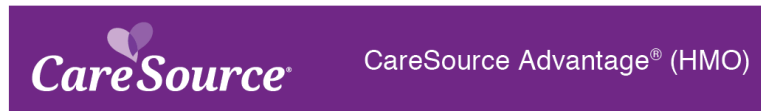
Be sure to ask to see each patient’s member ID card to ensure you take their plan. Be sure to confirm which CareSource plan the member is asking that you accept.

NOTE: Routine Vision, Hearing and Dental services are covered through EyeMed, TruHearing and DentaQuest network providers.

NOTE: Provider eligibility to accept CareSource members can be confirmed in the CareSource Provider Portal.

Member ID CARDS

SAMPLE MEDICARE CARD:



Member Name: John Doe **Effective Date:** 01/01/2021 **KY**

Member ID#: 12345678900

Health Plan: 80840

Payer ID: XXXXX

Primary Care Provider/Clinic Name:

Good, I Am A.

Provider/Clinic Phone: XXX-XXX-XXX



Copays:

Office: \$XX.XX **ER:** \$XX.XX

Spec: \$XX.XX **UrgCare:** \$XX.XX



CMS: XXXXX-XXX

CareSource.com/Medicare

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:

MEMBERS: 1-844-607-2827 TTY: 711

24/7 Nurse Advice Line:

1-833-687-7359 (833 NURSE KY)

Vision Benefits:

EyeMed 1-866-248-2011

Hearing Benefits:

TruHearing 1-855-205-6219

Medical Claims:

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

Providers:

1-844-679-7865

Dental Network:

DentaQuest 1-855-453-5282

Pharmacy:

1-877-886-1681

Pharmacy Claims:

Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

SAMPLE D-SNP CARD:



Member Name: John Doe **Effective Date:** 01/01/2021 **KY**

Member ID#: 12345678900

Health Plan: 80840

Payer ID: XXXXX

Primary Care Provider/Clinic Name:

Good, I Am A.

Provider/Clinic Phone: XXX-XXX-XXX



Copays:

Office: \$XX.XX **ER:** \$XX.XX

Spec: \$XX.XX **UrgCare:** \$XX.XX



CMS: XXXXX-XXX

CareSource.com/Medicare

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:

MEMBERS: 1-833-230-2020 TTY: 711

24/7 Nurse Advice Line:

1-833-687-7323 (1-833-NURSE 23)

Vision Benefits:

EyeMed 1-866-299-1425

Hearing Benefits:

TruHearing 1-833-759-6826

Medical Claims:

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

Providers:

1-833-230-2176

Dental Network:

DentaQuest 1-855-453-5282

Pharmacy:


1-877-886-1681

Pharmacy Claims:

Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

Member ID CARDS

SAMPLE MARKETPLACE CARD:



Member: Jeff Doe
Member ID: 14800000000-00
Health Plan: XXXXXXXXXXXXXXX-XX
Payer ID: KYCS1

Dependents: KY2021
-01 Jane Doe]
-02 John Doe
-03 Mike Doe
-04 Ron Doe
-05 Susan Doe
-06 Sara Doe
-07 Joe Doe
-08 Sam Doe

Office: \$30 ER: 20%* Spec: \$50 UrgCare: \$75

*after deductible

CareSource.com/marketplace

This card does not guarantee coverage. To verify benefits, view claims or find a provider, visit the website or call.

MEMBER NUMBERS

Member Services	1-888-815-6446
CareSource24 Nurse Advice Line:	1-866-206-7879
TTY Service for Hearing Impaired:	1-800-648-6056
Dental (Ped Only) DentaQuest	1-855-453-5282
Vision (Ped Only) EyeMed	1-833-337-3129
Hearing TruHearing	1-866-202-2674

PROVIDER INFO

Provider Services: 1-855-852-5558 | ESI: 1-800-432-5943
RxBin: 003858 | RxPCN: A4 | RxGrp: RXINN04
Medical Claims: PO. Box 8730, Dayton, OH 45401-8730

Coverage provided through the Health Insurance Marketplace

REMEMBER:

- Make sure the state matches your contracted region
- Dependents are indicated by the Member ID + suffix

Example: 14800000000-01
(Jane Doe)

Claim **SUBMISSIONS**

WE ENCOURAGE ELECTRONIC CLAIM SUBMISSION

- We will be partnering with ECHO Health for electronic funds transfer (EFT).*
- You must enroll with ECHO Health to participate.
- Find the enrollment form online at www.echohealthinc.com. For questions, call ECHO Support at 1-888-485-6233.

EDI CLEARINGHOUSES

- CareSource currently accepts electronic claims through the clearinghouses, listed in the Provider Manual.
- Please contact the clearinghouse of your choice to begin electronic claims submission.

NOTES

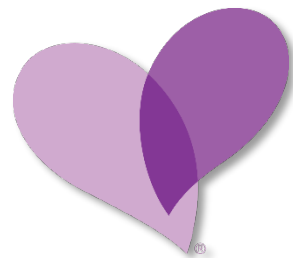
- Please list your National Provider Identifier (NPI) on all claims.
- Please ensure you list the correct billing taxonomy code.

How to REACH US

MARKETPLACE MEDICARE
ADVANTAGE D-SNP

PROVIDER SERVICES	1-833-230-2155	1-844-679-7865	1-833-230-2176
HOURS	Monday – Friday 8 a.m. – 6 p.m. EST		

MEMBER SERVICES	1-833-230-2030	1-844-607-2827	1-833-230-2020
HOURS	Monday – Friday, 8 a.m. – 8 p.m. EST	Monday – Friday, 8 a.m. – 6 p.m. EST From Oct. 1 – Feb. 1, we are open the same hours 7 days a week	Monday – Friday, 8 a.m. – 6 p.m. EST From Oct. 1 – Feb. 1, we are open the same hours 7 days a week



Provider Portal
PART 3

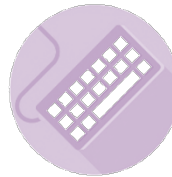
Provider **PORTAL**



SAVE TIME. SAVE MONEY. Use our secure online Provider Portal. With this tool you can:



Check member eligibility and benefit limits



Submit claims and verify claim status



Find prior authorization requirements



Verify or update Coordination of Benefits information (COB)



Submit and check the status of a prior authorization request

And more!

Access the Provider Portal 24 hours a day, 7 days a week, at **CareSource.com**.

Register for the PORTAL



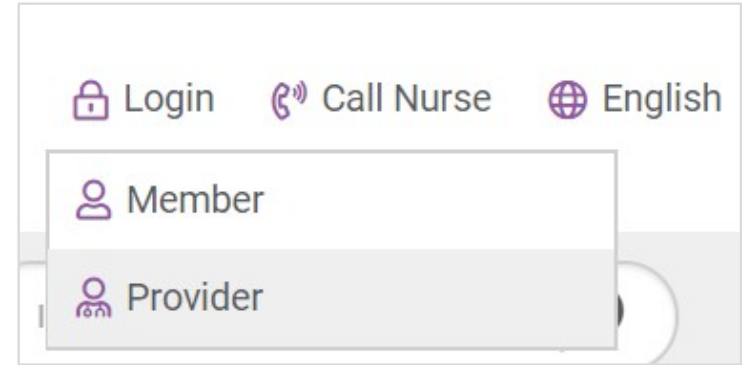
Go to **CareSource.com**. On the top right corner of the page, click Login → Provider.

Select **Kentucky**.

Click [register here](#) under **Register for the Provider Portal**.

Enter your information, including your CareSource Provider Number (located in your welcome letter).

Follow remaining steps to register.



Register for the Provider Portal

The Provider Portal makes it easier for you to work with us 24/7. It has critical information and tools to save your practice time. This helpful online tool is available for all CareSource Ohio plans.

If you are not already registered for the Provider Portal, please [register here](#). You can refer to the [Portal Registration Training Module](#) for step-by-step instructions.

Provider Login:

Username: *

Password: *

Member ELIGIBILITY

Member Eligibility

CareSource Id Medicaid Id **Member Info** Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource Id: → **Search by Member ID** **Member is eligible for service on the specified date**

Date of Service:

Member Information

Member Name: John Doe	Address: 1960 Main Street
CareSource Id: <input type="text" value="10400001"/>	City, State, Zip: Frankfort, KY 40601
Medicaid Id:	County: Franklin County
Case Number: 00048255	Phone: (317)555-5555
Gender: Male	Date of Birth: 1/9/1940
Member Profile: Not Available for this Member Member Profile Report Definitions	Relationship to Subscriber: Subscriber/Insured
Program Details: Not a coordinated services member.	Subscriber: John Doe
	Program: Silver 3 Dental and Vision

Primary Care Provider **Phone:** (317) 111-1111
(PCP): Dr. John Doe

- ▶ Subscriber Information
- ▶ Subscriber Financial Responsibilities
- ▶ Member Dental & Vision Services History
- ▶ Member Benefit Limits
- ▶ Assessments Taken

Offers ability to search using other member information SS#, DOB, Name

Search by Member ID

Member is eligible for service on the specified date

Box indicates member has paid their first premium and is eligible for benefits

Member ELIGIBILITY



Past Due

Member Eligibility

CareSource Id Medicaid Id Member Info Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource Id:

Date of Service: 10/29/2014

Search

Member is eligible for service on the specified date

Member Information

Contains demographic details on the ID number entered

Member Name:

CareSource Id:

Medicaid Id:

Case Number:

Gender: Fe Male

Member Profile: Not Available for this Member

[Member Profile Report Definitions](#)

Program Details:

Premium payments past due-member in 90 day grace period & responsible for services if account not paid in full prior to grace period end.
Premium payments can take several days to process after receipt.

Address:

City, State, Zip:

County:

Phone:

Date of Birth:

Relationship to Subscriber: Subscriber/Insured

Program: [Just4Me Silver 3 Dental and Vision](#)

Program details shows the member is past due

Primary Care Provider (PCP): Dr. John Doe

Member's selected PCP

Phone: (317) 111-1111

PCP Phone Number

Subscriber Information

Contains primary policy holder's information

Subscriber Financial Responsibilities

Lists copays, coinsurance amount remaining toward deductible

Member Dental & Vision Services History

Dental or vision services rendered while covered with our plan

Member Benefit Limits

Indicates any benefit limits associated with plan (i.e chiropractic visits)

Assessments Taken

Results of HRA's or other clinical assessments done by CareSource

Marketplace Member

FINANCIAL RESPONSIBILITY

Copayments, coinsurance, and/or deductible are applicable for most covered services.

- It is up to the provider to collect these amounts at the time of service

Delinquent members have a 90 day grace period in which to bring their premium payments current.

- CareSource will continue to process medical claims and pay providers in those 90 days
- After 30 days:
 - CareSource will flag a member in the eligibility file and on the Provider Portal
 - CareSource will suspend pharmacy benefits
 - In the event that a past due amount is not resolved, policy can be terminated resulting in loss of coverage and the inability to purchase new coverage until the next Open Enrollment Period or qualifying life event.
- If a member brings their account current within 90 days, member will be able to resubmit pharmacy claims and there will be no impact to other claims (e.g. medical)
- After 90 days past due, the member is terminated for non-payment of premium
 - Member will be retroactively terminated to the end of the first delinquent month
 - CareSource will recover all claims paid during months two and three of the delinquency

Member **BENEFITS**

Subscriber Financial Responsibilities

Co-Pay Information

Office Visit:	\$5.00 / visit	→	Family doctor copay
Specialty:	\$15.00 / visit	→	Specialist office copay
Urgent Care:	\$10.00 / visit		
ER:	\$75.00 / visit	→	Emergency Room copay if not admitted
Hospital Stay:	\$50.00 / stay		

Skilled Nursing Care:	\$50.00 / visit
Imaging:	\$25.00 / procedure
Mental / Behavioral Health	\$50.00 / stay
In-Patient Services:	

Co-Insurance Information

Diagnostic Tests:	0.00 %
Durable Medical Equipment:	0.00 %
Home Health Care:	0.00 %
Hospice Services:	0.00 %
Mental / Behavioral Health	0.00 %
Out-Patient Services:	
Outpatient Surgery:	0.00 %
Physician / Surgeon Fee:	0.00 %
Prenatal & Postnatal Care:	0.00 %
Substance Use Disorder Services:	0.00 %
Therapy Services:	0.00 %

Deductible Information

* Deductible Balance:	\$150.00
* Out Of Pocket Maximum	\$490.00
Balance:	

Shows the amount remaining before deductible is met

Shows the amount remaining before Max Out of Pocket is met

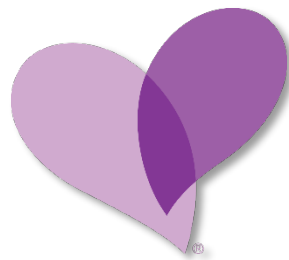
* This information reflects claims received and processed as of 10/29/2014

Health Exchange Identification Information

Exchange Health Plan Id: ...

Exchange Member Id: ...





Covered Services & Benefits

PART 4

Covered **SERVICES**

BENEFITS OVERVIEW

- PCP and specialist office visits
- Allergy testing and treatment
- Inhalation therapy
- Opioid treatment therapy
- Pain management
- Emergency services
- Preventive services & screenings
- Inpatient facility services
- Outpatient facility services
- Outpatient diagnostic services
- Home health services
- Hospice services
- Durable medical equipment services
- Rehabilitation therapy services
- Habilitative services
- Family planning services
- Maternity services
- Dental services (some populations)
- Vision services (some populations)
- Pharmacy benefits

ENHANCED BENEFITS

- CareSource 24 Nurse Advice Line
- Disease Management
- Health and Wellness education
- Meal delivery (Medicare only)
- Silver & Fit (Medicare only)
- Active & Fit (Adult Dental, Vision and Fitness for Marketplace only)
- Weight loss (Medicare only)

*The Adult Dental, Vision and Fitness rider allows consumers to add in coverage for some adult services under Marketplace.

MEMBER PROGRAMS

- Care4U
- Provide ARide
- MyHealth
- MyStrength
- Women First
- Babies First
- Kids First

For more details on each plan's covered services, visit **CareSource.com**.

Services **NOT COVERED**

- Medically unnecessary services
- Services received from a non-network provider, with specific exceptions
- Experimental or investigational services
- Alternative or complimentary medicine
- Cosmetic procedures or services
- Nutritional and/ or dietary supplements
- Assisted reproductive therapy
- Maintenance therapy treatments

NOTE:

- This is not a comprehensive list.
- Routine vision services and eyewear not provided by an EyeMed provider (Marketplace Only)
- Routine hearing services and hearing aids not provided by a TruHearing Provider (Marketplace Only)
- Routine Dental services not provided by a DentaQuest provider (Marketplace Only)

Marketplace Supplemental Benefits OVERVIEW

SUPPLEMENTAL BENEFIT MANAGERS

CareSource partners with the select vendors to provide expanded benefits and services including expertise in the services and broadened networks. **These are exclusive relationships for the services considered.** The CareSource member must use a provider within the Benefit Manager's network in order for CareSource to contribute. See **CareSource.com** for additional detail on the benefits and additional perks available.

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Hearing (TruHearing)	All Marketplace Members	Member Services Provider Network Claims Adjudication	Routine hearing exams & hearing aids	866-202-2667
Routine Vision (EyeMed)	-All Pediatric Members (<21 years of age) -Adults 21+ years of age on Dental & Vision plans	Member Services Provider Network Claims Adjudication EOBs	Routine eye exam, glasses, contacts, and other value added services	1-833-337-3129
Routine Dental (DentaQuest)	-All pediatric members (<21 years of age) -Adults 21+ years of age on dental & vision plans	<ul style="list-style-type: none"> Member Services Provider network Claims adjudication EOBs 	Preventive, diagnostic, restorative, comprehensive and medical necessary orthodontics for pediatric only	855-453-5282
Fitness (American Specialty Health)	Adults 18+ years of age on Dental & Vision plans	Member Services Provider Network	No cost share fitness center access, home health kits, internet tools, & education	1-877-771-2746

NOTE: You may refer your CareSource member patients to these vendors using the numbers provided above.

CareSource Advantage

SUPPLEMENTAL BENEFITS

SUPPLEMENTAL BENEFIT MANAGER OVERVIEW

CareSource partners with the select vendors to provide expanded benefits and services including expertise in the services and broadened networks. These are exclusive relationships for the services considered – meaning our member must use a provider within the Benefit Manager’s network in order for CareSource to contribute. See CareSource.com for additional detail on the benefits and additional perks available.

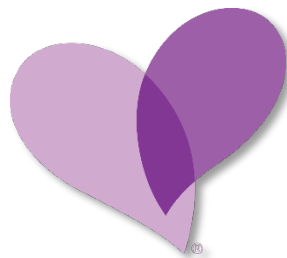
Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Dental (DentaQuest)	All Medicare Advantage members	<ul style="list-style-type: none"> • Member Services • Provider network • Claims adjudication • EOBs 	Preventive (Zero and Advantage plans), Diagnostic, restorative, and comprehensive (Advantage only)	1-855-453-5281
Routine Hearing (TruHearing)	All Medicare Advantage members	<ul style="list-style-type: none"> • Member Services • Provider network • Claims adjudication 	Routine hearing exams & hearing aid fittings w/ hearing aid cost shares	1-855-205-6219
Routine Vision (EyeMed)	All Medicare Advantage members	<ul style="list-style-type: none"> • Member Services • Provider network • Claims adjudication • EOBs 	Routine eye exam, glasses, contacts (w/ \$100/\$130 allowance) and other value added services	1-866-248-2011
Fitness (American Specialty Health)	All Medicare Advantage members	<ul style="list-style-type: none"> • Member Services • Provider Network 	No cost share fitness center access, home health kits, internet tools, & education	1-877-427-4788

CareSource Dual Advantage SUPPLEMENTAL BENEFITS

SUPPLEMENTAL BENEFIT MANAGER OVERVIEW

CareSource partners with the select vendors to provide expanded benefits and services including expertise in the services and broadened networks. **These are exclusive relationships for the services considered** – meaning our member must use a provider within the Benefit Manager’s network in order for CareSource to contribute. See **CareSource.com** for additional detail on the benefits and additional perks available.

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Dental (DentaQuest)	All Medicare Dual Advantage members	<ul style="list-style-type: none"> • Member Services • Provider network • Claims adjudication • EOBs 	Preventive, diagnostic, restorative and comprehensive care w/annual limits of \$1500/\$2000	1-855-453-5281
Routine Hearing (TruHearing)	All Medicare Dual Advantage members	<ul style="list-style-type: none"> • Member Services • Provider network • Claims adjudication 	Routine hearing exams & hearing aid fittings w/an \$1000 allowance per ear	1-833-759-6826
Routine Vision (EyeMed)	All Medicare Dual Advantage members	<ul style="list-style-type: none"> • Member Services • Provider network • Claims adjudication • EOBs 	Routine eye exam, glasses, contacts (w/ \$250 allowance) and other value added services	1-833-337-3129
Fitness (American Specialty Health)	All Medicare Dual Advantage members	<ul style="list-style-type: none"> • Member Services • Facility network 	No cost share fitness center access, home health kits, internet tools, & education	1-877-771-2746



Prior Authorizations

PART 5

PA Information **CHECKLIST**

When you request authorization, be sure to include:

- Member/patient name and CareSource member ID number
- Provider name and NPI
- Anticipated date(s) of service
- Diagnosis code and narrative
- Procedure, treatment or service(s) requested
- Number of visits requested, if applicable
- Reason for referring to an out-of-plan provider, if applicable
- Clinical information to support the medical necessity of the service
- Inpatient services must also include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment

For Marketplace: You will have 180 days from the date of service, date of discharge, or 90 days from the other carrier's EOB (whichever is later) for retrospective authorization.

For MA/DSNP: If the provider's claim denied for lack of authorization, they do not have retrospective rights. They will have payment dispute rights or claim appeal rights, and will have 60 days to submit their request from the date of the claim processing date.

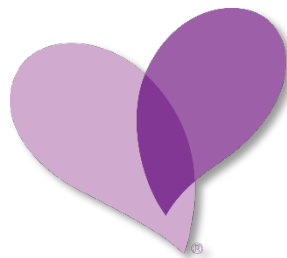
Please note: Network providers do not have appeal rights and must use the payment dispute process to address any payment issues.

REFERRALS

We ***do not*** require a referral to see a specialist in-network.

WHERE DO I FIND MORE INFORMATION?

You can find more information in our **Provider Manual**, located at **CareSource.com**.



Care Management & Quality

PART 6



QUALITY IMPROVEMENT Initiatives

CareSource encourages you to actively participate in Centers for Medicare & Medicaid Services (CMS) and U.S. Department of Health and Human Services (HHS) quality improvement initiatives.

Care & Disease MANAGEMENT

WE EDUCATE MEMBERS THROUGH

- MyHealth online self-management tool
- Disease-specific newsletters
- Coordination with outreach teams who provide topic-specific information
- One-to-one care management (if they qualify)

CARE MANAGEMENT

You may refer a patient for management by calling **1-855-202-0729**.

DISEASE MANAGEMENT

If you have a patient with asthma, diabetes, or hypertension who you believe would benefit from this program and is not currently enrolled, please call **1-844-438-9498**.

Cultural COMPETENCY

Health partners are expected to provide services in a culturally competent manner, including:

- Removing all language barriers to service
- Accommodating unique cultural, ethnic and social needs of members
- Understanding the social determinants of health are recognized as significant contributors to member health outcomes and quality of life
- Meeting the requirements of all applicable state and federal law, including individual contractual requirements

RESOURCES

- We provide cultural competency training resources in the Provider Manual and online at **CareSource.com**.
- The National CLAS provides specific guidelines to assist you in developing a culturally competent practice.

Quality MEASURES

CareSource monitors member quality of care, health outcomes, and satisfaction through the collection, analysis and the annual review of the Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Health Providers and Systems (CAHPS®).

Potential quality measures are, but not limited to:

- **Wellness and prevention:**
 - Preventive screenings (breast cancer, cervical cancer and chlamydia screenings)
 - Well-child care
- **Chronic disease management:**
 - Comprehensive diabetes care
 - Controlling high blood pressure
- **Behavioral health:**
 - Follow-up after hospitalization for mental illness
 - Antidepressant medication management
 - Follow-up for children prescribed ADHD medication
- **Health, Safety & Welfare**
 - Mitigate identified member risks

Potential CAHPS measures include:

- **Getting care quickly**
- **Getting needed care**
- **How well doctors communicate**
- **Ratings of all health care, health plans, personal doctors and specialists**
- **Flu vaccination**
- **Assistance with smoking cessation**

HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS® is developed and maintained by The National Committee for Quality Assurance (NCQA). The HEDIS® tool is used by America's health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS® benchmarks. HEDIS® measures are based on evidence-based care and address the most pressing areas of care.

Quality RESOURCES

CareSource provides quality training for you and your teams through our Health Partner Quality Managers and the Provider Portal. We have additional resources available through **Plan Resources** on **CareSource.com**.

QUALITY TRAINING AND RESOURCES:



Quality Onboarding Training



CAHPS Survey Tips



Clinical Practice Registry Training



Coding Guides



Clinical Practice Registry Quick Tips



Clinical Practice Guideline Information

Clinical Practice Registry **TOOL**

The **CareSource Clinical Practice Registry** is an online tool available to providers to identify and prioritize needed health care services, screening, and tests for their CareSource members. The Clinical Practice Registry is easy to access via the secure CareSource Provider Portal.

The registry includes information on, but not limited to the following quality measures:

- Adult access
- Asthma
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Chlamydia screening
- Diabetes (HBa1c, eye exam, kidney/urine micro-albumin)
- Emergency room visits
- Lead screening
- Well-care visit

IDENTIFY GAPS IN CARE

View preventive service history and easily identify HEDIS® gaps in care to discuss during appointments.

HOLISTICALLY ADDRESS PATIENT CARE

Receive alerts when CareSource members need tests or screenings, review member appointment histories and view their prescriptions.

IMPROVE CLINICAL OUTCOMES

Easily sort your CareSource members into actionable groups for population management.

Fraud, Waste & **ABUSE**



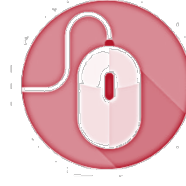
Help CareSource stop fraud.

Contact us to report any suspected fraudulent activities:



CALL:

1-833-230-2155



EMAIL:

fraud@caresource.com



FAX:

800-418-0248



MAIL:

CareSource
Attention: Program
Integrity
P.O. Box 1940
Dayton, OH 45401-1940

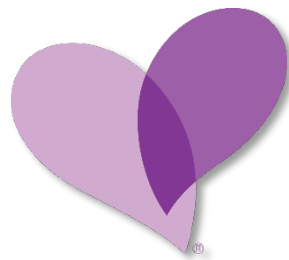
Commitment to HEALTH EQUITY



As a non-profit, mission driven, member-centric organization, CareSource seeks to provide high quality, appropriate, effective, evidence-based health services for all members.

Social determinants of health are increasingly recognized as significant contributors to member health outcomes and quality of life.

Providing equitable and culturally competent care and services is a core value of CareSource.



Pharmacy
PART 7

Pharmacy **OVERVIEW**



PARTNERSHIP WITH EXPRESS SCRIPTS

CareSource works collectively with Express Scripts, our delegated pharmacy innovation partner, to manage our prescription drug costs and to develop and implement plan-specific formulary or formularies.

SPECIALTY DRUGS

Accredo is our preferred specialty provider and can provide specialty medications directly to the member or the prescribing physician and coordinates nursing care if required.

E-PRESCRIBING

CareSource formulary files are available through your EMR, EHR or E-prescribing vendor.

RESOURCES

Authorization requirements for prescriptions may be found on your plan's Provider pages under the Pharmacy section.

The Formulary Search Tool and prior authorization lists are available on **CareSource.com**.

Medication Therapy Management (MTM) – allows pharmacists to work collaboratively with physicians to prevent or address medication-related problems, decrease member costs and improve prescription drug adherence.

Marketplace Pharmacy

BENEFIT STRUCTURE



TIERED MEDICATION STRUCTURE

The higher the tier, the higher the cost of the drug. Access the formulary online at [CareSource.com](https://www.caresource.com)

<i>TIER 0</i>	<i>TIER 1</i>	<i>TIER 2</i>	<i>TIER 3</i>	<i>TIER 4</i>	<i>TIER 5</i>
<p>No member cost share.</p> <p>This tier contains preventive medications.</p>	<p>Contains low-cost generic drugs.</p>	<p>Higher coinsurance or copayment than those in Tier 1.</p> <p>This tier contains preferred medications that may be generic drugs or single- or multi-source brand-name drugs.</p>	<p>Higher coinsurance or copayment than those in Tier 2.</p> <p>This tier contains non-preferred medications. Includes medications considered single- or multi-source brand-name drugs.</p>	<p>Higher coinsurance or copayment than those in Tier 3.</p> <p>Medications generally classified as preferred medications fall in this category.</p>	<p>Higher coinsurance than those in Tier 4.</p> <p>Medications generally classified as specialty non-preferred medications fall into this category.</p>

Visit the Pharmacy page at [CareSource.com](https://www.caresource.com) if you wish to access our full formulary list.

CareSource Advantage

PHARMACY BENEFITS



TIERED MEDICATION STRUCTURE

The higher the tier, the higher the cost of the drug.

<i>TIER 1</i>	<i>TIER 2</i>	<i>TIER 3</i>	<i>TIER 4</i>	<i>TIER 5</i>	<i>TIER 6</i>
<p>Lowest cost tier.</p> <p>Includes preferred generic medications.</p>	<p>Higher cost than Tier 1.</p> <p>Includes non-preferred generic drugs.</p>	<p>Higher cost than Tier 2.</p> <p>Includes preferred brand medications.</p>	<p>Higher cost than Tier 3.</p> <p>Includes non-preferred brand medications</p>	<p>Highest cost tier.</p> <p>Includes brand and generic specialty medications</p>	<p>\$0 co-pay tier.</p> <p>Includes popular generics</p>

Visit the Pharmacy page at CareSource.com if you wish to access our full formulary list.

CareSource Dual Advantage **PHARMACY BENEFITS**



TIERED MEDICATION STRUCTURE

ONE TIER

Cost-sharing structure with coinsurance based on member LIS level

Lowest cost tier. Includes specialty medications limited to 30-day supply.

Visit the Pharmacy page at **CareSource.com** if you wish to access our full formulary list.



Provider Resources

PART 8

Contact **INFORMATION**



PROVIDER SERVICES	1-833-230-2155
MEDICAL MANAGEMENT FAX	844-676-0370
WEBSITE	CareSource.com
PROVIDER PORTAL	https://providerportal.caresource.com/KY
ELECTRONIC FUNDS TRANSFER (EFT)	ECHO Health
ELECTRONIC CLAIM SUBMISSION	<Code>
CLAIM ADDRESS	P.O. Box 803, Dayton, OH 45401-0803

Provider **RESOURCES**

Visit the **CareSource.com** Plan Resources page to access the following resources:

- Printable Health Partner Manual
- Printable orientation slides
- Newsletters & network notifications
- Formularies
- Covered benefits
- Quick reference guides
- And more

CareSource Provider Portal:

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



PARTNERS **with** *Purpose*

Are you contracted with all of our plans? **Join us** by contacting your Provider Engagement Specialist.

Or visit **CareSource.com/Contracting** to start the contracting process.



Thank YOU!

