WORKING WITH CARESOURCE

HEALTH PARTNER ORIENTATION

GEORGIA MEDICAID

CareSource®

About CareSource

CareSource®

Our Mission

MISSION

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

PLEDGE

- Make it easier for you to work with us
- Partner with providers to help members make healthy choices
- Direct communication
- Timely and low-hassle medical reviews
- Accurate and efficient claims payment

Health Care with Heart

MISSION-FOCUSED

Comprehensive, member-centric health and life services

EXPERIENCED

With over 30 years of service, CareSource is a leading non-profit health insurance company.

DEDICATED

We serve over 2.1 million members through our Medicaid, Marketplace, Ohio MyCare, Dual Special Needs Plans (D-SNP) and Arkansas PASSE programs.

Our Plans

MEDICAID

Children, Pregnant Women & Low-Income Working Families

Risk-based managed care; Aged, Blind & Disabled (ABD) populations; Healthy Start & Healthy Families population

OHIO MYCARE

Medicaid & Medicare-Eligible

Coordination of physical, behavioral & long-term care services

MARKETPLACE

Commercial Health Plan

Reduced premiums or cost-sharing; Pediatric Dental & Vision; Optional Adult Dental, Vision and Fitness

DUAL ADVANTAGE

Dual-Eligible Special Needs (D-SNP) Plan

Combines benefits of Medicare and Medicaid; Adds additional benefits outside of Medicare and Medicaid plans

Your Expectations

- Provide **24-hour** availability to your CareSource patients by telephone (Primary Care Providers [PCPs] only)
- Notify CareSource of any demographic changes prior to the effective date of the change
  - **Immediate notice required**, depending on the type of change (refer to the Provider Manual)
- Provide appropriate notification to terminate in accordance with your provider agreement
- Do not balance bill CareSource members
- Comply with access and availability standards (refer to later slide)
- Provide medical records upon request
- Submit claims or corrected claims within **180 calendar days from the of date of service or discharge**
- Treat CareSource members with respect
- Update GAMMIS if there are any changes to your practice (i.e., telephone number, address, etc.)

Please refer to your contract and the Provider Manual for more information on provider expectations and responsibilities.

Our Responsibilities

- Ensure an effective member/provider appeal and grievance process
- Complete credentialing process within **51 calendar days**
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay clean claims within **15 business days** of receipt
- Coordinate benefits for members with primary insurance

Please refer to your contract and the Provider Manual for more information expectations and responsibilities.

Working with CareSource

CareSource®

Provider Network & Eligibility

CareSource Medicaid members choose or are assigned a primary care provider (PCP) upon enrollment. When referring patients, ensure 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.

OUT-OF-NETWORK SERVICES

Out-of-network services are NOT covered unless they are emergency services, services covered by the No Surprises Act, or services prior authorized by CareSource.

MEMBER ELIGIBILITY

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

ID Cards


CareSource Health Care with Heart®

Member Name:
<MARY DOE>
CareSource Mem #: <12345678900>
MMIS #: <987654321000>
Case #: <7654321000>
Primary Care Provider/Clinic Name:
<GOOD, IAM A.>
Provider/Clinic Phone: <XXX- XXX-XXX>
Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)

CareSource Rxi Innovations
RxBIN - 003858
RxPCN - MA
RxGRP - RXINN01


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 anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your primary care provider or call our CareSource24® nurse advice line.

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service.
Visit **www.CareSource.com** or call **1-800-488-0134** to access this information.
Authorization required for inpatient admission.

PHARMACIST: 1-800-416-3629

MEDICAL CLAIMS: CareSource, P.O. Box 8730, Dayton, OH 45401-8730

PHARMACY CLAIMS: Express Scripts, ATTN: Commercial Claims
P.O. Box 14711 Lexington, KY 40512-4711 OH-MMED-2269

CareSource24® Nurse Advice Line: 1-866-206-0554 (TTY: 711)

Claim Submissions

SUBMISSION PROCESS

Providers can submit claims through our secure, online Provider Portal at **CareSource.com** > Provider Login. Here, providers can submit claims along with any documentation, track payments and more.

ELECTRONIC PAYMENTS/REIMBURSEMENT

CareSource encourages electronic claim submission as the primary submission method. We partner with ECHO Health for electronic funds transfer (EFT). You must enroll with ECHO Health to participate. Find the enrollment form for ECHO Health online at: www.echohealthinc.com. For questions, call ECHO Support at: **1-888-485-6233**.

CLEARINGHOUSE

For electronic data interchange (EDI) transactions, CareSource accepts electronic claims through our clearinghouse, Availity. Providers can find a list of EDI vendors online at: www.availity.com/ediclearinghouse.

Claim Appeals

All appeals must be:

- Submitted within 30 calendar days from the date of claim denial
- Submitted via the CareSource Provider Portal, fax or by paper to:

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

Claim appeals can be submitted in writing via the CareSource Provider Portal or on paper at:

CareSource.com > Providers > Tools & Resources > Forms > Provider Appeal Form.

CareSource also offers a claim payment dispute process. Additional information pertaining to claim appeals and claim payment disputes can be found in the Provider Manual or on **CareSource.com**.

Access and Availability

As a CareSource provider, you must ensure your practice complies with the following minimum access standards:

- Provide **24-hour availability** to your CareSource patients by telephone.
    - Whether through an answering machine or a taped message after hours, patients should have the means to contact their PCP or back-up provider to be triaged for care.
    - It is not acceptable to use a phone message that doesn't provide access to you or your back-up provider and only recommends an emergency room after hours.

Please refer to our Provider Manual at **CareSource.com** > Providers > Tools & Resources > Provider Manual for a complete listing of Access and Availability Standards.

Access and Availability

Primary Care Providers (PCPs) — Medicaid Members

Type of Visit	Should be seen…
Emergency Needs	**Immediately upon presentation**
Urgent Care*	**Within 24 hours of initial contact with PCP site**
Regular and Routine Care	**Not to exceed 14 calendar days**

*For PCPs only: 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 PMP or 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.

Telephone Arrangements/24-Hour Access

After-Hours Call Type	Response Time
Urgent Care Calls	**Shall not exceed 20 minutes**
Other Calls	**Shall not exceed 1 hour**

Access and Availability

Non-PCP Specialists **Medicaid Members**

Type of Visit	Should be seen…
Emergency Needs	**Immediately upon presentation**
Urgent Care*	**24 hours**
Regular and Routine Care	**No later than 30 calendar days**

*Providers should see members as expeditiously as their condition and severity of symptoms warrant. It is expected that if a provider is unable to see the member within the designated time frame, CareSource will facilitate an appointment with another participating provider, or a non-participating provider, when necessary.

Access and Availability

Behavioral Health Providers **Medicaid Members**

Type of Visit	Should be seen…
Emergency Needs	**Immediately upon presentation**
Non-Life-Threatening Emergency*	**Within 6 hours of initial contact with behavioral provider**
Urgent Care*	**48 hours**
Initial Visit for Routine Care	**10 business days**
Follow-up Routine Care	**30 calendar days**

For the best interest of our members, and to promote their positive health care outcomes, CareSource supports and encourages continuity of care and coordination of care between medical care providers, as well as between physical health care providers and behavioral health providers.

Member Communications

HELP YOUR CARESOURCE PATIENTS UNDERSTAND THEIR COVERAGE.

Encourage your patients to visit **CareSource.com**, where they can access:

- MyCareSource.com Member Portal
- Searchable online formulary and prescription cost calculator
- Find-a-Doc tool
- **Evidence of Coverage & Schedule of Benefits**
- Member Handbook
- Total Cost Navigator
- Forms and more

For more information, visit the **Members page on CareSource.com**.

Communicating with Us

	Medicaid
Provider Services	1-855-202-1058
Hours	Monday – Friday, 7 a.m. to 7 p.m. Eastern Time (ET)
Member Services	1-855-202-0729
Hours	Monday – Friday, 7 a.m. to 7 p.m. (ET)

Provider Portal

CareSource®

CareSource Provider Portal

SAVE TIME AND MONEY

With CareSource's secure online Provider Portal, you can:

Check member eligibility and benefit limits	Submit claims and verify claim status
Find prior authorization requirements	Verify or update Coordination of Benefits
Submit prior authorization request and check status	And more!

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

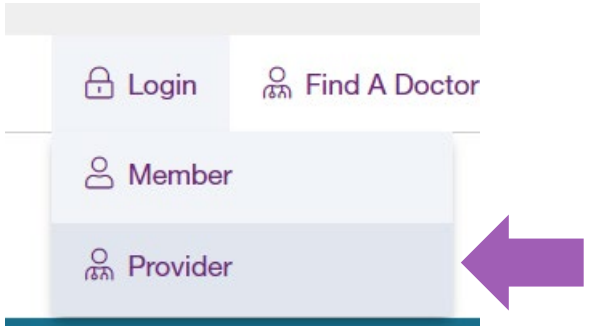
Register for the Provider Portal

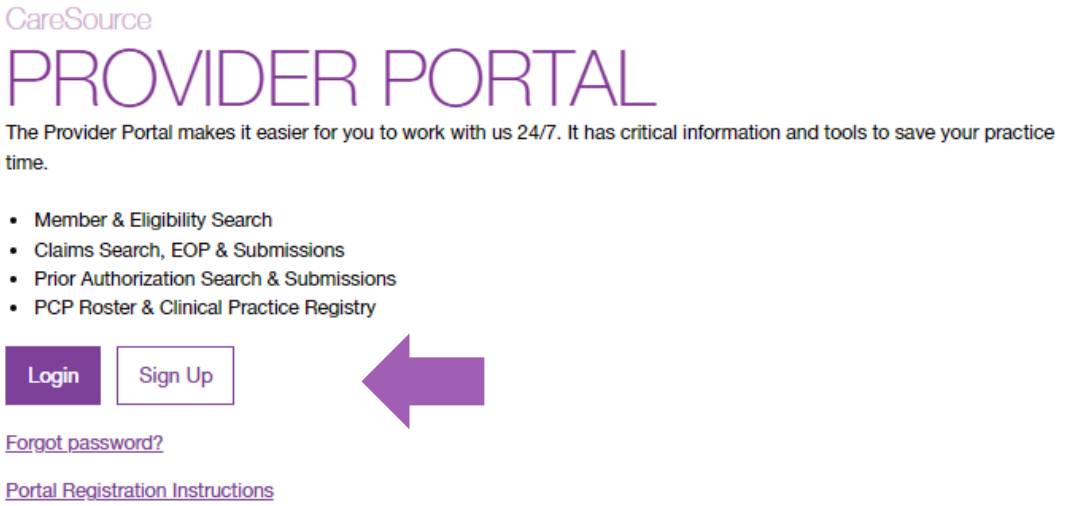
1. Go to **“Sign Up”** to establish your account by creating your username and password.

2. For added security, set up the multifactor authentication.

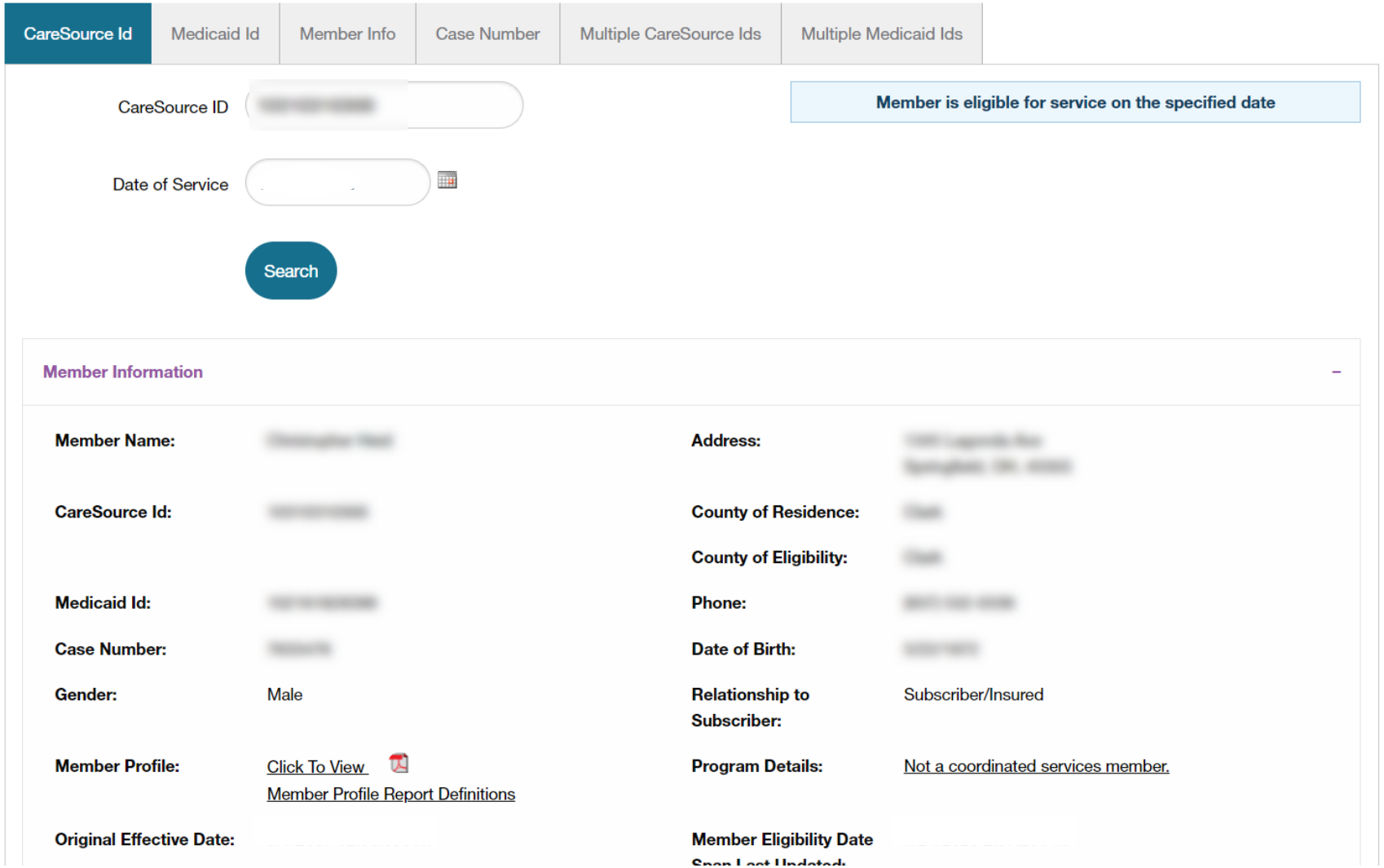
3. To connect your account, you will need your Provider Name, Tax ID, CareSource provider ID and your Zip Code.

4. Review and accept the Agreement.





Member Eligibility



Member Eligibility

Program: [redacted]

Member Alerts:
1. No ambulatory or preventive care visits recorded.
2. 1-2 ER visits in 15 mos

Language Preference: English

Alternate Communication Format Needed: N/A

Special Communication Needs:

Member Aid Category: Healthy Families

Primary Care Provider (PCP): [redacted]

Phone: [redacted]

NPI #: [redacted]

Case Manager:

Case Manager Phone Number:

Subscriber Information +

Member Covered Benefits Summary +

Member Dental & Vision Services History +

EPSDT Alerts +

Upload Consent Form +

Covered Benefits & Services

CareSource®

Covered Services

BENEFITS OVERVIEW

- PCP and specialist office visits
- Emergency services
- Preventive services & screenings
- Inpatient facility services
- Outpatient diagnostic services
- Home health services
- Durable medical equipment services
- Rehabilitation therapy services
- Habilitative services
- Maternity services
- Dental services
- Vision services

ENHANCED BENEFITS

- CareSource 24 Nurse Advice Line
- Allergy testing & treatment
- Disease management
- Health and wellness education
- Inhalation therapy
- Opioid treatment services
- Pain management
- Transportation

MEMBER PROGRAMS

- Integrated Care Management
- Provide a Ride
- MyHealth®
- MyStrength
- Babies First®
- Kids First®

Services Not Covered

Medically unnecessary services
Services received from non-network providers, with specific exceptions
Experimental or investigational services
Alternative or complimentary medicine
Cosmetic procedures
Assisted reproductive therapy
Maintenance therapy treatments
Routine dental services not provided by a SkyGen provider
Routine vision services & eyewear not provided by an EyeMed provider
Routine hearing services & eyewear not provided by an EyeMed provider

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

Transportation Benefit

Plan	Benefit
Provider Scheduling Line	Providers should call MTM at 866-733-8997 (Medicaid) or 833-230-3030 (DSNP) at least 48 hours in advance to schedule.
Medical Benefit	• CareSource provides transportation to P4HB-Family Planning, Pathways age 19-21 and DSNP plans. • Annual benefit covers 12 one-way trips for Medicaid members and 60 one-way trips for DSNP. • Additional Trip Limit Exceptions: Unlimited transportation for Chemotherapy, Substance Use, NICU Visitation, Family Planning and Parenting Classes. • Same-day/sick visit trips available by calling scheduling line above; provider may need to confirm urgency • Georgia Department of Community Health (DCH) provides trips for other Medicaid members such as Georgia Families.
Additional Benefit	• CareSource offers a food benefit to all Medicaid & D-SNP members. • Members enrolled in Life Services are eligible to receive transportation to classes and testing, coaching, training, interview prep and interviews.

Translation ***Services***

- Sign and Language Interpretation
- CareSource offers onsite sign and language interpreters, as well as over-the phone interpreting (OPI) and video remote interpreting (VRI) services for CareSource members who are hearing impaired, do not speak English or have limited English-speaking proficiency
- Available at no cost to the member or provider
- As a provider, you are required to identify the need for interpreter services for your CareSource patients and to offer assistance appropriately

To arrange services, please contact our Provider Services department at **1-855-202-1058**. We ask that you let us know of members in need of interpreter services, as well as any members that may receive interpreter services through another resource.

Supplemental Benefits Overview

ABOUT OUR BENEFIT MANAGERS

CareSource partners with 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 a full listing of benefits in this plan.

CareSource Benefit Information

VISIT CARESOURCE.COM FOR MORE DETAILS ON:

CareSource Medicaid Plan Benefits
CareSource.com > Medicaid > Benefits & Services > Medical Benefits

Prior Authorizations

CareSource®

Prior Authorization Services

Some services require prior authorization.

To view the Procedure Code Lookup Tool, go to **CareSource.com** > Providers > Procedure Code Lookup Tool. You can search for services requiring prior authorizations.

For fast authorization processing, CareSource offers **Cite AutoAuth**, an automated evidence-based system. It's quicker than phone or fax! Access it on the Provider Portal.

Prior Authorization Submissions

	Medicaid
Phone	**1-855-202-1058**
Fax	844-676-0370
Mail	CareSource Utilization Management P.O. Box 1598 Dayton, OH 45401

Prior Authorization Information Checklist

PRIOR AUTHORIZATION SUBMISSION REQUIREMENTS

- Member/patient name and CareSource member ID number
- Provider name and National Provider Identifier (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 a service
- Inpatient services need to include whether the service is elective, urgent or emergency, admitting diagnosis, symptoms & plan of treatment

Note: We do not require in-network providers to obtain a prior authorization to see a patient for an office visit.

You can find more information on prior authorizations in our Provider Manual, located at **CareSource.com** > Providers > Tools & Resources > Provider Manual.

Prior Authorization Evolent

CareSource utilizes Evolent to manage prior authorization of some outpatient radiology services.

Procedures Requiring Prior Authorization through Evolent	Services Not Requiring Prior Authorization through Evolent	Evolent Authorization Phone Number
• CT/CTA • MRI/MRA • PET Scan	• Inpatient advanced imaging services • Observation setting advanced imaging services • Emergency room imaging services	• Medicaid: 1-800-424-4883
Evolent Customer Service: Mara Grimm | Mara.Grimm@Evolent.com | 804-548-0584		

Expedited authorizations are accepted. Register at: RadMD.com.

More resources on Evolent may be found at **CareSource.com/Providers**.

Care Management & Quality

CareSource®

Care & Disease Management

CARE MANAGEMENT

Providers can refer patients for care management by calling **1-844-438-9498** or accessing the Provider Portal.

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**.

MEMBER EDUCATION

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

Cultural Competency

Providers 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 contractual requirements

RESOURCES

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

CareSource Health Equity Commitment

At CareSource, we are dedicated to the communities in which we serve and in making a positive impact in the lives of our member by eliminating health disparities, supporting our organization's health equity initiatives, and partnering with community stakeholders to carry out this much needed work.

LIFE SERVICES

Our Life Services Department is dedicated to serving marginalized communities and to making a positive impact in the lives of diverse member populations to eliminate health disparities.

Life Services is taking an integrated approach to health equity and embedding it across CareSource. As a result, we have developed our objectives based on Pillars of Life Services:

- **Workforce Development**: promote long-term employment opportunities, financial literacy, connection to job training and increasing assets such as home ownership.
- **Housing**: increase the quality of safe and affordable housing, enhanced financial tools to develop and preserve housing units and improved affordability of housing.
- **Food & Nutrition**: regular and consistent access to healthy foods, education on nutrition and overall health impacts, addressing food deserts and inequalities.
- **Health Equity**: pursuit of health equality for Black, Indigenous and People of Color (BIPOC), LGBTQIA+, and complex populations; elimination of health disparities, partnerships with outside organizations, drive policy and advocate for change.

Quality Measures

HEDIS® 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).

HEDIS includes a multitude of measures that look at different domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Relative Resource Use
- Health Plan Descriptive Information
- Measures Collected Using Electronic Data Systems

Wellness & Prevention

- Childhood vaccinations
- Immunizations for adolescents
- Lead screenings for children
- Breast cancer and cervical cancer screenings
- Well-child visits

Chronic Health Conditions

- Controlling high blood pressure
- Comprehensive diabetes care
- Statin therapy for patients with cardiovascular disease or diabetes

Behavioral Health

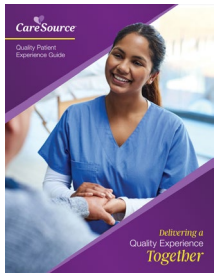
- Follow up after hospitalization for mental illness
- Follow up care for children prescribed attention deficit/hyperactivity disorder (ADHD) medications

Access to Care

- Children and adolescents' access to primary care providers
- Annual dental visit
- Prenatal and postpartum care

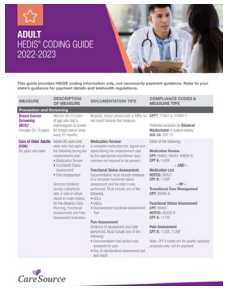
Quality Resources

Quality Onboarding Training



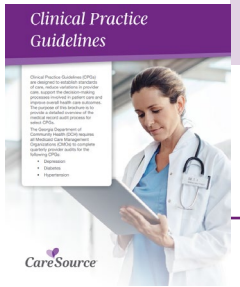
Quality Patient Experience Guide

Clinical Practice Registry Training



HEDIS Coding Guides

Clinical Practice Registry Quick Tips



Clinical Practice Guideline Information

Clinical Practice Registry

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. It is easy to access via the secure CareSource Provider Portal.

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

- Adult access
- Asthma
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Diabetes (Hba1c, eye exam, kidney/urine micro-albumin)
- Emergency room visits
- Lead screening
- Well-care visits

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

CareSource provides performance reports for these metrics to enhance practice procedures. Reports can be exported to PDF or Excel file for enhanced use.

Fraud, Waste & Abuse

Help CareSource stop fraud.

Contact us to report any suspected fraudulent activities.

Note: Providers are required to attest to completing the training after viewing.

For training on this, refer to the Office of Inspector General's training and the CMS training resource.

CALL Navex Hotline: **1-844-415-1272**
FAX **800-418-0248**
EMAIL Fraud@CareSource.com

MAIL CareSource
Attn: Program Integrity and Investigations
P.O. Box 1940
Dayton, OH 45401-1940

Pharmacy

CareSource®

Pharmacy Overview

PARTNERSHIP WITH EXPRESS SCRIPTS

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

SPECIALTY DRUGS

Accredo can provide specialty medications directly to the member or the prescribing physician and coordinate nursing care if required.

E-PRESCRIBING

CareSource formulary files are available through your Electronic Medical Record (EMR), electronic health record (HER) or e-prescribing vendor.

RESOURCES

- Find authorization requirements for prescriptions at **CareSource.com** > Pharmacy.
- 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.

Provider Resources

CareSource®

Provider Resources

Visit CareSource.com to access:

- Downloadable Provider Manual
- Downloadable Provider Orientation
- Newsletters & Network Notifications
- Formularies
- Covered benefits
- Quick reference guides
- and more!

CARESOURCE PROVIDER PORTAL

https//:providerportal.caresource.com/GA

Provider Directory Information Attestation

State and federal regulations require health plans to validate, and update published information regarding their contracted provider network every 90 days. This validation ensures we have the most accurate information for claims payment and provider directories. 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. **Providers are required to attest to directory information every 90 days.**

What happens if I do not attest to my information?

CMS requires health plans to verify the accuracy of provider directory information every 90 days. Not attesting to your information and/or providing updated information when applicable can result in claims payment issues and inaccurate provider data in our online and printed directories. With the No Surprises Act – in effect as of January 1, 2022 – providers who do NOT attest quarterly risk being suppressed in impacted provider directories.

Accurate provider directory information ensures we can connect the **right patients** to the **right provider**.

Make sure your provider data is accurate with GAMMIS/Georgia Medicaid!

CareSource Contacts

	Medicaid
Provider Services	**1-855-202-1058**
Utilization Management Fax	844-676-0370
Provider Portal	https//:providerportal.caresource.com/GA
Electronic Funds Transfer	ECHO Health: **1-888-485-6233**
Electronic Claims Submission	https://www.availity.com/
Claim Address	CareSource, Attn: Claims Department, P.O. Box 8730, Dayton, OH, 45401-8730
Timely Filing	Submit claims within six months after the month in which services were rendered

Are you contracted with all our plans?

Join us on our journey to healthy outcomes.

Visit **CareSource.com/Contracting** to start the contracting process.

CareSource®

PARTNER with *Purpose*

GA-MED-P-2823664

DCH Approved: 8/29/2024