

# Humana – CareSource® Provider Orientation

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# About Humana – CareSource

- Humana – CareSource® is a Medicaid managed-care plan that utilizes Humana’s provider network and is administered by CareSource.
- Humana and CareSource have more than 50 years of managed care experience.
- CareSource serves more than 1.8 million members across multiple plans in five states.
- Both Humana and CareSource have been awarded accreditation status from nationally recognized accreditation organizations.
- Our alliance is a strategic solution to make the healthcare system work better for members eligible for both Medicare and Medicaid by:
  - Understanding the diverse needs of our members
  - Knowing the importance of integrating a member’s care – from primary to acute, as well as behavioral health services
  - Focusing on preventive care and continued wellness
  - Committing to simpler healthcare and improving health outcomes
  - Utilizing community-based partnerships and services to help our members successfully navigate a complex healthcare system

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# Plan participation

To enroll as a practitioner in Medicaid or to contract with Humana – CareSource, please call 1-800-457-5683 and select option 4, or email [providerdevelopmentkywv@humana.com](mailto:providerdevelopmentkywv@humana.com).

Humana – CareSource works with the following networks to provide dental, vision, behavioral health, substance use and chiropractic services. To request participation, please contact the appropriate network below:

<u>Practitioner type</u>	<u>Group</u>	<u>Contact information</u>
Behavioral health and substance-use practitioners	Beacon	1-877-380-9729
Dental practitioners	Avesis	1-800-828-9341
Vision practitioners	Superior Vision (formerly Block Vision)	1-866-819-4298
Chiropractic practitioners	Tivity Health	1-866-430-8647



# Member ID Card Information

Humana – CareSource issues one card per member. Members also receive a Kentucky Medicaid ID card. A member must show their Humana – CareSource ID card at time of service. New cards are issued to members only when the information on the card changes, if a member loses a card, or if a member requests an additional card. Practitioners bill claims using the Humana – CareSource member ID number. Practitioners can send a notification to obtain an ID for a newborn.

Eligibility begins on the first day of each calendar month, with two exceptions:

- Newborns, born to an eligible mother, are eligible at birth
- Consumers who meet the definition of unemployed in accordance with 45 CFR 233.100 are eligible on the date they are deemed unemployed

**Due to the dynamic nature of eligibility, Humana – CareSource recommends that providers check the KY HealthNet Portal for real-time eligibility updates.**



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**Member Name** SAMPLE **Date of Birth**  
Mary Doe 04-12-73

**Humana – CareSource Member ID #:** 12345678900

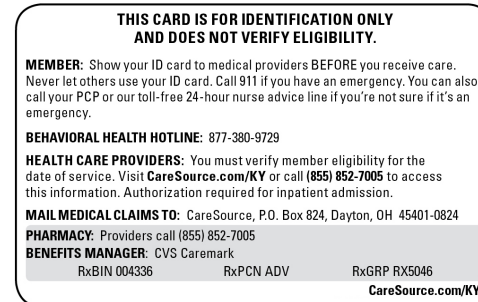
**Medicaid ID #:** 987654321000

**Primary Care Provider/Clinic Name:**  
Good, Iam A.

**Provider/Clinic Phone:** (855) 123-4567

**Member Services:** (855) 852-7005 (TTY: 1-800-648-6056 or 711)

**24-hour nurse line:** (866) 206-9599 (TTY: 1-800-648-6056 or 711)



**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](http://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](http://CareSource.com/KY)



# Benefits and Services

Humana – CareSource offers several benefits and services for Medicaid members, including:

- Case management and behavioral health services for our members with chronic health conditions
- Local pharmacy support to help members learn about their medication needs and drug safety
- Behavioral health services that include a dedicated hotline and crisis intervention
- Dental services based on member coverage (Please use the HealthNet portal to determine patient level of coverage)
- The Babies First incentive program for pregnant women and newborns, to encourage healthy behaviors and preventive care
- A toll-free phone number for members to speak with a registered nurse about their health concerns 24 hours a day, seven days a week at 1-866-206-9599

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# Inability to pay copayments below 100 percent federal poverty level (FPL)

Providers are prohibited from denying care to a member with a household income less than 100 percent of the FPL because of the member's inability to pay the copayment amount. However, if the provider has a policy posted in the office that applies to all patients, he or she can deny care to members with household incomes above 100 percent of the FPL.

The Pov Ind field in the Eligibility panel in HealthNet indicates if a member is at or below 100 percent of the FPL. If the indicator is N, you may not refuse to provide services for nonpayment of copays.

Eligibility					
<a href="#">Eligibility 5 Year History</a>					
Eligibility Group	Program Code	Program Status	Pov Ind	From Date of Service	To Date of Service
<a href="#">KY Managed Care Organization without Co-Pay</a>	XC - Child	P1 - Child at least 6 and under 19, Attending School if 18	N	01/01/2017	01/01/2018
Copay Plan		From Date	To Date		
Y		06/01/2017	12/31/2017		
Copay Indicator		From Date	To Date		
Y		10/04/2016	10/04/2017		

Note: POV\_IND - An 'N' in this field indicates that the member is at or below 100% of the federal poverty level. If the indicator is 'N' you may not refuse to provide services for no payment of co pays. If the indicator is 'Y' you may refuse to provide services for non-payment of co pays if this is the current business practice for all patients.

Regarding Copay Plan: A value of 'Y' indicates the member is subjected to Co-Payments and is not subjected to Premium payments. A value of "N" indicates the member is not subjected to Co-Payments but may be subjected to Premium Payments.



# Interpretation/Translation Services

Humana – CareSource is committed to ensuring staff are educated and remain aware of, and are sensitive to, the linguistic needs and cultural differences of members.

In order to meet this need, we provide/coordinate the following:

- Customer service is staffed with Spanish and English bilingual personnel.
- Trained professional language interpreters, including American Sign Language, can be made available in person at your office or by telephone, if necessary, to assist clinicians with discussing technical, medical or treatment information with members as needed.
  - Humana – CareSource requests a five-day prior notification for face-to-face services.
- To access TDD/TTY for members who are hearing impaired, contact Kentucky Relay Customer Service:
  - TDD/TTY: 1-800-648-6056
  - Voice: 1-800-648-6057
  - Key information: To access interpreter services for our members, contact customer service at 1-855-852-7005.

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# Taxonomy/NPI Updates

When adding, updating or changing the National Provider Identifier (NPI) and/or taxonomy for a healthcare professional with the Kentucky Department of Medicaid Services (KDMS), the effective date of the change will be the day KDMS receives the request or a future/prospective date requested by the provider. This change went into effect Nov. 1, 2016.

The “Request to Update NPI and/or Taxonomy” form was updated to capture this information. The form can be found at [www.caresource.com/providers/kentucky-medicaid/plan-resources/forms/](http://www.caresource.com/providers/kentucky-medicaid/plan-resources/forms/).

Additionally, effective Aug. 1, 2018, KDMS updated billing provider taxonomy claim requirements for the following provider types:

- Federally qualified health centers, provider type 31 with a specialty code 080
- Rural health centers, provider type 35

Taxonomy will no longer be required for claims submissions for the above-referenced provider types. NPI will continue to be required.

For more information on this change, visit our [Updates and Announcements](#) page.





# Electronic Health Record Incentive Program

Humana – CareSource encourages all healthcare professionals who meet the Electronic Health Record Incentive program requirements to participate.

For more information on how to attest and participate, please visit [www.khie.ky.gov/Pages/index.aspx](http://www.khie.ky.gov/Pages/index.aspx).

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# Member Services

Humana – CareSource members enjoy a range of support and care services, including:

- Referrals to community resources and/or case management
- Assistance with finding a primary care practitioner
- Access to grievances and appeals processes
- Support for claims issue resolution
- Help with benefit inquiries
- Access to pharmacy benefits
- Help with prior authorization requests
- Access to interpreter services



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# Member Rights and Responsibilities

Humana – CareSource-contracted healthcare providers have a responsibility to respect our members' rights. Our members are informed of their rights and responsibilities via their member handbook.

A list of members' rights can be found in the provider manual located on the Humana – CareSource website at [www.caresource.com/providers/kentucky-medicaid/plan-resources/](http://www.caresource.com/providers/kentucky-medicaid/plan-resources/).



# Provider Portal – How to Register

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

If you have a valid username and password:

- Enter your username and password, then click the “Provider Login” button.

If you are not registered with Humana – CareSource's provider portal:

- Click on “Register Here.”
- Enter your provider name, tax ID, Humana – CareSource provider ID and ZIP code.
- Review and accept the user agreement.
- Create your username and password.

Practitioners should access eligibility and claims information through the provider portal.

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# e-Communication for Practitioners



## Register for the Provider Portal

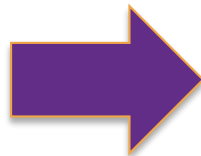
CareSource® has a single provider portal for the Kentucky market. Providers who serve Humana - CareSource® members may also serve Just4Me™ members.

If you are not already registered for the Provider Portal, please [register here](#).

If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department:

Humana – CareSource Providers: 1-855-852-7005

Just4Me Kentucky Providers: 1-855-852-5558



## Register for the CareSource E-Communication System

Cut down on clutter and go green! Register for CareSource Provider E-Communication System and receive relevant and timely information via email. [Please register here](#).

If this is your first time entering the system, please enter your provider ID number as your username and the ZIP code of your primary address as your temporary password. Once logged in, you may create a new username and password.

If you forgot your password, please click the "Reset my password" link. An email containing password reset information will be sent to the email address of the primary contact associated with the account. If you do not know who the primary contact is for this account, please check with your main office.



# Claims

Humana – CareSource makes filing claims as efficient as possible using established protocols and procedures by doing the following:

- Utilizing electronic funds transfer (EFT) and electronic remittance advice (ERA)
- Yielding consistently high auto-adjudication rates; 96 percent of clean claims paid within 30 days
- Utilizing industry-standard logic for coding edits
- Offering HIPAA 835 formatted explanation of payment (EOP)
- Offering timely filing periods (180 days from date of service)

Humana – CareSource’s Electronic Data Interchange (EDI) direct clearinghouse payer ID is KYCS1. The Beacon payer ID for behavioral health claims is 43324. The Avesis payer ID for dental claims is 86098.

<b>Behavioral health claims</b>	<b>Dental claims</b>	<b>All other claims</b>
Beacon Health Strategies Humana – CareSource claims Department 500 Unicorn Park Drive Suite 401 Woburn, MA 01801-3393	Avesis Third Party Administrators Inc. Attention: Dental Claims P.O. Box 38300 Phoenix, AZ 85069-8300 *Only if member is eligible for covered services (Please use the <a href="#">HealthNet portal</a> to determine patient level-of-coverage).	Humana – CareSource Attn: Claims P.O. Box 824 Dayton, OH 45401-0824





# Claims

Please note: If billing and rendering National Provider Identifier (NPI) and billing and rendering taxonomy are not included on the claim, or the codes included on the claim do not match the Commonwealth's Master Provider List (MPL), the claim will be rejected. This applies to both paper and electronic claims.

<u>Clearinghouse</u>	<u>Phone</u>	<u>Website</u>
Quadax	1-866-422-8079	<a href="http://www.quadax.com">www.quadax.com</a>
Change Healthcare	1-800-527-8133	<a href="http://www.changehealthcare.com">www.changehealthcare.com</a>
Waystar	1-877-494-7633	<a href="http://www.waystar.com">www.waystar.com</a>
Practice Insight	1-713-333-6000	<a href="http://www.practiceinsight.net">www.practiceinsight.net</a>
<u>Dental Clearinghouse</u>	<u>Phone</u>	<u>Website</u>
DentalXChange	1-800-576-6412, x452	<a href="http://www.dentalxchange.com">www.dentalxchange.com</a>
Change Healthcare	1-800-527-8133	<a href="http://www.changehealthcare.com">www.changehealthcare.com</a>
TriZetto	1-800-569-1222	<a href="http://www.trizetto.com">www.trizetto.com</a>
Tesia	1-800-724-7240	<a href="http://www.tesia.com">www.tesia.com</a>

To submit claims electronically, practitioners must use an electronic claims clearinghouse. A list of preferred clearinghouses is included above; however, Kentucky practitioners may use a clearinghouse of their choice to facilitate electronic claims submission.



# Coordination of Benefits Information

Healthcare professionals are responsible for verifying and obtaining all coordination of benefits (COB) information at the time of service via the following methods:

- Online: Visit the provider portal at [www.providerportal.caresource.com/KY](http://www.providerportal.caresource.com/KY)
- Phone: Call **1-855-852-7005**

## **What if I receive a claim denial for COB and the member's primary coverage is no longer effective?**

Physicians can use one of the following methods to submit an inquiry:

- Use the provider portal to add and submit information through the COB page
- Email [COBKentucky@caresource.com](mailto:COBKentucky@caresource.com)
- Call provider services at 1-855-852-7005

We will investigate your inquiry. After we confirm the member no longer has primary coverage, we will update the member information in our system.

## **If I receive a denial showing the member has other coverage, how can I get the other coverage information?**

Physicians can use one of the following methods to receive further information:

- Use the provider portal to add and submit information through the COB page
- Call provider services at 1-855-852-7005

Humana – CareSource updated processes for claim adjustment and encounter voiding for members with terminated coverage. The new process is outlined in the [Provider Manual](#) as well as on our [Updates & Announcements](#) webpage.



# Pharmacy

- CVS Caremark is the delegated pharmacy benefit manager for Humana – CareSource in Kentucky.
  - *CVS Caremark: 1-800-770-8014*
- Specialty pharmacy: Select classes of specialty medications require prior authorization (PA). Specialty pharmacy PA forms and a list of all drugs requiring PA can be found at <https://www.caresource.com/ky/providers/medicaid/>.
  - *Call Humana – CareSource Specialty Pharmacy: 1-855-852-7005*
- ePrescribing: Once prescribers create a login with CVS Caremark, they can prescribe electronically.

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# Medical Management Prior Authorization Process

Online:	Select the <a href="#">provider portal</a> option from the menu.
Email:	<a href="mailto:kymedicalmanagement@caresource.com">kymedicalmanagement@caresource.com</a>
Phone:	1-855-852-7005 and follow the appropriate menu prompts for prior authorization (PA) requests, depending on your need.
Fax PA form:	1-888-246-7043. PA form can be found by visiting <a href="https://www.caresource.com/providers/kentucky/medicaid/plan-resources/forms/">https://www.caresource.com/providers/kentucky/medicaid/plan-resources/forms/</a> .
Mail:	Humana – CareSource Attn: Kentucky Medical Management P.O. Box 1307 Dayton, OH 45401-0825



# Medical Management

Prior authorization (PA) requirements are subject to change. Humana – CareSource’s provider portal (<https://www.caresource.com/ky/providers/medicaid/>) has up-to-date information on services that require prior authorization.

## **Consultation**

The radiology benefit management program is recommended for all nonemergency outpatient CTs, MRI/MRAs and PET scans through HealthHelp (<portal.healthhelp.com/caresource/>).

Services that require prior authorization:

- All inpatient care, including nursing facility services
- Organ transplants
- Orthodontia treatment and other dental services listed in the Avesis® provider manual
- Pain management
- Select specialty pharmacy medications
- Ambulance transports (excludes emergent or facility to facility)
- Food supplements/nutritional supplements more than 30 cans per month
- Some types of durable medical equipment (DME):
  - All powered or customized wheelchairs
  - Manual wheelchair rentals more than three months
  - All miscellaneous codes (e.g., E1399).
  - Hearing aids
  - DME more than \$750

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# Provider Appeals Process

Practitioners have the right to file a request for reconsideration or an appeal with Humana – CareSource regarding provider payment or contractual issues.

If you do not agree with a decision related to a processed claim, you have 180 days from the original date of denial to file an appeal. If the claim appeal is not submitted in the required time frame, the claim will not be considered and the appeal will be denied.

Humana – CareSource resolves grievances or appeals within 30 calendar days of the date the grievance or appeal is received. Practitioners are notified in writing. If an appeal is approved, payment will be displayed on the practitioner’s explanation of payment (EOP).

<b>Address:</b>	Complete the “Provider Claim Appeal Request Form” located on our website and mail it to:  Humana – CareSource Attn: Provider Claim Appeals P.O. Box 823 Dayton, OH 45401-0823
<b>Online:</b>	Visit <a href="http://www.caresource.com/ky/providers/medicaid/">www.caresource.com/ky/providers/medicaid/</a> , click on the “Provider Portal” link, then select the “Claims Appeals” tab on the left.
<b>Fax:</b>	1-855-262-9793





# Care4U Care Management and Care Coordination

Humana – CareSource health services are composed of interdisciplinary teams designed to support member-centric models and comprehensive treatment plans.

- **24-hour nurse triage line**
- **Quality improvement**
- **Behavioral health**
- **Case management**
- **Disease management**

- **Care transitions** – A unique discharge-planning program that transitions members to appropriate outpatient services, transportation services, home-care-intervention services and medication reconciliation services.
- **On-site case management** – Field-based care management staff.

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# Quality Incentives and Collaboration

A Humana – CareSource health partner representative engages with you throughout the calendar year providing assistance in the following areas:

- **Care-gap Reporting:** Humana – CareSource provides specific medical care-gap reporting tailored to Humana – CareSource-covered patients engaged with your practice.
- **Generic Dispense Rate Reporting:** Humana – CareSource provides information regarding generic dispense rates for you Humana – CareSource-covered patients along with a comparison of the community generic dispense rate.
- **Healthcare Effectiveness Data and Information Set (HEDIS®) Record Collection:** Once a year you may be asked to provide HEDIS records to Humana – CareSource. Your health partner representative will work with you to find the most efficient and seamless way to provide those records.

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# Access Standards

## Primary care practitioners (PCP)

- Emergency needs Immediately upon presentation; 24 hours a day, seven days a week
- Persistent symptoms Not to exceed 48 hours from date of a member's request
- Routine care needs Not to exceed 30 days from date of a member's request

## Non-PCP specialists

- Emergency needs Immediately upon presentation
- Persistent symptoms Not to exceed 48 hours
- Routine care needs (stable condition) Not to exceed 30 days

## Behavioral health

- Emergency care with crisis stabilization Must be provided within 24 hours
- Urgent care Within 48 hours
- Post-discharge from an acute psychiatric hospital Within 7 days of discharge
- Other routine referrals/appointments Within 10 days



# Quality – HEDIS Measure Overview

Humana – CareSource uses HEDIS data to measure and improve the quality of service delivered to our members. Measured data points include:

- Adult body mass index (BMI)
- Controlling high blood pressure
- Weight assessment and counseling for nutrition and physical activity for children/adolescents
- Cholesterol and lead screening
- Well-child visits in the first 15 months of life, as well as the third, fourth, fifth and sixth years of life
- Adolescent well-care visits
- Children’s and adolescents’ access to primary care practitioner
- Adults’ access to preventive/ambulatory health services
- Timeliness of prenatal care

In addition, Humana – CareSource tracks the following Kentucky state-specific measures:

- Prenatal risk assessment counseling and education
- EPSDT vision and hearing assessment
- Adolescent screening/counseling
- Children with special healthcare needs (CSHCN)



# Cultural Considerations and Competencies

Participating Humana – CareSource practitioners are required:

- To deliver services in a culturally competent manner, including the removal of language barriers to service, and accommodate the special ethnic, cultural and social circumstances for a patient
- To meet the requirements of all applicable state and federal laws and regulations as they pertain to provision of services and care, including Title VI of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act and the Rehabilitation Act of 1973

Humana – CareSource recognizes cultural differences and the influences that race, ethnicity, language and socioeconomic status have on the healthcare experience and health outcomes. We are committed to developing strategies that eliminate health disparities among culturally diverse groups and address gaps in care.

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# Fraud, Waste and Abuse Program

To report suspected fraudulent activities:

- Call 1-855-852-7005 and select the appropriate menu options.
- Fax to 1-800-418-0248.
- Email [fraud@caresource.com](mailto:fraud@caresource.com)
- Write to:

Humana – CareSource

Attention: Special Investigations Unit

P.O. Box 1940

Dayton, OH 45401-1940

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# Questions



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