

# WORKING WITH CARESOURCE

HEALTH PARTNER ORIENTATION

*KENTUCKY MARKETPLACE*





# About 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, MyCare, Medicare Advantage (MA), Dual Special Needs Plans (D-SNP) and Arkansas PASSE programs.

**30+**  
**YEARS**  
**MISSION-DRIVEN**  
**CARE**

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**A-Z**  
**CONSUMER**  
**ADVOCACY**



# Our *Plans*

## MARKETPLACE

### Commercial Health Plan

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





# Your *Expectations*

- Provide 24/7 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
  - 60 calendar days, depending on the type of change (refer to the [Provider Manual](#))
- Provide notification to terminate the contract 90 days in advance of desired termination
- Do not balance bill CareSource members
- Comply with access and availability standards (refer to later slide)
- Provider medical records upon request
- Submit claims or corrected claims within 90 days of date of service or date of discharge
- Treat CareSource members with respect

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 120 calendar days
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay 95% of clean claims within 30 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*<sup>®</sup>



# Provider Network & *Eligibility*

CareSource 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 Teladoc 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 to ensure you take his or her plan. Be sure to confirm which CareSource plan the member is asking that you accept.



# Provider Directory *Attestation*



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



CMS require health plans to verify the accuracy of provider directory information **every 90 days.**



We have partnered with Quest Analytics to streamline your verification process through their **BetterDoctor solution.**




## Completing the Attestation Process:

1. You should receive an email or fax from BetterDoctor
2. Go to: [betterdoctor.com/validate](https://betterdoctor.com/validate).
3. Locate the access token on the fax or email you received from BetterDoctor (it is an 8-character alphanumeric code (for example ABC123D4), and it is not case sensitive).
4. Enter the access token
5. Click 'Submit.'
6. Verify and update your information using the online tool via the BetterDoctor portal.
7. Larger practices can submit rosters directly to Quest Analytics

Issues? Contact [support@betterdoctor.com](mailto:support@betterdoctor.com)



# ID Cards: *Kentucky Marketplace Members*

Silver

<b>Member:</b> Jeff Doe	<b>Dependents:</b> -01 Jane Doe] -02 John Doe -03 Mike Doe -04 Ron Doe -05 Susan Doe -06 Sara Doe -07 Joe Doe -08 Sam Doe	<b>KY2023</b>
<b>Member ID:</b> 14800000000-00		
<b>Health Plan:</b> XXXXXXXXXXXXXX-XX		
<b>Payer ID:</b> KYCS1		

Office: \$30

ER: 20%\*

Spec: \$50

UrgCare: \$75

\*after deductible

[CareSource.com/marketplace](https://www.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	<b>Member Services</b>		<b>1-888-815-6446</b>
	<b>CareSource24 Nurse Advice Line:</b>		<b>1-866-206-7879</b>
	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
PROVIDER INFO	Hearing	TruHearing	1-866-202-2674
	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		

**Note:** Make sure the state matches your contracted region.

Marketplace dependents are indicated by the member ID + dependent suffix (portion after the “-”)

- Example: 14800000000-01 (Jane Doe)



# Claim *Submissions*

## SUBMISSION PROCESS

Providers can submit claims through our secure, online Provider Portal at **CareSource.com** > [Provider Log-In](#). Here, providers can submit claims along with any documentation, track payments and more.

## ELECTRONIC CLAIM SUBMISSIONS

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](http://www.echohealthinc.com). For questions, call ECHO Support at: 1-888-485-6233.

## CLEARINGHOUSES

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





# Access and *Availability*

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

- Provide 24 hours of availability to your CareSource patients by telephone, answering service or message instructing them what to do to reach their PCP or backup provider.
  - 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 ensure that the services are accessible to members, as needed, 24 hours a day, 365 days a year.

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)

## Marketplace Members

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Urgent care*	Not to exceed 48 hours
Regular and routine care	Not to exceed six weeks

\*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 PCP 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.



# Access and *Availability*

Non-PCP Specialists	Marketplace Members
Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Urgent care*	Not to exceed 48 hours
Regular and routine care	Not to exceed 12 weeks

\*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

## Marketplace Members

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Non-life-threatening emergency*	Not to exceed six hours
Urgent care*	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 business days
Follow-up routine care	Not to exceed 30 calendar days based off condition

\*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
- Teladoc tool
- Evidence of Coverage & Schedule of Benefits
- Member Handbook
- Total Cost Navigator
- Forms and more

For more information, visit: [CareSource.com/members](https://www.caresource.com/members).



# Communicating with *Us*

	Marketplace
Provider Services	1-833-230-2101
Hours	Monday – Friday 8 a.m. to 6 p.m. Eastern Time (ET)
Member Services	1-833-230-2099
Hours	Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)



101 Enterprise Drive  
Suite A  
Frankfort, KY 40601  
502-213-4700

**Dell Jeter, Contracting Manager**  
Phone: 502-709-0613  
[Dell.Jeter@CareSource.com](mailto:Dell.Jeter@CareSource.com)

The map displays the following counties and their approximate population density levels (from lowest to highest):

- Lowest Density (Light Yellow):** Hancock, Boone, Kenton, Campbell, Pendleton, Bracken, Mason, Grant, Carroll, Gallatin, Trimble, Henry, Owen, Harrison, Robertson, Lewis, Greenup, Boyd, Elliott, Lawrence, Johnson, Martin, Pike, Knott, Letcher, Perry, Leslie, Harlan, Bell, Whitley, McCreary, Wayne, Clinton, Cumberland, Monroe, Allen, Simpson, Warren, Edmonson, Butler, Grayson, Breckinridge, Meade, Bullitt, Nelson, Anderson, Woodford, Franklin, Shelby, Oldham, Spencer, Jefferson, Meade, Hardin, Larue, Hart, Green, Taylor, Adair, Metcalfe, Barren, Logan, Todd, Muhlenberg, Christian, Calloway, Fulton, Hickman, Graves, McCracken, Ballard, Carlisle, Marshall, Trigg, Lyon, Caldwell, Crittenden, Livingston, Union, Henderson, Daviess, Ohio, Webster, McLean, Hopkins, Ohio, Breckinridge, Meade, Bullitt, Nelson, Anderson, Woodford, Franklin, Shelby, Oldham, Spencer, Jefferson, Meade, Hardin, Larue, Hart, Green, Taylor, Adair, Metcalfe, Barren, Logan, Todd, Muhlenberg, Christian, Calloway, Fulton, Hickman, Graves, McCracken, Ballard, Carlisle, Marshall, Trigg, Lyon, Caldwell, Crittenden, Livingston, Union, Henderson, Daviess, Ohio, Webster, McLean, Hopkins, Ohio.
- Low to Moderate Density (Light Orange):** Hancock, Boone, Kenton, Campbell, Pendleton, Bracken, Mason, Grant, Carroll, Gallatin, Trimble, Henry, Owen, Harrison, Robertson, Lewis, Greenup, Boyd, Elliott, Lawrence, Johnson, Martin, Pike, Knott, Letcher, Perry, Leslie, Harlan, Bell, Whitley, McCreary, Wayne, Clinton, Cumberland, Monroe, Allen, Simpson, Warren, Edmonson, Butler, Grayson, Breckinridge, Meade, Bullitt, Nelson, Anderson, Woodford, Franklin, Shelby, Oldham, Spencer, Jefferson, Meade, Hardin, Larue, Hart, Green, Taylor, Adair, Metcalfe, Barren, Logan, Todd, Muhlenberg, Christian, Calloway, Fulton, Hickman, Graves, McCracken, Ballard, Carlisle, Marshall, Trigg, Lyon, Caldwell, Crittenden, Livingston, Union, Henderson, Daviess, Ohio, Webster, McLean, Hopkins, Ohio.
- Moderate Density (Orange):** Hancock, Boone, Kenton, Campbell, Pendleton, Bracken, Mason, Grant, Carroll, Gallatin, Trimble, Henry, Owen, Harrison, Robertson, Lewis, Greenup, Boyd, Elliott, Lawrence, Johnson, Martin, Pike, Knott, Letcher, Perry, Leslie, Harlan, Bell, Whitley, McCreary, Wayne, Clinton, Cumberland, Monroe, Allen, Simpson, Warren, Edmonson, Butler, Grayson, Breckinridge, Meade, Bullitt, Nelson, Anderson, Woodford, Franklin, Shelby, Oldham, Spencer, Jefferson, Meade, Hardin, Larue, Hart, Green, Taylor, Adair, Metcalfe, Barren, Logan, Todd, Muhlenberg, Christian, Calloway, Fulton, Hickman, Graves, McCracken, Ballard, Carlisle, Marshall, Trigg, Lyon, Caldwell, Crittenden, Livingston, Union, Henderson, Daviess, Ohio, Webster, McLean, Hopkins, Ohio.
- High Density (Dark Red):** Hancock, Boone, Kenton, Campbell, Pendleton, Bracken, Mason, Grant, Carroll, Gallatin, Trimble, Henry, Owen, Harrison, Robertson, Lewis, Greenup, Boyd, Elliott, Lawrence, Johnson, Martin, Pike, Knott, Letcher, Perry, Leslie, Harlan, Bell, Whitley, McCreary, Wayne, Clinton, Cumberland, Monroe, Allen, Simpson, Warren, Edmonson, Butler, Grayson, Breckinridge, Meade, Bullitt, Nelson, Anderson, Woodford, Franklin, Shelby, Oldham, Spencer, Jefferson, Meade, Hardin, Larue, Hart, Green, Taylor, Adair, Metcalfe, Barren, Logan, Todd, Muhlenberg, Christian, Calloway, Fulton, Hickman, Graves, McCracken, Ballard, Carlisle, Marshall, Trigg, Lyon, Caldwell, Crittenden, Livingston, Union, Henderson, Daviess, Ohio, Webster, McLean, Hopkins, Ohio.

	Angela Taylor, 937-952-8181 <a href="mailto:Angela.Taylor@CareSource.com">Angela.Taylor@CareSource.com</a>	Boyd, Carter, Elliott, Floyd, Greenup, Johnson, Knott, Lawrence, Letcher, Magoffin, Martin, Morgan, Pike <b>Systems: Kings Daughters Medical Center (KDMC); Appalachian Regional Healthcare (ARH); Baptist Health System</b>
	Brittany Whitaker, 606-802-4594 <a href="mailto:Brittany.Whitaker@CareSource.com">Brittany.Whitaker@CareSource.com</a>	Bell, Breathitt, Casey, Clay, Estill, Fayette, Garrard, Harlan, Jackson, Jessamine, Knox, Laurel, Lee, Leslie, Lincoln, Madison, Marion, McCreary, Perry, Powell, Pulaski, Rockcastle, Russell, Washington, Wayne, Whitley, Wolfe <b>Systems: LifePoint; University of Kentucky (UK)</b>
	Hope Lafavers, 502-216-6314 <a href="mailto:Hope.Lafavers@CareSource.com">Hope.Lafavers@CareSource.com</a>	Adair, Barren, Breckinridge, Bullitt, Christian, Cumberland, Green, Hardin, Hart, Hopkins, Jefferson, Larue, Logan, McLean, Meade, Metcalfe, Muhlenberg, Nelson, Ohio, Taylor, Webster <b>Systems: Norton; University of Louisville (U of L); Catholic Health Partners</b>
	Shirley Sorrels, 502-919-0446 <a href="mailto:Shirley.Sorrels@CareSource.com">Shirley.Sorrels@CareSource.com</a>	Anderson, Ballard, Bath, Boone, Bourbon, Boyle, Bracken, Campbell, Carlisle, Carroll, Clark, Fleming, Franklin, Gallatin, Grant, Graves, Harrison, Henry, Hickman, Kenton, Lewis, Livingston, Mason, McCracken, Menifee, Mercer, Montgomery, Nicholas, Oldham, Owen, Pendleton, Robertson, Rowan, Scott, Shelby, Spencer, Trimble, Woodford <b>Systems: St. Elizabeth; TPN; KPCA; APCP</b>



# Provider Portal

  
*CareSource*<sup>®</sup>



# CareSource *Provider Portal*

## SAVE TIME AND MONEY

With our secure online Provider Portal, you can:

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

Access the Provider Portal 24 hours a day, seven days a week at **CareSource.com** > Provider > [Log-In](#).



# Register for the *Provider Portal*

Go to **CareSource.com**.

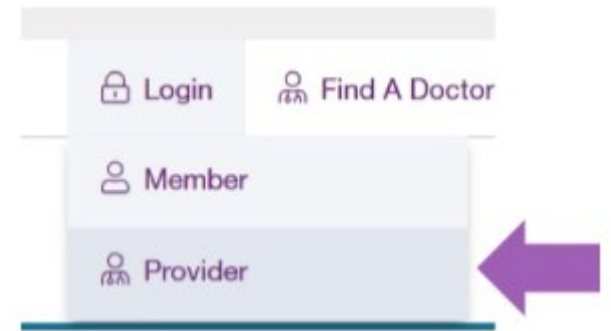
Click Provider from the Log-in drop-down.

Select **Kentucky**.

Register for the Provider Portal.

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

Follow remaining steps to register.



## CareSource 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.

- Member & Eligibility Search
- Claims Search, EOP & Submissions
- Prior Authorization Search & Submissions
- PCP Roster & Clinical Practice Registry

[Login](#) [Sign Up](#)

[Forgot password?](#)

[Portal Registration Instructions](#)

### Provider Login:

Username:

Password:

[Log In](#)

[Forgot password?](#)

[Register for an account](#)

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.

- Member & Eligibility Search
- Claims Search, EOP & Submissions
- Prior Authorization Search & Submissions
- PCP Roster & Clinical Practice Registry

### New Provider Setup:

- [Check Enrollment Status](#)

### Step-by-Step Guidance:

- [Register for the Provider Portal](#)
- [Reset Your Password](#)



# Member *Eligibility*

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

Member is eligible for service on the specified date

Date of Service

11/28/2022

📅

Search

Member Information

Member Name:

Christopher Hall

CareSource Id:

1000000000

Medicaid Id:

1000000000

Case Number:

1000000

Gender:

Male

Member Profile:

[Click To View](#) 📄  
[Member Profile Report Definitions](#)

Original Effective Date:

9/1/2007 12:00:00 AM

Address:

1000000000  
1000000000, 1000000000

County of Residence:

1000

County of Eligibility:

1000

Phone:

1000-100-1000

Date of Birth:

1000-1000

Relationship to Subscriber:

Subscriber/Insured

Program Details:

[Not a coordinated services member.](#)

Member Eligibility Date

1/24/2020 2:07:29 PM

Spec Last Updated:



# 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

+





# Marketplace Member *Financial Responsibility*

## ANNUAL DEDUCTIBLE, COPAYMENTS & COINSURANCE

These costs are applicable for most covered services. It is up to the provider to collect these amount at the time of service.

## BALANCE BILLING

Network providers **may not** balance bill CareSource members for covered services.

Balance billing is when a provider bills the patient for the difference between the provider's charge and the allowed amount. **For example, if the provider's typical fee is \$100, and the allowed billable amount is \$70, the provider may not bill the patient for the remaining \$30.**



# Marketplace Member *Financial Responsibility*

## GRACE PERIOD

**Members have a federally mandated 90-day grace period if they are receiving Advance Premium Tax Credit (APTC), or a 31-day grace period if they are not receiving APTC in which to make their payment.**

- Not applicable for their initial payment
- For APTC-receiving members, 30 days after their due date CareSource will:
  - Flag the member in the eligibility file and
  - On the Provider Portal, suspend pharmacy benefits and pend claims rendered
- For non-APTC members, the day after their due date, CareSource will:
  - Flag the member in the eligibility file and
  - On the Provider Portal, suspend pharmacy benefits and pend any claims rendered

If members bring their account into good standing before the expiration of the grace period, pharmacy benefits will start again, and pended claims will be processed.

## TERMINATION

**After the grace period has expired, the member is terminated for non-payment of premium.**

- CareSource will retroactively terminate the member to either the last day of the first month of the grace period (APTC) or the last paid date (non-APTC).
- CareSource will then deny any claims that are pended during the grace period and reserves the right to recover any amounts paid in this period.





# Covered Benefits & Services

  
*CareSource*<sup>®</sup>

# 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

Pediatric dental services

Pediatric vision services

## ADDITIONAL BENEFITS

CareSource 24 Nurse Advice Line

Allergy testing & treatment

Health and wellness education

Inhalation therapy

Opioid treatment services

Pain management

## MEMBER PROGRAMS

Integrated Care Management

Diabetic coaching program

Chronic Kidney Disease (CKD) program

Neonatal Intensive Care (NICU) team

Moms and Baby Beginnings program (for pregnant moms)

MyHealth®

MyStrength



# Services *Not Covered*

Medically unnecessary services

Services received from a 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 DentaQuest provider

Routine vision services & eyewear not provided by an EyeMed provider

Routine hearing services not provided by a TruHearing provider

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



# 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](https://www.caresource.com) for a full listing of benefits in this plan. Please note: these services are for members who chose to add the supplemental health care plan.





# Marketplace Plan *Supplemental Benefits*

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
<b>Routine Dental (DentaQuest)</b>	<ul style="list-style-type: none"> <li>✓ All pediatric members (&lt;19 years of age)</li> <li>✓ Adults 19+ years of age on dental &amp; vision plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Services</li> <li>▪ Provider network</li> <li>▪ Claims adjudication</li> <li>▪ EOBs</li> </ul>	Preventive, diagnostic, restorative, comprehensive and medical-necessary orthodontics for pediatric only	<b>1-855-453-5281</b>
<b>Routine Hearing (TruHearing)</b>	<ul style="list-style-type: none"> <li>✓ All Marketplace members</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Services</li> <li>▪ Provider network</li> <li>▪ Claims adjudication</li> </ul>	Routine hearing exams and hearing aid discounts	<b>1-866-202-2674</b>
<b>Routine Vision (EyeMed)</b>	<ul style="list-style-type: none"> <li>✓ All pediatric members (&lt;19 years of age)</li> <li>✓ Adults 19+ years of age on dental &amp; vision plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Services</li> <li>▪ Provider network</li> <li>▪ Claims adjudication</li> <li>▪ EOBs</li> </ul>	Routine eye exam, glasses, contacts, and other value-added services	<b>1-833-337-3129</b>
<b>Fitness (American Specialty Health)</b>	<ul style="list-style-type: none"> <li>✓ Adults 18+ years of age on dental &amp; vision plans</li> </ul>	<ul style="list-style-type: none"> <li>▪ Member Services</li> <li>▪ Provider network</li> </ul>	No cost share fitness center access, home health kits, internet tools and education	<b>1-877-771-2746</b>

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



# CareSource *Benefit Information*

VISIT CARESOURCE.COM FOR MORE DETAILS ON:

**Marketplace Plan Benefits**

**CareSource.com** > Marketplace > [Benefits & Services](#)





# Prior Authorizations

  
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# Prior Authorization *Services*

**Some services require prior authorization.**

Log in to the Provider Portal at **CareSource.com** > Provider > [Log-In](#) to access the Procedure Code Look-Up Tool and 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*

	Marketplace
Portal	At CareSource.com through the <a href="#">Provider Portal</a>
Online	mmHIX-Just4Me@CareSource.com
Phone	<b>1-833-230-2101</b>
Fax	1-888-752-0012
Mail	CareSource Utilization Management P.O. Box 1307 Dayton, OH 45401-1307



# Prior Authorization *Information Checklist*

## PRIOR AUTHORIZATION (PA) SUBMISSION REQUIREMENTS

- Member/patient name and CareSource member ID number
- Provider name, Provider Tax ID 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 a referral to see a patient.

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





# Prior Authorization *NIA Magellan Imaging*

CareSource utilizes NIA Magellan to implement a radiology benefit management program for outpatient advanced imaging services.

Procedures Requiring PA through NIA	Services Not Requiring PA through NIA	NIA Magellan Authorization Phone Number
<ul style="list-style-type: none"><li>• CT/CTA</li><li>• MRI/MRA</li><li>• PET Scan</li></ul>	<ul style="list-style-type: none"><li>• Inpatient advanced imaging services</li><li>• Observation setting advanced imaging services</li><li>• Emergency room imaging services</li></ul>	Marketplace: <b>1-800-424-1746</b>
<b>NIA Magellan Customer Service:</b> 1-410-953-1042   <a href="mailto:mamurphy@magellanhealth.com">mamurphy@magellanhealth.com</a>		

Expedited authorizations are accepted. Register at: [RadMD.com](https://www.radmd.com)

More resources on NIA Magellan imaging may be found at [CareSource.com/Providers](https://www.caresource.com/providers)





# Care Management & Quality

  
*CareSource*<sup>®</sup>

# Care *Management*

## CARE MANAGEMENT

The Integrated Care Management team has nurses and community health workers who can assist with care coordination and health needs.

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 **1-833-202-0729**. You may also reach out via email at [CMReferrals\\_KY\\_WV@CareSource.com](mailto:CMReferrals_KY_WV@CareSource.com).

## MEMBER EDUCATION

- MyHealth online self-management tool
- 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 Culturally and Linguistic Appropriate Services (CLAS) 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, as well as making a positive impact in the lives of our member by:

- Eliminating health disparities
- Supporting our organization's health equity initiatives
- Partnering with community stakeholders



# 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
- Colorectal cancer screening

## Cardiovascular 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
- Antidepressant medication management

## Access to Care

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





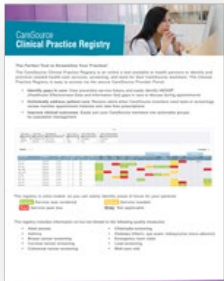
# Quality *Resources*



## Quality Onboarding Training



## Clinical Practice Registry Training



## Clinical Practice Registry Quick Tips



## Quality Patient Experience Guide



## HEDIS Coding Guides



## 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
- 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.

**CALL:** Provider Services **1-833-230-2101**

**FAX:** 800-418-0248

**EMAIL:** [fraud@caresource.com](mailto:fraud@caresource.com)

**MAIL:**

CareSource

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940





# Pharmacy

  
*CareSource*<sup>®</sup>

# Pharmacy *Overview*

## PARTNERSHIP WITH EXPRESS SCRIPTS

CareSource works collectively with Express Scripts, our delegated pharmacy benefit manager (PBM), 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 records (EMR), electronic health record (EHR), or e-prescribing vendor.

## RESOURCES

- Find authorization requirements for prescriptions at **CareSource.com** > [Pharmacy](#). Select your plan's dropdown for specific requirements.
- 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 Plan *Pharmacy Benefits*

## FORMULARY STRUCTURE

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

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

Visit **CareSource.com** > [Pharmacy](#) if you wish to access our full formulary list.







# Provider Resources

 *CareSource*<sup>®</sup>



# 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/KY>



# CareSource *Contacts*

	Marketplace
Provider Services	1-833-230-2101
Utilization Management Fax	1-888-752-0012
Email	mmHIX-Just4Me@CareSource.com
Electronic Funds Transfer	ECHO Health: 1-888-485-6233
Electronic Claims Submission	KYCS1
Claim Address	CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8730
Timely Filing	90 calendar days from date of service or discharge





# 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**<sup>®</sup>



**PARTNER** with *Purpose*