

WORKING WITH CARESOURCE NORTH CAROLINA CO.

HEALTH PARTNER ORIENTATION

*CARESOURCE NORTH CAROLINA CO.
MARKETPLACE*

QUALIFIED HEALTH PLANS OFFERED IN NORTH CAROLINA BY CARESOURCE
NORTH CAROLINA CO., D/B/A CARESOURCE





About CareSource North Carolina Co.


CareSource[®]

Our *Mission*

MISSION

To invest in initiatives and organizations 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, Dual Special Needs Plans (D-SNP), and PASSE programs.



Our *Plan*

CareSource North Carolina Co.

MARKETPLACE

Commercial Health Plan

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



Your *Responsibilities*

- Provide 24 hours per day/365 days a year 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 or 90 days, depending on the type of change (refer to the [Provider Manual](#))
- Provide notification to terminate the contract 120 calendar days in advance of desired termination date
- Provide notification to terminate the contract 60 calendar days, if planning to close practice to new patients
- 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 of the date of service or 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 90 calendar days
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay clean claims within 30 days of receipt

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





Working with
CareSource
North Carolina Co.



Provider Network & *Eligibility*

CareSource North Carolina Co. members choose or are assigned a primary care provider (PCP) upon enrollment. When referring patients, ensure other providers are in-network to assure coverage. Use our Find-a-Doc tool at **CareSource.com** to help you locate a participating 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 North Carolina Co.

MEMBER ELIGIBILITY

Be sure to ask to see each patient's member ID to ensure you take his or her plan. Be sure to confirm which 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.
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



ID Cards: *CareSource North Carolina Co. Members*

 Silver Dental, Vision and Fitness

Member:
Jeff Doe

Dependents:
-01 Jane Doe

NC2024

Member ID:
14800000000-00

Effective:
01/01/2023

Health Plan:
42265NC0020023-01

Payer ID: NCCS1

Office: \$30

ER: 20%*

Spec: \$50

UrgCare: \$75

*after \$5,000/7,500 Annual Deductible \$10,000 Out of Pocket Max

[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 Services.

MEMBER NUMBERS

Member Services:
CareSource24 Nurse Advice Line:
TTY Service for Hearing Impaired:
Dental
Vision
Hearing
Fitness

1-833-230-2099
1-833-687-7355
1-800-735-2962
DentaQuest 1-833-615-0434
EyeMed 1-833-337-3129
TruHearing 1-866-202-2636
Active&Fit 1-877-771-2746

PROVIDER INFO

Provider Services: 1-833-230-2101 | ESI: 1-800-420-3560
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 North Carolina Co. 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.

CLEARINGHOUSES

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



Access and *Availability*

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

- Provide members telephone access to the PCP 24/7.
 - 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.
- Be available to see members at least three days per week for a minimum of 20 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)

Type of Visit	Should be seen...
Regular and routine care	Not to exceed 6 weeks
Urgent Needs	Within 48 hours
Emergency Needs	Seen immediately

*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

Type of Visit	Should be seen...
Regular and routine care	Not to exceed 12 weeks
Urgent needs	Not to exceed 48 hours
Emergency needs	Seen immediately
Dental routine care	Not to exceed 6 weeks
Dental urgent needs	Not to exceed 48 hours

*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 timeframe, we will facilitate an appointment with another participating provider, or a nonparticipating provider, when necessary.



Access and *Availability*

Behavioral Health Providers

Type of Visit	Should be seen...
Initial visit for routine care	Not to exceed 10 calendar days
Follow-up for routine care	Not to exceed 30 calendar days (based on diagnosis)
Urgent needs	Not to exceed 48 hours
Non-life-threatening emergency	Not to exceed 6 hours
Emergency needs	Seen immediately

For the best interest of our members, and to promote their positive health care outcomes, we support and encourage 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
- Care Management program
- 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: [CareSource.com/members](https://www.caresource.com/members).

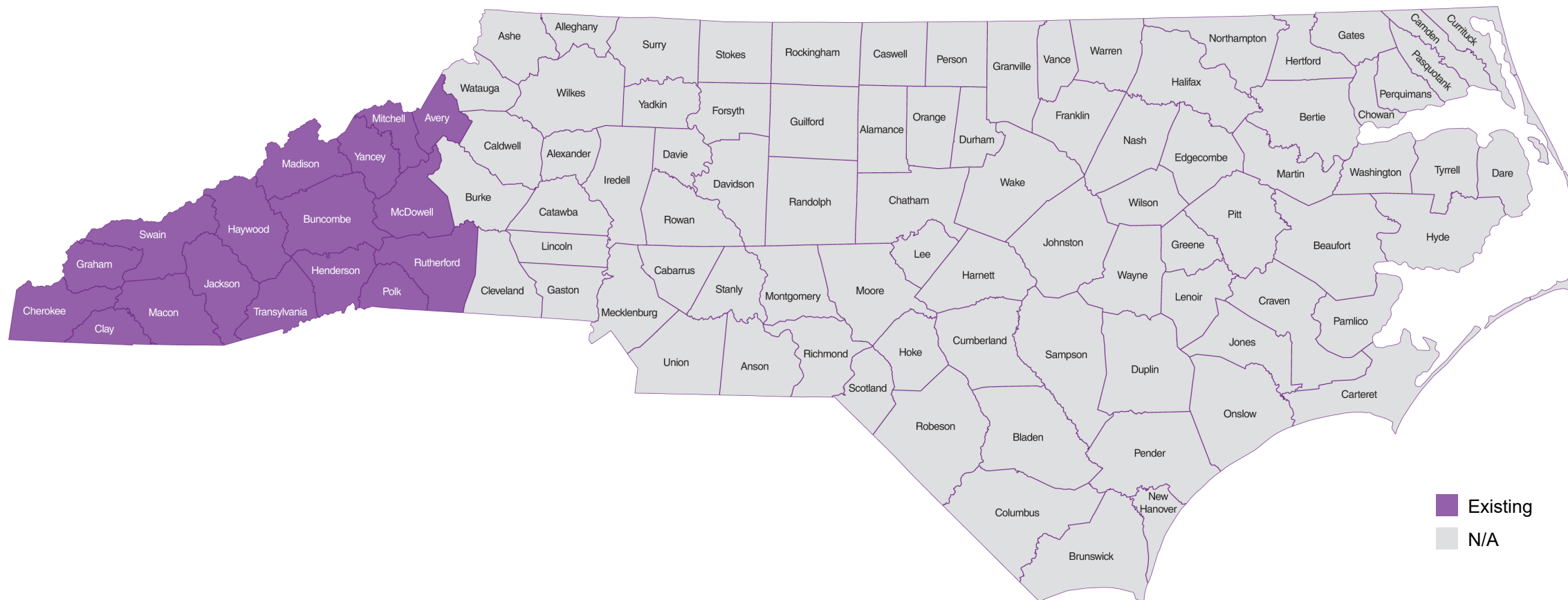


Communicating with *Us*

Provider Services	1-833-230-2101
Hours of Operation	8 a.m. to 6 p.m., Eastern Time (ET), Monday through Friday
Member Services	1-833-230-2099
Hours of Operation	7 a.m. to 7 p.m., ET, Monday through Friday



2024 Service Area





Provider Portal


CareSource[®]

CareSource North Carolina Co. *Provider Portal*

SAVE TIME AND MONEY

With CareSource North Carolina Co.'s 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
- ✓ Verify claim status
- ✓ And more!

Access the Provider Portal 24 hours a day, 7 days a week at **CareSource.com** > Provider > [Log-In](#).



Register for the *Provider Portal*

Four easy steps to register for the Provider Portal:

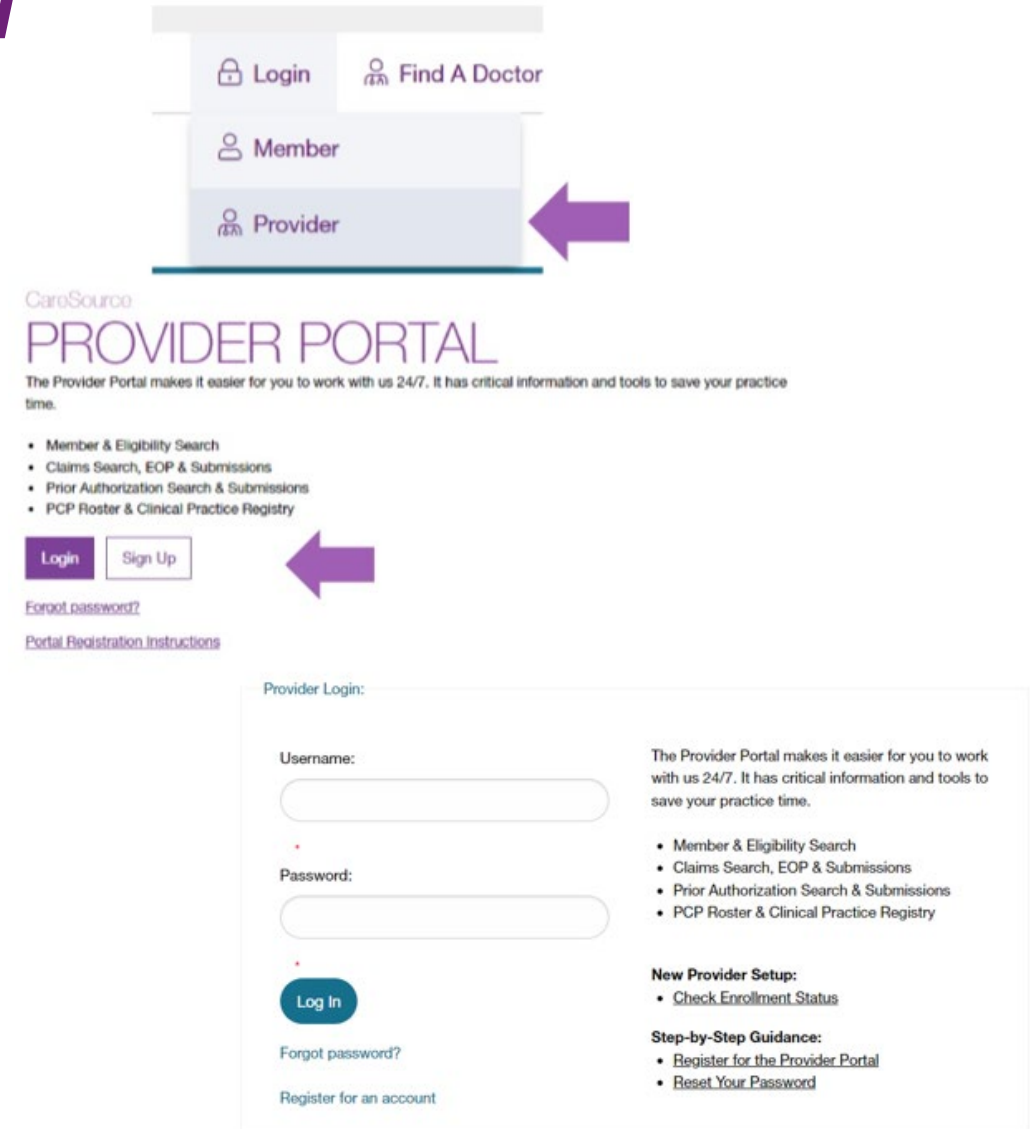
1. Click “Sign Up” to establish your account by creating your username and password.

2. Set up the multifactor authentication for added security.

3. Connect your account with your:

- Provider name
- Tax ID number
- CareSource provider ID number
- Zip code

4. Review and accept the *Agreement*



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

CareSource ID

Member is eligible for service on the specified date

Date of Service

11/28/2022

Search

Member Information

Member Name:

Address:

CareSource Id:

County of Residence:

County of Eligibility:

Medicaid Id:

Phone:

Case Number:

Date of Birth:

Gender:

Male

Relationship to Subscriber:

Subscriber/Insured

Member Profile:

[Click To View](#)

[Member Profile Report Definitions](#)

Program Details:

[Not a coordinated services member.](#)

Original Effective Date:

9/1/2007 12:00:00 AM

Member Eligibility Date

1/24/2020 2:07:29 PM

See Last Updated:



Member *Eligibility*

Program:	
Member Alerts:	<div>1. No ambulatory or preventive care visits recorded.</div> <div>2. 1-2 ER visits in 15 mos</div>
Language Preference:	English
Alternate Communication Format Needed: N/A	
Special Communication Needs:	
Member Aid Category:	Healthy Families
.....	
Primary Care Provider (PCP):	Phone:
NPI #:	
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 AND COINSURANCE

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

BALANCE BILLING

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

Balance billing is when a provider bills the patient for the difference between the provider's charge and the allowable amount. For example, if the provider charged \$100, and the allowable amount is \$70, the provider would 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 we 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, we 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.

- We 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).
- We 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*[®]

Covered *Services*

BENEFITS OVERVIEW

PCP and specialist office visits

Emergency services

Preventive services and screenings

Inpatient facility services

Outpatient diagnostic services

Home health services

Durable medical equipment services

Rehabilitation therapy services

Habilitative services

Maternity services

Pediatric dental services (Adult routine services with enhanced plan)

Pediatric vision services (Adult routine services with enhanced plan)

ENHANCED BENEFITS

CareSource24 Nurse Advice Line

Allergy testing and treatment

Disease management

Health and wellness education

Inhalation therapy

Opioid treatment services

Pain management

MEMBER PROGRAMS

Integrated Care Management

NICU

Mom and Baby Beginnings

MyStrength

MyHealth



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 and eyewear not provided by a Tru Hearing provider

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



Supplemental Benefits *Overview*

ABOUT OUR BENEFIT MANAGERS

CareSource North Carolina Co. 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.

Please note: Supplemental benefits are only available to members who choose to purchase the supplemental benefit plan.



Marketplace Plan *Supplemental Benefits*

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Dental (DentaQuest)	<ul style="list-style-type: none"> ✓ All pediatric members (until the end of the month in which they turn 19 years of age) ✓ Adults 19+ years of age on dental and vision plans 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network ▪ Claims adjudication ▪ EOBs 	Preventive, diagnostic, restorative, comprehensive and medically necessary orthodontics for pediatric only	1-833-615-0434
Routine Hearing (TruHearing)	<ul style="list-style-type: none"> ✓ All Marketplace members 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network ▪ Claims adjudication 	Routine hearing exams and hearing aid discounts	1-866-202-2636
Routine Vision (EyeMed)	<ul style="list-style-type: none"> ✓ All pediatric members (<19 years of age) ✓ Adults 19+ years of age on dental & vision plans 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network ▪ Claims adjudication ▪ EOBs 	Routine eye exam, glasses, contacts, and other value-added services	1-833-337-3129
Fitness (American Specialty Health)	<ul style="list-style-type: none"> ✓ Adults 18+ years of age on dental & vision plans 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network 	No cost share fitness center access, home health kits, internet tools and education	1-833-337-3129



Our *Benefit Information*

Marketplace Plan Benefits

CareSource.com > Marketplace > Plans > [Plan Documents](#)





Prior Authorizations


CareSource[®]

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 North Carolina Co. offers **Cite AutoAuth**, an automated evidence-based system. It's quicker than phone or fax! Access it on the Provider Portal.



Prior Authorization *Submissions*

Providers can submit prior authorizations in the following ways:

Online	Provider Portal
Phone	1-833-230-2101
Fax	1-844-676-0372
Mail	CareSource North Carolina Co. P.O. Box 1307 Dayton, OH 45401-1307



Prior Authorization *Information Checklist*

PRIOR AUTHORIZATION SUBMISSION REQUIREMENTS

- Member/patient name and 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 and 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](#).





Care Management & Quality

 *CareSource*[®]

Care & Disease *Management*

CARE MANAGEMENT

CareSource provides care management to our members to help with the following:

- Provide member assistance in finding more affordable options for medications and supplies
- Provide education for chronic and acute illnesses
- Create personalized programs to address barriers to care
- Connect members to community supports
- Explain benefits and services
- Provide better understanding of Marketplace insurance and benefits
- Provide member after-hour support

Providers can refer patients for care management by calling **1-833-230-2046** or emailing NC_CM_Team@CareSource.com.

DISEASE MANAGEMENT

If you have a patient with asthma, diabetes, hypertension, end-stage renal disease (ESRD), or chronic kidney disease (CKD) whom you believe would benefit from this program and is not currently enrolled, please also call **1-833-230-2046** or email NC_CM_Team@CareSource.com.



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 laws, including 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.



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 North Carolina Co. 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
- Breast cancer and cervical cancer screenings
- Colorectal cancer screening

Cardiovascular Conditions

- Controlling high blood pressure
- Diabetes care

Behavioral Health

- Follow-up after hospitalization for mental illness

Access to Care

- Annual dental visit
- Prenatal and postpartum care



Quality *Resources*



Quality Onboarding Training



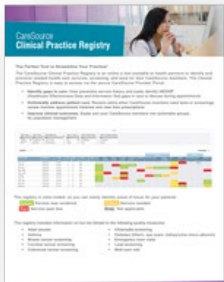
CAHPS Survey Tips



Clinical Practice Registry Training



HEDIS Coding Guides



Clinical Practice Registry Quick Tips



Clinical Practice Guideline Information



Clinical Practice *Registry*

The Clinical Practice Registry is an online tool available to providers to identify and prioritize needed health care services, screening, and tests for their patients. It is easy to access via the secure 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 members need tests or screenings, review member appointment histories and view their prescriptions

Improve Clinical Outcomes

Easily sort your members into actionable groups for population management

CareSource North Carolina Co. 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 1-800-418-0248

EMAIL fraud@caresource.com

MAIL CareSource North Carolina Co.

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940





Pharmacy

 *CareSource*[®]

Pharmacy *Overview*

PARTNERSHIP WITH EXPRESS SCRIPTS

CareSource North Carolina Co. 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 is our preferred specialty provider and can provide specialty medications directly to the member or the prescribing physician and coordinate nursing care if required.

E-PRESCRIBING

CareSource North Carolina Co. formulary files are available through your EMR, 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.



Marketplace *Pharmacy Benefits*

Tier 0	Tier 1	Tier 2	Tier 3	Tier 4
<p>Available without a copayment or coinsurance</p> <p>Includes preventive medications</p>	<p>Low-cost generic drugs</p> <p>Includes generic drugs</p>	<p>Higher coinsurance or copayment than those in Tier 1</p> <p>Includes preferred medications that may be generic drugs or single/multi-source brand name drugs</p>	<p>Higher coinsurance or copayment than those in Tier 2</p> <p>Includes non-preferred medications; medications considered single/multi-source brand name drugs</p>	<p>Higher coinsurance or copayment than those in Tier 3</p> <p>Includes specialty medications</p>

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





Provider Resources

 *CareSource*[®]

Provider *Resources*

Visit CareSource.com to access:

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

CARESOURCE PROVIDER PORTAL

<https://providerportal.caresource.com/NC/User/Login.aspx?ReturnUrl=%2fnc>



Contact Quick Reference

Provider Services	1-833-230-2101
Provider Portal	https://providerportal.caresource.com/NC
Claims Electronic Funds Transfer	ECHO Health: 1-888-485-6233
Care Management	1-833-230-2046 NC_CM_Team@CareSource.com
Claim Address	P.O. Box 967 Dayton, OH 45401
Claims Submissions	Timely Filing: 180 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[®]



PARTNER with *Purpose*