CareSource
Health Care with Heart

User's Guide for Completing the Online New Health Partner Contract Form

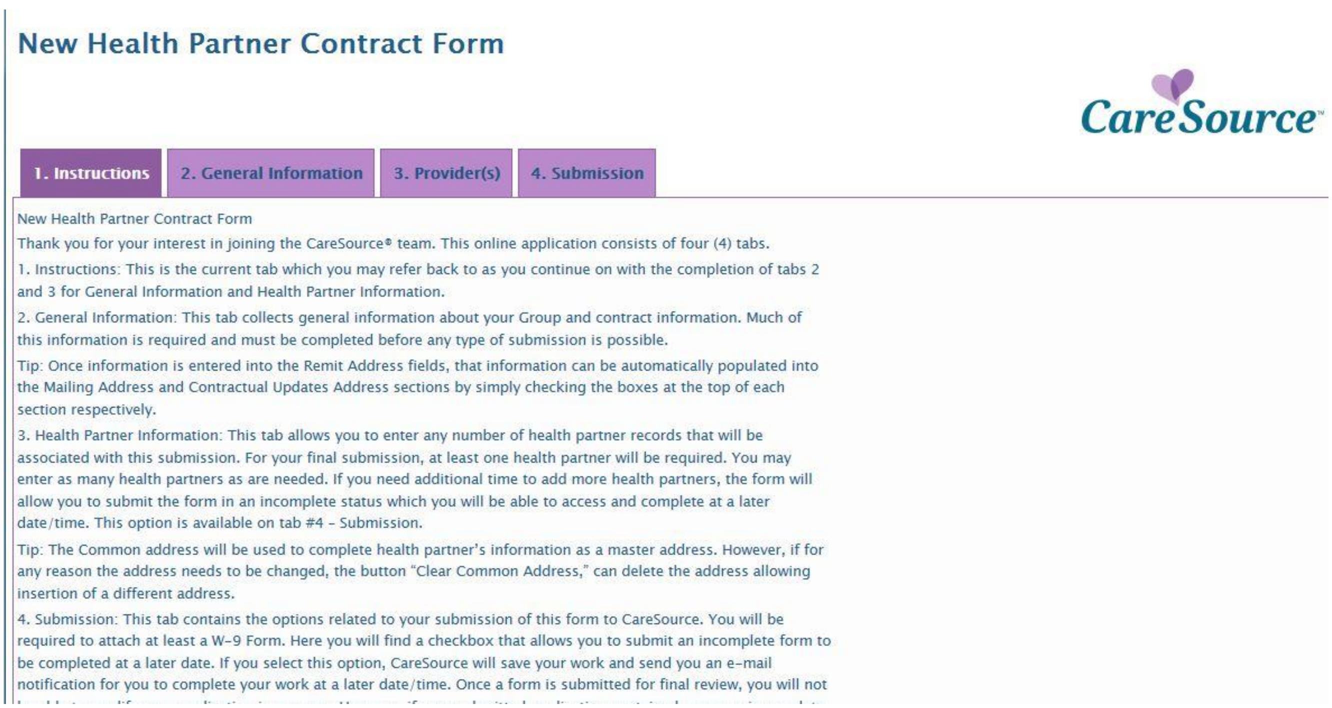
Description

The online New Health Partner Contract Form automates the process for completing a request to become a CareSource Health Partner. Response and processing time are greatly enhanced by allowing the user to complete and submit the online form from the CareSource website. The automated process will enable internal reviewers to identify any errors or missing information needed to complete the process. Notifications will be sent to the individual(s) submitting the form so that missing information can be resolved quickly.

The New Health Partner Contract Form is to be completed by those wishing to become new health partners. If you are currently participating with CareSource and want to add or delete a health partner from a group, or want to update other information, please use the Health Partner Change Request Form. Both the New Health Partner Contract Form and Health Partner Change Request Form are located on the "Plan Participation" pages within the Providers sections of CareSource.com.

Tab 1: Instructions

The Instructions tab contains detailed information about how to start the process and how to use each of the next sections for completing the form.


New Health Partner Contract Form

CareSource

1. Instructions | 2. General Information | 3. Provider(s) | 4. Submission

New Health Partner Contract Form

Thank you for your interest in joining the CareSource® team. This online application consists of four (4) tabs.

1. Instructions: This is the current tab which you may refer back to as you continue on with the completion of tabs 2 and 3 for General Information and Health Partner Information.

2. General Information: This tab collects general information about your Group and contract information. Much of this information is required and must be completed before any type of submission is possible.

Tip: Once information is entered into the Remit Address fields, that information can be automatically populated into the Mailing Address and Contractual Updates Address sections by simply checking the boxes at the top of each section respectively.

3. Health Partner Information: This tab allows you to enter any number of health partner records that will be associated with this submission. For your final submission, at least one health partner will be required. You may enter as many health partners as are needed. If you need additional time to add more health partners, the form will allow you to submit the form in an incomplete status which you will be able to access and complete at a later date/time. This option is available on tab #4 – Submission.

Tip: The Common address will be used to complete health partner's information as a master address. However, if for any reason the address needs to be changed, the button "Clear Common Address," can delete the address allowing insertion of a different address.

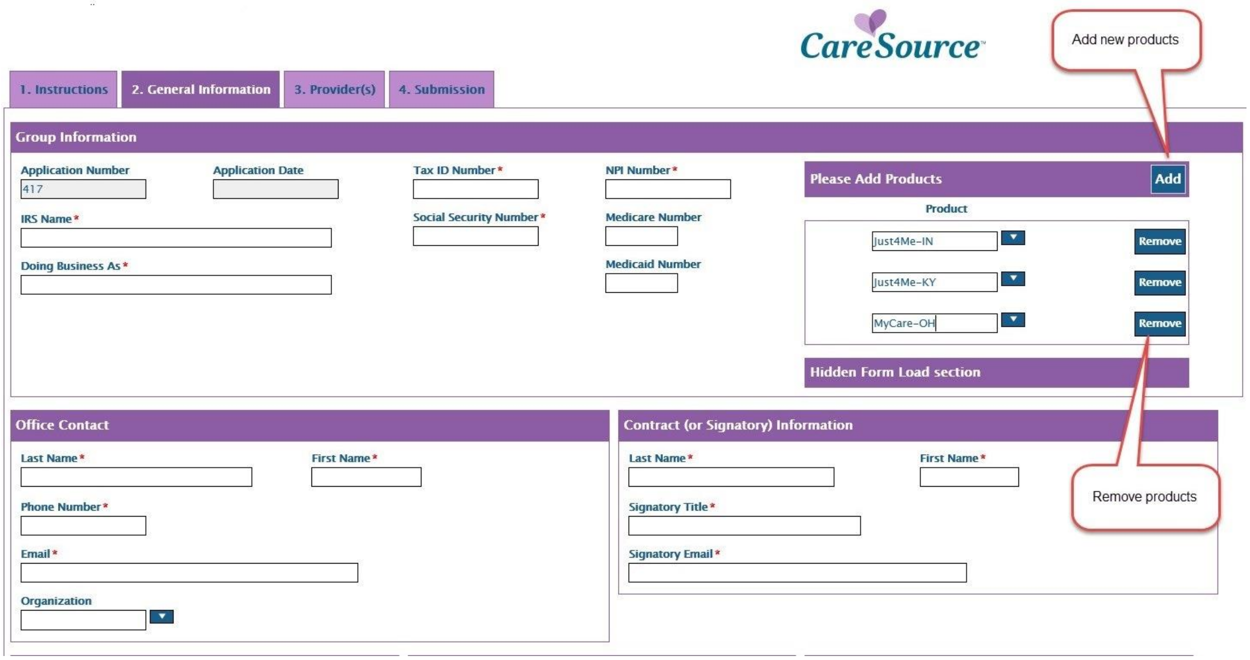
4. Submission: This tab contains the options related to your submission of this form to CareSource. You will be required to attach at least a W-9 Form. Here you will find a checkbox that allows you to submit an incomplete form to be completed at a later date. If you select this option, CareSource will save your work and send you an e-mail notification for you to complete your work at a later date/time. Once a form is submitted for final review, you will not

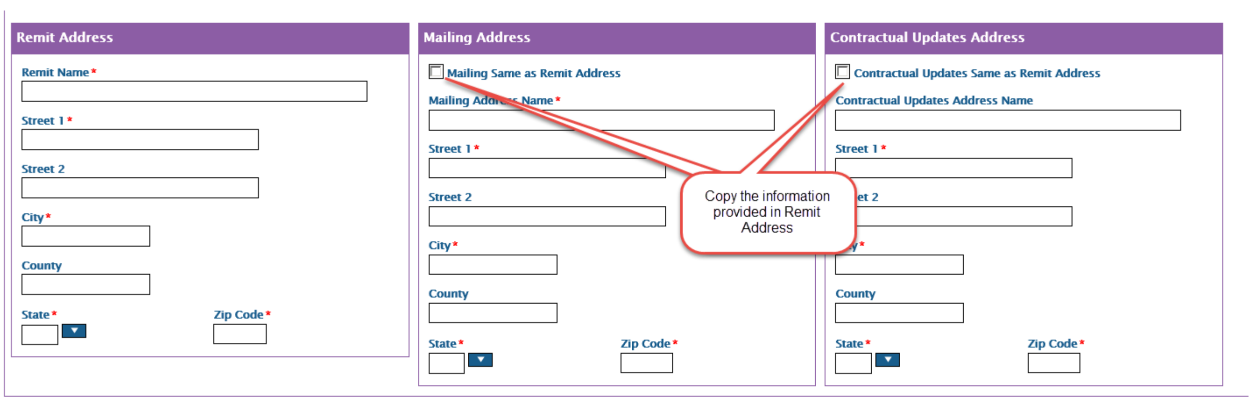
Tab2: General Information

The General Information tab allows collection of information about group, contact information and products. Most of this information is required and must be completed before the form can be submitted.

The form contains functionality that allows improvement to the process of capturing information. Participation in various CareSource product lines, such as the CareSource Exchange product *Just4Me*, or the dual eligible product *MyCare*, or others can be selected or removed as an option by simply clicking “Add” or “Remove” options. Click on the arrow button and select from the options provided in the drop down menu. You need to select each product for which you want to be a Health Partner.

Once information is entered into the Remit Address, that same information will automatically populate the Mailing Address and Contractual Updates Address fields by simply checking the “Mailing Same As..” and “Contractual Updates Same As..” boxes as indicated below.



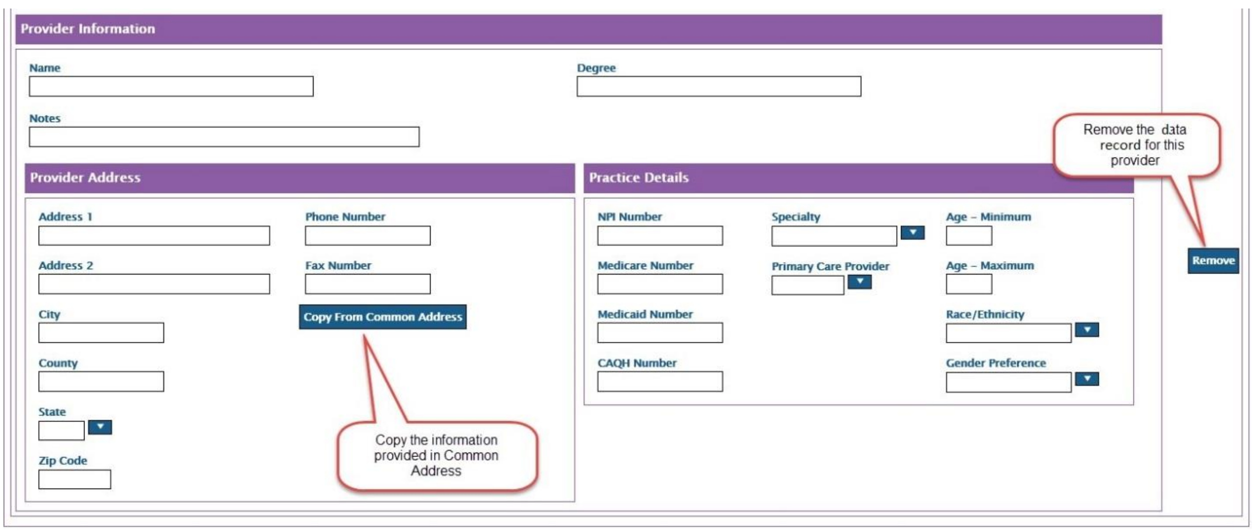


Tab 3: Provider(s)

The Provider(s) tab allows the user to enter any number of health partner records that will be associated with the submission. Each health partner will be entered into a separate data record. The Common address will be used to complete health partner’s information as a master address. However, if for any reason the address needs to be changed, the button “Clear Common Address,” can delete the address allowing insertion of a different address.

At least one health partner must be entered to allow submission of the form, but you can provide as many health partners as are needed.

The “Add” button in the right low corner, allows an addition of another health partner. Alternatively, the record can also be removed by simply clicking the “Remove” button.

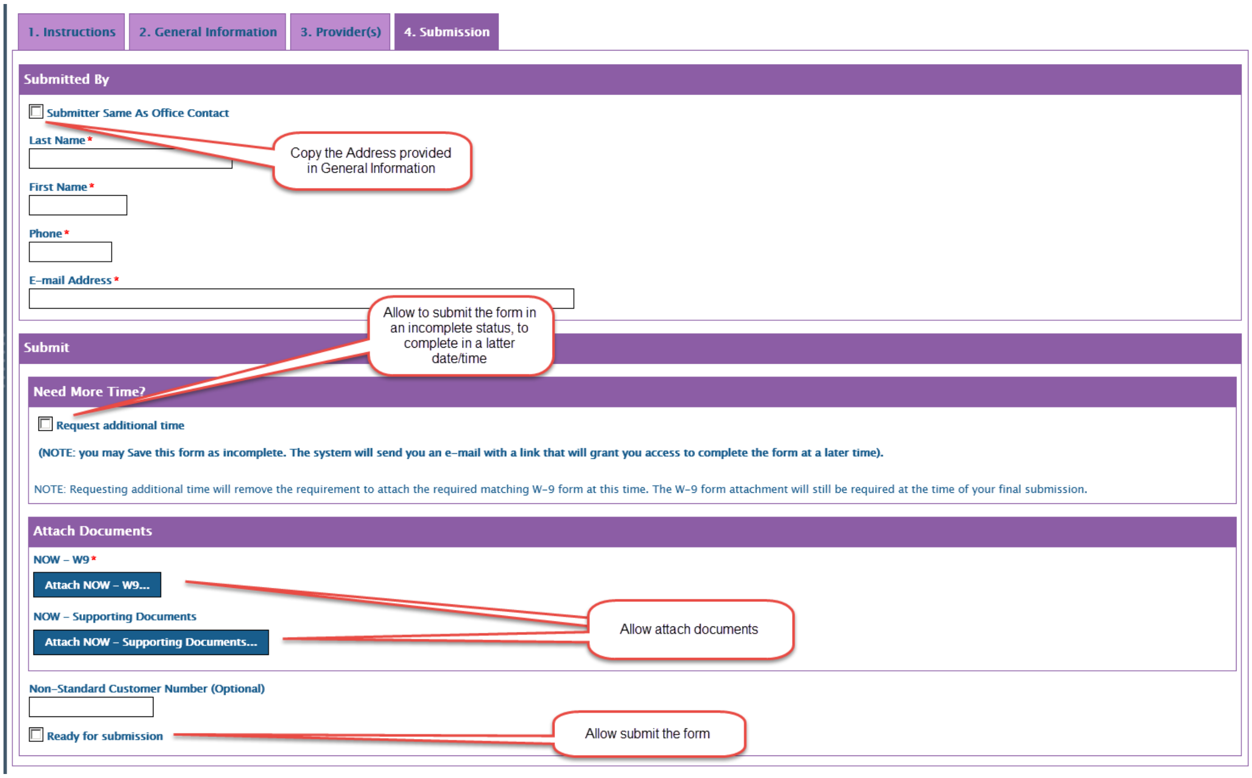


Tab 4: Submission

The Submission tab contains multiple functionality that helps to improve the process and validate information. Clicking the check box, “Submitter Same As Office Contact,” will copy the address that was provided in General Information tab.

If you need to save your information and complete the form later, simply click the check box, “Request additional time,” and click “Save.” (The Save button only appears after you click the Request additional time box.) You will be sent an email notice that will remind you that the information is incomplete and can be completed at a later date.

“Attach NOW – W9 and Supporting Documents,” allows you to search and select documentation from your local drive that needs to be attached to support the processing of the form.



By checking the check box, "Ready for submission," the "Submit" button will display. (NOTE –the "Submit" button will only appear if all required information has been entered on all tabs.) The check box, option "Ready for submission," also validates the existence of at least one provider to activate the "Submit" button.

Click on "Submit" to complete the process and submit the form. After submitting the form the system will inform you that the New Health Partner Contracting form has been submitted successfully. Please allow up to 90 days for completion of the onboarding process. If your submission requires clarification or additional information, you will receive an email notification, or a Credentialing Coordinator will contact you.

If you have additional general questions contact CareSource Health Partner Services.