WORKING WITH CARESOURCE

HEALTH PARTNER ORIENTATION

OHIO MYCARE

CareSource®

About CareSource

CareSource®

Our *Mission*

MISSION

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

PLEDGE

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

Healthcare 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 ***Plans***

MEDICAID

Children, Pregnant Women & Low-Income Working Families

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

MYCARE OHIO

Medicaid & Medicare-Eligible

Coordination of physical, behavioral & long-term care services

MARKETPLACE

Commercial Health Plan

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

DUAL ADVANTAGE

Dual-Eligible Special Needs (D-SNP) Plan

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

Your ***Expectations***

- Notify CareSource of any demographic changes prior to the effective date of the change
  - 10 to 60 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 365 days of date of service or date of discharge
- Treat CareSource members with respect
- Complete Model of Care training (MyCare and D-SNP providers)

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

Model of Care ***Training***

CareSource Dual Advantage & MyCare Ohio providers are required to complete an initial and annual refresher training on delivering the model of care. Access the on-demand training on the Provider Portal at **CareSource.com** > Providers > Training & Events.

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

Identify Gaps in Care	**Integrated Care Team**
Learn the medical, cognitive, behavioral and functional domains to be assessed	Learn how you can work with the CareSource staff to support the model of care
Holistically Address Patient Care	**Performance & Health Outcomes**
Learn about developing treatment plans informed by health assessment results	Learn how CareSource will work with you to improve the model of care delivery

BALANCE BILLING

BALANCE BILLING

All 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 is charging $100, and the allowed amount is $70, the provider should not bill the patient for the remaining $30.

Our ***Responsibilities***

- Ensure an effective member/provider appeal and grievance process
- Complete credentialing process within 90 days
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay 90% 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®

Provider Network & *Eligibility*

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

OUT-OF-NETWORK SERVICES

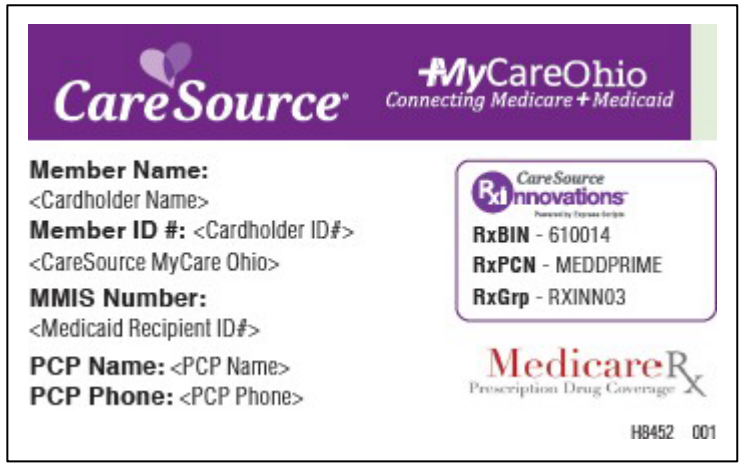
Out-of-network services are NOT covered unless they are emergency services, services covered by the No Surprises Act, or services prior authorized by CareSource.

MEMBER ELIGIBILITY

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

ID Cards: *MyCare Members*

MYCARE


CareSource
MyCareOhio
Connecting Medicare + Medicaid

Member Name:
<Cardholder Name>
Member ID #: <Cardholder ID#>
<CareSource MyCare Ohio>
MMIS Number:
<Medicaid Recipient ID#>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

CareSource Rxinnovations
RxBIN - 610014
RxPCN - MEDDPRIME
RxGrp - RXINN03

MedicareRx
Prescription Drug Coverage

H8452 001


IN AN EMERGENCY, CALL 9-1-1 OR GO TO THE NEAREST EMERGENCY ROOM (ER) OR OTHER APPROPRIATE SETTING. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.

Member Services: 1-855-475-3163 (TTY: 711)
Behavioral Health Crisis: 1-866-206-7861
Care Management: 1-855-475-3163
Eligibility Verification: 1-800-488-0134
Pharmacy Help Desk: 1-800-416-3628
Claims Inquiry: 1-800-488-0134
Provider Questions: 1-800-488-0134

Send Medical claims to:
Attn: Claims Department
P.O. Box 8730
Dayton, OH 45401-8738

Send Pharmacy claims to:
Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718

24-Hour Nurse Advice: 1-866-206-7861 (TTY: 711)

Website: CareSource.com/MyCare
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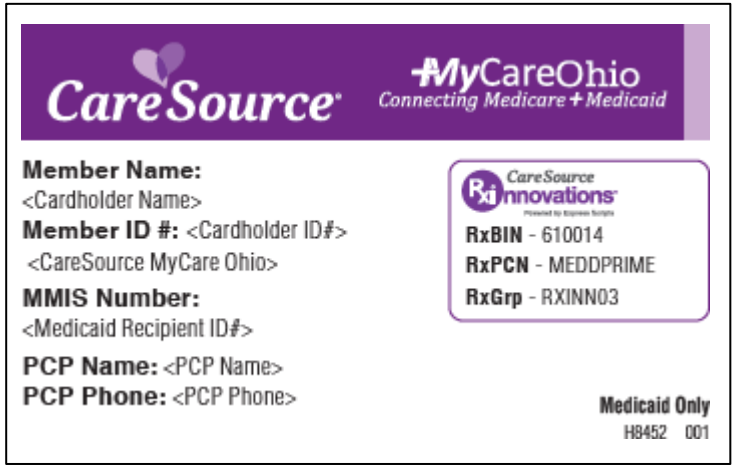
MYCARE (MEDICAID SERVICES ONLY)


CareSource
MyCareOhio
Connecting Medicare + Medicaid

Member Name:
<Cardholder Name>
Member ID #: <Cardholder ID#>
<CareSource MyCare Ohio>
MMIS Number:
<Medicaid Recipient ID#>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

CareSource Rxinnovations
RxBIN - 610014
RxPCN - MEDDPRIME
RxGrp - RXINN03

Medicaid Only
H8452 001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Website: CareSource.com/MyCare
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Claim ***Submissions***

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. For questions, call ECHO Support at: 1-888-485-6233.

ALTERNATE SUBMISSION PROCESS

Providers can submit claims through our secure, online Provider Portal at **CareSource.com** > Provider Log-In.

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.

Medicaid providers should confirm their trading partner is authorized to work with Deloitte, the new EDI vendor for ODM. EDI claims are submitted to the new EDI vendor starting Feb. 1, 2023.

Member *Communications*

HELP YOUR CARESOURCE PATIENTS UNDERSTAND THEIR COVERAGE.

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

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

For more information, visit: **CareSource.com/members.**

Access and ***Availability Standards***

Primary Care Providers (PCPs)	Medicaid Members	MyCare Members	Marketplace Members
Type of Visit	**Should be seen…**	**Should be seen…**	**Should be seen…**
Emergency needs	Immediately upon presentation	Immediately upon presentation	Immediately upon presentation
Urgent care*	Not to exceed 48 hours	Immediately	Not to exceed 48 hours
Regular and routine care	Not to exceed 6 weeks	Not to exceed 30 days	Not to exceed 6 weeks
Non-urgent sick primary care	**Type of visit:** Prenatal Care: • First or Second Trimester: First appointment within 7 calendar days; follow up appointments no more than 14 calendar days after request • Third Trimester or High-Risk Pregnancy: within 3 calendar days Other: Not to exceed 3 calendar days	Not to exceed 7 calendar days	N/A

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

Access and ***Availability Standards***

Non-PCP Specialists	Medicaid Members	Marketplace Members
Type of Visit	**Should be seen…**	**Should be seen…**
Emergency needs	Immediately upon presentation	Immediately upon presentation
Urgent care*	Not to exceed 48 hours	Not to exceed 48 hours
Regular and routine care	Not to exceed 6 weeks	Not to exceed 12 weeks
Routine dental care	Not to exceed 6 weeks	Not to exceed 6 weeks
Dental urgent care	Not to exceed 48 hours	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 time frame, CareSource will facilitate an appointment with another participating provider, or a non-participating provider, when necessary.

Access and ***Availability Standards***

Behavioral Health Provider	Medicaid Members	MyCare Members	Marketplace Members
Type of Visit	**Should be seen…**	**Should be seen…**	**Should be seen…**
Emergency needs	Immediately upon presentation	Immediately upon presentation	Immediately upon presentation
Non-life threatening emergency*	Not to exceed 6 hours	Immediately	Not to exceed 6 hours
Urgent care*	Not to exceed 48 hours	Immediately	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 calendar days	Not to exceed 7 calendar days	Not to exceed 10 calendar days
Follow-up routine care	Not to exceed 30 calendar days (based on condition)	Not to exceed 30 days	Not to exceed 30 calendar days (based on 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.

Communicating with *Us*

	Medicaid/MyCare	Marketplace	Dual Advantage (D-SNP)
Provider Services	**1-800-488-0134**	**1-833-230-2101**	**1-833-230-2176**
Hours	Monday – Friday, 8 a.m. to 6 p.m. Eastern Time (ET)		
Member Services	**1-800-488-0134**		**1-833-230-2020**
Hours	Monday – Friday, 7 a.m. to 7 p.m. ET		Monday – Friday, 8 a.m. to 6 p.m. ET

Provider Portal

CareSource®

CareSource ***Provider Portal***

SAVE TIME AND MONEY

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

- ✓ Check member eligibility and benefit limits
- ✓ 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** > Login > Provider.

Register for the ***Provider Portal***

Go to **CareSource.com.** Click Provider from the Log-in drop-down.

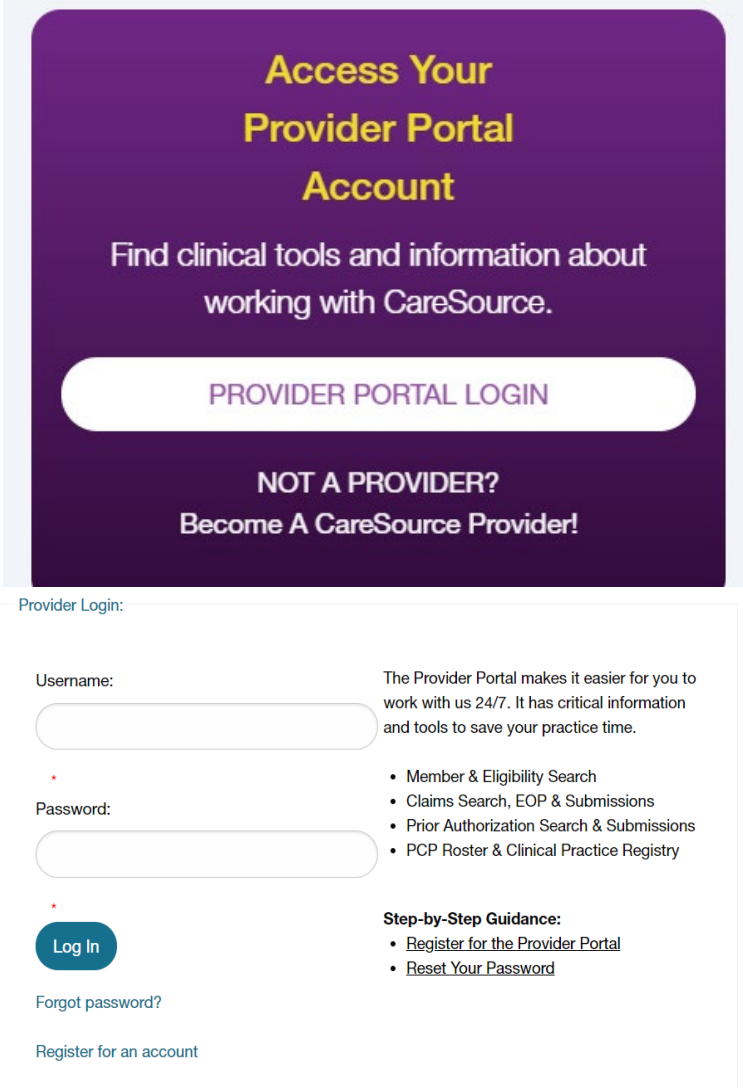
Select **Ohio.**

Click Register Here under **Register for the Provider Portal.**

Enter your information, including your CareSource Provider Number (located in your Welcome Letter).

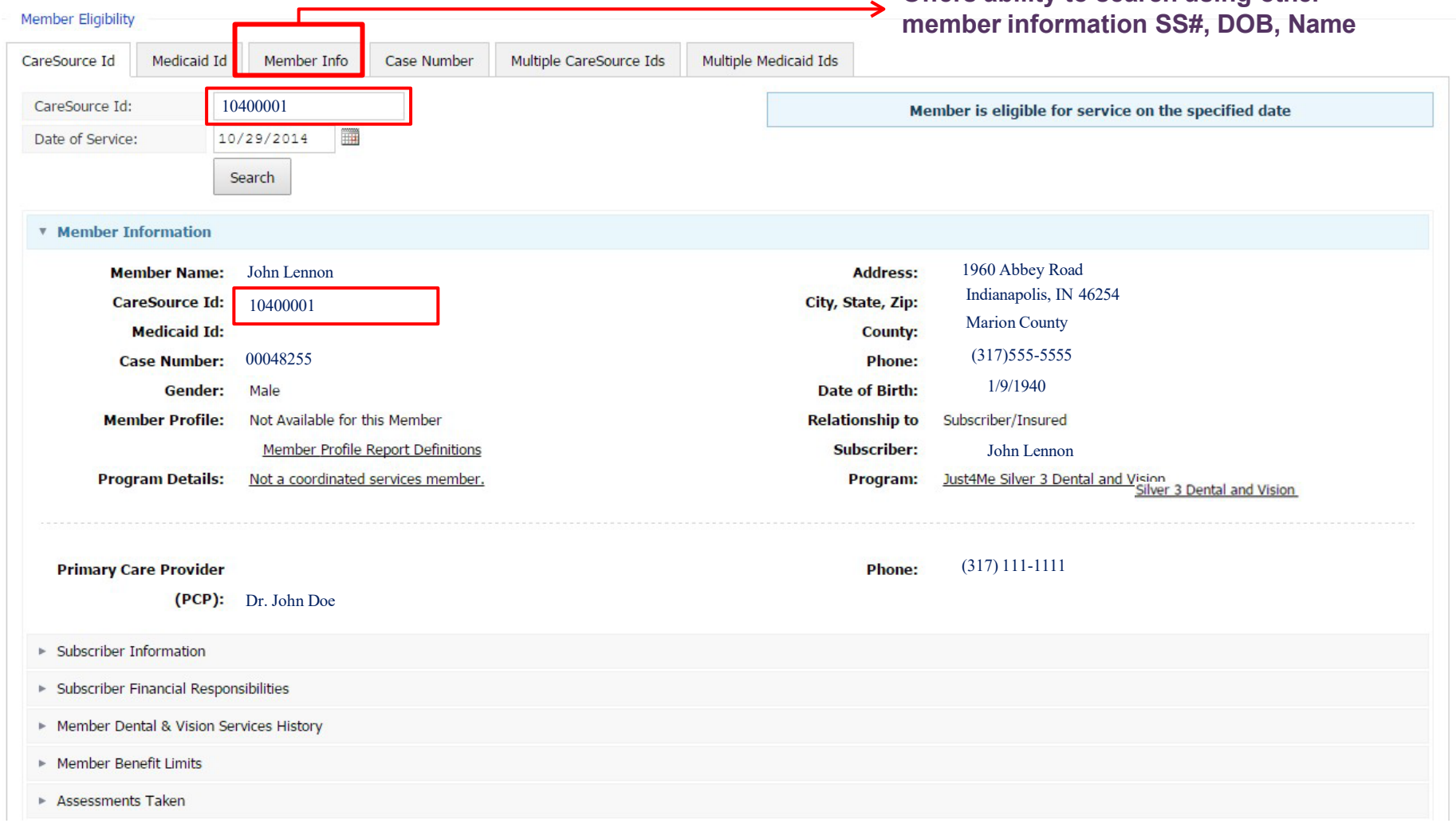
Follow remaining steps to register.

If you are a traditional and waiver provider, you will need to make sure you are logging in with the correct CareSource ID. If you do not use your Waiver CareSource ID, you will not be able to view your waiver member information.

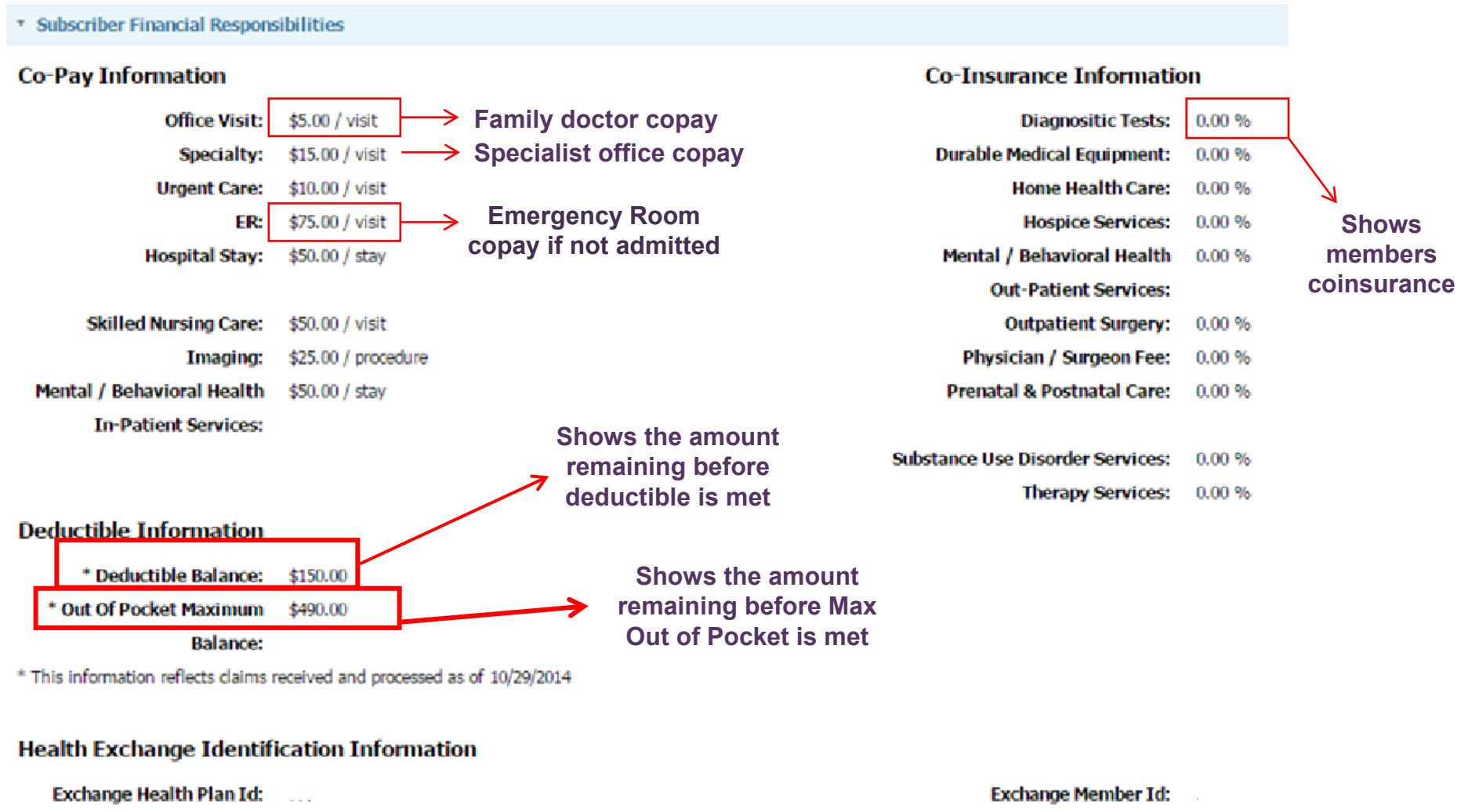


Member *Eligibility*

Offers ability to search using other member information SS#, DOB, Name



Member ***Benefits***



Provider Portal *Training*

If you would like Portal Training, please reach out to Provider Services to schedule a training session.

	Medicaid/MyCare	Marketplace	Dual Advantage (D-SNP)
Provider Services	1-800-488-0134	1-833-230-2101	1-833-230-2176

OnDemand Provider Portal –Service Plan Training:

PowerPoint Presentation (caresource.com)

MyCare Waiver Providers

CareSource

MyCare Waiver Provider

Claims Submission

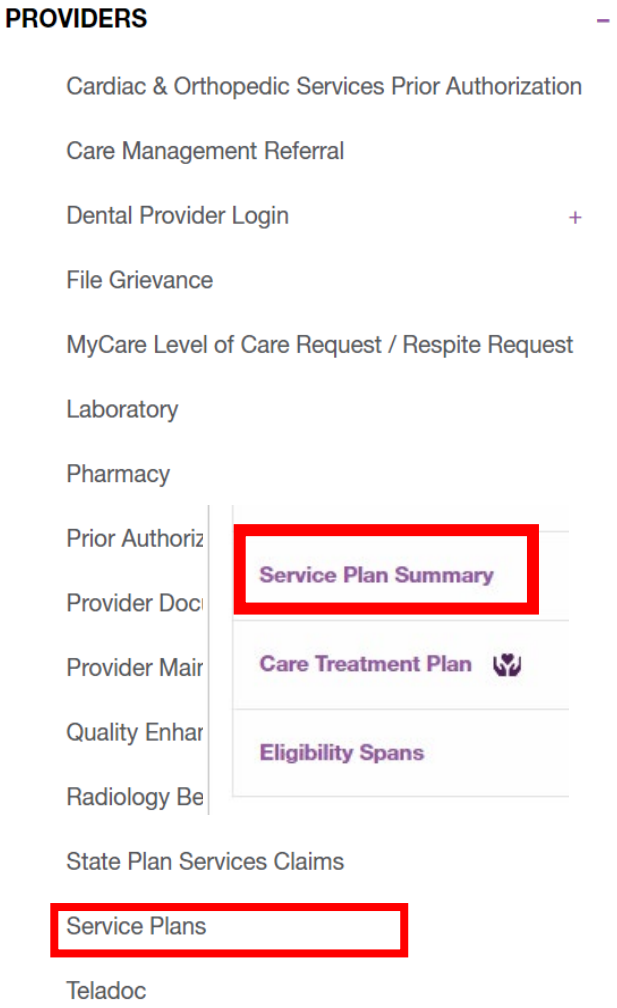
- Claims for Waiver services can be submitted through the Provider Portal however, the view and claims submission process are different than standard Medicaid claims.
  - How to Submit a Claim
  - How to Submit a Corrected Claim

Waiver payments

- CareSource will pay according to the Ohio Administrative Rules (OAC) - Rule 5160-46-06 - Ohio Administrative Code | Ohio Laws.
- Payments are made through ECHO and initial check will be sent via paper, but strongly recommend contacting ECHO to setup Electronic Funds Transfer (EFT) 1-888-485-6233.
  - Opt out of the V-card option – these cards cannot be used at a local retail store
  - Once you sign up for EFT, it can take up to 2 pay cycles to switch to EFT
- Checks are generated twice a week, normally on Tuesday and Saturday.

CareSource follows payer sequencing. Waiver is the payer of last resort following Medicare and Medicaid if the service is medically necessary.

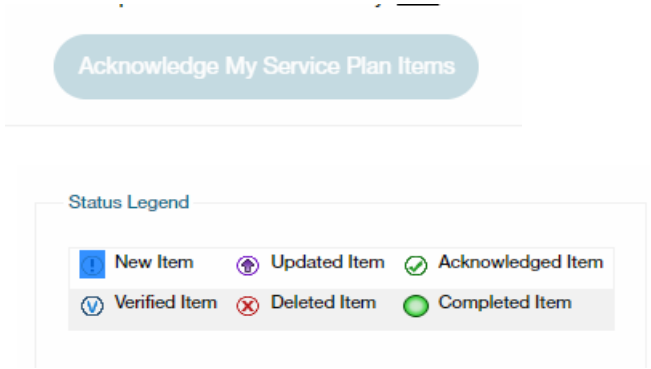
MyCare Waiver Provider ***Signature***



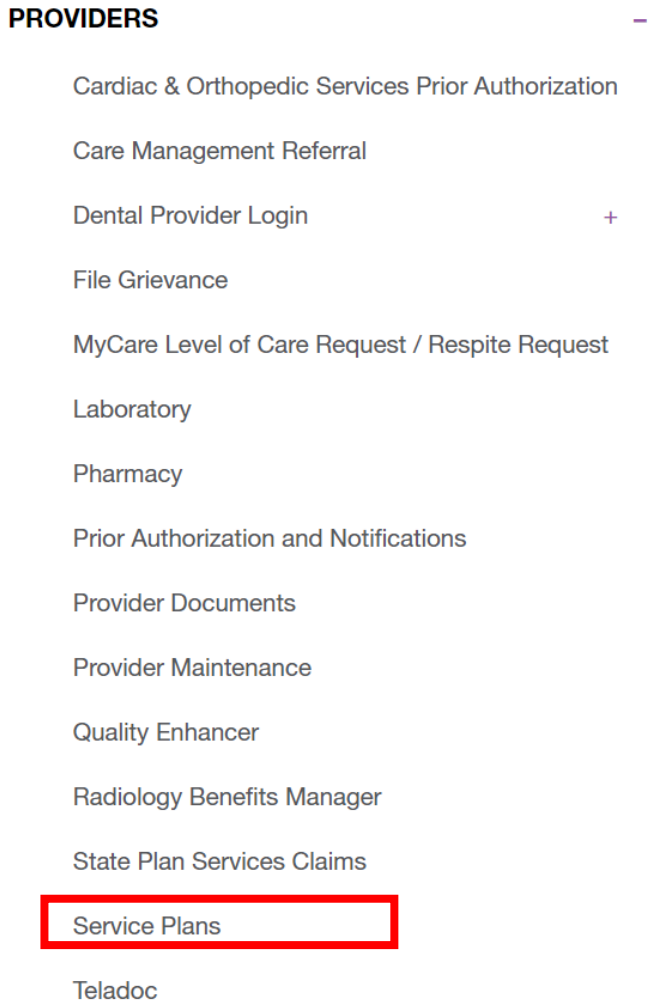
Waiver Provider-Signature

In accordance with federal regulations, the MCOP must **obtain a signature** from any waiver service provider acknowledging and affirming agreement to provide the service as authorized on the person-center service plan per ODMs Specifications.

- On the left-hand side locate the **Providers** navigation menu which will provide access to Services Plan.
- Then select the member. You can use the legend to see who has a new/updated service plan, but those icons stay for a specific number of days no matter if it's acknowledged or not.
- Scroll down and select **Service Plan Summary**.
- If you agree to provide the services as authorized on the waiver service plan, acknowledge by clicking the ***Acknowledge My Service Plan Items.***
- *Acknowledge My Service Plan Items* it will be grayed out like the screenshot (to the right) if the provider has already acknowledged or will be blue if acknowledgement is still needed.
- There is a status legend which can give details about the service plan. If the service plan is inaccurate, please contact the care manager (CM) to address the issue.



MyCare Waiver Provider ***Service Plans***

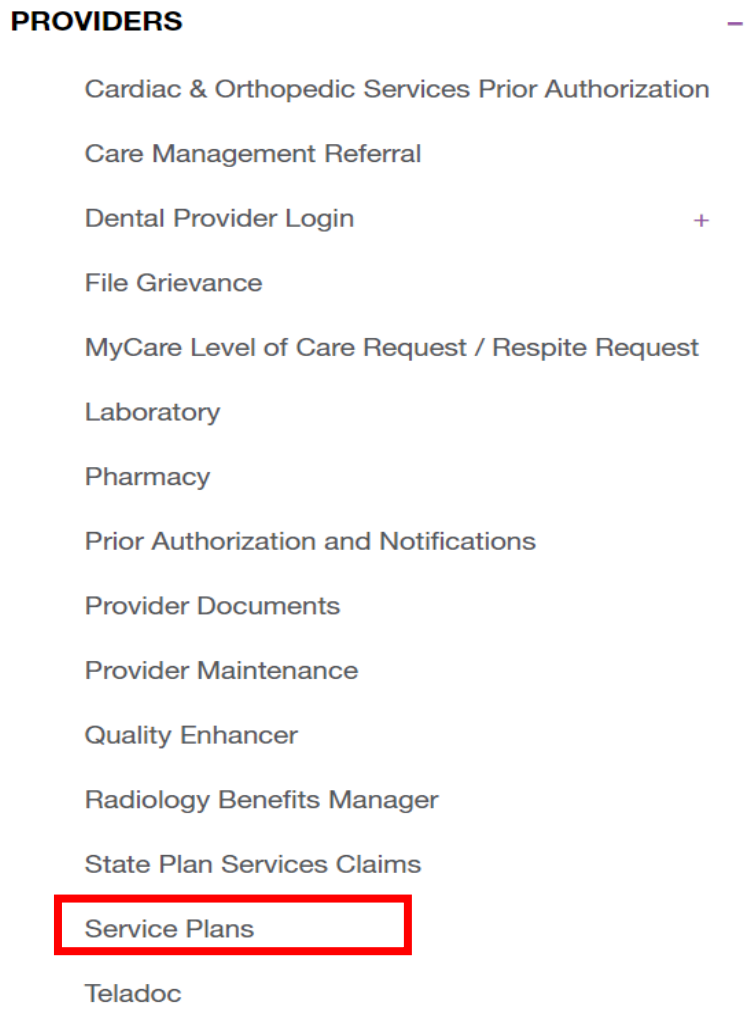


Waiver Provider-Services Plans

On the left-hand side locate the **Providers** navigation menu which will provide access to Services Plan, within the services plans you can see authorizations and submit claims.

If cannot locate service plans for your member, please contact the member's Care Manager.

Prior Authorizations of ***Waiver Services***



Waiver Provider-Services Plans

On the left-hand side locate the **Providers** navigation menu which will provide access to Services Plans.

All Waiver Services require Prior Authorization.

The authorization is reflected in the Waiver Service Plan.

Member's Care Manager is the point of contact regarding Waiver Service Plans and authorizations.

Care Manager name and contact is in the Provider Portal.

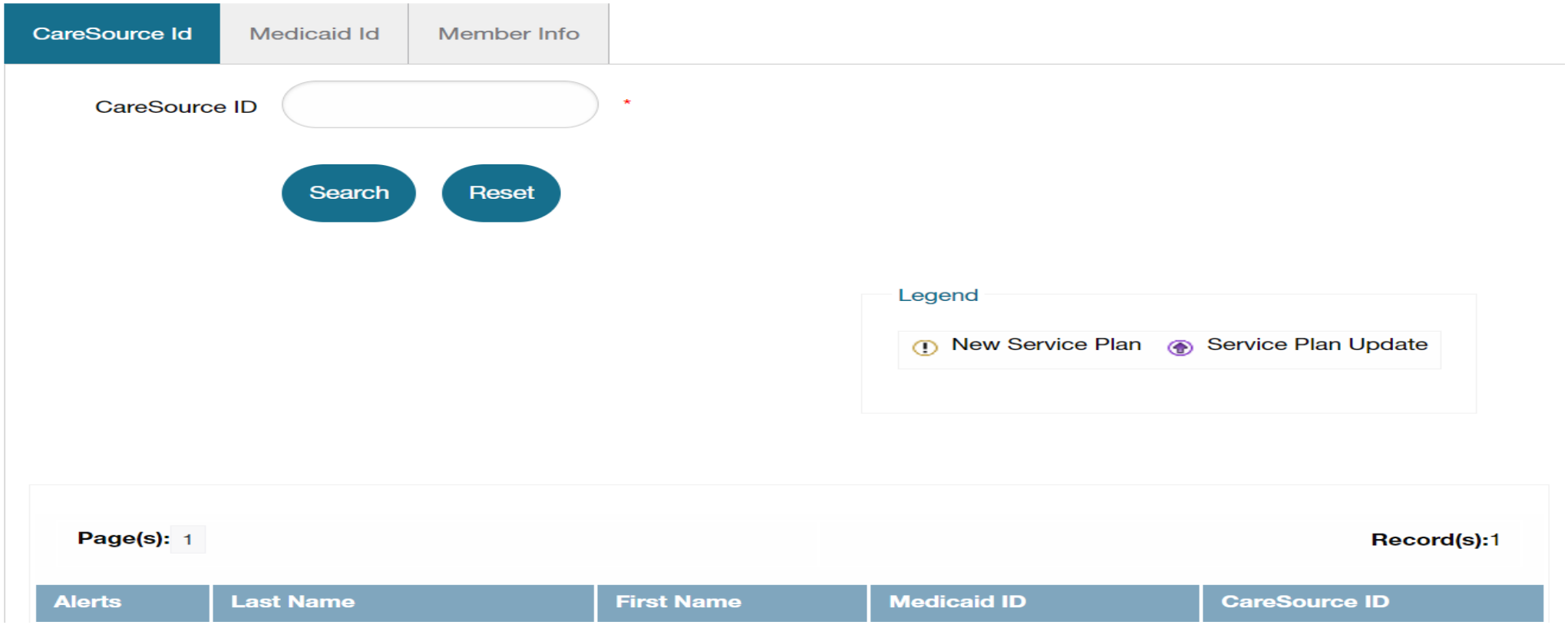
MyCare Waiver Provider ***Claims***

IMPORTANT ITEMS:

- Enter all units and costs for one visit in one line. If you enter multiple lines for the same date of service, CareSource will deny for duplicate.
- You can enter multiple dates of service on one claim. However, each claim can only have one procedure code.

- Scroll down to the bottom of the page and you will see all members that have authorized services with you
- Click on the member's **last name**
- Scroll down again and you will see their member information
- Choose the "**Service Plan Summary**" option (screen shot below)
- Then choose "**View Summary**" and scroll down a little to see the detailed information
- This will show you the procedure code authorized and the service narrative
- To the right of that line, you will see an option to "**Submit Claim**"
- That will populate the member information which will need to be reviewed and once complete, click on "**Confirm Patient Selection**"
- You will then need to enter the date of service, the total units and total cost and once verified, click on the **Green plus sign**

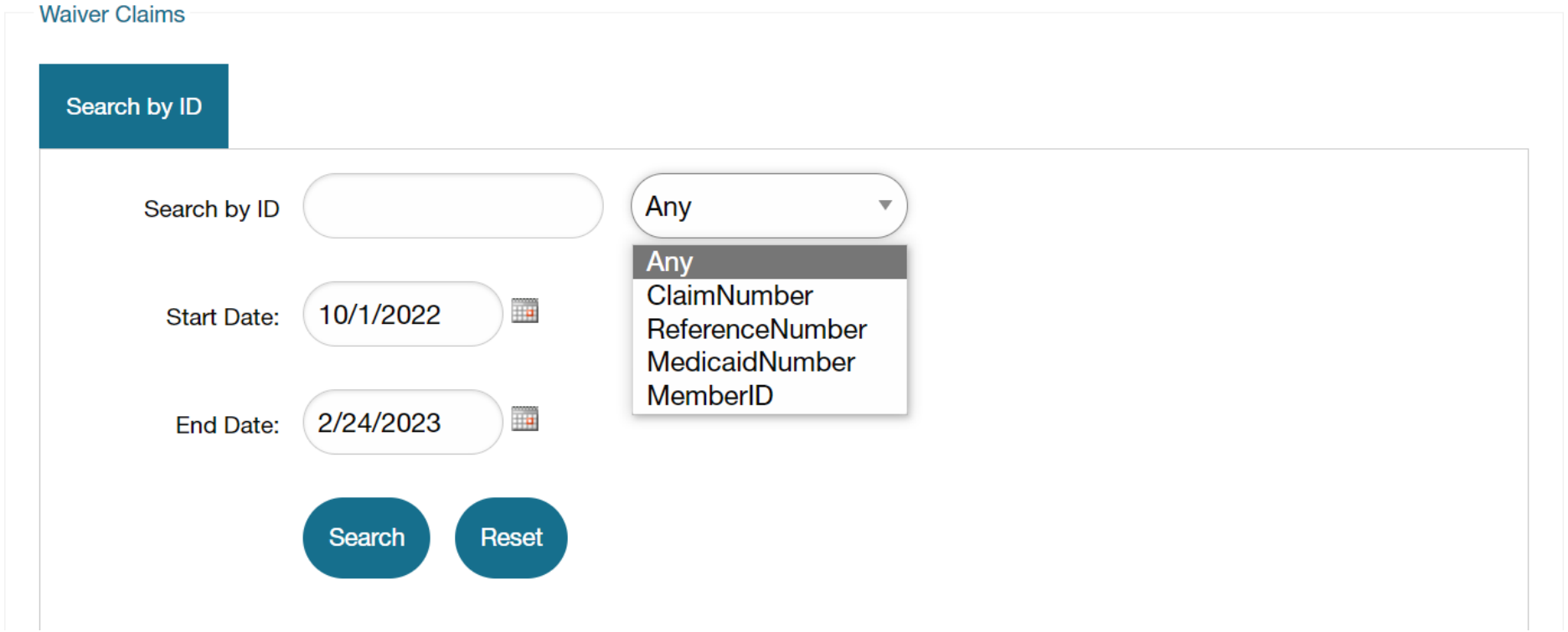
MyCare Waiver Provider ***Service Plans***



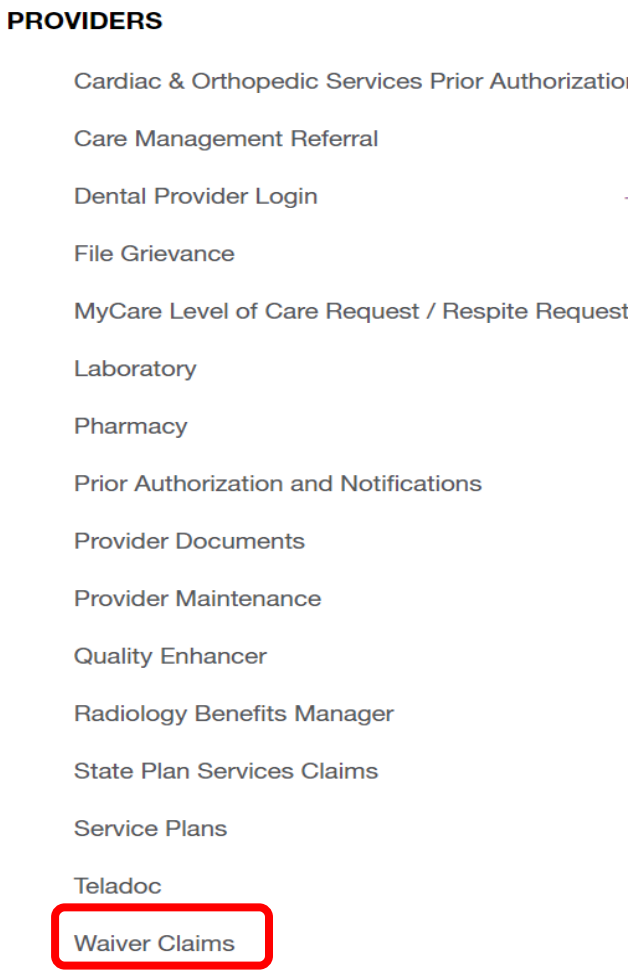
MyCare Waiver ***Claims***

A corrected claim is only allowed for a claim originally submitted via the Provider Portal.

To search and view your claims that were not submitted through the Provider Portal, please go to the Claim Information page.

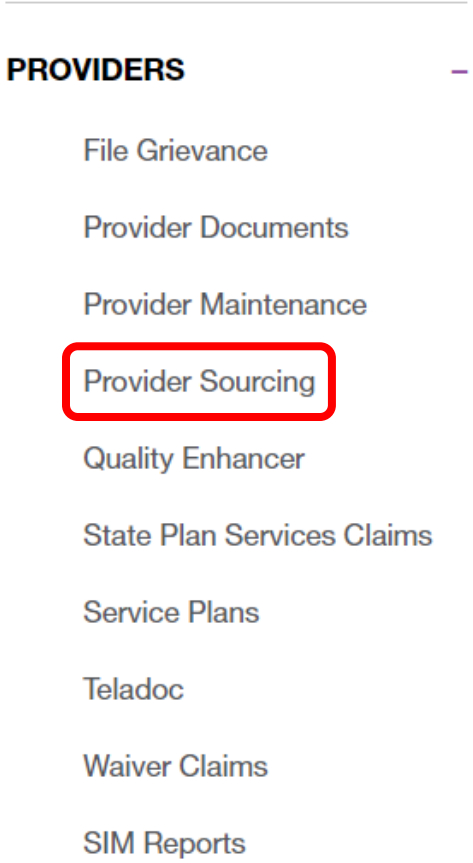


Waiver Provider Claims - ***How to Submit a Corrected Claim***



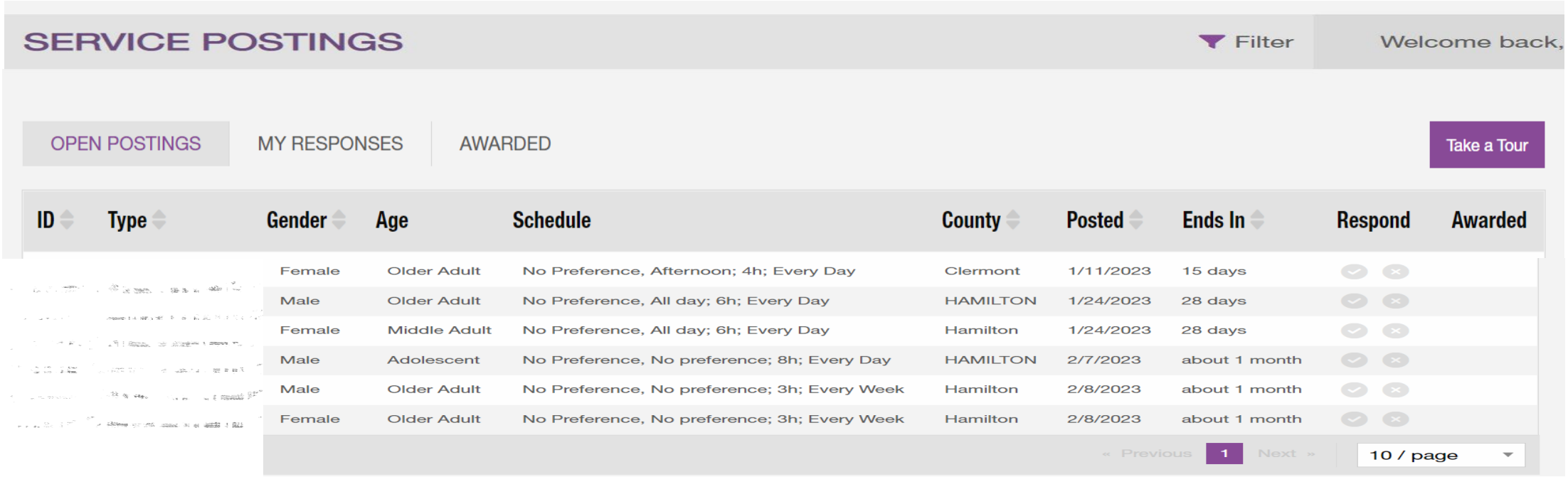
1. On the left-hand side locate the **Providers** navigation menu, choose Waiver Claims
2. This will show the list of claims that have been submitted
3. At the end of each row is the option to click on the "Correct Claim" link
4. That will take them back into the claim and they can make the corrections – the same as submitting a new claim, but with the corrected data
5. Enter the updated information and submit
6. **VERY IMPORTANT – the corrected information should contain the total corrected units and charge. We will subtract what we already paid and pay the provider the difference. If you only submit the amount you did not get paid, we will recoup the original payment and only pay you the new time submitted.**

Waiver - ***Provider Sourcing***



1. On the left-hand side locate the **Providers** navigation menu, choose Provider Sourcing.
2. Provider sourcing will allow providers to view available service opportunities for their specialty.
3. Review the service request and simply select interested or not interested.
4. If you select interested, the member's case manager will reach out with additional details and confirm it is a good fit. The Case Manager will then create a service plan.
5. When new service postings are created an email will be sent to you as a notification that a new service opportunity is available.

Waiver - ***Provider Sourcing***



Prior Authorizations Non-Waiver Services

CareSource®

Procedure Code *Tool*

PRIOR AUTHORIZATIONS

CareSource evaluates prior authorization requests based on medical necessity, medical appropriateness and benefit limits.

Please refer to the Procedure Code Lookup Tool at **CareSource.com** > Providers > Procedure Code Lookup Tool authorization from CareSource should be authorized before the service is delivered. CareSource is not able to pay claims for services in which prior authorization is required, but not obtained by the provider.

Prior Authorization ***Submissions*** *(Non-Waiver Services)*

	Medicaid/MyCare	Marketplace	Dual Advantage
Online via Provider Portal	https://providerportal.CareSource.com/OH/		
Phone	**Medicaid/MyCare: 1-800-488-0134** **Marketplace: 1-833-230-2101**		**1-833-230-2176**
Fax	**888-752-0012**		**844-417-6157**
Mail	CareSource Utilization Management P.O. Box 1307 Dayton, OH 45401-1307		CareSource Utilization Management P.O. Box 3209 Dayton, OH 45401-1307

Cardiac and Musculoskeletal Prior Authorization Services: Some cardiac and musculoskeletal services will require prior authorization through TurningPoint. Providers can submit those prior authorizations using the Turning Point Portal

Prior Authorization ***Information Checklist*** ***(Non-Waiver Services)***

PRIOR AUTHORIZATION SUBMISSION REQUIREMENTS

- Member/patient name and CareSource member ID number
- Provider name and National Provider Identifier (NPI)
- Anticipated date(s) of service
- Diagnosis code and narrative
- Procedure, treatment, or service(s) requested
- Number of visits requested, if applicable
- Reason for referring to an out-of-plan provider, if applicable
- Clinical information to support the medical necessity of a service
- Inpatient services need to include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms 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.

Covered Benefits & Services

CareSource

Covered ***Services***

BENEFITS OVERVIEW

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

ENHANCED BENEFITS

- CareSource 24 Nurse Advice Line
- Disease management
- Health and wellness education
- Inhalation therapy
- Transportation

MEMBER PROGRAMS

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

Services ***Not Covered***

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

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

Transportation ***Services***

Plan	Benefit
Ohio Medicaid Enhanced (not required)	CareSource offers an enhanced benefit of 30 one-way or 15 round trips for members that travel under 30 miles one way.
Ohio Medicaid Mandatory	CareSource covers the mandatory benefit of transportation for trips 30 miles and over if no closer provider is accepting CareSource members or if the member is in a wheelchair or requires stretcher transport.
Ohio MyCare Opt-In Enhanced (not required)	CareSource offers an enhanced benefit of 60 one-way or 30 round trips for members that travel under 30 miles one way.
Ohio MyCare Opt-In and Opt-Out Mandatory	CareSource covers the mandatory benefit of transportation for trips 30 miles or over if no closer provider is accepting CareSource members or if the member is in a wheelchair or requires stretcher transport.
Ohio D-SNP	CareSource provides unlimited trips to an in-network provider.
OhioRISE	CareSource provides unlimited trips to members in the OhioRISE program, up to age 21. CareSource will also arrange transportation for families, caregivers, and sibling (other minor residents of the home) when needed to facilitate the treatment needs of the member and their family.

For more information about scheduling information, please visit the Ohio Association of Health Plans (OAHP) Resources webpage.

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 for CareSource to contribute. See **CareSource.com** for a full listing of benefits in this plan.

Dual Advantage Plan ***Supplemental Benefits***

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Dental (DentaQuest)	✓ All Dual Advantage members	▪ Member Services ▪ Provider network ▪ Claims adjudication ▪ EOBs	Preventive, diagnostic, restorative, comprehensive care with annual limit of $4500	1-855-453-5281
Routine Hearing (TruHearing)	✓ All Dual Advantage members	▪ Member Services ▪ Provider network ▪ Claims adjudication	Routine hearing exams & hearing aid fittings with 2 Advanced Level Hearing Aids every 2 years + batteries	1-866-759-6826
Routine Vision (EyeMed)	✓ All Dual Advantage members	▪ Member Services ▪ Provider network ▪ Claims adjudication ▪ EOBs	Routine eye exam, glasses, contacts (with $450 allowance) and other value-added services	1-833-337-3129
Fitness (American Specialty Health)	✓ All Dual Advantage members	▪ Member Services ▪ Facility network	No cost share fitness center access, home fitness kit, internet tools & education	1-877-771-2746

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:

CareSource Medicaid Plan Benefits
CareSource.com > Medicaid > Benefits & Services > Medical Benefits
Marketplace Plan Benefits
CareSource.com > Marketplace > Benefits & Services > Medical Benefits
Dual Eligible Plan Benefits
CareSource.com > Dual Advantage > Benefits & Services > Medical Benefits
MyCare Ohio Plan Benefits
CareSource.com > MyCare > Benefits & services > Medical Benefits

Care Management & Quality

CareSource®

Care & Disease *Management*

CARE MANAGEMENT

Providers can refer patients for care management by calling **1-855-202-0729.**

DISEASE MANAGEMENT

If you have a patient with asthma, diabetes, or hypertension who you believe would benefit from this program and is not currently enrolled, please call **1-844-438-9498.**

Please note: MyCare members are automatically assigned a care manager, so no referral is needed.

MEMBER EDUCATION

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

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 Linguistically 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 and in making a positive impact in the lives of our member by eliminating health disparities, supporting our organization's health equity initiatives, and partnering with community stakeholders to carry out this much needed work.

LIFE SERVICES

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

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

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

Clinical Practice Guidelines

CareSource approves and adopts evidence-based nationally recognized standards and guidelines and promotes them to practitioners to help inform and guide clinical care provided to members. CareSource reviews guidelines at least every two years or more often as appropriate and updates them as necessary.

The use of these guidelines allows CareSource to measure their impact on member health outcomes. Review and approval of the guidelines are completed by the Market CareSource Provider Advisory Committee (PAC) and the CareSource Enterprise PAC. The Quality Enterprise Committee (QEC) are notified of guideline approval. CareSource identifies guideline topics through analysis of member population demographics and national or state priorities.

Guidelines may include but are not limited to: Behavioral health (e.g., depression), Adult health (e.g., hypertension and diabetes), Population health (e.g., obesity and tobacco cessation). Guidelines may be promoted to providers through one or more of the following: newsletters, our website, direct mailings, Provider Manual, and through focused meetings with CareSource Provider Engagement Specialists. A broad range of wellness, preventive health and chronic disease management tools are also available on the CareSource member website, newsletters or upon request.

If you would like more information on CareSource quality improvement, please call Provider Services.

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

FAX 800-418-0248

EMAIL fraud@caresource.com

MAIL CareSource

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940

Provider Resources

CareSource®

Provider ***Resources***

Visit CareSource.com to access:

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

CARESOURCE PROVIDER PORTAL

https://providerportal.caresource.com/OH

CareSource ***Contacts and Claim Information***

	Medicaid/MyCare	Marketplace	Dual Advantage (D-sNP)
Provider Services	**1-800-488-0134**		**1-833-230-2176**
Utilization Management Fax	**888-752-0012**		**844-417-6157**
Provider Portal	https//:providerportal.caresource.com/OH SKYGen Dental Portal: https://pwp.sciondental.com/PWP/Landing		
Electronic Funds Transfer	ECHO Health: 1-888-485-6233		
Electronic Claims Submission	31114		
Claim Address	CareSource, Attn: Claims Department, P.O. Box 8730, Dayton, OH, 45401-8730		
Timely Filing	365 days from date of service or discharge		

Thank you for completing the Provider Orientation. To ensure you received credit for completing please take a moment and complete the attestation form, by clicking the link below.

Provider Orientation Attestation

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

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