



## Section 2 – Key Contract Provisions

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To make it easier for you we have outlined key components of your contract. These key components strengthen our partnership with you and enable us to meet or exceed our commitment to improve the healthcare of the underserved. We appreciate your cooperation in carrying out our contractual arrangements and meeting the needs of underserved consumers.

Participating providers are responsible for:

- Providing CareSource with advance written notice of any intent to terminate an agreement with us. This must be done 90 days prior to the date of the intended termination and submitted on your organization's letterhead.
  - 60-day notice is required if you plan to close your practice to new patients. If we are not notified within this time period, you will be required to continue accepting CareSource members for a 60-day period following notification.
- *For PCPs only:* Providing 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 a back-up physician to be triaged for care.
- *Submission of claims or corrected claims within 180 days of the date covered services are rendered.*
- *File appeals within 90 days of the original date of denial.*

Our agreement also indicates that CareSource is responsible for:

- Paying 90 percent of clean claims within 30 days of receipt.
- Providing you with an appeals procedure for timely resolution of any requests to reverse a CareSource determination regarding claims payment. Our appeal process is outlined in Section 9 of this manual.
- Offering a 24-hour nurse triage service for members to reach a medical professional at any time with questions or concerns.
- Coordinating benefits for members with primary insurance up to our allowable rate for covered services. If the member's primary insurer pays a provider equal to or more than CareSource's fee schedule for a covered service, CareSource will not pay any additional amount. If the member's primary insurance pays less than CareSource's fee schedule for a covered service, CareSource will reimburse the difference up to the allowable rate.

These are just a few of the specific terms of our agreement. In addition, we also expect participating providers to follow standard practice procedures even though they may not be spelled out in our provider agreement. For example:

- Participating providers are expected to make daily visits to their patients who have been admitted as inpatients to an acute care facility or arrange for a colleague to do so.
- Participating PCPs are expected to have a system in place for following up with patients who miss scheduled appointments.
- Participating providers are expected to treat members with respect. CareSource members should not be treated any differently than patients with any other healthcare insurance.
- CareSource expects participating providers to verify member eligibility and ask for all their healthcare insurance information before rendering services, except in an emergency. You can verify members eligibility and obtain information for other healthcare insurance coverage that we have on file by logging onto [www.caresource.com](http://www.caresource.com) and selecting Provider Portal from the menu options