




CareSource®

WORKING with *CareSource*

Health Partner Orientation

Our **MISSION**

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



OUR 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 **30 years of service**, CareSource is a leading non-profit health insurance company

DEDICATED

We serve about **1.8 million members** through our Medicaid, Marketplace, and Medicare Advantage plans.

30+
YEARS

MISSION-DRIVEN
CARE



1.8 MILLION
MEMBERS



COVERAGE
OH, KY, IN, WV, GA

A-Z
CONSUMER
ADVOCACY



\$16.4 M
FOUNDATION GRANTS
AWARDED IN OHIO*

2020 CARESOURCE COVERAGE



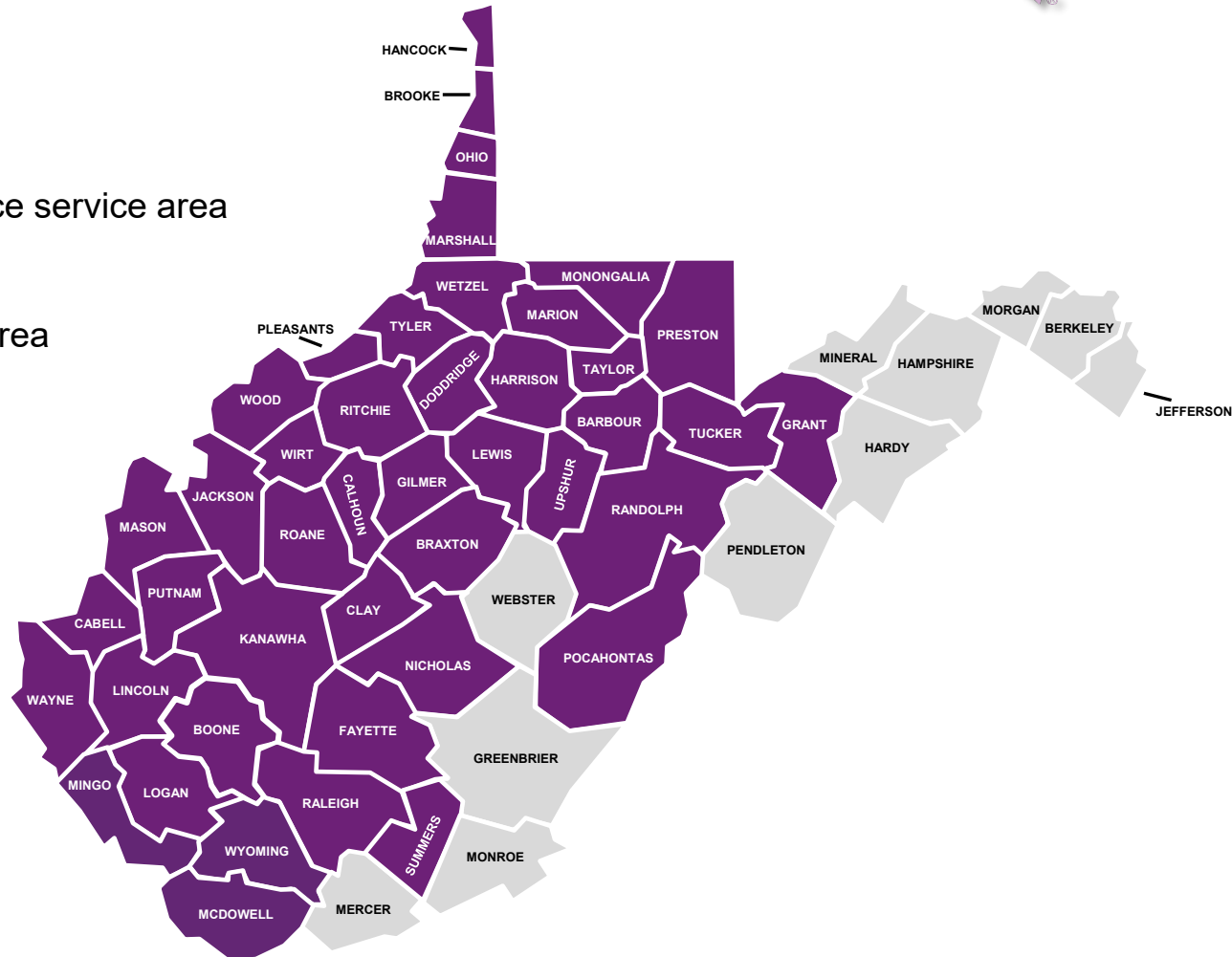
LEGEND:



CareSource Marketplace service area



Not currently a part of
CareSource's service area



Provider **NETWORK**



When referring patients, verify 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. Note that routine vision and hearing services are covered through our EyeMed and TruHearing network providers.

With limited exceptions, out-of-network services are **NOT** covered unless they are emergency services or prior authorized by CareSource.

DO YOU TAKE CARESOURCE?

Be sure to ask to see each patient's member ID card to ensure you take their plan!

Access ***STANDARDS***



PRIMARY CARE PROVIDERS (PCPs)

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 6 weeks

NON-PCP SPECIALISTS

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

Behavioral Health Access **STANDARDS**



BEHAVIORAL HEALTH

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Non-life-threatening emergency	Not to exceed 6 hours
Urgent care	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 14 calendar days
Follow-up routine care	Not to exceed 30 calendar days based off the condition

Member **RIGHTS & RESPONSIBILITIES**



As a CareSource provider, you are required to respect the rights of our members. CareSource members are informed of their rights and responsibilities via their Member Handbook. The list of our members' rights and responsibilities are listed in the Provider Manual.

MEMBER RIGHTS INCLUDE:

Participate with your doctor in making decisions about your health care.

Be able to seek a second opinion from a qualified provider. If a qualified network provider is not able to see you, CareSource will set up a visit to a provider not in our network.

MEMBER RESPONSIBILITIES INCLUDE:

Follow the plans and instructions for care that you have agreed to with doctors.

Policy *UPDATES*

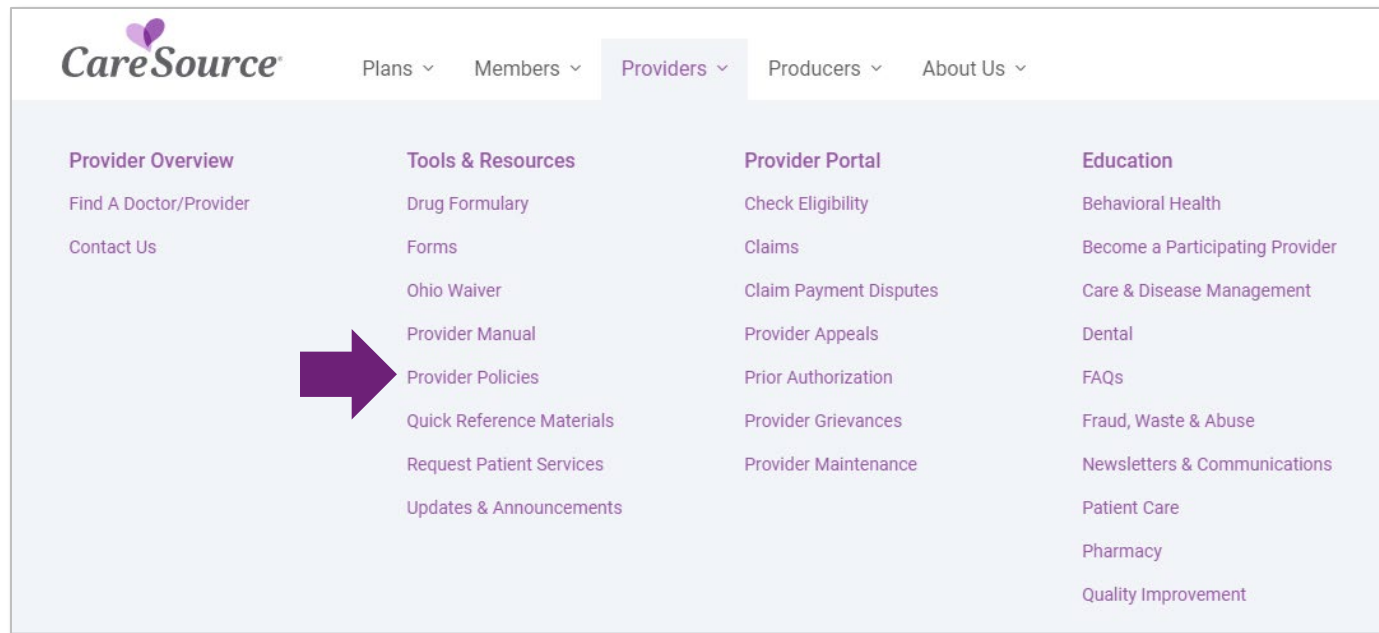


CareSource regularly updates medical, reimbursement and administrative policies. In compliance with contractual guidelines, we give you advance notice of the upcoming policy change through a network notification.

Policy update network notifications are posted at the 1st of each month.

LOCATION

CareSource.com > Providers > Tools & Resources > Provider Policies.



*Services **NOT COVERED***



- Medically unnecessary services
- Services received from a non-network provider
- Experimental or investigational services
- Alternative or complimentary medicine
- Cosmetic procedures or services
- Nutritional and/ or dietary supplements
- Assisted reproductive therapy
- Maintenance therapy treatments
- Bariatric surgery
- With limited exceptions, non-emergency services provided by out-of-network providers will **NOT** be covered by CareSource, unless the service received prior authorization

NOTES:

- This is not a comprehensive list.
- With limited exceptions as outlined in the Evidence of Coverage, non-emergency services provided by out-of-network providers will **NOT** be covered by CareSource, unless the service received prior authorization.

Member ID CARDS



Bronze Dental,
Vision & Fitness

Member:

Jeff Doe

Member ID:

14800000000-00

Health Plan:

50328WV001002504

Payer ID: WVCS1

Dependents:

-01 Jane Doe
-02 John Doe
-03 Mike Doe
-04 Ron Doe
-05 Susan Doe
-06 Sara Doe
-07 Joe Doe

WV 2020

Office: \$35

ER: 40%*

Spec: 40%*

UrgCare: 40%*

AM-EXCM-0653

*after deductible

Dependents:

-01 Jane Doe
-02 John Doe
-03 Mike Doe
-04 Ron Doe
-05 Susan Doe
-06 Sara Doe
-07 Joe Doe
-08 Sam Doe

CareSource.com/marketplace

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.

MEMBERS: 1-855-202-0622 (TTY: 1-800-982-8771 or 711)

24/7 Nurseline: 1-866-206-0701

Providers: 1-855-202-1091

BENEFITS MANAGER

Pharmacy

Express Scripts

1-800-433-5468

Vision

EyeMed

1-833-337-3129

Hearing

TruHearing

1-866-202-2561

Fitness

Active&Fit

1-877-771-2746

PHARMACY NUMBERS: RxBin: 003858 | RxPCN: A4 | RxGrp: RXINN04

MEDICAL CLAIMS: P.O. Box 8730, Dayton, OH 45401-8730

Coverage provided through the Health Insurance Marketplace

REMEMBER:

Make sure the state matches
your contracted region

Dependents are indicated by the
Member ID + suffix

Example: 14800000000-01
(Jane Doe)

Marketplace Member **FINANCIAL RESPONSIBILITY**



Copayments, coinsurance, and/or deductible are applicable for most covered services.

- It is up to the provider to collect these amounts at the time of service

Delinquent members have a 90 day grace period in which to bring their premium payments current.

- CareSource will continue to process medical claims and pay providers in those 90 days
- After 30 days:
 - CareSource will flag a member in the eligibility file and on the Provider Portal
 - CareSource will suspend pharmacy benefits
- If a member brings their account current within 90 days, member will be able to resubmit pharmacy claims and there will be no impact to other claims (e.g. medical)
- After 90 days past due, the member is terminated for non-payment of premium
 - Member will be retroactively terminated to the end of the first delinquent month
 - CareSource will recover all claims paid during months two and three of the delinquency

Contact **INFORMATION**



WEBSITE	CareSource.com
PROVIDER PORTAL	https://providerportal.caresource.com/WV/
ELECTRONIC FUNDS TRANSFER (EFT)	New payment partner: ECHO Health: 1-888-834-3511 Dental providers use separate process through dental portal
ELECTRONIC CLAIM SUBMISSION	WVCS1
CLAIM ADDRESS	P.O. Box 804, Dayton, OH 45401-3607

Demographic **INFORMATION**



EMAIL

ProviderMaintenance@caresource.com

MAIL

CareSource
P.O. Box 8738
Dayton, OH 45401-8738
Attn: Provider Maintenance

FAX

937-396-3076

ONLINE

You can also submit updates to your information online. Simply select your state and line of business, then select **Provider Maintenance** from the navigation.

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to maintain accurate provider information. You can assist us by ensuring your information is up to date.



Provider **PORTAL**



SAVE TIME. SAVE MONEY. Use our secure online Provider Portal.
With this tool you can:



Check member eligibility and benefit limits



Submit claims and verify claim status



Find prior authorization requirements



Verify or update Coordination of Benefits information (COB)



Submit and check the status of a prior authorization request

And more!

Access the Provider Portal 24 hours a day, 7 days a week, at **CareSource.com.**

Register for the *PORTAL*



Go to **CareSource.com**. On the top right corner of the page, click Login → Provider.

Select **West Virginia**.

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.

Login Call Nurse English

Member

Provider

Register for the 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. This helpful online tool is available for all CareSource Ohio plans.

If you are not already registered for the Provider Portal, please [register here](#). You can refer to the [Portal Registration Training Module](#) for step-by-step instructions.

Provider Login:

Username: *

Password: *

Log In

Claim Submission METHODS



CareSource accepts claims in a variety of formats.

ELECTRONIC PAYER ID

WVCS1

CareSource offers electronic claim submission and real-time transactions at no charge through the Availity Portal: <https://www.availity.com/>

PROVIDER PORTAL

<https://providerportal.caresource.com/WV>

MAIL

CareSource
Attn: Claims Department
P.O. Box 804
Dayton, OH 45401-3607

Claim **RESOURCES**



PROVIDER PORTAL

Claim statuses are updated daily on the Provider Portal.

Portal features:

- Claim history up to 24 months from the date of service
- Claim appeal submissions
- Reason for payment or denial
- Check numbers and dates
- Claim payment date

PROVIDER SERVICES

1-855-202-1091

Timely **FILING**



Effective **November 1, 2019**, CareSource is enforcing the terms of the provider contract agreement for timely filing of claims. Per your provider contract agreement, claims must be submitted to CareSource within 180 calendar days of the date of service or discharge as detailed in your provider contract agreement.

- Providers will have 180 calendar days from the date of service or discharge to submit a claim
- If a claim is submitted after 180 calendar days, the claim will be denied as outside timely filing parameters.
- If a member has other insurance and CareSource is secondary, the provider must submit the claim and the primary payor's Explanation of Payment (EOP) within 180 calendar days of the date the provider receives the claim response from the primary payor.

Medical ***PRIOR AUTHORIZATION REQUESTS***



<i>ONLINE</i>	At CareSource.com through Provider Portal
<i>EMAIL</i>	mmHIX-Just4Me@CareSource.com
<i>PHONE</i>	1-855-202-1091
<i>MAIL</i>	CareSource Utilization Management P.O. Box 1307 Dayton, OH 45401-1307
<i>FAX</i>	1-844-676-0367

PA Information **CHECKLIST**



When you request authorization, be sure to include:

- Member/patient name and CareSource 11 digit member ID number
- Provider name and NPI
- Anticipated date of service
- Diagnosis code and narrative
- Procedure, treatment or service 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 the service
- Inpatient services need to include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment

You will have 180 days from the date of service, date of discharge, or 90 days from the other carrier's EOB (whichever is later) for retrospective authorization.

REFERRALS

We ***do not*** require a referral to see a specialist.

WHERE DO I FIND MORE INFORMATION?

You can find more information in our **Provider Manual**, located at **CareSource.com**.

Services Requiring PRIOR AUTHORIZATION



- All services provided out-of-network
- Inpatient services
- Partial hospitalization programs over 30 visits
- Intensive outpatient behavioral health services over 30 visits
- Advanced diagnostic imaging through NIA Magellan (e.g., PET, MRI, MRA, CT)
- Purchase or rental of specified medical supplies, durable medical equipment (DME) supplies or appliance, as well as items exceeding \$500.
- Skilled nursing facilities
- Home infusion therapy
- Pain management services
- Behavioral health facility- Inpatient and outpatient including alcohol and substance abuse
- Certain pharmaceutical drugs as specified on the drug formulary list

This list is not comprehensive. Log in to the **Provider Portal** at **CareSource.com** to view a complete list of covered services and limitations.

Prior Authorization

NIA MAGELLAN IMAGING



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

Procedures requiring prior authorization through NIA Magellan:

- CT/CTA
- MRI/MRA
- PET Scan

Services NOT requiring prior authorization through NIA Magellan:

- Inpatient advanced imaging services
- Observation setting advanced imaging services
- Emergency room imaging services

NIA Magellan authorization phone number:

1-800-424-1746

Expedited authorizations are accepted. Register at **RadMD.com**

NIA Magellan Provider Relations Manager:

April J. Sidwa | 410-953-1078 | ajsidwa@magellanhealth.com

More resources on NIA Magellan imaging may be found at **CareSource.com/Providers**

Care and Disease **MANAGEMENT**



WE EDUCATE MEMBERS THROUGH:

- MyHealth online self-management tool
- Disease-specific newsletters
- Evidence-based curriculum
- One-to-one care management (if they qualify)

CARE MANAGEMENT

You may refer a patient for care management by calling **1-855-202-0385**.

DISEASE MANAGEMENT

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

Pharmacy *OVERVIEW*



PARTNERSHIP WITH EXPRESS SCRIPTS

Please Note: CareSource will be transitioning from CVS Caremark as a pharmacy benefit manager to Express Scripts on Jan. 1, 2020. In addition, all specialty medications will require the use of CVS Caremark specialty pharmacy until CareSource's partnership with Accredo begins on Jan. 1, 2020.

CareSource will be working collectively with Express Scripts, our pharmacy innovation partner, to manage our prescription drug costs and develop and implement plan-specific formulary or formularies

SPECIALTY DRUGS

Beginning Jan. 1, 2020, Accredo will be our preferred specialty provider and can provide specialty medications directly to the member or the prescribing physician and coordinates nursing care if required.

E-PRESCRIBING

CareSource formulary files are available through your EMR, EHR or E-prescribing vendor

RESOURCES

Authorization requirements for prescriptions may be found on the Marketplace Provider pages under the Pharmacy section.

Formulary Search Tool and Prior Authorization lists are available on **CareSource.com** on your plan's Provider pages under the Pharmacy section.

MTM (Medication Therapy Management) – allows pharmacists to work collaboratively with physicians to prevent or address medication-related problems, decrease member costs and improve prescription drug adherence.

Pharmacy *BENEFIT STRUCTURE*



TIERED MEDICATION STRUCTURE

The higher the tier, the higher the cost of the drug. Access the formulary online at **CareSource.com**

<i>TIER 0</i>	<i>TIER 1</i>	<i>TIER 2</i>	<i>TIER 3</i>	<i>TIER 4</i>	<i>TIER 5</i>
Prescription Drugs include preventive medications. These medications are available without a copayment or coinsurance.	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 multi-source brand-name drugs.	Higher coinsurance or copayment than those in Tier 3. Medications generally classified as preferred medications fall in this category	Higher coinsurance than those in Tier 4. Medications generally classified as specialty non-preferred medications fall into this category.

Visit the Pharmacy page at **CareSource.com** if you wish to access our full formulary list.



QUALITY IMPROVEMENT Initiatives

CareSource encourages you to actively participate in Centers for Medicare & Medicaid Services (CMS) and U.S. Department of Health and Human Services (HHS) quality improvement initiatives.

Quality Measures for MARKETPLACE



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®) and Consumer Assessment of Health Providers and Systems (CAHPS®).

Potential quality measures are, but not limited to:

- **Wellness and prevention:**
 - Preventative screenings (breast cancer, cervical cancer and chlamydia screenings)
 - Well-child care
- **Chronic disease management:**
 - Comprehensive diabetes care
 - Controlling high blood pressure
- **Behavioral health:**
 - Follow-up after hospitalization for mental illness
 - Antidepressant medication management
 - Follow-up for children prescribed ADHD medication
- **Safety:**
 - Use of imaging studies for lower back pain

Potential CAHPS measures include:

- **Getting care quickly**
- **Getting needed care**
- **How well doctors communicate**
- **Ratings of all health care, health plans, personal doctors and specialists**
- **Flu vaccination**
- **Assistance with smoking cessation**

HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS® is developed and maintained by The National Committee for Quality Assurance (NCQA). The HEDIS® tool is used by America's health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS® benchmarks. HEDIS® measures are based on evidence-based care and address the most pressing areas of care.



Filters:

Select State All Kentucky	Select Plans All Marketplace Medicaid	Select Measures All Adult Access Asthma Control	Select Criteria All Red Yellow	Select Patient Status All Established New	Select Enrollment Status All Continuous Recent
---------------------------------	------------------------------------------------	----------------------------------------------------------	-----------------------------------------	----------------------------------------------------	---------------------------------------------------------

Record(s): 318

ID	Plan	LOB	Adult Access	Asthma Control	Beta Blocker	Breast Cancer	Cervical Cancer	Colorectal Cancer	Chlamydia	Diabetes				Well Baby				
										Eye Exam	A1c	Kidney Function	ER	Lead	# of Visits	DOS	Well Care	
			12/7/2017					7/31/2017										
				12/18/2017 ^P														1/11/2017 ^X
			1/30/2018				3/16/2017											10/20/2016 ^P
			12/26/2017															
			9/25/2017			4/4/2017	R	R										
			12/13/2017										V					
			9/7/2017				R							R				
			12/26/2017					2/18/2018						V				
			2/3/2017 ^X															
			12/12/2017				R							V				
			1/10/2018					9/13/2016										
			1/9/2018							4/23/2016 ^P	1/9/2018	1/26/2018						
			1/12/2018											V				
			12/16/2017			2/7/2017	R			9/14/2016 ^P	11/2/2017	1/23/2018						
			10/12/2016 ^P											V				
									3/14/2017 ^X					V				R
															5/9/2017			3/7/2017 ^X
			12/1/2018 ^X															
				R					R									
			12/20/2017											V				
																		7/6/2017
																		7/6/2017
																		5/17/2016 ^P

Record(s): 318

Additional Training Available!

Quality Resources for MARKETPLACE



CareSource provides quality training for you and your teams through our Health Partner Managers and the Provider Portal. We have additional resources available through **Tools & Resources** on **CareSource.com**.

Quality Training and Resources:



Quality Onboarding
Training



Clinical Practice
Registry Training



Clinical Practice
Registry Quick Tips



CAHPS Survey Tips



Coding Guides



Clinical Practice
Guideline Information

Behavioral HEALTH



SUPPORTING MEMBERS WITH SUBSTANCE USE DISORDERS

We partner with resources to help health partners take action:

- **Online drug formulary** – our easy-to-use tool helps you facilitate care for our members in all substance use clinical scenarios
- **Controlled medications** – we cover:
 - Buprenorphine & Naloxone
 - Vivitrol®
- **Medication Assisted Treatment (MAT) program** – enables members to access opioid detoxification and promote maintenance
- **Opioid toolkit online** – find resources to support you and help you find best practices in pain management

Member **RESOURCE PAGE**



Help your CareSource patients understand their insurance coverage.

Encourage them to visit **CareSource.com**, where they can access:

- Searchable online formulary
- Find a Doctor/Provider tool
- Evidence of coverage
- Member handbook
- Forms
- And more

CareSource.com/Members

Supplemental Benefits *OVERVIEW*



SUPPLEMENTAL BENEFIT MANAGERS

CareSource partners with the select vendors to provide expanded benefits and services including expertise in the services and broadened networks.

These are exclusive relationships for the services considered. The CareSource member must use a provider within the Benefit Manager's network in order for CareSource to contribute.

See **CareSource.com** for additional detail on the benefits and additional perks available.

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Hearing (TruHearing)	All Marketplace Members	Member Services Provider Network Claims Adjudication	Routine hearing exams & hearing aids	1-866-202-2674
Routine Vision (EyeMed)	-All Pediatric Members (<19 years of age) -Adults 19+ years of age on Dental & Vision plans	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)	Adults 18+ years of age on Dental & Vision plans	Member Services Provider Network	No cost share fitness center access, home health kits, internet tools, & education	1-877-771-2746

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

2021 Marketplace Cost Shares <Note Edits>

	Gold	Silver	Silver 1	Silver 2	Silver 3	Bronze	Bronze HSA	Zero Plans
Deductible	\$2,000	\$5,900	\$5,500	\$1,000	\$400	\$7,700	\$5,300	\$0
Coinsurance	20% after deductible	20% after deductible	20% after deductible	10% after deductible	5% after deductible	50% after deductible	50% after deductible	\$0
Maximum Out-of-Pocket (Combined)	\$6,500	\$6,800	\$6,000	\$2,000	\$750	\$8,150	\$6,750	\$0
Primary Care Visit	\$10	\$25	\$20	\$10	\$5	\$60	50% after deductible	\$0
Emergency Room Services	20% after deductible	\$500 after deductible	\$400 after deductible	\$250 after deductible	\$150 after deductible	50% after deductible	50% after deductible	\$0
Specialist Visit	\$45	\$60	\$40	\$30	\$15	\$120	50% after deductible	\$0
Urgent Care	\$75	\$75	\$75	\$75	\$25	50% after deductible	50% after deductible	\$0

2021 Low Premium Cost Shares <NOTE EDITS>

	Silver	Silver 1	Silver 2	Silver 3	Zero Plans Silver
Deductible	\$6,800	\$5,700	\$1,200	\$650	\$0
Coinsurance	25% after deductible	20% after deductible	10% after deductible	5% after deductible	0%
Maximum Out-of-Pocket (Combined)	\$7,300	\$6,200	\$2,200	\$900	\$0
Emergency Room Services	\$500 after deductible	\$450 after deductible	\$300 after deductible	\$200 after deductible	\$0
Primary Care visit	\$35	\$25	\$15	\$5	\$0
Specialist Visit	\$70	\$50	\$40	\$15	\$0
Urgent Care	\$75	\$75	\$75	\$75	\$0

2020 Low Deductible Cost Shares <NOTE EDITS>

	Silver	Silver 1	Silver 2	Silver 3	Zero Plans
Deductible	\$5,100	\$5,100	\$900	\$350	\$0
Coinsurance	15% after deductible	15% after deductible	10% after deductible	5% after deductible	0%
Maximum Out-of-Pocket (Combined)	\$6,600	\$6,000	\$1,900	\$700	\$0
Primary Care Visit	\$20	\$15	\$5	\$0	\$0
Emergency Room Services	\$500 after deductible	\$375 after deductible	\$200 after deductible	\$150 after deductible	\$0
Specialist Visit	\$50	\$35	\$30	\$15	\$0
Urgent Care	\$75	\$75	\$75	\$25	\$0

Fraud, Waste & Abuse PROGRAM



Help CareSource stop fraud.

Contact us to report any suspected fraudulent activities:



CALL:

1-855-202-1091



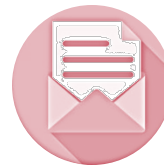
EMAIL:

fraud@caresource.com



FAX:

800-418-0248



MAIL:

CareSource
Attention: Special
Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

How to REACH US



PROVIDER SERVICES	1-855-202-1091
HOURS	Monday – Friday 8 a.m. – 6 p.m. EST
MEMBER SERVICES	1-855-202-0622
HOURS	Monday – Friday, 7 a.m. – 7 p.m. EST



Thank **YOU!**



WV-EXCP-0022e