

READY to *Join?*

HERE'S WHAT COMES NEXT



1 Join Our Network!

- ✓ Visit [CareSource.com/Arkansas-provider](https://www.caresource.com/Arkansas-provider).
- ✓ Fill out the **New Health Partner Contract Form**.

Here are some helpful tips!

General Information tab

Fill out the **General Information** tab to share information about your group, contact information and plans you wish to join.

Under the “How Can We Help You Today?” dropdown menu, choose either:

- I am not in the CareSource network and would like to create a contract request
- I am a contracted CareSource Health Partner and would like to remove or add a new product to my contract

Under the **Please Add Products** section, select **Arkansas Product(s)**.

Please either Tax ID or Social Security Number.

Is this a tax ID change to a current contract?

Is this an IRS name change to a current contract?

Under **Group Information**, remember to add your Medicare ID and Medicaid Number. If you have more than one active Medicaid ID, please add the rest under the **Submission** tab in the **Notes** section.

Providers tab

Fill out the **Providers** tab to enter the providers in your group who will be associated with the application.

Fill out the **Common Address for Re-Use** section to populate address information for each provider. To add a provider to the application, click **Add** and fill in the details. Continue to select **Add** for each provider.

PARTNER with *Purpose*

Don't forget! In the **Practice Details** section, be sure to fill in your CAQH number so we can start the credentialing process.

Practice Details	
Individual NPI Number*	Specialty*
Medicare Number	Primary Care Provider*
Medicaid Number	Patient Age - Minimum
CAQH Number*	Patient Age - Maximum

Submission tab

Fill out the **Submission** tab to verify information and attach documentation.

To save your information and complete the form later, check the box **Request Additional Time** and then click Save (the Save button appears after you click Request Additional Time). You will receive an email reminder to complete your form.

Submit

Need More Time?

Request additional time

(NOTE: you may Save this form as incomplete. The system will send you an e-mail with a link that will grant you access to complete the form at a later time).

(NOTE: Requesting additional time will remove the requirement to attach the required matching W-9 form at this time. The W-9 form attachment will still be required at the time of your final submission.)

Save

After you have filled out the **Submitted By** section and attached your W-9 Form, check the **Ready for submission** box. If you have entered all required information, the **Submit** button will appear. Click on **Submit** to complete the process.

2 Contract Processing

After you submit the **New Health Partner Contract Form**, the system will let you know that your application was submitted successfully. Once CareSource has received your information, a Contract Administrator will contact you with a copy of your CareSource contract and applicable attachments for signature.

Once CareSource receives your signed contract, please allow up to 90 days for completion of the onboarding process. If we have questions or need additional information, you will receive an email or a Credentialing Coordinator will contact you.

Note: If you are an MD or DO, or will be credentialing an MD or DO for your organization with CareSource, we will need the "CCVS Organization-Specific: Authorization and Release" filled out for each MD and/or DO you are submitting to be credentialed by CareSource.

3 You're a CareSource Health Partner

After the contracting, credentialing and onboarding process is complete, you're in! You will receive a letter welcoming you to the CareSource network. The welcome letter will contain your effective date and CareSource Provider ID Number.

Watch for provider forum invitations from CareSource to learn about how to work with us.

4 Provider Portal Registration

We want to make it easy for you to do business with us 24 hours a day, 7 days a week. The Provider Portal is a secure online tool that will help you manage claims, case management, prior authorizations and more.

Visit providerportal.caresource.com.

You will need your CareSource Provider ID Number, provided in your CareSource welcome letter after you complete your onboarding process, in order to create an account.