



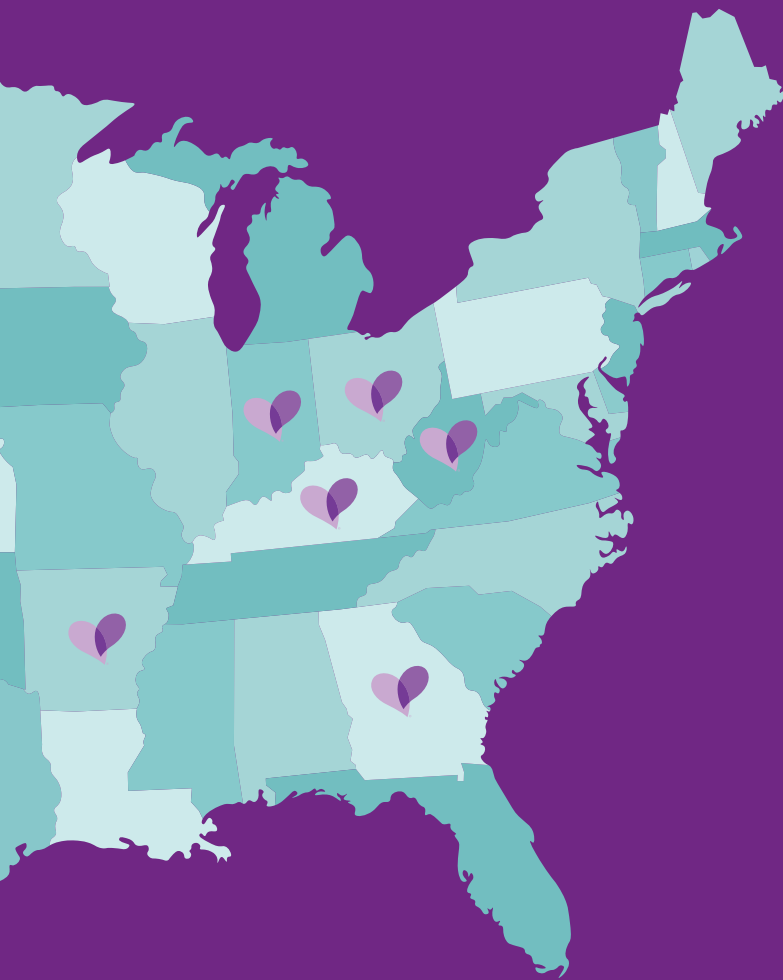
CareSource®

PARTNER with *Purpose*





At CareSource, we recognize a true partnership can only exist when we listen to and understand your needs. We are dedicated to partnering with you in the most effective way to improve member outcomes and make it easier for you to care for our members.



Regional **Coverage** with **Local** Focus

ARKANSAS

PASSE (July 2021)
Marketplace (2022)
Medicare Advantage/
Dual-Special Needs
Population (TBD)

INDIANA

Medicaid
Marketplace
Medicare Advantage/
Dual-Special Needs
Population (2021)

KENTUCKY

Marketplace
Medicare Advantage/
Dual-Special Needs
Population (2021)

GEORGIA

Medicaid
Marketplace
Medicare Advantage/
Dual-Special Needs
Population (2021)

OHIO

Medicaid
Marketplace
Medicare Advantage/
Dual-Special Needs
Population
Dual-Eligible

WEST VIRGINIA

Marketplace

Purposefully **Local**

CareSource is building a team in Arkansas, and we strongly believe in collaboration with our participating providers to improve the health and well-being of our members. As part of our Arkansas-based team, you will have a local provider representative to work with you and your staff. Our local provider representatives will be in the field answering questions.

Health Care With Heart

The CareSource mission is to make a lasting difference in our members' lives by improving their health and well-being. We understand the challenges consumers face navigating the health care system, and we work to put health care in reach for those we serve.

Our innovative model of care is at the heart of our mission. We believe in caring for the whole person.

Holistic Approach for the Member

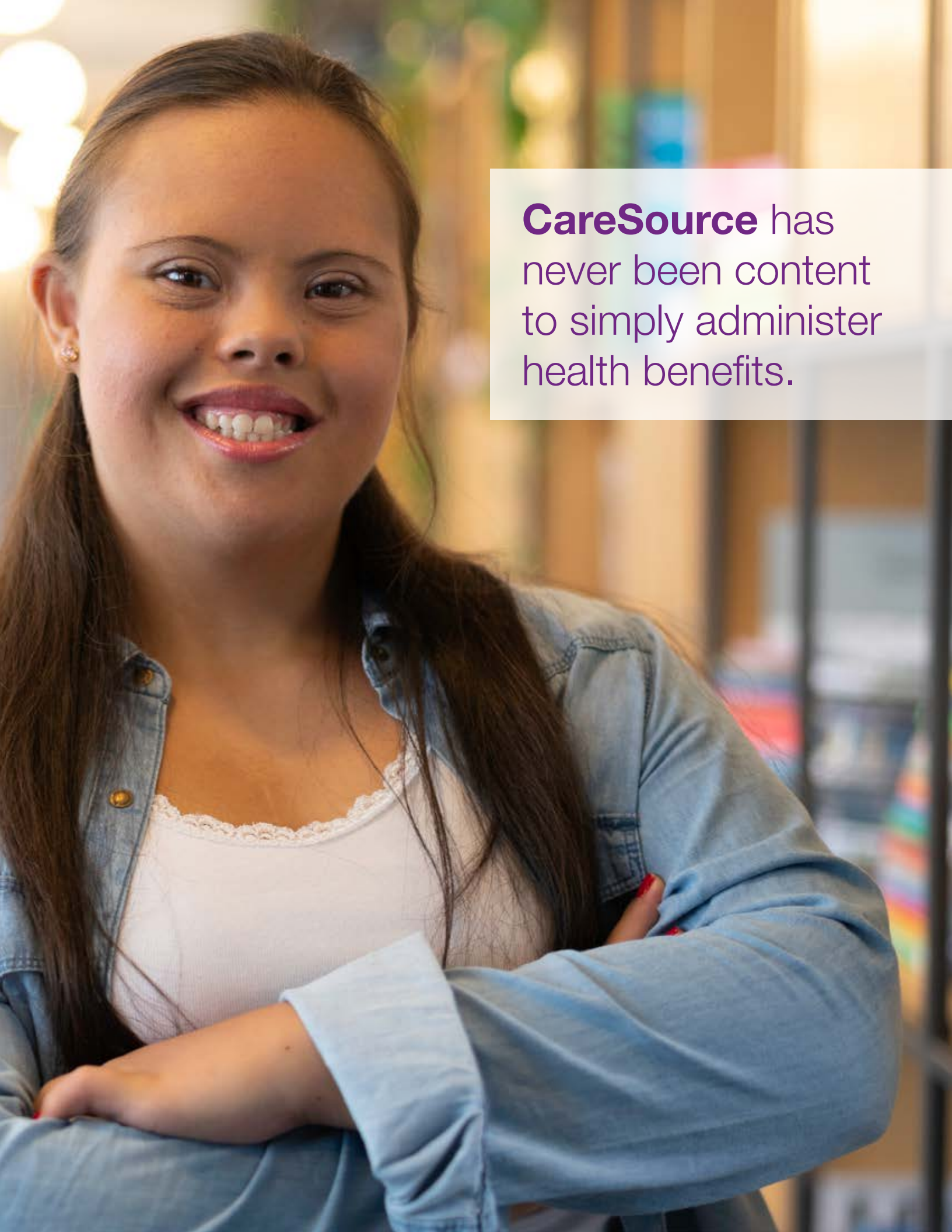
CareSource has never been content to simply administer health care benefits. Instead, we strive for new ways to advance our care model as a whole. Incorporating both social and clinical insights, we are committed to improving quality and access to health care. In addition to our traditional provider contracting, CareSource contracts directly with behavioral health and home- and community-based providers to support this model of care.

Social Determinants of Health

We shape our benefits to integrate social and economic solutions seamlessly into our members' care to have maximum impact on their social support, stability, health and wellness. *Life Services*® is the umbrella framework through which CareSource addresses social determinants of health including hunger, housing, social stability, workforce development and employment.

Within Life Services, our *JobConnect*™ program addresses the education and employment barriers that many of our members face and that impede their path to self-sufficiency. *JobConnect*™ is widely recognized within the managed care industry for reducing dependence on governmental services by providing members with life coaching, access to community-based resources, and support setting and reaching their professional and educational goals.





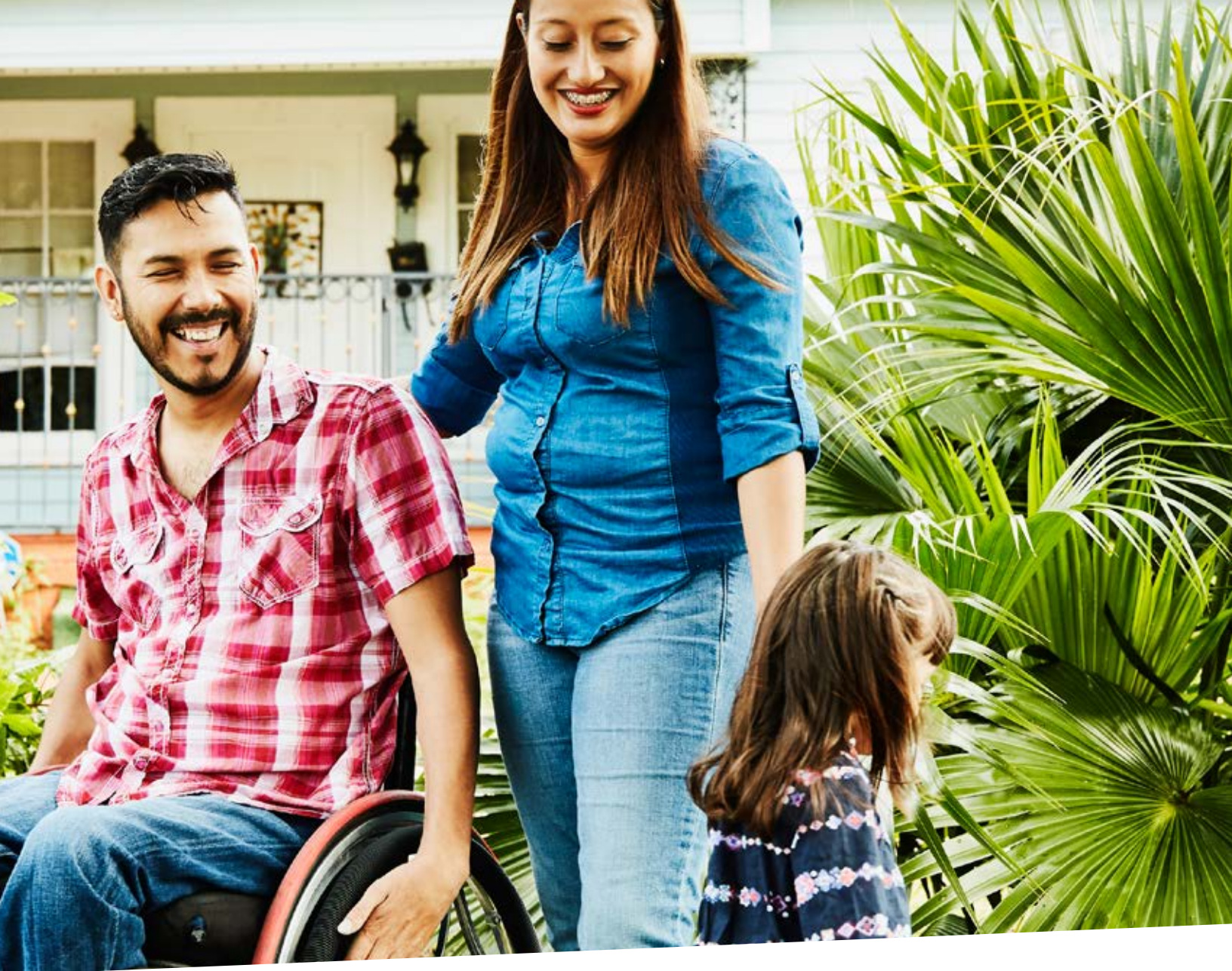
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Electronic Claims Payment

We partner with ECHO Health to provide electronic funds transfer (EFT) as a payment option. Providers who are registered for EFT benefit from:

- ✓ **Simplicity** – Paper checks and Explanation of Payments (EOPs) will be eliminated for increased efficiency and payment processing.
- ✓ **Convenience** – Electronic Remittance Advice (ERAs) are available 24/7.
- ✓ **Reliability** – Claim payments are electronically deposited to your bank account.
- ✓ **Security** – Access your ECHO account through CareSource's secure Provider Portal to view (and print if needed) remittances and transaction details. *Providers must have a CareSource Provider ID number to create a Provider Portal account.*



Pharmacy Benefits

CareSource RxInnovations™ uses the Express Scripts pharmacy network as its pharmacy innovations partner to process pharmacy claims. CareSource RxInnovations' approach to administering pharmacy benefits and services provides:

- ✓ A local pharmacy network and easier access to 90-day refills
- ✓ Value-based programs that drive increased quality, leveraging incentives to local pharmacists for their critical role in educating patients and preventing adverse drug events
- ✓ An integrated, industry-leading data platform driving real time opportunities to improve member health outcomes and lower costs





Prior Authorizations & Referrals

Because we know patient care is just one factor in the life of your practice, we like to keep our administrative processes simple for you and our members. We offer a limited set of medical services requiring prior authorization.

Many health services provided by specialists do not require a referral and can be arranged by the member. You will not need to arrange or approve these services as long as applicable benefit limits have not been exhausted. Prior authorization of services may be still be required.

Provider Portal

Our secure online Provider Portal allows instant, 24/7 access and is accessible on any PC, without any proprietary software requirements. Our time saving tools include:

- **Payment history** – Search for payments by check number and claim number.
- **Claim status** – Search for status of claims and claim appeals.
- **Coordination of Benefits (COB)** – Confirm COB for patients.
- **Prior Authorization (PA)** – Submit medical inpatient/outpatient, home health care and Synagis®.
- **Eligibility termination dates** – View the member's termination date (if applicable) under the eligibility tab.
- **Benefit limits** – Track benefit limits electronically in real time before services are rendered.
- **Care treatment plans** – View care treatment plans.
- **Clinical Practice Registry (CPR)** – Filter patient data to identify opportunities for preventive health screenings.
- **Submit claims** – Submit claims using online forms. Claims submission through the portal is available to traditional providers, community partners, delegates and health homes.
- **Member Profile** – Access a comprehensive view of patient medical/pharmacy utilization.
- **Member financial status and information** – View member payment responsibilities (such as deductible, copay and coinsurance) and monthly premium state. Also view member's payment history.
- **Claims Dispute and Appeals** – File claim disputes and appeals and check statuses.
- **Grievances** – Submit grievances and check statuses.

Providers must have a CareSource Provider ID Number in order to create a Provider Portal account. Your CareSource Provider ID Number is located in the welcome letter you receive from CareSource after completing the contracting, credentialing and onboarding process.





Claims

We work to remove any barriers you face and are committed to ensuring you receive timely and accurate reimbursement.

Although we accept claims in a variety of formats, we encourage our providers to submit routine claims electronically to allow for:

- ✓ Faster claims processing
- ✓ Reduced administrative costs, probability of errors and missing information
- ✓ A streamlined path for solutions to claim questions

Clearinghouse Information

CareSource partners with Availity to offer electronic claim payment to our health partners.

It's not just about making a change, it's
about making a *difference* in Arkansas.
Sign up today.

