



Quick Reference Guide



About CareSource

For over 30 years, CareSource has provided dependable health insurance coverage for our members, helping them clear a path and break down barriers that keep them from realizing their potential. CareSource is a health insurance company focused primarily on public programs including Medicaid, Medicare Advantage, Dual Eligible and the Health Insurance Marketplace.



Arkansas Focus

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.

Plans:

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



CareSource Contacts

Provider Services - 1-833-230-2100

Provider Portal URL* - <https://providerportal.caresource.com>

Website - [CareSource.com](https://www.caresource.com)

Email - Arkansas_Network@caresource.com

Check Claim Status* - CareSource Provider Portal

*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.



Claim Submissions and Payment

CareSource prefers providers to submit claims electronically for the most efficient processing.

Online Claim Submission

Providers have the option to submit claims through our secure, online Provider Portal*. You can submit claims (along with any documentation), track claim payments and more. CareSource offers this tool at no cost.

CareSource also partners with Availity to offer electronic claim submission and real-time transactions at no charge through the Availity Portal.

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Electronic Payment Processing

CareSource has partnered with ECHO Health, Inc. to deliver provider payments. ECHO offers three payment options:

- 1 Electronic funds transfer (EFT) – preferred
- 2 Virtual Card Payment (QuicRemit) – Standard bank and card issuer fees apply**
- 3 Paper checks

**Standard bank and card issuer fees are what you pay your bank and credit card processor for use of payment via credit card.

Enroll with ECHO for payment and choose EFT as your payment preference for CareSource. For questions, call ECHO Customer Support at 1-888-834-3511.

Electronic Claim Submission Payer ID Number: ARCS1

Timely Filing: 365 calendar days from the date of service or discharge



Prior Authorizations

Services that Require Prior Authorization

Some services that require prior authorization from CareSource include, but are not limited to, the following. Please check benefit coverage and limits before providing services.

Physical Health Services

- All inpatient stays
- Most elective surgeries (outpatient and inpatient)
- All clinical trials
- All unproven and experimental or investigational items and services (life-threatening illness exceptions)
- Most non-emergent ambulance services
- Most durable medical equipment (DME) including most prosthetic/orthotic devices
- Home care services and therapies (except assessments)
- Outpatient therapies (except assessments)

Behavioral Health Services

- All inpatient stays
- Residential behavioral health services
- Partial hospitalization program services (PHP)
- Transcranial magnetic stimulation
- Most urine drug testing
- Outpatient mental health therapy including applied behavioral analysis (ABA)

Intellectual or Developmental Disability (IDD)/Community and Employment Supports (CES) Waiver Services

Prior Authorization Process

Providers can request prior authorization by contacting the CareSource Utilization Management Department via:

- Provider Portal
- Mail
- Phone

When submitting an authorization request, please provide the following information:

- Member/patient name and 11-digit CareSource member ID number
- Provider name and National Provider Identifier (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 for the service

The CareSource Provider Portal can accept clinical documentation up to 100 MB.



Pharmacy

CareSource RxInnovations™ uses the Express Scripts broad national network as its pharmacy network for the Arkansas PASSE program.

Pharmacy Prior Authorization

Providers are encouraged to use the Pharmacy Preferred Drug List and our Formulary Search tool to identify what drugs are covered under the plan, as well as verify under which benefit (medical or pharmacy) claims should be submitted.

For drugs covered under the pharmacy benefit that require authorization, we encourage you to submit prior authorizations through your EMR, through the ExpressPath® portal or via fax.

For drugs covered under the medical benefit that require authorization, we encourage you to submit prior authorizations through our Provider Portal. Providers can also submit prior authorization requests by fax, or urgent prior authorization requests by phone. Providers will be required to submit pertinent medical/drug history, prior treatment history and any other necessary supporting clinical information with the request.

Online

Visit **CareSource.com** > Login > Provider. Alternate methods include phone, fax or mail.



Provider Resources

CareSource communicates with our provider network through a variety of channels, including phone, fax, Provider Portal, newsletters, **CareSource.com** and network notifications. We encourage you to reach out to your assigned Provider Engagement Representative with any questions.

Website

Accessing **CareSource.com** is quick and easy. On the Provider section of the site, you will find commonly used forms, newsletters, updates and network announcements, our Provider Manual, claims information, frequently asked questions, clinical and preventive guidelines and much more.

Provider Portal

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

Our secure online Provider Portal* allows you instant access at any time to valuable information. You can access the CareSource Provider Portal at **CareSource.com** > Login > Provider Portal. Simply enter your username and password (if already a registered user) or submit your information to become a registered user. Assisting you is one of our top priorities in order to deliver better health outcomes for our members.

Provider Portal Benefits

- Easy access to a secure online (encrypted) tool with time-saving services and critical information
- Available 24 hours a day, seven days a week
- Accessible on any PC without any additional software

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Policies

CareSource's policies consist of medical, pharmacy, reimbursement and administrative.

- Medical policies: provide guidelines for determining medical necessity and appropriate care for approved benefits
- Pharmacy: provider guidelines for specialty drugs
- Reimbursement: provider guidance for claim payments
- Administrative: offer guidance for determining medical necessity, investigational and experimental services

Refer to CareSource's policy page at [CareSource.com](https://www.caresource.com) > Providers > Provider Policies.

Newsletters

CareSource publishes newsletters so you can stay informed about plan news and explore new ways to work with us to improve the lives of our members.

Provider Manual

The provider manual is a resource for working with CareSource. It communicates policies and programs and outlines key information such as claim submission and reimbursement processes, authorizations, member benefits and more to make it easier for you to do business with us.

Network Notifications

We continually update information, both on a periodic and an as-necessary basis, and the content in provider manuals is subject to change without notice. We post updates through network notifications on the Updates & Announcements page. Please check this webpage often to stay current with all updates.

Provider Demographic Changes and Updates

Advance written notice of status changes, such as a change in address, phone, or adding or deleting a physician to your practice helps us keep our records current. Your current information is critical for efficient claims processing.

Online

[CareSource.com](https://www.caresource.com) > Login > Provider Portal

Email

ProviderMaintenance@caresource.com

Fax

937-396-3076

Mail

CareSource
Attn: Provider Maintenance
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Dayton, OH 45401-8738