




CareSource

WORKING with *CareSource*

Health Partner Orientation

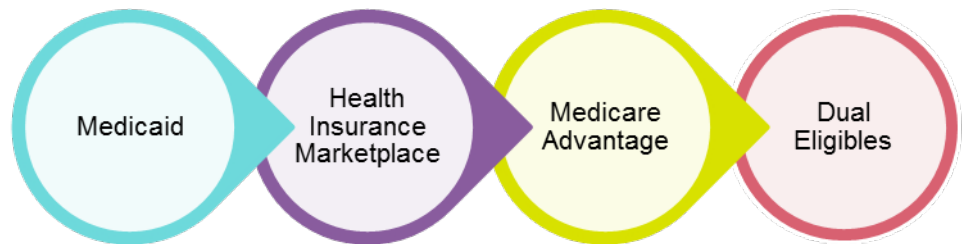
Our MISSION

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



CARESOURCE

- A nonprofit health plan and national leader in Managed Care
- Nearly 30-year history of serving low-income populations across multiple states and insurance products
- Currently serving members in Georgia, Indiana, Kentucky, Ohio and West Virginia



1.8M
members



2020 CARESOURCE COVERAGE



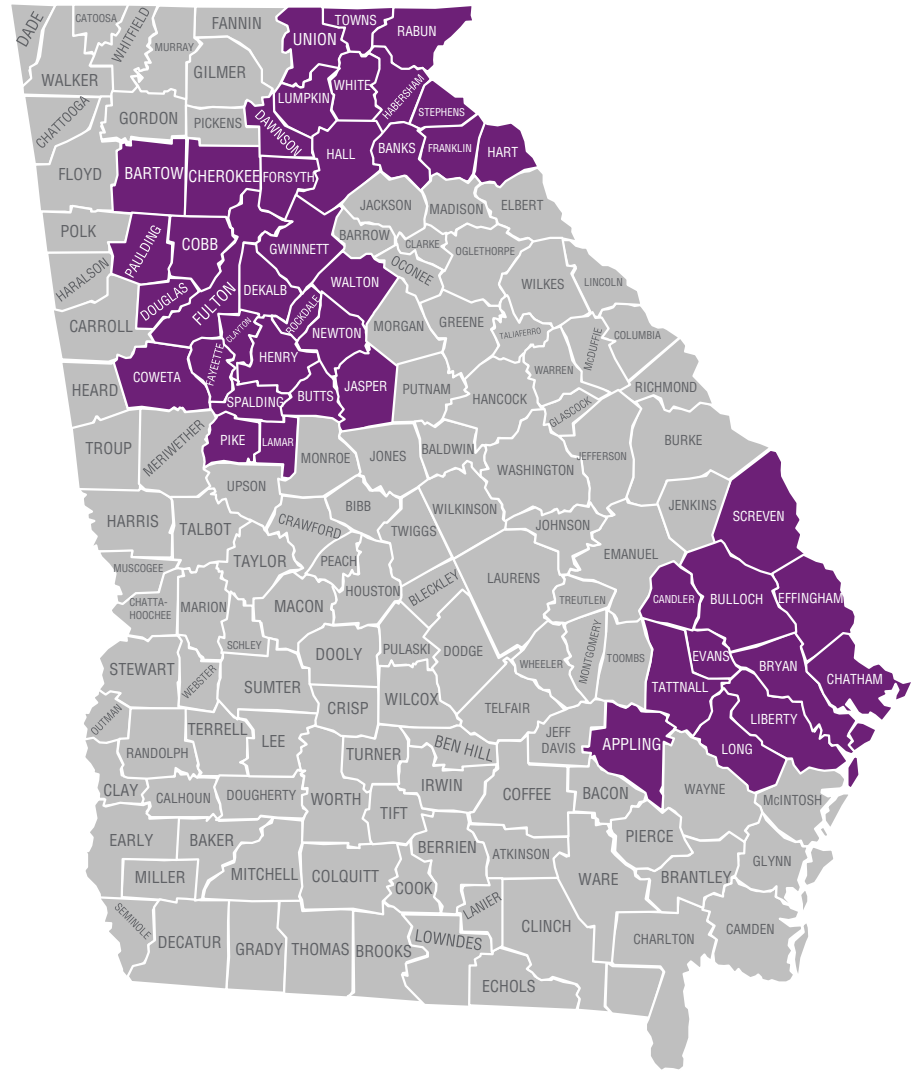
LEGEND:



Marketplace service area



Not currently a part of
Marketplace service area



Georgia MARKETPLACE COUNTIES



Atlanta Region – Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Jasper, Lamar, Newton, Paulding, Pike, Rockdale, Spalding, Walton

Gainesville Region – Banks, Dawson, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White

Savannah Region – Appling, Bryan, Bulloch, Candler, Chatham, Effingham, Evans, Liberty, Long, Screven, Tattnall

What is the Marketplace?

The Health Insurance Marketplace is an online store where you can shop, compare and purchase your health insurance plan. You're able to review doctors, facilities and prescription drugs covered for each plan.

If your patients don't have health insurance through a job, Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or another source that provides qualifying health coverage, the Health Insurance Marketplace can help them get covered.

OPEN ENROLLMENT PERIOD

For 2020 Marketplace plans, the Open Enrollment Period (OEP) goes from Nov. 1, 2019 – Dec. 15, 2019.



MARKETPLACE PLANS



Health Insurance Marketplace-qualified plans are the only plans guaranteed to provide all the Essential Health Benefits required by the Affordable Care Act, including:

Ambulatory patient services	Rehabilitative and habilitative services and devices
Emergency services	Laboratory services
Hospitalization	Preventive and wellness services and chronic disease management
Pregnancy, maternity, and newborn care (both before and after birth)	Pediatric services, including dental and vision care (but adult dental and vision coverage aren't classified as essential health benefits)
Mental health and substance use disorder services, including behavioral health treatment	Birth control coverage
Prescription drugs	Breastfeeding coverage

Marketplace-qualified plans also have **no lifetime coverage caps for essential health benefits**.

CareSource's Marketplace-qualified Enhanced Benefit plans cover more than the essential health benefits, including adult dental, adult vision and a fitness program with access to multiple fitness centers or home fitness kits.

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.

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!

Member ID CARDS



SAMPLE CARD:

**CareSource**

Silver Low Premium

Member:
Jeff Doe

Member ID:
14800000000-00

Health Plan:
77552GA002020501

Payer ID: GACS1

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

GA 2020

Office: \$10 ER: \$500* Spec: \$60 UrgCare: \$75

AM-EXCM-0653

*after deductible

CareSource.com/marketplace

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

MEMBERS: 1-833-230-2030 (TTY: 1-800-255-0056 or 711)

24/7 Nurseline: 1-833-687-7342

Providers: 1-833-230-2155

BENEFITS MANAGER

Pharmacy	Express Scripts	1-800-420-3560
Vision (Ped Only)	EyeMed	1-833-337-3129
Hearing	TruHearing	1-866-202-2561

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

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

REMEMBER:

Dependents are indicated by the Member ID + suffix

Example: 148000000000-01
(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

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 **Georgia**.

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

PRIOR AUTHORIZATION REQUESTS



ONLINE	At CareSource.com through Provider Portal
EMAIL	mmHIX-Just4Me@CareSource.com
PHONE	1-833-230-2155 Follow the appropriate menu prompts for the authorization requests, depending on your need
MAIL	CareSource Medical Management P.O. Box 1307 Dayton, OH 45401-1307

Note: Marketplace plans have benefit limits that cannot be exceeded.

PA Information CHECKLIST



When you request authorization, be sure to include:

- Member/patient name and CareSource member ID number
- Provider name and NPI
- Anticipated date(s) of service
- Diagnosis code and narrative
- Procedure, treatment or service(s) 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 must also 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 (i.e. PET, MRI, MRA, CT etc.,)
- 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.

Supplemental Benefits OVERVIEW



SUPPLEMENTAL BENEFIT PARTNERS

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

These are exclusive relationships for the services considered – A 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 Claim Adjudication	Routine hearing exams & hearing aids	1-866-202-2561
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 (Active&Fit®)	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

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

2020 Marketplace MEDICAL BENEFITS

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

2020 Low Deductible MARKETPLACE BENEFITS

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

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
- Private duty nursing

NOTE:

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

Pharmacy OVERVIEW



PARTNERSHIP WITH EXPRESS SCRIPTS

Caresource works collectively with Express Scripts, our delegated pharmacy innovation partner, to manage our prescription drug costs and to develop and implement plan-specific formulary or formularies.

SPECIALTY DRUGS

Accredo is 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 your plan's Provider pages under the Pharmacy section.

The Formulary Search Tool and prior authorization lists are available on **CareSource.com**.

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**

TIER 0	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
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 specialty 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:**
 - Preventive 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
- **Health, Safety & Welfare**
 - Mitigate identified member risks

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.

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 **1-855-202-0729**.

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**.

Fraud, Waste & Abuse PROGRAM



Help CareSource stop fraud.

Contact us to report any suspected fraudulent activities:



CALL:

1-833-230-2155



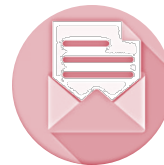
EMAIL:

fraud@caresource.com



FAX:

800-418-0248



MAIL:

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

Contact **INFORMATION**



PROVIDER SERVICES	1-833-230-2155
MEDICAL MANAGEMENT FAX	844-676-0370
WEBSITE	CareSource.com
PROVIDER PORTAL	https://providerportal.caresource.com/GA
ELECTRONIC FUNDS TRANSFER (EFT)	ECHO Health
ELECTRONIC CLAIM SUBMISSION	GACS1
CLAIM ADDRESS	P.O. Box 803, Dayton, OH 45401-0803

Commitment to **HEALTH EQUITY**



As a non-profit, mission driven, member-centric organization, CareSource seeks to provide high quality, appropriate, effective, evidence-based health services for all members.

Social determinants of health are increasingly recognized as significant contributors to member health outcomes and quality of life.

Providing equitable and culturally competent care and services is a core value of CareSource.

CULTURAL *Competency*



Providers are expected to provide services in a culturally competent manner, which includes removing all language barriers to service and accommodating the unique ethnic, cultural and social needs of the member.

Providers must also meet the requirements of all applicable state and federal laws and regulations.

Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care provides guidelines for individuals and organizations to implement culturally and linguistically appropriate services.

LEARN MORE

CareSource.com > Providers > Education > Patient Care > PCP Roles & Responsibilities

How to REACH US



PROVIDER SERVICES

1-833-230-2155

HOURS

Monday – Friday
8 a.m. – 6 p.m. EST

MEMBER SERVICES

1-833-230-2030

HOURS

Monday – Friday,
7 a.m. – 7 p.m. EST



Thank **YOU!**



GA-EXCP-0008