

CareSource – A Different Kind of CMO

Frequently Asked Questions (FAQ)

CareSource understands a true partnership can only exist when we listen to and understand our health partners' needs. We recognize you have questions about CareSource, the contracting process, working with us and member benefits and services.

We've designed this FAQ guide to answer some common questions you have asked about CareSource's operations and processes. The questions are categorized by main topics as shown in the chart below. For more detailed information you can also refer to the [CareSource Georgia Health Partner Manual](#).

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ABOUT CARESOURCE

Q: How does CareSource differ from other CMOs?

CareSource is a nonprofit care management organization with a concentrated focus on improving the health and well-being of the communities we serve. CareSource works with members to give them the tools, education, and support they need to address their health concerns, including health-related social factors that may impact their well-being. We use an innovative and comprehensive approach to help members holistically by enhancing their ability to gain employment and educational opportunities through our Life Services program.

Q: Is CareSource replacing any of the existing Georgia CMOs?

No. CareSource is being offered as an additional choice for Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program.

Working with CareSource

Q: Will CareSource be offered as an option to residents throughout the state or just certain regions of the state?

CareSource is excited to be partnering with health partners statewide in Georgia.

Q: Does CareSource cover adults, children, or both?

CareSource covers both adults and children. CareSource will cover Georgia Medicaid and PeachCare for Kids[®] members enrolled in the Georgia Families[®] program and women enrolled in the Planning for Healthy Babies[®] program.

CONTACT OUR CONTRACTING TEAM

CareSource is excited to be partnering with health partners statewide in Georgia. If you are interested in joining our network, please call us at **1-855-202-1058**. You may also email us at GAProviderRelations@caresource.com.

CareSource
Attn: Contract Administration
P.O. Box 8738
Dayton, Ohio 45401-8738
Fax: 844-438-9502

CONTRACTING

Q: Will health partners automatically be contracted with CareSource if they accept Georgia Medicaid?

No. There is a separate contracting process health partners must go through to participate in the CareSource Georgia network.

Q: If health partners choose not to participate with CareSource, can they still see CareSource patients and obtain authorizations to see them?

Absolutely. Beginning July 1, 2017, CareSource will honor a member's active prior authorization issued by their previous CMO for a period of forty-five (45) days as a part of the transition of care process. After the forty-five (45) day transition of care period, non-participating providers can submit an authorization request through the GAMMIS Centralized PA Portal for the following services:

- Services in an Inpatient (POS21), Outpatient (POS22) or ASC (POS24) setting
- Durable Medical Equipment
- Children's Intervention Therapy Services
- Notification of Pregnancy

Working with CareSource

- Newborn Delivery Notification
- Outpatient Behavioral Health

All other prior authorization types can be submitted to CareSource through the following methods:

Online: [CareSource.com](https://www.caresource.com) and select the **Provider Portal** option from the menu

Email: gamedmgmt@CareSource.com

Fax: Fax the prior authorization form to **1-844-676-0370**. The prior authorization form can be found on **CareSource.com**.

Mail: Send prior authorization requests to:

CareSource

Attn: Medical Management Dept.

PO Box 1598

Dayton, OH 45401

Q: Is a Georgia Medicaid ID a requirement to participate with CareSource?

Yes, that is correct. CareSource is currently receiving a file feed from the Credentialing Verification Organization (CVO) of credentialed health partners for Georgia Medicaid. Since CareSource has adopted DCH's centralized credentialing process, if you have already been through the credentialing or re-credentialing process with the CVO, they may already have sent your credentialed status to us. It is important to make sure that the CVO has the most accurate demographic information for your organization on file.

HOW TO CONTRACT WITH CARESOURCE

Q: Will CareSource allow providers to not accept new patients, but to contract with CareSource for current patients that may make the choice to enroll with CareSource?

CareSource does allow health partners the choice to accept only established patients. Please feel free to reach out to our contracting team to address specific questions so that we may work with you to make the appropriate distinctions on your agreement.

WORKING WITH CARESOURCE

Q: Will providers have an assigned local representative for their service regions? Will this representative be available to personally contact and conduct in-office visits?

CareSource strongly believes in working directly with our health partners to partner with purpose. Health partners will have a local provider representative to work with their practice.

Q: Will CareSource offer webinar training for staff? If so, how soon will this training be provided?

CareSource will be conducting New Provider Orientations where we will review our systems and plan designs. For those of you that are not able to attend the live orientations, online orientations and resources will be posted. We will also have an active Health Partner Engagement team in the field answering questions.

Q: How can health partners access and increase their patient panel?

CareSource offers a streamlined experience for our health partners. Adjustments to panel size and general updates can be completed by calling our Provider Services helpline.

Q: Who is CareSource's Pharmacy Benefit Manager (PBM)?

CareSource works with CVS Caremark as its Pharmacy Benefit Manager.

Q: How will prior authorizations be handled for pharmacy related services?

CareSource will honor prior authorizations issued prior to July 1, 2017 for a period of forty-five (45) days as a part of the transition of care process. After the forty-five (45) day period for eligible members, CareSource will continue to approve the medication if it is on the Prescription Drug List (PDL). If the medication is not on the PDL, please review the CareSource PDL for formulary options OR please consult the CareSource PDL for formulary medications.

Prior authorizations for medications can be submitted to CareSource through the following methods:

Online: CareSource.com and select the **Provider Portal** option from the menu

Fax: Fax the prior authorization form to **1-844-676-0370**

Q: Who is CareSource's dental network provider?

CareSource has partnered with Scion Dental to develop the dental network.

RATES & REIMBURSEMENT

For the most detailed information on claims, visit us at **CareSource.com** and reference Chapter 5 of the [CareSource Georgia Health Partner Manual](#).

Q: Where can providers access Georgia fee schedules?

Health partners can access Georgia fee schedules online via the Georgia Medicaid Management Information System (GAMMIS) portal at www.mmis.georgia.gov/portal by clicking on Provider Information, then selecting Fee Schedules from the dropdown menu.

Q: Please clarify Value-Based Reimbursement (VBR).

VBR, or value-based purchasing, is an innovative approach to purchasing and program management that focuses on value over volume. It is part of a comprehensive strategy CareSource offers as an option to health partners in efforts to align incentives to improve outcomes, enhance access, drive quality, and increase value. For additional information, please contact us.

Q: Who does CareSource partner with for claims clearinghouse?

Please contact the clearinghouse of your choice, choose from our preferred list below, or use our free Provider Portal.

- Alveo (formerly The Consult)
- Availity (formerly RealMed)
- Change Healthcare (formerly Emdeon)
- Practice Insight
- Quadax
- Relay Health (also known as McKesson)
- ZirMed

Q: What is CareSource's timeframe for claims filing?

We abide by the claims timely filing timeframes as defined by the Department of Community Health (DCH) and all applicable prompt pay requirements. For detailed information regarding our claims process, please see chapter 5 of the [Georgia CareSource Provider Manual](#).

Q: What can providers expect for reimbursement?

Claims submitted to CareSource by non-participating providers with dates of service from July 1, 2017 through August 14, 2017 (forty-five days) will be paid at the prevailing Medicaid fee schedule or contracted amount for covered services. Participating providers can expect to be reimbursed at the prevailing Medicaid fee schedule or contracted amount for covered services.

Q: What information do providers need to bill CareSource?

In order to ensure accurate and prompt payment of your claims, please use both your federal Tax ID Number (TIN) and your National Provider Identifier (NPI) when submitting claims to CareSource.

Q: What information do providers need to access the CareSource provider portal?

Providers will need their CareSource Provider number, Tax ID number, zip code and the name of the practice, i.e., facility name or practitioner full name. Your CareSource Provider ID number can be found on your recently received Provider Welcome Letter. If you have not received your Provider Welcome Letter, please feel free to contact us at 1-855-202-1058.

Q: How does CareSource resolve claims denials?

We abide by the appeals process as defined by the Department of Community Health (DCH) requirements and described in the [CareSource Georgia Health Partner Manual](#).

Q: Does CareSource accept paper claims?

Yes, although we do recommend our health partners file claims electronically for:

- Faster claims processing
- Reduced administrative costs and probability of errors and missing information
- A streamlined path to solutions for claims in question

Paper claims should be submitted to the following address:

CareSource
Attn: Claims Department
P.O. Box 803
Dayton, OH 45401

Q: Can I sign up for electronic claims payments?

We partner with [InstaMed](#)® to provide electronic funds transfer (EFT) as a payment option. More information about InstaMed® registration and training will be incorporated into provider informational materials, orientation and upcoming training sessions. Health partners who are registered for EFT benefit from:

Working with CareSource

- Simplicity – Paper checks and Explanation of Payments (EOPs) will be eliminated meaning increased efficiency with payment processing
- Convenience – Electronic Remittance Advice (ERAs) are available 24/7
- Reliability – Claim payments are electronically deposited to your bank account
- Secure – Access your account through CareSource's secure Provider Portal to view (and print if needed) remittances and transaction details

Q: What is CareSource's timeframe for pre-certification and pre-authorization requirements?

We abide by the following pre-certification and pre-authorization timeframes as defined by the Department of Community Health (DCH):

- Standard = 3 business days,
- Expedited = 24 hours.

For additional information, refer to the [CareSource Georgia Health Partner Manual](#).

Beginning July 1, 2017, CareSource will honor a member's active prior authorization issued by their previous CMO for a period of forty-five (45) days as a part of the transition of care process. After the forty-five (45) day transition of care period, non-participating providers can submit an authorization request through the GAMMIS Centralized PA Portal for the following services:

- Services in an Inpatient (POS21), Outpatient (POS22) or ASC (POS24) setting
- Durable Medical Equipment
- Children's Intervention Therapy Services
- Notification of Pregnancy
- Newborn Delivery Notification
- Outpatient Behavioral Health

All other prior authorization types can be submitted to CareSource through the following methods:

Online: [CareSource.com](#) and select the **Provider Portal** option from the menu

Email: gamedmgmt@CareSource.com

Fax: Fax the prior authorization form to 1-844-676-0370. The prior authorization form can be found on [CareSource.com](#).

Mail: Send prior authorization requests to:
CareSource
Attn: Medical Management Dept.
PO Box 1598
Dayton, OH 45401

Please note: CareSource services that do not require prior authorization can be billed upon the provision of care.

MEMBER ENROLLMENT

Q: What is the effective date for CareSource's plan to begin with Georgia Medicaid?

The CareSource Georgia plan will be effective statewide July 1, 2017.

Q: Will members who are switching plans between the period of July 1 and September 30, 2017 only be able to do so on the first of the month? Or will this option be available at any time of the month?

From July 1 through September 30, 2017, all members have the option to choose a different CMO. Members who choose a different CMO will be mailed a new member ID card and CMO packet. Members who move to a different CMO will be enrolled in the new CMO on the 1st day of the next month.

NOTE: Members can only make one CMO change during the Choice Change Period.

MEMBER CARE, SERVICES & BENEFITS

For the most detailed information on services, the member's coverage status and other information about obtaining services, visit us at **CareSource.com** and reference the [CareSource Georgia Health Partner Manual](#).

Q: Will CareSource members receive a health care card to present at PCP offices?

Yes, all CareSource members will receive a CareSource member ID card. We will include mock-ups of the member ID card in provider training materials to familiarize health partners.

Q: Will patients be required to pay co-pays for specialist office visits?

CareSource will follow copayment requirements outlined in the contract with the Department of Community Health. For more information and detail, please visit Chapter 6 of the [CareSource Georgia Health Partner Manual](#).

PRIOR AUTHORIZATION & REFERRALS

For the most detailed information on prior authorization and referrals, visit us at CareSource.com and reference Chapter 19 of the [CareSource Georgia Health Partner Manual](#).

Q: Will CareSource members be required to get a referral from their Primary Care Physicians (PCP) to see a specialist?

CareSource does not require referrals to see specialists, however, some health care services provided by specialists may require a referral from a primary care provider (PCP).

Q: Can providers submit authorizations and claims through CareSource.com?

Yes. For a more streamlined experience for health partners, CareSource offers our participating health partners the ability to submit claims electronically through the CareSource Provider Portal.

For the most detailed information on prior authorizations and claims submission, visit us at CareSource.com and reference Chapter 6 of the [CareSource Georgia Health Partner Manual](#).

Q: Will providers have the ability to submit authorization requests prior to the go live date for members who will be enrolling with CareSource to avoid canceling appointments?

Providers are able to submit CareSource PAs via the Centralized PA portal. All forms and PA types associated with the Centralized PA portal will be processed for CareSource members on July 1, 2017. Prior Authorization decisions for non-urgent services will be made within three (3) business days. Expedited service authorization decisions will be made within 24 hours. As a reminder, the following forms are currently included in the Centralized PA portal:

- Newborn Delivery Notification
- Pregnancy Notification
- Inpatient Hospital Admissions and Outpatient Procedures
- Hospital Outpatient Therapy
- Durable Medical Equipment
- Children's Intervention Services
- Outpatient Behavioral Health

INPATIENT/OUTPATIENT SERVICES

Inpatient Admits Pre –July 1, 2017

A Georgia Families® member admitted to an inpatient facility prior to July 1, 2017 will remain the responsibility of the admitting CMO until discharge. The admitting CMO will be responsible for both the facility and professional cost and care for the member through discharge. However, CareSource will work with the admitting CMO and the facility for transition of care and discharge.

Please call CareSource at **1-855-202-1058** to discuss concerns related to discharge planning.

Inpatient Admits Post –July 1, 2017

CareSource members admitted to an inpatient facility on or after July 1, 2017 will be the responsibility of CareSource. This includes both the facility and professional cost and care. Claims submitted to CareSource by **non-participating** facilities/providers with dates of service from July 1, 2017 through August 14, 2017 will be paid at the prevailing Medicaid fee schedule or contracted amount for covered services. **Participating** facilities/providers can expect to be reimbursed at the prevailing Medicaid fee schedule or contracted amount for covered services.

Providers are able to submit CareSource PAs via the Centralized PA portal. Prior Authorization decisions for non-urgent services will be made within three (3) business days. Expedited service authorization decisions will be made within 24 hours.

Outpatient Services Pre – July 1, 2017

Services obtained by a Georgia Families® member prior to July 1, 2017 will remain the responsibility of their prior CMO. The prior CMO will be responsible for both cost and care for the member for dates of service prior to July 1.

Outpatient Services Post – July 1, 2017

Services obtained by a newly enrolled CareSource member on or after July 1, 2017 will be the responsibility of CareSource. Prior authorization requests for outpatient services should be submitted to CareSource via the Centralized PA Portal. All prior authorization requests will be processed within the following timeframes:

- Standard = 3 business days,
- Expedited = 24 hours.

Note: CareSource services that do not require prior authorization can be billed upon the provision of care.

Emergency Room Services Pre –July 1, 2017

Emergency room services obtained by Georgia Families® members prior to July 1, 2017 will be the responsibility of the member's prior CMO.

Emergency Room Services Post –July 1, 2017

Emergency room services obtained by newly enrolled CareSource members on or after July 1, 2017 will be the responsibility of CareSource. Emergency room services do not require prior authorization.

Please call CareSource at **1-855-202-1058** to discuss concerns related to emergency care services for CareSource members.