



 *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.



OUR PLEDGE

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment

Health Care with HEART



MISSION FOCUSED

Comprehensive, **member-centric** health and life services

EXPERIENCED

With **30 years of service**, CareSource is a leading non-profit health insurance company

DEDICATED

We serve about **1.8 million members** through our Medicaid, Marketplace, and Medicare Advantage plans.

30
YEARS
MISSION-DRIVEN
CARE

A-Z
CONSUMER
ADVOCACY



1.8 MILLION
MEMBERS



COVERAGE
OH, KY, IN, WV, GA



\$16.4 M
FOUNDATION GRANTS
AWARDED IN OHIO*

Marketplace COUNTIES



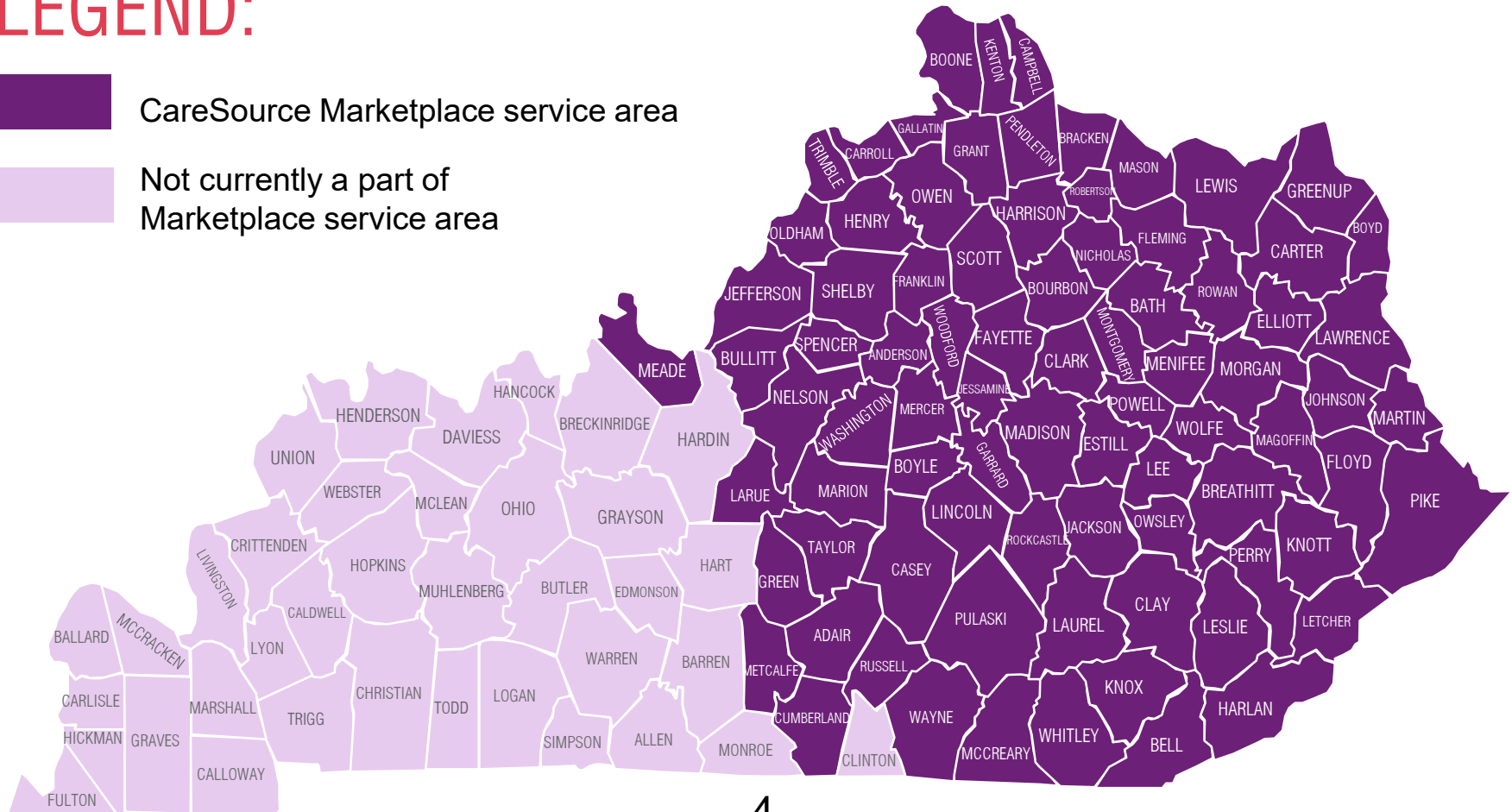
LEGEND:



CareSource Marketplace service area



Not currently a part of
Marketplace service area



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. Note that routine vision and hearing services are covered through our EyeMed and TruHearing network providers.

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!

Access STANDARDS



PRIMARY CARE PROVIDERS (PCPs)

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Urgent care	Not to exceed 48 hours
Regular and routine care	Not to exceed 6 weeks

NON-PCP SPECIALISTS

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Urgent care	Not to exceed 48 hours
Regular and routine care	Not to exceed 12 weeks

Behavioral Health Access STANDARDS



BEHAVIORAL HEALTH

Type of Visit	Should be seen...
Emergency needs	Immediately upon presentation
Non-life-threatening emergency	Not to exceed 6 hours
Urgent care	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 14 calendar days
Follow-up routine care	Not to exceed 30 calendar days based off the condition

Member RIGHTS & RESPONSIBILITIES



As a CareSource provider, you are required to respect the rights of our members. CareSource members are informed of their rights and responsibilities via their Member Handbook. The list of our members' rights and responsibilities are listed in the Provider Manual.

MEMBER RIGHTS INCLUDE:

Participate with your doctor in making decisions about your health care.

Be able to seek a second opinion from a qualified provider. If a qualified network provider is not able to see you, CareSource will set up a visit to a provider not in our network.

MEMBER RESPONSIBILITIES INCLUDE:

Follow the plans and instructions for care that you have agreed to with doctors.

Policy UPDATES

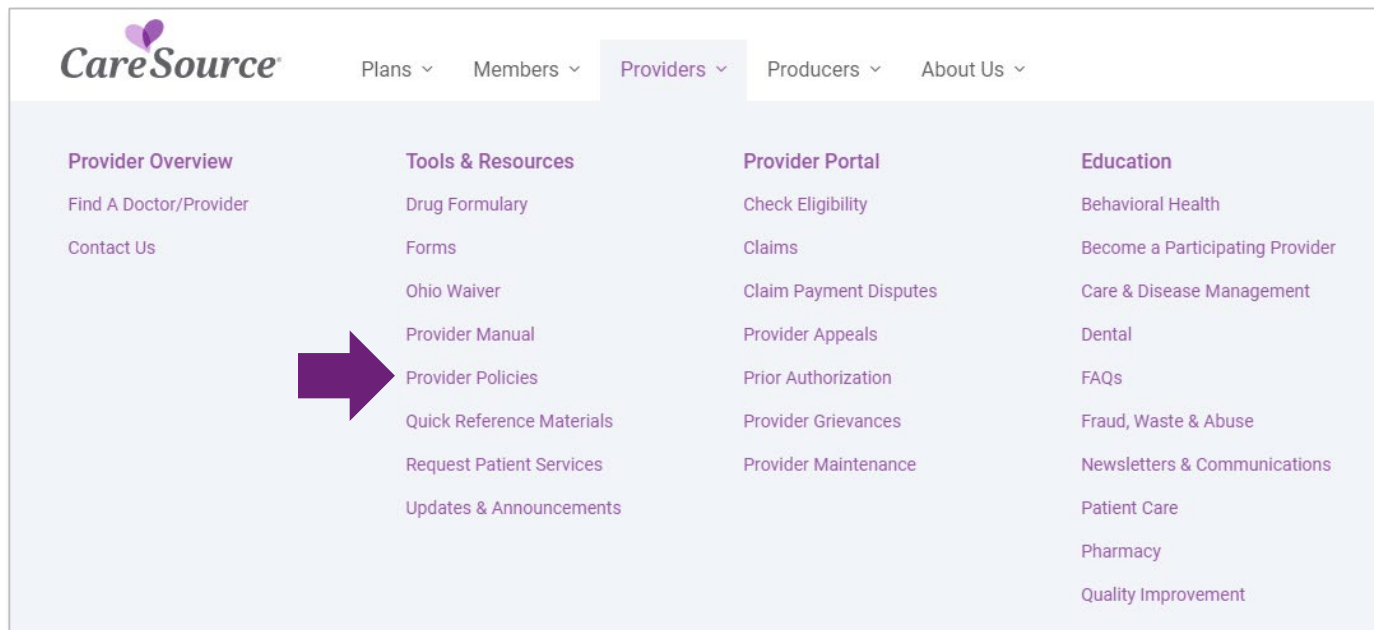


CareSource regularly updates medical, reimbursement and administrative policies. In compliance with contractual guidelines, we give you advance notice of the upcoming policy change through a network notification.

Generally, policy update network notifications are posted at the 1st of each month.

LOCATION

CareSource.com > Providers > Tools & Resources > Provider Policies.



Services NOT COVERED




- Medically unnecessary services
- Non-emergency 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
- Bariatric surgery

NOTES:

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

Member ID CARDS



**Silver Low Premium
Dental, Vision & Fitness**

Member:
Jeff Doe

Member ID:
14800000000-00

Health Plan:
45636KY002001404

Payer ID: KYCS1

Dependents: **KY 2020**
-01 Jane Doe
-02 John Doe
-03 Mike Doe
-04 Ron Doe
-05 Susan Doe
-06 Sara Doe
-07 Joe Doe
-08 Sam Doe

Office: \$15 ER: \$400* Spec: \$40 UrgCare: \$75

AM-EXCM-0653

*after deductible

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

CareSource.com/marketplace

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

MEMBERS: 1-888-815-6446 (TTY: 1-800-648-6056 or 711)

24/7 Nurseline: 1-866-206-7879

Providers: 1-855-852-5558

BENEFITS MANAGER

Pharmacy	Express Scripts	1-800-432-5943
Vision	EyeMed	1-833-337-3129
Hearing	TruHearing	1-866-202-2674
Fitness	Active&Fit	1-877-771-2746

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

REMEMBER:

Make sure the state matches
your contracted region

Dependents are indicated by the
Member ID + suffix

Example: 148000000000-01
(Jane Doe)

Marketplace Member

FINANCIAL RESPONSIBILITY



Copayments, coinsurance, and/or deductibles 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

Contact **INFORMATION**



WEBSITE	CareSource.com
PROVIDER PORTAL	https://providerportal.caresource.com/KY/
ELECTRONIC FUNDS TRANSFER (EFT)	New payment partner: ECHO Health: 1-888-834-3511 Dental providers use separate process through dental portal
ELECTRONIC CLAIM SUBMISSION	KYCS1
CLAIM ADDRESS	P.O. Box 824, Dayton, OH 45401-0824

Demographic **INFORMATION**



EMAIL

ProviderMaintenance@caresource.com

MAIL

CareSource
P.O. Box 8738
Dayton, OH 45401-8738
Attn: Provider Maintenance

FAX

866-573-0018 or 937-396-3168

ONLINE

You can also submit updates to your information online. Simply select your state and line of business, then select **Provider Maintenance** from the navigation.

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to maintain accurate provider information. You can assist us by ensuring your information is up to date.



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



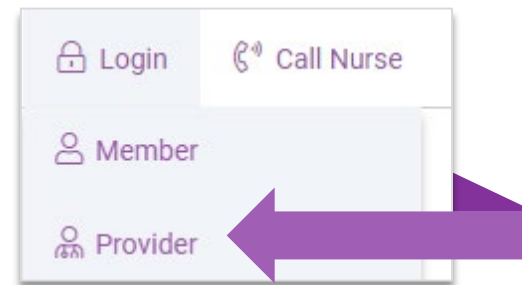
Go to **CareSource.com**. On the top right corner of the page, click Login → Provider.

Select **Kentucky**.

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.



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 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.

If you cannot remember your login, please utilize our "[Forgot Password](#)" feature to update your information and/or reset your password.

Claim Submission METHODS



CareSource accepts claims in a variety of formats.

ELECTRONIC PAYER ID

KYCS1

CareSource offers electronic claim submission and real-time transactions at no charge through the Availity Portal: <https://www.availity.com/>

PROVIDER PORTAL

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

MAIL

CareSource
Attn: Claims Department
P.O. Box 824
Dayton, OH 45401

Claim RESOURCES



PROVIDER PORTAL

Claim statuses are updated daily on the Provider Portal.

Portal features:

- Claim history up to 24 months from the date of service
- Claim appeal submissions
- Reason for payment or denial
- Check numbers and dates
- Claim payment date

PROVIDER SERVICES

1-855-852-5558

Timely FILING



Effective with dates of service beginning on Jan. 1, 2020, (“Effective Date”), providers will have ninety (90) days from the later of the date of service or discharge to submit clean claims to CareSource for payment.

Additionally, beginning on the Effective Date providers will have ninety (90) days from the date of a claim denial to submit an appeal to CareSource.

PRIOR AUTHORIZATION REQUESTS



ONLINE	Use the secure Provider Portal at https://providerportal.caresource.com/KY
EMAIL	mmauth@caresource.com
PHONE	1-855-852-5558
FAX	1-877-716-9480
MAIL	CareSource Utilization Management P.O. Box 1307 Dayton, OH 45401-1307

PA Information CHECKLIST



When you request authorization, be sure to include:

- Member/patient name and CareSource 11 digit member ID number
- Provider name and 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 of the service
- Inpatient services need to 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 (e.g., PET, MRI, MRA, CT)
- 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.

Prior Authorization

NIA MAGELLAN IMAGING



CareSource utilizes NIA Magellan to implement a radiology benefit management program for outpatient advanced imaging services.

Procedures requiring prior authorization through NIA Magellan:

- CT/CTA
- MRI/MRA
- PET Scan

Services NOT requiring prior authorization through NIA Magellan:

- Inpatient advanced imaging services
- Observation setting advanced imaging services
- Emergency room imaging services

NIA Magellan authorization phone number:

1-800-424-5675

Expedited authorizations are accepted. Register at **RadMD.com**

NIA Magellan Provider Relations Manager:

April J. Sidwa | 410-953-1078 | ajsidwa@magellanhealth.com

More Resources on NIA Magellan imaging may be found at **CareSource.com/Providers**

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 **1-855-202-0385**.

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**.

Pharmacy OVERVIEW



PARTNERSHIP WITH EXPRESS SCRIPTS

Please Note: CareSource will be transitioning from CVS Caremark as a pharmacy benefit manager to Express Scripts on Jan. 1, 2020. In addition, all specialty medications will require the use of CVS Caremark specialty pharmacy until CareSource's partnership with Accredo begins on Jan. 1, 2020.

CareSource will be working collectively with Express Scripts, our pharmacy innovation partner, to manage our prescription drug costs and develop and implement plan-specific formulary or formularies

SPECIALTY DRUGS

Beginning Jan. 1, 2020, Accredo will be 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.

Formulary Search Tool and Prior Authorization lists are available on **CareSource.com** on your plan's Provider pages under the Pharmacy section.

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.

Quality Resources for MARKETPLACE



CareSource provides quality training for you and your teams through our Health Partner Managers and the Provider Portal. We have additional resources available through Tools & Resources on **CareSource.com**.

Quality Training and Resources:



Quality Onboarding
Training



Clinical Practice
Registry Training



Clinical Practice
Registry Quick Tips



CAHPS Survey Tips



Coding Guides



Clinical Practice
Guideline Information



SUPPORTING MEMBERS WITH SUBSTANCE USE DISORDERS

We partner with resources to help health partners take action:

- **Online drug formulary** – our easy-to-use tool helps you facilitate care for our members in all substance use clinical scenarios
- **Controlled medications** – we cover (prior authorization may be required):
 - Buprenorphine
 - Naloxone
 - Vivitrol®
- **Medication Assisted Treatment (MAT) program** – enables members to access opioid detoxification and promote maintenance
- **Opioid toolkit online** – find resources to support you and help you find best practices in pain management

Member **RESOURCE PAGE**



Help your CareSource patients understand their insurance coverage.

Encourage them to visit **CareSource.com**, where they can access:

- Sign up for our MyCareSource.com member portal
- Searchable online formulary and prescription cost calculator
- Find a Doctor/Provider tool
- Evidence of coverage & Schedule of Benefits
- Member handbook
- Forms
- And more

CareSource.com/Members

Supplemental Benefits OVERVIEW



SUPPLEMENTAL BENEFIT MANAGERS

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

These are exclusive relationships for the services considered. The 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 Claims Adjudication	Routine hearing exams & hearing aids	1-866-202-2674
Routine Vision (EyeMed)	-All Pediatric Members (<21 yrs of age) -Adults 21+ yrs 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 (American Specialty Health)	Adults 18+ yrs 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

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

2020 Marketplace **COST SHARES**

	Gold	Silver	Silver 1	Silver 2	Silver 3	Bronze	Bronze HSA	Zero Plans
Deductible	\$2,000	\$5,900	\$5,500	\$1,000	\$400	\$7,700	\$5,300	\$0
Coinsurance	20% after deductible	20% after deductible	20% after deductible	10% after deductible	5% after deductible	50% after deductible	50% after deductible	\$0
Maximum Out-of-Pocket (Combined)	\$6,500	\$6,800	\$6,000	\$2,000	\$750	\$8,150	\$6,750	\$0
Primary Care Visit	\$10	\$25	\$20	\$10	\$5	\$60	50% after deductible	\$0
Emergency Room Services	20% after deductible	\$500 after deductible	\$400 after deductible	\$250 after deductible	\$150 after deductible	50% after deductible	50% after deductible	\$0
Specialist Visit	\$45	\$60	\$40	\$30	\$15	\$120	50% after deductible	\$0
Urgent Care	\$75	\$75	\$75	\$75	\$25	50% after deductible	50% after deductible	\$0

2020 Low Premium COST SHARES

	Silver	Silver 1	Silver 2	Silver 3	Zero Plans Silver
Deductible	\$6,800	\$5,700	\$1,200	\$650	\$0
Coinsurance	25% after deductible	20% after deductible	10% after deductible	5% after deductible	0%
Maximum Out-of-Pocket (Combined unless noted otherwise)	\$7,300	\$6,200	\$2,200	\$900	\$0
Emergency Room Services	\$500 after deductible	\$450 after deductible	\$300 after deductible	\$200 after deductible	\$0
Primary Care visit	\$35	\$25	\$15	\$5	\$0
Specialist Visit	\$70	\$50	\$40	\$15	\$0
Urgent Care	\$75	\$75	\$75	\$75	\$0

2020 Low Deductible COST SHARES

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

Fraud, Waste & Abuse PROGRAM



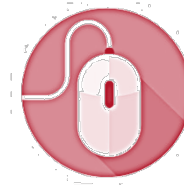
Help CareSource stop fraud.

Contact us to report any suspected fraudulent activities:



CALL:

1-855-852-5558



EMAIL:

fraud@caresource.com



FAX:

800-418-0248



MAIL:

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

How to **REACH US**



PROVIDER SERVICES	1-855-852-5558
HOURS	Monday – Friday 8 a.m. – 6 p.m.
MEMBER SERVICES	1-888-815-6446
HOURS	Monday – Friday 7 a.m. – 7 p.m.

A smiling woman with brown hair and bangs, wearing an orange t-shirt, holds a large coil of purple rope over her shoulder. She is standing in front of a climbing wall covered in colorful holds. The background is bright and slightly out of focus, with some lens flare visible. The text "Thank YOU!" is overlaid in the top right corner in a purple, italicized font, and "Questions?" is below it in a smaller, purple, sans-serif font.

Thank YOU!

Questions?