WORKING WITH CARESOURCE

HEALTH PARTNER ORIENTATION

KENTUCKY MARKETPLACE

CareSource®

About CareSource

CareSource

Our *Mission*

MISSION

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

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

DEDICATED

We serve over 2.1 million members through our: Medicaid, Marketplace, MyCare, Medicare Advantage (MA), Dual Special Needs Plans (D-SNP) and Arkansas PASSE programs.

30+
YEARS
MISSION-DRIVEN CARE

A-Z
CONSUMER ADVOCACY

Our *Plans*

MARKETPLACE

Commercial Health Plan

Reduced premiums or cost-sharing; Pediatric Dental & Vision;

Optional Adult Dental, Vision and Fitness

Your ***Expectations***

- Provide 24/7 availability to your CareSource patients by telephone [Primary Care Providers (PCPs) only]
- Notify CareSource of any demographic changes prior to the effective date of the change
  - 60 calendar days, depending on the type of change (refer to the Provider Manual)
- Provide notification to terminate the contract 90 days in advance of desired termination
- Do not balance bill CareSource members
- Comply with access and availability standards (refer to later slide)
- Provider medical records upon request
- Submit claims or corrected claims within 90 days of date of service or date of discharge
- Treat CareSource members with respect

Please refer to your contract and the Provider Manual for more information on provider expectations and responsibilities.

Our ***Responsibilities***

- Ensure an effective member/provider appeal and grievance process
- Complete credentialing process within 120 calendar days
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay 95% of clean claims within 30 days of receipt
- Coordinate benefits for members with primary insurance

Please refer to your contract and the Provider Manual for more information, expectations and responsibilities.

Working with CareSource

CareSource

Provider Network & *Eligibility*

CareSource members choose or are assigned a primary care provider (PCP) upon enrollment. When referring patients, ensure other providers are in-network to ensure coverage. Use our Teladoc tool at **CareSource.com** to help you locate a participating CareSource provider by plan.

OUT OF NETWORK SERVICES

Out-of-network services are NOT covered unless they are emergency services, services covered by the No Surprises Act, or services prior authorized by CareSource.

MEMBER ELIGIBILITY

Be sure to ask to see each patient's CareSource member ID to ensure you take his or her plan. Be sure to confirm which CareSource plan the member is asking that you accept.

Provider Directory ***Attestation***

Accurate provider directory information ensures we can connect the right patients to the right provider.

CMS require health plans to verify the accuracy of provider directory information **every 90 days.**

We have partnered with Quest Analytics to streamline your verification process through their **BetterDoctor solution**.

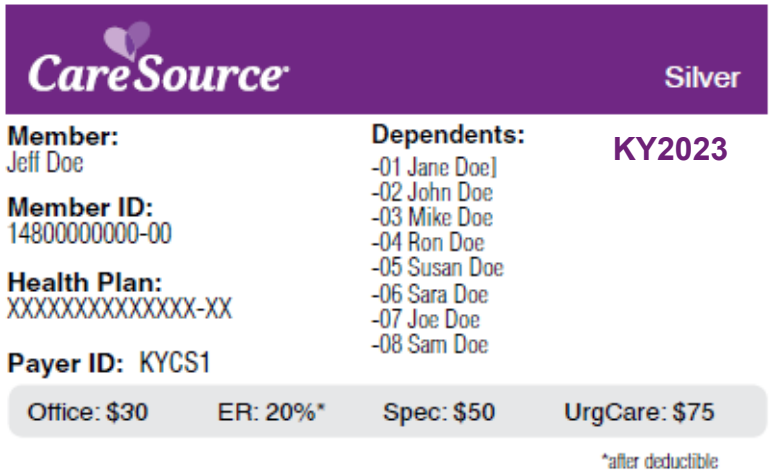
QUEST ANALYTICS BetterDoctor

Completing the Attestation Process:

1. You should receive an email or fax from BetterDoctor
2. Go to: betterdoctor.com/validate.
3. Locate the access token on the fax or email you received from BetterDoctor (it is an 8-character alphanumeric code (for example ABC123D4), and it is not case sensitive).
4. Enter the access token
5. Click 'Submit.'
6. Verify and update your information using the online tool via the BetterDoctor portal.
7. Larger practices can submit rosters directly to Quest Analytics

Issues? Contact **support@betterdoctor.com**

ID Cards: ***Kentucky Marketplace Members***



Note: Make sure the state matches your contracted region.
Marketplace dependents are indicated by the member ID + dependent suffix (portion after the "-")

- Example: 14800000000-01 (Jane Doe)

Claim ***Submissions***

SUBMISSION PROCESS

Providers can submit claims through our secure, online Provider Portal at **CareSource.com** > Provider Log-In. Here, providers can submit claims along with any documentation, track payments and more.

ELECTRONIC CLAIM SUBMISSIONS

CareSource encourages electronic claim submission as the primary submission method. We partner with ECHO Health for electronic funds transfer (EFT). You must enroll with ECHO Health to participate. Find the enrollment form for ECHO Health online at: www.echohealthinc.com. For questions, call ECHO Support at: 1-888-485-6233.

CLEARINGHOUSES

For electronic data interchange (EDI) transactions, CareSource accepts electronic claims through our clearinghouse, Availity. Providers can find a list of EDI vendors online at: https://www.availity.com/ediclearinghouse

Access and ***Availability***

As a CareSource provider, you must ensure your practice complies with the following minimum access standards:

- Provide 24 hours of availability to your CareSource patients by telephone, answering service or message instructing them what to do to reach their PCP or backup provider.
    - Whether through an answering machine or a taped message after hours, patients should have the means to contact their PCP or back-up provider to be triaged for care.
    - It is not acceptable to use a phone message that doesn't provide access to you or your back-up provider and only recommends an emergency room after hours.
- Please ensure that the services are accessible to members, as needed, 24 hours a day, 365 days a year.

Please refer to our Provider Manual at CareSource.com > Providers > Tools & Resources > Provider Manual for a complete listing of Access and Availability Standards.

Access and ***Availability***

Primary Care Providers (PCPs) **Marketplace Members**

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 six weeks

*For PCPs only: Provide 24-hour availability to your CareSource patients by telephone. Whether through an answering machine or a taped message used after hours, patients should be given the means to contact their PCP or back-up provider to be triaged for care. It is not acceptable to use a phone message that does not provide access to you or your back-up provider, and only recommends emergency room use for after hours.

Access and ***Availability***

Non-PCP Specialists **Marketplace Members**

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

*Providers should see members as expeditiously as their condition and severity of symptoms warrant. It is expected that if a provider is unable to see the member within the designated time frame, CareSource will facilitate an appointment with another participating provider, or a non-participating provider, when necessary.

Access and ***Availability***

Behavioral Health Providers **Marketplace Members**

Type of Visit	Should be seen…
Emergency needs	Immediately upon presentation
Non-life-threatening emergency*	Not to exceed six hours
Urgent care*	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 business days
Follow-up routine care	Not to exceed 30 calendar days based off condition

*For the best interest of our members, and to promote their positive health care outcomes, CareSource supports and encourages continuity of care and coordination of care between medical care providers, as well as between physical health care providers and behavioral health providers.

Member ***Communications***

HELP YOUR CARESOURCE PATIENTS UNDERSTAND THEIR COVERAGE.

Encourage your patients to visit CareSource.com, where they can access:

- MyCareSource.com Member Portal
- Searchable online formulary and prescription cost calculator
- Teladoc tool
- Evidence of Coverage & Schedule of Benefits
- Member Handbook
- Total Cost Navigator
- Forms and more

For more information, visit: **CareSource.com/members.**

Communicating with *Us*

	Marketplace
Provider Services	**1-833-230-2101**
Hours	Monday – Friday 8 a.m. to 6 p.m. Eastern Time (ET)
Member Services	**1-833-230-2099**
Hours	Monday – Friday 8 a.m. to 8 p.m. Eastern Time (ET)

Provider Engagement ***Specialists***

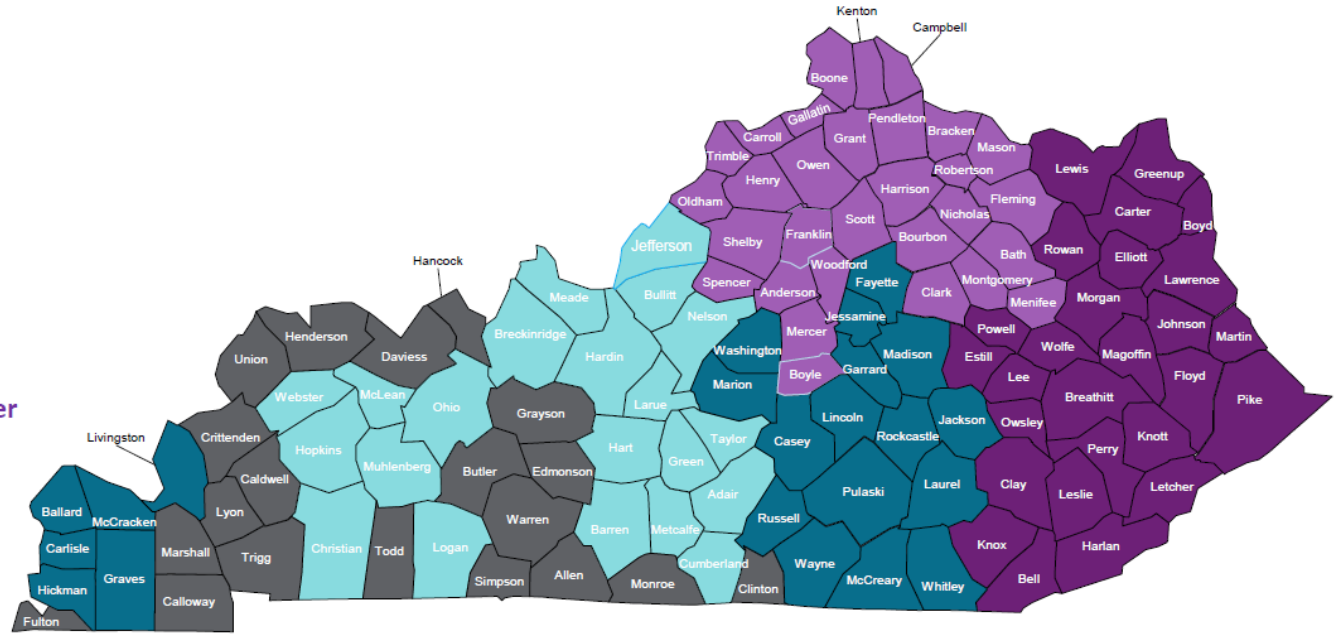
CareSource

KENTUCKY MARKETPLACE
PROVIDER ENGAGEMENT SPECIALIST COUNTY ASSIGNMENT MAP

CareSource Kentucky Office
101 Enterprise Drive
Suite A
Frankfort, KY 40601
502-213-4700

Kathy Oplinger, Sr. Manager
Phone: 681-319-9505
Kathy.Oplinger@CareSource.com

Dell Jeter, Contracting Manager
Phone: 502-709-0613
Dell.Jeter@CareSource.com



Angela Taylor 937-952-8181 Angela.Taylor@CareSource.com	Bell, Boyd, Breathitt, Carter, Clay, Elliott, Estill, Floyd, Greenup, Harlan, Johnson, Knott, Knox, Lawrence, Lee, Leslie, Letcher, Lewis, Magoffin, Martin, Morgan, Owsley, Perry, Pike, Powell, Rowan, Wolfe
Brittany Whitaker, 606-802-4594 Brittany.Whitaker@CareSource.com	Ballard, Carlisle, Casey, Fayette, Garrard, Graves, Hickman, Jackson, Jessamine, Laurel, Lincoln, Livingston, Madison, Marion, McCracken, McCreary, Pulaski, Rockcastle, Russell, Washington, Wayne, Whitley
Hope Lafavers, 502-216-6314 Hope.Lafavers@CareSource.com	Adair, Barren, Breckinridge, Bullitt, Christian, Cumberland, Green, Hardin, Hart, Hopkins, Jefferson, Larue, Logan, McLean, Meade, Metcalfe, Muhlenberg, Nelson, Ohio, Taylor, Webster
Katherine Leon-Anderson, 502-443-4768 Katherine.Leonanderson@CareSource.com	Anderson, Bath, Boone, Bourbon, Boyle, Bracken, Campbell, Carroll, Clark, Fleming, Franklin, Gallatin, Grant, Harrison, Henry, Kenton, Mason, Menifee, Mercer, Montgomery, Nicholas, Oldham, Owen, Pendleton, Robertson, Scott, Shelby, Spencer, Trimble, Woodford

Provider Portal

CareSource

CareSource ***Provider Portal***

SAVE TIME AND MONEY

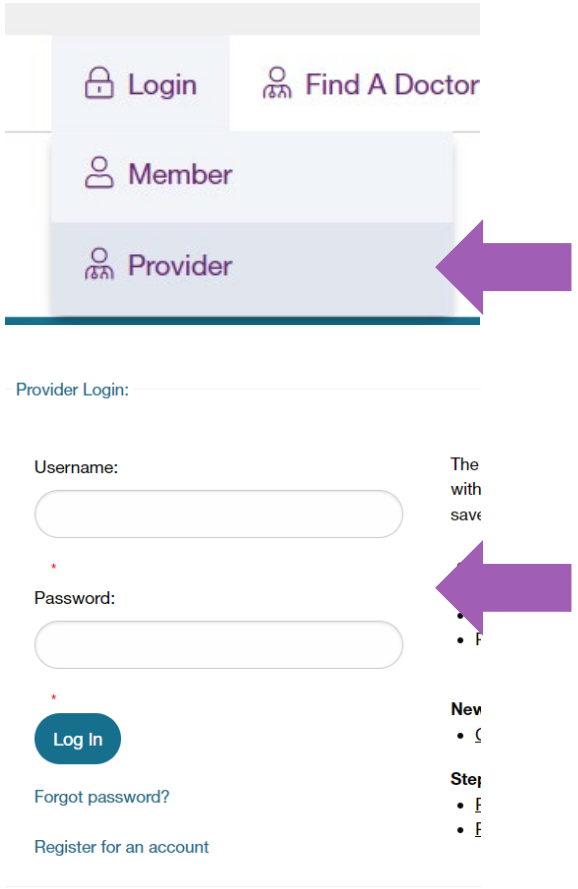
With our secure online Provider Portal, you can:

- ✓ Check member eligibility and benefit limits
- ✓ Find prior authorization requirements
- ✓ Submit prior authorization request and check status
- ✓ Submit claims and verify claim status
- ✓ Verify or update Coordination of Benefits
- ✓ And more!

Access the Provider Portal 24 hours a day, seven days a week at **CareSource.com** > Provider > Log-In.

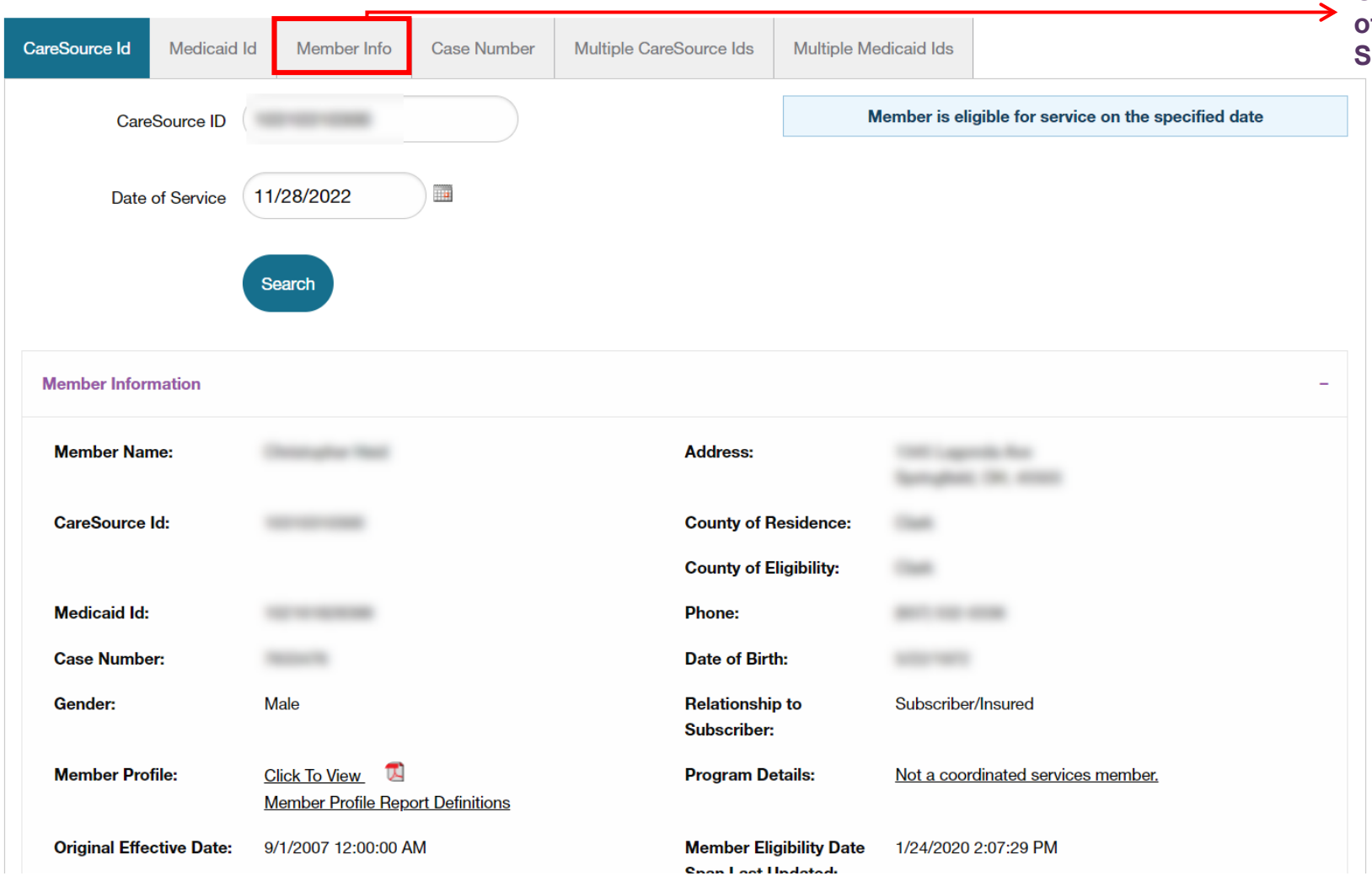
Register for the ***Provider Portal***

Go to **CareSource.com.**
Click Provider from the Log-in drop-down.
Select **Kentucky.**
Register for the Provider Portal.
Enter your information, including your CareSource Provider Number (located in your welcome letter).
Follow remaining steps to register.

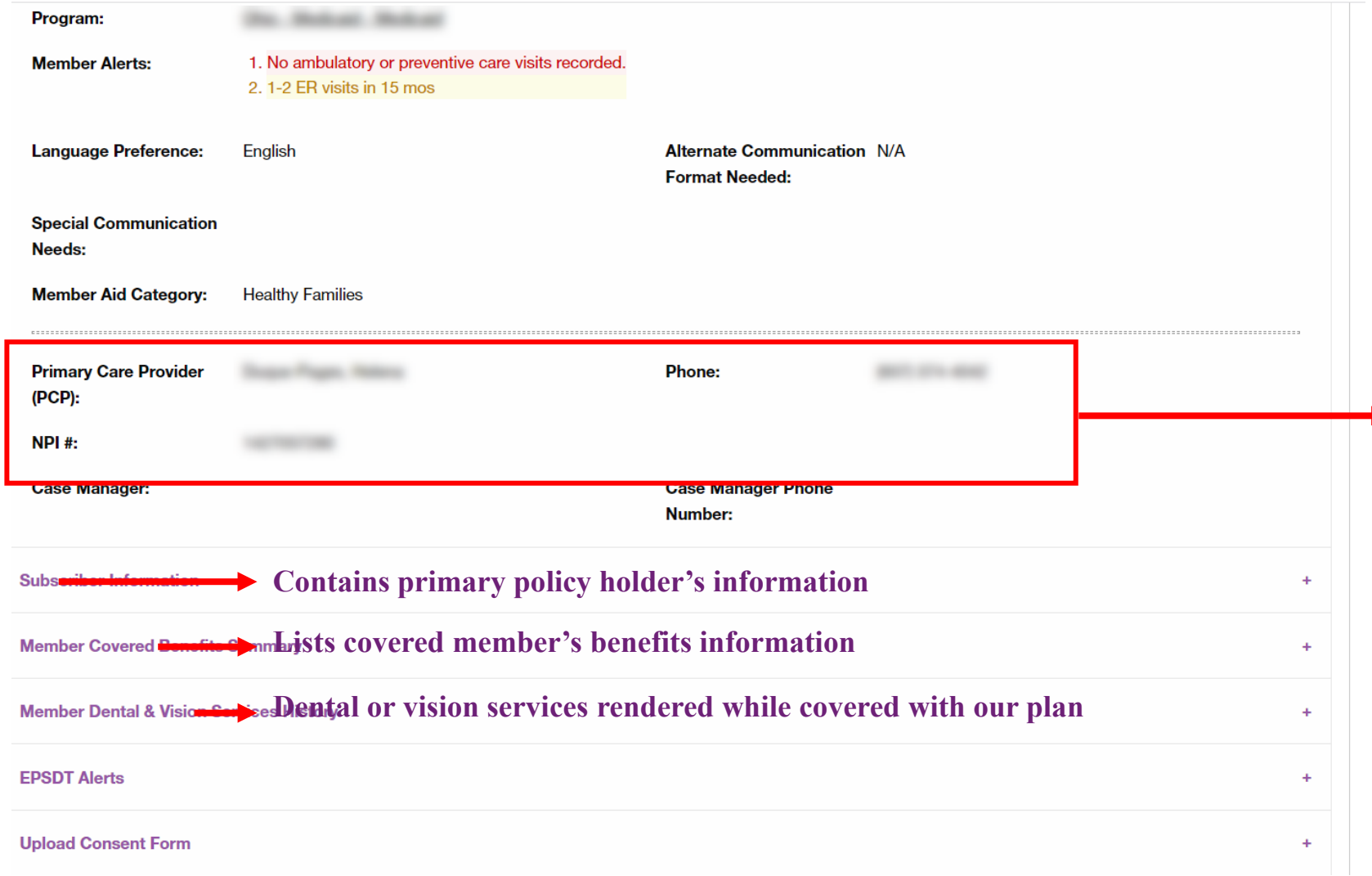


Member *Eligibility*

Offers ability to search using other member information SS#, DOB, Name



Member *Eligibility*



Member's selected PCP information

Contains primary policy holder's information

Lists covered member's benefits information

Dental or vision services rendered while covered with our plan

Marketplace Member ***Financial Responsibility***

ANNUAL DEDUCTIBLE, COPAYMENTS & COINSURANCE

These costs are applicable for most covered services. It is up to the provider to collect these amount at the time of service.

BALANCE BILLING

Network providers **may not** balance bill CareSource members for covered services.

Balance billing is when a provider bills the patient for the difference between the provider's change and the allowed amount. **For example, if the provider's typical fee is $100, and the allowed billable amount is $70, the provider may not bill the patient for the remaining $30.**

Marketplace Member *Financial Responsibility*

GRACE PERIOD

Members have a federally mandated 90-day grace period if they are receiving Advance Premium Tax Credit (APTC), or a 31-day grace period if they are not receiving APTC in which to make their payment.

- Not applicable for their initial payment
- For APTC-receiving members, 30 days after their due date CareSource will:
  - Flag the member in the eligibility file and
  - On the Provider Portal, suspend pharmacy benefits and pend claims rendered
- For non-APTC members, the day after their due date, CareSource will:
  - Flag the member in the eligibility file and
  - On the Provider Portal, suspend pharmacy benefits and pend any claims rendered

If members bring their account into good standing before the expiration of the grace period, pharmacy benefits will start again, and pended claims will be processed.

TERMINATION

After the grace period has expired, the member is terminated for non-payment of premium.

- CareSource will retroactively terminate the member to either the last day of the first month of the grace period (APTC) or the last paid date (non-APTC).
- CareSource will then deny any claims that are pended during the grace period and reserves the right to recover any amounts paid in this period.

Covered Benefits & Services

CareSource

Covered ***Services***

BENEFITS OVERVIEW

- PCP and specialist office visits
- Emergency services
- Preventive services & screenings
- Inpatient facility services
- Outpatient diagnostic services
- Home health services
- Durable medical equipment services
- Rehabilitation therapy services
- Habilitative services
- Maternity services
- Pediatric dental services
- Pediatric vision services

ADDITIONAL BENEFITS

- CareSource 24 Nurse Advice Line
- Allergy testing & treatment
- Health and wellness education
- Inhalation therapy
- Opioid treatment services
- Pain management

MEMBER PROGRAMS

- Integrated Care Management
- Diabetic coaching program
- Chronic Kidney Disease (CKD) program
- Neonatal Intensive Care (NICU) team
- Moms and Baby Beginnings program (for pregnant moms)
- MyHealth®
- MyStrength

Services ***Not Covered***

Medically unnecessary services
Services received from a non-network providers, with specific exceptions
Experimental or investigational services
Alternative or complimentary medicine
Cosmetic procedures
Assisted reproductive therapy
Maintenance therapy treatments
Routine dental services not provided by a DentaQuest provider
Routine vision services & eyewear not provided by an EyeMed provider
Routine hearing services not provided by a TruHearing provider

For more details on each plan's covered services, visit **CareSource.com.**

Supplemental Benefits ***Overview***

ABOUT OUR BENEFIT MANAGERS

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** – meaning our member must use a provider within the benefit manager's network in order for CareSource to contribute. See **CareSource.com** for a full listing of benefits in this plan. Please note: these services are for members who chose to add the supplemental health care plan.

Marketplace Plan ***Supplemental Benefits***

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Dental (DentaQuest)	✓ All pediatric members (<19 years of age) ✓ Adults 19+ years of age on dental & vision plans	▪ Member Services ▪ Provider network ▪ Claims adjudication ▪ EOBs	Preventive, diagnostic, restorative, comprehensive and medical-necessary orthodontics for pediatric only	**1-855-453-5281**
Routine Hearing (TruHearing)	✓ All Marketplace members	▪ Member Services ▪ Provider network ▪ Claims adjudication	Routine hearing exams and hearing aid discounts	**1-866-202-2674**
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 (American Specialty Health)	✓ Adults 18+ years of age on dental & vision plans	▪ Member Services ▪ Provider network	No cost share fitness center access, home health kits, internet tools and education	**1-877-771-2746**

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

CareSource ***Benefit Information***

VISIT CARESOURCE.COM FOR MORE DETAILS ON:

Marketplace Plan Benefits
CareSource.com > Marketplace > Benefits & Services

Prior Authorizations

CareSource

Prior Authorization ***Services***

Some services require prior authorization.

Log in to the Provider Portal at **CareSource.com** > Provider > Log-In to access the Procedure Code Look-Up Tool and search for services requiring prior authorizations.

For fast authorization processing, CareSource offers **Cite AutoAuth**, an automated evidence-based system. It's quicker than phone or fax! Access it on the Provider Portal.

Prior Authorization ***Submissions***

	Marketplace
Portal	At CareSource.com through the Provider Portal
Online	mmHIX-Just4Me@CareSource.com
Phone	**1-833-230-2101**
Fax	1-888-752-0012
Mail	CareSource Utilization Management P.O. Box 1307 Dayton, OH 45401-1307

Prior Authorization *Information Checklist*

PRIOR AUTHORIZATION (PA) SUBMISSION REQUIREMENTS

- Member/patient name and CareSource member ID number
- Provider name, Provider Tax ID and National Provider Identifier (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 a service
- Inpatient services need to include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment

Note: We do not require a referral to see a patient.

You can find more information on prior authorizations in our Provider Manual, located at **CareSource.com** > Providers > Tools & Resources > Provider Manual.

Prior Authorization *NIA Magellan Imaging*

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

Procedures Requiring PA through NIA	Services Not Requiring PA through NIA	NIA Magellan Authorization Phone Number
• CT/CTA • MRI/MRA • PET Scan	• Inpatient advanced imaging services • Observation setting advanced imaging services • Emergency room imaging services	Marketplace: **1-800-424-1746**
NIA Magellan Customer Service: 1-410-953-1042 | mamurphy@magellanhealth.com		

Expedited authorizations are accepted. Register at: RadMD.com

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

Care Management & Quality

CareSource

Care *Management*

CARE MANAGEMENT

The Integrated Care Management team has nurses and community health workers who can assist with care coordination and health needs.

If you have a patient with asthma, diabetes or hypertension who you believe would benefit from this program and is not currently enrolled, please call **1-833-202-0729.** You may also reach out via email at CMReferrals_KY_WV@CareSource.com.

MEMBER EDUCATION

- MyHealth online self-management tool
- Coordination with outreach teams who provide topic-specific information
- One-to-one care management

Cultural ***Competency***

Providers are expected to provide services in a culturally competent manner, including:

- Removing all language barriers to service
- Accommodating unique cultural, ethnic and social needs of members
- Understanding the social determinants of health are recognized as significant contributors to member health outcomes and quality of life
- Meeting the requirements of all applicable state and federal law, including contractual requirements

RESOURCES

We provide cultural competency training resources in the Provider Manual and online at **CareSource.com**. The National Culturally and Linguistic Appropriate Services (CLAS) provides specific guidelines to assist you in developing a culturally competent practice.

CareSource ***Health Equity Commitment***

At CareSource, we are dedicated to the communities in which we serve, as well as making a positive impact in the lives of our member by:

- Eliminating health disparities
- Supporting our organization's health equity initiatives
- Partnering with community stakeholders

Quality *Measures*

HEDIS® MEASURES

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).

HEDIS includes a multitude of measures that look at different domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Relative Resource Use
- Health Plan Descriptive Information
- Measures Collected Using Electronic Data Systems

Wellness & Prevention

- Childhood vaccinations
- Immunizations for adolescents
- Lead screenings for children
- Breast cancer and cervical cancer screenings
- Colorectal cancer screening

Cardiovascular Conditions

- Controlling high blood pressure
- Comprehensive diabetes care
- Statin therapy for patients with cardiovascular disease or diabetes

Behavioral Health

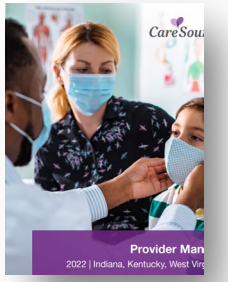
- Follow-up after hospitalization for mental illness
- Antidepressant medication management

Access to Care

- Children and adolescents' access to primary care providers
- Annual dental visit
- Prenatal and postpartum care

Quality ***Resources***

Quality Onboarding Training



Quality Patient Experience Guide

Clinical Practice Registry Training

HEDIS Coding Guides

Clinical Practice Registry Quick Tips

Clinical Practice Guideline Information

Clinical Practice ***Registry***

The CareSource Clinical Practice Registry is an online tool available to providers to identify and prioritize needed health care services, screening and tests for their CareSource members. It is easy to access via the secure CareSource Provider Portal.

The registry includes information on, but not limited to the following measures:

- Adult access
- Asthma
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Diabetes (Hba1c, eye exam, kidney/urine micro-albumin)
- Emergency room visits
- Well-care visits

Identify Gaps in Care

View preventive service history and easily identify HEDIS gaps in care to discuss during appointments

Holistically Address Patient Care

Receive alerts when CareSource members need tests or screenings, review member appointment histories and view their prescriptions

Improve Clinical Outcomes

Easily sort your CareSource members into actionable groups for population management

CareSource provides performance reports for these metrics to enhance practice procedures. Reports can be exported to PDF or Excel file for enhanced use.

Fraud, Waste & ***Abuse***

Help CareSource stop fraud.
Contact us to report any suspected fraudulent activities.

Note: Providers are required to attest to completing the training after viewing.

CALL: Provider Services **1-833-230-2101**

FAX: 800-418-0248

EMAIL: fraud@caresource.com

MAIL:

CareSource

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940

Pharmacy

CareSource

Pharmacy ***Overview***

PARTNERSHIP WITH EXPRESS SCRIPTS

CareSource works collectively with Express Scripts, our delegated pharmacy benefit manager (PBM), to manage our prescription drug costs and develop and implement plan-specific formulary or formularies.

SPECIALTY DRUGS

Accredo can provide specialty medications directly to the member or the prescribing physician and coordinate nursing care, if required.

E-PRESCRIBING

CareSource formulary files are available through your electronic medical records (EMR), electronic health record (EHR), or e-prescribing vendor.

RESOURCES

- Find authorization requirements for prescriptions at **CareSource.com** > Pharmacy. Select your plan's dropdown for specific requirements.
- The Formulary search tool and prior authorization lists are available on **CareSource.com.**
- Medication Therapy Management (MTM) allows pharmacists to work collaboratively with physicians to prevent or address medication-related problems, decrease member costs and improve prescription drug adherence.

Marketplace Plan ***Pharmacy Benefits***

FORMULARY STRUCTURE

The higher the tier, the higher the cost of the drug

Tier 0	Tier 1	Tier 2	Tier 3	Tier 4
No member cost share. This tier contains preventive medications.	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 multisource brand name drugs.	Higher coinsurance or copayment than those in Tier 3. Medications generally classified as specialty medications fall into this category.

Visit **CareSource.com** > Pharmacy if you wish to access our full formulary list.

Provider Resources

CareSource

Provider ***Resources***

Visit CareSource.com to access:

- Downloadable Provider Manual
- Downloadable Provider Orientation
- Newsletters & Network Notifications
- Formularies
- Covered benefits
- Quick reference guides
- And more

CARESOURCE PROVIDER PORTAL

https//:providerportal.caresource.com/KY

CareSource ***Contacts***

	Marketplace
Provider Services	**1-833-230-2101**
Utilization Management Fax	1-888-752-0012
Email	mmHIX-Just4Me@CareSource.com
Electronic Funds Transfer	ECHO Health: 1-888-485-6233
Electronic Claims Submission	KYCS1
Claim Address	CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8730
Timely Filing	90 calendar days from date of service or discharge

Are you contracted with all our plans?

Join us on our journey to healthy outcomes.

Visit **CareSource.com/Contracting** to start the contracting process.

CareSource®

PARTNER with *Purpose*

KY-EXC-P-1583750