

Key Contract Provisions



To make it easier for you, we have outlined key components of your contract with Humana – CareSource.

These key components strengthen our relationship with you and enable us to meet or exceed our commitment to improve the health care and impact the lives of our members. We appreciate your cooperation in carrying out our contractual arrangements and meeting the needs of our members. Unless otherwise specified in a health partner's contract, the following standard key contract terms apply.

Participating health partners are responsible for:

- Providing Humana – CareSource with advance written notice of intent to terminate an agreement with us. This must be done 90 days prior to the date of the intended termination and submitted on your organization's letterhead.
- Sending the required 60-day notice if you plan to close your practice to new patients. If we are not notified within this time period, you will be required to continue accepting Humana – CareSource members for a 60-day period following notification.
- Providing 24-hour availability to your Humana – CareSource patients by telephone (for PCPs only). Whether through an answering machine or a taped message used after hours, patients should be given the means to contact their PCP or a back-up physician 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 physician and only recommends emergency room use for after hours.
- Submitting claims and corrected claims within 365 days of the date of service or discharge.

- Filing appeals within 365 days of the date of service or discharge.
- Keeping all demographic and practice information up to date.

Our agreement also indicates that Humana – CareSource is responsible for:

- Paying 90 percent of clean claims within 30 days of receipt.
- Providing you with an appeals procedure for timely resolution of any requests to reverse a Humana – CareSource determination regarding claims payment. Our appeal process is outlined in the “Health partner Appeals” section of this manual.
- Offering a 24-hour nurse triage phone service for members to reach a medical professional at any time with questions or concerns.
- Coordinating benefits for members with primary insurance up to our allowable rate for covered services. If the member’s primary insurance pays a health partner equal to or more than the Humana – CareSource fee schedule for a covered service, Humana – CareSource will not pay any additional amount. If the member’s primary insurance pays less than the Humana – CareSource fee schedule for a covered service, Humana – CareSource will reimburse the difference up to the Humana – CareSource allowable rate.

These are just a few of the specific terms of our agreement. In addition, we expect participating health partners to follow industry standard-practice procedures even though they may not be spelled out in our health partner agreement.

Physician Responsibilities:

- Participating health partners are expected to make daily visits to their patients who have been admitted as inpatients to an acute care facility or arrange for a colleague to visit.
- Participating PCPs are expected to have a system in place for following up with patients who miss scheduled appointments.
- Participating health partners are expected to treat members with respect. Humana – CareSource members should not be treated differently than patients with other health care insurance. Please reference member rights in the “Member Support Services and Benefits” section of this manual.

Humana – CareSource expects participating health partners to verify member eligibility and ask for all his or her health care insurance information before rendering services, except in an emergency. You can verify member eligibility and obtain information for other health care insurance coverage we have on file by logging onto **CareSource.com/KY** and selecting “Provider Portal” from the menu options.

Advance written notice of status changes, such as a change in address, phone, or adding or deleting a health partner to your practice helps us keep our records current and are critical for claims processing.

TIMELINE OF HEALTH PARTNER CHANGES:

Type of Change	Minimum Notice Required
New health partners or health partners leaving the practice, ownership changes or convictions	Immediate
Phone number change	10 calendar days
Address change	60 calendar days
Change in capacity to accept members	60 calendar days
Health partners intent to terminate	90 days

Why is it Important to Give Changes to Humana – CareSource?

This information is critical to process your claims. In addition, it ensures our health partner directories are up to date and reduces unnecessary calls to your practice. This information also is reportable to Medicaid and Medicare.

