



## Network Notification

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**Date: February 18, 2014**

**Number: KY-P-2014-01**

**To: Humana – CareSource® Providers**

**From: Humana – CareSource**

**Subject: Nonparticipating Provider Payment Policy**

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Humana – CareSource has established guidelines for payments from out-of-network providers for medically necessary services that have been preauthorized. The purpose of the policy is to ensure providers receive the applicable reimbursement rate for out-of-network Medicaid services that have been preauthorized. **These services are reimbursed at 65 percent of the Kentucky Medicaid fee schedule.**

The following are exceptions to the nonparticipating provider payment policy; they are reimbursed at 90 percent of the Kentucky Medicaid fee schedule:

- Emergency care (nonparticipating professional and facility services provided to members in an emergency room setting)
- Services provided for family planning
- Services for children in foster care

If you have questions, please call Humana – CareSource provider relations at 1-855-852-7005, Monday through Friday, 8 a.m. to 6 p.m.