



Network Notification

Notice Date: August 6, 2019
To: Ohio Providers
From: CareSource
Subject: 2019-2020 Ohio Provider Manual Now Available
Effective Date: August 6, 2019

Summary

An updated edition of the [Ohio Provider Manual](#) is now available and will be effective as of Aug. 6, 2019. This edition of the manual now includes information about working with CareSource for all plans in Ohio, including Medicaid, Medicare Advantage, MyCare, and Marketplace plans. It is important for all providers to review the new provider manual, as your participation agreement with CareSource contains a compliance obligation with the provisions of the manual.

Impact

Notable updates and additions in this edition include the following:

General Updates

- Update: Manual is now all-inclusive of Medicaid, Medicare Advantage, MyCare, and Marketplace plan information.
- Addition: Member consent for sharing information should be reviewed and is available on the Provider Portal.

Credentialing and Recredentialing Chapter (for all plans)

- Update: Providers no longer have to submit their Council for Affordable Quality Healthcare (CAQH) application to CareSource. Providers should submit directly to CAQH.

Credentialing and Recredentialing Chapter (for Medicaid)

- Update: Effective Jan. 1, 2019, providers must have a Medicaid ID number in order to receive payment. CareSource is no longer onboarding new providers without a Medicaid ID number.

Referrals and Prior Authorization Chapters

- Update: Prior authorization services should be referenced on the most up to date lists posted on CareSource.com.
- Update: The preferred method for submitting prior authorizations is through the Provider Portal.

Utilization Management Chapter (for Medicaid)

- Update: Requests for retrospective reviews can now be made on the Provider Portal.

Member Support Services and Benefits Chapter (for all plans)

- Addition: Information about new member incentives for healthy behaviors and associated rewards programs has been included.

Member Grievances and Appeals (for MyCare)

- Update: Members' right to submit an appeal has been updated from 90 days to 60 days.

- Update: Members' right to submit a state hearing request has been updated from 90 days to 120 days.
- Update: As of Jan. 1, 2019 member appeal rights must be exhausted before a state hearing can be requested.

Member Grievances and Appeals (for Medicare Advantage)

- Update: Providers submitting appeals on behalf of members who are not physicians must have a valid Authorization of Representative (AOR) on file with CareSource.

Provider Appeals Procedures Chapters (for all plans)

- Update: The preferred method for submitting provider appeals is through the Provider Portal. Mail-submitted appeals are no longer accepted unless the file type is too large for electronic submission; mailing address for appeals submissions has been updated.

Provider Appeals Procedures Chapter (for Medicaid and MyCare)

- Update: Retro-authorization requests, coordination of benefits updates, corrected claims, new claims and claims requiring a sterilization form should not be submitted through the appeal process.

Provider Appeals Procedures Chapter (for Medicare Advantage)

- Update: Providers now have 180 days rather than 365 from the date of service or discharge to file an appeal for decisions on processed claims.

Retrospective Review Sections (for MyCare and Medicare Advantage)

- Update: If providers fail to obtain prior authorization and have a claim denied, a claim appeal must be filed. Once a claim is submitted, providers cannot file for a retro-authorization request.

CareSource Member Rights and Responsibilities Chapter (for all plans)

- Addition: CareSource informs members on how they can obtain a statement of disclosures or request medical information, as well as how they may file a complaint regarding HIPAA concerns.

CareSource Commitment to Health Equity (CHEC) Program Chapter (for all plans)

- Addition: New information regarding CareSource's cultural competency commitment, as outlined in the CHEC program description, has been included.

Importance

The Provider Manual is updated annually as a guiding document addressing key aspects of doing business with CareSource. Reviewing the manual will help ensure your awareness of any process and requirement changes that impact your partnership with CareSource.

Questions?

For questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).