Humana – CareSource
Provider Orientation
About Humana – CareSource

- Humana – CareSource™ is a Managed Care Plan that Kentucky Medicaid consumers can choose to join
- Humana and CareSource have over 50 years of managed care experience
- CareSource is one of the largest Medicaid plans in the nation
- Both Humana and CareSource have been awarded accreditation status from nationally recognized accreditation organizations
Our alliance is a strategic solution to make the healthcare system work better for members eligible for both Medicare and Medicaid through:

- Understanding the diverse needs of our Members
- Knowing the importance of integrating a Member’s care - from primary to acute, as well as behavioral health services
- Focusing on preventive care and continued wellness
- Committed to making health care simpler and to improving health outcomes
- Utilization of community-based partnerships and services to help our Members successfully navigate the complex health care system
Member Eligibility

- Medicaid eligibility is determined by a consumer’s Department for Community Based Services (DCBS) in the county in which the consumer resides.
- The Commonwealth provides eligibility information to Humana – CareSource on a daily basis.
- Eligibility begins on the first day of each calendar month for consumers joining Humana – CareSource, with two exceptions:
  - Newborns, born to an eligible mother, will be eligible upon birth.
  - Consumers who meet the definition of unemployed in accordance with 45 CFR 233.100 will be eligible on the date they are deemed unemployed.
Member Eligibility (cont.)

- Sources to check member eligibility:
  - [https://providerportal.caresource.com/KY](https://providerportal.caresource.com/KY) (Provider Portal)
  - Automated member eligibility check 1-855-852-7005
- Each member receives an individual identification number
  - Claims must be billed with that number
- Newborns will appear on the PCP’s member eligibility list after they are added to the Humana – CareSource system
- Members may disenroll from Humana – CareSource for a number of reasons
- If members lose Medicaid eligibility, they lose eligibility for Humana – CareSource benefits
Member ID Card

- Humana – CareSource issues one card per member upon enrollment
- Members also receive a Kentucky Medicaid ID Card
- New Humana – CareSource ID cards are not issued monthly
- A new card is issued only when the information on the card changes, if a member loses a card, or if a member requests an additional card
- Member must show card at time of service
Member ID Card (cont.)

Member Name: Mary Doe
Humana – CareSource Member ID #: 12345678900
Medicaid ID #: 987654321000
Primary Care Provider/Clinic Name: Good, Ian A.
Provider/Clinic Phone: (855) 123-4567
Member Services: (855) 852-7005 (TTY: 1-800-648-6056 or 711)
24-hour nurse line: (866) 206-9599 (TTY: 1-800-648-6056 or 711)

THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY.
MEMBER: Show your ID card to medical providers BEFORE you receive care. Never let others use your ID card. Call 911 if you have an emergency. You can also call your PCP or our toll-free 24-hour nurse advice line if you’re not sure if it’s an emergency.

BEHAVIORAL HEALTH HOTLINE: 877-380-9729
HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit CareSource.com/KY or call (855) 852-7005 to access this information. Authorization required for inpatient admission.
MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 824, Dayton, OH 45401-0824
PHARMACY: Providers call (855) 852-7005
BENEFITS MANAGER: CVS Caremark
RxBIN 004336  RxPCN ADV  RxGRP RX5046
CareSource.com/KY
Benefits & Services

• No co-pays for medical services or prescriptions
• Help from our Case Management Program for chronic health conditions like asthma, diabetes, or heart disease
• Support from local pharmacists to help Members learn about their medication needs and drug safety
• Access to Behavioral Health Services that include a dedicated hot line and crisis intervention
• Incentive programs that encourage healthy behaviors and preventive care
• Access for Members to speak with a Registered Nurse about their health concerns, 24 hours a day, 7 days a week
Provider Services

• Electronic Funds Transfer available
• Web-based transactions and electronic claims submission
• Check claim status online
• Submit and check appeals online
• Access Provider Membership List
• Primary Insurance Information
• Check benefit history online
• 24-hour automated member eligibility verification
• Paperless referral system
Member Services

- Member benefits and health services
- Member referrals to community resources and/or case management
- Assistance to find a Primary Care Provider
- Grievances and Appeals
- Claims issue resolution
- Benefit inquiries
- Pharmacy
- Prior authorizations
- Interpreter services
Provider Portal Features

• **Confirm Member Eligibility** – Multiple member look-up for up to 24-months;

• **Member Benefit Limits** – Can track member benefits electronically in real-time, such as speech therapy or chiropractic visits

• **Care Treatment Plans**

• **Case Management Referral**

• **Claims Information** – Multiple claims search simultaneously for up to 24 months, search claim status and submit appeals online

• **Prior Authorization** – Medical inpatient/outpatient, specialty pharmacy, home health care and Synagis®

• **Member Dental and Vision History**

• **Access Explanation of Payment and Coordination of Benefits**

• **Verify Member’s PCP**
Provider Portal – How to Register

If you are already registered with a valid username and password:
https://providerportal.caresource.com/KY

• Enter your User Name and Password and Click the Log In button

If you are not registered with Humana – CareSource's Provider Portal:
https://providerportal.caresource.com/KY

• Click “Register Now”
• Enter your Provider Name, Tax ID, CareSource Provider ID and Zip
• Review and accept the Agreement
• Create your User Name and Password

Providers can also access eligibility and claims information through the Availity Provider Portal
Claims

- Electronic Funds Transfer and ERA claims payment option
- Electronic Data Interchange (EDI): Electronic claims submission
  - Humana – CareSource Payer ID: KYCS1
- Quick claims payment with more than 96% of clean claims paid within 30 days
- Utilize industry standard logic for coding edits
- HIPAA 835 formatted Explanation of Payment (EOP)
- Consistently high claims auto-adjudication rate
- Timely filing period is 365 days
Electronic Funds Transfer

• **Simple** – Eliminates paper checks and EOPs, which will increase efficiency with payment processing

• **Convenient** – Electronic Remittance Advice is available 24/7; works in conjunction with EMR systems; free training for providers

• **Reliable** – Claim payments electronically deposited into your bank account

• **Secure** – Access your account through secure Provider Portal to view (and print if needed) remittances and transaction details

• **Enroll in EFT**: Complete the online enrollment form and fax it to InstaMed (our EFT partner) at 1-877-755-3392, or call InstaMed at 215-789-3682
To report any suspected fraudulent activities:

- **Call:** 1-855-852-7005 and select the appropriate menu options
- **Fax:** 1-800-418-0248
- **Email:** fraud@caresource.com
- **Write to:**
  Humana – CareSource
  Attention: Special Investigations Unit
  P.O. Box 1940
  Dayton, OH 45401-1940
Pharmacy

- **Medicaid:** On January 1, 2013, we began handling the Pharmacy benefit for members transitioning to our plan

  **CVS Caremark:** Is the delegated pharmacy benefit manager for Humana – CareSource in Kentucky
  - CVS Caremark: 1-800-770-8014

- **Specialty Pharmacy:** Select classes of specialty medications require prior authorization. Specialty Pharmacy Prior Authorization Form and a list of all drugs requiring PA can be accessed on www.caresource.com/KY
  - **Call Humana –CareSource for Specialty Pharmacy:** 1-855-852-7005

- ePrescribing: Once providers are set up through CVS Caremark, they can prescribe electronically
Medical Management

Prior Authorizations

• Few outpatient services require prior authorization
• All inpatient care including Nursing Facility Services
• Organ Transplants
• Orthodontia treatment and other dental services
• Durable medical equipment over $750.00
• Pain management interventional procedures
• Select specialty pharmacy medications require prior authorization
Medical Management (cont.)

Prior Authorizations

- Radiology Benefit Management Program through HealthHelp
  - Prior authorizations required for all non-emergency outpatient CTs, MRI/MRAs and PET scans
- Patient Care Coordinators are available to assist with any discharge planning needs including making follow up appointments
- Prior authorization requirements are subject to change, [www.caresource.com/KY](http://www.caresource.com/KY) has the most up-to-date info on prior authorization services
Health Services

Interdisciplinary teams to support the Member Centric Model and Comprehensive Treatment Plans

- **Case Management** – Case managers, social workers and outreach staff available to help coordinate care and focus on the highest risk members and conditions

- **Disease Management** – Disease Managers available to provide coordinated health care interventions and communication through interactive messaging and educational mailings for members with the diagnosis of Asthma or Diabetes. Referrals: Call the Disease Management Department at 1-855-743-1242

- **Emergency Department Diversion** – A dedicated team promoting alternatives to ED utilization
Health Services (cont.)

Interdisciplinary teams to support the Member Centric Model and Comprehensive Treatment Plans

• **24-Hour Nurse Triage Line** – Registered nurses provide symptom-based triage and educational support to members toll-free 24 hours a day, seven days a week

• **Quality Improvement** – A dedicated team focusing on continuous quality improvement activities with emphasis on improving member health outcomes

• **Behavioral Health** – Beacon provides Behavioral Health Services focusing on behavioral health, substance abuse and integration of behavioral and medical services; includes a 24 hour crisis hotline
Health Services (cont.)

Interdisciplinary teams to support the Member Centric Model and Comprehensive Treatment Plans

Care Transitions Programs

- **Bridge to Home®** – A unique discharge planning program that transitions members to the appropriate outpatient services, transportation, home care intervention and medication reconciliation services

- **On-Site Case Management** – Field based Care Management staff in outpatient clinics, hospitals and emergency department
How to Refer to Care Management

• **What is Care Management?** Care Management nurses provide one-on-one, personal care to patients including educational and follow-up services.

• **Members:** Services may include educating pregnant patients and first-time mothers on the importance of prenatal care, childbirth, and postpartum and infant care; may also include education on preventive care and chronic disease management for heart failure, diabetes, chronic kidney disease, etc.

• **“Direct Access”** for Case Management referrals and assistance with member needs 24 hours a day, 7 days a week. Phone number to call for Direct Access: 1-866-206-0272.
Provider Collaboration, Roles and Responsibilities

• Compliance with HEDIS measures
• Partnership in medical management of members
• Compliance of our policies and procedures and provider agreement
• High standards for clinical practices and quality of care
• Unbiased patient accessibility and availability
• Patient satisfaction
• Collaborative relationship
• Advanced Directives education
Questions