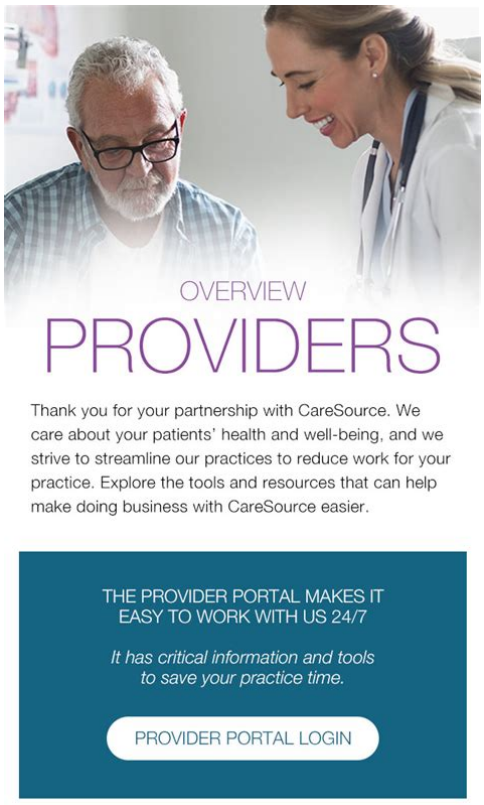


File Name: caresource provider manual.pdf
Size: 1640 KB
Type: PDF, ePub, eBook
Category: Book
Uploaded: 28 May 2019, 17:53 PM
Rating: 4.6/5 from 816 votes.

Status: AVAILABLE

Last checked: 16 Minutes ago!

In order to read or download caresource provider manual ebook, you need to create a FREE account.

Download Now!

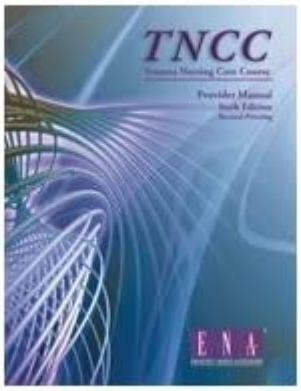
eBook includes PDF, ePub and Kindle version

Book Descriptions:

We have made it easy for you to find a PDF Ebooks without any digging. And by having access to our ebooks online or by storing it on your computer, you have convenient answers with caresource provider manual . To get started finding caresource provider manual , you are right to find our website which has a comprehensive collection of manuals listed.
Our library is the biggest of these that have literally hundreds of thousands of different products represented.

Book Descriptions:

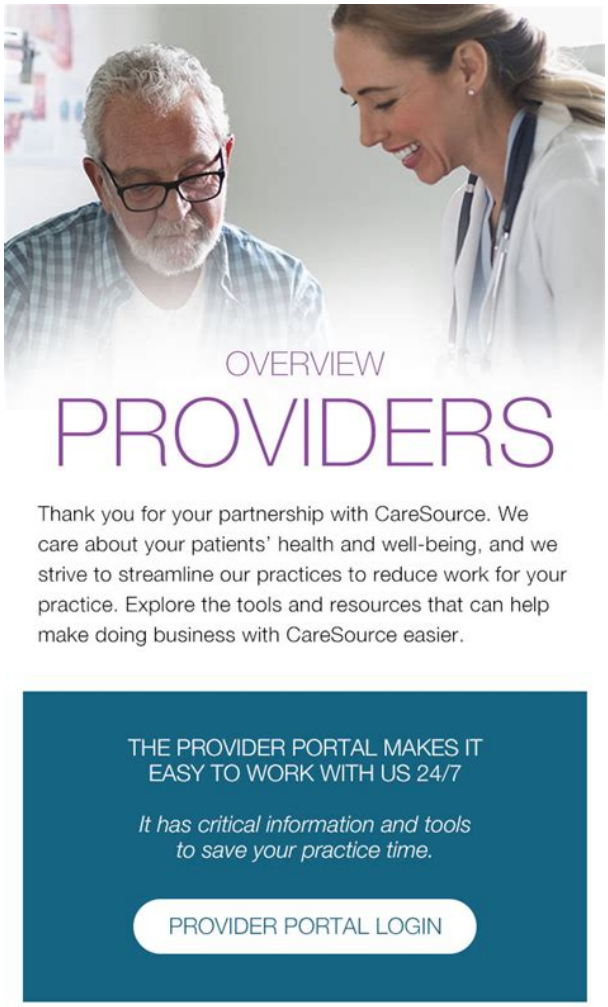
caresource provider manual



You may have to register before you can post click the register link above to proceed. To start viewing messages, select the forum that you want to visit from the selection below. UserFriendly Manuals. Product Instructions. Note that links within the manual have been activated in this revised version. Additionally, all referenced materials are available on this website. Chapters which contain all levelofcare service descriptions and criteria will be posted on eservices; to obtain a copy, please or call eservices April 2013 Beacon Health Strategies, LLC is a limited liability, managed behavioral health care company. Established in 1996, Beacon s mission is to collaborate with our health plan customers and contracted providers to improve the delivery of behavioral healthcare for the members we serve. Presently, Beacon provides care management services to 7.5 million members through its partnerships with client plans and care management organizations. Most often colocated at the physical location of our plan partners, Beacon s insourced approach deploys utilization managers, care managers and provider network professionals into each local market where Beacon conducts business. This approach facilitates better coordination of care for members with physical, behavioral and social conditions and is designed to support a medical home model. Quantifiable results prove that this approach improves the lives of individuals and their families and helps plans to better integrate behavioral health with medical health. Humana CareSource TM has delegated behavioral health related functions to Beacon.http://northcoteplaza.com/userfiles/easa-poa-manual.xml

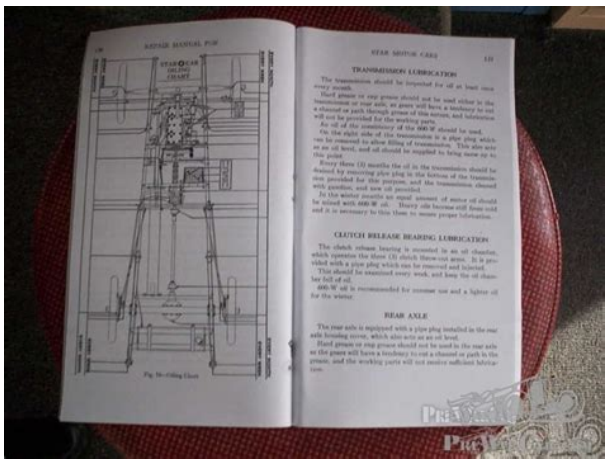
- **caresource provider manual, caresource provider manual 2019, caresource provider manual georgia, caresource provider manual 2020, caresource provider manual indiana, caresource provider manual ohio, caresource provider manual ohio 2019, caresource provider manual 2018, caresource provider manual kentucky, caresource billing manual, caresource provider manual, caresource provider manual, caresource provider manual 2020, caresource provider manual ohio, caresource provider manual indiana, caresource provider manual ga, caresource provider manual 2019, caresource provider manual georgia, caresource provider manual kentucky, caresource provider manual ga, caresource provider manual 2019, caresource provider manual ohio, caresource provider manual 2020, caresource provider manual**

georgia, caresource provider manual indiana, caresource provider manual kentucky, caresource provider manual.



These include 1 Contracting and credentialing of behavioral health providers 2 Utilization review and medical management for behavioral health services 3 Administrative appeals Humana CareSource TM will process clinical appeals 4 Claims processing and payment; 5 Member rights and responsibilities; 6 Quality management and improvement; 7 Member services, including management of the Behavioral Health Hotline 8 Referral and triage; 9 Ensuring service accessibility and availability 10 Treatment record compliance; and 11 Care management. BEACON HEALTH STRATEGIES Provider Manual 3. The primary goal of the program is to provide medically necessary care in the most clinically appropriate and costeffective therapeutic settings. By ensuring that all Plan members receive timely access to clinically appropriate behavioral health care services, Humana CareSource TM and Beacon believe that quality clinical services can achieve improved outcomes for our members. 1.3 Network Operations Beacon s Network Operations Department, with Provider Relations, is responsible for procurement and administrative management of Beacon s behavioral health provider network. Beacon s role includes contracting, credentialing and provider relations functions for all behavioral health contracts. Representatives are easily reached by via or by phone between 830 AM and 600 PM eastern standard time EST Monday through Thursday, and 830 AM to 500 PM EST on Fridays at Contracting and Maintaining Network Participation A participating provider is an individual practitioner, private group practice, licensed outpatient agency, or facility that has been credentialed by Beacon and has signed a Provider Services Agreement PSA with Beacon and Humana. Participating providers who maintain approved

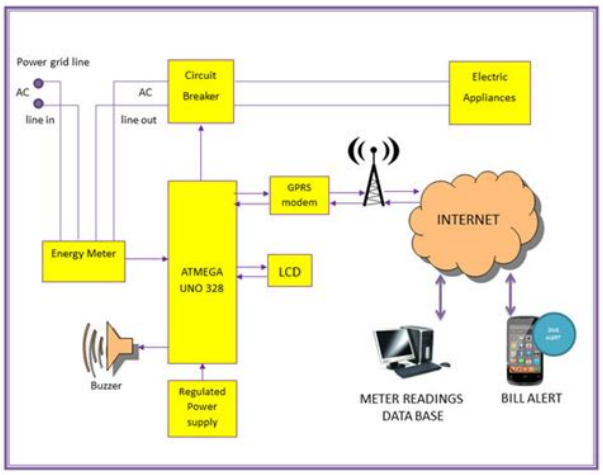
credentialing status remain active network participants unless the PSA is terminated in accordance with the terms and conditions set forth therein.http://destined4change.com/userfiles/easco-boiler-manual.xml



In cases where a provider is terminated, providers may notify the member of their termination. Beacon will also always notify members when their provider has been terminated and work to transition BEACON HEALTH STRATEGIES Provider Manual 4. The Manual serves as an administrative guide outlining Beacon s policies and procedures governing network participation, service provision, claims submission, quality management and improvement requirements, in Chapters 23. Detailed information regarding clinical processes, including authorizations, utilization review, care management, reconsiderations and appeals are found in Chapters 4 and 5. Chapter 6 covers billing transactions. Beacon s levelofcare criteria LOCC are accessible through eservices or by calling Beacon. Additional information is provided in the following appendix listed below Appendix A Links to Clinical and Quality Forms The Manual is posted on both Humana CareSource TM and Beacon s websites and on Beacon s eservices; only the version on eservices includes Beacon s LOCC. Beacon provides notification to network providers at least 60 days prior to the effective date of any policy or procedural change that impacts providers, such as modification in payment or covered services. Beacon provides 60 day s notice unless the change is mandated sooner by state or federal requirements. 1.6 Transactions and Communications with Beacon Beacon s website, contains answers to frequently asked questions, Beacons clinical practice guidelines, clinical articles, links to numerous clinical resources, and important news for providers. As described below, eservices and EDI are also accessed through the website. BEACON HEALTH STRATEGIES Provider Manual 5 Many fields are automatically populated to minimize errors and improve claim approval rates on first submission. Claim status is available within 2 hours of electronic submission, all transactions generate printable confirmation, and transaction history is stored for future reference.

Because eservices is a secure site containing memberidentifying information, users must register to open an account. There is no limit to the number of users and the designated account administrator at each provider practice and organization, controls which users can access each eservices features. Beacon activates the account administrator s account as soon as the terms of use are received. Subsequent users are activated by the account administrator upon registration. To fully protect member confidentiality and privacy, providers must notify Beacon of a change in account administrator, and when any users leave the practice. The account administrator should be an individual in a management role, with appropriate authority to manage other users in the practice or organization. The provider may reassign the account administrator at any time by ing b Interactive Voice Recognition Interactive voice recognition IVR is available to providers as an alternative to eservices.Beacon accepts standard HIPAA 837 professional and institutional health care claim

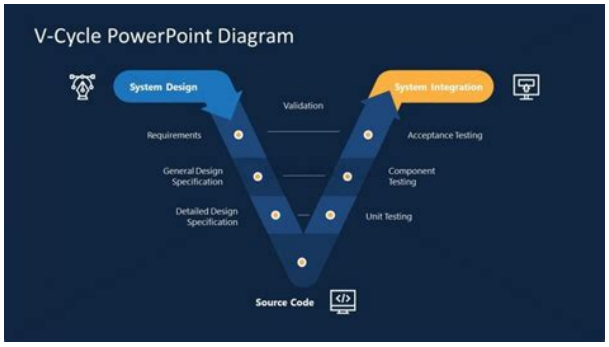
BEACON HEALTH STRATEGIES Provider Manual 6 Beacon also offers member eligibility verification through the 270 and 271 transactions. For technical and business related questions, To submit EDI claims through an intermediary, contact the intermediary for assistance. If using Emdeon, use Beacon s Emdeon Payer ID and Beacon s Health Plan 045.In order to receive these notices in the most efficient manner, we strongly encourage you to enter and update addresses and other key contact information for your practice, through eservices. COMMUNICATION OF MEMBER INFORMATION In keeping with HIPAA requirements, providers are reminded that personal health information PHI should not be communicated via, other than through Beacon s eservices. PHI may be communicated by telephone or secure fax. It is a HIPAA violation to include any patient identifying information or protected health information in nonsecure through the internet. 1.



http://superbia.lgbt/flotaganis/1652888962

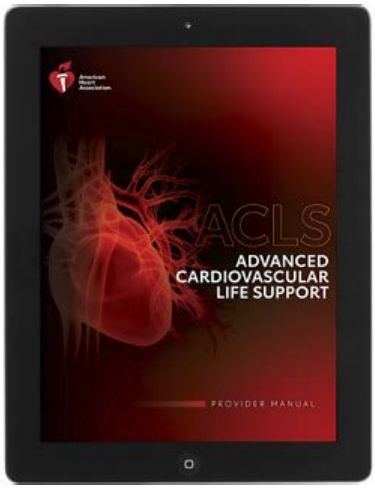
7 Access Standards Humana CareSource TM members may access behavioral health services 24 hours a day, seven days a week by contacting Humana CareSource TM s member services line or by calling the Humana CareSource TM Behavioral Health Hotline at Members do not need a referral to access behavioral health services and authorization is never required for emergency services. Humana CareSource TM and Beacon adhere to State and National Committee for Quality Assurance NCQA guidelines for access standards for member appointments. In addition, Humana CareSource TM providers must adhere to the following guidelines to ensure members have adequate access to services BEACON HEALTH STRATEGIES Provider Manual 8 Services must be available 24 hours per day, 7 days per week; Outpatient facilities, physicians and practitioners are expected to provide these services during operating hours; and After hours, providers should have a live telephone answering service or an answering machine that specifically directs a member in crisis to a covering physician, agencyaffiliated staff, crisis team, or hospital emergency room. Under state and federal law, providers are required to provide interpreter services to communicate with individuals with limited English proficiency. Providers must ensure that members have access to medical interpreters, signers and TTY services to facilitate communication when necessary and ensure that clinicians and agency are sensitive to the diverse needs of Humana CareSource TM members. Providers are required to meet these standards, and to notify Beacon if they are temporarily or permanently unable to meet the standards. All providers must be approved for credentialing by Beacon in order to participate in Beacon s behavioral health services network, and must comply with recredentialing standards by submitting requested information within the specified timeframe.

http://jasperfirstumc.com/images/calma-cl-300-manual.pdf



Private solo and group practice clinicians are individually credentialed, while facilities are credentialed as organizations; the processes for both are described below. To request credentialing information and an applications, please BEACON HEALTH STRATEGIES Provider Manual 9 Organizational Credentialing Beacon credentials and recredentials facilities and licensed outpatient agencies as organizations. Facilities that must be credentialed by Beacon as organizations include Licensed outpatient clinics and agencies including hospitalbased clinics; Freestanding inpatient behavioral health facilities freestanding and within general hospitals; Inpatient behavioral health units at general hospitals; Inpatient detoxification facilities or units; Other outpatient behavioral health and substance abuse services as delineated by the State of KY. Practitioners must submit a complete practitioner credentialing application with all required attachments. All submitted information is primarysource verified by Beacon Providers are notified of any discrepancies found and any criteria not met, and they have the opportunity to submit additional clarifying information. Once the practitioner has been approved for credentialing and has been contracted with Beacon as a solo practitioner, or when a practitioner has been credentialed as a staff member of a contracted practice, Beacon will either notify the solo practitioner or the practice s credentialing contact of the date on which the practitioner may begin to serve members of specified health plans. ORGANIZATIONAL CREDENTIALING In order to be credentialed, facilities must be licensed or certified by the state in which they operate and the license must be in force and in good standing at the time of credentialing or recredentialing.

http://finrusinvest-global.com/images/calrec-hydra-2-manual.pdf



If the facility reports accreditation by The Joint Commission, the Council on Accreditation of Services for Family and Children COA, or the Council on Accreditation of Rehabilitation Facilities CARF, such accreditations must be in force and in good standing at the time of the initial credentialing cycle, as well as at the time of each subsequent recredentialing cycle for the facility. If the facility is not accredited by one of these accreditation organizations, Beacon conducts a site visit prior to

rendering a credentialing decision. The credentialed facility is responsible for credentialing and overseeing its clinical staff as Beacon does not individually credential facilitybased staff. Behavioral health program eligibility criteria include applicable accreditation requirements. Once the facility has been approved for credentialing and has been contracted with Beacon to serve BEACON HEALTH STRATEGIES Provider Manual 10 Practitioners and providers must continue to meet Beacon s established credentialing criteria and quality of care standards for continued participation in Beacon s behavioral health provider network including but not limited to A. A current license to practice; B. The status of clinical privileges at the hospital designated by the practitioner as the primary admitting facility; C. A valid DEA number, if applicable; D. Board certification, if the practitioner was due to be recertified or become board certified since last credentialed or recredentialed; E. Five 5 year history of professional liability claims that resulted in settlement or judgment paid by or on behalf of the practitioner; and F. A current signed attestation statement by the applicant regarding 1. The ability to perform the essential functions of the position, with or without accommodation; 2. The lack of current illegal drug use; 3. A history of loss, limitation of privileges or any disciplinary action; and 4. Current malpractice insurance.

Prior to making a recredentialing decision, Beacon will also verify information about sanctions or limitations on practitioner from A. The national practitioner data bank; B. Medicare and Medicaid; C. State boards of practice, as applicable; and D. Other recognized monitoring organizations appropriate to the practitioner s specialty. Failure to comply with recredentialing requirements, including timelines, may result in removal from the network. BEACON HEALTH STRATEGIES Provider Manual 11 If no appeal is initiated, the decision of the Credentialing Committee shall be implemented, and Beacon s Director of Credentialing and Data reports Beacon s action to the appropriate regulatory bodies, including the National Practitioner Data Bank and the appropriate licensing agencies and authorities, in accordance with local, state, and federal requirements, if it is a reportable situation. If an appeal is initiated, the Credentialing Committee is notified. The practitioner or organizational provider is notified of the date on which the Credentialing Committee will review the appeal, which will be within thirty 30 days of receipt of the appeal request. Either Beacon or the provider may elect to engage, at their own expense, a court stenographer to attend the hearing and prepare a transcription. If the other party wishes to obtain a copy of the transcript, that party shall pay onehalf the cost of the court stenographer. The Credentialing Committee again reviews the case and makes a decision based on the additional information. Beacon notifies the practitioner or organizational provider of the committee s decision regarding the appeal, including the specific reasons for the decision within ten 10 business days of the meeting. If the practitioner or organizational provider is not satisfied with the first appeal decision, the decision may be appealed a second time to Beacon s Appeals Panel.

https://emergent-partners.com/wp-content/plugins/formcraft/file-upload/server/content/files/16273957217a02---britax-2-way-elite-manual.pdf

The procedures for the first level appeal described above, are also applicable to the second level appeal. The appeal shall be completed prior to the implementation of any proposed actions. The Appeals Panel makes a decision regarding this second and final appeal. The panel may either reaffirm the previous Credentialing Committee decision or overturn it. The Appeals Panel s decision is final. Beacon notifies the practitioner or organizational provider of the decision within ten 10 business days of the Appeals Panel s decision. Results of the final Beacon review are reported to the appropriate regulatory bodies, if required, including the National Practitioner Data Bank and the appropriate licensing agencies and authorities, in accordance with local, state, and federal requirements. BEACON HEALTH STRATEGIES Provider Manual 12 Further, providers may not charge the Plan members for any services that are not deemed medically necessary upon clinical review or which are administratively denied. It is the provider s responsibility to check benefits prior

to beginning treatment of this membership and to follow the procedures set forth in this manual. Out of network providers must complete a single case agreement with Beacon SCA. Out of network providers may provide one evaluation visit for Humana CareSource TM members without an authorization upon completion and return of the signed SCA. After the first visit, services provided must be authorized. Authorization requests for outpatient services can be obtained through Beacon s electronic outpatient request for eorf which can be requested by calling Beacon at or on Beacon s website If this process is not followed, Beacon may administratively deny the services and the out of network provider must hold the member harmless. PROVIDER DATABASE Beacon and Humana CareSource TM maintain a database of provider information as reported to us by providers.

The accuracy of this database is critical to operations, for such essential functions as Member referrals Regulatory reporting requirements Network monitoring to ensure member access to a full continuum of services across the entire geographic service area; and Network monitoring to ensure compliance with quality and performance standards including appointment access standards. Providerreported hours of operation and availability to accept new members are included in Beacon s provider database, along with specialties, licensure, language capabilities, addresses and contact information. This information is visible to members on our website and is the primary information source for us to use when assisting members with referrals. In addition to contractual and regulatory requirements pertaining to appointment access, uptodate practice information is equally critical to ensuring appropriate referrals to available appointments. The table below lists required notifications. Most of these can be updated via Beacon s eservices portal or by. TABLE 14 REQUIRED NOTIFICATIONS Type of Information General Practice Information Change in address or telephone number of any service; Addition or departure of any professional staff; Change in linguistic capability, specialty or program; BEACON HEALTH STRATEGIES Provider Manual 13 Change in licensure or accreditation of provider or any of its professional staff. Change in hours of operation; Is no longer accepting new patients; Is available during limited hours or only in certain settings; Has any other restrictions on treating members; or Is temporarily or permanently unable to meet Beacon standards for appointment access.

Change in designated account administrator for the provider s eservices accounts; Merger, change in ownership, or change of tax identification number Adding a site, service or program not previously included in the Behavioral Health Services Agreement, remember to specify a Location; and b Capabilities of the new site, service, or program. ADDING SITES, SERVICES AND PROGRAMS Your contract with Beacon is specific to the sites, rates and services for which you originally specified in your Provider Services Agreement. To add a site, service or program not previously included in your PSA, you should notify Beacon of the location and capabilities of the new site, service or program. BEACON HEALTH STRATEGIES Provider Manual 14 Please refer to your contract with Humana CareSource TM for specific information about procedure and revenue codes and rates for each service. Impact Plus services Access to behavioral health treatment is an essential component of a comprehensive health care delivery system. Plan members may access behavioral health services by selfreferring to a network provider, by calling Beacon, or by referral through acute or emergency room encounters. Members may also access behavioral health services by referral from their primary care practitioner PCP; however a PCP referral is never required for behavioral health services. Network providers are expected to coordinate care with a member s primary care and other treating providers whenever possible. ADDITIONAL BENEFIT INFORMATION Benefits do not include payment for behavioral health care services that are not medically necessary. Neither Beacon nor the health plan is responsible for the costs of investigational drugs or devices or the costs of nonhealthcare services such as the costs of managing research or the costs of collecting data that is useful for the research project but not necessary for the enrollee s care. Authorization is required for all services except emergency services.

Detailed information about authorization procedures is covered in Chapter 4 of this manual. BEACON HEALTH STRATEGIES Provider Manual 16 Provider Handbook Supplement for Iowa Autism Support Program ASP Provider Handbook Supplement for Iowa Autism Support Program ASP 2014 Magellan Health Services Table of Contents SECTION 1 INTRODUCTION. 3 Welcome. 3 Covered How We Do Business with Providers Please refer to this chapter for information about Provider credentialing Provider recredentialing Provider Some offices may receive Date of Birth Age Identified Gender. Street Address. City State Zip Code The QMP includes strategies Below is some information you may wish to read before your first appointment. Included Table of Contents Will this change Prior to our first meeting contact Insurance Information Our Medical Management Department Yes No SSN Email Used for appointment reminder Known Notice of Privacy Practices Provider Application Claim Submission Format The focus of the Claims department PO Box 22712 Long Beach, CA 90801 Additionally, providers contracted Provider Insurance Billing Procedures Circle one Attended Lecture Internet KHFM website Newspaper Sign in window Yellow Pages Physician Friend A Closer Look at Health Plan Performance HEDIS Healthcare Effectiveness Data and Information Set is a set of standardized measures designed to track To use this website, you must agree to our Privacy Policy, including cookie policy. The State will add chiropractic benefits to the HIP Plus plan to. Provider Credentialing, and Provider humana caresource provider manual 2017 Services in its QAPI program. Welcome to the provider section of the Humana Behavioral Health website. Access Your My CareSource Account. To register on the Provider Portal, complete the following steps Click the Register Here link in red at the top of the Login page. If you get a message that the provider does not exist in Provider Portal, you can call the help line at Medicaid or Marketplace.

To view this file, you may need to download Adobe Acrobat humana caresource provider manual 2017 Reader. It communicates policies and programs and outlines key information such as claim submission and reimbursement processes, authorizations, member benefits and more to make it easier for you to do business with us.It provides important information on topics such as covered services, services that. It provides important information on topics such as covered services, services that require prior authorization, claim submission and more. Humana CareSource Passport Health Plan WellCare of Kentucky. If you are not already registered for humana caresource provider manual 2017 the Provider Portal, please register here.Therefore, to the submitted prior. To view this file, you may need to download Adobe Acrobat Reader. Humana and CareSource have mutually decided to terminate the current alliance partnership between the companies servicing the Kentucky Medicaid market, effective Dec. The Georgia Moreover, Humana and CareSource failed to meet all. Humanas selfservice. Humana Behavioral Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Whether you are new to Medicaid or already have a Medicaid plan, you. To confirm or update your address, enter your email address in the field below and click on the Resend Verification button. Jan. CareSource has provided Medicaid, Medicare and other managed health care services since communities in,, Humana’s Bold Goal is making a difference in Kentucky Humana associates and community for manual intervention. Access information about medical claim payment reconsiderations and member appeals for Humana participating and. Passport Health Plan at, WellCare of Kentucky at humana caresource provider manual 2017, Humana.The dental provider manual is a resource for our dental providers and serves as a link between your office and CareSource.

If you are registering as a provider, select Practitioner and complete the information. CareSource provider portal for Ohio and Michigan. Humana Caresource Provider Manual Provider manuals the contains information about our health care plans. Therefore, to the submitted prior.Register for the Provider Portal. To confirm or update your address, enter your email address in the field below and click on the Resend Verification button.Sep 24, February 9,, DOAS issued the Georgia Families RFP.

Beginning in calendar year, CareSource, the states newest MCE,.. Access our pharmacy manual and audit guide, get details on Humana Pharmacy and learn about our medication therapy management program. Tags caresource, humana, precert, radiology. Humana CareSource Passport Health humana caresource provider manual 2017 Plan WellCare of Kentucky. Sep 24, February 9,, DOAS issued the Georgia Families RFP.Will Medicaid auditors be reassessing the original determination of medical necessity as they The provider must follow correct NCCI coding. Humana CareSource Provider Transition Announcement. You will find key information that will make it easier for you to do business with us and assist you in serving our members. Mar 1, Hospice Services Provider Manual. If you are not already registered for the Provider Portal, please register here. Get details humana caresource provider manual 2017 on how to request preauthorization for various tests and procedures, view online submission options and access statespecific forms. PDF download Auditing Billing, Reimbursement, and Fee Schedule. Access our pharmacy manual and audit guide, get details on Humana Pharmacy and learn about our medication therapy management program. These items will be evaluated in the QI. Use the portal to pay your premium, check your deductible, change your doctor, humana caresource provider manual 2017 request an ID Card and more. This helpful online tool is available for all CareSource Ohio plans. KY and.

This message may occur if the provider is not yet entered into our system with the Tax ID or CareSource Provider Number you provided. Access tools and resources that can support you in their care.The provider manual is a resource for working with our health plan.This helpful online tool is available for all CareSource Ohio plans. Access tools and resources that can support you in their care. Humana CareSource Provider Transition Announcement.CareSource Find a Doctor. To request a free, printed copy of this manual, call Provider Services at If there is an inconsistency between information contained in this manual and the agreement between you.Committee “a. provider enrollment requirements. Beginning in calendar year, CareSource, the states newest MCE. Caresource at, Anthem Blue Cross Blue Shield at Open Enrollment Information Provider Manual Kentucky Medicaid AKYPM AKYPM This page is intentionally blank. Get details on how to request preauthorization for various tests and procedures, view online submission options and access statespecific forms. Provider Manual Provider FAQs A provider manual is an extension of the physician or provider agreement and furnishes the provider and staff with information about ChoiceCare Network policies and procedures, claims, and guidelines. Medical resources. Compliance Policy for Contracted Healthcare Providers humana caresource provider manual 2017 and Business Partners, PDF opens new window Ethics. Access behavioral health tools and information for conducting business with Humana Behavioral Health claims, eligibility, authorization, recredentialing and more. July 20,, Commercial Preauthorization and Notification List, PDF opens in new window. Will Medicaid auditors be reassessing the original determination of medical necessity as they The provider must follow correct NCCI coding. Humana for Healthcare Providers. 31, Humana will become the existing contract’s sole administrator effective Jan.