



Network Notification

Date: June 24, 2013

Number: OH-P-2013-08

To: Ohio Primary Care Providers

From: CareSource

Subject: Health Services Advisory Group, Inc. (HSAG) Survey Calls

Background: HSAG Survey

Since 2011, the Ohio Department of Job and Family Services (ODJFS) has been contracting with HSAG to conduct telephone surveys of providers' offices to validate information submitted in the managed care provider network (MCPN) files. These **quarterly** phone surveys are designed to help ensure that MCPs, such as CareSource, have accurate up-to-date information for our providers. It is important that we have reliable provider information to provide to our members (your patients) to help them receive the best care possible.

2013 Quarterly HSAG Phone Survey

Beginning February 2013, HSAG will be calling providers quarterly to conduct the survey. Elements that will be included in the survey are listed below:

- 1. HSAG will determine if they can reach the PCP location**
 - **Action Requested:** If HSAG is unable to reach you and leaves a message, please call them back so they are able to verify we have accurate information. If your demographic information changes, please be sure to submit the information to us as indicated below.

- 2. HSAG will determine if participating PCP locations are still contracted with CareSource**
 - **Reminder:** HSAG is contacting you because our systems indicate you have an active contract with us. Please ensure we are informed of any changes in your practice (such as changes in contact information, providers leaving or entering the practice, etc.) so our records remain accurate.

Please see "Key Contract Provisions" in the CareSource 2013 Provider Manual for details about advance written notice of status changes.

- 3. HSAG will ask if PCP locations are accepting new members**
 - **Reminder:** HSAG is contacting you because our systems indicate you are accepting members. Your contract with us indicates that you will accept a

designated number of CareSource members. If you have any concerns regarding your contract please contact your Provider Relations Representative.

The signed Medicaid Attachment A includes the capacity, or number of CareSource members, a provider has agreed to accept into their practice.

If any of your demographic information has changed, please let us know using the following methods:

Email: providermaintenance@caresource.com

Fax: 937-396-3076

Mail: CareSource

P.O. Box 8738

Dayton, OH 45401-8738

Attn: Provider Maintenance

Please see the "Key Contract Provisions" in the 2013 Provider Manual for details on timelines in which you must let us know about any changes.

If you have any questions about this information, please call CareSource Provider Services at **1-800-488-0134**.

Thank you in advance for your cooperation.