CareSource

WORKING with *CareSource*

Our MISSION

To make a lasting difference in our members' lives by improving their health and well-being.

OUR PLEDGE

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment

Health Care with HEART

MISSION FOCUSED

Comprehensive, **member-centric** health and life services

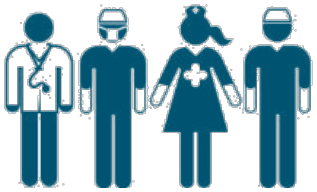
EXPERIENCED

With over **29 years of service**, CareSource is a leading non-profit health insurance company

DEDICATED

We serve over **1.8 million members** through our Medicaid, Marketplace, MyCare and Medicare Advantage plans, our Community Transition program and our Veterans Choice partnership with TriWest Healthcare Alliance.

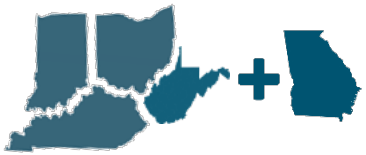
25+
YEARS
MISSION-DRIVEN CARE



93%
MEDICAL COST RATIO

A-Z
CONSUMER
ADVOCACY

1.8 MILLION
MEMBERS



COVERAGE
OH, KY, IN, WV, GA

$14M
FOUNDATION GRANTS AWARDED IN OHIO*

CareSource

* The CareSource Foundation is currently in Ohio only

Our PLANS

CHILDREN, PREGNANT WOMEN & LOW-INCOME WORKING FAMILIES	MEDICAID & MEDICARE Eligible 18+	COMMERCIAL HEALTH PLAN	MEDICARE Eligible 65+	DUAL Eligible
MEDICAID	**CARESOURCE**	**MARKETPLACE**	**CARESOURCE**	**CARESOURCE DUAL ADVANTAGE**
Plan Components: • Risk-based managed care • People who are aged, blind or have disabilities • Healthy Start • Healthy Families	**Details:** • Managed care • Coordination of physical, behavioral & long-term care services	**Details:** • Established 2014 • Qualified health plan • Reduced premiums or cost-sharing based on member income • Pediatric Dental & Vision included • Optional Adult Dental, Vision and Fitness	**Details:** • Offers more coverage than original Medicare • Medicare Part A, Part B, and prescription drug Part D benefits • No limits due to pre-existing conditions	**Details:** • Combines benefits of Medicare and Medicaid into single plan • Adds additional benefits outside of Medicare and Medicaid plans

As of 2017

Members must continue to pay Medicare Part A and B

CareSource

Provider NETWORK

CareSource members select or are assigned a primary care provider (PCP) upon enrollment.

When referring patients, ensure other providers are in-network to ensure coverage.

Use our Find A Doc tool at **CareSource.com** > Members > Find a Doctor to help you locate a participating CareSource provider by plan.

"DO YOU TAKE CARESOURCE?"

Be sure to ask to see each patient's member ID card to ensure you take their plan! It is important to confirm which CareSource plan the member is asking that you accept.

NOTE: **For Marketplace, routine Vision and Hearing services are covered through EyeMed and TruHearing network providers.**

OUT-OF-NETWORK SERVICES

Out-of-network services are **NOT** covered unless they are emergency services, self-referral services or prior authorized by CareSource.

CareSource

ID CARDS: *Medicaid*

OHIO MEDICAID

CareSource Health Care with Heart®

Member Name:
<MARY DOE>
CareSource Mem #: <12345678900>
MMIS #: <987654321000>
Case #: <7654321000>
Primary Care Provider/Clinic Name:
<GOOD, IAM A.>
Provider/Clinic Phone: <XXX- XXX-XXX>
Member Services: <1-800-488-0134 (TTY: 1-800-750-0750 or 711)>

CareSource Innovations
Powered by Express Scripts
RxBIN - <003858>
RxPCN - <MA>
RxGRP - <RXINN01>

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 anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your primary care provider or call our CareSource24® nurse advice line.

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit **www.CareSource.com** or call <**1-800-488-0134**> to access this information. Authorization required for inpatient admission.

PHARMACIST: <1-800-416-3629>

MEDICAL CLAIMS: <CareSource, P.O. Box 8730, Dayton, OH 45401-8730>

PHARMACY CLAIMS: <Express Scripts, ATTN: Commercial Claims P.O. Box 14711 Lexington KY 40512-4711>

CareSource24® Nurse Advice Line: <1-866-206-0554 (TTY: 711)>

OHIO MEDICAID COORDINATED SERVICES

CareSource Coordinated Services Program

Member Name:
<MARY DOE>
CareSource Mem #: <12345678900>
MMIS #: <987654321000>
Case #: <7654321000>
Primary Care Provider/Clinic Name:
<GOOD, IAM A.>
Provider/Clinic Phone: <XXX- XXX-XXX>
Member Services: <1-800-488-0134 (TTY: 1-800-750-0750 or 711)>

CareSource Innovations
Powered by Express Scripts
RxBIN - <003858>
RxPCN - <MA>
RxGRP - <RXINN01>

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 anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your primary care provider or call our CareSource24® nurse advice line.

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit **www.CareSource.com** or call <**1-800-488-0134**> to access this information. Authorization required for inpatient admission.

PHARMACIST: <1-800-416-3629>

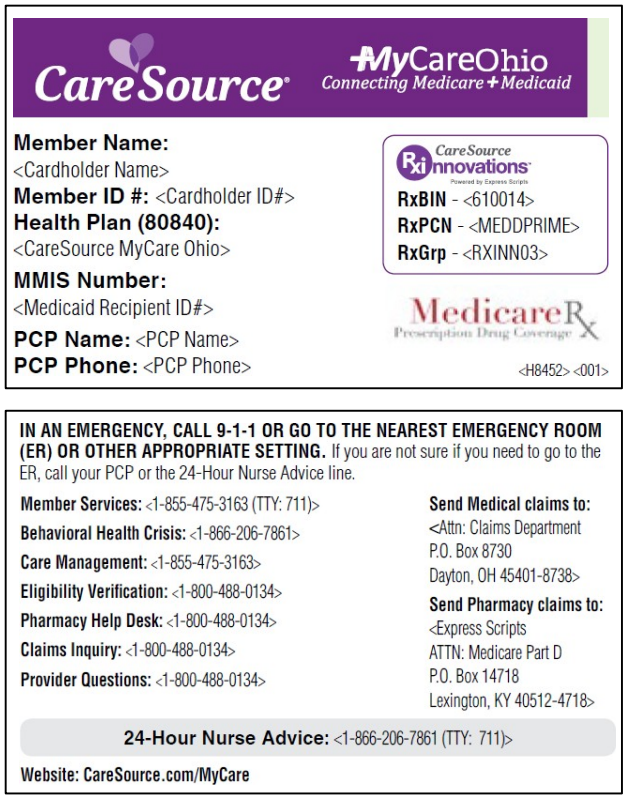
MEDICAL CLAIMS: <CareSource, P.O. Box 8730, Dayton, OH 45401-8730>

CareSource24® Nurse Advice Line: <1-866-206-0554 (TTY: 711)>

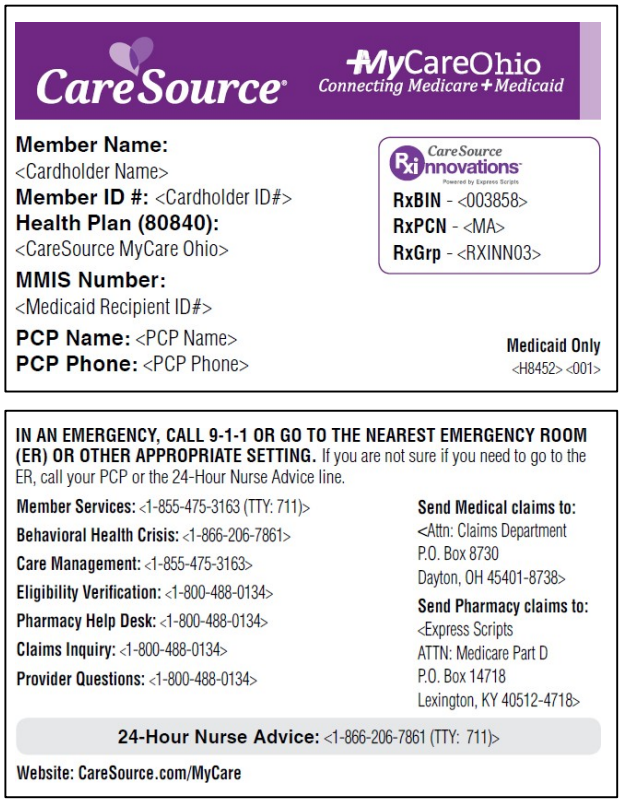
CareSource

ID CARDS: *MyCare Member*

CARESOURCE MYCARE® OHIO

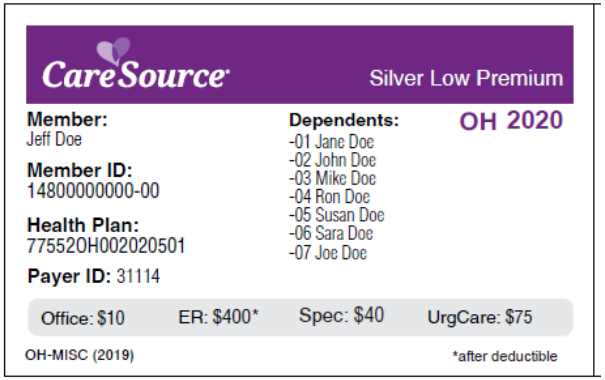


CARESOURCE MYCARE® OHIO (MEDICAID ONLY)



CareSource

ID CARDS: *Marketplace Member*


CareSource — Silver Low Premium

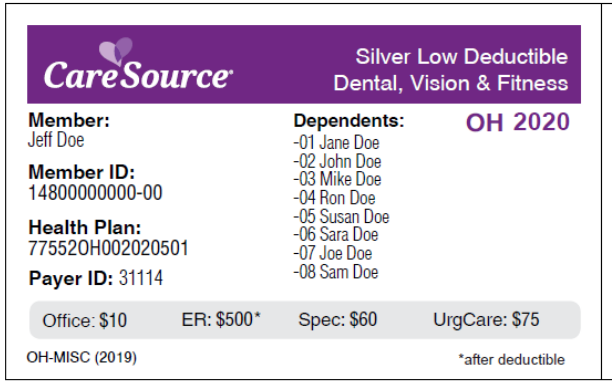
Member: Jeff Doe
Member ID: 14800000000-00
Health Plan: 77552OH002020501
Payer ID: 31114

Dependents:
-01 Jane Doe
-02 John Doe
-03 Mike Doe
-04 Ron Doe
-05 Susan Doe
-06 Sara Doe
-07 Joe Doe

OH 2020

Office: $10 | ER: $400* | Spec: $40 | UrgCare: $75

OH-MISC (2019) *after deductible


CareSource — Silver Low Deductible Dental, Vision & Fitness

Member: Jeff Doe
Member ID: 14800000000-00
Health Plan: 77552OH002020501
Payer ID: 31114

Dependents:
-01 Jane Doe
-02 John Doe
-03 Mike Doe
-04 Ron Doe
-05 Susan Doe
-06 Sara Doe
-07 Joe Doe
-08 Sam Doe

OH 2020

Office: $10 | ER: $500* | Spec: $60 | UrgCare: $75

OH-MISC (2019) *after deductible


CareSource.com/marketplace
This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.
MEMBERS: 1-800-479-9502 (TTY: 1-800-750-0750 or 711)
24/7 Nurseline: 1-866-206-4240 Providers: 1-800-488-0134
BENEFITS MANAGER

Pharmacy	Express Scripts	1-800-419-5609
Vision (Ped Only)	EyeMed	1-833-337-3129
Hearing	TruHearing	1-866-202-2561

PHARMACY NUMBERS: RxBin: 003858 | RxPCN: A4 | RxGrp: RXINN04
MEDICAL CLAIMS: P.O. Box 8730, Dayton, OH 45401-8730
Coverage provided through the Health Insurance Marketplace


CareSource.com/marketplace
This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.
MEMBERS: 1-800-479-9502 (TTY: 1-800-750-0750 or 711)
24/7 Nurseline: 1-866-206-4240 Providers: 1-800-488-0134
BENEFITS MANAGER

Pharmacy	Express Scripts	1-800-419-5609
Vision	EyeMed	1-833-337-3129
Hearing	TruHearing	1-866-202-2561
Fitness	Active&Fit	1-877-771-2746

PHARMACY NUMBERS: RxBin: 003858 | RxPCN: A4 | RxGrp: RXINN04
MEDICAL CLAIMS: P.O. Box 8730, Dayton, OH 45401-8730
Coverage provided through the Health Insurance Marketplace

- ✓ Make sure the **state** matches your **contracted region**
- ✓ Marketplace dependents are indicated by the Member ID + dependent suffix (portion after the "-")

  ***Example*:** 14800000000-01 (Jane Doe)

NOTE: These are sample cards only. There may be some slight variation in marketplace cards due to the type of plan.

CareSource

ID CARDS: *Medicare Member*

MEDICARE ADVANTAGE

CareSource [CareSource Advantage® Zero Premium] (HMO)

Member Name: [John Doe]
Member ID#:[12345678900]
Health Plan: (80840) [XXX-XX-XXXX]
Payer ID: [XXXXX]
Primary Care Provider/Clinic Name: <Good, I Am A.>
Provider/Clinic Phone: <XXX- XXX-XXX>
Copays:
Office: [$XX.XX] ER: [$XX.XX]
Spec: [$XX.XX] UrgCare: [$XX.XX]

Effective Date: [01/01/2020]
[OH]

CareSource Rxinnovations
RxBIN - <004336>
RxPCN - <MEDDADV>
RxGrp - <RXINN04>

MedicareRx Prescription Drug Coverage
CMS: [XXXXX-XXX]

CareSource.com/Medicare
This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:

MEMBERS: 1-844-607-2827 TTY: 1-800-750-0750

24/7 Nurse Advice Line:
<1-866-206-0569>

Providers:
<1-844-679-7865>

Vision Benefits:
EyeMed <1-866-248-2011>

Dental Network:
DenteMax

Hearing Benefits:
TruHearing <1-855-205-6219>

Pharmacy:
<1-800-416-1673>

Medical Claims:
CareSource
P.O. Box 8730
Dayton, OH 45401-8730

Pharmacy Claims:
<Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718>

CARESOURCE DUAL ADVANTAGE

CareSource [CareSource Dual Advantage™ (HMO SNP)]

Member Name: [John Doe]
Member ID#:[12345678900]
Health Plan: (80840) [XXX-XX-XXXX]
Payer ID: [XXXXX]
Primary Care Provider/Clinic Name: <Good, I Am A.>
Provider/Clinic Phone: <XXX- XXX-XXX>
Copays:
Office: [$XX.XX] ER: [$XX.XX]
Spec: [$XX.XX] UrgCare: [$XX.XX]

Effective Date: [01/01/2020]
[OH]

CareSource Rxinnovations
RxBIN - <610014>
RxPCN - <MEDDPRIME>
RxGrp - <RXINN02>

MedicareRx Prescription Drug Coverage
CMS: [XXXXX-XXX]

CareSource.com/Medicare
This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call:

MEMBERS: 1-833-230-2020 TTY: 1-800-750-0750

24/7 Nurse Advice Line:
<1-833-687-7331>

Providers:
<1-833-230-2176>

Vision Benefits:
EyeMed <1-866-299-1425>

Dental Network:
DenteMax

Hearing Benefits:
TruHearing <1-833-759-6826>

Pharmacy:
<1-800-416-1673>

Medical Claims:
CareSource
P.O. Box 8730
Dayton, OH 45401-8730

Pharmacy Claims:
<Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718>

CareSource

Working with CareSource

Health Partner Support

CareSource

COVID-19 RESPONSE

- Health Partner Support- Online COVID-19 Resource Center
- Removed barriers to Coronavirus Testing
- Lifted most prior authorization requirements for both pharmacy and medical services
  - Existing prior authorizations will be extended with some exceptions
  - Certain drug day fills extended
- Implemented telehealth emergency rule in line with ODM
- Expanded transportation services to include grocery stores and foodbanks

CareSource

Health Partner Support Services/Tools

Customer Care Advocacy

1-800-488-0134

- **First Call**
  - Claims
  - Credentialing
  - Contracting
  - General Assistance
  - Pharmacy
  - And more

Website

www.CareSource.com

- **Tools/Resources**
  - Health Partner Manual
  - Network Notifications
  - Newsletters
  - Policies
  - Quick Reference Guides
  - Orientations
  - Formularies
  - And more

Health Partner Portal

- **Secure Information**
  - Member Eligibility/Information
  - Care Opportunity Reports
  - Claims Submission
  - Claim Dispute/Appeals
  - Prior Authorizations
  - Provider Maintenance
  - And more

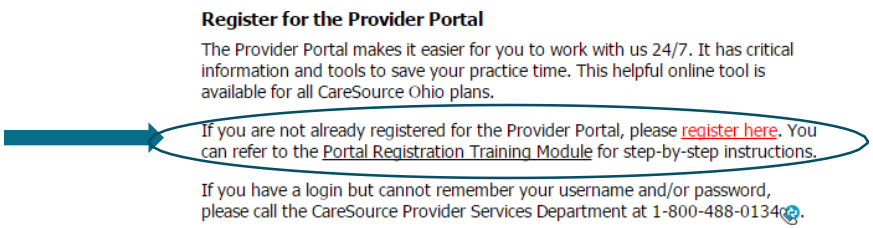
CareSource

Register for the PORTAL

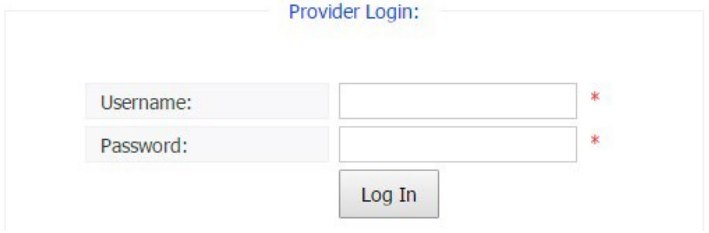
Go to **CareSource.com**. On the right side of the page, click on Provider Portal under Provider Resources.

Select **Ohio**.

Click register here under **Register for the Provider Portal**.



Enter your information, including your CareSource Provider Number (located in your welcome letter).



Follow remaining steps to register.

CareSource

CareSource PROVIDER PORTAL

SAVE TIME. SAVE MONEY. Use our secure online Provider Portal. With this tool you can:

- Check member eligibility and benefit limits
- Submit claims and verify claim status
- Find prior authorization requirements
- Verify or update Coordination of Benefits information (COB)
- Submit and check the status of a prior authorization request
- And more!

Access the Provider Portal 24 hours a day, 7 days a week, at **CareSource.com.**

NOTE: Submitting requests for covered services that meet criteria provides an immediate approval when submitted through the portal

CareSource

CareSource

CLAIMS DISPUTE & APPEALS PROCESS

CLAIM DISPUTES AND PROVIDER APPEALS CAN BE SUBMITTED THROUGH OUR SECURED PROVIDER PORTAL

Corrected Claim: If a claim was processed incorrectly due to incomplete, incorrect or unclear information on the claims, you should submit a corrected claim. You do not need to file a dispute or appeal.

CLAIM DISPUTES: Requests for adjustment for underpayments, partial and full denials can be submitted through the claim payment dispute process.

- Must submit within 90 calendar days of the date of payment
- Include reason for adjustment and supporting documentation
- Decision within 30 calendar days
- May appeal if original claim adjudication is upheld (Medicaid, Marketplace)

Medicare: For MyCare, Medicare Advantage and DSNP, par providers must use the claims dispute Process. Appeal rights limited.

APPEALS: If you do not agree with a denial on a processed claim, you have the right to appeal.

- Must submit within 365 calendar days from the date of service or date of discharge. (Clinical Appeals: 180 calendar days from date of service, denial or discharge)
- Appeals outside of timeframe are not considered
- Provider notified in writing if appeal is denied. If approved, payment will show on Explanation of Payment

Prior Authorizations

CareSource

Prior Authorization
SERVICES

Some services require prior authorization (PA). Services include:

- All services provided out-of-network
- Inpatient services, including inpatient behavioral health admissions
- Intensive outpatient program services (greater than 30 visits)
- Partial hospital program services (greater than 30 visits)
- Chiropractic visits (greater than 15 visits)
- Cosmetic procedures
- Intensive outpatient psychiatric services (greater than 30 visits)
- Skilled nursing facility services
- Prosthetic/orthotics devices (over $500 billed charges)
- Non-emergent outpatient diagnostic/therapeutic radiology

Please note: This is *not* a comprehensive list.

- Log in to the Provider Portal at **CareSource.com** > Providers > Provider Portal Log in to view a more comprehensive list of covered services and limitations.
- For fast authorization processing, CareSource offers **Cite AutoAuth**, an automated evidence-based system. It's quicker than phone or fax! Access it on the Provider Portal.

Prior Authorization INFORMATION CHECKLIST

When you request authorization, be sure to include:

- Member/patient name and CareSource member ID number
- Provider name and NPI
- Anticipated date of service
- Diagnosis code and narrative
- Procedure, treatment or service requested
- Number of visits requested, if applicable
- Reason for referring to an out-of-plan provider, if applicable
- Clinical information to support the medical necessity of the service
- Inpatient services need to include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment

You will have 30 days from the date of service, date of discharge, or 90 days from the other carrier's EOB (whichever is later) for retrospective authorization

Referrals
We ***do not*** require a referral to see a specialist.

Where do I find more information?
You can find more information in our **Health Partner Manual**, located at **CareSource.com**.

CareSource

Prior Authorization
SUBMISSION
S

TO SUBMIT REQUESTS:

	MEDICAID & MYCARE	MARKETPLACE	CARESOURCE ADVANTAGE	CARESOURCE DUAL ADVANTAGE
ONLINE	At **CareSource.com** > Providers > Provider Portal Login			
	om	just4Me@CareSource.com		m
PHONE	**1-800-488-0134**		**1-844-679-7865**	**1-844-679-7865**
FAX	888-752-0012		844-417-6157	844-417-6157
MAIL	CareSource Utilization Management P.O. Box 1307 Dayton, OH 45401-1307		CareSource Utilization Management P.O. Box 3209 Dayton, OH 45401-1307	CareSource Utilization Management P.O. Box 3209 Dayton, OH 45401-1307

Prior Authorizations for
NIA MAGELLAN IMAGING

CareSource utilizes NIA Magellan to implement a radiology benefit management program for outpatient advanced imaging services.

Procedures requiring prior authorization through NIA Magellan:	Services NOT requiring prior authorization through NIA Magellan:	NIA Magellan authorization phone number:
• CT/CTA • MRI/MRA • PET Scan	• Inpatient advanced imaging services • Observation setting advanced imaging services • Emergency room imaging services	• Marketplace: **1-800-424-5660** • Medicare Advantage: **1-800-424-1741** • Medicaid: **1-800-424-5660**

Expedited authorizations are accepted. Register at **RadMD.com**

CareSource

Care Coordination & Quality

CareSource

Care & Disease MANAGEMENT

WE CAN HELP

- Coordinate medications
- Provide education
- Arrange follow-up services
- Reduce readmission risks

YOU CAN HELP by

identifying patients who may need individualized attention to help them manage their complex health care needs.

REFERRING A PATIENT

You may refer a patient for care or disease management in the following ways:

ONLINE :

CareSource.com > Providers > Provider Portal Login

CALL:

Marketplace: **1-844-280-5463**

CareSource Advantage: **1-844-679-7867**

CareSource Dual Advantage: **1-844-679-7867**

Medicaid: **1-844-280-5463**

CareSource

Quality MEASURES

QUALITY MEASURES INCLUDE, BUT ARE NOT LIMITED TO:

CareSource monitors member quality of care, health outcomes, and satisfaction through the collection, analysis, and the annual review of the Healthcare Effectiveness Data and Information Set (HEDIS®).

HEDIS includes a multitude of measures that look at different domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Relative Resource Use
- Health Plan Descriptive Information
- Measures Collected Using Electronic Data Systems

WELLNESS & PREVENTION

- Childhood vaccinations
- Immunizations for adolescents
- Lead screenings for children
- Breast cancer and cervical cancer screenings

CARDIOVASCULAR CONDITIONS

- Controlling high blood pressure
- Comprehensive diabetes care
- Statin therapy for patients with cardiovascular disease or diabetes

BEHAVIORAL HEALTH

- Follow up after hospitalization for mental illness
- Follow-up care for children prescribed attention deficit/hyperactivity disorder (ADHD) medication

ACCESS TO CARE

- Children and adolescents' access to primary care providers
- Annual dental visit
- Prenatal and postpartum care

CareSource

Quality RESOURCES

CareSource provides quality training for you and your teams through our Health Partner Managers and the Provider Portal. We have additional resources available through ***Plan Resources*** on **CareSource.com**.

QUALITY TRAINING AND RESOURCES:

Quality Onboarding Training

Clinical Practice Registry Training

Clinical Practice Registry Quick Tips

CAHPS Survey Tips

Coding Guides

Clinical Practice Guideline Information

CareSource

CPC – Comprehensive Primary Care

- **Ohio Medicaid's Patient Centered Medical Home (PCMH) Program**
- A collaborative and **Team-Based Care Delivery Model** led by primary care practices and supported by the Department of Medicaid and Managed Care Plans
- **Triple AIM:** Improve quality, lower costs and enhance the experience for patients/members
- Started in 2017; Now there are **297 CPC Practices** and over 1 Million Medicaid members
- **Financial Benefits:** PMPM quarterly payments and shared saving opportunities
- Activity (10) Quality (20) and Efficiency (4) Measures

CPC – Comprehensive Primary Care

CareSource Collaboration with Ohio CPC

- A dedicated Community Health Liaison (CHL) to support every CPC practice
- Frequent touchpoints to work on the CPC initiative
- Specialized services & resources
- Quality data sharing
- Quality initiatives aligned with CPC measures
    - Engagement of unengaged Medicaid members
    - Well-visits
    - Diabetic and hypertension focus
    - Emergency room utilization
    - Total cost of care

Model of Care
TRAINING

CareSource Dual Advantage & MyCare Ohio providers are required to complete an initial and annual refresher training on delivering the model of care. Access the on-demand training on the Provider Portal at **CareSource.com** > Providers > Provider Portal Login.

Please note: Providers are required to attest to completing the training after viewing.

CURRICULUM INCLUDES:

HEALTH RISK ASSESSMENT

Learn the medical, cognitive, behavioral and functional domains to be assessed.

INTEGRATED CARE TEAM

Learn how you can work with the CareSource staff to support the model of care.

SPECIALIZED TREATMENT PLANS

Learn about developing treatment plans informed by health assessment results.

PERFORMANCE & HEALTH OUTCOMES

Learn how CareSource will work with you to improve model of care delivery.

Member Resources & Benefits

CareSource

Member RESOURCES

Help your CareSource patients understand their insurance coverage.

Encourage them to visit **CareSource.com**, where they can access**:**

- MyCareSource.com Member Portal
- Searchable online formulary and prescription cost calculator
- Find a Doctor/Provider tool
- Evidence of Coverage & Schedule of Benefits
- Member handbook
- Forms
- And more

CareSource.com/Members

CareSource

Medicaid
BENEFITS

- PCP and specialist office visits
- Emergency room services
- Inpatient hospital
- Mental health and substance abuse services
- Urgent care
- Dental
- Family planning
- Diagnostic services (ex: lab & radiology)
- Preventative services (routine well-visits and screenings)
- Maternity services
- Pharmacy
- Vision services

ENHANCED BENEFITS

- **Care4U**
- **Provide a Ride**
- **Women First**
- **Babies First**
- **Kids First**

CareSource

Marketplace SUPPLEMENTAL BENEFITS

SUPPLEMENTAL BENEFIT MANAGER OVERVIEW

-CareSource partners with the select vendors to provide expanded benefits and services including expertise in the services and broadened networks.
-**These are exclusive relationships for the services considered** – meaning our member must use a --provider within the Benefit Manager's network in order for CareSource to contribute
-See **caresource.com** for additional detail on the benefits and additional perks available

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Hearing (TruHearing)	All Marketplace Members	Member Services Provider Network Claims Adjudication	Routine hearing exams & hearing aids	1-866-202-2674
Routine Vision (EyeMed)	-All Pediatric Members (<19 years of age) -Adults 19+ years of age on Dental & Vision plans	Member Services Provider Network Claims Adjudication EOBs	Routine eye exam, glasses, contacts, and other value added services	1-833-337-3129
Fitness (American Specialty Health)	Adults 18+ years of age on Dental & Vision plans	Member Services Provider Network	No cost share fitness center access, home health kits, internet tools, & education	1-877-771-2746

NOTE: You may refer your CareSource member patients to these vendors using the numbers provided above.

Medicare Advantage & Dual Advantage Plan BENEFITS

MEDICARE ADVANTAGE (MA)

- CARESOURCE ADVANTAGE
- CARESOURCE ADVANTAGE PLUS

These Medicare Advantage plans (Part C) that provide all of the Original Medicare benefits for doctors and hospital coverage (Parts A and B) combined with prescription drug coverage (Part D) plus additional benefits not covered by Medicare!

MA ENHANCED BENEFITS

- $0 Copay for preventive services
- RX copays as low as $0
- Hearing coverage
- $0 copay for glasses/contacts
- No extra cost Silver & Fit program

CARESOURCE DUAL ADVANTAGE

CareSource offers a Medicare Advantage plan just for those who qualify for Medicare Parts A & B and full Medicaid benefits. It's called CareSource Dual Advantage.
This plan covers all Original Medicare-covered services like doctor, hospital, emergency and preventive services, but also includes great extras – all at no cost to you!

DSNP ENHANCED BENEFITS

- OTC Pharmacy allowance
- Preventive Dental Care
- 60 one-way trips to medical appointments
- $250 allowance for glasses or contacts
- Routine Hearing testing and one hearing aid
- Fitness benefit

Visit CareSource.com/DSNP for more details.

CareSource

CareSource
CONTACTS

	MEDICAID & MYCARE	MARKETPLACE	CARESOURCE ADVANTAGE	CARESOURCE DUAL ADVANTAGE
PROVIDER SERVICES	**1-800-488-0134**		**1-844-679-7865**	**1-833-230-2020**
UTILIZATION MANAGEMENTFAX	888-752-0012		844-417-6157	844-417-6157
WEBSITE	**CareSource.com**			
PROVIDER PORTAL	https://providerportal.caresource.com/OH Medicaid ONLY: DentaQuest Dental Portal https://govservices.dentaquest.com/Logon.jsp SKYGEN Dental Portal: https://pwp.sciondental.com/PWP/Landing			
ELECTRONIC FUNDS TRANSFER (EFT)	ECHO Health: 1-888-485-6233			
ELECTRONIC CLAIM SUBMISSION	31114			
CLAIM ADDRESS	Attn: Claims Department, P.O. Box 8730, Dayton, OH 45401-8730			
TIMELY FILING	365 days from date of service or discharge			

CareSource

PARTNERS*with*

Are you contracted with all our plans? **Join us** on our journey to healthy outcomes in Ohio.

Visit **CareSource.com/Contracting** to start the contracting process.

OH-Multi-P-169743

CareSource

Questions and Answers:
Aug. 13 Caresource Webinar

***Question*: Caresource rep advised me that a dispute needs to be filed within 90 days and an appeal needs to be filed within 365 days from date of EOB ? so, would this be the determining factor dispute vs appeal?**

CS Response
A dispute is a formal review of a previous claim reimbursement decision (excluding denials based on medical necessity). Disputes occur when a provider disagrees with payment resulting in an underpayment and any other post-service claim denial. Claim payment disputes must be submitted in writing. The preferred method is through our secured health partner portal.

- The dispute must be submitted within 90 calendar days from the date of the explanation of payment (EOP) or provider remittance advise (PRA).
- At a minimum, the dispute must include:
  - Sufficient information to identify the claims in dispute.
  - A statement of why you believe a claim adjustment is needed and the desired outcome.
  - Pertinent documentation to support the adjustment.

The claim dispute process is an enhancement to review adverse claim determinations. Filing a claim dispute does not impact your rights to file an appeal. A claim dispute allows CareSource to review your concern and make a determination within 30 days. If at that time you are still dissatisfied with the determination, you may file an appeal, if appeal is available for the provider. Participating Medicare and MyCare providers are limited to disputes. Please see our health partner manual for additional information on your rights to appeal. You may access the manual here: https://www.caresource.com/documents/oh-p-0073m-ohio-provider-manual_2019_final/

You may also review the claim dispute and appeals process on our website. You may access the page here: https://www.caresource.com/oh/providers/provider-portal/appeals/medicaid/. Please be sure to select the appropriate plan for details.

***Question*: How do we get an appeal reviewed as an appeal? We have submitted appeals in writing by mail, fax, and portal, per the letter instructions after disputes are completed and we continue receiving letters acknowledging our dispute request was received. Calling provider services-including speaking with a supervisor does not advance this to be reviewed as an appeal either**

CS Response
Providers can submit via the portal for either a dispute or an appeal as there is an option for both. Providers have 90 days to submit a claim dispute from the EOP date and 365 days from the date of service/discharge to submit an appeal. Disputes are not required but is an added benefit for the provider to use without exhausting their appeal rights. The most preferred method for submission is via the Provider Portal. This will allow the provider to submit either an appeal or dispute directly into our workflow. Requests submitted via US Mail are not accepted as of 12/1/2018 but faxing is acceptable.

You may also review the claim dispute and appeals process on our website. You may access the page here: https://www.caresource.com/oh/providers/provider-portal/appeals/medicaid/. Please be sure to select the appropriate plan for plan specific details and instruction.

All Medicare/MyCare PAR provider appeals are automatically converted to disputes, as PAR providers do not have appeal rights per CMS. Also, all non-par provider cases not involving authorization issues are automatically converted. This is per CMS regulations, as payment disputes are not considered appeals and should be addressed as disputes.

***Question*: Does CareSource follow MIOP (Medicare Inpatient Only Procedures) for all lines of business? We are seeing inconsistencies.**

CS Response
OH Medicaid now follows MIOP and Medicare follows MIOP. We are waiting on confirmation regarding Marketplace.
You may also contact our Customer Care Department if you need additional assistance. 800-488-0134. Monday-Friday from 8am-6pm.

***Question*: Every time we do a PA thru NIA it denies 90% of the time and when we try to submit our office notes their fax number is always busy and will not go thru, any plans to change from NIA?**

CS Response
RadMD is NIA's provider portal where Authorizations can be submitted along with uploading the clinical information.
RadMD Website: https://www.radmd.com/RadMD/Common/Avuf.aspx

What CPT codes are typically submitted to NIA that relate to this 90% denial rate?

If you have an account and are still experiencing this issue, please let us know and we will connect you with NIA provider education to figure out why you are experiencing this issue.

***Question*: Hello, according to the Caresource Medicaid authorization list stretching devices for treatment of joint stiffness and contracture require prior authorization. CPT L4396 is a night splint for stretching tendons and ligaments which is a stretching a device. We send in authorization request and we receive some approved, but the majority of them come back as no pre-cert required for our Medicaid patients, when the list clearly states that a prior auth is required**

CS Response
We do not show that L4396 is considered a stretching device. If the covered device is under $750, no prior authorization is needed.

You may also contact our Customer Care Department if you need additional assistance. 800-488-0134. Monday-Friday from 8am-6pm.

***Question*: (1) Telehealth modifiers: modifier GT is used for Medicaid and Medicare plans. Do we use the GT or 95 modifier for Marketplace plans also? (2) Also, when billing a telehealth visit code, example 99441, do we still need to use a GT or 95 modifier also?**

CS Response

(1) Yes, the GT or 95 modifier is required for Marketplace. (2) When billing code 99441, a modifier 95 should be billed.

You may also contact our Customer Care Department if you need additional assistance. 800-488-0134. Mon-Fri. 8am-6pm

***Question*: What medical services did not have prior authorization requirements lifted during Covid?**

CS Response
Please see Network notifications as the prior authorization requirements changed over the course of COVID-19 for all areas and were not the same across all LOB due to regulatory compliance for each area. You may access our Updates and Announcements Page which houses the prior authorization network notifications by plan.

https://www.caresource.com/oh/providers/tools-resources/updates-announcements/medicaid/

https://www.caresource.com/oh/providers/tools-resources/updates-announcements/mycare/

https://www.caresource.com/oh/providers/tools-resources/updates-announcements/marketplace/

You may also contact our Customer Care Department if you need additional assistance. 800-488-0134. Monday-Friday from 8am-6pm.

***Question*: Does Caresource accept 76 and 77 modifiers? We receive denials on claims with these modifiers. How does Caresource want multiple units billed? One line with the number of units or separate lines with the 76/77 modifiers.**

CS Response
We do accept 76 & 77 modifier.
If you could provide a few claim examples, we can review to ensure that we provide the appropriate guidance based on your question.

***Question*: Good morning, I am having trouble getting paid in a timely manner. For example I have an authorization for a surgery from January and Caresource denied for no authorization. Can we do something about the payment?**

Please contact our Customer Care department at 800-488-0134 for assistance. We will need to review the specific claim. You may also file a claim dispute to have your claim reviewed. The claim dispute process is available for review on our website. You may access the page here: https://www.caresource.com/oh/providers/provider-portal/appeals/medicaid/. Please be sure to select the appropriate plan for details.

Please also check the status of the authorization on the secured provider portal. Once you log in, you may select Prior Authorization tab to review the status of your authorization number. You may access the portal here: https://providerportal.caresource.com/OH/User/Login.aspx?ReturnUrl=%2fOH

CareSource OB Policies:

OB Care-Total Cost Policy: Following Ohio Department of Medicaid's direction, total obstetrical care codes are only to be used by Freestanding Birthing Centers. All other practitioners must not bill and will not be reimbursed for total care obstetrical codes.

https://www.caresource.com/documents/medicaid-oh-policy-reimburse-py-0939-20200422/

OB Care-Unbundled Cost Policy: Following Ohio Department of Medicaid's direction, unbundled codes are to be used by practitioners except for Freestanding Birthing Centers. Freestanding Birthing Centers must using total care obstetrical codes.

https://www.caresource.com/documents/medicaid-oh-policy-reimburse-py-0004-20200422/