



Quick Reference Guide for Providers

Please direct questions to CareSource and CareSource Advantage through our toll-free telephone number at **1-800-390-7102** and follow the menu prompts. Please note: the menu is subject to change.

CareSource Service Center Hours

8:00 a.m. to 5:30 p.m., Monday through Friday except for holidays

Please verify member eligibility on the date of service before providing services or supplies. Eligibility can be verified by visiting our Website at www.caresource.com.

Claims Submission

Medicaid

Please submit all claims to: CareSource, Attn: Claims Dept., P.O. Box 1307, Dayton, OH 45401-1307. CareSource accepts claims via hard copy and Electronic Data Interchange (EDI) transmission. Electronic claims are accepted through a variety of clearinghouses. For more information, please visit our Website at www.caresource.com or contact your provider relations representative.

Medicare Advantage

Please submit all claims to: CareSource Advantage, Attn: Claims Dept., P.O. Box 1307, Dayton, OH 45401-1307. CareSource accepts claims via hard copy and Electronic Data Interchange (EDI) transmission. Electronic claims are accepted through a variety of clearinghouses. For more information, please visit our Website at www.caresource.com or contact your provider relations representative.

Please submit claims within 365 days of the date of service. If CareSource is unable to pay a claim because of incomplete, incorrect or unclear information, providers have 90 days from the date they are informed of the unpaid claim to submit the information needed for processing the claim.

Referrals

CareSource offers a no-hassle referral process. No forms or referral numbers are needed. The member's PCP simply documents the referral in the patient's medical chart and notifies the specialist. Documentation should include the number of visits or length of time of each referral. A referral is required for CareSource members to be evaluated or treated by most participating specialists. A prior authorization is needed to refer a member to an out-of-plan provider. Specialist-to-specialist referrals are generally not permitted. Care should be coordinated through the PCP.



Prior Authorization

Medicaid

Prior authorization may be requested by phone at the toll-free number above or in writing from the CareSource Medical Management department. Faxes should be sent to **1-888-577-5507**.

Services requiring prior authorization include, but are not limited to:

- All Inpatient Care
- All Abortions
- All Home Care Services
- Nursing Facility Services
- Inpatient Rehabilitative Services
- Organ transplants
- Durable Medical Equipment over \$750.00 billed charges
 - The \$750.00 rule does not apply to the DME/other items listed below. The items listed below require prior authorization:
 - All powered or customized wheelchairs
 - Manual wheelchair rented for longer than 3 months
 - All miscellaneous codes (example E 1399)
- Cosmetic procedures and plastic surgery
- Non-Formulary Drug Requests
- Ambulance and ambulette transportation – *except* for emergent or facility-to-facility transfers
- Diagnostic Procedures
 - MRIs
 - PET scans
 - Gastrointestinal Tract Imaging (video capsule)
- Pain management/clinic
 - Spinal injections and Blocks
- All services rendered by non-participating providers
- Rehabilitative services
 - Physical therapy over 18 visits per calendar year
 - Occupational therapy over 18 visits per calendar year
 - Speech therapy
- Food supplements/nutritional supplements

Medicare Advantage

Prior authorization may be requested by phone at the toll-free number above or in writing from the CareSource Medical Management department. Faxes should be sent to **1-888-577-5507**. Please refer to the Evidence of Coverage and Summary of Benefits on the CareSource Advantage Website and the Covered Services and Exclusions section of this manual (Section 6) for more information on services that require a prior authorization. Services are provided within the benefit limits of the member's enrollment.

Services requiring prior authorization include, but are not limited to:

- All Inpatient Care
- All Abortions
- All Home Care Services
- Nursing Facility Services
- Hospice Care
- Organ Transplants
- Durable Medical Equipment over \$750 billed charges
- Cosmetic procedures and plastic surgery
- Non-Formulary Drug Requests
- Some Part B and Part D drugs
- Ambulance and ambulette transportation — *except* for emergent or facility-to-facility transfers
- Physical Therapy visits greater than 20 per calendar year
- Occupational Therapy visits greater than 20 per calendar year



- Speech Therapy visits greater than 15 per calendar year
- Chiropractic visits greater than 12 per calendar year
- Mental Health/Psychiatry visits greater than 20 per calendar year
- Podiatry office visits greater than 8 per calendar year
- Substance abuse services greater than 12 per calendar year
- Visitor/Travel Benefits

Pharmacy Benefit Manager

Medicaid

CareSource uses a Pharmacy Benefit Manager to process prescriptions. All requests for pharmaceutical prior authorizations should be directed to CareSource at **1-800-390-7102**. Follow the menu prompts to speak with a Pharmacy Coordinator or fax your request to **1-866-930-0019**. (After 5 p.m., your call will go directly to the Pharmacy Benefit Manager).

Medicare Advantage

CareSource uses a Pharmacy Benefit Manager to process prescriptions. All requests for pharmaceutical prior authorizations should be directed to CareSource at **1-800-390-7102**. Follow the menu prompts to speak with a Pharmacy Coordinator or fax your request to 1-866-950-9375. (After 5 p.m., your call will go directly to the Pharmacy Benefit Manager).

Preferred Lab Provider

CareSource has partnered with Quest Diagnostics in a Preferred Provider relationship to capture laboratory results that support HEDIS and other quality initiatives. A complete list of Quest Diagnostics Patient Service Centers is available on their Website at www.questdiagnostics.com or call **1-866-697-8378** to find the location nearest you. To set up an account, please contact their sales department at **1-800-444-0106**, extension **1300**.

Preferred Diabetic Supplier

Great Lakes Medical Supply Inc., (GLMS), is CareSource's preferred provider for diabetic meters and diabetic related supplies. GLMS will proactively contact members about refilling monthly supplies and will offer a free new glucometer to members who qualify. Medical supplies are shipped directly to the member's residence and can be ordered by calling **1-800-774-0788**.

Medicaid – Extra Member Benefits

CareSource offers the same services to members as fee-for-service Medicaid plus extra benefits, including:

- Transportation to doctor's visits.
- A prenatal and well-child care incentive program called Babies First that allows pregnant members and new moms to earn up to \$110 in gift cards to local stores.
- Medicaid 24-hour telephone access to CareSource 24, a dedicated nurse triage line by calling our toll-free number at **1-866-206-0488**.
- A friendly customer service staff to answer questions and offer help.
- Disease Management, Case Management and outreach services.
- No member co-payments for covered services or prescription drugs.



Office Information

CareSource
P.O. Box 23037
Lansing, MI 48909-3037

Toll-free main number:
Main Business number:
CareSource Fax:
Authorizations Fax:
Claims Status Fax:
Medicaid/Medicare
Internet Website:

Medicaid

1-800-390-7102
1-517-349-9922
1-800-480-5313
1-888-577-5507
1-937-226-6916

Medicare Advantage

1-800-390-7102
1-517-349-9922
1-800-480-5313
1-888-550-7752
1-937-226-6916

www.caresource.com

Provider Relations: Please contact your provider relations representative for direct fax numbers or refer to the CareSource fax above.

Addresses

CareSource
P.O. Box 23037
Lansing, MI 48909-3037

Please submit claims to:

Medicaid/Medicare

Attn: Claims Dept.
P.O. Box 1307
Dayton, OH 45401-1307

Please send any correspondence/refunds to:

P.O. Box 23037
Lansing, MI 48909-3037

CareSource
P.O. Box 8738
Dayton, OH 45401-8738

Phone: **1-937-224-3300**