



Section 1 – Introduction

Welcome

Welcome and thank you for becoming a participating provider with CareSource. We are a non-profit, community-based health plan that serves consumers of:

- Covered Families and Children (CFC) Medicaid, including Healthy Start and Healthy Families
- Aged, Blind or Disabled (ABD) Medicaid
- Medicare Advantage Special Needs Plan (SNP), who are full dual eligibles with Medicaid and Medicare benefits

Our goal is to create a medical home for our members. This means we focus on prevention and partnering with local health care providers to offer the services our members need to remain healthy. As a managed health care organization, we strive to improve the health of our members by utilizing a defined network of participating health care providers. Primary Care Providers (PCPs) within the network coordinate patient care by referring them to specialists when needed, or obtaining prior authorization from CareSource for certain services.

About Us

CareSource is founded on the principles of quality and service delivered with compassion and a thorough understanding of caring for underserved consumers. We offer a unique approach to managed care through our non-profit status as well as process efficiencies and value-added benefits for our members and participating providers.

Our services include:

- Claims processing
 - Credentialing
 - Case and medical management
 - Provider relations
 - Decision-support informatics
 - Quality improvement
 - Regulatory compliance
- Member services include a member call center and a 24-hour nurse triage line.

Vision and Mission

- Our **vision** is to be an innovative leader in the management of quality public-sector health care programs.
- Our **mission** is to make a difference in the lives of underserved people by improving their health care.
- At CareSource, our mission is one we take to heart. In fact, we call our mission our “heartbeat.” It is the essence of our company, and our unwavering dedication to it is a hallmark of our success.

Accreditation

CareSource’s Medicaid health care plans are accredited by URAC, an independent, non-profit organization, well-known as a leader in promoting health care quality through its accreditation and certification programs. The URAC accreditation process demonstrates a commitment to quality services and serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards.



CareSource's 24-hour nurse triage health call center has also been granted health call center accreditation by URAC. URAC's health call center standards apply to organizations that provide triage and health information services over the telephone. The standards ensure that these services are performed in a manner that is timely, confidential, and includes medically appropriate care and treatment advice.

CareSource Service Area

CareSource plans serve Medicaid members in the following counties in Ohio:

Aged, Blind and Disabled (ABD)

- **Central:** Crawford, Delaware, Fairfield, Fayette, Franklin, Hocking, Knox, Licking, Logan, Madison, Marion, Morrow, Perry, Pickaway, Pike, Ross, Scioto and Union
- **East Central:** Ashland, Carroll, Holmes, Portage, Richland, Stark, Summit, Tuscarawas and Wayne
- **Northeast:** Asthabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain and Medina
- **Northeast Central:** Columbiana, Mahoning and Trumbull
- **Northwest:** Allen, Auglaize, Defiance, Fulton, Hardin, Henry, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams, Wyandot and Wood
- **Southeast:** Athens, Belmont, Coshocton, Gallia, Guernsey, Harrison, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Vinton and Washington
- **West Central:** Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble and Shelby

Covered Families and Children (CFC)

- **Central:** Crawford, Delaware, Fairfield, Fayette, Franklin, Hocking, Knox, Licking, Logan, Madison, Marion, Morrow, Perry, Pickaway, Pike, Ross, Scioto and Union
- **East Central:** Ashland, Carroll, Holmes, Portage, Richland, Stark, Summit, Tuscarawas and Wayne
- **Northeast:** Asthabula, Cuyahoga, Erie, Geauga, Huron, Lake, Lorain and Medina
- **Northeast Central:** Columbiana, Mahoning and Trumbull
- **Southeast:** Athens, Belmont, Coshocton, Gallia, Guernsey, Harrison, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Vinton and Washington
- **Southwest:** Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren
- **West Central:** Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble and Shelby

Medicare Advantage Special Needs Plan for Dual Eligibles in Ohio

- | | | |
|------------|--------------|------------|
| • Butler | • Lorain | • Stark |
| • Cuyahoga | • Lucas | • Summit |
| • Delaware | • Madison | • Trumbull |
| • Franklin | • Mahoning | • Warren |
| • Greene | • Medina | • Wood |
| • Hamilton | • Montgomery | |

Children's Buy-In

CareSource administers the Ohio Children's Buy-In program statewide.



Contact Information

Hours of Operation

Aged, Blind or Disabled (ABD) and Covered Families and Children (CFC) Medicaid

Monday — Friday, 8:00 a.m. to 6:00 p.m. (Provider Services)

Monday — Friday, 7:00 a.m. to 7:00 p.m. (Member Services)

CareSource Advantage Special Needs Plan (SNP)

Monday — Friday, 8:00 a.m. to 6:00 p.m. (Provider Services)

Monday — Friday, 8:00 a.m. to 8:00 p.m. (Member Services)

Note: Please visit our Website for our holiday schedule or contact Provider Services for more information.

Website

Medicaid: Aged, Blind or Disabled (ABD) and Covered Families and Children (CFC):

www.caresource.com

Medicare: Special Needs Plan (SNP): www.caresource.com

Correspondence Address

CareSource

P.O. Box 8738

Dayton, OH 45401-8738

Provider Appeals Mailing Address (*Medicaid/Medicare*)

CareSource

P.O. Box 2008

Dayton, OH 45401-2008

Member Appeals & Grievances Mailing Addresses (*Medicaid/Medicare*)

CareSource

P.O. Box 1947

Dayton, OH 45401-1947

Medicare Pharmacy Grievance and Appeals Only

RxAmerica

Attn: Medicare Casework Department

P.O. Box 22524

Salt Lake, City, UT 84122-0524

Claims Mailing Addresses (*Medicaid/Medicare*)

CareSource

Attention: Claims Department

P.O. Box 8730

Dayton, OH 45401-8730



Fraud, Waste and Abuse Address (Medicaid/Medicare)

CareSource
Attn: Special Investigations Department
P.O. Box 1940
Dayton, OH 45401-1940

Pharmacy Prior Authorizations

CareSource uses **RxAmerica** for pharmacy benefit management.

Medicaid

Effective February 1, 2010, prescription drug coverage for members of Medicaid Managed Care Plans (MCPs) transferred to the Medicaid Fee-For-Service (FFS) program. This change is only for retail prescription drugs and those that are administered in the patient's home, including drugs administered through a home health agency.

Prescribing CareSource providers for Medicaid members must contact the FFS vendor, ACS, for medication prior authorizations (See Section 13 of this Manual.)

Medicare

- Online (*preferred*): www.caresource.com
 - Fax (*preferred*): 1-866-950-9375
 - By phone: 1-800-488-0134
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Phone Numbers

Provider Relations.....	1-800-488-0134
Provider Services.....	1-800-488-0134
Prior Authorizations.....	1-800-488-0134
Claims Inquiries.....	1-800-488-0134
Credentialing.....	1-800-488-0134
ABD and CFC Medicaid Member Services.....	1-800-488-0134
SNP Medicare Member Services.....	1-800-708-8729
CareSource 24 - Nurse Triage Line (ABD/CFC).....	1-866-206-0554
CareSource 24 - Nurse Triage Line (SNP).....	1-866-206-0569
Fraud, Waste and Abuse Hotline (ABD/CFC/SNP).....	1-800-488-0134
TTY for the Hearing Impaired.....	1-800-750-0750 or 711

To help us direct your call to the appropriate professional for assistance, you will be instructed to select the menu option(s) that best fits your need. **Please note that our menu options are subject to change.**

Fax Numbers

Case Management Referral.....	1-877-946-2273
Credentialing.....	1-937-396-3632
Fraud, Waste and Abuse.....	1-800-418-0248
Medical Prior Authorization Form.....	1-888-752-0012
Medicare Part D Formulary Exception/ Prior Authorization Form.....	1-866-950-9375
Provider Appeals.....	1-937-531-2398
Provider Relations.....	1-937-531-2995



Website/Online Provider Portal

Accessing our website, www.caresource.com, is quick and easy. On the provider section of the site you will find commonly used forms, newsletters, updates and announcements, our provider manual, claims information, frequently asked questions and much more.

Newsletters

CareSource communicates with providers in a variety of ways. Our *ProviderSource* newsletter, produced three times a year, is available online and contains operational updates, clinical articles, and new initiatives underway at CareSource. Please visit:

<http://www.caresource.com/en/Provider/oh/ProviderMaterials/Newletters/Pages/default.aspx>.

Provider Portal

Our secure online **Provider Portal**, accessed by going to www.caresource.com, allows you instant access at any time to valuable information, tools and resources. Simply visit www.caresource.com, click on “Providers,” then under “Quick Links” select “Portal Login,” and enter your User Name and Password (if already a registered user). Assisting you is one of our top priorities in order to deliver better health outcomes for our members.

Our **Provider Portal** is:

- A secure online (encrypted) tool that allows you to easily access time-saving services and critical information
- Available 24 hours a day, 7 days a week
- Free
- Accessible on any PC without any additional software
- A tool for providers

Provider Portal Value to You

We encourage you to take advantage of the following time-saving services and hope you find them to be valuable administrative tools:

- Claims information
- Coordination of Benefits
- Explanation of Payment (EOP) access
- Fraud Alerts
- Member Eligibility
- Member Profile
- Prior Authorization Submission and Status
- Provider Information change/update
- PCP Membership List
- Provider Toolkit

Portal Registration, please visit: <https://providerportal.caresource.com/OH/User/Register.aspx>.

If you are not registered with CareSource’s Provider Portal, please follow the following easy steps:

1. Visit our Website at www.caresource.com, select ‘Providers,’ then click on “Portal Login” from the menu options
2. Click on the “Register Now” button and complete the 3-step registration process. *Note: you will need to have your Tax ID number readily available*
3. Click the “Continue” button
4. Note the User Name and Password you create so that you can access the portal’s many helpful tools



Claims Information

Claim status is updated daily and you can check claims that were submitted up to 24 months ago. You can search by member ID number, member name and date of birth, or claim number.

Additional claims enhancements include:

- Claims history available up to 24 months from date of service
- Reason for payment/denial
- Check numbers/date
- Procedure/diagnostic
- Claims payment date
- Dental claims Information
- Vision Claims Information

Coordination of Benefits

You can check member Coordination of Benefits information for members who have been active with CareSource within the last 12 months. You can search by:

- Member Number
- Case Number
- Medicaid Number
- Member Name and Date of Birth

While we try to maintain information as accurately as possible, we rely on numerous sources of information that are updated periodically, and some information may not always be fully reflected online.

Access of Explanation of Payment and Pended Claims Reports

You can access and print Explanation of Payment and Pended Claims Reports.

Verify Member Eligibility

You can check member eligibility up to 24 months, retrospectively. You can search by date of service plus any one of the following: member name and date of birth, case number, Medicaid or Medicare number, or member ID number. And, you can conduct a multiple member look-up (500 per search).

Member Profile

With its comprehensive view of patient medical and pharmacy data, the CareSource Member Profile can help you improve health outcomes for your CareSource patients. The profile can also help you determine an accurate diagnosis more efficiently, reduce unnecessary diagnostic tests, and minimize emergency room visits. Information contained in the profile can assist you by:

- Providing medical history
- Identifying potential prescription non-adherence or abuse
- Identifying duplication of services
- Introducing disease or care management options

Note: The Member Profile tool can be found on the Eligibility and Prior Authorization screens of the Provider Portal



Prior Authorization Requests

You can obtain information on services that require prior authorization and how to submit prior authorization requests on our website. Because this information changes, please make sure you check this site periodically.

You can check the status of any Durable Medical Equipment (DME) or home health care authorization you have requested from CareSource. Also, we offer a single sign-on to our Radiology Benefit Manager's (NIA) portal for advanced radiology procedures. Our medical and dental prior authorizations are updated daily. You can search by authorization number, member ID number, member name and date of birth, or date(s) of service.

Submit Demographic/Affiliation information Online

You can submit your demographic changes and other requests such as adding a provider or affiliation online. Providers can now select the appropriate menu to submit their changes to CareSource, and upon successful completion of your request, you will receive an email from CareSource with a tracking number. You can use this tracking number to follow up on the status of your request. You can also contact Provider Services to verify the status of your request by calling **1-800-488-0134**.

Monthly Membership Lists

PCPs can view and download current monthly membership lists. The lists are designed in an easy-to-read format and include other pertinent member information.

Online Provider Directory

You can find any Provider in our panel through our *Find A Doctor* tool. You can search by name, group name, zip code, county and specialty. This list also includes alcohol and drug addiction services, community mental health services, dentists, Federally Qualified Health Centers (FQHCs), pharmacies, laboratories and urgent care centers.

Provider Toolkit

Our new Provider Toolkit is an online resource that offers helpful information about a variety of items including:

- Updates and Announcements – notifications about policy and benefit clarifications
- Manuals
- Forms
- Assessment Tools
- Frequently Asked Questions
- External Web Links