$\langle \! \rangle$

CARESOURCE MARKETPLACE PLANS Quick Reference Guide



About CareSource's Marketplace Plans

Your CareSource patients have access to affordable, high quality health insurance with all the essential health benefits required by the Affordable Care Act, including maternity care, prescription drug coverage, Pediatric Dental & Vision, and more. Our Marketplace plans cover people with pre-existing conditions and don't carry lifetime coverage caps for most benefits. Plus, members can purchase a plan with adult coverage for dental, vision and fitness benefits.

Member Eligibility

Please refer your CareSource patients to in-network providers only and collect any deductibles, coinsurance or copayments that apply. Please check eligibility every visit.

Member ID Card

Please Note: Plan names that include Dental, Vision, & Fitness indicate where a member has purchased those additional benefits for adults, as defined in the Evidence of Coverage (EOC), on the plan.

Silver Low Deductible		Low Deductible	CareSource.com/marketplace This card does not guarantee coverage. To verify benefits, view claims, or fi provider, visit the website or call.		
Member: Jeff Doe	Dependents: -01 Jane Doe	GA 2021	MEMBERS: 1-800-479- 24/7 Nurseline: 1-866-2	· ·	0750 or 711) ers: 1-800-488-013
Member ID: 1480000000-00	-02 John Doe -03 Mike Doe -04 Ron Doe -05 Susan Doe		BENEFITS MANAGER Pharmacy	Express Scripts	1-800-488-0 ⁻
Health Plan: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	-06 Sara Doe -07 Joe Doe -08 Sam Doe		Vision (Ped Only) Hearing Fitness	EyeMed TruHearing Active&Fit	1-833-337-31 1-866-202-25 1-877-771-27
Office: \$/%* ER: \$	/%* Spec: \$/%*	UrgCare: \$/%*	PHARMACY NUMBERS MEDICAL CLAIMS: P.O.	: RxBin: 004336 RxPCN:	ADV RxGrp: RX315
AM-EXCM-0653		*after deductible		ovided through the Health Insu	

CareSource works with specific benefit managers to administer pharmacy, vision, hearing, dental and fitness benefits. These benefit managers are listed on the back of the member's ID card where contact information for each vendor can be found to refer members to services.





CareSource Contacts

Provider Services:	1-833-230-2155	
Provider Portal:	https://providerportal.caresource.com	
Website:	Find Marketplace resources at CareSource.com	
Utilization Management:	Call Provider Services and select the menu option for prior authorizations	
Check Claim Status	eck Claim Status Call Provider Services	
Benefit Managers	See the back of the ID Card for the services and best number to route members to for those services	

Claim Submissions and Payment

CareSource prefers providers to submit claims electronically for the most efficient processing. Paper claims are encouraged for services that require clinical documentation or other forms to process.

Electronic Funds Transfer

CareSource has partnered with ECHO Health, Inc. to deliver provider payments. ECHO offers three payment options:

- Electronic funds transfer (EFT) preferred
- Virtual Card Payment (QuicRemit) Standard bank and card issuer fees apply*
- Paper checks

*Payment processing fees are what you pay your bank and credit card processor for use of payment via credit card.

Enroll with ECHO for payment and choose EFT as your payment preference for CareSource. You can also complete the ECHO enrollment form located on **CareSource.com** > Provider > <u>Claims</u> and fax, email, or mail it back to ECHO. For questions, call ECHO Customer Support at 1-888-834-3511.

Electronic Claim Submission Payer ID Numbers

GACS1

Timely Filing: Claims must be submitted within 180 calendar days of the date of service or discharge. We will not be able to pay a claim if there is incomplete, incorrect, or unclear information on the claim.

Paper Claims Submission

CareSource P.O. Box 0803 Dayton, OH 45401-0803

Covered Services

Please note: The below list is not a comprehensive list.

- Primary care and specialty services
- Outpatient services
- Hospitalization
- Emergency services
- Maternity and newborn care
- Behavioral health and substance abuse treatment
- Prescription drug coverage
- Preventive and wellness services
 - Routine hearing services are covered exclusively through TruHearing
- Rehabilitative and habilitative services and devices
- Laboratory services
- Chronic disease management
- Covered clinical trials
- Podiatry care
- Pediatric health, dental, and vision services
 - Routine vision services are covered exclusively through EyeMed
- Optional Dental, Vision, and Fitness coverage for adults
 - Routine vision services are covered exclusively through EyeMed
 - A fitness center membership and home fitness kits are made available exclusively through the Health's Active&Fit[®] program

*The Active&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit is a trademark of ASH and used with permission herein.

For a more comprehensive listing of Marketplace covered services, please visit **CareSource.com** > Plans > Marketplace > <u>Plan Documents</u> for more information.

Prior Authorizations

Services Requiring Prior Authorization

Please note: This is not a comprehensive list. Log in to the Provider Portal at CareSource.com to view a more complete list of covered services and limitations. Failure to obtain prior authorization may result in denied claims.

All services provided out-of-network, except
emergency

- Ground ambulance transportation
- Cosmetic and reconstructive surgery/procedures
- Behavioral health outpatient services
- Specific behavioral health services
- Durable medical equipment and other supplies over \$750.00 billed charges
- Home care services and therapies
- Nursing facility services
- Outpatient therapies
- Pain management
- Specialty pharmacy

For a more comprehensive listing of Medicare Advantage services requiring prior authorization, please visit **CareSource.com** > Providers > <u>Prior Authorizations</u> and select your plan for the dropdown.

Prior Authorization Process

Prior authorizations can be obtained by contacting the Utilization Management Department:

Online	CareSource.com > Provider > Provider Portal	
Fax	844-676-0370	
	The prior authorization form can be found on	
	CareSource.com. Please complete and fax	
	the form.	
Mail	CareSource	
	P.O. Box 1307	
	Dayton, OH 45401-1307	
Phone	Call Provider Services and select the menu	
	option for prior authorizations	

When requesting an authorization, please provide the following information:

- Member/patient name and 11-digit 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 for the service

Please review the Provider Manual for additional information at **CareSource.com** > Providers > Tools & Resources > <u>Provider Manual</u>.

All inpatient care

Provider Resources

CareSource communicates with our provider network through a variety of channels, including phone, fax, <u>Provider Portal</u>, newsletters, **CareSource.com** and network notifications. We encourage you to reach out to your assigned Health Partner Representative with any questions.

Website

Accessing our website, **CareSource.com** is quick and easy. On the Provider section of the site you will find commonly used forms, newsletters, updates and network announcements, our Provider Manual, claims information, frequently asked questions, clinical and preventive guidelines and much more.

Provider Portal

URL: https://providerportal.caresource.com/GA

Our secure online <u>Provider Portal</u> allows you instant access at any time to valuable information. You can access the CareSource Provider Portal at **CareSource.com** > Login > <u>Provider Portal</u>. Simply enter your username and password (if already a registered user), or submit your information to become a registered user. Assisting you is one of our top priorities in order to deliver better health outcomes for our members.

Provider Portal Benefits

- Easy access to a secure online (encrypted) tool with time-saving services and critical information
- Available 24 hours a day, seven days a week
- Accessible on any PC without any additional software

Provider Manual

CareSource's Provider Manual explains important requirements and guidelines for working with CareSource. Refer to this manual at **CareSource.com** > Providers > <u>Provider Manual</u> for the details on the topics featured in this guide.

Policies

CareSource's policies consist of: medical, pharmacy, reimbursement and administrative.

- Medical policies: provide guidelines for determining medical necessity and appropriate care for approved benefits
- Pharmacy: provider guidelines for speciality drugs

- Reimbursement: provider guidance for claim payments
- Administrative: offer guidance for determining medical necessity, investigational and experimental services

Refer to CareSource's policy page at CareSource.com > Providers > <u>Provider Policies</u>.

Newsletters

Our provider newsletter contains operational updates, clinical articles and new initiatives underway at CareSource. Access new and past editions of our newsletters at **CareSource.com** > Providers > <u>Newsletters & Communications</u>.

Network Notifications

Network notifications are published for CareSource providers to regularly communicate updates to policies and procedures. Network notifications are found on our website at **CareSource.com** > Providers > Tools & Resources > <u>Updates & Announcements</u>.

Provider Demographic Changes and Updates

Advance written notice of status changes, such as a change in address, phone, or adding or deleting a physician to your practice helps us keep our records current. Your current information is critical for efficient claims processing.

Online	CareSource.com > Login > Provider Portal	
Email	ProviderMaintenance@caresource.com	
Fax	937-396-3076	
Mail	CareSource Attn: Provider Maintenance P.O. Box 8738 Dayton, OH 45401-8738	

