

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 and more. Plus, they can purchase a plan that also includes coverage for adult dental, vision and fitness benefits. Marketplace plans cover people with pre-existing conditions and don't carry annual or lifetime coverage caps for the essential health benefits.

Please refer your CareSource patients to in-network providers only and collect any deductibles, coinsurance or copayments that apply. Please check eligibility every visit. We recommend confirming premium payment status as well.

Member ID Card Sample

CareSource Silver Low Deductible

Member: Jeff Doe
Member ID: 1480000000-00
Health Plan: XXXXXXXXXXXX-XX
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

GA 2020

Office: \$/%* ER: \$/%* Spec: \$/%* UrgCare: \$/%*

AM-EXCM-0653 *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	1-800-488-0134
Vision (Ped Only)	EyeMed	1-833-337-3129
Hearing	TruHearing	1-866-202-2561
Fitness	Active&Fit	1-877-771-2746

PHARMACY NUMBERS: RxBin: 004336 | RxPCN: ADV | RxGrp: RX3156
MEDICAL CLAIMS: P.O. Box 8730, Dayton, OH 45401-8730

Coverage not provided through the Health Insurance Marketplace

Contact Information

Provider Services	1-833-230-2155
Website	CareSource.com/providers
Provider Portal	https://providerportal.caresource.com
Utilization Management	Call Provider Services and select the menu option for prior authorizations
Check Claim Status	Call Provider Services

Claims

Submit claims electronically for the most efficient processing. Paper claim forms are encouraged for services that require clinical documentation or other forms to process.

Electronic Fund Transfer (EFT):

ECHO Health is CareSource's electronic payment partner. You may find electronic payment enrollment information on **CareSource.com** > Providers > Provider Portal > Claims.

Electronic Claim Submission Payer ID Number: GACS1

Paper Claims: CareSource
Attn: Claims Department
P.O. Box 803
Dayton, OH 45401-0803



Covered Services

Please note: This is not a comprehensive list. Non-emergency/urgent services provided by out-of-network providers are NOT covered by CareSource, unless the service received prior authorization.

- 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
 - When purchasing the Adult Dental, Vision, & Fitness option, a access to the network of fitness centers or home fitness kits are made available through the Active&Fit® program*
- Rehabilitative and habilitative services and devices
- Laboratory services
- Chronic disease management
- Covered clinical trials
- Podiatry care
- Pediatric health including dental and routine 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
- Routine hearing exams and discounted hearing aids
 - Services are covered exclusively through TruHearing

**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.*



Services Requiring Prior Authorization

Please note: This is not a comprehensive list – a comprehensive list can be found at [CareSource.com](https://www.caresource.com) > Providers > Provider Portal > Prior Authorization. Failure to obtain prior authorization may result in denied claims.

- All services provided out-of-network, except emergency/urgent
- All acute and non-acute facility admissions
- Partial hospitalization programs
- Intensive outpatient behavioral health services
- Transplants or reconstructive surgery
- Purchase or rental of medical supplies, durable medical equipment (DME) or appliances exceeding \$500 billed charges
- Home infusion therapy
- Pain management services
- All cosmetic procedures and plastic surgeries
- Genetic testing

Prior Authorization Process

Visit the Provider Portal at [CareSource.com](https://www.caresource.com) > Login > Provider to submit prior authorization requests.

Alternative Submission Methods

Email:	mmauth@caresource.com
Fax:	Copies of prior authorization forms can be found on CareSource.com . Please complete and fax the form to 844-676-0370.
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](https://www.caresource.com) > Providers > Tools & Resources > Provider Manual.