

# CareSource Quick Reference Guide

CareSource® covers members of Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP). Use this guide as an easy reference for CareSource contact information, claim submission and prior authorization guidelines, and more.

## ABOUT CARESOURCE



**Hoosier Healthwise** – a risk-based managed care program that covers children, pregnant women and low-income working families.

**Healthy Indiana Plan** – health care coverage to low-income, uninsured adults ages 19 to 64 who do not have access to employer-sponsored health insurance

**HIP Maternity** – Medicaid pregnancy program

## MEMBER ID CARDS (SAMPLE INFORMATION ONLY)



### Hoosier Healthwise



**Member Name:** John M Doe  
**Member RID #:** RID 123456789000  
**Member Services Phone Number** 844-607-2829 or (TTY 800-743-3333 or 711) 8 am to 8 pm, Monday through Friday  
**Rx BIN** 004336  
**RxPCN** MCAIDADV  
**Rx Grp** RX6421

**Log onto My.CareSource.com** check for eligibility, co-pays and Primary Medical Provider (PMP) IN-MMED-0173



### Healthy Indiana Plan



**Member Name:** Jane M Doe  
**Member RID #:** RID 123456789000  
**Member Services Phone Number** 844-607-2829 or (TTY 800-743-3333 or 711) 8 am to 8 pm, Monday through Friday  
**Rx BIN** 004336  
**RxPCN** MCAIDADV  
**Rx Grp** RX6421  
**Deductible** \$2500

**Log onto My.CareSource.com** check for eligibility, and Primary Medical Provider (PMP) IN-MMED-0174

### HIP Maternity



**Member Name:** Jane M Doe  
**Member RID #:** RID 123456789000  
**Member Services Phone Number** 844-607-2829 or (TTY 800-743-3333 or 711) 8 am to 8 pm, Monday through Friday  
**Rx BIN** 004336  
**RxPCN** MCAIDADV  
**Rx Grp** RX6421  
**Deductible** \$2500

**Log onto My.CareSource.com** check for eligibility, co-pays and Primary Medical Provider (PMP) IN-MMED-0176

(common back)

**EMERGENCIES**  
**For Emergencies call 911 or go to nearest ER**  
For non-emergency visits to ER, a copay may apply. If your health event is not life-threatening and you are not sure about going to the ER, call the RNs at CareSource24® for help.


**CareSource24® Phone Number** 844-206-5947 (TTY 800-743-3333 or 711)

**PHARMACY**  
PCVS CareMark, P.O. Box 52066, Phoenix AZ 85072-2066

**PHARMACY PRIOR AUTHORIZATION** 844-607-2831

**PROVIDER SERVICES** 844-607-2831

**CLAIMS ADDRESS** PO Box 3607, Dayton 45401



**Provider Services:** 1-844-607-2831  
**Website:** CareSource resources at [CareSource.com/providers](https://www.caresource.com/providers)  
**Provider Portal:** <https://providerportal.caresource.com/IN>  
**Medical Management:** 1-844-607-2831  
**Claim Inquiries:** Call Provider Services  
**Check Claim Status:** <https://providerportal.caresource.com/IN>

## CLAIM SUBMISSIONS

CareSource encourages health partners to 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 Funds Transfer (EFT):** Complete enrollment form on “Claims Payment” page of [CareSource.com](https://www.caresource.com) and fax it to InstaMed at **1-877-755-3392**.

**Electronic Claim Submission:** EDI CareSource payer ID INCS1

**Timely Filing:** 90 calendar days from the date of service or discharge

**Paper Claims:** CareSource  
Attn: Claims Department  
P.O. Box 3607  
Dayton, OH 45401

## COVERED SERVICES

**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.

- Primary care and specialty physician services
- Outpatient services
- Hospitalization
- Emergency services
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventative and wellness services
- Laboratory services
- Pediatric health and vision services

## SERVICES THAT REQUIRE PRIOR AUTHORIZATION

**Please note:** Access our Provider Website for a complete list of services that require an Authorization. Failure to obtain an authorization may result in denied claims.

## PRIOR AUTHORIZATION PROCESS

**Prior authorizations can be obtained by contacting the Medical Management department:**

- **Online:** **CareSource.com** and select the Provider Portal option from the menu
- **Email:** [inmedmgt@caresource.com](mailto:inmedmgt@caresource.com)
- **Fax:** Copies of prior authorization forms can be found on **CareSource.com**. Please complete and fax the form to 844-432-8924.
- **Mail:** CareSource  
Attn: Medical Management Dept.  
PO Box 743  
Dayton, OH 45401
- **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 CareSource member ID
- Health partner 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 health partner, if applicable
- Clinical information to support the medical necessity for the service

Please review the CareSource Health Partner Manual for additional information.

### **\*CT/CTA, MRI/MRA, PET Scans Authorization:**

Health partners will be able to request prior authorization online at **www.RadMD.com** or by calling NIA Magellan at **1-800-424-4883**.