

# CareSource WORKING with CareSource Health Partner Orientation

# About CareSource

## OUR MISSION:

To make a lasting difference in our members' lives by transforming their health and well-being

## OUR PLEDGE:

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment



# Health Care with Heart

## MISSION FOCUSED

Comprehensive, membercentric health and life services

## EXPERIENCED

With over **27 years of service**, CareSource is a leading nonprofit health insurance company

### DEDICATED

We serve over **1.5 million members** through our Medicaid, Marketplace, and Medicare Advantage Plans.



YEARS MISSION-DRIVEN CARE







COVERAGE OH, KY, IN, WV GA – COMING 2017







# **Our Plans**

COMMERCIAL HEALTH PLAN	MEDICARE eligible 65+	CHILDREN, PREGNANT WOMEN, & LOW-INCOME WORKING FAMILIES	LOW-INCOME, UNINSURED ADULTS ages 16-64
MARKETPLACE	MEDICARE ADVANTAGE	HOOSIER HEALTHWISE	HEALTHY INDIANA Plan
<ul> <li>Details:</li> <li>Established 2015</li> <li>Qualified health plan</li> <li>Members may receive reduced premiums or cost-sharing, depending on their income</li> </ul>	<ul> <li>Our plans:</li> <li>CareSource Advantage® (HMO)</li> <li>CareSource Advantage Plus ™ (HMO)</li> <li>CareSource Advantage Zero Premium™ (HMO)</li> </ul>	<ul> <li>Details:</li> <li>Risk-based managed care</li> <li>Under 19 or a primary care giver with children under 19</li> </ul>	<ul> <li>Details:</li> <li>Deductible health plan</li> <li>Members are responsible for making contributions to a POWER account to pay for care</li> </ul>
* Effective 2017, CareSource's Marketplace plans are no longer called "Just4Me"	Members must continue to pay Medicare Part A and B	New	۲ for 2017!
CareSource			

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## 2017 CareSource Coverage

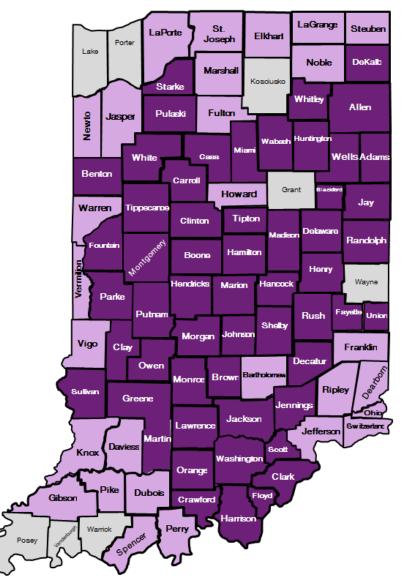
## HIGHLIGHTS:

- We provide services for Hoosier
   Healthwise and Healthy Indiana Plan
   in ALL of Indiana
- ✓ We offer our Medicare Advantage plans in 57 counties
- ✓ We offer our Marketplace plans in 84 counties

## LEGEND:

Marketplace & Medicare Advantage

Marketplace only





# **Provider Network**

CareSource members choose or are assigned a primary medical provider (PMP) upon enrollment.

When referring patients, ensure other providers are in-network to ensure coverage.

Use our Find A Doc tool at **CareSource.com** to help you locate a participating CareSource provider by plan.

Out-of-network services are **NOT** covered unless they are emergency services, selfreferral services or prior authorized by CareSource.

## "DO YOU TAKE CARESOURCE?"

With the expansion of CareSource plans, be sure to ask patients to see their IDs to make sure you take their plan!

# **Presumptive Eligibility**

Provides immediate, temporary coverage for certain groups of individuals who are likely to be eligible for HIP or other Medicaid coverage.

There are three authorized processes to be determined presumptively eligible and receive temporary health coverage until the FSSA determines official eligibility:

- 1. Presumptive Eligibility for Pregnant Women (PEPW)
- 2. Hospital Presumptive Eligibility (Hospital PE)
- 3. Presumptive Eligibility (PE)

### TEMPORARY COVERAGE

Those found eligible are allowed temporary health coverage **starting that day**, with benefits equivalent to HIP Basic plan benefits.

- ✓ No POWER Account
- $\checkmark\,$  Still subject to copayments for services, as set forth in the contract

# **Presumptive Eligibility**

Please refer to the table below for categories and determination requirements for different types of presumptive eligibility:

- 1. Presumptive Eligibility for Pregnant Women (PEPW)
- 2. Hospital Presumptive Eligibility (Hospital PE)
- 3. Presumptive Eligibility (PE)

Presumptive Eligibility for Pregnant Women (PEPW) Process		Hospital PE Process	PE Process
Aid categories	Pregnant women only	<ul> <li>Infants</li> <li>Children</li> <li>Pregnant women</li> <li>Adults 19-64</li> <li>Parents/caretakers</li> <li>Former foster care children</li> <li>Individuals seeking family planning services</li> </ul>	<ul> <li>Infants</li> <li>Children</li> <li>Pregnant women</li> <li>Adults 19-64</li> <li>Parents/caretakers</li> <li>Former foster care children</li> <li>Individuals seeking family planning services</li> </ul>
Qualified providers	<ul> <li>Advanced practice nurse practitioners</li> <li>Family/general practitioners</li> <li>Certified nurse midwives</li> <li>General internists</li> <li>OB/GYNs</li> <li>FQHCs</li> <li>RHCs</li> <li>Medical clinics</li> <li>Family planning clinics</li> <li>Local health departments</li> <li>Hospitals</li> </ul>	<ul> <li>Acute care hospitals</li> <li>Psychiatric hospitals</li> </ul>	<ul> <li>FQHCs</li> <li>RHCs</li> <li>CMHCs</li> <li>Local health departments</li> </ul>
Enrollment broker requirement	Pregnant women found presumptively eligible must contact the enrollment broker to select a PMP and MCE on the same day a woman is found presumptively eligible	No requirement	No requirement
Delivery system	Managed care	Fee-for-service, except PE Adult, which is managed care	Fee-for-service, except PE Adult, which is managed care

Source: http://provider.indianamedicaid.com/about-indiana-medicaid/member-programs/special-programs/qualified-provider-presumptive-eligibility-(pe).aspx

# **Services Not Covered**

- Medically unnecessary services
- Services received from a non-network provider
- Experimental or investigational services
- Alternative or complimentary medicine
- Cosmetic procedures or services
- Assisted reproductive therapy
- Maintenance therapy treatments

## NOTES:

• Bariatric surgery is covered in our **Medicare Advantage** plans only

# Hospice Coverage

HHW/HIP members may receive hospice coverage, but the benefit is administered by Indiana.

CareSource coordinates with IHCP hospice health partners to provide any information needed to complete the hospice election form for the member

Members must fill out **Medicaid Hospice Election State** Form 48737 to enter hospice care.

# **School Based Clinics**

- Support care coordination efforts between school-based clinics and primary medical providers.
- Coordinate health services with schools for clients with individualized education plan (IEP) services
- Reimburse school clinics for completion of risk assessment

Findings available on the **Provider Portal** 

# Member ID Cards

### MARKETPLACE

Silver Dental and Visio		areSource
Member: John Doe SAMPLE Member ID: 1480000000-00	Dependents: 01 Jane Doe 02 John Doe 03 Mike Doe 04 Ron Doe	2017
Health Plan (XXXXX) <b>XXX-XX-XXXX</b> Payer ID: INCS1	05 Susan Doe 06 Sara Doe 07 Joe Doe 08 Sam Doe	
Office: \$0.00 ER: \$0.00	Spec: \$0.00	UrgCare: \$0.00

#### caresource.com/marketplace

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the website or call.

Members: 1-877-806-9284 (TTY: 1-800-743-3333 or 711)

24/7 Nurseline: 1-866-206-7880

Medical Claims: P.O. Box 3607 Providers: Pharmacy: 1-866-286-9949 1-866-286-9949 Benefits Manager: CVS Caremark

#### Dayton, OH 45401-3607 Pharmacy Claims:

 Pharmacy Claims:
 Pharmacy Numbers:

 CVS Caremark
 RxBin: 004336

 P.O. Box 52136
 RxPCN: ADV

 Phoenix, AZ 85072-2136
 RxGrp: RX3159

 CareSource is a Qualified Health Plan Issuer on the Health Insurance Marketplace

### **MEDICARE ADVANTAGE**

CareSource	CareSource Advantage (HMO)
Member Name: John Doe Member ID#: SAMI 12345678900 Health Plan: (80840) XXX-XXXXX Paver ID: XXXXX	Effective Date: IN 01/01/2016 PLE RxBIN: 004336 RxPCN: MEDDADV RxGRP: RX5053
Copays: Office: \$XX.XX ER: \$X Spec: \$XX.XX UrgCare: \$X	

#### CareSource.com/Medicare This card does not guarantee coverage. To verify benefits, view claims, or find a provider, use the website or call: Members: 800-418-0172 TTY: 800-743-3333 24/7 Nurseline: Pharmacy: 866-206-0078 855-202-0557 SAMPLE Providers: Pharmacy Benefits Manager: 855-202-0557 CVS Caremark Medical Claims: Pharmacy Claims: P.O. Box 3607 **CVS** Caremark Dayton, OH 45401-3607 P.O. Box 52136 Phoenix, AZ 85072-2136 IN

## NOTES:

- Make sure the state matches your contracted region
- Marketplace dependents are indicated by the Member ID + suffix

*Example*: 1480000000-01

(Jane Doe)

 Medicare Advantage member's plan will appear in top left corner

# Medicaid Member ID Cards

### **HOOSIER HEALTHWISE**

### **CareSource**

Member Name: John 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

#### 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<sup>®</sup> 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



### HEALTHY INDIANA PLAN

CareSource

Member Name: John 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)

#### 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<sup>®</sup> for help.

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PHARMACY PRIOR AUTHORIZATION 844-607-2831

PROVIDER SERVICES 844-607-2831

CLAIMS ADDRESS PO Box 3607, Dayton 45401



### **HIP MATERNITY**





Member Name: John Doe

Member RID #: RID 123456789000 Member Services Phone Number 844-607-2829 or (TTY 800-743-3333 or 711)

Rx BIN 004336 BxPCN MCAIDADV

8 am to 8 pm, Monday through Friday **Rx Grp** RX6421

Deductible \$2500

Log onto My.CareSource.com check for eligibility, so-pays and Primary Medical Provider (PMP)

IN-MMED-0\*

#### 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<sup>®</sup> 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

# **POWER Account**

### **DESCRIPTION:**

Health care account for HIP members

### AMOUNT:

\$2,500 deductible

### DEBIT CARD:

Members receive a debit card they can use only for covered services by IHCP providers

### WHEN TO CHARGE IT:

Use the POWER Account calculator to estimate when to charge the card

### DO NOT CHARGE FOR:

Members **may not** use their POWER Account Funds to pay for **copayments**, as they are an out-of-pocket-expense.

### **REMEMBER:**

A claim must also be submitted to CareSource **for every service**.

# **HIP Basic Copayments**

Healthy Indiana Plan Basic members are required to make the following copayments at the time services are rendered:

No copayment is required for preventive care, including early periodic screening, diagnostic and testing services, or family planning services

\$4 copayment for outpatient services

\$75 copayment for inpatient services

**\$4** copayment for preferred drugs

**\$8** copayment for non-preferred drugs

## Marketplace Member Financial Responsibility



## Annual deductible, copayments or coinsurance are applicable for most covered services.

It is up to the provider to collect these amounts at the time of service

# Members have a federally mandated 90 day grace period in which to make their premium payment.

- CareSource will continue to process medical claims and pay providers in those 90 days
- After 30 days, CareSource will flag a member in the eligibility file and on the Provider Portal
- After 30 days, CareSource will eliminate pharmacy benefits

If a member pays within 90 days and is reinstated, pharmacy benefits will start again

## After 90 days past due the member is terminated for non- payment of premium.

- CareSource will retroactively terminate the member
- CareSource will recover all claims paid for months two and three of delinquency

## **Provider Resources**

	MARKETPLACE	MEDICARE ADVANTAGE	HOOSIER HEALTHWISE Healthy Indiana Plan	
PROVIDER SERVICES	1-866-286-9949	1-855-202-0557	1-844-607-2831	
MEDICAL MANAGEMENT FAX	877-716-9480	855-761-9058	844-432-8924	
WEBSITE	CareSource.com			
PROVIDER PORTAL	https://providerportal.caresource.com/IN			
ELECTRONIC FUNDS TRANSFER (EFT)	InstaMed: 1-877-755-3392 (Note dental providers access through dental portal)			
ELECTRONIC CLAIM SUBMISSION	INCS1			
CLAIM ADDRESS	P.O. Box 3607, Dayton, OH 45401-3607			
TIMELY FILING	365 days from date of service or discharge 90 days from date of service or discharge			

# **Provider Portal**

SAVE TIME. SAVE MONEY. Use our secure online Provider Portal. With this tool you can:



Check member eligibility and benefit limits

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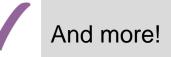
Submit claims and verify claim status

Find prior authorization
requirements



Submit and check the status of a Prior Authorization request

Verify or update Coordination of Benefits information (COB)



Access the Provider Portal 24 hours a day, 7 days a week, at CareSource.com.

# **Register for the Portal**

Go to **CareSource.com**. On the right side of the page, click on Provider Portal under Provider Resources

Select Indiana.

Click <u>register here</u> under **Register for the Provider Portal**.

Enter your information, including your CareSource Provider Number (located in your welcome letter).

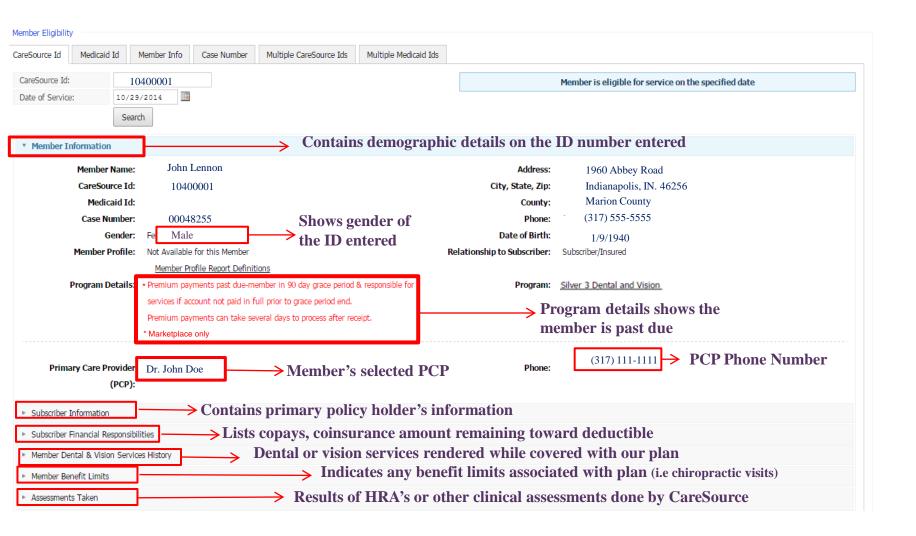
Follow remaining steps to register.

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under		PROVIDER	PORTAL
		HEALTH PA POLICIES	RTNER
		for the Provider Po	
ister for	If you have a	a login, but cannot remem	e Provider Portal, please <u>regista</u> iber your username and/or pas rvices Department at 1-866-280
ng your (located in	Cut down on	ion System and receive re	mmunication System gister for CareSource Provider E levant and timely information v
		Prov	der Login:
ster.	U	sername:	K
	P	assword:	k
			Log In

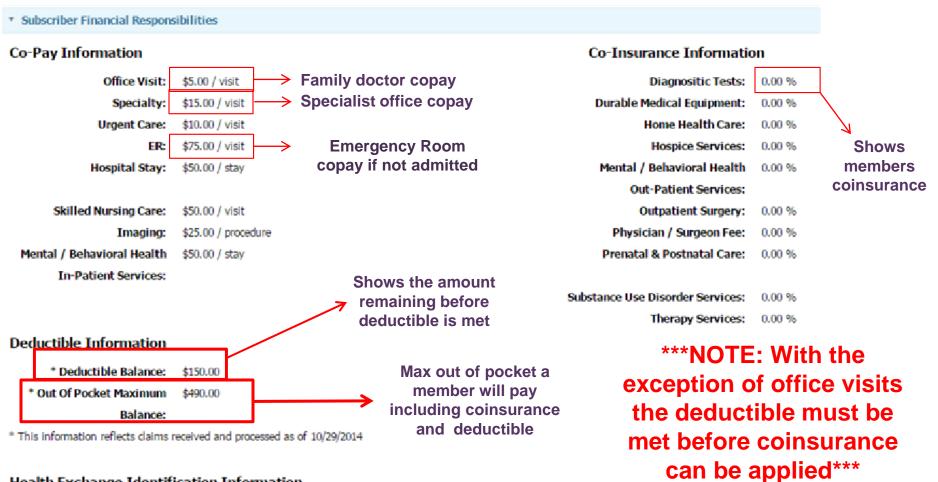
## Member Eligibility-Current

Member Eligibility		ers ability to sear nber information	-		
CareSource Id Medicaid Id	Member Info Case Number	Multiple CareSource Ids	Multiple Medic	aid Ids	
		arch by Member	ID	Ме	mber is eligible for service on the specified date
	0/29/2014 III Search			c indicates r jible for ben	member has paid their first premium and is refits
Member Name: CareSource Id: Medicaid Id:	John Lennon 10400001		_	Address: City, State, Zip: County:	1960 Abbey Road Indianapolis, IN 46254 Marion County
Case Number: Gender:	00048255 Male			Phone: Date of Birth:	(317)555-5555 1/9/1940
Member Profile: Program Details:	Not Available for this Member <u>Member Profile Report Definitions</u> <u>Not a coordinated services member.</u>			Relationship to Subscriber: Program:	Subscriber/Insured John Lennon Silver 3 Dental and Vision
Primary Care Provider (PCP):	Dr. John Doe			Phone:	(317) 111-1111
<ul> <li>Subscriber Information</li> </ul>					
<ul> <li>Subscriber Financial Response</li> </ul>	nsibilities				
Member Dental & Vision Se	ervices History				
<ul> <li>Member Benefit Limits</li> </ul>					
<ul> <li>Assessments Taken</li> </ul>					

### Member Eligibility- Past Due



### Member Benefits- Provider Portal



Health Exchange Identification Information

Exchange Health Plan Id:

Exchange Member Id:

# **Prior Authorization Requests**

	MARKETPLACE	ADVANTAGE	HOOSIER HEALTHWISE HEALTHY INDIANA PLAN
ONLINE	At C	rovider Portal	
EMAIL	mmauth@Ca	reSource.com	inmedmgmt@caresource.com
PHONE	1-866-286-9949	1-855-202-0557	1-844-607-2831
FAX	877-716-9480	855-761-9058	844-432-8924
MAIL	CareSource Medical Management P.O. Box 1307 Dayton, OH 45401-1307	CareSource Medical Management P.O. Box 3209 Dayton, OH 45401-3209	CareSource Medical Management P.O. Box 743 Dayton, OH 45401

MEDICADE

HOOGIED HEALTHMARE

# **PA Information Checklist**

### When you request authorization, be sure to include:

- Member/patient name and 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 of the service
- Inpatient services need to include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment

You will have 180 days from the date of service, date of discharge, or 90 days from the other carrier's EOB (whichever is later ) for retrospective authorization

### REFERRALS

We do not require a referral to see a specialist.

### WHERE DO I FIND MORE INFORMATION?

You can find more information in our Health Partner Manual, located at CareSource.com.

## Services Requiring Prior Authorization

- All services provided out-of-network
- Inpatient services
- Partial hospitalization programs
- Intensive outpatient behavioral health services
- All surgical services
- Advanced diagnostic imaging through NIA Magellan (i.e. PET, MRI, MRA, CT etc.,)
- Certain outpatient procedures and tests as specified by PA list on the Provider Portal
- Purchase or rental of specified medical supplies, durable medical equipment (DME) supplies or appliance, as well as items exceeding \$750.
- Skilled nursing facilities
- Home infusion therapy
- Accidental dental (reconstruction due to accident)
- Pain management services
- Behavioral health facility- Inpatient and outpatient including alcohol and substance abuse

Log in to the **Provider Portal** at **CareSource.com** to view a more comprehensive list of covered services and limitations.

# **Self-Referral Services**

# CareSource includes self-referral health partners in our network:

### **HHW MEMBERS :**

May receive self-referral services from IHCP-enrolled self-referral health partners who are not in the Caresource network CareSource reimburses selfreferral services up to the applicable benefit limits and at IHCP FFS rates

### **HIP MEMBERS**

- Must go to an in-network health partner;
   OR
- Receive PA from CareSource to go to an out-of-network health partner

**Exceptions**: Family planning & emergency services

CareSource reimburses self-referral services up to the applicable benefit limits and at a rate not less than the Medicare rate, or at 130 % of Medicaid if no Medicare rate

# **Prior Authorization NIA Magellan Imaging**

CareSource utilizes NIA Magellan to implement a radiology benefit management program for outpatient advanced imaging services.

Procedures requiring prior authorization through NIA Magellan:	Services NOT requiring prior authorization through NIA Magellan:	NIA Magellan authorization phone number:
<ul> <li>CT/CTA</li> <li>MRI/MRA</li> <li>PET Scan</li> </ul>	<ul> <li>Inpatient advanced imaging services</li> <li>Observation setting advanced imaging services</li> <li>Emergency room imaging services</li> </ul>	<ul> <li>Marketplace: 1-800-424-5660</li> <li>Medicare Advantage: 1-800-424- 1741</li> </ul>

Expedited authorizations are accepted. Register at RadMD.com

#### NIA Magellan Provider Relations Manager:

April J. Sidwa | 410-953-1078 | ajsidwa@magellanhealth.com

More Resources on NIA Magellan imaging may be found at CareSource.com/Providers



## **QUALITY IMPROVEMENT** Initiatives

CareSource encourages you to actively participate in CMS and HHS quality improvement initiatives.

## Quality Measures for Marketplace and Medicaid

CareSource monitors member quality of care, health outcomes, and satisfaction through the collection, analysis and the annual review of the Healthcare Effectiveness Data and Information Set (HEDIS®) and Medicare Consumer Assessment of Health Providers and Systems (CAHPS®).

## Potential quality measures are, but not limited to:

- Wellness and prevention:
  - Preventative screenings (breast cancer, cervical cancer and chlamydia screenings)
  - Well-child care
- Chronic disease management:
  - Comprehensive diabetes care
  - Controlling high blood pressure
- Behavioral health:
  - Follow-up after hospitalization for mental illness
  - Antidepressant medication management
  - Follow-up for children prescribed ADHD medication
- Safety:
  - Use of imaging studies for lower back pain

### **Potential CAHPS measures include:**

- Customer service
- Getting care quickly
- Getting needed care
- How well doctors communicate
- Ratings of all health care, health plans, personal doctors and specialists

HEDIS is one of the most widely used means of health care measurement in the United States. HEDIS® is developed and maintained by The National Committee for Quality Assurance (NCQA). The HEDIS® tool is used by America's health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS® benchmarks. HEDIS® measures are based on evidence-based care and address the most pressing areas of care.

# **Quality Measures for Medicare Advantage**

CareSource monitors member quality of care, health outcomes, and satisfaction through the collection, analysis, and the annual review of the Medicare Healthcare Effectiveness Data and Information Set (HEDIS®), Health Outcomes Survey (HOS), and Medicare Consumer Assessment of Health Providers and Systems (CAHPS®). Medicare HEDIS®, HOS, and Medicare CAHPS® form the basis for the Centers for Medicare& Medicaid Services (CMS) Star Ratings used to evaluate the quality of care provided to CareSource Medicare Advantage members. CMS uses a five-star quality rating system to measure Medicare beneficiaries' experience with their health plan and the health care system.

## CMS star ratings are based on health plans' ratings across five categories:

- 1. Staying healthy: screenings, tests, & vaccines to help members stay healthy
- 2. Managing chronic (long-term) conditions: how often members with chronic conditions get tests & treatments to manage their condition
- **3.** Member experience with the health plan: member satisfaction ratings with the plan
- 4. Member complaints & changes in the health plan's performance: how often Medicare found problems with the plan & how often members had problems with the plan
- 5. Health plan customer service: how well the plan handles member appeals

## Health plans covering drug services are measured on services in four categories:

- 1. Drug plan customer service: how well the plan handles member appeals
- 2. Member complaints & changes in the drug plan's performance: how often Medicare found problems with the plan & how often members had problems with the plan
- 3. Member experience with plan's drug services: member satisfaction ratings with the plan
- 4. Drug safety & accuracy of drug pricing: how accurate the plan's pricing information is & how often members with certain medical conditions are prescribed drugs in a way that is safe & clinically recommended for their condition

# **Care and Disease Management**

## WE CAN HELP:

- Coordinate medications
- Provide education
- Arrange follow-up services
- Reduce readmission risks

PLEASE HELP by identifying patients who may need individualized attention to help them manage their complex health care needs.

### **REFERRING A PATIENT**

You may refer a patient for care or disease management in the following ways:

### ONLINE

CareSource.com through the Provider Portal

### CALL:

- Marketplace: 1-855-202-0415
- Medicare Advantage: 1-866-415-0585
- Medicaid: 1-844-607-2829

# **Cultural Competency**

Health partners are expected to provide services in a culturally competent manner, including:

- Removing all language barriers to service
- Accommodating unique cultural, ethnic, and social needs of members
- Meeting the requirements of all applicable State and federal law

## RESOURCES

We provide cultural competency training sources in the Health Partner Manual and online at **CareSource.com.** 

## **Medical Records**

You must maintain medical and other records of all medical services provided our members for seven years, in accordance with Indiana Code (IC) 16-39-7-1.

CareSource medical records standards are consistent, to the extent feasible, with NCQA accreditation standards for medical records.

## STANDARDS

For full medical record standards, please see the Health Partner Manual.

# **Pharmacy Overview**

### • PARTNERSHIP WITH CVS

- CVS Caremark is the delegated pharmacy benefit manager for CareSource

MARKETPLACE	MEDICARE ADVANTAGE	MEDICAID
Phone: 1-800-364-6331	Phone: 1-800-202-1059	Phone: 1-800-364-6331
Fax: 866-930-0019	Fax: 855-633-7673	Fax: 866-930-0019

### • SPECIALTY DRUGS

- CVS Specialty Pharmacy provides all specialty medications
- E-PRESCRIBING
  - Once providers are set up through CVS Caremark, they are ready to prescribe electronically

### • RESOURCES

- Authorization requirements for prescriptions may be found on your plan's Provider pages under the Pharmacy section.
- Formulary Search Tool and Prior Authorization lists are available on CareSource.com under Member Documents
- MTM (Medication Therapy Management) allows pharmacists to work collaboratively with physicians

# Member Resource Page

Help your CareSource patients understand their insurance coverage.

Encourage them to visit **CareSource.com**, where they can access:

- Searchable online formulary
- Find a Doctor/Provider tool
- Evidence of coverage
- Member handbook
- Forms
- And more

### CareSource.com/Members

## Marketplace Pharmacy Benefit Structure



The higher the tier, the higher the cost of the drug. Access PDL online at CareSource.com

TIER 0	TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
Prescription Drugs include preventive medications.	Contains low- cost generic drugs.	Higher coinsurance or copayment than those in Tier 1.	Higher coinsurance or copayment than those in Tier 2.	Higher coinsurance or copayment than those in Tier 3.	Higher coinsurance than those in Tier 4.
These medications are available without a copayment or coinsurance.		This tier contains preferred medications that may be generic drugs or single- or multi-source brand-name drugs.	This tier contains non-preferred medications. Includes medications considered single- or multi- source brand- name drugs.	Medications generally classified as preferred medications fall in this category	Medications generally classified as specialty non- preferred medications fall into this category.

Visit the Pharmacy page at CareSource.com if you wish to access our full formulary list.

## Medicare Advantage Pharmacy Benefit Structure

### TIERED MEDICATION STRUCTURE

The higher the tier, the higher the cost of the drug. Access PDL online at CareSource.com

TIER 1	TIER 2	TIER 3	TIER 4	TIER 5
Preferred generic drugs.	Higher cost than Tier 1.	Higher cost than Tier 2.	Higher cost than Tier 3.	Highest cost tier.
Lowest cost tier. Includes preferred generic medications.	Includes non- preferred generic drugs.	Includes preferred brand medications.	Includes non- preferred brand medications.	Includes brand and generic specialty medications.

Visit the Pharmacy page at CareSource.com if you wish to access our full formulary list.

## Indiana Pharmacy Benefit Structure

### HOOSIER HEALTHWISE

PACKAGE A (STANDARD PLAN)	No copays
PACKAGE C (CHILDREN'S PLAN)	Copays apply
PACKAGE P (PREGNANCY PRESUMPTIVE ELIGIBILITY)	No copays

### HEALTH INDIANA PLAN

HIP BASIC	Copays apply	
HIP PLUS	No copays	
STATE BASIC PLAN	Copays apply	
STATE PLAN PLUS	No copays	



## 2017 Marketplace Medical Benefits

	Gold	Silver Limited	Silver 1	Silver 2	Silver 3	Bronze	Zero Plans
Deductible	\$1,000	\$3,300	\$3,250	\$950	\$350	\$6,650	\$0
Coinsurance	<b>20%</b> after deductible	<b>30%</b> after deductible	<b>30%</b> after deductible	<b>15%</b> after deductible	5% after deductible	<b>40%</b> after deductible	\$0
Maximum Out-of-Pocket (Combined unless noted otherwise)	<b>\$2,500</b> Medical <b>\$2,000</b> Pharmacy	\$6,400	\$5,500	\$1,900	\$650	\$6,850	\$0
Emergency Room Services	\$250 after deductible	<b>\$500</b> after deductible	\$350 after deductible	\$350 after deductible	\$325 after deductible	<b>\$500</b> after deductible	\$0
Primary Care visit	\$0	\$0	\$0	\$0	\$0	\$35	\$0
Specialist Visit	\$40	\$50	\$40	\$10	\$0	\$75	\$0
<b>Imaging</b> (CT/PET Scans, MRIs)	\$150 after deductible	\$175 after deductible	\$160 after deductible	<b>\$125</b> after deductible	\$125 after deductible	\$200 after deductible	\$0
Urgent Care	\$75	\$75	\$75	\$0	\$0	\$100	\$0



### 2017 Federal Standard Marketplace Medical Benefits

Effective 2017: CareSource, in compliance with guidelines from The Centers for Medicare and Medicaid (CMS), will offer Federal Standard Marketplace plans. This simplifies the shopping experience for Marketplace consumers.

	Simple Choice Gold	Simple Choice Silver Limited	Simple Choice Silver 1	Simple Choice Silver 2	Simple Choice Silver 3	Simple Choice Bronze	Simple Choice Zero Plan
Deductible	\$1,250	\$3,500	\$3,000	\$700	\$250	\$6,650	\$0
Coinsurance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	5% after deductible	<b>50%</b> after deductible	\$0
Maximum Out-of-Pocket (Combined unless noted otherwise)	<b>\$4,750</b> Medical <b>\$1,500</b> Pharmacy	\$7,150	\$5,700	\$2,000	\$1,250	\$7,150	\$0
Emergency Room Services	\$250 after deductible	\$400 after deductible	\$300 after deductible	<b>\$150</b> after deductible	<b>\$100</b> after deductible	<b>50%</b> after deductible	\$0
Primary Care visit	\$20	\$30	\$30	\$10	\$5	\$45	\$0
Specialist Visit	\$50	\$65	\$65	\$25	\$15	50% after deductible	\$0
<b>Imaging</b> (CT/PET Scans, MRIs)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	5% after deductible	50% after deductible	\$0
Urgent Care	\$65	\$75	\$75	\$40	\$25	<b>50%</b> after deductible	\$0

## 2017 Medicare Advantage Benefits

	CareSource Advantage	CareSource Advantage Plus	CareSource Advantage Zero Premium
Monthly Premium	<b>\$32.10</b> Members must continue to pay Part B premium	<b>\$56.60</b> Members must continue to pay Part B premium	<b>\$0</b> Members must continue to pay Part B premium
Deductible	\$0	\$0	\$400
Prescription Deductible	\$0	\$0	\$250
Maximum Out-of-Pocket	\$4,600	\$4,600	\$6,700
Emergency Room Services	\$75 copay	\$75 copay	\$75 copay
Primary Care visit	\$0 copay	\$0 copay	\$10 copay
Specialist Visit	\$50 copay	\$30 copay	\$50 copay
Urgent Care	\$35 copay	\$25 copay	\$65 copay
Outpatient Lab Services	\$0	\$0	\$0
Physical & Speech Therapy	\$40 copay	\$25 copay	20% after deductible
Occupational Therapy	\$40 copay	\$30 copay	20% after deductible
PERS – Personal Emergency Response System	*		*

Members receive all the benefits of Medicare Part A and Part B, plus prescription drug coverage (Part D)

# **Medicaid Benefits**

### HHW & HIP BENEFITS OVERVIEW:

- ✓ PCP and specialist office visits
- ✓ ER services
- ✓ Inpatient hospital
- Mental health and substance abuse services
- ✓ Urgent care
- ✓ Dental no limitations on filings or extractions for the HIP plans
- ✓ Family planning
- Diagnostic services (example lab & radiology)
- Preventative services (routine well visits and screenings)
- ✓ Maternity services
- ✓ Pharmacy
- ✓ Vision services

### **ENHANCED BENEFITS:**

- ✓ Life Services
- Non-emergent transportation (additional above NET)
- ✓ HELP4U
- ✓ Wellness & disease management
- ✓ Smartphones
- ✓ Text4Babies
- ✓ Medication therapy management
- ✓ Boys & Girls Club membership (ages 6 – 18) at **no cost** to the member
- ✓ Girl Scout membership (grades K - 8) at no cost to the member

## Fraud, Waste & Abuse Program

### Help CareSource stop fraud.

Contact us to report any suspected fraudulent activities:



### CALL:

Marketplace: 1-866-286-9949 Medicare: 1-855-202-0557 HHW/HIP: 1-844-607-2831



## EMAIL:

fraud@caresource.com

### MAIL:

CareSource Attention: Special Investigations Unit P.O. Box 1940 Dayton, OH 45401-1940





# How to Reach Us

	MARKETPLACE	MEDICARE ADVANTAGE	HOOSIER HEALTHWISE Healthy Indiana Plan
PROVIDER SERVICES	1-866-286-9949	1-855-202-0557	1-844-607-2831
HOURS	Monday – Friday,	8 a.m. – 6 p.m. EST	Monday – Friday, 8 a.m. – 8 p.m. EST
MEMBER SERVICES	1-877-806-9284	1-800-418-0172	1-844-607-2829
HOURS	Monday – Friday, 7 a.m. – 7 p.m. EST	Monday – Friday, 8 a.m. – 8 p.m. EST From Oct. 1 – Feb. 1, we are open the same hours 7 days a week	Monday – Friday, 8 a.m. – 8 p.m. EST

## Health Partner Engagement Specialists

As a CareSource health partner, you are supported by our Health Partner Engagement Specialist team. Whatever your question, they are here to help.

EMAIL	IN_Provider_Relations@caresource.com
PHONE/VOICEMAIL	317-982-6480
E-FAX	937-396-3989





# **PARTNERS** with *Purpose*

Are you contracted with all our plans? **Join us** on the next journey to healthy outcomes in Indiana.

Visit **CareSource.com/Contracting** to start the contracting process.



## Questions?

