

CareSource Just4Me™

Qualified Health Insurance Plan
OH Health Partner Orientation



CareSource Just4Me

Our Mission:

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



CareSource Just4Me



Our Pledge:

- Make it easier for you to work with us
- To engage with providers as partners
- Direct communication
- Timely and low-hassle medical reviews
- Accurate and efficient claims payment
- Empowerment of members to make health choices and seek appropriate health care

Health Care with Heart



25

YEARS
MISSION-DRIVEN
CARE



1.2 MILLION
MEMBERS



300 JOBS
IN 2014



92% REVENUE
MEDICAL SERVICES



\$4.2B
2013 REVENUE

A-Z

CONSUMER
ADVOCACY

14th

TOP 125
TRAINING
MAGAZINE



COVERAGE
OH, KY, IN

Provider Quick Reference

Provider Services, Eligibility, Benefits, Claims Inquiry, Credentialing: 1-800-488-0134

Medical Management: 1-888-752-0012

Website: www.CareSource.com

Provider Portal: <https://providerportal.CareSource.com>

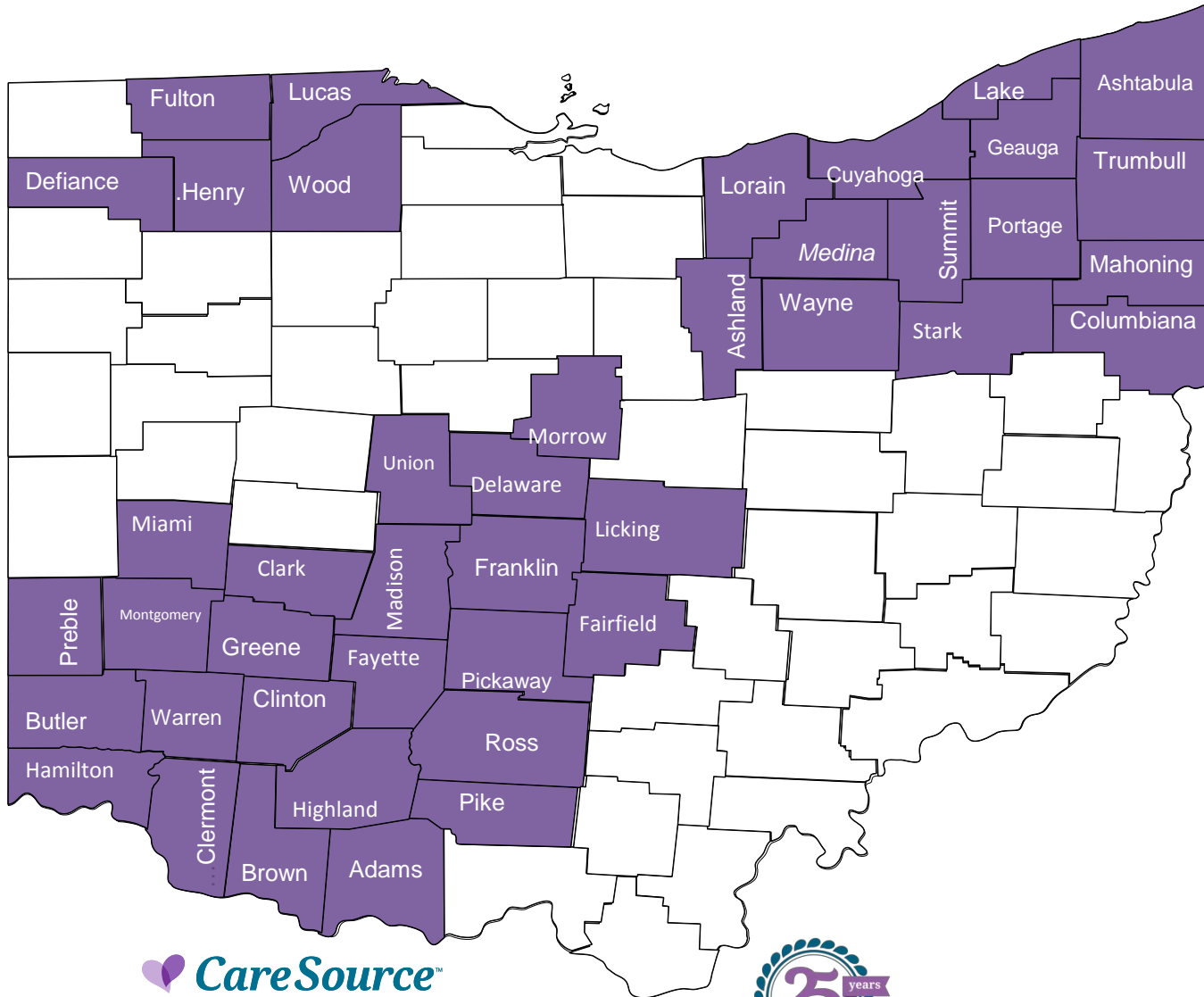
Electronic Fund Transfer (EFT): Instamed 1-877-755-3392
(Note Dental providers use separate process through dental portal)

Electronic Claim Submission EDI: 31114

Claim Address: P.O. Box 8730 Dayton, OH 45401-8730,

Timely Filing: 365 days from Date of Service or discharge.

2015 CareSource Just4Me™ Ohio Footprint



43
Counties

Ohio Health Partners 2015



Adams County Regional Medical Center

Adena Regional Medical Center

Affinity Medical Center

Akron General Medical Center

Alliance Community Hospital

Arthur G James Cancer Hospital

Ashtabula County Medical Center

Atrium Medical Center

Bay Park Community Hospital

Bethesda Hospital Butler County Medical Center

Bethesda Hospital North

Brown County Hospital

Cincinnati Children's Hospital Medical Center

Clinton Memorial Hospital

Dayton Children's Hospital

Defiance Regional Medical Center

Edwin Shaw Hospital For Rehab

Fairfield Medical Center

Fayette County Memorial Hospital

Flower Hospital

Fulton County Health Center

Good Samaritan Hospital-Dayton

Good Samaritan Hospital - Cincinnati

Greenfield Area Medical Center

Hocking Valley Community Hospital

Lake Health System

Lima Memorial Hospital

Lodi Community Hospital

Medical Center At Elizabeth Place LLC

MetroHealth Medical Center

Miami Valley Hospital

Morrow County Hospital

Northside Medical Center

Ohio State University Medical Center

Ohio Valley Medical Center LLC

Pike Community Hospital

Salem Community Hospital

Samaritan Hospital

St Luke's Hospital

Summa Western Reserve Hospital

The Toledo Hospital

Toledo Children's Hospital

TriHealth- Evendale Hospital

Trumbull Memorial Hospital

Upper Valley Medical Center

Warren Ohio Rehab Hospital Company LLC

Wood County Hospital

Wooster Community Hospital



Provider Network

- PCPs are not listed on the card
- We encourage members to select a PCP
 - If a member does not select a PCP within 30 days, CareSource may assign one
- 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 Just4Me provider

Note: Non-emergency services provided by out-of-network providers will NOT be covered by CareSource, unless the service has received prior authorization.

Examples of Covered Services

- Primary care and specialty physician services
- Outpatient services
- Hospitalizations
- Emergency Services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventive and wellness services
- *Rehabilitative and habilitative services and devices*
- *Laboratory services*
- *Chronic disease management*
- *Covered clinical trials*
- *Podiatry care*
- *Pediatric health and vision services*
- *Diagnostic imaging*
- *Optional dental and vision coverage for adults*

Non Emergency services provided by out-of-network providers will **NOT** be covered by CareSource, unless the service received prior authorization.

Note: This is not a comprehensive list. Coming soon in December Providers will be able to log into the Provider Portal at: **CareSource.com** to view a more complete list of covered services and limitations.

*Services that are not Covered ***

- Medically unnecessary services
- Services received by a non-network provider
- Experimental or investigational services
- Alternative or complimentary medicine
- Weight loss programs, bariatric surgery.
- Cosmetic procedures or services
- Hearing aids
- Nutritional and/ or dietary supplements
- Assisted Reproductive Therapy
- Maintenance therapy

Member ID Cards



FRONT

Just4Me™ **OH**
Ultra – Dental & Vision
CareSource

Member:
John Doe

Member ID:
14800000000-00

Health Plan
(XXXXX) XXX-XX-XXXX

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

Office: \$0.00 ER: \$0.00 Spec: \$0.00 UrgCare: \$0.00
MISC-OH001/OH002 (Rev.10/14)-10

State ID tied to contract

Indicates plan type and if member has dental and vision benefits

Member name

Member ID number + suffix

Dependent suffix should be included when submitting claims

Member copays

ID cards for 2015 will be mailed on Dec 20th and again on Dec 26th

BACK

CareSource.com/Just4Me

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 Pharmacy: 1-800-488-0134

Medical Claims: P.O. Box 8738
Dayton, Oh 45401-8738

Benefits Manager: CVS Caremark

Pharmacy Claims: CVS Caremark
P.O. Box 52136
Phoenix, AZ 85072-2136

Pharmacy Numbers: RxBin: 004336
RxPCN: ADV
RxGrp: RX3156

Member services phone number

Provider services phone number

Claims mailing address

Provider Portal Landing Page

Which **Provider Portal** would you like to use?

OHIO

INDIANA

KENTUCKY



**CLICK ON YOUR
STATE**

<https://providerportal.caresource.com/GL/SelectPlan.aspx>

Registering for Portal Use

Register for the Provider Portal

If you are not already registered for the Provider Portal, please [register here](#).

If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department at 1-800-488-0134.

Register for the CareSource E-Communication System

Cut down on clutter and go green! Register for CareSource Provider E-Communication System and receive relevant and timely information via email. [Please register here](#).

Provider Login:

Username:	<input type="text"/>
Password:	<input type="password"/>

MESSAGES

ATTENTION:



Click here to register as a new user



User Registration

Step 1 of 3 - Provider Eligibility

Provider Type: Practitioner Group

Practitioner's First Name:

Practitioner's Last Name:

Tax ID:

CareSource Provider ID:

Zip Code:



Fill out the form- Note CareSource Provider ID can be found in your Welcome letter or by calling Provider Services.

Your CareSource Provider ID will be included in your welcome letter

Member Eligibility-Current



Member Eligibility

CareSource Id Medicaid Id **Member Info** Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource Id: → **Search by Member ID** **Member is eligible for service on the specified date**

Date of Service:

▼ **Member Information**

Member Name: John Lennon	Address: 1960 Abbey Road
CareSource Id: <input type="text" value="10400001"/> → Search by Member ID	City, State, Zip: Dayton, OH 45402
Medicaid Id:	County: Montgomery County
Case Number: 00048255	Phone: (937)555-5555
Gender: Male	Date of Birth: 1/9/1940
Member Profile: Not Available for this Member Member Profile Report Definitions	Relationship to Subscriber: Subscriber/Insured
Program Details: Not a coordinated services member.	Subscriber: John Lennon
	Program: Just4Me Silver 3 Dental and Vision

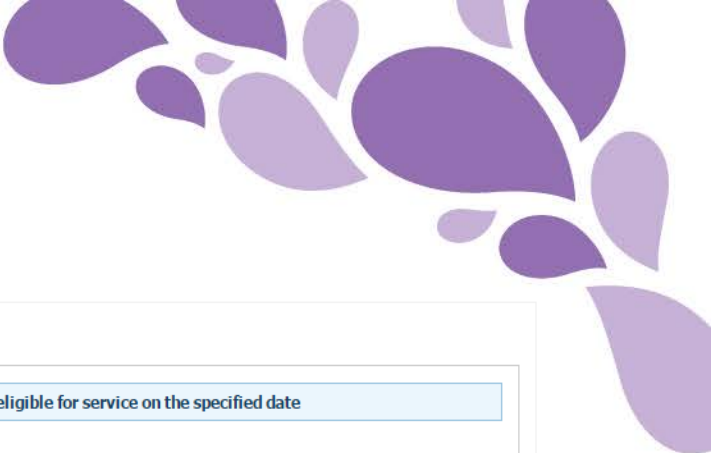
Primary Care Provider **Phone:** (937) 111-1111
(PCP): Dr. John Doe

- ▶ Subscriber Information
- ▶ Subscriber Financial Responsibilities
- ▶ Member Dental & Vision Services History
- ▶ Member Benefit Limits
- ▶ Assessments Taken

Member Financial Responsibility

- Annual deductible, copayments or coinsurance are also 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 of non payment of premium, the member will be flagged in the eligibility file and on the Provider Portal
 - Pharmacy benefits are also eliminated after 30 days of non-payment.
 - *If a member pays with in 90 days and is reinstated, pharmacy benefits will start gain*
- After 90 days past due the member is terminated for non- payment of premium
 - CareSource will retroactively terminate the member and all monies for months two and three of delinquency will be recovered

Member Eligibility- Past Due



Member Eligibility

CareSource Id Medicaid Id Member Info Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource Id: 10400001 **Member is eligible for service on the specified date**

Date of Service: 10/29/2014 Search

Member Information → Contains demographic details on the ID number entered

Member Name: John Lennon	Address: 1960 Abbey Road
CareSource Id: 10400001	City, State, Zip: Dayton, OH 45402
Medicaid Id:	County: Montgomery County
Case Number: 00048255	Phone: (937)555-5555
Gender: Male → Shows gender of the ID entered	Date of Birth: 1/9/1940
Member Profile: Not Available for this Member	Relationship to Subscriber: Subscriber/Insured

[Member Profile Report Definitions](#)

Program Details: Premium payments past due-member in 90 day grace period & responsible for services if account not paid in full prior to grace period end. Premium payments can take several days to process after receipt. → Program details shows the member is past due

Program: [Just4Me Silver 3 Dental and Vision](#)

Primary Care Provider (PCP): Dr. John Doe → Member's selected PCP **Phone:** (937) 111-1111 → PCP Phone Number

► **Subscriber Information** → Contains primary policy holder's information

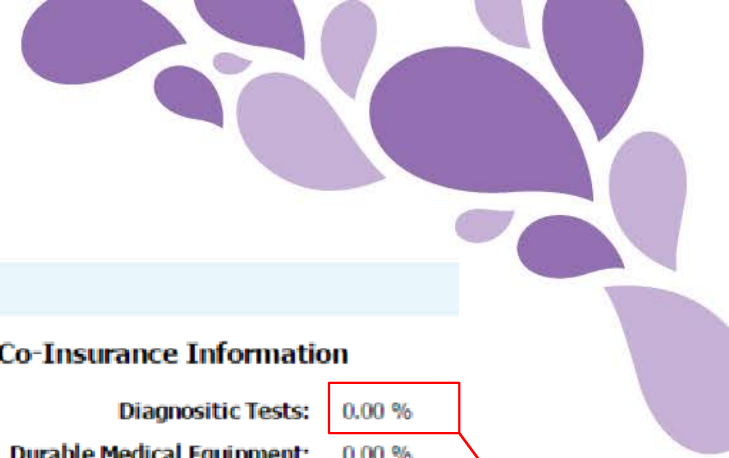
► **Subscriber Financial Responsibilities** → Lists copays, coinsurance amount remaining toward deductible

► **Member Dental & Vision Services History** → Dental or vision services rendered while covered with our plan

► **Member Benefit Limits** → Indicates any benefit limits associated with plan (i.e chiropractic visits)

► **Assessments Taken** → Results of HRA's or other clinical assessments done by CareSource Just4Me

Member Benefits- Provider Portal



Subscriber Financial Responsibilities

Co-Pay Information

Office Visit:	\$5.00 / visit	→	Family doctor copay
Specialty:	\$15.00 / visit	→	Specialist office copay
Urgent Care:	\$10.00 / visit		
ER:	\$75.00 / visit	→	Emergency Room copay if not admitted
Hospital Stay:	\$50.00 / stay		

Skilled Nursing Care:	\$50.00 / visit
Imaging:	\$25.00 / procedure
Mental / Behavioral Health	\$50.00 / stay
In-Patient Services:	

Deductible Information

* Deductible Balance:	\$150.00
* Out Of Pocket Maximum Balance:	\$490.00

Shows the amount remaining before deductible is met

Max out of pocket a member will pay including coinsurance and deductible

* This information reflects claims received and processed as of 10/29/2014

Health Exchange Identification Information

Exchange Health Plan Id: ...

Co-Insurance Information

Diagnostic Tests:	0.00 %
Durable Medical Equipment:	0.00 %
Home Health Care:	0.00 %
Hospice Services:	0.00 %
Mental / Behavioral Health	0.00 %
Out-Patient Services:	
Outpatient Surgery:	0.00 %
Physician / Surgeon Fee:	0.00 %
Prenatal & Postnatal Care:	0.00 %
Substance Use Disorder Services:	0.00 %
Therapy Services:	0.00 %

Shows members coinsurance

*****NOTE: With the exception of office visits and pharmacy the deductible must be met before coinsurance can be applied*****

Exchange Member Id: ...

Prior Authorization (PA) Process

Ways to Submit Prior Authorization

- Online @ CareSource.com through select Provider Portal
- Phone: 1-800-488-0134
- Email: mmauth@CareSource.com
- Fax: 888-752-0012
- Mail: **CareSource Medical Management**
P.O. Box 1307
Dayton, OH 45401-1307

NOTE: We do not require a referral from the doctor to see a specialist but physician should contact specialist & notify them of the patient referral.



PA Information Checklist:

- 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 if it 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

Please refer to the Just4Me Provider Manual for additional information.

Prior Authorization (PA)



- All services provided out-of-network
- Inpatient services
- Partial hospitalization programs
- Intensive outpatient behavioral health services
- Surgical services, including transplants or reconstructive surgeries
- Advanced Diagnostic Imaging (i.e. PET, MRI, MRA, CT etc.,)
- Certain outpatient procedures and tests
- Purchase or rental of medical supplies, DME supplies or appliance, as well as all items exceeding \$750 (please see health partner benefit grid or provider manual for comprehensive list)
- Skilled Nursing facilities
- Home Infusion Therapy
- Accidental Dental- reconstruction due to accident
- Pain Management
- Behavioral Health Facility- Inpatient and outpatient including Alcohol and Substance abuse

Please note: This is not a comprehensive list. Health Partners will be able to log into the Provider Portal at [CareSource.com](https://www.caresource.com) to view a more comprehensive list of covered services and limitations.

Prior Authorization- Radiology

Requests:

- Authorization Phone Number is 800-424-5660
Expedited authorizations are accepted.
- RadMD Website

Other Information:

- CPT Codes and their Allowable Billable Groupings.
- Clinical Guidelines and Prior Authorization Checklists are located at www.RadMD.com
- Clinical information needed:
 - ✓ Justify exam, symptoms and their duration, physical exam findings.
 - ✓ Preliminary procedures already completed.
 - ✓ Reason the study is being requested
- If needed, a request for additional clinical information may be faxed to provider. Return by Fax or RadMD upload.
- Authorization valid for 60 days.
- Denial letter outlines appeal instructions.

NIA Magellan Dedicated Provider Relations Manager :

Name : April J. Sidwa
 Phone: 410-953-1078
 Email: ajsidwa@magellanhealth.com



Utilization Review Matrix 2015
CareSource Just4Me

The matrix below contains all of the CPT-4 codes for which NIA Magellan² authorizes on behalf of CareSource Just4Me. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA Magellan. If an exam is billed under any one of the given codes for that grouping and a valid authorization number has been issued within the date of service validity period, the charge for any of the codes should be allowed.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

*Please note: Services rendered in an Emergency Room, Observation Room, surgery center or hospital inpatient setting are not managed by NIA Magellan.

Authorized CPT Code	Description	Allowable Billed Groupings
70338	MRI Temporomandibular Joint	70338
70480	CT Head/Brain	70480, 70486, 70470
70480	CT Orbit	70480, 70481, 70482
70488	CT Maxillofacial Sinus	70488, 70487, 70488, 70380
70480	CT Soft Tissue Neck	70480, 70481, 70482
70488	CT Angiography, Head	70488
70488	CT Angiography, Neck	70488
70640	MRI Orbit, Face, and/or Neck	70640, 70642, 70643
70651	MRI Internal Auditory Canal	70651, 70652, 70653, 70640, 70642, 70643
70644	MRA Head	70644, 70645, 70646
70647	MRA Neck	70647, 70648, 70649
70651	MRI Brain	70651, 70652, 70653
70654	Functional MRI Brain	70654, 70655
71250	CT Chest	71250, 71250, 71270
71275	CT Angiography, Chest (non coronary)	71275
71650	MRI Chest	71650, 71651, 71652
71655	MRA Chest (excluding myocardium)	71655
72125	CT Cervical Spine	72125, 72126, 72127
72128	CT Thoracic Spine	72128, 72129, 72130
72131	CT Lumbar Spine	72131, 72132, 72133
72141	MRI Cervical Spine	72141, 72142, 72188
72148	MRI Thoracic Spine	72148, 72149, 72187
72148	MRI Lumbar Spine	72148, 72149, 72188
72188	MRA Spinal Canal	72188
72191	CT Angiography, Pelvis	72191

² NIA Magellan refers to National Imaging Associates, Inc.



Claims Submission- Procedures, Diagnostic Codes & Preauthorization

- *Ensure that the Diagnostic and/or Procedure Code is listed and is correct*
 - ✓ Procedure is a covered benefit
 - ✓ Procedure and Diagnostic Codes are relevant to each other
 - ✓ Service Location

- *Preauthorization Information*
 - ✓ Obtain pre-authorization for service
 - ✓ Include the authorization information on the claims submission

****Note under the ACA preventative services should be billed as preventative with no cost to the member****

Filing Rules

- *Understand and Follow Insurance Company's Filing Rules*
 - Claims Submissions
 - ✓ Claims must be submitted 365 from date of service or discharge
 - ✓ **Corrected** claims can be submitted 365 days from date of service or discharge
 - Coordination of Benefits
 - ✓ If there is other insurance and CareSource is secondary, the provider may submit for secondary payment within 365 days of the original date of service
 - ✓ Coordination of Benefits an EOB must be submitted within 90 calendar days of the primary payer's EOB date

Resources To Help with Your Claim Submission Questions



- CareSource Provider Manual
 - ✓ Detailed Claims submission rules and instructions are outlined in the Provider Manual
 - ✓ The Provider Manual is available on the CareSource Website

- Provider Services
 - ✓ Phone Number: 1-800-488-0134

- Provider Portal
 - ✓ Information available by using Member ID, Member Name, Date of Birth or Claim Number

Quality Measures for Health Insurance Marketplace

- Wellness and Prevention
- Preventive screenings (breast cancer, cervical cancer, Chlamydia)
- Medical assistance with smoking & tobacco use cessation
- Chronic Disease Management
- Cholesterol Management – patients with cardiovascular conditions
- Comprehensive diabetes care
- Controlling high blood pressure
- Use of appropriate medications for people with asthma
- 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 low back pain

- (CAHPS®) Surveys, to capture member perspectives on health care quality
- Network access & adequacy
- CareSource Just4Me's quality program focuses on a spectrum of performance categories that seek to improve quality & effectiveness of:
 - Clinical quality of care including:
 - behavioral health & member safety
 - Quality of service & key performance metrics
 - Business process improvement
 - Data management/quality
 - Provider & member service as well as satisfaction
 - Service utilization/medical cost ratio
 - Delegated oversight
 - Accreditation
 - Clinical performance metrics

Pharmacy Overview



CVS Caremark: Delegated pharmacy benefit manager for CareSource

– Phone: 800-206-4240

– Fax: 866-930-0019

Specialty Pharmacy: CareSource partners with CVS Caremark Specialty Pharmacy to provide all specialty medications through this program

ePrescribing: Once providers are set up through CVS Caremark, they are ready to prescribe electronically.

MTM (Medication Therapy Management): allow pharmacists to work collaboratively with physicians

Formulary Search Tool and Prior Authorization lists: Available on caresource.com under member documents

Accessing the CareSource Just4Me™ Member Resource Page

800-479-9502

CareSource™

MEMBERS PROVIDERS CONTACT MY ACCOUNT

CARESOURCE JUST4ME™

MEMBERS

- PLAN DOCUMENTS
- PHARMACY
- DISEASE MANAGEMENT PROGRAMS
- HEALTH RISK ASSESSMENT
- YOUR FINANCIAL RESPONSIBILITY
- FORMS
- HEALTH CARE LINKS
- PRIVACY PRACTICES
- CONTACT US

QUICK LINKS

- FIND A DOCTOR/PROVIDER »
- DRUG FORMULARY »
- FIND A PHARMACY »

ATTENTION:

If you have received a notice from the Health Insurance Marketplace asking that you send documents to verify information in your application, please do so immediately. The Marketplace is confirming the income, citizenship and immigration status supplied on applications against other trusted sources. For people whose applications have different information, the Marketplace is asking for documents to verify the information. People who do not supply this information to the Marketplace by **September 30** may lose their health insurance coverage or lose help paying for coverage. Only the Marketplace can determine eligibility or subsidies, not CareSource. Click here to [learn more](#).

WELCOME CARESOURCE JUST4ME™ MEMBERS

This website contains information that will help you understand your CareSource Just4Me™ insurance coverage. You will find your member handbook and evidence of coverage online for quick access. You can also locate CareSource Just4Me providers, pharmacies, and covered drugs, as well as access other resources. In addition, you can review our clinical and disease management programs – all designed to keep you and your family healthy!

If you have any problems reading or understanding this information, please call us at **1-800-479-9502** (TTY for the hearing impaired: 1-800-750-0750 or 711). This is a free service. We can read the information out loud for you, in English, or in your primary language. We also can help you if you are visually or hearing impaired.

We are always happy to help you.

Left menu bar offers hyperlink access to member tools & documents



Drug formulary and physician search tools



Tiered Medication Structure



Tiered Medication Structure

The higher the medication tier the higher the cost of the drug
Access PDL online at: CareSource.com (under member resources)

Tier 1 Prescription Drugs include preventive medications These medications are available without a copayment or coinsurance.	Tier 2 Offer the lowest coinsurance or copayment This tier contains low-cost & preferred medications that may be generic drugs or multi- or single-source brand-name drugs.	Tier 3 Higher coinsurance or copayment than those in Tier 2. This tier contains preferred medications that may be generic drugs or single- or multi-source brand-name drugs.	Tier 4 Higher coinsurance or copayment than those in Tier 3. This tier contains non-preferred & high-cost medications Medications considered generic drugs and single- or multi-source brand-name drugs	Tier 5 higher coinsurance or copayment than those in Tier 4 All Tier 5 medications (specialty medications) will require the use of CVS Caremark specialty pharmacy
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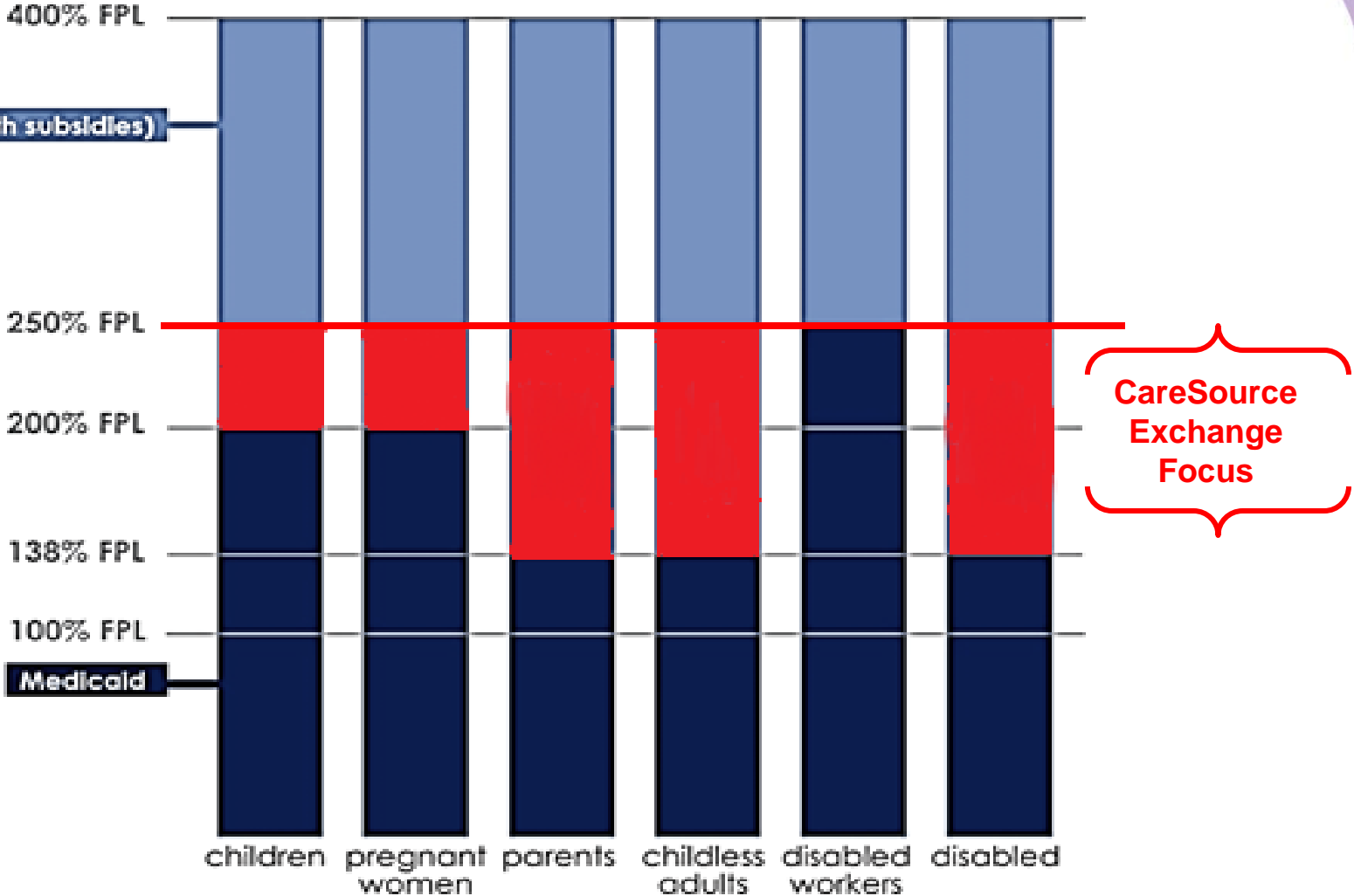
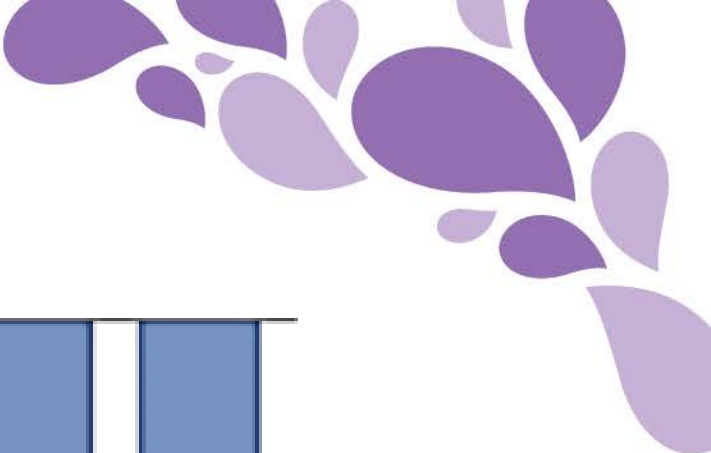
Visit our Just4Me landing page at: CareSource.com if you wish to access our full formulary list

2015 Pharmacy Benefits

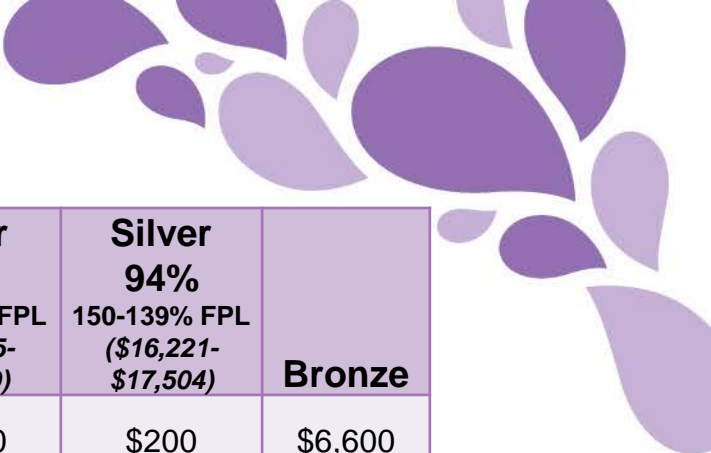


	Gold	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Bronze
Prescription Drugs - Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Prescription Drugs - Out-of-Pocket Maximum	\$1,500	Medical Out-of-Pocket	Medical Out-of-Pocket	Medical Out-of-Pocket	Medical Out-of-Pocket	Medical Out-of-Pocket
Retail Generics	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$20 Copay
Retail Preferred Brand Drugs	\$120 Copay	\$50 Copay	\$40 Copay	\$25 Copay	\$5 Copay	\$75 Copay
Retail Non-Preferred Brand Drugs	\$160 Copay	\$125 Copay	\$125 Copay	\$70 Copay	\$20 Copay	\$125 Copay
Retail Specialty High-Cost Drugs	40% Coinsurance (up to \$300)	40% Coinsurance (up to \$300)	40% Coinsurance (up to \$300)	40% Coinsurance (up to \$150)	25% Coinsurance (up to \$150)	40% Coinsurance (up to \$300)
Mail-Order Generics	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$50 Copay
Mail-Order Preferred Brand Drugs	\$300 Copay	\$137.50 Copay	\$100 Copay	\$62.50 Copay	\$12.50 Copay	\$187.50 Copay
Mail-Order Non-Preferred Brand Drugs	\$400 Copay	\$312.50 Copay	\$312.50 Copay	\$175 Copay	\$50 Copay	\$312.50 Copay
Mail-Order Specialty High-Cost Drugs	40% Coinsurance (up to \$300)	40% Coinsurance (up to \$300)	40% Coinsurance (up to \$300)	40% Coinsurance (up to \$150)	25% Coinsurance (up to \$150)	40% Coinsurance (up to \$300)

CareSource Just4Me Focus



2015 Medical Benefits-



	Gold	Silver 70% Standard >250%FPL (Over \$29,175)	Silver 73% 200-250% FPL (\$23,340 - \$29,175)	Silver 87% 200-150% FPL (\$17,505-\$23,339)	Silver 94% 150-139% FPL (\$16,221-\$17,504)	Bronze
Deductible	\$1,000	\$3,500	\$3,500	\$1,000	\$200	\$6,600
Coinsurance	10%	30%	30%	10%	0%	10%
Maximum Out-of-Pocket (Combined Unless Noted Otherwise)	\$1,750 (M) \$1,500 (Rx)	\$6,500	\$4,850	\$2,000	\$650	\$6,600
Emergency Room Services	\$250 Copay after Deductible	\$500 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$500 Copay after Deductible
Primary Care visit	\$20 Copay	\$20 Copay	\$10 Copay	\$0 Copay	\$0 Copay	\$40 Copay
Specialist Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay
Imaging (CT/PET Scans, MRIs)	\$75 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible
Urgent Care	\$75 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay





Case and Disease Management

We are here to assist you with the management of your patient's health and health conditions. Our experienced care management team will work with you and the patient to ensure that the patient receives the best care possible. You may refer a patient for Case Management or Disease Management in the following ways:

- **Online:** CareSource.com through select Provider Portal
- **Case Management Phone:** 1-844-280-5463
- **Disease Management Phone:** 1-877-365-9412

Fraud, Waste & Abuse Program

To report any suspected fraudulent activities

- Call: 1-800-488-0134
- Fax: 1-800-418-0248
- Email: fraud@CareSource.com
- Write to us:
CareSource
Attention: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

How to Reach Us

Provider Services Department:

1-800-488-0134

Monday to Friday, 8 a.m. to 6 p.m.

Just4Me Member Services Department:

1-800-479-9502

Monday to Friday, 7 a.m. to 7 p.m.