

CareSource Medicare Advantage Plans



Quick Reference Guide

CareSource Medicare Advantage plans offer more coverage than original Medicare. CareSource Medicare Advantage members have access to all benefits of Medicare Part A and Part B, plus prescription drug coverage (Part D).

ABOUT CARESOURCE MEDICARE ADVANTAGE PLANS

- Health partners must refer members to in-network health partners only.
- Health partners should collect any deductibles, coinsurance or copayments that apply to a member's coverage.
- Please check member eligibility every time a member receives care.
- Members have access to affordable, high-quality health insurance with no limits due to pre-existing conditions or annual benefit caps.

MEMBER ID CARD (SAMPLE INFORMATION ONLY)

		[CareSource Advantage Plus] (HMO)
Member Name:	Effective Date:	[KY]
[John Doe]	[01/01/2016]	
Member ID#:		
[12345678900]	RxBIN: 004336	
Health Plan: (80840)	RxPCN: MEDDADV	
[XXX-XX-XXXX]	RxGRP: [RX5054]	
Payer ID: [XXXXXX]		
		
Copays:		
Office: [\$XX.XX]	ER: [\$XX.XX]	CMS: [XXXXXX-XXX]
Spec: [\$XX.XX]	UrgCare: [\$XX.XX]	

CareSource.com/Medicare

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

Members: [800-833-3239] TTY: [800-648-6056]

24/7 Nurseline:
[866-206-7808]

Pharmacy:
[855-202-1059]

Providers:
[855-202-1059]

Pharmacy Benefits Manager:
CVS Caremark

Medical Claims:
P.O. Box [824]
Dayton, OH 45401-[0824]

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

[KY]

CONTACT INFORMATION

Health Partner Services	1-855-202-1059
Website	CareSource Medicare Advantage Resources located at: CareSource.com/providers
Provider Portal	https://providerportal.caresource.com/KY
Medical Management	Call Health Partner Services and select the menu option for prior authorizations
Claims Inquiries	Call Health Partner Services at 1-855-202-1059
Check Claims Status	https://providerportal.caresource.com/KY

CLAIMS 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** and fax it to InstaMed at **1-877-755-3392**.

Electronic Claims Submission:

EDI CareSource payer KY ID number: **KYCS1**

Timely Filing: 365 calendar days from the date of service or discharge

Paper Claims:

CareSource
Attn: Claims Department
P.O. Box 824
Dayton, OH 45401-0824

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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.

NOTE: Non-emergency services provided by out-of-network health partners will NOT be covered by CareSource, unless the service received prior authorization.

- Primary care and specialty physician services
- Outpatient services
- Hospitalization
- Emergency services
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventative and wellness services
- Rehabilitative and habilitative services and devices
- Laboratory services
- Chronic disease management
- Covered clinical trials
- Podiatry care
- Dental and vision coverage

SERVICES THAT REQUIRE 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**
- **CT/CTA, MRI/MRA, PET Scans**
- Inpatient stays
- Partial hospitalization programs
- Intensive outpatient behavioral health services
- Transplants, reconstructive, or cosmetic surgery
- Purchase or rental of medical supplies, DME or appliances exceeding \$750
- Skilled nursing facilities
- Pain management services

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:** MMMA@caresource.com
- **Fax:** Copies of prior authorization forms can be found on CareSource.com. Please complete and fax the form to:
1-855-763-6790
- **Mail:** CareSource
P.O. Box 3607
Dayton, OH 45401
- **Phone:** Call Health Partner 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 number
- 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 Health Partner Manual for additional information

***CT/CTA, MRI/MRA, PET Scans authorization:**

Health partners will be able to request prior authorization via the internet (<http://www.RadMD.com>) or by calling NIA Magellan at: **1-800-424-1741**.



CareSource.com