

# 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

- Members have access to affordable, high-quality health insurance with no limits due to pre-existing conditions or annual benefit caps.
- 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 eligibility every time a member receives care.

### MEMBER ID CARD (SAMPLE INFORMATION ONLY)



[CareSource Advantage Plus] (HMO)

Member Name: <b>[John Doe]</b>	Effective Date: <b>[01/01/2016]</b>	<b>[IN]</b>
Member ID#: <b>[12345678900]</b>	RxBIN: <b>004336</b>	
Health Plan: (80840) <b>[XXX-XX-XXXX]</b>	RxPCN: <b>MEDDADV</b>	
Payer ID: <b>[XXXXXX]</b>	RxGRP: <b>[RX5053]</b>	
<div> Prescription Drug Coverage</div>		
Copays:		
Office: <b>[\$XX.XX]</b>	ER: <b>[\$XX.XX]</b>	CMS: <b>[XXXXXX-XXX]</b>
Spec: <b>[\$XX.XX]</b>	UrgCare: <b>[\$XX.XX]</b>	

#### 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:**  
[866-206-0078]

**Pharmacy:**  
[855-202-0557]

**Providers:**  
[855-202-0557]

**Pharmacy Benefits Manager:**  
CVS Caremark

**Medical Claims:**  
P.O. Box [3607]  
Dayton, OH 45401-[3607]

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

[IN]

### CONTACT INFORMATION

Health Partner Services	1-844-679-7865
Website	Find CareSource Medicare Advantage resources at <b>CareSource.com</b>
Provider Portal	<b><a href="https://providerportal.caresource.com/OH">https://providerportal.caresource.com/OH</a></b>
Medical Management	Call Health Partner Services and select the menu option for prior authorizations
Claims Inquiries	Call Health Partner Services at 1-844-679-7865
Check Claims Status	<b><a href="https://providerportal.caresource.com/OH">https://providerportal.caresource.com/OH</a></b>

### CLAIMS SUBMISSIONS AND PAYMENT

CareSource encourages health partners to submit claims electronically for the most efficient processing. Paper claims 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 **866-945-7990**.

#### Electronic Claims Submission:

EDI CareSource Payer ID number: **31114**

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

#### Paper Claims:

CareSource  
Attn: Claims Department  
P.O. Box 8730

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## COVERED SERVICES

**Please note:** This is not 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, durable medical equipment 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:** The prior authorization form can be found on CareSource.com. Please complete and fax the form to 844-417-6153
- **Mail:** CareSource  
P.O. Box 3209  
Dayton, OH 45401-3209
- **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 National Provider Identifier (NPI) number
- 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 may request prior authorization at **www.RadMD.com** or by calling NIA Magellan at **1-800-424-1741**.



**CareSource.com**