



Network Notification

Date: October 21, 2013

Number: OH-P-2013-20

To: Ohio Providers

From: CareSource

Subject: Quick Reference Guide for Non-Participating Providers

CareSource is providing the information below to help make it easier for you to render care to CareSource members. If you are providing services to a CareSource member and are not contracted with CareSource or are one of the provider types listed below please review this information. If you are a contracted provider, this notification has no changes that require action.

We are providing this information for the following provider types: Ohio Department of Mental Health and Addiction Services (MHA), Federally Qualified Health Centers/Rural Health Centers, Qualified Family Planning Providers, Certified Nurse Midwives, Certified Nurse Practitioners, or any non-contracting provider offering services to a CareSource member.

You may use this as a Quick Reference Guide or visit CareSource.com for complete details regarding:

- Claims Processing (how to submit and timely filing allowances)
- Referral and Authorization Guidelines
- Member Eligibility (including a copy of CareSource's member ID card)
- CareSource Medicaid ID numbers for Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)
- Telephone and Fax Numbers
- Forms, Updates/Announcements

To view a listing of the following participating providers, click the links below:

- [Pharmacy Chains](#)
- [Laboratories](#)
- [Radiology Providers](#)
- [CareSource Behavioral Health Providers](#)

The above information can be found on the CareSource Provider Portal and/or in our [Provider Manual](#).

OH-P-638a

Our secure Provider Portal is available to you, 24 hours a day, 7 days a week. Registration is quick and easy.

To Register for the [Provider Portal](#):

- 1) Click “Register Now” and enter your Provider Name, Tax ID, CareSource Provider ID and Zip Code
- 2) Review and accept the Agreement
- 3) Create your User Name and Password

Note: If you have any difficulty completing the registration process, please call our Provider Services Department at 1-800-488-0134 and follow the prompts to speak to a representative.

Claims Processing

Below are a few important points to help you expedite claims processing.

Please submit claims within 365 days from the date of service or date of discharge. If CareSource is unable to pay a claim because of incomplete, incorrect or unclear information, providers have 365 days from the date of service or the date of discharge to submit the information needed for processing the claim.

We encourage providers to submit claims electronically to take advantage of the following benefits:

- Faster claims processing
- Reduced administrative costs
- Reduced probability of errors or missing information
- Faster feedback on claims status
- Minimal staff training or cost

Please contact your clearinghouse to begin electronic claims submission. Please provide the clearinghouse with the CareSource payer ID number **31114**.

Paper claims should be mailed to following CareSource address:

CareSource
Attn: Claims Department
P.O. Box 8730
Dayton, OH 45401-8730

If you are an FQHC/RHC and require our Medicaid provider number to bill for the wraparound payment, the following numbers should be used:

Region	ABD	CFC
Statewide	0077191	0077193

Referral and Authorization Guidelines

For assistance with a referral and/or prior authorization, please visit the [Provider Manual](#) on our website.

You can also call us at toll-free at 1-800-488-0134 and follow the menu prompts for prior authorizations.

Please note that members may go to non-participating providers for:

- Emergency Care
- Care at a Community Mental Health Center, through the Ohio Department of Mental Health and Addiction Services (MHA)
- Family planning services provided at a Qualified Family Planning Provider (QFPP), such as Planned Parenthood
- Care at an FQHC or RHC
- Care at Ohio Department of Mental Health and Addiction Services (MHA) facilities that are Medicaid providers

A member may be referred to out-of-plan specialty providers if the member needs medical care that can only be received from a doctor or other health care provider who is not participating with CareSource. A prior authorization must be obtained from CareSource.

Prior authorizations for health care services can be obtained by contacting the Medical Management Department by phone or through the Provider Portal. Prior authorization is not based solely on medical necessity, but a combination of medical necessity, medical appropriateness and benefit limitations. All services that require prior authorization from CareSource must be authorized before the service is delivered.

Radiology Prior Authorization

CareSource requires Prior Authorization for CT, MRI and PET scans, in partnership with National Imaging Associates, Inc. (NIA).

Ordering providers must obtain a Prior Authorization for the following non-emergent, outpatient diagnostic imaging procedures:

- MRI/MRA scans
- CT/CTA scans
- PET scans

Post Stabilization

You may obtain information related to Post Stabilization Care Services by dialing 1-800-488-0134, follow the menu prompts for Post Stabilization services.

Member Eligibility

Once you have registered for the Provider Portal, you can check member eligibility and verify up to 24 months, retrospectively.

You can verify eligibility by:

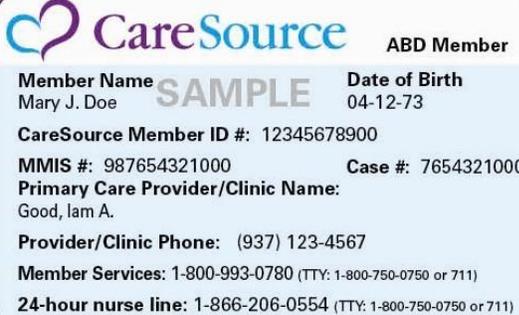
- Date of Service

- Member's Name and Date of Birth
- Medicaid Case Number
- Medicaid MMIS Number
- CareSource Member ID Number

You may also check eligibility through our automated Member Check system 24 hours a day, 7 days a week by calling 1-800-488-0134 and following the menu prompts.

CareSource Member ID Cards

The following ID cards are valid as of October 2013.



CareSource ABD Member

Member Name SAMPLE **Date of Birth** 04-12-73
 Mary J. Doe

CareSource Member ID #: 12345678900

MMIS #: 987654321000 **Case #:** 7654321000

Primary Care Provider/Clinic Name:
 Good, lam A.

Provider/Clinic Phone: (937) 123-4567

Member Services: 1-800-993-0780 (TTY: 1-800-750-0750 or 711)

24-hour nurse line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY.

MEMBER: Show your ID card to medical providers BEFORE you receive care. Never let anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your primary care provider or call our 24-hour toll-free nurse advice line (see front of card for phone number).

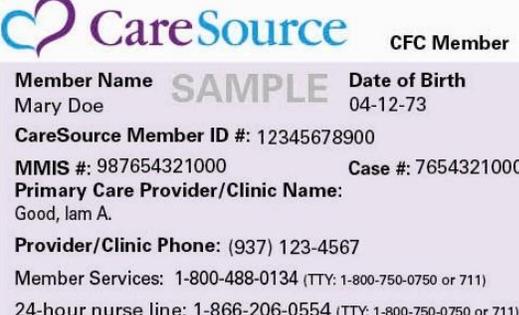
HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit www.caresource.com or call **1-800-488-0134** to access this information. Authorization required for inpatient admission.

MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 8730, Dayton, OH 45401-8730

PHARMACY: Providers call 1-800-488-0134

BENEFITS MANAGER: CVS Caremark
 RxBIN 004336 RxPCN ADV RxGRP RX0797

www.caresource.com



CareSource CFC Member

Member Name SAMPLE **Date of Birth** 04-12-73
 Mary Doe

CareSource Member ID #: 12345678900

MMIS #: 987654321000 **Case #:** 7654321000

Primary Care Provider/Clinic Name:
 Good, lam A.

Provider/Clinic Phone: (937) 123-4567

Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)

24-hour nurse line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

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MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 8730, Dayton, OH 45401-8730

PHARMACY: Providers call 1-800-488-0134

BENEFITS MANAGER: CVS Caremark
 RxBIN 004336 RxPCN ADV RxGRP RX0797

www.caresource.com



CareSource Health Care with Heart

Member Name SAMPLE **Date of Birth** 04-12-73
 Mary Doe

CareSource Member ID #: 12345678900

MMIS #: 987654321000 **Case #:** 7654321000

Primary Care Provider/Clinic Name:
 Good, lam A.

Provider/Clinic Phone: (937) 123-4567

Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)

24-hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY.

MEMBER: Show your ID card to medical providers BEFORE you receive care. Never let anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your primary care provider or call our 24-hour toll-free nurse advice line (see front of card for phone number).

HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit www.caresource.com or call **1-800-488-0134** to access this information. Authorization required for inpatient admission.

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How to Reach CareSource

We also provide telephone-based self-service applications that allow you to verify member eligibility by calling our Provider Services Department and then follow the appropriate prompt.

Phone Numbers

Provider Services	1-800-488-0134
Member Eligibility	1-800-488-0134
Referrals & Prior Authorizations	1-800-488-0134
Claims Inquiries.....	1-800-488-0134
Medicaid Member Services	1-800-488-0134
CareSource 24 - Nurse Triage Line (Medicaid)	1-866-206-0554
Fraud, Waste and Abuse Hotline	1-800-488-0134

Fax Numbers

Case Management Referral	1-877-946-2273
Fraud, Waste and Abuse.....	1-800-418-0248
Medical Prior Authorization.....	1-888-752-0012
Provider Appeals.	1-937-531-2398
Retrospective Review.....	1-888-527-0016

Forms, Updates & Announcements

Providers can find forms, updates and announcements on CareSource.com. The site is updated frequently, so check back often for new information.