

A young child with curly hair is smiling broadly while a doctor in a white coat uses a stethoscope on their chest. The scene is set in a clinical or hospital environment.

WORKING WITH CARESOURCE

HEALTH PARTNER ORIENTATION

OHIO MARKET


CareSource[®]



About CareSource


CareSource[®]

Our *Mission*

MISSION

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

PLEDGE

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



Health Care with *Heart*

MISSION-FOCUSED

Comprehensive, member-centric health and life services.

EXPERIENCED

With over 30 years of service, CareSource is a leading non-profit health insurance company.

DEDICATED

We serve over 2.1 million members through our: Medicaid, Marketplace, MyCare, Dual Special Needs Plans (D-SNP) and PASSE programs.



Our *Plans*

MEDICAID

Children, Pregnant Women & Low-Income Working Families

Risk-based managed care; Aged, Blind & Disabled (ABD) populations; Healthy Start & Healthy Families population

MYCARE OHIO

Medicaid Eligible

Coordination of physical, behavioral & long-term care services

MARKETPLACE

Commercial Health Plan

Reduced premiums or cost-sharing; Pediatric Dental & Vision; Optional Adult Dental, Vision and Fitness

DUAL ADVANTAGE

Dual-Eligible Special Needs (D-SNP) Plan

Includes benefits of Medicaid; Adds additional benefits outside of Medicaid plans



CareSource *Expectations of Providers*

- Provide 24-hour availability to your CareSource patients by telephone (Primary Care Providers (PCPs) only)
- Notify CareSource of any demographic changes prior to the effective date of the change
 - 10 to 60 days, depending on the type of change (refer to the [Provider Manual](#))
- Provide notification to terminate the contract 90 days in advance of desired termination date
- Do not balance bill CareSource members
- Comply with access and availability standards (refer to slides 17-20)
- Provide medical records upon request
- Submit claims or corrected claims within 365 days of date of service or date of discharge
- Treat CareSource members with respect
- Complete model of care training (MyCare and D-SNP providers)

Please refer to your contract and the Provider Manual for more information on provider expectations and responsibilities.



Model of Care *Training*

CareSource Dual Advantage & MyCare Ohio providers are required to complete an initial and annual refresher training on delivering the quality care that meets our standards. Access the on-demand training on the Provider Portal at **CareSource.com** > Providers > Log-In.

Note: Providers are required to attest to completing the training after viewing.

Identify Gaps in Care	Integrated Care Team
Learn the medical, cognitive, behavioral and functional domains to be assessed	Learn how you can work with the CareSource staff to support the model of care
Holistically Address Patient Care	Performance & Health Outcomes
Learn about developing treatment plans informed by health assessment results	Learn how CareSource will work with you to improve the model of care delivery



Our *Responsibilities*

- Ensure an effective member/provider appeal and grievance process
- Complete credentialing process within 90 days
- Provide support for every provider through the Provider Services call center
- Comply with all state and federal regulations
- Pay 90% of clean claims within 30 days of receipt
- Coordinate benefits for members with primary insurance

Please refer to your contract and the Provider Manual for more information regarding expectations and responsibilities.





Working with CareSource


CareSource[®]

Provider Network & *Eligibility*

CareSource Medicaid members choose or are assigned a primary care provider (PCP) upon enrollment. When referring CareSource members to other providers, please ensure the providers are in-network to guarantee coverage. Use our Find-a-Doc tool at **CareSource.com** to help you locate a participating CareSource provider by plan.

OUT OF NETWORK SERVICES

Out-of-network services are NOT covered unless they are emergency services, services covered by the No Surprises Act, or services prior authorized by CareSource.

MEMBER ELIGIBILITY

Be sure to ask to see each patient's CareSource member ID to ensure you take his or her plan. Be sure to confirm which CareSource plan the member is asking that you accept.



ID Cards: *Medicaid Members*

MEDICAID

CareSource

Member Services | Phone: 1-800-488-0134
(TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 1-866-206-0554
(TTY: 1-800-750-0750 or 711)

Member Name
<JaneHasVeryLongName>
<Veryloooooonglastname>

Member ID Number
<000000000000>

Plan ID Number
<000000000000>

Primary Care Provider
<Dr. John Doe>
<Phone: 000-000-0000>
Issuance Date: <MM/DD/YYYY>

Pharmacy Benefit
gainwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344
Use Member ID for Billing

Member Services | Phone: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

Information for Members
Please show your ID card to 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 (PCP) or call CareSource24, our Nurse Advice Line. Learn more at CareSource.com.

Information for Providers
Please verify member eligibility on the Date of Service via the ODM provider portal before rendering services. Please visit CareSource.com for detailed billing instructions or call 1-800-488-0134 for assistance. Providers may also call the ODM IHD at 800-686-1516 for assistance.

Ohio | Department of Medicaid
OH-MED-M-1430435

COORDINATED SERVICES PROGRAM

CareSource

Member Services | Phone: 1-800-488-0134
(TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 866-206-0554
(TTY: 1-800-750-0750 or 711)

Member Name
<JaneHasVeryLongName>
<Veryloooooonglastname>

Member ID Number
<000000000000>

Plan ID Number
<000000000000>

Primary Care Provider
<Dr. John Doe>
<Phone: 000-000-0000>
Issuance Date: <MM/DD/YYYY>

Pharmacy Benefit
gainwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344
CSP Enrolled
Use Member ID for Billing

Member Services | Phone: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 866-206-0554 (TTY: 1-800-750-0750 or 711)

Information for Members
Please show your ID card to 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 (PCP) or call CareSource24, our Nurse Advice Line. Learn more at CareSource.com.

Coordinated Services Program (CSP)
The CSP program coordinates treatment for members who have high patterns of utilization of both medications and services. Except in pharmacy emergencies, CSP enrollees:

- Must choose one pharmacy to fill their prescriptions
- May be assigned to one PCP who will coordinate care with other providers

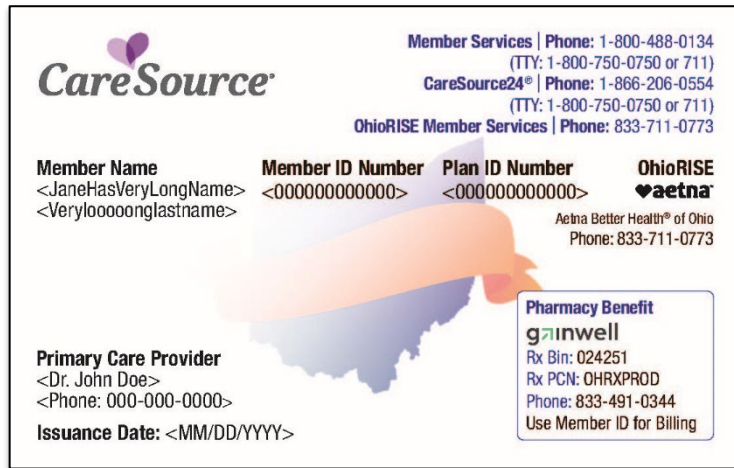
Information for Providers
Please verify member eligibility on the Date of Service via the ODM provider portal before rendering services. Please visit CareSource.com for detailed billing instructions or call 1-800-488-0134 for assistance. Providers may also call the ODM IHD at 800-686-1516 for assistance.

Ohio | Department of Medicaid
OH-MED-M-998050



ID Cards: *OhioRISE* Medicaid Members

MEDICAID: OhioRISE



CareSource Member Services | Phone: 1-800-488-0134
(TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 1-866-206-0554
(TTY: 1-800-750-0750 or 711)
OhioRISE Member Services | Phone: 833-711-0773

Member Name: <JaneHasVeryLongName>
<Veryloooooonglastname>

Member ID Number: <000000000000>

Plan ID Number: <000000000000>

OhioRISE **aetna**
Aetna Better Health® of Ohio
Phone: 833-711-0773

Pharmacy Benefit
gainwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344
Use Member ID for Billing

Primary Care Provider
<Dr. John Doe>
<Phone: 000-000-0000>

Issuance Date: <MM/DD/YYYY>

Member Services | Phone: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)
OhioRISE Member Services | Phone: 833-711-0773

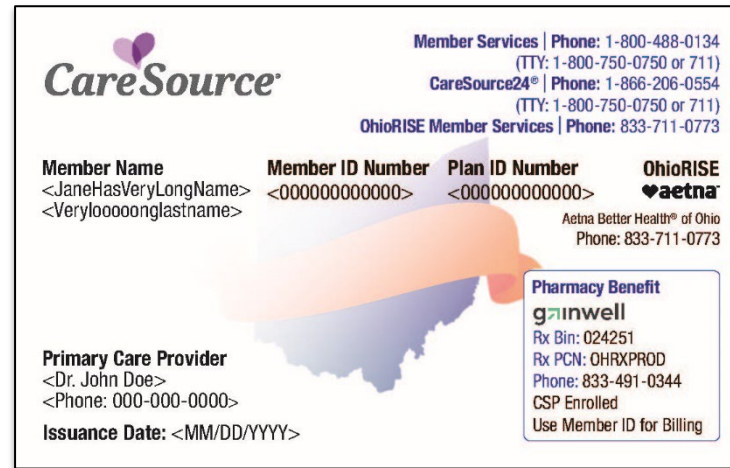
Information for Members
Please show your ID card to providers before you receive care. Never let anyone else use your ID card. In case of emergency, call 911 or go to the nearest emergency room (ER). If you are not sure if you need to go to the ER, call your primary care provider (PCP) or call CareSource24, our Nurse Advice Line. Learn more at CareSource.com.

Information for Providers
Please verify member eligibility on the Date of Service via the ODM provider portal before rendering services. Please visit CareSource.com for detailed billing instructions or call 1-800-488-0134 for assistance. Providers may also call the ODM IHD at 800-686-1516 for assistance.




OH-MED-M-1430436

COORDINATED SERVICES PROGRAM



CareSource Member Services | Phone: 1-800-488-0134
(TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 1-866-206-0554
(TTY: 1-800-750-0750 or 711)
OhioRISE Member Services | Phone: 833-711-0773

Member Name: <JaneHasVeryLongName>
<Veryloooooonglastname>

Member ID Number: <000000000000>

Plan ID Number: <000000000000>

OhioRISE **aetna**
Aetna Better Health® of Ohio
Phone: 833-711-0773

Pharmacy Benefit
gainwell
Rx Bin: 024251
Rx PCN: OHRXPROD
Phone: 833-491-0344
CSP Enrolled
Use Member ID for Billing

Primary Care Provider
<Dr. John Doe>
<Phone: 000-000-0000>

Issuance Date: <MM/DD/YYYY>

Member Services | Phone: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
CareSource24® | Phone: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)
OhioRISE Member Services | Phone: 833-711-0773

Information for Members
Please show your ID card to 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 (PCP) or call CareSource24, our Nurse Advice Line. Learn more at CareSource.com.

Coordinated Services Program (CSP)
The CSP program coordinates treatment for members who have high patterns of utilization of both medications and services. Except in pharmacy emergencies, CSP enrollees:

- Must choose one pharmacy to fill their prescriptions
- May be assigned to one PCP who will coordinate care with other providers


Information for Providers
Please verify member eligibility on the Date of Service via the ODM provider portal before rendering services. Please visit CareSource.com for detailed billing instructions or call 1-800-488-0134 for assistance. Providers may also call the ODM IHD at 800-686-1516 for assistance.

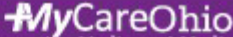
OH-MED-M-1421460



ID Cards: *MyCare Members*

MYCARE





Connecting Medicare + Medicaid

Member Name:
<Cardholder Name>


Member ID #: <Cardholder ID#>
<CareSource MyCare Ohio>

MMIS Number:
<Medicaid Recipient ID#>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

CareSource
Rx innovations
Powered by Express Scripts

RxBIN - 610014
RxPCN - MEDDPRIME
RxGrp - RXINN03



Prescription Drug Coverage

H8452 001


IN AN EMERGENCY, CALL 9-1-1 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 PCP or the 24-Hour Nurse Advice line.


<p>Member Services: 1-855-475-3163 (TTY: 711)</p> <p>Behavioral Health Crisis: 1-866-206-7861</p> <p>Care Management: 1-855-475-3163</p> <p>Eligibility Verification: 1-800-488-0134</p> <p>Pharmacy Help Desk: 1-800-416-3628</p> <p>Claims Inquiry: 1-800-488-0134</p> <p>Provider Questions: 1-800-488-0134</p>	<p>Send Medical claims to: Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738</p> <p>Send Pharmacy claims to: Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718</p>
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24-Hour Nurse Advice: 1-866-206-7861 (TTY: 711)

Website: CareSource.com/MyCare H8452_OHMMC-1458a

MYCARE (MEDICAID SERVICES ONLY)





Connecting Medicare + Medicaid

Member Name:
<Cardholder Name>

Member ID #: <Cardholder ID#>
<CareSource MyCare Ohio>

MMIS Number:
<Medicaid Recipient ID#>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

CareSource
Rx innovations
Powered by Express Scripts

RxBIN - 610014
RxPCN - MEDDPRIME
RxGrp - RXINN03

Medicaid Only

H8452 001

IN AN EMERGENCY, CALL 9-1-1 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 PCP or the 24-Hour Nurse Advice line.


<p>Member Services: 1-855-475-3163 (TTY: 711)</p> <p>Behavioral Health Crisis: 1-866-206-7861</p> <p>Care Management: 1-855-475-3163</p> <p>Eligibility Verification: 1-800-488-0134</p> <p>Pharmacy Help Desk: 1-800-416-3628</p> <p>Claims Inquiry: 1-800-488-0134</p> <p>Provider Questions: 1-800-488-0134</p>	<p>Send Medical claims to: Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738</p> <p>Send Pharmacy claims to: Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718</p>
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24-Hour Nurse Advice: 1-866-206-7861 (TTY: 711)

Website: CareSource.com/MyCare H8452_OHMMC-1459a



ID Cards: *Marketplace Members*


<Silver Low Deductible
Dental & Vision and Fitness>

Member:		Dependents:	<OH> <2021>
<Jeff Doe>		<01 Jane Doe>	
		<02 John Doe>	
Member ID:	<Effective:>	<03 Mike Doe>	
<14800000000-00>	<XX/XX/XXXX>	<04 Ron Doe>	
Health Plan:		<05 Susan Doe>	
<XXXXXXXXXXXXXXXX-XX>		<06 Sara Doe>	
Payer ID:		<07 Joe Doe>	
<31114>		<08 Sam Doe>	

Office: <\$/%>
ER: <\$/%>
Spec: <\$/%>
UrgCare: <\$/%>

<OH-MISC (2021)>
[*after <\$0,000> deductible]

CareSource.com/marketplace

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

MEMBER NUMBERS	<Member Services:>	<1-800-479-9502>
	<CareSource24® Nurse Advise Line:>	<1-866-206-4240>
	<TTY Service for Hearing Impaired:>	<1-800-750-0750>
	<Dental> <Ped Only> <DentaQuest>	<1-800-000-0000>
	<Vision> <Ped Only> <EyeMed>	<1-833-337-3129>
	<Hearing> <TruHearing>	<1-866-202-2561>
	<Fitness> <Active&Fit>	<1-877-771-2746>

PROVIDER INFO	<Provider Services:> <1-800-448-0134> <ESI: 1-XXX-XXX-XXXX> RXBin: 003858 RxPCN: A4 RxGrp: RXINN04 Medical Claims: P.O. Box 8730, Dayton, OH 45401-8730
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Coverage <not> provided through the Health Insurance Marketplace <CareSource is a fully funded plan.>


Note: Make sure the state matches your contracted region.

Marketplace dependents are indicated by the member ID + dependent suffix (portion after the “-”)

- Example: 14800000000-01 (Jane Doe)




ID Card: *Dual Advantage*



CareSource Dual Advantage™
(HMO D-SNP)


Member Name: <John Doe>
Member ID#: <12345678900>
Health Plan: 80840
Payer ID: <XXXXXX>
Primary Care Provider/Clinic Name: <Good, I Am A.>
Provider/Clinic Phone: <XXX-XXX-XXX>

Effective Date: <OH>
<01/01/2021>



RxBIN - 610014
RxPCN - MEDDPRIME
RxGrp - RXINN02

Copays:
Office: <\$XX.XX> **ER:** <\$XX.XX>
Spec: <\$XX.XX> **UrgCare:** <\$XX.XX>



Medicare Rx
Prescription Drug Coverage

CMS: <XXXXX-XXX>

CareSource.com/Medicare

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

MEMBERS: 1-833-230-2020 TTY: 711

24/7 Nurse Advice Line:

<X-XXX-XXX-XXXX>

Vision Benefits:

EyeMed 1-866-299-1425

Hearing Benefits:

TruHearing 1-833-750-6826

Medical Claims:

CareSource
P.O. Box 8730
Dayton, OH 45401-8730

Providers:

1-833-230-2176

Dental Network:

DentaQuest <X-XXX-XXX-XXXX>

Pharmacy:

<X-XXX-XXX-XXXX>

Pharmacy Claims:

Express Scripts
ATTN: Medicare Part D
P.O. Box 14718
Lexington, KY 40512-4718



Claim *Submissions*

ELECTRONIC CLAIM SUBMISSIONS

CareSource encourages electronic claim submission as the primary submission method. We partner with ECHO Health for electronic funds transfer (EFT). You must enroll with ECHO Health to participate. Find the enrollment form for ECHO Health online at: www.echohealthinc.com. For questions, call ECHO Support at: 1-888-485-6233.

ALTERNATE SUBMISSION PROCESS

Providers can submit claims through our secure, online Provider Portal at **CareSource.com** > [Provider Log-In](#).

CLEARINGHOUSES

For electronic data interchange (EDI) transactions, CareSource accepts electronic claims through our clearinghouse, Availity. Providers can find a list of EDI vendors online at: <https://www.availity.com/ediclearinghouse>.

Medicaid Providers should confirm their trading partner is authorized to work with Deloitte, the new EDI vendor for ODM. EDI claims are submitted to the new EDI vendor starting 2/1/2023.



Access and *Availability Standards*

As a CareSource provider, you must ensure your practice complies with the following minimum access standards:

- Provide 24-hour availability to your CareSource patients by telephone.
 - Whether through an answering machine or a taped message after hours, patients should have the means to contact their PCP or back-up provider to be triaged for care.
 - It is not acceptable to use a phone message that doesn't provide access to you or your back-up provider and only recommends an emergency room after hours.
- Be available to see members at least three days per week for a minimum of 20 hours per week.

Please refer to our Provider Manual at **CareSource.com** > Providers > Tools & Resources > [Provider Manual](#) for a complete listing of Access and Availability Standards.



Access and *Availability Standards*

Primary Care Providers (PCPs)

Medicaid Members

Marketplace Members

Type of Visit	Should be seen...	Should be seen...
Emergency needs	Immediately upon presentation	Immediately upon presentation
Urgent care*	Not to exceed 48 hours	Not to exceed 48 hours
Regular and routine care	Not to exceed 6 weeks	Not to exceed 6 weeks
Non-urgent sick primary care	<p>Type of visit:</p> <p>Prenatal Care:</p> <ul style="list-style-type: none"> • First or Second Trimester: First appointment within 7 calendar days; follow up appointments no more than 14 calendar days after request • Third Trimester or High-Risk Pregnancy: within 3 calendar days <p>Other: Not to exceed 3 calendar days</p>	N/A

*For PCPs only: Provide 24-hour availability to your CareSource patients by telephone. Whether through an answering machine or a taped message used after hours, patients should be given the means to contact their PMP or back-up provider to be triaged for care. It is not acceptable to use a phone message that does not provide access to you or your back-up provider, and only recommends emergency room use for after-hours.



Access and *Availability Standards*

Non-PCP Specialists

Medicaid Members

Marketplace Members

Type of Visit	Should be seen...	Should be seen...
Emergency needs	Immediately upon presentation	Immediately upon presentation
Urgent care*	Not to exceed 48 hours	Not to exceed 48 hours
Regular and routine care	Not to exceed 6 weeks	Not to exceed 12 weeks
Routine dental care	Not to exceed 6 weeks	Not to exceed 6 weeks
Dental urgent care	Not to exceed 48 hours	Not to exceed 48 hours

*Providers should see members as expeditiously as their condition and severity of symptoms warrant. It is expected that if a provider is unable to see the member within the designated timeframe, CareSource will facilitate an appointment with another participating provider, or a non-participating provider, when necessary.



Access and *Availability Standards*

Behavioral Health Providers

Medicaid Members

Marketplace Members

Type of Visit	Should be seen...	Should be seen...
Emergency needs	Immediately upon presentation	Immediately upon presentation
Non-life threatening emergency*	Not to exceed 6 hours	Not to exceed 6 hours
Urgent care*	Not to exceed 48 hours	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 calendar days	Not to exceed 10 calendar days
Follow-up routine care	Not to exceed 30 calendar days (based on condition)	Not to exceed 30 calendar days (based on condition)

*For the best interest of our members, and to promote their positive health care outcomes, CareSource supports and encourages continuity of care and coordination of care between medical care providers, as well as between physical health care providers and behavioral health providers.



Member *Communications*

HELP YOUR CARESOURCE PATIENTS UNDERSTAND THEIR COVERAGE.

Encourage your patients to visit CareSource.com, where they can access:

- MyCareSource.com member portal
- Searchable online formulary and prescription cost calculator
- Find-a-Doc tool
- Evidence of Coverage & Schedule of Benefits
- Member Handbook
- Total Cost Navigator
- Forms and more

For more information, visit: [CareSource.com/members](https://www.caresource.com/members).



Communicating with *Us*

	Medicaid/MyCare	Marketplace	Dual Advantage
Provider Services	<1-800-488-0134>	<1-833-230-2101>	<1-833-230-2176>
Hours	Monday – Friday, 8 a.m. to 6 p.m. ET		
Member Services	<1-800-488-0134>	<1-833-230-2099>	<1-833-230-2020>
Hours	Monday – Friday, 7 a.m. to 7 p.m. ET		Monday – Friday, 8 a.m. to 6 p.m. ET





Provider Portal


CareSource[®]

CareSource *Provider Portal*

SAVE TIME AND MONEY

With our secure online Provider Portal, you can:

- ✓ Check member eligibility and benefit limits
- ✓ Find prior authorization requirements
- ✓ Submit prior authorization request and check status
- ✓ Submit claims and verify claim status
- ✓ Verify or update Coordination of Benefits
- ✓ And more!

Access the Provider Portal 24 hours a day, 7 days a week at **CareSource.com** > Provider > [Log-In](#).



Register for the *Provider Portal*

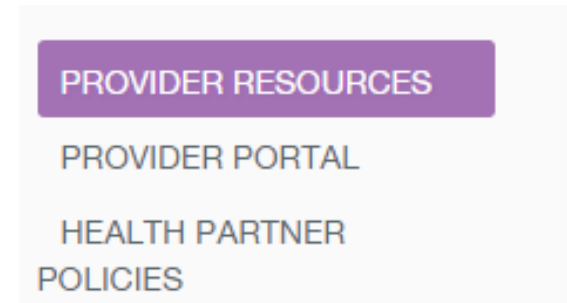
Go to **CareSource.com**. Click Provider from the Log-in drop-down.

Select **Ohio**.

Register for the Provider Portal.

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

Follow remaining steps to register.



Register for the Provider Portal

The Provider Portal makes it easier for you to work with us 24/7. It has critical information and tools to save your practice time. This helpful online tool is available for all CareSource Ohio plans.

If you are not already registered for the Provider Portal, please [register here](#). You can refer to the Portal Registration Training Module for step-by-step instructions.

A screenshot of a "Provider Login" form. It features two input fields: "Username:" and "Password:", each followed by a red asterisk. Below the fields is a "Log In" button. A purple arrow points to the right side of the form.

Provider Portal *Claims Submission*

Currently, CareSource receives a high number of mailed-in claims from our providers. There is a new feature available on the Provider Portal for uploading paper claims. We would like to encourage uploading vs. mailing paper claims for the following benefits:

- ✓ Ability to upload completed paper claims
- ✓ Reduced probability of errors/missing info
- ✓ Faster claim processing and status
- ✓ Required minimal staff training and cost
- ✓ Reduced administrative costs
- ✓ And more!

Medicaid Providers starting 2/1/2023, Medicaid will no longer accept paper claims. Providers who submit claims via the direct data entry, can continue to do so using CareSource Provider Portal.




Member *Eligibility*

Offers ability to search using other member information SS#, DOB, Name

Member Eligibility

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

CareSource 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"/>	City, State, Zip: Indianapolis, IN 46254
Medicaid Id:	County: Marion County
Case Number: 00048255	Phone: (317)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: <u>Not a coordinated services member.</u>	Subscriber: John Lennon
	Program: <u>Just4Me Silver 3 Dental and Vision</u> <u>Silver 3 Dental and Vision</u>

Primary Care Provider **Phone:** (317) 111-1111
(PCP): Dr. John Doe

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



Member *Eligibility* (Marketplace) – Past Due

Member Eligibility

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

CareSource Id: 10400001
 Date of Service: 10/29/2014
 Search

Member is eligible for service on the specified date

Member Information → Contains demographic details on the ID number entered

Member Name: John Lennon	Address: 1960 Abbey Road
CareSource Id: 10400001	City, State, Zip: Indianapolis, IN. 46256
Medicaid Id:	County: Marion County
Case Number: 00048255	Phone: (317) 555-5555
Gender: FemaleMale → 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: <ul style="list-style-type: none"> * 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. * Marketplace only → Program details shows the member is past due	Program: Silver 3 Dental and Vision
Primary Care Provider (PCP): Dr. John Doe → Member's selected PCP	Phone: (317) 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



Marketplace Member *Financial Responsibility*

ANNUAL DEDUCTIBLE, COPAYMENTS & COINSURANCE

These costs are applicable for most covered services. It is up to the provider to collect these amounts at the time of service.

BALANCE BILLING

Network providers **may not** balance bill CareSource members for covered services.

Balance billing is when a provider bills the patient for the difference between the provider's charge and the allowed amount. For example, if the provider's typical fee is \$100, and the allowed billable amount is \$70, the provider may **not** bill the patient for the remaining \$30.



Marketplace Member *Financial Responsibility*

GRACE PERIOD

Members have a federally mandated 90-day grace period if they are receiving Advance Premium Tax Credit (APTC), or a 31-day grace period if they are not receiving APTC in which to make their payment.

- Not applicable for their initial payment
- For APTC-receiving members, 30 days after their due date CareSource will: flag the member in the eligibility file and on the Provider Portal, suspend pharmacy benefits and pend claims rendered
- For non-APTC members, the day after their due date, CareSource will: flag the member in the eligibility file and on the Provider Portal, suspend pharmacy benefits and pend any claims rendered

If members bring their account into good standing before the expiration of the grace period, pharmacy benefits will start again and pended claims will be processed.

TERMINATION

After the grace period has expired, the member is terminated for non-payment of premium.

- CareSource will retroactively terminate the member to either the last day of the first month of the grace period (APTC) or the last paid date (non-APTC).
- CareSource will then deny any claims that are pended during the grace period and reserves the right to recover any amounts paid in this period.



Member *Benefits*

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	\$490.00
Balance:	

Shows the amount remaining before deductible is met

Shows the amount remaining before Max Out of Pocket is met

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

Health Exchange Identification Information

Exchange Health Plan Id:

Exchange Member 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



Provider Portal *Training*

VIDEO TRAINING

<https://player.vimeo.com/video/434369909>

USER GUIDES

<https://www.caresource.com/wp-content/uploads/2020/07/Multi-Multi-P-156292-CareSource-Provider-Portal-User-Guide-OH-KY-WV-GA-1.pdf>



Provider Portal *Training*

If you would like Portal Training, please reach out to Provider Services to schedule a training session.

Plan	Phone Number
D-SNP	<1-833-230-2176>
Marketplace	<1-833-230-2101>
Medicaid	<1-800-488-0134>
MyCare	<1-800-488-0134>





Covered Benefits & Services


CareSource[®]

Covered *Services*

BENEFITS OVERVIEW

PCP and specialist office visits

Emergency services

Preventive services & screenings

Inpatient facility services

Outpatient diagnostic services

Home health services

Durable medical equipment services

Rehabilitation therapy services

Habilitative services

Maternity services

Dental services

Vision services

Allergy Testing & Treatment

Opioid Treatment Services

Pain Management

ENHANCED BENEFITS

CareSource 24 Nurse Advice Line

Disease management

Health and wellness education

Inhalation therapy

Transportation

MEMBER PROGRAMS

Integrated Care Management

Provide a Ride

MyHealth®

MyStrength

Women First®

Babies First®

Kids First®



Services *Not Covered*

Medically unnecessary services

Services received from non-network providers, with specific exceptions

Experimental or investigational services

Alternative or complimentary medicine

Cosmetic procedures

Assisted reproductive therapy

Maintenance therapy treatments

Routine dental services not provided by a DentaQuest provider

Routine vision services & eyewear not provided by an EyeMed provider

Routine hearing services & hearing aids not provided by TruHearing

For more details on each plan's covered services, visit **CareSource.com.**



Transportation *Services*

Plan	Benefit
OH Medicaid Enhanced (not required)	CareSource offers an enhanced benefit of 30 one-way or 15 round trips for members that travel under 30 miles one way.
OH Medicaid Mandatory	CareSource covers the mandatory benefit of transportation for trips 30 miles and over if no closer provider is accepting CareSource members or if the member is in a wheelchair or requires stretcher transport.
OH MyCare Opt-In Enhanced (not required)	CareSource offers an enhanced benefit of 60 one-way or 30 round trips for members that travel under 30 miles one way.
OH MyCare Opt-In and Opt-Out Mandatory	CareSource covers the mandatory benefit of transportation for trips 30 miles or over if no closer provider is accepting CareSource members or if the member is in a wheelchair or requires stretcher transport.
OH DSNP	CareSource provides unlimited trips to an in-network provider.
OhioRise	CareSource provides unlimited trips to members in the OhioRise program, up to age 21. CareSource will also arrange transportation for families, caregivers, and sibling (other minor residents of the home) when needed to facilitate the treatment needs of the member and their family.

For more information about scheduling information, please visit the OAHP Resources web page at: <https://oahp.org/diabetes-resources-for-providers/>.



Supplemental Benefits *Overview*

ABOUT OUR BENEFIT MANAGERS

CareSource partners with select vendors to provide expanded benefits and services, including expertise in the services and broadened networks. **These are exclusive relationships for the services considered** – meaning our member must use a provider within the benefit manager’s network in order for CareSource to contribute. See **CareSource.com** for a full listing of benefits in this plan.



Marketplace Plan *Supplemental Benefits*

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Dental (DentaQuest)	<ul style="list-style-type: none"> ✓ All pediatric members (<19 years of age) ✓ Adults 19+ years of age on dental & vision plans 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network ▪ Claims adjudication ▪ EOBs 	Preventive, diagnostic, restorative, comprehensive and medical necessary orthodontics for pediatric only	<1-855-453-5281>
Routine Hearing (TruHearing)	<ul style="list-style-type: none"> ✓ All Marketplace members 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network ▪ Claims adjudication 	Routine hearing exams & hearing aid discounts	<1-866-202-2674>
Routine Vision (EyeMed)	<ul style="list-style-type: none"> ✓ All pediatric members (<19 years of age) ✓ Adults 19+ years of age on dental & vision plans 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network ▪ Claims adjudication ▪ EOBs 	Routine eye exam, glasses, contacts, and other value-added services	<1-833-337-3129>
Fitness (American Specialty Health)	<ul style="list-style-type: none"> ✓ Adults 18+ years of age on dental & vision plans 	<ul style="list-style-type: none"> ▪ Member Services ▪ Provider network 	No cost shared fitness center access, home health kits, internet tools & education	<1-877-771-2746>

Note: You may refer your CareSource patients to these vendors using the numbers provided above.



Dual Advantage Plan *Supplemental Benefits*

Benefit Category	Eligible Members	Services	Benefit Overview	Member Contact
Routine Dental (DentaQuest)	✓ All Dual Advantage members	<ul style="list-style-type: none"> Member Services Provider network Claims adjudication EOBs 	Preventive, diagnostic, restorative, comprehensive care with annual limit of \$4500	<1-855-453-5281>
Routine Hearing (TruHearing)	✓ All Dual Advantage members	<ul style="list-style-type: none"> Member Services Provider network Claims adjudication 	Routine hearing exams & hearing aid fittings with 2 Advanced Level Hearing Aids every 2 years + batteries	<1-866-759-6826>
Routine Vision (EyeMed)	✓ All Dual Advantage members	<ul style="list-style-type: none"> Member Services Provider network Claims adjudication EOBs 	Routine eye exam, glasses, contacts (with \$450 allowance) and other value-added services	<1-833-337-3129>
Fitness (American Specialty Health)	✓ All Dual Advantage members	<ul style="list-style-type: none"> Member Services Facility network 	No cost share fitness center access, home fitness kit, internet tools & education	<1-877-771-2746>

Note: You may refer your CareSource patients to these vendors using the numbers provided above.



CareSource *Benefit Information*

VISIT CARESOURCE.COM FOR MORE DETAILS ON:

CareSource Medicaid Plan Benefits

CareSource.com > Medicaid > [Plan Documents](#)

Marketplace Plan Benefits

CareSource.com > Marketplace > [Plan Documents](#)

Dual Eligible Plan Benefits

CareSource.com > Dual Advantage > [Plan Documents](#)

MyCare Ohio Plan Benefits

CareSource.com > MyCare > [Plan Documents](#)





Prior Authorizations


CareSource[®]

Prior Authorization *Services*

Some services require prior authorization. For example, all MyCare waiver services require this.

Log in to the Provider Portal at **CareSource.com** > Provider > [Log-In](#) to access the Procedure Code Look-Up Tool and search for services requiring prior authorizations.

For fast authorization processing, CareSource offers **Cite AutoAuth**, an automated evidence-based system. It's quicker than phone or fax! Access it on the Provider Portal.

Please Note: Prior authorization of a service does not guarantee payment. The service must be a covered benefit in the member's plan. Retrospective authorization is not the same as a retrospective prior authorization request. Log in to the Provider Portal at **CareSource.com** > Login > [Provider](#) to view a more comprehensive list of covered services and limitations. Please monitor network notifications for changes that may occur to the PA list.



Procedure Code *Tool*

PRIOR AUTHORIZATIONS

CareSource evaluates prior authorization requests based on medical necessity, medical appropriateness and benefit limits.

Please refer to the Procedure Code Lookup Tool at [CareSource.com > Providers > Procedure Code Lookup Tool](#) to check whether a service requires prior authorization. All services that require prior authorization from CareSource should be authorized before the service is delivered. CareSource is not able to pay claims for services in which prior authorization is required, but not obtained by the provider.



Prior Authorization *Submissions*

	Medicaid/MyCare	Marketplace	Dual Advantage
Online via Provider Portal	https://providerportal.CareSource.com/OH/		
Phone	<1-800-488-0134>	<1-833-230-2101>	<1-833-230-2176>
Fax	888-752-0012		844-417-6157
Mail	CareSource Utilization Management P.O. Box 1307 Dayton, OH 45401-1307		CareSource Utilization Management P.O. Box 3209 Dayton, OH 45401-1307

Cardiac and Musculoskeletal Prior Authorization Services: Some cardiac and musculoskeletal services will require prior authorization through TurningPoint. Providers can submit those prior auths using the [TurningPoint Portal](#).



Prior Authorization *Information Checklist*

PRIOR AUTHORIZATION SUBMISSION REQUIREMENTS

- Member/patient name and CareSource member ID number
- Provider name and National Provider Identifier (NPI)
- Anticipated date(s) of service
- Diagnosis code and narrative
- Procedure, treatment, or service(s) 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 a service
- Inpatient services need to include whether the service is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment

Note: CareSource does not require PCP referrals to see a specialist.

You can find more information on prior authorizations in our Provider Manual, located at **CareSource.com** > Providers > Tools & Resources > [Provider Manual](#).



Prior Authorization *NIA Magellan Imaging*

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

Procedures Requiring PA through NIA	Services Not Requiring PA through NIA	NIA Magellan Authorization Phone Number
<ul style="list-style-type: none">• CT/CTA• MRI/MRA• PET Scan	<ul style="list-style-type: none">• Inpatient advanced imaging services• Observation setting advanced imaging services• Emergency room imaging services	<ul style="list-style-type: none">• Marketplace: 1-800-424-5660• D-SNP: 1-800-424-1741• Medicaid: 1-800-424-5660
<p>NIA Magellan Customer Service: 1-410-953-1042</p>		

Expedited authorizations are accepted. Register at: [RadMD.com](https://www.RadMD.com).

More resources on NIA Magellan imaging may be found at [CareSource.com/Providers](https://www.CareSource.com/Providers).





Population Health, Care Management & Quality


CareSource[®]

Care & Disease *Management*

CARE MANAGEMENT

Providers can refer patients for care management by calling either of the following phone numbers:

Ohio Marketplace: <**1-866-280-5463**>

Ohio Medicaid: <**1-800-993-6902**>

DISEASE MANAGEMENT

If you have a patient with asthma, diabetes, or hypertension who you believe would benefit from this program and is not currently enrolled, please call <**1-844-438-9498**>.

Please note: MyCare members are automatically assigned a care manager, so no referral is needed.

MEMBER EDUCATION

- MyHealth online self-management tool
- Disease-specific newsletters
- Coordination with outreach teams who provide topic-specific information
- One to one care management (if members qualify)



CareSource Care Coordination *Program*

Did you know you can refer your patients to the CareSource Care Coordination program?

Our Interdisciplinary Care Team offers individualized assistance to address health concerns and resource needs. Your patient will be paired with a care manager who will function as a single point of contact to address their health care and health information needs. Patients can connect with their care manager via their direct phone line to address coordination needs or answer questions and concerns they may have. Our care managers create personalized programs to address barriers, including:

- Assisting with obtaining necessary medications and supplies
- Providing education for chronic and acute illnesses
- Connecting to community resources
- Explaining insurance benefits and services
- Establishing after-hours supports

To connect your patient to a member of our team, please go to the CareSource Ohio Provider Portal, click Providers then Care Management Referral or call us at <1-844-438-9498>.



Cultural *Competency*

Providers 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
- Understanding that social determinants of health are recognized as significant contributors to member health outcomes and quality of life
- Meeting the requirements of all applicable state and federal law, including contractual requirements

RESOURCES

We provide cultural competency training resources in the Provider Manual and online at **CareSource.com**. The National Culturally and Linguistically Appropriate Services (CLAS) provides specific guidelines to assist you in developing a culturally competent practice.



CareSource *Health Equity Commitment*

At CareSource, we are dedicated to the communities in which we serve and making a positive impact in the lives of our members by eliminating health disparities, supporting health equity initiatives, and partnering with community stakeholders.

LIFE SERVICES

Our enterprise Life Services Department is dedicated to serving marginalized communities and to making a positive impact in the lives of diverse member populations to eliminate health disparities.

Life Services is taking an integrated approach to health equity and embedding it across CareSource. As a result, we have developed our objectives based on Pillars of Life Services:

- **Workforce Development:** promote long-term employment opportunities, financial literacy, connection to job training and increasing assets such as home ownership
- **Housing:** increase the quality of safe and affordable housing, enhanced financial tools to develop and preserve housing units and improved affordability of housing
- **Food & Nutrition:** regular and consistent access to healthy foods, education on nutrition and overall health impacts, addressing food deserts and inequalities
- **Health equity:** pursuit of Health Equality for Black, Indigenous and People of Color (BIPOC), LGBTQIA, and complex populations; elimination of health disparities, partnerships with outside organizations, drive policy and advocate for change



Quality *Measures*

HEDIS® MEASURES

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).

HEDIS includes a multitude of measures that look at different domains of care:

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk Adjusted Utilization
- Relative Resource Use
- Health Plan Descriptive Information
- Measures Collected Using Electronic Data Systems

Wellness & Prevention

- Childhood vaccinations
- Immunizations for adolescents
- Lead screenings for children
- Breast cancer and cervical cancer screenings
- Colorectal cancer screening

Cardiovascular Conditions

- Controlling high blood pressure
- Comprehensive diabetes care
- Statin therapy for patients with cardiovascular disease or diabetes

Behavioral Health

- Follow up after hospitalization for mental illness
- Follow up care for children prescribed attention deficit/hyperactivity disorder (ADHD) medications

Access to Care

- Children and adolescents' access to primary care providers
- Annual dental visit
- Prenatal and postpartum care



Quality Measures

The **Consumer Assessment of Healthcare Providers and Systems (CAHPS®)** and **Qualified Health Plan Enrollee Experience (QHPEE)** surveys are industry standard tools which ask patients enrolled in a Medicaid, Medicare or Marketplace plan to report on their experiences and satisfaction with their health care system.

CareSource is required to anonymously collect CAHPS® and QHPEE data and submit results to the Centers for Medicare & Medicaid Services (CMS) and National Committee for Quality Assurance (NCQA) on an annual basis, to demonstrate quality improvement performance from the patient perspective.

Note: The acronym "CAHPS" is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)

RELEVANT CAHPS/QHPEE MEASURES:

Overall Ratings

Patient's rating of their overall health care, their health plan, their personal doctor and their specialist seen most often on a 0-10 scale

Getting Needed Care

Patient's ease of getting care, tests and treatment and ability to get a specialist appointment as soon as needed

Getting Care Quickly

Patient's ability to get care as soon as needed when needed right away, to get a regular/check-up appointment as soon as needed and is seen within 15 minutes of appointment time

Coordination of Care

Patient's personal doctor seems informed and up-to-date about care received from other doctors and specialists, patient was followed-up with about test results as soon as needed and doctor discussed prescription medicines with patient

Doctor Communications

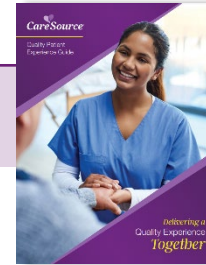
Patient's personal doctor listens carefully, shows respect, spends enough time and communicates in a way that is easy for patient to understand



Quality Resources



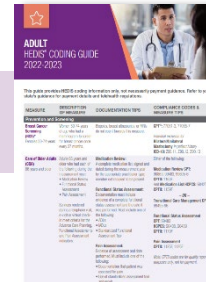
Access Standards



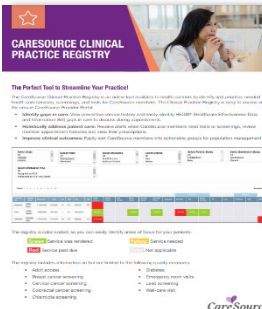
Quality Patient Experience Guide



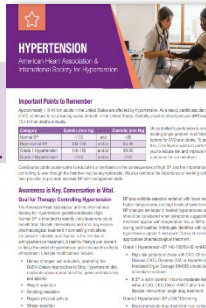
Clinical Practice Registry Training



HEDIS Coding Guides



Clinical Practice Registry Quick Tips



Clinical Practice Guideline Information



Clinical Practice *Registry*

The CareSource Clinical Practice Registry is an online tool available to providers to identify and prioritize needed health care services, screening, and tests for their CareSource members. It is easy to access via the secure CareSource Provider Portal.

The registry includes information on, but not limited to the following measures:

- Adult access
- Asthma
- Breast cancer screening
- Cervical cancer screening
- Colorectal cancer screening
- Diabetes (Hba1c, eye exam, kidney/urine micro-albumin)
- Emergency room visits
- Lead screening
- Well-care visits

Identify Gaps in Care

View preventive service history and easily identify HEDIS gaps in care to discuss during appointments

Holistically Address Patient Care

Receive alerts when CareSource members need tests or screenings, review member appointment histories and view their prescriptions

Improve Clinical Outcomes

Easily sort your CareSource members into actionable groups for population management

CareSource provides performance reports for these metrics to enhance practice procedures. Reports can be exported to PDF or Excel file for enhanced use.



Clinical Practice Guide

CareSource approves and adopts evidence-based nationally recognized standards and guidelines and promotes them to practitioners to help inform and guide clinical care provided to members. CareSource reviews guidelines at least every two years or more often as appropriate and updates them as necessary.

The use of these guidelines allows CareSource to measure their impact on member health outcomes. Review and approval of the guidelines are completed by the Market CareSource Provider Advisory Committee (PAC) and the CareSource Enterprise PAC. The Quality Enterprise Committee (QEC) are notified of guideline approval. CareSource identifies guideline topics through analysis of member population demographics and national or state priorities.

Guidelines may include, but are not limited to: Behavioral health (e.g., depression) Adult health (e.g., hypertension and diabetes) Population health (e.g., obesity and tobacco cessation) Guidelines may be promoted to providers through one or more of the following: newsletters, our website, direct mailings, provider manual, and through focused meetings with CareSource Provider Engagement Specialists. A broad range of wellness, preventive health and chronic disease management tools are also available on the CareSource member website, newsletters or upon request.

If you would like more information on CareSource quality improvement, please call Provider Services.



Telehealth

Telehealth is the direct delivery of health care services to a patient, related to diagnosis, treatment and management of a condition. It is the interaction with a patient via synchronous interactive real-time electronic communication comprising of both audio and video elements, or asynchronous (audio or video elements) telephone calls, remote patient monitoring and communication via secure electronic mail or a secure patient portal.

Although an in-person office visit continues to be the optimal standard of care, telehealth is an additional and optional visit type, when safety and accessibility are impacted. An in-person exam should occur at the next scheduled visit when possible. In-person exams should be scheduled as soon as possible, as needed.

Telehealth is an umbrella term for remote care that may include healthcare education and administration as well as real-time clinical services. Telemedicine, a subset of telehealth, describes real-time clinical healthcare services provided through electronic technology when distance separates the patient and healthcare provider. Many clinically appropriate services that can be delivered virtually will be eligible for telehealth coverage, including but not limited to **sick visits, well visits, prenatal and postpartum care, behavioral health, and monitoring of chronic conditions**. This is especially important for Medicaid members who experience a variety of access related barriers to care and social determinants of health.

We encourage providers to offer Telehealth services as an optional care delivery method to help ensure access to care for our members.



Fraud, Waste & Abuse

Help CareSource stop fraud.

Contact us to report any suspected fraudulent activities.

Note: Providers are required to attest to completing the training after viewing.

CALL Provider Services

- D-SNP: <1-833-230-2176>
- Marketplace: <1-833-230-2101>
- Medicaid/MyCare: <1-800-488-0134>

FAX 800-418-0248

EMAIL fraud@caresource.com

MAIL CareSource

Attn: Program Integrity

P.O. Box 1940

Dayton, OH 45401-1940



ODM Defined Population Streams - NextGen

ODM has defined eleven (11) population streams for the next generation of managed care:

Healthy Children

Healthy Adults

Infants

Women of Reproductive Age-Non-High Risk

Women of Reproductive Age-High Risk

Behavioral Health Children

Behavioral Health Adults- non-SUD

Behavioral Health Adults- SUD

Children with Chronic Conditions

Children with Developmental Disabilities

Adults with Chronic Conditions

Other considerations:

- Opportunity Index Septile Ranking
- Children's Opportunity Index Septile Ranking

[Ohio Opportunity Index | Ohio Colleges of Medicine Government Resource Center \(osu.edu\)](https://www.osu.edu/ohio-opportunity-index)





Pharmacy


CareSource[®]

Pharmacy *Overview*

PARTNERSHIP WITH EXPRESS SCRIPTS

CareSource works collectively with Express Scripts, our delegated pharmacy benefit manager (PBM), to manage our prescription drug costs and develop and implement plan-specific formulary or formularies. Contact Express Scripts at <(800) 282-2881> for any questions.

SPECIALTY DRUGS

Accredo is our preferred specialty provider and can provide specialty medications directly to the member or the prescribing physician and coordinate nursing care if required.

E-PRESCRIBING

CareSource formulary files are available through your Emergency Medical Responder (EMR), HER, or e-prescribing vendor.

RESOURCES

- Find authorization requirements for prescriptions at **CareSource.com** > [Pharmacy](#). Select your plan's dropdown for specific requirements.
- The Formulary search tool and prior authorization lists are available on **CareSource.com**.
- Medication Therapy Management (MTM) allows pharmacists to work collaboratively with physicians to prevent or address medication-related problems, decrease member costs and improve prescription drug adherence.



Medicaid Plan *Pharmacy Benefits*

MEDICATION STRUCTURE

No member cost share

Generics	Brand	Therapeutic
Includes retail generics and mail order generics	Includes retail brand and mail order brand	Includes retail therapeutic and mail order therapeutic
Visit CareSource.com > Pharmacy if you wish to access our full formulary list.		
Note: Effective October 2022, Gainwell Technologies is the Single Pharmacy Benefit Manager (SPBM) for the Ohio Department of Medicaid (ODM) pharmacy program. All CareSource members receive pharmacy benefits through the SPBM.		



Marketplace Plan *Pharmacy Benefits*

MEDICATION STRUCTURE

The higher the tier, the higher the cost of the drug

Tier 0	Tier 1	Tier 2	Tier 3	Tier 4
<p>No member cost share.</p> <p>This tier contains preventive medications.</p>	<p>Contains low-cost generic drugs.</p>	<p>Higher coinsurance or copayment than those in Tier 1.</p> <p>This tier contains preferred medications that may be generic drugs or single- or multi-source brand-name drugs.</p>	<p>Higher coinsurance or copayment than those in Tier 2.</p> <p>This tier contains non-preferred medications. Includes medications considered single- or multisource brand name drugs.</p>	<p>Higher coinsurance or copayment than those in Tier 3.</p> <p>Medications generally classified as specialty medications fall into this category.</p>

Visit [CareSource.com](https://www.caresource.com) > [Pharmacy](#) if you wish to access our full formulary list.



Dual Advantage Plan *Pharmacy Benefits*

MEDICATION STRUCTURE

PHASE 1: Deductible – Members pay the full cost or applicable low-income subsidy (LIS) copay of Tiers 2, 3 and 4 until they meet their deductible.

PHASE 2: Initial Coverage – Members stay in this phase until yearly drug costs reach <\$4,600>.

PHASE 3: Coverage Gap – Members stay in this phase until yearly drug costs reach <\$7,400>.

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
1-month supply or 3-month supply at in-network pharmacy				1-month supply at in-network pharmacy
No member cost share.	25% of total cost or applicable LIS copay.	25% of total cost or applicable LIS copay.	25% of total cost or applicable LIS copay.	25% of total cost or applicable LIS copay. Limited to 30-day supplies. Not available through mail order services.
PHASE 4: Catastrophic				
\$4.15 or 5% of the total cost (whichever is greater) or applicable LIS copay.	\$4.15 or 5% of the total cost (whichever is greater) or applicable LIS copay.	\$10.35 or 5% of the total cost (whichever is greater) or applicable LIS copay.	\$10.35 or 5% of the total cost (whichever is greater) or applicable LIS copay.	\$10.35 or 5% of the total cost (whichever is greater) or applicable LIS copay.

Some prescription drugs have additional requirements. Visit **CareSource.com** > Providers > Pharmacy if you wish to access our full formulary list. Mail-order limited to 90-day supplies.

Most members in the CareSource D-SNP plan should have LIS or “extra help”. Members can find out more about extra help and how to apply at: www.medicare.gov/basics/costs/help/drug-costs.





Provider Resources


CareSource[®]

Provider *Resources*

Visit **CareSource.com** to access:

- Downloadable Provider Manual
- Downloadable Provider Orientation
- Newsletters & Network Notifications
- Formularies
- Covered benefits
- Quick reference guides
- And more

CARESOURCE PROVIDER PORTAL

<https://:providerportal.caresource.com/OH>



CareSource *Contacts*

	Medicaid/MyCare	Marketplace	Dual Advantage
Provider Services	<1-800-488-0134>	<1-833-230-2101>	<1-833-230-2176>
Utilization Management Fax	<888-752-0012>		<844-417-6157>
Provider Portal	https://providerportal.caresource.com/OH SKYGen Dental Portal: https://pwp.sciondental.com/PWP/Landing		
Electronic Funds Transfer	ECHO Health: 1-888-485-6233		
Electronic Claims Submission	31114		
Claim Address	CareSource, Attn: Claims Department, P.O. Box 8730, Dayton, OH, 45401-8730		
Timely Filing	365 days from date of service or discharge		





Please click the link to
complete the attestation
recommended by Ohio
Department of Medicaid

Provider Orientation Attestation


CareSource[®]



Are you contracted with all our plans?

*Join us on our journey to healthy
outcomes.*

Visit [CareSource.com/Contracting](https://www.caresource.com/Contracting) to
start the contracting process.


CareSource[®]



PARTNER with *Purpose*