




CareSource® MyCare Ohio (Medicare-Medicaid Plan)

CareSource MyCare Ohio is offered in partnership with the Ohio Department of Medicaid (ODM) and Centers for Medicare & Medicaid Services (CMS). The goal of this three-year demonstration program is to improve the health and well-being of dual-eligible Ohioans by better coordinating their Medicaid and Medicare services. Please use this as a quick reference tool on CareSource MyCare Ohio plan details and processes.



About CareSource MyCare Ohio:

- Members have no co-pays.
- Providers must refer members to in-network providers only.
- Members and providers will work very closely with CareSource care managers to support member needs.
- Please check member eligibility every time a member receives care.
- Any health care provider who is not a participating provider with CareSource must obtain prior authorization for all non-emergency services provided to a CareSource member.
- All waiver services require prior authorization.

CareSource MyCare Ohio Medicare-Medicaid Member ID Card

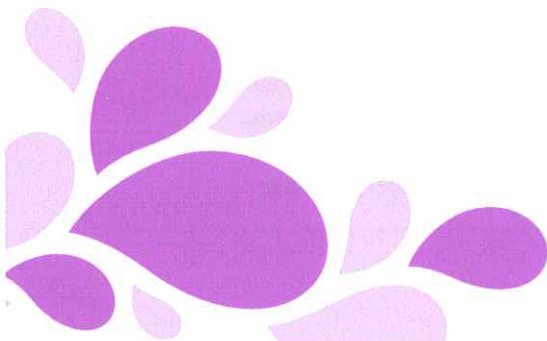
 			
Member Name: <Cardholder Name> Member ID #: <Cardholder ID#> Health Plan (80840) MMIS Number: <Medicaid Recipient ID#> PCP Name: <PCP Name> PCP Phone: <PCP Phone> H8452 - 001		RxBin: 004336 RxPCN: MEDDADV RxGRP: RX5045	
In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your PCP or the 24-Hour Nurse Advice line.			
Member Service:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)	Eligibility Verification:	1-800-488-0134
Behavioral Health Crisis:	1-866-206-7861	Pharmacy Help Desk:	1-800-488-0134
Care Management:	1-855-475-3163	Claims Inquiry:	1-800-488-0134
24-Hour Nurse Advice:	1-866-206-7861 (TTY: 1-800-750-0750 or 711)	Provider Questions:	1-800-488-0134
Website:	CareSource.com/MyCare		
Mail medical claims to:	CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738	Mail pharmacy claims to:	CVS Caremark P.O. Box 52066 Phoenix, AZ 85072-2066

CareSource MyCare Ohio Medicaid-Only Member ID Card

 		RxBin: 004336 RxPCN: ADV RxGRP: RX3292	
Member Name: <Cardholder Name> Member ID #: <Cardholder ID#> MMIS Number: <Medicaid Recipient ID#> PCP Name: <PCP Name> PCP Phone: <PCP Phone>			
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.			
Member Service:	1-855-475-3163 (TTY: 1-800-750-0750 or 711)		
Behavioral Health Crisis:	1-866-206-7861 (TTY: 1-800-750-0750 or 711)		
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Standard Medicare and Medicaid vs. CareSource MyCare Ohio

Services	CareSource MyCare Ohio (MEDICARE + MEDICAID)	CareSource MyCare Ohio (MEDICAID ONLY)	Standard Medicare and Medicaid
All standard Medicare benefits	X		X
All standard Medicaid benefits	X	X	X
Coordination of Medicare/ Medicaid benefits through 1 point of contact	X		
No Copays for Medicare services	X		Varies by plan
No Copays for Medicaid services	X	X	Varies by plan
No Copays for Medicare Part D drugs	X		Varies by plan
No Copays for Medicaid-covered drugs	X	X	Varies by plan
One ID card for all Medicare + Medicaid benefits	X		
Nurse on-call 24/7/365	X	X	Varies by plan
Basic transportation	X	X	X
Enhanced transportation	X		Varies by plan
Enhanced dental services	X		Varies by plan
Enhanced vision services	X		Varies by plan
Waiver Medicaid services (if eligible)	X	X	X



Services That Require Prior Authorization

Please note: This is not a comprehensive list. Failure to obtain prior authorization may result in denied claims. For more information, please view the Provider Manual on **CareSource.com** or call Provider Services at **1-800-488-0134**.

Any health care provider who is not a participating provider with CareSource must obtain prior authorization for all non-emergency services provided to a CareSource member.

- **All Waiver Services**
- All Abortions
- All Home Care Services
- All Inpatient Care
- All Intensive Outpatient Program services
- All Partial Hospital Program services
- Assertive Community Treatment (ACT)
- Ambulance transportation – except for emergent or facility-to-facility transfers
- Chiropractic Visits greater than 12 per calendar year
- Community Psychiatric Supportive Treatment (CPST)
- Cosmetic procedures and plastic surgery
- Day Treatment
- Durable Medical Equipment over \$750.00 billed charges
 - All powered or customized wheelchairs
 - Manual wheelchair rentals over three months
 - All miscellaneous codes (ex: E1399)
- Hospice Care
- Mental Health visits greater than 10 per calendar year
- Non-emergent diagnostic imaging procedures (i.e., CT/CTA scans, MRI/MRAs, PET scans)
- Non-Formulary Drug Requests
- Nursing Facility Services
- Occupational Therapy visits greater than 20 per calendar year
- Organ Transplants
- Pain Management Services
- Physical Therapy visits greater than 20 per calendar year
- Podiatry office visits greater than 8 per calendar year
- Orthotics/Prosthetic devices over \$750.00 billed charges
- Some Dental Services
- Some Part B and Part D drugs
- Speech Therapy visits greater than 15 per calendar year
- Substance abuse services greater than 12 per calendar year

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:** **mmauth@caresource.com**
- **Fax:** Please fax the prior authorization form to 1-888-752-0012. Copies of prior authorization forms can be found on **CareSource.com**.
- **Mail:**
CareSource
P.O. Box 1307
Dayton, OH 45401-1307
- **Phone:** **1-800-488-0134** Follow the appropriate menu prompts for the authorization requests.

When requesting an authorization, please provide the following information:

- 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 for the service

Please review the Provider Manual for additional information.

Important Phone Numbers

Provider Services:	1-800-488-0134	M-F 8am – 6pm
Prior Authorizations:	1-800-488-0134	M-F 8am – 5pm
Claims Inquiries:	1-800-488-0134	M-F 8am – 6pm
Member Services:	1-855-475-3163	M-F 8am – 8pm
CareSource24 [®] , 24-Hour Nurse Advice Line:	1-866-206-7861	24/7/365
TTY for the Hearing Impaired:	1-800-750-0750 or 711	M-F 8am – 8pm

Important Fax Numbers

Case Management Referral:	1-877-946-2273
Credentialing:	1-866-573-0018
Fraud, Waste and Abuse:	1-800-418-0248
Medical Prior Authorization Fax:	1-888-752-0012
Provider Appeals:	1-937-531-2398
Provider Maintenance (e.g., office changes, adding/deleting a Provider):	1-937-396-3076

Important Addresses

General Correspondence:	CareSource P.O. Box 8738 Dayton, OH, 45401-8738	Claims:	CareSource P.O. Box 8730 Dayton, OH 45401
Medical Prior Authorizations:	CareSource P.O. Box 1307 Dayton, OH 45401-1307	Fraud, Waste and Abuse:	CareSource Attn: Special Investigations Department P.O. Box 1940 Dayton, OH 45401-1940
Provider Appeals:	CareSource Attn: Provider Appeals P.O. Box 2008 Dayton, OH 45401-2008	Provider Demographic Changes:	CareSource Attn: Provider Maintenance P.O. Box 8738 Dayton, OH 45401-8738
Member Appeals & Grievances:	CareSource Attn: Member Appeals P.O. Box 1947 Dayton, OH 45401	Online: Provider Portal:	CareSource.com https://providerportal.caresource.com

Other Network Contact Information

Radiology Information – NIA	www.RADMD.com
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Claims Submissions

CareSource encourages providers 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):

In order to receive EFT payment from CareSource, you must enroll with Instamed. Complete the enrollment form on “Claims Payment” page of CareSource.com and fax it to InstaMed at **1-877-755-3392**. Questions? Call InstaMed at 1-215-789-3682.

Electronic Claims Submission:

EDI CareSource payer ID number: **31114**

Paper Claims:

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

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



CareSource.com