




# 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

 	
<b>Member Name:</b> <Cardholder Name> <b>Member ID #:</b> <Cardholder ID#> <b>Health Plan (80840)</b> <b>MMIS Number:</b> <Medicaid Recipient ID#> <b>PCP Name:</b> <PCP Name> <b>PCP Phone:</b> <PCP Phone> H8452 - 001	 <b>RxBin:</b> 004336 <b>RxPCN:</b> MEDDADV <b>RxGRP:</b> 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.

<b>Member Service:</b> 1-855-475-3163 (TTY: 1-800-750-0750 or 711)	<b>Eligibility Verification:</b> 1-800-488-0134
<b>Behavioral Health Crisis:</b> 1-866-206-7861	<b>Pharmacy Help Desk:</b> 1-800-488-0134
<b>Care Management:</b> 1-855-475-3163	<b>Claims Inquiry:</b> 1-800-488-0134
<b>24-Hour Nurse Advice:</b> 1-866-206-7861 (TTY: 1-800-750-0750 or 711)	<b>Provider Questions:</b> 1-800-488-0134
<b>Website:</b> CareSource.com/MyCare	
<b>Mail medical claims to:</b> CareSource Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738	<b>Mail pharmacy claims to:</b> CVS Caremark P.O. Box 52066 Phoenix, AZ 85072-2066

## CareSource MyCare Ohio Medicaid-Only Member ID Card

 	
<b>Member Name:</b> <Cardholder Name> <b>Member ID #:</b> <Cardholder ID#> <b>MMIS Number:</b> <Medicaid Recipient ID#> <b>PCP Name:</b> <PCP Name> <b>PCP Phone:</b> <PCP Phone>	<b>RxBin:</b> 004336 <b>RxPCN:</b> ADV <b>RxGRP:</b> RX3292

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.

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<b>Provider/Pharmacy Questions:</b> 1-800-488-0134	
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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:	<b>CareSource.com</b>  <b><a href="https://providerportal.caresource.com">https://providerportal.caresource.com</a></b>

### Other Network Contact Information

Radiology Information – NIA	<a href="http://www.RADMD.com">www.RADMD.com</a>
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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**