



CareSource Just4Me™

Qualified Health Insurance Plan
IN Health Partner Orientation



CareSource Just4Me

Our Mission:

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



CareSource Just4Me



Our Pledge:

- Make it easier for you to work with us
- To engage with providers as partners
- Direct communication
- Timely and low-hassle medical reviews
- Accurate and efficient claims payment
- Empowerment of members to make health choices and seek appropriate health care

Health Care with Heart



25

YEARS
MISSION-DRIVEN
CARE



1.2 MILLION
MEMBERS



300 JOBS
IN 2014



92% REVENUE
MEDICAL SERVICES



\$4.2B
2013 REVENUE

A-Z

CONSUMER
ADVOCACY

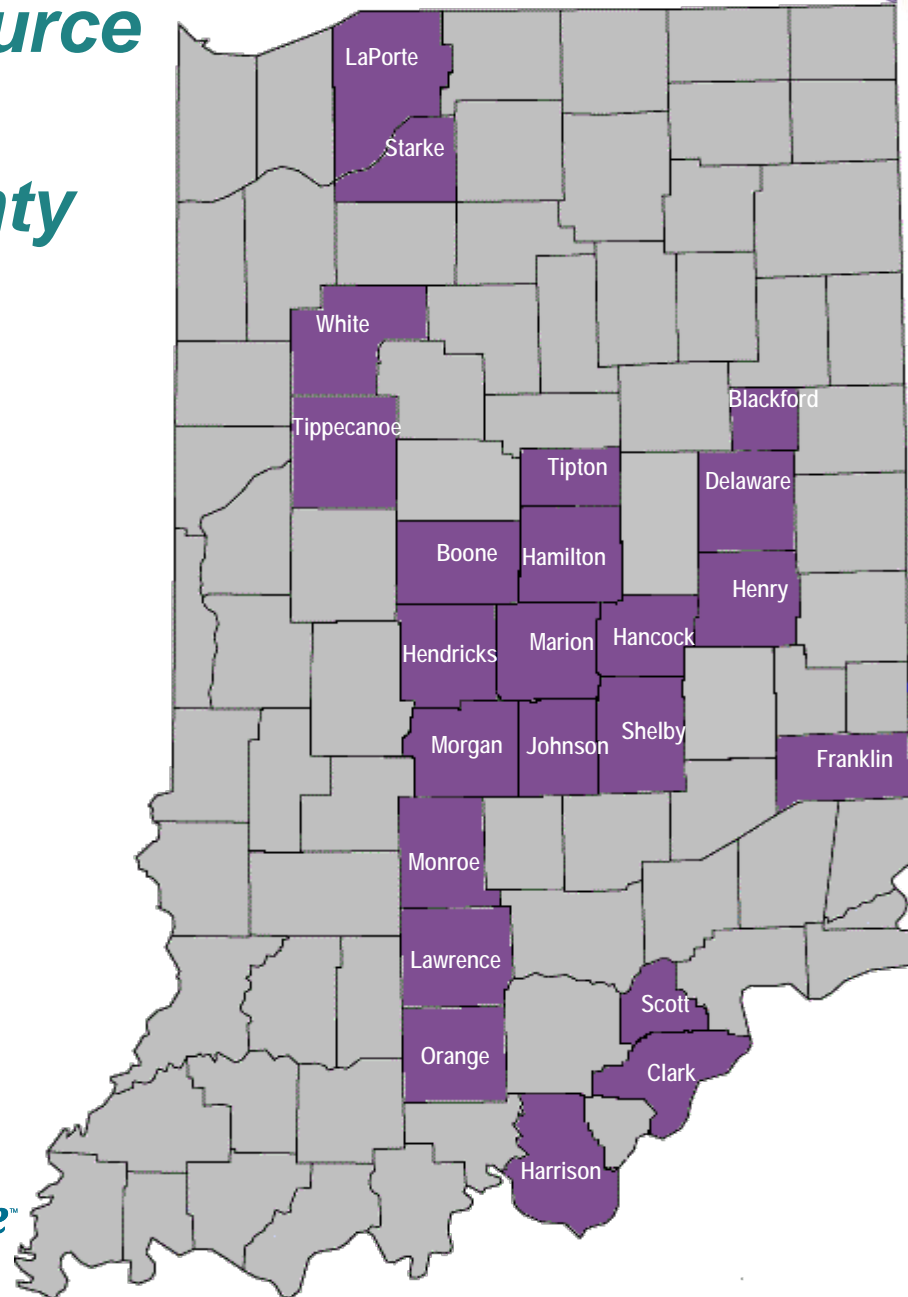
14th

TOP 125
TRAINING
MAGAZINE



COVERAGE
OH, KY, IN

2015 CareSource Just4Me™ Indiana County Footprint



Provider Network

- PCPs are not listed on the card
- Encourage members to select a PCP
 - If a member does not select a PCP within 30 days, CareSource will assign one
- When referring patients, ensure other providers are in-network to ensure coverage
 - Use our Find A Doc tool at **CareSource.com** to help you locate a participating CareSource Just4Me provider

Note: Non-emergency services provided by out-of-network providers will NOT be covered by CareSource, unless the service has received prior authorization.

Examples of Covered Services

- Primary care and specialty physician services
- Outpatient services
- Hospitalizations
- Emergency Services
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription drug coverage
- Preventive and wellness services
- *Rehabilitative and habilitative services and devices*
- *Laboratory services*
- *Chronic disease management*
- *Covered clinical trials*
- *Podiatry care*
- *Pediatric health and vision services*
- *Diagnostic imaging*
- *Optional dental and vision coverage for adults*

Non Emergency services provided by out-of-network providers will **NOT** be covered by CareSource, unless the service received prior authorization.

Note: This is not a comprehensive list. Coming soon providers will be able to log into the Provider Portal at: **CareSource.com** to view a more complete list of covered services and limitations.

Services that are not Covered

- Medically unnecessary services
- Services received by a non-network provider
- Experimental or investigational services
- Alternative or complimentary medicine
- Weight loss programs, bariatric surgery.
- Cosmetic procedures or services
- Hearing aids
- Nutritional and/ or dietary supplements
- Assisted Reproductive Therapy
- Maintenance therapy

Member ID Cards



FRONT

Just4Me™ **IN**

Ultra – Dental & Vision

Member:
John Doe

Member ID:
14800000000-00

Health Plan
(XXXXX) XXX-XX-XXXX

Payer ID: INCS1

Office: \$0.00 ER: \$0.00 Spec: \$0.00 UrgCare: \$0.00

Dependents:
01 Jane Doe
02 John Doe
03 Mike Doe
04 Ron Doe
05 Susan Doe
06 Sara Doe
07 Joe Doe
08 Sam Doe

Indicates state coverage is valid for

Indicates member has dental and vision

Member name

Member ID number + suffix

Dependent suffix should be included when submitting claims

Member copays

ID cards for 2015 will be mailed on Dec 20th and again on Dec 26th

CareSource.com/Just4Me

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

Members: 1-877-806-9284 (TTY: 1-800-743-3333 or 711)

24/7 Nurseline: 1-866-206-7880 Providers: 1-866-286-9949 Pharmacy: 1-866-286-9949

Medical Claims: P.O. Box 8738, Dayton, Oh 45401-8738

Benefits Manager: CVS Caremark

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

Pharmacy Numbers: RxBin: 004336, RxPCN: ADV, RxGrp: RX3159

Member services phone number

Provider services phone number

Claims mailing address

Provider Resources

Provider Services, Eligibility, Benefits, Claims
Inquiry, Credentialing: 1-866-286-9949

Medical Management Fax Number: 877-716-9480

Website: www.CareSource.com

Provider Portal: <https://providerportal.CareSource.com>

Electronic Fund Transfer (EFT): Instamed 1-877-755-3392
(Note Dental providers use separate process through dental portal)

Electronic Claim Submission EDI: INCS1

Claim Address: P.O. Box 3607, Dayton, OH 45401-3607,
Timely Filing: 365 days from Date of Service or discharge.

Provider Portal Landing Page



Which **Provider Portal** would you like to use?

OHIO

INDIANA

KENTUCKY



**CLICK ON YOUR
STATE**

<https://providerportal.caresource.com/GL/SelectPlan.aspx>

Registering for Portal Use



Click here to register as a new user



Register for the Provider Portal

If you are not already registered for the Provider Portal, please [register here](#).

If you have a login, but cannot remember your username and/or password, please call the CareSource Provider Services Department at 1-800-488-0134.



Register for the CareSource E-Communication System

Cut down on clutter and go green! Register for CareSource Provider E-Communication System and receive relevant and timely information via email. [Please register here](#).



Provider Login:

Username:	<input type="text"/>
Password:	<input type="password"/>
<input type="button" value="Log In"/>	

MESSAGES

ATTENTION:

User Registration

Step 1 of 3 - Provider Eligibility

Provider Type: Practitioner Group

Practitioner's First Name:

Practitioner's Last Name:

Tax ID:

CareSource Provider ID:

Zip Code:

Fill out the form- Note CareSource Provider ID can be found in your Welcome letter or by calling Provider Services.

Member Eligibility-Current



Member Eligibility

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

CareSource Id: → Search by Member ID

Date of Service:

Member is eligible for service on the specified date

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

Search by Member ID

Box indicates member has paid their first premium and is eligible for benefits

Member Information

Member Name: John Lennon
CareSource Id:
Medicaid Id:
Case Number: 00048255
Gender: Male
Member Profile: Not Available for this Member
[Member Profile Report Definitions](#)
Program Details: Not a coordinated services member.

Address: 1960 Abbey Road
City, State, Zip: Indianapolis, IN 46254
County: Marion County
Phone: (317)555-5555
Date of Birth: 1/9/1940
Relationship to Subscriber/Insured
Subscriber: John Lennon
Program: Just4Me Silver 3 Dental and Vision

Primary Care Provider
(PCP): Dr. John Doe

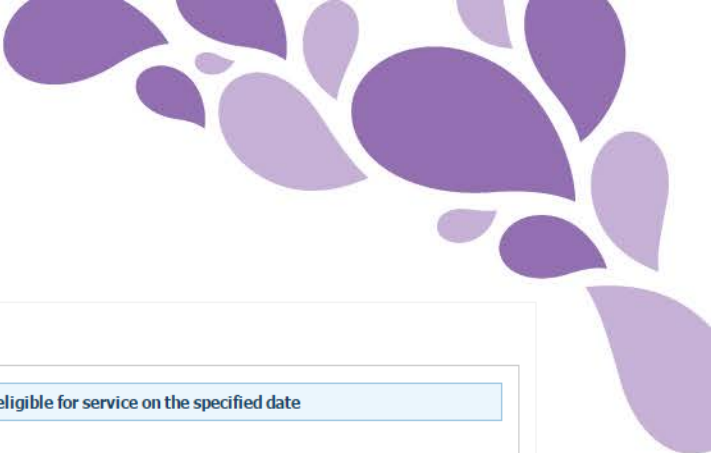
Phone: (317) 111-1111

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

Member Financial Responsibility

- Annual deductible, copayments or coinsurance are also applicable for most covered services
 - It is up to the provider to collect these amounts at the time of service
- Members have a federally mandated 90 day grace period in which to make their premium payment
 - CareSource will continue to process medical claims and pay providers in those 90 days
 - After 30 days of non payment of premium, the member will be flagged in the eligibility file and on the Provider Portal
 - Pharmacy benefits are also eliminated after 30 days of non-payment.
 - *If a member pays within 90 days and is reinstated, pharmacy benefits will start gain*
- After 90 days past due the member is terminated for non- payment of premium
 - CareSource will retroactively terminate the member and all monies for months two and three of delinquency will be recovered

Member Eligibility- Past Due



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: Search

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: Male → 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: 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. → Program details shows the member is past due

Program: [Just4Me 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

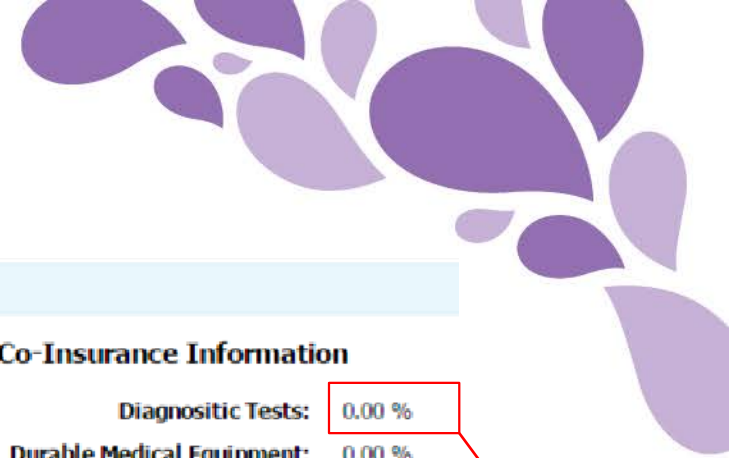
► **Subscriber Financial Responsibilities** → Lists copays, coinsurance amount remaining toward deductible

► **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 Just4Me

Member Benefits- Provider Portal



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 Balance:	\$490.00

Shows the amount remaining before deductible is met

Max out of pocket a member will pay including coinsurance and deductible

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

Health Exchange Identification Information

Exchange Health Plan 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

*****NOTE: With the exception of office visits the deductible must be met before coinsurance can be applied*****

Exchange Member Id: .

Prior Authorization (PA) Process

Ways to Submit Prior Authorization

- Online: at CareSource.com through select Provider Portal
- Phone: 1-866-286-9949
- Email: mmauth@CareSource.com
- Fax: 877-716-9480
- Mail: **CareSource Medical Management**
P.O. Box 1307
Dayton, OH 45401-1307

NOTE: We do not require a referral from the doctor to see a specialist but physician should contact specialist & notify them of the patient referral.



PA Information Checklist:

- 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 of the service.
- Inpatient services need to include if it is elective, urgent, or emergency, admitting diagnosis, symptoms & plan of treatment.
- You will have 180 days from the date of service, date of discharge, or 90 days from the other carrier's EOB (whichever is later) for retrospective authorization

Please refer to the Just4Me Provider Manual for additional information.

Prior Authorization (PA)

- All services provided out-of-network
- Inpatient services
- Partial hospitalization programs
- Intensive outpatient behavioral health services
- Surgical services, including transplants or reconstructive surgeries
- Advanced Diagnostic Imaging (i.e. PET, MRI, MRA, CT etc.,)
- Certain outpatient procedures and tests
- Purchase or rental of specified medical supplies, DME supplies or appliance, as well as items exceeding \$750.
- Skilled Nursing facilities
- Home Infusion Therapy
- Accidental Dental- reconstruction due to accident
- Pain Management
- Behavioral Health Facility- Inpatient and outpatient including Alcohol and Substance abuse

Please note: This is not a comprehensive list. Coming Soon in December providers will be able to log into the Provider Portal at [CareSource.com](https://www.caresource.com) to view a more comprehensive list of covered services and limitations.

Prior Authorization- Radiology

Requests:

- Authorization Phone Number is 800-424-5660 Expedited authorizations are accepted.
- RadMD Website

Other Information:

- CPT Codes and their Allowable Billable Groupings.
- Clinical Guidelines and Prior Authorization Checklists are located at www.RadMD.com
- Clinical information needed:
 - ✓ Justify exam, symptoms and their duration, physical exam findings.
 - ✓ Preliminary procedures already completed.
 - ✓ Reason the study is being requested
- If needed, a request for additional clinical information may be faxed to provider. Return by Fax or RadMD upload.
- Authorization valid for 60 days.
- Denial letter outlines appeal instructions.

NIA Magellan Dedicated Provider Relations Manager :

Name : April J. Sidwa

Phone: 410-953-1078

Email: ajsidwa@magellanhealth.com



Utilization Review Matrix 2015 CareSource Just4Me

The matrix below contains all of the CPT-4 codes for which NIA Magellan[®] authorizes on behalf of CareSource Just4Me. This matrix is designed to assist in the resolution of claims adjudication and claims questions related to those services authorized by NIA Magellan. If an exam is billed under any one of the given codes for that grouping and a valid authorization number has been issued within the date of service validity period, the charge for any of the codes should be allowed.

If a family of CPT codes is not listed in this matrix, an exact match is required between the authorized CPT code and the billed CPT code. If the exact match does not occur, the charge should be adjudicated accordingly.

*Please note: Services rendered in an Emergency Room, Observation Room, surgery center or hospital inpatient setting are not managed by NIA Magellan.



Authorized CPT Code	Description	Allowable Billable Groupings
70338	MRI Temporomandibular Joint	70338
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70488	CT Maxillofacial Sinus	70488, 70487, 70488, 70390
70490	CT Soft Tissue Neck	70490, 70491, 70492
70498	CT Angiography, Head	70498
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70561	MRI Internal Auditory Canal	70561, 70562, 70563, 70540, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70561	MRI Brain	70561, 70562, 70563
70564	Functional MRI Brain	70564, 70565
71260	CT Chest	71260, 71260, 71270
71276	CT Angiography, Chest (non coronary)	71276
71650	MRI Chest	71650, 71651, 71652
71655	MRA Chest (excluding myocardium)	71655
72125	CT Cervical Spine	72125, 72126, 72127
72128	CT Thoracic Spine	72128, 72129, 72130
72131	CT Lumbar Spine	72131, 72132, 72133
72141	MRI Cervical Spine	72141, 72142, 72138
72148	MRI Thoracic Spine	72148, 72149, 72137
72148	MRI Lumbar Spine	72148, 72149, 72138
72169	MRA Spinal Canal	72169
72181	CT Angiography, Pelvis	72181

[®] NIA Magellan refers to National Imaging Associates, Inc.

CareSource Just4Me/NIA Magellan Utilization Review Matrix 2015

NIA Magellan



Quality Measures for Health Insurance Marketplace

- Wellness and Prevention
- Preventive screenings (breast cancer, cervical cancer, Chlamydia)
- Medical assistance with smoking & tobacco use cessation
- Chronic Disease Management
- Cholesterol Management – patients with cardiovascular conditions
- Comprehensive diabetes care
- Controlling high blood pressure
- Use of appropriate medications for people with asthma
- Behavioral Health
- Follow-up after hospitalization for mental illness
- Antidepressant Medication Management
- Follow-up for children prescribed ADHD medication
- Safety
- Use of imaging studies for low back pain

- (CAHPS®) Surveys, to capture member perspectives on health care quality
- CareSource Just4Me's quality program focuses on a spectrum of performance categories that seek to improve quality & effectiveness of:
 - Clinical quality of care including:
 - Behavioral health & member safety
 - Quality of service & key performance metrics
 - Business process improvement
 - Data management/quality
 - Provider & member service as well as satisfaction
 - Service utilization/medical cost ratio
 - Delegated oversight
 - Accreditation
 - Clinical performance metrics

Pharmacy Overview

CVS Caremark: Delegated pharmacy benefit manager for CareSource

- Phone: 800-206-4240
- Fax: 866-930-0019

Pharmacy PA for medical review: can be found here:

<https://www.caresource.com/documents/caresource-just4me-list-of-auth-reqs-for-drugs-under-medical-benefit>

Specialty Pharmacy: CareSource partners with CVS Caremark Specialty Pharmacy to provide all specialty medications through this program

ePrescribing: Once providers are set up through CVS Caremark, they are ready to prescribe electronically.

MTM (Medication Therapy Management): allow pharmacists to work collaboratively with physicians

Formulary Search Tool and Prior Authorization lists: Available on [caresource.com](https://www.caresource.com) under member documents

Accessing the CareSource Just4Me™ Member Resource Page

CARESOURCE JUST4ME™

MEMBERS

PLAN DOCUMENTS

PHARMACY

DISEASE MANAGEMENT
PROGRAMS

HEALTH RISK
ASSESSMENT

YOUR FINANCIAL
RESPONSIBILITY

FORMS

HEALTH CARE LINKS

PRIVACY PRACTICES

CONTACT US

QUICK LINKS

FIND A
DOCTOR/PROVIDER »

DRUG FORMULARY »

FIND A PHARMACY »

ATTENTION:

If you have received a notice from the Health Insurance Marketplace asking that you send documents to verify information in your application, please do so immediately. The Marketplace is confirming the income, citizenship and immigration status supplied on applications against other trusted sources. For people whose applications have different information, the Marketplace is asking for documents to verify the information. People who do not supply this information to the Marketplace by **September 30** may lose their health insurance coverage or lose help paying for coverage. Only the Marketplace can determine eligibility or subsidies, not CareSource. Click here to [learn more](#).

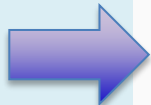
WELCOME CARESOURCE JUST4ME™ MEMBERS

This website contains information that will help you understand your CareSource Just4Me™ insurance coverage. You will find your member handbook and evidence of coverage online for quick access. You can also locate CareSource Just4Me providers, pharmacies, and covered drugs, as well as access other resources. In addition, you can review our clinical and disease management programs – all designed to keep you and your family healthy!

If you have any problems reading or understanding this information, please call us at **1-800-479-9502** (TTY for the hearing impaired: 1-800-750-0750 or 711). This is a free service. We can read the information out loud for you, in English, or in your primary language. We also can help you if you are visually or hearing impaired.

We are always happy to help you.

Left menu bar
offers
hyperlink
access to
member tools
& documents



Drug
formulary and
physician
search tools



Pharmacy Benefit Structure



Tiered Medication Structure

The higher the medication tier the higher the cost of the drug

Access PDL online at: CareSource.com (under member resources)

Tier 1

Prescription Drugs include preventive medications

These medications are available without a copayment or coinsurance.

Tier 2

Offer the lowest coinsurance or copayment

This tier contains low-cost & preferred medications that may be generic drugs or multi- or single-source brand-name drugs.

Tier 3

Higher coinsurance or copayment than those in Tier 2.

This tier contains preferred medications that may be generic drugs or single- or multi-source brand-name drugs.

Tier 4

Higher coinsurance or copayment than those in Tier 3. This tier contains non-preferred & high-cost medications. Medications considered generic drugs and single- or multi-source brand-name drugs.

Tier 5

higher coinsurance or copayment than those in Tier 4
All Tier 5 medications (specialty medications) will require the use of CVS Caremark specialty pharmacy.

Visit our Just4Me landing page at: CareSource.com if you wish to access our full formulary list

Fraud, Waste & Abuse Program

To report any suspected fraudulent activities

- Call: 1-866-286-9949
- Fax: 1-800-418-0248
- Email: fraud@CareSource.com

- Write to us:

CareSource

Attention: Special Investigations Unit

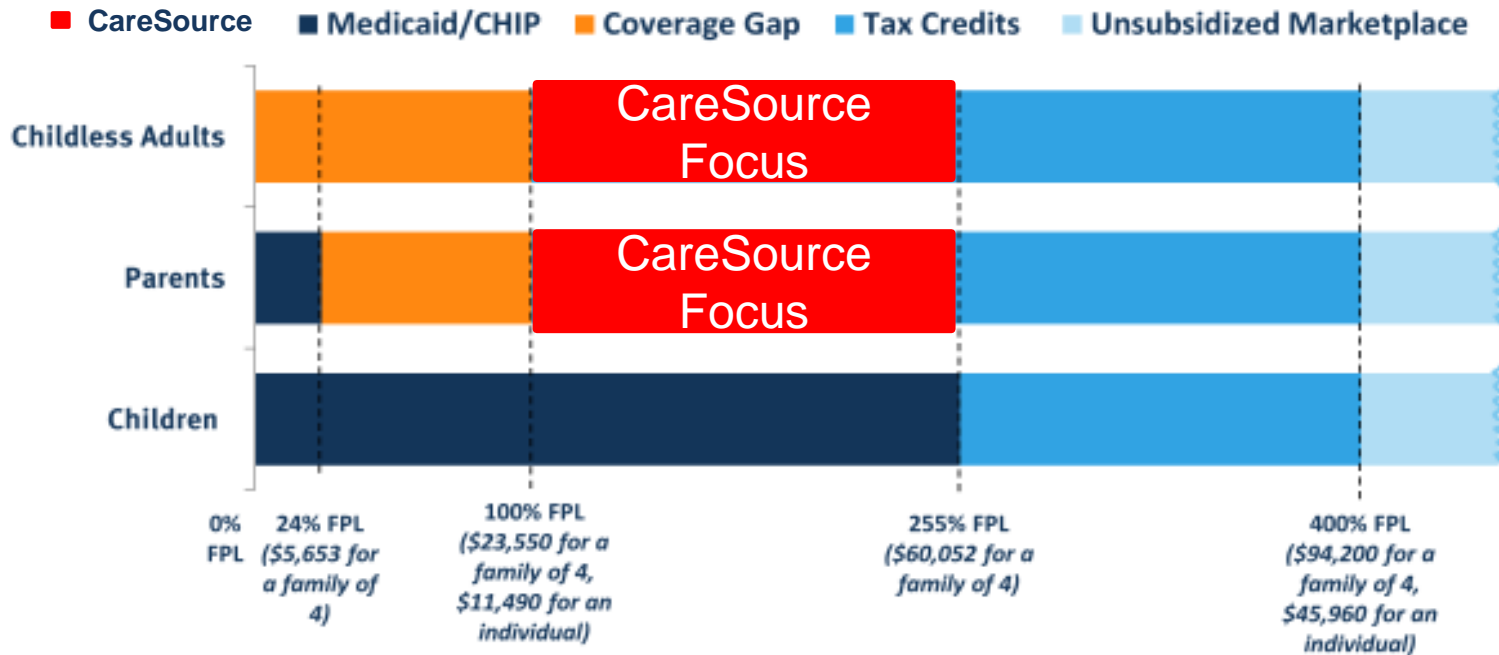
P.O. Box 1940

Dayton, OH 45401-1940

CareSource Just4Me Focus

Figure 1

Income Eligibility Levels for Medicaid/CHIP and Marketplace Tax Credits in Indiana as of 2014

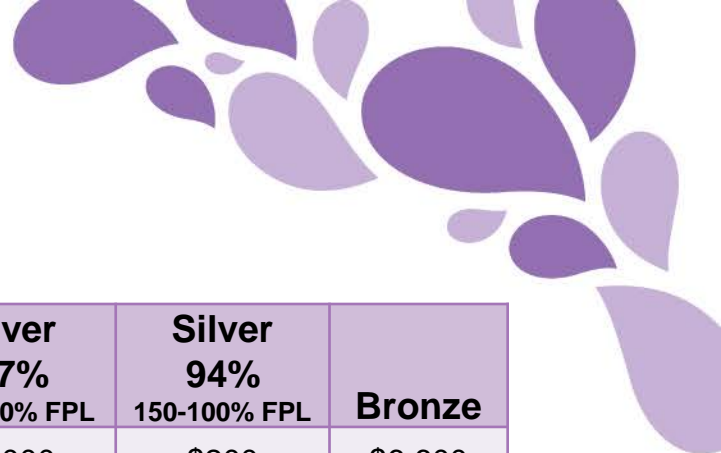


Notes: Medicaid eligibility is based on current Medicaid eligibility rules converted to MAGI. Applies only to MAGI populations. Medicaid eligibility levels as a share of poverty vary slightly by family size; levels shown are for a family of four. People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits. Unauthorized immigrants are ineligible for either Medicaid/CHIP or Marketplace coverage.
 Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels.



How Will the Uninsured in Indiana Fare Under the Affordable Care Act? retrieved at: <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-indiana/df>

2015 Medical Benefits-



	Gold	Silver 70% Standard >250%FPL	Silver 73% 200-250% FPL	Silver 87% 200-150% FPL	Silver 94% 150-100% FPL	Bronze
Deductible	\$1,000	\$3,500	\$3,500	\$1,000	\$200	\$6,600
Coinsurance	10%	30%	30%	10%	0%	10%
Maximum Out-of-Pocket (Combined Unless Noted Otherwise)	\$1,750 (M) \$1,500 (Rx)	\$6,500	\$4,850	\$2,000	\$650	\$6,600
Emergency Room Services	\$250 Copay after Deductible	\$500 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible	\$500 Copay after Deductible
Primary Care visit	\$20 Copay	\$20 Copay	\$10 Copay	\$0 Copay	\$0 Copay	\$40 Copay
Specialist Visit	\$50 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay
Imaging (CT/PET Scans, MRIs)	\$75 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible	\$150 Copay after Deductible
Urgent Care	\$75 Copay	\$50 Copay	\$50 Copay	\$0 Copay	\$0 Copay	\$80 Copay

Case and Disease Management

We are here to assist you with the management of your patient's health and health conditions. Our experienced care management team will work with you and the patient to ensure that the patient receives the best care possible. You may refer a patient for Case Management or Disease Management in the following ways:

- **Online:** CareSource.com through select Provider Portal
- **Case/Disease Management Phone:** 1-855-202-0415

How to Reach Us

Provider Services Department:

- 1-866-286-9949

Monday to Friday, 8 a.m. to 6 p.m.

Just4Me Member Services Department:

- 1-877-806-9284

Monday to Friday, 7 a.m. to 7 p.m.