

CareSource Member ID Cards

This sheet can be used as a quick reference guide of a CareSource ID card.

The member ID card is used to identify a CareSource member; it does not guarantee eligibility or benefits coverage. Members may disenroll from CareSource and retain their previous ID card. Please verify member's eligibility prior to each service rendered.

You can use our secure Provider Portal on **CareSource.com** or call Health Partner Services at **1-800-488-0134** or **1-844-679-7865 (Medicare Advantage only)** to check member eligibility.

Ohio Medicaid Member ID Card

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
qinwell
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

Ohio Medicaid Member OhioRISE ID Card

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>

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

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

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

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

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OhioRISE
Ohio Department of Medicaid
OH-MED-M-1430436

Ohio Medicaid Member ID Card 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
qinwell
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)

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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

Ohio Medicaid OhioRISE Coordinated Services Program (CSP)

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**

As the Better Health® of Ohio
Phone: 833-711-0773

Pharmacy Benefit
Qinwell
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>

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CareSource24® | Phone: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)
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OhioRISE
Ohio Department of Medicaid
OH-MED-M-1421460

Marketplace Member ID Card

CareSource <Silver Low Deductible Dental & Vision and Fitness>

Member: <Jeff Doe>

Member ID: <14800000000-00>

Health Plan: <XXXXXXXXXXXXXX-XX>

Payer ID: <31114>

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

<MISC-OH(2022)> <ODI> [*after <\$00,000> Annual Deductible] <[\$00,000> Out of Pocket Max]

Dependents: <OH> <2022>
<01 Jane Doe>
<02 John Doe>
<03 Mike Doe>
<04 Ron Doe>
<05 Susan Doe>
<06 Sara Doe>
<07 Joe Doe>
<08 Sam Doe>

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 Advice Line> <1-866-206-4240>
<TTY Service for Hearing Impaired> <1-800-750-0750>
<Dental> <Ped Only> <DentaQuest> <1-855-388-6252>
<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: 1-800-419-50609>
RXBIN: 003858 | RxPCN: A4 | RxGrp: RXINN04
Medical Claims: P.O. Box 8730, Dayton, OH 45401-8730

<Coverage not provided through the Health Insurance Marketplace>, by CareSource Ohio, Inc.

CareSource MA Ohio Member ID Card

CareSource <CareSource Advantage® Zero Premium> (HMO)

Member Name: <John Doe>

Member ID#: <12345678900>

Health Plan: 80840

Payer ID: <XXXXX>

Primary Care Provider/Clinic Name: <Good, I Am A.>

Provider/Clinic Phone: <XXX-XXX-XXXX>

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

Effective Date: <OH>
<01/01/2022>

CareSource Innovations
RxBIN - 610014
RxPCN - MEDDPRIME
RxGrp - RXINN02

MedicareRx
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: 1-844-607-2827 TTY: 711

24/7 Nurse Advice Line: 1-866-206-0569

Providers: 1-844-679-7865

Vision Benefits: EyeMed 1-866-248-2011

Dental Network: DentaQuest 1-855-388-6252

Hearing Benefits: TruHearing 1-855-205-6219

Pharmacy: 1-800-416-1673

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

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

CareSource MyCare Ohio Member ID Card

CareSource **MyCareOhio** Connecting Medicare + Medicaid

Member Name: <Cardholder Name>

Member ID #: <Cardholder ID#>

MMIS Number: <Medicaid Recipient ID#>

PCP Name: <PCP Name>

PCP Phone: <PCP Phone>

CareSource Innovations
RxBIN - 610014
RxPCN - MEDDPRIME
RxGrp - RXINN03

MedicareRx
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.

Member Services: 1-855-475-3163 (TTY: 711)

Behavioral Health Crisis: 1-866-206-7861

Care Management: 1-855-475-3163

Eligibility Verification: 1-800-488-0134

Pharmacy Help Desk: 1-800-416-3628

Claims Inquiry: 1-800-488-0134

Provider Questions: 1-800-488-0134


Send Medical claims to: Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738

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


24-Hour Nurse Advice: 1-866-206-7861 (TTY: 711)

Website: CareSource.com/MyCare H8452_OHMMC-1458a

Ohio MyCare Medicare Medicaid Member ID Card



Member Name:
<Cardholder Name>
Member ID #: <Cardholder ID#>
<CareSource MyCare Ohio>
MMS Number:
<Medicaid Recipient ID#>
PCP Name: <PCP Name>
PCP Phone: <PCP Phone>



RxBIN - 610014
RxPCN - MEDDPRIME
RxGRP - RXINN03

Medicaid Only
HB452 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.

Member Services: 1-855-475-3163 (TTY: 711)	Send Medical claims to: Attn: Claims Department P.O. Box 8730 Dayton, OH 45401-8738
Behavioral Health Crisis: 1-866-206-7861	Send Pharmacy claims to: Express Scripts ATTN: Medicare Part D P.O. Box 14718 Lexington, KY 40512-4718
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Provider Questions: 1-800-488-0134	

24-Hour Nurse Advice: 1-866-206-7861 (TTY: 711)

Website: [CareSource.com/MyCare](https://www.caresource.com/MyCare) HB452_OHMMC-1459a