



September 22, 2011

TO: All Non-Participating ODJFS Designated Provider Types

RE: Non-Participating Provider Information Quick Reference Guide

As an Ohio Department of Job and Family Services (ODJFS) designated provider, CareSource is providing the information below to help make it easier for you to render care to CareSource members. If you are providing services to a CareSource member and are not contracted with CareSource or are one of the provider types listed below please review this information.

ODJFS defines designated provider types as the following: Ohio Department of Mental Health Community Mental Health Centers, Ohio Department of Alcohol and Drug Addiction Services, Federally Qualified Health Centers/Rural Health Centers, Qualified Family Planning Providers, Certified Nurse Midwives, Certified Nurse Practitioners, or any non-contracting provider offering services to a CareSource member.

You may use this as a quick reference guide or visit www.caresource.com for complete details regarding:

- Member eligibility (including a copy of CareSource's member ID card)
- Claims submission (how to submit and timely filing allowances)
- Referral and authorization guidelines
- CareSource Medicaid ID numbers for Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC)
- Telephone and fax numbers
- Forms, Updates/Announcements

How to access a list of participating:

- Pharmacy Chains
- Laboratories
- Radiology Providers
- CareSource Behavioral Health Providers

The above materials can be found on the CareSource Provider Portal and/or in the [Provider Manual](#).

Our secure Provider Portal is available to you, 24 hours a day, 7 days a week. Registration is quick and easy.

To Register for the Provider Portal:

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

- 1) Click “Register Now” and enter your Provider Name, Tax ID, CareSource Provider ID and Zip Code
- 2) Review and accept the Agreement
- 3) Create your User Name and Password

Note: If you have any difficulty completing the registration process, please call Provider Services at 1-800-488-0134 and follow the prompts to speak to a representative.

Member Eligibility

Once you have registered for the Provider Portal, you can check: member eligibility and verify up to 24 months, retrospectively. You can verify eligibility by: date of service, member’s name and date of birth, Medicaid case number, Medicaid MMIS number, or CareSource member ID number.

You may also check eligibility through our automated Member Check system 24 hours a day, 7 days a week by calling 1-800-488-0134 and following the menu prompts.

Claims

Below are a few important points to help you expedite claims processing.

Please submit claims within 365 days from the date of service or date of discharge. If CareSource is unable to pay a claim because of incomplete, incorrect or unclear information, providers have 365 days from the date of service or the date of discharge to submit the information needed for processing the claim.

We encourage providers to submit claims electronically to take advantage of the following benefits:

- Faster claims processing
- Reduced administrative costs

- Reduced probability of errors or missing information
- Faster feedback on claims status
- Minimal staff training or cost

Please contact your clearinghouse to begin electronic claims submission. Please provide the clearinghouse with the CareSource payer ID number **31114**.

Paper claims should be mailed to CareSource at the following address:

CareSource
Attn: Claims Department
PO Box 8730
Dayton, OH 45401-8730

If you are an FQHC/RHC and require our Medicaid provider number to bill for the wraparound payment, the following numbers are to be used:

Region	ABD	CFC
Northeast	2929559	2635456
East Central	2693625	2635465
Northeast Central	2693634	2635483
West Central	2693643	2635518
Central	2693652	2635527
Southeast	2693661	2635474
Southwest	N/A*	2635492
Northwest	2693616	N/A*

*CareSource does not have a provider number for these regions

Prior Authorization (PA) and Referral Procedures

For assistance with a referral and/or PA, please visit the Provider Manual on our website:

<http://www.caresource.com/en/media/oh/misc/ProviderDocuments/ProviderHandbook/16-Referrals-and-Prior-Authorizations.pdf>.

You may also call us at 1-800-488-0134 and follow the menu prompts for prior authorizations.

Note that members may go to non-participating providers for:

- Emergency Care

- Care at a Community Mental Health Center, through the Ohio Department of Mental Health (ODMH)
- Family planning services provided at a Qualified Family Planning Provider (QFPP), such as Planned Parenthood
- Care at an FQHC or RHC
- Care at Ohio Department of Alcohol and Drug Addiction Services (ODADAS) facilities that are Medicaid providers

A member may be referred to out-of-plan specialty providers if the member needs medical care that can only be received from a doctor or other health care provider who is not participating with CareSource. A prior authorization must be obtained from CareSource.

Prior authorizations for health care services can be obtained by contacting the Medical Management Department by phone or through the Provider Portal. Prior authorization is not based solely on medical necessity, but a combination of medical necessity, medical appropriateness and benefit limitations. All services that require prior authorization from CareSource must be authorized before the service is delivered.

Post Stabilization

You may obtain information related to Post Stabilization Care Services by dialing 1-800-488-0134, follow the menu prompts for Post Stabilization services.

Radiology Prior Authorization


CareSource requires Prior Authorization for CT, MRI and PET scans, in partnership with National Imaging Associates, Inc. (NIA).

Ordering providers must obtain a Prior Authorization for the following non-emergent, outpatient diagnostic imaging procedures:

- MRI/MRA scans
- CT/CTA scans
- PET scans

(Continued)

CareSource Member ID Cards

 **ABD Member**

Member Name **SAMPLE** **Date of Birth**
Mary J. Doe 04-12-73

CareSource Member ID #: 12345678900

MMIS #: 987654321000 **Case #:** 7654321000

Primary Care Provider/Clinic Name:
Good, lam A.

Provider/Clinic Phone: (937) 123-4567

Member Services: 1-800-993-0780 (TTY: 1-800-750-0750 or 711)

24-hour nurse line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

**THIS CARD IS FOR IDENTIFICATION ONLY
AND DOES NOT VERIFY ELIGIBILITY.**

MEMBER: Show your ID card to medical 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 or call our 24-hour toll-free nurse advice line (see front of card for phone number).


HEALTH CARE PROVIDERS: You must verify member eligibility for the date of service. Visit www.caresource.com or call **1-800-488-0134** to access this information. Authorization required for inpatient admission.

MAIL MEDICAL CLAIMS TO: CareSource, P.O. Box 8730, Dayton, OH 45401-8730

PHARMACY: Providers call 1-800-488-0134

BENEFITS MANAGER: CVS Caremark
RxBIN 004336 RxPCN ADV RxGRP RX0797

www.caresource.com

 **CFC Member**

Member Name **SAMPLE** **Date of Birth**
Mary Doe 04-12-73

CareSource Member ID #: 12345678900

MMIS #: 987654321000 **Case #:** 7654321000

Primary Care Provider/Clinic Name:
Good, lam A.

Provider/Clinic Phone: (937) 123-4567

Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)

24-hour nurse line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

**THIS CARD IS FOR IDENTIFICATION ONLY
AND DOES NOT VERIFY ELIGIBILITY.**

MEMBER: Show your ID card to medical 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 or call our 24-hour toll-free nurse advice line (see front of card for phone number).

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How to Reach CareSource

We also provide telephone based self-service applications that allow you to verify member eligibility by dialing the provider services number and following the prompts.

Provider Services	1-800-488-0134
Prior Authorizations	1-800-488-0134
Claims Inquiries	1-800-488-0134
CFC Medicaid Member Services	1-800-488-0134
ABD Medicaid Member Services	1-800-993-0780
CareSource 24 - Nurse Triage Line (ABD/CFC)	1-866-206-0554
Fraud, Waste and Abuse Hotline	1-800-488-0134

Fax Numbers

Case Management Referral	1-877-946-2273
Fraud, Waste and Abuse	1-800-418-0248
Medical Prior Authorization	1-888-752-0012
Provider Appeals	1-937-531-2398
Retrospective Review	1-888-527-0016