

NEXT GENERATION OF MANAGED CARE

Prior Authorization and Claims Quick Reference Guide

Summary

As part of Ohio Department of Medicaid's (ODM) Next Generation of Medicaid Program implementation, CareSource would like to share the FQHC and RHC information regarding claims submission, prior authorization and referral procedures, picture of the MCO ID card and list of our laboratories and radiology providers.

All Medicaid payment remittance advice for claims EDI 835 or human readable remittance advice) will be sent through ODM. Providers or their delegates need to register with ODM to also receive remittance advices.

A listing of the MCO's laboratories and radiology providers in your area are available. Please access CareSource's Find A Doctor tool to locate the list.

Ohio Medicaid ID Card Sample:

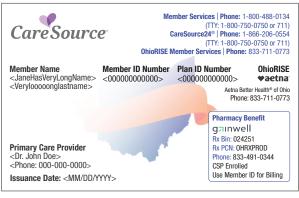


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Member Services | Phone: 1-800-488-0134 (TTY: 1-800-750-0750 or 711) CareSource24* | Phone: 866-206-0554 (TTY: 1-800-750-0750 or 711) Information for Members Please show your ID card to providers before you receive care. Never let anyone else use your 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. 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. OH-MED-M-998050

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OhioRISE ID Card Sample:



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Managed Care, please visit the Next Generation of Ohio Medicaid Managed Care website.

Fiscal Intermediary - view information related to the fiscal intermediary PNM portal.

PNM & Centralized Credentialing – find detailed information about the implementation of PNM and centralized credentialing

CareSource expects our network providers to follow Ohio's managed care rules and requirements. Please familiarize yourself with key requirements to ensure compliance.

- Ohio Administrative Code Chapter 5160-26 view managed care plan requirements
- Ohio Revised Code Chapter 5167 view Medicaid managed care requirements from the Ohio Revised Code.

Ouestions?

For questions on submitting behavioral health claims and prior authorizations, please review the following resources:

- OhioRISE Provider Enrollment and Billing Guidance
- OhioRISE Mixed Services Protocol

For more information about OhioRISE, please visit the Ohio Department of Medicaid website.

If you have any questions on physical or medical claims processing, referrals, prior authorization, or post-stabilization care services, please contact CareSource Provider Services at **1-800-488-0134** Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time (EST).

