



NETWORK *Notification*

Notice Date: July 28, 2022
To: Ohio Medicaid Providers
From: CareSource
Subject: Next Generation of Managed Care: FQHC/RHC Prior Authorizations and Claims

Summary

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

Impact

In alignment with the Next Generation Managed Care Initiative, CareSource is required to change our Payer ID. The CareSource Payer ID is changing from 31114 to 0003150 for Ohio Medicaid providers only. Providers must reflect the CareSource Payer ID change when submitting Ohio Medicaid claims with a Date of Service on or after Dec. 1, 2022.

Importance

From July 1, 2022 through Nov. 30, 2022: Ohio Medicaid OhioRISE Providers: Submission Guidelines for Submitting Behavioral Health Prior Authorizations and Claims

The OhioRISE program will impact how CareSource providers submit behavioral health prior authorizations and claims. If your prior authorization request is for an OhioRISE member, please note that all **behavioral health** services will be managed through Aetna. Please engage Aetna (contact information is listed below) on how to properly submit a prior authorization or claim to them. If your claims submission is for an OhioRISE, member please visit the OhioRISE Mixed Services Protocol link below to understand if you should submit to Aetna or CareSource. **Physical health** services will continue to be reviewed by CareSource.

Providers can call Aetna Provider Relations at 1-833-711-0773 (TTY: 711) Monday through Friday, 7 a.m. to 8 p.m. Eastern Standard Time (EST).

After Nov. 30, 2022: Ohio Medicaid Providers: Submission Guidelines for Submitting Behavioral Health Prior Authorizations and Claims

Prior Authorization: The CareSource Provider Portal will no longer accept electronic, paper or fax Medicaid prior authorization requests or supporting documents with a date of service on or after Dec. 1, 2022. Prior authorization requests and supporting documents for Ohio Medicaid must be submitted to ODM Provider Network Management (PNM) Portal. Providers or their delegates should register with ODM to submit Medicaid prior authorization request and supporting documents through the Electronic

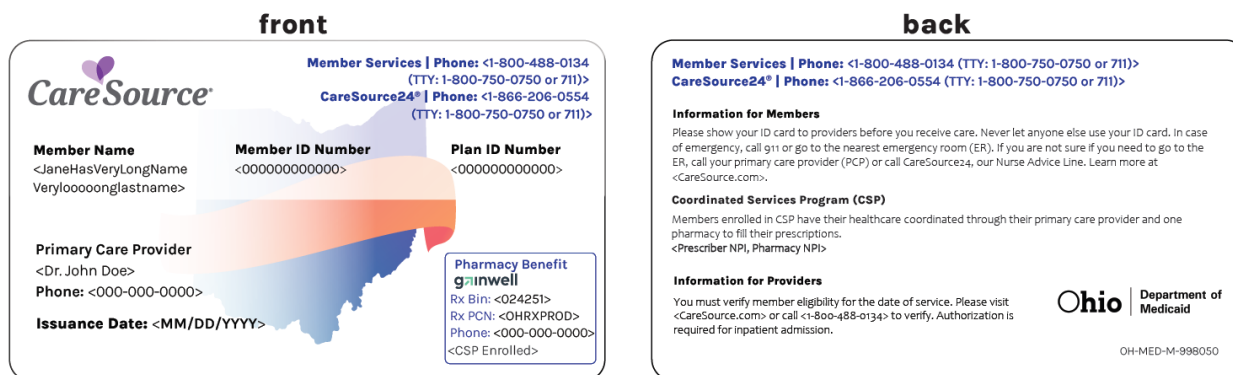
Data Exchange (EDI) or through the PNM Portal and be able to receive prior authorization responses from EDI or PNM portal. Click here to register. CareSource will communicate all Medicaid prior authorization decisions through ODM and will continue to send communications (fax or letter and will engage via phone if additional info needed) direct to providers.

Claims: The CareSource Provider Portal will no longer accept electronic, paper or fax Medicaid claims, or supporting documents with a date of service on or after Dec.1, 2022. Medicaid claims and supporting documents for Ohio Medicaid must be submitted through a Clearinghouse or to ODM PNM Portal. If you do not use a Clearinghouse, providers or their delegates need to register with ODM as a trading partner to be able to submit Medicaid claims, receive acknowledgment or rejection. Click here to register.

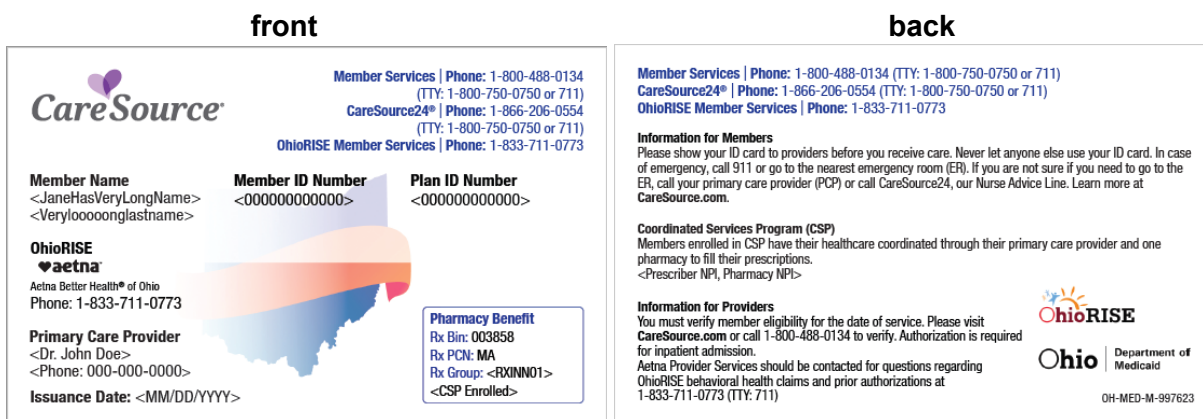
All Medicaid payment remittance advice for claims EDI 835 or human readable remittance advice) will be sent through ODM. Providers or their delegates need to register with ODM to also receive remittance advices.

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:



OhioRISE ID Card Sample:



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.

Questions?

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).

OH-MED-P-1439036