



## Working with CareSource – Frequently Asked Questions Among Community Transition Program (CTP) Health Partners

### Question: What is the Community Transition (CTP) Program?

CareSource has contracted with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to implement the Community Transition Program (CTP). CTP was developed to expand access and facilitate continued treatment and recovery support services for individuals with substance use disorder (SUD) re-entering the community from the Ohio Department of Rehabilitation and Corrections (ODRC).

CareSource’s role is to coordinate reentry and administer a benefit that includes services and supports across community based health partners for individuals enrolled in CTP. The program promotes access to continued treatment including Medication Assisted Treatment (MAT) to reduce the risk of relapse, and ensures recovery supports upon release from prison. Recovery Supports may include services to assist with housing, vocational supports, life skills, transportation and other supportive services.

### Question: Can I refer members to the CTP program that I think might be eligible?

To participate in CTP, members must elect CTP prior to exiting the prison system or through their Parole Officer. If the individual has a Parole Officer, you may refer them to the Adult Parole Authority. Eligibility is determined by OhioMHAS Community Linkage Social Workers and your client should be directed to their Parole Officer for a referral to Community Linkage to review for CTP eligibility.

## Benefits and Services

### Question: What benefits and services are covered through CTP?

CTP will provide reimbursement for *recovery services* for individuals enrolled in the program. CTP will provide reimbursement for *treatment services if the individual does not have Medicaid*. **If the individual does have Medicaid, or other insurance, treatment services are to be billed through that plan.**

<b><u>Treatment Services</u></b> ( <i>Medicaid-funded except Substance Use Disorder (SUD) residential</i> )	<b><u>Recovery Services</u></b> ( <i>Non-Medicaid reimbursement – CTP funded</i> )
Diagnostic Assessment Intensive Outpatient Services (>30 days)* Urinalysis Outpatient Individual and Group SUD Residential Treatment Case Management MAT Crisis Intervention Ambulatory Detoxification including Naloxone	Prison In-Reach in Person (>2 events per year)** Prison In-Reach via Video Conference (>4 events per year)** Support for Housing** (Recovery Housing, Permanent Supporting Housing) Employment Services, Job Training and Education Peer Recovery Supporter Transportation (>1 event per month)** Life Skills Relapse Prevention Spiritual Support Individual and/or Group Identification Fund (>2 events per year)**
*Requires prior authorization	**Requires prior approval

**Question: What services require prior approval? What is the process to obtain prior approval and how long does it take?**

- Services requiring prior approval include Housing, Transportation (>1 event per month), Identification fund (>2 events per year), Prison In-Reach in Person (>2 events per year) and Prison In-Reach via Video Conference (>4 events per year)
- Submit requests for prior approval to CareSource via **Phone: 1-844-539-1729**
- Requests will be processed expeditiously

**Question: What services require Prior Authorization? What is the process to obtain Prior Authorization and how long does it take?**

- Services requiring Prior Authorization include Intensive Outpatient Services if over 30 days.
- Submit requests for Prior Authorization to CareSource via:
  - **By Phone:** 1-800-488-0134
  - **By Fax:** Fax [PRIOR AUTHORIZATION REQUESTS](#) to 1-937-487-1664
  - **By Mail:** Send [PRIOR AUTHORIZATION REQUESTS](#) to:  
CareSource  
Attn: CTP Medical Services Department  
PO Box1307  
Dayton, OH 45401-1307
- Written prior authorization requests should be submitted on the [Prior Authorization Request Form](#). Requests will be processed expeditiously.

**NOTE - Approvals and authorizations may be different for members with Medicaid coverage. Please check with the individual's medical plan to see if services require authorization. Please note some services may be covered under medical insurance, check with the member's health plan for full scope of benefits.**

## Becoming a CTP Health Partner

**Question: How do I become a CareSource health partner for CTP?**

In order to provide CTP services, licensed independent practitioners including physicians, facilities and non-physicians must be credentialed by CareSource. Claims are not reimbursable until contracting and credentialing processes are complete.

- Begin by submitting the following materials to CareSource. You will need to take one of the following steps:
  - For a new health partner:  
**Complete the New Health Partner Contract Form** (complete online)
  - For an existing CareSource health partner:  
Download and submit **Health Partner Change Request Form** to:  
[Provider.Maintenance@caresource.com](mailto:Provider.Maintenance@caresource.com)

These materials can be found on our CareSource website, **CareSource.com**. Click on Provider, Ohio and select Community Transition Program. These forms will be found under Plan Participation.

- You may also submit materials by:
  - Fax: 937-396-3076
  - Mail: Send by certified mail with return receipt to:  
CareSource  
Attn: CTP Provider Maintenance  
P.O. Box 8738  
Dayton, OH 45401-8739

**Question: What is the difference between Credentialing and Contracting?**

- Credentialing is the process by which CareSource verifies the qualifications and performance of physicians and other health care practitioners as well as groups, organizations and facilities, who are contracting with CareSource.
- Contracting is the legal process that outlines the terms, conditions and responsibilities under which we work together to best serve our members.
- Members cannot be served until Credentialing and Contracting actions are completed and confirmed by CareSource.

**Question: Are there specific licenses, credentials or certification requirements required for behavioral health partners?**

All health partners, including behavioral health partners, must meet the credentialing requirements outlined in the current health partner manual, either at the individual or group level. This includes, but is not limited, to the following:

- Active license to practice independently in the state of practice
- Hold a valid, current certification from a recognized certifying board. This includes the Behavior Analyst Certification Board (BCBA)
- Hold a valid, current certificate from the Ohio State Board of Psychology
- Must be certified by the Ohio Department of Mental Health and Addiction Services

## Claims & Payment

**Question: How do I check eligibility for CTP?**

- CareSource recommends you check eligibility each and every time a member presents for service.
- You can check the eligibility of any member by logging into our portal or by calling our service center automated member-eligibility verification system
  - Provider Portal: <http://providerportal.caresource.com/OH/>  
*Also accessible at CareSource.com, located on the right-hand side of the page under "Provider Resources"*
  - Health Partner Services eligibility verification 1-844-539-1729, and follow prompts for automated member-eligibility verification system.

**IMPORTANT: Make sure to confirm if the CTP member also has Medicaid or another payer. If no other Medicaid coverage, bill the CTP for all eligible services. If the member has Medicaid or coverage with another payer, bill treatment services to that plan. If the individual is a Medicaid member, use the Ohio Medicaid Information Technology System (MITS) to determine the Medicaid plan to be billed.**

<b>If individual has the following coverage...</b>	<b>Then bill...</b>
Individual only has CTP coverage and no Medicaid coverage	For CTP eligible recovery and/or treatment services bill CTP
Individual has CTP coverage and Medicaid coverage	1) Confirm the Medicaid plan using MITS 2) For Medicaid eligible <u>treatment services</u> bill the individual's Medicaid plan 3) For CTP eligible <u>recovery services</u> , bill CTP

**Question: If a CTP Member does not have Medicaid, how can they apply?**

Individuals can apply for Medicaid online, in person, by mail or on the phone.

- To apply online go to the Ohio Department of Medicaid (ODM) website – [Medicaid.oh.gov](http://Medicaid.oh.gov)
- To apply in person or by mail visit the local county Job and Family Services office (locations listed at the ODM website.)
- To apply by phone use the ODM Consumer Hotline, 1-800-324-8680

**Question: What health partner information/identifiers are needed for claims submission?**

Use the following identifiers to submit claims.

<b>If you are a(n)...</b>	<b>Then use...</b>
Individual health partner billing at the individual level	The individual health partner's Tax ID number and individual health partner's National Provider Identifier (NPI)
Individual health partner billing at the group level	The group Tax ID number and the individual health partner's NPI
Community Mental Health Center billing at the group level	The group NPI

**Question: How do I submit a claim for CareSource?**

- CareSource accepts both electronic and paper claims. **We encourage health partners to submit claims electronically – CareSource will not be able to accept paper claims until 08/01/16.**
  - Faster claims processing
  - Reduced administrative costs
  - Reduced probability of errors of missing information
  - Faster feedback on claims status
- To submit claims electronically providers must work with an electronic claims clearinghouse (Electronic Data Interchange, EDI Clearinghouses).
- Paper Claims submission by using the industry standard CMS 1500 or UB04 form. Submit paper claims to:

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

**We cannot accept handwritten claims or SuperBills. Detailed instructions for completing each form type are available at the websites below:**

- **CMS 1500 Form Instructions:**  
[www.cms.hhs.gov/transmittals/downloads/R1104CP.pdf](http://www.cms.hhs.gov/transmittals/downloads/R1104CP.pdf)

### Question: What electronic clearing houses are available?

You can select from the list below. Please provide the clearinghouse with the CareSource payer ID number: **31114**.

Availity (RealMed)	800-282-4548	<a href="http://www.availity.com">www.availity.com</a>
Change Healthcare (Emdeon)	800-845-6592	<a href="http://www.changehealthcare.com">www.changehealthcare.com</a>
Dyserv	614-294-6078	<a href="http://www.dyserv.com">www.dyserv.com</a>
Optum (Netwerkes)	866-521-8547	<a href="http://www.optum.com">www.optum.com</a>
Practice Insight	832-476-9030	<a href="http://www.practiceinsight.com">www.practiceinsight.com</a>
Quadax	440-777-6305	<a href="http://www.quadax.com">www.quadax.com</a>
RelayHealth	866-735-2963	<a href="http://www.relayhealth.com">www.relayhealth.com</a>
The Consult	800-327-1213	<a href="http://www.4ecp.com">www.4ecp.com</a>
Zirmed	877-494-7633	<a href="http://www.zirmed.com">www.zirmed.com</a>

### Question: How do I get set up with Electronic Funds Transfer (EFT)? How do I contact InstaMed?

Behavioral health partners can receive payment by a printed check or the preferred payment option, EFT. To enroll with InstaMed:

- Complete the InstaMed enrollment form found within Plan Resources in the Community Transition Program section of [caresource.com](http://caresource.com)
- Fax to InstaMed @ 877-755-3392
- Call InstaMed for EFT or Enrollment questions @ 215-789-3682
- *Free training is available through InstaMed @ [www.instamed.com/aha-eraeft](http://www.instamed.com/aha-eraeft)*

### Question: How do I correct a claim that has already been submitted to CareSource?

- Accepted standards for corrected claims submission require that the original claim number is populated on both EDI 837 transactions and paper forms. Including the original claim number allows your corrected claim to auto adjudicate, resulting in the fastest payment.  
*Effective August 20, 2015 CareSource will reject both EDI and paper form corrected claims that are received without the original claim number*
- EDI billing instructions
  - Submit the corrected claim in the nationally-recognized Electronic Data Interchange (EDI) 837 file format
  - Use the CareSource payer ID number: **31114**
  - Use an EDI 837 Loop 2300 CLM 05-3 value of "7" (Replacement)
- Carry over the Original Reference No. /Claim No. (12-character data) on the REF 02 data element with a Qualifier "F8" on Loop 2300

### Question: What if my claim was not processed correctly?

If you believe your claim was not processed correctly, you can check the Provider Portal. If you still have questions, please call Health Partner Services at **1-844-539-1729** and follow the prompts.

### Question: How do I appeal a denied claim?

- Health partners can submit claims through our secure **Provider Portal**, or in writing. *If you believe the claim was processed incorrectly due to incomplete, incorrect or unclear information on the claim, you should submit a corrected claim. (see above) You do not need to file an appeal.*

**Provider Portal:** <https://providerportal.caresource.com/OH/>

- Under the **Provider Portal**, click on the "Claims Appeals" tab on the left.

- Writing: Use the “**Health Partner Claim Appeal Request Form**” located on our website. Please include:
  - The member’s name, CareSource member ID number
  - The health partner’s name and ID number
  - The code(s) and reason why the determination should be reconsidered
  - If you are submitting a Timely Filing appeal, you must send proof of original receipt of the appeal by fax or Electronic Data Information (EDI) for reconsideration
  - If the appeal is regarding a clinical edit denial, the appeal must have all the supporting documentation as to the justification of reversing the determination

Submit written appeals to:

**CareSource**

Attn: CTP Health Partner Appeals

P.O. Box 2008

Dayton, OH 45401-2008 **Fax:** (937) 531-2398

**Question: Can health partners bill CareSource members?**

- Health Partners cannot bill CareSource members.

**Question: Can CTP health partners bill for drug addiction services under supervision of a Licensed Social Worker (LISW)?**

- The clinical services that are available for reimbursement under the CTP program are limited to those clients without Medicaid. If the client does not have Medicaid, those services can be billed and reimbursed under the CTP program. There are no changes in the requirements of the billing. If a provider can bill those services to Medicaid today, they are billable to CTP for reimbursement.

**Question: Can Medicare recipients participate in the CTP Program?**

- CTP acts as a stand-alone supplemental insurance benefit. CTP members could have Medicaid, Medicare, a market exchange product, private employer-based health insurance, or no health insurance at all.

**Question: If a CTP health partner does not provide recovery housing or employment assistance, how will the CTP members receive this assistance and what is the health partner’s responsibility in getting these services for the participants?**

- CTP health partners are being contracted to provide care coordination, engagement, and ongoing clinical and support service interventions for CTP members. As the primary contact for CTP services and benefits, CTP health partners will be able to connect CTP clients to benefits outside of their agency, including housing resources. CareSource is working closely with Corporation for Supportive Housing (CSH) and OhioMHAS to operationalize a housing benefit that will include options for transitional housing, Recovery Housing, and subsidy based models (Rapid Rehousing and PSH). CareSource will provide ongoing information about the housing benefit.

**Question: Will CareSource be assigning a case manager for each CTP Participant?**

- CareSource will not be providing its own CTP case manager for CTP Participants. The CTP program does not have its own case managers. Rather, every participating member is assigned to a community based health partner as the point of ongoing contact and coordination for their CTP services. CTP staff are regional coordinators whose primary role is to support the network of providers, prisons, parole offices, and other managed care plans in enhancing the existing care coordination system.

**Question: How do the partner organizations of a CTP health partner bill and get paid for recovery housing and employment services? (Examples of partners would be the Goodwill, the United Way, Genesis House, etc.) Will CTP health partners have to subcontract with their partners to offer these services?**

- CTP seeks to expand its health partner network to encompass quality providers of employment and recovery housing. We are very interested in working with our health partners to expand the network of providers. Jillane Holland, Manager, will work with health partners to identify resources in their community and to seek the addition of those health partners to the network.

**Question: Please define and explain the criteria needs of Levels I, II and III.**

- CTP will follow the guidelines for Recovery Housing levels adopted by OhioMHAS:

Level 1: Peer-run facilities that include drug screenings, house meetings and self-help meetings. Democratically run. Generally single-family residences utilized to house up to five unrelated individuals.

Level 2: Monitored facilities that include house rules, structure, peer run groups, drug screenings, house meetings and involvement in self-help and/or treatment services. Primarily single-family residences for up to five unrelated adults. Can include apartments or other dwelling types. At least one paid position.

Level 3: Supervised housing with administrative oversight, policies and procedures, services delivered may be licensed services. This housing includes various types of structures including a single-family residence or apartments. Include a facility manager, certified staff or case worker.

**Question: How will CTP Health Partners be notified of the release of CTP Participants?**

- CTP Regional Coordinator will contact health partners upon receipt of a community linkage packet from OhioMHAS social workers in the prisons. The Regional Coordinator will contact the health partner to set an appointment for the individual. The goal is to set the appointment 30 to 45 days prior to release. At that time the community health partner will know of the upcoming release and be able to begin in-reach activities.

**Question: What is the “transition” timeframe?**

- CareSource will work closely with OhioMHAS to define the transitional nature of this benefit over the year. At this time, no one who joins CTP will be disenrolled from the benefit prior to 6 months.

**Question: What is the difference between recovery housing and residential housing?**

- Residential Substance Use Disorder (SUD) Treatment is defined by OhioMHAS as -- *A licensed facility that is staffed 24 hours a day/seven days a week that provides room, board, personal care and clinical services on-site as part of the treatment stay.* Entrance into facility is determined by clinical/medical need. Facility is owned and operated by a certified provider agency for the clinical/medical services provided on-site and may be affiliated with or within an inpatient continuum. This type of housing is licensed and is not subject to tenant landlord law. **Reasons for this placement level of care are more clinically driven than environmental.**

**Question: Does CareSource have a contract with any recovery housing resources to where CTP participants could be directed?**

- CareSource is working with OhioMHAS, CSH and Recovery Housing Providers to operationalize a structure for reimbursing providers of recovery housing.

**Question: Will coding be the same for assessments with the CTP program?**

- CTP will reimburse for assessments that meet the current definition of the provided codes if the individual is not covered by Medicaid.

**Question: The client is able to have both Medicaid and CTP, correct? If so, if they have Medicaid will we bill regular Medicaid for all treatment services, and CTP for the ancillary services (recovery housing, employment, etc.)**

- This is correct. CTP will reimburse all non-clinical services (recovery services and administrative services) for ALL CTP participants. In addition, CTP will reimburse for the listed clinical services if the individual does not have Medicaid.

**Question: Who are eligible health partners that can provide these services? LPCC, LISW or any provider?**

- Health partners must be certified by OhioMHAS to provide the clinical services listed. Other services, while not certified services, may be provided by these same health partners. CTP will work to identify other provider types to continue to include in the CTP network throughout the year (i.e., employment, housing, spiritual, etc.)

**Question: Regarding the ancillary services covered under CTP program (employment, life skills, recovery housing), do those providers of such services bill CareSource directly or does the CTP health partner bill on their behalf? Will the CTP health partner need to subcontract with providers of these ancillary services so they can bill CTP?**

- The only providers that can bill CTP are those that have contracted with CareSource.



## Provider Portal

### Question: What tools are available on your Provider Portal?

- CareSource's secure online Provider Portal makes it easier for you to work with us 24/7. You can check eligibility, claims status, obtain Prior Authorization and view Care Treatment Plans.
- The Provider Portal can be accessed online at:

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

- The Provider Portal is also easily accessed at CareSource.com on the right-hand side of the page under Provider Resources.
- You can also access training that will walk you through step by step on how to use our tools and website.

## Contacting Health Partner Services

### Question: Who can I call for help and what hours are they available?

- Health Partner Services can be reached at **1-844-539-1729**, Monday through Friday 8:00 a.m. to 6:00 p.m.



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