

Community Transition Program Quick Reference Guide



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 community capacity to facilitate continue treatment and recovery support services for individuals with substance use disorder (SUD) returning from the Ohio Department of Rehabilitation and Corrections (ODRC).

CareSource's role is to coordinate reentry and manage services and supports across community based health partners for individuals enrolled in CTP. The program will promote access to continued treatment including connection with Medication Assisted Treatment (MAT) to reduce the risk of relapse, and ensure recovery supports upon release from prison. Recovery Supports may include assistance with housing, vocational supports, life skills, transportation and other supportive services.

CareSource Contact Information

Health Partner Services:	1-844-539-1729 Monday through Friday 8:00 a.m. to 6:00 p.m.
Website:	CareSource CTP Resources are located at CareSource.com/providers/Ohio
Provider Portal:	https://providerportal.caresource.com/OH/
Prior Authorization:	Call Health Partner Services
Claims Inquiries:	Call Health Partner Services
Check Claims Status:	https://providerportal.caresource.com/OH/

Benefits and Services Covered by Community Transition Program

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

(See Confirming Member Eligibility)

Treatment Services

[Medicaid-funded except Substance Use Disorder (SUD) residential]
Diagnostic Assessment
Intensive Outpatient Services (>30 days)*
Urinalysis
Outpatient Individual and Group
SUD Residential Treatment
Case Management
MAT
Crisis Intervention
Ambulatory Detoxification including Naloxone

**Requires prior authorization*

Recovery Services

[Non-Medicaid reimbursement – CTP funded]
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 approval*

Individuals should apply for Medicaid immediately as this is a transitional benefit that does not include comprehensive health coverage. Treatment services are covered only until the member is enrolled in Medicaid or another insurance plan. The member is not required to choose CareSource as their Medicaid plan. CTP provider should immediately assist members in enrolling Medicaid.

How to Partner with CareSource

You can become a CTP health partner with CareSource. CareSource credentials all licensed independent practitioners including physicians, facilities and non-physicians.

- Begin by submitting the following materials to CareSource. 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 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

- 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

Member ID Card (sample information only)

Member Name: <XXXXXXXXXX XXXXXXXXXXXX>

CTP Member ID: <XXXXXXXXXX> **SAMPLE**

Member Services: 1-844-539-1728 (TTY: 1-800-750-0750 or 711)

Community Transition Program (CTP)



THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY

CTP Member: Show your ID card to recovery 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) or other appropriate setting. If you are not sure if you need to go to the ER, call your primary care provider or behavioral health crisis line.

PROVIDERS: You must verify member eligibility for the date of service. Call 1-844-539-1729 for this information. Bill medical services through the member's health plan.

MAIL RECOVERY CLAIMS ONLY: CareSource, P.O. Box 8730, Dayton, OH 45401-8730

Confirming Member Eligibility

Always make sure to verify member eligibility. You will need to confirm that the individual is a CTP member. You will also need to confirm if the individual has a Medicaid plan. Health partners may use our secure **Provider Portal** on our website to check member eligibility, or call our Health Partner Services Department.

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

Click on “Member Eligibility” on the left, which is the first tab.

- Using our secure **Provider Portal**, you can check CareSource member eligibility up to 24 months after the date of service.
- You can search by date of service plus any one of the following: member name and date of birth, case number, Medicaid (MMIS) number, or CareSource member ID number. You can submit multiple member ID numbers in a single request.
- Call our automated member eligibility verification system at **1-844-539-1729** from any touch-tone phone and follow the appropriate menu options to reach our automated member-eligibility verification system. The automated system, available 24 hours a day, will prompt you to enter the member ID number and the month of service to check eligibility.

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.

Claims Submissions

CareSource encourages health partners to submit claims electronically through our secure Provider Portal for the most efficient processing. Paper claim forms are encouraged for services that require clinical documentation to process.

Electronic Funds Transfer (EFT):

Complete InstaMed enrollment form found within Plan Resources in the Community Transition Program section of CareSource.com and fax it to InstaMed at **1-877-755-3392**.

Electronic Claims Submission:

CareSource Payer ID number: **31114**

Paper Claims:

Submit paper claims using the industry standard CMS 1500 or UB04 form to:

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

Timely Filing: 365 calendar days from the date of service or discharge.

Claims Appeals:

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. 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

Prior Approval/Authorization Requirements

Services requiring **PRIOR APPROVAL** include:

- Housing, Transportation (>1 event per month)
- Identification fund (>2 events per year)
- In-Reach in Person (>2 events per year)
- Prison In-Reach via Video Conference (>4 events per year)

Submit requests for prior approval to CareSource via phone: **1-844-539-1729**

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: 1-937-487-1664
- By mail to:

CareSource
Attn: CTP Medical Services Department
P.O. Box1307
Dayton, OH 45401-1307

Written prior authorization requests should be submitted on the Prior Authorization Request Form available on the website.

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.



CareSource.com