



CARESOURCE IMPLEMENTS QUANTITY LIMITS ON OPIOIDS FOR OHIO MEDICAID

CareSource® and the state of Ohio are committed to continuing efforts to fight opioid abuse. As part of this commitment, the state of Ohio now requires CareSource and all other Ohio Medicaid* plans to place limits on both short-acting and long-acting opioid prescriptions.

On Oct. 1, 2017, CareSource and all other Ohio Medicaid plans implemented the limits below for short-acting opioid pain medications:

- **60 morphine equivalent dose* (MED) per day, per prescription**
- **7-day supply per prescription**
- **14-day supply total in a 45-day period**

Additionally, all long-acting opioid pain medications now require authorization.

WHAT DOES THIS MEAN FOR YOU?

You can minimize the need for prior authorization by ensuring your prescriptions do not exceed the limits above. You can find a tool to calculate MED limits at **CareSource.com** or at www.ohiopmp.gov/MED_Calculator.aspx. Please note that prior authorization requests for patients with certain conditions, such as cancer or sickle cell disease, will be reviewed within 24 hours. These prior authorization requests will be reviewed within 24 hours. If you have additional questions, please contact us at **1-800-488-0134**.

Thank you for your commitment in partnering to end opioid abuse.

OPIOID LIMITS ALSO TAKE EFFECT FOR THE HEALTH INSURANCE MARKETPLACE

CareSource is implementing similar limits for members served by the health insurance marketplace. For detailed information on these limits, please see the Preferred Drug List on **CareSource.com**.

In many cases, when a prescription exceeds the limits that are in place, a prior authorization will be required. Note that for members with conditions such as cancer or sickle cell disease, prior authorization requests will immediately be approved. If you have additional questions, please contact us at **1-800-488-0134**.



CARESOURCE INVITES HEALTH PARTNERS TO COLLABORATE WITH US FOR THE OHIO BEHAVIORAL HEALTH REDESIGN

OHIO BEHAVIORAL HEALTH (BH) REDESIGN

CareSource offers resources to help our Community Behavioral Health Centers (CBHC) stay on pace with the changes to behavioral health coverage and billing. The upcoming changes include both BH Redesign, which was effective on Jan. 1, 2018, and Medicaid BH Carve-In, which will be effective on July 1, 2018.

These resources include:

- Billing guide located at [CareSource.com/providers/ohio/ohio-providers/patient-care/behavioral-health](https://www.caresource.com/providers/ohio/ohio-providers/patient-care/behavioral-health).
- CareSource's BH Redesign Rapid Response Team (RRT) available at **1-800-488-0134**.
- Weekly WebEx forum with our BH Redesign RRT, Wednesdays from 3 to 4 p.m. To sign up, email Sherron Jefferson at Sherron.Jefferson@Caresource.com or call **614-255-4620** to request registration information. When you request registration information, please include the name of your organization, your agency NPI(s) and the names and email addresses of the individuals who plan to attend.

If you have not done so already, please begin the contracting process. To join our network, visit [CareSource.com/join-our-network](https://www.caresource.com/join-our-network) and fill out the New Health Partner Contract Form. Please be sure to have your NPI number(s) for both Provider Type 84 and/or 95 related certifications.