

ProviderSource

Fall 2010

A newsletter for CareSource providers

CareSource wins prestigious MAHP Pinnacle Award

CareSource was one of only seven health plans in the state to win a 2010 Pinnacle Award from the Michigan Association of Health Plans (MAHP). We were recognized for improving member and provider satisfaction through call optimization. By examining and improving internal processes, we increased efficiencies and reduced incoming call volumes per 1,000 members by 20.2 percent in 2009 with further call reductions for Michigan members in 2010.

Initiatives included:

- ▶ Implementing post-call surveys to get real-time feedback from members and providers
- ▶ Providing an automated member eligibility verification system to Michigan members and providers
- ▶ Providing and enhancing more web-based functions, such as our Find a Doctor tool, to allow more flexible “self-service” for members and providers
- ▶ Initiating outbound calls to new member households to help explain benefits and reduce questions or confusion

We are proud to have been recognized for our best practices in business and operational performance.



New look to www.caresource.com



The look of www.caresource.com was recently updated in an effort to streamline branding and service providers and members even better. Same website, great new look!

In this issue:

- 2** Key improvements to our provider portal
- 5** Synagis prior authorization form
- 6** 2011 HEDIS measures

How to reach us

Provider Services: 1-800-390-7102 (TTY 1-800-649-3777 or 711)
CareSource 24, 24-Hour Nurse Advice Line: 1-866-206-0488





A wealth of information at your fingertips

NEW! Medical Alerts — CareSource now provides patient Medical Alerts on our secure Provider Portal. After you log in to Member Eligibility, you will see a “Medical Alerts” section that notifies you if a patient needs a service or if a service is past due, such as a mammogram. We hope these alerts will help you serve your CareSource patients with appropriate and timely preventive care.

Clinical Practice Registry — Primary care providers have secure access to the CareSource Clinical Practice Registry on our Provider Portal. With quick and easy data sorting and filtering, you can use the registry to:

- ▶ View aggregate data on your CareSource patients to facilitate real-time population management
- ▶ Flag charts for needed services
- ▶ Contact patients who are due for preventive visits
- ▶ Identify patients in need of screenings or intervention

To get started, log in to the Provider Portal on our website at www.caresource.com. Click the Clinical Practice Registry.

In addition to Medical Alerts and the CareSource Clinical Practice Registry, we have an array of other tools and information available on our website and Provider Portal designed to make it easier to work with us, including:

At www.caresource.com

Medical policies

As a response to frequently requested information, we have posted Medical Policies on our website. With nearly 30 policies already posted, we offer guidance on determining medical necessity and appropriateness of care for a wide range of approved benefits. The policies can be found under the Quick Links heading.

Payment policy updates

We recently announced updates to the following policies:

- ▶ Modifier definitions
- ▶ New National Drug Code (NDC) requirements for outpatient drugs
- ▶ Claim overpayment recoupment policy

You can find updates to CareSource policies on www.caresource.com. Click on Providers, Provider Materials, and then Updates/Announcements.

At <https://providerportal.caresource.com/MI/>

Vision history information

You can now find member vision history information as part of the Member Eligibility check. This is an easy way for you to determine whether or not members have met their vision benefit limits.

Other online enhancements

Thanks to your feedback, we’ve enhanced our secure Provider Portal. Changes include the ability to:

- ▶ Check the status of an appeal online
- ▶ Search for a claim by check number
- ▶ Submit a prior authorization request
- ▶ Check the status of a prior authorization request
- ▶ Submit information on the delivery of a newborn to a CareSource member

We hope all of these improvements will make it easier for you to serve CareSource members.

CareSource now accepts foster care children

As of November 1, 2010, foster care children will be enrolled in Michigan Medicaid Health Plans. Foster care children are on Medicaid and have the same benefits as our other members.

PCP's should complete a physical/ EPSDT exam **and** a behavioral health screening within 30 days of the child entering foster care and annually thereafter.

CareSource recommends the Institute of Health Care Studies EPSDT forms for the physical exam and the behavioral screening. These are located at www.ihcs.msu.edu.

If you have any questions, please call or contact Cathie Webb, RN, Manager Quality Improvement at (517) 702-5216 or cathie.webb@caresource.com.



CareSource Advantage expanding in 2011

Did you know that we have a Medicare Advantage Special Needs Health Plan? It is called **CareSource Advantage**. Patients eligible for both Medicaid and Medicare Part A and Part B may enroll in the plan approved service area. The plan has Medicare prescription drug coverage and many more benefits. We currently offer CareSource Advantage in three counties and will expand to nine (see below) as of January 1, 2011.

For more details on becoming a CareSource Advantage participating provider, please call **1-800-390-7102** or visit our website at www.caresource.com.

- ▶ Alpena
- ▶ Saginaw
- ▶ Genesee
- ▶ Oakland
- ▶ Macomb
- ▶ Wayne
- ▶ Van Buren
- ▶ Kalamazoo
- ▶ St. Joseph

Do not bill CareSource members



State and federal regulations require that health care providers must hold CareSource members harmless in the event that CareSource does not pay for a covered service performed by the provider unless CareSource denies prior authorization of the service and you notify the member in writing that the member is financially responsible for the specific service. This must be done prior to providing the service and the member must sign and date the notification. Regulations also prohibit health care providers from billing CareSource members for missed appointments. We appreciate your adherence to these policies.

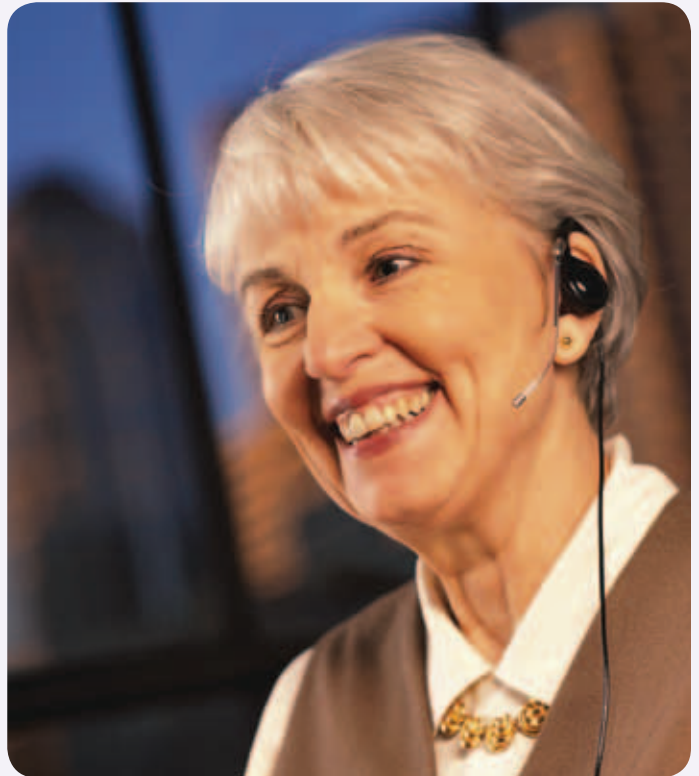
The benefits of CareSource 24

Did you know that CareSource 24 provides 24/7/365 access to nurse triage, medical information and advice? This **free** member benefit can help your CareSource patients get the information they need to make better health care decisions. Our specially trained registered nurses average more than 25 years of nursing experience in a wide variety of clinical settings.

How CareSource 24 benefits your practice:

- ▶ Appropriately directing patients from the emergency department to the physician's office
- ▶ Reinforcing the provider-patient relationship
- ▶ Teaching about a medical condition or recent diagnosis
- ▶ Encouraging patient compliance with the provider's treatment plan
- ▶ Teaching about nutrition and wellness topics

Please encourage your CareSource patients to use this valuable resource. The toll-free number can be found on the member's CareSource ID card.



Always check member ID cards

Members are asked to present their CareSource ID card each time services are accessed. If you are not familiar with the person seeking care, and cannot verify the person as a CareSource member, please ask for photo identification. If you suspect fraud, please contact our Special Investigations Unit by calling **1-800-390-7102** and follow the appropriate menu options to report fraud.

Please also verify member eligibility before providing services. You can do so through the Provider Portal section of our website at www.caresource.com or by calling our automated member eligibility verification system at **1-800-390-7102** and following the menu options.



Plan for 5010 transition

CareSource is actively preparing for the transition to the new Health Insurance Portability and Accountability Act (HIPAA) 5010 format.

5010 is a new standard for electronic health care transactions, including eligibility, claim status, referrals, claims and electronic remittance. 5010 also includes pharmacy transactions.

Currently, CareSource has started Level 1 testing, which must be complete by the end of 2010. This is in preparation to meet the Centers for Medicare and Medicaid Services (CMS) deadlines: Providers and payers have to start testing transactions next year and be ready for transactions with 5010 on January 1, 2012.

Synagis prior authorization form – Now on www.caresource.com

November through March is RSV season. Health care providers need to obtain a prior authorization from CareSource to be reimbursed for administering Synagis for infants at risk for RSV. CareSource's medical policy for administering Synagis matches the American Academy of Pediatrics Red Book Guidelines.

To request authorization, **please use our online interactive Synagis Prior Authorization Request Form on the Provider Portal.**

Coverage for the RSV season will include a maximum of five authorized injections (only one covered injection in December) and will end March 31, 2011.



Increase patient safety and save time, money with e-prescribing



Did you know that Michigan was recognized in 2010 as one of the top e-prescribing states in the country by Surescripts, one of the nation's largest e-prescription networks? In fact, Michigan ranked second only to Massachusetts. Now is a great time to join in and adopt this technology.

With electronic prescribing or e-prescribing, you can check CareSource's formulary and send legible prescriptions directly to your patient's pharmacy. E-prescribing reduces errors by electronically checking the patient's record for problems such as allergies or interactions with other drugs. E-prescriptions are more legible for pharmacists and more accessible for your patients' other health care providers.

Incentives for going electronic

To encourage health care providers to go electronic, Medicare is providing incentives for using e-prescribing via an electronic medical record system. In addition to incentives offered in 2009-2010, health care providers who e-prescribe can receive an extra 1 percent bonus on all their Medicare services in 2011-2012 and a 0.5 percent bonus in 2013.

Beginning in 2012, health care providers who don't e-prescribe will receive lower reimbursement rates from Medicare. The Department of Health and Human Services has encouraged Medicaid to move to e-prescribing nationwide, as well.

Resources to get you started

To help you learn how to convert to electronic prescribing, please refer to *A Clinician's Guide to Electronic Prescribing* by visiting www.ehealthinitiative.org/ehi-guides-e-prescribing.html.

HEDIS measures focus on quality of care



The Healthcare Effectiveness Data and Information Set (HEDIS) is a national set of uniform standards utilized by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. CareSource uses HEDIS results to identify opportunities to make improvements that impact the quality of care for our members.

Scores are compiled using a combination of claims and medical records. To assist us in obtaining the most accurate data, please ensure that your office uses appropriate codes for services rendered.

In 2011, CareSource will focus on the following HEDIS measures:

Access to care

- ▶ Children and adolescents
- ▶ Adult

Women's health

- ▶ Breast cancer screening
- ▶ Cervical cancer screening
- ▶ Chlamydia screening
- ▶ Prenatal care
- ▶ Postpartum care

Children's health

- ▶ Well-child visits (birth to 21 years)
 - Lead screening in children
 - Childhood immunizations
- ▶ Adolescent well care visits

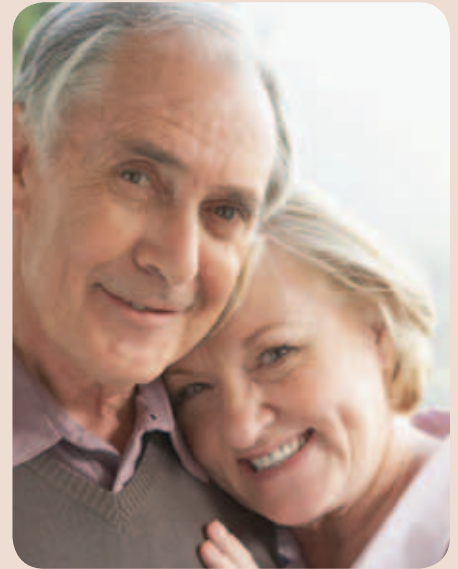
Diabetes care

- ▶ Retinal eye exam
- ▶ HbA1c testing
- ▶ LDL-C screening
- ▶ Blood pressure monitoring
- ▶ Monitoring for nephropathy

Asthma care

- ▶ Use of appropriate asthma medications for people 5 to 56 years

If you need assistance with determining appropriate HEDIS coding guidelines, please contact your CareSource Provider Relations Representative.



Advance directives: Members have the right

CareSource is committed to promoting the highest level of care and quality of life for our members. That's why we educate members on the use of advance directives to state their wishes about medical care. We also encourage members to discuss their medical care wishes with their primary care provider.

As a provider, you are responsible for discussing advance directives with CareSource members and documenting in the member's medical record whether or not an advanced directive has been signed. Thank you for discussing these important issues with your CareSource patients.

Help us promote perinatal care

At CareSource, we continually educate our members about the importance of checkups and health screenings, especially for our pregnant members and new moms. This includes:

- ▶ Timely prenatal and postpartum care
- ▶ An initial prenatal visit during the first trimester
- ▶ A postpartum visit 21 to 42 days after delivery

Thank you for ensuring your patients receive all appropriate screenings and that they are accurately documented.



Michigan Care Improvement Registry

When patients receive vaccinations from multiple providers, it makes it difficult to determine which vaccinations are still needed, which might cause over or under immunization.

Therefore, the Michigan Care Improvement Registry (MCIR) benefits health care providers and CareSource members by reducing vaccine preventable diseases, over-vaccination, and allows providers to see up-to-date patient immunization history as well as child visit history, lead testing, and other services. To access this safe, secure website, visit www.mcir.org.

Required lead screenings for children

Current Medicaid guidelines require blood to be drawn for lead screening at ages 1 and 2 and from any child ages 3 to 6 who has never been tested. Remember that the filter paper method is an acceptable way to obtain blood samples for testing. It is covered by CareSource and it can be conducted conveniently in the physician's office. Please call MedTox Labs at **1-800-FOR-LEAD** (1-800-367-5323) for more details.

Helpful guidelines for diabetes management

We appreciate your attention to detail in providing thorough assessment, treatment, follow up, and medical record documentation to help CareSource members manage diabetes. Complete clinical guidelines, including recommended education, counseling, risk-factor modification, lab tests and screenings, can be found on the Michigan Quality Improvement Consortium website at www.mqic.com.



Member privacy, our priority

At CareSource, we respect member's right to privacy. That's why we use a thorough system of safeguards to keep their personal information safe. We protect any data used to identify patients or document their health, medical care or payment for health care services.

We provide members with a notice of privacy practices. It explains how, when and why we use or share members' information. The notice also explains member's right to access the data and how. Members can find the notice in the CareSource Member Handbook. Providers can access this information in the CareSource Provider Manual. Both documents are located on our website at www.caresource.com.

Member Rights and Responsibilities

CareSource members have the right to:

- ▶ Receive all services that CareSource must provide
- ▶ Be treated with respect and with regard for their dignity and privacy
- ▶ Help make decisions about their health care, including the right to refuse care
- ▶ Be sure that their medical record information will be kept private
- ▶ Ask, and get a copy of their medical records

CareSource members have the responsibility to:

- ▶ Use only approved providers
- ▶ Keep planned doctor appointments, be on time, and call 24 hours in advance if they need to cancel
- ▶ Never let anyone use their Member ID card
- ▶ Understand as much as possible about their health problems and help to set goals with your doctor



ProviderSource

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ACCR
HEALTH PLAN (for Medicaid)
HEALTH ALL ENTE

Please be mindful of member privacy rights and ensure that you are following all federal and state privacy laws when caring or rendering treatment. You can find our complete Member Rights and Responsibilities on our website at www.caresource.com.