



November 2011

Dear CareSource Provider:

As we end 2011 and look forward to 2012, I wanted to take a moment to mention a few programs that demonstrate our commitment to our members' health and to highlight operational efficiencies for providers.

2011 Pinnacle Award – CareSource is thrilled to win a Pinnacle award from the Michigan Association of Health Plans for our asthma program in the category, “Chronic Disease Management.” This asthma program is designed to improve clinical outcomes of CareSource members with asthma. This is the second year in a row that CareSource has been honored with a Pinnacle award.

Dual Eligible Members – In late 2011, MDCH mandated enrollment of 160,000 dual eligible members in the state of Michigan. A dual eligible member is an individual who is eligible for both Medicaid and Medicare. As a Medicaid Health Plan, CareSource will accept dual eligible members in Michigan. We'll provide updates about dual members and how it impacts our provider network on our Provider Portal.

Updates to our Secure Provider Portal – We continue to make improvements to our Provider Portal, thanks to your feedback. The newest Portal features include: member termination dates, prior authorization warning prompts and online disease management referrals.

Preventive Care Opportunities – There's no better time to remind your patients to take advantage of preventive care, such as well care and immunizations, screenings such as lead, women's health, diabetes and BMI. These preventive measures also comply with HEDIS initiatives.

These improvements are highlighted in the latest edition of our *ProviderSource* newsletter enclosed. Thank you for all that you do!

Respectfully,

A handwritten signature in black ink, appearing to read "S. Keith Tarter".

S. Keith Tarter, M.D., M.P.H.
Medical Director

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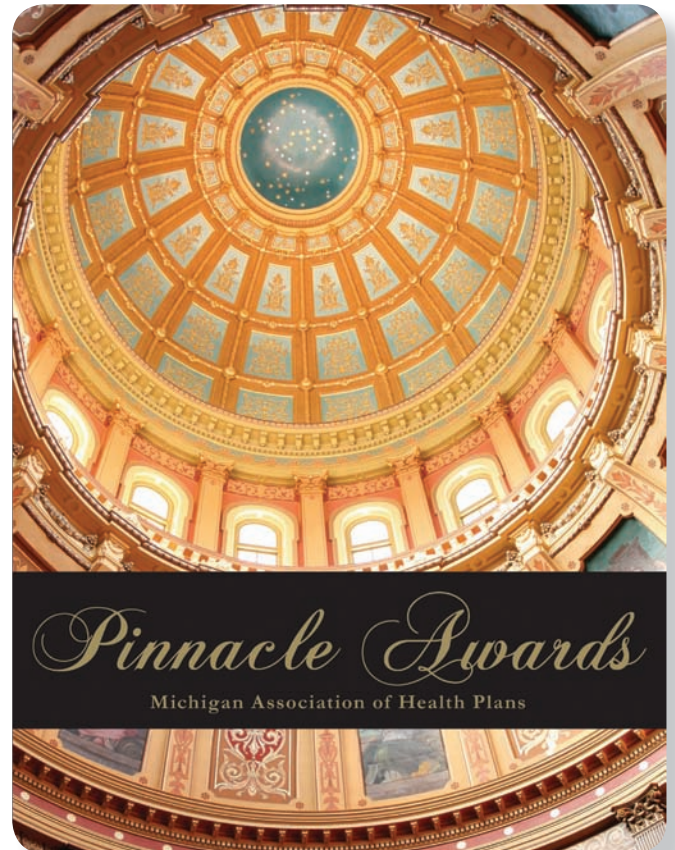
CareSource wins prestigious Pinnacle Award for asthma program

CareSource is proud to have won a 2011 Pinnacle Award from the Michigan Association of Health Plans for our asthma program in the Chronic Disease Management category.

Our program involved an industry-leading team of case managers who identified and assisted eligible asthma patients based on their use of appropriate asthma medications.

Program goals were to:

- ▶ Improve the quality of life for affected members by providing education on the appropriate measures to control asthma's potentially life-threatening risks
- ▶ Ensure that members with persistent asthma received appropriate preventive treatment
- ▶ Improve clinical outcomes



EHR assistance

The Michigan Center for Effective IT Adoption (M-CEITA) can help your primary care practice implement electronic health record (EHR) technology. The center provides unbiased information and support, assisting providers through the entire process from selecting and adopting an EHR system, to demonstrating meaningful use to improve quality of care and qualify for financial incentives.

For more information, contact M-CEITA by phone at **1-888-MICH-EHR** (1-888-642-4347) or email at mceita.info@altarum.org.

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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**



Provider Portal SOLUTIONS

CareSource is excited to announce new time-saving features on our Provider Portal. Register for the portal at <https://providerportal.caresource.com/MI/>

Member eligibility termination dates – Providers can now view the member's termination date (if applicable) under the member eligibility tab.

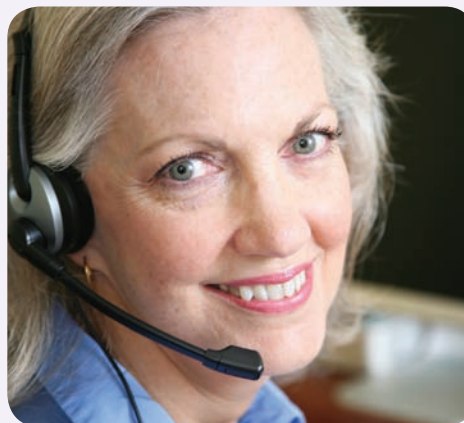
Disease management referrals – Providers can now refer patients to CareSource's disease management program on our provider portal.

Synagis prior authorization – Providers offering Synagis during RSV season can request prior authorization (PA) through the portal for faster processing.

Prior authorization warning message – A warning message will now appear on the inpatient/outpatient section of prior authorization upon checking eligibility asking providers to verify the information entered is accurate. If the prior authorization is an inpatient delivery *and* the member is 12 years old or younger, the prompt will ask providers to confirm accuracy.

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 registered nurses average more than 25 years of nursing

experience in a wide variety of clinical settings.

CareSource 24 can benefit your practice by:

- ▶ 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.

Synagis season reminder

Respiratory Syncytial Virus (RSV) season is November 1 through March 31.

Providers must obtain a prior authorization (PA) to administer Synagis to prevent RSV. All providers who are administering Synagis in a provider's office, a home setting, or outpatient clinical setting must submit a PA.

How to submit a PA request for Synagis

- ▶ **Online:** For faster processing, submit a PA request on our secure Provider Portal, <https://providerportal.caresource.com/MI/>
- ▶ **Fax:** Complete the Synagis PA form on our website and fax it to 1-888-399-0271
- ▶ **Phone:** 1-800-390-7102
- ▶ **Mail:** CareSource, Attn: Specialty Pharmacy, P.O. Box 1307, Dayton, OH 45401

Please include clinical documentation with prior authorization requests for Synagis. If you have questions, please call Provider Services at **1-800-390-7102** and choose the menu option for Pharmacy.

'Dual eligible' enrollment

The Michigan Department of Community Health (MDCH) will start to enroll members eligible for both Medicaid and Medicare into the Michigan Medicaid Health Plans this year. Patients who are not eligible include those who:

- ▶ Have a Medicaid Spend-Down
- ▶ Are in a long-term care facility
- ▶ Have MI Choice
- ▶ Have other health maintenance organization (HMO) coverage

Please remember that dual eligible members will have separate ID cards for Medicare and Medicaid. Providers will receive only one claim for dual eligible members. We recommend submitting claims for these members under their CareSource Advantage® (HMO SNP) member ID number since Medicare will be considered their primary insurance.



If you have questions about this program, please call the MDCH Medical Services Administration toll-free at 1-800-292-2550. If you have specific billing questions, please call CareSource Provider Services at **1-800-390-7102**.

HEDIS measures focus on quality of care

Quality care to our members has always been at the cornerstone of CareSource's foundation. CareSource uses the Healthcare Effectiveness Data and Information Set (HEDIS) as one measure of quality of care delivered to our members. HEDIS scores are compiled using claims and medical records data.

How you can help:

In 2012, CareSource will focus on the following HEDIS measures below. These specific measures can be found on www.ncqa.org.

▶ Women's health

- Timeliness of prenatal and postpartum care
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening

▶ Children's health

- Well-child visits for ages 0-15 months, 3-6 years and 12-21 years
- Avoidance of antibiotics for children with viral upper respiratory infection

- Lead screening

▶ Comprehensive diabetes care

- Retinal eye exam
- HbA1c testing and control
- LDL-C screening
- Medical attention for nephropathy

▶ Asthma care – Use of appropriate asthma medications

▶ Behavioral health – Follow up within seven days after a mental health admission

▶ Cardiovascular disease – Controlling hypertension

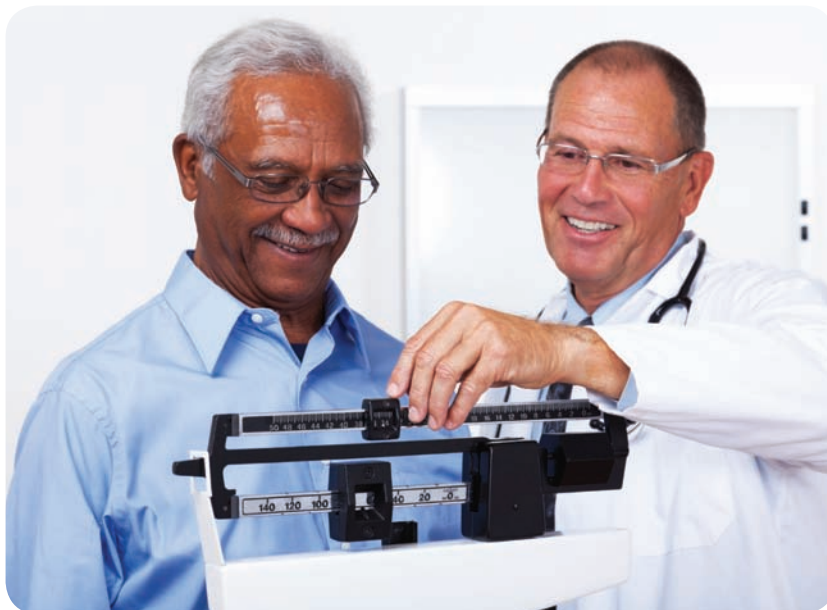
Providers can use tools such as the CareSource Clinical Practice Registry on the Provider Portal to look up services and tests needed for members, such as a mammogram or Hemoglobin A1C. Also on our portal, providers have access to the Member Profile showing historical medical and pharmacy data. These measures align with our provider incentive programs encouraging preventive care.

BMI: Weighing your patients' health risks

Measuring Body Mass Index (BMI) remains a quick and relatively simple way to gauge your patients' risk for obesity and other health problems. Routine BMI measurements can promote discussions that may influence healthier habits early on. BMI trending can also identify patients who are under weight and may be suffering from an eating disorder or other illness.

BMI should be calculated at least annually and documented in the patient's medical record. If needed, schedule a follow-up appointment dedicated to discussing weight concerns. Providers should use the appropriate CPT, HCPCS, ICD-9 codes.

CareSource patients also have the benefit of our weight management program. This program is designed for members with a BMI greater than 30 and who show a readiness to change. Our program can assist members with obtaining covered services, such as a Weight Watchers program or exercise class reimbursement.



A helpful resource

► U.S. Department of Health and Human Services

3 Steps to Initiate Discussion about Weight Management with Your Patients
http://www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/steps.pdf

Take advantage of preventive care opportunities

Make the most of patient visits and maximize your opportunities to provide preventive care for children and teens. For example:

- Turn a school sports physical into a well-child visit. Along with medical history and a physical, just provide anticipatory guidance during the same visit
- Every new patient visit can be a well-child visit by incorporating some health education
- Well-child exams can be performed at sick visits and billed appropriately

Don't miss out on these important ways to meet your patients' preventive care needs.



Severe mental illness and physical health

Are you seeing patients who have been diagnosed with a severe mental illness? Statistics show that these patients may be at risk for developing other chronic illnesses such as diabetes, hypertension and cardiovascular diseases.



Remember, CareSource has case managers who can help patients with severe mental illness. They can help:

- ▶ Explain physical and mental health care benefits
- ▶ Coordinate care among providers
- ▶ Assess social and support service needs
- ▶ Improve member compliance with recommended treatment options

CareSource is committed to improving health outcomes for members with severe mental illness.

ABCD program supports developmental screening and referral

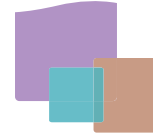
The Assuring Better Child Health and Development (ABCD) program was established to help standardize developmental screening for children.

The Michigan Chapter of the American Academy of Pediatrics (MIAAP) supports the ABCD program recommendations to perform development surveillance at every well-child visit and formal developmental screenings at ages 9 months, 18 months and 30 months to identify children who have, or may be at risk of, developmental delays. Examples of recommended screening tools for formal development screening include the ASQ, PEDS, PEDS-DM and IHCS forms.

If you have questions or would like more information about ABCD, please call Cathie Webb, CareSource Quality Improvement Manager, at 1-517-702-5216.



Quality Enhancement Program encourages preventive care



To recognize participating providers for quality health outcomes and encourage physicians to provide appropriate preventive care, CareSource offers a Quality Enhancement Program that includes an enhanced provider payment incentive.

CareSource provides administrative assistance and bonus payments to participating primary care providers (PCPs) to ensure our members receive the following preventive services:



- ▶ Well-child care
- ▶ Blood lead testing
- ▶ Breast cancer screening
- ▶ Cervical cancer screening
- ▶ Chlamydia screening
- ▶ Diabetic care (HbA1c, LDL screening and diabetic eye exams)

All participating PCPs are eligible for this program if the following requirements are met:

- ▶ Maintain an open enrollment panel to accept CareSource members
- ▶ Sign an amendment to your provider agreement with CareSource that can be discontinued at any time. Even PCPs who already operate at their capacity levels must sign an amendment to be eligible for the bonus programs. Eligibility becomes effective two weeks following the date of the signed agreement

For more information, please call Provider Services at **1-800-390-7102**.

Rehab at skilled nursing facilities

Admission to a skilled nursing facility is a benefit for CareSource members allowing for restorative or rehabilitative care. The benefit limit is 45 days within a rolling 12-month period with intention of rehabilitation and increased ability to function. The ultimate goal is discharge to home.

Please remember that CareSource is not required to cover custodial care or stays that exceed 45 days with the intent for the member to reside at the skilled nursing facility.



ProviderSource

is a publication of CareSource, a non-profit, public-sector managed health care plan serving counties throughout Michigan.

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