



August 5, 2010

Greetings,

Improving our members' health and well being are goals we share. To help us be successful, we're working to make it easier for you to do business with us. We're simplifying interactions and expanding our online tools so that you and your patients can make better health care decisions. The following are a few specific examples:

- **Recently, the CareSource Clinical Practice Registry was launched to help Primary Care Providers (PCPs) improve their patients' health.** Located on our secure Provider Portal at [www.caresource.com](http://www.caresource.com), the CareSource Clinical Practice Registry is part of a comprehensive suite of online informational tools. Its primary benefit is population management. PCPs can quickly and easily sort CareSource membership into actionable groupings. It provides a proactive approach by placing emphasis on preventive care. For example, a list identifying all CareSource members with diabetes needing an A1C test can be generated. The Registry is color coded so PCPs can easily identify areas of need. And, it can be quickly downloaded as a PDF or into an Excel spreadsheet format. The Excel spreadsheet even includes the member's phone number so PCPs can contact the member without pulling their office records. Finally, the Registry is coupled with our online Member Profile tool (for more information please see the cover article of the enclosed *ProviderSource* newsletter).
- **This past Spring we launched our web-based Provider Toolkit.** The Toolkit is easy to access and offers valuable resources at your fingertips. It provides helpful information about policy updates (Network Notifications), manuals, forms, frequently asked questions, assessment tools and more. And, it includes a "Favorites" feature so that each time you visit it automatically remembers the sections you use (see page 2 of our *ProviderSource* newsletter).
- **CareSource has initiated our Care Transitions Program, a multi-faceted approach to improving member engagement, orchestrates discharge needs and focus on care coordination.** Two important parts of this program, our Bridge to Home and Health Care Home, are specifically highlighted on page 6 of the enclosed *ProviderSource* newsletter.

Please find enclosed the summer edition of our provider communications packet. This mailing includes our *ProviderSource* newsletter, which contains articles I hope you find interesting and beneficial. In addition, we've included information about Corrected Claims, our CareSource Advantage Plan, Newborn Deliveries, Electronic Health Records/M-CEITA and our Care4U™ Program.

We know good health care begins with you. Together we can make this happen. Thank you!

Respectfully,

A handwritten signature in black ink that reads "S. Keith Tarter, M.D.".

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

MI-P-285



## Network Notification

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**Date:** July 7, 2010

**Number:** MI-P-2010-05

**To:** Michigan Network Providers

**From:** CareSource

**Subject:** Corrected Claims

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As part of our ongoing commitment to “Make it Easier for You,” we would like to remind our provider network:

CareSource accepts electronic corrected Professional (CMS 1500) and Facility (UB 04) claims. To make it easier for you to submit corrected claims electronically, please follow these instructions:

- Submit via the nationally recognized 837 file format
- Use the CareSource payer ID number, 38325
- The EDI 837 Loop 2300 **CLM 05-3** value has to be “7” (Replacement)
- The **Original Reference No/Claim No** (12 character data) should be carried over on the **REF 02** data element with a Qualifier “F8” on Loop 2300.

When submitting corrected paper claims, the top of the claim must be stamped or marked as “CORRECTED.”

## CareSource Advantage Important Reminder

As of January 1, 2008, CareSource began offering a Medicare Advantage special needs health care plan. That plan is called CareSource Advantage. CareSource Advantage is available to those eligible for Medicare Part A and Part B, as well as Medicaid. As a person dually eligible under Medicare and Medicaid, CareSource members should present their CareSource Advantage ID card and their Medicaid Fee-For-Service ID card each time they visit their provider.

If you provide services to a CareSource Advantage member, please bill CareSource for the Medicare portion of your CareSource Advantage patients' services. CareSource is the primary payer for CareSource Advantage members, and Medicaid Fee-For-Service is the secondary payer. After you receive payment from CareSource, if the service is eligible for any additional payment through Medicaid, you must bill Medicaid Fee-For-Service for the unpaid balance.

CareSource accepts both paper and electronic claims, which must be submitted within **365 days** of the date of service. Please send all Medicare paper claim forms to:

**CareSource**  
**Attention: Claims Department**  
**P.O. Box 1307**  
**Dayton, OH 45401-1307**

Please remember that our contract with providers requires that in no event, including but not limited to nonpayment by Plan, insolvency of Plan, or breach of the agreement, shall provider bill, charge, collect a deposit from, seek remuneration or reimbursement from, or have any recourse against a Medicare Advantage member for health care services provided pursuant to the Agreement.

However, providers are allowed to collect co-insurance or co-payment amounts as specifically provided in the evidence of coverage, or fees for uncovered health care services delivered on a fee-for-service basis. Please refer to your agreement with CareSource for specifics regarding this contract provision.

## Care4U™ Program

The nonmedical use or abuse of prescription drugs is a serious and growing public health problem in this country. According to the 2008 National Survey on Drug Use and Health (NSDUH), approximately 52 million Americans aged 12 or older reported non-medical use of a psychotherapeutic at some point in their lifetimes. This represents 20.8% of the population aged 12 or older.

In an effort to address this growing problem and to combat Fraud, Waste and Abuse, CareSource has initiated the Care4U™ Program. Care4U™ is a collaborative effort between our Special Investigations, Behavioral Health Case Management, and Pharmacy Departments. Its purpose is to identify members exhibiting drug seeking behavior and work with them directly; to notify prescribing providers when we notice multiple controlled substances prescriptions from multiple providers, and; to give assistance to the provider working with these members.

You will be hearing more about the Care4U™ Program soon. Our data shows that this program is successful in changing our member's behavior. When that happens, we believe that lives, families and communities change for the better.

If you know a CareSource member that might benefit from the Care4U™ Program, contact us through the Fraud reporting mechanisms below:

Call **1-800-390-7102**. Choose the menu option for providers. Then select the option for reporting Fraud

- ▶ Send an **e-mail** message to [fraud@caresource.com](mailto:fraud@caresource.com)
- ▶ **By Fax:** 1-800-418-0248
- ▶ **Write to us.** You can write to us by letter or use our Fraud Reporting Form by going to our website at **www.caresource.com**.

Your written concern or the form can be sent to:

CareSource  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940

-See reverse side-

You can also report Fraud, Waste, and Abuse to the Michigan Department of Community Health (MDCH):

- ▶ Phone: 1-866-428-0005
- ▶ Or write to:

MDCH  
Medicaid Integrity Program Section  
Capitol Commons Center Building, 6<sup>th</sup> Floor  
P.O. Box 30479  
400 South Pine Street  
Lansing, MI 48909-7979

When you call or write, **you do not need to give your name.** If you choose to be ***anonymous***, please be sure to report as much information about the situation as possible since we will not be able to contact you. Your report will be kept ***confidential*** to the extent permitted by law.

## Center Helps Health Care Providers Adopt Electronic Health Records

Electronic health records (EHR) have become the standard in the health care industry and will soon be required due to the passage of national health care reform legislation. In addition, federal financial incentives will be paid to health care practices that demonstrate meaningful use of a certified EHR system by established deadlines. If your primary care practice needs assistance, the Michigan Center for Effective IT Adoption (M-CEITA) can help.

M-CEITA, governed by a consortium of 13 Michigan-based health care organizations, was established to offer EHR adoption assistance to primary care providers throughout the state. 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 the quality of care and qualify for financial incentives.

Sponsored by Altarum Institute, M-CEITA is funded by the Office of the National Coordinator for Health IT (ONC) with support from the Kresge Foundation. For more information call **1-888-MICH-EHR** (1-888-642-4347) or email [mceita.info@altarum.org](mailto:mceita.info@altarum.org)

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## Newborn Deliveries Reminder

Please remember to notify us of CareSource member newborn deliveries so that we can facilitate enrollment of the infant into our health plan. Delivery notifications can easily be made by accessing our secure online Provider Portal by going to [www.caresource.com](http://www.caresource.com). Click on the Provider Login, type in your User Name and Password, select Prior Authorization from the menu options on the left, and select Inpatient Delivery Admission.