



ProviderSource

Summer 2010

A newsletter for CareSource providers

Clinical Practice Registry helps PCPs identify preventive care needs

At CareSource, we know how important it is to have vital patient information at your fingertips. Recently, we launched our Clinical Practice Registry to help primary care providers improve patient outcomes efficiently. Available on our secure online Provider Portal, the primary benefit of the Registry is population management. It is a proactive approach to patient care and helps place emphasis on preventive care.

For example, you can easily sort the list to determine all CareSource patients with chronic conditions such as diabetes. From the list, PCPs can quickly identify those who need to come in for an appointment. The Registry is color coded, so you can easily identify areas of focus. And for your convenience, it can be downloaded as a PDF or in an Excel spreadsheet format.

To access the Registry, visit www.caresource.com. Click on the Providers tab, then visit the Provider Portal. For more information call Provider Services at **1-800-390-7102**.



The CareSource Clinical Practice Registry can:

- ▶ Easily fit into your daily workflow
- ▶ Help improve patient outcomes
- ▶ Provide quick access to Member Profiles for specific patients of interest

New phone menu option for hospitals

To provide the quickest, most direct service to providers, CareSource now has a new phone menu option for hospitals. If you call CareSource on behalf of a hospital, please listen for the new option. We now have specially trained customer service representatives to handle your questions and inquiries. We want to make sure all provider calls are directed to the most appropriate CareSource team member to receive prompt service.

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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**



Prior authorization waived for home care visits

Provider Toolkit — We're making it easier for you to do business with us. Our online Provider Toolkit is a web-based resource that includes:

- ▶ Policy updates
- ▶ Manuals and forms
- ▶ Assessment tools
- ▶ Frequently asked questions (FAQs)
- ▶ External web links

Accessing the toolkit is easy:

- 1) Visit our website at www.caresource.com
- 2) Click on the Providers tab
- 3) Under "Quick Links" click on "Provider Log In"
- 4) Enter your User Name and Password
- 5) Click on the Log In button
- 6) Click on the Provider Toolkit menu option

We hope you will find the toolkit a valuable resource in helping serve your patients. If you have any questions or feedback, please email us at providerportalfeedback@caresource.com.

Provider Updates — Remember, you can get the most up-to-date information about CareSource policy or process changes on our website, www.caresource.com, click on:

- ▶ Providers
- ▶ Provider Materials
- ▶ Updates/Announcements

We want to make it easy for you to get the information you need.

CareSource is committed to minimizing administrative burden for our providers. Recently, we removed the prior authorization requirement for home skilled nursing, physical therapy, speech therapy, occupational therapy and social work visits.



Effective for dates of service beginning **August 1, 2010**, CareSource will allow up to two skilled nursing visits (two hours total) per day without an authorization. If your patient needs more than two skilled nursing visits, prior authorization is required.

CareSource will conduct ongoing audits of home health services to ensure medically appropriate utilization and may contact you to provide documentation for these audits.

Specialty Pharmacy initiatives coming soon



CareSource will be implementing a series of initiatives over the next several months to help improve processes for Specialty Pharmacy utilization — medications that are typically reimbursed as a medical benefit. These initiatives are designed to provide the highest level of member convenience, compliance and therapeutic monitoring. Initiatives include:

- ▶ Collaboration with the prescribing physician for possible home administration
- ▶ Collaboration with the prescribing physician to consider a lower-cost alternative
- ▶ Supporting the prescribing physician in obtaining the necessary prior authorizations for the designated drugs

We hope these efforts will improve member satisfaction, provider service, and health outcomes.

2010 Provider Manual now available

Our newly revised Provider Manual is available online at www.caresource.com. Click the Providers tab, then under the "Quick Links" option select "Provider Manual." If you have any questions about our revised manual, please contact your provider relations representative.

New Quality Enhancement Program

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 assure our members receive proper well-child care, immunizations and blood lead testing. In addition, the program expands our reach to additional underserved populations by offering more comprehensive women, adolescent, and adult health care services and prevention.

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**.

Innovative programs for care coordination

CareSource has initiated our Care Transitions program, a multi-faceted approach to improve member engagement, orchestrate discharge needs, and focus on care coordination. Two important parts of this program include:

Bridge to Home

Bridge to Home focuses on discharging the patient. It is designed to transition members safely from a medical or behavioral health inpatient setting in an acute-care or skilled nursing facility to home. It includes personal patient support to reduce hospital readmissions and emergency room visits after discharge.

CareSource nurses visit or call members while they are still in the hospital to help coordinate their discharge needs. Our nurses ensure



that members understand their CareSource benefits. They help them make follow-up appointments, obtain prescribed medications prior to discharge, and coordinate other medical services.

Health Care Home

This patient-centered medical home pilot program includes designated Care Management staff assigned to a participating Health Care Home program provider office. The Care Manager is the primary point of contact for the provider office. They focus on member engagement, service integration, care coordination and education. This approach focuses on collaboration among the entire team of health professionals and services available to each member.

Smoking cessation during pregnancy



Brief interventions can make a big difference

Looking for the best way to integrate smoking cessation intervention into routine prenatal care?

Using the five A's of smoking cessation is an efficient, evidence-based approach to asking about and treating tobacco use in clinical settings serving pregnant women.

1. **Ask** about smoking at every patient visit
2. **Advise** every smoker to stop
3. **Assess** the patient's readiness to quit
4. **Assist** patients with a cessation plan
5. **Arrange** a follow-up visit and discuss smoking at every subsequent visit



The American Congress of Obstetricians and Gynecologists (ACOG) offers a free toolkit to

help prenatal care providers with effective interventions including a Continuing Medical Education — (CME) accredited guide, an interactive web-based program, patient materials and other information resources. Visit http://www.acog.org/departments/dept_notice.cfm?recno=13&bulletin=1863.

We can help your patients

Remember, CareSource members can receive personal counseling to help them quit smoking by calling the Michigan Tobacco Quit Line at **1-800-QUIT-NOW** or **1-800-784-8669** (TTY: 1-888 229-2182). Tobacco counselors are available seven days a week.

Studies show that routine advice from physicians to stop smoking helps patients quit. Brief counseling using the five A's can be even more effective.

CareSource also covers limited quantities of nicotine patches, gum and lozenges without requiring a prior authorization.

Sports physicals and well-care visits

When CareSource members make appointments for school sports physicals, please remember to complete an athletic examination form and member-specific anticipatory guidance. Providers can bill for an adolescent well-care visit and receive a \$20 bonus payment from CareSource.

Adolescent Well-Care Visit Codes

CPT Code	ICD-9-CM Diagnosis Code
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Please remember to include a copy of the completed school sports physical form and note or complete the anticipatory guidance form in the member's medical record. If you have any questions, please call CareSource Provider Services at **1-800-390-7102**.

Incorporating BMI measurement into practice

Routinely measuring body mass index (BMI) can identify patients whose BMI is beginning to rise and 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 or as needed for weight management. If needed, schedule a follow-up appointment that is dedicated to discussing weight concerns.

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.

BMI Result	Action Plan*
Below 18.5 Underweight	<ul style="list-style-type: none"> ▶ Communicate BMI result ▶ Schedule follow-up for further work-up as indicated
18.5 – 24.9 Healthy	<ul style="list-style-type: none"> ▶ Communicate the BMI result ▶ Reinforce healthy behaviors
25.0 – 29.9 Overweight	<ul style="list-style-type: none"> ▶ Communicate the BMI result ▶ Provide introductory counseling ▶ Plan for follow-up
30.0 and above Obese	<ul style="list-style-type: none"> ▶ Communicate the BMI result ▶ Schedule any appropriate lab work ▶ Plan follow-up for more intensive counseling or refer for further intervention

* Larorick, Suzanne, MD, MPH, *Integrating A Focus on Overweight and Obesity in Clinical Practice: Practical Suggestions*, NC Med J July/August 2006, volume 67, Number 4, Printed 02/02/2009.

Helpful resources

- ▶ **National Heart Lung and Blood Institute**
http://hp2010.nhlbihin.net/bmi_palm.htm
- ▶ **Centers for Disease Control and Prevention**
www.cdc.gov/nccdphp/dnpa/bmi/index.htm
- ▶ **U.S. Department of Health and Human Services**
http://www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/steps.pdf
- ▶ **Michigan Quality Improvement Consortium**
<http://www.mqic.org/>

Clinical practice and preventive guidelines assist decision making

To help ensure quality care for our members, CareSource reviews and adopts clinical practice guidelines or treatment protocols. These help health care providers and members make decisions regarding appropriate health care for specific clinical circumstances. Preventive guidelines include recommendations for preventive care for patients based on age range, gender and certain conditions. These systematically developed statements are based on national standards. You can access our guidelines on our website at www.caresource.com.



Medical record reviews focus on preventive screenings



CareSource conducts a variety of medical record reviews to calculate our Healthcare Effective Data and Information Set (HEDIS) quality ratings. Thank you for helping us during the busy 2010 review season. We look forward to sharing our final rates with you soon.

Please remember that accurate and timely submission of claims and encounter data throughout the year can help alleviate the burden on providers during the HEDIS medical record review season. We will continue to work with providers to collect HEDIS-required information and assist with optimal billing practices. CareSource understands that record reviews require your staff's valuable time, and we appreciate your cooperation with our requests and your attention to detail in documenting patient care.

We continue to educate our members about the importance of the following checkups and health screenings. Thank you for ensuring your patients receive all appropriate screenings and that they are accurately documented. Screenings include:

Diabetes

- ▶ LDL
- ▶ HbA1c
- ▶ Kidney function test
- ▶ Blood pressure screening
- ▶ Annual retinal eye exam

Women's health screenings, as appropriate

- ▶ Mammogram
- ▶ Chlamydia screening
- ▶ Annual Pap test

Well-child care

- ▶ Immunizations and lead screening
- ▶ Children and adolescents are reminded to schedule and keep visits with their doctors

Asthma

- ▶ We remind members of the importance of filling maintenance and rescue medications prescribed by their doctor

Pregnancy care — We encourage members to receive:

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



ProviderSource

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