



ProviderChoice

Issue 1, Volume 5, Spring 2009

A newsletter for CareSource providers

HEDIS Medical Record Data Abstraction coming this spring

The 2009 Healthcare Effectiveness Data and Information Set (HEDIS) medical record data abstraction process will begin soon. CareSource requests your assistance this year in completing the process in the most efficient manner. We have contracted with Medical Review Group (MRG) to perform HEDIS medical record data abstraction on our behalf. MRG serves CareSource in a role that is defined and covered by the Health Insurance Portability and Accountability Act (HIPAA). As defined by HIPAA, MRG's role is as a business associate of CareSource, and as such, MRG is ethically and legally bound to protect, preserve and maintain the confidentiality of any Protected Health Information (PHI) it gleans from clinical records provided by medical practice locations pursuant to its contractual obligation to CareSource.



Prior to conducting an onsite review, if needed, MRG will contact your office to schedule a visit and subsequently distribute information about the scheduled visit to you to explain its data collection process. Your cooperation in extending MRG your professional courtesy is very much appreciated. If you have any questions, please call Cathie Webb, Quality Improvement and Disease Management Manager, at (517) 706-6516 or toll free at **1-800-390-7102, ext. 6516**.

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How to reach us

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



Quality Enhancement Program

CareSource is pleased to announce a new program for participating providers that is designed to recognize quality outcomes and introduce a new enhanced provider payment incentive. This program has been created to further encourage physicians to provide preventive care to children and adults.

CareSource will provide administrative assistance and bonus payments to participating Primary Care Providers (PCP) to assure our members receive proper well-child care, immunizations and blood lead testing. In addition, the program will expand 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 about CareSource's Quality Enhancement Program or to request a Provider Agreement Amendment, please contact your

CareSource provider relations representative, or call **1-800-390-7102** and follow the menu options to reach a provider relations representative.

Corrected Claims Accepted Electronically

For your convenience, CareSource accepts and encourages electronic (EDI) adjusted/corrected/replacement claims when no attachments are needed. Claims submitted to CareSource for payment should be on the nationally accepted 837 file format and submitted electronically using your CareSource Payer ID. The clearinghouse will need the CareSource Payer ID number, 383254.

In support of the Health Insurance Portability and Accountability Act (HIPAA) and its goal of administrative simplification, CareSource encourages providers to submit claims electronically. There are many benefits of electronic claims submissions including:

- ▶ Reduces paperwork and costs
- ▶ Reduces operational costs associated with paper claims
- ▶ Improves accuracy of data
- ▶ Tracks and monitors claims through reports

CareSource requests that all providers submit original and corrected claims electronically when attachments are not needed.

Prompt claims payment statistics

CareSource monitors claims processing results on an ongoing basis to ensure that providers are paid in a timely manner and meet all requirements for Medicaid plans as mandated by MDCH. For each month in 2008, CareSource processed 99.9 percent of clean claims within 30 days.

Medicaid Specialty Network Access Request Process

Over the past several months, the Department of Community Health, the Medicaid Qualified Health Plans and the four Public Entities (University of Michigan Health System, Wayne State University, Hurley Hospital, and Michigan State University) have worked on a joint initiative to increase access to specialty care services to Michigan Medicaid recipients. Through this consortium, we have developed a process to allow Medicaid beneficiary access to the specialty care providers affiliated with these public entities for specialty care services that are unavailable through the Health Plan's contracted network.

If you determine that a specialist referral is in order for a member in need of a specialty care service that is not sufficiently available within our network, please contact CareSource's Medical Management department at **1-800-390-7102** and follow the prompts, so we can obtain a referral to an appropriate affiliated specialty care provider of the four Public Entities. You can also fax the specialty care provider referral request to 1-888-577-5507.

When calling, please have patient demographic information as well as referral provider information available, including primary care provider and referring specialty provider, when applicable. Also, please have all pertinent information regarding the service being requested and the patient's medical information, including but not limited to specialty required, number of visits, start and end date and diagnosis, to facilitate appointment scheduling. If you have any questions, please contact Mark Hillery, Director of Provider Relations, at (517) 706-6549.



We can help your patients with tobacco cessation

CareSource members can receive personal counseling to help them quit smoking by calling the Michigan Tobacco Quitline, a free program through the American Cancer Society. The program works through a structured five-session process. CareSource also covers nicotine replacement therapy with a physician's prescription. The Michigan Tobacco Quitline is answered 24 hours a day, seven days a week, and can be reached at **1-800-784-8669 (1-800-QUIT-NOW)**.

How to report suspicions of Fraud, Waste, and Abuse

CareSource has a program designed to handle cases of managed care Fraud, Waste, and Abuse. Fraud can be committed by providers or members.

To report anything that does not seem right:

- ▶ 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
- ▶ 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-michigan.com. Look for "How To" and then select "Report Fraud". Your written concern or the form can be sent to:
CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

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

- ▶ 1-866-428-0005
- ▶ Or write to:
MDCH
Medicaid Integrity Program Section
Capitol Commons Center Building
400 South Pine, 6th Floor
Lansing, MI 48909

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.

HEDIS Highlights

CareSource values the continued high quality care given to CareSource members by our provider partners. This high quality care is reflected in the significant improvement in our Health Care Effectiveness Data Information Set (HEDIS) and CAHPS scores. Highlights are below:



Babies First: The Frequency of Prenatal Care Measure increased by more than 15 percent from 2007. A 12 percent improvement also occurred in the number of babies between the ages of 0 and 15 months who had six or more well-child visits.

Comprehensive Diabetes Care: All areas of comprehensive diabetes care have

shown improvement. More of our members with diabetes are having their HbA1c and LCL-C tests. In addition, the percent of members whose HbA1c is in poor control decreased more than 16 percent over the previous year. The number of diabetics who had an eye exam increased more than 10 percent since 2006.

Did you know...

HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS makes it possible to compare our performance with the performance of other Medicaid health plans. MDCH uses HEDIS to monitor the performance of Medicaid health plans.



Managing your patients with diabetes

CareSource utilizes the Michigan Quality Improvement Consortium (MQIC) medical necessity guidelines. The MQIC guideline for the Management of Diabetes Mellitus recommends Annual periodic assessments (or more frequently as needed) that include the following:

- ▶ Height, weight, BMI, blood pressure (adult target of <130/80)
- ▶ Assess cardiovascular risks (smoking, hypertension, dyslipidemia, sedentary lifestyle, obesity, stress, family history, age > 40)
- ▶ Comprehensive foot exam (including monofilament testing annually)
- ▶ Screen for depression
- ▶ Dilated eye exam by ophthalmologist or optometrist or digiscope (in the absence of retinopathy repeat every 2 years)

- ▶ A1C 2-4 times annually based on individual therapeutic goal, which for most patients is < 7%
- ▶ Urine microalbumin measurement (annually)
- ▶ Serum creatinine and calculated GFR (annually)
- ▶ Fasting lipid profile (annually)

The complete guideline, including education, counseling, risk factor modification and medical recommendations, can be found at <http://www.mqic.com>, or by contacting Cathie Webb, RN, Manager Quality and Disease Management at (517) 706-6516.

Laboratory tests should include:

Disease Management programs for your patients

CareSource also has Case Management and Disease Management programs to support the care and treatment you provide to our members. Our Health Coaches provide one-to-one education and support to members. The Asthma Disease Management Program is a population-based program to enhance member self-management while supporting the physician's plan of care, emphasizing prevention of exacerbations and complications, utilizing evidence based guidelines and member empowerment strategies. To refer your CareSource members to either program, simply call **1-800-390-7102** and follow the Provider Services prompts.

Provider Portal offers many self-services

Enhanced functionality saves you time

CareSource is striving to relieve administrative burden through enhanced website functionality. Our Provider Portal has a host of secure services available online that are easy to use and available when you want to use them.

NEW FEATURES

We're pleased to offer several new services on our Provider Portal:

- ▶ Submit Pharmacy Prior Authorization requests
- ▶ Update demographic information
- ▶ Update Provider information such as new practice locations

Other features you can use:

- ▶ Check Member Eligibility
- ▶ Coordination of Benefits (COB) information given with eligibility
- ▶ Check Claims Status
- ▶ Review Membership lists

How to Register

To access our Provider Portal, you must first register to receive a secure User ID and Password. Please register online by going to www.caresource-michigan.com, click on the "Provider" tab, then click on the "Provider Login" link, and then click on "Register" to start the registration process.

CAQH application acceptable for credentialing process

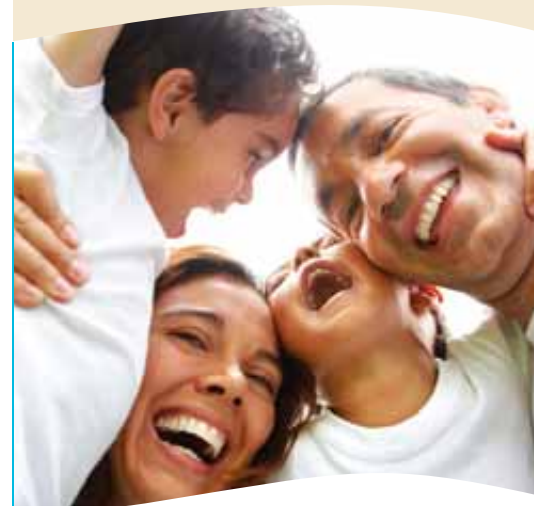
CareSource is a participating organization with CAQH. If you complete your application with CAQH, please make sure that we have access to your application by doing the following:

1. Log onto CAQH using your account information
2. Select the "Authorization" tab
3. Check to see that CareSource is listed as an authorized Health Plan
4. If CareSource is not listed, please give authorization by checking the "Authorized" box

For more information about CAQH, log onto the CAQH website at www.caqh.upd.org or call CAQH at 1-888-599-1771.

e-Prescribing available

CareSource is pleased to announce that we now can connect you to your CareSource patients through e-Prescribing. For questions about our e-Prescribing, please call **1-800-390-7102** and select the option for Pharmacy.



ProviderChoice

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ACCREDITED
HEALTH PLAN (for Medicaid)
HEALTH CALL CENTER