

# ProviderSource

Summer 2009

A newsletter for CareSource providers

## CareSource launches redesigned, enhanced website: [www.caresource.com](http://www.caresource.com)

CareSource has redesigned our website, [www.caresource.com](http://www.caresource.com). As your partner in providing quality patient care, we've improved our website to make it easier and faster for you and your staff to find the information you need.

Visit [www.caresource.com](http://www.caresource.com), today!

### Provider Portal helps you simplify tasks

CareSource's free online Provider Portal allows you to easily and securely access critical information wherever and whenever you need it. As a registered user of our online tool, there's no waiting on the phone, as the information you need is right at your fingertips.

Features available to you include:

- ▶ **Member Profile – New Feature!**
- ▶ Claims history
- ▶ Claim status
- ▶ Access member eligibility
- ▶ Access coordination of benefits
- ▶ Membership lists
- ▶ Submit pharmacy prior authorization requests
- ▶ Update demographic information
- ▶ Update Provider information such as new practice locations



### Register today

Registration is quick and easy! Just complete the 3-step process by going to [www.caresource.com](http://www.caresource.com). Start managing all of your CareSource health plan needs at our secure, one-stop, multi-functional Provider Portal.

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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



### **CareSource Member Profile provides easy to access patient information**

With its comprehensive view of patient medical and pharmacy data, the CareSource Member Profile can help providers improve health outcomes for their CareSource patients. The profile can help providers determine an accurate diagnosis more efficiently, reduce unnecessary diagnostic tests, and minimize ER visits.

Accessing CareSource's Member Profile tool is fast and easy. Michigan providers can access the Member Profile through "Member Eligibility" on the CareSource Provider Portal at <https://secure.csmg-online.com/mi/ProviderPortal/login.aspx>. Office staff can easily print a copy or add the Member Profile electronically to your patient's medical records as part of their normal patient processing prior to every visit.

### **Keith Tarter, MD, appointed Medical Director**

CareSource is pleased to announce the addition of Keith Tarter, MD, to our Michigan leadership team. Dr. Tarter assumed the role of Medical Director on



May 18, 2009. He has an extensive clinical and administrative background spanning more than 25 years. Dr. Tarter has practiced as an emergency physician and in general practice. He has prior medical director experience for a number of health plans

and hospitals. He earned his medical degree from the University of Miami School of Medicine and has been certified by the American Board of Preventive Medicine in Occupational Medicine as a Certified Physician Executive.

## **Medical Home improves quality of care**

The American Academy of Pediatrics (AAP) introduced the medical home in 1967 as a way to enhance the care of children with special needs. In 2009, the need for a medical home for these individuals is still there. A properly functioning medical home will enhance EPSDT, Early & Periodic Screening, Diagnosis & Treatment.

A medical home should include:

- ▶ Primary care (including preventive, maintenance, and acute health services)
- ▶ 24-hour patient communication and rapid access
- ▶ Health information technology for active clinical decision support
- ▶ Data to identify important diagnoses and conditions in the practice
- ▶ Measurement of clinical and service performance
- ▶ Referrals tracking using a paper or electronic system
- ▶ A formal quality improvement program
- ▶ Up-to-date records of beneficiaries' advance directives

CareSource offers many services to providers to support their medical home. For more information about these services, call 1-800-390-7102. You can find more EPSDT learning opportunities at [www.IHCS.MSU.edu](http://www.IHCS.MSU.edu).

### **New Find a Doctor online tool available for members**

CareSource members can now access our broad network of providers online by using our new Find a Doctor search tool. Providers are listed by specialty and members can view a map showing the provider's location.

# PHARMACY NEWS

## Save time, money and increase patient safety with e-Prescribing

Are you still writing out prescriptions by hand? If so, did you know that handwritten prescriptions contribute to an estimated 1.5 million preventable medication-related adverse events each year, according to the Institute of Medicine?

Medicine is taking a new direction regarding prescribing, and now is a great time to adopt the 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 digital, Medicare is providing incentives for using e-Prescribing via an Electronic Medical Records (EMR) system. Health care providers who e-Prescribe can receive an extra 2 percent bonus on all their Medicare services in 2009-2010, a 1 percent bonus in 2011-2012, and a 0.5 percent bonus in 2013.

In 2012, most remaining health care providers who don't e-Prescribe will receive lower reimbursement rates from Medicare than those who do. 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 decide how and when to convert from paper to electronic prescribing, please refer to ***A Clinician's Guide to Electronic Prescribing***. It includes a list of key references and resources to assist in making the transition as smooth as possible. To access the guide, visit [www.ehealthinitiative.org/eRx/](http://www.ehealthinitiative.org/eRx/).



## Prior authorization lifted from three medications

Effective immediately, CareSource has removed the prior authorization requirement for Singulair, Symbicort and Vyvanse. Careful review of utilization patterns has allowed us to remove the requirement for these highly prescribed medications.

As our review continues, there may be other drugs that will be able to be removed from the prior authorization requirement in the near future. This is part of our ongoing effort to make it easier to do business with CareSource.

# Prescription drug monitoring programs



## Are your patients being prescribed too many controlled substance prescriptions?

Prescription drug monitoring programs (PDMPs) are operational in 32 states, including Michigan, and are being used to deter and identify illegal activity such as prescription forgery, indiscriminate prescribing and “doctor shopping”. Michigan’s PDMP is MAPS: Michigan Automated Prescription System and provides patient specific drug information regarding Schedule II-V drugs as well as Tramadol and Carisoprodol products. MAPS also helps in identifying those who use insurance and/or pay cash for their controlled substances.

Each state has legislation that determines who can access the PDMP data. In Michigan, the program is accessible to medical providers, pharmacists, and law enforcement officials with an active investigation. You can see details regarding MAPS at <https://sso.state.mi.us> where you can also register for the program. If you have any questions about MAPS, you can email [Mapsinfo@michigan.gov](mailto:Mapsinfo@michigan.gov) or call 517-373-1737. Individuals who live near a state border may obtain controlled substance prescriptions in multiple states. For information regarding your surrounding states PDMP, visit <http://www.namsdl.org/presdrug.htm>.

You can report anything that does not seem right by:

- ▶ Calling **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, Waste and Abuse Reporting Form by going to our website **www.caresource.com**. Look for “How To” and then select “Report Fraud”

Your written concern can be sent to us at:

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.

## Blood lead level tests

It’s important that children have their blood lead level tested if they have not been previously tested. CareSource encourages members to be tested at 12 months and 2 years old. Remember, filter paper testing is an accepted method to obtain blood lead levels and is covered by CareSource.

## New process for locum tenens

CareSource is now performing abbreviated primary source verification for locum tenens. The verifications are being conducted to ensure that our members – your patients – receive the highest quality health care. If you are a provider currently using or considering using locum tenens, please notify your designated CareSource provider relations representative.

# Incorporating Body Mass Index (BMI) measurement into practice

Routinely measuring 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 you need to, schedule a follow-up appointment that is dedicated to discussing weight concerns. If a follow-up visit is not realistic, choose one behavior at a time to work on.

CareSource patients who need support to meet their weight management goals 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 (i.e. Weight Watchers, or exercise class reimbursement), identify barriers such as transportation issues and provide positive reinforcement for healthy habits or weight loss. If you would like to refer a member to our Weight Management Program, call **1-800-390-7102**.

## Helpful Resources

### National Heart Lung and Blood Institute

Offers free downloads for use of Palm OS and Pocket PC  
[http://hp2010.nhlbihin.net/bmi\\_palm.htm](http://hp2010.nhlbihin.net/bmi_palm.htm)

### Centers for Disease Control and Prevention

[www.cdc.gov/nccdphp/dnpa/bmi/index.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm)

### Michigan Quality Improvement Consortium

Provides obesity, childhood overweight prevention and treatment guidelines  
<http://www.mqic.org/>

### 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](http://www.nhlbi.nih.gov/health/prof/heart/obesity/aim_kit/steps.pdf)

<sup>1</sup> 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.

## BMI Result

## Action Plan<sup>1</sup>

Underweight  
BMI<18

- Communicate BMI result
- Schedule follow-up for further work-up as indicated

Healthy  
18<BMI<25

- Communicate the BMI result
- Reinforce healthy behaviors

Overweight  
BMI=25-30

- Communicate the BMI result
- Provide introductory counseling
- Plan for follow-up

Obese  
BMI>30

- Communicate the BMI result
- Schedule any appropriate lab work
- Plan follow-up for more intensive counseling or refer for further intervention



## Standardizing health maintenance exams



Primary care providers play an important role in treating members' medical conditions as well as in illness prevention and encouraging better health habits.

To be compliant with EPSDT and HEDIS measurements for a well child/adolescent well care visit, three components must be completed. These are:

- 1) a health and developmental history (physical and mental),
- 2) a head-to-toe physical exam, and
- 3) health education/anticipatory guidance.

A new MDCH requirement for practitioners for 2009 is the use of a standardized developmental/screening instrument with interpretation and report. The administration and scoring of the developmental screening test is payable separately from, and in addition to, the rate paid for providing the EPSDT/well child check, other evaluation and management (E/M) services such as acute illness or follow-up office visits.

The Health Maintenance Exam (HME) form is a tool available to assist in identifying all required components and provide ease of chart documentation. This form was developed by the Institute for Health Care Studies at Michigan State University in collaboration with the Michigan Medicaid managed care plans, Michigan Department of Community Health, Michigan Association of Health Plans, and Michigan Association of Local Public Health, and follows the Bright Futures recommendations. Age-related forms are available on the MDCH website under EPSDT.



## ProviderSource

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

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**ACCREDITED**  
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