



# ProviderSource

FALL 2011

A newsletter for CareSource providers

## 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](http://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
- Lead screening
- Avoidance of antibiotics for children with viral upper respiratory infection

#### ► 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.



### In this issue:

4 Pharmacy transition

4 Synagis season

6 Care management model

## How to reach us

Provider Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)  
CareSource 24, 24-Hour Nurse Advice Line: 1-866-206-0554



## 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/OH/>

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

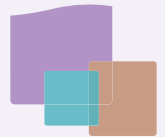
**Case management referrals** – The case management form is now automated on our Portal, offering efficiency in enrolling patients in this important program.

**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.



## Members missing appointments? We can help



Any time a member misses three or more consecutive appointments, please notify our Care Management Department for assistance. Our outreach staff can assist you in educating the member about the importance of being on time for scheduled appointments and cancelling appointments at least 24 hours in advance. We can also help arrange transportation for members.

We ask that you make at least three attempts to educate the member about non-compliant behavior and document them in the patient's record. Thank you for your cooperation in helping our members receive the care they need.

## November is Medicaid 'open enrollment' month in Ohio

Statewide open enrollment for Medicaid eligible consumers is here and those individuals under your care are able to change health plans. CareSource members have access to all Medicaid-approved benefits, plus many extras like no co-pays, transportation to medical care and WIC appointments.

Consumers can select CareSource as their health plan by calling 1-800-605-3040 or by visiting the Enrollment Center at [www.ohiomcec.com](http://www.ohiomcec.com).





## 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.

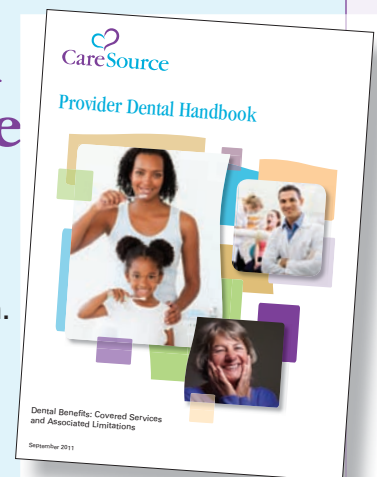
### **CareSource 24 can benefit your practice by:**

- ▶ 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.

## Updated Dental Handbook now online

Our updated Dental Handbook is available online at [www.caresource.com](http://www.caresource.com). Click the "Providers" tab and select "Provider Materials." Then choose "Dental Handbook" on the left navigation. If you have any questions, please contact your provider relations representative.



# Pharmacy transition periods established

As you know, prescription drug coverage for CareSource members transitioned from Ohio Medicaid to CareSource on October 1.

To ensure continuity of service for members, CareSource members now receive their prescription drug coverage from CareSource.

**Pharmacy Transition Periods for Prior Authorization:** Please note the following transition periods listed below. These transition periods apply to members eligible with CareSource October 1, 2011.

- ▶ 30 days for controlled substances, e.g., narcotic analgesics (through 10/31/2011)  
These now require prior authorization
- ▶ 120 days for antipsychotics/antidepressants (through 1/31/2012)
- ▶ 90 days for all other Medicaid covered medications (through 12/31/2011)



For members eligible with CareSource on November 1, 2011, or after, a 30 day transition applies for all medications previously approved by Medicaid Fee For Service (FFS). **If you are having any issues or need assistance during the upcoming Prior Authorization transition periods, please call us at 1-800-488-0134 and follow the prompts for pharmacy.**

## 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/OH/>
- ▶ **Fax:** Complete the Synagis PA form on our website and fax it to 1-888-399-0271
- ▶ **Phone:** 1-800-488-0134
- ▶ **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 **1-800-488-0134** and choose the menu option for Pharmacy.

## Abortion, sterilization and hysterectomy forms

ODJFS requires managed care plans (MCPs) ensure appropriate use of federal funds when paying for abortion or sterilization services. CareSource is making it easier for providers to complete these forms correctly and efficiently for claims payment by offering tutorials on our website, **[www.caresource.com](http://www.caresource.com)**. Click on "Provider," then "Forms" to view these brief tutorials online.

## 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.



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

## 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.

## Care management focuses on high-risk members



Over the next few months, CareSource will be implementing a new case management model based on the requirements of the Ohio Department of Job and Family Services (ODJFS). Under the new structure, our staff will:

- ▶ Use new criteria for high-risk care management. Current high-risk members who no longer meet these criteria will be safely transitioned to the appropriate level of case management
- ▶ Develop a focused, community-based program for high-risk members
- ▶ Schedule face-to-face meetings with our most at-risk members to help ensure their needs are being met. Ideally, this will be conducted at the point of care

Members in other care management programs, such as Care Transitions and Disease Management, will continue to be managed. Transition to the new model began in October and full implementation is scheduled to be complete by July 2012.

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## CareSource Advantage benefits updated for 2012

Benefits for members of CareSource Advantage® (HMO SNP), our Medicare Advantage Special Needs Health Plan, will change slightly in 2012. Highlights include:

- ▶ The vision benefit for hardware will increase to \$125 annually
- ▶ A new over-the-counter benefit of \$30 per month will be available for select health and wellness items



Starting in 2012, CareSource Advantage will be available in all counties throughout Ohio. For additional benefits, search "Evidence of Coverage" on our website, [www.caresource.com](http://www.caresource.com).



## ProviderSource

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

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**ACCREDITED**  
HEALTH PLAN (for Medicaid)  
HEALTH CALL CENTER