

# PROVIDER SOURCE

spring 2008

## Notice about program changes

**This notice is to inform you of important changes to the Medicaid Managed Care program that took effect January 1, 2008.**

> CareSource requires prior authorization of services and medications differently than Medicaid fee-for-service. New members should contact CareSource Member Services Department to ask if a service or medication that they might have scheduled or had approved while on Medicaid fee-for-service needs prior approval.

> Effective January 1, 2008, Ohio Medicaid will cover chiropractic services for adults age 21 and older. While CareSource has provided chiropractic services as an additional benefit to our members, we will now cover 15 medically necessary chiropractic services, the same as Ohio Medicaid. CareSource will not require a primary care provider referral or prior authorization for these services.

> Effective January 1, 2008, Ohio Medicaid will cover independent psychologist services for adults age 21 and older. CareSource will cover 25 medically necessary independent psychologist services. CareSource will not require a primary care provider referral or prior authorization for these services.

> Effective January 1, 2008, Ohio Medicaid will cover developmental therapy services for children aged birth

continued next page

**online PA requests**

**free vision screening  
training and equipment**

**PA requirement  
changing for ultrasounds**

**CDC lead  
recommendations**

**careSource**<sup>®</sup>  
Ohio

## Notice of changes


continued from cover story

to six years. CareSource will cover the same medically necessary developmental therapy services. CareSource will require a primary care provider referral and prior authorization for these services.

### NPI and Tax ID numbers required on all claims starting May 23

Effective **May 23, 2008**, CareSource will require providers to submit **all** claims — electronic and paper versions — with **NPI and tax ID numbers**.

**Claims received without these numbers will be rejected. Use of these identifiers will ensure your claims are paid accurately and timely.**


If you wish to continue submitting your legacy provider ID number, you may, in addition to the required information listed above. 

## CareSource makes Health Management Systems sole recovery vendor

Effective November 9, 2007, CareSource elected to discontinue recovery project initiatives with AIM Healthcare Services Incorporated (AIM). Health Management Systems (HMS) was selected as our sole recovery vendor.

HMS will perform Credit Balance Recovery, DRG Validation, Medical Bill Audit and Data Mining in addition to Coordination of Benefits projects which have been in effect since 2005.

AIM will wrap up outstanding cases which were in progress prior to termination of our agreement with them. It is our hope that the change to one vendor will simplify administrative processes for both CSMG and the provider community impacted by these projects. Thank you for your cooperation with these important initiatives.

**Please note:** CareSource does accept coordination of benefits printouts from primary carrier websites; however, we cannot accept highlighted information. The highlighting makes the text unreadable. If you need to note something on a form you are sending, please attach a separate note or make a notation in the margin. This will ensure timely attention. Thank you! 



## CareSource now offers online inpatient PA requests

CareSource has added new functionality to enhance the process of requesting Inpatient Prior Authorization requests online.

This functionality eliminates the need for paper/fax submissions, allows you to check the prior authorization status online 24-hours a day and provides a quicker turnaround time on authorizations.


Now you can submit requests for:

- Inpatient Deliveries
- Inpatient Elective Admissions
- Inpatient Emergent Admissions
- Inpatient Hospice
- Inpatient Long Term Acute Care (LTAC) Admissions
- Inpatient Rehabilitation Admissions
- Inpatient Psychiatric Admissions
- Inpatient Skilled Nursing Facility (SNF) Admissions

To submit your Inpatient Prior Authorization request online, or use any of our other online functions, visit our online provider portal at <https://secure.csmg-online.com/oh/ProviderPortal/login.aspx>.

### Coming soon – Outpatient Prior Authorization!

Outpatient Prior Authorization will be available online starting May 2008. With Outpatient Prior Authorization, you can submit requests for:

- Durable Medical Equipment (DME)
- Home Healthcare
- OB Ultrasound (for participating providers no prior authorization is required)
- Office Visits
- Vision
- Therapy
- Surgery 



## Free Vision Screening Training and Equipment Offered through Prevent Blindness Ohio

Prevent Blindness Ohio is offering free vision screening training and equipment to primary health care providers serving preschoolers. This is part of the Ohio Department of Health's Save Our Sight Grant Program and is consistent with ODJFS's vision screening regulation number 2005 OH 12495, which is a required portion of the HealthChek EPSDT screening.

The four-hour training sessions are created for physicians, nurses, medical technicians or other ancillary care providers in the HealthChek process and includes a training manual, a Lea Symbol Chart, a Model A Good-Lite Visual Acuity Cabinet, Random Dot E Steropsis test and assorted children's vision care resources and brochures. This training also includes a three-



year certification through Prevent Blindness America. To participate in this program or to learn more about it, please visit the Prevent Blindness Ohio website at [pbohio.org](http://pbohio.org).



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

To report anything that does not seem right:

> Call 1-800-488-0134

(TTY: 1-800-750-0750). Choose the menu option for providers. Then select the option for reporting Fraud.

> Send an e-mail message to [fraud@csmg-online.com](mailto:fraud@csmg-online.com).

> Write to us. You can write to us using our Fraud Reporting Form by going to

our website [www.caresource-ohio.com](http://www.caresource-ohio.com) and looking for the fraud link under the Provider's tab. Your written concern or the form can be sent to us at: CareSource, Attn: Special Investigations Unit, One S. Main Street, Dayton, OH 45402.

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.

## PA requirement changing for ultrasounds

CareSource has removed prior authorization requirement for participating providers for ultrasounds of pregnancy (CPT codes 76801-76817 and 76825-76828). Non participating providers will continue to require prior authorization for all services.

We will continue to review ultrasound utilization data on a retrospective basis and conduct

targeted reviews on patient records of those providers that appear to fall outside expected utilization parameters. We will then work directly with those providers on any findings. These audits will be conducted quarterly.

We hope that this change will facilitate management of CareSource members and we are confident that you will use this benefit in the most cost effective, medically necessary manner.



ProviderSource is a publication of CareSource, a nonprofit Medicaid managed health care plan serving counties throughout Ohio.


Toll-free phone:

**1-800-488-0134**

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## Center for Disease Control releases lead recommendations

Last month, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Childhood Lead Poisoning Prevention released their recommendations on interpreting and managing blood lead levels <math><10\mu\text{g}/\text{dL}</math>. Although a child is not considered lead poisoned with a level less than 10, the Committee acknowledges there is no safe level of lead and gives practitioners recommendations on reducing childhood exposures to lead. An online version of the full report is located at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5608a1.htm>. 



## CareSource partners with Medical Review Group for HEDIS medical record data abstraction

The 2008 Healthcare Effectiveness Data and Information Set (HEDIS) medical record data abstraction process is fast approaching. CareSource is pleased to announce that it has contracted with the Medical Review Group (MRG) to perform HEDIS medical record data abstraction on its behalf. CareSource has expanded the Medical Record Review process this year to improve quality measurement, as the state required clinical External Quality Review studies are retired.

The HEDIS medical record data abstraction process will begin in the spring of 2008. Prior to conducting an onsite review, 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. An office visit may not be warranted; therefore, MRG may request that copies of chart components be sent via



mail or fax for off-site review.

If you have questions or concerns about any portion of this process, please contact Terry Huysman, Quality Improvement Manager for CareSource, at (937) 531-3015. We appreciate your assistance in this effort and thank you for partnering with us to preserve and enhance access to comprehensive quality health care for everyone. 