

ProviderChoice

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 Janelle R. Petry, Quality Improvement HEDIS Program Manager, at (937) 531-2133 or toll free at **1-800-488-0134**, press option 7, and dial extension 2133.

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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**





Reimbursement Policy for Well Child Codes



CareSource encourages primary care providers to maximize opportunities to complete needed well child visits for their patients and our reimbursement policy supports that. If a CareSource member sees a provider for a Healthchek (well visit) and has an acute problem or follow-up issue such as Attention Deficit Hyperactivity Disorder (ADHD) counseling, or if a member is seen for an acute visit or routine follow-up and a Healthchek is done at the same time, providers can bill both a preventive medicine code (CPT 99381 - 99397) as well as an evaluation and management (E&M) code. Preventive medicine codes are always paid at 100 percent of contracted price. Office E&M codes (99201 - 99205 and 99211 - 99215) are always allowed with the "well check" code if the additional diagnosis is included, and are paid at 50 percent of the contracted unit price.

Please remember to document the details of the Healthchek visit in the medical record.

Web Portal Solutions

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, when you want to use them.

NEW FEATURES

We're pleased to offer several new services including:

- ▶ Submit Pharmacy Prior Authorization requests
- ▶ Update Demographic information
- ▶ Add an Affiliation/Provider

Other features you can use:

- ▶ Member Eligibility Span information
- ▶ Check Claims Status (claims history available for 24 months)
- ▶ Submit Medical Prior Authorization requests
- ▶ Check Prior Authorization status
- ▶ Access our current Preferred Drug List and drugs requiring authorization
- ▶ Access your Explanation of Payment (EOP)
- ▶ Verify Member's PCP
- ▶ Access Coordination of Benefits (COB) information

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-ohio.com, click on the "Providers" tab, click on the "Provider Login" link, and then click on "Register" to begin the registration process.

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 **1-800-488-0134**
(TTY: 1-800-750-0750 or 711) Choose the menu option for providers. Then select the option for reporting fraud.
- ▶ Send an e-mail message to **fraud@csmg-online.com**
- ▶ By Fax: 1-800-418-0248
- ▶ Write to us. You can write us a letter or use our Fraud Reporting Form by going to our website: **www.caresource-ohio.com**, and under the "Providers" tab choose "How To" and then "Report Fraud". Your written letter or the form can be sent to us at:
CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

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.



We can help your patients with tobacco cessation

CareSource members can receive personal counseling to help them quit smoking by calling the Ohio Tobacco Quit Line at **1-800-QUIT-NOW** or **1-800-784-8669** (TTY: 1-888-229-2182). Tobacco counselors are available from 9 a.m. to 11 p.m., Monday through Friday, and from 10 a.m. to 6:30 p.m., Saturday and Sunday.

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

Preferred Laboratory Providers

CareSource currently maintains contracts with specific laboratory vendors for outpatient lab services for our members. Our preferred lab providers include:

- ▶ LabCorp of America
- ▶ Laboratory Corporation of America Holdings
- ▶ Quest Diagnostics Laboratories
- ▶ CompuNet Clinical Laboratories

Radiology Benefit Management Program



In keeping with our commitment of promoting continuous quality improvement for services provided to CareSource members, CareSource has entered into an agreement with National Imaging Associates, Inc. (NIA), an affiliate of Magellan Health Services, to implement a radiology benefit management program. This program includes management of non-emergent, outpatient radiology services to include prior authorization. The goal of this partnership is to ensure that medically necessary, quality services are provided to our members receiving MRI, CT and PET scan procedures.

Planned for a May 1, 2009 implementation, the radiology management program will require prior authorization for the following non-emergent, outpatient advanced imaging procedures:

- ▶ CT/CTA Scan
- ▶ MRI/MRA
- ▶ PET Scan

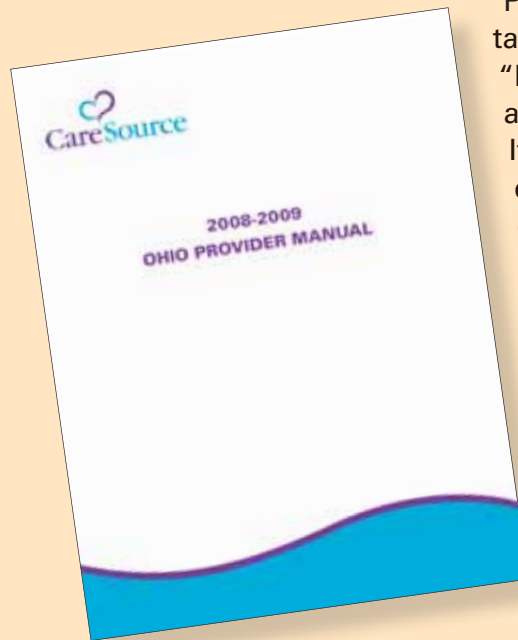
Please note that imaging procedures performed during an inpatient admission, observation or emergency room visit are not included in this program.

We look forward to working with our providers on this important initiative. More details about the radiology management program are enclosed in this mailpak and will be made available on our website, www.caresource-ohio.com. Please call Provider Services at **1-800-488-0134** or contact your designated provider relations representative if you have any questions.

Provider Manual available online

Our newly revised Provider Manual is available online at www.caresource-ohio.com. Click the

“Providers” tab, then select “Provider Manual and Materials.” If you have any questions about our revised manual please contact your provider relations representative.



Identifying your provider relations representative

CareSource wants to make sure you know your provider relations representative. Our representative list, which is updated periodically, is posted on our website at www.caresource-ohio.com.

Click the “Providers” tab, then select “Provider Manual and Materials.” You can search this list by affiliation alphabetically, by county, or by zip code.

Please call Provider Services at **1-800-488-0134** for more information.



Interpreter Services

CareSource offers sign and language interpreters for members who are hearing impaired, visually impaired, do not speak English, or have limited English-speaking ability. These services are available at no cost to the member.

CareSource requires hospitals, at their own expense, to offer sign and language interpreters for members who are hearing impaired, visually impaired, do not speak English, or have limited English-speaking ability. You are also required to identify the need for interpreter services for your CareSource patients and offer assistance to them appropriately. If you do not have access to interpreter services, contact Provider Services at **1-800-488-0134** (TTY: 1-800-750-0750 or 711). We ask that you let us know of members in need of interpreter services as well as any members that may receive interpreter services through another resource.



Prompt claims payment statistics

CareSource monitors its claims results on an ongoing basis to ensure that we pay our providers in a timely manner and meet all requirements for Medicaid plans as mandated by ODJFS. During 2008, CareSource processed 9 million claims and met 96.67 percent for clean claims paid within 30 days.

Asthma Medication Management

Often asthma patients complain that their asthma medications are not working right. It may not be the medication that is the issue; it may be the patient's understanding of how to use their asthma medications properly. The most recent recommendations from the National Asthma Education and Prevention Program (NAEPP) stress the importance of patient education and partnership in the proper management of asthma. Patients may be apprehensive to admit they do not know how to use their asthma medications. Encourage your asthma patients to review their asthma medications with you. Use this opportunity to assess their medication technique. Patient education is a powerful tool for helping patients develop the skills and confidence to manage their asthma.

Visit the CareSource website at www.caresource-ohio.com for educational information to help you manage your asthma patients.



Lead Testing

Current Medicaid guidelines require blood to be drawn for lead screening at ages 1 and 2 and from any child ages 3 to 6 who has never been tested. Remember that the filter paper method is an acceptable way to obtain blood samples for testing. Please call MedTox Labs at **1-800-FOR-LEAD** (1-800-367-5323) for additional details about this method.

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, 31114.

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.

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 **1-800-488-0134**, and select the option for pharmacy.



ProviderChoice

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

Toll-free phone:
1-800-488-0134

P.O. Box 8738
Dayton, OH 45401-8738



ACCREDITED
HEALTH PLAN (for Medicaid)
HEALTH CALL CENTER