

ProviderSource

Spring 2010

A newsletter for CareSource providers

Explanation of Payment survey available online

CareSource values feedback it receives from its providers. We're working hard to make it easier for you to do business with us and invite you to participate in our online Explanation of Payment (EOP) survey. Your input will help us identify areas for targeted improvement.

Visit our secure Provider Portal on our website at **www.caresource.com**.

- ▶ Click on the "Provider" tab
- ▶ Under "Quick Links" click on "Provider Login"
- ▶ Enter your Username and Password
- ▶ Click on the "Log In" button
- ▶ Access the survey on the Provider Welcome Page



Our survey should only take a few minutes to complete. If you have questions or are unable to access it, please contact your Provider Relations Representative at **1-800-390-7102**.

Easy ways to check member eligibility

Providers can now verify CareSource member eligibility over the phone with our automated Member Check system. Just call **1-800-390-7102**. You can also check eligibility through our secure online Provider Portal at **www.caresource.com**.

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How to reach us

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





Provider Portal SOLUTIONS

Online Provider Toolkit – easy to access valuable resources at your fingertips

At CareSource, we're making it easier for you to get the information you need – whenever you need it! Our new Provider Toolkit is a web-based resource that offers helpful information about a variety of items including:

- ▶ Policy Updates
- ▶ Manuals
- ▶ Forms
- ▶ Assessment Tools
- ▶ Frequently Asked Questions (FAQs)
- ▶ External Web Links

Bookmark your favorites

We've included a "Favorites" feature with the Toolkit so that each time you visit, it will automatically remember the sections you use.

Easy to access

Accessing CareSource's Provider Toolkit is fast and easy. Please follow these instructions:

- 1) Visit our website at www.caresource.com
- 2) Click on the "Provider" tab
- 3) Under the "Quick Links" click on "Provider Login"
- 4) Enter your Username and Password
- 5) Click on the "Log In" button
- 6) Click on the "Provider Toolkit" menu option

We hope you will find the Toolkit a valuable resource in helping serve your patients. If you have any questions or feedback about our new Toolkit, please email us at providerportalfeedback@caresource.com.

OPERATIONAL NEWS

Attention Primary Care Providers Clinical Practice Reports available online

In an effort to continue to make it easier to work with us, the CareSource quarterly *Clinical Practice Reports* you've been receiving in the mail are now available 24 hours a day, 7 days a week via our secure online Provider Portal. These reports, which provide actionable preventive health service data for your CareSource patients, include additional features such as:

- ▶ Quick and easy filtering of data which allows real-time population management (i.e., a provider can find all members who need a particular test)
- ▶ Reminders telling the provider when a test will soon be overdue
- ▶ Downloadable information in PDF format or into an Excel spreadsheet
- ▶ Accessible Member Profiles for individual members of interest

The information provided is intended to encourage practices to contact members for preventive visits, flag charts for needed services or simply to create awareness of the patient's need for an intervention.

To access the *Clinical Practice Reports* visit www.caresource.com, click "Provider" and then "Provider Portal". For more information call Nancy Stepp, Quality Improvement Department, at 1-937-531-2827.

Provider updates now online



As part of CareSource's ongoing commitment to timely and clearly communicate policy or process changes, we have added a new Updates/Announcements page on our website. To view this page, simply go to www.caresource.com, click on "Providers," "Provider Materials," and then "Updates/Announcements."

Reporting 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
- ▶ Fax: 1-800-418-0248
- ▶ Write to us by letter or use our Fraud Reporting Form located on our website, www.caresource.com

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, 6th Floor
P. O. Box 30479
400 South Pine Street
Lansing, MI 48909-7979

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.



May is open enrollment for the Medicaid Health Care program in Michigan

Statewide open enrollment for Medicaid eligible consumers is coming up and those individuals under your care are able to change health plans. CareSource members have access to all Medicaid benefits, plus many extras like transportation assistance and a 24-hour nurse advice line.

Consumers can select CareSource as their health plan by calling 1-888-367-6557 (TTY for the hearing impaired: 1-800-649-3777 or 711) or by visiting the Enrollment Center at www.michigan.gov/mdch.

MDCH pharmacy carve-out reminder



The Michigan Department of Community Health (MDCH) has made changes to coverage of certain medications effective April 1, 2010, for Medicaid members. The drug classes previously identified as the "MHP 60/40 Carve-outs" are no longer covered by Medicaid or CareSource. Please refer to the Michigan Pharmaceutical Product List (MPPL) for the carve-out drug lists at <https://michigan.fhsc.com/>. Medications within the drug classes listed have been added to the existing 100% carve-out and billed at point-of-sale directly to MDCH's contracted pharmacy benefit manager.

As of April 1, 2010, beneficiaries age 21 years and older incur a \$1.00 co-pay for generic medications and \$3.00 co-pay for brand-name medications. There are no co-pays for beneficiaries under the age of 21 per Medicaid policy. These medications are subject to current fee-for-service pharmacy policies and coverage limits, including prior authorization requirements. Please discuss these with your patients. CareSource has information for our members about this subject on our website as well.

Assuring Better Child Health and Development (ABCD): The first step in early intervention

Identifying problems in children as early as possible leads to improved health outcomes and helps children reach their potential. Research shows that about 16 to 18 percent of children have disabilities.

This can include speech-language impairments, mental retardation, learning disabilities, and emotional/behavioral disturbances. Although such children are twice as likely to seek health care as children without disabilities, only 20 to 30 percent of them are detected prior to school entrance.

The American Academy of Pediatrics recommends standardized developmental screening tests at ages 9 months, 18 months and 30 months to recognize children who may be at risk of developmental delays instead of waiting until a child misses a developmental milestone. Screenings help parents bring forth concerns about their child they might not mention otherwise.

The Pediatric Foundation of Michigan has received a grant from the Michigan Department of Community Health to train and support pediatric practices to implement developmental screening and make referrals to community and medical services for children who have demonstrated or are at risk of delays. To receive information about ABCD training, please contact Michele Strasz at michele.strasz@miaap.org or call the MIAAP office at 1-517-484-3013.

As a reminder, if a developmental screening is conducted at a sick visit, CareSource will pay for both.

Sports physicals and well-care visits

When CareSource members make appointments for school sports physicals, please remember to complete an athletic examination form and member-specific anticipatory guidance. Providers can bill for an adolescent well-care visit and receive a \$20.00 bonus payment from CareSource.

Adolescent Well-Care Visit Codes

CPT Code	ICD-9-CM Diagnosis Code
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Please remember to include a copy of the completed school sports physical form and note or complete the anticipatory guidance form in the member's medical record. If you have any questions, please call CareSource Provider Services at 1-800-390-7102.

We can help your patients stop smoking

CareSource members can receive personal counseling to help them quit smoking by calling the Michigan Tobacco Quit Line, a free program through the Michigan Department of Community Health. The Quit Line is answered from 8 a.m. to 3 a.m., seven days a week, and can be reached at 1-800-480-7848.

CareSource also covers nicotine replacement therapy with a physician's prescription.



Managing persistent asthma

Did you know that CareSource case managers educate members with persistent asthma to help them understand and manage their disease? They also cover topics such as medication compliance, asthma trigger control, and care coordination. We follow the National Heart, Lung and Blood Institute (NHLBI) Practice Guidelines for Asthma.

Asthma drugs are classified into two general classes: quick-relief medications and those for long-term control. We want to ensure that members with persistent asthma receive needed controller medications. To access a list of preferred medications, please visit our website, www.caresource.com, click on "Provider," "Member Care," "Pharmacy" and then "Medicaid Pharmacy Information."

EPSDT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally mandated program aimed at improving child health. EPSDT offers a very important way to ensure that young children receive appropriate health, mental health, and developmental services. All CareSource children, teens and young adults from birth through age 20 are eligible. To ensure children have access to a comprehensive set of benefits and services, CareSource reviews all requests for members under the age of 21 for medical necessity, regardless of benefit limitations.

Our providers are essential to the success of this program and the creation of medical homes for children. A comprehensive review of the components of an EPSDT screening exam can be found on our website at: <http://caresource.com/en/media/mi/misc/Provider/ProviderManual.pdf>. If you would like additional information or education related to EPSDT, please contact Cathie Webb, Manager Quality Improvement/Disease Management, at 1-517-702-5216.

To remember the elements of EPSDT, use the name of the program:

Early	Identify problems early, starting at birth
Periodic	Check children's health at periodic, age-appropriate intervals
Screening	Do physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
Diagnosis	Perform diagnostic tests to follow up when a risk is identified, and
Treatment	Treat the problems found

Collaboration is key to transitional care

Members and providers are at the center of CareSource's Care Transitions program, a multi-faceted approach to improve member engagement, coordinate discharge needs and focus on care coordination. As a part of this overarching program CareSource integrates the following services:

- ▮ **Bridge to Home** – An aggressive discharge planning focus designed to safely transition members from a medical or behavioral health inpatient setting in an acute-care or skilled nursing facility to home.
- ▮ **On-site Care Management** – Care Managers in hospital or clinic settings assist with member engagement, care coordination and establishing the medical home.
- ▮ **Health Care Home** – A patient-centered medical home pilot program with designated Care Management staff assigned to a participating Health Care Home program provider office. An assigned Care Manager is the primary point of contact for the provider office involved in this program. They focus on member engagement, care coordination and education.
- ▮ **CareSource 24 Nurse Triage Line** – This URAC-accredited service offers CareSource members timely medical education and support, assessing symptoms and directing them to the appropriate level of care 24 hours a day/seven days a week.



ProviderSource

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Toll-free phone:
1-800-390-7102

P.O. Box 23037
Lansing, MI 48909-3037



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.