High-risk care management in action

*CareSource’s enhanced care management program is in full swing with a community-based model for our highest-risk Members. Below is just one example of how we are helping Members through Provider collaboration and personal contact.*

*Name has been changed to protect privacy.*

No one was happier to go home than Ben*, a CareSource Member who had many health complications. After making a remarkable recovery, he was well enough to be released from the health care facility. Due to the complexity of his illness, Ben had a complicated discharge that needed a full team approach. At the time of his discharge, his CareSource case manager, Sara*, conducted a face-to-face meeting at the health care facility. This personal collaboration with Ben, his family, the facilities case manager and discharge planner was crucial to a smooth transition of care. The group exchanged valuable information, including working together on discharge planning needs and prior authorization of medications Ben needed before going home.

Sara used the CareSource Provider Portal to immediately send needed forms for medications directly to the prescribing physician. She also spoke with the home care agency to facilitate and help coordinate Ben’s care needs for home. CareSource is proud to work through the details of complicated situations like this to help ensure positive outcomes. Through our partnership with Providers, we can give Members like Ben a reason to be hopeful for better health and a brighter future.

“I am so glad you are here to assist with this discharge. I wish more insurance companies would do the same.”

– Ben’s discharge planner

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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
Check Member ID card

CareSource Members are asked to present their CareSource ID card each time services are accessed. CareSource Advantage® (HMO SNP) Members should also present their Medicaid ID card at the time services are accessed. If you are not familiar with the patient, and cannot verify the person as a CareSource Member, please ask to see photo identification. If you suspect fraud, please call 1-800-488-0134.

Please also verify Member eligibility before providing services through our secure Provider Portal or by calling 1-800-488-0134.

How to report suspicions of fraud, waste or abuse

CareSource has a program designed to handle cases of managed care fraud, waste or 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) and follow the prompts
- **Email:** fraud@caresource.com
- **Fax:** 1-800-418-0248
- **Write:** Send us a letter or use our confidential “Fraud, Waste and Abuse Reporting Form” on www.caresource.com and mail to:
  - CareSource
  - Attn: Special Investigations Unit
  - P.O. Box 1940
  - Dayton, OH 45401-1940

If you choose to be anonymous, please 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.
Special communication services for patients

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.

Please note that CareSource requires hospitals, at their own expense, to offer sign and language interpreters for these Members. Non-Hospital Providers should contact Member Services to help these patients receive assistance. Participating Providers are required to identify the need for special services for CareSource patients and offer assistance.

For help with these services, please call 1-800-488-0134 (TTY: 1-800-750-0750 or 711).

Refined DRGs allow more accurate inpatient classification

Ohio Medicaid will be updating its inpatient classification system to All Patient Refined Diagnosis Related Groups (APR-DRGs), version 29. Compared to other DRG systems, the APR-DRGs, developed by 3M™, are more patient-focused and have been expanded to include:

- Reason for admission
- A severity of illness subclass with four levels that take patient age into account
- A risk of mortality subclass with four levels

The APR-DRG system is designed to be:

- Comprehensive and account for all payers, patients and ages, including pediatrics
- A more complete and accurate methodology for classifying patients, providing a basis for a more equitable and fair payment structure for services rendered

CareSource plans to switch to the APR-DRG system to be consistent with Ohio Medicaid. We will keep you updated as we learn more about timelines and implementation.

For more information, visit www.aprdrgassign.com with the following login information:

- User ID: OHHosp
- Password: aprdrg007

CareSource earns high Member ratings in Ohio

Thank you! In the most recent Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, Members rated CareSource very high among Ohio Medicaid health plans. This would not be possible without the care of our Providers.

In the survey, Members also gave high marks to their personal doctor, their ability to get the care they need, and how well their doctors communicate with them. The CAHPS survey is administered annually for the Ohio Department of Job and Family Services to ensure Members of Medicaid managed care plans have timely access to high-quality health care services.
**CMS revises non-coverage notices**

Effective May 2012, the Centers for Medicare and Medicaid Services (CMS) revised the Notice of Medicare Non-Coverage (NOMNC) and the Detailed Explanation of Non-Coverage (DENC). Now all Medicare consumers, whether enrolled in Original Medicare or in a Medicare Advantage plan, receive the same notices prior to termination of Medicare-covered skilled nursing facility, home health agency, hospice and comprehensive outpatient rehabilitation facility services.

Providers responsible for issuing the NOMNC should be using the updated version. It can be found at www.cms.gov/bni/09_MAEDNotices.asp.

**New Coordination of Benefits policy**

When CareSource coordinates benefits with the primary carrier, CareSource will pay the patient responsibility (co-payment, co-insurance, deductible) up to the CareSource allowable amount regardless of the amount that is paid by the primary insurance.

The new COB policy is retroactive from January 1, 2012. Providers are highly encouraged to submit claims that were not submitted under the previous COB policy, retroactively as of January 1. This will ensure that the high quality of care that you’re delivering to CareSource Members is captured.

**New COB Policy**

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See Example. Since the co-pay does not exceed the CareSource allowable amount, CareSource will pay $10.
Medication Therapy Management available to CareSource Members

At CareSource, we understand the impact that proper medication utilization can have on your patients. That’s why we have engaged Outcomes® to provide Medication Therapy Management for CareSource Members.

Through the program, local pharmacists offer educational and monitoring services, as needed, to CareSource Members and work collaboratively with physicians and other prescribers to address Members’ needs and improve medication utilization.

You may receive phone calls from local pharmacists regarding the medication you are prescribing your CareSource patients. Member benefits include:

- Safer, more effective medication use
- Selection of the most therapeutic and cost-effective medications
- Improved coordination of care

Disease management program empowers Members

CareSource Members diagnosed with asthma or diabetes are automatically enrolled in our enhanced disease management program. Our program offers resources and tools to help Members reach their health care goals. Outreach includes:

- Quarterly, diagnosis-specific educational mailings
- Monthly phone messages on disease-specific topics

Members identified with complex conditions have a nurse assigned to their case. To refer a CareSource patient to our program who is not already enrolled, call 1-888-882-3614.

Get helpful well-child exam guidelines online

Healthchek is the name for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services in Ohio. CareSource Members should receive these well-child checkups at specific ages from birth through age 20. These comprehensive exams include services, such as immunizations, blood lead level screenings and other services.

Our Providers are essential to the success of this program and the creation of medical homes for children. Please see the CareSource Provider Manual located at [www.caresource.com](http://www.caresource.com) for more details about:

- Healthchek exam frequency
- Proper coding
- Billing procedures

We also offer a checklist on our website that can assist with documentation of the exam components.

www.caresource.com
Prenatal and postpartum care time frames

Timing is crucial when it comes to prenatal and postpartum care. CareSource stresses early and ongoing prenatal care for all pregnant Members. Please remember that prenatal care should begin within the first trimester or within 42 days of enrollment in CareSource. A postpartum care visit should take place between 21 and 56 days (3 to 8 weeks) after delivery.

Coordinated Services Program for Ohio Medicaid consumers

In coordination with ODJFS, CareSource is providing a Coordinated Services Program (CSP) for CareSource Members with the goal of increasing appropriate use of medications, emergency room visits and Primary Care Provider (PCP) coordination.

CSP enrollees must get all medications filled at one pharmacy. They are also encouraged to coordinate medical services through their PCP.

CareSource Members may be enrolled if utilization shows a pattern of receiving services at a frequency or in an amount that exceeds medical necessity. Examples might include multiple controlled substances, pharmacies or emergency room visits. Members selected for the program are initially enrolled for 18 months.

Members may also be enrolled through recommendations from medical professionals indicating that Members have demonstrated fraudulent or abusive patterns of medical service utilization. The program is available to all Ohio Medicaid consumers.