



ProviderSource

SUMMER 2011

A newsletter for CareSource providers

Electronic Funds Transfer

CareSource is excited to announce another tool to make it easier for you to work with us – Electronic Funds Transfer.

The new EOP was the first step in launching Electronic Funds Transfer (EFT) later this summer. CareSource recently wrapped up a successful EFT pilot program with a select group of providers. Currently we are enrolling hospitals and Federally Qualified Health Centers (FQHCs). CareSource will make a formal announcement on our Provider Portal indicating when enrollment is open to all providers in the network.

How EFT Benefits You:

- ▶ **Simple** – Eliminate paper checks and EOPs, which will increase efficiency with payment processing
- ▶ **Convenient** – Electronic Remittance Advice is available 24/7, and works in conjunction with EMR systems. In addition, CareSource offers free training for providers
- ▶ **Reliable** – Claim payments are electronically deposited into your bank account
- ▶ **Secure** – Access your account through CareSource's secure Provider Portal to view (and print if needed) remittances and transaction details

How to Enroll in EFT:

Enrollment forms will be located on www.caresource.com and the Portal. For more information, visit the claims section of www.caresource.com.

Questions? Please talk with your Provider Relations representative or call 1-800-488-0134.



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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





Making it easier for you to work with us

CareSource's secure online Provider Portal is available for all CareSource health care plans. To register, visit www.caresource.com. Click on "Provider Login" for features such as:

- ▶ Member Eligibility
- ▶ Claims Inquiry
- ▶ Prior Authorizations (inpatient and outpatient)
- ▶ Coordination of Benefits
- ▶ Member Profile
- ▶ Clinical Practice Registry

Recent portal improvements:

You asked, we listened! Thanks to your feedback, we added the following capabilities to the Portal:

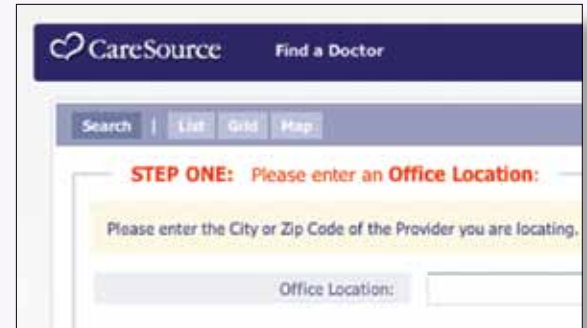
- ▶ **Payment history** – Search for payments by check number or claim number
- ▶ **Multiple claim search** – Search for multiple claims at one time (versus a single claim)
- ▶ **Submit appeals** – Providers can now submit appeals through the Portal
- ▶ **Member dental history under member eligibility** – The specific tooth and four surface areas to all dental procedure codes

Enhanced *Find a Doctor* tool online

CareSource has redesigned and enhanced our *Find a Doctor* online provider search tool.

Viewers can find provider information such as:

- ▶ Address and phone number
- ▶ Whether the practice is accepting new patients
- ▶ Specialty type
- ▶ Languages spoken
- ▶ Maps and driving directions to provider offices



Find a Doctor is accessible 24/7 and the provider's information is updated daily on www.caresource.com.

Member transportation vendor reminder

CareSource now uses TMS for statewide transportation services. We still offer all members 30 one-way trips per member per calendar year to health care, redetermination and WIC visits. An added service with this transportation vendor is same-day rides for hospital discharges.

Interpreter services help reduce barriers to care

CareSource offers sign and language interpreters for members who are hearing 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. Participating providers are required to identify the need for interpreter services for CareSource patients and offer assistance to them appropriately.

If you do not have access to interpreter services, please call **1-800-488-0134** (TTY: 1-800-750-0750 or 711).

New prior authorizations in effect

Earlier this summer, CareSource instituted prior authorization (PA) on select specialty medications and some pain management procedures.

Effective June 15, 2011:

CareSource requires PA on select classes of specialty medications. This PA does not affect Emergency Room, inpatient and observation settings. Visit www.caresource.com for medications affected.

Effective July 1, 2011:

CareSource requires PA for some interventional pain management procedures including: soft tissue and trigger point injections, facet joint and/or facet joint nerve injections, epidural steroid injections and selective transforaminal epidural injections, and sacroiliac joint injections. Also included in this policy is associated anesthesia services.



Visit www.caresource.com for the CPT codes impacted.

Always check member ID cards



Members are asked to present their CareSource ID card each 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. You can do so through the Provider Portal section of our website at www.caresource.com, or by calling our automated member eligibility verification system at **1-800-488-0134**.

New Regulations

In May, Ohio adopted a new law that governs pain treatment and pain management clinics in an effort to fight prescription drug abuse. New requirements include licensure of pain management clinics, establishing a Medicaid lock-in program for Medicaid patients who have been found to abuse or divert medication, and stricter rules on prescribing and dispensing controlled substances, among others.

CareSource supports the new law and its efforts to address prescription drug abuse and recently instituted prior authorization for pain management interventional procedures.

New regulations affect credentialing and recredentialing process

New regulations now require CareSource to verify that its providers and some of their employees have not been debarred or suspended by any state or federal agency. Providers and staff must disclose any criminal convictions related to federal health care programs.

CareSource will use attestation forms as a part of our credentialing and recredentialing process to capture this information. Providers will be required to complete the forms and include employee tax ID or social security numbers, which will be used for purposes of verification only and will be kept confidential.

We appreciate your cooperation as we comply with these new laws.

Radiation safety awareness initiative

CareSource, in conjunction with National Imaging Associates (NIA), our Radiology Benefits Manager, has initiated a Radiation Safety Awareness initiative. Our goal is to improve patient safety by raising awareness about radiation exposure.

Patients are exposed to nearly six times more radiation from medical diagnostic tests than they were in 1980. One of the largest contributors to the increase in medical radiation is CT scans.

At-risk patients are identified through radiology claims, provided to NIA by CareSource twice a year for analysis of radiation exposure.

“At-risk” patients are identified as those with cumulative radiation exposure equal to, or exceeding, 50 milliSieverts (mSv) – the occupational radiation exposure limit according to federal health standards.

Providers will be notified of members with high levels of radiation exposure when they request

a prior authorization (PA) by phone, or through NIA’s website, RadMD.com. At that time, they will be offered a NIA peer discussion should they want to discuss the case with an NIA physician. In addition, a provider alert letter will be sent with the authorization or denial.

Please note: The patient’s level of radiation exposure does not impact the PA or decision-making process for requesting imaging studies.

How can providers use this information when ordering diagnostic testing?

- ▶ Consider the risk versus the benefit
- ▶ Consider if there are other tests which could be used
- ▶ Be aware of the patient’s prior history of imaging studies

For more information visit www.caresource.com. Click on “Providers,” “Member Information,” and then “Prior Authorization.”

Enhanced disease management program implemented

CareSource members with chronic conditions, including asthma and diabetes, will be automatically enrolled into CareSource’s enhanced disease management program.

Benefits to members

- ▶ Members enrolled in the program will receive free information to help them better manage their asthma or diabetes. Information sent to members will include care options for them to discuss with their provider.
- ▶ Members identified as high risk will have a nurse assigned to their case to help educate, coordinate and provide resources and tools to help the member reach their health care goals.

How to refer members

If you have a CareSource patient with asthma or diabetes who you believe would benefit from this program and is not already enrolled, please call **1-888-882-3614**.

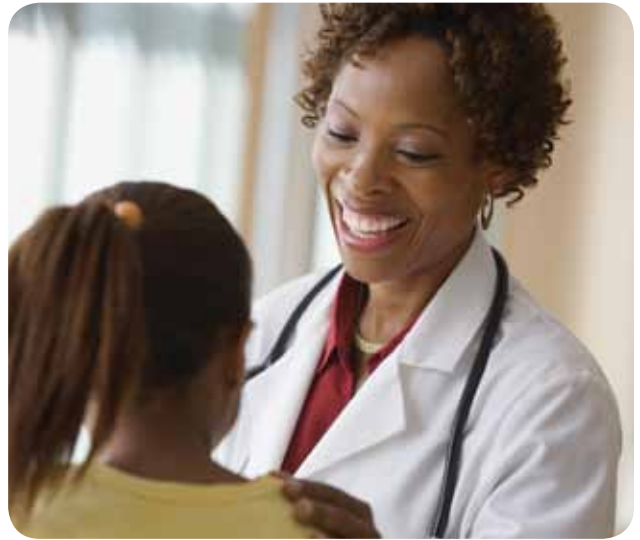


Preventive guidelines offer treatment protocols

Preventive care is an important part of staying healthy. That's why CareSource offers preventive practice guidelines to both providers and members to guide member health screenings, immunizations and physical exams regardless of health status. CareSource adopts both preventive and clinical evidence-based guidelines from federal and medical professional organizations.

In 2011, CareSource will reinforce the use of clinical guidelines by providers for the management of:

- ▶ Asthma
- ▶ Diabetes
- ▶ ADHD
- ▶ Depression



These guidelines assist providers and members to ensure proper diabetes screenings including Hemoglobin A1c, LDL-c, dilated retinal eye exam, blood pressure monitoring and treatment, and screening for nephropathy; medication management for asthma and ADHD; and appropriate follow-up care after inpatient admissions for members with depression.

Providers can access these and other important clinical and preventive guidelines via the links on the Provider Portal of our website at www.caresource.com.

Sports physicals and well-care visits

School sports physicals are a great time to perform well-care checkups for CareSource members since it may be one of the few opportunities to do so throughout the year.

Providers can bill for an adolescent well-care visit and receive enhanced reimbursement from CareSource for including the well-care aspects of the exam and billing with appropriate coding. CareSource members should receive well-child checkups (Healthchek exams) at specific ages from birth through age 20.

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:

- ▶ Be sure 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.
- ▶ Exams should include medical and family history, a physical exam, immunizations as needed, review of medications, and safety and prevention guidance.
- ▶ Adolescent well-care checkups can be performed during an acute-care visit as well.
- ▶ You can find more information about sports physicals at www.aap.org/healthtopics/sports.cfm

Quality Improvement Update: 2010

Each year, CareSource conducts an evaluation of its quality improvement (QI) programs with an emphasis on assessing the quality and safety of clinical care, and service and progress toward influencing safe clinical practices.

We recently reviewed the goals established for 2010 and analyzed the results for measures of quality of care and service. This evaluation serves as the foundation for ongoing QI/CM activities of the CareSource Care Management Department.

Key Accomplishments in Clinical and Service Activities

We saw statistically significant improvement in clinical and service Quality Improvement Initiatives.

Clinical improvements were realized in the NCQA 90th percentile in:

- ▶ **Frequency of Ongoing Prenatal Care ≥ 81**

Clinical improvements were realized in the NCQA 75th percentile in:

- ▶ **Prenatal Care**
- ▶ **Adult Access to Primary Care Practitioners (age 20-44)**
- ▶ **Adult Access to Primary Care Practitioners (age 45-64)**
- ▶ **Adult Access to Primary Care Practitioners (age 65+)**

Clinical improvements were achieved or sustained in the NCQA 50th percentile in:

- ▶ **Lead Screening Rates**
- ▶ **Postpartum Care**
- ▶ **Cervical Cancer Screening**
- ▶ **Chlamydia Screening-Total**
- ▶ **Annual Dental Visit (ages 2-21)**

Service improvements were achieved and sustained in:

- ▶ **All key quality performance indicators and customer performance guarantee standards** – All were met or exceeded, including telephonic access, provider access and availability, and complaint resolution timeliness.



We appreciate the involvement of our participating health care providers in helping us achieve these improvements.



ProviderSource

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

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

