

Summer 2015

ProviderSource

A newsletter for CareSource health partners



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CareSource[™]
Health Care with Heart

Health partner survey results

In 2014, The Meyers Group surveyed CareSource[®] health partners who serve members of our Medicaid, CareSource[®] MyCare Ohio (Medicare – Medicaid Plan), and CareSource Just4Me[™] plans. Respondents rated their overall satisfaction with CareSource compared to other plans with which they contract. CareSource MyCare Ohio and CareSource Just4Me were rated first, out-performing all other plans, and CareSource Medicaid was ranked third. In addition, 80 percent of respondents said they would recommend CareSource health plans to other physicians.

Survey results also indicated that:

- Behavioral health care providers were more satisfied with CareSource Medicaid than any other plan.
- CareSource MyCare Ohio was rated the highest by primary care and specialty physician practices.
- CareSource Just4Me was rated the highest by primary care, specialty and behavioral health care providers.

Results also indicated that there are opportunities to more closely align with our health partners in the following areas:

- Claims/billing process
- Number of specialists in the network
- Prior authorization process
- Customer service response time

We are already taking steps to improve alignment in these areas, such as recent initiatives to reduce customer service wait times. Thank you to everyone who took the time to provide your opinions. We will keep you updated on our efforts to continue improving our service to you. Your partnership is important to us.



CareSource Just4Me news

Signature requirements

In keeping with industry standards, CareSource Just4Me requires that all entries into the medical record, either electronic or paper, be signed with name, credential and date. This is needed to authenticate the identity of the health partner. In addition, please sign and date all progress notes. Please use the following guidelines.

If handwritten:

- Signature must be legible.
- If not legible, a printed name reflecting the health partner's name along with credential, must be somewhere on the document.
- If the document is dated (e.g., progress note), the signature immediately following the note is assumed to be the date the entry was signed.

If electronic:

Some signature examples include using one of the phrases listed below followed by the health partner's name, credential and date signed:

- "Authenticated by"
- "Electronically signed by"
- "Signed by"
- "Authorized by"
- "Validated by"

Online information maintenance tool

Did you know that you can add a physician to your group, change or add a practice address, update your remittance address or make other changes simply by logging on to our secure provider portal? Our online maintenance tool allows you to streamline updates and make changes on demand.

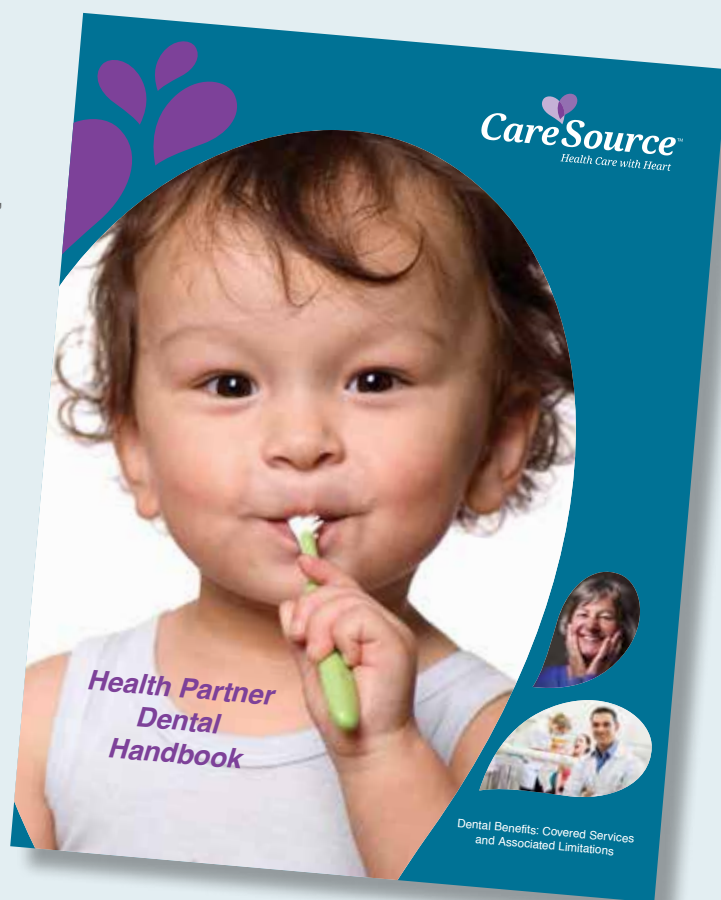
By making sure we have the most accurate and up-to-date information for your practice, you help us reduce the chance of lost payments or delays in claims processing.

To get started, visit our website at **CareSource.com** and log on to the portal. Then, under the "Providers" heading, click on "Provider Maintenance." You can also find step-by-step instructions on how to use the tool by choosing "Provider Training" under the "User" heading. (If you are part of a delegated agreement, you will not be able to use the maintenance tool.)

CareSource MyCare Ohio denture benefits

Appropriate dental care is an important part of our members' health. That's why, in some cases, we cover partial and complete dentures. **Please remember these important guidelines for CareSource MyCare Ohio members:**

- Partial and complete dentures are covered once every eight years. They cannot be remade or replaced within eight years except in unusual circumstances.
- Prior authorization is required for partial and complete dentures. X-rays must be submitted with each request.
- Partial dentures are authorized when several teeth are missing in an arch and chewing function is severely impaired or when anterior teeth are missing in an arch which affects the member's appearance.
- Complete extractions must be deferred until authorization to construct the denture has been obtained, except in emergencies.
- Members must be treated by a participating health partner for all dental work.



For more details, please see our health partner dental handbook at:
Caresource.com/documents/oh-p-24-dental-handbook

Submit claims online

Health partners now have the option to submit claims through our secure, online provider portal. CareSource's traditional health partners, community partners and delegates, and health homes all may submit professional medical office, dental and institutional claims through the portal.

For more details, please see the network notifications on our website.

For CareSource Medicaid and CareSource MyCare Ohio health partners:
Caresource.com/documents/oh-hp-submit-claims-via-provider-portal

For CareSource Just4Me health partners:
Caresource.com/documents/ohio-submit-claims-via-provider-portal

ICD-10 implementation set for October 2015

Use of International Classification of Diseases, 9th Revision (ICD-9) codes ends Oct. 1, 2015. For dates of service on and after Oct. 1, health partners must begin using ICD-10 codes when submitting claims for payment.

CareSource has created a Resource Center to help you and your team prepare.

Visit **Caresource.com/providers/ohio/ohio-providers/claims-information/icd-10** for information, updates and resources.



Find UM criteria online

Utilization management (UM) helps maintain the quality and appropriateness of health care services provided to CareSource members. Our medical management department performs all UM activities, including prior authorization and discharge planning, based on nationally recognized criteria. This helps ensure that appropriate medical care is rendered in the most appropriate setting using the most appropriate resources. We also monitor the coordination of medical care to ensure its continuity.

CareSource's UM criteria are available in writing by fax or email and on our website.

Fax: 1-888-752-0012

Email: mmauth@caresource.com

Web: [CareSource.com/providers/medical-policies](https://caresource.com/providers/medical-policies)

Check member ID cards and verify eligibility

CareSource members are asked to present a member ID card every time services are rendered. If you are not familiar with a patient and cannot verify the individual as a CareSource member, ask to see a photo ID. If you suspect fraud, please contact us.

Before providing services, you can verify member eligibility by using our secure provider portal or by calling **1-800-488-0134** and following the menu prompts.

Special communication services

Don't let barriers stand in the way. CareSource offers sign and language interpreters for members who are hearing or visually impaired, do not speak English or have limited English-speaking ability. There is no cost to the member.

Participating health partners are required to identify the need for special services and offer assistance. Please note that CareSource requires hospitals, at their own expense, to offer sign and language interpreters.

To help qualified members receive assistance, health partners may contact the health partnerships department at **1-800-488-0134**. Hours are Monday through Friday, 8 a.m. to 6 p.m.

UM communications

Health partners can contact us anytime about utilization management (UM). CareSource staff is available from 8 a.m. to 5 p.m. during normal business hours for inbound calls regarding UM issues. You can reach our health partnerships department at the number listed above.

After normal business hours, you may leave a voicemail message regarding UM issues. You can also fax us at 1-888-752-0012 or submit an email anytime to mmauth@caresource.com. Voicemails or emails received after normal business hours are returned on the next business day and communications received after midnight on Monday – Friday are responded to on the same business day.



Disease management and health care goals

CareSource members diagnosed with asthma or diabetes are automatically enrolled in an enhanced disease management program* that offers resources and tools to help them reach their health care goals. Some members identified with a complex condition have a nurse assigned to their case.

We help by monitoring preventive health issues, relevant medical test results and members' self-management of their conditions. We also help members manage comorbidities, lifestyle issues and medications. Outreach includes diagnosis-specific educational mailings.

To refer a CareSource member who is not already enrolled in the program, call the care management support services department at **1-888-882-3614**.

**Members may opt out by calling 1-888-882-3614.*

Antibiotics not needed for viral infections

CareSource continues to inform our members that antibiotics are not needed for viral upper respiratory infections (URIs). Members are educated on URI symptoms, the appropriate use of antibiotics, hand washing and flu vaccines. Members are also encouraged to call our 24-hour nurse advice line at **1-866-206-0554** with questions.

How you can help

- Continue to help your patients understand the most appropriate use of antibiotics.
- Remind members of our toll-free nurse advice line.

Flu and pneumonia vaccines

CareSource covers flu and pneumonia vaccines for members at their health partner's office or any network pharmacy that provides the vaccines. Quadrivalent flu vaccines are not covered.

Medicaid members who are younger than 19 years of age should obtain their annual flu vaccine in coordination with the Vaccines for Children (VFC) program. Find VFC details at **www.cdc.gov/vaccines/programs/vfc/index.html**



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. Prenatal care should begin in the first trimester.

A routine postpartum care visit should take place three to eight weeks after delivery. Earlier postpartum visits may be clinically warranted in some situations; however, cesarean section follow-up visits do not replace postpartum care visits.

Access standards online

CareSource's health partner access standards for different levels of care are reviewed regularly. We work with a third-party vendor to make annual "secret shopper" phone calls to a sample of network health partners. Programs like these help CareSource determine if members are able to schedule appointments within the standard time frames.

Please refer to the quality improvement section of our website to find access standards for primary care providers (PCP), non-PCP specialists and behavioral health care providers at:

[Caresource.com/providers/ohio/ohio-providers/member-care/quality-improvement](https://www.caresource.com/providers/ohio/ohio-providers/member-care/quality-improvement)

Participating health partners must have procedures in place to see patients within established time frames and to offer office hours to their CareSource patients that are at least equivalent to those offered to any other patient.

Find quarterly formulary updates online

CareSource no longer mails quarterly Medicaid formulary updates. The information is now posted on our website. You can find CareSource pharmacy information at:

[CareSource.com/providers/ohio/ohio-providers/member-care/pharmacy](https://www.caresource.com/providers/ohio/ohio-providers/member-care/pharmacy)

If you do not have access to the Internet, please call us and we will send you the updates. Please call **1-800-488-0134** and follow the prompts to reach the pharmacy department.

Formulary notifications for CareSource Just4Me are mailed to members and health partners. They are also posted on our website at:

[CareSource.com/providers/ohio/just4me/pharmacy](https://www.caresource.com/providers/ohio/just4me/pharmacy)

Antipsychotic drugs for children and adolescents

Increasingly, antipsychotic drugs are being prescribed to children and adolescents diagnosed with a variety of mental health conditions. While there are Food and Drug Administration (FDA)-approved indications for some mental health conditions in pediatric populations, prescriptions for these are often written for off-label indications.

The Department of Health and Human Services has raised quality-of-care concerns due to poor monitoring, polypharmacy, treatment duration and side effects. Recommended dose ranges are not established for some drugs in this class and some do not have pediatric indications. Prescribers should be cautious to encourage timely access to safe and effective monitoring of psychotropic medication use and reduced medication-related adverse effects.

Potential appropriate uses (varies by drug)

- Schizophrenia
- Tourette's syndrome
- Aggression or severe disruptive behavior with significant risk of harm to others or oneself
- Aggression and/or self-injury associated with autistic/intellectual disability
- Adjunctive maintenance of, or acute treatment of manic or mixed episodes associated with, bipolar disorder
- Severe refractory tics
- Psychosis

Discouraged uses

- Chronic mood dysregulation
- Sleep aid
- Attention Deficit Hyperactivity Disorder (ADHD)
- Anxiety

Risks of antipsychotic use in pediatric patients

- Extrapyramidal symptoms
- Metabolic changes (increased risk of diabetes)
- Seizure
- Suicidality
- Sedation
- Tachycardia
- Orthostatic hypotension
- Blurred vision



TIPS TO HELP AVOID ADVERSE EFFECTS

- Verify dose is appropriate for the age and weight of the child. Start at the lowest dose and titrate up, as needed, for clinical effect.
- Avoid polypharmacy with psychotropic medications whenever possible.
- Check for drug-drug interactions.
- Monitor efficacy and course of illness.
- Evaluate patient for adverse effects at each follow-up visit, including suicidal thinking and behaviors.
- Check fasting blood levels every six months for the first year and then annually.
- Reassess treatment plan and duration.
- Use tapering process to discontinue any unnecessary medications.



Opportunities to perform well-child checkups

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services play a key role in preventive care for the Medicaid population. CareSource members should receive well-child checkups at specific ages from birth through age 20. These visits include immunizations, blood lead screenings, substance abuse treatment or other services as needed.

School sports physicals are a great time to perform well-child checkups since it may be one of the few opportunities to do so throughout the year. Checkups can be performed during an acute-care visit, too. Please bill with appropriate well-child exam codes and include all aspects of EPSDT services. This includes medical and family history, a physical exam, immunizations as needed, review of medications, and appropriate safety and prevention guidance.

For more details regarding well-child exam frequency, immunization schedules, proper bill coding and procedures, please review the health partner manual at the following links:

- CareSource Ohio Medicaid and CareSource MyCare Ohio:
[CareSource.com/providers/ohio/ohio-providers/provider-materials/provider-manual](https://www.caresource.com/providers/ohio/ohio-providers/provider-materials/provider-manual)
- CareSource MyCare Ohio insert:
[CareSource.com/documents/ohioprovidermanualmycare](https://www.caresource.com/documents/ohioprovidermanualmycare)
- CareSource Just4Me:
[CareSource.com/providers/ohio/just4me/provider-manual](https://www.caresource.com/providers/ohio/just4me/provider-manual)



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HOW TO REACH US

Provider Services:

1-800-488-0134 (TTY: 1-800-750-0750 OR 711)

CareSource24®, 24-Hour Nurse Advice Line: 1-866-206-0554

Follow us on social media



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[Instagram.com/CareSource](https://www.instagram.com/CareSource)



[Pinterest.com/CareSource](https://www.pinterest.com/CareSource)