



ProviderSource

Winter 2012

A newsletter for CareSource Providers

CareSource earns NCQA accreditation

CareSource is proud to have been awarded accreditation by the National Committee for Quality Assurance (NCQA). We received a Commendable status for Ohio Medicaid.

NCQA's mission is to improve the quality of health care. It uses a set of standards to evaluate how well health plans maintain and improve health care quality. It also rates health plan performance in clinical care and Member experience of care.



of standards to evaluate how well health plans maintain and improve health care quality. It also rates health plan performance

This accreditation demonstrates our commitment to quality and accountability as we continue to strive to improve health care for our Members. CareSource also maintains URAC Health Plan Accreditation and Health Call Center Accreditation. We have been fully accredited by URAC since 2005.

A big thanks to our participating health care Providers – We appreciate your partnership with us and your dedication to patient care and quality that has helped us earn this significant recognition.



In this issue:

- 3** E-communication system coming soon
- 4** CareSource partners with Humana
- 6** Upcoming medical record reviews

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





ICD-10 readiness plan

To keep our Provider network up to date on our CareSource ICD-10 activities, we are pleased to announce we have recently finished the first portion of our Rules and Mapping activities to be used internally for trend analysis and analytics. The following chart outlines the next milestones for CareSource ICD-10 readiness.

Timeframe	Milestone
End of 2012	Complete the project planning phase
January – June 2013	Requirements, design and financial analytics using APR-DRG Grouper Version 30
July – December 2013	Development
January – March 2014	Testing

We plan to begin our testing phase in early 2014. CareSource would like to engage Providers to participate in testing. If you are interested, please contact us at CareSourceICD10@caresource.com.



Submit COB claims electronically

Providers can now save time and resources by submitting claims electronically for coordination of benefits (COB). We accept both professional and hospital/facility COB claims electronically, however, we cannot accept dental claims at this time.

When submitting COB claims electronically, please refer to your clearinghouse, trading partner or billing administrator and complete all required COB information. For more details, visit our website at www.caresource.com. Go to the "Providers" section, click on "Frequently Asked Questions," then choose the "Coordination of Benefits (COB)" category.



New Provider E-communication system coming in 2013

Efficient, targeted and timely information

At CareSource, we want to make it easier for Providers to receive relevant and timely information that is customized to your needs. That's why in 2013 we will be introducing an email-based Provider communication system.

The CareSource Provider E-communication System will provide information electronically, but it is much more than just email. This system will target information to specific individuals based on Provider type. Clinical staff, office managers and billing offices will receive information tailored to their specific needs.

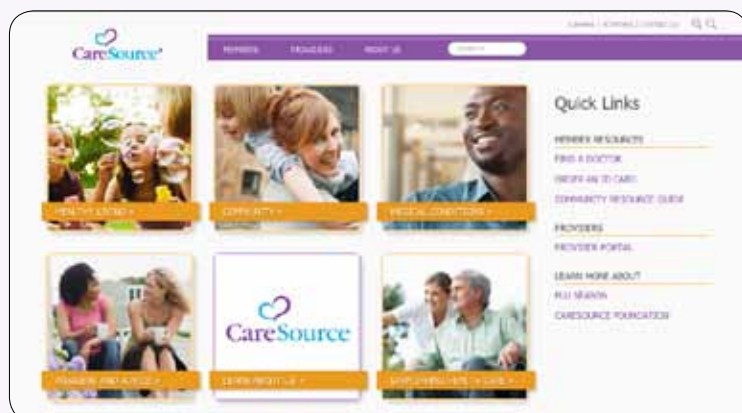
Other benefits of the new system include:

- ▶ Enhanced communication delivered more effectively than print mailings or blast faxes
- ▶ Offices aren't cluttered with mailings that may not be relevant
- ▶ Providers won't have to go to the website for updates – notifications are delivered directly to Providers
- ▶ Information is delivered when it is generated rather than mailed at a later date
- ▶ Multiple Provider contacts can register to receive information to help ensure that all of your staff members are updated



Once registered, you will be able to receive future network notifications and *ProviderSource* newsletters electronically instead of in print.

Stay tuned! We will let you know how to register in early 2013.



Website updated

Please visit, and direct your patients to visit, the new www.caresource.com for real-world advice on staying healthy and living well. It was redesigned with CareSource Members in mind and will have no impact on the Provider features and portal you regularly use and enjoy. Please tell us what you think.

CareSource partners with Humana to serve dually eligible in Ohio

CareSource is proud to continue our long-standing commitment to serving the most vulnerable health care consumers in Ohio. In 2013, we will partner with Humana to serve people who qualify for both Medicaid and Medicare (often referred to as dual eligible) in the following three Ohio regions as part of the state's new Integrated Care Delivery System (ICDS):

- ▶ Northeast region (Cleveland area)
- ▶ East Central region (Akron area)
- ▶ Northeast Central region (Youngstown area)

The CareSource Humana alliance was established earlier this year to more effectively serve Medicare and Medicaid beneficiaries. CareSource and Humana will bring their extensive experience in both programs to enhance care coordination, provide long-term services and support and make the programs simpler and easier to navigate. This coordination is expected to result in better health outcomes for Members.

Participating CareSource Providers will not be required to participate with Humana to serve ICDS Members. More information regarding the ICDS program implementation will be released in the coming months. We look forward to working with our Ohio Providers as the program unfolds.



Stay informed with network notifications

At CareSource, we understand that timely information is essential for health care services and administrative processes to run smoothly. That's why we post network notifications for health care Providers regularly on our website. These updates can keep you informed on the latest in CareSource policy or benefit changes.

Notifications are continually added and updated, so be sure to check in often. Just visit the "Providers" section of our website at www.caresource.com. Click on "Provider Materials," then click on "Updates/Announcements."

Encouraging appropriate ED use

CareSource strives to reduce inappropriate and avoidable emergency department (ED) use among our Members through education as well as identifying and removing any health care access barriers. We also make efforts to link Members to a regular source of primary care.

Member communication focuses on building awareness of ED alternatives and appropriate use of services. CareSource integrates emergency department diversion into all Member programs, reinforcing the medical home concept and reminding them that there are other resources available to help them, and their families, effectively manage their health.

Additional ED diversion efforts include:

- ▶ **Automated, interactive education and reminder outreach calls** to targeted Members after their visit to the emergency room. Education includes reinforcing the importance of the PCP relationship and how to contact CareSource 24, our 24-hour nurse advice line.
- ▶ **Live outreach calls** to targeted Members with a recent avoidable ED visit to identify barriers relating to primary care access. Our staff asks Members to connect with their PCP, provides information about available community resources, and reminds them about our transportation benefit and the nurse advice line. Members may also be referred to one of CareSource's case or disease management programs.

We appreciate your efforts in helping us encourage appropriate ED use.



Post-stabilization services reminder

Post-stabilization care services are defined as covered services related to an emergency medical condition that a treating physician views as medically necessary after an emergency medical condition has been stabilized to maintain the member's stabilized condition. Prior authorization is not required for coverage of post-stabilization services when these services are provided in any emergency department or for services in an observation setting by a participating Provider.



To request prior authorization for observation services as a non-participating Provider or to request authorization for an inpatient admission, please call **1-800-488-0134** and follow the prompts for post-stabilization. During regular business hours, your call will be answered by our Medical Management Department. After regular business hours, the call will be answered by our nurse advice line.

Upcoming medical record reviews

In the spring of 2013, CareSource will begin the process of abstracting data from Member medical records for Healthcare Effectiveness Data and Information Set (HEDIS) scoring. HEDIS is a national set of uniform standards utilized by more than 90 percent of America's health plans to measure performance on care and service. We will expand the use of these standards to monitor the care given by CareSource Providers as well.

We have contracted with **Outcomes Health Information Solutions** to abstract records on our behalf. As a CareSource business associate, Outcomes is required to maintain the confidentiality of any protected health information (PHI) it may access during this process in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

As part of the HEDIS data collection process, Outcomes will contact your office to secure medical records or to schedule a visit to review records at your office. *Outcomes will need to secure copies of medical records for required auditing. Collecting this information is part of your Provider agreement with CareSource.* CareSource appreciates your help in providing access to records to Outcomes.



Prior authorization required for Synagis

Respiratory Syncytial Virus (RSV) season is November 1, 2012 through March 31, 2013. Providers must obtain a prior authorization to administer Synagis to prevent RSV. It is required for all Providers who are administering Synagis in:

- ▶ The Provider's office
- ▶ A home setting
- ▶ An outpatient clinical setting

How to submit a prior authorization request for Synagis:

- ▶ **Online:** For faster processing, submit your request using our secure Provider Portal. Visit <https://providerportal.caresource.com/OH/> to get started.
- ▶ **Fax:** Complete the Synagis Prior Authorization form and fax it to 1-888-399-0271. You can find the form in the Provider section of our website. Click on "Provider Materials," then choose "Forms." In the Medicaid Pharmacy section, choose "SYNAGIS Prior Authorization Worksheet/Prescription Form."
- ▶ **Phone:** Call **1-800-488-0134**.
- ▶ **Mail:** CareSource, Attn: Specialty Pharmacy, P.O. Box 1307, Dayton, OH 45401-1307

Please include clinical documentation with Synagis prior authorization requests. If you have questions, call our Provider Services Department at **1-800-488-0134** and listen for the prompt for Specialty Pharmacy.

CareSource Advantage provides comprehensive model of care



CareSource Advantage, our Medicare Advantage special needs plan (SNP), is available to those who are eligible for both Medicaid and Medicare Parts A, B and D. Our Members are typically low income, younger disabled, with multiple chronic illnesses. Over half have a diagnosis of depression along with other co-morbidities.



As required by the Centers for Medicare and Medicaid Services (CMS), we have an evidence-based model of care that supports the delivery of health care services to the dually eligible population through a variety of components. They include, among others:

- ▶ Comprehensive health risk assessments and care plans for each member
- ▶ Care coordination
- ▶ Communication and accountability systems
- ▶ Performance measurement and improvement activities

CareSource Advantage has also invested in staff development and training on our model of care to help support the highest level of clinical care and service to our Members. Our model of care is evaluated annually and summary reports are posted on our website at www.caresource.com.

Member satisfaction highlights

Results of the most recent CareSource Advantage care management satisfaction survey indicate that Members are generally satisfied with our care management program. Survey highlights are shown in the chart below:

Percentage of respondents who rated CareSource Advantage as “Very Good” or “Excellent” in the following categories

Overall satisfaction	85%
Addressing concerns, coordination of care, and education on self-management	80%
Discussing medications or prescription drug needs	78%
Ability to access care needed and information/advice on health care and treatment	77%



Antibiotics are not always the answer



Upper respiratory infections (URIs) are one of the most common acute illnesses seen in Primary Care Provider offices. Emergency room and urgent care physicians are often faced with this same challenge. Up to 40 percent of patients seen by a PCP receive a diagnosis of URI and obtain an antibiotic prescription at the end of the visit. However, the use of antibiotics is not recommended for a majority of these as most are viral infections.*

CareSource continues to educate our Members via newsletter articles and direct member contact that antibiotics are not always the answer. Members are educated on URI symptoms, the appropriate use of antibiotics, hand washing, and flu vaccines. In addition, Members are encouraged to call CareSource 24, our 24-hour nurse advice line, for related questions and guidance on appropriate levels of care.

How you can help

- ▶ Continue to help your patients to understand the most appropriate use of antibiotics.
- ▶ Use proper billing codes for the patient's diagnosis.
- ▶ Remind patients of our CareSource 24 nurse advice line.

* Sources:

<http://pedsinreview.aappublications.org/cgi/context/extract/26/5/170>
http://www.quality.measures.ahrq.gov/summary.aspx?doc_id=13041



ProviderSource

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