

ProviderSource

Fall 2009

A newsletter for CareSource providers

Satisfaction Survey available online

We want to hear from you!

CareSource values feedback that we receive from our providers. Your input helps us provide the highest quality services to you and the members we serve. Our Provider Satisfaction Survey is currently available online, and we encourage you to take a few minutes and tell us how we are doing.

You can access the survey by visiting our website at www.caresource.com.

- ▶ Click on the Provider tab
- ▶ Under "Quick Links" click on "Provider Log In"
- ▶ Enter your User Name and Password
- ▶ Click on the Log In button
- ▶ Access the survey on the Provider Welcome page

If you have any questions related to our survey or are unable to access the survey through our website, please contact our dedicated information line at **1-937-531-2032** or toll-free at **1-800-488-0134**, select the option to enter a four-digit extension, and then enter extension 2032, or call your Provider Relations Representative. Thanks in advance for your participation!



Coming soon: Electronic Fund Transfer

CareSource is pleased to announce that we will offer Electronic Fund Transfer (EFT) by year's end. As you know, this is a significant improvement and offers great benefit to providers from an administrative and cash perspective. As this initiative unfolds, more details will be made available.

In this issue:

- 2** Web Portal Solutions
- 5** Influenza season update
- 5** Prior authorization lifted from Tamiflu and Relenza

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**





Provider Portal SOLUTIONS

CareSource strives to relieve administrative burden through enhanced website functionality. Our Provider Portal has a host of secure services available online that are easy to use, when you want to use them.

Enhancements for Coordination of Benefits

CareSource is currently working on updating the COB information available on the Provider Portal. Previously, several policy numbers were not displaying the full identification number. This was identified by asterisks appearing at the end of the policy number. These policies have now been updated to show the full policy number.

Please note that the policy holder name and group number are not always listed on the Provider Portal due to CareSource not being able to obtain this information. The policy holder name and group number is not normally needed to bill another carrier.

We make every effort to obtain up-to-date COB information. If the primary coverage information is incorrect, please notify CareSource by providing documentation by one of the following methods:

- ▶ Fax: (937) 396-3138
- ▶ Mail: CareSource, Attention COB,
P.O. Box 8738, Dayton, OH 45401-8738
- ▶ Call: 1-800-488-0134

Other web portal features you can use:

- ▶ **Member Profile** – With its comprehensive view of patient medical and pharmacy data, the Member Profile feature can help you improve health outcomes for your CareSource patients. The profile can help you determine an accurate diagnosis more efficiently, reduce unnecessary diagnostic terms, and minimize emergency room visits.
- ▶ **Provider Information Change** – Submit changes to your panel, such as age or gender restrictions.

OPERATIONS NEWS

Retrospective authorization policy change



As announced in a letter mailed to our provider network in mid-August 2009, we wanted to remind you that a change in policy and the CareSource Provider Manual will be made effective December 1, 2009.

The policy change is in relation to the time allowed to request a retrospective review for services that require prior authorization. Prior authorization is required to ensure that services provided to CareSource members are medically necessary and provided appropriately. CareSource is changing these time allowances to support this outcome and to improve operational efficiency.

In the event that you fail to obtain prior authorization, you will have 90 days from the date of service or 90 days from another carrier's denial on an Explanation of Payment (EOP) to request a retrospective review for medical necessity. In this instance, the retrospective review must include a copy of the other carrier's EOP.

Requests for prior authorization/retrospective review that exceed these timeframes will be denied and are ineligible for appeal. If the request is received within these timeframes and a medical necessity is issued, you may submit a request for an appeal within 90 days of the EOP.

Coming soon to the Provider Portal

The following portal enhancements are planned for implementation by end of year. Please watch for additional details.

- ▶ Provider Toolkit
- ▶ Submit Appeals
- ▶ Check Eligibility for Dental and Vision Services

Anesthesia code no longer requires documentation

On September 14, 2009 the Health Services Advisory Group (HSAG), on behalf of the Ohio Department of Job and Family Services (ODJFS), notified CareSource that the CPT Code 01965 (anesthesia for incomplete or missed abortion procedures) with the ICD-9 diagnosis code 632 (missed abortion) no longer requires operative notes. This combination of codes will start to pay immediately.

Urine drug screening claims

Effective immediately, CareSource will no longer be accepting urine drug screening claims from non-participating laboratories.

Corrected claims reminder

CareSource accepts electronic adjusted/corrected/replacement claims when no attachments are needed. Claims submitted for payment should be on the nationally accepted 837 file format and submitted electronically using your CareSource Payer ID. The clearinghouse will need the CareSource Payer ID number, 31114.

Members appreciate quality care

The results of our Consumer Assessment of Health Care Providers and Systems survey reflect the quality of service you expect from CareSource. This survey is completed annually by CareSource members, measuring their satisfaction with all levels of the health care experience. CareSource participating physicians and health care providers are important partners in making a difference in the lives of underserved consumers by improving their health care.

This year members completing the survey, ranked CareSource in the NCQA 90th percentile for the following responses:

- ▶ Customer Service – Our members are treated with courtesy and respect by our Customer Service staff.
- ▶ Getting Care Quickly – Our members told us that when they need care, they can get care.
- ▶ Rating of Personal Physician – Our members told us their physicians in the CareSource network are the best.
- ▶ Rating of Specialist – Our members told us that specialists in Care Source's network are the best.



And, CareSource is ranked in the NCQA 75th percentile for the following responses:

- ▶ Getting Needed Care – Our members told us they get the care they need.
- ▶ How Well Doctors Communicate – Our members told us their doctors are communicating with them on a level they understand.
- ▶ Health Care – Our members are satisfied with the health care they receive.
- ▶ Health Plan – Our members are satisfied with the Health Plan they chose.

We value and appreciate the quality service that you provide CareSource members.

Synagis Prior Authorization Request Form available online

Health care providers must obtain a prior authorization from CareSource to be reimbursed for Synagis immunoprophylaxis for certain individuals at increased risk for Respiratory Syncytial Virus (RSV). CareSource's medical policy for administration of Synagis mirrors the American Academy of Pediatrics Red Book Guidelines. All requests are reviewed for necessity utilizing these guidelines.

To request authorization, **please use our online interactive Synagis Prior Authorization Request Form available via the Provider Portal.** Please note that, consistent with epidemiological findings, CareSource considers RSV season to be November through March. Coverage for the RSV season will include a maximum of five authorized injections (only one covered injection in December) and will end March 31, 2010 unless RSV remains endemic in the community, beyond that date, as reported by the CDC and a continued high rate of positive RSV cultures in the community.

To assist in simplifying the prior authorization process for Synagis, the seven Ohio Medicaid Care Coordination Plans developed a Synagis Prior Authorization Form with criteria based on the 2009 American Academy of Pediatrics Red Book Guidelines. The form can be found on our website, **www.caresource.com**, under the Provider Materials/Forms section. The form, once completed, can be faxed to our Medical Management Department at **1-888-752-0012**.

Appropriate codes ensure enhanced HEDIS scores

The Healthcare Effectiveness Data and Information Set (HEDIS) is a national set of uniform performance standards that measure performance on important dimensions of care and service. CareSource uses HEDIS results to focus our quality and improvement efforts.

HEDIS measures address a broad range of important health issues. Scores are compiled using a combination of claims and medical records. To assist us in obtaining the most accurate data, please ensure that your office uses the appropriate codes for the services rendered. If you need assistance with determining the appropriate HEDIS coding guidelines, please contact your CareSource Provider Relations Representative.

In 2010, CareSource will focus on the following HEDIS measures:

- ▶ Access To Care – Child and Adolescents
- ▶ Access To Care – Adult
- ▶ Breast Cancer Screening
- ▶ Cervical Cancer Screening
- ▶ Chlamydia Screening – Total
- ▶ Eye Exam – CDC measures
- ▶ HbA1c Testing – CDC measures
- ▶ LDL-C Screening – CDC measures
- ▶ Lead Screening in Children
- ▶ Prenatal
- ▶ Postpartum
- ▶ Use of Appropriate Medications for People With Asthma (5-56 Years)
- ▶ Well-Child Visits in the First 15 Months of Life
- ▶ Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life
- ▶ Adolescent Well Care Visits



Influenza season update

A review by the Centers for Disease Control (CDC) of the key H1N1 indicators found that influenza activity continues to increase in the United States. Information about the availability and recommendations for the H1N1 vaccine is changing every day. Please visit the CDC's website at www.cdc.gov/H1N1FLU/ for the most up-to-date information on vaccination planning.

According to the CDC website, the vaccine will be shipped to clinics, physician offices, health

departments, and other project area-designated sites via centralized distribution, using the same process that is used to ship vaccines for the childhood immunization program to immunization providers.

The CDC suggests that it is important for pregnant women to receive the 2009 H1N1 influenza vaccine as well as a seasonal influenza vaccine. Pregnant women who get any

type of flu are at risk for serious complications and hospitalization. Pregnant women who are otherwise healthy have been severely impacted by the 2009 H1N1 influenza virus.

The H1N1 vaccine will be procured and purchased by the federal government and made available to vaccinators at no cost. Since there will be no charge for the vaccine itself, the only payment that will be made is for the administration of the vaccine. CareSource will reimburse providers for the administration of the vaccine for CareSource members. Please contact your Health Department for more information about the vaccine.

Influenza vaccines, including the H1N1 vaccine, are a CareSource covered benefit. In addition, to make it easier for you to treat your CareSource patients, we

have lifted the prior authorization requirement on Tamiflu and Relenza.

Please let your CareSource patients know that they can call **CareSource 24, our 24-hour nurse advice line at 1-866-206-0554**, if they need immediate assistance when your office is closed.

Prior authorization lifted from Tamiflu and Relenza

Effective immediately and to make it easier for you to treat your CareSource patients, we have removed the prior authorization requirement for Tamiflu and Relenza.

Preventive care

When your CareSource patient visits you to have a flu shot or the H1N1 vaccine, please consider conducting other preventive screenings for the patient at that time. Together, we can help CareSource patients stay healthy.



Barriers to lead testing



Studies show that some parents don't have their children tested for lead because of false perceptions. Families who live in new homes think it's not necessary. Please help us educate our CareSource members about the realities and sources of lead poisoning.

What can you do?

- ▶ Test all children under age 2 for lead poisoning. Lead testing can be completed during any office visit – both well-child and sick visits.
- ▶ Remind parents that lead can be found outside the home in soil, playground equipment and toys.

Filter paper testing is an accepted method to obtain blood lead levels and is covered by CareSource.

Advance directives

Both federal and state laws govern the use of advance directives. The federal law, the Patient Self-Determination Act, requires health care facilities and providers that receive Medicaid and Medicare funds to inform patients of their rights to execute advance directives.

As a provider, you are responsible for discussing advance directives with CareSource members. Documentation is required in the member's medical record whether or not an advanced directive has been signed. CareSource encourages you to discuss advance directives with CareSource members.

Any person 18 years and older can create advance directives. Advance directives include a Living Will and a Durable Power of Attorney. The Living Will allows the patient to designate what medical care they wish to have when they are unable to make the decisions themselves. The Durable Power of Attorney allows the patient to designate someone to carry out their wishes for their medical care when the patient cannot act for him/herself.

The Ohio Hospice and Palliative Care Organization has an advance directives packet available on their website at www.ohpco.org/AdvDir%20Forms%202004.pdf.

Health Care Home pilot launched

After months of collaboration with key stakeholders, CareSource has launched a patient-centered medical home pilot, Health



Care Home Program. The pilot promotes a collaborative approach that integrates the member, the Primary Care Provider (PCP), and CareSource, giving the member better access to the care they need, satisfaction with their care, and better health overall. CareSource's model includes the use of evidence-based clinical practice guidelines and the assignment of a dedicated care manager to Health Care Home providers with the goal of improving the member's health and overall quality of life. CareSource will use the results of the pilot to solidify the

program for the future rollout to the rest of its provider network.

Fetal Non-Stress Tests

CareSource allows a limit of 10 fetal Non-Stress Tests (NSTs) as part of routine OB care. Prior authorization is required when that limit is reached. For additional benefit information, please refer to our Provider Manual available on our website at www.caresource.com.



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

