



March 3, 2009

Greetings,

As 2009 gets underway, I am pleased to announce several new initiatives designed to enhance our partnership with you, and ultimately benefit our members as well.

- In the spring, CareSource will launch our online Member Profile tool which will give you a comprehensive look at your patient's recent quality, medical and pharmacy information. This tool should prove invaluable in both your office as well as emergency room settings. We are currently working with a small number of providers to obtain feedback about the tool and plan to roll it out to all providers in March.
- In response to your feedback, we are evaluating ways to improve our pharmacy prior authorization approval process.
- Later this year, we will launch our Health Care Home pilot. This program is being built with physicians from our communities. I am personally excited about the potential this project has for us to truly partner with physicians in making the Medical Home model a reality for our members.
- We are also partnering with a radiology benefits manager to address an escalating radiology trend for high-tech imaging, which is concerning from both a clinical quality and financial perspective. The goal of this partnership is to ensure that medically-necessary, quality services are provided to our members receiving outpatient, non-emergent MRI, CT and PET scan procedures. Please see the enclosed provider education webinar schedule and associated materials.

I will continue to keep you informed on these exciting projects throughout the year.

Please find the enclosed winter edition of our provider communications packet. This mailing includes our *ProviderSource* newsletter, which contains articles that I hope you will find interesting and beneficial. In particular, I want to introduce our new provider portal feature column which will highlight tools that can help you streamline your daily operations.

I also encourage you to participate in the physician survey included in the packet. As always, your feedback is very important to help us identify areas for improvement.

Your continued support and dedication is greatly appreciated!

Respectfully,

Craig Thiele, M.D.
Chief Medical Officer



Radiology Benefit Management Program Provider Education Webinars

In an effort to continue promotion of quality improvement for services provided to CareSource members, CareSource has entered into an agreement with National Imaging Associates, Inc. (NIA), an affiliate of Magellan Health Services, to implement a radiology benefit management program. This program includes the management of non-emergent, advanced outpatient radiology services to include prior authorization.

Effective May 1, 2009, a prior authorization program will be implemented for diagnostic imaging procedures including CT, MRI/MRA and PET scans.

CareSource and NIA welcome you to attend one of our upcoming Provider Education Webinars to learn more about CareSource's radiology benefit management program and what it means to you. Hour-long Provider Education Webinars will take place on the following dates:

- Tuesday, April 21
- Wednesday, April 22
- Thursday, April 23
- Friday, April 24
- Tuesday, April 28
- Wednesday, April 29
- Thursday, April 30

Webinar sessions will be held from 8:00-9:00 a.m., 12:00-1:00 p.m. and 5:00-6:00 p.m. each day. You will need a computer with Internet access to view the education materials presented during the Webinar.

Please RSVP by Thursday, April 16, by calling an NIA representative at 1-800-327-0641. After your RSVP, you will receive a confirmation email from NIA for the Webinar session you selected. The confirmation email will also include a toll-free dial in number with access code, web meeting address and instructions on how to download required software (if needed).

CareSource and NIA look forward to working with you to ensure that your CareSource patients receive diagnostic imaging services delivered in a quality, clinically appropriate fashion.

Radiology Benefit Management Program

RadMD Makes Things Easy...for You

RadMD is a user-friendly, near-real-time tool offered by National Imaging Associates, Inc. (NIA)* that provides you with instant access to the high-tech imaging authorization and supporting information you need, in an easily accessible Internet format. Whether submitting imaging exam requests or checking the status of ordered exams, you will find RadMD to be an efficient, easy-to-navigate resource.

Benefits of RadMD Access

Both ordering and imaging providers can access a range of online tools and associated imaging information on the www.RadMD.com Web site:

- Secure access to protect your data and your patients' personal health information.
- Up-to-the hour authorization information, including:
 - Date request initiated
 - Date exam approved
 - Authorization validity period
 - Valid billing codes (CPT®), and more.
- NIA's evidence-based clinical review criteria, our *Diagnostic Imaging Guidelines*.
- NIA's *Imaging Update* provider newsletter.
- Technical support available if you have questions.

Plus, **ordering physicians** can access a number of key tools:

- Straightforward instructions for submitting exam requests, including the ability to submit multiple requests in the same online session.
- Appropriate ICD-9 code lookup.
- Continuous updates on authorization status, which reduces time spent on the phone with NIA.
- Fast authorization decisions available to you online.
- Ease of searching for and selecting convenient imaging facilities.

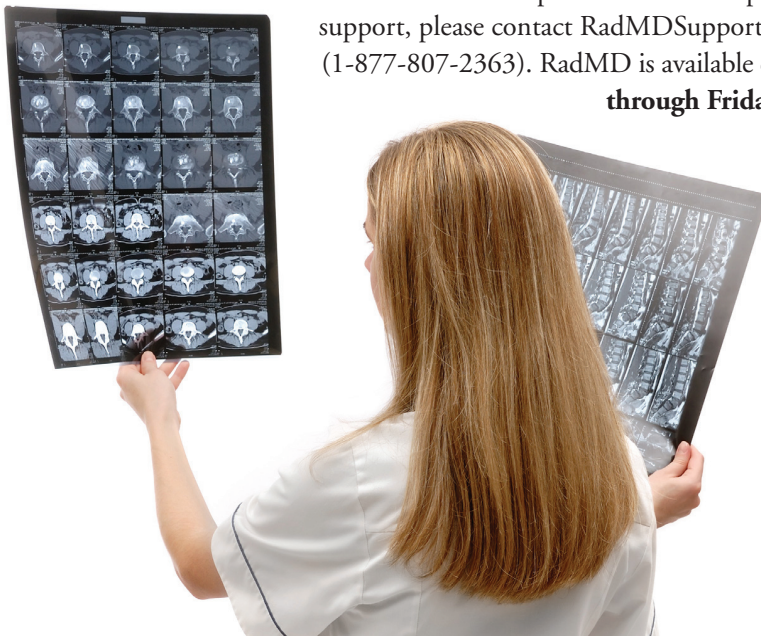
Additionally, **imaging facilities** benefit from being able to quickly view the approved authorizations for their patients, facilitating prompt service for patients who require imaging procedures.

Log On!

To get started, simply go to www.RadMD.com, click the **New User** button and set up a unique username/ account ID and password for each individual user in your office or facility. Your RadMD login information should not be shared. This further protects members' personal health information. For assistance or technical support, please contact RadMDSupport@MagellanHealth.com or call 1-877-80-RadMD (1-877-807-2363). RadMD is available during the hours of **8:00 a.m. to 8:00 p.m. EST Monday through Friday, and 8:00 a.m. to 1:00 p.m. EST on Saturday.**

RadMD is designed to make things easy for you, so please log on to quickly access the clinical authorization information you need.

**National Imaging Associates, Inc. is an affiliate of Magellan Health Services. RadMD is a Web site application of NIA.*



RAD-BF-ASO-2

RadMD

Quick Start Guide

Request an Exam

1 Go to RadMD.com

Open your Internet browser and visit [RadMD.com](http://www.radmd.com).
Click [Login](#) on the right side of the screen.



2 Login

Enter your [Account ID](#) and [Password](#), and then click [Login](#).

Account ID:

Password:

[Login](#)

3 Request an Exam

Click [Go](#) next to Request an Exam.
Read the [Overview](#) and click [Continue](#).

1) Request an Exam

[GO](#)

[Continue \(Step 1\)](#)

4 Identify the Patient

Enter the patient's information.
Click [Save and Continue](#).

Patient's First Name*

Patient's Last Name*

Patient's Date of Birth* / /
(mm/dd/yyyy)

[Save and Continue to Step 2](#)

5 Identify the Physician

Verify the patient and select a [Physician](#).
Click [Save and Continue](#).

Which physician is ordering this exam for this patient?

[Please Select One] ▼

[Save and Continue to Step 3](#)

6 Identify the Exam(s)

Select the [exam\(s\)](#) from the list.
Click [Add Exam](#) to add the exam(s)
Click [Save and Continue](#).

All Available Exams:

- CT Colonoscopy
- CT Colonoscopy for Screening
- CTA Coronary Arteries
- EBCT
- Fusion PET Scan

[>> Add Exam >>](#)

[Save and Continue to Step 4](#)

RadMD

Quick Start Guide

Request an Exam

7 Select the Provider

Select a provider or perform a [Search](#).
Click the link for the appropriate provider.
Click [Save and Continue](#).

Search by Name:

Search by City:

Search by Zip:

[Save and Continue to Step 5](#)

8 Answer Questions

Answer questions about the exam(s).
Click [Save and Continue](#).

Please answer some questions about the patient

ICD9 Code:* [ICD9 Code Help](#)

Please provide the reason for this exam(s):*

[Save and Continue to Confirmation](#)

9 Final Confirmation

Confirm the final request details.
Submit the request by clicking [Continue](#).

Exam(s) (Step 3):

Cerebral Perfusion CT

[Continue to Clinical Q/A](#)

10 Clinical Q & A

Answer each question specific to the exam.
Click [Next](#) after answering each question.
Click [Finish](#) once all questions have been answered.

Exam Request Clinical Questions

Is this a request for CTA Coronary Arteries?

☐ Yes
☐ No

[Back](#)

[Next](#)

[Finish](#)

11 Request Complete

Final page confirms the request and displays current status.
Click [Start New Exam Request](#) or [Back to Main Menu](#).

STATUS

Current Status: **Appr**

Validity Period: 11/6/2

Authorization: 7310C

[Back to the Main Menu](#)

[Start a New Exam Request](#)



Provider Satisfaction Survey

CareSource values feedback we receive from our providers. Your feedback helps us provide the highest quality services to you and the members we serve. We will use your feedback to identify areas for targeted improvement.

Once the surveys are completed by providers, all responses will be reviewed and results will be posted on our website. Watch for additional details in the near future.

Questions about your practice to be answered by the office manager:

1. What is the nature of your practice?
☐ Primary Care Practice
☐ Specialty Practice
☐ Multi-Specialty Practice
2. What type of contract do you have with CareSource? Direct ☐ PHO ☐
3. How many physicians are in your office/care site? _____
4. How many physicians are CareSource physicians? _____
5. Which other Medicaid plans do you participate in? (optional)

Please rate CareSource. Tell us if you strongly agree, agree, are neutral, disagree or strongly disagree with the following statements. If you have not had any experience with a particular area, please mark the questions in that area N/A.

6. PROVIDER RELATIONS STAFF

(Responsible for contracts, reimbursement issues, capitation arrangements and credentialing requirements, provider orientations and in-service and changes to provider practice information such as address or name change)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ My interactions with the Provider Relations staff are handled in a courteous and professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The Provider Relations staff answers my questions accurately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The Provider Relations staff follows up on identified issues in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I am satisfied with the frequency of contact with my Provider Relations Representative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. CREDENTIALING STAFF

(Responsible for verifying credentials of contracted providers)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ My interactions with the Credentialing staff are handled in a professional and courteous manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The Credentialing staff is knowledgeable in answering questions and in helping resolve issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I am satisfied with the amount of time it took between submitting my contract and receiving my appointment letter from the Credentialing department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete survey and return in Business Reply Envelope provided by April 30, 2009



Provider Satisfaction Survey

8. PROVIDER SERVICES STAFF

(Responsible for answering provider inquiries regarding claims payment and claims processing, benefit eligibility, covered services and prior authorization requirements)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ My interactions with the Provider Services staff are handled in a professional manner, with a genuine concern for customer satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The Provider Services staff is knowledgeable about Ohio Medicaid and the CareSource plan; they answer my question(s) regarding benefits and/or prior authorization requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The Provider Services staff is an experienced team of claims representatives; I am confident they will meet my needs when I need to call them for assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ If the Provider Services Representative cannot answer my inquiry without additional research, I am confident that I will be immediately connected with the appropriate representative, or I will be called back as promised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. CLAIMS PAYMENT/PROCESSING STAFF

(Responsible for processing and payment of claims)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ I am satisfied with the timeliness of CareSource claims payments when compared to other Medicaid payers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I am satisfied with the accuracy of CareSource claims payments when compared to other Medicaid payers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I am satisfied with the way that CareSource handles my outstanding claims issues when compared to other Medicaid payers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. CLINICAL APPEALS PROCESS

(Responsible for clinical appeals review, quality issues involving providers, credentialing of new providers, re-credentialing of currently contracted providers)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ Clinical appeals for service that have been denied for lack of medical necessity have been resolved in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ My interactions with Clinical Appeals Department staff are handled in a professional and courteous manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ My interactions with the Medical Directors are handled in a professional and courteous manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ My interactions with the Clinical Appeals Department are handled in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete survey and return in Business Reply Envelope provided by April 30, 2009



Provider Satisfaction Survey

11. MEDICAL MANAGEMENT/ UTILIZATION REVIEW STAFF

(Responsible for requests for prior authorization of medical and dental services and Durable Medical Equipment, authorization of in-patient hospital admissions, Bridge to Home services)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ The prior authorization process at CareSource is clearly defined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ CareSource provides information that is helpful in explaining the preauthorization process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ My interactions with the Medical Management staff are handled in a professional and courteous manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. CASE MANAGEMENT STAFF

(Responsible for outreach to members, health education, ongoing monitoring of health status, coordination of care, facilitation of needed healthcare services/ equipment, referral to appropriate community resources, providing one-on-one personal interaction and individualized education/ support)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ The Case Managers at CareSource have satisfactory knowledge of CareSource's available services and programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ CareSource Case Managers are easily accessible to assist in the management of chronically ill members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Issues raised with CareSource Case Managers are resolved within a reasonable period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I am satisfied with CareSource's Case Management services in the coordination of care for children with special health care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. PHARMACY STAFF

(Responsible for authorization of medications, answering questions about drug formulary and running medication utilization reports)

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>N/A</u>
▪ The CareSource preferred drug list is comparable to other Managed Care Organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The CareSource Pharmacy prior authorization process is similar to other Medicaid managed care organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ My interactions with the Pharmacy Prior Authorization staff are handled in a professional and courteous manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The CareSource Pharmacy prior authorization process is handled in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete survey and return in Business Reply Envelope provided by April 30, 2009



Provider Satisfaction Survey

PROVIDER COMMUNICATIONS

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
14. The quarterly Provider Mail Packs (which include the <i>ProviderSource</i> newsletter, Provider Relations Representative List, etc.) provide timely and relevant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Which of the following do you prefer as your method of communication with CareSource?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	Provider Portal (website)			
	<input type="checkbox"/>	Quarterly Mail Pack			
	<input type="checkbox"/>	Email			
	<input type="checkbox"/>	Telephone			
	<input type="checkbox"/>	Other			
16. What types of information do you share with your patients? (Please mark all that apply.)	<input type="checkbox"/>	Health			
	<input type="checkbox"/>	Benefits			
	<input type="checkbox"/>	Prescription Drugs			
	<input type="checkbox"/>	Other			
17. Are you currently using the Provider Portal available online via the CareSource website?	<input type="checkbox"/>	Yes			
	<input type="checkbox"/>	No			
	<input type="checkbox"/>	Uncertain			
18. What function(s) do you most often use while on our Provider Portal? (Please mark all that apply.)	<input type="checkbox"/>	Member Eligibility			
	<input type="checkbox"/>	Claims Information			
	<input type="checkbox"/>	Prior Authorization			
	<input type="checkbox"/>	Prior Authorization Status			
	<input type="checkbox"/>	PCP Membership List			
	<input type="checkbox"/>	Coordination of Benefits (COB)			
	<input type="checkbox"/>	N/A – currently not using the Provider Portal			
19. What function(s) not currently available on our Provider Portal would you like to see added?					

20. GENERAL

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
▪ I am satisfied with my overall experience with CareSource.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ I would recommend participation in CareSource to another practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Please rate the following CareSource programs in terms of importance to your patients on a scale from 1–5, with 1=Not important at all; and 5=Very important.

	<u>Very Important</u>	<u>Important</u>	<u>Not Important</u>	<u>N/A</u>
20. 24-hour Nurse Advice Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Transportation for Medical Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Case Management and Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Member Incentive Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete survey and return in Business Reply Envelope provided by April 30, 2009



Provider Satisfaction Survey

Please rate your perception of the quality of the following CareSource programs on a scale from 1 – 5, with 1=Low Quality; and 5=High Quality.

	<u>High Quality</u>	<u>Average Quality</u>	<u>Low Quality</u>	<u>N/A</u>
25. 24-hour Nurse Advice Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Transportation for Medical Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Case Management and Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Member Incentive Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER INFORMATION

Name of group or practice (**optional**): _____

Name of individual completing survey (**optional**): _____

Email address (**optional**): _____

County of primary practice location (**required**): _____

Name of Provider Relations Rep: (**optional**): _____

Please complete survey and return in Business Reply Envelope provided by April 30, 2009



NON-PHARMACY PRIOR AUTHORIZATION LIST

- All Inpatient Care
 - All Abortions
 - All Home Care Services
 - Nursing Facility Services
 - Hospice Care
 - Organ Transplants
 - Durable Medical Equipment over \$750.00 billed charges
 - The \$750.00 rule does not apply to the below DME/other items – these require prior authorization:
 - All powered or customized wheelchairs
 - All miscellaneous codes (example E1399)
 - Hearing Aids
 - Contact Lens
 - Polycarbonate lenses for members over the age of 18.
 - Cosmetic procedures and plastic surgery
 - Non-Formulary Drug Requests
 - Ambulance and ambulette transportation – *except* for emergent or facility- to-facility transfers
 - Services beyond benefit limits: This includes chiropractic care, dental care, optometry services, some mental health services, physical/occupational therapy, and speech therapy/hearing testing beyond benefit limits.
 - Food supplements/nutritional supplements
 - Dental Services:
 - Root Canals - if 3 or more root canal procedures are scheduled within 6 months
 - Orthodontia Treatment
 - All dentures
 - All partial dentures
 - Porcelain crown fused to noble metal (authorized for permanent anterior teeth only)
 - Cast post and core in addition to crown (authorized for permanent anterior teeth without sufficient tooth structure to support a crown only)
 - Frenulectomy/frenulotomy
 - Apexification/recalcification
 - Excision hyperplastic tissue
 - Gingivectomy/plasty
 - Impacted tooth removal - completely bony with complications
 - Surgical removal of a residual tooth root
 - Removal of exostosis
 - Unspecified TMJ therapy
 - Unspecified TMJ films
 - Removable appliances
 - Surgical removal of supernumerary tooth
 - Fixed appliances therapy
 - All unspecified/miscellaneous dental codes
- In addition, any health care provider who is not a participating provider with CareSource must obtain prior authorization for all non-emergency services provided to a CareSource member.
- CareSource does not require prior auth for unlisted procedure CPT codes; however, we require a clinical record be submitted with your claim to review the validity of the unlisted procedure CPT code.
- Claims submitted without clinical records for unlisted procedure CPT codes will be denied. Denials will be reconsidered through the appeal process with pertinent clinical records.

Authorizations are not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits (and other factors). Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.



False Claims Act

On February 8, 2006, President George W. Bush signed the Deficit Reduction Act of 2005 into law. The Deficit Reduction Act contains many provisions reforming Medicare and Medicaid that are designed to reduce program spending. As an entity that offers Medicaid and Medicare coverage, CareSource is required to comply with certain provisions of the Deficit Reduction Act. One such provision requires us to provide you with information about the federal False Claims Act, state False Claims Acts, and other state laws regarding Medicare and Medicaid fraud.

The Federal False Claims Act

Using the False Claims Act (the Act); you can help reduce fraud against the federal government. The Act allows everyday people to bring “whistleblower” lawsuits on behalf of the government- known as “qui tam” suits- against groups or other individuals that are defrauding the government through programs, agencies, or contracts.

The False Claims Act applies when a company or person:

- Knowingly presents a false or fraudulent claim for payment,
- Knowingly uses a false record or statement to get a claim paid,
- Conspires with others to get a false or fraudulent claim paid,
- Knowingly uses a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property.

“Knowingly” means acting with actual knowledge or with reckless disregard or deliberate indifference to the truth or falsity of information.

An example would be if a health care provider, such as a hospital or a physician knowingly “upcodes” or overbills; resulting in overpayment of the claim using Medicaid and/or Medicare dollars.

The incentives for private citizens to bring False Claims Act cases have increased, along with the consequences of committing fraud. Both of these moves were done in the hopes of preventing fraud.

The time period for a claim to be brought under the False Claims Act is the later of:

- Within six years from the date of the illegal conduct, or
- Within three years after the date the Government knows or should have known about the illegal conduct, but in no event later than ten years after the illegal activity.

False Claims Act *(continued)*

Ohio State Law

While Ohio has not passed its own false claims statute, there may nevertheless be liability under various Ohio laws regarding false or fraudulent claims with respect to Medicaid program expenditures, including:

- Medicaid Fraud, Ohio Revised Code Sec. 2913.40 (<http://codes.ohio.gov/orc/2913.40>)
- Medicaid Eligibility Fraud, Ohio Revised Code Sec. 2913.401 (<http://codes.ohio.gov/orc/2913.401>)
- Falsification, Ohio Revised Code Sec. 2921.13 (<http://codes.ohio.gov/2921.13>)
- Offense by Medicaid Providers, Ohio Revised Code Sec. 5111.03 (<http://codes.ohio.gov/orc/5111.03>)

CareSource Policy

It is the policy of CareSource to detect and prevent any activity that may violate the federal False Claims Act or the state Medicaid fraud laws cited in this policy. If any employee, provider, delegated entity, subcontractor or agent has knowledge or information that any such activity may have taken place, they should contact the CareSource Special Investigations Unit. Contact information for Special Investigations is shown in the Fraud Section of this manual on the previous page. Information may be reported **anonymously** and are **confidential** to the extent permitted by law.

In addition, federal and state law and CareSource policy prohibit any retaliation or retribution against persons who report suspected violations of these laws to law enforcement officials or who file "whistleblower" lawsuits on behalf of the government. Anyone who believes that he or she has been subject to any such retribution or retaliation should also report this to the Special Investigations Unit.



FOR IMMEDIATE RELEASE

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CareSource Foundation Awards Grants

DAYTON, Ohio, December 22, 2008 -- The CareSource Foundation recently announced its last round of health grant awards for 2008. The Foundation focuses funding on three key areas including issues of the uninsured, critical trends in children's health, and community health issues. Awards totaling \$51,000 have been granted to the following 20 organizations:

- **Big Brothers Big Sisters:** \$7,500 grant to support at-risk and expanded community and school-based mentoring
- **Camp Emanuel:** \$5,000 grant to support resident day camp experience for hearing impaired, language-challenged and developmentally disabled children in southwest Ohio
- **CARE Columbus:** \$3,000 grant to increase quality of care and eliminate health disparities in target ethnic and geographic populations in the greater Columbus area
- **Elizabeth's New Life Center:** \$5,000 grant to support comprehensive prenatal care for young, low-income women in the greater Dayton region
- **Holmes & Wayne County United Way:** \$5,000 grant to provide Rx mobile outreach for the elderly, disabled, low-income and uninsured in north central Ohio
- **Lower Lights Health Center:** \$5,000 grant to support ongoing operations of critical health center staff for families in need and uninsured individuals in greater Columbus
- **Mercy Neighborhood Ministries:** \$3,000 grant to increase health and prevent disease for African-American senior adults in greater Cincinnati
- **Mom's House Toledo:** \$2,500 grant to provide healthy meals for at-risk children in the greater Toledo area
- **Safe Harbor Runaway Youth Shelter:** \$2,500 grant to support operations of the only homeless youth facility serving the Lima region
- **We Care Arts:** \$5,000 grant to support job and life skills programs for people with disabilities in Montgomery, Greene and Miami counties
- **Womanline of Dayton:** \$7,500 grant to support the "I Can Tell" sexual abuse detection and prevention program

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The CareSource Foundation was developed to provide strategic healthcare solutions for the underserved through grants, outreach, medical expertise, community partnerships and volunteerism. The Foundation will be launching new priority funding areas for 2009 including signature grants focused on the uninsured and healthy lifestyles/childhood obesity. For more information on the foundation, visit www.caresourcefoundation.com.

About CareSource

CareSource offers a full spectrum of services for the administration of public-sector health care programs. Among these services are general administration, including claims processing, case and medical management, provider relations, decision support informatics, quality improvement, and regulatory compliance; member services, including a member call center and 24-hour nurse advice line; and financial consultation and turnaround.

CareSource also provides services to nonprofit managed care plans that serve over 691,000 Medicaid and Medicare special needs consumers in Ohio and Michigan. For more information about CareSource, visit www.caresource.com.

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