July 26, 2010

Greetings,

 Improving our members’ health and well being are goals we share. To help us be successful, we’re working to make it easier for you to do business with us. We’re simplifying interactions and expanding our online tools so that you and your patients can make better health care decisions. The following are a few specific examples:

- Recently, the CareSource Clinical Practice Registry was launched to help Primary Care Providers (PCPs) improve their patients’ health. Located on our secure Provider Portal at www.caresource.com, the CareSource Clinical Practice Registry is part of a comprehensive suite of online informational tools. Its primary benefit is population management. PCPs can quickly and easily sort CareSource membership into actionable groupings. It provides a proactive approach by placing emphasis on preventive care. For example, a list identifying all CareSource members with diabetes needing an A1C test can be generated. The Registry is color coded so PCPs can easily identify areas of need. And, it can be quickly downloaded as a PDF or into an Excel spreadsheet format. The Excel spreadsheet even includes the member’s phone number so PCPs can contact the member without pulling their office records. Finally, the Registry is coupled with our online Member Profile tool (for more information please see the cover article of the enclosed ProviderSource newsletter).

- This past Spring we launched our web-based Provider Toolkit. The Toolkit is easy to access and offers valuable resources at your fingertips. It provides helpful information about policy updates (Network Notifications), manuals, forms, frequently asked questions, assessment tools and more. And, it includes a “Favorites” feature so that each time you visit it automatically remembers the sections you use (see page 2 of our ProviderSource newsletter).

- CareSource has initiated our Care Transitions Program, a multi-faceted approach to improving member engagement, orchestrates discharge needs and focus on care coordination. Two important parts of this program, our Bridge to Home and Health Care Home, are specifically highlighted on page 6 of the enclosed ProviderSource newsletter.

Please find enclosed the summer edition of our provider communications packet. This mailing includes our ProviderSource newsletter, which contains articles I hope you find interesting and beneficial. In addition, we’ve included information about Medicaid Well Child Visits (Healthcheck EPSDT), Corrected Claims, Radiation Safety Awareness, and our Care4U™ Program.

We know good health care begins with you. Together we can make this happen. Thank you!

Respectfully,

Craig Thiele, M.D.
Chief Medical Officer

OH-P-285

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Medicaid-eligible children are entitled to receive a comprehensive package of preventive health care. This includes well child care recommended by the American Academy of Pediatrics (AAP) and the Early Periodic Screening, Diagnostic and Treatment (EPSDT) child health requirements, known as Healthchek in Ohio.

Responsibilities of Primary Care Practitioners:

- Provide or arrange for well child check-ups according to the AAP recommendations for preventive pediatric care
- Document the care provided
- Arrange or refer for other preventive health care and medically necessary services based on identified risks and conditions
- Bill for Healthchek - EPSDT services using the appropriate preventive medicine CPT codes
- Bill for all services provided

Well Child Visit Components:

- Screening Services
  - Comprehensive health and developmental history
  - Comprehensive unclothed physical examination
  - Developmental screening (including physical and mental health development)
  - Nutritional screening
  - Vision screening
  - Hearing screening (includes newborn screening)
  - Immunization screening using the standard immunization schedule in rule 5101:3-4-12 of the Ohio Administrative Code
  - Lead toxicity screening
- Appropriate laboratory tests based on medical and nutritional history, age, physical condition, ethnic background and home environment, including blood lead screening, hemoglobin and/or hematocrit, sickle cell test, pap smears, tuberculin test
- Dental screening
  - Relief of pain and infection
  - Restoration of teeth
- Maintenance of dental health
- Refer children, beginning at the age of two years, to a dentist
- Diagnosis
  - Order medically necessary diagnostic tests based on needs identified during the examination
  - Provide for immediate referral when indicated
  - Follow up to ensure services are received
- Treatment
  - Coordinate treatment for all the child's health care needs
  - Provide medically necessary treatment or other measures to correct or ameliorate defects, physical and mental illnesses or any other condition(s) discovered through the screening process
- Health Education
  - Counseling to assist the parent/guardian in understanding what to expect relative to their child's development
  - Anticipatory guidance regarding safety, nutrition, exercise and physical and mental development
  - Risk factor reduction intervention by providing information on healthy lifestyles and practices and accident and disease prevention
Well Child Visiting Billing Guidelines:

- Preventive medicine – Individual Counseling
  - 99402 Counseling and risk intervention, 30 minute discussion
  - 99403 Counseling and risk intervention, 45 minute discussion
  - 99404 Counseling and risk intervention, 60 minute discussion

- Vision Services
  - A vision screening is a required component of the Healthcheck - EPSDT visit. Providers are encouraged to refer children for a comprehensive vision examination, when medically necessary.

- Hearing Services
  - All covered hearing services in accordance with OAC 5101:3-1-60 and payable per Appendix DD, OAC 5101:3-1-60
  - 92551 Hearing test, limited study using headphones to verbally respond to sounds
  - 92552 Hearing test, using earphones and an audiometer, more extensive study
  - 95523 Includes 92552 with the addition of sounds conducted through the patient’s facial bones
  - 92550 Hearing test, using an audiometer, more extensive

- Dental Services
  - Providers are encouraged to refer children, beginning at the age of two years, to a dentist.

- Developmental Screening
  - 96110 Limited Developmental Testing

- Immunizations
  - All covered immunization services in accordance with OAC 5101:3-1-60 and payable per Appendix DD, OAC 5101:3-1-60
  - 90700 DTaP-IvIG
  - 90701 DT
  - 90702 DT
  - 90703 Hepatitis B Vaccine

- Other Physician Services
  - All covered physician services in accordance with OAC 5101:3-1-11 and payable per Appendix DD, OAC 5101:3-1-60

- Active Immunizations identified with a double asterisk (*) are covered only if determined medically necessary.

- Laboratory Services
  - All covered lab services in accordance with OAC 5101:3-1-11 and payable per Appendix DD, OAC 5101:3-1-60

- Ohio’s Care Coordination Plans

- Amerigroup Community Care Ohio
- Buckeye Community Health Plan
- CareSource
- Molina Healthcare of Ohio, Inc.
- Paramount Advantage
- Unison Health Plan of Ohio, Inc.
- WellCare of Ohio
Network Notification

Date: February 10, 2010       Number: OH-P-2010-07

To: Network Providers

From: CareSource

Subject: Corrected Claims

As part of our ongoing commitment to timely and clearly articulated communication of policy or process changes, the information listed below supplements current policies to include those listed in the CareSource Provider Manual.

CareSource accepts electronic corrected Professional (CMS 1500) and Facility (UB 04) claims. To make it easier for you to submit corrected claims electronically, please follow the following instructions.

- Submit via the nationally recognized 837 file format
- Use the CareSource payer ID number, 31114
- The EDI 837 Loop 2300 **CLM 05-3** value has to be “7” (Replacement)
- The **Original Reference No/Claim No** (12 character data) should be carried over on the **REF 02** data element with a Qualifier “F8” on Loop 2300.

When submitting corrected paper claims, the top of the claim must be stamped or marked as “CORRECTED”.

OH-P-248
Care4U™ Program

The non-medical use or abuse of prescription drugs is a serious and growing public health problem in this country. According to the 2008 National Survey on Drug Use and Health (NSDUH), approximately 52 million Americans aged 12 or older reported non-medical use of a psychotherapeutic at some point in their lifetimes. This represents 20.8% of the population aged 12 or older.

In an effort to address this growing problem and to combat Fraud, Waste and Abuse, CareSource has initiated the Care4U™ Program. Care4U™ is a collaborative effort between our Special Investigations, Behavioral Health, Case Management, and Pharmacy Departments. Its purpose is to identify members exhibiting drug seeking behavior and work with them directly; to notify prescribing providers when we notice multiple controlled substances prescriptions from multiple providers; and to give assistance to the provider working with these members.

You will hear more about the Care4U™ Program soon. Our data shows that this program is successful in changing our members’ behavior. When that happens, we believe people’s lives, families and communities change for the better.

If you know a CareSource member that might benefit from the Care4U™ Program, contact us through the fraud reporting options below:

- **Call**: 1-800-488-0134. (TTY: 1-800-750-0750 or 711). Choose the menu option for providers. Then select the option for reporting fraud.
- **Send an e-mail message to** fraud@caresource.com
- **Fax**: 1-800-418-0248
- **Write** to us. You can send a letter or use our Fraud Reporting Form available on our website, www.caresource.com. Choose the option to “Report Fraud”.

Your written concern or the form can be sent to:
CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

When you call or write, you do not need to give your name. If you choose to be anonymous, please be sure to report as much information about the situation as possible since we will not be able to contact you. Your report will be kept confidential to the extent permitted by law.
Newborn Deliveries Reminder

Please remember to notify us of CareSource member newborn deliveries so that we can facilitate enrollment of the infant into our health plan. Delivery notifications can easily be made by accessing our secure online Provider Portal by going to www.caresource.com. Click on the Provider Login, type in your User Name and Password, select Prior Authorization from the menu options on the left, and select Inpatient Delivery Admission.
Radiation Safety Awareness Initiative

We are pleased to announce that CareSource will begin a Radiation Safety Awareness quality initiative in Fall 2010, in conjunction with National Imaging Associates (NIA), our nationally recognized Radiology Benefits Manager. We are taking this proactive approach in order to improve patient safety and raise awareness about radiation exposure.

As you are likely aware, radiation exposure from medical imaging is a rapidly growing patient safety issue. Patients are now exposed to nearly six times more radiation from medical diagnostic tests than they were in 1980. The largest contributors to the increase in medical radiation exposure are CT scans and nuclear medicine.

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

At-risk patients are those with cumulative radiation exposure equal to, or exceeding, 50 milliSieverts (mSv)—a level that has been identified as detrimental to long-term health, thus putting them at an increased risk of developing radiation-associated complications.

CareSource ordering providers will be notified of member’s with high levels of radiation exposure when they request a preauthorization by telephone, or through NIA's provider Web site, RadMD.com. At that time you will be offered a NIA peer discussion should you want to discuss options or the case with an NIA physician. In addition, a provider alert letter will also be sent to you via fax or mail with the authorization or denial letter.

The patient's level of radiation exposure does not impact the preauthorization or decision-making process for requested imaging studies.

For more information please visit our website at www.caresource.com, click the Providers Tab, then Member Care, and Prior Authorization (look under Radiology Benefit Management Program). You can also find out more information on radiation exposure on NIA's website at www.radmd.com.