



November 20, 2010

Dear Provider,

Improving our members' health are goals we both share. One way CareSource is committing to this is by making it easier for you to work with us. Therefore, we've focused on implementing key operational improvements in 2010. The following are a few examples:

Timely Filing Extended – Timely Filing has been extended from 180 to 365 days. This gives you more time to submit claims.

Proactive Coordination of Benefits Policy – CareSource has improved its COB policy which gives you more time to file. Also, CareSource automatically adjusts denied claims under certain circumstances.

Updates to our Secure Provider Portal – Recently, we added some key enhancements to our online provider portal located at www.caresource.com. These include member dental and vision history, the ability to check appeal status and search for a claim by check number.

Clinical Tools Added – The CareSource Clinical Practice Registry for PCPs was added this year to help you improve patient outcomes through preventive care.

Medical Policies – We've added 30 Medical Policies on our website, www.caresource.com, that provide guidance on determining medical necessity and appropriateness of care for a wide range of approved benefits.

Electronic Funds Transfer – Electronic Funds Transfer is currently in the pilot phase. We anticipate launching this program in early 2011.

Many of these operational improvements are highlighted more in-depth in the latest edition of our *ProviderSource* newsletter enclosed. We know that good health care begins with you. Together we can make this happen. Thank you!

Respectfully,

Craig Thiele, M.D.
Chief Medical Officer



New Explanation of Payment Format

Based upon recent Provider Survey feedback, we have revised our Explanation of Payment (EOP) to better meet your needs. More than 80 percent of providers surveyed preferred and recommended adoption of a new format. This new format will be rolled out to providers soon.

Key improvements include:

- An easier-to-use format
- Industry-standard, HIPAA-compliant adjustment reason codes
- An image of check payment on the first page
- Page numbers on every page, headers on every other page
- False Claims Act information at the end of the form

For your reference, we have included a detailed EOP sample attached.

CareSource values your participation and the care you provide to our members. We welcome your comments on our new EOP form and hope you find it easy to use and a beneficial tool. If you have questions, please call Provider Services at **1-800-488-0134**.

(See reverse for more information)



OH-P-354
November 2010



CareSource
P.O. Box 1920
Dayton OH 454011920

010000X/

Any Name Medical Center
987654321
NA
10101010X
\$0.00
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EXPLANATION OF PAYMENT

O100004 01 SP 0.440 **SNGLP T1 1 0321 45404-189801 -C01-P00000-I



Any Name Medical Center
1234 Any Street
Anytown, US 09876-1234

PAYMENT DATE: 10/20/2010
PAYEE ID: 987654321
CHECK NUMBER: NA
CLAIM COUNT: 0001
TOTAL CHARGES: \$ 3,478.00
TOTAL PAYMENT: \$ 180.13
PAYMENT AMOUNT: \$ 180.13

Total number of claims contained on this EOP

Medicaid: CFC, ABD
Medicare: SNP
Montgomery County Care,
Children's Buy In

If you have questions, please visit our Provider Portal at www.caresource.com 24 hours a day, 7 days a week

Coordination of Benefits
Amount Paid by Primary

CLAIM SUMMARY

SERVICE DATES FROM TO	PROCEDURES (MODIFIER)	NO. OF UNITS	AMOUNT BILLED	ALLOWED	PAYMENT	PATIENT RESPONSIBILITY	OTHER INS. PAID	NOT COVERED	ADJUSTMENT REASON	REMARKS
07/27/10	07/27/10	99213	1	65.00	20.00	20.00	0.00	0.00	CR-97	
07/27/10	07/27/10	36415	1	27.00	10.00	10.00	0.00	0.00	CR-97	
07/27/10	07/27/10	85024	1	27.00	10.00	10.00	0.00	0.00	CR-97	

Patient: 10203040506 Jane Q. Doe
Pat. Acct. #: 908070605
Provider: 0204060801 Any Name Medical Center

Insured: 10203040506 Jane Q. Doe
Product Name:
Status: Information Here Regarding Payment

Payer Claim: 10503070204
DRG:
POS: 11

Claim Status

HIPAA Standard Codes —
Explanation Key found at end of EOP

Previously adjusted claim(s) balance forwarded from prior EOP

PROVIDER ADJUSTMENTS

ADJUSTMENT REASON	AMOUNT
Total Adjustments	

ADJUSTMENT REASON CODES		REMARKS CODES	
CODE	DESCRIPTION	CODE	DESCRIPTION
CR-97	Payment is included in the allowance for another service/procedure.		
CR-22	Payment adjusted because this care may be covered by another payer per coordination of benefits.		
CR-45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).		



Network Notification

Date: August 25, 2010

Number: OH-P-2010-21b

To: Ohio Providers

From: CareSource

Subject: Timely Filing Revisions

Effective Date: September 1, 2010

CareSource is revising its timely filing requirements for claims, now giving providers 365 days.

As a result of expanding the window to file claims, it impacts the timelines for filing claims, appeals, medical necessity and retrospective utilization determinations.

This Network Notification is intended to add clarity to terms normally used as they relate to claim and clinical appeals, claim corrections and claim reconsiderations.

Conditions of Timely Filing:

- The filing period will be counted from the date of service or discharge date, whichever is later.
- All appeals and retrospective utilization determination requests submitted and received by CareSource's timely filing end date will be considered.
- Appeals having gone through the formal appeals process are deemed to be final.

Continued, next page



Network Notification

Number: OH-P-2010-21b

Term	Definition	Previous Window	New Window
Clean Claim	As defined by OAC 5101:3-1-19.7, a claim that can be processed without obtaining additional information from the provider of the service or from a third party.	180 days	365 days from date of service or date of discharge
Medical Necessity Appeals With or Without a Claim	An appeal in which the provider was denied authorization or reimbursement. The appeal request may be submitted by the provider with or without the related claim attached.	90 days	180 days from date of service, date of discharge or date of denial if service was not yet rendered
Coordination of Benefit Claims	Claims received from providers whereby CareSource is the secondary payer. The timeline allows the provider sufficient time to bill the primary payer, receive the appropriate rejections and submit the same to CareSource for processing. The specific COB billing practices are documented elsewhere.	90 days	365 days from date of service or date of discharge, or 90 days from the other carrier's EOB or whichever is later
Claim Paid Incorrectly	A claim in which CareSource made an error in how the claim was adjudicated. The provider should identify the error and submit an appeal via the CareSource provider portal.	90 days	365 days from date of service or date of discharge
Corrected Claim	A claim in which the provider made an error. The claim should be identified as a "Corrected Claim" and resubmitted to CareSource for processing.	90 days	365 days from date of service or date of discharge
Claim Appeal	Appeal of a denied claim in which the provider billed a service and payment was denied or reduced and the provider disagrees with the decision. The provider may submit a request to appeal the case citing certain references or providing any documentation to justify the reimbursement request.	90 days	365 days from date of service or date of discharge
Retrospective Utilization Review Request	A request for a utilization determination after service has been delivered. It may or may not have been previously submitted on a claim.	90 days	180 days from date of service or date of discharge

2011 CareSource Advantage Expansion Area

Did you know that we have a Medicare Advantage Special Needs Health Plan? It is called **CareSource Advantage**. Patients eligible for both Medicaid and Medicare Part A and Part B who live in the approved service area may enroll. The plan has Medicare prescription drug coverage and many more benefits. We currently offer CareSource Advantage in 17 Ohio counties, but the plan will be available in 54 counties as of January 1, 2011 (see map below).

For more details on becoming a CareSource Advantage participating provider, please call **1-800-488-0134** or visit our website at www.caresource.com.

GRAY indicates CareSource Advantage Counties, including the 2011 expansion



Black dot indicates the new 2011 Expansion Counties for CareSource Advantage





November 20, 2010

Dear Provider:

At CareSource, we're always looking for new ways to enhance service to our providers, including streamlining how we request medical records. To improve communication with providers, we are creating an internal directory that will include current contact information (fax numbers, addresses, etc.) for each practice location where medical records are stored.

Benefit to Your Practice?

This initiative will greatly minimize the number of telephone calls made to your office requesting contact information. It will also ensure we're contacting the correct practice location for medical records.

Action Requested

Please complete the attached form for each practice where medical records are stored and submit by one of the following methods:

- **Fax:** (937) 396-3840
- **Mail:** CareSource
Quality Improvement Department
Attention: HEDIS Database Specialists
P.O. Box 8738
Dayton, OH 45401-8738

As always, your assistance is greatly appreciated.

Sincerely,

CareSource



Medical Record Storage Location Form

Please complete and fax to CareSource at (937) 396-3840.

PROVIDER INFORMATION (NAME MUST MATCH MEDICAL LICENSE) – ENTER INFORMATION IF YOU BILL AT THE PRACTITIONER LEVEL

Last Name	Suffix	First Name	MI	Primary Specialty
Tax ID	Group Name (Must match name on W-9)		dba (Published Name/Name on Sign)	

HOSPITAL/CLINIC INFORMATION – ENTER INFORMATION IF YOU BILL AT THE PROVIDER GROUP OR FACILITY LEVEL

Facility Name (Must match name on W-9)	Primary Specialty	Tax ID
dba (Published Name/Name on Sign)		

PRACTICE/MEDICAL RECORD STORAGE LOCATION

1	Practice Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code
	Practice Telephone Number		Practice Fax Number	Practice E-mail Address
	Is this the Primary Practice Location <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Medical Records stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If not, please enter the Medical Record Storage Location below for this Practice location.</i>	What is your preferred request method? <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
	Medical Records Location Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code
	Medical Record Dept. Telephone Number		Medical Record Dept. Fax Number	Medical Record Dept. E-mail Address
	Special Instructions			

2	Practice Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code
	Practice Telephone Number		Practice Fax Number	Practice E-mail Address
	Is this the Primary Practice Location <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Medical Records stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If not, please enter the Medical Record Storage Location below for this Practice location.</i>	What is your preferred request method? <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
	Medical Records Location Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code
	Medical Record Dept. Telephone Number		Medical Record Dept. Fax Number	Medical Record Dept. E-mail Address
	Special Instructions			

3	Practice Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code
	Practice Telephone Number		Practice Fax Number	Practice E-mail Address
	Is this the Primary Practice Location <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Medical Records stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If not, please enter the Medical Record Storage Location below for this Practice location.</i>	What is your preferred request method? <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
	Medical Records Location Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code
	Medical Record Dept. Telephone Number		Medical Record Dept. Fax Number	Medical Record Dept. E-mail Address
	Special Instructions			

Completed by:	Date
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Medical Record Storage Location Supplemental Form

Please use this form for additional practice location(s). Each section should be filled out completely; please make additional copies if you have additional practice locations to report.

1	Practice Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Practice Telephone Number		Practice Fax Number	Practice E-mail Address	
	Is this the Primary Practice Location <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Medical Records stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If not, please enter the Medical Record Storage Location below for this Practice location.</i>	What is your preferred request method? <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax	
	Medical Records Location Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Medical Record Dept. Telephone Number		Medical Record Dept. Fax Number	Medical Record Dept. E-mail Address	
	Special Instructions				

2	Practice Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Practice Telephone Number		Practice Fax Number	Practice E-mail Address	
	Is this the Primary Practice Location <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Medical Records stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If not, please enter the Medical Record Storage Location below for this Practice location.</i>	What is your preferred request method? <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax	
	Medical Records Location Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Medical Record Dept. Telephone Number		Medical Record Dept. Fax Number	Medical Record Dept. E-mail Address	
	Special Instructions				

3	Practice Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Practice Telephone Number		Practice Fax Number	Practice E-mail Address	
	Is this the Primary Practice Location <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Medical Records stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If not, please enter the Medical Record Storage Location below for this Practice location.</i>	What is your preferred request method? <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax	
	Medical Records Location Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Medical Record Dept. Telephone Number		Medical Record Dept. Fax Number	Medical Record Dept. E-mail Address	
	Special Instructions				

4	Practice Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Practice Telephone Number		Practice Fax Number	Practice E-mail Address	
	Is this the Primary Practice Location <input type="checkbox"/> YES <input type="checkbox"/> NO	Are Medical Records stored at this location? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If not, please enter the Medical Record Storage Location below for this Practice location.</i>	What is your preferred request method? <input type="checkbox"/> US Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax	
	Medical Records Location Address (Physical Address ONLY)		Suite, Bldg, Fl, PO Box, etc.	City, State, Zip Code	
	Medical Record Dept. Telephone Number		Medical Record Dept. Fax Number	Medical Record Dept. E-mail Address	
	Special Instructions				



The Federal and State False Claims Acts

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 businesses or other individuals that are defrauding the government through programs, agencies or contracts.

As amended in 2009, the False Claims Act addresses those who:

- a) Knowingly presents or causes to be presented, a false or fraudulent claim for payment or approval
- b) Knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim
- c) Conspires to commit a violation of any other section of the False Claims Act
- d) Has possession, custody or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property
- e) Is authorized to make or deliver a document certifying a receipt of property used, or to be used by the Government, and intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true
- f) Knowingly buys or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge property
- g) Knowingly makes, used or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or improperly avoids or decreases an obligation to pay or transmit money or property to the Government

Additional information on the False Claims Act and our fraud, waste and abuse policies can be found on our website, www.caresource.com.

The Deficit Reduction Act of 2005:

The Deficit Reduction Act of 2005 (DRA) 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 DRA. One such provision prompted this communication, as it 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. **In addition, the DRA requires you and your contractors and agents to adopt our policy on fraud, waste and abuse when handling CareSource business.**



Ohio 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/Medicare program expenditures, including:

- Medicaid Fraud, Ohio Revised Code Sec. 2913.40
- Medicaid Eligibility Fraud, Ohio Revised Code Sec. 2913.401
- Falsification, Ohio Revised Code Sec. 2921.13
- Offenses by Medicaid Providers, Ohio Revised Code Sec. 5111.03

Other Fraud, Waste and Abuse Laws:

- Under the **Federal Anti-Kickback Statute**, and subject to certain exceptions, it is a crime for anyone to knowingly and willfully solicit or receive, or pay anything of value, including a kickback, bribe or rebate in return for referring an individual to a person for any item or service for which payment may be made in whole or in part under a Federal health care program. 42 U.S.C §1320a-7b.
- Under the **Federal Stark Law**, and subject to certain exceptions, physicians are prohibited from referring federal health care program patients for certain designated health services to an entity with which the physician or an immediate family member has a financial relationship. The Stark Law imposes specific reporting requirements on entities that receive payment for services covered by Federal health care programs. 42 U.S.C §1395(a) and §1903(s).
- As part of the **Health Insurance Portability and Accountability Act (HIPAA)**, the U.S. Criminal Code was amended, and it is a crime to knowingly and willfully execute, or attempt to execute a scheme or artifice to defraud any Federal health care program or obtain by means of false or fraudulent pretenses, representations or promises, any money or property owned by or under the custody or control of any Federal health care program. 18 U.S.C. §1347.

Prohibited Affiliations:

CareSource is prohibited by federal and/or state provider agreements from knowingly having relationships with person who are debarred, suspended or otherwise excluded from participating in federal procurement and non-procurement activities. Relationships must be terminated with any trustee, officer, employee, provider or vendor who is identified to be debarred, suspended or otherwise excluded from participation in federal or state health care programs. If you or your office management staff is a prohibited affiliation, you must notify us **immediately**.



Protections for Reports of Fraud, Waste and Abuse:

Federal and state law and CareSource's policy prohibit any retaliation or retribution against persons who report suspected violations of these laws to law enforcement officials or who "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.

Fraud, Waste and Abuse Reporting Process:

It is CareSource's policy to detect and prevent any activity that may constitute fraud, waste or abuse, including violations of the federal False Claims Act or any state Medicaid fraud laws. If you have knowledge or information that any such activity may be or has taken place, please contact our Special Investigations Unit using the contact information below. Information may be reported anonymously.

CareSource Special Investigations Unit Contact Information:

Anonymous

- **Fraud Hotline:** 800-488-0134. Follow the prompts for reporting Fraud
- **Written Report:** Use the Fraud, Waste and Abuse Reporting Form on www.caresource.com.
- **Send to:**

CareSource
Attn: Special Investigations Unit
PO Box 1940
Dayton, OH 45401-1940

Not Anonymous

- **Fraud E-Mail:** fraud@caresource.com
- **Fraud Fax:** 1-800-418-0248

All reports are confidential to the extent permitted by law.

Thank you for your help in the fight against healthcare fraud, waste and abuse.