

Winter 2015

# ProviderSource

A newsletter for CareSource health partners



## Integrated care for SMI patients

Serious mental illness (SMI) has been associated with increased morbidity and mortality. However, studies show that 60 percent or more of deaths in people with SMI are caused by physical conditions such as cardiovascular disease, diabetes, respiratory diseases and infectious diseases.\* Reports like this underscore the importance of managing physical health care for patients with SMI and focusing on modifiable risk factors such as smoking, obesity and substance use.

Are you treating patients with SMI? Please make sure they receive annual well-care checkups and appropriate screenings, as needed. Remember, CareSource has care managers who can assist patients with SMI. We can help:

- Explain physical and mental health care benefits
- Coordinate care among health partners
- Assess social and support service needs
- Improve member compliance with recommended treatment options

*\*Source: National Association of State Mental Health Program Directors*

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### AMERICAN DIABETES MONTH

November was American Diabetes Month but appropriate treatment for patients with diabetes is a year-round effort. Thank you for your help in providing the recommended screenings, tests and treatment patients need to manage diabetes. Find recommendation details at:

[http://care.diabetesjournals.org/content/36/Supplement\\_1/S11.extract](http://care.diabetesjournals.org/content/36/Supplement_1/S11.extract)



### *New prior authorization tool cuts decision wait times*

CareSource health partners have a new tool to help them get faster decisions on prior authorization requests. By using Cite® Auto Auth, health partners can enter clinical details and receive a decision within seconds. You can still send your prior authorization requests by phone or fax, if you prefer, but Cite Auto Auth offers evidence-based utilization decisions with the ease of self-service simplicity.

To learn more, visit our Provider Portal online at <https://providerportal.caresource.com/OH> or contact your health partner representative.

### *Find UM criteria on our website*

Utilization management (UM) helps maintain the quality and appropriateness of health care services provided to CareSource members. Our medical management department performs all UM activities, including prior authorization and discharge planning, based on nationally recognized criteria. This helps ensure that appropriate medical care is rendered in the most appropriate setting using the most appropriate resources. We also monitor the coordination of medical care to ensure its continuity.

Utilization review determinations are based only on appropriateness of care and service and existence of coverage. CareSource does not reward health partners or our own staff for denying coverage or services. There are no financial incentives for our staff members that encourage them to make decisions that result in underutilization. Our members' health is always our top priority.

CareSource's UM criteria are available by fax or email request and on our website.

**Fax:** 1-888-752-0012

**Email:** [mmauth@caresource.com](mailto:mmauth@caresource.com)

**Web:** [CareSource.com/providers/medical-policies](https://caresource.com/providers/medical-policies) and [Caresource.com/providers/pharmacy-policies](https://caresource.com/providers/pharmacy-policies)

### CONTACT US ABOUT UM ISSUES

Health partners may call our toll free number at **1-800-488-0134** to contact medical management staff with any UM questions. Please remember:

- Staff are available from 8 a.m. to 5 p.m., Monday through Friday, for inbound calls regarding UM issues.
- Staff can receive inbound communication regarding UM issues after normal business hours. Health partners may leave voice mail messages on these phone lines after business hours, 24 hours a day, 7 days a week. A dedicated fax line, email, and provider web portal can be utilized for medical necessity determination requests 24 hours a day, 7 days a week.
- Staff can send outbound communication regarding UM inquiries during normal business hours, unless otherwise agreed upon.
- Staff are identified by name, title and organization name when initiating or returning calls regarding UM issues.
- Staff are available to accept collect calls regarding UM issues.
- Staff are accessible to callers who have questions about the UM process.

For the best interest of our members and to promote their positive health care outcomes, CareSource supports and encourages continuity of care and coordination of care between medical health care partners as well as between behavioral health care partners.

# ***HEDIS 2016 – Your Cooperation is Needed and Appreciated***

Beginning in February 2016, CareSource will start the process of abstracting data from member medical records for Healthcare Effectiveness Data and Information Set (HEDIS®) scoring. HEDIS is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the health care quality. Collecting data from member medical records ensures that CareSource's HEDIS measures accurately represent the high quality of care that you provide to our members.

We have contracted with a vendor to abstract records on our behalf. As a CareSource business associate, our vendor 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, our vendor will contact your office to secure medical records or to schedule a visit to review records at your office. Collecting this information is part of the Provider agreement with CareSource and obligation to fulfill state, federal, and accreditation obligations. We appreciate your assistance in providing access to the medical information as requested.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).*

## ***Member rights and responsibilities***

CareSource encourages members to know their rights and responsibilities to help them be active participants in their health care. Members are notified of their rights and responsibilities in the Member Handbook and on our website. Please see your CareSource Health Partner Manual at the following links for a complete list of member rights and responsibilities:

- CareSource Ohio Medicaid and CareSource MyCare Ohio:  
**CareSource.com/providers/ohio/ohio-providers/provider-materials/provider-manual**
- CareSource MyCare Ohio insert:  
**CareSource.com/documents/ohiopvidermanualmycare**
- CareSource Just4Me:  
**CareSource.com/providers/ohio/just4me/plan-resources/provider-manual**

## ***CareSource MyCare Ohio health partners: Update your practice information online***

The Centers for Medicare and Medicaid Services (CMS) has defined new data points for managed care companies to collect and publish about their provider network. We want to make it easy for you to respond to this new requirement so we are providing an online tool.

Please update information about your CareSource MyCare Ohio practice with these simple steps:

1. Visit our secure provider portal at **<https://providerportal.caresource.com/OH>**.
2. Click on the "Accessibility Directory Survey" link on the left.
3. Review your profile and answer a few questions about your practice and facility.

We are using the data to create new and improved 2016 provider directories. The goal is to help members make more informed decisions about their health partners.

### *False Claims Act helps reduce fraud*

Using the False Claims Act, you can help reduce fraud against the federal government. It allows citizens to bring “whistleblower” lawsuits on behalf of the government – known as “qui tam” suits – against groups or individuals defrauding the government through programs, agencies, or contracts. Whistleblowers can receive 15 to 30 percent of the proceeds of the action or settlement.

An example would be if a health partner, such as a hospital or a physician, knowingly “upcodes” or overbills resulting in overpayment of the claim using Medicaid or Medicare dollars. More details about the False Claims Act can be found on our website at:

**CareSource.com/providers/ohio/ohio-providers/plan-participation/false-claims-act**

For free educational materials on the False Claims Act and other federal fraud and abuse laws, visit:

**<http://oig.hhs.gov/compliance/physician-education/index.asp>**

You can report fraud, waste or abuse to the CareSource Special Investigations Unit.

### **ANONYMOUS FRAUD REPORTING OPTIONS**

- Call **1-800-488-0134** and follow the appropriate menu option for reporting fraud.
- Write a letter or complete the fraud, waste and abuse reporting form at **CareSource.com/documents/ohio-fraud-waste-and-abuse-reporting-form**
  - Mail to:  
CareSource  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940

Other reporting options that are anonymous:

- Fax: 1-800-418-0248
- Email: **[fraud@caresource.com](mailto:fraud@caresource.com)**

If you choose to remain anonymous we will not be able to call you back for more information, so leave as many details as possible including names and phone numbers. Your report will be kept confidential to the extent permitted by law.

### *ICD-10 implemented*

On Oct. 1, 2015, health partners should have stopped using International Classification of Diseases, 9th Revision (ICD-9) codes on claims and started using ICD-10 codes. CareSource has created a Resource Center to help you and your team. Visit **CareSource.com/providers/ohio/ohio-providers/claims-information/icd-10** for information.

### *Members rate CareSource Medicaid plan in survey*

In the most recent Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, members rated CareSource very high among Medicaid health plans.

Members gave high marks to their personal doctor, their ability to get the care they need, and how well their doctors communicate with them. Most members who responded to the survey also indicated that they were usually or always treated with respect by their personal doctor and CareSource customer service.

The CAHPS survey is administered annually for the Ohio Department of Medicaid to ensure members of Medicaid managed care plans have timely access to high-quality health care services. Thank you! These results would not be possible without your commitment to quality care.

*CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*



### ***Well-child visits and dental fluoride treatments***

CareSource encourages regular and appropriate dental care for our members under age 21. Please remember that topical fluoride varnish treatments may be provided and billed by pediatricians and primary care providers as well as dental care providers. A well-child visit is an opportune time to assess the need for this service and apply the treatment, if needed. As an alternative, please refer your patients to a dentist for routine dental services.

Please use billing code **D1206** for the topical application of fluoride varnish for a child. Topical fluoride varnish treatments are limited to one application every 180 days for patients under age 21.



### ***Asthma medication adherence***

Following the National Heart, Lung and Blood Institute (NHLBI) practice guidelines for asthma, CareSource care managers educate members to help them understand their persistent asthma condition. They cover topics such as medication compliance, asthma trigger control, self-management and care coordination.

One particular focus is ensuring that members with persistent asthma receive needed controller and rescue medications and adhere to their treatment plans. We appreciate your efforts to make sure members receive the appropriate asthma medications for their needs. Our disease management program is designed to support health partners' care plans. For a list of preferred medications, see the pharmacy section of our website at **CareSource.com**.

### ***Reducing avoidable ED visits***

Our Emergency Department (ED) diversion program uses both an automated system and live agents to reach out to members who have had avoidable ED visits. Last year, our team reached more than 215,800 members across Ohio. Our preliminary research shows that when members are connected with a primary care provider and receive follow-up care, ED recidivism is reduced by up to 71 percent.

Please encourage your patients with CareSource coverage to call our 24-hour nurse advice line with health and medical questions when their health partners are not available. The toll-free number can be found on the member ID card.



## *Emphasizing well care for teens and adults*

Help us remind our members that well-care checkups are not just for children. Adolescents and adults need annual preventive care exams. Be sure to include appropriate well-care codes when submitting claims.

### **FLU AND PNEUMONIA VACCINES**

CareSource covers flu and pneumonia vaccines for members at their health partner's office or any network pharmacy that provides the vaccines. Trivalent flu vaccines are covered at both settings, but quadrivalent flu vaccines are not covered at a pharmacy setting.

Medicaid members who are younger than 19 years of age should obtain their annual flu vaccine in coordination with the Vaccines for Children (VFC) program. Find VFC details at [www.cdc.gov/vaccines/programs/vfc/index.html](http://www.cdc.gov/vaccines/programs/vfc/index.html)

## *Reference guide available for immunizations*

CareSource has posted the "Immunization Quick Reference Guide" online to help health partners obtain paid vaccine claims for our members. The guide includes vaccine and administration codes for children and adults as well as information about the VFC program. Access the guide at the following links:

- CareSource Ohio Medicaid:  
[CareSource.com/providers/ohio/ohio-providers/provider-materials](http://CareSource.com/providers/ohio/ohio-providers/provider-materials)
- CareSource MyCare Ohio:  
[Caresource.com/providers/ohio/caresource-mycare-ohio/additional-provider-resources-and-faqs](http://Caresource.com/providers/ohio/caresource-mycare-ohio/additional-provider-resources-and-faqs)
- CareSource Just4Me:  
[CareSource.com/providers/ohio/just4me/plan-resources](http://CareSource.com/providers/ohio/just4me/plan-resources)

## *Curbing opioid overdose deaths with Naloxone*

The use of naloxone hydrochloride and a nasal spray device, or atomizer, by loved ones and first-time responders can potentially help reverse an opioid overdose. CareSource covers these items for our members. No prior authorization is required.

For more information, including billing codes and links to training resources and reference materials, please see the Network Notification on our website at: [CareSource.com/providers/ohio/ohio-providers/provider-materials/updatesannouncements](http://CareSource.com/providers/ohio/ohio-providers/provider-materials/updatesannouncements)

# Pharmaceutical management procedures

Our online drug formulary can help you find out if a medication is covered. The online formulary contains information about prior authorizations, quantity limits, generic substitutions, step therapy protocols and therapeutic interchanges for most drug classes.

You can submit prior authorization requests by phone – call **1-800-488-0134** and follow the prompts – or fax to **1-866-930-0019**. Electronic prior authorizations are also available through CoverMyMeds, a free system that automates prior authorizations, saving you administrative hours on the phone and sending faxes. The real-time determinations help your patients get the medications they need, faster. Visit **[www.covermymeds.com/main](http://www.covermymeds.com/main)** to create a free account.

Typically, our drug formulary includes more than one drug for treating a particular condition. These different possibilities are called alternative drugs.

CareSource has an exception process that allows the member or the member's representative to make a request for an exception. Reasons for exceptions may include intolerance or allergies to drugs, or inadequate or inappropriate response to drugs listed on the drug formulary. The member or member's representative must initiate the request by calling Member Services. CareSource then reaches out to the health partner to obtain the appropriate documentation.

We have convenient search tools available online for our Medicaid formulary and our CareSource MyCare Ohio formulary. Find formularies for all CareSource health plans, including CareSource Just4Me, on our website at **[CareSource.com](http://CareSource.com)**.

## OUR WEBSITE ALSO INCLUDES:

- Pharmacy forms, policies, and procedures for requesting prior authorization or exceptions
- More information about our pharmacy benefit, specialty drugs and our pharmacy benefit manager

Drug coverage information for our Medicaid formulary is also available on ePocrates, a medical application you can download to your mobile device. Find out more at **[www.epocrates.com](http://www.epocrates.com)**.

## Find quarterly formulary updates online

CareSource no longer mails quarterly Medicaid formulary updates. The information is now posted on our website. You can find CareSource pharmacy information at: **[CareSource.com/providers/ohio/ohio-providers/member-care/pharmacy](http://CareSource.com/providers/ohio/ohio-providers/member-care/pharmacy)**

If you do not have access to the Internet, please call us and we will send you the updates. Please call **1-800-488-0134** and follow the prompts to reach the pharmacy department.

Formulary notifications for CareSource Just4Me are mailed to members and health partners. They are also posted on our website at: **[CareSource.com/providers/ohio/just4me/patient-care/pharmacy](http://CareSource.com/providers/ohio/just4me/patient-care/pharmacy)**







## ***HEDIS measures of focus for 2016***

CareSource monitors member quality of care and health outcomes through the collection of Healthcare Effectiveness Data and Information Set (HEDIS®) data. HEDIS is a product of the National Committee for Quality Assurance and is the most widely used quality measurement tool in the United States. HEDIS scores are determined through claims, encounter data, and medical record data. The following HEDIS measures are focus measures for 2016:

- Comprehensive Diabetes Care
- Controlling High Blood Pressure
- Medication Management for People With Asthma
- Prenatal and Postpartum care
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Adult BMI Assessment
- Annual Dental Visits
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- Adolescent Well-Care Visits
- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening for Children
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Appropriate Treatment for Children With Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

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### **HOW TO REACH US**

Health Partner Services:

**1-800-488-0134** (TTY: 1-800-750-0750 OR 711)

CareSource24®, 24-Hour Nurse Advice Line: 1-866-206-0554

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