

Spring 2016

ProviderSource

A newsletter for CareSource health partners



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Disease management and health care goals

CareSource® members diagnosed with asthma or diabetes are automatically enrolled in an enhanced disease management program* that offers resources and tools to help them reach their health care goals. Some members identified with a complex condition have a nurse assigned to their case.

We help by monitoring preventive health issues, relevant medical test results and members' self-management of their conditions. We also help members manage comorbidities, lifestyle issues and medications. Outreach includes diagnosis-specific educational mailings.

New newsletter for members

CareSource now offers disease-specific member newsletters dedicated to disease management. We offer information that can help members:

- Understand their condition and health care benefits
- Coordinate care among health partners
- Access social and support services
- Improve compliance with recommended treatment options

To refer a CareSource Medicaid member who is not already enrolled in the program, call the care management support services department at **1-888-882-3614**.

To refer a CareSource Just4Me™ member who is not already enrolled in the program, call the care management support services department at **1-844-280-5463**.

** CareSource Medicaid members may opt out by calling **1-888-882-3641**. CareSource Just4Me members may opt out by calling **1-844-280-5463**.*

From the medical director

2016 is off to a fantastic start. CareSource® is proud to serve more than 1.3 million Ohioans through our traditional Medicaid plan as well as CareSource MyCare Ohio (Medicare-Medicaid Plan) and CareSource Just4Me™, our qualified health plan in the Health Insurance Marketplace. In addition, we now offer our Just4Me plans in Kentucky, Indiana and West Virginia, and Medicare Advantage plans in Kentucky and Indiana, bringing our total membership to more than 1.5 million.



Dr. Don Wharton

This year we continue to focus on aligning with our health partners in the most meaningful ways possible. This includes making sure you have the tools you need to do business with us efficiently. Online tools, a no-hassle prior authorization process and a generous formulary are just a few of the ways we hope to help you streamline member care and administrative tasks.

Our secure Provider Portal is part of this effort. Access the portal at <https://providerportal.caresource.com/OH>. Once registered, you can verify member eligibility, retrieve claims information, check CareSource Just4Me member payment responsibilities and much more.

We also continue our move toward value-based reimbursement, more meaningful data sharing, and effective collaborations with health partners that focus on patient needs. We appreciate your continued partnership and dedication to quality health care.

Sincerely,



Don Wharton, MD
Vice President, Medical Director Ohio Market

CareSource adds patient liability to EOPs

CareSource is pleased to announce we are now showing the patient liability for copays, coinsurance and deductibles on our Explanation of Payments for providers! We appreciate your feedback and patience as we worked to make this important improvement.

Let us know about practice changes

We want to make sure our members have the most current information about our health partners. If you have moved, added a new doctor to your practice or are no longer accepting CareSource Medicaid, MyCare Ohio or Just4Me members, please log on to our secure Provider Portal to update your account.

You can also fill out the CareSource Health Partner/Group Change Request Form on our website at **CareSource.com/documents/health-partner-change-request-form**. Once completed, you can either fax or email it to the address listed at the bottom of the form.

Nurse advice line call summaries now on Provider Portal

CareSource offers a special benefit to its members:

CareSource offers a special benefit to its members: CareSource24® is our 24-hour nurse advice line that members can call any time of the day or night to get medical information and advice. Our nurse advice line is now even better.

We now post a summary of CareSource24 triage information to the member's profile on the Provider Portal. The summary will give the primary care provider (PCP) a record of why the member called and what advice the nurse gave. This is designed to help PCPs better coordinate care for their patients.

Our nurses assess the member's condition using industry standards developed by physicians for pediatric and adult triage. The main objective of telephone triage is to sort patients into appropriate dispositions (levels of care) based on acuity or severity of the injury or illness. Instruction is given to the member to meet the disposition based upon time of day, day of week and resources available.



Just4Me news: Benefit changes for 2016

We have updated our CareSource Just4Me benefits for 2016. These changes allow us to lower overall costs for members on services they use the most and expand coverage. Highlights are shown below.

Just4Me Plan	Updates
Silver Benchmark	<ul style="list-style-type: none">• PCP, behavioral health and retail clinic visits to \$0 from \$20• Coverage for specialty high-cost drugs – to 50% coinsurance up to \$300
Gold	<ul style="list-style-type: none">• PCP, behavioral health and retail clinic visits to \$0 from \$20• Coinsurance increased from 10% to 20%• Maximum out-of-pocket medical increased from \$1,750 to \$2,000• Coverage for specialty high-cost drugs – to 50% coinsurance up to \$300
Bronze	<ul style="list-style-type: none">• Inpatient and ER copay eliminated, coinsurance only• Deductible increased from \$6,600 to \$6,650• Maximum out-of-pocket medical increased from \$6,600 to \$6,850• Coinsurance increased from 20% to 40%• Retail non-preferred brand drugs increased from \$125 to \$200• Coverage for specialty high-cost drugs – to 50% coinsurance up to \$300

Diabetes screenings help prevent complications

CareSource educates members with diabetes about the importance of adhering to prescribed treatment plans and completing health screenings to prevent complications. Health partners can help by confirming that patients receive all appropriate recommended screenings (see below) and by accurately documenting the results.

Screening	Frequency
✓ Retinal eye exam	Annually
✓ Kidney function test	Annually
✓ Cholesterol and triglyceride test	Annually
✓ HbA1C test	At least twice a year (may be checked more often if it is over 7)
✓ Complete foot exam	Annually (encourage member self-exam once a day)
✓ Dental exam	Annually
✓ Flu shot	Annually
✓ Pneumonia shot	At least once
✓ Blood pressure, weight and foot check	At each visit

Clinical care guidelines updated

CareSource approves and adopts nationally accepted standards and guidelines and promotes them to practitioners and members to help inform and guide clinical care provided to CareSource members. We endorse the use of these treatment protocols by providers for the management of a variety of conditions. The following guidelines were updated recently:

- Behavioral health
- Perinatal care

All guidelines are reviewed and updated, as needed, at least every two years. To access our entire set of clinical and preventive care guidelines, as well as recently updated and newly added guidelines, visit our website at the following links.

- CareSource Ohio Medicaid:
[CareSource.com/providers/ohio/ohio-providers/member-care/clinical-guidelines/](https://www.caresource.com/providers/ohio/ohio-providers/member-care/clinical-guidelines/)
- CareSource MyCare Ohio:
[CareSource.com/providers/ohio/caresource-mycare-ohio/patient-care/health-care-links/](https://www.caresource.com/providers/ohio/caresource-mycare-ohio/patient-care/health-care-links/)
- CareSource Just4Me:
[CareSource.com/providers/ohio/just4me/patient-care/health-care-links/](https://www.caresource.com/providers/ohio/just4me/patient-care/health-care-links/)

Hours of operation reminder

Health partners are expected to offer CareSource members and other Medicaid patients office hours that are at least the equivalent of those offered to patients with other insurance.

Medicare enrollment reminder for Part D prescribers

Do you prescribe Medicare Part D drugs to CareSource® MyCare Ohio (Medicare – Medicaid Plan) or other Medicare patients? If so, you must be enrolled in Medicare (or validly opted out, if appropriate). Beginning June 1, 2016, the Centers for Medicare & Medicaid Services (CMS) will not allow Medicare Part D prescription drug benefit plans to cover these drugs if the prescriber is not enrolled in, or validly opted out of, Medicare. **If you are already enrolled in Medicare and have a Medicare-assigned number, no action is required.**

You can enroll electronically or on paper. There are no fees to complete the process.

- **To enroll electronically:**

Visit go.cms.gov/pecos. For limited enrollment, visit go.cms.gov/PECOSsteps.

- **To enroll on paper:**

Complete the paper application for limited enrollment at go.cms.gov/cms855o and submit it to the Medicare Administrative Contractor (MAC) in your area.

This new CMS rule is designed to better combat fraud and abuse in the Part D program. If you need assistance with enrolling in (or validly opting out of) Medicare, please contact the MAC in your area.



New care coordination model implemented

CareSource has implemented a new and reimagined care coordination model we call Care4U. The Care4U model is grounded in the principles of population health and focuses not only on coordinating care for those with complex needs, but also on:

- Facilitating access and removing barriers to care
- Considering the social determinants that impact care
- Managing chronic conditions
- Preventing illness
- Promoting the health of our members

Our model is based on regional and community considerations such as member demographics, common needs of the population, social considerations, patterns of care, health partner distribution, access to care, and patterns of disease and illness.

Our new population health platform, available to all members, delivers health and wellness plans based on the concepts of self-management and mass customization, offering individualized journeys designed to meet member needs. We appreciate your partnership as we continue to support our members with compassionate care.

Pediatric Behavioral Health Care Resources

CareSource encourages you to take advantage of some exciting free resources and events for improving behavioral health in primary care settings.

Workshops

The Ohio Chapter, American Academy of Pediatrics and the Building Mental Wellness (BMW) learning collaborative will be hosting a series of free one-day workshops in locations across Ohio in 2016.

The highly interactive and informative workshop, entitled “Transforming Care for Youth with Mental Concerns,” is designed to help health partners work with their pediatric populations to effectively manage the full spectrum of mental health problems encountered in primary care – from screening and early identification to the initial management of common psychiatric emergencies.

Don't forget to register for one of five conferences, running from February 19 through August 19! For more information and to register for a workshop in your area, please visit:

- OhioAAP.org/2016BMWOneDayConferences

Continuing Education

The Ohio Chapter, American Academy of Pediatrics and the Building Mental Wellness (BMW) learning collaborative offers a series of E-Learning modules that offer Continuing Education credits for participating physicians.

E-Learning modules include:

- **Where The Action Is! Screening Emotions, Development and Behavior** – John C. DUBY, MD, FAAP
- **Purposeful Parenting** – Andrew Garner, MD, PhD, FAAP
- **Evidence-Informed Pharmacotherapy** – Rebecca Baum, MD, FAAP
- And many more!

Access these resources anytime online at:

- OhioAAP.org/BMWLearning



Have you heard of mental health first aid?

It is an 8-hour course for clinical and non-clinical staff to help you assist someone experiencing a mental health-related crisis. Your staff will learn a basic understanding of mental illnesses and addictions such as depression, anxiety, psychosis and substance use disorders.

Participants learn a 5-step action plan to assist someone who is experiencing conditions such as a panic attack or acute psychosis. For more information and to find a class in your area, just visit mentalhealthfirstaid.org.

Anti-Kickback Statute

The Anti-Kickback Statute is a criminal law that prohibits the knowing and willful payment of “remuneration” to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

Prohibited kickbacks include:

- Cash for referrals
- Free rent for medical offices
- Excessive compensation for medical directorships

Kickbacks can lead to:

- Overutilization
- Increased costs
- Corruption of medical decision making
- Patient steering
- Unfair competition

Criminal penalties and administrative sanctions for violating the Anti-Kickback Statute include fines, jail terms, and exclusion from participation in federal health care programs.

You can report fraud, waste and abuse to the CareSource Special Investigations Unit by:

- Calling **1-800-488-0134** and selecting the menu option for reporting fraud; or
- Writing us a letter or completing our Confidential Fraud, Waste and Abuse Reporting Form and sending it to:
CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

You have a choice when calling us to report fraud waste and abuse. You may choose to identify yourself or you may remain anonymous.

- Emailing fraud@caresource.com; or
- Faxing 1-800-418-0248

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.

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 Medicaid pharmacy information at: [CareSource.com/providers/ohio/ohio-providers/member-care/pharmacy](https://www.caresource.com/providers/ohio/ohio-providers/member-care/pharmacy)

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 [epocrates.com](https://www.epocrates.com).

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.

Notifications of important formulary changes 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](https://www.caresource.com/providers/ohio/just4me/patient-care/pharmacy)

Quality remains a top priority

CareSource remains focused on quality. We continually assess the quality of care and services offered to our members, and implement programs to improve internal functioning, delivery of health care services and health outcomes. This is the essence of our quality program.



Our quality program evolves and responds to member and provider needs, incorporating standards established by the medical community through practitioner input as well as regulatory and accrediting bodies. Activities for improvement focus on:

- Improving the coordination and continuity of member care and the health status of our members, including those with complex health needs
- Evaluating the access, availability, and over- and under-utilization of health care services
- Ensuring the quality of member care and services
- Identifying and implementing appropriate safety and error-avoidance initiatives in collaboration with providers
- Overseeing member and provider satisfaction through measurement and improvement activities
- Evaluating the effectiveness of quality program activities in producing measurable improvements in member care and service

We use a variety of innovative programs, education initiatives, data analysis, monitoring systems and improvement projects to achieve our goals. Examples include online provider tools, clinical guidelines, improved reporting capabilities, aligned incentives, and other resources. More details about our quality program and the progress we have made in meeting our programs' annual goals are on our website at:

- CareSource Medicaid and CareSource MyCare:
CareSource.com/providers/ohio/ohio-providers/member-care/quality-improvement
- CareSource Just4Me:
CareSource.com/providers/ohio/just4me/patient-care/quality-improvement/



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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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