

Summer 2014

ProviderSource

A newsletter for CareSource providers



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CareSource[™]
Health Care with Heart

Provider survey offers valuable feedback

You spoke. We listened. It was all part of the most recent CareSource[®] provider satisfaction survey, and we are happy to share some highlights with you. Your feedback is critical to our success and continuous improvement.

The survey was conducted from September 2013 to November 2013 by The Myers Group, an independent survey vendor certified by the National Committee for Quality Assurance (NCQA). More than 1,700 surveys were conducted by mail or phone with network providers throughout Ohio.

Survey results indicated that:

- More than 85 percent of respondents would recommend CareSource to other physician offices.
- More than 69 percent were completely satisfied or somewhat satisfied with CareSource.
- Our provider relations representatives were able to answer questions and resolve problems.

Results also indicated that there is opportunity to more closely align with our health partners in the following areas:

- The extent to which our formulary reflects current standards of care
- The availability of comparable drugs to substitute for those not included in our formulary
- The variety of branded drugs on our formulary

We are using your input to improve our processes and policies. Please see the “Improving our performance” article inside on page 2 for details on these efforts. Thank you to all of the providers who took part in our 2013 survey. We value our partnership with you.

Improving our performance

Based on our most recent provider survey results, we would like to make you aware of the following initiatives and how you can take part in creating the best possible working relationship with CareSource.

Our formulary

We continually review our formulary. The medications included in it are reviewed and approved by the Pharmacy and Therapeutics committee, which includes practicing physicians and pharmacists from the CareSource provider community. If you have questions about the formulary or recommendations for changes, please let us know. Call our Provider Services Department and ask to speak with the Provider Relations Representative assigned to you..



Online tools

A comparable drug search is available on our website in an easy-to-use formulary tool which allows you to check for generic alternatives, prior authorization requirements or any restrictions that may apply. We are constantly improving our formulary search tool. Go to the following link to get started: <https://www.caresource.com/providers/ohio/ohio-providers/member-care/pharmacy>

Let us know what you think

We are interested in your continuous feedback, so please use the “Provider Feedback Survey” link on our website. You can find it here: <https://www.caresource.com/providers/ohio>

Cut down on clutter and go green



Get timely and relevant information via email. Register to receive this newsletter electronically at the following link:

<https://my.doculivery.com/External/caresourceproviders/Login.aspx>

Provider portal solutions

We want to make sure you have the tools you need to do business with us efficiently. That's why we have a secure Provider Portal on our website. You can do more through the portal than just verify member eligibility and check the status of submitted claims. You can also perform the following functions:

- Submit appeals
- Submit prior authorization requests (inpatient and outpatient) and check their status

Getting started is easy. Just visit: <https://providerportal.caresource.com/OH> and click “Register Now” to begin the registration process.

Understanding credible allegations of fraud

Section 6402(h)(2) of the Patient Protection and Affordable Care Act (PPAC) requires that state Medicaid agencies suspend Medicaid payments to providers after the agency determines there is a credible allegation of fraud for which an investigation is underway. CareSource has a contract with the state Medicaid agency and must suspend or deny payments as directed by the agency.

The link below is for CMS Bulletin CPI-B-11-04 which outlines the PPAC provision related to credible allegations of fraud and provides operational guidance in the form of “Frequently Asked Questions.”

<https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu/files/payment-suspensions-info-bulletin-3-25-2011.pdf>



Identify members who need special communication services

CareSource offers sign and language interpreters for members who are hearing impaired, visually impaired, do not speak English, or have limited English-speaking ability. These services are available at no cost to the member.

Participating providers are required to identify needs for special services and offer assistance to CareSource members. Please note that CareSource requires hospitals, at their own expense, to offer sign and language interpreters for these members. All other providers should contact our Provider Services Department at **1-800-488-0134**, Monday through Friday, 8 a.m. to 6 p.m., to help qualified members receive assistance.

Staff are available during these hours for inbound collect or toll-free calls regarding utilization management (UM) issues as well. We can also receive inbound communication about UM issues after normal business hours.

ICD-10 deadline moved to 2015

The federal government has delayed the transition to ICD-10 codes until at least October 1, 2015. CareSource is redeveloping its program schedule to meet this new deadline. We will keep you informed of new developments.

Check member ID cards

CareSource members are asked to present their member ID card every time services are rendered. If you are not familiar with the patient, and cannot verify the individual as a CareSource member, please ask to see a photo ID. If you suspect fraud, please contact us.

Please verify member eligibility before providing services by using our secure Provider Portal or by calling **1-800-488-0134** and following the menu prompts.

CareSource Just4Me™ operational news

Exploring opportunities

CareSource Just4Me™, our qualified health plan in the Health Insurance Marketplace, is exploring network opportunities for 2015. CareSource Just4Me offers:

1. Reimbursement based on Medicare rates and schedules
2. A way to turn your practice's uncompensated care into compensated care
3. Affordable Gold and Silver plans with low copays and deductibles

If you are interested in becoming a CareSource Just4Me provider, please send an email to:
NewContract@CareSource.com

Please note in the subject line: **Interested in Joining CareSource Just4Me Panel.**

3 ways to verify member eligibility

1. The CareSource Provider Portal. This includes each member's coverage start date, all copays, coinsurance, deductibles, active dependents and claims.
2. Some EDI vendors like Availity, Emdeon, Relay Health and Dorado Systems.
3. CareSource Provider Services Department. Call **1-800-488-0134** and follow the menu prompts.

Minimize delinquency risks

CareSource Just4Me offers an added level of security when it comes to avoiding the woes of member payment default. Our secure Provider Portal allows you to see which members are more than 30 days past due on payment with the following note under the program details:

Member 30+ days past due and in 90 day grace period – member liable for all services if all premiums due not received by end of grace period. Premium payments can take several days to process after receipt.

As a CareSource Just4Me provider, you can choose to collect the full amount of an office visit up front if members are past due on their accounts.

Billing with correct ID numbers

Please be sure to include the correct member ID number when submitting CareSource Just4Me claims. There is a different 2-digit suffix for members and each of their dependents. These are listed on the member ID card. Claims should include the ID number with the appropriate suffix for the member receiving services.



Online information for CareSource MyCare Ohio providers

CareSource® MyCare Ohio (Medicare-Medicaid Plan) serves people in 12 Ohio counties who are dually eligible for both Medicaid and Medicare as part of the state's 3-year MyCare Ohio demonstration project. If you serve CareSource MyCare Ohio members, please refer to our website for the most up-to-date information about this program. Just go to this link: <https://www.caresource.com/providers/ohio/caresource-mycare-ohio>

Disease management helps members reach health care goals

CareSource members diagnosed with asthma or diabetes are automatically enrolled in our enhanced disease management program. Our program offers resources and tools to help members reach their health care goals.

We help by monitoring preventive health issues, relevant medical test results, and members' self-management of their conditions. We also help manage co-morbidities, lifestyle issues and medications. Outreach includes quarterly diagnosis-specific educational mailings and monthly phone messages on disease-specific topics.

To refer a CareSource member who is not already enrolled in the program, call **1-888-882-3614**. Members identified with complex conditions have a nurse assigned to their case.

Diabetes screenings help prevent complications



CareSource educates members with diabetes about the importance of adhering to their prescribed treatment plan and getting health screenings to prevent complications. Health care providers can help by ensuring patients receive all appropriate recommended screenings and accurately documenting screenings in the patient's medical record.

SCREENING	FREQUENCY
HbA1c	At least twice a year
Kidney function test	Annually
Retinal eye exam	Annually
Blood pressure check	At each visit



Prescribing asthma controller medications

Did you know that CareSource care managers educate members with persistent asthma? Following the National Heart, Lung and Blood Institute (NHLBI) Practice Guidelines for Asthma, we cover topics to help them understand their disease 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 medications and adhere to their treatment plan. We appreciate your efforts to make sure members receive the appropriate asthma medications for their needs. Our disease management program is designed to support your care plan. For a list of preferred medications, please visit the Pharmacy section of our website at **CareSource.com**.



CareSource Just4Me™ clinical news

Out-of-network means out-of-pocket

CareSource Just4Me, our qualified health plan in the Health Insurance Marketplace, uses a select network of health care providers. As a provider, knowing who is in-network and who is out-of-network for all specialties, procedures, facilities and ancillary services, including labs, can save you and your patient frustration and money. You can find a list of participating providers, facilities and labs to refer members to by using the **Find a Doctor/Provider** tool on our website at **CareSource.com** or by calling us at **1-800-488-0134**.

Dental and vision benefits

Check out our convenient Provider Portal to find important information about dental and vision benefits that are available with enhanced CareSource Just4Me health plans. This includes the dental and vision fee schedules and quick reference guides. Login to the Provider Portal at this link: <https://providerportal.caresource.com/OH>

Accreditation

In September of 2013, CareSource was awarded Exchange-HMO Accreditation by the National Committee for Quality Assurance (NCQA). NCQA is a private, non-profit organization dedicated to improving health care quality.

Pharmacy management

CareSource Just4Me health plans include pharmacy benefits. You can learn more about our pharmacy management procedures on our website at the following link: <https://www.caresource.com/providers/oh/caresource-just4me/pharmacy>

Here you will find information about covered drugs, any prior authorization requirements that may apply, how to provide information to support an exception request, specialty medication policies and much more.

Providers can also review the 2014 CareSource Just4Me Provider Manual for more details on working with CareSource Just4Me and caring for these members.

EPSDT services are paramount

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, also called Healthchek exams, play a key role in preventive care for Medicaid consumers. CareSource members should receive these well-child checkups at specific ages from birth through age 20. Exams may include immunizations, blood lead screenings, substance abuse treatment or other services as needed.

Health care providers are essential to the success of this program and the creation of medical homes for children. Please see the CareSource Provider Manual, located at **CareSource.com**, for more details regarding:

- Well-child exam frequency
- Immunization schedule
- Proper coding
- Billing procedures

We also offer a helpful checklist on our website that can assist with documentation of the exam components.



Prenatal and postpartum care time frames

Timing is crucial when it comes to prenatal and postpartum care. CareSource stresses early and ongoing prenatal care for all pregnant members. Please remember that prenatal care should begin within the first trimester. A routine postpartum care visit should take place between 21 and 56 days (3 to 8 weeks) after delivery. Earlier postpartum visits may be clinically warranted in some situations.

Follow up after a behavioral health hospital stay is a must

Behavioral health conditions can be serious, and sometimes issues like mental illness or substance use require a hospital admission for our members. If so, members should see a behavioral health care provider for follow-up care within seven calendar days of discharge from the hospital.

Follow-up care helps reduce hospital re-admissions and can help members comply with their at-home care plan, including medication adherence. Remember, CareSource may be able to help members with transportation for follow-up visits. Thank you for helping us make sure our members receive the care they need.

Preventive care guidelines

CareSource adopts evidence-based preventive care guidelines from federal and medical professional organizations. We endorse the use of these treatment protocols by providers for the management of:

- Perinatal care
- Care for children up to 24 months old
- Care for children 2-19 years old
- Care for adults 20-64 years old
- Care for adults 65 years and older

Guidelines are reviewed and updated, as needed, at least every two years.

To access our entire set of preventive guidelines as well as clinical practice guidelines:

1. Visit our website at **CareSource.com**.
2. Click on "Providers," then "Ohio."
3. Under "Ohio Providers," choose "Member Care" then "Clinical Guidelines."



Maintaining provider access standards

Please remember that CareSource maintains provider access standards for different levels of care. We work with The Myers Group to make annual "secret shopper" phone calls to a sample of network health care providers on our behalf. This helps us determine if members are able to schedule appointments within the standard time frames.

Please refer to the Quality Improvement Program Goals section of your CareSource Provider Manual to find access standards for primary care providers (PCPs), non-PCP specialists, and behavioral health care providers. Participating providers are expected to have procedures in place to see patients within these time frames and to offer office hours to their CareSource patients that are at least the equivalent of those offered to any other patient. Thank you for adhering to these standards.

You can find our provider manual on our website at **CareSource.com**. In the "Providers" section of the website, click on "Provider Materials." Then choose "Provider Manual."



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ProviderSource is a publication of CareSource, a non-profit managed health care plan serving all regions of Ohio.

HOW TO REACH US

Provider 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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