Summer 2016

ProviderSource

A newsletter for CareSource health partners

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CareSource®
Health Care with Heart

Health partner satisfaction survey results

Our CareSource health partner satisfaction surveys provide valuable feedback that we use to improve our service to you and our members. We actively work to address opportunities you identify to provide you with a positive experience.

Our most recent survey of health partners involved all of our product lines across all of our service areas except Medicare. While there is more to be done, results showed that health partners have seen progress in the following areas since 2014:

- Timeliness of claims processing
- Pharmacy-related issues
- Satisfaction with customer service from Provider Services

Here are some service opportunities health partners have shared and improvements that have been made in these areas:

- **Variety of drugs in the formulary** – We have added an online pharmacy formulary tool that includes links to medical policies and prior authorization requirements for medications billed under the medical benefits to help identify more drug options.
- **Consistency of reimbursement rates** – We implemented a medication fee schedule improving HCPCS (Healthcare Common Procedure Coding System) claims review to reduce time to payment for miscellaneous claims and lower health partner call volumes.
- **Improved health partner orientation** – We organized all medical, payment and administrative policies into one streamlined collection on our website for easier access and improved visibility.

We are continually taking steps to improve in these areas and others. Thank you to everyone who took the time to provide feedback. We will keep you updated in future communications on changes to improve your experience. **Your partnership is important to us.**

From the Medical Director

CareSource utilizes a unique and innovative care coordination model for our members. It 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 through specific activities and interventions
- Promoting the health of our members through outreach and education

Dr. Don Wharton

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. This dynamic 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.

Sincerely,

Don Wharton, MD
Vice President, Medical Director Ohio Market

Understanding upcoding and undercoding

CareSource pays for many physician services using Evaluation and Management (commonly referred to as "E&M") codes. New patient visits generally require more time than follow-up visits for established patients. Therefore, E&M codes for new patients command higher reimbursement rates than E&M codes for established patients. Examples:

- An example of upcoding is an instance when a physician provides a follow-up office visit or follow-up inpatient consultation but bills using a higher-level E&M code.
- Another example of upcoding related to E&M codes is misuse of Modifier 25. Modifier 25 allows additional payment for a separate E&M service rendered on the same day as a procedure. Upcoding occurs if a physician uses Modifier 25 to claim payment for an E&M service when the patient care rendered was not significant, was not separately identifiable and was not above and beyond the care usually associated with the procedure.
- An example of undercoding is an instance when a physician bills using a lower E&M code for a more complex office visit. This causes an underfunding of the procedure performed and lost reimbursement. CMS offers guidance on coding and reporting. That guidance can be found at **www.cms.gov/Medicare/Coding/ICD10/Downloads/2016-ICD-10-CM-Guidelines.pdf**.

CareSource to offer Medicare Advantage plans in 2017

CareSource will offer two new Medicare Advantage (Medicare Part C and D) plans in 2017, CareSource Advantage® (HMO) and CareSource Advantage Plus™ (HMO). This will allow our current members to continue in our programs after they qualify for Medicare. We want them to have health partners, like you, they can continue seeing even when they change plans.

The Medicare annual enrollment period runs from October 15 – December 7. If you have patients interested in learning more about CareSource Advantage or CareSource Advantage Plus, they can find out more by calling **1-844-607-2830** (TTY: 1-800-750-0750 or 711), Monday through Friday, 8 a.m. to 8 p.m.

If you are interested in becoming a health partner for other CareSource plans, fill out our online New Health Partner Contract Form, which you can find on our website at: **CareSource.com/Contracting**.

Report fraud

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

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

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

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.

The following reporting options are not anonymous:

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

Change in LCD procedure code edits

CareSource continually evaluates the use of correct coding edits as part of our payment policies. During a recent review, it was determined that certain edits are currently not appropriate for Medicaid. Effective Feb. 22, 2016, some local coverage determination (LCD) edits have been removed. For a complete list of removed edits, please see the Network Notification on our website at **CareSource.com/providers/ohio/ohio-providers/provider-materials/updatesannouncements**.

Claims containing affected procedure codes with dates of service from Jan. 1, 2015, to the present have been reviewed and reprocessed, as applicable.

New Life Services program helps members attain self-sufficiency

CareSource is helping Medicaid members create a path to self-sufficiency through an innovative program called Life Services.

Life Services is a division of CareSource that provides a broad approach to addressing the factors that impact a member's health, life situation and overall well-being. This pilot program, in its first year of operation, identifies a member's barriers and offers life coaching and the identification of resources to stabilize lives and create a path to success for members on their life's journey.

The Life Services program has developed a bank of community partners connecting members to needed human services and a growing job referral component to move program participants to gainful employment. The program has expanded its outreach to the Franklin County area this summer and will be statewide by 2018.

For more information, visit **CareSource.com/LifeServices**.

Criteria for Life Services

To be considered for the Life Services program, individuals must be:

- A CareSource Medicaid member or parent of a minor child who is a CareSource Medicaid member
- Over the age of 14
- Living in one of the following Ohio counties:
  - Butler
  - Clark
  - Darke
  - Franklin
  - Greene
  - Miami
  - Montgomery
  - Preble
  - Warren
- Voluntarily interested in pursuing a goal that improves the member's health or overall well-being

Clinical practice and preventive guidelines update

CareSource approves and adopts nationally accepted standards and guidelines and promotes them to practitioners and members to help inform and guide clinical care. Clinical practice guidelines may include, but are not limited to:

- Behavioral health (depression)
- Adult health (hypertension, diabetes, and cardiovascular disease)

The Agency for Healthcare Research and Quality's (AHRQ) preventive guidelines for healthy adult men and women have recently been posted for your quick reference within the Clinical Guidelines section of **CareSource.com**.

Get reimbursed for providing SBIRT services

What is SBIRT?

SBIRT (Screening, Brief Intervention and Referral to Treatment) is an evidence-based approach to identify, reduce and prevent problematic substance use disorders. There are three major components to SBIRT:

1. **Screening:** Assessing a patient for risky substance use behaviors using standardized screening tools
2. **Brief Intervention:** Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
3. **Referral to Treatment:** Providing referrals to brief therapy or additional treatment to patients who screen in need of additional services

For more information about SBIRT, visit **www.integration.samhsa.gov/clinical-practice/sbirt**.

Can I get reimbursed for providing SBIRT services?

Yes! The following are eligible for reimbursement under Medicaid:

- Physicians
- Physician assistants
- Nurse practitioners
- Licensed clinical psychologists
- Licensed clinical social workers, including:
  - Licensed independent social workers
  - Licensed professional clinical counselors
  - Licensed marriage and family therapists

The following are eligible for reimbursement under Marketplace and Medicare by billing for SBIRT independently:

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Certified nurse midwives

For all plans, use payable codes G0396 and G0397 for billing

**Sources:*

www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf%20

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

Contract with CareSource

CareSource appreciates your partnership with our health plan. We encourage you to contract with all of our plans in Ohio if you practice in our service areas. Our health plans in 2017 will include:

- Traditional Medicaid
- CareSource® MyCare Ohio (Medicare-Medicaid Plan)
- CareSource Advantage/CareSource Advantage Plus
- CareSource Marketplace™*, our qualified health plan in the Health Insurance Marketplace.

In all, we collaborate with health partners across the state to serve more than 1.3 million Ohioans.

We make contracting easy with a secure online form. Access it at: **CareSource.com/Contracting**.

**Effective Jan. 1, 2017, CareSource Just4Me™ will be called CareSource Marketplace. This is to create transparency for our members in response to their feedback that we remain consistent with Marketplace terminology.*

Find opportunities to perform well-child checkups

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services play a key role in preventive care for the Medicaid population. CareSource members should receive well-child checkups at specific ages from birth through age 20. These visits include immunizations, blood lead screenings, substance use treatment or other services as needed.

School sports physicals are a great time to perform well-child checkups, as they may be one of the few opportunities to do so throughout the year. You can also perform checkups during an acute-care visit. Please bill with appropriate well-child exam codes and include all aspects of the EPSDT services you provided. This includes medical and family history, a physical exam, immunizations as needed, review of medications, and appropriate safety and prevention guidance.

For more information regarding well-child exam frequency, immunization schedules, and proper bill coding and procedures, please review the CareSource Health Partner Manual at the following links:

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

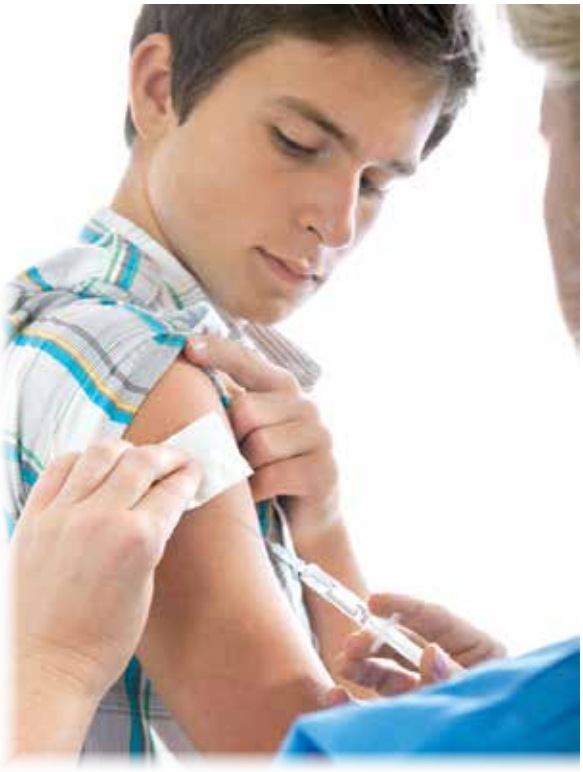
Emphasize well care for teens and adults

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

Promote blood lead level screenings

It is important that children have their blood lead level tested if they have not been previously tested. We encourage members to be tested at 12 months and two years old. Remember, filter paper testing is an accepted method to obtain blood lead levels and is covered by CareSource.

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**
- CareSource MyCare Ohio: **CareSource.com/providers/ohio/caresource-mycare-ohio/plan-resources**
- CareSource Just4Me: **CareSource.com/providers/ohio/just4me/plan-resources**

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).

Find VFC details at **www.cdc.gov/vaccines/programs/vfc/index.html**.

Check us out online

The most up to date health partner and member information is available at **CareSource.com**. If you do not have access to the internet, contact Provider Services for assistance at **1-800-488-0134**.

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**

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**.

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**

CareSource
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P.O. Box 8738, Dayton, OH 45401-8738
CareSource.com

HOW TO REACH US

Health Partner Services:
1-800-488-0134
(TTY: 1-800-750-0750 OR 711)

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Twitter.com/CareSource
Instagram.com/CareSource
Pinterest.com/CareSource

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Spread the word about Drug Take-Back Day

Help CareSource spread the word – the National Prescription Drug Take-Back Day aims to provide a safe, convenient and responsible means of disposing of prescription drugs while also educating the general public about the potential for abuse of medications. Check the Drug Enforcement Administration link below for the next date, time and location of a drug take-back program near you at **www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html**

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