

ProviderSource

SPRING 2012

A newsletter for CareSource Providers

Combine sports physicals and well-care visits

School sports physicals are a great opportunity to perform well-care checkups for CareSource members. In addition, sports physicals are a HEDIS measure and support our **MyCareSource™** wellness initiative for members. **MyCareSource™** is designed to improve members' overall health, and to help assist them in decisions relative to health, wellness and nutritional changes associated with daily living.

How to bill for enhanced reimbursement

Providers can bill for an adolescent well-care visit and receive enhanced reimbursement from CareSource for including the well-care aspects of the exam and billing with appropriate coding. CareSource members should receive well-child checkups (Healthchek or EPSDT exams) at specific ages from birth to age 21.

Adolescent Well-Care Visit Codes

CPT Code	ICD-9-CM Diagnosis Code
99383-99385, 99393-99395	V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Please remember:

- ▶ Include a copy of the completed school sports physical form and note, or complete the anticipatory guidance form in the member's medical record.
- ▶ Well-child exams should include health and development history (physical and mental), a physical exam, health education/anticipatory guidance, a review of medications, and screenings and immunizations as needed.
- ▶ Adolescent well-care checkups can be performed during an acute-care visit, as well.
- ▶ You can find more information about sports physicals at www.aap.org/healthtopics/sports.cfm.



In this issue:

- 2** Electronic Funds Transfer reminder
- 3** Abbott diabetes supplies
- 6** New care management model

How to reach us

Provider Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)
 CareSource 24, 24-Hour Nurse Advice Line: 1-866-206-0554



Provider Portal SOLUTIONS

Tools and features updated frequently

We are committed to making it easier to work with us. That's why we created our Provider Portal with convenient access to a variety of online tools and features.

In 2011 alone, we added seven new features to our Provider Portal, including payment history and a real-time member benefits accumulator to track chiropractic care and occupational, physical and speech therapy visits received by your CareSource members. Many of these features were based on your feedback and suggestions.

If there is a new tool or feature you would like to see on our Provider Portal, email providerportalfeedback@caresource.com.

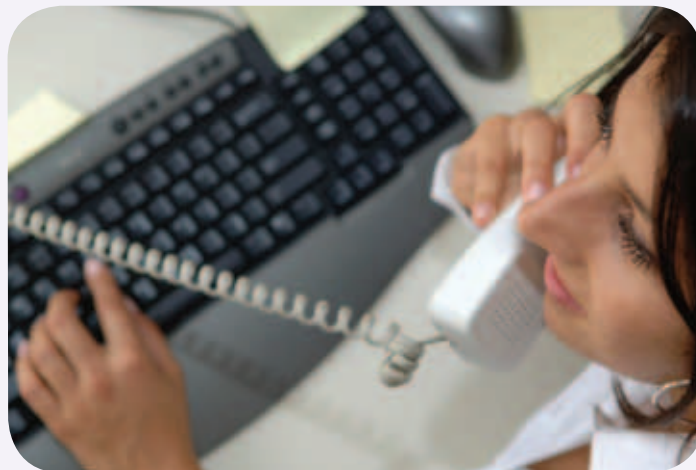
Care treatment plans now online

Care treatment plans for CareSource members can be found on our Provider Portal at <https://providerportal.caresource.com/OH/>. Here, you will find interventions that our care management nurse and your patient have identified as opportunities for improved health outcomes.

If you have patients with care treatment plans, you will receive a letter asking you to review them on the Portal and fax your agreement or disagreement to us.

Member eligibility and claim status

Remember to visit our secure Provider Portal at <https://providerportal.caresource.com/OH/> to verify member eligibility and check claim status. We provide convenient 24-hour access to member eligibility, and you can search for claim status or claim payments by claim, date range or check number.



Electronic Funds Transfer (EFT) reminder

Electronic Funds Transfer is available for all CareSource Providers in Ohio.

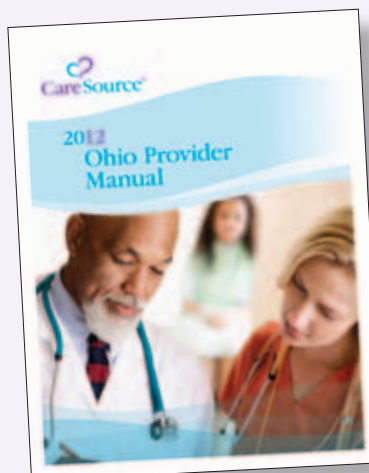
Benefits of EFT

- ▶ Simple
- ▶ Convenient
- ▶ Reliable
- ▶ Secure

How to enroll

Enrollment forms can be found on our website at www.caresource.com. Just click on "Providers," then "Claims Information." Fax your completed form to InstaMed, the industry's leading health care payments network, who will work directly with you to complete your enrollment.

Questions? Call InstaMed at **1-877-834-8462** or Provider Services at **1-800-488-0134**.



2012 Provider Manual
– The 2012 Provider Manual is available online at www.caresource.com.



Providers rate high in member survey

Congratulations! Results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey show that you are providing outstanding service to CareSource members. Overall, Providers rated high on communication-related items. Members indicated that their Providers:

- ▶ Explained things clearly
- ▶ Listened carefully
- ▶ Respected their comments
- ▶ Spent enough time with them



Thank you! We appreciate the quality care you consistently provide to our members.

Abbott diabetes supplies

CareSource is utilizing supplies from Abbott Laboratories for our diabetic members' meters and strips. **Abbott materials include:** FreeStyle Lite® Blood Glucose Monitoring Systems and Test Strips and Precision Xtra® Blood Glucose Monitoring Systems and Test Strips.

Abbott diabetic supplies are preferred for CareSource members. Providers can write a prescription for other products, they will simply require prior authorization from CareSource.

Benefits to Providers

- ▶ Prior authorization is not required for Abbott meters/strips
- ▶ Members are eligible to receive a **free** meter once a year and up to 100 strips a month

Benefits to Members

- ▶ Members can join the Abbott Diabetes Care program and pick up their supplies directly at the pharmacy
- ▶ Members can still utilize Great Lakes Medical Supply, and Great Lakes will ship Abbott products directly to the member's home

Please recommend the Abbott FreeStyle Lite® and Precision Xtra® products to CareSource members.

These supplies are free and do not require prior authorization from Providers. For more details, visit our Provider Portal.



Upcoming medical record reviews

This spring, CareSource will begin the process of abstracting data from member medical records for Healthcare Effectiveness Data and Information Set (HEDIS) scoring. HEDIS is a national set of uniform standards utilized by more than 90 percent of America's health plans to measure performance on care and service, and we'll expand the use of these standards to monitor the care given by CareSource Providers.

We have contracted with the vendor **Outcomes Health Information Solutions (Outcomes)** to abstract records on our behalf. As a CareSource business associate, Outcomes 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, Outcomes 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. CareSource appreciates your help in providing access to records to Outcomes.

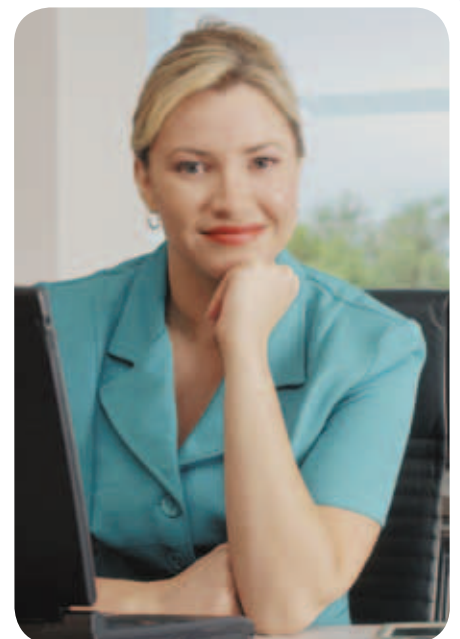


CareSource earns URAC re-accreditation

We are proud to announce that CareSource has earned full URAC re-accreditation for our Health Plan and Health Call Center through 2014. With our re-accreditation, we renew our dedication to quality and accreditation standards that include:

- ▶ Key quality benchmarks for Provider network management
- ▶ Provider credentialing
- ▶ Utilization management
- ▶ Quality improvement
- ▶ Consumer protection

This distinction would not be possible without the collaborative partnerships CareSource has formed with Providers like you. Thank you for your commitment to quality health care for our members.



CareSource endorses clinical practice guidelines

CareSource adopts evidence-based clinical practice guidelines from federal and medical professional organizations for a variety of conditions. In 2012, CareSource will reinforce the use of these treatment protocols by Providers for the management of:

- ▶ Asthma
- ▶ Diabetes
- ▶ ADHD
- ▶ Depression

These guidelines help ensure proper diabetes screenings, including Hemoglobin A1C, LDL-C, dilated retinal eye exam, blood pressure monitoring and treatment, and screening for nephropathy; medication management for asthma and ADHD; and appropriate follow-up care after inpatient admissions for members with depression.

Providers can access these clinical and preventive guidelines via the links on the Provider Portal of our website at www.caresource.com. If you don't have access to our website, please call Provider Services at **1-800-488-0134** to have the guidelines mailed to you.

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 treatments may be provided and billed by pediatricians and Primary Care Providers, as well as dental care Providers. A well-child visit is the perfect 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 services.

Please use billing code D1203 for the topical application of fluoride for a child (including sodium, stannous and acid phosphate fluoride, foam, gel, varnish and in-office rinse; prophylaxis not included). Topical fluoride treatments are limited to one application every 180 days for patients to age 21.



Disease management program engages members

CareSource members diagnosed with asthma or diabetes are automatically enrolled in our enhanced disease management program.

Our program offers a multi-faceted approach to disease management that includes resources and tools to help members reach their health care goals, such as:

- ▶ Quarterly, diagnosis-specific educational mailings
- ▶ Monthly, interactive phone messages; topics may include:
 - Asthma controllers and asthma medication adherence
 - The importance of seeing their health care Provider
 - HbA1C <8 for diabetes
 - Retinal eye exams for diabetes
 - Cholesterol screening
 - Blood pressure control

We also contact members who are identified as having more complex conditions to engage them in our disease management program by a Registered Nurse.

To refer a CareSource patient to our program who is not already enrolled, call **1-888-882-3614**.



Community-based care management for high-risk members



CareSource is transitioning to a community-based care management model for our highest-risk members. The enhanced model:

- ▶ Utilizes nurses, social workers and community health workers in a multi-disciplinary team approach
- ▶ Integrates the Case Management Society of America Standards of Practice
- ▶ Utilizes Patient Navigators to help patients overcome health care access barriers
- ▶ Strengthens our Provider and community resource partnerships through collaboration

Our services include face-to-face meetings with our most at-risk members at least quarterly. Ideally, these are conducted at the point of care to ensure development of a treatment plan that is comprehensive and collaborative. Typical high-risk members served by this model may have multiple medical issues, socioeconomic challenges and behavioral health care needs. Other Care Management programs, such as Disease Management and Care Transitions will also be available for members.

Please take an active role in your patients' care management programs and participate in the development of individualized care plans to help meet their needs. Full implementation of the new model is scheduled for completion by July 2012.



ProviderSource

is a publication of CareSource, a non-profit, public-sector managed health care plan serving counties throughout Ohio.

Toll-free phone:
1-800-488-0134

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



ACCREDITED
HEALTH PLAN (for Medicaid)
HEALTH CALL CENTER