



February 22, 2011

Dear Provider,

CareSource opened its doors more than 20 years ago with the mission to improve the health care of the underserved. The year 2011 is no different. This year, we're continuing to look for innovative ways to strengthen our partnership with you, while improving patient outcomes. Below are a few examples:

**New Fee Schedule and Recontracting** – CareSource will launch a flexible new fee schedule effective January 2012. Therefore, CareSource will be recontracting with all Ohio Providers this year. More details are located in the enclosed newsletter.

Benefits of the new fee schedule:

- Implementation of up-to-date DRG grouper that reflects changes in medical technology and treatment
- Complies with federally-mandated 5010 compliance, and therefore, ready to handle ICD-10 codes in 2013

**2011 Provider Manual** – Our 2011 Provider Manual is now available on [www.caresource.com](http://www.caresource.com) as a resource. We have made every effort to include key information to make it easier for you to do business with us.

**Member Profile** – The Member Profile contains historical diagnoses, prior prescribing information and hospital admissions data, case management activity and more. This clinical tool provides a quick snapshot of the member's history with the goal to improve health outcomes.

**Clinical Practice Registry** – The Clinical Practice Registry focuses on preventive care from a population view, with identifiers to help you know when a patient needs a screening or a test, such as well child visit, mammogram, etc. The Registry is on our secure Provider Portal.

**Clinical Practice Guidelines** – Enclosed are guidelines for asthma, diabetes, ADHD and depression. These guidelines assist providers and members in areas related to screening, medication management and treatment. CareSource will use HEDIS data to measure clinical improvement to these guidelines.

We hope the enclosed information is valuable in providing care to your CareSource patients.

Respectfully,

Craig Thiele, M.D.  
Chief Medical Officer

---

P.O. Box 8738  
Dayton, OH 45401-8738  
[caresource.com](http://caresource.com)

800-488-0134

 ProviderSource

SPRING 2011

A newsletter for CareSource providers

## Survey reveals high member satisfaction with providers

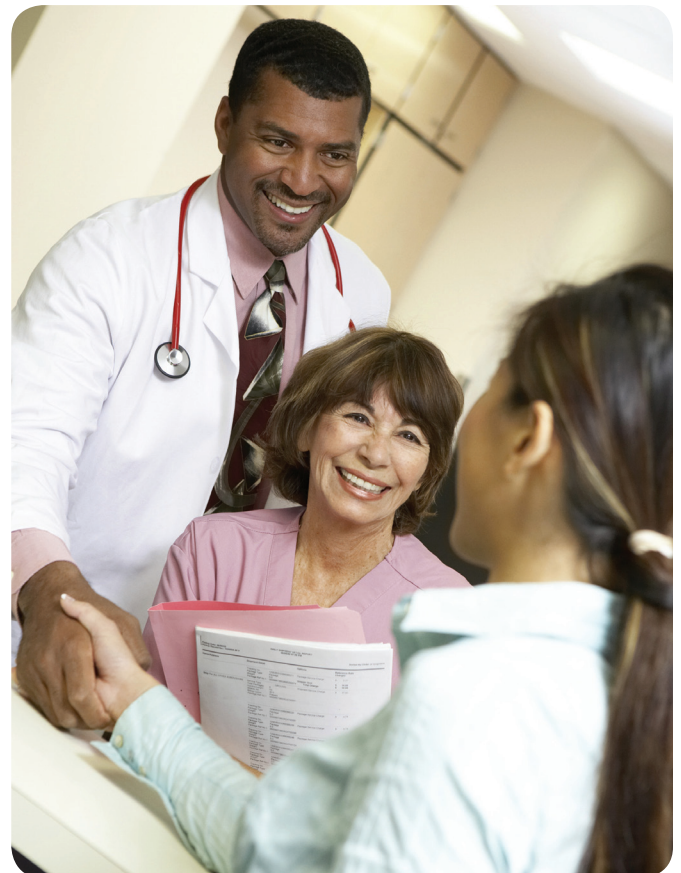
Congratulations! Results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey show that you are providing outstanding service to CareSource members. Overall, providers rated high on communication-related items. Opportunity areas included preventive care, such as well checks and tobacco cessation.

### CAHPS Highlights Include:

- ▶ **Strengths** – Members indicated that their doctors explained things clearly, listened carefully, and respected their comments.
- ▶ **Opportunities** – These lie in the areas of talking to patients about preventive care and recommending or discussing medication to help patients quit using tobacco.

CareSource providers rated above other health plan providers on 77 percent of the questions in areas such as: getting care, ease of getting appointments, how well the provider communicates and listens, and more.

Our clinical team is developing strategies to enhance provider discussions with members regarding preventive care. We are also creating member and provider education strategies around the importance of smoking cessation. Please remember that CareSource members can receive nicotine patches, gum and lozenges without a prior authorization.



### In this issue:

- 2 New Transportation Vendor
- 3 New Fee Schedule and Recontracting
- 6 Case Management Referrals Now 24/7

## 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



### **Free Tools on the Provider Portal:**

**Member Eligibility Verification** – You can check member eligibility and look up multiple members at once (500 patients per search).

**Member Profile** – With its comprehensive view of patient medical and pharmacy data, our Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

**CareSource Clinical Practice Registry** – For PCPs, the Clinical Practice Registry helps place emphasis on preventive care by reminding you when a patient needs a screening or test.

### **Accessing the Provider Portal:**

- 1) Visit [www.caresource.com](http://www.caresource.com)
- 2) Click on the “Providers” tab
- 3) Under “Quick Links,” click on “Provider Log In”
- 4) Enter your User Name and Password
- 5) Click on the “Log In” button

**2011 Provider Manual** – The 2011 Provider Manual is available online at [www.caresource.com](http://www.caresource.com).

## New transportation vendor for members

Effective April 1, 2011, CareSource will provide transportation services to members through TMS. Members can continue to use Provide-a-Ride until March 31, 2011.

Transportation can be scheduled by calling the member services number located on the back of the member’s CareSource ID card. Just select the option for members and then transportation.

### **Medicaid Members**

Medicaid members receive 30 one-way trips per member per calendar year to health care visits, including redetermination and WIC visits.

### **CareSource Advantage Special Needs Plan (SNP) Members**

SNP members receive 60 one-way trips per member per calendar year to health care visits.

An added service with the new transportation vendor is same-day rides for hospital discharges. We hope our transportation benefit will continue to help your CareSource patients keep their scheduled appointments and reduce this common access-to-care barrier.



## Provider Forum attendees win iPads



Congratulations to the following providers who recently attended a CareSource Provider Forum and whose names were drawn to win an iPad:

- ▶ **Michele Horvat**, Dr. Marilyn George’s office, Chardon, Ohio
- ▶ **Lisa Shick**, John C. Cox, DO, Kids First Pediatric Care, Canfield, Ohio

Thank you for attending and providing CareSource with valuable input and feedback.

# New fee schedule and recontracting



## Plan for new fee schedule

CareSource is committed to making it easier for you to work with us. We are currently working on a new fee schedule that will help providers comply with the federally-mandated 5010 transactions for claims and with ICD-10 coding changes slated for 2013.

Below outlines how the new CareSource fee schedule will be handled by provider type:

- ▶ *Physicians:* The new fee schedule will be based on Medicare using HIPAA-compliant codes. Reimbursement will be comparable to your current CareSource contract.
- ▶ *Inpatient hospital:* The changes will be based on Medicare Severity Diagnosis Related Group codes (MS-DRG).
- ▶ *Outpatient services and dental providers:* The model is CareSource's proprietary model.



## What's next?

A major component of the new fee schedule is CareSource recontracting with its provider network. Recontracting is scheduled for early 2011 through early 2012. For more information, please contact your provider relations representative.

# Timely notice of status changes

Advance written notice of any status change, such as a change of phone or address, helps us keep our provider records current.

Our provider records are a critical element for claims processing. Provider records show your participation status with CareSource, capacity to accept members, phone numbers and practice addresses, and these factors are reportable to Medicaid and Medicare.

## Why is this important?

Advance notice of changes helps CareSource match our members with the most appropriate providers, ensures our directories are up-to-date, and reduces unnecessary calls to your practice.

Please note the following timelines for future use:

Type of change	Minimum notice required
New providers join the practice	Immediate
Phone number change	10 calendar days
Address change	60 calendar days
Providers leave the practice	60 calendar days
Change in capacity to accept members	60 calendar days

Changes must be submitted in writing to one of the addresses below:

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

**Mail:** CareSource, Attn: Data Integrity, PO Box 8738, Dayton OH 45401-8738

## Pain management policy changes

Management of chronic pain is a complex challenge. Controversies exist within the medical literature as to the effectiveness of various strategies.

CareSource is currently formulating a Chronic Pain Management Program with the goal of using evidence-based guidelines to better manage treatment protocols for CareSource members.

In the future, certain interventional procedures will require prior authorization. Prior authorization requirements will be posted on the CareSource web site as they are developed. Providers can request prior authorization or check status on our Provider Portal at [www.caresource.com](http://www.caresource.com).



## Medical record reviews coming soon

This spring, CareSource will begin the process of abstracting data from member medical records for HEDIS scoring. We have contracted with the vendor **Outcomes Health Information Solutions** to do this 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** may contact your office to secure medical records or to schedule a visit to review records at your office. CareSource appreciates your help in providing access to records and your cooperation with **Outcomes**.

## HEDIS 2011: Focus on quality



### Understanding the HEDIS process

The Healthcare Effectiveness Data and Information Set (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.

CareSource uses HEDIS results to make improvements that impact the quality of care for our members. Areas of focus include preventive care for children and adults, women's health screenings, asthma and diabetes care.

Scores are compiled using a combination of claims and medical records. We appreciate your assistance in using appropriate codes for services rendered to help ensure we obtain the most accurate data.

## Overcoming barriers to lead screening

Studies show that some parents don't have their children tested for lead because of false perceptions. Families who live in newer homes think it's not necessary. Please help educate members about sources of lead poisoning.

### What can you do?

- ▶ Test all children under age 2 for lead poisoning. Lead testing can be completed during any office visit – both well-child and sick visits. Current Medicaid guidelines require blood to be drawn for lead screening at ages 1 and 2 and children ages 3 to 6 who have never been tested.
- ▶ Remind parents that lead can be found outside the home in soil, playground equipment and toys.

Remember that the filter paper method is an acceptable way to obtain blood samples for testing, and it's covered by CareSource. Please call MedTox Labs at **1-800-FOR-LEAD** (1-800-367-5323) for more details.



## CareSource 24 helps members seek appropriate level of care

CareSource 24, our nurse advice line, provides a valuable resource for members when they need medical information, or when they are unsure where to go for care. With CareSource 24, members have unlimited access to speak with an experienced staff of registered nurses to get reliable information about their health questions 24 hours a day, seven days a week.

Please encourage your CareSource patients to use this service. It is **free** to all CareSource members. The toll-free number can be found on the member's CareSource ID card.

## Clinical practice guidelines provide treatment protocols

CareSource endorses evidence-based clinical practice guidelines for a variety of conditions, such as asthma, diabetes and behavioral health care. These clinical treatment protocols are systematically developed statements that help providers and members make decisions regarding appropriate health care for certain clinical circumstances.

Treatment protocols are based on national standards and developed with input from local health care providers who are part of our quality improvement committees. Our complete set of guidelines can be found on [www.caresource.com](http://www.caresource.com).

## Hours for case management referrals now 24/7



CareSource Direct Access, our service for taking case management referrals and providing assistance with member needs, has been expanded from normal business hours to 24 hours a day, 7 days a week.

After-hours provider calls for case management referrals or other member needs will roll over to our triage staff so you can continue to assist CareSource members after hours and on holidays and weekends. Just call **1-800-993-6902**.

## Enhanced asthma and diabetes programs coming soon

CareSource will soon have enhanced disease management programs to help meet the needs of our Medicaid members with asthma and diabetes.

**Starting in the spring of 2011, we will reach out to members with:**

- ▶ Information and resources to help them better manage chronic conditions, such as asthma and diabetes
- ▶ Information about care options for them to discuss with their providers
- ▶ A dedicated nurse to help them reach their health care goals

## Dental care critical to preventive health

CareSource covers two dental checkups per year for all of our Medicaid members. Please remember that an oral screening is an important part of a complete well-child exam. We encourage primary care providers to perform these screenings and refer CareSource patients to seek dental care appropriately. Your influence plays a key role in patient compliance with routine care.



Members can find participating dentists through our Find-A-Doctor feature on [www.caresource.com](http://www.caresource.com), by looking in our Provider Directory or by calling Member Services.



## 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



## New Explanation of Payment Format

Based upon recent Provider Survey feedback, we have revised our Explanation of Payment (EOP) to better meet your needs. More than 80 percent of providers surveyed preferred and recommended adoption of a new format. This new format will be rolled out to providers soon.

### Key improvements include:

- An easier-to-use format
- Industry-standard, HIPAA-compliant adjustment reason codes
- An image of check payment on the first page
- Page numbers on every page, headers on every other page
- False Claims Act information at the end of the form

For your reference, we have included a detailed EOP sample attached.

CareSource values your participation and the care you provide to our members. We welcome your comments on our new EOP form and hope you find it easy to use and a beneficial tool. If you have questions, please call Provider Services at **1-800-488-0134**.

*(See reverse for more information)*



OH-P-354  
November 2010





CareSource  
P.O. Box 1920  
Dayton OH 454011920

010000X/

Any Name Medical Center  
987654321  
NA  
10101010X  
\$0.00  
Page 1 of 2

**EXPLANATION OF PAYMENT**

O100004 01 SP 0.440 \*\*SNGLP T1 1 0321 45404-189801 -C01-P00000-I



Any Name Medical Center  
1234 Any Street  
Anytown, US 09876-1234

PAYMENT DATE: 10/20/2010  
PAYEE ID: 987654321  
CHECK NUMBER: NA  
CLAIM COUNT: 0001  
TOTAL CHARGES: \$ 3,478.00  
TOTAL PAYMENT: \$ 180.13  
PAYMENT AMOUNT: \$ 180.13

Total number of claims contained on this EOP

Medicaid: CFC, ABD  
Medicare: SNP  
Montgomery County Care,  
Children's Buy In

If you have questions, please visit our Provider Portal at www.caresource.com 24 hours a day, 7 days a week

Coordination of Benefits  
Amount Paid by Primary

**CLAIM SUMMARY**

SERVICE DATES FROM TO	PROCEDURES (MODIFIER)	NO. OF UNITS	AMOUNT BILLED	ALLOWED	PAYMENT	PATIENT RESPONSIBILITY	OTHER INS. PAID	NOT COVERED	ADJUSTMENT REASON	REMARKS
07/27/10	07/27/10	99213	1	65.00	20.00	20.00	0.00	0.00	CR-97	
07/27/10	07/27/10	36415	1	27.00	10.00	10.00	0.00	0.00	CR-97	
07/27/10	07/27/10	85024	1	27.00	10.00	10.00	0.00	0.00	CR-97	

Patient: 10203040506 Jane Q. Doe  
Pat. Acct. #: 908070605

Insured: 10203040506 Jane Q. Doe

Payer Claim: 10503070204

Provider: 0204060801 Any Name Medical Center

Product Name:

DRG:

Status: Information Here Regarding Payment

POS: 11

Claim Status

HIPAA Standard Codes —  
Explanation Key found at end of EOP

Previously adjusted claim(s) balance forwarded from prior EOP

**PROVIDER ADJUSTMENTS**

ADJUSTMENT REASON	AMOUNT
Total Adjustments	

ADJUSTMENT REASON CODES		REMARKS CODES	
CODE	DESCRIPTION	CODE	DESCRIPTION
CR-97	Payment is included in the allowance for another service/procedure.		
CR-22	Payment adjusted because this care may be covered by another payer per coordination of benefits.		
CR-45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. (Use Group Codes PR or CO depending upon liability).		



## Network Notification

---

**Date:** January 25, 2011

**Number:** OH-P-2011-06  
MI-P-2011-03

**To:** Ohio and Michigan Providers

**From:** CareSource

**Subject:** Change to Flu Codes for Special Needs Plan (SNP) Members

**Effective:** January 1, 2011

**CPT Code:** 90658 (Flu Vaccine)

---

Effective January 1, 2011, there will be new HCPCS codes and payment allowances for Medicare during the 2010-2011 influenza season.

The Centers for Medicare and Medicaid Services (CMS) have communicated that CPT code 90658 (Flu vaccine, 3 yrs & >) will no longer be payable for Medicare.

### Claims

- Effective for claims with dates of service on or after October 1, 2010, the following HCPCS codes will be payable for Medicare
- However, these codes will not be recognized by the Medicare claims processing systems until January 1, 2011 when CPT code 90658 will no longer be recognized:
  1. Q2035 (Afluria vaccine, 3 yrs & >) – carrier discretion
  2. Q2036 (Flulaval vaccine, 3 yrs & >) – reimbursement amount \$7.44
  3. Q2037 (Fluvirin vaccine, 3 yrs & >) – reimbursement amount \$13.25
  4. Q2038 (Fluzone vaccine, 3 yrs & >) – reimbursement amount \$12.59
  5. Q2039 (Not otherwise specified flu vaccine, 3 yrs & >) – carrier discretion



## Clinical Practice Guideline – Asthma

*National Asthma Education Prevention Program (NAEPP)*

### Important Points to Remember

Asthma is a chronic inflammatory disease of the airways. From 2006 to 2008, approximately 7.8 percent of the U.S. population reported that they currently have asthma [National Center for Health Statistics (NCHS, 2010)]. Reported asthma rates are highest in child and adolescent populations. (<http://cfpub.epa.gov> accessed Jan 19, 2011).

The National Heart, Lung, and Blood Institute Clinical Practice Guidelines provide recommendations for the diagnosis and management of asthma. In 2011, CareSource will be educating our members with asthma on the importance of self-management, medication compliance and smoking cessation. Below are some key clinical activities for the diagnosis and management of asthma.

### Diagnosis

- Establish asthma diagnosis using medical history and physical examination
- Use of spirometry in patients > or equal to 5 years of age to establish reversibility of airway obstruction
- Consider alternative causes of airway obstruction

### Long-Term Management

*Goal for therapy is to control asthma*

- Reduce impairment and prevent chronic symptoms. Require infrequent use of short-acting

beta2-agonist (SABA) (less than or equal to 2x/week) and maintain normal or near normal lung function and normal activity levels.

- Reduce risk of exacerbations and minimize need for emergency room care or hospitalization, prevent loss of lung function, and for children, prevent reduced lung growth and have minimal or no adverse effects of therapy.
- Review indications and adherence for long-term control therapy.

Components of care:

1. Assessment and Monitoring
  - Assess asthma severity to initiate therapy
  - Assess asthma control to monitor and adjust therapy
  - Schedule follow-up care
2. Education
  - Provide self management education
  - Develop a written asthma action plan for patient, parent/caregiver, school
  - Integrate education into all points of care

*(See reverse for more information)*



### 3. Control environmental factors and co-morbid conditions

- Recommend measures to control exposures to allergens and pollutants or irritants that make asthma worse (Advise smoking cessation and eliminate exposure to second hand smoke)
- Treat co-morbid conditions

### 4. Medications

- Select medication therapy and delivery devices to meet patients' needs and circumstances (use stepwise approach). Inhaled corticosteroids are the most effective long-term control therapy for asthma that is not well controlled (Note: there is a Healthcare Effectiveness Data and Information Set (HEDIS) Measure which identifies compliance with this recommendation: "patients 5 to 56 years of age identified as having persistent asthma with appropriate medications with long-term control of asthma").

### 5. Home Management

- Incorporate assessment and monitoring, patient education, environmental control and medication adherence
- Develop a written asthma action plan

The complete NAEPP education and prevention guidelines, and guidelines for the diagnosis and management of asthma can be accessed at:

<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>

### Population Management Just got Easier for Providers

Our online Provider Portal allows you to easily and securely access critical information 24/7. CareSource offers its providers a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Two of these FREE tools include:

**Clinical Practice Registry** — This tool is for primary care providers (PCPs) and is a proactive approach to patient care. It helps place emphasis on preventive care by reminding providers when a patient needs a screening or test. The primary benefit of the Registry is population management. Providers can quickly sort their CareSource membership into actionable groupings.

**Member Profile** — With its comprehensive view of patient medical and pharmacy data, the Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

### Provider Portal Access

<https://providerportal.caresource.com/OH/>

### Enhanced Asthma Program Coming Soon

In Spring 2011, CareSource will offer an enhanced asthma program to help meet the needs of our Medicaid members.

### Care Management Referral Contact Information

1-800-488-0134





## Clinical Practice Guideline – Depression

*Treatment of Patients with Major Depressive Disorders, Second Edition*

### Important Points to Remember

Depression is one of the most common illnesses in the United States. Approximately 21 million people are affected by depression each year which makes it one of the leading causes of disabilities in the United States.

Depression is also a common secondary condition. It is often times a comorbidity of other chronic illnesses and diseases such as diabetes, heart disease, obesity, spinal cord injuries, Parkinson's disease, multiple sclerosis and arthritis. Depression may worsen or exacerbate a current medical condition.

In 2011, CareSource will be educating our members on recognizing the signs and symptoms of depression. Also, we will assist them in utilizing medical and self-directed treatment options and supports.

### At Risk Populations

#### Life Stage Issues

- Postpartum: 5 to 10 percent of women experience a depressive episode the first year after having a baby. The incidence is even higher if there has been a previous postpartum depression.
- Elderly: 1 in 10 older adults visiting a health care provider suffer from depression.

(University of Washington IMPACT study, 2009)

### Co-Occurring With Other Conditions

- Medical depression is one of the most common complications of chronic illnesses. It is estimated that up to 1/3 of people with a serious medical condition experience symptoms of depression. Unfortunately, Primary Care Providers (PCPs) routinely report that they do not assess for mood and other emotional disorders in their patients.
- Substance Abuse: More than 21 percent of adults who experienced a depressive disorder episode within the previous year engaged in substance abuse compared with 8 percent who were not dealing with depression.

### Treatment Recommendations

#### Assessments

- PHQ9: The Patient Health Questionnaire is a nine-item, self-administered instrument designed to screen for depression.

The PHQ9 can be accessed at: <http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

*(See reverse for more information)*



## Treatment Recommendations

- **Center for Epidemiological Studies Depression (CES-D):** This is a 20-item instrument that was developed to measure the symptoms of depression in community populations. It is self-reported and professionally administered.
- **Psychopharmacology – antidepressant medication:** This medication is recommended as an initial treatment choice for patients with mild to moderate major depressive disorder and “definitely should be provided for those with severe major depressive disorder.” Good practice requires health care providers to review their patients’ use of other prescribed medications and over-the-counter drugs.
- **Counseling:** Clinical evidence supports the use of Cognitive-Behavioral Therapy (CBT), interpersonal psychotherapy, psychodynamic therapy, problem solving therapy and other therapy modalities when utilized in individual and group formats. These therapies have been shown to be effective on their own and in combination with pharmacology across populations.

- **Coordination:** Coordination of care among health care providers
- **Self-directed care according to the Substance Abuse and Mental Health Services Administration (SAMHSA) reports that good general health can maximize the chances of recovery from depression.**
  - **Exercise:** Exercise has been shown to augment the efficacy of other treatments and many patients report exercise alone is helpful in combating symptoms of depression.
  - **Nutrition:** Effects of a diet on one’s health are well documented and many risk factors for depression include obesity.
  - **Healthy life practices:** These practices support maintenance and recovery of physical and mental well-being.
  - **Wellness Recovery Action Plans:** These plans and chronic disease self-management strategies are designed to help people. They provide the needed structure and direction to motivate people struggling to successfully initiate and maintain healthy lifestyle changes.

The complete Treatment of Patients with Major Depressive Disorders, Second Edition can be accessed at: [www.psychiatryonline.com/pracGuide/pracGuideTopic\\_7.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_7.aspx)

### Care Management Referral Contact Information

1-800-488-0134

### CareSource 24, 24-Hour Nurse Advice Line

1-866-206-0554





## Clinical Practice Guideline – Attention-Deficit/ Hyperactivity Disorder

*Practice Parameter for the Assessment and Treatment  
of Children and Adolescents With Attention-Deficit/Hyperactivity Disorder*

### **Important Points to Remember**

Attention-Deficit Hyperactivity Disorder (ADHD) is the most common neurobehavioral disorder of childhood and among the most prevalent chronic health conditions affecting school-aged children. ADHD is the most commonly studied and diagnosed psychiatric disorder in children, affecting about 3 to 5 percent of children globally. In the U.S. approximately 7.8% (4.4 million) of children aged 4 to 17 are diagnosed with ADHD during their lifetimes (Mental health in the United States: Prevalence of diagnosis and medication treatment for Attention Deficit/Hyperactivity Disorder, United States, 2003. MMWR, September 2, 2005;54(34):842-847).

ADHD is a chronic disorder with 30 to 50 percent of those individuals diagnosed in childhood continuing to have symptoms into adulthood. It is estimated that 4.7 percent of American adults live with ADHD and are at significant risk for other comorbidities such as depression, substance abuse, and elevated rates of tobacco use.

### **Recommendations for the Management of ADHD in Primary Care for School Age Children and Adolescents**

- Primary Care Providers (PCPs) should establish a management program that recognizes ADHD as a chronic condition
- A treatment program should be developed that is child-specific and individualized for children with a goal of maximizing function in academic, social, and family settings
- The treating health care provider, parents, and the child, in collaboration with school personnel, should specify appropriate target outcomes to guide management
- The health care provider should recommend pharmacotherapy (stimulant or nonstimulant) and/or behavior therapy, as appropriate, to improve target outcomes in children with ADHD

*(See reverse for more information)*



## **Recommendations for the Management of ADHD in Primary Care for School Age Children and Adolescents**

- The health care provider should periodically provide a systematic follow-up for the child, preferably with any of the standardized ADHD rating scales. Monitoring should be directed to target outcomes and adverse effects by obtaining specific information from parents, teachers, and the child.
- When the treatment modalities implemented in the management of a child with ADHD have not met target outcomes, clinicians should review the medication regimen, re-evaluate the appropriateness of interventions as well as the adherence to the treatment plan. They should also reassess the original diagnosis while considering coexisting conditions.

## **Clinical Practice Guideline**

The clinical practice guideline offers recommendations for the diagnosis and evaluation of school-aged children with ADHD in primary care practice and should aid primary care professionals in their assessment of a common child health problem. The guideline emphasizes (1) the use of explicit criteria for the diagnosis using DSM-IV criteria; (2) the importance of obtaining information about the child's symptoms in more than one setting and especially from schools; and (3) the search for coexisting conditions that may make the diagnosis more difficult or complicate treatment planning.

The complete Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder guideline can be accessed at:

[www.aacap.org/galleries/PracticeParameters/JAACAP\\_ADHD\\_2007.pdf](http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf)

## **Care Management Referral Contact Information**

1-800-488-0134

## **CareSource 24, 24-Hour Nurse Advice Line**

1-866-206-0554







## Clinical Practice Guideline – Diabetes

*American Diabetes Association*

*Standards of Medical Care in Diabetes – 2010*

### Important Points to Remember

“Diabetes is a chronic illness that requires continuing medical care and ongoing patient self-management education and support to prevent acute complications and to reduce the risk of long-term complications.”<sup>i</sup>

In 2011, CareSource will be educating our members on the following diabetes screenings and reinforcing the importance of working with you to help members self-manage their diabetes.

Recommended Screenings<sup>ii</sup> (for special populations such as older adults or children please reference the Standard of Medical Care in Diabetes – 2010 noted at the bottom of the page).

#### A1C

- Perform the A1C test at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- Perform the A1C test quarterly in patients whose therapy has changed or who are not meeting glycemic goals.
- Use of point-of-care testing for A1C allows for timely decisions on therapy changes, when needed.

#### Blood pressure

- Blood pressure should be measured at every routine diabetes visit. Patients found to have a systolic blood pressure of  $\geq 130$  mmHg or a diastolic blood pressure of  $\geq 80$  mmHg should have blood pressure confirmed on a separate day. Repeat systolic blood pressure of  $\geq 130$  mmHg or diastolic blood pressure of  $\geq 80$  mmHg confirms a diagnosis of hypertension.

#### Lipids

- In most adult patients, measure fasting lipid profile at least annually. In adults with low-risk lipid values (LDL cholesterol  $< 100$  mg/dl, HDL cholesterol  $> 50$  mg/dl, and triglycerides  $< 150$  mg/dl), lipid assessments may be repeated every 2 years.

#### Retinopathy Screening

- Adults and children age 10 or older with type 1 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist within 5 years after the onset of diabetes.

*(See reverse for more information)*



- Patients with type 2 diabetes should have an initial dilated and comprehensive eye examination by an ophthalmologist or optometrist shortly after the diagnosis of diabetes.
- Subsequent examinations for type 1 and type 2 diabetic patients should be repeated annually by an ophthalmologist or optometrist. Less frequent exams (every 2–3 years) may be considered following one or more normal eye exams. Examinations will be required more frequently if retinopathy is progressing.
- Women with preexisting diabetes who are planning pregnancy or who have become pregnant should have a comprehensive eye examination and be counseled on the risk of development and/or progression of diabetic retinopathy. Eye examination should occur in the first trimester with close follow-up throughout pregnancy and 1 year postpartum.

## Nephropathy

- Perform an annual test to assess urine albumin excretion in type 1 diabetic patients with diabetes duration of  $\geq 5$  years and in all type 2 diabetic patients, starting at diagnosis.

- Measure serum creatinine at least annually in all adults with diabetes regardless of the degree of urine albumin excretion. The serum creatinine should be used to estimate GFR and stage the level of chronic kidney disease (CKD), if present.

The complete Standards of Medical Care in Diabetes – 2010 can be accessed at: [http://care.diabetesjournals.org/content/33/Supplement\\_1/S11.full#sec-6](http://care.diabetesjournals.org/content/33/Supplement_1/S11.full#sec-6)

(Endnotes)

- i Standards of Medical Care in Diabetes – 2010 [http://care.diabetesjournals.org/content/33/Supplement\\_1/S11.full#sec-6](http://care.diabetesjournals.org/content/33/Supplement_1/S11.full#sec-6)
- ii Standards of Medical Care in Diabetes - 2010 [http://care.diabetesjournals.org/content/33/Supplement\\_1/S11.full#sec-6](http://care.diabetesjournals.org/content/33/Supplement_1/S11.full#sec-6)

## Population Management Just got Easier for Providers

Our online Provider Portal allows you to easily and securely access critical information 24/7. CareSource offers its providers a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Two of these FREE tools include:

**Clinical Practice Registry** — This tool is for primary care providers (PCPs) and is a proactive approach to patient care. It helps place emphasis on preventive care by reminding providers when a patient needs a screening or test. The primary benefit of the Registry is population management. Providers can quickly sort their CareSource membership into actionable groupings.

**Member Profile** — With its comprehensive view of patient medical and pharmacy data, the Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

## Provider Portal Access

<https://providerportal.caresource.com/OH/>

## Enhanced Diabetes Program Coming Soon

In Spring 2011, CareSource will offer an enhanced diabetes program to help meet the needs of our Medicaid members.

## Care Management Referral Contact Information

1-800-488-0134



## Health Care Billing and Coding

Health care fraud, waste and abuse issues are in the news almost daily. Every year billions of health care dollars are paid for services never rendered, not medically necessary, using stolen member IDs, or billed with creative coding. Providers can help by understanding fraud, waste and abuse.

### Definitions:

- **Fraud** – An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR Part 455.2)
- **Abuse** – Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary, or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the Medicaid program. (42 CFR Part 455.2)

### Things to Remember When you Submit Health Care Claims for Payment:

- Check the member's ID before providing services to ensure you are documenting it in the right patient's medical record and that you are billing the correct insurance.
- It is the provider's ultimate responsibility to oversee their billing process to ensure that services performed are documented and billed correctly.
- When you suspect fraud, waste and abuse, please report it to the numbers provided below. You can remain anonymous. No action is taken on an allegation until it is thoroughly investigated.

### How to Report Fraud, Waste and Abuse:

- **Call:** 1-800-488-0134 (TTY: 1-800-750-0750 or 711). Choose the menu option for providers. Then select the option for reporting fraud.
- **Fax:** 1-800-418-0248
- **E-mail:** fraud@caresource.com
- **Write:** Complete Fraud, Waste and Abuse Reporting Form or send a letter to:

CareSource  
Attn: Special Investigations Unit  
P. O. Box 1940  
Dayton, OH 45401-1940

You can report information without leaving your name. If you choose to be anonymous, leave as many details as possible as we will not be able to contact you. Your message will be kept confidential to the extent permitted by law.