December 2012

Dear CareSource Provider,

Improving our Members' health is one of the many goals we share. And our partnership with you is a key to achieving it. We continue to look for ways to make it easier for you to work with CareSource. Below are highlights of some of the recent strides we have made toward our commitment to quality, convenience and efficiency.

Enhanced Quality Standards – In addition to our URAC accreditation secured in 2005, CareSource obtained NCQA (National Committee for Quality Assurance) accreditation in 2012. We received a Commendable status for Ohio Medicaid (HMO). Both URAC and NCQA provide a dynamic process of continuous quality and process improvement in the health care arena.

Electronic COB Claims Submission – Providers can now save time and resources by submitting claims electronically for coordination of benefits (COB). We accept both professional and hospital/facility COB claims electronically.

Secure Provider Portal Functions – Respiratory Syncytial Virus (RSV) season is November 1, 2012 through March 31, 2013. For convenient and faster processing of prior authorization requests for Synagis, submit your request using our secure Provider Portal. Visit **https://providerportal.caresource.com/OH/** to get started.

ICD-10 Readiness Plan – CareSource has implemented a plan for ICD-10 readiness that includes a final testing phase in the first quarter of 2014.

These improvements are discussed in more detail in the latest edition of our *ProviderSource* newsletter enclosed.

We know that good health care begins with you, and we appreciate your collaboration with CareSource. Together we can make this happen. Thank you!

Sincerely,

C Thiele MD

Craig Thiele, MD
Chief Medical Officer

OH-P-607

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HEDIS: Measures of focus for 2013

Quality care for our Members has always been the cornerstone of CareSource's foundation. CareSource uses Healthcare Effectiveness Data and Information Set (HEDIS) as one measure of the quality of care delivered to Members. HEDIS is a program of NCQA (National Committee on Quality Assurance) and is used by over 90 percent of all health plans to assess the quality of care delivered. HEDIS scores are compiled using claims and medical records data.

How Providers can help
In 2013, CareSource will focus on the following HEDIS and Children's Health Insurance Program Reauthorization Act (CHIPRA) measures below. These specific measures can be found on www.ncqa.org. These measures can help providers identify gaps in care for their patients.

HEDIS Measures

Adults' Access to Preventive/Ambulatory Health Services
- Individuals 20 years of age and older who had an ambulatory or preventive care visit

Appropriate Treatment of Children with Upper Respiratory Infection
- Children 3 months - 18 years of age with a diagnosis strictly of upper respiratory infection should not be dispensed an antibiotic prescription

Cholesterol Management for Patients with Cardiovascular Conditions
- Individuals 18 - 75 years of age discharged alive with an AMI, CABG, PCI, IVD LDL-C screening and control (< 100mg/dL)

Comprehensive Diabetes Care
- Individuals 18 - 75 years of age with Type 1 or Type 2 diabetes who have each of the following:
    - Hemoglobin A1c testing and control
    - Eye exam (retinal) performed by an eye care professional (optometrist or ophthalmologist)
    - LDL- C screening and control (< 100mg/dL)
    - Medical attention for nephropathy - nephropathy screening test, evidenced of nephropathy documented in the medical record, or documentation of a positive urine microalbumine test in the medical record noting date the test was performed and a positive result
    - BP monitoring and control (< 140/90)

Controlling High Blood Pressure
- Individuals 18 - 85 years of age with a diagnosis of hypertension have their blood pressure documented in the medical record and their blood pressure is controlled (defined as < 140/90)

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Follow-Up after Hospitalization for Mental Illness

- Individuals who were hospitalized for treatment of selected mental health disorders 6 years of age and older have follow-up with a mental health practitioner – psychiatrist, psychologist, psychiatric nurse practitioner or clinical nurse specialist, masters prepared social worker, and certified marital and family therapist (MFT) or professional counselor (PCC, PCC-S) – on or within seven days of discharge

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Initiation of AOD treatment - Adolescents and adults with a new episode of alcohol or other drug dependence (AOD) should have treatment initiated through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis
- Engagement of AOD treatment - Adolescents and adults who initiated treatment should have two or more additional services with a diagnosis of AOD within 30 days on the initiation visit

Prenatal and Postpartum Care

- Prenatal care – A visit within the first trimester
- Postpartum care – A postpartum visits on or between 21 and 56 days after delivery

Use of Appropriate Medications for People with Asthma

- Individuals 5 - 64 years of age diagnosed with persistent asthma are prescribed an asthma controller medication
- Follow-up to ensure the member filled the prescription for the asthma controller medication

Well-child visits for all ages (0 – 21 years) must contain documentation of:

- Health education/anticipatory guidance
- Physical exam
- Health and developmental history (physical and mental)

CHIPRA Measures

- Annual number of asthma patients with more than one asthma-related emergency room visit
- Percent of live births weighing less than 2,500 grams

Providers can use tools such as the CareSource Clinical Practice Registry on our Provider Portal to assess gaps in care for HEDIS measures. Providers can look up services and tests needed for members on the Clinical Practice Registry. Also on our Portal, Providers have access to the Member Profile showing historical medical and pharmacy data. These convenient tools can help quickly and easily identify HEDIS measures that need to be improved.

CareSource®

Doing what is right for our Members

In the CareSource Special Investigations Unit, we review medical bills and medical records for services provided to our Members. Sometimes, we identify bills submitted for treatment that, upon review of the medical record, does not meet the Ohio Administrative Code definition of "medically necessary."

OAC 5101:3-1-01 defines "medically necessary services" as services that are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. A medically necessary service must:

- Meet generally accepted standards of medical practice
- Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome
- Be appropriate to the intensity of service and level of setting
- Provide unique, essential, and appropriate information when used for diagnostic purposes
- Be the lowest cost alternative that effectively addresses and treats the medical problem
- Meet general principles regarding reimbursement for Medicaid-covered services

You should be familiar with this definition and follow it when treating Medicaid members. We trust that our network Providers will provide our Members with the highest quality care that is medically necessary. You should also be familiar with CareSource medical policies, updates and announcements and the Provider Manual, all of which can be found on our website at **www.caresource.com**. These resources provide information about CareSource-specific policies regarding Member benefits and offer guidance on medical necessity and appropriateness of care.

We are committed to partnering with you to ensure that we all do the right thing for our Members.

To report anything that does not seem right:

- Call **1-800-488-0134** (TTY: 1-800-750-0750 or 711) and follow the prompts to report fraud
- Email: fraud@caresource.com
- Fax: 1-800-418-0248
- Write: Send us a letter or use our confidential Fraud, Waste and Abuse Reporting Form at **www.caresource.com** and mail to:

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

If you choose to be anonymous, please report as much information about the situation as possible since we will not be able to contact you. Your report will be kept confidential to the extent permitted by law.

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