



P.O. Box 8738, Dayton, OH 45401-8738 | 800.488.0134 | CareSource.com

March 2014

Dear CareSource Provider,

2014 is off to a rapid start with the implementation of CareSource Just4Me™, a qualified health plan in the Health Insurance Marketplace. MyCare Ohio, the state's Integrated Care Delivery System that will serve the dual-eligible population in Northeastern Ohio, is just around the corner with a May 2014 launch date. This year, more than ever, our focus is on the members' needs and improving their health care. We appreciate the efforts of our providers to ensure that our members receive the care they need.

Here are some of upcoming items for 2014:

- **Preparing for ICD-10:** The ICD-10 transition is effective October 1, 2014. CMS will begin using CMS-1500, a new claim form that aligns with ICD-10. CareSource will only accept the new form after April 1, so please ensure that you submit the most updated version. Updated ICD-10 Frequently Asked Questions are also included in this Mailpak.
- **CareSource Just4Me implementation:** CareSource Just4Me, offered in the Health Insurance Marketplace, is now live. Please ensure that you are checking member ID cards to determine in which plan your patient is enrolled. CareSource Just4Me members have copays, coinsurance and deductibles, so please make sure that you are collecting those payments.
- **SBIRT services now covered** – Providers can now be reimbursed for Screening, Brief Intervention and Referral to Treatment (SBIRT) services. These services support integrated behavioral health care delivery.
- **Care Treatment Plans on Provider Portal** – Please continue to access member care treatment plans on the Provider Portal to identify areas for opportunity to improve patient health outcomes. These treatment plans are only available for our members enrolled in High Risk Case Management.

These programs and updates are discussed in more detail in the latest edition of our *ProviderSource* newsletter, enclosed.

Thank you for your continued partnership.

Sincerely,

Craig Thiele, MD
Chief Medical Officer

ICD-10 >> February 2014 Provider Q+A

The health care industry is preparing for monumental changes as it transitions toward implementing the International Classification of Diseases, Tenth Revision, also known as **ICD-10**.

> I am a service provider. Am I affected?

This question has been asked by a variety of providers, including ancillary service providers, such as transportation providers and waiver providers.

The answer is straightforward. All providers required to include ICD-9 codes on claims will be required to use ICD-10 codes beginning with the date of service or date of discharge of October 1, 2014. This includes ancillary service providers. Providers such as dental and pharmacy services that are not required to include ICD-9 codes today will not be required to include ICD-10 codes after implementation.

> Will the compliance date be extended?

The Federal Government's Department of Health and Human Services has no plans to extend the compliance date for implementation of ICD-10 therefore, all HIPAA-covered entities must implement the new code sets with date of service, or date of discharge for inpatient claims, that occur on or after October 1, 2014.

> Who defines the ICD-10 codes?

The World Health Organization (WHO) defines diagnosis codes for international use and the National Center for Health Statistics (NCHS) defines diagnosis codes for use in the United States. The Center for Medicare and Medicaid Services (CMS) defines ICD-10-PCS (inpatient procedure codes) for use in the United States.

> Are a list of ICD-10 codes & mapping information available?

Mapping ICD-9 to ICD-10 codes is addressed in CMS' GEMs publications available on the CMS website: www.cms.gov.

cms.gov/ICD10. Many code maps may be accessed online by searching for "ICD-10 codes." Please keep in mind mapping from ICD-9 to ICD-10 is not always one-to-one. Additionally, the Medicaid claims payment systems will not automatically map an ICD-9 coded claim to ICD-10. It is your responsibility to submit the appropriate code based on the date of service or date of discharge. Claims may not contain a combination of ICD-9 and ICD-10 codes; individual claims may only contain one code set.

> What ICD-10 codes should I use?

As with ICD-9, ICD-10 codes are derived from documentation in the medical record. The ICD-10 coding manuals do not address specialty service codes separately. Specialty service codes are included with all other diagnosis codes, and are not labeled by specialty. If you are a service provider, you must research the codes that will apply to your business. If another provider supplies your ICD-10 codes, you must ensure those providers are ICD-10 compliant. You should consider identifying the most commonly utilized ICD-9 codes in your office and determine the correlating ICD-10 codes. CMS and many national provider associations have published ICD-10 resources to assist providers with this task. You may want to seek the advice of a professional coder.

> I use a Clearinghouse/Billing Service. What do I need to do?

You need to ensure your vendors will be ready to accommodate ICD-10. You may want to consider sending test claims to ensure their readiness. You should contact your Clearinghouse/Billing Service directly to determine their readiness and potential for testing with them.

question & answer information
provided by these partners:



> I use an Electronic Health Record (EHR)/ Practice Management system. What do I need to do?

Contact the vendor that supports your system to ensure they have updated, or will be updating, the system to accommodate ICD-10.

> It is current practice in the addictions treatment and mental health fields for clinicians to use the DSM for diagnosing. Can these clinicians continue their current practice and use the DSM diagnostic criteria after 10/1/014?

Yes. However, neither DSM-IV nor DSM-5 is a HIPAA-mandated code set and therefore may not be used in HIPAA-standard transactions. Clinicians may continue to base their diagnostic decisions using the DSM criteria, but those codes must be translated to an appropriate ICD-10-CM code(s) when billing Ohio Medicaid. See the January 2014 Ohio Department of Mental Health & Addiction Services e-Update ICD-10-CM article on page 4 for additional informationn: <http://mha.ohio.gov/Portals/0/assets/News/eUpdates/eUpdateJanuary2014.pdf>.

> Will Medicaid conduct ICD-10 testing?

Yes. ODM will conduct end-to-end testing with Trading Partners/Clearinghouses for EDI transactions in the 2nd Quarter of 2014. Additional details regarding this testing will be communicated in the coming months. Providers that use the ODM Web-Portal to submit claims will continue to submit claims the way they do today, but with updated ICD-10 codes. Web-Portal testing will be done by the internal ODM Testing team.

Each of the Managed Care Plans (Plans) has developed its own test plans. Each plan will communicate directly with providers selected for testing. If selected, you should receive a communication from the Plan as noted below:

Aetna:	Contact electronic claims submitter directly.
Buckeye:	2nd Quarter 2014
CareSource:	March 2014
Molina:	March 2014
Paramount:	May 2014
United: Healthcare:	June 2014

> What is the cost of non-compliance?

While no penalty will be assessed by Ohio Medicaid, the penalty for lack of preparedness is inherent; your claims cannot process and will deny or reject. Also, consider the cost of recoding and resubmitting claims that have denied or rejected because of incorrect coding – whether done by your office or through a Clearinghouse/Billing Service.

> How can I get updates from Medicaid?

ODM and the Plans have a variety of resources available to communicate ICD-10 information to the provider community.

- » ICD-10 resources, information, and updates are published online: <http://www.medicaid.ohio.gov/PROVIDERS/Billing/ICD10.aspx>
- » A link to each Plan’s webpage is on the ODM ICD-10 webpage. Each Plan has additional resources available for their provider networks. Talk to your provider representative about your questions.
- » ODM provides updates to many of the provider associations in the state and has requested they forward information to their members. ODM also provides updates during provider associations’ regularly scheduled meetings.
- » ODM provides updates to the Clearinghouses/ Billing Services and has requested they forward information to their customers.
- » Alerts are posted on the ODM web-portal, Medicaid Remittance Advices, and each Plan’s webpage.

> Are online training resources available?

There are many organizations that provide formal ICD-10 training. For example, CMS offers Medscape Education modules for providers and staff. You must register with Medscape to access these modules. Physicians and nurses can earn continuing medical education (CME) and continuing education (CE) credits for completing these modules. For others, a certificate of module completion is available. Topics include:

- » Transition to ICD-10: Getting Started
- » ICD-10: A Roadmap for Small Clinical Practices
- » ICD-10: Small Practice Guide to a Smooth Transition
- » ICD-10: A Guide for Small and Medium Practices
- » ICD-10: A Guide for Large Practice



Network Notification

Date: January 17, 2014

Number: OH-P-2014-01

To: Ohio Providers

From: CareSource

Subject: Change to DRG Payment Process

In the spirit of making it easier to do business with us, effective February 1, 2014 CareSource is changing its reimbursement methodology on facility inpatient claims. This is in alignment with current industry practices.

Starting February 1, 2014, providers will receive payment based on the day the member was discharged from the hospital for inpatient stays. For example, an admit date of January 10, 2014 with a discharge date of February 2, 2014 would pay based on the discharge date of February 2, 2014. This change is part of the national transition to ICD-10 code sets.

For more information on ICD-10:

- Visit CareSource.com and click the ICD-10 link under “Quick Links”
- Visit the CMS website at www.cms.gov/Medicare/Coding/ICD10/

Please refer to your Provider Relations Representative for questions.



Network Notification

Date: March 3, 2014

Number: OH-P-2014-06

To: CareSource Just4Me™ Providers

From: CareSource

Subject: Reminder to Check Member Eligibility for CareSource Just4Me™

CareSource Just4Me™ is now live and has some differences compared to our other Ohio plans. Please ensure that you are checking member eligibility every time a member seeks care.

When checking eligibility, please review if a member is marked as being 30 days or more past due on their premium payments. This will appear on the member's account in the [Provider Portal](#). If a member is marked as delinquent, the provider should collect payment upfront for non-emergency services. See below for the placement of the delinquency reminder:

Member Eligibility

CareSource Id Medicaid Id Member Info Case Number Multiple CareSource Ids Multiple Medicaid Ids

CareSource Id: **Member is eligible for service on the specified date**

Date of Service:

▼ Member Information

Member Name: [REDACTED]	Address: [REDACTED]
CareSource Id: [REDACTED]	City, State, Zip: [REDACTED]
Medicaid Id: [REDACTED]	County: [REDACTED]
Case Number: [REDACTED]	Phone: [REDACTED]
Gender: Male	Date of Birth: [REDACTED]
Member Profile: Not Available for this Member	Relationship to Subscriber: Subscriber/Insured
Program Details: Premium payments past due-member in 90 day grace period & responsible for services if account not paid in full prior to grace period end.	Program: Just4Me Silver
<small>Premium payments can take several days to process after receipt.</small>	

→ This indicates that the member is past due on their premium payments.

If you have any questions, please call our Provider Services Department at **1-800-488-0134**. You can also access additional resources [here](#).

Thank you for your cooperation with this request.