*Provider*Source

CareSource Plans to Offer New Health Insurance Options in Marketplace

CareSource recently received Ohio Department of Insurance (ODI) approval to sell individual and family health insurance through the new Health Insurance Marketplace. Once reviewed and certified by the federal government, CareSource will begin enrolling members October 1, for coverage to begin January 1, 2014.

The Marketplace, which is part of the federal Affordable Care Act, is designed to help consumers easily compare low cost plans in an easy-to-understand online format or with the help of Licensed Insurance Representatives, Certified Application Counselors or Federally-approved "Navigators". The Marketplace offers many benefits including:

- All plans must offer Essential Health Benefits, covering most physician and hospital services, preventative services, therapy treatments, behavioral health and substance abuse treatment and more.
- People cannot be denied insurance or charged more due to pre-existing conditions.
- Most Ohioans who are currently uninsured will qualify for subsidies to apply to their monthly premium or lower cost-share amounts.

CareSource plans to offer this new commercial insurance in six Ohio metropolitan areas spanning 30 counties the first year, including Akron, Cincinnati, Cleveland, Columbus, Dayton, and Toledo. We are holding community education events in these areas to help consumers understand what the Marketplace is and, once the contract is complete, the benefits of the CareSource plan. To learn more, visit **CareSource.com/Just4Me**.

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Coding Corner

Using modifier 57

Please keep in mind the following parameters for using modifier 57 (decision for surgery) with codes.

- Modifier 57 is used to identify an evaluation and management (E/M) service that resulted in the initial decision to perform a surgery.
- The modifier is to be used with E/M codes only (not the surgical procedure code) and must be for an E/M service provided on the day before or the day of a major surgery (90 day global).
- Clinical documentation must support the billed codes/modifiers.
- Clinical documentation is required on all modifier 57 appeals.

For example: A patient presents for abdominal pain. After an examination, the physician determines the patient is having appendicitis and decides to perform an appendectomy. On the claim, the physician would submit:

- The E/M code with a 57 modifier for the exam
- The surgical procedure code for the appendectomy

Thank you for your attention to coding guidelines. We appreciate your help in ensuring timely and accurate claims processing and payment.

Some Members may have new CareSource ID cards

Effective July 1, 2013, the Ohio Department of Medicaid (ODM) instituted changes to Ohio Medicaid. This included combining Covered Families and Children and Aged, Blind or Disabled populations into one Ohio Medicaid group. This new group also includes ABD Children, who began selecting their managed care plans in April and became effective Members on July 1.

CareSource™ — *Health Care with Heart*

Member Name	**Date of Birth**
Mary Doe S A M P L E	04-12-73

CareSource Member ID #: 12345678900

MMIS #: 987654321000   **Case #:** 7654321000

Primary Care Provider/Clinic Name:
Good, Iam A.

Provider/Clinic Phone: (937) 123-4567

Member Services: 1-800-488-0134 (TTY: 1-800-750-0750 or 711)

24-hour Nurse Line: 1-866-206-0554 (TTY: 1-800-750-0750 or 711)

As part of this change, CareSource Members could have a new ID card (shown above) in addition to the current CareSource ID cards. To see all CareSource ID cards, please reference your Provider Manual. If you have any questions or would like more information, please view our Network Notification on **CareSource.com** or speak with your Provider Relations Representative.

Always check ID cards

CareSource Members are asked to present their CareSource ID card each time services are accessed. CareSource Advantage® (HMO SNP) Members should also present their Medicaid ID card at the time services are accessed. If you are not familiar with the patient, and cannot verify the person as a CareSource Member, please ask to see photo identification. If you suspect fraud, please call **1-800-488-0134**.

Please also verify Member eligibility before providing services. You can do so by using our secure Provider Portal or calling **1-800-488-0134**.

Special communication services help reduce barriers to care

CareSource offers sign and language interpreters for Members who are hearing impaired, visually impaired, do not speak English, or have limited English-speaking ability. These services are available at no cost to the Member.

Participating Providers are required to identify the need for special services and offer assistance to CareSource patients. Please note that CareSource requires hospitals, at their own expense, to offer sign and language interpreters for these Members. All other Providers should contact our Provider Services Department at **1-800-488-0134** (TTY: 1-800-750-0750 or 711) to help these patients receive assistance.

ICD-10 deadline is Oct. 1, 2014

The ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets effective October 1, 2014, per the Department of Health and Human Services (HHS).

The transition to ICD-10 is occurring because ICD-9 produces limited data about patients' medical conditions and hospital inpatient procedures. ICD-9 is 30 years old, has outdated terms, and is inconsistent with current medical practice. Also, the structure of ICD-9 limits the number of new codes that can be created, and many ICD-9 categories are full.

There are many professional, clinical and trade associations offering ICD-10 information, educational resources, and checklists. Check your professional associations' websites to see what resources are available.

The Centers for Medicare and Medicaid Services (CMS) also has resources available at www.cms.gov/ICD10. You can also visit our website at **CareSource.com** to view ICD-10 updates.

On the horizon

MyCare Ohio program

CareSource has created an alliance with Humana to serve people who qualify for both Medicaid and Medicare (often referred to as dual eligible). As part of the state's new Integrated Care Delivery System known as MyCare Ohio, the alliance was selected to serve the following Ohio regions:

- Northeast region (Cleveland area)
- East Central region (Akron area)
- Northeast Central region (Youngstown area)

The CareSource Humana alliance was established to more effectively serve Medicare and Medicaid beneficiaries. CareSource and Humana will bring their extensive experience in both programs to enhance care coordination, provide long-term services and support and make the programs simpler and easier to navigate. This coordination is expected to result in better health outcomes for Members and a more streamlined reimbursement process for Providers.

Participating CareSource Providers will not be required to participate with Humana to serve MyCare Ohio Members. Still in the development phase, the MyCare Ohio program is expected to be implemented early in 2014 and is a three-year demonstration. We look forward to working with our Ohio Providers as the program unfolds.

Provider e-communication system

CareSource is making it easier for Providers by going green! You will soon be able to receive issues of the ProviderSource newsletter and other important CareSource information via email with our new e-communication system.

The system will improve efficiency by sending timely information straight to your inbox. Multiple Provider contacts can register to receive information to help ensure that staff members are updated. And contacts can be identified by type, such as office manager, billing office or clinical contact, so you receive targeted, relevant information.

Moving to an electronic system allows for more efficient, timely and targeted delivery of information. Offices aren't cluttered with outdated mailings, and providers won't have to remind themselves to go to the website for updates – notification will be delivered directly to relevant staff. Stay tuned for updates and registration details.

Report fraud, waste or abuse to CareSource

Call: 1-800-488-0134. Follow the prompts to report fraud.

Fax: 1-800-418-0248.

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

Online: Complete the Fraud, Waste and Abuse Reporting Form on our website at **CareSource.com**.

Please give a detailed description of the activity, including the names of individuals involved, Provider/Member number (if available), date of activity, issue of concern, and other pertinent information.

Your report may be anonymous; however, if you do not provide your name, we will not be able to call you back for more information. Your message will be kept confidential to the extent permitted by law.

Find well-child exam and immunization guidelines on our website

Healthchek is the name for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services in Ohio. CareSource Members should receive these well-child checkups at specific ages from birth through age 20. These comprehensive exams include immunizations, blood lead screenings and other services, as needed.

Our Providers are essential to the success of this program and the creation of medical homes for children. Please see the CareSource Provider Manual located at **CareSource.com** for more details about:

- Healthchek exam frequency
- Immunization schedule
- Proper coding
- Billing procedures

We also offer a helpful checklist on our website that can assist with documentation of the exam components.

Coming soon: Babies First program improvements

CareSource is dedicated to motivating our pregnant Members to seek prenatal and postpartum care as well as well-child care for their babies after they are born. So we are restructuring our Babies First program to make it easier for Members and Providers to participate.

Members will still be able to earn up to $150 to spend on needed health-related items, but we will use a reloadable CareSource Rewards card that is automatically funded as claims are identified and processed for each eligible service. Providers will no longer need to sign multiple coupons and Members will not need to mail in each coupon to redeem them. The rewards card can be used at several retail stores throughout Ohio, cannot be redeemed for cash, and will restrict purchases to health-related items only.

We hope these changes will make the program less cumbersome, increase participation and improve prenatal, postpartum and well-child health care outcomes. Look for more details as we implement the changes in the coming months.

Prenatal and postpartum care time frames

Timing is crucial when it comes to prenatal and postpartum care. CareSource stresses early and ongoing prenatal care for all pregnant Members. Please remember that prenatal care should begin within the first trimester. A routine postpartum care visit should take place between 21 and 56 days (3 to 8 weeks) after delivery. Earlier postpartum visits may be clinically warranted in selected situations.

Health Homes facilitate care coordination

At CareSource, we believe that better coordinated care can result in improved health outcomes. That's why we are participating in Ohio's new service for Medicaid consumers with serious and persistent mental illness (SPMI), called Health Homes. The program is being implemented gradually by county with the second phase scheduled for October 2013.

Health Homes aim to integrate physical and behavioral health care through coordination. Through this program, a Member's mental health care Provider (the Member's Health Home) partners with a primary care Provider. Together, they offer comprehensive care for all of the Member's health needs and facilitate access to medical, behavioral and social services. Only community mental health agencies are eligible to become certified as Health Homes.

Please remember that we are here to assist Health Home Providers. Our services include a dedicated contact to participate on the care management team and assist with Member care coordination. We also offer a centralized data and information exchange platform through our online Health Home Provider Portal. We can help facilitate a standardized direct transfer of Member care information that can be easily read by an Electronic Health Records (EHR) system. For more information, please contact Jonas Thom at (937) 531-2137 or Jonas.Thom@CareSource.com.

Disease management helps put Members in control

CareSource Members diagnosed with asthma or diabetes are automatically enrolled in our enhanced disease management program. Our program offers resources and tools to help Members reach their health care goals. Outreach includes:

- Quarterly, diagnosis-specific educational mailings
- Monthly phone messages on disease-specific topics

Members identified with complex conditions have a nurse assigned to their case. To refer a CareSource patient who is not already enrolled in the program, call **1-888-882-3614**.

Diabetes screenings help prevent complications

CareSource continues to educate Members with diabetes about the importance of adhering to their prescribed treatment plan and getting health screenings to prevent complications. Thank you for ensuring your patients receive all appropriate recommended screenings and that they are accurately documented in the patient's medical record.

Screening	Frequency
LDL-C	At least once a year
HbA1c	At least twice a year
Kidney function test	Annually
Retinal eye exam	Annually
Blood pressure check	At each visit

Prescribing asthma controller medications

Did you know that CareSource case managers educate Members with persistent asthma? Following the National Heart, Lung and Blood Institute (NHLBI) Practice Guidelines for Asthma, we cover topics to help them understand their disease such as medication compliance, asthma trigger control, self-management, and care coordination.

One particular focus is ensuring that our Members with persistent asthma receive needed controller medications and adhere to their treatment plan. We appreciate your efforts in helping CareSource Members receive the appropriate asthma medications for their needs. Our disease management program for asthmatic Members is designed to support your care plan. For a list of preferred medications, please visit the Pharmacy section of our website at **CareSource.com**.

CareSource Advantage model of care supports Members

CareSource Advantage, our Medicare Advantage special needs plan (SNP), is available to those who are eligible for both Medicaid and Medicare Parts A, B and D. Our Members are typically low income, younger disabled, with multiple chronic illnesses or co-morbidities.

As required by the Centers for Medicare and Medicaid Services (CMS), we have an evidence-based model of care that supports the delivery of health care services to the dually eligible population through a variety of components. They include, among others:

- Comprehensive health risk assessments and care plans for each Member
- Care coordination
- Communication and accountability systems
- Performance measurement and improvement activities

Members are automatically enrolled in our case management program with an RN case manager who is part of an interdisciplinary care team that helps Members manage physical and behavioral health issues and chronic illnesses. And Members have access to other support services such as our 24-hour nurse advice line and Medication Therapy Management.

CareSource Advantage has also invested in staff development and training on our model of care to help support the highest level of clinical care and service to our Members. Our model of care is evaluated annually and summary reports are posted on our website at **CareSource.com**.

Search our drug formulary online

CareSource continues to find ways to make it easier for Providers to work with us. One of them is our online formulary search tool. It can help you save time by quickly looking up medications to make sure they are covered by CareSource. You can also check for prior authorization requirements, generic alternatives to brand-name drugs, or any restrictions or limits that may apply.

You can search for drugs alphabetically, by brand or generic name, or by therapeutic class. The tool is designed for use with the CareSource Medicaid formulary only. To access it, please follow these easy steps:

1. Visit our website at **CareSource.com**.
2. Click on "Providers" and choose "Ohio."
3. Choose "Member Care" then click on "Pharmacy."
4. Choose "CareSource Medicaid Pharmacy Information." Click on "Online Drug Formulary" to begin your search.

DID YOU KNOW?

There is a separate formulary search tool for CareSource Advantage® (HMO SNP), our Medicare Advantage special needs plan (SNP). It is administered by our pharmacy benefit manager.

To access it, follow steps 1-3 above. Then choose "CareSource Medicare CareSource Advantage® (HMO SNP) Pharmacy Information." Scroll down and click on "Formulary Drug Search Tool."

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Health Care with Heart

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

NCQA ACCREDITATION COMMENDABLE MANAGED CARE ORGANIZATION MEDICAID HMO/SNP

URAC ACCREDITED HEALTH PLAN (for Medicaid) HEALTH CALL CENTER

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ProviderSource is a publication of CareSource, a non-profit, public-sector managed health care plan serving all regions of Ohio.

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

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