

WINTER 2018

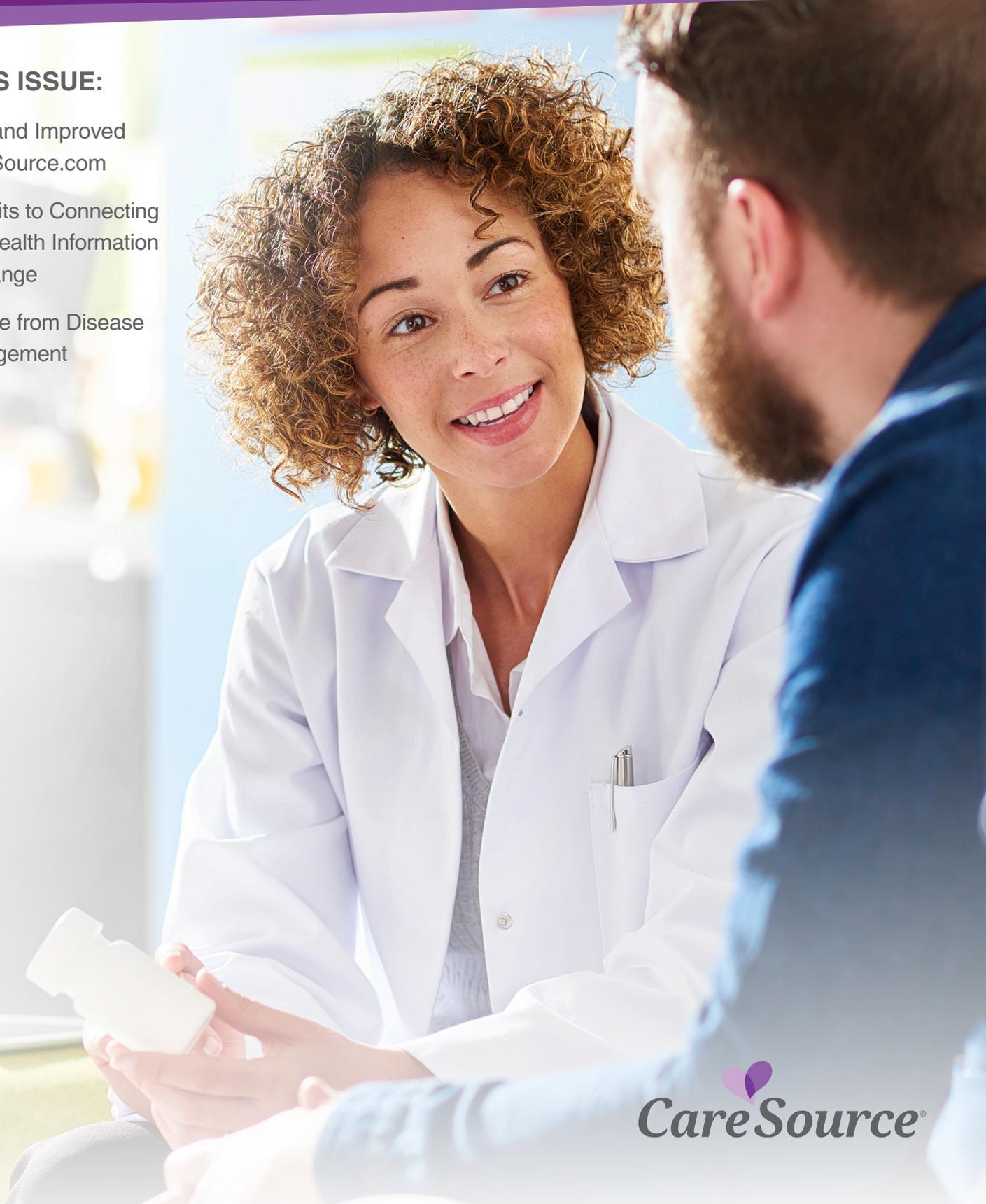
# PROVIDER *Source*

A Newsletter for CareSource® Health Partners



## IN THIS ISSUE:

- 4 New and Improved  
CareSource.com
- 5 Benefits to Connecting  
to a Health Information  
Exchange
- 7 Update from Disease  
Management



  
**CareSource**®



## FROM THE MEDICAL DIRECTOR:

### HEDIS Season – It's Fast Approaching!

HEDIS (Healthcare Effectiveness Data and Information Set) is a performance measurement tool that was developed, maintained and administered by the National Committee for Quality Assurance (NCQA) and used by the Centers for Medicare & Medicaid Services (CMS) for monitoring the performance of managed care organizations. HEDIS data is used in rating our performance through quality withhold report cards with the state of Ohio for Medicaid and with CMS for our MyCare performance. It is also used as an integral part of stars measures for our Marketplace and Medicare Advantage plans.

While HEDIS is a year-round process, the HEDIS medical record data abstraction process will begin in February 2019 and will run through mid May. CareSource (and other health plans) will be contacting your office with a list containing members for which we are requesting medical records for one or more of the HEDIS measures, as well as an explanation of what documentation is required for each measure.

We recognize that this process can be a burden on your office and staff. Please let us know if there is anything we can do to streamline this process to make it easier on you and your staff.

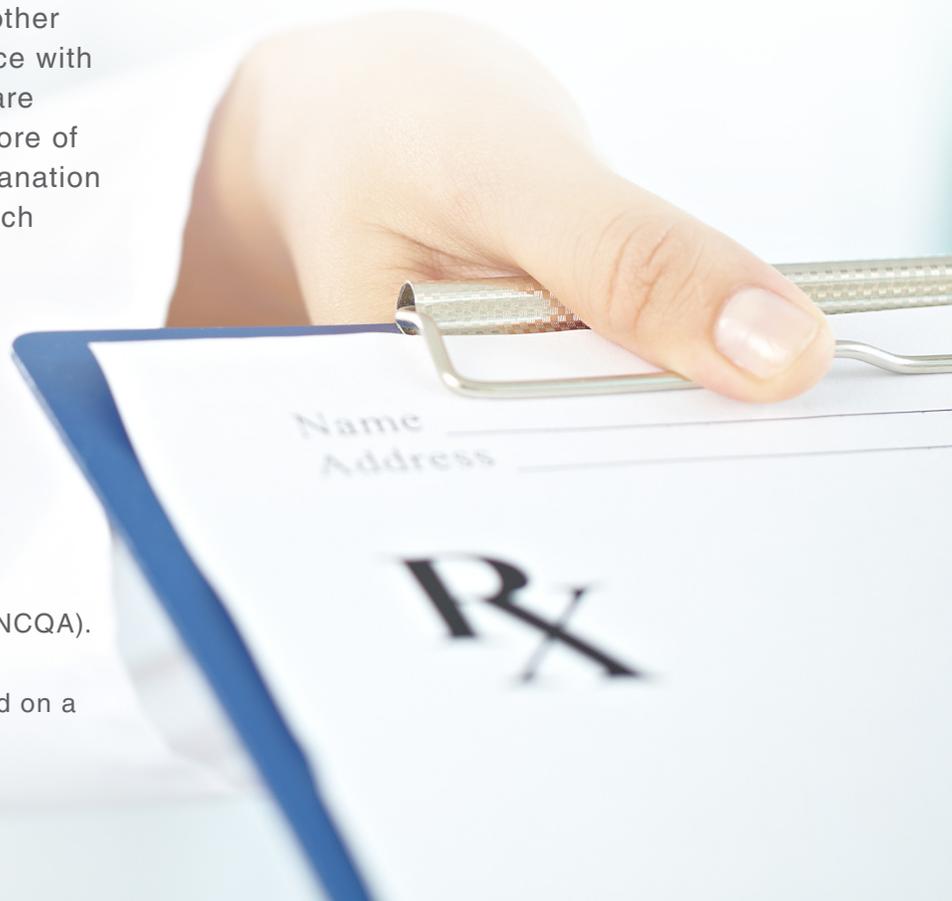
Thank you very much with all your help with this important data collection!



**Karim Lopez, M.D.**  
Medical Director, Ohio

\*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

\*Every year, Medicare evaluates plans based on a 5-star rating system.



# UNDERSTANDING UPCODING AND UNDERCODING



CareSource pays for many physician services using Evaluation and Management (commonly referred to as “E&M”) codes. New patient visits generally require more time than follow-up visits for established patients, and therefore E&M codes for new patients command higher reimbursement rates than E&M codes for established patients.

An example of upcoding is an instance when you provide a follow-up office visit or follow-up inpatient consultation but bill using a higher level E&M code. Another example of upcoding related to E&M codes is misuse of Modifier 25. Modifier 25 allows additional payment for a separate E&M service rendered on the same day as a procedure. Upcoding

occurs if a provider uses Modifier 25 to claim payment for an E&M service when the patient care rendered was not significant, was not separately identifiable, and was not above and beyond the care usually associated with the procedure.

An example of undercoding is an instance when you bill using a lower E&M code for a more complex office visit. This causes an underfunding of the procedure performed and lost reimbursement.

More information can be found at: [www.cms.com](http://www.cms.com) under the Outreach and Education section.

## Member Consent to Share Sensitive Health Information

CareSource is excited to announce new tools to help you coordinate patient care and comply with regulations regarding sharing sensitive health information (SHI). SHI is a subset of protected health information (PHI) which may require consent from the individual in order to be shared with others.

Because our goal is to help you help your CareSource patients, we have implemented online tools to automate:

- Verifying consent to ensure that you do not share health information inappropriately
- Encouraging members to consent to sharing health information

Log in to the Provider Portal at <https://providerportal.caresource.com> and search for the CareSource patient using the Member Eligibility option.

Please encourage your CareSource patients who have not consented to complete a Member Consent/HIPAA Authorization Form so that all providers involved in their care can effectively coordinate their care. This form is located on **CareSource.com** on the member Forms page. If you are unaware of your patient's status you can view the member's consent status on the Provider Portal.

If you have questions about patient consent or want more information, please contact Provider Services for Ohio at **1-800-488-0134**, for West Virginia at **1-855-202-1091** and for Kentucky Marketplace at **1-855-852-5558** or view the Updates and Announcements page at **CareSource.com**.



## New and Improved CareSource.com

As you may have seen, we have launched a new **CareSource.com**. In October 2018, the new **CareSource.com** was launched containing new and improved features. When creating this new website, we kept the members and providers at the top of mind to make a more user friendly site and allowing the ability to grow. We want to highlight some key features to enhance your usage of our website:

- The site is organized so that users can quickly find the section that matters to them.
- A large dropdown puts top tasks one click away.
- The site information is dynamic – it filters content so the user can find what they need quickly.

You will notice that you are now able to clearly view the website on all types of displays, including desktops, laptops, tablets or mobile devices. If you have not already, be sure to check out **CareSource.com** and view all the new features.

## Did you know? CareSource Offers Members a Mobile App?

Refer your patients to use the CareSource mobile app. This app allows CareSource members to view their health plan on the go.

- Access their secure My CareSource® account
- View or Share their digital Member ID card
- View Claims detail and status
- Make a Payment (if applicable by plan)
- Find a doctor, hospital, clinic, urgent care or pharmacy
- Call CareSource 24® and speak with a nurse 24/7
- Call Member services
- Take a Health Risk Assessment
- ...And more!

Download the CareSource mobile app for free –



\*iPhone is a registered trademark of Apple, Inc. The App Store is a service mark of Apple, Inc. Google Play and Android are registered trademarks of Google, Inc.



## Benefits to Connecting to a Health Information Exchange

CareSource connects to a variety of state and federal health information exchanges (HIEs) in order to improve the care of our members. HIEs are organizations that allow healthcare providers and payers to appropriately and securely access and share a member's medical information electronically.

Participation in HIEs provide value for providers and payers in four main areas: costs, efficiency, outcomes and quality. Sharing timely, accurate and actionable data enables continuity of care, preventive care and immediate action for members. We encourage all providers to connect to HIEs in order to take advantage of these benefits.

Please visit <http://www.clinisync.org/clinisync-services/sign-up-for-services> for more information.

## UPDATING YOUR INFORMATION REMINDER

Here's a reminder on how to submit updates to CareSource to ensure your information is updated correctly:

Use the new health partner contract form when you want to:

- Submit an application for a contract
- Add a product to an existing contract, such as adding CareSource Marketplace when a contract already exists for Medicaid
- Change your Tax ID Number or update your IRS Name

Use the provider maintenance via the provider portal when you want to:

- Add additional providers
- Change address, phone, hours of operation
- Language options, cultural competency training, capacity limits
- Age or gender restrictions for patients
- Any other demographic changes

## Ensuring Quality Care for Our Members

CareSource is excited to ensure the quality of our network to provide the best and most effective care for your patients.

It is very important that CareSource takes a proactive approach to managing utilization at the member and provider levels. We have implemented numerous processes this year including provider utilization monitoring amongst our provider network. For example, we focus on providers who offer Behavioral Health outpatient and/or Urine Drug Testing services and may show as outliers in CareSource data, relative to their peers. The process involves collaboration amongst numerous teams including Behavioral

Health market leads, Special Investigations Unit, Health Partner representatives, delegated vendors (if applicable) and System Configuration to help identify best practices and opportunities for provider education.

In addition, we recognize that some providers may be working with members with higher-level needs and we want to engage with these providers to help with care coordination and connecting members to other appropriate services. We look forward to expanding on this process and improving the overall quality of our network to drive better health outcomes for our members.

## Antibiotics Are Not Always Necessary

The common cold is a frequent reason for children and adults visiting their primary care provider. Clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections.

CareSource encourages providers to educate their patients on proper antibiotic use. Some helpful tips to share with patients include:

- Antibiotics do not treat acute respiratory infections or acute bronchitis caused by a virus.
- Antibiotics are not typically used to treat the seasonal flu unless certain complications.
- Antibiotics can be harmful if used unnecessarily as bacteria can become resistant.
- Antibiotic use does not come without side effects. Educate patients on the possible side effects of antibiotics, such as; headaches, intestinal issues, and rashes.

## Count the Kicks

Pregnant CareSource members will soon receive information about a free app that will make it easier to track fetal movements. Our goal is to improve our members' chances of delivering a healthy baby and to decrease the chances of stillbirth.

Count the Kicks is a stillbirth prevention health campaign that encourages expectant mothers to track their baby's movements daily during the third trimester of pregnancy. When Mom becomes familiar with what is normal for her baby, any changes should raise red flags and prompt her to contact her doctor. The main function of the app is to track how long it takes for baby to get 10 movements. The app can also send a message to remind Mom to do her kick counts. Mom can save the kick count sessions so that she can begin to see a pattern of her baby's movement. This data can also be shared with her doctor so that any potential problems can be spotted early.

The app is free and is available for both Android and iOS. For more info, visit [countthekicks.org](http://countthekicks.org).





## Update from Disease Management

We are revising our diabetes curriculum for children and teens based on KidsHealth® (Nemours Foundation) published articles. We mail identified members written curriculum, and also direct them to videos and online learning opportunities to take charge of their health.

- Doctor-reviewed advice on hundreds of physical, emotional and behavioral topics
- Separate sections for parents, kids and teens, each created with their questions in mind
- Easy-to-follow articles, slideshows, videos and health tools designed to help families learn, grow and be their best.

In our Asthma, Diabetes and Hypertension newsletters and curriculum, we use NCQA evidence-based guidelines to encourage members to learn more about their disease and to make healthier choices. We encourage ongoing learning either by participating in online learning activities as well as in-person classes.

We strongly emphasize HEDIS® measures: HbA1C, retinopathy and microalbumin screenings. We would appreciate any assistance from our providers to also encourage classes such as diabetes education and referrals to podiatrists and registered dietician.

\*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

## Document BMI Screenings

Routine body mass index (BMI) measurements are a quick and simple way to gauge your patients' risk for health problems and can promote discussions that may influence healthier habits.

BMI should be calculated and documented in a patient's medical record at least annually. When documenting BMI in the medical record, be sure to include the following:

Children 3 through 17 years of age:

- Date of visit
- Height and weight
- BMI percentile documented as a value or on an age-growth BMI chart

Please take the time to counsel the parent and child on the importance of healthy eating and physical activity.

Adults (18 years and older):

- Date of visit
- Weight
- BMI value

Please make sure to document BMI percentile for anyone under 20.



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

VISIT US  
[CareSource.com](http://CareSource.com)

JOIN US

 [Facebook.com/CareSource](https://www.facebook.com/CareSource)

 [Twitter.com/CareSource](https://twitter.com/CareSource)

 [Instagram.com/CareSource](https://www.instagram.com/CareSource)

 [Pinterest.com/CareSource](https://www.pinterest.com/CareSource)

CLINICAL NEWS

## Blood Pressure Guideline Update

The American Heart Association has updated their blood pressure guidelines.

A blood pressure of less than 140/90 is considered adequately controlled despite an individual's age or diagnosis.

As a result of this guideline update, the National Committee on Quality Assurance has revised the Healthcare Effectiveness Data and Information Set (HEDIS) Controlling High Blood Pressure measure to align with this change.

\*CareSource recommends nationally accepted standards and guidelines to help inform and guide the clinical care provided to CareSource members.

CS-P-0354

© 2018 CareSource. All Rights Reserved.

## Health Partner Services Contact Information



### OHIO

Medicaid, Marketplace, MyCare **1-800-488-0134**  
Medicare Advantage **1-844-679-7865**



### KENTUCKY

Marketplace **1-855-852-5558**



### WEST VIRGINIA

Marketplace **1-855-202-1091**