

Care1st Providers Paving The Way To New Quality Horizons!

Provider Portal Success

We are delighted to announce that the Care1st Provider Portal has been a huge success! Congratulations-- this is due to your active participation in utilizing the necessary Quality Outreach tools. In 2010, our web based Provider Portal was implemented and we integrated electronic tools that are easily accessible for Practitioners and these include: the Physician Profile Report, Assigned Members

Listing, Member Medical Record Reminder(s), and the Encounter Form. We know your time is valuable and we made great strides by streamlining the federally required data collection process, to ultimately ease the burden on you and your office staff.



Additionally, our Quality Outreach Teams provided individual Provider Portal training during their site visits in Fall. Our in-house teams provided training to Providers offices as well. We are committed in being a constant resource for you and your office staff! We are always available to answer any questions and can be contacted at (877) 472-4332.

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Benefits of using the Provider Portal

- We eliminated hard copy encounter forms which have increased the turnaround time.
- We streamlined the internal clinical review, HEDIS record/data collection process.
- You can view the status of your encounter submission.
- You can access the W-9 electronically which helps to streamline your practitioner payment.
- HCC Chronic Diagnoses are also available for providers.

Care1st Health Plan is providing incentive payments for the completion of all gap services on each member. If all gap services are completed on a specific member there is a \$30 incentive payment that is made to the primary care provider completing all the services. The first provider portal incentive payments were mailed out in early December and are continuing. The deadline for submission of encounter data through the portal is January 31, 2012. The Quality Improvement Department will reconcile all data in February and send each provider a full accounting of the data we received, what members qualified for incentive payment and, which members did not, and the reason they did not qualify.

For your convenience, you can access the Provider Portal on our website in the upper right corner at: <https://www.care1st.com/ca/providers/index.asp>.

RMSe-bubble Now Available

Healthcare providers can now use the RMSe-bubble system to securely transfer selected claims documents for Care1st review.

The system eliminates the need for mailed or FAXed delivery of documents.

HIPAA compliant

RMSe-bubble represents a major innovation in secure HIPAA compliant document exchange and has been endorsed and accepted by major hospitals and government agencies across the United States.

It is one of the first digital applications to be used as an approved gateway on the Health Information Highway.

Immediately Available

Using RMSe-bubble, providers can now electronically transmit the following claims documents to Care1st:

- medical records
- itemized bills
- invoices
- daily summaries and other types of documents requested to support their claims without concerns of lost or torn mail.

Care1st claim number must be provided when submitting these documents.

RMSe-bubble provides an on-line acknowledgment once the document has been received while providing the digital document trail that HIPAA now requires.

Said Richard Stephenson, President and CEO of RISARC: "We are delighted that Care1st, one of the most innovative health plans in the country, has chosen to use RMSe-bubble as its principal system for secure document exchange."

Next: Records to support Authorization and Appeals
Please note that medical records for Authorization and Appeals cannot be sent through the RMSe-bubble system yet. An update will be sent to alert providers once these options become available.

RMSe-bubble is a web based application that is available immediately for interested providers who would like the option to submit records electronically. For questions or additional information, please contact Risarc at (818) 953-3020. www.risarc.com

The Do's

The Centers for Medicare & Medicaid Services (CMS) holds Care1st Health Plan or plan sponsors responsible and accountable for all marketing activities conducted, or materials used, by its first-tier, downstream, and other contracted or sub-contracted entities to market Care1st's Medicare Advantage benefit / product plan(s). The Medicare Marketing Guidelines are designed to guide Care1st or plan sponsors and providers in assisting beneficiaries with plan selection, while at the same time striking a balance to ensure that provider assistance results in plan selection that is always in the best interest of the beneficiary. Providers that have entered into contracting agreements with Care1st must also follow these guidelines.

Marketing Do's and Don'ts for Providers:

1. Must use only CMS / Care1st (Plan)-approved marketing materials at all times.
 - Marketing materials may include, but is not limited to, television ads, radio ads, print ads (newspaper, magazine, flyers, brochures, posters, church bulletins), direct mailings (postcards, business reply cards), banners, billboards, signs attached to transportation vehicles), inserts (newspapers, magazines), Internet advertising, and window stickers.
2. May conduct sales activities in common areas like cafeterias, recreational or conference rooms.
3. May make available or distribute plan marketing materials (Plan/CMS-approved) as long as materials represent all contracted health plans with which the providers or provider groups participate or contract with.
4. May provide objective information on contracted health plans' plan-specific covered benefits, cost sharing, and utilization management tools based on a particular patient's medications and health care needs.
5. Are prohibited from conducting sales event presentations, distributing or accepting enrollment applications, and soliciting beneficiaries where patients primarily intend to receive, or are waiting to receive, health care services. Examples are waiting rooms, exam rooms, hospital patient rooms, dialysis treatment centers, and pharmacy counter areas.