

FALL 2017

# PROVIDERSource

A newsletter for CareSource Health Partners

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## OPERATIONAL NEWS

### UPDATE YOUR CONTACT INFORMATION ON THE PROVIDER PORTAL

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to maintain accurate provider information. You can assist us in this effort by ensuring your information is up to date. CMS has asked that we provide expanded information in our provider directories that includes:

- Provider website information
- Indication that a provider has completed cultural competency training

If your information is not current, it will not appear correctly to members in the provider directory.

You can now submit updates to your demographic information online, including address or phone changes, adding a provider, etc. Simply go to the Provider Portal and select “Provider Maintenance” from the navigation links on the left side of the page.

## FROM THE MEDICAL DIRECTOR

According to the Centers for Disease Control and Prevention (CDC), about one-third of U.S. adults, nearly 75 million people, have high blood pressure. Unfortunately, only about half, 54 percent, of these individuals have their hypertension under control. CareSource is working with our health partners to improve these statistics.

As you know, poorly controlled hypertension poses significant risks to cardiovascular, neurologic and renal health. Patient adherence to treatment is central to good health outcomes. However, non-adherence to these prescribed regimens is frequent and involves a variety of social, educational and psychological factors. CareSource is dedicated to partnering with you to address these barriers and foster improved outcomes. We will help to educate our members on diet, exercise and lifestyle choices, as well as encourage them to follow your treatment plans and adhere to medication schedules.

CareSource endorses nationally-recognized, evidence-based clinical guidelines for the diagnosis and treatment of hypertension issued by the American Heart Association, the American College of Cardiology and the Centers for Disease Control and Prevention. These guidelines are published at **CareSource.com** and are available for your reference. Working together, we can help our members control their blood pressure and lead healthier, happier lives.

Sincerely,

**Cameual Wright, M.D., MBA**  
Medical Director, Indiana

### *Coding and Risk Adjustment Educational Opportunities*

CareSource has partnered with Pulse8 and is now offering online ICD-10-CM diagnosis coding and risk adjustment education sessions and webinars. The free, one-hour webinars cover documentation and coding of illnesses as well as the basics of risk adjustment. Live and on-demand opportunities include a question-and-answer session after the presentation. On-demand sessions are approved for one continuing education unit (CEU) through the American Academy of Professional Coders (AAPC).

#### **LEARN MORE AND REGISTER**

To learn more about this great educational opportunity and register for webinars, send an email to [providerengagement@pulse8.com](mailto:providerengagement@pulse8.com).



## COVERAGE FOR CLINICAL TRIALS

Clinical trials are research studies that test how well new medical approaches work in people. Each study answers scientific questions and tries to find better ways to prevent, screen for, diagnose or treat a disease. Every clinical trial has a protocol or action plan for conducting the trial.

CareSource has very specific criteria for covering clinical trials. The criteria may differ based on our various product lines and the states where we operate. The criteria for each plan can be found at **CareSource.com/providers/policies** under the Administrative Policies column. The Marketplace plan policy for clinical trials is currently posted. Be sure to check the page regularly for new and updated policies.

The policies address CareSource requirements that CareSource to continue to pay for routine care costs while a qualified individual participates in an approved trial. They are based on specific state or federal regulations. Please consult these policies before billing CareSource for services associated with a clinical trial, and contact us with any questions.



## SPREAD THE WORD ABOUT DRUG TAKE-BACK DAY

Help CareSource spread the word – the National Prescription Drug Take-Back Day aims to provide a safe, convenient and responsible means of disposing of prescription drugs while educating the general public about the potential for abuse of medications. Check the Drug Enforcement Administration website for the next date, time and location of a drug take-back program near you: [www.deadiversion.usdoj.gov/drug\\_disposal/takeback/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html).

# BEHAVIORAL HEALTH DIAGNOSTIC ASSESSMENTS WITH SBIRT

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identify, reduce and prevent problematic substance use disorders (SUD). There are three major components:

1. **Screening:** Assessing a patient for risky substance use behaviors using standardized screening tools.
2. **Brief Intervention:** Engaging a patient showing risky substance use behaviors in a short conversation, providing feedback and advice.
3. **Referral to Treatment:** Providing a referral to brief therapy or additional treatment to patients who screen in need of additional services.

For more information, visit [www.integration.samhsa.gov/clinical-practice/sbirt](http://www.integration.samhsa.gov/clinical-practice/sbirt).

Just as preventive screening for heart disease or diabetes is customary, diagnostic assessments for early detection of SUD is critical to mitigate the more drastic effects on an individual's physical, behavioral and psychosocial health. SBIRT considers behavioral health as equally important to physical health.

## SUPPORTING ORAL HEALTH

CareSource encourages regular and appropriate oral health for all patients. Please remember that topical fluoride treatments for children may be provided and billed by pediatricians and other primary care providers as well as oral health providers. A well-child visit is an appropriate time to assess the need for this service and apply the treatment, if needed. As an alternative, please refer your patients to a dentist for services.

## *Preventive care for adults*

Help us to remind our members that well-care checkups are not just for children and adolescents. CareSource is committed to prevention and early detection of disease for the people we are privileged to serve. We are dedicated to helping people live healthier lives, and we hope you encourage our members to receive age- and gender-appropriate preventive care services.



## DOCUMENT BMI SCREENINGS

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

BMI should be calculated at least annually and documented in the patient's medical record. Be sure medical records reflect all of the following:

### Adults (19 to 74 years)

- Date of visit
- Weight and BMI value

### Children (24 months to 18 years)

- Date of visit
- Height and weight
- BMI percentile documented as a value (for example, 85th percentile)
- BMI percentile plotted on an age-growth BMI chart
- Checklist to indicate counseling for nutrition and physical activity annually (not solely topics on sports or safety)

Remember, a nutritional evaluation and anticipatory guidance are required as part of a routine well-child exam.



## MANAGING FALL RISK FOR OLDER ADULTS

According to the Centers for Disease Control and Prevention, more than 25 percent of Americans over age 65 fall each year, but less than half tell their doctor. Falling once doubles a patient's chance of falling again, and one out of five falls causes a serious injury such as broken bones or a head injury.

Be proactive with patients 65 years and older. Discuss the health benefits of physical exercise. Ask if they have fallen or if they have a problem with balance or walking. Identify and address any fall risk factors to help them prevent falls and lower the risk of fractures. You can also refer them to a community program or specialist, if needed.



## ASTHMA CARE

Regular doctor visits are an important part of effective asthma management. Ethnic and racial disparities that impact the frequency of medical visits for asthma care have been identified: The CDC reports that more than one in four Black adults and nearly one in seven Hispanic adults do not obtain regular medical exams for financial reasons.

CareSource Care Managers educate patients diagnosed with asthma to help them understand and manage their condition. They cover topics such as medication compliance, asthma trigger control, self-management, care coordination and adherence to treatment plans.

Recommendations to improve outcomes related to asthma:

- Prescribe appropriate asthma medications and appropriate delivery devices as needed.
- Remind patients to get their medications filled regularly.
- Ensure that patients understand the disease, the importance of taking their asthma medications and how to take them.
- Remind patients not to stop taking asthma medications even if they are feeling better and are symptom-free.
- Educate patients on identifying asthma triggers.
- Create an asthma action plan (documented in the patient's medical record) and ensure the patient has a copy.
- Identify social or financial barriers to adherence by asking the patient if there are any reasons that they would be unable to comply with the regimen.

CareSource offers a disease management and wellness program for patients with chronic conditions. CareSource members with asthma are automatically enrolled into this program and receive information to help them better manage their asthma. This information includes care options for them to discuss with you, their provider. We appreciate your help to make sure CareSource members with asthma receive the care they need. If you have a CareSource patient with asthma who you believe would benefit from this program and is not already enrolled, call **1-844-607-2829**.

*\*Source: [www.cdc.gov/asthma/impacts\\_nation/asthmafactsheet.pdf](http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf)*

## PROSTATE CANCER SCREENING GUIDELINES

Current prostate cancer screening recommendations indicate that the benefits of prostate-specific antigen (PSA)-based screenings do not outweigh the potential harms. Other methods of detection, including digital rectal exams and ultrasonography are recommended.

PSA-based screenings should not be used unless a clinically indicated diagnosis is present, even in men of optimal age (55 to 69 years). They should only be completed in the presence of an exclusion diagnosis, including prostate cancer, prostate dysplasia, or an elevated PSA test in the prior year.

Please document clinically appropriate screenings for prostate cancer in the patient's medical record.



## DOCUMENTING IMMUNIZATIONS

When completing immunization for your CareSource patients, remember to record the immunizations through the Children and Hoosiers Immunization Registry Program (CHIRP).

- Record the immunizations (historic and current) in the patient's medical record to include:
  - A note indicating the name of the specific antigen and the date of the immunization
  - The certificate of immunization prepared by an authorized health care provider or agency
  - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses or seropositive test results
  - The date of the first hepatitis B vaccine given at the hospital and the name of the hospital, if available

By age two, children should have the following immunizations:

- Four DTaP and three hep B
- Three IPV and two influenza
- One MMR and four pneumococcal conjugate
- Three Hib and two or three rotavirus
- One hepatitis A and one varicella

By age 13, they should have:

- One meningococcal vaccine between the 11<sup>th</sup> and 13<sup>th</sup> birthday
- One Td or Tdap
- Three doses of the HPV vaccine

## FIND PDL (PREFERRED DRUG LIST) UPDATES ONLINE

CareSource regularly reviews and updates the PDLs for our Medicaid and Marketplace products. These PDL updates and other important pharmacy information can be found at [CareSource.com](http://CareSource.com).

Drug coverage information is also available via apps on your smart phone. Apps include Formulary Search by MMIT and Epocrates.

If you do not have access to the internet, please call us and we will send you the updates. Please call and follow the prompts to reach the Pharmacy department.

# PROMOTING PREVENTION WITH WELL-CHILD EXAMS

Well-child exams play a key role in preventive care for children and adolescents. CareSource promotes the American Academy of Pediatrics Bright Futures schedule and recommendations for preventive pediatric health care. These visits may include immunizations, blood lead screenings, developmental screenings, review of medications, substance use treatment and other screenings.

For each well-child visit you perform, please include in the patient's medical record that the office visit was specifically for a well-child exam and the visit date. Be sure to document, at a minimum, all of the following:

- Health and developmental history
- Physical and mental developmental histories
- Physical exam
- Health education and anticipatory guidance

## EPSDT SERVICES

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

**Early:** Assessing and identifying problems early

**Periodic:** Checking children's health at periodic, age-appropriate intervals

**Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

**Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and

**Treatment:** Control, correct or reduce health problems found.

If you encounter any abnormalities or address a pre-existing problem during a well-child visit, please bill both the appropriate EPSDT visit code and the appropriate evaluation and management (E&M) code with the modifier 25.

For more information regarding well-child exam frequency, immunization schedules, and proper bill coding and procedures, please review your CareSource Health Partner Manuals or [www.CMS.gov](http://www.CMS.gov).





## SCREENING CHILDREN FOR LEAD POISONING

Blood lead level screenings should be performed at 12 and 24 months of age. As part of the federal definition of EPSDT services, the Medicaid statute requires coverage for children to include screening blood lead tests appropriate for age and risk factor. If you obtain the specimen (either a venous or capillary blood test) and analyze the test in your office, you should report the results to the Indiana State Department of Health, Lead and Healthy Homes Program. For questions on Lead and Healthy Homes Program guidelines, please call 1-317-233-1294.

Education on lead poisoning is an important part of the well-child visit and should include:


- Effects of lead poisoning on children
- Sources of lead poisoning
- Pathways of exposure
- How to prevent exposure to lead hazards
- Appropriate testing schedules for children

Please remember that completing a lead risk assessment questionnaire does **not** count as a lead screening.

The U.S. Food and Drug Administration and Centers for Disease Control and Prevention (CDC) have warned that certain lead tests manufactured by Magellan Diagnostics may provide inaccurate results for some children and adults in the United States. The CDC recommends that parents of children younger than six years (72 months) of age, currently pregnant women and nursing mothers who have been tested for lead exposure consult a health care provider about whether they should be retested.

## Health Partner Services

### Contact Information

 <b>Indiana</b>	Marketplace	<b>1-866-286-9949</b>
	Medicare Advantage	<b>1-855-202-0557</b>
	Hoosier Healthwise and Healthy Indiana Plan	<b>1-844-607-2831</b>



P.O. Box 8738  
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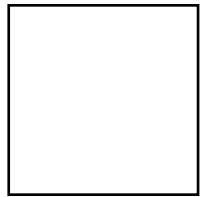
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## IMPROVING TREATMENT ADHERENCE FOR PATIENTS WITH A HYPERTENSION DIAGNOSIS

Hypertension is a major risk factor for cardiovascular disease and other health complications. Adherence to treatment, including medication adherence, has a significant impact on patient outcomes. Please help us encourage medication adherence for your CareSource patients who have been diagnosed with hypertension.

Please remember to document the following in the patient's medical record:

- Diagnosis of hypertension
- Blood pressure results during every visit
- Treatment plan – including medications

