



FALL 2024

PROVIDER *Source*

A Newsletter for CareSource Health Partners

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CareSource[®]



Chief Medical Officer's Note

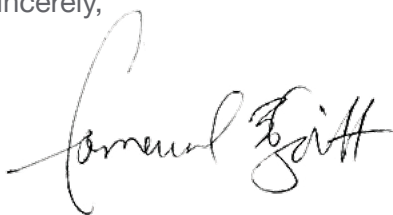
CareSource's vision is to "transform lives through innovative health and life services." This encompasses not only the physical health of our members but also the behavioral health. There are several areas of behavioral health that have a deep impact in our communities. Several studies over decades have shown that behavioral problems have far reaching effects in multiple aspects of our daily lives including home, work, family, our social circles, and our community.

While there are many behavioral health diagnoses that affect our patients, eating disorders involve both behavioral and psychological health. This is not just a single diagnosis, but an array of different disorders under one broad umbrella. While once thought to be a disorder of adolescent and young women, these disorders are now known to encompass a more robust demographic than previously thought. These behaviors are usually rooted in ego-dystonic beliefs, which are actions that are inconsistent with a person's ego. For example, those suffering with Anorexia Nervosa have beliefs of being overweight when they are in fact underweight and, in some cases, severely so.

CareSource works with providers in the community to help our members get the right level of care at the time they require it. An ongoing challenge is that not all levels of care for these disorders are available in all states. CareSource is committed to this expansion where needed.

We thank our partners in helping members receive the necessary care for these difficult disorders.

Sincerely,



Dr. Cameual Wright

Vice President, Market Chief Medical Officer – Indiana



We're Better When We're Working Together

This quarter's newsletter is packed with reminders. Be sure to read each article to learn about the latest updates and resources from CareSource.

Find Updates From CareSource Online

We strive to make partnering with us simple and easy. We're aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner.

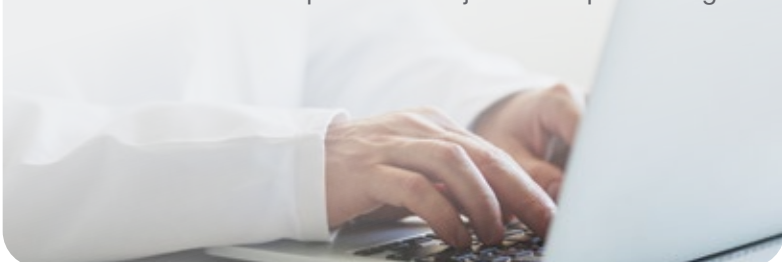
To find all the latest CareSource news, visit our Updates & Announcements page on the Provider pages of **CareSource.com**. You will find all the updates regarding the preferred drug list (PDL), prior authorization requirements, and medical and reimbursement policies. To receive provider communications such as policy updates and network notifications from CareSource, complete the [Provider Communications Form](#).

Corrected Claims Reminder

Each month, CareSource receives approximately 100,000 corrected claims from providers.

About 10 percent of these claims are rejected due to either missing Payer Claims Control Numbers or providers not using the latest version of the processed claim for the patient account.

In order to diminish the chance of a denied claim, be sure to **review your records** when submitting corrected claims to ensure you are entering the most recent claim number that has completed the adjudication processing.



UPDATES



Network Notification Bulletin

CareSource regularly communicates operational updates on our website. Our goal is to keep you updated with a format that is quickly accessible and that keeps you informed about working with us. Here were some network notifications posted from the previous quarter that you may have missed:

Medicaid – [Indiana Health Coverage Programs \(IHCP\) Enrollment Reminder](#)

Medicaid – [Psychological & Neurological Testing Service & Billing Guidance](#)

Marketplace – [Kidney Health Evaluation for Patients with Disabilities](#)

Marketplace – [ECHO \(Extension for Community Healthcare Outcomes\)](#)

Network notifications can be accessed at **CareSource.com** > Providers > [Updates & Announcements](#).

CareSource would also like to remind you of our electronic policy postings, conveniently packaging medical, pharmacy, reimbursement and administrative policy updates into a monthly network notification for your review. You can find our provider policies listed at **CareSource.com** > Providers > [Provider Policies](#).

Hoosier Heartbeat Award

In recognition of sharing the CareSource mission “to make a lasting difference in our members’ lives by improving their health and well-being,” we would like to recognize the following Hoosier Heartbeat Award winners for their tireless commitment to providing compassionate, empathetic and respectful care in serving our members, their patients.

Dr. Rekha Chaudhari



“I work with a lot of organizations and CareSource, by far, is who I look to work with because they truly care about their members.”

- Dr. Rekha Chaudhari

The Bowen Center



“We are privileged to partner with CareSource because our shared mission ensures accessible, high-quality health care to everyone, regardless of their ability to pay,” said Shannon Hannon, Bowen Center COO.

“We cherish this recognition by CareSource. Their work helping our patients navigate the health system saves lives and we are truly grateful for their partnership that helps our patients live their best lives longer,” said Ms. Hannon.

Raphael Health Center



“Raphael Health Center is a patient-centered medical home (PCMH)-recognized organization that embodies this recognition by providing comprehensive services in one convenient location for their community. Not only do they provide the services, but they do so in a manner that is accepting no matter the circumstances.”

- Tiffany Greig, CareSource Community Health Liaison



Quality Patient Experience Guide

Did you know CareSource has a Quality Patient Experience Guide for our providers online? This guide is a Consumer Assessment of Healthcare Providers and Systems (CAHPS®)* resource that offers guidance in ensuring patient experience and satisfaction. This resource includes questions to ask patients and steps to increase overall quality of their experience.

To access the Quality Patient Experience Guide visit **CareSource.com** > Providers > [Quick Reference Materials](#). You can find the guide under **Improving Quality Scores**.

We know you work hard to deliver quality care for your patients, and we want to help every step of the way. We hope this guide is helpful for you as you navigate the patient experience. We thank you for your part in delivering a high standard of care. Together, we can enhance experience, increase satisfaction and gain better health outcomes for patients.

*There are different versions of the Health Plan survey for each type of plan: Medicaid uses the Healthcare Effectiveness Data and Information Set (HEDIS) CAHPS survey and is conducted separately by adult and child populations and is required by National Committee for Quality Assurance (NCQA). Marketplace uses the Qualified Health Plan Enrollee Experience (QHPEE) survey and is required by Centers for Medicare and Medicaid Services (CMS).



Preventing Congenital Syphilis

Congenital syphilis cases are on the rise and have more than tripled in the recent years. The Centers for Disease Control and Prevention's (CDC) analysis showed that in 2022 nine out of 10 congenital syphilis cases may have been prevented with timely testing and treatment during pregnancy. If syphilis is not treated appropriately or diagnosed during pregnancy, congenital syphilis can increase morbidity and mortality leading to pregnancy loss, stillbirth, prematurity, low birth weight, and possible neonatal death.

Providers play a key role in decreasing or eliminating congenital syphilis through educating patients, ordering timely testing and providing appropriate treatment. Pregnant people should be tested for syphilis at the first prenatal visit, between 28-32 weeks gestation, and again at delivery. Treatment should begin promptly after syphilis diagnosis with bethazine penicillin G. Appropriate treatment guidelines based on the current clinical stage of infection can be found on the CDC website. Treating both the mother and the partner and encouraging safe sex practices can help prevent re-infection during pregnancy. Providers should also offer syphilis testing to sexually active females aged 15-44 years and their partners to identify syphilis and prevent spreading.

Diabetes and Kidney Health

Marketplace Only

According to the CDC, one in three adults with diabetes has Chronic Kidney Disease (CKD), increasing risks of heart disease, stroke, kidney failure, and early death in those affected.

Black, Latine and Native American people with diabetes are at disproportionately higher risk for kidney disease. Up to 90% of people with CKD are unaware they have it.

Completing the annual Kidney Health Evaluation for Patients with Diabetes (KED) provides you with the essential information to diagnose CKD and to engage in shared decision making to create an effective treatment plan with the patient.

Measures	CPT Codes
Kidney Health Evaluation for Patients with Diabetes (KED) (Includes both eGFR and uACR tests)	80047, 80048, 80050, 80053, 80069, 82565, 82043, 82570
Other Important Diabetes Care Measures and CPT Codes	
Blood Pressure Control for Patients with Diabetes (BPD)	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Glycemic Status Assessment for Patients with Diabetes (HbA1c with documented results)	3044F Most recent A1C < 7.0% 3046F Most recent A1C > 9.0% 3051F Most recent A1C ≥ 7.0% & < 8.0% 3052F Most recent A1C ≥ 8.0% & < 9.0%
Eye Exam for Patients with Diabetes (Exam by Eye Care Professional)	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F

Using CPT II codes will help to:

- ✓ Improve health outcomes
- ✓ Improve HEDIS measurement scores
- ✓ Reduce medical records requests

Adult Type 2 Diabetes Reference Guide

Marketplace Only

Pharmacotherapy choices for diabetic management can be challenging. Evidenced-based A1C goals are the best way to help your patients reduce their long-term risk of stroke, heart attack, dialysis, retinopathy, neuropathy and death.

Patient education can also have a profound impact on lowering long-term risk. Taking medications as prescribed, meal planning, and appropriate exercise are crucial steps in attaining optimal blood sugar control. To help support medication adherence, 90 days supply of maintenance diabetes medications are available for all CareSource patients.

CareSource designed a Diabetes Quick Reference Guide based on the American Diabetes Association’s Standards of Care in Diabetes. This guide lists some commonly prescribed medications to help manage Type 2 Diabetes.

The quick guide includes:

- ✓ Screening and Diagnosis of Type 2 Diabetes (adults)
- ✓ Diagnostic Test Results & Recommended Action Plan
- ✓ Dosing considerations for some commonly prescribed medications for Type 2 Diabetes (adults)
- ✓ A link to the [CareSource Prescription Drug Formulary](#)

Click to access the downloadable/printable [Diabetes Reference Guide](#).



Ensuring Coordination of Care Between Providers

Marketplace Only

At CareSource, our care management program fully integrates all aspects of our members' health and well-being. The focus is to provide a dynamic, community-based, member-centric model of service delivery. Physical and behavioral health conditions, including substance use problems, seldom occur in isolation. They frequently accompany each other, making effective treatment more complex. Care coordination is the outcome of effective collaboration.

Coordinated care prevents drug interactions and redundant care processes. It does not waste the patient's time or the resources of the health care system. Moreover, it promotes accurate diagnosis and treatment because all providers receive relevant diagnostic and treatment information from all other providers caring for a patient. When delivered to the appropriate contacts, targeted care coordination can improve outcomes for all – patients, providers and payers (Agency for Healthcare Research and Quality, 2018).

Referrals are the link between primary, specialty and behavioral health care. Many referrals do not include a transfer of information, either to or from each provider. To promote continuity and coordination of care, and to remedy this care delivery fragmentation, here are some recommendations for office staff:

- Collect medical release authorization prior to the member leaving the office
- Reach out to the member to confirm their appointment with the referred provider
- Fax pertinent clinical/medical information to the referred provider in a HIPAA-compliant format. Check out [CareSource.com](https://www.caresource.com) > Tools & Resources > [Forms](#) for a printable coordination of care form that outlines the most useful information based on provider feedback.

Our members were surveyed and expressed a need for more coordination between their providers. If you would like additional guidance on how to coordinate services between other providers, please go to the U.S. Office of Civil Rights description of HIPAA.

Empowering People with Diabetes Through DSME

Marketplace Only

CareSource recognizes the importance of Diabetes Self-Management (DSME) training for members who have diabetes. Education should be provided by a certified, registered, or licensed network provider with expertise in diabetes and will conform to current standards established by the American Diabetes Association.

A DSME referral may be appropriate when:

- A member is first diagnosed with diabetes,
- There is a significant change in the member's symptoms or condition resulting in a change in diabetes management, or
- A new medication or therapeutic process relating to the member's treatment and/or management of diabetes has been identified as medically necessary by a physician.

To help members get the most from their health plan, CareSource began offering a new product in 2024 focused on diabetes care. Plan highlights include:

- A1c testing, retinopathy screening and diabetic kidney disease screening at no charge
- Select medications (rapid-acting and basal insulins, SGLT-2, DPP-IV, and other oral medications) at no charge.
- In-network primary care provider (PCP) and Endocrinology visits (copay).
- Foot care and DSME (subject to deductible and coinsurance).

Questions? Reach out to your Health Partner Representative or call Provider Services at **1-833-230-2101**.

To locate an accredited DSME program in your area, visit the Association of Diabetes Care & Education Specialists "[Find Diabetes Education & Support Programs](#)" page.

Project ECHO

Interested in connecting with primary care providers from multiple locations around the State of Indiana to acquire new skills and competencies? Project ECHO, which stands for Extension for Community Healthcare Outcomes, offers no cost access to continued learning and specialist consultations. To learn more about this opportunity, please visit [About Project ECHO: IU Indianapolis ECHO Center: Centers: Research & Centers: Richard M. Fairbanks School of Public Health: Indiana University Indianapolis](#).



PharmScript Pharmacy Termination Disclosure

Express Scripts®, the pharmacy benefit manager for CareSource, has notified the plan that all PharmScript Pharmacy locations will terminate from their pharmacy network on **Friday, August 2, 2024**. PharmScript Pharmacy group is the exclusive pharmacy supplier for several Long-Term Care (LTC) facilities. CareSource providers are being made aware for members currently in an LTC facility that utilizes any impacted pharmacies. CareSource Care Management is working with facilities impacted on utilization of an alternate pharmacy for CareSource members. This has potential for significant impact to beneficiaries residing in these facilities.

Please visit your market's [Updates and Announcements](#) page for the complete network notification, which lists specific pharmacy locations.

Pharmacy Updates for Medicaid and Marketplace



CareSource has a searchable drug list that is updated monthly on the website. To find out which drugs are covered under your plan, go to the Find My Prescriptions link under Member Tools & Resources. The most current updates can also be found there. If members do not have access to the internet, they can call Member Services for their respective market and plan. A CareSource representative will help members find out if a medication is covered and how much it will cost.



Optimizing Patient Outcomes Through Effective Management of Drug Interactions

Drug interactions are a significant concern in clinical practice, potentially leading to reduced efficacy or increased toxicity. Drug interactions involving anticoagulants, antiepileptics, and antibiotics, for example, are common and can have serious clinical implications. As health care providers, it is important to be aware of the medications our patients are prescribed, especially when they are managed by multiple providers. Evidence shows that using electronic health records with integrated clinical decision support can help identify potential interactions, leading to reduced adverse events and fewer hospitalizations. Using resources such as drug interaction checkers and consulting with pharmacists can strengthen the identification and management of potential interactions.

Regularly reviewing complete medication lists during each visit and educating patients on the importance of reporting all medications, including over-the-counter (OTC) and herbal supplements, is essential. Encourage your patients to use a single pharmacy to fill all prescriptions. Educating patients on the risks of drug interactions and the importance of adherence to prescribed therapies is vital. By taking these steps, we can optimize therapeutic outcomes and enhance patient safety.



Health Equity Focus



Health equity isn't just an industry buzzword. CareSource believes it is our collective responsibility to take action and create an environment of empathy for how we serve the most vulnerable among us.

Many of our members are in the midst of chronic stress, often exacerbated by health conditions, family dynamics, housing instability, underemployment, stigma, marginalization and more. These stressors create health disparities and are closely linked with social, economic and/or environmental disadvantages.

Disparities adversely affect groups of people who have systematically experienced greater obstacles to their health. Everyone should have a fair and just opportunity to achieve their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

It is through a collective effort to understand the diverse values, belief systems, cultures, linguistic needs, and socioeconomic barriers of our members that we are able to make lasting improvements in health equity. CareSource works to achieve health equity by building partnerships and programs to address health disparities and create opportunities for our members to reach optimal health. We are champions of health equity and improved outcomes for those who entrust us with their care and believe that the diversity of our membership is a tremendous asset to the community.

At CareSource we believe in:

- Viewing people and experiences through a health equity lens
- Raising awareness for health disparities and removing barriers to health equity
- Pursuing inclusion for our members, providers, and community partners
- Reducing and eliminating health disparities
- Advocating for and driving change

Provider Self-Disclosures

CareSource providers are responsible for self-disclosing inappropriate Medicaid payments received and returning those overpayments. If a provider discovers an inappropriate payment or noncompliance with Medicaid requirements, they are mandated by Federal and state laws to report and return these overpayments to CareSource. Examples of issues to self-disclose are listed below (not a comprehensive list):

- Billing system errors resulting in overpayments
- Potential violation of Federal, state, or local laws or billing/coding policies
- Overpayments involving fraud or violations of law
- Discovery of an employee on the Excluded Provider List

The [Overpayment Recovery Form](#) is available to request the offset of overpaid claims against a future payment.



Member Incentives and Rewards Help Close Gaps in Care

Having a hard time getting your members to go in for their preventive appointments and close gaps in care? Perhaps a little incentive may help! Our Incentives and Rewards programs are designed to encourage members to take charge of their mental and physical well-being. Members earn rewards for simply completing preventive and other wellness activities. Most of the preventatives may already be covered by the plan, and the best part is, this program is available to them at no charge.

Read more about the Member Incentives and Rewards programs on the [Medicaid](#) webpage or the [Marketplace](#) webpage. Please note that reward details are also available in the Provider Portal Resource Library!

Medicaid Matters: Understanding Coordination of Benefits/Third-Party Liability

Medicaid third parties refer to entities or individuals responsible for paying for a beneficiary's health care. Identifying third parties ensures Medicaid doesn't overpay for services already covered elsewhere. Medicaid acts as the last payer, except in specific circumstances outlined by federal statutes.

For providers, thoroughness and accuracy in eligibility and benefits verification are crucial. Here's a checklist to guide you:

- 1. Collect Patient's Insurance Information:**
 - Obtain complete insurance details, including the patient's insurance ID and policy number.
- 2. Check Policy Status:**
 - Confirm if the insurance policy is active and note the effective dates.
 - Provide supporting documentation if the member has inactive coverage with primary insurance.
- 3. Verify Insurance Coverage Details:**
 - Clarify covered services, procedures and treatments.
 - Understand responsibilities required by each plan.
- 4. Identify Patient Responsibility:**
 - Determine co-payments or deductibles the patient is responsible for.
 - Check deductible status and reset dates.
- 5. Check Pre-Authorization Requirements:**
 - Determine if services need pre-authorization.
- 6. Understand Benefit Limits:**
 - Be aware of any coverage limits.
- 7. Note Special Clauses:**
 - Consider pre-existing condition exclusions or other special conditions.
- 8. Confirm Provider Network Status:**
 - Ensure your health care facility is within the patient's insurance network.
- 9. Conduct a Real-Time Eligibility Check:**
 - Submit a HIPAA 270 transaction before sending the claim to verify eligibility.

Following these steps ensures efficient claims processing, minimizes billing errors, and provides accurate information to patients about their coverage and financial responsibilities.

Behavioral Health

Behavioral Health Member Profile

Indiana Medicaid

On a daily basis, CareSource sends information to our Provider Portal, including a behavioral health profile, to the assigned primary medical provider (PMP) on file with us. This profile lists the physical and behavioral health treatment received by that member. Information about substance use disorder treatment and HIV is only released if the member has signed a consent form.

If you are a PMP and want to view one of your member's behavioral health profiles, please visit the Provider Portal by going to **CareSource.com** > Provider Overview > [Provider Portal Log-in](#). The link to the member's behavioral health member profile is available from the Member Eligibility page. Click Member Eligibility from the left navigation menu, then search and locate a member's record.

If you are unable to log in to the portal, please call the CareSource Health Partner Services at **1-844-607-2831** for assistance. Feel free to check the Provider Portal at any time for updates and changes to the behavioral health profile.

We hope that the behavioral health profile assists in the exchange of health information between the PMP and the behavioral health providers treating the member to aid in coordination of care.





Importance of Follow-Up Visits When Children are Placed on ADHD Medications

Attention-deficit/hyperactivity disorder (ADHD) impacts children across the country. Treatment can include behavior therapy and medication. Once medication is prescribed, monitoring by the prescribing provider is important.

HEDIS measures are developed and maintained by the NCQA. HEDIS Follow-Up Care for Children Prescribed ADHD Medications (ADD) measures the percentage of children between six and 12 years of age, newly prescribed ADHD medication who have follow-up appointments. The measure monitors two rates:

The initiation phase: One follow-up visit with a practitioner within 30 days of their first prescription of ADHD medication.

The continuation and maintenance phase: Children who remained on the medication for at least 210 days had at least two follow-up visits with a practitioner in the nine months after the initiation phase.

To ensure children who are placed on a new ADHD medication are successful, scheduling follow-up appointments with the parent(s) is important:

- Before the child/parent(s) leaves the office, schedule a follow-up visit within 30 days in order to determine if the medication is working.
- Schedule two more visits within nine months after the first 30 days to monitor continued progress.

CareSource rewards members for attending these ADHD appointments. For more information go to [MyHealth Rewards](#).



Suicide is Preventable

According to the CDC, suicide is one of the leading causes of death in the United States. Some groups have higher rates of suicides, including:

- Caucasians, American Indians and Alaskan Natives
- Individuals 85 years and older
- Young people who identify as lesbian, gay or bisexual
- Males (who make up 50% of the population, but nearly 80% of suicides)

Suicide is preventable, and everyone has a role to play in order to save lives and create healthy and strong individuals, families, and communities. The CDC developed the [Suicide Prevention Resource for Action](#), which provides information on the best available evidence for suicide prevention. The 988 Suicide and Crisis Lifeline can be a referral source for your patients experiencing a crisis. It is free, confidential and available 24/7/365. Patients can call or text 988, or chat at 988lifeline.org.

The CareSource Behavioral Health team has certified staff to facilitate Adult and Youth Mental First Aid trainings, as well as the Question-Persuade-Refer (QPR) training that teaches individuals to recognize people experiencing a mental health crisis and to link them to supportive services. These CareSource trainings are accessible on the [CareSource.com > Training & Events](#) webpage.

Resource: Centers for Disease Control and Prevention www.cdc.gov/suicide/index.html



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Member Corner

The MemberSource newsletter is a great resource to stay up-to-date with health, wellness and plan information for your CareSource patients. To view editions of the MemberSource newsletter, visit [CareSource.com](https://www.caresource.com) > Members > Education > Newsletters.

Thank you for your partnership!