



# PROVIDER *Source*

A Newsletter for Humana — CareSource® Health Partners

4

Changes to  
Controlling High  
Blood Pressure  
Measure

6

Safe Opioid  
Prescribing

7

Disease  
Management  
Education



Humana®

CareSource®

## FROM THE MEDICAL DIRECTOR:

### Improving Care Coordination for Diabetics

Diabetes is a complex, chronic illness that requires a multifaceted treatment approach to reduce long-term complications and improve quality of life. This requires ongoing care coordination among multiple providers to engage and empower patients to achieve quality outcomes.

The primary care provider (PCP) typically leads care management for achieving comprehensive diabetes care quality indicators.

These include assessing/achieving:

- Blood pressure control (less than 140/90)
- Glycemic targets (A1c less than 7 percent)
- Annual eye exams
- Annual neuropathy exams for diabetic neuropathy
- A minimum of annual nephropathy monitoring
- Appropriate statin treatment
- Lifestyle/obesity management

When other professionals participate in the patient's care, coordination is vital.

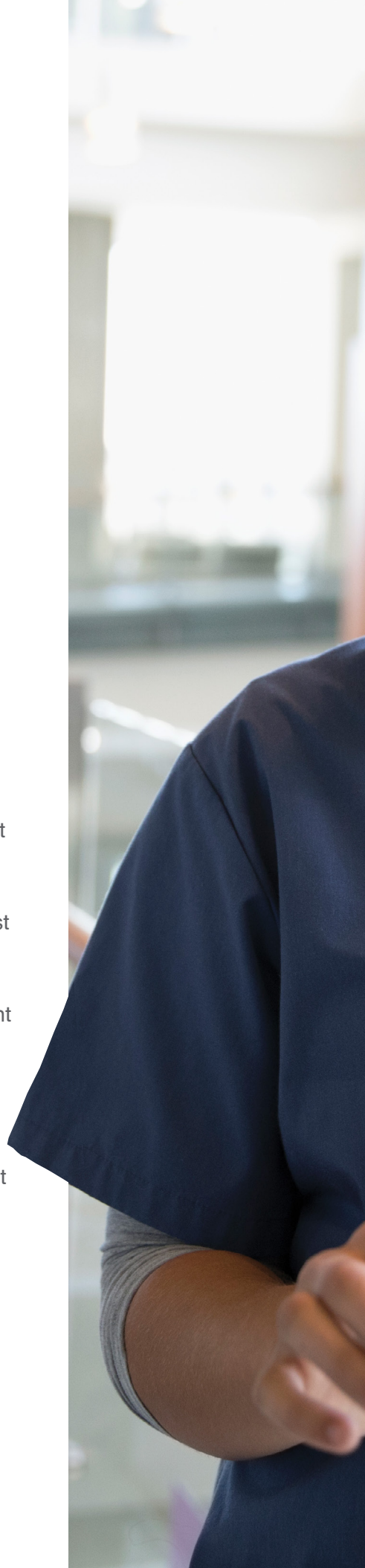
Other professionals include:

- Optometrist/ophthalmologist – assessment of diabetic retinopathy
- Nephrologist – referral for uncertainty about etiology of kidney disease, difficult management or rapidly progressing disease
- Neurologist – referral when not responding to glycemic control and pharmacologic management (Please note: Nondiabetic neuropathies also exist in diabetics)
- Podiatrist – assist with foot hygiene and treatment of calluses and sores
- Certified diabetes educator – comprehensive diabetes education for the patient
- Endocrinologist – referral for newly diagnosed Type 1 diabetics, difficult to manage diabetics (A1c greater than 9), or those developing severe complications

As a reminder, PCP-to-specialist and specialist-to-PCP referral checklists are available at [CareSource.com](http://CareSource.com) website. On the KY Medicaid Provider page, select the **Forms** link, under the **Tools & Resources** section, to help exchange the necessary information to help you achieve quality, coordinated care.



**Lisa Galloway M.D., MRO, FACOEM**  
Medical Director, Humana – CareSource



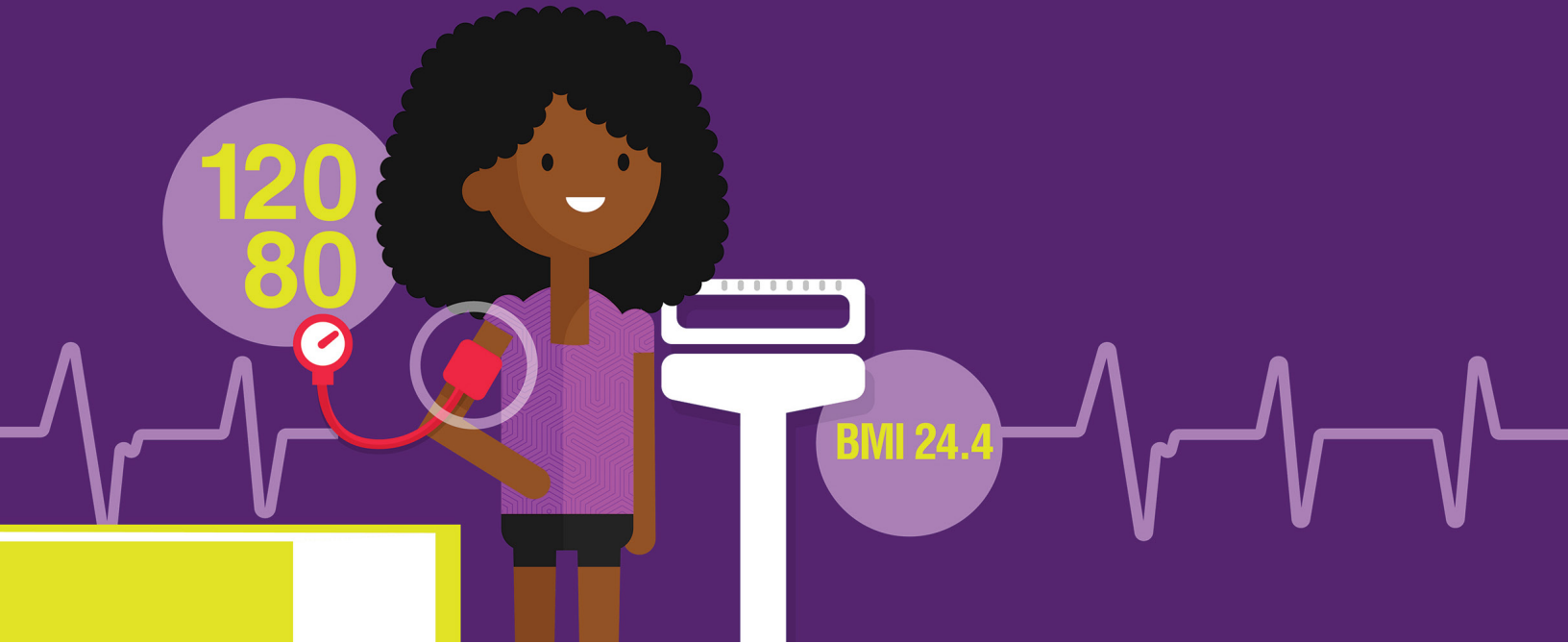
## Review Drug Testing Policy

Monitoring for controlled substances to detect the use of prescription medications and illegal substances, for the purpose of medical treatment, plays a key role in the care of patients with chronic pain and substance-related disorders. Humana – CareSource asks that providers familiarize themselves with Humana – CareSource’s drug testing medical policy to ensure that drug-testing orders and billing are compliant.

The policies are located on **CareSource.com**, under the **Providers** menu, **Tools and Resources, Provider Policies**. From the policy page, select the appropriate line of business, and go to **Medical Policies, Drug Testing** policy.

The drug testing policy outlines requirements and criteria for billing drug testing appropriately.

# Changes to Controlling High Blood Pressure Measure



In July 2018, the National Committee for Quality Assurance (NCQA) released new technical specifications for the 2019 edition of the Healthcare Effectiveness Data and Information Set (HEDIS®). HEDIS is one of most widely used performance monitoring and improvement tools in healthcare. Performance is monitored through the collection and analysis of data generated by the clinical care patients receive from their healthcare providers.

NCQA revised the HEDIS Controlling High Blood Pressure measure to reflect a new blood pressure target of less than 140/90 mm Hg for all adults age 18 – 85 with hypertension. This change was made to better align the measure with updated clinical recommendations. To be included in the measure, a patient must now have two diagnoses of hypertension over the course of the measurement

year and/or the year prior. NCQA also updated the data collection approach to support more claims data methods to collect the measure data and added telehealth encounters to satisfy certain components of the measure.

## **HEDIS Controlling High Blood Pressure (CBP) Measure**

### **Target Blood Pressure**

Less than 140/90 mm Hg for all adults 18 – 85 with hypertension

### **HEDIS Compliant Codes**

Blood Pressure CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

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

## Tips for Working with Criminal Justice-Involved Patients

The United States has one of the highest incarceration rates in the world. One in 25 adults have some type of contact with the criminal justice system (local courts, jail, probation, prison or parole). Whether your patients are frequently in and out of jail or have been incarcerated for long periods of time, here are some tips for working with the criminal justice-involved population:

- Contact your local jail or the prison to find out how to obtain patient medical records. Since incarceration or release from incarceration can affect medication adherence, missed appointments, and result in medicine changes, knowing a patient's history is very important.

- Screen each patient individually for health-care competency and chronic conditions.
  - Share the importance of routine check-ups and understanding where to go for care.
  - Make sure they know how to use the pharmacy and obtain refills.

If you are interested in learning more, please visit the Substance Abuse and Mental Health Services Administration (SAMHSA) Gather, Assess, Integrate, Network and Stimulate (GAINS) Center at <https://www.samhsa.gov/gains-center> or the Urban Institute, Justice Policy Center at <https://www.urban.org/policy-centers/justice-policy-center> and search for “criminal justice and healthcare.”



# [ Safe Opioid Prescribing ]

**W**e encourage providers to practice safe opioid prescribing habits. Below are a few main points from the Centers for Disease Control and Prevention (CDC) Opioid Guidelines:

- Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.
- When starting opioid therapy for chronic pain, providers should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
- Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed. Many states now limit opioid

prescriptions to no more than a seven day supply. Please refer to your state's Department of Medicaid, Board of Medicine and Board of Pharmacy websites for state specific mandates. Also, please refer to the Preferred Drug List (PDL) and formulary search tool on **CareSource.com** for Humana – CareSource specific limitations.

- Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

To improve access to these guidelines, the CDC has developed an app called the “**CDC Opioid Guideline App**,” which is available on Google Play and in the Apple Store. It features a Morphine Milligram Equivalent (MME) calculator and a link to the guidelines. We encourage providers to take advantage of this free tool as we work together to fight the opioid epidemic.

# Educate your patients with Disease Management Education

In mailings for asthma, diabetes and hypertension, Humana – CareSource uses national guidelines with evidence-based materials to encourage your patients to learn more about their disease and make healthy choices. Self-management and learning is encouraged through participation in online activities and in-person classes.

For asthma, we encourage your patients to use the Asthma Action Plan and long-term controller medication.

For diabetes, Humana – CareSource stresses HEDIS measures such as hemoglobin A1c, retinopathy and microalbumin screenings. Any provider-initiated assistance encouraging classes such as diabetes education, referrals to podiatrists and registered dieticians also is appreciated.

Humana – CareSource revised its hypertension curriculum to reflect the American Heart Association's guidelines and evidence-based medicine, emphasizing healthy lifestyle changes and following the recommendations of providers. Your patients may qualify for a home blood pressure monitor and a registered dietician referral.

We ask you to be cognizant of signs and symptoms of stress and depression. Please promote healthy lifestyle changes (healthy eating, increased physical activity) and positive coping skills (relaxation), as well as making appropriate referrals as indicated.

Humana – CareSource offers tips on implementing medication routines and taking medications properly. We urge an annual medication reconciliation with the healthcare professional. We suggest a written summary of the discussion, including an action plan that recommends what your patient can do to manage their medications.





P.O. Box 221529  
Louisville, KY 40252-1529

---

**VISIT US**  
**CareSource.com**

**CONTACT US**  
**1-855-852-7005**

**JOIN US**

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

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

 [linkedin.com/company/caresource-management-group](https://www.linkedin.com/company/caresource-management-group)

---

## NETWORK NOTIFICATIONS YOU MAY HAVE MISSED

Humana – CareSource periodically posts network notifications. We strive to make partnering with us simple. We are aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner. Please visit the Updates and Announcements page for more information and more updates.

- Humana – CareSource announced Kentucky Medicaid copay requirements that went into effect on Jan. 1, 2019
- Humana – CareSource performs ongoing reviews of claim data to ensure claims process accurately and efficiently and are consistent with Kentucky Department for Medicaid Services (KDMS), Centers for Medicare & Medicaid Services (CMS) and national commercial standards regarding the acceptance, adjudication and payment of claims. The additional claim coding edits listed on the network notification posted on Sept. 10, 2018, were identified as necessary to comply with correct coding and industry-standard guidelines. Please ensure your claim submissions are in compliance with these edits to avoid delays in claim processing.