

Summer 2016

ProviderSource

A newsletter for CareSource health partners



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CareSource[®]
Health Care with Heart

Get reimbursed for providing SBIRT services

What is SBIRT?

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

- 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 referrals to brief therapy or additional treatment to patients who screen in need of additional services

For more information about SBIRT, visit www.integration.samhsa.gov/clinical-practice/sbirt.

Can I get reimbursed for providing SBIRT services?

Yes! The following are eligible for reimbursement under Marketplace and Medicare by billing for SBIRT independently:

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Certified nurse midwives

For both plans, use payable codes **G0396** and **G0397** for billing

*Sources:

www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf%20

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

From the Medical Director

CareSource uses a unique and innovative care coordination model for our members. It is grounded in the principles of population health and focuses not only on coordinating care for those with complex needs, but also on:

- Facilitating access and removing barriers to care
- Considering the social determinants that impact care
- Managing chronic conditions
- Preventing illness through specific activities and interventions
- Promoting the health of our members through outreach and education

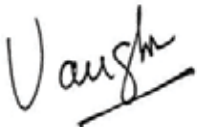


Dr. Vaughn Payne

Our model is based on regional and community considerations such as member demographics, common needs of the population, social considerations, patterns of care, health partner distribution, access to care, and patterns of disease and illness. This dynamic population health platform, available to all members, delivers health and wellness plans based on the concepts of self-management and mass customization, offering individualized journeys designed to meet member needs.

We appreciate your partnership as we continue to support our members with compassionate care. Please feel free to contact me about this or any other topic. You can reach me by email at vaughn.payne@caresource.com or by phone at **502-213-4730**.

Respectfully,

A handwritten signature in black ink that reads "Vaughn" in a cursive, slightly slanted font.

Vaughn Payne, Pharm.D., M.D., MBA, FACC, FACP, CPE
Medical Director, CareSource

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. Therefore, E&M codes for new patients command higher reimbursement rates than E&M codes for established patients. Examples:

- An example of upcoding is an instance when a physician provides a follow-up office visit or follow-up inpatient consultation but bills 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 physician 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 a physician bills using a lower E&M code for a more complex office visit. This causes an underfunding of the procedure performed and lost reimbursement. CMS offers guidance on coding and reporting. That guidance can be found at www.cms.gov/Medicare/Coding/ICD10/Downloads/2016-ICD-10-CM-Guidelines.pdf.

Health partner satisfaction survey results

We hear you. Our CareSource health partner satisfaction survey provides your valuable feedback that we use to improve our service to you and our members. We are actively analyzing the areas for improvement you identified in the most recent survey and will be putting measures in place to address them.

We are continually taking steps to deliver a better experience and will update you on those changes in future communications. Thank you to everyone who took the time to provide feedback. **Your partnership is important to us.**



Report fraud

You have a choice when calling us to report fraud, waste and abuse. You may choose to identify yourself or remain anonymous.

You can anonymously report fraud, waste or abuse to the CareSource Special Investigations Unit by:

- Calling:
 - CareSource Just4Me™: **1-866-286-9949**
 - CareSource Advantage®(HMO)/CareSource Advantage Plus™(HMO): **1-855-202-0557**and selecting the menu option for reporting fraud.
- Writing a letter or completing the Fraud, Waste and Abuse Reporting Form and sending it to:
CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

If you choose to remain anonymous, we will not be able to call you back for more information, so leave as many details as possible including names and phone numbers. Your report will be kept confidential to the extent permitted by law.

The following reporting options are not anonymous:

- Faxing: 1-800-418-0248
- Emailing: fraud@caresource.com

Participate in CMS and HHS Quality Improvement Initiatives

Quality health care is a high priority for CareSource. The Centers for Medicare and Medicaid Services (CMS) and U.S. Department of Health and Human Services (HHS) began launching quality initiatives in 2001 to assure quality health care for all Americans. CareSource encourages all health partners to participate in CMS and HHS Quality Improvement Initiatives. To learn more about the CMS and HHS Quality Improvement Initiatives, please visit www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/index.html.



Clinical practice and preventive guidelines update

CareSource approves and adopts nationally accepted standards and guidelines and promotes them to practitioners and members to help inform and guide clinical care. Clinical practice guidelines may include, but are not limited to:

- Behavioral health (depression)
- Adult health (hypertension, diabetes and cardiovascular disease)

The Agency for Healthcare Research and Quality's (AHRQ) preventive guidelines for healthy adult men and women have recently been posted for your quick reference within the Clinical Guidelines section of **CareSource.com**.

Check us out online

The most up-to-date health partner and member information is available at **CareSource.com**. If you do not have access to the internet, contact Provider Services for assistance:

- CareSource Just4Me: **1-866-286-9949**
- CareSource Advantage/CareSource Advantage Plus (Medicare Part C and D plan): **1-855-202-0557**



Contract with CareSource

CareSource appreciates your partnership with our health plan. We encourage you to contract with all of our plans in Indiana if you practice in our service areas. Our health plans in 2017 will include:

- CareSource Marketplace™*, our qualified health plan in the Health Insurance Marketplace.
- CareSource Advantage/CareSource Advantage Plus, our Medicare Part C and D plan.

We make contracting easy with a secure online form. Access it at: **CareSource.com/Contracting**.

You can also reach your local health partner engagement specialist with any questions or concerns via email at **IN_Provider_Relations@caresource.com**.

**Effective Jan. 1, 2017, CareSource Just4Me will be called CareSource Marketplace. This is to create transparency for our members in response to their feedback that we remain consistent with Marketplace terminology.*

Promote blood lead level screenings

It is important that children have their blood lead level tested if they have not been previously tested. We encourage members to be tested at 12 months and two years old. Remember, filter paper testing is an accepted method to obtain blood lead levels and is covered by CareSource.



Encourage well care for adolescents

Help us remind our members that well-care checkups are not just for children. Adolescents and adults need annual preventive care exams. Adolescent exams include important immunizations. Be sure to include appropriate well-care codes when submitting claims.

Find opportunities to perform well-child checkups



For the Marketplace population, performing well-child check-ups plays a key role in preventive care for children. CareSource members should receive well-child checkups at specific ages from birth through age 20. These visits include immunizations, blood lead screenings, substance use treatment or other services as needed.

School sports physicals are a great time to perform well-child checkups, as they may be one of the few opportunities to do so throughout the year. You can also perform checkups during an acute-care visit. Please bill with appropriate well-child exam codes and include all aspects of the services you provided. This includes medical and family history, a physical exam, immunizations as needed, review of medications and appropriate safety and prevention guidance.

For more information regarding well-child exam frequency, immunization schedules, and proper bill coding and procedures, please review the CareSource Just4Me Health Partner Manual at [CareSource.com/documents/2016-just4me-indiana-provider-manual/](https://www.caresource.com/documents/2016-just4me-indiana-provider-manual/).



Welcome to Medicare Preventive Visit and Annual Wellness Visit

CareSource asks for your help to ensure all CareSource Advantage and CareSource Advantage Plus members complete an Initial Preventive Physical Examination (IPPE), also known as the “Welcome to Medicare Preventive Visit” or an Annual Wellness Visit (AWV). The IPPE is a separate service from the AWV.

The goals of the IPPE are health promotion and disease prevention and detection. CareSource pays for one IPPE per beneficiary per lifetime for beneficiaries within the first 12 months of the effective date of the beneficiary’s first Medicare Part B coverage period. According to the Centers for Medicare & Medicaid Services (CMS), the IPPE should include:

- 1. Review of the beneficiary’s medical and social history**
- 2. Review of the beneficiary’s potential risk factors for depression and other mood disorders**
- 3. Review of the beneficiary’s functional ability and level of safety**
- 4. An exam**
- 5. End-of-life planning, on agreement of the beneficiary**
- 6. Educate, counsel and refer for other preventive services**

Please use the following Healthcare Common Procedure Coding System (HCPCS) codes when filing claims to CareSource for the IPPE and screening ECG.

IPPE HCPCS Codes	Billing Code Descriptors
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination

(continued)

CareSource covers an Annual Wellness Visit for beneficiaries who:

- ✓ Are not within the first 12 months of their first Medicare Part B coverage period; and
- ✓ Have not received an IPPE or AWV within the past 12 months

Please use the following Healthcare Common Procedure Coding System (HCPCS) codes when filing claims to CareSource for the AWV.

AWV HCPCS Codes	Billing Code Descriptions
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPPS), initial visit
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPPS), subsequent visit

Sources

For more information on the IPPE and the AWV, please refer to the following:

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MPS_QRI_IPPE001a.pdf

www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AWV_Chart_ICN905706.pdf

Find quarterly formulary updates online

Notifications of important CareSource formulary changes are mailed to members and health partners. They are also posted on our website at the following links:

- CareSource Just4Me:
CareSource.com/providers/indiana/just4me/patient-care/pharmacy/
- CareSource Advantage/CareSource Advantage Plus (Medicare Part C and D plan):
CareSource.com/providers/indiana/medicare-advantage/patient-care/pharmacy/

Drug coverage information for our Marketplace formulary is also available on ePocrates, a medical application you can download to your mobile device. Find out more at www.epocrates.com.





201 N. Illinois Street, Indianapolis, IN 46204
CareSource.com

HOW TO REACH US

Health Partner Services
Just4Me: 1-866-286-9949

CareSource Advantage/CareSource
Advantage Plus: 1-855-202-0557

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 Pinterest.com/CareSource

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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 also educating the general public about the potential for abuse of medications. Check the Drug Enforcement Administration link below for the next date, time and location of a drug take-back program near you at www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

