

WINTER 2017

# PROVIDERSource

A newsletter for CareSource Health Partners

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## CLINICAL NEWS

# ENCOURAGING APPROPRIATE EMERGENCY DEPARTMENT USE

CareSource strives to reduce inappropriate and avoidable emergency department (ED) use through education and improved access to care:

- We communicate to members about how to appropriately use ED services and alternatives.
- We integrate ED diversion into all member programs, including providing a 24-hour nurse advice line and telemedicine options for urgent concerns.
- We remind members about our transportation benefit to assist with travel to appointments, and we provide information about other available community resources.
- We reinforce the medical home concept by linking every member to a primary medical provider to establish care and by reminding them that there are other resources available to help them and their families effectively manage their health.

Members may also be referred to one of CareSource's Care and Disease Management programs for education and care coordination.

By improving health literacy, we help members actively manage their health. We appreciate your partnership in encouraging appropriate ED use.

## FROM THE MEDICAL DIRECTOR

With flu season upon us, remember that flu vaccination is vital for your patients. Influenza viruses are spread widely from late fall through early spring. The flu is a self-limited condition for most healthy individuals, but it can have serious consequences for others.

CareSource endorses the nationally recognized recommendations set forth by the American Academy of Pediatrics (AAP), the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC). A licensed, age-appropriate flu vaccine is recommended for all patients who are 6 months of age and older who do not have contraindications.

Vaccination should occur before the onset of influenza activity in your community. Special attention should be paid to those individuals at increased risk for the flu and subsequent serious complications. These populations include:

- Preterm babies
- Children younger than 5 years of age
- Those with chronic medical conditions, including asthma and other chronic lung diseases, heart disease, diabetes and weakened immune systems
- Pregnant women
- The elderly

In addition, all health care personnel, childcare providers and others who care for high-risk individuals should receive flu vaccinations each year.

With your help, we can offer patients their best protection against seasonal influenza and associated complications. Thank you for your support.

Sincerely,

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

P.S. – Did you know CareSource covers flu and pneumonia vaccines administered to members at their health partners' offices or any network pharmacies that provide the vaccines? We cover trivalent flu vaccines at both settings and quadrivalent flu vaccines in the office setting.



# THE FALSE CLAIMS ACT CAN HELP REDUCE FRAUD

## WHAT IS THE FALSE CLAIMS ACT?

The False Claims Act (FCA) is a federal law that prohibits a person or entity from:

- Knowingly presenting a false or fraudulent claim for payment
- Knowingly using a false record or statement to get a claim paid
- Conspiring with others to get a false or fraudulent claim paid
- Knowingly using a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property

“Knowingly” means acting with actual knowledge or with reckless disregard or deliberate indifference to the truth or falsity of information (e.g., if a hospital or a physician intentionally “upcodes” or overbills, resulting in overpayment of the claim using Medicaid or Medicare dollars).

## HOW CAN IT REDUCE FRAUD?

You can help reduce fraud against the federal government. Under the FCA, citizens can bring “whistleblower” lawsuits on behalf of the government – known as “qui tam” suits – against groups or individuals defrauding the government through programs, agencies or contracts. Whistleblowers can receive from 15 to 30 percent of the proceeds of the action or settlement. For free education materials on the FCA and other federal fraud and abuse laws, visit <http://oig.hhs.gov/compliance/physician-education/index.asp>.

## HOW CAN I REPORT FRAUD, WASTE OR ABUSE?

You can report fraud, waste or abuse to the CareSource Special Investigations Unit.

Anonymous reporting options:

- Call Health Partner Services and select the menu option for reporting fraud.
- Write a letter or complete our fraud, waste and abuse reporting form and send it to:

CareSource  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940

### *Other reporting options*

- Fax: 800-418-0248
- Email: [fraud@caresource.com](mailto:fraud@caresource.com)

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

## 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**. Drug coverage information is also available via apps on your smartphone, including 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 Health Partner Services to request the most recent PDL.

## FIND POLICY UPDATES ONLINE

At CareSource, we listen to our health partners, and we streamline our business practices to make it easier for you to work with us. We have worked to create a predictable cycle for releasing medical and reimbursement policies so you know what to expect.

To access CareSource policies, visit **CareSource.com** and click “Health Partner Policies” under “Provider Resources.” Check back monthly for policy updates and a consolidated network notification summarizing the changes.

## 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 by ensuring your information is up to date. CMS has asked us to provide expanded information in our provider directories, including:

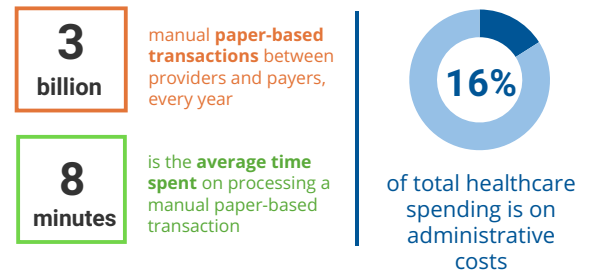
- The provider’s website
- Indication that the provider has completed cultural competency training

You can submit updates to your information online. Simply go to the Provider Portal and select “Provider Maintenance” from the navigation links on the left side of the page.

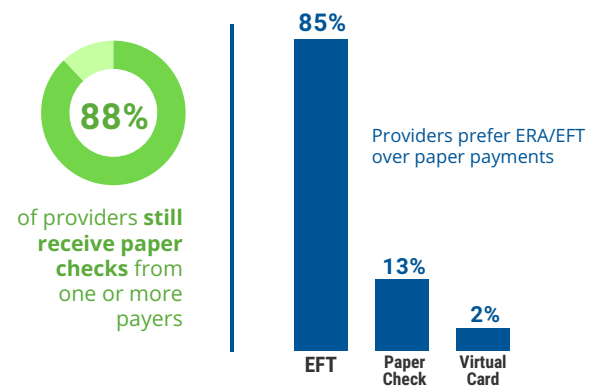
## REDUCE ADMINISTRATIVE COSTS WITH ELECTRONIC TRANSACTIONS

### Trends in Healthcare Payments:

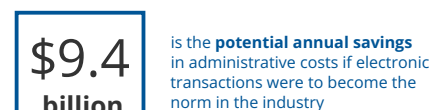
#### The True Costs of Paper for Payers



#### The Payer and Provider Paper Disconnect



#### The Healthcare Industry Is Prime to Go Paperless



**\$24 billion to \$48 billion** could be saved from productivity gains made through increased automation and self-service



## TREATING RHEUMATOID ARTHRITIS

Rheumatoid arthritis (RA) is an autoimmune and inflammatory disease often characterized by progressive joint destruction and multisystem involvement. It affects approximately 2.5 million Americans, and it affects women more than men. There is no cure for RA – the goals of treatment are to slow the progression of the disease, delay joint destruction, relieve pain and maintain functional capacity.

RA can be effectively treated and managed with medication and self-management strategies. Treatment for RA usually includes disease-modifying anti-rheumatic drugs (DMARDs). DMARDs modify the course of rheumatoid arthritis by slowing the progression of bony erosions and reducing inflammation and long-term structural damage. DMARDs also improve functional status.

All patients with RA are candidates for DMARD therapy, and the majority of newly diagnosed RA patients should start DMARD therapy within three months of diagnosis. Health partners should convey to patients the importance of compliance with a particular course of therapy as part of condition management. Individuals experiencing pain and functional limitations may be more likely to comply with recommended therapy.

For more information about the treatment of RA, review the clinical practice guidelines from the American College of Rheumatology:

- **Treatment of rheumatoid arthritis:** [www.rheumatology.org/Practice-Quality/Clinical-Support/Clinical-Practice-Guidelines/Rheumatoid-Arthritis](http://www.rheumatology.org/Practice-Quality/Clinical-Support/Clinical-Practice-Guidelines/Rheumatoid-Arthritis)
- **Information for patients and caregivers:** [www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis](http://www.rheumatology.org/I-Am-A/Patient-Caregiver/Diseases-Conditions/Rheumatoid-Arthritis)



## *Discussing breast cancer screenings*

October was Breast Cancer Awareness Month. The United States Preventive Services Task Force (USPSTF) recommends that women ages 50 to 74 years who are at average risk for breast cancer get a mammogram every two years. Women ages 40 to 49 should talk to their doctor or other health care professional about when to start and how often to get a mammogram. Women should weigh the benefits and risks of screening tests when deciding whether to begin getting mammograms at age 40. Please engage with your CareSource patients to discuss the best preventive screening schedule for them, based on their medical and family history and other risk factors.



## TREATING DIABETES

Are your patients at risk for type 2 diabetes? One in three American adults are at risk, and most of them don't know. Test your patients for prediabetes. Evidence-based approaches, both within the health care system and through community-based resources, can help curb the rising number of patients who develop type 2 diabetes.

Remind your patients of three ways to lower their risk for diabetes:

1. Maintain a healthy weight.
2. Stay active and exercise daily.
3. Eat healthy, well-balanced meals.

Also, encourage your patients to get the following tests:

1. Retinal eye exam
2. Urine microalbumin
3. HbA1c

CareSource offers disease management and wellness programs for CareSource members with chronic conditions such as diabetes. CareSource members with diabetes are automatically enrolled into this program and receive information to help them better manage their condition. We appreciate your help to make sure they receive the care they need.

For more information, please refer to Centers for Disease Control and Prevention's webpage on type 2 diabetes at [www.cdc.gov/diabetes/basics/type2.html](http://www.cdc.gov/diabetes/basics/type2.html).






## *Our commitment to suicide prevention*

At CareSource, we are committed to zero suicides. We recognize the important role you play in our members' lives, and we offer resources to help integrate suicide prevention strategies into your appointments with patients. Please visit [CareSource.com/suicide-prevention-tool-kit](http://CareSource.com/suicide-prevention-tool-kit) for more information about screenings, assessments, safety interventions and therapies.



### 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  
Dayton, OH 45401-8738

VISIT US  
[CareSource.com](http://CareSource.com)

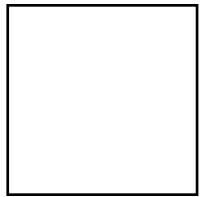
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 [Pinterest.com/CareSource](https://www.pinterest.com/CareSource)



## SUPPORTING ORAL HEALTH

CareSource encourages regular and appropriate oral care for all our members. Please remind your patients of the importance of getting their teeth cleaned at least once a year. Regular visits to the dentist provide access to cleaning, early diagnosis and treatment, and education on how to prevent problems.

Guidelines set by the American Academy of Pediatric Dentistry (AAPD), the American Dental Association (ADA) and the American Academy of Pediatrics (AAP) recommend children have their first dentist visit by age 1.

