



SPRING 2019

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

4

Changes to
Controlling High
Blood Pressure
Measure

6

Safe Opioid
Prescribing

11

CareSource and
Veterans Health
Administration
Partnership



 CareSource®

FROM THE MEDICAL DIRECTOR:

Reinventing CareSource's Policy Creation

As a practicing physician I understood how important a plan's policy catalogue was to my work. Now, as a plan executive, I try to be very thoughtful when creating clinical policies that will affect our providers and your CareSource patients.

Recently, CareSource policy ideation and creation process has undergone a reinvention. We are more intentional in seeking out policies that are member-centric. We are taking a careful look at what other plans in the market are doing and engaging key stakeholders in the development of new policies and the revision of old ones.

In 2019, we hope to launch the next phase of our clinical policy program with a stakeholder engagement module. CareSource is actively working on what that will look like but the goal of the program would be for providers, your CareSource patients and caregivers to help our company create clinical policy that serves our mission. The CareSource mission of making a lasting difference in your CareSource patients' lives by improving their health and well-being continues to be the foundation from which we develop all of our programs and is the number one consideration when developing our policies.

Karim Lopez, MD

Karim Lopez, M.D.
Medical Director, Ohio



A healthcare professional, likely a nurse or doctor, is shown from the chest up. She is wearing blue scrubs, a light blue stethoscope, and black-rimmed glasses. Her hair is pulled back. She is looking down at a white tablet computer she is holding with both hands. The background is a blurred clinical setting with bright lighting.

Electronic Visit Verification for Ohio Medicaid

The Ohio Department of Medicaid (ODM) has provided updates regarding Ohio's implementation of electronic visit verification (EVV). These updates were emailed to all providers. We encourage you to review the communications to check whether you will be impacted.

EVV is an electronic-based system that verifies when certain provider visits occur and documents the precise time those services begin and end. This program is currently specific to Ohio Medicaid only. EVV begins Aug. 5, 2019, and applies to state plan home health aide, state plan home health nursing, state plan RN assessment, HCBS1915c Waiver nursing, personal care aide, home care attendant, and private duty nursing (PDN).

Please check the ODM website at medicaid.ohio.gov/EVV to learn more about the implementation, as well as steps to take prior to the implementation. If you have any questions about EVV, please contact the ODM EVV Unit at EVV@medicaid.ohio.gov.



Medicare Opioid Safety Edits

In 2019, a new Medicare rule mandated by the Centers for Medicare & Medicaid Services (CMS) for an initial prescription for short-acting opioids will be implemented. For acute pain in opioid naïve patients the first prescription cannot exceed a 7 day supply.

- Designed to limit the day supply of patient's first opioid fill while allowing your CareSource patients access to additional day supply when appropriate
- Patients in active cancer treatment, hospice, long term care, and palliative care are excluded from this edit
- The rule allows for certain exceptions; however you may need to submit a timely coverage determination to exceed the limits

In 2019, an updated Medicare rule mandated by CMS for opioid prescriptions that have a cumulative 90mg/day MME dose will be implemented.

- Limits for opioid-containing products based on limitations of up to 90 MME/day (when possible) and/or the FDA-approved maximum dose
- Pharmacists are able to override the edit, after consultation with prescriber or if the pharmacist has documented an appropriate exception for edit
- Patients in active cancer treatment, hospice, LTC, and palliative care are excluded from this edit

These edits are not intended as quantity limits or to determine medical necessity

If you have questions, call CareSource at **1-855-475-3163** MyCare or **1-844-607-2827** Medicare Advantage. Representatives are available Monday through Friday, 8 a.m. to 8 p.m. Eastern Standard Time.

Reviewing Drug Testing Policy

Monitoring for controlled substances to detect the use of prescription medication and illegal substances, for the purpose of medical treatment, plays a key role in the care of your CareSource patients with chronic pain and substance-related disorders. CareSource asks that providers familiarize themselves with the CareSource drug testing medical policy to ensure that the ordering of drug testing 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.

Did you know: Non-Formulary, Brand Name Drugs May Pose Additional Cost for CareSource Marketplace Members?

If you are prescribing a non-formulary, brand name drug when a generic equivalent is available and the request is approved, your CareSource Marketplace patient will be responsible for the difference in cost between the brand name drug and generic plus the applicable copayment or coinsurance. Please be advised this difference can be significant and does not apply to the patient's maximum out of pocket cost. Please refer to the Evidence of Coverage (EOC) on **CareSource.com** for additional information.

[Safe Opioid Prescribing]



We 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 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.

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 CareSource 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 SAMHSA GAINS Center www.samhsa.gov/gains-center or the Urban Institute, Justice Policy Center www.urban.org/policy-centers/justice-policy-center and search for “criminal justice and health care”.

Network Notification You May Have Missed

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.

- Electronic Visit Verification Reminder, posted on Nov. 6, 2018. The Ohio Department of Medicaid (ODM) has provided updates regarding Ohio's implementation of electronic visit verification (EVV). These updates were emailed to all

providers. We encourage you to review the communications, to check whether you will be impacted.

- Updated Prior Authorization Requirements for Home Care Services, posted on Nov. 1, 2018. Please view the announcement for authorization requirements.
- Electronic Provider Appeals Required, posted on Oct. 2, 2018.. Providers must submit appeals electronically via the Provider Portal or by fax. Claim appeals should be submitted via the portal and pre-service appeals should be submitted via fax

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 health care's most widely used performance monitoring and improvement tools. Performance is monitored through the collection and analysis of data generated by the clinical care patients receive from their health care providers.

The National Committee for Quality Assurance (NCQA) has revised the HEDIS Controlling High Blood Pressure measure to reflect a new blood pressure target of <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 member must now have two diagnoses of hypertension over the course of the measurement year and/or the year prior. NCQA has 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.

A Quick Look at the Measure:

HEDIS Controlling High Blood Pressure (CBP) Measure.

Target Blood Pressure

<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).

Disease Management

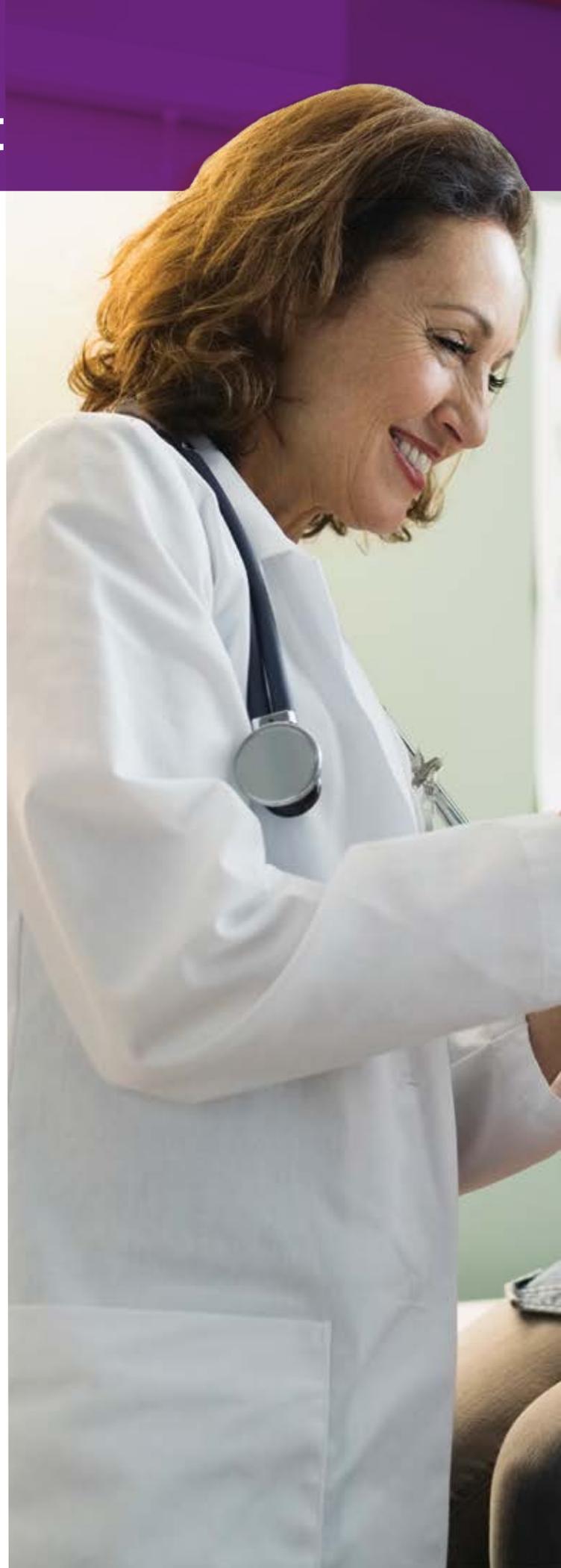
In the mailings for asthma, diabetes and hypertension, CareSource uses national guidelines with evidence-based materials to encourage your patients to learn more about their disease and make healthy choices. Self-management and learning is encouraged through participation in online activities as well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

For asthma, we encourage your patients to use the Asthma Action Plan, as well as the use of a long term controller medication. For diabetes, CareSource stress' HEDIS® measures such as hemoglobin A1C, retinopathy and microalbumin screenings. Any assistance from you, our provider, encouraging classes such as diabetes education and referrals to podiatrists and registered dieticians is also appreciated.

CareSource revised our 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 as well as a registered dietician referral.

We ask you, our providers, to be cognizant for 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.

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





Benefits to Connecting to a Health Information Exchange

CareSource connects to a variety of state and federal health information exchanges (HIEs) in order to improve the care of your CareSource patients. HIEs are organizations that allow healthcare providers and payers to appropriately and securely access and share a member's medical information electronically.

Participation in HIEs provide value for providers and payers in four main areas: costs, efficiency, outcomes and quality. Sharing timely, accurate and actionable data enables continuity of care, preventive care and immediate action for your CareSource patients. We encourage all providers to connect to HIEs in order to take advantage of these benefits.

Please visit www.clinisync.org/clinisync-services/sign-up-for-services for more information.





CareSource and Veterans Health Administration Partnership in Ohio

In 2019, The Veterans Health Administration (VA) is transitioning administration of the Veterans Choice Program from Health Net Federal Services to TriWest Healthcare Alliance. CareSource has partnered with TriWest to expand the network of providers to veterans seeking care outside of the VA health care system. Veterans will be able to receive a referral from the VA to TriWest to receive care from community providers. CareSource has mailed information to your office with additional details about the program. While CareSource is assisting TriWest with a network of healthcare providers, all referrals, authorizations, and claims will still be administered by TriWest. If you have questions, please call TriWest Healthcare Alliance at **1-866-245-3820**. You may also contact CareSource's Provider Services for any CareSource-specific questions.



P.O. Box 8738
Dayton, OH 45401-8738

VISIT US
CareSource.com

JOIN US

 Facebook.com/CareSource

 Twitter.com/CareSource

 Instagram.com/CareSource

 Pinterest.com/CareSource

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 including:

- Provider website information
- Indication of a provider's completed cultural competency training

If your information is not current, it will not appear correctly to your CareSource patients 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.

Health Partner Services Contact Information



OHIO

Medicaid, Marketplace, MyCare **1-800-488-0134**
Medicare Advantage **1-844-679-7865**



KENTUCKY

Marketplace **1-855-852-5558**



WEST VIRGINIA

Marketplace **1-855-202-1091**