

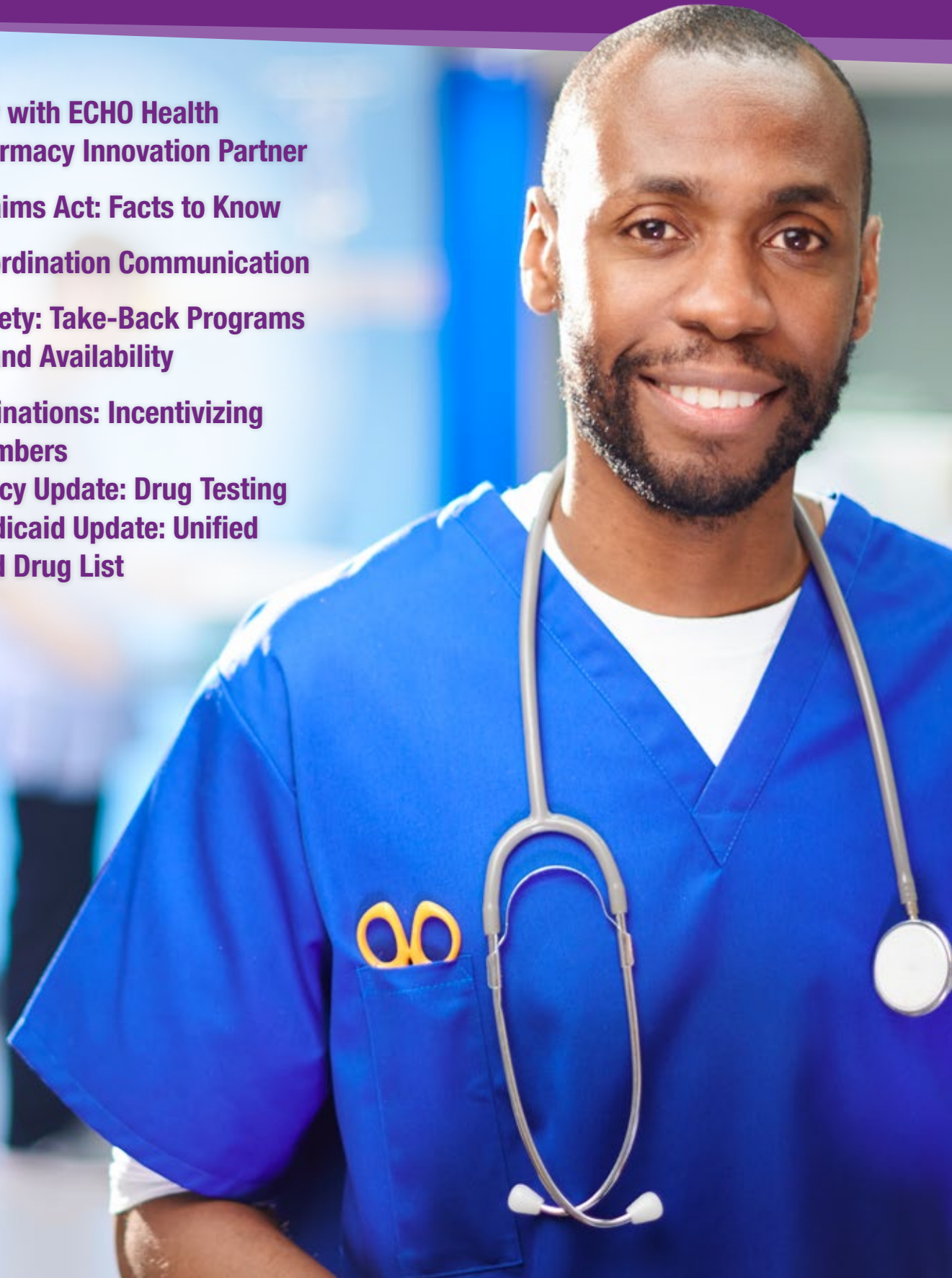


WINTER 2019

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

- 3 | Easy Pay with ECHO Health
New Pharmacy Innovation Partner**
- 4 | False Claims Act: Facts to Know**
- 5 | Care Coordination Communication**
- 6 | Drug Safety: Take-Back Programs
Access and Availability**
- Flu Vaccinations: Incentivizing
Ohio Members**
- 7 | Ohio Policy Update: Drug Testing
Ohio Medicaid Update: Unified
Preferred Drug List**



Taking Care of **People First**

I am the new Ohio Market Medical Director for Medicaid and Marketplace product lines. I have leveraged more than 30 years' experience as a practicing family physician and health care executive. Throughout my career, I've engaged with numerous health professionals and patients. I know firsthand the immense pressures today's health providers are facing, as well as the importance of increasing quality and access to care for members. Therefore, my primary responsibility is to listen, hear and engage with all of our stakeholders to enhance the lives of our members.

The U.S. health care delivery ecosystem is the most complex in the world. Nine years after the passage of the Affordable Care Act, health care providers are still transitioning from a pay-for-volume system to a pay-for-value system. Transforming to value-based care is difficult, but even harder when clinical resources are being stretched to limits that may not be sustainable with the steadily increasing expectations for quality, access and lower cost. Though this process has proven to be challenging, I believe that if you *take care of people, the financials take care of themselves*.

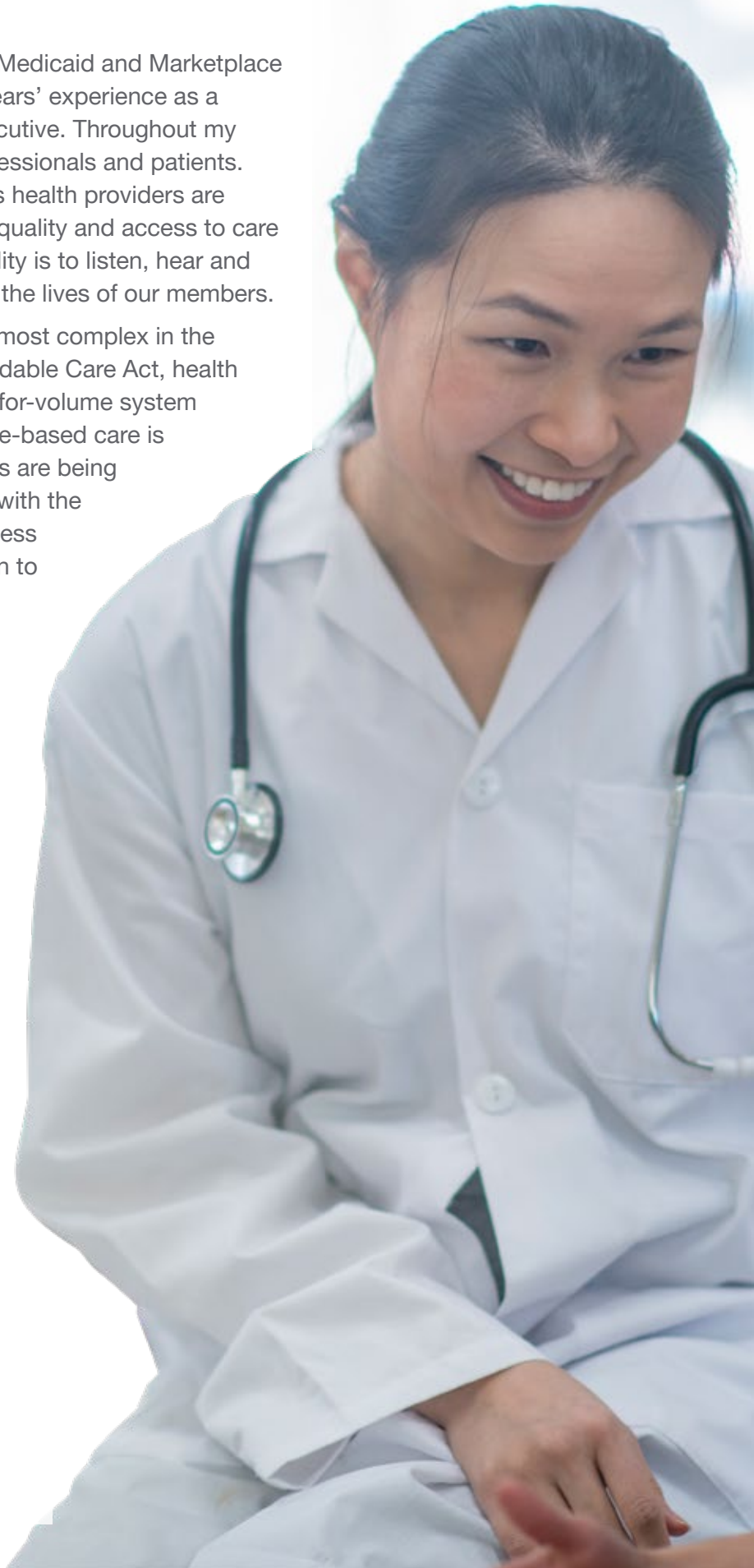
This has been my guiding principle for years, and I am hoping it will become as inspirational to you as it has been for me.

I am personally committed to working more collaboratively with our network providers and community care associates. I have had the privilege to meet many of you, and I hope to meet more of you face-to-face. Thank you for caring for our members!

In good health,

Dale J. Block, MD, MBA, CPE

Medical Director, Ohio Market





Easy Pay with **ECHO Health**

Electronic Funds Transfer (EFT) is a fast and reliable method to receive payments, and is the preferred method for CareSource. In order to register for CareSource claims payments and choose EFT as your payment preference, visit ECHO Health, Inc.'s registration page at: <http://view.echohealthinc.com/eftera/EFTERAInvitation.aspx>. If you have questions regarding registration, please call ECHO Support at 1-888-485-6233.



New

Pharmacy Innovation Partner

CareSource would like to remind you about our new pharmacy innovation partner, Express Scripts. Beginning on Jan. 1, 2020, medication claims will now be processed by Express Scripts. We are excited for this new partnership as it gives CareSource additional resources to create more value for our members. Express Scripts will process medication claims for Medicare, Medicaid and Marketplace plans to provide continuity for your office and our members.

How Are These Changes Affecting You?

- Each of your CareSource patients should receive a new insurance card. Remind them to bring their new card with them to appointments and the pharmacy.
- The CareSource drug list is still available online at **CareSource.com**. CareSource regularly makes changes to the drug list and you can find the most recent list and changes on the website.
- The process for obtaining prior authorizations (PA) and formulary exceptions has not changed. You can find PA request forms on our website.

False Claims Act: Facts to Know

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. An example of this would be if a health care provider, such as a hospital or a physician, knowingly “upcodes” or overbills resulting in overpayment of the claim using Medicaid or Medicare dollars.

Using the FCA can help reduce fraud. The FCA allows everyday people to bring “whistleblower” lawsuits on behalf of the government — known as “qui tam” suits — against groups or other individuals that are defrauding the government through programs, agencies or contracts.

Whistleblowers can receive 15 to 30 percent of the proceeds from the action or settlement.

For free education materials created by HHS-OIG on the FCA and other Federal fraud and abuse laws, visit: <http://oig.hhs.gov/compliance/physician-education/index.asp>.

You can report fraud, waste and abuse to CareSource Special Investigations Unit by:

- **Calling us** and selecting the menu option for reporting fraud.
 - Ohio Medicaid: 1-800-433-0134
 - Ohio Medicare: 1-833-230-2176
 - Ohio Marketplace: 1-800-479-9502
 - Kentucky Marketplace: 1-888-815-6446
 - West Virginia Marketplace: 1-855-202-0622
- **Writing us** a letter or completing our Confidential Fraud, Waste and Abuse Reporting Form and sending it to:

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

You do not have to give us your name when you report fraud, waste and abuse. 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.

There are other ways to contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following means to contact us:

- Emailing fraud@caresource.com; or
- Faxing 800-418-0248



Care Coordination Communication

For safe and effective coordination of care between primary care providers (PCPs) and behavioral health (BH) specialists, it's important for key patient information to be shared between practitioners. Across provider types, PCPs and specialists value certain key information.

PCPs prioritize: treatment plans, diagnosis, medications and adherence to medication information. BH providers prioritize: family engagement, adherence to appointments and medication information.

Understanding this, providers can more conscientiously share information that is most relevant to specialists they are communicating with. The goal in provider communication is thorough and timely patient information, which is essential to addressing patients' care plan needs and supporting positive health outcomes.

CareSource provides a coordination form that helps facilitate referrals and information exchange between PCPs and BH providers. Please visit [CareSource.com](https://www.caresource.com) > Provider > [Forms](#) to access the form (Use web drop-down to navigate to the correct plan page).



Drug Safety: Take-Back Programs

Keeping old or unused medicines in the home can lead to danger. Everyday medications can get into improper hands.

- Children and pets can accidentally be poisoned
- May add risk to individuals with suicidal thoughts
- At-risk teenagers could obtain medicines from family members
- Active users may take an accidental overdose

CareSource wants to ensure the safety of our members and their families when it comes to medications.

Providers can help get the word out about the risks associated with expired and unused medications and the importance of medication safety.

Members can find a drug take-back location near them by going to CareSource Addiction Help, found at [CareSource.com](https://www.caresource.com) > Members > Education > [Behavioral Health](#) (Use web drop-down to navigate to the correct plan page).



What Can You Do to Help?

- Prescribe quantities sufficient for immediate need only
- Limit refills
- Check your state's drug monitoring system, if applicable
- Discuss medication adherence at the time of prescription
- Promote secure medication storage that is away from others
- Remind members to count and monitor prescription medications to prevent diversion
- Encourage discussion with one's children about not taking others' medications
- Advise against sharing prescriptions
- Refer members to resources for proper disposal of both medications and needles, including take-back locations at law enforcement and some local pharmacies



Access and Availability

Participating providers are expected to have procedures in place to see patients within specified timeframes and to offer office hours to their CareSource patients that are at least the equivalent of those offered to any other patient. Please review CareSource's access and availability standards published in the Provider Manual at [CareSource.com](https://www.caresource.com) > Provider > [Provider Manual](#) (Use web drop-down to navigate to the correct plan page).



Flu Vaccinations: Incentivizing Ohio Members

Flu season is fast approaching and CareSource has created additional rewards for our Ohio Medicaid and Medicare Advantage members who receive flu shots. In addition to no-cost flu shots, Ohio Medicaid and Medicare Advantage members who receive a flu vaccine are eligible to receive a \$10 gift card. They simply log in to their MyCareSource® account to redeem their reward, which can be used at a variety of participating stores.

CareSource is promoting the importance of flu vaccines through member brochures and social media outlets like Facebook, Instagram and Twitter.

Ohio providers can help promote health and wellness during the flu season by reminding patients of CareSource's new rewards who get their flu shots.

Please note: Rewards are not available in West Virginia or for any Marketplace members.



Ohio Policy Update: Drug Testing

Drug testing is a part of medical care during the initial assessment, ongoing monitoring and recovery phase for members with substance use disorder (SUD). Drug testing is also routine for members who are at risk for abuse/misuse or diversion of drugs and/or for other medical conditions. The drug test guides a provider in diagnosing and planning the member's care when prescription medications or illegal drugs are of concern.

In July 2019, CareSource launched a new Drug Testing Policy, in accordance with Ohio Department of Medicaid (ODM) directives, to all of the Ohio Medicaid Managed Care Organizations (MCOs). The new policy benefit covers 30 presumptive tests and 12 confirmatory tests per member per year. Prior authorization requests will be required once those limits are exhausted.

Providers can view the Drug Testing Policy at:

CareSource.com > Provider > [Provider Policies](#) (Use web drop-down to navigate to the correct plan page).

Ohio Medicaid Update: Unified Preferred Drug List

Beginning Jan. 1, 2020, CareSource will adopt Ohio Department of Medicaid's (ODM) Unified Preferred Drug List (UPDL). This means that CareSource will prefer the same prescription medications as fee-for-service and other Medicaid Managed Care Organizations (MCOs) in the state of Ohio. Prescribers will be able to access the UPDL online at ODM's website <https://pharmacy.medicaid.ohio.gov/> under "Drug Coverage" and also at CareSource.com > Provider > [Pharmacy](#) (Use web drop-down to navigate to the correct plan page).



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

VISIT US

CareSource.com

JOIN US

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

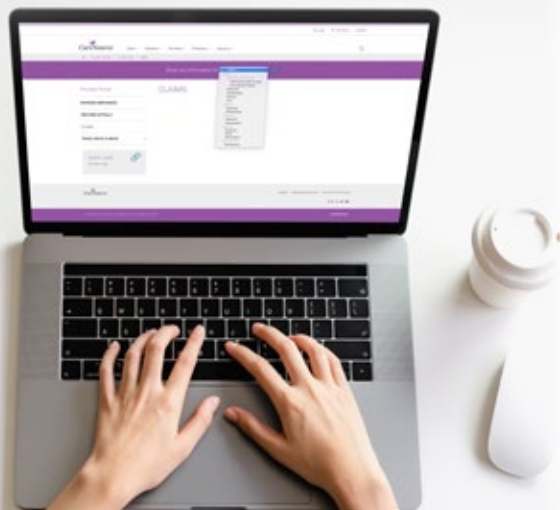
[Twitter.com/CareSource](https://twitter.com/CareSource)

[Instagram.com/CareSource](https://www.instagram.com/CareSource)

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

Introducing New Provider Payment Review Tool

CareSource has developed a tool for Ohio providers to use for current payment review activities to help understand the steps in the pre-payment and post-payment processes. The tool can be found at [CareSource.com](https://www.caresource.com) > Provider > [Claims](#) (Use web drop-down to navigate to the correct plan 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**