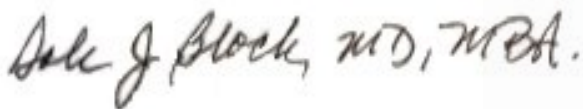*CareSource*®

Medical Director Note
2020 Outlook

2020 is projected to be a busy start to the next decade in health care delivery. Ohio Department of Medicaid (ODM) will be focusing on the following key issues:

- Managed Care Organization (MCOs) selection – The next group of MCOs will be tasked with executing ODM's 2020 care strategy. This selection will be completed by July 1.
- Well-Child Care – Pre-term birth prevention, closing gaps in care for childhood and adolescent immunizations and well-care.
- Antipsychotic Prescribing – Ensuring quality and safety in prescribing atypical antipsychotics and psychotropic medications to children, particularly foster care children and children in custody.
- Value-Based Care Expansion – The incentive-based Comprehensive Primary Care (CPC) program will be offered to children with enhancements to the current CPC program for qualifying providers.

The State and CareSource will continue to focus on the Institute for Healthcare Improvement's (IHI) Quadruple Aim of Care: improving the care experience, enhancing care to more specialized populations, improving provider engagement and reducing the total cost of care.

CareSource remains committed to our mission, vision and values. Enhancing provider engagement is key to keeping this commitment to our members, your patients. We cannot continue to rate as the "Best Medicaid Managed Care Organization" in Ohio without your help and we look forward to an even stronger partnership with you in 2020. On behalf of our organization, I would like to say thank you for caring for our members and their families.

Happy New Year,

Dale J. Block, MD, MBA.

Dale J. Block MD, MBA

Network Notification Bulletin

CareSource regularly communicates operational updates on our website. Our goal is to keep you updated with a format that is quickly accessible and that keeps you informed about working with us. Here were some network notifications posted from the previous quarter that you may have missed:

Ohio Medicaid & Medicare Providers

- October 2019 Policy Updates
- Out-of-Network Hospice Provider Reminder
- Dual-Eligibility Billing Reminder
- Ohio Medicaid Unified Prescription Drug List (PDL) Announcement
- November 2019 Policy Updates
- Flu Vaccine Initiatives
- Provider Billing Address Reminder
- New Primary Care Provider (PCP) Change Request Form
- ICD-10 Code Updates
- December 2019 Policy Updates
- Registering with ECHO Payment Partner
- Claim Coding Edits
- Pharmacy Network Change
- Guidelines for Properly Reporting Billing Provider Address
- January 2020 Policy Updates
- High Dollar Claims Cover Sheet

Marketplace Providers

- October 2019 Policy Updates
- Registering with ECHO Payment Partner
- Diabetes A1c Testing Bonus Payments
- November 2019 Policy Updates
- ICD-10 Code Updates
- December 2019 Policy Updates
- Marketplace Prior Authorization List Updates
- January 2020 Policy Updates
- Closing Quality Gaps in Care
- High Dollar Claims Cover Sheet
- Welcome (GA)
- Join the CareSource MA/D-SNP Network (GA)
- Radiology Benefit Management Program Implementation (GA)
- NIA Webinar Available on Seminar & Events Page (GA)

Network notifications can be accessed at **CareSource.com** > Providers > Updates & Announcements.

CareSource would also like to remind you of our electronic policy postings, conveniently packaging medical, pharmacy, reimbursement and administrative policy updates into a monthly network notification for your review. You can also find our provider policies listed at **CareSource.com** > Providers > Provider Policies.

Provider Portal Enhancements

CareSource is continually making enhancements to our Provider Portal, based on your feedback, to improve your experience working with CareSource. Our goal is to not only implement your suggestions, but to keep you updated about the portal features we release so you know the tools that are available. Portal enhancements within the last quarter have included:

✓ **New Health Plans** – As of 1/1/2020, the Provider Portal supports all functionality needed for members enrolled in Georgia Marketplace and Ohio Dual Special Needs Plans (D-SNP).

✓ **Claim Disputes** – Providers can now submit claim disputes using the Provider Portal. The ability to attach a file is optional.

✓ **Rejected Claims Visibility** – Providers can now view rejected claims based upon certain search criteria.

✓ **Prior Authorization Submission** – Nonparticipating providers are now able to complete the prior authorization (PA) process for Urine Drug Tests (UDT) even if the member has met the benefit limit.

✓ **Prior Authorization Change Request** – A change request option is now available for inpatient and outpatient prior authorizations.

✓ **Hospital Claims Attachments** – A hospital/ facility can now upload large files (up to 100MB) in conjunction with Re-Admission, Re-Admit Original Discharge or Unlisted Code Claim Submissions.

✓ **Updated Claims Messaging** – To clarify messaging for claims that have an associated zero check amount, updated explanations are now available on the Claims Detail page and the Payment History page.

✓ **Provider Documents** – The Provider Documents page now has filtering capability.

✓ **Dispute and Appeal Attachments** – The attachment size for disputes and appeals has been increased from 12MB to 100MB.

✓ **Abortion, Hysterectomy and Sterilization Consent Forms for Claims** – Providers may now upload abortion, hysterectomy and sterilization (AHS) consent forms for claims.

✓ **Integration with ECHO Health** – The ECHO Health Explanation of Provider Payment (EPP) is now available through the Provider Portal when viewing a claim.

✓ **Waiver Claims Information Updated with Diagnosis Code** – For Ohio MyCare claims, the diagnosis code from the service plan now displays the Waiver Claims Information section. The diagnosis code is also viewable from the Service Plan section on the portal.

✓ **MyCare/Dual-Eligible Special Needs Model of Care Training** – CMS requires that Providers who are contracted for Ohio D-SNP must attest that they have completed the annual Model of Care (MOC) training. To support this requirement, contracted Ohio D-SNP providers are prompted upon login to attest to their annual MOC training before proceeding onto the Provider Portal.

✓ **Altruista - Guiding Care** - CareSource has launched a new care management tool to review Georgia Marketplace member assessments, care treatment plans and more! Navigate to Member Eligibility and then click Assessments Taken or Care Treatment Plan. Look for the steps to guide you to the new tool.

Continue to check our website at **CareSource.com** > Providers > Updates & Announcements for updates on Provider Portal enhancements.

CareSource Partners with Matrix

CareSource prioritizes our members' experience of health care, and we know that you prioritize your patients' health. Therefore, we have decided to partner with Matrix Medical Network (Matrix) so that our providers are able to offer preventative health services to ensure members are receiving the care they need. Matrix has been helping people with their health for more than 15 years.

Matrix has completed over two million in-home health visits and more than 96% of the individuals receiving service were satisfied with their visit.

Visits are completely **FREE to your patients!** Results of visits will be shared with you and your patient. Here are some of the health screenings your patients may receive during their visit:

Test	Description
Eye Exam	Checks for early signs of glaucoma, cataracts and diabetic retinopathy.
A1C Blood Sugar Test	Checks your blood sugar levels for signs of diabetes.
Micro Albumin Urine (MAU) Test	Measures the amount of protein in your urine to let you know if your kidneys are working correctly.
Fecal Immunochemical Test (FIT)	Screens for colon cancer.

Matrix will be reaching out to your patients during the year to discuss and schedule an in-home visit. This visit includes both quality and risk adjustment assessments. We are confident you and your patient will see the value in this visit.

Extend and Empower with Online Tools

At CareSource, we provide resources to foster the overall health and productivity of our members. We are excited to offer myStrength℠, a digital tool to promote mental health and well-being. myStrength allows us to extend **FREE** and unlimited accounts to our consumers, our community, and our friends and family.

With myStrength, members can:

- Learn techniques to reduce stress
- Track their mood online
- Manage depressive or anxious thoughts
- Access and share inspirations
- Explore hundreds of articles and activities

Members have access to myStrength through the member portal. Refer your patients today to myStrength. To access myStrength, visit **CareSource.com** > Members > myStrength.

Update Your Information for 2020

Our ability to closely partner with you depends on having the most accurate and up-to-date information about your practice. Regularly reviewing and updating your provider information with us is critical in the process of serving our members, your patients. Advance notice of status changes – such as changes in address, phone, or adding or deleting a provider to your practice – helps keep our records current and assists with efficient claims processing.

Updating your information with CareSource is easier than ever through the Provider Portal. Simply log in to the portal at **CareSource.com** > Providers > Provider Portal Log-In and click on the Provider Maintenance tab. Here, you are able to submit updates electronically and CareSource will process your request within 7-10 business days.
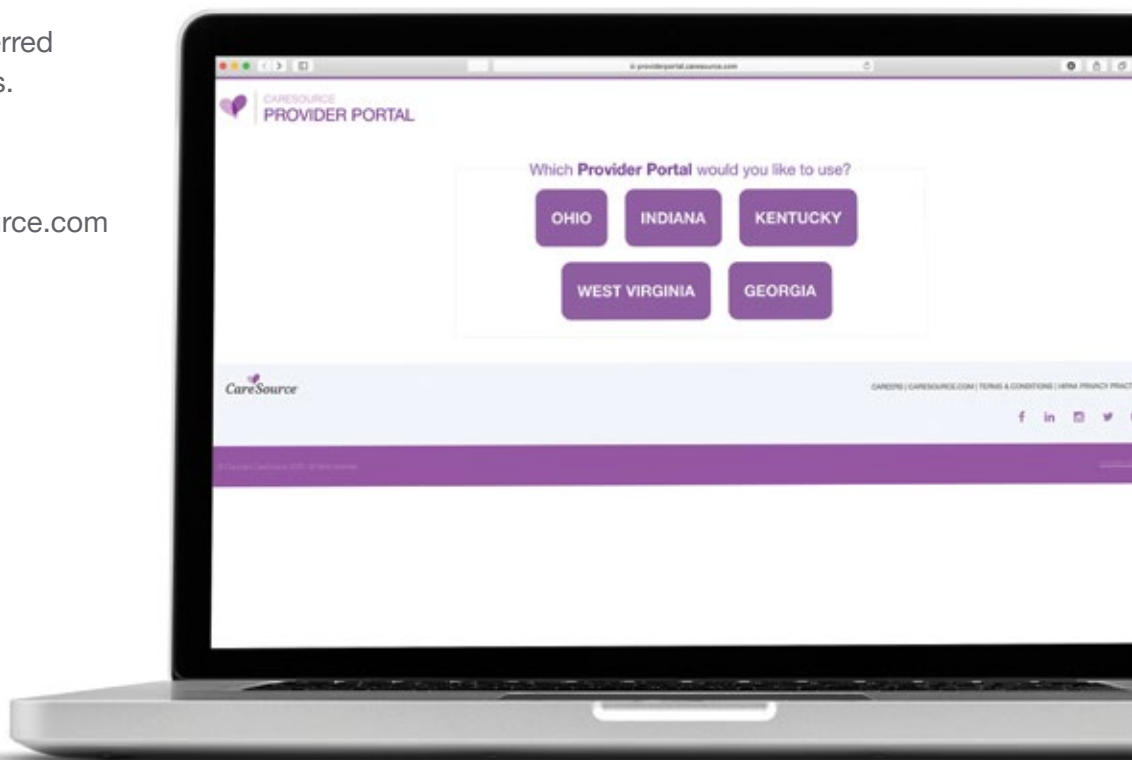
The Provider Portal is the preferred method for submitting changes. Alternative methods include:

Email:
ProviderMaintenance@caresource.com

Mail:
CareSource
Attn: Provider Maintenance
P.O. Box 8738
Dayton, OH 45401-8738

Guidelines for Proper Documentation

Proper documentation is essential to you and your patients. It ensures patients receive services that are reasonable and necessary, supports proper payment of claims and supports favorable medical record review decisions. The Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network has put out a Provider Minute video on the importance of proper documentation. This five minute video addresses typical documentation errors such as: insufficient documentation, medical necessity, incorrect coding and no documentation. The video also outlines tips on handling records requests for favorable outcomes.

The video can be found at: https://www.youtube.com/watch?v=10pmw4czf08

Provider Payment Reviews:
What You Need to Know

In Ohio, CareSource has initiated several pre and post-payment review processes for Ohio to validate and improve the accuracy of claims payment. Below is a brief summary of the payment review processes in place that we would like to draw your attention to. You can find more details about these processes at **CareSource.com** > Providers > Claims.

Pre-Payment Review Processes

Pre-payment review is conducted to provide procedural and financial accuracy assurance prior to claim finalization. Our pre-payment reviews include:

- Readmission Claims Review
- Inpatient Hospital Claims with Diagnosis-Related Group (DRG) Review
- High Dollar Claims Review

For pre-payment reviews, CareSource has partnered with Equian to conduct itemized bill reviews specific to Inpatient Hospital Claims with total allowed amounts equal to or greater than $25,000 and with DRG outliers. For more information on this process, please review the June 2019 network notification that announces this partnership. You can find the network notification at **CareSource.com** > Providers > Updates & Announcements.

Post-Payment Review Processes

Post-payment review is conducted to provide review of claims when the level of care doesn't match documentation in the medical record or when documentation in the medical record does not support the billed diagnosis or procedures. Our post-payment reviews include:

- Place of Service Validation Review
- Diagnosis-Related Group (DRG) Review

For post-payment reviews, CareSource has partnered with Health Management Systems to conduct periodic reviews of paid claims and related documentation to validate coding payment accuracy, regulatory compliance and adherence to CareSource policies. For more information on this process, please review the January 2019 network notification that announces this partnership. You can find this network notification at **CareSource.com** > Providers > Updates & Announcements.

Required Model of Care Training

Annually, CareSource asks that all providers serving MyCare Ohio or Dual-Eligible Special Needs Plan (D-SNP) members complete the Model of Care Training. Centers for Medicare & Medicaid Services (CMS) requires that we document provider attestation of completion of this training. In order to support this requirement, CareSource provides this training on the Provider Portal, where providers are prompted to view the training and complete the attestation. You can access the training on the portal at **CareSource.com** > Providers > Provider Portal Log-In. If you are a provider serving MyCare Ohio or D-SNP members, you will be automatically prompted to complete and attest to completing the training. The training is also viewable on our website at **CareSource.com** > Providers > Seminars & Events. In order to complete the attestation, however, you must log in to the portal.

Completing this annual training is critical. CareSource will also work with providers to complete the training through methods outside of the portal. We appreciate your timely action to complete the Model of Care Training.

Reminder:
Access and Availability Standards

For Ohio Providers (Medicaid, Marketplace and MyCare), CareSource operates a quality program to ensure our members receive the best possible health care services. It includes evaluation of the availability, accessibility and acceptability of services rendered to patients by participating providers.

Participating providers are expected to have procedures in place to see patients within these timeframes and to offer office hours to their CareSource patients that are at least the equivalent of those offered to any other patient.

CareSource has developed a flier for your quick reference of Primary Care Provider (PCP), Non-PCP and Behavioral Health access standards for differing levels of care. Please visit **CareSource.com** > Providers > Quick Reference Materials to access this flier.

2020 Preventative Services

CareSource Medicare Advantage and Dual Advantage plans are focused on helping you improve your patients' health. In order to promote positive health and quality outcomes, we encourage you to have your members obtain the needed preventative services in 2020. Services like colon cancer screenings, and diabetes testing are available to your members with no out-of-pocket costs and they can even be done in the privacy of their own home. CareSource partners with Matrix to provide in home assessments and testing free of charge. We know you value your patients' health and want them to stay healthy in 2020. Rewards may also be available to our members, which vary by market. Our care management team is available to assist you with any questions or needs. Simply contact us at **844-679-7867**.

Coding guides are also available to assist with billing needs. You can find these on our website at **CareSource.com** > Providers > Quick Reference Materials.

Improving Member Medication Adherence

It is estimated that three of four Americans do not take their medication as directed and that poor medication adherence costs the U.S. health care system nearly $300 billion a year. Medication non-adherence continues to be a multifactorial health care challenge, leading to further health complications and increased cost of care.

There are many reasons why a patient may be non-adherent to their medication. Some patients may simply be forgetful, while others may not understand the importance of the medication they are taking or are fearful of the side effects. Another common reason for non-adherence is cost. Patients struggling to afford their medications may skip doses or take less than the prescribed dose.

Below are tips providers can focus on at each patient visit to establish better adherence practices with their patients.

- Review medications with patients at each visit
  - *Are they experiencing any side effects?*
  - *Are their medications being refilled prior to running out?*
  - *How are they taking their medications?*
- Provide education on why medications are being prescribed to the patient
- Discuss goals of medication and importance of adherence
- Discuss and attempt to resolve any barriers regarding cost, side effects, etc.

Medication non-adherence is a complex health care issue and can be a difficult obstacle for patients to overcome on their own. Support from providers has the potential to not only improve medication adherence, but also improve patient well-being.

Sources:

1. *https://www.heart.org/en/health-topics/consumer-healthcare/medication-information/medication-adherence-taking-your-meds-as-directed*

2. *Brown MT, Bussell JK. Medication adherence: WHO cares. Mayo Clinic Proc. 2011;86(4):304–314. doi:10.4065/mcp.2010.0575*

Barrus K. Case Study: Medication Adherence & Member Compliance. New Initiative to Improve Outcomes. Selecthealth. 2019

Pharmacy Updates for Medicaid and Marketplace

CareSource has a searchable drug list that is updated monthly on the website. To find out which drugs are covered under your plan, go to the Find My Prescriptions link under Member Tools & Resources. The most current updates can be found there also. If members do not have access to the internet, they can call Member Services for their respective market and plan. A CareSource Representative will help members find out if a medication is covered and how much it will cost.

CareSource®

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Dayton, OH 45401-8738

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WE ARE HERE FOR *you!*

CareSource wants our providers to be aware of all the ways we offer support and the channels you can access to get your questions and needs met. In an effort to better support our providers and offer an immediate response to questions, concerns and inquiries, we offer claims, policy and appeals assistance through our call center when you call our plan-specific Provider Services departments.