

FALL 2017

PROVIDERSource

A newsletter for CareSource Health Partners

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OPERATIONAL NEWS

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 requires us to provide expanded information in our provider directories, including:

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

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

FROM THE MEDICAL DIRECTORS

According to the Centers for Disease Control and Prevention, about one-third of U.S. adults – or nearly 75 million people – have high blood pressure. Yet only about half (54 percent) of these people have their high blood pressure under control. CareSource is working to improve these statistics.

As you know, the cardiovascular health risks of uncontrolled hypertension are great. At CareSource, we understand the challenges of patient adherence and are dedicated to supporting your efforts to achieve positive health outcomes. We are here to help our members follow your treatment plans and medication schedules and understand the importance of diet and exercise.

We endorse the nationally recognized, evidence-based clinical guidelines for controlling hypertension issued by the American Heart Association, the American College of Cardiology and the Centers for Disease Control and Prevention. I encourage you to refer to them on our website at CareSource.com. Working together, we can help our members control their blood pressure and live healthier and happier lives.

Sincerely,



Karim Lopez, M.D.
Medical Director, Ohio



Stephen Lucht, M.D.
Medical Director, Kentucky

Coding and Risk Adjustment Educational Opportunities

CareSource has partnered with Pulse8 to offer online ICD-10-CM diagnosis coding and risk adjustment education sessions and webinars. The free one-hour webinars cover documentation and coding of illnesses, as well as the basics of risk adjustment. Live and on-demand opportunities include a question-and-answer session after the presentation. On-demand sessions are approved for one continuing education unit (CEU) through the American Academy of Professional Coders (AAPC).

LEARN MORE AND REGISTER

To learn more about this great educational opportunity and register for webinars, email providerengagement@pulse8.com.



FRAUD, WASTE AND ABUSE – DEVELOPING YOUR OWN COMPLIANCE PLAN

In order to protect you, your practice and your patients from fraudulent activities, the Office of Inspector General (OIG) suggests developing and following a voluntary compliance program. There are seven components of an effective compliance program. Establishing these basic steps within your practice will help to ensure that you are submitting true and accurate claims, as well as establishing a solid foundation of compliance.

1. Audit and monitor internally.
2. Execute compliance and practice standards.
3. Designate a compliance officer for your practice.
4. Train and educate staff as appropriate.
5. Respond quickly and appropriately to any detected issues or concerns and develop corrective actions and plans for future monitoring.
6. Establish and maintain open lines of communication with employees. Ensure that they know who the compliance officer is and the appropriate channels for communication.
7. Enforce and clearly publicize disciplinary standards and guidelines.
8. For further information, please reference the links below:

OIG Publication: http://oig.hhs.gov/compliance/physician-education/roadmap_web_version.pdf

OIG Publication: <http://oig.hhs.gov/authorities/docs/physician.pdf>

Medicare Learning Network Publication:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Avoiding_Medicare_FandA_Physicians_FactSheet_905645.pdf

REPORT FRAUD, WASTE OR ABUSE:

You have many options to report suspected fraud, waste or abuse.

- Call the Health Partner Services line and follow the appropriate menu option for reporting fraud.
- Write us a letter or complete the Fraud, Waste and Abuse Reporting form on **CareSource.com**. Send it to:
CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940
- Fax: 800-418-0248
- Email: fraud@caresource.com

BEHAVIORAL HEALTH DIAGNOSTIC ASSESSMENTS WITH SBIRT

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

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 a referral to brief therapy or additional treatment to patients who screen in need of additional services.

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

Just as preventive screening for heart disease or diabetes is customary, diagnostic assessments for early detection of SUD is critical to mitigate the more drastic effects on an individual's physical, behavioral and psychosocial health. SBIRT treats behavioral health with the same importance as physical health.

SUPPORTING ORAL HEALTH

CareSource encourages regular and appropriate oral health care for all patients. Please remember that oral health providers are not the only providers who can administer and bill for topical fluoride treatments for children. Treatments may also be administered by pediatricians and primary care providers. A well-child visit is an appropriate time to assess the need for this service and apply the treatment, if needed. As an alternative, please refer your patients to a dentist for services.

Preventive care for adults

Help us to remind our members that well-care checkups are not just for children and adolescents. CareSource has a commitment to prevention and early detection of disease for the people we are privileged to serve. We are dedicated to helping people live healthier lives, and we hope you encourage our members to receive age- and gender-appropriate preventive care services.



DOCUMENT BMI SCREENINGS

Measuring body mass index (BMI) remains a quick and relatively simple way to gauge your patients' risk for obesity and other health problems. Routine BMI measurements can promote discussions that may influence healthier habits.

BMI should be calculated at least annually and documented in the patient's medical record. Be sure medical records reflect all of the following:

Adults (19 to 64 years)

- Date of visit
- Weight and BMI value

Children (24 months to 18 years)

- Date of visit
- Height and weight
- BMI percentile documented as a value (e.g., 85th percentile)
- BMI percentile plotted on an age-growth BMI chart
- Checklist to indicate counseling for nutrition and physical activity annually (not solely topics on sports or safety)

Remember, a nutritional evaluation and anticipatory guidance are required as part of a routine well-child exam.



MANAGING FALL RISK FOR OLDER ADULTS

For Medicare Advantage and MyCare patients:

According to the Centers for Disease Control and Prevention, more than 25 percent of Americans over age 65 fall each year, but less than half tell their doctor. Falling once doubles a patient's chance of falling again, and one out of five falls causes a serious injury such as broken bones or a head injury.

Be proactive with patients 65 years and older. Discuss the health benefits of physical exercise. Ask if they have fallen or if they have a problem with balance or walking. Identify and address any fall risk factors to help them prevent falls and lower the risk of fractures. You can also refer them to a community program or specialist, if needed.

ASTHMA CARE

Although doctors play an important role in effective asthma management, many ethnic and racial minorities don't see a doctor regularly as part of their asthma care. In fact:

- More than one in four Black adults can't afford routine doctor visits.
- Nearly one in seven Hispanic adults can't afford routine doctor visits.*

CareSource Care Managers educate patients diagnosed with asthma to help them understand and manage their asthma. They cover topics such as medication compliance, asthma trigger control, self-management, care coordination and adherence to treatment plans.

For patients with asthma, please be sure to:

- Prescribe appropriate asthma medications and appropriate delivery devices as needed.
- Remind patients to get their medications filled regularly.
- Ensure that patients know the importance of taking their asthma medications and understand how to take their medications.
- Remind patients not to stop taking asthma medications even if they are feeling better and are symptom-free.
- Educate patients on identifying asthma triggers and medication adherence.
- Create an asthma action plan (documented in the patient's medical record) and ensure the patient has a copy.

CareSource offers disease management and wellness programs for patients with chronic conditions. CareSource members diagnosed with asthma are automatically enrolled into this program and receive information to help them better manage their condition. This information includes care options for them to discuss with you, their provider.

**Source: www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf*

PROSTATE CANCER SCREENING GUIDELINES

Current prostate cancer screening recommendations indicate that the benefits of prostate-specific antigen (PSA)-based screenings do not outweigh the potential harms. Other methods of detection, including digital rectal exams and ultrasonography, are recommended.

PSA-based screenings should not be used unless a clinically indicated diagnosis is present, even in men of optimal age range (55 to 69 years). They should only be completed in the presence of an exclusion diagnosis, including prostate cancer, prostate dysplasia or an elevated PSA test in the prior year.

Please document clinically appropriate screenings for prostate cancer in the patient's medical record.



DOCUMENTING IMMUNIZATIONS

When completing immunizations for your CareSource patients, remember to:

- Record the immunizations in your state registry.
- Document the immunizations (historic and current) in the patient's medical record to include:
 - A note indicating the name of the specific antigen and the date of the immunization
 - The certificate of immunization prepared by an authorized health care provider or agency
 - Parent refusal, documented history of anaphylactic reaction to serum/vaccinations, illnesses or seropositive test results
 - The date of the first hepatitis B vaccine given at the hospital and the name of the hospital, if available.

By age two, children should have the following immunizations:

- Four DTaP and three hepatitis B
- Four IPV and two influenza
- Two MMR and four pneumococcal conjugate
- Three Hib and two or three rotavirus
- Two hepatitis A and two dose series of varicella

By age 13, they should have:

- One meningococcal vaccine between the ages of 11 and 13
- One Td or Tdap
- Two doses of the HPV vaccine

FIND PDL (PREFERRED DRUG LIST) UPDATES ONLINE

CareSource regularly reviews and updates the PDL's 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 smart phone. Apps include 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 and follow the prompts to reach the pharmacy department.

PROMOTING PREVENTION WITH WELL-CHILD EXAMS

Well-child exams play a key role in preventive care for children and adolescents. CareSource promotes the American Academy of Pediatrics Bright Futures schedule and recommendations for preventive pediatric health care. These visits may include immunizations, blood lead screenings, developmental screenings, review of medications, substance use treatment and many other screenings.

For each well-child visit you perform, please document in the patient's medical record that the office visit was specifically for a well-child exam and include the visit date. Be sure to document, at a minimum, all of the following:

- Health and developmental histories
- Physical and mental developmental histories
- Physical exam
- Health education and anticipatory guidance

SCREENING CHILDREN FOR LEAD POISONING

Blood lead level screenings should be performed at 12 and 24 months of age. This includes a capillary or venous blood test for lead poisoning. If you obtain the specimen and analyze the test in your office, you should report results to your state's Childhood Lead Poisoning Prevention program.

Education on lead poisoning is an important part of the well-child visit and you should cover:

- Effects of lead poisoning on children
- Sources of lead poisoning
- Pathways of exposure
- How to prevent exposure to lead hazards
- Appropriate testing schedules for children

Please remember that completing a lead risk assessment questionnaire does not count as a lead screening.



AN EXCITING OPPORTUNITY FOR OHIO HEALTH PARTNERS: SBIRT TRAINING COMING SOON

CareSource is partnering with the Ohio SBIRT Project to host Screening, Brief Intervention and Referral to Treatment (SBIRT) train-the-trainer opportunities in late fall of this year. The classes will be offered at CareSource office locations in the Dayton, Cleveland and Columbus areas. This two-day course will focus on SBIRT education and training and how to train your staff to implement SBIRT into your practice.

NEW CARESOURCE HEALTH PARTNERS IN KENTUCKY

CareSource welcomed the following hospitals into our Kentucky networks in the first half of 2017:

Jellico Community Hospital (TN), effective May 1, 2017	Marketplace and Medicare Advantage
Ephraim McDowell Regional Medical Center, effective May 1, 2017	Marketplace and Medicare Advantage
Ephraim McDowell Fort Logan Hospital, effective May 1, 2017	Marketplace and Medicare Advantage

In addition, the following provider joined the Kentucky networks:

CooperativeCare PHO, effective May 1, 2017	Marketplace and Medicare Advantage
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Health Partner Services Contact Information

 OHIO	Medicaid	1-800-488-0134
	Marketplace	
	MyCare	
	Medicare Advantage	1-844-679-7865
 KENTUCKY	Marketplace	1-855-852-5558
	Medicare Advantage	1-855-202-1059
 WEST VIRGINIA	Marketplace	1-855-202-1091



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