







A Few Facts on 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. An example 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.

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 from 15 to 30% of the proceeds of the action or settlement.

You can find more information regarding the False Claims Act on CareSource's website.

Screening and Early Intervention for Autism Spectrum Disorder (ASD)

What is Autism Spectrum Disorder?

Autism spectrum disorder (ASD) is a neurodevelopmental disorder that affects the structure and function of the brain and nervous system.¹ ASD is characterized by social and communication impairment and restricted or repetitive behaviors. As symptoms can range in severity, ASD is conceptualized on a spectrum to reflect level of impairment and inform intervention.¹ It is estimated that ASD has a prevalence of about one in 59 children (1.7%) in the United States.¹ ASD symptoms are observable as early as 18 months and a diagnosis by a professional can be considered reliable at age two.²

Symptoms

While symptoms can vary and range from mild to severe, there are common symptoms that may be an indication that further evaluation is needed, some examples are:^{2,3}

Challenges with communications/social interaction:

- Does not respond to name by nine months of age
- Does not show facial expressions, like happy and sad, by nine months of age
- Does not smile when smiled at
- Avoids or does not keep eye contact
- · Seems to tune people out

Repetitive patterns of behavior:

- Plays with toys the same way every time
- Has obsessive interests
- Shows unusual attachments to toys, objects or routines
- Repeats words or phrases
- Spends a lot of time putting toys or objects in a specific order

Other characteristics:

- Delayed language, movement, cognitive and/or learning skills
- Unusual sleeping and eating habits
- Anxiety, stress, or excessive worry



Screening and Intervention

Research indicates that early diagnosis and intervention of ASD are associated with significant positive effects related to symptoms and skills.² It is important for primary care providers to be familiar with the signs and symptoms of ASD to provide timely and effective medical, behavioral, educational and social services.¹ The American Academy of Pediatrics (AAP) recommends screening for symptoms of ASD via developmental surveillance at all primary care visits, as well as standardized ASD-specific screening tests at

the age 18 and 24 months well-child visits.¹ It is common for children with ASD to have co-occurring medical, developmental and/or behavioral diagnoses such as seizure disorder, Attention Deficit Hyperactivity Disorder (ADHD) and intellectual disability.¹

Treatment for ASD is targeted at reducing symptoms and improving functioning and should be individualized to the strengths and needs of the child. Some interventions include behavioral, developmental, educational, social-relational and pharmacological modalities. Behavioral approaches have the most evidence for treating symptoms. Applied Behavior Analysis (ABA), a behavioral intervention focused on behavior modification, is one of the most prominent modalities.



High blood pressure is extremely common in the United States, with more than <u>100 million adults</u> classified as having hypertension, according to data from the American Heart Association.

Anxiety and depression can be contributing factors to someone avoiding treatment. Patients with anxiety and depression are less likely to take their medication and comply with their treatment as directed, compounding the problem, and leaving blood pressure uncontrolled or poorly controlled.

It is important to determine if your patient has mental health problems such as depression, anxiety or other behavioral health concerns and then:

- Refer to appropriate mental health care provider.
- Work with our case managers/social workers to engage patients on understanding how and when to take their medications. Case management referral can be done by calling 1-833-230-2011 or online at <u>Care Management Request and Referral</u>

A blood pressure cuff is a covered durable medical equipment (DME). It does require a prior authorization to determine whether the services listed meet evidence-based criteria for medical necessity. Please have request faxed in and we can review.

Fax: 937-396-3702

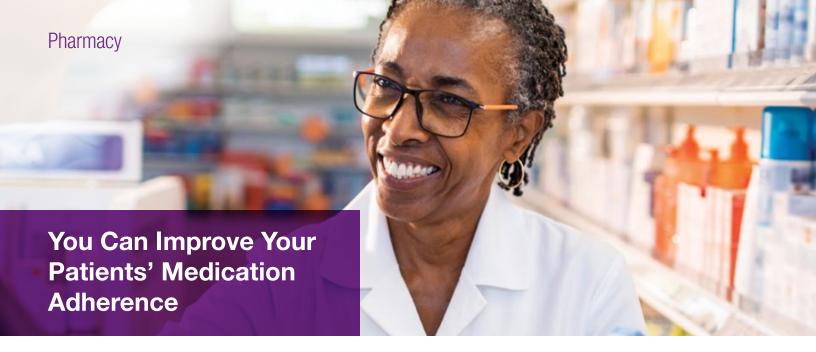
Resources

American Academy of Pediatrics Council on Children with Disabilities: https://pediatrics.aappublications.org/content/145/1/e20193447
Autism Speaks https://www.autismspeaks.org

Learn the Signs. Act Early. (CDC) https://www.cdc.gov/ncbddd/actearly/milestones/index.html

References

- 1. Hyman, S., Levy, S., Myers, S. et al. Identification, Evaluation, and Management of Children with Autism Spectrum Disorder. Pediatrics. 2020; 145(1). Retrieved from https://doi.org/10.1542/peds.2019-3447
- 2. CDC. Autism Spectrum Disorders (2022). Retrieved September 20, 2022 from https://www.cdc.gov/ncbddd/autism/index.html
- 3. NIH. Autism Spectrum Disorder-General Information. (2019). Retrieved September 20, 2022 from https://www.nichd.nih.gov/health/topics/autism



Many patients do not take their medications as directed. 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 medications. Some patients might simply be forgetful, while others may not understand the importance of the medication they are taking or might be experiencing side effects.

There are many actions that providers can take to improve a patient's medication adherence. Below are some tips providers may focus on at each patient visit to establish better adherence:

- 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.
- Write prescriptions for a 90-day supply

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 improve medication adherence.

Pharmacy Updates



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 <u>Find My Prescriptions</u> 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.



Pregnancy Support Services

CareSource is excited to partner with Johnson & Johnson, Walmart and Baby Live Advice to offer FREE virtual pregnancy support services to our pregnant members. Members will have access to a variety of clinicians for one-to-one consultation such as doulas, lactation specialists, nurses, nutritionists, midwives and behavioral health counselors. Members will also have access to FREE live education classes and group support. These support services do not replace the ongoing prenatal and postpartum care our members receive from our outstanding providers but serve as a support service in between appointments. Please consider referring your patients to Georgia Mama Care for enrollment!



Got (Breast) Milk?

Do you have a member who is pregnant?

We want members who plan to breastfeed to have the tools they need. CareSource covers breast pumps at no cost to members! Encourage your patients to order their breast pump online within 90 days of their due date.

They can visit <u>insured.amedadirect.com</u>, <u>aeroflowbreastpumps.com</u>, or <u>pumpsformom.com</u> to choose their breast pump. Each website has many brands and models to choose from. Members can fill out the information on the website and they will work with us to get to get their breast pump to them!



For questions, your CareSource patients can contact Member Services at **1-855-202-0729** (TTY: 1-800-255-0056 or 711), Monday through Friday from 7 a.m. - 7 p.m. Eastern Time (ET).



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

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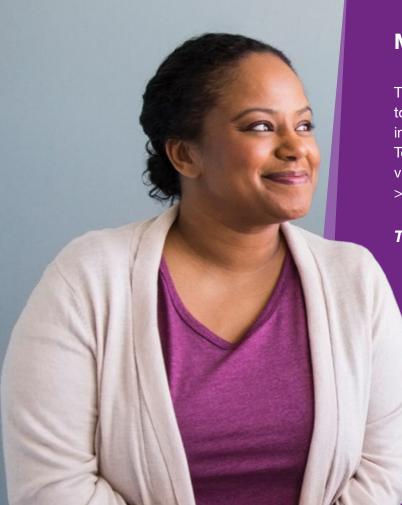
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MemberSource Newsletter

The MemberSource newsletter is a great resource to stay up-to-date with health, wellness, and plan information for your CareSource patients. To view editions of the MemberSource newsletter, visit CareSource.com > Members > Education > Newsletters.

Thank you for your partnership!

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