



FALL 2018

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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CareSource®

FROM THE MEDICAL DIRECTOR:

Fall is upon us and school is back in session. Sometimes that signals the start of increasing acute illnesses. At CareSource, we want to ensure our members have access to the services they need. That is why your partnership is so critical to improve health outcomes. We also continue to seek innovative opportunities to improve access.

On the telehealth frontier, we have partnered with a number of schools around the state to offer access to telehealth services for our members' acute care needs. This is not in lieu of the medical home or the primary care provider, but an additional point of access. A recent visit with Appling County High School was an opportunity to meet with school health staff and discuss how access to telehealth can mean less time out from school for the student and less time off from work for the parent. School-based health centers also offer access for students. Partnering with providers to offer telehealth, school-based health and mobile health services is a priority.

Another initiative we have underway is a partnership with an ambulance provider. Our collaboration offers home visits to select members to address their specific medical needs in an effort to decrease unnecessary emergency department utilization and increase engagement with the primary care provider.

I welcome your feedback and ideas as we continue to engage our members and our providers in traditional and non-traditional ways to make a difference in our members' lives.



Dr. Seema Csukas, MD, PhD, FAAP
Medical Director, Georgia Market



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 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 you 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 from 15 to 30 percent of the proceeds of the action or settlement. For free education materials created by Health and Human Services-Office of Inspector General (HHS-OIG) on the FCA and other federal fraud and abuse laws

visit oig.hhs.gov/compliance/physician-education/index.asp. You can report fraud, waste and abuse to CareSource Special Investigations Unit by:

- Calling Health Partner Services at **1-844-607-2831** and selecting the menu option for reporting fraud; or
- 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 write or call. There are other ways you may 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:

Email fraud@caresource.com; or
Fax 1-800-418-0248

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.



Claim and Appeal Tips



We have answers to some common questions you have asked about CareSource's operations and processes.

Payment Disputes

- You can submit a payment dispute if you disagree with the amount of reimbursement received. This is different than disputing a denied claim or submitting an appeal.
- A claim payment dispute is defined as a claim that involves an underpayment not including line or claim denials. Please contact your CareSource Health Partner Engagement Specialist if claims are not paying the correct rate according to your contract. You can find out who your Health Partner Engagement Specialist is by visiting CareSource.com, contact us and view the map.
- If you identify an overpayment, please submit via the Claims Recovery Request tool on the CareSource Provider Portal.

Timely Filing

Timely filing is the time range from the date of service in which CareSource will accept a claim. Claims submitted after the timely filing period will be denied. Claims must be submitted within 180 calendar days of the date of service or discharge to be considered timely.

Appeals

When you submit an appeal, you are asking CareSource to review a claim decision. Appeals may be submitted for claims that have been appropriately adjudicated with all required documentation. You may submit claim appeals by fax, mail, or on the CareSource Provider Portal. If you do not agree with the decision of a processed claim, you will have thirty (30) calendar days from the date the adverse action, denial of payment, remittance advice, or initial review determination was mailed to you to submit an appeal.



Make Sure You Get the Fastest Response to Your Prior Authorization Requests With Cite® AutoAuth

- Immediate approval or pend status of an authorization
- No initial phone call or fax necessary
- Ability to upload clinical information to support request for authorization

You often need a fast response to prior authorization requests. But calling in or faxing a prior authorization request can take time – time that could be better used by starting approved treatments.

Cite AutoAuth provides the fastest response to your prior authorization request. Health partners

simply enter clinical criteria within Cite AutoAuth to request prior authorization of services. A determination is then made based on the clinical criteria that has been selected – in many cases, within seconds! After you get the prior authorization approval, you can begin treatment. If you have access to the CareSource Provider Portal, you already have access to Cite AutoAuth under Prior Authorization.

Unfamiliar with Cite AutoAuth? Learn more about using Cite AutoAuth by talking with your health partner representative. You can also visit the CareSource Provider Portal at **CareSource.com**. Log in to the portal and select Prior Authorization. You will find information about Cite AutoAuth and how to get the fastest response to your prior authorization request.

CareSource Life Services and Chattahoochee Technical College

CareSource of Georgia has partnered with Chattahoochee Technical College to provide Life Services to students at the college.

What is CareSource Life Services?

Life Services re-envisioned CareSource's role in members' lives by balancing its traditional health care models with a new social determinants health program to offer individualized assistance toward total, lasting well-being. Our objective is to stabilize and assist members in their individual journey by addressing the member-specific obstacles impeding their pathway to self-sufficiency.

Who is Eligible?

We can help CareSource members, or parents of CareSource members, who are struggling with

balancing their education, daily responsibilities and career goals. CareSource members, who are also enrolled at Chattahoochee Tech, are eligible to participate in this partnership.

What's in It for Them?

As CareSource members they get more when attending Chattahoochee Tech. Members can get access to:

CareSource life coach who will help guide them on their journey. Career fairs where members can connect with local employers. Financial resources to help make college more affordable. GED preparation so members can take the next step in their education. Student Resources to support a members educational needs.

How to Get Connected?

Students of Chattahoochee Technical College can contact us at **1-844-607-2828** or LifeServicesGeorgia@CareSource.com for more information about this partnership.

Controlling High Blood Pressure (Hypertension)

Hypertension is a major risk factor for cardiovascular disease and other health complications. Adherence to treatment, including taking medications, has a significant impact on patient outcomes. CareSource works closely with our members to ensure they comply with their treatment plans. Please help us encourage medication adherence for your CareSource patients who have been diagnosed with hypertension.

CareSource recommends nationally accepted standards and guidelines to help inform and guide the clinical care provided to CareSource members.

Research endorsed by the American Heart Association (AHA) and Centers for Disease Control and Prevention (CDC) shows system-level adoption of treatment algorithms have significant impact on hypertensive populations. The National Committee for Quality Assurance (NCQA) HEDIS Controlling High Blood Pressure measure looks at members 18 to 85 years of age with a diagnosis of hypertension. Control is defined as:

- Members 18 to 59 years of age whose blood pressure (BP) was <140/90 mm Hg.
- Members 60 to 85 years of age with a





diagnosis of diabetes whose BP was <140/90 mm Hg.

- Members 60 to 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Please remember to document the following in the patient's medical record:

- Diagnosis of hypertension
- Blood pressure results during every visit
- Treatment plan – including medications

The most recent BP reading taken and recorded during the measurement year is used for HEDIS purposes. If multiple readings occur during a single visit, the lowest systolic and lowest diastolic will be used to determine BP control. Record all readings taken during a visit. If initial BP reading is high, we strongly encourage providers to take a second reading.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

It's Back-to-School Time – Well-Child Care

Well-child exams play a key role in preventive care for children and adolescents. CareSource recommends the American Academy of Pediatrics (AAP) guidelines to inform and guide pediatric care provided to our members, visit aap.org/en-us/Documents/periodicity_schedule.pdf to view the guidelines.

School sport physicals are a great time to perform well-child checkups, as they may be one of the few opportunities to do so throughout the year. You can also perform annual well-child checkups during an acute-care visit.

CareSource supports the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) protocols for CareSource pediatric members enrolled in Medicaid. The EPSDT benefit is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of the EPSDT benefit is to assure that individual children get the health care they need, when they need it. The EPSDT benefit also covers medically necessary diagnostic services.

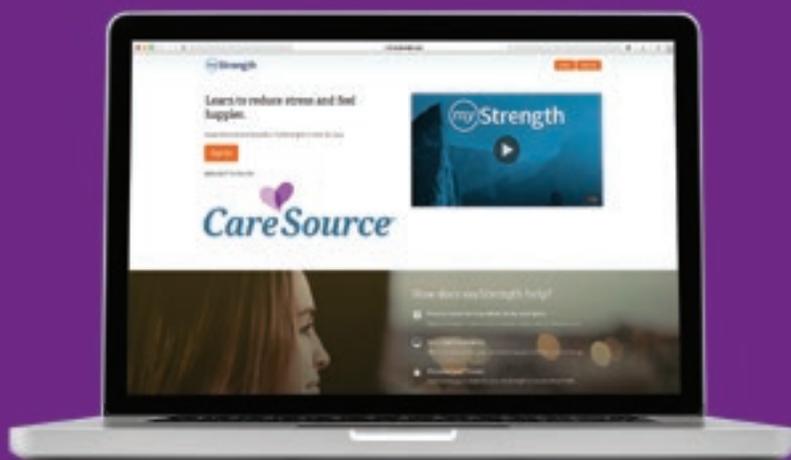
Don't forget to remind your patient about vaccinations during their visit. Back to school visits are a great time to think about vaccinations! Regular vaccinations can prevent serious diseases. CareSource follows the CDC recommended immunization schedule at cdc.gov. View the vaccines tab under Healthy Living. If you are a Vaccines for Children (VFC) provider, please submit claims for the immunization administration. CareSource pays for the administration of the vaccine.



Addressing Behavioral Health Needs of Your Patients

As more members understand the value of visiting a health partner, it is especially important to obtain a psychosocial history of your patients, including situations that may have impacted their health such as incarceration, drug use or trauma. These past experiences may have put the member at a higher risk for behavioral health conditions, inappropriate use of medications, HIV, Hepatitis C or other chronic health conditions.

CareSource offers myStrength - a free, customizable web and mobile tool to foster the mental health and well-being of our members who are experiencing depression/anxiety, chronic pain, sleep challenges, stress and more. We encourage you to share this evidence-based tool with your CareSource patients who are 13 years or older to help self-manage their needs between appointments. Members can visit mystrength.com/r/caresource and create an account to view the tools and information. To facilitate their appointments, patients could bring a record of their myStrength tracking logs such as emotional health, alcohol use, exercise, pain or sleep. You can also use myStrength as an adjunct to treatment by having patients review educational modules on a specific concern as part of the patient's self-management plan.





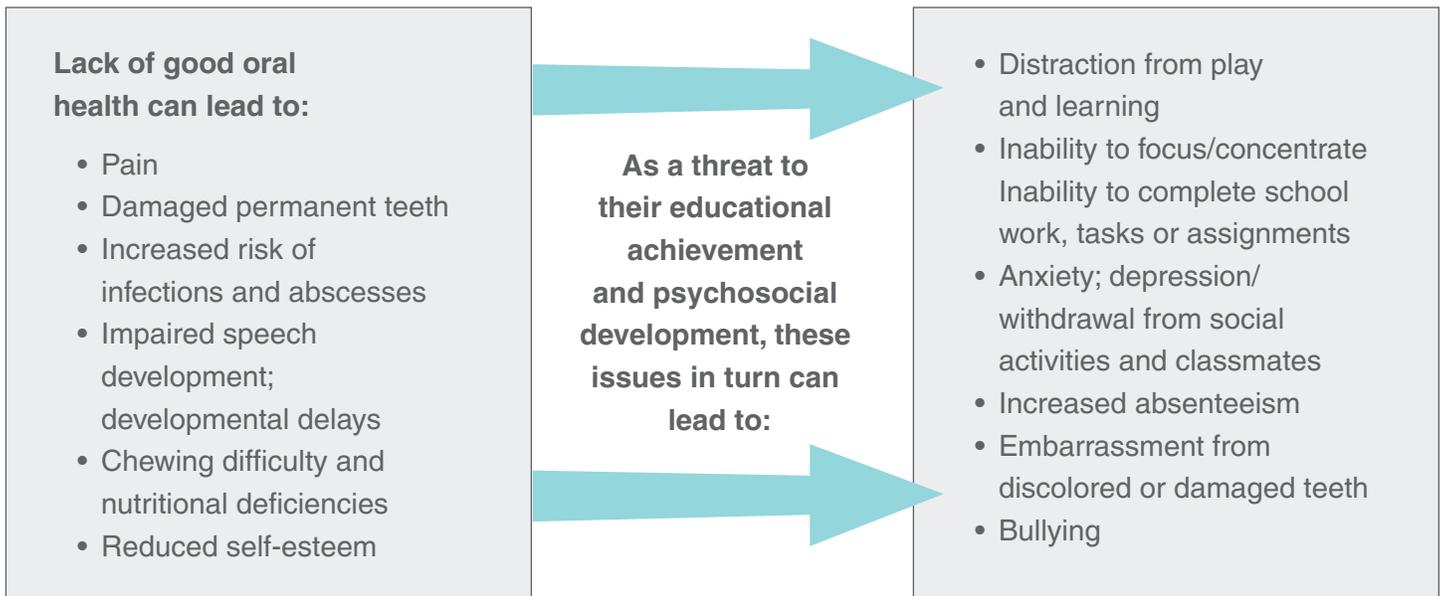
Connecting Smiles:

Oral Health and School Readiness and Performance

Connecting Smiles: Oral Health and School Readiness and Performance School readiness and performance means more than children possessing the skills, knowledge, and attitudes necessary for academic success in school, but it means they are physically, emotionally and socially prepared as well.

Oral health has been well established as a fundamental component of general health and well-being. Among the most prevalent diseases of childhood, the most common of these is Early Childhood Caries, occurring 5 to 8 times more frequently than asthma¹.





51 MILLION

A startling fact from one study estimates oral disease nationally causes kids to miss 51 million school hours per year¹

CareSource wants our members to have the best jumpstart on a great quality of life. So here are a few ways medical and school professionals can work with dental professionals and CareSource, so we can all help take a bite out of Absenteeism.

Medical Professionals Role in Promoting Oral Health
The American Academy of Pediatric Dentistry recommends oral health screening of children by a primary care provider during medical visits (well-child visits) and referral of children identified at risk for poor oral health to a dentist to establish a dental home by 12 months of age. As part of the Medicaid EPSDT program as a bundled reimbursable regimen by CareSource, Medical professionals can implement a five component program:

1. Oral health screening
2. Dental caries risk-assessment
3. Anticipatory guidance
4. Fluoride varnish application
5. Referral to a dentist/ dental home

School Nurses, School Based Health Centers, Teachers, Administrators School nurses and teachers can promote oral health by educating students and parents about good health habits and

about the services available in school-based oral health programs. CareSource works with school-based health centers, mobile units and telemedicine programs. School nurses can also oversee and organize the dental screening of students as required by state regulations. The Georgia Department of Public Health (DPH) Form 3300 form identifies children with assessed dental needs. Working with state agencies and Managed Care Organizations like CareSource can help identify resources and dental providers in the community.

Dental professionals can continue to provide Caries Risk Assessments on their patients to provide the best preventive and therapeutic care using CareSource's comprehensive benefit plans. Connect with other health professionals and schools in the community and let's all work together to reduce early childhood caries to give kid's something to smile about in school.

Source: ¹American Academy of Pediatric Dentists, 2013 Fast Facts: <http://www.aapd.org/assets/1/7/FastFacts.pdf>



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JOIN US

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

Over-the-Counter (OTC)

Guide for Prescribing
Did you know CareSource
covers many OTC products?

From smoking cessation products such as patches and gum to antacids to NSAIDs, we have many OTC products on our preferred drug list (PDL) to ensure members have access to the care they need. Here are some tips for helping your patients obtain OTC products:

- Generics are preferred over brand name products when available.
- Many cough & cold products are covered, such as generics for Mucinex® DM, antihistamines, and pseudoephedrine products.
- Most formulations of acetaminophen and ibuprofen are covered.

- Quantity limits apply to some products.
- A prescription must be written for an OTC product to be covered by CareSource.

For details about specific products covered, quantity limits for certain medications, and more, visit the provider page on CareSource.com where a searchable version of our PDL is available. This information is also available on the MMIT Formulary and Fingertip Formulary apps for your smartphone

