



SPRING 2020

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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CareSource®

Medical Director Note

Overcoming Barriers to the Adolescent Preventative Visit

Adolescents today are often overwhelmed by academic, athletic and social concerns. Amongst the list of their priorities, preventative medical care lands squarely at the bottom. Studies have shown that although many children between ages 11-17 receive no preventative care visits, they are frequently seen for non-preventive reasons, including sick care, gynecologic concerns, contraception or sports-related issues. Despite being well connected to the health care system, adolescents are not receiving the recommended annual preventative visit. These visits provide the opportunity to evaluate physical wellness, address psychological health, sexuality, safety and unhealthy habits

Improvement in the number of adolescent preventative visits will require a concerted effort from parents, teachers, coaches and providers. Parents and teens should be educated on the importance of the annual well visit, what it entails and that it is covered by most insurance. In addition, providers are encouraged to utilize every available opportunity to provide preventative care services to adolescents while in the office. Electronic medical records may be used to remind clinicians of the necessary services and screenings that are due. Clinicians should also have clear policies to address confidentiality of sensitive topics and testing to foster an uninhibited relationship with adolescent patients. Other options for improving the frequency of adolescent visits include expanding office hours to have availability before or after school, promotion on social media and increasing school-based clinics or community avenues for care. It is vital that we establish the routine of annual preventative visits in adolescence to foster the continued behavior into adulthood.



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







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:

Georgia Medicaid Providers

- October 2019 Policy Updates
- DBHDD CORE Provider Memorandum
- Register with New Payment Partner ECHO Health
- Crisis Stabilization Prior Authorization
- Pharmacy Network Change

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:

- ✓ **Claim Disputes** – Providers can now submit claim disputes using the Provider Portal. The ability to attach a file is optional.
- ✓ **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.
- ✓ **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.
- ✓ **Clinical Practice Registry** – The Clinical Practice Registry definitions have been updated.

Continue to check our website at [CareSource.com](https://www.caresource.com) > Providers > [Updates & Announcements](#) for updates on Provider Portal enhancements.



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 myStrengthSM, 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](https://www.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.

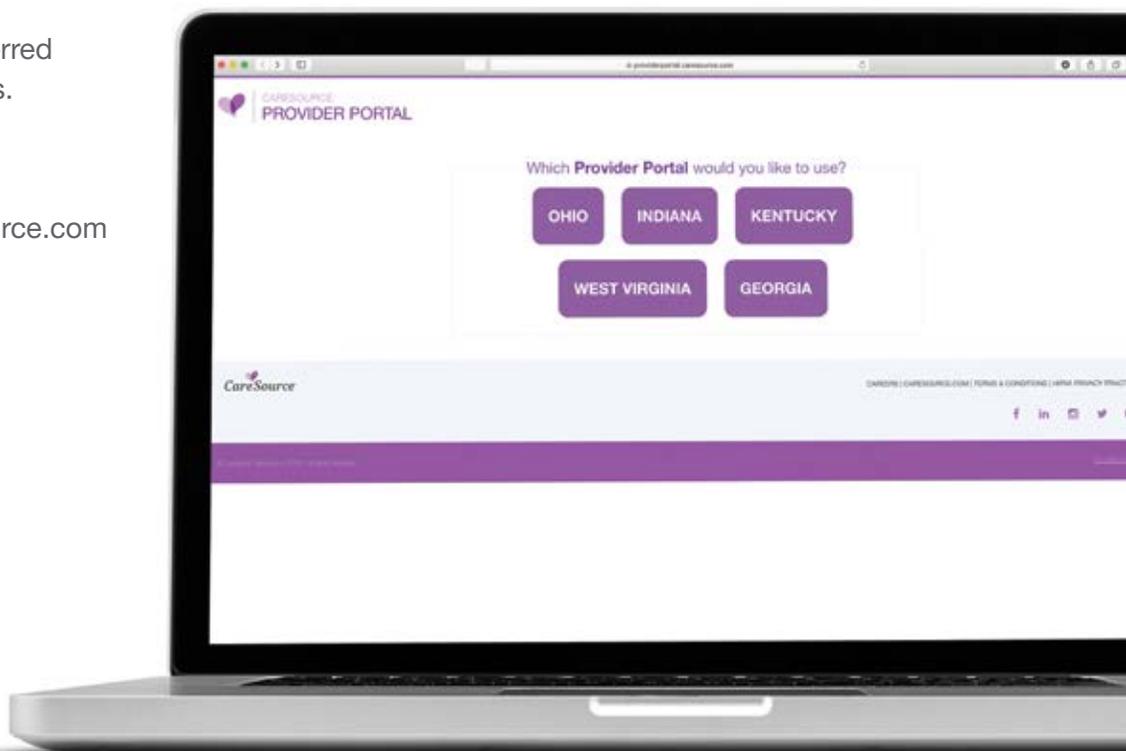
The Provider Portal is the preferred method for submitting changes. Alternative methods include:

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>

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.



Child ADHD Follow-Up Care: Prescriber Best Practices

Attention-Deficit/Hyperactivity Disorder (ADHD) is the most common neurobehavioral disorder of childhood. Approximately 6 million children, aged 2 to 17, have been diagnosed with ADHD, with almost two-thirds taking central nervous system stimulant medication.

The HEDIS® measure (This is a measure of quality created by the National Committee for Quality Assurance), “Follow-Up Care for Children Prescribed ADHD Medication (ADD)” considers two rates:

Initiation Phase: Children ages 6 to 12 with a diagnosis of ADHD that had one follow-up with a prescribing authority within 30 days of their first prescription of ADHD medication.

Continuation and Maintenance Phase: Children ages 6 to 12 who had a prescription of ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the nine months after the Initiation Phase.

How to improve your HEDIS score:

- Educate members/caregivers about the importance of medication adherence.
- Implement a systematic approach to monitoring follow-up care in your practice and adjust intervention to address barriers to compliance.
- Refer members/caregivers for behavioral intervention that may also improve functioning.
- To refer members to our Case Management program, you may reach CareSource Member Services at 1-855-202-0729.

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

Sources:

[https://jaacap.org/article/S0890-8567\(13\)00594-7/pdf](https://jaacap.org/article/S0890-8567(13)00594-7/pdf)

<https://www.cdc.gov/ncbddd/adhd/data.html>

<https://www.cdc.gov/ncbddd/adhd/guidelines.html>

<https://pediatrics.aappublications.org/content/144/4/e20192528>

<https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>



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

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

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.

