



SUMMER 2020

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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Indiana Providers,

We thank you.

Providing care has never been more critical. We thank you for your efforts to treat patients and lead to a healthy tomorrow.

We're with you.

We value our partnership with you. During times of uncertainty, we band together and provide care for those in need. There are resources available to you on our website. We know that rules related to service coverage and requirements are changing quickly as this situation evolves. We will continue to update information so that together, we can continue to keep Indiana covered.

Medical Director Note

How to Get the Most Up-to-Date Information

One of the most common questions I receive when meeting with CareSource providers is “What is the best way to get the most up-to-date information from CareSource?” With provider engagement and partnership at the top of our priority list, CareSource strives to streamline our provider processes and policies to reduce as much administrative burden for you and your practice.

The CareSource provider website, **CareSource.com** > [Providers](#), makes it easy to work with us 24/7. The CareSource website allows providers to specify the product you want information on, and explore tools and resources specific to the product, including the provider manual, drug formulary and other educational materials. In addition, our secure Provider Portal (**CareSource.com** > Providers > [Provider Portal Log-In](#)) is available to electronically submit claims, request prior authorizations and get rapid turnaround decisions for your requests as fast as minutes or hours, in some cases. Lastly, educational programs are provided for you, free of charge, to assist you and your practice in caring for our members, your patients, and their families.

I believe that the CareSource provider website and secure portal will have a significant positive effect on the way you and your staff manage the health care of our members. Take time to go on the website and sign up for entry into the secure Provider Portal. We welcome your feedback to ensure that the provider experience is as effective and efficient as possible.

In good health,

Dr. Cameual Wright MD, MBA
Medical Director, Indiana 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:

Indiana Medicaid Providers

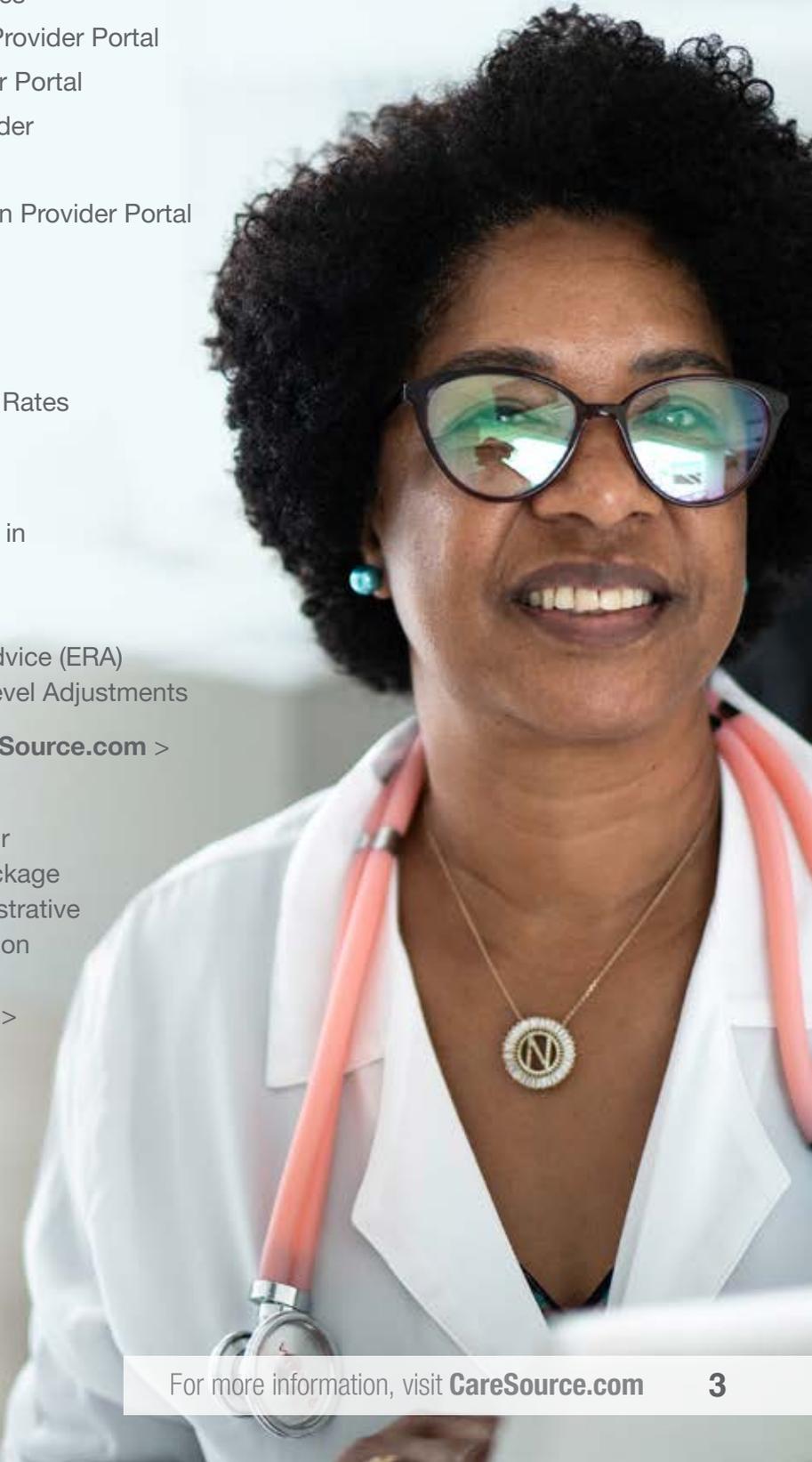
- COVID-19: Temporary Telemedicine Services
- Enhancements to Prior Authorizations on Provider Portal
- Updates to AHS Consent Form on Provider Portal
- Claims Submission Matching Logic Reminder
- February 2020 Additional Policy Updates
- Instructions on Attaching Medical Record in Provider Portal

Indiana Marketplace Providers

- COVID-19: Temporary Telehealth Services
- Provider Payment Migration Complete
- Clarification for Opioid Treatment Program Rates
- Recent Provider Portal Updates
- February 2020 Policy Updates
- Instructions on Attaching Medical Records in Provider Portal
- March 2020 Policy Updates
- Issue Resolution: Electronic Remittance Advice (ERA) Provider-Level Balance (PLB) and Claim Level Adjustments

Network notifications can be accessed at [CareSource.com](https://www.caresource.com) > Providers > [Updates & Announcements](#).

CareSource would also like to remind you of our electronic policy postings that conveniently package 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](https://www.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:

Integration with ECHO® Health for Provider Payments - Effective Jan. 11, 2020, the ECHO Health Explanation of Payment (EOP) is available on the Provider Portal when viewing a claim.

Claim Messaging - Additional detail is now available when viewing a denied claim on the Provider Portal. Clinical edits, which provide detailed information regarding the claim denial, can now be viewed in the Process Reason when viewing the claim details.

Member Eligibility - Providers can now search for multiple members at once using an Excel file containing the necessary IDs.

Provider Maintenance - Provider submissions for changes to a mailing or remit address using the Provider Maintenance form are immediately updated into the CareSource systems.

New Workflow for Denied Claim Attachments - A new Document Upload tab is available on the Claims Detail view when a claim is denied due to missing attachments. You are then prompted to upload the appropriate attachment for the denied claim.

Updated Consent Form Attachment -

When uploading a consent form for abortion, hysterectomy, or sterilization claims, from the Member Eligibility section of the Provider Portal, there is a new option to select if the consent form is for a denied claim. If selected, the claim number is a required field.

Appeal Letters - The following appeal letters are now available, when applicable, on the Provider Documents page for claim appeals submitted for IN Medicaid:

- Acknowledgement Letter
- Decision Letter
- Extension Letter
- Initial Denial Letter
- National Imaging Associates (NIA) Cover Letter
- Waiver of Liability (WOL) Dismissal Letter

Please Note: Appeal letters for IN Marketplace will be available on the Provider Portal in the July timeframe.

Dispute Letters - Dispute acknowledgement and decision letters are now available, when applicable, on the **Provider Documents** page for IN Medicaid and IN Marketplace.

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

Indiana Plan Expansion

CareSource is expanding our presence in the state of Indiana by offering Medicare Advantage and Dual Special Needs Plans (D-SNP) in the state, beginning Jan. 1, 2021. The Medicare Advantage plan will be available for members in 19 counties throughout Indiana. Providers that are already contracted with CareSource for our Marketplace and/or Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) lines of business may have already received an amendment to add this product to their existing contract. If an amendment wasn't received and the practice or facility would like to add the additional products, this can be done by submitting a [New Health Partner Contract Form](#) ([CareSource.com](#) > Providers > Education > Become a Participating Provider). The Indiana Health Partner Representatives and Contracting Managers can also offer 1:1 assistance to complete the process of adding an amendment to an existing contract. A map of the health partner team members assigned to each county in Indiana, along with their contact information, is available on our website at [CareSource.com](#) > Providers > Contact Us > Health Partner Engagement Representatives.

Operations

Medicaid Enrollment Requirements

According to federal code 42 CFR 455.410, all providers must be enrolled with the state Medicaid agency, and assigned a valid Medicaid ID in order to provide Medicaid services. Providers billing for Medicaid services without a Medicaid ID may not be eligible for payment for services provided to Medicaid members. If you have questions regarding this, please see the following state resource:

IN Medicaid: www.in.gov/medicaid/providers/973.html



Submitting Proper Claims for Combined Sick and Well-Child Visit

One of our goals at CareSource is to make sure our youngest, most vulnerable members obtain their preventive Early and Periodic Screening Diagnosis and Treatment (EPSDT) or HealthWatch exams. It is important for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) physicians to know that a well-child visit may be submitted when a child comes in for a sick visit. Claims data demonstrate many missed opportunities by providers not combining these visits, leading to missed revenue and gaps in care for our members. Please review this communication as a means to prevent claim denials for inappropriate billing.

When a member visits a physician for a sick visit, and records indicate the need for an updated EPSDT exam, physicians may include services for both visits and bill two visit codes for reimbursement of services on the same day.

Correct Coding/Reimbursement

Routine preventive visit code plus 99203-99205 or 99213-99215 with modifier 25.

Providers must maintain a complete problem-focused exam for the presenting problem, and complete a preventive visit, which should include the documentation of EPSDT components within the health record during the same visit. Additional reimbursement for sick visits depends on complexity and current patient relationship.

If you have questions regarding this information or if additional education is needed, please contact your Provider Engagement Specialist or visit [CareSource.com](https://www.caresource.com) > [Providers](#).

Source:

1. <https://www.in.gov/medicaid/files/epsdt.pdf>



Sticking with **Statins**

Cardiovascular disease is the leading cause of death in the United States. The American College of Cardiology/American Heart Association guidelines for the management of blood cholesterol have identified four statin benefit groups to decrease risk. Accordingly, statin use is included in most provider and plan quality performance measures.

Side effects (actual or expected) are the primary barrier to a patient starting or continuing their statin therapy and ultimately achieving the desired benefits. Although there are no absolute remedies for statin related adverse effects, particularly muscle pain, the following may be recommended to your patients:

- Check for drug interactions.
- Prescribe a different statin, lower the dose, or try an alternate daily or intermittent dosing schedule.
- Keep track of new symptoms that develop while on statin therapy.
- Exercise or ramp up lifestyle changes.
- Check thyroid hormone levels and treat if needed.
- Recommend supplements:
 - Patients with low vitamin D may find restoring to normal levels reduces muscle pain.
 - Coenzyme Q10 may give relief to some patients although small clinical trials haven't substantiated the positive effects.

Sources:

1. Glueck CJ, Aregawi D, Agloria M, Khalil Q, Winiarska M, Munjal J, et al. Rosuvastatin 5 and 10 mg/d: A pilot study of the effects in hypercholesterolemic adults unable to tolerate other statins and reach LDL. *Clin Ther*. 2006;28:933-42.
2. Mackie BD, Satija S, Nell C, Miller J, Sperling LS. Monday, wednesday and friday dosing of rosuvastatin in patients intolerant to statin therapy. *Am J Cardiol*. 2007;99:291.
3. Gadarla M, Kearns AK, Thompson PD. Efficacy of rosuvastatin (5 mg and 10 mg) twice a week in patients intolerant to daily statins. *Am J Cardiol*. 2008;101:1747-48.
4. Bakes JM, Venero CV, Gibson CA, Ruisinger JF, Howard PA, Thompson PD, et al. Effectiveness and tolerability of every-other-day rosuvastatin dosing in patients with prior statin intolerance. *Ann Pharmacother*. 2008;42:341-6. Ahmed W, Khan N, Glueck CJ, Pandey S, Wang P, Goldenberg N, et al. Low serum

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 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.

NICU Transportation **Enhanced Benefit**

At CareSource, we understand that having a baby in the NICU can be one of the most stressful times in a parent's life. Upon the admission of an infant to the NICU, parents are introduced to the critical-care environment and all its associated demands. Early separation of the infant from parents can increase strain on the infant-parent relationship. Prolonged physical separation between mothers and infants has also shown increased maternal stress, anxiety and depression. At CareSource, we recognize the importance of the infant-parent dyad. To help facilitate early attachment and bonding, we are offering FREE transportation to and from the hospital for parents with infants admitted to the NICU.

- Contact CareSource at least two business days prior to arrange transportation at **1-844-607-2829 (TTY: 1-800-743-3333 or 711)** or providers can contact LCP transportation directly to schedule at 1-800-508-7230
- Rides over 50 miles may require prior approval

To help during this difficult time, CareSource has RN Transition Coordinators who can support our members with transportation and other discharge needs.

- To connect with a RN Transition Coordinator, contact Roseanne Douglas at 317-431-2629. Referrals can also be faxed to the confidential fax line of the Transitions Program at 937-396-3993.

Source:

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3468719/>



Indiana Medicaid Behavioral Health Profile

On a nightly basis, CareSource sends information to the CareSource Provider Portal, including a behavioral health profile, to the assigned primary medical care provider (PMP) on file with us. This profile lists the physical and behavioral health treatment received by that member. Information about substance abuse treatment and HIV is only released if the member has signed a consent form.

If you are a primary medical provider (PMP) and want to view one of your member's behavioral health profiles, please visit the provider portal, **CareSource.com** > Providers > [Provider Portal Log-in](#). If you are unable to log in to the portal, please call the CareSource Provider Services Department at **1-844-607-2831** for assistance. Feel free to check the Provider Portal at any time for updates and changes to the behavioral health profile.

We hope that the behavioral health profile assists in the exchange of health information between the PMP and the behavioral health providers treating the member to aid in coordination of care.

How Can I Help Improve Healthcare Communication?



Prior member consent is required to disclose sensitive health information, a subset of protected health information. Impacted conditions include substance use disorder (SUD), Human Immunodeficiency Virus (HIV), Sexually Transmitted Diseases (STDs), genetic testing results and communicable diseases that pose a health danger. Consent requirements are based on federal and state requirements.

For SUD, federal rule **42 CFR PART 2** exists to encourage people to engage in substance use treatment without fear of legal prosecution. This rule:

- Is commonly called “Part 2”;
- Is part of the Code of Federal Regulations;
- Pertains only to drug and alcohol treatment;
- Restricts disclosure of records by a Part 2 provider (any entity that “provides alcohol or drug abuse diagnosis, treatment, or referral for treatment”) and redisclosure of records received *from* a Part 2 provider; and
- Is more stringent than HIPAA Privacy Rules.

To secure appropriate consent, members are encouraged to complete the Member Consent/HIPAA Authorizations Form, which allows their providers to effectively communicate and coordinate care. Find this form at:

Medicaid: **CareSource.com** > Members > Forms > [Member Consent/HIPAA Authorization Form](#)

Marketplace: **CareSource.com** > Members > Forms > [Member Consent/HIPAA Authorization](#)

Members' current consent status can be found on the Provider Portal at: **CareSource.com** > Providers > [Provider Portal Log In](#). Search for the patient using the Member Eligibility option.

If you have questions, contact Provider Services for Indiana at **1-844-607-2829**.

Your Opinion Matters

Your opinion and feedback matters to us. Each year, CareSource conducts a provider survey administered by our research partner, SPH Analytics.™ Primary care specialists, and behavioral health (BH) practitioners are randomly selected and surveyed by phone. Survey results are used to deliver a high quality service and positive member experience.

Based on 2019 feedback:

	Indiana Medicaid	Indiana Marketplace
Successes	<ul style="list-style-type: none"> 80% BH Practitioners & Specialists shared consultation notes with the referring Primary Care Provider. 	<ul style="list-style-type: none"> 76% BH Practitioners & Specialists stated the referring PCP shared relevant clinical information prior to the visit.
Opportunities	<ul style="list-style-type: none"> Only 44% of Primary Care reported sending information to the BH Practitioner prior to the visit. 	<ul style="list-style-type: none"> 47% of Primary Care reported getting information back from the BH Practitioner following a referral.
Recommendations:	<ul style="list-style-type: none"> Improve sufficient and timely information shared with BH Practitioners. 	<ul style="list-style-type: none"> Improve documentation shared with Primary Care following consultation.
Other Considerations	<ul style="list-style-type: none"> Over 95% of primary providers responded they wanted information regarding response to treatment, medication adherence and labs. Be proactive in obtaining a signed member consent form to improve coordination and disclosure of sensitive member health information. 	

Referral for Positive Screening

For positive screens, the provider may outreach to a behavioral health provider within the CareSource provider network by contacting CareSource Member Services at **1-844-607-2829**, or by utilizing the Find a Doctor/Provider tool at CareSource.com > Providers > [Find a Doctor/Provider](#). To help coordinate care, providers should also refer members to CareSource Case Management by emailing INCASEMANAGEMENT@CareSource.com, through the CareSource Provider Portal, or by calling at 1-844-607-2829.

Sources

- <https://pediatrics.aappublications.org/content/143/1/e20183259>
- <https://www.medscape.org/viewarticle/907741>
- <https://www.in.gov/medicaid/files/epsdt.pdf>



Screening New Moms for Depression: Practice Guidelines

Perinatal depression (PND) is the most common obstetric complication in the United States and affects 15 to 20 percent of new mothers. Maternal depression affects the whole family and is an example of an adverse childhood experience, which has potential long-term adverse health complications. Recommendation by the American Academy of Pediatrics (AAP) and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Provider Reference Module include integrating postpartum depression surveillance and screening at the 1-, 2-, 4-, and 6-month well-child visits. CareSource will reimburse pediatric and family practice providers for administering a validated screening tool.

Postpartum Depression Screening Billing Codes*:

Individual Codes	Definition
CPT 96161	Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
HCPCS G0444	Annual depression screening

*Other codes may be applicable





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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.