



WINTER 2022

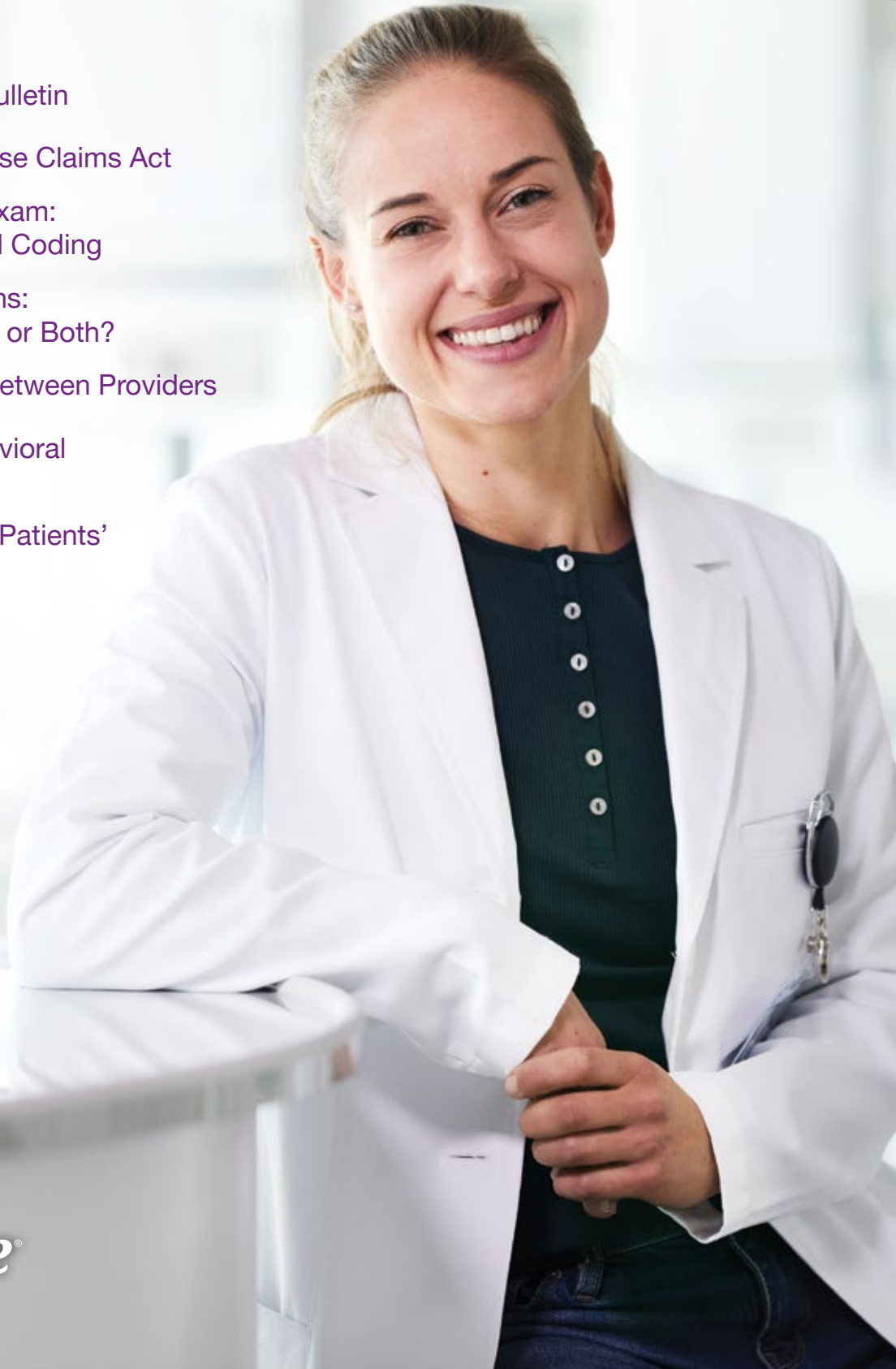
PROVIDER *Source*

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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 are some network notifications posted from the previous quarter that you may have missed:

Indiana Medicaid:

- [Annual NIA Policies](#)
- [Specialty Closure Notification](#)
- [2023 Pharmacy Network Change](#)

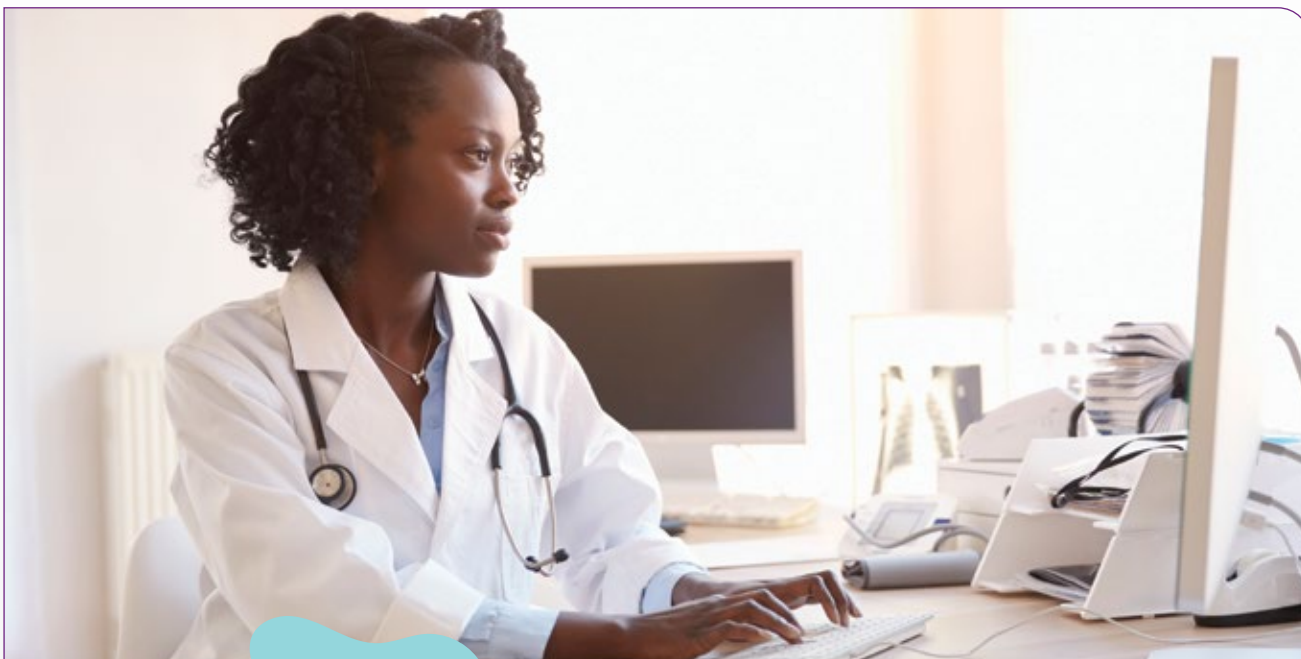
Indiana Marketplace and D-SNP:

- [Provider Alternative Format Request](#)
- [Indiana Pregnancy Promise Program](#)
- [Cultural Intelligence Webinar Series](#)

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](#).

UPDATES





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](#).

Diabetes Retinal Eye Exam: Recommendations and Coding

(Indiana Marketplace)

Diabetic retinopathy is the most common eye disease affecting nearly one in three people with diabetes at various degrees of severity over the course of their condition. Because there are typically no symptoms of diabetic retinopathy until there is bleeding in the eye, it is important that CareSource network providers encourage their patients to have an annual or biannual dilated eye exam as part of a comprehensive diabetes treatment plan.

CareSource monitors the Comprehensive Diabetes Care HEDIS® measure Dilated Retinal Eye Exam (DRE), which is the percent of adult members ages 18 to 75 with diabetes (type 1 and type 2) who had a retinal eye exam during the measurement year. While the retinal eye exam is an annual covered benefit for CareSource members with diabetes and opt to purchase the additional dental, vision, and fitness plans, the measure definition indicates that members deemed “low risk” may only need to have a retinal eye exam every two years. The following table outlines appropriate coding for improved claims submission. Additional coding guides are available on the [Quick Reference Materials](#) page at **CareSource.com**.



Measure	Qualifying Condition and/or CPT Code	CPTII Code	Code Definition
Diabetes Retinal Exam			
	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242, 99245, S0620, S0621, S3000	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
		2024F	Diabetic retinal screening with eye care professional w/evidence of retinopathy
		2026F	Diabetic retinal screening with eye care professional w/evidence of retinopathy
		3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

As a reminder, Clinical Practice Registry (CPR) reports are available through the Provider Portal to help identify which of your CareSource patients have an open care gap for multiple quality measures, including retinal eye exam. For more information about how to utilize the Provider Portal, access the [Provider Portal Solutions](#) flier, or contact your Health Partner Team Representative. You may also call CareSource Provider Services at **1-833-230-2101** for assistance.



Important Conversations: Preventive, Diagnostic, or Both?

(Indiana Marketplace)

Do you explain to your patient if you are rendering preventive or diagnostic care, or both? Knowing this information can help patients understand what to expect in regard to financial responsibility with healthcare costs. CareSource covers the costs of preventive care outlined in the plan ***Evidence of Coverage***.

It is important to help your CareSource patients understand that preventive care is limited to service(s) performed only in the absence of symptoms. Once symptoms of an illness or injury exist, or if someone is being followed for a health condition, the services are considered diagnostic and are subject to a deductible and cost-share. Diagnostic care is not limited to tests, as a patient may assume, but may be an office visit or various treatments.

CareSource asks that you explain to your patient if you are giving both preventive and diagnostic care during a visit. It will be helpful for them to understand that the services are distinct since most patients will not pay anything for preventive care. Encourage patients to confirm with their health plan what their coverage is for both preventive and diagnostic care.



Coordination of Care Between Providers

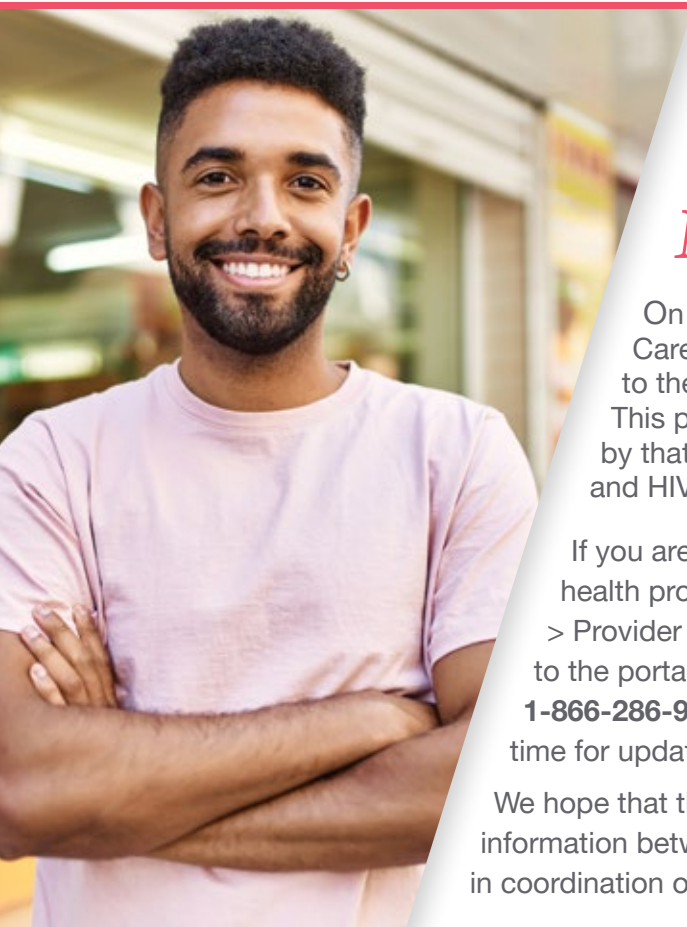


Coordination of care improves outcomes for your patients and strengthens the relationship between members and their medical team. It reduces costs, prevents duplicative services and medication interactions. Through coordination of care, providers are able to provide clarity around referrals to specialists, eliminate fragmented care, and provide a more holistic model of care.

For safe and effective coordination of care between PMPs and behavioral health (BH) specialists, it's important for patient information to be shared between practitioners. The goal in provider communication is thorough and timely sharing of patient information, which is essential to addressing patients' care plan needs and supporting positive health outcomes.

CareSource provides a [Coordination of Healthcare Exchange of Information Form](#) to help facilitate referrals and exchange information between PMPs and BH specialists. We have Case Managers available to assist with coordination of care. Please return a copy of the form via fax to 937-396-3964 email Indiana_BH@CareSource.com and a case manager will assist with care coordination efforts. Also, we encourage all members to sign the [Consent/HIPAA Authorization Form](#), to facilitate care coordination more efficiently.

Please visit [CareSource.com](https://www.caresource.com) > Provider > [Forms](#) to access these forms. We encourage you to use these forms when exchanging information between providers.



Indiana Medicaid Behavioral Health *Member 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 use disorder treatment and HIV is only released if the member has signed a consent form.

If you are a PMP and want to view one of your member's behavioral health profiles, please visit the Provider Portal, **CareSource.com** > Provider Overview > [Provider Portal Log-in](#). If you are unable to log in to the portal, please call the CareSource Provider Services department at **1-866-286-9949** 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 BH providers treating the member to aid in coordination of care.





You Can Improve Your Patients' Medication Adherence

Many patients do not take their medications as directed. Medication non-adherence continues to be a complex 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 of medication

Medication non-adherence is a complex health care issue and can be a difficult obstacle for patients to overcome on their own. As a trusted resource for our members, 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 Find My Prescriptions link under Member Tools & Resources. If members do not have access to the internet, they can call Member Services, found on the back of the Member ID card, for their respective market and plan. A CareSource Representative will help members find out if a medication is covered and estimate how much it will cost.



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Member Corner

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!

