WINTER 2020

PROVIDER *Source*

A Newsletter for CareSource® Health Partners
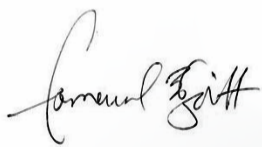
CareSource®

Meeting the Needs of Today's World

The world has changed so much this year. We are having to rethink the way we carry on our daily work, our daily lives. As a result, virtual meetings, virtual visits and drive-by care have taken on a new meaning.

 CareSource continues to remind members that preventive care is still important and so is the need for follow-up on chronic care conditions. Childhood immunization rates have decreased and we encourage members to prioritize children's immunizations. We are developing materials to help guide members on the use of telehealth services. When in-person care is needed, there are precautions that can be taken to ensure a safe visit. Our Care Management team can bridge the gap between the health care provider office and the patient at home. Our **CareSource 24 Nurse Advice Line** is available to advise members on options for addressing their health care concerns.
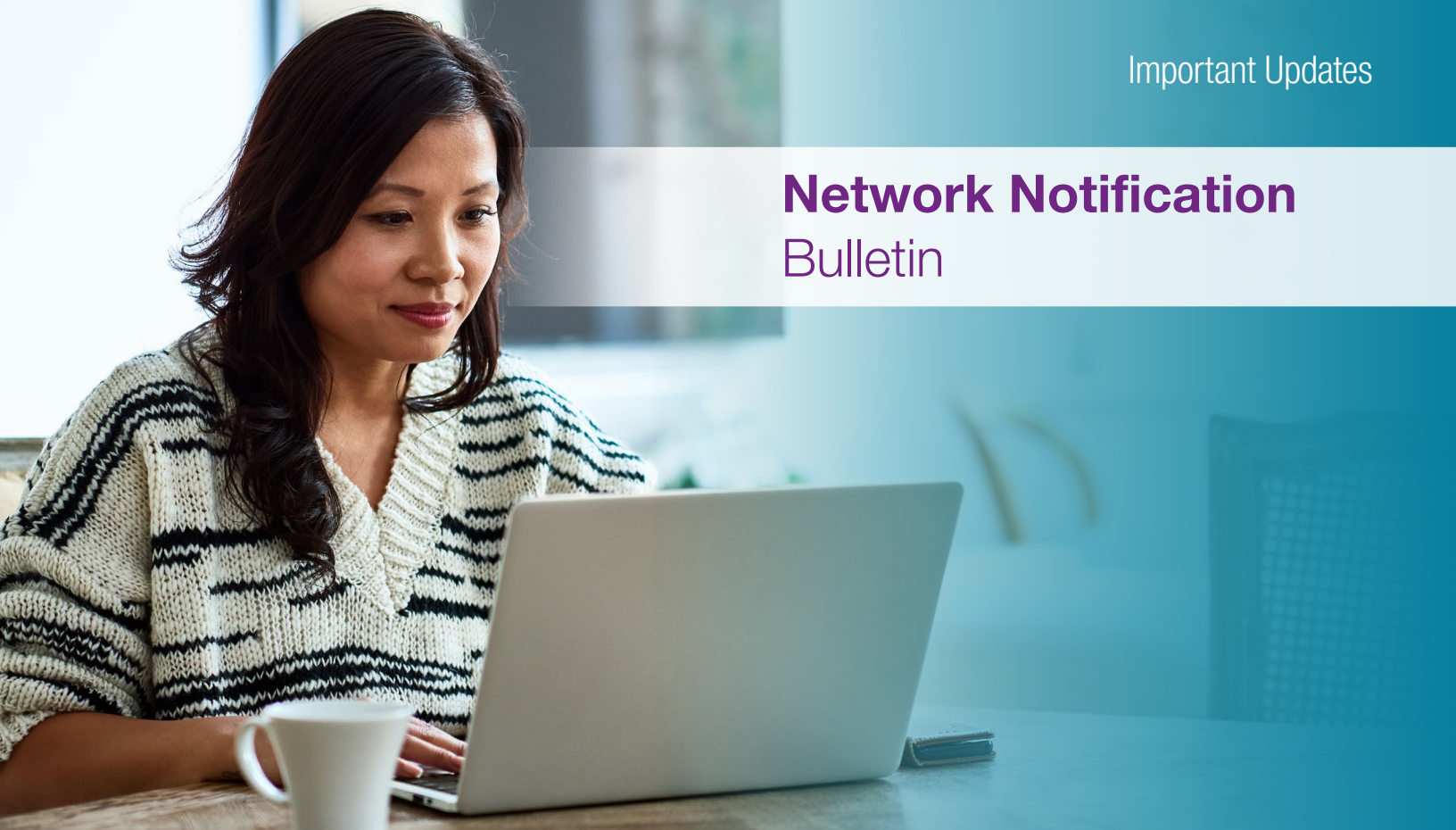
All these services are to align members and their health care providers to improve health outcomes. Through it all, don't forget to focus on your own health and well-being. Thank you for all you do!

In good health,

Dr. Cameual Wright MD, MBA
Market Chief Medical Officer,
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:

Medicaid:

- Enhanced Credentialing Process
- Claims Submission and Matching Logic Reminder
- Notice of Dental Benefits Manager
- Emergency Claim Processing Update
- Inpatient Hospitals Pre-payment Claims Reviews
- Claim Payment Advice (835) Enhancements

Marketplace:

- DentaQuest to Administer Marketplace Exchange Dental Benefits
- Notice of Dental Benefits Manager
- Claim Payment Advice (835) Enhancements
- Risk Adjustment Coding Education
- Enhanced Credentialing Process

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 Updates

Dispute & Appeal Status – Previously, when a Dispute or Appeal was filed the status would show as "**Not Available**" when reviewing immediately after submitting. The status has been updated to now show as "**Received – Pending**". This will give you the most appropriate status the dispute and appeal is in.

Claims – Enhancements to the Claims section of the portal have been completed that will assist in providing additional details such as any amount due on the claim and the ability to export claim details. Review below for additional details on each enhancement:

- **Exporting Claims** – A new function has been added to the portal that will allow the you to export claim detail information to Excel from any Claims search page including searching by:
  - CareSource ID
  - Medicaid ID
  - Member Info
  - Claim Number
  - Patient Number
  - Check Number
  - External Reference Number
  - Search All Claims

Once the criteria has been entered to search by, you will be able to click **Export Claims List: CSV** to export the claim results into Excel. Once exported, the Excel will show:

- Claim Number
- Status
- Type
- Received Date
- Date of Service
- Member ID
- Servicing Provider
- Patient Number
- Paid DRG
- Total Number of Claims

Search All Claims – There is a new option to search claims by, called *Search All Claims*. This will allow you to search all of your claims by a date range, CareSource ID, and Status. You will type in a **Start and End Date** and can enter a CareSource ID and Status as optional. This will display all claims with the typed search criteria.

Remaining Claim Balance – A new field has been added to the *Claim Detail* screen to display the remaining balance that is due for the claim. This balance is the recoupment amount that is due from the provider to CareSource. Additionally, the **Total Recovery Amount** field has been updated to display as **Adjustment Amount**.

Recovery Request – After submitting a Recovery Request, you will now receive a reference number to check the status of the recovery. You will be able to contact Customer Care one day after the recovery request has been submitted, however, the request can take up to 30 days to process.

Prior Authorizations – Authorization updates have been made to adjust Behavioral Health Category types to display for certain plans. In addition, authorization letters will now be available to view when reviewing the status of an authorization.

- **Behavioral Health Authorizations** – Updates have been made to specific Behavioral Health related outpatient authorizations to display for specific plans. Review the below on the specific authorization types:
  - **Alcohol or Drug Assessment** – This option will now display for all plan types.
  - **Psychiatric Diagnostic Evaluation** – This option will now display for all plan types.

Provider Maintenance – The Provider Maintenance page received a few enhancements including changes to the form. Review below for additional details on each update.

- **Provider Maintenance Form** – The form has been updated to no longer allow the form to be submitted without a remittance address. If you attempt to submit the form without a remittance address, you will receive an error (shown below) to add the remittance. Additionally, the new MA/DSNP plans have been added to the maintenance form and will begin showing on 10/1/2020 for to select.

Referrals to In-Network Providers

CareSource uses a select network of hospitals, physicians, and ancillary providers. Typically, CareSource does not pay for non-network, non-emergent services unless there is an approved prior authorization from CareSource's Utilization Management team. Included in these referrals are laboratory services. When referring CareSource members for laboratory services, please ensure you are referring to labs participating in the CareSource network. This enables CareSource to provide quality care to our members while ensuring good stewardship of Medicaid dollars.

Flu Vaccination Coverage

In the midst of the COVID-19 pandemic, we know it is especially important for members to protect themselves against the flu and encourage them to get their flu shot. CareSource covers flu vaccinations at no cost for all members, regardless of plan. Some members in the following plans can even earn a reward for getting their flu shot:

- **Indiana Medicaid** – All members 16 months or older - $10
- **Indiana Marketplace** – No member incentive

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 timely preventive exams. It is important for CareSource network 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 to prevent claim denials for inappropriate billing.
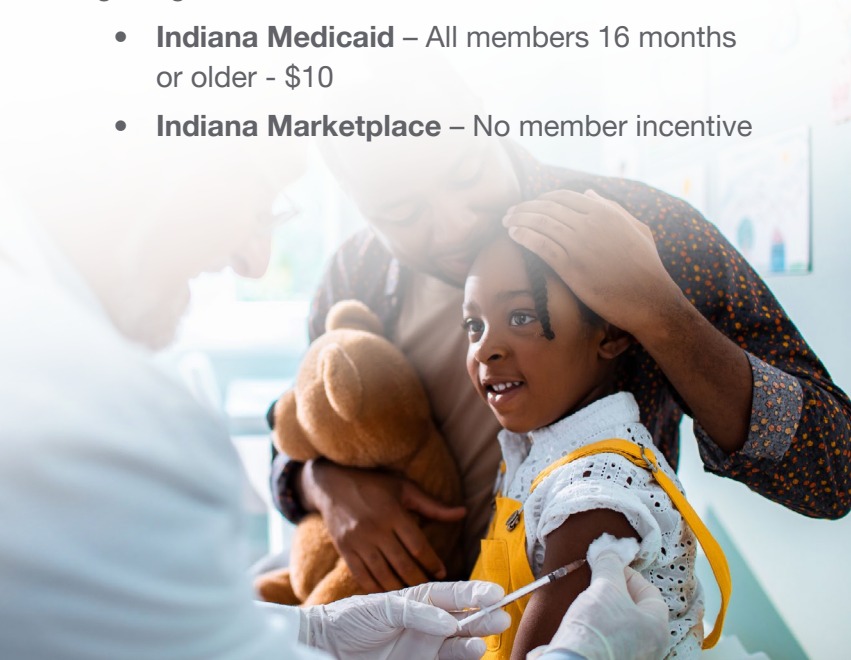
When a member visits a physician for a sick visit and records indicate the need for a well-child exam, physicians may include services for both visits, billing two visit codes for reimbursement of services on the same day.

Correct Coding/Reimbursement

Routine preventive visit code plus Z00.121 or Z00.129 must be used as the primary diagnosis for the preventive visit, and, for the sick visit, use the appropriate diagnosis codes for the presenting problem.

Providers must maintain a complete problem-focused exam for the presenting problem and complete a preventive visit, which should include documentation of all visit components 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** > Providers.

HIP Maternity Benefits

CareSource would like to remind providers that HIP-eligible pregnant women receive full State Plan benefits under HIP Maternity without cost-sharing obligations.

Women with HIP Maternity have access to all State Plan services and benefits, which is also described in the Indiana Health Coverage Programs provider reference module for Member Eligibility and Benefit Coverage.

HIP Maternity: This benefit plan offers access to all benefits available under the State Plan, with no cost-sharing, to pregnant women who are enrolled in or determined eligible for HIP. During the member's pregnancy and for a 60-day postpartum period, HIP Maternity offers enhanced benefits including vision, dental, and chiropractic services; nonemergency transportation; and enhanced smoking cessation services.

It's important to note HIP Maternity does not mimic Presumptive Eligibility for Pregnant Women (PEPW) or Emergency Services with coverage for pregnancy, which only covers emergent and pregnancy related services. For additional information about Presumptive Eligibility benefits, visit the provider reference module.

If you have questions related to current CareSource benefit plans or claims, please contact CareSource Provider Services at **1-844-607-2831** or reach out to your Provider Engagement Specialist

Pharmacy

Pharmacy Updates

CareSource has a searchable drug list that is updated monthly on the website. To find out which drugs are covered under a member's 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.

Behavioral Health

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 patient'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.

The Importance of Follow-Up Care
After an Emergency Department Visit for SUD

The HEDIS measure Follow-up after Emergency Department Visit for Alcohol & Other Drug Abuse or Dependence (FUA) focuses on the percentage of patients 13 years and older who had an ED visit with a prinicpal diagnosis of alcohol and other drug dependence and received a follow-up visit for AOD on the percentage of emergency department visits for patients 13 years and older.

The FUA reportable rates:
- The percentage of ED visits members received follow-up within 30 days of the ED visit.
- The percentage of ED visits members received follow-up within 7 days of the ED visit.

Criteria for a Follow-Up Visit - For both indicators (30-day & 7-day):
- Initiation and Engagement (IET) treatment visits in intensive outpatient, partial hospitalization, telehealth, or medication with a principal diagnosis of AOD abuse or dependence.
- In addition to an observation visit, a telephone visit and an online assessment with a principal diagnosis of AOD abuse or dependence.

How can you help to improve the measure?
- Educate and remind patients on the importance of these follow-up appointments.
- Maintain appointment availability for patients with recent ED visits.
- Outreach to patients that cancel appointments and reschedule as soon as possible.
- Collaborate and coordinate services with CareSource case management.
- Ensure you are using appropriate documentation and correct coding.

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, HIV, STIs, 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 rediscolsure 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 you to effectively communicate and coordinate care. Find this form at: https://secureforms.caresource.com/en/HIPAA/IN/Medicaid.

Members' current consent status can be found on the Provider Portal at **CareSource.com** > Providers > Provider Portal Login. Search for the patient using the Member Eligibility option.

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

CareSource®

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

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BEHAVIORAL HEALTH
TRAINING OPPORTUNITIES

CareSource is excited to invite our Health Partners to view six provider education recordings of our live training webinars! These FREE on-demand educational webinars focus on various behavioral health topics. Learn the causes of each condition, as well as how and when to refer complex patients for specialized treatment.

Our Series:

- **Medication Assisted Therapy (MAT)**, by Dr. Michael Wilson
- **Autism**, by Dr. Christina Weston
- **ADHD**, by Dr. Michael Wilson
- **Trauma-Focused Care**, (ACE Study), by Dr. Lori Desautels
- **Depression,** by Dr. Mark Reynolds
- **Cultural Competencies** (Re-entry, Burmese, and Foster Care) by Dr. Cameual Wright, Naw Phaw and Angel Knapp

To register for the webinars, visit the provider portal at **v**and use Password: **CSWebinars2018!**