



SPRING 2021

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 **CareSource®**

We Need **Your Help**

It is clear that 2020 will go down in history as the year of the COVID-19 pandemic. The increasing numbers of infections and deaths from COVID-19 reported daily are reminders of the impact the virus has had on every one of us.

The COVID-19 vaccine will be ready for general use in 2021 if all goes by plan. Promoting the vaccine's safety and effectiveness is critical if we are going to gain herd immunity to the virus. Now more than ever, a consistent message of promoting continued use of facial covering, social distancing and hand hygiene can help to stop the spread of the virus.

It is also not too late to recommend the flu vaccine. Take a moment to make sure your patients are getting other recommended vaccines. Take time to counsel on preventive health measures and to promote healthy lifestyles. Embrace technology and offer telehealth visits as an alternative to in-person visits for those who are afraid to come to the clinic for care.

Let's work together in 2021 to stop the spread and devastation of the COVID-19 virus.

Regards and in good health,



Cameual Wright, M.D., M.B.A.
Medical Director, Indiana





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

- After-Hours Guidelines
- Policy Updates February 2021
- Annual Access & Availability Standard Requirements
- Introducing New Prior Authorization Procedure Cood Look-Up Tool
- Available On-Demand Behavioral Health Webinar Series
- Elective Transplant Process Change

Indiana Marketplace Providers

- Cotiviti Payment Enhancement
- After-Hours Guidelines
- Policy Updates February 2021
- Annual Access & Availability Standard Requirements
- Elective Transplant Process Change
- Demographic Information Change Update

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](#).

Developing Your Own Compliance Plan

In order to protect you, your practice, and your patients from fraudulent activities, the Office of Inspector General suggests developing and following a voluntary compliance program. There are seven components of an effective compliance program. Establishing these basic steps within your practice will help to ensure that you are submitting true and accurate claims, as well as establishing a solid foundation of compliance.

1. Audit and monitor internally.
2. Execute compliance and practice standards.
3. Designate a compliance officer for your practice.
4. Train and educate staff as appropriate.
5. Respond quickly and appropriately to any detected issues or concerns and develop corrective actions and plans for future monitoring.
6. Establish and maintain open lines of communication with employees. Ensure that they know who the compliance officer is and the appropriate channels for communication.
7. Enforce and clearly publicize disciplinary standards and guidelines.





Report Fraud, Waste or Abuse:

- Call Provider Services and follow the appropriate menu option for reporting fraud.
Medicaid: **1-844-607-2831**
Marketplace: **1-866-286-9949**
- Write us a letter or complete the Fraud, Waste and Abuse Reporting form online at CareSource.com
 - Mail to:
CareSource
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940
- Fax: 1-800-418-0248
- Email: fraud@caresource.com

CMS Interoperability and Patient Access Final Rule

The Centers for Medicare and Medicaid Services' (CMS) Interoperability and Patient Access Rule requires health plans to implement a patient data interface, a payer-to-payer data exchange and a provider directory data interface. This rule gives patients and providers access to health information when they need it most. The purpose is to improve the electronic exchange of health care data among payers, providers and patients including provider claims and clinical data. CareSource developed and deployed the initial release of data on Jan. 1, 2021 to make available more detailed health information to the third party applications, with more releases to follow. To learn more, please visit <https://www.healthit.gov/curesrule/what-it-means-for-me/clinicians>.



Pharmacists Can Give Immunizations

Preliminary data from several sources indicate that vaccination rates have fallen during the COVID-19 pandemic.

Pharmacists are poised to help. If patients' primary care provider (PCP) is unavailable, pharmacists are accessible health care professionals and are authorized to order and give vaccines.

Encourage your patients to visit their local pharmacy to get vaccinated and stay up-to-date on their immunizations. Pharmacists can help reduce the burden on providers by assisting in the administration of vaccines, according to State and Federal law.

Note: Children ages 18 and under that are covered under Medicaid plans must be vaccinated through the Vaccines for Children Program (VFC). If you are currently enrolled as a provider in the VFC program, you may administer and bill CareSource for the administration of the vaccine. Very few pharmacies participate in the VFC Program at this time.

The administration of the COVID-19 vaccine will be covered as well and is administration billable outside of the VFC for all ages as guided by the State and Federal guidance.





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.

Improving Patient Outcomes:

Follow-up after an Emergency Room Visit or Other Drug Use (FUA)

According to the National Committee for Quality Assurance (NCQA), in 2016, 20.1 million Americans over 12 years of age were classified as having a substance use disorder (SUD) involving alcohol or other drug (AOD) use. Emergency departments (ED) are increasingly seeing individuals with AOD use and often are not equipped to provide ongoing treatment needed to manage SUD. High ED utilization for AOD use often indicates a lack of access to health care or issues with continuity of care and without a well-coordinated plan for ongoing treatment, patients are at a higher risk of poor health outcomes or even death. Interventions such as making referrals or scheduling follow-up appointments with a health partner has been proven effective in both increasing the use of services for SUD and reducing ED recidivism. The NCQA Health Effectiveness and Data Information Set (HEDIS) measure FUA assesses ED visits for patients 13 years or older with a principal diagnosis of AOD abuse or dependence, who had a follow up visit within 7 and 30 days. Individuals with AOD misuse or dependence who were seen in the ED and had timely follow-up demonstrated a reduction in substance use, hospital admissions and length of stay, and future ED use.







Care Coordination Communication

For safe and effective coordination of care between primary care providers (PCPs) and behavioral health (BH) specialists, it's important for patient information to be shared between practitioners. Across provider types, PCPs and specialists value certain key information. PCPs prioritize: treatment plans, diagnosis, medications and adherence to medication information. BH providers prioritize: family engagement, adherence to appointments and medication information. Understanding this, practitioners can conscientiously share information that is most relevant to the providers with whom they are communicating. 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 care coordination form to help facilitate referrals and information exchange between PCPs and BH specialists. Please visit **CareSource.com** > Provider > [Forms](#) to access the form (Use web drop-down to navigate to the correct plan page).

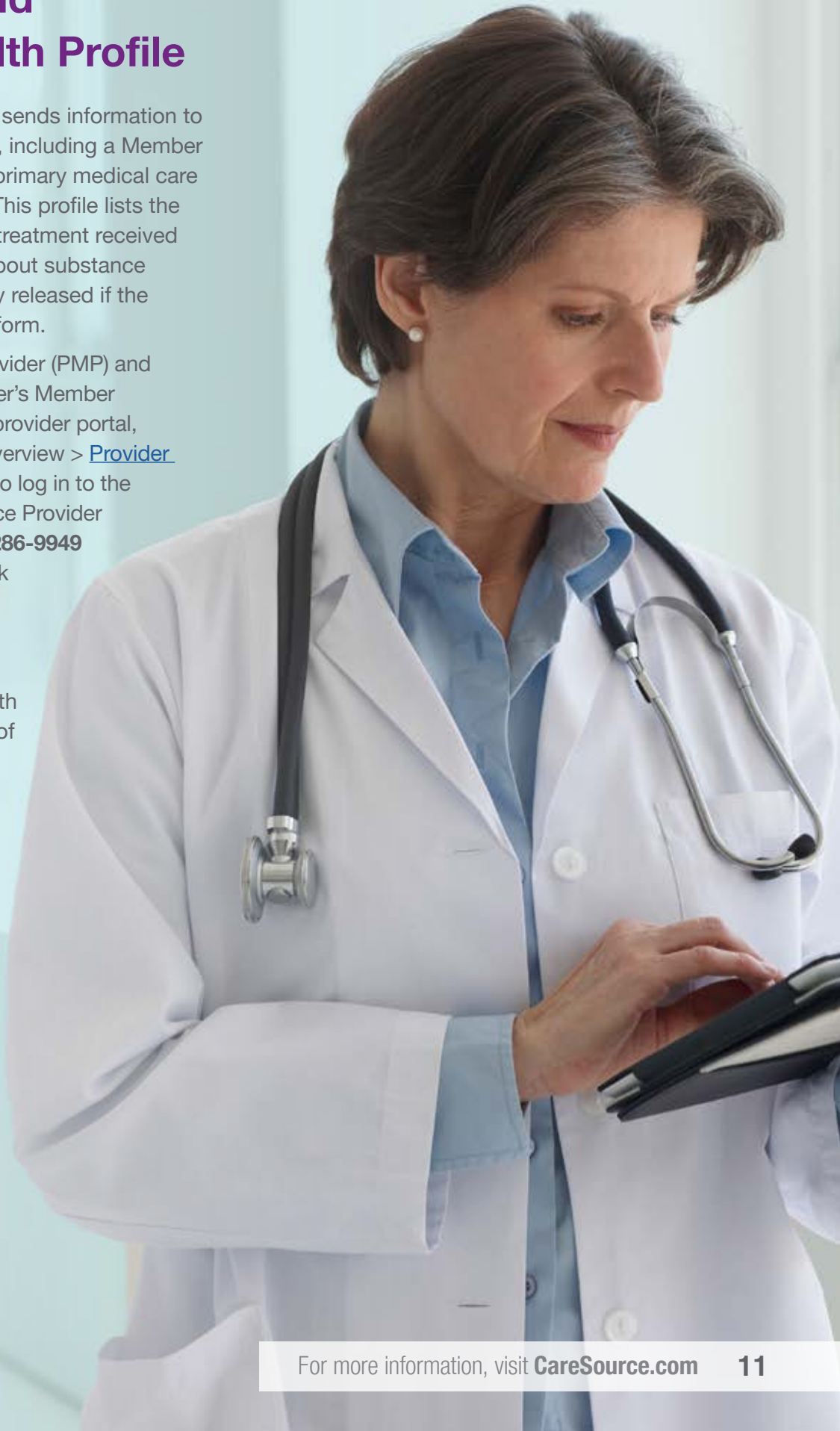


Indiana Medicaid Behavioral Health Profile

On a nightly basis, CareSource sends information to the CareSource Provider Portal, including a Member 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 Member 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 Member 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.





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

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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.

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