



SPRING 2023

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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Satisfaction



Thank you for your collaboration in improving the health of pregnant persons and ensuring healthy and safe deliveries. Multiple resources are available from CareSource to improve the health of pregnant individuals. As you know, healthy pregnancy leads to healthy newborns. Please reach out to our Care Managers to help your pregnant members.

A recent study showed that the number of people under age 20 with Type 2 diabetes in the United States may increase by nearly 675% by 2060, with an increase of up to 65% in young people with Type 1 diabetes.

As you are aware, diabetes is a chronic disease which requires a person with diabetes to make several daily self-management decisions and to perform complex self-care activities. Diabetes Self-Management Education (DSME) provides a foundation for persons with diabetes to understand the disease process and to navigate these complex activities. DSME has been shown to improve outcomes, improve the quality of life, and reduce the total cost of care.

Although different members of the health care team and the community may contribute to the education regarding diabetes, it is important for the health care providers to have the resources and a systematic referral process to ensure that members with diabetes received formal DSME through certified diabetes education providers. American Diabetes Association (ADA) recommends DSME referral for all individuals with diabetes at the initial diagnosis and as needed thereafter.

Continuous Glucose Monitors (CGMs) are devices that are attached to the body that continually monitor blood sugar and give real-time updates. These have become more accurate and reliable over the years and are now a viable option for people with diabetes. CGMs have been shown to avoid or delay serious, short- and long-term diabetes complications. Since CGMs provide positive feedback in real-time, they have been shown to help people with diabetes modify their dietary and exercise patterns.

We thank you for all the great work and support you are providing to our members and your patients. We look forward to continuing partnering in improving ePRAF submission, and DSME to members with diabetes and encouraging the use of CGMs where appropriate.

Regards,



Beejadi Mukunda, MD
VP & Market Chief Medical Officer
Ohio



Network Notification Bulletin

UPDATES



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:

- [D-SNP and Marketplace Providers - 2023 Pharmacy Network Change](#)
- [D-SNP and Marketplace Providers - Cultural Intelligence Webinar Series](#)
- [Medicaid Providers - SUD Residential Treatment](#)
- [Medicaid Providers - New Mental Health Support Mobile App for Teens](#)

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 Directory Information Attestation



Did you know that federal and many state regulations require health plans — and often providers — to verify the accuracy of their provider directory information regularly, typically every 90 days? More important, an accurate provider directory ensures we can connect the right patients more easily to you.

That's why we're excited to announce our partnership with Quest Analytics to streamline your verification process through their BetterDoctor solution. This validation ensures we have the most accurate information for claims payment and provider directories. This information is critical to process your claims. In addition, it ensures our Provider Directories are up to date and reduces unnecessary calls to your practice. This information is also reportable to Medicaid and Medicare.

Providers are required to attest to directory information every 90 days.

Medicaid Providers – if you make changes with Quest, remember to update your provider profile with Indiana Medicaid as well.



QUEST ANALYTICS

BetterDoctor

Completing the Attestation Process*:

1. You should receive an email or fax from BetterDoctor.
2. Go to: betterdoctor.com/validate.
3. Locate the access token on the fax or email you receive from BetterDoctor (it is an 8-character alphanumeric code (for example ABC123D4), and it is not case sensitive).
4. Enter the access token.
5. Click 'Submit.'
6. Verify and update your information using the online tool via the BetterDoctor portal.

Issues? Contact support@betterdoctor.com

*Larger groups will not use the portal and will be contacted by BetterDoctor with additional instructions.





Provider Portal Multi-Factor Authentication (MFA)

A new enhancement is coming to the Provider Portal that will help safeguard information and add additional security to user accounts. The Provider Portal will be adding a new Multi-Factor Authentication process for all new and existing users that will impact how you register or login to an account. With this new process, you will need to take an additional step in securing and accessing your account by entering an additional code that you may receive by text or email. Please review below on the types of accounts that will be impacted:

- **Individual Providers** – Individual providers or practitioners accessing the Provider Portal for one provider.
- **Provider Groups** – Group of providers or practitioners accessing the Provider Portal for the entire group.
- **Delegated Vendors** – Third party vendors that access the Provider Portal on behalf of a provider or group.
- **Automated Activities** – Automated activities associated with the CareSource Provider Portal.

Additional information and communications will be sent to all users that may be impacted by this process change prior to the implementation. The effective date for this new change is expected mid-2023.



Increasing Focus on Balance Billing Protection for Members

Member Billing Policy, State and Federal regulations prohibit providers from billing CareSource Medicaid/D-SNP members for services provided to them, except under limited circumstances. CareSource monitors this activity based on reports of billing from members. We will implement a stepped approach in working with our providers to resolve any member billing issues that include notification of excessive member complaints and education regarding appropriate practices. Failure to comply with regulations after intervention may result in potential termination of your agreement with CareSource.

Example of balance billing:

Also referred to as surprise **billing**, balance billing is when a provider bills a patient for the difference between the provider's charge and the allowed amount. For example, if the provider is charged \$100, and the allowed amount is \$70, the provider would bill the patient for the remaining \$30.

To help reduce the instances of balance billing, remember the following steps:

- Verify a member's eligibility prior to each visit
- Be sure to check for a member's enrollment in both Medicaid and Medicare

Network providers may not balance bill CareSource Medicaid/D-SNP members for covered services. If you have questions regarding billing policies, please reach out to your health partner representative or call Provider Services at **1-844-607-2831** for Medicaid or **1-833-230-2176** for D-SNP.



TurningPoint, CareSource's New Vendor for Cardiac and Musculoskeletal Surgical Procedures

CareSource is pleased to announce the launch of a new and innovative Cardiac and Musculoskeletal Surgical Quality and Safety Management Program for Marketplace. The program is designed to work collaboratively with providers to promote patient safety through the practice of high-quality and cost-effective care for CareSource members undergoing Musculoskeletal and Cardiac Surgical Procedures.

As of Dec. 19, 2022, providers are required to submit requests to TurningPoint for prior authorization for members for dates of service on or after Jan. 1, 2023. While it is the responsibility of the rendering provider to obtain prior authorization, facility providers are encouraged to contact TurningPoint to verify the prior authorization has been completed for CareSource members prior to procedure being scheduled. Providers (in-network and out-of-network) can view Cardiac and Musculoskeletal Surgical policies and guidelines at TurningPoint's website after registration on the [TurningPoint Portal](#).

For more information, please visit **CareSource.com** > Providers > [Provider Policies](#), choose the applicable state/plan and then select **Musculoskeletal and Cardiac Surgical Procedures**.

Pharmacy

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.



D-SNP Model of Care Training Reminder

CareSource Dual Advantage serves people who are dually eligible for Medicare and Medicaid. Our person-centered, integrated care model provides care coordination to a population with complicated health care needs. The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers and staff receive basic training about the D-SNP Model of Care (MOC) and to complete annual refresher training.

CareSource provides this training on our website at **CareSource.com** > Providers > [Training & Events](#). Providers are required by CMS to attest to completing the annual MOC training. Please complete the Attestation Form located at the end of the training presentation to receive credit for completing this training. If you have already completed this training for 2023, thank you!

For questions, please contact CareSource Provider Services Monday through Friday, 8 a.m. to 6 p.m. ET.

- D-SNP: 1-833-230-2176



How Do Your Patients Perceive You?

Every year, from February through May, CareSource is required to conduct patient experience surveys, like the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and submit the results to NCQA and CMS. In this survey, many of your CareSource patients will be asked questions about their health care experiences and this includes you!

Our partnership makes a big impact on the patient's perception of their health care experience. We know your team works hard to take care of your patients and we want to help. We look forward to continuing as your partner in delivering a high standard of care.

With these surveys underway, here are some things to consider during your patient interactions:

- ✓ How would your patients rate you as their personal doctor, specialist, and the care you provide?
- ✓ Is it easy for patients to make an appointment with you as soon as they need?
- ✓ Are you informed and up-to-date about their care?
- ✓ Do you let patients know when and how they will receive test results?
- ✓ Do you explain things well, listen carefully, show respect, and spend enough time with them?
- ✓ Have you recommended or given their flu vaccination?

**We appreciate
all that you do to
provide quality care!**



CMS Requirements for Special Needs Program Health Plans: **Face-to-Face Encounters**

To support implementation of comprehensive individualized care plans, identification of goals, and measuring outcomes, the Centers for Medicare & Medicaid Services (CMS) requires health plan providers to conduct annual face-to-face encounters with enrollees of Special Needs Plans. The purpose of these encounters is to encourage care coordination across the interdisciplinary team.

To comply with CMS requirements, we must do the following for each D-SNP member, with their consent and beginning within the first 12 months of enrollment:

Conduct annual face-to-face encounters with the enrollee and one of the following:


- A member of the enrollee's interdisciplinary team
- A member of the plan's case management and coordination staff
- A contracted plan health care provider

Encounter must be conducted in one of the following methods:

- In person
- Through a visual, real-time interactive telehealth

It is important to provide correct documentation to meet the CMS requirement, per the Code of Federal Regulations 2CFR422.101(f)(iv). Correct documentation includes evidence of preventive care, person centered care planning and/or care coordination activities.



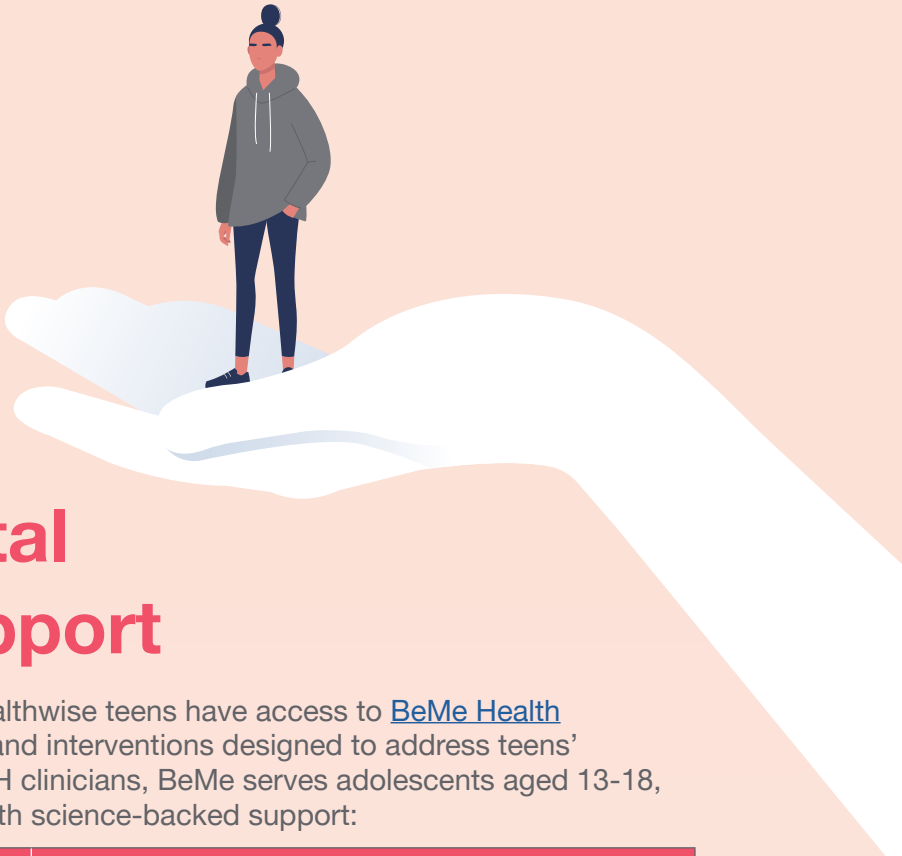


Indiana Medicaid Behavioral Health Member Profile

On a daily basis, CareSource sends information to the CareSource Provider Portal, including a behavioral health (BH) profile, to the assigned primary medical care provider (PMP) on file with us. This profile lists the physical and BH 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 Primary Medical Provider (PMP) and want to view one of your member's BH 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 BH profile.

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



Indiana Medicaid BeMe Health Digital Mental Health Support

As of January 1, 2023, CareSource Hoosier Healthwise teens have access to [BeMe Health](#) —a mobile app offering mental health support and interventions designed to address teens’ unique needs. Developed in partnership with BH clinicians, BeMe serves adolescents aged 13-18, at no cost to them. BeMe has teens covered with science-backed support:

Coaching	Content
BeMe coaches provide real-time, text-based support, helping teens learn and practice coping and resilience-building skills—including nights and weekends.	BeMe’s teens have access to science-backed skills based on Dialectical Behavioral Therapy (DBT) and Cognitive Behavioral Therapy (CBT), positive psychology, and more.
Crisis	Care
Teens have access to 24/7/365 support: Safety Planning, CareSource 24 Nurse Advice Line, Crisis Text Line, 988 Suicide and Crisis Lifeline and The Trevor Project.	BeMe links teens as needed to virtual clinical care from in-network CareSource providers.

“Our referring clinicians find that BeMe is an excellent tool for all teens—teens without timely access to services, teens under high stress but without a diagnosis, or teens already in care and in need of continuous support between visits. And, teens are loving it.”

– Neha Chaudhary,
MD, Chief Medical Officer, BeMe Health



Easy Referral for Teen Patients:
Download BeMe Health from the app store or visit beme.com/caresource.



Behavioral Health Provider Satisfaction

Survey Results

In October 2022, CareSource administered an Indiana Behavioral Health Satisfaction Survey to gather insights about the Behavioral Health (BH) provider experience with CareSource. The survey was conducted via email and measured satisfaction with the health plan, experience with communicating with primary care providers (PCP), and engagement with our Health Partner and Utilization Management teams. The feedback provided actionable insights to target initiatives that improve the provider experience and the quality of health care for members.

The 2022 survey results helped CareSource identify key strengths and opportunities for improvement.

Key findings from the survey include:

- 41% of BH providers surveyed prefer to receive information quarterly from the PCP
- The majority of respondents would like the following information exchanged: treatment plans, medication lists, lab results, adherence to treatment, recent hospitalizations or emergency department visits, family engagement, and response to treatment

Areas of needed improvement for Provider satisfaction are:

- Sending the BH practitioner the patient's history and reason for consultation prior to the appointment, when referred by a PCP
- Improving timeliness and sufficiency of data exchanged between PCP and BH providers

As a CareSource Health Partner, your opinion is extremely important to us, and we value your feedback.





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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!