



SPRING 2024

# PROVIDER *Source*

A Newsletter for CareSource Health Partners

## In This Issue:

- 2 Chief Medical Officer's Note
- 3 Meet Cuddles  
Network Notification Bulletin
- 4 Prior Authorization Training Available
- 5 Help for Pregnant Members  
Quarterly Friday Forums
- 6 Kick Off the New Year by Scheduling  
Preventive Visits and Earn Rewards
- 7 Prior Authorization Requests  
Where to Find It
- 8 Did You Know?  
Care Management Support Tools
- 9 Provider Attestation: The Key to  
Reliable Health Care Information
- 10 Pharmacy Updates for Medicaid  
and Marketplace  
Using the Prescription Drug  
Formulary to Improve Adherence
- 11 Your Feedback is Important
- 12 How Do Your Patients Perceive You?
- 13 Health Equity Commitment,  
Words Matter
- 14 The Patient Journey: Eliminating  
Disparities at Every Step  
Behavioral Health Member Profile
- 15 The Collaborative Care Model



**CareSource**<sup>®</sup>



## Chief Medical Officer's Note

---

Thank you for your collaboration and partnership in providing health care with heart, which is what we believe in at CareSource. As you know, vaccinations play a pivotal role in safeguarding public health, particularly during the winter season when the prevalence of respiratory illnesses such as influenza, Respiratory Syncytial Virus (RSV), and COVID-19 escalate. These illnesses, characterized by similar initial symptoms, can lead to severe health complications, overburdened health care systems, and have profound socioeconomic repercussions. The importance of vaccinations during this period cannot be overstressed, as they are instrumental in reducing disease transmission, alleviating the strain on health care resources, and safeguarding vulnerable populations.

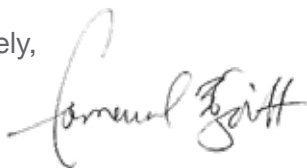
Firstly, vaccinations are crucial in reducing the transmission rates of these diseases. Winter conditions, marked by colder temperatures and indoor gatherings, create an ideal environment for the spread of respiratory viruses. Influenza and COVID-19, in particular, have demonstrated high contagion rates, leading to widespread outbreaks. Vaccinations induce an immune response without causing the disease itself, preparing the body to fight the virus promptly and effectively if exposed. By lowering the number of susceptible hosts, vaccinations can decrease the overall infection rate within a community, a concept known as herd immunity. This is particularly vital for protecting those who cannot be vaccinated due to medical conditions or age, such as newborns or individuals with certain allergies.

Secondly, vaccinations play a significant role in reducing the severity of these illnesses and alleviating the strain on health care systems. Hospitals and clinics often face overwhelming pressure during the winter months, with an influx of patients suffering from respiratory illnesses. This surge can lead to resource depletion, including hospital beds, medical supplies, and staff. By getting vaccinated, individuals not only reduce their risk of contracting these diseases but also, experience less severe symptoms that require hospitalization, if they do get sick. This helps to maintain the capacity and effectiveness of health care services, ensuring that both patients with respiratory illnesses and those with other medical needs receive timely and adequate care.

Vaccinations are especially crucial for protecting vulnerable populations, such as the elderly, infants, and those with pre-existing health conditions. These groups are at a higher risk of developing severe complications from respiratory illnesses, including pneumonia, organ failure, and even death. The COVID-19 pandemic underscored the lethal potential of novel viruses, particularly among these susceptible populations. Vaccinations not only shield these individuals from severe disease but also contribute to the broader control of disease spread within communities, thereby creating a safer environment for everyone.

As an indispensable public health tool, vaccinations are fundamental in curtailing disease transmission, especially during the winter season when the incidence of respiratory illnesses like influenza, RSV, and COVID-19 peak. Vaccines ease the burden on health care systems and protect the most vulnerable individuals in society. We thank you for advocating to keep our members healthy and safe during this season and all year long!

Sincerely,



Dr. Cameual Wright

Vice President, Market Chief Medical Officer – Indiana



## Kicking Off a New Year

Welcome to 2024 and a new year with CareSource! With 2024 underway, we are kicking off the year with several updates and resources you don't want to miss! We look forward to a successful year of serving our members and working with you to carry out the mission – to make a lasting difference in our members' lives by improving their health and well-being.



## Meet Cuddles

Meet our mascot – Cuddles! This caring and energetic bear embodies the CareSource mission and may be at CareSource events near you. His resemblance to a teddy bear serves as a symbol of security and safety while characterizing loyalty and dependability, similar to how our members view providers like you.

Cuddles will serve as an ambassador and extension of the CareSource brand. You may see him at community events as he interacts with members and potential members in the communities we serve. Cuddles' appearances will promote wellness checks, nutrition, physical activity and oral health. If you see Cuddles at an event, make sure to say hi!

## UPDATES



## 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 - [Prior Authorization Requests Missing Valid Diagnosis Codes](#)
- Medicaid & Marketplace - [HPV Vaccine On-Demand Training Offerings](#)
- Marketplace – [Vaccination Billing Reminder](#)

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](#).



## Prior Authorization Training Available!

CareSource continues to build our Provider Education Series library, and we are happy to announce the recent addition of on-demand training for submission of prior authorization requests. **The Provider Education Series: Prior Authorization Submission Overview** reviews the steps that ensure CareSource receives all necessary information to review your request. You will find instruction on the use of the Procedure Code Lookup Tool, prior authorization submission process via the CareSource Provider Portal, and checking case status.

Go to <https://www.caresource.com/in/providers/education/training-events/>, select plan and look for Prior Authorization Submission Overview. Don't forget to review the list of additional training topics.



## Quarterly Friday Forums

The Indiana Health Partner Engagement Specialist Team is excited to announce our 2024 Quarterly Friday Forum with CareSource for our network providers. Each forum will begin with a brief presentation covering current updates and will then be followed by a question and answer session. The intended audience for this forum is anyone from revenue cycle, contracting, credentialing, clinical operations, quality, office managers or administrative staff.

Dates for the upcoming events are as follows:

Date	Time
March 15, 2024	12:00 – 2:00 p.m. ET
June 14, 2024	12:00 – 2:00 p.m. ET
Sept. 13, 2024	12:00 – 2:00 p.m. ET
Dec. 13, 2024	12:00 – 2:00 p.m. ET

Your Health Partner Engagement Specialist will send links to register for these upcoming events, but you can also review “Save the Dates” on our [Updates and Announcements](#) page for more details about these upcoming events.

If you have any questions about these forums or other topics, please contact your Health Partner Engagement Specialist. As a reminder, we cannot share protected health information (PHI) or individual claim details during these forums. We welcome you to submit your questions or suggestions for future topics via email to our Indiana Health Partner Engagement team at [IN\\_Provider\\_Relations@CareSource.com](mailto:IN_Provider_Relations@CareSource.com).

## Help for Pregnant Members

*(Indiana Medicaid)*

The use of opioids during pregnancy is increasing in Indiana, however, treatment of opioid use disorder during pregnancy offers a high rate of success and reduces the risks of harm from opioids to both the mother and infant. Connecting members experiencing an opioid use disorder during pregnancy to treatment resources is critical for success.

The Indiana Pregnancy Promise Program offers enhanced care management to members that are pregnant or within 90 days postpartum and use opioids or have used opioids in the past. The program is free and voluntary and supports members through their recovery and pregnancy. Members in the program are also offered a childcare benefit. Anyone can refer to the program using the [Pregnancy Promise Program Enrollment Form](#). If you would like fliers to have available to provide to your patients, email [IN\\_Provider\\_Relations@CareSource.com](mailto:IN_Provider_Relations@CareSource.com) or contact your assigned [Health Partner Engagement Specialist](#).

## Kick Off the New Year by Scheduling Preventive Visits and Earn Rewards

Providers, did you know that your patients get rewarded for completing healthy activities? Our rewards program supports gaps in care, and rewards members for taking charge of their health. These programs are free for the CareSource members if they are 18 and older, they are automatically signed up. Please see below for additional details on each program:

### MyHealth Rewards

- Members who are 18 years and older are automatically signed up.
- To earn rewards, members must complete one of the eligible healthy activities such as A1C screening or annual physical.
- Once claims are processed, the rewards will be added to their MyHealth Rewards account.
- Members will need to log in to their MyHealth account to redeem their points for electronic gift cards at participating retailers like WalMart.
- **Current year's rewards will expire in December of the following year, so please encourage members to use their hard-earned rewards!**
- To learn more about the rewards, please visit the rewards webpage below:
  - [Medicaid](#)
  - [Marketplace](#)



### Babies First and Kids First – INDIANA MEDICAID ONLY

- For expecting mothers and children up through 17 years old.
- Each child or pregnancy must be enrolled.
- To earn rewards, members must complete one of the eligible healthy activities such as well visits.
- Once claims are processed, the rewards will be added to their CareSource Rewards card.
- The CareSource Rewards card can be used at various retailers to buy everyday items such as clothes, diapers, and groceries. **Rewards expire one year from issuance, so please encourage members to use their hard-earned rewards!**
- To learn more about the rewards, please visit the [Rewards](#) webpage.





# Prior Authorization Requests

## *Marketplace Providers*

Prior authorization requests, related information and communications are to be submitted via an electronic portal. CareSource utilizes the Provider Portal for electronic submissions. If services require a prior authorization, this should be obtained prior to the start of services. To help streamline the prior authorization process, you can now check online utilizing our [CareSource Procedure Code Lookup Tool](#) to determine if a prior authorization is required for a service.

When utilizing the Provider Portal, a current NPI and Tax ID is needed with each prior authorization request. Provider Portal guidance can be found on **CareSource.com**. Prior authorization requests that include all required information for review will be completed within five business days.

For additional information on turnaround times, please utilize the Provider Manual on **CareSource.com**. Providers may check the authorization status and/or determination, as well as related notifications on the [Provider Portal](#).



## Where to Find It

CareSource strives to make it easy to find what you need online. Do you need to know who to reach out to when you have a need or question? There is a simple path to finding the most inclusive list of contact information. From the CareSource website select the provider drop-down menu and in the list on the left find the “Contact Us” hyperlink. Choose the appropriate plan to be connected to a full catalogue of contact information. If you are not able to find the information you are looking for you can reach out to Medicaid Health Partner Services at **1-844-607-2831** or Marketplace Health Partner Services at **1-833-230-2101** to speak with a provider services representative and they will help guide you.

# Did You Know?



## The CareSource Provider Portal Functions and Features

– The CareSource Provider Portal is a secure, encrypted online self-service tool that is available to all providers serving our members. Below are some of the features and capabilities available to you through the Provider Portal:

- Verify member eligibility and confirm coordination of benefits
- Check claim payment status and submit any necessary documentation for claims processing
- Access explanation of payment and view claims payment history
- Submit updates for provider demographic and accessibility information, add a provider to a group, and check status of your submissions (including new contract status)
- View member care treatment plan and assessment information
- Manage your patient population by choosing Member Reports > Clinical Practice Registry. This is an online tool that helps identify attributed members who may have gaps in care.

**New in 2024** – Providers can view a member's preferred language and/or specify a member's preferred language if is not yet indicated. This capability helps ensure that CareSource utilizes the member's preferred language through our member communication channels.

For more information about the Provider Portal, visit [CareSource.com](https://www.caresource.com) > Providers. To access the Portal or to register a new account, go to the [Provider Portal Login](#) page.



## Care Management Support Tools

CareSource offers members and providers support resources from the Care Management teams. Materials include disease management guides and specialty population resources, which can be found on **CareSource.com**. These resources will allow you to view the state offerings that can be beneficial to your CareSource member and inform you of any regulatory components.





# Provider Attestation: The Key to Reliable Health Care Information

*\*Indiana Marketplace Providers Only\**

Accurate provider data is crucial to providing high-quality health care services for our members. Given that members rely on provider directories to locate in-network providers, inaccurate provider directory data could obstruct access to care, create barriers to services critical for our members' health and well-being, and impact a member's ability to make informed health care choices. Furthermore, inaccurate provider data may negatively impact the adequacy and validity of the health plan's provider network and its compliance with Centers for Medicare & Medicaid (CMS) network adequacy requirements.

State and Federal regulations require that health plans must validate and update their contracted provider network every 90 days. This ensures the health plan has the most accurate information for claims payment and provider directories.

CareSource has partnered with BetterDoctor to streamline the attestation process. Providers can attest to their information via the BetterDoctor online tool – [betterdoctor.com/validate](https://betterdoctor.com/validate). Locate the email or fax that you receive from BetterDoctor, as it has your access token to use when you attest to your information via the BetterDoctor online portal.

If you are a large group (groups with 20+ practitioners), you can submit rosters directly to Quest/BetterDoctor. Large groups can submit their rosters to [rosters@questanalytics.com](mailto:rosters@questanalytics.com). The data you verify and update via the attestation process will be used to update **Find a Doctor | CareSource** provider directory and claims payment system.

If you do not attest to your information and provide updated information when applicable, this can result in claims payment issues and inaccurate provider data in the online provider directory, as well as the printed directory. With the No Surprises Act in effect as of Jan. 1, 2022, providers who do not attest quarterly risk being suppressed in their contracted payers' provider directories.



## 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.

# Using the Prescription Drug Formulary to Improve Adherence



Marketplace Providers

Medication adherence improves patient outcomes. Prescribing for an extended days’ supply and choosing lower cost medications may improve adherence. Up to a 90-day supply of medication can be dispensed by a community pharmacy if the medication is a generic maintenance medication or by a mail order pharmacy. (Specialty medications may have unique dispensing requirements and are usually limited to a 30-day supply.) You can identify lower cost medications by looking for medications in a lower tier on the formularies or on the formulary search tools. Patients pay lower costs for medications in lower tiers.

Indiana	<a href="#">Formulary</a>	<a href="#">Formulary Search Tool</a>	Prior authorization turnaround time = 72 hours
---------	---------------------------	---------------------------------------	--

You can also use the formulary to help you choose medications that do not require prior authorization which decreases administrative burden for your office and helps to get medication in your patients’ hands faster. If the medication you choose does require a prior authorization, CareSource will review it and provide a decision within the designated prior authorization turnaround time from the original receipt of a standard pharmacy benefit request. The formulary search tool also includes the authorization criteria CareSource uses to approve and deny requests, and you can reference the tool to quickly see if your patient meets criteria. You can refer to the [Provider Manual](#) for more information about how prior authorization requests are processed.



# Your Feedback is Important

Your feedback is important, and we want to hear from you! Starting in May, you may receive an email or phone call from Press Ganey requesting you to fill out the annual Provider Satisfaction Survey. This survey is an opportunity for you to share your thoughts on your experience working with CareSource. Questions include topics in finance (such as claims processing and billing), utilization management, pharmacy, member services, provider relations (such as credentialing and provider orientation), and networking. There is also a chance for you to offer suggestions on how CareSource can improve your experience.

Things to know about the survey:

- ✓ It will be conducted May through July.
- ✓ The survey will be emailed to the address on file, many times this is the credentialing office. Please update your email address.
- ✓ The sample is random.
- ✓ To minimize bias, a third-party vendor, Press Ganey, will conduct the survey.
- ✓ Three attempts will be made to reach the provider. In the event you need to return a call to complete the survey, Press Ganey can be reached at **1-866-864-8918**.
- ✓ While we ask questions about finance, we will never ask for confidential information.
- ✓ Your feedback will help guide our operation, marketing and strategic decisions.

# How Do Your Patients Perceive You?

Every year, from February through May, CareSource is required to conduct the patient experience survey, referred to as the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) for Medicaid or the Qualified Health Plan Enrollee Experience (QHPEE) for Marketplace. In this anonymous survey, many of your CareSource patients will be asked questions about their experience with providers and the health care plan. It is the patients' chance to voice their opinion.

We know your team works hard to provide the best care for every patient on every visit! Our partnership makes a big impact on the patient's perception of their health care experience, and we are here to help.

Some things to consider:

- ✓ How would your patients rate the care you provide?
- ✓ Can patient appointments be scheduled “easily” and “as soon as needed”?
- ✓ Are your patients aware of your hours and where to go for urgent care?
- ✓ Will your patients think you are informed and participating in their health care plan?
- ✓ Will your patients think you spent time explaining things, including necessary vaccinations, test processes and results?
- ✓ How would your patients rate how well you listen carefully, show respect, and spend needed amount of time with them?

**We appreciate all that you do and look forward to continuing as your partner in delivering a high standard of care!**

*MEDICAID ONLY - The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*





# Health Equity Commitment, Words Matter

A new year brings thoughts of resolutions and commitments. Committing to health equity means ensuring that everyone has the opportunity to attain their highest level of health. One aspect to consider in this commitment is the environment that is cultivated by the language used in communicating with one another. In beginning a new year, contemplate a focus on employing inclusive language.

Inclusive language is language that is free from bias, stereotypes, or expressions that exclude or marginalize individuals or groups. In a health care setting, using inclusive language is essential to providing equitable care to all patients, regardless of their race, ethnicity, gender identity, sexual orientation, or any other characteristic.

Begin with this basic framework to select inclusive language:

- Use person-first language
- Rely on universally understood language, avoiding words understood only by a limited audience
- Avoid using a diagnosis in reference to everyday behavior
- Adopt gender-neutral language for all interactions

Additionally, health care providers can use language that is sensitive to the cultural and social backgrounds and circumstances of their patients.

By using inclusive language, health care providers create a more welcoming and respectful environment for all patients, building trust and improving communication between health care providers and their patients, ultimately leading to better health outcomes.

The opportunity to use inclusive language is an important step towards creating a health care system that is truly equitable and inclusive for everyone. Words matter!

To learn more about inclusive language, you can download a guide from The Association of American Medical Colleges (AAMC) at <https://www.ama-assn.org/about/ama-center-health-equity/advancing-health-equity-guide-language-narrative-and-concepts>.

We also invite you to visit CareSource's Health Equity webpage at <https://www.caresource.com/providers/education/health-equity/>.

# The Patient Journey: Eliminating Disparities at Every Step

*Earn CME/CE Credits for Your Commitment to Health Equity!*

No patient's health care journey is the same. There are several factors that impact a patient's health outcomes such as geographic location, surroundings, social determinants of health (SDoH), and systemic bias within the health care community. Learning how these health disparities impact a member's experience can assist providers in developing patient-centered, high-quality care for our members.

CareSource, in partnership with CME Outfitters, is offering FREE training on many topics related to health equity. We encourage you, our valued health partner, to join us in this quarter's free training, The Patient Journey: Eliminating Disparities at Every Step. Check out their additional offerings [here](#).

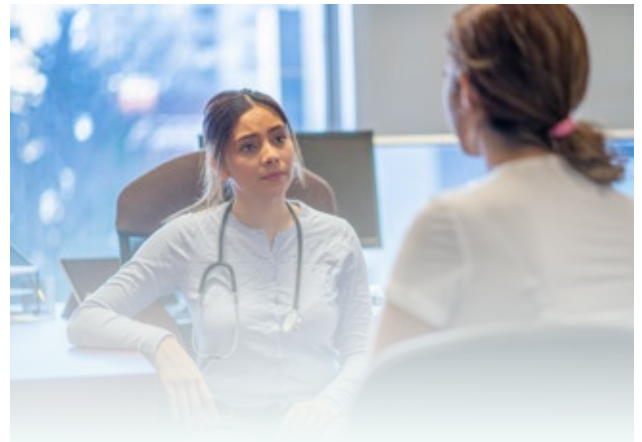
Upon completion of this CME/CE activity, participants should be able to:

- Analyze racial and ethnic disparities resulting in health inequities in patient care.
- Develop a team-based approach to improve the patient experience during visits.
- Determine treatment based on SDoH to improve accessibility and success of patient care and outcomes.

## *Digital Badging Reminder*

CME Outfitters offers free digital badge credentials for completing education in Diversity & Inclusion. [Learn more](#) about this digital credential, earning criteria and skills.

Thank you for your partnership and commitment to eliminating health disparities!



## Behavioral Health Member Profile

*(Medicaid)*

On a daily 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, go to **CareSource.com** > Login > Provider. 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 behavioral health providers treating the member to aid in coordination of care.



# The Collaborative Care Model

(Medicaid)

CareSource is excited to provide reimbursement for a model of integrated behavioral health care known as the Collaborative Care Model (CoCM). CoCM is a specific type of integrated care developed by the University of Washington to treat common health conditions in medical settings like primary care. Behavioral health conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), or substance use disorders are among the most common and disabling health conditions worldwide. CoCM uses an interdisciplinary team-based approach to provide evidence-based treatment incorporating behavioral health professionals.



CoCM is led by a primary medical provider in coordination with behavioral health care managers, psychiatrists, and other mental health professionals. The team initiates a measurement-guided care plan using evidence-based practice guidelines and focuses attention primarily on patients not meeting their clinical goals.

The model has been shown to:

- Improve medication adherence
- Decrease hypertension
- Improve hemoglobin A1c
- Increase the number of depression-free days

To learn more about the CoCM, please visit the University of Washington site or review the posted [network notification](#).

Questions? Please contact Provider Services at **1-844-607-2831**, Monday through Friday from 8 a.m. to 8 p.m. Eastern Time (ET) or email questions directly to the Behavioral Health clinical inbox at [Indiana\\_BH@CareSource.com](mailto:Indiana_BH@CareSource.com).



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

---

#### VISIT US

**CareSource.com**

#### JOIN US



Facebook.com/CareSource



X.com/CareSource



Instagram.com/CareSource

---

## 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!*

