



WINTER 2024

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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 *CareSource*

Chief Medical Officer's Note



As we approach year end, thoughts always turn to the new year and resolutions we all make. As trustees of our members' and your patients' well-being and health, it is important to prioritize ways in which we can improve them. Ensuring immunizations are up to date is particularly important this time of year. A surprising number of people, despite numerous public service announcements and recommendations, defer flu vaccinations or avoid them altogether. Many would comply with receiving them if they received that recommendation from their physician. Other preventive services should also be addressed this time of year, and any chronic health condition documented in the patient's medical record. This is important not only for completeness of medical records, but also to ensure that any chronic condition as well as any preventive services provided are documented in the patient's records at CareSource.

Documentation of quality medical care is critical to receiving high ratings for both our health plan and provider networks. That credit is reflected in Star ratings for the plan, as well as quality ratings for providers. This documentation, including documenting closure of gaps in the provision of preventive health services, is important in demonstrating compliance with nationally recognized measures of health quality. Such items as eye examinations and Hemoglobin A1C measures for diabetics, screening for colon cancer for age and risk-appropriate individuals and recommended immunizations for age and gender-appropriate patients, as well as screening for cervical cancer for women, among others are all important measures of quality.

In addition, ensuring that patients receive health services in the most appropriate and efficient setting is important in improving compliance with recommended health services. CareSource supports utilizing alternative sites for care when appropriate to increase convenience as well as potentially decrease cost for many services. One such example is in supporting those patients who receive regular infusions of medication, such as for cancer therapy, by providing those services in the home. Those services are provided by specially trained nurses, under your supervision, in a convenient, comfortable environment, familiar to the patient. This is not only safer in many instances, but less costly than in a physician's office infusion center, or hospital setting. Offering these alternative sites to your patients not only can improve compliance, but significantly decrease the anxiety and inconvenience of having this treatment in a traditional setting, and CareSource encourages doing so. Another service to consider offering for many surgical procedures is performing them in a free-standing surgical center as opposed to an outpatient hospital environment. Once again, this is often not only more convenient for patients, but less costly for the patient in many instances.

As we reach the end of the year, we at CareSource appreciate and thank you for all you do, all year long for our members and your patients, and wish you all a wonderful holiday season and a successful and happy New Year.

Sincerely,

Dr. Cameual Wright
Vice President, Market Chief Medical Officer – Indiana





Another Year in the Books!

With 2025 here, we want to reflect on 2024 and thank you for partnering with us. It was a busy and successful year, and we couldn't have done it without you. Thanks for all you do to support our members and joining us in this journey of making a difference in our members' lives!

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:

- Medicaid - [Psychotherapy Service & Billing Update](#)
- Medicaid - [Excludes1 Edit](#)
- Marketplace - [Prior Authorization Requirement Updates](#)
- Marketplace - [Updated 2025 Access Standards](#)

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 find our provider policies listed at **CareSource.com** > Providers > [Provider Policies](#).

Find Updates from CareSource Online

We strive to make partnering with us simple and easy. We're aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner.

To find all the latest CareSource news, visit our Updates & Announcements page on the Provider pages of **CareSource.com**. You will find all the updates regarding the preferred drug list (PDL), prior authorization requirements, and medical and reimbursement policies. To receive provider communications such as policy updates and network notifications from CareSource, complete the [Provider Communications Form](#).

New Member Tool: Interactive Health Library

We are excited to announce a new health education tool for our members. The Interactive Health Library is a member facing self-service website. It contains a variety of topic-specific articles and interactive tools such as quizzes to help members learn more about their condition(s), promote healthy habits, reduce stress and encourage emotional wellbeing. Not only can members learn about specific conditions or treatments, but they can look up healthy recipes by dietary considerations, find fitness tips, support smoking cessation efforts and much more. Members can access this tool via **CareSource.com** or through their member portal.



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 a health care provider, such as a hospital or a physician, knowingly bills for services that were never performed, resulting in overpayment of the claim using Medicaid or Medicare dollars.

Using the FCA can help reduce fraud. 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.

You can find more information regarding the False Claims Act on [CareSource's website](#).

RSV Prevention for Newborns and Infants

Respiratory Syncytial Virus (RSV) is a common respiratory virus that continues to be the leading cause of hospitalizations in infants. Severe RSV can result in significant illness, pneumonia, bronchiolitis and even death in infants and young children. Currently there are three different injections to help avoid severe RSV cases in infants. Abrysvo is an RSV vaccine that can be administered to pregnant people between 32 to 36 weeks of pregnancy producing antibodies passed onto the fetus preventing severe RSV. Nirsevimab (Beyfortus) and Palivizumab (Synagis) are two monoclonal antibody injections that can be given to infants to help avoid severe RSV lower respiratory tract infections.

Monoclonal antibodies are recommended for most infants if their birth parent did not receive the RSV vaccine during pregnancy, the birth parent's RSV vaccination status is unknown, or the infant was born within 14 days of the birth parent's RSV vaccination. High risk infants and young children may also qualify for a recommended second round of monoclonal antibodies during their second RSV season. Refer to the Center of Disease Control (CDC) website [Clinical Overview of RSV | RSV | CDC](#) for more information.





Comprehensive Diabetes Care: Appropriate Coding for Eye Exams

According to the CDC, diabetes is the leading cause of vision loss in people 18-64 years old¹. An annual routine eye exam could prevent 95% of vision loss caused by diabetes². Ensuring appropriate codes are included in your submitted claims is the easiest way to share results of the dilated retinal exam and close care gaps for the HEDIS *Eye Exam for Patients with Diabetes* (EED) measure.

This will help reduce the administrative burden on your practice of record requests as well as improve identification of members who need eye exams every year (with retinopathy) or whose eye exams are good for two years (with no evidence of retinopathy).

| Codes for Eye Exam for Patients with Diabetes | |
|---|---|
| Code | Description |
| E10.9 | Type 1 diabetes mellitus (DM) without complications |
| E11.9 | Type 2 DM without complications |
| E13.9 | Other specified DM without complications |
| 3072F | Low risk, no evidence of retinopathy in the prior year, DM |
| 2022F | Dilated retinal eye exam (DRE) with interpretation by an ophthalmologist (OPTH) or optometrist (OPT) documented/reviewed; with retinopathy DM |
| 2024F | *Retinal Exam/photos with interpretation by OPTH/OPT with retinopathy DM |
| 2026F | Eye imaging match retinal photos results documented/reviewed; with retinopathy DM |
| 2023F | DRE exam with interpretation by an OPTH/OPT documented/reviewed; without evidence of retinopathy DM |
| 2025F | *Retinal photos with interpretation by OPTH/OPT without evidence of retinopathy DM |
| 2033F | Eye imaging validated to match diagnosis *retinal photos results documented/reviewed; without evidence of retinopathy DM |

**Seven standard field stereoscopic retinal photos*

Clinical Practice Registry (CPR) reports are available through the **provider portal** to help identify which of your CareSource patients may have open care gaps. Access the [Provider Portal Solutions](#) resource for tips on how to use the provider portal.

If you have questions, please contact your Provider Engagement Representative.

References

¹Centers for Disease Control and Prevention (CDC).

Retrieved from www.cdc.gov/diabetes/php/data-research/

²National Eye Institute (NIH).

Retrieved from www.nei.nih.gov/learn-about-eye-health/resources-for-health-educators/diabetic-eye-disease-resources

Closing Gaps in Diabetes Care by Including CPT® II Codes

Current Procedural Terminology Category II (CPT II) codes are supplemental codes to include with claim submissions. CPT II codes are used to track performance from tests or procedures by providing measurable data for quality of care.

CPT II codes are not substitutes for CPT codes. CPT codes will also need to be included for the services provided along with the CPT II codes.

CPT II codes are billed in the procedure code field, just as CPT I codes. CPT II codes are for reporting purposes and do not have a fee schedule associated with them.



Benefits of using CPT II codes include:

- ✓ Improve health outcomes
- ✓ Improve HEDIS® measurements
- ✓ Exclusions captured by coding of patient’s medical history
- ✓ Reduce medical record requests from a health plan thus reducing administrative burden for providers

| Measure | CPT Codes |
|--|--|
| Kidney Health Evaluation for Patients with Diabetes (KED) (Blood & Urine Tests) | eGFR 80047-48, 80050, 80053, 80069, 82565, AND QUA 82043 WITH UC CPT 82570 or uACR via LOINC codes |
| Blood Pressure Control for Patients with Diabetes (BPD) | 3074F, 3075F, 3077F, 3078F, 3079F, 3080F |
| Dilated or Retinal Eye Exam (EED) | 2022F, 2023F, 2024F, 2025F, 2026F |
| Glycemic Status Assessment for Patients with Diabetes (HbA1c with documented results) (GSD) | 3044F Most recent A1C < 7.0% 3046F Most recent A1C > 9.0% 3051F Most recent A1C > 7.0% & < 8.0% 3052F Most recent A1C > 8.0% & < 9.0% |

Please refer to the **Procedure Code Lookup Tool** to check whether a service requires prior authorization.

In efforts to reduce health care costs, utilizing network labs is highly encouraged. As a network provider, you can play a crucial role in directing members to network facilities.

Contact your local Health Partner Representative for more information.

Depression Reference Guide

Indiana Marketplace

Recognizing early signs of depression during routine visits leads to better outcomes if appropriate treatment is initiated early.

Selecting pharmacotherapy for behavioral health management can be challenging based on the unique medical-historical profile of the individual patient.

CareSource designed a [Depression Reference Guide](#) to support and partner with you and your CareSource patients.

The quick guide provides tips for:

- ✓ Screening and Diagnosis of depression
- ✓ Patient Health Questionnaire (PHQ-9) & recommended Action Plan
- ✓ Dosing considerations for some commonly prescribed antidepressant medications
- ✓ Potential side effects and management of side effects
- ✓ Link to [CareSource Preferred Prescription Drug Formulary](#)
- ✓ Other Resources: [CareSource Provider Network Directory](#), National Depression Resources & Organizations, [National Suicide Prevention Lifeline](#): call or text 988, Care Management Referral contact information.



Click to access the downloadable/printable [Depression Reference Guide](#).

CareSource wants to ensure our members get the safest, most cost-effective drugs for their needs and offers [Price a Medication Tool](#). CareSource also uses [Express Scripts \(ESI\)](#) as its Pharmacy Benefits Manager to supply medications directly to members' homes with free standard shipping and automatic refills. ESI contact number is 1-888-848-4452 from 8 a.m. to 8 p.m. Eastern Time (ET).



Improving Patient Access through Telehealth

The entire health care system embraced innovative ways to connect with patients to deliver acute, chronic, primary and specialty care during the COVID-19 pandemic. Telehealth remains an important means to connect with your patients, providing an additional resource to timely access to care. Telehealth services can save your practice, and patients, time when used for common health needs.

For those practices unable to provide telehealth services, CareSource contracts with TELADOC®, a provider of telehealth services. TELADOC® offers access to doctors 24 hours a day, 365 days a year. Patients may call TELADOC® at 1-800-TELADOC (835-2362) (TTY: 711) or visit Teladoc.com/CareSource.

For additional information or questions, please contact your Health Partner Representative in [hp-representatives.pdf](#) (caresource.com) or Health Partner Services at the following number below:

- Medicaid: **1-844-607-2831**
- Marketplace: **1-833-230-2101**

PrEP: Expanding Access and Support for Patients

Pre-exposure prophylaxis (PrEP) is a vital tool in HIV prevention, particularly for populations at higher risk, including LGBTQ+ communities and individuals with certain risk factors such as inconsistent condom use or sharing needles.

Who Should Consider PrEP? PrEP may be suitable for individuals who:

- Have had a sexually transmitted infection (STI) in the past six months.
- Engage in sexual activities without knowing their partner's HIV status.
- Use injectable drugs with shared equipment.

For a comprehensive guide on assessing whether PrEP is right for your patients, please refer to the CDC's resource: [Deciding if PrEP is Right for You](#).

How PrEP Works: PrEP prevents HIV from replicating in the body if exposed. It should be taken as prescribed and does not replace the need for regular STI screening and safe practices, such as condom use.

For more detailed information on PrEP and its usage, visit [Preventing HIV with PrEP](#).

Additional Considerations: Our goal is to support your efforts in providing inclusive and comprehensive care. Understanding the unique health needs of LGBTQ+ patients, including those seeking gender-affirming care or facing systemic health disparities, is essential. Ensuring culturally competent care and accessible services can significantly improve health outcomes.

Together, we can enhance the quality of care and support for our patient population. If you have any questions or need additional resources, please do not hesitate to reach out.



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 member's plan, go to the [Find My Prescriptions](#) link under Member Tools & Resources. The most current updates can also be found there. 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.

Free Drug Disposal Packets



Remind your patients that proper disposal of expired, unused, or unneeded medications is important for their health.

Proper disposal helps prevent accidental ingestion, especially by children or pets. It also minimizes the risk of misuse or abuse, thereby safeguarding those at risk for potential addiction or harm. Finally, proper disposal helps to lessen patient confusion by removing medications from their home that they are no longer taking.

CareSource is pleased to offer all of our members free DisposeRx® drug disposal packets to help them and their loved ones stay healthy. Information on how to receive DisposeRx® packets can be found on our website, [CareSource.com](#).



Health Equity and Disability Inclusion

The term “health equity” refers to the goal of providing everyone with the opportunity to achieve their best possible health, ensuring that no one is held back by disadvantages from reaching this potential. However, when discussing “everyone,” people with disabilities are often notably underrepresented.

One in four Americans experience a disability, making it the nation’s largest minority group. Individuals with disabilities are more likely to experience chronic health conditions, mental health issues, higher rates of poverty, unfair treatment, and limited access to health care. Additionally, the lack of inclusive health care policies and programs tailored to their specific needs amplifies these inequities. These challenges are often intensified when intersecting with other marginalized identities. Disabilities are not deficiencies, but rather a unique experience involving intrinsic functional needs. Focusing solely on a disability or treating individuals with disabilities as if they are just their condition is dehumanizing and perpetuates stigma and ableism.



Misconceptions about people with disabilities include:

- Those with a disability have poorer health.
- Public health should focus only on preventing disability, not on supporting individuals to live full and meaningful lives with a disability.
- Environment plays no role in the disability process.
- The value of the life of a person with a disability is less than that of a person who does not have a disability.

These implicit biases contribute to disparities and hinder efforts to promote and achieve optimal health for everyone. Pursuing and advocating for health equity without considering those living with disabilities will limit who can access health care effectively and achieve desirable health outcomes. Addressing health equity among people with disabilities requires a comprehensive approach that includes improving accessibility to health care services, promoting inclusive practices in health care settings, and advocating for policies that prioritize their health and well-being. This is a tall order; however, progress has been made. The Final Rule, *Discrimination on the Basis of Disability in Health and Human Service Programs or Activities*, advances equity and bolsters protections for people with disabilities under Section 504 of the Rehabilitation Act.

Here are some considerations for advocacy and inclusion:

| | |
|---|---|
| Avoid assumptions about “disability” | Connect with people who have disabilities |
| Commit to inclusivity via accessibility | Incorporate disability data collection as a common practice |
| Learn best practices | Develop a disability inclusion mindset |

For further education and resources to review, check the links below:

- [Person-First Language](#)
- [Health Equity Programs and Healthcare Resources](#)
- [Fact Sheet on Section 504](#)
- [Including People with Disabilities: Public Health Workforce Competencies](#)

Updated 2025 Access Standards

Indiana Marketplace

| Provider Specialty Type | New Appointment Availability Standards |
|-------------------------------------|--|
| Primary Care (Routine) | Within 15 business days |
| Specialty Care (Non-urgent) | Within 30 business days |
| Behavioral Health (Initial Routine) | Within 10 business days |

Participating providers are expected to have procedures in place to see patients within these time frames. In addition to these time frames, providers are expected to offer office hours to their CareSource patients that are at least the equivalent of those offered to any other patient.

Contact Health Partner Services at **1-833-230-2101**, available Monday through Friday from 7 a.m. Central Time (CT)/8 a.m. Eastern Time (ET) through 5 p.m. CT/6 p.m. ET with your questions. Or you reach out to your Health Partner Representative for any questions.



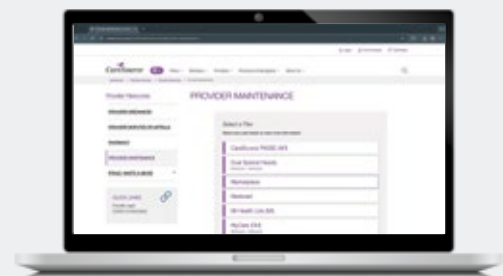
Indiana Medicaid

Providers, thank you for your collaboration and efforts. Our members are working hard to keep themselves healthy. Many may have earned rewards for completing healthy activities such as getting their flu vaccines or wellness checks.

Please remind them that some rewards expire, so it is important for them to use those hard-earned rewards. As a reminder, the expiration of rewards will be based on the program that they are enrolled in:

- MyHealth Rewards Program – Rewards earned in 2023 will be expiring in December of this year! Have them redeem today!
- Babies First/Kids First – Rewards expire one year from issuance.

As we celebrate another year of health, please remind our members that they can earn new rewards in 2025. Encourage them to be proactive by scheduling their appointments today!



When was the last time you updated your provider information?

Changing office locations or phone numbers, adding/termining a provider, changing/adding specialties at a location, and/or closing a location are all reasons to notify CareSource.

Ensure your claims and prior authorization requests process without delay by reviewing and updating your information on file. Go to <https://www.caresource.com/providers/provider-portal/provider-maintenance/>, select your plan type and state, and follow the instructions on the page.

Accurate information ensures that patients can locate you in Find-a-Doctor, our Case Managers are able to contact you, and other providers can view your location and specialty for referrals.



Behavioral Health Member Profile

Indiana Medicaid

On a daily basis, CareSource sends information to our provider portal, including a behavioral health profile, to the assigned primary medical 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 by going to **CareSource.com** > Provider Overview > Provider Portal Log-in. The link to the member's behavioral health member profile is available from the Member Eligibility page. Click Member Eligibility from the left navigation menu, then search and locate a member's record.



If you are unable to log in to the portal, please call the CareSource Health Partner Services 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.

Farm Stress and Mental Health

According to the Centers for Disease Control and Prevention (CDC), farmers die by suicide at higher rates than the general population. There are several challenges the agriculture industry and farmers face that lead to farm stress. Unlike other professions, when a farm is no longer sustainable, a farmer cannot turn to a new profession easily, placing farmers at an increased risk of mental health challenges.

Farmers may encounter stress due to:

- finances,
- unpredictable weather and markets,
- fatigue,
- work conditions,
- lack of personal time off, and
- barriers to seeking services.

The risk of farm stress must be considered in assessment and treatment when linking farmers and their families to care.

Based on research and farm focus groups, barriers to seeking care include:

- ability to leave the farm
- ability to pay for services
- long wait times
- concerns the provider will not understand farming culture
- offering coping skills that will not work with farm life (e.g., take a vacation)
- planting and harvest season
- hours of provider availability
- stigma within the farming community (e.g., being able to "fix" one's mental health as one would fix machinery or seen as weak)

For information on how to best serve farmers and their families, please visit: https://extension.purdue.edu/farm_stress/resources-and-links.html.





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

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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!