



SPRING 2025

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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Chief Medical Officer's Note

As we embark on the new year, we want to take a moment to express our deepest gratitude for your unwavering dedication to patient care. We recognize that many patients, whether healthy or managing chronic conditions, have been hesitant to re-engage with the health care system, leading to delays in preventive care, routine screenings, and even necessary treatments. Your efforts in guiding them back to prioritizing their health are invaluable, and we are committed to supporting you in this mission.

CareSource continues to find innovative ways to support you, as we understand that patients are becoming more complex in this post-pandemic era. It is especially critical that patients with complex medical conditions receive the support, coordination, and guidance necessary to navigate their health care journey effectively. Our dedicated Care Management team is here to assist, offering patient education, service coordination, and help in addressing social determinants of health that may be barriers to care. We encourage you to connect with us or to direct your patients to our services so that, together, we can ensure they receive the care they need.

Additionally, this winter season, we want to emphasize the importance of preventive health measures, particularly vaccinations. Influenza and respiratory syncytial virus (RSV) continue to pose significant risks, and immunization remains a vital tool in reducing transmission, protecting vulnerable populations, and alleviating strain on health care resources. By working together to encourage vaccinations and preventive care, we can help safeguard public health while supporting your efforts to provide compassionate, high-quality medical services.

Thank you for your partnership, your dedication, and for delivering health care to those who need it the most in our communities. We are proud to stand beside you and partner with heart and purpose.

Sincerely,

Dr. Beena Joseph

Vice President, Market Chief Medical Officer – Indiana



How Do Your Patients Perceive You?

Every year, from February through May, CareSource is required to conduct patient experience surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). In this anonymous survey, many of your CareSource patients will be asked questions about their experiences with providers and the health 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”?
- ✓ When making a referral, do you inform your patients about how long it will take to get the appointment?
- ✓ Are you working with patients to proactively schedule routine care and screenings?
- ✓ 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 listened carefully, showed respect, and spent the 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!

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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 keeps you informed about working with us. Here were some network notifications posted from the previous quarter that you may have missed:

- (Marketplace and Medicaid) [Updating Demographics](#)
- (Marketplace) [Extension for Community Healthcare Outcomes \(ECHO\)](#)
- (Medicaid) [Free CMEs – HPV Vaccination Best Practices – On-Demand Trainings](#)

Network notifications can be accessed at **CareSource.com** > Providers > [Updates & Announcements](#).

We 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](#).

Project ECHO Series



In partnership with the University of New Mexico, we are launching an ECHO series for in-network primary medical providers (PMPs) in Indiana to increase access to Medication-Assisted Treatment (MAT) for patients with substance use disorder.

Project ECHO® is a tele-mentoring program that connects health care providers with experts using video conferencing, brief lectures, and case-based learning. Primary care providers often serve as the first point of contact for patients seeking treatment, making it essential for them to feel equipped to address substance use disorder.

The Waiver Elimination MAT Act, part of the 2023 Consolidated Appropriations Act, removes the federal requirement for practitioners to obtain a waiver to prescribe medications like Buprenorphine for opioid use disorder. Now, providers only need a standard Drug Enforcement Administration (DEA) registration number, with no patient cap. This 12-week series offers providers the chance to earn up to 12 free continuing medical education (CMEs), and attending 60% of sessions qualifies them for the [Indiana State Loan Repayment Program \(IN-SLRP\)](#).

Don't miss the opportunity to learn from experts in the field like Dr. William Cooke, Dr. Carol Ott, Dr. Eric Yazel, and Dr. Rachel Cash.

Email us at Project.ECHO@CareSource.com to get started!! The series runs through July 22, 2025.

Join Us at the Provider Experience Focus Group Meetings

Indiana Medicaid

We invite you to join our Provider Experience Focus Groups, where we will gather your feedback on ways to better support to you.

Below you will see the topics to be covered each quarter. If the topic is not relevant to you, please share this invite with the appropriate staff in your office who have knowledge or experience working with the topic. We include a Question & Answer section to allow time to address any additional topics you would like to cover.

The insights gained can help guide our operational, marketing and strategic decisions to help improve your overall satisfaction working with CareSource.

Space is limited and **registration is required**. For additional information, reach out to ProviderExperiencePanel@CareSource.com.

2025 Schedule with Registration Links

Q1 Provider Focus Group,

Credentialing:

February 21, 2025 at [11:00 a.m. Eastern Time \(ET\)](#)/[10:00 a.m. Central Time \(CT\)](#) and [2:00 p.m. ET](#)/[1:00 p.m. CT](#)

Q2 Provider Focus Group,

Claims:

May 13, 2025 at [11:00 a.m. ET](#)/[10:00 a.m. CT](#) and [2:00 p.m. ET](#)/[1:00 p.m. CT](#)

Q3 Provider Focus Group,

Web Improvements:

September 18, 2025 at [11:00 a.m. ET](#)/[10:00 a.m. CT](#) and [2:00 p.m. ET](#)/[1 p.m. CT](#)

Q4 Provider Focus Group,

Emergency Room Usage:

December 10, 2025 at [11:00 a.m. ET](#)/[10:00 a.m. CT](#) and [2:00 p.m. ET](#)/[1 p.m. CT](#)



90-Day Provision

Indiana Medicaid

Medicaid recipients may have other insurance, and in most instances, claims must first be submitted to the primary insurance carrier. In the event the primary insurance carrier fails to respond within 90 days of the claim submission date, Health Partners may submit the claim to CareSource for payment consideration. Attempts to bill the third-party must be demonstrated as follows:

Items to be included with claim submission:

- Copies of unpaid bills or statements sent to insurance company
- Written notification from the Health Partner, indicated billing dates and explanation why the third-party failed to respond within 90 days

Claim note documentation must include:

- Date of filing attempt
- The phrase, “No response after 90 days”
- Indiana Health Coverage Programs (IHCP) Member ID
- Provider’s National Provider Identifier (NPI)
- Name of primary insurance billed

Returning Overpayments to CareSource



Providers are required to report and return any overpayment within 60 days after identification. An overpayment is defined as any funds a provider receives from Medicare or Medicaid to which the person is not entitled. There is no minimum monetary threshold for returning an overpayment. The 60-day time period for reporting and returning begins when the overpayment is identified, or the provider is informed of the potential overpayment.

If you have received an overpayment from CareSource, please complete the [Overpayment Recovery Form](#) or [Claim Refund Check Form](#) within 60 days.

For further assistance, please contact Provider Services at **1-844-607-2831** for Medicaid or **1-833-230-2101** for Marketplace.

New Year, New Rewards!

Indiana Medicaid

This year, we have consolidated the Babies First and Kids First programs into one program called CareSource MyKids. This program will allow for a better member experience and one time registration from birth through 17 years of age. Once the member ages out of CareSource MyKids, they will be automatically enrolled in the MyHealth program. For current members of the Babies First and Kids First programs, they were automatically enrolled in CareSource MyKids. For new members, each child in a family will need to be enrolled into the CareSource MyKids to earn rewards.

Learn more about the [Rewards programs](#) today! You will find the reward amount, incentives, and CareSource MyKids [registration form](#).



Indiana Marketplace

As a reminder, we reward your patients for completing healthy activities throughout the year. Our CareSource MyHealth rewards program is designed for members 18+ and reward members for completing healthy activities such as chlamydia screenings, breast cancer screenings, colorectal cancer screenings, and diabetic screenings.

- Registration is not required. Members are automatically enrolled.

Learn more about the [Rewards programs](#) today! You can find the reward amount, incentives, and much more!



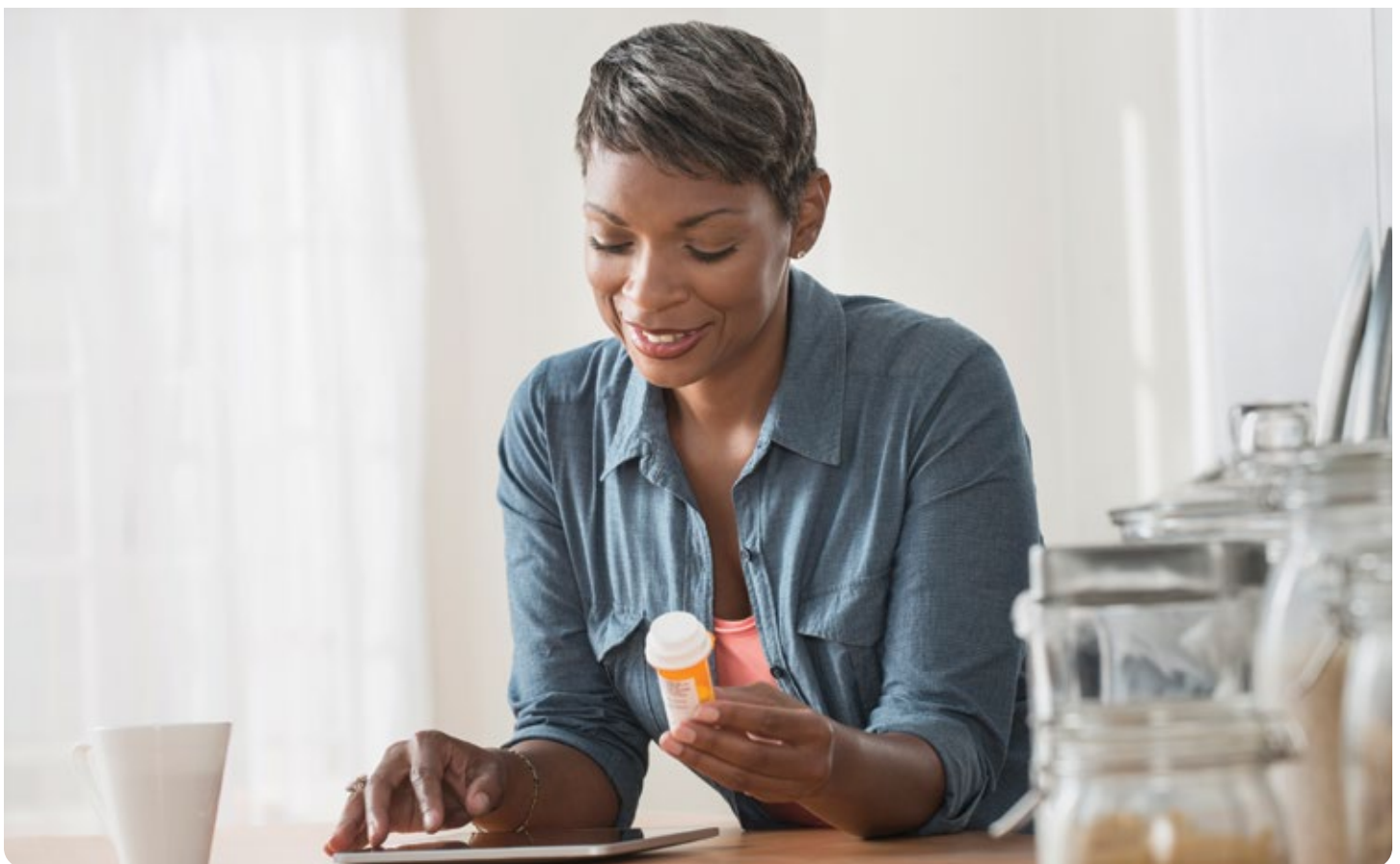
Pharmacy Updates for Medicaid and Marketplace

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.

Medication Adherence

Over 50% of adults don't take their medications as prescribed, which can lead to poor health outcomes and more hospital visits. Technology is changing health care by providing tools such as electronic pill bottles and remote monitoring devices that help patients follow their medication schedules. These tools can help improve adherence and identify patients who might be at risk for nonadherence.

While these tools can improve patient care, they can't replace the crucial role of pharmacists and health care providers in managing medications. Emphasize to your patients the importance of taking their medications as prescribed. Additionally, depending on the medication, your patient might be eligible for a CareSource MyHealth reward. View a list of eligible rewards on [CareSource.com](#) for Marketplace and Medicaid.





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 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 Login](#).

If you are unable to log in to the provider 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.



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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!