



WINTER 2025

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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Chief Medical Officer's Note

Chronic Disease Management and Maternal & Child Health: A Commitment to Care

As we approach the final quarter of the year, I want to thank you for the unwavering dedication you bring to your practice and to the lives of our members. Our shared commitment to advancing their health inspires me daily and together, we have the opportunity to make a profound difference—especially for those patients facing significant barriers outside the clinical setting.

Patient engagement and education are central pillars of effective health care delivery. When patients understand their conditions, treatment plans and the steps they can take to manage their health, outcomes improve and satisfaction grows. I encourage you to empower every patient with clear information, practical resources and ongoing support at every encounter.

- Provide easy-to-understand educational materials tailored to the patient's language, literacy level and cultural context.
- Use teach-back methods to confirm understanding and address any misconceptions.
- Encourage patients to ask questions and express concerns, fostering an atmosphere of trust and partnership.
- Promote the use of our member portals and digital health tools for accessible communication and health tracking.

We know that health is shaped by more than clinical interventions — factors such as housing, food security, employment, education and transportation have a profound impact on outcomes. For patients facing these barriers, engagement and education become even more critical.

- Screen for social drivers of health during visits using validated tools to identify issues that may affect care or adherence.
- Integrate conversations about social needs into routine care, helping patients feel seen and supported beyond their medical diagnoses.
- Connect patients to community resources, social services or case management support whenever gaps are identified.

Together, we can help every patient, especially those who are most vulnerable, feel empowered to take charge of their health and well-being.

Thank you for your exceptional care and for your role as a trusted advocate for our members. Your partnership is vital as we work to break down barriers and build a stronger and healthier future for all.

With gratitude,

Dr. Beena Joseph

Vice President, Market Chief Medical Officer – CareSource Indiana



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:

- [Save the Date: Behavioral Health Live Orientation](#)
- [Save the Date: Live Provider Orientation](#)
- [Pre-eclampsia Resources Now Available!](#)

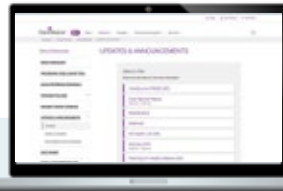
Network notifications can be accessed at **CareSource.com** > Providers > [Updates & Announcements](#).

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](#).

Preferred Drug Lists and formulary updates can be found here:

- [Medicaid](#)
- [Marketplace](#)

Notices are posted 60 days in advance of changes. Reminder - CareSource follows the Indiana Medicaid Statewide Uniform Preferred Drug List (SUPDL).



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](#).

Monthly Coding Corner: Hyperlipidemia Associated with Type 2 Diabetes Mellitus

Welcome to this Month's Edition of the Coding Corner!

In our ongoing effort to keep you informed about ICD-10 coding best practices and updates, we'd like to highlight a recent coding clinic Third Quarter, 2025 published by the American Hospital Association (AHA) focusing on hyperlipidemia associated with type 2 diabetes mellitus.

Understanding the relationship between hyperlipidemia and type 2 diabetes is crucial for accurate coding and patient management. A common question is whether hyperlipidemia is classified as a specified diabetic manifestation. The answer is no; hyperlipidemia is a separate condition associated with type 2 diabetes.

For accurate documentation, health care providers should assign:

- E11.69: Type 2 diabetes mellitus with other specified complication
- E78.49: Other hyperlipidemia

It is essential that documentation establishes a cause-and-effect relationship between the two conditions, often indicated by phrases such as "due to" or "associated with." Code E11.69 is for diabetic complications that lack a specific code, while E78.49 captures the distinct hyperlipidemia.

For reference, this coding can be found in the Alphabetic Index under:

- Hyperlipemia, hyperlipidemia
 - Specified NEC E78.49

Accurate coding is vital for effective patient care and management.

Accessing Tip Sheets for Help with Medical Prior Authorization Cases

As a reminder – you can access tip sheets on the **CareSource Provider Portal!** Please follow the instructions below:

Log in to your Provider Portal account. Along the left side of the home page is a dropdown menu. Select *Providers*.

A dropdown list will appear. Select

Prior Authorizations and Notifications

You will be redirected to the Prior Authorization and Notifications page. Under the heading,

Using CareSource Provider Portal Prior Authorization

there is a bulleted list of links to help you access features of CareSource's Provider Portal Prior Authorizations.

Bulleted Links include, but are not limited to, market-specific tip sheets for

Request for Change or Request for Case

and

How to Check Authorization Case Status

MEMBER SEARCH +
CLAIMS +
MEMBER REPORTS +
USERS +
PROVIDERS +
ASSESSMENTS +

For questions or concerns, reach out to Provider Services at
1-844-607-2831 (Medicaid) or
1-833-230-2101 (Marketplace).

False Claims Act Facts

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 presents a false or fraudulent claim for payment
- Knowingly uses a false record or statement to get a claim paid
- Conspiring with others to get a false or fraudulent claim paid
- Knowingly uses 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 if a health care provider, such as a hospital or a physician, knowingly billed for services that were never performed; resulting in overpayment of the claim using Medicaid or Medicare dollars.

Using the FCA you 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](#).

Newborn Respiratory Syncytial Virus (RSV) Update

Respiratory Syncytial Virus (RSV) 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. There are four different injections to help avoid severe cases of RSV. Abrysvo, an RSV vaccine, can be administered to pregnant people between 32-36 weeks of pregnancy. This can help prevent severe RSV lower respiratory tract infections in their newborns.

Nirsevimab (Beyfortus), Cesrovimab (Enflonsia) and Palivizumab (Synagis) are 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 Abrysvo 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. Please note, Synagis will discontinue on 12/31/2025 and should only be given if there is enough supply to last the full RSV season. Refer to the Center of Disease Control (CDC) website for antibody recommendations, administration timing and high-risk population criteria.



Biosimilars: Basics for Providers

What is a biologic drug?

Biological products, also known as biologics, are drugs made up of large, complex molecules made from living sources. These sources may include bacteria, yeast or animal cells, and as a result, they may vary slightly from batch to batch due to inherited differences in the living organism. The manufacturing process for biologics is more complex than non-biologics due to the need for more extensive purification and processing. Some examples of biologics include insulin, Humira (adalimumab), Remicade (infliximab), and certain vaccines.

What is a biosimilar drug?

Biosimilar drugs are biologics that have no meaningful differences when compared to a reference product, or a biologic medication already approved by the FDA. They are made from the same living organisms as the reference products, and they have the same safety and effectiveness as the reference product over the course of treatment.

What is an interchangeable biosimilar?

Interchangeable biosimilars are biosimilar drugs that are proven to demonstrate the same clinical result as the reference product without increased risks. Pharmacists can substitute interchangeable biosimilars for the reference product without the intervention of the prescriber (within state regulations). Not all biosimilars are interchangeable.

How do biosimilars come to market?

The process for bringing a biosimilar product to market is complex, impacted significantly by United States policies on the federal, state and regional (payer) levels. Delays are caused by questions about reimbursement, pricing and how the FDA labels the products (e.g. interchangeability). Additionally, biosimilars are often delayed by litigation conducted by the manufacturers of reference products against manufacturers of biosimilars. These issues can also cause delays in care due to the need for different provider orders, patient and provider education, and costs differences for the patient.

Where can I find more information about biosimilars?

The FDA's Purple Book database has information on all FDA-approved biologics, including a search engine that can be used to find all biologics with the same reference product:

- [Purple Book Search](#)
- [Federal Drug Administration](#)

How can I address patient questions about biosimilars?

The FDA has patient education materials on their [website](#).

Key Provider Takeaways

- Coverage and availability of biosimilars may vary. Always check the member's drug formulary to confirm status.
- Biosimilars are FDA-approved to be as safe and effective as their reference biologics, providing the same clinical outcomes.
- Biosimilars often launch at 15-35 percent lower prices than their reference biologics, although in many cases, especially over time, sustained competition has driven discounts of 50 percent or more.
- Refer to the FDA's Purple Book for information on each biosimilar.

References:

1. U.S. Food and Drug Administration. Biosimilars: More Treatment Choices. Silver Spring (MD): Food and Drug Administration; 2021 [cited 2025 Aug 15]. Available from: www.fda.gov/media/154917/download?attachment
2. U.S. Food and Drug Administration. Biosimilars: Overview for Health Care Professionals. Silver Spring (MD): Food and Drug Administration; 2018 [cited 2025 Aug 15]. Available from: www.fda.gov/drugs/biosimilars/overview-health-care-professionals
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4. Pfizer Inc. 5 Things Worth Knowing About Biosimilars and Interchangeability. New York (NY): Pfizer; 2022 [cited 2025 Aug 15]. Available from: www.pfizer.com/news/articles/5_things_worth_knowing_about_biosimilars_and_interchangeability
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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.



Medication Adherence and the Role of the Practitioner

Non-adherence to medication is a health care challenge that can lead to further health complications and increased costs. It is estimated that three of four Americans do not take their medication as directed and that poor medication adherence costs the U.S. health care system nearly \$300 billion annually.

There are many reasons for non-adherence to medications. Some patients may be fearful of side effects while others may forget to take their medication. Patients struggling to afford their medications may skip doses or take less than prescribed. The importance of taking medication as directed may not be understood which can ultimately lead to non-adherence.

Providers can help their patients establish better medication adherence practices by:

- Reviewing medications with patients at each visit. Good questions to ask include:
 - Are they experiencing any side effects?
 - How are they taking their medications?
 - Are they refilling medications appropriately?
- Providing education about the reason for prescribing medications
- Discussing goals of medication and importance of adherence
- Discussing and attempt to resolve any barriers regarding cost or side effects

Medication non-adherence is a complex issue that can be challenging for patients to overcome on their own. Support from providers can improve medication adherence and patient well-being overall.

Sources:

1. <https://www.heart.org/en/health-topics/consumer-healthcare/medication-information/medication-adherence-taking-your-meds-as-directed>
2. Brown MT, Bussell JK. Medication adherence: WHO cares. Mayo Clinic Proc. 2011;86(4):304–314. doi:10.4065/mcp.2010.0575
3. Barrus K. Case Study: Medication Adherence & Member Compliance. New Initiative to Improve Outcomes. Selecthealth. 2019

New Year, New Beginnings: Set goals to stay healthy and get rewarded!

The end of the year and the beginning of a new one are significant moments that offer opportunities for reflection, gratitude and especially goal setting. With many wanting to improve their mental and physical well-being, there is no better time than the new year to remind our members about the Reward programs. Below are some Reward programs that members can take advantage of today:

MyHealth: Adults 18+, Members are automatically enrolled;

How it works: Once the healthy activity is completed, we will process the claim and add the rewards to the member's MyHealth account. The points can be redeemed for electronic gift cards to retailers like Walmart, T.J. Maxx, Panera and much more.

MyKids: Newborn through 17 years old, Each child must enroll

MyHealth: Adults 18+, Marketplace members are automatically enrolled:

How it works: Once the healthy activity is completed, we will process the claim and add the rewards to the member's Rewards Card. The Rewards Card can be used to purchase everyday items at approved S3 retailers.

To learn more, please visit our CareSource Website:

[Rewards | Indiana – Medicaid | CareSource](#) and
[Rewards | CareSource](#) (Marketplace members)

Thank you for your continued partnership. Let's continue to embrace the wins and foster the connections with our members.

Now Available: Health Needs Assessment in CareSource MyLife

Completing the Health Risk Screening has never been easier. Members can now complete their Health Needs Screening for themselves or their children or dependents directly through their CareSource MyLife account or by visiting MyLife. CareSource.com/Assess, where they will need to enter their first and last name, date of birth and member ID number.

Encourage your members to complete their Health Needs Assessment today. The sooner they complete it, the sooner we can connect them with the right resources, support, and care that match their unique needs. Plus, members might earn rewards when completing it.

Visit MyLife.CareSource.com/Assess to help members get started.



Indiana Pregnancy Promise Program (IP3) Expansion

Expansion Items for IP3:

- **Grant-Funded State Program:** IP3 is a state program funded by grants aimed at supporting pregnant mothers.
- **Target Population:** Designed specifically to assist pregnant moms who have current or past Substance Use Disorder (SUD), focusing on high-risk pregnancies.
- **Program Expansion:** Effective July 1, 2025, the IP3 program will expand to include all SUDs, broadening the reach and support for more mothers.
- **Comprehensive Support:** IP3 Care Managers (CMs) provide continuous support to mothers throughout their entire pregnancy and assist both mother and baby for up to 12 months postpartum.
- **Caseload Management:** Case Managers are capped at a maximum caseload of 50 mom and baby dyads to ensure quality support and individualized care.
- **Consent Requirement:** Members must provide consent to participate in the program through self-disclosure.
- **Enrollment Period:** Members can enroll in the program anytime during pregnancy and up to 90 days postpartum.
- **Verbal Opt-Out:** Members have the option to verbally opt out of the program at any time they choose.
- **Resource Connection:** CMs support members by connecting them with various resources, including support groups, child vouchers (subject to income requirements), SUD treatment, OUD therapy, reproductive health resources and social drivers of health (SDOH) resource needs.
- **Rewards for Participation:** FSSA provides rewards to members through the IP3 program. Members who qualify and enroll may receive up to \$100.

Urgent Call to Action: Protecting Vision Health

Important Reminder: Annual Diabetes Eye Exams are Covered Under Medical Benefits!

The American Diabetes Association (ADA) recommends annual screenings for patients with diabetic retinopathy, while those without can schedule exams every two years. **Great news for your patients who are CareSource members:** They are eligible for one annual diabetes eye exam as part of their medical benefits — **no additional vision coverage required!**

Encourage your patients to take advantage of this benefit to safeguard their vision and ensure timely detection of any potential issues.

Key Steps to Implement:

- **Use Accurate Coding with Claims:** Proper coding is vital for identifying members who need eye exams, regardless of retinopathy status.
- **Optimize Workflow:** Correct coding minimizes medical record requests and enhances overall efficiency.
- **Enhance Care Coordination:** Providers make Ophthalmology referrals, encourage Vision Providers to share exam results and upload findings into the patient's medical record.

Empowering Patients

Download the printable CareSource [Diabetes Care Activity Tracking Chart](#) to help patients manage their diabetes and eye health. For members in Indiana, Wisconsin, and West Virginia, CareSource rewards members for completing screenings that may include the annual diabetes eye exam, accessible via the [CareSource MyLife account](#).

Together, let us make vision a priority!

Get Rewarded for Your Commitment to Continuing Education



CareSource recognizes our responsibility to provide educational resources that support our providers' and other community partners' ability to deliver effective and culturally appropriate care, helping us reach our goal to reduce and eliminate the barriers in health care access and optimal health outcomes that adversely affect our members.

Earn continuing education credits when you participate in the **free** activities made available to CareSource providers through our partnership with CME Outfitters.

Visit the [Addressing Access to Health Care Hub](#) to begin taking actionable steps toward mitigating barriers to accessible health care and earn 10+hours of free **CME/CE credit!**

Additional Resources:

- [CMS Webinars and Trainings](#)
- U.S. Department of Health and Human Resources (HHS) [Think Cultural Health](#)
- [CareSource Education Hub - CME Outfitters Medical Education](#)



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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](https://www.caresource.com) > Members > Education > [Newsletters](#).

Thank you for your partnership!

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Hoosier Heartbeat Award Winner

Please join CareSource to congratulate Dr. Tyler Kimmel, Chief Dental Officer at Neighborhood Health.

Since June 2013, Dr. Kimmel has driven remarkable growth in the dental department. Under his leadership, the organization expanded to a second location and most recently opened the Neighborhood Health Oxford Project in June 2025, featuring a state-of-the-art, sensory-inclusive dental clinic for patients with special needs. His team serves thousands monthly, with dental visits increasing from 14,653 to 17,085 in 2022. Dr. Kimmel oversees a dental sealant outreach program impacting thirty-five schools and 2,000 students annually, earning Neighborhood Health a 2021 Indiana Primary Health Care Association award for reaching 75% of eligible 6-9-year-olds. He also launched an IU School of Dentistry internship program, training forty interns yearly in integrative healthcare. A 2013 IUSD graduate with high distinction, Dr. Kimmel is active in the Isaac Knapp, IDA and ADA, serving on subcommittees and delegations. He has volunteered with the IDA and served on the Indiana Primary Health Care Association and Isaac Knapp District Dental Society boards. In 2023, he received the Charles W. Gish Award from the Indiana Dental Association for his leadership and community involvement in the field of dentistry. Dr. Kimmel exemplifies the CareSource mission, "To make a lasting difference in our members' lives by improving their health and well-being."