

FALL 2018

PROVIDER *Source*

A Newsletter for CareSource® Health Partners



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 **CareSource**®



FROM THE MEDICAL DIRECTOR:

Did you know that there are currently over 20,000 children in the foster care system in Indiana? Indiana's rate of children in out-of-home care is about 13 children per every 1,000 children in the state, which is twice the national average.¹ The recent increase in children in foster care can be largely attributed to the devastating consequences of opioid use.

The health care needs of these children are tremendous. Physical, mental, developmental, educational and dental challenges are common. The majority of young children entering the foster care system have at least one chronic physical health condition. Moreover, developmental disorders and behavioral health conditions are prevalent and pose an even larger challenge to the placement and care of these youth. These behavioral health conditions are frequently exacerbated by the trauma of their circumstances, including abuse, neglect, parental substance abuse and multiple foster care placements. Studies have demonstrated that as the number of Adverse Childhood Experiences (ACEs) increase, so does the risk of chronic adult medical conditions, risky health behaviors and early death.

Foster youth are far less likely to receive the necessary physical, dental and behavioral health services that are necessary for their good health.² The American Academy of Pediatrics recommends that every child in foster care receive an initial health screening, a comprehensive medical and dental assessment, a developmental and mental health evaluation and ongoing primary care and monitoring of health status. Care should be well-coordinated

and include adequate communication between providers, the foster family and the child welfare agency. Tools to help with the necessary assessment and care of foster youth can be found at aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Primary-Care-Tools.aspx. The majority of children in foster care are eligible for Medicaid, which typically covers necessary screening, diagnostic and preventative physical and dental services as well as necessary treatment. We, as providers, must be aware of the unique needs of this population and work closely with foster families to provide support and care necessary for these children to thrive.

Cameual Wright, M.D., MBA
Medical Director, Indiana

¹ in.gov/dcs/files/IndianaEvaluationReportCWGFinal.pdf

² American Academy of Pediatrics Committee on Early Childhood, Adoption, and Dependent Care. Health Care of Young Children in Foster Care, *Pediatrics* 2002; Volume 109, pages 536-541.

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 if a provider, such as a hospital or a physician, knowingly "upcodes" or overbills, 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. Whistleblowers can receive from 15 to 30 percent of the proceeds of the action or settlement. For free education materials created by Health and Human Services-Office of Inspector General (HHS-OIG) on the FCA and other federal fraud and abuse laws

visit oig.hhs.gov/compliance/physician-education/index.asp. You can report fraud, waste and abuse to CareSource Special Investigations Unit by:

- Calling Health Partner Services at 1-844-607-2831 and selecting the menu option for reporting fraud; or
- Writing us a letter or completing our Confidential Fraud, Waste and Abuse Reporting Form and sending it to:

CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following means to contact us:

Email fraud@caresource.com; or
Fax 1-800-418-0248

If you choose to remain anonymous we will not be able to call you back for more information, so leave as many details as possible including names and phone numbers. Your report will be kept confidential to the extent permitted by law.



We have answers to some common questions you have asked about CareSource's operations and processes.

Payment Disputes

- You can submit a payment dispute if you disagree with the amount of reimbursement received. This is different than disputing a denied claim or submitting an appeal.
- A claim payment dispute is defined as a claim that involves an underpayment not including line or claim denials. Please contact your CareSource Health Partner Engagement Specialist if claims are not paying the correct rate according to your contract.
- If you identify an overpayment, please submit via the Claims Recovery Request tool on the CareSource Provider Portal.

Timely Filing

Timely filing is the time range from the date of service in which CareSource will accept a claim.

Claims submitted after the timely filing period will be denied. Time ranges depend on your state.

Appeals

When you submit an appeal, you are asking CareSource to review a claim decision. Appeals may be submitted for claims that have been appropriately adjudicated with all required documentation. You may submit claim appeals by fax, mail or on the CareSource Provider Portal. Time ranges depending on your state.

Update to provider Billing Address Requirements on Claims Effective May 1, 2018, CareSource will no longer accept claims listing a P.O. Box as the provider billing address, in compliance with CMS 5010 billing guidelines.

For questions regarding claim submissions, please contact CareSource's Provider Services at 1-844-607-2831.

Get the Fastest Response to Prior Authorization Requests With Cite® AutoAuth

- Immediate approval or pend status of an authorization
- No initial phone call or fax necessary
- Ability to upload clinical information to support request for authorization

Providers often need a fast response to prior authorization requests. But calling in or faxing a prior authorization request can take time – time that could be better used by starting approved treatments.

Cite AutoAuth provides the fastest response to your prior authorization request. Providers simply enter clinical criteria within Cite AutoAuth to request prior authorization of services. A determination is then made based on the clinical criteria that has been selected – in many cases, within seconds! After you get the prior authorization approval, you can begin treatment. If you have access to the CareSource Provider Portal, you already have access to Cite AutoAuth under Prior Authorization.

Unfamiliar with Cite AutoAuth? Learn more about using Cite AutoAuth by talking with your Health Partner Representative. You can also visit the CareSource Provider Portal at **CareSource.com**. Log in to the portal and select Prior Authorization. You will find information about Cite AutoAuth and how to get the fastest response to your prior authorization request.

Controlling High Blood Pressure (Hypertension)

Hypertension is a major risk factor for cardiovascular disease and other health complications. Adherence to treatment, including taking medications, has a significant impact on patient outcomes. CareSource works closely with our members to ensure they comply with their treatment plans. Please help us encourage medication adherence for your CareSource patients who have been diagnosed with hypertension.

CareSource recommends nationally accepted standards and guidelines to help inform and guide the clinical care provided to CareSource members. Research endorsed by the American Heart Association (AHA) and Centers for Disease Control and Prevention (CDC) shows system-level adoption of treatment algorithms have significant impact on hypertensive populations. The National Committee for Quality Assurance (NCQA) HEDIS Controlling High Blood Pressure measure looks at members 18 to 85 years of age with a diagnosis of hypertension. Control is defined as:

- Members 18 to 59 years of age whose blood pressure (BP) was <140/90 mm Hg.

- Members 60 to 85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg.
- Members 60 to 85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg.

Please remember to document the following in the patient's medical record:

- Diagnosis of hypertension
- Blood pressure results during every visit
- Treatment plan – including medications

The most recent BP reading taken and recorded during the measurement year is used for HEDIS purposes. If multiple readings occur during a single visit, the lowest systolic and lowest diastolic will be used to determine BP control. Record all readings taken during a visit. If initial BP reading is high, we strongly encourage providers to take a second reading.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



It's Back-to-School Time – Well-Child Care

Well-child exams play a key role in preventive care for children and adolescents. CareSource recommends the American Academy of Pediatrics (AAP) guidelines to inform and guide pediatric care provided to our members. Visit aap.org/en-us/Documents/periodicity_schedule.pdf to view the guidelines.

School sport physicals are a great time to perform well-child checkups, as they may be one of the few opportunities to do so throughout the year. You can also perform annual well-child checkups during an acute-care visit.

CareSource supports the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) protocols for CareSource pediatric members

Behavioral Health Webinars

The Care4U Behavioral Health Team is happy to announce our upcoming provider education webinars. We have partnered with Wright State University and will offer Continued Medical Education Credit (CME's) for the participating Primary Medical Care Provider (PMP's) attendance. The webinars will be offered to our Indiana Medicaid and Marketplace primary medical providers (PMPs) and other provider specialties. The webinars are designed to train health partners to identify and treat members with behavioral health disorders and on when and how to refer members for behavioral health treatment. In addition, we will educate our providers on the cultural competencies when treating populations such as Burmese, Foster Care and Criminal Justice Re-entry.

There are six webinars that will take place from September 2018 to January 2019. These webinars will be held once a month during the lunch hour. Each webinar will cover a different behavioral health topic, including:

- **Autism**, by Dr. Christina Weston on September 26, 2018.
- **Attention-Deficient Hyperactivity Disorder (ADHD)**, by Dr. Michael Wilson on October 17, 2018.
- **Trauma-Focused Care**, (ACE Study), by Dr. Lori Desautels on November 14, 2018
- **Depression**, by Dr. Mark Reynolds on December 13, 2018.
- **Cultural Competencies** (Re-entry, Burmese, and Foster Care), by Dr. Cameual Wright, Naw Phaw and Angel R. Knapp on January 16, 2018.

Addressing Behavioral Health Needs of Your Patients

enrolled in Medicaid. The EPSDT benefit is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of the EPSDT benefit is to assure that individual children get the health care they need, when they need it. The EPSDT benefit also covers medically necessary diagnostic services.

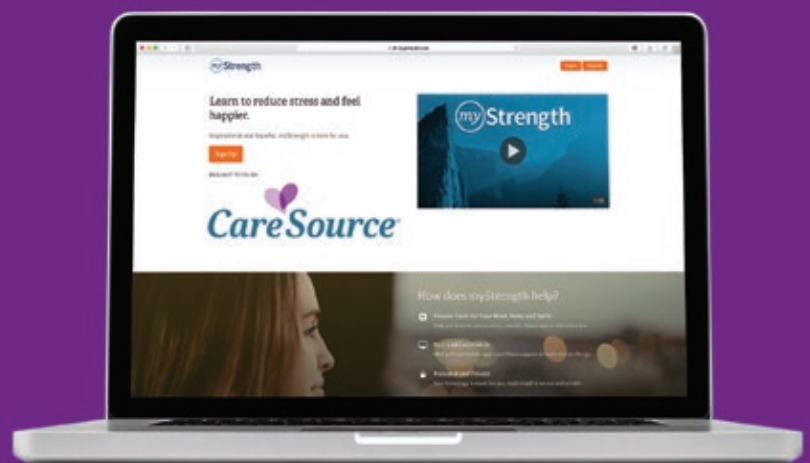
Don't forget to remind your patient about vaccinations during their visit. Back to school visits are a great time to think about vaccinations! Regular vaccinations can prevent serious diseases. CareSource follows the CDC recommended immunization schedule at cdc.gov. **View the vaccines tab under Healthy Living.** If you are a Vaccines for Children (VFC) provider, please submit claims for the immunization administration. CareSource pays for the administration of the vaccine.

In addition to the educational webinars, we're offering poverty simulations to our providers in the fall of 2018. The poverty simulation is an experiential learning activity co-designed with low-income individuals who shared their stories to give participants a glimpse into the lives of individuals and families living in poverty in our community. Captured in the experience is the role that the broader community plays in the lives of low-income families and the obstacles that are faced, the decisions that are made and the consequences that impact these families every day.

We are very excited about bringing these educational opportunities to our providers!

As more members understand the value of visiting a health partner, it is especially important to obtain a psychosocial history of your patients, including situations that may have impacted their health such as incarceration, drug use or trauma. These past experiences may have put the member at a higher risk for behavioral health conditions, inappropriate use of medications, HIV, Hepatitis C or other chronic health conditions.

CareSource offers myStrength – a free, customizable web and mobile tool to foster the mental health and well-being of our members who are experiencing depression/anxiety, chronic pain, sleep challenges, stress and more. We encourage you to share this evidence-based tool with your CareSource patients who are 13 years or older to help self-manage their needs between appointments. Members can visit mystrength.com/r/caresource and create an account to view the tools and information. To facilitate their appointments, patients could bring a record of their myStrength tracking logs such as emotional health, alcohol use, exercise, pain or sleep. You can also use myStrength as an adjunct to treatment by having patients review educational modules on a specific concern as part of the patient's self-management plan.





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So Much More Than Health Insurance

At CareSource, we know you want to provide the best possible care to your patients. Did you know that we offer extra resources to our members so they can more easily access benefits and understand their coverage?

- **CareSource24, Nurse Advice Line** – When your office is closed, members can still talk to a health care professional 24 hours a day, seven days a week by calling CareSource24®, our nurse advice line.
- **Medication Therapy Management** – CareSource partners with you to help your patients use their medications appropriately.
- **CareSource Mobile App** – We help members manage their care on the go with the free CareSource mobile app. Our app empowers them to easily access the information they need for appointments.



PARTNER with
Purpose