



SPRING 2019

PROVIDER *Source*

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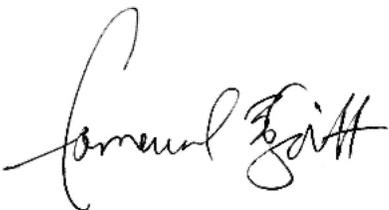
FROM THE MEDICAL DIRECTOR:

The Impact of Infant Mortality in Indiana

Governor Eric Holcomb recently unveiled his 2019 Next Level Agenda, outlining several measures to improve the health and well-being of Indiana mothers and infants. His plans include establishing an obstetrics navigator pilot program and requiring providers to verbally screen pregnant women for substance use disorder.

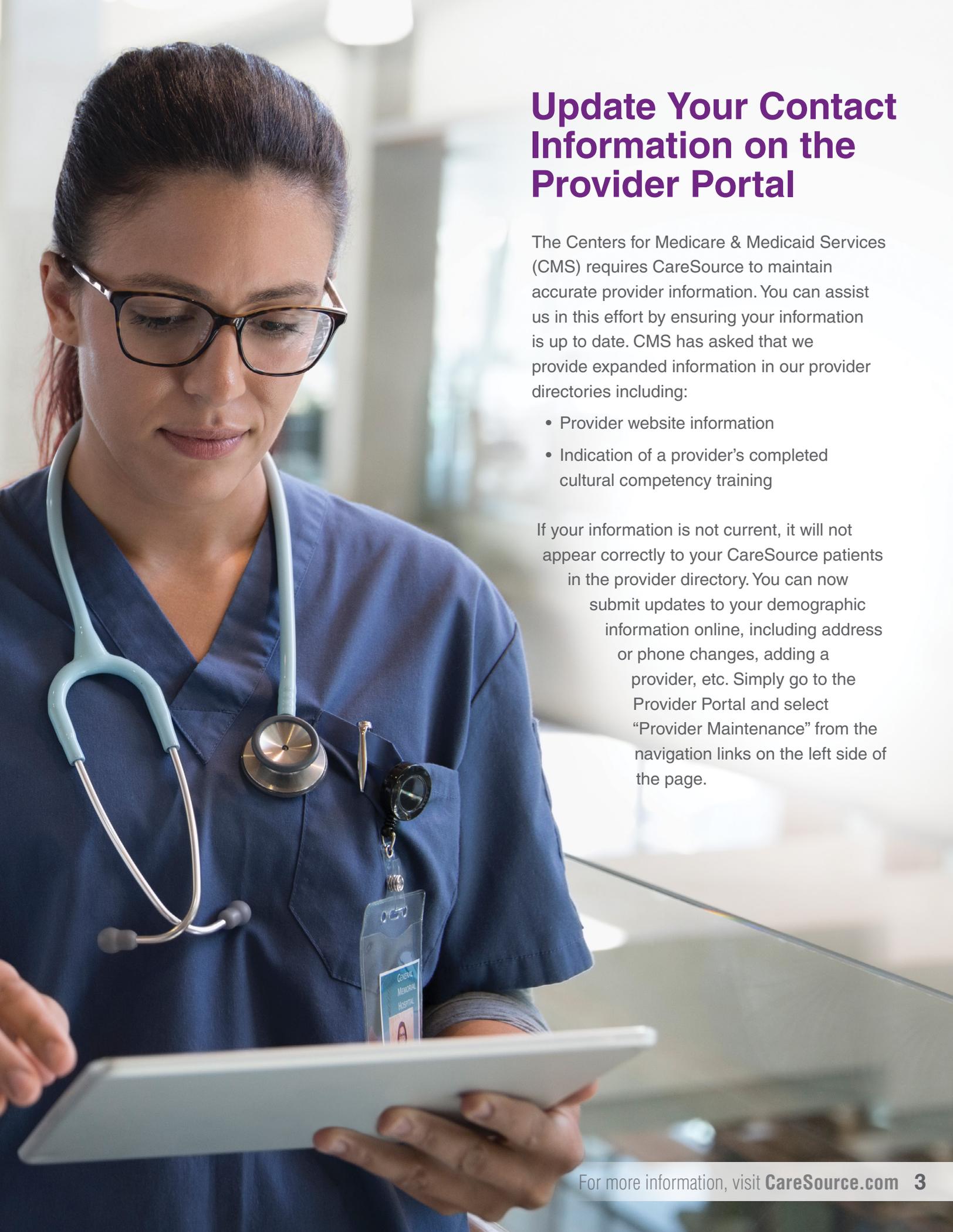
Why should the health of mothers and babies be at the top of the state's priorities? Because the infant mortality rate is a predictor of population health, and according to the numbers, Indiana's population is ailing. Indiana is ranked near the bottom of the nation for infant mortality. Health disparities exist and black babies die at a rate twice that of white babies. The leading causes of infant death include prematurity, low birthweight, sudden infant death syndrome, birth defects, accidents and maternal pregnancy complications.

Governor Holcomb has set a target for Indiana to have the lowest infant mortality rate in the Midwest by 2024. To do so, it is imperative that we improve the overall health of women of child-bearing age. Reducing infant and maternal mortality will require a steadfast, cross-functional community effort to improve the access and availability of quality care, reduce the incidence of smoking and substance use, recognize and respond to emergencies efficiently and effectively and educate moms on safe infant care.



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





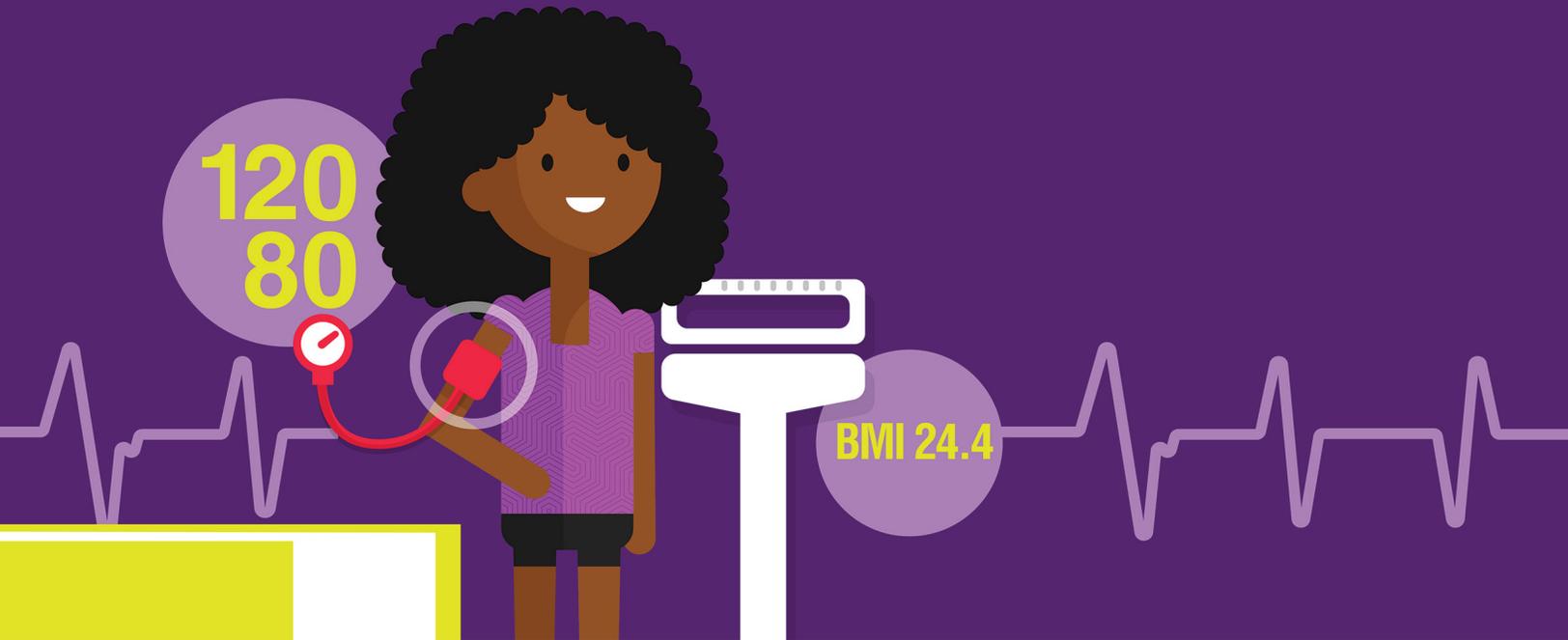
Update Your Contact Information on the Provider Portal

The Centers for Medicare & Medicaid Services (CMS) requires CareSource to maintain accurate provider information. You can assist us in this effort by ensuring your information is up to date. CMS has asked that we provide expanded information in our provider directories including:

- Provider website information
- Indication of a provider's completed cultural competency training

If your information is not current, it will not appear correctly to your CareSource patients in the provider directory. You can now submit updates to your demographic information online, including address or phone changes, adding a provider, etc. Simply go to the Provider Portal and select "Provider Maintenance" from the navigation links on the left side of the page.

Changes to Controlling High Blood Pressure Measure



In July 2018, the National Committee for Quality Assurance (NCQA) released new technical specifications for the 2019 edition of the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is one of health care's most widely used performance monitoring and improvement tools. Performance is monitored through the collection and analysis of data generated by the clinical care patients receive from their health care providers.

The National Committee for Quality Assurance (NCQA) has revised the HEDIS Controlling High Blood Pressure measure to reflect a new blood pressure target of <140/90 mm Hg for all adults age 18–85 with hypertension. This change was made to better align the measure with updated clinical recommendations. To be included in the measure, a member must now have two diagnoses of hypertension over the course of the measurement year and/or the year prior. NCQA has also updated

the data collection approach to support more claims data methods to collect the measure data and added telehealth encounters to satisfy certain components of the measure.

A Quick Look at the Measure:

HEDIS Controlling High Blood Pressure (CBP) Measure.

Target Blood Pressure

<140/90 mm Hg for all adults 18-85 with hypertension

HEDIS Compliant Codes

Blood Pressure CPT II: 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

In an outpatient or remote blood pressure monitoring setting

Remote Blood Pressure Monitoring CPT: 93784, 93788, 93790, 99091

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

How Can I Help Improve Health Care Communication?

Prior member consent is required to disclose sensitive health information, a subset of protected health information. Impacted conditions include Substance Use Disorder (SUD), Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), Sexually Transmitted Infections (STIs), genetic testing results, and communicable diseases that pose a health danger. Consent requirements are based on federal and state requirements.

For SUD, federal rule 42 CFR PART 2 exists to encourage people to engage in substance use treatment without fear of legal prosecution. This rule:

- Is commonly called “Part 2”;
- Is part of the Code of Federal Regulations;
- Pertains only to drug and alcohol treatment;
- Restricts disclosure of records by a Part 2 provider (any entity that “provides alcohol or drug abuse diagnosis, treatment, or referral for treatment”) and redisclosure of records received from a Part 2 provider; and
- Is more stringent than HIPAA privacy rules.

To secure appropriate consent, members are encouraged to complete the Member Consent/HIPAA Authorization Form which allows their providers to effectively communicate and coordinate care. Find this form at: <https://secureforms.caresource.com/en/HIPAA/IN/Medicaid>.

Your CareSource members’ current consent status can be found on the Provider Portal at: <https://providerportal.caresource.com>. Search for the patient using the Member Eligibility option.

If you have questions, contact Provider Services Monday through Friday, 8 a.m. to 6 p.m, at **1-800-607-2831**.

Reviewing Drug Testing Policy

Monitoring for controlled substances to detect the use of prescription medication and illegal substances, for the purpose of medical treatment, plays a key role in the care of your CareSource patients with chronic pain and substance-related disorders. CareSource asks that providers familiarize themselves with the CareSource drug testing medical policy to ensure that the ordering of drug testing and billing are compliant.

The policies are located on **CareSource.com**, under the Providers menu, Tools and Resources, Provider Policies. From the policy page, select the appropriate line of business, and go to Medical policies, Drug Testing policy. The drug testing policy outlines requirements and criteria for billing drug testing appropriately.

Did You Know: Non-Formulary, Brand Name Drugs May Pose Additional Cost for CareSource Marketplace Members?

If you are prescribing a non-formulary, brand name drug when a generic equivalent is available and the request is approved, your CareSource Marketplace patient will be responsible for the difference in cost between the brand name drug and generic plus the applicable copayment or coinsurance. Please be advised this difference can be significant and does not apply to the patient’s maximum out of pocket cost. Please refer to the Evidence of Coverage (EOC) on **CareSource.com** for additional information.

[Safe Opioid Prescribing]



We encourage providers to practice safe opioid prescribing habits. Below are a few main points from the Centers for Disease Control and Prevention (CDC) Opioid Guidelines:

- Non-pharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with non-pharmacologic therapy and non-opioid pharmacologic therapy, as appropriate.
- When starting opioid therapy for chronic pain, providers should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.
- Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed. Many states now limit opioid

prescriptions to no more than a seven day supply. Please refer to your state's Department of Medicaid, Board of Medicine and Board of Pharmacy websites for state specific mandates. Also, please refer to the Preferred Drug List (PDL) and formulary search tool on CareSource.com for CareSource specific limitations.

- Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.
- Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

To improve access to these guidelines, the CDC has developed an app called the "CDC Opioid Guideline App," which is available on Google Play and in the Apple Store. It features a Morphine Milligram Equivalent (MME) calculator and a link to the guidelines. We encourage providers to take advantage of this free tool as we work together to fight the opioid epidemic.

Tips for Working with Criminal Justice-Involved Patients

The United States has one of the highest incarceration rates in the world. One in 25 adults have some type of contact with the criminal justice system (local courts, jail, probation, prison or parole). Whether your CareSource patients are frequently in and out of jail or have been incarcerated for long periods of time, here are some tips for working with the criminal justice involved population:

- Contact your local jail or the prison to find out how to obtain patient medical records. Since incarceration or release from incarceration can affect medication adherence, missed appointments, and result in medicine changes, knowing a patient's history is very important.

- Screen each patient individually for health care competency and chronic conditions.
 - Share the importance of routine check-ups and understanding where to go for care.
 - Make sure they know how to use the pharmacy and obtain refills.

If you are interested in learning more, please visit the SAMHSA GAINS Center www.samhsa.gov/gains-center or the Urban Institute, Justice Policy Center www.urban.org/policy-centers/justice-policy-center and search for “criminal justice and health care”.



Disease Management

In the mailings for asthma, diabetes and hypertension, CareSource uses national guidelines with evidence-based materials to encourage your patients to learn more about their disease and make healthy choices. Self-management and learning is encouraged through participation in online activities as well as in-person classes.

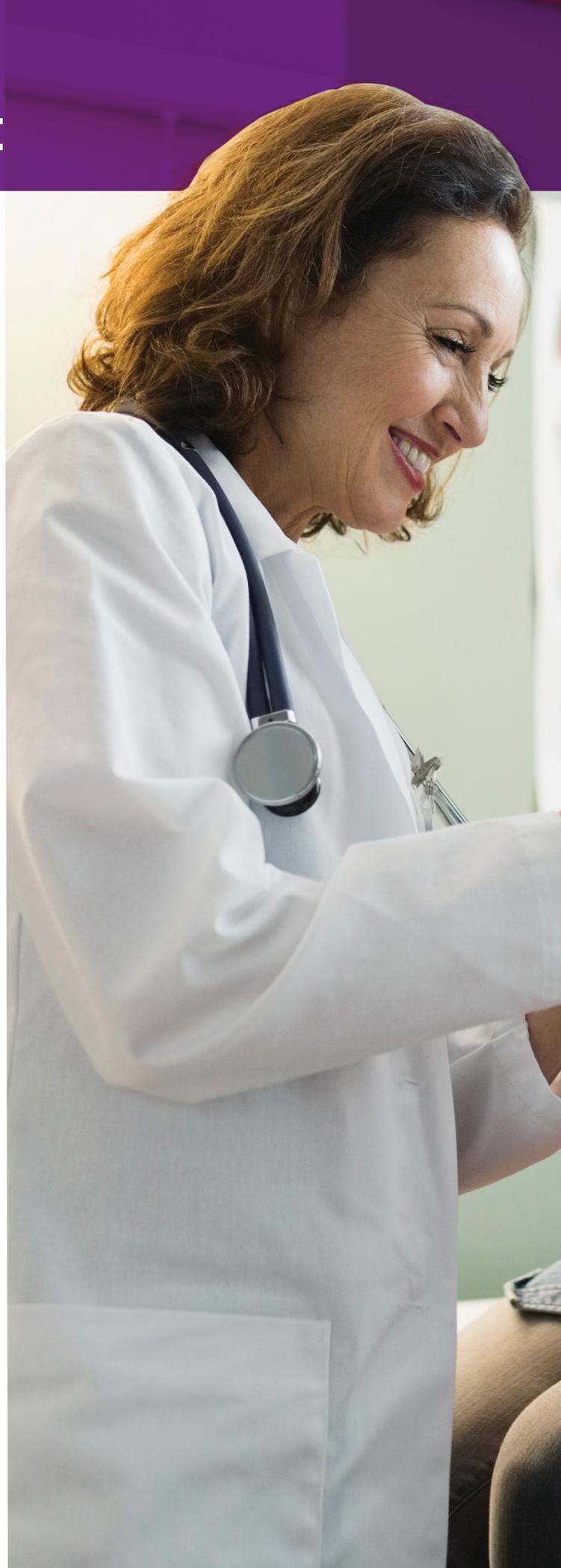
For asthma, we encourage your patients to use the Asthma Action Plan, as well as the use of a long term controller medication.

For diabetes, CareSource stress' HEDIS® measures such as hemoglobin A1C, retinopathy and microalbumin screenings. Any assistance from you, our provider, encouraging classes such as diabetes education and referrals to podiatrists and registered dieticians is also appreciated.

CareSource revised our hypertension curriculum to reflect the American Heart Association's guidelines and evidence-based medicine, emphasizing healthy lifestyle changes and following the recommendations of providers. Your patients may qualify for a home blood pressure monitor as well as a registered dietician referral.

We ask you, our providers, to be cognizant for signs and symptoms of stress and depression. Please promote healthy lifestyle changes (healthy eating, increased physical activity) and positive coping skills (relaxation), as well as making appropriate referrals as indicated.

CareSource offers tips on having a medication routine and taking medications properly. We urge an annual medication reconciliation with the health care professional. We suggest a written summary of the discussion, including an action plan that recommends what your patient can do to manage their medications.





Benefits to Connecting to a Health Information Exchange

CareSource connects to a variety of state and federal health information exchanges (HIEs) in order to improve the care of your CareSource patients. HIEs are organizations that allow healthcare providers and payers to appropriately and securely access and share a member's medical information electronically.

Participation in HIEs provide value for providers and payers in four main areas: costs, efficiency, outcomes and quality. Sharing timely, accurate and actionable data enables continuity of care, preventive care and immediate action for your CareSource patients. We encourage all providers to connect to HIEs in order to take advantage of these benefits.

Please visit www.ihie.org/ for more information.





CareSource and Veterans Health Administration Partnership

In 2019, The Veterans Health Administration (VA) is transitioning administration of the Veterans Choice Program from Health Net Federal Services to TriWest Healthcare Alliance. CareSource has partnered with TriWest to expand the network of providers to veterans seeking care outside of the VA health care system. Veterans will be able to receive a referral from the VA to TriWest to receive care from community providers. CareSource has mailed information to your office with additional details about the program. While CareSource is assisting TriWest with a network of healthcare providers, all referrals, authorizations, and claims will still be administered by TriWest. If you have questions, please call TriWest Healthcare Alliance at **1-866-245-3820**. You may also contact CareSource's Provider Services for any CareSource-specific questions.



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VISIT US

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CONTACT US

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 [Twitter.com/CareSource](https://twitter.com/CareSource)

 [linkedin.com/company/caresource-management-group](https://www.linkedin.com/company/caresource-management-group)

Network Notifications You May Have Missed

CareSource periodically posts network notifications. We strive to make partnering with us simple. We are aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner. Please visit the Updates and Announcements page for more information and more updates.

- CareSource is an existing plan sponsor with CVS Caremark®, as announced on Dec. 5, 2018. As a reminder, CareSource allows a 72-hour emergency supply of a prescribed drug when medication is needed without delay. This applies to all drugs that require a prior authorization (PA) either because they are non-preferred on the Preferred Drug List or because they are subject to clinical edits.
- CareSource performs ongoing reviews of claim data to ensure claims are processed accurately and efficiently and to be consistent with the Indiana Medicaid Program as administered through the Family and Social Services Administration (FSSA), as well as national commercial standards regarding the acceptance, adjudication and payment of claims. The additional claim coding edits listed on the network notification, posted Dec. 4, 2018, have been identified as necessary to comply with correct coding and industry standard guidelines. Please ensure that your claim submissions are in compliance with these edits to avoid delays in claim processing.
- Announced on Nov. 14, 2018, PA criteria for concomitant opioid and benzodiazepine drug therapies extended to managed care.
- Announced on Aug. 21, 2019, CareSource has closed the provider network for HIP and Hoosier Healthwise effective 9/1/2018. Non-par providers will need to request authorization prior to delivering care.
- CareSource will be discontinuing several PO Box numbers. Please refer to the network notification, posted on Nov. 11, 2018, for updates that may affect your market.