SUMMER 2019

PROVIDER*Source*

A Newsletter for CareSource® Health Partners

CareSource®

FROM THE
MEDICAL DIRECTOR:

Review and Authorization of Clinical Services

Our health partners often ask how decisions for the authorization of clinical services are made. At CareSource, we strive to ensure that we provide necessary services to our members that are high-quality, cost-effective and accessible. Our Utilization Management Department monitors the inpatient and outpatient medical care delivered by our network. The department maintains policies, procedures and practice guidelines in accordance with state, federal and National Committee on Quality Assurance (NCQA) accreditation requirements.

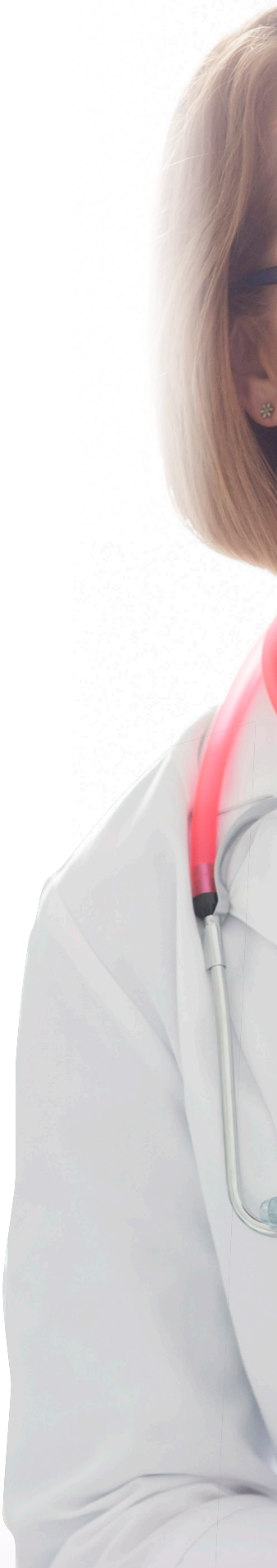
Nationally accepted, evidence-based criteria, in addition to the individual needs of the member, are used to make medical necessity determinations. This criteria is based on current clinical principles and is evaluated and approved annually by both internal and external physicians.

The CareSource reviewer will determine the medical necessity of a requested service based on the following hierarchy:

A. Benefit contract language provided to CareSource by the Office of Medicaid Policy and Planning
B. Federal or State regulations (i.e., Indiana Administrative Code)
C. CareSource Medical, Pharmacy, Reimbursement and Administrative Policies (listed on CareSource.com)
D. Nationally-accepted, evidence-based clinical guidelines (Milliman Care Guidelines)

Adverse determinations are only made by physician reviewers. A same specialty, external clinical review may be requested by CareSource to ensure that the proper determination is made. If an adverse determination is made, providers have to right to request a peer to peer discussion and, subsequently, an appeal of the decision, as outlined in the correspondence provided to both the member and the provider after the decision has been rendered.

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



Important Items for Contract Amendment and Provider Maintenance

When submitting information for contracts, amendments to contracts, and provider maintenance updates, please make sure to double check your information. A simple typo like a transposed number in an address can create major headaches for you down the road! Taking the time to double check your submission and making sure that the forms are complete and all information is provided, will help ensure that your contracts, amendments and provider information is processed efficiently. And it will ensure that your patients have the correct information for your group, practice and practitioners!

After submitting a request for a contract or amendment to a contract through the online Health Partner Contract form, the CareSource Contract Administration team will email your documents back to you for electronic signature. Please do not delay in signing and returning the contract! CareSource strives to get the contract back and signed internally within a week. Please be on the lookout for your documents and return them as soon as possible to expedite your contract application!

Update from Disease Management

Your CareSource patients will be sent quarterly newsletters to help them learn more about their specific conditions.

The information in the newsletters focuses on

- Appropriate utilization/when to call their health care provider
- Preventive care related to HEDIS measures
- Self-management skills
- Importance of medication adherence/ medication check-ups

Your CareSource patients can learn about making healthy lifestyle changes and having a plan to implement when situations arise. We educate your CareSource patients on tests needed to prevent complications as well as discussing topics like depression, stress and anxiety. We encourage needed vaccines, health screenings, dental visits and quality sleep.

Above all, we consider the provider-patient relationship to be the heart of the member journey, and we concentrate our efforts towards enhancing that regular interaction. Your patients should be encouraged to take advantage of ongoing education for specific conditions through hospitals and community-based programs.

Please continue to diligently treat members to achieve control of their condition. Also, make referrals to specialists including podiatrists, registered dieticians, mental health providers, etc.

CareSource may cover your patient's need for special items such as diabetic shoes, home equipment, blood pressure monitors, and inhalers for home and school.

USING THE *Provider Portal* FOR PRIOR AUTHORIZATION SUBMISSIONS

Our Provider Portal is now the preferred method to request prior authorizations for all our Indiana members. Providers can quickly perform many of their job tasks on our portal including:

- Checking member eligibility
- Upload supporting documentation for a prior authorization request
- Receive an immediate approval or pending decision or check a pending request
- Access partnering providers such as NIA Magellan for radiology and Novologix for specialty pharmacy

Training for general use of the portal is available twice a month or individual training can be scheduled by request. Contact us by email at CiteAutoAssistance@CareSource.com for more information about registering for the portal, to sign up for one of our training sessions or if you have any questions.


ALEX JONES M.D.

Indiana Medicaid Behavioral Health Profile

On a nightly basis, CareSource sends a behavioral health profile to the assigned primary medical care provider (PMP) on file with us. This profile lists the physical and behavioral health treatment received by each of your CareSource patients. Information about substance abuse 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 patient's behavioral health profiles, please visit the Provider Portal at **CareSource.com** > Login > Provider. If you are unable to log in to the Portal, please call the CareSource Provider Services Department, for assistance, at **1-866-286-9949** for HIX plans and **1-844-607-2831** for HIP plans. 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 each patient to aid in coordination of care.

Provider Education Webinar Announcement

CareSource is excited to invite our Health Partners to view six provider education recordings of our live training webinars! These FREE on-demand educational webinars focus on various behavioral health topics. Attendees will receive Continuing Medical Education (CME) credits via Wright State University for completed on-demand sessions. You must complete a post-course evaluation in order to receive CME credits.

Sign Up: <http://bit.ly/CareSourceINProviderEducationWebinar>

Password is: CSWebinars2018!

Indiana Medicaid Provider Satisfaction Survey

Your opinion and feedback matter to us. Beginning around August 2019, you may be contacted to take our annual provider satisfaction survey, which will be administered by our research partner, SPH Analytics. SPH is a National Committee for Quality Assurance (NCQA) certified HEDIS® survey vendor. Primary Care Physicians, Specialists and Behavioral Health Providers will be randomly selected and surveyed by phone. Results will be used to identify new opportunities for providers to deliver high quality service and a positive experience to our members. We know your time is valuable, and we thank you in advance for sharing your thoughts with us.

The 2018 survey results helped CareSource identify key strengths and opportunities for improvement.

Areas of needed improvement for Provider satisfaction include:

- Improving how often the behavioral health practitioner/specialist sends the PCP information.
- Including the patients' history and reasons for consultation when a PCP refers a patient to a BH practitioner.
- Increasing BH Specialist sends the PCP the results of the consultation with the patient.

Opportunities for improvement remain in the following areas:

- Improving timeliness and sufficiency of data exchanged between PCP and BH providers.
- Increasing provider satisfaction survey response rates for both PCPs and BH practitioners.

MEDICATION SYNCHRONIZATION: FEWER TRIPS TO THE PHARMACY

Medication synchronization optimizes CareSource members' medication refill schedules for ease and convenience. Medication synchronization often results in fewer trips to the pharmacy, which decreases members' transportation burden. Coordinating prescription refills may also increase medication adherence. You may encourage CareSource members to engage in this program at a participating pharmacy if appropriate for their care.

There are a few important things to know about medication synchronization:

- Only chronic/maintenance medications are eligible
  - » Schedule II & III controlled substances are not applicable
  - » Antibiotics, compounded products and prepackaged drugs are typically not applicable
- If the member's plan requires a copay for prescriptions, the copay is prorated based on the number of days' supply being filled early. For example:
  - » A member may normally have a $10 copay on a 30-day supply of medication
  - » In order to sync their refill schedule with the rest of their medications, they may need to get one refilled nine days early
- In this case, their copay would be calculated for 39 days, which totals $13, one time only

If you think medication synchronization is right for your patients, have them talk to their pharmacy about this service.

Developing Your Own Compliance Plan

In order to protect you, your practice and your patients from fraudulent activities, the Office of Inspector General suggests developing and following a voluntary compliance program. There are seven components of an effective compliance program. Establishing these basic steps within your practice will help to ensure that you are submitting true and accurate claims, as well as establishing a solid foundation of compliance.

1. Audit and monitor internally.
2. Execute compliance and practice standards.
3. Designate a compliance officer for your practice.
4. Train and educate staff as appropriate.
5. Respond quickly and appropriately to any detected issues or concerns and develop corrective actions and plans for future monitoring.
6. Establish and maintain open lines of communication with employees. Ensure that they know who the compliance officer is and the appropriate channels for communication.
7. Enforce and clearly publicize disciplinary standards and guidelines.

For further information, please reference the links below:

OIG Publication: *A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse*
Link: *https://oig.hhs.gov/compliance/physician-education/roadmap_web_version.pdf*
Medicare Learning Network Publication: *Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians*
Link: *https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Avoiding_Medicare_FandA_Physicians_FactSheet_905645.pdf*
OIG Publication: C*ompliance Program Guidance for Individual and Small Group Physician Practices*
Link: *https://oig.hhs.gov/authorities/docs/physician.pdf*

Ways to Report Fraud, Waste or Abuse:

- Call Provider Services at **1-844-607-2831** and follow the appropriate menu option for reporting fraud.
- Write us a letter or complete the Fraud, Waste and Abuse Reporting form on **CareSource.com**
  - » **Mail to:** CareSource
    Attn: Special Investigations Unit
    P.O. Box 1940
    Dayton, OH 45401-1940
  - » **Fax: 1-800-418-0248**
  - » **Email:** fraud@caresource.com

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

VISIT US
CareSource.com

CONTACT US
1-855-202-1058

JOIN US
Facebook.com/**CareSourceIN**

2019 QUARTER ONE CLINICAL POLICY UPDATES

During Quarter One of 2019, the Clinical Policy and Oversight team updated several policies and created new policies.

The following policies were added or revised in Quarter One:

- Sacroiliac Joint Injection
- Trigger Point Injection
- Readmission Reimbursement
- Avastin Reimbursement
- Provider Home Visits

For more information, visit **CareSource.com**. At CareSource, we listen to our health partners, and we streamline our business practices to make it easier for you to work with us. We have worked to create a predictable cycle for releasing medical and reimbursement policies so you know what to expect. To access CareSource policies, visit **CareSource.com** and click “Health Partner Policies” under “Provider Resources.” Check back monthly for policy updates and a consolidated network notification summarizing the changes.

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