



SPRING 2020

# PROVIDER *Source*

A Newsletter for CareSource® Health Partners

- 5 | Provider Portal Enhancements
- 8 | Improving Member Medication Adherence
- 9 | Coexisting Conditions: Managing Behavioral and Physical Health after Inpatient Stay
- 10 | Screening New Moms for Depression: Practice Guidelines



  
**CareSource®**

## Medical Director Note

# Overcoming Barriers to the Adolescent Preventative Visit

Adolescents today are often overwhelmed by academic, athletic and social concerns. Amongst the list of their priorities, preventative medical care lands squarely at the bottom. Studies have shown that although many children between ages 11-17 receive no preventative care visits, they are frequently seen for non-preventative reasons, including sick care, gynecologic concerns, contraception or sports-related issues. Despite being well connected to the health care system, adolescents are not receiving the recommended annual preventative visit. These visits provide the opportunity to evaluate physical wellness, address psychological health, sexuality, safety and unhealthy habits.

Improvement in the number of adolescent preventative visits will require a concerted effort from parents, teachers, coaches and providers. Parents and teens should be educated on the importance of the annual well visit, what it entails and that it is covered by most insurance. In addition, providers are encouraged to utilize every available opportunity to provide preventative care services to adolescents while in the office. Electronic medical records may be used to remind clinicians of the necessary services and screenings that are due. Clinicians should also have clear policies to address confidentiality of sensitive topics and testing to foster an uninhibited relationship with adolescent patients. Other options for improving the frequency of adolescent visits include expanding office hours to have availability before or after school, promotion on social media and increasing school-based clinics or community avenues for care. It is vital that we establish the routine of annual preventative visits in adolescence to foster the continued behavior into adulthood.



**Cameual Wright, M.D., M.B.A.**  
**Medical Director, Indiana**







# Network Notification Bulletin



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:

## Indiana Medicaid Providers

- October 2019 Policy Updates
- SKYGEN Portal Clarification
- UB-04 Billing Requirements
- Notification of Pregnancy Initiative
- Coding Guidelines for Newborns Update
- Register with New Payment Partner ECHO Health
- November 2019 Policy Updates
- Newborn Billing Timely Filing Limit
- Occurrence Code Reminder
- December 2019 Policy Updates
- Authorizations for Advanced Life Support Policy Update
- Pharmacy Network Change
- Neonatal Intensive Care Unit Prior Authorization

## Indiana Marketplace Providers

- October 2019 Policy Updates
- SKYGEN Portal Clarification
- UB-04 Billing Requirements
- November 2019 Policy Updates
- December 2019 Policy Updates
- Register with New Payment Partner ECHO Health
- Marketplace Prior Authorization List Updates
- January 2020 Policy Updates
- High Dollar Claims Cover Sheet

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](#).



## Provider Portal Enhancements

CareSource is continually making enhancements to our Provider Portal, based on your feedback, to improve your experience working with CareSource. Our goal is to not only implement your suggestions, but to keep you updated about the portal features we release so you know the tools that are available. Portal enhancements within the last quarter have included:

- ✓ **Claim Disputes** – Providers can now submit claim disputes using the Provider Portal. The ability to attach a file is optional.
  - ✓ **Rejected Claims Visibility** – Providers can now view rejected claims based upon certain search criteria.
  - ✓ **Prior Authorization Submission** – Nonparticipating providers are now able to complete the prior authorization (PA) process for Urine Drug Tests (UDT) even if the member has met the benefit limit.
  - ✓ **Hospital Claims Attachments** – A hospital/facility can now upload large files (up to 100MB) in conjunction with Re-Admission, Re-Admit Original Discharge or Unlisted Code Claim Submissions.
  - ✓ **Updated Claims Messaging** – To clarify messaging for claims that have an associated zero check amount, updated explanations are now available on the Claims Detail page and the Payment History page.
  - ✓ **Provider Documents** – The Provider Documents page now has filtering capability.
  - ✓ **Dispute and Appeal Attachments** – The attachment size for disputes and appeals has been increased from 12MB to 100MB.
  - ✓ **Abortion, Hysterectomy and Sterilization Consent Forms for Claims** – Providers may now upload abortion, hysterectomy and sterilization (AHS) consent forms for claims.
  - ✓ **Integration with ECHO Health** – The ECHO Health Explanation of Provider Payment (EPP) is now available through the Provider Portal when viewing a claim.
  - ✓ **Behavioral Health Member Profile** – The member profile now contains additional content for outpatient visits, including Service Code, Service Description and Location of Services Rendered. The profile displays Outpatient Visits and Substance Use Disorder (SUD) Residential Stays.
  - ✓ **New Icon for Members with Behavioral Health Member Profile** – The member profile now has an icon available in the Provider Membership List that indicates when recent behavioral health services were provided to the member to help with provider coordination.
  - ✓ **Clinical Practice Registry Definitions** – The Clinical Practice Registry definitions have been updated.
- Continue to check our website at **CareSource.com** > Providers > [Updates & Announcements](#) for updates on Provider Portal enhancements.

# CareSource Partners with Matrix

CareSource prioritizes our members' experience of health care, and we know that you prioritize your patients' health. Therefore, we have decided to partner with Matrix Medical Network (Matrix) so that our providers are able to offer preventative health services to ensure members are receiving the care they need. Matrix has been helping people with their health for more than 15 years.

Matrix has completed over two million in-home health visits and more than 96% of the individuals receiving service were satisfied with their visit.

Visits are completely **FREE to your patients!** Results of visits will be shared with you and your patient. Here are some of the health screenings your patients may receive during their visit:

Test	Description
Eye Exam	Checks for early signs of glaucoma, cataracts and diabetic retinopathy.
A1C Blood Sugar Test	Checks your blood sugar levels for signs of diabetes.
Micro Albumin Urine (MAU) Test	Measures the amount of protein in your urine to let you know if your kidneys are working correctly.
Fecal Immunochemical Test (FIT)	Screens for colon cancer.

Matrix will be reaching out to your patients during the year to discuss and schedule an in-home visit. This visit includes both quality and risk adjustment assessments. We are confident you and your patient will see the value in this visit.

## Extend and Empower with Online Tools

At CareSource, we provide resources to foster the overall health and productivity of our members. We are excited to offer myStrength<sup>SM</sup>, a digital tool to promote mental health and well-being. myStrength allows us to extend **FREE** and unlimited accounts to our consumers, our community, and our friends and family.



### With myStrength, members can:

- Learn techniques to reduce stress
- Track their mood online
- Manage depressive or anxious thoughts
- Access and share inspirations
- Explore hundreds of articles and activities

Members have access to myStrength through the member portal. Refer your patients today to myStrength. To access myStrength, visit **CareSource.com** > Members > [myStrength](#).



## Update Your Information for 2020

Our ability to closely partner with you depends on having the most accurate and up-to-date information about your practice. Regularly reviewing and updating your provider information with us is critical in the process of serving our members, your patients. Advance notice of status changes – such as changes in address, phone, or adding or deleting a provider to your practice – helps keep our records current and assists with efficient claims processing.

Updating your information with CareSource is easier than ever through the Provider Portal. Simply log in to the portal at **CareSource.com** > Providers > Provider Portal Log-In and click on the Provider Maintenance tab. Here, you are able to submit updates electronically and CareSource will process your request within 7-10 business days.

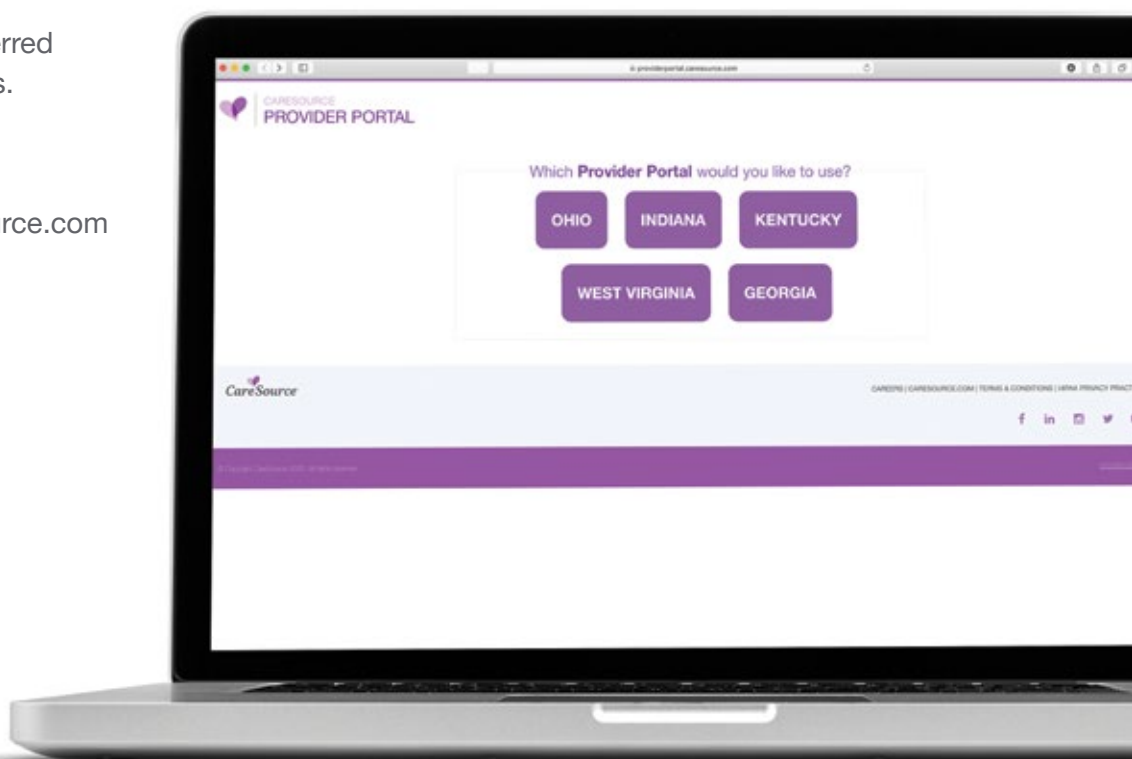
The Provider Portal is the preferred method for submitting changes.  
Alternative methods include:

**Email:**

ProviderMaintenance@caresource.com

**Mail:**

CareSource  
Attn: Provider Maintenance  
P.O. Box 8738  
Dayton, OH 45401-8738



## Guidelines for Proper Documentation

Proper documentation is essential to you and your patients. It ensures patients receive services that are reasonable and necessary, supports proper payment of claims and supports favorable medical record review decisions. The Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network has put out a Provider Minute video on the importance of proper documentation. This five minute video addresses typical documentation errors such as: insufficient documentation, medical necessity, incorrect coding and no documentation. The video also outlines tips on handling records requests for favorable outcomes.

The video can be found at: <https://www.youtube.com/watch?v=10pmw4czf08>



## Improving Member Medication Adherence

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 a year. Medication non-adherence continues to be a multifactorial health care challenge, leading to further health complications and increased cost of care.

There are many reasons why a patient may be non-adherent to their medication. Some patients may simply be forgetful, while others may not understand the importance of the medication they are taking or are fearful of the side effects. Another common reason for non-adherence is cost. Patients struggling to afford their medications may skip doses or take less than the prescribed dose.

Below are tips providers can focus on at each patient visit to establish better adherence practices with their patients.

- Review medications with patients at each visit
  - *Are they experiencing any side effects?*
  - *Are their medications being refilled prior to running out?*
  - *How are they taking their medications?*
- Provide education on why medications are being prescribed to the patient
- Discuss goals of medication and importance of adherence
- Discuss and attempt to resolve any barriers regarding cost, side effects, etc.

Medication non-adherence is a complex health care issue and can be a difficult obstacle for patients to overcome on their own. Support from providers has the potential to not only improve medication adherence, but also improve patient well-being.

### 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
- Barrus K. Case Study: Medication Adherence & Member Compliance. *New Initiative to Improve Outcomes. Selecthealth.* 2019

## 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.







## Coexisting Conditions: Managing Behavioral and Physical Health after Inpatient Stay

CareSource would like to remind inpatient behavioral health providers, including discharge planners, about the importance of follow-up care with a primary medical provider within 30-days of discharge for patients who have both mental health and chronic health conditions. Individuals diagnosed with a serious mental illness (SMI) are known to have poor physical health and a lower life expectancy. The behavioral health and medical conditions of this population are often intertwined with one diagnosis creating complications for another diagnosis. For example, individuals diagnosed with diabetes often experience depression; and individuals with COPD and heart disease sometimes have symptoms that mimic stress disorders and depression. Provider collaboration for the management of co-existing behavioral and physical health conditions is essential to improving overall health outcomes for patients.

CareSource's Transitions Team is available to assist members with any barriers that might prevent them from keeping their 30-day appointment, including lack of transportation, missed appointments and adherence to prescription regimens. Please call us at **1-844-607-2831** to refer a patient to Care Management or for any questions. Providers may also make a Care Manager referral through the Provider Portal.

We appreciate your help in making sure CareSource patients receive the care they need.

### Sources:

1. <https://www.nice.org.uk/guidance/ng58>
2. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb240-Co-occurring-Physical-Mental-Substance-Conditions-Hospital-Stays.jsp>
3. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(18\)30130-5/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(18)30130-5/fulltext)

# Screening New Moms for Depression: Practice Guidelines

Perinatal depression (PND) is the most common obstetric complication in the United States and affects 15 to 20 percent of new mothers. Maternal depression affects the whole family and is an example of an adverse childhood experience, which has potential long-term adverse health complications. Recommendation by the American Academy of Pediatrics (AAP) and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Provider Reference Module include integrating postpartum depression surveillance and screening at the 1-, 2-, 4-, and 6-month well-child visits. CareSource will reimburse Pediatric and Family Practice providers for administering a validated screening tool.

## Coding/Reimbursement

Pediatric providers should bill using CPT Code 96161- Administration of caregiver-focused health risk assessment instrument (e.g., depression-inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument, during applicable well-child visits.

## Referral for Positive Screening

If a positive screening is identified, the provider will need to outreach to a behavioral health provider within the CareSource provider network by contacting CareSource Member Services at 1-844-607-2829, or by utilizing the Find a Doctor/Provider tool at <https://findadoctor.caresource.com>.

To help coordinate care, providers should also refer member to CareSource Case Management by emailing [INCaseManagement@CareSource.com](mailto:INCaseManagement@CareSource.com), through the CareSource provider portal online, or by calling 1-844-607-2829.

## Sources

1. <https://pediatrics.aappublications.org/content/143/1/e20183259>
2. <https://www.medscape.org/viewarticle/907741>
3. <https://www.in.gov/medicaid/files/epsdt.pdf>











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## WE ARE HERE FOR *you!*

CareSource wants our providers to be aware of all the ways we offer support and the channels you can access to get your questions and needs met. In an effort to better support our providers and offer an immediate response to questions, concerns and inquiries, we offer claims, policy and appeals assistance through our call center when you call our plan-specific Provider Services departments.

Medicaid: 1-844-607-2831

Marketplace: 1-866-286-9949

