



# PROVIDER*Source*

A Newsletter for Humana — CareSource® Health Partners

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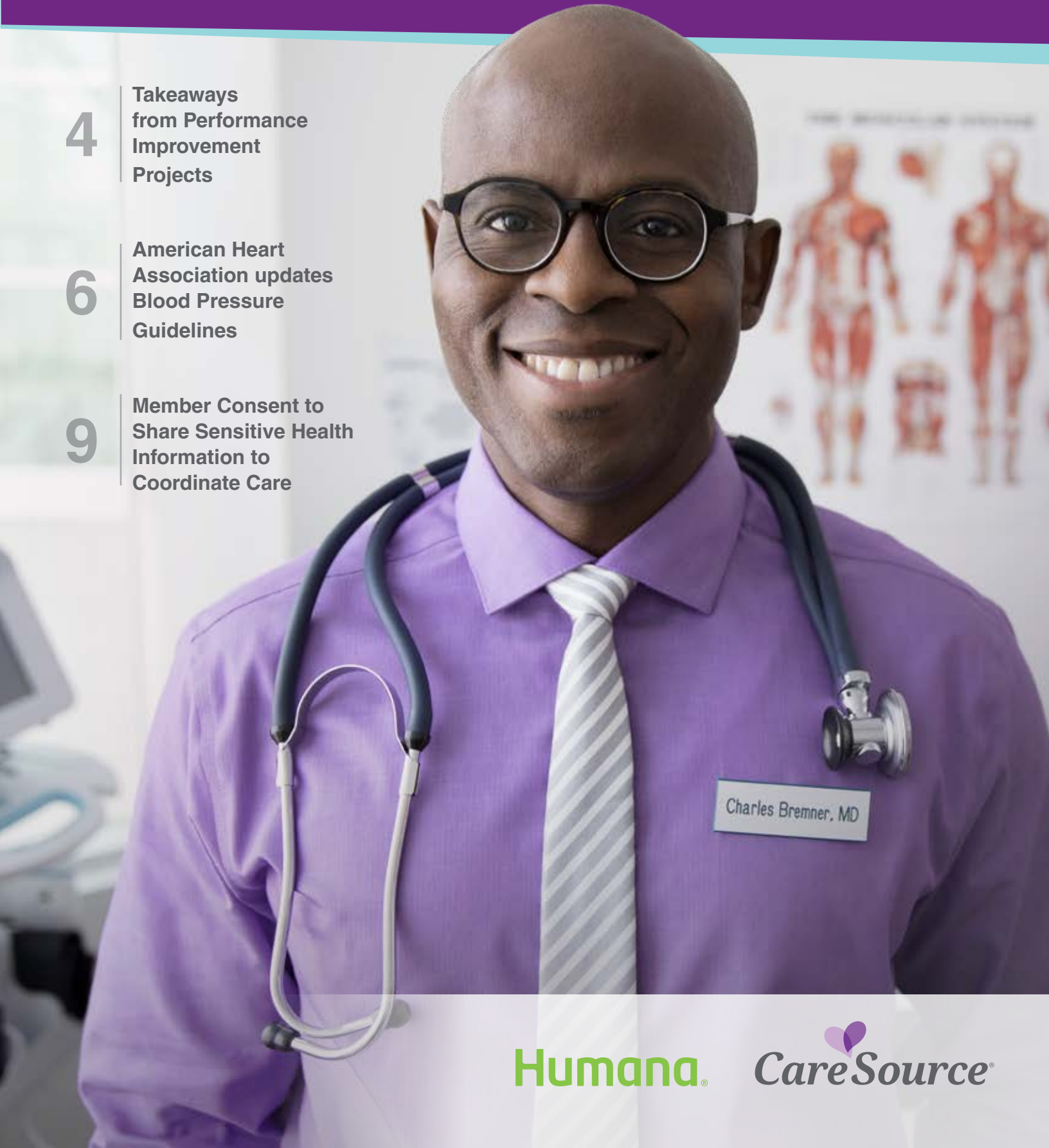
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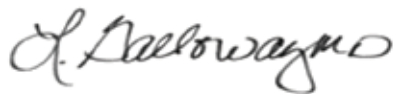
## FROM THE MEDICAL DIRECTOR:

### Tips to Help You Improve Patient Satisfaction and Engagement

Humana – CareSource wants to help improve your patient engagement and satisfaction. The following tips not only will improve your Consumer Assessment of Healthcare Providers and Systems (CAHPS) rating, but should boost patient compliance, patient retention and health outcomes:

- Improve patient experience with provider access
  - Build trust with patients by being an advocate
  - Be willing to offer more than one choice
  - Call the specialist to coordinate care when necessary
  - Help prepare your patient for the appointment
- Flexibility to improve access to care
  - Consider the following:
  - Implement flex schedules outside normal office hours
  - Accept walk-in or same-day visits
- Improve patient engagement
  - Promote flu-shot administration – Flu-shot implementation across the Medicaid population is low. Have your staff discuss at every encounter.
  - Promote smoking cessation – Counsel, prescribe and/or refer to a program. Keep talking to your patients as you have the power to impact them.

Humana – CareSource supports your efforts to move to a team-oriented, value-based model for healthcare. We believe the end result will be a sustainable healthcare system with evidence-based, cost-effective care for your patients.



**Lisa Galloway M.D., FACOEM MRO**

Medical Director, Kentucky and West Virginia







## Understanding Upcoding and Undercoding

To reduce costs and deliver better care, Humana – CareSource wants to reinforce the cost of upcoding claims for services rendered to Humana – CareSource-covered patients.

Upcoding occurs when a provider uses a billing code that reimburses at a higher rate than the appropriate code. For example, Humana – CareSource pays for many physician services using evaluation and management (E&M) codes. New patient visits generally require more time than follow-up visits for established patients, resulting in higher reimbursement rates for associated E&M codes. If an existing patient follow-up visit is billed using a higher-level new-patient E&M code, the result is an upcoded claim.

Upcoding claims introduces unnecessary and increased costs into the Medicaid system. For more information, please visit <http://www.cms.gov/> and select “Outreach and Education.”

# Takeaways from Performance Improvement Projects



## **Member Engagement in Diabetes Care**

Diabetes is a chronic disease that affects more than nine percent of Americans and 18 percent of the Kentucky Medicaid population. In an effort to improve diabetes care, Humana – CareSource implemented provider- and member-targeted interventions in 2016 and 2017. Results of the project indicate that enhanced coordination intervention was effective in improving health outcomes and member experiences.

The enhanced coordination process was designed to improve outreach to members to identify their needs and coordinate timely care. Unlike the traditional outreach process, the enhanced process focused on confirming valid phone numbers to engage members. Once the member was reached, the outreach team worked to motivate them to be decision makers in their own care. The role of the outreach team was not simply to schedule an appointment, but to facilitate communication between each member and their provider(s). The positive feedback received from members reflects the high quality of care and services provided by the outreach team and our members' providers.

## **Get to Knowing and Understanding Members with Serious Mental Illness**

The purpose of the project was to improve preventive care of physical health risks for members with serious mental illness (SMI). One of the largest health disparities in the United States is the increased mortality and morbidity among individuals with SMI associated with physical conditions such

as obesity, metabolic syndrome and cardiovascular diseases. Designed to improve access to primary care and provision of screening services, the project educated both member and provider about preventive care and telephonic outreach. The project focused on members who required follow-up care in 2016 and 2017.

As a result:

- Access to preventive/ambulatory health services rates remained above the national benchmark
- Diabetes and cholesterol screening rates for people on antipsychotics improved
- Body mass index (BMI) screening and blood pressure (BP) assessment rates improved
- Positive tobacco screening decreased significantly
- Tobacco cessation counseling and medication improved significantly

Although the interventions did not result in positive impacts on all performance outcomes, the project provided another valuable lesson. Knowing and understanding each member from a holistic approach, instead of simply approaching them as noncompliant patients, facilitated better interactions about needed preventive care. Humana – CareSource will continue to explore opportunities to improve physical and behavioral health of our members with SMI.

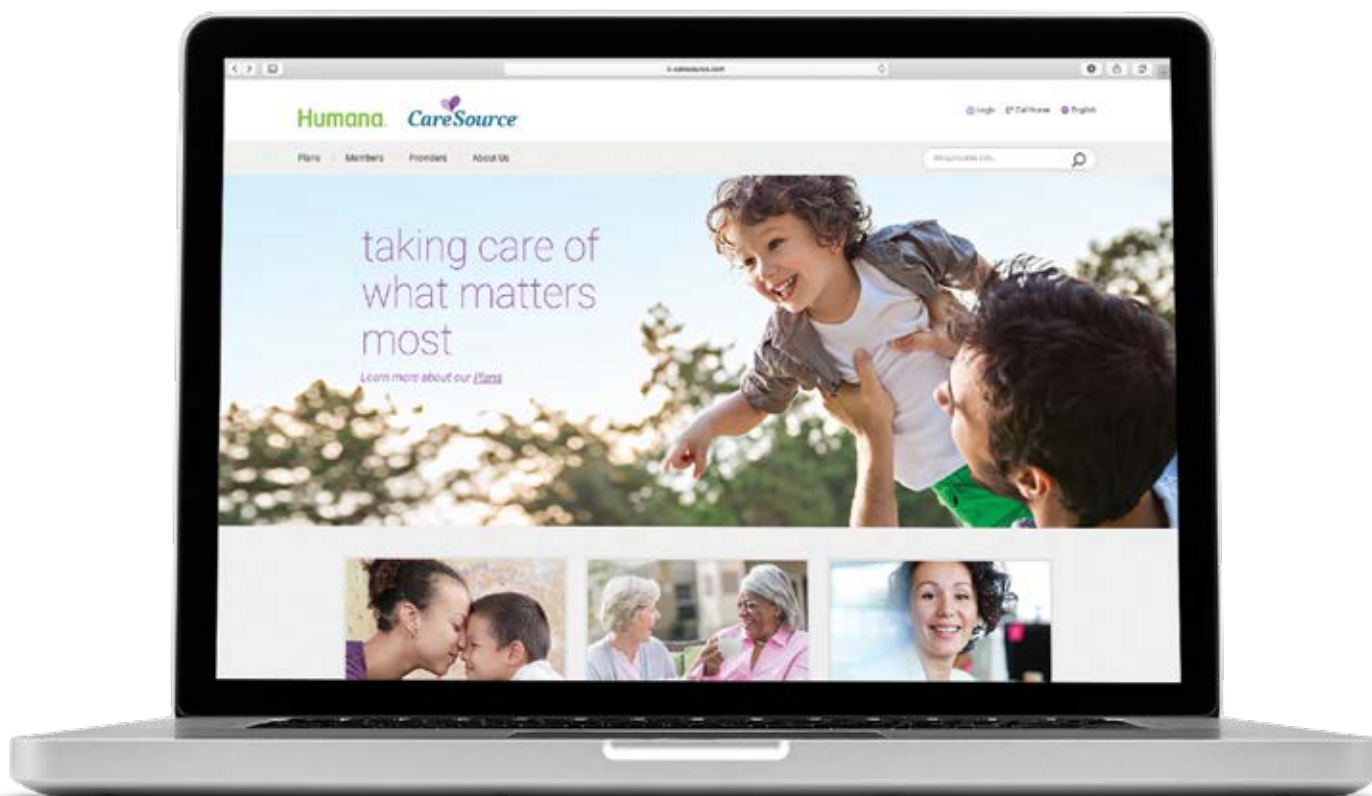
## *Humana – CareSource* *a New and Improved* **CareSource.com**

As you may have seen, we have launched a new **CareSource.com**. In September 2018, we launched a redesigned **CareSource.com**, showcasing new and improved features. While working on the redesign, we kept members' and providers' experiences top of mind. What resulted was a more dynamic and user-friendly website.

The following key features to enhance your usage of our website:

- Organize the site so users can quickly find the section that matters to them
- Feature large dropdown menus that put top tasks one click away
- Incorporate a dynamic design that filters content so the user can find what they need quickly

The redesigned website also allows providers a clear view on all types of displays, including desktops, laptops, tablets and smartphones. Be sure to check out **CareSource.com** to view the new features.





## American Heart Association Updates Blood Pressure Guidelines

The American Heart Association recently updated its blood pressure guidelines.\* A blood pressure of less than 140/90 is considered adequately controlled despite an individual's age or diagnosis.

As a result of the update, the National Committee on Quality Assurance revised the Healthcare Effectiveness Data and Information Set (HEDIS) Controlling High Blood Pressure measure to align with the change.

*\*Humana – CareSource recommends nationally accepted standards and guidelines to help inform and guide the clinical care provided to Humana – CareSource members.*



## Document Body Mass Index (BMI) Screenings During Physical Exams

Routine BMI measurements are a quick and simple way to gauge your patients' risk for health problems and can promote discussions that may influence healthier habits.

BMI should be calculated and documented in a patient's medical record at least annually. When documenting BMI in the medical record, be sure to include the following:

Children 3 through 17:

- Date of visit
- Height and weight
- BMI percentile documented as a value or on an age-growth BMI chart

Adults (18 and older):

- Date of visit
- Weight
- BMI value

Please take the time to counsel the parent and child on the importance of healthy eating and physical activity. Please make sure to document BMI percentile for anyone younger than 20.



## Educate Patients on Proper Antibiotic Use

The common cold is a frequent reason for children and adults to visit primary care providers. Clinical practice guidelines do not recommend antibiotics for a majority of upper respiratory tract infections because of the viral etiology of these infections.

Humana – CareSource encourages providers to educate their patients on proper antibiotic use. Some helpful tips to share with patients include the following:

- Antibiotics do not treat acute respiratory infections or acute bronchitis caused by a virus.
- Antibiotics are not typically used to treat the seasonal flu unless there are certain complications.
- Antibiotics can be harmful if used unnecessarily, as bacteria can become resistant.
- Antibiotic use does not come without side effects. Educate patients on the possible side effects of antibiotics, such as headaches, intestinal issues and rashes.



## Diabetes Curriculum Updates for Children and Teen Members

We are revising our diabetes curriculum for children and teens based on published articles from KidsHealth (Nemours Foundation).

We mailed written curriculum to members and their parents that directs them to videos and online learning opportunities to take charge of their health, including:

- Doctor-reviewed advice on hundreds of physical, emotional and behavioral topics.
- Separate sections for parents, kids and teens, each created with their questions in mind.
- Easy-to-follow articles, slideshows, videos and health tools designed to help families learn, grow and be their best.

In our asthma, diabetes and hypertension newsletters and curriculum, we use National Committee for Quality Assurance (NCQA) evidence-based guidelines to encourage members to learn more about their disease and to make healthier choices. We encourage ongoing learning by participating in online learning activities as well as in-person classes.

We strongly emphasize HEDIS measures related to: HbA1C, retinopathy and microalbumin screenings. We would appreciate assistance from our providers to encourage patients take part in classes such as diabetes education and referrals to podiatrists and registered dietitians (RDs).

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



## Reminders from the Kentucky Health Partnership Team

Thank you for your participation in the Humana – CareSource provider network. Here are a few reminders from the provider engagement staff:

- Please note that Medicaid members may not be balanced billed for services under any circumstances.
- Humana – CareSource recommends that all healthcare providers check the network notifications on the Humana – CareSource website at least once a month. Familiarity with these notifications will ensure compliance with new Humana – CareSource policies.
- Please remember to keep your practice information updated so that the Humana – CareSource directory reflects your most recent practice information. The instructions for updating your information may be found at **[CareSource.com/documents/kentucky-provider-information-change-flier/](https://www.caresource.com/documents/kentucky-provider-information-change-flier/)**







## Member Consent to Share Sensitive Health Information to Coordinate Care

Humana – CareSource announces new tools to help you coordinate patient care and comply with regulations regarding sharing sensitive health information (SHI).

SHI is a subset of protected health information (PHI), which may require consent from the individual to be shared with others. Because our goal is to help you help your Humana – CareSource-covered patients, we implemented the following online tools to automate:

- Verifying consent to ensure that you do not share health information inappropriately
- Encouraging members to consent to sharing health information

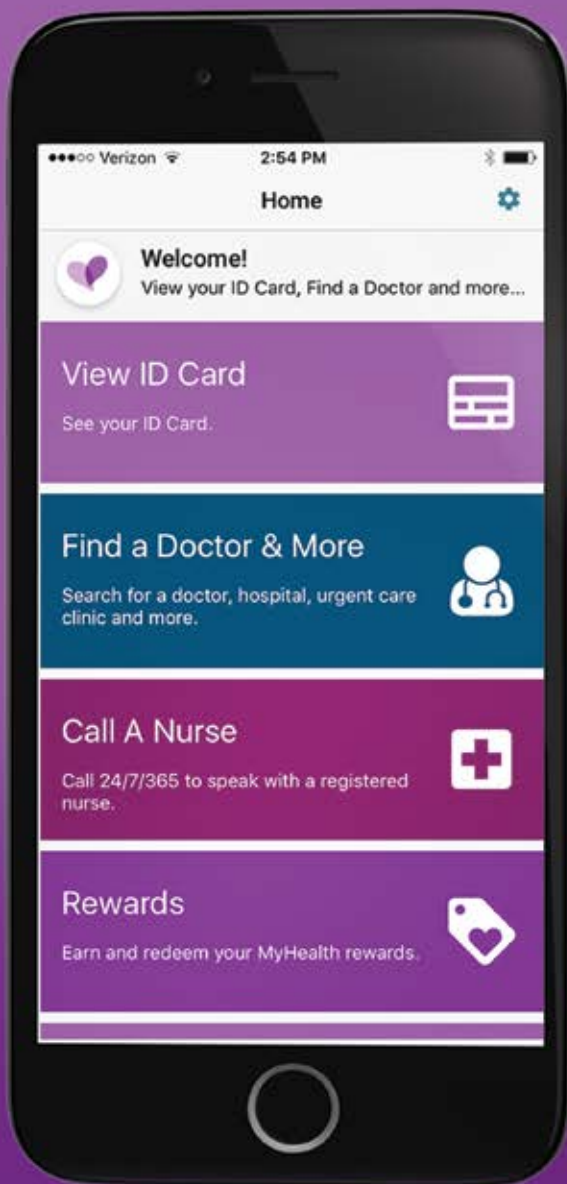
Log in to the Provider Portal at **providerportal.caresource.com** and search for the Humana – CareSource patient using the “Member Eligibility” option.

Please encourage your Humana – CareSource-covered patients who have not yet consented to complete a Member Consent/HIPAA Authorization Form so that all providers involved can effectively coordinate your patient’s care. This form is located on the member forms page on **caresource.com**. If you are unaware of a member’s status, you can view the members’ consent status on the provider portal.

If you have questions about patient consent or want more information, please contact provider services at **1-855-852-7005**.

# DID YOU KNOW?

## CareSource Offers Members a Mobile App?



The Humana – CareSource mobile app is a convenient and quick way for your Humana – CareSource-covered patients to view health plan details. Patients can:

- Access their secure account
- View or share their digital member ID card
- View claims detail and status
- Make a payment (if applicable by plan)
- Find a doctor, hospital, clinic, urgent care facility or pharmacy
- Call member services
- Take a health risk assessment, and more

Patients can download the mobile app for free from the following app stores:



**DOWNLOAD TODAY! >**

\* iPhone is a registered trademark of Apple, Inc. The App Store is a service mark of Apple, Inc. Google Play and Android are registered trademarks of Google, Inc.



## Ensuring Quality Care for Our Members

Humana – CareSource works to ensure the quality of our network to provide the best and most effective care for your patients. That's why we take a proactive approach to managing utilization, outlier utilization and to collaborate on healthcare management.

It is very important that Humana – CareSource takes a proactive approach to managing utilization at the member and provider levels. We implemented numerous processes this year, including provider utilization monitoring for our provider network. We also focused on providers who offer behavioral health outpatient and/or urine drug testing services and may show as outliers in Humana – CareSource data relative to their peers. The process involves collaboration among numerous teams, including behavioral health market leads, special investigations unit, provider representatives, delegated vendors (if applicable) and system configuration to help identify best practices and opportunities for provider education.

In addition, we recognize that some providers may work with members with higher-level needs and we want to engage those providers to help with care coordination and connecting members to other appropriate services. We look forward to expanding this process and improving the overall quality of our network to deliver better health outcomes for our members.



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## **REMINDER:** Kentucky Medicaid Managed Care Open Enrollment Started Jan. 1, 2019

Medicaid Managed Care Open Enrollment starts Jan. 1, 2019. Managed care organization (MCO) changes will be effective Jan. 1, 2019. Once enrolled in the new MCO, your patients have 90 days to make a change, if they wish. After 90 days, they cannot make another change until the next open enrollment period, unless they experience a qualifying event.

Some Medicaid members cannot be in managed care. This includes people who have Medicare Savings Plans, who are in nursing and other long-term care facilities, who have time-limited Medicaid or who are in a waiver program.

The MCO will match most Medicaid members with a primary care provider (PCP). This PCP will serve as the member's "medical home." The PCP helps the member obtain needed services from other providers within the MCO's network.