

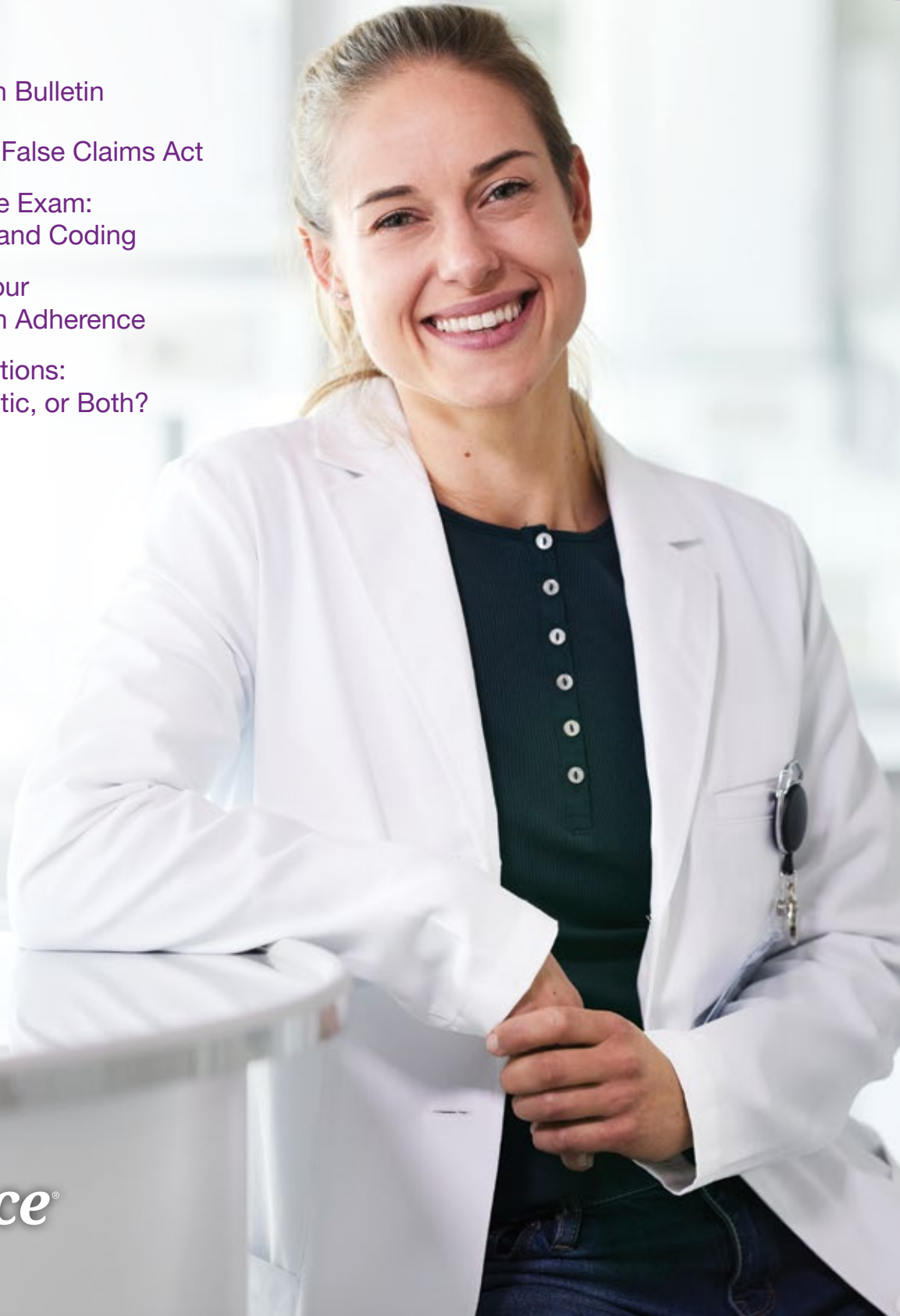


WINTER 2022

PROVIDER *Source*

A Newsletter for CareSource® Health Partners

- 2 | Network Notification Bulletin
- 3 | A Few Facts on the False Claims Act
- 4 | Diabetes Retinal Eye Exam:
Recommendations and Coding
- 6 | You Can Improve Your
Patients' Medication Adherence
- 7 | Important Conversations:
Preventive, Diagnostic, or Both?
Pharmacy Updates



Network Notification Bulletin

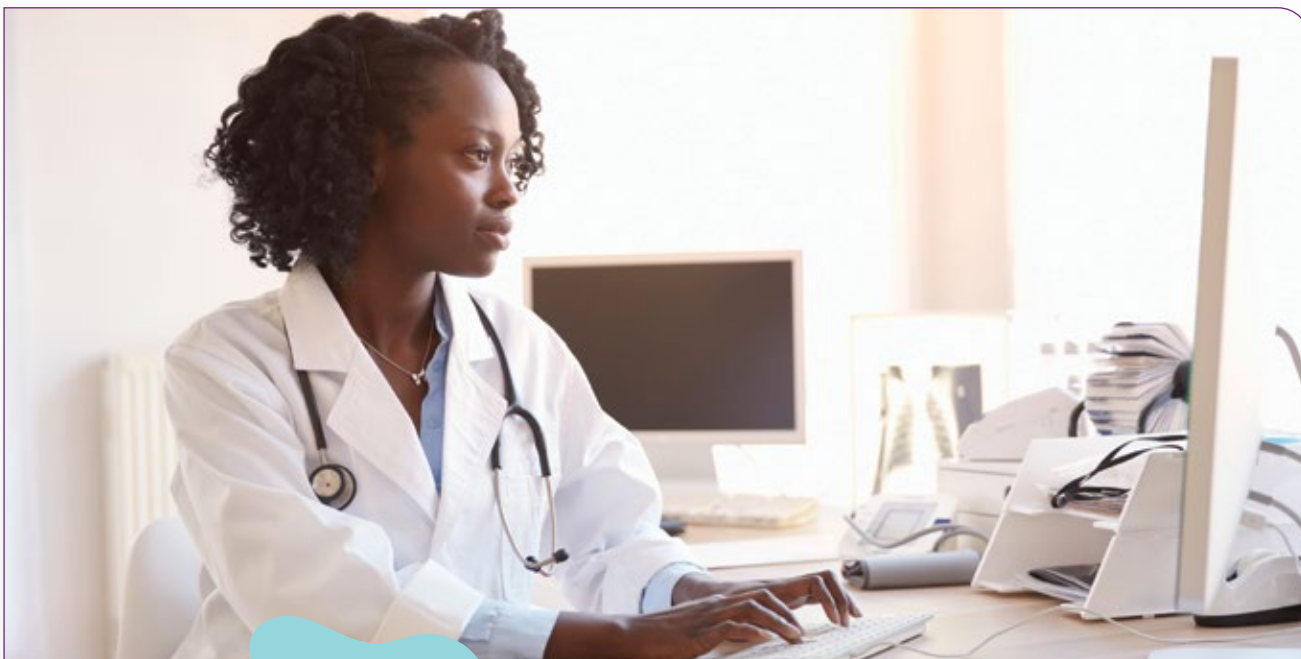
CareSource regularly communicates operational updates on our website. Our goal is to keep you updated with a format that is quickly accessible and that keeps you informed about working with us. Here are some network notifications posted from the previous quarter that you may have missed:

- [Provider Alternative Format Request](#)
- [Cancer Screening Compliance Coding](#)
- [2023 Pharmacy Network Change](#)

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](#).

UPDATES





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 health care 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 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% of the proceeds of the action or settlement.

You can find more information regarding the False Claims Act on CareSource’s [website](#).

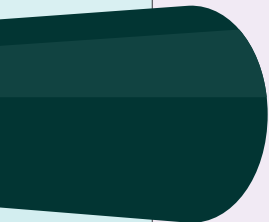


Diabetes Retinal Eye Exam: Recommendations and Coding

(Marketplace Plans)

Diabetic retinopathy is the most common eye disease affecting nearly one in three people with diabetes at various degrees of severity over the course of their condition. Because there are typically no symptoms of diabetic retinopathy until there is bleeding in the eye, it is important that CareSource providers ensure members receive an annual or biannual dilated eye exam as part of a comprehensive diabetes treatment plan.

CareSource monitors the Comprehensive Diabetes Care HEDIS® measure Dilated Retinal Eye Exam (DRE), the percent of adult members ages 18 to 75 with diabetes (type 1 and type 2) who had a retinal eye exam during the measurement year. While the retinal eye exam is an annual covered benefit for CareSource Marketplace members with diabetes who purchase the additional dental, vision, and fitness plans, the measure definition indicates that members deemed “low risk” may only need to have a retinal eye exam every two years. The following table outlines appropriate coding for improved claims submission. Additional coding guides are available on the [Quick Reference Materials](#) page at **CareSource.com**.

Measure	Qualifying Condition and/or CPT Code	CPTII Code	Code Definition
Diabetes Retinal Exam			
	65091, 65093, 65101, 65103, 65105, 65110, 65112, 65114, 67028, 67030, 67031, 67036, 67039, 67040-67043, 67101, 67105, 67107, 67108, 67110, 67113, 67121, 67141, 67145, 67208, 67210, 67218, 67220, 67221, 67227, 67228, 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92227, 92228, 92230, 92235, 92240, 92250, 92260, 99203-99205, 99213-99215, 99242, 99245, S0620, S0621, S3000	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
		2024F	Diabetic retinal screening with eye care professional w/evidence of retinopathy
		2026F	Diabetic retinal screening with eye care professional w/evidence of retinopathy
		3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year)

As a reminder, Clinical Practice Registry (CPR) reports are available through the Provider Portal to help identify which of your CareSource patients have an open care gap for multiple quality measures, including retinal eye exam. For more information about how to utilize the Provider Portal, access the [Provider Portal Solutions](#) flier, or contact your Health Partner Team Representative.



You Can Improve Your Patients' Medication Adherence

Many patients do not take their medications as directed. Medication non-adherence continues to be a complex 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 medications. Some patients might simply be forgetful, while others may not understand the importance of the medication they are taking or might be experiencing side effects.

There are many actions that providers can take to improve a patient's medication adherence. Below are some tips providers may focus on at each patient visit to establish better adherence:

- 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.
- Write prescriptions for a 90-day supply of medication

Medication non-adherence is a complex health care issue and can be a difficult obstacle for patients to overcome on their own. As a trusted resource for our members, support from providers has the potential to improve medication adherence.



Important Conversations: Preventive, Diagnostic, or Both?

(Marketplace Plans)

Do you explain to your patient if you are rendering preventive or diagnostic care, or both? Knowing this information may help patients understand what to expect in regard to financial responsibility with health care costs. CareSource covers the costs of preventive care outlined in the plan *Evidence of Coverage*.

It is important to help your CareSource patients understand that preventive care is limited to service(s) performed only in the absence of symptoms. Once symptoms of an illness or injury exist, or if someone is being followed for a health condition, the services are considered diagnostic and are subject to a deductible and cost-share. Diagnostic care is not limited to tests, as a patient may assume, but may be an office visit or various treatments.

CareSource asks that you explain to your patient if you are giving both preventive and diagnostic care during a visit. It will be helpful for them to understand that the services are distinct since most patients will not pay anything for preventive care. Encourage patients to confirm with their health plan what their coverage is for both preventive and diagnostic care.



Pharmacy Updates



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. If members do not have access to the internet, they can call Member Services, found on the back of the Member ID card, for their respective market and plan. A CareSource Representative will help members find out if a medication is covered and estimate how much it will cost.



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Member Corner

The MemberSource newsletter is a great resource to stay up-to-date with health, wellness and plan information for your CareSource patients. To view editions of the MemberSource newsletter, visit **CareSource.com** > Members > Education > [Newsletters](#).

Thank you for your partnership!

