SPRING 2023

PROVIDER *Source*

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Chief Medical Officer's Note

Thank you for your collaboration in improving the health of pregnant persons and ensuring healthy and safe deliveries. Multiple resources are available from CareSource to improve the health of pregnant individuals. As you know, healthy pregnancy leads to healthy newborns. Please reach out to our Care Managers to help your pregnant members.

A recent study showed that the number of people under age 20 with Type 2 diabetes in the United States may increase by nearly 675% by 2060, with an increase of up to 65% in young people with Type 1 diabetes.

As you are aware, diabetes is a chronic disease which requires a person with diabetes to make several daily self-management decisions and to perform complex self-care activities. Diabetes Self-Management Education (DSME) provides a foundation for persons with diabetes to understand the disease process and to navigate these complex activities. DSME has been shown to improve outcomes, improve the quality of life, and reduce the total cost of care.

Although different members of the health care team and the community may contribute to the education regarding diabetes, it is important for the health care providers to have the resources and a systematic referral process to ensure that members with diabetes received formal DSME through certified diabetes education providers. American Diabetes Association (ADA) recommends DSME referral for all individuals with diabetes at the initial diagnosis and as needed thereafter.

Continuous Glucose Monitors (CGMs) are devices that are attached to the body that continually monitor blood sugar and give real-time updates. These have become more accurate and reliable over the years and are now a viable option for people with diabetes. CGMs have been shown to avoid or delay serious, short- and long-term diabetes complications. Since CGMs provide positive feedback in real-time, they have been shown to help people with diabetes modify their dietary and exercise patterns.

We thank you for all the great work and support you are providing to our members, and your patients. We look forward to continuing partnering in improving ePRAF submission, and DSME to members with diabetes and encouraging the use of CGMs where appropriate.

Regards,

Beejadi Mukunda, MD
VP & Market Chief Medical Officer
Ohio

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:

- 2023 Pharmacy Network Change
- UPDATE - CareSource and TurningPoint Partnership for Cardiac and Musculoskeletal Surgical Procedures
- Ohio Medicaid, MyCare and D-SNP Providers - Medicaid Coverage Redetermination Resumes April 1

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 Directory Information Attestation

Did you know that federal and many state regulations require health plans — and often providers — to verify the accuracy of their provider directory information? An accurate provider directory ensures patients are connected to the appropriate provider.

That's why we're excited to announce our partnership with Quest Analytics to streamline your verification process through their BetterDoctor solution. This validation ensures we have the most accurate information for claims payment and provider directories. This information is critical to process your claims. In addition, it ensures our Provider Directories are up to date and reduces unnecessary calls to your practice. This information is also reportable to Medicaid and Medicare. **Providers are required to attest to directory information every 90 days.**

QUEST ANALYTICS BetterDoctor

Completing the Attestation Process*:

1. You should receive an email or fax from BetterDoctor.
2. Go to: betterdoctor.com/validate.
3. Locate the access token on the fax or email you receive from BetterDoctor (it is an 8-character alphanum eric code (for example ABC123D4), and it is not case sensitive).
4. Enter the access token.
5. Click 'Submit.'
6. Verify and update your information using the online tool via the BetterDoctor portal.

Issues? Contact **support@betterdoctor.com**

*Larger groups will not use the portal and will be contacted by BetterDoctor with additional instructions.

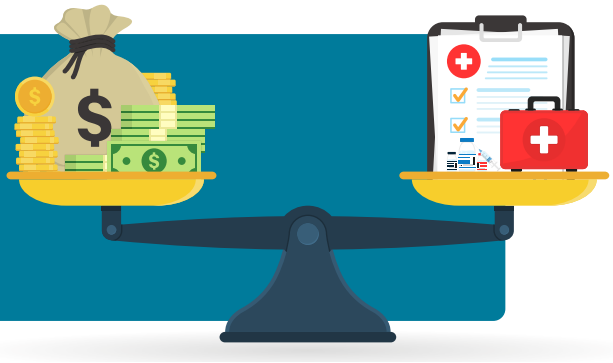
Increasing Focus on Balance Billing Protection for Members

Ohio Medicaid, MyCare and all D-SNP Providers

Member Billing Policy, State and federal regulations prohibit providers from billing CareSource Medicaid, D-SNP and MyCare members for services provided to them, except under limited circumstances. CareSource monitors this activity based on reports of billing from members. We will implement a stepped approach in working with our providers to resolve any member billing issues that includes notification of excessive member complaints and education regarding appropriate practices. Failure to comply with regulations after intervention may result in potential termination of your agreement with CareSource.

Example of balance billing:

Also referred to as surprise billing, balance billing is when a provider bills a patient for the difference between the provider's charge and the allowed amount. For example, if the provider is is charging $100, and the allowed amount is $70, the provider would bill the patient for the remaining $30.



To help reduce the instances of balance billing, remember the following steps:

- Verify a member's eligibility prior to each visit
- Be sure to check for a member's enrollment in **both** Medicaid and Medicare

Network providers may not balance bill CareSource Medicaid, D-SNP and MyCare members for covered services. If you have questions regarding billing policies, please reach out to your health partner representative or call Provider Services at the appropriate number below:

- Ohio Medicaid and MyCare: **1-800-488-0134**
- D-SNP: **1-833-230-2176**

Provider Portal Multi-Factor Authentication (MFA)

A new enhancement is coming to the Provider Portal that will help safeguard information and add additional security to user accounts. The Provider Portal will be adding a new Multi-Factor Authentication process for all new and existing users that will impact registration or login to an account. With this new process, the user will need to take an additional step in securing and accessing their account by entering an additional code that may be received by text or email. Please review below on the types of accounts that will be impacted:

- **Individual Providers** – Individual providers or practitioners accessing the Provider Portal for one provider.
- **Provider Groups** – Group of providers or practitioners accessing the Provider Portal for the entire group.
- **Delegated Vendors** – Third party vendors that access the Provider Portal on behalf of a provider or group.
- **Automated Activities** – Automated activities associated with the CareSource Provider Portal.

Additional information and communications will be sent to all users that may be impacted by this process change prior to the implementation. The effective date for this new change is expected mid-2023.

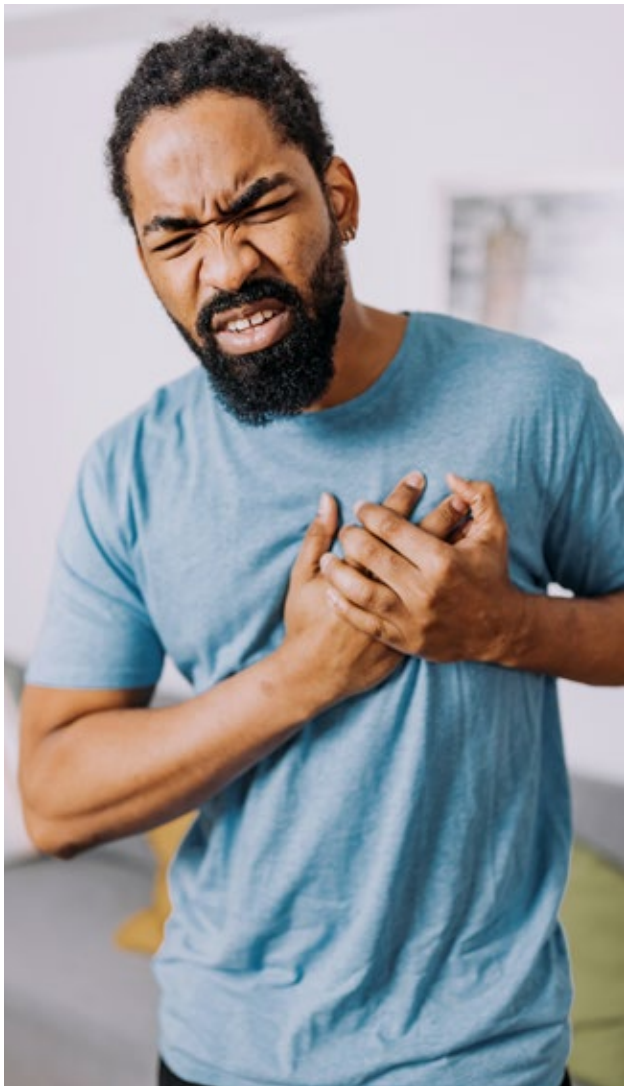
TurningPoint,
CareSource's New Vendor for Cardiac and Musculoskeletal Surgical Procedures

CareSource is pleased to announce the launch of a new and innovative Cardiac and Musculoskeletal Surgical Quality and Safety Management Program. The program is designed to work collaboratively with providers to promote patient safety through the practice of high quality and cost-effective care for CareSource members undergoing Musculoskeletal and Cardiac Surgical Procedures.

As of Dec. 19, 2022, providers are required to submit requests to TurningPoint for prior authorization for members for dates of service on or after Jan. 1, 2023. While it is the responsibility of the rendering provider to obtain prior authorization, facility providers are encouraged to contact TurningPoint to verify the prior authorization has been completed for CareSource members prior to procedure being scheduled. Providers (in-network and out-of-network) can view Cardiac and Musculoskeletal Surgical policies and guidelines at TurningPoint's website after registration on the

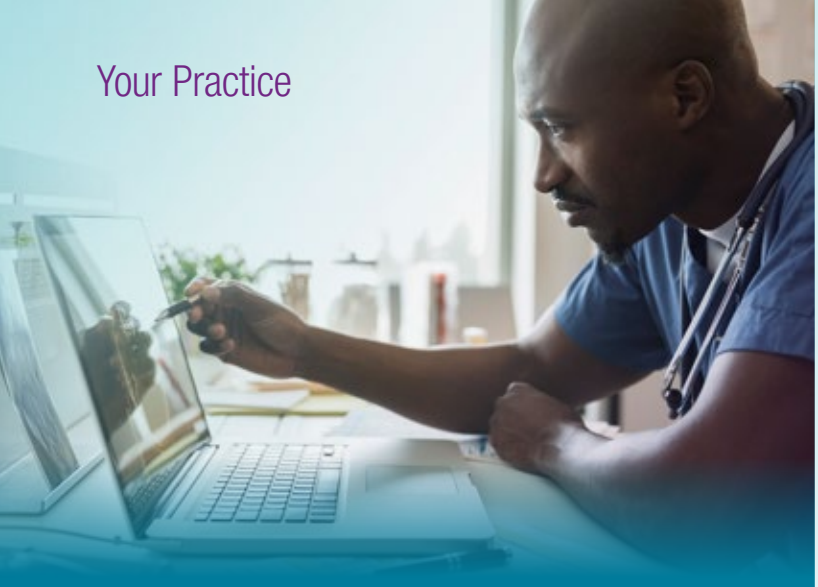
TurningPoint Portal.

For more information, please visit **CareSource.com** > Providers > Provider Policies, choose the applicable state/plan and then select **Musculoskeletal and Cardiac Surgical Procedures**.



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.



Model of Care Training Reminder

CareSource Dual Advantage serves people who are dually eligible for Medicare and Medicaid. Our person-centered, integrated care model provides care coordination to a population with complicated health care needs. The Centers for Medicare and Medicaid Services (CMS) requires all contracted medical providers and staff receive basic training about the D-SNP/MyCare Model of Care (MOC) and to complete annual refresher training.

CareSource provides this training on our website at **CareSource.com** > Providers > Training & Events. Providers are required by CMS to attest to completing the annual MOC training. Please complete the Attestation Form located at the end of the training presentation to receive credit for completing this training. If you have already completed this training for 2023, thank you!

For questions, please contact CareSource Provider Services Monday through Friday, 8 a.m. to 6 p.m. Eastern Time (ET):

- MyCare: 1-800-488-0134
- D-SNP: 1-833-230-2176

How Do Your Patients Perceive You?

Every year, from February through May, CareSource is required to conduct patient experience surveys, like the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) and submit the results to National Committee for Quality Assurance (NCQA) and CMS. In this survey, many of your CareSource patients will be asked questions about their health care experiences and this includes you!

Our partnership makes a big impact on the patient's perception of their health care experience. We know your team works hard to take care of your patients and we want to help. We look forward to continuing as your partner in delivering a high standard of care.

With these surveys underway, here are some things to consider during your patient interactions:

- How would your patients rate you as their PCP, specialist, and the care you provide?
- Is it easy for patients to make an appointment with you as soon as they need?
- Are you informed and up-to-date about their care?
- Do you let patients know when and how they will receive test results?
- Do you explain things well, listen carefully, show respect, and spend enough time with them?
- Have you recommended or given their flu vaccination?

We appreciate all that you do to provide quality care!

CMS Requirements for Special Needs Program Health Plans: *Face-to-Face Encounters D-SNP Providers*

To support implementation of comprehensive individualized care plans, identification of goals, and measuring outcomes, the Centers for Medicare & Medicaid Services (CMS) requires health plan providers to conduct annual face-to-face encounters with enrollees of Special Needs Plans. The purpose of these encounters is to encourage care coordination across the interdisciplinary team.

To comply with CMS requirements, we must do the following for each D-SNP member, with their consent and beginning within the first 12 months of enrollment:

Annual face-to-face encounters are conducted with the enrollee and one of the following:

- A member of the enrollee's interdisciplinary team
- A member of the plan's case management and coordination staff
- A contracted plan healthcare provider

Encounter must be conducted in one of the following methods:

- In person
- Through a visual, real-time interactive telehealth

It is important to provide correct documentation to meet the CMS requirement, per the Code of Federal Regulations 2CFR422.101(f)(iv). Correct documentation includes evidence of preventive care, person centered care planning and/or care coordination activities.

Georgia Care Coordination Between Providers

At CareSource, our case management fully integrates both physical and behavioral health. The focus is to provide a dynamic, community-based, member-centric model of service delivery. Behavioral and substance use problems and illnesses seldom occur in isolation. They frequently accompany each other, as well as a substantial number of general medical illnesses such as heart disease, cancers, diabetes and neurological illnesses.

Care coordination is the outcome of effective collaboration. Coordinated care prevents drug interactions and redundant care processes. It does not waste the patient's time or the resources of the health care system. Moreover, it promotes accurate diagnosis and treatment because all providers receive relevant diagnostic and treatment information from all other providers caring for a patient. When delivered to the appropriate contacts, targeted care coordination can improve outcomes for all – patients, providers and payers (Agency for Healthcare Research and Quality, 2018).

Referrals are the link between primary and specialty care. Many referrals do not include a transfer of information, either to or from the specialist. To promote continuity and coordination of care, and to remedy this care delivery fragmentation, here are some recommendations for office staff:

- Collect medical release authorization prior to the member leaving the office
- Reach out to the member to confirm their appointment with the referred provider
- Fax pertinent clinical/medical information to the referred provider in a HIPAA format

Our members were surveyed and expressed a need for more coordination between their providers. If you would like more guidance on how to coordinate services between other providers, please go to the U.S. Office of Civil Rights description of HIPAA.

CareSource®

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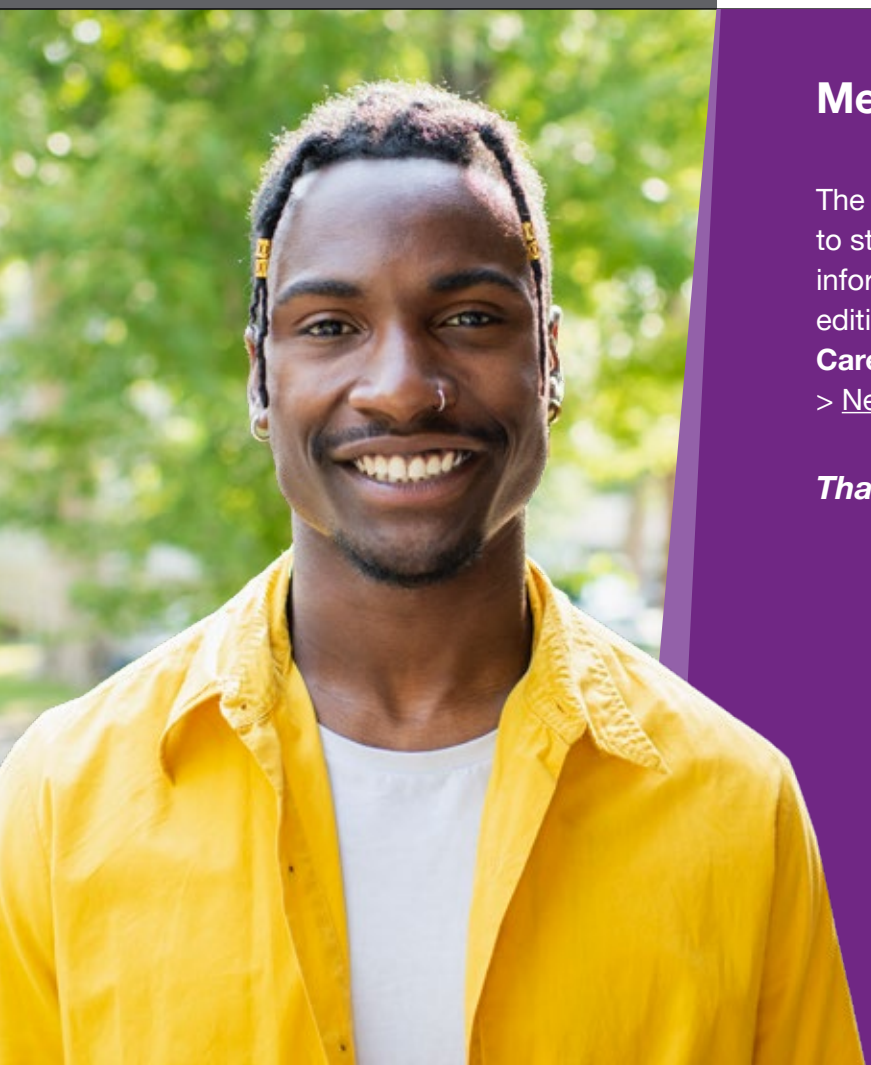

MemberSource Newsletter

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!

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