

Spring 2016

# ProviderSource

A newsletter for CareSource health partners



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## Disease management and health care goals

CareSource® members diagnosed with asthma or diabetes are automatically enrolled in an enhanced disease management program\* that offers resources and tools to help them reach their health care goals. Some members identified with a complex condition have a nurse assigned to their case.

We help by monitoring preventive health issues, relevant medical test results and members' self-management of their conditions. We also help members manage comorbidities, lifestyle issues and medications. Outreach includes diagnosis-specific educational mailings.

### New newsletter for members

CareSource now offers disease-specific member newsletters dedicated to disease management. We offer information that can help members:

- Understand their condition and health care benefits
- Coordinate care among health partners
- Access social and support services
- Improve compliance with recommended treatment options

To refer a CareSource Just4Me™ member who is not already enrolled in the program, call Care Management at **1-855-202-0415**.

To refer a CareSource Advantage® (HMO)/ CareSource Advantage Plus™ (HMO) member who is not already enrolled in the program, call Care Management at **1-866-415-0585**.

\* CareSource Just4Me members may opt out by calling **1-855-202-0415**. CareSource Advantage/CareSource Advantage Plus members may opt out by calling **1-866-415-0585**.

## From the medical director

2016 is off to a fantastic start. CareSource is proud to serve more than 28,000 Indiana members through CareSource Just4Me, our qualified health plan in the Health Insurance Marketplace, and CareSource Advantage/CareSource Advantage Plus, our Medicare Advantage plans that launched in January.



*Dr. Don Wharton*

Overall, we now offer our Just4Me plans in Indiana, Kentucky, Ohio and West Virginia, our Medicaid plan in Ohio, and our Medicare Advantage plans in Indiana and Kentucky. This brings our total membership to more than 1.5 million.

This year we continue to focus on aligning with our health partners in the most meaningful ways possible. This includes making sure you have the tools you need to do business with us efficiently. Online tools, a no-hassle prior authorization process and a generous formulary are just a few of the ways we hope to help you streamline member care and administrative tasks.

Our secure Provider Portal is part of this effort. Access the portal at <https://providerportal.caresource.com/IN>. Once registered, you can verify member eligibility, retrieve claims information, check member payment responsibilities and much more.

We also continue our move toward value-based reimbursement, more meaningful data sharing, and effective collaborations with health partners that focus on patient needs. We appreciate your continued partnership and dedication to quality health care.

Sincerely,



Don Wharton, MD  
Vice President, Medical Director Ohio Market

## CareSource adds patient liability to EOPs

CareSource is pleased to announce we are now showing the patient liability for copays, coinsurance and deductibles on our Explanation of Payments for providers! We appreciate your feedback and patience as we worked to make this important improvement.

## Email CareSource Indiana Provider Relations

Do you have questions about contracting, covered services, claims, prior authorizations, or other CareSource policies? The Provider Relations team has a new email address especially for health partner inquiries! Contact them at [IN\\_Provider\\_Relations@CareSource.com](mailto:IN_Provider_Relations@CareSource.com).

## Nurse advice line call summaries now on Provider Portal

### CareSource offers a special benefit to its members:

CareSource24® is our 24-hour nurse advice line that members can call any time of the day or night to get medical information and advice. Our nurse advice line is now even better.

We now post a summary of CareSource24 triage information to the member's profile on the Provider Portal. The summary will give the primary care provider (PCP) a record of why the member called and what advice the nurse gave. This is designed to help PCP's better coordinate care for their patients.

Our nurses assess the member's condition using industry standards developed by physicians for pediatric and adult triage. The main objective of telephone triage is to sort patients into appropriate dispositions (levels of care) based on acuity or severity of the injury or illness. Instruction is given to the member to meet the disposition based upon time of day, day of week and resources available.



## Just4Me news: Benefit changes for 2016

We have updated our CareSource Just4Me benefits for 2016. These changes allow us to lower overall costs for members on services they use the most and expand coverage. Highlights are shown below.

	Enhancements & Changes
Silver Standard	<ul style="list-style-type: none"> <li>• PCP, behavioral health and retail clinic visits to \$0 from \$20</li> <li>• Coverage for specialty high-cost drugs – to 50% coinsurance up to \$300</li> </ul>
Gold	<ul style="list-style-type: none"> <li>• PCP, behavioral health and retail clinic visits to \$0 from \$20</li> <li>• Coinsurance increased from 10% to 20%</li> <li>• Maximum out-of-pocket medical increased from \$1,750 to \$2,000</li> <li>• Coverage for specialty high-cost drugs – to 50% coinsurance up to \$300</li> </ul>
Bronze	<ul style="list-style-type: none"> <li>• Inpatient and ER copay eliminated, coinsurance only</li> <li>• Deductible increased from \$6,600 to \$6,650</li> <li>• Maximum out-of-pocket medical increased from \$6,600 to \$6,850</li> <li>• Coinsurance increased from 20% to 40%</li> <li>• Retail non-preferred brand drugs increased from \$125 to \$200</li> <li>• Coverage for specialty high-cost drugs – to 50% coinsurance up to \$300</li> </ul>

# Diabetes screenings help prevent complications

CareSource educates members with diabetes about the importance of adhering to prescribed treatment plans and completing health screenings to prevent complications. Health partners can help by confirming that patients receive all appropriate recommended screenings (see below) and by accurately documenting the results.

Screening	Frequency
✓ Retinal eye exam	Annually
✓ Kidney function test	Annually
✓ Cholesterol and triglyceride test	Annually
✓ HbA1C test	At least twice a year (may be checked more often if it is over 7)
✓ Complete foot exam	Annually (encourage member self-exam once a day)
✓ Dental exam	Annually
✓ Flu shot	Annually
✓ Pneumonia shot	At least once
✓ Blood pressure, weight and foot check	At each visit

## Clinical care guidelines updated

CareSource approves and adopts nationally accepted standards and guidelines and promotes them to practitioners and members to help inform and guide clinical care provided to CareSource members. We endorse the use of these treatment protocols by providers for the management of a variety of conditions. The following guidelines were updated recently:

- Behavioral health
- Perinatal care

All guidelines are reviewed and updated, as needed, at least every two years. To access our entire set of clinical and preventive care guidelines, as well as recently updated and newly added guidelines, visit our website at the following links.

- CareSource Just4Me:  
[CareSource.com/providers/indiana/just4me/patient-care/health-care-links/](https://www.caresource.com/providers/indiana/just4me/patient-care/health-care-links/)
- CareSource Advantage/CareSource Advantage Plus:  
[CareSource.com/providers/indiana/medicare-advantage/patient-care/health-care-links/](https://www.caresource.com/providers/indiana/medicare-advantage/patient-care/health-care-links/)



## Medicare enrollment reminder for Part D prescribers

Do you prescribe Medicare Part D drugs to CareSource Advantage/ CareSource Advantage Plus members or other Medicare patients? If so, you must be enrolled in Medicare (or validly opted out, if appropriate). Beginning June 1, 2016, the Centers for Medicare & Medicaid Services (CMS) will not allow Medicare Part D prescription drug benefit plans to cover these drugs if the prescriber is not enrolled in, or validly opted out of, Medicare. **If you are already enrolled in Medicare and have a Medicare-assigned number, no action is required.**

You can enroll electronically or on paper. There are no fees to complete the process.

- **To enroll electronically:**  
Visit [go.cms.gov/pecos](http://go.cms.gov/pecos). For limited enrollment, visit [go.cms.gov/PECOSsteps](http://go.cms.gov/PECOSsteps).
- **To enroll on paper:**  
Complete the paper application for limited enrollment at [go.cms.gov/cms855o](http://go.cms.gov/cms855o) and submit it to the Medicare Administrative Contractor (MAC) in your area.

This new CMS rule is designed to better combat fraud and abuse in the Part D program. If you need assistance with enrolling in (or validly opting out of) Medicare, please contact the MAC in your area.



### *Quality remains a top priority*

CareSource remains focused on quality. We continually assess the quality of care and services offered to our members, and implement programs to improve internal functioning, delivery of health care services and health outcomes. This is the essence of our quality program.



Our quality program evolves and responds to member and provider needs, incorporating standards established by the medical community through practitioner input as well as regulatory and accrediting bodies. Activities for improvement focus on:

- Improving the coordination and continuity of member care and the health status of our members, including those with complex health needs
- Evaluating the access, availability, and over- and under-utilization of health care services
- Ensuring the quality of member care and services
- Identifying and implementing appropriate safety and error-avoidance initiatives in collaboration with providers
- Overseeing member and provider satisfaction through measurement and improvement activities
- Evaluating the effectiveness of quality program activities in producing measurable improvements in member care and service

We use a variety of innovative programs, education initiatives, data analysis, monitoring systems and improvement projects to achieve our goals. Examples include online provider tools, clinical guidelines and other resources.

More details about CareSource Just4Me's quality program and the progress we have made in meeting our programs' annual goals are on our website at:

**[CareSource.com/providers/indiana/just4me/patient-care/quality-improvement/](https://www.caresource.com/providers/indiana/just4me/patient-care/quality-improvement/)**

### *Find quarterly formulary updates online*

Notifications of important CareSource formulary changes are mailed to members and health partners. They are also posted on our website at the following links:

- CareSource Just4Me:  
**[CareSource.com/providers/indiana/just4me/patient-care/pharmacy/](https://www.caresource.com/providers/indiana/just4me/patient-care/pharmacy/)**
- CareSource Advantage/CareSource Advantage Plus  
**[CareSource.com/providers/indiana/medicare-advantage/patient-care/pharmacy/](https://www.caresource.com/providers/indiana/medicare-advantage/patient-care/pharmacy/)**

Drug coverage information for our formulary is also available on ePocrates, a medical application you can download to your mobile device. Find out more at **[epocrates.com](https://www.epocrates.com)**.



## Anti-Kickback Statute

The Anti-Kickback Statute is a criminal law that prohibits the knowing and willful payment of “remuneration” to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

Prohibited kickbacks include:

- Cash for referrals
- Free rent for medical offices
- Excessive compensation for medical directorships

Kickbacks can lead to:

- Overutilization
- Increased costs
- Corruption of medical decision making
- Patient steering
- Unfair competition

Criminal penalties and administrative sanctions for violating the Anti-Kickback Statute include fines, jail terms, and exclusion from participation in federal health care programs.

You can report fraud, waste and abuse to the CareSource Special Investigations Unit by:

- Calling:
  - CareSource Just4Me: **1-866-286-9949**
  - CareSource Advantage/CareSource Advantage Plus: **1-855-202-0557**

and selecting the menu option for reporting fraud; or

- Writing us a letter or completing our Confidential Fraud, Waste and Abuse Reporting Form and sending it to:

CareSource  
Attn: Special Investigations Unit  
P.O. Box 1940  
Dayton, OH 45401-1940

**You do not have to give us your name when you write or call.** There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following means to contact us:

- Emailing **fraud@caresource.com**; or
- Faxing **1-800-418-0248**

If you choose to remain anonymous we will not be able to call you back for more information, so leave as many details as possible including names and phone numbers. **Your report will be kept confidential to the extent permitted by law.**



201 N. Illinois Street, Indianapolis, IN 46204

[CareSource.com](http://CareSource.com)

## HOW TO REACH US

Health Partner Services:

**1-866-286-9949**

CareSource24<sup>®</sup>, 24-Hour Nurse

Advice Line: 1-866-206-7880

### Follow us on Social Media

 [Facebook.com/CareSource](https://www.facebook.com/CareSource)

 [Twitter.com/CareSource](https://twitter.com/CareSource)

 [Instagram.com/CareSource](https://www.instagram.com/CareSource)

 [Pinterest.com/CareSource](https://www.pinterest.com/CareSource)

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## Have you heard of mental health first aid?

It is an 8-hour course for clinical and non-clinical staff to help you assist someone experiencing a mental health-related crisis. Your staff will learn a basic understanding of mental illnesses and addictions such as depression, anxiety, psychosis and substance use disorders.

Participants learn a 5-step action plan to assist someone who is experiencing conditions such as a panic attack or acute psychosis. For more information and to find a class in your area, just visit [mentalhealthfirstaid.org](http://mentalhealthfirstaid.org).

