



WINTER 2023

PROVIDER *Source*

A Newsletter for CareSource® Health Partners



- 2** Chief Medical Officer's Note
- 4** Network Notification Bulletin
What is SBIRT and Why Use It?
- 5** Thankful for Your Partnership in Helping Us Spread the Word on Member Rewards
- 6** Multi-Language Insert Requirement
Administer a Flu Shot, Earn a \$20 Payment
Effective Discharge Planning
- 8** False Claims Act
Accessing Tip Sheets for Help with Prior Authorization Cases
- 9** Pharmacy Updates
Benefits of Proper Drug Disposal
Coordination of Care Between Providers
- 10** Embracing Cultural Humility
- 11** Make Health Literacy Top of Mind for All
Free Training Available! CareSource's Provider Education Series

Chief Medical Officer's Note



At CareSource,
we are committed
to the whole health
of our members.
What does
that mean?

As you know, it is important to address the physical health, behavioral health, and oral health of every patient. We also know that health is impacted by more than just health care. These drivers of health include transportation, safe and stable housing, access to healthy foods, social connections and much more. An office visit to a health care provider is not going to address all aspects of whole health, but identifying the drivers to a healthy outcome is the first step.

Our team stands ready to partner with health care providers and community organizations to collectively support the needs of patients and families. We have resources available on our website. We have a care management team that partners with the health care provider and patient to address identified needs. We have staff who work with community partners to address housing, food, transportation, education, and employment.

Engaging the patient and family in taking charge of their health with support from us all is critical. Leveraging all the partners and available resources will allow us to achieve not only healthy outcomes, but quality health outcomes. Through this process, CareSource members are rewarded for healthy behaviors and health care providers are recognized for achieving quality goals.

How can we assist you in addressing the whole health of your patients?

Sincerely,

A handwritten signature in black ink that reads "Seema Csukas".

Dr. Seema Csukas
Vice President, Market Chief Medical Officer – Georgia





®

Thanks

For a Great Year!

We want to express our thanks to you, our valued providers! Without you, it wouldn't be possible to serve our members and live out the CareSource mission – “To make a lasting difference in our members' lives by improving their health and well-being.” We look forward to your continued partnership in 2024!

Network Notification Bulletin

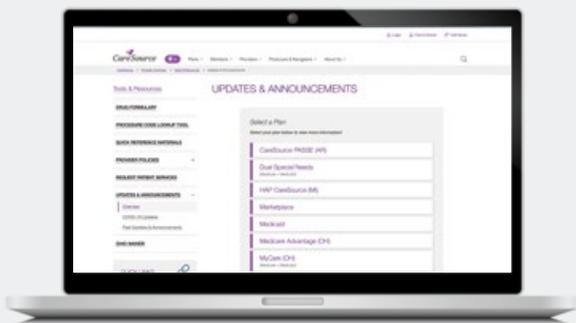


CareSource regularly communicates operational updates on our website. Our goal is to keep you updated with a format that is quickly accessible and that keeps you informed about working with us. Here are some network notifications posted from the previous quarter that you may have missed:

- Marketplace Providers – [Adult Type 2 Diabetes Reference Guide Update](#)
- Marketplace Providers – [Prior Authorization Requirement Updates](#)
- D-SNP Providers – [Prior Authorization Requirement Updates](#)
- MyCare Providers – [Prior Authorization Requirement Updates](#)
- Ohio Medicaid Providers – [Provider Network Management \(PNM\) Module Update](#)

Network notifications can be accessed at [CareSource.com](#) > Providers > [Updates & Announcements](#).

CareSource would 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](#).



What is SBIRT and Why Use It?

All Marketplace Providers

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identify individuals who use alcohol and other drugs (substances) at risky patterns of behavior. SBIRT has been shown to be valid and reliable in identifying and improving outcomes for people who use substances.

What are common Screening Tools used in SBIRT?

- Pre-Screening Form. The pre-screening form should be administered to all adult patients
- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST-10)
- THE CRAFFT 2.1
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide
- Brief Screener for Tobacco, Alcohol and other Drugs (BSTAD)
- Screening to Brief Intervention (S2BI)

Marketplace SBIRT submission

- SBIRT session must last at least 15 minutes with modifier 25
- G0396 Alcohol and/or substance misuse structured screening and brief intervention services 15 to 30 minutes
- G0397 Alcohol and/or substance misuse structured screening and brief intervention services, greater than 30 minutes
- G0442 Screening for alcohol misuse and brief behavioral counseling
- G0443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes

Resources: [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\) | SAMHSA](#)

Thankful for Your Partnership in Helping Us Spread the Word on Member Rewards!

Thank you, providers, for keeping our members healthy. It's a bonus when members can take charge of their health and earn rewards at the same time. It's a win all around! Please continue to encourage your members to complete their healthy activities, and most importantly, to have them redeem their rewards before they expire. If your patient would like to learn more about one of our programs, please direct them to the links below:



MyHealth Rewards

(18+) (OH Medicaid & All Marketplace Plans)

- Members are automatically enrolled.
- Review the Ohio Medicaid details on **CareSource.com**.
- For Marketplace, go to the **CareSource.com** link then select the state to learn more.
- Call Member Services for more information:
 - Marketplace: **1-833-230-2099**
 - Medicaid: **1-800-488-0134**



Babies First and Kids First

(For Ohio Medicaid expecting mothers and children up through 17 years old)

- Each child and pregnancy must be enrolled to earn rewards.
- Look [online](#) for more details.
- Call Member Services at **1-800-488-0134** for more details.



My CareSource Rewards

(OH D-SNP and MyCare Opt-In members only)

- Members are automatically enrolled in the My CareSource Rewards program.
- **CareSource.com** has more details for Ohio MyCare members.
- For more Ohio D-SNP rewards information, check **CareSource.com**.
- Call Member Services for more information at the appropriate number below:
 - D-SNP: **1-833-230-2020**
 - MyCare: **1-855-475-3163**



Administer a Flu Shot, Earn a \$20 Payment!

Ohio MyCare & Ohio D-SNP Providers

Rates of hospitalizations and deaths due to influenza continue to remain consistent year over year. Despite this, flu shot rates are continuing to decline. This is why we're turning to you for help.

Multi-Language Insert Requirement

Ohio MyCare & All D-SNP Providers

The Centers for Medicare & Medicaid Services (CMS) requires that all health plan enrollees receive the multi-language insert (MLI) document to inform beneficiaries that free interpreter services are available for the top 15 languages spoken in the United States, plus all additional languages that meet a five percent service area threshold. The MLI may be included as part of required materials or as a standalone document.

To meet this requirement, the MLI should be included with the following materials:

- An Important Message from Medicare About Your Rights (IM)
- Detailed Notice of Discharge Form (DND)
- Medicare Outpatient Observation Notice (MOON)
- Notice of Medicare Non-Coverage (NOMNC)

Achieving Health Equity requires that our members receive health information in the language they understand. Review this document at [CMS.gov/Medicare/Managed Care Marketing Documents](https://www.cms.gov/Medicare/Managed-Care/Marketing-Communications/Direct-Marketing/2019-08-16-MLI-Requirement).

Questions?

Contact Provider Services at the appropriate number below:

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

Effective Discharge Planning

All Marketplace Providers

Discharge planning is a critical component of ensuring safe, quality, coordinated medical and behavioral health care, and should include addressing all reasons for member admission. Effective discharge planning also considers social determinants of health, involves the member and their family in the planning, and specifies all behavioral and medical follow-up appointments. Comprehensive discharge plans can prevent readmissions, emergency room (ER) visits and medication errors.

CareSource recognizes discharge planning is a complicated process and the many challenges our providers and their staff face. CareSource recommends using the IDEAL model developed by the Agency for Healthcare Research and Quality (AHRQ) as an outline for best practice. IDEAL stands for Include, Discuss, Educate, Assess, and Listen:

- **Include:** Make sure the patient and the patient's family are considered partners in care and in discharge planning.
- **Discuss:** Conversation with the patient is key so they understand what life will be like after they transition home. Discussions should include a review of medications and test results and an explanation of warning signs and symptoms. Follow-up appointments with the patient's health care providers should also be made before discharge.



When we asked our members who they trust when it comes to flu shot education:

60% said "their providers" while only 9% said "their health plan".

You, as our provider partners, play an integral role in helping us move the needle on this important public health issue.

To support you in our efforts to improve flu shot rates among our members, we'll be rewarding you **\$20 for each flu shot*** you administer to CareSource MyCare or D-SNP patients in your practice!

Scan the QR code below to find out how to earn these payments:



MyCare



D-SNP

**The 20 payments apply only to flu shots that are given to CareSource MyCare patients in your practice.*

**The \$20 payments apply only to flu shots that are given to CareSource D-SNP patients in your practice.*

- **Educate:** Throughout the hospital stay and at discharge, patient and family education is critical to teaching self-care skills and promoting treatment adherence.
- **Assess:** Train and assess staff on their ability to explain health information to patients and caregivers and to use proven teaching methods, such as teach-back.
- **Listen:** Last in the acronym, but the first consideration in all interactions should be listening to what patients and families have to say about their needs, concerns, and goals.

CareSource is here to help and has several resources to support our providers with the discharge planning process. Please call Marketplace Provider Services **1-833-230-2101** or contact your Health Partner Representative if you have questions. Or, if you have a member that could benefit from additional outreach, education, and support, you can refer them to the CareSource Care Management program by contacting Member Services at **1-833-230-2099**.





False Claims Act A Few Facts on the False Claims Act (FCA)

The FCA is a federal law that prohibits a person or entity from:

- Knowingly presents a false or fraudulent claim for payment
- Knowingly uses a false record or statement to get a claim paid
- Conspires with others to get a false or fraudulent claim paid
- Knowingly uses 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.

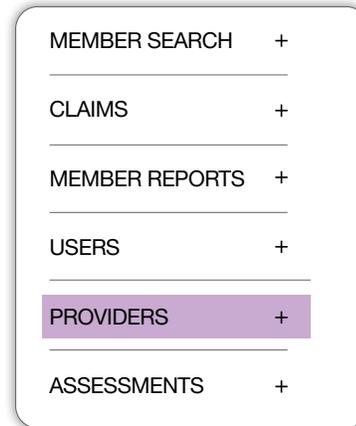
You can help reduce fraud by using the FCA. The FCA allows everyday people to bring “whistleblower” lawsuits on behalf of the government – known as “qui tam” suits – against groups or other individuals that are defrauding the government through programs, agencies, or contracts.

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

Accessing Tip Sheets for Help with Prior Authorization Cases

As a reminder – you can access tip sheets on the [CareSource Provider Portal](#)! Please follow the instructions below:

Log in to your Provider Portal account. Along the left side of the home page is a dropdown menu. Select “Providers.”



A dropdown list will appear. Select

“Prior Authorizations and Notifications.”

You will be redirected to the Prior Authorization and Notifications page. Under the heading,

“Using CareSource Provider Portal Prior Authorization,”

there is a bulleted list of links to help you access features of CareSource’s Provider Portal Prior Authorizations.

Bulleted links include, but are not limited to, market-specific tip sheets for

“Request for Change or Request for Case,”

and

“How to Check Authorization Case Status.”

Please reach out to Provider Services if you have questions or concerns.



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 also be found there. If members do not have access to the internet, they can call Member Services. A CareSource Representative will help members find out if a medication is covered and how much it will cost.

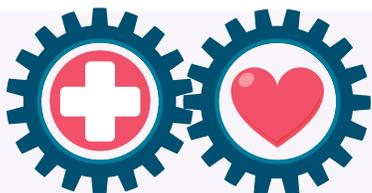
Benefits of Proper Drug Disposal



Remind your patients that proper disposal of expired, unused or unneeded medications is important for their health.

Proper disposal helps prevent accidental ingestion, especially by children or pets. It also minimizes the risk of misuse or abuse, thereby safeguarding those at risk for potential addiction or harm. Finally, proper disposal helps to lessen patient confusion by removing medications from their home that they are no longer taking.

CareSource is pleased to offer all our members free DisposeRx[®] drug disposal packets to help them and their loved ones stay healthy. Information on how to receive DisposeRx[®] packets can be found on our website, [CareSource.com](#). You can also find information about resources for safe medication disposal at www.dea.gov/takebackday.



Coordination of Care Between Providers

Your Practice

Ohio Medicaid, Ohio Marketplace, Kentucky Marketplace, North Carolina Marketplace & West Virginia Marketplace Providers

At CareSource, our care management program fully integrates all aspects of our members' health and well-being. The focus is to provide a dynamic, community-based, member-centric model of service delivery. Physical and behavioral health conditions, including substance use problems, seldom occur in isolation. They frequently accompany each other, making effective treatment more complex. 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, specialty, and behavioral health care. Many referrals do not include a transfer of information, either to or from each provider. 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-compliant 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.

Embracing Cultural Humility

There is much attention in health care today on “cultural competency,” the ability of providers to recognize, respect and include the cultural norms and perspectives of our patients. The term assumes we can fully understand and master the intricacies of every cultural and environmental factor that impacts an individual’s narrative. Such a goal is lofty and idealistic.

The concept of cultural humility, however, shifts the focus to a genuine curiosity and humble approach to understanding the diverse complexity in our patients. Bridging understanding from cultural competency to cultural humility requires a shift in mindset, where providers respect the diversity and nuance in the patient experience, and recognize those we treat as the true authority of their lived experience.

Embracing cultural humility requires a provider to:

- Engage patients with an open mind and actively listen to the patient at each encounter.
- Acknowledge their own biases, lived experiences and knowledge gaps, which may impact their understanding of the patient’s experience.
- Accept the power dynamics that are present in health care and seek to empower the patient.

By adopting a practice of curiosity, humility and respect toward diverse cultures, we set the stage to build trust in the provider-patient relationship and support an unbiased, patient-centered approach to care. Cultivating strong relationships with patients leads to improved patient satisfaction, better adherence to treatment and optimized health outcomes. Finally, cultural humility helps us tackle health care disparities by acknowledging our differences and ensuring respectful, culturally responsive, equitable care for all.





Make Health Literacy Top of Mind for All

What's health literacy?

The Centers for Disease Control and Prevention (CDC) defines *organizational health literacy* as “the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” It is our responsibility to empower our members, and with your help, we can enable members and increase their health literacy.

At CareSource, we use plain language to make our materials more reader-friendly. We ask you, as a provider, to help us in this charge. When meeting with members:

- Use plain language vocabulary to increase likelihood for patient understanding.
- Take pause and allow your patients to ask questions.
- If sharing printed materials with your patient, consider reviewing the document with them – point out the “need to know” information.
- Ask follow-up questions to confirm that your patient understands and knows how to proceed.
- Ensure patients understand their benefits or know where to find resources to learn more about benefits or other health insurance terms.

In a 2018 survey, PolicyGenius and Radius Global Research found that 96% of Americans overestimate their understanding of health insurance concepts. This survey asked participants to define four key health insurance terms – deductible, co-insurance, co-pay and out-of-pocket maximum. Only 4% could define all four terms.

This shocking statistic is not one to gloss over. We can all do something to improve the rate of understanding within the health care industry.

Together, let's do our part in improving health literacy among our CareSource population!

Resources:

www.policygenius.com/health-insurance/health-insurance-literacy-survey/
www.cdc.gov/healthliteracy/learn/index.html

Free Training Available!

CareSource's Provider Education Series

We strive to equip our health partners with training resources to continue providing high-quality care to our members, as well as education on how to work with CareSource. We've developed Provider Education Series trainings that focus on Access and Availability Standards, Credentialing, Provider Portal, Life Services and more! To access trainings, please visit **CareSource.com** > Providers > Education > [Training and Events](#).

We encourage providers to take advantage of the available education and training to learn more about CareSource and related topics.

Upon completion of trainings, please be sure to complete the [Provider Training Attestation](#) form.



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VISIT US

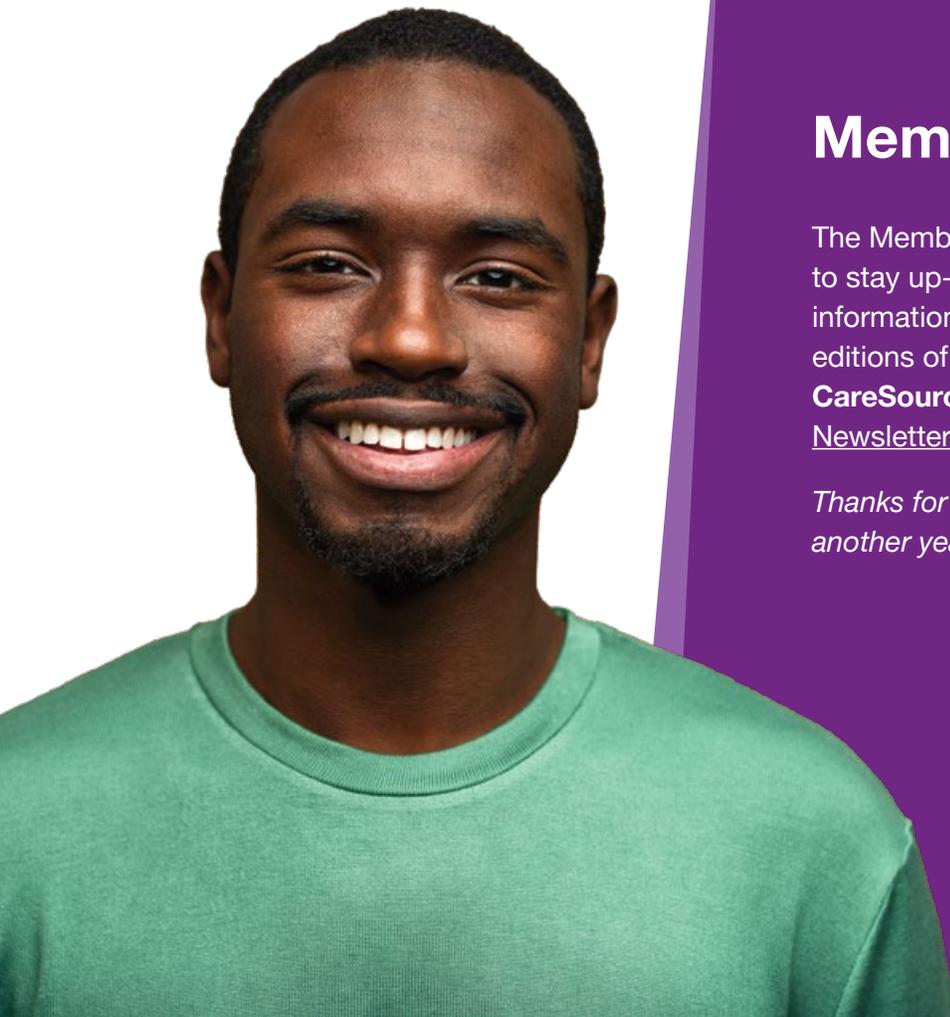
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Member Corner

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](https://www.caresource.com/members/education/newsletters).

Thanks for your partnership and we look forward to another year working with you!

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