



FALL 2024

PROVIDER *Source*

A Newsletter for CareSource Health Partners

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Chief Medical Officer's Note

CareSource's vision is to "transform lives through innovative health and life services." This encompasses not only the physical health of our members but also the behavioral health. There are several areas of behavioral health that have a deep impact in our communities. Several studies over decades have shown that behavioral problems have far reaching effects in multiple aspects of our daily lives including home, work, family, our social circles, and our community.

While there are many behavioral health diagnoses that affect our patients, eating disorders involve both behavioral and psychological health. This is not just a single diagnosis, but an array of different disorders under one broad umbrella. While once thought to be a disorder of adolescent and young women, these disorders are now known to encompass a more robust demographic than previously thought. These behaviors are usually rooted in ego-dystonic beliefs, which are actions that are inconsistent with a person's ego. For example, those suffering with Anorexia Nervosa have beliefs of being overweight when they are in fact underweight and, in some cases, severely so.

CareSource works with providers in the community to help our members get the right level of care at the time they require it. An ongoing challenge is that not all levels of care for these disorders are available in all states. CareSource is committed to this expansion where needed.

We thank our partners in helping members receive the necessary care for these difficult disorders.

Sincerely,

Michael Wilson, MD

Dr. Michael Wilson

Medical Director, Behavioral Health



We're Better When We're Working Together

This quarter's newsletter is packed with reminders. Be sure to read each article to learn about the latest updates and resources from CareSource.

Find Updates From CareSource Online

Ohio Plans Only

We strive to make partnering with us simple and easy. We're aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner.

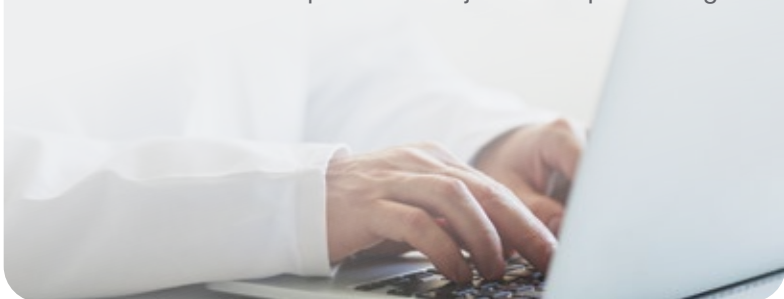
To find all the latest CareSource news, visit our Updates & Announcements page on the Provider pages of **CareSource.com**. You will find all the updated regarding the preferred drug list (PDL), prior authorization requirements, and medical and reimbursement policies.

Corrected Claims Reminder

Each month, CareSource receives approximately 100,000 corrected claims from providers.

About ten percent of these claims are rejected due to either missing Payer Claims Control Numbers or providers not using the latest version of the processed claim for the patient account.

In order to diminish the chance of a denied claim, be sure to **review your records** when submitting corrected claims to ensure you are entering the most recent claim number that has completed the adjudication processing.



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 were some network notifications posted from the previous quarter that you may have missed:

- (Marketplace) [Kidney Health Evaluation for Patients with Disabilities](#)
- (Marketplace) [Independent Laboratory](#)
- (Ohio MyCare, Ohio D-SNP and Georgia D-SNP) [Change to Prior Authorization Request Process for Part B \(Medical Drugs\)](#)
- (Ohio Medicaid and MyCare) [Member Redetermination Date Now Visible on Provider Portal](#)

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 find our provider policies listed at **CareSource.com** > Providers > [Provider Policies](#).



Consider Home Health Care

Kentucky and West Virginia Marketplace

As you know, many medical services not only can be performed in locations other than hospitals or medical centers, but alternative locations often reduce risk to the patient as well as often save significant costs to them. Specialized drugs for conditions such as cancer, autoimmune disorders and many other chronic health conditions are usually safely delivered in the home setting. Intravenous fluids to treat dehydration, supplemental nutritional agents, and medications for a number of other medical conditions, can be safely received in the home.

The home setting reduces the risk of infections from other patients, provides a level of comfort not available in a traditional medical setting, and is more convenient and time saving from the patient's point of view. Patients are able to relax in a familiar environment, and, in many instances continue to do productive work, not possible in the setting of a hospital or infusion center.

Such services remain under your direction and supervision and are provided by nurses skilled in the administration of specialized medications in the home setting.

Generally, the costs for providing these services in the home setting are significantly less than if they are provided in a typical medical setting, such as a hospital, infusion center, or doctor's office. These reduced costs in many instances benefit the patient as a result of a decreased copay in addition to the other benefits already mentioned.

When prescribing medications for infusion, please consider consulting with your patient about the advantages of home infusion and utilize this setting when appropriate.





Quality Patient Experience Guide

All plans except North Carolina Marketplace

Did you know CareSource has a Quality Patient Experience Guide for our providers online? This guide is a Consumer Assessment of Healthcare Providers and Systems (CAHPS®)* resource that offers guidance in ensuring patient experience and satisfaction. This resource includes questions to ask patients and steps to increase overall quality of their experience.

To access the Quality Patient Experience Guide visit **CareSource.com** > Providers > Quick Reference Materials. You can find the guide under **Improving Quality Scores**.

We know you work hard to deliver quality care for your patients, and we want to help every step of the way. We hope this guide is helpful for you as you navigate the patient experience. We thank you for your part in delivering a high standard of care. Together, we can enhance experience, increase satisfaction, and gain better health outcomes for patients.

*There are different versions of the Health Plan survey for each type of plan: Medicaid uses the Healthcare Effectiveness Data and Information Set (HEDIS) CAHPS survey and is conducted separately by adult and child populations and is required by National Committee for Quality Assurance (NCQA). Marketplace uses the Qualified Health Plan Enrollee Experience (QHPEE) survey and is required by Centers for Medicare and Medicaid Services (CMS).



Preventing Congenital Syphilis

All Marketplace Plans & Ohio Medicaid

Congenital syphilis cases are on the rise and have more than tripled in the recent years. The Centers for Disease Control and Prevention's (CDC) analysis showed that in 2022 nine out of 10 congenital syphilis cases may have been prevented with timely testing and treatment during pregnancy. If syphilis is not treated appropriately or diagnosed during pregnancy, congenital syphilis can increase morbidity and mortality leading to pregnancy loss, stillbirth, prematurity, low birth weight, and possible neonatal death.

Providers play a key role in decreasing or eliminating congenital syphilis through educating patients, ordering timely testing, and providing appropriate treatment. Pregnant people should be tested for syphilis at the first prenatal visit, between 28-32 weeks gestation, and again at delivery. Treatment should begin promptly after syphilis diagnosis with benzathine penicillin G. Appropriate treatment guidelines based on the current clinical stage of infection can be found on the CDC website. Treating both the mother and the partner and encouraging safe sex practices can help prevent re-infection during pregnancy. Providers should also offer syphilis testing to sexually active females aged 15-44 years and their partners to identify syphilis and prevent spreading.

Diabetes and Kidney Health

Marketplace Plans Only

According to the Centers for Disease Control, one in three adults with diabetes has chronic kidney disease (CKD), increasing risks of heart disease, stroke, kidney failure, and early death in those affected.

Black, Latine and Native American people with diabetes are at disproportionately higher risk for kidney disease. Up to 90% of people with CKD are unaware they have it.

Completing the annual Kidney Health Evaluation for Patients with Diabetes (KED) provides you with the essential information to diagnose CKD and to engage in shared decision making to create an effective treatment plan with the patient.

Measures	CPT Codes
Kidney Health Evaluation for Patients with Diabetes (KED) (Includes both eGFR and uACR tests)	80047, 80048, 80050, 80053, 80069, 82565, 82043, 82570
Other Important Diabetes Care Measures and CPT Codes	
Blood Pressure Control for Patients with Diabetes (BPD)	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Glycemic Status Assessment for Patients with Diabetes (HbA1c with documented results)	3044F Most recent A1C < 7.0% 3046F Most recent A1C > 9.0% 3051F Most recent A1C ≥ 7.0% & < 8.0% 3052F Most recent A1C ≥ 8.0% & < 9.0%
Eye Exam for Patients with Diabetes (Exam by Eye Care Professional)	2022F, 2023F, 2024F, 2025F, 2026F, 2033F, 3072F

Using CPT II codes will help to:

- ✓ Improve health outcomes
- ✓ Improve HEDIS measurement scores
- ✓ Reduce medical records requests

Adult Type 2 Diabetes Reference Guide

Marketplace Plans Only

Pharmacotherapy choices for diabetic management can be challenging. Evidenced-based A1C goals are the best way to help your patients reduce their long-term risk of stroke, heart attack, dialysis, retinopathy, neuropathy, and death.

Patient education can also have a profound impact on lowering long-term risk. Taking medications as prescribed, meal planning, and appropriate exercise are crucial steps in attaining optimal blood sugar control. To help support medication adherence, 90-days supply of maintenance diabetes medications are available for all CareSource patients.

CareSource designed a Diabetes Quick Reference Guide based on the American Diabetes Association's Standards of Care in Diabetes. This guide lists some commonly prescribed medications to help manage Type 2 Diabetes.

The quick guide includes:

- ✓ Screening and Diagnosis of Type 2 Diabetes (adults)
- ✓ Diagnostic Test Results & Recommended Action Plan
- ✓ Dosing considerations for some commonly prescribed medications for Type 2 Diabetes (adults)
- ✓ A link to the [CareSource Prescription Drug Formulary](#)

Click to access the downloadable/printable [Diabetes Reference Guide](#).



Ensuring Coordination of Care Between Providers

Marketplace Plans Only

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. Check out **CareSource.com** > Tools & Resources > Forms for a printable coordination of care form that outlines the most useful information based on provider feedback.

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

Empowering People with Diabetes Through DSME

Marketplace Plans Only

CareSource recognizes the importance of Diabetes Self-Management (DSME) training for members who have diabetes. Education should be provided by a certified, registered, or licensed network provider with expertise in diabetes and will conform to current standards established by the American Diabetes Association.

A DSME referral may be appropriate when:

- A member is first diagnosed with diabetes,
- There is a significant change in the member's symptoms or condition resulting in a change in diabetes management, or
- A new medication or therapeutic process relating to the member's treatment and/or management of diabetes has been identified as medically necessary by a physician.

To help members get the most from their health plan, CareSource began offering a new product in 2024 focused on diabetes care. Plan highlights include:

- A1c testing, retinopathy screening, and diabetic kidney disease screening at no charge
- Select medications (rapid-acting and basal insulins, SGLT-2, DPP-IV, and other oral medications) at no charge.
- In-network PCP and Endocrinology visits (copay).
- Foot care and DSME (subject to deductible and coinsurance).

Questions? Reach out to your Health Partner Representative or call Provider Services at **1-833-230-2101**.

To locate an accredited DSME program in your area, visit the Association of Diabetes Care & Education Specialists "[Find Diabetes Education & Support Programs](#)" page.

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.

PharmScript Pharmacy Termination Disclosure

Ohio MyCare, Ohio Marketplace, Ohio D-SNP, Kentucky Marketplace, North Carolina Marketplace, Georgia Marketplace and Georgia D-SNP

Express Scripts®, the pharmacy benefit manager for CareSource, has notified the plan that all PharmScript Pharmacy locations will terminate from their pharmacy network on **Friday, August 2, 2024**. PharmScript Pharmacy group is the exclusive pharmacy supplier for several Long-Term Care (LTC) facilities. CareSource providers are being made aware for members currently in an LTC facility that utilizes any impacted pharmacies. CareSource Care Management is working with facilities impacted on utilization of an alternate pharmacy for CareSource members. This has potential for significant impact to beneficiaries residing in these facilities.

Please visit your market's [Updates and Announcements](#) page for the complete network notification, which lists specific pharmacy locations.



Optimizing Patient Outcomes Through Effective Management of Drug Interactions

Drug interactions are a significant concern in clinical practice, potentially leading to reduced efficacy or increased toxicity. Drug interactions involving anticoagulants, antiepileptics, and antibiotics, for example, are common and can have serious clinical implications. As health care providers, it is important to be aware of the medications our patients are prescribed, especially when they are managed by multiple providers. Evidence shows that using electronic health records with integrated clinical decision support can help identify potential interactions, leading to reduced adverse events and fewer hospitalizations. Using resources such as drug interaction checkers and consulting with pharmacists can strengthen the identification and management of potential interactions.

Regularly reviewing complete medication lists during each visit and educating patients on the importance of reporting all medications, including over the counter (OTC) and herbal supplements, is essential. Encourage your patients to use a single pharmacy to fill all prescriptions. Educating patients on the risks of drug interactions and the importance of adherence to prescribed therapies is vital. By taking these steps, we can optimize therapeutic outcomes and enhance patient safety.



Health Equity Focus



Health equity isn't just an industry buzzword. CareSource believes it is our collective responsibility to take action and create an environment of empathy for how we serve the most vulnerable among us.

Many of our members are in the midst of chronic stress, often exacerbated by health conditions, family dynamics, housing instability, underemployment, stigma, marginalization, and more. These stressors create health disparities and are closely linked with social, economic, and/or environmental disadvantages.

Disparities adversely affect groups of people who have systematically experienced greater obstacles to their health. Everyone should have a fair and just opportunity to achieve their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

It is through a collective effort to understand the diverse values, belief systems, cultures, linguistic needs, and socioeconomic barriers of our members that we are able to make lasting improvements in health equity. CareSource works to achieve health equity by building partnerships and programs to address health disparities and create opportunities for our members to reach optimal health. We are champions of health equity and improved outcomes for those who entrust us with their care and believe that the diversity of our membership is a tremendous asset to the community.

At CareSource we believe in:

- Viewing people and experiences through a health equity lens
- Raising awareness for health disparities and removing barriers to health equity
- Pursuing inclusion for our members, providers, and community partners
- Reducing and eliminating health disparities
- Advocating for and driving change

Visit the CME Outfitters [Diversity and Inclusion Hub](#) to begin taking actionable steps toward mitigating racial health care disparities and earn 10+ hours of free CME/CE credit!

Provider Self-Disclosures

Ohio Medicaid, MyCare & Georgia D-SNP

CareSource providers are responsible for self-disclosing inappropriate Medicaid payments received and returning those overpayments. If a provider discovers an inappropriate payment or noncompliance with Medicaid requirements, they are mandated by Federal and state laws to report and return these overpayments to CareSource. Examples of issues to self-disclose are listed below (not a comprehensive list):

- Billing system errors resulting in overpayments
- Potential violation of Federal, state, or local laws or billing/coding policies
- Overpayments involving fraud or violations of law
- Discovery of an employee on the Excluded Provider List

A form is available to request the offset of overpaid claims against a future payment. That form is located [here](#).



Member Incentives and Rewards Help Close Gaps in Care

Georgia Marketplace, Kentucky, Ohio and West Virginia Plans

Having a hard time getting your members to go in for their preventive appointments and close gaps in care? Perhaps a little incentive may help! Our Incentives and Rewards programs are designed to encourage members to take charge of their mental and physical well-being. Members earn rewards for simply completing preventive and other wellness activities. Most of the preventatives may already be covered by the plan, and the best part is, this program is available to them at no charge.

Read more about the Member Incentives and Rewards programs on **CareSource.com**. Please note that reward details are also available in the Provider Portal Resource Library!



Medicaid Matters: Understanding COBs/Third-Party Liability

Medicaid third parties refer to entities or individuals responsible for paying for a beneficiary's health care. Identifying third parties ensures Medicaid doesn't overpay for services already covered elsewhere. Medicaid acts as the last payer, except in specific circumstances outlined by federal statutes.

For providers, thoroughness and accuracy in eligibility and benefits verification are crucial. Here's a checklist to guide you:

1. **Collect Patient's Insurance Information:**
 - Obtain complete insurance details, including the patient's insurance ID and policy number.
2. **Check Policy Status:**
 - Confirm if the insurance policy is active and note the effective dates.
 - Provide supporting documentation if the member has inactive coverage with primary insurance.
3. **Verify Insurance Coverage Details:**
 - Clarify covered services, procedures, and treatments.
 - Understand responsibilities required by each plan.
4. **Identify Patient Responsibility:**
 - Determine co-payments or deductibles the patient is responsible for.
 - Check deductible status and reset dates.
5. **Check Pre-Authorization Requirements:**
 - Determine if services need pre-authorization.
6. **Understand Benefit Limits:**
 - Be aware of any coverage limits.
7. **Note Special Clauses:**
 - Consider pre-existing condition exclusions or other special conditions.
8. **Confirm Provider Network Status:**
 - Ensure your health care facility is within the patient's insurance network.
9. **Conduct a Real-Time Eligibility Check:**
 - Submit a HIPAA 270 transaction before sending the claim to verify eligibility.

Following these steps ensures efficient claims processing, minimizes billing errors, and provides accurate information to patients about their coverage and financial responsibilities.



HEDIS Measures: Impactful for Members and Providers

Ohio, Kentucky, North Carolina
and West Virginia Providers

Attention-deficit/hyperactivity disorder (ADHD) is impacting children across the country. Treatment can include behavior therapy and medication. It's important medication is prescribed and monitored appropriately by the practitioner with prescribing authority.

HEDIS measures are developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS Follow-Up Care for Children Prescribed ADHD Medications (ADD, ADD-E) measures the percentage of children newly prescribed ADHD medication. The measure monitors two rates. The *initiation phase* assesses children between six and 12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

The *continuation and maintenance phase* assesses children between six and 12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days (seven months) and had at least two follow-up visits with a practitioner in the nine months after the initiation phase.

To support this HEDIS measure consider:

- Scheduling a follow-up visit within 30 days to assess how the medication is working.
- Scheduling two more visits in the nine months after the first 30 days to monitor progress.



CareSource Out in the Georgia Community

Georgia Marketplace and D-SNP

Check out the events CareSource has partnered in, along with the upcoming opportunities:

(June 2024) Camp Twin Lakes Radiothon – Helping send kids to camp in Winder and Rutledge, Georgia. For over 30 years, Camp Twin Lakes has delivered fully adaptive, medically supportive, and deeply impactful camp experiences to more than 10,000 of Georgia's children and young adults each year, helping each camper grow in their confidence and experience the joys of childhood.

(June 26 – 28) System of Care Academy Conference – We support and collaborate with DBHDD and other state agencies on behavioral health to innovate, integrate and motivate providers and families.

Georgia Conference of Children and Families – From October 2-4, Augusta, Georgia will host the largest annual interdisciplinary event in Georgia designed to convene the community that services children and family. CareSource is a supporter and partner to Together GA, who hosts the event.

NAMI Georgia – On October 5 in Doraville, Georgia, there will be a NAMIWalks. NAMIWalks is about people who think nothing of giving *everything* - their time, their stories, their heartfelt dedication to the cause: **Mental Health for All**. Come join us and support NAMI walkathon as they continue to advocate for the citizens of Georgia for the best mental health services and keep providing free support services for those in need. The event is from 9 to 12 a.m. at Assembly Park.

GACSB Annual Leadership Conference – From October 27 – 29, this event will be in Lake Lanier, Georgia to bring a common perspective to the public safety net of professionals and advocated providing mental health, intellectual/developmental disabilities, and addictive diseases services across Georgia.



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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!

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