

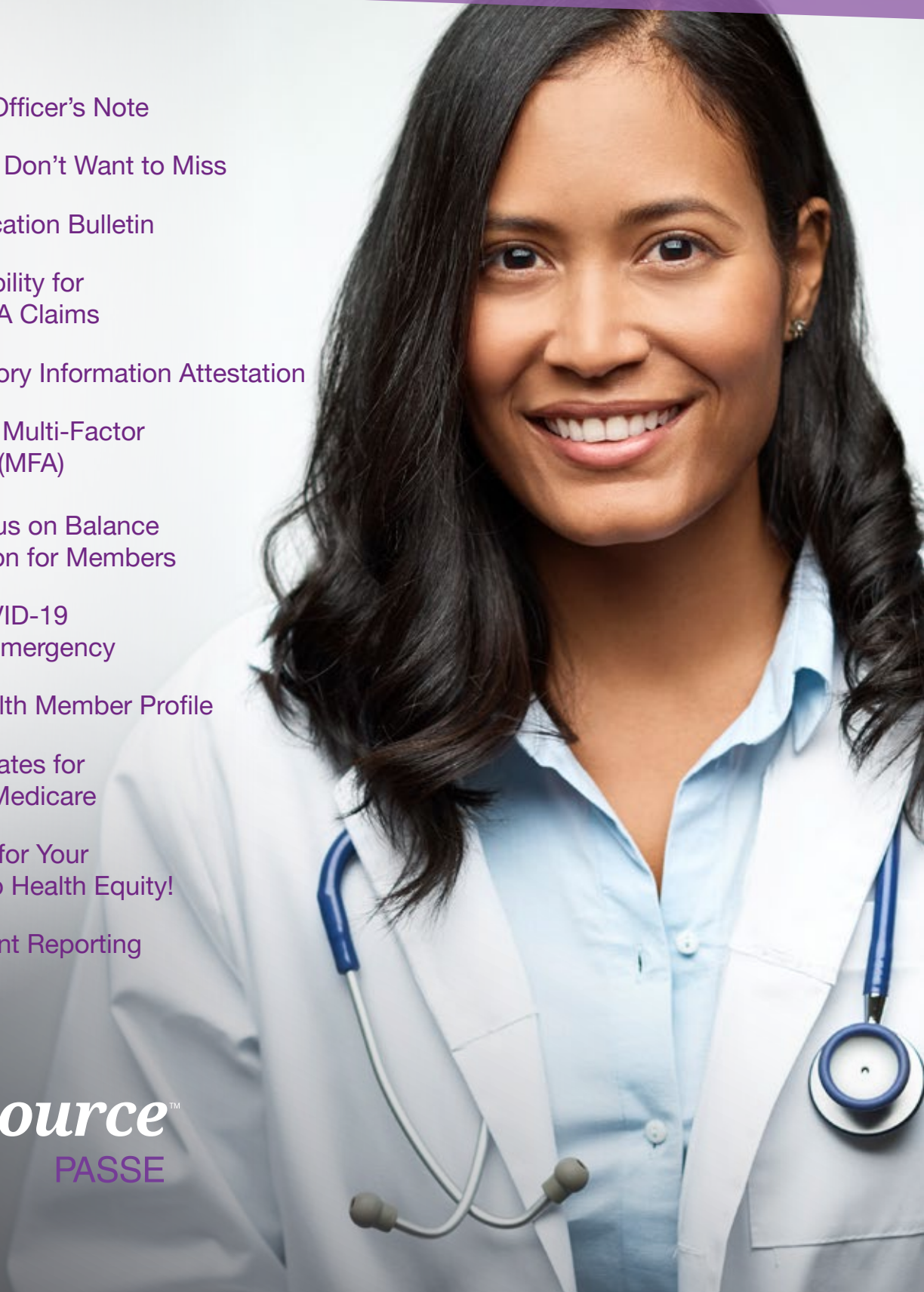


FALL 2023

PROVIDER *Source*

A Newsletter for CareSource® PASSE Health Partners

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CareSource PASSE™ believes everyone should have the right to achieve the best possible health outcomes regardless of race, ethnicity, primary language, physical ability, geography, gender identity and/or sexual orientation. Unfortunately, many individuals in our communities are at disproportionate risk for poor health consequences simply because of their demographic identity. National data reveals health disparities in multiple areas, including diabetes, cancer outcomes, maternal and infant mortality, cardiovascular disease, and other chronic conditions. The drivers for these inequities are vast and include factors such as genetic components, health-related behaviors, racism, discrimination, provider implicit and explicit biases, historical trauma, lack of representation, environmental toxins/hazards, and poor-quality healthcare.

While many of these factors are deeply rooted in American history and may take time and cross-sector efforts to fully address, there are things we can alter now as healthcare providers. The first step to remedying any issue is admitting there is a problem - recognizing implicit bias in ourselves and in our systems. Medical risk tools that incorporate race/ethnicity, research studies with inadequate diversity in participants, differences in the treatment of certain conditions amongst different populations are all examples of pervasive biases in healthcare that we must eliminate. Conducting health equity training and listening sessions for staff that support patients can help challenge existing beliefs, raise consciousness and create a culture of health equity. Collecting race, ethnicity, sexual orientation and gender identity on patients and then stratifying the data by demographic category can help to identify disparities at your own institution. Data-driven initiatives can then be designed to eliminate these disparities. Establishing health equity as a priority in your institution can help transform medicine and ensure equitable care for all.

Sincerely,

Michael Wilson, MD

Dr. Michael Wilson
Medical Director, Behavioral Health
Vice President, Medical Services – Behavioral Health



Resources You Don't Want to Miss!

This edition of the ProviderSource Newsletter highlights various CareSource PASSE resources. Be sure to read each article to find opportunities for your practice and your CareSource PASSE patients. You can also check the [2023 Provider Orientation Schedule](#) to join an upcoming virtual session!

UPDATES



Network Notification Bulletin

CareSource PASSE 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 Reconsideration Process & Timely Filing Update](#)
- [Independent Reassessment Dates](#)

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

CareSource PASSE 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](#).

Third Party Liability for Medicare/COBA Claims

For CareSource PASSE members who have primary Medicare coverage, claims must be submitted directly to Medicare. Medicare will send the claims to CareSource PASSE for payment (via the Coordination of Benefits Agreement process). Claims that are submitted directly to CareSource PASSE for these members may result in claims denials and/or underpayments. To ensure prompt claims processing and payment for these members, keep in mind that Arkansas Medicaid is always the payor of last resort, which means CareSource PASSE must pay for covered services only after all other sources of payment have been exhausted.

Questions?

Please contact Provider Services at **1-833-230-2100**, Monday through Friday, from 8 a.m. to 5 p.m. Central Time (CT).



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.**



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 received from BetterDoctor (it is an 8-character alphanumeric 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

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



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 (MFA) 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 PASSE 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.



Increasing Focus on Balance Billing Protection for Members

Member Billing Policy, state and federal regulations prohibit providers from billing CareSource PASSE Medicaid members for services provided to them except under limited circumstances. CareSource PASSE 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. This 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 PASSE.

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 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 PASSE Medicaid members for covered services. If you have questions regarding billing policies, please reach out to your health partner representative or call Provider Services at **1-833-230-2100**.

End of the COVID-19 Public Health Emergency

The COVID-19 public health emergency expired on May 11, 2023. Medicare and Medicaid waivers and broad flexibilities for health care providers also ended. Controlled substance prescribing via telemedicine, without an in-person interaction, was also affected by this change. The Drug Enforcement Administration (DEA) plans to issue rules to extend these flexibilities in certain circumstances and will provide additional guidance to practitioners soon. A fact sheet has been released by Centers for Medicare & Medicaid Services (CMS), which outlines the changes associated with the end of the public health emergency.

This fact sheet can be found at: <https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>.





Behavioral Health Member Profile

On a daily basis, CareSource PASSE sends information to the CareSource PASSE Provider Portal, including a behavioral health profile, to the assigned primary care provider (PCP) on file with us. This profile lists the physical and behavioral health treatment received by that member. Information about substance use disorder treatment and HIV is only released if the member has signed a consent form.

The Behavioral Health Member Profile can be accessed while viewing a member's eligibility on the Provider Portal. To access the Provider Portal, go to **CareSource.com** > Login > Provider. If you are unable to log in to the portal, please call the CareSource PASSE Provider Services department at **1-833-230-2100** for assistance. Feel free to check the Provider Portal at any time for updates and changes to the behavioral health profile.

We hope that the behavioral health profile assists in the exchange of health information between the PCP and the behavioral health providers treating the member to aid in coordination of care.



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 for their respective market and plan. A CareSource PASSE Representative will help members find out if a medication is covered and how much it will cost.

Your Practice



Get Rewarded for Your Commitment to Health Equity!

Earn continuing education credits when you participate in the free activities made available to CareSource PASSE providers through CareSource's partnership with [CME Outfitters](#).

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

CME Outfitters offers **free digital badge credentials** for education in Diversity & Inclusion.

Learn more about this digital credential, its earning criteria and skills [here](#).



Provider Incident Reporting

CareSource PASSE providers have the responsibility to submit incident reports upon the occurrence of certain incidents involving CareSource PASSE members.

CareSource PASSE reportable events include the following:

1. Death of a member*
2. Home- and Community-Based Services (HCBS) Providers: Use of any restrictive interventions, including seclusion, physical, chemical or mechanical restraint
Psychiatric Residential Treatment Facility (PRTF) Providers Use of any restrictive interventions where there is harm or alleged harm to the member, alleged during or subsequent to the intervention
3. Suspected maltreatment or abuse of a member
4. Any injury to a member that:
 - a. Requires attention of Emergency Medical Technicians (EMT), paramedic, Medical Doctor (MD)
 - b. May cause death
 - c. May result in substantial, permanent impairment*
 - d. Requires hospitalization
5. Threatened or attempted suicide
6. Arrest or commission of any crime
7. Member has eloped or disappeared for more than two hours
8. Any event where a staff member threatens a member
9. Unexpected occurrence involving actual or risk of death or serious physical or psychological injury
10. Medication errors made by staff that cause or have the potential to cause injury or illness
11. Any violation of a member's rights that jeopardize the health, safety or quality of life of the member
12. Any incident involving property destruction by the member
13. Vehicular accidents
14. Biohazard incidents
15. Arrest or conviction of a staff member providing direct care services
16. Possession of a non-prescribed medication or illicit substance
17. Rape or any suspected sexual abuse
18. An incident that would be of interest to the media.*

(*) Must be reported to CareSource PASSE and DHS within one hour of becoming aware of the event.

Except as otherwise noted above, all reportable incidents must be reported to CareSource PASSE, using the appropriate Incident Report Form, via secure e-mail to Incident.Reporting@CareSourcePASSE.com, no later than two days following the incident. Any incident that occurs on a Friday is still considered timely if reported by the Monday immediately following.

Guidelines and forms for Incident Reporting can be found on the [CareSource PASSE website](#) on the Provider Forms page.

Thank you for ensuring the health and safety of our CareSource PASSE members!



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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 PASSE patients. To view editions of the MemberSource newsletter, visit **CareSource.com** > Members > Education > [Newsletters](#).

Thank you for your partnership!

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