

### SPRING 2024 **PROVIDERSOURCE** A Newsletter for CareSource® PASSE Health Partners

- 2 Chief Medical Officer's Note
- 3 Meet Cuddles Network Notification Bulletin
- 4 Performance Improvement Projects (PIPs)

Prior Authorization Training Available

5 Modifier Changes to Supportive Living

> Electronic Visit Verification Required to Home Health Providers

- 6 Provider Attestation: The Key to Reliable Health Care Information
- 7 Did You Know?
  Where to Find It
  Pharmacy Updates for Medicaid
- 8 Your Feedback is Important Incident Reporting for Providers
- 9 How Do Your Patients Perceive You?
- **10** Health Equity Commitment, Words Matter
- **11** The Patient Journey: Eliminating Disparities at Every Step



### **Chief Medical Officer's Note**

Thank you for your collaboration and partnership in providing health care with heart, which is what we believe in at CareSource PASSE<sup>™</sup>. As you know, vaccinations play a pivotal role in safeguarding public health, particularly during the winter season when the prevalence of respiratory illnesses such as influenza, Respiratory Syncytial Virus (RSV), and COVID-19 escalate. These illnesses, characterized by similar initial symptoms, can lead to severe health complications, overburdened health care systems, and have profound socioeconomic repercussions. The importance of vaccinations during this period cannot be overstressed, as they are instrumental in reducing disease transmission, alleviating the strain on health care resources, and safeguarding vulnerable populations.

Firstly, vaccinations are crucial in reducing the transmission rates of these diseases. Winter conditions, marked by colder temperatures and indoor gatherings, create an ideal environment for the spread of respiratory viruses. Influenza and COVID-19, in particular, have demonstrated high contagion rates, leading to widespread outbreaks. Vaccinations induce an immune response without causing the disease itself, preparing the body to fight the virus promptly and effectively if exposed. By lowering the number of susceptible hosts, vaccinations can decrease the overall infection rate within a community, a concept known as herd immunity. This is particularly vital for protecting those who cannot be vaccinated due to medical conditions or age, such as newborns or individuals with certain allergies.

Secondly, vaccinations play a significant role in reducing the severity of these illnesses and alleviating the strain on health care systems. Hospitals and clinics often face overwhelming pressure during the winter months, with an influx of patients suffering from respiratory illnesses. This surge can lead to resource depletion, including hospital beds, medical supplies, and staff. By getting vaccinated, individuals not only reduce their risk of contracting these diseases but also, experience less severe symptoms that require hospitalization, if they do get sick. This helps to maintain the capacity and effectiveness of health care services, ensuring that both patients with respiratory illnesses and those with other medical needs receive timely and adequate care.

Vaccinations are especially crucial for protecting vulnerable populations, such as the elderly, infants, and those with pre-existing health conditions. These groups are at a higher risk of developing severe complications from respiratory illnesses, including pneumonia, organ failure, and even death. The COVID-19 pandemic underscored the lethal potential of novel viruses, particularly among these susceptible populations. Vaccinations not only shield these individuals from severe disease but also contribute to the broader control of disease spread within communities, thereby creating a safer environment for everyone.

As an indispensable public health tool, vaccinations are fundamental in curtailing disease transmission, especially during the winter season when the incidence of respiratory illnesses like influenza, RSV, and COVID-19 peak. Vaccines ease the burden on health care systems and protect the most vulnerable individuals in society. We thank you for advocating to keep our members healthy and safe during this season and all year long!

Michael Wilson, MD

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



### **Kicking Off a New Year**

Welcome to 2024 and a new year with CareSource PASSE! With 2024 underway, we are kicking off the year with several updates and resources you don't want to miss! We look forward to a successful year of serving our members and working with you to carry out the mission – to make a lasting difference in our members' lives by improving their health and well-being.



### Meet Cuddles

Meet our mascot – Cuddles! This caring and energetic bear embodies the CareSource PASSE mission and may be at CareSource PASSE events near you. His resemblance to a teddy bear serves as a symbol of security and safety while characterizing loyalty and dependability, similar to how our members view providers like you.

Cuddles will serve as an ambassador and extension of the CareSource brand. You may see him at community events as he interacts with members and potential members in the communities we serve. Cuddles' appearances will promote wellness checks, nutrition, physical activity and oral health. If you see Cuddles at an event, make sure to say hi! **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:

- <u>CES Waiver and CSSP Providers</u>
- Group Therapy Rate Reductions

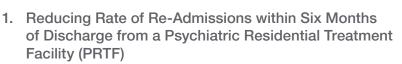
Network notifications can be accessed at **CareSourcePASSE.com** > Providers > Updates & Announcements.

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 **CareSourcePASSE.com** > Providers > <u>Provider Policies</u>.

#### Important Updates

### Performance Improvement Projects (PIPs)

In 2024, CareSource PASSE is focusing on three PIPs that will measure PASSE and Provider performance.



- Focus: Reducing re-admission to a PRTF after PRTF discharge and ensuring discharged member's engagement in outpatient (OP) behavioral health (BH) services, including receipt of OP BH service within 14 days of discharge and ongoing participation in OP BH treatment.
- Appointments for BH services within 14 days by Care Coordinator for planned discharges and by PRTF providers for unplanned discharges.
- 2. Improving Metabolic Monitoring for Children and Adolescents on Antipsychotic Medications (APM)
  - Focus: Ensuring members who are prescribed antipsychotic medications are receiving both Blood Glucose and Cholesterol Metabolic testing at baseline and appropriate intervals.
  - HEDIS measure APM will be used for this PIP and outlines requirements for meeting the measure.
  - Provider training scheduled for March 2024.
- 3. Improving Member Safety by Increasing Percentage of PRTF Providers submitting Incident Reports (IRs)
  - Focus: Incident reporting by PRTF providers, as required by 2023 PRTF contract amendments.
  - Forms for IR submissions and video of training provided on July 19, 2023, available on **CareSourcePASSE.com**.
  - In early 2024, providers will begin submitting IRs electronically through DHS Incident Management Portal.

### Prior Authorization Training Available!

CareSource PASSE continues to build our Provider Education Series library, and we are happy to announce the recent addition of on-demand training for submission of prior authorization requests. The **Provider Education Series: Prior Authorization Submission Overview** reviews the steps that ensure CareSource PASSE receives all necessary information to review your request. You will find instruction on the use of the Procedure Code Lookup Tool, prior authorization submission process via the CareSource PASSE Provider Portal, and checking case status.

Go to **CareSourcePASSE.com** and look for Prior Authorization Submission Overview. Don't forget to review the list of additional training topics.





### Modifier Changes to Supportive Living

In 2023, CareSource PASSE, along with the other PASSEs in Arkansas, worked with the Department of Human Services (DHS) to standardize the use of modifiers specifically concerning the services provided under the 1915c Waiver (Children's Extensive Support Waiver) across the PASSEs. As a result of this project, CareSource PASSE had to move to utilizing more unique modifiers for Supportive Living and Supported Employment.

These changes were effective March 1, 2024, and must be used when billing Supportive Living and Supported Employment for dates of service March 1, 2024 and later. Please review the <u>Provider Network Notification</u> for the updated 1915c Home and Community-Based Services (HCBS) Waiver Fee schedule that was posted in January 2024.

If you have any questions about your existing authorizations, please contact our Service Determination team at ServiceDeterminations@CareSourcePASSE.com.

### Electronic Visit Verification Required to Home Health Providers

In 2024, Arkansas Medicaid and CareSource PASSE will begin requiring the use of Electronic Visit Verification (EVV) for the following home health procedure codes:

Medicaid Provider Type: 14

Procedure Code Description:

- T1021/TD: Home Health RN Visit, Per Visit
- T1021/TE: Home Health LPN Visit, Per Visit
- T1021: Home Health Aide Visit
- S9131: Home Health Physical Therapy by a Qualified Licensed Physical Therapist
- S9131/UB: Home Health Physical Therapy by a Qualified Physical Therapy Assistant

CareSource PASSE partners with CareBridge for EVV services. If you are providing any of the above Home Health Services, you need to ensure your EVV provider is connected with CareBridge by **March 2024**. CareBridge has additionally posted the home health trainings on their <u>website</u>.

To contact CareBridge, providers can call or email CareBridge for additional support -

Phone: 1-844-922-2584

Email: arevv@carebridgehealth.com

Data Integration Support (for providers using a third party EVV): <u>evvintegrationsupport@</u> <u>carebridgehealth.com</u>

To stay up to date on DHS alerts about EVV home health requirements, access EVV information on the <u>Arkansas Department of</u> <u>Human Services</u> website. You can also read the latest <u>network notification</u> for more details.

# Provider Attestation: The Key to Reliable Health Care Information

Accurate provider data is crucial to providing high-quality health care services for our members. Given that members rely on provider directories to locate in-network providers, inaccurate provider directory data could obstruct access to care, create barriers to services critical for our members' health and well-being, and impact a member's ability to make informed health care choices. Furthermore, inaccurate provider data may negatively impact the adequacy and validity of the health plan's provider network and its compliance with Centers for Medicare & Medicaid Services (CMS) network adequacy requirements.

State and Federal regulations require that health plans must validate and update their contracted provider network every 90 days. This ensures the health plan has the most accurate information for claims payment and provider directories.

CareSource PASSE has partnered with BetterDoctor to streamline the attestation process. Providers can attest to their information via the BetterDoctor online tool – <u>betterdoctor.com/validate</u>. Locate the email or fax that you receive from BetterDoctor, as it has your access token to use when you attest to your information via the BetterDoctor online portal.

If you are a large group (groups with 20+ practitioners), you can submit rosters directly to Quest/BetterDoctor. Large groups can submit their rosters to <u>rosters@questanalytics.com</u>. The data you verify and update via the attestation process will be used to update <u>Find a Doctor | CareSource PASSE</u> provider directory and claims payment system.

If you do not attest to your information and provide updated information when applicable, this can result in claims payment issues and inaccurate provider data in the online provider directory, as well as the printed directory. With the No Surprises Act in effect as of Jan. 1, 2022, providers who do not attest every 90 days risk being suppressed in their contracted payers' provider directories.

#### Operations

# Did You Know?

The CareSource PASSE Provider Portal Functions and Features – The CareSource PASSE Provider Portal is a secure, encrypted online self-service tool that is available to all providers serving our members. Below are some of the features and capabilities available to you through the Provider Portal:

- Verify member eligibility and confirm coordination of benefits
- Check claim payment status and submit any necessary documentation for claims processing
- Access explanation of payment and view claims payment history
- Submit updates for provider demographic and accessibility information, add a provider to a group, and check status of your submissions (including new contract status)
- View member care treatment plan and assessment information
- Manage your patient population by choosing Member Reports > Clinical Practice Registry. This is an online tool that helps identify attributed members who may have gaps in care.

**New in 2024** – Providers can view a member's preferred language and/or specify a member's preferred language if is not yet indicated. This capability helps ensure that CareSource PASSE utilizes the member's preferred language through our member communication channels.

For more information about the Provider Portal, visit **CareSourcePASSE.com** > Providers. To access the Portal or to register a new account, go to the <u>Provider Portal Login</u> page.

# Where to Find It

CareSource PASSE strives to make it easy to find what you need online. Do you need to know who to reach out to when you have a need or question? There is a simple path to finding the most inclusive list of contact information. From the CareSource PASSE website select the provider dropdown menu and in the list on the left find the "Contact Us" hyperlink. Choose CareSource PASSE (AR) to be connected to a full catalogue of contact information. If you are not able to find the information you are looking for you can reach out at **1-833-230-2100** to speak with a provider services representative and they will help guide you.

#### Pharmacy Updates for Medicaid

CareSource PASSE 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 <u>Find My Prescriptions</u> 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 at **1-833-230-2005** (TTY: 711) which is available from Monday through Friday, 8 a.m. to 5 p.m. Central Time (CT). A CareSource PASSE Representative will help members find out if a medication is covered and how much it will cost.

## Your Feedback is Important

Your feedback is important, and we want to hear from you! Starting in May, you may receive an email or phone call from Press Ganey requesting you to fill out the annual Provider Satisfaction Survey. This survey is an opportunity for you to share your thoughts on your experience working with CareSource PASSE. Questions include topics in finance (such as claims processing and billing), utilization management, pharmacy, member services, provider relations (such as credentialing and provider orientation), and networking. There is also a chance for you to offer suggestions on how CareSource PASSE can improve your experience.

Things to know about the survey:

- ✓ It will be conducted May through July.
- The survey will be emailed to the address on file, many times this is the credentialing office. Please update your email address.
- ✓ The sample is random.
- ✓ To minimize bias, a third-party vendor, Press Ganey, will conduct the survey.
- ✓ Three attempts will be made to reach the provider. In the event you need to return a call to complete the survey, Press Ganey can be reached at 1-866-864-8918.
- ✓ While we ask questions about finance, we will never ask for confidential information.
- Your feedback will help guide our operation, marketing and strategic decisions.



# Incident Reporting for Providers

CareSource PASSE providers have the responsibility to submit incident reports upon the occurrence of certain incidents involving CareSource PASSE members. PRTFs and HCBS have specific reporting requirements. 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.

Guidelines and forms for Incident Reporting can be found on the <u>CareSource PASSE</u> <u>website</u> under Provider > Forms > Reporting. PRTF providers should complete the <u>CareSource PASSE Incident Report Addendum</u> and the <u>Office of Long Term Care Form</u>. Incident Reporting training is available <u>here</u> for additional details.



**Your Practice** 

# How Do Your Patients Perceive You?

Every year, from February through May, CareSource PASSE is required to conduct the patient experience survey, referred to as the Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>), as well as submit the results to NCQA. In this anonymous survey, many of your CareSource PASSE patients will be asked questions about their experience with providers and the health care plan. It is the patients' chance to voice their opinion.

We know your team works hard to provide the best care for every patient on every visit! Our partnership makes a big impact on the patient's perception of their health care experience, and we are here to help.

Some things to consider:

- ✓ How would your patients rate the care you provide?
- ✓ Can patient appointments be scheduled "easily" and "as soon as needed"?
- ✓ Are your patients aware of your hours and where to go for urgent care?
- ✓ Will your patients think you are informed and participating in their health care plan?
- ✓ Will your patients think you spent time explaining things, including necessary vaccinations, test processes and results?
- ✓ How would your patients rate how well you listen carefully, show respect, and spend needed amount of time with them?

We appreciate all that you do and look forward to continuing as your partner in delivering a high standard of care!

The Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

# Health Equity Commitment, Words Matter

A new year brings thoughts of resolutions and commitments. Committing to health equity means ensuring that everyone has the opportunity to attain their highest level of health. One aspect to consider in this commitment is the environment that is cultivated by the language used in communicating with one another. In beginning a new year, contemplate a focus on employing inclusive language.

Inclusive language is language that is free from bias, stereotypes, or expressions that exclude or marginalize individuals or groups. In a health care setting, using inclusive language is essential to providing equitable care to all patients, regardless of their race, ethnicity, gender identity, sexual orientation, or any other characteristic.

Begin with this basic framework to select inclusive language:

- Use person-first language
- Rely on universally understood language, avoiding words understood only by a limited audience
- Avoid using a diagnosis in reference to everyday behavior
- Adopt gender-neutral language for all interactions

Additionally, health care providers can use language that is sensitive to the cultural and social backgrounds and circumstances of their patients.

By using inclusive language, health care providers create a more welcoming and respectful environment for all patients, building trust and improving communication between health care providers and their patients, ultimately leading to better health outcomes.

The opportunity to use inclusive language is an important step towards creating a health care system that is truly equitable and inclusive for everyone. Words matter!

To learn more about inclusive language, you can download a guide from The Association of American Medical Colleges (AAMC) at <u>https://www.ama-assn.org/about/ama-center-health-equity/advancing-health-equity-guide-language-narrative-and-concepts</u>.

We also invite you to visit CareSource PASSE's Health Equity webpage at <u>https://www.caresource.</u> <u>com/ar/providers/education/health-equity/</u> <u>caresource-passe/</u>.

## The Patient Journey: Eliminating Disparities at Every Step

#### Earn CME/CE Credits for Your Commitment to Health Equity!

No patient's health care journey is the same. There are several factors that impact a patient's health outcomes such as geographic location, surroundings, social determinants of health (SDoH), and systemic bias within the health care community. Learning how these health disparities impact a member's experience can assist providers in developing patient-centered, high-quality care for our members.

CareSource PASSE, in partnership with CME Outfitters, is offering FREE training on many topics related to health equity. We encourage you, our valued health partner, to join us in this quarter's free training, <u>The Patient Journey: Eliminating Disparities at Every Step</u>. Check out their additional offerings <u>here</u>.

Upon completion of this CME/CE activity, participants should be able to:

- Analyze racial and ethnic disparities resulting in health inequities in patient care.
- Develop a team-based approach to improve the patient experience during visits.
- Determine treatment based on SDoH to improve accessibility and success of patient care and outcomes.

#### Digital Badging Reminder

CME Outfitters offers free digital badge credentials for completing education in Diversity & Inclusion. <u>Learn more</u> about this digital credential, earning criteria and skills.

Thank you for your partnership and commitment to eliminating health disparities!



P.O. Box 8738 Dayton, OH 45401-8738

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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 PASSE patients. To view editions of the MemberSource newsletter, visit **CareSourcePASSE.com** > Members > Education > <u>Newsletters</u>.

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

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