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A Newsletter for CareSource® PASSE Health Partners

2 Chief Medical Officer's Note

3 We're Better When We're
Working Together

Corrected Claims Reminder

Network Notification Bulletin

4 Member Records Request from
Service Providers

Psychiatric Residential Treatment
Facilities: Are You Submitting
Incident Reports?

5 Optimizing Patient Outcomes
through Effective Management
of Drug Interactions

PharmScript Pharmacy Termination
Disclosure

Pharmacy Updates for Medicaid

6 Health Equity Focus

Provider Self-Disclosures

7 Medicaid Matters: Understanding
COBs/Third-Party Liability



Chief Medical Officer's Note

CareSource PASSE™'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 involves 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 PASSE 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 PASSE 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

Vice President, Medical Services – 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 PASSE.

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 adjudication processing.



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:

- [Visit the CareSource Health Equity Webpage for Resources and Trainings](#)
- [Prior Authorization Update](#)
- [Provider Satisfaction Survey](#)

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



Member Records Request from Service Providers

Per our policies, provider contracts, and HIPAA privacy regulations, CareSource PASSE is authorized to request member Protected Health Information for making decisions around treatment, payment, or health plan operations.

The purposes for which member medical, clinical, and/or service records (“medical records”) may be used include, but are not limited to:

- Collection of data for:
 - Reporting requirements
 - HEDIS® and other outcome measures
 - Quality improvement activities, such as performance improvement projects
- Quality of Care (QOC) reviews
- Care coordination
- Special reviews, audits, or investigations
- Utilization management
- Claims payment

In general, providers are expected to respond to medical record requests within 14 days from initial receipt of the request. In the event that a state, federal or regulatory agency makes a request, or if the health and safety of a member requires that medical records must be submitted under a shorter time frame, providers are expected to comply with the shorter turnaround time.

Providers that utilize third-party health information management vendors are responsible for ensuring medical records are provided to us. We are not subject to any fees charged by health information management companies for medical record retrieval or submission.

We appreciate our providers’ cooperation with these member record requests.



Psychiatric Residential Treatment Facilities:

Are You Submitting Incident Reports?

Performance Improvement Projects (PIPs) are designed to improve the quality of care provided to our members. Increased incident reporting by psychiatric residential treatment facility (PRTF) providers of reportable events within the facility is expected to result in improved member safety and quality of care.

According to a report in 2023 by Performance Health Partners, the number one benefit of incident reporting to health care providers – and their patients – is improved quality of care and patient safety. By identifying both individual and system issues that contribute to occurrences of reportable events, providers can address those issues internally to improve safety.

In addition, submitting Incident Reports to CareSource PASSE allows for timely follow-up by the member’s Care Coordinator and PASSE medical and quality teams with the member and provider. Report submissions provide opportunities for identification of patient safety and quality of care issues and trends that can be addressed by the PASSE.

PRTF providers are contractually required to submit Incident Reports following essentially the same guidelines as those required for home and community based services (HCBS) providers. HCBS reporting requirements are explained in the [Provider Manual](#) and on **CareSourcePASSE.com**. PRTF providers are offered educational opportunities, through the PASSE website or upon provider request, to understand the reporting requirements via webinar trainings and website information.



PharmScript Pharmacy Termination Disclosure

Express Scripts®, the pharmacy benefit manager for CareSource PASSE, 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 PASSE providers are being made aware for members currently in an LTC facility that utilizes any impacted pharmacies. CareSource PASSE Care Management is working with facilities impacted on utilization of an alternate pharmacy for CareSource PASSE members. This has potential for significant impact to beneficiaries residing in these facilities.

Please visit the [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.

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 [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 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.



Health Equity Focus

Health equity isn't just an industry buzzword. CareSource PASSE 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 PASSE 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 PASSE 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

CareSource PASSE 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 PASSE. 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

The [Overpayment Recovery Form](#) is available to request the offset of overpaid claims against a future payment.





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. Providers are not able to balance bill members, regardless of coverage. 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.



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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 > [Newsletters](#).

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