



Chief Medical Officer's Note

With the arrival of spring, nature offers us a powerful reminder of the importance of renewal, both in the world around us and within ourselves. As the days grow longer and the air grows warmer, it is the perfect time to focus on the health and well-being of your patients. Preventive care is the cornerstone of maintaining long-term health. As part of our ongoing commitment to improving the whole person health of your patients, including physical, behavioral, oral and social needs, we are dedicated to making preventive care accessible and easy for everyone. Whether it is through our wellness programs, chronic disease management, educational resources, or social supports for healthy living initiatives, we strive to empower individuals to take control of their health before problems arise. We understand the impact that non-medical drivers of health can have on an individual's health journey and can assure these needs are met through support from our case management team, Life Services, and our community partners. All these efforts aim to improve the quality of life for your patients.

In this current climate, it is important for consistent messaging to your patients regarding preventive services and specifically, vaccines. Misinformation about vaccine safety, effectiveness, or necessity can lead to confusion, fear and reluctance to vaccinate. It is well known that vaccines play a crucial role in preventing serious illnesses, reducing the spread of infectious diseases, and even eradicating certain diseases. By continuing to recommend and support vaccinations, we create a safer environment for everyone.

In closing, we value our partnership with our health care providers and are here and happy to assist you in any way we can to improve the health and quality of life for your patients.

Sincerely,

Dr. Michael Wilson

Medical Director, Behavioral Health

Michael Wilson, MD



Spotlight on HEDIS® Measures

CareSource PASSE uses Healthcare Effectiveness Data and Information Set (HEDIS®) to measure the quality of care delivered to members.

The HEDIS® tool is used by health plans to measure important dimensions of care and service and allows for comparisons across health plans in meeting state and federal performance measures and national HEDIS® benchmarks.

CareSource PASSE has identified specific HEDIS® measures relevant to physical and BH conditions of its membership. The two HEDIS® measures described next are the focus for this quarter's publication.

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 keeps you informed about working with us. Here are some network notifications posted from the previous quarter that you may have missed:

- Ordering and Rendering Provider Communication
- Blood Glucose Meter Update
- Provider Focus Group Invite

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

We 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 **CareSource.com** > Providers > Provider Policies.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

The percentage of children and adolescents one to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Three rates reported the percentage of children and adolescents on antipsychotics who:

- 1. Received blood glucose testing,
- 2. Received cholesterol testing and
- 3. Received blood glucose and cholesterol testing.

Note: The APM-E Measure is also utilized for one of the PASSE's performance improvement projects (PIPs).

Child and Adolescent Well-Care Visits (WCV)

The percentage of members three to 21 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) or an Obstetrician/Gynecologists (OB/GYN) practitioner during the measurement year.

Services specific to the assessment or treatment of an acute or chronic condition do not count toward this measure, but telehealth can be used to close gaps. To be compliant, there must be documentation in the record of the following three elements:

- 1. Physical exam,
- 2. Health and developmental history (physical and mental) and
- Health education/anticipatory guidance (documentation of "handouts given" without evidence of discussion noted does not meet criteria).

Relevant CPT/CPT II, ICD-10, or HCPCS Codes must be added to claims for CareSource PASSE to assess compliance with the measure; otherwise, CareSource PASSE must request copies of medical records to determine the compliance status.

For more information about HEDIS®, including 2024-2025 Coding Guides, please review the Quality Improvement page on **CareSourcePASSE.com**.

Spotlight on Performance Improvement Projects (PIPs)

CareSource PASSE is currently engaged in three PIPs:

- 1. Increase adherence to Metabolic Monitoring for Children & Adolescents Prescribed Two or More Antipsychotics,
- 2. Increase the percentage of Psychiatric Residential Treatment Facilities (PRTFs) Reporting Incidents to 100% and
- 3. Reduce the rate of Readmission to PRTF within Six Months following Discharged from a PRTF.

For the third PIP, designed by the Arkansas Department of Human Services (DHS), to reduce PRTF readmissions, the following are desired outcomes:

- Reduce the percentage of BH enrollees who were discharged from a PRTF and had a readmission to a PRTF within six months.
- Increase the percentage BH enrollees who were discharged from a PRTF and received a BH outpatient service within 14 days of discharge.
- Increase the percentage of BH enrollees who were admitted to a PRTF and received a BH OP service within the 30 days prior to admission.

What Can PRTF Providers Do to Reach Desired Outcomes?

- ✓ Monitor and update discharge planning from date of admission to date of discharge and regularly throughout the member's treatment at the facility.
- ✓ Actively participate in Care Coordination/PRTF provider ongoing discharge planning meetings.
- ✓ Utilize current Care Coordination/PRTF provider discharge planning and collaboration to ensure BH organization program (OP) service appointment is established for the member within 14 days of discharge.

What Can Home and Community Based Services (HCBS) BH OP Providers Do to Reach Desired Outcomes?

- ✓ Make appointments available to members for OP services within 14 days of discharge from a PRTF.
- ✓ Develop and maintain engagement of members and their families in services.
- ✓ Collaborate with the member's Care Coordinator for mutual support and family assistance.

Collaboration and partnership of the PRTF provider, the BH OP provider, and the CareSource PASSE Care Coordinator with the member and family is essential to successfully maintaining the member in their home, school, and community.





Reduce Avoidable Emergency Department Encounters

Do your CareSource PASSE members know when it is appropriate to visit the emergency department (ED)? Help members differentiate a doctor's office visit from an ED visit by using our 24-Hour Nurse Advice Line and the Where to Get Care Magnets.

Member Calls to CareSource 24 Nurse Triage Line

Members can call the 24-Hour Nurse Advice Line at 1-833-687-7305 to learn about a health problem, find out about medications, health tests, or questions related to pending procedures. Nurses will assist a member trying to decide when to go to their PCP, urgent care, or an emergency department. In addition, if the member is experiencing a mental health or behavioral crisis and needs help, the nurse triage line aids the member. The 24-Hour Nurse Advice Line is open 24 hours a day, seven days a week, 365 days a year.

Where To Get Care Magnets

In 2024, magnets were created and have been given by Care Coordinators to each member. The magnet provides information to assist the member in making informed decisions about seeking immediate medical care at the appropriate level of care. In the event a member is unsure and needs to consult with a professional about treatment for their condition, the 24-Hour Nurse Advice Line and telehealth programs are available 24/7 to the member. The phone number is included on the magnet.





Quality Training Webinar Series

CareSource PASSE offers several opportunities to virtually train providers on our quality initiatives this year, including our three PIPs. We have added additional virtual trainings that will take place in 2025, each from 11 a.m. to 12 p.m. Central Time (CT). To see the list of dates, please view the <u>Training Schedule</u>.

Provider Communication Reminder

We remind you of your obligation, as a participating provider, to comply with the marketing requirements set forth in the Arkansas Department of Human Services' Provider-Led Arkansas Shared Savings Entity (PASSE) Provider Agreement. In particular, under that agreement, participating providers are not permitted to distribute information to a potential member about enrolling in a specific PASSE.

Moreover, as outlined in your Provider Agreement with CareSource PASSE, you may not use CareSource PASSE's name in any written materials intended for public distribution without first obtaining CareSource PASSE's prior, written approval. However, you are permitted to use CareSource PASSE's name to inform the public that you are a participating provider.

For contracting questions, please contact the Arkansas Network email Arkansas Network@CareSource.com.

Provider Incident Reporting

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

AR DHS has developed a DHS Division of Developmental Disabilities Services (DDS) Incident Management Portal for electronic completion and submission of incident reports via an online portal. If a provider is interested in obtaining access to the portal, then the provider needs to work directly with DHS.

If a provider is unable to access the portal, then they need to complete the PASSE DHS QA Incident Report Form. The completed incident report should be submitted to CareSource PASSE and to DHS via email: lncident.reporting@CareSourcePASSE.com and DHS.DDS.Central@arkansas.gov.

Except as otherwise noted below, all reportable incidents must be reported to no later than two days following the incident.

Reportable events:

- 1. Death of a member*
- 2. HCBS providers: Use of any restrictive interventions, including seclusion, physical, chemical or mechanical restraint
- 3. PRTF Providers: Use of any restrictive interventions where there is harm or alleged harm to the member, alleged during or subsequent to the intervention
- 4. Suspected maltreatment or abuse of a member
- 5. Any injury to a member that:
 - Requires attention of Emergency Medical Technician (EMT), paramedic, Medical Doctor
 - b. May cause death
 - c. May result in substantial, permanent impairment*
 - d. Requires hospitalization
- 6. Threatened or attempted suicide
- 7. Arrest or commission of any crime
- 8. Member has eloped or disappeared for more than two hours
- Any event where a staff member threatens a member

- 10. Unexpected occurrence involving actual or risk of death or serious physical or
- 11. Psychological injury*
- 12. Medication errors made by staff that cause or have the potential to cause injury or illness
- 13. Any violation of a member's rights that jeopardize the health, safety or quality of life of the member
- 14. Any incident involving property destruction by the member
- 15. Vehicular accidents
- 16. Biohazard incidents
- 17. Arrest or conviction of a staff member providing direct care services
- 18. Possession of a non-prescribed medication or illicit substance
- 19. Rape or any suspected sexual abuse
- 20. Disturbance
- 21. An incident that would be of interest to the media.*



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, 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. CT. A CareSource PASSE representative will help members find out if a medication is covered and how much it will cost.

Maximize Patient Outcomes: Partner with Pharmacists

Physicians can enhance patient outcomes by actively encouraging patients to engage with their pharmacists. Pharmacists offer vital services beyond dispensing medications, including:

- Medication therapy management,
- Adherence counseling,
- · Chronic disease monitoring,
- And immunizations.

By leveraging pharmacists' accessibility and expertise, physicians can reduce medication errors, improve adherence, and decrease hospital readmissions. Collaborative care models have shown significant benefits in managing hypertension, diabetes, and other chronic conditions. Encouraging patients to utilize their pharmacist strengthens the care continuum, optimizes therapeutic outcomes, and reduces overall health care costs. Physicians and pharmacists working together empower patients and advance quality of care.

Quality Risk Adjustment (QRA) Coding Corner

New Aftercare Code for Sepsis

Welcome to this quarter's edition of the Coding Corner! In our ongoing effort to keep you informed about ICD-10 coding best practices and updates, we'd like to highlight a recent coding clinic published by the American Hospital Association (AHA).

In the fourth quarter of 2024, the introduction of Code Z51.A, Encounter for Sepsis Aftercare, represents a significant advancement in coding for post-acute care. This code addresses the ongoing needs of patients who have successfully undergone treatment for sepsis.

Post-acute and home health care services are essential in providing the necessary support during this critical phase. These services help ensure a continuum of care, focusing on rehabilitation and preventive measures to reduce the risk of recurrence.

When utilizing Z51.A, it is crucial to document the patient's history of sepsis, any lingering symptoms, and the specific aftercare services provided.

As health care providers, understanding and correctly applying this code reflects the complexity of care, enhances patient outcomes, and improves the quality of care for patients.

Thank you for your continued commitment to accurate coding and documentation!

Send questions to: RAProviderEducation@CareSource.com.

If you'd like to learn more about documentation best practices, please scan the QR code to register for a quick 15-minute webinar.





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

VISIT US CareSourcePASSE.com

JOIN US

Facebook.com/CareSource

X.com/CareSource



Instagram.com/CareSource



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!