



FALL 2025

PROVIDER *Source*

A Newsletter for CareSource® PASSE Health Partners

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Chief Medical Officer's Note

Chronic Disease Management and Maternal & Child Health: A Commitment to Care

At CareSource PASSE, we want to take a moment to express our heartfelt gratitude for your unwavering dedication to patient care, particularly in the realms of chronic disease management and maternal and child health. We recognize that many patients, whether living with chronic conditions or navigating the complexities of pregnancy and early childhood, have faced challenges in re-engaging with the health care system. This has led to delays in preventive care, routine screenings, and essential treatments. Your commitment to guiding them back to prioritizing their health is invaluable, and we stand ready to support you in this vital mission.

We continue to seek innovative ways to assist you, particularly as we acknowledge that patients are becoming increasingly complex in this post-pandemic era. For individuals managing chronic diseases, timely and coordinated care is crucial. The management of conditions such as diabetes, hypertension, and asthma require not only medical intervention but also ongoing support and education. Our dedicated Care Management team is here to assist, offering patient education, service coordination, and help in addressing social determinants of health that may hinder access to care. We encourage you to connect with us or direct your patients to our services, so together we can ensure they receive the comprehensive care they need.

In addition to chronic disease management, we want to highlight the importance of maternal and child health initiatives. The well-being of mothers and their children is foundational to the health of our communities. We understand that pregnant individuals and new parents face unique challenges, and we are committed to providing resources and support to help them navigate this critical period. From prenatal care to postpartum support, our programs are designed to empower families and promote healthy outcomes for both mothers and children.

As we move through the winter season, we also want to emphasize the importance of preventive health measures, particularly vaccinations. The ongoing risks posed by influenza and respiratory syncytial virus (RSV) underscore the need for immunization as a vital tool in reducing transmission and protecting vulnerable populations. By working together to encourage vaccinations and preventive care, we can help safeguard public health while supporting your efforts to provide compassionate, high-quality medical services.

Thank you for your partnership, your dedication, and for delivering essential health care to those who need it most in our communities. We are proud to stand beside you, united in our mission to enhance chronic disease management and maternal and child health. Together, we can make a significant impact, ensuring that every individual receives the care they deserve.

Sincerely,

Michael Wilson, MD

Dr. Michael Wilson
Medical Director, Behavioral Health



Person-Centered Service Plan (PCSP) and Waiver Requests

The Service Determination team at CareSource PASSE conducts prior authorization reviews for Home and Community-Based Services (HCBS) waiver services. As part of the waiver authorization process, a thorough examination of the member's Person-Centered Service Plan (PCSP) is required. This plan is created by the CareSource PASSE Care Coordinator and is informed by a detailed, multi-disciplinary assessment that identifies the member's needs. The PCSP must address these needs in a personalized way. It serves as the essential framework to support individuals in living safely and successfully within their own homes or communities.

The Code of Federal Regulations governing the 1915(c) and 1915(i) waiver plans clearly states the PCSP must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual regarding preferences for the delivery of such services and supports (42 CFR §441.301(c)(2)).

As a result, when new waiver services and supports are identified by the provider through the guardian or member, it is important to communicate with the Care Coordinator to ensure the PCSP reflects the needs of the member and how it will support living independently in their community. PCSPs are developed annually but can and should be updated as new needs arise to include a new waiver service. Failure to have all service and supports needs identified on the PCSP can result in a lengthier authorization decision time frame.

Providers can obtain a copy of the PCSP from an assigned member's Care Coordinator. Providers can also request a copy of a member's PCSP by sending a request to CareCoordination@CareSourcePASSE.com.

For HCBS waiver authorization issues please contact ServiceDeterminations@CareSourcePASSE.com.

For Care Coordination assistance please contact: CareCoordination@CareSourcePASSE.com.

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

- [HCBS 1915\(c\) Fee Schedule Update](#)
- [Provider Focus Group Invite](#)
- [Antipsychotic Prescriptions Requirements and Clinical Practice Parameters](#)

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

CareSource PASSE 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](#).

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.

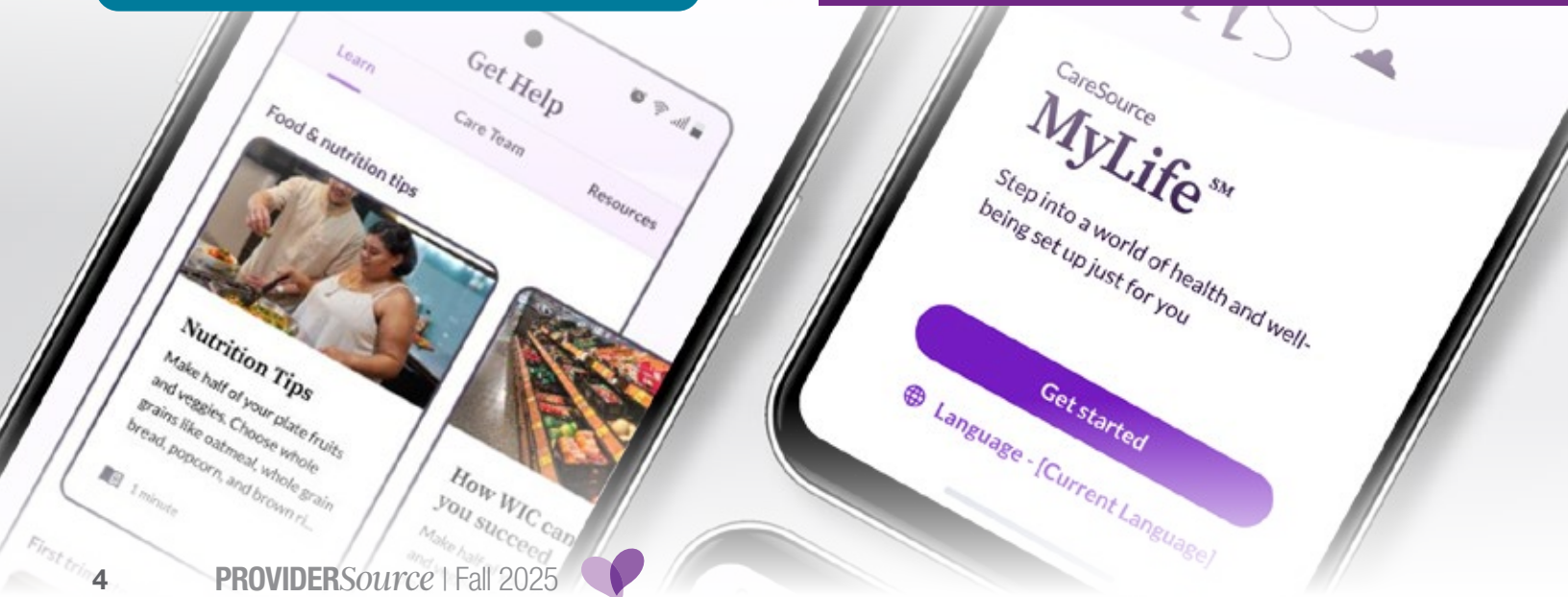
CareSource MyLife, the New Digital Health Companion for Members

CareSource PASSE has introduced CareSource MyLife, a personalized digital experience for our members. CareSource is migrating all members to the new app and portal by end of year 2025.

Available on any device, CareSource MyLife empowers members to manage their health and benefits efficiently. Focused on access, community and personalization, CareSource MyLife allows members to:

- View, share or print digital ID cards.
- Find benefits and resources included in the member's plan.
- Update primary providers.
- Locate providers based on plan, specialty and more.
- Link dependents and family members to manage coverage under one account.
- Submit annual assessments and screenings.
- View important health alerts.

Members can sign in or register by visiting MyLife.CareSource.com. Or download CareSource MyLife from the Apple App Store® or Google Play®.





Denial of Claims Based on State File

CareSource PASSE wants to clarify billing requirements to enable timely claims processing. If you are required to have a National Provider Identifier (NPI), you must report it to Arkansas Medicaid once enrolled as an Arkansas Medicaid provider. As mentioned in the Provider Manual, “Provider identifying information and demographic data must match what is registered for Arkansas Medicaid. If your information with Arkansas Medicaid needs to be updated, please reach out to Provider Enrollment at 1-800-457-4454.”

These data elements, such as NPI and physical billing address, taxonomy code or Arkansas Medicaid ID, help the Department of Human Services (DHS) to match the provider receiving payments to the provider’s active registration with the Arkansas Medicaid program. CareSource will deny Arkansas PASSE claims when the provider information does not meet the matching validation of the Provider Master File. This applies to both paper and electronic claims. Please see the previous network notification.

Questions? If you have questions, please call our Provider Services department at **1-833-230-2100** or one of our Provider Engagement Representatives. Thank you for being a CareSource PASSE provider and serving our members!



Arkansas Medicaid Provider Enrollment Portal Update

Effective July 15, 2025, Providers will need to enroll using the Arkansas Medicaid Provider Enrollment portal. This will be the case for all providers with the exception of skilled nursing facilities. Review the official DHS notice [online](#).

HEDIS Measure: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

The APP measure assesses the percentage of patients, one to 17 years old, who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment, defined as a psychosocial care appointment within 90 days before to 30 days after the initial prescription date of service. Psychosocial interventions may be safer than antipsychotic medications and help reduce medication-related risks.

Best Practices for Improving APP Rates:

- Schedule psychosocial care for patients before or concurrently when starting a new antipsychotic medication.
- Continuously monitor the need for ongoing therapy and complete recommended metabolic monitoring at least yearly when utilizing antipsychotic medications i.e., blood glucose and cholesterol monitoring.
- Document patients for whom first-line antipsychotic medications may be clinically appropriate and are therefore excluded from the measure i.e., schizophrenia, schizoaffective disorder, bipolar disorder, other psychotic disorder, or autism or other developmental disorder.

APP Measure Codes (These codes are for the purpose of measuring HEDIS compliance and are in addition to codes utilized for billing purposes.)

Psychosocial Care

CPT: 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90849, 90853, 90875, 90876, 90880

HCPCS: G0176, G0177, G0409, G0410, G0411, H0004, H0035, H0036, H0037, H0038, H0039, H0040, H2000, H2001, H2011, H2012, H2013, H2014, H2017, H2018, H2019, H2020, S0201, S9480, S9484, S9485

Residential Behavioral Health Treatment

HCPCS: H0017, H0018, H0019, T2048



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.



Required Reporting Time Frames for Incident Reports for HCBS Providers

Within One Hour of Becoming Aware of Any of the Following Occurrences:

1. Death of a member
2. Unexpected occurrence involving actual or risk of death or serious physical or psychological injury
3. Incidents, regardless of category, that a PASSE provider should reasonably know might be of interest to the public and/or media.

NOTE: An incident that might be of interest to the public and/or media should be reported “immediately”.

For All Other Occurrences:

Except as otherwise provided above, all reportable incidents must be reported to Arkansas DHS and CareSource PASSE no later than two days of becoming aware of the incident. Any incident that occurs on a Friday is still considered timely, if reported by the Monday immediately following.

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.



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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](https://www.CareSourcePASSE.com) > Members > Education > [Newsletters](#).

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