WINTER 2025

PROVIDER *Source*

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CareSource™ PASSE

Chief Medical Officer's Note

As we approach the final quarter of the year, I want to thank you for the unwavering dedication you bring to your practice and to the lives of our members. Our shared commitment to advancing their health inspires me daily, and together, we have the opportunity to make a profound difference especially for those patients facing significant barriers outside the clinical setting.

Patient engagement and education are central pillars of effective health care delivery. When patients understand their conditions, treatment plans and the steps they can take to manage their health, outcomes improve, and satisfaction grows. I encourage you to empower every patient with clear information, practical resources and ongoing support at every encounter.

- Provide easy-to-understand educational materials tailored to the patient's language, literacy level and cultural context.
- Use teach-back methods to confirm understanding and address any misconceptions.
- Encourage patients to ask questions and express concerns, fostering an atmosphere of trust and partnership.
- Promote the use of our member portals and digital health tools for accessible communication and health tracking.

We know that health is shaped by more than clinical interventions — factors such as housing, food security, employment, education, and transportation have a profound impact on outcomes. For patients facing these barriers, engagement and education become even more critical.

- Screen for social drivers of health during visits, using validated tools to identify issues that may affect care or adherence.
- Integrate conversations about social needs into routine care, helping patients feel seen and supported beyond their medical diagnoses.
- Connect patients to community resources, social services, or case management support whenever gaps are identified.

Together, we can help every patient, especially those most vulnerable, feel empowered to take charge of their health and well-being.

Thank you for your exceptional care and for your role as a trusted advocate for our members. Your partnership is vital as we work to break down barriers and build a stronger and healthier future for all.

With gratitude,

Michael Wilson, MD

Dr. Michael Wilson
Medical Director, Behavioral Health

Provider Communications 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 many 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.

2026 Virtual Quality Trainings

CareSource PASSE will be offering several opportunities to virtually train providers on our quality initiatives, including our three Performance Improvement Projects (PIPs). Our virtual trainings will take place from 11 a.m. to 12 p.m. Central Time (CT).

To see the list of dates, please view the Training Schedule.

2026 Provider Orientation Schedule

In 2026, CareSource PASSE will be offering quarterly Provider Orientations. Our virtual trainings will take place at 12 p.m. CT.

To see the list of dates, please view the Training Schedule.

Monthly Coding Corner

Hyperlipidemia Associated with Type 2 Diabetes Mellitus

Welcome to this Month'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 "Third Quarter, 2025" published by the American Hospital Association (AHA) focusing on hyperlipidemia associated with type 2 diabetes mellitus.

Understanding the relationship between hyperlipidemia and type 2 diabetes is crucial for accurate coding and patient management. A common question is whether hyperlipidemia is classified as a specified diabetic manifestation. The answer is no; hyperlipidemia is a separate condition associated with type 2 diabetes.

For accurate documentation, healthcare providers should assign:

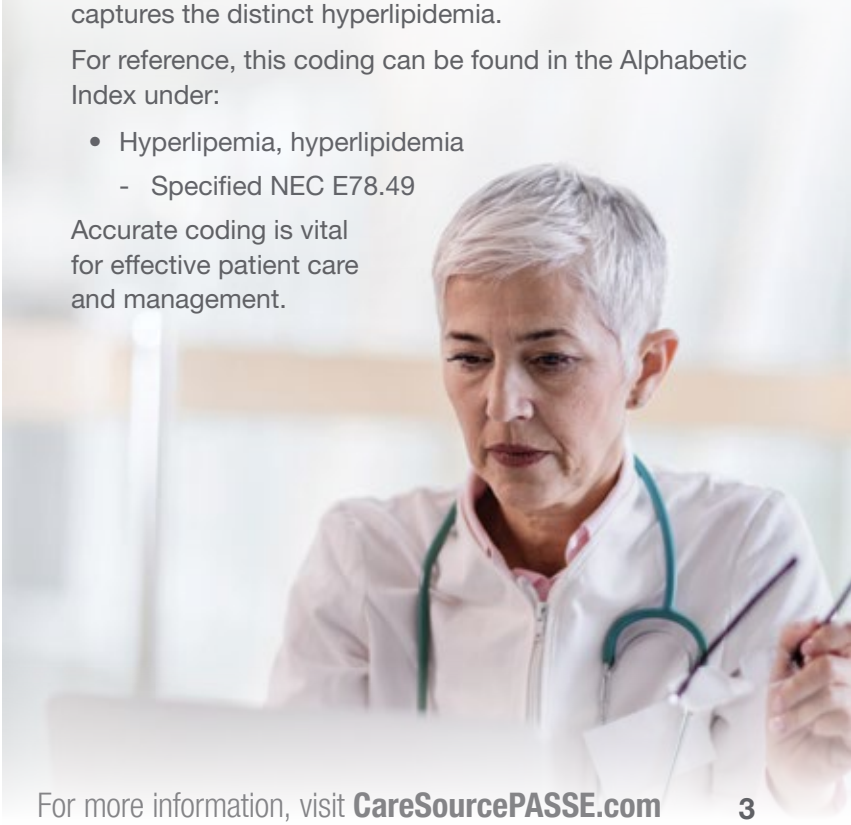
- E11.69: Type 2 diabetes mellitus with other specified complication
- E78.49: Other hyperlipidemia

It is essential that documentation establishes a cause-and-effect relationship between the two conditions, often indicated by phrases such as "due to" or "associated with." Code E11.69 is for diabetic complications that lack a specific code, while E78.49 captures the distinct hyperlipidemia.

For reference, this coding can be found in the Alphabetic Index under:

- Hyperlipemia, hyperlipidemia
  - Specified NEC E78.49

Accurate coding is vital for effective patient care and management.



Changes in Incident Reporting for Psychiatric Resident Treatment Facility Providers

Effective immediately, Psychiatric Resident Treatment Facility providers are required to submit Incident Reports to CareSource PASSE by completing the DHS QA Incident Report Form (Revised May 24, 2023) and sending it via secure email to the CareSource PASSE Incident Reporting inbox at Incident.Reporting@CareSourcePASSE.com. Providers may also use their own form, provided it includes all the required information found on the Department of Homeland Security Quality Assurance Incident Report Form.

Please refrain from submitting PRTF Incident Reports through the electronic DHS Department of Developmental Services Home and Community-Based Services Incident Management System Portal. We appreciate the efforts of those PRTFs that have utilized the portal.

PRTF providers will continue to report all events that were previously required by CareSource PASSE. Additionally, any incident that is now mandated by the new PRTF Licensure regulations to be reported to DHS must also be reported to CareSource PASSE using the Incident Reporting Form.

In light of the regulatory changes regarding Incident Reporting for PRTFs, CareSource PASSE will be revising its training materials and written documentation to reflect these updates. We will continue to collaborate with DHS throughout this process and will keep you informed about new training opportunities.

If you have any questions, please email them to Incident.Reporting@CareSourcePASSE.com, and we will respond as promptly as possible.

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:

- November 2025 Policy Updates
- Pharmacy Policy Updates September 2025
- Record Requests

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 **CareSourcePASSE.com** > Providers > Provider Policies.

Learning Management System

To help improve access and training we have developed a provider-facing Learning Management System (LMS) called **HealthPlanResources.com**.

Impact

HealthPlanResources.com consolidates all provider education resources in one single location. Future live training schedules, registrations, and access to our on-demand education library, will appear in the LMS, in addition to the CareSource PASSE website.

Importance

Practice managers may track, complete and attest to training completion on behalf of their group ensuring that all annual training requirements are successfully met.

Questions?

Visit **CareSourcePASSE.com** > Providers > Training and Events to view upcoming events, site registration and access instructions.

HEDIS Hybrid Measures and Requests for Timely Submission of Member Records

CareSource PASSE uses Healthcare Effectiveness Data and Information Set (HEDIS®) to measure the quality of care delivered to members. HEDIS® is developed and maintained by the National Committee for Quality Assurance (NCQA).

CareSource PASSE collects HEDIS® Measure data from providers through claims and information recorded in the member's record. For many measures, data collection relies solely on claims that include documented CPT®, Healthcare Common Procedure Coding System, and ICD-10-CM codes. However, for certain HEDIS® measures known as hybrid measures, CareSource PASSE or its vendor, Reveleer, can also gather data by reviewing the actual records. Examples of hybrid measures include Prenatal and Post-Partum Care (PPD), Immunizations for Adolescents (IMA), and Weight Assessment and Counseling for Children (WCC).

The annual 'Chart Chase' typically takes place from February to May each year. Using random selection methods, Reveleer will request records from the service providers of selected members. These records will be reviewed to check for compliance with the measure.

To ensure that submitted records are reviewed by the hard completion deadline, it is crucial for providers to respond promptly to record requests. This applies whether the records are submitted directly by the provider or through a third-party vendor.

As a friendly reminder, CareSource PASSE, in accordance with our policies and provider contracts, is authorized to request protected health information (PHI) for health care operations. As outlined in the Provider Agreements and the Provider Manual, providers must assist in providing information and exchanging records necessary to comply with the PASSE Quality Improvement Program. HIPAA privacy regulations permit the sharing of PHI for making decisions related to treatment, payment or health plan operations.

CareSource PASSE requests that our providers be prepared to submit records promptly when requested. We also want to extend our gratitude to all our providers for their efforts in making this process smoother!

Denial of Claims Based on State File Updates

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 CareSource PASSE 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 DHS to match the provider receiving payments to the provider's active registration with the Arkansas Medicaid program. CareSource PASSE 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 here.

We encourage Type 2 providers (health care organizations) to obtain unique NPI's for each AR Medicaid provider type and office location in accordance with CMS guidance on NPI Enumeration. In cases where Type 2 or Type 1 (individuals) providers have been given multiple Medicaid ID's for the same NPI, it is required that a unique identifier be present on the claim to distinguish the services. The unique identifiers can be either the Medicaid ID or the Taxonomy when available. Please make sure the information sent on your claim matches what is registered with DHS Provider Enrollment.

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.

False Claims Act Facts

A Few Facts on the False Claims Act

The False Claims Act (FCA) is a federal law that prohibits a person or entity from:

- Knowingly presents a false or fraudulent claim for payment
- Knowingly uses a false record or statement to get a claim paid
- Conspires with others to get a false or fraudulent claim paid
- Knowingly uses a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property

"Knowingly" means acting with actual knowledge or with reckless disregard or deliberate indifference to the truth or falsity of information.

An example would be if a health care provider, such as a hospital or a physician, knowingly billing for services that were never performed; resulting in overpayment of the claim using Medicaid or Medicare dollars.

Using the FCA you can help reduce fraud. The FCA allows everyday people to bring "whistleblower" lawsuits on behalf of the government — known as "qui tam" suits — against groups or other individuals that are defrauding the government through programs, agencies, or contracts.

You can find more information regarding the False Claims Act on CareSource PASSE's website.

Highlight on HEDIS: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The WCC Measure is the percentage of members three to 17 years of age who had an outpatient visit with a Primary Care Provider or Obstetrician-Gynecologist and who had evidence of the following during the measurement year.

- Body Mass Index percentile documentation.
- Counseling for nutrition.
- Counseling for physical activity.

BMI Percentile: The percentile ranking based on the Central Disease Control's BMI-for-age growth charts.

Documentation must include height, weight and BMI percentile. The information must be from the same data source. Only evidence of the BMI percentile or BMI percentile plotted on an age-growth chart meets criteria.

Counseling for Nutrition: Documentation of counseling for nutrition or referral for nutrition education.

Documentation must include a note indicating the date and at least one of the following:

- Discussion of current nutrition behaviors (e.g., eating habits, dieting behaviors).
- Checklist indicating nutrition was addressed.
- Counseling or referral for nutrition education.
- Member received educational materials on nutrition during a face-to-face visit.
- Anticipatory guidance for nutrition.
- Weight or obesity counseling.

Counseling for Physical Activity: Documentation of counseling for physical activity or referral for physical activity.

Documentation must include a note indicating the date and at least one of the following:

- Discussion of current physical activity behaviors (e.g., exercise routine, participation in sports activities, exam for sports participation).
- Checklist indicating physical activity was addressed.
- Counseling or referral for physical activity.
- Member received educational materials on physical activity during a face-to-face visit.
- Anticipatory guidance specific to the child's physical activity.
- Weight or obesity counseling.

What are some ways that providers can improve their compliance with HEDIS® measures? A few options are:

- Submit claim/encounter data for each and every service rendered.
- Make sure that chart documentation reflects all services billed.
- Ensure that all claim/encounter data is submitted in an accurate and timely manner.
- Include CPT® II codes on claims to provide additional details and reduce medical record requests.
- Identify and close gaps in care.

For more information about this measure and other HEDIS® measures, the CareSource PASSE HEDIS® Provider Reference Guide can be found on the Quality Improvement page on the CareSource PASSE website: https://www.caresource.com/documents/ar-pas-p-2798675-comprehensive-hedis-coding-provider-guide.pdf

Biosimilars: Basics for Providers

What is a biologic drug?

Biological products, also known as biologics, are drugs made up of large, complex molecules made from living sources. These sources may include bacteria, yeast or animal cells, and as a result, they may vary slightly from batch to batch due to inherited differences in the living organism. The manufacturing process for biologics is more complex than non-biologics due to the need for more extensive purification and processing. Some examples of biologics include insulin, Humira (adalimumab), Remicade (infliximab), and certain vaccines.

What is a biosimilar drug?

Biosimilar drugs are biologics that have no meaningful differences when compared to a reference product, or a biologic medication already approved by the FDA. They are made from the same living organisms as the reference products, and they have the same safety and effectiveness as the reference product over the course of treatment.

What is an interchangeable biosimilar?

Interchangeable biosimilars are biosimilar drugs that are proven to demonstrate the same clinical result as the reference product without increased risks. Pharmacists can substitute interchangeable biosimilars for the reference product without the intervention of the prescriber (within state regulations). Not all biosimilars are interchangeable.

How do biosimilars come to market?

The process for bringing a biosimilar product to market is complex, impacted significantly by United States policies on the federal, state and regional (payer) levels. Delays are caused by questions about reimbursement, pricing and how the FDA labels the products (e.g. interchangeability). Additionally, biosimilars are often delayed by litigation conducted by the manufacturers of reference products against manufacturers of biosimilars. These issues can also cause delays in care due to the need for different provider orders, patient and provider education, and costs differences for the patient.

Where can I find more information about biosimilars?

The FDA's Purple Book database has information on all FDA-approved biologics, including a search engine that can be used to find all biologics with the same reference product:

- Purple Book Search
- Federal Drug Administration

How can I address patient questions about biosimilars?

The FDA has patient education materials on their website.

Key Provider Takeaways

- Coverage and availability of biosimilars may vary. Always check the member's drug formulary to confirm status.
- Biosimilars are FDA-approved to be as safe and effective as their reference biologics, providing the same clinical outcomes.
- Biosimilars often launch at 15-35 percent lower prices than their reference biologics, although in many cases, especially over time, sustained competition has driven discounts of 50 percent or more.
- Refer to the FDA's Purple Book for information on each biosimilar.

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Pharmacy Updates for Medicaid and Marketplace

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 be found there also. 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.

CareSource PASSE

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 > Newsletters.

Thanks for your partnership!

AR-PAS-P-4678364

Protecting Vision Health: An Urgent Call to Action!

Important Reminder:
Annual Diabetes Eye Exams are Covered Under Medical Benefits!

The American Diabetes Association (ADA) recommends annual screenings for patients with diabetic retinopathy, while those without can schedule exams every two years. **Great news for your patients who are CareSource PASSE members:** They are eligible for one annual diabetes eye exam as part of their medical benefits — **no additional vision coverage required!**

Encourage your patients to take advantage of this benefit to safeguard their vision and ensure timely detection of any potential issues.

Key Steps to Implement:

- **Use Accurate Coding with Claims:** Proper coding is vital for identifying members who need eye exams, regardless of retinopathy status.
- **Optimize Workflow:** Correct coding minimizes medical record requests and enhances overall efficiency.
- **Enhance Care Coordination:** Providers make Ophthalmology referrals, encourage Vision Providers to share exam results and upload findings into the patient's medical record.

Together, let us make vision a priority!