



WINTER 2023

PROVIDER *Source*

A Newsletter for CareSource® Health Partners



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Chief Medical Officer's Note



At CareSource,
we are committed
to the whole health
of our members.
What does
that mean?

As you know, it is important to address the physical health, behavioral health, and oral health of every patient. We also know that health is impacted by more than just health care. These drivers of health include transportation, safe and stable housing, access to healthy foods, social connections and much more. An office visit to a health care provider is not going to address all aspects of whole health, but identifying the drivers to a healthy outcome is the first step.

Our team stands ready to partner with health care providers and community organizations to collectively support the needs of patients and families. We have resources available on our website. We have a care management team that partners with the health care provider and patient to address identified needs. We have staff who work with community partners to address housing, food, transportation, education, and employment.

Engaging the patient and family in taking charge of their health with support from us all is critical. Leveraging all the partners and available resources will allow us to achieve not only healthy outcomes, but **quality** health outcomes. Through this process, CareSource members are rewarded for healthy behaviors and health care providers are recognized for achieving quality goals.

How can we assist you in addressing the whole health of your patients?

Sincerely,

Dr. Seema Csukas
Vice President, Market Chief Medical Officer – Georgia





Thanks

For a Great Year!

We want to express our thanks to you, our valued providers! Without you, it wouldn't be possible to serve our members and live out the CareSource mission – “To make a lasting difference in our members’ lives by improving their health and well-being.” We look forward to your continued partnership in 2024!

Network Notification Bulletin

UPDATES

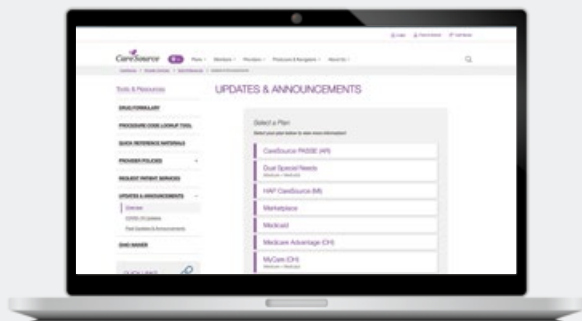


CareSource regularly communicates operational updates on our website. Our goal is to keep you updated with a format that is quickly accessible and that keeps you informed about working with us. Here are some network notifications posted from the previous quarter that you may have missed:

- [UPDATE: 2023 Quality Enhancer Program for Providers Not Enrolled in a VBR](#)
- [Human Papillomavirus Vaccine Series](#)
- [Oncology Drug Shortages](#)

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

CareSource 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 **CareSource.com** > Providers > [Provider Policies](#).



What is SBIRT and Why Use It?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identify individuals who use alcohol and other drugs (substances) at risky patterns of behavior. SBIRT has been shown to be valid and reliable in identifying and improving outcomes for people who use substances.


What are common Screening TOOLS used in SBIRT?

- Pre-Screening Form. The pre-screening form should be administered to all adult patients
- Alcohol Use Disorders Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST-10)
- THE CRAFFT 2.1
- National Institute on Alcohol Abuse and Alcoholism (NIAAA) Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide
- Brief Screener for Tobacco, Alcohol and other Drugs (BSTAD)
- Screening to Brief Intervention (S2BI)

Medicaid SBIRT submission

- SBIRT session must last at least 15 minutes
- Use Modifier 25 with 99408 for 15 to 30 minutes
- Use Modifier 25 with 99409 for over 30 minutes
- *These codes are examples of codes typically billed for this type of service and are subject to change. Billing these codes does not guarantee payment. Medicaid providers should refer to billing guidance from the [Georgia DCH fee schedules](#) prior to claim submission.*

Resources: [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#) | SAMHSA

A decorative header featuring a light blue background with a dense pattern of colorful confetti in shades of yellow, orange, pink, blue, and green, scattered across the top of the page.

Georgia Market 2022 Quality Achievement Award

The Georgia Market is honored to announce the winners of the 2022 Quality Achievement Award: Pediatric Associates of Savannah, The Longstreet Clinic, Sumter Pediatrics, and Peds Care.

These groups are recognized as the top four providers across the state who have exemplified the highest level of quality outcomes for the CareSource members they serve. The criterion for this award includes closing gaps for HEDIS measures, meeting performance targets, and member engagement. All four groups have exceeded this criterion, including a member engagement percentage higher than 76%.

High quality providers, such as these four groups, are how the Georgia Market was able to increase quality metrics by an unprecedented 20% year over year with providers in Value Based Reimbursement contracts. In addition, the Georgia Market saw a 44% increase in the number of well-child visits in 2022.

The recipients of the 2022 Quality Achievement Award will be presented with a plaque, a catered lunch for the staff, and a \$500 donation to a community-based organization of their choice in honor of the provider group. We are honored to serve amongst our CareSource providers and thank you for your continued partnership to impact our members' lives.

Congratulations!

Thankful for Your Partnership in Helping Us Spread the Word on Member Rewards!

Thank you, providers, for keeping our members healthy. It's a bonus when members can take charge of their health and earn rewards at the same time. It's a win all around! Please continue to encourage your members to complete their healthy activities, and most importantly, to have them redeem their rewards before they expire. If your patient would like to learn more about one of our programs, please direct them to the links below, or call Member Services at **1-855-202-0729**:



MyHealth Rewards (18+)

- Members are automatically enrolled.
- Check **CareSource.com** for more details.

Babies First and Kids First

(For expecting mothers and children up through 17 years old)

- Each child and pregnancy must be enrolled to earn rewards.
- **CareSource.com** has additional information for your review.



IET HEDIS Measure (SUD) Treatment

The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS) measure Initiation and Engagement of Substance Use Disorder Treatment (IET) assesses the rate of initial engagement in substance use disorder (SUD) treatment. It measures the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visits or medication treatment within 14 days. It also measures the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. For all initiation events except medication dispensing and administration events, initiation on the same day as the SUD episode date must be with different providers.

Time frame for the measure is 11/14 of the previous year to 11/15 of the current year. The initiation sub measure must be met before the engagement sub measure will qualify.



Ways to Improve Measure Performance

- Educate the patient about the importance of initiating and remaining engaged in treatment, because treatment works and recovery is possible.
- Provide patient-centered care with evidence-based clinical practices.
- Make outreach calls to patients to remind them of appointments.
- Provide physical appointment cards to help patients remember appointments.
- Conduct same-day assessments or allow walk-in assessments.
- Complete and bill for SBIRT assessments.
- Centralize appointment scheduling and increase appointment availability.
- Provide patient incentives for attending appointments, such as bus passes.
- Simplify the intake process.
- Improve the patient experience using tools such as satisfaction surveys.
- Use correct HIPAA-compliant codes when billing for the initiation and engagement of treatment.
- Promote transitions of care by addressing social determinants of health, and clinical needs such as severe mental illness (SMI) and access to medications that may be barriers to treatment and recovery.
- Collaborate with CareSource on care coordination to connect the patient to additional services, such as transportation.
- Obtain consent from the patient to coordinate care with other providers.

Refer to the IET Flier on **CareSource.com** for more information.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).



False Claims Act

A Few Facts on the False Claims Act (FCA)

The 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 “upcodes” or overbills; resulting in overpayment of the claim using Medicaid or Medicare dollars.

You can help reduce fraud by using the FCA. 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’s [website](#).

Announcing Georgia Pathways to Coverage Program

On July 1, 2023, CareSource implemented the Georgia Pathways to Coverage program.

Georgia Pathways to Coverage is a new program that gives low-income Georgians, who were not previously eligible for Medicaid, a new opportunity to gain access to health care coverage through Medicaid. Georgia residents can now apply for the program.

To be eligible for Georgia Pathways to Coverage, an individual must:

- Be a Georgia resident
- Be a U.S. citizen or legal resident
- Be at least 19 years old and between the ages of 19 and 64
- Be low-income, with a household income up to 100% Federal Poverty Level
- Prove that they are doing one or more qualifying activities for at least 80 hours per month
- Ineligible for any other category of Medicaid
- Sign the Pathways Contract

If you are already contracted with CareSource to see Medicaid/PeachCare for Kids® members, you do not need to request a new contract. Georgia Pathways to Coverage members are Medicaid members and should be treated as such. Providers do not have an “opt out” option. For more information about the program and the impact to providers, please review the [FAQs document](#).

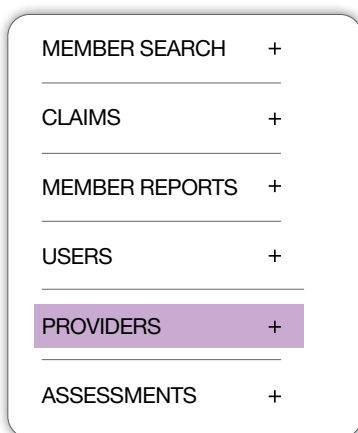
Questions?

If you have questions about the Georgia Pathways to Coverage program, please contact Provider Services at **1-855-202-1058**, Monday through Friday from 7 a.m. to 7 p.m. Eastern Time (ET).

Accessing Tip Sheets for Help with Prior Authorization Cases

As a reminder – you can access tip sheets on the [CareSource Provider Portal](#)! Please follow the instructions below:

Log in to your Provider Portal account. Along the left side of the home page is a dropdown menu. Select “Providers.”



A dropdown list will appear. Select

“Prior Authorizations and Notifications.”

You will be redirected to the Prior Authorization and Notifications page. Under the heading,

“Using CareSource Provider Portal Prior Authorization,”

there is a bulleted list of links to help you access features of CareSource’s Provider Portal Prior Authorizations.

Bulleted links include, but are not limited to, market-specific tip sheets for

“Request for Change or Request for Case,”

and

“How to Check Authorization Case Status.”

Please reach out to Provider Services if you have questions or concerns.

Benefits of Proper Drug Disposal



Remind your patients that proper disposal of expired, unused or unneeded medications is important for their health.

Proper disposal helps prevent accidental ingestion, especially by children or pets. It also minimizes the risk of misuse or abuse, thereby safeguarding those at risk for potential addiction or harm. Finally, proper disposal helps to lessen patient confusion by removing medications from their home that they are no longer taking.

CareSource is pleased to offer all our members free DisposeRx® drug disposal packets to help them and their loved ones stay healthy. Information on how to receive DisposeRx® packets can be found on our website, **CareSource.com**.



Pharmacy Updates for Medicaid and Marketplace

CareSource 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. A CareSource Representative will help members find out if a medication is covered and how much it will cost.

Embracing Cultural Humility

There is much attention in health care today on “cultural competency,” the ability of providers to recognize, respect and include the cultural norms and perspectives of our patients. The term assumes we can fully understand and master the intricacies of every cultural and environmental factor that impacts an individual’s narrative. Such a goal is lofty and idealistic.

The concept of cultural humility, however, shifts the focus to a genuine curiosity and humble approach to understanding the diverse complexity in our patients. Bridging understanding from cultural competency to cultural humility requires a shift in mindset, where providers respect the diversity and nuance in the patient experience, and recognize those we treat as the true authority of their lived experience.

Embracing cultural humility requires a provider to:

- Engage patients with an open mind and actively listen to the patient at each encounter.
- Acknowledge their own biases, lived experiences and knowledge gaps, which may impact their understanding of the patient’s experience.
- Accept the power dynamics that are present in health care and seek to empower the patient.

By adopting a practice of curiosity, humility and respect toward diverse cultures, we set the stage to build trust in the provider-patient relationship and support an unbiased, patient-centered approach to care. Cultivating strong relationships with patients leads to improved patient satisfaction, better adherence to treatment and optimized health outcomes. Finally, cultural humility helps us tackle health care disparities by acknowledging our differences and ensuring respectful, culturally responsive, equitable care for all.





Make Health Literacy Top of Mind for All

What's health literacy?

The Centers for Disease Control and Prevention (CDC) defines *organizational health literacy* as “the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.” It is our responsibility to empower our members, and with your help, we can enable members and increase their health literacy.

At CareSource, we use plain language to make our materials more reader-friendly. We ask you, as a provider, to help us in this charge. When meeting with members:

- Use plain language vocabulary to increase likelihood for patient understanding.
- Take pause and allow your patients to ask questions.
- If sharing printed materials with your patient, consider reviewing the document with them – point out the “need to know” information.
- Ask follow-up questions to confirm that your patient understands and knows how to proceed.
- Ensure patients understand their benefits or know where to find resources to learn more about benefits or other health insurance terms.

In a 2018 survey, PolicyGenius and Radius Global Research found that 96% of Americans overestimate their understanding of health insurance concepts. This survey asked participants to define four key health insurance terms – deductible, co-insurance, co-pay and out-of-pocket maximum. Only 4% could define all four terms.

This shocking statistic is not one to gloss over. We can all do something to improve the rate of understanding within the health care industry.

Together, let's do our part in improving health literacy among our CareSource population!

Resources:

www.policygenius.com/health-insurance/health-insurance-literacy-survey/
www.cdc.gov/healthliteracy/learn/index.html

Free Training Available!

CareSource's Provider Education Series

We strive to equip our health partners with training resources to continue providing high-quality care to our members, as well as education on how to work with CareSource. We've developed Provider Education Series trainings that focus on Access and Availability Standards, Credentialing, Provider Portal, Life Services and more! To access trainings, please visit **CareSource.com** > Providers > Education > [Training and Events](#).

We encourage providers to take advantage of the available education and training to learn more about CareSource and related topics.

Upon completion of trainings, please be sure to complete the [Provider Training Attestation](#) form.



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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 patients. To view editions of the MemberSource newsletter, visit **CareSource.com** > Members > Education > [Newsletters](#).

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