

PROVIDER Source A Newsletter for CareSource® Health Partners





Chief Medical Officer's Note

As the year ends, we naturally reflect on the new year and the resolutions we set. Health care providers continue to be a trusted resource when patients prioritize their health.

Here are some friendly reminders that you can utilize to continue to make a different in patient's health journey:

- **Immunizations:** Many people defer flu vaccines despite recommendations. Patients are more likely to comply when advised by their physician.
- Preventive Services: Ensure screenings are completed such as eye exams, Hemoglobin A1C, colon cancer screenings, cervical cancer screenings, and other age- and risk-appropriate services are up to date. Please also don't forget to document and bill for your work!

Promoting Efficiency and Patient Comfort: CareSource encourages utilizing alternative care settings to enhance convenience, safety, and cost-efficiency:

- In-Home Infusion Therapy: Administered by trained nurses under a physician's supervision, this option reduces anxiety, costs, and inconvenience compared to office or hospital settings.
- Free-Standing Surgical Centers: These are often more convenient and affordable for outpatient procedures than hospital settings.

As we close out the year, we at CareSource, thank you for your commitment to improve the lives of your patients and the members that we serve. Wishing you a joyous holiday season and a happy, healthy New Year!

Sincerely,

Minh Nguyen, MD

Minh Nguya, MD.

Vice President, Market Chief Medical Officer - Georgia





Another Year in the Books!

With 2025 here, we want to reflect on 2024 and thank you for partnering with us. It was a busy and successful year, and we couldn't have done it without you. Thanks for all you do to support our members and joining us in this journey of making a difference in our members' lives!

Network Notification Bulletin



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

- Hospital Outpatient Lab Pricing Update Second Revision
- Prior Authorization Requirement Update
- CareSource Dental Plan Update

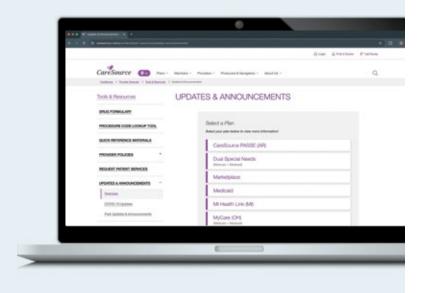
Network notifications can be accessed at CareSource.com > Providers > <u>Updates &</u> Announcements.

CareSource 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.

Find Updates from CareSource Online

We strive to make partnering with us simple and easy. We're aware things may change in the way we do business with you and want to communicate these changes to you in an efficient manner.

To find all the latest CareSource news, visit our Updates & Announcements page on the Provider pages of **CareSource.com**. You will find all the updates regarding the preferred drug list (PDL), prior authorization requirements, and medical and reimbursement policies.





The Georgia Market is thrilled to announce the recipients of the 2023 Quality Achievement Award. This year's distinguished honorees are Pediatric Associates of Savannah, Jesup Pediatrics, Excellent Pediatrics, and The Pediatric Center of Thomasville. These outstanding groups have been recognized as the top four providers in the state for their exemplary quality outcomes for CareSource members.

The Quality Achievement Award recognizes providers who have gone above and beyond in delivering exceptional care. The selection criteria for this prestigious award include the ability to close gaps in Healthcare Effectiveness Data and Information Set (HEDIS) measures, meet performance targets, and demonstrate high levels of member engagement. This year's winners have not only met but exceeded these standards, achieving a member engagement percentage higher than 75%.

These high-quality providers have played a crucial role in enabling the Georgia Market to achieve significant improvements in quality metrics. Specifically, we have seen increases in at least five Department of Community Health focus measures by at least 5%. This remarkable

achievement is reflected in the federal government's recent rating of CareSource for the Medicare and D-SNP products. The Centers for Medicare and Medicaid Services (CMS) awarded CareSource 4.5 out of 5 stars for quality in 2024, a distinction earned by fewer than 15% of participating health plans nationwide.

To honor these exemplary providers, the recipients of the 2023 Quality Achievement Award will receive a commemorative plaque, a catered lunch for their staff, and a \$500 donation to a community-based organization of their choice.

We extend our heartfelt congratulations to Pediatric Associates of Savannah, Jesup Pediatrics, Excellent Pediatrics, and The Pediatric Center of Thomasville. Your dedication to quality care and your significant impact on our members' lives are truly commendable. We are privileged to work alongside such outstanding partners and look forward to continuing our collaboration to enhance the health and well-being of our community.

Thank you for your continued commitment and congratulations once again!





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 presenting a false or fraudulent claim for payment
- Knowingly using a false record or statement to get a claim paid
- Conspiring with others to get a false or fraudulent claim paid
- Knowingly using 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 a health care provider, such as a hospital or a physician, knowingly bills for services that were never performed, resulting in overpayment of the claim using Medicaid or Medicare dollars.

Using the FCA 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 <u>CareSource's website</u>.

RSV Prevention for Newborns and Infants

Respiratory Syncytial Virus (RSV) is a common respiratory virus that continues to be the leading cause of hospitalizations in infants. Severe RSV can result in significant illness, pneumonia, bronchiolitis and even death in infants and young children. Currently there are three different injections to help avoid severe RSV cases in infants. Abrysvo is an RSV vaccine that can be administered to pregnant people between 32 to 36 weeks of pregnancy producing antibodies passed onto the fetus preventing severe RSV. Beyfortus and Synagis are two monoclonal antibody injections that can be given to infants to help avoid severe RSV lower respiratory tract infections.

Monoclonal antibodies are recommended for most infants if their birth parent did not receive the RSV vaccine during pregnancy, the birth parent's RSV vaccination status is unknown, or the infant was born within 14 days of the birth parent's RSV vaccination. High risk infants and young children may also qualify for a recommended second round of monoclonal antibodies during their second RSV season. Refer to the Center of Disease Control (CDC) website Clinical Overview of RSV | RSV | CDC for more information.



Closing Gaps in Diabetes Care by Including CPT® II Codes

Current Procedural Terminology Category II (CPT II) codes are supplemental codes to include with claim submissions. CPTI II codes are used to track performance from tests or procedures by providing measurable data for quality of care.

CPT II codes are not substitutes for CPT codes. CPT codes will also need to be included for the services provided along with the CPT II codes.

CPT II codes are billed in the procedure code field, just as CPT I codes. CPT II codes are for reporting purposes and do not have a fee schedule associated with them.

Benefits of using CPT II codes include:

- ✓ Improve health outcomes
- √ Improve HEDIS[®] measurements
- ✓ Exclusions captured by coding of patient's medical history.
- ✓ Reduce medical record requests from a health plan thus reducing administrative burden for providers



Measure	CPT Codes
Kidney Health Evaluation for Patients with Diabetes (KED) (Blood & Urine Tests)	eGFR 80047-48, 80050, 80053, 80069, 82565, AND QUA 82043 WITH UC CPT 82570 or uACR via LOINC codes
Blood Pressure Control for Patients with Diabetes (BPD)	3074F, 3075F, 3077F, 3078F, 3079F, 3080F
Dilated or Retinal Eye Exam (EED)	2022F, 2023F, 2024F, 2025F, 2026F
Glycemic Status Assessment for Patients with Diabetes (HbA1c with documented results) (GSD)	3044F Most recent A1C < 7.0% 3046F Most recent A1C > 9.0% 3051F Most recent A1C ≥ 7.0% & < 8.0% 3052F Most recent A1C ≥ 8.0% & < 9.0%

Please refer to the **Procedure Code Lookup Tool** to check whether a service requires prior authorization.

In efforts to reduce health care costs, utilizing network labs is highly encouraged. As a network provider, you can play a crucial role in directing members to network facilities.

Contact your local Health Partner Representative for more information.





New Member Tool: Interactive Health Library

We are excited to announce a new health education tool for our members. The Interactive Health Library is a member facing self-service website. It contains a variety of topic-specific articles and interactive tools such as quizzes to help members learn more about their condition(s), promote healthy habits, reduce stress and encourage emotional wellbeing. Not only can members learn about specific conditions or treatments, but they can look up healthy recipes by dietary considerations, find fitness tips, support smoking cessation efforts and much more. Members can access this tool via **CareSource.com** or through their member portal.

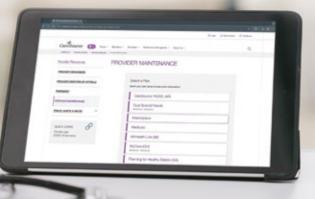
When was the last time you updated your provider information?

Changing office locations or phone numbers, adding/terming a provider, changing/adding specialties at a location, and/or closing a location are all reasons to notify CareSource.

Ensure your claims and prior authorization requests process without delay by reviewing and updating your information on file. Go to www.caresource.com/providers/provider-portal/provider-maintenance/, select your plan type and state, and follow the instructions on the page.

Accurate information ensures that patients can locate you in Find-a-Doctor, our Case Managers are able to contact you, and other providers can view your location and specialty for referrals.

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Health Equity and Disability Inclusion

The term "health equity" refers to the goal of providing everyone with the opportunity to achieve their best possible health, ensuring that no one is held back by disadvantages from reaching this potential. However, when discussing "everyone," people with disabilities are often notably underrepresented.

One in four Americans experience a disability, making it the nation's largest minority group. Individuals with disabilities are more likely to experience chronic health conditions, mental health issues, higher rates of poverty, unfair treatment, and limited access to health care. Additionally, the lack of inclusive health care policies and programs tailored to their specific needs amplifies these inequities. These challenges are often intensified



when intersecting with other marginalized identities. Disabilities are not deficiencies, but rather a unique experience involving intrinsic functional needs. Focusing solely on a disability or treating individuals with disabilities as if they are just their condition is dehumanizing and perpetuates stigma and ableism.

Misconceptions about people with disabilities include:

- Those with a disability have poorer health.
- Public health should focus only on preventing disability, not on supporting individuals to live full and meaningful lives with a disability.
- Environment plays no role in the disability process.
- The value of the life of a person with a disability is less than that of a person who does not have a disability.

These implicit biases contribute to disparities and hinder efforts to promote and achieve optimal health for everyone. Pursuing and advocating for health equity without considering those living with disabilities will limit who can access health care effectively and achieve desirable health outcomes. Addressing health equity among people with disabilities requires a comprehensive approach that includes improving accessibility to health care services, promoting inclusive practices in health care settings, and advocating for policies that prioritize their health and well-being. This is a tall order; however, progress has been made. The Final Rule, *Discrimination on the Basis of Disability in Health and Human Service Programs or Activities*, advances equity and bolsters protections for people with disabilities under Section 504 of the Rehabilitation Act.

Here are some considerations for advocacy and inclusion:

Avoid assumptions about "disability"	Connect with people who have disabilities
Commit to inclusivity via accessibility	Incorporate disability data collection as a common practice
Learn best practices	Develop a disability inclusion mindset

For further education and resources to review, check the links below:

- People First Language
- Health Equity Programs and Healthcare Resources
- Fact Sheet on Section 504
- Including People with Disabilities, Workforce Competencies





Pharmacy Updates for Medicaid

CareSource has a searchable drug list that is updated monthly on the website. To find out which drugs are covered under your member's plan, go to the <u>Find My Prescriptions</u> 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 representative will help members find out if a medication is covered and how much it will cost.

Free Drug Disposal Packets



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 of 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.

PrEP: Expanding Access and Support for Patients

Pre-exposure prophylaxis (PrEP) is a vital tool in HIV prevention, particularly for populations at higher risk, including LGBTQ+ communities and individuals with certain risk factors such as inconsistent condom use or sharing needles.

Who Should Consider PrEP?

PrEP may be suitable for individuals who:

- Have had a sexually transmitted infection (STI) in the past six months.
- Engage in sexual activities without knowing their partner's HIV status.
- Use injectable drugs with shared equipment.

For a comprehensive guide on assessing whether PrEP is right for your patients, please refer to the CDC's resource: <u>Deciding if PrEP is Right for You</u>.

How PrEP Works: PrEP prevents HIV from replicating in the body if exposed. It should be taken as prescribed and does not replace the need for regular STI screening and safe practices, such as condom use.

For more detailed information on PrEP and its usage, visit Preventing HIV with PrEP.

Additional Considerations: Our goal is to support your efforts in providing inclusive and comprehensive care. Understanding the unique health needs of LGBTQ+ patients, including those seeking gender-affirming care or facing systemic health disparities, is essential. Ensuring culturally competent care and accessible services can significantly improve health outcomes.

Together, we can enhance the quality of care and support for our patient population. If you have any questions or need additional resources, please do not hesitate to reach out.



Providers, thank you for your collaboration and efforts. Our members are working hard to keep themselves healthy. Many may have earned rewards for completing healthy activities such as getting their flu vaccines or wellness checks.

Please remind them that some rewards expire, so it is important for them to use those hard-earned rewards. As a reminder, the expiration of rewards will be based on the program that they are enrolled in:

- MyHealth Rewards Program Rewards earned in 2023 will be expiring in December of this year! Have them redeem today!
- CareSource MyKids Rewards expire one year from issuance.

As we celebrate another year of health, please remind our members that they can earn new rewards in 2025. Encourage them to be proactive by scheduling their appointments today!



Screening Adolescents for Depression

CDF-CH: Screening for Depression and Follow-Up Plan (Ages 12-17) This measure assesses the percentage of members aged 12-17 screened for depression on the date of the encounter prior to the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the eligible encounter.



Qualifiers:

The **denominator** for this measure includes members aged 12-17 with an outpatient visit during the measurement year. The numerator for this measure includes the following two groups:

- 1. Those members with a positive screening for depression on the date of an outpatient visit or up to 14 days prior to the encounter using a standardized tool with a follow-up plan documented.
- 2. Those members with a negative screening for depression on the date of an outpatient visit or up to 14 days prior to the encounter using a standardized tool.

An age-appropriate, standardized, and validated depression screening tool must be used like the PHQ9, and results must be documented as positive or negative for **numerator** compliance.

* Use 96127 Payable Medicaid Fee Code with G codes: G8431 or G8510

Providers MUST include the G code or the gap for this measure will not be closed.

Code	Description
G8431	Positive screening; follow-up plan documented
G8510	Negative screening; follow-up plan: N/A

EXCLUSIONS: Members who have been diagnosed with depression or bipolar disorder will be excluded from the measure.

 A follow-up plan must be documented on the date of the qualifying encounter for a positive depression screening.

Examples of a follow-up plan include, but are not limited to:

- Referral to a practitioner or program for further evaluation for depression for example, referral to a psychiatrist, psychologist, social worker, mental health counselor, or other mental health service such as family or group therapy.
- Other interventions designed to treat depression, such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options.



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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.

Thank you for your partnership!