



SPRING 2026

# PROVIDER *Source*

A Newsletter for CareSource® Health Partners

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## Chief Medical Officer's Note

CareSource's mission has always been built on the foundation of partnership—with the physicians, advanced practitioners and care teams who deliver care to our members every day. As we embark on another year of service, our partnership based on a common goal will be more important than ever: sustainably providing high-quality, coordinated care.

While the total cost of care is often discussed in terms of dollars and cents, it is, in fact, the net result of many clinical decisions made throughout the care continuum. The setting of care, its coordination and the proactivity of care all have an effect. When care is coordinated, patients receive better care and unnecessary costs decrease accordingly.

Not only is the total cost of care not about rationing care or denying access to necessary care, it is also about doing what is *most important*, in the *right setting*, at the *right time*. What are the unnecessary costs of care? All of us are aware of the unnecessary costs of care.

These include:

- Unnecessary emergency department visits
- Avoidable hospitalizations
- Fragmented care within specialties
- Delays in follow-up care after hospitalization
- And the lack of care coordination between physical health, behavioral health and social services.

Primary care has a key role as the 'coordinator and anchor' of care, while specialists, hospitals, post-acute providers, behavioral health professionals and community partners are equally important in ensuring continuity and alignment. Total cost of care can be improved by more thoughtful referrals, seamless transitions and earlier identification of members with rising or complex needs.

As a Chief Medical Officer at CareSource, my job is to partner with you—not to add to your workload, but to help inform your clinical decisions through collaboration, transparency and shared accountability. In the coming year, our clinical priorities will include improving transitions of care, facilitating care in the right setting, earlier identification of high-risk members and enhancing integration across physical health, behavioral health and community resources.

These initiatives are particularly important for the populations we serve together, such as older adults and members with complex medical and social needs. Models of care that focus on integration, such as long-term services and supports and PACE, have shown that integrated care can drive better outcomes while stabilizing the total cost of care. I will write more about these models in the future.

As we continue forward, I encourage you to ask yourself a simple question in your daily work: Is this care helping the patient achieve the best possible outcome in the most appropriate setting? When we all focus on that question, quality, experience and sustainability naturally follow.

Thank you for your continued partnership and dedication to CareSource members. I look forward to the work ahead.

With Gratitude.

Tamika Lasege, MD

Vice President, Market Chief Medical Officer - CareSource Georgia



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

- [Place of Service Code for EPSDT Visits](#)
- [Depression Screenings with Medical Provider Incentive Update](#)
- [Required Action to Prevent Claims Denials-Group/Billing Provider Enrollment in GAMMIS](#)

Network notifications can be accessed at [CareSource.com Providers Updates & 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 also 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 updated regarding the preferred drug list (PDL), prior authorization requirements and medical and reimbursement policies.

## Exciting News: Launch of Our New Learning Management System!

We are excited to announce the launch of our new Learning Management System (LMS) with [HealthPlanResources.com](#)! This user-friendly platform offers a variety of educational resources, training modules, and interactive courses tailored to your needs, all developed by **CareSource**. New content is added based on Provider feedback.

All providers and staff can now register for [HealthPlanResources.com](#) to access comprehensive content that supports your learning journey. Whether you need orientation as a new Provider or want to deepen your knowledge of our health plan and industry best practices, [HealthPlanResources.com](#) has the tools you need.

Register today and visit our **Training and Events** page for more information and instructions.

Explore [HealthPlanResources.com](#) now!

## Place of Service Code for EPSDT Visits

Providers must use place of service (**POS**) **code 99** when billing office visits for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) preventive health screening services. All diagnostic x-ray, laboratory testing (except hematocrit, hemoglobin) and/or treatment services provided to the EPSDT member at the time of the preventive health visit, can be billed on the same CMS 1500 claim form as the EPSDT preventive health visit if the EPSDT provider uses a CMS 1500 form to bill Diagnostic and Treatment Services (i.e., Physician Services, Nurse Practitioner Services, etc.).

Effective May 1, 2026, claims may deny if the provider uses a POS other than 99 when billing office visits for EPSDT preventive health screening services.



## Group/Billing Provider Enrollment in GAMMIS

### Avoid Claim Denials – Action Required

Georgia Medicaid requires applicable providers to complete Group/Billing Provider enrollment in Georgia Medicaid Management Information System (GAMMIS) to ensure compliance with CMS billing requirements. Providers who bill under a group or use a billing provider NPI must enroll and establish proper rendering provider affiliations.

Important: enrollment and affiliation must be completed within 45 days to avoid potential claim denials, payment delays, or recoupment risk, regardless of the date of service billed.

### Key Steps:

- Submit Group/Billing Provider enrollment through the GAMMIS portal.
- Ensure rendering providers are affiliated to the billing group before submitting claims.
- Verify billing provider NPI enrollment status.

### Resources:

Group Billing Enrollment FAQs:

[www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/NOTICES/Web\\_FAQ2\\_Gainwell%2020220608154408.pdf](http://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/NOTICES/Web_FAQ2_Gainwell%2020220608154408.pdf)

### February 2026 Training Presentation:

[www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Web%20Portal%20Training/tabId/25/Default.aspx](http://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Web%20Portal%20Training/tabId/25/Default.aspx)

For assistance, contact Provider Services at **1-855-202-1058**.



# OPR Enrollment Reminder

## Avoid Claim Denials – Action Required

Ensure Ordering, Prescribing and Referring (OPR) providers are properly enrolled and active. Claims may be denied or rejected if OPR provider National Provider Identifiers (NPI) are not valid, roles are assigned incorrectly, or enrollment requirements are not met. Providers should review enrollment and billing setup now to prevent payment disruptions.

CareSource reminds providers of the Georgia Medicaid policy requiring OPR providers to be properly enrolled and active in order to support compliant billing and claims processing. This reminder is based on the CareSource Network Notification: [2025 Order, Prescribe and Refer \(OPR\) Update – Revision \(GA-MED-P-3569161b\)](#).;

## Key Policy Requirements

- OPR providers must be appropriately enrolled and active to ensure orders, prescriptions and referrals originate from eligible practitioners.
- OPR provider NPIs must be valid and active at the time of claim submission.
- Providers enrolled as OPR-only cannot be listed as the rendering provider.
- Claims billed with the same physician listed as both rendering and ordering/referring provider may be rejected.
- Attending or referring NPIs must accurately reflect the individual practitioner and not group information.

## Claims Processing Impact

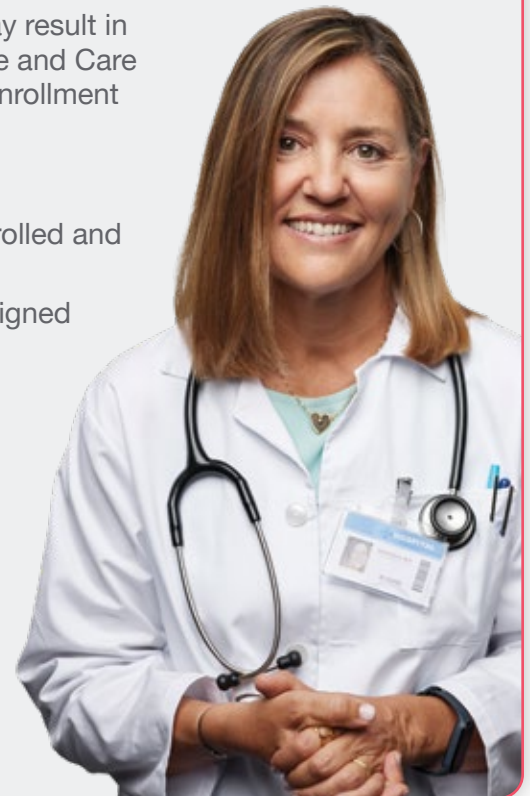
Failure to comply with OPR enrollment and billing requirements may result in claim denials, rejections, or payment delays for both fee-for-service and Care Management Organization (CMO) claims. Providers should verify enrollment status and billing configurations to prevent disruptions.

## What Providers Should Do Now

- Verify that ordering, prescribing and referring providers are enrolled and active as OPR providers.
- Ensure rendering and ordering/referring roles are correctly assigned on claims.
- Confirm NPIs are active and registered appropriately in the MMIS/GAMMIS system.

## Questions?

For assistance, contact Provider Services at **1-855-202-1058** Monday through Friday, 7 a.m. to 7 p.m. Eastern Time (ET), or email **[GAProviderRelations@CareSource.com](mailto:GAProviderRelations@CareSource.com)**. Providers may also reference the CareSource Network Notification [2025 Order, Prescribe and Refer \(OPR\) Update – Revision \(GA-MED-P-3569161b\)](#) for full policy details.



# Clinical Practice Guidelines: Ensuring Consistency and Quality in Care

## Why We Use Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are evidence-based frameworks that standardize care, minimize variations among providers, and support informed decision-making to improve healthcare outcomes. At CareSource, we prioritize CPGs to ensure our members receive high-quality care.

## Where to Find CareSource's CPGs

CPGs are available on our Website:

[CareSource.com/ga/providers/education/quality-improvement/medicaid/](https://www.caresource.com/ga/providers/education/quality-improvement/medicaid/)

## CPG Random Chart Audits

To maintain CPG compliance, the Georgia Department of Community Health (DCH) requires all Georgia Medicaid care management organizations, like CareSource, to complete random quarterly audits of medical records for in-network providers. These reviews focus on treatment for depression, diabetes, and perinatal care using audit tools developed by DCH to evaluate quality indicators based on guidelines from nationally recognized medical organizations.

## Commonly Missed Quality Indicators for CPG Audits

During audits, certain quality indicators are frequently ***not*** documented, including the following:

For Teens & Women	For Members with Diabetes
<b>Last Menstrual Period (LMP)</b> (when applicable)	<b>Last Retinal or Dilated Eye Exam</b>
<b>Hepatitis C Screening</b> (for all pregnant individuals)	<b>Comprehensive Foot Exam</b> (including exams at every visit for members with sensory loss, prior amputations, or ulcers)
	<b>Urine Microalbumin Testing</b>
	<b>Last Dental Exam</b>



### Need Assistance?

For questions, please contact our Health Partner Services Line: **855-202-1058**.



# Unlisted CPT/HCPCS Codes and Unspecified ICD-10 Codes Update

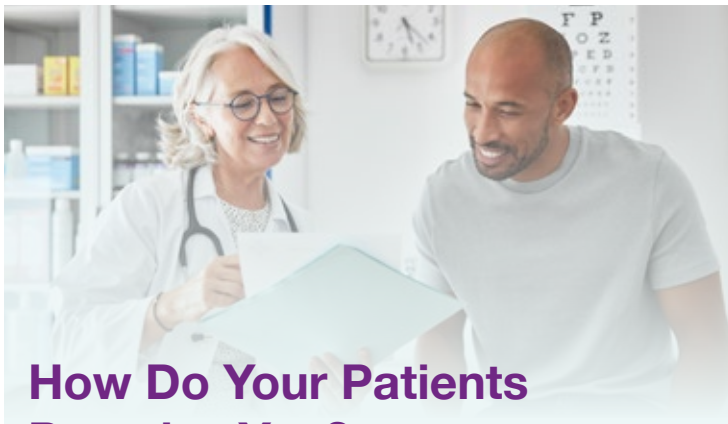
## Reminder on Unlisted Procedure and Unspecified ICD-10 Codes

CareSource follows Georgia Georgia Department of Community Health (DCH) and Centers for Medicare & Medicaid Services (CMS) requirements, which state that providers must report the most specific CPT/HCPCS and ICD-10 codes. Claims with unlisted procedure or unspecified diagnosis codes may be denied if they lack sufficient documentation or if a specific code is available.

**Claim Denial Reasons:** Claims may be denied for unlisted Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) and unspecified ICD-10 codes if a more specific code is available, if required documentation (such as operative notes) is missing, or if the service does not clearly match any billable code.

**Provider Action Needed:** To prevent denials, providers should ensure documentation supports the most specific CPT/HCPCS and ICD-10 codes, avoid using unlisted and/or unspecified codes unless clinically justified and resubmit claims with the appropriate detailed codes.





## How Do Your Patients Perceive You?

Every year, from February through May, CareSource is required to conduct patient experience surveys, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. In this anonymous survey, many of your CareSource patients will be asked questions about their experiences with providers and the health plan. It is the patients' chance to voice their opinion.

We know your team works hard to provide the best care for every patient on every visit! Our partnership makes a big impact on the patient's perception of their health care experience, and we are here to help. Some things to consider:

- ✓ How would your patients rate the care you provide?
- ✓ Can patient appointments be scheduled "easily" and "as soon as needed"?
- ✓ When making a referral, do you inform your patients about how long it will take to get the appointment?
- ✓ Are you working with patients to proactively schedule routine care and screenings?
- ✓ Are your patients aware of your hours and where to go for urgent care?
- ✓ Will your patients think you are informed and participating in their health care plan?
- ✓ Will your patients think you spent time explaining things, including necessary vaccinations, test processes and results?
- ✓ How would your patients rate how well you listened carefully, showed respect, and spent the needed amount of time with them?

We appreciate all that you do and look forward to continuing as your partner in delivering a high standard of care!

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



## Health Needs Assessment Available Through CareSource MyLife

Members can complete the Health Needs Assessment for themselves—or for their children or dependents—through their CareSource MyLife account. The assessment is available online at [MyLife.CareSource.com/Assess](https://MyLife.CareSource.com/Assess), where members enter their first and last name, date of birth and ID number to get started.

Encourage your members to complete their Health Needs Assessment. Timely completion helps us better understand member needs and connect them with appropriate resources, support and care. Members may also be eligible to earn rewards for completing the assessment. Visit [MyLife.CareSource.com/Assess](https://MyLife.CareSource.com/Assess) to support your members in completing it. Or scan the QR code.



## 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 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.



## Depression Screenings Non-Behavioral Health or Medical Provider Update

The Georgia (DCH) informed CareSource on December 10, 2025 about a policy update **effective March 1, 2026**, requiring medical providers or non-behavioral health providers billing code 96127 for depression screenings, to also include code G8431 for positive screens or G8510 for negative screens to receive payment.

Also new for positive screenings billed with 96127 and G8431, medical providers must document a follow-up plan in the patient's medical record, which may include referrals for further evaluation or interventions such as behavioral health evaluation, psychotherapy, or pharmacological treatments. Providers can contact CareSource Provider Services or their representative for questions.

Non-behavioral health or medical providers submitting **both** codes, CPT 96127 and the applicable G code; G8431 or G8510 will help capture important screenings for prevention. Screening can help identify depression early and get treatment sooner.



## Importance of Proper Documentation

Proper documentation is essential to you and your patients. It ensures patients receive services that are reasonable and necessary, supports proper payment of claims and supports favorable medical record review decisions. CMS offers a *Documentation Matters Toolkit* on the importance of proper documentation. This toolkit provides guidance for medical and behavioral health professionals, instructional videos and electronic health records fact sheets.

The toolkit can be found at: [Documentation Matters Toolkit | CMS, https://www.cms.gov/medicare/medicaid-coordination/states/documentation-matters-toolkit](https://www.cms.gov/medicare/medicaid-coordination/states/documentation-matters-toolkit).

# Understanding the Risks of Xylazine and Medetomidine in Street Drugs



As medical providers, it is crucial to stay informed about emerging substances that are increasingly being mixed into street drugs. Two such substances are xylazine and medetomidine, both of which are strong sedatives originally intended for veterinary use. While xylazine, often referred to as "tranq," is used to calm animals, it is not approved for human use. Unfortunately, it has found its way into the illicit drug supply, frequently mixed with opioids like fentanyl, often without users' knowledge.

## How Xylazine Affects the Body

Xylazine functions by slowing down both brain activity and bodily functions. The effects of xylazine can include extreme sleepiness, slow breathing, low blood pressure and a decreased heart rate. When combined with opioids, the risk of overdose significantly increases, and the effects can become more intense and unpredictable.

One of the most concerning dangers associated with xylazine use is its potential to cause severe skin damage. Xylazine constricts blood vessels, leading to reduced blood flow to the skin. This diminished circulation can hinder the healing process, resulting in painful sores or open wounds. Even minor cuts can escalate into large wounds or infections, posing serious health risks to users.

## Medetomidine: A Stronger Sedative

Sometimes referred to as "rhino tranq," medetomidine is another powerful sedative used in animals. Like xylazine, it is not intended for human use and has been found mixed into street drugs, including fentanyl. Many users are unaware that medetomidine is present in these substances.

Medetomidine is even stronger than xylazine and can cause profound sedation, very slow breathing and a decreased heart rate. Individuals under its influence may be difficult to awaken or may not respond to verbal stimuli, which raises significant concerns regarding safety.

## The Need for Awareness and Caution

Given that medetomidine is a newer addition to the street drug supply, medical professionals are still learning about its long-term effects when used inappropriately. There is potential for severe withdrawal symptoms and other serious health complications. The combination of potent sedatives like xylazine and medetomidine with other drugs increases the risk of overdose, making it more challenging to treat.

It is essential to note that naloxone (Narcan), a medication commonly used to reverse opioid overdoses, does not counteract xylazine or medetomidine overdoses because these substances are not opioids. However, naloxone should still be administered during an overdose situation, as there may be opioids present due to the mixing of drugs. After naloxone is used, individuals may still appear excessively sleepy or unresponsive, so calling 911 in an emergency is critical.

## Conclusion

Xylazine and medetomidine significantly increase the dangers and unpredictability of drug use. As health care providers, understanding the risks associated with these substances is vital for protecting your health and potentially saving lives. By staying informed and vigilant, we can better support our patients and communities in navigating the complexities of substance use and its associated risks.



## CareSource Would Like to Remind You About Our Website CareSource.com



You can find information on any matter and even download it!

- Information about CareSource’s Quality Improvement Program including goals, processes and outcomes as related to care and service.
- Information about CareSource’s Population Health Programs and services, the targeted populations, as well as how members can opt in/out these programs.
- Information about case management and disease management programs, including how to use the services and how CareSource works with practitioner’s patients in the program.
- The process to refer members, including discharge planners, to case management and disease management programs.
- Information about how to obtain or view copies of CareSource’s adopted clinical practice guidelines and preventive health guidelines, including those for:
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Perinatal Care
  - Asthma
  - Diabetes
  - Attention-Deficit/Hyperactivity Disorder (ADHD) (children)
  - Depression (adults)
  - Centers for Disease Control and Prevention (CDC) Recommended Immunization Schedule for Persons Ages 0 to 18 Years
  - CDC Recommended Immunization Schedule for Persons Over 18 Years of age
  - Men: Stay Healthy at Any Age
  - Women: Stay Healthy at Any Age
- CareSource’s medical necessity criteria, including how to obtain or view a copy
- Information about the availability of staff to answer questions about utilization management (UM) issues
- The toll-free number to contact staff regarding UM issues
- How to access language assistance for members during health encounters including interpreters for sign language
- The availability of TTY services for members
- Information about how members may obtain language assistance to discuss UM issues
- CareSource’s policy prohibiting financial incentives for UM decision-makers
- Information about CareSource’s pharmaceutical management procedures including our drug list along with restrictions and preferences; how to use pharmaceutical management procedures; an explanation of limits and quotas; how practitioners can provide information to support an exception request; and CareSource’s processes for generic substitution, therapeutic interchange and step-therapy
- A description of the process to review information submitted to support a practitioner’s credentialing application, correct erroneous information and, upon request, to be informed of the status of the credentialing or re-credentialing application
- CareSource’s member rights and responsibilities statement



If you have any questions about accessing our website or if you would like more information, please call the Provider Services at **1-855-202-1058**. The most recent information about CareSource and our services is always available on **CareSource.com**.



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

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**CareSource.com**

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 [X.com/CareSource](https://www.x.com/CareSource)

 [Instagram.com/CareSource](https://www.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 patients. To view editions of the MemberSource newsletter, visit **CareSource.com** Members Education [Newsletters](#).

*Thank you for your partnership!*