



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.

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,

Beena Joseph, MD, MHA, FAAFP
Vice President, Market Chief Medical Officer - CareSource Indiana



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:

- [MDwise exit from Hoosier Healthwise and Healthy Indiana Plan](#)
- [Third Party Liability \(TPL\)](#)
- [MDwise Transition Pharmacy Network Update](#)

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 updates regarding the preferred drug list (PDL), prior authorization requirements, and medical and reimbursement policies. To receive provider communications such as policy updates and network notifications from CareSource, complete the [Provider Communications Form](#).

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.



The KED Measure: Kidney Health Evaluation for Patients with Diabetes

Diabetic nephropathy is a leading cause of kidney failure. It is estimated that approximately 30 to 40 percent of people with diabetes will develop some form of kidney damage over their lifetime. In the early stages of kidney disease, there may not be noticeable symptoms, but left untreated it can lead to kidney failure. The KED measure’s intent is to monitor kidney health among adults with diabetes to help identify and prevent the progression of chronic kidney disease.

For HEDIS purposes: KED measures the percentage of members 18 to 85 years of age with diabetes (Type 1 or Type 2) who received a kidney health evaluation, defined by **an estimated glomerular filtration rate (eGFR) AND a urine albumin-creatinine ratio (uACR)** during the measurement year.

The closer the measure, the uACR or the combination of the quantitative urine albumin lab test and urine creatinine lab test can be ordered in addition to the eGFR. Pertinent CPT and LOINC codes are provided in the chart below.

eGFR Test		AND	uACR Test		OR	Quantitative Urine Albumin Lab Test	
Code	Code System		Code	Code System		Code	Code System
80069	CPT		9318-7	LOINC		82043	CPT
80050	CPT		89998-9	LOINC		89999-7	LOINC
80048	CPT		77254-1	LOINC		57369-1	LOINC
80047	CPT		77253-3	LOINC		53531-0	LOINC
80053	CPT		76401-9	LOINC		53530-2	LOINC
82565	CPT		59159-4	LOINC		43605-5	LOINC
98980-6	LOINC		44292-1	LOINC		30003-8	LOINC
98979-8	LOINC		30000-4	LOINC		21059-1	LOINC
94677-2	LOINC		14959-1	LOINC		1754-1	LOINC
77147-7	LOINC		14958-3	LOINC		14957-5	LOINC
70969-1	LOINC		13705-9	LOINC		100158-5	LOINC
69405-9	LOINC						
62238-1	LOINC						
50384-7	LOINC						
50210-4	LOINC						
50044-7	LOINC						
						AND	
						Urine Creatinine Lab Test	
						Code	Code System
						82570	CPT
						58951-5	LOINC
						57346-9	LOINC
						57344-4	LOINC
						39982-4	LOINC
						35674-1	LOINC
						2161-8	LOINC
						20624-3	LOINC

Visit National Kidney Foundation of Indiana for information regarding programs such as Diabetes PATH, Diabetes Prevention Program, Better Choices Better Health, and High Blood Pressure Control.

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

HEDIS® Metric IET: Impactful for Members and Providers

Substance use disorders (SUDs) are a significant public health concern affecting individuals across the country. Timely access to treatment is crucial for recovery, and the Initiation and Engagement of Treatment (IET) metric plays a vital role in monitoring this process.

Health care Effectiveness Data and Information Set (HEDIS) measures, developed and maintained by the National Committee for Quality Assurance (NCQA), include IET, which assesses the quality of care for individuals diagnosed with SUDs. The IET measure focuses on two key phases: the *initiation phase* evaluates the percentage of patients who initiate treatment for SUD within 14 days of diagnosis, while the *engagement phase* assesses those who continue treatment within 34 days from their initiation appointment.

To support this HEDIS measure, consider the following actions:

- Ensure patients receive timely referrals to treatment within 14 days of diagnosis to promote early engagement.
- Follow up with patients to confirm ongoing participation in treatment within 34 days, reinforcing the importance of continued care for successful recovery outcomes.

By prioritizing these steps, health care providers can enhance patient care, improve treatment outcomes, and contribute to the overall effectiveness of SUD treatment programs.

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Identifying Behavioral Health Concerns:

A Key to Better Patient Outcomes

Patients often experience concerns that extend beyond their stated reason for visiting. Behavioral health concerns, including depression and substance use, are among the most common and costly health issues in the United States, yet they frequently go undetected.¹ Many patients do not voluntarily share behavioral health concerns due to stigma, fear, or lack of awareness about how these issues affect their physical health. Others expect their health care provider to initiate screening.

Integrating routine behavioral health screenings into standard practice normalizes conversations around mental health, supports early identification of concerns, and enables brief interventions and timely referrals. Untreated mental health and substance use can worsen chronic conditions such as diabetes, cardiovascular disease, and chronic pain, leading to increased emergency department visits, higher inpatient utilization, and greater health care costs.²

The use of validated screening tools is essential to identifying behavioral health needs and delivering comprehensive, whole person care. The Substance Abuse and Mental Health Services Administration (SAMHSA) recommends universal behavioral health screenings for patients and offers evidenced based resources and tools to support providers. To learn more, visit [samhsa.gov](https://www.samhsa.gov).

For information about the CareSource Behavioral Health Early Intervention Initiative and how CareSource is incentivizing behavioral health screenings across its provider network, visit [CareSource.com](https://www.caresource.com).

References:

National Institute of Mental Health (NIMH). *Integrated Care for Depression Yields Extended Benefits*. Accessed February 16, 2026. www.nimh.nih.gov/news/science-updates/2025/integrated-care-for-depression-yields-extended-benefits-malawi-study-shows

Taylor HL, Menachemi N, Gilbert A, Chaudhary J, Blackburn J. *Economic Burden Associated With Untreated Mental Illness in Indiana*. *JAMA Health Forum*. 2023;4(10):e233535. doi:10.1001/jamahealthforum.2023.3535



Indiana Medicaid Behavioral Health Member Profile

On a nightly basis, CareSource sends information to the CareSource Provider Portal, including a behavioral health profile, to the assigned primary medical provider (PMP) on file with us. This profile lists the physical and behavioral health treatment received by that member. Information about substance use disorder treatment and HIV is only released if the member has signed a consent form.

If you are a Primary Medical Provider (PMP) and want to view one of your member's behavioral health profiles, please visit the provider portal, [CareSource.com](https://www.caresource.com) > Provider Overview > [Provider Portal Log-in](#). If you are unable to log in to the portal, please call the CareSource Provider Services department at **1-844-607-2831** for assistance. Feel free to check the Provider Portal at any time for updates and changes to the behavioral health profile.

We hope that the behavioral health profile assists in the exchange of health information between the PMP and the behavioral health providers treating the member to aid in coordination of care.

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.



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](#)



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

Medetomidine, sometimes referred to as "rhino tranq," 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.

Health Needs Assessment Available Through CareSource MyLife

Members can complete the Health Needs Screening for themselves—or for their children or dependents—through their CareSource MyLife account. The assessment is available online at 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 Screening. 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 to support your members in completing it, or scan the QR code.



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:
 - COPD
 - Perinatal Care
 - Asthma
 - Diabetes
 - ADHD (children)
 - Depression (adults)
 - CDC Recommended Immunization Schedule for Persons Ages 0-18 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 TDD/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 Health Partner Services at **1-844-607-2831**. 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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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](https://www.caresource.com) Members Education [Newsletters](#).

Thank you for your partnership!