



SUMMER 2024

PROVIDER *Source*

A Newsletter for Michigan Medicaid and MI Health Link

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Chief Medical Officer's Note

At HAP CareSource™ and HAP CareSource™ MI Health Link (Medicare-Medicaid Plan), our mission is to make a long-lasting difference in the lives and well-being of our members. This directive calls us to move beyond a one-dimensional view of health as a physical status to a more comprehensive view of wellness. Addressing the whole-person health means that we must acknowledge and respect that our patients have identities which span physical, mental, social, environmental, and cultural dimensions.

Adopting a comprehensive approach to health care allows providers to address not only the signs and symptoms of illness, but also the root causes of disease, which often include social and mental stressors. To be most effective, providers are encouraged to engage patients in meaningful conversations about their social well-being, psychological challenges, and support systems to develop personalized treatment plans. Helping patients mitigate social and systemic hurdles will positively impact their overall health.

In addition, achieving whole-person health requires collaboration among individuals from various disciplines, including physicians, nurses, psychiatrists, psychologists, nutritionists, social workers, community health workers, doulas, community-based entities and managed care organizations, such as HAP CareSource and HAP CareSource MI Health Link. Together, we can offer innovative, integrated solutions that addresses the diverse needs of patients. By recognizing and addressing the interconnectedness of physical, mental, emotional, and social factors, providers across the care continuum can help patients achieve and maintain a higher quality of life.

Sincerely,



Dr. Lori Billis
Medical Director – Michigan



A Spotlight on Mental Health Awareness

May is Mental Health Awareness Month, and we join the national movement to raise awareness about mental health. This quarter, we invite you to especially reflect on the mental health-related articles in this newsletter edition. We share resources and opportunities for you to provide support and educate your HAP CareSource and HAP CareSource MI Health Link members on how they can fight the stigma and improve their health and well-being.



UPDATES



Network Notification Bulletin

HAP CareSource and HAP CareSource MI Health Link regularly communicate 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:

- [Change Healthcare Cybersecurity Incident](#)
- [Provider Portal Claim Submission Tool Update](#)

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



Member Incentives and Rewards Can Be Found on the Provider Portal Resource Library

We have added a Member Incentives and Rewards topic to your [Provider Portal Library](#). Learn more about the program by going to your Resource Library and clicking on the Member Incentives and Rewards Programs link. This is located on the Resource Library page, but is accessed by the Users > Provider Training link from the left navigation menu.

We have two programs for our Medicaid members – the **HAP CareSource MyKids** and **HAP CareSource MyHealth**. We also have the My HAP CareSource Rewards program for our HAP CareSource MI Health Link members. Our programs are designed to encourage and reward your members for taking charge of their well-being. Visit the link in the [Provider Portal](#) to learn more about the programs and the specific activities where members can earn rewards.

Increasing Focus on Balance Billing Protection for Members

Member Billing Policy, State and federal regulations prohibit providers from billing HAP CareSource and HAP CareSource MI Health Link members for services provided to them except under limited circumstances. HAP CareSource and HAP CareSource MI Health Link monitor this activity based on reports of billing from members. We will implement a stepped approach in working with our providers to resolve any member billing issues that include notification of excessive member complaints and education regarding appropriate practices. Failure to comply with regulations after intervention may result in potential termination of your agreement with HAP CareSource or HAP CareSource MI Health Link.

EXAMPLE OF BALANCE BILLING:

Balance billing is when a provider bills a patient for the difference between the provider's charge and the allowed amount. For example, if the provider is charged \$100, and the allowed amount is \$70, the provider would bill the patient for the remaining \$30.

To help reduce the instances of balance billing, remember the following steps:

- Verify a member's eligibility prior to each visit
- Be sure to check for a member's enrollment in **both** Medicaid and Medicare

Network providers may not balance bill HAP CareSource or HAP CareSource MI Health Link members for covered services. If you have questions regarding billing policies, please reach out to your Health Partner Representative or call Provider Services.

- HAP CareSource:
1-833-230-2102
- HAP CareSource MI Health Link:
1-833-230-2159



Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) – HEDIS Measure

HAP CareSource

APP is defined as, "the percentage of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line of treatment."

Antipsychotic medications may be effective treatment for a narrowly defined set of psychiatric disorders in children and adolescents. However, they are often prescribed for non-psychotic conditions for which psychosocial interventions are considered first-line treatment.

Best Practice:

First-line psychosocial care refers to non-pharmacological interventions that are prioritized before or in conjunction with medication management, but must be completed within the first 30 days of the prescription intake to meet the APP HEDIS measure. These interventions aim to address the psychological, social, and environmental factors contributing to the individual's mental health symptoms and overall well-being.

Psychosocial Care as First-Line Treatment is:

- Behavioral Health Counseling Outpatient or Telehealth
- Partial Hospitalization
- Intensive Outpatient Services

Examples of first-line psychosocial care for children and adolescents on antipsychotics may include:

- Periodic Review of Antipsychotic Therapy

- Monitoring Metabolic Indices
- Thorough Evaluation and Coordination
- Close Monitoring for Side Effects
- Education of Parents/Guardians
- Monitoring and Intervention for Social Determinants of Health

The use of first-line psychosocial care in conjunction with antipsychotic medications can reduce the risk of adverse effects associated with long-term medication use and promote holistic well-being in children and adolescents with mental health disorders. It is essential for health care providers to consider the individual's unique needs and preferences when designing a treatment plan and to regularly monitor and adjust interventions as needed to ensure optimal effectiveness.

Reference - <https://www.ncqa.org/hedis/measures/use-of-first-line-psychosocial-care-for-children-and-adolescents-on-anti-psychotics/>

Appeals Member Consent

Review the table below to better understand HAP CareSource and HAP CareSource MI Health Link’s member appeals consent, process and definitions.

Appeals Member Consent		
Definition	How to Contact	Time Frame
<p>Clinical Appeal –</p> <p>Pre-Service: a request to change the decision on any case or service that must be made in whole or in part in advance of the member obtaining medical care or services.</p> <p>Expedited Pre-Service: a request to change an urgent care request where the decision could seriously jeopardize the life or health of the member, jeopardize the member’s ability to regain maximum function or subject the member to severe pain, not managed without the requested care.</p> <p>Post-Service: a request to change a decision on any review for care or services that have already been received.</p>	<p>HAP CareSource Provider Portal, fax or mail</p> <p>HAP CareSource Attn: Grievances & Appeals P.O. Box 1025 Dayton, OH 45401-1025</p> <p>Fax: 937-396-3492</p>	<p>Pre-Service & Post-Service: 60 calendar days to file appeal from date of the initial denial letter with member written consent. Decision will be made within 30 days.</p> <p>Expedited (Pre-Service): <i>MI Health Link</i> The member, or with consent of the member, a provider or authorized representative, may file an oral or written appeal with the plan 60 calendar days following the date of the adverse benefit determination notice. Expedited appeal decisions are made within 72 hours.</p> <p><i>Medicaid</i> The member, or authorized representative with member consent, may submit an expedited appeal. The appeal must be submitted within 10 calendar days of the adverse benefit determination. Expedited appeal decisions are made within 72 hours.</p>
Forms available on HAPCareSource.com		

In general, HAP CareSource and HAP CareSource MI Health Link follow the claims reimbursement policies and procedures set forth by the relevant regulations and regulating bodies. For more information on our claims processes, visit [HAPCareSource.com](https://www.hapcaresource.com) > Providers > [Claims](#) or the HAP CareSource [Provider Orientation](#) slide deck (refer to slides 17-22).

For expedited claims processing and payment delivery, please ensure addresses and phone numbers on file are up to date.

View our [Provider Orientation](#) slide deck or [Provider Manual](#) for full details on our claim submission process.



Pharmacy Updates for Medicaid and MI Health Link

HAP CareSource and HAP CareSource MI Health Link have searchable drug lists that are updated monthly on the website. To find out which drugs are covered under your patient's plan, go to Providers > Tools & Resources > Drug Formulary. The most current updates can also be found there. If members do not have access to the internet, they can call Member Services for their respective market and plan. A representative will help members find out if a medication is covered and how much it will cost.



Importance of Taking Medication as Prescribed

It's beneficial to remind patients of the importance of taking their medications exactly as prescribed. Adherence to medication regimens is key to achieving optimal health outcomes. Additionally, when prescribing medications for depression, be sure to let your patients know that it may take several weeks of consistent use for the medication to start working. Your guidance can empower patients to take the necessary steps to improve their health.

Hepatitis C Treatment Reminders

Since 2021, the Michigan Department of Health and Human Services (MDHHS), providers, and health plans have been working together to eliminate Hepatitis C virus (HCV) in Michigan. The intent is to:

- Increase the number of people who are tested for HCV
- Increase the number of providers who treat HCV
- Expand access to HCV curative treatments

Screening, testing and treatment can save and prolong life. After screening/testing, if the HCV RNA test is positive, then HCV treatment can be prescribed.

Direct-acting antivirals (DAA) are used to treat Hepatitis C. These oral medications, with few side effects or contraindications, can cure the disease when taken daily for the recommended duration of treatment. In most cases, the duration of treatment is eight weeks.

To minimize medication barriers and help ensure medication adherence, **you can prescribe the total quantity for the full course of therapy on the prescription. Then, the pharmacy can dispense the total quantity for the full course of therapy in one fill.** This helps support medication adherence by eliminating multiple trips to the pharmacy.

HAP CareSource	Preferred Direct-Acting Antivirals (DAAs)	Non-Preferred DAAs
	Mavyret®	Epclusa® Harvoni® ledipasvir/sofosbuvir (generic for Harvoni) sofosbuvir/velpatasvir (generic for Epclusa) Sovaldi® Viekira Pak® Vosevi® Zepatier®
HAP CareSource MI Health Link MMP	Covered DAA	
	Mavyret®	



Kidney Health Evaluation for Patients with Diabetes (KED)

In the United States, 37 million adults are estimated to have chronic kidney disease (CKD), and more than 90 percent are unaware of it. One in three American adults are at risk for CKD based on risk factors including diabetes, high blood pressure, heart disease, obesity and family history. Minorities are at increased risk for developing CKD. African Americans are three times more likely than Whites, and Hispanics are nearly 1.5 times more likely than non-Hispanics to develop end-stage renal disease (kidney failure).

MEASURE	DESCRIPTION OF MEASURE	COMPLIANCE CODES & MEASURE TIPS
KED 18-85 years of age	Those with diabetes (Type 1 or 2) ages 18-85 years with a kidney evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), or BOTH a quantitative urine albumin test (QUA) and a urine creatinine test (UC) WITH SERVICE DATES FOUR DAYS OR LESS APART.	eGFR CPT: 80047, 80048, 80050, 80053, 80069, 82565 AND QUA CPT: 82043 and UC CPT: 82570 within four days or less apart OR uACR via LOINC codes

This reference provides HEDIS® coding information only, not necessarily payment guidance. Refer to your Fee Schedule and Provider Policy for details.

Provider Best Practices

- **Educate** patients on how diabetes can damage blood vessels which can lead to loss of kidney function.
- **Reinforce** with patients the importance of preventing kidney damage by: controlling blood pressure (BP), blood sugars, cholesterol, and lipid levels by:
 - Taking angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) as prescribed;
 - Avoiding potentially harmful medications such as naproxen and ibuprofen; and
 - Limiting protein and salt in diet.
- **Coordinate** patient care with endocrinologists and/or nephrologists, as needed.
- **Ensure** that members have an eGFR **and** uACR each calendar year by ordering annual labs or adding HEDIS gap alerts to the electronic health record (EHR) system.
- **Submit** lab codes for uACR or submit separate quantitative urine albumin and urine creatinine tests that occur within four days of each other (a urine albumin test is not sufficient).
- **Verify** that your lab is coding the uACR correctly. Refer to HEDIS specifications when billing for these services to ensure coding accuracy, gap closure, and compliance.





Earn CME/CE Credit for Taking Actionable Steps Toward Eliminating Barriers in Mental Health

Join us in our efforts to remove barriers that impact mental health care in minority communities. The CME Outfitters training ***Mental Health Care: Real-Word Tactics to Address Health Inequities*** aims to equip participants with education and tools to be able to:

- Identify the impact of health inequities on mental health care, and
- Individualize a holistic treatment for mental health care to improve patient outcomes.

This activity offers CE/CME credit for:

- Interprofessional: Interprofessional Continuing Education (IPCE)
- Physicians: Accreditation Council for Continuing Medical Education (ACCME)
- Nurses: American Academy of Nurse Practitioners (AANP)
- Pharmacists (ACPA)
- Physician Assistants: American Academy of Physician Assistants (AAPA)
- Social Work: Association of Social Work Boards (ASWB) Approved Continuing Education (ACE)
- ABPN MOC
- American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) Program
- Merit-Based Incentive Payment Program (MIPs) Improvement Activity
- Royal College (MOC)

[Click here](#) to learn more about and begin this CME Activity.

Digital Badging Reminder

CME Outfitters offers free digital badge credentials for education in Diversity & Inclusion. Learn more about this [digital credential](#).

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The Centers for Medicare & Medicaid Services (CMS) and the National Committee of Quality Assurance (NCQA) have recognized the importance of children/youth being prescribed/taking antipsychotics are at increased risk of increased BMI, and impaired glucose and lipid metabolism. Because of the risk, the overall recommendation is for children (ages 1-17 years) on antipsychotics is to be monitored, annually, with metabolic screenings. By incorporating this monitoring, there can be increased recognition in potential problems, allowing for earlier intervention.

For children/adolescents who qualify for this measure, there are three rates to report:

- Outcome of blood glucose testing
- Outcome of cholesterol testing
- Outcome of both blood glucose and cholesterol testing (combined)

Often, a child's behavioral health provider is the prescribing physician of antipsychotic medications. Because of the physical component of what this measure is monitoring, it is important for the behavioral health provider and physical health provider to collaborate and coordinate care efficiently.

Codes that can be used to count toward this measure include:

- **Glucose/HbA1c CPT:** 80047-48, 80050, 80053, 80069, 82947, 82950-51, 83036, 3044F, 3046F, 3051F, 3052F
- **LDL/Other Cholesterol CPT:** 80061, 82465, 93700-07, 83704, 83718, 83721, 84478, 3048F, 3049F, 3050F



National Mental Health Awareness Month

This May, Mental Health America (MHA) celebrated Mental Health Awareness Month with the theme “Where to Start: Mental Health in a Changing World.”

The universal topic explores the overwhelming stress of our fast-paced lives and the psychological impacts it can have. Additionally, it acknowledges how difficult it can be to know where to begin when navigating those mental health obstacles.

Throughout the month of May, MHA offered a variety of new materials to support mental health well-being and awareness. Among the available items are a toolkit with resources for planning Mental Health Month activities, as well as the paperback release of the MHA's book, *Where to Start*.

This initiative aims to help individuals:

- Learn how modern life affects mental health with new resources to navigate our changing world,
- Act by building their “coping toolbox” so they can manage stress, difficult emotions and challenging life circumstances or experiences, and
- Advocate to improve the mental health of friends, family, communities and themselves.

For more information and to access these tools and resources for your patients, visit <https://mhanational.org/>. Together, we can make a positive impact on the mental health of our members.



Working Toward Equitable Care

Behavioral health is critical to overall wellness. Research suggests that systemic inequities rooted in racism and discrimination may contribute to disparities accessing and using mental health care. Additionally, when interacting with the health care system, patients commonly report experiencing stigma and discrimination based on:

- their race/ethnicity,
- education level,
- income level,
- sexual orientation,
- and weight.

This can then create negative health care experiences for patients and prevent providers from providing equitable care. Fragmented and uncoordinated care cannot meet the needs of people with multiple chronic conditions and complex care needs, who typically have poorer health outcomes, use more health services, and spend more on health care.

HAP CareSource and HAP CareSource MI Health Link understand that coordinated care is key to ensuring optimal outcomes for our members and are committed to physical and behavioral health integration across the continuum of care. We prioritize seamless communication between behavioral health providers and other health care providers to promote the best outcomes for members.

To move toward more equitable care, provider offices might consider the following tactics:

- Building a referral process to promote partnerships between behavioral health and primary health provider offices
- Promoting a sense of belonging, dignity, and justice within the health care setting to create a culture in which all care team members, staff, stakeholders and patients feel welcome, valued, and safe
- Utilizing the [Coordination of Care Form](#) as a tool to streamline communication between health care professionals

Interested in what else HAP CareSource and HAP CareSource MI Health Link are doing to address health disparities?

Visit the [Health Equity Newsroom](#) to learn more.

Resource: <https://integrationacademy.ahrq.gov/products/topic-briefs/health-equity>



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The MemberSource newsletter is a great resource to stay up-to-date with health, wellness and plan information for your HAP CareSource or HAP CareSource MI Health Link patients. To view editions of the MemberSource newsletter, visit **HAPCareSource.com** > Members > Education > [Newsletters](#).

***Thank you for your
partnership!***