



WINTER 2025

PROVIDER *Source*

A Newsletter for Michigan Marketplace, Medicaid and MI Health Link

IN THIS ISSUE:

- 2 Chief Medical Officer's Note
- 3 Network Notification Bulletin
- 3 Find Updates from HAP CareSource Online
- 3 Monthly Coding Corner: Hyperlipidemia Associated with Type 2 Diabetes Mellitus
- 4 False Claims Act Facts
- 4 PrEP: Expanding Access and Support for Patients
- 4 Newborn Respiratory Syncytial Virus (RSV) Update
- 5 Biosimilars: Basics for Providers
- 5 Pharmacy Updates for Medicaid and Marketplace
- 6 Urgent Call to Action: Protecting Vision Health
- 6 Did you know? Continuous glucose monitors (CGMs) are now more accessible for HAP CareSource (HCS) members.
- 7 HAP CareSource Vaccine BINGO!
- 7 New Year, New Beginnings: Set goals to stay healthy and get rewarded!
- 7 Now available: Health Needs Assessment in CareSource MyLife



HAP CareSource™





The material in this newsletter applies to HAP CareSource™, HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) and HAP CareSource Marketplace. When stating “HAP CareSource,” the content applies to all plans – Medicaid, MI Health Link, and Marketplace – unless otherwise noted.

As we approach the final quarter of the year, I want to thank you for the unwavering dedication you bring to your practice and to the lives of our members. Our shared commitment to advancing their health inspires me daily and together, we have the opportunity to make a profound difference—especially for those patients facing significant barriers outside the clinical setting.

Patient engagement and education are central pillars of effective health care delivery. When patients understand their conditions, treatment plans and the steps they can take to manage their health, outcomes improve and satisfaction grows. I encourage you to empower every patient with clear information, practical resources and ongoing support at every encounter.

- Provide easy-to-understand educational materials tailored to the patient's language, literacy level and cultural context.
- Use teach-back methods to confirm understanding and address any misconceptions.
- Encourage patients to ask questions and express concerns, fostering an atmosphere of trust and partnership.
- Promote the use of our member portals and digital health tools for accessible communication and health tracking.

We know that health is shaped by more than clinical interventions— factors such as housing, food security, employment, education and transportation have a profound impact on outcomes. For patients facing these barriers, engagement and education become even more critical.

- Screen for social drivers of health during visits, using validated tools to identify issues that may affect care or adherence.
- Integrate conversations about social needs into routine care, helping patients feel seen and supported beyond their medical diagnoses.
- Connect patients to community resources, social services or case management support whenever gaps are identified.

Together, we can help every patient, especially those most vulnerable, feel empowered to take charge of their health and well-being.

Thank you for your exceptional care and for your role as a trusted advocate for our members. Your partnership is vital as we work to break down barriers and build a stronger and healthier future for all.

With gratitude,

Dr. Lori Billis
Vice President, Market Chief Medical Officer
HAP CareSource Michigan



UPDATES



Network Notification Bulletin

HAP 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: quarter that you may have missed:

- [Revenue Code Billing Requirements](#)
- [Policy Updates November 2025](#)
- [Supervising Provider Claims](#)

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

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

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

Monthly Coding Corner: Hyperlipidemia Associated with Type 2 Diabetes Mellitus

Welcome to this Month's Edition of the Coding Corner!

In our ongoing effort to keep you informed about ICD-10 coding best practices and updates, we'd like to highlight a recent coding clinic Third Quarter, 2025 published by the American Hospital Association (AHA) focusing on hyperlipidemia associated with type 2 diabetes mellitus.

Understanding the relationship between hyperlipidemia and type 2 diabetes is crucial for accurate coding and patient management. A common question is whether hyperlipidemia is classified as a specified diabetic manifestation. The answer is no; hyperlipidemia is a separate condition associated with type 2 diabetes.

For accurate documentation, health care providers should assign:

- E11.69: Type 2 diabetes mellitus with other specified complication
- E78.49: Other hyperlipidemia

It is essential that documentation establishes a cause-and-effect relationship between the two conditions, often indicated by phrases such as "due to" or "associated with." Code E11.69 is for diabetic complications that lack a specific code, while E78.49 captures the distinct hyperlipidemia.

For reference, this coding can be found in the Alphabetic Index under:

- Hyperlipemia, hyperlipidemia
 - Specified NEC E78.49

Accurate coding is vital for effective patient care and management.

False Claims Act Facts

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 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 billing for services that were never performed; resulting in overpayment of the claim using Medicaid or Medicare dollars.

Using the FCA you 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 [CareSource's website](#).

PrEP: Expanding Access and Support for Patients

PrEP is a vital tool in HIV prevention, particularly for populations at higher risk, including people with a partner living with HIV, people who don't use condoms or practice safer sex, people diagnosed with an STI in the last six months, people who inject drugs certain risk factors and people with other risk factors.

Which Patients 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: [Deciding if PrEP is Right for You](#).

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.

NOTE: Medications used for the treatment of HIV and PrEP are carved out and covered by the State for all Michigan Medicaid members and are listed in the Michigan Medicaid Health Plan Common Formulary.

For more detailed information on PrEP and its usage, visit [Preventing HIV with PrEP](#).

For further reading on LGBTQ+ health disparities and the role of Medicaid in addressing these issues, please explore this [detailed brief](#) from the Center for Health Care Strategies.

Newborn Respiratory Syncytial Virus (RSV) Update

Respiratory Syncytial Virus (RSV) 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. There are four different injections to help avoid severe cases of RSV. Abrysvo, an RSV vaccine, can be administered to pregnant people between 32-36 weeks of pregnancy. This can help prevent severe RSV lower respiratory tract infections in their newborns.

Nirsevimab (Beyfortus), Cesrovimab (Enflonsia) and Palivizumab (Synagis) are 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 Abrysvo 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.

Please note, Synagis will discontinue on December 31, 2025 and should only be given if there is enough supply to last the full RSV season. Refer to the Center of Disease Control (CDC) website for antibody recommendations, administration timing and high-risk population criteria.



Biosimilars: Basics for Providers

What is a biologic drug?

Biological products, also known as biologics, are drugs made up of large, complex molecules made from living sources. These sources may include bacteria, yeast or animal cells, and as a result, they may vary slightly from batch to batch due to inherited differences in the living organism. The manufacturing process for biologics is more complex than non-biologics due to the need for more extensive purification and processing. Some examples of biologics include insulin, Humira (adalimumab), Remicade (infliximab), and certain vaccines.

What is a biosimilar drug?

Biosimilar drugs are biologics that have no meaningful differences when compared to a reference product, or a biologic medication already approved by the FDA. They are made from the same living organisms as the reference products, and they have the same safety and effectiveness as the reference product over the course of treatment.

What is an interchangeable biosimilar?

Interchangeable biosimilars are biosimilar drugs that are proven to demonstrate the same clinical result as the reference product without increased risks. Pharmacists can substitute interchangeable biosimilars for the reference product without the intervention of the prescriber (within state regulations). Not all biosimilars are interchangeable.

How do biosimilars come to market?

The process for bringing a biosimilar product to market is complex, impacted significantly by United States policies on the federal, state and regional (payer) levels. Delays are caused by questions about reimbursement, pricing and how the FDA labels the products (e.g. interchangeability). Additionally, biosimilars are often delayed by litigation conducted by the manufacturers of reference products against manufacturers of biosimilars. These issues can also cause delays in care due to the need for different provider orders, patient and provider education, and costs differences for the patient.

Where can I find more information about biosimilars?

The FDA's Purple Book database has information on all FDA-approved biologics, including a search engine that can be used to find all biologics with the same reference product:

- [Purple Book Search](#)
- [Federal Drug Administration](#)

How can I address patient questions about biosimilars?

The FDA has patient education materials on their [website](#).

Key Provider Takeaways

- Coverage and availability of biosimilars may vary. Always check the member's drug formulary to confirm status.
- Biosimilars are FDA-approved to be as safe and effective as their reference biologics, providing the same clinical outcomes.
- Biosimilars often launch at 15-35 percent lower prices than their reference biologics, although in many cases, especially over time, sustained competition has driven discounts of 50 percent or more.
- Refer to the FDA's Purple Book for information on each biosimilar.

References:

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4. Pfizer Inc. 5 Things Worth Knowing About Biosimilars and Interchangeability. New York (NY): Pfizer; 2022 [cited 2025 Aug 15]. Available from: www.pfizer.com/news/articles/5_things_worth_knowing_about_biosimilars_and_interchangeability
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Pharmacy Updates for Medicaid and Marketplace

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



Urgent Call to Action: Protecting Vision Health

Important Reminder: Annual Diabetes Eye Exams are Covered Under Medical Benefits!

The American Diabetes Association (ADA) recommends annual screenings for patients with diabetic retinopathy, while those without can schedule exams every two years. **Great news for your patients who are HAP CareSource members:** They are eligible for one annual diabetes eye exam as part of their medical benefits — **no additional vision coverage required!**

Encourage your patients to take advantage of this benefit to safeguard their vision and ensure timely detection of any potential issues.

Key Steps to Implement:

- **Use Accurate Coding with Claims:** Proper coding is vital for identifying members who need eye exams, regardless of retinopathy status.
- **Optimize Workflow:** Correct coding minimizes medical record requests and enhances overall efficiency.
- **Enhance Care Coordination:** Providers make Ophthalmology referrals, encourage Vision Providers to share exam results and upload findings into the patient's medical record.

Empowering Patients

Download the printable HAP CareSource [Diabetes Care Activity Tracking Chart](#) to help patients manage their diabetes and eye health.

Together, let us make vision a priority!

Submit claims including the **Diagnosis code** and **CPTII codes**:

Diabetes Diagnosis Code	
E.10.9	Type 1 diabetes melitus (DM) without complications
E11.9	Type 2 DM without complications
E13.9	Other specified DM without complications
(And Select) CPTII Code for Diabetes Eye Exams	
3072F	Low risk, no evidence of retinopathy in the prior year, DM.
2022F	Dilated retinal eye exam (DRE) with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM).
2024F	Retinal exam/photos with interpretation by ophthalmologist/optometrist documented and reviewed with retinopathy (DM).
2026F	Eye imaging validated to match diagnosis; retinal photos results documented/reviewed; with evidence of retinopathy (DM).
2023F	DRE exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM).
2025F	Retinal photos with interpretation by ophthalmologist/optometrist documented and reviewed; without evidence of retinopathy (DM).
2033F	Eye imaging matching retinal photos results documented/reviewed; without evidence of retinopathy (DM).

Did you know? Continuous glucose monitors (CGMs) are now more accessible for HAP CareSource (HCS) members.

CGMs have been shown to significantly reduce blood glucose levels and improve diabetes management. Once limited to insulin-dependent diabetics, their use now includes Type 2 diabetes and even gestational diabetes. However, data shows Medicaid and Medicare members are prescribed CGMs less frequently than those with commercial insurance. At HCS, we are committed to improving outcomes across the diabetes care continuum- empowering members to take control of their health, reduce complications and improve quality of life. CGMs help lower glycemic variability and when paired with education, wellness programs and care coordination, members gain the tools to manage their condition effectively. To further reduce barriers, Dexcom and Freestyle CGMs are now covered and available through the pharmacy benefit, in addition to the CGMs that are covered through medical supply/DME. HCS offers transportation assistance for members with mobility helping them attend medical appointments. Additionally, our HCS members with connectivity challenges may be eligible to receive a free issued Pulsewrx phone equipped to support telehealth services and CGM connectivity-ensuring continuous care and engagement. Together, we can help every member access the technology and support they need for better health. Every eligible member has access to this transformative technology and the education and support needed to use it effectively.

American Diabetes Association. (2024, December). [7. Diabetes Technology: Standards of Care in Diabetes—2025](#).
American Diabetes Association. (2024, October). [Continuous Glucose Monitoring in Individuals With Type 2 Diabetes: A Quality Improvement Program](#).
American Diabetes Association. [Standards of Care in Diabetes](#).
American Diabetes Association. [ADA-CGM-Covg-Report-Patient-and-HCP-Experience-of-Access-and-Choice-6-17-25.pdf](#)
MDHHS. Michigan Medicaid Policy/MMP. [Final-Bulletin-MMP-23-31-CGM.pdf](#)
MI MED Pulsewrx Postcard



HAP CareSource Vaccine BINGO!

Let's Play BINGO! As we know, the vaccine rates continue to decline in the state of Michigan. We are taking a novel approach to educate and encourage parents to get their infants and young children vaccinated.

The BINGO card includes the vaccines recommended by the American Academy of Pediatrics for children under the age of 2 years, but we have chosen to include all members 6 years of age and under to be eligible and get a chance to play.

It is easy to play, members visit caresource.com/gotbingomi to share information and their BINGO!

The members with a confirmed BINGO! will qualify for an automated quarterly drawing. Three winners will be selected and win \$100 each! This is in addition to any member incentive that would be applicable.

Vaccine BINGO makes getting preventive health care more fun. Please share with your patients who have HAP CareSource!

Additional details, frequently asked questions, vaccine education and a downloadable BINGO! card can be found at [Let's Play BINGO! | Michigan – Medicaid | CareSource](#)

New Year, New Beginnings: Set goals to stay healthy and get rewarded!

The end of the year and the beginning of a new one are significant moments that offer opportunities for reflection, gratitude and especially goal setting. With many wanting to improve their mental and physical well-being, there is no better time than to remind our members about the Reward programs. Below are some Reward programs that members can take advantage of today:

HAP MyHealth: Adults 22+, Members are automatically enrolled

MyHealth: Adults 18+, Marketplace Members are automatically enrolled

My HAP CareSource Rewards: Members are automatically enrolled.

How it works: Once the healthy activity is completed, we will process the claim and add the rewards to the member's HAP MyHealth account. The points can be redeemed for electronic gift cards to retailers like Walmart, T.J. Maxx, Panera and much more.

HAP MyKids: Newborn through 21 years old, Members are automatically enrolled;

Once the healthy activity is completed, we will process the claim and add the rewards to the member's Rewards Card. The Rewards Card can be used to purchase everyday items at approved S3 retailers.

To learn more, please visit our HAP CareSource Website:

[Rewards | Michigan – Medicaid | CareSource and Rewards | CareSource](#) for Marketplace members.

For Michigan Health Link members, go to

[REWARDS | Michigan – MI Health Link | CareSource.](#)

Thank you for your continued partnership. Let's continue to embrace the wins and foster the connections with our members.

Now available: Health Needs Assessment in CareSource MyLife

Completing the Health Needs Assessment has never been easier. Members can now complete their Health Needs Screening for themselves or their children or dependents directly through their HAP CareSource MyLife account or by visiting MyLife.CareSource.com/Assess, where they will need to enter their first and last name, date of birth and member ID number.

Encourage your members to complete their Health Needs Assessment today. The sooner they complete it, the sooner we can connect them with the right resources, support and care that match their unique needs.

Visit MyLife.CareSource.com/Assess to help members get started.



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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 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!***