



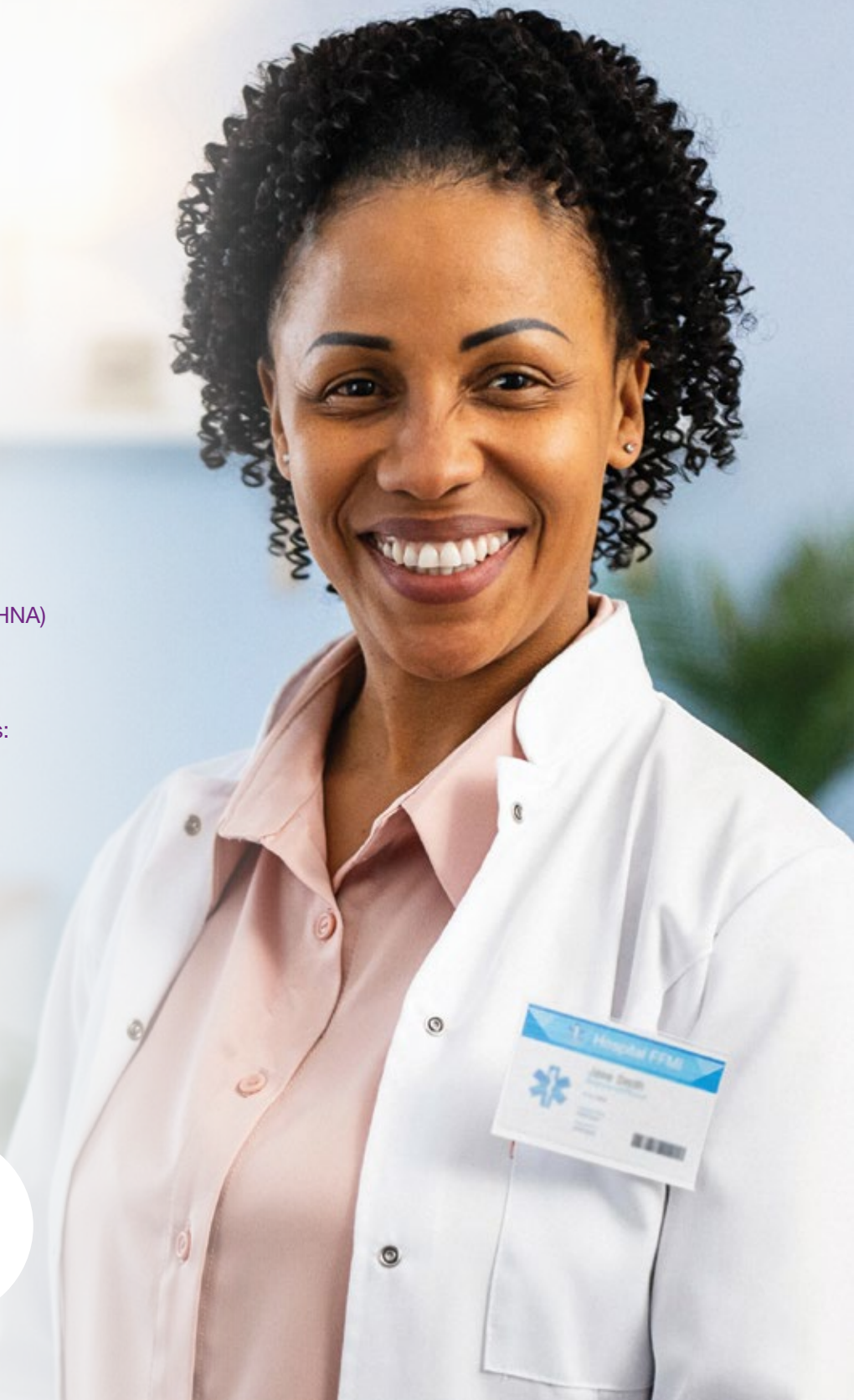
SPRING 2026

# PROVIDER *Source*

A Newsletter for Medicaid and MI Coordinated Health

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**HAP CareSource**<sup>™</sup>



*The material in this newsletter applies to HAP CareSource™ and HAP CareSource™ MI Coordinated Health (HMO D-SNP). When stating “HAP CareSource,” the content applies to all plans – Medicaid, MI Coordinated Health – unless otherwise noted.*

HAP 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 HAP 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 HAP CareSource members. I look forward to the work ahead.

With Gratitude,

Dr. Lori Billis  
Market Medical Director  
HAP CareSource



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:

- [Update of Pharmacy Drug Coverage for Treatment of Obesity](#)
- [Delta Dental Policies](#)
- [Telehealth and Remote Patient Monitoring](#)

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](#).

## 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 HAP 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!**

## 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 updated regarding the preferred drug list (PDL), prior authorization requirements and medical and reimbursement policies.

## Pharmacy Updates for Medicaid

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





## The KED Measure: Kidney Health Evaluation for Patients with Diabetes

Diabetic nephropathy is a leading cause of kidney failure. It is estimated that approximately 30-40% 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 18-85 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 [Home](#) | [National Kidney Foundation of Michigan](#) for information regarding programs such as Diabetes PATH, Diabetes Prevention Program, Better Choices Better Health and High Blood Pressure Control.

## 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 HAP 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).



## Hepatitis C and Sickle Cell Disease: Removing Barriers for Patients



### Hepatitis C (Hep C)

Studies estimate that over 69,000 Michiganders are currently living with hep C1. Most hep C cases can be cured in as little as 8-12 weeks2. With the statewide initiative 'We Treat Hep C', any provider with prescriptive authority can cure hep C. MAVYRET® is preferred and can be dispensed to your HAP CareSource Medicaid or HAP CareSource™ MI Coordinated Health (HMO D-SNP) patients in extended supplies. Please be sure to indicate total quantity for 8-12 weeks on your prescription and to dispense the full course of treatment at a single time.



### Sickle Cell Disease (SCD)

HAP CareSource has partnered with Michigan Department of Health and Human Services (MDHHS) and the University of Michigan to improve SCD outcomes. We are encouraging providers to write 90-day supply prescriptions for hydroxyurea and prophylactic antibiotics for HAP CareSource members, when appropriate. Please notate on the prescription to dispense in a 90-day supply. Here is language to assist:

- “Dispense entire 3-month supply”
- “Do not reconstitute at the pharmacy, please instruct the patient/caregiver on the reconstitution volume and stability so they may reconstitute at home as needed”
- “Chronic treatment for Sickle Cell Disease”

**For questions or assistance with a pharmacy issue, please contact HAP CareSource at: 1-833-230-2073.**

#### References

1. Rosenberg, E.S., Rosenthal, E.M., Hall, E.W., Barker, L., Hofmeister, M.G. Sullivan, P.S., Dietz, P., Mermin, J., Ryerson, A.B. (2018). Prevalence of Hepatitis C Virus Infection in U.S. States and the District of Columbia, 2013 to 2016. *JAMA Netw Open*, 1(8). doi: 10.1001.
2. Fierer, D.S. & Wyles, D.L. (2020). Re-treatment of Hepatitis C Infection After Multiple Failures of Direct-Acting Antiviral Therapy. *Open Forum Infectious Disease*, 7(4). doi: 10.1093



## 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, [www.cms.gov/medicare/medicaid-coordination/states/documentation-matters-toolkit](http://www.cms.gov/medicare/medicaid-coordination/states/documentation-matters-toolkit)

## Health Needs/Risk Assessment (HRA/HNA) Available Through CareSource MyLife

Members can complete the HRA/HNA for themselves—or for their children or dependents—through their CareSource MyLife account. The assessment is available online at [MyLife.CareSource.com/Assess](http://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 HRA/HNA. 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](http://MyLife.CareSource.com/Assess) to support your members in completing it. Or scan the QR code.





## In-Lieu of Service (ILOS) Food Service

Michigan Medicaid and the Medicaid health plans are offering food services to improve members' health. Members may qualify for one of these services at no cost.

### The food service(s) include:

- Medically Tailored Home Delivered Meal
- Delivered Mom's Meals & Jewish Family Services
- Produce Prescription
- Healthy Home Delivered Meals
- Healthy Food Packs

It is up to the members whether they use a food service if they qualify. Medicaid coverage and access to other medical services will stay the same if you use a food service or choose not to.

By providing food services, we will improve the overall health of our members. Resulting in less visits to the Emergency Department and Readmissions into the hospital.

### Food service is for members who have a:

- **Social Risk Factor** - at risk for nutritional deficiency or nutritional imbalance due to food insecurity, defined as being unable to obtain nutritionally adequate, medically appropriate and/or safe foods.
- **AND Have a Clinical Risk Factor** - illness that can be improved with a healthy diet, like: Diabetes, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), hypertension, human immunodeficiency virus (HIV), cancer with malnutrition, sickle cell disease, renal disease, gestational diabetes or other high-risk perinatal conditions.
- **OR** has been discharged from the hospital or a skilled nursing facility within the last 60 days.

A referral is required. Must Identify a Social Food insecure risk factor along with a Clinical Factor on the Authorization. Submission is via the Provider Portal.

## 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. 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.

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 [www.samhsa.gov](http://www.samhsa.gov).

#### References:

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



## HAP CareSource would like to remind you about our website [HAPCareSource.com](http://HAPCareSource.com)

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



- Information about HAP CareSource's Quality Improvement Program including goals, processes and outcomes as related to care and service.
- Information about HAP 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 HAP 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 HAP 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
- HAP 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
- How to access language assistance for members during health encounters including interpreters for sign language.
- The toll-free number to contact staff regarding UM issues
- The availability of TTY services for members
- Information about how members may obtain language assistance to discuss UM issues
- HAP CareSource's policy prohibiting financial incentives for UM decision-makers
- Information about HAP 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 HAP 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
- HAP CareSource's member rights and responsibilities statement
- Standards for maintaining and sharing member health records
- Information about the grievance and appeal process including, State Fair Hearings



If you have any questions about accessing our website or if you would like more information, please call Health Partner Services. The most recent information about HAP CareSource and our services is always available on [HAPCaresource.com](http://HAPCaresource.com).



P.O. Box 1025  
Dayton, Ohio 45401

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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 patients. To view editions of the MemberSource newsletter, visit [HAPCareSource.com](https://HAPCareSource.com) > Members > Education > [Newsletters](#).

*Thank you for your  
partnership!*