



SPRING 2026

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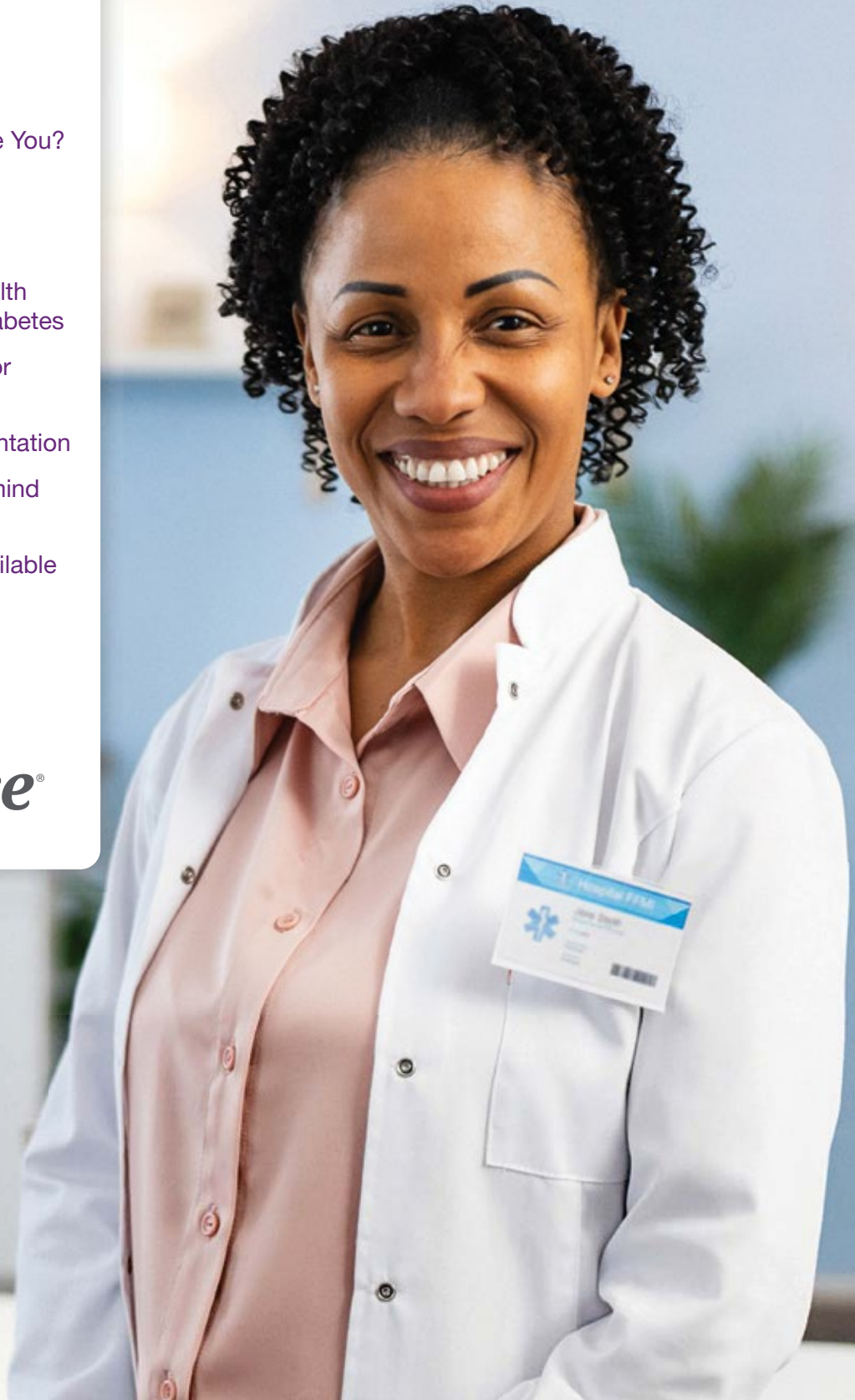
A Newsletter for CareSource® Health Partners

IN THIS ISSUE:

- 2 Chief Medical Officer's Note
- 3 How Do Your Patients Perceive You?
- 4 Identifying Behavioral Health Concerns: A Key to Better Patient Outcomes
- 5 The KED Measure: Kidney Health Evaluation for Patients with Diabetes
- 5 HEDIS® Metric IET: Impactful for Members and Providers
- 6 Importance of Proper Documentation
- 7 CareSource Would Like to Remind You About CareSource.com
- 8 Health Needs Assessment Available Through CareSource MyLifeSM

And more!


CareSource®





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, but 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,

Deepa Yerram, MD, MHA, FAAFP
Vice President, Market Chief Medical Officer - CareSource Wisconsin



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!



How Do Your Patients Perceive You?

Every year, from February through May, CareSource conducts required 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 has a big impact on the patient's perception of their health care experience, and we are here to help.

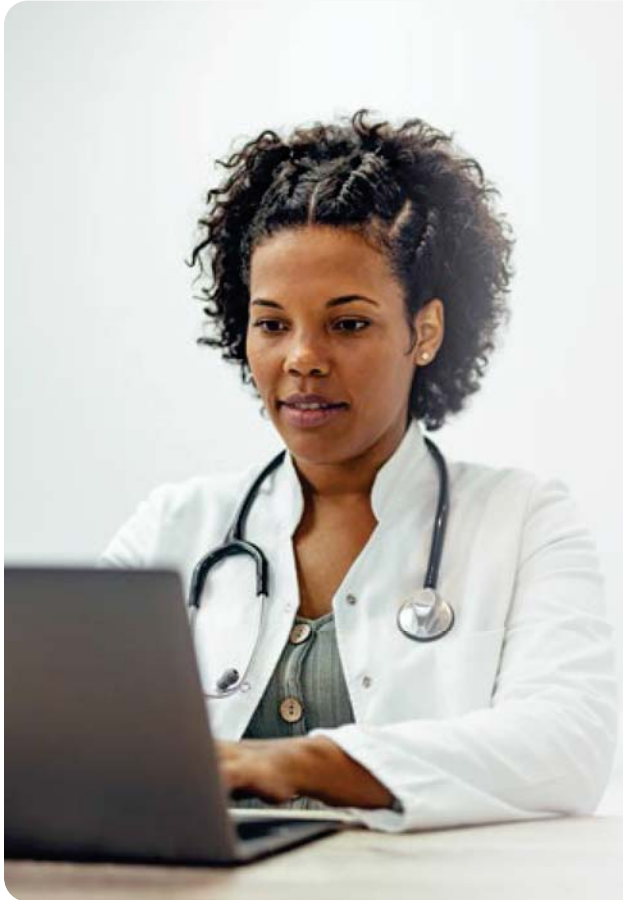
Some things to consider:

- ✓ 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 tell your patients about how long it will take to get an appointment?
- ✓ Are you working with patients to proactively to 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).





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

Reminder on Unlisted Procedure and Unspecified ICD-10 Codes

CareSource follows state and 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 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.



Identifying Behavioral Health Concerns: A Key to Better Patient Outcomes

Patients often have concerns that extend beyond their stated reason for a visit. 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 healthcare provider to initiate screening.

Integrating routine, validated screening tools is essential to identifying behavioral health needs and delivering comprehensive, whole-person care. They normalize conversations around mental health, support early identification of concerns and enable 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 healthcare costs.²

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.

References:

National Institute of Mental Health (NIMH). *Integrated Care for Depression Yields Extended Benefits*. Accessed February 16, 2026. <https://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





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.

To close the measure, either 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 the National Kidney Foundation for information about programs such as Diabetes PATH, Diabetes Prevention Program 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.

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, healthcare providers can enhance patient care, improve treatment outcomes, and contribute to the overall effectiveness of SUD treatment programs.

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

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 intended for veterinary use.

Xylazine, often referred to as "tranq," is used to calm animals, it is not approved for human use. Medetomidine, sometimes referred to as "rhino tranq," is another powerful sedative used in animals. Unfortunately, both drugs have found their way into the illicit drug supply, frequently mixed with opioids like fentanyl, often without users' knowledge.

How They Affect the Body

Xylazine functions by slowing down both brain activity and bodily functions. Its effects can include extreme sleepiness, slow breathing, low blood pressure, and a decreased heart rate. It also has the potential to cause severe skin damage because of diminished circulation. Even minor cuts can escalate into large wounds or infections, posing serious health risks to users.

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. When combined with opioids, the risk of overdose significantly increases, and the effects can become more intense and unpredictable.

The Need for Awareness and Caution

Given that xylazine and medetomidine are newer additions to the street drug supply, medical professionals are still learning about the 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.

Naloxone (Narcan), 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, 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 healthcare 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.

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](#)



CareSource Would Like to Remind You About CareSource.com



You can find information about:

- CareSource's Quality Improvement Program including goals, processes, and outcomes as related to care and service.
- 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.
- How to obtain or view copies of CareSource's adopted clinical practice guidelines and preventive health guidelines, including those for:
 - COPD
 - Asthma
 - ADHD (children)
 - Depression (adults)
 - Diabetes
 - 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
 - Perinatal Care
 - Women: Stay Healthy at Any Age
- CareSource's medical necessity criteria, including how to obtain or view a copy'
- The availability of staff to answer questions' about utilization management UM issues'
- The toll-free number to contact staff regarding UM issues
- The availability of TDD/TTY services for members
- How members may obtain language assistance to discuss UM issues
- CareSource's policy prohibiting financial incentives for utilization management decision-makers
- 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 would like more information, please call Health Partner Services. The most recent information about CareSource and our services is always available on **CareSource.com**.



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Health Needs Assessment Available Through CareSource MyLife

Members can complete a Health Needs Assessment for themselves or for their children or dependents through their CareSource MyLifeSM account. It is available online at MyLife.CareSource.com/Assess.

Encourage your CareSource patients to complete their Health Needs Assessment. Timely completion helps us better understand member needs and connect them with appropriate resources, support and care. Visit MyLife.CareSource.com/Assess or scan the QR code to support your members in completing it.

