



FALL 2024

PROVIDER *Source*

A Newsletter for CareSource Health Partners

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Chief Medical Officer's Note

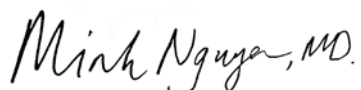
CareSource's mission is to transform health care with innovative programs that address the social determinants of health, health equity, prevention and access to care. This encompasses not only the physical health of our members but also the behavioral health. There are several areas of behavioral health that have a deep impact in our communities. Several studies have shown that behavioral health has far reaching effects in multiple aspects of our daily lives including home, work, family, our social circles, and our community.

While there are many behavioral health diagnoses that affect our patients, eating disorders involve both behavioral and psychological health. This is not just a single diagnosis, but an array of different disorders under one broad umbrella. While once thought to be a disorder of adolescent and young women, these disorders are now known to encompass a more diverse demographic than previously thought. These behaviors are usually rooted in ego-dystonic beliefs, which are actions that are inconsistent with a person's ego. For example, those suffering with Anorexia Nervosa have beliefs of being overweight when they are in fact underweight and, in some cases, severely so.

CareSource works with providers in the community to help our members get the right level of care at the time they need it. An ongoing challenge is that not all levels of care for these disorders are available in all states. CareSource is committed to increase access to care in different communities throughout Georgia.

We thank our partners in helping members receive the necessary care for these complex disorders.

Sincerely,



Dr. Minh Nguyen

Vice President, Market Chief Medical Officer - Georgia



We're Better When We're Working Together

This quarter's newsletter is packed with reminders. Be sure to read each article to learn about the latest updates and resources from CareSource.

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.

Corrected Claims Reminder

Each month, we receive approximately 100,000 corrected claims from providers. About ten percent of these claims are rejected due to either missing Payer Claims Control Numbers or providers not using the latest version of the processed claim for the patient account.

In order to diminish the chance of a denied claim, be sure to **review your records** when submitting corrected claims to ensure you are entering the most recent claim number that has completed adjudication processing.



UPDATES



Network Notification Bulletin

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:

- [CareSource Partnering with LIBERTY Dental Partner](#)
- [Prior Authorization Requirement Update](#)
- [PeachCare for Kids – Copay Reinstatement](#)

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 find our provider policies listed at **CareSource.com** > Providers > [Provider Policies](#).

Quality Patient Experience Guide

Did you know CareSource has a Quality Patient Experience Guide for our providers online? This guide is a Consumer Assessment of Healthcare Providers and Systems (CAHPS®)* resource that offers guidance in ensuring patient experience and satisfaction. This resource includes questions to ask patients and steps to increase overall quality of their experience.

To access the Quality Patient Experience Guide visit **CareSource.com** > Providers > [Quick Reference Materials](#). You can find the guide under “Improving Quality Scores”.

We know you work hard to deliver quality care for your patients, and we want to help every step of the way. We hope this guide is helpful for you as you navigate the patient experience. We thank you for your part in delivering a high standard of care. Together, we can enhance experience, increase satisfaction, and gain better health outcomes for patients.

*There are different versions of the Health Plan survey for each type of plan: Medicaid uses the Healthcare Effectiveness Data and Information Set (HEDIS) CAHPS survey and is conducted separately by adult and child populations and is required by National Committee for Quality Assurance (NCQA).



Pharmacy Updates for Medicaid

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



Preventing Congenital Syphilis

Congenital syphilis cases are on the rise and have more than tripled in the recent years. The Centers for Disease Control and Prevention’s (CDC) analysis showed that in 2022 nine out of 10 congenital syphilis cases may have been prevented with timely testing and treatment during pregnancy. If syphilis is not treated appropriately or diagnosed during pregnancy, congenital syphilis can increase morbidity and mortality leading to pregnancy loss, stillbirth, prematurity, low birth weight, and possible neonatal death.

Providers play a key role in decreasing or eliminating congenital syphilis through educating patients, ordering timely testing, and providing appropriate treatment. Pregnant people should be tested for syphilis at the first prenatal visit, between 28-32 weeks gestation, and again at delivery. Treatment should begin promptly after syphilis diagnosis with bethazine penicillin G. Appropriate treatment guidelines based on the current clinical stage of infection can be found on the CDC website. Treating both the mother and the partner and encouraging safe sex practices can help prevent re-infection during pregnancy. Providers should also offer syphilis testing to sexually active females aged 15-44 years and their partners to identify syphilis and prevent spreading.





Optimizing Patient Outcomes Through Effective Management of Drug Interactions

Drug interactions are a significant concern in clinical practice, potentially leading to reduced efficacy or increased toxicity. Drug interactions involving anticoagulants, antiepileptics, and antibiotics, for example, are common and can have serious clinical implications. As health care providers, it is important to be aware of the medications our patients are prescribed, especially when they are managed by multiple providers. Evidence shows that using electronic health records with integrated clinical decision support can help identify potential interactions, leading to reduced adverse events and fewer hospitalizations. Using resources such as drug interaction checkers and consulting with pharmacists can strengthen the identification and management of potential interactions.

Regularly reviewing complete medication lists during each visit and educating patients on the importance of reporting all medications, including over-the-counter (OTC) and herbal supplements, is essential. Encourage your patients to use a single pharmacy to fill all prescriptions. Educating patients on the risks of drug interactions and the importance of adherence to prescribed therapies is vital. By taking these steps, we can optimize therapeutic outcomes and enhance patient safety.

Provider Self-Disclosures



CareSource providers are responsible for self-disclosing inappropriate Medicaid payments received and returning those overpayments. If a provider discovers an inappropriate payment or noncompliance with Medicaid requirements, they are mandated by Federal and state laws to report and return these overpayments to CareSource. Examples of issues to self-disclose are listed below (not a comprehensive list):

- Billing system errors resulting in overpayments
- Potential violation of federal, state, or local laws or billing/coding policies
- Overpayments involving fraud or violations of law
- Discovery of an employee on the Excluded Provider List

The [Overpayment Recovery Form](#) is available to request the offset of overpaid claims against a future payment.

Member Incentives and Rewards Help Close Gaps in Care

Having a hard time getting your members to go in for their preventive appointments and close gaps in care? Perhaps a little incentive may help! Our Incentives and Rewards programs are designed to encourage members to take charge of their mental and physical well-being. Members earn rewards for simply completing preventive and other wellness activities. Most of the preventatives may already be covered by the plan, and the best part is, this program is available to them at no charge.

Read more about the Member Incentives and Rewards programs on [CareSource.com](#). Please note that reward details are also available in the Provider Portal Resource Library!

Medicaid Matters:

Understanding Coordination of Benefits/Third-Party Liability

Medicaid third parties refer to entities or individuals responsible for paying for a beneficiary's health care. Identifying third parties ensures Medicaid doesn't overpay for services already covered elsewhere. Medicaid acts as the last payer, except in specific circumstances outlined by federal statutes.

For providers, thoroughness and accuracy in eligibility and benefits verification are crucial. Here's a checklist to guide you:

1. Collect Patient's Insurance Information:

- Obtain complete insurance details, including the patient's insurance ID and policy number.

2. Check Policy Status:

- Confirm if the insurance policy is active and note the effective dates.
- Provide supporting documentation if the member has inactive coverage with primary insurance.

3. Verify Insurance Coverage Details:

- Clarify covered services, procedures, and treatments.
- Understand responsibilities required by each plan.

4. Identify Patient Responsibility:

- Determine co-payments or deductibles the patient is responsible for.
- Check deductible status and reset dates.

5. Check Pre-Authorization Requirements:

- Determine if services need pre-authorization.

6. Understand Benefit Limits:

- Be aware of any coverage limits.

7. Note Special Clauses:

- Consider pre-existing condition exclusions or other special conditions.

8. Confirm Provider Network Status:

- Ensure your health care facility is within the patient's insurance network.

9. Conduct a Real-Time Eligibility Check:

- Submit a HIPAA 270 transaction before sending the claim to verify eligibility.

Following these steps ensures efficient claims processing, minimizes billing errors, and provides accurate information to patients about their coverage and financial responsibilities.



Health Equity Focus



Health equity isn't just an industry buzzword. CareSource believes it is our collective responsibility to take action and create an environment of empathy for how we serve the most vulnerable among us.

Many of our members are in the midst of chronic stress, often exacerbated by health conditions, family dynamics, housing instability, underemployment, stigma, marginalization, and more. These stressors create health disparities and are closely linked with social, economic, and/or environmental disadvantages.

Disparities adversely affect groups of people who have systematically experienced greater obstacles to their health. Everyone should have a fair and just opportunity to achieve their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

It is through a collective effort to understand the diverse values, belief systems, cultures, linguistic needs, and socioeconomic barriers of our members that we are able to make lasting improvements in health equity. CareSource works to achieve health equity by building partnerships and programs to address health disparities and create opportunities for our members to reach optimal health. We are champions of health equity and improved outcomes for those who entrust us with their care and believe that the diversity of our membership is a tremendous asset to the community.

At CareSource we believe in:

- Viewing people and experiences through a health equity lens
- Raising awareness for health disparities and removing barriers to health equity
- Pursuing inclusion for our members, providers, and community partners
- Reducing and eliminating health disparities
- Advocating for and driving change

Visit the [CME Outfitters Diversity and Inclusion Hub](#) to begin taking actionable steps toward mitigating racial health care disparities and earn 10+ hours of free CME/CE credit!



CareSource Out in the Community

Behavioral Health

Check out the events CareSource has partnered in, along with the upcoming opportunities:

(June 2024) Camp Twin Lakes Radiothon – Helping send kids to camp in Winder and Rutledge, Georgia. For over 30 years, Camp Twin Lakes has delivered fully adaptive, medically supportive, and deeply impactful camp experiences to more than 10,000 of Georgia's children and young adults each year, helping each camper grow in their confidence and experience the joys of childhood.

(June 26 – 28) System of Care Academy Conference – We support and collaborate with DBHDD and other state agencies on behavioral health to innovate, integrate and motivate providers and families.

Georgia Conference of Children and Families – From October 2-4, Augusta, Georgia will host the largest annual interdisciplinary event in Georgia designed to convene the community that services children and family. CareSource is a supporter and partner to Together GA, who hosts the event.

NAMI Georgia – On October 5 in Doraville, Georgia, there will be a NAMIWalks. NAMIWalks is about people who think nothing of giving everything - their time, their stories, their heartfelt dedication to the cause: **Mental Health for All**. Come join us and support NAMI walkathon as they continue to advocate for the citizens of Georgia for the best mental health services and keep providing free support services for those in need. The event is from 9 to 12 a.m. at Assembly Park.

GACSB Annual Leadership Conference – From October 27 – 29, this event will be in Lake Lanier, Georgia to bring a common perspective to the public safety net of professionals and advocated providing mental health, intellectual/developmental disabilities, and addictive diseases services across Georgia.



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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!