FALL 2024

PROVIDER *Source*

A Newsletter for Michigan Medicaid and MI Health Link

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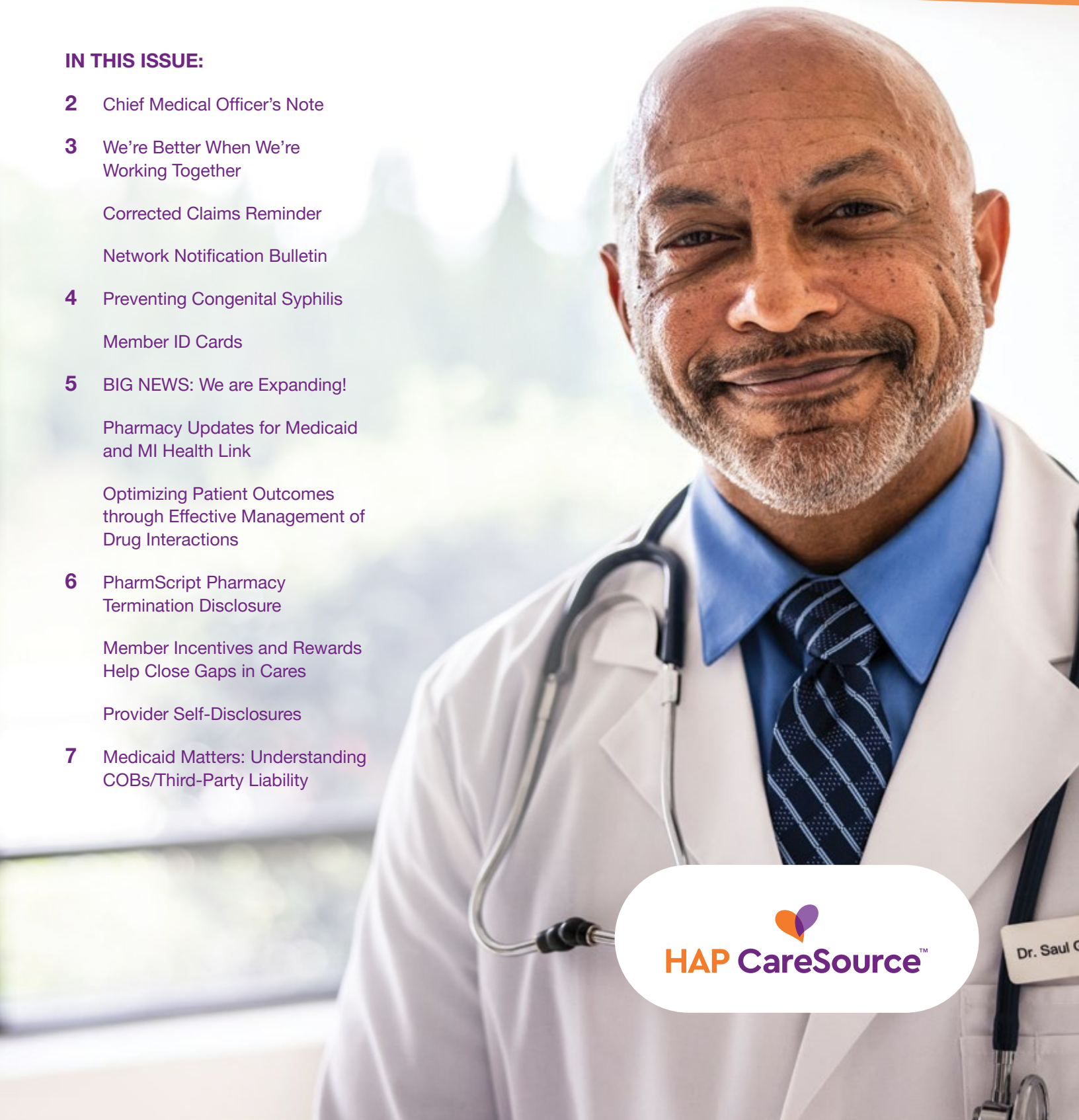


Chief Medical Officer's Note

The vision of HAP CareSource™ Medicaid and HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) is to "transform lives through innovative health and life services." 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 over decades have shown that behavioral problems have 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 robust 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.

HAP CareSource and HAP CareSource MI Health Link work with providers in the community to help our members get the right level of care at the time they require it. An ongoing challenge is that not all levels of care for these disorders are available in all states. We are committed to this expansion where needed.

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

Sincerely,

Dr. Lori Billis
Medical Director – Michigan

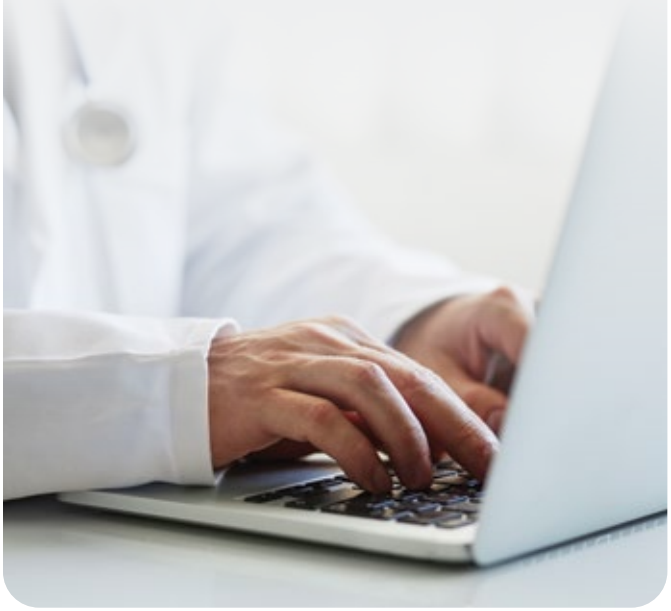
We're Better When We're Working Together

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

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.



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:

- Medicaid - HAP CareSource Cardiac and Musculoskeletal Surgical Quality and Safety Management Program in Partnership with TurningPoint
- MI Health Link – Change to Prior Authorization Request Process for Part B (Medical Drugs)
- Medicaid – PrEP Resources

Network notifications can be accessed at **HAPCareSource.com** > Providers > Updates & Announcements.

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.

Member ID Cards

Michigan Medicaid

As a reminder, patients who are enrolled with HAP CareSource will have new information cards with different account numbers from the miHealth ID card they previously used.

HAP CareSource members have several options to present you with the correct member identification in order for you to bill HAP CareSource appropriately.

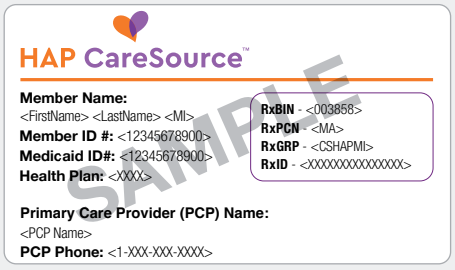
Each member of a family in our plan should have their own member ID card, which was mailed upon enrollment in the HAP CareSource plan. The member handbook reminds members to carry both cards and show them at each visit.

Members may also create a My CareSource® account and use the free CareSource mobile app to get a digital image of their HAP CareSource ID card. The mobile app is available for both iPhone® and Android® systems.

Please remind members – if they don't have their new ID cards with them at their appointment time, bring it with them to their next appointment.

Your State Issued Medicaid ID Card

Your HAP CareSource Medicaid ID Card



BIG NEWS: We are Expanding!

We are excited to offer our plans to more members as of October 1, 2024! Through the Michigan Department of Health and Human Services (MDHHS) MIHealthyLife initiative, HAP CareSource will proudly serve members in the following counties:

Clinton, **Eaton**, Genesee, Huron, **Ingham**, **Hillsdale**, **Jackson**, Lapeer, **Lenawee**, **Livingston**, Macomb, **Monroe**, Oakland, Sanilac, Shiawassee, St. Clair, Tuscola, **Washtenaw**, Wayne

*New counties for 2024 shown in **bold**.

HAP CareSource members' coverage goes beyond basic care and includes:

- **No copays** for health care visits
- Vision and dental care
- A large network of providers
- Free rides to health care visits
- Enhanced food benefits
- Reward programs for making healthy choices
- Free help finding a job or finishing your degree
- And so much more!

You can learn more about your benefits at **HAPCareSource.com** or by calling Provider Services.

We are more than just quality health insurance, we are *Medicaid Made for Michigan*™.

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 if there are any rules or restrictions.

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.

Pharmacy

PharmScript Pharmacy Termination Disclosure

Express Scripts®, the pharmacy benefit manager for HAP CareSource and HAP CareSource MI Health Link, has notified the plan that all PharmScript Pharmacy locations will terminate from their pharmacy network on **Friday, August 2, 2024**. PharmScript Pharmacy group is the exclusive pharmacy supplier for several Long-Term Care (LTC) facilities. HAP CareSource and HAP CareSource MI Health Link providers are being made aware for members currently in an LTC facility that utilizes any impacted pharmacies. HAP CareSource Care Management is working with facilities impacted on utilization of an alternate pharmacy for our members. This has potential for significant impact to beneficiaries residing in these facilities.

Please visit the Updates and Announcements page for the complete network notification, which lists specific pharmacy locations.

Your Practice

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 the Medicaid webpage or the MI Health Link webpage. Please note that reward details are also available in the Provider Portal Resource Library!

Your Practice

Provider Self-Disclosures

HAP CareSource and HAP CareSource MI Health Link 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 HAP CareSource and HAP CareSource MI Health Link. 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.

Medicaid Matters:

Understanding COBs/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.

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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!

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