




CareSource

TOWN HALL with *CareSource*

Quarter 1 - 2021

About CareSource



OUR MISSION:

To make a **lasting difference** in our members' lives by **transforming** their health and well-being

OUR PLEDGE:

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment

Housekeeping:



- Please ensure that the microphone on your computer or mobile device is on mute
- Utilize the chat box throughout the session to submit questions/concerns from this discussion and training
- Further inquiries may be submitted to GAProviderRelations@CareSource.com
- Q&A portion will be conducted at the end on the meeting; individual concerns will be addressed privately

Meeting Objectives:

- Provider Portal Enhancements
- Behavioral Health Coordination
- Q&A





CareSource[®]

Provider Portal *Enhancements*



Overview

PART 1

PORTAL *Enhancements*



CareSource understands your time is valuable and we are committed to reducing administrative burdens so you can focus on caring for your patients.

Our goal with the **Provider Education Series** is to keep you updated on our efforts to improve the *provider digital experience* through enhancements that address how you interact with us digitally.

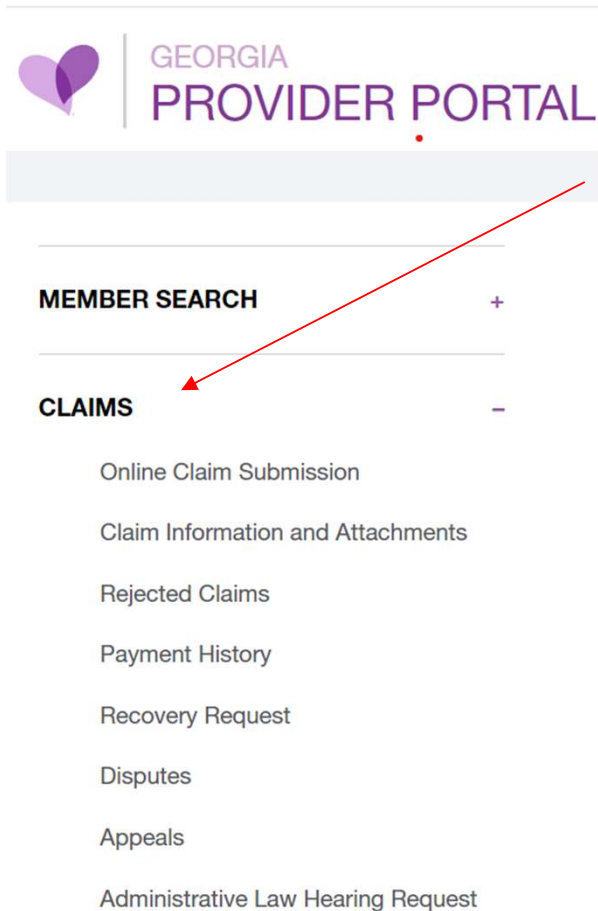
In this presentation you will learn about enhancements we have made to claims functionality and other areas that impact our Provider Portal.



Claims

PART 2

CLAIMS *Enhancements*



ENHANCED CLAIMS MENU

The left-hand **Claims** navigation menu provides access to all the claims functionality available through the Provider Portal.

This consolidated list of menu items allows for easier navigation to claims-related activities.

CLAIMS *Enhancements*



Claim Information and Attachments

Please select one of the following search methods and enter the requested information to check the status of any claim you have submitted in the last 24 months. We update our claim status daily.

You can also upload attachments for denied claims while you are viewing a specific claim or upload attachments proactively for a claim in the **Claim Summary** section after locating a member record.

Claim Information and Attachments

CareSource Id Medicaid Id Member Info Claim Number Patient Number Check Number External Reference Number **Search All Claims**

Start Date:

End Date:

CareSource ID

Status

Search

NEW SEARCH OPTION

A new **Search All Claims** tab allows a search for claims by date range with additional filtering by Member ID or Claim Status.

CLAIMS *Enhancements*



Status:	Processed	Date of Service:	10/17/2018
Amount Charged:	\$957.00		
Process Reason:	p03 - Submitted claim is missing or has invalid data per regulatory or ICD10 updates. - The ICD-10-CM code Z3800 may only be used as first-listed or primary diagnosis position.		
Adjustment Reason:	B22 - This payment is adjusted based on the diagnosis.		
Remittance Reason:	M64 - Missing/incomplete/invalid other diagnosis.		
Procedure:	99480 - Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)	Patient Responsibility:	\$0.00
Diagnosis:	P961 - Neonatal withdrawal symptoms from maternal use of drugs of addiction	Amount Paid:	\$0.00
Place of Service:	Inpatient Hospital		

ENHANCED CLAIMS MESSAGING

Additional detail is now available when viewing denied claims on the Provider Portal. Clinical edits, which provide detailed information regarding the claim denial, can be viewed in the **Process Reason** when viewing the claim details.

CLAIMS *Enhancements*



SUBMIT MEDICAL RECORDS FOR DENIED CLAIMS

A **Document Upload** tab is available on the **Claims Detail** view when a claim is denied due to missing medical records. Use this option to upload documentation instead of submitting an appeal or corrected claim.

General Information			
Claim #:	XXXXXXXXXX	Date Received:	9/25/2019
Adjusted From Claim #:	==	Total Amount Charged:	\$1,760.00
Adjusted To Claim #:	==	Total Patient Responsibility:	\$0.00
Original Claim #:	==	Total Amount Paid:	\$744.81
Patient Account #:	XXXXXXXXXX	Processed Date:	10/16/2019
		Check Number:	XXXXXXXXXX

Claim Detail			
List View	Table View	Document Upload !	Related Documents
<p>Denial Reason: 8SC - Disallow; consent form required</p> <p>Upload the signed member consent form related to the denied claim. File sizes must be limited to 100 MB. Only files of types: bmp, png, tiff, jpeg, txt, pdf, xls, xlsx, doc and docx may be uploaded.</p> <p>Files Uploaded:</p>			

CLAIMS *Enhancements*



PROACTIVE MEDICAL RECORDS ATTACHMENTS – WITH CLAIM NUMBER

If you need to submit medical records for a new claim, you can do so using the **Claim Information and Attachments** page. The attachments will be matched with the member's corresponding claim so that the claim can be processed successfully.

Claim Information and Attachments

Please select one of the following search methods and enter the requested information to check the status of any claim you have submitted in the last 24 months. We update our claim status daily.

Claim Information and Attachments

CareSource Id	Medicaid Id	Member Info	Claim Number	Patient Number	Check Number	External Reference Number
---------------	--------------------	-------------	--------------	----------------	--------------	---------------------------

Medicaid Id: Member(s) have related Claims information.

Claim Detail

General Information	
Claim #:	Date Received: 1/1/2020
Adjusted From Claim #: 20001028VY00	Total Amount Charged: \$3,001.55
Adjusted To Claim #: --	Total Patient Responsibility: \$0.00
Original Claim #: --	Total Amount Paid: --
Patient Account #:	Processed Date: --
	Check Number:

Estimated check write will occur within 30 days after claim received date.

Claim Detail

List View	Table View	Document Upload	Appeal	Related Documents
-----------	------------	------------------------	--------	-------------------

File sizes must be limited to 100 MB.
Only files of types: bmp, png, tiff, jpeg, txt, pdf, xls, xlsx, doc and docx may be uploaded.

No file chosen

Files Uploaded:

Search for the member on the **Claim Information and Attachments** page. In the **Claim Summary** section, click the **Document Upload** tab, and select the document to upload. Attachments are limited to 100 MB.

CLAIMS *Enhancements*



PROACTIVE MEDICAL RECORDS ATTACHMENTS – WITHOUT CLAIM NUMBER

If you need to submit medical records for a new claim, you can do so using the **Claim Information and Attachments** page. The attachments will be matched with the member's corresponding claim so that the claim can be processed successfully. Use the **Claim Attachment** tab.

Enter a **Service Date** and select a **Submission Reason**

- The member must be eligible for the selected date of service to continue with the attachment.
- If you are including a claim number with the attachment, the date of service must match what is on the claim.
- If the claim is for a service with a date range, enter the first date that appears on the claim.

Claims **Claim Attachment**

Use the Claim Attachment functionality to submit supporting documentation for claims.

NOTE: It is best to submit your claim number along with your documentation if possible. If you do not provide your claim number with your attachment, your attachment will apply only to claims received **after** the receipt date of the attachments. For example, an attachment uploaded on 3/1/2020 will systematically apply to claims received by CareSource on or after 3/1/2020. It will not apply to claims received prior to 3/1/2020.

To upload attachments applicable to a previously submitted claim, you must enter the corresponding claim number when submitting the attachment to ensure systematic alignment.

File sizes must be limited to 100 MB.
Only files of types: bmp, png, tiff, jpeg, txt, pdf, xls,xlsx, doc and docx may be uploaded.

Files Uploaded:

patient_number.png

Delete Selected

Claim Attachment Form

Member CareSource ID: 10

Service Date *** Required**

Submission Reason: --Select Reason-- *** Required**

Claim Number:

Provider Contact Email: *** Required**

Notes:

Cancel Submit Documents

CLAIMS *Enhancements*



SUBMIT DISPUTE, APPEAL, OR RECOVERY REQUEST WHILE VIEWING A CLAIM

Providers can now submit a claim dispute or appeal, check the status of a dispute or appeal, or submit a recovery request while viewing the claim detail. New tabs are available that provide access to this functionality that is available on the **Claims > Appeals**, **Claims > Disputes**, or **Claims > Recovery Request** pages.

Claim Detail

General Information			
Claim #:	1111111111111111	Date Received:	5/30/2018
Adjusted From Claim #:	--	Total Amount Charged:	\$706.00
Adjusted To Claim #:	1111111111111111	Total Patient Responsibility:	\$0.00
Original Claim #:	--	Total Amount Paid:	\$98.59
Patient Account #:	H1111111111111111	Processed Date:	6/6/2018
Check Number:			

Claim Detail

List View | Table View | Dispute | Appeal | Related Documents | Recovery Request

Line Number: 1			
Status:	Adjusted	Date of Service:	5/23/2018
Adjusted Date:	4/19/2019	Amount Charged:	\$425.00

New tabs are available for actions needed for the claim.

CLAIMS *Enhancements*



CLAIM RECOVERY DOLLARS VIEWABLE AT THE CLAIM LEVEL

Recovery dollar amounts that are associated with a claim are now available, when applicable, while viewing the details of a claim. After locating the appropriate claim, click the **View Details** link. You will see recovery dollars listed at the claim and line level.

Claim Detail

General Information			
Claim #:	[REDACTED]	Date Received:	4/28/2016
Adjusted From Claim #:	[REDACTED]	Total Amount Charged:	\$14,022.90
Adjusted To Claim #:	[REDACTED]	Total Patient Responsibility:	\$0.00
Original Claim #:	==	Total Amount Paid:	\$1,758.64
Patient Account #:	[REDACTED]	Processed Date:	2/27/2020
		Check Number:	
		Total Recovery Amount:	(\$1,758.64)

Claim Detail

List View | Table View | Dispute | Appeal | Related Documents | Recovery Request

Line Number: 1			
Status:	Adjusted	Date of Service:	4/20/2016
Adjusted Date:	4/25/2020	Amount Charged:	\$23.50
Adjustment Reason:	45 - Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount, and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)		
Procedure:	- Not Assigned	Patient Responsibility:	\$0.00
Diagnosis:	S50811A - Abrasion of right forearm, initial encounter	Amount Paid:	\$3.62
Place of Service:		Recovery Amount:	(\$3.62)

CLAIMS *Enhancements*



ONLINE CLAIMS SUBMISSION

Features of this enhancement include:

- Uploading claims and attachments
- Easily submit corrected claims

CARESOURCE DOCUMENT STATUS

Document Number: DCN, Submission Status to Payer, LOB/Claim Type, Incoming Mode, From PCH Load Date, To PCH Load Date, PatientDOB (MM/DD/YYYY), InsuredDOB (MM/DD/YYYY), From DOS, To DOS, Insured ID, Insured LastName, Insured FirstName, Patient LastName, Patient FirstName, State, TotalCharges

RESULTS

DocView	Document Number	DCN	Submission Status to Payer	LOB/Claim Type	Incoming Mode	From PCH Load Date	PatientDOB (MM/DD/YYYY)
	201110200000001		837 Submission in Progress	HCFA COB	DDE	04/20/2020	01/01/2000
	201080200000006		837 Submitted Waiting for Ack	HCFA		04/17/2020	
	201080200000005		837 Submission in Progress	Dental COB	DDE	04/17/2020	
	201080200000002		837 Submitted in Progress	HCFA COB	DDE	04/17/2020	



Other Enhancements

PART 3

OTHER *Enhancements*



COORDINATION OF BENEFITS

Providers can now search across multiple members when checking for coordination of benefits (COB) information. New search tabs (**Multiple CareSource IDs**, **Multiple Medicaid IDs**) have been added to the **Coordination of Benefits** search page.

Coordination of Benefits

Please select the appropriate search option to find out if the CareSource member has other health care insurance coverage. CareSource provides Medicaid services; and therefore, is the payer of last resort.

We try to maintain information as accurately as possible. However, we are reliant on numerous sources for this information, which is updated periodically. Some information may not always be fully reflected online. Please ask CareSource members for all health care insurance information at the time of service.

Coordination of Benefits (COB) information will only be displayed for members who have been active with CareSource within the last 24 months, and the presence of COB coverage does not imply eligibility.

Coordination of Benefits

CareSource Id	Medicaid Id	Member Info	Case Number	Multiple CareSource Ids	Multiple Medicaid Ids
CareSource Ids:	<input type="text"/>				
Upload Ids:					
<input type="button" value="Search"/>					

OTHER *Enhancements*



PROVIDER DOCUMENTS

In order to support different workflows, several enhancements have been added to the Provider Portal to provide visibility to provider letters. There are multiple locations on the Provider Portal from which you can locate letters related to a claim, a dispute/appeal, prior authorization request, or a recovery request, including:

- The **Provider Documents** page is a general location where you can access many different types. Additionally, you can use one of the search options listed below to locate a specific document:
 - Search by document name/type
 - Search by date range
 - Search by Claim ID, Dispute ID, or Appeal ID
- The **Dispute** or **Appeal Status** page. While you are viewing the status of a dispute or appeal, you can view the associated letters for that specific dispute or appeal.
- The **Related Documentation** tab of the Claim Detail view. While you are viewing a claim, you can view recovery notification letters that pertain to that claim on the **Related Documents** tab. You can also view any uploaded documents that you have submitted for the claim on this tab.

OTHER *Enhancements*



PROVIDER DOCUMENTS

The following letters are now available on the **Provider Documents** page:

- Appeal acknowledgement and decision letters
- Dispute acknowledgement and decision letters
- Recovery notification letters
- Coordination of benefit (COB) notification letters
- Utilization management and case management letters
- And more...

Provider Documents

Select multiple document types Begin Date End Date

Claim/Appeal/Dispute ID

Page(s): 1 2 3 4 5 6 7 8 Record(s): 195

Details	Document Name	Provider ID	Document Type	Document Date
Download	Decision Letter - Coverage TO/FROM - from - Address from MBT TO HealthPlan		DR Decision Letter	7/27/2020 12:00:00 AM
Download	Dispute Acknowledgement Letter for Submission - 100114		Dispute Acknowledgement Letter	7/23/2020 3:03:25 PM
Download	Dispute Acknowledgement Letter for Submission - 100107		Dispute Acknowledgement Letter	7/10/2020 12:38:36 PM
Download	CL - Management Coordination of Benefits - 100100		CL - Management Coordination of Benefits	7/7/2020 12:00:00 AM
Download	CL - Management Coordination of Benefits - 100100		CL - Management Coordination of Benefits	7/2/2020 12:00:00 AM
Download	CL - Management Coordination of Benefits - 100100		CL - Management Coordination of Benefits	6/26/2020 12:48:51 PM
Download	CL - Management Coordination of Benefits - 100100		CL - Management Coordination of Benefits	6/22/2020 10:08:01 AM

New Search Option for:

- Claim ID
- Appeal ID
- Dispute ID

OTHER *Enhancements*



PROVIDER DOCUMENTS – DISPUTE OR APPEAL STATUS PAGE

Appeal and dispute letters are now available when searching for the status. Once an appeal or dispute is searched from the Claims navigation, providers can click **View** in the **Documents** column. A pop-up displays with all available letters. You can click View for the specific letter to open and review the letter.

The screenshot shows the 'Appeals' page with a search form and a results table. A red arrow points from the 'View' link in the table to a pop-up window showing a list of documents.

Search Form:

- Providers: Please Select
- Claim ID:
- Appeal ID: 202013300412
- Member Number:
- Search button

Search Results Table:

Documents	Received	Member Name	Member Id	Claim Id	Appeal Id	Method	Status	Decision	Closed
View	05/12/2020	Sherry Duffin	1000000000	1000000000	202013300412	Email	Closed	Upheld	06/08/2020

Pop-up Window:

Date	Name	Actions
6/8/2020 12:00:00 AM	PAPL Appeal Decision Letter - Appeal ID: 202013300412 - Provider Name: OHIOHEALTH BERGER HOSPITAL LLC - Member Name: Sherry Duffin	View

OTHER *Enhancements*



PROVIDER DOCUMENTS – CLAIM DETAIL VIEW

Dispute and appeal acknowledgement and decision letters can be located on the **Related Documents** tab of the **Claim Detail View** for the claim associated with the specific dispute or appeal.

Claim Detail

General Information			
Claim #:	2025	Date Received:	9/9/2020
Adjusted From Claim #:	---	Total Amount Charged:	\$145.00
Adjusted To Claim #:	2025	Total Patient Responsibility:	\$0.00
Original Claim #:	---	Total Amount Paid:	\$4.82
Patient Account #:	VBH	Processed Date:	9/19/2020
		Check Number:	
		Adjustment Amount:	(\$4.65)
		Remaining Balance Due:	\$0.00

Claim Detail

List View | Table View | Dispute | Appeal | **Related Documents** | Recovery Request

Upload Date	Document Name	Attachment
11/23/2020 8:53:45 AM	DISPUTE RESOLUTION - PROVIDER - 11/19/2020	Download

OTHER *Enhancements*



PROVIDER DOCUMENTS – RECOVERY NOTIFICATION LETTERS

Recovery notification letters are also available on both the **Provider Documents** page as well as the **Related Documents** tab of the **Claim Detail View** for the claim associated with the specific recovery.

Claim Detail

General Information			
Claim #:	1	Date Received:	8/21/2019
Adjusted From Claim #:	---	Total Amount Charged:	\$4,0
Adjusted To Claim #:	1	Total Patient Responsibility:	\$0.00
Original Claim #:	---	Total Amount Paid:	\$286.57
Patient Account #:		Processed Date:	9/6/2019
		Check Number:	
		Total Recovery Amount:	(\$286.57)

Claim Detail

- List View
- Table View
- Dispute
- Appeal
- Related Documents**
- Recovery Request

Upload Date	Document Name	Attachment
7/29/2020 1:27:52 PM	Recovery Notification Letters - 7/29/2020	Download

OTHER *Enhancements*



PROVIDER MAINTENANCE

Real-Time Address Updates

To help reduce returned mail due to inaccurate mailing addresses, provider submissions for changes to a mailing or remit address using the **Provider Maintenance** form are automatically updated in the CareSource systems. Updates for practice locations will continue to be manually reviewed.

Capacity Only Required When Adding Primary Care Provider

When adding a new provider using the Provider Maintenance form, the **Capacity** field is no longer required unless the provider is a Primary Care Provider.

PROCEDURE CODES DISPLAY ON PRIOR AUTHORIZATION CONFIRMATION

When submitting a prior authorization with multiple procedure codes, the **Confirmation** page now displays all relevant procedure codes submitted on the authorization.

ACCESS TO PRIOR AUTHORIZATION DOCUMENTATION AND LETTERS

Prior authorization documents and letters that are sent to providers are now available on the **Provider Documents** page as well as when checking the status of a prior authorization.

OTHER *Enhancements*



AUTHORIZATION RECALL

Partially completed prior authorizations can now be saved for up to seven days and completed by anyone within a practice logged into the portal using the same Provider ID. When returning to the portal after saving a prior authorization, the provider can choose to return to the partially saved authorization or return to the normal prior authorization page.

Recent Prior Authorizations ^

Page(s): 1 Record(s):4

Details	Authorization Number	Member ID	Description	Service Start Date	Status
	00[REDACTED]	[REDACTED]	Outpatient Elective	5/1/2020	Pending Decision
	00[REDACTED]	[REDACTED]	Inpatient Emergency	4/22/2020	Pending Decision
	00[REDACTED]	[REDACTED]	Outpatient Elective	4/21/2020	Pending Decision
	00[REDACTED]	[REDACTED]	Outpatient Elective	4/6/2020	Fully Approved

Page(s): 1 Record(s):4

Saved Drafts ^

Drafts	Auth Type	Member ID	Provider ID	Created Date
Select Draft	Sleep Studies	[REDACTED]	34[REDACTED]	5/14/2020 3:01:12 PM

Authorization Request

Select Care Setting

- Inpatient
- Outpatient

OTHER *Enhancements*



AUTHORIZATION STATUS BY FACILITY ID

A new search by facility is available on the Prior Authorization and Notifications page. You can choose from a facility drop-down list (it will display the facility name and National Provider Identifier). Further filter results by using the **Start Date** and **End Date** with a maximum date range of 30 days. If you are not logged in with an affiliated facility, no facility information will show in the drop-down list.


Prior Authorization and Notifications


Medical (Inpatient & Outpatient) Newborn Delivery Notification Observation **Status**

[Edit](#)

Recipient Id	Member Id	Member Info	Authorization Number	Facility
--------------	-----------	-------------	----------------------	-----------------

Select the facility: *

Start Date:  *

End Date:  *

OTHER *Enhancements*



AUTHORIZATION STATUS REASON

When checking the status of a prior authorization, the results now provide a status reason, if available. For example, status is **Void**, Status Reason is **No Prior Auth Required**.

Reference #: 0910TGW94

Reference #:	0910TGW94		
Description:	Outpatient Exam		
Place Of Service:	87101 (Specialty Hospital/Outpatient)		
Submitting Provider:	Kaiser/Permanente Medical Group (Hospital/Outpatient)		
Requesting/Ordering Provider:	Jordan Brown, Physician (Hospital/Outpatient)		
Servicing/Rendering Provider:	Kaiser/Permanente Medical Group (Hospital/Outpatient)		
Facility:			
Member Information			
Member Name:	Tom Wenzel		
CareSource Id:	0910TGW94		
Birth Date:	1/15/1968		
Gender:	Male		
Service Event			
Diagnosis Code:	93.21 (Initial visit of general internist or family physician without obstetrics)		
Procedure:	93.21 (Initial visit of general internist or family physician)		
Line #1			
Requested Received Date:	07/10/2010 10:00 AM	Requested Units:	0
Start Date of Service:	07/14/10	Authorized Units:	0
End Date of Service:	08/03/10	Status:	Void (No Prior Auth Required)
Service Event			
Diagnosis Code:	93.21 (Initial visit of general internist or family physician without obstetrics)		



PARTNERS *with Purpose*

There is a link to a survey about your experience on the Provider Portal on the Home page.

We would love to hear your feedback!



BEHAVIORAL HEALTH COORDINATION

Sandra Thompson, LPC

Allison Sweeney, LCSW, MAC



OBJECTIVES

How can CareSource assist and partner with your practice to improve your HEDIS outcomes?



Exchange of Information: Collaboration and Coordination between Primary Care Provider and Behavioral Health

AMM: Antidepressant Medication Management

ADD: Follow-up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication

COORDINATION OF CARE



Exchange of Information for Medical and Behavioral Health Conditions

At *CareSource*, our Case Management program fully integrates both physical and behavioral health. The focus is to provide a dynamic, community-based, member-centric model of service delivery.

Behavioral and substance use problems and illnesses seldom occur in isolation. They frequently accompany each other, as well as a substantial number of general medical illnesses such as heart disease, cancer, diabetes, and neurological illnesses.

COORDINATION OF CARE (cont.)



Care coordination is the outcome of effective collaboration. Coordinated care prevents drug interactions and redundant care processes. It does not waste the patient's time or the resources of the health care system. Moreover, it promotes accurate diagnosis and treatment because all providers receive relevant diagnostic and treatment information from all other providers caring for a patient. (NCBI National Academies Press, 2006).

Referrals are the link between primary and specialty care. Many referrals do not include a transfer of information, either to or from the specialist; and when they do, it often contains insufficient data for medical decision making.

COORDINATION OF CARE (cont.)



Consumer Assessment of Healthcare Providers and Systems (CAHPS) Opportunities:

CAHPS is a national survey required and standardized by CMS that evaluates consumer satisfaction with various aspects of the health care system

Internet, phone, and mail surveys were conducted in February – May 2020 and indicated that:

81%

of members say their personal doctors “usually” or “always” seemed informed about the care they received from other providers

(vs 83% PY, n=91, children)

EXCHANGE OF INFORMATION



Confidentiality Considerations and Concerns

Per the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule:

“A covered entity may use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities.”

Detailed information on HIPAA uses and disclosures for treatment, payment, and healthcare operations may be found on HHS website: <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html>

For specific confidentiality and care coordination questions please also consult your in-house HIPAA compliance officer.

EXCHANGE OF INFORMATION



Are there any barriers your practice is having that we can assist you with to exchange information with other providers?

Do you offer coordination of care during each assessment and have a release form?

If you are already providing coordination/exchange of information to other providers, can you please share your success?

ANTIDEPRESSION MEDICATION MANAGEMENT



Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications.

Two rates are reported:

Effective Acute Phase Treatment:

Adults who remained on an antidepressant medication for at least 84 days (12 weeks).

Effective Continuation Phase Treatment:

Adults who remained on an antidepressant medication for at least 180 days (6 months).



AMM RESULTS FOR 2018 AND 2019 COMPARED TO THE NATIONAL AVERAGE



MEASURE	N	CY 2018	CY 2019	TARGET	MET OR NOT MET
AMM – Acute	1289	43.43%	46.24% ▲	56.41%	Not Met
AMM – Continuation	1289	28.90%	25.68% ▼	40.95%	Not Met

“It has been reported that up to 68% of patients diagnosed with depression discontinue their antidepressants by 3 months, while of those patients who continue to take their medications, fewer than 33% consistently take the antidepressant as prescribed. Poor antidepressant adherence has been linked with concerns about medication cost, fear of stigma, and inadequate patient education.”

Journal of Psychiatry 2009



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION



Assesses children, 6-12 years of age, with a diagnosis of ADHD who were newly treated with ADHD medication and were compliant with recommended follow-up care with prescribers

Two rates are reported:

Initiation Phase:

Children, ages 6-12, who had one follow-up with a prescribing authority within 30 days of their first prescription of ADHD medication

Continuation and Maintenance Phase:

Children ages 6 to 12 who had a prescription of ADHD medication and remained on the medication for at least 210 days, and had at least two follow-up visits with a practitioner in the 9 months after the Initiation Phase



ADD RESULTS FOR 2018 AND 2019 COMPARED TO THE NATIONAL AVERAGE



MEASURE	CY	N	D	RATE	TARGET	MET or NOT MET
Follow-up Care for Children on ADHD Medication: <i>Initiation</i>	2018	314	665	47.22%	50.82%	Not Met
	2019	1,005	2,165	46.42%	49.86%	Not Met



AMM and ADD HEDIS MEASURE DISCUSSION



What are some of the barriers or concerns your practice is having with medication adherence?

What is working, please share your successes?

How can CareSource assist you and your patients?

BEHAVIORAL HEALTH CONTACTS



Director, Adam Klein, LPC: Adam.Klein@caresource.com

Manager, Sandra Thompson, LPC: Sandra.Thompson@caresource.com

Behavioral Health Quality Initiative Lead, Allison Sweenie, LCSW, MAC:
Allison.Sweenie@caresource.com

Behavioral Health (Member) Initiative Lead, Krystl White-Hardy, LPC:
Krystl.Whitehardy@caresource.com

Behavioral Health Initiative Lead (focus on Substance Use Disorder and Suicide), Donnica Carpenter, LMHC, LPC, MBA: Donnica.Carpenter@caresource.com

Behavioral Health Partner Contracting Services for: Atlanta Metro Area, Central and SW region of the state, Tiffany Moore: Tiffany.Moore@caresource.com

Behavioral Health Partner Contracting Services for: North, East and SE Region of the state and CSB's – Tammi Grissett: Tammi.Grissett@caresoure.com

Note: Contact GAProviderRelations@CareSource.com if you need assistance finding the assigned CareSource representative for your practice.

For more information



Member Services – General Questions

1-855-202-0729

Provider Services

1-855-202-1058

Club Memberships, JobConnect and Wellness Initiatives

LifeServicesGeorgia@CareSource.com

1-844-607-2828



Georgia Market Updates



Q&A Portion



We are grateful for
the opportunity to
collaborate with
you and build
*partnerships with
purpose.*