



IHCP Spring 2021 Roadshow



Agenda

- **Dental Updates**
- **Available Forms**
 - Website Forms
 - Updates & Announcements
- **Provider Maintenance Reminders**
 - Contracting
 - Provider Maintenance
- **Prior Authorizations**
 - Updates
- **Procedure Look-Up Tool**
- **Quality**
 - HEDIS measures
 - Program updates

Dental Updates



CareSource & SkyGen Dental

CareSource partners with SkyGen Dental to enhance efficiency and consistency of our Dental Management Services.

SkyGen manages:

- Claims payment
- Prior Authorization
- Electronic Funds Transfer (EFT)
- Portal issues

CareSource manages:

- Member-related concerns such as claim issues, covered services and patient eligibility
- Contracting with dental providers

SkyGen Dental Provider Portal

To access the SkyGen Dental Portal:

- Log in to the CareSource Provider Portal, click on the “Dental Provider Login” link under the “Providers” heading, and register, or
- Access the SkyGen portal directly at <https://pwp.sciondental.com/PWP/Landing>
- Access the CareSource Indiana Medicaid Dental Manual

<https://www.caresource.com/documents/in-med-dental-health-partner-manual/>

Available Forms



Forms Available

[Plans](#)[Members](#)[Providers](#)[Producers](#)[About Us](#)

Provider Overview

[Find A Doctor/Provider](#)[COVID-19 Provider Resources](#)[Contact Us](#)

Tools & Resources

[Drug Formulary](#)[Forms](#)[Provider Manual](#)[Provider Policies](#)[Quick Reference Materials](#)[Request Patient Services](#)[Updates & Announcements](#)

Provider Portal

[Check Eligibility](#)[Claims](#)[Claim Payment Disputes](#)[Provider Appeals](#)[Prior Authorization](#)[Provider Grievances](#)[Provider Maintenance](#)

Education

[Behavioral Health](#)[Become a Participating Provider](#)[Care & Disease Management](#)[Dental](#)[FAQs](#)[Fraud, Waste & Abuse](#)[Newsletters & Communications](#)[Patient Care](#)[Pharmacy](#)[Quality Improvement](#)[Training & Events](#)

Forms Available - Updates

Update Your Information

- **Provider Maintenance Form** – Use the [Provider Portal](#) to alert CareSource to changes in your practice. Login to the portal and select “Provider Maintenance” from the navigation.
- **Provider Debarment Form**



Forms Available - Member

Member-Related Forms

- [Interpreter Service Request Form](#) – Submit this form to request interpretation services for an upcoming appointment for a CareSource member.
- [Provider Referral For Member Education Form](#) – Submit this form to refer a member for education before requesting a primary medical provider (PMP) change.
- [Member Reassignment Form](#) – Submit this form to request a PMP change for the member.
- [Pre-Birth Selection Form](#) – Submit this form to request primary medical provider (PMP) assignment for a member's baby prior to birth.
- [PMP Change Request Form](#) – Submit this form to request a patient be moved on to your panel.
- [Medically Frail Referral Form](#) – Submit this form to refer a member for a medically frail assessment.
 - [Medically Frail FAQs](#)
- [Substance Use Disorder Quality Improvement Project Case Management Referral Form](#) – Submit this form to engage members admitted to the emergency department with substance use disorder (SUD) in case management.

Forms Available – Prior Authorization

Pharmacy Prior Authorization

- [**Pharmacy Prior Authorization Form**](#) – Submit this form to request prior authorization to prescribe medications under the pharmacy benefit.
- [**Specialty Pharmacy Prior Authorization Form**](#) – Submit this form to request prior authorization to prescribe specialty pharmacy medications, as outlined in the CareSource Medicaid PDL.
- [**Synagis Prior Authorization Form**](#) – Submit this form to request prior authorization to prescribe Synagis.
- [**Non-Preferred Buprenorphine/Naloxone Prior Authorization Request Form**](#) – Submit this form to request prior authorization for buprenorphine and medicines containing buprenorphine.
- [**Extended Release Opioid Prior Authorization Form**](#) – Submit this form to request prior authorization for extended release opioids.
- [**Immediate Release Opioid Prior Authorization Form**](#) – Submit this form to request prior authorization for immediate release opioids.
- [**Diabetes Testing Supplies Prior Authorization Form**](#) – Submit this form to request prior authorization to Diabetes Testing Supplies.
- [**Concurrent Benzodiazepine and Opioid Prior Authorization Form**](#) – Submit this form to request prior authorization for concurrent Benzodiazepine and Opioid prescriptions.

Medical Prior Authorization

- [**Medical Prior Authorization Form**](#) – Submit this form to request prior authorization for a medical procedure.
- [**SUD Residential and Inpatient Hospitalization Form**](#) – Submit this Prior Authorization Request for SUD Residential or SUD Partial Inpatient Hospitalization.

Forms Available - Claims

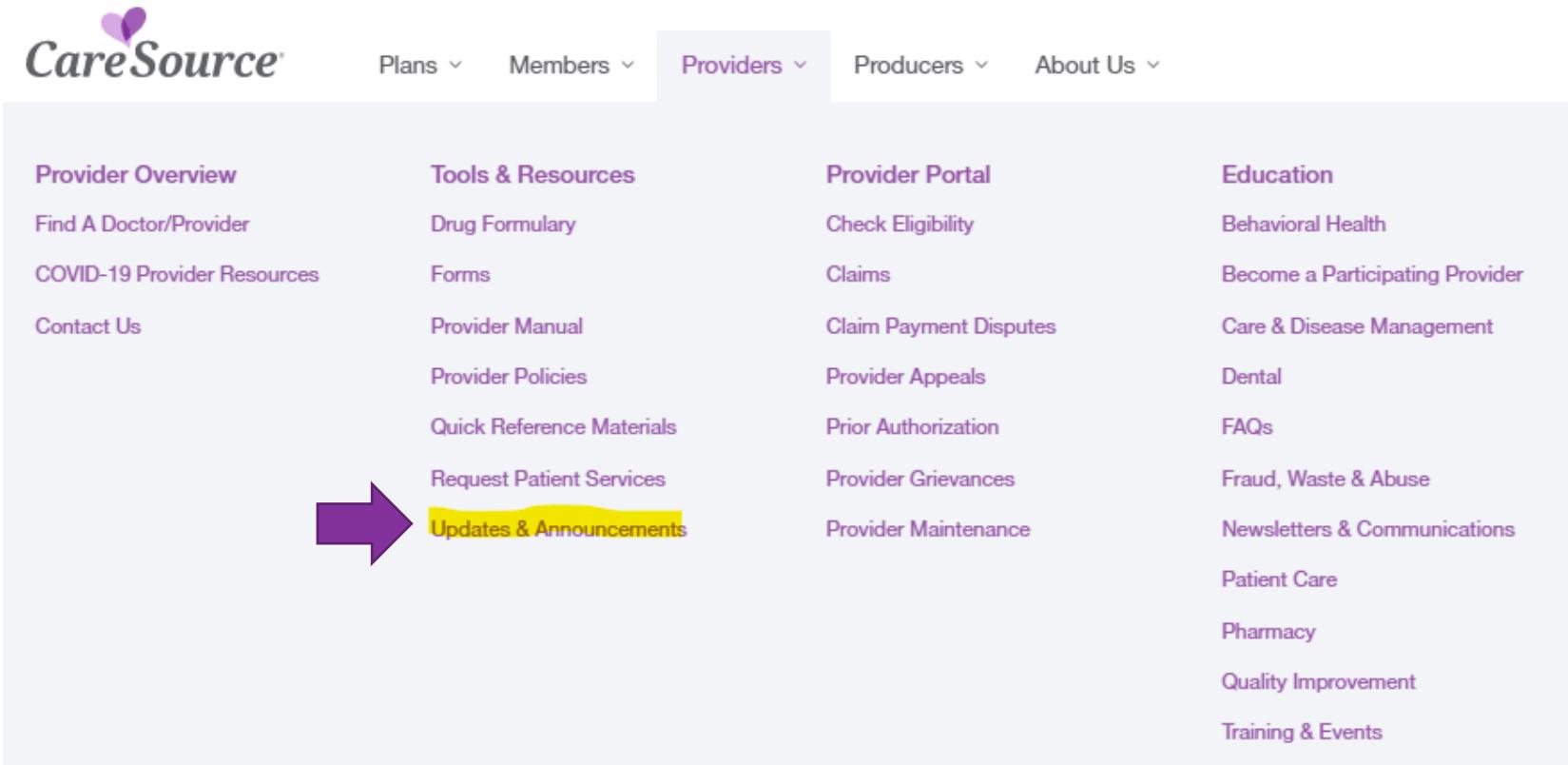
Claims

- **Itemized Bill Cover Sheet** – Submit this cover sheet and itemized statement for high dollar claims.
- **ECHO Health Enrollment Form** – Submit this form to enroll with ECHO Health, our electronic funds transfer partner.
- **Nonparticipating Provider Profile Form** – Submit this form with a nonparticipating provider's claim.
- **Claim Refund Check Form** – Mail your refund check, this form and any other required documentation to CareSource.
- **Overpayment Recovery Form** – Submit this form to offset overpaid claims against a future payment.

Disputes and Appeals

- **Claim Dispute Form** – Submit this form to request a claim dispute.
- **Provider Clinical Appeal Form** – Submit this form to request an appeal for a medical necessity/utilization management decision.
- **Provider Claim Appeal Form** – Submit this form to request an appeal for a claim denial. This form can be used after a claim dispute has already been submitted.
- **Consent for Provider to File an Appeal on Patient/Member's Behalf** – Submit this form to request an appeal on behalf of a member.

Updates & Announcements



The screenshot shows the CareSource website's provider section. A purple arrow points to the 'Updates & Announcements' link, which is highlighted with a yellow box. The menu items are as follows:

- Provider Overview
- Find A Doctor/Provider
- COVID-19 Provider Resources
- Contact Us
- Tools & Resources
 - Drug Formulary
 - Forms
 - Provider Manual
 - Provider Policies
 - Quick Reference Materials
 - Request Patient Services
 - Updates & Announcements
- Provider Portal
 - Check Eligibility
 - Claims
 - Claim Payment Disputes
 - Provider Appeals
 - Prior Authorization
 - Provider Grievances
 - Provider Maintenance
- Education
 - Behavioral Health
 - Become a Participating Provider
 - Care & Disease Management
 - Dental
 - FAQs
 - Fraud, Waste & Abuse
 - Newsletters & Communications
 - Patient Care
 - Pharmacy
 - Quality Improvement
 - Training & Events

Updates & Announcements



Show me information for

-- Select --

GO

- Select --
- Select**
- Georgia
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid
- P4HB
- Marketplace
- Indiana
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid
- Marketplace
- Kentucky
- Medicare
- Dual Special Needs
- Medicare Advantage
- Medicaid
- Marketplace

UPDATES & ANNOUNCEMENTS

UPDATES & ANNOUNCEMENTS

We strive to make partnering with us simple. 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.

Visit the Updates & Announcements page frequently to find all the latest CareSource news. We share updates regarding:

- **COVID-19 information**
- **Pharmacy information**, including our Preferred Drug Lists (PDLs)
- Medical, pharmacy, reimbursement and administrative **policies**
- Authorization requirements as communicated through network notifications below

COVID-19 Updates

2020

Date

COVID-19: Temporary Expansion for Molecular Diagnostic Testing for Influenza Virus Infection and Streptococcus A and B

05/13/2020

General Updates

2021

Date

2020-2021 Respiratory Syncytial Virus (RSV) Season and Synagis® Criteria

02/16/2021

After-Hours Guidelines

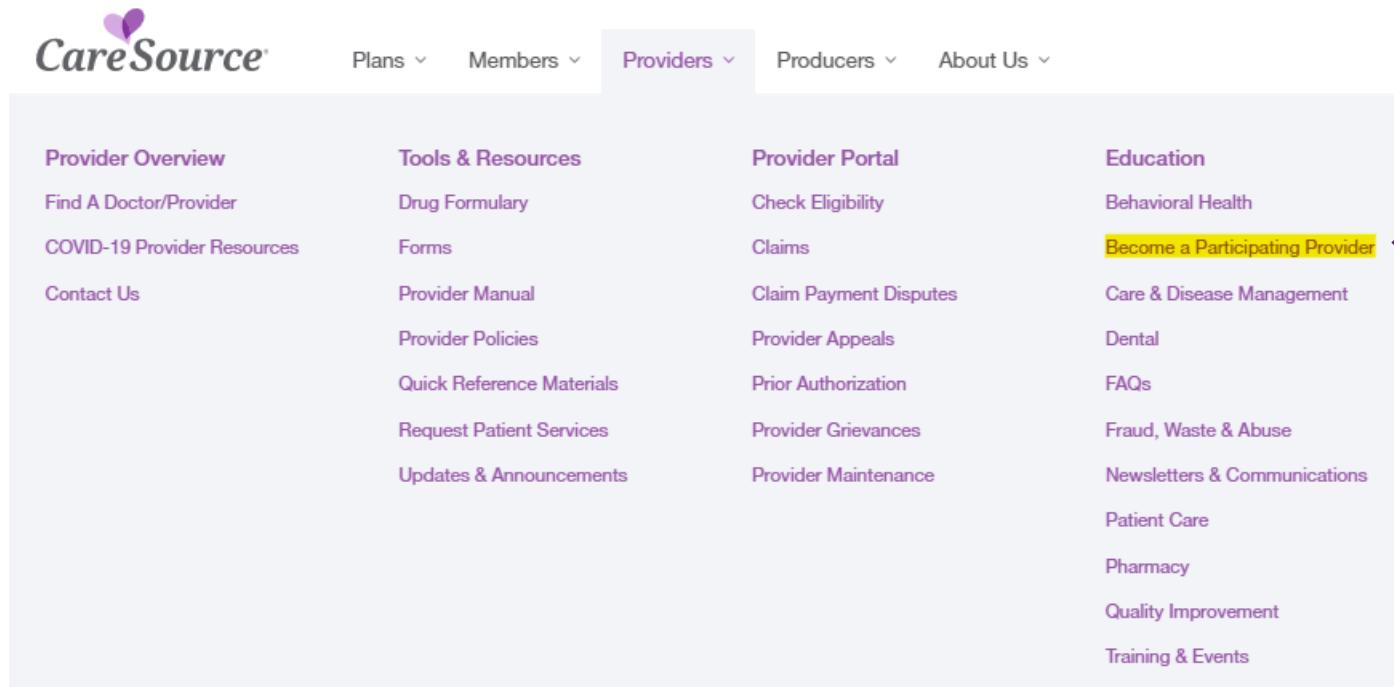
02/05/2021

Provider Maintenance Updates/Reminders



Provider Contracting

Contracting Request – Feature is for requesting a new contract / adding a line of business to current contract (not for provider adds / maintenance)



The screenshot shows the CareSource website's provider section. The navigation bar includes links for Plans, Members, Providers (which is the active tab), Producers, and About Us. The 'Providers' section contains four main categories: Provider Overview, Tools & Resources, Provider Portal, and Education. Under 'Provider Overview', links include Find A Doctor/Provider, COVID-19 Provider Resources, and Contact Us. Under 'Tools & Resources', links include Drug Formulary, Forms, Provider Manual, Provider Policies, Quick Reference Materials, Request Patient Services, and Updates & Announcements. Under 'Provider Portal', links include Check Eligibility, Claims, Claim Payment Disputes, Provider Appeals, Prior Authorization, Provider Grievances, and Provider Maintenance. Under 'Education', links include Behavioral Health, Become a Participating Provider (which is highlighted with a yellow box and a purple arrow), Care & Disease Management, Dental, FAQs, Fraud, Waste & Abuse, Newsletters & Communications, Patient Care, Pharmacy, Quality Improvement, and Training & Events.

Provider Overview	Tools & Resources	Provider Portal	Education
Find A Doctor/Provider	Drug Formulary	Check Eligibility	Behavioral Health
COVID-19 Provider Resources	Forms	Claims	Become a Participating Provider
Contact Us	Provider Manual	Claim Payment Disputes	Care & Disease Management
	Provider Policies	Provider Appeals	Dental
	Quick Reference Materials	Prior Authorization	FAQs
	Request Patient Services	Provider Grievances	Fraud, Waste & Abuse
	Updates & Announcements	Provider Maintenance	Newsletters & Communications
			Patient Care
			Pharmacy
			Quality Improvement
			Training & Events

Provider Contracting

Show me information for

-- Select --

GO

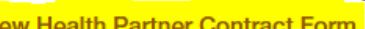
BECOME A PARTICIPATING PROVIDER

Welcome to CareSource[®]. We work with our providers to provide the highest quality of care for our members. We are committed to making it easy for you and your staff to do business with us.

If you are already a CareSource provider, we are pleased that you are part of our network. If you are not currently in our network, we invite you to consider joining us.

We are always looking for ways to improve our network. If you have any suggestions or would like to refer a provider to us, we want to hear from you. Share your ideas or referrals on the [Access Opportunity Form](#). We will be sure to evaluate your submission within 72 hours.

Join Our Network

If you offer medical services and want more information about becoming a CareSource provider, please submit the following information when completing the [New Health Partner Contract Form](#).  

- Your W-9 tax form
- Name
- Specialty
- CAQH ID number
- Tax ID number
- NPI number

Provider Contracting

Click on the General Information Tab once Instructions are reviewed

New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.

1. Instructions

2. General Information



Provider Contracting

Select the appropriate drop-down for the request

New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.



1. Instructions 2. General Information

How Can We Help You Today?

- I am not in the CareSource network and would like to create a contract request
- I am a contracted CareSource Health Partner and would like to remove or add a new product to my contract
- I am a contracted CareSource Health Partner and would like to change my Tax ID number; or update my IRS name
- I am a contracted CareSource Health Partner and would like to: add a provider, add a location, update demographic information

Provider Website

Please fill out the Organization Website and not a physical address

1. Instructions

2. General Information

3. Provider(s)

4. Submission

How Can We Help You Today?

I am a contracted CareSource Health Partner and would like to remove or add a new product to my contract

Are you a Georgia Medicaid Provider who wishes to initiate a CareSource GA Medicaid contract or change your Tax ID and/or IRS Name?

NO

THIS FORM IS FOR NEW CONTRACT REQUESTS, ADDING NEW PRODUCTS, AND TAX ID OR IRS NAME CHANGES. ALL OTHER REQUESTS SUCH AS ADDING A FORM LOCATED IN THE PROVIDER PORTAL AT: [Https://ProviderPortal.CareSource.com/GL>SelectPlan.aspx](https://ProviderPortal.CareSource.com/GL>SelectPlan.aspx) (REGISTRATION REQUIRED).

Group Information

Application Number

170572

Application Date

Enter Tax ID *

Group NPI Number *

IRS Name *

Enter SSN *

Please either Tax ID or Social Security Number.

Medicare Number

Doing Business As *

Medicaid Number

WebSite URL Address

Is this a tax ID change to a current contract?

Is this an IRS name change to a current contract?

Provider Ethnicity

Please be sure to select Race / Ethnicity and if the provider will provide Telemedicine services.

Practice Details

Individual NPI Number* <input type="text"/>	Specialty* <input type="text"/>
Medicare Number <input type="text"/>	Taxonomy Number <input type="text"/>
Medicaid Number <input type="text"/>	Category – Medicaid <input type="text"/>
CAQH Number <input type="text"/>	Primary Care Provider* <input type="text"/>
Participates in Telemedicine <input type="text"/>	Patient Age – Minimum <input type="text"/>
Race/Ethnicity* <input type="text"/>	Patient Age – Maximum <input type="text"/>
Provider Cultural Competency* <input type="text"/>	Patient Gender Preference <input type="text"/>
	Accepting New Patients* <input type="text"/>
	Accepting New Medicaid Patients <input type="text"/>

Provider Office Hours

Please fill out the Office Hours sections for each provider

Provider Address

Office Hours

*Please enter Standard Time and indicate AM/PM

*Example: 08:00AM – 04:30PM

*Leave blank if closed

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Copy from Common Address

Address 1 *

Address 2

City *

County *

State *

Zip Code *

Phone Number *

Fax Number

Telemedicine Presentation Site

Provider Maintenance

Via the provider portal

- Log in
- Click Providers
- Click Provider Maintenance



PROVIDERS

Care Management Referral

Dental Provider Login

+

ER Referral

File Grievance

HIP Provider Cost Estimator

Pharmacy

Prior Authorization and Notifications

Provider Documents

Provider Maintenance

Quality Enhancer

Radiology Benefits Manager

Provider Maintenance

Provider Maintenance

Providers can now submit updates to their provider information online, including address or phone changes, adding a provider, etc. Please select the appropriate tab to submit your updates to CareSource online. Typical requests are processed within 7-10 business days. If your request requires additional information, a CareSource representative will contact you. Questions? Call 1-866-286-9949. For all new providers, the initial onboarding process can take up to 90 business days. If your credentialing request requires clarification or additional information, a Credentialing Coordinator will contact you.

To change your Tax ID number, or update your IRS name, you must make those changes through an amendment to your contract, not through maintenance. You can make those changes using the [New Health Partner Contract Form](#).

If you have a delegated contract for credentialing with CareSource, you will not be able to submit your maintenance request using this site. All new providers (additions); changes (additional address, phone # updates, etc.) and terminations will need to be submitted through a monthly roster. If you have questions, please contact your contracted delegated entity to submit your information.

Provider Maintenance

Demographic Change	Provider Add	Cultural/Linguistic/Accessibility Info	Status
Providers: <input type="button" value="Please Select"/>			

Provider Ethnicity

Please be sure to select race / ethnicity and if the provider will provide Telemedicine services.

Provider Race/Ethnicity

Specialty

Type 1

Type 2 Hospitalist Preceptor

Telemedicine Services Yes No *
Provided?

Please Select

- Please Select
- American Indian
- Asian
- Black or African American
- Hispanic or Latino
- White
- Other
- Choose not to answer

Provider Maintenance

Submitting credentialing requests via email:

- Submit a Hierarchy Form (HIE) and W9 to providermaintenance@caresource.com
- For large group updates providers can fill out page 1 of the HIE form and attach a roster (see below for pertinent information).

Provider		Deg.					
John Doe (SAMPLE)		MD					
Address		City/County		State		Zip	
123 Main St		Anytown		Indiana		99999	
Phone	Fax	NPI #	CAQH#	Medicaid/IHCP #		Medicare #	
317-555-1212	317-555-1213	1234567890	123456	1234567A		1234567	
Specialty		PCP? Y/N	HHW Capacity? (Min. 50)	HIP Capacity? (Min 50)	Cultural Competency (Y/N)	Competency Training Name	
Family Practice		Y	100	100	Yes	Cultural Competency Training Name	
Age Restrictions? (18 yrs & older)		Race/Ethnicity	Gender Restrictions	Office Hours			
N		See below	N	Mon	Tues	Wed	Thur

Prior Authorization Updates



Prior Authorization- Medicaid

You can view the updated HHW/HIP Prior Authorization requirements [here](#). Changes to the prior authorization requirements include but are not limited to:

Physical Health Services:

- Most elective surgeries (outpatient and inpatient)
- All clinical trials
- All unproven and experimental or investigational items and services (life-threatening illness exceptions)
- Gender dysphoria services including but not limited to gender transition surgeries
- Most non-emergent ambulance services.
- Most DME's including most prosthetic/orthotic devices
- Home Care Services and Therapies (except assessments)
- Outpatient Therapies (except assessments)

Behavioral Health Services:

- Family Therapy
- Psychological Evaluation
- Electroconvulsive Therapy (ECT)

<https://www.caresource.com/in/providers/provider-portal/prior-authorization/medicaid/>

Prior Authorization List

PRIOR AUTHORIZATION

CareSource® evaluates prior authorization requests based on medical necessity, medical appropriateness and benefit limits.

Covered Services and Prior Authorization Requirements

Please access our covered services and prior authorization requirements to check what services require prior authorization. Please note that covered services and prior authorization requirements may differ between **Healthy Indiana Plan** and **Hoosier Healthwise**.

- **Prior Authorization List**

Please refer to the **Procedure Code Lookup Tool** to check whether a service requires prior authorization. All services that require prior authorization from CareSource should be authorized before the service is delivered. CareSource is not able to pay claims for services in which prior authorization is required, but not obtained by the provider. Use the **2020 Quick Reference Guide** to check the services and codes that require prior authorization for CareSource's plans.

The Prior Authorization list can be found:

Medicaid - <https://www.caresource.com/documents/in-med-prior-auth-list-mycaresource/>

Marketplace - <https://www.caresource.com/documents/marketplace-prior-auth-list-mycaresource/>



Procedure Code Look-Up Tool



Procedure Code Lookup Tool

PRIOR AUTHORIZATION

CareSource® evaluates prior authorization requests based on medical necessity, medical appropriateness and benefit limits.

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<https://procedurelookup.caresource.com/>

Procedure Code Lookup Tool

Step 1 – Choose Line of Business

Step 2 – Enter CPT/ HCPCS Code



Procedure Code Lookup

Complete Steps

1 Choose Line of Business

-- Line of Business --

2 Enter a CPT/HCPCS Code

ABC90 or 92507



Procedure Code Lookup Tool

Once searched the Tool will show the result as of a certain date

CareSource®

Procedure Code Lookup

Complete Steps

Choose Line of Business

IN - Marketplace

Enter a CPT/HCPCS Code

99214

Search icon

Result as of 01/29/2021

Code 99214

Description Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detail

Code	Prior-Authorization Required?
99214	N



Procedure Code Lookup Tool

Once searched the Tool will show the result as of a certain date



Procedure Code Lookup

Complete Steps

Choose Line of Business

IN - Marketplace

Enter a CPT/HCPCS Code

69990

Result as of 01/29/2021

Code 69990

Description Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)

Code	Category	Prior-Authorization Required?
69990	Automated Approval for PAR providers if submitted via the provider portal with supporting clinical documentation	Y



Procedure Code Lookup Tool

Please review disclaimer / notes

DISCLAIMER

CareSource does not represent or warrant, whether expressed or implied, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose the results of the Procedure Code Prior Authorization Lookup Tool (“Results”). Results are provided “AS IS” and “AS AVAILABLE” and do not guarantee approval or payment for services. Approval or payment of services can be dependent upon the following, but not limited to, criteria: member eligibility, members <21 years old, medical necessity, covered benefits, modifiers, diagnosis and revenue codes, limits and number of visit variances, provider contracts, provider types, correct coding and billing practices. For specific details, please refer to the [Health Partner Provider Manual](#) on the CareSource website. If you are unsure whether or not a prior authorization is required, please refer to [Health Partner Policies](#) or the [Prior Authorization](#) page on the CareSource website.

Please Note:

- All **non-par providers** and all requests for **inpatient services** require prior authorization.
- For all **high tech radiology**: CT, CTA, MRI, MRA and PET scans; providers should contact NIA or their web portal at www.radmd.com.
- For more information about **drugs** that require prior authorization, access our [Pharmacy](#) webpage.
- Reference our Dental Provider Manual for dental services that require prior authorization.

Quality



What is HEDIS

- The Healthcare Effectiveness Data and Information Set (HEDIS) is one of health care's most widely used performance improvement tools. 191 million people are enrolled in plans that report HEDIS results.
- For more information, visit www.ncqa.org and click on HEDIS FAQs, QRS FAQs, or ask a question through MyNCQA.

HEDIS Measures

The Healthcare Effectiveness Data and Information Set (HEDIS®) includes 90+ measures (in its entirety) across the following domains of care:

Effectiveness of Care	Access/Availability of Care	Experience of Care
Utilization and Risk Adjusted Utilization	Health Plan Descriptive Information	Collection Using Electronic Clinical Data Systems

CareSource monitors and reports 30+ measures (some with multiple specifications and associated results) for our lines of business.

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

MEASURE INFORMATION FOUND AT <https://www.ncqa.org/hedis/measures/>

HEDIS Measures

Measure	Description	Frequency
W30	Well Child Visits ages 0-30 months	<ul style="list-style-type: none"> 6 or more well-child visits within the first 15 months of life 2 or more well-child visits 15 – 30 months of age
WCV	Well Child visits age 3-21 years of age	<ul style="list-style-type: none"> At least 1 well-child visit ages 3 – 6 At least 1 comprehensive well-child visit with PCP or an OB/GYN practitioner ages 3 - 21
LSC	Lead Screening	1 or more capillary or venous blood test for lead poisoning ages 2 and under
ADV	Annual Dental visit	2 – 20 years of age
AAP	Adult Access to Annual Preventive/Ambulatory Health Services	1 or more preventive/ambulatory health service ages 20 +
PPC	Timeliness of Prenatal Care	Prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization
PPC	Postpartum Care	Postpartum visit on or between 7 and 84 days after delivery

Perinatal/Postpartum Depression Screening

What are Depression Screening Tools?

Perinatal screening tools are used to assess depressive symptoms in women during their pregnancy and within a year after pregnancy. The American College of Obstetricians and Gynecologists, ACOG, has identified four validated screening tools for this purpose:

- ❖ The Edinburgh Postnatal Depression Scale (EPDS)
- ❖ Patient Health Questionnaire 9 (PHQ-9)
- ❖ Postpartum Depression Screening Scale
- ❖ Beck Depression Inventory

Perinatal/Postpartum Depression Screening

Frequency

ACOG recommends that an obstetric gynecologist or other medical care provider screen at least once for depression and anxiety.

Providers should also conduct ongoing oversight for patients with a history of perinatal mood disorders or suicidal thoughts.

American Academy of Pediatrics (AAP) supports routine screening for PPD during well-child visits at one, two, four, and six months of age. This screening should also include Fathers.

Perinatal/Postpartum Depression Screening

Referral for Treatment

Patients testing positive for depression are expected to be referred for behavioral health therapy or additional treatment.

Providers will need to outreach to a behavioral health provider within the CareSource provider network by contacting CareSource Member Services at 1-844-607-2829.

Providers may also refer members to our Case Management for assistance through the CareSource provider portal online or calling Member Services at 1-844-607-2829.

Perinatal/Postpartum Depression Screening

Billing & Coding

Individual Codes Definition

- CPT 96161
 - Administration of caregiver focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument
- HCPCS G0444
 - Annual depression screening

Antidepressant Medication Adherence

Tips

- When speaking with patients, refer to depression as a medical condition as depression often carries a stigma and may be viewed as a moral weakness or character flaw
- Discuss the chemical basis for depression by explaining that depression goes beyond simply feeling sad
- Reinforce that depression is treatable
- Discuss efficacy of medications and side effects
- Involve all of the patient's health care providers
- Provide oral and written instructions
- Suggest the use of practical medication reminders (e.g., calendars, dose counters)
- Assess adherence at each patient visit

Antidepressant Medication Adherence

For additional information on CareSource behavioral health services and resources, contact Provider Services at 1-844-607-2831, or visit our website at

<https://www.caresource.com/providers/education/patient-care/behavioral-health/>

Smoking Cessation

At CareSource, we partner with providers to help our members stop using all forms of tobacco, including pipes, hookah, chewing tobacco, e-cigarettes, vaping and snuff, by providing:

- ❖ Medical and behavioral health counseling from in-network providers
- ❖ Medicines to help patients stop using tobacco
- ❖ Medication Therapy Management from a pharmacist

Smoking Cessation

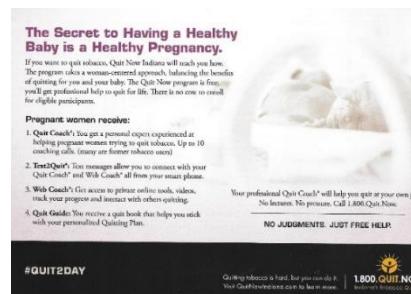
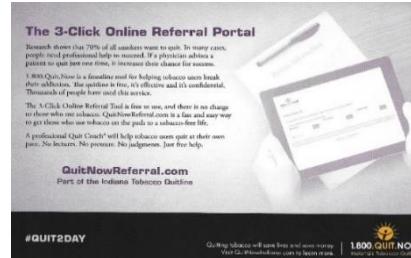
Providers are encouraged to refer members to CareSource Member Services at:

1-844-607-2829

Smoking Cessation

Smoking cessation materials can be ordered directly at:

<https://www.quitnowindiana.com/provider-materials>



Telehealth

The landscape of telehealth has evolved during the COVID-19 pandemic and recent policy changes have expanded the use of telehealth.

Providers should code telehealth claims as if the visit has occurred in the office and include the appropriate CPT/CPT II code, procedure code, modifier and point of service (POS) code.

Please note that an in-office visit continues to be the preferred standard of care. An in-person exam should occur at the next scheduled visit when possible.

For additional information, please contact your Provider Engagement Specialist or visit CareSource.com> Tools & Resources > Updates & Announcements.



Contact Maps



CareSource Health Partner Engagement Representatives

Denise Edick, Manager, Health Partnerships
317-361-5872
Denise.Edick@caresource.com

Amy Williams, Team Lead, Health Partnerships
317-741-3347
Amy.Williams@caresource.com

Angelina Warren, Behavioral Health Partner
Engagement Specialist (Northern Territory)
317-658-4904
Angelina.Warren@caresource.com

Stephanie Gates, Behavioral Health Partner
Engagement Specialist (Southern Territory)
317-501-6380
Stephanie.Gates@caresource.com

Brian Grcevich, Ancillary, Associations and Dental
317-296-0519
Brian.Grcevich@caresource.com

Contracting Managers –
Hospitals/Large Health Systems
Tenise Cornelius – North
317-220-0861
Tenise.Cornelius@caresource.com

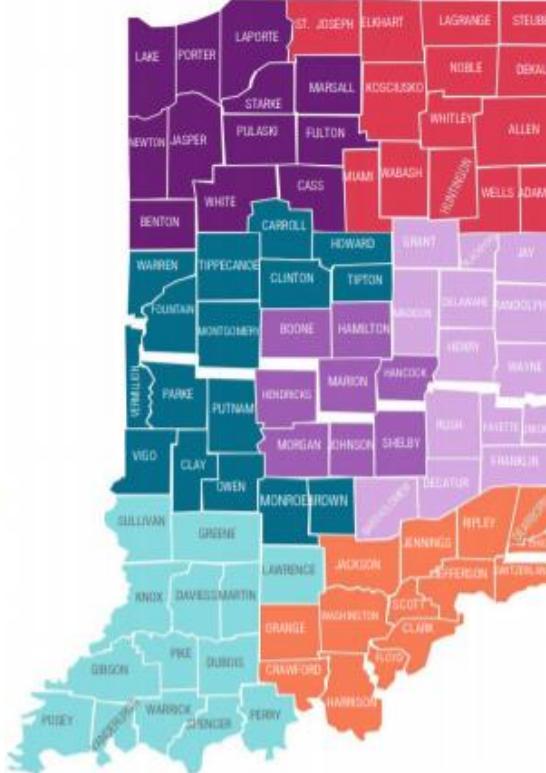
Mandy Bratton – South
317-209-4404
Mandy.Bratton@caresource.com

Regional Specialist

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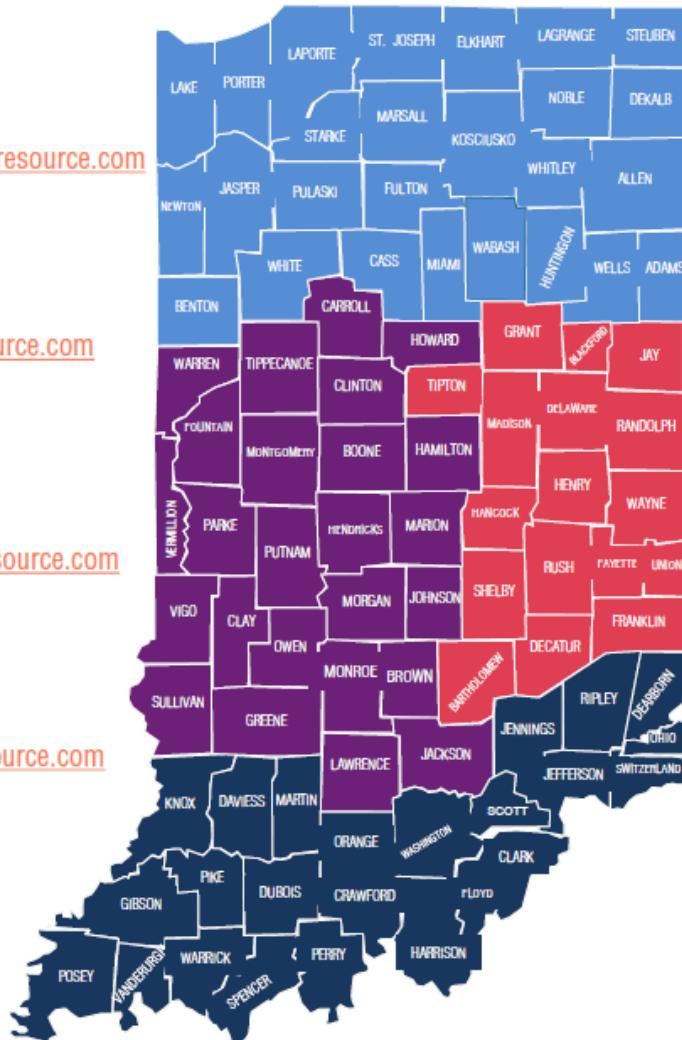
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Thank you!



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