



RISK ADJUSTMENT OVERVIEW DOCUMENTATION BEST PRACTICES

Risk Adjustment Provider Education team
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CareSource Mission, Vision, Disclaimer

CareSource Mission:

To make a lasting difference in our members lives by improving their health and wellbeing

CareSource Vision:

Transforming lives through innovative health and life services



Disclaimer: It is important that each provider's clinical documentation and related diagnosis coding is complete and accurately reflects the current health status and conditions of our members. This educational document is being provided to support the documentation of such complete and accurate health information. Please also refer to the ICD-10-CM coding guidelines, CMS's guidance for the relevant program, and American Hospital Association Coding Clinic. This document is intended for informational and educational purposes and is not intended to provide clinical advice or clinical recommendations or to substitute for a provider's clinical judgement.

Presentation: Name of Presentation Goes Here | Date: MM.DD.YY | Confidential & Proprietary

Agenda

1. Government Oversight
2. Overview of Risk Adjustment
3. Documentation Best Practices
4. Common Documentation Errors



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Government Oversight

- The U.S. Department of Justice and The Department of Health & Human Services regularly focus on investigations of alleged fraud, waste, and abuse.
- These investigations often evaluate the accuracy of diagnoses submitted, among other compliance concerns
- Detailed documentation + accurate diagnosis codes on claims/encounters is important for confirming appropriate payments
- Failing to document comprehensively can cause recurring diagnosis inaccuracies which can result, in some cases, in administrative sanctions and penalties



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Risk Adjustment Overview

Risk adjustment is a methodology that uses both demographics and diagnosis codes that equates the health status of a person to a number, called a risk score, to predict healthcare needs.

Risk adjustment models improve patient care and provide a better picture about patient populations

Risk adjustment assists in the forecasting of future medical needs for the upcoming year

The mix of both healthy and sicker patients, and the cost-sharing of expenses spread across all members, is designed to provide access to quality healthcare regardless of health status and history

Risk Adjustment assists in closing care gaps and healthcare quality improvements

CMS developed HCCs (Hierarchical Condition Categories) which are sets of medical codes linked to specific clinical diagnoses to provide data and predictions on disease burden and demographics

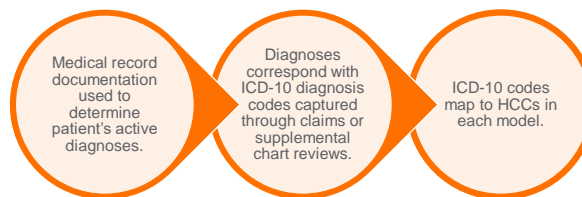
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The Differences Between CMS-HCC / HHS-HCC / MEDICAID-Rx

CMS-HCC	HHS-HCC	MEDICAID-CDPS-Rx
Primarily used for Medicare Advantage (Part C)	Primary use is commercial payer managed care plans (Health Exchange plans under the Affordable Care Act)	Primary used for Medicaid Risk Adjustment
Intended for patients over 65 and/or disabled patients of all ages	Intended for patients of all ages	Intended for qualified low-income families and children, pregnant women, the elderly, and people with disabilities
Risk-adjusted factors include age, gender, demographics, medical conditions, and institutional status	Risk-adjusted factors include age, gender, demographics, medical conditions, and financial status	Risk adjustment identifies the demographics of an enrollee and uses different values of risk score calculation for disabled individuals, adults, and children
Predicts future medical spending	Predicts future medical and drug spending	Predicts future medical spending
Prospective: Uses diagnostic information from a base year to predict costs for the following year	Concurrent: Uses data from the current benefit year to predict costs for that same year	Concurrent: The current year's diagnoses affect the current year's risk score
Includes a special needs plan for individuals with severe or disabling chronic conditions	Includes categories for infants, children and adults, and includes obstetrical diagnoses	Includes qualified low-income families and children, pregnant women, the elderly, and people with disabilities
Data for the CMS-HCC model is submitted via claims data and supplemental reviews to EDS server.	Data for the HHS-HCC model is submitted to the Edge server via claims and supplemental data.	Data for Medicaid is only captured from claims, we rely on provider documentation and accurate claims to count for risk adjustment.

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Where does Risk Adjustment data come from?



There are three steps involved in capturing and reporting HCCs:

- **Validation of medical record eligibility**
 - A face-to-face encounter with a risk adjustment eligible provider (inpatient or outpatient).
 - Must include patient identifiers.
 - Must be signed by rendering provider within 180 days of encounter.
- **Assignment of appropriate ICD-10-CM codes**
 - Diagnoses must be documented with current assessment/treatment plan and must impact the care and management of the patient during that encounter.
- **Submission of ICD-10-CM codes to CMS or HHS for reporting**
 - Diagnoses must be submitted at least annually.

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Documentation

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Compliant Documentation

Encounter must have authenticated provider's signature, credential and date. Notes should be signed within 180 days of the date of service to be valid.

Per CMS guidelines all chronic, lifelong, and status conditions must be documented every time it affects the care and management of your patient

Telehealth by audio AND video qualifies – the use of audio and video components should be clearly documented in the progress note

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Lifelong, Chronic and Status Conditions

To ensure that a patient's conditions are properly managed, it is best practice to document all conditions that co-exist at the time of the encounter and affect the care and management of the patient.

Some conditions are chronic and lifelong in nature and may be relevant for ongoing care.

Here are a few examples:

- Diabetes Mellitus
- Sickle Cell Anemia
- Schizophrenia
- Multiple Sclerosis
- Cystic Fibrosis
- Transplants
- Amputation Status, upper limb or lower limb
- Cancer
- COPD
- Heart Failure

****This list is not exhaustive****



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Common Documentation Errors

On the following slides are examples of these common errors:

- Ø Coding acute conditions in an outpatient setting.
- Accurate documentation of current conditions vs. historical or resolved conditions
- Not ensuring documentation supports the highest specificity of the condition diagnosed.



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Diabetes

Subjective:

Patient ID: [REDACTED]

Chief Complaint: chest pain

Chief Complaint

Patient presents with

- Cardiac Evaluation

The patient is here for Patient presents with:
Cardiac Evaluation

Since last visit, the symptoms/findings are worse. Associated cardiac symptoms: chest pain and dyspnea. Relief factors: rest. Exacerbating factors: exercise and climbing stairs. Lasting 5-10 min worsening class3

Past Medical History:

Diagnosis

Date

- Anxiety
- Blood in stool
- Bradycardia
- Depression
- Diabetes mellitus
- Diverticulosis
- Ectopic atrial tachycardia
- Endometriosis
- Fatty liver
- Gastric polyp
- GERD (gastroesophageal reflux disease)
- High Cholesterol
- Hypertension
- Kidney disease

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• metoprolol (LOPRESSOR) 25 mg tablet	Take 2 Tabs by mouth Twice a day.	180 Tablet	3
• amlodipine (NORVASC) 2.5 mg tablet	Take 1 Tablet by mouth Once Daily.	90 Tablet	3
• gabapentin (NEURONTIN) 300 mg capsule	Take 1 Capsule by mouth Three times a day for 30 days.	90 Capsule	2
• ALPRAZOLAM (XANAX) 1 mg tablet	Take 1 Tablet by mouth Twice a day as needed for Anxiety. (may fill 1-2 days early if needed due to Holidays)	45 Tablet	2
• ubidecarenone (CO Q-10 PO)	Take 1 Capsule by mouth Once Daily.		
• Sitagliptin (JANUVIA) 100 mg tablet	Take 1 Tablet by mouth Once Daily.	90 Tablet	3
• simvastatin (ZOCOR) 20 mg tablet	Take 1 Tablet by mouth At bedtime.	90 Tablet	3
• ezetimibe (ZETIA) 10 mg tablet	Take 1 Tablet by mouth Once Daily.	90 Tablet	3
• glyBURIDE (DIABETA) 5 mg tablet	Take 1 Tablet by mouth As directed. (take two tabs po in the morning and one tab po in the evening) take 30 minutes prior to meals (Patient taking differently: Take 5 mg by mouth Twice a day.)	270 Tablet	3

EGK:

Assessment/Plan:

1. Angina of effort
Stress Test, Exercise (w/ Myview Imaging)
Trans thoracic Echocardiogram
metoprolol (LOPRESSOR) 25 mg tablet
metoprolol (LOPRESSOR) 25 mg tablet
2. PAC (premature atrial contraction)
3. Ectopic atrial tachycardia

Stroke

Incorrect Documentation Example

Current Medications

Taking

- Aspirin 81 mg Tablet Extended Release 2 tablets as needed Only as needed (prn)
- Aspirin 81 mg Tablet Delayed Release 1 tablet Orally Once a day
- Atorvastatin Calcium 80 mg Tablet TAKE 1 TABLET BY MOUTH EVERY DAY FOR 90 DAYS
- Bilevel 60 MG Tablet 1 tablet Orally Twice a day
- Carvedilol 6.25 MG Tablet 1 tablet with food Orally TWICE A DAY
- Ceftriaxone 0.5 MG Tablet 1 tablet Orally DAILY AS NEEDED FOR GOUT
- Lisinopril 5 MG Tablet 1 tablet Orally TWICE A DAY
- Nitroglycerin 0.4 MG Tablet Sublingual AS DIRECTED SURGICAL 90 DAYS Medication List reviewed and reconciled with the patient

Past Medical History

- PALPITATIONS
- DIASTOLIC DYSFUNCTION
- AUTONOMIC NEUROPATHY
- LIVER
- SNORIS
- DM
- DIVERTICULITIS
- PARTIAL COLON REMOVAL
- GOUT
- UNSTABLE ANGINA
- CVA
- HTN
- CAD
- PATRURE
- HYPERLIPIDEMIA
- 6/2020 LHC PTA/DIS
- SYNCOPE 2/2019 12MM PLACED IN THE PROXIMAL LAD.

Reason for Appointment

1. Follow up on Memory loss

Assessments

1. Shingles - B02.9 (Primary)

2. Stroke - I63.9

3. Confusion - R41.0

4. White matter disease - R90.82

5. Dementia without behavioral disturbance, unspecified dementia type - F03.90

Treatment

1. Shingles

Stop Lyrica Capsule, 200 MG, 1 capsule, Orally, TID, 30 days, 90 Capsule

Notes: Management as per primary team. His pain is much better. He continues to have pain. I have told him that it could take 4 weeks or 4 months for the pain to go away. Healthy lifestyle was educated to the patient he is to continue Lyrica. Once the pain is better gently wean off Lyrica as it could be contributing to the confusion. Management as per primary team. His pain is much better. He continues to have pain. I have told him that it could take 4 weeks or 4 months for the pain to go away. Healthy lifestyle was educated to the patient he is to continue Lyrica. Once the pain is better gently wean off Lyrica as it could be contributing to the confusion.

2. Stroke

Notes: Risk factors were discussed with the patient

left eye vision loss because of central vein occlusion Risk factors were discussed with the patient

left eye vision loss because of central vein occlusion.

3. Confusion

Notes: sleep apnea Findings and history is very suggestive of sleep apnea which could be contributing to the confusion on his blood work was reviewed and discussed with him

1/2000 ECHO LV EF 35-40%,
GRADE II DIASTOLIC HEART
FAILURE, MILD LVH, MILD LAD,
RIGIDITY IN BILAT EARL POSE
AT LEAST 30 YEARS
7/2004 ECHOCARDIOGRAM
TRACE TR, LV EF 35-40%,
7/2004 LAD, LAD TO THE PDA,
PTCA AND STENT TO THE PDA,
SHUNTS dx: 2/2/20
MEMORY IMPAIRMENT

Surgical History

1/2000 ECHO LV EF 35-40%,
GRADE II DIASTOLIC HEART
FAILURE, MILD LVH, MILD LAD,
RIGIDITY IN BILAT EARL POSE
AT LEAST 30 YEARS
7/2004 ECHOCARDIOGRAM
TRACE TR, LV EF 35-40%,
7/2004 LAD, LAD TO THE PDA,
PTCA AND STENT TO THE PDA,
SHUNTS dx: 2/2/20
MEMORY IMPAIRMENT

Family History

Father: deceased, diagnosed with
Unspecified heart disease
Mother: deceased, diagnosed with
Other malignant neoplasm of
unspecified site
Paternal Grandfather: deceased,
diagnosed with Unspecified cerebral
artery occlusion with cerebral
infarction

Paternal Grandmother: deceased,
diagnosed with Asthma
Maternal Grandfather: deceased
Maternal Grandmother: deceased,
diagnosed with Diabetes
Shingles dx: 2/2/20
OTHER BROTHER HAD HEART
ATTACK

DAD PASSED HAD HEART
DISEASE AND HAD CANCER
MOTHER HAD LELLEKMA
9/2005 HAD PLEP/2007

ALLERGIES
Mefenamic diuretic - Side Effects
BROTHER EXOTIC CANCER
SEPTER HAD COLON CANCER
diagnosed at 80
OTHER BROTHER HAD HEART
ATTACK

ALLERGIES
Mefenamic diuretic - Side Effects
BROTHER EXOTIC CANCER
SEPTER HAD COLON CANCER
diagnosed at 80
OTHER BROTHER HAD HEART
ATTACK

Hospitalization/Major
Diagnostic Procedure
stroke 01/10/2019
COLON RESECTION
CHEST PAIN 7/2021

Review of Systems
General
Change in Appetite: No. Weight

4. White matter disease

LAB: Vitamin B12 Level (B9602)

IMAGING: MRI, Cerv, Spine W and W/O Contrast

Notes: [REDACTED] concern

AM EDT - CPT CODE 72426

PROCEDURE: Lumbar Puncture

Notes: [REDACTED] 05:28 AM EDT - lumbar
puncture under radiology tube 1 cell count and cytology tube
2 gram stain and culture protein and glucose tube 3
oligonuclear bands, Bence and low level tube 4 cell count

PROCEDURE: AUDITORY EVOKED POTENTIALS

COMPREHENSIVE (04080)

PROCEDURE: VISUAL EVOKED POTENTIAL (09030)

[REDACTED]

Follow Up

6 Weeks

History of Present Illness

Adult HPI

CAD, HTN, DM, T2DM and gout who presents for follow up on

worsening memory loss. The patient's wife reports that the patient has been more forgetful and his symptoms is getting worse and she describes that he does not remember simple things like where why and when he has to do things. The patient did not have an focal deficits following his Stroke in 2019. The patient MMSE score was 26 during this visit.

The patient had an MRI done which did not show any significant changes from his previous one. MRI lesions very suggestive of

dementia fingers

neurophysi eval shows significant dementia.

Vital Signs

Ht: 67.5 in, Wt: 200 lbs, BMI: 30.86 Index, BP: 142/82 mm

Hg, Pain scale: 0-1-10

Physical Examination

COPD

Gender: F DOB: MM/DD/1957

History of present illness

Pt is a pleasant 63-year-old female who presents today to discuss the following complaints:

1. OSA (obstructive sleep apnea) – Poorly controlled, will need to get sleep study done.
2. Anxiety – Stable, no acute complaints, fully adherent to medication, denies any adverse effects.
3. Exertional shortness of breath – Pt with SOB at baseline which is more pronounced than is typical when she exerts herself.
4. Precordial pain – Pt with intermittent precordial pain, asymptomatic presently.

PMH

COPD (chronic obstructive pulmonary disease)

Meds

Albuterol 2/5 mg/3 mL (0.083%) nebulizer solution; inhale 3 mL (2.5 mg) by nebulization every 6 hours as needed for wheezing. • Tiotropium-olodaterol (Stiolto Respimat) 2.5-2.5 mcg/actuation mist; inhale 2 inhalations by mouth daily. • Buspirone (BuSpar) 30 MG tablet; take 1 tablet (30 mg) by mouth 2 times a day.

Assessment & plan

Anxiety: Stable, no acute complaints. Fully adherent to medication. Denies any adverse effects. Continue current treatment.

OSA (obstructive sleep apnea): Poorly controlled. Ambulatory referral to Sleep Medicine for sleep study.

Exertional shortness of breath: Pt with SOB at baseline which is more pronounced than is typical when she exerts herself, will order ECHO to r/o HF.

Precordial pain: Pt with intermittent precordial pain, asymptomatic presently, discussed options, pt agrees to contact cardiologist and in the meantime, we will get an ECHO

Cancer

DOS 3/1/2021

Reason for Appointment

1. Annual Clinical Breast Exam

History of Present Illness

General:

██████████ presents to the office today, as an Established Patient, for her Annual Clinical Breast Exam. She is accompanied by her Son who acts as her translator, throughout the duration of her visit. She has a history of Node Positive Right Breast Cancer (IDC), diagnosed on 04/17/2014 and treated with Neo-Adjuvant Chemotherapy, a Mastectomy, and Radiation. Seven Lymph Nodes were removed during the original surgery. In 6/2015, a "Right Neck" Lymph Node was biopsied and pathology revealed Metastatic Poorly Differentiated Carcinoma Consistent with a Breast Primary Cancer. She then went on to have a Right Axillary Dissection, on 6/26/2015, with an additional Five Lymph Nodes removed. No additional cancer was detected. Her most recent Left Diagnostic Mammogram was performed at Wellstar on 08/03/2021 and read as BI-RADS 1. Scattered Fibroglandular Breast Tissue was documented. She admits to a Family History of Breast Cancer, affecting her Mother. Today, she denies any breast lumps, skin or nipple changes, or nipple discharge.

Examination

General Examination:

Examination chaperone present during exam. General appearance: No acute distress, pleasant. HEENT: unremarkable. Neck, thyroid: supple, non-tender, no lymphadenopathy, no thyromegaly. Neurologic exam: alert and oriented x 3, grossly intact. Skin: normal, no rash. Back: normal, no tenderness of spine, no evidence of scoliosis. Extremities: normal ROM, no lymphedema. Genitalia: deferred.

Physical Examination

RIGHT BREAST:

POST SURGICAL BREAST s/p mastectomy/with reconstruction, no mass, no skin lesion, no axillary adenopathy, no

evidence of recurrence.

LEFT BREAST:

FINDING status post reduction, no dominant or suspicious masses, no skin or nipple changes, no nipple discharge, no axillary adenopathy.

EXTREMITIES:

edema Right Upper Extremity Mild Lymphedema Noted.

Assessment

1. Personal history of malignant neoplasm of breast - Z85.3 (Primary), 2014
2. Acquired absence of right breast and nipple - Z90.11, 2014
3. Malignant neoplasm of central portion of right female breast - C50.111, 2014
4. Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes - C77.3, 2014
5. Postmastectomy lymphedema syndrome - I97.2, Right Upper Extremity (Stable 2020)

Plan

1. Personal history of malignant neoplasm of breast

Clinical Notes:

██████████ presented to the office, as an Established Patient, for an Annual Clinical Breast Exam. She is accompanied by her Son who acted as her translator, throughout the duration of her visit. Clinical Breast Exam was considered to be within normal limits today.

There are no suspicious abnormalities to report. Stable, Mild Lymphedema was documented. This involves her Arm, Hand, and Fingers.

These results were provided to the patient in office, and she verbalized her understanding.

Risk of Breast Cancer Recurrence was discussed, and all of the patient's questions were addressed.

We recommended that Ms. Avellaneda return to the office in One Year for her Annual Left Diagnostic Mammogram and Clinical Breast Exam, as she now has insurance.

She agreed to return in One Year.

She is encouraged to return sooner if she has any new concerns or complaints.

==

I appreciate the opportunity to be involved in ██████████ care.

Myocardial Infarction

Incorrect Documentation Example

The primary encounter diagnosis was NSTEMI (non-ST elevated myocardial infarction) (CMS/HCC). Diagnoses of Hypogonadism in male, PAF (paroxysmal atrial fibrillation) (CMS/HCC), Cough variant asthma, and Prostate cancer screening were also pertinent to this visit.

██████████ is a 62 y.o. male.

Chief Complaint

Patient presents with

- Annual Exam

Pt here for annual physical and med check. Pt does need some refills.

Subjective: 62-year-old male presents to clinic today accompanied by spouse. He has a history of non ST/MI infarct paroxysmal atrial fibrillation hyperlipidemia hypertension and hypogonadism. He indicates that 2 weeks ago he had an endocardial ablation procedure performed. She the goals to get him off of amiodarone. Lab work May 4, 2022 included BUN of 12 creatinine 1.02. On December 9, 2021 TSH was normal hemoglobin measured 13.9 white count measured 7600. Testosterone level checked June 9, 2021 measured 899. On March 15, 2021 PSA measured 0.2 cholesterol 195 LDL 109 risk ratio 3.98. Patient reports he has a history of cough variant asthma and has used albuterol successfully in the past for control of this on a p.r.n. basis.

Pertinent items are noted above and in the HPI.

Comprehensive review of systems performed and the remainder of the ROS was negative.

Allergies

Allergen

- Statins-Hmg-CoA Reductase Inhibitors

Muscle aches

Reactions

Intolerance / Med Side Effect (See Comments)

Objective:

BP 124/62 (BP Location: Right arm) | Pulse (!) 49 | Temp 98.3 °F (36.8 °C) (Tympanic) | Ht 5' 9" | Wt 199 lb (90.3 kg) | SpO2 98% | BMI 29.39 kg/m²

Objective: Heart sounds normal no murmurs rubs heard. No JVD nor ankle edema is noted. Lungs are clear to auscultation.

Diagnosis

NSTEMI (non-ST elevated myocardial infarction) (CMS/HCC)

- Comprehensive Metabolic Panel; Future
- Lipid Panel; Future

Hypogonadism in male

- testosterone cypionate (DEPO-TESTOSTERONE) 200 mg/mL injection: Inject 1 mL (200 mg total) into the muscle every 14 (fourteen) days.
- needle, disp. 22 G 22 gauge x 1" Ndle; 1 each by Misc.(Non-Drug: Combo Route) route As directed.
- syringe, disposable, 3 mL Syrg; 1 each by Misc.(Non-Drug: Combo Route) route As directed.
- CBC and Differential; Future
- Testosterone, Free, Total; Future

PAF (paroxysmal atrial fibrillation) (CMS/HCC)

Cough variant asthma

Prostate cancer screening

- PSA Screen; Future

Other orders

- albuterol (PROVENTIL HFA/VENTOLIN HFA) 90 mcg/actuation inhaler; Inhale 2 puffs into the lungs every 6 (six) hours as needed.

Plan

Plan: Duration today's visit 30 minutes. We have talked at length regarding management of his AFib and hypogonadism. He will use albuterol on a p.r.n. basis. He will of lab work performed consisting of CBC diff comprehensive metabolic panel lipid panel PSA and serum testosterone level. He will follow-up in 6 months time.

Core Principles

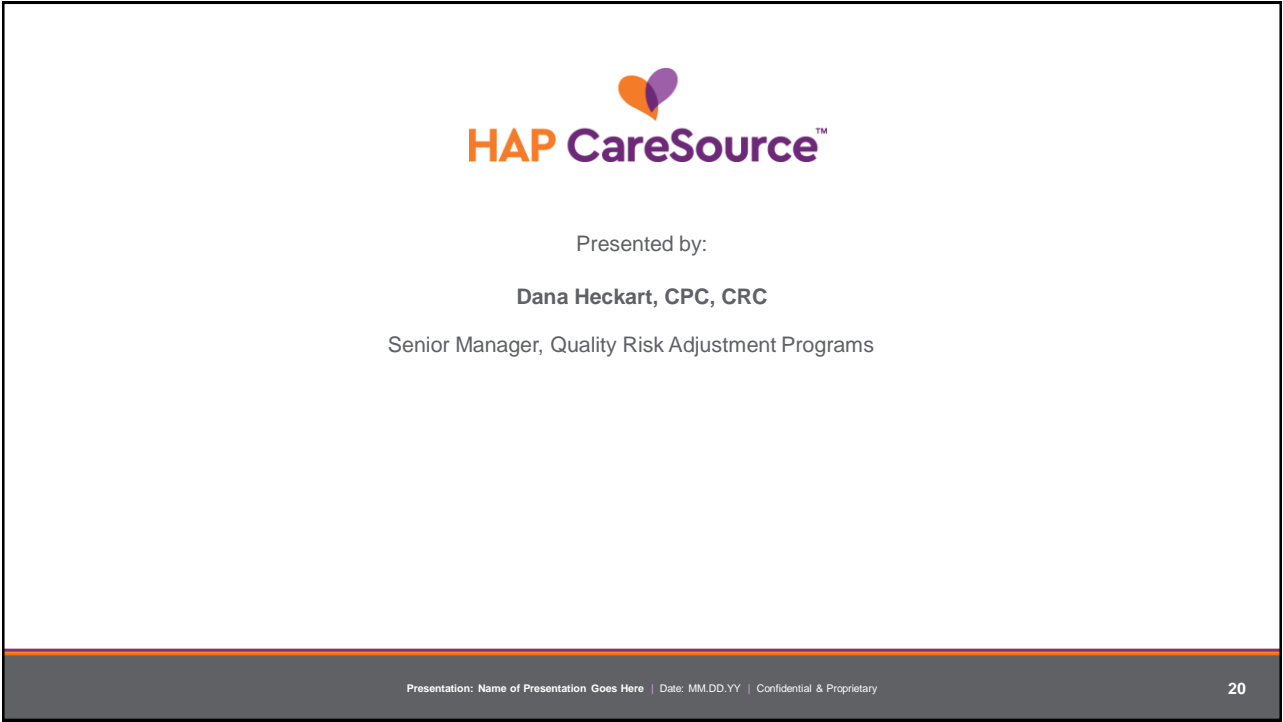


Report on a claim form, with proper medical record support, all serious, acute and chronic conditions that are managed and affect treatment which are present on the date of service.

Be specific when reporting these conditions, particularly when there is a manifestation or complication for the condition and include any current assessment and treatment for the condition.

Follow this ICD-10 guidance:

"Code all documented conditions that coexist at the time of the encounter/visit and that require or affect patient care, treatment or management. Do not code conditions that were previously treated and no longer exist. However, history codes may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment"





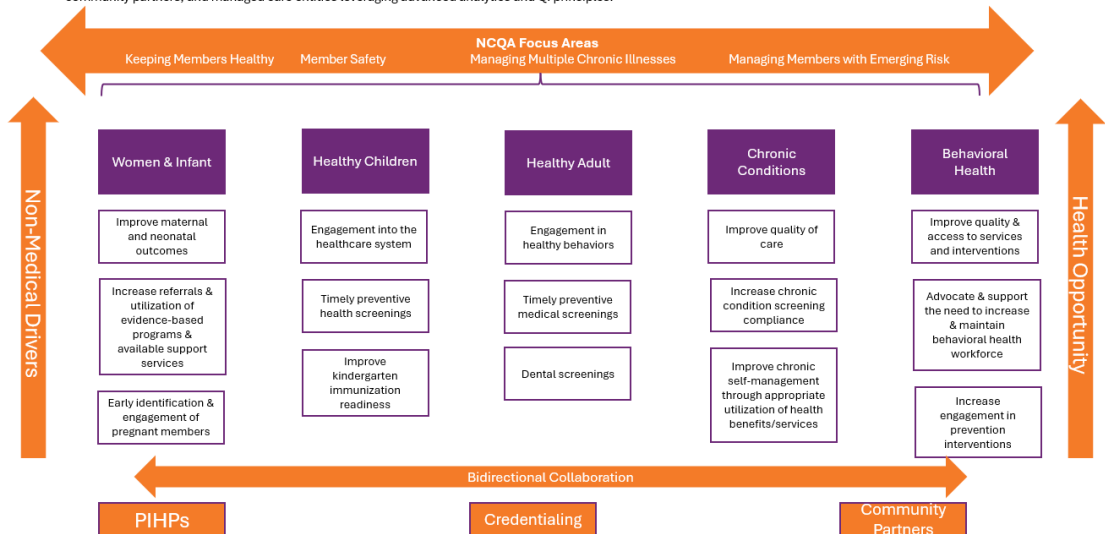
POPULATION HEALTH & QUALITY IMPROVEMENT

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HAP CareSource MI Medicaid & MMP Population Health Quality Strategy 2025

Deliver member-centric care by improving health outcomes and addressing health equity within our communities through collaboration with providers, health systems, community partners, and managed care entities leveraging advanced analytics and QI principles.



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HAP CareSource Population Health Management Approach



Alignment to MDHHS Population Health & Quality Improvement Strategy

- Population health management leveraging QI science to test new initiatives & document learnings
- Using a data-driven approach to Population Health to target areas of high need
- Collect information related to and mitigation of Non-Medical Social Drivers of Health

Health Equity

Up and coming in 2025...

- Ongoing commitment to addressing disparities
- Collaborating with the Population Health and Quality Improvement teams to pinpoint key areas for intervention
- Emphasizing STI/HIV prevention and treatment through education for both providers and members
- Screening for health-related social needs and improving closed-loop referral tracking
- Dedication to preventing risk factors associated with low birth weight

For more Information, Contact
Kristi MacDermaid, Health Equity Manager
Kristi.MacDermaid@HAP-CareSource.com

Health Equity and Cultural Competency CME Opportunities

HAP CareSource partnered with CME Outfitters to create OnDemand CME education on cultural humility, health equity, trauma and gender informed care, and vaccine equity.

CMEs available for physicians, nurses, pharmacists and pharmacy techs, optometrists, dentists, PAs, psychologists, social workers, and dieticians.

HAP CareSource Health Equity

We can provide HEDIS metrics with a disparity lens. For more information, contact Richard Meyer – Director of Population Health - Richard.Meyer@CareSource.com

Get Rewarded for Your Commitment to Health Equity

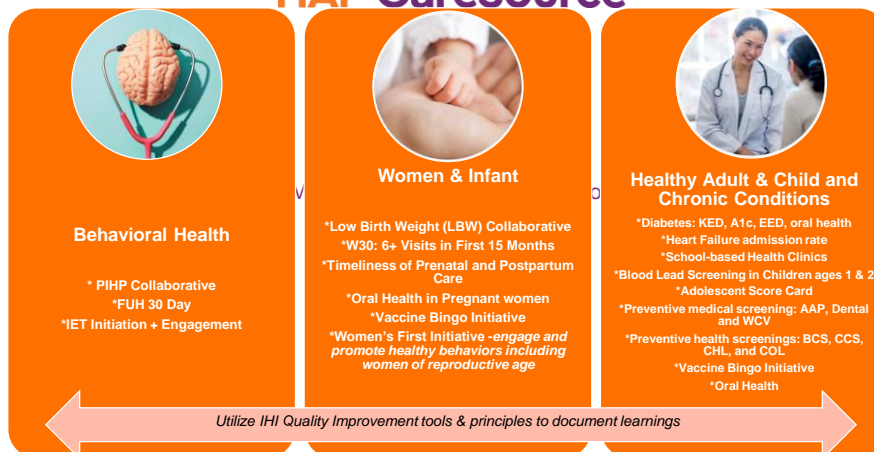


Earn continuing education credits when you participate in the **free** activities made available to HAP CareSource and HAP CareSource MI Health Link providers through HAP CareSource's and HAP CareSource MI Health Link's partnership with CME Outfitters.

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


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Are you interested in engaging in any of the future interventions for 2025?
Please reach out to Melinda Wilson () with any questions/interest!

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Let's Play BINGO!

HAP CareSource invites you to play BINGO.

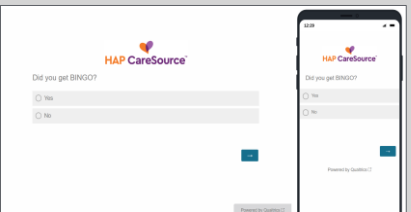
This is a fun way to make sure your child's vaccinations are up-to-date. Vaccines are safe and effective at protecting children and keeping them healthy. The best part? You could win \$100 for getting BINGO!

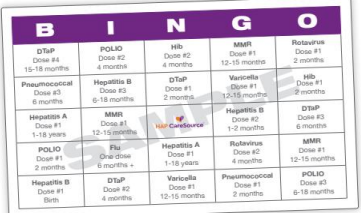
Here's how to play:

- Download the BINGO card. You can also pick one up at any HAP CareSource Vaccine Event or by calling Member Services. They will mail a copy to you.
- Every time your child gets a vaccine, mark it off on the card.
- Once they get BINGO, go to [CareSource.com/gettingbongo](https://www.CareSource.com/gettingbongo) and fill out the form. Your child will be entered into a quarterly raffle with a chance to win \$100!



Vaccine BINGO






To learn more, visit [CareSource.com/rewards/BINGO](https://www.CareSource.com/rewards/BINGO).


Questions? Call Member Services at 1-833-230-2053 (TTY: 711), 24 hours a day, seven days a week.

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HAP CareSource BINGO

Member Frequently Asked Questions (FAQs)


HAP CareSource BINGO

Where do I get a HAP CareSource BINGO card? You can get a copy of the HAP CareSource BINGO card one of the following ways:

- Pick one up at any HAP CareSource Vaccine Event
- Download a copy from [CareSource.com/rewards/BINGO](https://www.CareSource.com/rewards/BINGO)
- Call Member Services at 1-833-230-2053 (TTY: 711). Ask for one to be mailed to you.

How do I know if I have BINGO? BINGO can happen a few different ways. After your child receives their vaccines, you will check the box off. You have hit BINGO if:

- All the boxes in one row are all checked off. (Outlined by the green line)
- All the boxes in one column are all checked off. (Outlined by the blue line)
- The two diagonals (from corner to corner) boxes are all checked off. (Outlined by the red line)
- The middle HAP CareSource box is a freebie and automatically checked off for everyone.



What if I get BINGO on my card? Visit [CareSource.com/GettingBongoMI](https://www.CareSource.com/GettingBongoMI) and fill out the form. HAP CareSource will check your child's vaccines. When we confirm that you have BINGO, you will be entered in the quarterly raffle. Make sure your email is up-to-date as we will contact you through email.

How often are the raffles? Raffles happen every three months (e.g., quarterly). Three winners will be picked randomly within 30 days after each quarter ends. Here are the quarter end dates:

- Quarter 1: March 31, 2025
- Quarter 2: June 30, 2025
- Quarter 3: September 30, 2025
- Quarter 4: December 31, 2025

NOTE: In order to be entered into the raffle, you must fill out the submission form and have HAP CareSource check your child's vaccines.

How do I know if I win? Three winners will be picked every three months. We'll contact them in 30 to 45 days after the quarter ends. If you didn't win, we will send an email letting you know.

How do I get my reward for winning the BINGO raffle? The \$100 will be loaded onto your HAP CareSource MyKids Rewards account. Visit HealthyBenefitsPlus.com/HAPCareSourceMDC to see your account.

[CareSource.com](https://www.CareSource.com)

Do I use one BINGO card for all my children? No, one BINGO card is used for each child.

Can I get BINGO more than once? Yes, your child can get BINGO more than once. This depends on their vaccine schedule. Each BINGO must be submitted separately. HAP CareSource will verify the vaccines.

I have a child who is 4 years old, can they play BINGO too? Yes! Members 6 years old and under can play BINGO.

Are there any other rewards my child can get for their doctor visits? Yes, your child is automatically enrolled in the HAP CareSource MyKids Rewards Program. They can earn additional rewards for completing healthy activities. This includes \$50 for well-child visits. To see a full list of activities, visit [CareSource.com/mi/plans/medicaid/benefits-services/rewards/](https://www.CareSource.com/mi/plans/medicaid/benefits-services/rewards/).

Vaccine Safety

Are vaccines safe? YES! Vaccines are very safe. The United States (US) has a long-standing vaccine safety system. This system makes sure that vaccines are as safe as possible. Right now, the US has the safest vaccine supply in its history. Millions of children get vaccines safely every year. The most common side effects are very mild, like pain or swelling where the shot is given.

Why are vaccines important? Vaccines help prevent sicknesses that used to be very harmful or even deadly to babies, kids, and adults. Without vaccines, your child could get very sick and suffer from pain, long-term health issues, or even die from diseases like measles and whooping cough.

How do I know what vaccines my child has received? If you or your child has a vaccination record from a doctor, you can ask for it at their next well child visit. If you have an online medical record, like MyChart, you can log in and check your vaccination status.

Where can I get more information about vaccines? Visit www.michigan.gov/mdhhs/adult-child-services/children/families/immunization to learn more.

Sources: CDC, Vaccines for Children. Aug. 2024.

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[HAPCareSource.com](https://www.HAPCareSource.com)

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Medicaid Member Rewards Program

HAP CARESOURCE MYKIDS

Well Baby Visits 1-6
Well Child Visit 1-2
Well Child & Adolescent Visit
Cervical Cancer Screening
Vaccinations
Chlamydia Screening
A1C

HAP CARESOURCE MYHEALTH

Breast Cancer Screening
Cervical Cancer Screening
Chlamydia Screening
Diabetes Screening
Prenatal/Postpartum Visits
Annual Dental Visit

And Many More!

[Rewards | Michigan – Medicaid | CareSource](#)

**Rewards are subject to change*

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MMP and Marketplace Member Rewards Program

MY HAP CARESOURCE REWARDS MI HEALTH LINK

Auto enrolled in rewards program
Breast Cancer Screening
Colorectal Screening
Wellness Visit
Flu Vaccine
A1C Test
Routine Dental Exam

[My HAP CareSource Rewards | Michigan – MI
Health Link | CareSource](#)

HAP CARESOURCE MYHEALTH MARKETPLACE

Auto enrolled in rewards program
Diabetic Screening
Breast Cancer Screening
Colorectal Screening
Chlamydia Screening
A1C Test
Kidney Health Evaluation

[Rewards | Michigan – Marketplace |
CareSource](#)

**Rewards are subject to change*

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HAP CareSource Transportation Benefits

As a HAP CareSource member, you have free rides to and from medical appointments. This includes:

- Community events
- COVID-19 vaccine
- CPR classes
- Doctor
- Dentist
- Durable medical equipment (DME) pick-up
- Eye doctor
- Flu shot
- Hearing
- Pharmacy
- Religious events

Transportation is not allowed for personal use (i.e. hair appointments, picking up children from daycare). Member can call [1-833-230-2053](tel:1-833-230-2053) (TTY: 711), 24 hours a day, 7 days a week, to schedule a ride or request mileage reimbursement.

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Presented by:

What are some learnings and observations from your work so far in 2025

- Do you use QI science to monitor develop interventions and evaluate the effectiveness of your work?
- Is there support from the QI team that you are in need of?

Have you developed a population health/quality improvement strategy

- What are areas of concern for your health system/providers?
- Are there any barriers to care that you want to share?
- What is one health equity concern you are trying to address?

Transportation, Appalachian communities

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Barbara McIntyre, RMA, BBA
Quality Improvement Specialist