Model of Care Summary
CareSource® MyCare Ohio (Medicare – Medicaid Plan)

CareSource is proud to be a catalyst for the Integrated Care Model in the state of Ohio by participating in the MyCare Ohio demonstration. There are eleven (11) primary elements in the CareSource Model of Care (MOC). Please take a few moments to familiarize yourself with the MOC summary that follows, in which each element is highlighted.

The **target population (1)** for MyCare Ohio is those individuals 18 years or older who are eligible for both Medicare and Medicaid. Typically such beneficiaries have at least one chronic condition and potentially complex health needs, including behavioral health and long term service needs. In order to evaluate the effectiveness of our MOC, CareSource® MyCare Ohio has established **measureable goals (2)** that cover access, utilization, health outcomes and care management. Care coordination will be critical to accomplishing our goals as it has strong potential impact in all 4 measures. Care coordination will be driven by the **care manager role (3)**. A collaborative team role, the care manager will be responsible for conducting assessments, developing treatment plans (inclusive of community resources), and performing on going evaluation of their assigned members. The care manager will be a key member of a **trans-disciplinary care team (4)** (TDCT) comprised of representatives from a wide array of service and health care disciplines, family members and/or care givers, all aligned around the individualized needs of the member. Through face-to-face visits and interviews, the care manager will encourage full engagement from his/her assigned members to ensure the member is at the core of the TDCT. The TDCT focuses on integrated care for each member's comprehensive health care needs and ensures ongoing communication among the team and all health care providers.

CareSource recognizes that the needs of the dually eligible population may be complex and a comprehensive **provider network of expertise (5)** is required. The broad physician and provider network that corresponds to the target population for MyCare is represented in our three regional Provider/Pharmacy Directories. Professionals include primary care providers, an array of specialists, ancillary

service providers, skilled and non-skilled providers, and a group of facility types including but not limited to dialysis, nursing homes and outpatient clinics. The CareSource credentialing department ensures that contracted facilities and providers are actively licensed, competent, and utilizing the most up to date evidence based clinical practice guidelines and nationally recognized protocols.

All CareSource and delegate staff members working with Ohio MyCare members are required to complete **training on the MyCare model of care (6)**. Training methodologies include e-learning, face-to-face, or webinar/web-based, module instruction and will highlight program requirements, interdepartmental as well as transdisciplinary care team collaboration with emphasis on care coordination. Likewise, external stakeholders such as contracted providers and community partners will be expected to be familiar with the CareSource model of care through a published MOC summary and additional details that will be included in the MyCare Provider Manual and on the website. CareSource will keep providers apprised of educational opportunities on the MOC and other relevant topics.

Within thirty (30) days of enrollment, a care manager or social worker will conduct a multi-faceted **health risk assessment (HRA) (7)**. It is during this discovery process that members identify those people essential to their health care. The comprehensive HRS includes a review of the member's medical/behavioral health history, medication plan and adherence, functional and long-term services and supports (LTSS) needs. Psycho-social, socio-economic and cognitive needs are assessed as well as caregiver support, recent health changes, scheduled health-related appointments and end-of-life needs. In addition, the assessment process identifies potential safety concerns, disabilities, barriers to care, potential access issues, under or overutilization trends, as well as member and/or caregiver educational needs.

Upon completion of the initial comprehensive assessment, an appropriate level of care management is assigned and an **individualized care treatment plan (8)** known as the Centralized Plan of Treatment (CPT) is developed. A dynamic and collaborative effort, the care manager takes the lead in the development process, relying on the PCP and member as the main contributors, along with input from family/care givers and key specialists. Each member's care treatment plan contains prioritized goals, recommended interventions and expected health outcomes.

CareSource has a scalable technical infrastructure designed to connect all participants in the health care plan. This established **communication network (9)** enables connectivity amongst providers, beneficiaries, the plan employees, regulatory agencies, and the general public through a number of channels including the web, a secure portal, email, call center operations, 24/7 nurse advice line, direct mail and publications. A strong technological foundation supports the myriad of communication vehicles used to educate both member and providers.

As previously cited the Care Management role is critical to the MyCare program and the CareSource MOC. **Care Management for the most vulnerable beneficiaries (10)** focuses on those at highest risk as identified through the assessment process, community referrals, unable to contact data, claims information, hierarchies and algorithmic tools. Aggressive care strategies and interventions are applied to target these complex needs. We have a list of "fast track" screening triggers for all staff to utilize as a guide in order to maximize timely and accurate referral to the case management program. In conjunction with ongoing data analysis to reassess member risk levels, Member data is re-stratified regularly using the new information. We embrace a "No Wrong Door" policy for potential care management referrals 24 hours each day, including referrals from providers.

Through our MOC we constantly look for improvement opportunities and identify quality improvement plans in accordance with CMS requirements to support these areas of opportunity. We evaluate **program effectiveness (11)** by continually assessing and analyzing the quality of care and services offered to members. Programs are implemented to improve internal efficiencies, the delivery of health care services, and achievement of the established goals related to access, utilization, health outcomes and care management. Both clinical and process indicators are used to support our ongoing evaluation of the effectiveness of the MyCare MOC. These rigorous review and analysis results serve as the basis for plan-level improvements to the MyCare program in multiple areas, including but not limited to service quality, staffing models, communication practices and documentation protocols.