CareSource

CareSource PROVIDER

MyCare Model of Care Training

Our MISSION

To make a lasting difference in our members' lives by improving 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

Health Care with HEART

MISSION FOCUSED

Comprehensive, **member-centric** health and life services

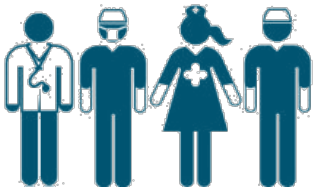
EXPERIENCED

With over **29 years of service**, CareSource is a leading non-profit health insurance company

DEDICATED

We serve over **1.8 million members** through our: Medicaid, Marketplace, MyCare, Medicare Advantage and Dual Special Needs Plans, in addition to our TriWest Healthcare Alliance.

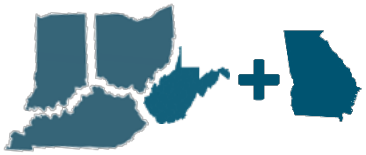
30
YEARS
MISSION-DRIVEN CARE



93%
MEDICAL COST RATIO

A-Z
CONSUMER
ADVOCACY

1.8 MILLION
MEMBERS



COVERAGE
OH, KY, IN, WV, GA

$20M
FOUNDATION GRANTS AWARDED IN OHIO*

CareSource

* The CareSource Foundation currently is only in Ohio

Our PLANS

CHILDREN, PREGNANT WOMEN & WORKING FAMILIES

LOW-INCOME

MEDICAID

Plan Components:
- Risk-based managed care
- People who are aged, blind or have disabilities
- Healthy Start
- Healthy Families

MEDICAID & MEDICARE Eligible

18+

CARESOURCE MYCARE® OHIO

Details:
- Managed care
- Coordination of physical, behavioral & long-term care services

COMMERCIAL HEALTH PLAN

MARKETPLACE

Details:
- Established 2014
- Qualified health plan
- Reduced premiums or cost-sharing based on member income
- Pediatric Dental & Vision included
- Optional Adult Dental, Vision and Fitness

MEDICARE Eligible

65+

CARESOURCE ADVANTAGE

Details:
- Offers more coverage that original Medicare
- Medicare Part A, Part B, and prescription drug Part D benefits
- No limits due to pre-existing conditions

DUAL Eligible

MEDICAID & MEDICARE

CARESOURCE DUAL ADVANTAGE

Details:
- Combines benefits of Medicare and Medicaid into single plan
- Adds additional benefits outside of Medicare and Medicaid plans

CareSource

Model of Care Elements

The MyCare Model of Care relies on a collaborative relationship between the provider and the CareSource staff to deliver on each element. Providers will ensure active implementation of each of these elements with the support of care management.

Element 1
Health Risk Assessment Tool

Element 2
Interdisciplinary Care Team

Element 3
Individualized Care Plan and Tools

Element 4
Care Management & Coordination

Element 5
Quality Measurement & Evaluation

CareSource

MyCare Overview & Advantages

MyCare Ohio is a demonstration project that integrates Medicare and Medicaid services into one program, operated by a Managed Care Plan.

The plan is a coordinated approach to providing health care and long-term services and supports. Requirements are based on a 3-way agreement between CMS, ODM and CareSource as well as the provider agreement defined by ODM.

Advantages of this program are:

- Single point of contact for care
- Care management support 24/7
- Team of professionals to coordinate care
- One ID card (for opt-in members)
- Focus on prevention and wellness
- Nurse Advice Line
- Better coordination = better health outcomes
- Health partners submit claims to one place (for opt-in members)
- Enhanced benefit package for opt-in members

MyCare Model of Care Goals

The MyCare Model of Care (MOC) was developed in accordance to CMS standards and NCQA guidelines. It serves as a strategy and plan for delivering care coordination, collaborating on care goals, and evaluating the effectiveness of the MyCare program.

Program goals include:

- Improving access to physical and behavioral health care
- Access to preventative care
- Provider network access
- Care Coordination through identified point of contact including Health risk assessment, care plan and TDCT- Trans-disciplinary care team
- Improving transitions across the health care continuum
- Appropriate utilization of services
- Improving the member outcomes

Target Population

- Eligible for Medicare (Parts A, B and D) and FULLY eligible for Medicaid;
- Over the age of 18
- Living in one of the demonstration counties.
- Home & Community Based Services, (HCBS) Waiver members, Long term Care (LTC) Residents, and Community Well Members
- Under 65 and disabled
- Low income elderly

Waiver Service Coordination/HCBS

CareSource works with **Area Agencies on Aging** to provide care management to our waiver members. This includes members receiving Home and Community Based Services (HCBS).

Services & supports provided in the home and community include:

- Personal Care Services
- Home Delivered Meals
- Home Making Services
- Adult Day Care
- Emergency Response System (ERS)
- Non-emergency transportation
- Home modifications

Care Management Visit Schedule

- All members **must have a face to face visits.**

- Assessment and visit requirements
  - ❖ Intensive 30 days / monthly visit for life of demo
  - ❖ High 30 days / monthly visit for 6 months
  - ❖ Medium 60 days / visit 1st 2 months, then quarterly
  - ❖ Low 75 days / visit 1st 4 months, then biannually
  - ❖ Monitor 75 days / visit 1st 6 months, then annually

- Initial and ongoing (event based) assessments, as well as annual reassessment.
- Reassessment must occur within 365 days of last assessment.

Care Management Visit Schedule

Our tailored approach to care coordination enables our staff to build an **individualized, comprehensive plan of care** that can adapt based on a Member's developing needs and personal goals.

- Stratify enrollee
- Assess needs & personal goals
- Confirm stratification & acuity
- Develop member-centered care plan & service plan
- Implement new plan with member
- Monitor & reassess care plan

Transitions & Post Discharge

Goals

- ↓ ER visits
- ↓ Hospital admits/ readmits
- ↑ Compliance w/ MD d/c plan
- ↑ Use of appropriate med choices/combos
- ↑ Use of appropriate Community Referrals
- ↑ Member Satisfaction & Health Outcomes

Transition Coordinator Role

- Level of care (LOC) requests for nursing facility (NF) & Waiver will be sent to the local AAA by the TC
- CareSource TC will determine LOC for LTC members

Care Treatment Plan

OUR CARE TREATMENT PLAN IS FOCUSED ON:

- Creating **individualized & personalized** member treatment plans
- **Actions and goals** with timeframes for completion
- Developed on **assessment findings**, member preferences & input from the TDCT
- **PCP outreach and engagement**

Other Care Management Interventions

SPECIALIZED INTERVENTION PROGRAMS INCLUDE:

- Medication Reviews
- Treatment Plan Support
- Care Transitions
- Post Discharge Support
- Self-Care Management
- Independence at Home
- Intrapersonal & Social Relationships
- Care Coordination
- Decision Coaching
- Connections to Community Resources
- Preventative & Screening Services
- Health Education
- Knowledge of when to call physician

Member & TDCT Resources

RESOURCES INCLUDE:

- **Provider Portal** is the tool used to communicate the member's profile with the provider and chosen ICT.
- **Member Portal** is the tool used to communicate all member activities within a central location.
- CareSource Website for general plan information
- CareSource **Call Center**
- **24 hour** Nurse Advise Line
- **24 hour** Behavioral Health Line

Health Partner Network

NETWORK OVERVIEW:

- **Comprehensive network of primary care providers and specialists**, such as cardiologists, neurologists, and behavioral health specialists to meet the complex health needs of the MyCare and Medicare Advantage population

- MyCare has specialized **Long Term Services and Support providers** that specialize in services for complex Nursing Facility and Waiver members

Quality Improvement

CareSource has a Quality Improvement program that monitors the health outcomes and implementation of the MyCare Model of Care (MOC) by:

- Identifying and defining measurable MOC goals
- Collecting HEDIS, STARS and quality withhold measures
- Chronic Care Improvement Program (CCIP) that identifies eligible members and intervenes to improve disease management and evaluates program effectiveness (Cardiac Medications)
- Communicating goal outcomes to stake holders

Roles & Responsibility

OUR STAFF IS RESPONSIBLE FOR:

- **Reminding the member** the importance of the HRAT in informing an appropriate plan of care
- **Encouraging the member** to work with their care management team
- **Encouraging PCPs** and specialty providers to participate with the member's ICT
- **Supporting PCPs to** regularly access the members' ICPs
- **Reminding providers** and staff to perform their MOC training annually

Provider Portal

Providers can use the Provider Portal as the **central communication tool** to engage in the activities described as part of the Model of Care. With this tool, providers can:

- Check member eligibility and benefit limits
- Submit claims and verify claim status
- Find prior authorization requirements
- Verify or update Coordination of Benefits information (COB)
- Submit and check the status of a Prior Authorization request
- Access member HRATs, ICPs, member record, etc.

Providers can access the Provider Portal 24 hours a day, 7 days a week at **CareSource.com** > Providers > Log-In

CareSource

Thank you!

CareSource offers benefits that cover the full spectrum of our members' journeys. Regardless of their age, we offer a lifetime of care and an unwavering promise of *health care with heart*.

MISSION-DRIVEN CULTURE

INNOVATIVE CONSUMER-DRIVEN BENEFITS

COMMUNITY-BASED PARTNERSHIPS

CareSource®

OH-Multi-P-652501