



CareSource Overview

Kansas Hospital Association

May 15, 2023



The CareSource Difference

Who is CareSource

- Nationally recognized for leading the industry in providing **member-centric health care** coverage
- CareSource's health insurance model was **founded in 1989** and is one of the nation's **largest Medicaid health insurance plans** today
- Headquartered in **Dayton, Ohio**, the company has built a legacy of providing quality health care coverage for Medicaid members. **Incentives are aligned** with the payor, with shared upside and downside risk scenarios
- In addition to Medicaid coverage, CareSource has a diverse offering of insurance plans including **Medicare Advantage** and **Health Insurance Marketplace**.
- CareSource serves more than **2 million members** across **eleven states** supported by a growing workforce of **4,900**

Our Focus



Mission

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



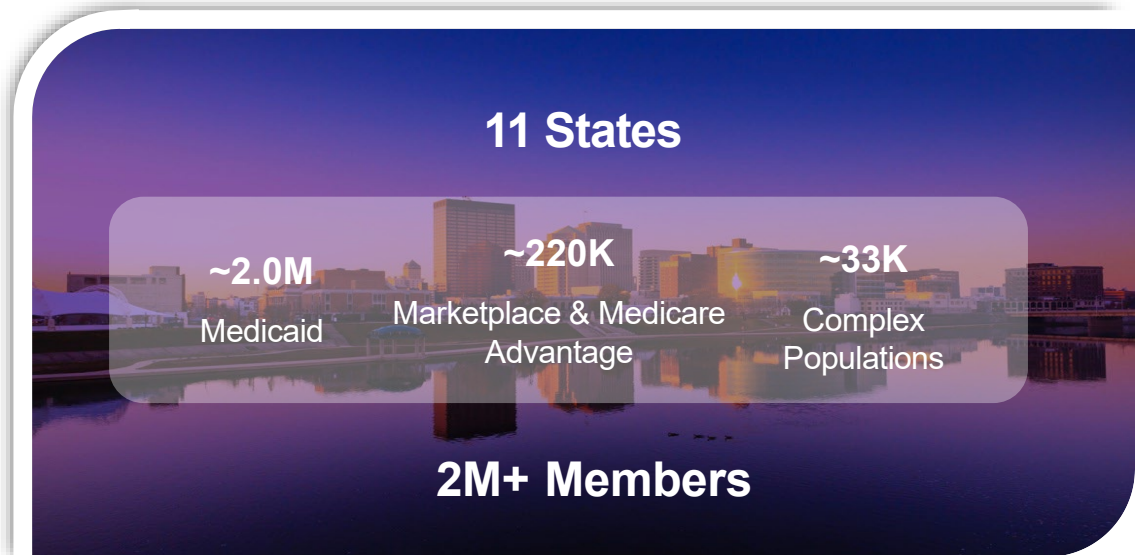
Vision

Transforming lives through innovative health and life services.



Products

Medicaid, Specialty / Complex Population, Marketplace and MA



The CareSource Difference

- Non-Profit Organization committed to putting people over profits
- Exclusively focused on government programs with deep Medicaid and dual-eligible experience
- Operational excellence with industry-leading accuracy and timeliness
- Pioneer in social determinants of health with an award-winning CareSource Life Services® program
- Leading the way in innovation to serve complex populations



CareSource's Footprint

Arkansas

- Medicaid PASSE

Delaware

- Care Coordination

Florida

- Care Coordination

Georgia

- Medicaid
- D-SNP
- Marketplace
- Care Coordination

Indiana

- Medicaid
- D-SNP
- Marketplace
- Care Coordination

Kentucky

- D-SNP
- Marketplace
- Care Coordination

Michigan

- Medicaid
- D-Snip
- Marketplace

Mississippi

- Medicaid

New Jersey

- Care Coordination

North Carolina

- Marketplace

Ohio

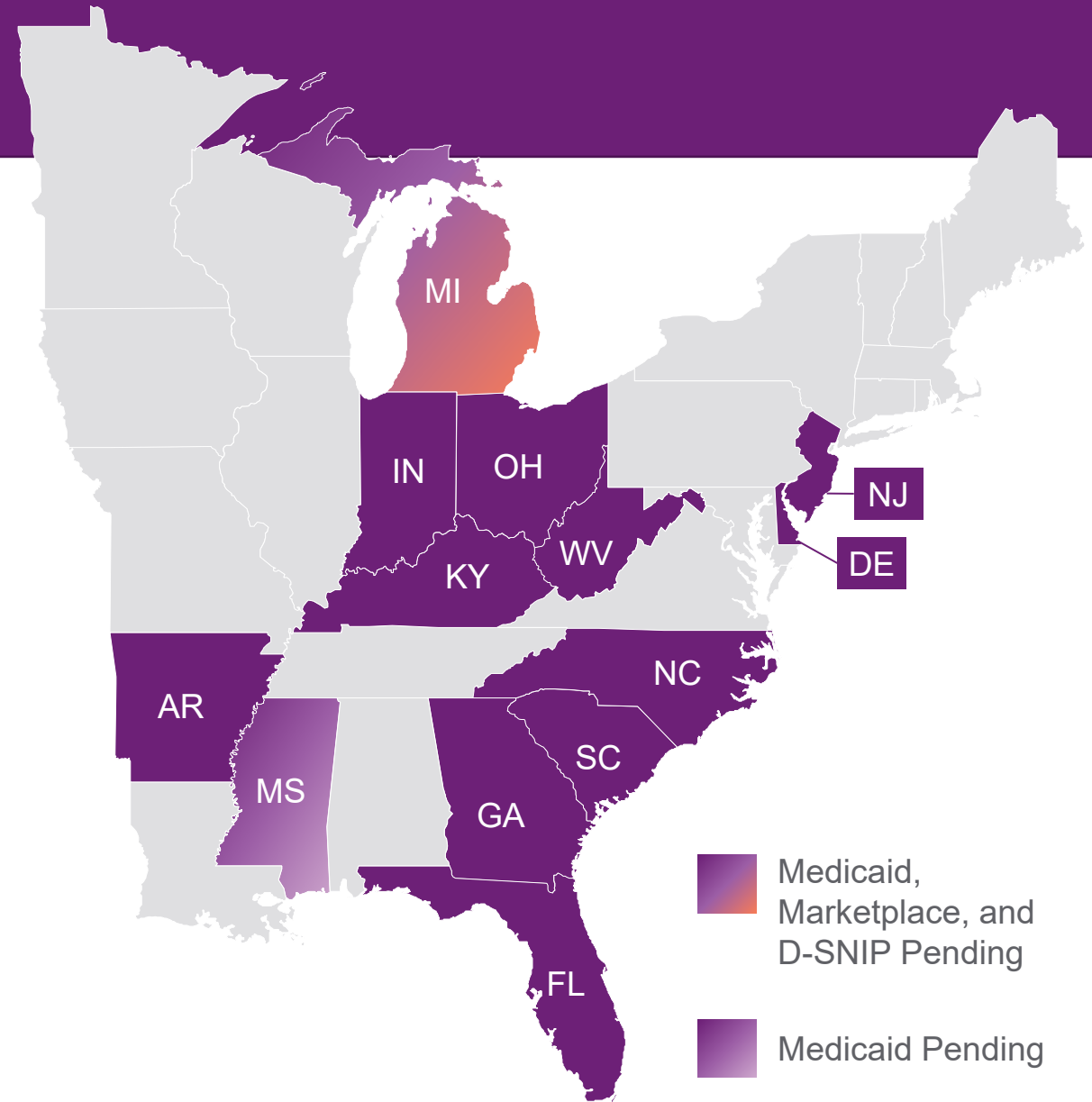
- Medicaid
- MA / D-SNP
- MMP / Integrated CareDemo
- Marketplace

South Carolina

- Care Coordination

West Virginia

- Marketplace



Deep Kansas Experience



Taira Kelley
Senior VP Growth

Taira served as the Community and Government Relations Director for Children's Mercy Hospitals and Clinics 1999-2008. Prior to CareSource, she was the VP of Growth at Aetna Medicaid.



Eric Van Allen
VP Business Development

Eric served as the CEO of Beacon Health Options Kansas for 2 years. He also held multiple roles at Kansas SRS from 2002-2007 including as the Assistant Director of Mental Health overseeing Managed Care.



Dustin Hardison
KS Director Community Partnerships

Dustin has held leadership positions in KS nonprofits, including Harvesters and Catholic Charities. Dustin also served as policy director for SRS, the KS legislature and as the Legislative Liaison for the House Minority Leader between 2005-2012.



Sandra Berg
Senior Director Behavioral Health

Sandra served as an Executive Director at UnitedHealth Group from 2018-2022. Prior to that, she was a VP of Quality Improvement and Strategic Planning at Wyandot Mental Health Center. She has held executive and clinical director positions with several firms, including Cenpatico and Marillac.



Kellie Hans Reid
Director Child Welfare

Kellie served as the Kansas Director of Medicaid and Children's Mental Health from 2020-2021. Prior to that, she was the Foster Care Coordinator at Aetna, and held multiple leadership positions at KVC Health Systems for 10 years.



Sasheen Cutchlow
Manager Community Mobilization

Sasheen was the Director of the Rockhurst University Prosperity Center prior to joining CareSource. She has also served in similar leadership roles with various nonprofits focused on issues of economic empowerment including El Centro, Catholic Charities, and KU Medical Center.





Life Services[®]: CareSource SDoH Brand



Health-related social needs are found where people live, learn, work, and socialize; they impact health outcomes

Clinical and Behavioral Health

Health Equity



- Change the narrative around mental health inequities
- Tailored approach around chronic conditions impacting complex populations
- Drive change to impact early mortality rates among marginalized groups
- Partnerships with community, state, and national organizations to advocate for change

Workforce Development



- High School Equivalency Program (HSEP) preparation and completion
- Connection to adult education
- Apprenticeships and job training
- Long-term employment opportunities

Food & Nutrition



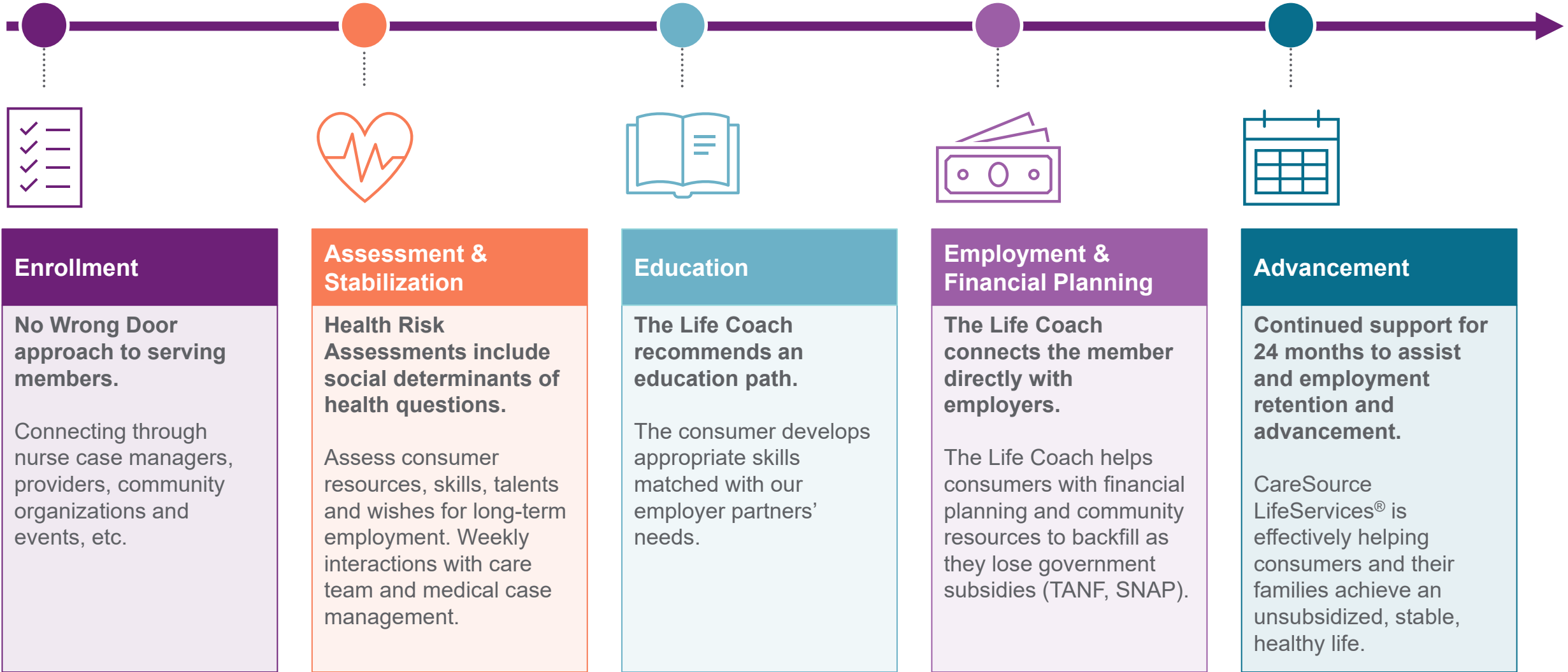
- Delivery of medically tailored meals
- Transportation to food pantries, grocery pick up and food banks
- Food as medicine to address nutrition insecurities
- Addressing inequalities around access to healthy food options

Homelessness & Housing

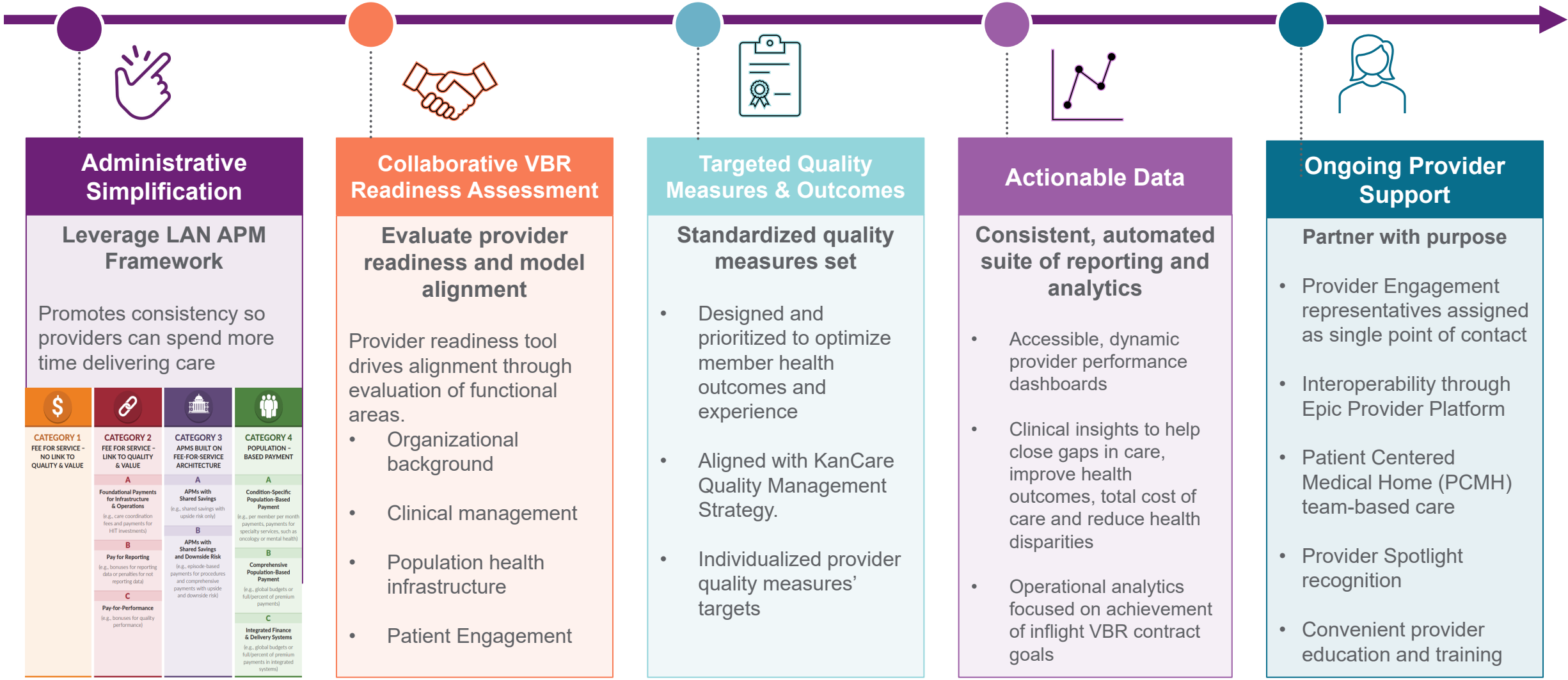


- Affordable quality housing
- Housing locator tool through HousingConnect[™]
- Connection to market-specific Housing Strategy Lead
- Partnerships with housing providers, developers and managers

Life Services: Member Journey



Value-Based Reimbursement (VBR): Provider Journey



CATEGORY 1 FEE FOR SERVICE - NO LINK TO QUALITY & VALUE	CATEGORY 2 FEE FOR SERVICE - LINK TO QUALITY & VALUE	CATEGORY 3 APMs BUILT ON FEE-FOR-SERVICE ARCHITECTURE	CATEGORY 4 POPULATION - BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)



Impactful Provider Partnerships



Accountable Care Organizations (ACOs)

>600K lives

>\$120M paid

Quality Incentive Programs

↑ access to preventative care

↓ inpatient admits/1000

Reverse VBR

Health Equity

Remove barriers to care

Improve patient safety

Increase accessibility to behavioral healthcare

Provider Infrastructure Investments

Enabling disease management

Supporting discharge planning

Quality Improvement Program administration support

Emergency Triage, Treat and Transport

Virtual ED reduces overcrowding and need for diversion

On scene treatment by EMS

Reduction in returns to ED within 48 hrs



Key Performance Indicators – Brilliance at the Basics

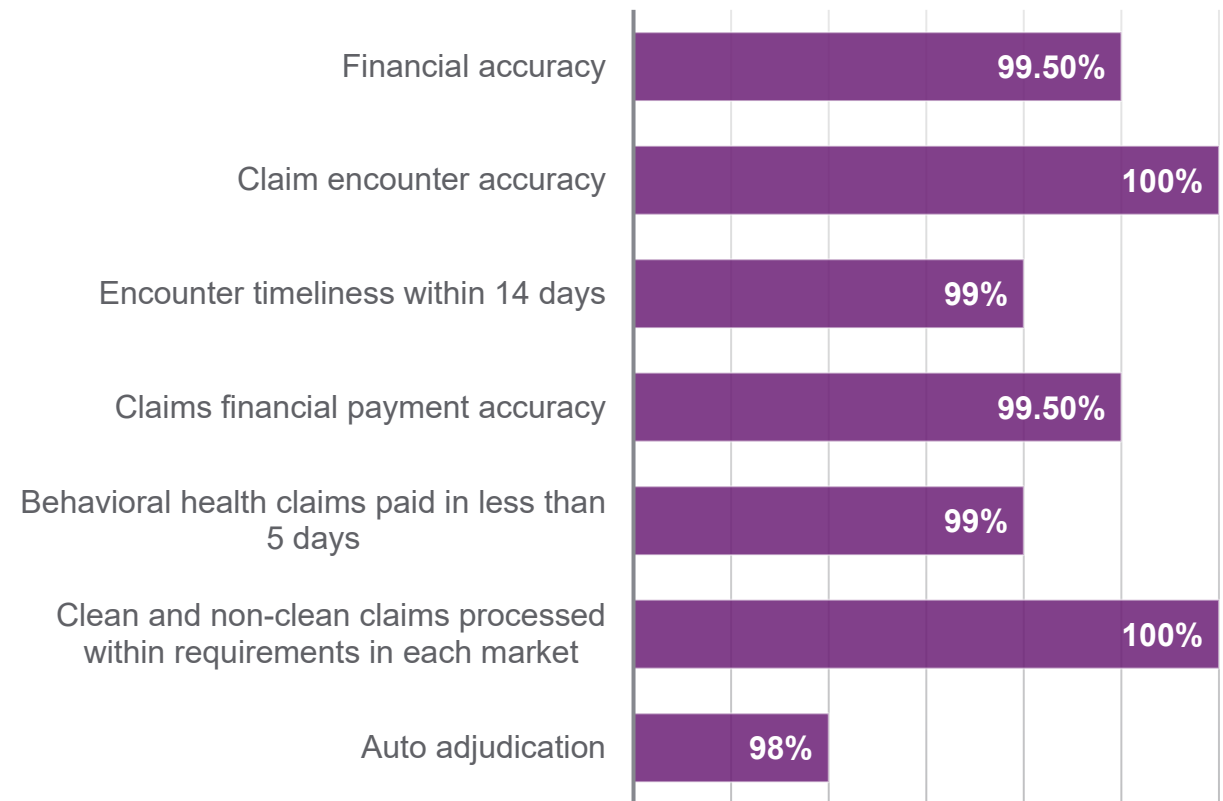
CareSource sets industry leading expectations for claims processing KPIs / admin rates and consistently exceeds their targets. We put significant weight on these metrics as they directly correlate with the member and stakeholder satisfaction.

CARESOURCE STANDARD SERVICE LEVEL AGREEMENT



Services	Measurement	Service Level
Claims Processing	Percentage of claims paid within 16 days	99%
Member/Provider Svcs	First Call Resolution—Member/Provider	97%/92%
Credentialing	Percent completed within 15 days	92%
Member/Provider Svcs	Calls answered within 30 seconds	84%
Member/Provider Svcs	Average speed to answer	21 sec
Member/Provider Svcs	Abandonment Rate	3%
Grievance Resolution	Grievances resolved within 30 days	98.2%
Appeals Resolution	Appeals resolved within 30 days	99.5%

Consistently High Performance Across All Medicaid Markets



Provider Partnerships

Building relationships with provider organizations

- Hospital associations
- Community based organizations
- Behavioral health groups, Community Mental Health Centers
- Federally Qualified Health Centers



As a not-for-profit joining forces with cross-functional provider groups, CareSource is uniquely positioned:

Direct line of sight to abrasion points; historical, current, and potential

- Working through the provider lens brings the opportunity to build creative solutions
- Credentialing simplification

Reduction in administrative burden

- Prompt & Accurate Payment
- Proactive, collaborative claim activity management program
 - Less A/R oversight, minimizing the “appeal machine”

Bidirectional data exchanges—Epic Payor Platform

Locally based concierge service; direct access to regional staff with the expertise to handle all types of issues



EPIC Payor Platform

Healthcare Providers



Health Plans



Automatic Retrieval
of Clinical Documents



Real-time Event
(ADT & Scheduling)
Notifications



Share
known conditions &
past encounters for
enhanced care



Automatic Exchange
of Care & Quality
gaps & timely closure



Electronic retrieval
of Additional Data
upon request

REDUCE COSTS

IMPROVE QUALITY



Avoid
unnecessary admissions
& ED visits



Reduce
administrative burden



Increase
preventive care



Manage
chronic diseases



Improve
medication adherence

Analytics Capabilities Driving Quality And Provider Collaboration

Operations Analytics Toolkit

Provides our teams with visibility and drilldown capabilities to better understand trends and patterns.

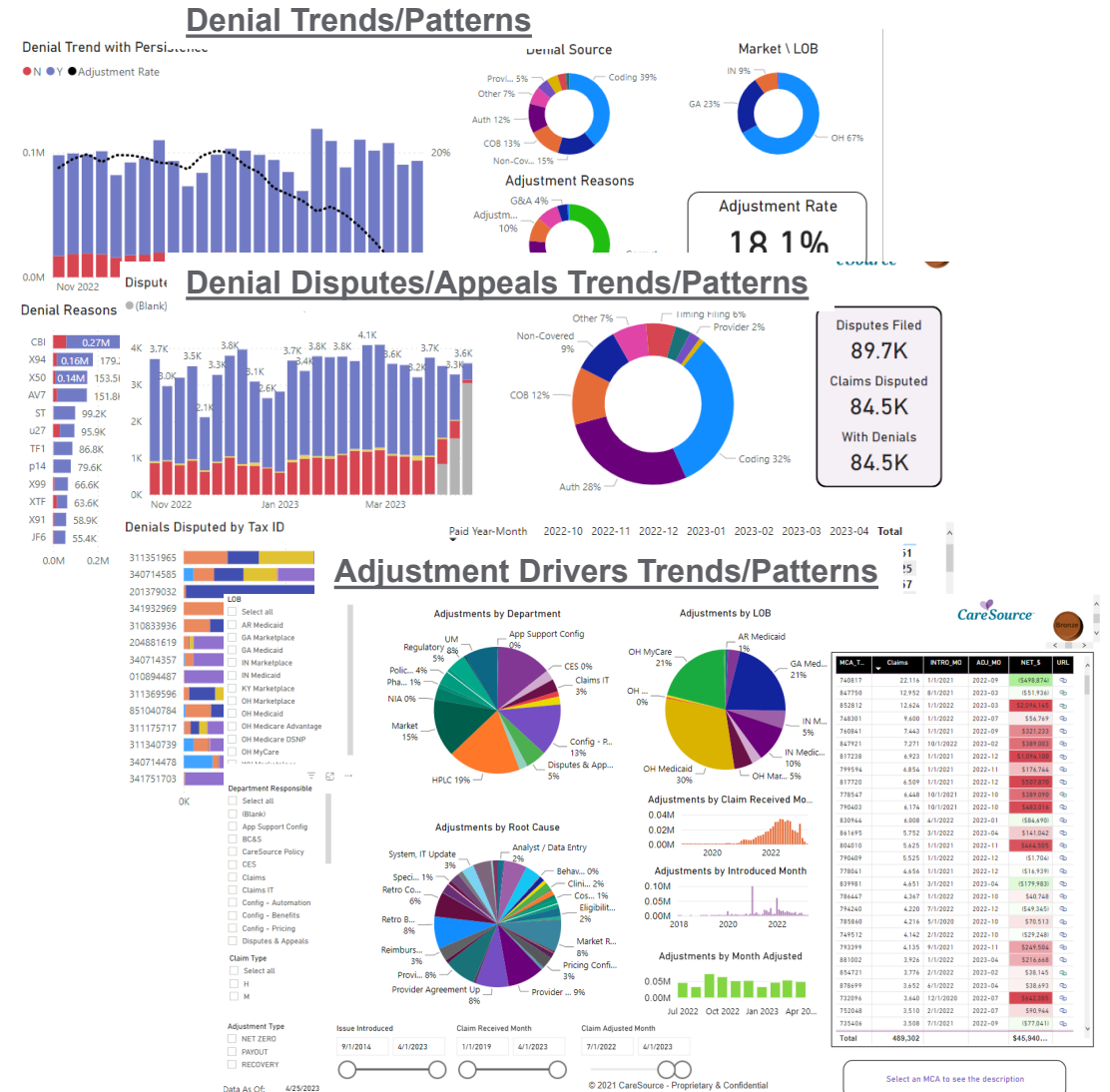
Examples:

Denial Patterns

Disputes/Appeals of Claim Denials

Trends/Patterns of the drivers of adjustments

Tools are designed to **drive action** through internal improvement efforts and collaborative efforts with providers.



Collaboration Example

Aged Accounts Receivables Joint Work Group

Problem Statement

- Health Systems desire increased collaboration to assist in reducing aged Accounts Receivable Outstanding Balances.

Why collaboration is needed

- Health System data insufficient.
- HealthPlan supplemental data would provide necessary intelligence to support work group.

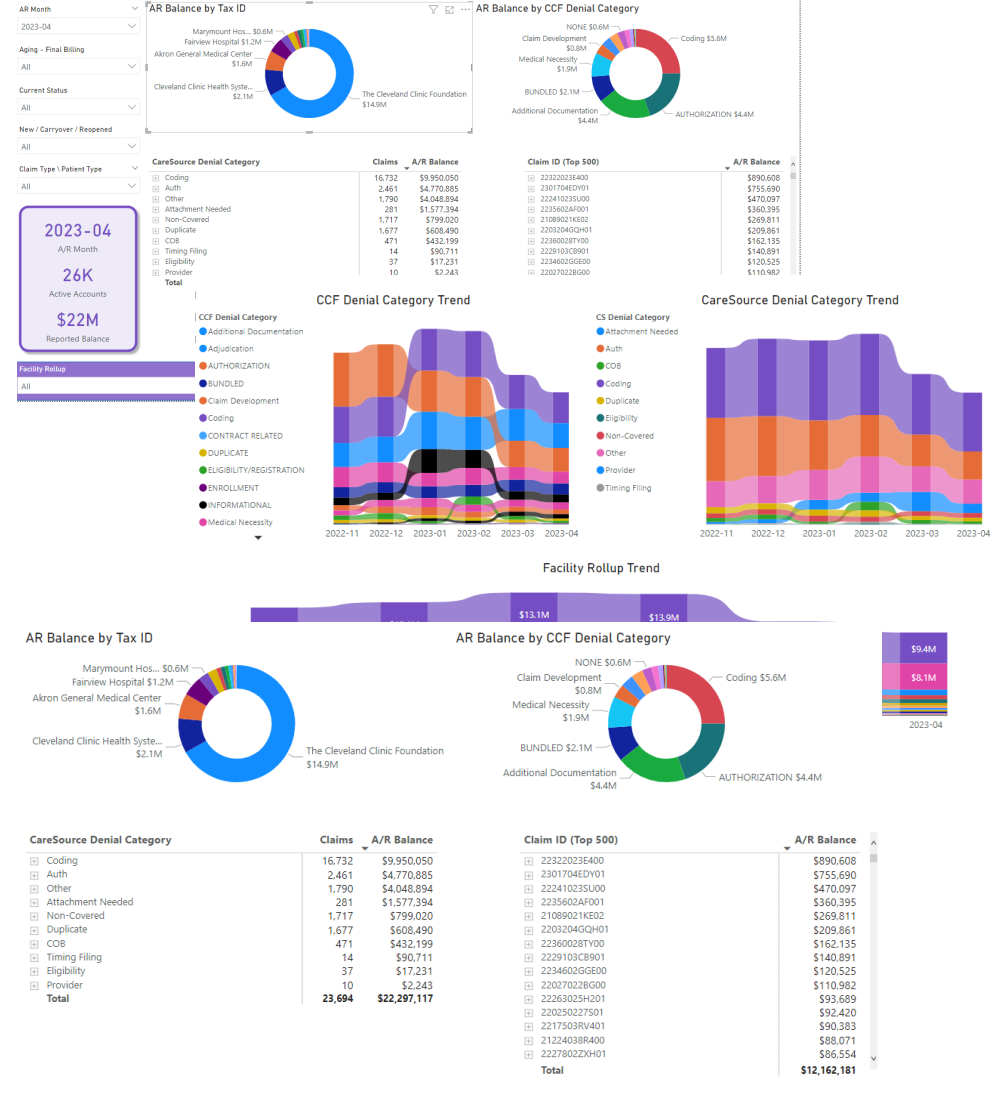
What we did

- CareSource developed a process that intakes AR, supplements data and produced Dashboard.

Outcome

- Triaging speed improved.
- Last 3 consecutive months have shown aged AR decrease.

Aged Accounts Receivable Dashboard





Join the Network



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