BEHAVIORAL HEALTH Approach
Who is CareSource?
Our MISSION

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

CARESOURCE

- A nonprofit health plan and national leader in Managed Care
- 27-year history of serving the low-income populations across multiple states and insurance products
- Currently serving over 1.5 million members in Kentucky, Ohio, Indiana, West Virginia
- Preparing to serve Indiana and Georgia Medicaid members in 2017

1.52M members
Our COMMITMENT

We will always put people over profit.

- Best-in-class administrative cost ratio delivers maximum benefits to members while being responsible stewards of government funds
- Serving members across the continuum of government programs, coordinating care as their eligibility changes
- Comprehensive, member-centric models of care to address our entire population’s health and social needs
- Help members navigate through daily life challenges and obstacles

As a non-profit, member-centric company, we are accountable to our members and the communities we serve - not shareholders.

90-92% Medical Cost Ratio

6% Administrative Costs
OUR PHILOSOPHY

behavioral health is critical to overall health
UTLlIZATION

members with behavioral health or significant mental illness use significantly more crisis and acute care

Total Utilization- ED and Inpatient

Overall - 1,089,047 mbrs  BH Overall: 226,471 members  SMI: 29,329 members
engagement in treatment means better outcomes
To ensure excellent behavioral health care, we partner with community mental health centers (CMHCs) to:

- **DESIGN BENEFITS AND SERVICES**
  to improve access and outcomes

- **SHARE & USE DATA**
  to ensure quality and compliance

- **CARE COORDINATION PROGRAMS**
  that engage and retain members

- **PREVENTION & EDUCATION**
  initiatives that reduce potential harm
BH STRATEGY

PAY FOR INNOVATIVE SERVICES
Examples include: PMPM SUD Model of Care, Comprehensive Case Rates SUD Care Management, Residential Treatment and POP Screening

MEDICATION THERAPY MANAGEMENT
Payments To Pharmacists To Coordinate Prescriptions

Improve Access and Outcomes

NO PRESCRIPTION PRIOR AUTHORIZATIONS
For “Gold-Carded” Quality Providers

BENEFIT DESIGN
No Outpatient Service Prior Authorizations OR Limits For Quality Network Providers

PROVIDER MONITORING
Investigations, Education and Action Through Our Special Investigations Unit

PHARMACY “LOCK-IN”
One Pharmacy And/Or Prescriber For Members On Multiple Rx

Improve Quality and Compliance

UTILIZATION EDITS AND ALERTS
For Pharmacists And Treatment Providers

ANALYTICS
Access And Quality Monitoring For Promotion of Prevention And Quality Care

SELF MANAGEMENT RESOURCES
Including Online Tools and Communities

CARE COORDINATION
Community- Based, Face to Face Case Management Programs

COORDINATED SERVICES CARE MANAGERS
Who Work With Providers And Members On Behalf Of Our “Lock-In” Members and Programs

FACILITY LIAISONS
Integrated Within Hospitals, EDs, MH and SUD Providers To Engage Members and Facilitate Community Care Management

SCREENING & IDENTIFICATION
Paying for and promoting MH, Health, SUD and social needs, health surveys, referrals for assessment and treatment

COMMUNITY PROGRAMS
Medication “take-back” programs, naloxone opioid rescue Rx and info

PREVENTION THROUGH INTERVENTION & EDUCATION
Multi-disciplinary coverage and approaches to pain care and pathways, including PT, OT, Wellness, CBT, Mindfulness

MEMBER & PROVIDER FEEDBACK & RX MANAGEMENT
Encourage use of pain and functional scales to better enable providers, members and families to accurately gauge progress

PAIN MANAGEMENT CARE
Medical Guidelines that include CDC guidelines, Rx monitoring program, toolkits for providers, predictive analytics, SUD Rx referral

MANAGEMENT OF OPIOATES
BEFORE INDIANA MEDICAID Go-Live

OPERATIONAL
support through on-boarding, credentialing, and contracting

QUALITY
prioritize metrics with the state & CMHCs
coordinate value based reimbursement process

understand & train on the PROGRAM benefits

Confidential & Proprietary
OPERATIONAL
calls with claims, configuration, and contracting

COMMUNICATION
coordinate between CMHCs and CareSource care managers

QUALITY
work together to plan and track outcome and process measures
How to Contact Us

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