



May 21, 2018

Senator David Burke, Chairman  
Joint Medicaid Oversight Committee  
77 South High Street, Concourse Level  
Columbus, Ohio 43215

Dear Chairman Burke,

Thank you for the opportunity to present before the Joint Medicaid Oversight Committee on May 10, 2018. Given the importance of Behavioral Health integration, CareSource respectfully submits this letter as our assurance that we are fully committed to a smooth transition of this program.

In full transparency, CareSource missed prompt pay performance standards for some provider types during Q4 2017 and Q1 2018 due to manual processes and system deficiencies. However, we have added staff and worked to resolve these operational issues. CareSource is meeting all prompt pay performance standards for the current quarter. It is important to note, the prompt pay issues from the two previous quarters have not affected Behavioral Health readiness for July 1. In fact, CareSource has always met Behavioral Health prompt pay requirements since they were established.

Behavioral Health integration is our number one priority. We have dedicated resources and subject matter experts to aid in the transition. We are confident we have the processes in place to meet the needs of our health partners, and most importantly, our members.

As you are aware, CareSource recently underwent a readiness review with the Ohio Department of Medicaid. The data below demonstrates CareSource's readiness for Behavioral Health integration on July 1.

- Behavioral Health Claims Processed: 29,380 (since January 1, 2018)
- Claim Accuracy Rate: 98.7%
- Claim Denial Rate: 13%
- Claim Re-adjudication Rate: 1.3%

As the largest Medicaid managed care organization in the state, we understand our readiness for Behavioral Health integration is crucial to the success of this program. CareSource has established the following proactive strategies:

- Monitor claims denials and volume levels; providing proactive provider outreach to address identified issues

- Review claims payment issue trends
- Establish a cross-functional Rapid Response Team that includes representatives from claims, configuration, contracting, credentialing, provider information management, provider relations, care management and behavioral health to triage and investigate provider issues, as well as host weekly provider assistance calls
- Dedicate a phone line to identify behavioral health providers with specialized provider call center staff

Inevitably, there will be issues with select providers as they adjust to a more robust billing system. Dedicated staff resources will remain in place following implementation and we are committed to:

- Continually monitor prompt payment at 15, 30 and 90 days
- Transition from a weekly check write to daily check write to ensure faster claims payment
- Pay non-contracted behavioral health providers for the transition of care period
- Remove prior authorization requirements during a transition period
- Assure payment levels remain at 56.4% of current run rates
- Pay at least 90% of behavioral health clean claims in 15 days
  - CareSource currently averages 8 days (Medicaid) and 14 days (MyCare) to pay

CareSource recognizes the transition to an integrated benefit is a change to the business operations and finances of our valued providers. We are committed to supporting our health partners in this transition in a proactive way.

CareSource is prepared for Behavioral Health implementation on July 1, 2018, and we have an unwavering commitment to the success of this program. Behavioral Health integration into managed care is a significant accomplishment that will advance Ohio's ability to manage member care. We look forward to our continued partnership with the State of Ohio and stand ready to ensure its success.

Respectfully Submitted,



Stephen L. Ringel  
President, Ohio Market  
CareSource