

An Introduction for California Medi-Cal Providers

AmeriHealth Caritas Corporate Provider Network Management



Delivering the Next
Generation
of Health Care

Overview

- California Medi-Cal snapshot.
- Who we are.
- Why Medicaid managed care?
- Why AmeriHealth Caritas?
- Medical management.
- Quality assurance
- Value-based programs.
- How to reach us.

California Medi-Cal Snapshot



California Medi-Cal snapshot

In late 2021, we anticipate that the California Department of Health Care Services (DHCS) will release a request for proposal (RFP) for their new Medi-Cal initiative, “California Advancing and Innovating Medi-Cal” (CalAIM).

We intend to respond to the RFP. It is our goal to qualify for the Two-Plan model in San Joaquin, Stanislaus, Los Angeles and Kern counties, and the Geographic Managed Care (GMC) model in Sacramento and San Diego.

If we are selected as a Medi-Cal managed care health plan, we also intend to implement a Medicare Advantage special needs plan for Medi-Cal beneficiaries who are dually eligible for Medicare and Medi-Cal.

Membership

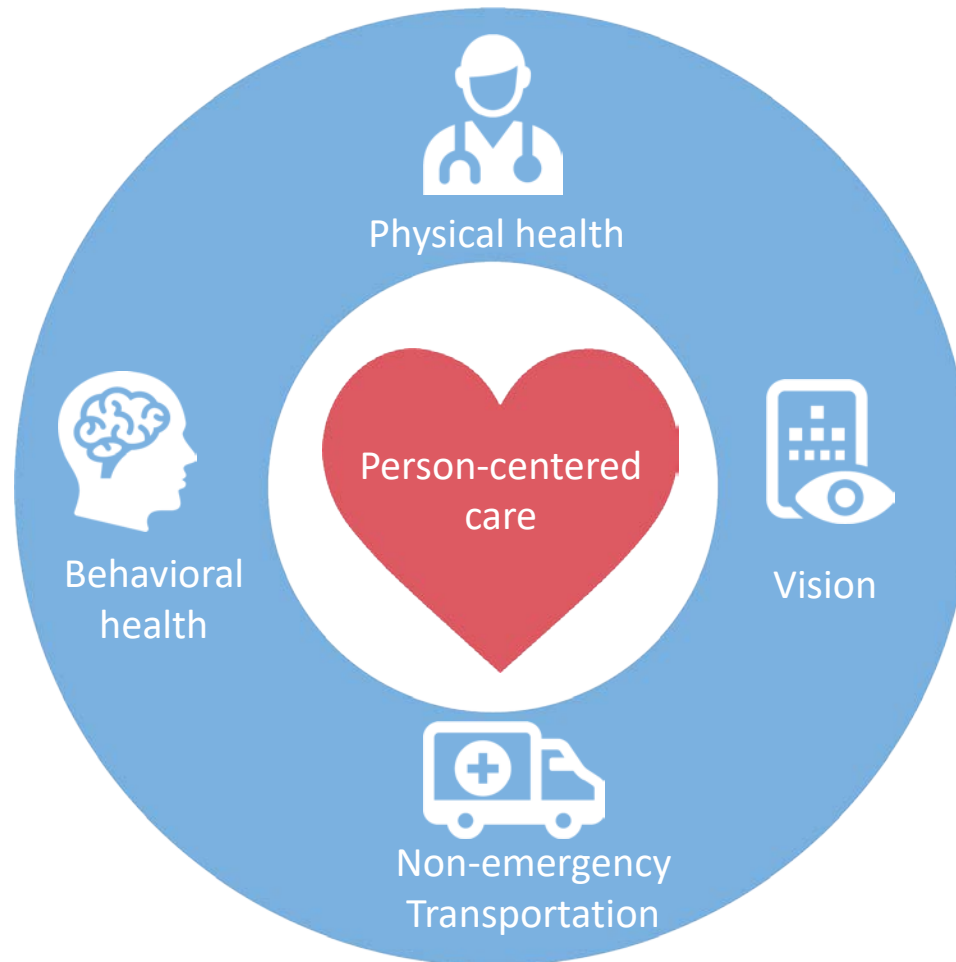
The Californians eligible for Medi-Cal in the six selected counties include the following populations¹:

- Low income individuals including families with children.
- Seniors and persons with disabilities.
- Children in foster care.
- Pregnant women.
- Low income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDs.



¹[Dhcs.ca.gov/services/medi-cal](https://dhcs.ca.gov/services/medi-cal), accessed 3/2/2021

Services Included in the new Procurement for Medi-Cal Medicaid Managed Care



AmeriHealth Caritas delivers the expertise needed for success in helping families get the care they need. By partnering with dedicated providers and working with local communities, we expect to achieve positive health outcomes for our members enrolled in Medi-Cal.

Who We Are



Corporate History

1983 to 1999

- Established as Mercy Health Plan, a voluntary Medicaid HMO owned by Mercy Health System.
- Master Services Agreement (MSA) with Horizon Blue Cross Blue Shield (Horizon New Jersey Health).
- Mercy Health System joined forces with Independence Blue Cross to form AmeriHealth Mercy Family of Companies (AMFC).
- Mercy Health Plan became Keystone Mercy Health Plan in the Philadelphia region and AmeriHealth Mercy elsewhere.
- Third-Party Administrator (TPA) Services Agreement in Kentucky with University Healthcare (Passport Health Plan).
- Pharmacy benefits management (PBM) services through PerformRxSM.
- Full-risk Medicaid operations in South Carolina (First Choice by Select Health of South Carolina).

2000 to 2012

- Full-risk Medicaid operations in Indiana with MDwise Inc. (Hoosier Alliance).
- Behavioral health services through PerformCare®.
- AmeriHealth Mercy Family of Companies recapitalized by Independence Blue Cross and Blue Cross Blue Shield of Michigan.
- Full-risk Medicaid operations in Louisiana (AmeriHealth Caritas Louisiana).
- Full-risk Medicaid operations in Nebraska (Arbor Health Plan).

2013 to 2021

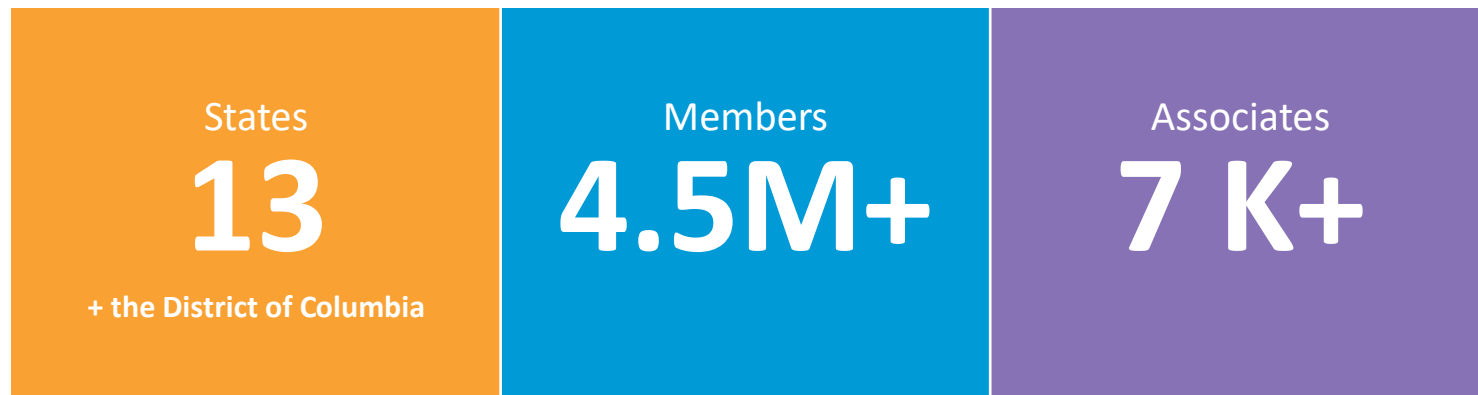
- Expansion into the Pennsylvania New East Zone (AmeriHealth Caritas Northeast) and into the New West Zone (AmeriHealth Caritas Pennsylvania).
- AmeriHealth Mercy became AmeriHealth Caritas and Keystone Mercy became Keystone First.
- Medicare D-SNP operations in Pennsylvania (Keystone First VIP Choice).
- Full-risk Medicaid operations in Florida with Florida Blue (Florida True Health).
- Full-risk operations in District of Columbia (AmeriHealth Caritas District of Columbia). Acquired D.C. Chartered Health Plan.
- Administrative Services agreement (ASA) in Michigan with Blue Cross Complete of Michigan.
- Management Services agreement (MSA) in Florida with Prestige Health Choice.
- Specialty pharmacy services through PerformSpecialty®.
- First Choice VIP Care Plus began serving dual eligible residents in South Carolina.
- AmeriHealth Caritas VIP Care Plus began serving dual eligible residents in Michigan.
- AmeriHealth Caritas Iowa selected to participate in Iowa Medicaid managed care program.
- Blue Cross Complete of Michigan expanded to 29 additional counties.
- Awarded contracts for AmeriHealth Caritas Delaware and AmeriHealth Caritas Pennsylvania Long-Term Services and Supports Community HealthChoices.
- Established “Care Crew” national employee volunteer program.
- Acquired 100% ownership interest in Florida True Health.
- Awarded contract for Keystone First Community Health Choices in Southeastern Pennsylvania.
- Awarded contracts for AmeriHealth Caritas New Hampshire and AmeriHealth Caritas North Carolina.

Leading Managed Care Organization

Owned by two leading Blue companies:
Independence (majority) and Blue Cross Blue Shield
of Michigan (BCBSM).

Our mission:

We help people get care, stay well, and build
healthy communities.



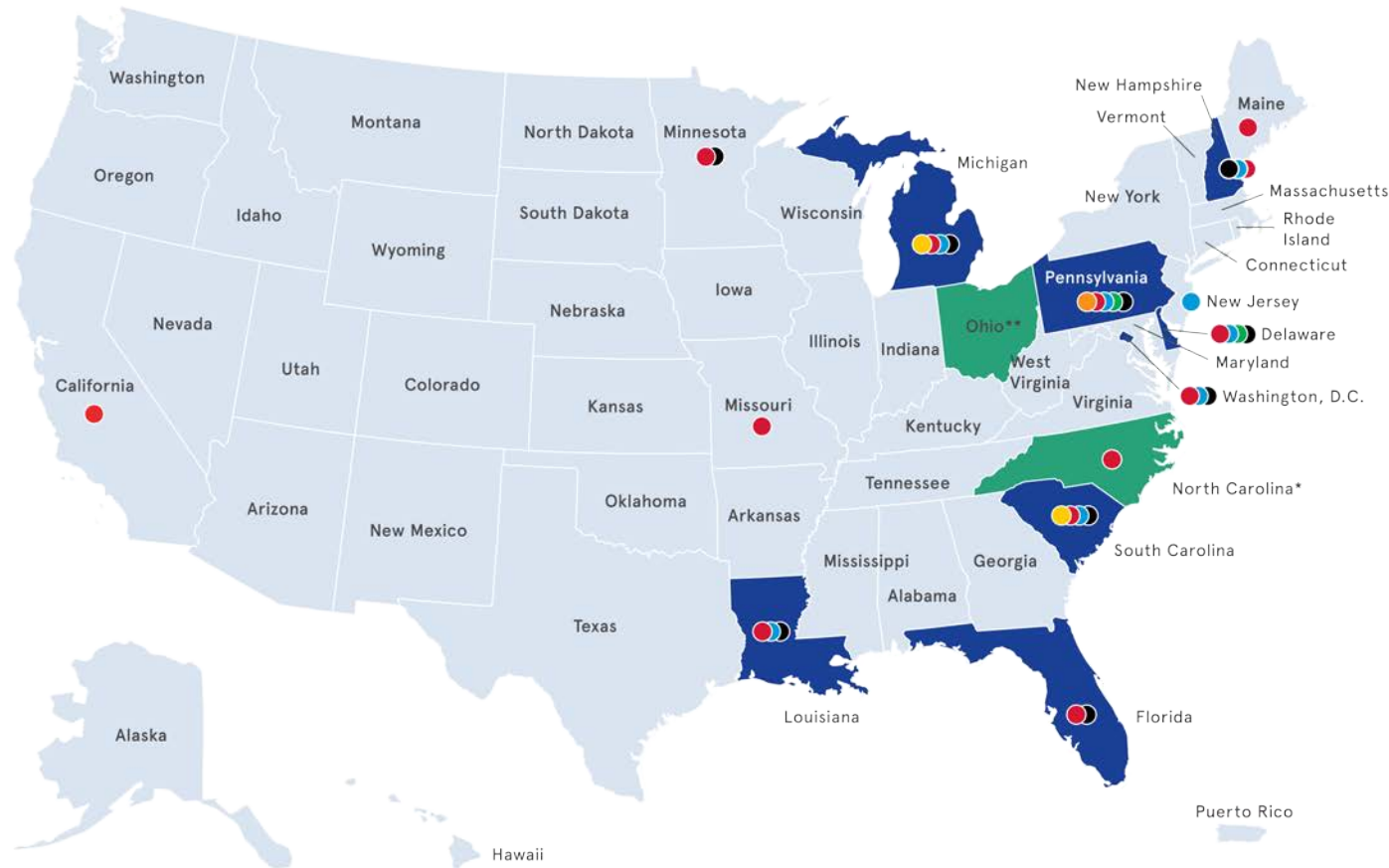
Who we are

The AmeriHealth Caritas Family of Companies is a nationally recognized Medicaid managed care organization. We offer a full spectrum of managed care services such as physical health, behavioral health, and prescription drug management. We are uniquely qualified to provide this population with the coordinated care they deserve.

We are:

- A national presence, operating Medicaid managed care plans in 13 states and the District of Columbia, and Medicare plans for dual-eligible beneficiaries in 3 states – currently touching the lives of more than 5 million members.
- A well-established company with more than 35 years of experience serving Medicaid beneficiaries and other low-income and chronically ill populations in rural and urban settings.
- A mission-driven company whose goal is to keep families and communities healthy by helping them connect to their physicians, with a focus on preventive care and health maintenance.
- An organization with diverse expertise, including Medicaid, Medicare-Medicaid plans (MMPs), Medicare Advantage dual-eligible special needs plans (D-SNPs), ABD (aged Blind & Disabled), behavioral health, pharmacy benefit management (PBM), and specialty pharmacy services.

Where We Are



Blue states Existing AmeriHealth Caritas Medicaid health plan markets **Green state** New AmeriHealth Caritas Medicaid health plan market in 2021/2022

- Dual eligible special needs plan (D-SNP) ● Medicare-Medicaid plan (MMP) ● Behavioral health managed care ● Specialty pharmacy
- Long-term services and supports (LTSS) experience ● Pharmacy benefit management

*North Carolina Department of Health and Human Services (NCDHHS) announced contract award; go-live July 1, 2021.

**Selected by Ohio Department of Medicaid (ODM) to provide Medicaid managed care services; anticipated go-live January 2022.

Managing care for our dual-eligible members



Managed LTSS (MLTSS) and dual demonstration

- AmeriHealth Caritas serves dual-eligible members in the federally sponsored financial alignment demonstrations in South Carolina and Michigan through our MMPs.
- In both of these demonstrations, all LTSS benefits are the responsibility of the MMPs operated by AmeriHealth Caritas.
- Populations include frail older adults, adults with disabilities, and developmentally and/or intellectually disabled individuals.



D-SNP

- AmeriHealth Caritas operates D-SNPs in Pennsylvania, serving over 10,000 dual-eligible members.
- Experience with our D-SNPs gives us a deep understanding of the complex, multidimensional care needs of dual-eligible members.

PERFORM_{Rx}SM

PERFORMSPECIALTYSM

- PerformRx is a URAC and NCQA accredited pharmacy benefits manager.
- PerformSpecialty is a URAC accredited specialty pharmacy that provides specialty pharmaceuticals to those most in need with an emphasis on Medicaid and Medicare populations.
- Both PerformRx and PerformSpecialty complement other services provided by the AmeriHealth Caritas Family of Companies.

Achieving coordinated care for Medicaid beneficiaries through the AmeriHealth Caritas Family of Companies

Why Medicaid Managed Care?



Why Medicaid Managed Care?

Medicaid managed care promotes a culture of wellness through interventions that coordinate care, handle chronic conditions, engage and educate patients, and offer access to high-quality care.

In successful programs, managed care organizations (MCOs) serve as active advocates for members to help them access appropriate health care at the right time and in the right settings.

Some states are implementing a range of initiatives to coordinate and integrate care beyond traditional managed care. These initiatives are focused on improving care for populations with chronic and complex conditions, aligning payment incentives with performance goals, and building in accountability for high-quality care.



“Managed Care,” Medicaid.gov, <https://www.medicaid.gov/medicaid/managed-care/index.html>.

Why Medicaid managed care?

A full-risk Medicaid managed care model can be effective in managing special populations, including those with behavioral health issues, intellectual and developmental disabilities, and long-term care needs. MCOs can offer improved:



Access



Coordination



Quality

Why AmeriHealth Caritas?



Our capabilities

In 2020, AmeriHealth Caritas' corporate systems and centers:

Handled over 2.3 million member and provider calls annually in our 24/7 call centers.

Facilitated an average of 1.6 million inquiries monthly through our robust web-based provider portal.

Received more than 97% of provider claims electronically with an automatic adjudication rate of 88%.

Processed an average of 41.5 million claims annually.

Our personalized care

With over 35 years of experience serving Medicaid populations, AmeriHealth Caritas understands that our members face socioeconomic and health factors that play an important role in access to quality health care and the type of programs required to improve health status. Our innovative approach to serving members identifies and focuses on the unique needs of each individual — from their physical health to the broader range of behavioral, social support, and long-term services, and other needs that impact the member's current and future health.

Social issues

- Poverty.
- Language barriers.
- Education.
- Homelessness.
- Transportation.
- Food access.
- Personal safety.

**MEMBERS
WE SERVE**

Health issues

- Health literacy.
- Comorbidities.
- Behavioral health.
- Substance use.
- Polypharmacy.
- Drug adherence.

How we can support you

Our goal is to support providers with the tools and technology necessary to streamline administrative processes so that providers have more time to provide member care. We pride ourselves in maintaining the flexibility to customize our systems to accommodate the unique requirements of every market with:

- Electronic solutions.
- Dedicated local staff.
- Involvement through provider committees.
- Population Health programs.
- PerformPlus[®] value-based programs.

“The (AmeriHealth Caritas Community HealthChoices) Network Management Team is extremely efficient and customer-focused. Questions by providers and billers are answered completely and timely. Claims management and administrative issues are solved quickly and graciously without exception.”

Mary Wetherall, R.N., MSN, H.N.-B.C., Chief Executive Officer, NEPA Community Health Care

Dedicated Local Staff

When you join AmeriHealth Caritas, a local and knowledgeable Provider Network Management Account Executive who is well-versed in both physical and behavioral health care will be assigned to your area.

Your dedicated Account Executive will routinely meet with you in person to review plan updates, review education needs, and provide assistance with any questions you may have.



Electronic Solutions to ease administration

AmeriHealth Caritas partners with Change Healthcare, the largest electronic data interchange clearinghouse in the country.

Our e-Solutions can help you optimize productivity through:

- Claim status inquiry.
- Efficient claims submission.
- Accurate, timely, and secure reimbursement.
- Early detection of claim errors.
- Faster claim and billing reconciliation.
- Reduced paper workload for your organization.
- Lower administrative, postage, and handling costs.

Electronic Solutions to support patient care management

Our secure provider portal offers web-based solutions that allow providers and health plans to share critical administrative, financial, and clinical data in one place. This tool can help you manage patient care with quick access to:

Member eligibility and benefits information.

Panel roster reports.

Care gap reports to identify needed services.

Member clinical summaries.

Admission and discharge reports.

Medical and pharmacy claims data.

Electronic submission of prior authorization requests.

The screenshot displays the 'Eligibility and Benefits for JOHN WALKER' page. At the top, it shows the patient's name and birth date (Male born on 10/10/2004). A green bar indicates the member is 'Active from 01/06/2015 to 12/31/2199'. A 'Patient Details' pop-up window shows the patient's address (464 DREAM STREET, DREAMLAND, NJ 08020), first and last names (JOHN WALKER), member ID (000020-0036), group (DREAMLAND TOWNSHIP 80E POS COBRA), and subscriber (CHRIS WALKER (Parent/Guardian)). A 'Print' button is visible. Below the active status, a list of benefits is shown, with 'Professional (Physician) Visit - Office' selected. To the right, a detailed view for this benefit shows: Co-Pay: \$0 (Authorization: Not Required); Co-Insurance: 0% (Authorization: Not Required); Deductible: \$0 per Calendar Year Individual (Authorization: Not Required); and \$0 Remaining Individual (Authorization: Not Required). The benefit begin date is 01/01/2015.

Image is for illustrative purposes and does not contain actual patient or provider data.

AmeriHealth Caritas is dedicated to supporting our participating providers and making the information they need available at their fingertips. We keep you informed through numerous communication methods:

- Online Provider Manual.
- Timely notifications of Plan updates.
- Network News (e-mail).
- *Connections* newsletter.
- Dedicated Provider website section.
- Provider education.
- Regular visits from a dedicated, local Account Executive.

Searchable online tools:

- Online provider directory.
- Drug formularies.

Excellent provider communication and service are organization-wide priorities.

Provider committees

We welcome direction and feedback from our providers through membership in our provider committees.

- Quality Assessment Performance Improvement (QAPI) Committee.
- Quality of Clinical Care Committee.
- Credentialing Committee.
- Pharmacy and Therapeutics Committee.
- Provider Advisory Councils.

Medical Management



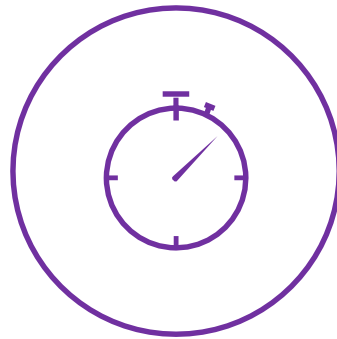
Coordinating care through ongoing collaboration

AmeriHealth Caritas is in the community, offering individualized support and coordinating the full spectrum of care services and resources that address our members' unique needs.



Community Care Management Team

A multidisciplinary care team that works in the community, meeting our members in the neighborhoods where they live and coordinating with the primary care provider (PCP) practice.



Rapid Response and Outreach Team

Staff who help members access providers, set up appointments, adhere to medication regimens, arrange transportation, and connect to community resources.



Community Health Navigators

Special group of community health workers who locate difficult-to-engage members to reconnect them with care management and provide hands-on coordination, and arrange community wellness events.



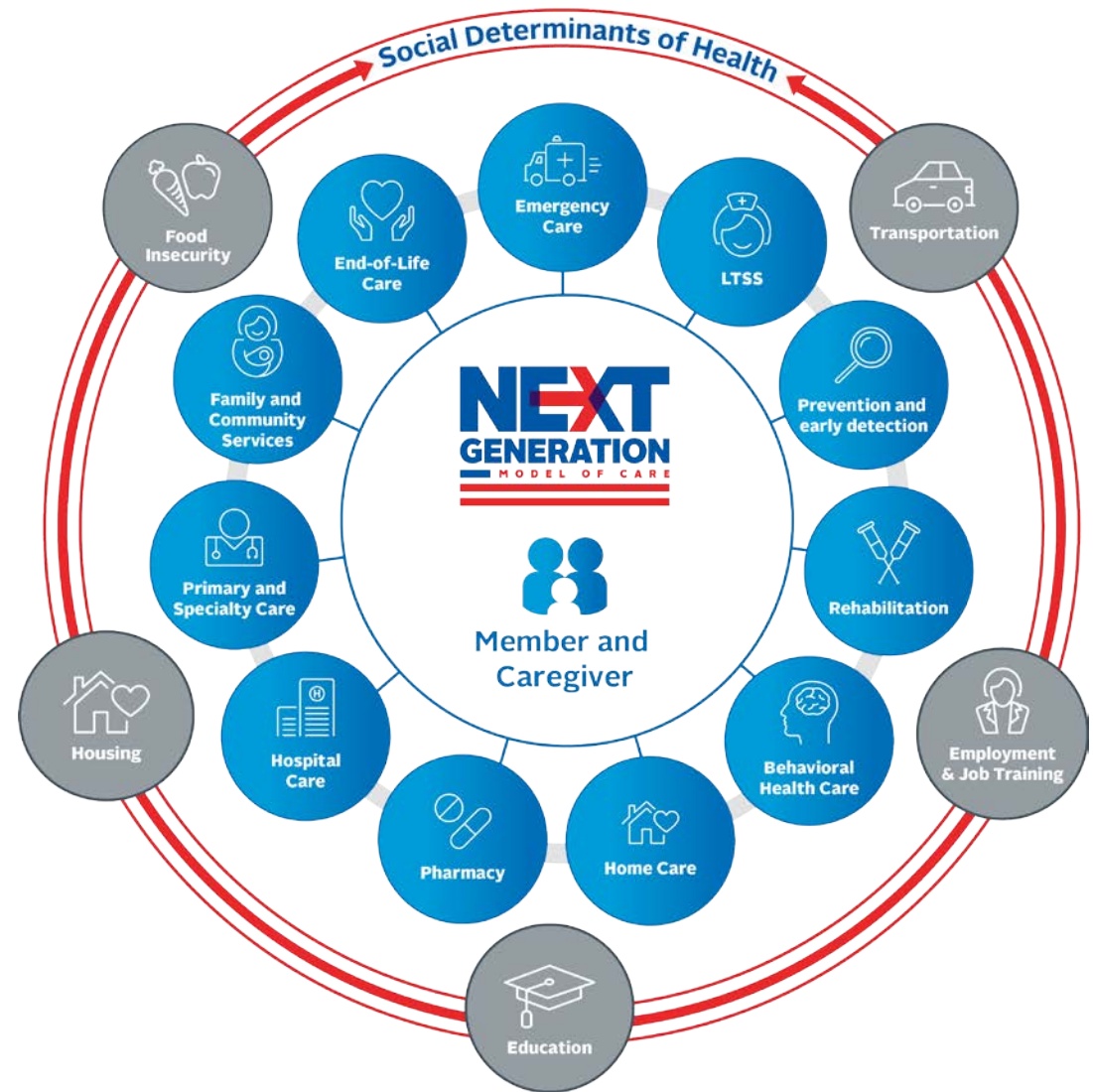
Embedded Care Managers

Nurse and social worker Care Managers embedded into the practice site of key providers to collaboratively manage the care of members.

Creating a framework for an integrative approach to care

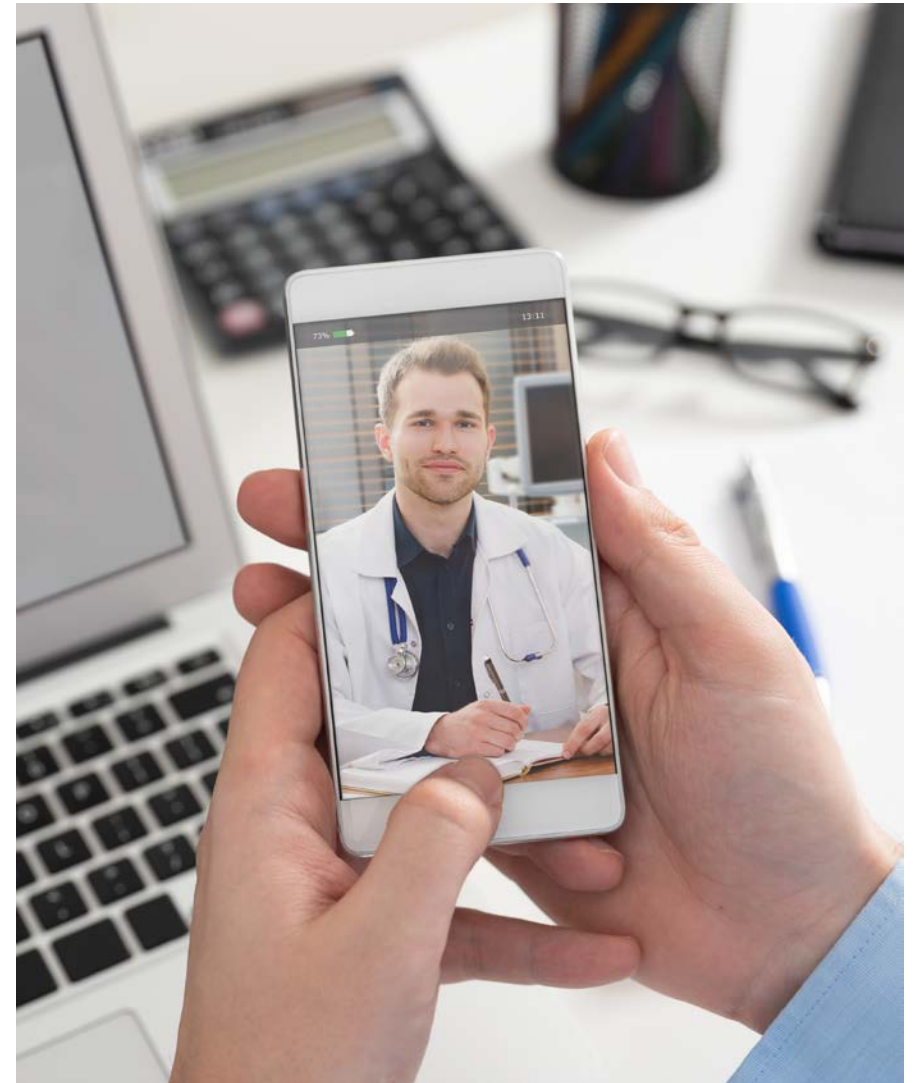
Our multifaceted approach addresses the needs of our members, connecting them with the health care and services they need to get well and stay well. Our approach includes:

- Engaging, educating, and empowering members to actively participate in improving their health outcomes.
- Providing members with the information they need when they need it through our use of technology and member portals.
- Involving members, parents or guardians, care team members, providers, behavioral care providers, social services, and community group representatives in the care planning and management process.
- Using community-based services to avoid or delay institutional care, supporting members who desire to remain in a home- and community-based setting.
- Incentivizing and rewarding healthy member behaviors.



Telemedicine

To expand access to care, AmeriHealth Caritas members have access to telemedicine and telehealth services. Virtual visits allow members to see a physician or qualified health care provider in a distant location without going to that location.



Removing barriers

AmeriHealth Caritas trains care managers and uses our network of diverse partnerships to tackle the many health-harming, psychosocial determinants our members face, including:



Lack of transportation

We offer transportation to and from doctor appointments for members.



Insufficient housing

Our associates can help members locate affordable housing and obtain air conditioning or heat.



Emergency food or clothing

Our care managers and call center associates can help members find **sources** in their area.



Peer supports

We offer peer-support programs to motivate members to practice preventive health and change unhealthy behaviors.



Employment

Our Pathways to Work program helps members earn their GED® and readies them for career opportunities.

Implementing innovative programs



Pathways to Work:

- A job readiness initiative:
 - 12-week program designed to provide foundational job readiness skills to increase economic opportunity for our members.
 - Integrates basic computer and customer service skills training in a classroom environment in tandem with an on-the-job internship at our local health plan.
 - Provides participants with overall job readiness, relevant career certifications and skills necessary for entry-level positions in a broad range of industries and companies.



Housing Acquisition and Resource Team (HART):

- Primary focus is to assess those members who are homeless and develop a plan of care to secure appropriate housing given each member's unique situation:
 - Focuses on the member's psychosocial and medical needs; existing service providers and activities.
 - Looks at the assessment and care plan creation process by enrolling the member into the coordinated entry system.



Community Wellness Centers:

- Serve as a resource hub in the community and provide space for face-to-face care coordination and support, including new member orientations, community meetings, wellness screenings, care management, doctor appointment scheduling, health education, and coordinated social services.
 - Centers' goal is to increase engagement of our communities and our participants in improving health outcomes.
 - Group space for the community partners to offer services that address social determinants of health, such as literacy and education.

Implementing member-centric programs



Bright Start®:

- Prenatal maternity program that provides support for members who are pregnant:
 - Educational materials and promotion of the use of 17P.
 - Outreach calls and events, including community baby showers.
 - Moms2B (federal lifeline phones and care management support).



4 Your Kids Care:

- Focused education for mothers of young children:
 - How to care for a sick child.
 - When to call the PCP.
 - Importance of regular PCP visits.
 - Group setting fosters sharing and empowerment.



Healthy Hoops®:

- Innovative childhood asthma and obesity management program.
- Recognized by the NCQA.
- Has demonstrated decreases in inpatient and emergency room utilization, an increase in the use of prevention inhalers, and a decrease in the use of rescue medications.

Quality Assurance



Quality Assurance

The AmeriHealth Caritas Quality Assessment Performance Improvement (QAPI) program provides a framework for evaluating the delivery of health care and services provided to members.

Develops:

- Goals and strategies considering applicable state and federal laws and regulations and other regulatory requirements, National Committee for Quality Assurance (NCQA) accreditation standards, evidence-based guidelines established by medical specialty boards and societies, public health goals, and national medical criteria.
- Preventive health and clinical guidelines using criteria established by nationally recognized professional organizations and input from AmeriHealth Caritas clinical experts.
- Uses performance measures such as Healthcare Effectiveness Data and Information Set (HEDIS[®]), Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]), consumer and provider surveys, and available results of the External Quality Review Organization (EQRO), as part of its QAPI program.

Attaining excellence – NCQA and URAC



NCQA Health Plan Accreditation

- AmeriHealth Caritas Pennsylvania (since 2001).
- AmeriHealth Caritas Northeast (since 2016).
- Keystone First (since 2001).
- Select Health of South Carolina (since 2010 — previous URAC certification).
- AmeriHealth District of Columbia (since 2014).
- AmeriHealth Caritas Louisiana (since 2015).
- Blue Cross Complete of Michigan (since 2015).
- Prestige Health Choice (since 2018).

NCQA Multicultural Health Care Distinction

- AmeriHealth Caritas Pennsylvania (since 2010).
- Keystone First (since 2010).
- First Choice by Select Health of South Carolina (since 2010).
- AmeriHealth Caritas District of Columbia (since 2019).
- Blue Cross Complete of Michigan (since 2015).
- AmeriHealth Caritas Northeast (since 2017).
- AmeriHealth Caritas Louisiana (since 2017).

URAC Pharmacy Benefit Management, Drug Therapy Management, and Specialty Pharmacy Accreditations

- PerformRx.
- PerformSpecialty.

NCQA Managed Behavioral Healthcare Organization Accreditation

PerformCare.

NCQA Utilization Management Accreditation

PerformRx.

AmeriHealth Caritas health plans were three of the first seven plans to receive NCQA's Multicultural Health Care Distinction.

Value Based Programs



AmeriHealth Caritas Provider Partnership Strategy

Goal

Build effective partnerships, with health care providers to help individuals access care, stay well, and build healthy communities.

Innovative provider partnership and payment models

Practice support and resources

Specialized programs to improve health outcomes

Local Joint Operating Committees

Key components of a successful strategy.

Tailored value-based reimbursement programs

Market-specific practice transformation support

Timely and actionable data at point of care

Multi-stakeholder engagement

Transitioning to a value-based system



Perform Plus®

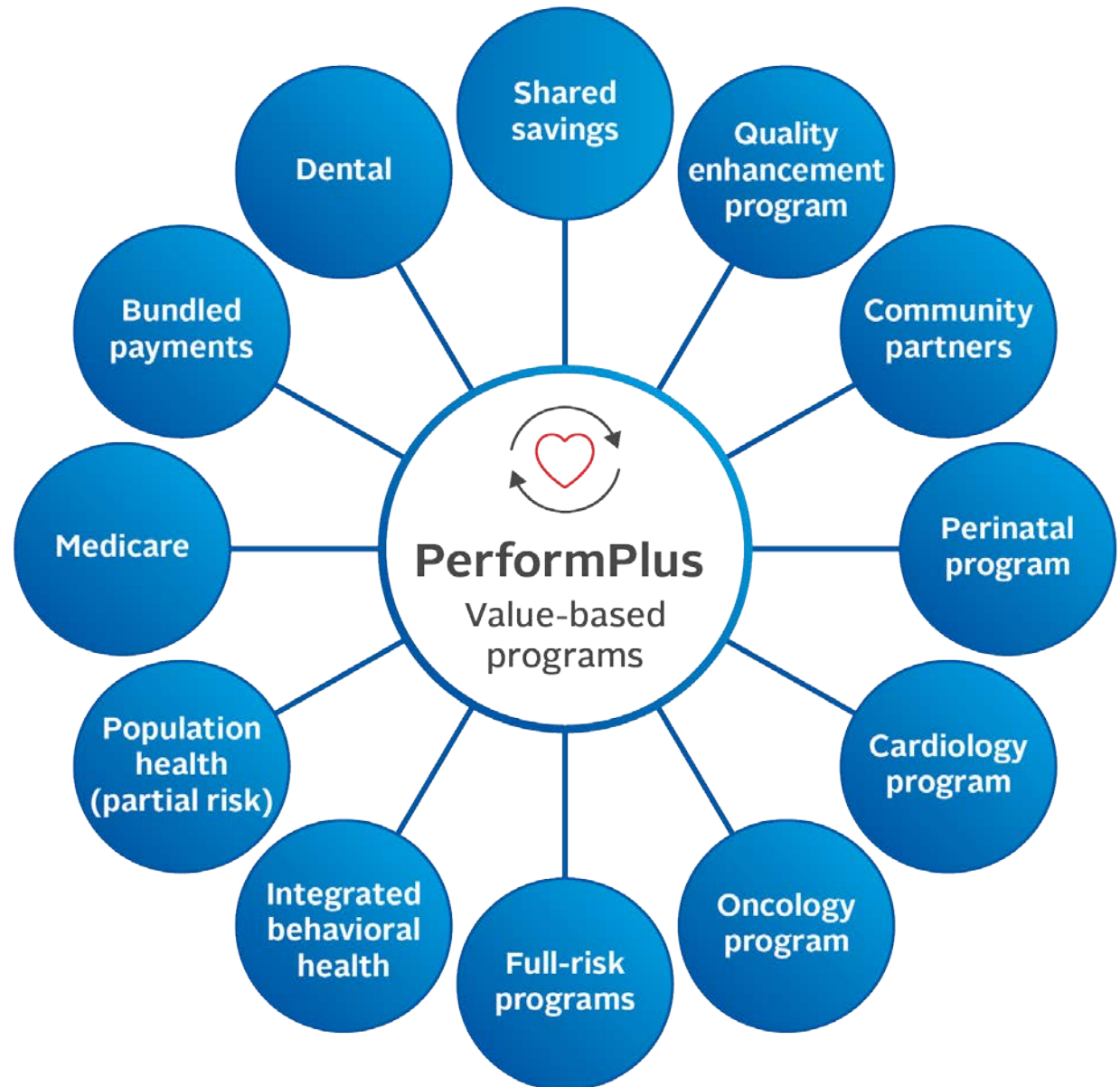
PerformPlus® is a suite of value-based incentive programs available to primary care providers, physical and behavioral health specialists, hospitals, and integrated delivery systems aimed at improving quality, costs, and patient satisfaction. PerformPlus reporting delivers on AmeriHealth Caritas' strategic goal to increase access to and use of actionable data with interactive web-based dashboards, available 24 hours a day, seven days a week, through a secure portal.



PerformPlus® Portfolio of Programs

AmeriHealth Caritas Perform Plus® value-based portfolio is designed to advance our company's vision for quality.

Our suite of value-based programs offers a wide array of value-based programs focused on partnering with health care providers for quality improvement.



Achieving Growth in our Value-Based Programs

MEMBERS attributed to/cared for by all providers across all health plans in the AmeriHealth Caritas Family of Companies:

2,057,989*

ACTIVE members that are attributed to/treated by providers in Value Based programs:

1,798,974*

PERCENT ACTIVE members that are attributed to/treated by providers in Value Based programs:

87.41%*



*As of Feb 2021

Tailoring programs to align with state and practice needs

Our adaptable, customized solutions are easily transferrable between markets and maintain the ability to augment our value-based programs for state-specific initiatives.



Increasing access to data and reports

1,163* Unique provider groups with web based access to value based performance metrics and reports

87.4%* Deployed essential data and reports for over 87% of membership for quality and cost tracking and transparency

“

The Community Partners Program provides us with current, user-friendly data that is easy to access and download. While the program offers a complete incentive, it also provides the tools to do focused patient care management.”

MARCELLA LINGHAM, ED. D.
EXECUTIVE DIRECTOR,
QUALITY COMMUNITY HEALTH CARE
PHILADELPHIA, PENNSYLVANIA

”

*As of Feb 2021

How to reach us



Call us toll-free at 1-833-804-1183.

Email us at: ProviderRecruitmentCA@amerihealthcaritas.com

Visit us at <http://becomeaprovider.amerihealthcaritas.com>.

Questions?

