



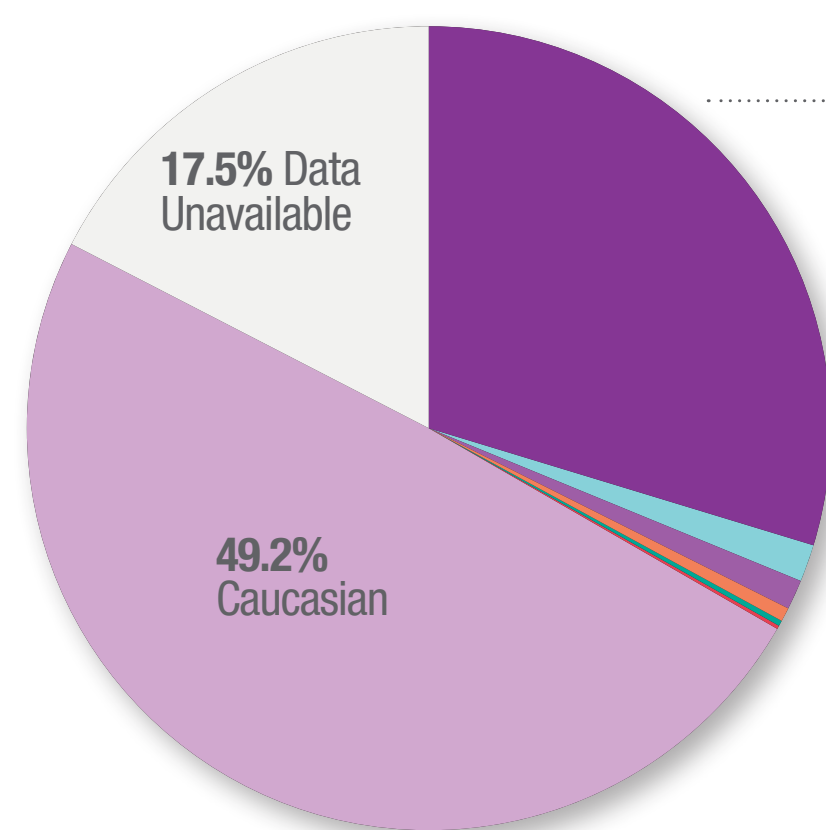
CareSource is a non-profit, multi-state health plan specializing in government programs, including Medicaid, Marketplace and Medicare Advantage Plans. We serve over two million lives in six states, including Indiana, Kentucky, West Virginia, Ohio, Georgia and Arkansas.

The CareSource Health Equity Plan

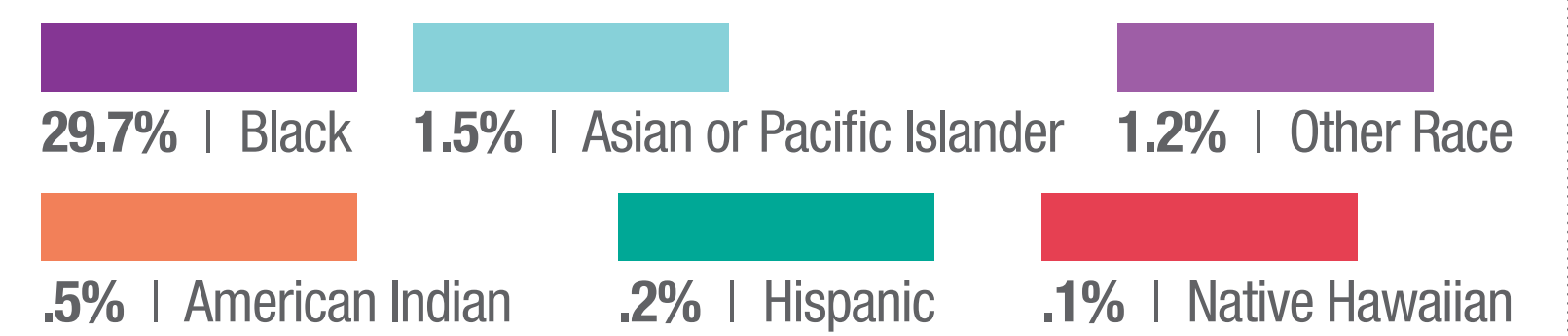
Includes: Clearly-outlined objectives, initiatives and key performance indicators to ameliorate health disparities in our members. This project will focus on the health equity plan for the Indiana market; however, it will be reproducible and scalable to other markets.

MEMBER DEMOGRAPHICS

216,658 members are served by CareSource Indiana.

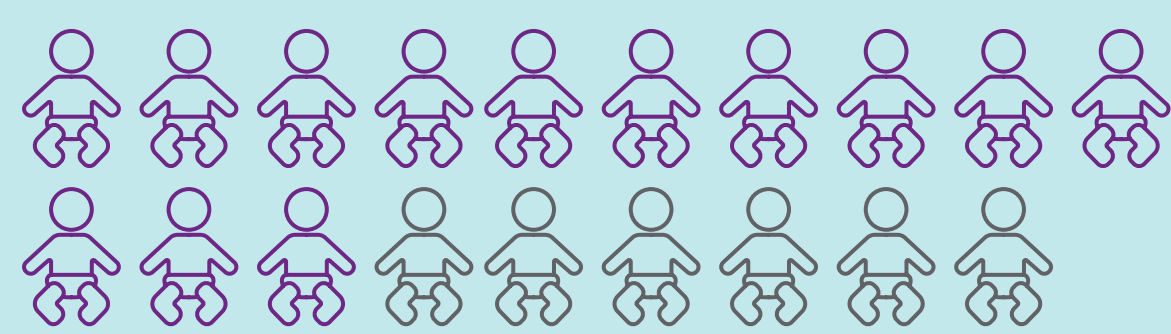


NON-CAUCASIAN GROUPS



THE OPPORTUNITY

Minority groups collectively comprise 35% of the overall USA population, but constitute the majority (56%) of Medicaid beneficiaries¹. Medicaid health plans are uniquely positioned to influence state rules and regulations, collect and analyze Medicaid data, develop programming, implement innovative payment solutions and educate the community.

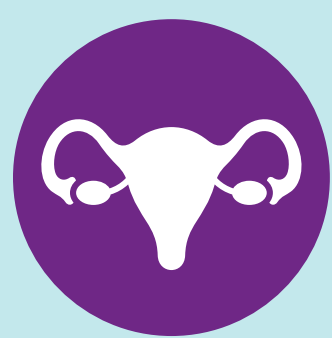


Indiana Black infant mortality rate is **over twice** that of white infants (13 vs. 6 deaths/1,000 live births)²

42% of Blacks have Hypertension

compared to **28.7%** of Whites³

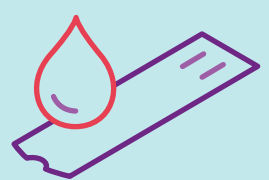
COMPARED TO WHITE WOMEN, **Hispanic women are:**



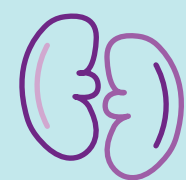
40% more likely to have cervical cancer.

20% more likely to die from cervical cancer⁴

Compared to Whites, Asian Americans are:

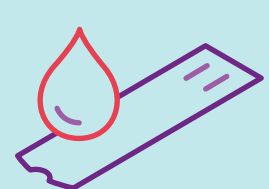


40% more likely to be diagnosed with **diabetes**



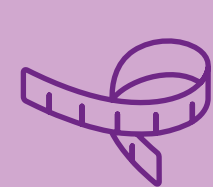
80% more likely to be diagnosed with **end stage renal disease**⁵

COMPARED TO WHITES, American Indian and Alaska Native adults are:



3x more likely to have diabetes and **2.5x more likely** to die from it⁶

COMPARED TO WHITES, Native Hawaiians and Pacific Islanders are:



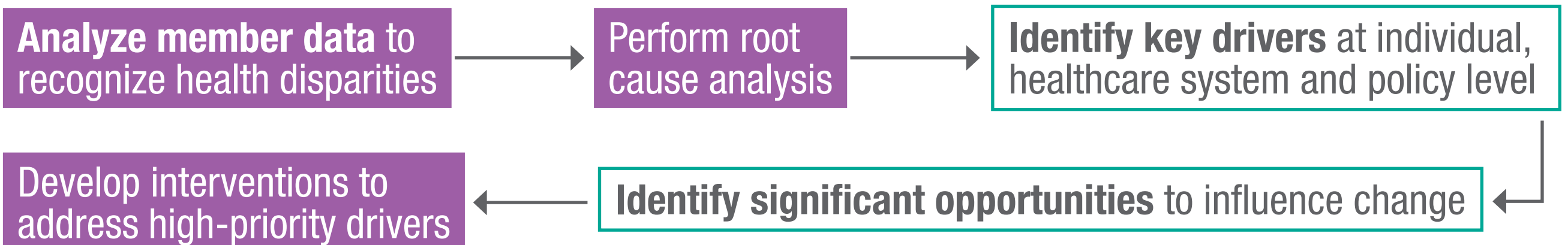
80% more likely to be **obese**⁷

GOAL

Create a comprehensive, **cross-functional, data-driven health equity plan with member-centric interventions** to mitigate identified racial, ethnic, religious, geographic, socioeconomic or sexual **health disparities**.

OBJECTIVES

- Increase the collection, stratification and use of race, ethnicity, and language preference data
- Identify the health disparities in the market via available data sources
- Develop data-driven member interventions focused on mitigating health disparities
- Develop and implement two learning opportunities for health care providers to foster cultural competency
- Develop at least two new strategic partnerships with CBOs that represent populations affected by health



PERFORMANCE MONITORING

Track Key Performance Indicators (shown below) including operational metrics related to the intervention and targeted metrics, including HEDIS³ measure performance, related to the health disparities stratified by race and ethnicity.



% of members records with **race and ethnicity** data preference completed



of new market initiatives in which **health equity, diversity and inclusion** data or priorities are used to drive strategic decisions



% of member records with **sexual orientation, gender identity and disability status** data completed



of new relationships with advocacy or affinity CBOs related to **race, ethnicity, disability, sexual orientation or religion**

¹ Medicaid Beneficiaries' Share of USA Population (themengroup.com). ² 2018 Infant Mortality Fact Sheet Indiana Department of Health). ³ National Center for Health Statistics, "Health, United States 2018" (Hyattsville, MD: 2018), <https://www.cdc.gov/nchs/data/health/us18.pdf#Highlights> ⁴ U.S. Department of Health and Human Services Office of Minority Health, "Cancer and Hispanic Americans," <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>. ⁵ U.S. Department of Health and Human Services Office of Minority Health, "Diabetes and Asian Americans," <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=48>. ⁶ U.S. Department of Health and Human Services Office of Minority Health, "Diabetes and American Indians/Alaska Natives," <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=33>. ⁷ U.S. Department of Health and Human Services Office of Minority Health, "Obesity and Native Hawaiians/Pacific Islanders," <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=85>