



Cathy Meade
Director, Decision Support
and Informatics

CareSource holds down costs, helps patients with SAS®

Industry

Health Insurance

Business Issue

CareSource wanted to reduce costs and improve care by quickly identifying customers in need of case management and helping physicians provide preventive care.

Solution

SAS® Analytics let CareSource gather, analyze and report data in one solution.

Benefits

With SAS, CareSource streamlines the integration, analysis and reporting needed to create an effective patient management system. The system saves money and helps patients stay healthier.

CareSource is a major not-for-profit, Medicaid-managed healthcare plan. By consolidating all its data, and analyzing and reporting it with SAS, the Ohio-based company is identifying high-need patients quickly to improve the care they receive while holding down costs. CareSource does this while spending less than 6 percent of its overall budget on administration.

As CareSource has grown to include more than 700,000 Medicaid recipients, executives realized they were getting multiple versions of the truth. Analytic groups were spread throughout the company, each creating their own set of reports. “If you asked a question of four different people, you probably got six different answers,” said Bob Gladden, CareSource Vice President of Information Management and Analysis.

Gladden wanted an analytic framework that could handle the data, analysis and reporting – rather than a patchwork of solutions that would need to be linked together. He has used numerous solutions in previous positions, including SAS. “I was most successful with SAS. And since SAS can do everything we need, it keeps our administrative costs low,” Gladden said.

Managing Medicaid care is different than private insurance customers. First, their eligibility must be checked frequently. They are less likely to have a medical “home” (one physician they see regularly) – and are more likely to use the emergency room for routine care. If they’ve been uninsured for a time before becoming eligible for Medicaid, they

might be experiencing problems from untreated chronic conditions.

CareSource receives a flat fee per patient, so to manage those dollars successfully, they need to redirect clients from high-cost care (like ER visits for routine care) and make sure their chronic conditions are successfully managed.

Before using SAS, it was difficult to figure out whom to enroll in care-management services. “Case managers would log into the source system and scroll through hundreds of pages of information looking for test authorizations, notes from primary care physicians and claims for clues to patients needing management,” says Cathy Meade, Director, Decision Support and Informatics. “It was difficult and time-consuming. Previously, when the company did identify a high-cost patient, it was often one that was experiencing a one-time incident such as an otherwise healthy baby in the neonatal unit because of premature birth.”

Today, CareSource analyzes pharmacy records within 30 days of enrollment to identify patients with chronic conditions such as diabetes and congestive heart failure. When not carefully managed by physicians, these patients often endure expensive and repeat visits to ERs and hospitals. With SAS, CareSource is also able to quickly find patients with healthcare usage that is not only expensive, but potentially ineffective or even dangerous.

“We’ve discovered a patient with 27 unique doctor visits in one month and



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Bob Gladden
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30 different prescriptions written (seven of them just for asthma). We’ve found patients who were taking medicine prescribed by different doctors that were contraindicated. In addition, patients that visited the ER so many times for headaches they had more CAT scans than is healthy,” Meade says.

While SAS helps the company identify patients that need a more strategic treatment plan, it also helps physicians better care for patients by providing care treatment plans that are customized to different patients. CareSource also uses SAS to provide clinical practice reports that inform physicians of patients who need various types of services. Prior to the SAS solution this process was managed through multiple reports, each one specific to a particular treatment need.

Today, physicians receive reports on all their Medicaid patients, showing information such as which children need lead testing and which diabetics are overdue for a blood sugar test. They see if patients are visiting the ER for routine care and other key measures that assist with identifying gaps in necessary preventative care a member should receive. With this information, many CareSource network physicians are calling patients to schedule follow-up appointments and testing.

To make it even easier for physicians to track and treat their patients, especially those heading to the office for a visit, CareSource is also using SAS to create a customized health status report, a member profile that can be printed and dropped into a chart or attached as a PDF to their electronic medical record in real time. “SAS helps us be more effective

in that it allows us to pull everything together into a single document that makes it easier for us and the physician,” Gladden says. “It helps us build more effective partnerships with doctors and our members.”

The next step for CareSource is to use SAS forecasting to expand upon efforts under way to identify members at risk of developing illnesses like diabetes and get them into the care management system before the disease develops.

“We want to save money, but honestly as a mission-driven, nonprofit company that isn’t the primary reason we do this,” Gladden says. “We’re really concerned about facilitating better care for the member. SAS is a critical component of that effort.”



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