



Ohio Joint Medicaid Oversight Committee

Chairman Romanchuk

Written Testimony by Steve Ringel

President, Ohio Market, CareSource

December 15, 2022

Chairman Romanchuk, Vice-Chairman Patton, Ranking Member West, and members of the Ohio Joint Medicaid Oversight Committee:

Thank you for the opportunity to provide written testimony on behalf of CareSource. My name is Steve Ringel, and I am the CareSource Ohio Market President.

As you know, CareSource is a nonprofit health plan, headquartered in Dayton, Ohio and the only managed care organization founded and based in Ohio. We have been a vital part of the fabric of our State for more than three decades. In 1989, there simply was no managed care for the uninsured. No coverage for simple doctor visits. A trip to the emergency room could prove catastrophic to a family's budget. CareSource was born out of the mission to make managed health care available to everyone.

Today we are here to talk about innovation in health care in Ohio, specifically in the Medicaid program. CareSource has been an innovator since its founding in 1989. In fact, this is the one key characteristic that defines CareSource. It is in our DNA; we live, breathe, and drive innovation. At CareSource we have a saying, "We wear our hearts on our sleeves." – It's why the Purple Heart is our trademark. Our employees commit their time, energy and passion to work at CareSource because they can truly make a difference in the lives of others. Programs such as pharmacy provider status that was piloted in Dayton, Ohio, or JobConnect that has found employment and advanced the education of over 10,000 Medicaid members, or doing a Respite pilot that resulted in ZERO people having to be transferred out of state for care and housing that previously would not have been available to these members.

Today, CareSource has an economic impact of nearly \$2 billion to the State's economy, and provides coverage to more than 1.5 million Ohioans and employment to nearly 3,500 people in Ohio.

As we evaluate CareSource's impact for individuals enrolled in the State's Medicaid program, we have identified several innovations aimed at avoiding unnecessary emergency department unitization, preventing suicide and reducing infant mortality – all while reducing the cost of Medicaid programs for the State. I am only talking in detail about the first item due to time constraints, but have included the other two for you to review at your leisure.



These programs include:

- Healthy Beginnings at Home housing program within our Life Services / JobConnect services.
- Emergency Triage, Treat and Transport (ET3) model of care and Virtual Emergency Medicine Program (VEMP).
- Clairity, an Artificial Intelligence (AI) tool for behavioral health providers.

CARESOURCE LIFE SERVICES®

A model of care designed to serve the whole health of a CareSource member.

CareSource Life Services® is the social determinants of health model designed to address and eliminate the socioeconomic barriers CareSource members often experience, such as access to nutrition, affordable housing, transportation, education, and sustained employment. Our Life Coaches work one-on-one with members to identify, navigate and support members across a full spectrum of social determinants of health. Additionally, the Life Services model includes programs that help caregivers with the barriers and stress they experience, as well as programs offering peer support. In Ohio, over 10,000 CareSource members have engaged in Life Services.

HEALTHY BEGINNINGS AT HOME

Housing intervention services to prevent infant mortality.

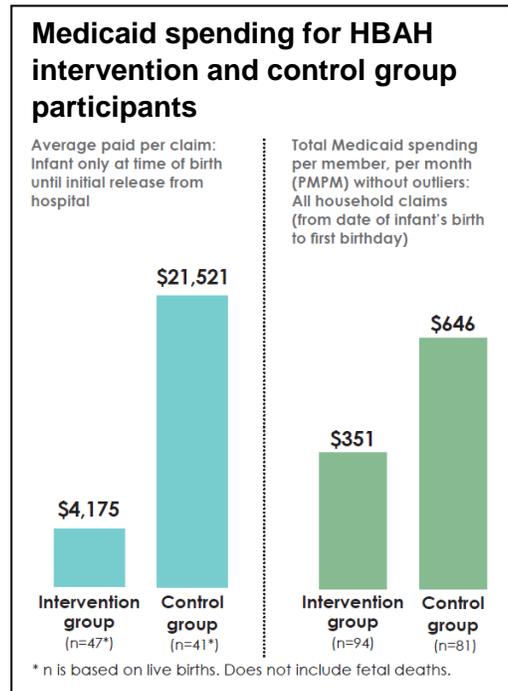
Healthy Beginnings at Home (HBAH) is a CareSource Life Services program first launched in Columbus, Ohio that tests the impact of providing rental assistance with housing stabilization services to pregnant women living in highly unstable housing, earning no more than 30 percent of the Area Median Income (AMI), and at greater risk of infant mortality. The collaborative included the City of Columbus Public Health Department, CareSource, the housing services provider Homeless Families Foundation, and the local public housing authority Columbus Metropolitan Housing.

Nationwide Children's Hospital Research Institute provided a comprehensive evaluation of the pilot.

The program's housing stabilization services helped participants identify housing, negotiate with landlords, and remain securely housed when faced with challenges. HBAH used Family Critical Time Intervention (CTI), Housing First, and other clinical best practices: person-centered planning, motivational interviewing, and trauma-informed care. Usual care support services included access to a community health worker and managed care support through the CareSource Life Services program and care coordination.

The preliminary findings showed significant differences between the birth outcomes for the housing intervention group and the usual care group. There were four fetal deaths in the usual care group and none in the housing intervention group. Additionally, 40 of 51 babies in the intervention group were born full-term and at a healthy birth weight – in comparison to 24 of 44 babies in the usual care group. Infants from the intervention group were more likely to be admitted to the Neonatal Intensive Care Unit (NICU). NICU admissions were significantly shorter for the intervention group than the control group – 8 days compared to 29 days.

Analysis of Medicaid claims data within the randomized control trial design demonstrated that HBAH participants had far lower health care spending than the control group households, who did not receive rental assistance. For example: The average paid per claim for infants at the time of delivery was \$4,175 for the intervention group, compared to \$21,521 for the control group – largely driven by lower neonatal intensive care unit for unitization among HBAH infants.



This year, CareSource announced the expansion of the Healthy Beginnings at Home program to cover three additional areas of the State: Dayton, Akron and Cincinnati.

The Greater Dayton Area Hospital Association (GDAHA) and Coalition on Homelessness and Housing in Ohio (COHHIO) have joined CareSource to expand this critical program.

CARESOURCE JOBCONNECT™

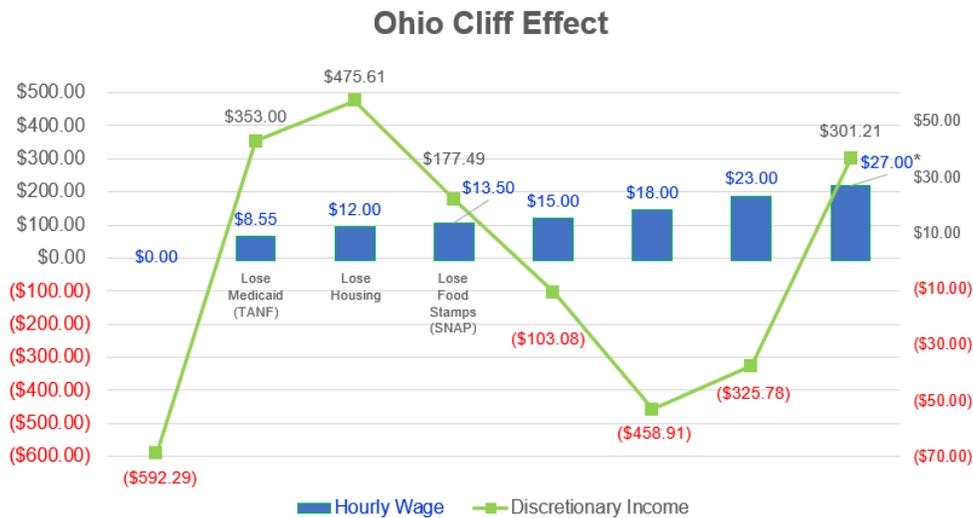
A program creating a path to financial empowerment and self-sufficiency.

CareSource JobConnect™, the workforce development component of CareSource Life Services, was also implemented to ensure participants increased skills and attained connections in order to secure long-term employment. Through CareSource JobConnect, members are assigned life coaches who work with the participants on issues related to job search, employer access and support services. These coaches remain engaged for up to 24 months, with the goal of fostering job retention and advancement. Meanwhile, the program's "no wrong door" model connects our members to other community resources and programs including education, food and nutrition, housing and transportation.

The economic impact below is modeled based on Ohio statistics and potential benefits to Ohio's economy:

1. New spending in the Ohio economy (annualized) resulting from the increased purchasing power of JobConnect program participants: \$85 million.

2. Based on (1), the JobConnect program’s benefit-to-cost ratio for the Ohio economy: 28 to 1.
3. The JobConnect program’s “break-even”/payback point – the point in time when cumulative incremental tax collections and program cost reductions exceed direct JobConnect program costs: 16-17 months.



*MIT living wage for Ohio for one adult and two children

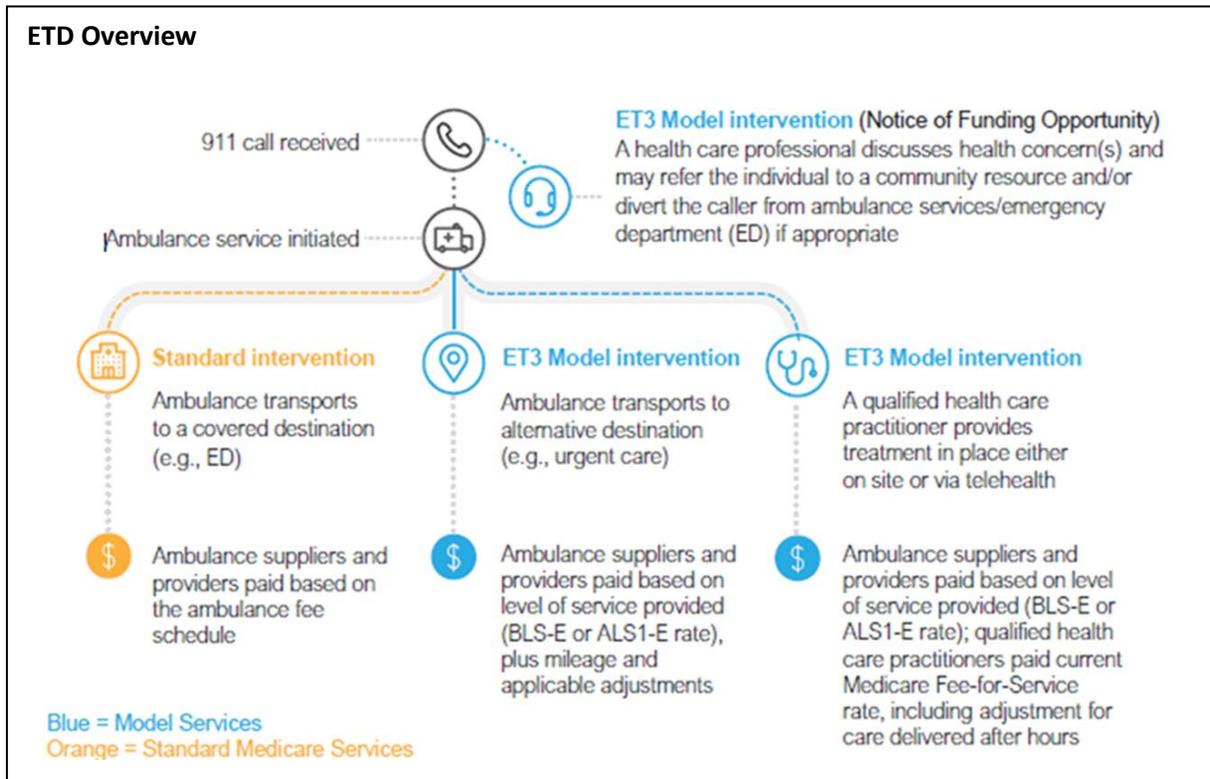
EMERGENCY TRIAGE, TREAT AND TRANSPORT (ET3) MODEL OF CARE AND VIRTUAL EMERGENCY MEDICINE PROGRAM (VEMP)

Emergency Triage, Treat and Transport (ET3) model of care and Virtual Emergency Medicine Program (VEMP) to reduce unnecessary Emergency Department (ED) utilization.

CareSource collaborated with the Cleveland Clinic to transform the Emergency Triage, Treat and Transport (ET3) model of care to a Virtual Emergency Medicine Program (VEMP) aimed at providing the appropriate care for members requiring emergency intervention, and to reduce unnecessary Emergency Department (ED) visits and readmissions.

Through the program, emergency calls are triaged by an ED Board-Certified Cleveland Clinic physician and, under the guidance of the ED physician, callers are directed to an alternative

level of care if the ED is not appropriate. The alternative level of care could be an urgent care, or a primary provider’s office, or treatment by the Emergency Medical Technicians (EMTs) under the supervision of the ED doctor. Historically, EMS reimbursement required ED transport; however, this collaboration creates incentives for appropriate, lower-cost (non-ED) alternative care settings by providing equal reimbursement to EMS for alternative destination transportation or treatment on scene.



Preliminary results have seen operational improvements such as decreased wait time for callers, as well as significant reduction in inappropriate ED utilization. The overall cost savings average is \$769 per patient. Additionally, this model allows the ED to be more available for those who need the level of care the ED provides.

CLAIRITY

Clarigent Health’s software tool, Clarity, uses Artificial Intelligence (AI) to help prevent suicide.

CareSource, partnered with Clarigent Health to bring Artificial Intelligence (AI) to behavioral health providers in Ohio. Clarity, Clarigent Health’s software tool, analyzes speech with AI trained to identify patients at risk of suicide. Clarity tracks vocal indicators over time alongside



patient-reported symptoms and clinical impressions to support early detection for people at risk for suicide and, in addition, depression, anxiety, and other mental health issues.

“Suicide is the leading cause of death in people ages 10-14 and the second leading cause of death for young people ages 10-34. Suicide rates were increasing before the pandemic, and now mental health risks are reaching heights we’ve never seen. We are proud to be working with CareSource to bring our much-needed technology to clinicians working every day to save lives.”

Don Wright, Clarigent President and CEO

Behavioral health providers in the Ohio Children’s Alliance (OCA) and Ohio Behavioral Health Provider Network (OBHPN) can now be reimbursed through CareSource when using Clarity. Between the two networks, more than 265,000 families and youth will have access to the technology.

CONCLUSION

In conclusion, this is just a sample of the innovation CareSource drives for Ohioans – and a glimpse into the future of what managed care can, has, and will bring to the Ohio Medicaid Program. The focus on our children through Governor DeWine’s Bold Beginnings program, our critical need to address the substance use disorder and behavioral health crisis that is killing our youth, and the strides we are all making to address infant mortality are imperatives that we can and will work together to solve. At CareSource, we are actively working on leading-edge wearables and mobility applications with nationally-recognized technology companies that will use devices that will transform the way we engage our members, our caregivers, and ourselves. We remain committed to developing lasting partnerships with our provider partners – especially our pharmacists, primary care doctors, nurses and community health workers, leading technology companies and, above all, remaining a stable partner to the State of Ohio.

CONTACT INFORMATION

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