



Testimony presented before the Ohio House Finance Committee

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Chairman Smith, Vice Chairman Ryan and Ranking Member Cera and members of the House Finance Committee my name is Dan Barnes, Medical Director for CareStar, a case management company serving beneficiaries with chronic and complex health care needs in all 88 counties of Ohio. I have been a practicing family physician in Cincinnati, OH since 1999. I have a full scope practice with experience in outpatient, hospital, nursing home and hospice care. I have served as the Medical Director for two nursing homes, am on the Hospice of Cincinnati Board of Trustees and have been an Associate Medical Director for home care services for Hospice of Cincinnati for over 10 years.

I am here to express my concerns about the proposed plan to move the Ohio Department of Medicaid's (ODM's) Long Term Services and Supports (LTSS) programs into Managed Medicaid Long-Term Services and Supports (MLTSS). ODM has done a commendable and conflict free job in providing person-centered care through the Ohio Home Care Waivers Program, and CareStar has been an integral partner in this service.

My concerns stem from the following issues:

- 1) The plan to enroll all beneficiaries into managed care contracts where ODM pays a per member rate from which the Managed Care company pays for services creates a conflict of interest.
- 2) The proposed plan adds a layer of administration between ODM and the clients they serve. This will reduce transparency and increase the bureaucracy when trying to manage issues of quality, satisfaction and complaints.
- 3) The plan will impede coordination of care for services. As a provider in Cincinnati, arranging specialty referrals for Managed Care Medicaid patients is cumbersome, time-consuming and often requires significant travel by the individual. If this is the experience in an urban area, I am confident patients in rural areas will have even greater difficulty. This is particularly true for special needs patients for whom transportation is already complicated.

- 4) It is unnecessary to move to MLTSS to strengthen the focus on quality measurement. At CareStar, we are leveraging technology by investing in software development to facilitate quality measurement and reporting and will provide a standard platform for monitoring care. We have a Quality Program in place that allows us to monitor patient satisfaction, readmission rates and successful transitions of care, to name just a few of the metrics.

- 5) The MyCare Ohio demonstration program for managed care LTSS has not been clearly successful.

Because of these concerns and CareStar's demonstrated competence in conflict-free case management, information system management, and collaborative partnership history, I would ask that you weigh these concerns and do not support the provisions in House Bill 49 that would transition the LTSS program to managed care.

Thank you for your time and consideration in hearing this testimony today. I would be happy to answer any questions.