

CareSource Integration with Appriss Insights Incarceration Data Provides Template for Healthcare Cost Savings



Background

Headquartered in Dayton, Ohio, CareSource is the largest Medicaid provider in the state. A nationally recognized managed care organization, CareSource has provided quality healthcare coverage to enrollees since 1989, and today serves more than 2 million members across five states, including 1.3 million in Ohio. Half of these Ohioans are adults age 18 or older.

Of the adult Medicaid members served by CareSource each year, more than 50,000 – or approximately one in 12 – have had at least one booking in a local jail. Individuals who are incarcerated experience health risks that are disproportionate compared to the general population.

Incarcerated individuals are:

- Approximately three times more likely to have HIV/AIDS;¹
- More than seven times more likely² to have Hepatitis C (HCV) and make up an estimated one third of all HCV cases³ in the U.S.;
- At risk for higher rates of morbidity and mortality overall, including 12 times the risk of opioid overdose death during the first two weeks of reentry.⁴

Additionally, approximately 15-25% of incarcerated individuals in the U.S. suffer from mental health illnesses, in contrast to just 5% of the general population.⁵ Incarcerated individuals are not eligible for Medicaid coverage, which complicates their re-integration to their communities upon their release.

In Ohio, approximately 50% of CareSource's justice-involved members suffer from substance use disorders, and about 15% suffer from severe and persistent

Agency Profile

CareSource

Client Since

2019

About the Client

CareSource is a managed care organization that is committed to investing in initiatives that make a lasting difference in its members' lives and communities by improving their health and well-being.

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Solution at a Glance

Challenge

It can be difficult to identify individuals entering and exiting incarceration, and it is challenging to both improve health outcomes and reduce cost.

Solution

Incarceration data supplied by Appriss Insights provide relevant information about individuals engaged with the criminal justice system in near-real time.

Results

Appriss Insights has helped CareSource improve coordination between the healthcare and criminal justice systems, consistently identify individuals entering and exiting incarceration, and meaningfully stratify health needs and outcomes for justice-involved people.

mental illness.⁶ These conditions often become chronic, further burdening the healthcare system. Many in the jail population have also been infected with COVID-19. The heightened risks of contracting COVID-19 and other infectious diseases while incarcerated – combined with disproportionate rates of comorbid chronic medical conditions, substance use disorder, and mental illness – indicate that the need for more efficient and timely care has never been greater.

As part of CareSource's broader focus on addressing social determinants of health and better healthcare outcomes, it is crucial to identify the justice-involved population and support these members and the barriers to treatment that they face, particularly upon re-entry. For those released from prison, recidivism rates to state prison are more than 30% within three years, and rates for reincarceration in local jails are over 50%. There's both great opportunity and great urgency to proactively help individuals re-entering society after a criminal booking. The cost of recidivism is high. A 2018 study estimated that even a single recidivism event can cost more than \$150,000⁷ in taxpayer and indirect costs, taking funds away from other economically promising opportunities.

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One of the most important ways to meaningfully reduce recidivism rates is to ensure that formerly incarcerated individuals have their physical and behavioral health treatment plans resume as soon as they return to the community. This would contribute to better outcomes in individual member health, public health (in the case of infectious diseases), and public safety.

Program Challenges

CareSource faced numerous challenges navigating a system fractured by limited healthcare data sharing and uncoordinated reentry after incarceration.

First, it can be difficult to identify individuals entering and exiting incarceration. By law, Medicaid members who are incarcerated should have their coverage suspended, but there is no consistent, reliable, real-time data sharing between local jail systems, managed care, and community health providers. With more than 60 full-service jails and smaller holding facilities across the region all using separate jail management systems, identification of those entering and leaving incarceration is uncoordinated.

The Incarcerated Population:

Justice-involved persons experience a greater percentage of health issues than the general population.

3x

more likely to have HIV/AIDS than the general population.

7x

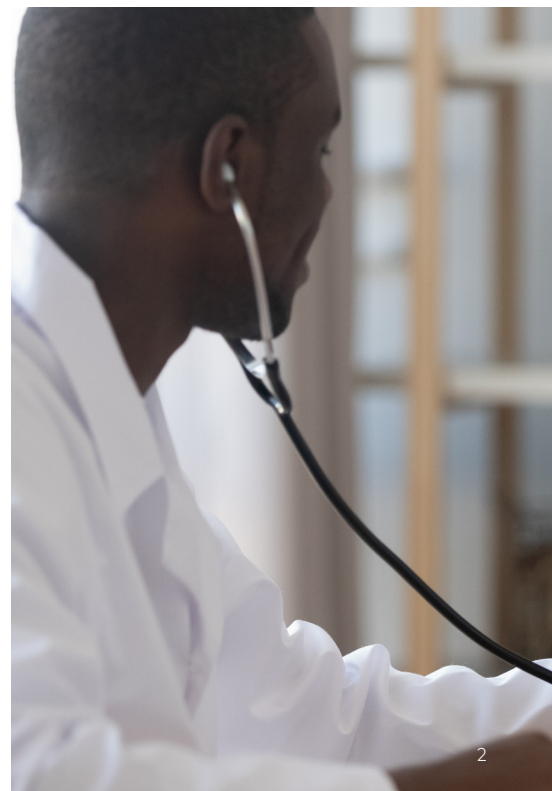
more likely to have Hepatitis C and represent a full one-third of all Hepatitis C cases in the U.S.

12x

the risk of opioid overdose death during the first two weeks of reentry.

25%

of incarcerated individuals suffer from mental health illnesses, compared to just 5% of the general population.



To improve continuity of care for justice-involved members, CareSource began developing a coordinated effort among healthcare, criminal justice, and social services systems.

Second, it is challenging both to improve health outcomes for incarcerated individuals and to reduce medical costs. There is also a lack of consensus on how to define, target, and measure improvement in health outcomes, and a general disengagement with the healthcare system among jail-involved Medicaid members.

For example, these members, compared to non-jail-involved members:

- Have more than twice the number of emergency department visits;
- Are more approximately 65% more likely to not be treated for schizophrenia.⁸

Partnering with Appriss Insights

CareSource first began working with Appriss Insights to develop a solution in 2019. Through an integration process managed by 17A, CareSource integrated Appriss Insights' incarceration data into their own data infrastructure. With this in place, CareSource leverages Appriss Insights' API to find matches for individuals entering or exiting jails and flags those matches in the CareSource system.

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Incarceration data supplied by Appriss Insights provide relevant information about individuals engaged with the criminal justice system in near-real time. By cross-referencing CareSource member information with Appriss Insights' expansive and timely criminal justice data, CareSource gains unparalleled insight into the needs of the formerly incarcerated. These individuals often require more health resources, and a more integrated, efficient system can ensure that they have access to the care they need. Detailed and up-to-date criminal justice data further empower CareSource to develop improved tools for prioritizing care and support for these members.

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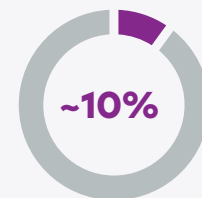
CareSource has been able to identify roughly 7,000 justice-involved members per month, of which:



Approximately 55% have a substance use disorder and/or a severe mental illness.



Approximately 25% have at least three severe and chronic physical medical conditions.



Approximately 10% of adult women in the sample are pregnant or have been pregnant in the past year.

The Results

In Phase 1 of the Appriss Insights/CareSource partnership, the results are positive. Through its proprietary incarceration data, Appriss Insights has helped CareSource improve coordination between the healthcare and criminal justice systems, assist CareSource in identifying individuals entering and exiting incarceration, and meaningfully stratify health needs and outcomes for justice-involved people – potentially reducing recidivism. Through this partnership, CareSource has been able to identify roughly 7,000 justice-involved members per month, of which:

- Approximately 55% have a substance use disorder and/or a severe mental illness;
- Approximately 25% have at least three severe and chronic physical medical conditions;
- Approximately 10% of adult women in the sample are pregnant or have been pregnant in the past year.

Additionally, the integration of jail management system data helps CareSource to identify population needs and utilization patterns that are specific to justice-involved members, informing strategies to work across systems and improve outcomes. For example, the jail-involved population costs 1.8 times the non-jail involved adult Medicaid population. As the frequency of jail recidivism increases, so does overall cost to Medicaid. Members with high jail utilization (seven or more jail incarcerations in a year) cost four times more than non justice-involved members.⁹

The incarceration data provided by Appriss Insights have also helped CareSource's internal management team better understand justice-involved Medicaid members and implement targeted, holistic health interventions. CareSource is better equipped to improve health outcomes for an at-risk population and, in turn, reduce cost per member. This is a unique opportunity to impact the trifecta of health outcomes: individual member health, public health related to infectious disease, and public safety. With this cutting-edge integration in place, CareSource is committed to leveraging crucial incarceration data and providing innovative, high-quality care for its members, ultimately ensuring they get lifesaving healthcare when they need it most.

About Appriss Insights

Appriss Insights delivers breakthrough data and analytics solutions to reduce people-based risk, mitigate fraud and fight crime. As the nation's most comprehensive and trusted source of risk and criminal justice intelligence, we offer timely, reliable insights through vertical partners on AI-driven, SaaS-based cloud architecture. Guided by our mission of "Knowledge for good," we enable commercial enterprises and government agencies to build trust and safety while improving operational efficiencies. To learn more, visit www.apprissinsights.com.



FOOTNOTES

¹ "Incarceration and Health: A Family Medicine Perspective" (AAFP) <https://www.aafp.org/about/policies/all/incarceration.html>

² "Medical Problems of State and Federal Prisoners and Jail Inmates: 2011-2012" (Office of Justice Programs) <https://www.ojp.gov/ncjrs/virtual-library/abstracts/medical-problems-state-and-federal-prisoners-and-jail-inmates-2011>

³ "Screening for HCV Infection in Jails" (JAMA) <https://jamanetwork.com/journals/jama/article-abstract/1105124>

⁴ Data courtesy of CareSource

⁵ "Incarceration Nation" (APA) <https://www.apa.org/monitor/2014/10/incarceration>

⁶ Data courtesy of CareSource

⁷ "The High Cost of Recidivism" (Illinois Sentencing Policy Advisory Council) https://spac.icjia-api.cloud/uploads/Illinois_Result_First-The_High_Cost_of_Recidivism_2018-20191106T18123262.pdf

⁸ Data courtesy of CareSource

⁹ Data courtesy of CareSource