

House Finance Subcommittee on Health and Human Services
House Bill 166 (Oelslager)
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Chairman Romanchuk, Ranking Member West and members of the House Finance Subcommittee on Health and Human Services, thank you for the opportunity to share with you today how Ohio's Medicaid managed care plans are working to reduce infant mortality among our members – your constituents – some of the youngest citizens of Ohio. The topic hits close to home for me. As a Board-certified OB/GYN, I have dedicated my career to improving the health of moms and their babies. And as a Medical Director for Buckeye Health Plan, I have helped develop and lead innovative programs that improve maternal and child health.

Buckeye is proud to be your partner in improving quality, promoting innovation, and reducing costs for the more than 350,000 Ohioans enrolled in Medicaid, Ohio's MyCare program, and other specialty programs. We are making a positive difference in the lives of our members, many of whom rely on the services we provide to keep or find a job, live comfortably in their homes rather than in an institution and provide a better life for their family. Many of our members – including the moms and babies we cover – have complex needs that require a comprehensive and collaborative array of services to meet those needs. In any given year, Buckeye covers nearly 8,000 births.

One of those births I want to tell you about is Laura's. Becoming a mother can be exciting, but for Laura it was frightening. Following years of hard work, Laura had finally reached sobriety. She was 6 months pregnant, and wanted so badly to be a mother, but worried the stress would send her into a relapse. Laura was actively involved in Buckeye's Start Smart program, and had been very honest about her past addiction, but she felt as if she needed more support. She called her care manager Amanda, and expressed her concerns. Amanda was very understanding and arranged to meet with Laura the very next day. Together, they went through her pregnancy plan, and her plans after returning home with her newborn. Laura appeared to have everything in order for the arrival of her little girl, but was still very nervous about the responsibility of being a mother. Amanda worked with Laura to find a counselor in her area to provide additional support. Through her new counselor Laura was linked with a young women's support group that included young mothers like herself. Laura attended her appointments every week, and contacted Amanda regularly with updates. She reported recently that she felt strong in her sobriety, and loves being a mother. Her daughter is now 5 months old and is thriving.

Ohio's Medicaid managed care plans, including Buckeye, have developed some unique, targeted programs to help ensure the best birth outcomes for all these babies. I'd like to briefly name just a few that are specific to Buckeye.

Start Smart for Your Baby: Buckeye's Start Smart for Your Baby is an award-winning, nationally recognized program for moms-to-be, pregnant women and babies. Start Smart is data-driven and uses claims history, provider feedback and vital statistics to identify the risk factors for our members who are of reproductive-age and link them with the services they need to be healthy. The results are impactful. Start Smart reduces the risk of low birth weight infants, a key risk factor for infant mortality. And by engaging moms early and working with them through their pregnancy, we are increasing the likelihood that they, and their children, will continue to work with Buckeye to be healthy after the birth of the baby.

Buckeye Addiction in Pregnancy Program: In 2013, Buckeye launched its Addiction in Pregnancy Program, which identifies pregnant members with current or previous alcohol or substance abuse problems and engages them in education and treatment programs. Since Buckeye started the program, the average length of stay in special-care and intensive-care nurseries for Buckeye babies diagnosed with neonatal abstinence syndrome has dropped by 41%.

Pathways Community Hubs: I am most proud of our collaboration with Community HUBs and the outcomes that we are seeing through these unique partnerships. The Pathways Community HUB (HUB) model is a strategy to identify and address risk factors for a high-risk individual. There are five (5) certified Pathways HUBs in Ohio, and seven (7) additional HUBs in development. Buckeye partners with these HUBs to provide additional services—in collaboration with our in-house care managers and programs mentioned above—to help reduce our members' non-clinical/social determinant barriers and promote healthy births. These are the same HUBs that were recently discussed before this subcommittee when the Ohio Commission on Minority Health Director Angela Dawson testified regarding her agency's budget.

We always knew anecdotally that HUBs work. Recently we conducted a study of the Toledo HUB, and the study proved it. The study shows that the combination of community coordination of social services and health plan care management improves birth outcomes in high-risk pregnant members. The active use of HUBs combined with traditional health plan care management to reduce non-clinical barriers to care leads to better health outcomes for moms and babies and a lower total cost of care in baby's first year of life. High-risk mothers in a HUB service area where the member was not exposed to any community HUB activity were 1.55 times more likely to deliver a baby needing special care nursery or NICU care when compared to high-risk members who received HUB delivery. And for every dollar spent on Community HUB activities for our members there was a savings of \$2.36. Entering into partnerships with the Pathways Community HUBs, we thought the model made sense. Now with this analysis we can show that it does work, and we intend to expand on this from here.

Mr. Chairman, thank you for the opportunity to testify this morning. I or any of the other subject matter experts with me today from Buckeye would be happy to answer your questions.