



OHIO COMMISSION ON MINORITY HEALTH
TESTIMONY TO SENATE MEDICAID COMMITTEE
THURSDAY, MAY 7, 2015

Thank you Chairman Burke, Ranking Minority Member Cafaro and members of the Senate Medicaid Committee. I am Judith Warren, Chief Executive Officer of Health Care Access Now, and I am grateful to be here to speak with you in support of the Ohio Commission on Minority Health as we have worked with them to serve Ohioans in the Greater Cincinnati area.

Health Care Access Now (HCAN) is part of the solution to Ohio's health disparities and the high health care costs incurred by our most vulnerable citizens. We currently serve over 2,000 minorities and low-income individuals in Hamilton, Butler and Clermont counties. Approximately, 64% of all clients served across three Pathway programs are on Medicaid.

We encourage the Senate Medicaid Committee to address the service gaps with Medicaid and consider funding the existing and proposed expansion of HUBs in targeted counties. Funding will enable us to provide centralized and community-based care coordination that will effectively complement primary care, ensure outreach to pregnant women enrolled on Medicaid and steer Medicaid recipients away from hospital Emergency Departments.

HCAN currently contracts with three Medicaid managed care plans – Care Source, United Health Care and Buckeye. As a delegated agency, our goal is to provide outreach, and work with medical providers by accepting referrals to deliver care coordination services for pregnant women and other adults who use hospital emergency departments excessively. We also provide care coordination services for adults living with diabetes and who lack consistent disease management which can lead to hospital admissions and long term health care costs.

Our program outcomes for 2014 have demonstrated success in addressing the social and medical care needs that impact good birth outcomes. From 2012-2014 HCAN served close to 1600 women; on average 85% of these moms delivered a healthy baby with a normal birth weight. We serve women who live in Cincinnati neighborhoods with highest rates of infant mortality and low birth weight. A recently released report from the Economics Center and Cradle Cincinnati estimated that from 2009-2013 the net extra hospital costs for neonatal intensive care ranged from \$19,600 for moderate and late preterm to \$454,500 for an extremely preterm birth. The average cost for HCAN's care coordination is \$2,100 per client.

Our ED care coordination pathway program assists over 1100 adults each year by connecting them to primary care which then decreases ED visits that are a result of behavioral health disorders, lack of medications required to manage a chronic disease or an unstable living environment. Results from a recent pilot program that worked with 30 super utilizers over 12



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months achieved the following results: a reduction in ED visits by almost 50% (average 26 to 14) and average hospital charges decreased from \$102,000 to \$71,400. Preliminary outcomes from our chronic disease pathway program that serves adults living with diabetes show that patients are receiving more primary care visits and regular testing for blood sugar levels.

The Community HUB provides an integrated approach because managed care plans do not have the capacity to cover hotspot areas that they are unfamiliar with. HCAN is working with the Commission on Minority Health and leaders from the HUBs in Mansfield and Toledo so that we can solidify a stronger network of care coordination services to address high cost centers of Medicaid. HUBs deploy staff in the targeted areas and know how to connect with existing community and medical providers, which leads to reducing state health care costs overall by directing Medicaid patients to the right medical and social service agencies for their specific needs.

Investing in standardized operations would enable HUBs across the state to share information appropriately and help health plans more effectively report data to the state. Oversight of such investments could be the responsibility of the Ohio Commission on Minority Health. Funds would be subject to an established grant process and based on HUB certification.

For the committee's consideration, we have included our funding request and the costs for implementing new HUB services. Our request for this biennial budget is \$500,000 for each new HUB and \$300,000 for each existing, certified HUB.

We strongly encourage the Senate Medicaid Committee to consider funding existing HUBs and expanding HUBs in Ohio to reduce overall healthcare costs in our state. Thank you.

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