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**Testimony of
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Chairman Burke, Ranking Member Cafaro, and Members of the Senate Medicaid Committee, my name is Christine Haydock, Manager of Care Management for Buckeye Health Plan. Thank you for the opportunity to testify today on including foster children in managed care. Buckeye is a Medicaid managed care plan that has been serving the State of Ohio since 2004. Today we serve approximately 280,000 Medicaid consumers across Ohio from the populations that are currently enrolled in managed care.

By way of background, Buckeye is a wholly owned subsidiary of Centene Corporation (Centene), a diversified *Fortune* 500 healthcare enterprise that includes not only health plans but a number of specialty companies coming together to provide a portfolio of services to government-sponsored healthcare programs, focusing on under-insured and uninsured individuals. Founded as a single health plan in 1984, Centene has established itself as a national leader in the healthcare services field. Today, through a comprehensive portfolio of innovative solutions, we remain deeply committed to delivering results for our stakeholders: state governments, members, providers, uninsured individuals and families, and other healthcare and commercial organizations.

Under the direction of Directors Moody and McCarthy, Ohio's Medicaid program is leading the way across the nation. Today, their focus on improving patient outcomes and the quality of care the Medicaid consumers receive has elevated the program to a new level, while at the same time putting appropriate targets and controls in place to bend the Medicaid cost curve. You've seen the results in various presentations presented before this committee. Buckeye is proud to be one of the vehicles for change, and there continues to be much to do.

Included in the Governor's budget as introduced, are a number of initiatives that we support. We believe these initiatives will further improve Ohio's Medicaid program and help move the program forward through further transformation as we move toward a value-based purchasing model, and continued improvements in quality and health outcomes. Areas of the budget we endorse include:

- Integration of behavioral health services into the Medicaid managed care program.
- Enrollment into a Medicaid managed care plan on "day one" of eligibility for Medicaid.
- The Administration's focus on improving the infant mortality rate in Ohio.
- Eliminating barriers to payment reform, where reimbursement was set without expectation of performance levels, or where additional reimbursement was granted without expecting additional value.

An area of the Governor's budget we are concerned with is the proposal to reduce the Medicaid eligibility level for pregnant women from 200% FPL to 138% FPL. To ensure timely access to prenatal care, there is a need for some form of health care for these women, and we look forward to working with the General Assembly and the Administration to address this concern.

We pride ourselves on making a difference in the lives of our members, through identifying health conditions and unmet needs. We identify the social barriers that will determine poor health and remove them. If we do that, we can connect our members to preventive and high quality health care. Through effective outreach, care coordination, and ultimately care management when necessary, we are able to help transform our member's lives.

Historically, foster children have been a category of eligibility which could be voluntarily enrolled into Managed Care. The Administration included mandatory enrollment of foster children into managed care as a budget initiative. I'd like to demonstrate the difference managed care can make in the lives of children in foster care by examining two cases, whose names have been changed to protect their identity.

Buckeye has served foster children in Lucas County for years. The members presented are siblings who were removed from their biological Mother due to being left in an unattended car in the summer. There were also issues for the Mother with substance abuse and subsequent incarceration. In addition, the Lucas County Children Services Board (CSB) tracked the children during foster placement as well as during the transition to the biological father occurred.

Justin is a 4 year old member whose mother was not caring properly for him or his sister and CSB determined that a foster placement was necessary to ensure the children's care and safety needs were met.

At the time of his referral to Buckeye, Justin had no formal diagnosis related to developmental delays. He did not walk, talk, was incontinent and other than crawling and feeding himself finger foods was not able to complete any activities of daily living (ADL).

Justin had been diagnosed with asthma prior to his foster care placement but arrived at his foster home without medication or a nebulizer. Buckeye was able to assist his foster parent in obtaining both his asthma medications and his nebulizer.

Justin was also in need of a primary care physician, dentist, and specialist to establish a treatment plan to address his many health concerns. Buckeye worked with his foster parent to set up appointments for these visits and ensured transportation was available for all of them.

His Buckeye Care Manager also assisted in:

- Setting Justin up for physical, occupational and speech therapy evaluations and these modalities are ongoing to assist with his developmental delay.

- Obtaining additional equipment - a wheelchair and a tumbleform to aide in safe positioning for feeding.
- Arranging for ongoing delivery of diapers.

Anna is his 12 year old sister diagnosed with microcephaly, developmental delay, cerebral shrinkage; she is blind, unable to stand, walk, or sit unattended, she is non-verbal, and incontinent. She arrived at her foster home without a specialty wheelchair, no bath equipment, and no tumbleform to aide in safe positioning for feeding.

Her Buckeye Care Manager assisted with the following:

- Connecting the foster parent with member's ophthalmologist for glasses.
- Working with the foster parent to ensure timely delivery of Depo-Provera injections. (There were allegations of previous sexual abuse).
- Arranging for home care/ home health aide to assist with bathing and personal care needs.
- Arranging for delivery of the needed equipment, diapers and other needed medical supplies.
- Referring Anna for physical, occupational and speech therapy evaluation and ongoing service needs.
- Ongoing support and education for the foster parent related to Anna's medical and behavioral conditions.

During the time in foster care, Buckeye was able to fully assess the children and arrange for all the services the children desperately needed. This ideally positioned them to transition out of foster placement.

Both children now live with their biological father and remain in care management with Buckeye. We continue working with the father to manage both their medical and behavioral needs. The father is attentive and willing to learn and follows through with the care plans for his children.

Maintaining Buckeye coverage while in foster care and during transition to their father, has helped prevent many of the issues which might have occurred if coverage changed each time the children moved. Our efforts aligned them with ongoing medical and behavioral care and improved the quality of life for both children.