



TESTIMONY TO SENATE MEDICAID COMMITTEE –  
SUPPORT FOR S.B. 9  
WEDNESDAY JUNE 3, 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. I want to thank Sen. Jones for sponsoring Senate Bill 9 which includes funding of the Pathway Community HUBs to support the provision of care coordination services aimed at reducing infant mortality and negative birth outcomes among women who are pregnant and living in high risk neighborhoods or communities.

Health Care Access Now (HCAN) is part of the solution for reducing Ohio's health disparities and the high health care costs incurred by our most vulnerable citizens. In 2014, we enrolled 337 women in our Pregnancy Pathway program that serves women from Butler, Hamilton and Clermont counties. Pregnancy Pathways is one of three Pathway programs that HCAN operates that served over 2000 adults in SW Ohio. Of the 337 women who were enrolled in the Pregnancy Pathway program that delivered in 2014, 78% were African American and lived in Cincinnati zip codes with the highest infant mortality rates. Eighty-five percent (85%) of the births were full term babies. Eighty-seven percent (87%) of the moms were enrolled in a Medicaid managed care plan or regular Medicaid.

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.

Pathway Community HUBs address the service gaps that go beyond health care. After identifying women at risk through medical and social assessments, we connect them to a range of services. The proposed funding will enable HUBs to have the infrastructure needed to address the managed care plan reporting requirements as well as maintain competent staff.

As a nonprofit entity that contracts with the Medicaid managed care plans, we must respond to the same expectations that larger health systems and traditional Medicaid providers face – a minimum of a 45 day payment cycle, prolonged contract negotiations and extensive vendor compliance requirements. Our goal is to sustain operations through comprehensive contracts with the health plans. Therefore, the proposed grant funds will allow us to build out the human and IT resources necessary to interact with case managers from the health plans and health systems, while putting platforms in place for future years. Investing in standardized operations would enable HUBs across the state to share information appropriately through a shared data network.



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HUBs provide added value by having “boots on the ground” with certified Community Health Workers who are deployed to do outreach in the hotspot areas of urban and rural communities that are identified by zip code and other mapping data analyses. The caseloads for Community Health Workers are manageable, thereby we support moms in resolving numerous barriers that interfere with regular doctor visits and potentially lead to stress which is one of the precursors to preterm labor. Routine screening for depression, smoking, use of alcohol and other drugs means we can identify and connect moms with treatment, prevention, and cessation programs.

The Community HUB provides an integrated approach that offers managed care plans a viable alternative to address 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. The proposed funds will help to solidify a stronger network of care coordination services in three additional targeted areas in Ohio which will result in better birth outcomes and reduced spending in the some of Medicaid’s high cost centers.

HCAN supports the proposal to administer grants through the Ohio Commission on Minority Health who is imminently qualified to develop funding criteria and a scope of work that will address culturally competent services and work towards reducing health disparities.

In closing, I appreciate Sen. Jones’ leadership and the Committee’s consideration for funding the Commission on Minority Health to support the three existing HUBs and three new HUBs during 2016-2017.

Thank you.

Judith Warren, MPH  
CEO

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