

Testimony of  
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Molina Healthcare of Ohio  
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Chair Romanchuk, Ranking Member Representative Sykes, and members of the Committee, my name is Holly Saelens, and I am Vice President, Government Contracts for Molina Healthcare of Ohio.

In Ohio, Molina provides care coordination services to approximately 350,000 Medicaid, Medicare and Health Insurance Marketplace consumers. Molina Healthcare of Ohio is an NCQA accredited health plan and is a proud employer of over 1,000 team members who work every day to meet the needs of members through innovative partnerships with providers, high touch care coordination for our members and supporting our local community and faith based organizations.

### **The Molina Story**

At Molina Healthcare, our focus has been on helping mothers, children, families, seniors and individuals with disabilities gain access to quality care for over three decades. We help members navigate the health care system and build community partnerships to develop solutions to the challenges they face. Molina Healthcare's history and member-focused approach began with the vision of Dr. C. David Molina, an emergency department physician who saw people in need, and opened a community clinic where caring for people was more important than their ability to pay. He believed every patient should be treated like family and founded Molina Healthcare on the principle that every person deserves access to quality doctors, nurses, and hospitals. Molina Healthcare nationally provides care coordination to 4.6 million individuals in twelve different states plus the commonwealth of Puerto Rico.

Molina supports Governor Kasich's approach to ensuring the financial sustainability of the state's Medicaid program and commends members of the Ohio General Assembly, the Office of Health Transformation, and the Ohio Department of Medicaid for their vision to create a plan to transform Ohio's Medicaid program. Over the last ten years and through the use of managed care, we have built a foundation that benefits Ohio taxpayers and most importantly Ohio Medicaid and Medicare recipients by enabling these individuals to live better, healthier and more productive lives. In the Governor's executive budget/House Bill 49, Molina is supportive of the continued focus on providing coverage to those eligible individuals as well as appreciates the opportunity to potentially participate in ODM's launching of a managed long term care services and supports program. As a partner with ODM on many of the programs that have been launched in the last six years, we are developing and implementing programs that include:

- Infant Mortality Programs - Molina is one of 5 Managed Care Plans (MCPs) investing in nine hot spot communities to support community based initiatives, a statewide public health awareness campaign and improving access to progesterone (17-P), a drug that will reduce pre-term births. With our 17-P program, Molina has seen an average pregnancy gain of 4.5 weeks compared to the

patient's most recent preterm delivery. There was also an average savings per patient of about \$74,397.

- Coordinated Services Program (CSP) - The CSP provides Molina the ability to help prevent the opportunity for opioid abuse or misuse by designating a single pharmacy and/or prescriber for a member requiring the use of controlled substances. With nearly half of Molina's Medicaid expansion members identified as having a substance-related disorder, and the high rate of opioid abuse in Ohio, this program is especially vital. This program, currently serving over 200 Molina members with approximately 800 members enrolled over the past three years is seeing results; including 27% fewer prescriptions for opioids and controlled substances, and 13% fewer emergency department visits.
- Intensive Care Coordination Program (ICCP) – Molina is now offering a high-touch community-based care coordination program in Ohio focused on meeting the needs of our most complex members struggling with chronic behavioral health and socioeconomic issues. They receive in person visits 2-3 times weekly to address healthcare needs outlined in their integrated care plan by the primary care manager. Interventions are aimed at addressing discharge/transition planning, housing/employment assistance, transportation coordination, access to community resources, and increasing levels of patient engagement or adherence. The program has seen extremely promising results in pilot states (of which we are confident will be replicated here in Ohio) –realized through a reduction in hospital admissions and ER visits, but also as an increase in the rate of primary care and preventative care visits.
- Medicaid Pre-Release Program- The Medicaid Pre-Release Program is a partnership between the Ohio's Managed Care Plans, the Ohio Departments of Medicaid and Mental Health and Addiction Services and the Ohio Department of Rehabilitation and Corrections. The goals of the program are to provide access to health services, improve health outcomes and reduce recidivism. To date over approximately 1000 Molina members have been able to access Medicaid benefits on the day of release through this program and transition assistance from a Molina care manager prior to release.

Molina also continues to focus on ensuring quality outcomes for our members. Molina had the second highest achievement in the ODM Pay For Performance program and received the highest rating on the ODM's scorecard for Women's Health and Helping Individuals Living with Chronic Illness (3/3 stars). For MyCare members, Molina ranked highest amongst MyCare Plans with over 70% of performance measures ranking in the 90<sup>th</sup> percentile. To share some of our members' experiences, I have included several stories attached to my testimony about how we addressing the health issues and social determinants faced by our Molina Medicaid and MyCare members.

### Behavioral Health Redesign

A priority for Molina and the other Medicaid and MyCare Plans (OAHM Members) has been an effort that was authorized in the last state budget - the modernization of the behavioral health (BH) benefit. Since then, Molina and the other OAHM members, have been working collaboratively to prepare the community behavioral health provider system for the integration of the physical and behavioral health benefit through a managed care delivery system with a shared goal to improve care for our members. This goal will result in improving access to care for high need consumers, improving treatment outcomes, complying with CMS correct coding standards and aligning service rates with the rest of the healthcare system. Early on, Molina and the other OAHM members met and developed a proactive approach to the managed care integration based on our participation in multiple ODM and MHAS stakeholder meetings, utilizing best practices learned from the MyCare implementation and input from individual conversations with the BH provider community to identify barriers to a smooth

transition. As part of our proactive plan, Molina and other health plans started meeting almost two years ago with our behavioral health provider partners as part of the MyCare Behavioral Health Provider Collaborative to discuss and resolve issues. This group continues to meet monthly and are co-led by The Ohio Council of Behavioral Health Providers. They have been successful in bringing together providers and managed care plans to discuss and resolve key process issues but even more importantly, the collaborative has created a shared goal building of relationships and understanding of how we can work together to improve care for the member. Some of the key successes of this collaborative are: a mutual understanding of managed care and provider regulatory requirements, identification of areas of shared interest for future collaboration (e.g. data sharing, expansion of electronic records), and efforts aimed at procedural efficiencies through the reduction of administrative burden (e.g. standard prior authorization form for BH services, billing guidance grid to assist providers new to commercial billing processes, pharmacy benefit grid to encourage Medication-Assisted Treatment programs for addiction).

As we move forward to the integration of BH services into managed care, Molina and other OAHM members are taking these lessons learned and have created a multi-pronged approach to assist providers - with a goal to facilitate as smooth a transition as possible into an integrated healthcare system that will create better outcomes for our members. This includes meeting our providers in person in their own geographical regions to understand their own unique needs. In Fall 2016, Molina and OAHM members hosted 6 regional forums which were attended by over 700 providers. Prior to these forums, we asked to attend and were invited to what became regularly scheduled meetings of several key BH stakeholders including OACHBA, NAMI and OACCA. We appreciate their willingness to meet with us and help us understand needs of their members, families and providers.

In 2017, these activities have been ramped up and are focused on training, claims testing and monitoring. Some of these activities include:

- Plans are training their Provider Relations staff and Call Centers on BH services and coding changes.
- Plans will host more Regional Provider Forums in April and June to prepare providers for the July implementation of the coding and service changes. These trainings will be in person, on-site technical assistance with each OAHM plan. These trainings are being coordinated with The Ohio Council, ODM and MHAS to ensure broad awareness in the provider community and will feature an extra session after the general session which will be targeted at small providers and office staff.
- MyCare plans will offer testing opportunities to MyCare providers starting in May.
- MyCare plans will use test results to identify claim submission errors and share consolidated data with ODM and providers as part of a quality improvement process in early May/June.
- Plans have continually offered weekly technical assistance calls/meetings on a provider individual basis since the beginning of MyCare. These calls were halted due to lack of provider need but we will re-start these calls in July to provide timely assistance with any post implementation issues.
- Plans have committed to continuously monitor claims volume, claim payment rate, denial rate, and error rates. Any feedback will be shared quickly with the goal to educate, rectify and minimize disruption to members and providers.

After the MyCare July implementation, Molina and the other OAHM members are committed to providing further educational and technical assistance that includes:

- Plans will host another round of the regional Provider Forum series in early fall 2017 to ensure statewide outreach occurs for all providers entering managed care on January 1, 2018.
- These forums will leverage lessons learned from BH Redesign and stakeholder feedback from trade associations to plan training opportunities with state agencies geared toward provider needs.
- Existing meetings and technical assistance opportunities will continue through January 1, 2018 such as OAHP BH Collaborative and provider technical assistance calls.

These activities are part of a significant, important investment to ensure better member care, but have been developed in conjunction with the state agencies and various stakeholder groups to identify all potential supports available to providers (and importantly front line clinical staff.) Molina and OAHP members are sensitive to the impact of this change for our provider partners and through our participation in the ODM stakeholder process, OAHP sponsored activities, and each plans' individual outreach activities are noting increased provider engagement to make practice changes necessary to adjust to the benefit structure and to prepare for integration into managed care.

As we look to the future where integrated care improves outcomes from members, we are already starting to see many possibilities for further improvements. Plans and providers are now focused on discussing innovative programs to further support better member care.

As an example, last year, Molina and the other OAHP members participated in a Hospital Access workgroup with Ohio Medicaid, MHAS, and the Ohio Hospital Association. These meetings were to discuss how to advocate for coverage of crisis stabilization services (not currently covered by Medicaid) as part of a collaborative effort to reduce the strain on emergency rooms, inpatient psychiatric units in Ohio and to ultimately meet the triple aim of healthcare modernization. As a result of that discussion, the Franklin County ADAMH Board approached the plans last summer about covering the cost of crisis stabilization services provided through a local provider. This service, crisis stabilization, represents cost savings by avoiding an inpatient stay for members in need of short term services. More importantly, it illustrates that through creative partnerships with providers, county boards, and managed care plans, that MCPs can focus resources to support service delivery where best needed. While this initiative is still in its early stage, one outcome may be that local boards will be able to divert these previously dedicated resources to other mutually beneficial support services such as forensic services and housing supports; thereby broadening the array of and access to services for consumers.

Another example of the initiatives that came out of the Hospital Access workgroup are ED-based diversion efforts in partnership with some central Ohio hospitals. One provider in particular is working with Molina and other OAHP member plans on an innovative ED diversion program, leveraging tele-health that includes intensive follow-up services after discharge to ensure patient engagement in ongoing treatment.

Additionally, some plans are starting to pursue value based reimbursement contracting with behavioral health providers to improve quality outcomes and in turn receive a pay for performance reward. Molina, for example, has initiated an incentive program with providers who are supporting our members to receive follow-up care within 7 and 30 days post hospital discharge and we are exploring hospitalist contracts with large agencies who are ready to take on care coordination responsibility with a defined population of our members.

Finally, as providers and managed care plans transition, providers are collaborating to establish networks that will be focused on delivering high quality care. Molina and OAHP members recently

learned that a group of youth BH providers are coming together to establish a specialty network that would offer services such as respite and other new or future planned services in the benefit. This network appears to be sharing resources to develop business strategy, perform rate analysis and develop contracting proposals, as well as survey payer sources to determine market needs.

In summary, the OAHHP member plans are confident that the proactive planning that began two years ago will ensure the transition is as smooth as possible and; MCPs are committed to supporting our providers as we move toward January 1, 2018 and beyond. This commitment to supporting quality outcomes through high quality, value based provider partnerships is expected to fulfill the promise of a better, more efficient, effective, healthcare delivery system which will ultimately benefit consumers. Molina and the other OAHHP member plans appreciate the support of the various state departments, stakeholders and the interest of legislators including those on the Joint Medicaid Oversight Committee regarding the implementation. We are committed to working with you throughout 2017 and into 2018 to ensure we are meeting your expectations to ensure high quality member care.

Thank you for your time today and I will be happy to answer any questions.