

Good Morning Chairman Romanchuk, ranking member Sykes and members of the committee. I am Tony Solem, CEO of Aetna Better Health of Ohio. Currently Aetna Better Health of Ohio administers a MyCare plan in the Columbus, Toledo and Cincinnati regions. Aetna's MyCare plan serves approximately 22,000 individuals who qualify for both Medicaid and Medicare (also known as duals). Aetna currently has over 12,000 providers in our network who help support the dual members. About 50 % of Aetna's membership is being served through long term services and supports. Aetna's overall Ohio presence includes over 2,000 employees supporting 750,000 Medicaid, Medicare, and commercial members, including a portion of the State of Ohio employees.

Nationally, Aetna Medicaid operates in 15 states and has over 30 years experience in managing complex populations such as duals and those that need long term services and supports. Currently, Aetna administers managed long term services and support programs in five states across the country.

Aetna takes an integrated approach to care coordination. Aetna uses a bio-psycho-social model and strongly believes that this approach has the most impact in assisting members tackle their health care challenges. According to a recent Kaiser Family Foundation report, 10 percent of a person's life expectancy is related to clinical care; 20 percent is related to social determinants; 40 percent is related to lifestyle; and 30 percent is related to genetics.

In addition to our integrated approach Aetna invests in collaborations and partnerships that can best address the needs of our members. At Aetna, we know that a number of factors unrelated to health such as education, housing, transportation and access to food, can contribute to someone's health. Aetna believes one of the key contributors to poor health care choices is social determinants.

Because of this, Aetna believed the best approach in tackling the challenges of the dual eligible population in Ohio was to partner with local Area Agencies on Aging (AAA) to provide care management services to members who receive home and community based (HCBS) waiver services.

We knew Ohio's AAAs have been managing waiver services for Medicaid consumers for over 30 years and are a valuable local resource in the communities we serve. However, the AAAs are also limited in their capabilities and have not managed the complete healthcare picture for those they served historically. Aetna believed that through our integrated care management approach and the local community knowledge of the AAAs that we could build a partnership that would best serve our members in the MyCare program. We developed a partnership in which Aetna fully delegates care management of members receiving HCBS to the AAAs. Aetna supplies the technology and analytics to the AAA as well as the medical and behavioral health expertise so that in a partnership we coordinate the care for our members. Each AAA utilizes Aetna's care management tools and systems and they follow the Aetna care management model.

Each AAA has dedicated staff to Aetna members and provides care management for all benefits per state and Aetna regulations regardless of age. This includes but is not limited to all of the following:

- Health risk assessments
- Waiver Service Coordination/Care management
- Care and Service Plan Review
- Crisis Intervention
- Event based visits
- Institution-based visits

Aetna meets with each AAA monthly for operational meetings as well as for clinical rounds with staff. Additionally, since each AAA utilizes our care management system, there is one record for each member that is accessible by all individuals on that members care team. We collaborate everyday and have dedicated Aetna staff to serve as the single point of contact for each AAA. They participate in our care management case rounds and access our behavioral health liaisons in each region to meet our member's needs.

We believe the partnership has garnered positive results:

- Increases employment opportunities at the local level (AAAs have over 100 individuals working on behalf of Aetna across the State)
- Higher satisfaction with members as they have a single point of contact for their medical and home and community based services
- Higher efficiencies in coordinating care as we are maximizing the strengths of both organizations
- In first 18 months of the program, rebalanced ratio to improve home and community based services compared to nursing facilities by 9 % (lower cost; appropriate settings)
- 80 % of new individuals with long term services and supports are home and community based
- Behavioral Health Emergency Department visits – measuring Behavioral Health ED visits on a quarterly basis for visits per 1000 members, we have seen a reduction trend of approximately 10% from 2015 to 2016.

Thank you Chairman Romanchuk and ranking member Sykes for the opportunity to testify today. Happy to entertain any questions from the committee.