



**Testimony of
Amy Conn, Vice President, Network Management
Molina Healthcare of Ohio
April 11, 2019**

Chair Romanchuk, Ranking Member Representative West, and members of the Committee, my name is Amy Conn, and I am Vice President, Network Management for Molina Healthcare of Ohio.

In Ohio, Molina provides care coordination services to approximately 310,000 Medicaid, Medicare and Health Insurance Marketplace consumers. Molina Healthcare of Ohio is an NCQA commendable 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.

Today, I have the opportunity to share testimony with the Committee on the state of value-based reimbursement (VBR), value-based payment, alternative payment models. There are definitely a wide variety of terms, only a few that I have named, but all of which attempt to convey the idea of paying for quality and value in healthcare. My focus, this morning, is primarily in the area of value-based purchasing within Ohio Medicaid, State Innovation Model (SIM) and the Comprehensive Primary Care Model.

In HB 166, Governor DeWine has made a commitment to value-based purchasing strategies through his administration's recommendation of additional funding for the Ohio Comprehensive Primary Care (CPC) initiative to improve wellness for kids. This language will increase the financial commitment to this program so that an estimated 1.2 million children will receive additional wellness services. Molina appreciates Governor DeWine's commitment to improving the outcomes for those we serve daily and in most need – Ohio Medicaid kids.

SIM

Ohio has been a leader in pushing forward models that focus on paying for value. This started with the development of a broad stakeholder group that included medical providers, employers, commercial and Medicaid health plans who brought to the table a variety of models and solutions to move Ohio forward. As a result of this multi-year collaboration, Ohio successfully launched two VBR models: Episodes of Care in 2015 and Ohio CPC in 2017.

Episodes of Care focus on quality and cost during acute medical events. Originally launched with 3 episodes, the program has now grown to a total of 43 episodes and include a wide variety of provider types, including: OBGYN, hospital, general surgery, primary care, and orthopedic surgery. Recently, calendar year 2017 performance has been finalized with 25% of participating providers receiving a positive incentive payment and 9% of providers

receiving a negative incentive. Incentive payments are based on participating provider performance compared to their peers and established cost thresholds.

Episodes of Care - CY2017 Final Performance Results, Molina

Total Providers Participating	1,394
Providers Receiving Positive Incentive Payments	356
Providers Receiving Negative Incentive Payments	130

Ohio CPC is a program investing in the primary care infrastructure for Ohioans to improve outcomes in population health. Starting with 92 primary care practices and 630,000 Ohio Medicaid consumers in 2017, this program has now reached 163 CPC entities and 1.2M+ consumers in 2019.

For both VBR models, the design of common programs across Ohio Medicaid has created a notable benefit in provider engagement and adoption. Implementation of these models provides a uniform approach toward the goal of greater quality and value for Ohioans in the Ohio Medicaid program. These models offer a good foundation as we work with providers to build greater value and improve the health of our members.

How We Add Value

The Ohio Department of Medicaid has established requirements in our contract that explicitly direct Medicaid Managed Care plans (MCPs) to pursue payment models to increase access to patient-centered medical homes and support episode-based payments. The purpose of these models is to achieve better health, better care and cost savings. The contract further requires that MCPs have a strategy to make 50% of aggregate net payments to providers value-oriented by 2020 and have required that we also have VBR programs with nursing facilities. Currently Molina is on target to surpass these goals with 67% of payments aligned to value-based strategies and nursing facility VBRs implemented.

Beyond the defined role for Managed Medicaid Plans to support providers in the successful launch of these programs, an area we continue to evolve is how we build upon the collaboration to improve the quality of health care, which was completed through SIM. I would like to highlight a few key areas where we are continuing to advance:

Health Information Exchange (HIE): In our work to support provider advancement of these Ohio VBRs, an area of particular opportunity remains access to timely health information. Given that provider medical records are limited to their provider group or health system, additional focus in the HIE provides the opportunity for success in alerting providers more readily to changes in the health status of their patients, our members. Increased provider adoption and further development of the Ohio HIEs offers significant area for advancement. Molina continues long-term partnership with Clinisync to add greater functionality and transparency of pertinent health information for providers caring for our members, especially in the primary care practices.

Leveraging Medicare's CPC+ Data Convener: By design, significant alignment exists between the Ohio CPC and the Centers for Medicare and Medicaid CPC + program. A partnership has been underway for nearly a year to leverage the positive work of the Ohio data convener, The Health Collaborative, a Cincinnati-based think-tank, to incorporate Ohio CPC data and metrics into this traditionally Medicare-focused provider tool. This innovation creates a broader platform for primary care practices, producing health information for Ohio Medicaid in addition to the legacy Medicare information. This commitment extends the reach and value of the Ohio CPC program by offering uniform tools between the Medicaid and Medicare programs which impacts over 50% of the Ohio CPC primary care practices.

Additional work is underway in this and the coming years to make greater strides in incorporating areas of priority for Ohio Medicaid to include social determinants of health.

Engaging with Ohio Association of Community Health Centers (OACHC): Recognizing the unique needs and challenges of our community health centers, we have begun collaboration with OACHC to create additional opportunities for partnership in the Ohio CPC program. This relationship furthers the focus to build greater engagement and coordination with our provider partners as we work together to create access, establish a medical home for members and close gaps in care.

Care Management: Since the launch of Ohio CPC, we have partnered with practices on care management activities to ensure the support provided by the practices and Molina are fully coordinated to meet our member's needs. We have often found that practices are focused more on disease prevention and/or limited disease management programs. This insight has identified a clear need for Molina to create a team of care managers partnered with Ohio CPC practices to ensure members with needs beyond the scope of the practice will be managed by Molina's care managers. This team provides member and practice support to ensure member healthcare is closely coordinated to improve health outcomes.

Quality Partnership: Quality improvement is a fundamental component of the Ohio CPC program and aligns very closely to our quality focus. Working together with providers on quality interventions has been an exciting area of progress as both groups are sharing common goals. Cincinnati Children's is a great example of how we can work well together. Our teamwork in boosting well-visits has connected kids to a primary care provider to establish their medical home at the right location (primary care office not the emergency room for routine healthcare needs). This initiative aligns well to Governor DeWine's commitment to the health of our kids and I am looking forward to an expanded focus for children in the Ohio CPC program.

Partnership in MyCare Ohio: While continuing to promote progress of VBR in Ohio Medicaid, developing VBR in MyCare Ohio is another area of focus, which led to the launch of the Molina Quality Living Program in 2017. This program, one of many being developed by Molina, focuses on improving the health outcome and experience of our members in custodial care by rewarding high performing nursing facilities on a quarterly basis. These

facilities are rewarded with quality payments and resident life enrichment supplies assistance to purchase materials to support activities for all residents. Since 2017, participating facilities have improvement rates of 25% across key quality measures such as percentage of members with a urinary tract infection and this partnership is incentivizing continued improvement. Bayley Place in Cincinnati is a great example of a high-performing facility as they have been recognized in multiple quarters for high quality performance caring for Molina MyCare members.

How We Move Forward Together

As we have completed two and four years in the Ohio CPC and Episodes of Care, respectively, we see great opportunities to build-upon these models. Some of this work is underway, with the expansion of Ohio CPC for children and contemplating how social determinants of health can be shared between provider and plan. Additionally, reconvening the SIM stakeholder group would be invaluable to create recommendations for continuation of these models and changes to expand progress and the health care experience for Ohioans.

As a proud partner with Ohio Medicaid to improve the health and value provided to our members, we have been working collectively with our other MCP plans and have developed recommendations that we believe will improve the sustainability of this program. Some of these recommendations include:

1. Support continuation of the Episodes of Care model with focus on aligning measures with HEDIS measures and improve timeliness and quality of data received by providers. Require all Medicaid providers participate in this program to ensure a collective and consistent approach to this model.
2. With the expansion of the Ohio CPC model, support of HIE participation by all providers to increase engagement with members and other providers. Molina's commitment with The Health Collaborative is one example where we will be able to focus on needed health services for those members/patients in each provider's practice.
3. We would like to partner with the Legislature on opportunities to reward quality and value. Molina continues to explore initiatives to expand our portfolio of VBR programs especially within long-term care services, pharmacy and post-acute care as we work to continuously improve the quality of care for our members and the Ohio Medicaid program.

Thank you Mr. Chairman and members of the Committee for this opportunity and I would welcome any questions you have about these innovative programs.