Written Comments of Miranda Creviston Motter, President and CEO
Senate Finance Health and Medicaid Subcommittee
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Chairman Hackett and Ranking Member Tavares, thank you for the opportunity to provide remarks concerning the current Managed Long-Term Services and Supports (MLTSS) proposal that is before this committee.

As many of you are aware, the Ohio Association of Health Plans (OAHP) is composed of 16 plans who provide health benefits to more than 9 million Ohioans. What you may not be aware of is that more than half our member plans are currently administering MLTSS programs in other states in close collaboration with public and private stakeholders in those respective states.

In fact, 19 states are currently operating MLTSS programs and Pennsylvania and Virginia are both set to launch within the next eight months. Four additional states - Nebraska, Nevada, New Hampshire, and Oklahoma - are all in various stages of implementation planning. This means that while Ohio has been on the cutting edge of transforming its Medicaid program in recent years, providing value-based, coordinated long-term care is an area where Ohio finds itself lagging behind half the United States. As more than 10,000 Ohioans now hit Medicare age each month and with the "Baby Boomers" starting to turn 80 years old within a decade, we must act now to ensure that we have both an accountable, outcome-based program and a sustainable and effective long-term care delivery system capable of caring for an aging population in the years ahead.

Change is hard, and we know there are some current long-term care providers who do not believe a value-based managed care approach is the best path forward. To support their position, they may talk about how *MyCare Ohio* providers have not been getting paid, how various states are scaling back their MLTSS programs, and how Ohio's current long-term care delivery system already provides care coordination and is measured on quality. As we discuss the merits of a quality, outcome-based program for those Ohioans that need long-term services and supports, I wanted to share a few key facts:

- A recent three-year evaluation of *MyCare Ohio* - the state's first foray into managed long-term care - found that all five *MyCare Ohio* plans are meeting state and federal requirements concerning timely payment of providers. This means that 90 percent of all clean claims are being paid within a 30-day span and 99 percent are being paid within 90 days.

- We have heard word circulate recently that the State of Florida was rolling back its MLTSS program. However, that is not the case. The fact is that a lone bill in that state - Senate Bill 682 - aimed to carve nursing homes out of the state's MLTSS program. However, that bill quickly lost steam following a series of fiscal analyses showing that such a move would result in an estimated additional cost of $200 million to the state's Medicaid budget.

- Today in Ohio, nursing homes are held to just **five** quality measures. One of which – avoidable hospital admissions – was recently removed by the Ohio House in its rewrite of the budget. Meanwhile, Ohio Medicaid holds its managed care plans to 20 such quality measures, and failing to meet an approved standard may result in sanctioning by the state. Simply put, this is not acceptable. The most senior and vulnerable Ohioans deserve a more accountable and value-based system of care. Additionally, care coordination offered through nursing homes today is limited. The fact is that they only provide care coordination for the services they deliver. This creates potential gaps across the full continuum of care. However, care coordination conducted by managed care plans views the full scope of a patient's needs and addresses the full continuum of care – physical, behavioral, pharmaceutical and social.

Finally, I must say that the current managed long-term services and supports proposal is about the person, their care, and their choice. That means health plans working in close collaboration with providers and others to ensure that the right care is provided in the right setting at the right time.

This morning, I am hopeful that we can use this time to have a constructive conversation that moves beyond maintaining the "status quo" and focuses on building a program that provides accountable, coordinated care that addresses the full spectrum of health care needs for our most vulnerable Ohioans.

Again, thank you for the opportunity to speak before this committee. I am happy to answer any questions you may have.