

**Senate Finance Subcommittee on Health and Medicaid**  
**Testimony by Michael Monson**  
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Chairman Hackett, Ranking Member Tavares, and members of the subcommittee, my name is Michael Monson, and I am the Senior Vice President of Long Term Services & Supports and Dual Eligibles for Centene Corporation. In addition to my role at Centene, I also serve as Chair of the Board for the National MLTSS Health Plan Association. I am here today to provide a national perspective on managed long-term services and supports (MLTSS) and to illustrate how MLTSS has improved the quality of life of countless Americans in over 20 states. Furthermore, I will highlight the innovative strategies managed care plans are employing today to ensure long-term services and supports (LTSS) populations are receiving person-centered, high-quality care while reducing costs.

Nationally, managed LTSS plans coordinate a continuum of services for more than 1.3 million people of all ages with disabilities who need assistance in their day-to-day living. Centene Corporation is an industry leader in MLTSS and has served as a knowledgeable and experienced partner to states transitioning LTSS into managed care. Centene provides coverage for over 225,000 MLTSS beneficiaries in nine states, including Ohio where Buckeye Health Plan, a wholly owned subsidiary of Centene Corporation, is providing MLTSS for Ohioans in 12 counties as part of the state's MyCare demonstration. In these and other states—22 in all—that use private managed care companies to coordinate LTSS, the results have been impressive:<sup>1</sup>

Texas: Decreased emergency room visits by 40 percent; increased the use of home- and community-based services by 70 percent; saved 3.7 percent (on average) per year.<sup>2</sup>

Florida: More than 77 percent of members reported that their quality of life improved since enrolling in the MLTSS program; rebalanced the system moving from 47% to 50% of members living in the community in just one year from 2014 to 2015.<sup>3</sup>

Minnesota: Individuals enrolled in the Minnesota Senior Health Options program (coordinated health and LTSS) were 48 percent less likely to have a hospital stay and 6 percent less likely to

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<sup>1</sup> *National Association of States United For Aging and Disabilities: Managed Long Term Services and Supports.* Available at: <http://www.nasuad.org/initiatives/managed-long-term-services-and-supports>

<sup>2</sup> Milliman "Texas Medicaid Managed Care Cost Impact Study" 2/17/15

<sup>3</sup> *A Snapshot of the Florida Statewide Medicaid Managed Care Program.* Available at: [http://www.ahca.myflorida.com/medicaid/statewide\\_mc/pdf/SMMC\\_Quality\\_and\\_Performance\\_Snapshot.pdf](http://www.ahca.myflorida.com/medicaid/statewide_mc/pdf/SMMC_Quality_and_Performance_Snapshot.pdf)

have an outpatient emergency department visit than individuals receiving uncoordinated services.<sup>4</sup>

Ohio: Ohio's foray into MLTSS has occurred as part of its innovative demonstration project to coordinate benefits for Medicaid/Medicare enrollees (MMP Program). Ohio's MMP Program, called MyCare, is recognized as a national leader in improving care for members. Hospital re-admission rates have been trimmed from 26 percent to 16 percent, and Ohio's MyCare plans have scored on average above the 90<sup>th</sup> percentile on roughly half of the national clinical quality measures.<sup>5</sup> Individuals served by the program are highly satisfied. Eligible Ohioans have chosen to receive their Medicaid and Medicare benefits in a single coordinated package ("opt-in members") at a rate (70 percent) higher than in any other state in the nation. As noted in the April MyCare Ohio Report released by the Ohio Department of Medicaid, the MyCare program saved an estimated \$2.4 million per month over the traditional fee-for-service system.

The results—better health outcomes, improved member satisfaction and reduced costs—are why 22 states have moved to MLTSS with additional states phasing-in over the next few years. Together as an industry, managed care plans are poised to bring our time-tested MLTSS best practices to Ohio. Here are a few of the guiding principles and innovative practices that have made managed care successful in other states:

**#1 Integration is key.** Integrating acute medical, behavioral and LTSS offers our members a holistic perspective that enables them to have the best quality of life and the best outcomes. Our care coordinators and case managers meet members face-to-face, where they live, and work with members to ensure they have the person-centered care plans and services they deserve. Our care coordinators and case managers serve as navigators of LTSS, health care, and community services, ensuring that members receive the right service, in the right place, at the right time. This coordination helps members experience better health outcomes while simultaneously lowering costs. For example, Buckeye recently transitioned a member to the community with paraplegia who had spent two years in a nursing facility. Our team was able to identify a home health agency who could assist the member with his wound care and personal care needs while also finding housing that would accept him. The member is now safely living in the community.

**#2 Providers are our partners.** Our providers are critical partners for us because they work with our members nearly every day. We strive to use our providers as resources, working with them at the top of their license and utilizing their assets to provide the best care possible for our members. A managed LTSS program offers both traditional and new opportunities for nursing facilities and other providers that are dedicated to serving individuals in the Medicaid program. We are also committed to working with local providers, advocates, and the existing community infrastructure that has direct ties to the LTSS population. For example, Centene plans often

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<sup>4</sup> *Advancing Integrated Care: Lessons from Minnesota*. Available at: <https://aspe.hhs.gov/basic-report/advancing-integrated-care-lessons-minnesota>

<sup>5</sup> *Medicare-Medicaid NORC Reports Data Summary*. Available at: <http://www.norc.org/Research/Projects/Pages/default.aspx?Topic=153>

work with Centers for Independent Living to develop peer support programs designed to assist members in transitioning back to the community.

#3 **We are innovative.** Private Medicaid managed care plans are simply better at driving innovation than the government-operated fee-for-service model. Health plans are centers of innovation, and Centene and Buckeye are helping to lead the way. In Ohio, Buckeye created the Compassionate Connections® program to provide home-based palliative care to members nearing end of life. This program has had a significant impact on the experience of our members. After six visits, 100 percent of participants reported discussing care goals with their physician and caregivers (up from 40 percent prior to participation). The program is also helping to reduce unnecessary services: emergency room visits for participants dropped by more than 50 percent after joining the program. And early results suggest that the program is reducing overall member cost.

Over the last 20 years, managed care plans have repeatedly demonstrated their ability to utilize private industry innovations to drive increased quality-focused care for LTSS Medicaid beneficiaries. Ohio has the opportunity to allow managed care plans, providers, and other stakeholders to work together to implement a coordinated, holistic and person-centered care delivery system for Medicaid-eligible Ohioans who need LTSS. As the Senate continues to deliberate the merits of bringing MLTSS to Ohio, I encourage you to consider the states that have already invested in MLTSS and the significant benefits afforded to their LTSS populations.

At this time, I am happy to take your questions.