Testimony of UnitedHealthcare Community Plan of Ohio, Inc.
Ohio State Senate Finance Committee
Health & Medicaid Subcommittee
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Good morning Chairman Hackett, Vice Chair Tavares and members of the Subcommittee. My name is Tracy Davidson and I am the Chief Executive Officer for UnitedHealthcare Community Plan of Ohio. On behalf of UnitedHealthcare, thank you for the opportunity to represent the managed care industry to address the Subcommittee regarding the MyCare program and the proposed creation of the managed long term services and supports (MLTSS) program for Ohio Medicaid.

UnitedHealthcare is a part of UnitedHealth Group, a *Fortune 6* company. We are proud to employ over 3,200 Ohioans and honored to provide health care benefits to over 2 million individuals in Ohio.

As an enterprise, UnitedHealthcare's Medicaid business (Community & State) currently supports the needs of individuals living in nursing homes and those living in the community with the support of home and community based services (HCBS) through MLTSS programs in 13 states – soon to be 14. This rewarding and humbling experience is not new for UHC. In fact, we have been partnering with states to serve these individuals for more than 30 years, beginning with the original managed long-term services and supports program in Arizona, known as Arizona Long-Term Care.

Building on MyCare Ohio Successes

The MyCare Ohio program helps to alleviate inherent systemic challenges facing individuals who are dually-eligible for Medicare and Medicaid. Specifically, MyCare leverages a managed care approach to coordinate benefits for older Ohioans and consumers under 65 with a disability in certain regions of the state, including physical, behavioral and long-term care services and supports through a team approach to care coordination.

Long-term services and supports (LTSS) are not just health care services; rather they are a range of services coordinated across many providers and settings to address the needs of individuals who have functional limitations that impair their ability to carry out activities of daily living.

Individuals who need and access LTSS constitute several overlapping populations, each requiring varying levels of care, including individuals of all ages – elderly and non-elderly – those with physical disabilities, behavioral health diagnoses, traumatic brain injuries, or disabling chronic conditions.

MyCare Ohio has aimed to improve the lives of Ohioans and their health care delivery by:

- Utilizing managed care plans to improve continuity and coordination of care across the continuum that is person centered;
- Providing a primary point of contact for beneficiaries;

- Focusing on individual choice and control of care delivery;
- Coordinating long-term and service supports, behavioral health and physical health services;
- Encouraging and supporting an individual's right to live independently; and
- Providing seamless transitions between settings of care and programs.

The managed care plans and the Area Agencies on Aging (AAAs) each play important, but distinct roles in the MyCare program and in the provision of LTSS in Ohio. The managed care plans:

- Comprehensively manage the full spectrum of Medicaid and Medicare benefits offered through the MyCare program;
- Serve as a single point-of-contact to support members in navigating the system; and,
- Leverage our local partners and community providers, lead team-based care coordination that is person-centered, encourages self-direction, and supports individuals to help them remain in the community.

The AAAs play an important, but more targeted role, in the administration of the MyCare program. As a part of the team-based care coordination led by the managed care plans, the AAAs coordinate the provision of HCBS waiver services and in some cases conduct assessments and community transitions. The managed care plans work with AAAs and other community-based organizations to provide a "connected" experience in both the Medicaid and Medicare program to help improve the overall health and well-being of dually-eligible Ohioans.

The managed care delivery system has moved the needle on several key metrics in the MyCare program. For example in 2016, the as an industry, MyCare-participating managed care plans:[1]

- Reduced the number of nursing facility days for residents by 4%;
- Achieved strong results on Health Effectiveness Data and Information Sets (HEDIS) rates measured for all enrolled members, including 53% of all rates exceeding the national 75th percentile benchmark;
- Ensured members received the care they need, demonstrated by the approval of more than 90% of all provider-submitted prior authorization requests by the managed care plans since the implementation of MyCare Ohio.

I am proud to note that UnitedHealthcare Community Plan has also achieved successes for our members and provider partners in the MyCare program, for example:

- 340 of our members have been repatriated into the community;
- Our nursing home diversion rate is 93%;
- We have arranged for the delivery of over 950,000 meals to members;
- We have arranged and paid for over 6,700 home modifications;

[1] http://medicaid.ohio.gov/Portals/0/Initiatives/MLTSS/MyCare_Ohio_Progress_Report_2017.pdf

- Medication adherence among our members has increased 6% every quarter the program has been in-place; and
- Our prompt pay rate for inpatient, outpatient, pharmacy, skilled nursing, and behavioral health services is 97%.

Next Evolutionary Step: MLTSS

The MLTSS program, particularly when designed as currently envisioned to serve more Ohioans, will create a foundation of accountability across the continuum to comprehensively address the needs of individuals, improve quality and align services that are best suited to achieve person-centered goals

MLTSS programs are fundamentally different than what most understand managed care to be. MLTSS programs support members' life goals such as living independently, going to church, and volunteering. Managed care plans providing MLTSS in Ohio will work with local partners and providers to create an approach that is centered on helping people across the state achieve their individual life goals.

Within MLTSS, managed care plans address highly personal needs such as bathing, dressing, and eating while also addressing the medical and behavioral services for our members. MLTSS health plan care managers are locally based and visit members in their communities, and in their homes.

The personal nature of the care we provide is founded in a robust practice of coordinating individuals' needs – including their physical health, behavioral health, functional limitations, and social needs. This care coordination, rooted in the personal relationship between the member, their family as appropriate, and the care manager serves as a basis for the development of personalized plans of care centered on and monitored in alignment with individual goals.

Managed care plans are heavily regulated and are regularly evaluated at both the state and federal levels to ensure that our care coordination models address the full continuum of needs for the individuals we serve - - a level of accountability that is not germane to other entities that conduct HCBS waiver service coordination or targeted case management.

In MLTSS, care coordination is defined more broadly than traditional case management and waiver service coordination. Through a managed care approach, care coordination includes comprehensive coordination of all health and social services and extends to people with a variety of needs, including medical, LTSS, and behavioral health.

During our years serving individuals in need of long-term services and supports across the country, we've had the privilege to support our members in countless ways. As of March 2016, we transitioned approximately 5,000 individuals to the community out of close to 295,000 members in MLTSS programs served over the previous 12-month period. This is evidence of our commitment to a member-centered approach, working with members to meet their wishes to live in their communities and ensuring those that require a nursing-home level of care and wish to reside in a nursing home do so.

Partnering with Providers

In MLTSS programs, health plans collaborate with interdisciplinary care teams – including local experts in aging services, housing, and disability supports to address comprehensive, person-centered needs.

Non-traditional Medicaid providers-- particularly those in rural areas of the state that are not a part of the MyCare program-- are not accustomed to typical managed care billing systems and practices. In preparing to launch MLTSS, managed care plans have a responsibility to work with community providers and the state to ensure that billing systems and practices align with providers' abilities to submit claims and receive payment as they do today. This responsibility extends to conducting proper education and outreach with providers on how to bill managed care for their services, and to establish processes that identify issues quickly to ensure providers are paid promptly and accurately for services.

We work with non-traditional providers, particularly small "mom and pop" businesses and those in rural areas, and make adjustments to our procedures to support small home and community based providers by providing timely payments to assist in their cash flow. In fact, here in Ohio, we prioritize HCBS claims among all other services we pay for to ensure those are processed and paid before other claims that would normally be paid first in a "first in, first out" billing model. In Massachusetts, to ensure timely payment we front payments to the state's fiscal intermediaries and reconcile with the providers after-the-fact.

Successful MLTSS programs in other states, such as New Jersey, leverage the local expertise, connections, and commitment to community that the AAAs bring to the table. Here in Ohio, as the MLTSS framework continues to be developed, the AAAs could continue to serve their role, working with individuals enrolled in the MLTSS program, maximizing their capabilities by providing critical waiver service coordination and ensuring that individuals' needs are assessed and met. Such a role would continue to demonstrate Ohio's meaningful commitment to and investment in our community assets.

Thank you for the opportunity to testify today. I would be happy to answer any questions from the Subcommittee at the appropriate time.

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