

Ohio Senate Finance Subcommittee on Health and Human Services
Interested Party Testimony
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Good morning Chairman Hackett, Ranking Member Tavares, and members of the subcommittee. My name is Michelle Bentzien-Purrington and I am the Vice President for Managed Long Term Services and Supports (MLTSS) and Dual Eligible Programs for Molina Healthcare, Inc. Thank you for the chance to share how MLTSS programs nationally provide a person-centered way for more than 1.3 million individuals of all ages and abilities to improve the quality of their lives and health outcomes in 22 states across the country¹.

Molina Healthcare provides high quality government-funded services to more than 4.7 million individuals in 12 states and the commonwealth of Puerto Rico, including approximately 350,000 Ohioans. As an industry leader in MLTSS, we have spent more than a decade collaborating with states, beneficiaries, providers, advocates, and community partners to improve satisfaction, outcomes, access, and value. We are proud to serve more than 237,000 individuals in nine states through a variety of MLTSS program models that integrate physical and behavioral health services as well as assistance with activities of daily living that impact health and independence. Here in Ohio, more than 18,000 individuals in 13 counties choose Molina as their MyCare health plan and about 70% receive both Medicare and Medicaid services from Molina.

Across our country, states are benefiting from the flexibility MLTSS programs afford to improve quality of care to achieve better outcomes. Following are highlights of just a few accomplishments from such programs:

Outcomes

- Texas decrease in drivers of medical costs: 31% decrease in diabetes short-term complication rate; 19% bacterial pneumonia rate; 31% decline in urinary tract infection (UTI)²
- New Mexico: In 2015 achieved 85.7% of long-term care program members reside in a community setting³
- Florida: As of 2015, 50% of individuals in community vs. institutional setting, exceeds rebalancing goal of 35% of individuals in the community and increased from 47% in 2014⁴

¹ Dobson, C., Gibbs, S., Mosey, A., and Smith, L. (2017). Demonstrating the Value of Medicaid MLTSS Programs. NASUAD and CHCS. Available at: <http://www.chcs.org/media/FINAL-Demonstrating-the-Value-of-MLTSS-5-12-17.pdf>

² Medicaid Managed Care in Texas: A Review of Access to Services, Quality of Care, and Cost Effectiveness. February 2015 by Sellers Dorsey and Milliman. Available at: <http://tahp.org/wp-content/uploads/2016/11/Sellers-Dorsey-Milliman-Study-Medicaid-Managed-Care-in-Texas-A-Review-of-Access-to-Services-Quality-of-Care-and-Cost-Effectiveness-February-2015.pdf>

³ Centennial Care Fact Sheet. Available at: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&uact=8&ved=0ahUKewiLm42ni4XUahXprVQKHZofDlcQFgg0MAM&url=http%3A%2F%2Fwww.hsd.state.nm.us%2Fuploads%2FFileLinks%2Ff13cd6ab72d244089c5bf80111f07524%2FCentennial_Care_2017_Fact_Sheet.docx&usq=AFQjCNFHmeRaj2-HnvdMzs2DGlyysuAYBQ&sig2=agD7PlfQVNplHzDTKXV7Q

⁴ Florida: SMMC Quality & Performance Snapshot
http://www.ahca.myflorida.com/medicaid/statewide_mc/pdf/SMMC_Quality_and_Performance_Snapshot.pdf

Satisfaction:

- California: 80% of Cal MediConnect enrollees are satisfied with their health plan⁵ and 92% are satisfied with their care coordinator⁶
- Florida: 77.4% reported that their quality of life had improved since enrolling in their Long-Term Care (LTC) plan and 79.7% of respondents rated their LTC plan an 8, 9, or 10⁷

Value:

- Texas: From SFY2010 – SFY2015 managed care has reduced the STAR+PLUS expense line of the state budget by an estimated 3.8% compared to expected Fee For Service cost, including revenue from premium taxes⁸
- Ohio: MyCare Ohio rates to plans trending downward while fee for service costs do not⁹

Through collaborations with beneficiaries, advocates, providers, community-based organizations, and state partners, health plans have demonstrated the ability to pioneer innovative approaches that meet the unique needs of those we serve while achieving the goals common amongst MLTSS programs. I'm pleased to share a few of the innovations Molina has introduced to MLTSS programs.

Molina Quality Living. Molina Quality Living is a value-based payment program that rewards nursing facilities with quality performance with monetary payments, facility supplies, resident programs, and community integration activities. Year one results in our Texas plan included more than \$1.7 million in NF incentives and reduced inpatient admissions/thousand members by 0.71 and included 3,158 activities conducted in SNFs (e.g., art, pet, and music therapy; exercise groups; special events; field trips). Additionally, more than 75 Molina staff volunteered to support nursing facility activities. As a result of the success in Texas, Molina has expanded the program to New Mexico, Ohio and other states.

Integration Partnerships such as Molina's relationship in Illinois with Thresholds. Established in 1959, Thresholds provides healthcare and housing for thousands of Illinois residents with behavioral health (BH) and Substance Use Disorder (SUD) needs each year. Molina partners with Thresholds on two pilot programs for members with BH needs. The first program focuses primarily on ensuring that members receive a follow-up appointment for treatment with a mental health provider within seven days of discharge from a BH hospitalization. This is the Complex Care Pilot that focuses on

⁵ Spotlight on Managed Care Fact Sheet, December 2016. Available at: http://www.calhealthplans.org/pdfs/Snapshot_Medi-Cal_Managed_Care_12.13.16.pdf

⁶ Californians for Coordinated Care, Coordinated Care Works Fact Sheet December 2016. Available at: <http://www.californiansforcoordinatedcare.com/>

⁷ Florida: SMMC Quality & Performance Snapshot. Available at: http://www.ahca.myflorida.com/medicaid/statewide_mc/pdf/SMMC_Quality_and_Performance_Snapshot.pdf

⁸ Medicaid Managed Care in Texas: A Review of Access to Services, Quality of Care, and Cost Effectiveness. February 2015 by Sellers Dorsey and Milliman. Available at: <http://tahp.org/wp-content/uploads/2016/11/Sellers-Dorsey-Milliman-Study-Medicaid-Managed-Care-in-Texas-A-Review-of-Access-to-Services-Quality-of-Care-and-Cost-Effectiveness-February-2015.pdf>

⁹ MyCare Ohio Progress Report 2017. Available at: http://medicaid.ohio.gov/Portals/0/Initiatives/MLTSS/MyCare_Ohio_Progress_Report_2017.pdf

members with severe and persistent BH challenges who are struggling to get the treatment that they need outside of an inpatient setting; and many who are at risk for placement in a long-term care facility. Notable pilot outcomes include a 50 percent reduction in BH admissions and a 63 percent reduction in PMPM costs for BH inpatients.

Addus Homecare Partnership. This targeted nursing home diversion effort went live in February 2017. The program identifies changes in clinical symptoms early and ensures timely treatment at the most appropriate level of care. Success is synonymous with quality care and outcomes with a noted decrease in inappropriate utilization and cost. The program has resulted in 76 Reports of Change in Condition submitted to Molina by Addus Homecare in less than three months. Following are example of real time interventions that occurred to prevent avoidable emergency department usage and hospitalization that often leads to institutional stays:

- A 72 year-old male member admitted to hospital for blood clot was immediately referred to our Transition Of Care (TOC) program for transition services to ensure he was able to return safely home with appropriate post-acute care to prevent readmission
- A 71 year-old female member receiving dialysis reported she was ‘not feeling well’ and had heaviness in her lower stomach; additionally she fell while walking down some stairs. A Primary Care Physician (PCP) visit was scheduled and lab results indicated a UTI so antibiotics were prescribed. The member is also being assessed for physical therapy and a falls prevention program
- A 65 year-old female member broke out in severe rash, had a bump on her right eye, and bruising on her elbow. Her care coordinator worked with her homecare provider to schedule and provide transport to her PCP as well as follow up visits, preventing avoidable emergency transport and emergency department usage

While this pilot is in its infancy and it is too early to identify reduction in utilization and cost, it offers promising results as the communication between caregiver and our care coordinators is increased resulting in early interventions.

Through thoughtful collaboration and planning, MLTSS has greatly expanded in the past decade to increase access and value, modernize the delivery system, and improve outcomes and satisfaction. In just three years, MyCare Ohio has improved beneficiary experience, increased payment timeliness, and reduced costs.¹⁰ Stakeholders have been quick to not only identify issues but to work together to resolve them. This culture of collaboration and dedication to provide high quality services to individuals through Medicaid programs well positions Ohio to build upon the successes of MyCare Ohio and exceed the MLTSS programs results achieved in other states.

Thank you for your time today. I am happy to take your questions.

¹⁰ MyCare Ohio Progress Report 2017. Available at:
http://medicaid.ohio.gov/Portals/0/Initiatives/MLTSS/MyCare_Ohio_Progress_Report_2017.pdf