



**Testimony of  
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**Joint Medicaid Oversight Committee**

Chairwoman Sears and Members of the Joint Medicaid Oversight Committee, thank you for the opportunity to speak to you today about the state's Medicaid Program and its partnership with the private sector to provide health care to more than 2 million Ohioans.

My name is Miranda Motter and I serve as the President and CEO of the Ohio Association of Health Plans (OAHP). OAHP is the statewide trade association representing fourteen member companies that are commercial insurers, Medicare Advantage plans and Medicaid managed care plans. Collectively, OAHP member plans are dedicated and accountable to more than 8 million Ohio health care consumers. Our core mission is to promote and advocate for quality health care and access to a variety of affordable health benefits for all Ohioans.

Ohio's Medicaid managed care plans work as partners with the state to continue to modernize Ohio's Medicaid program. In today's health care environment, there is a great focus on improving patient outcomes and controlling costs. Ohio's Medicaid program is effectively demonstrating that these are not mutually exclusive goals. By largely replacing the traditional "fee-for-service" program with one that utilizes private sector innovation and focuses on outcomes by linking payments with performance, Ohio's Medicaid managed care plans put the spotlight squarely on improving health outcomes for beneficiaries.

The high performance public/private partnership is producing the kind of results that policymakers nationwide are seeking. By enrolling almost 80 percent of beneficiaries in private sector managed care plans, the Medicaid program provides Ohio's state budget predictability and relieves tax payers from financial risk.

As you know, over the past few years, there has been significant reform within our state's Medicaid program. In July of 2013 Ohio Medicaid consolidated health plan regions from eight to three regions and selected five managed care plans to operate statewide. The five managed care plans cover both the Covered Families and Children (CFC) and Aged, Blind and Disabled (ABD) populations. This change allowed for more consumer choice, and supported program efficiencies within the state's Medicaid program. Additional reforms have also been implemented and today, Medicaid plans:

- Must work toward implementing value based contracting with providers as the provider agreements require 20% of their provider contracts to be tied to purchasing value over volume by 2020;



- Adhere to care management standards for high risk/high cost individuals, including staffing ratios, a contact schedule with the member based on their needs, at least one face-to-face contact per 90 days and a person-centered care planning process that creates an individualized care plan for the member based on a comprehensive assessment; and
- Are paid on a pay-for-performance basis and are benchmarked against specific quality measures.

This Administration has repeatedly supported and implemented policies that run afoul of the status quo in order to control growth and improve the lives of Ohioans by providing them private sector, coordinated health care. While much has been accomplished, there's still much work to be done. We will continue to support and advocate for policies that reform and change the status quo. This is critical in order to continue to improve the health care for more than 2 million Ohioans and the over 10 million Ohioans that pay for that healthcare.

Today with me I have thought leaders from each of your private sector partners. They are focused on developing innovative programs and tools to improve the health of Ohioans and they stand ready to share those innovations with you and answer your questions relative to their work and partnership with the state.

- From Buckeye Community Health Plan, Dr. Brad Lucas is here to speak to you about the cost drivers within the system and what plans are doing to control those costs.
- Dr. Martin Portillo with Molina Healthcare of Ohio will share about how quality is measured in the Medicaid managed care program.
- Kim Crandall with UnitedHealthcare Community will speak to you about Care Management.
- Dale Ocheske with Paramount Health Care is here to speak with you about additional services managed care plans provide their members.
- Dr. Craig Thiele from Caresource will speak to you about payment reform and innovative contracts.