

**Joint Medicaid Oversight Committee**  
**Minutes**  
**March 21, 2024**  
**135<sup>th</sup> General Assembly**

The Joint Medicaid Oversight Committee was called to order pursuant to the meeting notice at approximately 10:04 a.m. in the House Finance Hearing Room.

The clerk called the roll, and a quorum was present. The minutes of the December 14, 2023, meeting was approved without objection.

The Chair proceeded to the first order of business and called forward Dr. Sean P. Gleeson, President of Nationwide Children's Hospital's. Partners for Kids to present.

Dr. Gleeson provided testimony and several questions were asked by Members.

Ranking Member, Liston asked Dr. Gleeson to explain the benefit of having the Managed Care Plans (MCP), subcontract with PFK vs. having a direct service from PFK. Dr. Gleeson explained that MCP's have the infrastructure for claims, and they do it well and at scale. PFK's role is to get closer to families and providers and focus efforts on individual improvements. Dr. Gleeson also confirmed for Ranking Member, Liston that PFK receives the bulk of the capitation rate passed from ODM to the MCP to PFK as those funds are earmarked for providing direct care services.

Representative Gross asked if PFK tracks their cost savings and how is that money reinvested. Dr. Gleeson confirmed that PFK does not track their cost savings, but referenced a cost performance analysis that took place a few years ago that he will send to JMOC. The study compares cost performance from an ACO model with the Medicaid Managed Care model and Fee for Service model. The findings were that the ACO model was able to achieve quality goals for children at a lower cost than the other models. Dr. Gleeson will provide this report to the committee for review.

Members asked questions.

Representative Lipps went on record as stating he is concerned that the PFK model mimics the Pharmacy Benefit Manager (PBM) model where they were able to dominate the marketplace and increase costs. Representative Lipps wants to ensure that the ACO model doesn't become a monopoly that the public will have to fight in the future.

Representative Gross asked, for an explanation of the billing reimbursement process with ODM. As well as, if and how are incentives paid out. Dr. Gleeson explained that the claims payment process is with ODM and not in PFK's "sphere of influence". PFK does provide incremental, financial incentive payment to physicians of PFK above the standard Medicaid rate out of their pool of money

if the provider accomplishes set goals determined by PFK.

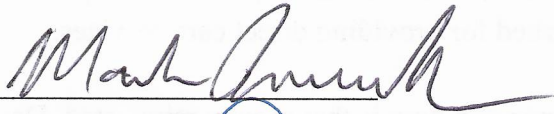
The Chair moved to the next order of business and called forward representatives from the Ohio Department of Medicaid. Director, Maureen Corcoran provided testimony on the agency's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program (Healthchek) and Pregnancy Related Services.

Members asked questions.

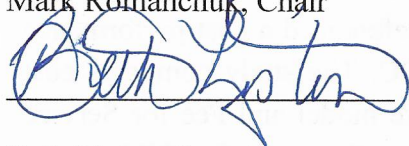
Representative Gross asked how does the Healthchek payments factor into the capitation rate payment to the MCP's and ACO's. Director Corcoran stated that there isn't a specific Healthchek payment. She further explained that Healthchek payment design is much like the CPC (Comprehensive Primary Care) for kids, payment design, where enhanced payments are issued above what the pediatric practice would normally receive. It's not exclusively to pay for that screening, but it is a component. It's the same for the MCP's, that it is an expectation for delivering the benefit, whether for a pregnant woman or young person.

Members asked questions.

With no further business, Chair Romanchuk adjourned the Committee at approximately 11:45a.m.



Mark Romanchuk, Chair



Beth Liston, Secretary