



**Testimony of
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House Finance Health and Human Services Subcommittee

Chairman Sprague and Members of the Subcommittee, thank you for the opportunity to speak to you today about the state's Medicaid managed care program and Ohio's 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 14 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.

Under the direction of Directors Moody and McCarthy, Ohio's Medicaid program is leading the way nationally. In today's health care environment, there is 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.

This 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, Ohio's Medicaid program provides predictability for the state budget and relieves taxpayers of financial risk. And, by setting high standards for program components and measuring performance against them, the State and its private sector partners together ensure that Ohio's neediest citizens receive quality health care services. Despite significant recent change, modernization of Ohio's Medicaid program continues.

House Bill 64 includes a number of additional reforms measures which will continue to modernize and advance our state's Medicaid program. This morning, the Medicaid managed care plans will provide their perspective on the various proposals included in the Administration's FY 2016 - 2017 budget and answer your questions on their value proposition. In short,

- OAHP Medicaid Managed Care Plans ***support integrating behavioral health services into the Medicaid managed care program.*** The current system is fragmented, and individuals with behavioral health needs are not receiving the best comprehensive care possible. Plans have long supported integration in order to coordinate the care of an individual's physical and behavioral health care needs.
- OAHP Medicaid Managed Care Plans ***support moving children in foster care into the Medicaid managed care program.*** These children need care coordination and increased access to services, which is not available to them today under the fee-for-service program. Coupled with integration of behavioral health services, OAHP Medicaid Managed Care Plans will be well-positioned to provide a full array of integrated health care services to these children and better connect these services with local children's services staff to holistically care for these deserving young Ohioans.
- OAHP Medicaid Managed Care Plans ***support enrollment into a Medicaid managed care plan on "day one" of eligibility.*** This proposal supports care coordination from day one of Medicaid eligibility and will be key for the work plans are doing to reduce Ohio's infant mortality rate and improve prenatal care of newly pregnant Medicaid consumers.
- OAHP Medicaid Managed Care Plans ***support the Administration's financial commitment to infant mortality relative to the (1) utilization of community health workers in hot spot neighborhoods to assist with outreach and identification of women, especially pregnant women and (2) coordination with local health districts in the hot spots to develop a communications plan.*** OAHP Medicaid Plans encourage the Administration

to look at changes to administrative rules to foster opportunities for health plans to more easily contract with local governmental organizations.

- OAHP Medicaid Managed Care Plans *support eliminating barriers to payment reforms, including eliminating the “Holzer add-on,”* as this type of status quo protection is problematic because it sets reimbursement at 140 percent of fee-for-service rates without any expectation of performance, improved quality or additional value.
- OAHP Medicaid Managed Care Plans are *concerned with the proposal to reduce the eligibility level for pregnant women from 200% FPL to 138% FPL.* In order to ensure access to timely prenatal care and to address issues of infant mortality previously noted, there is a need for some form of health care for these women. OAHP MCP’s look forward to working with the Administration, General Assembly, and other stakeholders on this issue to ensure access to health care for these women.

Again, we appreciate the opportunity to provide information, our insights, our perspectives and our vision for further reform of our state's forward-thinking Medicaid program.

Jonas Thom from CareSource will speak to you about the integration of new populations and services into managed care.

Jeff Corzine with UnitedHealthcare Community will speak to you about payment innovation.

From Buckeye Health Plan, Dr. Brad Lucas is here to speak to you about what plans are doing to improve health outcomes.

Holly Saelens with Molina Healthcare of Ohio will share about the newly eligible population.

Dale Ocheske with Paramount Advantage is here to speak with you about what plans are doing to ensure member success.