



Ohio's Health Insurance Market

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Miranda Motter
President and CEO

Sam Rossi
Director of Govt. Affairs

Angela Weaver
Director of Regulatory Affairs

OAHP Overview

Who We Are: The Ohio Association of Health Plans (OAHP) represents 16 member plans providing health insurance coverage to more than 9 million Ohioans. Ohio's health plans include carriers providing coverage in both the private and public markets.

Core Mission: To promote and advocate for quality health care and access to a variety of affordable health benefits for all Ohioans



OAHP Overview

Current Membership:

- Aetna
- Anthem Blue Cross/Blue Shield
- AultCare
- Buckeye Health Plan
- CareSource
- Cigna Healthcare
- Gateway Healthcare
- Humana
- Medical Mutual of Ohio
- Meridian
- Molina Healthcare of Ohio
- Paramount Health Care
- SummaCare
- The Health Plan
- UnitedHealthcare Community Plan
- UnitedHealthcare of Ohio

Affiliate members: Delta Dental Plan of Ohio; Ohio State University Health Plan

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- *Miranda Motter (mmotter@oahp.org)*

Director of Association Services

- *Stacy Bewley (sbewley@oahp.org)*

Director of Regulatory Services

- *Angela Weaver (aweaver@oahp.org)*

Director of Government Affairs

- *Sam Rossi (srossi@oahp.org)*



Ohio's Health Insurance Market

The Basics

“Health Insurance” allows individuals to obtain treatments for illness, conditions and unforeseen injuries at a more manageable cost. Essentially, it is a contract established and maintained between a consumer and an insuring entity.

Ohio's Health Insurance Market

The Basics

Ohio is home to a competitive and diverse insurance market aimed at providing purchasers of health care services coverage that best fits their needs.

OAHP's membership includes national and homegrown carriers, as well as regional plans. Additionally, some plans are for-profit entities, while others are non-profit businesses.

Several member plans are part of integrated health systems that assist individuals in navigating through the full continuum of care, while others provide administrative support to Ohio's employers who assume the financial risk of covering their employees through self-insurance.

Ohio's Health Insurance Market

The Basics

Ohioans obtain health insurance coverage in a variety of ways:

- **Employer-sponsored Insurance (52%)***
 - “Small Group” (1-50 employees)
 - “Large Group (51+ employees)
 - Fully Insured
 - Self Insured
- **Individual Insurance (5%)**
- **Medicaid (21%)**
- **Medicare (15%)**
- **Uninsured (7%)**

***Of employers who provide health insurance, 63 percent are either fully or partially self-insured.**

- **This is important as employers are actively making decisions about the coverage made available to their employees.**

Ohio Health Insurance Market - Demographics

BREAKDOWN OF COVERAGE AMONG OAHP MEMBER PLANS		
	Fully Insured	Self-Insured
Commercial Insurance Coverage	14.8%	45.9%
Medicaid Managed Care	21.3%	
Medicare (includes <i>MyCare Ohio</i>)	16.2%	
Federal Marketplace	1.8%	

** Updated October 2016*

Statewide uninsured rate cut in half from 2012 to 2015.

- 2012 – 17.3 percent uninsured
- 2015 – 8.7 percent uninsured

Ohio's Health Insurance Market

Health Plans are no longer just payers of insurance claims. Those days are long gone.

Today, health plan personnel are coordinators and integrators of care who are helping residents to navigate the complicated health care delivery system.

- **Physicians**
- **Care Coordinators**
- **Pharmacists**
- **Care Managers**
- **Nurses**
- **Social Workers**

...And Many More!

Ohio's Health Insurance Market

OHIO-BASED JOBS AMONG OAHP MEMBER PLANS

2011	2016
17,178	21,992

That's a 28% increase in direct Ohio-based health insurance jobs over a five-year span!

OAHP member plans have offices in more than 30 Ohio cities:

Akron, Ashland, Beachwood, Blue Ash, Boardman, Canfield, Canton, Cincinnati, Cleveland, Columbus, Copley, Dayton, Dublin, Fairlawn, Hilliard, Independence, Lewis Center, Mason, Massillon, Maumee, Miamisburg, Moraine, New Albany, Parma, Richfield, Seven Hills, Springdale, St. Clairsville, Strongsville, Toledo, West Chester, Worthington, Youngstown.

Sustaining, Improving, and Strengthening Ohio's Health Insurance Market

Sustain, Improve, and Strengthen

Today's Health Insurance Market

Dual Regulation: State and Federal oversight.

Some recent reforms have inhibited insurers' ability to control health care costs, inhibited innovation and provided less flexibility for purchasers of health insurance.

- However, purchasers continue to demand innovative approaches to ensure affordability despite law's mandates.

Health Plans are now subject to a number of new annual requirements.

The product and rate filing processes now begin in March – nine months ahead of the effective date.

Sustain, Improve, and Strengthen

The “Three-Legged Stool”

Some have referred to the ACA as a “three-legged stool” approach to health care.



Three legs of the law:

1. Individual Mandate
2. Access to Affordable Health Insurance Coverage
3. Guarantee Issue and Renewability

Sustain, Improve, and Strengthen

All three legs of the law serve a distinct and necessary purpose.

PROBLEM: *All three legs must exist to implement ACA's approach.*



- There is an interdependency among these three pillars of the law.
- None of the three legs can stand on their own.
- Important to keep in mind when efforts to “repeal,” “fix,” or “replace” the ACA are being discussed.

Sustain, Improve, and Strengthen

Impact of ACA on the Insurance Market

Efforts to achieve comprehensive health care reform must continue.

While the Affordable Care Act attempted to address the cost of health insurance, additional steps are needed to bring down the overall cost of health care.

Long-term sustainability is only possible by addressing the primary drivers of health care costs (pharmaceuticals, providers costs, hospital charges, taxes and fees).

Sustain, Improve, and Strengthen

Both Congress and the new Administration are zeroing in on the Affordable Care Act, promising to “repeal-and-replace” the existing law.



Any potential change to the federal health care law must ensure a smooth transition that avoids bringing added instability to an already volatile market.

Sustain, Improve, and Strengthen

Any efforts to reform the existing health insurance law should be considered with the following four core principles in mind:

1. Ohio's private and public health insurance markets must be healthy, financially sustainable, and competitive in the years to come.
2. Ohioans must have access to affordable, quality health care through innovative solutions that address the underlying cost of health care and drive accountability by improving outcomes.
3. Empower health care consumers and improve engagement through increased transparency of health care costs, greater provider accountability, and incentivizing efforts to access care at the right place at the right time.
4. Identify and leverage private market innovation to drive quality, access, and affordability in health care for Ohioans.

Sustain, Improve, and Strengthen

1. Market Stability

2. State Flexibility and Public-Private Innovation

3. Regulatory Reform

Access, Affordability, and Continued Reform

Things to keep in mind when discussing opportunities for reform:

Right care at the right time in the right place.

- Efforts must be made to ensure consumers understand how best to navigate their health care needs.

Quality and value-based contracting drive change.

- Federal and State law and policy initiatives offer new opportunities to hold all health care-related providers accountable through measurable means.

Enhanced transparency to improve better consumer engagement.

- Consumers cannot begin understanding their health care costs until they are given all the different pieces of the puzzle. This includes insurance costs, hospital costs, provider costs, and drug costs.

Access, Affordability, and Continued Reform

OAHP Legislative Priorities for the 132nd General Assembly

Leverage the Use of Private Industry

- Ohio has relied on private industry to manage costs, coordinate care, improve quality, leverage best practices and market innovations to drive to value over volume.
- Since the late 1970s, Ohio has turned to private industry and leveraged managed care plans to deliver health care to Ohioans receiving Medicaid benefits. Today, roughly 86 percent of Medicaid beneficiaries receive coverage through managed care plans. The managed care plans have been essential to Ohio's success in bringing quality, coordinated care to the Medicaid population.
- Expanding the expertise and use of private industry will further assist the State in building sustainable and robust health care delivery system for its residents.

Access, Affordability, and Continued Reform

OAHP Legislative Priorities for the 132nd General Assembly

Address the Underlying Drivers of Health Care Costs

- Health insurance costs are a reflection of what it costs to purchase health care services across the entire system.
- The underlying cost drivers of health care include provider costs, pharmacy costs, ACA-related taxes and fees, as well as other factors that collectively contribute to the premiums and expenses paid by covered individuals.
- At the state-level, we must work to understand the overall impact of these cost drivers on our health care delivery system is a complex. By addressing the rising costs among these various factors, we will be better positioned to address rises in consumers' insurance rates.

Access, Affordability, and Continued Reform

OAHP Legislative Priorities for the 132nd General Assembly

Create Transparency Across the Health Care Delivery System

- Purchasers of health care services deserve to know how much it costs to purchase a health care service. This information is critical to Ohio's health care consumers being afforded the ability to make informed decisions concerning the costs, quality, and settings of their care.
- Today, Ohio's health plans are regulated at both the state and federal levels and must comply with a myriad of transparency laws and regulations.
- OAHP supports policy initiatives that arm consumers with information about the price and quality of healthcare services to help them make better decisions about their care. This information will also help consumers better understand the insurance coverage information health plans provide today.

Access, Affordability, and Continued Reform

OAHP Legislative Priorities for the 132nd General Assembly

Drive Better Population Health Outcomes

- The ongoing opiate epidemic is at the forefront of these challenges, as Ohio remains at the center of this crisis plaguing the United States.
- Ohio's families and communities would be well-served if policymakers were to adopt the Centers for Disease Control and Prevention's (CDC) guideline for prescribing opioids for chronic pain. Such an approach emphasizes non-opioid approaches, as well as giving deference to the lowest possible effective dosage when opioids are believed to be needed.
- Additionally, the fight against opiate abuse would be supported by providing commercial health plans with access to the Ohio Automated Rx Reporting System (OARRS) to further ensure that such prescriptions are being provided safely and appropriately.



Questions? Comments?

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