Ohio’s Medicaid managed care plans are working to improve the quality of care and health outcomes of the Ohioans they serve. While much work has been done; much remains as Ohio trails most states in key population health indicators. Simply stated, Ohioans are just not as healthy as we could be, and not as healthy as people living in other states.¹

**DRIVING QUALITY THROUGH MANAGED CARE**

To improve the population health of Ohioans, the Ohio Department of Medicaid (ODM) has implemented the Managed Care Quality Strategy, which establishes the measures and standards ODM uses to evaluate MCP performance. The Quality Strategy also defines key ‘high-impact’ sub-groups within the eligible population for which ODM has established specific improvement goals. The 2018 Quality Strategy targets improvement in quality for the following high-impact populations: healthy adults and children, women of reproductive age, individuals with behavioral disorders, and individuals with chronic conditions.

"Unlike the Managed care program, the fee for service program offers taxpayers no accountability or measurable quality improvement requirements. Ohio’s Medicaid Quality Strategy does not apply to those recipients who receive services through the fee for service program."

Through the Medicaid Quality Strategy, Ohio’s Medicaid managed care plans play a critical role in improving health outcomes.

- Managed care plans are required to develop and implement strategies that address the state’s quality goals.
- ODM requires plans to adhere to a nationally recognized quality metrics and sets minimum thresholds that plans must meet or face penalties as well as targets for earning payouts from the Quality Withhold Program.
- All of Ohio’s Medicaid managed care plans are NCQA accredited, which is a rigorous and detailed process that many MCPs elsewhere are not required to meet.

Overall, Ohio MCPs perform well compared to national benchmarks. Ohio’s MCPs had higher average quality scores than both the national average and the large state subgroup average and continue to show year over year improvement.

**2016-2017**

**OHIO SCORES WELL ON NCQA RATINGS**

Ohio MCPs also perform well in comparison to national Medicaid benchmarks for select HEDIS measures. The chart that follows shows the metrics for which statewide performance exceeded the national NCQA 50th percentile.

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<th>OHIO</th>
<th>NATIONAL AVERAGE</th>
<th>LARGE STATES</th>
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<td></td>
<td>3.4</td>
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¹ For rankings see Trust for America’s Health, County Health Rankings, and Health Policy Institute of Ohio.
OHIO MCPS EXCEED NATIONAL NCQA BENCHMARKS

NCQA 75th-90th Percentile
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics 6-11
- Follow-up Care for Children Prescribed ADHD Medication

NCQA 66th-75th Percentile
- Medication Management for People with Asthma
- Appropriate Treatment for Children with Upper Respiratory Infection
- Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics Total
- Statin Therapy for Patients with Diabetes
- Statin Therapy for Patients with Cardiovascular Disease
- Pharmacotherapy Management for COPD Exacerbation

NCQA 50th Percentile
- Frequency of Ongoing Prenatal Care (2017)
- Follow-up After Hospitalization for Mental Illness
- Appropriate Treatment for Children with Upper Respiratory Infection

POLICY CHANGES HAVE HELPED PLANS IMPROVE QUALITY AND HEALTH OUTCOMES
Through managed care, Ohio has been able to advance a series of policy initiatives that have improved health outcomes.

☑ Adoption of standardized national performance measures: Consistent measurement for patients across all payer sources alleviates administrative burden for providers and provides them the critical mass needed to change the way care is delivered.

☑ Integration of benefits: When all Medicaid benefits (acute health care, pharmacy, behavioral health, long term care) are integrated into managed care, plans are better able to provide coordinated care, close gaps in care, improve transitions between care settings and prevent harm to members and reduce unnecessary spending.

☑ Value-based purchasing strategy: Ohio’s all payer value-based purchasing strategy allows plans to better engage providers in value-based opportunities because all plans are moving in the same direction. Data shows that states that have adopted an all payer strategy have been more successful at increasing value-based purchasing than states that have not. Ohio is on track to exceed its Medicaid goal of having 50% of all contracts under a value-based arrangement by 2020.

☑ Day 1 enrollment in managed care: Since January 2018, newly eligible members are now enrolled directly into a managed care plan. This approach is particularly helpful for women who are pregnant or members with complex health conditions who need to be connected to care quickly for improved outcomes. Previously, Ohio enrolled newly eligible individuals in the fee for service program and then members would select a plan.