



Ohio Association of Health Plans

OVERVIEW

Ohio's health plans are major contributors to Ohio's economy, innovators of programs to improve the health of Ohioans and avenues for individuals, employers, and the state to get the best value for the health care services they need. The Ohio Association of Health Plans (OAH), which is comprised of 16 member plans, is the voice for Ohio's health insurance industry. Our members provide health care coverage to more than 9 million Ohioans through the private, commercial coverage and are committed partners in public programs, such as Medicaid, the Health Insurance Exchange and Medicare.

OAH's core mission is to provide thought leadership through advocacy for **access to high-quality affordable health care for all Ohioans.**



OHIO'S HEALTH INSURANCE MARKET



Ohio is home to a competitive and diverse insurance market that aims to provide purchasers of health care services with coverage that best fits their needs.

Ohioans purchase health care through a variety of sources¹:

-  **52% of Ohioans** purchase their health care through their fully insured or self-insured employer;
-  **21% of Ohioans** receive coverage through Medicaid;
-  **15% of Ohioans** receive coverage through Medicare;
-  **5% of Ohioans** purchase coverage on their own through the individual or Exchange Marketplace; and
-  **6% of Ohioans** remain uninsured.¹



Why is this important?

Ohio's employers are key decision makers in the health care coverage for Ohioans.

OAH's membership includes national and homegrown carriers, as well as regional plans. Some are for-profit entities, while others are non-profit businesses. Several 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. **An insurance landscape of this nature fosters ongoing innovation through the constant development of best practices.**



OHIO'S ECONOMIC DRIVER

Health plans don't just pay claims. They are coordinators and integrators of care who are providing access to care and helping Ohioans navigate through the complicated health care delivery system. Plan personnel are not just actuaries and claims administrators. They are physicians, pharmacists, nurses, social workers, care managers and community connectors. This hands-on approach is what our current environment demands. In recent years, health plans have expanded their footprint throughout Ohio in hopes of better engaging the people they serve.

Ohio's health insurance industry is one of the state's major economic drivers:



*Employing nearly 22,000 Ohioans and accounting for over \$1.3 billion in annual payroll;**



Saving state taxpayers between \$3.5 - \$4.4 billion from CY 2016 through² CY 2017 through the state's Medicaid managed care program; and



*Serving offices in more than 30 Ohio cities and are actively involved in many local communities**

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¹ Kaiser Family Foundation estimates based on the Census Bureau's American Community Survey, 2008-2017.

² Wakely, "Ohio Medicaid Managed Care Savings Analysis - January 2016 through December 2017," October 15, 2018.

* Other statistics based on industry reported data.

