Ohio Medicaid Managed Care

PROTECTING TAXPAYERS. COMBATING FRAUD. DELIVERING BETTER CARE.

For two decades, Ohio has shifted Medicaid from paying for volume (fee-for-service model) to paying for value (managed care model). Today, more than 90% of Ohio Medicaid members get coverage through a managed care organization (MCO), giving the state accountable partners with a direct financial stake in protecting tax dollars and improving care.

90% +
Percentage of Ohio Medicaid members are covered through a managed care plan

$15–$20 BILLION
Estimated savings to Ohio from 2020 through 2025 vs. traditional fee-for-service

$37 MILLION +
Reinvested into Ohio communities from 2022 through 2025

WHY MANAGED CARE WORKS

1. **Stops Fraud Before Dollars Are Lost** — Every plan runs a Special Investigations Unit that flags suspicious billing and prevents improper payments before they're paid, not after.
2. **Shifts Financial Risk Off Taxpayers** — Plans are paid a fixed monthly rate. When costs run high, the plans (not the state) absorb it, giving Ohio real budget certainty.
3. **Holds Plans Accountable for Results** — Competition among plans lets the state measure, reward or penalize performance on quality, access and cost.
4. **Coordinates Care for Complex Needs** — Plans integrate physical, behavioral, pharmacy and social supports for the members who need it most.
5. **Drives Innovation and Value** — Plans can test and scale payment models that reward better outcomes, not higher volume.
6. **Strengthens Provider Access** — Plans build networks, often pay above base rates and centralized credentialing eases provider burden.

MANAGED CARE MODEL

Plans take on the risk

Plans are paid to keep members healthy

Stops costly problems before they happen

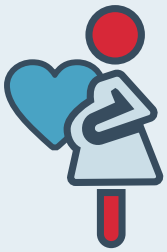
FEE-FOR-SERVICE/ASO MODEL

State holds 100% of the risk

Providers are paid for services delivered

Pays first, audits later

PROVEN RESULTS IN OHIO



2 in 3

Expectant mothers on Medicaid in 2025 had a pregnancy risk assessment submitted, connecting them to prenatal care faster

+ 12%

Increase in well-child visits for infants (+5% for adolescents)*

+ 6%

Increase in follow-up visits for children after mental health ER encounters*

+ 43%

Increase in continuous glucose monitor use for adults with diabetes*

*Changes measured from beginning to end of 2025.

SHORT PROGRAM CALLOUTS

Standout Programs

OhioRISE — Kids with complex behavioral health needs saw fewer behavioral health ER visits, fewer inpatient stays and less out-of-home treatment.

MyCare Ohio — Dual-eligible members (Medicare and Medicaid) had shorter nursing facility stays, fewer hospital admissions and more primary care visits.

Outcomes Acceleration for Kids (OAK) — Children served by Ohio's Medicaid plans had more well-child visits, better asthma medication coverage and improved mental health follow-up.

Managed care is more than a way to pay claims. It's a system for protecting taxpayer dollars and preserving Medicaid for the Ohioans it was built to serve.

The question isn't which model has the lowest administrative line item. It's which model best protects the whole Medicaid program — and the Ohioans and taxpayers who depend on it.