

# Managed Care Procurement Award

## Briefing Document

Ohio Department of Medicaid Director Maureen Corcoran announced six managed care plans will implement its vision for a future program that is based on addressing the needs of its more than 3 million members and thousands of providers. The result is a comprehensive and coordinated set of services and supports focused on members, their families, and providers. These services and supports will be managed and coordinated through plans that will operate statewide:

Score <sup>i</sup>	Plan	Proposed Award <sup>ii</sup>
905	UnitedHealthcare Community Plan of Ohio, Inc.	1
752.5	Humana Health Plan of Ohio, Inc.	2
717.5	Molina Healthcare of Ohio, Inc.	3
696.25	AmeriHealth Caritas Ohio, Inc.	4
693.75 & 686.25	Anthem Blue Cross and Blue Shield	5
687.5 & 680	CareSource Ohio, Inc.	6
	Buckeye Community Health Plan	Defer <sup>iii</sup>
The following plans received a score of 606 or lower and were not selected for award: Aetna Better Health of Ohio, Medical Mutual of Ohio, Ohio Employee Health Partnership, and Paramount Advantage.		

Members will continue to receive services with their current managed care plans until the transition in early 2022 and will not lose coverage. Members will have the opportunity to select a new plan during the 2021 open enrollment period later this summer. If members do not select a plan, one will be automatically assigned to them, assuring continuous access to health care without interruption. Ohio Medicaid's current plans are:

- Buckeye Community Health Plan
- CareSource Ohio, Inc.
- Molina Healthcare of Ohio, Inc.
- Paramount Advantage
- UnitedHealthcare Community Plan of Ohio, Inc.
- Aetna Better Health of Ohio (MyCare)

Ohio Medicaid's managed care procurement was a rigorous, competitive process focused on quality, innovation, and value. ODM's next generation program emphasizes plan coordination with OhioRISE – which addresses care for children with complex behavioral needs – and the single pharmacy benefit manager (SPBM) -- designed to ensure more accountability and transparency in Medicaid's pharmacy program. Initiatives such as centralized credentialing and fiscal intermediary streamline administrative functions and reduce duplicative processes for providers.

Ohio Medicaid's managed care procurement required respondents to share innovative solutions focused on the individual and included requirements that each plan :

- Coordinate with the OhioRISE specialized managed care plan to provide comprehensive and highly coordinated behavioral health services for children with serious and complex needs.
- Coordinate with a statewide SPBM that is responsible for providing and managing pharmacy benefits for all individuals.
- Provide more flexibility in establishing alternative payment models with providers who focus on patient care and improve outcomes.
- Collaborate with other Medicaid plans and community partners to have a collective impact on member health. This includes a provision that plans must contribute 3% of annual profits to community reinvestment.
- Put the consumer first by making the system work for them instead of them working the system. This includes actively assisting members in resolving questions and standardizing the way members access transportation services provided through the plans in partnership with vendors, the counties, and other entities.
- Reduce provider burden and streamline processes across the Ohio Medicaid managed care program. Through centralized credentialing and the fiscal intermediary, providers will only need to supply Ohio Medicaid credentialing information once. Claims billing and prior authorizations will be processed through a single system instead of with each plan individually.

Soon after taking office, Governor Mike DeWine charged Ohio Medicaid to undertake a procurement process for the state’s managed care plans. Ohio Medicaid immediately set out a plan to review and evaluate Ohio’s current program, starting with a foundation of input and guidance from those who interact most directly with the program: Ohio Medicaid members and their families, Ohio health care providers, and community advocates and stakeholders. Stakeholders provided more than 1,000 comments.

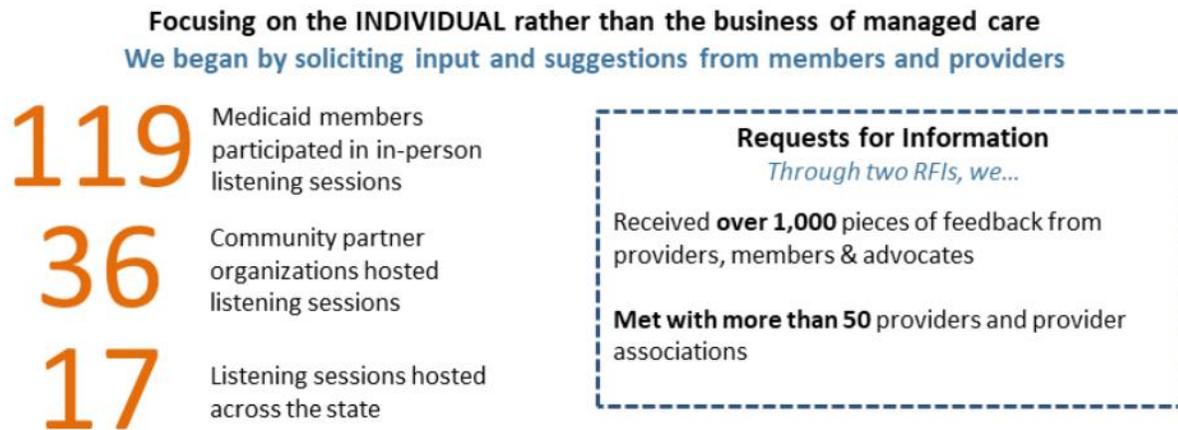


Figure 1 - ODM's managed care procurement stakeholder outreach efforts.

<sup>i</sup> Each of the applicants were scored on a regional basis and thus may have received multiple scores based upon regional differences. Total points available was 1,100.

<sup>ii</sup> These selections are preliminary and will not be finalized until the contracts are signed.

<sup>iii</sup> The decision related to Buckeye Community Health Plan is subject to additional consideration by Medicaid under sections 5.13 and 5.14 of the RFA, based on the claims by the Ohio Attorney General, Medicaid, and the State of Ohio in litigation recently filed in the Franklin County Court of Common Pleas and other factors. At this time, Medicaid is neither issuing nor denying an award to Buckeye Community Health Plan.