



Ohio's Health Insurance Market

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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

Health Plan Members:

- 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:

- *CVS Health*
- *Delta Dental Plan of Ohio*
- *Ohio State University Health Plan*

Ohio's Health Insurance Market

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

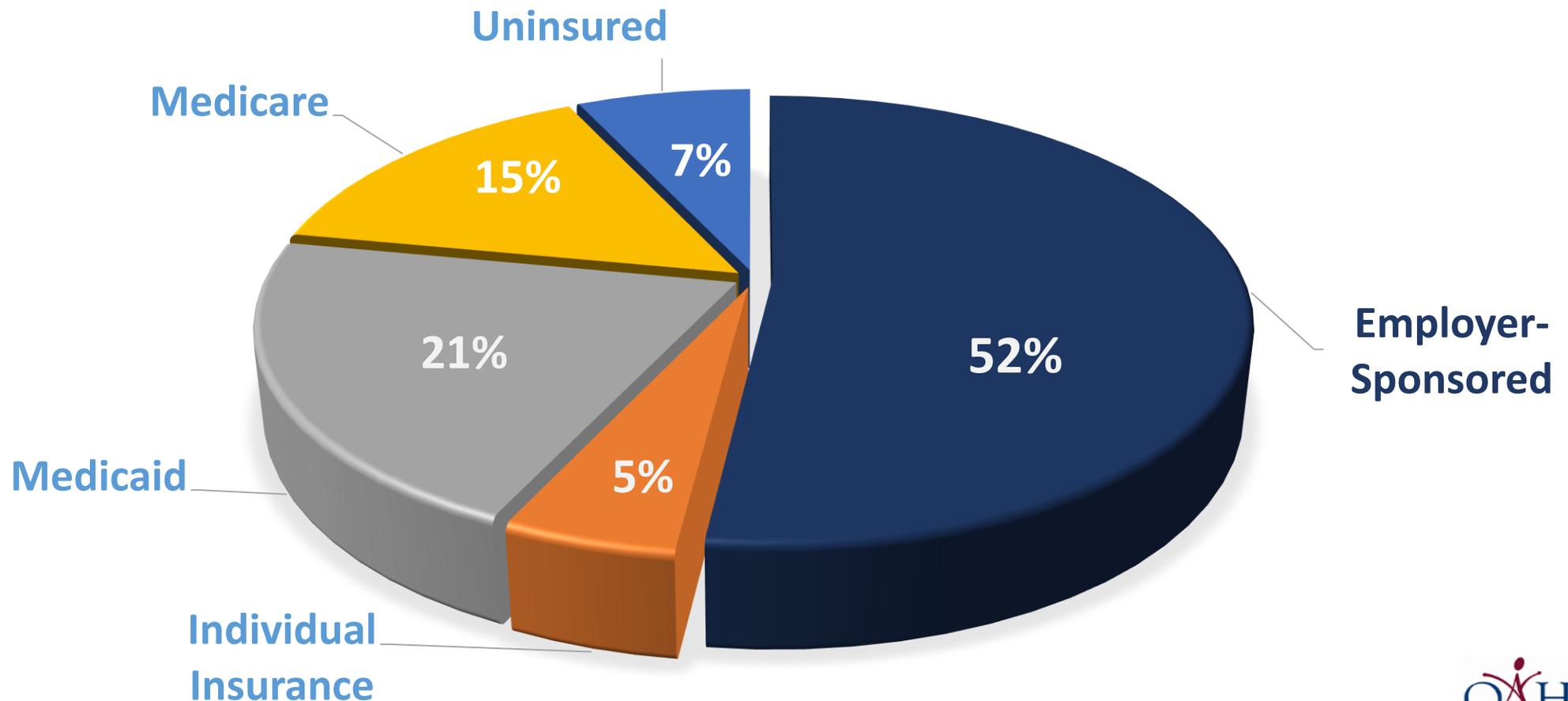
OAHP's membership includes national and homegrown carriers, as well as regional plans. Additionally, some plans are for-profit entities, while others are non-profit businesses.

Several member plans are part of integrated health systems that assist individuals in navigating through the full continuum of care.

Some plans provide administrative support to Ohio's employers who assume the financial risk of covering their employees through self-insurance.

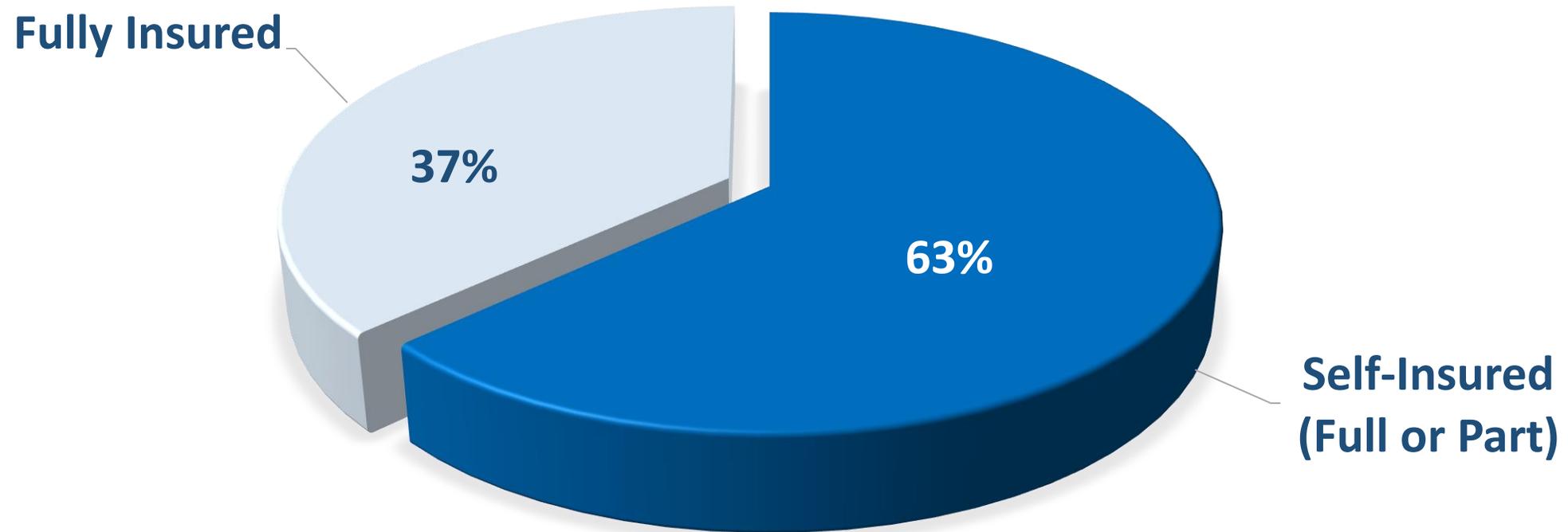
How Ohioans Obtain Coverage

More than half of Ohio residents receive insurance coverage through an employer-sponsored benefit.



How Ohioans Obtain Coverage

Employer-sponsored Coverage Breakdown



- **Why is this important? Ohio's business owners are actively making decisions about the coverage provided 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.

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

- Physicians
 - Pharmacists
 - Nurses
 - Care Coordinators
 - Care Managers
 - Social Workers
- ... and 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

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

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

Federal Reform Objectives:

1. **Market Stability**
2. **State Flexibility and Public-Private Innovation**
3. **Regulatory Reform**

Sustain, Improve, and Strengthen

To ensure market stability, federal changes must consider today's "Three Legged Stool" approach to health care.



Three legs of federal health reform:

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

Sustain, Improve, and Strengthen

State Reform Objectives:

1. State efforts to achieve comprehensive health care reform for Ohioans must continue.
2. Federal health care reform did little to address costs. Thus, state policymakers have the opportunity to champion reforms that will bring down the overall cost of health care.
3. Long-term sustainability relies on addressing the primary drivers of health care costs which include *provider costs, drug costs, state and federal mandates, and taxes & fees*.

Access to Quality Care and Affordable Health Insurance Coverage

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 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 the primary cost drivers of health care.

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, federal and state mandates, 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.

OAHP Legislative Priorities for the 132nd General Assembly

Create Transparency Across the Health Care Delivery System

- Purchasers of health care services deserve to know the price of what they are buying. This information is critical to health care consumers having 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 and drugs 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.

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 managed care plans to deliver health care to Ohioans receiving Medicaid benefits. Today, nearly 90 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.

OAHP Legislative Priorities for the 132nd General Assembly

Drive Better Population Health Outcomes

- The ongoing opiate epidemic is at the forefront of these challenges, and Ohio remains at the center of this national crisis.
- 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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