TO:	Senate Finance Chairman Dolan Ranking Member Sykes Senate Finance Committee Members
FROM:	Kelly O'Reilly, President and CEO
DATE:	June 3, 2021
RE:	Substitute House Bill 110

On behalf of the Ohio Association of Health Plans (OAHP), please accept this written testimony on Substitute House Bill 110 (Sub. H.B. 110), legislation regarding the FY 2022 -2023 state budget.

OAHP is the state's leading trade association representing the health insurance industry. OAHP's member plans provide health benefits to more than 9 million Ohioans through employer-sponsored coverage, the individual insurance market, and public programs such as Medicare, Medicaid, and the Federal Insurance Marketplace. Our members offer a broad range of health insurance products to Ohioans in the commercial marketplace and are committed partners in public programs.

OAHP would like to highlight the following provisions for the Senate Finance Committee:

Hospital admissions and notifications to health plan issuers (DOHCD48): OAHP is encouraged to see the inclusion of provision DOHCD48, concerning the coordination of care. Many times, health plans do not know their member has been admitted to an in-patient facility until they need further coordinated care or they are discharged. However, the sooner a health plan knows that their member is in an in-patient facility the sooner they can start coordinating the appropriate care such as a transitioning back into the community or into a nursing home or linking the member with other health care services such as behavioral health services. This language will help close gaps and ensure Ohioans receive the aftercare they need in a seamless fashion.

Medicaid coverage of women postpartum (MCDCD48): OAHP supports the inclusion of provision MCDCD48, which will extend post-partum Medicaid coverage to 12 months for all women up to 200% of the federal poverty limit. Extending coverage to 12 months post-partum will help ensure mothers continue to receive critical physical and behavioral health care, which will improve outcomes for both the mother and baby.

Over the last several years, health plans have been working to impact Ohio's high infant mortality and optimize health outcomes for mothers and their babies. Further, Ohio's Medicaid managed care plans have partnered with ODM and community partners to pursue a community-tailored, population-based approach to engage communities and address the health needs of pregnant women and their families. This policy will give Ohio another tool in its toolbox to continue our commitment to addressing the state's high infant and maternal mortality crisis.

<u>OAHP has concerns about the following provisions:</u>

Drug data disclosures (INSCD8): OAHP supports transparency of pharmaceutical information to a prescriber in order to assist with a dialogue between the prescriber and the patient over clinical considerations, cost, and utilization management requirements. Access to this information allows the prescriber to help find the right drug for the patient. OAHP has been working with the proponents of this proposal to find the right language to ensure that this transparency occurs without increasing administrative burdens and costs for both the prescriber and the health plan. While we do not support the language as drafted and currently included in HB 110, we continue to work with the proponents and

hope to reach consensus. OAHP will remain in active dialogue with the Senate regarding the status of these discussions.

PACE program expansion (AGECD12): While OAHP supports efforts to expand the use Medicaid managed long-term services and supports in Ohio, we believe that there must be a robust stakeholder process that allows Ohio to design a plan that ensures Ohio's most vulnerable populations receive access to quality care and better health outcomes. This includes a review of all current programs utilized in Ohio such as MyCare Ohio and PACE.

The proponents of the PACE program expansion language provided Senate members with a report that reviewed PACE rates versus MyCare Ohio rates. This report fails to consider important factors in its comparison of the MyCare opt-in and the PACE capitation rates. These differences include acuity and risk profile of the populations served, demographic differences such as ages of the population served, geographic differences, taxes and franchise fees paid by MyCare Ohio plans, and program requirements such as network adequacy and quality targets. In order to do a true evaluation of the costs of each program on a consistent basis, significant adjustments and supplemental data would need to be reviewed and considered.

The MyCare Ohio program has been nationally recognized as one of the most successful CMS dual eligible demonstration programs. Over seventy percent of eligible Ohioans have elected to participate in the program and 93% of participants have expressed satisfaction in their relationship with their care manager. The program has also proven cost savings to the state with a 21% decrease in inpatient hospital utilization, a 15% decrease in facility admissions, and an 8% reduction in long-term nursing facility placements.

Again, Ohio can draw upon its successes to build a program that delivers a single point of care coordination for all Ohioans receiving Medicaid long-term services and supports through a robust stakeholder process to determine the best approach to expanding Medicaid managed long-term services and supports in Ohio. Therefore, OAHP requests the removal of provision AGECD12.

Competitive selection process (MCDCD41): When contracting with vendors and providers, Medicaid Managed Care Plans (MCPs) take into consideration things such as cost, quality, and past performance. MCPs will contract with multiple laboratory vendors to ensure access to quality services for all members served. This language appears to limit a MCPs' ability to contract with multiple vendors which will result in an access issue. Therefore, OAHP requests the removal of MCDCD41.

On behalf of OAHP's member plans and the more than 9 million Ohioans they insure, thank you for consideration of our position on Sub. H.B. 110.