



**Testimony of
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Co-Chair Jones and Co-Chair Kunze and Members of the Commission, thank you for the opportunity to speak to you today about the collaborative efforts of Ohio's Medicaid managed care plans to address Ohio's infant mortality rate. My name is Miranda Motter, and I serve as the President and CEO of the Ohio Association of Health Plans (OAHP). OAHP is the statewide trade association representing 17 member companies that are commercial insurers, Medicare Advantage plans and Medicaid managed care plans. Collectively, OAHP member plans are dedicated and accountable to more than 8 million Ohio health care consumers. Our core mission is to promote and advocate for quality health care and access to a variety of affordable health benefits for all Ohioans.

Ohio's Medicaid managed care plans have been working hard to find ways to collaboratively improve Ohio's infant mortality rate. As you know, Medicaid health plans must meet contractual requirements that are intended to support infant vitality. The plans are required to implement mechanisms to improve the timely identification of women with high risk pregnancies, provide inter-conception care, as well as provide an enhanced maternal care program. Through nationally accepted quality metrics (HEDIS), Medicaid plans are also measured on their quality initiatives and interventions, several of which focus on healthy mothers and babies.

The Medicaid plans, their Medical Directors and Medical health plan staff has also been working directly with the Ohio Department of Medicaid on a number of infant vitality initiatives and those initiatives that include:

- The Postpartum Care Quality Improvement Project designed to improve the rate of postpartum visits;
- Working with ODM and the Ohio Perinatal Quality Collaborative to increase immediate and timely delivery of 17P;
- Each of the Medicaid plans have explored developing their own relationship with the Community hubs in Toledo, Cincinnati, Athens and Mansfield who reach into the community to identify and engage pregnant women;
- Text4Baby, a set of standard text messages that all pregnant in the state of Ohio will receive once they sign up on their phones. Each of the MCPs added messages of their own as well as links to their specific prenatal programs.

As you know, a number of initiatives targeted to reducing Ohio's infant mortality rate were included in the Fiscal Years 2016-2017 budget. Specifically, an additional \$13.4 million were infused each year over the biennium into the Medicaid managed care program for plans to engage community partners in the most high-risk neighborhoods.

During the last few months, the Medicaid plans and the Ohio Department of Medicaid have been working collaboratively to identify the right approach for these important investments. Our first step is to hold meetings in communities and listen to local residents. We recognize that residents, community organizations and leaders in these targeted communities can best articulate their unique needs and the strategies that will work best.

After the initial meetings, the Presidents and the CEOs of the five Medicaid plan have worked together to develop a framework of recommendations that can be customized for each community. The framework includes:

- Leveraging existing community assets;
- Community education;
- Provider education including cultural competency;
- Clinical interventions;
- Data integration and analysis; and
- Logistics, including transportation, centering programs, and child care.

To date, the Medicaid plans and ODM have met in the communities of Akron and Dayton. In the community of Akron, there were two very important takeaways: (1) there is a lack of knowledge of the issue and (2) while there a number of programs available to pregnant women, members of the community are unaware of the programs. This information is critical to the further refinement of recommendations and development of a plan that will have impact in that community. On October 22, the Medicaid plans will be going back into the Akron community to further discuss the needs of the community as well discuss three potential recommendations for this community. Those recommendations include:

- Support or start community initiatives such as transportation, a Community HUB, or centering programs;
- Provider education with a goal to support cultural competencies and health disparity training; and
- Community education through targeted public outreach.

In Dayton, the learnings were slightly different. We learned that there is a need for the members of the community to better understand what infant mortality means as well as a need for better collaboration among community partners who are working to reduce Dayton's infant mortality rate. The recommendations the Plans will be developing for this community will be tailored to address the issues we heard during this community discussion.

Although there are lots of ways Ohio's Medicaid plans complete, saving Ohio's most vulnerable citizens is not one. We stand united to make sure more babies live to reach their first birthday and beyond. Again, we appreciate the opportunity to provide information about our efforts. Today, I am joined today by representatives of the five Medicaid plans. Each will provide brief introductory remarks relative to their infant vitality efforts and then will serve to provide more information through a dialogue with this Commission:

- Dr. Brad Lucas, from Buckeye Health Plan;

- Melissa Michener from CareSource;
- Dr. Augustus Parker from Molina Healthcare;
- Dr. John Meier with Paramount Advantage; and
- Tracy Davidson from UnitedHealthcare Community Plan.

