

# The Columbus Dispatch

## State releases report card on Medicaid's managed-care plans

Written by: Catherine Candisky, August 18, 2015

CareSource gives its patients the best access to health care. Molina Healthcare gets high marks for prenatal and other services for women.

All five managed-care plans serving poor and disabled Ohioans on Medicaid score average when it comes to how happy patients are with their doctors.

Medicaid officials released the state's first report card of managed-care plans on Tuesday. It's a tool they hope will help beneficiaries choose coverage that works best for them and their families.



[>>See the report card<<](#)

“The idea was to present individuals, when they have to pick a managed-care plan, some kind of data so they can select a plan,” said Ohio Medicaid Director John McCarthy.

“It's our first attempt at transparency and creates some healthy competition” among plans.

The plans received one, two or three stars in each of five categories: access to care; doctors' communication and service; keeping kids healthy; helping those living with chronic illness; and women's care.

Of the 3 million Ohioans enrolled in tax-funded Medicaid, about 80 percent are in managed care, served by one of five plans.

Miranda C. Motter, president and chief executive officer of the Ohio Association of Health Plans, a trade association for the health-insurance industry, said her group “supports efforts to better engage Medicaid recipients through a more-transparent health-care delivery system, and a state report card can be a very valuable tool to further support those efforts.”

The report card was the state's latest effort to offer clearer and more useful information to consumers, encourage providers to improve services, and save tax dollars.

State officials also have updated data on readmission rates for Medicaid patients who went to the hospital but had to return within 30 days of discharge. The report shows readmission rates for each hospital and managed-care plan in the state.

Beginning next year, hospitals with higher rates of readmissions will lose some of their Medicaid reimbursement or be fined. The data also will be used to assign enrollees to plans when they don't pick one.

## State releases report card on Medicaid's managed-care plans – Catherine Candisky – Columbus Dispatch

“We want to pay for value, not volume,” McCarthy said, adding that publication of such data should “create some synergy between hospitals and managed-care plans to lower hospital readmissions.”

State officials also plan to make easier-to-digest readmission reports available to consumers, who could use the information to pick a hospital or health plan based on their chances of being readmitted.

Buckeye Health Plan and Molina Healthcare had higher readmission rates among hospitals statewide than the benchmark set by the state, while rates for CareSource, Paramount Advantage and UnitedHealthcare Community Plan were below. However, rates for the plans across individual hospitals fluctuated greatly.

The managed-care report card, based on patient surveys and data collected by the state, will be updated annually and provided to those who enroll in Medicaid. Beneficiaries have 30 days to pick a managed-care plan or have one assigned. About 40 percent of enrollees are auto-enrolled.

Cathy Levine, executive director of the Universal Health Care Action Network, a consumer-advocacy nonprofit group, said Medicaid enrollees often pick a plan based on word of mouth or are assigned one.

The report card will offer “consumers guidance on selecting a plan that best addresses their needs and avoiding plans with deficiencies of performance,” she said.

McCarthy said the plans were rated based on comparisons with one another so that all would not be able to receive perfect scores or the lowest ones.

Steve Ringel, CareSource’s president for the Ohio market, said, “Consumerism in health care is much overdue. Medicaid is not one that has had this kind of information available to consumers.”& It; /p>

CareSource serves 52 percent of Ohio’s Medicaid managed-care population.

Tracy Davidson, chief executive officer of UnitedHealthcare Community Plan of Ohio, which serves 300,000 Ohioans, said, “We often hear there is a need for information that helps people make informed choices on managed care.”