Why this matters
The Ohio Department of Medicaid, through contracts with managed care plans, pays for healthcare services for about 1 in 4 Ohioans. In 2019, Ohio Gov. Mike DeWine’s administration began the process of procuring new managed care plan contracts, which has not happened in Ohio since 2012. This means that Ohio policymakers have a rare opportunity to address some of Ohio’s greatest health challenges through managed care plan procurement.

The challenge
Unhealthy behaviors, including tobacco use, excessive drinking, lack of physical activity and poor nutrition, contribute to Ohio’s poor health and high healthcare spending. When compared to other states, Ohio ranks near the bottom for conditions associated with unhealthy behaviors, including cardiovascular disease, adult obesity and type 2 diabetes. These conditions can be expensive to treat and difficult to manage.

Given Ohio Medicaid’s role as one of the largest healthcare payers in the state, the Ohio Department of Medicaid and managed care plans have considerable leverage to encourage and incentivize healthy choices. However, based on Health Policy Institute of Ohio’s review of publicly-available documents, Ohio Medicaid does not have a comprehensive approach to improve health behaviors among enrollees.

Improvement is possible
This policy brief highlights evidence-informed policy options that the Ohio Department of Medicaid and managed care plans can advance within the healthcare system to support healthy behaviors among enrollees. There are, however, many factors beyond health care that influence health behaviors. A comprehensive approach to improve health behaviors and overall health requires partnerships between Ohio Medicaid and other sectors, such as housing, transportation, education and workforce development.

Partners for a comprehensive approach to support healthy behaviors among Medicaid enrollees
This brief highlights policy options for Ohio Medicaid. See pages 13-15 of the full report.

3 key findings for policymakers
• Unhealthy behaviors contribute to poor health, high healthcare spending and Ohio’s greatest health value challenges.
• A comprehensive approach is needed to support healthy choices.
• Evidence-informed strategies to support healthy choices can be advanced through Ohio’s Medicaid program.

Community, system and policy change
Individual change
Policy options for the Ohio Department of Medicaid and managed care plans
A selection of policy options from the full report is below. For additional detail and links to more information, see pages 13-15 of the full report.

<table>
<thead>
<tr>
<th>General health behaviors</th>
<th>Tobacco/nicotine use</th>
<th>Nutrition and physical activity</th>
<th>Excessive drinking</th>
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<td>• Partner with the Ohio Department of Health, other state agencies and local stakeholders to implement the 2020-2022 State Health Improvement Plan (SHIP) and local health improvement efforts.</td>
<td>• Launch a high-intensity campaign to increase use of cessation counseling and medication among members who use tobacco.</td>
<td>• Expand awareness of and access to community-based Diabetes Prevention Programs and chronic disease self-management programs.</td>
<td>• Partner with the Ohio Department of Mental Health and Addiction Services to increase the number of providers trained to provide Screening, Brief Intervention and Referral to Treatment (SBIRT) and motivational interviewing.</td>
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<td>• Develop and implement an evidence-informed approach to identify Medicaid enrollees with unhealthy behaviors. For these members, provide encouragement to adopt healthier behaviors, tailor support services to the needs of individuals, target outreach efforts to people with the greatest need and provide ongoing support through partnerships with community providers.</td>
<td>• Promote greater use of the Ohio Tobacco Quit Line.</td>
<td>• Add physical activity and nutritional counseling billing codes to the list of eligible codes for certain behavioral health providers.</td>
<td>• For practices implementing SBIRT, facilitate referral relationships with local substance use disorder treatment providers and establish a referral feedback loop to monitor receipt of treatment.</td>
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<td>• Strengthen quality measurement and pay-for-performance programs, such as Ohio Comprehensive Primary Care, the Quality Withhold Program and value-based payment arrangements between managed care plans and healthcare providers by integrating process and outcome measures related to health behaviors.</td>
<td>• Incentivize implementation of healthcare provider reminder systems for tobacco/nicotine cessation.</td>
<td>• Advocate for the national development and certification of a prediabetes-focused quality measure.</td>
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<td>• Identify barriers to primary care provider participation in health information exchanges and provide technical assistance, funding and other supports to increase participation among primary care providers.</td>
<td>• Incentivize healthcare providers and/or other community-based organizations to offer intensive and tailored cessation services to Ohioans who are at higher risk for tobacco/nicotine use, including people exposed to persistent stress, survivors of trauma and people living with mental illness and/or disability.</td>
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