



## Ohio Revised Code

### Section 5167.33 Strategies regarding payment to providers.

Effective: September 29, 2015

Legislation: House Bill 64 - 131st General Assembly

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(A) Not later than July 1, 2018, each medicaid managed care organization shall implement strategies that base payments to providers on the value received from the providers' services, including their success in reducing waste in the provision of the services. Not later than July 1, 2020, each medicaid managed care organization shall ensure that at least fifty per cent of the aggregate net payments it makes to providers are based on the value received from the providers' services.

The department of medicaid may measure a medicaid managed care organization's compliance with this section based on the actions of the organization, the providers in the organization's provider panel, the organization's subcontractors, or any combination of the organization, providers, and subcontractors.

(B) The medicaid director shall adopt rules under section 5167.02 of the Revised Code as necessary to implement this section, including rules that specify how all of the following are to be determined:

- (1) The value received from a provider's services;
  - (2) A provider's success in reducing waste in the provision of services;
  - (3) The percentage of a medicaid managed care organization's aggregate net payments to providers that are based on the value received from the providers' services.
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