

## State of Coverage for Ohio’s Kids.

Ninety-six percent of Ohio’s 2.6 million children have health care coverage.<sup>1</sup> This leaves 4% of Ohio’s children uninsured and thus without access to affordable health care services.

- 54% receive health care coverage through employer-based coverage
- 4% receive health care coverage through non-group or individual coverage
- 37% receive health care coverage through Ohio’s Medicaid program
- 1% receive health care coverage through some other public source

**OAHHP Member Plans are Providing Children Access to Health Care Services.** Ohio’s health plans are providing coverage through employer sponsored health care, through the commercial market and through public programs such as Medicaid and CHIP.

Plans Tailor Programs Specifically for Kids. Health plans tailor programs to engage children in the health care system. Examples of these programs include education on the importance of well child visits, incentive programs for completing well visits, and partnering with school-based health clinics to educate kids and families on services available.

Plans Support Programs that Support Kids. Health plans also support programs specific to children through funding, sponsorships and their foundational work. A few of these programs include anti-bullying campaigns, school readiness, pediatric ADHD education, healthy habits education, readiness programs for teens who are getting ready to live on their own, and collaborative education efforts with health care providers.

Working with Kids in the Medicaid Program. Thirty-four percent of Ohio’s kids receive their health care through Ohio’s Medicaid managed care program. Through this public-private partnership, Plans provide health care coverage for Ohio's foster children, children with special health care needs, and children participating in Ohio's Children with Medical Handicaps. In managed care, a child has access to coordinated care, additional services and benefits not available in fee for service, and services addressing social determinant of health that are having a significant impact on care and outcomes.

- Children in Custody and Adoption Assistance - Beginning January 1, 2017, children in custody of the local Public Children Services Agency (PCSA) and adopted children transitioned from FFS to Medicaid Managed Care.

The Medicaid managed care plans also offer programs specifically for foster children and parents. These programs include increased access to behavioral health services through community behavioral health agencies, programs for foster parents on how to serve foster children more effectively, access to a "family advocate" to help connect foster families with resources, and employment programs for young adults aging out of foster care.

Performance data is not yet available, however ODM conducted a pilot survey of legal guardians and foster parents in July 2018 to learn how children in custody access Medicaid services under the managed care delivery system and their satisfaction with the transition. Most respondents indicated that services were received timely and that their child received the care the guardian/foster parent or doctor felt was necessary.

*2018 Legal Guardian/Foster Parent Survey Results*

Survey Question	Legal Guardians	Foster Parents
<i>Percentage that could reach Care Manager when needed</i>	91	89
<i>Percentage children seen by Behavioral Health Provider in past year</i>	94	93
<i>Percentage with change in BH services resulting in an increase</i>	72	83
<i>Overall % satisfied with the Managed Care Plan</i>	95	91

- BCMh – Beginning 1/1/17, children in BCMh were enrolled into managed care. According to a recent survey:
  - 99% of those surveyed indicated that they could reach their MCP care manager when needed

<sup>1</sup> <https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&selectedDistributions=employer--non-group--medicaid--other-public--uninsured--total&selectedRows=%7B%22states%22:%7B%22ohio%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

- 94% indicated that they had been able to receive all the necessary care for their child.
- Overall satisfaction with the managed care plan was 87%.
- Ensuring Quality Care – Ohio’s Medicaid managed care plans are held accountable for the quality of care their members received through nationally recognized quality measures. Ohio specifically targets include:
  - Well-child visit measures for all age ranges of children
  - Immunization status measures
  - Annual dental visit measures
  - Weight and nutrition related measures

Health Plans Addressing Ohio’s Infant Mortality. Ohio’s health plans have been working to drive down Ohio’s abysmal infant mortality rate. Health plans offer programs targeting pregnant women to engage them early in their pregnancy and connect them with care. Health plans offer incentives for completing pre- and post-natal appointments, incentives for completing well baby visits for the first 15 months of the child’s life, education and outreach programs, and home visiting.

Over the last four years the Medicaid managed care plans have partnered with ODM and ODH to fund community programs aiming to reduce Ohio’s infant mortality rate. Since 2016, over \$46M has been awarded to local entities. These programs include centering programs, community health workers, and support for community HUB models.

**Initial Recommendations:**

- Support for Foster Youth. Health plans support continued efforts to further support Ohio’s children and families in Ohio’s foster system as well as assisting youth aging out of foster care such as the Bridges program established in the 132<sup>nd</sup> General Assembly. Health plans also support efforts to bring children in custody who have been placed in out of state residential settings home.
- Further Addressing Infant Mortality Efforts. Health plans support enhanced coordination between state programs on home visiting and pregnancy to build capacity in the system to serve more families, align program goals and outcome measures, and connect with health plan care management programs. Some states, such as Kentucky, Minnesota<sup>2</sup>, Michigan<sup>3</sup> and Virginia<sup>4</sup>, have partnered with their managed care plans to cover home visiting services through contract requirements. Medicaid coverage of services such as centering and doulas should also be explored.

Require providers who are receiving Medicaid funding to complete and send back the Pregnancy Risk Assessment Form (PRAF). This supports aligning efforts to support moms with having full term babies. The PRAF is used by MCPs to identify pregnant women early on in their pregnancies.

- School Based Health Care. School-based health care has shown significant impact on student health and academic outcomes. Today, health plans collaborate with school-based health clinics to help educate members on the services available through the school-based programs and help gain consent from parents for their children to utilize the services. Health plans continue to support the expansion of school-based health care in Ohio to ensure all children can benefit from the additional access to services and help keep them in the classroom. Health plans support continued collaboration with the programs to and collaborate on preventive visits, chronic condition management, behavioral health, dental and sick visits. Health plans have identified the state of Georgia as a best practice state.<sup>5</sup>
- Neonatal Abstinence Syndrome (NAS) Infants. As Ohio looks to replicate services for NAS infants such as those provided by Brigid’s Path, policymakers should consider Kentucky’s Perinatal Assistance Treatment Home (PATHways) program, the NAS Residential Treatment Program in Bexar County, Texas, Providence House in Cleveland, statewide MOMS+ programs, and other integrated treatment models that combine on-site pregnant, parenting and child-related services with addiction services.

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<sup>2</sup> <https://www.health.state.mn.us/communities/fhv/index.html>  
<sup>3</sup> <https://www.michigan.gov/mihp/>  
<sup>4</sup> <http://chipofvirginia.org/>  
<sup>5</sup> <http://gasbha.org/>

- Repositories of Data. Ohio has a significant amount of health care related data that could have meaningful impact on the quality of health in Ohio. Access to these databases can assist health plans in calculating and reporting health quality measures. Specific recommendations include:
  - Enhancing Ohio’s vaccination database, require reporting and allow health plan access to the database.
  - Allowing health plan access to vital statistics data.
  - Allowing health plan access to lead registry.
  - Allowing health plan access to the ODH Ohio Comprehensive Home Visiting Integrated Data System.
  
- Expand Access to Services through Telemedicine. OAHP recommends eliminating current barriers to maximizing telemedicine services in Ohio. Specific barriers include:
  - Ohio Medical Board Rule – Ohio Administrative Code Section 4731-11-09 - Explore need to further clarify physical examination requirement and determine whether there is an opportunity to clarify and modernize this requirement in Ohio.
  - Ohio Department of Medicaid Rule – Ohio Administrative Code Section 5160-1-18 - The current definition of originating site does not include a member’s place of residence, home and schools. OAHP recommends expanding the ODM rule to include a member’s place of residence, home and school to meet the definition of “originating site”
  
- Ensure Access to Coverage. Collaborate with the Administration to reduce the number of children losing coverage as a result of Medicaid redetermination issues. This could include extending the redetermination period for children to improve retention of Medicaid coverage and access to healthcare, as well as revising the process, so managed care plans can contact members after disenrollment. Expanding presumptive eligibility to other deemed entities (including community behavioral health centers and school-based health centers) can also assist in reducing member churn.
  
- Respite Services. Ohio should increase access and coverage of residential/respite services for kids served in the Medicaid program. The ability for some children with severe and complex medical and behavioral health needs to access residential treatment/respite can be a barrier or cause delays due to the challenges of covering the total cost for a child, particularly children in custody.
  
- Well Child Visits. Well child visits are critically important in keeping children healthy as well as detecting early signs of potential issues. Well child visits not only address medical issues but developmental, behavioral and social issues and allow for early education and intervention relative to substance abuse issues. Ohio should require children to complete a well child visit each school year as well as require the well child visit rather than a sports/activity physical for participation in school sports/activities.
  
- Access to Diapers, Formula and First Foods. Currently, no state or Federal government program exists to provide diapers to families in need and could lead to diapers not getting changed when wet. This can lead horrible diaper rashes, infections and unnecessary ED visits. Today, health plans often provide members with free diapers, however, access to free or reduced cost diapers for low income mothers should be expanded. Also, another consideration should be to increase the limits on formula, particularly specialty formulas will help ensure mothers enough formula for their child and decrease the likeliness that the formula will be watered down to last.