children's defense fund ohio

A VOICE FOR OHIO CHILDREN'S HEALTH
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Opportunities for Ohio Children in Medicaid RFA

As 2020 draws to a close, I'm reflecting back over the events of this year. It has been full of challenges, not the least of which is the pandemic we continue to struggle through together. COVID-19 struck Ohio in March and we all learned quickly the crucial importance of quality, accessible healthcare. While CDF-Ohio continued to explore why Ohio is experiencing one of the nation's highest increases in rates of uninsured children, our strategy quickly pivoted to focus on families and their struggle to access and maintain healthcare during this time. We spoke with families about barriers to care, medical providers and their effort to continue to provide services during social distancing, community health workers connecting clients to resources and services, and community health centers and their work with the hundreds of thousands of Ohioans who are uninsured. We published these stories in a series called Child Watch Ohio.

Challenges

Through our Child Watch Ohio stories we closely examined the Medicaid/CHIP program through the eyes of everyday Ohioans living and working around the state. We heard about the challenges and barriers they face in accessing healthcare including a lack of technology and connectivity, inadequate or no insurance, lack of available services, lack of culturally competent care, transportation issues, and provider shortages.

Current Medicaid Statistics

Ohio ranks 46 out of 50 states on health value. This means that Ohio spends more on healthcare and is experiencing worse outcomes than people in most other states. According to HPIO Health Value Dashboard, Ohio's healthcare spending is mostly focused on costly downstream treatments, addressing problems that could be prevented earlier at a much lower cost and improving the quality of life of Ohioans. For instance, when pregnant women don't receive proper prenatal care, mothers and babies often experience more serious and costly medical issues post-natal. For infants, adverse health conditions can be carried into childhood and through adulthood.

Approximately 91% of people who have Ohio Medicaid are enrolled in a managed care plan (MCO), that includes 1.36 million children. Specifically, in State Fiscal Year 2020, Ohio Medicaid's monthly enrollment in MCOs averaged approximately 2.45 million individuals per month, out of a total 2.70 million individuals in the program. The MCOs that operate in Ohio are Buckeye Health Plan, CareSource, Molina HealthCare of Ohio, Paramount Advantage, and United Healthcare Community Plan of Ohio.

How does Medicaid/CHIP Currently Work?

Ohio Medicaid pays a per member payment to the Managed Care Organizations (MCOs) regardless of

Fast Facts about Ohio Children's Health

- Ohio ranks 31st in children's health
- 1.4M children enrolled in Medicaid
- Immunizations
- Ohio ranks 41st in infant mortality

whether that member uses services.

Every child enrolled in Medicaid is entitled to Healthchek services that include annual check-ups, dental, vision, immunizations, well-child visits, blood lead levels, and emergency care.

According to Healthcare Effectiveness Data and Information Set (HEDIS), a set of performance data designed to measure health plans on national benchmarks, only 52% of Ohio children get their Healthcheks completed. Fewer than 2 in 3 children get regular vaccinations, fewer than half of children have annual dental appointments, and only 60% of Medicaid enrolled children have had a blood test reported. This should be concerning to everyone. Since the last reprocurement 12 years ago, Ohio has paid managed care plans more than $86.3 billion. Ohio is paying a large amount of money for low utilization and poor outcomes when it comes to children.

Medicaid Managed Care Reimagined

In 2019, the Ohio Department of Medicaid began a new managed care procurement process with the goal of transforming the current Medicaid program into a person-centered program focused on improved wellness and health outcomes. It is the first structural change in the program since 2005.

Medicaid has announced a number of goals the chosen managed care organizations will be expected to meet, they include:

- Improve wellness and health outcomes
- Emphasize a personalized care experience
- Support providers in better patient care
- Improve care for children and adults with complex needs
- Increase program transparency and Accountability.

These changes are intended to address Ohio's poor health outcomes.

The new provider agreement places a premium on health equity. The MCOs must address health care disparities and ensure equitable access to and delivery of services to all members, including those with limited English proficiency, and diverse cultural and ethnic backgrounds. The contract expressly states that any materials being sent to members must be written clearly and use person-centered, trauma-informed, and easily understood ● Improve care for children and adults with complex needs, language, written at or below a sixth grade reading level.

Focus on Health Equity

Health Equity

Minority Health Strikeforce Report

2018 Ohio Infant Mortality Report

Every MCO will be required to have a health equity director that is in charge of ensuring the cultural competence of the organization, ensuring implicit bias training is provided and that trauma-informed care is the basis of the MCO's clinical approach. Importantly, this will include allowing reimbursement for and addressing the social determinants of health (SDOH) such as housing, food insecurity, employment, transportation, interpersonal safety and toxic stress. MCOs will be required to connect with resources, and partner with them to work on SDOH related needs. In our very first Child Watch story we heard from Haley, a family nurse navigator, who works in

Jackson and Vinton counties. She told us about the barrier transportation poses to many women, especially if they have children. Finding convenient, safe transportation to doctor visits can be costly and time consuming.

The new provider agreement would require MCOs to provide transportation, but only to appointments when the appointment is 30 or more miles away. While MCOs may provide transportation to medical appointments, it's often with multiple clients. Moms may be dropped off early for appointments and picked up when all appointments in that group are finished. This means a medical appointment becomes an all-day affair and risks exposing the baby to numerous people along the way. In addition some clients do not have car seats, which presents another barrier to transporting their baby to and from appointments. For transportation involving more than one person or location, the new provider agreement includes language that limits travel time for any single person to 60 minutes beyond their point-to-point transit time. However, this doesn't address the time a mom and her children will spend waiting on the others who are sharing the transportation.

Improving Maternal and Infant health and Child Well-being

Ohio currently ranks 21st out of the 50 U.S. states in terms of highest maternal mortality rates, and according to the March of Dimes, the preterm birth rate among Black women in the state is 49% higher than the rate among all other women. For these reasons, the requirement for MCOs to appoint a Director of EPSDT and Maternal Health is a step in the right direction. They will be responsible for ensuring that Women receive maternal and postpartum care, and work to ensure that children receive all EPSDT services they are entitled to. MCOs will also be required to make sure that members with identified needs are connected with necessary services, and to encourage providers to deliver services in school-based settings. Whether the school-based services are physically in The school, or provided through a hybrid model using telehealth, this has the potential to improve health access for children and families.

Population Health

One of our most compelling Child Watch stories came from Hollie, a diabetes navigator from Athens, Ohio. Hollie's story highlighted the problems faced by children with chronic conditions and the barriers they face trying to control their diabetes during a pandemic and in an area where providers are scarce, technology is unreliable, and the cost of medication is often out of reach.

The new provider agreement will require each MCO to focus on population health, including identifying population streams, one of which must be members with chronic conditions. MCOs will develop a Population Health Management Strategy that focuses on addressing the social determinants of health and identifies the medical and behavioral health conditions and issues that may impact health status, such as:

- Age, gender, race, ethnic, geographic, language, and other socio-economic barriers;
- Current and previous trauma experiences that might impact the effective provision of health care services; and
- Individual- and system-wide levels of improving the quality of care and reducing health disparities.

Protecting Community Health Centers

Several of our Child Watch stories focused on the work being done by community health centers. Whether they are providing health and dental services to

essential farm workers and their families in northwest Ohio, reaching out to make sure children on Cleveland's west side are properly immunized, or providing behavioral health services to families hit hard by opiate addiction in southwest Ohio, community health centers serve a population often overlooked and underserved by traditional medical provision.

The new provider contract requires MCOs to allow members access to any federally qualified health center (FQHC) and/or rural health clinic (RHC), regardless of whether it is a network provider, and provide an expedited payment (within a shorter timeframe than the prompt payment requirements) at a rate not less than the rate paid to other providers for the same or a similar service.

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Community Re-investment

Finally, one unique valuable piece of the new provider contract is the requirement for MCOs to contribute 3% of its annual profits to community reinvestment. The MCO must increase the percentage of its contributions by 1% each subsequent year, for a maximum of 5% of the MCO's annual profits.

It is clear from the data that Ohio could be doing a better job of providing care to children and families in the Medicaid program. The managed care reprocurement that is currently ongoing is a chance to move the Ohio Medicaid program away from a payor focused system and in the direction of a person-centered program with improved wellness and health outcomes.

CDF-Ohio Recommends the following to improve transparency in data collection and the provision of valuable services to families and children:

1. Improve the transparency in MCO and Medicaid reporting of EPSDT data, including breaking down the type of screening, and the race and ethnicity on each claim.
2. Break out data collection and reporting on maternal health by race, ethnicity language.
3. Encourage MCOs to conduct outreach to members as well as community organizations such as FQHCs and Pathways HUBS to make sure that low cost, high value programs designed to improve infant and maternal health and child well-being, such as Evidence Based Home Visiting programs and doula care, are available and promoted through member education.

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