Performance Measure 13: Percent of children without health insurance.

Last Year's Accomplishments

The CY 2007 target was 7.5 percent. The actual percent of children without health insurance was 7.1 percent. Ohio has met its target.

A. Monitor data on rate of uninsured children served through DFCHS funded agencies, FQHCs, Free Clinics, the Ohio Family Health Survey and the Current Population Survey.

3,793 children receiving BCMH treatment services had no health insurance and 27,813 children had Medicaid and/or private insurance; 17,666 visits for un/underinsured child health clients were conducted by local CFHS projects; 30,800 visits for uninsured children were provided by FQHCs, Hospitals and Free Clinics with Health Priorities Trust Fund and Uninsured Care Fund dollars; 20 dental safety net clinics reported serving 23,788 uninsured/underinsured and Medicaid eligible individuals.

7.1% of Ohio's children were uninsured per the Current Population Survey, 2007; 5.4% were uninsured per the Ohio Family Health Survey 2004.

B. Work with DFCHS funded projects to provide information, TA, and/or training to providers/consumers on how to understand and navigate the health care system.

The WIC program screened all of its over 280,000 applicants/participants to determine if the individual is on Medicaid Healthy Start (HS) or needs referral to HS.

The WIC program, after working with ODJFS, issued All Projects Letter 096, Managed Care and Medicaid Verification, to assist local WIC staff in determining Medicaid eligibility status within the Managed Care environment.

34 monitoring site visits to local CFHS funded agencies were made to provide TA/information on how to ensure clients understand/navigate the health care system.

Critical Access Hospitals in 34 rural communities worked with local EMS to improve delivery of health care to rural Ohio; work to expand rural health clinics continued.

118 FQHC sites in 34 urban/rural counties and 22 Free Clinic sites worked to enroll children/ families into Medicaid HS and to help providers/consumers navigate the health care system. 3 J-1 Visa Waiver Pediatric physicians who serve uninsured children were placed.

67,525 copies of the Help Me Grow Wellness Guide, containing an ad on the HS program to county programs in Ohio were distributed.

BEIS uses the CPA for the Early Intervention System of Payment for families with no other method of paying for needed early intervention services. The application is also used to apply for HS and requires determination of eligibility for HS prior to use of EI federal funds for services.

Child Care Health Consultants with the Healthy Child Care Ohio program promoted HS at 486 consultations with child care providers. BCMH provided TA to pharmacy staff to help them bill BCMH so clients can access their prescription medications; help parents understand policies/procedures of their private insurance, Medicaid and Medicare Managed Care (MMC) Plans.

BCMH provided training/TA to providers/consumers to enhance smooth delivery of services to BCMH clients. BCMH Hospital Based Service Coordinators assist families in coordinating services of specialists to enhance continuity of care.

BCMH's "Parent to Parent Newsletter" provided information to consumer parents learning to navigate health care system/BCMH.

BCMH Parent Consultant and Young Adult Advisory Council meet regularly at quarterly sharing events to address transitioning issues.

500 public health pediatric providers who receive referrals through the OCCSN Program of children reported with birth defects were trained. Trainings provided information about the genetics of birth defects and various syndromes/disorders.

In March 2007, BOHS staff convened a meeting with the state Medicaid program, representatives of all 8 (MMC) health plans and dental subgrantees for a Q&A session. Medicaid implemented a statewide expansion of mandatory managed care for Medicaid recipients. There was much confusion about implementation of the expansion, especially the process of credentialing providers for MMC programs. BOHS staff developed relationships with reps of the MMC programs and enlisted their assistance when local programs need help getting reimbursement for services or credentialing providers.

C. Work with ODJFS to review/renegotiate ODH/Medicaid Interagency Agreement containing provisions re: Medicaid enrollment/outreach activities.

The interagency agreement for enrollment/outreach activities re: the Medicaid program and DFCHS programs was signed by ODH Director and by ODJFS Director. The agreement is effective until 6/30/08.